



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Hospital Patient Safety Indicator Report

CHI at Tallaght

Reporting Month:

Dec-21

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 hospital groups. Different hospitals specialise in treating patients with different and sometimes much more complex care needs, making comparisons between hospitals ineffective.
- Like all indicators, the data should be interpreted with caution as there is natural variation between months which is influenced by case complexity
- While all hospitals collect a large range of data on an ongoing basis, these metrics have been selected on the basis that they are robust, relevant and underpinned by standardised definitions.
- The HPSIR should not be considered, nor is aimed to be, a comprehensive overview of patient safety in a hospital or hospital group

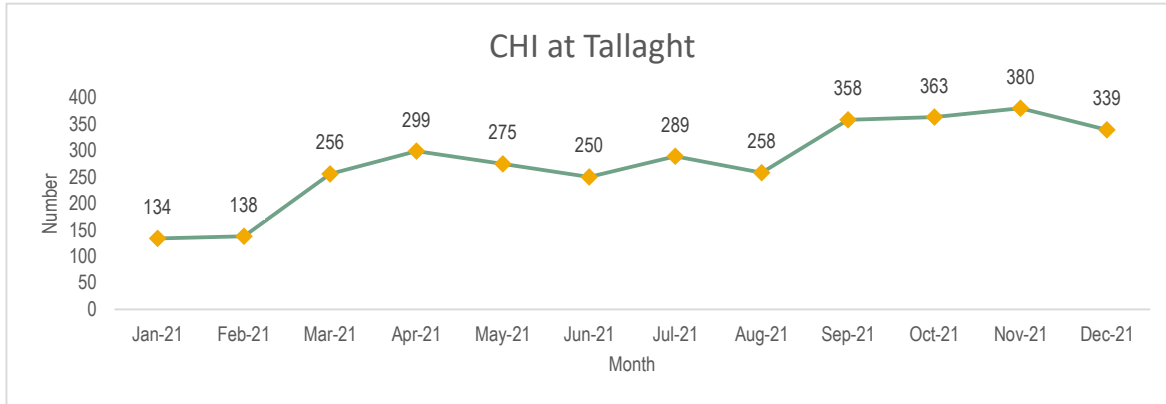
The completion and publication of the HPSIR is, in itself, a performance indicator for each hospital.

1 .Number of inpatient discharges

What does this mean for me?

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

Expected Activity: National (2018): 633,786



Data Caveats:

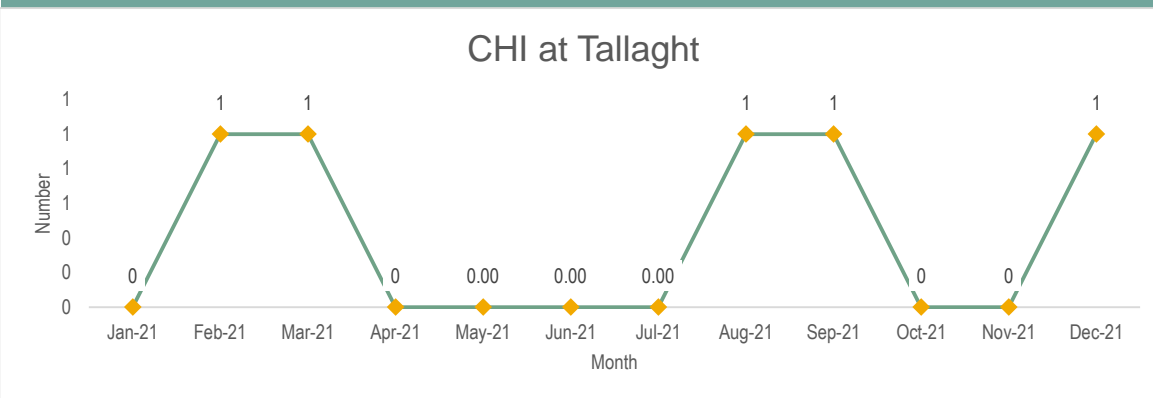
2021 figures updated in January 2022 (reporting month November 2021) following backloading and validation of data after the cyber-attack.

