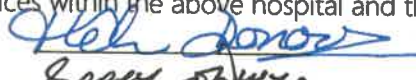


Hospital Name:	South Infirmary Victoria University Hospital		Reporting Month		February 2019
Activity	Ref	Metric	Reporting Frequency	Target	This Month
Health Care Associated Infections	1	The rate per 10,000 bed days used of new cases of Hospital acquired Staph. aureus bloodstream infection	Monthly CPA51	Less than 1 per 10,000 bed days	0
	2	The rate per 10,000 bed days used of new cases of Hospital acquired C. difficile infection	Monthly CPA52	Less than 2 per 10,000 bed days	0
	3	The percentage of hospital staff compliance with the World Health Organisation's five moments of hand hygiene	Bi-annual CPA6	90%	Bi-annual report
Surgery	4	The percentage of emergency hip fracture surgery carried out within 48 hours	Monthly A42	95%	N/A
Emergency Care and Patient Experience Time	5	The percentage of patients who were waiting less than 24 hours in the Emergency Department	Monthly A29	100%	N/A
	6	The percentage of patients aged 75 years or over who were admitted or discharged from the Emergency Department within 9 hours of registration	Monthly A30	100%	N/A
Outpatient Waiting Times	7	The percentage of patients waiting less than 52 weeks for their first outpatient appointment	Monthly A23	85%	60.2
Colonoscopy/ Gastrointestinal Service	8	Number of people waiting greater than 4 weeks for an urgent colonoscopy	Monthly A80	0	0
Incidents and Events	9	The rate per 1000 bed days used of clinical incidents reported in the month to the National Incident Management System.	Monthly	Not applicable	30
	10	The rate per 1000 bed days used of clinical incidents classified as major or extreme reported in the month to the National Incident Management System.	Monthly	Not applicable	0
	11	The rate per 1000 bed days used of medication incidents classified as major or extreme reported in the month to the National Incident Management System.	Monthly	Not applicable	0

The Hospital Patient Safety Indicator Report for South Infirmary-Victoria University Hospital 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 February and year 2019. The information in this Report is a core element of clinical governance and the management of hospital services within the above hospital and the SSWHG.

Hospital Manager / CEO: HELEN DONOVAN Signature: 

Group CEO: GERY O'DWYER Signature: 

Date: 26/2/19

Date: 2/5/2019

Hospital Name:		Mercy University Hospital	Reporting Month		February 2019
Indicator	Ref	Measure	Frequency	Target	Value
Health Care Associated Infections	1	The rate per 10,000 bed days used of new cases of Hospital acquired Staph. aureus bloodstream infection	Monthly CPA51	Less than 1 per 10,000 bed days	0.0
	2	The rate per 10,000 bed days used of new cases of Hospital acquired C. difficile infection	Monthly CPA52	Less than 2 per 10,000 bed days	0.0
	3	The percentage of hospital staff compliance with the World Health Organisation's five moments of hand hygiene	Bi-annual CPA6	90%	Bi-annual report
Surgery	4	The percentage of emergency hip fracture surgery carried out within 48 hours	Monthly A42	95%	N/A
Emergency Care and Patient Experience Time	5	The percentage of patients who were waiting less than 24 hours in the Emergency Department	Monthly A29	100%	91.9%
	6	The percentage of patients aged 75 years or over who were admitted or discharged from the Emergency Department within 9 hours of registration	Monthly A30	100%	80.8%
Outpatient Waiting Times	7	The percentage of patients waiting less than 52 weeks for their first outpatient appointment	Monthly A23	85%	81.0%
Colonoscopy/ Gastrointestinal Service	8	Number of people waiting greater than 4 weeks for an urgent colonoscopy	Monthly A80	0	0
Incidents and Events	9	The rate per 1000 bed days used of clinical incidents reported in the month to the National Incident Management System.	Monthly	Not applicable	8.61
	10	The rate per 1000 bed days used of clinical incidents classified as major or extreme reported in the month to the National Incident Management System.	Monthly	Not applicable	0
	11	The rate per 1000 bed days used of medication incidents classified as major or extreme reported in the month to the National Incident Management System.	Monthly	Not applicable	0

The Hospital 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 February and year 2019. The information in this Report is a core element of clinical governance and the management of hospital services within the above hospital and the SSWHG.

Hospital Manager / CEO SANDIA DACEY

Signature: [Signature]

Date: 18/4/19

Group CEO: Garry O'Dwyer

Signature: [Signature]

Date: 2/5/2019

## Hospital Patient Safety Indicator Report

Hospital Name	Cork University Hospital	Reporting Month	February 2019
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- This report details the hospital's performance 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 clinical incidents.
- This report supports each hospital and 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:

1. 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.
2. 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.
3. 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 agreed targets as set out in the HSE's National Service Plan.
4. 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 which result in harm; near misses which could have resulted in harm, but did not cause harm, either by chance or timely intervention. These metrics are indicators of patient safety in hospitals that are applied internationally.
5. 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.
6. The data reported includes maternity data where appropriate.

