



HSE ACUTE HOSPITAL SERVICES

Listening, Responding and Improving

The HSE response to the findings of the National Inpatient Experience Survey



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 2021 (NIES 2021) and to their families and carers. Without your support, this survey would not have been possible.

The findings of NIES 2021, tell us what matters to you as patients and about the important improvements that can be made to improve hospital services across Ireland. The NIES2021 allows us to explore how the patient voice has helped to change and improve hospital care for patients in the last year and the quality improvement priorities for 2022.

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 Project Team and a Project Board. We acknowledge the direction and guidance provided by the members of these groups.

The Quality Improvement Response, presented in this paper, was developed by the HSE steering committee for Improving Patient Experience under the office of the National Director Operational Performance and Integration 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 CEO of the HSE

The National Patient Experience Survey (NPES) 2021 published in May 2022 is the fourth such report. It provides us with important insights about patients' perspectives on how they experienced treatment in our public hospitals.

We need to take the time to understand and to reflect critically on what patients have told us, so that we can continue to improve our services.

Given the difficult circumstances experienced by our patients and all our staff throughout the COVID 19 pandemic and the cyber attack of May 2021 it is good to see that we can now continue to engage with and seek feedback from our patients through these surveys.

There are many aspects of health and social care services in Ireland that we can be very proud of and it is encouraging to note that in this survey, 83% of patients described their overall hospital experience in 2021 as good or very good.

The majority of survey participants said that they were always treated with respect and dignity and patients also gave very high ratings for trust and confidence in hospital staff.

However long waiting times in emergency departments remain a problem, Patients also pointed to the limited availability of emotional support, of provision of information on how to manage a condition at home, and of opportunities for family members to talk to a doctor.

We must now learn from and act on these survey findings and bring about changes to improve the overall experience for patients in our hospitals across the country.

Learning is a core component of delivering safe and effective healthcare. Listening, responding and improving are the areas of focus of this HSE report. We are constantly working to improve a patient's experience.

Included in the report are examples of improvement initiatives and all of our hospitals now have quality improvement as part of their core work and purpose. These plans demonstrate the work already underway or due to commence to bring about improvements in all stages of hospital care for patients.

I wish to acknowledge the work of all hospital teams in developing these quality improvement initiatives and I encourage them to learn from each other's successes and achievements in this work.

Mr. Paul Reid

Chief Executive Officer, Health Service Executive (HSE)

Introduction

I welcome the return of the National Inpatient Experience Survey in 2021 (NIES 2021) and the publication of its findings. The NIES did not take place in 2020 due to the COVID-19 pandemic and its impact on our hospital services. Due to the cyber attack on HSE IT systems, this 2021 survey was delayed and was conducted in September 2021 instead of May 2021.

I am very pleased that patient participation in the survey remains high, with a 42% response rate, and that the results are stable when compared to previous years. I wish to thank all the patients and their families who have taken the time to complete the survey and provide our hospitals with their valuable feedback on their hospital experience.

I also wish to acknowledge the support of hospital staff who each year actively promote participation of the survey with our patients and have a pivotal role in the roll out of the survey. It is very positive that 83% of our patients are rating their overall experience in hospitals as “good” or “very good”.

Improving the hospital experience for patients and their loved ones is at the heart of everything we do as individuals and as a collective working in acute hospital. The results of the NIES 2021 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.

For our patients, being treated with dignity and respect and being fully involved in the decision-making about their care are key factors for a positive experience. Improved communication, and having the opportunity to discuss care, treatment and worries with healthcare professionals results in improved experience and outcomes of care. Embracing a culture that promotes the importance of patient experience and patients as partners in their care, requires a deliberate and focused effort by management and leadership.

Driving patient experience is a key priority into the day-to-day life of individual hospitals. HSE Acute Operations are active members in the HIQA National Care Experience Programme Steering Group who oversee the roll out of this important survey.

As National Director of Acute Operations, I am committed to ensuring that:

- a. the findings of the National Inpatient Experience Survey are used systematically to inform quality improvements priorities, at every level of the organisation;
- b. leadership and support is provided for the implementation and resourcing of improvement initiatives across acute hospitals.
- c. quality improvement plans are monitored as part of the governance and accountability priorities for quality and patient safety across acute hospital services

Quality improvement initiatives are building on the work conducted since 2017, which include programmes to improve admissions, hospital food and nutrition, staff communication skills, discharge information for patients (including clearer medication instructions) and the roll out of activity programmes for older patients.

I welcome the findings of NIES 2021 and I look forward to working with our hospitals and hospital staff to make continuous improvement in our patient experience over the coming years.

Liam Woods
National Director, Acute Operations, HSE

The HSE: Listening, Responding, Improving

Healthcare teams working across the HSE are using the findings of the National Inpatient Experience Survey (NIES) to understand what matters to patients and to inform priorities for improving patient experience across acute hospitals. Quality improvement initiatives that have been implemented across the hospital services previously are demonstrated in the results of NIES 2021. Priority areas identified in the NIES 2021 and how healthcare teams in the HSE can support one another to improve patient experience at local level are outlined in this document. 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.

The following table outlines 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.

	WHAT PATIENTS SAID TO US	LISTENING RESPONDING & IMPROVING
ADMISSION TO HOSPITAL 	Improve patients experience of ED, in particular: waiting times and communication.	<ul style="list-style-type: none"> • Providing patients with comfort packages whilst in ED. • Providing patients with hot meals, refreshments and beverages • Promoting Patient Advocacy Services • Improving communication with healthcare professionals and patients. • Targeting improvements in waiting times. • Improving processes and pathways for patients.
CARE ON THE WARD 	Improve care on the ward.	<ul style="list-style-type: none"> • Improving communication with patients at the bedside. • Ensuring that patients have the opportunity to talk to someone on the staff about their worries and fears • Improving communication with families / carers and healthcare professionals • Improving communication between patient and their family (in particular when visiting is restricted) • Improving hospital food, nutrition and hydration.
EXAMINATION DIAGNOSIS & TREATMENT 	Improve communication and information, during examination, treatment and diagnosis.	<ul style="list-style-type: none"> • Promoting effective ward round and clinical communication amongst healthcare professionals • Promoting the importance of patients to have time to discuss diagnosis, care and treatment with a doctor. • The involvement of patients in decisions about their care and treatment.

**DISCHARGE OR
TRANSFER**



Improve the discharge process, in particular, the provision of clear information for patients when they are being discharged.

- 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.
- Improving information on the side effects of medication.
- Improving information on managing a condition after discharge

**STAFF
EXPERIENCE**

Sustain and improve organisational culture.

- Continue to promote and sustain a culture of dignity and respect for patients and a culture of care, compassion, trust and learning.

The HSE: Listening, Responding, Improving

ADMISSION TO HOSPITAL



Improving patient experience and waiting times in Emergency Departments.

The findings of the 2021 National Inpatient Experience Survey (NIES) highlight the need to continue to focus on improving patient experience in emergency departments. Long waiting times in EDs were highlighted as a problem in the 2021 survey with 29% of people saying that they were admitted to a ward within the HSE target waiting time of 6 hours. As part of the COVID-19 pandemic demand patterns in emergency care shifted. There is an ongoing focus on improving patient experience times in hospital emergency departments through investment and initiatives on admission avoidance, increasing capacity, patient flow and egress, with particular focus on patients aged over 75 years.

HSE priority improvement areas for EDs include:

Admission avoidance processes, including the introduction of the following pathways:

- GP liaison services to manage direct referrals from GPs to ED
- Enhancement and expansion of frailty intervention therapy team models
- Community teams to support ED avoidance for respiratory and COPD patients
- Expanded pathfinder frailty model to increase ED avoidance
- Increased community capacity and supports.

Capacity and patient flow measures in acute hospitals, to treat the increased demand of COVID-19 and non-COVID-19 patients, include the provision of additional bed capacity and ED patient pathway initiatives.

In addition, the service will maintain an enhanced focus on egress with a particular focus on expanded initiatives to enable timely discharge of elderly and complex patients from acute settings.

**CARE
ON THE
WARD**



Improving Food and Nutrition for patients

The 2019 National Food and Nutrition Policy continues to be implemented across the hospital system and Food and Nutrition Steering Groups have been established at hospital level. As outlined in this document, the hospitals have many quality improvement plans in place to improve food and nutrition for patients. These initiatives include; the introduction of replacement meals, "Making Mealtimes Matter", Visual Patient Menus to assist patients with communication or cognitive issues, "DISH" programme, and twice daily water ward rounds for patients.

Improving Communication with patients

The findings of NIES 2021 highlight the need to continue to improve communication between healthcare staff and patients with 54% of people saying that they did not or did not always find someone on the hospital staff to talk about their worries and fears. Hospitals recognise the importance of improving communication with our patients and continue to develop Patient Advice and Liaison Services (PALS) and promote Patient Advocacy Services. These services assist patients in making informed decisions in relation to their treatment and care.

Furthermore, in terms of care during the pandemic, the 2021 survey found that 35% of patients said that staff always helped them to keep in touch with family or someone close to them. The hospitals have introduced various initiatives to improve communication between patients and families. These initiatives include; "Thinking of you" electronic postal service, personal care package initiatives, facilitating online/zoom calls with family and scheduled visiting.

EXAMINATION DIAGNOSIS & TREATMENT



Improving communication and information for patients during examination, diagnosis and treatment

The findings of the National Inpatient Experience Survey highlighted areas for improvement with respect to communications in healthcare during examination, treatment and diagnosis with 41% of people saying that they did not feel, or only to some extent felt, that they had enough time to discuss their care and treatment with a doctor. As outlined in the quality improvement plans in this document, the hospitals have been engaging with the National Healthcare Communication Programme to support their staff to learn, develop and maintain their communication skills with patients, their families and with colleagues.

The HSE National Healthcare Communication Programme deliver four core workshop-based modules and a number of mini-modules to all staff who deliver health and social care services in the HSE. The workshops are designed to enable staff to take a skilled, sensitive and person-centred approach in all conversations with patients and their families. The programme is based on the different elements of the Calgary-Cambridge Guide, a five-stage consultation model. In addition to its five stages, there are two 'threads' that run throughout the consultation. These are called 'Building the relationship' and 'Providing structure'. Within each stage there are key consultation skills that should be applied to achieve the best outcomes from each interaction. This programme is being implemented the system with approximately 500 staff trained as facilitators to deliver the programme across the hospitals to improve healthcare professional communication skills.

Other initiatives that have been introduced to improve communication with patients include; updating patient information leaflets, the utilisation of interpreters for spoken language/sign language and open disclosure training.

DISCHARGE OR TRANSFER



Improve information and communication during the discharge process

The 2021 NIES findings highlight that there is a need to continue to improve on the discharge information provided to patients, in particular in relation to danger signs and medication side effects. 45% of patients said that staff "completely" explained the potential side effects of their medications, while 36% of patients said that they did not explain same.

The hospitals recognise this as an area for improvement and various quality improvement initiatives (outlined in this document) have been planned in response to these survey findings. These include; "Know, Check, Ask" medication safety campaign, "Improving communications between patients, hospital staff and their families" quality improvement plan (to enable a greater focus to be placed on effective communication with patients and their families), updating discharge information leaflets, reviewing the discharge processes involving electronic discharge summaries and the introduction of discharge lounges.

STAFF EXPERIENCE

Improving organisational culture in healthcare

The findings of the NIES surveys to date highlight the continued need to promote and sustain a culture of person centredness and caring behaviours. Health service staff often work in complex, challenging and potentially difficult situations. 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 ongoing commitment to caring for staff and promote compassionate leadership at every level of the organisation through the implementation and support for the following initiatives; the Caring Behaviours Assurance System; Cultures of Person-centeredness; Schwartz Rounds. HSE Employees are also supported through the Employee Assistance Programme, a confidential independent service promoting staff well-being. The quality improvement plans pertaining to this area (outlined below) indicate that the hospitals recognise the correlation between staff experience and patient experience as work is being progressed across the acute hospitals to advance staff experience.

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

The past two years have been unprecedented in the history of our health service. The 2021 patient survey took place in the midst of immense change and upheaval for the hospitals falling as it did after the cyber-attack in May 2021 and before the Omicron wave at the end of the year which saw tens of thousands of people diagnosed with COVID-19 every day and that included hospital staff who were absent in large numbers from work as a result.

Against this backdrop, I would like to thank all our staff for continuing to put patients first to deliver the best possible care in extremely challenging times. Challenging not just in dealing with the unknowns associated with COVID-19 but also dealing with the pent-up demand for hospital services that is now being realised and having to deliver care when large numbers of their colleagues were absent which required long hours for many.

While dealing with the pandemic, in December 2020 we launched our first hospital group-wide Patient and Public Engagement Strategy 2020-2023 to improve and embed positive patient and public engagement. The findings of the 2021 HIQA National Inpatient Experience Survey align with the three key themes of our strategy which are: Communications; Working with others; and Working in partnership with patients, families and carers.

We are committed to further developing a culture of strong engagement with our patients and our communities. We know that listening and learning from our patients' experience enables us to deliver better care and improves health outcomes.

I would like to thank all of the patients, their carers and their families for participating in the 2021 National Inpatient Experience Survey. We want to ensure that our patients' voices are included in decisions about their care. Key to that is the development of active partnerships between patients, their health providers and the wider community.

Regards

Tony Canavan

Chief Executive Officer, Saolta University Health Care Group

20th April 2022

WHAT PATIENTS SAID TO US

LISTENING RESPONDING& IMPROVING



<p>ADMISSION TO HOSPITAL</p> <p>> </p>	<p>PATIENT EXPERIENCE: Improve waiting times and patient experience of the Emergency Department.</p>	<p>1. Galway University Hospital (GUH) are committed to initiatives that will improve Emergency Department waiting times by ensuring patients are being moved to the most appropriate area for care and treatment in a timely manner.</p>	EMBEDDED
		<p>2. The senior hospital management team are actively progressing a new temporary ED building in GUH that will improve overall patient experience</p>	IN PROGRESS
		<p>3. The patient advice and liaison service will continue to support service users in the Emergency Department.</p>	EMBEDDED
		<p>4. Comfort packs continue are provided to improve patient experiences in the department.</p>	EMBEDDED
		<p>5. All patients admitted in the ED awaiting admission to a bed are provided with a hot meal.</p>	EMBEDDED
		<p>6. Our patient flow team continue to work to improve patient flow pathways for cancer patients from admission to discharge, improving overall patient experience.</p>	IN PROGRESS
		<p>7. The Acute Oncology/Haematology CNS will support and enhance unscheduled cancer patient care and experience in the Emergency department.</p>	EMBEDDED

WHAT PATIENTS SAID TO US

LISTENING RESPONDING& IMPROVING



<p>CARE ON THE WARD</p>	<p>NUTRITION: Improve hospital food and nutrition.</p>	<p>1. GUH in collaboration with our catering partners will introduce the “DISH” programme to assist patients with language challenges with meal choices using visual aids at the bedside.</p>	2022
		<p>2. Catering staff continue to work together with the nutrition and hydration committee introducing and improving initiatives in relation to hospital food and nutrition.</p>	EMBEDDED
		<p>3. The Protected Mealtimes initiative continues on all ward/unit area with an increased focus on identifying patients who need assistance of support person at mealtimes.</p>	2022
		<p>4. GUH in collaboration with our catering partners and patients are continually reviewing menu choices. Improvements have been made in relation to the range of food options available. Patient satisfaction with food choice is regularly audited and patient experience on hospital food surveyed.</p>	EMBEDDED
		<p>5. Our speech & language therapy department and our catering partners have extended meal choices for patients who require a modified diet. Close supervision is ongoing in relation to the delivery of twice daily water rounds to patients and appropriate thickening of fluids for patients on modified fluids where required.</p>	EMBEDDED
		<p>6. A tool to communicate dietary & hydration needs, including special diets, diet/fluid modification and need for assistance at mealtimes has been put in place to ensure that patients nutritional and hydration needs are communicated to improve their overall health and wellbeing and to maximise their experience of care in the hospital.</p>	EMBEDDED
		<p>7. Patients who are at risk of malnutrition are identified and provided with a high count calorific diet to support nutritional requirements to improve their overall health, wellbeing and recovery. All hospital wards are participating in this important initiative. Dietitians now undertake a physical examination as part of the assessment, facilitating the identification of patients who require a high quality individualised nutritional care plan.</p>	EMBEDDED

WHAT PATIENTS SAID TO US

LISTENING RESPONDING& IMPROVING



CARE ON THE WARD		8. All patients who receive a nutritional assessment and care plan also receive written information and diet sheets relating to their condition to support the information given to them in relation to their care plan. Dietitians also email information to patients at time of assessment.	EMBEDDED
		9. An education session on nutrition for cancer patients continues to provide support and education for patients commencing chemotherapy.	EMBEDDED
	COMMUNICATION	1. We continue to focus on improving communication across all of our healthcare teams to improve patient flow and discharge planning in a more integrated way.	EMBEDDED
		2. We are developing more integrated patient care and discharge planning while continuously improving communication skills and teamwork.	EMBEDDED
		3. The 'End PJ Paralysis' campaign has been introduced in five ward areas and is supported by a multidisciplinary team approach to promote 'getting patients up, dressed and moving', enhancing patient dignity and autonomy. Evidence demonstrates 'getting patients up and moving' reduces falls, improves patient experience, and reduces length of stay in hospital. Plan to roll this initiative out throughout the hospital.	EMBEDDED

WHAT PATIENTS SAID TO US

LISTENING RESPONDING& IMPROVING



<p>EXAMINATION DIAGNOSIS & TREATMENT</p>	<p>COMMUNICATION</p> <p>Better communication skills and effective ward round communication from all healthcare staff.</p>	<p>1. All of our departments are continuing to improve patient information and written information leaflets.</p>	2022
		<p>2. GUH through its health Literacy committee support the development of appropriate, accessible and usable written information for patients, visitors and staff. This means that it is health literacy friendly and reduces health literacy demands on service users.</p>	2022
		<p>3. Galway University Hospitals are actively promoting the importance of good communication skills amongst staff through the promotion of the National Communication Modules. This work will continue in 2022.</p>	2022
<p>DISCHARGE OR TRANSFER</p>	<p>DIGNITY AND RESPECT</p>	<p>1. The results of the NIES 2021 will be shared with all 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.</p>	ONGOING
		<p>2. There will be a continued focus on the HSE National Medication Safety Programme 'Know, Check, Ask' to encourage our patients to discuss their medicines with healthcare professionals and family.</p>	
		<p>3. Galway University Hospital will continue focus on improving the discharge process is in place, engaging with community services to empower patients to engage in relation to their discharge plans and date of discharge and medication safety.</p>	
		<p>4. Our discharge coordinator works closely with the community team to ensure that there is continuity of care for patients between leaving hospital and accessing community services. Information sharing and team working between hospital and community teams is critical to the success of this work.</p>	

WHAT PATIENTS SAID TO US

LISTENING RESPONDING& IMPROVING



PATIENT EXPERIENCE	DIGNITY & RESPECT AND PRIVACY: Improving and sustaining patient experience.	1. Hospital management will continue to support and implement hospital-wide programmes which will enhance patient experience, such as: <ul style="list-style-type: none"> • Our Patient forum work in partnership with community groups and advocacy services to improve that patient experience in the hospital. • Patient council representation of all non-clinical committees. • Supporting the role and function of patient advice and liaison services • Ensuring patients have appropriate access to their families and support persons while in hospital in line with HSE AMIRC guidelines • Relaunch of ‘#Hello, my name is...’ campaign to support and promote person-centred, compassionate care. • Support the embedding of the ‘Nothing about me without me’ initiative an education programme for staff to improve patient experience and outcomes through improved patient engagement. • Re introduce of the previously well evaluated ‘Schwartz Rounds’ for compassionate care, which had paused due to COVID-19. • Continue the Senior Management and Executive Walkabouts as part of the ongoing governance, leadership and accountability. • Developing links with external support groups and hospital staff providing information at public education sessions and learning events. • Pilot Patient Experience survey for Haematology inpatients supported by the National Inpatient Experience Survey, a partnership between the Quality Authority (HIQA), the Health Service Executive (HSE) and the Department of Health. 	ONGOING
		2. We will work with our patients to ensure that patients have appropriate access to their families and support persons while in hospital in line with HSE AMIRC guidelines.	ONGOING

WHAT PATIENTS SAID TO US

LISTENING RESPONDING & IMPROVING



ADMISSION TO HOSPITAL 	PATIENT EXPERIENCE: Improve patient experience of the Emergency Department.	1. Staff and management in Letterkenny University Hospital will continue to work together on initiatives, the aim is to improve Emergency Department waiting times by ensuring patients are being moved to the most appropriate area for care and treatment in a timely manner.	EMBEDDED
		2. Staff and managers in the Emergency Department (ED) will continue to work to increase self-awareness among staff and improve patient experience of ED.	2022
		3. We will continue to provide comfort packs for all patients in ED, these packs include tooth brushes, socks, t-shirts and aids for sleeping.	EMBEDDED
		4. We have introduced a dedicated nursing team to care for patients awaiting admission to an inpatient ward from the emergency department.	2022
		5. We have increased the senior nursing leadership for improving patient flow in the Emergency Department. The aim of this work is to provide more efficient access to care and improved patient experience across the seven day a week service.	2022
		6. The Acute Oncology/Haematology CNS will support and enhance unscheduled cancer patient care and experience in the Emergency department.	ONGOING