2. Number of beds subject to delayed transfers of care

What does this mean for me?

Delayed Transfer of Care: A patient who remains in hospital after a senior doctor (consultant or registrar) has documented 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.

Target: There is no hospital-level target associated with this indicator



Data Caveats:

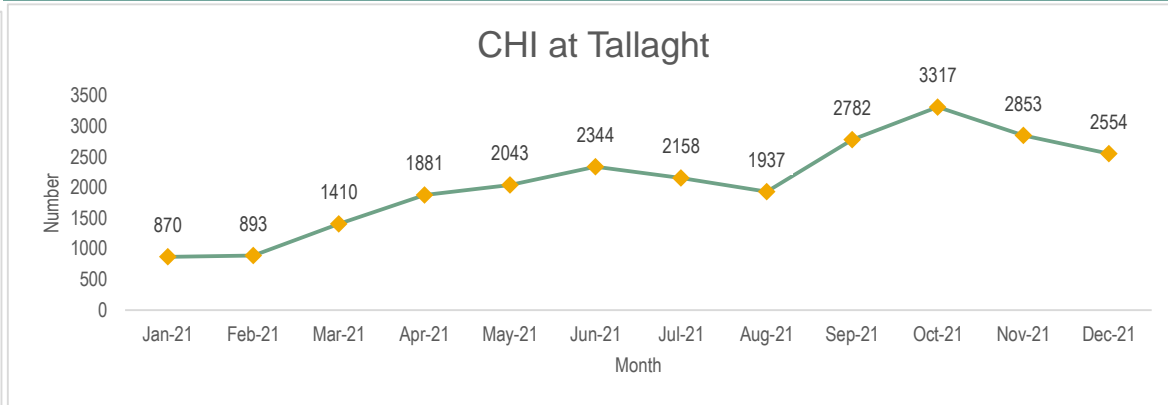
As per HSE Acute BIU: Due to the unavailability of the DTOC system post cyber-attack we are unable at this time to retrospectively produce an accurate National number of DTOC's between 11th May and 31st August. Likewise, year to date DTOC numbers and Bed days lost that appear in the remaining reports of 2021 may not be accurate for the period reporting has been down and will be subject to change.

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:

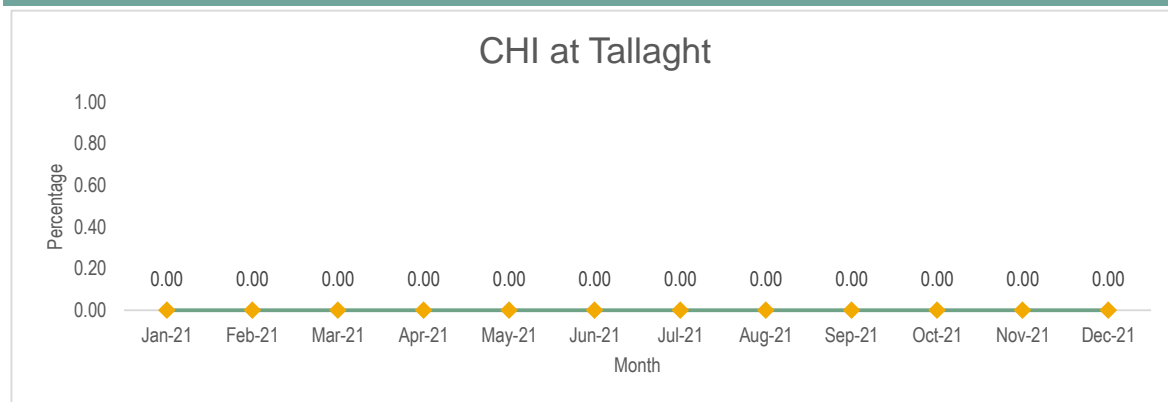
2021 figures updated in January 2022 (reporting month November 2021) following backloading and validation of data after the cyber-attack.