Hospital Name:			Reporting Month		February 2019
Activity	Ref	Metric	Reporting Frequency	Target	This Month
Health Care Associated Infections	1	The rate per 10,000 bed days used of new cases of Hospital acquired Staph. aureus bloodstream infection	Monthly CPA51	Less than 1 per 10,000 bed days	0.7
	2	The rate per 10,000 bed days used of new cases of Hospital acquired C. difficile infection	Monthly CPA52	Less than 2 per 10,000 bed days	3.9
	3	The percentage of hospital staff compliance with the World Health Organisation's five moments of hand hygiene	Bi-annual CPA6	90%	Bi-annual report
Surgery	4	The percentage of emergency hip fracture surgery carried out within 48 hours	Monthly A42	95%	N/A
Emergency Care and Patient Experience Time	5	The percentage of patients who were waiting less than 24 hours in the Emergency Department	Monthly A29	100%	94%
	6	The percentage of patients aged 75 years or over who were admitted or discharged from the Emergency Department within 9 hours of registration	Monthly A30	100%	43.2%
Outpatient Waiting Times	7	The percentage of patients waiting less than 52 weeks for their first outpatient appointment	Monthly A23	85%	75.3%
Colonoscopy/ Gastrointestinal Service	8	Number of people waiting greater than 4 weeks for an urgent colonoscopy	Monthly A80	0	0
Incidents and Events	9	The rate per 1000 bed days used of clinical incidents reported in the month to the National Incident Management System.	Monthly	Not applicable	5.8
	10	The rate per 1000 bed days used of clinical incidents classified as major or extreme reported in the month to the National Incident Management System.	Monthly	Not applicable	0.1
	11	The rate per 1000 bed days used of medication incidents classified as major or extreme reported in the month to the National Incident Management System.	Monthly	Not applicable	0

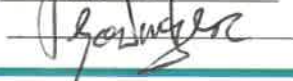
The Hospital Patient Safety Indicator Report for Cork University Hospital provides up to date information for management and clinicians who provide services in relation to a range of patient safety issues for the month of February and year 2019. The information in this Report is a core element of clinical governance and the management of hospital services within the above hospital and the SSWHG.

Hospital Manager / CEO Mr Anthony McNamara

Signature: 

Date: 7.5.2019

Group CEO: GERRY O'DWYER

Signature: 

Date: 10.05.2019

## Hospital Patient Safety Indicator Report

Hospital Name	University Hospital Waterford	Reporting Month	February 2019
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- This report details the hospital's performance 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 clinical incidents.
- This report supports each hospital and 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:

1. 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.
2. 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.
3. 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 agreed targets as set out in the HSE's National Service Plan
4. 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 which result in harm; near misses which could have resulted in harm, but did not cause harm, either by chance or timely intervention. These metrics are indicators of patient safety in hospitals that are applied internationally.
5. 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.
6. The data reported includes maternity data where appropriate.



Hospital Name:		University Hospital Waterford		Reporting Month		February 2019
Activity	Ref	Metric	Reporting Frequency	Target	This Month	
Health Care Associated Infections	1	The rate per 10,000 bed days used of new cases of Hospital acquired Staph. aureus bloodstream infection	Monthly CPA51	Less than 1 per 10,000 bed days	0.9	
	2	The rate per 10,000 bed days used of new cases of Hospital acquired C. difficile infection	Monthly CPA52	Less than 2 per 10,000 bed days	0.9	
	3	The percentage of hospital staff compliance with the World Health Organisation's five moments of hand hygiene	Bi-annual CPA6	90%	Bi-annual report	
Surgery	4	The percentage of emergency hip fracture surgery carried out within 48 hours	Monthly A42	95%	NA	
Emergency Care and Patient Experience Time	5	The percentage of patients who were waiting less than 24 hours in the Emergency Department	Monthly A29	100%	93.2%	
	6	The percentage of patients aged 75 years or over who were admitted or discharged from the Emergency Department within 9 hours of registration	Monthly A30	100%	52.6%	
Outpatient Waiting Times	7	The percentage of patients waiting less than 52 weeks for their first outpatient appointment	Monthly A23	85%	58%	
Colonoscopy/ Gastrointestinal Service	8	Number of people waiting greater than 4 weeks for an urgent colonoscopy	Monthly A80	0	1	
Incidents and Events	9	The rate per 1000 bed days used of clinical incidents reported in the month to the National Incident Management System.	Monthly	Not applicable	43.7	
	10	The rate per 1000 bed days used of clinical incidents classified as major or extreme reported in the month to the National Incident Management System.	Monthly	Not applicable	0	
	11	The rate per 1000 bed days used of medication incidents classified as major or extreme reported in the month to the National Incident Management System.	Monthly	Not applicable	0	

The Hospital Patient Safety Indicator Report for University Hospital Waterford 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 February and year 2019. The information in this Report is a core element of clinical governance and the management of hospital services within the above hospital and the SSWHG.