WHAT PATIENTS SAID TO US

LISTENING RESPONDING & IMPROVING



<p>CARE ON THE WARD</p>	<p>NUTRITION: Improve hospital food and nutrition.</p>	<ol style="list-style-type: none"> 1. We are continuing to promote a healthy culture for both staff and patients. This work is called 'Caring Behaviours Assurance System' and is designed to focus on improving patient experience and staff resilience. This is in place in two wards. 2. Since 2021 all patients admitted to hospital are assessed for being at risk of malnutrition. 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. 3. Through the LUH Nutrition and Hydration steering committee we will continue to review menus and available for patients on an ongoing basis to ensure that patients individual requirements and preferences are acted on in a timely manner this includes: <ul style="list-style-type: none"> • Introducing picture menus to enable patient to make their preferred choice of meal. • The red tray initiative to indicate which patient require assistance. • A survey to capture patient feedback to improve our responsiveness to patients needs and preferences. • Increased participation from the Senior Health Promotion officer to advise on healthy eating. 	ONGOING
	<p>COMMUNICATION</p>	<p>PRIORITY PROJECT</p> <ol style="list-style-type: none"> 4. A patient advice and liaison officer is being appointed in 2022 to provide leadership and support on improving patient experience in the hospital. 	2022
		<ol style="list-style-type: none"> 5. All Health Care Professionals to complete the National Communication Programme as appropriate to their role. 	2022
		<ol style="list-style-type: none"> 6. We have increased the use of interpreters, including sign language, at Out Patient appointments and inpatient services, including day case. 	ONGOING
		<ol style="list-style-type: none"> 7. We will undertake a hospital wide campaign to refresh the "Hello my name is "campaign to improve communication with patients and their relatives. 	ONGOING

WHAT PATIENTS SAID TO US

LISTENING RESPONDING & IMPROVING



<p>EXAMINATION DIAGNOSIS & TREATMENT</p>	<p>COMMUNICATION</p> <p>Better communication skills and effective ward round communication from all healthcare staff.</p>	<p>1. Information for patients about support services available to them during their hospital stay has been improved. A campaign of awareness raising amongst patients about sharing concerns and speaking to staff about anything that they are worried about will be promoted.</p>	<p>ONGOING</p>
		<p>2. Letterkenny University Hospitals are actively promoting the importance of good communication skills amongst staff through the promotion of the National Communication Modules. This work will continue in 2022.</p>	
		<p>3. All of our departments, Clinical Nurses Specialists and Advanced Nurse Practitioners are continuing to improve patient information and written information leaflets.</p>	<p>ONGOING</p>
		<p>4. A hospital patient information booklet is available in multiple languages for patients on admission.</p>	<p>EMBEDDED</p>
		<p>5. We will be delivering plain English workshops for staff to support to further develop patient information.</p>	<p>2022</p>

WHAT PATIENTS SAID TO US

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DISCHARGE OR TRANSFER 	COMMUNICATION	PRIORITY PROJECT	
		1. We have introduced intercultural training for staff as a key priority for improving patient experience.	2022
		2. In response to patient feedback we have introduced training and a pathway for a follow up telephone call post discharge. This is to check with patients that they are recovering well and to address any concerns that they may have.	EMBEDDED
		3. We have introduced a patient information leaflet to encourage patients to be more involved about going home from hospital. This is to encourage patients to be more prepared when going home and to address any of their concerns.	EMBEDDED
		4. A feedback initiative inviting patients to express what worked well and what could be improved upon is actively promoted at ward level.	2022
		5. We have increased the number of “comment card “boxes are reinstated in corridors.	EMBEDDED
		PRIORITY PROJECT	
		6. A discharge lounge will be opened in 2022 which will improve patient experience of the discharge process.	2022

WHAT PATIENTS SAID TO US

LISTENING RESPONDING & IMPROVING



PATIENT EXPERIENCE	DIGNITY & RESPECT AND PRIVACY: Improving and sustaining patient experience.	1. Hospital Management will continue to support and implement hospital-wide programmes which will enhance patient experience, such as: <ul style="list-style-type: none"> • 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. – Programme on Caring Behaviours Assurance • Executive “walk-about” are planned to as part of ongoing governance and accountability for improvement. 	ONGOING
		2. A 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.	ONGOING
		Priority Project	ONGOING
		3. We will appoint a Patient Liaison Officer.	ONGOING
		4. We will continue to collaborate with Saolta colleagues and patient representatives in the implementation of the Saolta Patient and Public Engagement Strategy.	ONGOING
		5. We will work with our patients to ensure that patients have appropriate access to their families and support persons while in hospital in line with HSE AMIRC guidelines.	ONGOING

WHAT PATIENTS SAID TO US

LISTENING RESPONDING & IMPROVING



ADMISSION TO HOSPITAL 	PATIENT EXPERIENCE: Improve patient experience of the Emergency Department.	1. MUH are committed to quality improvement in Emergency Department (ED) which is designed to improve patient experience by engaging all staff members. A patient experience advisor will work with the ED team to address priorities identified by patients in the National Patient Experience Survey.	IN PROGRESS
		2. We continue to focus training on communication skills training between staff and also between staff and patients.	IN PROGRESS
		3. There is an ongoing focus on reducing the number of patients remaining in the Emergency Department waiting for beds by ensuring patients are being moved to the most appropriate area for care and treatment in a timely manner.	EMBEDDED
		4. Comfort packs are available for patients in Emergency Department to improve patient experiences, these include guidance to ask questions if patients need more clarity on the condition or plan of care.	EMBEDDED
		5. The Acute Oncology/Hematology CNS will support and enhance unscheduled cancer patient care and experience care.	EMBEDDED

WHAT PATIENTS SAID TO US

LISTENING RESPONDING & IMPROVING



CARE ON THE WARD 	NUTRITION: Improve hospital food and nutrition.	<ol style="list-style-type: none"> 1. The nutrition and hydration committee continue to work together introducing and improving initiatives in relation to hospital food and nutrition: - Incorporating all elements of the protected meal times on all wards. The hospital patient experience advisory committee are also progressing with a policy for family presence/visiting policy which will promote positive family involvement, with the expectation of better patient outcomes and support in personal care including nutrition and hydration support. 	EMBEDDED
	COMMUNICATION	<ol style="list-style-type: none"> 1. The hospital management team with quality and patient safety manager continue to promote positive communication with patients. 	EMBEDDED
		<ol style="list-style-type: none"> 2. Mandatory training programme has been rolled out through MUH to help staff engage with patient at all contact levels for all grades of staff. Training programme impacted by COVID-19, currently under review with plan to revise & progress 	IN PROGRESS
	<ol style="list-style-type: none"> 3. Visible wearing of name badges by staff, in line with uniform policy, so that patients know who they are speaking to or in the company of. 	EMBEDDED	

WHAT PATIENTS SAID TO US

LISTENING RESPONDING & IMPROVING



<p>EXAMINATION DIAGNOSIS & TREATMENT</p>	<p>COMMUNICATION</p> <p>Better communication skills and effective ward round communication from all healthcare staff.</p>	<p>1. MUH mandatory patient engagement training program impacted by COVID-19, programme currently under review with plan to revise & progress.</p>	IN PROGRESS
		<p>2. Continued training on clinical handover for medical and nursing staff led by the academic officer. This work is incorporating meaningful patient engagement utilising simulation and the use of ISBAR.</p>	EMBEDDED
		<p>3. A patient and family experience advisory committee now feeds into the hospital management team and are tasked with all of the above improvements.</p>	IN PROGRESS
		<p>4. Know your medicines (Know, check, ask) –we continue to build on the previous successful work informing and communicating medication changes and reconciliation of medication changes following an admission in line with the HSE National Medication Safety Programme , encouraging our patients to discuss their medicines with healthcare professionals and family.</p>	EMBEDDED
		<p>5. We are finalising the introduction of a patient ‘walkway’ to support increased mobilisation during the hospital stay to enhance patient recovery.</p>	IN PROGRESS

<p>DISCHARGE OR TRANSFER</p>	<p>COMMUNICATION AND DISCHARGE PLANNING</p>	<p>1. MUH have developed a hospital information booklet and resource which is structured around planning for discharge and the questions patients should ask about their care to improve discussions for discharge and timely interactions with all staff. There will be a particular focus on ensuring all patients receive a copy of this booklet and staff use it to record patient information as planned to increase engagement and partnership in care and planning for discharge.</p>	IN PROGRESS
		<p>2. Clinical nurse specialist are developing condition based patient information leaflets which will help with empowering patient with self-care.</p>	IN PROGRESS

WHAT PATIENTS SAID TO US

LISTENING RESPONDING & IMPROVING



PATIENT EXPERIENCE	DIGNITY & RESPECT AND PRIVACY: Improving and sustaining patient experience.	1. All our development work is overseen through our Patient Experience Council, our focus is now on reintroducing or reinforcing our previous improvement work that has been impacted by the COVID-19 pandemic.	IN PROGRESS
		2. Hospital management will continue to support and implement hospital-wide programmes which will enhance meaningful patient engagement, the support for the role and function of patient experience advisors for committees and policy.	EMBEDDED
		3. Ensuring patients have appropriate access to their families and support persons while in hospital in line with HSE AMIRC guidelines.	IN PROGRESS
		4. Mandatory training on meaningful patient engagement, programme currently under review with plan to revise & progress.	IN PROGRESS
		5. Promote the importance of wearing name badges with name and role identified.	EMBEDDED
		6. Continue to focus our Quality Improvements on feedback from patients where areas of improvement are identified and areas of good practice can be shared.	EMBEDDED
		7. Spread the values identified in the staff recognition awards to all departments and all patients.	EMBEDDED

WHAT PATIENTS SAID TO US

LISTENING RESPONDING& IMPROVING



ADMISSION TO HOSPITAL 	PATIENT EXPERIENCE: Improve patient experience of the Emergency Department.	1. Portiuncula University Hospital (PUH) are committed to initiatives that will improve Emergency Department waiting times by ensuring patients are being moved to the most appropriate area for care and treatment in a timely manner.	EMBEDDED
		2. Comfort packs are available for patients in ED, these packs include tooth brushes, socks, t-shirts and aids for sleeping, they are designed to improve patients experience and to improve their comfort levels in ED.	EMBEDDED
		3. The findings of the patient experience survey have been shared with all staff including in ED in relation to; the importance of patient centered-care, dignity and respect and patient privacy we continue to be improved in ED	EMBEDDED
		4. The patient advice and liaison service will continue to support service users in the Emergency Department.	EMBEDDED
		5. We will reinstate and refresh the membership of the Hospital Patient Council to ensure the patient and those communities served by Portiuncula University Hospital have a voice which is heard in the development and delivery of services.	2022
		6. We have appointed an Acute Oncology/Hematology Clinical Nurse Specialist (CNS) who will support and enhance unscheduled cancer patient care and experience in the Emergency department.	EMBEDDED

WHAT PATIENTS SAID TO US

LISTENING RESPONDING& IMPROVING



<p>CARE ON THE WARD</p>	<p>NUTRITION: Improve hospital food and nutrition.</p>	<p>1. Based on the feedback that we have received from patients about their experience of hospital food and nutrition we have reassessed the choice of food for patients. We have now put in place a wider choice of options for evening meal.</p>	EMBEDDED
		<p>2. We will in collaboration with our catering partners and patients are continually reviewing menu choices. Improvements have been made in relation to the range of food options available. Patient satisfaction with food choice is regularly audited and patient experience on hospital food surveyed.</p>	EMBEDDED
		<p>3. We review all of the feedback from patients about hospital food and ensure that feedback is taken on board and used to improve patient's experience of hospital care.</p>	EMBEDDED
	<p>PATIENT EXPERIENCE: Improve the patient experience on the ward.</p>	<p>4. A capital build is underway in PUH to provide 50 additional single occupancy with en-suite inpatient beds, which will greatly improve the accommodation available on the site and meet the needs of the patients.</p>	2023

WHAT PATIENTS SAID TO US

LISTENING RESPONDING& IMPROVING



<p>EXAMINATION DIAGNOSIS & TREATMENT</p>	<p>COMMUNICATION Better communication skills and effective ward round communication from all healthcare staff.</p>	<p>1. All Health Care Professionals are in the process of complete the National Communication Programme as appropriate to their role.</p>	EMBEDDED
		<p>2. We are developing more integrated patient care and discharge planning while continuously improving communication skills and teamwork.</p>	IN PROGRESS
		<p>3. The 'End PJ Paralysis' campaign has been introduced and is supported by a multidisciplinary team approach to promote 'getting patients up, dressed and moving', enhancing patient dignity and autonomy. Evidence demonstrates 'getting patients up and moving' reduces falls, improves patient experience, and reduces length of stay in hospital.</p>	EMBEDDED
		<p>4. A suite of condition specific Patient Information Leaflets for patients are in development for available for patients. These leaflets include information on procedures, pre-assessment, day of procedures, post-op advice and contact numbers if patients need to discuss their care or treatment with a healthcare professional.</p>	2022
		<p>5. 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 are in place.</p>	2022
<p>DISCHARGE OR TRANSFER</p>	<p>COMMUNICATION: Improve access and distribution of written patient information about going home from hospital.</p>	<p>1. The results of the NIES 2021 will be shared with all 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.</p>	2022
		<p>2. There will be a continued focus on the HSE National Medication Safety Programme 'Know, Check, Ask' to encourage our patients to discuss their medicines with healthcare professionals and family.</p>	2022
		<p>3. Portiuncula University Hospital will continue focus on improving the discharge process is in place, engaging with community services to empower patients to engage in relation to their discharge plans and date of discharge and medication safety.</p>	IN PROGRESS

WHAT PATIENTS SAID TO US

LISTENING RESPONDING & IMPROVING



PATIENT EXPERIENCE	DIGNITY & RESPECT AND PRIVACY: Improving and sustaining patient experience.	PRIORITY PROJECT	
		1. We will reinstate and refresh the membership of the Hospital Patient Council.	2022
		2. We will continue to collaborate with Saolta colleagues and patient representatives in the implementation of the Saolta Patient and Public Engagement Strategy	2022
		3. We will work with our patients to ensure that patients have appropriate access to their families and support persons while in hospital in line with HSE AMIRC guidelines.	2022

WHAT PATIENTS SAID TO US

LISTENING RESPONDING & IMPROVING



CARE ON THE WARD 	COMMUNICATION Improve communication with patients.	<ol style="list-style-type: none"> 1. All Health Care Professionals to complete the National Communication Programme. 2. Increase the availability of written information in multiple languages, (in line with the National Literacy Policy). 3. We have increased use of interpreters, including sign language, at Out Patient appointments and inpatient services, including day case. 4. Complete a hospital wide project to improve signage. 5. Undertake a hospital wide campaign to refresh the "Hello my name is "campaign to improve communication with patients and their relatives. 	ONGOING
	NUTRITION: Improve hospital food and nutrition.	<ol style="list-style-type: none"> 1. Through the RUH Nutrition and Hydration steering committee we will continue to review menus and available for patients on an ongoing basis to ensure that patients individual requirements and preferences are acted on in a timely manner. 	ONGOING
EXAMINATION DIAGNOSIS & TREATMENT 	COMMUNICATION Better communication skills and effective ward round communication from all healthcare staff.	<ol style="list-style-type: none"> 1. A new palliative care facility jointly funded by the Irish Hospice Foundation and the HSE has been recently refurbished and improved. Very positive feedback was received from patients and their families. 	EMBEDDED
		<ol style="list-style-type: none"> 2. An upgrade of a dedicated family rooms / quiet space in the clinical area has been introduced to facilitate private family discussions have been complete. 	EMBEDDED
		<ol style="list-style-type: none"> 3. Roscommon University Hospitals are actively promoting the importance of good communication skills amongst staff through the promotion of the National Communication Modules. This work will continue in 2022. 	2022
		<ol style="list-style-type: none"> 4. We will continue to ensure that condition specific procedure information leaflets are available for most procedures, review commenced of all and production of new leaflets for any gaps identified. 	2022
		<ol style="list-style-type: none"> 5. We will improve verbal communication pre and post procedure. 	2022

WHAT PATIENTS SAID TO US

LISTENING RESPONDING & IMPROVING



DISCHARGE OR TRANSFER 	COMMUNICATION: Improve access and distribution of written patient information about going home from hospital.	1. We will work to improve the involvement of patients and families in discharge planning.	2022
		2. We will review the RUH Information Booklet on hospital discharge	2022
		3. We will continue to work with, and grow, integrated collaborations, with community partners in achieving best outcomes for patients and their families on discharge.	2022

PATIENT EXPERIENCE	DIGNITY & RESPECT AND PRIVACY: Improving and sustaining patient experience.	PRIORITY PROJECT	
		1. We will appoint a Patient Advice and Liaison Officer.	2022
		PRIORITY PROJECT	
		2. We will continue to collaborate with Saolta colleagues and patient representatives in the implementation of the Saolta Patient and Public Engagement Strategy.	2022
		3. We will work with our patients to ensure that patients have appropriate access to their families and support persons while in hospital in line with HSE AMIRC guidelines.	2022

ADMISSION TO HOSPITAL 	PATIENT EXPERIENCE: Improve waiting times and patient experience of the Emergency Department.	1. Staff and management in Sligo University Hospital (SUH) will continue to work together on initiatives, the aim is to improve Emergency Department waiting times by ensuring patients are being moved to the most appropriate area for care and treatment in a timely manner.	EMBEDDED	
		2. We have improved the physical environment of the Emergency department in SUH by increasing the footprint and upgrading the clinical areas.	EMBEDDED	
		3. Staff and managers in the Emergency Department (ED) will continue to work to increase self-awareness among staff and improve patient experience of ED.	EMBEDDED	
		4. We will continue to provide comfort packs for all patients in ED, these packs include tooth brushes, socks, t-shirts and aids for sleeping.	EMBEDDED	
		5. We have appointed a Acute Oncology/Haematology Clinical Nurse Specialist (CNS) who will support and enhance unscheduled cancer patient care and experience in the Emergency department.	EMBEDDED	
CARE ON THE WARD 	NUTRITION: Improve hospital food and nutrition.	1. We in collaboration with our catering partners will continue to work together with the nutrition and hydration committee introducing and improving initiatives in relation to hospital food and nutrition.	EMBEDDED	
		2. The Protected Mealtimes initiative continues on all ward/unit area with an increased focus on identifying patients who need assistance of support person at mealtimes	EMBEDDED	
	COMMUNICATION Improve communication with patients.	PRIORITY PROJECT		
		3. A patient advice and liaison officer will be appointed in 2022 to provide leadership and support on improving patient experience in the hospital.	2022	
		4. All Health Care Professionals to complete the National Communication Programme as appropriate to their role.	2022	
5. We will undertake a hospital wide campaign to refresh the “Hello my name is “campaign to improve communication with patients and their relatives.	2022			

<p>EXAMINATION DIAGNOSIS & TREATMENT</p> 	<p>COMMUNICATION Better communication skills and effective ward round communication from all healthcare staff.</p>	<p>1. We continue to focus on improving communication across all of our healthcare teams to improve patient flow and discharge planning in a more integrated way.</p>	2022
		<p>2. We are developing more integrated patient care and discharge planning while continuously improving communication skills and teamwork.</p>	2022
		<p>3. We are progressing the development of a suite of condition specific Patient Information Leaflets.</p> <p>These leaflets include information on procedures, pre-assessment, day of procedures, post-op advice and contact numbers if patients need to discuss their care or treatment with a healthcare professional.</p>	2022
		<p>4. We are progressing a number of improvements in relation to communication about patient care during the handover phase is currently ongoing. Guidelines for improvement and education and training for all staff are being finalised.</p>	2022
<p>DISCHARGE OR TRANSFER</p> 	<p>COMMUNICATION: Improve access and distribution of written patient information about going home from hospital.</p>	<p>1. We will work to improve the involvement of patients and families in discharge planning.</p>	2022
		<p>2. We will continue to work with, and grow, integrated collaborations, with community partners in achieving best outcomes for patients and their families on discharge.</p>	2022
<p>PATIENT EXPERIENCE</p>	<p>DIGNITY & RESPECT AND PRIVACY: Improving and sustaining patient experience.</p>	<p>PRIORITY PROJECT</p>	
		<p>1. We will appoint a Patient Advice and Liaison Officer.</p>	2022
		<p>2. We will continue to collaborate with Saolta colleagues and patient representatives in the implementation of the Saolta Patient and Public Engagement Strategy.</p>	2022
		<p>3. We will work with our patients to ensure that patients have appropriate access to their families and support persons while in hospital in line with HSE AMIRC guidelines.</p>	2022
		<p>4. We will continue to run our Hospital Patient Council.</p>	EMBEDDED

7. Beaumont Hospital, Dublin
8. Cavan and Monaghan Hospital
9. Connolly Hospital, Dublin
10. Louth County Hospital, Dundalk
11. Our Lady of Lourdes, Drogheda

On behalf of the Royal College of Surgeons Ireland (RCSI) Hospital Group, I would like to thank all patients who participated in the 2021 National Patient Experience Survey. Your feedback is invaluable in helping us to understand individual experiences and to assess our service performance against your expectations. Importantly, it ultimately leads to an improvement in the quality of healthcare services provided by the RCSI Hospital Group.

