

This report details the UL Hospital Group perfromance against some national and international measures of patient safety in acute hospitals. The metrics cover activities and performance areas including infection rates, staff hand hygiene, waiting times and clinicalincidents.

This report supports the hospital group to ensure a culture of quality and patient safety.

We publish this report each month to assure our patients and staff that we prioritise patient safety and open disclosure.

Notes:

It is not intended that this report be used to compare performance of hospitals or hospital groups. Different hospitals specialise in treating patients with different and sometimes much more complex care needs, making comparisons between hospitals ineffective.

Metrics 1-3 measure infection control and staff hand hygiene practices in acute hospitals. These metrics are applied internationally as key indicators of infection control compliance. The targets for metrics 1 and 2 are international best practice targets. The target for metric 3 is an agreed target in the HSE's National Service Plan.

Metrics 4-8 measure access to and waiting times for services including emergency care, trauma care (for hip fractures), urgent endoscopy procedures and access to outpatient services. These metrics are based on national indicators and nationally agreedtargets as set out in the HSE's National Service Plan

Metric 9 and 10 measure clinical incidents reported to the National Incident Management System. A clinical incident is an event or circumstance which could have, or did lead to unintended and/ or unnecessary harm. Incidents include adverse events whichresult in harm; near misses which could have resulted in harm, but did not cause harm, either by chance or timely intervention. These metrics are indicabrs of patient safety in hospitals that are applied internationally.

Metric 11 is an indicator of medication safety in acute hospitals. This refers to any preventable event that may cause or lead to inappropriate use or patient harm while the medication is in the control of the healthcare professional or patient (WHO, 2009). The number of errors reported to the National Incident Management System is based on an internationally accepted metric applied in other countries.

