

Tallaght Hospital Quality Report 2015



Tallaght Hospital



People caring for people

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Investing in quality is critically important to ensure that when we do see patients, we treat them appropriately with respect, kindness and dignity. We need to be sure that the care we provide to patients is the right care provided at the right time in the right way.



Foreword

As the Director of Quality, Safety and Risk Management, I have the privilege of introducing Tallaght Hospital's first Quality Report. This year, we have chosen to introduce a Quality Report which is separate from our normal Annual Report. This change reflects the importance which the hospital places on quality assurance and improvement which is aligned with our ethos of 'people caring for people'.

With the issue of long waiting times in the Irish healthcare system there is an understandable investment of time and money in seeing and treating more patients quickly to meet the increasing needs for healthcare. With this pressure, it is extremely important that there is a parallel investment in quality. This will ensure that when we do see patients, we treat them appropriately with respect, kindness and dignity. We need to be sure that the care we provide to patients is the right care provided at the right time in the right way and aligned with their needs and preferences.

It would be unrealistic to describe in one report all the excellent work in quality which happens on a daily basis in this Hospital. However, this report highlights some of the key services, initiatives and achievements which staff in Tallaght Hospital have undertaken in 2015 under the three pillars of Quality, Safety and Risk Management.

I would like to take this opportunity not only to acknowledge and thank all the hard work of my own staff in the Quality, Safety and Risk Management Directorate but also to acknowledge and thank each and every staff member in Tallaght Hospital in both clinical and non-clinical areas who make that extra effort each day to ensure we provide the highest possible standard of care for our patients. It really does matter.

A handwritten signature in black ink that reads "Daragh Fahey". The signature is written in a cursive style with a large initial 'D'.

Dr Daragh Fahey
Director of Quality, Safety and Risk Management

Executive Summary

In previous years, quality has been incorporated within Tallaght Hospital's annual report. This year, in line with our ethos of 'people caring for people' we have produced a separate report devoted entirely to quality in order to highlight the importance to us of delivering the best quality of care to our patients.

Quality in Tallaght Hospital has two main components: quality assurance and quality improvement. Quality assurance looks to provide reassurance that the hospital is at least, consistently meeting a good standard of care. Quality improvement means that any substandard of care is identified and improved as well as constantly driving to improve existing good standards of care to make them even better.

Assuring quality and safety and driving quality improvements fall under the overlapping pillars of Quality, Safety and Risk Management (QSRM) which are represented in the three sections of this report. While delivering these pillars is the responsibility of all staff, Tallaght Hospital has a separate Quality, Safety and Risk Management (QSRM) Directorate which is specifically devoted to these areas. This is supported by a range of clinical governance structures and policies such as the QSRM Executive, QSRM Board Committees and our risk and incident management policies. Importantly, we underpin these with a supportive, open and learning culture.



Quality Assurance is provided through a variety of mechanisms. The Hospital has an extensive programme of hospital-directed and locally-initiated clinical audits where clinical topics (such as the standard of stroke care) are assessed internally to measure performance against a well-recognised standard. Improvements are identified and subsequently introduced to deliver an every better standard. In 2015, as with previous years, our local audits were supplemented by national audits in areas such as trauma care where the hospital's data is assessed by the National Office for Clinical Audit to ensure a high standard of care is consistently being provided. All of these are supported by Internal Audit in which external agencies are brought in to assess standards, typically in non-clinical areas. In 2015, the internal auditors focussed on deployment and resourcing, internal financial controls, contract savings, ICT disaster recovery, health and safety, information governance, risk management and payroll.

These audits were complemented in 2015 by a mapping of our performance against the National Standards for Safer and Better Healthcare. This included a review of our compliance with recommendations from the Health Information and Quality Authority (HIQA)'s 2014/5 inspection of Tallaght Hospital's infection control standards as well as an internal compliance review against all of the recommendations from HIQA's inspections of all Irish Hospitals. All of these generated a programme of quality improvement initiatives for 2015 which have been implemented.

Patient and staff feedback is crucial in seeking to measure and improve care quality. Last year, in partnership with the Picker Institute in the UK, we developed a systematic and real time patient survey programme. Our volunteers collected feedback from patients in different parts of the Hospital and this was used to develop and implement various quality improvement projects. We also undertook a staff safety culture survey, the results of which were used to improve our service and culture.

In 2015, we updated our bespoke quality improvement methodology and trained staff from various disciplines in this methodology to enable them to successfully introduce improvements in their departments and specialities. The training programme itself delivered 13 high profile quality improvement projects, some of which are highlighted as part of this report. Each of these projects will help us to deliver better care for our patients. However there is an even more sustainable benefit in that we now have an ever enlarging cohort of trained staff who are now applying their new skills to other quality improvement projects, as well as sharing their learnings and skills with colleagues. There a huge number of excellent quality improvement initiatives being delivered on a daily basis throughout Tallaght Hospital with a selection of these being showcased in this report.

As with any vigorous quality system, there needs to be a set of patient safety processes and initiatives in place to minimise the risk of harm. In 2015, the Hospital ran three high profile 'Zero Harm' campaigns - two to improve infection control practices and one to improve medication safety. The former campaigns contributed to an increase in hand hygiene compliance from 72% in May 2014 to 86% in October 2015. This was supported by the introduction of a new system of multidisciplinary environmental audits to reduce the risk of any patient suffering from a preventable hospital acquired infection.

Staff safety is also extremely important to us. In 2014/15, a number of initiatives were introduced to reduce needle stick injuries and reduce the number of incidents of verbal and physical aggression towards staff. The former fell to its lowest levels in 2015 and the latter was reduced by 21% in 2015 compared to 2014. We also achieved a 43% flu vaccination uptake among staff which was the third highest rate nationally.

The aim of Risk and Incident Management is to improve services by mitigating identifiable risks and learning from adverse incidents that unfortunately happen. In 2015, Tallaght Hospital had four serious reportable incidents. While this is a relatively low number, our aim is to reduce it to zero and keep it there. A new National Incident Management System was introduced last year. This enables a more detailed and meaningful analyses of healthcare incidents which means that healthcare staff can learn even more lessons from adverse incidents and thus drive even greater improvements for patients.

Tallaght Hospital functions on the basis that a hospital should be dedicated first and foremost to its patients. Every day thousands of patients put their faith in the staff of Tallaght Hospital to look after them at a time when they feel worried and vulnerable. We are committed to repaying that trust by always striving to provide the highest possible quality of care. This means trying to provide the right care, at the right time in the right way to all of our patients. We help our staff to deliver the best quality of care possible through a combination of supportive policies, systems and structures and, most importantly, by promoting a patient centred culture. This is the essence of a high quality learning healthcare provider such as Tallaght Hospital.

Quality, Safety and Risk Management in Tallaght Hospital

Tallaght Hospital was founded on the belief that a hospital should be dedicated first and foremost to its patients. Every day thousands of patients put their faith in the staff of Tallaght Hospital to look after them. We are committed to repaying that trust by always striving to provide the highest possible quality of care. This means providing the right care, at the right time in the right way to all of our patients.

This report describes the robust set of structures and processes which the Hospital has put in place to assure the quality of the service and to ensure we constantly drive quality improvements in all areas but particularly in areas where performance is not reaching the highest standard. Tallaght Hospital has a Quality, Safety and Risk Management Directorate which is devoted to this purpose. It is supported by a range of clinical governance structures such as the Quality, Safety and Risk Management Executive and Board Committees and processes such as those contained within our Risk and Incident Management Policies. These are reinforced by a supportive, open and learning culture as demonstrated through our open and protected disclosure initiatives.

So, how do we assure our quality and drive improvements? We do this through a variety of mechanisms and services which fall under the pillars of Quality, Safety and Risk Management. This section describes those which relate to Quality. Sections Two and Three will deal with Safety and Risk Management.



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Section One

Quality



CLINICAL AUDIT

One of the key components to drive quality improvements in healthcare is to have systems and processes in place to drive improvements in the standard of clinical care which is provided to our patients. In Tallaght Hospital, one of the key mechanisms by which we do this is through clinical audit. Clinical audit measures the clinical care provided and compares it with a set of high quality standards before addressing any shortfalls.

Tallaght Hospital has developed an extensive clinical audit programme which is overseen by a clinical audit committee. The Clinical Audit Committee governance structure in Tallaght Hospital is demonstrated in the diagram below.



Governance Structure (for Clinical Audit)



The hospital's clinical audit programme includes hospital-directed clinical audit projects in addition to the multitude of locally-initiated clinical audits which individual clinicians undertake as part of their ongoing professional development and improvement. In 2015 we completed 36 registered locally initiated audits as well as seven hospital directed clinical audits in the following areas:

- Prescription and use of oxygen
- Clot prevention for surgical inpatients
- Pressure ulcer prevention and care plans
- Standard practice, including communication, during ward rounds
- Cardiopulmonary resuscitation and record of treatment escalation plan
- Compliance with early warning score for deteriorating patients
- Sepsis care pathway in patients in the adult emergency department

A series of recommendations on how care for patients can be improved has come out of these audits. These recommendations are logged onto a tracker system and monitored with a view to ensuring implementation.

Clinical Audit and Quality Improvement Symposium

Clinical Audits conducted by healthcare professionals at Tallaght hospital in 2015 were acknowledged and celebrated at the Hospital's Annual Clinical Audit and Quality Improvement Symposium. This uplifting and special occasion, for both staff and patient care, was supported and funded by The Meath Foundation. The symposium saw the introduction of the Tallaght Hospital Medal for the best clinical audit / quality improvement oral presentation which was awarded to Eimear Digan, Senior Dietician, for her Quality Improvement Plan (QIP) on the "Mealtime process on an acute ward". The winner of the best poster presentation went to Anne-Marie Barnes, Emergency Response Co-ordinator, for her work on "Compliance with the Tallaght Hospital early warning score escalation protocol in association with the Health Service Executive (HSE) recommendations for audit".



Eimear Digan receiving her medal for the best presentation from Mairead Shields, Chair of The Meath Foundation Quality Fund at the Clinical Audit and Quality Improvement Symposium, 2015



Anne-Marie Barnes receiving her award for best poster at the Clinical Audit and Quality Improvement Symposium, 2015

Note: Both of these winners had undergone Tallaght Hospital Quality Improvement Project Management training and used this methodology to successfully complete their projects.

National Audits

In addition to local audits, Tallaght Hospital participated in a number of national audits including the 2015 Major Trauma Audit. Since joining, 400 trauma cases have been submitted to inform improvements in this area locally and nationally. Tallaght Hospital has also participated in national audits in intensive care, surgical mortality and hip fractures.

CLINICAL EDUCATION

In addition to clinical audit, improvements in clinical effectiveness are supported by a range of educational activities throughout the hospital which are aligned with our status as a teaching Hospital. One of the most important of these activities is a weekly 'Grand Rounds' where all staff are invited to hear presentations on a range of topics. This provides an excellent forum to educate other staff members and share best practice.



Prof Colm O'Morain presenting Dr Limy Wong, the winner of the O'Morain Research medal at Grand Rounds.

INTERNAL AUDIT

In parallel to our Clinical Audit programme, Tallaght Hospital has a programme of internal audits to ensure the appropriate infrastructure, support services and processes are in place to maximise the care we provide without compromising the integrity of the hospital.

During 2015, the following Internal Audits were conducted:

- Deployment & Resourcing
- Internal Financial Controls
- Contract Savings Review
- ICT Disaster Recovery Review
- Health & Safety Review
- Information Governance Review
- Risk Management (incorporating Serious Incident Management Process)
- Payroll Review

All findings, recommendations and management comments are recorded on an "Issue Tracking Log" which is maintained by the Internal Audit Officer and overseen by the Audit Committee.

