Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Hospital Patient Safety Indicator Re

Hospital Name Portiuncula University Hospital | **Jun-22**

Purpose & Context

The aim of the Hospital Patient Safety Indicator Report (HPSIR) is to assure the public that selected and published for this report are monitored by senior management of both the hos 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 sou and not reflected in the HSPIR due to time lags.
- Therefore, the data repositories, and not the HPSIR, should be considered the accurate s
- The HPSIR cannot, and should not, be used to compare performance of hospitals or hosp Different hospitals specialise in treating patients with different and sometimes much more c making comparisons between hospitals ineffective.
- Like all indicators, the data should be interpreted with caution as there is natural varation t which is influenced by case complexity
- While all hospitals collect a large range of data on an ongoing basis, these metrics have b 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 pa hospital or hospital group

The completion and publication of the HPSIR is, in itself, a performance indicator for each h
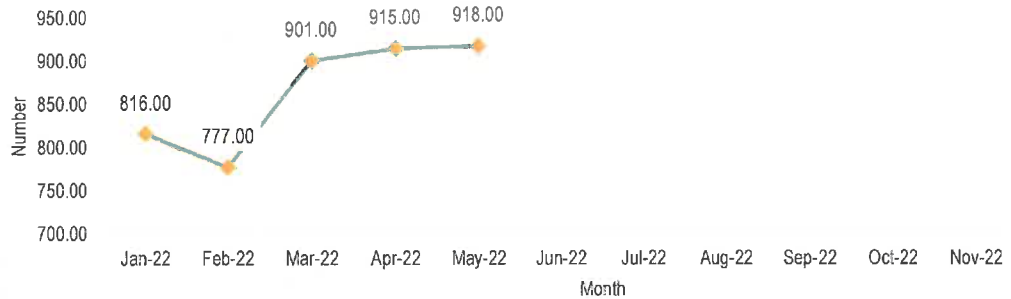
1 .Number of inpatient discharges

What does this mean for me?
This data refers to the number of in-patients, excluding day cases, who were discharged from a pub
hospital. This indicator is used to assess quality of care, costs and efficiency, and is also used for he
purposes.
Expected Activity: National (2018): 633,786

Portiuncula University Hospital

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Jun-22

the indicators
pital and hospital

Data Caveats:
Nil

irce may be updated

ource of data.
itals groups.
omplex care needs,

between months

een selected on the

atient safety in a

hospital.

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 regi
documented in the healthcare record that the patient care can be trasnferred. This indicator is used
care, costs and efficiency, and is also used for health planning purposes.

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

Portiuncula University Hospital
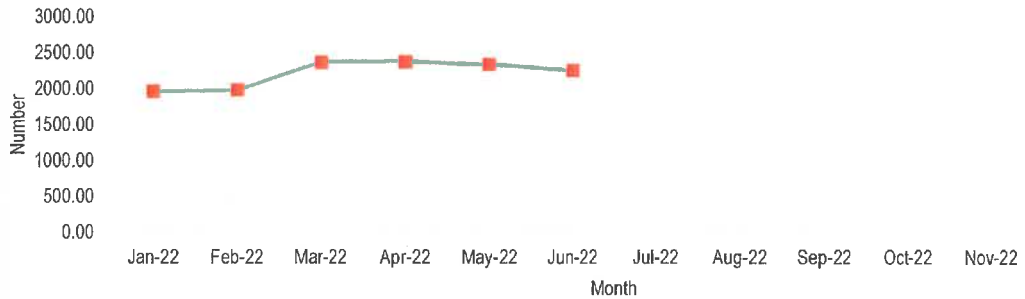

Data Caveats:
Nil

3. Number of new ED attendances

What does this mean for me?

icly funded acute
ealth planning

Total number of new patients who present themselves to hospital Emergency Department (ED). It is
measure for clinical audit/governance and planning of services and to measure the unplanned atten
hospital to measure demand on the entire service.

