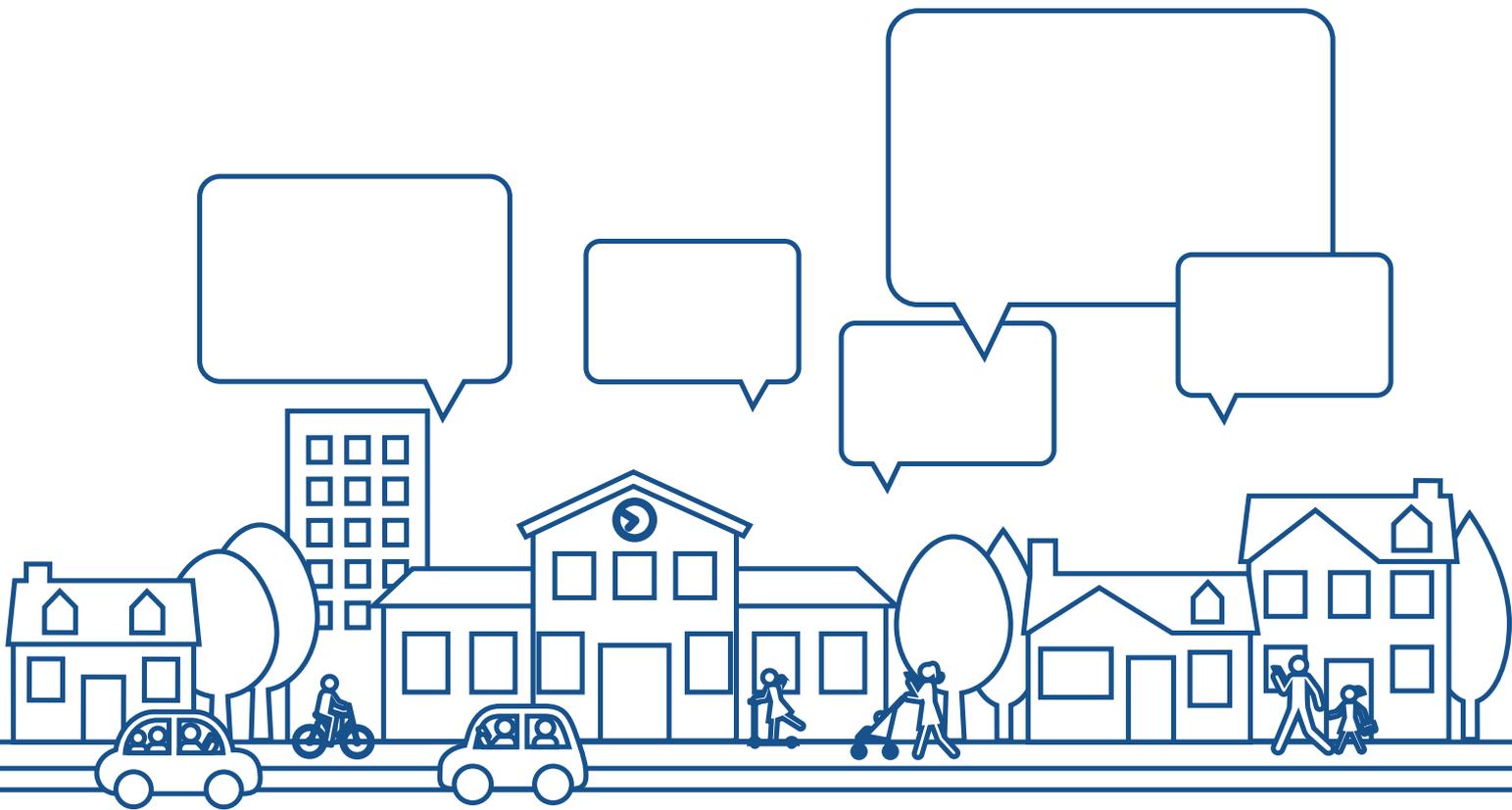




HSE ACUTE HOSPITAL SERVICES

# Listening, Responding and Improving

The HSE response to the findings of the  
National Patient Experience Survey 2017



Building a  
Better Health  
Service

Seirbhís Sláinte  
Níos Fearr  
á Forbairt

## Thank you

Thank you to the people who participated in the National Patient Experience Survey, 2017, and to their families and carers. Without your support, this survey would not have been possible. The findings tell us what matters to you as patients and about the important improvements that can be made to improve your experience of hospital services across Ireland. The survey will be repeated annually, which will allow us to explore how the patient voice has helped to change and improve hospital care for patients.

Thank you to all of the staff of the participating hospitals for encouraging patients to participate in the survey, and for their participation in the discussions and review of the feedback received and the development of the quality improvement response which is presented in this paper. The survey was overseen by a National Steering Group, a Delivery Group and an Advisory Group. We acknowledge the direction and guidance provided by the members of these groups.

The Quality Improvement Response, presented in this paper, was developed by an Oversight Group for Improving Patient Experience-Acute Hospitals, together with staff and managers from each participating hospital. We acknowledge the dedication and commitment of all participants to work in partnership and to develop meaningful plans designed to improve patient experience across all participating hospitals.

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# Foreword

## from Director General

Improving the experience for patients and service users is at the heart of everything we do as individuals and as a collective working in the health and social care services. People's emotional and practical response to illness and the responsiveness of health providers and systems to their needs is crucial, both because it matters hugely to all users of healthcare and because it has a direct influence on the other dimensions of quality.

The Results of the National Patient Experience Survey (NPES) provide acute hospital services in Ireland with tangible evidence about what matters to patients, about their journey through Irish hospitals and real practical examples of areas for improvement.

In healthcare, it's not just about what we do but how we do it. As Maya Angelou an American poet elegantly phrased it: *"I have learned that people will forget what you said, people will forget what you did but people will never forget how you made them feel."*

For many patients being treated with dignity and respect and being fully involved and treated as shared experts in the decision making about their care, are key factors for a positive experience. A true partnership between a patient and a healthcare professional means that a patient's values and preferences are understood and respected. Healthcare professionals, learn so much about health and illness, by listening to patients in an authentic way.

Patients, their families and/or carers want to feel enabled and empowered, listened to and involved in the decision making about their healthcare. Put simply, better communication, together with clear information, being treated with dignity and respect and afforded privacy, to discuss their care and treatment in at every stage of their journey, from admission to discharge, means better decisions, a better overall experience and better outcomes for patients.

Staff, managers and senior leaders across the HSE have reviewed the real-time findings of the survey for their respective areas since August 2017, and worked together with all team members at local hospital level to share the key findings and to develop and prioritise improvement programmes in response.

Measurement and analysis of patients' experiences are essential to appreciating what is working well in healthcare, what needs to change, and how to go about making improvements. It is unethical to ask patients to comment on their experiences if these comments are going to be ignored. The HSE is committed to use the findings of the NPES to improve healthcare services for all and this report outlines our commitment.

I thank the Oversight Group for Improving Patient Experience-Acute Hospitals, together with staff and managers from each participating hospital for developing this quality improvement response and plans designed to improve patient experience across all acute hospital services in Ireland. I thank colleagues in HIQA and the DoH for partnering with us in the development of the National Patient Experience Survey Programme – a partnership the health services looks forward to continuing in the future.

Tony O'Brien  
Director General, HSE

# Introduction

Improving the hospital experience for patients and loved ones is at the heart of everything we do as individuals and as a collective working in acute hospitals. The findings of the survey motivate us to find ways to empower staff and patients to further develop person-centred care and at the heart of this is a commitment to working with patients as partners in their care.

Embracing a culture which promotes the importance of patient experience and patients as partners in their care, requires a deliberate and focused effort by management and leadership. As National Director of Acute Hospital Services, I am committed to prioritising and improving the individual experience for each patient. Driving patient experience as a key priority into the day-to-day life of individual hospitals and the Corporate HSE, requires a commitment and a plan which informs us whether or not the plan is making an actual measurable difference for patients. The HSE Acute Hospital Division established:

## An Oversight Group, for Patient Experience in Acute Hospitals, in August 2017, to:

- a. Ensure that the findings of the National Patient Experience Survey are used systematically to inform quality improvements priorities, at every level of the organisation.
- b. Share evidence of best practice and examples of what is working well across the system.
- c. Facilitate planning workshops with Hospital Groups in 2017, enabling discussion about the key quality improvement priorities, in response to the survey findings.

## The HSE Acute Hospital Division, will:

- d. Develop a Framework for Patient Advocacy across Acute Hospital Services in partnership with the Department of Health and key stakeholders in 2018.
- e. Monitor the implementation of the Quality Improvement plans, as part of the governance and accountability priorities for quality and patient safety across acute hospital services
- f. Demonstrate our commitment to listening and responding to patient feedback, through the publication of the quality Improvement Response, developed at hospital, Hospital Group and at Corporate level.
- g. Work in partnership with patients, carers and families, to co-design improvement initiatives at a corporate and local level.

I welcome this opportunity to meaningfully engage with findings of the National Patient Experience Survey. I am excited about building real and meaningful partnerships with patients and our community and I am committed to supporting the implementation of a programme of work designed to improve patient experience across acute hospital services. An action plan and a reporting structure supporting its implementation will give us, at the corporate acute hospital management team level, the assurance required that we are making a real difference for patients across Ireland.

Liam Woods  
*National Director, Acute Hospital Division, HSE*

## Acute Hospital Division HSE Listening, Responding, Improving

Organisations that have improved patient experience demonstrate that there is no single path to success. However, some common underlying elements can be seen across all organisations. These elements include leadership, frontline ownership and the involvement of staff across the system, meaningful engagement with patients and family members, and a strong focus on organisational culture and staff empowerment.

**Leadership:** Strong, committed senior leadership involvement in the National Patient Experience Survey has been integral to its success from the outset. The HSE Acute Hospital Division established an Oversight Group to:

1. Review the findings of the National Patient Experience Survey.
2. Develop a systematic plan for improving Patient Experience across acute hospitals.

**Frontline ownership and the involvement of staff:** workshops and staff meetings were facilitated with Hospital Groups inviting staff, managers and subject matter experts to discuss the findings of the survey, to share examples of best practice across the system and to plan how we work together to develop and implement quality improvement plans that would make a meaningful difference to patients experience. Support for staff to develop Quality Improvement Plans are empowering rather than directive, enabling people on the front line to innovate. Dedicated champions promoting the National Patient Experience Survey at hospital level and co-ordinating the response to the findings has made a huge difference to the progress already made.

**Meaningful engagement of patients and families:** the engagement of Family Carers Ireland in the development of a quality improvement response to the findings at a corporate level has demonstrated the importance of working in partnership with patients, carers, their families and advocates. Patient Councils across Hospital Groups will use the findings of the survey to understand what matters to patients in their respective hospitals.

**A strong focus on our workforce including a focus on staff culture:** staff wellbeing and work environment are intrinsically related to patient experience. Investing and prioritising staff wellbeing, reducing organisational stress and understanding the impact that burn-out has on staff wellbeing and in turn patient experience is paramount to making a difference. Building staff capacity, such as training in communication skills and quality improvement, will lead to sustainable improvement in the long-term.

**Adequate resourcing, together with continuous measurement** and incorporation of patient experience as a critical component of quality and patient safety will lead to sustained changes and improvement. Follow-up surveys conducted in 2018 and beyond will help the HSE measure the impact of improvement programmes implemented across acute hospitals.

## Leadership and support - responding to the findings of the National Patient Experience Survey

The Oversight Group, chaired by the Deputy Director of Acute Services and sponsored by the National Director for Quality, Verification and Assurance, includes representatives across the system who play a critical role in responding to the findings of the NPES. The role of the Oversight Group for Improving Patient Experience in Acute Services, included the:

1. Development of an agreed Quality Improvement Plan designed to improve patient experience across acute services.
2. Facilitation of shared learning and best practice.
3. Facilitation of team meetings and engagement across the system to share the findings of the NPES and to plan improvement programmes in response.
4. Identification of staff training and capacity requirements for improvement.

### Members of the National Oversight Group include representatives from the following areas:

- |  |  |
|--|--|
| 1. Hospital Group Representatives x 6                    | 8. Hospital Nutrition and hydration  |
| 2. Nursing, Midwifery and Development                    | 9. Programme Manager, National Quality Assurance & Improvement System (RCSI) |
| 3. Human Resources Division                              | 10. Acute Hospitals Division Lead for Quality and Patient Safety             |
| 4. Communications-Digital Team                           | 11. Values in Action   |
| 5. Quality Assurance and Verification                    | 12. Older persons programme  |
| 6. Health and Wellbeing – Healthy Ireland Representative | 13. Clinical Programmes and Strategy   |
| 7. Quality Improvement Division                          | 14. Family Carers Ireland  |
| a. Emergency Department Quality Improvement-Microsystems |  |
| b. Cultures of person centeredness                       |  |

We welcome this opportunity to meaningfully engage with findings of the NPES. We are delighted to present the co-ordinated response to the findings of the NPES, an action plan which highlights the engagement of all key stakeholders and a commitment for all involved to make a real and meaningful difference to patient experience in every hospital in Ireland.

Angela Fitzgerald  
Deputy Director, Acute Services

Patrick Lynch, *National Director,  
Quality Assurance and Verification*

# Message of Support

## Family Carers Ireland

Family Carers Ireland welcomes the opportunity to be represented on the National Patient Experience Survey Oversight Group and the invitation to consider ways in which patients' experience of Irish hospitals can be improved, specifically in relation to how carers and families can become better involved throughout the patient journey.

When patients are admitted to hospital they are rarely alone. Most have family members or a family carer with them who shares in the patients' journey, providing not only emotional support, but also serving as secondary caregivers for patients and acting as an invaluable source of information for clinicians and staff. Families are also integral to facilitating safe and timely hospital discharge as they are most often the primary source of home-based care post-discharge. The incorporation of family members and carers into patient-centred care is therefore an integral part of improving the patient experience.

**Family Carers Ireland is delighted to partner with the HSE in helping hospitals develop new ways of engaging with families and carers by developing:**

1. Patient empowerment tools such as hospital discharge guides and patient decision aids, as well promoting the use of existing tools;
2. Helping families and carers build their skills and confidence so they feel empowered to engage in the important work of Patient and Family Councils, giving them an opportunity to become active partners and strengthening their voice within the hospital;
3. Supporting hospitals in the co-design of family-friendly initiatives; sharing our expertise in relation to the supports and services available to help families; and
4. Providing information on rights and entitlements and providing a listening ear to carers struggling with the significant challenges that caring can bring through our national freefone Careline.

Family Carers Ireland look forward to working with the Acute Hospitals Division and the Hospital Groups and are confident that our efforts will deliver significant improvements in the experience of patients and their families.

Clare Duffy  
*Family Carers Ireland*

# The HSE: Listening, Responding, Improving

Healthcare teams, working across the HSE, are using the findings of the National Patient Experience Survey to understand what matters to patients and to inform priorities for improving patient experience across acute hospitals. Priority areas identified in the survey and how healthcare teams in the HSE will support one another to improve patient experience at local level, are outlined in this document.



<p>Improve patients experience of ED, in particular waiting times and communication with healthcare professionals.</p>	<ul style="list-style-type: none"> <li>• Improving patient wait times.</li> <li>• Improving communications with patients in ED.</li> </ul>
<p>Improve care on the ward.</p>	<ul style="list-style-type: none"> <li>• Improving hospital food and nutrition.</li> <li>• Ensuring that patients have the opportunity to talk to someone on the staff about their worries and fears.</li> </ul>
<p>Improve communication and information, during examination, treatment and diagnosis.</p>	<p>Promoting effective ward round and clinical communication amongst healthcare professionals.</p> <ul style="list-style-type: none"> <li>• Promoting the importance for patients to have time to discuss care and treatment with a doctor</li> <li>• The involvement of patients in decisions about their care and treatment</li> <li>• The opportunity, for patients to talk to a doctor for family or friends</li> </ul>
<p>Improve the discharge process, in particular, the provision of clear information for patients when they are being discharged.</p>	<ul style="list-style-type: none"> <li>• Improving written or printed information on what to do after leaving hospital, the danger signs to look out for and who to contact if something goes wrong</li> <li>• Improving information on the side effects of medication</li> <li>• Improving information on managing condition after discharge</li> </ul>
<p>Sustain and improve organisational culture.</p>	<ul style="list-style-type: none"> <li>• Promoting and sustaining a culture of dignity and respect for patients and a culture of care, compassion, trust and learning.</li> </ul>

# Improving patient experience of Emergency Departments

## Improving patient experience of ED

Quality improvements projects are in place across all Hospital Groups with the aim of improving patient experience of ED services. The findings of the National Patient Experience Survey have been reviewed by ED teams across all hospitals to ensure that the suggestions for improvements identified by patients are used to inform their quality improvement priorities at local level. In addition to work being conducted by individual hospitals, support for Hospital Groups in improving quality in ED is provided by Quality Improvement Division, HSE in collaboration with the Emergency Medicine Programme.

The Quality Improvement Division is supporting the use of a Quality Improvement approach called Microsystems in Emergency Departments since February 2017 in order to understand how every part of the patient journey can be improved. This work is currently occurring in the RCSI and the DML hospital groups and will be extended to other groups. All members of the ED teams are working together on quality improvement programmes designed to improve patient experience. At the heart of this important work there is a focus on patient care and how to integrate the patient experience into the improvement work.

The team's understanding of the patient experience has been enhanced greatly by the National Patient Experience Survey. They have begun to examine the results and plan how to incorporate the findings into their improvement work. Multi-disciplinary teams have a planned approach to improvement and the survey findings are allowing them to keep the patient at the forefront of any improvements, while ensuring the patient experience will be a constant discussion piece at team meetings, a cultural shift that is exciting to observe.

There is a very rich amount of feedback from patients who present in Emergency Departments, which is very honest and revealing. We welcome this opportunity to use this information, have conversations about it, and find ways to improve patient experience.

## Improving waiting times in Emergency Departments

The Emergency Department Taskforce, established to develop sustainable long-term solutions to ED overcrowding and has set out a range of time defined actions to (i) optimise existing hospital and community capacity; (ii) develop internal capability and process improvement and (iii) improve leadership, governance, planning and oversight, together targets to be achieved in relation to reducing wait times and patients waiting on trollies in ED. Examples of specific programmes of work across acute hospitals to improve wait times are outlined in respective hospital responses, attached. All hospitals are actively working towards reducing wait times in ED and achieving the targets set by the HSE. The HSE's monthly performance process reviews and challenges performance in relation to ED waiting times. There are a number of targeted projects already underway aimed at improving patient experience times in ED. The findings of the National Patient Experience Survey will provide a further lens to examine patient experience times and will act an important lever for change.

# Improving care on the ward

## Someone on the hospital staff to speak to about your worries and fears

The findings of the National Patient Experience Survey highlighted that a significant number of patients did not find someone on the hospital staff to speak to about their worries and fears whilst they were in hospital. Individual hospitals have reviewed this finding and will commence information and promotional campaigns at local level, to inform patients, about Patient Advice and Liaison services the availability of chaplaincy, nursing and volunteers. Staff and managers in respective hospitals are working together to improve support and reduce isolation for patients.

### A framework for promoting patient advocacy

The HSE will develop a 'Framework for Patient Advocacy' together with the Department of Health in 2018, this would include clear sign-posting for patients in relation to appropriate advocacy services and the promotion of patient support services in local hospitals.

### Hospital groups sharing learning

Hospital Groups are also demonstrating leadership on heightening awareness amongst patients and their families about the roles of healthcare staff and advocacy support locally. Together with key stakeholders, Dublin Midlands Hospital Group will identify ways that improvements can be made to ensure that "patients have someone to speak to about their worries and concerns" in all hospital locations. This work will be shared across all Hospital Groups.

### Innovation—working in partnership with communities

St Luke's General Hospital Carlow-Kilkenny Emergency Department Support Volunteers Pilot Project – A pilot project commenced in St Luke's General Hospital Carlow-Kilkenny in March 2017 to provide support to patients who present at the Emergency Department (ED) who are feeling suicidal or who require a mental health assessment. The initiative, which was designed and developed by a team made up of staff and management from the acute hospital and mental health service, the Consumer Panel for Mental Health, the Samaritans, Kilkenny Bereavement Support Group, Teac Tom, Family Carers Ireland, ARI, Mental Health Ireland, HSE Suicide Resource Office, Lifeline and others, is currently being offered between 8 am and 8.30 pm on Saturdays. The team of 12 volunteers, who attended a tailor-made four-day training course, work in pairs and provide a listening ear to patients who are waiting for their mental health assessment - go for a walk with them, make a cup of tea, explain the workings of the busy ED, they are there to talk to them about their worries and fears, the overall aim is to make the person feel as relaxed as possible while they are waiting and to assure them that they are not alone as they take their first steps on the road to recovery. The team will share their experience of this project, with other hospitals across the country.

## Improving hospital food and nutrition

### Hospital teams sharing feedback and developing improvement plans

The findings of the National Patient Experience survey highlight the need to improve hospital food and nutrition across all acute hospital services in Ireland. A thorough review of the findings of the food-related questions has been conducted by the National Clinical Lead for Hospital Nutrition, who has also aided in the dissemination of results to catering managers nationally.

The findings of the survey have been shared with healthcare staff across the system, including catering managers, hospital dietitians, Directors of Nursing and healthcare managers.

Individual hospitals have outlined their plans for improving hospital food and nutrition. Examples of improvements include the early screening and identification of patients at risk for malnutrition on admission, the provision of replacement meals for patients who have missed meals, the provision of additional support for patients who need assistance during meal-times, improving food choice and times for serving hospital meals are also addressed in many hospital locations. Working groups have been established across all hospitals to develop and implement plans for improving the standard of food and nutrition at hospital level.

#### National leadership and guidance

In June 2017, a Clinical Specialist Dietitian was appointed to work across Acute Hospital Services in the HSE to lead on the development of a National Food and Nutrition Policy for patients, staff and visitors in acute hospitals. Support and guidance will be made available to assist hospitals with the implementation of the policy on nutrition and hydration standards. The aim of this work is to improve the quality and safety of nutritional care in acute hospitals and to ensure that through the provision of healthier food that we promote the health and wellbeing of patients, staff and visitors.

A team working at National Level, composed of all relevant staff including catering, nutrition, management, nursing and speech and language will work together to improve nutritional standards for all hospital menus, and establish ways of working which ensure that patients' needs are met and that a nutrition service is provided to all from admission to discharge.

# Improving communications and information for patients during examination, treatment and diagnosis

Patients, their families or carers want to feel enabled and empowered, listened to and involved in the decision making about their healthcare. Put simply, better communication together with clear information, being treated with dignity and respect and afforded privacy, to discuss their care and treatment in at every stage of their journey, from admission to discharge, means better decisions, a better overall experience and better outcomes for patients. The Findings of the National Patient Experience Survey highlighted areas for improvement with respect to communications in healthcare during examination, treatment and diagnosis. Access to the real-time findings of the survey have been provided to healthcare professionals, enabling clinicians, managers and staff in each of the participating hospitals to view the findings for their respective areas and to understand what matters to patients at local level.

## Sharing best practice guidance

Best practice guidance of effective ward round communication and clinical communication has been shared with all participating hospitals, together with the 'NICE Guidelines on Improving Patient Experience'. Each participating hospital has outlined examples of how they will respond to improving communications at a local level.

## Providing leadership for improving communications skills of healthcare professionals

The results of the National Patient Experience Survey highlight a need to provide support, training and guidance in relation to effective ward round communication and interactive engagement of patients at the bed-side. In response to this need, a National Lead has been assigned by the Director of HR to develop a programme of support for staff to enhance clinical and ward round communication in acute hospital services. This work will be developed in partnership with academic partners and key stakeholders already involved in communications skills training for healthcare professionals. Together with patients, a suite of patient decision aids designed to empower patients to ask questions about their health, their care pathways and options for treatment will be developed (see examples below). This work commenced in November 2017.

## Promoting a culture of patient partnership

The findings of the National Patient Experience Survey highlight that there is a need to promote a culture of patient partnership in healthcare, with increased awareness of enabling patients to be more involved in the decision making about their healthcare, treatment and options. Training programme will be delivered in early 2018 to share resources and information on working in partnership with patients.

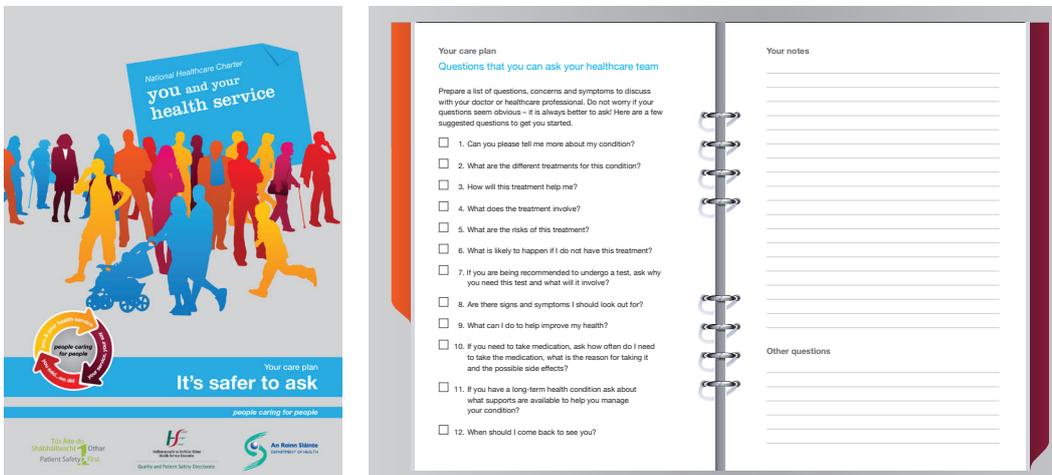
## Hospital groups demonstrating leadership

Hospital Groups have shown leadership in how they work in partnership with patients and the public. University Limerick Hospital Group has developed a Strategy in Patient and Public Participation, describing how patients will be involved as active partners in their own care at a one to one level, how patient involvement on hospital working groups will lead to a culture of true partnership with patients at hospital level, leading to meaningful improvement in patient experience and outcomes of care. This work will be shared across all Hospital Groups.

The RCSI Hospital Group is using the findings from the National Patient Experience Survey in their Future Leaders programme. Future Leaders across the hospital group are undertaking improvement projects based on the findings of the National Patient Experience Survey. This will enable and empower staff at every level of the organisation to always consider the voice of the patient when making improvements. Lessons learnt from work will be shared across the system.

