



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Hospital Patient Safety Indicator Report

Children's Health Ireland (CHI) at Crumlin

Reporting Month:

Feb-22

Purpose & Context

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

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

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

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

What does
This data re
acute hospit
planning pur
Expected A

Number
860
850
840
830
820
810
800

Data Cavea
Nil

What does
Delayed Tra
documented
quality of ca

Target: The

Number
4
3
3
2
2
1
1
0

Data Cavea
Nil

1 .Number of inpatient discharges

What does this mean for me?

Refers to the number of in-patients, excluding day cases, who were discharged from a publicly funded hospital. This indicator is used to assess quality of care, costs and efficiency, and is also used for health planning purposes.

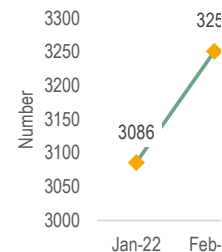
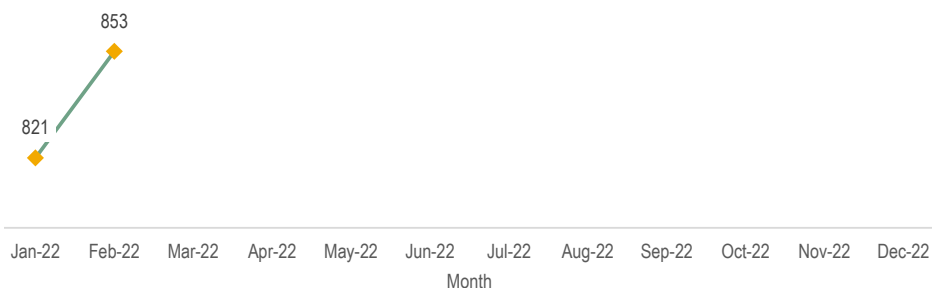
Activity: National (2018): 633,786

What does this mean for me?

Total number of new patient attendances to each hospital. This is an important measure for clinical quality and efficiency of attendances to each hospital.

Expected Activity: National (2018): 633,786

CHI at Crumlin



Notes:

Data Caveats:

Nil

2. Number of beds subject to delayed transfers of care

What does this mean for me?

Transfer of Care: A patient who remains in hospital after a senior doctor (consultant or registrar) has been consulted in the healthcare record that the patient care can be transferred. This indicator is used to assess quality of care, costs and efficiency, and is also used for health planning purposes.

There is no hospital-level target associated with this indicator

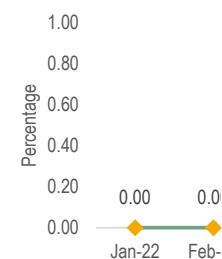
4. Percentage of patients with prolonged durations of stay

What does this mean for me?

Prolonged durations of stay (death) increases after 90 days in a more appropriate setting.

Target: 85%

CHI at Crumlin



Notes:

Data Caveats:

Not applicable to paediatric patients

3. Number of new ED attendances

5. Num

or me?

Patients who present themselves to hospital Emergency Department (ED). It is an clinical audit/governance and planning of services and to measure the unplanned hospital to measure demand on the entire service.

onal (2018): 1,178,977

What does this mean for me?

This data includes both new and return outpatient clinic. Return Attendance: once previously, or as an inpatient or efficiency, and is also used for health

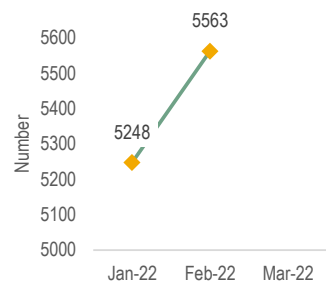
Expected Activity: National (2018):

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51



-22 Mar-22 Apr-22 May-22 Jun-22 Jul-22 Aug-22 Sep-22 Oct-22 Nov-22 Dec-22
Month



Data Caveats:

Nil

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

6. Percentage of pe

or me?

Stay in EDs are associated with poorer patient outcomes. The risk of patient mortality hours total time spent in the ED. Patients waiting more than 9 hours should be cared care setting than an ED.

What does this mean for me?

The % of people waiting less than 12 quality of care, costs and efficiency, a

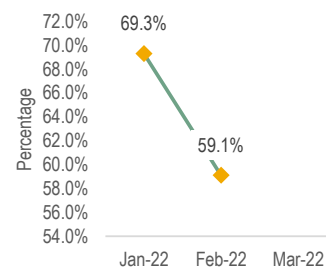
Target: 75%

CHI at Crumlin

10



-22 Mar-22 Apr-22 May-22 Jun-22 Jul-22 Aug-22 Sep-22 Oct-22 Nov-22 Dec-22
Month



Data Caveats:

Nil

trics.

Number of new and return outpatient attendances

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

Number of new and return outpatient attendances. New attendance: first new attendance at a consultant led attendance by a patient who has been treated as an outpatient at least 1 day case. This indicator is used to assess quality of care, costs and planning purposes.