NATIONAL STANDARDS FOR SAFER BETTER HEALTHCARE

As well as individual clinical departments having their own standards, the hospital itself must compare itself against expected national standards for any high quality healthcare provider. The main national standards which Tallaght Hospital strives to achieve are set out in the Health Information and Quality Authority (HIQA)'s *National Standards for Safer Better Healthcare*. We continually benchmark ourselves against these standards as well as other national standards such as the 2009 *National Standards for the Prevention and Control of Healthcare Acquired Infections*. This has led to the implementation of a programme of quality improvement initiatives to ensure we address any deficiencies. In addition, we review the findings and recommendations arising from both Tallaght Hospital and other hospital HIQA inspections with a view to ensuring that we learn the relevant lessons and implement the recommendations. The following provides a summary of Tallaght Hospital's response and progress in relation to the findings and recommendations from HIQA's recent inspections.

2012 Tallaght Hospital Report¹

In May 2012, HIQA published its report on the quality, safety and governance of care provided to acute patients admitted to Tallaght Hospital. There were 76 recommendations. Seven of which were local recommendations which related specifically to Tallaght Hospital. There were 43 national recommendations to be implemented by all hospitals, including Tallaght Hospital.

The majority of these recommendations have been brought to the point where they are now incorporated into the normal working of the hospital's governance, leadership, management and clinical processes; with implementation of the remaining recommendations well underway. This report highlights some of the key actions taken to date (up to 2015) and planned actions arising from the recommendations, focussing particularly on specific issues to Tallaght Hospital. The full mid-year report is available at <http://www.tallaghthospital.ie/About-us/Reports-Publications.html>

Unscheduled Care

The 2012 report highlighted an issue within the hospital in respect of inappropriate use of a corridor

¹ Investigation into the Quality, Safety and Governance of the Care provided by the Adelaide and Meath Hospital, Dublin Incorporating the National Children's Hospital, For Patients in the Emergency Department and Those Requiring Acute Admission to the Hospital

adjacent to the Emergency Department (ED) to accommodate patients. The recommendations centred on the following areas:

- All hospitals to cease using inappropriate spaces such as corridors to accommodate patients
- Full implementation of the National Emergency Medicine Plan (NEMP)
- Increased use of emergency services such as the Acute Medical Assessment Unit (AMAU)
- The use of NEWS (National Early Warning Score) in all inpatient areas with a modified version in use in the Emergency Department (ED)
- Improved discharge planning (including improved availability of step down beds)

Tallaght Hospital has made significant progress across all these areas:

- Corridors are no longer used in our ED to accommodate admitted patients awaiting a bed
- Tallaght Hospital has invested in a contemporary 24/7, 24-bedded Acute Medical Unit (AMU) and 11-bedded AMAU in line with the National Emergency Medicine Care Programme. This has resulted in the following impacts:
 - 25% reduction in the number of patients waiting longer than 6 hours
 - Further streamlining of patients leading to a diversion of 20% of medical attendances from the ED thus reducing the risk of crowding
 - A 25% improvement in the proportion of medical patients who could be safely discharged without the need for admission
- Tallaght Hospital has also completed an expansion and modernisation of our Emergency Department which is already showing a further 14% reduction in the number of patients waiting longer than six hours
- The Hospital has introduced an early warning score for all admitted patients in our ED which improves their safety by ensuring that the Hospital is detecting early and responding quickly to any deterioration in their clinical condition. In addition, Tallaght Hospital is the first ED nationally to introduce a physiological monitoring tool at Triage. This tool is an adapted version of the early warning score
- The Hospital has improved and modernised our governance structures through the appointment of a Director of Quality, Safety and Risk Management and the development of a Quality, Safety and Risk Management Directorate. This has been further strengthened by the establishment of an Unscheduled

Care Governance Group and Scheduled Care Governance group. These groups drive and oversee the process improvements in patient flow in scheduled and unscheduled care. They also ensure compliance with the National Programmes, including the Emergency, Medicine, Older person and Surgical Programmes

- A number of patient care pathways have been introduced aimed at admission avoidance such as a seizure pathway
- There have been multiple patient flow initiatives introduced to reduce length of stay (LOS) and reduce pressures on patient flow including a new discharge lounge, the virtual ward initiative and nurse led discharging

Scheduled Care

The 2012 report highlighted the need for improvements within the hospital in relation to its outpatient (OPD), Radiology and inpatient waiting times.

Tallaght Hospital has made particularly significant progress across the following areas:

- There has been a €10m investment in new medical equipment with a particular focus on Radiology having purchased a new MRI, CT and Ultrasound machine
- The Hospital has introduced an appropriate systematic approach to managing OPD referrals which has provided the foundation for a significant reduction in our OPD waiting lists
- The Hospital are continuing to meet the day case target of ensuring that no patient is waiting more than 18 months for a day case procedure
- The HSE National electronic OPD referral system has been introduced for adult and paediatric specialities
- The Hospital's arrangements have been further improved with the recent appointment of a Clinical Director for Radiology
- The Hospital have been independently validated by the HSE as having the most proactive approach to discharge planning
- A number of carefully targeted initiatives have been introduced to increase manpower and support structures in specialities with long inpatient waiting lists such as ENT and General Orthopaedics

- The Hospital introduced a number of contemporary allied professional-led and nurse-led initiatives to achieve further efficiencies. For example, the introduction of a Health and Social Care professional-led and nurse-led initiative for musculoskeletal referrals has meant that three out of every four patients reviewed in these clinics can be managed quickly and safely without the need for a consultant assessment

Leadership, Management and Governance

The 2012 report highlighted the need for improvements with respect to the hospital's Clinical, Corporate and Financial Governance particularly at a Hospital Board and Executive Management Team level. Specifically the following has been achieved:

- The Hospital Board is now constituted in accordance with modern day governance practice with clearly defined roles and functions. It is underpinned by a culture of openness and transparency with fully documented disclosures of any conflicts of interest and published agendas and minutes of meetings on the Hospital's website
- The governance of the Hospital Board is now overseen by a Governance Committee
- Board members have bimonthly access to high quality internal and external key performance indicators (including those pertaining to quality and patient safety) through an Integrated Management Report
- There are clear procedures in place for staff to raise any concerns to the EMT and/or the Hospital Board through our risk escalation policy. In addition, the hospital has adopted the national protected disclosure procedures which sets out how staff can escalate concerns to the HSE outside of the internal escalation procedures
- The EMT is now stable with no vacancies and no member in an acting role
- The CEO has introduced a performance management system which has improved accountability and overall executive performance with links to continuing professional development plans

2015 Tallaght Hospital Infection Control Report²

Two wards in Tallaght Hospital were inspected in July and August 2014 against the *National Standards for the Prevention and Control of Healthcare Associated Infections (NSPCHCAI)*. This was followed by a repeat inspection in September 2015. Improvements were recognised across multiple areas with some areas flagged as needing further attention such as the cleaning of patient equipment, medication management, rates of clostridium difficile, blood glucose monitoring and the roll out of certain infection control care bundles and critical care capacity.

The following highlights the progress we have made on some of the issues identified in the 2014 reports.

Infection Control Governance and Staffing:

HIQA reported that improvements were needed in the staffing, governance, management and leadership of the Prevention and Control of Healthcare Associated Infections at a senior level at Tallaght Hospital. This led to a detailed review of our governance structures and the adoption of a new governance framework in 2015 with an overarching infection control governance committee with supporting clinical and environmental committees. Following the inspection in September 2015, HIQA reported that the hospital now "has established a clear framework of accountability and reporting lines". HIQA also recognised the recent addition of a third consultant microbiologist, a surveillance scientist and an Assistant Director of Nursing for Infection Prevention and Control.

Environmental Auditing:

HIQA identified the need for improvements in both the quantity and quality of environmental auditing reported in the hospital. Since then, a multi-disciplinary audit team led by facilities management which includes members of the Executive Management Team has been formed. This team is made up of 44 trained auditors who engaged in rolling out a programme of audits in 2015 covering all clinical areas.

Hand Hygiene Audit Performance:

HIQA reported that hand hygiene compliance ratings were low compared to other hospitals in Ireland. Multiple initiatives were put in place to improve these rates throughout 2015 culminating in a rating of 86% in the national audits in October 2015 which was 6% better than 2014.

² Report of the unannounced inspection at Tallaght Hospital against the *National Standards for the Prevention and Control of Healthcare Acquired Infections*

General Maintenance / Infrastructure

HIQA reported the need for a planned approach to repairs, maintenance and general infrastructure development. The Hospital has since developed and rolled out a quality improvement plan which included planned refurbishment of all wards. By the end of 2015, two thirds of the six bedded rooms and a quarter of the single bays were renovated.

Progress has been made across many more areas. A progress report against all of these can be found using the following link: www.tallaghthospital.ie/About-us/Reports-Publications.html

Other reports

A review of the three other relevant HIQA reports from 2013³ was also undertaken in 2015 to assess the learnings, the relevance of the recommendations to Tallaght Hospital and follow up actions if required.

19 out of total of 54 recommendations from the reports had relevance to Tallaght Hospital. Some of these recommendations were also included in the 2012 Tallaght Hospital Report Report which have been incorporated into the normal workings of the organisation.

A number of quality improvement projects were instigated during 2015 to improve our compliance with the remaining recommendation including the following:

- Improved medical handover processes
- Refurbishment of wards in order to provide an environment suitable for delivery of effective and safe care
- Developed operational dashboards for key performance indicators
- Introduced clearly defined, agreed, and documented patient care pathways to ensure that patients are managed or transferred to the most appropriate hospital

WHAT DO OUR PATIENTS TELL US?

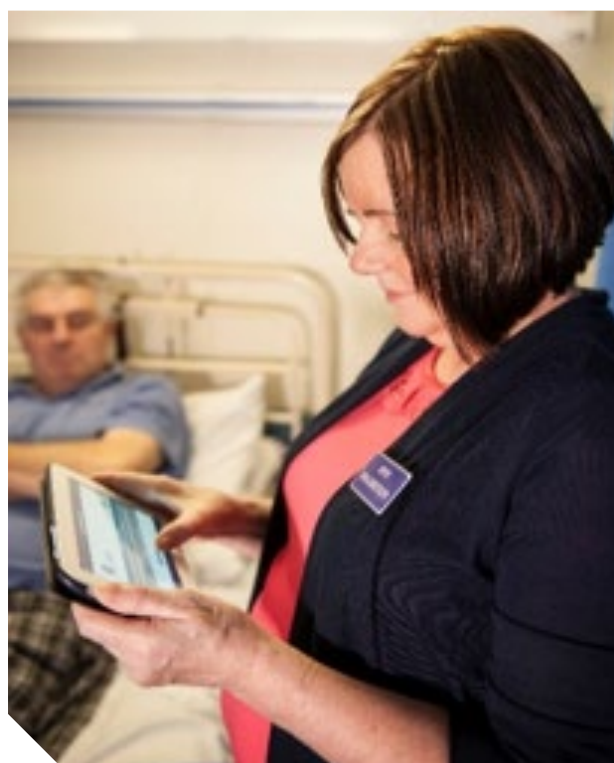
Comparing ourselves against national and internal clinical and healthcare provider standards represents good practice but we recognise that more can be done. In line with this and our culture of 'people caring for people' Tallaght Hospital introduced a range of initiatives and services in 2015 to hear and respond to feedback from patients and staff.

Patient Surveys

In 2015, Tallaght Hospital introduced a comprehensive, ongoing programme of patient surveys which were collected by our volunteers using handheld tablets.



