

Health Service Executive

CAVAN & MONAGHAN HOSPITAL 2014 ANNUAL REPORT



Mission statement

Cavan & Monaghan Hospital's fundamental purpose is to deliver health treatment, care and diagnosis as well as health promotion and preventative services to the designated catchment area.

Our mission is to:

- Provide safe healthcare and better outcomes to the population within our catchment area who avail of our services
- Provide accessible services for patients by providing them with the healthcare they need locally in their hospital
- Achieve best value from the budget the hospital has been allocated to ensure the most effective use of resources.

Cavan General Hospital



Monaghan Hospital



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Foreword

I am pleased to publish Cavan and Monaghan Hospital's 2nd Annual report. This report outlines the priorities for the hospital for 2014 as well as the achievements which were undertaken throughout the year. Cavan and Monaghan Hospital is an organisation which sets out to deliver high quality safe care in a changing and challenging healthcare environment. It has achieved this by constantly improving its management approach and work practices in an innovative way so that the community which it serves is receiving the best standard of care that it can deliver with the resources that are allocated.

During 2014 Cavan and Monaghan Hospital celebrated its 25th anniversary and I would like to acknowledge all the efforts of the Service User Panel and staff in organising a memorable weekend of activities. The event was opened by Dr Ambrose McLoughlin, Secretary General of the Department of Health.

The official opening of the Cystic Fibrosis Suite and the Acute Medical Assessment Unit took place on the 11th April 2014 by the former Minister for Health, Dr James Reilly. This official opening also provided opportunity for the Minister for Health to speak directly with staff working at all levels in the hospital and acknowledge all of their hard work and achievements.

Whilst I acknowledge that 2014 presented many challenges there have been areas of exemplary performance in both scheduled and unscheduled care. Cavan General Hospital sustained best practice nationally in Emergency care resulting in shorter waiting times and one of the lowest volumes of patients waiting in an Emergency Department in Ireland. The work and effort to achieve this level of performance should not be underestimated as it is extremely challenging. Most importantly patient experience and patient dignity & privacy have improved significantly as a result of this level of performance.

This organisation recognises the contributions from all staff who are dedicated and strive to do their best for the people they care for; sometimes working beyond the call of duty.

I would like to take this opportunity to acknowledge the very important contribution made by the Service User Panel, who is an integral partner in the planning and delivery of Cavan & Monaghan Hospital services. We are very proud of our continued partnership approach to working with our community services colleagues enabling seamless care of a high quality. Our joint approach to delivering patient focused healthcare is very highly valued and has contributed to many improvements for patients and service users in the Cavan Monaghan Area.

I look forward to working with you all in 2015 whereby we will build on our good performance and remain committed to improving the services provided by our hospital for our patients and staff.



Bridget Clarke
General Manager

Introduction

Governance Arrangements

Cavan & Monaghan Hospital is governed and managed by the Executive Management Team and Senior Operational Management Team. In 2014 the organisational structure was reviewed following the Hospital's assessment against the National Standards for Safer Better Healthcare. This change in governance structure was aimed at strengthening governance and accountability arrangements within the Hospital. It is acknowledged that these structures will require further review as the RCSI Hospital Group becomes established. The illustration below outlines the governance arrangements during 2014.

CAVAN & MONAGHAN HOSPITAL MANAGEMENT STRUCTURE (2014)



Governance arrangements are further strengthened throughout the hospital through an established Quality & Patient Safety Clinical Governance structure. The Quality and Safety Executive Committee and Clinical Governance Committees provide a framework for governing, assuring, monitoring and reporting on all elements relating to patient safety. The chair of the Quality and Safety Executive Committee is Dr Alan Finan, Clinical Director Women & Children's Services and each of the Clinical Governance committees is chaired by a clinical lead for the relevant specialty. A copy of this structure is in appendix 1.

This annual report describes the Cavan and Monaghan Hospital priorities for 2014 and some of the key achievements which occurred during that year. The Quality and Safety Executive Committee has provided a report and each of the specialist committees within the Quality and Safety Clinical Governance structure above has provided an overview of their objectives and achievements for 2014. The Executive Management Team and Senior Operational Management Team wish to acknowledge the dedication and efforts of all our staff during 2014 in always striving to deliver safe and effective care to the users of our services.

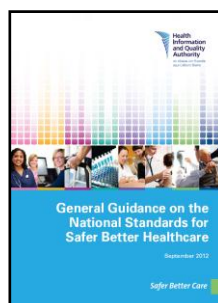
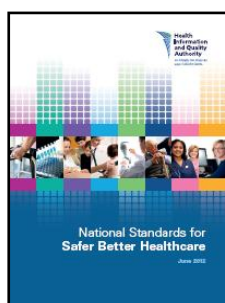
Key Priorities for 2014

- **Patient Safety:** Ensure patient safety and quality within our acute hospital.
- **National Standards for Safer Better Healthcare:** Ensure Cavan & Monaghan Hospital undertakes related self assessments as a necessary measure for continuous quality improvement.
- **Strong Governance:** Continue to improve the Clinical Governance structures and arrangements to ensure safe care is provided at all times.
- **Managing the clinically deteriorating patient:** Ensure the National Early Warning Score (NEWS) system is fully implemented and staff receive COMPASS training.
- **Prevention and Control of Healthcare Associated Infections:** Continue to implement an operational plan to enable optimum standards of infection control and hygiene (Healthcare Associated Infections). This includes improving hand hygiene practices, antimicrobial stewardship and reducing the risk of transmissible infections (e.g. C Difficile and MRSA). The aim is to further strengthen Infection Prevention & Control through the clinical governance arrangements in the hospital.
- **Improving access for patients:** Ensure access to services in relation to waiting times for unscheduled care and scheduled care in Cavan & Monaghan Hospital, including outpatient and diagnostic services.
- Progress **Outpatient (OPD) Quality Improvement Programme**, particularly in relation to necessary data integrity, operational control and improving access.
- **Strategic reform programme:** Continue to work on implementing a model of integrated care through strategic reform and the further establishment of the RCSI Hospitals Group.

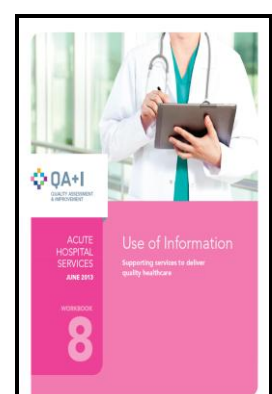
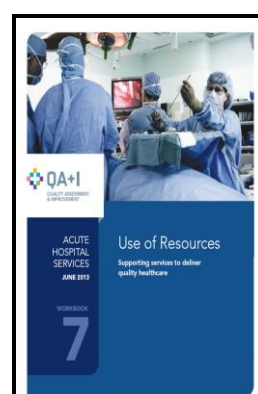
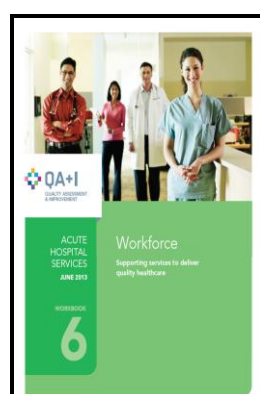
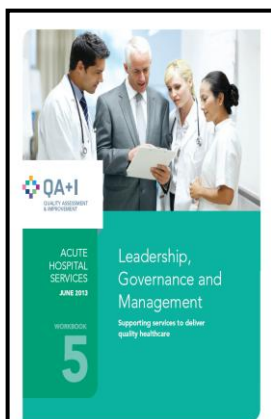
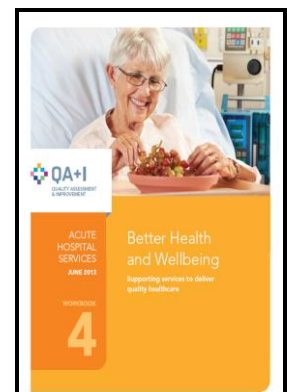
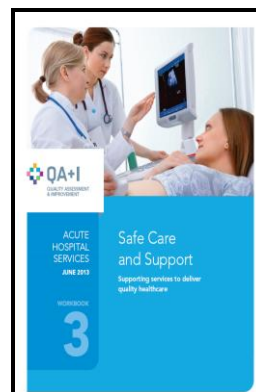
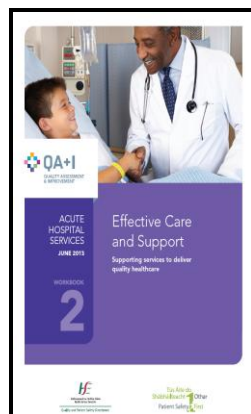
- Continue to implement the **Small Hospitals Framework** as appropriate to our service delivery model in Cavan & Monaghan Hospital.
- **Implementation of Report Recommendations:** target necessary patient centred improvements in maternity care by undertaking a gap analysis against the HIQA Galway report recommendations and developing a local improvement plan.
- **Use of resources:** Utilise best models of financial allocation and human resource planning in the hospital and continue implementation of all elements of the Haddington Road Agreement to ensure maximum value for money and cost reduction opportunities.
- **Compliance with EWTD legislation:** Develop and implement a sustainable approach to NCHD recruitment and progress toward compliance with the European Working Time Directive (EWTD).
- **Universal Health Insurance (UHI):** Work with the National system on commencing the phased implementation of a 'money follows the patient' approach to funding acute hospitals as part of the preparatory step for Universal Health Insurance (UHI) implementation.
- **National Clinical Strategy and Programmes:** Further implement national clinical models of care to improve quality, optimise patient flow, integrate chronic disease prevention and management and address demographic pressures.
- **CAWT (Co-operation and Working together).** Progress cross border work in relation to Interreg 1V funded projects assigned to Cavan & Monaghan Hospital. Undertake needs analysis to support development of business cases for initiatives under the Interreg V funding allocation for 2016-2023.

