

Improving Patient Satisfaction with Hospital Food & Nutrition: A Quality Improvement Initiative in Drogheda/Louth Hospitals (2021)

Aim: To build on improvements in patient satisfaction with hospital food during their hospital stay in OLOLH Q3 2022

Plan:

To implement an annual OLOLH patient satisfaction survey to identify opportunities for improvement in diet & catering.

Do:

Following the OLOL **2021 patient satisfaction survey** the entire menu cycle was reviewed & updated. Education rolled out to catering & household staff (wards) (90% attendance achieved)

Study:

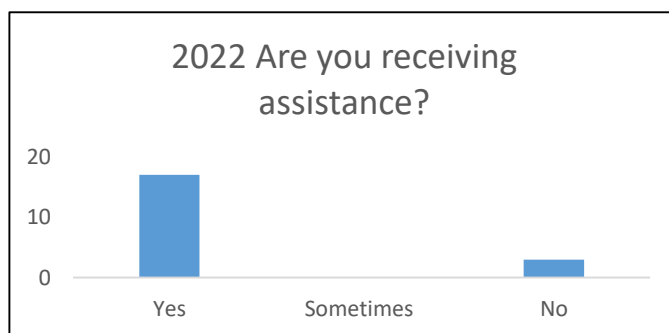
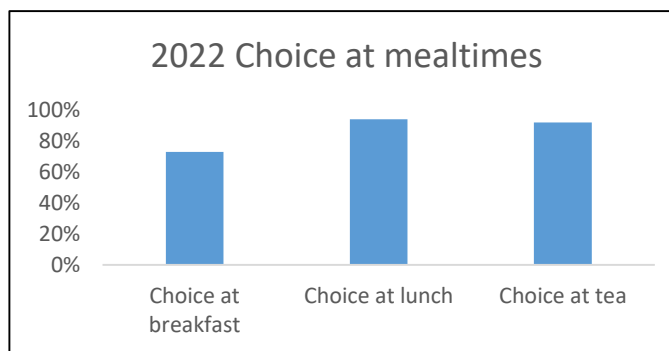
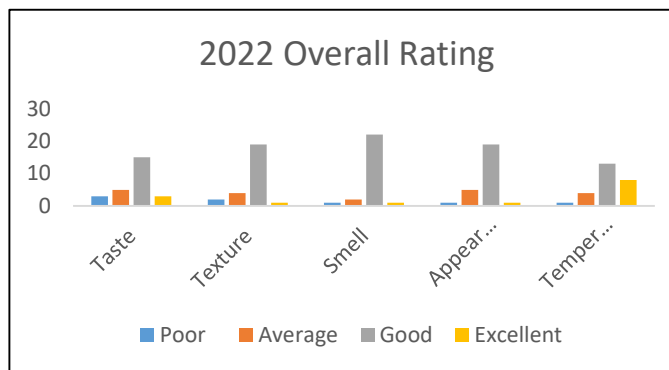
OLOLH Patient Survey – June 2022 n=60

Act:

Results – 34% of patient were not offered snacks
Many felt snacks were available on request rather than being offered.

PDSA Cycle 2:

- Review breakfast options to include fruit offering.
- Snack menu to be displayed in the wards.
- Menu & textural review with Catering/Dietetics /SLT input
- Education sessions to update & address new staff



This QI initiative is aligned to;

1. **NIES** Themes - Admission and Care on the Ward. Q15, Q16, 18 & Q19.
2. **HIQA** Safer Better Healthcare standards (2012) of Person-Centred Care & Support.
3. **Local hospital** concerns regarding patient feedback on hospital food

Next Steps

- Include Q18 (Were you offered a replacement meal at another time?) in future local surveys.

Catering for Hospital Staff:

Happy Heart Healthy Eating Award, July 2022

- Healthier options across all menus
- Increase oven baked vs deep fry
- Reduce overall fat content in menu
- Daily offering of fish
- Chip free days



Improving communication with our in-patients using Take 5: A Quality Improvement Initiative in Drogheda/Louth Hospitals (2021)

Background: 2021 - increase in complaints about communication to patients & their families

Aim: To improve communication with our patients during their hospital stay on all wards by December 2022

Plan:

1. To phone (if applicable) patient’s family within 24 hours of admission
2. “Take 5” initiative rolled out across surgical & medical wards

To be documented in specific sections of the Nursing Notes.

Do:

- All ward/ ED nursing managers informed of new communication initiative – July 2022
- Phone call & Take 5 to be recorded in specific sections in Nursing notes

Study:

- 90% of patients on BL1E & BL1W received a phone call from the ward manager within 48 hours of admission in June.
- Audit demonstrated less than expected uptake of ‘take 5’ initiative.
- Data audited – 24 hour period of admissions randomly selected & nursing notes of same audited (paediatrics excluded)

Act:

As a result of feedback whilst auditing on wards, going forward:

- Focus on two wards
- Education on specifics of documentation.
- Increase communication to/from ward managers.