## Empowering patients

Health information designed to empower patients to make informed decisions to be fully involved in the decision making about their health care will be further promoted. This work will be advanced in partnership with patients, their families and carers. The Safer to Ask series of patient leaflets encouraging patients to be actively involved in the decision making about their care are available across hospital sites on and the HSE website.



It's Safer to Ask leaflet

## Open Disclosure

The HSE promotes and supports a culture of open, honest and transparent communication with patients and their families as appropriate, when things go wrong in relation to their healthcare. An extensive training and support programme is ongoing across all health and social care services in relation to the implementation of the HSE's open disclosure policy with numerous resources available on the HSE webpage [www.opendisclosure.ie](http://www.opendisclosure.ie) or [www.hse.ie/opendisclosure](http://www.hse.ie/opendisclosure). The Civil Liability Amendment Act 2017 (signed by the President in November 2017) includes protective provisions for staff engaging in open disclosure discussions with patients and their families. Open Disclosure has been implemented across all Hospital Groups in Ireland.

## Improving information for patients throughout the patient journey

**Improving Patient Information:** A patient-centred approach to how we communicate health information. The findings of the National Patient Experience Survey highlight that patients need more information about their treatment, services and care when leaving hospital. The HSE has developed a roadmap in consultation with over 3000 patients, service users and public to provide the information they need to access and navigate the health service and manage and improve their own health and wellbeing. 2018 will see an enhanced directory of services available online and a more patient-centred approach to how we communicate the health information our patients need online.

The Communications Division are working with health professionals across the health service to ensure that patient information is provided in an accessible and understandable way. This will lead to:

- a. Improve access to health information for patients and for the public; and
- b. Enable hospital services to provide a consistent standard of health information which meets patient's needs.

2018 will see an enhanced directory of services available online and a more patient-centred approach to how we communicate the health information our patients need online, improving the standard of health information provided to patients throughout their journey from admission to discharge. This work commenced in October 2017.

**Plain English Guidance for communicating clearly and for producing clear information has been developed by the HSE Communications Division.** Work is underway in relation to health literacy and improving the guidance to the system on communication. This is called Communicating Clearly and information can be found on [www.hse.ie/communicating-clearly](http://www.hse.ie/communicating-clearly). Further development and promotion of this work is planned for 2018.

**Leadership from Hospital Groups on developing accessible information for patients.** A number of Hospital Groups are developing innovative programmes of work to provide more accessible health information to patients, this work will be shared across the system. Galway University Hospital, in partnership with patients, have reviewed written patient information leaflets and appointment letters for Outpatient Clinics to improve their readability and accessibility for patients.

Staff training for 80 staff in writing in plain English was facilitated by the National Adult Literacy Agency. The production of '*Policy for the Development of written Patient Information*' provides a step-by-step guide to support staff producing written patient information: this resource will be shared across the system.

# Improving patient information and communication at discharge

## The HSE, code of practice for integrated discharge planning 2008

'The HSE, Code of Practice for Integrated Discharge Planning 2008', outlines the importance of providing patients with information about, what to do after leaving hospital, the danger signs to look out for, who to contact and follow-up in the community together with information on the side effects of medication. The findings of the survey have been shared with healthcare staff across the system at a national Hospital Group and hospital level, to promote the importance of improving patient experience, engagement and communication during the discharge process.

## Hospital groups demonstrating leadership

Hospital Groups are implementing quality improvement programmes at local level to improve discharge processes and information for patients. Limerick University Hospital has developed a new patient information leaflet in cooperation and consultation with patients. The South-South West Hospital Group will develop patient information about discharge on the key priorities identified by patients in the survey. This work will be shared with all Hospital Groups across the system.

## Hospitals improving patient information

Quality Improvement Plans in relation to the provision of information for patients in relation to their discharge, including information on managing your health after discharge, knowing who to contact if something goes wrong and the side effects of medication, are being advanced at hospital level. Individual hospitals have outlined in their attached plans key actions to improve information for patients on discharge, including the revision of patient information and addressing the specific issues identified in the survey.

## Improving information on medication side effects

Workshops on 'Medication Safety and Quality Improvement' will be delivered in early 2018, for all relevant staff to address the provision of accessible information for patients relating to patient safety and medication side effects. Solutions identified in by individual hospitals in relation to improving patient information about medication side effects are presented in the attached plans.

## Empowering patients, carers and families

Family Carers Ireland will work with the HSE in helping hospitals develop new ways of engaging with families and carers by developing:

- a. Patient empowerment tools such as hospital discharge guides and patient decision aids, as well as promoting the use of existing tools;
- b. Providing information on rights and entitlements and providing a listening ear to carers struggling with the significant challenges that caring can bring through their national freefone Careline.

# Improving organisational culture in healthcare

Health service staff often work in complex, challenging and potentially distressing situations. Working in health care carries an increased risk of burnout in comparison to other professions and it can also lead to increased boundaries and defences when dealing with patients. Evidence has shown that withdrawal from feelings or emotions can lead to a decrease in compassion and empathy which can decrease the ability to provide high quality care to patients. The HSE demonstrates its commitment to caring for staff and promoting compassionate leadership at every level of the organisation through the implementation and support for the following initiatives; the Caring Behaviours Assurance System; Values in Action; Cultures of Person-centeredness; *Schwartz Rounds*. The findings of the National Patient Experience Survey will highlight hospitals where support and investment is required to improve organisational culture.

## Caring behaviours assurance system

The Caring Behaviours Assurance System is in place in the Saolta hospital Group and is being implemented in the Dublin Midlands Hospital Group. A fundamental element of CBAS-I is that it addresses 'caring for patients and caring for staff' in equal measure; when staff are looked after effectively, their ability to care for their patients in a caring and compassionate manner is enhanced. It is an accountability system designed to engage individuals, teams and Executive Boards in achieving the national agenda for assuring the quality and safety of the care experience for patients, their families and for staff. It offers a mechanism for healthcare teams to provide assurance that care is delivered in a safe, quality, compassionate person-centred way from 'Bed to Board'.

## Cultures of person centredness

As part of its commitment to care, compassion, trust and learning, the HSE has introduced a practice development programme, replicated over three years initially, to enhance and further develop cultures of person-centeredness for both patients and staff throughout the Irish healthcare system. This programme builds the capacity of staff to lead and imbedding cultures of person-centeredness within services. 70 participants from 40 sites across the country are taking part in the 2017 programme, with the same number anticipated for 2018 and 2019. Participants are engaging with colleagues in their workplaces to develop a supportive workplace culture that will enable person-centred care and practice to be sustained. Staff will experience for themselves what it is like to work in a person-centred workplace; this experience will help them understand and practice what is required to provide ongoing person-centred care in their areas of work. This programme is being rolled out through the HSE Quality Improvement Division supported by the HSE Nursing Office.

### **Schwartz Rounds promote compassionate care at the bedside**

*Schwartz Rounds* provide a forum for staff from across an organisation to come together and share stories about care giving and the lived experience of working in a healthcare environment. The approach has been shown to improve staff wellbeing, resilience and teamwork and ultimately to lead to improved person-centred care. *Schwartz Rounds* promote compassionate care at the bedside while also supporting staff to share emotional & psychological aspects of their work that may otherwise build up, causing stress and anxiety. The *Schwartz Rounds* fits hand in glove with the HSE values. *Schwartz Rounds* demonstrate the HSE values as follows: Care, Compassion, Trust & Learning.

#### **Schwartz Rounds**

**Care:** *Schwartz Rounds* care for staff, providing an opportunity for staff to reflect on the emotional aspects of their work. The focus is on the human dimension of care.

**Compassion:** *Schwartz Rounds* embody an ethos of compassionate care and are called after Kenneth Schwartz, a Boston based lawyer who died of lung cancer. Before Kenneth died he wrote about the positive impact receiving compassionate care had on his journey and how it 'made the unbearable bearable' and at the same time he recognised the emotional cost to staff. By creating safe spaces for reflection, *Schwartz Rounds* give staff the opportunity to share emotional & psychological aspects of their work that may otherwise build up, causing stress and anxiety, impeding their ability to provide compassionate care.

**Trust:** Confidentiality associated with *Schwartz Rounds* is vital, while staff are encouraged to discuss themes within rounds, confidentiality relating to panellists stories is paramount. Staff members' trust in the confidentiality of the *Schwartz* process is very important to its success.

**Learning:** *Schwartz Rounds* encourage participants to gain insight into their professional experiences through storytelling. It highlights the importance of having a safe place to share and learn from each other. Rounds provide an opportunity for staff to reflect on the emotional aspects of their work and learn from this reflection. *Schwartz Rounds* are truly multidisciplinary.

Research from the US shows that staff who attend *Schwartz Rounds* on a regular basis feel more engaged in their work, more compassionate in the care they deliver and better equipped to deal with challenging non-clinical situations. Formal evaluation of the project is now underway.

# Values in Action

Values in Action is about achieving long-term and sustainable culture change that will improve the experience of those who use, and of those who work in, our health services.

Values in Action uses a peer to peer approach to shaping the culture in the health service and is led by champions, who have been nominated by their colleagues, drawn from all grades, disciplines and professions from the health service. They are creating a bottom-up, grassroots movement to improve the culture in their workplaces and across the health service.

The behaviours that underpin Values in Action were informed by a comprehensive review of feedback from staff, patient and service user surveys, direct engagements and complaints. The nine behaviours have been designed in response to the common themes identified, and have been tested with staff and patients, all of whom agreed that living the behaviours would improve the experience of staff and service users.

Values in Action has been underway in the Mid-West in the UL Hospital Group and in Mid-West Community Healthcare since mid-2016 and is already showing very promising results. In a short period of time it has gained significant traction and support across the system. The HSE has recently established a small team to bring this innovative approach to improving health service culture to other parts of the health service. Values in Action is mobilising staff and empowering them to lead the changes that we need to truly build a better health service. As one of the Values in Action Champion's puts it; "it's for ourselves and it's for our patients".

## VALUES IN ACTION

PERSONAL	WITH COLLEAGUES	WITH PATIENTS AND SERVICE USERS
Am I putting myself in other people's shoes?	Acknowledge the work of your colleagues	Use my name and your name
Am I aware that my actions can impact on how other people feel?	Ask your colleagues how you can help them	Keep people informed – explain the now and the next
Am I aware of my own stress and how I deal with it?	Challenge toxic attitudes and behaviours	Do an extra, kind thing



[@HSEvalues](http://www.hse.ie/valuesinaction)

**HSE** Building a Better Health Service | Seirbhís Sláin Níos Fearr á Forbairt



# Using the findings of the National Patient Experience Survey to design healthcare systems

The findings of the National Patient Experience Survey will be used to inform and improve priorities at a National Level by teams working across the following areas: National Clinical Programmes and Integrated Care Programmes, Quality Improvement, the Office of Nursing and Midwifery Services Director, Human Resources, and Health and Well-being.

The design of the National Clinical Programmes and Integrated Care Programmes promote the voice of the patient for the successful design and delivery of healthcare, and welcome the National Patient Experience Survey, results which further afford the system to clearly hear this voice. These Programmes work closely with patient representatives and organisations to ensure that models of care and care pathways are designed to meet the patient needs. The Integrated Care Programmes further build on ensuring that a strong relationship is forged between the patient and their caregiver by promoting closer interactions at the point of care delivery through initiatives such as: out-of-hospital care which afford more time for discussion with patients and care givers, better care coordination across disease groups/specialities and provides opportunity for appropriate health and medication advice and or information to be given to all. All these are areas that were echoed through the NPES. The Clinical Strategy and Programmes Division also lead the 'Your Voice Matters' initiative to ensure the patient experience can improve the services we design and provide. This initiative is currently at pilot stages and will build further on the output of the National Patient Experience Survey, allowing for real-time continuous measurement of healthcare delivery by capturing patient story and experiences on an on-going basis.

## Understand better what matters to patients, involving patients

The feedback from the National Patient Experience Survey, will be shared and presented to a meeting of patients and the voluntary sector to discuss the findings and ways in which we can work together to improve healthcare services for older people overall. Workshops will be organised in local communities and invitations will be sent to the Age Friendly Alliance, Older Persons Council, and interested older people, carers, and third sector organisations. The purpose of these engagement meetings with Older People, is to prioritise areas for service improvement and to identify and recruit patient champions who will participate on project boards of service improvement projects in their local areas. This work will commence in early 2018, it is being progressed by the Integrated Care Programme for Older Persons.

## Informing workforce planning

Integrated health workforce planning is set out in the Health Services People Strategy 2015-2018 to add value, attract and retain talent and deliver on organisational goals. The results of the National Patient Experience Survey will be reviewed together with information on integrated workforce planning to identify where there are particular areas which need additional support. This work is commencing in early January 2018. The findings from both staff experience and patient experience surveys will also be triangulated to understand the causes of cultural problems at hospital level and key priorities which effect both patients and staff.

## Leadership in Nursing and Midwifery

The Office of Nursing and Midwifery, Services Director, in partnership with Chief Directors of Nursing and Midwifery/Directors of Nursing will use the findings of the National Patient Experience Survey to prioritise and guide development work for nursing staff within acute hospitals. This work includes developing leaders, improving care and using the values of the organisation as a central focus. The findings of the survey will be front and centre in nursing and midwifery practice and shared across the system to increase awareness of what's important to patients and families and key areas for improvement, and in particular the focus on the development of communication skills and patient education. Chief Directors of Nursing and Midwifery will work with frontline staff so that patients and families will receive the information they need, when they need it throughout their journey. Chief Directors of Nursing and Midwifery will prioritise areas for improvement and will continue to support frontline staff in services to undertake these improvements at a local level. The findings of the survey will inform the education and training that is designed and delivered nationally. The Caring Behaviours Assurance System<sup>®</sup> programme, which is designed to promote safe caring behaviours within healthcare, supports staff to build their resilience and as a result creates a safe caring environment for all; this work will continue to be supported.

## Improving and promoting health amongst patients and staff

From where we stand in 2017, there is an unsustainable demand for future health services driven by lifestyle, disease patterns and ageing populations. Healthy Ireland in the Health Services is focused on improving health and wellbeing by prevention rather than simply by treatment. While up to 80% of chronic disease can be prevented, it is increasing at a rate of 4% per annum with the treatment of chronic disease accounting for 55% of total hospital expenditure. The Healthy Ireland in the Health Services Implementation Plan identifies three strategic priorities:

1. **Health Service Reform:** setting up more support for the management and treatment of chronic disease in the community, thereby, enabling acute hospital services to focus more on the treatment of acute medical care, and promoting the importance of support programmes for patients to help them manage chronic conditions and their overall health and well-being.
2. **Reducing the burden of Chronic Disease:** by promoting health and wellbeing amongst our patients in acute hospitals "making every contact counts" a health and wellbeing initiative designed to encourage, all healthcare staff, in both hospitals and community care services, to capitalise on every encounter with patients, to promote health and wellbeing, focusing on the risk factors for chronic disease, poor diet, smoking, alcohol misuse, and lack of physical activity.
3. **Improving Staff health and Wellbeing:** evidence demonstrates that healthy workplace environments positively impacts on staff well-being, and in turn their capacity to promote health and be fully engaged and productive in the workplace.

The Results of the National Patient Experience Survey have identified areas for improvement which complement the work of teams involved in promoting health across health care services. Suggestions provided by patients about their care in hospitals together with solutions for promoting health in hospital will be used to inform improvement initiatives going forward. The Saolta, University Limerick, Ireland East and Dublin Midlands Hospital Groups have launched their plans and work continues with the South/South West Hospital Group, the Children's Hospital group and the Community Health Offices in developing their plans to make a meaningful difference to improving the health and well-being of their populations.

# Conclusion

Measurement and analysis of patients' experiences are essential to appreciating what is working well in healthcare, what needs to change, and how to go about making improvements.

The initiatives and changes mentioned in this report support our health services to build a culture and environment for patients and service users to have a positive experience when they come into contact with our health service. All health and social care systems must place people and patients at the centre of all they do. This means listening to the patient voice in the planning, design and implementation of services; supporting open and honest discourse on how services are provided; and building a sense of partnership between the people who use services and those who provide them. It also means understanding population need and the needs of groups with specific vulnerabilities, and designing services to respond to that need. The following points outline the key initiatives and ways in which the HSE will use the feedback received from patients to improve patient experience across acute hospital services in Ireland.



## ADMISSION TO HOSPITAL

### Improving patient experience of Emergency Department

#### Reducing Emergency Department waiting times and improving communication and engagement with patient

The findings of the National Patient Experience Survey highlight a need to improve patient experience of ED services. Quality improvements projects are in place across all Hospital Groups with the aim of improving patient experience of ED services. The findings of the National Patient Experience Survey have been reviewed by ED teams across all hospitals to ensure that the suggestions for improvements identified by patients are used to inform their quality improvement priorities at local level (as outlined in the attached hospital responses). In addition to work being conducted by individual hospitals, support for Hospital Groups in improving quality in ED is provided by Quality Improvement Division, HSE in collaboration with the Emergency Medicine Programme.



## CARE ON THE WARD

### Improving care on the ward

#### Improving hospital food and nutrition

The findings of the National Patient Experience survey highlight the need to improve hospital food and nutrition across all acute hospital services in Ireland. A thorough review of the findings of the food related questions of the patient survey has been conducted by the Clinical Lead for Hospital Nutrition, who has also aided in the dissemination of results to catering managers nationally. This feedback will be used to prioritise key areas for improvement at both a national and local hospital level, including the development of the National Food and Nutrition Policy. Examples of how individual hospitals are improving hospital food and nutrition for patients are presented in the attached plans.

### Someone on the hospital staff to speak to about your worries and fears

The findings of the National Patient Experience Survey highlighted that significant numbers of patients did not find someone on the hospital staff to speak to about their worries and fears whilst they were in hospital. Individual hospitals have reviewed this finding and will commence information and promotional campaigns at local level, to inform patients about patient advice and liaison services, the availability of chaplaincy, nursing and volunteers. Staff and managers in respective hospitals are working together to improve support and reduce isolation for patients.

The HSE will develop a Framework for Patient Advocacy together with the Department of Health in 2018. This will include clear sign-posting for patients in relation to appropriate advocacy services and the promotion of patient support services in local hospitals.



## EXAMINATION, DIAGNOSIS & TREATMENT

## Improving communications and information during, examination, diagnosis and treatment

### Improving communications skills of healthcare teams

The need to improve the communication skills of healthcare professionals has been highlighted in the National Patient Experience Survey as a key priority. A National Lead has been assigned by the Director of HR to develop a programme of support for staff to enhance clinical and ward round communication in acute hospital services. A programme of work will be developed in partnership with academic partners and key stakeholders already involved in communications skills training for healthcare professionals. Together with patients, a suite of patient decision aids designed to empower patients to ask questions about their health, their care pathways and options for treatment will be developed. Examples of how hospitals plan to improve communication skills of healthcare professionals are presented in the attached plans.

### Improving health information for patients

The findings of the National Patient Experience Survey highlight that patients need more information about their health, treatment and care options, and support services in their communities for managing their health. The HSE has developed a roadmap in consultation with over 3000 patients, service users and public to provide the information they need to access and navigate the health service and manage and improve their own health and wellbeing. 2018 will see an enhanced directory of services available online and a more patient centred approach to how we communicate the health information our patients need online. We are working with health professionals across the health service to make sure we can provide that information in an accessible and understandable way. Plain English Guidance for communicating clearly and for producing clear information has been developed by the HSE Communications Division. Examples of how hospitals plan to improve patient information for patients are presented in the attached plans.



## DISCHARGE OR TRANSFER

# Improve information and communication during the discharge process

The HSE Code of Practice for Integrated Discharge Planning outlines the importance of providing patients with information about what to do after leaving hospital, the danger signs to look out for and who to contact if something goes wrong and the importance of providing information on the side effects of medication. Information on managing your health/condition after discharge, together with the supports available in the community and communicating with patients is available to all healthcare teams.

Quality Improvement Plans in relation to the improving the discharge progress have been developed across the system in individual hospitals and across Hospital Groups. Hospitals have outlined in their attached plans key actions to improve information for patients on discharge, including the revision of patient information, providing specific details on the areas identified in the survey for improvement.

## Improve and sustain healthcare culture

Organisational culture is intrinsically related to patient experience; health service staff often work in complex, challenging and potentially distressing situations. Working in health care carries an increased risk of burnout in comparison to other professions and it can also lead to increased boundaries and defences when dealing with patients. Evidence has shown that withdrawal from feelings or emotions can lead to a decrease in compassion and empathy which can decrease the ability to provide high quality care to patients. The findings of the National Patient Experience Survey highlight hospitals where support and investment is required to improve organisational culture. Examples of how individual hospitals are improving and sustaining healthy culture in healthcare are outlined in the attached plans.

### [The findings of the national patient experience survey will be used to improve healthcare design](#)

The National Clinical Programmes and the Integrated Care Programmes promote the voice of the patient for the successful design and delivery of healthcare and they welcome the National Patient Experience Survey, results which further afford the system to clearly hear this voice. The findings identified in the National Patient Experience Survey will be shared with all teams working in design and improving healthcare systems, ensuring that key areas for improvement are used to inform priorities going forward.

The feedback from the National Patient Experience Survey will be shared and presented to a meeting of patients and the voluntary sector to discuss the findings and ways in which we can work together to improve healthcare services for older people overall. This work will commence in early 2018 and is being progressed by the Integrated Care Programme for Older Persons.

### The findings of the survey will be used to inform human resource planning and priorities

Workforce planning is set out in the Health Services People Strategy 2015-2018 to add value, attract and retain talent and deliver on organisational goals. The results of the National Patient Experience Survey will be reviewed together with information on integrated workforce planning to identify where there are particular areas which need additional support. This work is commencing in early January 2018. The findings from both staff experience and national patient experience survey will be triangulated to understand the causes of cultural problems at hospital level and key improvement priorities which need to be addressed for both patients and staff.

### The findings of the survey will be used to prioritise and guide development work for nursing staff within acute hospitals

The Office of Nursing and Midwifery Services Director, in partnership with Chief Directors of Nursing and Midwifery/Directors of Nursing, will use the findings of the National Patient Experience Survey to prioritise and guide development work for nursing staff within acute hospitals. Areas for improvement together with support for staff in services to undertake these improvements at a local level will be prioritised. The findings of the survey will inform the education and training, which is designed nationally.

### The findings will be used to inform the work of health promotion and improvement

The results of the National Patient Experience Survey have identified areas for improvement which complement the work of teams involved in promoting health across health care services. Suggestions provided by patients about their care in hospitals together with solutions for promoting health in hospital will be used to inform improvement initiatives going forward.

## Sharing learning across hospital groups

All Hospital Groups have supported and facilitated the development of a comprehensive response to the emerging priorities identified in the survey, individual Hospital Groups have demonstrated leadership on specific areas, such as working in partnership with patients, training future leaders in the importance using patient feedback, developing plain English patient information, and exploring ways in which we can meaningfully improve support for patients who have nobody to speak to in hospital about their worries and concerns. Projects of work underway and examples of best practice developed across all hospital groups will be used to share learning, thus benefiting all hospitals and in turn all patients across Ireland.

# Saolta University Health Care Group



1. Galway University Hospital
2. Letterkenny University Hospital
3. Mayo University Hospital
4. Portlincula University Hospital
5. Roscommon University Hospital
6. Sligo University Hospital

Hello, my name is Maurice Power.

A very special thank you to all our patients, carers and their families who participated in the National Patient Experience Survey 2017. Thank you to our staff for encouraging patients to participate in the Survey, and for their participation in the discussions and review of the feedback received and the development of the quality improvement plans in response to the findings.

The results of the National Patient Experience Survey provide Saolta University Health Care Group with an insight into the patient's experiences in our seven hospitals. The Survey assists us in understanding what matters to patients, it confirms for us the importance of working in partnership with our patients, their carers, our staff and communities. We can see clearly what improvements need to be made and how we can make them in partnership with our service users.

We are committed to responding to and implementing the findings.

Over the last number of years, we have established Patient Experience Committees in our hospitals and have appointed a number of Patient Advice Liaison Officers across the Group, with more to follow. The roll out of the Caring Behaviour Assurance System CBAS, "#Hello, my name is..." campaign and other patient-focussed initiatives demonstrates our commitment to building on the attributes of compassionate leadership in everything we do. The Saolta University Health Care Group will ensure that the findings of the Patient Experience Survey will be used to understand the key priorities for improving patient experience in each individual hospital. The quality improvement plans developed by each participating hospital will be monitored for progress made, in relation to improving on patient experience. Involvement of patients, through patient forums or councils, and the development-related strategy will be progressed across all of our hospitals to create a culture which values patients as partners in the planning and decision-making in healthcare.

This Survey has been a very positive experience for the Saolta Group. It has focussed our attention even more on what is important. The patient must be put at the centre of all we do and we look forward as a Group to the implementation of improvements in patient experience over the coming year.

