Tallaght University Hospital | Ospidéal Ollscoile Thamhlachta

An Academic Partner of Trinity College Dublin

Tallaght University Hospital

Quality Report 2017

People Caring for People


PRIME
Aquilion
TOSHIBA

Contents

Foreword

Tallaght University Hospital is a place where the underlying ethos of 'people caring for people' is seen throughout the Hospital. In line with this, as the Director of Quality, Safety and Risk management Board Committee and Chair of the Quality, Safety and Risk Management Committee, we are delighted to introduce Tallaght University Hospital's third Quality Report.

Since the Hospital opened in 1998, we have seen a gradual increase in demand with more and more patients needing to avail of our services. Of course, this demand is welcome and shows that our patients are happy with the care they receive in our Hospital. Nonetheless, this situation has needed a parallel investment in quality to ensure that we are not sacrificing high standards of care in order to meet this need.

Every patient in this Hospital deserves to be treated with respect, kindness and dignity. Delivering a high quality service means that we are constantly working hard to ensure that the care we provide is the right care provided at the right time in the right way and aligned with our patient's needs and preferences.

This report does not set out to describe all the excellent work in quality which happens on a daily basis in Tallaght University Hospital. However, it highlights some of the key services, initiatives and achievements which staff in Tallaght University Hospital have undertaken in 2017 under the three pillars of Quality, Safety and Risk Management.

Our hospital faces many challenges currently with bed capacity but also in the future as the projected population growth of those over 75 years is forecast to increase by a staggering 3225 by 2041 in our catchment area. These challenges require significant resources as well as a coordinated response by our policy makers, political leaders and health professionals as to how we can meaningfully respond in addressing these issues over the coming years. We have €80 million approved of a €130 plan to develop the hospital, that's two-thirds of our plan achieved.

The Hospital Board and the Executive Management Team would like to take this opportunity to acknowledge and thank all the hard work of staff in the Quality, Safety and Risk Management Directorate as well as acknowledging and thanking each and every staff member in Tallaght University Hospital, in both clinical and non-clinical areas, who go that extra mile each day to ensure we provide the highest possible standard of care for our patients. Our staff are our greatest assets. They are the ambassadors who truly represent our ethos of 'people caring for people'.

Ms Mairéad Shields
Chair of the Quality Safety and Risk Management Board Committee

Dr. Daragh Fahey
Director of Quality, Safety and Risk Management

Executive Summary

In Tallaght University Hospital, in line with our ethos of 'people caring for people' we are constantly striving to improve the quality of care we provide to our patients. No matter how good the care provided, there is always room for improvement. At the same time, we also need to ensure that throughout the Hospital we are providing a baseline high standard of care which forms the basis of our quality assurance work. This means providing evidence based clinical care which is centred on the needs and wishes of the patient which is delivered safely, fairly and in a manner which is both compassionate and considerate to ensure an excellent patient experience.

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. Delivering this requirement is the responsibility of all staff yet Tallaght University Hospital also has a separate QSRM Directorate which is specifically devoted to these areas. This is supported by the QSRM Executive and the QSRM Board Committees as well as a range of relevant policies and procedures to drive a consistently high standard of care. Importantly, all of this is underpinned by a supportive, open and learning culture.

Tallaght University Hospital has a comprehensive programme of departmental and Hospital wide clinical audits where clinical care issues are assessed internally to measure performance against a well-recognised standard. Improvements are identified and subsequently introduced to deliver an even better quality of care. In 2017, the Hospital-directed clinical audits focused on appropriate use of bed rails, oxygen prescribing, clinical handover, management of patients with Carbapenem resistant *Enterobacteriaceae* (CPE), the sepsis six pathway, use of our drug Kardex and documentation of acute surgical and medical admissions.

As with previous years, our local audits were supplemented by national audits in areas such as Tallaght University Hospital's management of patients with emergency hip fractures where the Hospital's data was assessed by the National Office for Clinical Audit to ensure a high standard of care is consistently being provided. In addition, these clinical audits were supported by internal audit which, in 2017 focussed on business continuity, medical records, procurement within Pharmacy, patient income and debtor recovery and the risk escalation process to the HSE.

Ongoing regulation is a key part of Quality Assurance. In 2017 we welcomed a visit from the Health Information and Quality Authority (HIQA) which inspected the Hospital's compliance with the national standards for medication management. The review concluded that good governance arrangements were in place as well as good evidence of innovation, continuous learning and quality improvement, particularly for our adult service.

Receiving and responding to patient feedback has become a key part of Tallaght University Hospital's Quality Improvement Programme. In 2017 we completed bespoke volunteer led surveys on Radiology and Hand Hygiene. This was combined with our first National postal patient experience survey for our in-patients. This found that 83% of our patients said they had a 'very good' or 'good' experience in Tallaght University Hospital.

" In Tallaght University Hospital, in line with our ethos of 'people caring for people' we are constantly striving to improve the quality of care we provide to our patients. "

As in previous years, in 2017 we trained staff from various disciplines on our bespoke Quality Improvement Methodology to enable them to successfully introduce improvements in their departments and specialties. The training programme itself delivered 20 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. Additionally, there is an even more sustainable benefit in that we now have a growing number 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. Of course, there are a huge number of other excellent quality improvement initiatives being delivered on a daily basis throughout Tallaght University 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 2017, the Hospital ran six high profile 'Zero Harm' campaigns. Topics included infection control practices, use of inhalers, mealtime matters, preventing pressure ulcers, national sepsis standards and labelling of blood samples. The infection control campaigns contributed to an increase in hand hygiene compliance from 72% in 2014 to 89% in 2017 based on national audit data.

Staff safety is also extremely important to us. In 2017, the Hospital launched a campaign to reduce verbal and physical abuse towards staff. 2017 also saw the Hospital achieve a 44% flu vaccination uptake among staff (up 12% from 2016) 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 2017, Tallaght University Hospital had three serious reportable incidents, which is still three higher than our goal. Our focus for 2018 is to have no serious reportable events.

Tallaght University Hospital is populated with 'people caring for people'. The demand for our service continues to increase dramatically every year. We respond to this by increasing the number of patient interactions we have both on an urgent and non urgent basis. Despite this pressure we strive to ensure we keep our patients safe and provide a respectful, caring environment where each patient receives the right care for them based on their needs. This is at the heart of a high quality service. We help our staff to deliver the best quality of care possible by listening and responding to their needs.

In addition, we embed a patient-centred culture which is supported by the right structures and processes so that high quality decisions are easy to make. Getting this combination correct is at the very core of delivering the high quality service that our patients want and deserve.

Quality, Safety and Risk Management

Every Department and every staff member has role to play in assuring and improving quality.

This report highlights some of the key quality assurance and quality improvement activities which took place in Tallaght University Hospital during 2017. It is underpinned by our Quality, Safety and Risk Management Directorate however, every Department and every staff member has role to play in assuring and improving quality. Throughout the Hospital, one can find evidence of a supportive, open and learning culture with oversight provided from the Hospital Board, through its Quality, Safety and Risk Management board Committeeand the Audit Committee.

The section below describes what we've done to improve quality in 2017 with Sections Two and Three dealing with Safety and Risk Management respectively.

Staff at work in the Aseptic Room, Pharmacy Department

Section One

1 Quality

Clinical Audit

Clinical audit is about measuring the clinical care provided to our patients and comparing it with a set of quality standards before addressing any shortfalls. 2017 saw a continual, sustainable and evolving development of clinical audit activity in the Hospital. 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. The following Hospital directed audits were completed in 2017.

Management of Patients with Carbapenem-resistant Enterobacteriaceae (CRE)

The recent outbreak of CRE positive patients in Tallaght University Hospital has caused major disruptions to clinical services and, given the limited antimicrobial treatment options has the potential to cause serious morbidity and mortality issues. The hospital also faces challenges managing this issue in the absence of sufficient single rooms. Therefore it is imperative that best practice guidelines are strictly adhered.

What we did: The audit ran for four weeks. All existing in-patients and subsequent new admissions, who were either colonised or infected with CRE, were included in the audit. An observational methodology was combined with a review of the healthcare record.

Findings: Generally the audit demonstrated robust adherence to existing guidelines and good practice with some areas for improvement.

Safe Use of Bed Rails

The main purpose of bed rails is to provide a safety device to reduce the risk of accidently slipping or rolling out of the bed. Incorrect application of or broken bed rails can be a risk to patients leading to injury or death. Evidence shows that any patient that has a bed rail on their bed should have an assessment done to ensure that they are suitable and safe for their use.

What we did: The audit was conducted over 10 in-patient wards where auditors observed whether the patient's bed rail was appropriately being utilised.

Findings: The results of this audit demonstrated some areas for improvement, notably the need for better compliance with completing bed rail assessments leading to improved application of bed rails for patients.

Oxygen Prescription for In-patients in Medical Wards

The administration of supplemental oxygen is an essential element of appropriate management for a wide range of clinical conditions. However, oxygen is a drug and therefore requires prescribing in all but emergency situations. Failure to administer oxygen appropriately can result in serious harm to the patient. An audit conducted in the Hospital in 2014/15 demonstrated poor compliance with British Thoracic Society guidelines on Oxygen use. Following this, a new policy was introduced and approved. This re- audit aimed to evaluate if there was an improvement in oxygen prescribing.

What we did: The audit involved a prospective review of the Oxygen Therapy Prescription and Administration Record (when present) and the Healthcare Records. Two quantitative questions were asked.

Findings: The re-audit showed a 47% improvement in compliance with more work being done to improve the compliance rates, such as including a section on oxygen prescribing on the Drug Kardex.

Clinical Handover in the Psychiatric Department

Clinical handover refers to the transfer of professional responsibility and accountability for some or all aspects of care for a patient, or group of patients to another person or professional group on a temporary or permanent basis. In 2015, the National Clinical Effectiveness Committee (NCEC) published guidelines advocating the use of a structured communication tool, ISBAR 3 is an acronym for the words Identify, Situation, Background, Assessment and Recommendation. It forms the framework that supports communication at Clinical Handover.

What we did: An observational prospective audit of junior doctors in Psychiatry during the start and finish of their out of hours clinical handover was conducted over a two to three week period. The audit tool was derived from the NCEC guideline no.11 comprising eleven quantitative questions.