Take 5

1. Hello my Name is...
How are you today?
2. Have you any questions about what’s happening with your care?
3. Have you been in touch with your family today?
4. What did you eat & drink today?
5. Is there anything I can do to make your hospital stay better?

This QI initiative is aligned to:

- **NIES** Theme - Admission & Care on the Ward
- 23 questions within the NIES relate to communication
- **HIQA** Safer Better Healthcare standards (2012) of Person-Centred Care & Support
- **Local hospital** – increase in complaints re access

Next Steps

- Plan: Continue ‘take 5’ initiative
- Pilot on two wards – 1 x surgical, 1 x medical
- Embed phone communication on BL1E & BL1W
- Scale phone & Take 5.

Aim: To improve communication with our patients during their hospital stay on all wards by December 2022

New Patient Information Leaflet Strategy : Louth Hospitals Patient Information Leaflet (PIL) Committee: Established June 2022

- Aim to approve & procure standardised hospital branding & hard copy output from Louth Hospitals.
- Clinical content to be approved via Clinical Governance.
- Procurement process has been initiated & approved.

Plan:

1. Development of a patient information booklet with key information about the hospital to be given to all in-patients on admission.
2. Individualised Patient Information Leaflets (PILs) will be disseminated relative to their individual needs & can be stored in the back of the booklet.

Do:

1. Content of the booklet amended to include pharmacy advice about medication (Q44, 45 & 46).
2. Estimated launch date October 2022.
3. Roadshow sessions on wards to raise awareness of the importance of providing all in patients with the booklet.

Study/ Measure:

Patient survey following discharge to measure:

1. Did all patients receive a patient information booklet on admission?
2. Did the patients find the information within the booklet a) relevant & b) useful



Know Your Medicines Before You Leave

A few questions to ask before you leave the hospital:

- What medicines do I need to take and for how long?
- Have any medicines been added, stopped or changed and if so, why?
- How do I take my medicines?
- How will I know my medicine is working and what side effects do I need to watch out for?



This QI initiative is aligned to:

- **NIES** Theme-Admission and Care on the Ward & Discharge. Q43, Q44, Q45 & Q46
- **HIQA** Safer Better Healthcare standards (2012) of Person-Centred Care & Support
- **Local hospital** concerns regarding communicating with patients & relatives about their stay in hospital and their care going home.

Next Steps

- Promote use of the booklet on all wards to ensure frontline staff know about the booklet and understand the importance of using the booklet as a communication tool with patients and families.
- **Launch October 2022**

3 Quality Improvement Initiatives identified in Drogheda/Louth hospitals In Response to the NIES (2022)

Quality Improvement Initiative #1. NIES Q32, 34, 35, 44 & 45

Aim: to educate patients utilising a post-operative analgesia leaflet throughout the surgical wards.

Background:

“Audit of 7 classes of medication used in the current post-operative analgesia pathway”

- Pharmacy & the Acute Pain Management team audited the post-operative analgesia & opioid pathway on the Orthopaedic ward.
- The QIP arising from this audit includes the development & introduction of a patient information leaflet providing guidance on the safe use & side effects of opioids.

Proposal: Pilot PIL on the orthopaedic ward & design a patient survey that will measure: 1. did the patient receive a leaflet? 2. did the patient find the leaflet useful/informative?

Quality Improvement Initiative #3 NIES Q13 & 14

Aim: to highlight the requirement that all staff introduce themselves to our patients upon interaction, both clinical & non-clinical

Q13: Did staff wear name badges?

Q14: Did the staff treating and examining you introduce themselves?

Proposal: Re-launch of “hellomynameis...”

- Hospital - wide awareness campaign
- Hellomynameis Day – audit staff badges on the day.



Quality Improvement Initiative #2 NIES Q46, 47, 49 & 50

Aim: to provide the patient with questions for their healthcare teams via regular visual messaging during their hospital stay.

Proposal:

Tray liner to be placed on all food trays at each mealtime.

“Before Going Home” – disposable tray liners with messaging below -

1. What is wrong with me?
2. How will it effect me?
3. What needs to happen for me to go home?
4. What date am I going home?
5. What do I need to know about my medications?



Awareness initiatives aligned to the NIES for Q3 2022

- Presentation of 2022 NIES results & ‘call to action’ to HODs/CNMs/HSCPs/Catering staff
- World patient Safety Day 2022: QPS & Pharmacy to host display & information stand Sep 19th & 20th 2022. WHO Poster/ leaflets/ videos in obtained. #medicationwithoutharm
- Hellomynameis... - relaunch & roadshow information session – October 2022.