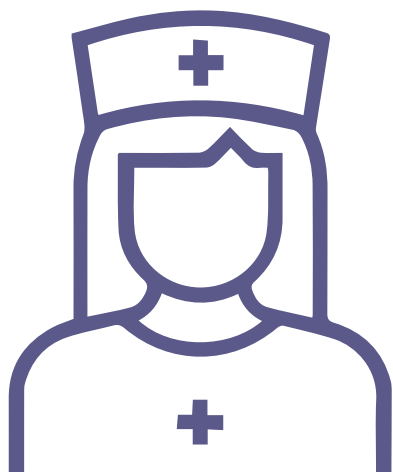
Teresa Quinn, a volunteer with handheld device



Sandra Clifford, a volunteer with handheld device

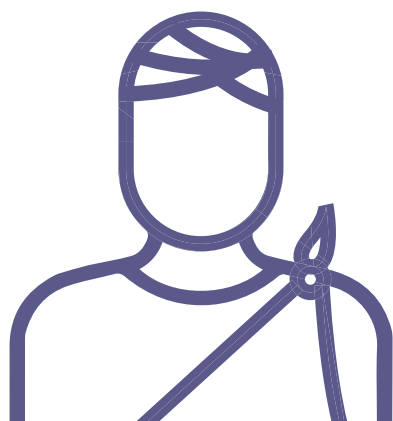
3 University Hospital Galway Report 2013, The Pre-Hospital Emergency Care Service 2014 and The Portlaoise Report 2015.

Between July and November 2015, Tallaght Hospital interviewed 426 patients across the Hospital's inpatient wards (176 patients) and outpatient departments (250 patients).



95%

of inpatients said they 'always' had confidence and trust in the nurses treating



44%

of inpatients reported that they definitely found someone on the hospital staff to talk to about their worries or fears

Figure 1 and 2 - Patient Survey Findings 2015.



Key findings from the Inpatient Survey

- ✓ 58% of inpatients rated the care they received as excellent, a further 26% rated it as very good, 10% gave a rating of good, 5% a rating of fair, and just 1% rated their care as poor
- ✓ 42% of patients reported that they were extremely likely to recommend the ward they were treated on to friends and family needing similar care or treatment, with a further 43% likely to do so
- ✓ The Hospital scored very highly on elements of care such as cleanliness. For example, 98% of patients surveyed thought that the hospital room or ward was clean, and 96% of patients said that staff always cleaned their hands
- ✓ High levels of confidence and trust in staff were evident, with 95% of the patients reporting they always had confidence and trust in nurses treating them, and 85% in the doctors

Areas for improvement:

- > 38% of patients said they experienced staff contradicting each other
- > 24% of patients reported that they had not found someone on the hospital staff to talk to about their worries or fears
- > 23% of patients said they were not given enough information about their condition or treatment
- > 8% reported that they had not been involved, as much as they wanted to be, in decisions about their care and treatment
- > Of those patients who had experienced pain during their hospital stay, 5% felt that staff did not do everything they could to help control their pain
- > 5% of patients who were asked said they did not get answers they could understand from doctors, when asking important questions
- > Of those who needed help, 5% said they were not given enough help to take their medicines
- > 2% said they did not have confidence and trust in the doctors treating them, with 1% not having confidence and trust in the nurses treating them and 1% reporting that they were not treated with respect and dignity whilst in hospital



Key findings from the Outpatient Survey

- ✓ **84%** of patients reported that they were extremely likely or likely to recommend the outpatient department to friends and family needing similar care or treatment
- ✓ The Hospital scored very highly on elements of care such as interactions with doctors. For example, 98% of the patients surveyed said that the doctor knew enough about their medical history; a high percentage of patients (91%) reported that the doctor *definitely listened* to what they had to say; 89% *definitely had confidence* and trust in the doctor examining and treating them and 93% of patients said they *completely understood* what the doctor said

Areas for improvement:

- > Of those patients waiting for more than 15 minutes, from their stated appointment time, 45% were not kept informed of waiting times, but would have liked to have been. In addition, 33% were not told why they had to wait, but would have liked an explanation
- > 17% of patients reported to be dissatisfied with the length of time they had to wait, from being referred by their GP, to attending their hospital appointment
- > 14% of patients said they were not given written information about the hospital, prior to their appointment, but would have liked information
- > 8% reported that they had difficulty finding their way from the main entrance to the outpatient department
- > 2% reported that they could not find a place to sit in the waiting area
- > 2% reported that they were not involved as much as they wanted to be in decisions about their care and treatment
- > 1% reported that their appointment was changed by the hospital, more than once, to a later date



I enjoyed taking part in the patient survey initiative because it was something different and gave the patients a chance to have their say about the hospital and the service they experience during their visit”

(feedback from one of our volunteers)



“

The level of hospitality friendship and care was excellent. I couldn't rate them highly enough”

(comment taken from the inpatient survey, Sept 2015)



What have we done with the results?

The Project Team has fed back the results of the surveys to Hospital Directors as well as frontline hospital ward and outpatient department staff with a view to agreeing and implementing quality improvement actions including the following:

- ✓ Our website has been redesigned with much greater detail provided about the hospital and the individual departments which the patients might visit. Patients will be referred to this as part of their appointment letter
- ✓ The nursing staff are focusing on improved communication to patients in our outpatient department when patients are waiting to be seen
- ✓ There are a range of initiatives to reduce outpatient waiting times, including list validation, increased clinics and increased staffing
- ✓ Uniforms for our volunteers have been introduced which will enable easier identification
- ✓ The Hospital is intending to expand our staffing levels within our pastoral care service, to ensure there are even more staff available for patients to talk to about their concerns and fears⁴
- ✓ Improved Atrium and Outpatient signage

We believe these improvements will lead to a greater level of patient satisfaction with our service users. The survey findings have provided greater transparency and a baseline performance level which allows us to ensure we maintain our strengths whilst working on areas that need improving.

⁴ The Pastoral care in Tallaght Hospital is provided by trained healthcare chaplains from the four main Christian traditions. Chaplains are available 24 hours a day. They offer spiritual, religious and emotional support for people of all faiths, traditions, philosophies and none. Pastoral care includes counselling, presence, a listening ear, prayer, arrangements for sacraments, support in decision making, advice relating to faith and advocacy.

STAFF SURVEYS

Without patients, Tallaght Hospital would not exist but equally without staff we would not be able to provide care. Staff in Tallaght Hospital are extremely motivated to ensure the Hospital provides the best care we can for our patients. All staff, but particularly frontline staff, have excellent insights into what is most important for our patients to maximise the care they received. With this in mind, in March 2015, the hospital carried out a Patient

Safety Culture Survey for Staff which enabled senior management and the Hospital Board to gain a greater understanding of staff perceptions of quality and patient safety in the hospital with a view to identifying opportunities to improve such care.

This was a repeat of the HSE designed survey which was carried out in Tallaght Hospital in 2013. The 2015 survey yielded a response rate which was 42% higher compared to the 2013 survey with very good representation across all the different staff groups in the hospital.

The following is a summary of the key findings from the Survey:

Average % Positive Response by Dimension			
Dimension	2013 Response	2015 Response	2013 v 2015
Teamwork within Wards/ Departments	74.4%	79.5%	↑ 5.0%
Organisational Learning/Continuous Improvement	64.8%	71.0%	↑ 6.2%
Supervisor / Manager Expectations and Actions	63.0%	68.8%	↑ 5.8%
Frequency of Incidents Reported	61.2%	63.6%	↑ 2.4%
Communication Openness	55.8%	60.6%	↑ 4.8%
Feedback & Communication about Error	49.0%	54.6%	↑ 5.6%
Overall Perceptions of Patient Safety	45.9%	54.0%	↑ 8.1%
Non Punitive Response to Error	47.4%	50.0%	↑ 2.6%
Teamwork Across Wards/Departments	47.7%	48.0%	↑ 0.3%
Management Support for Patient Safety	36.9%	46.6%	↑ 9.7%
Handoffs & Transitions	33.1%	29.7%	↓ 3.4%
Staffing	30.0%	34.5%	↑ 4.5%

The findings from the survey have been reviewed in depth by the Executive Management Team which has put in place a number of initiatives in response to the feedback. The table below reflects our responses to the three worst performing areas:

Survey Feedback	Initiatives
Need for more investment in staffing levels, particularly nursing	A wide range of initiatives were introduced including the rollout of a 'Return To Acute Nursing' educational programme and proactive national and international recruitment campaigns
Need for increased management support for patient safety	The number of Executive Management Team walkabouts have increased with a greater number of managers involved in same. This enables senior managers to truly understand and address any safety concerns raised by frontline staff.
Need to do more to ensure that patient safety is not compromised when care is being transferred from one team to another	Rolled out a number of quality improvement initiatives to address this including the implementation of national clinical guidelines on nurse handover.



PATIENT ADVOCACY

Helping our patients to find their voice and more importantly having it heard is at the very core of the work undertaken by the Patient Advocacy Department (PAD). Established in 2002, the PAD continues to acknowledge, advise, and act upon patients' and / or their relatives' experiences, both positive and negative during their journey through the Hospital. There is a standardised process, by which every piece of feedback received, is documented and responded to. The Patient Advocacy staff, nursing and other clinical staff where appropriate, arranges family meetings facilitating a conversation with regard to concerns raised. This serves to strengthen the relationship between staff and patient, and fosters a relationship of trust and openness. It also drives improvements in the quality of care provided as the Hospital staff will use the feedback to improve their services and respond appropriately to improve the care provided for the next patient.

The PAD not only takes feedback in the form of complaints but it also encourages and documents positive feedback about the Hospital, its services and staff. The PAD is a conduit for this information and makes every effort to circulate this feedback. The following chart shows the breakdown between formal complaints, informal complaints and positive feedback for 2015.

Type of Interaction

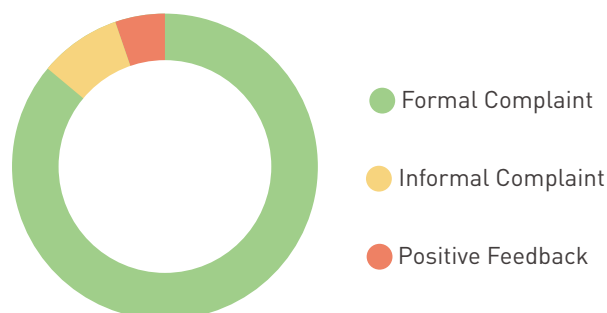


Figure 3 - Patient Feedback 2015



You were both very professional and explained everything in great detail. I was reassured and delighted with the outcome of the tests. We are very lucky to have a service like this available and have dedicated and professional people running it”

(feedback received by our Patient Advocacy Department from a satisfied patient)

In 2015 there were 936 issues logged, compared to 919 in 2014 and 672 in 2013. The national target legislation require that we complete our response to a complaint within 30 working days. 78% of complaints were completed within the national target of 30 days in 2015 compared to 76% in 2014 and 2013. Figure 4.

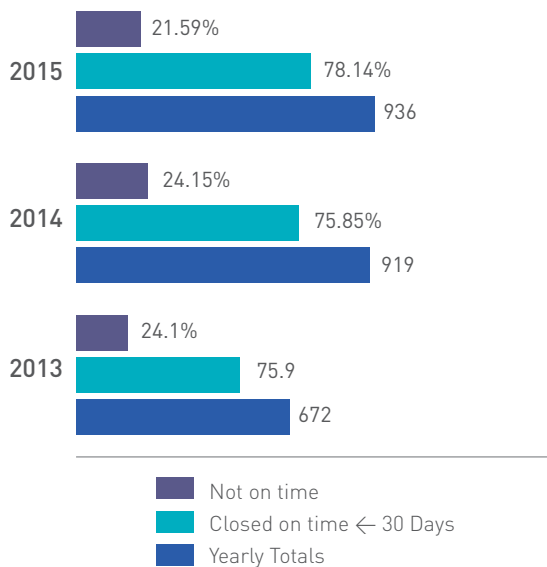


Figure 4 - Percentage of Complaints Completed 2013-5

User Engagement / Experience

To support patient and community feedback, Tallaght Hospital has developed a Patient Community and Advisory Council (PCAC). This council provides a forum by which people are enabled to become actively and genuinely involved in defining the issues of concern to them about the Hospital and its services. This involves making decisions about factors that affect themselves and their local community. It involves formulating and implementing policies, planning, developing and delivering services and taking action to achieve change. The PCAC is the patient and community element working in partnership with our Hospital.



