Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Hospital Name:		Mallow General Hospital	Reporting Month		March 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%	69.9%
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	5.04
	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 Mallow 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 March 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~~ CLAIRE CROWLEY Signature: Claire Crowley Date: 5/7/19

Group CEO: Gerry O'Dwyer Signature: Gerry O'Dwyer Date: 5/7/19

Feidhmeannacht na Seirbhise Sláinte
Health Service Executive

Hospital Name:		South Infirmary Victoria University Hospital	Reporting Month		March 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	4.5
	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%	59.4%
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	29.57
	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 March 2019 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 March 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 CEO Signature: Date: 31/5/2019

Group CEO: GERRY O'DWYER Signature: Date: 4/6/2019

Feidhmeannacht na Seirbhise Sláinte
Health Service Executive

Hospital Name:		Cork University Hospital	Reporting Month		March 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	0.5
	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	2.2
	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%	93.9%
	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%	46.1%
Outpatient Waiting Times	7	The percentage of patients waiting less than 52 weeks for their first outpatient appointment	Monthly A23	85%	75.4%
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	3.8
	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	0.05
	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 March 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 Tony McNamara Signature: Tony McNamara Date: 31/5/19

Group CEO: Gerry O'Dwyer Signature: Gerry O'Dwyer Date: 4/6/2019

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Hospital Name:		South Tipperary General Hospital	Reporting Month		March 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%	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%	99.7%
	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%	81.3%
Outpatient Waiting Times	7	The percentage of patients waiting less than 52 weeks for their first outpatient appointment	Monthly A23	85%	80.2%
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	15
	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	0.67
	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 Clonmel 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 March 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 Date: 24/05/2019

Group CEO: GERRY O'DWYER Signature: Gerry O'Dwyer Date: 4/6/2019

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Hospital Name:		Bantry General Hospital	Reporting Month		March 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%	0
Colonoscopy/ Gastrointestinal Service	8	Number of people waiting greater than 4 weeks for an urgent colonoscopy	Monthly A80	0	89.1%
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	39.0
	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 March 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 J. Croke Date: 28th May 2019

Group CEO: GERRY O'DWYER Signature: Gerry O'Dwyer Date: 4/6/2019

Feidhmeannacht na Seirbhise Sláinte
Health Service Executive

Hospital Name:		Lourdes Orthopaedic Hospital Kilcreene	Reporting Month		March 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	0
	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 March 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: 2.5.2019

Group CEO: Gerry O'Dwyer Signature: Gerry O'Dwyer Date: 4/6/2019

Feidhmeannacht na Seirbhise Sláinte
Health Service Executive

Hospital Name:		University Hospital Waterford	Reporting Month		March 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	4.4
	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%	94.2%
	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%	50.6%
Outpatient Waiting Times	7	The percentage of patients waiting less than 52 weeks for their first outpatient appointment	Monthly A23	85%	58.1%
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	35.7
	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	

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 March 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: 4/6/2019

Feidhmeannacht na Seirbhise Sláinte
Health Service Executive

Hospital Name:		University Hospital Kerry	Reporting Month		March 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	3
	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%	NR
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%	91.3%
	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%	49.1%
Outpatient Waiting Times	7	The percentage of patients waiting less than 52 weeks for their first outpatient appointment	Monthly A23	85%	66.1%
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	34.15
	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 March 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: Fearghal Grimes Signature: Date: 29.05.2019

Group CEO: GERRY O'DWYER Signature: Date: 4/6/2019

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Hospital Name:		Mercy University Hospital	Reporting Month		March 2019
Activity	Ref	Metric	Reporting Frequency	Target	Per 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	0.0
	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%	94.2%
	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%	89.8%
Outpatient Waiting Times	7	The percentage of patients waiting less than 52 weeks for their first outpatient appointment	Monthly A23	85%	50.9%
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	8.80
	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 March 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 SANDRA DALY Signature: Date: 27/5/2019

Group CEO: GERRY O'DWYER Signature: Date: 4/6/2019

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Hospital Patient Safety Indicator Report

Bantry General Hospital	Reporting Month: Mar-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 HSPIR is collated and verified in good faith, data from the original source may be updated and not reflected in the HSPIR 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 varation 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 and underpinned by standardised definitions.
- The HSPIR 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:

February Data not available at time of reporting

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:

Data not applicable to Bantry general Hospital

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:

Data not applicable to Bantry General Hospital

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:

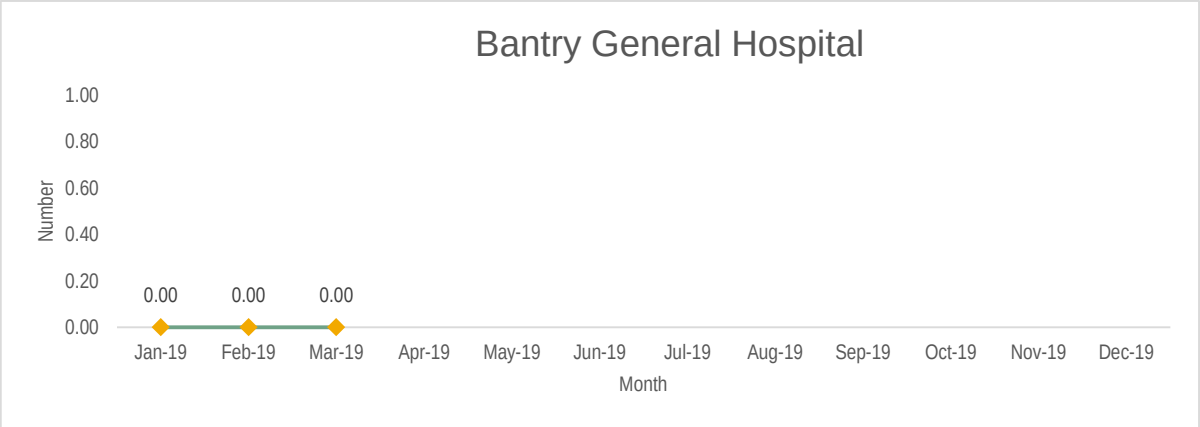
Nil

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, CPEs 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.

Expected Activity: To be confirmed



Data Caveats:

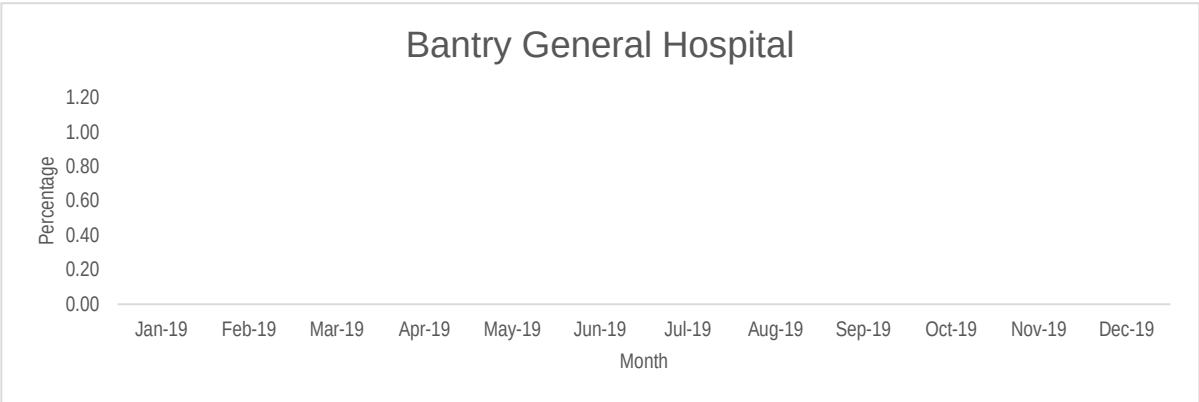
Nil

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?

To be confirmed

Target: 90%



Data Caveats:

Await Nursing-Midwifery Quality Care Metrics

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

What does this mean for me?
To be confirmed

Target: 90%

Data Caveats:
Data not available at time of reporting

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

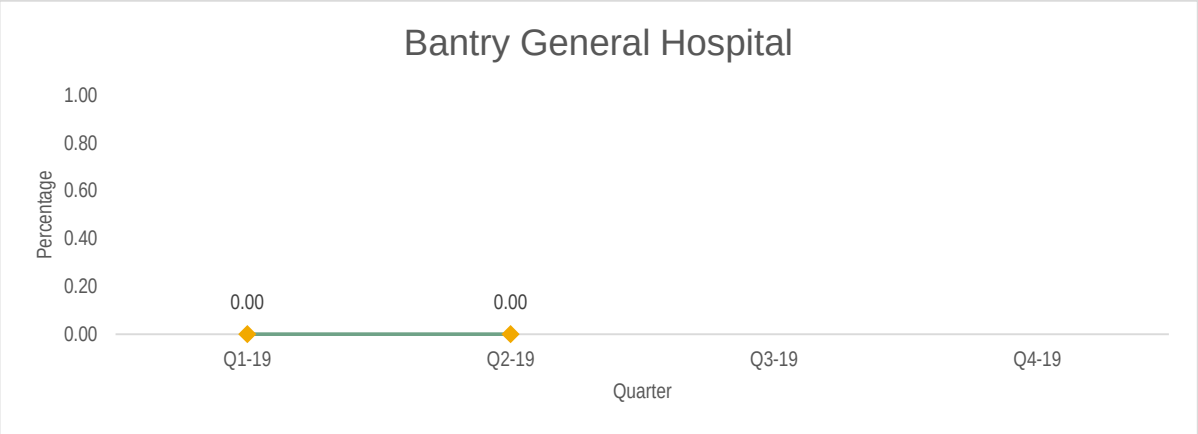
Data Caveats:
Data not available at time of reporting

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:

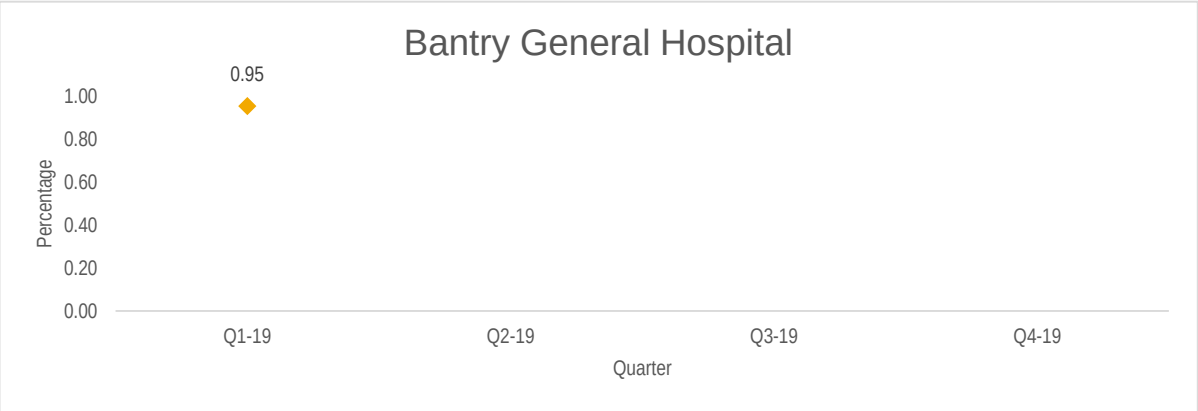
Data not applicable to Bantry General Hospital

14. Number of colonoscopies where the terminal ileum / caecum / anastamosis 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:

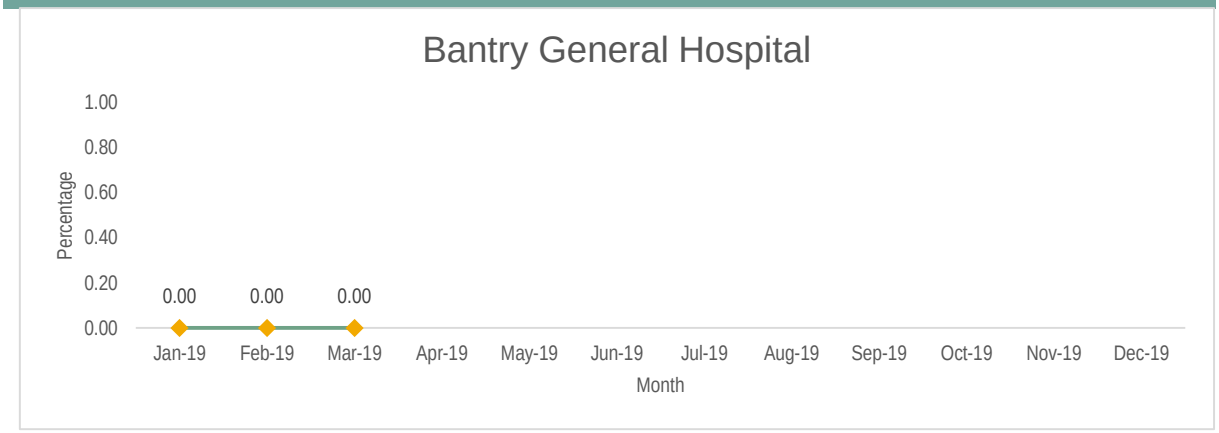
Caecal intubation rates are affected by a number of factors including age, sex, low BMI, bowel cleansing, sedation, diverticular disease and general health status- Data collected every 3 months in BGH

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:

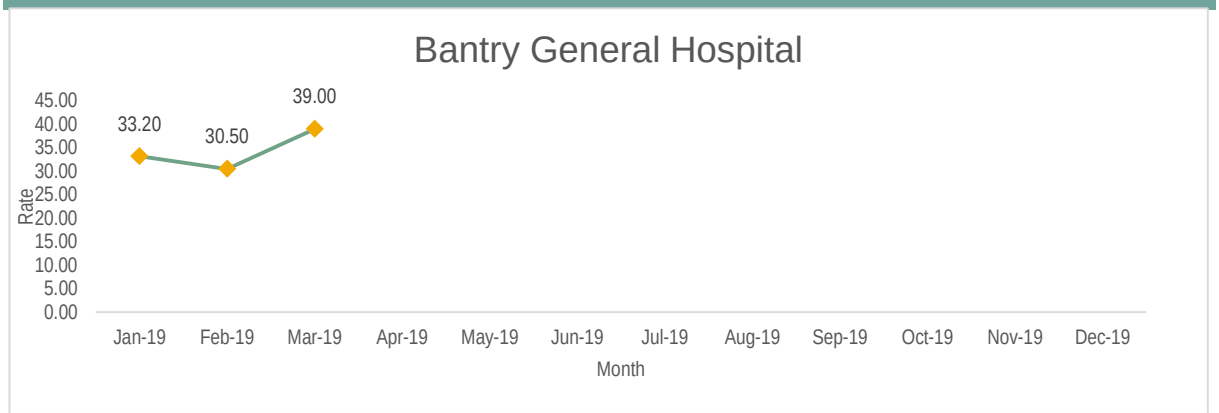
Bantry General Hospital data included in Cork University Hospital data

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 postitive 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 12 months 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.

Data Period	Reporting Period	Was there a signal (High SMR and CuSum Breach) in this period?
Q3-17 to Q2-18	Q1 2019	0
Q4-17 to Q3-18	Q2 2019	0
Q1-18 to Q4-18	Q3 2019	
Q2-18 to Q1-19	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.

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
- 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 acitivity, patient profile and complexity of each hospital can differ significantly

The Hospital Patient Safety Indicator Report for Bantry General Hospital for the month of March 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 Manager	Ms. Carole Croke	28th May 2019	Carole J. Croke
Hospital Group CEO	Mr. Gerry O'Dwyer	07/06/2019	Gerry O'Dwyer

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Hospital Patient Safety Indicator Report

Mercy University Hospital	**Reporting Month:** MMM-YY

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 HSPIR is collated and verified in good faith, data from the original source may be updated and not reflected in the HSPIR 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 varation 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 and underpinned by standardised definitions.
- The HSPIR should not be considered, nor is aimed to be, a comprehensive overview of patient safety in a hospital or hospital group

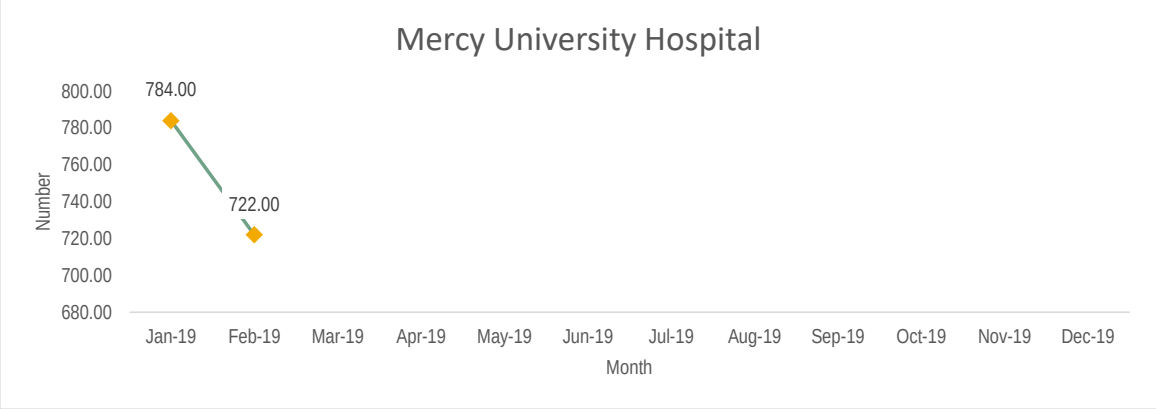
The completion and publication of the HPSIR is, in itself, a performance indicator for each hospital.

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:

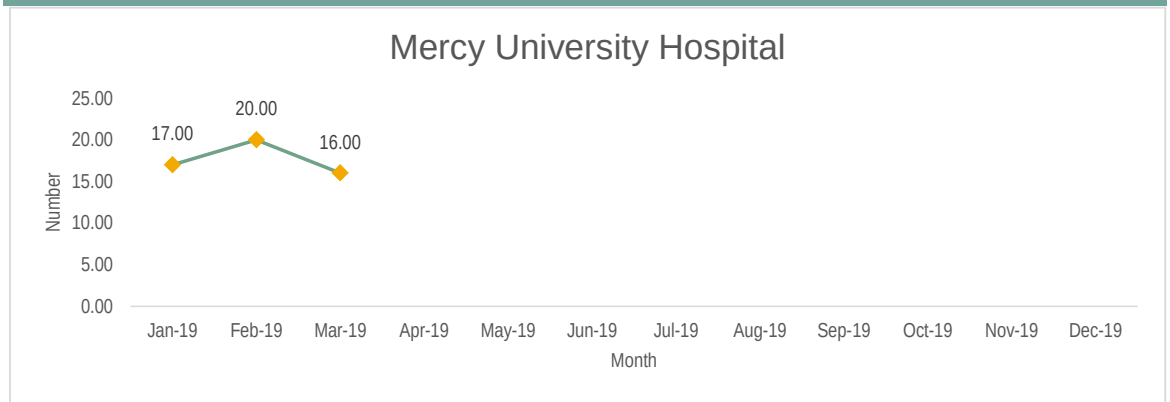
Nil

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:

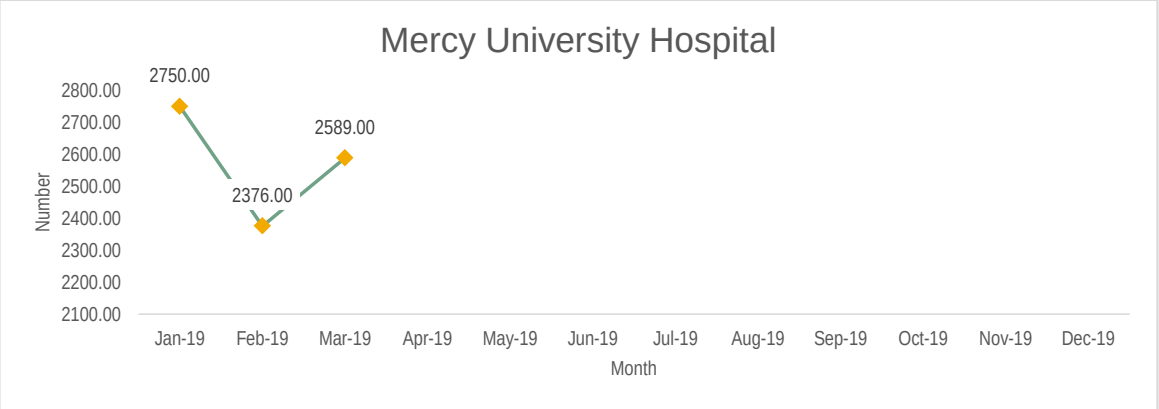
Nil

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:

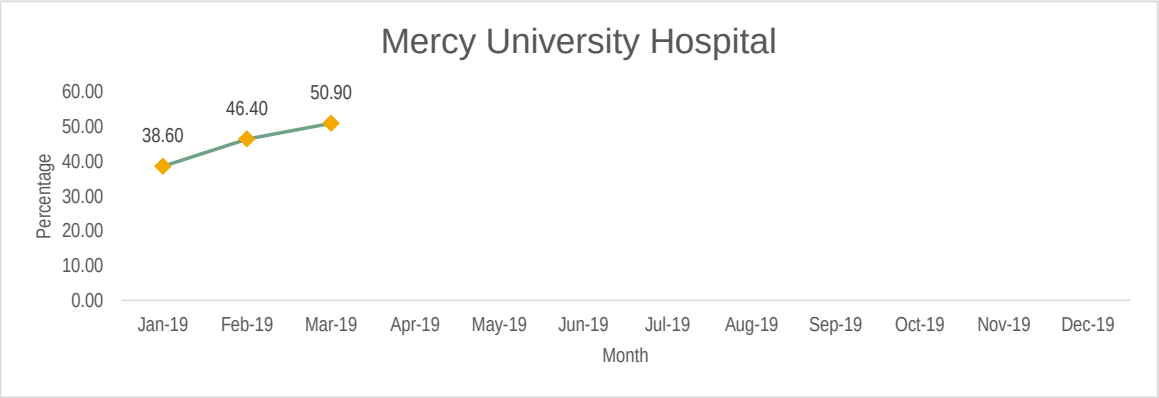
Nil

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:

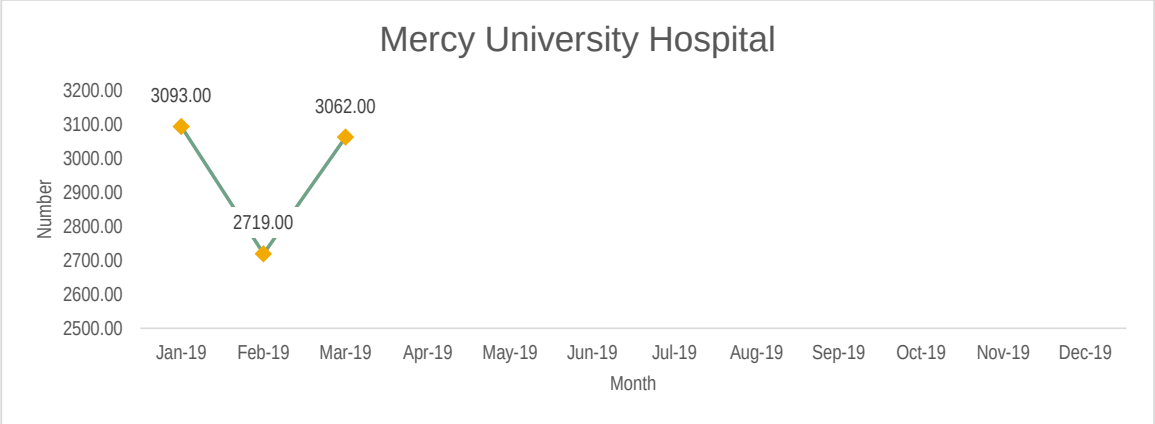
Nil

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:

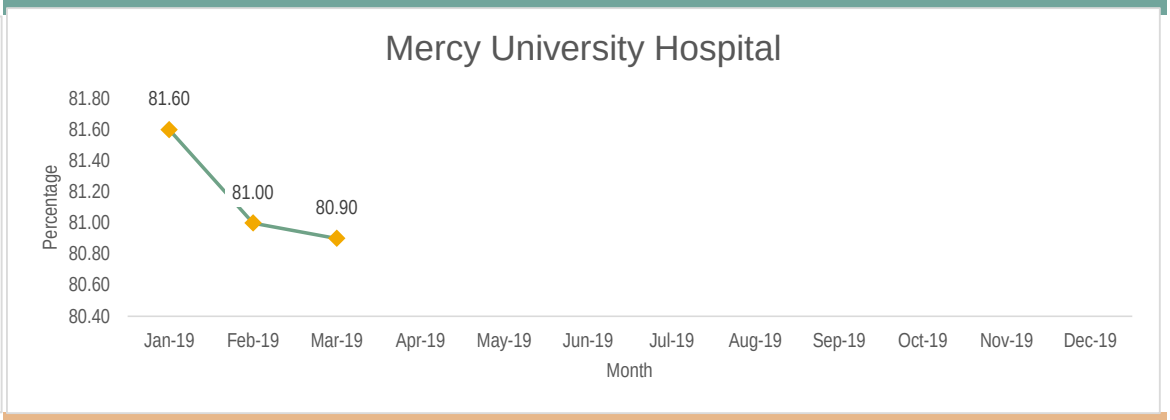
Nil

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:

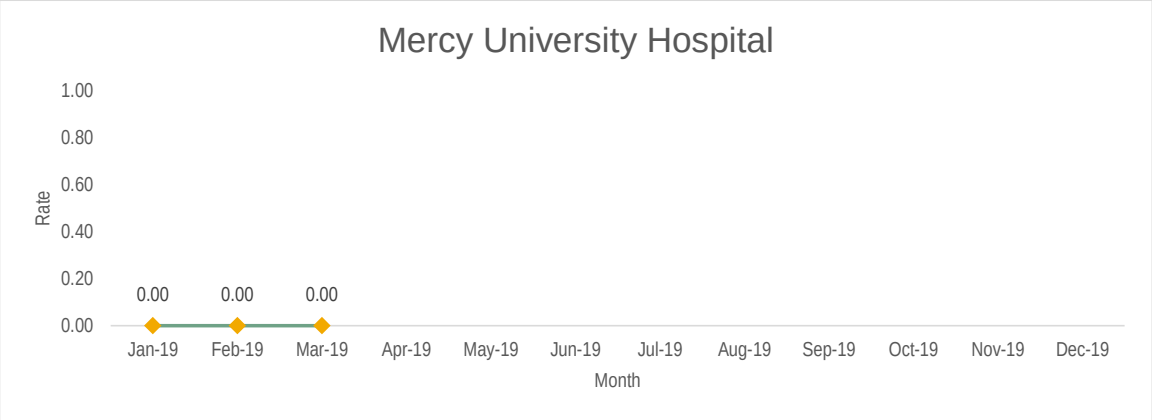
Nil

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:

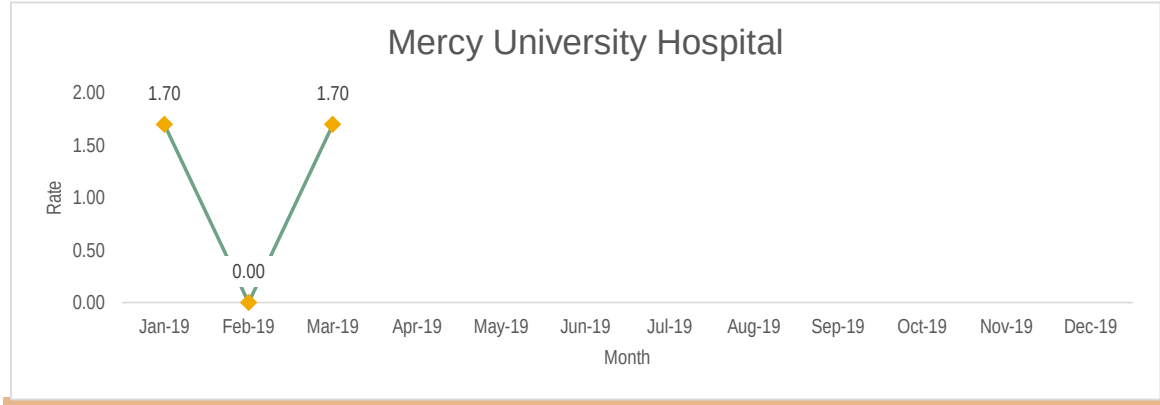
Nil

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:

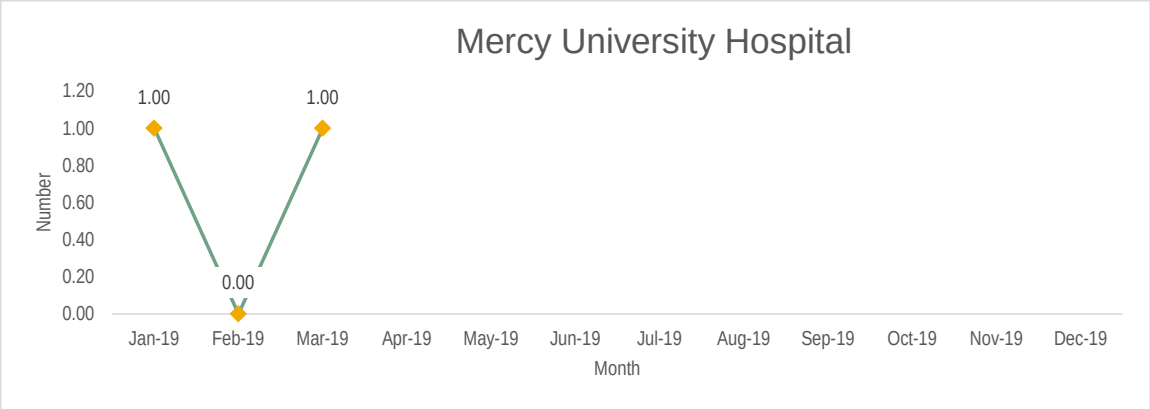
Nil

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, CPEs 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.

Expected Activity: To be confirmed



Data Caveats:

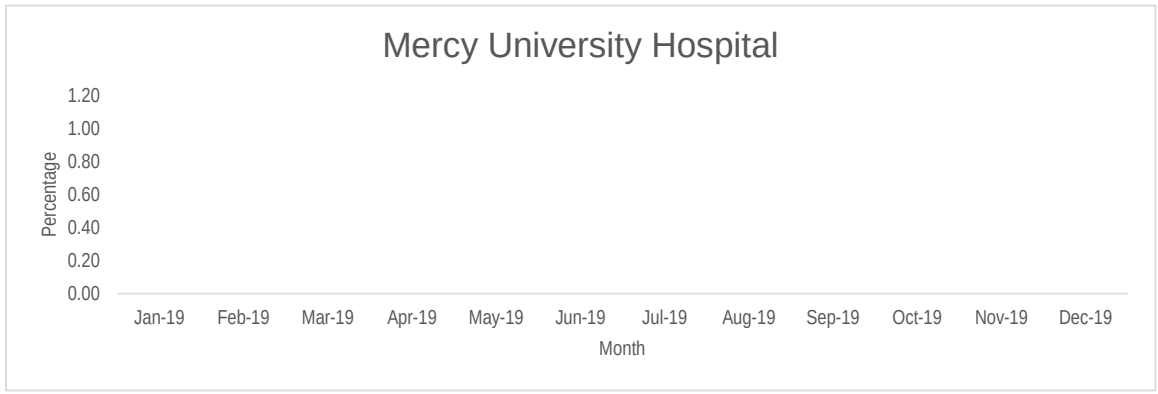
Nil

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?

To be confirmed

Target: 90%



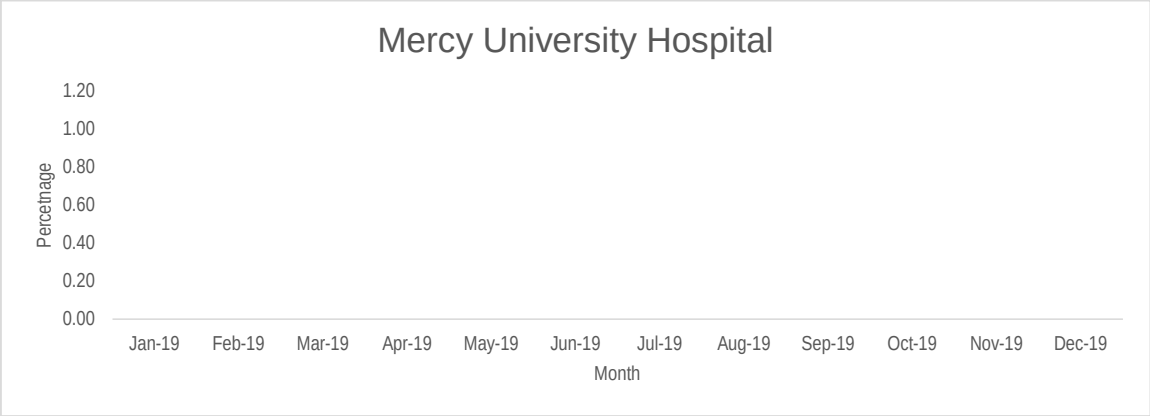
Data Caveats:

Await Nursing-Midwifery Quality Care Metrics

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

What does this mean for me?
To be confirmed

Target: 90%



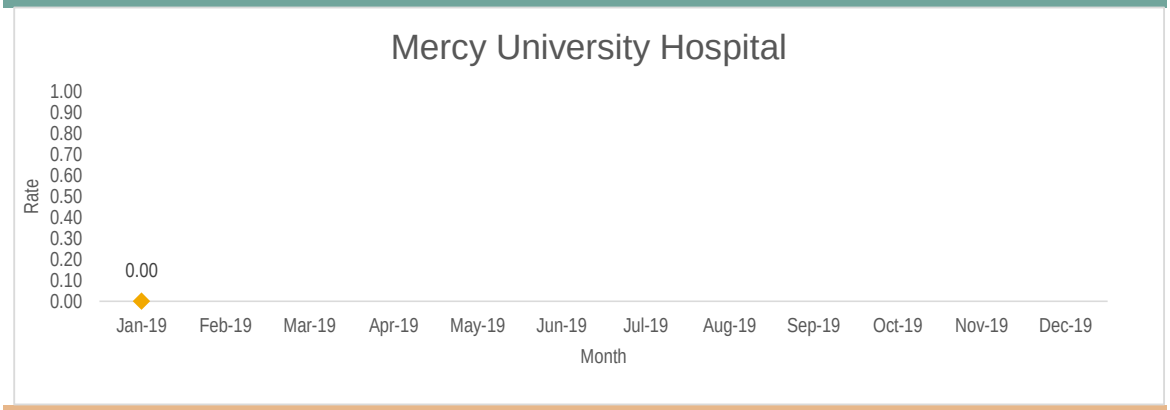
Data Caveats:

Nil

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:

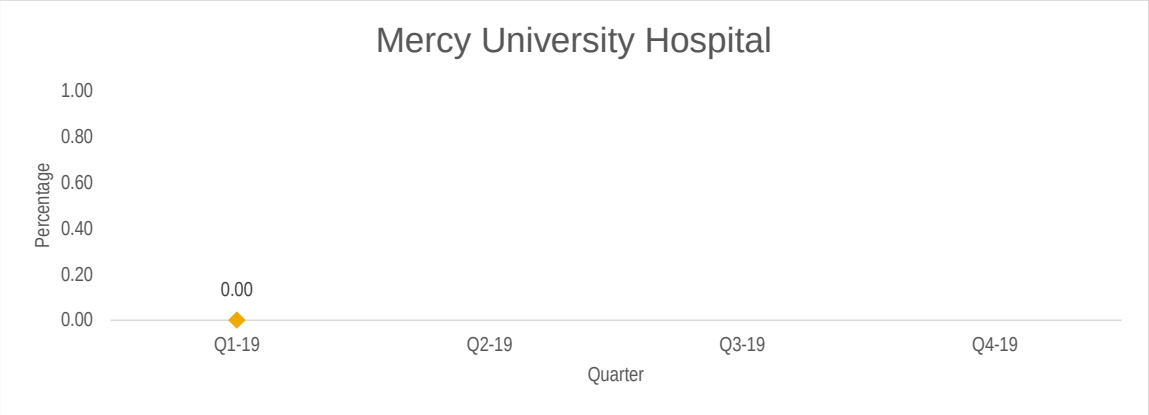
Nil

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:

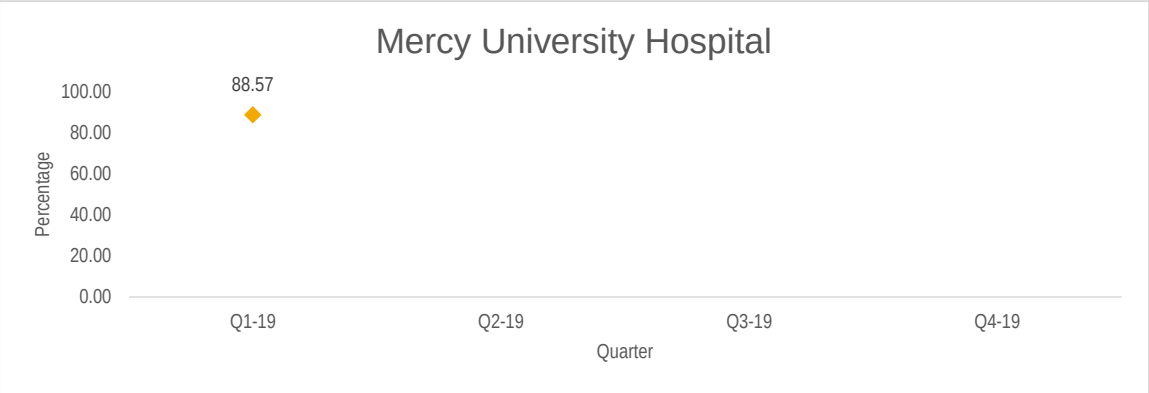
Nil

14. Number of colonoscopies where the terminal ileum / caecum / anastamosis 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:

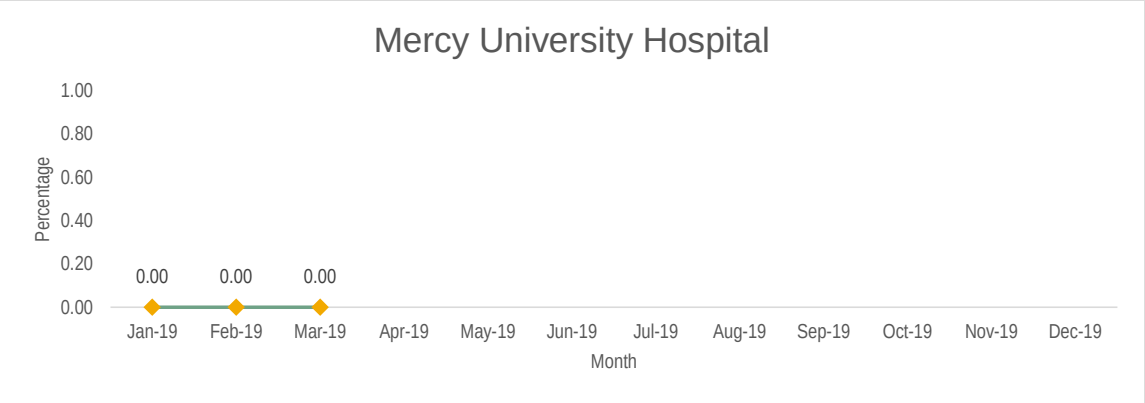
Caecal intubation rates are affected by a number of factors including age, sex, low BMI, bowel cleansing, sedation, diverticular disease and general health status

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:

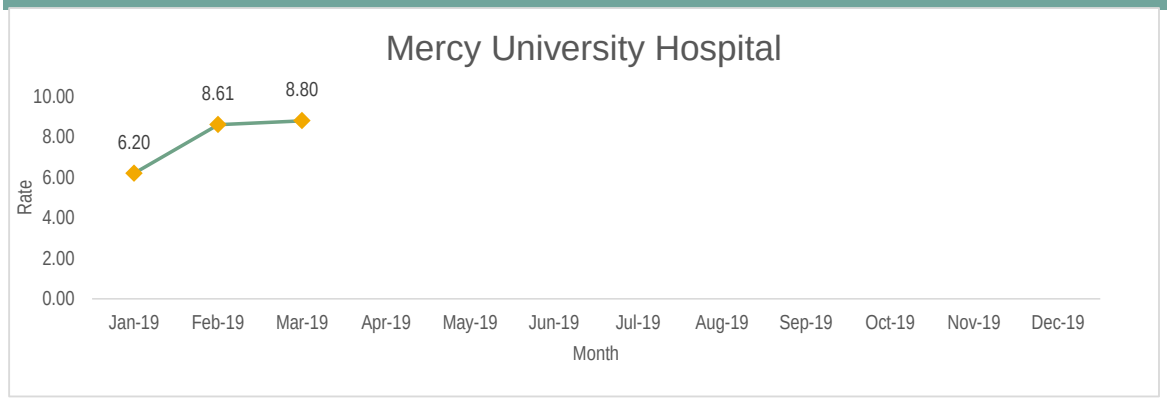
The frequency of intradepartmental consultations may be affected by subspecialisation. A pathologist who is sub-specialised and predominantly reports cases within their particular specialist area may be less likely to require consultation with a colleague

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 postitive 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 12 months 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.

Data Period	Reporting Period	Was there a signal (High SMR and CuSum Breach) in this period?
Q3-17 to Q2-18	Q1 2019	No
Q4-17 to Q3-18	Q2 2019	
Q1-18 to Q4-18	Q3 2019	
Q2-18 to Q1-19	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.

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
- 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 acitivity, patient profile and complexity of each hospital can differ significantly

The Hospital Patient Safety Indicator Report for **MUH** for the month of **March 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	Sandra Daly	27.05.19	
Hospital Group CEO	Gerry O'Dwyer	07/06/2019	

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Hospital Patient Safety Indicator Report

Kilcreene Orthopaedic Hospital	**Reporting Month:** Mar-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.