**Maurice Power**  
*Chief Executive Officer, Saolta University Health Care Group*

WHAT PATIENTS SAID TO US

LISTENING RESPONDING & IMPROVING

TIME-SCALE

  
ADMISSION TO HOSPITAL

<p><b>PATIENT EXPERIENCE:</b> Improve patient experience of the Emergency Department.</p>	<ol style="list-style-type: none"> <li>1. A quality improvement programme, is being piloted in GUH supported by GE Finnermore. This programme is designed to improve the patient journey from ED to theatre. This improvement programme commenced in April 2017, it has led to significant improvements for patient experience, in particular wait times for:                     <ul style="list-style-type: none"> <li>- To be seen by a surgeon, access to theatre, access to radiology and to a bed.</li> <li>- The impact of this work is being realised for patients, positively impacting on their experience.</li> <li>- Patient Advice and Liaison support is provided in ED.</li> </ul> </li> <li>2. There is an on-going focus on reducing the number of patients on trolleys in the Emergency Department, in line with the HSE target times.</li> <li>3. The ongoing promotion of the Caring Behaviours Assurance Programme includes the importance of improving dignity, respect and patient privacy as key drivers of a positive patient experience.</li> </ol>	<p>2017+</p>
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CARE ON THE WARD

<p><b>NUTRITION:</b> Improve hospital food and nutrition for patients.</p>	<ol style="list-style-type: none"> <li>1. Catering staff have reviewed the findings of the NPES to help understand better what improvements can be made to hospital food and nutrition.</li> <li>2. Protected Mealtimes are being introduced.</li> <li>3. Support is being provided for patients who cannot feed themselves.</li> <li>4. Picture Card Menus are being developed to help patients decide about meal options available to them.</li> <li>5. A Strategy for the provision of nutrition and hydration will be developed to improve hospital nutrition overall.                     <ul style="list-style-type: none"> <li>- Menu choices + Calorific Count will be provided.</li> </ul> </li> <li>6. Patients who are at risk of malnutrition will be identified and provided with a high count calorific diet to ensure that they do not deteriorate further and to enable them to improve their overall health, wellbeing and recovery. All hospital wards will participate in this important initiative.</li> </ol>	<p>ON-GOING</p>
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<p><b>DIGNITY &amp; RESPECT AND PRIVACY:</b> Improve privacy for patients whilst being cared for on the ward and improving patient experience at night.</p>	<ol style="list-style-type: none"> <li>1. Awareness campaign on the importance of patient privacy, will be promoted amongst healthcare teams across GUH.</li> <li>2. Privacy has improved as a 75 bedded hospital block opened in June 2017, this improve privacy for patients being cared for on the ward, as it has reduced overcrowding across the entire hospital.</li> <li>3. A programme of work will commence in 2018, to identify ways in which patient experience can be improved at night time.                     <ul style="list-style-type: none"> <li>- A review of night-time nursing capacity and identifying ways of reducing noise will be explored.</li> </ul> </li> </ol>	
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<p><b>COMMUNICATION:</b> Increase awareness for patients of the supports available if they wish to speak to someone about their worries and concerns.</p>	<ol style="list-style-type: none"> <li>1. The promotion of the role of Patient Advocacy Department and allied professionals who play a role in supporting patients has been implemented.</li> <li>2. Promote Patient Advocacy support/Involvement of Volunteers.</li> <li>3. The role of volunteers will be promoted.</li> <li>4. MDT Simulation Training.</li> <li>5. A campaign of awareness raising amongst patients about sharing concerns and speaking to staff about anything that they are worried about will be promoted.</li> </ol>	<p>ON-GOING</p>
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EXAMINATION, DIAGNOSIS & TREATMENT

<p><b>COMMUNICATION:</b> Provide more accessible health information to patients.</p>	<ol style="list-style-type: none"> <li>1. Training for staff in the importance of providing Plain English, literature for patients and on how to write clearly was provided in 2017, by NALA (National Adult Literacy Agency).</li> <li>2. A policy on plain English (literacy policy) information for patients in way that enables and empowers them to be more involved in their healthcare, was launched and promoted across the hospital as standard setting for the production and presentation of patient health information. The purpose of this work is to improve health information available to patients for their entire healthcare journey, from admission to discharge.</li> <li>3. This work will be shared with colleagues across all acute hospital services, including patient information leaflets, which can be used across the system.</li> </ol>	<p>ON-GOING</p>
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WHAT PATIENTS SAID TO US

LISTENING RESPONDING & IMPROVING



EXAMINATION, DIAGNOSIS & TREATMENT



**COMMUNICATION:** Better communication skills and effective ward round communication from all health-care staff.

1. Ongoing series of education programmes focusing on communication and information, and including topics such as bereavement, patient advocacy, end of life care, breaking bad news.
2. Guidance on effective ward round communication will be available to staff.

ON-GOING  
2018+

DISCHARGE OR TRANSFER



**COMMUNICATION:** Provide more information to patients at discharge.

1. Discharge Information Booklet has been completed and made available to patients in GUH.
2. The introduction of Medication Information Booklets, planned together with Pharmacy in 2018 for each ward.
3. Medical/Nursing staff ensure Patients have info prior to d/c.
4. An audit will be conducted of patients' knowledge of medication side effects to ensure that the above actions are effective.
5. Discharge plans in patient charts will be reviewed to see, what information was provided to patients on discharge.

ON-GOING

PATIENT EXPERIENCE

**DIGNITY & RESPECT AND PRIVACY:** Improve and sustain the patients experience.

1. Hospital Management will continue to support and implement hospital-wide programmes which will enhance patient experience, such as:
  - Patient council representation of all non-clinical committees;
  - The continued work of the Patient Council;
  - The support for the role and function of Patient Advice and Liaison Services;
  - The involvement of volunteers and the Arts Council;
  - Improve the involvement of families and carers by working in partnership with Family Carers Ireland;
  - Promote and value the roles of all staff through the '#Hello, my name is...' campaign;
  - 'Schwartz Rounds', proven to improve staff wellbeing, resilience and teamwork, and in-turn have an impact on improved person-centred care. Currently up and running in GUH.

ON-GOING

WHAT PATIENTS SAID TO US

LISTENING RESPONDING & IMPROVING



 **ADMISSION TO HOSPITAL**

<p><b>PATIENT EXPERIENCE:</b> Improve patient experience of the Emergency Department.</p>	<ol style="list-style-type: none"> <li>1. An improvement Programme in the Emergency Department will continue to work to increase self-awareness among staff and to engage in continuous improvement in the department to provide an improved experience for the patients, families, and the care teams (ED Micro-systems).</li> <li>2. Training for staff in communications skills will be delivered.</li> <li>3. Comfort packs are available for patients in ED, these packs include tooth brushes, socks, t-shirts and aids for sleeping.</li> <li>4. There is an on-going focus on reducing the number of patients on trolleys in the Emergency Department, in line with the HSE target times.</li> </ol>	<p>2017+</p>
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 **CARE ON THE WARD**

<p><b>NUTRITION:</b> Improve hospital food and nutrition for patients.</p>	<ol style="list-style-type: none"> <li>1. A Nutrition and Hydration steering committee established at Letterkenny University Hospital, with the aim of improving hospital nutrition and catering for patients and staff alike.</li> <li>2. All patients admitted to hospital are assessed for being at risk of malnutrition.</li> <li>3. The protected meal-times policy is implemented and supported hospital wide to give patients protected time to eat their meals so this can improve their food intake and nutrition. This also contributes to their overall wellbeing and recovery.</li> <li>4. We have made improvements to the times of patient meals, to respond to the changes which patients recommended.</li> <li>5. We are in the process of developing picture menus to enable patient to make their preferred choice.</li> <li>6. Patients who require assistance at meal-time are provided with additional support.</li> </ol>	<p>ON-GOING</p>
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<p><b>COMMUNICATION:</b> Increase awareness for patients of the supports available if they wish to speak to someone about their worries and concerns.</p>	<ol style="list-style-type: none"> <li>1. Information for patients about support services available to them during their hospital stay will be enhanced. A campaign of awareness raising amongst patients about sharing concerns and speaking to staff about anything that they are worried about will be promoted.</li> </ol>	<p>ON-GOING</p>
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 **EXAMINATION, DIAGNOSIS & TREATMENT**

<p><b>COMMUNICATION:</b> Provide more accessible health information to patients.</p>	<ol style="list-style-type: none"> <li>1. Establish all types of Patient information leaflets available in University Hospital Letterkenny.</li> <li>2. A hospital patient information booklet is available and this is available in many languages. We will be delivering plain English workshops for staff to support them to further develop patient information.</li> <li>3. Recommended sources for accessing evidence based patient information promoted amongst patients, to improve health information available to patients for their entire healthcare journey, from admission to discharge.</li> </ol>	<p>ON-GOING</p>
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<p><b>COMMUNICATION:</b> Better communication skills and effective ward round communication from all health-care staff.</p>	<ol style="list-style-type: none"> <li>1. Ongoing Series of Education Programmes focusing on communication and information, and including topics such as bereavement, end of life care, breaking bad news, is available for staff.</li> <li>2. Intercultural training is provided for staff.</li> <li>3. Team progressing work on improving Clinical Handover.</li> <li>4. Guidance on effective ward round communication will be available to staff. Together with training on effective ward round communication.</li> </ol>	<p>ON-GOING  2018  ON-GOING</p>
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 **DISCHARGE OR TRANSFER**

<p><b>COMMUNICATION:</b> Provide more information to patients at discharge.</p>	<ol style="list-style-type: none"> <li>1. All patient information leaflets will be reviewed and the content about "going home".</li> <li>2. Review of all patient information leaflets and review content of same re "contact details" if something goes wrong.</li> <li>3. Project currently being undertaken on improving Discharge Planning.</li> </ol>	<p>ON-GOING</p>
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WHAT PATIENTS SAID TO US

LISTENING RESPONDING & IMPROVING



**PATIENT EXPERIENCE**

DIGNITY & RESPECT AND PRIVACY: Improve and sustain the patients experience.

1. Hospital Management will continue to support and implement hospital-wide programmes which will enhance patient experience, such as:
  - The continued work of the Patient Forum, patient member forums are actively involved in hospital committees.
  - The support for the role and function of Consumer Services Dept.
  - Promote and value the roles of all staff through the '#Hello, my name is...' campaign.
  - Programme on Caring Behaviours Assurance.

**ON-GOING**

WHAT PATIENTS SAID TO US

LISTENING RESPONDING & IMPROVING

TIME-SCALE

 **ADMISSION TO HOSPITAL**

<p><b>PATIENT EXPERIENCE:</b> Improve patient experience of the Emergency Department, in particular clear information and communication.</p>	<ol style="list-style-type: none"> <li>1. There is an on-going focus on reducing the number of patients on trolleys in the Emergency Department, in line with the HSE target times.</li> <li>2. Awareness raising in relation to the importance of effective clinical communication and the provision of plain English and timely information will be promoted in MUH, ED</li> <li>3. An improvement Programme in the Emergency Department will continue to work to increase self-awareness among staff and to engage in continuous improvement in the department to provide an improved experience for the patients, families, and the care teams (ED Micro-systems).</li> <li>4. Comfort packs are available for patients in ED, these packs include tooth brushes, socks t-shirts and aids for sleeping.</li> </ol>	<p>2017+</p>
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 **CARE ON THE WARD**

<p><b>NUTRITION:</b> Improve hospital food and nutrition for patients.</p>	<ol style="list-style-type: none"> <li>1. Catering staff have reviewed the findings of the NPES to help understand better what improvements can be made to hospital food and nutrition.</li> <li>2. Protected Mealtimes are being introduced.</li> <li>3. Support is being provided for patients who cannot feed themselves.</li> <li>4. Picture Card Menus are being developed to help patients decide about meal options available to them.</li> <li>5. A Strategy for the provision of nutrition and hydration will be developed to improve hospital nutrition overall. <ul style="list-style-type: none"> <li>• Menu choices + Calorific Count will be provided.</li> </ul> </li> <li>6. Patients who are at risk of malnutrition will be identified and provided with a high count calorific diet to ensure that they do not deteriorate further and to enable them to improve their overall health, wellbeing and recovery. All hospital wards will participate in this important initiative.</li> </ol>	<p>ON-GOING</p>
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<p><b>COMMUNICATION:</b> Increase awareness for patients of the supports available if they wish to speak to someone about their worries and concerns.</p>	<ol style="list-style-type: none"> <li>1. The promotion of the role of Patient Advocacy Department and allied professionals who play a role in supporting patients will be implemented.</li> <li>2. The role of volunteers will be promoted.</li> <li>3. A campaign of awareness raising amongst patients about sharing concerns and speaking to staff about anything that they are worried about will be promoted.</li> </ol>	<p>ON-GOING</p>
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 **EXAMINATION, DIAGNOSIS & TREATMENT**

<p><b>COMMUNICATION:</b> Better communication skills and effective ward round communication from all health-care staff.</p>	<ol style="list-style-type: none"> <li>1. Ongoing Series of Education Programmes focusing on communication and information, will be delivered to staff.</li> <li>2. Guidance on effective ward round communication will be available. to staff. Including information about providing understandable explanations, of diagnosis and test results, providing families and carers with opportunities to speak to members of the clinical team.</li> </ol>	<p>ON-GOING 2018+</p>
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 **DISCHARGE OR TRANSFER**

<p><b>COMMUNICATION:</b> Provide more information to patients at discharge.</p>	<ol style="list-style-type: none"> <li>1. Discharge Information Booklet has been completed</li> <li>2. The introduction of Medication Information Booklets, planned together with Pharmacy in 2018</li> <li>3. Medical /Nursing staff ensure Patients have info prior to discharge</li> <li>4. An audit will be conducted of patients' knowledge of medication side effects to ensure that the above actions are effective.</li> <li>5. Discharge plans in patient charts will be reviewed to see, what information was provided to patients on discharge.</li> <li>6. Patients will be provided will clear information about who to contact after they leave hospital if they are worried about their condition or treatment.</li> </ol>	<p>ON-GOING</p>
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WHAT PATIENTS SAID TO US

LISTENING RESPONDING & IMPROVING



**PATIENT EXPERIENCE**

<p>DIGNITY &amp; RESPECT AND PRIVACY: Improve and sustain the patients experience.</p>	<p>1. Hospital Management will continue to support and implement hospital-wide programmes which will enhance patient experience, such as:</p> <ul style="list-style-type: none"> <li>- The continued work of the Patient Council</li> <li>- The support for the role and function of Patient Advice and Liaison Services</li> <li>- Promote and value the roles of all staff through the '#Hello, my name is...' campaign.</li> <li>- Promote '<i>Schwartz Rounds</i>', a proven method to improve staff wellbeing, resilience and teamwork, and in-turn have an impact on improved person-centred care. Currently up and running in MUH.</li> </ul>	<p><b>ON-GOING</b></p>
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WHAT PATIENTS SAID TO US

LISTENING RESPONDING & IMPROVING

TIME-SCALE

 **ADMISSION TO HOSPITAL**

<p><b>PATIENT EXPERIENCE:</b> Improve patient experience of the Emergency Department, importance of promoting patient-centred care.</p>	<ol style="list-style-type: none"> <li>1. There is an on-going focus on reducing the number of patients on trolleys in the Emergency Department, in line with the HSE target times.</li> <li>2. Comfort packs are available for patients in ED, these packs include tooth brushes, socks, t-shirts and aids for sleeping.</li> <li>3. The findings of the patient experience survey have been shared with all staff including in ED in relation to:                     <ul style="list-style-type: none"> <li>- The importance of patient centred-care, dignity and respect and patient privacy;</li> </ul> </li> <li>4. A Patient Advice and Liaison Officer, has been appointed to work in Portiuncula Hospital.</li> </ol>	<p>2017+</p>
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 **CARE ON THE WARD**

<p><b>NUTRITION:</b> Improve hospital food and nutrition for patients.</p>	<ol style="list-style-type: none"> <li>1. A Nutrition and Hydration steering committee established at Portiuncula, with the aim of improving hospital nutrition and catering for patients and staff alike.</li> <li>2. The feedback received from patients relating to hospital food have been reviewed in detail, feedback relating to food choices, vegetarian options and help at meal-times will be prioritised.</li> <li>3. All patients admitted to hospital are assessed for being at risk of malnutrition. The objective is to identify patients who need higher calorific diets, to prevent further deterioration.</li> <li>4. The protected meal-times policy is implemented and supported hospital wide to give patients protected time to eat their meals so this can improve their food intake and nutrition. Replacement meals will be provided to those patients who missed a meal.</li> </ol>	<p>ON-GOING</p>
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<p><b>COMMUNICATION:</b> Increase awareness for patients of the supports available if they wish to speak to someone about their worries and concerns, patient privacy and reducing noise at night.</p>	<ol style="list-style-type: none"> <li>1. A campaign of awareness raising amongst patients about sharing concerns and speaking to staff about anything that they are worried about will be promoted.</li> <li>2. A programme of improvement in relation to promoting patient privacy will be prioritised, to ensure that patient dignity and respect is improved.</li> <li>3. Noise at night was highlighted by some patients, this will be addressed in conjunction with Saolta Hospital Group.</li> </ol>	<p>ON-GOING</p>
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 **EXAMINATION, DIAGNOSIS & TREATMENT**

<p><b>COMMUNICATION:</b> Provide more accessible health information to patients.</p>	<ol style="list-style-type: none"> <li>1. Recommended sources for accessing evidence based patient information promoted amongst patients, to improve health information available to patients for their entire healthcare journey, from admission to discharge.</li> </ol>	<p>ON-GOING</p>
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<p><b>COMMUNICATION:</b> Better communication skills and effective ward round communication from all health-care staff.</p>	<ol style="list-style-type: none"> <li>1. Ongoing Series of Education Programmes focusing on communication and information, and including topics such as bereavement, patient advocacy, end of life care, breaking bad news has been prioritised.</li> <li>2. Guidance on effective ward round communication will be available to staff together with a greater focus with all clinical team members on increasing time with patients to discuss their care and treatment.</li> </ol>	<p>ON-GOING  2018+</p>
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 **DISCHARGE OR TRANSFER**

<p><b>COMMUNICATION:</b> Provide more information to patients at discharge.</p>	<ol style="list-style-type: none"> <li>1. Discharge Information Booklet has been completed by Saolta Hospital Group and will be made available to patients in Portiuncula, to address the needs identified by patients relating to what they should do after leaving hospital and the danger signs to look out for and who to contact if something goes wrong after leaving hospital.</li> </ol>	<p>ON-GOING</p>
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WHAT PATIENTS SAID TO US

LISTENING RESPONDING & IMPROVING



**PATIENT EXPERIENCE**

**DIGNITY & RESPECT AND PRIVACY:** Improve and sustain the patients experience.

1. Hospital Management will continue to support and implement hospital-wide programmes which will enhance patient experience, such as:
  - Patient council representation of all non-clinical committees;
  - The continued work of the Patient Council;
  - The support for the role and function of Patient Advice and Liaison Services;
  - The involvement of volunteers;
  - Improve the involvement of families and carers by working in partnership with Family Carers Ireland;
  - Promote and value the roles of all staff through the '#Hello, my name is...' campaign;
  - 'Schwartz Rounds', proven to improve staff wellbeing, resilience and teamwork, and in-turn have an impact on improved person-centred care. Currently up and running in GUH.

**ON-GOING**

WHAT PATIENTS SAID TO US

LISTENING RESPONDING & IMPROVING



CARE ON THE WARD

**NUTRITION:** Improve hospital food and nutrition for patients.

1. A Nutrition and Hydration steering committee established in Roscommon, with the aim of improving hospital nutrition and catering for patients and staff alike.
2. The feedback received from patients relating to hospital food have been reviewed in detail and inform improvements made, specifically in relation to choice of food options.
3. All patients admitted to hospital are assessed for being at risk of malnutrition. The objective is to identify patients who need higher calorific diets, to prevent further deterioration.
4. The protected meal-times policy is implemented and supported hospital wide to give patients protected time to eat their meals so this can improve their food intake and nutrition. Replacement meals are provided to those patients who missed a meal.

ON-GOING



EXAMINATION, DIAGNOSIS & TREATMENT

**COMMUNICATION:** Provide more accessible health information to patients.

1. Recommended sources for accessing evidence based patient information will be promoted amongst patients, to improve health information available to patients for their entire healthcare journey, from admission to discharge.
2. Patient information resources currently being developed by Saolta Hospital Group will be adapted for Roscommon and made available to all patients.

ON-GOING

**COMMUNICATION:** Improving communication skills and effective ward round communication from all health-care staff, before and after procedures.

1. Education Programmes focusing on communication and information, and including topics such as bereavement, patient advocacy, end of life has been implemented in Roscommon.
2. A new palliative care facility jointly funded by the Irish Hospice Foundation has been recently refurbished and improved.
3. A specific ambient music system has been put in place in Roscommon Hospital to enhance patient privacy, this has made a huge difference to maximising patient privacy throughout the care journey.
4. Guidance on effective ward round communication will be available to staff together with a greater focus with all clinical team members on increasing time with patients to discuss their care and treatment.

ON-GOING  
2018

ON-GOING

ON-GOING



DISCHARGE OR TRANSFER

**COMMUNICATION:** Provide more information to patients at discharge.

1. Discharge Information Booklet has been completed by Saolta Hospital Group and will be made available to patients in Roscommon, to address the needs identified by patients relating to what they should do after leaving hospital and the danger signs to look out for and who to contact if something goes wrong after leaving hospital.

ON-GOING

PATIENT EXPERIENCE

**DIGNITY & RESPECT AND PRIVACY:** Improve and sustain the patients experience

1. Hospital Management will continue to support and implement hospital-wide programmes which will enhance patient experience:
  - Roscommon Hospital, will appoint and embed the Roscommon Patient Council;
  - The support for the role and function of Patient Advice and Liaison Services;
  - The continued involvement of volunteers;
  - Promote and value the roles of all staff through the '#Hello, my name is...' campaign.

ON-GOING

WHAT PATIENTS SAID TO US

LISTENING RESPONDING & IMPROVING



**ADMISSION TO HOSPITAL**

<p><b>PATIENT EXPERIENCE:</b> Improve patient experience of the Emergency Department.</p>	<ol style="list-style-type: none"> <li>1. Comfort packs are available for patients in ED, these packs include tooth brushes, socks, t-shirts and aids for sleeping.</li> <li>2. There is an on-going focus on reducing the number of patients on trolleys in the Emergency Department, in line with the HSE target times.</li> <li>3. An Improvement Programme in the Emergency Department will continue to work to increase self-awareness among staff and to engage in continuous improvement in the department to provide an improved experience for the patients, families, and the care teams (ED Micro-systems).</li> </ol>	<p>2017 ON-GOING</p>
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**CARE ON THE WARD**

<p><b>NUTRITION:</b> Improve hospital food and nutrition for patients.</p>	<ol style="list-style-type: none"> <li>1. A Nutrition and Hydration steering committee established at SUH, with the aim of improving hospital nutrition and catering for patients and staff alike.</li> <li>2. All patients admitted to hospital are assessed for being at risk of malnutrition. The objective is to identify patients with eating disorders or patients who may need dietetic advice/support.</li> <li>3. The protected meal-times policy is implemented and supported hospital wide to give patients protected time to eat their meals so this can improve their food intake and nutrition. This also contributes to their overall wellbeing and recovery.</li> <li>4. Ongoing education sessions take place between catering and dietetic staff in relation to the quality and variety of hospital food and patients feedback about hospital food.</li> <li>5. Staff also receive education on patients who require special diets (ie. Diabetic, Coeliac).</li> </ol>	<p>ON-GOING</p>
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<p><b>COMMUNICATION:</b> Increase awareness for patients of the supports available if they wish to speak to someone about their worries and concerns.</p>	<ol style="list-style-type: none"> <li>1. A campaign of awareness raising amongst patients about sharing concerns and speaking to staff about anything that they are worried about will be promoted.</li> </ol>	<p>ON-GOING</p>
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**EXAMINATION, DIAGNOSIS & TREATMENT**

<p><b>COMMUNICATION:</b> Provide more accessible health information to patients.</p>	<ol style="list-style-type: none"> <li>1. Establish all types of Patient information leaflets available in SUH.</li> <li>2. Patient information leaflets will be reviewed and updated where necessary and further leaflets will be developed where need is identified.</li> <li>3. Recommended sources for accessing evidence based patient information promoted amongst patients.</li> <li>4. The purpose of this work is to improve health information available to patients for their entire healthcare journey, from admission to discharge.</li> </ol>	<p>ON-GOING</p>
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<p><b>COMMUNICATION:</b> Better communication skills and effective ward round communication from all health-care staff.</p>	<ol style="list-style-type: none"> <li>1. Ongoing Series of Education Programmes focusing on communication and information, and including topics such as bereavement, end of life care, breaking bad news.</li> <li>2. Team progressing work on improving Clinical Handover.</li> <li>3. Guidance on effective ward round communication will be available to staff.</li> </ol>	<p>ON-GOING 2018 ON-GOING</p>
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**DISCHARGE OR TRANSFER**

<p><b>COMMUNICATION:</b> Provide more information to patients at discharge.</p>	<ol style="list-style-type: none"> <li>1. All patient information leaflets will be reviewed and the content about "going home"</li> <li>2. Review of all patient information leaflets and review content of same re "contact details" if something goes wrong</li> <li>3. This information to be given to patients by the pharmacist before discharge.</li> <li>4. Project currently being undertaken on improving Discharge Planning.</li> </ol>	<p>ON-GOING</p>
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WHAT PATIENTS SAID TO US

LISTENING RESPONDING & IMPROVING

TIME-SCALE

**PATIENT EXPERIENCE**

DIGNITY & RESPECT AND PRIVACY: Improve and sustain the patients experience.

1. Hospital Management will continue to support and implement hospital-wide programmes which will enhance patient experience, such as:
2. The continued work of "Friends of the Hospital".
3. The support for the role and function of Patient Advice and Liaison Services.
4. The involvement of volunteers.
5. Promote and value the roles of all staff through the '#Hello, my name is...' campaign.
6. 'Schwartz Rounds', proven to improve staff well-being, resilience and teamwork, and in-turn have an impact on improved person-centred care.
7. Programme on cultures of person-centredness.

**ON-GOING**

# RCSI Hospital Group



7. Beaumont Hospital, Dublin
8. Cavan and Monaghan Hospital Group
9. Connolly Hospital, Dublin
10. + 11. Louth Hospitals:
  - Louth County Hospital, Dundalk
  - Our Lady of Lourdes

Measurement of quality to drive improvement is one of the hallmarks of a high performing healthcare system. The RCSI Hospital Group already publishes a suite of performance metrics monthly on our website. The aim of publishing these metrics is to measure, track and generally guide performance in various dimensions of care across all clinical services. Patient experience information is a key component of these metrics.

Participation in the National Patient Experience Survey (NPES) is one of the methods the RCSI Hospital Group is using to collect patient experience information. This feedback will allow us to identify our strengths and weaknesses from a patient perspective and will assist in further driving quality improvement across services.