There are many more questions that need answering – we are all very shocked at this time as he was in full health and full of life before leaving”

Insert from letter received from a bereaved family

The following are some of the initiatives that the PCAC have participated in and / or organised during the course of 2015:

- Trained NIQA auditors
- Supported the development of an infogram for the Adult Emergency Department
- Currently developing a Patient Passport for patients with intellectual disabilities
- Contributed to the development of the Hospital Map
- Contributed to the development of the Zero Harm Leaflet
- Supported and liaised with Hospital Management for the provision of office space for the OPAT Services
- Advocated on behalf of a patient during the course of a Trust in Care issue of a patient

The Hospital has through its participation, supported the Annual Tallaght Health Fair. This event is co-ordinated by the Fettercairn Community Health Project in partnership with Statutory and Community Organisations. The attendance at this increasingly popular event not only enables our medical professionals to engage with people living in Tallaght, but it is also a marvellous opportunity to engage with a broad spectrum of health-related organisations and services that are active in our local community.

Ombudsman Report

Tallaght Hospital's Community Outreach Programme and system for handling complaints has been commended in a 2015 report by the Ombudsman, ('Learning to Get Better') into how public hospitals engage with the public and learn from the feedback. The Ombudsman's report highlights the importance of hospital users being aware of their right to complain and that they are given appropriate information on how to complain. Tallaght Hospital's PCAC was used as an example of a community-based group which contributes to understanding of the experience of patients and families using the Hospital services as well as providing them with information on their right to make a complaint.

Patient feedback is a central part of all Tallaght Hospital's operations and this includes consideration of an individual patient's complaint at each Hospital Board meeting. This practice was also commended by the Ombudsman Mr Peter Tyndall in his comments at the launch of his report 'Learning to Get Better'.

The Patient Advocacy Department will relocate to the Atrium during the course of 2016 making it more accessible to the public. This is in line with the recommendations from the Ombudsman's report.

QUALITY DASHBOARDS

One of the most important requirements to drive quality improvement is to have easily accessible, accurate data and information which enable us to monitor the quality of care which is being provided. It allows us to compare performance in crucial areas both over time and compared to national

targets and respond quickly if the data indicates areas where the standard of care might be falling. In Tallaght Hospital there are multiple excellent sources of data which we are constantly using for these purposes. The following graph provides examples of these with some key findings for 2015.

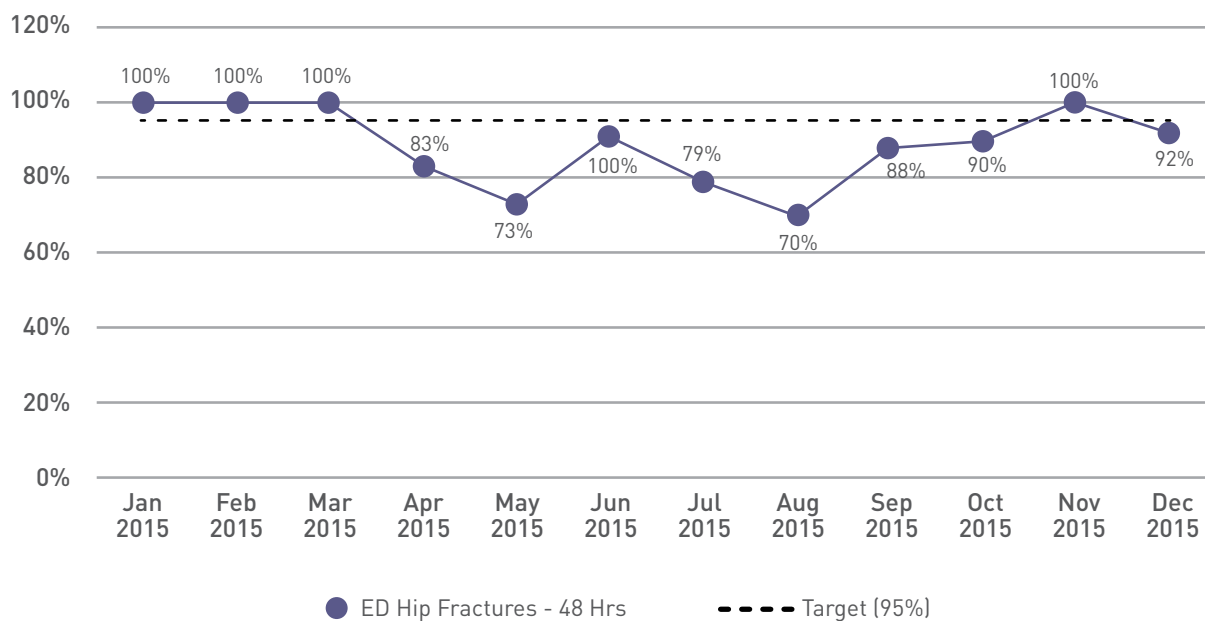


Figure 5 - Percentage of Patients with Emergency Hip Fractures who receive Surgery within 48 hours

This graph shows how the Hospital is performing against the national target to ensure that every patient who is admitted to the Hospital with an emergency hip fracture under goes surgery within 48 hours. Although there was a dip in performance mid-year, corrective actions ensured that performance recovered by year end.

NURSING INSTRUMENT OF QUALITY ASSURANCE (NIQA)

In addition to the quality dashboards, Tallaght Hospital has a nationally acclaimed NIQA which continuously measures the quality of nursing care every two months. The following indicators are measured:

- Nursing Documentation
- Tissue Viability (the quality of a patient's skin)
- Falls Management (what is being done to prevent falls)

- Clinical Observations
 - Pain Management
 - Nutritional Management
 - Discharge Planning
 - Infection Prevention and Control
 - Medication Management
 - Patient Experience

The availability of key information on nursing care enables the nursing service to focus on where improvements on patient care can be made. Every two months a report is generated and sent to each individual clinical area. Quality improvement plans are then developed and implemented.

For example in 2015 the findings from NIQA have resulted in the following improvements which in turn support the delivery of evidence based, quality nursing care:

- A revision and adaptation of nursing documents such as the admission documents and the nutritional, infection prevention and pain nursing care plans
- A process review which has streamlined work practices within the nursing service
- The introduction or revision of several policy, procedure, protocol and guideline documents such as the enteral feeding policy
- The introduction of new care bundles, for example, a redeveloped nursing care bundle to further improve the quality of care delivered to patients at risk of developing pressure ulcers

The NIQA results in 2015 continued to demonstrate areas of good practice which meet and exceed the current quality threshold. In addition, the patient experience indicator continued to reveal positive results and comments. Indeed the question which asks if the patient would recommend the hospital based on their experience had reached 100% by July 2015.

POLICIES, PROCEDURES, PROTOCOLS AND GUIDELINES (PPPGS)

One of the greatest contributions to achieving quality of care for patients is to ensure there is no unjustified variation in how we treat our patients. Each patient needs their own bespoke care plan which sometimes, justifiably requires a different management approach. However, in the majority of cases we benefit from having PPPGs which set out the best way to manage our patients, thus avoiding unnecessary variation. With this in mind, Tallaght Hospital invested considerably in 2015 to develop, update and make available a wide range of PPPGs. In 2015, a total of 151 PPPGs were formatted, uploaded and activated on our PPPG database (Q-Pulse). This was an increase of 31% in comparison with 2014. In addition, PPPG Training sessions were provided to 43 staff members.

TALLAGHT HOSPITAL'S QUALITY IMPROVEMENT METHODOLOGY

A good system of quality not only requires being able to know when the standard of care needs to be improved it also requires being able to make the changes required to do things better and showing that the improvement has been made.

In Tallaght Hospital we have developed a unique approach which draws on a wide variety of internationally recognised methodologies, approaches and tools many of which share some simple underlying principles, including a focus on the following:

- Understanding the problem with a particular focus on what the data tells you
- Understanding the processes and systems within the organisation, particularly the patient pathway and whether these can be simplified
- Analysing the demand, capacity and flow of services
- Choosing the tools to bring about change, including leadership and clinical engagement plus staff and patient participation
- Evaluating and measuring the impact of the change

Given that our staff are our best asset, Tallaght Hospital invests time and resources to train them to prioritise patient safety and apply evidence-based continuous quality improvement techniques to ensure we generate a culture and skill-set within the hospital where we constantly review what we do and introduce changes for continuous improvement. Tallaght Hospital has a long history of using quality improvement tools which is aligned with its ongoing commitment to providing excellent patient care. We implemented Six Sigma process improvement in 2000 (one of only two hospitals in Europe) for which we were awarded the Taoiseach's Award in 2004.



Given that our staff are our best asset, Tallaght Hospital invests time and resources to train them to prioritise patient safety and apply evidence-based continuous quality improvement techniques





QI Project Management Graduation 9th March 2015

Back row: (left to right) Shauna Ennis, Nurse Practice Development Co-ordinator, Mairead Holland, Advanced Nurse Practitioner, Occupational Health, Victoria Jones, Senior Physiotherapist. Front Row: Bernadette Corrigan, Assistant Director Of Nursing, Mary Hickey, Quality Improvement Lead (QI trainer) Dr Daragh Fahey, Director of QSRM, Cait Tobin, Clinical Nurse Manager 3 Theatre and Eimear Digan, Dietitian

2015 Quality Improvement & Project Management Programme

A Quality Improvement (QI) methodology has been developed that incorporates PDSA (Plan, Do, Study, Act), Lean and project management tools. PDSA refers to a small step approach to change in care which can be reproduced on a larger scale if improvements have been achieved. The central theme of Lean is to eliminate waste – waste is any activity that does not add value to the patient. The exact QI tools used will vary according to the exact nature of the problem, the objective of the project and the results of the initial data analysis. For example, more of the Lean tools/approach will be used for projects in which there is a lot of waste in the process whereas the PDSA approach will be used where there is a lot of variation.

2015 marked the second year of our new training programme. This consists of three days of classroom teaching plus six one hour coaching sessions which are used to help the participants to successfully implement their Quality Improvement Project (QIP).

The goal for the participants is to be able to learn and demonstrate knowledge, capability and practical application/understanding of the QI tools and techniques which they could use throughout their career. A further goal is to develop analytical skills, structured thinking and problem solving skills which could be applied to their project but also to further project work in their departments. When the three day training programme is completed participants have 120 working days (17 weeks) to complete their project. While data analysis tools are taught during the training programme a separate data analysis training workshop is provided to demonstrate how to use excel to generate various graphs. After training has been completed and the project implemented within the timeframe agreed participants graduate with a “Certificate of Achievement”. Graduations are held twice yearly.

There were two QI and Project Management training programmes in 2015 which took place in March and September respectively. In total 10 staff completed the training.

There were also four one-day Meeting Facilitation Skills workshop with a total of 22 staff trained. A Process Mapping workshop (3.5 hours) was also introduced during 2015 with 12 staff completing the training.

All workshops participants received a "Certificate of Attendance". There were two graduations held in March and October 2015 with 13 staff graduating. All staff who attended training in the March 2015 graduated in October 2015.

Quality Improvement Projects completed as part of QI programme in 2015

Clinical nursing handover process
Development of HSE and ad-hoc electronic HR reports
Compliance with the Tallaght Hospital early warning score escalation protocol in association with the HSE recommendations for audit
Mealtime process on an acute ward
Pre-admission of surgical patients prior to day of surgery admission (DOSA)
Set & agreement of structures for adult tonsillectomy fast track initiative
Triaging process for GP referrals to unspecified consultants in the department of surgery
The development of a physiotherapy treatment room at ward level
Tallaght Hospital dashboard design
Management of referral process for absenteeism
Retention process for medical records banker boxes (routine access/third party) in Wincanton off – site facility
Management of the Paediatric elective admission waiting list
Introduction of a molecular testing service for cases of both nosocomial and community acquired clostridium difficile Infection (CDI)

TALLAGHT HOSPITAL QUALITY IMPROVEMENT PROJECTS (QIPS)

In 2015, just as in previous years, staff members throughout Tallaght Hospital implemented a range of projects and initiatives to improve the quality and safety of care for our patients. Many of these initiatives have received financial support from the National Children's Hospital (NCH) Foundation, the Meath Foundation and the Adelaide Health Foundation to whom we are very grateful. In 2014, The Meath Foundation established an annual quality improvement fund of €100,000 to support Tallaght Hospital quality improvement initiatives. This enhanced the funding from the Adelaide Health Foundation which has an 'Adelaide New Initiatives Scheme' a 'Healthcare Advancement Fund' and a 'Patient Pound Day Scheme' which all provide funding to support staff to improve the care which they provide for patients. The NCH Foundation were very generous in 2015 supporting a number of new quality improvements including the development of new support services for patients and their families to include a specialised outdoor play area as well as a multi-sensory room in the Paediatric Emergency Department. The Foundation also funded the further development of the art therapy programme (including "music for babies" project) for children in the hospital.