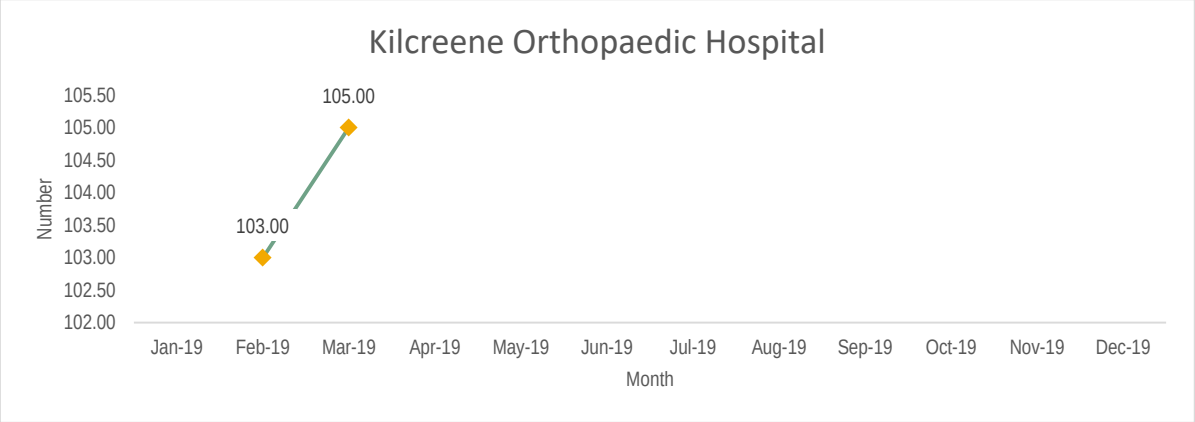
There are a number of considerations which should be noted for context:
- The HPSIR collates indicators from a range of data repositories
- While all data in the HSPIR is collated and verified in good faith, data from the original source may be updated and not reflected in the HSPIR due to time lags.
- 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 varation 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 and underpinned by standardised definitions.
- The HSPIR 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



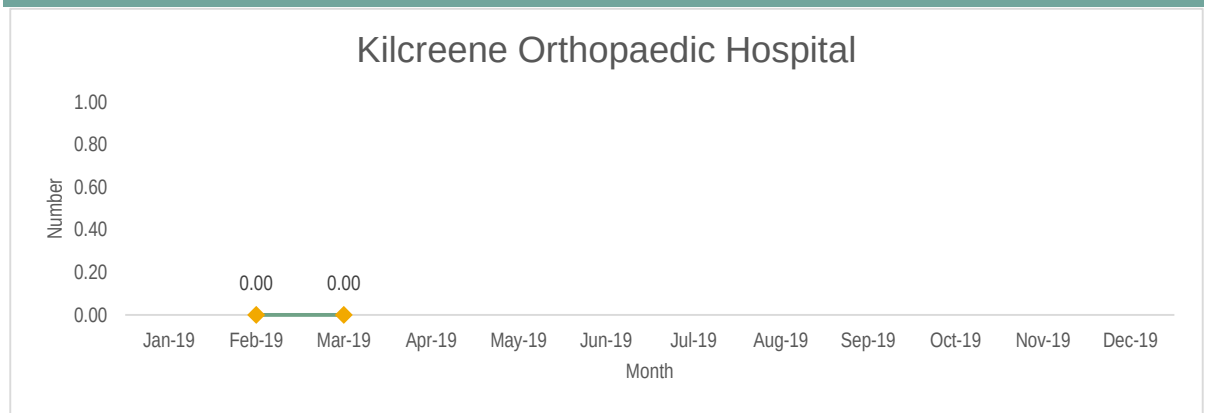
Data Caveats:

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:

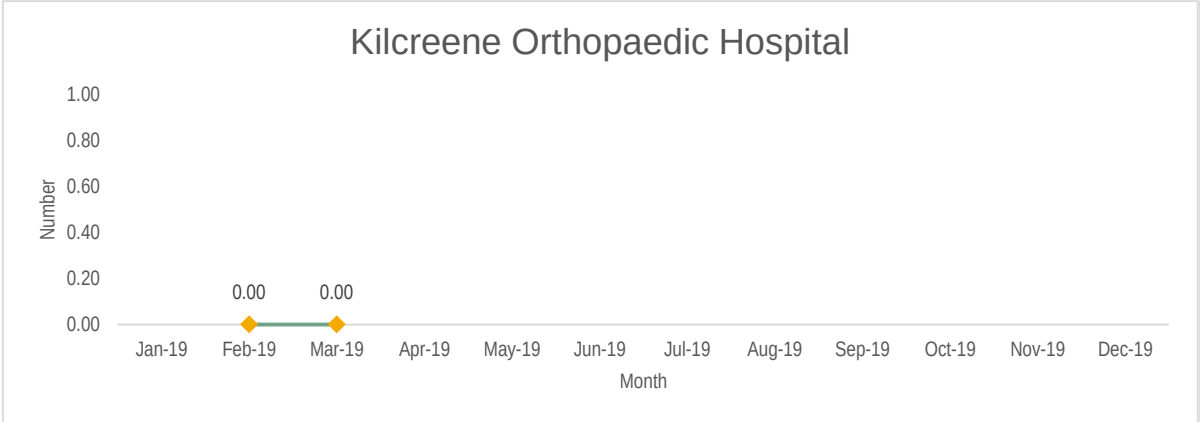
Nil

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:

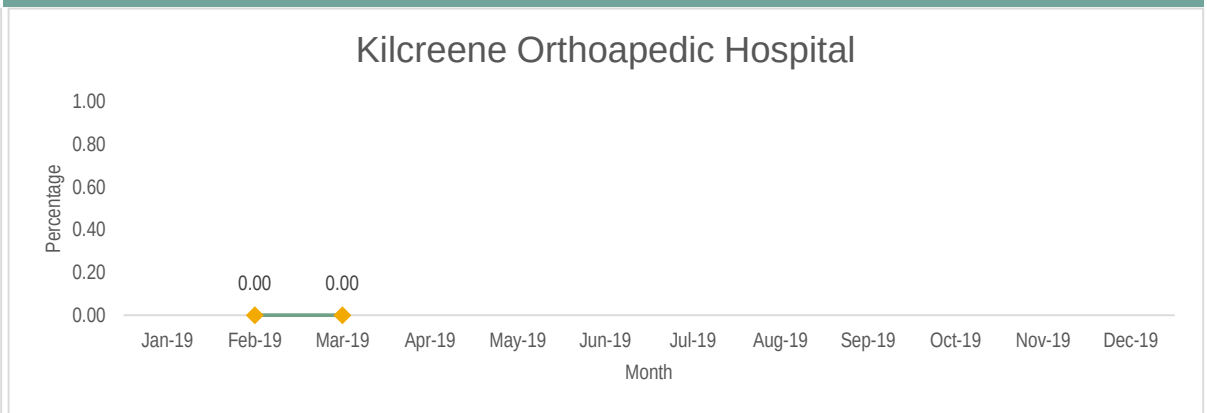
Nil

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:

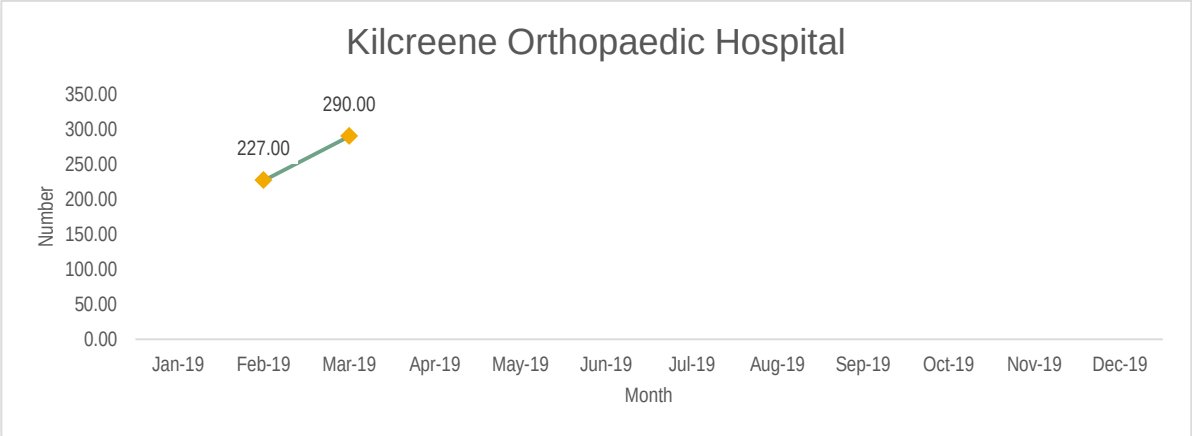
Nil

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:

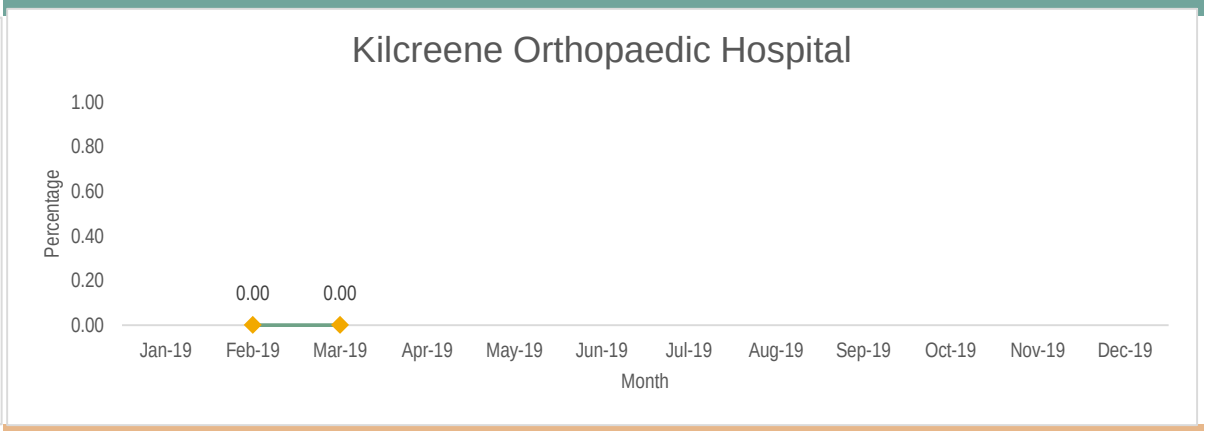
Nil

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:

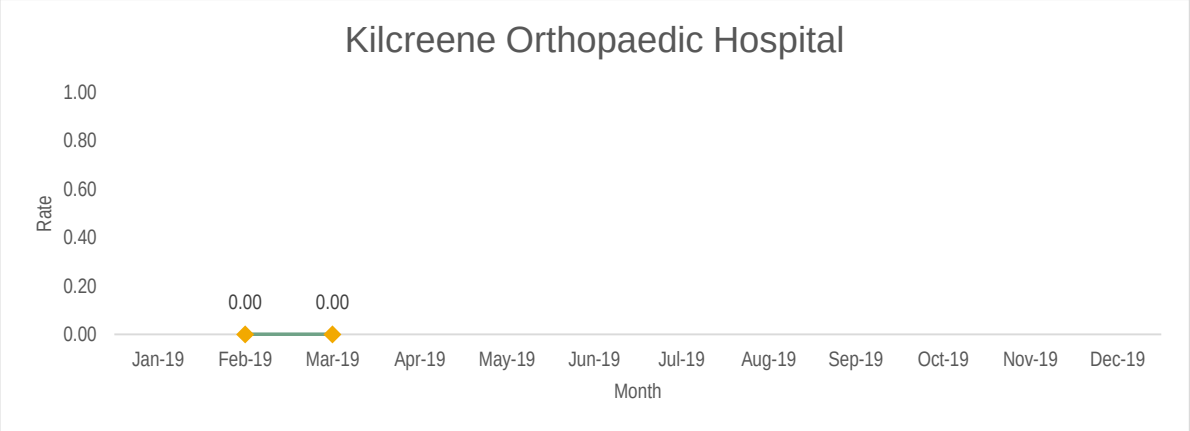
Nil

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:

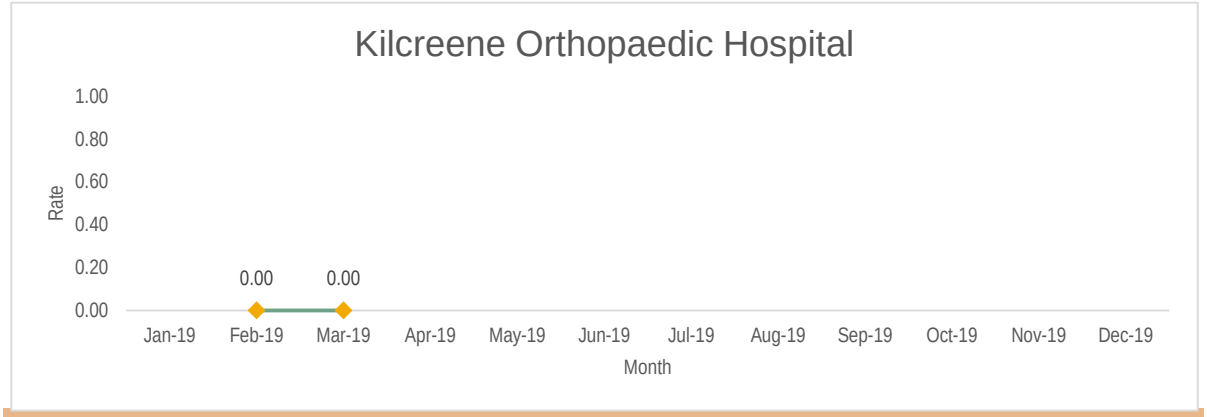
Nil

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



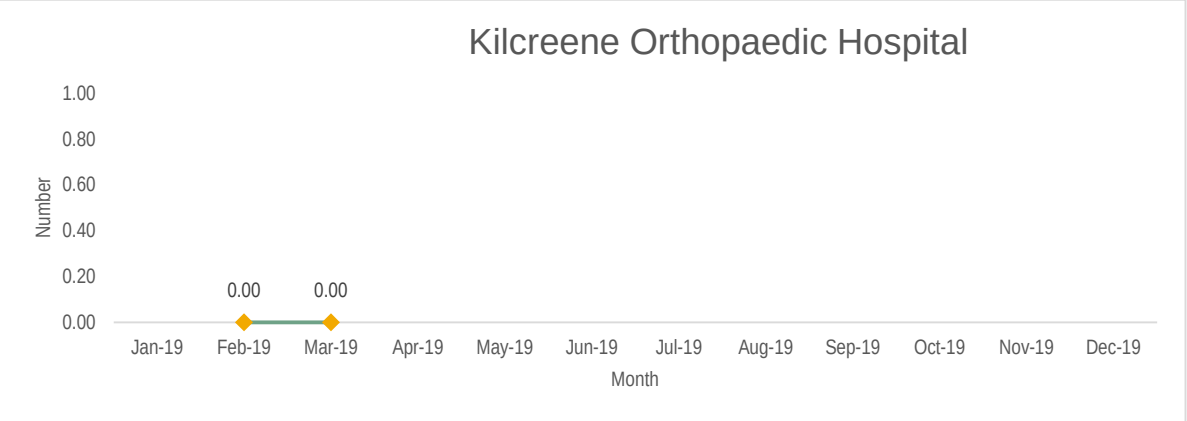
Data Caveats:

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, CPEs 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.

Expected Activity: To be confirmed

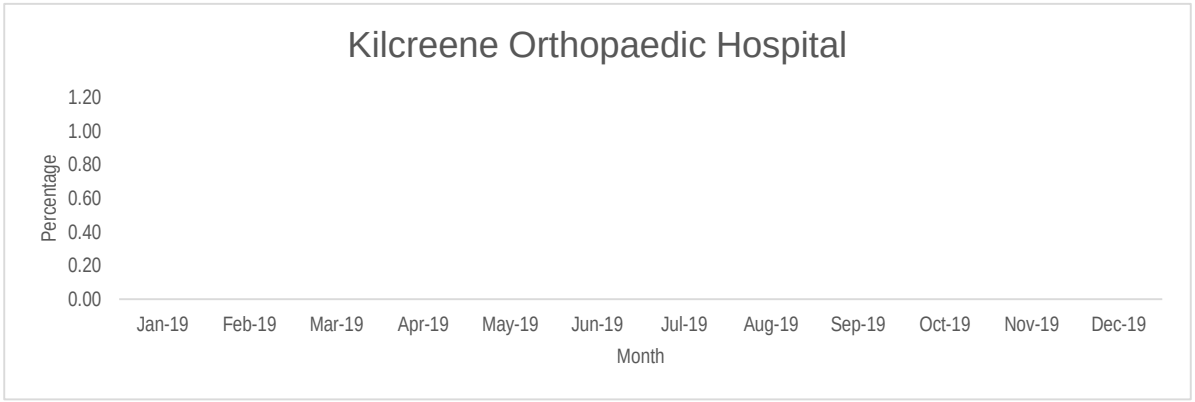


Data Caveats:
Nil

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?
To be confirmed

Target: 90%

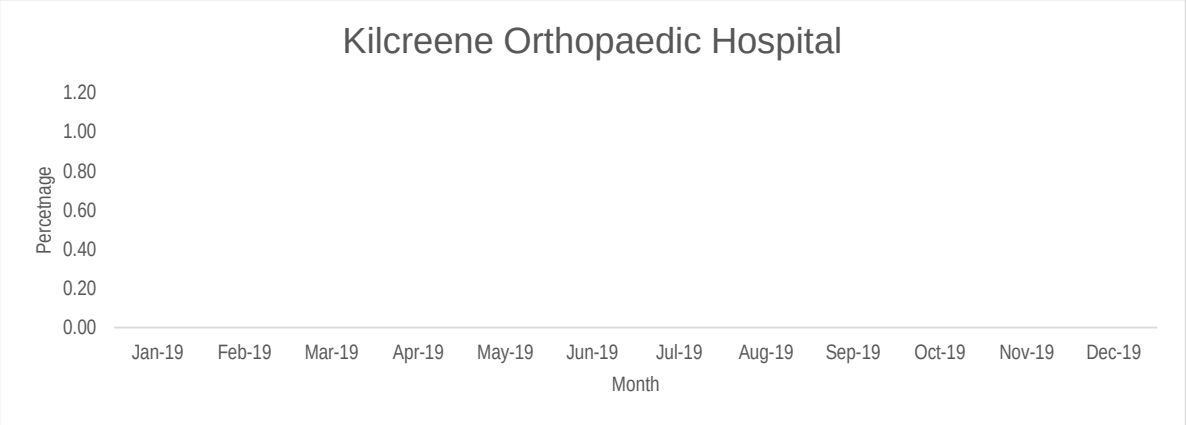


Data Caveats:
Await Nursing-Midwifery Quality Care Metrics

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

What does this mean for me?
To be confirmed

Target: 90%



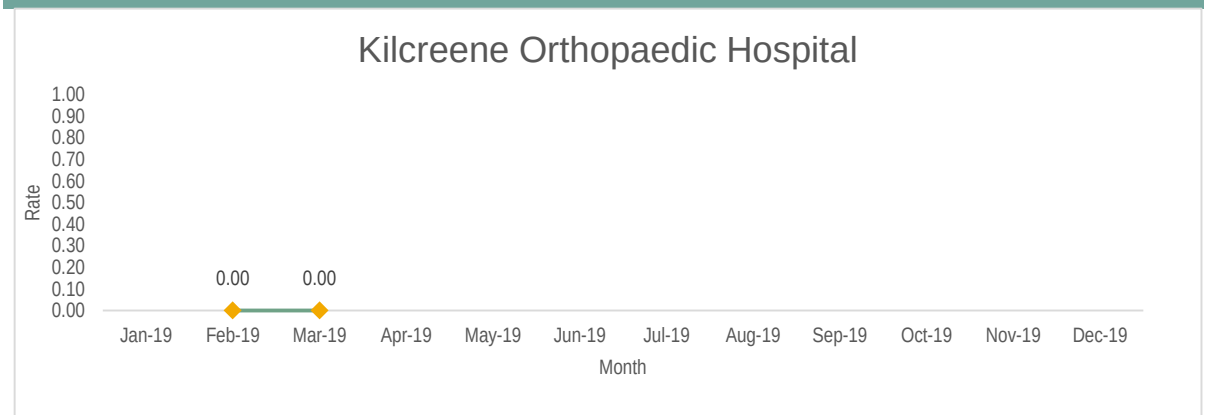
Data Caveats:

Nil

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:

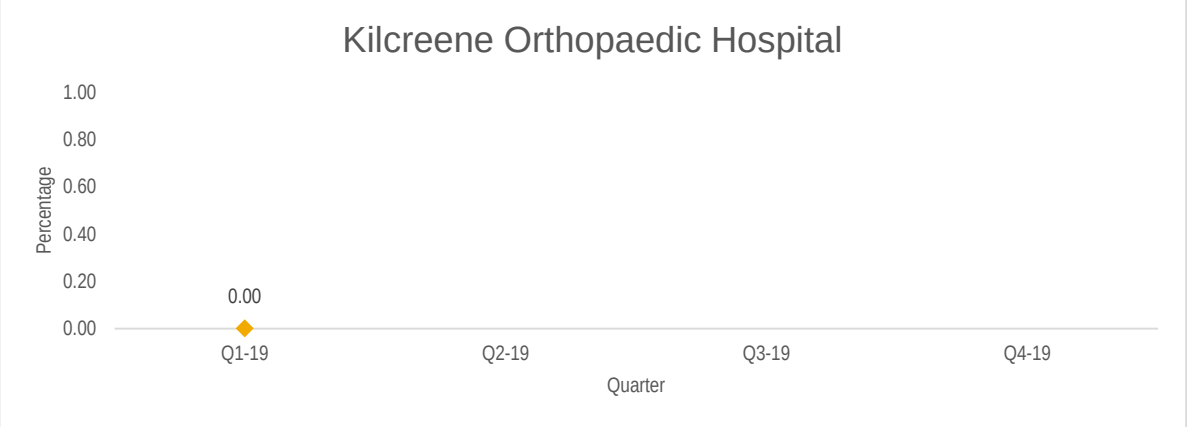
Nil

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:

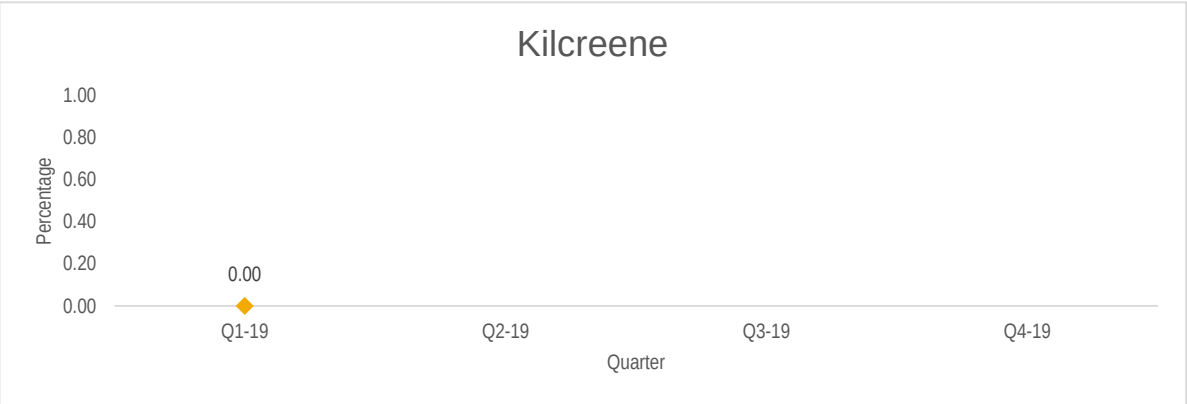
Nil

14. Number of colonoscopies where the terminal ileum / caecum / anastamosis 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.

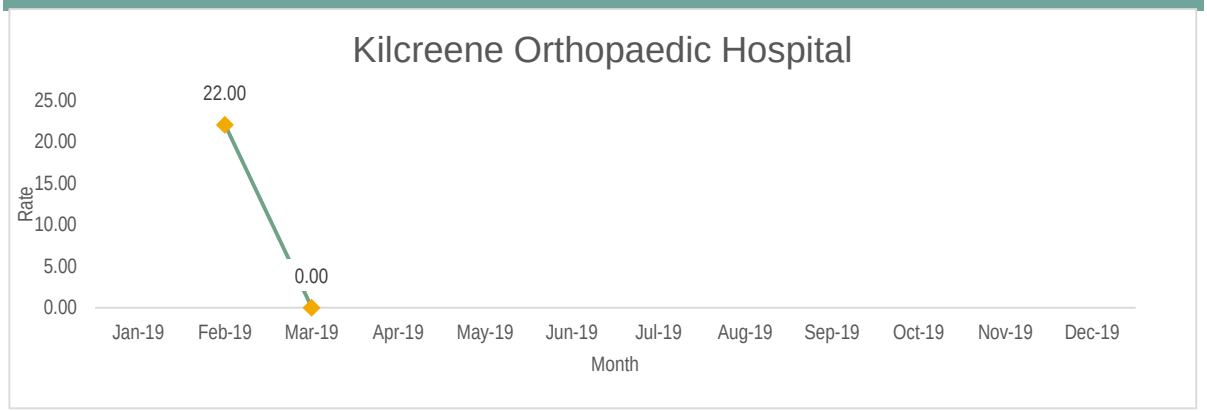
Target: 3

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 postitive 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 12 months 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.