Improving compliance with the National Standards for Safer Better Healthcare.

The National standards were launched by the Health Information and Quality Authority to help drive improvements in the quality and safety of healthcare services in Ireland. Their purpose is to help the public, people who use healthcare services and the people who provide them understand what it means to have a high quality, safe healthcare service in place.



Cavan & Monaghan Hospital undertook an assessment undertaken against the **National Standards for Safer Better Healthcare (Sept 2013 – Jan 2014)** using the HSE Quality Assessment & Improvement Tool (QA & I Tool) and a subsequent improvement plan was developed. A report on the implementation of the Improvement plan was regularly submitted to the Quality and Safety Executive Committee throughout the year. In May 2014 Maternity Services also undertook an assessment against the National Standards and produced a comprehensive report outlining their level of performance against the National Standards.



Minister for Health, Dr James Reilly visits Cavan General Hospital for official opening (April 2014)

On the 11th April 2014 Dr James Reilly officially opened the Acute Medical Assessment Unit and the Cystic Fibrosis Outpatient suite.



Front row (left to right) Bridget Clarke (General Manager), Angela Fitzgerald (Deputy National Director of Acute Hospitals), Evelyn Hall (Assistant General Manager).

Back Row (left to right), Dr Alan Finan (Clinical Director, Women and Children's Services), Dr James Reilly (Minister for Health) and Professor James Hayes (Clinical Director)

Cystic Fibrosis Service

During 2013 the Hospital Management Team focused on improving their service delivery model and a Cystic Fibrosis (CF) Out-Patient suite was developed. This was undertaken whilst taking cognisance of the 2005 publication of the Standards of Care for Cystic Fibrosis - a European Consensus and the Cystic Fibrosis Ireland-Towards a Better Service (The Pollock Report). These studies both concur with a shared model of care and dedicated Outpatient facilities.

Co Cavan has the second highest rate of Cystic Fibrosis per capita in Ireland after Co Tipperary. Currently, there are 28 service users availing of Cystic Fibrosis services in

Cavan General Hospital on a shared care basis with a further 8 children in the Cavan and Monaghan area with a diagnosis of Cystic Fibrosis .

It is conservatively estimated that within a five year period the Paediatric case load could increase to 18 - 22 and adult case load could increase up to 22 - 24 people with Cystic Fibrosis who will require additional services in Cavan General Hospital.

To meet this increasing demand a joint business case from the Cavan and Monaghan Hospital and the Cavan Branch of Cystic Fibrosis was developed to seek the approval of funding. The business case included the development of a dedicated Cystic Fibrosis suite consisting of two consulting rooms which was completed in November 2013. The capital funding for this development was supported by HSE DNE Estates and the Cavan Branch of Cystic Fibrosis. The business case included a further plan for dedicated adult and paediatric in-patient rooms which will meet the national standards for inpatient capacity and deliver quality, safe care to Cystic Fibrosis service users.



Left to Right, Raymond Dunne (Cavan Branch of CF Society), Lorraine O'Neill (Cavan Branch of CF Society), Mr Philip Watt (CEO Cystic Fibrosis Ireland), Dr James Reilly (Minister for Health), Mr Felix Gormley, Rosaleen Cronin, Dr Ann Leahy and Tess Brady

Acute Medical Assessment Unit

On the 11th April 2014 the Acute Medical Assessment Unit was also opened by the Minister for Health Dr James Reilly. The original Acute Medical Assessment Unit opened in 2009 to support the centralization of acute medical services from Monaghan Hospital to Cavan General Hospital. In July 2009, to support this centralization and manage safely the increase in Emergency presentations to Cavan General Hospital the unit opened comprising of 6 beds in a Medical ward area at this time.

In December 2012 the Acute Medical Assessment Unit was co-located with Emergency Department as part of the implementation of the National Acute Medicine Programme. This development included an increase in assessment capacity from 6 to 10 assessment spaces. This includes two 4 bedded rooms and 2 single rooms with en-suite facilities to provide isolation facilities. The opening hours are 09:00 to 21:00, Monday to Friday. Approximately 5,000 patients attended AMAU in Cavan General Hospital during 2014.

This service development has had a positive impact on patients requiring urgent medical assessment and it has also enabled Cavan General Hospital in achieving consistently good Emergency Department performance on TrolleyGar since October 2013 including the Winter Surge period. This development has significantly improved patient experience and reducing wait times in both the Acute Medical Assessment Unit and Emergency Department.



Left to right; Patricia Allen (Clinical Nurse Manager), Dr Bashir (AMAU Medical Consultant), Evelyn Hall (Assistant General Manager), Dr James Reilly Minister for Health, Joe O'Reilly (TD) and Sean Conlan (TD).

25 year celebrations (June 2014)

During the weekend 27-29th June 2014 Cavan General Hospital celebrated 25 years since the hospital first opened and services commenced. The event was opened by Dr Rory O'Hanlon who also officially opened the hospital 25 years ago. At the celebrations the first baby born in Cavan General Hospital and the last baby born in Lisdarn Hospital were present. Events included family fun activities, there a 5k and 10k and a play was produced by Big Guerilla Productions "Padraig Potts guide to walking".

The anniversary celebrations concluded with a Prayer Service of Thanksgiving by hospital chaplain Fr Martin Gilchreest and a book of remembrance was opened for staff that has sadly passed away. The event was primarily organised by the hospital's Service User Panel and the work and effort they put into organising this important event is truly acknowledged and appreciated by everyone.



Opening address from Dr Ambrose McLoughlin, Secretary General, DOH



From the left First baby born in Cavan General Hospital (Bridget Markey) and the last baby to be born in Lisdarn Hospital (Sarah Morris)



Mr Pawan Rajpal (Consultant Surgeon), Renee Stephenson Egan (Operational Services Manager) and Mr Eddie Byrne (former Director of Nursing)



Mr Gerry Brady (Service User Panel), Kathleen Lennon (retired member of staff), Evelyn Hall (Clinical Business Manager) & Dr Alan Finan (Clinical Director, Women and Childrens services)



Back row, left to right, Service User Panel members Mr Kevin Dockery, Mr Gerry Brady, Mr Robert Dancey and Mr Charles Friel

Front Row, Kathleen Gumley (Service User Panel), Mr Gerry Clerkin (Risk advisor), Bridget Clarke (General Manager) and Ruth Murdoff (Service User representative on Quality and Safety Executive Committee).

Irish Medical Times Healthcare Awards (November 2014)

It was a very proud moment when Cavan & Monaghan Hospital was informed that they were shortlisted for the Irish Medical Times Awards which took place in the Shelbourne Hotel on the 6th November 2014. There were two submissions entered into the category "Excellence in Healthcare Management" both of which received a commendation at the awards.

Nursing Project of the Year: Title of Project: Patient Status at a Glance "Releasing Time to Care"

The Patient Status at a Glance (PSAG) whiteboard system is a visual communication system, which provides a central repository of clinical information to assist timely communication, enabling more efficient and effective multidisciplinary decision making. The PSAG board development arose from a multidisciplinary project linked to the implementation of the 'Productive Ward – Releasing Time to Care' initiative within Cavan General Hospital. The bedside PSAG boards identify patients' specific care needs, dietary requirements and alert the health care staff to specific health and safety risks. As additional priorities for care are identified these are incorporated into the system. This initiative achieved a commendation in the "Nursing Project of the Year" category. Congratulations to all of the staff who developed this initiative and who has worked continuously on improving it so we can deliver more effective care to our patients.



(Left to right) Isobel Steenson (Assistant Director of Nursing, Medical Services, Justine Cooney (CNM2, Surgical 2), Collette Smith (CNM2, Medical 1) and Olive Grall (Bed Manager)

Project Title: Reconfiguring Emergency Services to reduce wait times in the Emergency Department Cavan & Monaghan Hospital

A targeted improvement plan to improve patient pathways for all patients presenting to the Emergency Department in Cavan & Monaghan Hospital was developed and implemented.

Objectives

- To cease the provision of care to patients on corridors in the Emergency Department in accordance with HIQA Tallaght recommendation which states ***Every hospital should cease the use of any inappropriate space (for example, a hospital corridor or a parking area for trolleys) to accommodate patients receiving clinical care.***
- To segregate adult and Paediatric patients in the Emergency Department (Children's First Guidelines)
- To reduce the volume of patients waiting for an inpatient bed to achieve the waiting time targets set by the Special Delivery Unit.
- To reduce the Patient Experience Time (PET) for admitted patients in the Emergency Department.
- To enable staff to appropriately prioritise patients requiring Emergency Care in the department.

Outcomes

- There is a notable improvement in patient experience and safety due to shorter waiting times.
- The project measurably improved throughput of patients. Cavan General Hospital Emergency Department is the leading performing Emergency Department in its category due to its sustained best performance for the lowest volume of patients waiting (source: TrolleyGar 2014 statistics).
- There have been no patients cared for on corridors since December 2012.
- On average approximately 5000 Paediatric patients are assessed in a separate Paediatric Assessment Unit and this has reduced this same volume of assessments in the Emergency Department.
- The Acute Medical Assessment unit is fully operational and on average assesses 4,600 patients a year. This allows the main Emergency Department to focus on caring for Emergency and trauma patients.
- Other benefits included the increase in staff morale, the development of key project management skills, the recognition of the value of benchmarking and the development of partnerships to support the project planning and implementation.