Findings: A number of cultural and system areas for improvement were identified with work underway to improve performance in this area.

Application of Sepsis Six Pathway

Sepsisisa life-threatening organ dysfunction caused by an overwhelming patient response to infection. Timely and correct management of a patient who comes in with or develops sepsis while in Hospital is crucial to their care and ultimate outcome. The HSE have released National Clinical Guidelines in this area.

What we did: The audit included patients admitted to a critical care bed over a month period who developed sepsis while an in-patient in Hospital. The audit was a retrospective review of the Healthcare record and the electronic information system with a focus on the application of the 'sepsis six' pathway.

Findings: The findings have prompted a review of the current sepsis six screening form with a view to making it more user friendly.

Writing Prescriptions for Inpatients

Accurately prescribing medication for patients requires very important attention to detail including correct patient identification as well as identifying and documenting drug allergies.

What we did: A prospective review of the current practice in wards throughout the Hospital was completed for adult in-patients.

Findings: The audit demonstrated robust performance in the documentation of core patient details however, there are some areas for improvement such as the correct prescribing of generic drugs as opposed to using trade names, along with further education and training on safe abbreviation practice. There are plans to review and update the current paper based drug Kardex shortly which should lead to improved practice.

Documentation of the Admissions Entry for Acute Surgical Admissions

The initial assessment of an acutely ill surgical patient is often conducted in an environment that is time critical. However, accurate capture of vital information remains crucially important. Currently our practice is to document the admission entry onto clinical note paper.

What we did: Retrospective review of the patient's documented admission assessment in the Healthcare Records using quantitative questions.

Findings: What we did well included the plan and initial management, presenting complaint, past medical and surgical history, impression and diagnosis. However areas that need improvement include documentation of information given to patient, resuscitation status and systems review.

Documentation Standard for Non Elective Medical Patients

In September 2016 an audit was conducted on the documentation of the admission entry for acute medical admissions. The results of the audit showed both strengths and weaknesses with an overall performance of 65% as measured against the standard. The main recommendation following the audit was to review and develop the existing medical admissions proforma taking into consideration the importance of appropriate "prompts"

What we did: The audit commenced in August 2017 one year after the original audit and six months after the introduction of the revised medical admissions proforma. The chosen population were acutely ill medical Patients admitted to Hospital from the Emergency Department. The audit was a retrospective review of patient's documented admission assessment in the healthcare record using 20 quantitative data collection questions.

Findings: This re-audit shows continuing improvements in the documentation of the clinical examination of the patient. Resuscitation status remains a difficult and time consuming subject to broach.

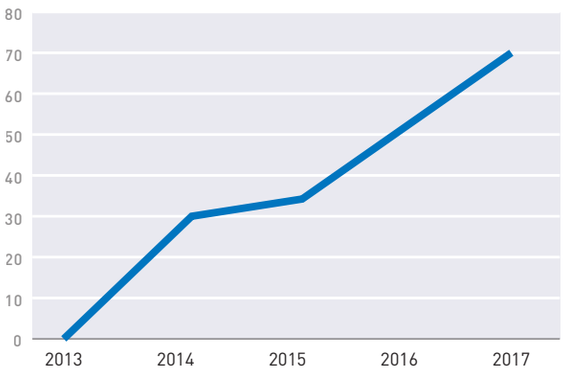
Mairéad Sheilds, Chairman of the Meath Foundation and Sinead Feehan, Nutrition & Dietetics Manager following the presentation of the Roísin Boland Medal for best oral presentation.

Senior Nurse Sarah Burke, Mairéad Shields Chairman of the Meath Foundation, Fiona Darby (CNM2) and Claire McGuire (CNM2) following presentation of their prize for best poster at the Symposium.

Clinical Audit Database

2017 also saw a continued increase in the amount of clinical audits registered with the total reaching 187 by the end of 2017

Figure 1. Total number of clinical audits registered from 2013 to 2017



A number of repeat audits also took place in 2017. This is important to ensure that the impact of previous audits has been realised. A tracker has been established to track audit recommendations. Since it was set up in 2015, 100 recommendations were on the tracker. Of these, 53 are complete with 40 in progress.

The annual Clinical Audit and Quality Improvement Symposium took place on March 31st. This event, sponsored by the Meath Foundation, is an integral part of the support provided to staff in ongoing education, training and professional development within the Hospital. There were 10 excellent oral presentations and over 50 poster presentations displayed.

The symposium welcomed Dr. Tapas Mukherjee, Respiratory Registrar from University Hospital Leicester. His entertaining and informative talk was entitled "against all odds; a story about making a good idea work in the NHS". Dr Mukherjee told the story of how he embraced the use of song and social media to promote clinical guidelines in Asthma.

The winner of the Tallaght University Hospital Clinical Audit and Quality Improvement Medal was awarded to Sinead Feehan, Manager Clinical Nutrition and Dietetics, for her presentation entitled "Tallaght University Hospital Compliance with Recommendations on the Screening of Patients for Risk of Malnutrition". The winner of the best poster award went to the Clinical Nurse Manager (CNM) Claire McGuire and her theatre nursing colleagues for "Implementation of the NICE Guidelines for the Prevention of Inadvertent Hypothermia in Adult Patients in the Operating Theatre Department. Removing the Chill Factor".

It is encouraging that 2017 saw a sustainable and developing clinical audit programme in the Hospital. On behalf of the Chair, the Clinical Audit Manager and members of the Clinical Audit Committee we would like to thank all the participants and look forward to the continual development of Clinical Audit in Tallaght University Hospital.

National Audits

In addition to local audits, Tallaght University Hospital participated in a number of national audits including the 2017 Major Trauma Audit. Since joining, 1,122 trauma cases have been submitted to inform improvements in this area locally and nationally to date.

Tallaght University Hospital has also participated in national audits in intensive care, surgical mortality and hip fractures. The results of the hip fracture audit have been published and showed Tallaght University Hospital were doing well in the following areas:

- Surgery completed within 48 hours
- The development of pressure ulcers during their stay

The areas for improvement which we are focussing on are the following:

- Admission on to an orthopaedic ward
- Access to an Ortho-Geriatrician
- Discharge on bone protection medication
- Completion of a falls assessment prior to discharge

Internal Audit

In parallel with our Clinical Audit programme, Tallaght University Hospital has a programme of internal audits carried out by an independent external agency to ensure we maximise the care we provide without compromising the integrity of the Hospital.

During 2017, the following Internal Audits were conducted:

- Business Continuity Review
- Issue Tracking and Implemented Recommendations Review
- Review of Medical Records
- Procurement within Pharmacy Review
- Risk Escalation Process to the HSE Review
- Patient Income and Debtor Recovery Review

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

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. In 2017, there was a special CPE Grand Rounds from Professor Mitchell Schwaber and Dr. Susie Frost. Visiting from Israel, Professor Schwaber is an Infectious Diseases Physician and Director of the National Centre for Infection Control of the Israel Ministry of Health. He chaired their national CPE Taskforce and oversaw the successful containment of their outbreak. During a very well attended Grand Rounds he outlined how the containment was achieved and gave some suggestions as to how Ireland could do the same.

This represents a small fraction of the many educational opportunities which our staff can avail of both externally and within the Hospital, including those coordinated through the Centre for Learning and Development.

Professor Mitchell Schwaber and Dr. Susie Frost before a Grand Rounds 'Special' on CPE.

Centre for Learning and Development (CLD)

Tallaght University Hospital's CLD embraces an innovative approach to education, from traditional classroom based face to face teaching to innovative interactive clinical skills and simulation labs and e-learning programmes. It supports staff growth and development through the provision of a diverse programme of education and training. The following highlights some of the additions to the programme in 2017

Data Protection

2017 was an innovative year with the development of bespoke e-learning programmes in Data Protection for Tallaght University Hospital staff. The programme launched in August and by the year end, 388 staff had completed the training.

Children First

The Children First Act 2015 outlines the requirements on organisations to raise staff awareness of child abuse and neglect and to ensure that the safety and welfare of children is upheld and protected. An eLearning programme on HSELanD 'Introduction to Children First' was deemed mandatory for all Tallaght University Hospital staff in 2017.

The First 100 Days

The First 100 days programme is about ensuring that the Hospital receives and reacts to feedback from staff 100 days after starting their employment. This year, feedback has changed to include a survey on the recruitment processes of the organisation 100 days after starting. The findings are fed back through the executive structure of the organisation with a view to identifying aspects of recruitment that are working well as well as identifying areas to focus future development.

Employee Wellbeing Programme

A healthy, happy workforce is crucial to delivering high quality patient care. With this in mind, the Centre for Learning and Development established the Employee Workplace Wellbeing Programme in 2015 with a specific focus on mental and social wellbeing. Since 2015 in excess of 1,500 staff have attended the programme.

Quality Conversations – Promoting Dignity and Respect in the Workplace.

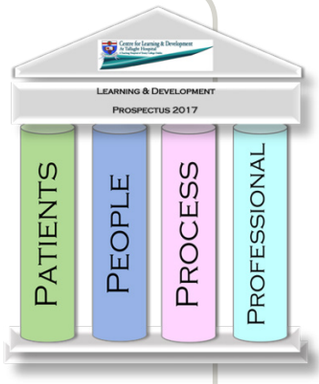
The Quality Conversations programme is designed to promote positive working relationships between Hospital staff, their colleagues and their managers while reminding us that every employee has a duty to maintain a working environment in which the dignity of everyone is respected. There were 10 sessions delivered in 2017 with 150 staff in attendance.

Coaching Programme – "SOAR"

The coaching programme was implemented as an MSc Leadership Project in 2016 and is now part of the leadership academy. In 2017 there were 22 requests for coaching which was facilitated by four Internal Coaches and two External Coaches.

Learning and Development Prospectus 2017-18

In September 2017 the CLD launched its annual prospectus. The four pillars, Patients, People, Process and Profession continue to provide a structure to guide learning and facilitate the categorisation of over 130 programmes available to staff through the CLD.



National Standards for Safer Better Healthcare

All staff have a set of standards that they and their teams strive to meet on a daily basis. In addition, the Hospital itself must compare itself against national standards which are expected from any high quality healthcare provider. The main national standards which we use are set out in the Health Information and Quality Authority (HIQA)'s National Standards for Safer Better Healthcare. In order to confirm and improve compliance against these and other National standards, HIQA carry our regular inspections.

