



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Hospital Patient Safety Indicator Report

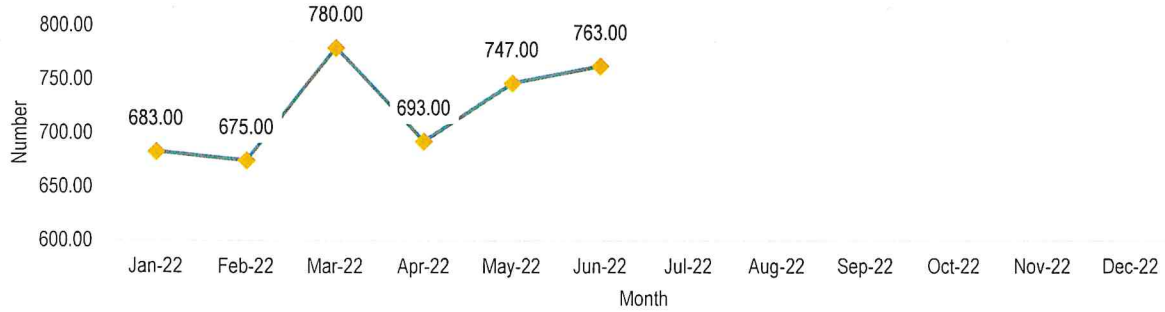
1 .Number of inpatient discharges

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

Ennis Hospital



Ennis Hospital



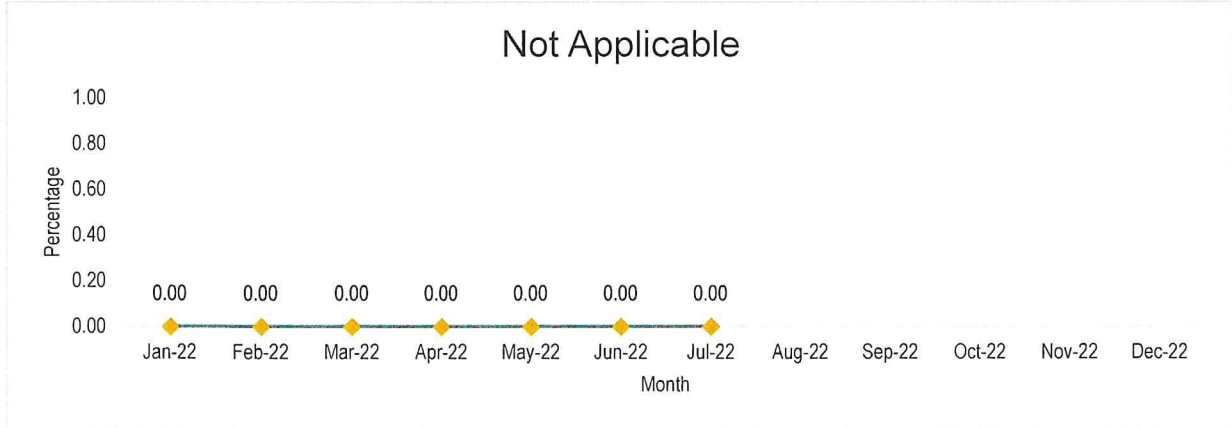
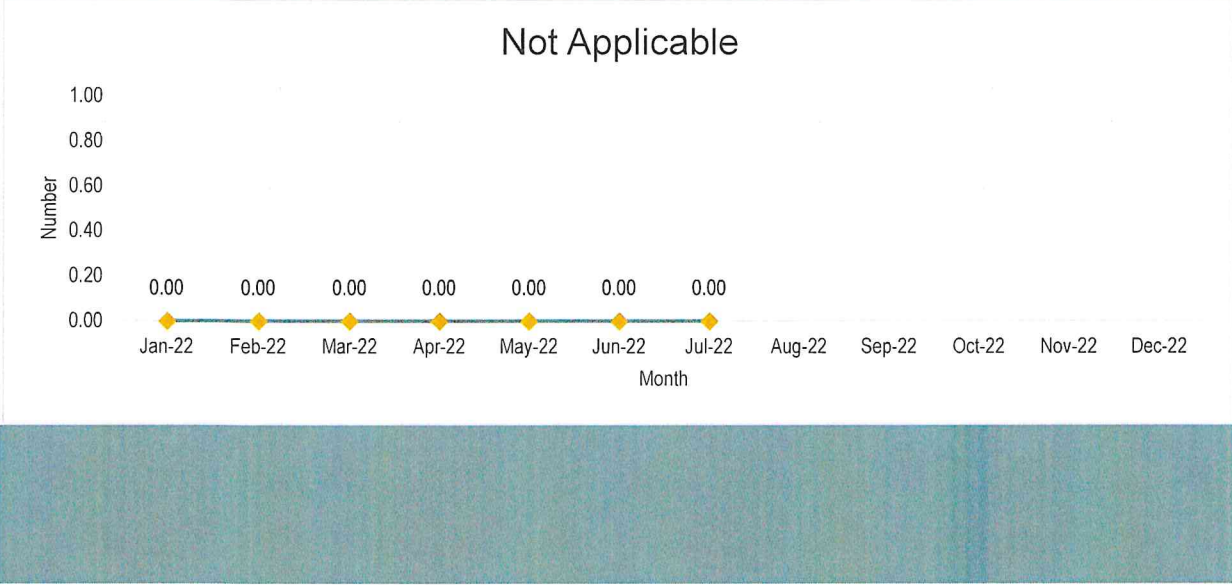
Data Caveats:

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.

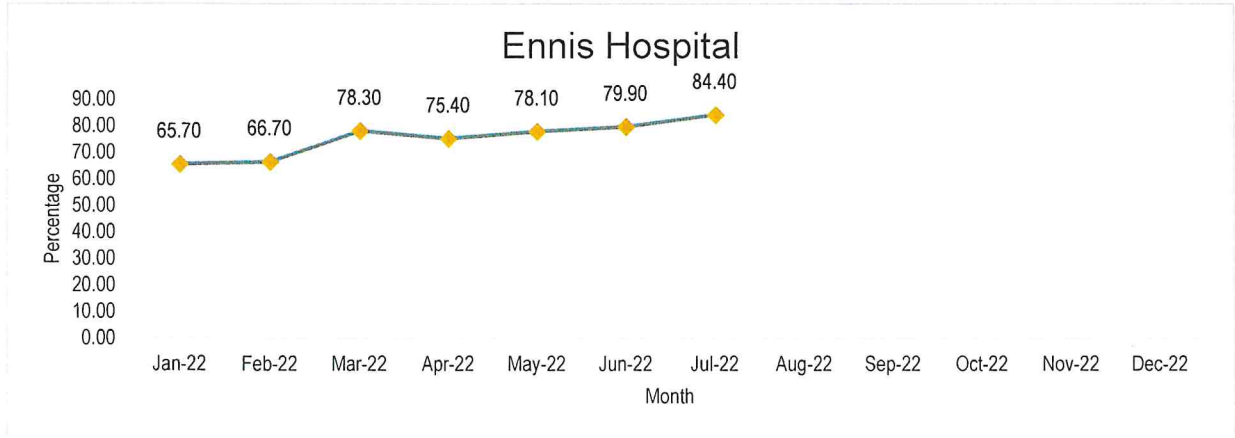
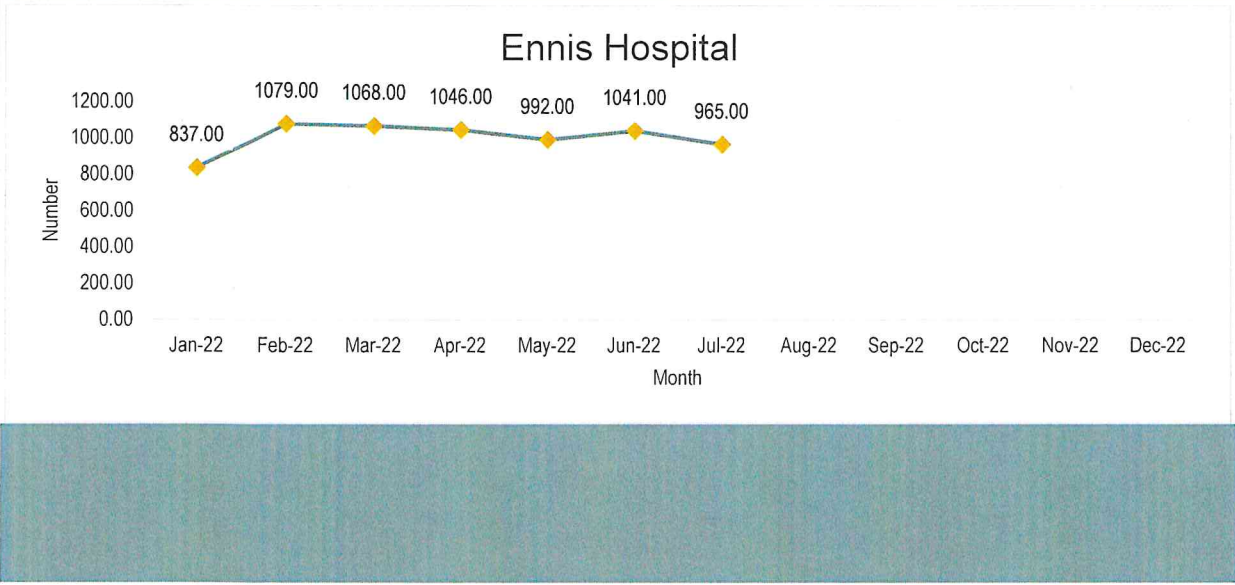
Expected Activity: National (2018): 1,178,977