Evelyn Hall (Assistant General Manager) and Dr Alan Finan (Clinical Director, Women and Children's services, HSE North East)



Left to right, Collette Smith (CNM2, Medical 1), Dr Alan Finan, Clinical Director, Bridget Clarke (former General Manager), Olive Grall (Bed Manager), Georgina Morrow (Quality & Performance Manager), Evelyn Hall (Assistant General Manager).

Report from Quality & Safety Executive Committee

(Chaired by Dr Alan Finan, Clinical Director)

There were 8 meetings of the Quality & Safety Executive committee in 2014

The purpose of the Quality & Safety Executive Committee is:

- Ensure patient experience is central to the delivery of care and to any quality initiatives
- To ensure suitable accountability, communication and consultation arrangements are in place in relation to Quality, Safety and Risk Management throughout the hospital.
- Integrate clinical, environmental and resource initiatives.
- Develop systems and processes for audit and feedback.
- Identify and integrate existing quality management structures for promotion.
- To oversee and co-ordinate quality and risk management initiatives in the Hospital by ensuring that systems are in place to identify, evaluate and control the risks that threaten the achievements of the Hospitals' objectives.

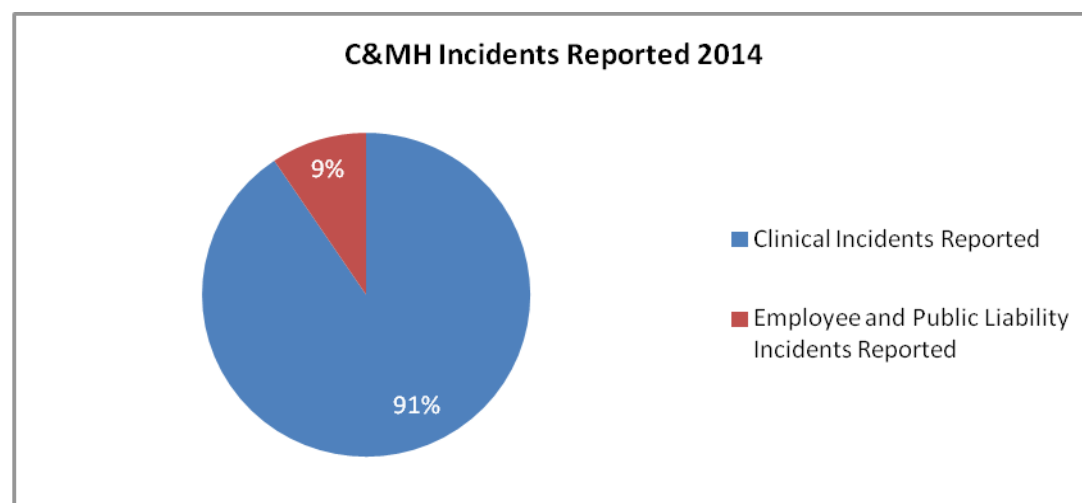
Chair, Dr Alan Finan	Clinical Director, Women and Children's services
Professor James Hayes	Clinical Director
Bridget Clarke	General Manager
Maura Coyle Meade	Director of Nursing
Dr Rory Page	Lead Consultant Anaesthetist
Gerry Clerkin	Risk Advisor
Gillian Whyte	Clinical Audit Facilitator
Ruth Murdoff	Service User Representative
Dermot Donegan	Service User Representative
Kathleen McMahon	Nurse Practice Development Co-ordinator
Georgina Morrow	Quality and Performance Manager
Dr Cathal Collins	Consultant Microbiologist
Mary Buckley	Quality & Risk Assurance Officer
Linda Fox	Risk Information officer

Incident Analysis Overview 2014

Under the Clinical Indemnity Scheme (CIS), which was established in July 2002, the State assumes full responsibility for the indemnification and management of all clinical negligence claims. A core feature of the CIS is that it enables reporting of adverse clinical incidents and other clinical and non-clinical events. It is the policy of the Health Service Executive (HSE) that all safety incidents are identified, reported and investigated.

All incidents are investigated through the line management structure and all incidents and near misses are imputed onto a national data base called STARSWeb. A new Incident Management System (NIMS) is currently in development at a national level with a plan to replace the STARSWeb web-based system in 2015.

In 2014, there were 1,664 incidents reported and uploaded to the STARSWeb system in the Cavan & Monaghan Hospital. It is noted that this is an increase on 2013 reporting activity.



Local Incident Management Forum

As part of Cavan & Monaghan Hospital's implementation of accountability practices and robust clinical governance arrangements, a local Incident Management Forum (LIMF) has been established under the administration of the Department of Quality, Safety & Risk Management.

The Local Incident Management Forum ensures high standards in the review of adverse clinical events. It also ensures that the approach to reviewing incidents is standardised, follows a robust process and aims to meet the needs of the patient, families and the organisation.

Three meetings were held in 2014 to review incidents of harm or near-misses with the potential to cause harm identified from incident reporting, complaints and claims.

Complaints and Compliments

Cavan & Monaghan Hospital is fully committed to providing safe & effective care.

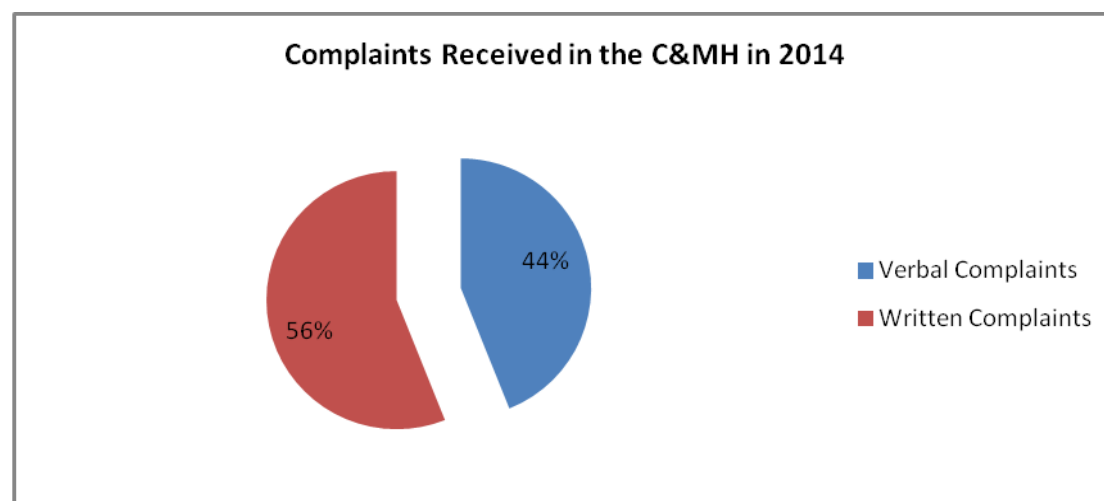
- Patients attending the Cavan & Monaghan Hospital and their relatives have a right to raise concerns or complaints, verbally or in writing, about any aspect of their care that they feel falls short of acceptable standards.
- All staff are aware of their role and responsibility in complaint management.
- The hospital's clinicians and managers recognise that effective complaint resolution will impact positively on the hospitals reputation, an outcome which is desirable and achievable.
- Heads of Department, Assistant Directors of Nursing and Lead Clinicians review all complaints and complete final responses from their specialty area.
- All complaints are acknowledged, investigated and responded to in as short a timeframe as possible
- On completion of a complaint investigation the main themes are captured under the eight principles as outlined in the Patient's Charter (Access, Dignity & Respect, Safe & Effective Service, Communication & information, Participation, Privacy, Improving Health, and Accountability). This information then guides the development of quality improvement initiatives within the Hospital

Quality Improvements initiated during 2014

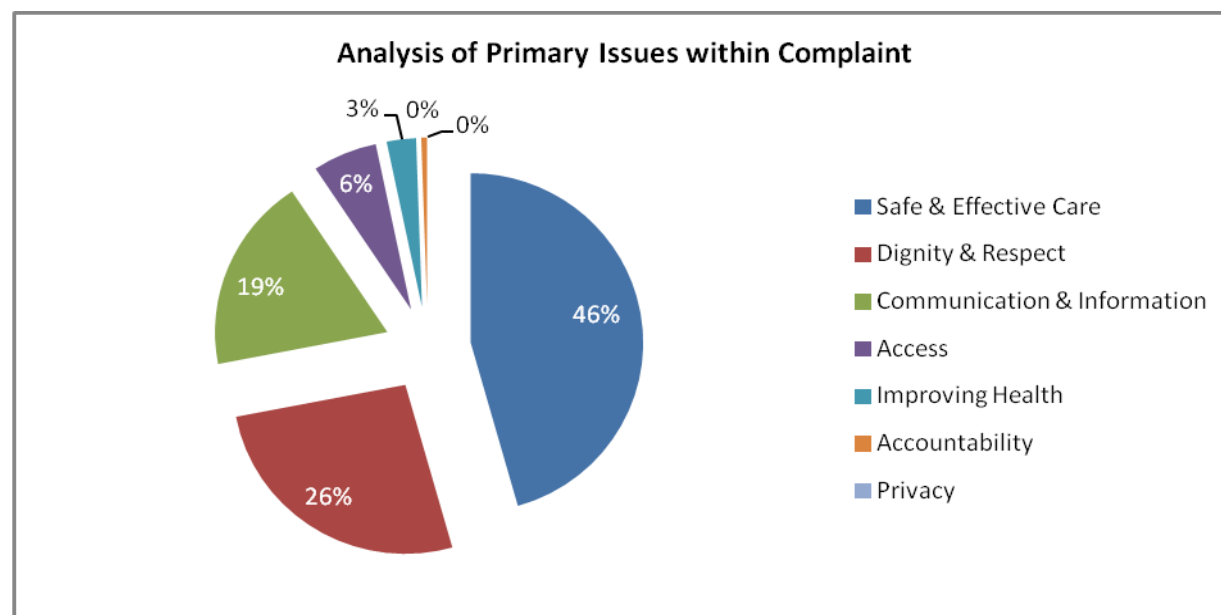
- Complaints Officer training took place on 9th April 2014.
- Verbal Log books were introduced to record verbal complaints received by front line staff

Total number of complaints received by Cavan & Monaghan Hospital from 1st January 2014 to 31st December 2014 was 182.