**Ian Carter**

Chief Executive Officer, RCSI Hospitals Group

WHAT PATIENTS SAID TO US

LISTENING RESPONDING & IMPROVING



<p>ADMISSION TO HOSPITAL</p>	<p>RAISING AWARENESS:</p>	<p>We are briefing all disciplines of staff on the findings from this survey.</p>	<p>DEC 2018</p>
<p>CARE ON THE WARD</p>	<p>CONTINUOUS IMPROVEMENT:</p>	<ol style="list-style-type: none"> <li>All members of the ED teams are working together on quality improvement programmes designed to improve patient experience of ED and to improve the patient experience of waiting times. Waiting times are measured and reported on against nationally set target times in ED.</li> <li>The Winter Flu Vaccine is actively promoted to maintain high uptake and to prevent excessive demands in ED over the winter period.</li> </ol>	
<p>EXAMINATION, DIAGNOSIS &amp; TREATMENT</p>	<p><b>NUTRITION:</b> Choices and selection of foods, healthy options and the availability of food when a mealtime is missed.</p>	<p>In our hospital we have a Nutrition Steering Group that focuses on improving the food that we give to our patients and following on from the survey results:</p> <ul style="list-style-type: none"> <li>we are currently reviewing the menu choices for patients, specifically looking at calorie content and healthy eating options;</li> <li>we are revising our menus templates to make them more user friendly and descriptive for our patients;</li> <li>we are reviewing the availability of food outside scheduled mealtimes.</li> </ul>	<p>ON-GOING</p>
<p>DISCHARGE OR TRANSFER</p>	<p><b>COMMUNICATION:</b> Improve the availability of information in relation to diagnosis, condition, treatment and expectations.</p>	<p>We provide planned and acute services to 37 different specialties in total. Since receiving the survey results we have begun working with these specialties to improve the information pertaining to diagnosis, condition and treatment.</p> <ol style="list-style-type: none"> <li>We are engaging with the specialties to improve the information that is provided to patients during their stay.</li> <li>We will continue to enhance the availability of user friendly information across a variety of sources ie:                     <ul style="list-style-type: none"> <li>using our patient information station in the front foyer,</li> <li>updating our hospital website with information on our services,</li> <li>acting on patient feedback and expectations, using our Patient Advocacy Liaison Service (PALS) located in the front of the hospital.</li> </ul> </li> </ol>	<p>ON-GOING</p>
<p>PATIENT EXPERIENCE</p>	<p><b>DIGNITY &amp; RESPECT AND PRIVACY:</b> Improving and sustaining patient experience.</p>	<p>As a tertiary referral centre and an active local hospital we discharge patients to multiple locations, such as; their home, rehabilitation units, their local/regional hospitals and other long-term care residential facilities. As such there are diverse 'information needs at the point of discharge from Beaumont. We have proactive discharge management processes which involves active engagement with patients on a daily basis. In order to continue to improve on this process for our patients:</p> <ul style="list-style-type: none"> <li>we plan to review the information provided to patients on their discharge, specifically on information relating;</li> <li>to medication; and</li> <li>follow-up care planning with contact details.</li> </ul>	<p>ON-GOING</p>
	<p><b>COMMUNICATION:</b> Ensure that the patient has the relevant information required to have a safe and informative discharge.</p>	<p>In our hospital we welcome the findings from the first National Patient Experience Survey which provides valuable feedback from our patients on the areas which they have identified:</p> <ul style="list-style-type: none"> <li>we now plan to use this information at all levels in the organization to make the patients' journey a more positive experience;</li> <li>we will continue to create opportunities to engage and to listen to our patients and staff throughout the organization with the aim to continuously improve our patients' journey.</li> </ul>	<p>ON-GOING</p>

WHAT PATIENTS SAID TO US

LISTENING RESPONDING & IMPROVING



ADMISSION TO HOSPITAL



CARE ON THE WARD



EXAMINATION, DIAGNOSIS & TREATMENT



DISCHARGE OR TRANSFER

RAISING AWARENESS:	We are briefing all disciplines of staff on the findings from this survey.	DEC 2018
CONTINUOUS IMPROVEMENT:	<ol style="list-style-type: none"> <li>All members of the ED teams are working together on quality improvement programmes designed to improve patient experience of ED and to improve the patient experience of waiting times. Waiting times are measured and reported on against nationally set target times in ED.</li> <li>The Winter Flu Vaccine is actively promoted to maintain high uptake and to prevent excessive demands in ED over the winter period.</li> </ol>	
<b>NUTRITION:</b> Providing replacement meal for patients away from ward at mealtime.	<ol style="list-style-type: none"> <li>We are informing all our staff about the findings from the survey.</li> <li>We are engaging with staff to ensure replacement meals are always available.</li> <li>We are also ensuring protected meal time is fully implemented at lunch times so patients are not interrupted when eating.</li> <li>The Hospital Nutritional Committee is leading on these initiatives.</li> </ol>	ON-GOING
<b>COMMUNICATION:</b> Information on medication effects and side effects will be provided to patients while in hospital.	<ol style="list-style-type: none"> <li>We are reviewing the current patient information available on medication. Part of this review will identify if there are any further gaps.</li> <li>Education and awareness is being provided to staff.</li> <li>We will be updating our website to include information on patient information leaflets.</li> <li>The Hospital Drugs and Therapeutic group is leading on these initiatives.</li> </ol>	ON-GOING
<b>COMMUNICATION:</b> Patient information leaflets not provided to patients re medications for discharge planning.	<ol style="list-style-type: none"> <li>We are ensuring that medication information booklets are available.</li> <li>We have medication information available on wards and in pharmacy.</li> <li>We have updated our Hospital Medicines Management Policy to reflect this work.</li> <li>We are commencing an anticoagulation counseling service led by pharmacy.</li> <li>We are improving the educating provided to patients on discharge.</li> <li>We are reviewing our patient discharge letters to include clear contact details post discharge.</li> <li>We are updating our discharge policy to reflect these initiatives.</li> <li>Communication regarding danger signs that patients should look out for after going home.</li> </ol>	ON-GOING

WHAT PATIENTS SAID TO US

LISTENING RESPONDING & IMPROVING

TIME-SCALE

 <b>ADMISSION TO HOSPITAL</b>	<b>RAISING AWARENESS:</b>	We are briefing all disciplines of staff on the findings from this survey.	DEC 2018
	<b>CONTINUOUS IMPROVEMENT:</b>	<ol style="list-style-type: none"> <li>All members of the ED teams are working together on quality improvement programmes designed to improve patient experience of ED and to improve the patient experience of waiting times. Waiting times are measured and reported on against nationally set target times in ED.</li> <li>The Winter Flu Vaccine is actively promoted to maintain high uptake and to prevent excessive demands in ED over the winter period.</li> </ol>	
 <b>CARE ON THE WARD</b>	<b>NUTRITION:</b> Improve food nutrition, presentation and availability.	<ol style="list-style-type: none"> <li>We are raising awareness with all staff about the importance of mealtimes and ensuring if a patient misses a meal they get appropriate nutrition.</li> <li>All patients will be given a menu on admission.</li> <li>Information will be provided to patients so they are aware that choices and extra portions are available.</li> <li>Skills in food presentation to be enhanced among the catering assistants.</li> <li>The catering department has started regular patient satisfaction surveys.</li> <li>The catering department is improving their process for ensuring that hot meals/snacks reach the patient quickly.</li> </ol>	FEB 2018
 <b>EXAMINATION, DIAGNOSIS &amp; TREATMENT</b>	<b>COMMUNICATION:</b> Improve the availability of information and encourage staff to ensure there is time and opportunity to ask questions and understand treatments.	<ol style="list-style-type: none"> <li>We are examining the patient information we currently provide to see where gaps exist so that we can ensure that all patients are provided with information on their condition and treatment in a way that is easy for them to understand.</li> <li>We are engaging with all staff to ensure that patients are given adequate time to discuss their condition and treatment and ask questions.</li> </ol>	JAN 2018
	<b>COMMUNICATION:</b> Improve the availability of information regarding medications.	<ol style="list-style-type: none"> <li>We are ensuring that information on medications is written in a way that is easy to understand and provided at the earliest opportunity.</li> <li>We will be putting a pharmacist in place that will help patients make sense of what medications they came in to hospital on and what medications they are being discharged home with including the reasons for any changes.</li> </ol>	MAR 2018
	<b>COMMUNICATION:</b> Staff awareness.	<ol style="list-style-type: none"> <li>We will provide education to staff around the importance of the discharge process.</li> <li>We are going to carry out a real time review of patients undergoing discharge to see how satisfied they are with the process so that we can learn from them to make improvements.</li> </ol>	MAR 2018
 <b>DISCHARGE OR TRANSFER</b>	<b>COMMUNICATION:</b> Ensuring patients feel they are involved in decisions about their discharge from hospital.	<ol style="list-style-type: none"> <li>We are engaging with all staff to ensure that patient needs on discharge are discussed with patients and families at the earliest opportunity.</li> </ol>	MAR 2018
	<b>COMMUNICATION:</b> Ensuring patients know who to contact if worried and what they should and shouldn't do once home.	<ol style="list-style-type: none"> <li>We are working to ensure patients are aware what to do if they have any concerns after discharge.</li> <li>We are identifying if we have any gaps in the written information we provide patients in order to make improvements.</li> </ol>	MAR 2018
<b>PATIENT EXPERIENCE</b>	<b>DIGNITY &amp; RESPECT AND PRIVACY:</b> Improving and sustaining patient experience.	<ol style="list-style-type: none"> <li>We are supporting staff to care for patients and their families/carers by implementing staff support groups such as 'Schwartz Rounds'.</li> <li>We continue to develop all our staff by enhancing and improving their clinical, leadership and communication skills.</li> <li>We will continue to develop and implement person and family/carer centered care through learning and improving programmes for all staff.</li> </ol>	



WHAT PATIENTS SAID TO US

LISTENING RESPONDING & IMPROVING

TIME-SCALE

 <b>ADMISSION TO HOSPITAL</b>	<b>RAISING AWARENESS:</b>	We are briefing all disciplines of staff on the findings from this survey.	DEC 2018
	<b>CONTINUOUS IMPROVEMENT:</b>	<ol style="list-style-type: none"> <li>All members of the ED teams are working together on quality improvement programmes designed to improve patient experience of ED and to improve the patient experience of waiting times. Waiting times are measured and reported on against nationally set target times in ED.</li> <li>The Winter Flu Vaccine is actively promoted to maintain high uptake and to prevent excessive demands in ED over the winter period.</li> </ol>	
 <b>CARE ON THE WARD</b>	<b>NUTRITION:</b> Improve food nutrition, presentation and availability.	<ol style="list-style-type: none"> <li>We are carrying out a review of our menu selections to ensure patients have a choice of a meal.</li> <li>We are raising awareness with all staff so if a patient misses a meal they will ensure patients get appropriate nutrition.</li> <li>We are ensuring there are healthy snacks available between main meals.</li> <li>Information will be provided to patients so they are aware that choices and extra portions are available.</li> <li>Skills in food presentation to be enhanced among the catering assistants.</li> </ol>	ON-GOING
 <b>EXAMINATION, DIAGNOSIS &amp; TREATMENT</b>	<b>COMMUNICATION:</b> Improve the availability of information.	<ol style="list-style-type: none"> <li>Patient health information provided will be improved throughout the patient journey.</li> <li>We are engaging with all staff to ensure that patient needs on discharge are discussed with patients and families at the earliest opportunity.</li> <li>We are enhancing supports to fully enable patients to leave by 12 noon on the day of discharge. This will assist patients to arrive home or to their discharge destination during day time</li> <li>We are working to ensure patients are aware what to do if they have any concerns after discharge.</li> </ol>	ON-GOING
	<b>COMMUNICATION:</b> Improve the availability of information regarding medications.	<ol style="list-style-type: none"> <li>We are improving the availability of information on medications. We are also working to ensure this information is provided to patients and families at the earliest opportunity.</li> </ol>	ON-GOING
	<b>COMMUNICATION:</b> Encourage staff to introduce themselves.	<ol style="list-style-type: none"> <li>We are promoting an initiative for all our staff to use when liaising with patients and their families/carers which is '#Hello, my name is...'. This will ensure that patients and their families/carers know the names of the staff who are caring for them.</li> </ol>	ON-GOING
 <b>DISCHARGE OR TRANSFER</b>	<b>COMMUNICATION:</b> Encourage staff to ensure there is sufficient time and opportunity to ask questions and understand treatments.	<ol style="list-style-type: none"> <li>We will allow time for patients and their families/carers to ask questions during ward rounds.</li> <li>We will raise awareness with all staff to allow time for patients and their families to ask questions.</li> </ol>	ON-GOING
	<b>COMMUNICATION:</b> Promoting effective ward rounds and handovers between staff.	<ol style="list-style-type: none"> <li>We are working to ensure staff communicate effectively with one another and with patients by promoting use of structured communication tools such as SBAR (Situation Background Analysis Recommendations).</li> </ol>	ON-GOING

WHAT PATIENTS SAID TO US

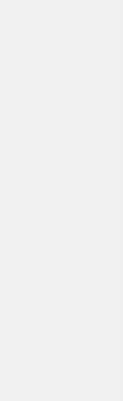
LISTENING RESPONDING & IMPROVING



**PATIENT EXPERIENCE**

DIGNITY & RESPECT AND PRIVACY: Improving and sustaining patient experience.

1. We are working with all staff to ensure waiting times in the emergency department are consistently reduced.
2. Increase number of available beds with opening of 'second phase capital development' (wards, theatres and extended ED)
3. We are supporting staff to care for patients and their families/carers by implementing staff support groups such as 'Schwartz Rounds'.
4. We will continue to improve patient and staff experience through 'patient safety walk arounds'
5. We continue to develop all our staff by enhancing and improving their clinical, leadership and communication skills.
6. We will continue to develop and implement person and family/carer centered care through learning and improving programmes for all staff.



12. Croom Orthopaedic Hospital
13. St. John's Hospital, Limerick
14. Ennis Hospital
15. Nenagh Hospital
16. University Hospital Limerick

Each day our staff deliver outstanding levels of care to the people of the MidWest and the results of the National Patient Experience Survey are an acknowledgement of that care, and the compassion and dedication of staff. The results of the survey also enable us to focus on a number of areas that are important for the patient and where we need to improve.

We now have to demonstrate that we have listened to our patients by implementing our improvement plans across all sites. The data that has been gathered under the NPE Survey is rich and detailed and will help us drive improvements for patients. Huge credit is due to all the patients who participated and the staff who maximised participation.

As a group we have long recognised the importance of the patient voice in our service planning. In April 2016, UL Hospitals Group established a Patient Council as a means of involving patients directly in improving our services. The UL Hospital Group Board also includes strong patient advocates. Both of these bodies have already made a significant contribution in improving the patient experience at UL Hospitals.

We have also looked closely at our own culture as an organisation and on how the manner in which we engage and communicate with patients can make them feel and even affect their health outcomes. Health literacy and plain English projects as well as initiatives like Values in Action, '#Hello, my name is...' and "What Matters To You?" all play a role how we strive to ensure patients are equal partners in their care.

The NPE Survey is another opportunity for us to respond to the need of our patients and to demonstrate, through our quality improvement plans, that we are committed to person-centred care.

**Professor Colette Cowan**  
*Chief Executive Officer, UL Hospitals Group*

WHAT PATIENTS SAID TO US

LISTENING RESPONDING & IMPROVING



CARE ON THE WARD

**NUTRITION:** Improve hospital food and nutrition for patients – paying special attention to those who missed meals as they were away from the ward for treatment or recovering from surgery.

1. 'Missed Meal Policy' & 'Protected Mealtime Policy', implemented.
2. Development of Volunteer support for mealtimes.
3. Meal times will be reviewed, the evening meal will be moved to later time in response to patient requests.

Q4 2017+

**COMMUNICATION:** Improve staff wearing name badges.

1. Provide name badges for all staff and promote '#Hello, my name is...' campaign and staff roles and introductions.

Q1 2018+

**COMMUNICATION:** Increase awareness amongst patients relation to support available to patients who wish to speak to someone about their worries and concerns.

1. Support staff through training and awareness raising about the importance of best practice communication and giving time to patients to discuss their concerns.
2. Promotional Campaign to encourage patients to speak up and seek help for their worries and concerns being planned.

2018

**COMMUNICATION:** Improve patient health information provided to patients throughout their healthcare journey.

1. Patient Health Information working group, which includes patient representatives are currently working together to:
  - Patients health information needs and requirements.
  - Standardise patient information leaflets and encourage patients to ask questions about their healthcare treatment options and plans.
2. Information packs provided to all patients at pre-operative assessment about expected length of stay and information requirements for discharge.

2017+

**COMMUNICATION:** Promoting improved communication skills and effective ward round communication amongst healthcare professionals.

1. Programme to improve communication between staff and teams during the hand over process, commenced.
2. Staff induction training includes a communication skills workshop.
3. 'Dealing with Bad News' and 'Final Journeys' training provided for staff.
4. Whiteboards for Ward communications, provided in each ward.

Q4 2017+

**COMMUNICATION:** Improving access and distribution of written patient information about going home from hospital.

1. Report findings of the patient experience survey for action by Drugs and Therapeutics committee.
2. Promote patient involvement in medication safety and discharge planning.
3. Conduct a focus group with patients about their discharge health information needs.
4. Develop information booklet for patients and staff about improving communication during discharge.
5. Ensure that patients have clear information about the danger signs to watch out for after discharge and who to contact if something goes wrong.
6. Promote community support programmes for patients to help them manage their health or chronic disease – programme designed for cancer patients in the community.

2018+



EXAMINATION, DIAGNOSIS & TREATMENT



DISCHARGE OR TRANSFER

WHAT PATIENTS SAID TO US

LISTENING RESPONDING & IMPROVING



**PATIENT EXPERIENCE**

<p>DIGNITY &amp; RESPECT AND PRIVACY: Improving and sustaining patient experience.</p>	<ol style="list-style-type: none"> <li>1. Implement support programmes to discuss and share difficult and stressful situations in healthcare which cause burn-out and high levels of stress at work-referred to as the 'Schwartz Rounds'.</li> <li>2. Programme on Organisational Values, called Values in Action, implemented together with complimentary programmes, developing cultures of person-centeredness.</li> <li>3. Leadership skills for Chief Nurse Medical leads; iLEAD programme and Compassionate Care Programme for Chief Nurse Leads.</li> <li>4. Continue to use feedback from patients about what matters to them to continually improve and measure the success of the priorities identified by patients in the survey.</li> <li>5. End-of-life Care awareness initiative, continued.</li> <li>6. We will continue to build on the role of the Patient Council and include the voice of the patient in all our work. We will continue to collect patient stories.</li> <li>7. UL Hospitals Group Patient and Public Participation Strategy launched.</li> <li>8. The CEO of UL Hospitals is fully committed to implementing and supporting this plan.</li> </ol>	<p>2017+</p>
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WHAT  
PATIENTS  
SAID TO USLISTENING  
RESPONDING  
& IMPROVINGTIME-  
SCALECARE ON  
THE WARD**NUTRITION:** Improve hospital food and nutrition for patients.

1. We have improved the menu for patients with renal disease to ensure enough balance, variety and choice.
2. The creation of high protein, high calorie menu for all patients identified as high risk, for malnutrition is being developed and will be monitored.
3. Protected mealtimes will be supported and monitored.

Q2 2018

Q2 2018

Q4 2017

**COMMUNICATION:** Improve supply of written patient information.

1. An information booklet for in-patients is currently being updated.
2. We are reviewing, patients health information needs and information leaflets currently available for patients. Improvements will be made on the provision of additional information designed to inform and educate patients about each stage of their healthcare journey.

Q1 2018

Q2 2018

**COMMUNICATION:** Increase awareness amongst patients to speak to someone about their worries and fears.

1. Information aimed at patients, will encourage and invite patients to speak to staff about their worries and fears.
2. Clinical nurse specialists and staff nurses, will take time to ask patients if there is anything they would like to discuss.

Q1 2018

**COMMUNICATION:** Promoting improved communication skills and effective ward round communication amongst staff.

1. Workshops on staff induction will raise awareness and provide information for staff on the importance of communication as a priority for improving patient experience.
2. Education Sessions for staff on how to "Break Bad News" is planned in early 2018.

Q2 2018

Q1 2018

**COMMUNICATION:** Improve the Discharge Planning Process.

1. We will promote and encourage patient /family involvement in discharge planning process at every opportunity.
2. The development a "Discharge Planning Policy and Discharge Planning Guideline" will be prioritised in early 2018.

Q1 2018

DISCHARGE  
OR TRANSFERPATIENT  
EXPERIENCE**DIGNITY & RESPECT AND PRIVACY:** Improving and sustaining Patient Experience.

1. Continue to use patient feedback and address areas identified for improvement.

ON-  
GOING

WHAT PATIENTS SAID TO US

LISTENING RESPONDING & IMPROVING

TIME-SCALE

  
CARE ON THE WARD

<p><b>NUTRITION:</b> Improve hospital food and nutrition for patients, especially for who missed meals because they were away from the ward for treatment or were recovering from surgery.</p>	<ol style="list-style-type: none"> <li>1. We will review mealtimes – the evening meal will be moved to later time as patients have asked.</li> <li>2. We will improve policy and practise to ensure that patients who have missed a meal are provided with a replacement meal and to ensure that mealtime is protected.</li> <li>3. We will serve extra food for late snack and drinks.</li> </ol>	<p>2017+</p>
<p><b>COMMUNICATION:</b> Increase number of staff wearing name badges.</p>	<ol style="list-style-type: none"> <li>1. We are providing name badges for all staff.</li> <li>2. All staff are encouraged to introduce themselves to patients – ‘Hello, my name is...’ and their job.</li> </ol>	<p>2017+</p>
<p><b>COMMUNICATION:</b> Increase awareness for patients that support is available if they wish to speak to someone about their worries and concerns.</p>	<ol style="list-style-type: none"> <li>1. Staff will receive training and awareness raising about the importance of best practice communication and giving time to patients to discuss their concerns, will be provided for staff.</li> <li>2. We are planning a promotional campaign to encourage patients to speak up and seek help for their worries and concerns.</li> <li>3. We will provide appropriate information leaflets in suitable areas for patients. This will help patients to have information that is easy to get gives information that they need.</li> <li>4. The volunteer service will be developed further to provide support to patients in hospital and someone to talk to.</li> </ol>	<p>2017+</p>
<p><b>COMMUNICATION:</b> Improve health information provided to patients throughout their healthcare journey.</p>	<ol style="list-style-type: none"> <li>1. Work is underway to make health information easier to read and understand, with patient representatives involved in this important initiative.</li> <li>2. Focus groups with patients will be held to support this work and to improve the information provided to patients.</li> <li>3. Staff are encouraging patients to ask questions about their healthcare treatment options and plans, the “safer to ask” series of patient leaflets will be promoted as a way of empowering patients to be more involved in the decision making about their care.</li> <li>4. Provide information pack to all patients before their operation about how long they can expect to stay in hospitals and what they need to know about going home.</li> </ol>	<p>2017+</p>
<p><b>COMMUNICATION:</b> Promoting improved communication skills and effective ward round communication with healthcare professionals and patients.</p>	<ol style="list-style-type: none"> <li>1. A programme designed to improve communications between staff and teams during the handover process is planned in one area as a trial.</li> <li>2. New staff induction training includes a communication skills workshop.</li> <li>3. Training provided for staff on ‘Dealing with Bad News’ and ‘Final Journeys’, which looks at communication and end-of-life care.</li> <li>4. Whiteboards for improving communication among staff on each ward.</li> <li>5. We are developing notice boards with information for patients. Patients have been and will continue to be involved in developing this work.</li> </ol>	<p>2017+</p>

  
EXAMINATION, DIAGNOSIS & TREATMENT

WHAT PATIENTS SAID TO US

LISTENING RESPONDING & IMPROVING

TIME-SCALE



DISCHARGE OR TRANSFER

**COMMUNICATION:** Improving access and delivery of written information about going home from hospital for patients. Improve information:

- about discharge plans,
- how patient's can best manage their health when they leave hospital,
- knowing about medications; and
- who to contact if something goes wrong.

1. We will hold focus groups with patients to find out more about their discharge health information needs.
2. We are sharing the findings of the patient experience survey with all staff including the committee on Drugs and Therapeutics, for the purposes of developing plans on improving medication information for patients.
3. Patient's will be encouraged to be more involved in asking about medications and their plans for leaving the hospital – posters on display in Ennis Hospital.
4. Information booklets for patients with relevant information before and after discharge are being developed.
5. Patients will be provided with clear information about the danger signs to watch out for after discharge and who to contact if something goes wrong.
6. Community support programmes for patients to help them manage their health or chronic disease will be promoted.

2017+

PATIENT EXPERIENCE

**DIGNITY & RESPECT AND PRIVACY:** Continuing to build on patient feedback and improve patient experience.

1. We are implementing support programmes for staff allowing them to discuss and share difficult and stressful situations in healthcare, are being implemented. One of these programmes is called '*Schwartz Rounds*'. Mindfulness and stress management programmes for staff are being promoted.
2. A programme focusing on the values and culture of the organisation, called '*Values in Action*' is underway.
3. Leadership skills development for staff, both clinical and non-clinical are ongoing.
4. We will continue to ask and listen to patients about what is important to them, and work to implement these areas, through gathering patient stories and '*What Matters to You*' programme.
5. On-going awareness training around care at end-of-life, including communication and appropriate care is being sustained.
6. We will continue to build on the role of the Patient Council and include the voice of the patient in all our work.
7. UL Hospitals Group Patient and Public Participation Strategy launched.
8. The CEO of UL Hospitals is fully committed to implementing and supporting this plan.