Measurement of quality to drive improvement is one of the hallmarks of the RCSI Hospital Group. Feedback from NIES is integrated into the suite of RCSI Hospital Group metrics and key performance indicators, which are published monthly on the RCSI HG website. These are used to measure, track and generally guide performance. They identify where improvement is required and measure the impact of all quality improvement initiatives within the Group.

Ian Carter

Chief Executive Officer, RCSI Hospitals Group

20th April 2022

WHAT PATIENTS SAID TO US

LISTENING RESPONDING & IMPROVING



<p>ADMISSION TO HOSPITAL</p> 	<p>PATIENT EXPERIENCE: Improve waiting times and patient experience of the Emergency Department.</p>	<p>1. Emergency Department Performance and Patient Flow processes are key areas of focus and monitored and improved consistently. Performance measurement is published monthly on the HG website: https://rcsihospitals.ie/key-performance-indicators.</p>	<p>EMBEDDED</p>
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<p>CARE ON THE WARD</p> 	<p>NUTRITION: Improve availability, choice and selection of food including optimising nutritional content.</p>	<p>1. There is a well-established Nutrition Steering Committee with a number of sub group established working on specific areas. The patient experience subgroup has designed and conducted a nutrition specific patient survey 2021 and 2022. Areas for improvement will be identified and quality improvement plans agreed and actioned.</p>	<p>Q2 2022</p>
		<p>2. The menu sub group of the Nutrition Steering Group is currently reviewing the layout and formatting of menus to ensure it is 'user friendly'. There is work ongoing to improve specialist menus.</p>	<p>Q3 2022</p>
		<p>3. A patient focus group is currently being designed with a purpose of seeking patient's views and feedback on the standard menus and other nutrition related issues.</p>	<p>Q3 2022</p>
	<p>QUALITY IMPROVEMENT PROGRAMMES: Improve patient experience on the ward.</p>	<p>4. 3 programmes with associated metrics published monthly on the HG website: https://rcsihospitals.ie/key-performance-indicators.</p> <ul style="list-style-type: none"> • active Hospital Group (HG) led QI programme on reducing Patient Falls • active HG led Forum on pressure ulcer prevention • active HG programme on Managing the Deteriorating Patient & Managing Sepsis. 	<p>EMBEDDED</p>



DISCHARGE OR TRANSFER 	COMMUNICATION: Relevant and appropriate information for safe and informative discharge.	1. Following discussion at the Patient Experience Forum it was agreed to design and undertake a focused survey of patients who had been recently discharged from the hospital with more targeted questions to ensure we capture and identify all areas for improvement in the discharge process.	Q1 2022
		2. Patients are telling us that we do not provide enough information when they are discharged. We are updating the hospital 'patient information leaflet on leaving the hospital' taking the findings of the discharge survey and feedback from the Patient Experience Forum into account to make sure it provides the right information. Plan to re- survey in Q4 2022.	Q2 2022
		3. Communication about discharge and putting a plan in place must start on admission. Information, including the discharge leaflet should be provided to patients at the beginning of their hospital stay. The hospital is working to ensure that there is a process in place to ensure that this occurs.	Q2 2022

PATIENT EXPERIENCE	PATIENT ENGAGEMENT: Listening to patients and using feedback to drive improvements.	1. A Patient Experience Forum has been established to support the delivery of the best possible patient experience through collaborative working with our patients making sure we have their perspective on a wide range of issues that matter to patients. It acts as a resource to services seeking advice and feedback on current and future initiatives and ways of working.	ONGOING
		2. We are establishing a Patient Engagement Committee to ensure we recognise and capture all types of feedback from patients and use this to plan, design and improve the services we provide to patients on a daily basis.	Q2 2022 ONGOING
		3. National Communication Programme cohort of staff trained on each site.	EMBEDDED
		4. Learning from any QI developed in a site is shared via the HG QI programme.	EMBEDDED

WHAT PATIENTS SAID TO US

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<p>ADMISSION TO HOSPITAL</p> 	<p>PATIENT EXPERIENCE: Improve waiting times and patient experience of the Emergency Department.</p>	<p>1. Emergency Department Performance and Patient Flow processes are key areas of focus and monitored and improved consistently. Performance measurement is published monthly on the HG website: https://rcsihospitals.ie/key-performance-indicators.</p>	<p>EMBEDDED</p>
<p>CARE ON THE WARD</p> 	<p>QUALITY IMPROVEMENT PROGRAMMES: Improve patient experience on the ward.</p>	<p>1. 3 programmes with associated metrics published monthly on the HG website: https://rcsihospitals.ie/key-performance-indicators.</p> <ul style="list-style-type: none"> • active HG led QI programme on reducing Patient Falls • active HG led Forum on pressure ulcer prevention • active HG programme on Managing the Deteriorating Patient & Managing Sepsis. 	<p>EMBEDDED</p>
<p>DISCHARGE OR TRANSFER</p> 	<p>COMMUNICATION: Provide more information to patients and their families on discharge.</p>	<p>1. The hospital is currently undertaking a multi-disciplinary team quality improvement project titled “Improving communications between patients, hospital staff and their families”.</p> <p>This project will enable a greater focus to be placed on effective communication with patients and their families. The model for improvement is being utilized to support the project.</p> <p>Patient & family survey underway.</p>	<p>ONGOING</p>
<p>PROCESSES: Reviewing the patient journey from admission to discharge.</p>	<p>2. The hospital will review and update the ‘Plan your discharge booklet’ and the ‘Patient information folder’ to incorporate a section on danger signals, medication side effects and where to access more information and support.</p>	<p>Q3 2022</p>	
<p>3. The hospital will implement the ‘Admission, transfer and discharge’ policy.</p>	<p>Q3 2022</p>		
<p>4. The hospital has initiated a quality improvement project to support safer discharge. Education planned for staff with a particular focus on the transitions of care.</p>	<p>Q3 2022</p>		
<p>5. The hospital are reviewing the process to improve the provision of GP discharge summary letters to support safer discharge. Audit planned.</p>	<p>Q3 2022</p>		

WHAT PATIENTS SAID TO US

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PATIENT EXPERIENCE	VALUING PATIENT EXPERIENCE	1. Cavan and Monaghan Hospital value the feedback received from patients. The results from this survey will be used to improve patient experiences throughout the hospital.	ONGOING
		2. Cavan and Monaghan Hospital will continue to engage with staff to share the findings and learnings from the survey and action areas where there is an opportunity to improve the patient experience.	
		3. National Communication Programme cohort of staff trained on each site.	EMBEDDED
		4. Learning from any QI developed in a site is shared via the HG QI programme.	EMBEDDED

<p>ADMISSION TO HOSPITAL</p> 	<p>PATIENT EXPERIENCE: Improve waiting times and patient experience of the Emergency Department.</p>	<p>1. Emergency Department Performance and Patient Flow processes are key areas of focus and monitored and improved consistently. Performance measurement is published monthly on the HG website: https://rcsihospitals.ie/key-performance-indicators.</p>	<p>EMBEDDED</p>
<p>CARE ON THE WARD</p> 	<p>COMMUNICATION: Improving communication with patient's families.</p>	<p>1. The next of kin of patients who are not able to be in direct contact with their loved ones, will be contacted by telephone by nursing staff within 12 hours of admission to the ward. This is a QI project on one ward currently. The model for improvement is being utilized to support the project.</p> <p>2. An audit will be conducted to ensure families are receiving calls. Further patient and family feedback will be monitored. Based on findings from PDSA cycles the project will be rolled out across the hospital if it is deemed successful.</p> <p>3. Staff will receive training on effective communication and demonstrate this with the implementation of a communication tool to record contact with families.</p>	<p>01/03/22 - ONGOING</p>
	<p>COMMUNICATION: Improving provision of information to patients regarding medications.</p>	<p>1. As part of the Venous Thrombo Embolism Prevention quality improvement project, a patient information card is to be provided to patients on prophylactic medication, which will provide them with information on the given medication and side effects to be mindful of on discharge.</p> <p>The model for improvement is being utilized to support the project Ongoing promotion of the 'Know, Check, Ask' Campaign amongst all staff. As part of this campaign, staff will ensure that while in hospital, patients are given adequate information on medication received.</p>	<p>01/03/22 - ONGOING</p>
	<p>QUALITY IMPROVEMENT PROGRAMMES: Improve patient experience on the ward.</p>	<p>1. 3 programmes with associated metrics published monthly on the HG website: https://rcsihospitals.ie/key-performance-indicators.</p> <ul style="list-style-type: none"> • active HG led QI programme on reducing Patient Falls • active HG led Forum on pressure ulcer prevention • active HG programme on Managing the Deteriorating Patient & Managing Sepsis. 	<p>EMBEDDED</p>

WHAT PATIENTS SAID TO US

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DISCHARGE OR TRANSFER 	COMMUNICATION: Improving provision of discharge summaries.	1. A standardized system has been implemented that is the sole method of creating, storing, and reporting discharge summaries.	01/01/22 - ONGOING
		2. The medical teams will receive ongoing education and support that will assist in the use of this new system of producing discharge summaries.	
		3. Audits will be conducted every month to assess the completion and quality of discharge summaries, to ensure they are in line with HIQA standards.	
PATIENT EXPERIENCE	RAISING AWARENESS	1. We are continuing to engage with various groups of staff to inform them on the findings of survey and facilitate learning regarding actions for improvements to patient care.	ONGOING
		2. National Communication Programme cohort of staff trained on each site.	EMBEDDED
		3. Learning from any QI developed in a site is shared via the HG QI programme.	EMBEDDED

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ADMISSION TO HOSPITAL 	PATIENT EXPERIENCE: Improve waiting times and patient experience of the Emergency Department.	1. Communication to our patients in the Emergency Department (ED) will be a focus for QI. A complaints reflection round in Our Lady of Lourdes (OLOL) has already yielded positive results. PALS will host communication workshops based on a similar framework with ED clinical staff.	Q2 / Q3 2022
		2. Emergency Department Performance and Patient Flow processes are key areas of focus and monitored and improved consistently. Performance measurement is published monthly on the HG website: https://rcsihospitals.ie/key-performance-indicators .	EMBEDDED
CARE ON THE WARD 	NUTRITION: Improve hospital food and nutrition.	1. Introduction a new two week menu cycle to improve the choices to patients & offer more nutrition as per the nutrition & hydration policy.	ONGOING
		2. Focused patient meal surveys & continuous inspections re food quality & presentation.	ONGOING
	WRITTEN COMMUNICATION: Improve information provided to patients	3. Significant work has already been completed on a patient information booklet. This will be distributed to all patients on admission with information about patient discharge planning & going home. Its content will be reviewed to include information about medication side effects & danger signals to watch out for. Patient information leaflets pertaining to an individual's medical condition will be placed in the back of the booklet.	ONGOING
QUALITY IMPROVEMENT PROGRAMMES: Improve patient experience on the ward.	1. 3 programmes with associated metrics published monthly on the HG website: https://rcsihospitals.ie/key-performance-indicators . <ul style="list-style-type: none"> • active HG led QI programme on reducing Patient Falls • active HG led Forum on pressure ulcer prevention active HG programme on Managing the Deteriorating Patient & Managing Sepsis. 	EMBEDDED	
DISCHARGE OR TRANSFER 	VISUAL COMMUNICATION	1. "Before Going Home" project created a patient discharge information graphic which will be repurposed as an information poster to be displayed on all wards.	Q3 2022

PATIENT EXPERIENCE	RAISING AWARENESS	1. National Communication Programme cohort of staff trained on each site.	EMBEDDED
		2. Learning from any QI developed in a site is shared via the HG QI programme.	EMBEDDED

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

The National Inpatient Survey provides valuable and insightful information from our patient's perspective into the quality, care and services provided to them across our Hospital Group. It is a key driver of our quality improvement initiatives across all of our services.

I am delighted that our Hospitals have achieved good results overall and encouraged by the positive comments from our patients relating to the kindness and compassion shown to them by our staff. There are however, a number of areas that patients were not satisfied. One such area relates to the information being provided to them and their families on medication side effects and danger signals to watch out for when they are being discharged from Hospital. In response to this, our Hospitals will focus on improving medication-related information on discharge. This and other areas will be addressed through Quality Improvement Plans to improve the overall experience of care for our patients.

I would like to express my thanks and gratitude to the patients, who took the time to complete the survey and give their views and opinions. They have faced great challenges during the COVID-19 pandemic. I am fully committed to working in partnership with our patients in the Mid-West to improve the quality and care they receive in our Hospitals. I would like to assure them that I have heard them and will work proactively with our staff to continue improving the quality of the services we deliver.

Finally, I would like to thank the staff who have encouraged our patients to participate in the survey and promoted it throughout our acute Hospitals. They have shown the drive and commitment to making continued quality improvements for our patients, despite the immense challenges they faced due to the COVID-19 pandemic.

Professor Colette Cowan
Chief Executive Officer, UL Hospitals Group
21st April 2022

WHAT PATIENTS SAID TO US

LISTENING RESPONDING& IMPROVING



ADMISSION TO HOSPITAL 	PATIENT EXPERIENCE: Improve waiting times and patient experience of the Emergency Department.	1. Hospital Patient information booklet developed and given to all patients on admission.	EMBEDDED
CARE ON THE WARD 	NUTRITION: Improve hospital food and nutrition for patients.	1. Improved menus, missed meal policy, protected mealtimes, Extra snacks available for evening teas.	EMBEDDED
	2. Meal times have improved- breakfast and lunch every day for all patients.	EMBEDDED	
	3. Improved food choices - fruit, yoghurt, hot chocolate, rice and jelly pots available for patients on the evening tea round.	EMBEDDED	
	4. Improving replacement meals is a priority area for the hospital.	NEW	
	COMMUNICATION Improve communication with patients and families.	1. Improving communication between doctors and the family of patients is a priority area for the hospital.	NEW
		2. Continue to roll out and support 'Hello my Name is' and Values in action is also being promoted.	ONGOING
		3. Continue the roll out of the communication strategy training module 1 to support improved communication.	ONGOING
		4. Continue to provide interpreters to support decision making and consent.	ONGOING
		5. A training session on the newly launched consent policy will be provided	ONGOING
		6. Dedicated pathways were developed for patients accessing services during COVID-19 across the system to maintain access to services.	EMBEDDED
		7. A dedicated PALS manager is assigned to all category 1&2 incidents to support patients and families. PALS resources are actively supporting patients to ensure that the patient is at the centre of the decision-making process. The person's views are sought and listened to and meetings arranged as required.	ONGOING

WHAT PATIENTS SAID TO US

LISTENING RESPONDING& IMPROVING



CARE ON THE WARD		8. As a hospital group ULHG have taken a number of steps to improve the complaints management process and the support we provide to complainants. Additional staff have been recruited to the Hospitals Group Patient Advocacy Liaison Service (PALS), and staff from that service have for the first time been specifically assigned to the Emergency Department. We are in the process of recruiting a dedicated complaints manager for the group.	ONGOING
		9. An additional 5 PALs resources have been recruited throughout the pandemic to support patients and families who actively contact doctors for inpatients to provided update to families and loved ones.	EMBEDDED
		10. Additional admin resources recruited to ensure that the phone was being answered on wards so the families could make contact and receive an update.	EMBEDDED
		11. Implementation of "Time out": Providing Clinical or Nursing updates to support our patients and their families during COVID-19 visiting restrictions. This guideline applies to all professional healthcare personnel involved in updating patients and their families on their progress in ULHG.	ONGOING
EXAMINATION DIAGNOSIS & TREATMENT 	COMMUNICATION Improve healthcare staff communication skills.	1. PALS managers completed the 1 day course for the Module 1 of the train the trainer National Healthcare Communication Programme which was delivered on site by the National Leads	EMBEDDED
		2. Draft implementation plan for the role out of Module 1 has been developed post COVID-19 pandemic and is currently being reviewed.	ONGOING
		3. Within the Maternal and Child Health Directorate roll out of Module 1 of the National Healthcare Communication Programme continues.	ONGOING
		4. 8 staff members have been trained to be facilitators. 215 multidisciplinary staff have attended Module 1.	EMBEDDED
		5. Train the trainer facilitators for modules 2 has been completed by 2 staff and module 2 "core consultation skills" will commence the end February 2022.	ONGOING

DISCHARGE OR TRANSFER 	COMMUNICATION: Provide more information to patients and their families on discharge.	1. July 2021 - Poster developed and rolled out across the group outlining that Discharge Advice is everyone's responsibility.	EMBEDDED
		2. Medication Safety Learning notices & Medication Awareness Programme 'Know, Check, Ask' rolled out.	EMBEDDED
		3. Promotion of 'Making Every Contact Count' training programme now available online for nursing staff to improve patient education and health information.	ONGOING
		4. Improving information given to patient /their family to help care for patients at home is a priority area for the hospital.	NEW
PATIENT EXPERIENCE	DIGNITY & RESPECT AND PRIVACY: Improving and sustaining patient Experience.	1. New theatre suite and 24 single rooms in the Mague Ward developed.	EMBEDDED
		2. Outsourcing of work where possible with the support of the various funding streams is being utilised to ensure maximum access to services for our patients across the Midwest i.e. NTPF.	ONGOING
		3. A dedicated resource to support the implementation of the HIQA standards has been recruited. A structured process has been implemented to ensure documentation and evidence of compliance to the standards has been introduced.	EMBEDDED
		4. We have established a Patient Experience Steering Committee across UL Hospitals and are in the process of setting up subgroups on all sites. The focus of these subgroups will be to learn from the complaints and inpatient feedback and implement recommendations to improve the patient's experience of our service.	EMBEDDED
		5. We are actively working on the findings from the National Inpatient Experience Survey completed by HIQA in 2021 and are preparing for the 2022 survey in May of this year. Our staff will continue to encourage and be available to assist any patients dissatisfied by their experience in our hospitals to make an official complaint in confidence via Your Service Your Say.	ONGOING

WHAT PATIENTS SAID TO US

LISTENING RESPONDING & IMPROVING



CARE ON THE WARD 	NUTRITION: Improve hospital food and nutrition.	1. All day menu was introduced for patients who missed a meal.	EMBEDDED
		2. Catering services were increased with a milk pudding round introduced in the afternoon.	EMBEDDED
		3. Patients identified as requiring assistance with eating have a red check tray cloth as a visual indicator.	EMBEDDED
	COMMUNICATION Improve communication with patients and families.	1. Plan to provide more opportunities to talk to a doctor.	NEW
		2. Continue to roll out and support 'Hello my Name is' and Values in action is also being promoted.	ONGOING
		3. The roll out of the communication strategy training module 1 will further support healthcare communication.	ONGOING
		4. Continue to provide interpreters to support decision making and consent.	ONGOING
		5. Will be providing a training session on the newly launched consent policy.	ONGOING
		6. Dedicated pathways were developed for patients accessing services during COVID-19 across the system to maintain access to services.	EMBEDDED
		7. A dedicated PALS manager is assigned to all category 1&2 incidents to support patients and families. PALS resources are actively supporting patients to ensure that the patient is at the centre of the decision-making process. The person's views are sought and listened to and meetings arranged as required.	ONGOING
8. As a hospital group ULHG have taken a number of steps to improve the complaints management process and the support we provide to complainants. Additional staff have been recruited to the Hospitals Group Patient Advocacy Liaison Service (PALS), and staff from that service have for the first time been specifically assigned to the Emergency Department. We are in the process of recruiting a dedicated complaints manager for the group.	EMBEDDED		
9. An additional 5 PALs resources have been recruited throughout the pandemic to support patients and families who actively contact doctors for inpatients to provided update to families and loved ones.	EMBEDDED		

WHAT PATIENTS SAID TO US

LISTENING RESPONDING & IMPROVING



CARE ON THE WARD		10. Additional admin resources recruited to ensure that the phone was being answered on wards so the families could make contact and receive an update.	ONGOING
		11. Implementation of "Time out": Providing Clinical or Nursing updates to support our patients and their families during COVID-19 visiting restrictions. This guideline applies to all professional healthcare personnel involved in updating patients and their families on their progress in ULHG.	ONGOING

EXAMINATION DIAGNOSIS & TREATMENT 	COMMUNICATION Improve healthcare staff communication skills.	1. PALS managers completed the 1 day course for the Module 1 of the train the trainer National Healthcare Communication Programme which was delivered on site by the National Leads	EMBEDDED
		2. Draft implementation plan for the role out of Module 1 has been developed post COVID-19 pandemic and is currently being reviewed.	ONGOING
		3. Within the Maternal and Child Health Directorate roll out of Module 1 of the National Healthcare Communication Programme continues.	ONGOING
		4. 8 staff members have been trained to be facilitators. 215 multidisciplinary staff have attended Module 1.	EMBEDDED
		5. Train the trainer facilitators for modules 2 has been completed by 2 staff and module 2 "core consultation skills" will commence the end February 2022.	ONGOING