Breakdown of Complaints received 2014



Analysis of the primary issues within the complaint



KPI for 2014 Total Number of written (formal) complaints N= 111, Percentage completed within 30 Working days (75% National Target)	20%
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A Key target for 2015 is to improve the hospital's response times to complaints.

Learning from complaints/comments

Cavan & Monaghan Hospital is committed to learning lessons from complaints in order to guide the service towards improvement and act as a positive change agent. In general complaints provide valuable feedback to staff in relation to the service they provide. Complaints feedback is given to each Clinical Governance committee and to the Quality & Safety Executive Committee.

Overview of some of the learning initiatives as a follow on from complaints received:

1. Provide a snack dispensing machine in the vicinity of Out Patients Department and Emergency Department; an initiative instigated following service user comments.
2. Establish a Multidisciplinary Communication Educational Programme in partnership with the RCSI – to address issues identified e.g. staff attitude, report handover, communication with service user etc.
3. Documentation of Pain score in Emergency Department – Nursing Initiated Pain Protocol.
4. Palliative Care staff Education Programme commenced in 2014 (Primary Care Director of Nursing Palliative Care and CNS Pain Management)
5. Complaint scenarios and patient stories used in training to raise staff awareness

Compliments

All wards and departments have received compliments from patients, their relatives and carers about the care provided; this is evident in the number of thank you cards and letters received by wards directly.

To date compliments have not been formally recorded but have been shared with staff by the Clinical Nurse Manager / Service Manager (ADON) to recognise the excellent care they provide every day.

A Key performance indicator for 2015 is to capture and collate compliments received in 2015 and extract any learning from them and provide feedback to the Clinical Governance Committees.

Patient Satisfaction

Patient Satisfaction Surveys were carried out in the Hospital in April, August and November 2014. The collection of data was facilitated by members of the Service User Panel. The work undertaken by the Service User Panel in this regard is very much appreciated. The survey included: communication; staff attitude, privacy, dignity and respect, personal safety, pain management, waiting times, cleanliness, catering, environment and hand hygiene. The results were mainly Good, Very Good or Excellent. However a number of areas for improvement were identified:

- Time waiting to be seen
- Involving patients in decisions about their care
- Explaining side effects of medication to patients
- Cleanliness of Toilets and Showers

National Healthcare Charter

The National Healthcare Charter was launched in the hospital and hard board posters were displayed in all clinical and public areas. Hospital information booklets and "Your Service Your Say" leaflets are available beside the posters so that the public have access to this information.

Service User Panel

The Service User Panel has 12 active service user members and members of hospital management. The Panel meets 6 weekly and they were involved in a number of activities including the 25 year celebration and the patient satisfaction surveys. A second service user was co-opted onto the Quality & Safety Executive Committee from the Service User Panel during 2014.

Open Disclosure

Open Disclosure occurs when staff in the health and social care service communicate with the service user in an open and honest manner when things go wrong with their care i.e. when an adverse event occurs. This initiative was launched nationally in 2014 and Open Disclosure Workshops were held on 11th and 12th March 2014.

Clinical Audit activity

There were 49 clinical audits registered during 2014. This figure is well below the number of audits registered in previous years (80-85) due to the Clinical Audit Facilitator being on a period of secondment during the year.

The second Clinical Audit Collaborative programme took place from February to April 2014. This involved 13 multi-disciplinary staff (medicine, nursing, pharmacy, radiology, anaesthesia, dental) conducting a collaborative audit as a group whilst learning more about the process of audit. The topic chosen was Chest Pain Management. This audit resulted in the inclusion of the TIMI score to the Medical Admission proforma which estimates mortality for patients with unstable angina and non-ST elevation MI.

The annual Quality & Safety Awards took place on 27th June 2014 and were presented by Mr. John Kenny, Programme Manager in the Quality and Patient Safety Division. A book of abstracts was published including all 22 submissions received.

Category Winners:

1. Innovation

Patient Status at a Glance "Releasing time to Care" by Colette Smith CNM, Marie Smith King CNM, Justine Cooney CNM, Isobel Steenson ADON, Raymond Boyle CPC, NPd.

2. Sustained improvement in practice

Medicines Management on Medical wards – Implementation of a top up service by Roisin Daly, Chief Pharmacist; Isobel Steenson, Assistant Director of Nursing, Medical Services; Diana Hogan Murphy, Senior Pharmacist; Judith Silao, Pharmacy; Martina McCabe, Pharmacy Technician.

3. Local improvement based on national priorities and policies.

Implementing skin-to-skin contact as routine practice for babies delivered by caesarean section by Martina Barry and Aileen Doyle – CMS in Lactation.

4. "Gold Star" Audit Award

Audit of Compliance with Acute Asthma Guideline in Cavan Paediatric Assessment Unit by D Finn, Sp Reg, R Goonewarda, SHO N Van der Spek, Consultant Paediatrician

5. "Best Poster" Award

Launch of the Early Warning Score (EWS) July 2013 by Rosie Hastie and Mary Kennedy, Resuscitation Officers

6. Elaine McCluskey Nursing & Midwifery Award

Oral Hygiene Care Project by Colette Smith CNM, Jacinta Cassidy R.N., Maeve Young SLT, Aishling Jordan Dietician, Bernie Daly S.N, ICU, Raymond Boyle CPC NDP

Managing the Deteriorating Patient

In 2013 the National Early Warning Score was launched and during 2014 COMPASS training and training on Irish Maternity Warning System (IMEWs) and National Early Warning Score (NEWS) continued. The level of staff training is continuously monitored and is reported as part of the Hospital's performance Assurance reporting. Education was provided by the Consultant Microbiologist, Dr Cathal Collins to the clinicians on Sepsis Screening in October 2014.

Safety Incident Management

In May 2014, the HSE launched a new Safety Incident Management Policy. This policy combined a number of previous policies into one document and training is being provided within the hospital for staff in relation to the implementation of this policy

National Consent Policy

In May 2014, the HSE launched a new National Consent policy and provided train the trainer sessions. The Risk Advisor trained on the National Consent policy as a trainer in 2014 with a view to rolling out the policy.

Pressure Ulcer Collaborative

Pressure Ulcers to Zero, a large scale improvement healthcare collaborative began in February 2014. This collaborative was the first large scale improvement collaborative to take place in Ireland and was supported by the Quality Improvement Division, Health Service Executive (HSE) and the Royal College of Physicians Ireland (RCPI), through the National Quality Improvement Programme. The primary aim of this collaborative was to reduce the incidence of avoidable pressure ulcers within the former Dublin North East (DNE) region and to increase the capacity and capability of frontline clinical teams to improve the care they deliver. A multidisciplinary team from Medical One was identified to pilot the collaborative in the hospital as part of a wider Pressure Ulcer Collaborative. The team introduced a number of changes during the course of the project which resulted in a reduction of avoidable pressure ulcers on Medical One by 75%.

Training Records

The Quality & Safety Executive Committee commissioned a project on the collation of training records in the hospital. The SAP HR project, aims to standardise all codes to record training and events across the organisation for all staff grades onto SAP HR linked to the staff personnel number. This commenced in October 2014.

Policies Procedure and Guidelines ratification

Policies, procedures, protocols and guidelines are an essential tool in improving the quality of health care provision. They articulate consistent approaches for best practice. They serve to:

- Promote best practice
- Standardise practice and service delivery
- Ensure that legislative and regulatory requirements are met
- Ensure employees and line managers are clear on their roles and responsibilities

- Facilitate effective staff induction
- Act as educational tools
- Act as a basis for audit and evaluation

During 2014 a total of 41 Policies, Procedures & Guidelines were reviewed and ratified by the Quality & Safety Executive Committee.

Specialist Committees

As previously outlined in Cavan and Monaghan Hospital there is a Quality and Safety Clinical Governance Framework which is composed of Clinical Governance Committees chaired by Clinical Leads of each specialty. Furthermore there are specialist committees for specific patient safety improvement programmes e.g. Prevention and Control of Healthcare Associated Infections, Drugs and Therapeutics and Health and Safety. Each of the committees has structured agendas and schedule of meetings for the year. The following sections demonstrate some of the work which was undertaken during 2014 to meet each of the committee's objectives.

Report from the Infection Prevention and Control Steering Committee

(Chaired by General Manager, Bridget Clarke)

Governance for the prevention and control of healthcare associated infections resides with the Cavan & Monaghan Hospital Infection and Prevention Control Steering Committee which is chaired by the General Manager. There are a number of committees which report into the Infection Prevention and Control steering committee to include:

- Hygiene committees (site specific; Cavan General Hospital and Monaghan Hospital)
- Environmental committee
- Medical Devices and Equipment Management committee
- Decontamination committee.

The Health Information and Quality Authority continue to monitor all hospitals in relation to their compliance with the Prevention and Control of Healthcare Associated Infection standards (2009) and they undertake a specific monitoring programme in relation to this.

