



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Hospital Patient Safety Indicator Report

Hospital Name Roscommon University Hospital Reporting Month: Jan-24

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

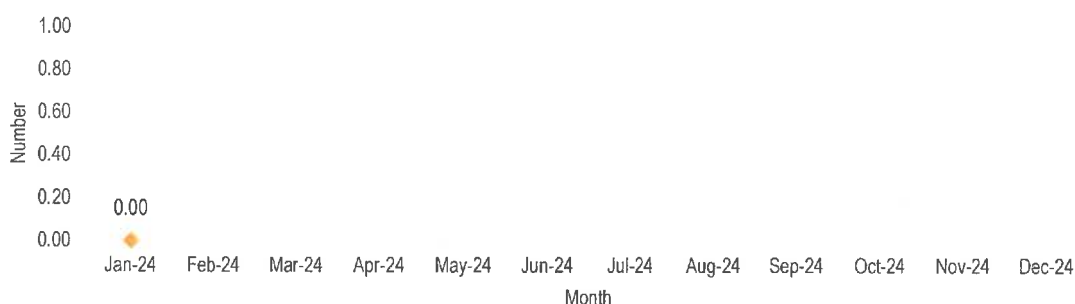
3. Number of new ED attendances

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

Roscommon University Hospital



Data Caveats:

Nil

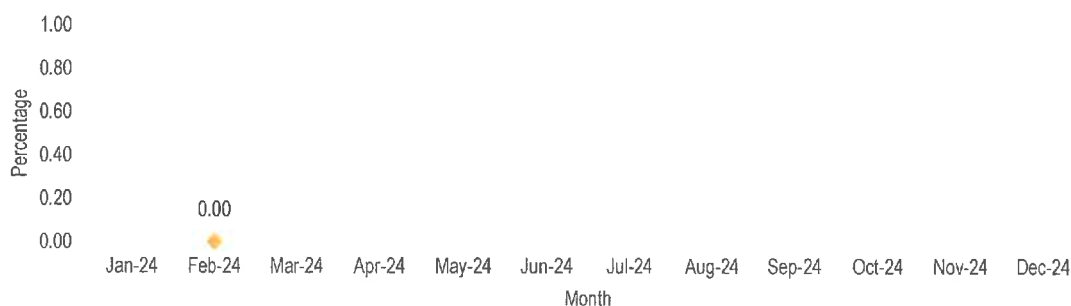
4. Percentage of all attendees aged 75 years and over at ED who are discharged or admitted within nine hours of registration

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%

Roscommon University Hospital



Data Caveats:

Nil

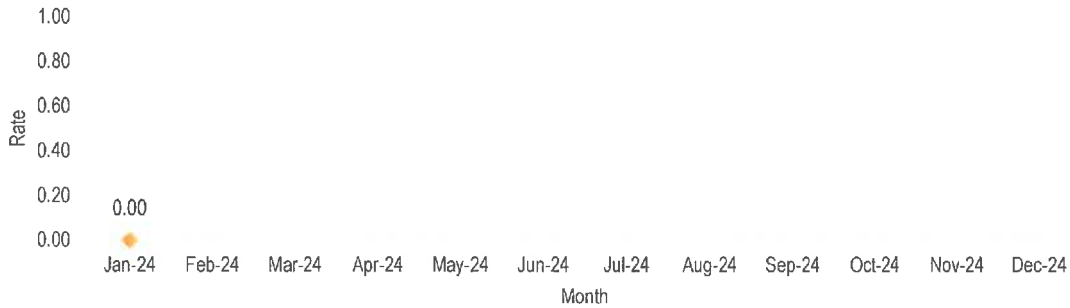
7. Rate of new cases of hospital-acquired Staphylococcus aureus bloodstream infection

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

Roscommon University Hospital



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

Roscommon University Hospital



Data Caveats:

Nil

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%

Roscommon University Hospital



Data Caveats:

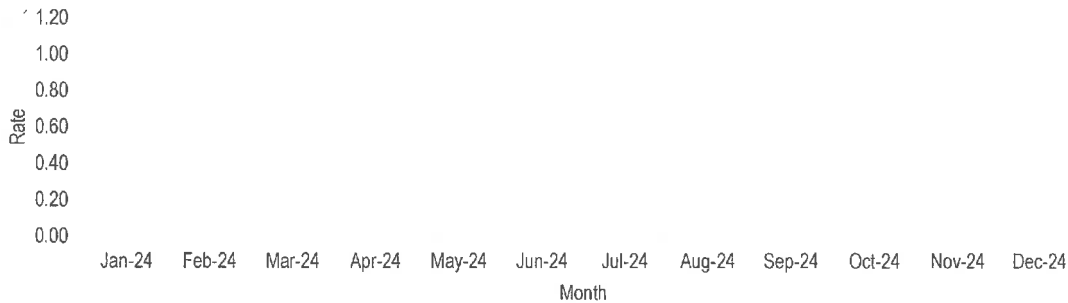
12. Rate of venous thromboembolism (VTE, blood clots) associated with hospitalisation

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

Roscommon University Hospital



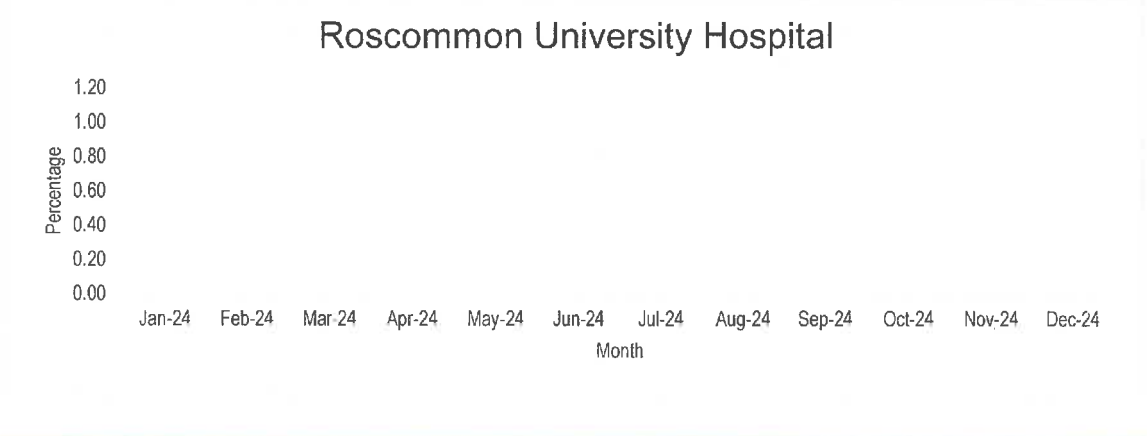
Data Caveats:

Data reporting period changed from quarterly to monthly at year end

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 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)

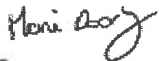



Data Caveats:
 Nil

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 Roscommon University Hospital for the month of January 2024 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	Marie Doorly	15/03/2024	
Hospital Group CEO	Tony Canavan	21/4/2024	
Hospital Group Chief Clinical Director	Prof Pat Nash	27/03/2024	