DISCHARGE OR TRANSFER 	COMMUNICATION: Provide more information to patients and their families on discharge.	1. July 2021 - Poster developed and rolled out across the group that Discharge Advice is everyone's responsibility.	EMBEDDED
		2. Medication Safety Learning notices & Medication Awareness Programme 'Know, Check, Ask' rolled out.	EMBEDDED
		3. Promotion of 'Making Every Contact Count' training programme now available online for nursing staff to improve patient education and health information.	ONGOING
		4. Plan to improve information provided to patients/family in relation to discharge medication/prescription.	NEW
		5. Plan to improve information provided to patient/their family to help care for patients at home.	NEW

WHAT PATIENTS SAID TO US

LISTENING RESPONDING & IMPROVING



PATIENT EXPERIENCE	DIGNITY & RESPECT AND PRIVACY: Improving and sustaining patient experience.	1. Outsourcing of work where possible with the support of the various funding streams is being utilised to ensure maximum access to services for our patients across the Midwest i.e. NTPF.	ONGOING
		2. A dedicated resource to support the implementation of the HIQA standards has been recruited. A structured process has been implemented to ensure documentation and evidence of compliance to the standards has been introduced.	EMBEDDED
		3. We have established a Patient Experience Steering Committee across UL Hospitals and are in the process of setting up subgroups on all sites. The focus of these subgroups will be to learn from the complaints and inpatient feedback and implement recommendations to improve the patient's experience of our service.	EMBEDDED
		4. We are actively working on the findings from the National Inpatient Experience Survey completed by HIQA in 2021 and are preparing for the 2022 survey in May of this year. Our staff will continue to encourage and be available to assist any patients dissatisfied by their experience in our hospitals to make an official complaint in confidence via Your Service Your Say.	ONGOING

<p>CARE ON THE WARD</p> 	<p>NUTRITION: Improve hospital food and nutrition for patients.</p>	<p>1. Full compliance with mealtimes and snack rounds in line with national policy.</p>	EMBEDDED
		<p>2. 3 meals, 3 snack rounds per day & hydration rounds in place</p>	EMBEDDED
	<p>COMMUNICATION Improve communication with patients and families.</p>	<p>1. Continue to roll out and support 'Hello my Name is' and Values in action is also being promoted.</p>	ONGOING
		<p>2. The roll out of the communication strategy training module 1 will further support healthcare communication.</p>	ONGOING
		<p>3. Continue to provide interpreters to support decision making and consent.</p>	ONGOING
		<p>4. Will be providing a training session on the newly launched consent policy.</p>	ONGOING
		<p>5. Dedicated pathways were developed for patients accessing services during COVID-19 across the system to maintain access to services.</p>	EMBEDDED
		<p>6. A dedicated PALS manager is assigned to all category 1&2 incidents to support patients and families. PALS resources are actively supporting patients to ensure that the patient is at the centre of the decision-making process. The person's views are sought and listened to and meetings arranged as required.</p>	ONGOING
		<p>7. As a hospital group ULHG have taken a number of steps to improve the complaints management process and the support we provide to complainants. Additional staff have been recruited to the Hospitals Group Patient Advocacy Liaison Service (PALS), and staff from that service have for the first time been specifically assigned to the Emergency Department. We are in the process of recruiting a dedicated complaints manager for the group.</p>	ONGOING
		<p>8. An additional 5 PALs resources have been recruited throughout the pandemic to support patients and families who actively contact doctors for inpatients to provided update to families and loved ones.</p>	EMBEDDED
<p>9. Additional admin resources recruited to ensure that the phone was being answered on wards so the families could make contact and receive an update.</p>	EMBEDDED		
<p>10. Implementation of "Time out": Providing Clinical or Nursing updates to support our patients and their families during COVID-19 visiting restrictions. This guideline applies to all professional healthcare personnel involved in updating patients and their families on their progress in ULHG.</p>	ONGOING		

<p>EXAMINATION DIAGNOSIS & TREATMENT</p> 	<p>COMMUNICATION Improve healthcare staff communication skills.</p>	<p>1. PALS managers completed the 1 day course for the Module 1 of the train the trainer National Healthcare Communication Programme which was delivered on site by the National Leads</p>	EMBEDDED
		<p>2. Draft implementation plan for the role out of Module 1 has been developed post COVID-19 pandemic and is currently being reviewed.</p>	ONGOING
		<p>3. Within the Maternal and Child Health Directorate roll out of Module 1 of the National Healthcare Communication Programme continues.</p>	ONGOING
		<p>4. 8 staff members have been trained to be facilitators. 215 multidisciplinary staff have attended Module 1.</p>	EMBEDDED
		<p>5. Train the trainer facilitators for modules 2 has been completed by 2 staff and module 2 “core consultation skills” will commence the end February 2022.</p>	ONGOING
<p>DISCHARGE OR TRANSFER</p> 	<p>COMMUNICATION Improving access and delivery of written information about going home from hospital for patients.</p>	<p>1. Plan to provide further education to patients in relation to medication side effects to watch for upon discharge.</p>	NEW
		<p>2. Plan to improve discharges for patients - ensuring to educate patients on danger signals to watch out for at home.</p>	NEW
		<p>3. Plan to improve hand-out written or printed information for patients in relation to what patients should/should not do after leaving hospital.</p>	NEW
		<p>4. July 2021 - Poster developed and rolled out across the group that Discharge Advice is everyone’s responsibility.</p>	EMBEDDED
		<p>5. Medication Safety Learning notices & Medication Awareness Programme ‘Know, Check, Ask’ rolled out.</p>	EMBEDDED
		<p>6. Promotion of ‘Making Every Contact Count’ training programme now available online for nursing staff to improve patient education and health information.</p>	ONGOING

PATIENT EXPERIENCE	DIGNITY & RESPECT AND PRIVACY: Improving and sustaining patient experience.	1. Response to COVID-19 included development of a dedicated COVID-19 pathway with 3 single isolation rooms in our MAU, including a specific parking bay outside the main door to allow patients to wait for their appointment.	EMBEDDED
		2. Appointment slots for the Medical Assessment Unit have also increased in response to demand for this 7 day medical assessment service.	EMBEDDED
		3. Virtual visiting and window visiting to support our patients when visiting restrictions were introduced due to the pandemic.	EMBEDDED
		4. A dedicated Drop off point at main reception for patient's belongings was organised.	EMBEDDED
		5. Staff were redeployed from our hospital to other areas including PALS to support our patients.	EMBEDDED
		6. A new Outpatients department with 15 individual consultation rooms opened in 2021 which also incorporates the Cardiac Rehabilitation Unit and Respiratory team which have a highly effective admission avoidance initiative in place.	EMBEDDED
		7. Outsourcing of work where possible with the support of the various funding streams is being utilised to ensure maximum access to services for our patients across the Midwest i.e. NTPF.	ONGOING
		8. A dedicated resource to support the implementation of the HIQA standards has been recruited. A structured process has been implemented to ensure documentation and evidence of compliance to the standards has been introduced.	EMBEDDED
		9. We have established a Patient Experience Steering Committee across UL Hospitals and are in the process of setting up subgroups on all sites. The focus of these subgroups will be to learn from the complaints and inpatient feedback and implement recommendations to improve the patient's experience of our service.	EMBEDDED
		10. We are actively working on the findings from the National Inpatient Experience Survey completed by HIQA in 2021 and are preparing for the 2022 survey in May of this year. Our staff will continue to encourage and be available to assist any patients dissatisfied by their experience in our hospitals to make an official complaint in confidence via Your Service Your Say.	ONGOING

<p>ADMISSION TO HOSPITAL</p> 	<p>PATIENT EXPERIENCE: Improve waiting times and patient experience of the Emergency Department.</p>	<ol style="list-style-type: none"> 1. Hospital Patient information booklet developed and given to all patients on admission 	<p>EMBEDDED</p>
<p>CARE ON THE WAR</p> 	<p>NUTRITION: Improve hospital food and nutrition for patients.</p>	<ol style="list-style-type: none"> 1. Full compliance with mealtimes and snack rounds in line with national policy. 	<p>EMBEDDED</p>
	<ol style="list-style-type: none"> 2. 3 meals, 3 snack rounds per day & hydration rounds in place. 	<p>EMBEDDED</p>	
	<ol style="list-style-type: none"> 3. Oct. 21 New referral system commenced for the referral of patients to dietetic outpatient services in Nenagh. 	<p>EMBEDDED</p>	
	<ol style="list-style-type: none"> 4. Rolled out new ONS/ enteral feed stock ordering system in Nenagh Hospital. 	<p>EMBEDDED</p>	
	<ol style="list-style-type: none"> 5. Plan to improve Nutrition and Hydration information leaflet for all patients admitted to Hospital 	<p>NEW</p>	
	<p>COMMUNICATION Improve communication with patients and families.</p>	<ol style="list-style-type: none"> 1. Continue to roll out and support 'Hello my Name is' and Values in action is also being promoted. 	<p>ONGOING</p>
		<ol style="list-style-type: none"> 2. The roll out of the communication strategy training module 1 will further support this. 	<p>ONGOING</p>
		<ol style="list-style-type: none"> 3. Continue to provide interpreters to support decision making and consent. 	<p>ONGOING</p>
		<ol style="list-style-type: none"> 4. Will be providing a training session on the newly launched consent policy. 	<p>ONGOING</p>
		<ol style="list-style-type: none"> 5. Dedicated pathways were developed for patients accessing services during COVID-19 across the system to maintain access to services. 	<p>EMBEDDED</p>
		<ol style="list-style-type: none"> 6. A dedicated PALS manager is assigned to all category 1&2 incidents to support patients and families. PALS resources are actively supporting patients to ensure that the patient is at the centre of the decision-making process. The person's views are sought and listened to and meetings arranged as required. 	<p>ONGOING</p>

CARE ON THE WARD D		<p>7. As a hospital group ULHG have taken a number of steps to improve the complaints management process and the support we provide to complainants. Additional staff have been recruited to the Hospitals Group Patient Advocacy Liaison Service (PALS), and staff from that service have for the first time been specifically assigned to the Emergency Department. We are in the process of recruiting a dedicated complaints manager for the group.</p>	ONGOING
		<p>8. An additional 5 PALs resources have been recruited throughout the pandemic to support patients and families who actively contact doctors for inpatients to provided update to families and loved ones.</p>	EMBEDDED
		<p>9. Additional admin resources recruited to ensure that the phone was being answered on wards so the families could make contact and receive an update.</p>	EMBEDDED
		<p>10. Implementation of “Time out”: Providing Clinical or Nursing updates to support our patients and their families during COVID-19 visiting restrictions. This guideline applies to all professional healthcare personnel involved in updating patients and their families on their progress in ULHG.</p>	ONGOING
EXAMINATION DIAGNOSIS & TREATMENT 	COMMUNICATION Improve healthcare staff communication skills.	<p>1. PALS managers completed the 1 day course for the Module 1 of the train the trainer National Healthcare Communication Programme which was delivered on site by the National Leads</p>	EMBEDDED
		<p>2. Draft implementation plan for the role out of Module 1 has been developed post COVID-19 pandemic and is currently being reviewed.</p>	ONGOING
		<p>3. Within the Maternal and Child Health Directorate roll out of Module 1 of the National Healthcare Communication Programme continues.</p>	ONGOING
		<p>4. 8 staff members have been trained to be facilitators. 215 multidisciplinary staff have attended Module 1.</p>	EMBEDDED
		<p>5. Train the trainer facilitators for modules 2 has been completed by 2 staff and module 2 “core consultation skills” will commence the end February 2022.</p>	ONGOING

<p>DISCHARGE OR TRANSFER</p> 	<p>COMMUNICATION Improving access and delivery of written information about going home from hospital for patients.</p>	<p>1. Plan to improve discharge planning – simple discharges will have a pre discharge discussion with patient flow manager - have they spoken to their consultant, knowledge of medications and side effects.</p>	NEW
		<p>2. Plan to improve information on medications for patients on discharge – agenda item on Medication Safety Committee.</p>	NEW
		<p>3. July 2021 - Poster developed and rolled out across the group that Discharge Advice is everyone’s responsibility.</p>	EMBEDDED
		<p>4. Medication Safety Learning notices & Medication Awareness Programme ‘Know, Check, Ask’ rolled out.</p>	EMBEDDED
		<p>5. Promotion of ‘Making Every Contact Count’ training programme now available online for nursing staff to improve patient education and health information.</p>	ONGOING

PATIENT EXPERIENCE	DIGNITY & RESPECT AND PRIVACY: Improving and sustaining patient experience.	1. Compassionate visiting facilitated during the height of visiting restrictions’.	EMBEDDED
		2. Window visiting facilitated to loved ones in isolation.	EMBEDDED
		3. Celebration of birthdays with video calls to relatives.	EMBEDDED
		4. Call facilitated for those with no phone or unable to make calls.	EMBEDDED
		5. Drop off point to facilitate relatives to drop off belongings and collect washing etc.	EMBEDDED
		6. Ward medical 1 fully renovated since the last survey to provide 16 single ensuite rooms	EMBEDDED
		7. Outsourcing of work where possible with the support of the various funding streams is being utilised to ensure maximum access to services for our patients across the Midwest i.e. NTPF.	ONGOING
		8. A dedicated resource to support the implementation of the HIQA standards has been recruited. A structured process has been implemented to ensure documentation and evidence of compliance to the standards has been introduced.	EMBEDDED
		9. We have established a Patient Experience Steering Committee across UL Hospitals and are in the process of setting up subgroups on all sites. The focus of these subgroups will be to learn from the complaints and inpatient feedback and implement recommendations to improve the patient’s experience of our service.	EMBEDDED
		10. We are actively working on the findings from the National Inpatient Experience Survey completed by HIQA in 2021 and are preparing for the 2022 survey in May of this year. Our staff will continue to encourage and be available to assist any patients dissatisfied by their experience in our hospitals to make an official complaint in confidence via Your Service Your Say.	ONGOING

CARE ON THE WARD 	NUTRITION: Improve hospital food and nutrition for patients.	1. Improved menus, missed meal policy, protected mealtimes in place	EMBEDDED
		2. Hospital using plated meals for all wards.	EMBEDDED
		3. The main kitchen is currently undergoing renovations works which will support more choice for inpatients.	ONGOING
		4. Provision of hot meals for admitted patients in the Emergency Department in place.	EMBEDDED
		5. Additional snack and hydration rounds have been introduced in ED.	EMBEDDED
		6. The hydration and nutrition policy has been reviewed.	EMBEDDED
		7. Video, SOP and administration record for new enteral feeding and oral nutritional supplements administration record approved by CDONMUL and Diagnostics Directorate General Manager.	EMBEDDED
		8. March/ April 2020 - Launched a video for GDM patients to replace virtual group education sessions.	EMBEDDED
		9. April 2021- Developed a patient information leaflet for patients commencing chemotherapy in the day ward which is given to them as part of their starter pack due to the current restrictions on group education.	EMBEDDED
		10. Oct 21 New process commenced for the seamless transfer of patients from UHL to Nenagh General / Ennis General Hospital Dietitians.	EMBEDDED
		11. A leaflet on nutrition and hydration has been developed by the dietetics department which is compliant with health literacy and plain English guidelines. Patient rep. on the Nutrition Hydration Steering committee reviewed same. To be included in the pack placed on the patients lockers after cleaning the bed.	EMBEDDED
	COMMUNICATION Improve communication with patients and families.	1. Focus on Communication Methods using virtual technology .	ONGOING
		2. Virtual Calls for family members facilitated by the PALs team enabling families to stay connected with their loved ones throughout the pandemic in particular those patients who were critically unwell due to COVID-19.	ONGOING
		3. "Time out " collaborative clinical and nursing update initiative has been trialled	ONGOING

WHAT PATIENTS SAID TO US

LISTENING RESPONDING& IMPROVING



CARE ON THE WARD	4. Continue to roll out and support 'Hello my Name is' and Values in action is also being promoted.	ONGOING
	5. The roll out of the communication strategy training module 1 will further support this.	ONGOING
	6. Continue to provide interpreters to support decision making and consent.	ONGOING
	7. Will be providing a training session on the newly launched consent policy.	ONGOING
	8. Dedicated pathways were developed for patients accessing services during COVID-19 across the system to maintain access to services.	EMBEDDED
	9. A dedicated PALS manager is assigned to all category 1&2 incidents to support patients and families. PALS resources are actively supporting patients to ensure that the patient is at the centre of the decision-making process. The person's views are sought and listened to and meetings arranged as required.	ONGOING
	10. As a hospital group, ULHG have taken a number of steps to improve the complaints management process and the support we provide to complainants. Additional staff have been recruited to the Hospitals Group Patient Advocacy Liaison Service (PALS), and staff from that service have for the first time been specifically assigned to the Emergency Department. ULHG are in the process of recruiting a dedicated complaints manager for the group.	ONGOING
	11. An additional 5 PALs resources have been recruited throughout the pandemic to support patients and families who actively contact doctors for inpatients to provided update to families and loved ones.	EMBEDDED
	12. Additional admin resources recruited to ensure that the phone was being answered on wards so the families could make contact and receive an update.	EMBEDDED
	13. Implementation of "Time out": Providing Clinical or Nursing updates to support our patients and their families during COVID-19 visiting restrictions. This guideline applies to all professional healthcare personnel involved in updating patients and their families on their progress in ULHG.	ONGOING

WHAT PATIENTS SAID TO US

LISTENING RESPONDING& IMPROVING



EXAMINATION DIAGNOSIS & TREATMENT 	COMMUNICATION Improve healthcare staff communication skills.	1. PALS managers completed the 1 day course for the Module 1 of the train the trainer National Healthcare Communication Programme which was delivered on site by the National Leads	EMBEDDED
		2. Draft implementation plan for the role out of Module 1 has been developed post COVID-19 pandemic and is currently being reviewed.	ONGOING
		3. Within the Maternal and Child Health Directorate roll out of Module 1 of the National Healthcare Communication Programme continues.	ONGOING
		4. 8 staff members have been trained to be facilitators. 215 multidisciplinary staff have attended Module 1.	EMBEDDED
		5. Train the trainer facilitators for modules 2 has been completed by 2 staff and module 2 “core consultation skills” will commence the end February 2022.	ONGOING
DISCHARGE OR TRANSFER 	COMMUNICATION Improving access and delivery of written information about going home from hospital for patients.	1. Plan to improve discharge process and ensure a member of staff informs patients about medication side effects to watch for at home.	NEW
		2. Plan to provide education in relation to danger signals that patients need to be alert to after discharge from hospital.	NEW
		3. Plan to improve information provided to patients/ their family to help care for them at home.	NEW
		4. July 2021 - Poster developed and rolled out across the group that Discharge Advice is everyone’s responsibility.	EMBEDDED
		5. Medication Safety Learning notices & Medication Awareness Programme ‘Know, Check, Ask’ rolled out.	EMBEDDED
		6. Promotion of ‘Making Every Contact Count’ training programme now available online for nursing staff to improve patient education and health information.	ONGOING

PATIENT EXPERIENCE	DIGNITY & RESPECT AND PRIVACY: Improving and sustaining patient experience.		
		1. You said, we did poster campaign led by each directorate across all wards. Patient booklet has been developed and is provided to patients on admission.	EMBEDDED
		2. Infrastructure – opening of the 60 bed block which is all single plus the brand new haemoncology unit with 24 single rooms,	EMBEDDED
		3. Dedicated pathways were developed for patients accessing services during COVID-19 across the system.	EMBEDDED
		4. Introduced Visitor Drop off points at main reception, Virtual shop by phone, text or WhatsApp, standing orders daily. Virtual outpatient clinics, access to interpreter services, teleconferencing for family meetings, virtual clinic appointment for our inpatients with other hospitals, physiotherapy led exercises initiative using hospital chapel camera. Patient's Council has moved to a virtual platform.	EMBEDDED
		5. Volunteers have been reintroduced and new recruitment campaign completed. Recruitment of 5 new PALs staff to support patients and their loved ones across the group.	EMBEDDED
		6. A visiting app has been developed to enable families and loved ones to book visiting.	EMBEDDED
		7. Compassionate visiting facilitated during the height of visiting restrictions.	EMBEDDED
		8. Outsourcing of work where possible with the support of the various funding streams is being utilised to ensure maximum access to services for our patients across the Midwest i.e. NTPF.	ONGOING
		9. A dedicated resource to support the implementation of the HIQA standards has been recruited. A structured process has been implemented to ensure documentation and evidence of compliance to the standards has been introduced.	EMBEDDED
		10. We have established a Patient Experience Steering Committee across UL Hospitals and are in the process of setting up subgroups on all sites. The focus of these subgroups will be to learn from the complaints and inpatient feedback and implement recommendations to improve the patient's experience of our service.	EMBEDDED
		11. We are actively working on the findings from the National Inpatient Experience Survey completed by HIQA in 2021 and are preparing for the 2022 survey in May of this year. Our staff will continue to encourage and be available to assist any patients dissatisfied by their experience in our hospitals to make an official complaint in confidence via Your Service Your Say.	ONGOING

South/South West Hospital Group



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

On behalf of the South/South West Hospital Group (S/SWHG) I would like to sincerely thank all patients across our hospitals who participated in this year's National Inpatient Experience Survey. The survey provides us with an important opportunity to review our services from the patient perspective, therefore providing valuable insights into the experience of our care. The 2021 survey was particularly important as it allowed us to capture patient experiences of care during the COVID-19 pandemic.