The aim of these National Standards is to provide a framework for health and social care providers to prevent or minimise the occurrence of Healthcare Associated Infections (HCAIs) in order to maximise the safety and quality of care delivered to all service users in Ireland. Importantly, they drive a culture of responsibility and accountability among all staff involved in the management and delivery of health and social care services – all of whom must play their part in preventing and controlling HCAIs (HIQA, 2007)

Unannounced inspections took place in Monaghan Hospital on 8th May 2014 and in Cavan General Hospital on the 9th October 2014 respectively. In accordance with the requirements of the HIQA monitoring programme site specific improvement plans were

developed following each inspection and a copy of these reports are available on the Hospital website. Monitoring of the quality improvement plans is undertaken by the Infection Prevention and Control Steering Committee.

In 2014, Cavan & Monaghan Hospital bolstered infection prevention and control staffing resources required to support efforts in providing safe care to patients. In August, a permanent consultant microbiologist commenced work and, in the latter half of the year, a full-time antimicrobial pharmacist and a second infection prevention and control nurse were successfully recruited.

In response to a disappointing Cavan General Hospital performance in the second of two biannually-undertaken national acute hospital hand hygiene compliance audits (70.0% compliance in October/November, a fall from 81.9% compliance in May/June), the infection prevention and control steering committee agreed that a new subcommittee (the hand hygiene committee), tasked with overseeing a quality improvement plan aimed at improving hand hygiene compliance amongst staff, was required. It is anticipated that the fruits of the implementation of the quality improvement plan will become evident in 2015, particularly with the performance in the national audits where the HSE have set a national target of 90%.

The rate of new hospital-acquired *Clostridium difficile* infections remained above the national target of <2.5 per 10,000 bed days used for much of 2014. Following the publication in June 2014 of the **National Clinical Guideline Number 3: Surveillance, Diagnosis and Management of Clostridium difficile Infection in Ireland**, the infection prevention and control steering committee agreed on the formation of a subcommittee directed to perform a gap analysis between the recommendations within this guideline and current practices within Cavan & Monaghan Hospital. This subcommittee was charged with the development of a quality improvement plan to ensure optimal compliance with these recommendations and reports directly to the steering committee, to the Quality and Safety Executive Committee and to the Senior Management Team. Particular attention will be given to measures to improve antimicrobial prescribing within the hospital and to the setting up of a systems analysis process for *C. difficile* infections.

The world experienced its most widespread epidemic of Ebola Virus Disease in 2014 with the West African countries of Guinea, Liberia and Sierra Leone particularly affected. In the United States and Spain, imported cases led to secondary infections of healthcare workers. Although the risk of a patient with Ebola Virus Disease presenting to Cavan & Monaghan Hospital was considered low, the Hospital needed to be prepared for the possibility. A huge amount of work was undertaken by many members of staff in various departments of the hospital to comply with the latest national recommendations and to ensure that patients with suspected disease could be managed safely and effectively whilst minimizing the risk to other patients and our healthcare workers.

Report from Hygiene Committee (Cavan General Hospital)

(Chaired by Operational Services Manager, Renee Stephenson Egan)

2014 Objectives	Key achievements
Monitor and report on the results of hand hygiene and hygiene audits	Regular report on hand hygiene training records produced
Hygiene HOD environmental audit return rate 90% in 2014	Service Level Agreement with contract cleaners is currently with procurement
Corporate walkabouts, Environmental Hygiene Audits show evidence that standards were maintained VIA Quality Improvement Plans	Review of hospital audits
Unannounced inspection in Nov 2014 and March 2015 by HIQA- Quality Improvement Plan ongoing into 2015	Review of cleaning schedule including flushing records
Planned maintenance programme achieved for 2014	Introduction of recycling throughout the hospital.
To continually improve waste management and equipment management	Introduction of food wastage bins, equipment replacement programme audit and QIP
Support the Infection control steering committee in promoting Hand hygiene awareness in each clinical areas.	There is a public display of Hand hygiene scores outside each unit.
All hygiene staff to participate in hand hygiene audits to improve hand hygiene compliance within the hospital	Hand hygiene awareness day held by hand hygiene champions wearing tee shirts outside canteen in CGH November 2014 for staff. Staff visiting stands completed quizzes and had hand hygiene technique checked
Review and update Hygiene Operational Policy	completed
Review of Dress Code and Visiting Policy	completed

Report from Hygiene Committee (Monaghan Hospital)

(Chaired by Hospital site manager, Patricia McDermott)

2014 Objectives	Key achievements
<ul style="list-style-type: none"> • Achieve Hygiene Key Performance Indicators • Develop and implement Corporate Hygiene Walkabout programme • Develop and implement pre-planned maintenance programme • Complete deep clean monthly • Devise painting programme for the hospital • Promote e-learning for hand hygiene for non clinical staff 	<ul style="list-style-type: none"> • Improvement to WHO 5 moments of hand hygiene achieved- evidenced through audit. • Environmental Hygiene audit return rate improved from 90% in 2013 to 100% in 2014 • Corporate walkabouts & Environmental Hygiene Audits show evidence that standards were maintained • Unannounced inspection in May 2014 by HIQA- Quality Improvement Plan completed • Hand hygiene Champions identified and trained to carry out weekly/monthly department audits • Upgrade to Endoscopy Decontamination Area • Hospital Electronic Maintenance Request Data Base put in place • Planned maintenance programme achieved for 2014

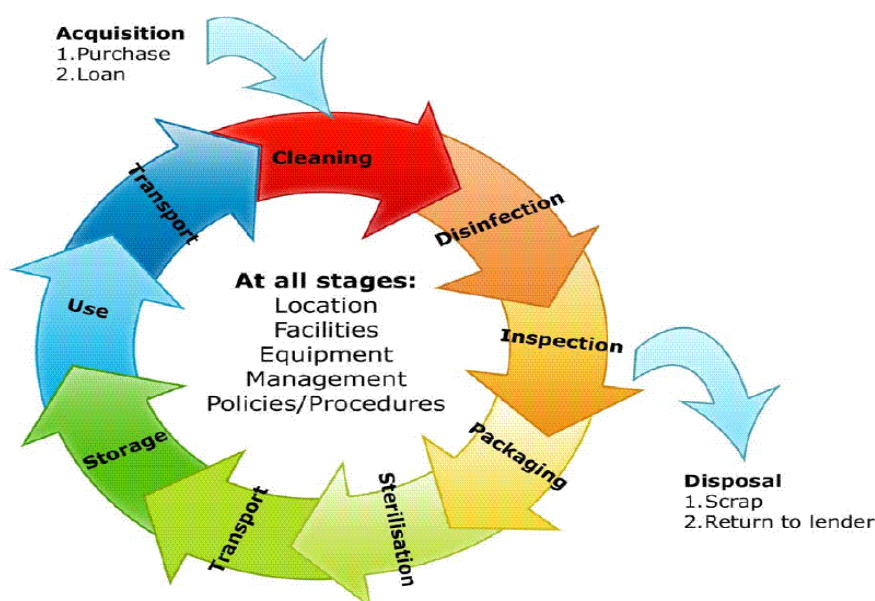
Report from Environmental Committee

(Chaired by Operational Services Manager, Renee Stephenson Egan)

2014 Objectives	Key achievements
<ul style="list-style-type: none"> • Review risk assessment process for Legionella Prevention and control and recommend corrective actions • Review SLA with external contractors responsible for water testing and disinfecting of water systems. 	<ul style="list-style-type: none"> • Full flushing regime in place which is monitored on a regular basis. • Introduction of chloride dioxide dosing system • Results of sampling of water outlets in SCBU negative for Pseudomonas aeruginosa • Water sampling ongoing

Report from the Decontamination Committee

(Chaired by Clinical Engineer, Ronnie McDermott)



Decontamination is the combination of processes (including cleaning, disinfection and sterilisation) used to render *Reusable Invasive Medical Devices (RIMD)* safe for handling by staff and for use on patients. Effective decontamination of RIMD is an essential component in the prevention of healthcare associated infection.

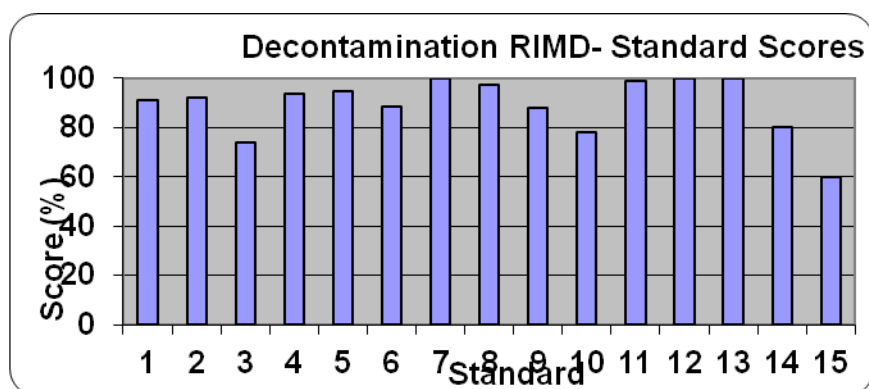
The HSE Standards and Recommended practices for Decontamination was published in August 2007 and reviewed in 2011.

The Code provides:

1. A framework for management of decontamination in the Health Service Executive.
1. A reference point against which continuous quality improvement in decontamination services can take place.

The Cavan Monaghan Hospital Decontamination committee is established to develop a set of shared values, behavioural guidelines and quality principles in support of the HSE Standards and Recommended practices for Decontamination 2011 Version 2. The committee oversee the implementation of the HSE Standards and Recommended practices and the self assessment process. To establish level of compliance that the procedures for decontamination of RIMD conform to the required standard, that the processes undertaken conform to the procedures and to identify opportunities for improvement, a self assessment process was completed in 2014 using the NHO Decontamination audit tool.