Data Caveats:
 Nil

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

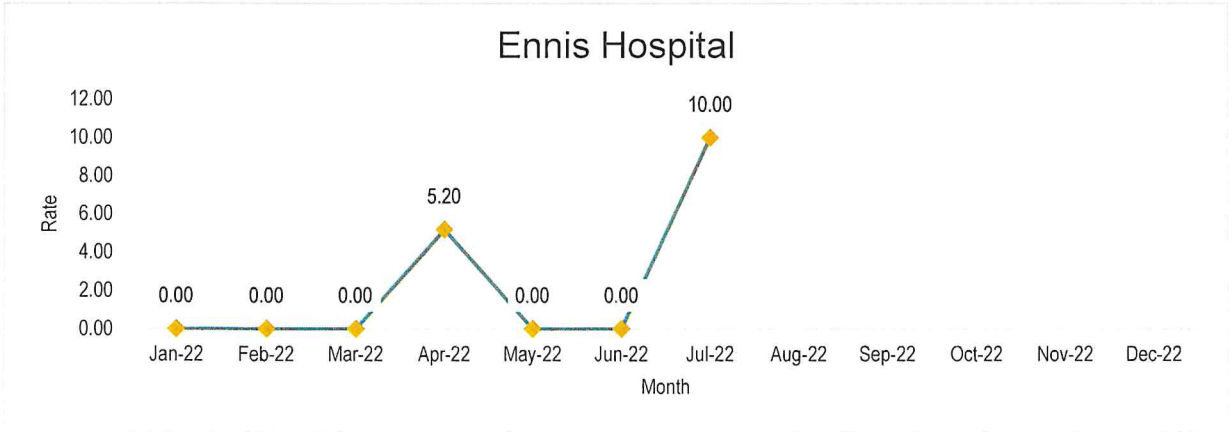
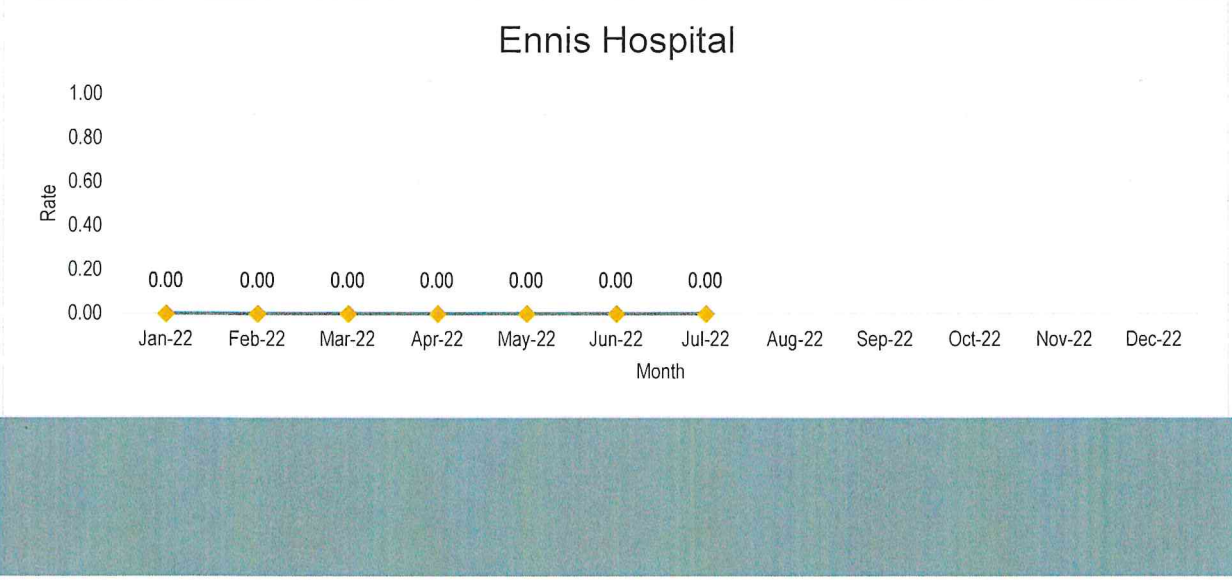