"All staff have a set of standards that they and their teams strive to meet on a daily basis."

Medication Safety Inspection

In May 2017, an announced inspection was carried out in Tallaght University Hospital on Medication Safety. Evidence was found indicating the following:

- Effective governance and oversight of medication safety in the adult services. The Drugs and Therapeutics Committee had initiated multiple proactive measures to enhance medication safety and to support prescribers. One example of these programmes was the introduction of a team-based medication reconciliation programme to improve care and reduce the rate of serious adverse medication events
- Good clinical governance including a number of audits relating to medication management
- Successful implementation of a number of quality improvement initiatives to reduce medication errors
- A learning organisation with multiple proactive measures to reduce the incidence of medication errors associated with high-alert medications including an e-learning programme
- A medication plan was in place with clear defined goals for 2017
- A significant amount of innovative practice, employed to enhance medication safety which would be of value to review by other hospitals

Notwithstanding the good medication safety practices observed in adult services, the inspectors found some inconsistencies in paediatric services. As a result, the Hospital have put in place improvements to address these.

What Do Our Patients Tell Us?

Our patients are our key customers. They experience our service and thus are in the best place to let us know how this can improved.

In line with this and our culture of 'people caring for people', Tallaght University Hospital introduced a range of initiatives and services in 2017 to hear and respond to feedback from patients and staff.

Patient Surveys

In 2017, Tallaght University Hospital continued its comprehensive, ongoing programme of patient surveys which were collected by our team of volunteers using handheld tablets with a particular focus on the Radiology Department and Hand Hygiene. The following summarises the findings:

Radiology Survey

- 89% of patients rated the courtesy of the receptionist in the Radiology Department as excellent or very good
- 88% said the Radiology Department was very clean
- 95% said that a staff member explained what would happen during the x-ray or scan in a way that the patient could understand
- 92% said that they were given enough privacy whilst being examined or treated
- 87% stated that they definitely had confidence and trust in the healthcare professional examining and treating them
- 89% rated the overall care within the x-ray department as excellent or very good

What have we done: The results of this survey have been shared with the Radiology Team with an emphasis on continuing good communication.

Hygiene Survey (a repeat of 2016 survey)

- 86% of patients stated that they saw hand hygiene information in the Hospital such as posters or leaflets in comparison to 90% of patients in 2016
- 86% stated that there were enough facilities such as sinks and alcohol hand rubs available on their wards in comparison to 95% of patients in 2016
- 80% observed staff to be always compliant with the directive that clinical staff should be bare below the elbow in comparison to 78% of patients in 2016
- 39% reported that they were always offered a moist cloth or soap and water to clean their hands after using a bedpan or commode before eating
- 8% reported having to ask staff members to wash their hands in comparison with 9% of patients in 2016.

What have we done: Only 34 surveys were carried out in 2017 which is considerably less than the previous year and therefore it is difficult to make comparisons with previous years, however the results are disappointing. In line with this we continue to roll out a number of initiatives under the banner 'Save Lives: Clean Your Hands'

Development of Mobile telephone App

Getting the right information to the patient at the right time in an accessible, efficient and cost effective way is an ongoing challenge. In 2017, we were the first Hospital in Ireland to introduce a new Tallaght University Hospital Patient Connect App which has an information flow direct to the patient ensuring that current, accurate information is shared in a proactive way. The Tallaght University Hospital App is also helping to capture the voice of the patient through patient feedback surveys which in turn drive quality improvement across all services and business areas helping to improve the patient experience and contributing to increased efficiencies in our Hospital.

Carol Roe,Manager Volunteer Services, Catherine heaney, Chair of the Patient Community Advisory Council, David Wall, Director of ICT and Eileen Whelan Group Director of Nursing, Midwifery & Quality of the Dublin Midlands Hospital Group.

In attendance at the launch of the Anaesthetic Trollies in Theatre an improvement project funded by The Meath Foundation were, Dr. Andrew Purcell, Chairperson, Dr. Pat Conroy, Cáit Tobin, Shane Russell, Cathy McNeilage, Dawn Lynch, Micaela Phelan, Mary Coyle, Ms. Jennifer Hayde, Joan McGillycuddy, Mary Hickey, Quality Improvement Lead, Mairèad Shields, Meath Foundation.

What have we planned for 2018

In 2018 we are planning the following:

1. **Continue our weekly face to face (frequent feedback) surveys**
2. **Repeat of the out-patient / food surveys**
3. **Bespoke departmental surveys such as one for the Emergency Department**
4. **Development of web based survey**

National Patient Experience Survey

Last year, Tallaght University Hospital, along with the HSE and HIQA embarked on the first nationwide postal Patient Experience Survey, inviting patients for feedback on their recent stay in a public acute hospital. Nationally over 26,000 people were invited to participate with over 13,700 taking part. There was a phenomenal response at a local level with over 50% of our eligible patients participating in the survey.

The main findings of the report for Tallaght University Hospital were that 83% of our patients said they had a 'very good' or 'good' experience, compared with 84% nationally. The survey found that, overall, patients at our Hospital reported high levels of patient-centred care in terms of being treated with respect and dignity in the Emergency Department (ED).

The majority of patients also reported that they were given enough privacy when they were being examined or treated. The survey found that the communication between doctors and staff before operations or procedures received above average ratings, with many patients reporting that staff completely answered their questions in an understandable manner. Patients also reported that most staff wore name badges.

Certain areas were identified as needing improvement. For example, in the ED, the majority of respondents said they waited for more than six hours to be admitted to a ward. Several questions relating to communication were negatively rated with many patients reporting, for example, that they did not have enough time to discuss their care and treatment with a doctor. In summary, the report highlights areas where patients had positive experiences and outlines where there is significant room for improvement with the findings informing quality improvement initiatives in the Hospital over the next year.

Patient Advocacy

Helping our patients to find their voice and, more importantly, having it heard and responded to is at the very core of the work undertaken by the Patient Advocacy Department (PAD). Where required, the PAD staff arrange family meetings with the relevant Hospital staff to facilitate conversations with regard to concerns raised. This serves to strengthen the relationship between staff and patients as well as driving improvements in the quality of care provided as the Hospital staff will use the feedback to improve their services.

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. Figure 2 shows the breakdown between formal complaints (written) informal (verbal) and positive feedback for 2017.

In 2017 there were 1,816 issues logged compared with 1210 in 2016 and 936 in 2015. The national targets require that the Hospital completes its response to a complaint within 30 working days. 91% of complaints were completed within the national target of 30 working days in 2017, compared to 85% in 2016 (Figure 3).

Figure 2. Type of Patient Feedback by Month in 2017

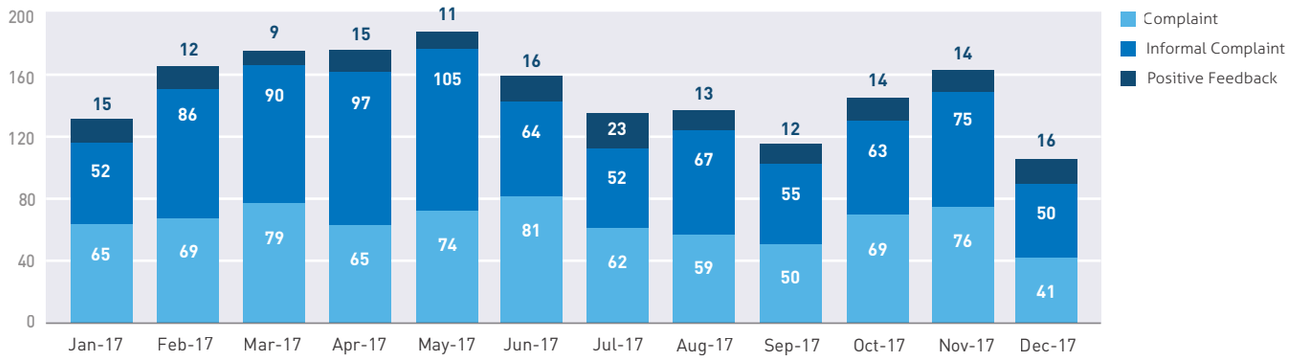
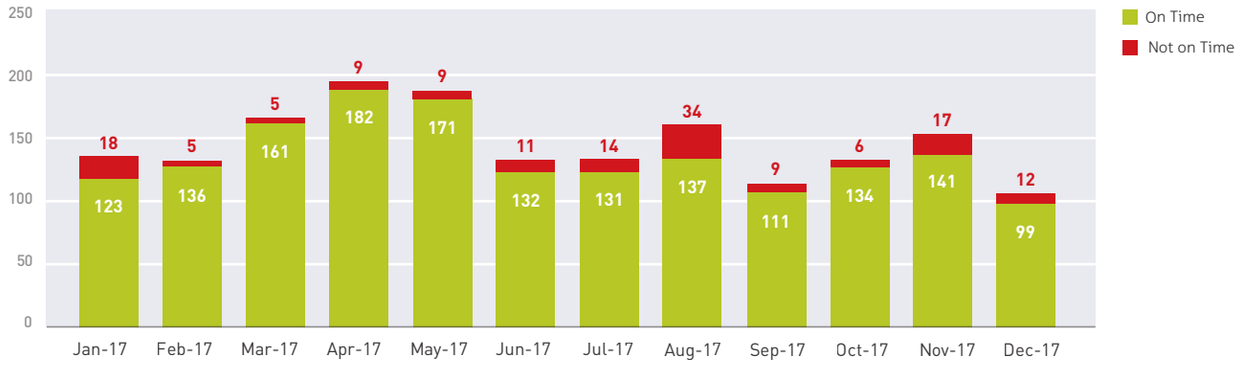


Figure 3. Complaints Completed Within 30 Working Days in 2017



User Engagement/Experience

To support patient and community feedback, Tallaght University Hospital has developed a Patient Community and Advisory Council (PCAC) which provides a forum by which our users are empowered to become actively involved in defining the issues of concern for them about the Hospital and its services. It involves formulating and implementing policies, as well as planning, developing and co-designing services to achieve change.

In 2017, the Hospital continued to support 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. A series of seven community talks were held throughout the year to educate our community on their health.