The 2014 overall Hospital Group assessment generated a rating of **89%** representing an improvement of 3% on the previous self assessment. The 2014 assessment generated a total of 43 Quality Improvement Plans (QIP's) that will enable the hospital group to progress towards achieving further compliance with the standards and their respective criteria. The timeframes allotted to the QIP's may be subjected to change depending on evolving priorities and the availability of funding.



2014 Objectives	Key achievements
Self assessment against the HSE Standards and Recommended practices for Decontamination.	Improved compliance with the HSE Standards and Recommended practices for Decontamination delivering a self assessment rating of 89%
Establishment of a cross site management structure for decontamination services within both hospitals. All decontamination Support workers to be managed by CSSD Manager to deliver safe, cost effective and efficient use of resources.	National Track & Trace system fully operational in endoscopy, CSSD and theatre department Cavan General.
Secure National Equipment Replacement Funding for 2 x Washer Disinfectors within CSSD. Value €185,000	Development and implementation of Out of Hours Decontamination Protocol For Flexible Endoscopes Used within Theatre Department.
Implement Endoscope storage cabinet validation to facilitate storage of clean endoscopes for use within a period of 72 hours. To achieve improved efficiencies and safe out of hours practice.	Completion Monaghan Endoscopy Decontamination refurbishment works to provide improved segregation and flow path for endoscope decontamination.
Develop and implement standard operating procedures for the inter hospital transportation of Contaminated RIMD to CDU Central Decontamination Unit (External) – not washed prior to dispatch. To be developed in accordance with the Competent Authority Exemption 01/2014 applicable to National Road Transport Only for the Carriage of un-cleaned medical device equipment.	Development of a single operational policy for the service that ensures that all staff are clear of the services provided and their roles and responsibilities towards the delivery of a safe, effective service.
Implement shared staff skill set for HSSD and endoscopy to facilitate inter department dependency.	Implementation of endoscopy support worker certified training

Report from the Medical Devices and Equipment Management Committee

(Chaired by Clinical Engineer, Ronnie McDermott)



It is the policy of the HSE to ensure that a formal system to manage medical devices is established throughout the HSE. The HSE is committed to ensuring that uniform policy, standards and procedural guidance are implemented to support the development of a system which assures a designated coordinated approach for the management of Medical Device Equipment throughout the organisation.

The HSE Quality and Risk Framework described the overarching strategy for implementing the HSE Quality and Risk Standard which set the criteria for implementation of an integrated quality, safety and risk management system across the HSE. Within this framework medical devices are identified as a known high priority risk issue that requires service providers to be able to demonstrate that they have systems in place for the management of same.

In an effort to move towards addressing this high priority risk together with progressing the recommendation of the HSE "Medical Device Equipment Management Policy and Best Practice Guidance", the "Medical Device Equipment Management Committee" is established to compliment the implementation of HSE policy and guidance and ensure that systems of robust compliance monitoring and review are in place to confirm that medical devices are managed in a way which complies with the requirements of regulation and best practice.

Some of the key aspects of the committee is to ensure assessment of medical device incidents, assessment of Medical Device Alerts for consideration of action as issued by the competent authority the "Health Products Regulatory Authority" (HPRA) and to ensure replacement of medical device equipment is managed in a coordinated method with an evidence based approach that takes account of a standardised risk-based methodology together with taking account of developing service delivery strategy.

Summary
Medical Device Equipment Replacement Programme 2014.

Cavan General Hospital					
Department	Description - Department	Equipment Type	QTY	Order Number	Cost inc VAT
Renal	Upgrade of RO Water Plant -	Gambro CWP 113	1	4503454180	€30,725.40
Radiology	Construction works for new Fluroscopy room -	—	1	4503440103	€269,085.20
Radiology	Flurosocopy System	Artis Zee MP	1	4503439754	€637,311.56
Radiology	Ultrasound	LOGIQ E9	2	4503522835	€166,131.18
Theatre	Endoscopic Camera Stack	Endocam Logiq HD Camera System	2	4503480181	€120,900.00
SCBU	CPAP Driver	Fabian	1	4503524252	€15,000.00
Cavan Total					€1,239,153.34

Monaghan Hospital					
Department	Description	Equipment Type	QTY	Order Number	Cost inc VAT
Day Ward	Obs Monitors	Carescape V100	9	4503522854	€21,863.25
General Wards	ECG	ELI 280	4	4503522902	€19,632.99
Cardiac Rehab	Telemetry system	Philips Intellevue Cardiac Rehab	1	4503522844	€36,666.28
Cardiac Investigation	Holter System	Pathfinder SL 010-1935-00	1	4503522806	€60,562.74
Monaghan Total					€138,725.26

2014 Objectives	Key achievements
Continued roll out of the HSE Medical Device Equipment Management Policy and Best Practice Guidance.	Implementation of the national HSE web based "Medical Device Alert System". This system is developed nationally to provide assurance for the distribution and management of medical device alerts as issued by the competent authority the "Health Products Regulatory Authority" (HPRA)
Review Local Medical Device Equipment Management Policy.	Implementation of Medical Device Equipment Replacement Decision Support Tool
Continued assessment of compliance with HIQA standards and PCHAI standards.	Implementation of Medical Device Equipment Incident HOD Guidance.
Implement Hygiene audit recommendations in relation to medical device equipment.	Installation across both sites of specific €1.08m allocation from the national endoscopy replacement programme.
Continued assessment of Medical Device Alerts for consideration of action within specified timelines as issued by the competent authority the "Health Products Regulatory Authority" (HPRA)	Installation of national medical equipment replacement programme across both sites to the value of €1.37m.
Implementation of Desktop "Medical Equipment Hygiene Portfolio" , an electronic based system designed to progress compliance with standards and to assist in providing ease of access to Cleaning Instruction, manufacturer User Guides and other related information pertaining to Medical Equipment.	Total of 67 HPRA medical device alerts managed in 2014. KPI of 100% compliance within assigned response time allocation.
Continued roll out of Clinical user training programme together with refresher training.	Total of 1,301 clinical staff provided with user training on a range of medical device equipment in 2014.
Complete Medical Device Equipment replacement needs assessment for 2015.	Implementation of MS 16 Syringe Driver patient discharge protocol for home use.

Report from the Healthcare Records committee (Chaired by Operational Services Manager, Renee Stephenson Egan)

2014 Objectives	Key achievements
<ul style="list-style-type: none"> Review of policies requiring updating Analysis of Emergency Department card system Planning of Health Care Record self assessment for 2015 and audits 	<ul style="list-style-type: none"> A number of policies were reviewed and updated Completed and at tender stage Physical environment audit completed in November 2014

Report from Health & Safety Committee

(Chaired by Operational Services Manager, Renee Stephenson Egan)

2014 Objectives	Key achievements												
<ul style="list-style-type: none"> To ensure implementation of the health and safety Quality Improvement Plans set within timeframes specified in plan 	Quality Improvement plans updated for Cavan General Hospital and Monaghan Hospital as a result of audit completed by Regional Health and Safety												
<ul style="list-style-type: none"> To ensure that terms of reference of health and safety committee are implemented 	Ongoing throughout the year												
<ul style="list-style-type: none"> To ensure all department risk assessments are completed on time and to monitor the implementation of the control measures. This will be a standard item on Health & Safety agenda. 	75% of departments have completed and meetings held with Operational Service Manager												
<ul style="list-style-type: none"> To implement and monitor Key Performance Indicators for hospital 	All Key Performance Indicators achieved												
<ul style="list-style-type: none"> To submit quarterly report to Quality, Safety and Executive. 	Completed												
<ul style="list-style-type: none"> To carry out department audits bi-annually to ascertain compliance with Health and Safety legislation at departmental level 	84% achieved												
<ul style="list-style-type: none"> To collate and monitor implementation of various Health & Safety related reports. 	Ongoing												
<ul style="list-style-type: none"> To manage Manual Handling ,PMAV and other mandatory training within the hospital 	2014 Training figures Cavan & Monaghan <table> <tr> <th>Course</th><th>No of attendees</th></tr> <tr> <td>Hand Hygiene</td><td>890</td></tr> <tr> <td>Manual Handling</td><td>302</td></tr> <tr> <td>Fire Safety, Evacuation and Extinguisher training</td><td>784</td></tr> <tr> <td>PMAV (Verbal)</td><td>102</td></tr> <tr> <td>PMAV (Physical Intervention)</td><td>46</td></tr> </table>	Course	No of attendees	Hand Hygiene	890	Manual Handling	302	Fire Safety, Evacuation and Extinguisher training	784	PMAV (Verbal)	102	PMAV (Physical Intervention)	46
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PMAV (Physical Intervention)	46												

Report on Capital Developments

(Clinical Business Manager, Evelyn Hall)

During 2014 there was significant Capital works undertaken in Cavan & Monaghan Hospital with the support of the Hospital Maintenance Department and HSE Estates. During this time there were also plans developed for Capital works which are to be undertaken in 2015.