Of course, many QIPs are delivered without funding with individual staff members simply being internally driven to change their current service to meet a higher standard for their patients.

It is beyond the scope of this report to provide an exhaustive list of all these QIPs however the following describes a selected list of projects which delivered significant improvements for our patients in 2015. A table is provided in Appendix A which lists some of the other QIPS.

Improving Routine Outpatient Access to MRI

Tallaght Hospital, in common with most public hospitals in Ireland, has long waiting times for MRI scans which potentially could lead to a delayed diagnosis and management for our patients. In response to this, our Diagnostic Directorate led a multicomponent initiative with multiple stakeholders which has reduced the waiting times for routine access to MRI Brain and Spines by over one year. This included updating MRI protocols to reduce patient time on the scanner and increase capacity, validation of waiting list to reduce the number of those who did not attend for their appointment, reviewing scheduling practice to improve ratio of inpatients to outpatient and create opportunities to add extra appointments.

Implementation of an Integrated National Renal System (eMED)

The Renal Department introduced a customised renal electronic patient record which has meant improved safety and more effective and efficient care for patients as laboratory tests, clinic letters, and treatment data are all available in one place. This means that as the patients move between care teams, their record moves with them.

Ward Improvement Project

As part of the ward refurbishment project, quality boards were introduced onto the wards which provided key ward information such as photos, names and contact details of ward managers, ward metrics and patient feedback. Feedback from staff and patients has been very positive.



Gogarty Ward Quality Board – Ward Information

Intraoperative Cell Salvage

A new intraoperative cell salvage service was introduced in the Hospital in 2015 by our Anaesthesia Department which enables patients to receive back most of the blood they lose during surgery. The procedure provides multiple benefits from the patients perspective as well as cost savings from using blood bank blood.

Quality Improvement Initiatives to Enhance Food and Nutritional Care

A Nutrition Steering group was developed in 2015 to bring an even greater focus on meeting the nutritional and hydration needs of our patients. This oversaw the implementation of a range of QIPs which contributed greatly to meeting the National Standards For Safer Better Healthcare.

Laboratory Medicine QIPS

Currently the disciplines of Blood Transfusion, Microbiology, Clinical Chemistry and Cellular Pathology are accredited by the Irish National Accreditation Board (INAB). In line with this, the laboratory department has a programme of continuous QIPs. Some of the major improvements which took place during 2015 were the introduction of Blood Tracking in the Blood Transfusion Laboratory and changes to sweat testing in Clinical Chemistry. In addition, about 80 minor continual improvements were implemented during 2015 covering the full range of processes in the laboratory from pre-examination to reporting of results. All of this has meant greater patient safety and improved reliability and accuracy of patients' tests.



Gogarty Ward Quality Board Metric



The Trinity College Dublin Provost with Trinity College and Tallaght Hospital staff on the occasion of signing the memorandum of understanding between the Hospital and the School of Pharmacy and Pharmacological Sciences

Renal/Satellite centre

Patients with kidney failure need regular dialysis of their blood in order to avoid becoming very ill. In February 2015 a new satellite haemodialysis centre opened in Tallaght which is the second largest dialysis site in Ireland. It is a very welcome addition for patients as it allows the Hospital to provide care closer to home as previously these patients travelled to Sandyford for their care.

Collaborative Pharmaceutical Care at Tallaght Hospital (PACT)

Pharmacists provide enormous support to clinicians for their inpatients to ensure accurate and safe drug prescribing. Before 2015, the Hospital would assign a pharmacist to a ward. This initiative was about changing this to assign the pharmacist to a particular specialty (e.g. cardiology) which allows for a closer working relationship with the doctors with improved quality assurance of prescribing practices in Tallaght Hospital. The introduction of PACT pharmacists to specialties required new skill-set including collaborative prescribing. Transformation commenced in December 2014 and completed in May 2015.



Dawn Davin and Edwina Morrissey were the first Irish clinical pharmacists to successfully complete the QUB Prescribing Diploma

Introducing Thrombectomy Option for Stroke Patients

The management of patients with stroke is improving every year. One of the most recent advancements is the ability to surgically remove clots (thrombectomy) in the blood vessels supplying the brain which is causing the stroke in a small group of patients. As this care is not provided in Tallaght Hospital our stroke team and Radiology department introduced an evidence based protocol and multiphase CT angiography for patients with acute stroke to identify and transfer to Beaumont Hospital such patients who would be candidates for emergency thrombectomy, thus maximising their outcome.

Medicines Management Technician (MMT) Service

The supply of regularly used stock medications to wards is straightforward. However patients who require other (non-stock) medications pose a challenge for the system. Medications that are not available when needed may result in delayed treatment of patients, the ward drug round extended and take up additional nursing time. A QIP was rolled out which introduced a ward based role for pharmaceutical technicians in the management of medications to improve efficiency of drug rounds and reduce missed doses. The QIP has been very successful with the average length of time per drug reduced by 20%, a reduction in the number of interruptions per drug round by 23% and the percentage of missed doses due to unavailable medications reduced by 45% improvement.

The following projects were delivered by candidates who graduated from our Quality Improvement Academy in 2015.

Molecular Testing Service for Nosocomial and Community Acquired *Clostridium Difficile* Infection (CDI)

As with any test, the quicker the lab can complete the test, the quicker the doctors can provide a treatment for patients. Staff in Tallaght Hospital identified that there was a slow response to clinicians from the laboratory when they queried whether a patient might have a *Clostridium difficile* bacterial infection. In response to this, a new molecular system was installed with training, validation and verification completed by June 2015. This resulted in a reduction in the time taken to produce a result from 85% in three days to 90% in one day.

Retention Process for Medical Records in Off-site Storage Facility

All hospitals need to maintain their patient records for long periods of time in case they are needed in the future. There had been no agreed hospital process for the retention of such records. In 2015, the Hospital adopted the HSE 2012 Retention Policy. 102 banker boxes from a total of 295 identified were destroyed according to the policy (over eight years). A destruction standard operating procedure (SOP) was developed, communicated and implemented by medical records staff and supported by a new SharePoint database.

Consolidation of Human Resources Reports

A number of Human Resources reports are required internally and by the HSE on a monthly basis but historically the data for these reports had to be manually compiled. As a result of this project a total of 35 reports are generated and distributed automatically each month. This improvement yielded a reduction in the time taken to produce the report from five working days to one hour for the new process.

Management of the Paediatric Elective Admission Waiting List

Historically all paediatric consultant bookings were kept manually. The project manager and her team wanted to move to using our electronic patient information management system (iPIMs). A new booking form/process for elective admissions to the clinical areas was implemented to ensure that all elective admissions could be tracked on iPIMs. All admission offer letters have been standardised. In addition, an electronic diary has been implemented for all ward areas so that staff can easily identify who is to be admitted each day.

Dashboard Design

Providing frequent, relevant, up-to-date quality data to senior managers in a format which is easy to understand is crucially important to inform the right decisions to maximise patient safety. In line with this, the hospital has implemented a series of quality improvement initiatives to produce a Quality Dashboard.

Adult Tonsillectomy Fast track Initiative

At the commencement of this project there was a large OPD waiting list for Tonsillectomy. Funding was agreed for a nurse co-ordinator (first quarter 2015) and the criteria for Adult Tonsillectomy were agreed along with a Patient Assessment Tool. A total of 232 patients were contacted and screened resulting in 198 ENT out patients avoidances thereby reducing the waiting list.

Mealtime Process on an Acute Ward

Evidence showed that the support provided to patients at mealtimes needed to be improved. As part of this project a visible, defined mealtime was agreed and implemented. Some of the process improvements implemented focused on the lead-in time to the mealtime to assist the patients.



Mairead Shields, Chair of Meath Foundation, Professor Stephen Lane, Medical Consultant and Meath Foundation Board Member and Fiona Cahill, Executive Manager, National Office of Clinical Audit

Agreed return times to the ward for patients from therapy were implemented (achieving 70-75% compliance). A new innovation tool was developed which assessed which patients needed particular assistance and was fully implemented. This project laid the foundations for the introduction of protected mealtime across all wards in the Hospital. The project methodology and results were presented at the Clinical Audit & Quality Improvement Day and was awarded the first prize medal.

The Development of a Physiotherapy Treatment Room at Ward Level

This project looked at improving access for patients to optimal physiotherapy rehabilitation following their illness. Measurement of suitable patients was undertaken showing that 53% of the patients were suitable for treatment in either a rehabilitation room or at the bedside. Further work is underway to identify a suitable room to convert into a rehabilitation room at ward level.

Tallaght Hospital Early Warning Score Escalation Protocol

Tallaght Hospital was one of the first hospitals in Ireland to introduce a very clear protocol for

how different clinical teams within the Hospital should respond if a patient's clinical condition gets worse. This quality improvement initiative is constantly being improved. An audit of the Hospital's Early Warning Score escalation protocol clearly demonstrated that we needed to improve the documentation. This led to changes in the internal communication tool used by nursing and medical staff. The protocol was displayed on patient monitors and a dedicated phone were assigned. A 22% improvement in documentation was achieved in the re-audit. Implementation of this process was achieved across all adult wards by the end of 2015. This project won the best poster prize at the Clinical Audit & Quality Improvement Day 2015.

Clinical Nursing Handover Process

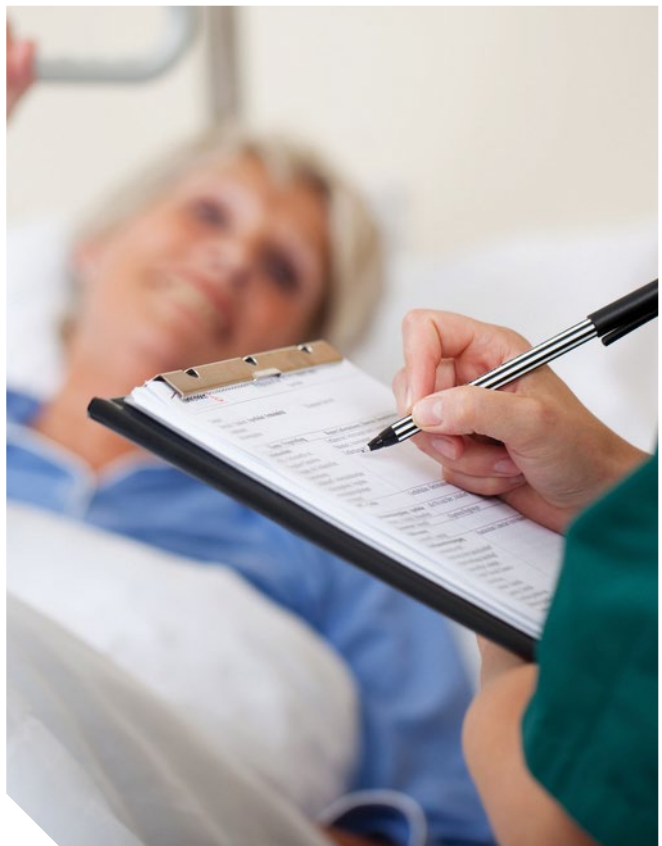
When a nurse finishes his/her work shift he/she provides a handover to the nurse who takes over from her in which she talks about the patients under his/her care and what their needs might be. The purpose of this project was to establish a standardised process for this in line with best available evidence. This has led to a new clinical handover process being designed and piloted with a view to rolling out to all wards in the Hospital.