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: 85%

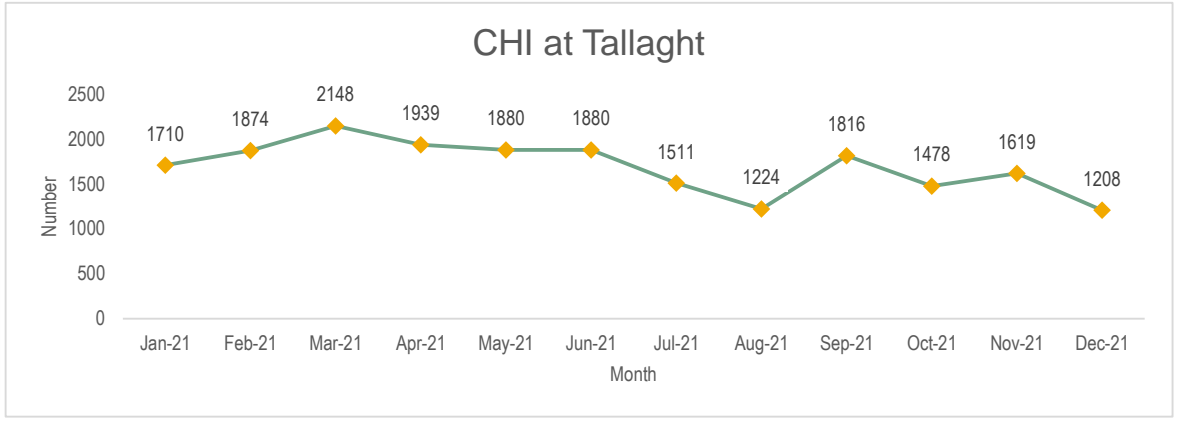


Data Caveats:

Nil

5. Number of new and return outpatient attendances

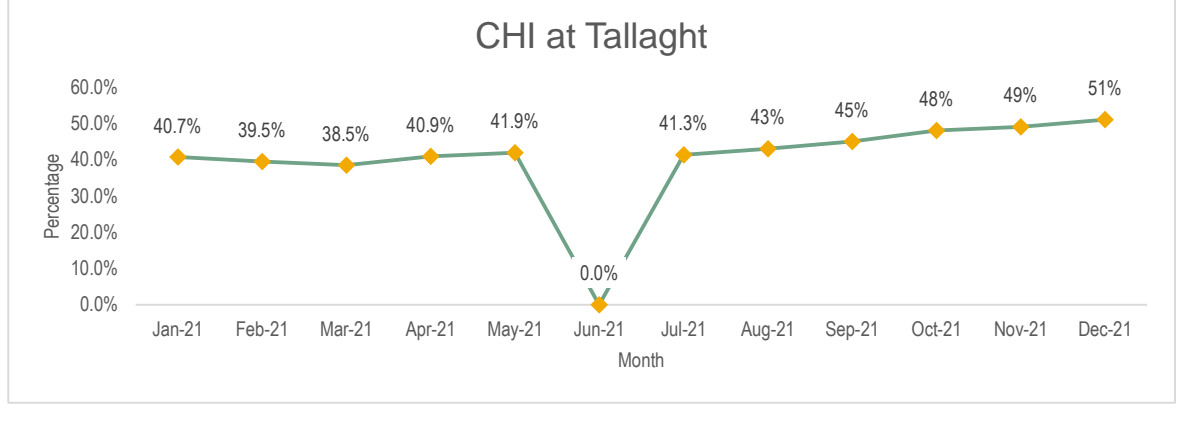
What does this mean for me?
 This data includes both new and return attendances. New attendance: first new attendance at a consultant led outpatient clinic. Return Attendance: attendance by a patient who has been treated as an outpatient at least once previously, or as an inpatient or day case. This 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:
 2021 figures updated in January 2022 (reporting month November 2021) following backloading and validation of data after the cyber-attack. Figures include face-to-face and virtual attendances.