Our Volunteer Service

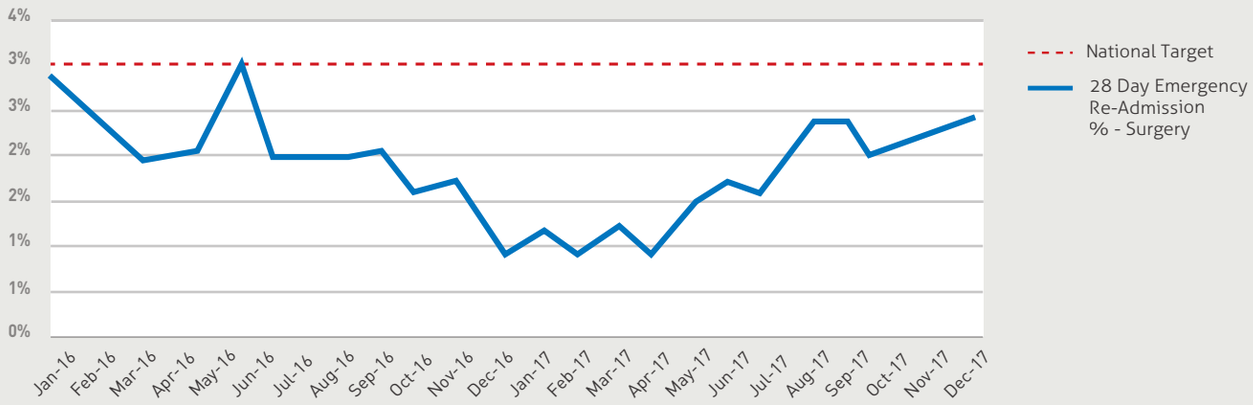
We are privileged in Tallaght University Hospital to have a Volunteer Services Department that is highly active and creative in engaging with the users of our Hospital. One of the services our Volunteers provide is to meet and greet. They are on hand to assist patients and visitors in finding their way around our busy Hospital. They play a crucial role in the Hospital's Patient Experience Programme as well as continuing to provide a friendly face and a listening ear to our patients and their families.

Volunteer serving a customer in the Volunteer Coffee Shop

Quality Dashboards

One of the most important ways to monitor quality and safety in Tallaght University Hospital is to have easy access to reliable, accurate data to enable us to pick up and respond early to trends which suggest developing issues. The following graph provides an example from 2017. The chart below shows how Tallaght University Hospital has continued to meet the national target for emergency surgical admissions by never exceeding 3%. Nonetheless it shows a steady increase in the rate from January 17 to December 17 which needed to be explored to avoid breaching the national target.

Figure 4. Percentage of Patients who are Readmitted as an Emergency Under the Surgical Team With 28 Days Post Discharge



Nursing Instrument of Quality Assurance (NIQA)

In addition to the quality dashboards, Tallaght University 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 prioritise quality improvements in areas which are underperforming. 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 2017 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 and assessment booklet for in-patients which incorporates the Malnutrition Universal Screening Tool (MUST) and nutritional nursing care plan, pressure ulcer prevention assessment chart, a revised personal hygiene care plan and a revised early warning score chart
- The introduction or revision of several policies, procedures, protocols and guidelines
- 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 introduction of new care plans, for example, a new nursing care plan to further improve the quality of care delivered to patients requiring fluid balance monitoring

Tallaght University Hospital's Nurse Practice Development Team continue to work to develop NIQA. For example, in 2017, the adult Emergency Department introduced NIQA.

"Without a standard there is no logical basis for making a decision or taking action"

Joseph Juran

Policies, Procedures, Protocols and Guidelines (PPPGS)

One of the greatest contributions to achieving high quality care for patients is to ensure there is no unjustified variation in how we treat our patients and staff. 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, and helps to avoid unnecessary variation.

With this in mind, Tallaght University Hospital invested considerably in 2016/2017 to develop, update and make available a wide range of PPPGs. In 2017, a total of 249 PPPGs were formatted, uploaded and activated on our PPPG database (Q-Pulse). This represented an increase of 61% compared to 2016. In addition, PPPG training sessions were provided to 61 staff members in 2017 which represented a 65% increase in attendance compared to 2015.

Pictured at the 2017 QI Graduation were;
Back Row: Fiona Leigh, James Kelly, Kylie Moynagh, Ciaran Love.
Front Row: Mary Hickey, Helen Teague, Vanessa McDonald, Karen Halpin, Cicily Regi, Barbara Ryan and Dr. Daragh Fahey.

Tallaght University Hospital's Quality Improvement (QI) Methodology

Tallaght University Hospital embraces a culture of continuous quality improvement. This culture requires having a cohort of staff who have the skills to drive and measure improvement. Changing systems and process often involves hard decisions and requires the application of both soft and hard skills. These soft skills are required as there will always be some key stakeholders who will resist change and try to maintain the status quo, whilst others adapt quickly and easily. In order to make the change happen staff need to disrupt and challenge the status quo. In addition, they need to understand the organisation in order to embed the changes and this means understanding the culture.

In Tallaght University Hospital, we have developed our own bespoke quality improvement approaches which draws on a wide variety of internationally recognised methodologies in the following areas:

- Having skills and tools to understand the processes and systems within the organisation, particularly the patient pathways and whether these can be improved
- Approaches and tools to bring about change, including leadership and clinical engagement along with staff and patient engagement
- Understanding a problem with a particular focus on what the data tells you
- Analysing the demand, capacity and flow of services
- Evaluating and measuring the impact of the change

Quality Improvement (QI) Graduation

Each year a cohort of staff receive in house training in QI in parallel with taking on a local QI project. In 2017 16 staff were trained in our methodology

Quality Improvement Projects

The table below lists the Quality Improvement Projects which were completed in 2017 by those who received training

Quality Improvement Projects - Completed as part of 2017 QI Programme
Stock Ordering and Storage in the Cellular Pathology Room
Introduction and Implementation of the Single Assessment tool (SAT) for Long Term Care
Oral Nutritional Supplements Order and Storage
Administration Process for Vascular Reporting
School Vision Process for Junior Infants (5-6 years old)
Nurse Drug Round
Arteriovenous Fistula (AVF) / Arteriovenous Graft (AVG) Integrated Care Pathway Formation
Reprocessing of Cannulated Reusable Invasive Medical Devices
Corporate Nursing Admission Booklet for Inpatients
The Contingency Telephone System
New Consent Form
Tackling Discharge MedRec
Care Pathway for Paediatric Patients Presenting with Alcohol Ingestion
Improving Monitoring and Documentation of Fluid Balance
Centricity Anaesthesia Pre-Assessment Application
Discharge Advice to Paediatric Surgical Patients
The Scheduling Process of Clinical Trial Patients who require Chemotherapy
Vascular Anomalies Out-Patient Clinic
Development of Rheumatology Patient Reported Outcome Measures (iPROMS) Within the Electronic Record
Standardised Postoperative Team Handover to Recovery Nurse

Introduction and Implementation of the Single Assessment Tool (SAT) for Long Term Care

Tallaght University Hospital is the first hospital in the Republic of Ireland to introduce the SAT assessment for in-patients over 65 years who are applying for Long Term Care. SAT is an IT enabled care needs assessment replacing the former Common Summary Assessment Report (CSAR). The summary assessment report meant that all staff in the process did not have access to all the information they needed until a meeting was held to review the Summary Assessment report.

What we did: The process of applying for Long term Care was not clear for patients and their families. There was no way of tracking progress. Two staff initially received training on this new electronic tool. A patient information leaflet was developed to outline the process and supports available in the Hospital for those who wished to apply for long term care under the Nursing Home Support Scheme. A scheduled daily worklist was developed to assist in the prioritisation of SAT assessments. A procedure was developed for the completion process and is available to all relevant staff in the hopsital.

Findings: The use of this ensures that patients receive a comprehensive standard assessment when applying for support, regardless of where they live or who is doing the assessment. The relevant healthcare professionals have access to all the necessary information to put a plan in place with the older person and in consultation with their family representatives. This is happening at an earlier stage, on average within four days of listing. The time taken to complete the care need assessment has more than halved from an average of eight days when CSAR was in use to an average of 3.8 days for SAT. Feedback received from patients and their families show they feel valued and appreciated by being involved in the SAT assessment.

Stock Ordering and Storage in the Cellular Pathology Room

The Cellular Pathology Laboratory orders more than 500 individual products each year. Constant turnover of stock requires frequent replenishing and last minute ordering is common. The number of products and multiple storage locations increased the difficulty in maintaining adequate stock levels. Seasonal fluctuations in service used to diminish stock rapidly resulting in over stocking with subsequent orders.

What we did: A Lean tool 5S (Sort, Set in Order, Shine, Standardise, and Sustain) was implemented which identified extra space. A "Kanban System" (another Lean tool), was implemented which displayed the agreed minimum and maximum product levels.

Findings: There are now clearly defined areas for stock storage and the Kanban cards act as a visual signal for product ordering. All products are now organised in a defined location and resulted in reduced required stock levels.

Oral Nutritional Supplements (ONS) Order and Storage Process

ONS are used by Dieticians to optimise the nutritional health of our patients. The Pharmacy Department stores and manages supplies of ONS as required. This can involve a lot of work for pharmacy staff. The goal of this project was to reduce the time spent dispensing and managing stock variances in the ONS ordering and storage process.

What we did: Data was collected on the frequency of Pharmacy top-ups to the wards and weekend dispensing. An "As is" process map provided insight into the actual and perceived problems. It was agreed to dispense ONS bulk cases only. Space was allocated at ward level to store unrefrigerated stock. Education was provided to Pharmacy and Nursing staff on brand equivalents. Pilots were undertaken in Gogarty and Maguire wards.

Findings: The new leaner process has been rolled out hospital wide by Pharmacy. ONS is now stored unrefrigerated at ward level. There was a reduction in Pharmacy time managing stock levels. Enhanced links and communication were established between Pharmacy and Clinical Nutrition and Dietetics to review and manage ONS stock levels.

Administration Process for Vascular Reporting

This project was undertaken to evaluate the administrative processes involved in the scanning, reporting and acquisition of vascular scans results as the majority of other Vascular Laboratories have a dedicated software package to help manage this process. Repetition in the reporting process affects waiting times resulting in inefficient patient throughput times. Currently all reports are manually typed and stored on a shared drive.