Hospital Manager / CEO Grace Rothwell

Signature:

*Grace Rothwell*

Date: 3.5.2019

Group CEO:

*GERY O'DWYER*

Signature:

*Gerry O'Dwyer*

Date: 10.05.2019

## Hospital Patient Safety Indicator Report

Hospital Name	Lourdes Orthopaedic Hospital Kilcreene	Reporting Month	February 2019
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- This report details the hospital's performance 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 clinical incidents.
- This report supports each hospital and 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:

1. 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.
2. 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.
3. 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 agreed targets as set out in the HSE's National Service Plan
4. 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 which result in harm; near misses which could have resulted in harm, but did not cause harm, either by chance or timely intervention. These metrics are indicators of patient safety in hospitals that are applied internationally.
5. 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.
6. The data reported includes maternity data where appropriate.

Hospital Name:	Lourdes Orthopaedic Hospital Kilcreene		Reporting Month		February 2019
Activity	Ref	Metric	Reporting Frequency	Target	This Month
Health Care Associated Infections	1	The rate per 10,000 bed days used of new cases of Hospital acquired Staph. aureus bloodstream infection	Monthly CPA51	Less than 1 per 10,000 bed days	0
	2	The rate per 10,000 bed days used of new cases of Hospital acquired C. difficile infection	Monthly CPA52	Less than 2 per 10,000 bed days	0
	3	The percentage of hospital staff compliance with the World Health Organisation's five moments of hand hygiene	Bi-annual CPA6	90%	Bi-annual report
Surgery	4	The percentage of emergency hip fracture surgery carried out within 48 hours	Monthly A42	95%	NA
Emergency Care and Patient Experience Time	5	The percentage of patients who were waiting less than 24 hours in the Emergency Department	Monthly A29	100%	NA
	6	The percentage of patients aged 75 years or over who were admitted or discharged from the Emergency Department within 9 hours of registration	Monthly A30	100%	NA
Outpatient Waiting Times	7	The percentage of patients waiting less than 52 weeks for their first outpatient appointment	Monthly A23	85%	NA
Colonoscopy/ Gastrointestinal Service	8	Number of people waiting greater than 4 weeks for an urgent colonoscopy	Monthly A80	0	NA
Incidents and Events	9	The rate per 1000 bed days used of clinical incidents reported in the month to the National Incident Management System.	Monthly	Not applicable	22
	10	The rate per 1000 bed days used of clinical incidents classified as major or extreme reported in the month to the National Incident Management System.	Monthly	Not applicable	0
	11	The rate per 1000 bed days used of medication incidents classified as major or extreme reported in the month to the National Incident Management System.	Monthly	Not applicable	0

The Hospital Patient Safety Indicator Report for Lourdes Orthopaedic Hospital Kilcreene 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 February and year 2019. The information in this Report is a core element of clinical governance and the management of hospital services within the above hospital and the SSWHG.

Hospital Manager / CEO Grace Rothwell

Signature:

*Grace Rothwell*

Date: 3.5.2019

Group CEO: GERRY O'DWYER

Signature:

*Gerry O'Dwyer*

Date: 10.05.2019



## Hospital Patient Safety Indicator Report

Hospital Name	South Tipperary General Hospital	Reporting Month	February 2019
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- This report details the hospital's performance 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 clinical incidents.
- This report supports each hospital and 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:

1. 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.
2. 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.
3. 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 agreed targets as set out in the HSE's National Service Plan.
4. 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 which result in harm; near misses which could have resulted in harm, but did not cause harm, either by chance or timely intervention. These metrics are indicators of patient safety in hospitals that are applied internationally.
5. 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.
6. The data reported includes maternity data where appropriate.

Hospital Name:	South Tipperary General Hospital		Reporting Month		February 2019
Activity	Ref	Metric	Reporting Frequency	Target	This Month
Health Care Associated Infections	1	The rate per 10,000 bed days used of new cases of Hospital acquired Staph. aureus bloodstream infection	Monthly CPA51	Less than 1 per 10,000 bed days	0
	2	The rate per 10,000 bed days used of new cases of Hospital acquired C. difficile infection	Monthly CPA52	Less than 2 per 10,000 bed days	0
	3	The percentage of hospital staff compliance with the World Health Organisation's five moments of hand hygiene	Bi-annual CPA6	90%	Bi-annual report
Surgery	4	The percentage of emergency hip fracture surgery carried out within 48 hours	Monthly A42	95%	NA
Emergency Care and Patient Experience Time	5	The percentage of patients who were waiting less than 24 hours in the Emergency Department	Monthly A29	100%	99.4%
	6	The percentage of patients aged 75 years or over who were admitted or discharged from the Emergency Department within 9 hours of registration	Monthly A30	100%	78%
Outpatient Waiting Times	7	The percentage of patients waiting less than 52 weeks for their first outpatient appointment	Monthly A23	85%	80%
Colonoscopy/ Gastrointestinal Service	8	Number of people waiting greater than 4 weeks for an urgent colonoscopy	Monthly A80	0	0
Incidents and Events	9	The rate per 1000 bed days used of clinical incidents reported in the month to the National Incident Management System.	Monthly	Not applicable	20
	10	The rate per 1000 bed days used of clinical incidents classified as major or extreme reported in the month to the National Incident Management System.	Monthly	Not applicable	0
	11	The rate per 1000 bed days used of medication incidents classified as major or extreme reported in the month to the National Incident Management System.	Monthly	Not applicable	0

The Hospital Patient Safety Indicator Report for South Tipperary General Hospital 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 February and year 2019. The information in this Report is a core element of clinical governance and the management of hospital services within the above hospital and the SSWHG.

