Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

980.00
979.00
978.00
977.00
976.00
975.00
974.00
973.00
972.00
971.00

Number

Hospital Patient Safety Indicator Report

Data Cavea

Nil

Portiuncula University Hospital	Reporting Month:	Mar-23

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.

What does
Delayed Tra
in the health
efficiency, a

Target: The

6.20
6.00
5.80
5.60
5.40
5.20
5.00
4.80
4.60
4.40

Number

Data Cavea

Nil

1 .Number of inpatient discharges

this mean for me?

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

ctivity: National (2018): 633,786

What does

Total numbe
for clinical a
measure de

Expected A

Portiuncula University Hospital

s:

Data Cavea

Nil

2. Number of beds subject to delayed transfers of care

this mean for me?

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

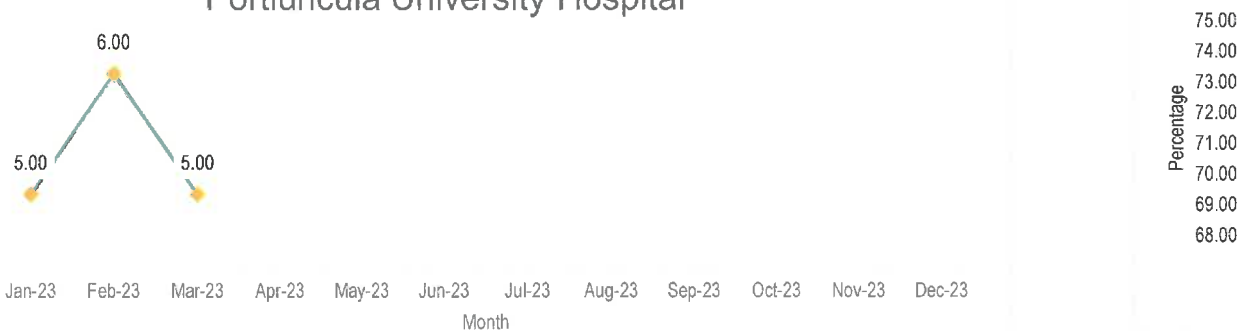re is no hospital-level target associated with this indicator

What does

Prolonged d
increases af
appropriate

Target: 85%

Portiuncula University Hospital

s:

Data Cavea

Nil

3. Number of new ED attendances

this mean for me?
r of new patients who present themselves to hospital Emergency Department (ED). It is an important measure
udit/governance and planning of services and to measure the unplanned attendances to each hospital to
mand on the entire service.

ctivity: National (2018): 1,178,977

What does
This data in
clinic. Retur
inpatient or
planning pu
Expected A

Portiuncula University Hospital

Data Cavea
Nil

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

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

What does
The % of pe
care, costs

Target: 75%

Portiuncula University Hospital

Data Cavea
Nil

5. Number of new and return outpatient attendances

this mean for me?
cludes both new and return attendances. New attendance: first new attendance at a consultant led outpatient
Attendance: attendance by a patient who has been treated as an outpatient at least once previously, or as an
day case. This indicator is used to assess quality of care, costs and efficiency, and is also used for health
poses.

ctivity: National (2018): 3,337,967

What does
Staphyloco
to ensure th
aureus bloo

Target: <0.

Portiuncula University Hospital

3161.00
3306.00
2836.00

3.00
2.50
2.00
1.50 Rate
1.00
0.50
0.00

Jan-23 Feb-23 Mar-23 Apr-23 May-23 Jun-23 Jul-23 Aug-23 Sep-23 Oct-23 Nov-23 Dec-23
Month