Despite the survey taking place during an extremely challenging period for the health service, five of our hospitals had over 90% of patients rate their overall experience as 'good' or 'very good'. I commend the work by managers and staff to achieve these positive ratings and I would like to take this opportunity to acknowledge and commend their daily hard work with patients and their ongoing dedication to continuously improving the services in our hospitals.

As in previous years, the Group continues to work with hospital management and key personnel to develop improvement programmes based on the feedback from the National Inpatient Experience Survey. I am delighted that the survey analysis has shown that the S/SWHG continues to achieve high scores in key areas including admissions, care on the ward and examinations, diagnosis and treatment.

The S/SWHG recognises the opportunity that the survey offers us to strengthen our position in improving the experience of our patients. We will continue to develop the relationships between our hospitals, patients, carers and the public, working together to improve our care and the experience of our patients. One of our strategic goals remains to develop, support and progress a patient & public participation model for S/SWHG to guide and inform our quality improvement agenda.

As CEO of S/SWHG I remain fully committed to improving our patients' 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 hospital improvement plans. I would like to especially thank you, the patients, who provided your input to the survey. Your contribution continues to be invaluable and will be used to bring about improvements to our health service.

Mr. Gerry O'Dwyer
Chief Executive Officer, South/South West Hospital Group
20th April 2022



ADMISSION TO HOSPITAL 	PATIENT EXPERIENCE: Improve patient experience of medical assessment unit.	1. Continuous Improvement is a priority of the Medical Assessment Unit, all members of the MAU team are working together on quality improvements designed to improve the patient experience of MAU. Feedback from the national Patient Experience Survey will help inform quality improvement measures for the MAU such as the importance of communication and privacy.	2019-2020 ONGOING
		2. The team of staff in the medical assessment unit will continue to look at and respond to the feedback from the national patient experience survey.	2022
		3. Our staff in the Medical assessment Unit have a system to make sure that a patient who becomes suddenly unwell is reviewed quickly by a doctor. This is called the National Early Warning Score.	EMBEDDED
CARE ON THE WARD 	NUTRITION: Improve hospital food and nutrition.	1. Patients admitted to BGH are assessed for risk of malnutrition within 24-hours. The MST screening tool was put in place in 2018 and practices are regularly audited to ensure compliance.	EMBEDDED
		2. The hospital nutrition group review the findings of the patient survey and make improvements to hospital food based on what patients say matter to them.	2022
		3. Along with the National Patient Experience Survey, BGH carries out an annual Patient Satisfaction Survey of food services. The results from both inform our quality improvement of the area.	ONGOING
		4. While our patients provided very positive feedback about the food and catering they received while on the ward in Bantry General Hospital, the hospital continues to build on this. Our clinical dieticians in conjunction with catering, nursing and speech and language therapists have developed a Nutrition Plan. This involves bringing in all the elements of the national policy relating to Food, Nutrition and Hydration. One of the things we do is that we ensure that patients can have their meals in a quiet environment, undisturbed by medical staff or visitors. This is protected meal times. We also provide specialist therapeutic diets to patients who need very specific types of nutrition and our dietetics department make sure that these diets are suitable and agreeable to the patient.	ONGOING

EXAMINATION DIAGNOSIS & TREATMENT 	COMMUNICATION: Increasing awareness in relation to support available to patients who want to speak to someone about their worries and concerns.	PRIORITY PROJECT <ol style="list-style-type: none"> 1. Bantry General Hospital management notes that our patients highlighted the need to improve how our staff communicate with service users. Therefore, we will continue a communication programme for staff which involves multiple elements all described below. Our aim is to meet the information needs of patients in a way they can easily understand 2. Patient feedback or comment cards are in place on all wards, inviting patients to give feedback about their experience. The feedback provided by patients is reviewed by the hospital's patient forum group and used to improve services on a real-time manner. 	ONGOING
	COMMUNICATION: Improve health information for patients.	PRIORITY PROJECT <ol style="list-style-type: none"> 1. Patient information leaflets developed which includes advice for patients post discharge and focuses on medication developed in early 2021. 2. Clinical handover processes for medical teams being rolled out. Safety Pauses in MAU introduced 2022 and will continue to be rolled out across the hospital. 3. Share and promoting best practice guidance and building awareness amongst staff in relation to effective handover communication, including communication to patients before and after procedures. 4. Open Disclosure Training rolled out and ongoing for all staff. 5. Refocus on the #Hello my name is for all staffThe '#Hello, my name is...' campaign which is a person-centred approach to interactions between staff and service-users continues to be promoted across the hospital. This campaign encourages all staff to open their conversations with service-users and their families by saying "Hello, my name is..." 	PRIORITY PROJECT <ol style="list-style-type: none"> 6. The Hospital is using the communication tool called ISBAR which is recommended in the National Clinical Handover Guidelines. This ensures that all relevant clinical information is passed over from healthcare staff when a service-user's care is being transferred from one ward to another or one clinical team to another. Audit and review of this practice will continue in 2022.

EXAMINATION DIAGNOSIS & TREATMENT	COMMUNICATION: Training to improve communication skills and effective ward round communication.	7. The continued roll out the “Open Disclosure” program in 2022. This program is about how healthcare professionals communicate to service users when things go wrong. Training was initially rolled out in the hospital in 2018, however training was paused in 2020.	ONGOING
		8. The hospital is committed to Improving the process of communication between our patients and staff during ward rounds. The hospitals Quality and Patient safety committee will focus on this improvement.	Q4 2022 / 2023
DISCHARGE OR TRANSFER 	COMMUNICATION: Provide more information to patients at discharge.	1. The Careful Nursing Project is fully implemented in BGH, this involves a person centered care plan approach to all aspects of a patient’s admission and discharge. Discharge information section was amended annually since 2018 to reflect the feedback from the National Inpatient experience Survey, and improve the overall discharge process. This is audited and reviewed bi annually.	EMBEDDED
		2. Stroke/support self-management group. Supporting self-management is in keeping with the standards for person centred care and support.	EMBEDDED
	COMMUNICATION: Letting patients know who to contact if something goes wrong.	3. Patient discharge information leaflet developed with a focus on medication information and will include contact details if something goes wrong. This is being reviewed to reflect the feedback from the National Inpatient Experience Survey 2021.	Q4 2022 / 2023
		4. Bantry general hospital is committed to improving the patient experience and will work diligently with all staff to improve communication with patients at all phases of the patient journey.	ONGOING
	COMMUNICATION: Providing information on medication side effects.	5. The hospitals Senior 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.	EMBEDDED
		6. Promotion of the ‘Know your Meds’ information leaflet to advice patients and families regarding their medications on discharge.	
	COMMUNICATION: Improving the overall discharge planning process.	7. BGH will continue to work with patients and families to improve the discharge process from hospital. The hospitals Patient forum Committee have developed a revised patient feedback leaflet which are available in a number of patient waiting areas throughout the hospital. This will provide valuable feedback throughout the year.	2022 - 2023

ADMISSION TO HOSPITAL



WAITING TIMES IN ED: reduce time to admission and improve patient experience of ED.

<p>1. CUH is working within the Five Fundamentals of Unscheduled Care, which is a clinical transformation framework to improve patient flow. This includes the development of business intelligence systems and pre-hospital patient pathways/egress projects aimed at reducing waiting times in ED. Some examples are:</p> <ul style="list-style-type: none"> • Introduction of a Health Performance Visualisation Platform which focuses on bed utilization and length of stay • Upgrade of the hospitals patient information system (iPims) • Introduction of an Electronic Patient Flow system (live by Jan 2023) 	<p>ONGOING</p> <p>Q3 2022</p> <p>COMPLETED 2021</p> <p>2023</p>
<p>2. CUH continues to invest in infrastructure that will improve bed availability through timely discharges to create capacity.</p> <ul style="list-style-type: none"> • The hospital will take over the governance of our local Over 65's rehabilitation facility from the end of April 2022 which will allow greater integration of rehabilitation pathways and support egress from CUH while supporting access for patients who need rehabilitation • A new build is underway in a Model 2 hospital within the CUH Group which will support egress and placement of suitable patients to increase bed capacity and availability in CUH. 	<p>Q2 2022</p> <p>2024</p>
<p>3. Patient Comfort packs continue to be provided to patients who need them on arrival.</p>	<p>ONGOING</p>
<p>4. Emergency Department has been expanded to facilitate isolation for infection control purposes and the continued implementation of COVID-19/Non-COVID-19 pathways.</p>	<p>ONGOING</p>
<p>5. Refurbishment of the Paediatric ED is underway and will be completed shortly.</p>	<p>Q2 2022</p>
<p>6. Emphasis on integration with our Community Partners including Community Intervention Team (CIT) and Outpatient Parenteral Antimicrobial Therapy (OPAT) in line with Slaintecare Strategy – a Geriatric Emergency Medicine Service (GEMS) team is in place and work continues to enhance the service.</p>	<p>ONGOING</p>

WHAT PATIENTS SAID TO US

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ADMISSION TO HOSPITAL	<p>7. The Stroke service is being expanded to provide a 24/7 Stroke Team of Consultants to ensure timely access to specialist care.</p> <p>The Early Supported Discharge Team continue to facilitate timely discharge of suitable patients who have been identified as being appropriate for rehabilitation at home.</p>	
	<p>8. An Ambulance Arrival System has been implemented in the ED to monitor and improve ambulance turnaround times and to inform projects to reduce delays.</p>	

CARE ON THE WARD 	NUTRITION: Improve hospital food and nutrition.	<p>1. Following successful pilots on selected wards in 2019 and early 2020, the hospital is working to introduce a Ward Catering Assistant for 12 hours a day on every ward.</p> <p>The Assistant will work with the ward staff to oversee the ordering and provision of meals and snacks to ensure that food and beverages are of high quality, served at the right temperature and consistency/dietary requirement and held back or replaced where required to ensure the availability of adequate nutrition and hydration for all patients in the hospital.</p>	2023 - 2024
		<p>2. Dedicated dietician support is available for hospital food services to assist with menu development and analysis of nutritional content.</p>	ONGOING
		<p>3. Catering Officers carry out a weekly temperature check audits of a selection of meals on the ward. The audit has now been extended to test temperature of the last meal to be served on the ward as well to ensure that all patients receive a hot meal.</p>	
		<p>4. Patients, who are at risk of malnutrition, continue to be identified by hospital staff and are benefiting from the work on the analysis of nutritional content (see 2. above), which provides them with the most appropriate diet that supports them to improve their health and well-being.</p>	
		<p>5. Meal Plans will continue to be used to meet the requirement for patients identified with specific needs i.e. modified consistency diets, special dietary needs or options.</p>	

WHAT PATIENTS SAID TO US

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CARE ON THE WARD

6. The Nutrition and Hydration Steering Committee continues to meet and there is ongoing work by subgroups on 3 work streams:
 - Menu Planning and Development with representatives from Catering, Dietetics and Speech & Language Therapy (SLT)
 - Implementation of the IDDSI with representatives from Catering, Dietetics and SLT
 - Nutritional Screening and Identification of patients requiring specific menus with representatives from Nursing and Dietetics
7. Snack rounds continue on the ward and the hospital shop's staff have resumed their trolley service to the wards.
8. This work is constantly being evaluated and monitored to ensure that we are making a difference for patients. Evaluation to determine if the above changes impact on protein and calorie intake by patients is planned once the changes have been rolled out.

Work on the implementation of the Food, Nutrition and Hydration policy (HSE) is ongoing and includes communication with patients about food services, food provision, and nutritional care. Communication between wards and the catering department is also continuously reviewed and revised.

<p>DISCHARGE OR TRANSFER</p> 	<p>COMMUNICATION: Improve availability and utilization of patient information leaflets throughout the hospital</p>	<p>1. Work is ongoing to make all Patient Information Leaflets available on the hospital's document management system (QPulse) for each of access and version control. Staff are encouraged to access relevant materials and provide the information leaflets to patients during their admission and prior to discharge where required.</p>	2023
		<p>2. Updated Patient information leaflets are being identified, reviewed, updated and made available.</p>	ONGOING
		<p>3. Continued encouragement and promotion of patient information leaflets including but not limited to Stroke, Intensive Care, Diagnostic Procedures, General Surgery, Cardiology, Renal, Early Supported Discharge, etc.</p>	ONGOING
	<p>COMMUNICATION: Providing information on medication side effects</p>	<p>4. The hospital's Pharmacy Department are re-launching medication booklet (updated December 2020) on Managing Your Medicines. The booklet charts the patient's journey through the hospital including medication reconciliation, any medications that have been discontinued and includes a section for medications on discharge. The Booklet prompts patients to ask specific questions of healthcare professionals regarding their medicines. Space is provided for patients to document any new medicines started in hospital, including possible side-effects associated with these medicines</p>	Q3 2022
		<p>5. The results the relevant questions from the National Inpatient Experience Survey 2021 will be presented to the hospital's Drugs & Therapeutics committee in order to develop an action plan to identify improvements regarding the communication of medication side effects and medication safety.</p>	Q2 2022
	<p>COMMUNICATION: Improving the overall discharge planning process.</p>	<p>6. Bed Management and the Discharge Co-ordinators work to improve linkages with community services, improving communications between teams, improving processes for discharging patients during weekends, and constant monitoring and follow-up of progress made.</p>	ONGOING
		<p>7. Patients awaiting alternate levels of care are now discussed at morning huddles to assist with tracking and trending onward pathways for patients. These and subsequent trends are then discussed at weekly integrated (Acute/Community) egress meetings.</p>	ONGOING

PATIENT EXPERIENCE	DIGNITY & RESPECT AND PRIVACY: Improving and sustaining patient experience.	1. CUH is currently advertising a full time Patient Advocacy Liaison Service (PALS) Manager post. This post will play a vital role in strengthening relationships with patients, families and staff. This post will act as an advocate for the patient ensuring their voice is heard and represented at hospital fora, while also acting as a point of contact for patients and families signposting supports available to them to discuss their worries or fears, access to meetings with clinical teams, and involvement in discharge planning (including access to supports after discharge).	Q3 2022
		2. The CUH PALS Manager will be tasked with the establishment of a hospital volunteer/customer service programme with the goal improving patient experience in the hospital.	2023
		3. Continue in-hospital 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.	ONGOING
		4. In line with Commitment 1 of the HSE's Patient Safety Strategy, the hospital management will continue to work with patients and their families to empower and engage patients in improving patient safety and experience.	ONGOING
		5. CUH continues work to implement the findings of the Ombudsman's Learning to Get Better report to improve the responsiveness to and learning from patient feedback and the improvements that result from the review and thematic analysis of all compliments, complaints and comments received by the hospital.	ONGOING

WHAT PATIENTS SAID TO US

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<p>CARE ON THE WARD</p> 	<p>NUTRITION: Improve hospital food and nutrition.</p>	<ol style="list-style-type: none"> 1. As all food for Kilcreene is prepared off-site, every effort is made to ensure that patients are served nutritious & appetising food. 2. Kilcreene continues to have a representative on the Nutrition & Hydration Committee in UHW. 3. A new food ordering system with increased menu choices is now embedded. 4. A Nutrition & Hydration Food Survey is currently being conducted by our N&H Committee representative. The results from this patient survey will inform further adjustments to the range of food and nutritional options available to patients into the future. 5. Kilcreene observes “Protected Mealtimes” to allow uninterrupted enjoyment of food. 	<p>ONGOING</p>
<p>EXAMINATION DIAGNOSIS & TREATMENT</p> 	<p>COMMUNICATION</p>	<ol style="list-style-type: none"> 1. Daily Ward Rounds are conducted by the CNM & NCHD where all matters of the Treatment Plan are reviewed including, wound care, mobilisation, pain management and discharge plan. 2. Patients are seen by their Consultant Orthopaedic Surgeon both pre & post procedure and a discussion of the Treatment Plan is discussed. 3. In addition, patients can speak to the daily on-site team or a private appointment can be arranged post discharge via the medical secretary to meet with the consultant. 	<p>ONGOING</p>

<p>DISCHARGE OR TRANSFER</p> 	<p>COMMUNICATION Improving access and delivery of written information about going home from hospital for patients.</p>	<p>1. A new Information Pack is now given to patients & family (where applicable) on discharge. This includes both written and graphic information and has been developed to include interdisciplinary education booklets for all patients undergoing joint replacement surgery.</p> <p>It is envisaged that we will produce this pack in other languages e.g. Polish in the future.</p>	ONGOING
		<p>2. A Discharge Checklist has already been introduced and is given to all patients on discharge.</p>	EMBEDDED
		<p>3. All staff to be informed that should a patient request it, or where it is believed that the patient does not fully understand, or cannot retain information, then the next-of-kin or significant other would be given the appropriate information on their behalf. However, this measure would only be done with the patients consent.</p>	ONGOING
		<p>4. All patients discharged from Kilcreene are accompanied to the discharge hall by a staff nurse. They ensure that the Discharge Pack is in their possession and also check that they are satisfied with the level of information given. It is also an opportunity, if requested by the patient, for the nurse to share discharge instructions with the next-of-kin or carer.</p>	EMBEDDED

<p>ADMISSION TO HOSPITAL</p> 	<p>WAITING TIMES IN ED: Continuous improvement in the Medical Assessment Unit.</p>	<ol style="list-style-type: none"> 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 an improved experience for the patients, families. 2. Progress made in relation to our performance in the Medical Assessment Unit, is consistently monitored, with the aim of continuously improving patient experience and outcomes of care. 	<p>EMBEDDED</p>
<p>CARE ON THE WARD</p> 	<p>NUTRITION: Improve hospital food and nutrition.</p>	<ol style="list-style-type: none"> 1. Mallow General Hospital, is improving hospital nutrition and catering for patients and staff alike. Additional choice for patients was introduced. 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. Additional snacks have been introduced. 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. 4. Patients who require assistance at meal-time are provided with additional support. 	<p>EMBEDDED</p>
<p>EXAMINATION DIAGNOSIS & TREATMENT</p> 	<p>COMMUNICATION: Increase awareness for patients of the supports available if they wish to speak to someone about their worries and concerns.</p> <p>COMMUNICATION: Provide more accessible health information to patients.</p> <p>COMMUNICATION: Better communication skills and effective ward round communication from all healthcare staff.</p>	<p>PRIORITY PROJECT</p> <ol style="list-style-type: none"> 1. Information for patients about support services available to them during their hospital stay will continue as a priority. A campaign of awareness raising amongst patients about sharing concerns and speaking to staff about anything that they are worried about will continue to be promoted. 2. 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. 3. 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 and staff are actively encouraged to part-take in this training. 4. Guidance on effective ward round communication is available to staff. Together with training on effective ward round communication. 	<p>EMBEDDED</p>

LISTENING RESPONDING & IMPROVING

WHAT PATIENTS SAID TO US

DISCHARGE OR TRANSFER 	COMMUNICATION: Provide more information to patients at discharge.	1. All patient information leaflets have been reviewed and the content about “going home”, with particular focus on medication management.	EMBEDDED
		2. Review of all patient information leaflets and review content “contact details” if something goes wrong.	
		3. Project undertaken on improving Discharge Planning.	
		4. Plan to review and update discharge information leaflets for patients.	NEW
PATIENT EXPERIENCE	DIGNITY & RESPECT AND PRIVACY: Improving and sustaining patient experience.	Hospital Management will continue to support and implement hospital-wide programmes which will enhance patient experience, such as:	EMBEDDED
		1. The support for the role and function of Consumer Services Dept.	
		2. Promote and value the roles of all staff through the ‘#Hello, my name is...’ campaign.	
		3. Sharing the comments and feedback from patients and service users amongst all staff.	

<p>ADMISSION TO HOSPITAL</p> 	<p>WAITING TIMES IN ED: reduce ED waiting times.</p>	<ol style="list-style-type: none"> 1. As part of the Five Fundamentals national project, all members of the Emergency Department (ED) team 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. It is a key priority for the MUH ED team to work together to meet the national wait times target. 3. The Winter Flu Vaccine is actively promoted to maintain high uptake and to prevent excessive demands in ED over the Winter Period. 4. MUH is actively working with the Special Delivery Unit on the 5 Fundamentals of Unscheduled Care. 5. Rapid Assessment & Treatment (RAT) is now operational. 6. Combined acute & community Frailty Intervention Therapy is in place (FITT). 7. Patient Comfort packs are provided to patients who need them. 	<p>ONGOING</p>
<p>CARE ON THE WARD</p> 	<p>NUTRITION Improve hospital food and nutrition</p>	<ol style="list-style-type: none"> 1. Universal roll out of Malnutrition Universal Screening Tool (MUST) complete. Ongoing training and audit. 2. The International Dysphagia Diet Standardisation Initiative (IDDSI) is in place on all clinical areas. 3. Ongoing work on therapeutic menu auditing and development, benchmarked and developed in line with the Food Nutrition and Hydration Policy 2018. 4. Mealtimes – Matter (Protected Meal times) is an objective to be implemented across the MUH site. 	<p>2023 ONGOING</p>

**EXAMINATION
DIAGNOSIS &
TREATMENT**



COMMUNICATION:

Increasing awareness in relation to 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 to promote 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. SAGE advocates are active in the MUH.
3. MUH developing diverse ways of engaging with patients and their families in a dynamic way recognising patients as partners in their own care.