What we did: A process map of the current "AS IS" Vascular Laboratory in-patient and out-patient processes was completed. Sources of delays were identified and analysed. The analysis identified 6 steps that could be removed for each patient if they had a dedicated database.

Findings: The reduction in steps/time saved enable us to provide four scanning slots per day equating to 932 slots per year which would improve waiting times and have a major impact on waiting lists. As the project sought also to demonstrate where they could save money in order to provide a cost / benefit for purchasing the database the findings demonstrated savings of €93,722 per annum. The project leads will now make a case for the purchase based on their findings. An electronic database was identified which would bring the laboratory into line with all other National Vascular Laboratory services while also ensuring the safety of patient data.

School Vision Process for Junior Infants (5-6years old)

There is no screening service for this age group in the Hospital. School nurses in the local catchment area were concerned that certain school children had no referral pathway into the hospital/ community ophthalmology service meaning that for many children the necessary follow up care was not being provided after their initial assessment.

What we did: An Orthoptic resource was made available in the Hospital to provide screening.

Findings: Accurate screening for 'refractive errors' (need for glasses), amblyopia ('lazy eye') and ocular pathology is now carried out by appropriate professionals resulting in improved vision standards in the local area.

Nurse Drug Round

Drug rounds are one of the most important activities of nursing. Nurses in our organisation anecdotally reported that there are many interruptions during the drug round which lead to an increase in length of time to complete this activity.

What we did: We observed current practice as well as developed an audit tool and conducted a baseline measurement of the current process in four in-patient adult wards. We then piloted proposed quality improvements in one ward before rolling out to the remaining ward areas. Patient specific tablet crushers (with patient identification labels) were introduced to avoid contamination. Drug trolley location has been changed from the corridor to patient bedside. Lignocaine patches administration times have been changed from 8am - 8pm to 10am- 10pm.

Findings: Reduction of unnecessary interruptions during ward rounds leading to improved patient safety and time efficiency.

Arteriovenous Fistula (AVF) / Arteriovenous Graft (AVG) Integrated Care Pathway Formation

The Meath Foundation funded a six months project post to develop an AVF and AVG integrated pathway. An AVF is created during a surgical procedure to join together an artery and a vein. Increased pressure in the vein causes the vein to dilate and thicken facilitating needle insertion for dialysis. An AVG is where a synthetic material is inserted during a surgical procedure linking together an artery and a vein. The graft is used to facilitate dialysis. The rate of insertion of fistulas at the beginning of the project was 30% AVF and 70% Central Venous Catheter. Best practice (UK Renal and KDOQI guidelines) suggests 80% AVF and 20% CVC.

What we did: A multidisciplinary team was identified and a draft care pathway was developed and reviewed by the Nurse Practice Development Department (NPPD). Baseline data was collected. It was noted that there was no designated person to follow up out-patient care. There was a six step process from receipt of referral letter until patient received an out-patient appointment. If the procedure was not successful the patient wasn't seen until the six week check-up. A three step process was introduced for appointments to Vascular Clinic.

Findings: A new integrated care pathway has been developed leading to better information sharing with the documentation being tailored to suit renal patients requiring AVF/AVG. If the AVF/AVG is not working a doppler scan is requested and the patient is seen in the clinic. There is also a staff member in place to maintain this new process going forward.

Reprocessing of Cannulated Reusable Invasive Medical Devices (RIMD)

A defined process for the reprocessing of reusable cannulae was required to ensure that they are thoroughly cleaned and fit for patient use. The HSE standard of 2011 states 'When lumened devices are being reprocessed, washer-disinfector should be provided with load carriers that permit the irrigation of the lumened device'. A specific piece of equipment is recommended to ensure that all RIMDs are fit for use in patient care. This project was undertaken to demonstrate the need for the piece of equipment but also to show what process improvements could be made to save money to provide a cost benefit analysis to purchase the equipment

What we did: An audit was carried out over a four week time frame. Protein testing was completed on 60 cannulated instruments. There was positive findings in three cannulated instruments post washer disinfection. This could lead to a potential problem for patients or staff if RIMD passed to the sterilisation process. A process map was used to measure the steps in the process and the data was analysed.

Findings: A minimal invasive surgery wash cart has been validated on all washer disinfectors in June 2017 and training provided for all technicians in the use of this specialised wash cart. Cannualted RIMDs are now free from protein and quality control testing is carried out weekly. There has been a reduction in the use of ultrasonic cleaning which has also reduced the reprocessing costs. There is greater confidence in the decontamination of cannulated RIMDs and their safe use in patient care.

Corporate Nursing Admission Booklet

The nursing admissions booklet needed to be updated. Enhanced assessment of patients on admission is required to meet national and international standards. Compliance with completion of assessments within the admission booklet was poor. The reasons for this include the time available for the assessment is limited and not all assessments are available in the admission booklet. Activities of Daily Living nursing assessments were being completed differently by different nurses and the amount of information was often limited and difficult to read. Also, there were a number of additional assessments (e.g. MUST) that needed to be incorporated into the in-patient assessment booklet.

What we did: 'MUST' screening (Malnutrition Universal Screening Tool) was added to the assessment booklet. A new nursing admission booklet was piloted on three wards. Changes were made and Nursing Documentation Committee (NDC) approval was obtained for a further two week pilot. Minimal final changes were made. A business case was submitted and approved for the new booklets which has now been rolled out hospital wide.

Findings: Increased compliance with the completion of the Maelor Risk assessment tool for pressure ulcers as there is a prompt included in the reassessment. The colour system enables the severity of the pressure ulcer to be efficiently recorded. The bed rail assessment chart is now easily accessible leading to increased efficiency as staff time is saved in looking for the document. Mandatory assessments are now included in the Admission booklet which leads to further efficiencies.

The Contingency Telephone System

The lack of a backup telephone system was identified as a major risk. An emergency back-up system is required to provide resilient communication, ensure continuity of care and reduce risks posed by a telecommunications failure.

What we did: A backup system was agreed, tested and implemented. Testing schedules were drawn up in conjunction with local managers where the contingency phones were located. Liaised with senior nursing staff to determine the critical locations of the backup phones. Developed A4 information sheets to be displayed in all the relevant areas. A list of contingency telephone numbers have been published on the hospital website for use in the event of the main telephone system failing.

New Consent Form

The HSE launched a new National Consent Policy which required new local consent forms to be developed. The project was to evaluate, revise and devise a plan to rollout the agreed new consent form.

What we did: A draft new consent form was developed by the Consent Working Group. This was trialled in the Renal Day Ward (Medical) and the Surgical Division. The results of the trial were evaluated by the QSRM Executive Clinical Committee who made necessary revisions.

Findings: The new consent form has been significantly changed to reflect the HSE Consent Policy. This has been reviewed by both the Medical and Surgical Divisions and accepted by the Medical Board. It has since been rolled out across the organisation.

Tackling Discharge Medication Reconciliation (MedRec)

Medication reconciliation is defined as the process of "creating the most accurate list possible of all medications a patient is taking—including drug name, dosage, frequency and route—and comparing that list against the physician's admission, transfer and/or discharge orders, with the goal of providing correct medication to the patient at all transition points within the hospital" . Medication reconciliation consists of four steps that help to ensure patient safety across the healthcare system: (1) verification: the current medication list is obtained; (2) clarification: the medication and dosages are checked for adequacy; (3) reconciliation: newly-prescribed and previous medications are compared and documented; and (4) transmission: an updated and verified medication list is communicated to the next healthcare provider. An Irish study demonstrated that 43% of patients experience post-discharge medication errors. A research study done in this hospital showed that the discharge process was associated with 77% of medication discrepancies that arose during each finished episode of care. Discharge MedRec is not routinely carried out at Tallaght University Hospital which leaves patients at risk of harm arising from discrepancies. While resources do not permit this to be done for all patients, we wanted to identify those at greatest risk and prioritise them.

What we did: Baseline data was collated to investigate how many discharge MedRecs were being carried out. A root cause analysis was completed to identify the reasons why discharge MedRec is not routinely carried out. Improvement ideas were generated and scoped. An initial pilot was conducted in four clinical areas. The pilot employed an internationally validated prioritisation tool called MERIS in order to reduce time spent on Admission MedRec, thereby freeing up time to focus on prioritised discharge patients. An awareness campaign with Doctors improved the referral rate for discharges. A standardised approach was developed for discharge MedRec allowing the Pharmacist to use the TEAMS software to write the discharge prescription for sign- off by a Doctor.

Findings: At baseline, Pharmacists carried out discharge MedRec for six patients per month. In the four months after the intervention the average increased to sixty one patients per month.

Care Pathway for Paediatric Patients Presenting with Alcohol Ingestion

There was no standardised care plan for paediatric patients who presented with alcohol ingestion. A high percentage of ingestions are admitted (Eleven out of 24 patients during the period under investigation). There was a missed opportunity also to provide information / advice in the context of future health and wellbeing and in line with the National Policy Framework for Children and Young People 2014 – 2020.

What we did: A review of current and historical data was undertaken which highlighted the number of patients admitted as well as the time from presentation to decision to admit and transfer to ward. The 'Voice of the Customer' was captured. A patient information leaflet was developed regarding the dangers of alcohol use and how to stay safe along with leaflets aimed at supporting parents. Both leaflets provide information on where to seek extra help and what the law is regarding underage drinking. A care pathway was completed that encompassed all aspects of care from initial presentation through to discharge including appropriate referrals to Medical Social Work and other services.

Findings: Reduced hospital admissions for this cohort of patients and standardisation of the care provided.

Improving Monitoring and Documentation of Fluid Balance

Because fluid balance is vital to health the monitoring of what a person drinks in fluids or via a drip is a very important part of their care in hospital. If a patient does not drink enough fluids it can lead to dehydration, which in turn can affect cardiac and renal function and electrolyte management. Inadequate urine production can lead to volume overload, renal failure and electrolyte toxicity. Compliance with documentation of fluid balance varied from 30%- 40%.

What we did: A new fluid balance record was developed after wide consultation with nursing staff. It was then introduced to all in-patient areas. A laminated copy of a fluid volume resource chart was provided to all wards for reference. Education and support was provided to staff.

Findings: Post pilot compliance increased by 80% in the surgical ward and 72% in the medical ward. There was evidence of fluid balance monitoring two to ten times in 24 hours in two thirds of the audited fluid balance records. Bi-monthly audits have been set up as part of NIQA audits to monitor this process.