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: 75%



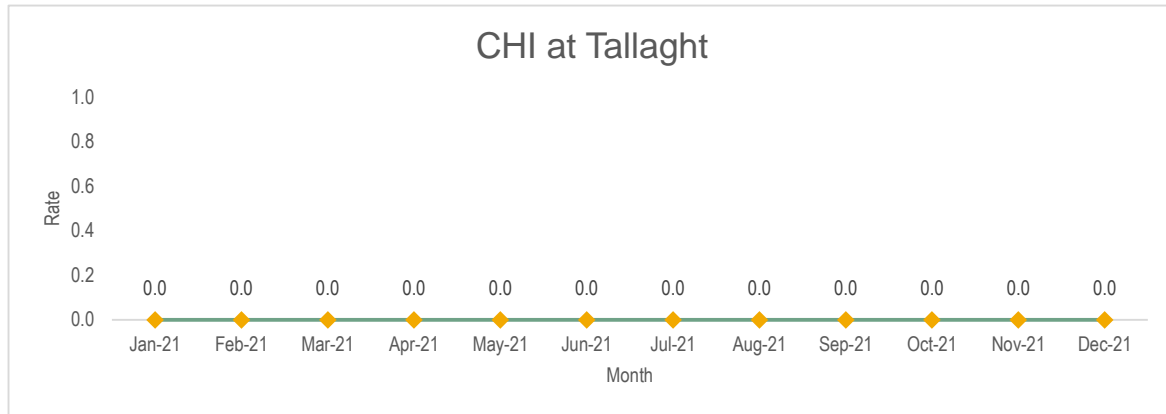
Data Caveats:
 Data for April, May, July 2021 added in February 2022 (reporting month December 2021)
 Data missing June 2021 as a result of the cyberattack; these figures are at a point in time and no reports were sent to the NTPF to capture this data during the cyber attack.

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: <0.8/10,000 bed days



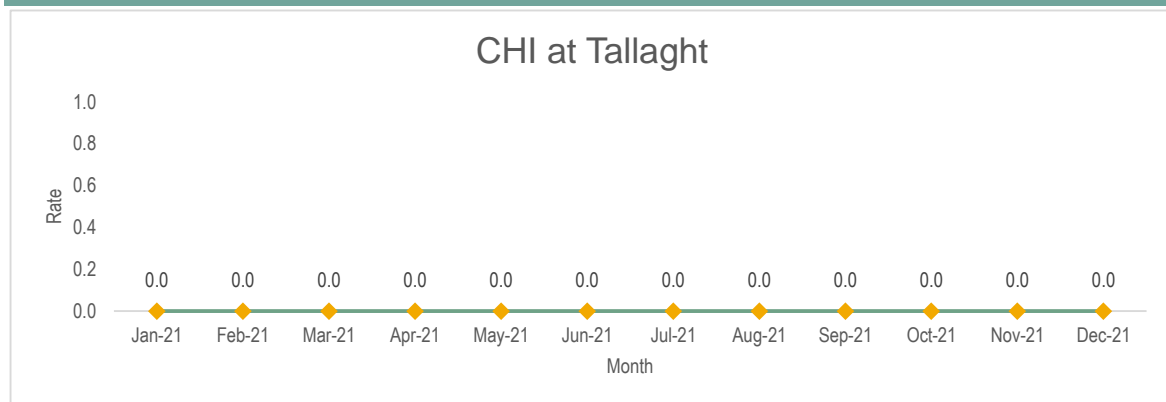
Data Caveats:

8. Rate of new cases of hospital-associated Clostridium difficile

What does this mean for me?

Clostridium difficile is a common cause of hospital-associated 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-associated clostridium difficile infections.