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|---------------------------------------|-----|--|----------------|--|----------------|---------------------------|------------------|----------------|------------------|------------------|----------------|-----------------|----------------|--|
| Activity | Ref | UL Hospitals Group 2017 KPIs | Frequ ency | 2017 National Target | Jan-17 | Feb-17 | Mar-17 | Apr-17 | May-17 | Jun-17 | Jul-17 | Aug-17 | Sep-17 | Trend |
| | | | Monthly | | | | | | | | | | | |
| Health Care Associated Infections | 1 | Rate of new cases of hospital acquired Staph. Aureus bloodstream infection. | | Less than 1 per 10,000 bed days | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| | | Croom Orthopaedic Hospita Ennis Hospita | | Less than 1 per 10.000 bed days | 5.30 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 6.10 7.20 | 0.00 | \sim |
| | | Nenagh Hospita St. John's Hospita | | Less than 1 per 10,000 bed days Less than 1 per 10,000 bed days | 0.00 | 0.00 | 6.40 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 7.20 | 0.00 | \sim |
| | | University Hospital Limerick University Maternity Hospital, Limerick | | Less than 1 per 10,000 bed days | 1.50 | 1.70 | 3.90 | 0.80 | 1.50 | 0.80 | 0.00 | 1.60 | 2.20 | |
| | | UL Hospitals Group | | Less than 1 per 10,000 bed days Less than1 per10,000 bed days | 0.00 | 0.00 | 0.00 | 0.00 | 3.70 1.40 | 0.00 | 4.20 | 0.00 | 0.00 | |
| | | Health Care Associated Infections Methicillin Resistant Staphylococcus Aureus (MRSA) A type of bact | | | | | | | | | | | | nd blood stream infections. MRSA |
| | | is usually spread by direct contact with an infected wound or from contaminated hands, usually those of | | | | | | | | | | | | |
| | | | WOIDH | / | 1 | | | | | | T | | | |
| | 2 | Rate of new cases of hospital acquired C. Difficle infection Croom Orthopaedic Hospita | 110. | Less than 2 per 10.000 bed days | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 13.00 | / |
| | | Ennis Hospita | | Less than 2 per 10.000 bed days | 5.30 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 5.00 | |
| | | Nenagh Hospita St. John's Hospita | | Less than 2 per 10.000 bed days Less than 2 per 10.000 bed days | 0.00 8.70 | 0.00 | 0.00 | 0.00 | 0.00 | 7.10 | 0.00 | 0.00 | 0.00 | |
| | | University Hospital Limerick University Maternity Hospital, Limerick | | Less than 2 per 10.000 bed days | 2.30 | 2.50 | 1.60 | 3.20 | 4.60 | 4.00 | 2.40 | 4.70 | 0.70 | |
| | | UL Hospitals Group | | Less than 2 per 10,000 bed days Less than 2 per 10,000 bed days | 2.70 | 1.50 | 0.00 | 2.40 | 2.80 | 2.90 | 1.50 | 3.40 | 1.80 | |
| | | Clostridium difficile(C. difficile) is a bacterium that can be found in the large bowel. C. difficile infection a | ffects the lar | | | | | lost people | get a mild ill | ness and red | cover fully bi | ut in certain o | ircumstance | s patients can develop serious |
| | | complications. | | | | | | | | | | | | |
| | | | Bi- | | | | | | | | | | | |
| | | Compliance of hospital staff with the (WHO) five moments of hand hygiene using the national hand hygiene audi tool. | annua I | | | | | | | | | | | |
| | | Medicine Directorate | | 90% | | 92% | | | | | 90% | | | |
| | | Peri-op | | 90% | | 89% | | | | | 92% | | | |
| | | Maternal & Child Directorate UL Hospitals Group | | 90% 90% | | 88% 89% | | | | | 94% 92.0% | | | |
| | | Hand hygiene is one of the most important measures to prevent Healthcare associated infection. | 1 | 0070 | | | | | | | 02.070 | | | |
| | | | | | | | | | | | | | | |
| Surgery | | Percentage of emergency hip fracture carried out within 48 hours University Hospital Limerick | Monthle | 95% | | | | | | | | | 65.0% | |
| | | UL Hospitals Group | | 95% | 73.9% | 75.0% 75.0% | 52.9% 52.9% | 58.8% | 64.0% 64.0% | 87.5% | 68.8% 68.8% | 84.6% 84.6% | 65.0% 65.0% | |
| | | Hip fractures are common injuries in the older persons, with significant associated morbidity and mortality. Hip fracture patients | ents are usual | ly older and frail, healthcare systems must develop integrated an | d systematic a | pproaches to h | ip fracture care | and seconda | ary prevention | of further falls | and fractures. | | | |
| | | | 1 | | | 1 | | | 1 | | 1 | | [| |
| Emergency Care | | The percentage of all attendees at ED who are in ED < 24 hrs | Monthle | 4 | | | | | | | | | | |
| | | University Hospital Limerick | | 100% | 92.3% | 93.3% | 93.9% | 93.1% | 93.2% | 92.5% | 94.4% | 93.2% | 92.2% | |
| | | UL Hospitals Group | | 100% | 92.3% | 93.3% | 93.9% | 93.1% | 93.2% | 92.5% | 94.4% | 93.2% | 92.2% | |
| | | Percentage of patients 75 years or over who were admitted or discharged from ED within 9 hours of registration | | | | | | | | | | | | |
| | | | Monthle | (| | | | | | | | | | |
| | | University Hospital Limerick UL Hospitals Group | | 100% | 39.2% | 40.5% 40.5% | 43.4% | 43.7% | 37.7% | 42.1% 42.1% | 45.8% | 48.7% 48.7% | 43.0% 43.0% | |
| | | Overcrowding within ED negatively impacts on both dignity and privacy for patients and the ability of staff to deliver fully ef | | 100% reatment. Related international studies have also demonstrated e | 39.2% | 40.5% h of stav within | overcrowded 8 | Ds leads to p | oorer clinical o | utcomes for c | | | | e demonstrated extended length of stav |
| | | within overcrowded EDs leads to poorer clinical outcomes for patients. | | | | , . | | | | | | | | |
| | | | | | | | | | | | | | | |
| Patient Experience Waiting Times | | Percentage of people waiting < 52 weeks for first access to outpatient services. | Monthle | / | | | | | | | | | | |
| | | Croom Orthopaedic Hospita | | 85% | 62.9% 80.1% | | 60.9% | 59.8% | 59.3% | 58.2% | 56.2% | 55.8% | 55.4% | |
| | | Ennis Hospita Nenagh Hospita | | 85% 85% | 73.9% | 78.6% 80.4% | 80.0% 80.2% | 78.3% 79.0% | 76.9% 79.6% | 75.9% 79.2% | 75.5% | 80.3% 82.8% | 79.9% 80.4% | |
| | | St. John's Hospital | | 85% | 99.1% | 98.9% | 81.6% | 92.7% | 92.7% | 91.7% | 91.9% | 92.5% | 92.7% | |
| | | University Hospital Limerick UL Hospitals Group | | 85% 85% | 78.1% | 76.2% | 75.7% | 75.2% | 74.0% | 73.5% | 73.4% | 73.7% | 73.7% | |
| | | Significant delay in accessing hospital services delays diagnosis and any necessary treatment commencement with poter | | | 76.5% | 74.9% | 73.9% | 73.7% | 72.6% | 72.0% | 71.3% | 71.8% | 71.5% | |
| | | | | • | 1 | 1 | 1 | | 1 | 1 | 1 | | | " |
| Colonoscopy /Gastrointestinal Service | 8 | Number of people waiting greater than 4 weeks for access to an urgent colonoscopy. Ennis Hospita | Monthle | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| | | Nenagh Hospital | | 0 | Ő | Ō | 0 | 0 | Ő | 0 | 0 | 0 | 0 | |
| | | St. John's Hospita | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| | | University Hospital Limerick | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| | | UL Hospitals Group | | 8 | U | U | 0 | 0 | U | 0 | 0 | U | 0 | |
| | | | | | | | | | | | | | | |
| | | | | | 1 | | | | | 1 | | | 1 | |
| Incident and Events | | Rate of Clinical incidents reported per period per 1000 bed days | Monthle | | | | | | | | | | | |
| | | Croom Orthopaedic Hospita | | n/a | 4.3 | 13 | 6.6 | 2.8 | 0 | 2.9 | 3.4 | 11.5 | 5 | |
| | | Ennis Hospita Nenagh Hospita | | n/a n/a | 3.7 | 4.1 7.2 | 12.6 10.2 | 5.7 | 3.6 | 3.3 | 4 6.2 | 6.1 10.8 | 7.3 | |
| | | St. John's Hospital | | n/a | | | | 2.5 | 1.8 | 5.5 | 4.72 | 11.8 | 7.4 | |
| | | University Hospital Limerick | | n/a | 7.3 | 9.3 | 9.8 | 4 | 3.9 9.1 | 5.9 | 4.8 | 13.2 16.9 | 10.6 | |
| | | University Maternity Hospital, Limerick UL Hospitals Group | | n/a n/a | 12.9 7.6 | 14.9 9.7 | 12.5 10.3 | 12 5.4 | 9.1 3.4 | 5.3 4.9 | 5.6 4.8 | 16.9 | 10 6.5 | |
| | | Rate of Clinical incidents categorised as high-risk per 1,000 bed days | Monthle | | 7.0 | 9.1 | | 0.4 | 0.4 | | | | 0.0 | |
| | | | | | | | | | | | | | | |