Expected Activity: National (2018): 1,178,977

Portiuncula University Hospital

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Data Caveats:
Nil

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

What does this mean for me?

strar) has
to assess quality of

Prolonged durations of stay in EDs are associated with poorer patient outcomes. The risk of patient
increases after 9 hours total time spent in the ED. Patients waiting more than 9 hours should be car
appropriate care setting than an ED.

Target: 85%

Portiuncula University Hospital

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Data Caveats:
Nil

5. Number of new and return outpatient attendances

What does this mean for me?

an important

dances to each

This data includes both new and return attendances. New attendance: first new attendance at a con clinic. Return Attendance: attendance by a patient who has been treated as an outpatient at least on an inpatient or day case. This indicator is used to assess quality of care, costs and efficiency, and is planning purposes.

Expected Activity: National (2018): 3,337,967

Portiuncula University Hospital

Dec-22

Data Caveats:
Nil

mitted

6. Percentage of people waiting <18 months for first access to OPD services

What does this mean for me?

mortality (death)

ed for in a more

The % of people waiting less than 12 months to be seen in outpatient services. This indicator is use care, costs and efficiency, and is also used for health planning purposes.

Target: 98%

Portiuncula University Hospital

Dec-22

Data Caveats:
Nil

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

What does this mean for me?

sultant led outpatient
ce previously, or as
also used for health

Staphylococcus aureus is a common cause of hospital-acquired bloodstream infection. The aim of n
is to ensure that rates are within acceptable levels. It is not always possible to have no hospital-acq
aureus bloodstream infections.

Target: <0.8/10,000 bed days

Portiuncula University Hospital

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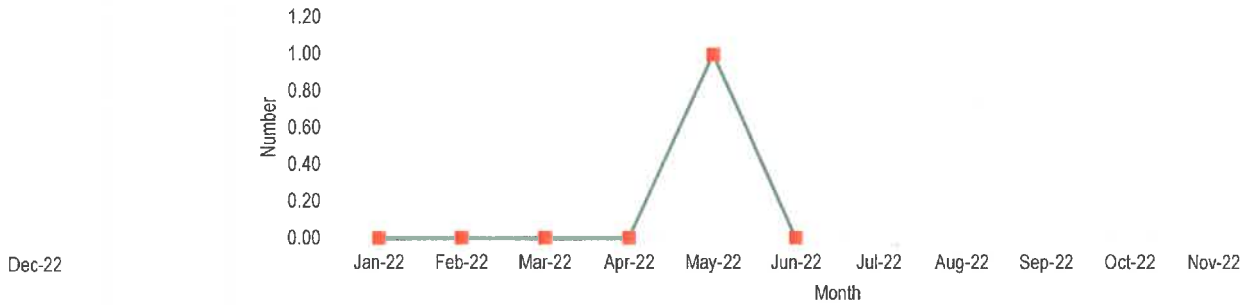
## 8. Rate of new cases of hospital-associated Clostridium difficile

What does this mean for me?

d to assess quality of

Clostridium difficile is a common cause of hospital-associated infection. This indicator measures the
laboratory confirmed C. difficile infection per month per 10,000 bed days associated diarrhoea in ac
of monitoring this indicator is to ensure that rates are within acceptable levels. It is not always possi
associated clostridium difficile infections.