2017+

WHAT PATIENTS SAID TO US

LISTENING RESPONDING & IMPROVING

TIME-SCALE

  
CARE ON THE WARD

<p><b>NUTRITION:</b> Improve hospital food and nutrition for patients, especially for who missed meals because they were away from the ward for treatment or were recovering from surgery.</p>	<ol style="list-style-type: none"> <li>1. Patients who have missed a meal, will be provided with a replacement meal. Meal-times will be protected, to ensure that patient health and well-being is sustained while in hospital, this is in accordance with the 'Missed Meal &amp; Protected Mealtime Policies'.</li> <li>2. We will review mealtimes – the evening meal will be moved to later time in response to patient requests.</li> <li>3. We will serve extra food for late snack and drinks.</li> </ol>	<p>2017+</p>
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<p><b>COMMUNICATION:</b> Improve staff wearing name badges.</p>	<ol style="list-style-type: none"> <li>1. Name badges will be provided for all staff.</li> <li>2. All staff are encouraged to introduce themselves and their role to patients - '#Hello, my name is...'</li> </ol>	
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<p><b>COMMUNICATION:</b> Increase awareness for patients that support is available if they wish to speak to someone about their worries and concerns.</p>	<ol style="list-style-type: none"> <li>1. Staff will receive training and awareness is being provided for staff about the importance of best practice communication and giving time to patients to discuss their concerns.</li> <li>2. We are planning a promotional campaign to encourage patients to speak up and seek help for their worries and concerns.</li> <li>3. We will provide appropriate information leaflets in suitable areas for patients. This will help patients to have information that is easy to get gives information that they need.</li> <li>4. More volunteers will be recruited for the Befriender role currently in Nenagh Hospital.</li> </ol>	
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EXAMINATION, DIAGNOSIS & TREATMENT

<p><b>COMMUNICATION:</b> Improve health information provided to patients throughout their healthcare journey.</p>	<ol style="list-style-type: none"> <li>1. Work is underway to make health information easier to read and understand, with patient representatives involved.</li> <li>2. Focus groups with patients are planned to support this work and to improve information leaflets.</li> <li>3. Staff will encourage patients to ask questions about their healthcare treatment options and plans.</li> <li>4. Provide information pack to all patients before their operation about how long they can expect to stay in hospitals and what they need to know about going home.</li> </ol>	
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<p><b>COMMUNICATION:</b> Promoting improved communication skills and effective ward round communication with healthcare professionals and patients.</p>	<ol style="list-style-type: none"> <li>1. A programme designed to improve communications between staff and teams during the handover process is planned in one area as a trial.</li> <li>2. New staff induction training includes a communication skills workshop.</li> <li>3. Training provided for staff on 'Dealing with Bad News' and 'Final Journeys', which looks at communication and end-of-life care.</li> <li>4. Whiteboards for improving communication among staff on each ward.</li> <li>5. We are developing notice boards with information for patients. Patients have been and will continue to be involved in developing this work.</li> </ol>	<p>2017+</p>
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DISCHARGE OR TRANSFER

<p><b>COMMUNICATION:</b> Improving access and delivery of written information about going home from hospital for patients.</p> <p>Improve information:</p> <ul style="list-style-type: none"> <li>• about discharge plans,</li> <li>• how patient's can best manage their health when they leave hospital,</li> <li>• knowing about medications; and</li> <li>• who to contact if something goes wrong.</li> </ul>	<ol style="list-style-type: none"> <li>1. A focus group will be held with patients to find out more about their discharge health information needs.</li> <li>2. The Drugs and Therapeutics committee are reviewing the findings of the survey and use patient feedback to inform plans on improving medication information for patients.</li> <li>3. Patients who commence on a new drug will be given a written current information sheet printed from HPRA (Health Products Regulatory Authority) website.</li> <li>4. Patients will be encouraged to be more involved in asking about medications and their plans for leaving the hospital- posters will be on display.</li> <li>5. Information booklets for patients with relevant information before and after discharge will be developed.</li> <li>6. Patients, will be provided with clear information about the danger signs to watch out for after discharge and who to contact if something goes wrong.</li> <li>7. Community support programmes will be promoted for patients to help them manage their health and/or chronic disease.</li> </ol>	<p>2018+</p>
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WHAT PATIENTS SAID TO US

LISTENING RESPONDING & IMPROVING



**PATIENT EXPERIENCE**

**DIGNITY & RESPECT AND PRIVACY:** Continuing to build on patient feedback and improve patient experience.

1. Support programmes for staff allowing them to discuss and share difficult and stressful situations in healthcare, will be put in place. One of these programmes is called 'Schwartz Rounds'. Also include mindfulness and stress management programmes for staff.
2. A programme focusing on the values and culture of the organisation, called 'Values in Action' is underway.
3. Leadership skills development for staff, both clinical and non-clinical will be progressed.
4. We will continue to ask and listen to patient's about what is important to them, , through gathering patient stories and 'What Matters to You' programme.
5. On-going awareness training around care at end-of-life, including communication and appropriate care will be provided.
6. We will continue to build on the role of the Patient Council and include the voice of the patient in all our work. We will continue to collect patient stories.
7. UL Hospitals Group Patient and Public Participation Strategy launched.
8. The CEO of UL Hospitals is fully committed to implementing and supporting this plan.

2017+

WHAT PATIENTS SAID TO US

LISTENING RESPONDING & IMPROVING



**ADMISSION TO HOSPITAL**

<p><b>PATIENT EXPERIENCE:</b> Improve patient experience of dignity &amp; respect and privacy.</p>	<ol style="list-style-type: none"> <li>1. A new Emergency Department opened at the end of May 2017, after the survey was distributed, to patients.</li> <li>2. The new Emergency Department, is more spacious, with numerous private cubicles and treatment areas and a private end-of-life care area for patients and families. This new facility will make a significant difference for patients, improving patients privacy and dignity in the ED service.</li> </ol>	<p>2017+</p>
<p><b>COMMUNICATION:</b> Improve communication between patients and staff.</p>	<ol style="list-style-type: none"> <li>1. Communication training programmes for staff, including customer service training has been developed and is available to all staff.</li> <li>2. Communication screens and leaflet areas are now in place throughout the new Emergency Department.</li> </ol>	<p>2017+</p>
<p><b>PATIENT SUPPORT:</b> Have better patient support in ED.</p>	<ol style="list-style-type: none"> <li>1. PALS (Patient Advocacy &amp; Liaison Services) Manager and volunteers are working in the new Emergency Department, playing an important role to improve patient experience.</li> <li>2. Information leaflets explaining the processes for triage in ED are available for patients.</li> <li>3. Comfort packs with hygiene products are available for patients who require them.</li> </ol>	<p>2017+</p>
<p><b>WAITING TIMES:</b> Improve wait times for patients in ED.</p>	<ol style="list-style-type: none"> <li>1. Several projects underway to help ensure patients are treated by the right staff in a timely way are underway. These are called 'Unscheduled Care', 'Kaizen' and 'Patient Experience Time' projects.</li> <li>2. Training for staff in these areas is also being provided.</li> <li>3. Extra beds are available with a short stay ward recently opened.</li> </ol>	<p>2017+</p>

**CARE ON THE WARD**

<p><b>NUTRITION:</b> Improve hospital food and nutrition for patients, especially for who missed meals because they were away from the ward for treatment or were recovering from surgery.</p>	<ol style="list-style-type: none"> <li>1. Patients who miss a meal will be provided with a replacement meal. This is in accordance with the 'Missed Meal' and 'Protected Mealtime' policies.</li> <li>2. Menus will be reviewed and made available to patients to help them choose their meals options.</li> <li>3. Meal times will be reviewed – the evening meal will be moved to later time in response to patient requests.</li> <li>4. Extra food to be served for late snack and drinks.</li> <li>5. Information will be developed with ICT.</li> </ol>	<p>2017+</p>
<p><b>COMMUNICATION:</b> Improve staff wearing name badges.</p>	<ol style="list-style-type: none"> <li>1. Name badges are being provided for all staff.</li> <li>2. All staff are being encouraged to introduce themselves to patients – '#Hello, my name is...' and their job.</li> </ol>	<p>2017+</p>
<p><b>COMMUNICATION:</b> Increase awareness for patients of the support available if they wish to speak to someone about their worries and concerns.</p>	<ol style="list-style-type: none"> <li>1. Training and awareness raising is being provided for all staff, about the importance of best practice communication and giving time to patients to discuss their concerns.</li> <li>2. A promotional campaign is being planned to encourage patients to speak up and seek help for their worries and concerns.</li> <li>3. Information leaflets are being made available in suitable areas for patients.</li> <li>4. More volunteers are being recruited for the Befriender role in the hospital.</li> </ol>	<p>2017+</p>

**EXAMINATION, DIAGNOSIS & TREATMENT**

<p><b>COMMUNICATION:</b> Improve health information provided to patients throughout their healthcare journey.</p>	<ol style="list-style-type: none"> <li>1. Work is underway to make health information easier to read and understand, with patient representatives involved.</li> <li>2. Plans for focus groups with patients to support this work to improve information leaflet information, is under development.</li> <li>3. Staff are encouraging patients to ask questions about their healthcare treatment options and plans.</li> <li>4. Information packs will be provided for all patients, before their operation about how long they can expect to stay in hospitals and what they need to know about going home.</li> </ol>	<p>2017+</p>
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WHAT PATIENTS SAID TO US

LISTENING RESPONDING & IMPROVING



EXAMINATION, DIAGNOSIS & TREATMENT

**COMMUNICATION:** Promoting improved communication skills and effective ward round communication with healthcare professionals and patients.

1. A programme to improve communication between staff and teams during the hand over process is planned in one area as a trial.
2. The new staff induction training includes a communication skills workshop.
3. Training provided for staff on 'Dealing with Bad News' and 'Final Journeys', looks at communication and end-of-life care.
4. Whiteboards for improving communication among staff are on each ward.
5. Notice boards with information for patients are being developed, with input from patients.

2017+



DISCHARGE OR TRANSFER

**COMMUNICATION:** Improve information:

- about discharge plans,
- how patient's can best manage their health when they leave hospital,
- knowing about medications; and
- who to contact if something goes wrong.

1. A focus group with patients to find out more about their discharge health information needs, is being planned.
2. The findings of the survey will be shared with the Drugs and Therapeutics committee, with the aim of improving medication information for patients.
3. Patients who commence on a new drug will be given a written current information sheet printed from HPRA (Health Products Regulatory Authority) website.
4. Encourage patient's to be more involved in asking about medications and their plans for leaving the hospital- posters on display in Ennis Hospital.
5. An information booklet for patients with relevant information before and after discharge is being developed.
6. Patients will be given clear information about the danger signs to watch out for after discharge and who to contact if something goes wrong.
7. Community support programmes for patients to help them manage their health or chronic disease, will be promoted.

2017+

PATIENT EXPERIENCE

**DIGNITY & RESPECT AND PRIVACY:** Continuing to build on patient feedback and improve patient experience.

1. Support programmes for staff allowing them to discuss and share difficult and stressful situations in healthcare are being implemented. One of these programmes is called 'Schwartz Rounds'. Mindfulness and stress management programmes for staff, will also be promoted.
2. Programme focusing on the values and culture of the organisation, called 'Values in Action' is underway.
3. Leadership skills development for staff, both clinical and non-clinical are underway.
4. We will continue to ask and listen to patient's about what is important to them, through gathering patient stories and 'What Matters to You' programme.
5. On-going awareness training around care at end-of-life, including communication and appropriate care, are in place.
6. We will continue to build on the role of the Patient Council and include the voice of the patient in all our work. We will continue to collect patient stories.
7. UL Hospitals Group Patient and Public Participation Strategy launched.
8. The CEO of UL Hospitals is fully committed to implementing and supporting this plan.

2017+

# South/South West Hospital Group



- |                                     |  |
|-------------------------------------|--|
| 17. Bantry General Hospital         | 22. South Infirmary Victoria University Hospital, Cork |
| 18. Cork University Hospital        | 23. South Tipperary General Hospital                   |
| 19. Kilcreene Orthopaedic Hospital  | 24. University Hospital Kerry                          |
| 20. Mallow General Hospital         | 25. University Hospital Waterford                      |
| 21. Mercy University Hospital, Cork |  |

## Message of commitment and support – Acting on the results of National Patient Experience Survey

I acknowledge the hard work already undertaken by our hospitals and patient groups in co-creating many of the improvements to our services. I welcome the results of the National Patient Experience Survey Programme and the collaboration by the Department of Health, Health Information & Quality Authority (HIQA), the Health Service Executive (HSE), staff in our hospitals and our patients.

At a hospital group level we have been reviewing the findings of the survey across our nine hospitals and have worked with key hospital personnel in development of improvement programmes in response. Much of this work has been in train for some time as staff and managers have advocated to find ways for patients, their carer(s) and families to be actively involved in their own care and treatment.

A number of our hospitals in the South/South West Hospital Group (S/SWHG) have achieved above the national average in areas also identified for individual hospital improvement. The survey therefore gives us indications that hospitals have developed processes and systems that have improved the overall patient experience within S/SWHG. This provides a strong foundation for hospitals within the group to support each other and for all sites to achieve above the national average in all areas surveyed.

The findings of the survey also provides the evidence of the patients' perspective required to focus our efforts in the priorities to be pursued across the group. It offers us an opportunity to strengthen the group's position in improving the experience of our patients and for our hospitals to work together. Many hospitals have common areas identified for improvement - communication in Emergency Departments and with families when patients are being discharge; the wearing of staff name badges; in offering choice of food; in educating patients on medication side effects; and in increase privacy for patients when being examined and treated.

The S/SWHG Leadership Team and soon to be established Hospital Group Board are committed to improving patient experiences of care and services. I wish to thank all staff and managers who championed the survey, encouraged patients to participate, reviewed the survey findings and developed the hospitals improvement plans. I would like to especially thank all patients who provided their input to the survey. You have contributed to an invaluable body of work which will be used to bring about life changing improvements to your health service. You will have demonstrated that the concept of a participatory health service is a real one and for that we are truly grateful.

**Mr. Gerry O' Dwyer**  
Chief Executive Officer, South/South West Hospital Group



WHAT PATIENTS SAID TO US

LISTENING RESPONDING & IMPROVING

TIME-SCALE

<p> <b>ADMISSION TO HOSPITAL</b></p>	<p><b>PATIENT EXPERIENCE:</b> Improve patient experience of medical assessment unit, in Bantry.</p>	<ol style="list-style-type: none"> <li>1. Team members of the Medical Assessment Unit, will continue to work to increase self-awareness among staff, and to engage in continuous improvement in the department to provide an improved experience for the patients, families, and the care teams.</li> </ol>	<p>1-2 YEARS</p>
<p> <b>CARE ON THE WARD</b></p>	<p><b>NUTRITION:</b> Improve hospital food and nutrition for patients.</p>	<ol style="list-style-type: none"> <li>1. A team of staff comprising of the Head Chef, Hospital Nutritionist Nutrition and other relevant staff will work together with the support of the National Lead Nutritionist for hospitals to improve the hospital food and nutrition, responding to the findings of the patient survey. Hospital Nutrition and hydration committee is currently being established.</li> </ol>	<p>3-5 YEARS</p>
	<p><b>COMMUNICATION:</b> Increasing awareness in relation to support available to patients who want to speak to someone about their worries and concerns.</p>	<ol style="list-style-type: none"> <li>1. The hospital Chaplaincy together with staff will lead on a promotional campaign in relation to the role of all staff who can engage with patients who feel isolated or who have nobody to speak to about their worries and concerns. This work will start in 2018.</li> </ol>	<p>1-2 YEARS</p>
<p> <b>EXAMINATION, DIAGNOSIS &amp; TREATMENT</b></p>	<p><b>COMMUNICATION:</b> Improve health information for patients.</p>	<ol style="list-style-type: none"> <li>1. Patient information leaflets reviewed and made available.</li> <li>2. Recommended sources for accessing evidence based patient information promoted.</li> <li>3. Patient information leaflets for care before and after an operation, is being improved</li> <li>4. Information for patients and their families in relation to preventing falls in elderly patients is being improved.</li> </ol>	<p>1-3 YEARS</p>
	<p><b>COMMUNICATION:</b> Training for healthcare teams to improve their communication skills and effective ward round communication.</p>	<ol style="list-style-type: none"> <li>1. A training programme and guidance for staff on improving communications is being planned building programme.</li> </ol>	<p>1-3 YEARS</p>
<p> <b>DISCHARGE OR TRANSFER</b></p>	<p><b>COMMUNICATION:</b> Improving access and distribution of written patient information about going home from hospital.</p>	<ol style="list-style-type: none"> <li>1. Discharge information leaflet for patents will be improved.</li> </ol>	<p>2018</p>
	<p><b>COMMUNICATION:</b> Letting patients know who to contact if something goes wrong.</p>	<ol style="list-style-type: none"> <li>1. Patients will be informed about who they should contact if something goes wrong, after they leave hospital.</li> <li>2. The stroke and cardiac rehabilitation programmes provide follow up and advice after patients have been discharged. Individual and group sessions information and support sessions are held with patients.</li> </ol>	
	<p><b>COMMUNICATION:</b> Providing information on medication side effects.</p>	<ol style="list-style-type: none"> <li>1. The hospital pharmacist provides information to patients commenced on New Oral Anti-coagulant treatment at the information sessions for patients after they have been discharged from the Stroke and Cardiac rehabilitation Unit.</li> </ol>	
	<p><b>COMMUNICATION:</b> Improving the overall discharge planning process.</p>	<ol style="list-style-type: none"> <li>1. The Medical Consultant will discuss feedback on discharge issues with all new doctors at three monthly orientation sessions.</li> </ol>	

WHAT PATIENTS SAID TO US

LISTENING RESPONDING & IMPROVING

TIME-SCALE

 **ADMISSION TO HOSPITAL**

<p><b>PATIENT EXPERIENCE:</b> Quality Improvement Initiatives designed to improve patient experience of ED.</p>	<ol style="list-style-type: none"> <li>1. All members of the ED teams are working together on quality improvement programmes (ED micro-systems) designed to improve patient experience of ED.</li> <li>2. Training is provided to staff to support them to implement the quality improvement programme and to make meaningful improvements to patient experience in ED.</li> <li>3. The Winter Flu Vaccine was actively promoted to encourage a high uptake and to prevent excessive demands in ED over the Winter Period.</li> <li>4. Patient Comfort packs are provided to patients who need them.</li> </ol>	
<p><b>WAITING TIMES:</b> Introduction of new systems of work to reduce the time patients spend in the ED.</p>	<ol style="list-style-type: none"> <li>1. Systems were designed and implemented in April 2017 through a new ambulatory care service, to increase efficiency and reduce the time waiting in ED has made a difference to patients, improving their experience and reducing waiting times.</li> </ol>	<p><b>APR 2017</b></p>

 **CARE ON THE WARD**

<p><b>COMMUNICATION:</b> Management of complaints.</p>	<ol style="list-style-type: none"> <li>1. Complaints are dealt with in a timely fashion and patient feedback and complaints are welcomed.</li> <li>2. ED are putting new suggestions boxes in the department to capture complaints, compliments and comments from patients.</li> </ol>	
<p><b>NUTRITION:</b> Improve hospital food and nutrition for patients.</p>	<p>This has always been a focus for the hospital and work in this area will be continually monitored and improvements made in line with national programmes of work:</p> <ol style="list-style-type: none"> <li>1. The hospital will introduce ward catering assistants in 2018;</li> <li>2. The Hospital will undertake a revision of all Menu's in 2018;</li> <li>3. Patients who are at risk for malnutrition, are being identified and will be provided with an appropriate diet to support them to improve their health and well-being, this work is being evaluated and monitored in 2018, to ensure that we are making a difference for patients.</li> </ol>	

 **EXAMINATION, DIAGNOSIS & TREATMENT**

<p><b>COMMUNICATION:</b> Increase awareness in relation to support available to patients who want to speak to someone about their worries and concerns.</p>	<p>Promotional campaign, designed to increase awareness amongst patients, in relation to the role of all staff, availability of staff, with whom they can engage with, for patients who feel isolated or who have nobody to speak to about their worries and concerns is being developed and will be put in place in 2018.</p>	<p><b>1-2 YRS</b></p>
<p><b>COMMUNICATION:</b> Review and improve patient information leaflets.</p>	<ol style="list-style-type: none"> <li>1. Patient information leaflets are being reviewed, updated and made available.</li> <li>2. Encouraging and promoting use of Surgical information leaflets.</li> <li>3. Citizens Information Clinic is established in CUH. This service provides practical, up-to-date information to patients/families.</li> </ol>	
<p><b>COMMUNICATION:</b> Improving access and distribution of written patient information about going home from hospital.</p>	<ol style="list-style-type: none"> <li>1. A health information booklet, for patients with information about going home from CUH, and outlining the process for transfer to another hospital is being developed.</li> </ol>	
<p><b>COMMUNICATION:</b> Letting patients know who to contact if something goes wrong.</p>	<ol style="list-style-type: none"> <li>1. Patients will be informed about who to contact after they leave hospital, when things go wrong, this work will start in early 2018.</li> </ol>	
<p><b>COMMUNICATION:</b> Providing information on medication side effects.</p>	<ol style="list-style-type: none"> <li>1. Patient information leaflets for high alert drugs, will be reviewed by the Medication Safety Officer, for plain English and suitability for providing information on the side effects of medication.</li> </ol>	

 **DISCHARGE OR TRANSFER**

<p><b>COMMUNICATION:</b> Improving the overall discharge planning process.</p>	<ol style="list-style-type: none"> <li>1. A team of staff are dedicated to focus on improving patient flow. This work involves improved linkages with community services, improving communications between teams, improving processes for discharging patients during weekends, and constant monitoring and follow-up of progress made.</li> </ol>	
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WHAT PATIENTS SAID TO US

LISTENING RESPONDING & IMPROVING

TIME-SCALE

PATIENT EXPERIENCE

DIGNITY & RESPECT AND PRIVACY: Improving and sustaining patient experience.

1. Meetings amongst staff, called, 'Schwartz Rounds', have been set up in CUH, to promote compassionate care at the bedside while also supporting staff to share emotional & psychological aspects of their work that may otherwise build up, causing stress and anxiety.
2. Patient Focus groups previously held in out-patients, will be introduced in other areas to capture patient feedback about their experience and ideas for improvement.
3. We will continue to undertake patient experience surveys across different departments, displaying results on the ward and promote the importance of patient and family engagement, and transparency in healthcare.
4. Training will be provided for key staff in the area of quality improvement.

WHAT PATIENTS SAID TO US

LISTENING RESPONDING & IMPROVING



CARE ON THE WARD

**NUTRITION:** Improve hospital food and nutrition for patients.

The feedback from patients about hospital food in Kilcreene Orthopaedic Hospital was reviewed by the NPES Nutrition and Hydration Committee.

1. The findings of the survey will be used to inform the quality improvement priorities, specifically relating to help from staff at mealtimes.
2. Protected Mealtimes are observed in Kilcreene.
3. Based on the patient feedback received, the Patient Menu has been revised and a wider choice of food and nutritional options are now available.
4. A new food ordering system is in place.
5. An Evening Snack Menu has been developed and it is promoted on the wards.



EXAMINATION, DIAGNOSIS & TREATMENT

**COMMUNICATION:** Improving information for patients.

1. We shared the results of the patient experience survey with all staff to raise awareness of our patients' feedback, we requested service managers to review what is available, in relation to health information for patients, to identify deficits and work and for their staff to address these, improvement priorities.
2. We are currently planning to seek access to professionally produced, evidence-based patient information materials via licensed access to UK product. This will enable us to provide clear and comprehensive information to all patients in our hospital.
3. We will improve information for staff about each patients' pathway through the use of the MDT White Board Initiative, which is currently being put in place.
4. We are currently developing interdisciplinary education booklets for all patients undergoing major joint replacements.
5. We provide education to patients on their chronic condition during their inpatient stay - Patient information displays in both the waiting areas and clinical areas.

SEPT-NOV 2017



DISCHARGE OR TRANSFER

**COMMUNICATION:** Improving patient information about going home from hospital.

1. We have shared the findings of the patient experience survey with all staff to raise awareness and to focus attention on the importance of providing sufficient and clear discharge information.
2. Service managers have been asked to identify areas for improvement within their services, and work with their staff to develop materials.
3. We have established a "Joint School" so that patients receive education/information about their proposed surgery, discharge advice and average length of stay
4. We ensure all patients attend the Pre-Operative Assessment Clinic so that they understand what to expect on admission for their elective procedure.

PATIENT EXPERIENCE

**DIGNITY & RESPECT AND PRIVACY:** Improving and sustaining patient experience.

1. Feedback received about lack of seating for visitors has resulted in Kilcreene Hospital, putting in place, additional and sufficient seating for visitors.

WHAT PATIENTS SAID TO US

LISTENING RESPONDING & IMPROVING



<p> ADMISSION TO HOSPITAL</p>	<p><b>CONTINUOUS IMPROVEMENT:</b> Continuous improvement in the Medical Assessment Unit.</p>	<ol style="list-style-type: none"> <li>1. Continuous improvement is a priority of the Medical Assessment Unit, in Mallow General Hospital, we continue to increase self-awareness among staff and to engage in continuous improvement in the unit to provide an improved experience for the patients, families.</li> <li>2. Monitoring of progress made in relation to our performance indicators set for the Medical Assessment Unit, are consistently assessed.</li> </ol>	<p>2017</p> <p>ON-GOING</p>
<p> CARE ON THE WARD</p>	<p><b>NUTRITION:</b> Improve hospital food and nutrition for patients.</p>	<ol style="list-style-type: none"> <li>1. A Nutrition and Hydration steering committee established at Mallow General Hospital, with the aim of improving hospital nutrition and catering for patients and staff alike. The feedback received from patients about choice of food will be used to improve.</li> <li>2. All patients admitted to hospital are assessed for being at risk of malnutrition, they are provided with food which is of high calorific balance to prevent further deterioration.</li> <li>3. The protected meal-times policy is implemented and supported hospital wide to give patients protected time to eat their meals so this can improve their food intake and nutrition. This also contributes to their overall wellbeing and recovery.</li> <li>4. Patients who require assistance at meal-time are provided with additional support.</li> </ol>	<p>ON-GOING</p>
	<p><b>COMMUNICATION:</b> Increase awareness for patients of the supports available if they wish to speak to someone about their worries and concerns.</p>	<ol style="list-style-type: none"> <li>1. Information for patients about support services available to them during their hospital stay will be enhanced. A campaign of awareness raising amongst patients about sharing concerns and speaking to staff about anything that they are worried about will be promoted.</li> </ol>	<p>ON-GOING</p>
<p> EXAMINATION, DIAGNOSIS &amp; TREATMENT</p>	<p><b>COMMUNICATION:</b> Provide more accessible health information to patients.</p>	<ol style="list-style-type: none"> <li>1. Recommended sources for accessing evidence based patient information promoted amongst patients, to improve health information available to patients for their entire healthcare journey, from admission to discharge.</li> </ol>	<p>ON-GOING</p>
	<p><b>COMMUNICATION:</b> Better communication skills and effective ward round communication from all health-care staff.</p>	<ol style="list-style-type: none"> <li>1. Ongoing Series of Education Programmes focusing on communication and information, and including topics such as bereavement, end of life care, breaking bad news, is available for staff.</li> <li>2. Guidance on effective ward round communication will be available to staff. Together with training on effective ward round communication.</li> </ol>	<p>ON-GOING</p> <p>2018+</p>
<p> DISCHARGE OR TRANSFER</p>	<p><b>COMMUNICATION:</b> Provide more information to patients at discharge.</p>	<ol style="list-style-type: none"> <li>1. All patient information leaflets will be reviewed and the content about "going home".</li> <li>2. Review of all patient information leaflets and review content of same re "contact details" if something goes wrong.</li> <li>3. Project currently being undertaken on improving Discharge Planning.</li> </ol>	<p>ON-GOING</p>
<p>PATIENT EXPERIENCE</p>	<p><b>DIGNITY &amp; RESPECT AND PRIVACY:</b> Improving and sustaining patient experience.</p>	<p>Hospital Management will continue to support and implement hospital-wide programmes which will enhance patient experience, such as:</p> <ol style="list-style-type: none"> <li>1. The support for the role and function of Consumer Services Dept.</li> <li>2. Promote and value the roles of all staff through the '#Hello, my name is...' campaign.</li> <li>3. Twice weekly team meetings with all staff will include the progress updates on improvements made in relation to patient experience.</li> </ol>	<p>ON-GOING</p>

WHAT PATIENTS SAID TO US

LISTENING RESPONDING & IMPROVING



**ADMISSION TO HOSPITAL**

**WAITING TIMES:** Improve patient experience of ED and in particular wait times for patients.

1. All members of the ED teams are working together on quality improvement programmes designed to improve patient experience of ED and to improve the patient experience of waiting times in MUH.
2. MUH is monitoring wait times in ED to ensure that the National Targets set for ED services are not exceeded
3. The Winter Flu Vaccine is actively promoted to maintain high uptake and to prevent excessive demands in ED over the Winter Period.