| Croom Orthopaedic Hospital | | n/a | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
|--|--------|------|------|------|------|------|------|------|------|------|------|--------|
| Ennis Hospital | | n/a | 0 | 0 | 0 | 0 | 1,2 | 0 | 0 | 0 | 0 | |
| Nenagh Hospital | | n/a | 0 | 0 | 0 | 0 | 0 | 0.4 | 0 | 0 | 0 | |
| St. John's Hospital | | n/a | | | | 0 | 0 | 0 | 0 | 0 | 0.3 | |
| University Hospital Limerick | | n/a | 0.6 | 0.1 | 0 | 0 | 0 | 0.2 | 0.3 | 0.16 | 0 | |
| University Maternity Hospital, Limerick | | n/a | 1.2 | 0.9 | 0.24 | 0.8 | 0.4 | 0 | 0 | 0.8 | 0.2 | |
| UL Hospitals Group | | n/a | 0.6 | 0.5 | 0.24 | 0.8 | 0.8 | 0.6 | 0.3 | 0.48 | 0.08 | \sim |
| 11 Rate of medication incidents as high-risk per 1000 bed nights | Monthi | 4 | | | | | | | | | | |
| Croom Orthopaedic Hospital | | n/a | 0.00 | 0.00 | 0.00 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | |
| Ennis Hospital | | n/a | 0.00 | 0.00 | 0.00 | 0.0 | 1.2 | 0.0 | 0.0 | 0.0 | 0.0 | |
| Nenagh Hospital | | n/a | 0.00 | 0.00 | 0.00 | 0.0 | 0 | 0 | 0 | 0.0 | 0.0 | |
| St. John's Hospital | | n/a | | | | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | |
| University Hospital Limerick | | n/a | 0.00 | 0.00 | 0.08 | 0.1 | 1.1 | 0.0 | 0.0 | 0.0 | 0.0 | |
| University Maternity Hospital, Limerick | | n/a | 0.00 | 0.00 | 0.0 | 0.0 | 0.4 | 0.0 | 0.0 | 0.0 | 0.0 | |
| UL Hospitals Group | | n/a | 0.00 | 0.00 | 0.08 | 0.10 | 0.50 | 0.00 | 0.00 | 0.00 | 0.00 | |
| 12 Percentage of Incidents reported that have been recorded on the National Incident Management System | Monthl | 1 | | | | | | | | | | |
| Croom Orthopaedic Hospital | | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | |
| Ennis Hospital | | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | |
| Nenagh Hospital | | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | |
| | | 100% | | | | 100% | 100% | 100% | 100% | 100% | 100% | |
| St. John's Hospital | | | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | |
| St. John's Hospital University Hospital Limerick | | 100% | 100% | 100% | 100% | | | | | | | |
| | | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | |

The UL Hospital Group Patient Safety Indicator Report for provides up to date information for management and clinicians who provide services in relation to a range of patient safety issues for the month of January to September 2017

The information in this teport is a core element of clinical governance and the management of hospital services within the ab ove hospital group.