1. Cavan General Hospital completed the development of the Radiology Fluoroscopy Unit providing an enhanced service for all patients requiring interventional radiology and negating the need for patients to undergo procedures in theatre or in tertiary care hospitals in Dublin.
2. The Paediatric Assessment Unit was expanded to create an additional assessment area bringing the assessment spaces to five in total with a separate adjacent waiting area. This has improved the patient experience time and further supported providing care in a dignified environment.
3. Development of clean utility room, dirty utility room, storage room and changing room in the Radiology Unit. This was undertaken to improve compliance with the HIQA Prevention and Control of Healthcare associated infection standards.
4. Window replacement was undertaken on a phased basis improving the heat retention and aesthetic appearance of the entire façade of the hospital. New blinds were also installed.
5. Plans were submitted for major Capital development which will include a new purpose build Endoscopy unit, Palliative care facility and single medical in-patient suites.
6. 1st phase of tiling commenced as part of a hospital wide tile replacement project. This was undertaken to improve compliance with the HIQA Prevention and Control of Healthcare associated infection standards.
7. Plans were developed to undertake a significant electrical upgrade in 2015.
8. Plans were developed for the refurbishment of the reception area in Cavan General Hospital for commencement in quarter four 2015.
9. Clean utility and storage rooms throughout a number of wards were upgraded to improve compliance with the HIQA Prevention and Control of Healthcare associated infection standards. Some reception areas were also upgraded in the wards.
10. To improve patient flow and provide an enhanced working environment an upgrade was undertaken in Cardiac diagnostic suite which also included the installation of air conditioning.
11. A major Boiler replacement project was undertaken to improve the service and significantly reduce cost and improve efficiency throughout the hospital.

12. There was a replacement of the MRI main heating circuit pipe work
13. Design, installation and upgrade of one of the plant room's main heating circuits.

Monaghan Hospital Minor Capital 2014

1. To progress compliance with HSE Standards and Recommended Practices for Endoscope Reprocessing Units. QPSD-D-005-2. V 2.0 and advance efficiency of the existing decontamination process, and to improve the segregation of 'dirty' and 'clean' activities together with facilitating an improved unidirectional work flow from the 'dirty' area to the 'clean' area, minor refurbishments to the existing Endoscopy decontamination area were completed in April 2014. This was achieved by way of the following:-

- acquire the small room adjacent to the existing decontamination facility and incorporate part of same within the existing decontamination facility.
 - provision of a hatch from the decontamination facility to the procedure room to accommodate the set down of a 4 x endoscope trays.
 - Relocate existing 2 x "Automated Endoscope Reprocessor" within existing footprint
 - Install 2 x customised wash and rinse endoscope sinks in decontamination room.
2. Old SCU on 1st Floor was refurbished in March 2014 to provide a fully equipped Physiotherapy Area for Rehabilitation & Stepdown Inpatients.
 3. Stepdown & Rehabilitation Wards were reconfigured to provide a total additional 5 beds in April 2014. This included the transfer of use and relocation of dining & therapy area's to provide patient accommodation.
 4. The provision of an Outdoor Patient Relaxation and Therapy Area for our Rehabilitation & Stepdown Patients was completed in June 2014.
 5. Remedial work due to fire stopping issues identified in the Stepdown & Rehabilitation Wards took place in January 2014 with repairs to fire walls in these areas.
 6. Heating Boiler replacement took place in December 2014 to improve the service and significantly reduce cost and improve efficiency throughout the hospital.
 7. Repairs to make good chimneys at Gate Lodge Building were completed during 2014.
 8. Rehabilitation Ward Kitchen located on 1st Floor was extended in April 2014 by incorporating an adjacent Stationery Storage area and refurbishing of same.

OVERVIEW OF ACTIVITY 2014

Activity Type	Jan – Dec Actual 2013	Jan – Dec Actual 2014	Variance	% Variance
ED New & Return Attendances	30041	29,983	-58	-0.19%
ED New	27720	27224	-496	-1.79%
ED Return	2321	2759	438	18.87%
PAU	5082	5101	19	0.37%
Emergency Ward Presentations	611	456	-155	-25.37%
AMAU total Through-put	4671	4690	19	0.41%
AMAU same day discharges	2250	3382	1132	50.31%
AMAU overnights	2421	1308	-1113	-45.97%
*Inpatient Discharges	14818	13904	-914	-6.17%
Day Care Attendances	16,406	14,209	-2197	-13.39%
Renal Dialysis Day Cases	9,934	9,686	-248	-2.50%
Care of the Elderly	943	974	31	3.29%

*(excl. same day Discharges from AMAU)

There have been significant developments in Urgent Care services in Cavan General Hospital over the last few years to include:

- Relocation of Acute Medical Assessment Unit 2012
- Establishment of Paediatric Assessment Unit 2011
- Implementation of the HIQA Tallaght report which removed all trolleys from the ED corridors.

All of above supported by strong management, clinical leadership and effective bed management has enabled Cavan General Hospital in achieving its ED performance targets.

EMERGENCY DEPARTMENT ATTENDANCES

As predicted by Cavan and Monaghan Hospital ED attendances have reduced in 2014 as a consequence of the expanded AMAU which has enabled acute medical patients to be appropriately diverted from ED to the Acute Medical Assessment Unit. As a result of this there has been an increase of 50% in AMAU same day discharges when compared to year end 2013.

INPATIENT ACTIVITY.

Whilst ED admissions have increased by 5.58% YTD on 2013 there is a correlating decrease in AMAU admissions of 46%. Total Emergency admissions have decreased by 5.7% on 2013. The percentage of elective admissions has decreased by 9.45% on 2013 activity.

INPATIENT ADMISSION SOURCE

Activity Type		Jan – Dec Actual 2013	Jan – Dec Actual 2014	Variance	% Var
Emergency Admissions	ED Admissions	7200	7602	402	5.58%
	Emergency (Other)	1290	1379	89	6.90%
	AMAU Admissions*	2421	1308	-1113	-45.97%
	Emergency Subtotal	10911	10289	-622	-5.70%
Elective	Elective Admissions	4030	3649	-381	-9.45%
Total Admissions		14941	13938	-1003	-6.71%

*(excl. same day admissions from AMU)

EMERGENCY PRESENTATIONS

2014 NSP Target	Target YTD	Actual YTD	% VAR YTD V Target	Same Period 2013
36,101	36,101	35542	-1.55%	35734

AMU presentations not included in these figures.

TREND IN EMERGENCY PRESENTATIONS

The actual out-turn for 2014 was 40,232

INPATIENT DISCHARGES

	2013 Outturn	2014 NSP Target	Target YTD	Reported Actual YTD	Reported Actual Excl Same Day D/C AMU	% VAR YTD Actual V Target Excl Same Day D/C'S AMU	Same Period 2013	% VAR YTD V Same Period 2013
Cavan	14,819	14,823	14,823	17,272	13,896	-6.25%	14,819	-6.23%

There was a decrease in Inpatient discharges of 6% compared to the National Service Plan target. There was also a decrease of 6% on 2013 activity.

INPATIENT ACTIVITY

Cavan General Hospital

Clinical Specialty	Number of Admissions
Surgery	2078
Medical	6451
Orthopaedic	0
Obstetrics	2822
Gynae	642
Paediatrics	1951
Psychiatry	242
ENT	0
Total excluding AMAU	14186
Other (AMAU)	3382
Total including AMAU	17568

Monaghan Hospital

Clinical Specialty	Number of Admissions
Surgery	0
Medical	0
Rehabilitation	300
Stepdown	49
Gynae	0
Paediatrics	0
Psychiatry	0
ENT	0
Total	349

ELECTIVE INPATIENTS ADMISSIONS AND DAY CARE ATTENDANCES

Elective Inpatient Admissions

	Actual out turn 2014	Out turn 2013	% VAR YTD V Same Period 2013
Cavan	3649	4030	-9.45%

There is a 9.45% decrease in elective inpatients for the same period 2013.

Day Care Attendances

	2013 Outturn	2014 NSP Target	Target YTD	Actual YTD	% VAR YTD V Target	Same Period 2013	% VAR YTD V Same Period 2013
Cavan	10,728	10,267	10,267	9,011	-12.23%	10,728	-16.00%
Monaghan	5679	5452	5452	5198	-4.66%	5679	-8.47%

Day care attendances in Cavan General Hospital have decreased by 16% and in Monaghan Hospital by 8.47% on 2013 activity. Note that Renal Dialysis (9,686) and Care of the Elderly (974) are not reflected in the above figures, but are included in table below.

DAY CASE ACTIVITY

Cavan General Hospital 2014

Clinical Specialty	Number of day cases
Surgery	3759
Medicine	1060
Orthopaedics	73
Radiology	14
Obstetrics	754
Gynae	484
Paediatrics	204
Oncology	2617
Care of Elderly	974
Renal Dialysis	9686
Dermatology	91
Total	19,716

Monaghan Hospital 2014

Clinical Specialty	Number of day cases
Surgery	3779
Medicine	1229
Gynae	56
ENT	135
Total	5199

BIRTHS

BIRTHS	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
Actual 2014	136	137	137	143	159	139	150	164	150	142	147	167	1771

INPATIENT WAITING LISTS

NUMBER OF SCHEDULED PATIENTS WAITING FOR INPATIENT PROCEDURE

Cavan Monaghan	Elective Inpatient Waiting List 0-8 Months	Elective Inpatient Waiting List > 8 Months	Total	Day Case Waiting List 0-8 Months	Day Case Waiting List > 8 Months	Total
Adults	3	0	3	553	235	788

By end of 2014; 100% adults were waiting less than 8 months for an elective inpatient procedure and 70% adults were waiting less than 8 months for an elective daycase procedure.

Cavan Monaghan	Elective Inpatient Waiting List 0-20 Weeks	Elective Inpatient Waiting List > 20 Weeks	Total	Day Case Waiting List 0-20 Weeks	Day Case Waiting List > 20 Weeks	Total
Paeds	0	0	0	51	97	148

At the end of 2014 there was no children awaiting an elective inpatient procedure and there were 66% of children waiting over 20 weeks for a day case procedure.