Data Caveats:
 Nil

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

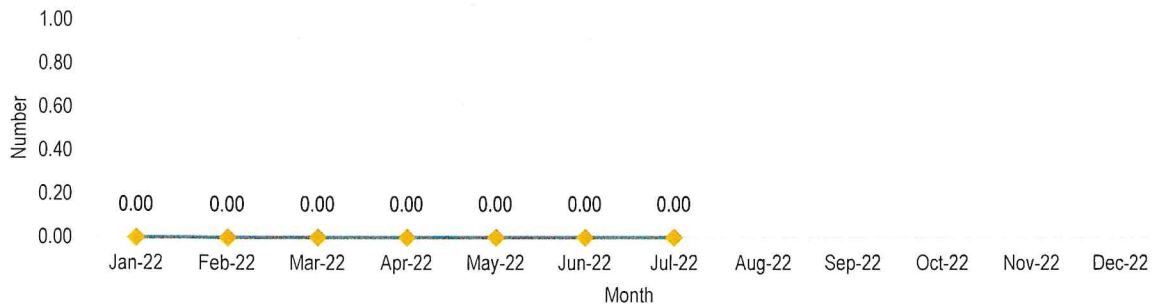
9. Number of new cases of CPE

What does this mean for me?

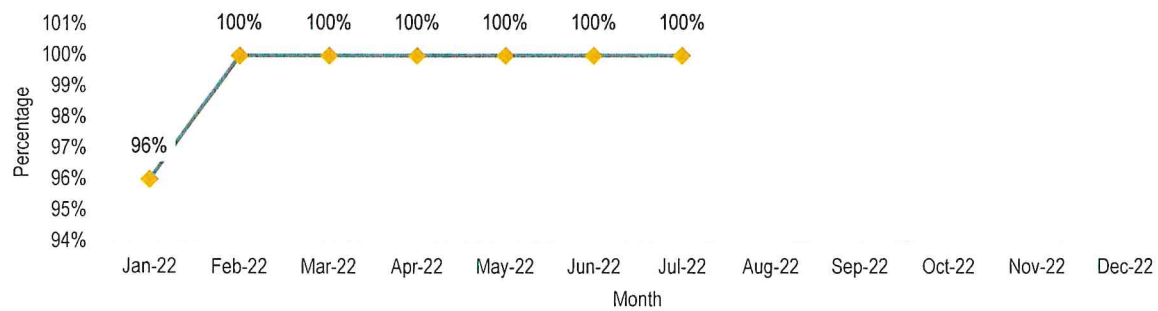
CPE (Carbapenemase Producing Enterobacterales) reported in swabs/faeces or other samples by acute hospitals, is a relatively new bacteria that is mainly spread through acute hospitals. For most people, CPE live harmlessly in the bowel but can cause very serious infection in some patients. Tracking of 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