Hospital Manager / CEO Maria Barry Signature: *Maria Barry*

Group CEO: *GERALD O'DWYER*

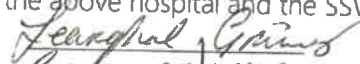
Signature: *GERALD O'DWYER*

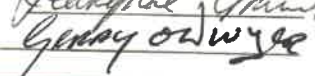
Date: 08/05/2019

Date: 10.05.2019

Hospital Name:	University Hospital Kerry		Reporting Month		February 2019
Activity	Ref	Metric	Reporting Frequency	Target	This Month
Health Care Associated Infections	1	The rate per 10,000 bed days used of new cases of Hospital acquired Staph. aureus bloodstream infection	Monthly CPA51	Less than 1 per 10,000 bed days	0
	2	The rate per 10,000 bed days used of new cases of Hospital acquired C. difficile infection	Monthly CPA52	Less than 2 per 10,000 bed days	1.7
	3	The percentage of hospital staff compliance with the World Health Organisation's five moments of hand hygiene	Bi-annual CPA6	90%	Bi-annual report
Surgery	4	The percentage of emergency hip fracture surgery carried out within 48 hours	Monthly A42	95%	N/A
Emergency Care and Patient Experience Time	5	The percentage of patients who were waiting less than 24 hours in the Emergency Department	Monthly A29	100%	90.2%
	6	The percentage of patients aged 75 years or over who were admitted or discharged from the Emergency Department within 9 hours of registration	Monthly A30	100%	49.6%
Outpatient Waiting Times	7	The percentage of patients waiting less than 52 weeks for their first outpatient appointment	Monthly A23	85%	66.6%
Colonoscopy/ Gastrointestinal Service	8	Number of people waiting greater than 4 weeks for an urgent colonoscopy	Monthly A80	0	3
Incidents and Events	9	The rate per 1000 bed days used of clinical incidents reported in the month to the National Incident Management System.	Monthly	Not applicable	26.26
	10	The rate per 1000 bed days used of clinical incidents classified as major or extreme reported in the month to the National Incident Management System.	Monthly	Not applicable	.016
	11	The rate per 1000 bed days used of medication incidents classified as major or extreme reported in the month to the National Incident Management System.	Monthly	Not applicable	0

The Hospital Patient Safety Indicator Report for University Hospital Kerry 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 December and year 2018. The information in this Report is a core element of clinical governance and the management of hospital services within the above hospital and the SSWHG.

Hospital Manager: LEO FEARHAL GRIMES Signature: 

Group CEO: GERRY O'DWYER Signature: 

Date: 17/5/19

Date: \_\_\_\_\_

Hospital Name:	Bantry General Hospital		Reporting Month		February 2019
Activity	Ref	Metric	Reporting Frequency	Target	This Month
Health Care Associated Infections	1	The rate per 10,000 bed days used of new cases of Hospital acquired Staph. aureus bloodstream infection	Monthly CPA51	Less than 1 per 10,000 bed days	0
	2	The rate per 10,000 bed days used of new cases of Hospital acquired C. difficile infection	Monthly CPA52	Less than 2 per 10,000 bed days	1
	3	The percentage of hospital staff compliance with the World Health Organisation's five moments of hand hygiene	Bi-annual CPA6	90%	Bi-annual report
Surgery	4	The percentage of emergency hip fracture surgery carried out within 48 hours	Monthly A42	95%	N/A
Emergency Care and Patient Experience Time	5	The percentage of patients who were waiting less than 24 hours in the Emergency Department	Monthly A29	100%	N/A
	6	The percentage of patients aged 75 years or over who were admitted or discharged from the Emergency Department within 9 hours of registration	Monthly A30	100%	N/A
Outpatient Waiting Times	7	The percentage of patients waiting less than 52 weeks for their first outpatient appointment	Monthly A23	85%	89.1%
Colonoscopy/ Gastrointestinal Service	8	Number of people waiting greater than 4 weeks for an urgent colonoscopy	Monthly A80	0	0
Incidents and Events	9	The rate per 1000 bed days used of clinical incidents reported in the month to the National Incident Management System.	Monthly	Not applicable	30.5
	10	The rate per 1000 bed days used of clinical incidents classified as major or extreme reported in the month to the National Incident Management System.	Monthly	Not applicable	0
	11	The rate per 1000 bed days used of medication incidents classified as major or extreme reported in the month to the National Incident Management System.	Monthly	Not applicable	0

The Hospital Patient Safety Indicator Report for Bantry General Hospital 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 February and year 2019. The information in this Report is a core element of clinical governance and the management of hospital services within the above hospital and the SSWHG.