Data Period	Reporting Period	Was there a signal (High SMR and CuSum Breach) in this period?
Q3-17 to Q2-18	Q1 2019	0
Q4-17 to Q3-18	Q2 2019	
Q1-18 to Q4-18	Q3 2019	
Q2-18 to Q1-19	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.

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
- 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 acitivity, patient profile and complexity of each hospital can differ significantly

The Hospital Patient Safety Indicator Report for Kilcreene Orthopaedic Hospital for the month of March 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	Grace Rothwell	2.5.2019	Grace Rothwell
Hospital Group CEO	Gerry O'Dwyer	07/06/2019	Gerry O'Dwyer

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Hospital Patient Safety Indicator Report

University Hospital Waterford	Reporting Month: Mar-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.

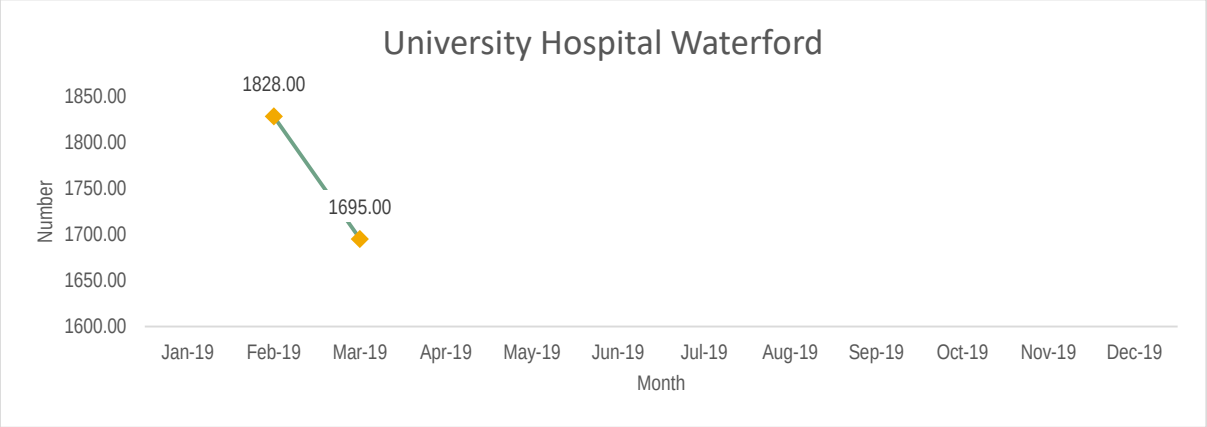
There are a number of considerations which should be noted for context:
- The HPSIR collates indicators from a range of data repositories
- While all data in the HSPIR is collated and verified in good faith, data from the original source may be updated and not reflected in the HSPIR due to time lags.
- 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 varation 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 and underpinned by standardised definitions.
- The HSPIR 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

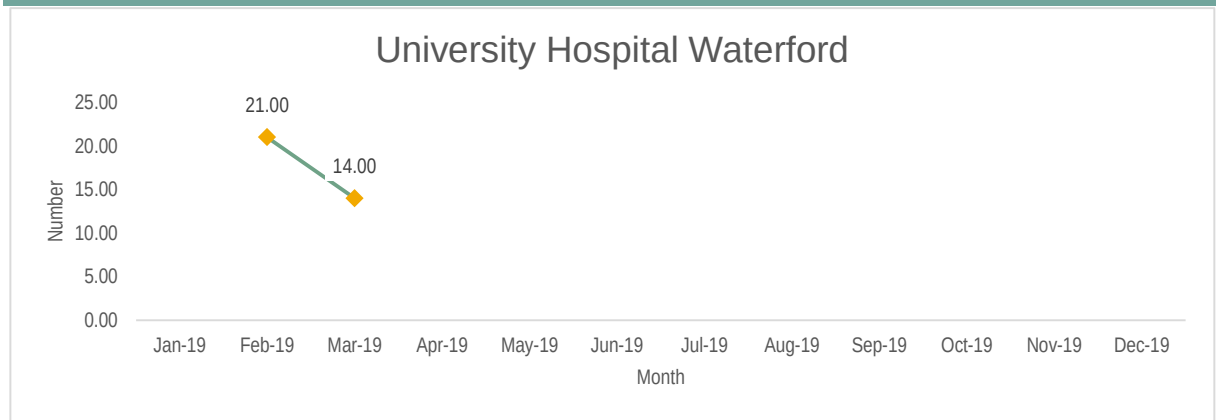


Data Caveats:
Nil

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



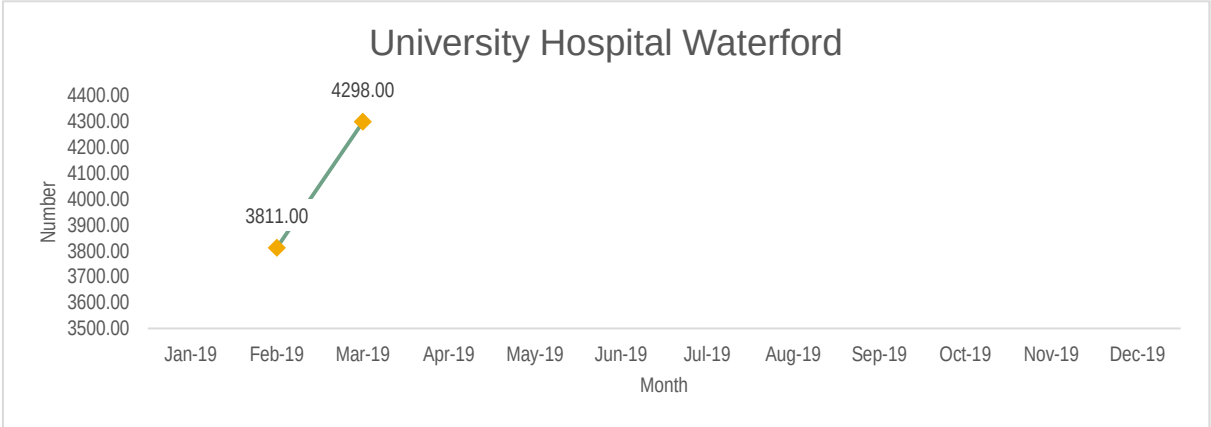
Data Caveats:
Nil

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:

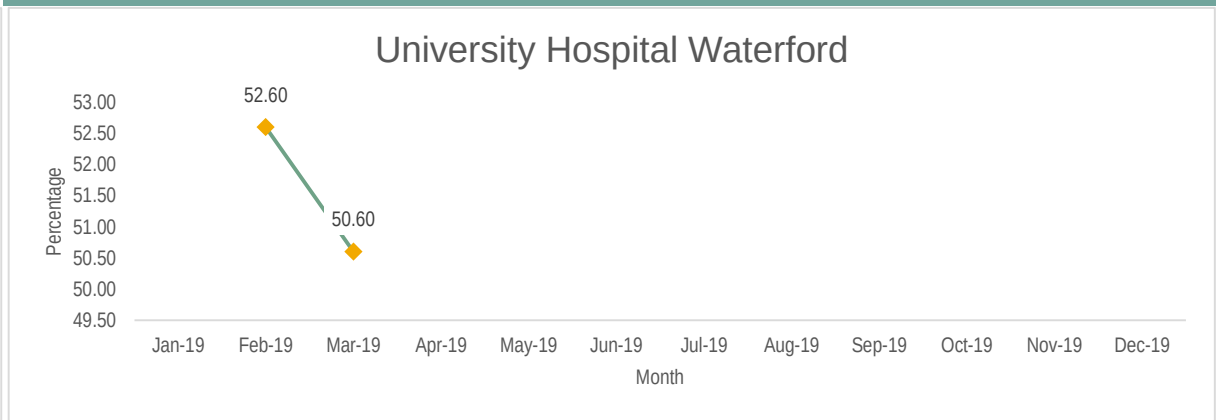
Nil

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:

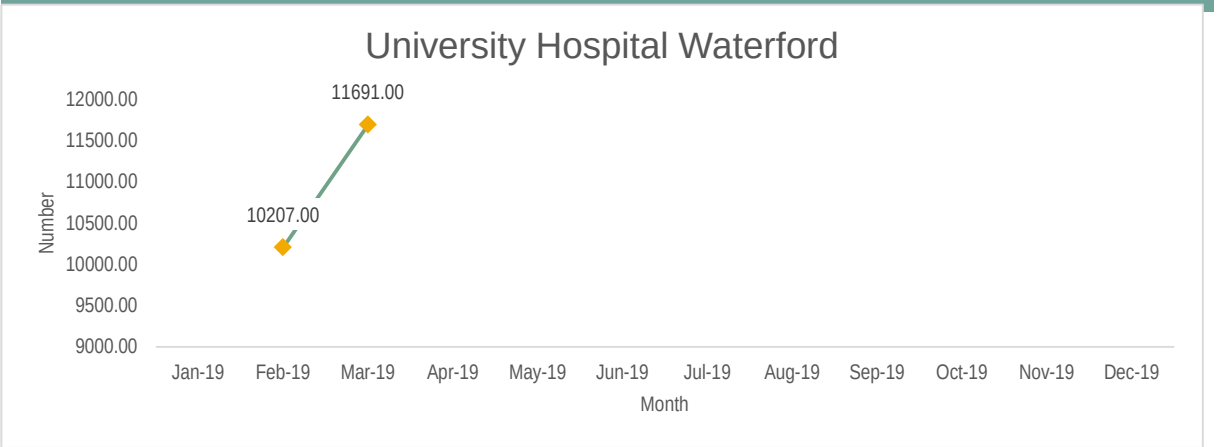
Nil

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:

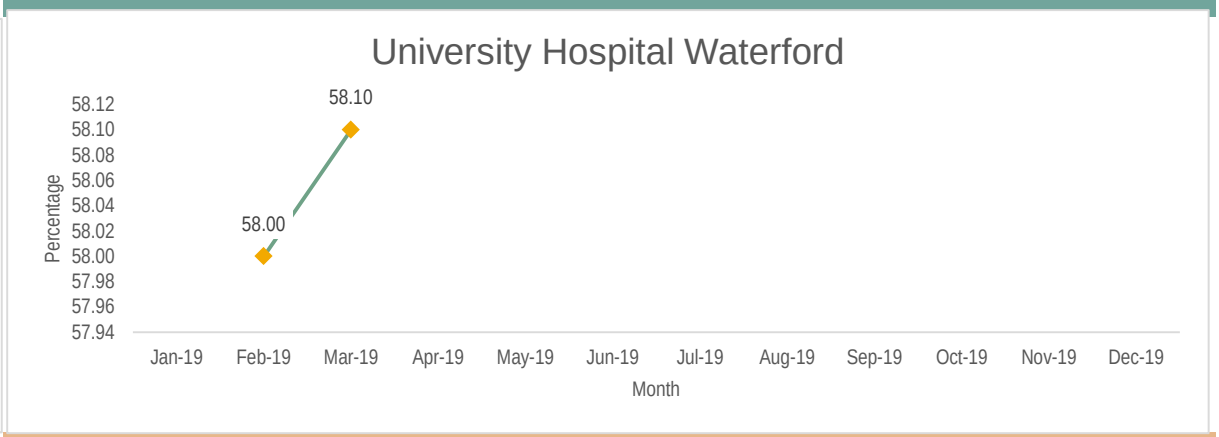
Nil

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:

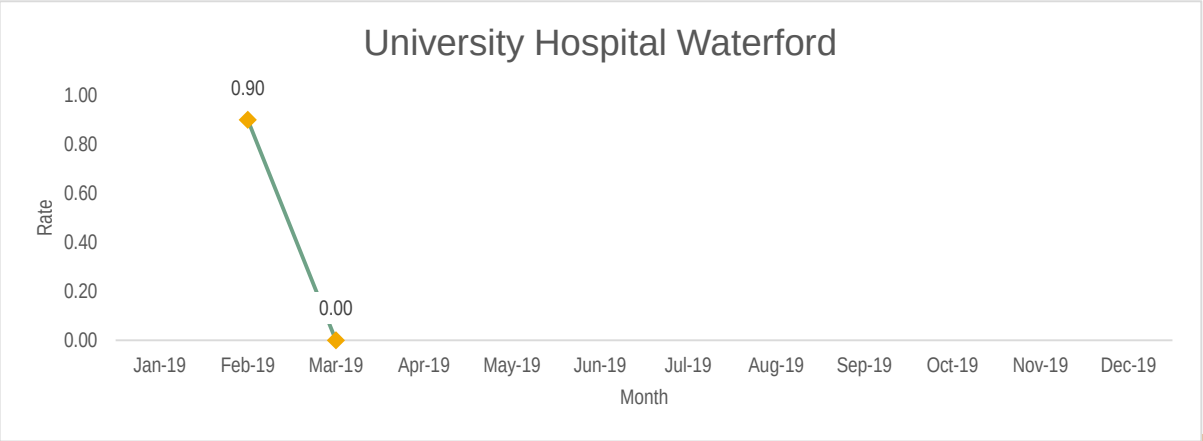
Nil

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:

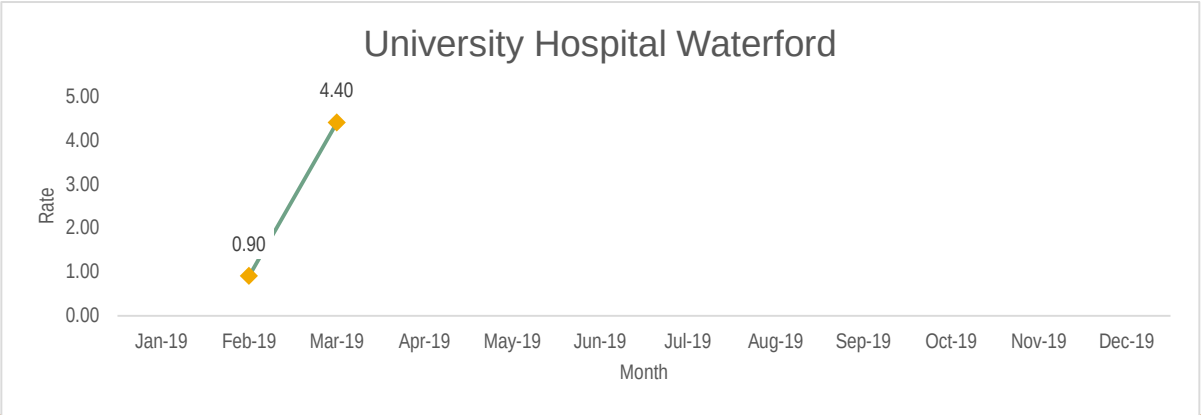
Nil

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:

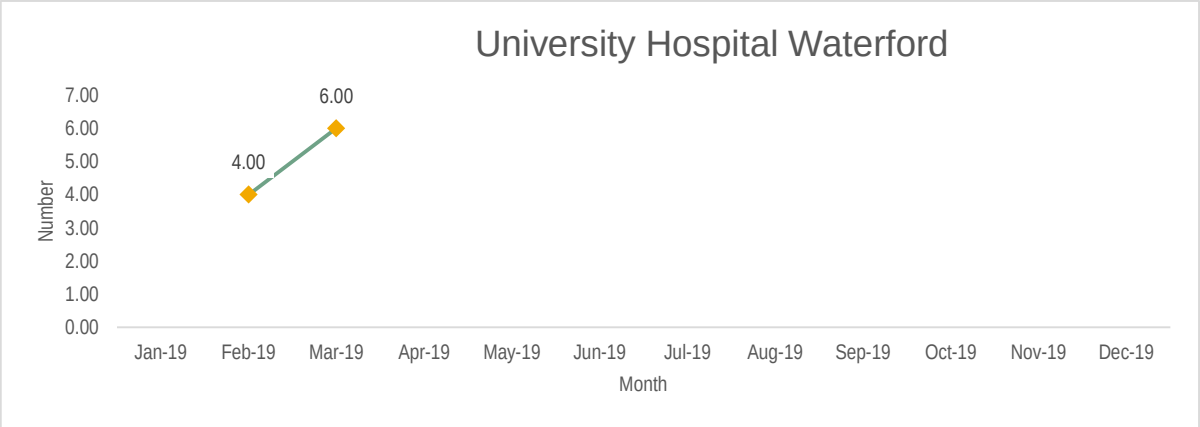
Nil

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, CPEs 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.

Expected Activity: To be confirmed



Data Caveats:

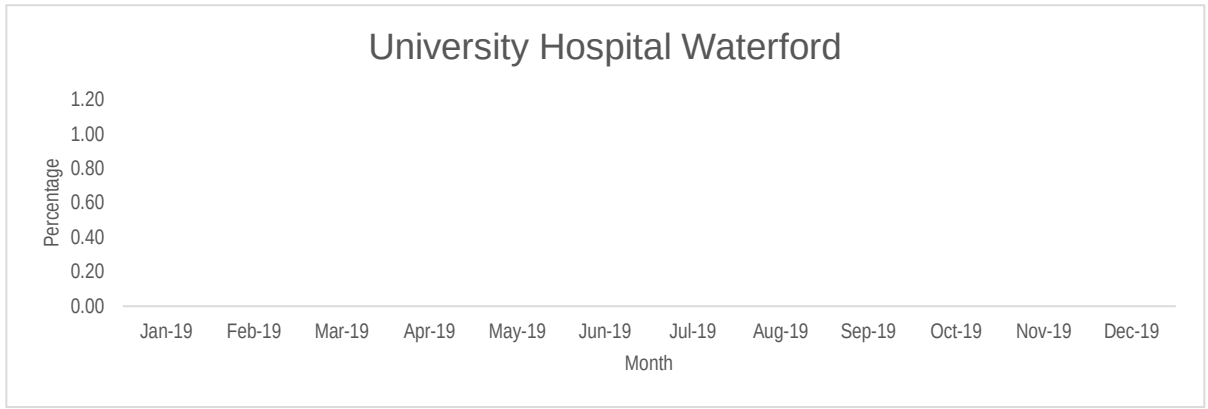
Nil

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?

To be confirmed

Target: 90%



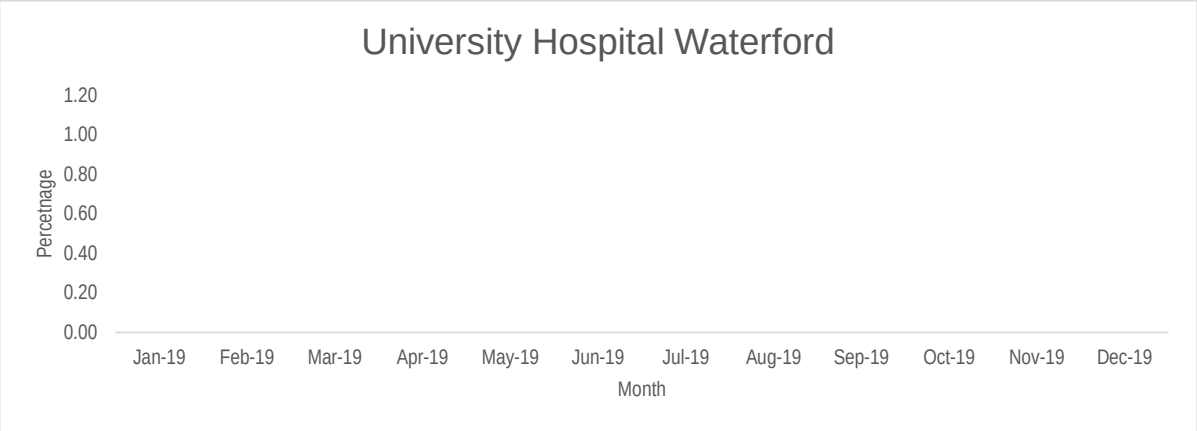
Data Caveats:

Await Nursing-Midwifery Quality Care Metrics

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

What does this mean for me?
To be confirmed

Target: 90%



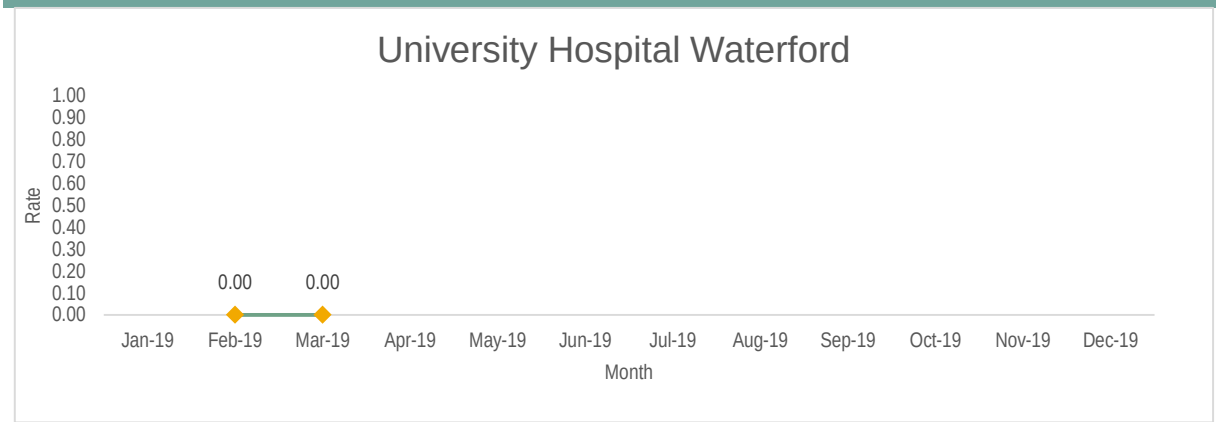
Data Caveats:

Nil

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:

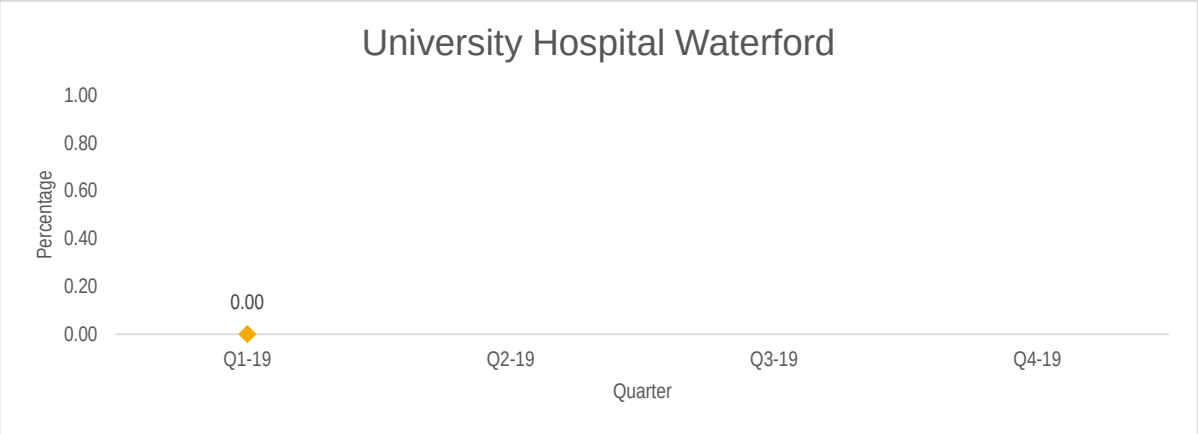
Nil

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:

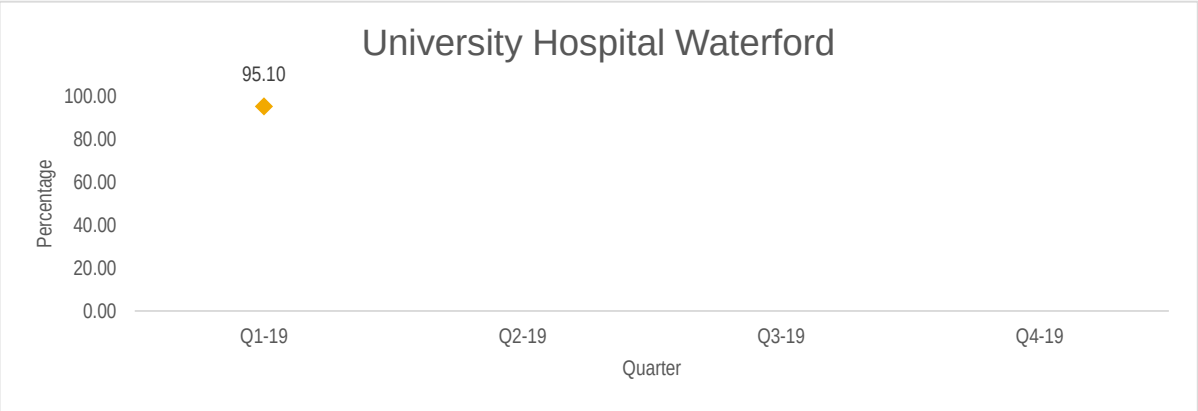
Nil

14. Number of colonoscopies where the terminal ileum / caecum / anastamosis 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:

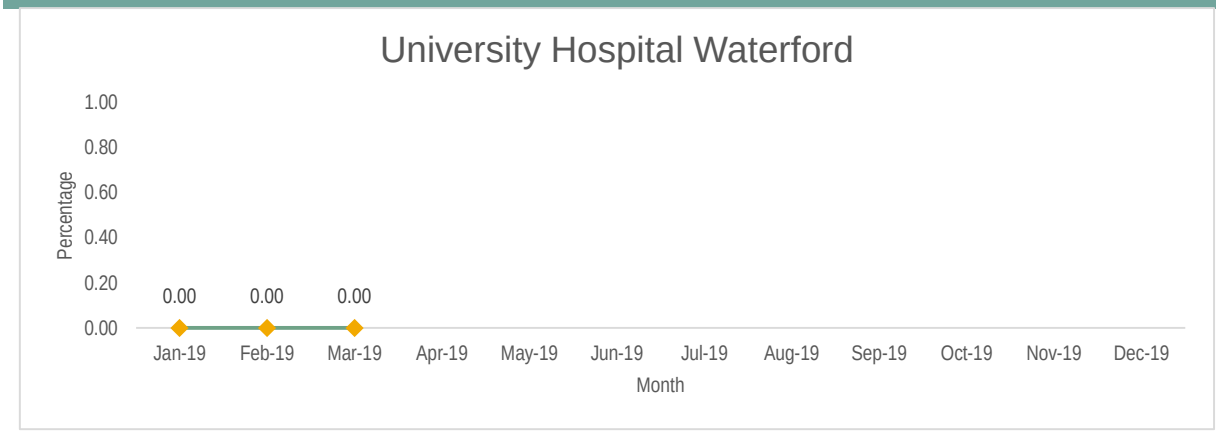
Caecal intubation rates are affected by a number of factors including age, sex, low BMI, bowel cleansing, sedation, diverticular disease and general health status

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:

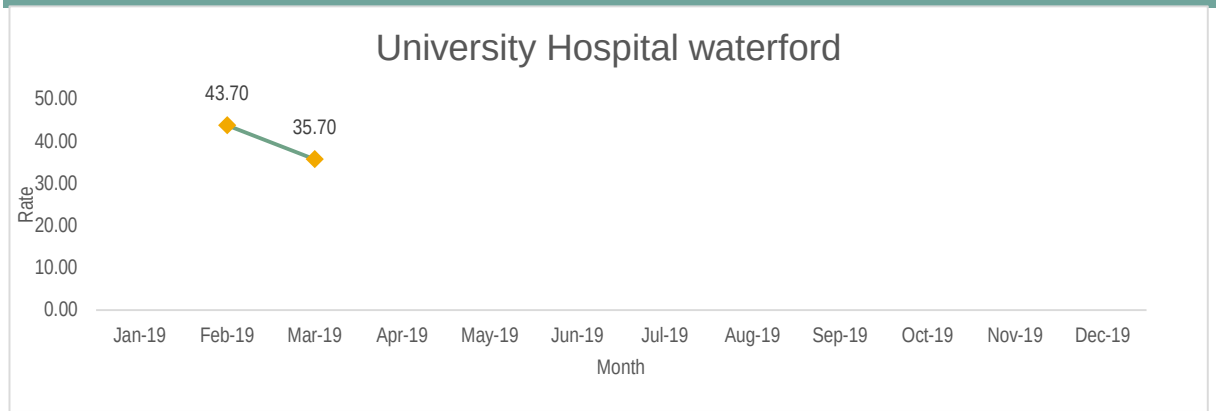
The frequency of intradepartmental consultations may be affected by subspecialisation. A pathologist who is sub-specialised and predominantly reports cases within their particular specialist area may be less likely to require consultation with a colleague

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 postitive 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 12 months 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.

Data Period	Reporting Period	Was there a signal (High SMR and CuSum Breach) in this period?
Q3-17 to Q2-18	Q1 2019	0
Q4-17 to Q3-18	Q2 2019	
Q1-18 to Q4-18	Q3 2019	
Q2-18 to Q1-19	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.

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
- 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 acitivity, patient profile and complexity of each hospital can differ significantly

The Hospital Patient Safety Indicator Report for Universtiy Hospital Waterford for the month of March 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	Grace Rothwell	3.5.2019	Grace Rothwell
Hospital Group CEO	Gerry O'Dwyer	07/06/2019	Gerry O'Dwyer

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Hospital Patient Safety Indicator Report

Hospital Name_South Tipperary General Hos	Reporting Month:	Mar-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 HSPIR is collated and verified in good faith, data from the original source may be updated and not reflected in the HSPIR 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 varation 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 and underpinned by standardised definitions.
- The HSPIR should not be considered, nor is aimed to be, a comprehensive overview of patient safety in a hospital or hospital group

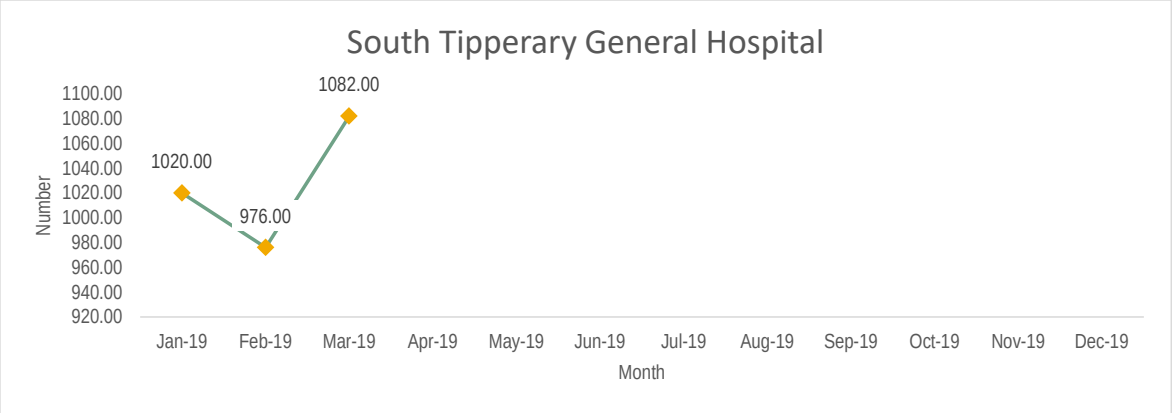
The completion and publication of the HPSIR is, in itself, a performance indicator for each hospital.

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:

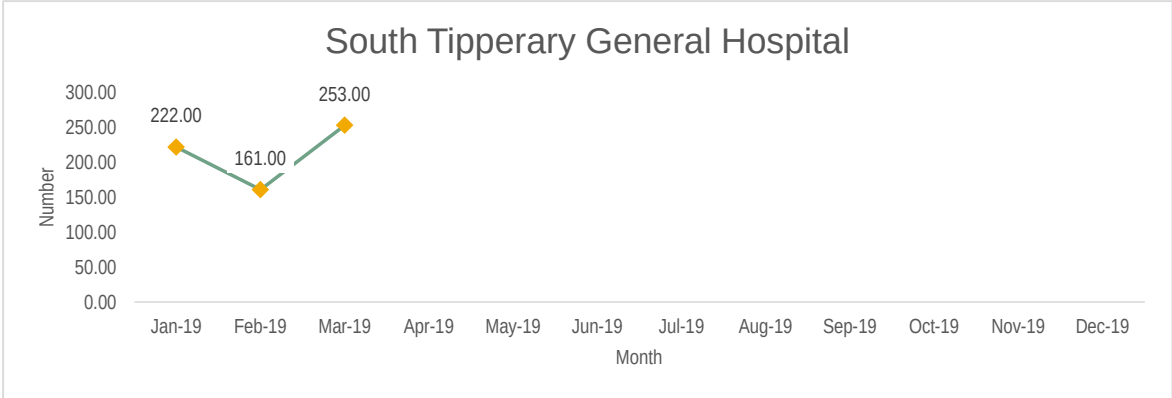
Nil

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:

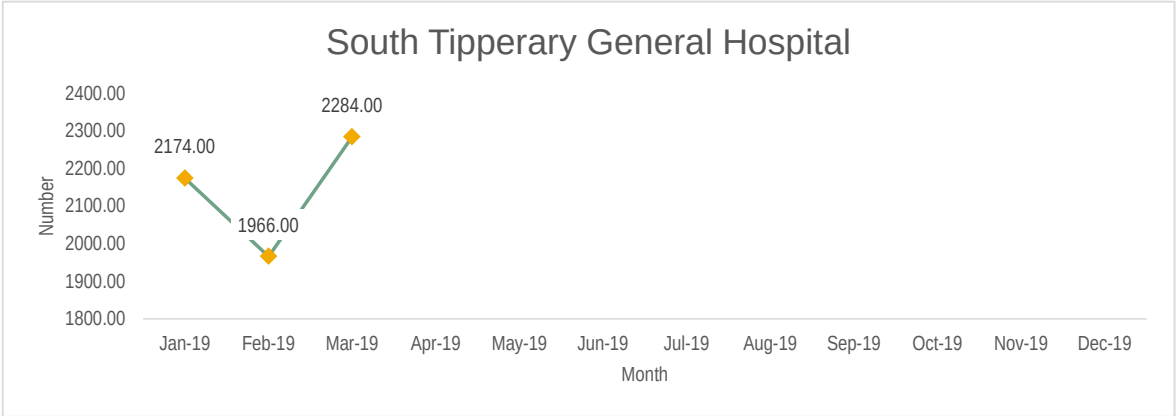
Nil

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:

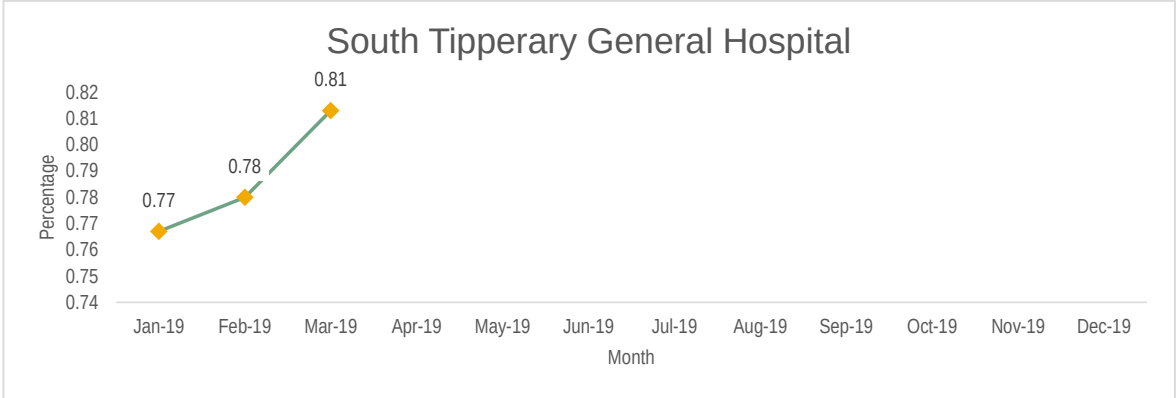
Nil

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:

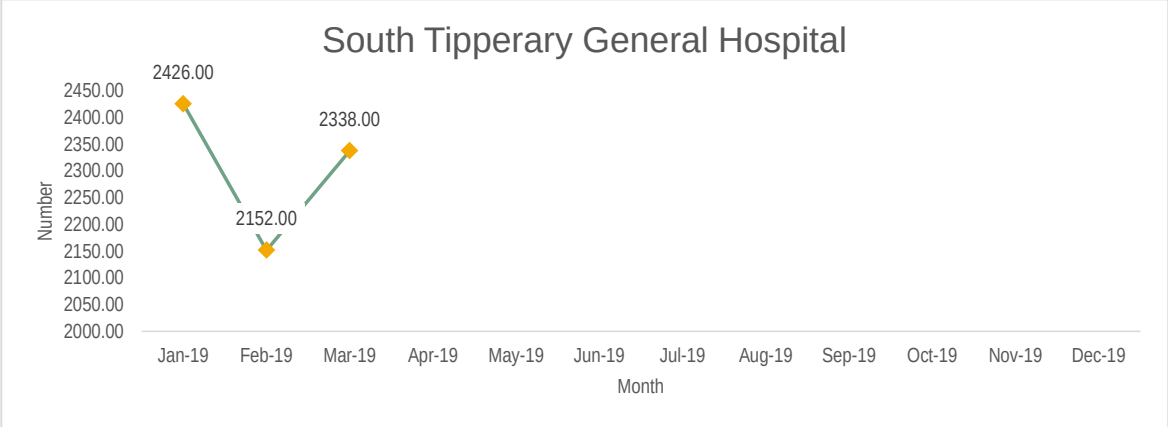
Nil

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:

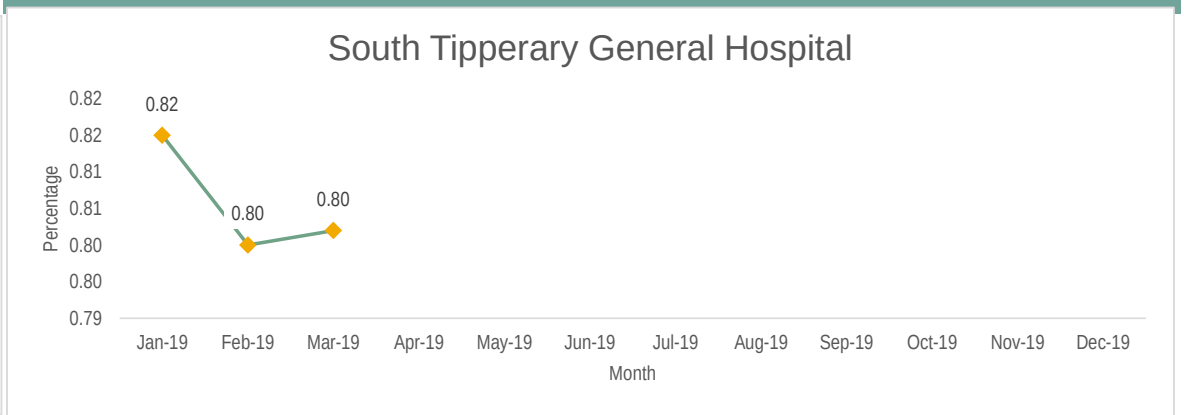
Nil

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:

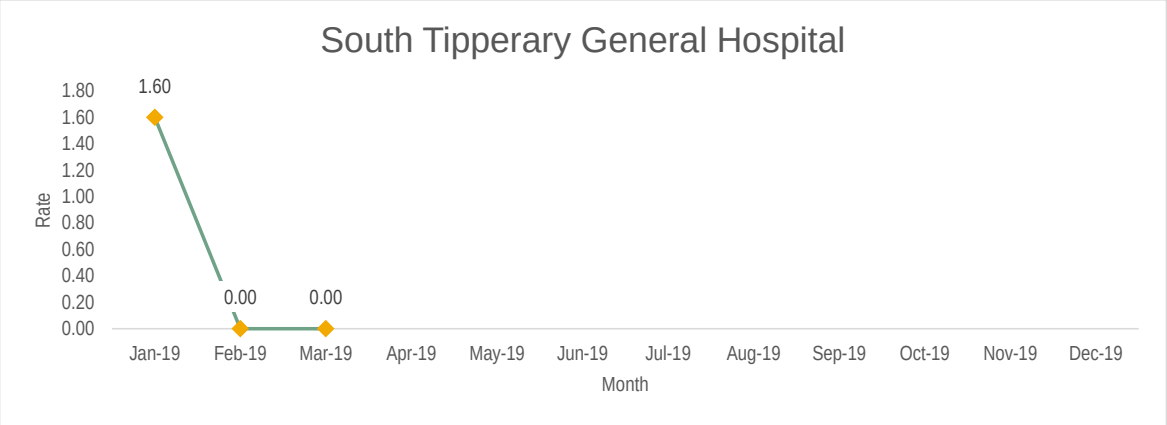
Nil

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:

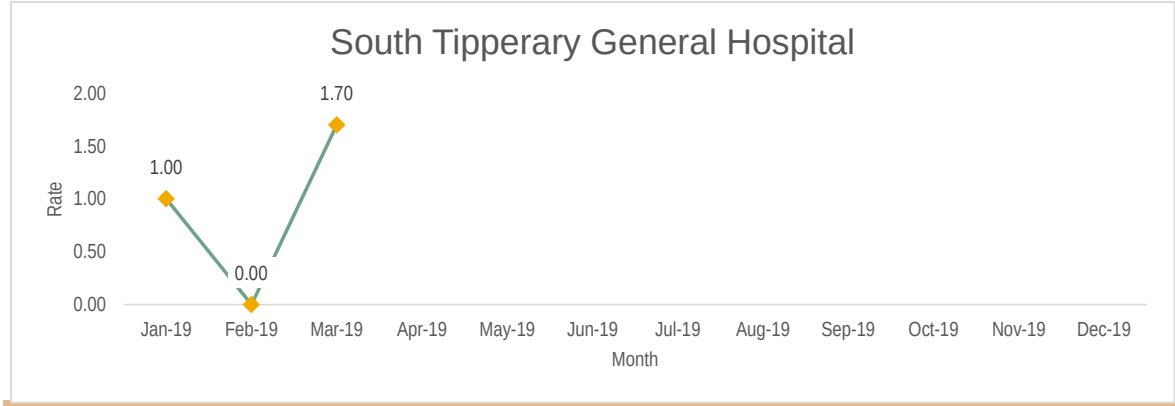
Nil

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:

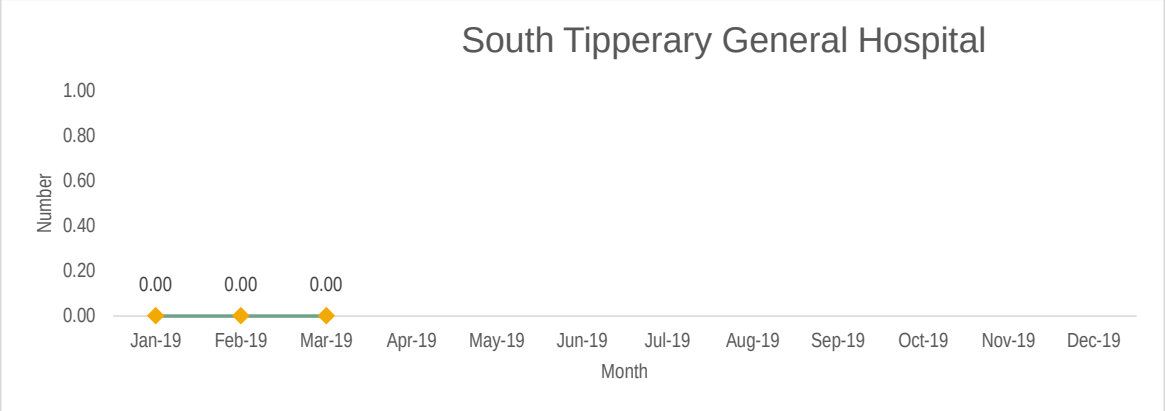
Nil

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, CPEs 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.