ONGOING

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.

ONGOING

COMMUNICATION:

Improve communication skills and effective ward round communication amongst healthcare teams.

5. Ongoing education and training on the use of whiteboards.
6. Improve the process of clinical handover between all members of clinical teams.
7. Training is provided for staff on 'Dealing with Bad News' and 'Final Journeys' which looks at communication and end-of-life care.

ONGOING

<p>DISCHARGE OR TRANSFER</p> 	<p>COMMUNICATION: Improve access and distribution of written patient information about going home from hospital.</p>	<ol style="list-style-type: none"> 1. Information leaflets on specific health conditions will be made available to patients together with information on the hospital. 2. Information on hospital website to be improved. 3. A checklist for staff on discharge is in place and communication and patient information is prioritised at discharge. 	2023 - 2024
	<p>COMMUNICATION: Letting patients know who to contact if something goes Wrong.</p>	<ol style="list-style-type: none"> 4. Patients are informed as part of the discharge process about the danger signs to look out for and who to contact if something goes wrong. 	
	<p>COMMUNICATION: Providing information on medication side Effects.</p>	<ol style="list-style-type: none"> 5. A programme designed to promote medication safety is in development in the hospital. A medication safety working group has been established. 6. Implement Know /check/Act medication safety campaign. 7. Develop a poster/campaign to highlight to patients were they can get information on their medications. 	2024 - 2025

WHAT PATIENTS SAID TO US

LISTENING RESPONDING & IMPROVING



PATIENT EXPERIENCE	<p>DIGNITY & RESPECT & PRIVACY:</p> <p>Improving and sustaining patient experience.</p>	<p>1. The Values in Action (Mercy in Action) Programme, with a focus on organizational culture and designed to improve both patient and staff experience, is now established. Programmes are designed and facilitated reeducation and communication (in tandem with key national initiatives) thereby increasing awareness of the importance of respect and dignity and patient privacy.</p>	
		<p>2. Hospital lead in Value & Culture in post.</p>	

WHAT PATIENTS SAID TO US

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<p>CARE ON THE WARD</p> 	<p>NUTRITION: Improve hospital food and nutrition.</p>	<ol style="list-style-type: none"> 1. Patients are regularly surveyed and feedback is reviewed regularly to evaluate patient needs. Revised Menus informed by regular feedback sought from patients and Dietetics Department. 2. The catering team work with various departments to strive towards continual improvement. 3. Our goal is to ensure patients eat well, and enjoy their catering experience while improving their physical and mental health and overall speed up recovery from illness. 4. The menus across the hospital have been revised to offer a selection of food that is suitable for all nutritional needs and medical circumstances. 5. Allergen updates have also taken place. 6. The selection of meals has involved in-depth planning by both the catering and dietetics departments. 7. The list of ingredients of each meal had been carefully selected. 8. The diversification of the menu involves the analysis of many types of diets in relation to the individual patient. 9. The ingredients have been carefully selected and all information in relation to allergens is available through menus which are available at ward level. 	<p>ONGOING</p>
<p>DISCHARGE OR TRANSFER</p> 	<p>INFORMATION ON DISCHARGE</p>	<ol style="list-style-type: none"> 1. Procedure - Specific Information Leaflets which support patients and families with information about the procedure they had, what to look out for as they recover and warning signs to look out for and who to contact if they need further advice once discharged. 2. Current projects include patient reviewing and editing patient information leaflets, development of a "Questions I wished I had asked/information that would have been very useful to at the various stages of journey: Diagnosis, Treatment, Rehab and Survivorship" resource. 	<p>ONGOING</p>
<p>PATIENT EXPERIENCE</p>	<p>DIGNITY & RESPECT AND PRIVACY: Improving and sustaining patient experience.</p>	<ol style="list-style-type: none"> 1. The Head & Neck Cancer Service held its first HNC Patient & Public Involvement Network meeting in April. 2. #Hello my name is... Campaign is ongoing and is very popular and successful. 3. The Patient Charter is actively promoted across the hospital with posters, booklets and ongoing survey. This supports patients and families to ask questions and be more informed. 	<p>ONGOING</p>

ADMISSION TO HOSPITAL 	SAFE CARE AND SUPPORT	1. 40 ensuite beds opened. 33 additional beds scheduled following completion of link bridge to Sliabh na mBan Unit.	EMBEDDED
		2. There is an ongoing focus on reducing the number of patients on trolleys in the Emergency Department, in line with the HSE target times.	ONGOING
		3. Podded bed areas in place in ED to assist with IPC.	EMBEDDED
		4. Draft plan for new ED in situ.	EMBEDDED
		5. Skills facilitator planned – awaiting date of commencement.	IN PROGRESS
	EFFECTIVE CARE AND SUPPORT	1. Additional Advanced Nurse Practitioner posts (ANP) in place to enhance the care of older persons.	EMBEDDED
		2. Additional SpR's included in Tipp UH workforce with specific allocation to the ED.	EMBEDDED
		3. Pathways available to CIT and OPAT from ED.	EMBEDDED
		4. Pre-assessment Clinic, Medical Investigation Clinic and Acute Medical Assessment Unit in operation in Tipp UH.	EMBEDDED
	ADMISSION TO HOSPITAL	PERSON CENTRED CARE AND SUPPORT	1. Screening in situ for Waterlow score and IPC risk assessment.
2. Plan to include Dementia QI plan in ED.			EMBEDDED
3. Frailty Pathway in place in ED.			EMBEDDED
4. Access to ANP Candidate in Respiratory available for early assessment in ED.			ONGOING
5. Integrated Care of the Older Persons (ICPOP) Team assisting with more prompt assessment for the care of the elderly.			ONGOING
6. ED patients offered full hot and cold meals plus snacks and sandwiches throughout the day/evening/night.			EMBEDDED
BETTER HEALTH AND WELLBEING		1. Comfort (Squirrel) packs are available for all ED patients on admission if required.	EMBEDDED
		2. All patients in ED and on Overflow area receive water dispensers throughout the day.	EMBEDDED
		3. Patients risk assessed to identify if COVID-19 / Non COVID-19 pathway.	EMBEDDED
LEADERSHIP GOVERNANCE MANAGEMENT		1. Business manager in situ for both Scheduled and Un Scheduled care	EMBEDDED
		2. ADON for Patient Flow in place.	ONGOING

		3. Monthly Scheduled and Unscheduled care meetings in progress with an additional Steering Committee for Patient Flow.	ONGOING
		4. Designated diagnostic slots available each morning for ED to assist with early assessment.	ONGOING
		5. Multi-disciplinary Hub Meetings take place three times each day.	ONGOING
	WORKFORCE	1. Safe staffing review completed and deficiencies currently being addressed.	ONGOING
		2. CNM II for Overflow in place.	EMBEDDED
		3. Clinical skills facilitator for ED – awaiting commencement date.	IN PROGRESS
CARE ON THE WARD 	NUTRITION: SAFE CARE AND SUPPORT	1. Patients who require assistance at meal-time are offered red trays and appropriate assistance is then provided.	EMBEDDED
		2. Patient name panel available at bed side to display specified dietary needs for patients.	EMBEDDED
		3. Tipp UH adapting to the International Dysphagia Diet Standardisation (IDDSI).	ONGOING
		4. Nutrition and hydration audits now coinciding with weekly ward assessment process.	EMBEDDED
	EFFECTIVE CARE AND SUPPORT	1. N & H Group continue to focus on improvements at ward level.	ONGOING
	PERSON CENTRED CARE AND SUPPORT	1. All patients admitted to hospital are assessed for risk of malnutrition.	ONGOING
		2. Dietary suggestions from Patient Service users Representative Forum and Inclusion Working group included in menu.	ONGOING
		3. Following Nutrition Steering Group meeting subcommittee established to review proposal of changing patient mealtimes within Tipperary University Hospital.	EMBEDDED
	BETTER HEALTH AND WELLBEING	1. Menus displayed in A3 size outside all ward kitchens.	EMBEDDED
		2. Menu selection and improvements have been made in line with patient surveys. Menu cards available on each ward, multicultural requirements catered for.	EMBEDDED

		3. Snacks and sandwiches available for patients on all wards. Sandwiches, snacks and drinks offered to patients at 8pm.	EMBEDDED
	LEADERSHIP GOVERNANCE MANAGEMENT	1. Nutrition and Hydration (N&H) steering committee monitoring QIP priorities for Steering Committee, Menu review Group, Clinical Committee & Food health Group under governance, documentation, menu choices, training, auditing, policies, dietary analysis, food wastage, patient satisfaction, staff and visitors etc.	ONGOING
	WORKFORCE	1. Training for Nursing, HCA's and Support Services staff ongoing. Schedule for 2022 in situ.	ONGOING
		2. Upgrading of staff canteen.	ONGOING
		3. Introduction of marquee to comply with IPC & social distancing guidance.	EMBEDDED
	USE OF RESOURCES	1. Refurbishment of ward kitchens - Med 2 complete.	ONGOING
		2. Ongoing addressing of non-compliances as identified in Ward Assessment Process weekly Kitchen audits.	ONGOING
	COMMUNICATION: Improve communication with patients	1. National Clinical Guideline No. 11. The ISBAR Tool promoted for communication and clinical handover.	ONGOING
		2. Careful Nursing on many wards.	ONGOING
		3. Open Disclosure training via in house or HSE Land.	ONGOING
		4. Information on importance of documentation provided by SCA.	EMBEDDED
		5. 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 process.	NEW
	SAFE CARE AND SUPPORT	1. Nurse Prescribers in situ in many areas.	EMBEDDED
		2. All nursing staff allocated to caring for specific patients. The CNM II on each ward meets with each patient.	EMBEDDED
		3. Quality Day scheduled for May 18th 2022 demonstrating quality and patient safety initiatives established in Tipperary university Hospital under HIQA themes of person centered care, effective care, safe care, workforce & leadership, governance & management.	IN PROGRESS
	PERSON CENTRED CARE AND SUPPORT	1. Patient Representative Service User Group in place. Patient Representatives attend Quality Day- May 2022. Quarterly meetings continue with Patient Representative Service User Group	EMBEDDED
		2. Inclusion working group meetings quarterly. Art work from group presented for display.	ONGOING

	3. Involvement of SAGE to support patients and assist with linking communications.	ONGOING
	4. Availability of Social Worker services, sign posting and supports for patients.	ONGOING
	5. Palliative care supports and Nurse Specialists to support end of life and chronic illnesses.	ONGOING
	6. Chaplain available and visits patients.	ONGOING
	7. Support packs for Patients with Dementia to assist with conversations.	ONGOING
	8. Early involvement with discharge planner for inpatients- liaison with family members as required for subsequent supportive care. Will & preference of patients incorporated into decision making process for subsequent care.	ONGOING
	9. Consultant secretaries facilitating appointments with family members for information sharing to improve care for patient.	ONGOING
	10. Communication guidance in situ – designated next of kin to link with family. Patients unable to make contact with family members identified and communication supported by ward staff.	ONGOING
BETTER HEALTH AND WELLBEING	1. Health Promotion, Advice and Information bill boards were erected throughout Tipperary University hospital.	EMBEDDED
	2. Improved positional and directional signage throughout the hospital	ONGOING
	3. Support from Hospital Pastoral Care Ministry and Support Team.	ONGOING
WORKFORCE	1. Whiteboards for ward communication have been revised and updated.	EMBEDDED
	2. 'Hello, my name is...' reiterated and namebadges obtained for all new staff.	EMBEDDED
	3. "Who am I" guide to staff uniforms displayed throughout the hospital	ONGOING
	4. Ongoing training for staff by QM for the National Healthcare Communication programme.	ONGOING
	5. Ongoing Series of Education Programmes focusing on communication and information to increase staff awareness around patient communication needs including topics such as bereavement, end of life care, breaking bad news, is available for staff.	ONGOING
	6. Ongoing findings relating to patients interacting with staff identify that improving staff experience and wellbeing initiatives designed to support staff is integral to a positive patient experience.	ONGOING

WHAT PATIENTS SAID TO US

LISTENING RESPONDING & IMPROVING



		7. Happy Healthy Hospital Group “Wellbeing Wednesdays” for Tipperary University Hospital scheduled for Wednesdays in June 2022, where staff will get the opportunity to experience Health and Wellness Coaching, Modern Stress Management, Kinesiology, Meditation, Acupuncture, Reflexology, Yoga, Havening Techniques and Hypnotherapy.	IN PROGRESS
		8. Staff Health and Wellbeing Day scheduled for October 2022 where staff can access measurements of Weight, BP, BMI, Body Fat %, Blood Sugar level and obtain information on Smoking Cessation, Dietary Advice, Health Promotion, Breast Check, Men’s Health, Health and Safety advice and Superannuation. Also available on this day was access to Flu Vaccine and Educational Sessions relating to Mindfulness, Coaching and Stress management.	IN PROGRESS
	USE OF INFORMATION	1. Signage updated.	ONGOING
		2. Discharge information leaflet. “Welcome to the Children’s Ward, Admission information leaflet” introduced into Paediatrics.	ONGOING
		3. Tipperary University Hospital Patient and visitors information booklet available	ONGOING
		4. WHO am I – guide to staff uniforms posters available throughout the hospital	ONGOING
		5. “Keep in touch” emailing service managed and correspondence distributed by Quality office.	ONGOING
6. Communication newsletter published Quarterly		ONGOING	
DISCHARGE OR TRANSFER 	SAFE CARE AND SUPPORT: Improving discharge/transfer for patients.	<ol style="list-style-type: none"> 1. Discharge summary template is completed in real time to ensure the patient and GP receive a copy on discharge for all medical patients 2. Social worker involvement to signpost supports for patients on discharge. 3. Palliative care liaison for families. 4. Early involvement with discharge planner for inpatients- liaison with family members as required for subsequent supportive care. Will & preference of patients incorporated into decision making process for subsequent care. 5. Hospital Information Booklet updated to signpost if danger signals following discharge, who to contact is worried about condition/ treatment on discharge. 6. HSCPs involved with contacting family members and providing written plan of care on discharge as required. 7. Additional Occupational Therapy assessments and provision of supports to include home visits prior to discharge. 	ONGOING

WHAT PATIENTS SAID TO US

LISTENING RESPONDING & IMPROVING



DISCHARGE OR TRANSFER		<ul style="list-style-type: none"> 8. Consultant secretaries facilitating appointments with family members for information sharing. 9. Medication reconciliation – patients advised re side effects to watch for when at home. 	
	EFFECTIVE CARE AND SUPPORT	<ul style="list-style-type: none"> 1. Discharge plans commences as part of the initial admission process. 2. Early involvement with discharge planner for inpatients- liaison with family members as required for subsequent supportive care. Will & preference of patients incorporated into decision making process for subsequent care. 	ONGOING
	PERSON CENTRED CARE AND SUPPORT	<ul style="list-style-type: none"> 1. Tipperary University Hospital Patient and visitor Information booklet recently reviewed by Patient Service Users Representative Forum and Inclusion Working Group. 2. Discharge Planner offers information and assistance and families on Long Term Care Options. Discharge Planner is available from Monday to Friday to assist patients and families with discharge arrangements. 3. Involvement of SAGE to support patients and assist with linking communications. 4. Availability of Social Worker services, sign posting and supports for patients. 5. Palliative care supports and Nurse Specialists to support end of life and chronic illnesses. 6. Early involvement with discharge planner for inpatients- liaison with family members as required for subsequent supportive care. Will & preference of patients incorporated into decision making process for subsequent care. 7. Consultant secretaries facilitating appointments with family members for information sharing. 8. Hospital Information Booklet updated to signpost if danger signals following discharge, who to contact is worried about condition/ treatment on discharge. 	ONGOING
	LEADERSHIP GOVERNANCE MANAGEMENT	<ul style="list-style-type: none"> 1. Weekly meetings with Bed Management, Discharge Planning and Public Health in relation to long term care for patients and complex discharges. Long Term Care for Patients, Complex Discharges and Delayed Discharges. 2. Monthly MDTs and data analysis for Scheduled and Unscheduled care. 3. Business case submitted to S/SWHG for additional Pharmacy staff 	ONGOING
		<ul style="list-style-type: none"> 1. Community Intervention Team (CIT) and OPAT working closely with the hospital to assist with early supported discharges. 2. Referral process in place for public health. 	ONGOING

<p>ADMISSION TO HOSPITAL</p> 	<p>WAITING TIMES IN ED</p>	<ol style="list-style-type: none"> 1. Implementation of a Discharge to assess process has commenced in the Emergency Department: it is a process designed to rapidly discharge patients once it is medically optimal and safe for them to return on another day at a scheduled time for further tests such as CT, MRI, Ultrasound, repeat blood tests. This prevents excessive wait times and reduces the need for admission to hospital for tests that can be safely carried out at another time. 	<p>Q3 2022</p>
<p>CARE ON THE WARD</p> 	<p>NUTRITION: Improve hospital food and nutrition.</p>	<ol style="list-style-type: none"> 1. The feedback received in the patient experience survey, about their recent experience in Nutrition has led to the introduction of an evening snack round in line with the nutritional requirements for snack rounds as per the National Standards for Nutrition Hydration and 2018. 	<p>Q2 2022</p>
		<ol style="list-style-type: none"> 2. The Nutrition & Hydration Committee have recently updated the Protected & Assisted Mealtimes policy which includes a formal process for replacement meals. 	<p>Q2 2022</p>
		<ol style="list-style-type: none"> 3. The menu card offered to patients is to be updated to include additional choices that are available to patients at lunch time. The menu card will also be pictorial. 	<p>Q3 2022</p>
	<p>COMMUNICATION: Talk about worries and fears.</p>	<ol style="list-style-type: none"> 1. A Patient Information folder will be given to all patients who are admitted to UHK. This folder will contain information about who patients can talk to (and contact details) about their worries or fears while in hospital. 	<p>Q2 2022</p>
<p>DISCHARGE OR TRANSFER</p> 	<p>INFORMATION About danger signals after going home.</p>	<ol style="list-style-type: none"> 1. A series of information booklets for the top ten surgical procedures will be developed to include warning signs to look out for after discharge and how to look after yourself after surgery- this will be developed by the multi-disciplinary team and distributed at the pre-assessment stage to help patients plan ahead. 	<p>Q3 2022</p>
		<ol style="list-style-type: none"> 2. The patient information folder will contain the blood clot alert card which advises patients on warning signs of blood clots post discharge. 	<p>Q2 2022</p>
	<p>INFORMATION About medication side effects after going home.</p>	<ol style="list-style-type: none"> 3. The patient information folder will contain the 'Know, Check, Ask' leaflet for patients to bring to their local pharmacy for completion on discharge. The leaflet aims to reduce medication-related harm through better understanding of medication and communication about it. 	<p>Q2 2022</p>

WHAT PATIENTS SAID TO US

LISTENING RESPONDING & IMPROVING



	<p>DISCHARGE PLANNING Taking in account family / home situation.</p>	<p>1. Early supported discharge process has now been implemented in UHK, this allows patients that require additional physiotherapy, occupational therapy, speech & language, nursing and rehab support to discharge from hospital and continue their care at home.</p>	<p>Q3 2022</p>
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DISCHARGE OR TRANSFER



INFORMATION

About danger signals after going home.

1. All staff in the multi-disciplinary team caring for patients to be communicated with regarding the importance of discussing the period post-discharge when patients feel vulnerable. Information given verbally may need to be reinforced more than once. Check with the patient that they understand. UHW Senior Nurse Managers and Lead NCHDs to be asked to disseminate reminders on this.
2. Use Patient Information Leaflets (PILs) developed by UHW staff where available – they are held on Q-Pulse which is accessible from all PC desktops. In the medium/long term, development of further Patient Information Leaflets by CNS/Clinical Teams/HSCPs relating to the most common conditions/intervention to be encouraged and supported.
3. Oncology patients can be given the contact number to the Daffodil Centre Team for support following discharge, and who can also provide written material on many conditions.
4. Development and implementation of a number of animated videos relating to 'Communication on Patient Discharge' for staff and on 'Questions to ask before I go home' for patients to be explored. Patient videos would be run on compatible TV sets in OPD and ED and at Hospital entrance near patient admission area.
5. Development and implementation of a number of animated videos relating to 'Communication on Patient Discharge' for staff and on 'Questions to ask before I go home' for patients to be explored. Patient videos would be run on compatible TV sets in OPD and ED and at Hospital entrance near patient admission area.

ONGOING

INFORMATION

About medication side effects to watch for after discharge.