Target: <2/10,000 bed days

Portiuncula University Hospital

Dec-22
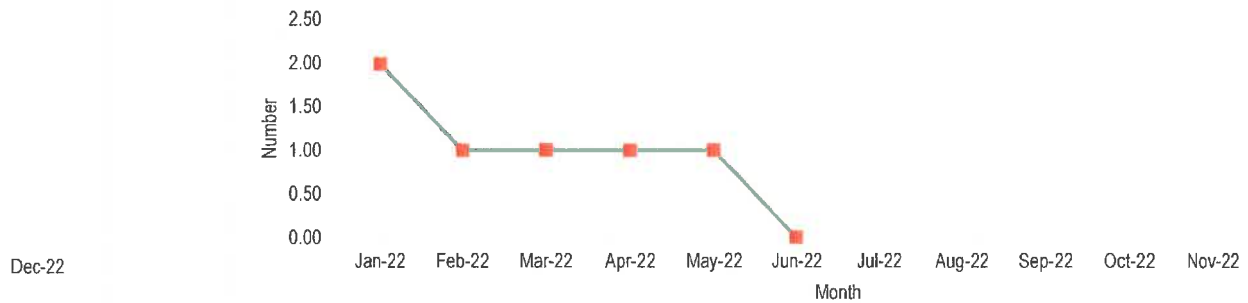
| ction	**9. Number of new cases of CPE**

What does this mean for me?

onitoring this indicator CPE (Carbapenemase Producing Enterobacterales) reported in swabs/faeces or other samples by
ired Staphylococcus relatively new bacteria that is mainly spread through acute hospitals. For most people, CPE live har
but can cause very serious infection in some patients. Tracking of the number of new cases of CPE
assessment of the situation in Ireland.

Target: There is no target associated with this indicator

Portiuncula University Hospital

Dec-22
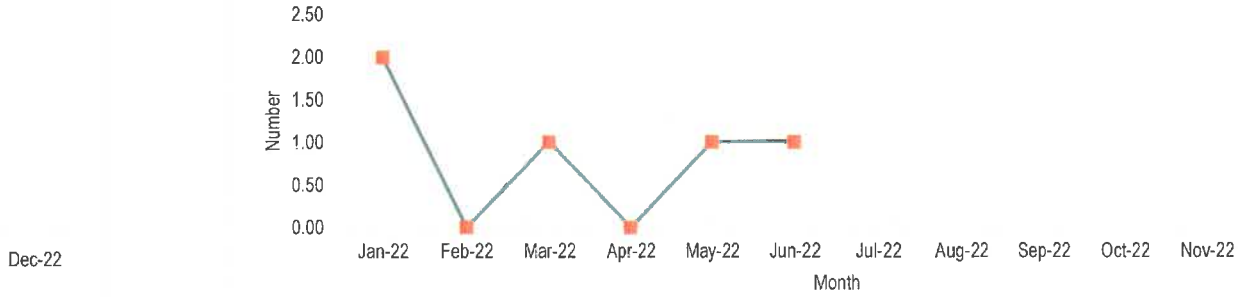
Data Caveats:
Nil

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

What does this mean for me?

e new cases of If you are admitted to hospital a nurse will check if you are at risk of a fall. In order to reduce an ider
te hospitals. The aim will offer support in a way that suits you. This will be documented in your nursing plan of care.
le to have no hospital-

Target: 90%

Portiuncula University Hospital

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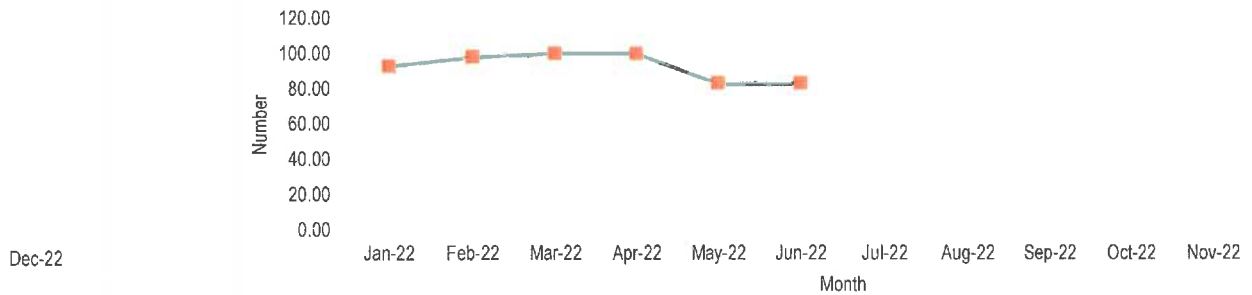
Data Caveats:
-