Centricity Anaesthesia Pre-assessment Application

Paediatric wards have been been reconfigured to include both medical and surgical patients on one ward. This has led to a variation in expertise in managing some surgery cases. Providing information and advice to both patients and their families and standardising the care potential were the essential elements of this project

What we did: A review of the nursing assessment was undertaken to measure the suitability of patients for procedures involving anaesthetic. This provided information on how the assessment was recorded and how it could then be recorded electronically. The paper format was used as a basis to configure and test a set of electronic screens. A pilot was then performed to ensure that this was fit for use as a replacement for the existing format.

Findings: There is now a viable electronic option to replace the current paper documents used in these pre-assessments. It has resulted in halving the paper process and a further step to no paper usage.

Discharge Advice to Paediatric Surgical Patients

Paediatric wards have been been reconfigured to include both medical and surgical patients on one ward. This has led to a variation in expertise in managing some surgery cases. Providing information and advice to both patients and their families and standardising the care potential were the essential elements of this project.

What we did: Developed and up-dated patient discharge advice leaflets for Appendectomy, ENT and Appendix mass. A surgical folder was put in place for staff reference. Education briefings were provided for staff as part of their education programme.

Findings: All information has now been standardised. It is expected that this intervention will result in a reduction in inappropriate attendances to Emergency Department. This process will be measured at six monthly intervals to audit compliance.

The Scheduling Process of Clinical Trial Patients who Require Chemotherapy

Too many patients scheduled at the same time for patients and increased work pressure in the Pharmacy Clean Room where the doses are prepared. Our cancer service recruits up to 12% of new patients into clinical trials, exceeding the National Cancer Strategy target of 5%. In 2017, we enrolled patients into 42 cancer trials. This success led to problems with patient scheduling. This project set out to reduce the turnaround time for patients on clinical trials attending for IV chemotherapy from the time they arrive on the Oncology Day Ward to the time they receive their IV chemotherapy.

What we did: A stakeholder analysis was completed to clarify what users of our service required. A current state process map of the "As Is" process was completed which identified bottlenecks. Baseline data was collected to investigate the current turnaround times from patient arriving on the day ward until they receive IV chemotherapy, measuring all steps in the process including Pharmacy turnaround times. The data was then analysed and the root causes identified. Non value added steps were also identified and ways to 'lean' the process were agreed.

Findings: The Laboratory turnaround times were identified as a key rate-limiting step in the process. These were halved as a result of the project. The Pharmacy Aseptic Unit process was 'leaned' as much as possible and Pharmacy turnaround times reduced to an hour, almost 30 minutes less than previously. Overall waiting times for the patients were reduced by 30%. There is now increased communication between all departments involved in the process and greater awareness of all the roles and challenges faced by all stakeholders. For example, the Clinical Trial Nurses are now aware of the need to spread patients evenly over the week when scheduling IV chemotherapy.

Improving the Vascular Anomalies Out-patient Clinic

Vascular Anomalies are abnormal collections of vessels that occur within normal blood vessels. Tallaght University Hospital has a service to manage these cases. Between January and September 2016, 14 sclerotherapy procedures took place yet there was still a waiting list of a further 24 patients. The purpose of this project was to identify deficits in the patient journey and work flow through the Vascular Anomalies Out-patient Clinic in the Interventional Radiology (IR) Department. This project received funding from the Meath Foundation.

What we did: An "As Is process map was completed and areas identified for improvement. A root cause analysis and future state map was conducted with the team and improvements agreed. A dedicated clinic was developed with a specified location. All referrals are managed according to hospital policy – date stamped, stored and entered onto iPIMS (In Patient Information Management system).

Findings: All new patients are seen within six weeks for an out-patient appointment. A Clerical Officer now manages patient referrals and organises procedures. Between January to August 2017. 76 patients were reviewed in the new out-patient clinic in Radiology with 35 sclerotherapy procedures completed during this timeframe.

Development of Rheumatology Patient Reported Outcome Measures (iPROMS) in the Electronic Patient Record (EPR)

The Rheumatology service had previously moved to an EPR yet PROMS continued to be a paper process.

What we did: Background search was conducted of international guidelines. iPROMS was introduced into EPR for 'desk' use with the patient at their appointment visit.

Findings: 100% completion of iPROMS for the ankylosing spondylitis patient group on EPR at the health and social care professional clinic. This is being measured over time and now forms part of the clinical care pathway steps for EPR.

Standardised Postoperative Team Handover to Recovery Nurse

Good clinical handover from the Anaesthetist and Theatre Nurses to Recovery Room Nurses is critical to delivering prompt nursing interventions. The standardisation of the content of this clinical handover ensures a reduction in variability, reduces time wasted searching for pertinent information and ensures consistency in practice.

What we did: A stakeholder analysis was completed to clarify what users of the service required. A literature search was also completed. Thereafter a data collection tool was devised and the Multi-disciplinary Team (MDT) handover process in recovery room was measured. As part of this process 70 recovery room handovers from Theatre Staff were observed. Upon review 16% of the handovers were acceptable and the remaining 84% did not meet the standard of the national clinical handover guidelines. The Plan, Do, Check, Act small cycles of change were used in the testing and validation phase and moving into the pilot phase. This incorporated a complete change in test methodology and change in testing frequency to a daily service.

Findings: Currently we have completed Phase 1 of the project which was the implementation of protected handover time and patient identification in the recovery room.

Future Meath Foundation Funded Projects

In addition to the QI projects described above the following are Meath Foundation Projects which were funded in 2017 with a 2018 targeted completion timeline.

The Meath Foundation Funded Projects – funded in 2017
◦ Analysis of the Nutrient Content of the Hospital Patient Menus
◦ The Use of Incident Reports to Drive Patient Safety Within Operating Theatre Complex
◦ Operating Theatre Medication Management – A Multidisciplinary, Lean Quality Improvement Initiative
◦ Oxygen Review Clinic
◦ Advanced Physiotherapy Management of Shoulder Disorders in Tallaght Hospital
◦ E-Learning Module to Support Prescribing and Administration of Medicines Using the Inpatient Medication Prescription and Administration Record (Impar)
◦ Humidified High Flow Oxygen Devices

Medication Safety Quality Improvement Initiatives

Medication safety is crucially important in our Hospital. The following lists a number of key additional quality improvement initiatives from 2017 which aim to make the medication use process safer and more effective.

Medication Safety Quality Improvement Initiatives
◦ **The Adult Medicines Guide content was updated**
◦ **Improved medication safety in Paediatrics** - Links were strengthened between the Medication Safety Manager and Nurse Practice Development (Child Health) and the Paediatric Medical Advisory Committee (PMAC). - There was an improvement in feedback to nursing and medical staff on individual incidents and near misses, and on trends seen. - A facilitative role was undertaken by the Medication Safety Manager in multiple areas including preparation for a changing landscape in terms of governance of medication use processes in Paediatrics, drug prescription, intravenous drug monographs, smart IV infusion pumps and PPPG development including Antimicrobial Guidelines.
◦ **An allergies working group was established in 2017, with the aim of developing, delivering and championing a programme of work to improve our awareness of and responsiveness to patients with known drug allergies.**
◦ **Participation in the HSE's "Venous Thromboembolism Prevention" quality improvement collaborative which led to the following:** - Guideline in the Adult Medicines Guide was updated in line with the latest evidence, including further clarification on bridging where appropriate - A patient information leaflet "Preventing Blood Clots" was developed. - A poster outlining the appropriate use of anti-embolism stockings was created and distributed - Ward stock levels were revised to ensure adequate supply of stockings and measuring tapes

Other Quality Improvement Initiatives

It is beyond the scope of this report to describe all the many worthwhile QI initiatives which were completed in 2017 but this section highlights some of the notable ones

Clinical Support Nurse Manager at Night (CSNM)

What we did: A collaborative review (funded by the Meath Foundation) was undertaken in 2015/2016 with the Centre for Practice and Healthcare Innovation to establish a baseline understanding of the organisational supports for and barriers to, quality clinical decision-making that exist during the out-of-hours service period in the adult services. The findings led to the creation of a new CSNM at night post. From 8pm to 8am the CSNM provides a critical care consultative, educational and direct clinical intervention approach to support doctors and nursing staff caring for acutely ill/deteriorating patients. They also provide targeted assessment of at-risk patients e.g. new admissions from the Emergency Department, new post-operative patients, patients with sepsis, patients with elevated early warning scores and those recently transferred to clinical ward areas from ICU/PACU/HDU services in the Hospital. The project undertaken was a finalist in the Health Management Institute (HMI) of Ireland Leaders Award in 2017.

Eamonn Fitzgerald, Chair of the judging panel and HMI council member presenting Shauna Ennis, Nurse Practice Development Coordinator with a finalist certificate following her presentation at the HMI leaders Award Event.

Findings: Tallaght University Hospital is the first Hospital in Ireland to create the CSNM at Night role. The new role has been very successful to date and will be continuously evaluated to determine its impact on services.

Optimising Power @ Work (OPW)

What we did: A National initiative was launched in 2017 to improve efficiencies in how we use our energy sources in Ireland.

Findings: Tallaght University Hospital was one of the top performing Hospital in the OPW Optimising Power at Work Campaign, with total savings of over 7% gas.

Forget Me Never

What we did: In 2017, Tallaght University Hospital unveiled a unique 'Forget Me Never' art piece. This consists of 172 individually crafted colourful mosaic leaves. Each leaf was created by patients, families and staff involved in the dialysis service in the Hospital. The tree represents the Dialysis Family – past and present. Each leaf represents an individual presence with the branches and trunk representing the community reminding us of the level of engagement, commitment and the reality of dialysis treatment.

Mayor of South Dublin Cllr Guss O'Connell, Professor George Mellotte and Mr. Roderick Smyth, a supporter of the Forget Me Never project at the official unveiling.

Trauma Short Stay Unit

What we did: In April 2017, a Trauma Short Stay Unit (TSSU) was established on Franks Ward. The TSSU provides targeted care for patients requiring brief hospitalisation and discharged as soon as clinical conditions are resolved. Use of TSSUs reduce patient length of stay in Hospital, representing an alternative to the ordinary ward for selected patients. A shorter stay in Hospital also reduces the risk of Hospital-acquired infections, yield more efficient use of Hospital beds but most importantly increased patient satisfaction.

