Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Hospital Patient Safety Indicator Report

Hospital Name: Tallaght University Hospital	Reporting Month: Feb-21

Purpose & Context

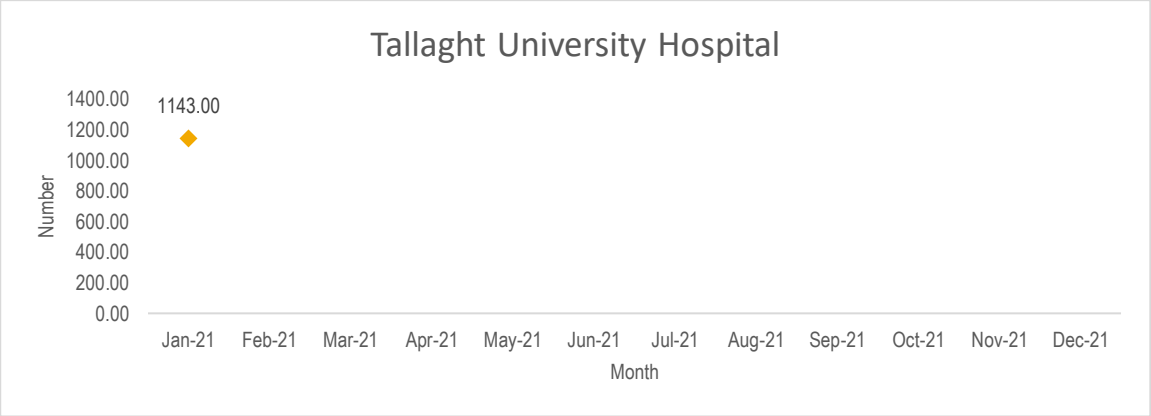
The aim of the Hospital Patient Safety Indicator Report (HPSIR) is to assure the public that the indicators selected and published for this report are monitored by senior management of both the hospital and hospital group as a key component of clinical governance.

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 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

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

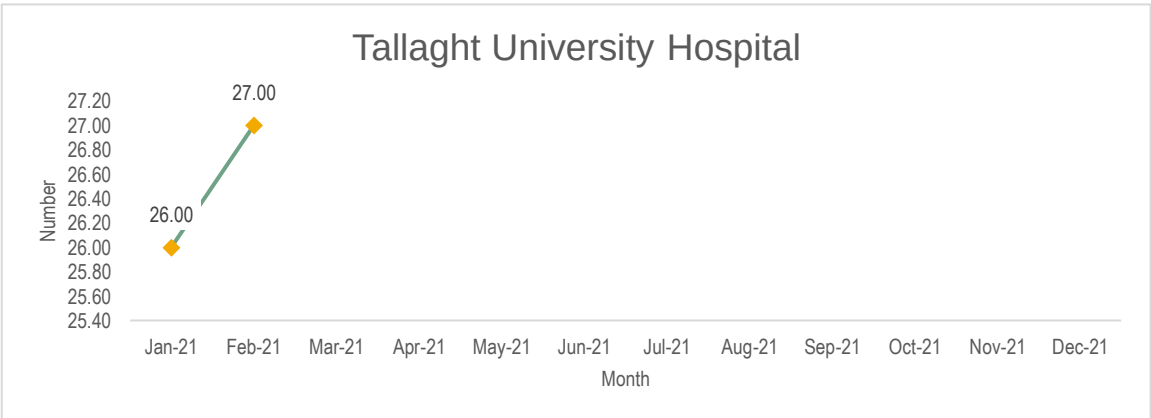


Data Caveats:
Nil

2. Number of beds subject to delayed 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 trasnferred. 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