Data Cavea
Nil

6. Percentage of people waiting <15 months for first access to OPD services

this mean for me?
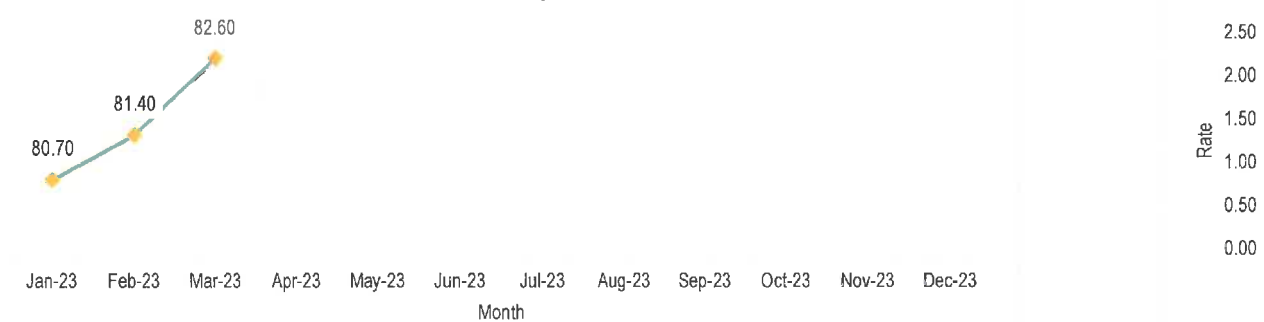ople waiting less than 12 months to be seen in outpatient services. This indicator is used to assess quality of
and efficiency, and is also used for health planning purposes.

What does
Clostridium
confirmed C
this indicato
clostridium
Target: <2/1

Portiuncula University Hospital

82.60
81.40
80.70

2.50
2.00
1.50
1.00 Rate
0.50
0.00

Jan-23 Feb-23 Mar-23 Apr-23 May-23 Jun-23 Jul-23 Aug-23 Sep-23 Oct-23 Nov-23 Dec-23
Month

Data Cavea
Nil

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

this mean for me?

cus aureus is a common cause of hospital-acquired bloodstream infection. The aim of monitoring this indicator is
at rates are within acceptable levels. It is not always possible to have no hospital-acquired Staphylococcus
dstream infections.

/10,000 bed days

What does

CPE (Carba
relatively ne
can cause v
assessment
Target: The

Portiuncula University Hospital

st

Data Cavea

Nil

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

10. I

this mean for me?

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

What does

If you are ad
offer suppor

Target: 90%

Portiuncula University Hospital

st

Data Cavea
-

9. Number of new cases of CPE

11. If a patie

this mean for me?

penemase Producing Enterobacterales) reported in swabs/faeces or other samples by acute hospitals, is a
w bacteria that is mainly spread through acute hospitals. For most people, CPE live harmlessly in the bowel but
ery serious infection in some patients. Tracking of the number of new cases of CPE is key to accurate
of the situation in Ireland.
re is no target associated with this indicator

What does

If you are ad
if present, th

Target: 90%

Portiuncula University Hospital

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

this mean for me?

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

What does

Hospital ass
be preventa
in their hosp
Target: The

Portiuncula University Hospital

Data Cavea
Data reporti

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

this mean for me?	What does
imitted to hospital a nurse will check if you are at risk of developing a pressure ulcer. In order to reduce the risk, e nurse will assess your skin at least once daily and document, date/time and sign in your nursing records.	It is recognis fracture resi immediate s **Target:** 85%

Portiuncula University Hospital

s:	Data Cavea
	Nil

12. Rate of venous thromboembolism (VTE, blood clots) associated with hospitalisation	14. Numb

this mean for me?	What does
ociated venous thromboembolism (VTE, blood clots) is common cause of harm to patients, and up to 70% may ble. Assessing patients' risk of VTE and bleeding and choosing the appropriate VTE prevention for them early ital admission reduces their risk of developing a blood clot. re is no target associated with this indicator	Intubation o (or intubatin **Target:** 90%

Portiuncula University Hospital

s:	Data Cavea
g period changed from quarterly to monthly at year end	Caecal intui sedation, d