Expected Activity: To be confirmed



Data Caveats:

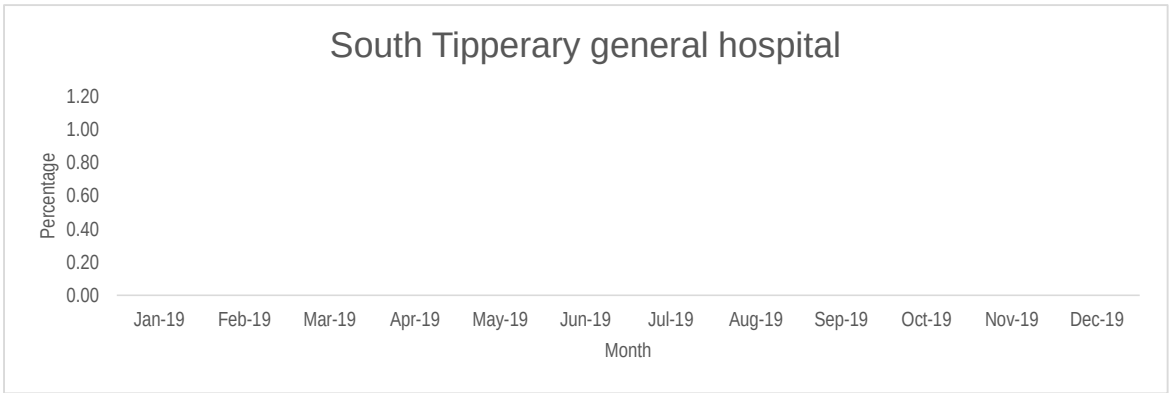
Nil

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?

To be confirmed

Target: 90%



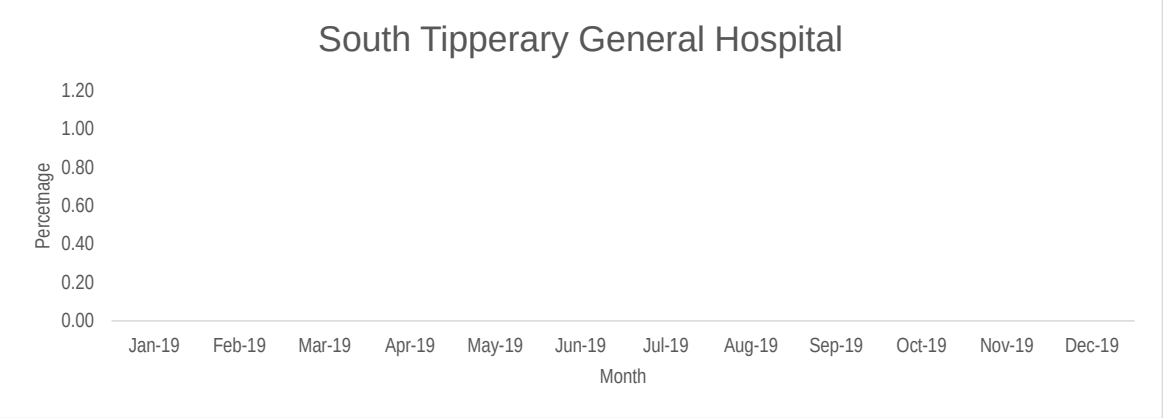
Data Caveats:

Await Nursing-Midwifery Quality Care Metrics

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

What does this mean for me?
To be confirmed

Target: 90%



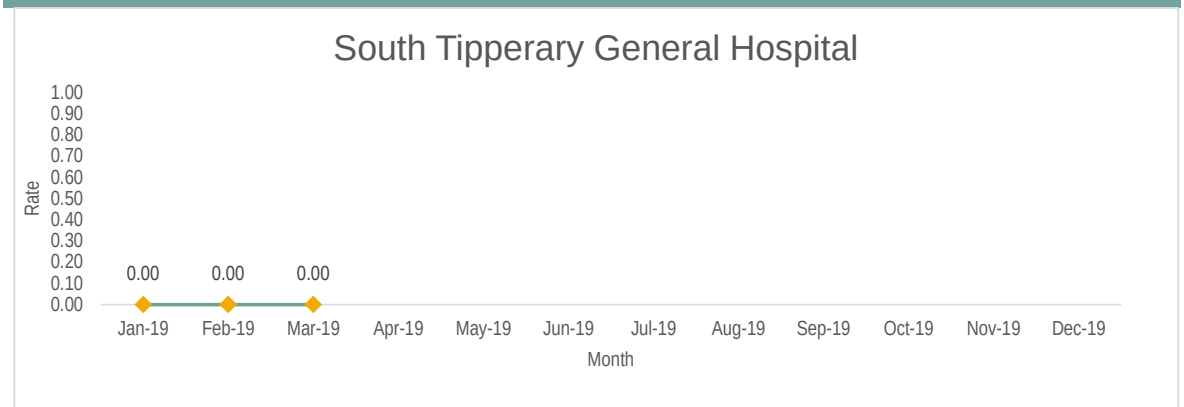
Data Caveats:

Awaiting Nursing -Midwifery Quality Care Metrics

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:

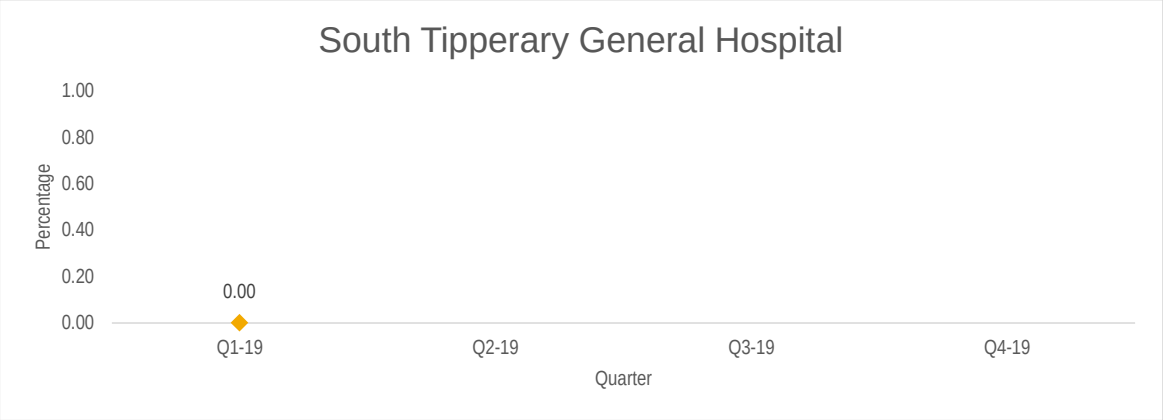
Awaiting Q1 2019 data

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:

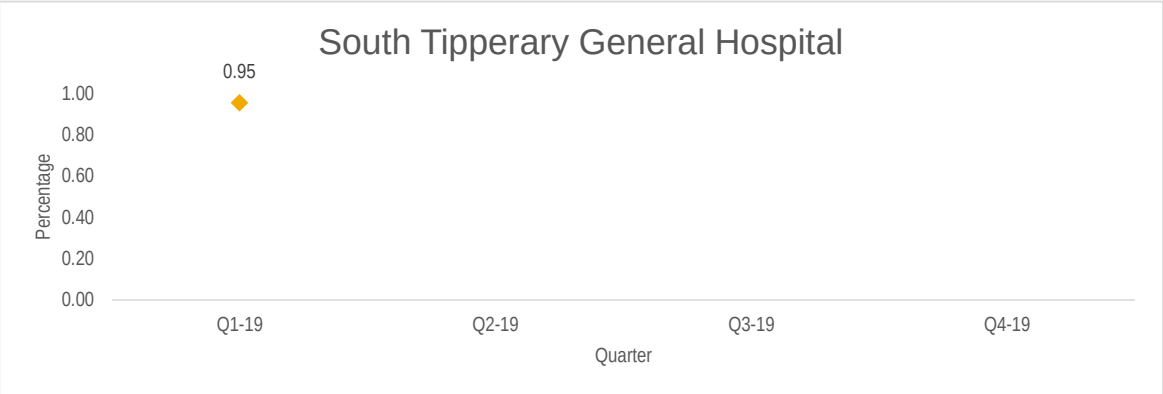
Nil

14. Number of colonoscopies where the terminal ileum / caecum / anastamosis 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:

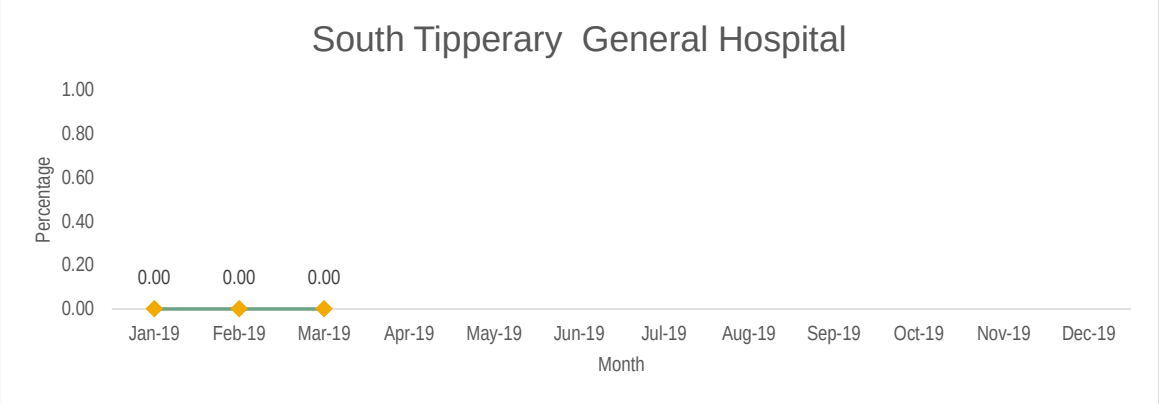
Caecal intubation rates are affected by a number of factors including age, sex, low BMI, bowel cleansing, sedation, diverticular disease and general health status

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:

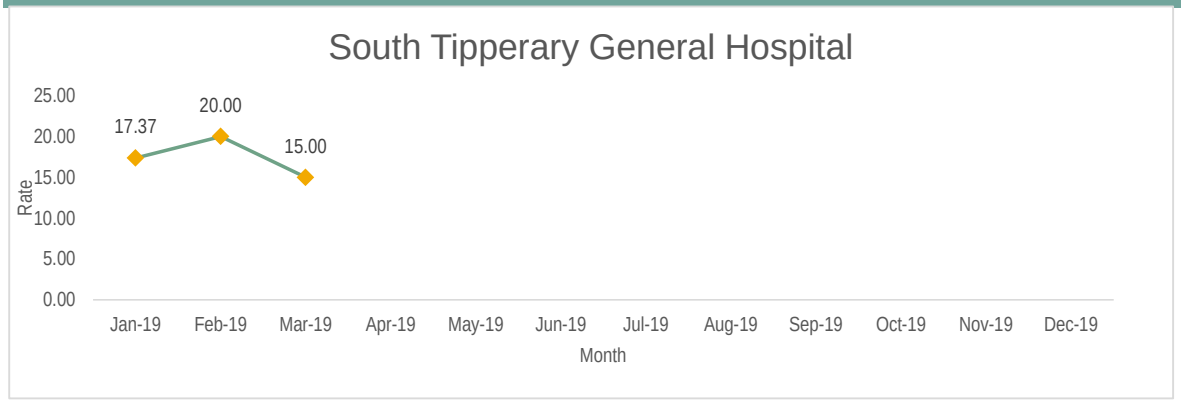
The frequency of intradepartmental consultations may be affected by subspecialisation. A pathologist who is sub-specialised and predominantly reports cases within their particular specialist area may be less likely to require consultation with a colleague

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 postitive 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 12 months 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.

Data Period	Reporting Period	Was there a signal (High SMR and CuSum Breach) in this period?
Q3-17 to Q2-18	Q1 2019	no
Q4-17 to Q3-18	Q2 2019	
Q1-18 to Q4-18	Q3 2019	
Q2-18 to Q1-19	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.

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
- 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 acitivity, patient profile and complexity of each hospital can differ significantly

The Hospital Patient Safety Indicator Report for South Tipperary General Hospital for the month of Mar 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	Maria Barry	24/05/2019	Maria Barry
Hospital Group CEO	Gerry O'Dwyer	07/06/2019	Gerry O'Dwyer

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Hospital Patient Safety Indicator Report

Hospital Name University Hospital Kerry	Reporting Month: Mar-19

Purpose & Context

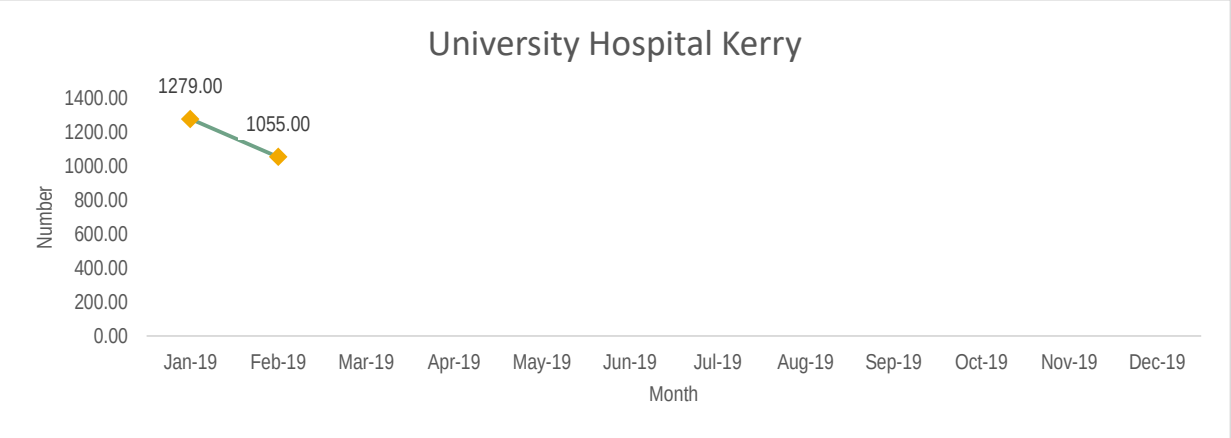
The aim of the Hospital Patient Safety Indicator Report (HPSIR) is to assure the public that the indicators selected and published for this report are monitored by senior management of both the hospital and hospital group as a key component of clinical governance.

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 HSPIR is collated and verified in good faith, data from the original source may be updated and not reflected in the HSPIR 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 varation 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 and underpinned by standardised definitions.
- The HSPIR 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

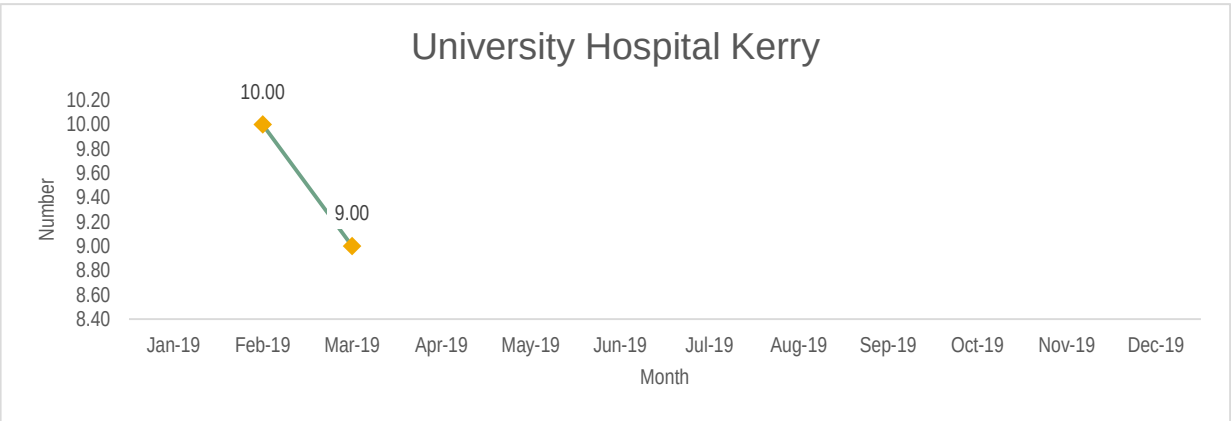


Data Caveats:
Nil

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



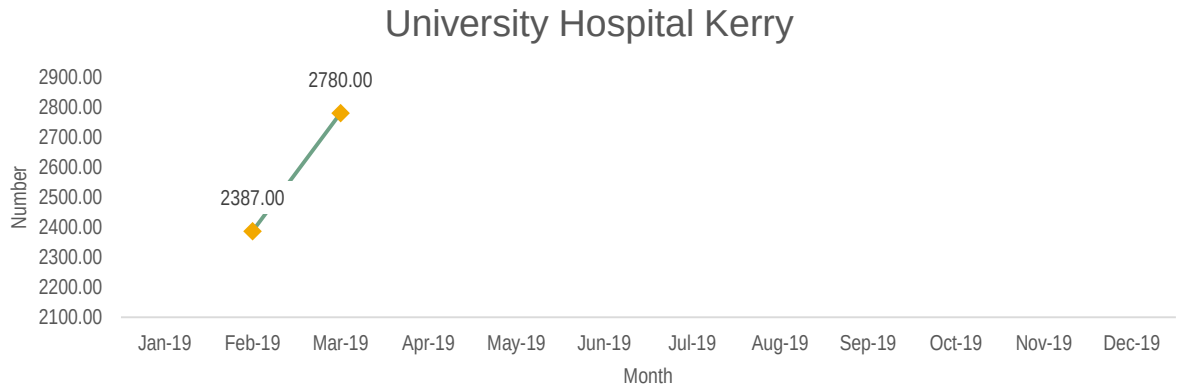
Data Caveats:
Nil

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:

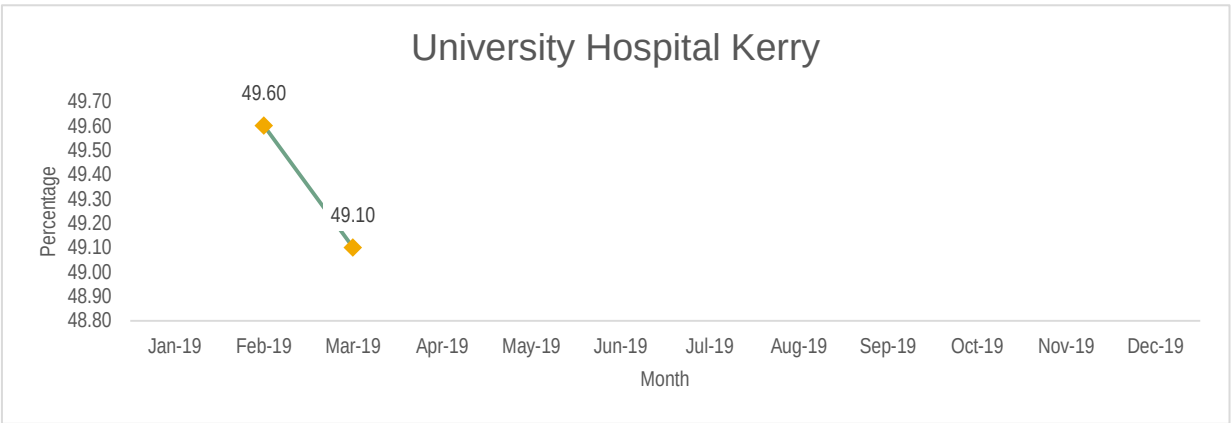
Nil

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:

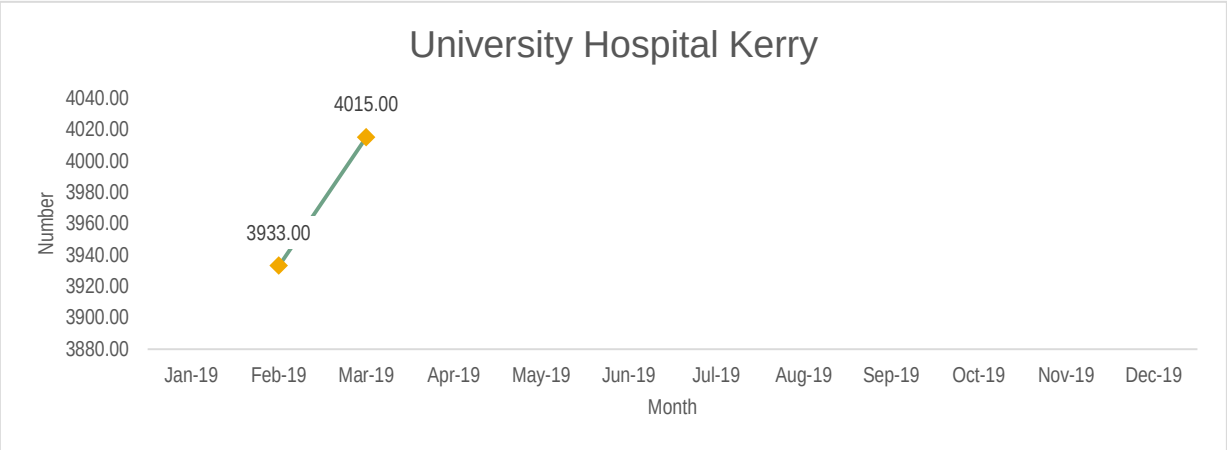
Nil

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:

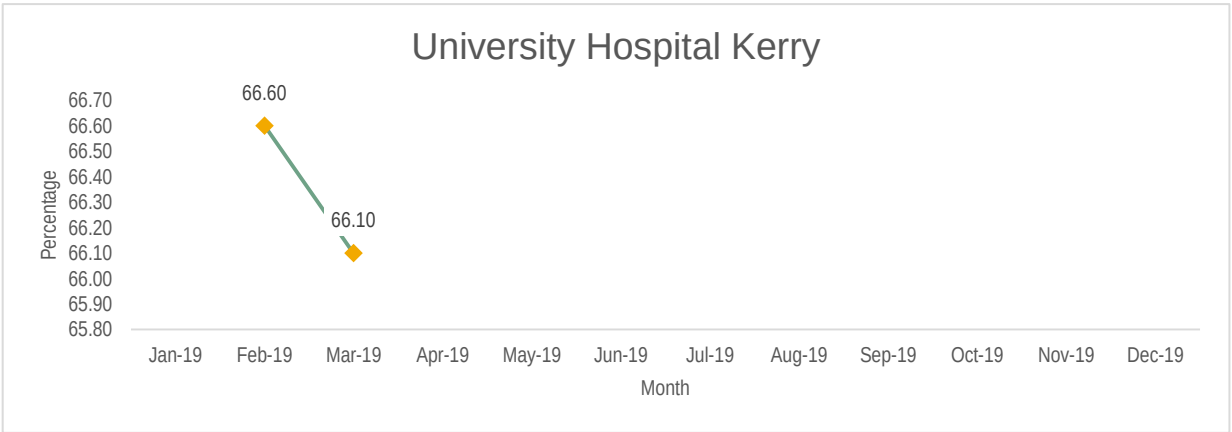
Nil

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:

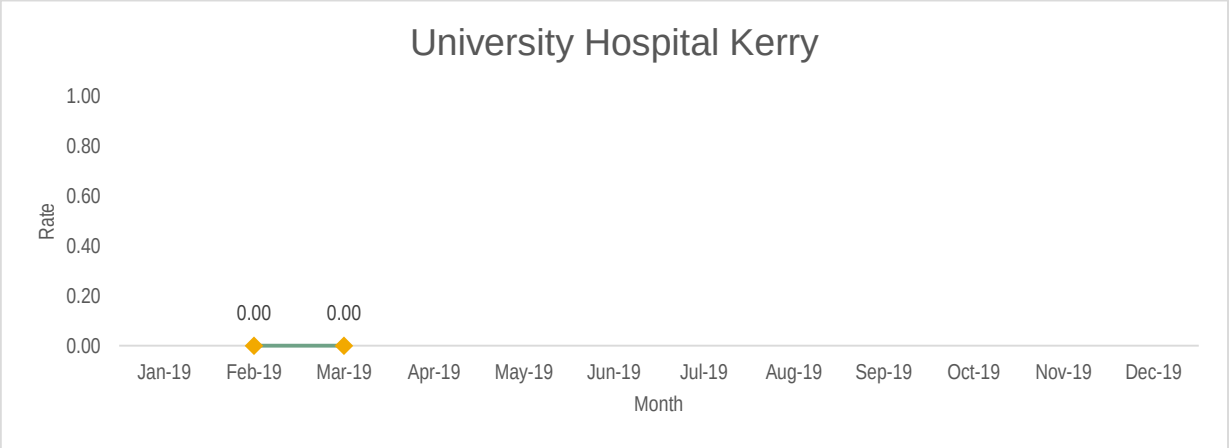
Nil

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:

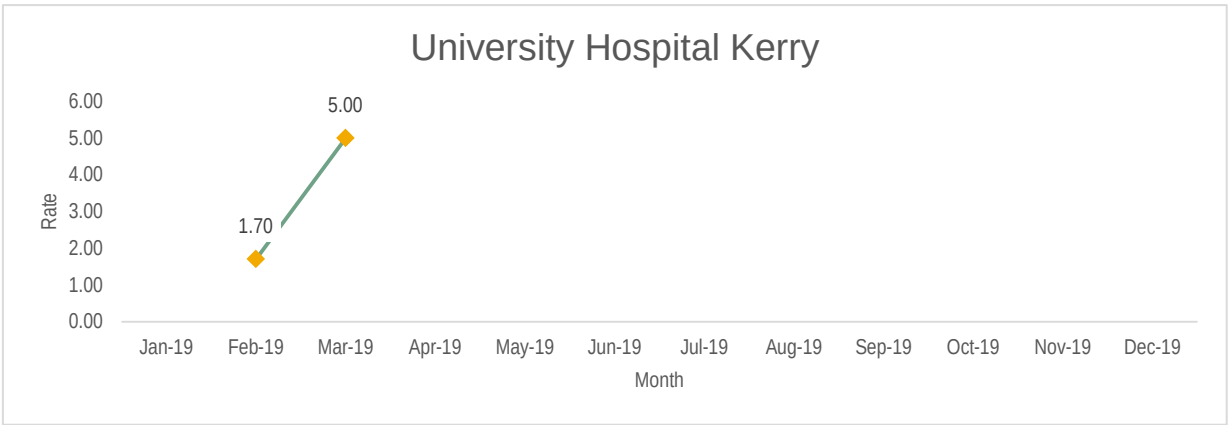
Nil

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:

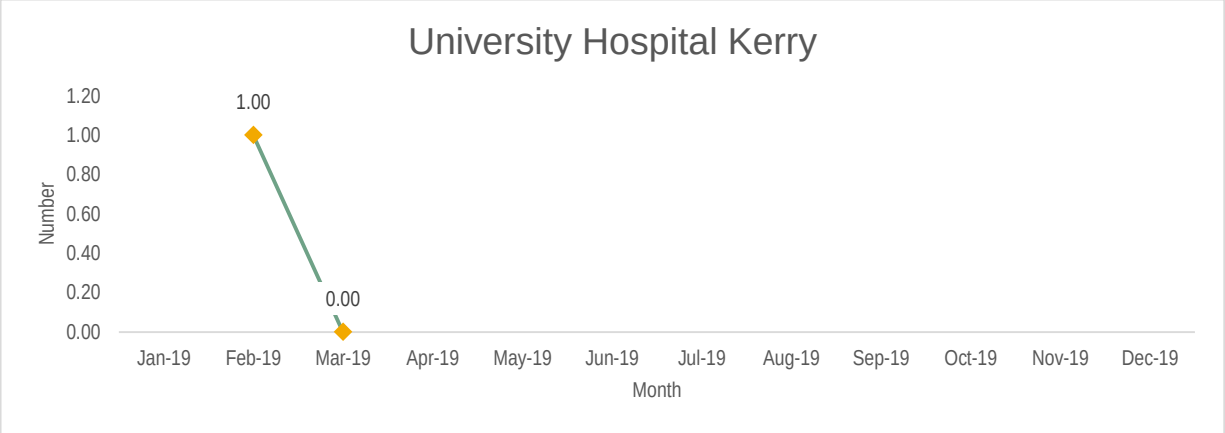
Nil

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, CPEs 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

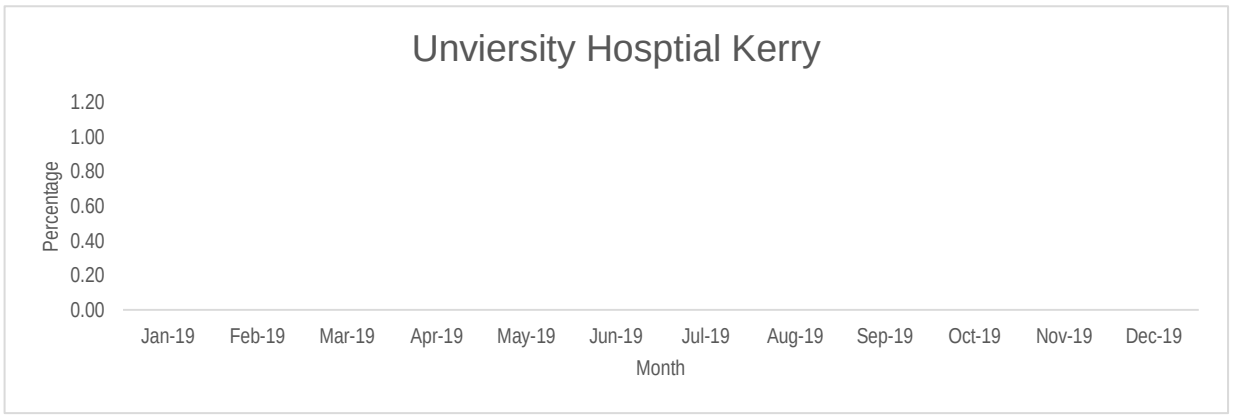


Data Caveats:

Nil

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

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

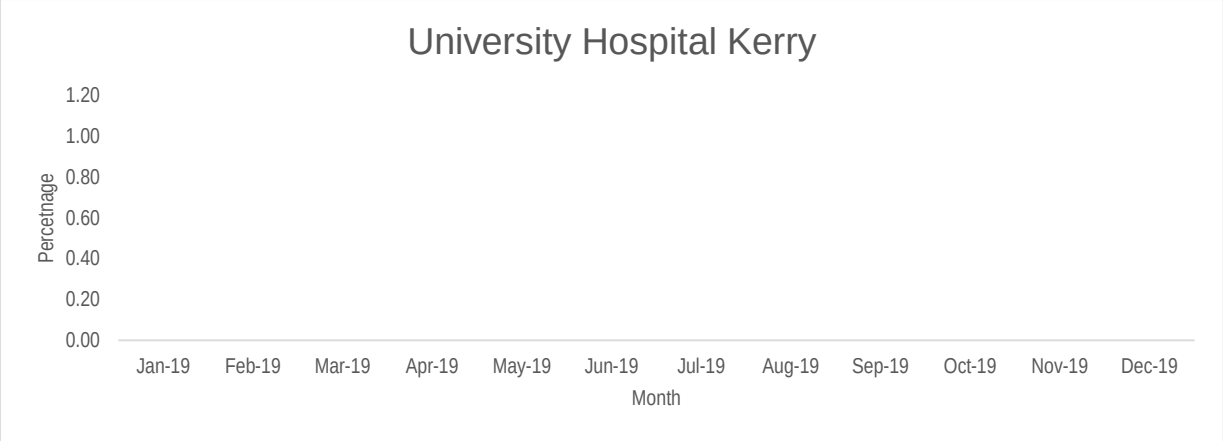


Data Caveats:

-

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

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



Data Caveats:

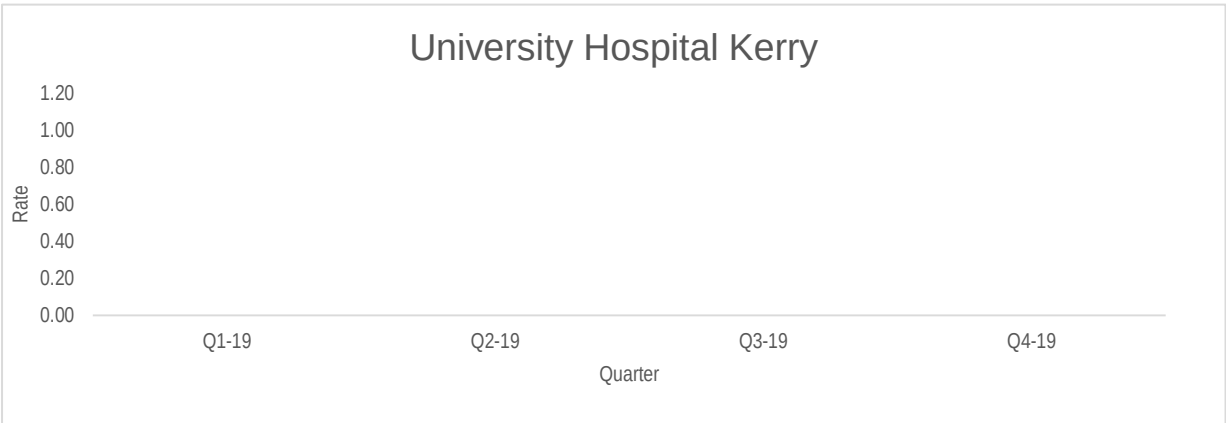
-

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:

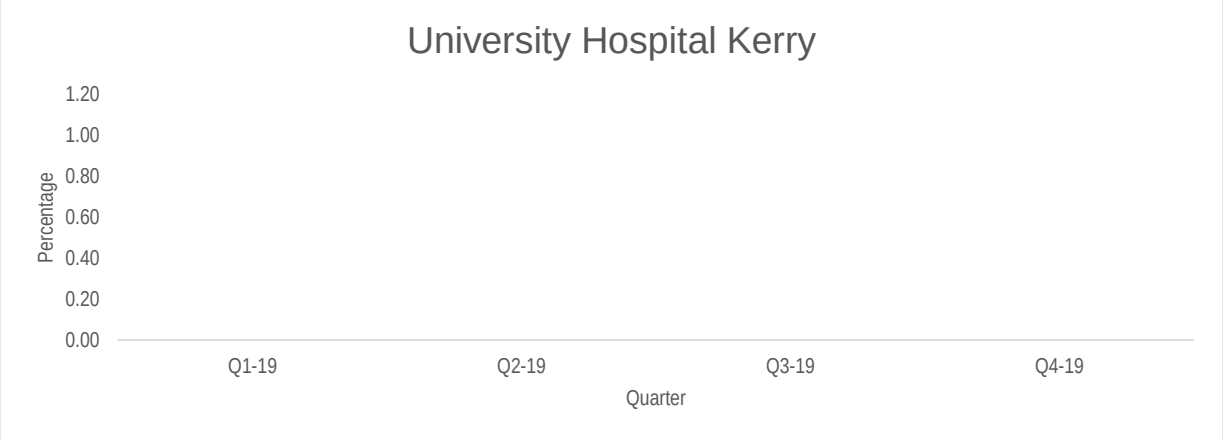
Nil

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:

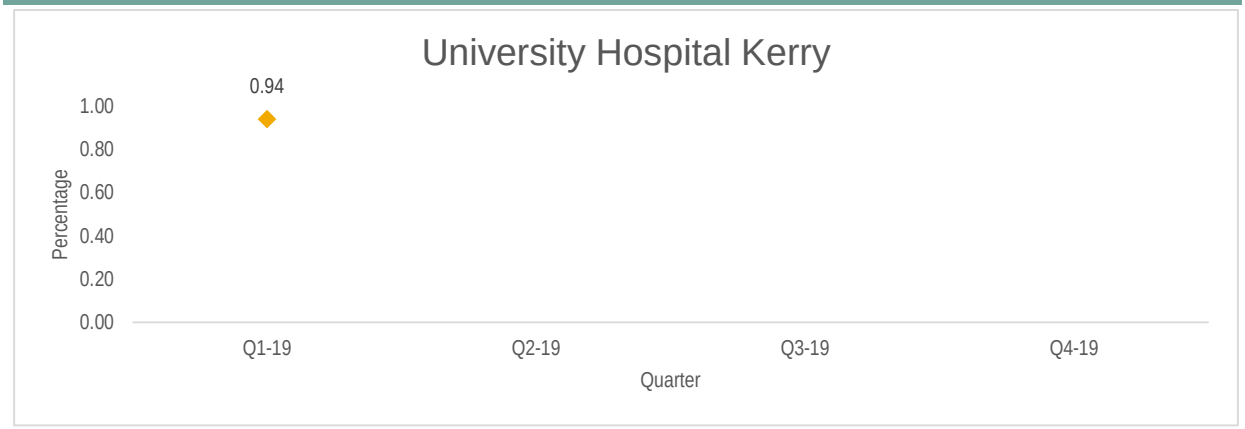
Nil

14. Number of colonoscopies where the terminal ileum / caecum / anastamosis 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:

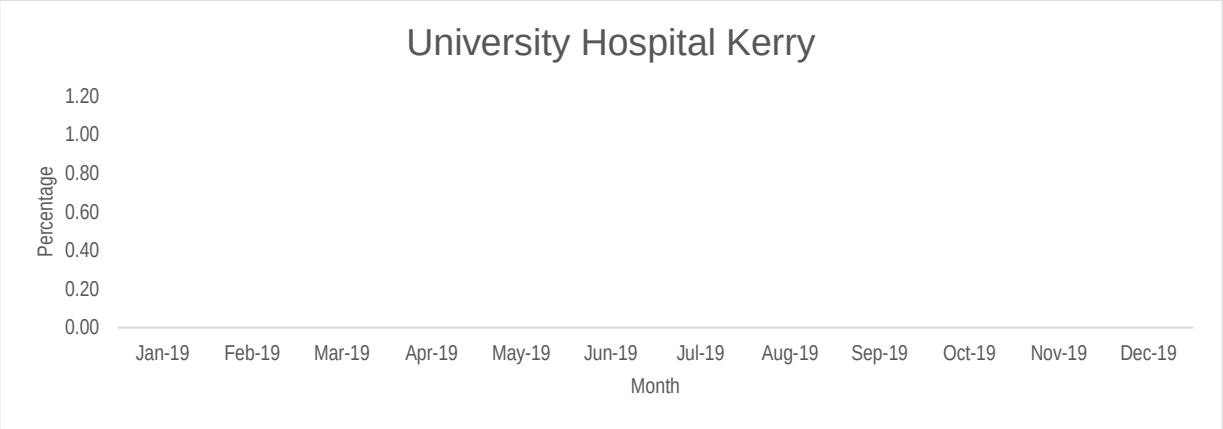
Caecal intubation rates are affected by a number of factors including age, sex, low BMI, bowel cleansing, sedation, diverticular disease and general health status

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:

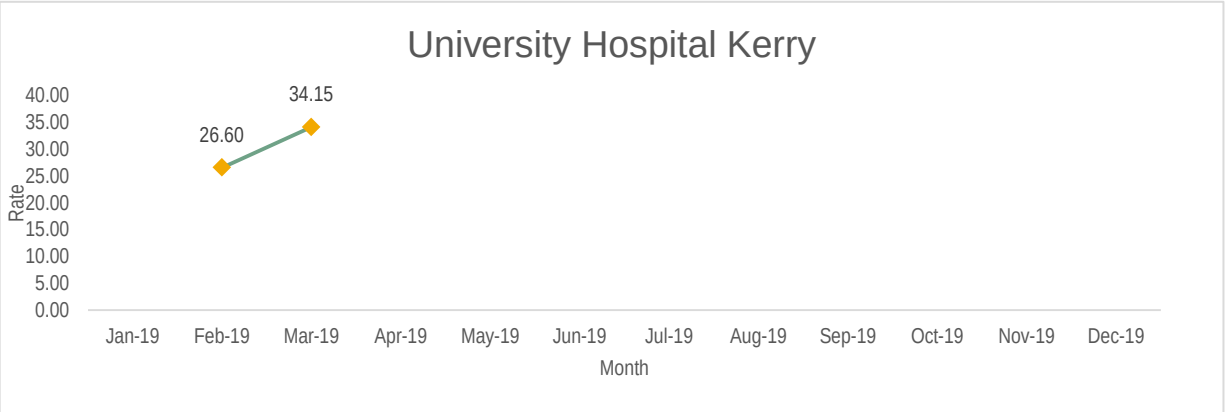
The frequency of intradepartmental consultations may be affected by subspecialisation. A pathologist who is sub-specialised and predominantly reports cases within their particular specialist area may be less likely to require consultation with a colleague

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 postitive 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 12 months 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.

Data Period	Reporting Period	Was there a signal (High SMR and CuSum Breach) in this period?
Q3-17 to Q2-18	Q1 2019	No
Q4-17 to Q3-18	Q2 2019	
Q1-18 to Q4-18	Q3 2019	
Q2-18 to Q1-19	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.

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
- 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

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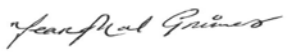
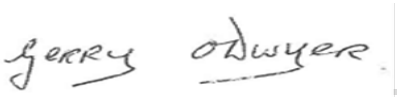
The Hospital Patient Safety Indicator Report for University Hospital Kerry for the month of March 2019 has been discussed at a hospital management meeting by senior management of the hospital and the hospital group, as a core element of clinical governance between the hospital and the hospital group

	Name	Date	Signature
Hospital CEO/GM	Fearghal Grimes	10.06.2019	
Hospital Group CEO	Gerry O'Dwyer	11/06/2019	

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Hospital Patient Safety Indicator Report

South Infirmary - Victoria University Hospital	Reporting Month: Mar-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 HSPIR is collated and verified in good faith, data from the original source may be updated and not reflected in the HSPIR 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 varation 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 and underpinned by standardised definitions.
- The HSPIR should not be considered, nor is aimed to be, a comprehensive overview of patient safety in a hospital or hospital group

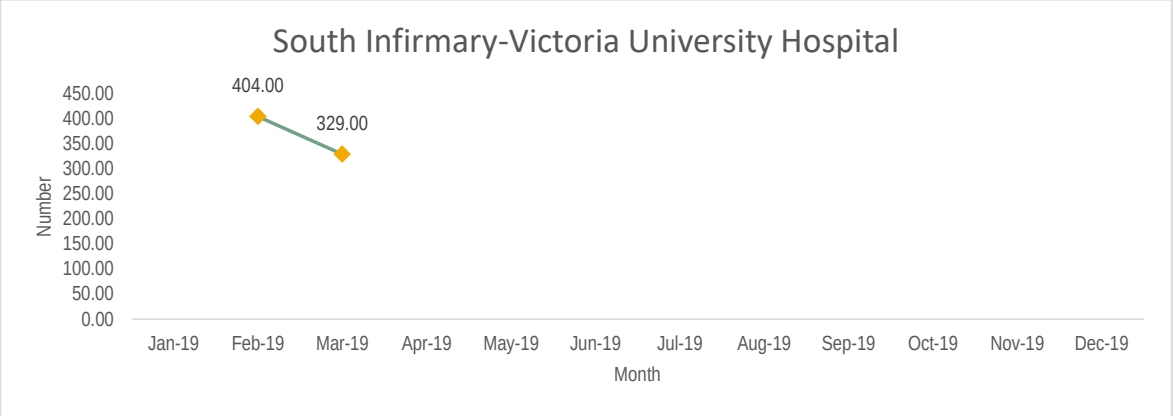
The completion and publication of the HPSIR is, in itself, a performance indicator for each hospital.