1. All staff caring for patients to be communicated with regarding the importance of discussing any new medications with patients/their carers prior to their discharge to ensure they have a good understanding of dose/frequency, side-effects etc. All patients should be advised to read the patient information leaflet (PIL) accompanying the medication and if they have any queries or concerns to contact their Community Pharmacist or GP.
2. Staff are to be communicated with to remind clinical teams to use the Medication Patient Information Leaflets where available and appropriate. They are accessible from all PC desktops via the Medicines Information icon. All Irish licensed PILs are also

ONGOING

DISCHARGE OR TRANSFER		<p>directly available by searching https://www.hpra.ie/homepage/medicines.</p> <p>3. An SOP recently developed “Referral of Patients for Pharmacist Medication Counselling Service” outlines the process by which a Clinical Pharmacist can be requested by a Clinical Nurse Manager or deputy, to counsel in-patients at University Hospital Waterford who require additional support in understanding their medication. This will be highlighted to Clinical Staff across UHW.</p> <p>4. A ‘DOAC initiation and patient education checklist’ outlines the appropriate education on DOACs that must be given before a patient is newly discharged on a NOAC. This will be highlighted to clinical staff across UHW.</p> <p>5. The Medication Safety pharmacist provides education sessions to staff across the services on medication safety issues so that staff can inform patients more effectively on medication side effects.</p> <p>6. Development and implementation of a number of animated videos relating to ‘Communication on Patient Discharge’ for staff and on ‘Questions to ask before I go home’ for patients to be explored. Patient videos would be run on compatible TV sets in OPD and ED and at Hospital entrance near patient admission area.</p> <p>7. The Medication Safety Committee continues work on promoting good practice regarding medication safety and will continue to develop patient information materials relating to medication management.</p>	
	<p>INFORMATION For family and discharge to help care for the patient.</p>	<p>1. All Staff to be communicated with to advise that, where a patient requests it, or where it is believed they don’t fully understand or cannot retain information, that a carer or significant other should be given the necessary information. All information as outlined above should be provided to this person with the patients consent.</p> <p>2. Staff in Discharge Lounge to be encouraged to check that patients are satisfied with the level of information given. Staff caring for patients should ensure they have their UHW Discharge pack.</p>	ONGOING

WHAT PATIENTS SAID TO US

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DISCHARGE OR TRANSFER		3. Development and implementation of a number of animated videos relating to 'Communication on Patient Discharge' for staff and on 'Questions to ask before I go home' for patients to be explored. Patient videos would be run on compatible TV sets in OPD and ED and at Hospital entrance near patient admission area.	
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Ireland East Hospital Group

Grúpa Ospidéal
Oirthear na hÉireann



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

On behalf of the Ireland East Hospital Group (IEHG), I would like to thank service users who participated in this, the fourth National Inpatient Experience Survey. The purpose of the survey is to learn from their feedback and improve the care we provided during their journey through our hospitals.

Our service users have provided us with great insights and valuable information about their hospital experience. This survey was unique as it was undertaken in December 2021, with service users experiencing care in the context of the COVID-19 pandemic, which the survey considers.

The last two years have been challenging and the survey responses demonstrated to me the continued and unwavering commitment of staff in providing care and improving the experience of service users, through unprecedented times. The qualitative comments returned show a compassionate and caring workforce who adapted resourcefully and creatively to respond to service user's needs.

As in previous years, there are always opportunities for improvement which we welcome. We are committed to learn from the survey results and respond by engaging in initiatives which will improve our services. Each of our hospitals have developed improvement plans based on the key themes identified in the survey and these will be monitored to ensure their realization into practice.

I would like to thank all our staff across the Group and to those who coordinated the survey and encouraged our service users to participate.

Finally, I would like to again thank all our service users for engaging in the survey and assure them of our commitment to continually strive to improve experiences of all as we move forward.

Mr Declan Lyons

Group Chief Executive, Ireland East Hospital Group

25th April 2022

WHAT PATIENTS SAID TO US

LISTENING RESPONDING& IMPROVING



CARE ON THE WARD 	NUTRITION: Improve hospital food and nutrition.	1. A gap analysis of the Hospital's Compliance with the National Nutrition and Hydration standards and policy using new toolkit is currently underway. The gap analysis will inform a QIP/Action plan for N&H at NOHC.	Q2 2022
	COMMUNICATION Improve patient health information provided to patients throughout their journey including at discharge.	1. One of the key initiative being undertaken by NOHC since the 2021 NIEPS is a review of patient information material provided to patients during their journey at NOHC. This includes a review of all patient letters, patient information booklets, hospital website information to ensure consistency of information provided and improved user-friendly.	Q2 2022
DISCHARGE OR TRANSFER 	PATIENT FLOW	1. The hospital has successfully introduced a patient discharge lounge to facilitate the patient discharge and patient flow in the orthopaedic ward setting. In addition, a hospital QIP team is performing a review of the patient flow in an orthopaedic ward with a view to identifying areas where an improvement in patient flow by forward planning for the discharge process could occur.	Q3 2022

WHAT PATIENTS SAID TO US

LISTENING RESPONDING& IMPROVING



	<p>PATIENT EXPERIENCE: Improve patient experience of the Emergency Department.</p>	<p>1. We will expand the Frail Intervention Therapy Team (FITT) to improve and expedite elderly patient's care in the Mater Hospital.</p> <p>The service delivery objectives are:</p> <ul style="list-style-type: none"> • Provide quality care by a specialist Multidisciplinary Team (MDT) to older adults presenting acutely. • Identify frailty • Adoption of "Home First" philosophy • Improve patient flow and integrated care • Reduce Patient Experience Time (PET), length of stay, ED attendance & admission avoidance • Provide Emergency Medicine education and service improvement • Provide early assessment & intervention 	<p>2022 - 2025</p>
<p>CARE ON THE WARD</p> 	<p>NUTRITION: Improve hospital food and nutrition.</p>	<p>1. Food, Nutrition and Hydration Policy – Business Case submitted for additional evening snack for inpatients.</p>	<p>2022 - 2025</p>
<p>DISCHARGE OR TRANSFER</p> 	<p>COMMUNICATION: Improve access and distribution of written patient information about going home from hospital.</p>	<p>1. Mater Hospital Stroke LINK Service – helping patients stay healthier at home and avoid hospital visits. Supporting and guiding patients through the discharge process. Follow up with patients 48 hours post discharge and act as a point of contact to respond to issues as they arise.</p>	<p>2022 - 2025</p>

ADMISSION TO HOSPITAL 	PATIENT EXPERIENCE: Improving patient experience of ED.	1. We will continue to work together with IEHG service improvement programme, to improve patients experience of RHM. This work will focus on patients access to services whether by the scheduled or unscheduled access points.	ONGOING
		2. Following COVID-19 there has been a renewed focus on improving care for frail elderly patients. M-FIT has been developed in the Regional Hospital Mullingar. All hospital and community services are working together to improve the experience of frail elderly. The aim is to ensure that frail elderly people receive optimal care in both community and hospital services and that the hospital remains cognisant of PET times.	ONGOING
		3. The expansion of same day and dedicated next day diagnostic appointments for ED and AMAU (Acute Medical Assessment Unit) patients, avoids the need for patients to wait unnecessarily in the hospital.	ONGOING
		4. We have introduced a daily nurse led multidisciplinary patient huddles across services, which allows for the early identification of potential issues. This allows for an efficient plan of care and treatment to be delivered.	ONGOING
		5. A quality improvement initiative is in progress, which monitors the completion of patients discharge summaries/reports, ensuring all relevant patient information is available to provide appropriate and timely care and treatment.	ONGOING
CARE ON THE WARD 	NUTRITION: Improve hospital food and nutrition.	1. Over the next year we are going to continue the improvements we have achieved on hospital food and nutrition for patients, A quality improvement initiative called 'Making Mealtimes Matter' has been introduced to protect mealtimes and provide assistance to those required. The aim is to ensure patient's nutrition and well-being is sustained while they are in hospital.	ONGOING
		2. A mealtime switch has taken place i.e. that the main meal is served in the evening. The feedback from this has been very positive and is being monitored.	Q4 2021
		3. A review of the current catering facility is in place with expert advice being sought as to the best options for food management (production and service).	Q2 2022

WHAT PATIENTS SAID TO US

LISTENING RESPONDING& IMPROVING



EXAMINATION DIAGNOSIS & TREATMENT 	COMMUNICATION Improve healthcare staff communication skills.	1. We are introducing the National Patient Communication Programme ‘Making Connections’, for our staff in the ED and across the senior management team. This programme is designed to improve communication skills between staff and patients and improve overall patient experience.	ONGOING
		2. We have introduced the Shared Decision Making Process to promote patients, their families and staffs involvement in shared decision making on their care and treatment during their stay in hospital.	ONGOING
		3. Due to the impact of COVID-19 and restricted visiting, we plan to review the communication process between the patient families and clinical teams.	Q2 2022
DISCHARGE OR TRANSFER 	COMMUNICATION: Improve access and distribution of written patient information about going home from hospital.	1. The IEHG transformation team are supporting a review of the Discharge and flow of Patients at the RHM. The project aims to improve patient experience by ensuring all aspect of discharge planning and patient flow are supported.	ONGOING
		2. A review of patient transportation is underway which will help prevent delayed discharge and ensure the patient get back to their own environment in a safe and timely fashion.	Q1 & Q2 2022
		3. Additional staff have been redeployed and recruited. This will support patient flow, support admission avoidance and bed management.	Q2 2022
PATIENT EXPERIENCE	DIGNITY & RESPECT AND PRIVACY: Improving and sustaining patient experience.	1. Patient information leaflets have been developed to improve the provision of health information for patients. This will help patients to have information they need about their condition, care and treatment. Work is underway on the Hospital website to include patient information for ease of access for patients, families and staff.	Q2 2022
		2. A Review of the Patient Discharge Leaflet is planned. The leaflet will contain clear information about discharge from the hospital and who and where to contact if something goes wrong. Each patient will receive this leaflet, and this will encourage the patient and their family to ask about their care and plan for discharge, improving the patients and families experience when discharged from hospital.	Q2 2022

WHAT PATIENTS SAID TO US

LISTENING RESPONDING& IMPROVING



<p>CARE ON THE WARD</p>	<p>COMMUNICATION Improve communication with patients.</p>	<p>1. Our Lady Hospital Navan (OLHN) is committed to improving communication processes and learning from feedback mechanisms. We will continue to improve communication between staff, patients and families.</p> <p>OLHN has a number of initiatives ongoing to support this, we are increasing our Access Officer Training, this will complement our present Access Officer and will enable OLHN to systematically work to address access gaps and ensure that future services and facilities comply with national guidelines and standards.</p> <p>We have increased our Complaints Officers, with five new staff members having commenced training in the last few months. Improvements in Access Requests will also be achieved following the commencement of our Information Officer. The combined effect of these improvements will be an enhanced communication process with patients, relatives and staff.</p>	ONGOING
		<p>2. The importance of communication and contact between patients, relatives and staff was demonstrated during the pandemic, the visiting restrictions were reported by patients negatively.</p> <p>Difficulty with telephone communication to get access to information was noted. OLHN is addressing this by putting plans in place to ensure all telephone calls and queries are responded to. This will benefit the patients and family members to gain access to clinical staff. Families can enquire about their loved ones and this will greatly assist in the discharge planning process.</p>	ONGOING
<p>DISCHARGE OR TRANSFER</p>	<p>COMMUNICATION: Improve access and distribution of written patient information about going home from hospital.</p>	<p>1. The themes of communication were repeatedly highlighted throughout OLHN's survey. To enhance communication with our primary partners, OLHN are making improvements to the discharge information. This will benefit patients by having timely, up-to-date information direct to the primary partners and referrers.</p>	Q2 2022
		<p>2. Compliance on the quality of the discharge letters will be monitored. This audit programme will be monitored to ensure effectiveness of the process. The audit of compliance with Standard 3 of HSE Standards and Recommended Practices for Healthcare Records Management (HCR) V3.0 is being applied.</p>	

WHAT PATIENTS SAID TO US

LISTENING RESPONDING & IMPROVING



ADMISSION TO HOSPITAL 	COMMUNICATION: Improve communication in the Emergency Department.	1. We will continue to work with the Ireland East Hospital Group service improvement team to improve the patient's journey. Improvements to the communication protocol in the Emergency Department are being embedded with patients being informed and encouraged to ask questions of staff at any stage during their attendance if queries arise.	ONGOING
	STREAMLINING OF ADMISSION PROCESS	2. We are implementing new protocols to improve the admissions process resulting in a smoother more efficient process for our patients.	ONGOING
CARE ON THE WARD 	CHOICE OF FOOD: Provide additional options.	1. We are reviewing the choice of food options available to patients to ensure the menu selection is appropriate and appealing to all our patients.	ONGOING
EXAMINATION DIAGNOSIS & TREATMENT	COMMUNICATION Improve healthcare staff communication skills.	1. We will continue to improve the initiatives started with regards to communicating with patients regarding their planned surgery/procedure, after care and going home, in advance of attending the hospital for surgery.	ONGOING

CARE ON THE WARD 	NUTRITION: Improve hospital food and nutrition.	1. A review of the HSE's Policy on Hospital Nutrition and Hydration has been conducted by St Columcille's hospital, and we have introduced a suite of menus to ensure the patients receive meals with standardised dietary intake requirements.	ONGOING
		2. 'Protected Mealtimes' initiative was introduced to allow patients to have their meals uninterrupted. This can support nutrition and contributes to patient's overall wellbeing and recovery.	EMBEDDED
		3. We have introduced the 'Red Tray' initiative, the aim is to identify patients that require assistance at mealtimes is provided with additional support.	EMBEDDED
	COMMUNICATION: Provide information to patients during their care.	1. Patient Liaison Officer provides information on services and support that patients may require.	Q2 2022
		2. A Patient information leaflet and folder has been introduced, which includes hospital information on who to contact if you have worries or concerns. Each patient will receive this leaflet, and this will encourage the patient and their family to ask about their care and plan for discharge to improve the patients experience when discharged from hospital.	EMBEDDED
		3. We have implemented patient information boards on all wards to assist in providing information to patients and families about their care and treatment during their hospital stay.	EMBEDDED
EXAMINATION DIAGNOSIS & TREATMENT	COMMUNICATION Better communication skills and effective ward round communication from all healthcare staff.	1. Patients (and families) will be encouraged to be more involved in asking about their care, treatment and plans for leaving the hospital, with the introduction of the '4 Questions' initiative.	EMBEDDED
		2. Pop up information stands which are rotated regularly to inform patients and families in the area of Medication Safety, Visiting, Protected mealtimes and Discharge planning.	EMBEDDED
		3. We will continue to work on a number of initiatives to ensure effective communication between staff and patients, which includes training in Final Journeys and Caring conversations.	EMBEDDED
		4. We are introducing the National Patient Communication Programme 'Making Connections', for our staff. This programme is designed to improve communication skills between staff and patients and improve overall patient experience.	EMBEDDED
		5. We will raise awareness with patients about medication safety in the patient information folder and displaying posters on all wards.	EMBEDDED

WHAT PATIENTS SAID TO US

LISTENING RESPONDING & IMPROVING



DISCHARGE OR TRANSFER 	COMMUNICATION Provide more information to patients at discharge.	1. New appointment for a Patient Flow officer to improve patients discharge Q2 Awaiting start date	Q2 2022
		2. Healthmail has been introduced on the wards for timely discharge letters and information to G.P's	Q2 2022
		3. Healthmail to be rolled out hospital wide Q2 2022	Q2 2022
		4. We will continue to improve the patient's experience of discharge which will ensure all patients receive a patient information leaflet and check list including all appropriate discharge information, what to expect when you go home and who to contact if you have concerns. This will help patients and families to ask questions early about their discharge plan.	EMBEDDED

PATIENT EXPERIENCE	DIGNITY & RESPECT AND PRIVACY: Improving and sustaining patient experience.	1. Visiting and daily contact with families being promoted throughout the wards.	EMBEDDED
		2. IPAD Video calls are facilitated for In-patients who don't have their own digital device or smart phone, we have set up a dedicated service so the at patients and family members can keep in touch.	EMBEDDED
		3. A 'Patient Care Package' service was set up so families can drop off items for patients in which are then delivered to the ward.	EMBEDDED
		4. 'Thinking of you' electronic postal service for families to email in letters and photographs in which the patient liaison officer will personally deliver to patients on the ward.	EMBEDDED
		5. We are involved in a national project which evaluates and implements the appropriate level of nursing and healthcare assistant resource required to care for patients in a ward area. The aim will be to ensure all patients receives care and treatment in an effective and timely manner.	EMBEDDED
		6. We have raised awareness regarding telephone etiquette to improve communication between staff and patients and families and within the hospital.	EMBEDDED
		7. A new family suite was created to enhance family privacy and dignity and respect for the families of palliative/end of life patients	EMBEDDED
		8. We will continue to undertake Quality & Safety walk-arounds to provide ongoing governance and accountability for improvement of our services to deliver patient care.	EMBEDDED

WHAT PATIENTS SAID TO US

LISTENING RESPONDING & IMPROVING



CARE ON THE WARD 	NUTRITION: Improve hospital food and nutrition.	1. We are continuing to improve hospital food and nutrition for patients by ensuring that all patients who miss a meal are provided a replacement meal. We have put in place the 'Protected Mealtimes' initiative, to allow patients to have their meals uninterrupted.	EMBEDDED
		2. We will introduce a patient nutrition screening assessment; this will improve the identification of 'at risk' patients who may require additional nutritional support.	EMBEDDED
		3. A project will be undertaken to improve hospital food, nutrition and hydration for patients with a review of existing patient menus.	Q4 2022
	COMMUNICATION: Improve patient communication regarding their care	4. We will continue to introduce the National Patient Communication Programme 'Making Connections', for our staff. This programme is designed to improve communication skills between staff and patients and improve overall patient experience. A monthly quality newsletter for staff has been started which concentrates on one patient safety goal per month.	Q2 2022
	CONTINUOUS IMPROVEMENT	5. We will continue to work together with IEHG service improvement programme, to improve patients' experience. This work has focused on patients receiving the most appropriate care and treatment in the right place at the right time.	Q2 2023
		6. A special focus on improving care for frail elderly patients has been developed in SLGH. The aim is to ensure that frail elderly people receive optimal care in both community and hospital services.	Q2 2022

WHAT PATIENTS SAID TO US

LISTENING RESPONDING & IMPROVING



DISCHARGE OR TRANSFER 	COMMUNICATION: Provide more information to patients at discharge.	1. We continue to promote initiative to improving the patient experience of discharge, the following has been implemented: <ul style="list-style-type: none"> - Regular review of Planned Date of Discharge. - A second discharge planner is now commenced in role. 	EMBEDDED
		2. Written information on discharge is provided to patients relating to medication management, how to manage your condition at home and what to expect/do when a patient goes home – medication management, exercise, diet, what to do if you feel unwell etc.	Q4 2022
		3. Patient information leaflets have been developed to improve the provision of health information for patients. This will help patients to have information they need about their condition, care and treatment. Work is underway on the Hospital website to include patient information for ease of access for patients, families and staff. Currently information on the website provides the most up to date information for visitors regarding visiting restrictions, dropping/picking up patient laundry, advice on contacting the Patient Advocacy Service, GDPR and Wellbeing Kilkenny which provides online supports for all age groups.	Q4 2022

WHAT PATIENTS SAID TO US

LISTENING RESPONDING & IMPROVING



PATIENT EXPERIENCE	DIGNITY & RESPECT AND PRIVACY: Improving and sustaining patient experience.	<ol style="list-style-type: none"> 1. A 72 single bed Modular build is currently nearing completion. Three wards will move from the old hospital building to be accommodated in the new build. Electronic audits of EWS will be electronically audited going forward, Respirasense technology has also been installed. 2. A designated area for initial assessment in the Acute Medical Assessment Unit will also ensure dignity and privacy for patients been assessed. 	EMBEDDED
	CONTINUOUS IMPROVEMENT	<ol style="list-style-type: none"> 3. A routine visiting schedule for visitors is now available which allows visitors to obtain a scheduled time to visit an in-patient. This visiting process is new and allows controlled access to the wards but also important social interaction for patients each day. This process has been implemented allowing each patient one thirty minute visit per day. Visiting is reviewed in line with national guidelines and is regularly monitored at weekly COVID-19 outbreak meetings. Exempt visiting continues in line with IPC precautions and the ward managers' direct approval. 	EMBEDDED