Hospital Manager / CEO Carole Croke

Signature:

*Carole Croke*

Group CEO:

*GERRY O'DWYER*

Signature:

*Gerry O'Dwyer*

Date: 20<sup>th</sup> May 2019

Date: 22<sup>nd</sup> May 2019



Feidhmeannacht na Seirbhíse Sláinte  
Health Service Executive

# Hospital Patient Safety Indicator Report

Mallow General Hospital

Reporting Month:

Feb-19

## Purpose & Context

The aim of the Hospital Patient Safety Indicator Report (HPSIR) is to assure the public that the indicators selected and published for this report are monitored by senior management of both the hospital and hospital group as a key component of clinical governance.

There are a number of considerations which should be noted for context:

- The HPSIR collates indicators from a range of data repositories
- While all data in the HPSIR is collated and verified in good faith, data from the original source may be updated and not reflected in the HPSIR due to time lags.
- Therefore, the data repositories, and not the HPSIR, should be considered the accurate source of data.
- The HPSIR cannot, and should not, be used to compare performance of hospitals or hospitals groups. Different hospitals specialise in treating patients with different and sometimes much more complex care needs, making comparisons between hospitals ineffective.
- Like all indicators, the data should be interpreted with caution as there is natural variation between months which is influenced by case complexity
- While all hospitals collect a large range of data on an ongoing basis, these metrics have been selected on the basis that they are robust, relevant and underpinned by standardised definitions.
- The HPSIR should not be considered, nor is aimed to be, a comprehensive overview of patient safety in a hospital or hospital group

The completion and publication of the HPSIR is, in itself, a performance indicator for each hospital.

## 1 .Number of inpatient discharges

**What does this mean for me?**  
 This data refers to the number of in-patients, excluding day cases, who were discharged from a publicly funded acute hospital. This indicator is used to assess quality of care, costs and efficiency, and is also used for health planning purposes.  
 Expected Activity: National (2018): 633,786



Data Caveats:  
 Nil

## 2. Number of beds subject to delayed discharge

**What does this mean for me?**  
 Delayed Discharge: A patient who remains in hospital after a senior doctor (consultant or registrar) has documented in the healthcare record that the patient can be discharged. This indicator is used to assess quality of care, costs and efficiency, and is also used for health planning purposes.  
 Target: There is no hospital-level target associated with this indicator



Data Caveats:  
 Nil

### 3. Number of new ED attendances

**What does this mean for me?**  
 Total number of new patients who present themselves to hospital Emergency Department (ED). It is an important measure for clinical audit/governance and planning of services and to measure the unplanned attendances to each hospital to measure demand on the entire service.

**Expected Activity: National (2018): 1,178,977**



Data Caveats:  
 Nil

### 4. Percentage of all attendees aged 75 years and over at ED who are discharged or admitted within nine hours of registration

**What does this mean for me?**  
 Prolonged durations of stay in EDs are associated with poorer patient outcomes. The risk of patient mortality (death) increases after 9 hours total time spent in the ED. Patients waiting more than 9 hours should be cared for in a more appropriate care setting than an ED.

**Target: 100%**



Data Caveats:  
 Nil

### 5. Total number of outpatient attendances (new and return)

#### What does this mean for me?

This data includes both new and return attendances. New attendance: first new attendance at a consultant led outpatient clinic. Return Attendance: attendance by a patient who has been treated as an outpatient at least once previously, or as an inpatient or day case. This indicator is used to assess quality of care, costs and efficiency, and is also used for health planning purposes.

Expected Activity: National (2018): 3,337,967



#### Data Caveats:

Nil

### 6. Percentage of people waiting <52 weeks for first access to OPD services

#### What does this mean for me?

The % of people waiting less than 12 months to be seen in outpatient services. This indicator is used to assess quality of care, costs and efficiency, and is also used for health planning purposes.

Target: 80%



#### Data Caveats:

Nil



**7. Rate of new cases of hospital-acquired Staphylococcus aureus bloodstream infection**

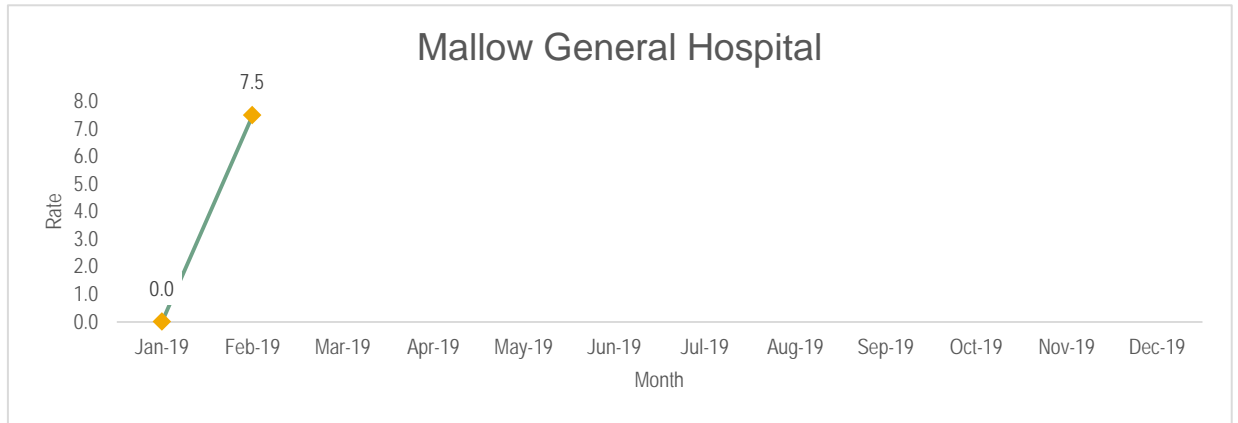
**What does this mean for me?**  
 Staphylococcus aureus is a common cause of hospital-acquired bloodstream infection. The aim of monitoring this indicator is to ensure that rates are within acceptable levels. It is not always possible to have no hospital-acquired Staphylococcus aureus bloodstream infections.  
**Target:** <1/10,000 bed days