Triaging GP Referral Letters to Unspecified Consultants in Department of Surgery

A Standard Operating Procedure for “Dear Doctor” referrals was developed for the Department of Surgery. All senior doctors designated to triage letters to undesignated Consultants were given clear guidelines. There was also reduced waiting times for appointments to OPD and Day Ward. The new process ensures that all referrals to undesignated consultants are appropriately and evenly distributed among the consultants in the Department of Surgery and that all referrals are allocated in a timely manner. Additionally, waiting lists for 2012/2013 were cleared as a direct result of establishing a new procedure clinic.

Pre-admission of Surgical Patients Prior to Day of Surgery Admission

Theatre staff identified that there was an issue with the on-time start in theatre specifically in relation to the first patient arriving from the day ward. The main goal of their project was to improve the overall patient journey by ensuring that the patients were ready for theatre on arrival in the Day of Surgery Admission (DoSA) lounge. Changes were introduced to improve patient flow including a whiteboard display of patients and numbering of the cubicles to create a visual display of patient’s location. Documentation was also reviewed and changes made. The improvement pilot showed that when admission is completed at pre assessment stage, admission time was reduced by 39 minutes which meant that patients could get to theatre more quickly on the day of their surgery and more patients could be treated in any one day.



Section Two

Safety



SAFETY DASHBOARDS

As a hospital with ‘people caring for people’ Tallaght Hospital wants to ensure that it not only provides a high quality service but also that all patients, visitors and staff are safe when they use our service. Patient and staff safety continues to improve through a variety of approaches, including Zero Harm campaigns and the ongoing introduction of even safer equipment, techniques, care pathways, medications, interventions, protocols and policies.

This section describes a range of services and initiatives which aim to meet this goal.

Just as we use surveillance data to measure quality, Tallaght Hospital also uses such data for safety purposes. See figure 6 which shows figures for both hospital acquired (HA) and community acquired (CA) Methicillin Resistant Staphylococcus Aureus (MRSA) bloodstream infections. The rate of hospital acquired infections is the one which we pay the most attention to as it is within the Hospital’s control to prevent. The graph shows that although there were some cases of hospital acquired MRSA in January, April and September there were no cases for the last three months of the year.

Figure 7 below shows how the number of patient falls in the Hospital reduced from an average of 116 for the first 3 months to an average of 77 for the last three.

HCAI Prevention - MRSA

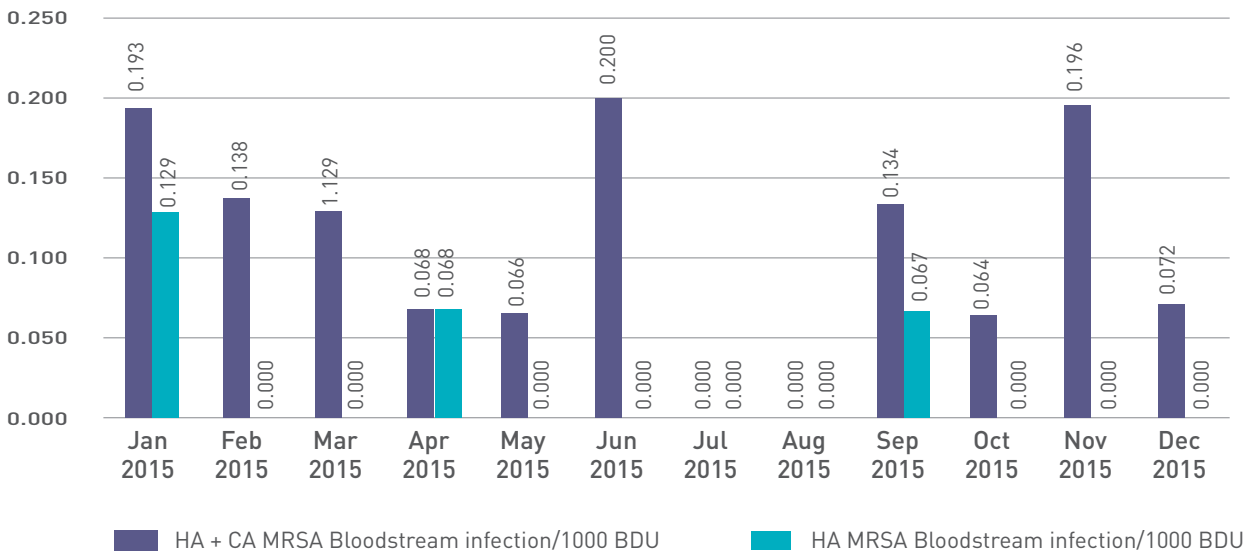


Figure 6 - MRSA Bloodstream Rates in Tallaght Hospital in 2015

Patient Falls

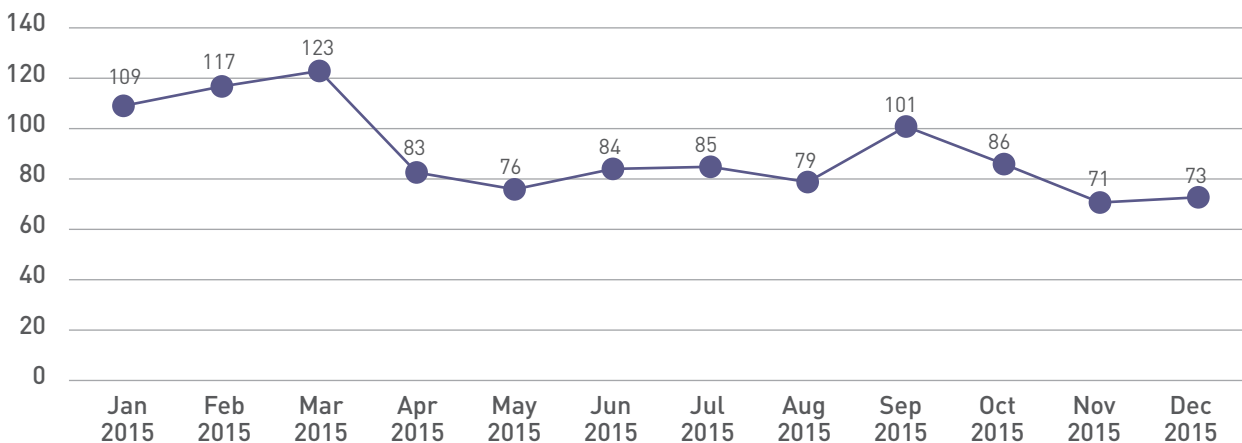


Figure 7 - Patients Falls in 2015

Adult Mortality [Excludes Psych]

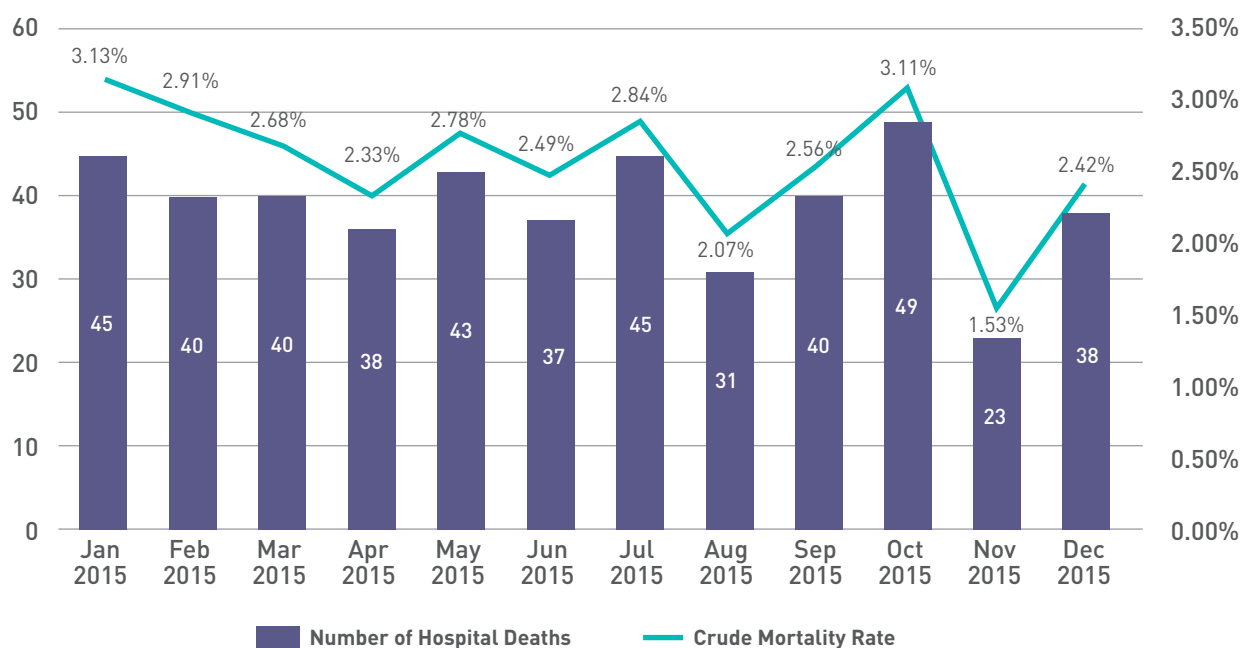


Figure 8 - 2015 Adult Mortality

The chart above shows a gradual reduction in death rates in Tallaght Hospital over 2015. This information is useful; and triggered the need to put in place an improved governance structure to respond to such data. With this in mind, following the introduction of Ireland's first "Audit of Hospital mortality" in 2015, Tallaght Hospital formally established a Mortality Review Committee. The purpose of the committee is to provide strategic oversight and surveillance of hospital mortality data. The committee is set up to meet quarterly and reviews a number of relevant data sets such as, national hospital mortality data, major trauma, and ICU audits, emergency response data, cardiac arrest data, peri-operative deaths and Coroners cases.

ZERO HARM 2015

Patient safety is about delivering health care which minimises risks and harm to service users. In 2014, the HSE produced a list of Serious Reportable Events (SREs) which are defined as 'a list of serious incidents, many of which may result in death or serious harm'. Some SRE categories are considered to be largely preventable incidents others are serious incidents that may not have been preventable or predictable but which need to be examined to determine if in these areas, safety was compromised or can be improved. In 2015, Tallaght Hospital had four serious reportable events. Although this number is low, it is still too high.

Infection Prevention and Control (IPC)

One of the biggest safety challenges for patients when they enter hospital is to avoid picking up an infection during their stay. Tallaght Hospital has a proactive IPC Team that is very clear on the actions necessary to deliver and maintain patient safety in this area. Equally, it is recognised that infection prevention and control is the responsibility of every member of staff and must remain a high priority for every healthcare worker to ensure the best outcome for patients. In 2010 the hospital signed up to the World Health Organisation's "Save Lives-Clean your Hands" campaign and the IPC Team continue to implement measures to increase hand hygiene awareness and compliance within the hospital.

In a new initiative commencing in 2015, the IPC Team with support from the Executive Management Team began training multi-disciplinary (MDT) healthcare workers. This allowed the local and MDT auditors to undertake an IPC audit on alternate months in a clinical area.

The development of IPC care bundles is an ongoing initiative between a number of departments in the Hospital. The development and piloting of IPC care plans for patients requiring infection transmission based precautions to reduce the spread of infections from one patient to another commenced in 2015.

Environmental Audits

The IPC team mostly focus on supporting the decisions (e.g. antibiotic prescribing) and behaviours of the clinical staff (doctors, nurses, health and social professional and healthcare assistants). However they also identify IPC risks in the actual hospital building such as poor washing facilities which need to be addressed. These risks are described as environmental IPC risks.

Prior to 2014, environmental audits to identify such risks were carried out by the IPC team with the results disseminated to the relevant stakeholders. In 2014 Tallaght Hospital introduced a systematic programme of multidisciplinary audits across 44 clinical areas (wards, theatres, outpatients) which would include teams comprising one auditor from the Estates and Facilities Directorate combined with two auditors from other Directorates. All 44 areas identified were audited from February 2015 to December 2015. The 18 areas which had a less than 85% compliance rate within the standards had a repeat audit within a month. The average score in these areas improved from 79% to 83%.