WHAT PATIENTS SAID TO US

LISTENING RESPONDING & IMPROVING



<p>CARE ON THE WARD</p> 	<p>COMMUNICATION: Provide information to patients during their care.</p>	<p>1. In an effort to improve the process for family members calling to enquire about a patient we have agreed 3 new processes:</p> <ul style="list-style-type: none"> • The switch telephonist will enquire if the call is for the nursing team or the medical team and transfer calls for the medical team to the relevant Consultant secretary or bleep a team member. • Cordless phones with new extension numbers will be issued to each ward and should be carried at all time by the Nurse in charge. The number should only be used by switch to transfer patient enquiries. A voicemail function will be included so that if it is not possible to take the call, the enquirer can be called back the same day. • A voicemail function will be added to the main ward extension and the ward clerk will check this at the beginning and end of each shift. 	ONGOING
<p>DISCHARGE OR TRANSFER</p> 	<p>COMMUNICATION: Consider the holistic discharge requirements of patients.</p>	<p>1. St. Michael s Hospital have extended the medical discharge model to include a more holistic approach to patients needs to promote general health and well being.</p> <p>Social Prescribing- Summary:</p> <ul style="list-style-type: none"> • The traditional medical model does little to address the social determinants of health (non-medical factors such as lifestyle, education, social inclusion etc. that studies suggest account for between 30-55% of health outcomes). • This was highlighted even more so throughout the COVID-19 pandemic where social isolation and reduced access to community resources were prevalent. • In collaboration with Dun Laoghaire Rathdown, Bray area, South Wicklow Social Prescribing (SP) services and Elemental Software, we set up a pathway for referring St. Michael's Hospital patients to each of these services. • Process: patient who may benefit from SP is referred through Elemental by the clinician to the relevant SP Service. The SP link worker meets with the patient to discuss their needs and through motivational interviewing and regular contact over a 12-week period links them into the relevant community or online resource. • It is not just a signposting service as the SP link workers motivate and meet with the patient on several occasions to help facilitate the required behaviour change. • The project was piloted through the physiotherapy department before Christmas 2020 and rolled out throughout the hospital in Spring 2021 with each department in the hospital being able to refer to the service. 	ONGOING

WHAT PATIENTS SAID TO US

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DISCHARGE OR TRANSFER 	COMMUNICATION Provide more information to patients at discharge.	1. We are developing a Discharge Information leaflet for patients & families to improve the provision of key information to support patient with information they need about their condition, care and treatment.	Q2 2022
		2. Discharge Information leaflets will include clear point of contacts in case of queries when they get home.	Q2 2022
		3. Dedicated discharge page will be created on the SVUH website with link to information and these leaflets as additional support.	Q2 2022
		4. Electronic discharge summaries: process to be reviewed & standardised across organisation. Medication updates are now a mandatory field within these summaries.	Q2 2022
PATIENT EXPERIENCE	DIGNITY & RESPECT AND PRIVACY: Improving and sustaining patient experience.	1. We are working on the hospital website to improve and expand discharge information for our service users.	Q2 2022
		2. In addition we plan to increase use of the website to highlight activities ongoing in response to our service user feedback.	Q2 2022
		3. Patients impacted by cancer can avail of high quality information via the Daffodil Centre in the Main Atrium.	EMBEDDED
		4. We will continue to encourage feedback from service users via the 'Your Service, Your Say' process and via our in house patient satisfaction survey and continue the With Best Wishes initiative to support communication to inpatients from loved ones throughout their stay.	EMBEDDED

WHAT PATIENTS SAID TO US

LISTENING RESPONDING & IMPROVING



DISCHARGE OR TRANSFER 	COMMUNICATION: Improve access and distribution of written patient information about going home.	1. Information leaflet being developed for patients to include link to website.	Q2 2022
		2. Hospital to commence discharge planning forum to support further quality improvements.	Q4 2022
	COMMUNICATION: Improve access and distribution of written patient information about going home from hospital.	3. The hospital website has a link to common medications.	EMBEDDED
		4. Website link to be included in the discharge leaflet.	Q2 2022
		5. Discharge lounge to be reinstated, staff provide medication review to patients waiting in the lounge.	Q3 2022
		6. Know check ask posters and leaflets with website link to be distributed.	ONGOING
PATIENT EXPERIENCE	COMMUNICATION: Provide information to patients during their care, Provide patients opportunities to discuss worries and fears.	1. Encourage 4 questions to empower patients.	Q2 2022
		2. Hospital engaging in National Healthcare communication programme	Q2 2022
		3. Utilise TV screens in OPD, ED and waiting areas to provide hospital information & four questions.	Q2 2022
		4. Continue the implementation of 'hello my name is'.	Q2 2022

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 University Hospital

Dublin Midlands Hospital Group is committed to providing high quality health care and will continue to work in partnership with patients, staff and our community partners to improve services.

On behalf of the Dublin Midlands Hospital Group (DMHG) I welcome the results of the 2021 National Patient Experience Survey. The National Patient Experience Survey is a vitally important tool that supports our patients to tell us about their experiences in hospital. I note the engagement of patients in providing this information with 42% of eligible patients participating in the survey. This engagement is extremely valuable to DMHG, which with a catchment population of over 800,000 has some of the busiest acute hospitals in the country.

I am delighted to note that our hospitals are rated above the national average for overall performance, achieving an overall rating of 82%. Indeed, our hospitals have performed exceptionally well in the six key areas as set out by HIQA, matching or surpassing the national average during admissions and discharge/transfer stages of care as well as in relation to care received on the ward and during treatment, examinations and diagnosis. Our hospitals' best performing areas were privacy during treatment and examination and overall dignity and respect afforded to our patients. This is a vital component of care and reflects the HSE's values of care and compassion. The other area of high performance for all DMHG hospitals was in relation to the cleanliness of ward areas. This demonstrates our commitment to providing safe facilities during the COVID-19 pandemic. A special point of note is in relation to TUH who performed especially well in relation to staff introducing themselves to patients. This is a core component of a person-centred approach to healthcare. In addition, the results showed MRHT to be delivering the highest levels of good patient experience in DMHG in 2021.

The survey also identified areas for improvement. Our hospitals have been progressing a range of quality improvement initiatives in response to the survey findings, building on the work from previous years and introducing new initiatives. I would like to acknowledge that much of this work has been achieved in the context of the very challenging circumstances brought about by the COVID-19 pandemic. In MRHP, a new family room has been developed in close proximity to critical care. In addition, a number of family rooms have recently been refurbished. In TUH, a "Patient Care Package" service was introduced to supply comfort measures to our patients in the absence of regular visiting. In NGH, a new role, Visiting Coordinator, was introduced to facilitate safe visiting during the COVID-19 pandemic. Quality improvement work is broad and wide ranging and this is just a small sample of work underway.

Some patients took time to make comments on their survey responses. I would like to acknowledge the consistent theme emerging in relation to staff. Across all the hospitals surveyed, there was a constant reference to the care and compassion shown by staff across our Hospital's. To this end, I wish to thank all staff for their commitment to the provision of high quality healthcare during the COVID-19 pandemic. I would also like to thank staff who engaged whole heartedly with the survey by encouraging patients to participate and then by working diligently on quality improvement initiatives to improve services. Finally, I wish to sincerely thank the patients who willingly gave of their time to provide insight into their experiences in relation to their hospital care.

Trevor O'Callaghan

Chief Executive Officer, Dublin Midlands Hospital Group

25th April 2022

ADMISSION TO HOSPITAL 	WAITING TIMES IN ED	<ol style="list-style-type: none"> 1. Waiting times in the Emergency department have been highlighted as an area requiring improvement by our patients, the Hospital is committed to reviewing and improving the Patient Experience Time (PET) in the ED. 	ONGOING
CARE ON THE WARD 	NUTRITION: Improve hospital food and nutrition.	<ol style="list-style-type: none"> 1. The Nutrition & Hydration Steering committee meets quarterly. 2. The 2nd Self-assessment utilising the Implementation toolkit (2019) for Food, Nutrition and Hydration policy for Adult Patients in the acute hospitals is currently underway. 3. Food Nutrition & Hydration section is currently being added to the Midland Regional Hospital Portlaoise website. 4. The Committee is considering establishing a patient focus group. 5. Patient meal times at the Midland Regional hospital Portlaoise is also under review. 	ONGOING
	COMMUNICATION Improve communication with patients.	<ol style="list-style-type: none"> 6. The National Healthcare Communication Training Programme has recommenced at the Maternity Department. COVID-19 has impacted the roll out of this programme at the Midlands Regional Hospital Portlaoise. 7. In 2022 The National Healthcare Communication Training Programme will be extended to other departments. 8. The hospital currently has two trained facilitators for the programme onsite. 9. The hospital is committed to embedding the “open disclosure” programme, through continued training programmes for staff. 	ONGOING
DISCHARGE OR TRANSFER 	COMMUNICATION	<ol style="list-style-type: none"> 1. The Discharge Planning working group will reconvene meetings in May 2022. 2. A Discharge Patient Information leaflet will be developed. 3. A Discharge Envelope which is a checklist for staff to ensure that all the relevant documentation has been provided to the patient will be updated and re-introduced. 	ONGOING

WHAT PATIENTS SAID TO US

LISTENING RESPONDING & IMPROVING



PATIENT EXPERIENCE	COMMUNICATION	1. The Midland Regional Hospital website is updated regularly in relation to visiting times and processes at the hospital.	ONGOING
		2. New capital builds to include a Respiratory Assessment Unit will improve patient experience.	
		3. The hospital has opened a new family room in close proximity to the critical care area.	
		4. Family rooms for Dunamaise, Slieve Bloom & Emo Court wards have recently been refurbished.	
		5. Age friendly car parking spaces and additional wheelchair friendly parking spaces have been added during the upgrade of the carpark.	
		6. MRHP offer virtual clinic appointments to reflect patient requirements.	
		7. Further upgrade of ensuite facilities in some departments are scheduled to take place in 2022.	
	COMMUNICATION Family and friends opportunities to talk with a doctor.	1. The Midland Regional Hospital Portlaoise Information will be added to the Patient Information leaflet, advising patients and families what to do if they wish to talk with/meet with a doctor.	ONGOING
	CARE DURING PANDEMIC	1. The Midlands Regional Hospital will develop a Poster which will encourage patients who have worries or fears about COVID-19 to talk with any staff member.	ONGOING
2. The hospital website will be continuously reviewed and updated in relation to visiting times and processes.			

CARE ON THE WARD 	NUTRITION: Improve hospital food and nutrition.	1. A number of QIPs ongoing following a gap analysis of the HSE Food, Nutrition and Hydration Policy	ONGOING
	COMMUNICATION Improve communication with patients.	2. Plan to identify train the trainers and develop a training programme for the National healthcare Communication programme in 2022	NEW
DISCHARGE OR TRANSFER 	COMMUNICATION: Improve access and distribution of written patient information about going home from hospital.	1. Review of discharge information leaflets currently available to patients.	ONGOING
		2. Collaboration with recently appointed Medication safety pharmacist to improve information about medication safety provided to patients on discharge.	ONGOING
		3. Collection of staff initiatives for improvement.	Q2 2022
		4. Action plan under development in response to 2021 NIES to improve discharge communication	NEW
PATIENT EXPERIENCE	COMMUNICATION	1. Training of National Healthcare Communication Programme postponed at MRHT due to COVID-19 pandemic. Plan to identify train the trainers and develop a training programme for staff.	2022
		2. Open disclosure training ongoing throughout the hospital – currently 58% (April 2022) Partnering with Patient coordinator commencing in June 2022 will improve communication between staff and patients.	ONGOING
	DIGNITY & RESPECT & PRIVACY	3. Schwartz Rounds recommenced in April 2022 which encourage staff to come together and discuss concerns and ways of working better as a team and supporting one another.	2022
	VISITING	4. Visiting restrictions have recently been reviewed and updated to allow a nominated person to visit at a specified time by pre-booking a visiting slot directly with the ward. Visiting on Critical and compassionate grounds continue to be accommodated on an individual basis. Visiting policy updated on HSE website.	ONGOING

WHAT PATIENTS SAID TO US

LISTENING RESPONDING & IMPROVING



<p>CARE ON THE WARD</p> 	<p>NUTRITION: Improve hospital food and nutrition.</p>	<p>1. Mealtimes Matter initiative ongoing</p>	<p>ONGOING</p>		
<p>PATIENT EXPERIENCE</p>	<p>COMMUNICATION AND HUMAN RIGHTS BASED CARE</p>	<p>1. QIP Improving Communication with patients and families during COVID-19 visiting restrictions</p> <p>2. Open Disclosure Training</p> <p>3. Promotion of Hello my name is campaign</p> <p>4. Service User Feedback Awareness Days, support and training in advocacy and local resolution of complaints where possible</p> <p>5. Roll out of National Healthcare Communication Training Programme</p> <p>6. Implementation of Assisted Decision Making</p>	<p>ONGOING</p>		
	<p>CARE DURING PANDEMIC</p>	<p>1. Visiting Oversight Group chaired by Operations Manager</p> <p>2. Visiting Liaison Officer (new post) co-ordinates safe scheduled visiting and video calls between patients and families</p> <p>3. 'Sending love' messages from loved ones distributed to patients</p> <p>4. Personal packages delivered to patients</p>			
	<p>DISCHARGE OR TRANSFER</p> 	<p>COMMUNICATION: Improve access and distribution of written patient information about going home from hospital.</p>		<p>1. Focus on information on discharge: HSE VTE prevention cards, discharge leaflet, information on prescribed medications</p>	<p>ONGOING</p>

CARE ON THE WARD 	NUTRITION: Improve hospital food and nutrition.	<ol style="list-style-type: none"> 1. Clinical Nutrition & Hydration Governance Committee in place to oversee, support and provide assurance in relation to the Hospital's Quality & Safety Programme. 2. Monthly patient surveys are undertaken by the Catering Team and ongoing modification of menus. 3. Patient Hydration & Nutrition communication and signage, quality improvement project commenced. 4. Fasting policy implemented and awareness campaign to reduce preoperative length of fasting. 	ONGOING
	COMMUNICATION: Opportunities for families to meet with a doctor.	<ol style="list-style-type: none"> 1. Standard practice in all patient care to facilitate patient /family meetings when requested. 2. Increase in number of Ward Clerk positions to manage incoming telephone calls from relatives and improve communication between relatives and staff members. 3. Ward round improvement project commenced. Information sharing and communication with patients and relatives at the time of ward round will be addressed. 	ONGOING
DISCHARGE OR TRANSFER 	COMMUNICATION: Improve access and distribution of written patient information about going home from hospital.	<ol style="list-style-type: none"> 1. Transition and Escalation of Care Governance Committee in place to ensure patients' safety, outcomes and experiences of transitions of care are improved and assured. 2. 'Visual Hospital' quality Improvement commenced to ensure the patient is in the speciality clinical area relevant to their needs. This improves the information provided, discharge process and aftercare. 3. Assisted Re-Enablement Team (ART), facilitates early and supported discharge. 4. Pharmacist discharge medication reconciliation service provided. 	ONGOING

PATIENT EXPERIENCE	COMMUNICATION AND HUMAN RIGHTS BASED CARE	<ol style="list-style-type: none"> 1. Staff Communication Training course commenced April 2022 & scheduled for May & September. 2. Hospital Guideline to support staff in the development of patient information material published. 3. Hospital Patient Charter updated in 2021. 4. Person Centred Care Governance Committee is in place to oversee, support and provide assurance related to the Hospital's Person Centred Care Programme. 5. Behaviour That Challenges: Prevention and Patient Management Policy & Clinical Assessment, De-escalation and Management Guideline published. 6. Diversity Policy developed. 	ONGOING
	CARE DURING PANDEMIC	<ol style="list-style-type: none"> 1. Visiting Restrictions Working Group meet regularly to review COVID-19 data, guidelines and advise on visiting restrictions. 2. COVID-19 Visiting Guidelines developed. 3. Virtual visiting programme and electronic communication facilitated during COVID-19 Visiting Restrictions. 4. COVID-19 – information page on Hospital website & information leaflets on wards and meal trays. 5. Essential & compassionate visiting facilitated in clinical areas. Social distancing pods and service support team in place to facilitate social visiting. 	

CARE ON THE WARD 	NUTRITION: Improve hospital food and nutrition.		
		1. Electronic Ordering of patient meals: All wards have now been provided with tablets to facilitate to the electronic ordering of meals (same day basis) by the patient food services staff. The menus, which offer a choice of dishes, are displayed on the tablets. Work in underway to install pictures of all main meals on the tablets, so that have a visual of the choices on offer.	Q3 2022
		2. Visual Patient Menu: For patients with cognitive and/or communication challenges, a visual menu has been developed. Essentially this provides pictures of all food offered. Patients point to the picture of the food they wish to select for their meal. This is at pilot stage on two wards.	ONGOING
		3. White Board Project: White boards are located in the pantry on every ward. These are used by catering staff, nursing, dieticians and speech and language to communicate patient's dietary requirements and special requests. An example of such communication is where a patient is not going to be on a ward during the meal service, or is fasting, and their meal needs to be held back or an alternative sourced for when they can eat In 2021, in acknowledgement that these boards were no longer fit for purpose and communications needed to improve, a QIP was undertaken to review and revise their layout and usage. As result of this QIP, new boards have been installed on all wards; all boards have the same layout to ensure consistent across all wards; all relevant staff have been educated in their use; and a procedure document, outlining their use, is now on Q-Pulse. Staff feedback indicates that cross discipline communications regarding patient's dietary requirements has significantly improved.	ONGOING
		4. Provision of Mealtime Support QIP: A Mealtime support poster, is placed outside the door of patient room. If a patient is NPO or requires mealtimes support, this is indicated on the sign. At the patient's bedside or in the nursing notes, more detailed information in provided on the level of support required.	ONGOING

CARE ON THE WARD		<p>5. Make Mealtimes Matters QIP</p> <p>The Make Mealtimes Matters initiative has now been rolled out to all wards. This initiative aims to create an environment, in clinical areas at mealtimes, which is conducive to patients enjoying and being able to eat their meals, without unnecessary interruptions. Essentially this involves ensuring that:</p> <ul style="list-style-type: none"> • Patients are at their bed and ready for the meal service • The environment is calm and distraction free. • Ward staff are not interrupted leaving them free to oversee the meal service and give help to those who need it. • Patients are not interrupted during their meal. • Sufficient time is given to patients to finish their meal. 	ONGOING
	<p>COMMUNICATION: Opportunities for families to meet with a doctor.</p>	<p>1. Families are offered meetings with the medical team and other health care professionals where appropriate. These are carried out via:</p> <ul style="list-style-type: none"> • Teams • Zoom • Teleconference • Face to Face (where appropriate). 	ONGOING
DISCHARGE OR TRANSFER 	COMMUNICATION	<p>1. TUH have introduced a Patient Information Booklet which covers discharge information for our patients in 2020. It contains information on medication safety which was approved by the Drugs and Therapeutics Committee in 2019. Patients receive this from ward staff on admission. Elective patients will receive this with their admission letter.</p> <p>2. A pilot audit of usage of the Patient Information Leaflet was completed in March 2022 and a two week audit will be completed on April 20th 2022.</p> <p>3. An awareness campaign of the Patient Information Leaflet availability will be launched in the TUH newsletter in May 2022 along with information stands and other staff communication channels.</p>	ONGOING

PATIENT EXPERIENCE	COMMUNICATION AND HUMAN RIGHTS BASED CARE	<ol style="list-style-type: none"> 1. In 2019 the National Communications Programme was commenced in TUH. It was paused due to COVID-19 in 2020 and 2021 and is planned to resume in 2022. One of the PALS team is a designated trainer on this programme. The National Healthcare Communication Programme recommends that all staff attend Module 1 and all clinical staff attend Modules 2, 3 and 4 of the programme. In the hospital atrium, PALS have positioned a large TV screen. PALS and the Communications Department will present rolling information with summary of results of NIES in 2022. Our Communications Team have developed a new section on our TUH Website which includes useful information about our services and contacts for our patients https://www.tuh.ie/Patient-Visitor-Services/Patient-Information/ 2. PALS team present at Corporate Induction monthly. 3. PALS deliver 'Dealing with Complaints' education bi monthly formally and as per department request. 4. PALS deliver 'Investigating and Responding to Complaints' bi monthly formally and as per department request. 5. PALS promote the E-learning Complaints Management/HSEland programme at all education and information sessions. 6. 'Quality Conversations' to be resumed 2022 7. Responding to Complaints/individual advice to staff. 8. Complaints Officer Training/completed by 50% PALS team. 9. Review Officer Training/completed by PALS Manager 	ONGOING
	CARE DURING PANDEMIC	<ol style="list-style-type: none"> 1. The Patient Care Package Service This was to assist with getting comfort measures to our patients in the absence of having regular visits. Total packages delivered to date in 2 year period is 26,764 packages. 	

WHAT PATIENTS SAID TO US

LISTENING RESPONDING & IMPROVING



PATIENT EXPERIENCE			
		<p>2. Sending Love We created an e-mail so that families could send in cards, messages, photos, e-mails to their loved ones. Total delivered in 2 year period is 1634 letters.</p>	
		<p>3. Book in a Bag We distributed over 3500 donated books to our patients as a gift over a 2 year period.</p>	
		<p>4. Audio books Smaller number distributed to our patients as a gift.</p>	
		<p>5. Hand held Electronic Devices Were provided to each ward and unit to assist our patients communicating with families. These devices were also provided to the Pastoral Care team and to the Medical Social Work team to maximise communication opportunities between patients and families.</p>	
		<p>6. A compassionate approach to visiting continues to be facilitated. It is the responsibility of the Medical teams, the Clinical Nurse Managers (CNM) and the Medical Social Workers to consider each application for a visit on a case by case basis taking into account exceptional circumstances.</p>	
		<p>7. Visiting restrictions are under regular review at Executive Management Team level with input from Consultant Microbiologists.</p>	

Acknowledgements

HSE

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Feedback

All feedback in relation to this report is welcome.

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