3,337,967

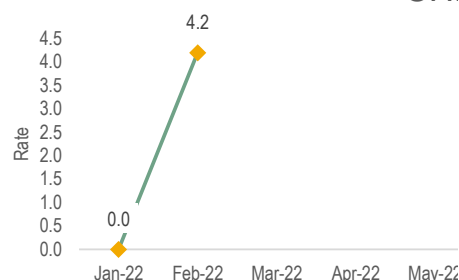
What does this mean for me?

Staphylococcus aureus is a common cause of hospital-acquired infection. The aim of monitoring this indicator is to ensure that rates are within acceptable limits. The aim of monitoring this indicator is to ensure that rates are within acceptable limits. The aim of monitoring this indicator is to ensure that rates are within acceptable limits.

Target: <0.8/10,000 bed days

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Apr-22 May-22 Jun-22 Jul-22 Aug-22 Sep-22 Oct-22 Nov-22 Dec-22
Month



Data Caveats:

Nil

Number of people waiting <52 weeks for first access to OPD services

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

Number of people waiting <52 weeks for first access to OPD services. This indicator is used to assess the impact of waiting times on patient health and is also used for health planning purposes.

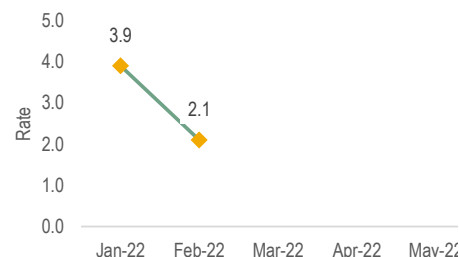
What does this mean for me?

Clostridium difficile is a common cause of hospital-acquired infection. The aim of monitoring this indicator is to ensure that rates are within acceptable limits. The aim of monitoring this indicator is to ensure that rates are within acceptable limits. The aim of monitoring this indicator is to ensure that rates are within acceptable limits.

Target: <2/10,000 bed days

CHI at Crumlin

Apr-22 May-22 Jun-22 Jul-22 Aug-22 Sep-22 Oct-22 Nov-22 Dec-22
Month



Data Caveats:

Nil

red Staphylococcus aureus bloodstream infection

9. Number of new cases

hospital-acquired bloodstream infection. The aim of monitoring is to ensure that rates are within acceptable levels. It is not always possible to have no hospital-acquired infections.

What does this mean for me?

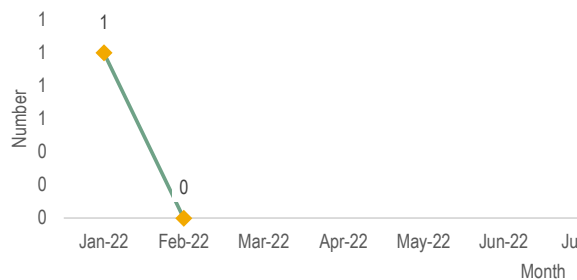
CPE (Carbapenemase Producing Enterobacterales) reported in hospitals, is a relatively new bacteria that is mainly spread through the gut harmlessly in the bowel but can cause very serious infection in some cases. CPE is key to accurate assessment of the situation in hospitals.

Target: There is no target associated with this indicator

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2 Jun-22 Jul-22 Aug-22 Sep-22 Oct-22 Nov-22 Dec-22
Month

CHI at Crumlin



Data Caveats:

Nil

hospital-associated Clostridium difficile

10. If the patient is identified as at risk of falling, nursing in hospital, the patient is identified as at risk of falling

hospital-associated infection. This indicator measures the new cases of hospital-associated diarrhoea in acute care per 10,000 bed days associated diarrhoea in acute care. The aim of monitoring is to ensure that rates are within acceptable levels. It is not always possible to have no Clostridium difficile infections.

What does this mean for me?

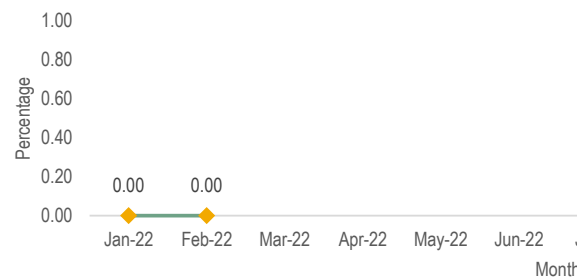
If you are admitted to hospital a nurse will check if you are at risk of falling. If you are at risk of falling the nurse will offer support in a way that suits you. This will be recorded in your notes.