Data Caveats:  
 Nil

**8. Rate of new cases of hospital-acquired Clostridium difficile**

**What does this mean for me?**  
 Clostridium difficile is a common cause of hospital-acquired infection. This indicator measures the new cases of laboratory confirmed C. difficile infection per month per 10,000 bed days associated diarrhoea in acute hospitals. The aim of monitoring this indicator is to ensure that rates are within acceptable levels. It is not always possible to have no hospital-acquired clostridium difficile infections.  
**Target:** <2/10,000 bed days



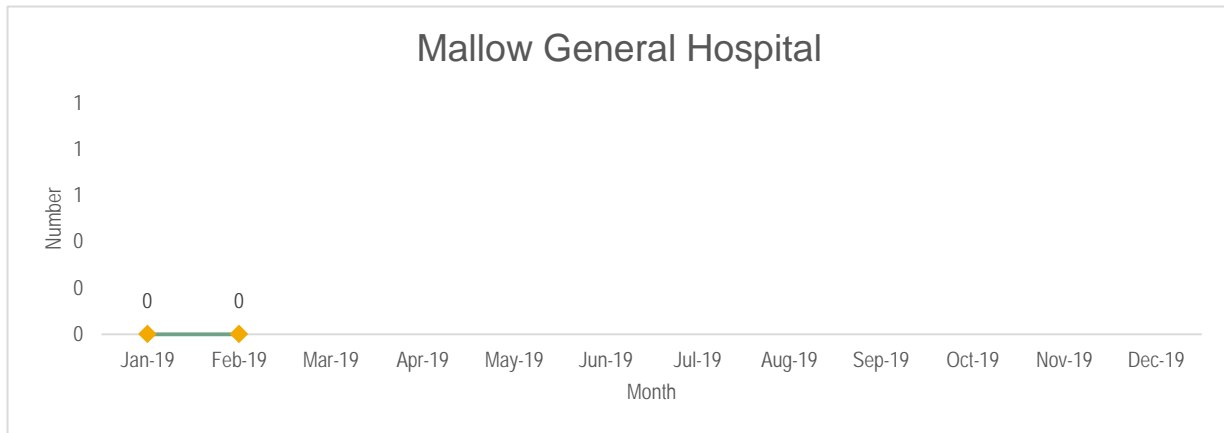
Data Caveats:  
 Nil

## 9. Number of new cases of CPE

### What does this mean for me?

CPE (Carbapenemase Producing Enterobacteriaceae), reported in swabs/faeces or other samples by acute hospitals, is a relatively new bacteria that is mainly spread through acute hospitals. For most people, CPE live harmlessly in the bowel but can cause very serious infection in some patients. Tracking of the number of new cases of CPE is key to accurate assessment of the situation in Ireland.

**Target:** There is no target associated with this indicator



### Data Caveats:

Nil

## 10. If the patient is identified as at risk of falling, nursing interventions are in place to minimise the risk of falling

### What does this mean for me?

If you are admitted to hospital a nurse will check if you are at risk of a fall. In order to reduce an identified risk, the nurse will offer support in a way that suits you. This will be documented in your nursing plan of care

**Target:** 90%

Data for this indicator will be available for publication in November 2019



### Data Caveats:

This data will not be available until November 2019.

**11. If a patient is identified as at risk (of pressure ulcer), daily skin inspections have been recorded, as per the National Wound Management Guidelines?**