Findings Initial data has shown a 50% reduction in the average patient length of stay. There was nearly a 180% increase in discharges, indicating a significant increase in the efficiency of bed turnaround but more importantly getting the patient home quicker.

H Pylori Care App

What we did: In June 2017, the Trinity Academic Gastroenterology Group (TAGG) launched the Helicobacter Pylori Care App. which provides clear and precise information on how to diagnose and treat the infection, along with contact information for referral centres around Ireland. The regimens for first line, second line and rescue therapies are clearly outlined, displaying dosage and duration of therapy. For patients, it provides information on symptoms of infection and any treatment that may be prescribed.

Can You See What I See?

What we did: This was an exciting exhibition which was installed on Hospital Street in 2017. It was a series of hand painted illustrations which are informed by listening to people with dementia, and to those that support them, their families, friends and medical professionals. The overall purpose of this series of paintings is to complement the existing dementia awareness campaigns and add to the general public's knowledge of dementia so people can understand this disease together and support each other.

Introducing Schwartz

Schwartz Rounds provide a framework which helps to improve staff well-being, resilience and support which ultimately has an impact on improved patient centred care.

What we did: In September 2017, our Paediatric Directorate introduced Schwartz Rounds which are tightly structured, monthly meetings for multi-professional groups of staff working in health care environments. The Rounds provide an opportunity for staff from all disciplines across a healthcare organisation to reflect on the emotional aspects of their work. Each round is based on the story of a particular patient or a theme and is briefly presented by three members of staff. This is followed by a facilitated discussion which involves the wider audience and is an opportunity to listen, share and support. Three rounds were completed in 2017 with nine further rounds planned for 2018.

Research Laboratory

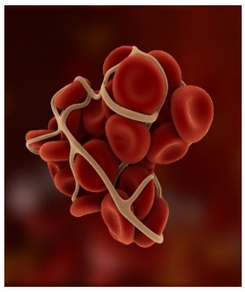
What we did: In March 2017, the new Meath Foundation Research Laboratory, located in the Trinity Centre was officially named and opened. The aim of the new facility is to expand the culture of scientific discovery at Tallaght University Hospital and to enable access for patients to new novel therapies through their participation in clinical trials. The Laboratory has been externally assessed by international experts and approved for Clinical Trials bench-based work. This development has enabled clinical research activity to increase by 50%.

Section Two

Safety 2

One of the most important duties Tallaght University Hospital has to our patients and staff is to ensure we do all that we can to ensure their safety when providing or receiving care. This is consistent with our ethos of “people caring for people”. Patient and staff safety continues to improve in our Hospital 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. The following provides some examples of work we have completed in this area.

Reducing Harmful Blood Clots



When patients are not moving as they normally would such as after an operation or when they are bed bound, harmful blood clots can form in the legs and travel to the lungs which can have a serious impact. Most of these can be prevented. Since 2017 a team from Tallaght University Hospital has been working alongside 27 other Irish Hospitals and the Quality Improvement Division in the HSE to make sure our patients are getting the best care to avoid harmful blood clots. The Tallaght University Hospital team (Jennifer Hayde, Medication Safety Manager, Shauna Ennis, Nurse Practice Development Co-ordinator, Dr. Hannah O'Keefe, Specialist Registrar and Jasmine Joseph, Clinical Placement Cocoordinator) came together in 2017 to improve education in this area (see Section One, above). As a result, Doctors, Nurses, Pharmacists and patients now have access to better information on how best to prevent harmful clots.

Blood Track

When giving blood transfusions it is extremely important to ensure that the right blood type is given to the right patient. To reduce the risk of error the final phase of Blood Track (Phase 3) launched in May 2017. This involved the use of Personal Digital Assistants for sample taking and as an electronic check at the bedside.

"One of the biggest safety challenges in any Hospital is to ensure that our patients avoid picking up an infection during their stay."

Preventing Infections in Hospital

One of the biggest safety challenges in any Hospital is to ensure that our patients avoid picking up an infection during their stay. Tallaght University Hospital has an Infection Prevention and Control (IPC) Team that provide tremendous support for our staff to maximise safety in this area. It is recognised that Infection Prevention and Control is the responsibility of every member of staff and remains 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. The following describes some of the key related activities in 2017.

Hand Hygiene Brainstorming

In February 2017 the Hospital held a brainstorming session with 67 staff from across the Hospital to get their views on improving hand hygiene across the Hospital.

Just some of the attendees at the very well attended brainstorming session held in the contemplation room.

Task Force

In 2017, the Hand Hygiene Task Force supplemented the 'Save Lives: Clean Your Hands' message with extra teaching during grand rounds on Carbepenem Producing Enterobacteriaceae (CPE) and its transmission. The Task Force continued to grow in 2017 and we ran very successful campaigns in May and October. 160 staff were directly involved with over 1800 staff interactions regarding Hand Hygiene.

↑ *Prize winners of the May 2017 Hand Hygiene Campaign.*

↑ *Anthony Timmons and Jimmy Carroll. Porters in Tallaght University Hospital supporting the Task Force.*

← *Hand Hygiene Task Force, September 2017*

Hand Hygiene Task Force

In 2017 the Hand Hygiene Task Force supplemented the Clean Hands Save Lives message with extra learning on rounds about CPE and its transmission. The Task Force continued to grow in 2017 and ran campaigns in May and October. 160 staff were directly involved in rounds and over 1800 staff were spoken to about hand hygiene. In May 2017 the hospital achieved/exceeded the national target of 90% for the first time. The average compliance rate for 2017 was 89%. A Hand Hygiene brainstorming session was held on February which was attended by 67 Multidisciplinary staff. A Hand Hygiene Day was held in May which included a Hand Hygiene pledge for staff to sign. In July Dr Ann-Rose Prior, Consultant Microbiologist joined the team. Fifteen staff received Hand Hygiene auditing training and 687 staff attended Face-to-Face Hand Hygiene education. The IPC governance structure was reviewed at the end of 2017 and the deputy CEO is its new Chairperson.

The staff in the intensive care unit supporting the May 2017 Hand Hygiene Campaign.

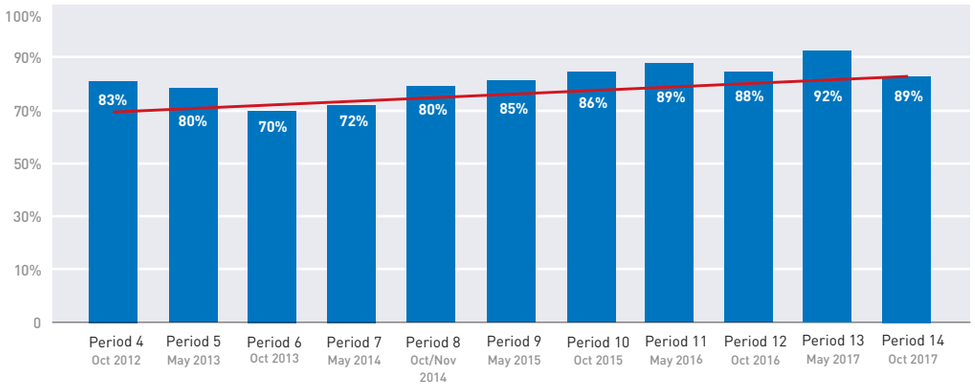
Art Work

Hand Hygiene themed art work was commissioned for the windows of the canteen and the windows at the coffee shop in the atrium. This proved to be a very popular initiative with patients and visitors.

Hand Hygiene Audits

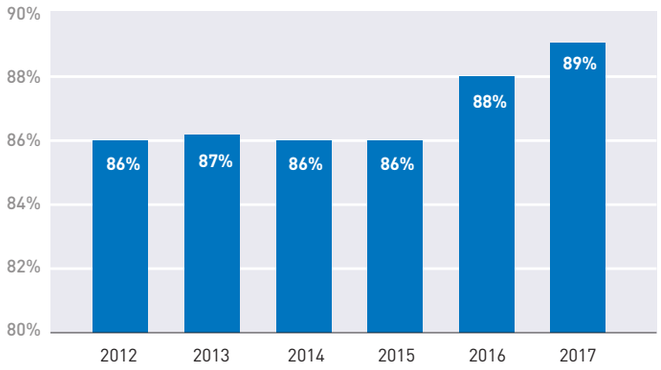
In addition to their daily workload, the IPC team carried out a series of local audits (20) to improve compliance with IPC guidelines, particularly in relation to Hand Hygiene. In addition, National Hand Hygiene Audits are carried out in may and October. The chart below shows a gradual improvement in Tallaght University Hospital's performance in this area over the past five years.

Figure 5. Results of National Hygiene Audits from 2012 – 2017



Local Hand Hygiene audits were continued throughout the Hospital in 2017. The average compliance for the year was 89% which was the highest rate for the past six years. The Hospital's performance in this area is reflected in the chart below.