OUTPATIENTS

2014 Monthly Activity

OPD	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
Consultant Led Clinics 2014	3248	2951	3023	3161	3266	3188	2779	2793	3161	3254	2991	2560	36375
Nurse Led Clinics 2014	2700	2654	2941	2869	3177	3165	3003	1719	2182	2930	2903	2825	33068
Total OPD Clinics 2014	5948	5605	5964	6030	6443	6353	5782	4512	5343	6184	5894	5385	69443

OTHER DEPARTMENTAL ACTIVITY

Department	Activity - CGH	Activity – Monaghan Hospital
Radiology	63379 exams	15786 exams
Physiotherapy	24498 attendances	12734 attendances
Occupational Therapy	1940 attendances	1059 attendances
Dept of Nutrition & Dietetics	6837 attendances	1005 attendances
Cardiology	4362 attendances	1850 attendances
Respiratory	8897 attendances	
Heart Failure	2480 attendances	526 attendances
Day ward - Venesections		1179 attendances

AH1 OUTPATIENT WAITING LIST 2014

Outpatient Waiting List December 2014	0 -1 Month	1 - 2 Months	2 - 3 Months	3-6 Months	6-12 Months	12-24 Months	24-36 Months	36-48 Months	48+ Months	Total
Cavan General Hospital	806	838	820	1,792	2,218	885				7,359

OVERVIEW OF COMPSTAT PERFORMANCE (2014)

TREND ANALYSIS ON COMPSTAT METRICS

There are three areas reported on in COMPSTAT and the number of Performance metrics increased from 20 in 2013 to 26 in 2014.

- Quality (4 indicators)
- Access (19 indicators)
- Resources (3 indicators)

Overview of Performance

Cavan and Monaghan Hospital have been performing reasonably well throughout the year on the following metrics:

- ED access (wait time targets – 9hrs)
- Reduction in trolley waits
- Medical re-admission rate
- Surgical re-admission rate
- Adult elective waiting times
- Paediatric elective waiting times
- Urgent colonoscopy
- G I Endoscopy
- Medical ALOS
- Surgical ALOS
- HIPE completeness

The metrics which were challenging to achieve during 2014 include:

Quality: MRSA & C Difficile

Access: ED access (wait time targets – 6 hrs)

Resources: Budget, Absenteeism & Staff ceiling

Delayed discharges (Target is 12, and the actual number ranged from 11-16 throughout the year)

ACCESS: Emergency Care

The illustration overleaf illustrates the 2011 – 2014 performance in Emergency care. Table 1 is the INMO 30 Daily moving average. The work and effort of staff in improving the systems, processes and care pathways for patients has demonstrated year on year improvement in our Emergency Care performance. This has been a significant challenge for both the management team and front line staff and has immensely improved the quality of care our patients receive and experience when they attend our Emergency Department in Cavan General Hospital.

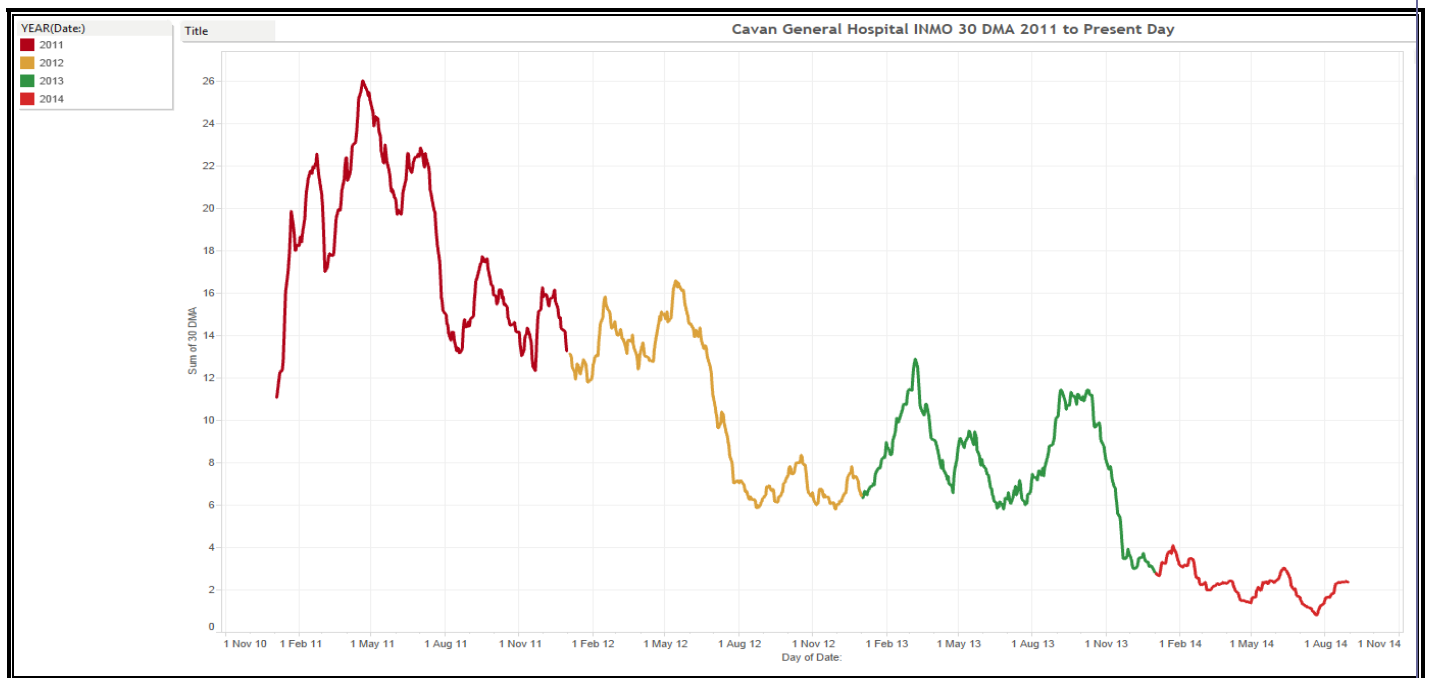


Table 1

FINANCE

YEAR TO DATE POSITION

The year-end position at the end of December is €1.3M or 1.51% overspent on allocated budget. This outcome was in line with projections.

	Actual Jan- Dec 14	Budget Jan- Dec 14	Variance	% Change
Cavan	€79,955	€78,841	€1,114	1.41%
Monaghan	€8,087	€7,890	€197	2.50%
Total	€88,042	€86,731	€1,311	1.51%

Human Resources

WTE DATA – WTE against ceiling, WTE Position at 1st January 2014 and 31st December 2014

Care Group	Service Location	Interim Jan 2014 Ceiling	WTE Jan 2014
Acute Hospitals	Cavan General Hospital	723.29	724.25
	Monaghan Hospital	116.01	119.82
Acute Hospitals Total		839.29	844.07

WTE Position at 31st December 2014

Care Group	Service Location	Qtr 4 2014 Ceiling	WTE Jan 2015
Acute Hospitals	Cavan General Hospital	683.05	774.85
	Monaghan Hospital	116.36	111.37
Acute Hospitals Total		799.41	866.22

Cavan & Monaghan Hospital: WTE per site per grade January 2014 and December 2014

Service Location	Staff Group Description	Jan-14	Dec-14
Cavan General Hospital	Management/ Admin	106.13	105.11
	Nursing	318.79	355.36
	Medical/ Dental	86.41	94.37
	Health & Social Care Professionals	73.86	85.40
	General Support Staff	75.28	80.83
	Other Patient & Client Care	63.78	53.78
Cavan General Hospital Total		724.25	774.85
Monaghan General Hospital	Management/ Admin	19.7	19.93
	Nursing	40.69	37.75
	Medical/ Dental	7.5	1.00
	Health & Social Care Professionals	16.44	16.48
	General Support Staff	9.72	9.72
	Other Patient & Client Care	25.77	26.49
Monaghan General Hospital Total		119.82	111.37
		844.07	886.22

Agency Conversion Project:

National approval was sought and granted to convert agency staff into HSE employees and the following table provides a summary at 1st December 2014

Service Area	Grade Description	Total Number completed at 1 st December 2014
Cavan & Monaghan Hospital	Support Staff (Internship Scheme)	55
	Staff Nurse	46
	Clerical Admin	33
	Health & Social Care Professionals	17
	Support Staff	1

Absenteeism:

Details of absenteeism for the Hospitals, per month, are shown below:

Cavan & Monaghan Hospital Absenteeism January 2014 to date

Cavan General Hospital												
	January	February	March	April	May	June	July	August	September	October	November	December
2014	7.28%	7.03%	7.94%	6.21%	5.64%	6.65%	5.78%	5.45%	4.67%	4.71%	5.48%	5.10%
Monaghan Hospital												
	January	February	March	April	May	June	July	August	September	October	November	December
2014	4.21%	3.55%	4.64%	4.70%	6.14%	5.75%	4.18%	5.52%	4.42%	3.74%	5.48%	4.98%

Public Service Sick Leave Scheme:

A new Public Service Sick Leave Scheme was implemented on 31st March 2014 and applies to all health service employers. The new scheme provides for

- A maximum of 92 calendar days sick leave on full pay in a year
- Followed by a maximum of 91 calendar days sick leave on half pay
- Subject to a maximum of 183 calendar days paid sick leave in a rolling four year period.



CAVAN & MONAGHAN HOSPITAL (part of RCSI Academic Hospital Group) QUALITY, SAFETY AND RISK GOVERNANCE STRUCTURE

Updated: April 2014