Target: 90%

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2 Jun-22 Jul-22 Aug-22 Sep-22 Oct-22 Nov-22 Dec-22
Month

CHI at Crumlin



Data Caveats:

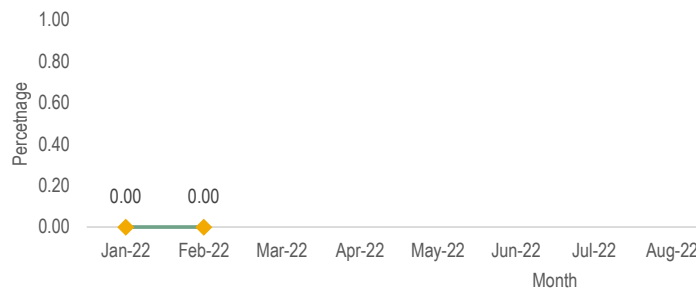
Not applicable to paediatrics.

es of CPE	11. If a patient is identified as at risk (of pressure ulcer), daily skin inspection National Wound Management Guideline
in swabs/faeces or other samples by acute ough acute hospitals. For most people, CPE live some patients. Tracking of the number of new Ireland.	<p>What does this mean for me?</p> <p>If you are admitted to hospital a nurse will check if you are at risk of develop reduce the risk, if present, the nurse will assess your skin at least once dai in your nursing records.</p> <p>Target: 90%</p>

mlin

Jul-22 Aug-22 Sep-22 Oct-22 Nov-22 Dec-22

CHI at Crumlin



Data Caveats:

Not applicable to paediatrics.

Interventions are in place to minimise the risk of	12. Rate of venous thromboembolism (VTE, blood clots) associated with
risk of a fall. In order to reduce an identified risk, documented in your nursing plan of care.	<p>What does this mean for me?</p> <p>Hospital associated venous thromboembolism (VTE, blood clots) is commo to 70% may be preventable. Assessing patients' risk of VTE and bleeding prevention for them early in their hospital admission reduces their risk of de</p> <p>Target: There is no target associated with this indicator</p>

mlin

Jul-22 Aug-22 Sep-22 Oct-22 Nov-22 Dec-22

CHI at Crumlin



Data Caveats:

Not applicable to paediatrics.

tions have been recorded, as per the
s?

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

oping a pressure ulcer. In order to
y and document, date/time and sign

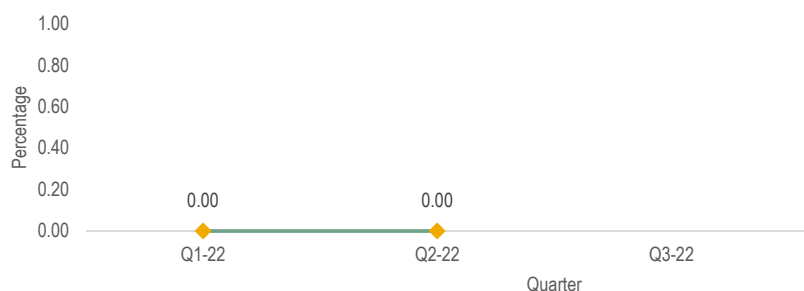
What does this mean for me?

It is recognised that minimising the time between admission to hospital and performance with a hip fracture results in better outcomes for patients. Though not all patients who ex will be suitable for immediate surgery (for example, because of other medical conditions stabilised prior to surgery).

Target: 85%

2 Sep-22 Oct-22 Nov-22 Dec-22

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Data Caveats:

Not applicable to paediatrics.

ated with hospitalisation

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

on cause of harm to patients, and up
and choosing the appropriate VTE
developing a blood clot.

What does this mean for me?

Intubation of the caecum indicates the completeness of a colonoscopy. As the caecum is the first part of the large intestine, reaching (or intubating) it shows that the scope has passed through the entire colon.

Target: 90%

Mar-22 Apr-22 May-22 Jun-22

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Data Caveats:

Not applicable to paediatrics.

assessment

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

What does this mean for me?

of surgery for patients
experience a hip fracture
s which may need to be

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 case prior to authorisation of the final report.

Target: 3%

Q4-22

CHI at Crumlin



Data Caveats:

Not applicable to paediatrics.

en reached expressed as

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

What does this mean for me?

is the final part of the
lon and got to the end.

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

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

Q4-22

CHI at Crumlin



Data Caveats:

Nil

17. Has there been a mortality statistical outlier?

What does this mean for me?
This indicator assures patients that mortality data is being monitored in hospitals. A high standardised mortality ratio (SMR) and breached CuSum control limit 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. A CuSum is a control chart which is a statistical tool for detecting small sequential changes in the difference between the actual deaths and the expected deaths in hospital over time. It does not necessarily mean that there are more patients dying than there should be.

Expected Activity: Continual monitoring of mortality by hospitals.

Date Periods			Has there been a mortality statistical outlier?
Oct 2020 to Sep 2021	AND	Jan 2021 to Dec 2021	0
Jan 2021 to Dec 2021	AND	Apr 2020 to Mar 2021	0
Apr 2021 to Mar 2022	AND	Jul 2021 to Jun 2022	0
Jul 2021 to Jun 2022	AND	Oct 2021 to Sep 2022	0

If there is both a high SMR (red) and breached CuSUM limit (red) 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. 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 activity, patient profile and complexity of each hospital can differ significantly

The Hospital Patient Safety Indicator Report for (CHI at Crumlin) for the month of (February 2022) 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	Prof Sean Walsh	21/05/2022	
Hospital Group CEO	Eilish Hardiman	28/05/2022	
Hospital Group Chief Clinical Director	Delete as required	Delete as required	Delete as required
Hospital Group Chief Director of Nursing	Delete as required	Delete as required	Delete as required