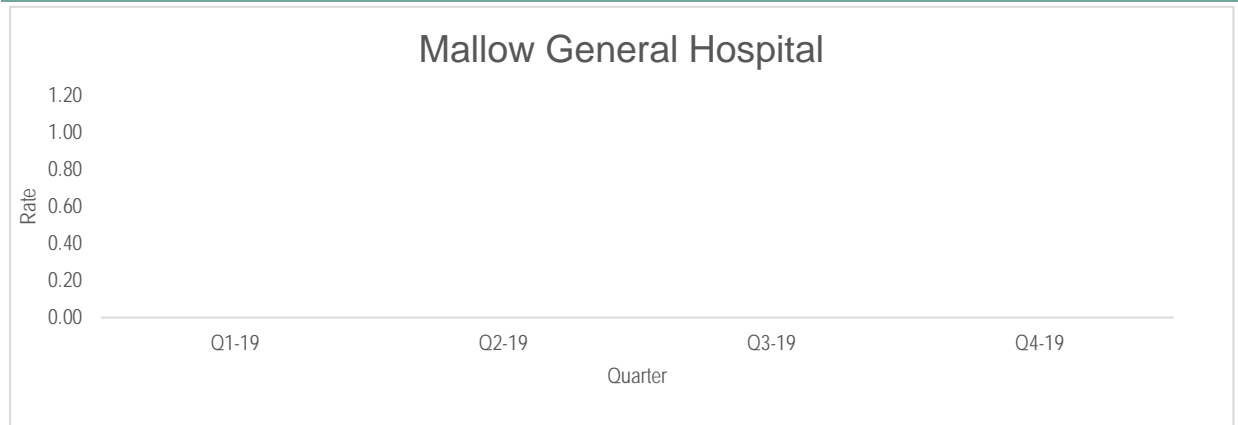
**What does this mean for me?**  
 If you are admitted to hospital a nurse will check if you are at risk of developing a pressure ulcer. In order to reduce the risk if present, the nurse will assess your skin at least once daily and document, date/time and sign in your nursing records.  
**Target: 90%**  
 Data for this indicator will be available for publication in November 2019



Data Caveats:  
 This data will not be available until November 2019.

**12. Rate of venous thromboembolism (VTE, blood clots) associated with hospitalisation**

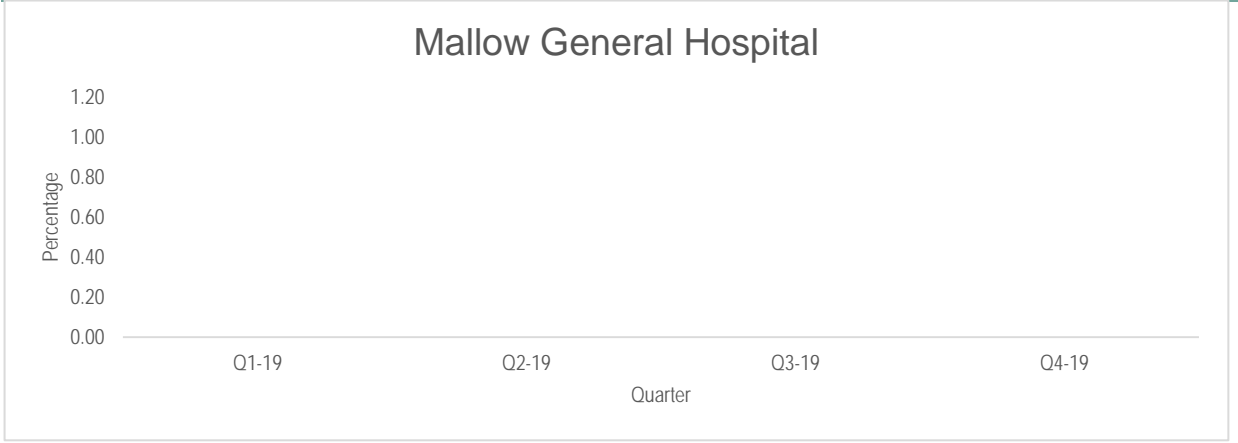
**What does this mean for me?**  
 Hospital associated venous thromboembolism (VTE, blood clots) is common cause of harm to patients, and up to 70% may be preventable. Assessing patients' risk of VTE and bleeding and choosing the appropriate VTE prevention for them early in their hospital admission reduces their risk of developing a blood clot.  
**Target: There is no target associated with this indicator**



Data Caveats:  
 This data will not be available until August 2019 due to data validation timelines.

**13. Percentage of hip fracture surgery carried out within 48 hours of initial assessment**

**What does this mean for me?**  
 It is recognised that minimising the time between admission to hospital and performance of surgery for patients with a hip fracture results in better outcomes for patients. Though not all patients who experience a hip fracture will be suitable for immediate surgery (for example, because of other medical conditions which may need to be stabilised prior to surgery).  
**Target: 85%**



Data Caveats:  
 This data is not yet available.

**14. Number of colonoscopies where the terminal ileum / caecum / anastomosis has been reached expressed as a % of total colonoscopies**

**What does this mean for me?**  
 Intubation of the caecum indicates the completeness of a colonoscopy. As the caecum is the final part of the colon, reaching (or intubating) it shows that the scope has passed through the entire colon and got to the end.  
**Target: 90%**



Data Caveats:  
 Caecal intubation rates are affected by a number of factors including age, sex, low BMI, bowel cleansing, sedation, diverticular disease and general health status

**15. Percentage of intradepartmental consultations completed (Histology P01-P04)**

**What does this mean for me?**  
 Intradepartmental Consultation (IDC) occurs when a consultant pathologist seeks a second opinion from another consultant pathologist within their department or within their regional hospital network on a particular case prior to authorisation of the final report.