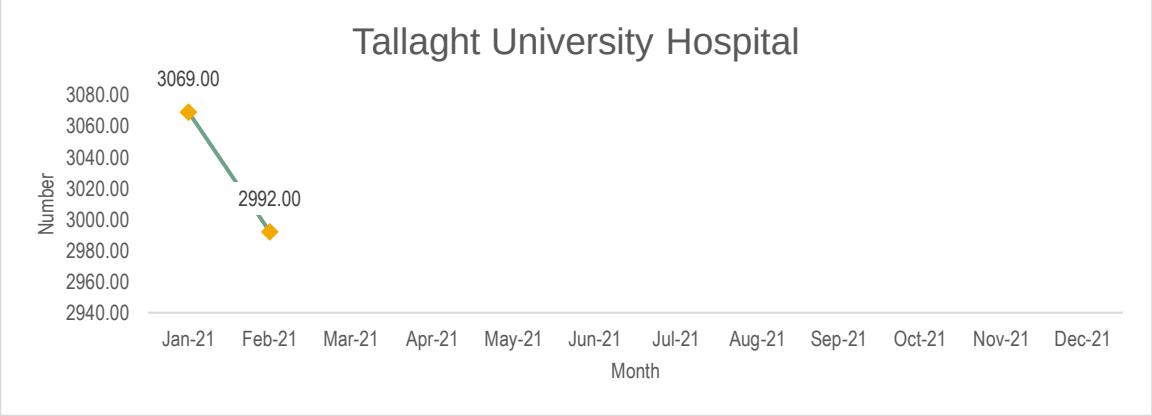


Data Caveats:
Nil

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

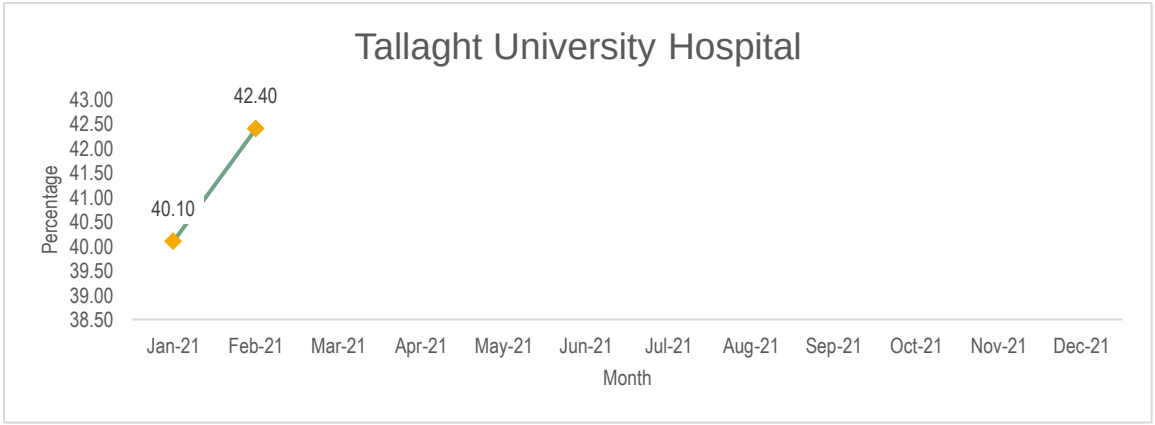


Data Caveats:
Nil

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: 85%



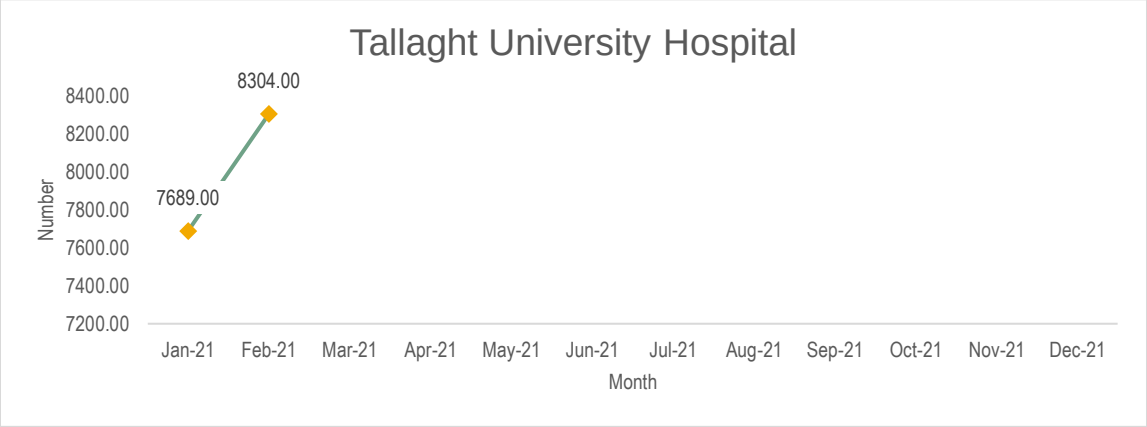
Data Caveats:
Nil

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:

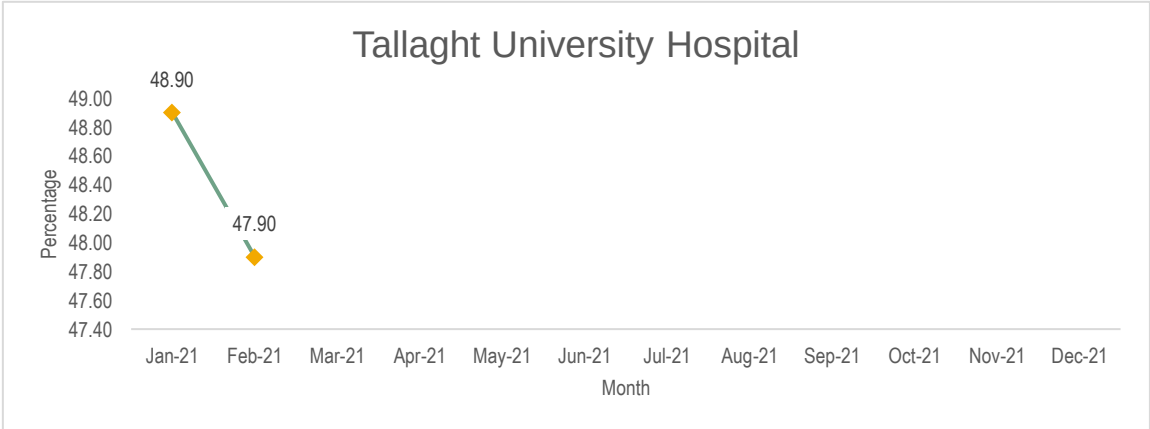
Nil

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: 75%



Data Caveats:

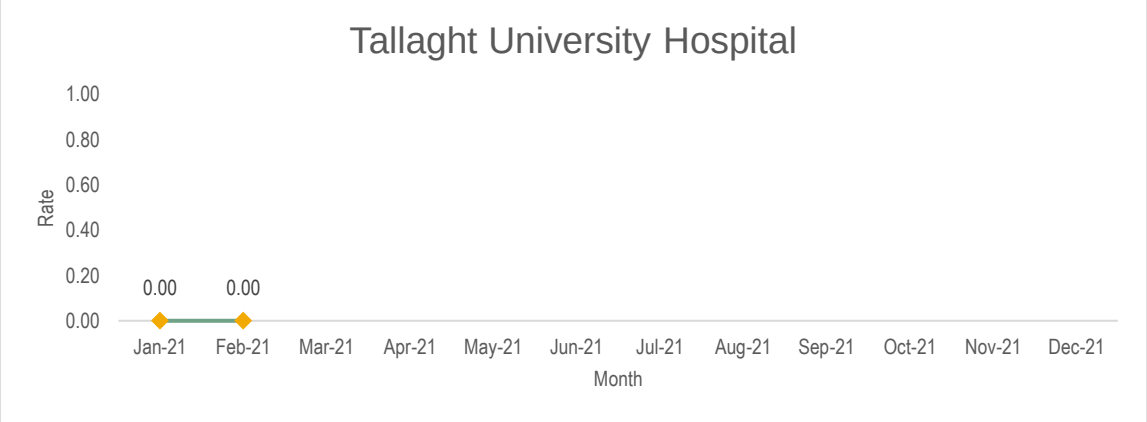
Nil

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: <0.8/10,000 bed days



Data Caveats:

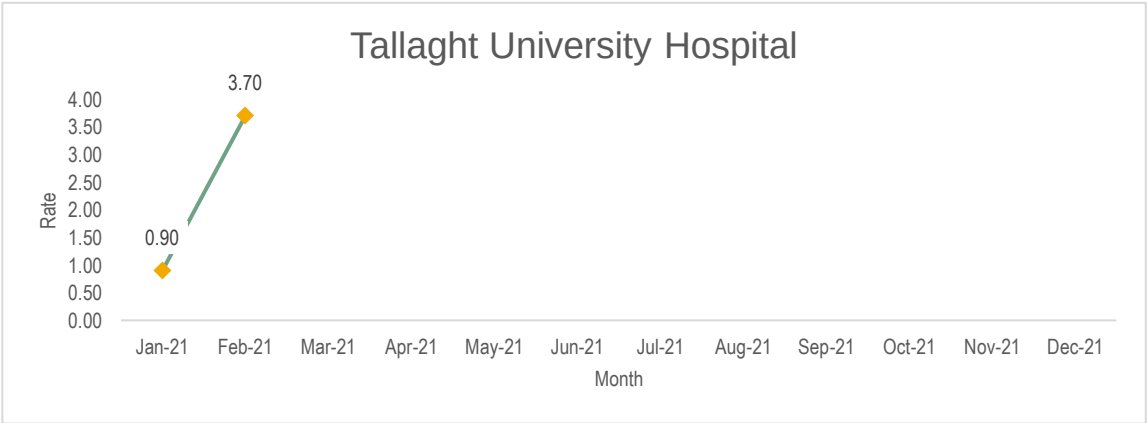
Nil

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:

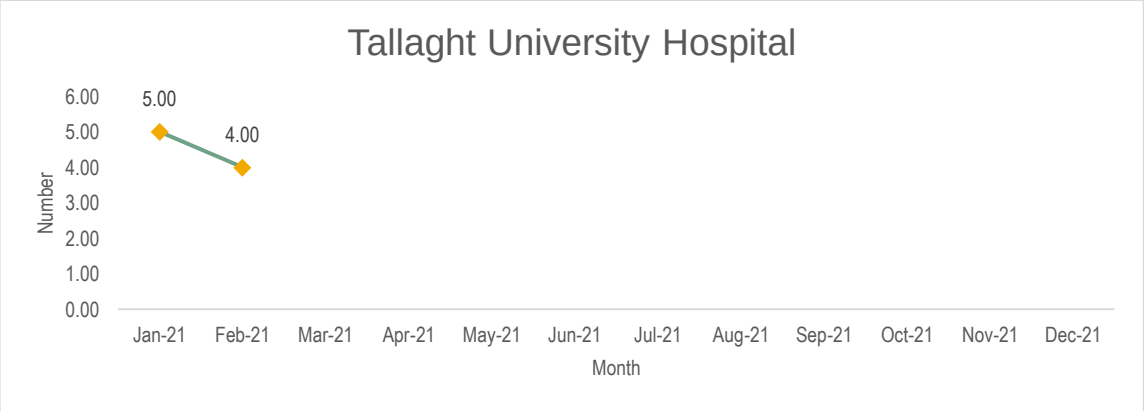
Nil

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:

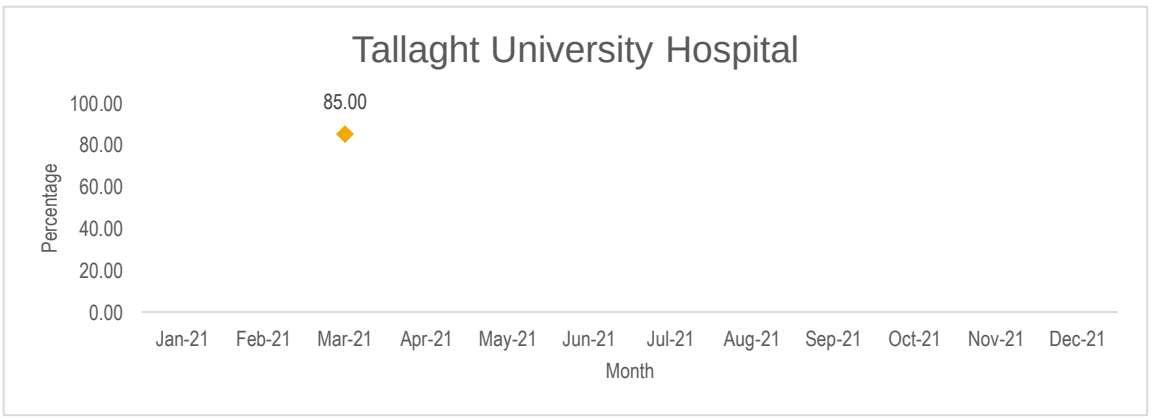
Nil

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

What does this mean for me?