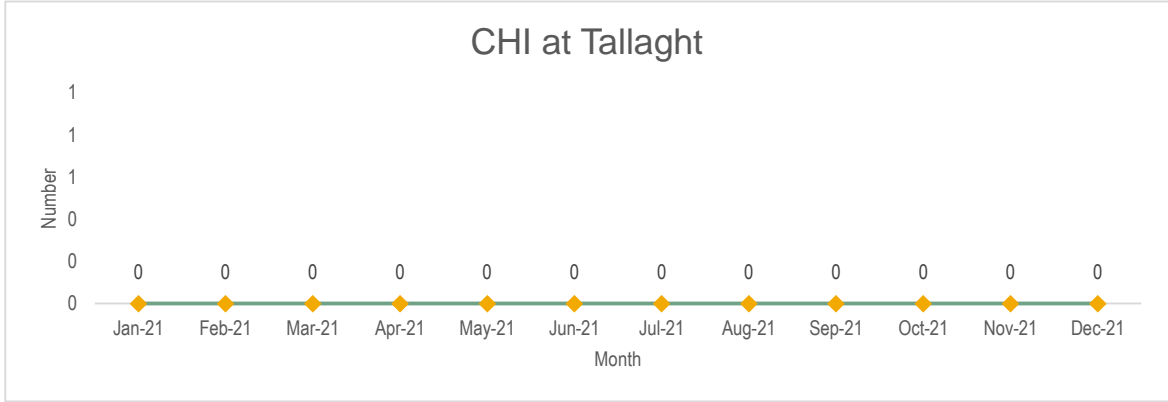
Target: <2/10,000 bed days



Data Caveats:

9. Number of new cases of CPE

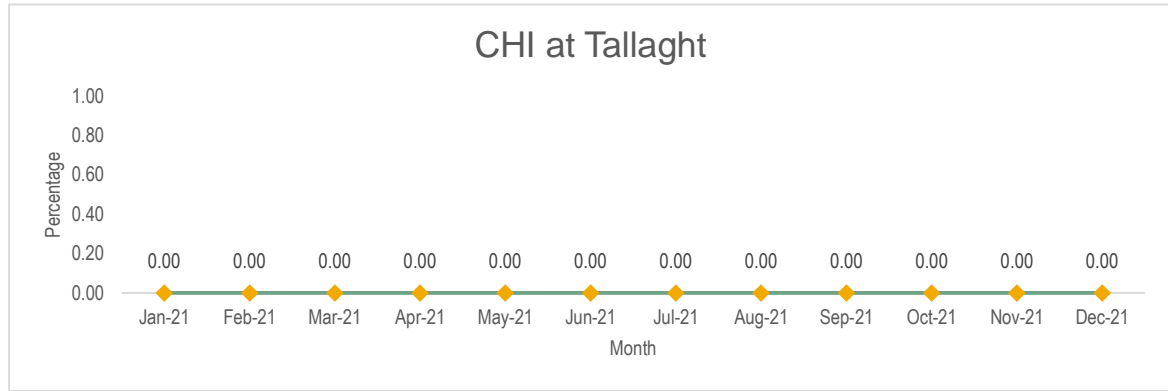
What does this mean for me?
 CPE (Carbapenemase Producing Enterobacterales) reported in swabs/faeces or other samples by acute hospitals, is a relatively new bacteria that is mainly spread through acute hospitals. For most people, CPE live harmlessly in the bowel but can cause very serious infection in some patients. Tracking of the number of new cases of CPE is key to accurate assessment of the situation in Ireland.
Target: There is no target associated with this indicator



Data Caveats:

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

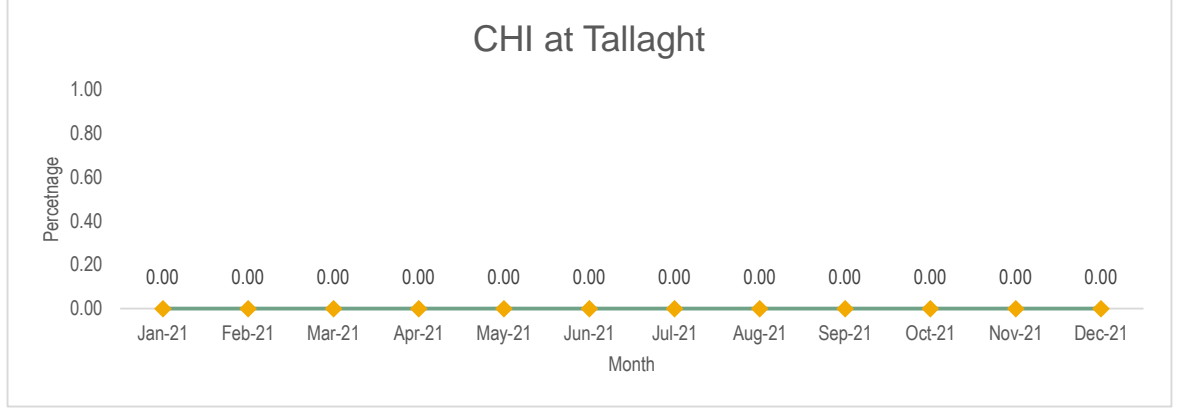
What does this mean for me?
 If you are admitted to hospital a nurse will check if you are at risk of a fall. In order to reduce an identified risk, the nurse will offer support in a way that suits you. This will be documented in your nursing plan of care.
Target: 90%



Data Caveats:
 Not applicable to paediatrics

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

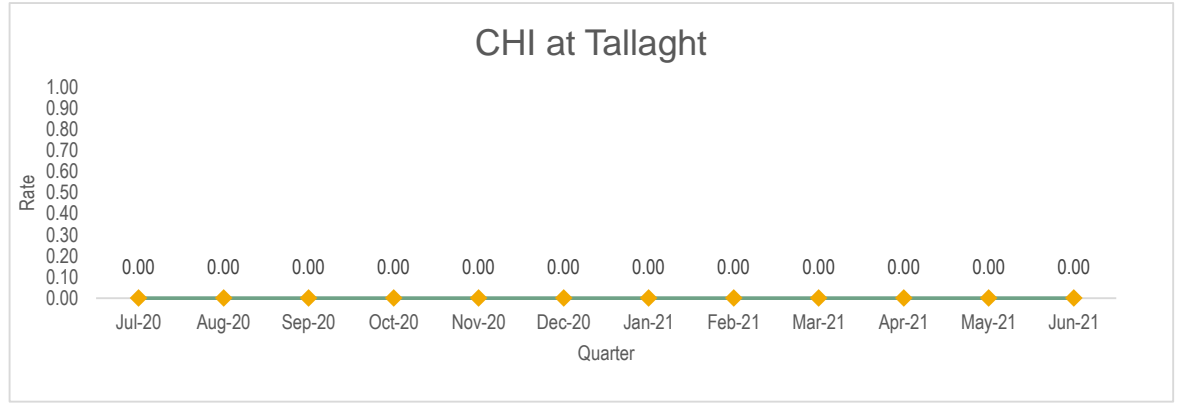
What does this mean for me?
 If you are admitted to hospital a nurse will check if you are at risk of developing a pressure ulcer. In order to reduce the risk, if present, the nurse will assess your skin at least once daily and document, date/time and sign in your nursing records.
Target: 90%