ON-GOING

**CARE ON THE WARD**

**NUTRITION:** There is a need to improve hospital food and nutrition for patients.

1. Patients who are at risk of being malnourished will be identified and a nutritional menu designed to improve their health and wellbeing, will be provided for them.
2. Mealtimes will be protected in the hospital to ensure that all patients, receive adequate time and opportunity to receive nutritious meals.

12 MTHS +

**COMMUNICATION:** Increase awareness in relation to the support available to patients who want to speak to someone about their worries and concerns.

1. The Patient Liaison Officer, together with the Pastoral Care team and hospital volunteers are promoting awareness amongst patients that they are available to patients to speak to them, about any worries or concerns that they may have.
2. The roles of key members of staff (including all clinical staff) and advocates will be promoted to help patients understand that they are not alone and that they can always speak to someone.
3. MUH developing diverse ways of engaging with patients and their families in a dynamic way recognising patients as partners in their own care.

**EXAMINATION, DIAGNOSIS & TREATMENT**

**COMMUNICATION:** Improve Health information for patients.

1. Patient information leaflets are reviewed and made available for all patients, as well as new sources of information when available.
2. Information leaflets on specific health conditions will be made available to patients together with information on the hospital (patient information booklet; MUH website)
3. Recommended sources for sharing clear and evidence based patient /health information will be promoted amongst patients.
4. A team of staff are currently reviewing the importance of patient involvement in decision making about their care, and promoting the National Consent Policy in MUH.

2017+

**COMMUNICATION:** Improve communication skills and effective ward round communication amongst healthcare teams.

1. Guidance of effective ward round communication will be shared with all staff.
2. Improved processes for communication between healthcare teams during handover periods will be improved.
3. The campaign aimed at improving staff introductions ‘#Hello, my name is...’ has been implemented, it is designed to improve communications between healthcare professionals and patients and it was developed by a patient to improve patient experience in hospital.
4. Training is provided for staff on ‘Dealing with Bad News’ and ‘Final Journeys’ which looks at communication and end-of-life care.

1-2 YEARS

**DISCHARGE OR TRANSFER**

**COMMUNICATION:** Improve access and distribution of written patient information about going home from hospital.

1. Information leaflets on specific health conditions will be made available to patients together with information on the hospital.
2. Information on hospital website will be improved.
3. A checklist for staff on discharge is in place and communication and patient information is prioritised at discharge.

**COMMUNICATION:** Letting patients know who to contact if something goes wrong.

1. Training and policy for staff on “open disclosure”, which is about letting patients know who to contact and about being open and honest when something goes wrong, is in place in MUH.
2. Patients are informed as part of the discharge process about the danger signs to look out of and on who to contact if something goes wrong.



WHAT PATIENTS SAID TO US

LISTENING RESPONDING & IMPROVING



DISCHARGE OR TRANSFER

**COMMUNICATION:** Providing information on medication side effects.

1. A programme designed to promote medication safety is in development in the hospital.
2. Information on medication side effects will be made available to patients.
3. The Drugs and Therapeutics Committee at the hospital will use patient feedback to inform plans on improving information on medication for patients.
4. The MUH will continue to develop information leaflets for patients with relevant information before and after discharge from hospital.

2-3 YEARS

PATIENT EXPERIENCE

**DIGNITY & RESPECT AND PRIVACY:** Improving and sustaining patient experience including patient privacy.

1. The Values in Action Programme, designed to improve both patient and staff experience, and the organisational culture is being implemented, together with other programmes aimed at increasing awareness of the importance of dignity and respect and patient privacy.

WHAT PATIENTS SAID TO US

LISTENING RESPONDING & IMPROVING

TIME-SCALE



CARE ON THE WARD

<p><b>NUTRITION:</b> Improve hospital food and nutrition for patients.</p>	<ol style="list-style-type: none"> <li>1. Policy for protected meal times has been developed and implemented.</li> <li>2. Menu choice available for all meals</li> <li>3. Fasting guidelines for patients are constantly being reviewed.</li> <li>4. Red trays are used to identify patients that need help with meals.</li> <li>5. Replacement meals are available for patients who have missed a meal.</li> <li>6. Ongoing patient satisfaction survey on hospital food is used to monitor progress made in relation to how we are improving on hospital food and nutrition for patients</li> <li>7. Hospital team on nutrition is monitoring progress and meet very regularly.</li> </ol>	<p>3-5 YEAR +</p>
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<p><b>COMMUNICATION:</b> Improve communications and the wearing of name badges amongst staff.</p>	<ol style="list-style-type: none"> <li>1. The campaign aimed at improving staff introductions ‘#Hello, my name is...’ campaign will be promoted, amongst staff in the hospital, it is designed to improve communications between healthcare professionals and patients, it was developed by a patient to improve patients experience of hospital care.</li> </ol>	<p>1 YEAR</p>
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<p><b>COMMUNICATION:</b> Increasing awareness in relation to support available to patients who want to speak to someone about their worries and concerns.</p>	<ol style="list-style-type: none"> <li>1. Promotional campaign in relation to the role of all staff, availability of key staff who can engage with patients who feel isolated or who have nobody to speak to about their worries and concerns.</li> </ol>	<p>1-2 YEARS</p>
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<p><b>COMMUNICATION:</b> Improve communications between healthcare professionals and patients.</p>	<ol style="list-style-type: none"> <li>1. Share and promote best practice guidance and build awareness amongst staff in relation to effective ward round communications, including improving communication before and after procedures.</li> <li>2. Provide training for staff to improve their communication skills and effective ward round communication.</li> <li>3. Training for staff on Dealing with Bad News which looks at communication and end-of-life care.</li> </ol>	<p>1-3 YEARS</p>
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<p><b>COMMUNICATION:</b> Improve the provision of health information for patients.</p>	<ol style="list-style-type: none"> <li>1. Work in partnership with our acute hospital colleagues to source additional evidence based patient information.</li> </ol>	<p>1-2 YEARS</p>
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<p><b>COMMUNICATION:</b> Improve communication and information for patients when they are being discharged from hospital.</p>	<ol style="list-style-type: none"> <li>1. Access and the distribution of written patient information about going home from hospital will be improved. We will ensure that all patients know who to contact if something goes wrong.</li> <li>2. We will provide information to patients on medication side effects if commenced on new medication or if current medications are affected by procedures.</li> <li>3. We are improving the overall discharge planning process.</li> <li>4. “Open Disclosure” training is in place to educate staff on being open and honest when something goes wrong.</li> </ol>	
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DISCHARGE OR TRANSFER

<p><b>DIGNITY &amp; RESPECT AND PRIVACY:</b> Improving and sustaining patient experience.</p>	<ol style="list-style-type: none"> <li>1. Improving patient experience will be included on the agenda for team meetings and discussion forums.</li> <li>2. We will be reviewing, programmes of work which have made a difference for patients in other hospitals with a view to implementing them in the South Infirmary Hospital.</li> <li>3. The SIVUH is committed to improving patient experience and will work diligently with all staff to improve communication with patients and to improve the patients’ journey.</li> </ol>	
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EXAMINATION, DIAGNOSIS & TREATMENT



PATIENT EXPERIENCE



WHAT PATIENTS SAID TO US

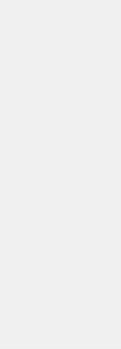
LISTENING RESPONDING & IMPROVING



**STAFF EXPERIENCE**

WELLBEING: Improving and sustaining staff well-being, as it integral to a positive patient experience.

1. Overall findings relating to patient interactions with staff and HR related feedback. Improving staff experience and well-being initiatives designed to support staff.
  - In house education and initiatives related to mental health & wellbeing and resilience;
  - In house theme days eg. healthy eating;
  - Occupational Health Support for staff;
  - In house HR Training to line managers to support their own staff and to utilise policies correctly;
  - Increasing numbers of staff trained as Dignity at Work programme.



WHAT PATIENTS SAID TO US

LISTENING RESPONDING & IMPROVING



 **ADMISSION TO HOSPITAL**

**PATIENT EXPERIENCE:** Improve patient experience in the Emergency Department.

1. A new ward was opened in November 2017, to elevate overflow in the ED, this has had a positive impact on patient experience.
2. Plans to put in place 40 additional beds are being developed, with a view to having the additional beds available for winter 2019.
3. There is an on-going focus on reducing the number of patients on trolleys in the Emergency Department, in line with the HSE target times.
4. We have appointed an assistant Director of Nursing to improve patient flow in the hospital.
5. Patients in ED are offered full meals plus snacks and sandwiches throughout the day.
6. We are planning to appoint additional Advanced Nurse Practitioner posts to be in place in 2018 to enhance the care of older persons and patients with respiratory illness.

ON-GOING

 **CARE ON THE WARD**

**NUTRITION:** Improve Hospital food and Nutrition for patients.

1. A Nutrition and Hydration steering committee established at STGH, with the aim of improving nutrition and hydration. Implementation of National Standards for Nutrition and Hydration are at an advanced stage.
2. All patients admitted to hospital are assessed for being at risk of malnutrition.
3. The Nutrition and Hydration group are working toward protected meal times across all wards and also reviewing times which all meals are served.
4. STGH have improved the menu selection. Menu cards available on each ward. Multicultural requirements are catered for.
5. Menus displayed in A3 size outside all ward kitchens.
6. Patients who require assistance at meal-time are provided with additional support. Red tray system in place to identify patients requiring assistance.
7. Patient name panel available at bed side to display specified dietary needs for patients.
8. Snacks and sandwiches available for patients on all wards and Emergency Department in the evening.

ON-GOING

 **EXAMINATION, DIAGNOSIS & TREATMENT**

**COMMUNICATION:**

1. Whiteboards for ward communication available on all wards with specific instruction for updating.
2. '#Hello, my name is...' campaign will be introduced in 2018 (name badges ordered). Hospital will use the opportunity to launch this new campaign as part of a communication campaign.
3. Hospital signage review currently underway.
4. Patient Representative Service User Group in place.
5. Communication update is vital to hospital improvement and development. To be released December 2017.
6. Increase awareness at ward level around availability for patient to speak to staff if they have worries or concerns.
7. Staff are encouraging patients to ask questions about their healthcare treatment options and plans. The "safer to ask" series of patient leaflets will be promoted as a way of empower patients to be more involved in the decision making process
8. Ongoing Series of Education Programmes focusing on communication and information, and including topics such as bereavement, end of life care, breaking bad news, is available for staff.

ON-GOING

WHAT PATIENTS SAID TO US

LISTENING RESPONDING & IMPROVING

TIME-SCALE



DISCHARGE OR TRANSFER

DISCHARGE PROCESS:

1. Planning patients discharge commences when patients are being admitted, as part of the admission process.
2. A hospital nurse lead on discharge planning is in place to assist with discharge plans for high risk patients.
3. A Discharge Lounge is available and staffed Monday – Friday to check and enhance information provided on discharge to patients.
4. Medication reconciliation for patients' medications is supported in the discharge lounge.
5. Plans are in place on discharge for community support for patients to help manage their health or diseases where required.
6. Community Intervention Team (CIT) are working closely with the hospital to assist with early supported discharges.
7. Patients provided with clear information about complications to watch for post discharge and who to contact if something goes wrong.

ON-GOING

WHAT PATIENTS SAID TO US

LISTENING RESPONDING & IMPROVING

TIME-SCALE

 **ADMISSION TO HOSPITAL**

<p><b>PATIENT EXPERIENCE:</b> Quality Improvement Initiatives designed to improve patient experience of ED.</p>	<ol style="list-style-type: none"> <li>1. The feedback received in the patient experience survey, about their recent experience in ED will be used to inform the issues which need to be addressed, such as wait times, communication and the importance of privacy in ED.</li> <li>2. A programme of work, called, The Clinical Microsystems Programme, is being planned in the Emergency Department, staff have received training and this work is designed to increase self-awareness among staff, and to engage them in continuous improvement in the department to provide an improved experience for the patients, families, and the care teams.</li> </ol>	<p><b>1-3 YEARS</b></p>
<p><b>PATIENT EXPERIENCE:</b> Improving patient experience on admissions.</p>	<ol style="list-style-type: none"> <li>1. We have put in place a programme to assess the expected length of stay for patients admitted for care or treatment which was not planned. This is to help us manage the capacity of the hospital better and to improve patient experience.</li> </ol>	<p><b>6 MTHS</b></p>
<p><b>WAITING TIMES:</b> Understanding the reasons why patients are not able to be discharged.</p>	<ol style="list-style-type: none"> <li>1. Work will be carried to understand and identify barriers to Early Discharge the team working with frail elderly patients are carrying out an intervention which is being piloted in ED.</li> </ol>	

 **CARE ON THE WARD**

<p><b>NUTRITION:</b></p>	<p>The Food and Nutrition Group, together with the support the Lead on Hospital Nutrition and Hydration, are planning and currently implementing improvements to the hospital food and nutrition. We will ensure that:</p> <ol style="list-style-type: none"> <li>1. Adequate &amp; suitable Food &amp; Nutrition for ED patients, is available on a 24-hour basis.</li> <li>2. Healthy vending machines for patients and relatives is in place.</li> <li>3. We will review catering facilities and personnel in ED on an ongoing basis.</li> <li>4. Working towards improving catering facilities meets in line with national standards.</li> <li>5. We are improving ways in which we provide assistance to patients during meal times, "Assisted Meal Times".</li> <li>6. We are revising and improving the, Protected Meal Time Policy, this is to ensure that patients have a protected time to received adequate nutrition and healthy food whilst in hospital.</li> </ol>	<p><b>3-6 MTHS</b> <b>6-12 MTHS</b></p>
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 **EXAMINATION, DIAGNOSIS & TREATMENT**

<p><b>COMMUNICATION:</b> Increasing awareness in relation to support available to patients who want to speak to someone about their worries and concerns.</p>	<ol style="list-style-type: none"> <li>1. A Promotional campaign in relation to the role of all staff, and their availability to engage with patients who feel isolated or who have nobody to speak to about their worries and concerns, will be implemented.</li> <li>2. We will assess the effectiveness of this initiative, auditing patient needs in relation to this issue, to understand if a hospital social worker or patient advice and liaison staff is required to work in this area.</li> </ol>	<p><b>1-2 YEARS</b></p>
<p><b>COMMUNICATION:</b> Improving the provision of health information.</p>	<ol style="list-style-type: none"> <li>1. A programme designed to provide more accessible health information for patients is being developed. Patient information leaflets will be reviewed and made available.</li> <li>2. Recommended sources for accessing evidence based patient information will be promoted.</li> </ol>	<p><b>1-3 YEARS</b></p>
<p><b>COMMUNICATION:</b> Improve communication skills of healthcare professionals.</p>	<ol style="list-style-type: none"> <li>1. Training and support will be sourced to promote and encourage staff to improve their communication skills., Capacity building programme and related policy scoped and implemented.</li> <li>2. Best practice guidance on effective ward round communication, the importance of communication as an important determinant of patient experience will be promoted. Time for patients to discuss care and treatment will be highlighted amongst all clinical staff.</li> </ol>	

WHAT PATIENTS SAID TO US

LISTENING RESPONDING & IMPROVING

TIME-SCALE



DISCHARGE OR TRANSFER

**COMMUNICATION:**  
Improve the provision of health information on discharge.

1. We are improving access and distribution of written patient information about going home from hospital. We are letting patients know who to contact if something goes wrong, information on medication side effects. Improving the overall discharge planning process. An antibiotic Leaflet has been prepared and more ongoing review of patient health information leaflets.

PATIENT EXPERIENCE

**DIGNITY & RESPECT AND PRIVACY:** Improving and sustaining patient experience including dignity and respect.

1. Caring for patients and caring for staff in equal measure; when staff are looked after effectively, their ability to care for their patients in a caring and compassionate manner is enhanced, the following programmes of work designed to improve both patient and staff experience are in progress:

- 'Schwartz Rounds';
- Healthy Ireland Programme;
- Caring Behaviours Assurance System;
- VIA-Values in Action, living the values of the organisation and spreading good behaviour.

STAFF EXPERIENCE

**VALUES:** Promoting organisational values.

1. Together with the Quality Improvement Division, University Hospital Kerry commenced a programme seeking to value staff voices through Staff Listening Sessions and encourage creative problem solving through a quality improvement and Front Line Ownership, this work has positively impacted on both patient and staff experience.

WHAT PATIENTS SAID TO US

LISTENING RESPONDING & IMPROVING

TIME-SCALE

 **ADMISSION TO HOSPITAL**

**PATIENT EXPERIENCE:** Improve patient experience of ED.

1. An Acute Medical Assessment Unit for rapid access investigation of non-emergency medical presentations, such as elderly with complex health care issues is being established, this will lead to reduced demand on ED.
2. A joint initiative between the hospital and community is set up to develop Integrated Care for Older Persons – improving the pathway of care for elderly frail/ falls risk patients, thus reducing dependence on ED.
3. The Injuries Service, lead by Advanced Nurse Practitioners, is established to provide rapid access to assessment and treatment for those with minor injuries.
4. It is planned to establish a Surgical Assessment Unit which would offer acute surgical patients a more efficient pathway to care and reduce the demands on ED.
5. We have put in place the support of ED Physio and OT services to provide early intervention and to inform decision-making for patients in relation to admission or supported discharge.
6. We are in the process of improving access to diagnostics (X-ray, MRI, CT and non-emergency cardiac tests).
7. We work together with all key stakeholders to optimise integration and shorten pathways for patients. We hold weekly meetings about Patient Flow and Delayed Discharge.
8. Maximum daily uptake of Community Intervention Team Services, is supported – to enable early discharge or admission avoidance for patients.
9. We use continuous surveillance of individual Patient Experience Times (PET) to inform decision-making re. clinical priority and longest waiters in ED.
10. A Transfer Team has been established to reduce turn-around time for inpatient beds.
11. Audits of delays between bed allocation and patient arrival on ward are conducted.
12. We established a Paediatric Assessment Unit – to provide rapid access to assessment and treatment for children with medical presentations and remove them from the ED environment.
13. We put in-place a discharge lounge to enable release of inpatient beds early in the day, to improve patients experience in ED and to reduce waiting in ED.
14. We developed a Consult Referral Policy for doctors to ensure timely referral and review between medical teams to shorten and to predict more accurately waiting times for consults.
15. The ED Microsystems Programme in the Emergency Department will continue to work to increase self-awareness among staff, and to engage in continuous improvement in the department to provide an improved experience for the patients, families, and the care teams.

ON-GOING

 **CARE ON THE WARD**

**NUTRITION:** Improve hospital food and nutrition for patients.

1. The Nutrition and Hydration committee have reviewed all of the feedback that patients provided about hospital food.
2. Committee continue to work on snack menu, ordering process for inpatients, water + meal service to ED.
3. Meal choice and missed meal replacement are areas of focus which are being addressed.
4. Nutrition screening (MUST) for every patient admitted to identify those at risk for malnutrition – with weekly review and referral to dietician when score indicates intervention required, is in place.
5. Proactively work with National Lead Dietician, so that UHW can be early adopters of developments at national level:
  - Promote Evening Snack Menu on wards;
  - Further develop special diet menus;
  - Currently confined to modified texture diet and Renal diet.
6. We are seeking approval to establish a Nutrition and Hydration Dietician post in UHW in order to oversee our compliance with Food and Nutrition Care in Hospitals Guidelines. Portion size, nutritional analysis, further special diet options.

SEPT-OCT 2017

ON-GOING

ON-GOING

2018

WHAT PATIENTS SAID TO US

LISTENING RESPONDING & IMPROVING



CARE ON THE WARD

**COMMUNICATION:** To support patients to talk about their worries and concerns.

1. Raise awareness of our patients' feedback by presenting the results to staff – with focus on areas for improvement. (Briefing sessions, ebulletin and hard copy of Need2Know monthly issue, interactive noticeboard).  
Presented results at:
  - EMB;
  - Safety and Quality Executive Steering Committee;
  - Directorate QSR meetings;
  - Cancer MDT meetings;
  - HSCP Service Manager meeting;
  - CNM2 and CNM3 nursing meetings.
2. Each leadership group asked to identify improvement plans for their services with regard to this feedback.
3. Promote HSE Healthcare Charter and the hospital Charter to foster culture of compassionate care.
4. Establish additional post for Medical Social Work Service in 2017 - ED, Paeds and Maternity services now covered.
5. We will continue to support on-site Daffodil Centre to provide support and information for cancer patients.
6. Oncology liaison nurses in attendance at each of the new patient oncology clinics.
7. Support from the hospital Pastoral Care Service, provides multi denominational care for patients using any of the services on campus. Hospital Chaplin available 24/7.
8. Improve staff psychological support skills through training – South East Centre for Nurse Education provides courses which include psychological support skills eg. End-of-Life module (2/year) and Palliative Care (2/year).
9. Equip staff to appropriately handle feedback at the frontline - complaints, concerns and compliments, through ongoing Patient Safety Program education sessions.
10. Offer family room (on each level) to patients/families who need a quiet private space away from the busy ward.

SEPT-NOV 2017  
  
ON-GOING  
Q2 2017  
ON-GOING



EXAMINATION, DIAGNOSIS & TREATMENT

**COMMUNICATION:** Improving information for patients.

1. Raise awareness of our patients feedback by presenting the results to staff. Focussed on areas for improvement – patient information about their condition/ procedure.
2. Service managers have been asked to review what is available, to identify deficits and work with their staff to address these.

SEPT-NOV 2017

**COMMUNICATION:** Improving information for patients.

1. We are seeking access to professionally produced, evidence-based patient information materials via licensed access to UK product. We have escalated this request to SSW Hospital Group for their consideration as this would provide a good quality (EBP-based) product immediately available.
2. We are updating existing Hospital Admission Information booklet – in partnership with Patient Partnership Forum again.
3. We plan to improve the University Hospital Waterford webpage.
4. We are developing, further procedure-specific Patient Information Leaflets (PILs) beyond existing range e.g. Endoscopy PILs, specific surgical procedures, cardiology procedures, physiotherapy, Oncology/Haematology/Palliative Care.
5. We will continue to promote healthy lifestyle and behaviours through our Patient Information displays in each OPD and some inpatient areas. Materials are good quality products from HSE INFORM Unit.
6. We continue to provide education/information to those with chronic diseases through linking service users with community-based voluntary support groups e.g. COPD, Stroke, Ankylosing Spondylitis.

OCT 2017  
  
DEC 2017 2018  
ON-GOING



DISCHARGE OR TRANSFER



WHAT PATIENTS SAID TO US

LISTENING RESPONDING & IMPROVING

TIME-SCALE



DISCHARGE OR TRANSFER

<p><b>COMMUNICATION:</b> Improving patient information about going home from hospital.</p>	<ol style="list-style-type: none"> <li>1. Raise awareness of our patients' feedback by presenting the survey results to staff. Focussed on areas for improvement – discharge information. Service managers have been asked to identify areas for improvement within their services, and work with their staff to develop materials.</li> <li>2. We will pilot "Plan for Every Patient" in two areas to enable complex discharges for the elderly patients with multiple and complex health needs.</li> <li>3. We ensure that patients being discharged from the ED leave with a summary of their care, and that a copy goes to their GP immediately.</li> <li>4. A discharge summary template, which is being tested, is completed in real-time so that the patient and GP receive a copy on discharge. Orthopaedic Wards Pilot in progress.</li> <li>5. We have improved the Inpatient Discharge Prescription so that the patient and their GP have the information immediately, and one is placed in the patient's HCR.</li> <li>6. The Discharge Lounge is used as an opportunity to ensure patients and their families/carers are prepared for discharge, with all of their discharge needs being checked/addressed for final arrangements.</li> <li>7. We have developed a Discharge Checklist and information pack in line with HSE Integrated Discharge Planning Code of Practice for use in the Discharge Lounge</li> <li>8. We continue to develop a range of specialty services patient information packs e.g. Methotrexate patient information pack, chemotherapy regime pack, Preventing/recognising lymphedema after breast surgery, falls prevention booklet etc. Various health professionals in specialty service are involved in this work.</li> </ol>	<p>OCT-NOV 2017</p> <p>ON-GOING</p> <p>ON-GOING</p> <p>ON-GOING</p> <p>Q2 2018</p> <p>ON-GOING</p>
<p><b>COMMUNICATION:</b> Patients need to know who to contact if something goes wrong.</p>	<ol style="list-style-type: none"> <li>1. We have raised awareness of our patients' feedback by presenting UHW NPE Results to staff. Focussed on areas for improvement – discharge information.</li> <li>2. Service managers have been requested to identify areas for improvement within their services, and work with their staff to develop materials.</li> </ol>	<p>OCT-NOV 2017</p>
<p><b>COMMUNICATION:</b></p>	<ol style="list-style-type: none"> <li>1. A plan is being developed improving the pathway, for patients who need to return to the hospital following day case procedure/ ambulatory care.</li> </ol>	<p>Q2 2018</p>
<p><b>COMMUNICATION:</b> Providing information on medication side effects.</p>	<ol style="list-style-type: none"> <li>1. We plan to establish a clinical pharmacy service to each ward, dependant on resources.</li> <li>2. Through Medication Safety Committee, we will continue a program of work in line with the hospital Medication Safety Strategy and Operational Plan.</li> <li>3. We are working towards improving the processes for provision of medication information to patients during their inpatient stay and on discharge, by ensuring that patients are fully informed about their prescribed medications during their inpatient stay and on discharge.</li> </ol>	<p>UN-CERTAIN</p> <p>ON-GOING</p>
<p><b>WELLBEING:</b> Improving staff well-being.</p>	<ol style="list-style-type: none"> <li>1. We plan to introduce 'Schwartz Rounds' to in the hospital for staff as a way of promoting and sustaining a healthy and compassionate culture in UHW.</li> </ol>	<p>2018</p>
<p><b>VALUES:</b> Promoting organisational values.</p>	<ol style="list-style-type: none"> <li>1. As part of the Quality Improvement Project, we are working on reviewing role of Patient Partnership Forum to ensure it is integrated into hospital development planning. We are also focusing on staff wellbeing, retention and fostering a healthy organisational culture.</li> </ol>	<p>ON-GOING</p>

STAFF EXPERIENCE

STAFF EXPERIENCE



# Ireland East Hospital Group

Grúpa Ospidéal  
Oirthear na hÉireann



- |   |  |
|---|--|
| 26. Cappagh National Orthopaedic Hospital, Dublin   | 31. St. Columcille's Hospital, Loughlinstown, Dublin |
| 27. Mater Misericordiae University Hospital, Dublin | 32. St. Luke's General Hospital, Kilkenny            |
| 28. Midlands Regional Hospital, Mullingar           | 33. St. Michael's Hospital, Dun Laoghaire            |
| 29. Our Lady's Hospital, Navan                      | 34. St. Vincent's University Hospital, Dublin        |
| 30. Royal Victoria Eye and Ear Hospital, Dublin     | 35. Wexford General Hospital                         |

## Ireland East Hospital Group commitment to delivering quality, safe, patient centred care to the 1.1 million people we serve

On behalf of the Ireland East Hospital Group, I would like to take this time to acknowledge the hard work undertaken by our hospitals and staff in implementing many of the improvements needed to achieve our promise and commitment to deliver quality and safe patient centred care to the 1.1 million people we serve. We welcome the results of the National Patient Experience Survey Programme and thank patients who participated in the survey.