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

Target: 90%



Data Caveats:

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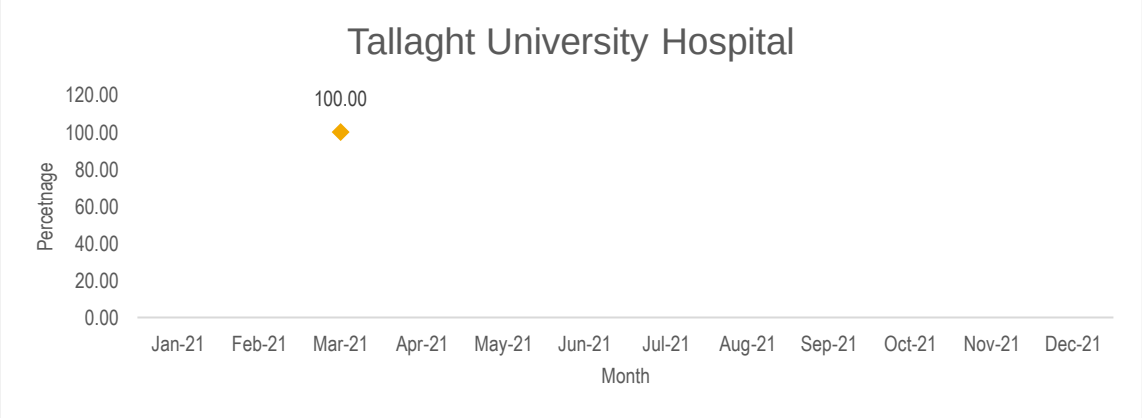
11. If a patient is identified as at risk (of pressure ulcer), dailty skin inspections have been recorded, as per the National Wound Management Guidelines?

What does this mean for me?

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:

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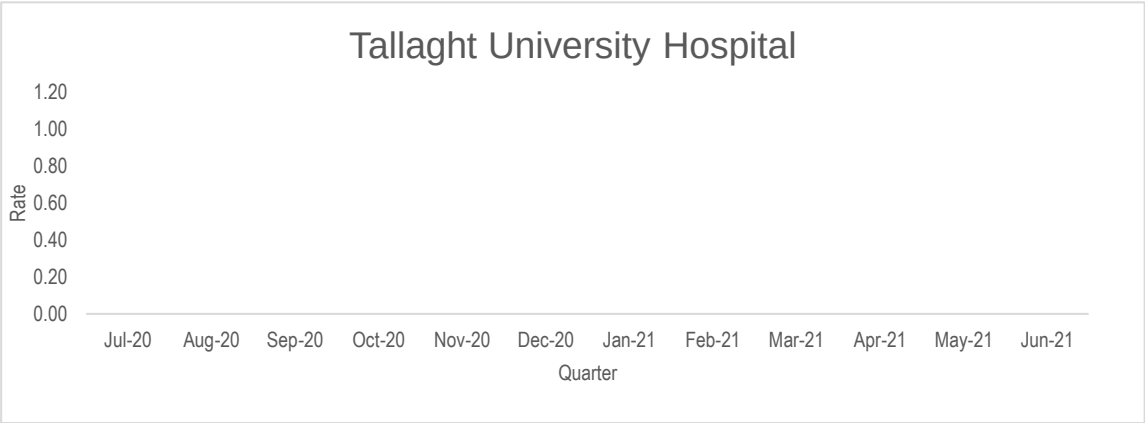
12. Rate of venous thromboembolism (VTE, blood clots) associated with hospitalisation

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:

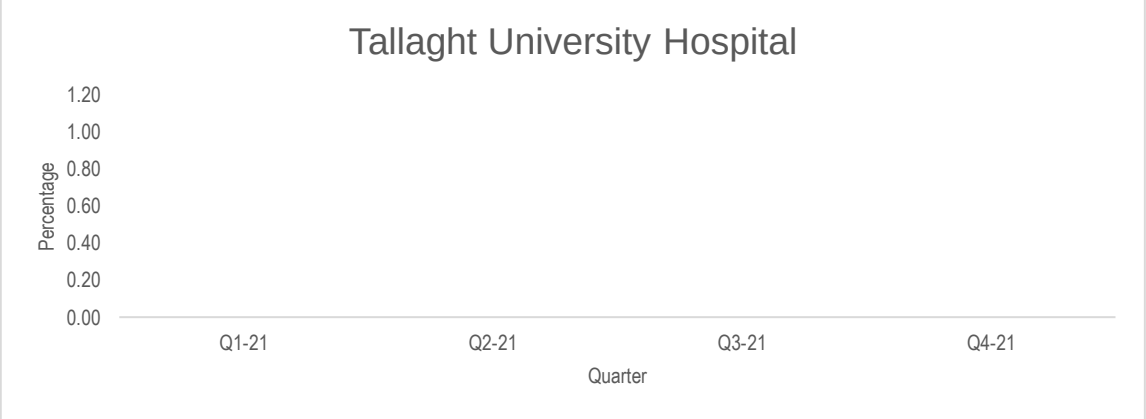
Data reporting period changed from quarterly to monthly at year end