Data Caveats:
 Not applicable to paediatrics

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



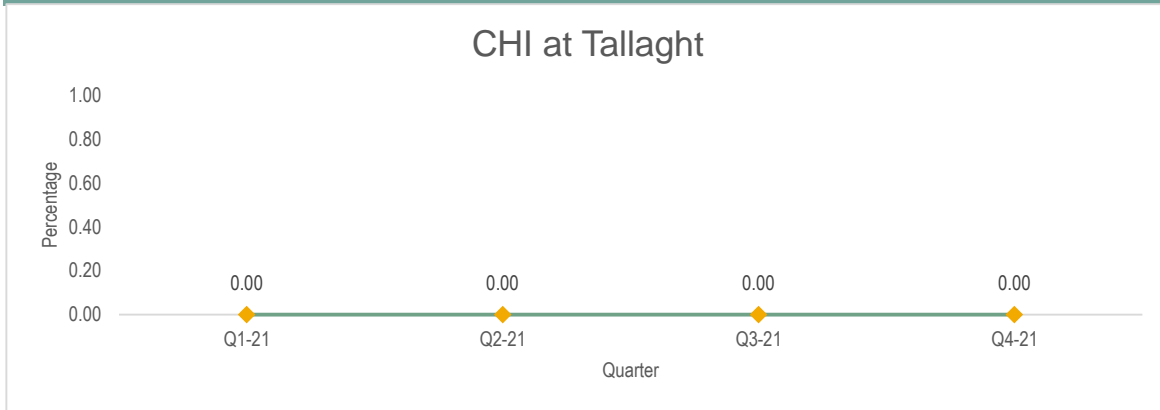
Data Caveats:
 Not applicable to paediatrics

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:

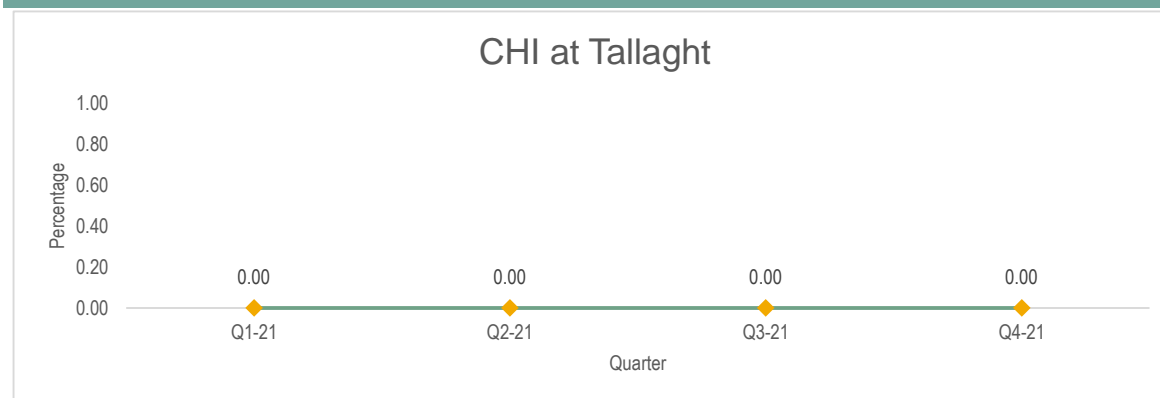
Not applicable to paediatrics

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

What does this mean for me?

Intubation of the caecum indicates the completeness of a colonoscopy. As the caecum is the final part of the colon, reaching (or intubating) it shows that the scope has passed through the entire colon and got to the end.