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:

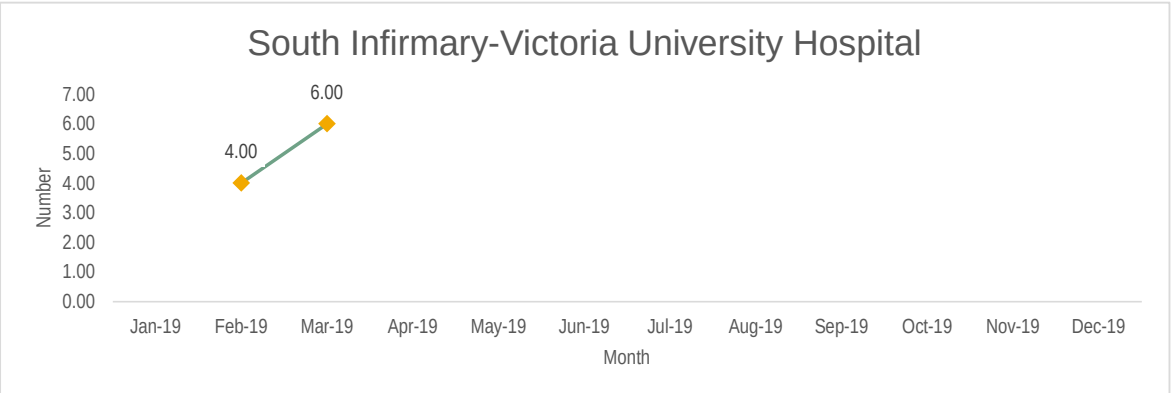
Nil

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:

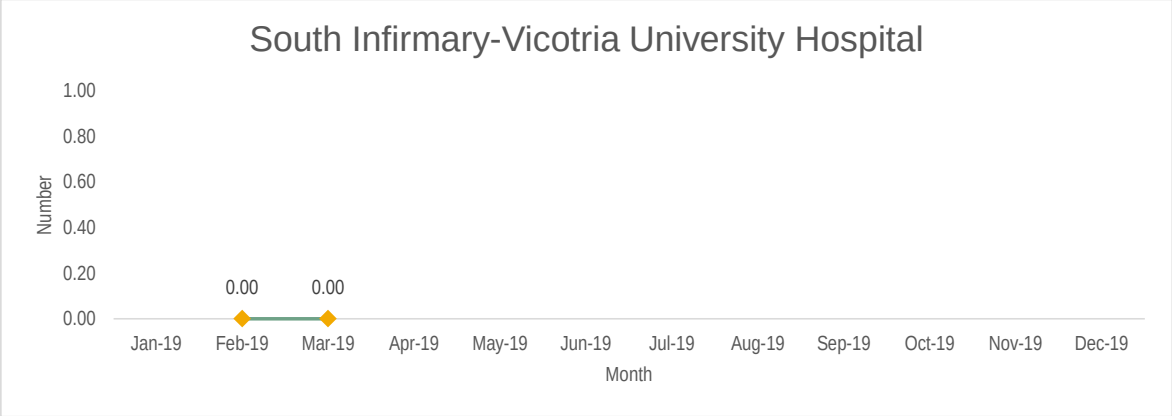
Nil

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:

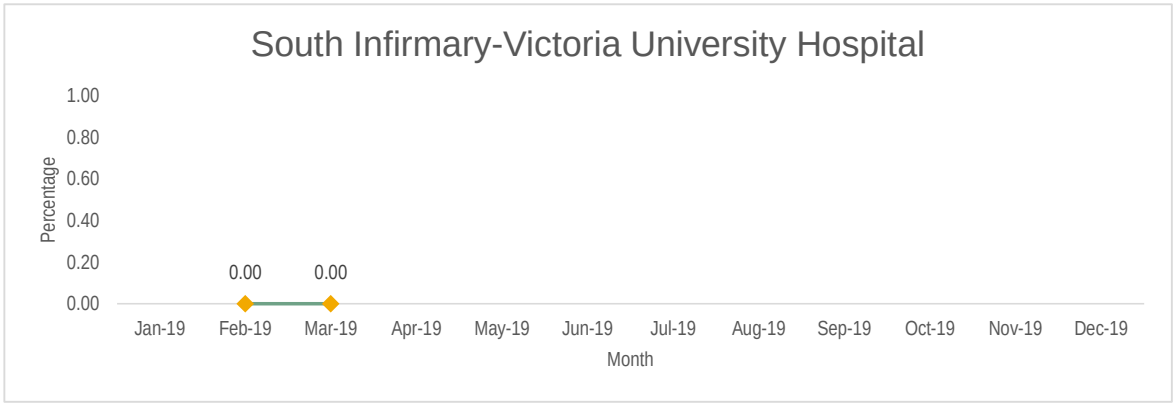
Nil

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:

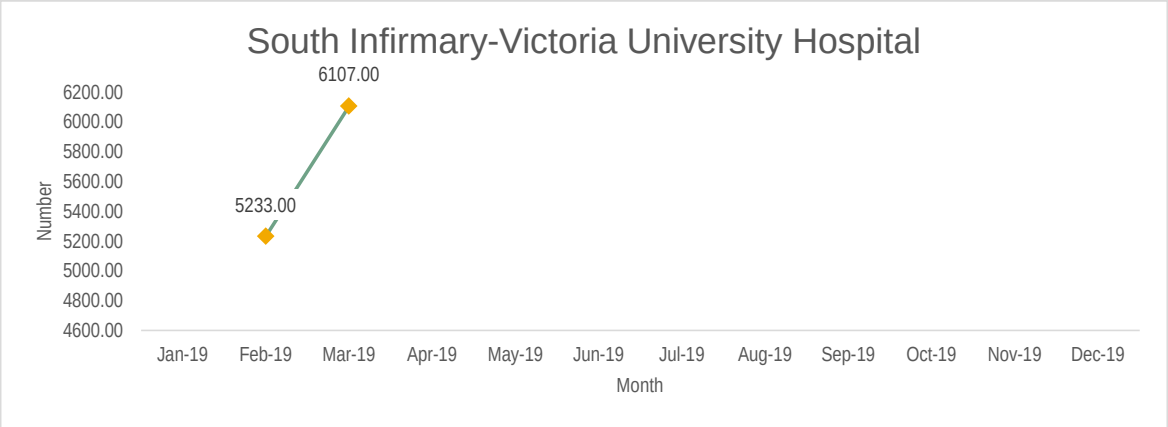
Nil

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:

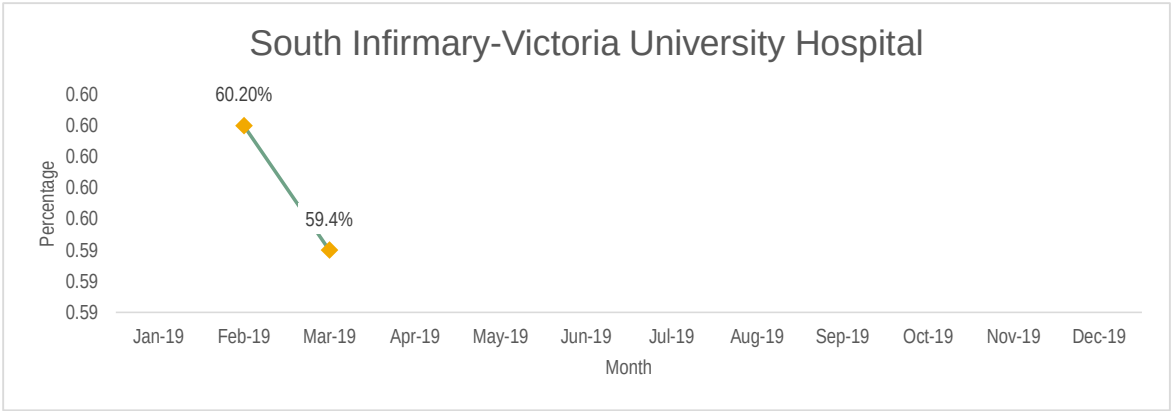
Nil

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:

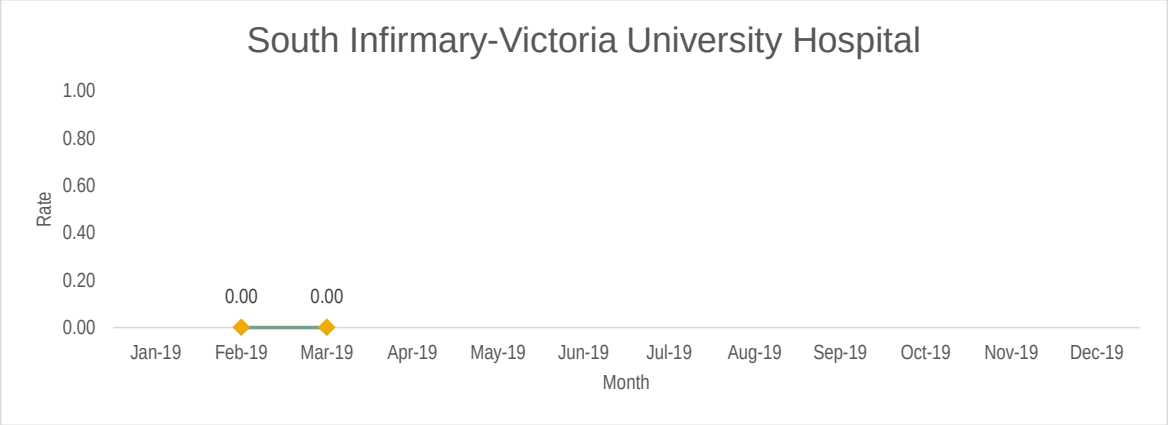
Nil

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:

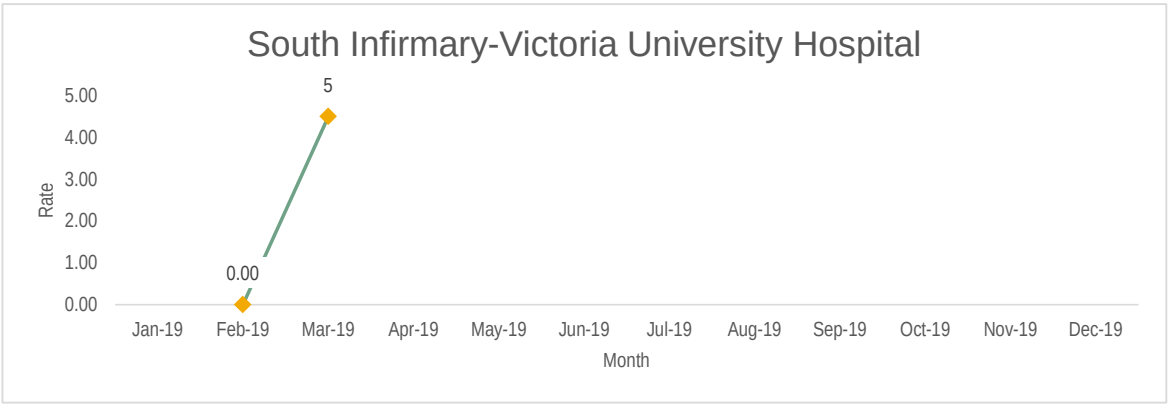
Nil

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:

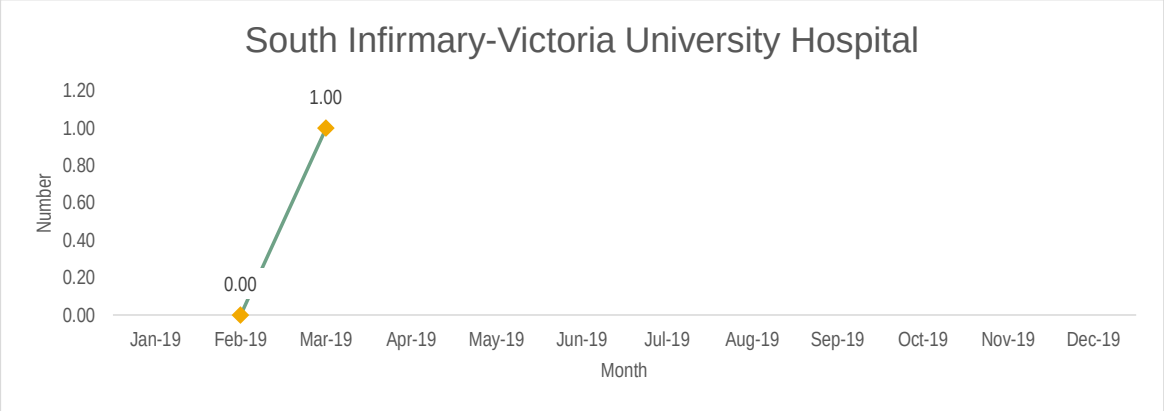
Nil

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, CPEs 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

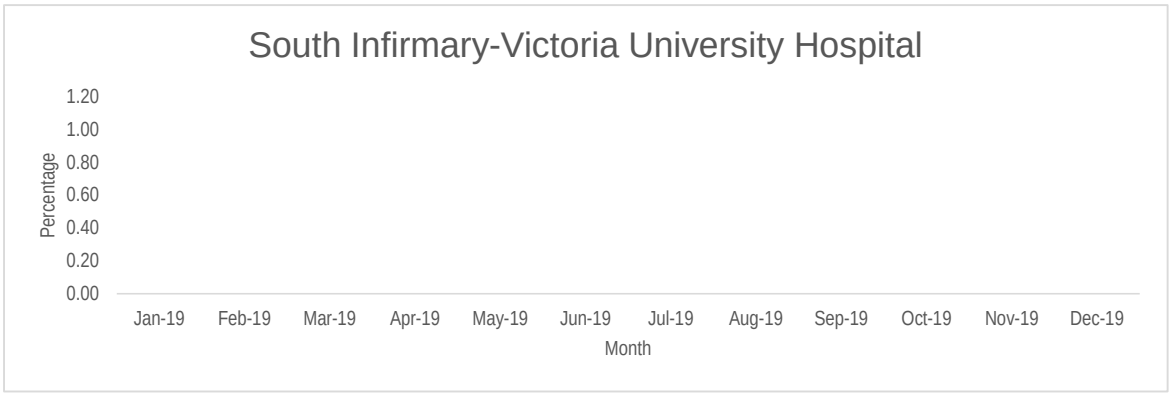


Data Caveats:

Nil

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

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

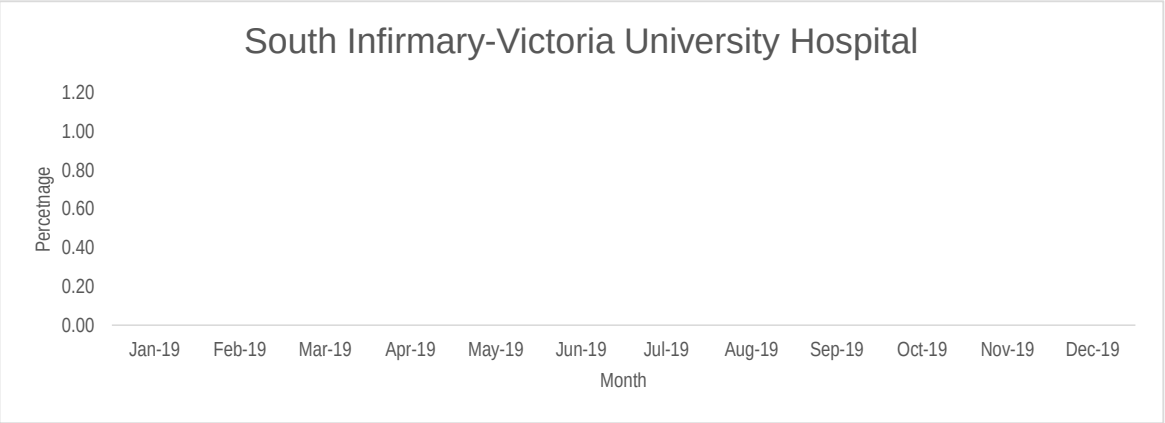


Data Caveats:

-

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

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



Data Caveats:

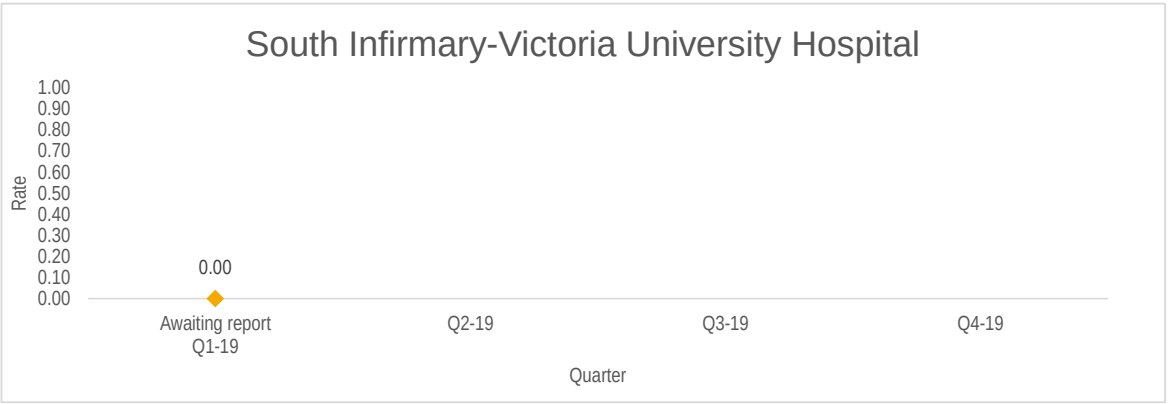
-

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:

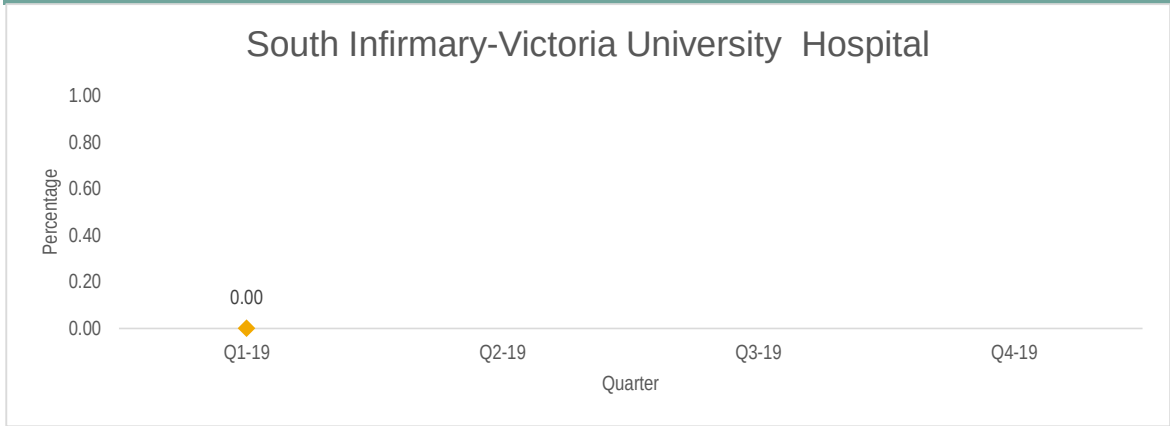
Nil

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:

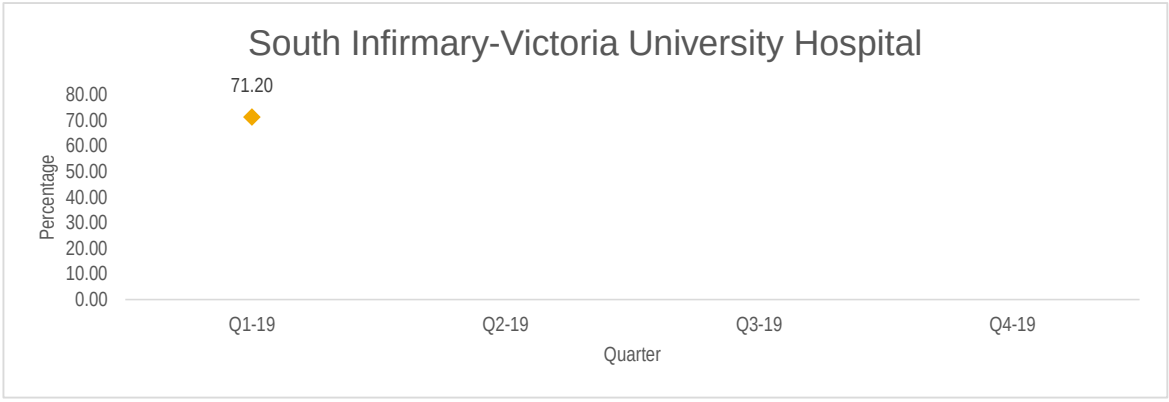
Nil

14. Number of colonoscopies where the terminal ileum / caecum / anastamosis 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:

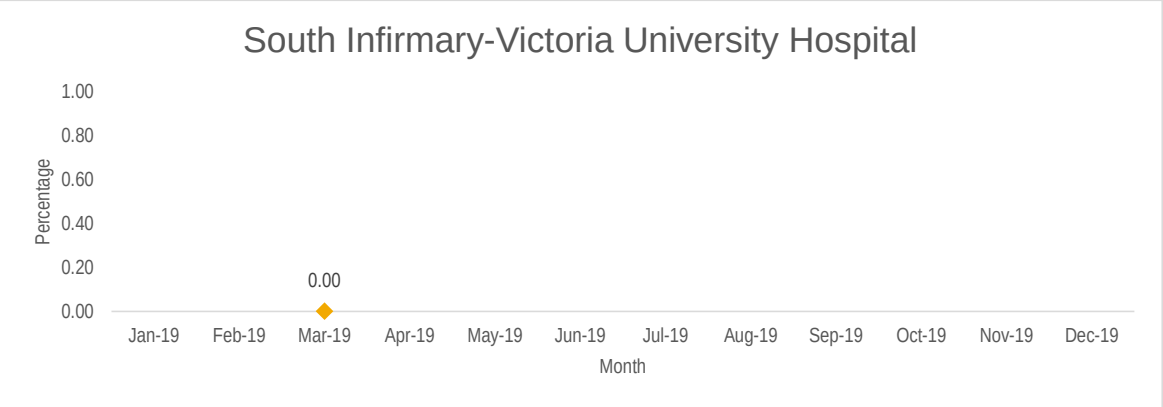
Caecal intubation rates are affected by a number of factors including age, sex, low BMI, bowel cleansing, sedation, diverticular disease and general health status

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%



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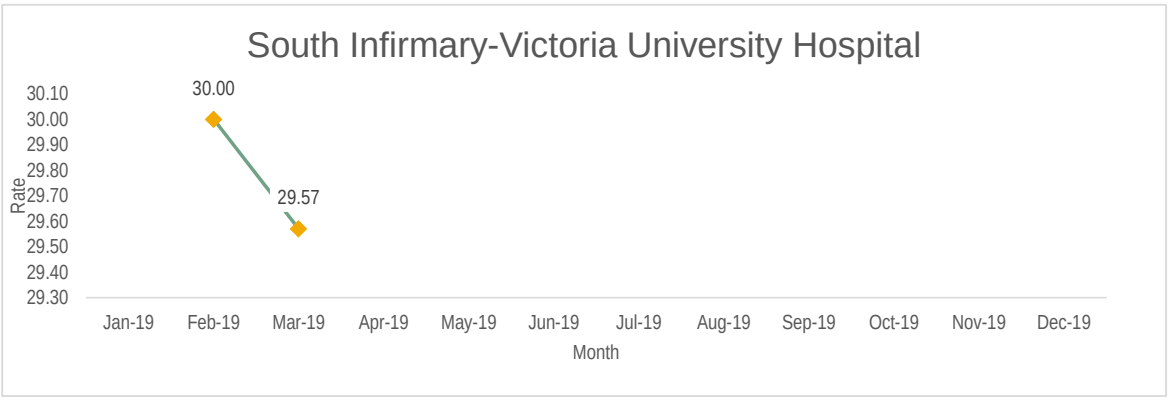
16. Rate of clinical incidents as reported to NIMS per 1000 Bed Days

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 postitive 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 12 months 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.

Data Period	Reporting Period	Was there a signal (High SMR and CuSum Breach) in this period?
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Q1-18 to Q4-18	Q3 2019	
Q2-18 to Q1-19	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.

Data Caveats:

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	Name	Date	Signature
Hospital CEO/GM	Helen Donovan	12/06/2019	
Hospital Group CEO	Gerry O'Dwyer	19/06/2019