**Target: 3%**

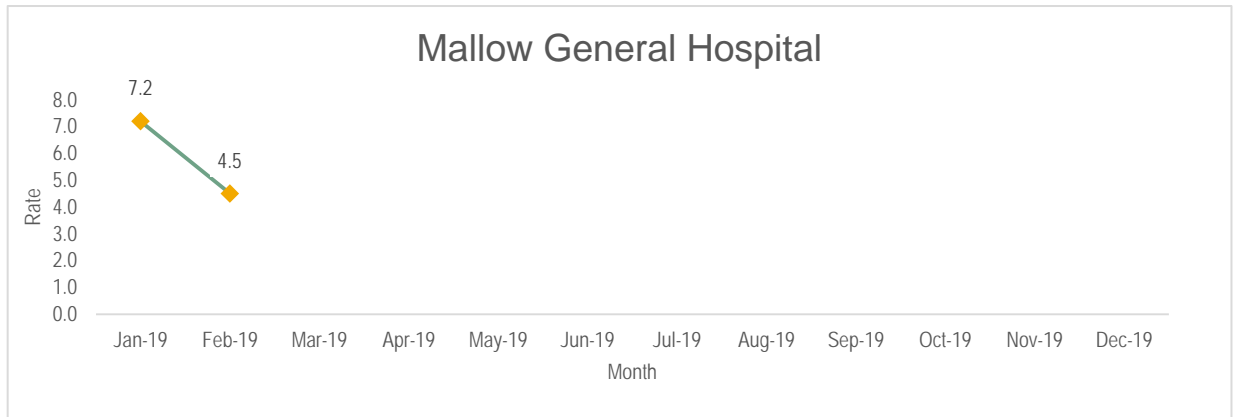


Data Caveats:  
 The frequency of intradepartmental consultations may be affected by subspecialisation. A pathologist who is sub-specialised and predominantly reports cases within their particular specialist area may be less likely to require consultation with a colleague

**16. Rate of clinical incidents as reported to NIMS per 1000 Bed Days**

**What does this mean for me?**  
 An incident is an event or circumstance which could have, or did lead to unintended and/or unnecessary harm (IMF 2018). Higher reporting rates reflect a positive safety culture.

**Expected Activity:** The rate of clinical incidents reported to NIMS per 1000 bed days from July 2016 to June 2018 was 14.80 per 1000 bed days (Range: 5.80 to 48.0 per 1000 bed days)



Data Caveats:  
 Nil

## 17. Has there been a mortality statistical outlier in the previous two updates under review?

### What does this mean for me?

This indicator assures patients that mortality data is being monitored in hospitals.

A high standardised mortality ratio (SMR) alerts the hospital to review its data. An SMR is a ratio of the actual number of patients who die in hospital versus the number expected to die, when factors known to impact mortality are taken into consideration. It does not necessarily mean that there are more patients dying than there should be.

**Expected Activity:** Continual monitoring of mortality by hospitals.

Reporting Period	Has there been a mortality statistical outlier in the previous two updates under review?
Q1 2019	
Q2 2019	
Q3 2019	
Q4 2019	

If there is a signal in two consecutive data periods, for the same diagnosis, this is a statistical outlier and thus 'Yes' is recorded for this indicator.

A data period is a rolling 12 month period updated each quarter.

- Q3-17 to Q2-18
- Q4-17 to Q3-18
- Q1-18 to Q4-18
- Q2-18 to Q1-19


### Data Caveats:

- Interpreting mortality data is very complex. This indicator does not aim to inform viewers of mortality figures. It aims to assure patients and members of the public that hospitals are monitoring and responding to usual and unusual signals which are outside of the national expected range of mortality for a particular condition.
- A statistical outlier in NAHM is defined where a combination of the standardised mortality ratio (SMR) is high and control limits are breached (CuSum) for the same condition in two consecutive reporting periods (a static signal). NOCA engages with hospitals that have statistical outliers in line with its monitoring and escalation policy [http://s3-eu-west-1.amazonaws.com/noca-uploads/general/NOCA-GEN-POL014\\_-\\_NOCA\\_-\\_Monitoring\\_Escalation\\_Policy\\_v2.1.pdf](http://s3-eu-west-1.amazonaws.com/noca-uploads/general/NOCA-GEN-POL014_-_NOCA_-_Monitoring_Escalation_Policy_v2.1.pdf)
- Continued monitoring of NAHM mortality data is necessary to ensure that high or above average signals are acted upon and learnt from.
- An unexpectedly high or low SMR or CuSum signal may not always be related to the quality of care in a hospital, but may indicate to a hospital that there is a need to review their data quality or the processing of the data.

## Clinical Governance

The objective in publishing the HPSIR is to provide public assurance, by communicating with its patients, staff and wider public in an open and transparent manner, that important patient safety indicators are being monitored by hospital management on a continual basis. The HPSIR is not intended to be used for comparative purposes as the clinical activity, patient profile and complexity of each hospital can differ significantly

The Hospital Patient Safety Indicator Report for Mallow General Hospital for the month of February 2019 has been discussed at a hospital management meeting by senior management of the hospital and the hospital group, as a core element of clinical governance between the hospital and the hospital group

	Name	Date	Signature
Hospital CEO/GM	Claire Crowley	13/08/2019	
Hospital Group CEO	Gerry O'Dwyer	14/08/2019	