Zero Harm Campaign Promoting Good Infection Prevention and Control

Our goal in Tallaght Hospital is to rigidly apply to the fundamental medical principle of non-maleficence which means 'do no harm'. With this in mind, Tallaght Hospital launched a series of Zero Harm campaigns in 2014/5 covering infection prevention and control and medication safety.



Eoin Power, Business Manager Paediatrics and Dr Jerome Fennell, Consultant Microbiologist pictured at the Zero Harm launch

Under the Zero Harm banner a new hospital awareness raising initiative was introduced in 2014/5 with 'Clean Hands - Save Lives' being the first. In December 2014, Tallaght Hospital developed a set of targeted, high profile initiatives with a view to introducing behavioural change amongst staff, patients and visitors. This included a wide range of new promotional material with an identifiable brand and targeted messaging and the introduction of a new dress code for staff with an emphasis on 'Sleeves Up'. The second part of the Zero Harm campaign was launched in May 2015. This was a week-long initiative introducing the 'Hand Hygiene Taskforce'.

In October 2015, a third Zero Harm initiative took place which incorporated a repeat hand hygiene taskforce. Patients were encouraged to become more aware of hand hygiene through leaflets, posters and in the launched "It's ok to ask" campaign. Patients need to know when they should clean their hands and also when hospital staff are expected to clean their hands. Patients were given a leaflet on admission to the Hospital informing them that our staff have been trained in the "5 moments" of hand hygiene and that it's okay for patients to ask staff to clean their hands. Staff were also encouraged to remind each other to clean their hands. The IPC Team also introduced a practical and interactive ultraviolet light virtual ward initiative "Infection control under a different light" where the transmissibility of microorganisms was demonstrated using ultraviolet light to 249 staff.

The development of IPC care bundles is ongoing initiative between a number of departments in the Hospital.

Medicine Management and Medication Safety

Tallaght Hospital's Pharmacy Department's mission is to ensure safe, efficient, cost-effective and high quality use of medications by patients attending the Hospital, through collaboration with nursing and medical colleagues. The Pharmacy Department has provided national leadership in medication safety since establishing the first dedicated medication safety programme in an Irish hospital in 1999. It is driven by the Pharmacy Department but it has evolved into a hospital-wide interdisciplinary effort involving medical, nursing, bio-engineering, dietetics and pharmacy staff with overall governance of medication usage provided by the Drugs and Therapeutics Committee who provides overall governance of the medication use process in the Hospital. The goal of this Committee is to assure the provision of safe, effective medication treatment within the available resources of the Hospital. In 2015 the Committee reviewed almost 200 documents in support of over 70 submissions.

The Medication Safety Programme has fostered a generative safety culture among the medical, nursing and pharmacy staff, as well as hospital management. A number of these safety initiatives are listed in QIPs in Section One above. In addition, Tallaght Hospital operates a non-punitive system of reporting of incidents and near misses in the Hospital with a view to learning from being open about mistakes and taking preventive action against future harm. A high level of reporting is indicative of a positive safety culture. In 2015, a total of 557 medication safety incidents were reported. This figure includes medication errors, adverse drug reactions, and near misses.

Medication Safety Incidents reported in 2015

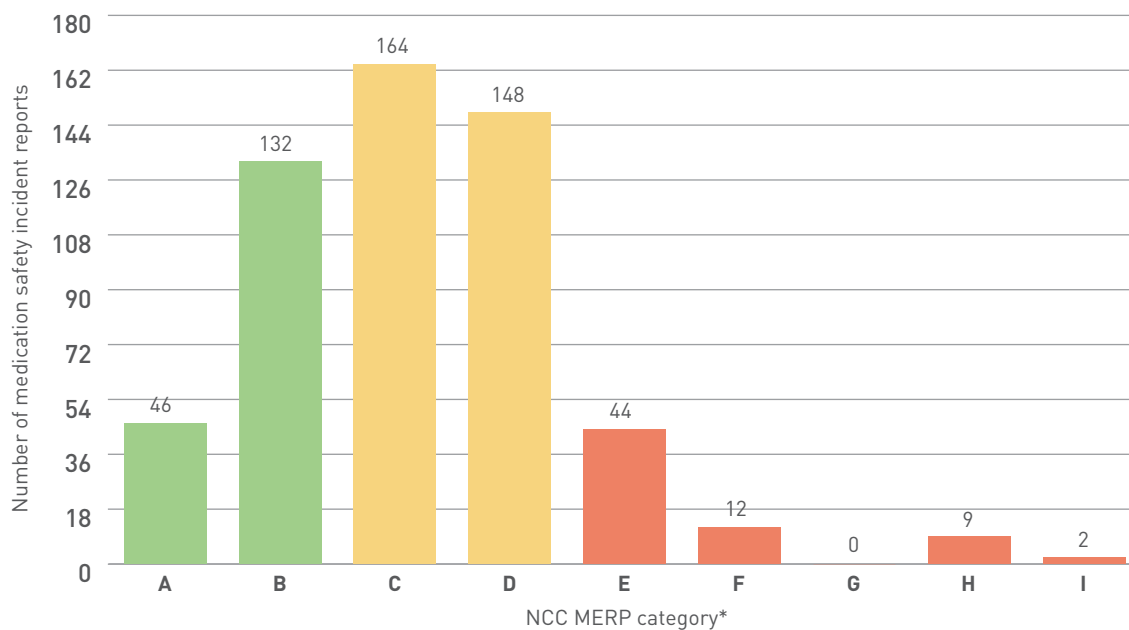


Figure 9 - Medication Safety Incidents report in 2015

*NCC MERP definitions (National Coordinating Council for Medication Error Reporting and Prevention, 2001):

A	Circumstances or events that have the capacity to cause error
B	An error occurred but the error did not reach the patient (An “error of omission” does reach the patient)
C	An error occurred that reached the patient but did not cause patient harm
D	An error occurred that reached the patient and required monitoring to confirm that it resulted in no harm to the patient and/or required intervention to preclude harm
E	An error occurred that may have contributed to or resulted in temporary harm to the patient and required intervention
F	An error occurred that may have contributed to or resulted in temporary harm to the patient and required initial or prolonged hospitalisation
G	An error occurred that may have contributed to or resulted in permanent patient harm
H	An error occurred that required intervention necessary to sustain life
I	An error occurred that may have contributed to or resulted in the patient’s death

Figure 10 - Classification of Medication Errors



Tallaght Hospital staff supporting 'Zero Harm - Know Your Medicines campaign'

Zero Harm: Know Your Medicines

In April 2015, the Medication Safety Manager and the Formulary Development Pharmacist participated in the Hospital's 'Zero Harm: Know Your Medicines' initiative. This campaign was rolled out by a multidisciplinary team of nurses, pharmacists, doctors and pharmaceutical technicians and was targeted at both staff and service users. This is an example of a novel implementation supported actively by the CEO, The Communications Department and Executive Management Team.

- Healthcare professionals were encouraged to use the available medicines information resources and references in order to optimise the care delivered to patients
- The App, which is the electronic version of the Tallaght Adult Medicines Guide was upgraded and relaunched with increased functionality, including a search facility
- An online education resource on high risk medication, endorsed by consultant colleagues, was further publicised
- Service users were encouraged to provide a full list of their medication upon attending the Hospital. Following consultation with patient representatives, a patient information leaflet facilitating this process was produced and made available on the Hospital's website



Rebecca O'Shea, Clinical Facilitator, Louise O'Regan, Clinical Facilitator and Finola Power, Clinical Placement Co-ordinator – Know Your Medicines

PATIENT SAFETY WALKAROUNDS

The senior management team in Tallaght Hospital are very committed to understanding any frontline staff concerns about patient safety and quality. In 2013, Tallaght Hospital introduced a formal bi monthly programme of patient safety walkabouts in which the CEO, the Director of Nursing, the Director of Quality, Safety and Risk Management and the Quality, Safety and Risk Management Coordinator would visit selected wards/departments/clinical areas and meet with clinical and non-clinical managers to understand their patient safety concerns. A follow up meeting between the Director of Quality, Safety and Risk Management and the Clinical Director and their senior managers for the area would be organised to provide the feedback from walkabout and document any actions which the managers for the area were committing to take on to tackle the patient safety concerns. In 2015, this programme was continued with the addition of informal walkabouts in which the CEO and the Director of Quality, Safety and Risk Management would visit selected wards, departments and/or clinical areas and meet with clinical and non-clinical managers to understand their patient safety concerns.

STAFF SAFETY

The Environment, Health and Safety Department (EHS) in Tallaght Hospital offers support and training to all staff in relation to workplace health and safety and their responsibilities for same. The department helps to create a positive health and safety culture in the Hospital and advises hospital executive management regarding compliance with health and safety legislation and best practice.

Training:

The EHS department provided mandatory training for fire and manual handling for 1,666 and 791 staff respectively for 2015. The department also provided Chemical Awareness training for 282 staff.

Incidents:

In 2015, 428 Health and Safety Incidents were reported which is a reduction from the previous two years as can be seen from Figure 11.

Health and Safety Incidents

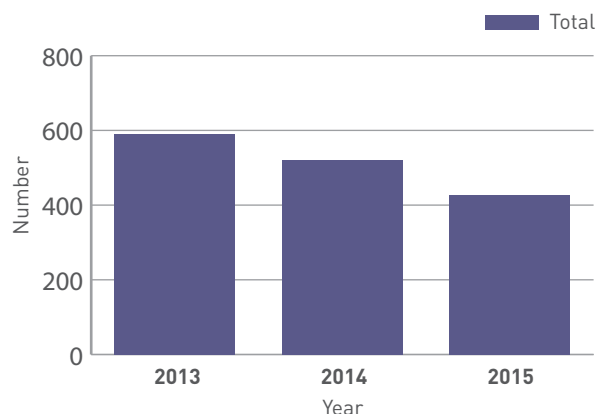


Figure 11 - Health and Safety Incidents by Year.

On further analysis of the key hazard types over the last three years (see table below) violence, harassment and aggression has been to the forefront of staff health and safety incidents accounting for 54% of all health and safety incidents.

This has prompted the Hospital to commit to rolling out a wide-ranging programme of initiatives targeted at reducing the number and severity of incidents relating to staff violence and aggression to support our staff and reduce the impact on staff if it does happen.

Hazard Type	Year			Grand Total
	2013	2014	2015	
Violence, Harassment and Aggression	266	280	232	778
Ergonomics (including manual/people handling)	89	83	59	231
Organism Unknown	99	61	48	208
Slips, Trips, Falls	33	22	29	84
Legacy Data (Not Known)	22	22	5	49
Non Mechanical (Including Person/Animal)	13	16	12	41
Mechanical Components	17	10	13	40



David Slevin, CEO and Anthony O'Brien, Fire Officer on the occasion of Anthony receiving the international award for Innovation in Fire Safety in the Health Service

Fire Officer Award

Tallaght Hospital's Fire Officer, Anthony O'Brien received the first ever international award for "Innovation in Fire Safety in the Health Service" from the National Association of Health Care Fire Officer of Great Britain & Ireland for the fire emergency preplanning tool which he had developed for Tallaght Hospital. This was used by the Dublin Fire Brigade for preplanning in over 3,500 high risk building in Dublin city.



OCCUPATIONAL HEALTH

In Tallaght Hospital, our staff are our most valuable asset. 2015 was characterised by increasing demands on the occupational health department, primarily driven by increased numbers of self-referrals. This reflects the value which staff attach to the supports provided by the occupational health service. Streamlining departmental processes has enabled this demand to be met without increased resources. In addition, key initiatives were undertaken with a number of key achievements over the year some of which are described below.