11. If a patient is identified as at risk (of pressure ulcer), dailty skin inspections have been recorded Wound Management Guidelines?
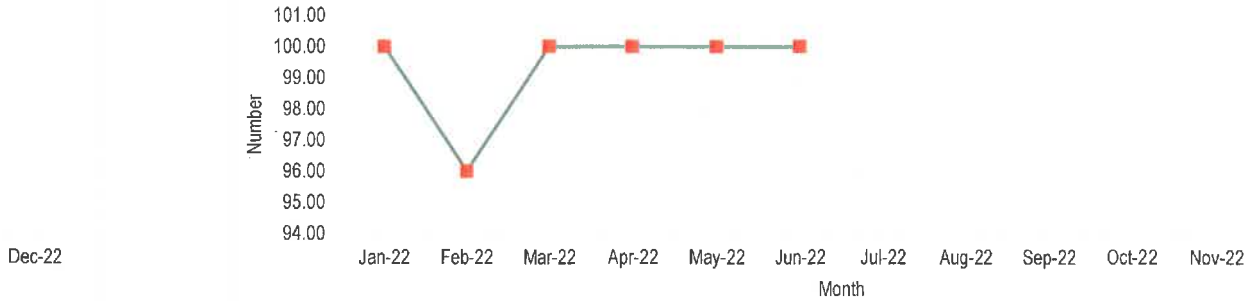
acute hospitals, is a
nlessly in the bowel
is key to accurate

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
risk, if present, the nurse will assess your skin at least once daily and document, date/time and sign
records.

Target: 90%

Portiuncula University Hospital

Dec-22

Data Caveats:
-

the risk of falling

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

tified risk, the nurse

What does this mean for me?
Hospital associated venous thromboembolism (VTE, blood clots) is common cause of harm to patie
may be preventable. Assessing patients' risk of VTE and bleeding and choosing the appropriate VT
early in their hospital admission reduces their risk of developing a blood clot.
Target: There is no target associated with this indicator

### Portiuncula University Hospital

Dec-22
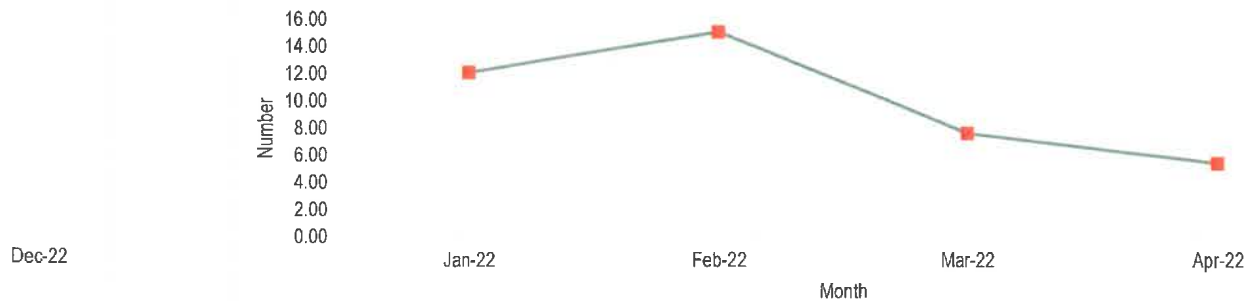
Data Caveats:
Data reporting period changed from quarterly to monthly at year end

, as per the National

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

What does this mean for me?

rder to reduce the
in your nursing

It is recognised that minimising the time between admission to hospital and performance of surgery hip fracture results in better outcomes for patients.Though not all patients who experience a hip frac suitable for immediate surgery (for example, because of other medical conditions which may need t prior to surgery).