We have reviewed the results of the survey for each of our hospitals and while we are pleased that we achieved good results, we know that so much more can be done to improve how we deliver care to our patients. The survey helps us to identify the key areas where we must improve; information and communications with patients and their journey through our services.

The IEHG recognises the need for the development of a healthcare system that is sustainable and capable of delivering consistently safe high-quality services. Accordingly, a key strategic priority for the IEHG is to maximise value for our patients by achieving the best outcomes at the lowest cost using lean principles and methodologies. In 2017 we commenced implementation of our lean healthcare transformation. The vision of the IEHG transformation plan of care aligns with that of the future of healthcare Slainte care report in which "patient needs come first in driving safety, quality and the coordination of care."

The programme objectives are to standardise the delivery of healthcare across the group and ensure that every patient treated receives the right care, in the right place at the right time, every time.

1. Improve patient and staff experience and patient outcomes;
2. Enhance capability of our hospitals to deliver operational excellence;
3. Develop and enhance continuous improvement capabilities;
4. Optimise patient flow and resource utilisation.

Thank you again to the 2939 patients across our network of hospitals, who took the time to provide their input into the survey. Their contribution is invaluable, and we hope that they will continue to 'let their voice be heard' by letting us know how we can do better in delivering the standard of services and care they expect and deserve.

Ms Mary Day  
Group Chief Executive, Ireland East Hospital Group



WHAT PATIENTS SAID TO US

LISTENING RESPONDING & IMPROVING

TIME-SCALE



CARE ON THE WARD

<p><b>NUTRITION:</b> Improve hospital food and nutrition for patients – paying special attention to the timeframe between meals, to those who missed meals as they were away from the ward for treatment or recovering from surgery and to the nutritional requirements of patients.</p>	<ol style="list-style-type: none"> <li>1. New patient mealtimes have been implemented.</li> <li>2. Protected Mealtimes Initiative introduced including posters to enforce the initiative.</li> <li>3. Replacement Meals Initiative in place to patients who are away from ward during meal times.</li> <li>4. Red Tray Initiative introduced to identify patients requiring assistance at mealtimes.</li> <li>5. Breakfast &amp; lunch groups introduced for patients attending the Acute Rehabilitation Unit.</li> </ol>	<p>Q1 2018</p>
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EXAMINATION, DIAGNOSIS & TREATMENT

<p><b>COMMUNICATION:</b> Increase awareness amongst patients' relation to support available to patients who wish to speak to someone about their worries and concerns.</p>	<ol style="list-style-type: none"> <li>1. We will develop a promotional campaign supported with patient information leaflets and posters, informing patients about the availability of key staff who can engage with patients who feel isolated or who have nobody to speak to about their worries and concerns.</li> </ol>	<p>Q2 2018</p>
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<p><b>COMMUNICATION:</b> Promoting improve communication skills and effective ward round communication amongst healthcare professionals.</p>	<ol style="list-style-type: none"> <li>1. Explore and provide communication workshops/training for staff.</li> </ol>	<p>Q3 2018</p>
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DISCHARGE OR TRANSFER

<p><b>COMMUNICATION:</b> Improving the access and distribution of written patient information about going home.</p>	<ol style="list-style-type: none"> <li>1. Develop a Discharge Information Leaflet for patients attending the Acute Rehabilitation Unit.</li> <li>2. Develop a Patient Information Leaflet detailing summary information for common drugs prescribed to patients on discharge.</li> <li>3. Make all discharge leaflets available on the hospital website.</li> </ol>	<p>Q2 2018</p>
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<p><b>CONTINUOUS IMPROVEMENT:</b> Improving the overall Discharge from Hospital Process.</p>	<ol style="list-style-type: none"> <li>1. Discharge Planning has been introduced in Pre-Assessment Clinic.</li> <li>2. Identification of Frailty – Assessment Tool introduced in Pre-Assessment Clinic.</li> </ol>	<p>Q4 2017</p>
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<p><b>PAIN:</b> Improving the control of patient's pain.</p>	<ol style="list-style-type: none"> <li>1. Pain Project Group established to support the Pain Management Committee.</li> <li>2. Continued use of the Pain Assessment Tools to assist staff in the evaluation of patient pain and provision of Pain Management Training Program for Staff.</li> </ol>	<p>Q4 2017</p>
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PATIENT EXPERIENCE

<p><b>DIGNITY &amp; RESPECT AND PRIVACY:</b> Improving and sustaining patient experience.</p>	<ol style="list-style-type: none"> <li>1. Implementation of 'Hello My Name is' Initiative.</li> <li>2. Development of a Family Room for patients of the Acute Rehabilitation Unit.</li> <li>3. Development of an onsite shop for service user.</li> </ol>	<p>Q3 2018</p>
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WHAT PATIENTS SAID TO US

LISTENING RESPONDING & IMPROVING

TIME-SCALE

 <b>ADMISSION TO HOSPITAL</b>	PATIENT EXPERIENCE: Improve patient experience of ED.	1. Initiatives to improve the patients journey through the ED to ensure patients are being moved to the most appropriate area of treatment in the hospital include: <ul style="list-style-type: none"> <li>– Medical teams meet every morning at 10am, and take over the care of patients from the Emergency Department appropriate to the speciality medical service they provided.</li> <li>– Patients who present with surgical conditions are prioritised according to their clinical need and are seen by a senior doctor to decide what treatment they require.</li> </ul>	2017
		2. These initiatives will be enhanced by the introduction of the "Acute Floor Project" in 2018, which will further improve the patients journey on their appropriate pathway of care.	2018
 <b>CARE ON THE WARD</b>	NUTRITION: Improve hospital food and nutrition for patients.	1. A project which will prioritise patients who require assistance at meal times called the "Green Tray" project will be implemented in the beginning of 2018.	2018
		2. Patients who have difficulty in swallowing are the focus of a project "Right Meal, Right Patient". The objective of this project is to improve the nutritional experience for these patients.	Q4 2017
 <b>EXAMINATION, DIAGNOSIS &amp; TREATMENT</b>	PATIENT EXPERIENCE:	1. The Department of Nursing are currently undertaking a survey focusing on patients experience of nursing care.	ON-GOING NOV 2017
		2. The Hospital just recently launched a project called "End PJ Paralysis", its objective is to enable patients in hospital to mobilise, dress and move around to prevent them from deconditioning during their stay.	
		COMMUNICATION:	1. An information booklet will be introduced to patient areas in the beginning of the year called "Working with your Doctor-useful information for patients" Irish Medical Council.
 <b>DISCHARGE OR TRANSFER</b>	CONTINUOUS IMPROVEMENT:	1. Two quality improvement projects will commence in 2018 which will focus on improving discharge process for patients who require rehabilitation following discharge (OMEGA Project) and patients being discharged to their home or other facilities in the community.	2018
		DIGNITY & RESPECT AND PRIVACY: Continuing to build on patient feedback and improve patient experience.	1. Re-routing your journey, is a quality improvement initiative which will explore alternative pathways for frail older persons who present to the Emergency Department to prevent avoidable admission with a view to alternative options in the Community.
2. The Mater Hospital is part of the National Person Centre Cultures of Care Project, the focus of which is on promoting care, compassion and trust throughout the service.	Q2 2017		
3. In circumstances where patients are vulnerable, or depend on others, there is a need to ensure that their rights, freedoms and dignity are promoted and protected. The SAGE Committee was established in 2016 and through support and advocacy, they will ensure the preference of a patient can be heard and acted on; independently of family service provider or systems interests.	ON-GOING		
4. A garden for patients in the Post-Acute Care Unit (Toms Garden) was opened in August of this year.	ON-GOING		
<b>PATIENT EXPERIENCE</b>		5. Family rooms on the acute wards have been developed to enable confidential and sensitive conversations between staff, patients and their families.	2018
		6. A Quality and Leadership project involving senior clinicians will commence in 2018 which will improve the process for patients and families' involvement in decisions around Long Term Care.	

WHAT PATIENTS SAID TO US

LISTENING RESPONDING & IMPROVING



 <b>ADMISSION TO HOSPITAL</b>	<p><b>PATIENT EXPERIENCE:</b> Improving patient experience of ED.</p>	<ol style="list-style-type: none"> <li>1. Mullingar Regional Hospital are working together with IEHG group service improvement programme, to improve patient experience and reduce waiting times, this initiative, follows the patient through the ED and identifies improvements that can be made to reduce time waiting in ED.</li> <li>2. Dedicated beds for frail patients in the acute medicine unit are now available, following a reconfiguration of the acute floor in the hospital. The acute surgical unit has moved beside the ED to improve access for patients.</li> </ol>	<p>WIP</p>
 <b>CARE ON THE WARD</b>	<p><b>NUTRITION:</b> Improve patients' experience of hospital food.</p>	<ol style="list-style-type: none"> <li>1. Improving choice, nutritional value and availability of meals for patients is the focus of the Hospitals Nutrition and Hydration Committee and initiatives involving a replacement meal if you have missed a meal, protecting time for patients to have their meals and scheduling of meal times are in progress.</li> </ol>	<p>WIP</p>
 <b>EXAMINATION, DIAGNOSIS &amp; TREATMENT</b>	<p><b>COMMUNICATION:</b> Improve access to patient information and communication.</p>	<ol style="list-style-type: none"> <li>1. The hospital has developed over 50 patient information leaflets about different services throughout the hospital and these will also be available on the hospital Intranet.</li> </ol>	<p>JAN - MAR 2018</p>
 <b>DISCHARGE OR TRANSFER</b>	<p><b>COMMUNICATION:</b> Promote improved communication skills and effective ward round communication with healthcare professionals and patients.</p>	<ol style="list-style-type: none"> <li>1. The hospital has been involved in the '#Hello, my name is...' initiative since 2016 and to further embed this initiative there is focused attention being given to ensuring staff are wearing their badges and new staff are order badges on when they start.</li> </ol>	<p>ON-GOING</p>
 <b>DISCHARGE OR TRANSFER</b>	<p><b>COMMUNICATION:</b> Improve access and distribution of written patient information about going home from hospital.</p>	<ol style="list-style-type: none"> <li>1. A working group has been established to revise the patient discharge leaflet and include more information for patients about going home, whom they should contact in the hospital if they have concerns and medication information.</li> </ol>	<p>MAR 2018</p>

WHAT PATIENTS SAID TO US

LISTENING RESPONDING & IMPROVING

TIME-SCALE

 > <b>ADMISSION TO HOSPITAL</b>	<b>PATIENT EXPERIENCE:</b>	<ol style="list-style-type: none"> <li>1. The multidisciplinary team are working with the Ireland East Hospital Group service improvement team to improve patients journey through the Emergency Department. The journey for surgical patients is currently under review and this will identify areas for improvement.</li> <li>2. Initiatives have also been implemented to improve time patients wait to be assessed and be seen by clinical staff in the Emergency Department.</li> </ol>	WIP  WIP
 <b>CARE ON THE WARD</b>	<b>NUTRITION:</b> Improving patients' experience of hospital food.	<ol style="list-style-type: none"> <li>1. Patient satisfaction survey in relation to hospital nutrition is in progress and improvements are being made to menu cards for patients.</li> </ol>	WIP
 <b>EXAMINATION, DIAGNOSIS &amp; TREATMENT</b>	<b>COMMUNICATION:</b> Provide support to patients who do not have someone to speak to about their worries and concerns.	<ol style="list-style-type: none"> <li>1. Promotional campaign in relation to the role of all staff, availability of key staff who can engage with patients who feel isolated or who have nobody to speak to about their worries and concerns is a focus for 2018.</li> <li>2. SAGE advocacy service is available for vulnerable patients.</li> </ol>	2018  DONE
 <b>DISCHARGE OR TRANSFER</b>	<b>CONTINUOUS IMPROVEMENT:</b>	<ol style="list-style-type: none"> <li>1. A quality improvement initiative involving all members of the team will be introduced in 2018 this is a model of team development rooted in agile ways of working, and will enhance staff communication and patient engagement.</li> </ol>	2018
 <b>DISCHARGE OR TRANSFER</b>	<b>COMMUNICATION:</b> Improved access and distribution of written patient information about going home from hospital.	<ol style="list-style-type: none"> <li>1. Initiatives that will improve the process for discharging patients are the ongoing focus of the hospital. These include appropriate and timely communication with patients re discharge date and time: Home by 11. Improving planning and communication at ward level around the plan of discharge for patients.</li> </ol>	WIP

WHAT PATIENTS SAID TO US

LISTENING RESPONDING & IMPROVING



CARE ON THE WARD



DISCHARGE OR TRANSFER

<p><b>NUTRITION:</b> Improve hospital food and nutrition for patients. Q15 - How would you rate the hospital food?</p>	<ol style="list-style-type: none"> <li>1. 'Missed Meal Policy' and 'Protected Mealtime Policy' to be created and implemented.</li> <li>2. Separate survey to be conducted periodically for patient satisfaction on hospital food.</li> <li>3. Educate catering staff on improved customer service.</li> </ol>	<p>2018</p>
<p><b>COMMUNICATION:</b> Q46 - Did a member of staff tell you about medication side effects to watch for when you went home?</p>	<ol style="list-style-type: none"> <li>1. Review existing patient information leaflets for sufficient information on medication side effects relevant to their procedure or treatment in the RVEEH.</li> <li>2. Educate staff on improved communication at discharge.</li> </ol>	<p>2018</p>
<p><b>COMMUNICATION:</b> Q47 - Did a member of staff tell you about any danger signals you should watch for after you went home?</p>	<ol style="list-style-type: none"> <li>1. Review existing patient information leaflets for sufficient information on medication side effects relevant to their procedure or treatment in the RVEEH.</li> <li>2. Educate staff on improved communication at discharge.</li> </ol>	<p>2018</p>

WHAT PATIENTS SAID TO US

LISTENING RESPONDING & IMPROVING



CARE ON THE WARD

<p><b>NUTRITION:</b> Improving patients' experience of hospital food.</p>	<ol style="list-style-type: none"> <li>1. The hospital has established a Food Forum Group, regular auditing of food consistency and taste for patients on modified diet are undertaken and it is planned to extend audit to other groups of patients and provide feedback to all patients.</li> </ol>	<p>12 MTHS</p>
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DISCHARGE OR TRANSFER

<p><b>COMMUNICATION:</b> Provide support to patients who do not have someone to speak to about their worries and concerns.</p>	<ol style="list-style-type: none"> <li>1. Quality initiatives to improve support to patients who do not have someone to speak to about their worries and concerns include developing a patient information leaflet and development of staff engagement with patients.</li> <li>2. Development of a key worker role for a patient and Care Planning meetings with patients was identified as an improvement initiative from a recent service improvement initiative (Stroke Services) with the Ireland East Hospital Group service improvement team.</li> </ol>	<p>6-12 MTHS</p> <p>6-12 MTHS</p>
<p><b>COMMUNICATION:</b> Improved access and distribution of written patient information about going home from hospital.</p>	<ol style="list-style-type: none"> <li>1. A patient information leaflet including all appropriate discharge information, what to expect when you go home and who to contact if you have concerns, is currently in development.</li> <li>2. Also in development is a guidance leaflet for patients providing information on medication prescribed to patients on discharge.</li> <li>3. The service improvement initiative involving stroke services and the development of meetings with patients planning their care and the key worker system is currently being evaluated with a view to extending a similar service to other patient areas.</li> </ol>	<p>WIP</p> <p>WIP</p> <p>WIP</p>

PATIENT EXPERIENCE

<p><b>DIGNITY &amp; RESPECT AND PRIVACY:</b> Continuing to build on patient feedback and improve patient experience.</p>	<ol style="list-style-type: none"> <li>1. The hospital is a pilot site for a national project which evaluations and implements the appropriate level of nursing and healthcare assistant resource required to care for patients in a ward area.</li> <li>2. Improvement initiatives to enable patients access to quiet areas and reduce noise in clinical areas are currently in progress: Noise buffering ceilings, re-establish Day rooms in all wards, increase availability to meeting room for family meetings/case conferences, and open access to the canteen for patient and relatives</li> <li>3. 'What Matters to me' training which focuses on compassionate care has been completed by all nursing staff in September 2017 and further training is proposed for 2018 for new staff.</li> </ol>	<p>ON-GOING</p> <p>ON-GOING</p>
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WHAT PATIENTS SAID TO US

LISTENING RESPONDING & IMPROVING



 **ADMISSION TO HOSPITAL**

<p><b>COMMUNICATION:</b></p>	<ol style="list-style-type: none"> <li>1. Initiatives underway to improve information provided to patients about services and location include, The Meet and Greet Volunteer Programme, established to support patients visiting the hospital and the Emergency Department Support Volunteer initiative which is currently being evaluated. It is also planned to improve signage for patients.</li> </ol>	<p><b>ON-GOING</b></p>
<p><b>CONTINUOUS IMPROVEMENT:</b></p>	<p>Working with the Ireland East Hospital Group Service Improvement Team a review of the patient's journey through the Emergency Department has been undertaken and areas for improvement identified.</p> <ol style="list-style-type: none"> <li>1. A Front Door Frailty Pathway enables early identification and appropriate management of the older person.</li> <li>2. A dedicated ward for Frail Older Patients call the GEMS Unit has been established.</li> <li>3. A surgical specific ward has been created to enable surgical patients in the Emergency Department to be fast tracked to identified surgical beds, improving access to speciality skills and expertise on admission.</li> <li>4. A Visioning Workshop was facilitated between the hospital and community service to set the vision for frail older persons going forward.</li> </ol>	<p><b>DONE</b></p> <p><b>ON-GOING</b></p>

 **CARE ON THE WARD**

<p><b>NUTRITION:</b> Improve assisting patients at mealtimes.</p>	<ol style="list-style-type: none"> <li>1. Not disrupting patients during their meals, the Protected Mealtimes initiative and the importance of mealtimes among staff regarding assisting patients will be focused through the re-launch of the Protected Mealtimes policy.</li> <li>2. Patients who missed a meal will be provided with a replacement meal.</li> </ol>	<p><b>WIP</b></p>
<p><b>DIGNITY &amp; RESPECT AND PRIVACY:</b></p>	<ol style="list-style-type: none"> <li>1. The hospital has been challenged recently with an infection control issue which reduced access to ward beds in two areas due to refurbishment work. Both ward areas are now refurbished and fully open and this has increased access to ward beds, reducing the number of patients being cared for on corridors.</li> <li>2. Additional work is complete on a 14-bedded ward to create more capacity for patients being admitted over the winter period.</li> </ol>	<p><b>DONE</b></p>

 **EXAMINATION, DIAGNOSIS & TREATMENT**

<p><b>CONTINUOUS IMPROVEMENT:</b></p>	<ol style="list-style-type: none"> <li>1. A quality improvement initiative commencing in 2018 will focus on supporting and enhancing staff communication and patient engagement.</li> </ol>	<p><b>2018</b></p>
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 **DISCHARGE OR TRANSFER**

<p><b>COMMUNICATION:</b> Improving access and delivery of written information about going home from hospital for patients.</p>	<ol style="list-style-type: none"> <li>1. A project is underway to promote Planned Date of Discharge across the hospital with audits being undertaken each month, this will improve planning and patient involvement in the process of discharge.</li> <li>2. An information leaflet the Discharge Lounge leaflet has been passed by Patient Partnership Forum and currently being rolled out.</li> <li>3. Written information for patients on discharge relating to medication management and how to manage your condition at home will be improved. New leaflets will be developed to include: what to expect/do when a patient goes home – medication management, exercise, diet, what to do if you feel unwell etc.</li> <li>4. Patient information leaflets are currently under review and standard information for the top five conditions patients present with will be developed.</li> </ol>	<p><b>WIP</b></p>
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WHAT PATIENTS SAID TO US

LISTENING RESPONDING & IMPROVING

TIME-SCALE

 <b>ADMISSION TO HOSPITAL</b>	<p>CONTINUOUS IMPROVEMENT:</p>	<ol style="list-style-type: none"> <li>1. The Quality Street Project which was developed by the team in the Emergency Department to improve patients experience using all patient feedback, the four Cs: complaints, comments, compliments and claims. Areas for improvement identified from this information included, staff introductions, from this '#Hello, my name is...' was implemented.</li> <li>2. Patients have become more actively involved in their admission and now complete an information form while in the waiting room about their presenting condition and give this to the triage nurse when they are being assessed.</li> <li>3. An evening tea trolley has been introduced for both patients in the department and in the waiting room.</li> </ol>	<p>ON-GOING</p>
 <b>CARE ON THE WARD</b>	<p>CONTINUOUS IMPROVEMENT:</p>	<ol style="list-style-type: none"> <li>1. The hospital is involved in the Productive Ward Initiative. This project focuses on improving efficiencies in how work is out and taking out activities that take away from spending time with patients.</li> </ol>	
 <b>EXAMINATION, DIAGNOSIS &amp; TREATMENT</b>	<p>CONTINUOUS IMPROVEMENT:</p>	<ol style="list-style-type: none"> <li>1. Pillar Talk – Induction training for Non-Consultant Hospital Doctors on the Pillars of the Healthcare charter – initiating quality based conversation, which will enhance patient engagement.</li> </ol>	<p>ON-GOING</p>
 <b>DISCHARGE OR TRANSFER</b>	<p>PATIENT EXPERIENCE:</p>	<ol style="list-style-type: none"> <li>1. Quality Initiatives designed to improve patient experience and their involvement in their discharge include: providing patients on discharge with a printed copy of information including their diagnosis, treatment they received and planned follow up care.</li> <li>2. The hospital worked with Ireland East Hospital Group service improvement team and implemented the White Board Initiative, is a physical board so at a glance staff caring for patients can see where they are on their journey and expedite any tests and investigations which may be delaying their discharge.</li> <li>3. Pharmacy staff work with patients before discharge in improving their understanding about the prescribed medication.</li> <li>4. All patient information leaflets are currently under review and areas are being identified where information is required to be developed.</li> </ol>	<p>DONE</p>

WHAT PATIENTS SAID TO US

LISTENING RESPONDING & IMPROVING



**ADMISSION TO HOSPITAL**

PATIENT EXPERIENCE:	1. The team in the Emergency Department are committed to providing patients privacy during examinations, procedures and where a patient is actively dying, by utilising facilities within the department in the most effective way.	ON-GOING
CONTINUOUS IMPROVEMENT:	1. A quality improvement initiative implemented during the year involved the provision of comfort packs to patients' in the Emergency Department.	2017
PATIENT EXPERIENCE:	1. Care pathways which have been implemented to improve patients' experience through the Emergency Department include, a stroke care pathway and a fracture pathway and other pathways are in development: Frailty Care Pathway (FITT Team).	12-18 MTHS

**CARE ON THE WARD**

<b>NUTRITION:</b> Improving patients' experience of hospital food.	<ol style="list-style-type: none"> <li>1. Replacement meals are made available for patients who were unable to eat during mealtimes. Patients who are due for a procedure are offered the light diet menu card.</li> <li>2. Implementation of a quality initiative which focuses on identifying and helping patients who required assistance with their meals "the red tray initiative".</li> <li>3. An initiative to raise awareness about the nutritional value of food available in the hospital is plan for early 2018 this will involve modifying the menu cards to reflect no added salt or sugar and that food is cooked freshly on site.</li> </ol>	<p>ON-GOING</p> <p>2017</p> <p>2018</p>
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<b>COMMUNICATION:</b> Provide support to patients who do not have someone to speak to about their worries and concerns.	<ol style="list-style-type: none"> <li>1. Information leaflets are in development to raise patient's awareness of who they can talk to about their worries and concerns.</li> <li>2. A Time to Care, Time to Visit leaflet developed for patients includes images of different nursing uniforms to enable patients to identify staff, staff nurse and clinical nurse managers to whom they can direct their concerns.</li> <li>3. Posters are being developed to inform patients of the chaplaincy services serving a variety of faiths and the availability of a pastoral care drop-in service available between 2pm-3pm Mon-Fri.</li> </ol>	<p>2017</p> <p>WIP</p>
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**EXAMINATION, DIAGNOSIS & TREATMENT**

<b>COMMUNICATION:</b> Promoting improved communication skills and effective ward round communication with healthcare professionals and patients.	<ol style="list-style-type: none"> <li>1. A programme of training (ASSIST model) for staff has commenced to enable staff to address patients concerns and complaints more effectively.</li> <li>2. Improving effective communication is a goal for the organisation, 380 staff have participated in "safety pause", mid-day "safety huddle" and meet and greet local educational initiatives.</li> <li>3. The Nursing Department continues to roll the CarefNursing Model which puts the patient at the centre of care.</li> </ol>	<p>12-18 MTHS +</p>
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**DISCHARGE OR TRANSFER**

<b>COMMUNICATION:</b> Improved access and distribution of written patient information about going home from hospital.	<ol style="list-style-type: none"> <li>1. A patient information leaflet will be developed to be given to all patients on discharge, including information about who they can contact if they have concerns and about medications on discharge.</li> <li>2. The hospital in partnership with UCD is involved in a research project (ESMART) which involves a device which enables oncology patients to have more control over their symptom management on discharge.</li> </ol>	<p>12 MTHS +</p>
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**PATIENT EXPERIENCE**

<b>DIGNITY &amp; RESPECT AND PRIVACY:</b> Continuing to build on patient feedback and improve patient experience.	<ol style="list-style-type: none"> <li>1. Leadership Walk-Rounds have commenced during which members of the senior management team visit a designated ward or department and talk to patients and staff about their experiences and identify areas for improvements.</li> <li>2. Workshops for staff on Implementation of Programme on Cultures of Person Centeredness are being rolled out.</li> </ol>	<p>DEC 2017</p>
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WHAT PATIENTS SAID TO US

LISTENING RESPONDING & IMPROVING

TIME-SCALE

 <b>ADMISSION TO HOSPITAL</b>	<p><b>PATIENT EXPERIENCE:</b> Improve patients experience of the Emergency Department.</p>	<ol style="list-style-type: none"> <li>1. A visual display screen will be erected in the patient waiting area to improve information regarding admission to the Emergency Department for patients and their families.</li> <li>2. A new form is being developed (ED Proforma) to improve communication between patients and staff which clearly identifies management, treatment and plan of care for patients on their admission.</li> </ol>	<p>Q2 2018</p>
 <b>CARE ON THE WARD</b>	<p><b>NUTRITION:</b> Improving patients' experience of hospital food.</p>	<ol style="list-style-type: none"> <li>1. Initiatives to enable patients to have more choice about what they would like at meal times (Food Atlas) and availability of nutrition outside of scheduled meal times (Snack Trolley) have been implemented.</li> <li>2. Protected times for patients to have their meals without interruption will be audited to in early 2018 to identify further improvements around this initiative.</li> </ol>	<p>Q2 2018</p>
 <b>EXAMINATION, DIAGNOSIS &amp; TREATMENT</b>	<p><b>COMMUNICATION:</b> Provide support to patients who do not have someone to speak to about their worries and concerns.</p>	<ol style="list-style-type: none"> <li>1. To enable patients and their families to have adequate time to voice concerns and understand their condition and care plan, meeting are scheduled on request with the Consultant and team.</li> <li>2. Nurses managers are working with medical teams and scheduling word rounds to ensure that a member of the nursing team is present to improve information sharing about the patient's condition and plan of care.</li> </ol>	
 <b>DISCHARGE OR TRANSFER</b>	<p><b>COMMUNICATION:</b> Improve access and distribution of written patient information about going home from hospital.</p>	<ol style="list-style-type: none"> <li>1. Information leaflets for patients on discharge have been updated to include more information on what to expect and who to contact in the hospital on discharge.</li> <li>2. Patients discharge prescription now includes a section which outlines changes to the patient's medication since admission.</li> <li>3. A focus on informing patients of their planned date of discharge is being undertaken by staff to ensure patients are kept up to date on their discharge plan.</li> </ol>	
<b>PATIENT EXPERIENCE</b>	<p><b>DIGNITY &amp; RESPECT AND PRIVACY:</b> Continuing to build on patient feedback and improve patient experience.</p>	<ol style="list-style-type: none"> <li>1. We will continue to seek feedback from patients, encouraging patients to complete the "your service, your say" forms for patients.</li> <li>2. The hospital plans to undertake a patient food survey early in 2018 to identify further improvements which can be made for patients regarding food choice and availability.</li> </ol>	<p>Q2 2018</p>
<b>STAFF EXPERIENCE</b>	<p><b>WELLBEING:</b> Improve staff well-being.</p>	<ol style="list-style-type: none"> <li>1. The hospital is committed to staff well-being and has implemented a Great Place to Work Team, completed a staff Step challenge earlier this year and is in the process of rolling out training for staff in Managing a Positive Workplace.</li> </ol>	

# Dublin Midlands Hospital Group



36. Midlands Regional Hospital, Portlaoise
37. Midlands Regional Hospital, Tullamore
38. Naas General Hospital
39. St. James' Hospital, Dublin
40. Tallaght Hospital

As CEO of the Dublin Midlands Hospital Group, I would like to wholeheartedly congratulate all staff across our Hospital sites for their tremendous and diligent work in support of the first National Patient Experience Survey, including Ms Susan Temple, Group General Manager Quality & Patient Safety as well as the Quality & Patient Safety Leads in each of our hospitals and their wider teams.