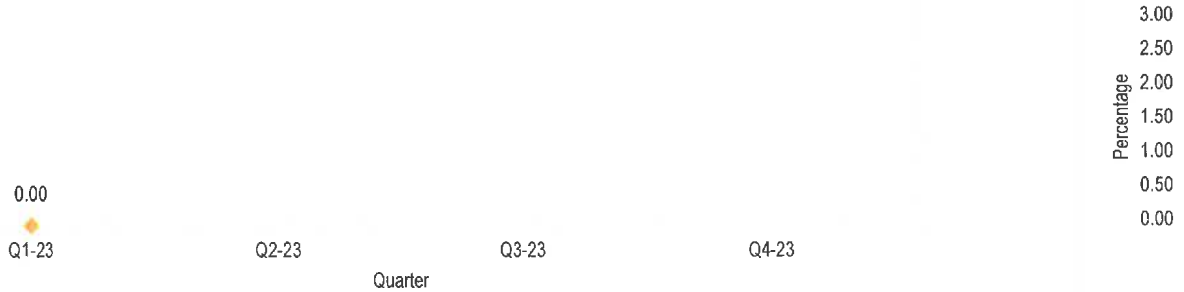## 13. Percentage of hip fracture surgery carried out within 48 hours of initial assessment

this mean for me?

What does

sed that minimising the time between admission to hospital and performance of surgery for patients with a hip
lts in better outcomes for patients. Though not all patients who experience a hip fracture will be suitable for
urgery (for example, because of other medical conditions which may need to be stabilised prior to surgery).

Intradepartn
pathologist
final report.

Target: 3%

Portiuncula University Hospital

3.00
2.50
2.00 Percentage
1.50
1.00
0.50
0.00

0.00
♦
Q1-23   Q2-23   Q3-23   Q4-23

Quarter

s:

Data Cavea
The frequen
and predom
colleague

er of colonoscopies where the terminal ileum / caecum / anastamosis has been reached expressed as a % of total colonoscopies

this mean for me?

What does

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

An incident
Higher repo

Expected A
14.80 per 1(

Portincula University Hospital

1.20
1.00
0.80
0.60 Rate
0.40
0.20
0.00
Jar

Q1-23   Q2-23   Q3-23   Q4-23

Quarter

s:
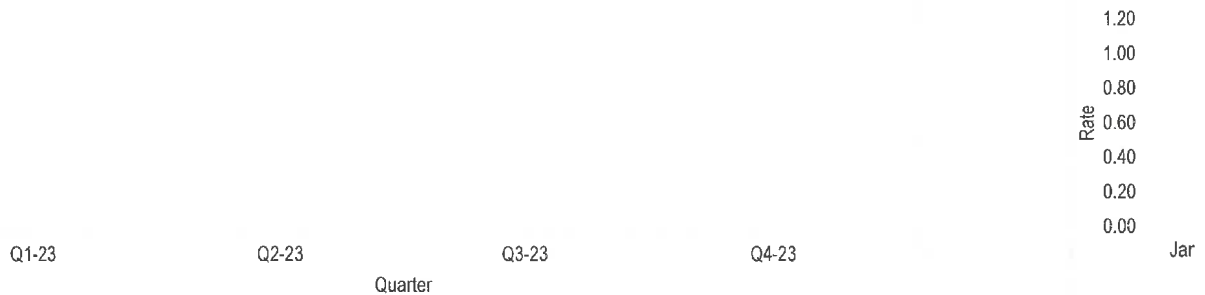
Data Cavea

ation rates are affected by a number of factors including age, sex, low BMI, bowel cleansing.
verticular disease and general health status

Nil

15. Percentage of intradepartmental consultations completed (Histology P01-P04)
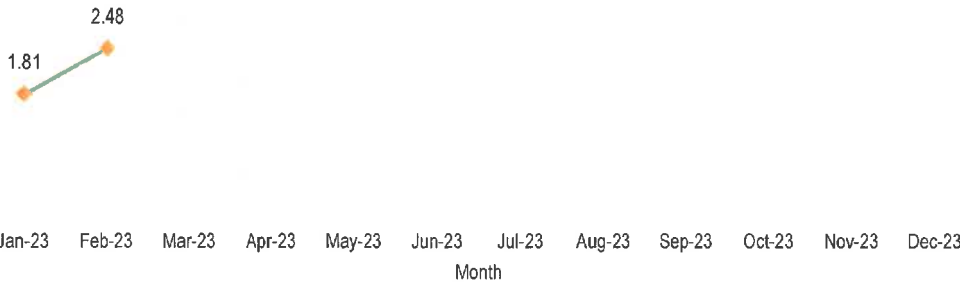
this mean for me?
ental Consultation (IDC) occurs when a consultant pathologist seeks a second opinion from another consultant
ithin their department or within their regional hospital network on a particular case prior to authorisation of the

What does t
This indicator
A high standa
actual numbe
consideration
actual deaths
should be.