Ennis Hospital



Ennis Hospital



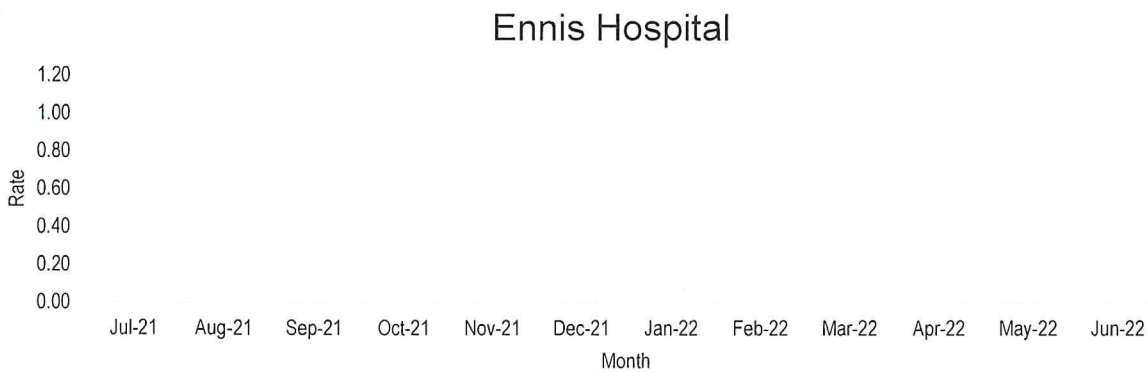
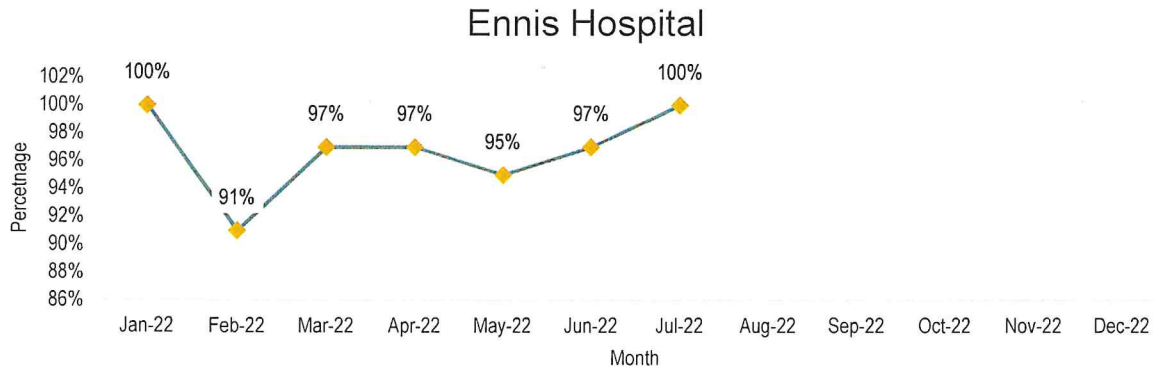
Data Caveats:

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%

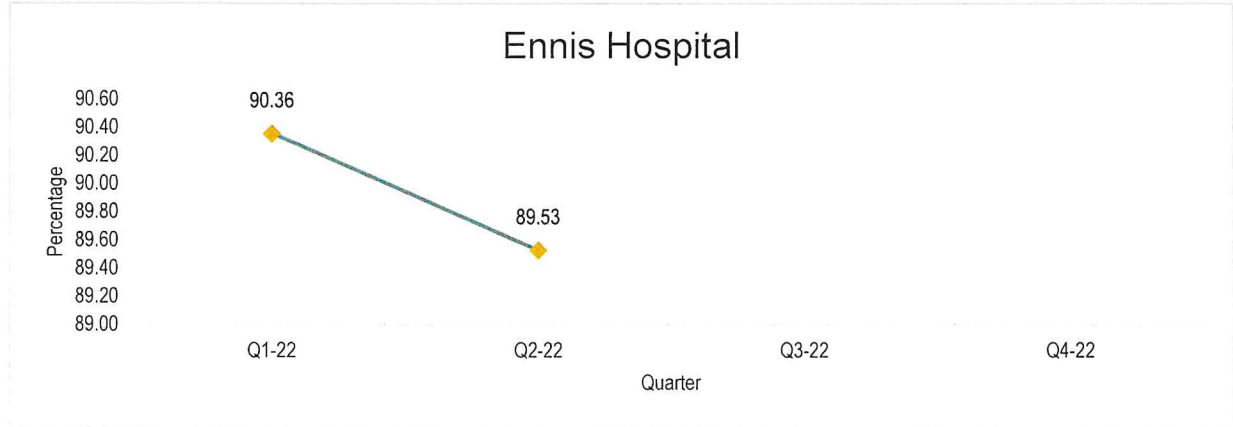
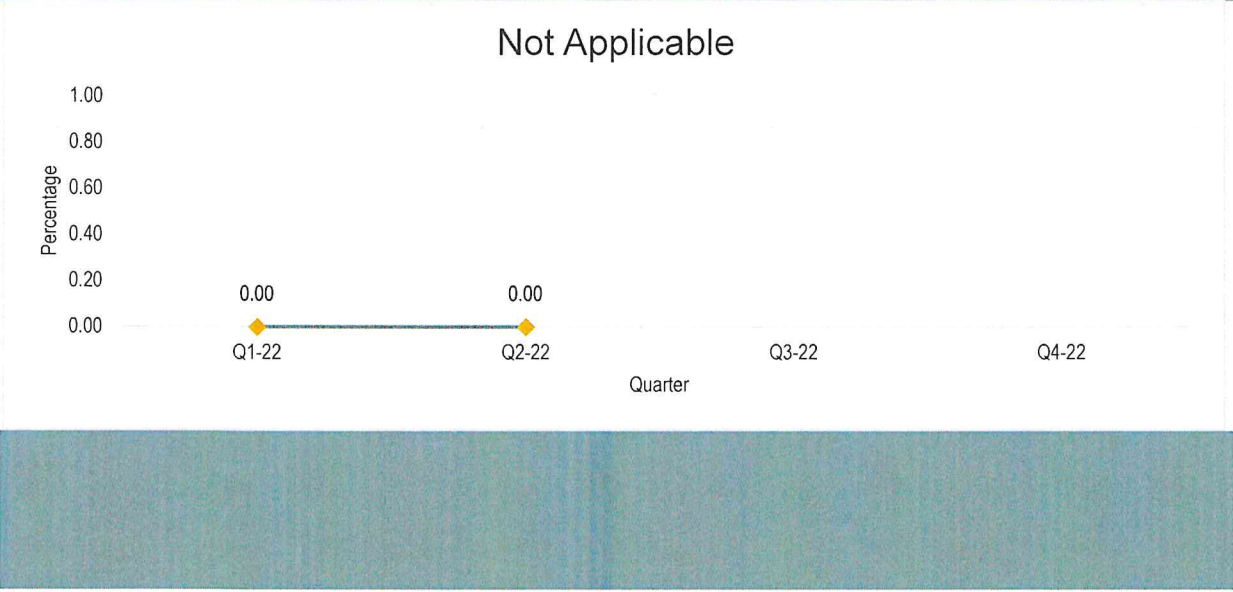


Data Caveats:

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:
 Caecal intubation rates are affected by a number of factors including age, sex, low BMI, bowel cleansing, sedation, diverticular disease and general health status

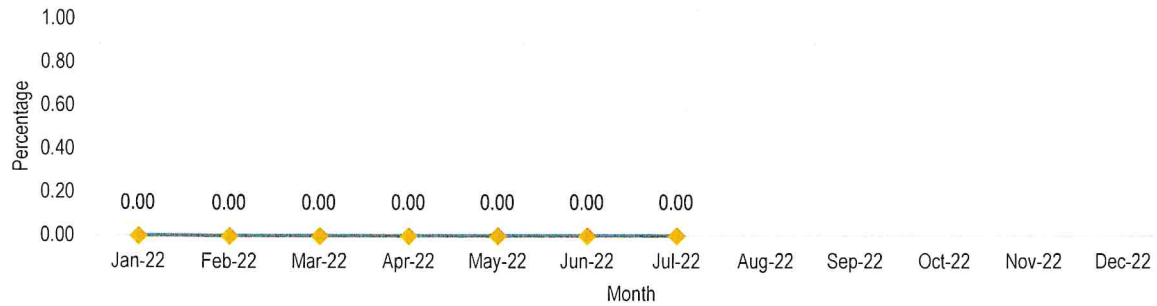
15. Percentage of intradepartmental consultations completed (Histology P01-P04)

What does this mean for me?