Target: 90%

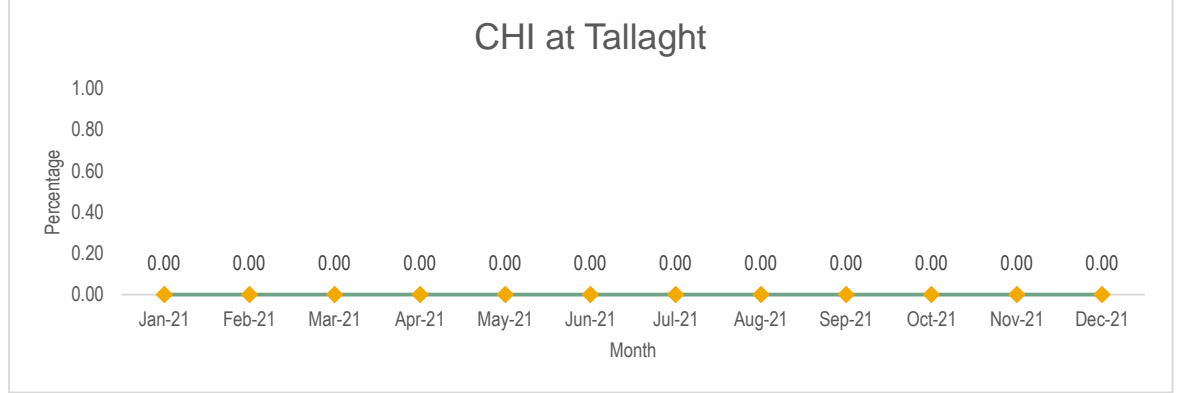


Data Caveats:

Not applicable to paediatrics

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

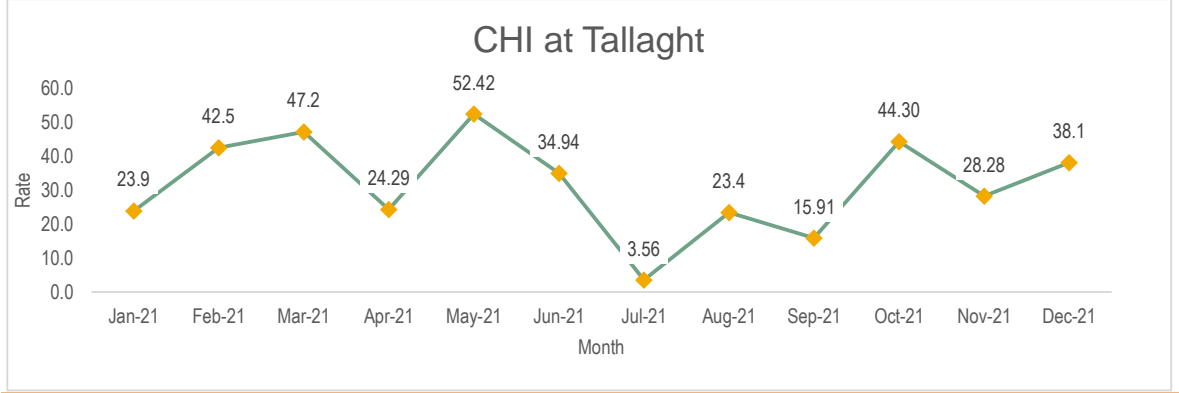
What does this mean for me?
 Intradepartmental Consultation (IDC) occurs when a consultant pathologist seeks a second opinion from another consultant pathologist within their department or within their regional hospital network on a particular case prior to authorisation of the final report.
Target: 3%



Data Caveats:
 Not applicable to paediatrics

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

What does this mean for me?
 An incident is an event or circumstance which could have, or did lead to unintended and/or unnecessary harm (IMF 2018). Higher reporting rates reflect a positive safety culture.
Expected Activity: The rate of clinical incidents reported to NIMS per 1000 bed days from July 2016 to June 2018 was 14.80 per 1000 bed days (Range: 5.80 to 48.0 per 1000 bed days)



Data Caveats:
 Tallaght data has been updated for July, August and September 2021 since CHI Incidence Management took over process of uploading to system but we now recommend a look back at all data to October 2019. Bed days utilised estimated for April-July 2021 as a result of the cyber-attack. Actual bed days utilised from September 2021. Decrease is a reflection of the establishment of categories following change to use of NIMS. October 2021 data

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 2019 to Sep 2020	AND	Jan 2020 to Dec 2020	No
Jan 2020 to Dec 2020	AND	Apr 2020 to Mar 2021	No
Apr 2020 to Mar 2021	AND	Jul 2020 to Jun 2021	No
Jul 2020 to Jun 2021	AND	Oct 2020 to Sep 2021	No



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:

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 Tallaght) for the month of (December 2021) 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	Dr Ike Okafor	09/03/2022	
Hospital Group CEO	Eilish Hardiman	10/03/2022	
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