Flu Vaccination Programme

In the third and fourth quarter of 2015, the Occupational Health Department (OHD) led on the development of a multifaceted flu vaccination campaign which consisted of multiple education and promotional events and incentivisation programmes. The campaign resulted in a 43% vaccination rate which was the third highest in Irish Hospitals.

Dr Ciara Martin, Clinical Director for Paediatrics, receives her flu vaccination from Mairead Holland-Flynn, Advanced Nurse Practitioner, Occupational Health.

Management Referral Process for Absenteeism

Tallaght Hospital recognise that an early return to work (if applicable), is a positive strategy for retaining the job skills of employees, reducing sick leave and promoting staff recovery, independence and morale. One of the key requirements to achieve this is that staff are quickly and appropriately referred to the Occupational Health Department. As part of this QIP, records for all staff on sick leave over a 12 month period were assessed to determine whether they were referred to Occupational Health (OH) or not. The reasons why referral forms were incomplete were investigated. This led to new Absence Management Guidelines being developed and rolled out across the organisation. A reduction of 4 days on average from the date of receipt to referral in OH to date of appointment given to be seen by OH was achieved.

Needlestick Injury Prevention

In 2015, the Hospital rolled out specific education programme regarding occupational blood exposures in compliance with the new legislative framework 'The European Union (Prevention of Sharps Injuries in the Healthcare Sector) Regulations 2014 (S.I. No. 135 of 2014)'.



RESEARCH ETHICS COMMITTEE

Another example of Tallaght Hospital's commitment to safety is reflected in being one of 12 hospitals in Ireland with their own Research Ethics Committee (shared with St James' Hospital) which is recognised under European Legislation (S.I. 190 of 2004) to review clinical trials. The purpose of the committee is to protect patients by preventing any research which is unethical and ensure that whenever research does go ahead that it does so in a manner in which the patient is fully informed and protected as much as possible. In 2015, 246 requests for Ethical approval were considered by Tallaght Hospital's Research Ethics Team and/or the Research Ethics Committee.

Section Three

Risk Management



Tallaght Hospital's primary purpose is to deliver safe, high quality care. Underpinning any such system is the requirement to have a system in place where risks are identified and a system where incidents are reported, investigated and lessons embedded.

RISK MANAGEMENT

The purpose of risk management is to improve safety and quality by searching out risks proactively and reducing them to the greatest extent possible. At Tallaght Hospital, staff are encouraged and trained to identify, manage and where appropriate escalate their risks. At an executive management level there is a Tallaght Hospital risk register which sets out some of the key risks, rates their severity, and identifies how they are being controlled and what else needs to be done to bring them to acceptable levels.

Tallaght Hospital has a well-defined and structured reactive response to incidents. In 2015 we continued to work on matching this with a highly sophisticated proactive risk management process which would routinely identify and mitigate our risks to such a degree that the need for such a comprehensive incident management system would be minimised. We have developed and continue to improve on our risk management system and continue to provide training to staff on same. Each Directorate has their own electronic risk register which they can use to record, manage and if necessary, escalate their own risks.

In December 2015 there were 52 risks on the executive management team risk register. There were 14 with a risk rating⁵ of 12-14, 16 with a rating 15-19 and 22 with a rating of 20 or above (with the maximum being 25). Staff at all levels in the organisation up to and including the CEO and the Hospital Board are involved in reviewing these risks with a view to reducing the risk and improving safety.

INCIDENT MANAGEMENT

In Tallaght Hospital we have a robust incident management process in place where staff are encouraged to report incidents to our Risk and Incident Management Department. Serious incidents are reviewed by our Serious Incident Management Team (SIMT) who determine whether a more comprehensive review is required. The final report from these reviews are shared with the patient and/or their family and the relevant clinical teams to ensure lessons are learned. The recommendations from incident reviews are tracked at Performance Tracker meetings with members of the senior management team to ensure they are implemented.

In 2015 there were 2923 incidents/near misses reported internally by frontline staff compared with 3709 in 2014. The chart below provides a breakdown of the type and location.

Incidents Reported via NIMS System 2015	
Slips/Trips/Falls	1137
Clinical Procedures	687
Violence/Harassment/Aggression	290
Medication/Fluids	170
Self-Injurious Behaviour	100
Personal Belongings	69
Ergonomics	65
Legacy Data (Not Known)	64
Organism Unknown	62
Mechanical Components	47
Safe & Effective Care	25
Blood/Blood Product	21
Temperature (excl. Fire)	18
Legacy Data (Other)	17
Non Mechanical (Incl. Person/Animal)	17
Health & Safety issues	15
Bacteria	13
Org. & Management Factors	12
Access	10
Communications & Information	9
Nutrition	8
Virus	7
Staff Factors	6
Other	54
Total	2923

Preliminary reviews were completed on 25 incidents and brought to SIMT for consideration. In total, 10 systems based incident reviews were commissioned. There were three Coroner's inquests in 2015 compared to six in 2014. There were four serious reportable events in 2015.

There were seven full systems based incident reviews completed in 2015. All of the recommendations from these incidents are tracked internally within the Hospital to ensure that we learn from the incidents and put in place measures to ensure they do not reoccur.

The seven incident reviews completed affected many parts of the Hospital with both internal and external learning. On the wards there was an incident in which a patient's calcium levels fell very significantly following a thyroidectomy.

⁵ Risk Rating is calculated by multiplying the impact (rated from 1-5) by the likelihood (rated 1-5) with the maximum score of 25

There were delays in responding to this fall for a variety of reasons including the unavailability of intravenous calcium on the ward, calcium supplementation not being prescribed in theatre and the availability and responsiveness to the right protocol. All of these issues have since been addressed as well as increased staff education in this area.

In theatre, there was an incident in which the wrong drug was given post anaesthetic. Fortunately the error was recognised quickly and the patient was stabilised quickly. The incident has led to a thorough review of the current anaesthetic medication safety practices in theatre with a range of practices being changed to significantly reduce the likelihood of a repeat incident.

In our Day Case Department there was an incident which led to a delay in the management of a patient who had a tissue biopsy indicating cancer. The Hospital did not give the patient a follow up appointment following his biopsy. Since this incident, a process has been introduced where the clerical staff cannot close a clinic until a definitive outcome (e.g. follow up, discharge etc.) is documented for each patient. This should ensure there will no repeat incident.

2015 was a very busy year for our Emergency Department with even larger numbers of patients waiting to be seen and/or admitted compared to 2014. This contributed to two incidents in which there was a delay in allocating beds for elderly patients. In both cases the Emergency Department was busy and there was limited bed availability in the Hospital. In the first case, there were opportunities to allocate a bed sooner which would have been taken only for some communication issues. Since then, a procedure has been adopted to prioritise patients aged over 75 years old (where appropriate). In addition, an electronic solution is being developed to improve communication of bed status between bed management and frontline staff. The main reason for the delay in the second case was for safety reasons as there no telemetry available on the wards. Since this incident, a new telemetry system has been procured and installed.

One of the main priority areas for Tallaght Hospital in 2014/5 was to reduce our outpatient waiting lists in areas such as Dermatology. During this time, there was an incident in which a patient had a delayed diagnosis of skin cancer as the Hospital did not have sufficient capacity to review him quickly in our clinics. The Hospital has since recruited another consultant dermatologist to respond to this demand and reduce our waiting lists.

In our outpatients, there was a high profile incident in which a prisoner who was waiting to be seen, stabbed two prisoners before escaping. In response, we have reviewed and updated our procedures for managing prisoners who are due to attend our outpatient departments.

The hospital would like to apologise for our contribution to any injury, pain, discomfort and/or inconvenience caused to the patients and their families as a result of these incidents. Although we cannot reverse what has happened, lessons have been learned and recommendations implemented to reduce the possibility of subsequent incidents.

OPEN DISCLOSURE

Open disclosure refers to having an open, consistent approach to communicating with service users when things go wrong in healthcare. This includes expressing regret for what has happened, keeping the service user informed, providing feedback on investigations and the steps taken to prevent a recurrence of the adverse event.

Since 2014, Tallaght Hospital has adopted the national policy in this area and provided a series of talks to staff to raise awareness as well as making training available to staff who want to improve how they disclose openly. Patients at the centre of incidents in Tallaght Hospital will find this culture is prevalent with clinicians informing patients if they think there has been a mistake, keeping them up to date on reviews and sharing the findings as well as sharing the findings of any serious incident reviews.

Conclusion

Tallaght Hospital is a large, very busy healthcare provider in Ireland, yet it is much more than that. This report shows that at its core essence is a community of people committed to looking after each and every patient who is seeking help at a time when they feel vulnerable and concerned.

This report demonstrates that robust structures and processes are in place to support our goal to provide the highest quality of care to our patients. It demonstrates how we support our staff to deliver the best quality of care possible and how they use these supports to introduce a multitude of lasting improvements which will benefit patients in the future. More importantly, the report has shown the value the Hospital places on having a patient-centred culture and how staff are encouraged to highlight incidents, raise concerns and escalate risks where appropriate. This is the true essence of a transparent, high quality learning healthcare provider such as Tallaght Hospital.

Appendix A.

Quality Improvement Initiatives 2015

The following is a list of some key quality improvement projects which were completed in 2015.

Project Title
Unscheduled care: ED PET implement RATU and open major bays (non-admitted PET from 6-4hrs)
Unscheduled care: ED Pet optimise ambulatory 95% ← 6hrs and 100% → 9hrs
Visual Hospital: achieve minimum of 6 medical inpatient discharges per day before 11am (IHRP project)
Develop DVT pathway
Develop cellulitis pathway
Develop appendicitis pathway
Surgical assessment unit
Develop a clear risk stratification pathway for older people
Delayed discharge
Management of deteriorating patient in ED (EWS)
Design and implement a pilot RAT to improve time to ED clinical review
Development of a transition lounge
Ward process redesign (navigational hub)
Development of rapid access clinics
Upgrading of parents accommodation & quiet room in Paediatric ED
Introduction of national PEWS in line with HSE national strategy
Development and implementation of daily operational briefing meetings "Heads Up Project"
Nurse led virtual emergency clinic
Electronic phlebotomy appointment booking
Child/parent outpatient and in-patient surveys/Patient Forum
Improved access to Paediatric ED through improved triage times and patient survey
Up-grading of parent accommodation
Monthly review at Directorate level of service user complaints to address and monitor same.
Augmentative assistive communication for critical care patients (ipads and apps)
Development of SSOU and rapid access OPD clinics in line with the national model of care for Paediatrics in Ireland
Development of sensory rooms in OPD and ED to provide a space for children with autism to channel their anxieties
Out-of-hours clinical decision making project

Appendix A. continued

Project Title
Violence and aggression QIPS
National sepsis guidelines (ED and Ward QIPs)
Electronic requesting of microbiology tests
PPPG development/review (clinical /non clinical)
Nutrition steering group QIPS
Medical device equipment committee QIPS
Ward round QIPS
Clinical nursing handover in the adult service
Development and Implementation of a critical care outreach nursing service
The early warning score escalation protocol
Development and Implementation of oxygen prescription and administration record and supporting policy
Dashboard design
Management of referral process for absenteeism
Retention process for medical records in off-site storage facility
Consolidation of HR reports
Management of the Paediatric elective admission waiting list
Adult tonsillectomy fast track initiative
Mealtime process on an acute ward
The development of a physiotherapy treatment room at ward level
Triaging GP referral letters to unspecified consultants in department of surgery
Pre-admission of surgical patients prior to day of surgery admission
* 5 Notebooks to facilitate pharmacists in the reconfiguration of the clinical pharmacy services so as to reduce the rate of serious adverse medication events from 6% to 0%
* I.A.R.S. spirometry training for 10 staff in ruttle ward
* Provision of a TV for relocated transition unit
* Provision of training for 2 speech & language therapists in trans-nasal endoscopy in upper GI endoscopy to enable them to run a clinic
* Dashboard design and implementation training for ICT staff

* Denotes projects funded by The Meath Foundation Quality Improvement Fund. A number of other projects were funded in 2015 but were not completed by year end.



Tallaght Hospital