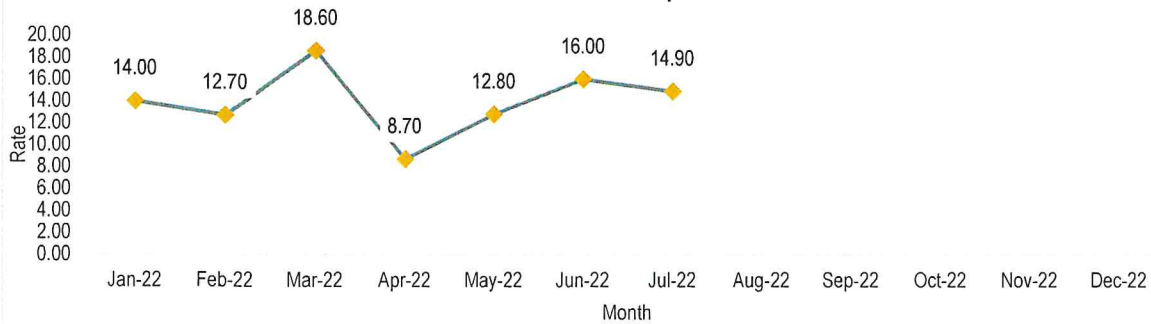
Intradepartmental Consultation (IDC) occurs when a consultant pathologist seeks a second opinion from another consultant pathologist within their department or within their regional hospital network on a particular case prior to authorisation of the final report.

Target: 3%

Not Applicable



Ennis Hospital



Data Caveats:

Nil

17. Has there been a mortality statistical outlier?

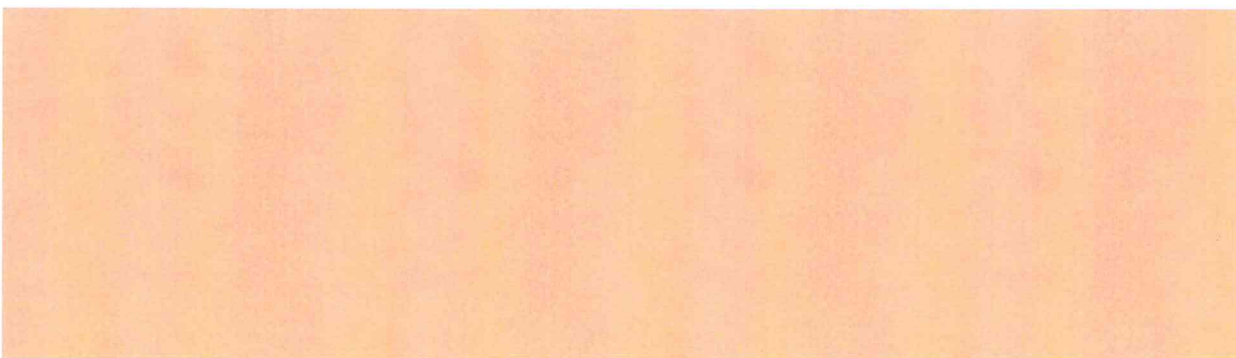
What does this mean for me?

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.


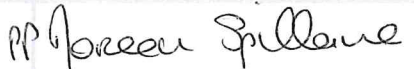

Date Periods			Has there been a mortality statistical outlier?
Oct 2020 to Sep 2021	AND	Jan 2021 to Dec 2021	Nil available
Jan 2021 to Dec 2021	AND	Apr 2020 to Mar 2021	Nil available
Apr 2021 to Mar 2022	AND	Jul 2021 to Jun 2022	0
Jul 2021 to Jun 2022	AND	Oct 2021 to Sep 2022	0



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 Ennis Hospital for the month of July 2022 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	Joseph Cassidy	22.08.22	
Hospital Group CEO	Colette Gwan	18/10/22	
Hospital Group Chief Clinical Director	Prof Brian Lenehan	12.10.22	
Hospital Group Chief Director of Nursing	Declan McNamara	14.10.22	