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:

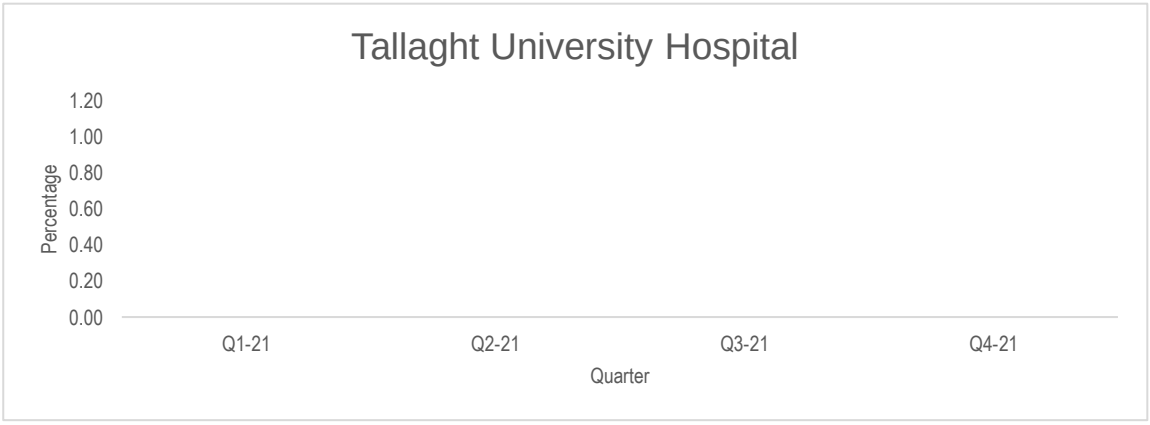
Nil

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.

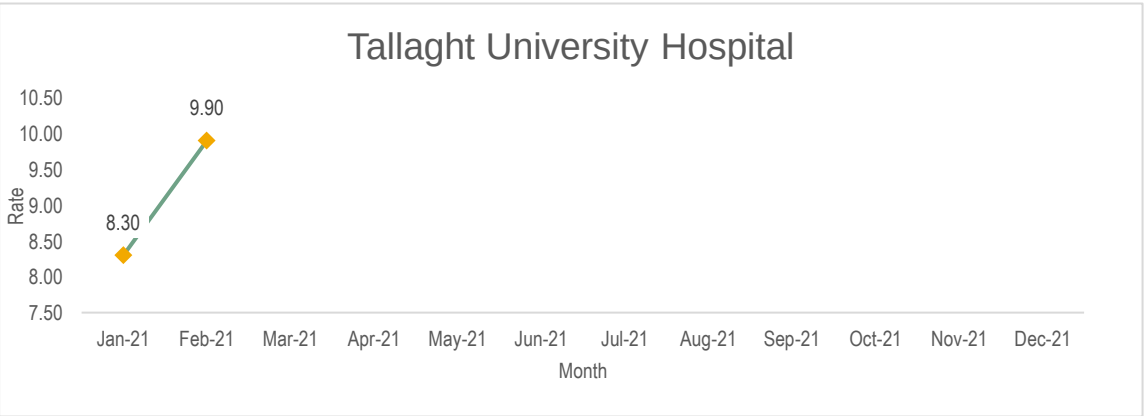
Target: 3%

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?

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.

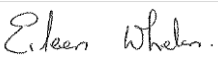
Date Periods			Has there been a mortality statistical outlier?
Oct 2019 to Sep 2020	AND	Jan 2020 to Dec 2020	0
Jan 2020 to Dec 2020	AND	Apr 2020 to Mar 2021	0
Apr 2020 to Mar 2021	AND	Jul 2020 to Jun 2021	0
Jul 2020 to Jun 2021	AND	Oct 2020 to Sep 2021	0

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

The Hospital Patient Safety Indicator Report for Tallaght University Hospital for the month of February 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	Prof. C.Wall	29-Apr-21	
Hospital Group CEO	Trevor O'Callaghan	29.04.21	
Hospital Group Chief Clinical Director	rof. Sharon Sheeha	29.04.21	
Hospital Group Chief Director of Nursing	Eileen Whelan	29.04.21