I would like to especially thank all patients who took time, after their hospital experience, to provide their feedback and their stories. We are very happy to be part of this important programme. The experience of patients in our hospitals is vital to improving our health service. It is in listening to the feedback and experiences of patients that we can enhance the quality and care we provide to patients at our hospital.

I very much welcome the results of the Survey. Having reviewed the findings across our hospital group, we have worked with key hospital personnel to develop improvement plans in response to the findings across the individual hospitals. 49% of our inpatients responded to this survey with 85% reporting a good or very good experience. Hospitals rated very highly in relation to patient privacy, respect, dignity. Most notably, and very welcomed, 83% rated having confidence and trust in the staff who were treating them.

We have examined the evidence of patients' perspective and all feedback, including the 15% who had a poor experience, will inform our improvement plans. These include; improving experience and waiting times in Emergency Departments, improving information for patients and with families when patients are being discharged; improving hospital food and nutrition and educating patients on medication side effects. In Dublin Midlands Hospital Group we have committed in particular to making available key staff on the ward for patients who feel isolated and need to speak with someone about their worries and fears.

In the coming weeks we will launch the first Dublin Midlands Group Strategic Plan and it sets a roadmap for how hospitals in our group will deliver safe, high quality acute care and drive change, support innovation and improve access to services for all patients. The strategy acknowledges the need to listen to the needs of patients and learn from their experience so future care can be improved through patient partnership and empowerment. The Dublin Midlands Hospital Group looks forward to taking the very important and worthwhile steps to implementing our improvement plans and will continue to work with HIQA, Department of Health and the wider health services to continue listening, learning and improving our services for patients.

Dr. Susan O' Reilly  
*Chief Executive Officer, Dublin Midlands Hospital Group*

WHAT PATIENTS SAID TO US

LISTENING RESPONDING & IMPROVING



 <b>ADMISSION TO HOSPITAL</b>	<p><b>WAITING TIMES:</b> Reduce Emergency Department waiting times.</p>	<ol style="list-style-type: none"> <li>1. Continue to work with staff to improve ED waiting times. On-going monitored to ensure improvements are being made.</li> <li>2. The Clinical Microsystems Programme in the Emergency Department will continue to work to increase self-awareness among staff, and to engage in continuous improvement in the department to provide an improved experience for the patients, families, and the care teams.</li> </ol>	<p><b>ON-GOING</b></p>
 <b>CARE ON THE WARD</b>	<p><b>NUTRITION:</b> Improve hospital food and nutrition.</p>	<ol style="list-style-type: none"> <li>1. Additional assistance will be provided to patients who require help through the 'Red Tray' initiative, and families will be encouraged to participate.</li> <li>2. 'Protected mealtimes' initiative will be implemented.</li> <li>3. The timing and spacing of meals will be reviewed to ensure meals are provided at regular intervals which are aligned to patients needs.</li> <li>4. The arrangements by which tea is distributed to patients at mealtimes will be re-organised to improve the quality (temperature).</li> <li>5. The nutritional content of vegetarian options will be improved and more options will be provided.</li> <li>6. We are improving processes for patients who are fasting to ensure replacement meals are provided when required.</li> <li>7. Plans are underway to have a Nutrition &amp; Hydration Awareness Week in 2018.</li> </ol>	<p><b>Q4 2017</b></p> <p><b>Q1 2018</b></p> <p><b>Q4 2018</b></p> <p><b>Q1 2018</b></p> <p><b>Q1 2018</b></p> <p><b>Q1 2018</b></p> <p><b>Q1 2018</b></p>
 <b>DISCHARGE OR TRANSFER</b>	<p><b>COMMUNICATION:</b> Provide more information to patients at discharge.</p>	<ol style="list-style-type: none"> <li>1. A working group will be established to improve hospital processes around patient discharge, with a particular focus on providing:                     <ul style="list-style-type: none"> <li>- Written/printed information about what to do/not to do after discharge will be developed;</li> <li>- Advice regarding danger signals to watch out for after discharge will be provided to patients;</li> <li>- Advice to patients regarding who to contact if they are worried about their condition or treatment after they leave hospital.</li> </ul> </li> </ol>	<p><b>Q1 2018</b></p>
<p><b>PATIENT EXPERIENCE</b></p>	<p><b>DIGNITY &amp; RESPECT AND PRIVACY:</b> Improving and sustaining patient experience.</p>	<ol style="list-style-type: none"> <li>1. We will continue to implement hospital-wide programmes which will enhance patient experience:                     <ul style="list-style-type: none"> <li>- Caring Behaviours Assurance System;</li> <li>- Programme on Cultures of Person Centeredness;</li> <li>- 'What Matters to Me'.</li> </ul> </li> <li>2. A 'Dementia Friendly' working group will investigate how the hospital can make infrastructural changes that will improve the patient experience.</li> <li>3. Access to areas of the hospital will be reviewed to ensure privacy for patients.</li> <li>4. The hospital's policy in relation to visiting will be reviewed ensuring patient's needs and wishes are prioritised.</li> </ol>	<p><b>ON-GOING</b></p> <p><b>Q1 2018</b></p> <p><b>Q4 2018</b></p>
<p><b>STAFF EXPERIENCE</b></p>	<p><b>WELLBEING:</b> Improving staff well-being.</p>	<ol style="list-style-type: none"> <li>1. We will continue to implement hospital-wide programmes which will enhance staff experience:                     <ul style="list-style-type: none"> <li>- Healthy Ireland Programme;</li> <li>- Caring Behaviours Assurance System;</li> <li>- Programme on Cultures of Person Centeredness.</li> </ul> </li> </ol>	<p><b>ON-GOING</b></p>

WHAT PATIENTS SAID TO US

LISTENING RESPONDING & IMPROVING

TIME-SCALE

 **ADMISSION TO HOSPITAL**

**WAITING TIMES:** Reduce Emergency Department waiting times.

1. Continue to work with staff to improve ED waiting times. On-going monitoring to ensure improvements are being made.
2. Processes of communication to be improved with a renewed focus on "Customer Care".
3. The Clinical Microsystems Programme in the Emergency Department will continue to work to increase self-awareness among staff, and to engage in continuous improvement in the department to provide an improved experience for the patients, families, and the care teams.
4. The Emergency Department patient waiting area, and treatment areas will be reviewed and redesigned to improve the patient experience.

ON-GOING  
2018  
  
ON-GOING  
  
2018-19

 **CARE ON THE WARD**

**NUTRITION:** Improve hospital food and nutrition.

1. The choice of meals offered to patients will be reviewed and improved on.
2. Nutritional content of meals will be analysed and improved upon to ensure the nutritional adequacy of meals and menus.
3. The specific dietary requirements of patients based on preference, tolerance and religious practice will be taken into account through the establishment of a communication processes with patients.
4. Menus will be developed in a manner which supports healthy eating for patients.
5. The process by which patients who need additional assistance with their meals are identified will be reviewed and improved. Assistance during meal times will be prioritised.

ON-GOING

**COMMUNICATION:** Increase awareness for patients of the supports available if they wish to speak to someone about their worries and fears.

1. A promotional campaign will be rolled out in relation to availability of key staff who can engage with patients who feel isolated or who have nobody to speak to about their worries and concerns.

2018

 **EXAMINATION, DIAGNOSIS & TREATMENT**

**COMMUNICATION:** Provide clear answers and information in response to questions about operations and procedures.

1. A programme will be designed to improve the accessibility of health information for patients:
  - Patient information leaflets will be reviewed and made more widely available;
  - Recommended sources for accessing user-friendly evidence-based information will be promoted to patients.
2. A review of ward-round processes will be undertaken.
3. A "Customer Care" training schedule will be developed and implemented to improve communication between staff and patients.

ON-GOING  
  
2018  
2018

 **DISCHARGE OR TRANSFER**

**COMMUNICATION:** Involve patients in decisions about their discharge from hospital.

1. There will be a drive to increase awareness of the importance of involving patients in decisions about their discharge from hospital.

ON-GOING

**COMMUNICATION:** Provide more information to patients at discharge.

1. The hospital will develop a process by which quality information will be provided to patients, their families, and other health-care professionals at the time of discharge, including information such as who to contact if something goes wrong and providing information about medication side effects.
2. A high quality, standardised discharge letter will be developed to communicate with other health-care professionals about a patient's hospital admission.
3. The hospital will aim to improve access and distribution of written patient information about going home from hospital by building a bank of up-to-date information leaflets for patients.
4. Appropriate staff will engage with patients in relation to the medications they are taking, and any changes that have been made at key points in the patients journey (Medication Reconciliation).

ON-GOING  
  
ON-GOING  
  
2018  
  
2018

WHAT PATIENTS SAID TO US

LISTENING RESPONDING & IMPROVING

TIME-SCALE

**PATIENT EXPERIENCE**

DIGNITY & RESPECT AND PRIVACY: Improving and sustaining patient experience.

1. Hospital Management will support the roll-out and implementation of hospital-wide programmes which will enhance patient experience, such as:
  - Caring Behaviours Assurance System which aims to assure the delivery of safe care to patients at the point of care;
  - Values in Action Programme that empowers staff to lead the changes needed to build a better health service;
  - Programme on Cultures of Person Centeredness to lead culture change and develop person-centred practice for patients;
  - 'What Matters to Me' initiative with a focus on improving the service provided to patients by gaining a better understanding of the things that are really important to them;
  - 'Schwartz Rounds', proven to improve staff wellbeing, resilience and teamwork, and in-turn have an impact on improved person-centred care.

2018 - 2020

WHAT PATIENTS SAID TO US

LISTENING RESPONDING & IMPROVING

TIME-SCALE

 <p>ADMISSION TO HOSPITAL</p>	<p><b>WAITING TIMES:</b> Reduce Emergency Department waiting times.</p>	<ol style="list-style-type: none"> <li>1. Continue to work with staff to improve ED waiting times. On-going monitoring to ensure improvements are being made.</li> <li>2. An improvement Programme in the Emergency Department will continue to work to increase self-awareness among staff and to engage in continuous improvement in the department to provide an improved experience for the patients, families, and the care teams (ED Micro-systems).</li> </ol>	<p>ON-GOING ON-GOING</p>
 <p>EXAMINATION, DIAGNOSIS &amp; TREATMENT</p>	<p><b>COMMUNICATION:</b> Improve the availability and time offered to patients to discuss their care &amp; treatment with a doctor.</p>	<ol style="list-style-type: none"> <li>1. Hospital-wide awareness raising about the importance of giving time to patients to discuss their care and treatment, was promoted across the hospital in 2017, in response to what patients said in the survey.</li> <li>2. Effective Ward Round Communication Programme will be introduced to improve the effectiveness of communication between doctors and their patients.</li> <li>3. A programme of support for staff, called Schwarz Rounds proven to improve staff wellbeing, resilience and teamwork, which has in-turn an impact on improved person-centred care, has stated.</li> <li>4. Patient information leaflets, are available in Hospital, for patients on admission to wards.</li> </ol>	<p>Q3 2017+  ON-GOING  MAR 2018  ON-GOING</p>
 <p>DISCHARGE OR TRANSFER</p>	<p><b>COMMUNICATION:</b> Provide more information to patients at discharge.</p>	<ol style="list-style-type: none"> <li>1. A working group has been established to improve hospital processes around patient discharge, with a particular focus on providing information to patients regarding danger signals to watch out for after discharge; who to contact if they are worried about their condition or treatment after they leave hospital; how to manage their condition and their medications after discharge.</li> <li>2. An electronic discharge medication prescription has been introduced to improve communication between the hospital, GP and community pharmacist, and to reduce the risk of medication errors for patients.</li> </ol>	<p>ON-GOING   Q4 2017</p>
<p>PATIENT EXPERIENCE</p>	<p><b>DIGNITY &amp; RESPECT AND PRIVACY:</b> Improve &amp; sustain the patient experience.</p>	<ol style="list-style-type: none"> <li>1. Continue to implement hospital-wide programmes which will enhance patient experience:             <ul style="list-style-type: none"> <li>- Caring Behaviours Assurance System which aims to assure the delivery of safe care to patients at the point of care.</li> <li>- Productive Ward initiative which empowers 'frontline' staff to drive forward improvements in the way staff and services deliver care with an emphasis on patient safety.</li> <li>- The Dementia Project will continue to look at how the hospital can make infrastructural changes that will improve the experience for patients who have dementia, and their families.</li> <li>- The Pressure Ulcer to Zero team will continue to work to reduce the incidence of avoidable pressure ulcers for our patients, and to increase the ability of frontline staff to improve the care they deliver to all patients.</li> </ul> </li> </ol>	<p>ON-GOING</p>

WHAT  
PATIENTS  
SAID TO USLISTENING  
RESPONDING  
& IMPROVINGTIME-  
SCALE


ADMISSION  
TO HOSPITAL

**WAITING TIMES:** Reduce the length of time patients wait in the Emergency Department for admission to a ward.

1. We are continuing to implement and monitor the effectiveness of the multiple programmes underway to improve the experience of patients attending the hospital and minimise preventable waiting times. For example:
  - 'Home First' initiative to enable frail elderly patients to be seen promptly by the appropriate health-care professionals and care be tailored to their needs.
  - Establishment of a Medical Assessment Unit to facilitate admission avoidance from the Emergency Department and early discharge from wards where possible.
  - Expand use of the *Interactive Whiteboard* in the Emergency Department which will provide up-to-date patient information and accelerate the patient's journey through the department.
  - Implement an 'Inclusion Health' initiative which will support discharge planning and provide support for homeless patients.
  - Investment in infrastructure to improve efficiencies in the Emergency Department (eg. Telemetry (heart monitoring) stations).
  - Daily discharge planning ward rounds have commenced in an effort to identify patients for discharge and predict bed availability.
  - Theatre will open earlier to make more time available for operating procedures.
  - Extend the opening hours of the Discharge Lounge to facilitate patients who have been told they can go home, and encourage patients to engage with the hospital's 'Home by 11' initiative
  - Admit patients on the day of their planned surgery, not in advance, where appropriate.

ON-  
GOING


CARE ON  
THE WARD

**ASSISTANCE:** Provide timely assistance to patients who require help accessing the bathroom & toilet.

1. We will increase awareness amongst staff of the importance of timely assistance for patients who need help accessing the bathroom or toilet.

ON-  
GOING

**COMMUNICATION:** Ensure patients receive prompt and easily understandable answers to their questions.

1. We will raise awareness and share guidance with staff about effective communication.

ON-  
GOING

**NUTRITION:** Improve hospital food and nutrition.

1. We will introduced improved patient menus, that provide appetising and nutritious choices to patients while meet their nutritional needs, particularly for vulnerable patients.
  - Food options for patients that meet their religious, cultural and personal dietary choices and requirements (eg. Halal, Kosher, Vegetarian), are being provided.
  - Food options for patients that meet their clinical needs (eg. for patients with swallowing difficulties, kidney problems, or a gluten-intolerant), are provided.
2. The Hospital's Catering Staff Training Programme will be updated to include a focus on food quality, presentation and temperature, and monitor food quality during service.
3. Menu information in a user friendly format (e.g. menu booklets, pictorial menus).

ON-  
GOING

Q1 2018

**NUTRITION:** Reduce the occurrence of patients missing their meals and ensure an appropriate replacement is offered.

1. We are promoting awareness amongst staff of how to access replacement meals/snacks.
2. We are improving the options available to staff when providing replacement meals (eg. salads/snacks).
3. Change meal delivery times so that main meal is available in evenings.
4. 'Protected mealtimes' initiative will continue to be implemented.
5. A Fasting Policy that includes arrangements for the prompt identification of patients experiencing extended fasting periods who are at risk of missing meals will be implemented.

ON-  
GOING

WHAT PATIENTS SAID TO US

LISTENING RESPONDING & IMPROVING

TIME-SCALE

  
**EXAMINATION, DIAGNOSIS & TREATMENT**  
 .....  
  
**DISCHARGE OR TRANSFER**

<p><b>HYGIENE:</b> Cleanliness of toilets &amp; bathrooms must be improved.</p>	<ol style="list-style-type: none"> <li>1. We will continue to improve hygiene and maintenance of toilets and bathrooms by assessing the requirements through-out the hospital, and developing a plan to address infrastructural needs.</li> <li>2. Continue to update the Cleaning Specifications and Schedules (Who-Does-What-When) for all Clinical Areas.</li> <li>3. Ensure processes are in place to continue to monitor and assure compliance with environment hygiene and maintenance standards.</li> </ol>	<p>ON-GOING</p>
<p><b>COMMUNICATION:</b> Provide more information to patients at discharge.</p>	<ol style="list-style-type: none"> <li>1. We will establish a multi-disciplinary working group to identify suitable opportunities to improve access to information (verbal, written and/or electronic) for patients that better meets their needs at discharge from the Hospital.</li> </ol>	<p>ON-GOING</p>

WHAT PATIENTS SAID TO US

LISTENING RESPONDING & IMPROVING



**ADMISSION TO HOSPITAL**



**CARE ON THE WARD**



**EXAMINATION, DIAGNOSIS & TREATMENT**

<p><b>PATIENT EXPERIENCE:</b> Improve patient experience of the Emergency Department.</p>	<ol style="list-style-type: none"> <li>1. Bespoke digital signage has been developed and installed to explain to patients in the waiting area about their journey through the Emergency Department.</li> <li>2. Communication between staff at the start/end of shifts (Handover) with regards to the plan of care for their patients, has been improved.</li> <li>3. On-going focus on reducing the number of patients on trolleys in the Emergency Department, is a key priority.</li> </ol>	<p>DEC 2017</p> <p>DEC 2017</p> <p>ON-GOING</p>
<p><b>NUTRITION:</b> Improve hospital food and nutrition for patients.</p>	<ol style="list-style-type: none"> <li>1. The Manna Catering Management system will be rolled-out which will allow patients to order their meal choices in real-time. Their choices are more informed and details of ingredients, method of preparation, and allergen information are at an advanced stage. These measures enhance the patient's meal ordering and overall experience of nutrition during their stay.</li> <li>2. Nutritional analysis of all patient meal choices will be provided on menus.</li> <li>3. A Hospital Patient Menu Information Booklet will be made available at each patient's bedside locker.</li> <li>4. A Patients Visual Menu for each patient will facilitate better understanding of meals in pictures, will aid language barriers, and will support in other challenging situations which may arise.</li> <li>5. Full review of "Modified Diet Menus" between Catering- Patient Food Services, Dietetics, Speech and Language has begun. New menu choices are in place for patients, and changes have been introduced to the sandwich menu for patients undergoing haemodialysis.</li> </ol>	<p>ON-GOING</p>
<p><b>COMMUNICATION:</b> Increase awareness for patients of the supports available if they wish to speak to someone about their worries and concerns.</p>	<ol style="list-style-type: none"> <li>1. Patient Hand-book is being developed which will provide enhanced information to patients</li> <li>2. The hospital is working towards making Pastoral Care services more available to patients.</li> <li>3. Improved access to the Patient Advocacy Department for patients.</li> <li>4. Patient Feedback boxes will be made available in the hospital atrium to facilitate patients who wish to provide feedback to the hospital.</li> <li>5. Staff will introduce themselves to patients using the phrase '#Hello, my name is...', in order that a clear introduction is offered to patients.</li> </ol>	<p>ON-GOING</p>
<p><b>HYGIENE:</b> Improve cleanliness at ward level.</p>	<ol style="list-style-type: none"> <li>1. The contracted cleaning hours in the hospital have been increased by 4 hours per day.</li> <li>2. The frequency of cleanliness audits on wards will be increased to identify areas that need attention</li> <li>3. Clarity will be provided to relevant staff groups with regards to their roles in the hospital cleaning schedule.</li> </ol>	<p>Q4 2017</p> <p>ON-GOING</p> <p>Q2 2018</p>
<p><b>COMMUNICATION:</b> Provide more accessible health information to patients.</p>	<ol style="list-style-type: none"> <li>1. A programme to improve the accessibility of health information for patients, has begun:             <ul style="list-style-type: none"> <li>- A programme for staff has been developed and delivered on plain English information for patients and will continue in 2018.</li> <li>- The Communications Department and Nurse Practice Development provide education and review of the ease with which patient information literature can be read before it is made available to patients.</li> <li>- Best-practice guidelines will be used in developing plain English patient information leaflets.</li> </ul> </li> </ol>	<p>ON-GOING</p>

WHAT PATIENTS SAID TO US

LISTENING RESPONDING & IMPROVING

TIME-SCALE

EXAMINATION, DIAGNOSIS & TREATMENT



<p><b>COMMUNICATION:</b> Better communication skills and effective ward round communication from all health-care staff</p>	<ol style="list-style-type: none"> <li>1. On-going Series of Education Programmes focusing on communication and information, and including topics such as bereavement, patient advocacy, report writing, roles and responsibilities, end of life care, breaking bad news, is being provided for staff.</li> <li>2. Training for staff in relation to communication skills is planned for 2018.</li> <li>3. Work is on-going on an Improving Ward Rounds quality improvement programme.</li> </ol>	<p>ON-GOING</p> <p>2018</p> <p>ON-GOING</p>
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<p><b>COMMUNICATION:</b> Adequate time to be provided to patients to discuss their care and treatment with a their doctor.</p>	<ol style="list-style-type: none"> <li>1. Awareness raising amongst healthcare professionals in relation to providing adequate time for patients and their families to discuss their treatment with a doctor will be promoted and encouraged.</li> </ol>	
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<p><b>DIGNITY &amp; RESPECT AND PRIVACY:</b> Patients should be given adequate privacy when being examined or treated.</p>	<ol style="list-style-type: none"> <li>1. The importance of privacy as integral to sustaining and improving patient experience will be promoted amongst staff.</li> </ol>	
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DISCHARGE OR TRANSFER



<p><b>COMMUNICATION:</b> Provide more information to patients at discharge.</p>	<ol style="list-style-type: none"> <li>1. The results of the NPES will be shared with staff to encourage them to provide more information to their patients at discharge. There will be a particular focus on providing information to patients regarding who to contact if they are worried about their condition or treatment after they leave hospital, and how to manage their condition and their medications after discharge.</li> <li>2. Guidance will be issued to doctors on effective ward rounds and help informed planned discharge.</li> </ol>	<p>ON-GOING</p>
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PATIENT EXPERIENCE

<p><b>DIGNITY &amp; RESPECT AND PRIVACY:</b> Improve and sustain the patients experience, improving organisational culture, dignity and respect.</p>	<ol style="list-style-type: none"> <li>1. Hospital Management will continue to support the roll-out and implementation of hospital-wide programmes which will enhance patient experience, such as:                     <ul style="list-style-type: none"> <li>- '#Hello, my name is...' campaign has been introduced;</li> <li>- 'Schwartz Rounds', proven to improve staff wellbeing, resilience and teamwork, and in-turn have an impact on improved person-centred care. Currently up and running in the Paediatric Department;</li> <li>- <i>The Values in Action</i> Programme which empowers staff to lead the changes needed to build a better health service will be implemented in 2018, this will raise awareness and drive cultural improvement in relation to dignity and respect for one another, staff and patients alike.</li> </ul> </li> </ol>	<p>ON-GOING</p>
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# Acknowledgements

## HSE, Oversight Group Members

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### Feedback

All feedback in relation to the development of the co-ordinated plan in response to the findings of the NPES is welcome.

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