Target: 85%

Portiuncula University Hospital

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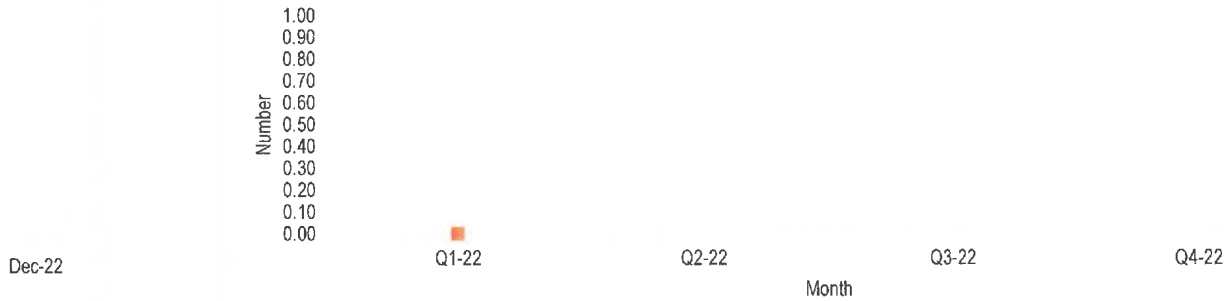
Data Caveats:
Nil

ation

14. Number of colonoscopies where the terminal ileum / caecum / anastamosis has been reached ex total colonoscopies

What does this mean for me?

ts, and up to 70%
E prevention for them

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

Target: 90%

Portiuncula University Hospital
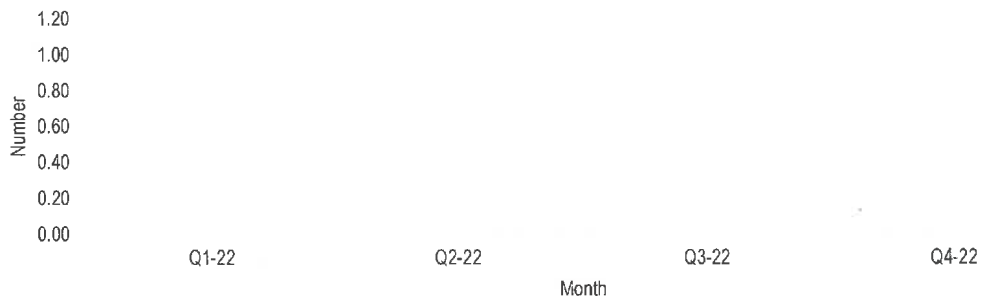
Data Caveats:
Caecal intubation rates are affected by a number of factors including age, sex, low BMI, bowel clear sedation, diverticular disease and general health status

nt

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

What does this mean for me?

for patients with a
ture will be
be stabilised

Intradepartmental Consultation (IDC) occurs when a consultant pathologist seeks a second opinion
consultant pathologist within their department or within their regional hospital network on a particula
authorisation of the final report.
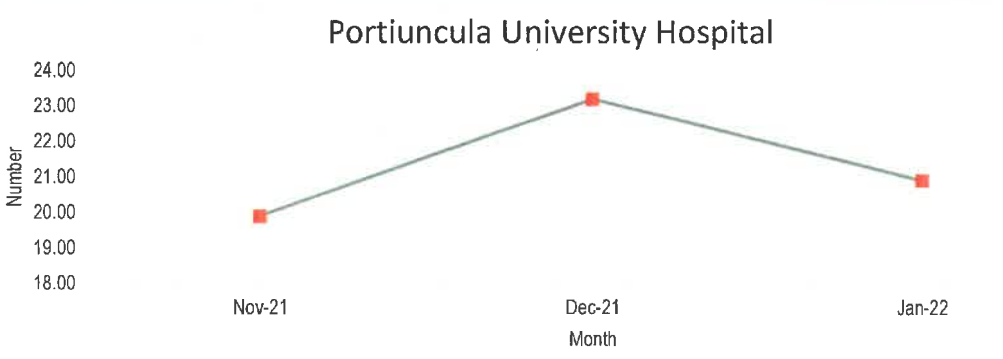
Target: 3%