Expected Ac

Portiuncula University Hospital

2.48
1.81

| Jan-23 | Feb-23 | Mar-23 | Apr-23 | May-23 | Jun-23 | Jul-23 | Aug-23 | Sep-23 | Oct-23 | Nov-23 | Dec-23 |

Month

| Oct 2020 t |
| Jan 2021 t |
| Apr 2021 t |
| Jul 2021 t |

If there is bot
statistical outl

s:
cy of intradepartmental consultations may be affected by subspecialisation. A pathologist who is sub-specialised
inantly reports cases within their particular specialist area may be less likely to require consultation with a

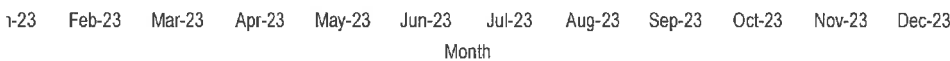## 16. Rate of clinical incidents as reported to NIMS per 1000 Bed Days

this mean for me?
s an event or circumstance which could have, or did lead to unintended and/or unnecessary harm (IMF 2018).
ting rates reflect a postitive safety culture.

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

Data Cavea
- Interpretin
assure patie
are outside
- A statistica
limits are br
have statisti
uploads/ger
- Continued
and learnt fr
- An unexpe
indicate to a

Portiuncula University Hospital

| -23 | Feb-23 | Mar-23 | Apr-23 | May-23 | Jun-23 | Jul-23 | Aug-23 | Sep-23 | Oct-23 | Nov-23 | Dec-23 |

Month

s:

17. Has there been a mortality statistical outlier?

his mean for me?
assures patients that mortality data is being monitored in hospitals.
rdised mortality ratio (SMR) and breached CuSum control limit alerts the hospital to review its data. An SMR is a ratio of the
r of patients who die in hospital versus the number expected to die, when factors known to impact mortality are taken into
. A CuSum is a control chart which is a statistical tool for detecting small sequential changes in the difference between the
and the expected deaths in hospital over time. It does not necessarily mean that there are more patients dying than there

tivity: Continual monitoring of mortality by hospitals.

The objec
its patient:
safety indi
HPSIR is
profile anc

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

The Hospi
month of I
managem
governanc

a high SMR (red) and breached CuSUM limit (red) in two consecutive data periods, for the same diagnosis, this is a
ier and thus 'Yes' is recorded for this indicator.

Hospital

Hospital G

Hospita
Chief Clini

Hospital G
Director o

s:
mortality data is very complex. This indicator does not aim to inform viewers of mortality figures. It aims to
nts and members of the public that hospitals are monitoring and responding to usual and unusual signals which
of the national expected range of mortality for a particular condition.
outlier in NAHM is defined where a combination of the standardised mortality ratio (SMR) is high and control
eached (CuSum) for the same condition in two consecutive reporting periods. NOCA engages with hospitals that
al outliers in line with its monitoring and escalation policy http://s3-eu-west-1.amazonaws.com/noca-
eral/NOCA-GEN-POL014_-_NOCA_-_Monitoring_Escalation_Policy_v2.1.pdf
monitoring of NAHM mortality data is necessary to ensure that high or above average signals are acted upon
om.
ctedly high or low SMR or CuSum signal may not always be related to the quality of care in a hospital, but may
hospital that there is a need to review their data quality or the processing of the data.

Clinical Governance

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

ital Patient Safety Indicator Report for Portiuncula University Hospital for the
March 2023 has been discussed at a hospital management meeting by senior
ent of the hospital and the hospital group, as a core element of clinical
ce between the hospital and the hospital group

	Name	Date	Signature
CEO/GM	James Keane	10/05/2023	
roup CEO	Tony Canavan	13/7/6073	
Group cal Director	Pat Nash	12.07.2023	Delet(quired
roup Chief f Nursing			