Portiuncula University Hospital
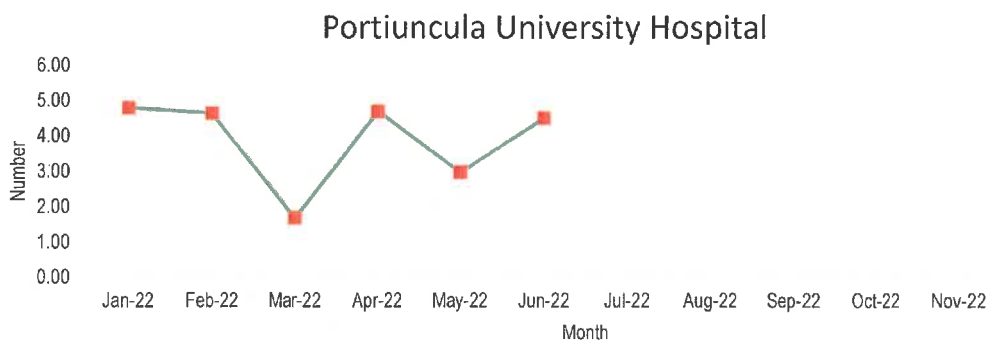
Data Caveats:

The frequency of intradepartmental consultations may be affected by subspecialisation. A patholog
specialised and predominantly reports cases within their particular specialist area may be less likely
consultation with a colleague

pressed as a % of

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

What does this mean for me?

art of the colon,
nd.

An incident is an event or circumstance which could have, or did lead to unintended and/or unneces
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 201
14.80 per 1000 bed days (Range: 5.80 to 48.0 per 1000 bed days)

Portiuncula University Hospital

Data Caveats:
Nil

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from another
r case prior to

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 dat
of the actual number of patients who die in hospital versus the number expected to die, when factors known to
taken into consideration. A CuSum is a control chart which is a statistical tool for detecting small sequential cha
between the actual deaths and the expected deaths in hospital over time. It does not necessarily mean that the
dying than there should be.

Expected Activity: Continual monitoring of mortality by hospitals.

Dec-22

Date Periods			Has there been a mortality stat
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
statistical outlier and thus 'Yes' is recorded for this indicator.

st who is sub-
to require

sary harm (IMF

6 to June 2018 was

Data Caveats:
- Interpreting mortality data is very complex. This indicator does not aim to inform viewers of mortalit
assure patients and members of the public that hospitals are monitoring and responding to usual an
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 (SM
control limits are breached (CuSum) for the same condition in two consecutive reporting periods. N
hospitals that have statistical outliers in line with its monitoring and escalation policy http://s3-eu-we
1.amazonaws.com/noca-uploads/general/NOCA-GEN-POL014_-_NOCA_-_Monitoring_Escalation_
- Continued monitoring of NAHM mortality data is necessary to ensure that high or above average s
upon and learnt from.
- An unexpectedly high or low SMR or CuSum signal may not always be related to the quality of car
may indicate to a hospital that there is a need to review their data quality or the processing of the da

Clinical Governance

The objective in publishing the HPSIR is to provide public assurance, by communic
its patients, staff and wider public in an open and transparent manner, that importal
safety indicators are being monitored by hospital management on a continual basis
HPSIR is not intended to be used for comparative purposes as the clinical acitivity,
profile and complexity of each hospital can differ significantly

The Hospital Patient Safety Indicator Report for **Portiuncula University Hospital**
for the month of **June 2022** has been discussed at a hospital management meetin
senior management of the hospital and the hospital group, as a core element of clil
governance between the hospital and the hospital group

		Name	Date	Signature
diagnosis, this is a	Hospital CEO/GM	James Keane	05/08/2022	JK
	Hospital Group CEO	Tony Canavan	14/9/22	*(signature)*
figures. It aims to unusual signals	Hospital Group Chief Clinical Director	Prof Pat Nash	09/09/2022	Pat Nash

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