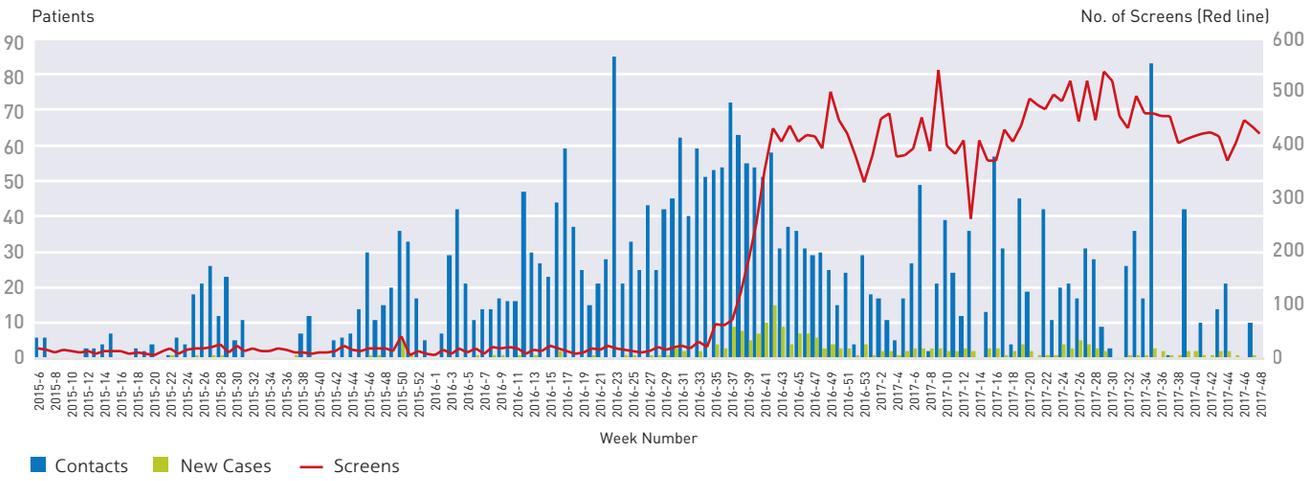
Figure 6. Hand Hygiene Average Annual Compliance 2012-2017 - Local Audits



Carbapenem-Resistant Enterobacteriaceae (CPE)

CPE are a family of bacteria which are very resistant to most types of antibiotics. In 2017, there was a marked increase in the number of patients carrying CRE. Although carrying these bugs does not cause harm there is a danger that if these bugs were to cause significant infection that the Hospital would have very few effective antibiotics that it could use to help the patient recover. Therefore, the Hospital responded rapidly to this challenge by introducing a range of measures to screen those who might be affected and manage those who were carrying the bacteria. Patients were treated as normal for their presenting conditions but additional infection control precautions such as isolation were required in many cases. The graph below shows how the peak numbers of new cases occurred in October 2016 before our management interventions began to take effect.

Figure 7. Graph Showing Number of CPE Cases and Screens from 2015-17

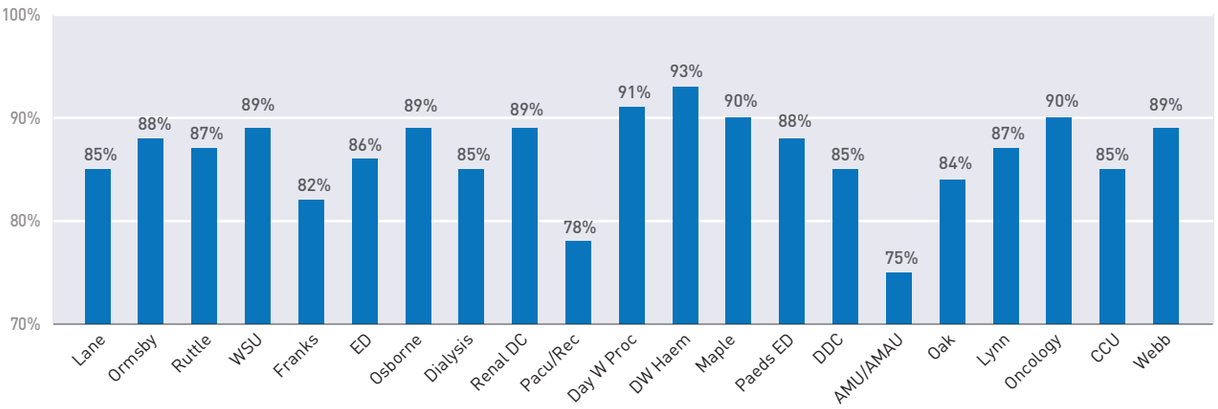


This chart shows the onset of the outbreak in late 2016 which was brought under control in early 2017 but continues to remain active. In 2016 there were 132 positive cases compared to 13 in 2015 and 90 in 2017.

Environmental Audits

One of the key supports for the IPC team comes from our Estates and Facilities team who coordinate regular multidisciplinary environmental audits with a focus on what needs to be done at a ward level to reduce the risk of cross contamination of infections to staff and patients. The chart below provides a summary of the results in 2017.

Figure 8. Results of 2017 Multidisciplinary (MD) Environmental Cleaning Audits by Location



Overall the highest scores were achieved when auditing the staffs understanding of good cleaning practice. The lowest scores were based on reviews of the dirty and clean utility rooms. A more targeted campaign is planned for 2018.

Zero Harm Campaigns

Our goal in Tallaght University Hospital is to rigidly apply to the fundamental medical principle of non- maleficence which means 'do no harm'. With this in mind, Tallaght University Hospital continued with its series of Zero Harm campaigns in 2017 covering infection prevention and control, inhalers, good nutrition and hydration, labelling blood samples, pressure ulcer prevention and sepsis.

Inhalers are lifesavers

The 'Inhalers are Lifesavers' campaign aimed to raise awareness amongst health care professionals about the importance of good inhaler management and techniques and to encourage better and more informed patient education in the area. Members of the Respiratory Team made themselves available at a stand in the canteen as well as visiting wards throughout the day to help spread the word on inhalers.

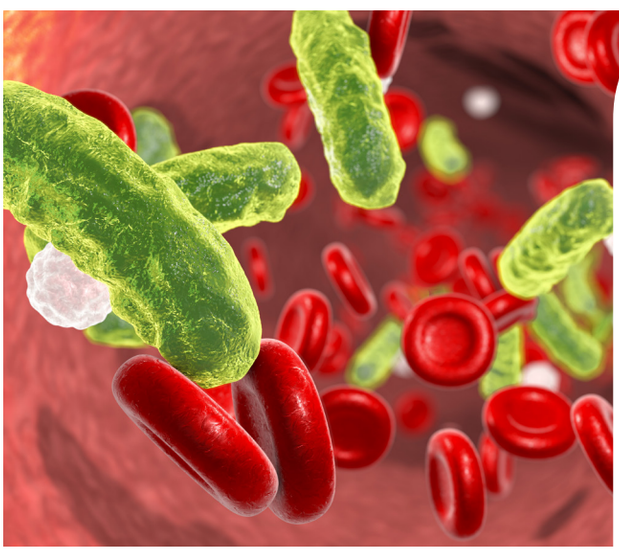
Mealtime Matters and MUST

Last year the Hospital launched a Good Nutrition and Hydration campaign as part of the Zero Harm series. The multidisciplinary task team came out in force again in 2107 with two key themes: Screen – "We Must MUST!" and Intervene – "Mealtimes Matter!" The purpose of this campaign was to highlight the essential role that good nutrition and hydration play in the medical care of patients. On the day there was a stand in the canteen promoting the two key themes

Reducing Sepsis

Sepsis is becoming more common due to people living longer and increased use of antibiotics leading to the development of microorganisms that are resistant to antimicrobials and more patients living with weakened immune systems. Sepsis occurs when a local infection spreads throughout the body causing serious illness which can lead to shock and even death.

With this in mind, Tallaght University Hospital chose World Sepsis Day on September 13th as the day for the Zero Harm initiative. The aim of the campaign was to raise awareness of sepsis in healthcare professionals, patients and the public with a view to improving the recognition and management of this potentially fatal condition. The focus of the day was to ensure doctors and nurses were aware of and using all the excellent resources available in the Hospital to prevent sepsis, recognise it early and start the appropriate treatment within the 'Golden Hour'. In one day, the ambitious target of having our multidisciplinary team visit every ward in the Hospital to talk to both patients and staff about sepsis was achieved. Our team also manned information stands in the atrium and canteen providing information to patients, visitors and staff.



"Sepsis is becoming more common due to people living longer and increased use of antibiotics leading to the development of microorganisms that are resistant to antimicrobials and more patients living with weakened immune systems."

Pictured at the Sepsis Launch in the front row from left to right Siobhan Gilboy, Clinical facilitator NCH, Siobhan O Connor Nurse Practice Development Coordinator NCH, Linda Devaney CPC, Karn Cliffe, Director of Nursing Sepsis DMHG, Shauna Ennis Nurse Practice Development Coordinator (Adult Services), Dr. Catherine Wall, Clinical Director Medical Directorate; Catherine Burns, CPC; Christina Lydon, Nurse Practice Development Advisor; Yvonne Connaughton, ADON Patient Flow ED & AMU; Rachel O Beirne-O Reilly, CPC; Back row Mr. Martin Feeley, Clinical Director DMHG, Áine Lynch, Director of Nursing; Dr. Daragh Fahey, Director of Quality, Safety & Risk Management; Liz Kinlan, ADON Medical Directorate; Bernadette Corrigan, ADON Perioperative Directorate; Dympna Mc Donnell, ADON IPC.

Infection Prevention and Control Practice

In 2017, under the 'Zero Harm' umbrella, Tallaght University Hospital developed a set of targeted, high profile initiatives with a view to introducing behavioural change amongst staff, patients and visitors to reduce the risk of developing healthcare acquired infections. As part of the campaign, staff were asked to sign a pledge making a commitment to clean their hands and be 'bare below the elbow'

Áine Lynch, Director of Nursing, Lucy Nugent, Deputy CEO, David Slevin, CEO signing their pledge

Labelling Matters

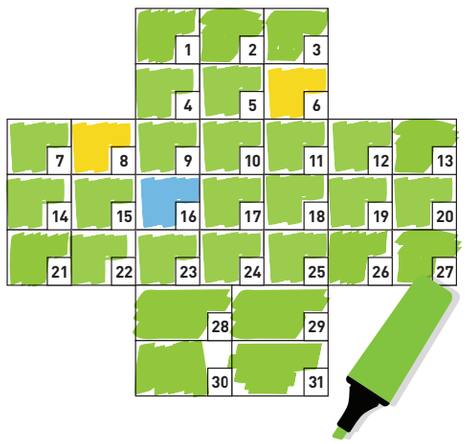
Once a patient has a blood test taken, the Hospital needs to ensure that the sample is never lost and the results given are always those for that particular patient. In May 2017, under 'Zero Harm', the Laboratory Department launched a safe sample labelling code across the Hospital. This code involved creating the following traffic light message to reduce the risk of error:

CHECK	Do you have the right patient? Before taking samples please check all patient details, check the wristband and ask name, date of birth and address.
LABEL	Have you labelled the sample correctly? Before leaving the patient the sample should be labelled with all patient details ensuring they match the wristband (including OCS labels!).
GO	Follow the safe sample labelling code and your samples are ready to go.

Pressure Ulcer to Zero Collaborative (PUTZ)

In 2017, Tallaght University Hospital was one of six Hospitals in the Dublin Midlands Hospital Group who participated in the National Pressure Ulcer to Zero Collaborative with Ormsby and Franks wards leading out. PUTZ promotes use of the SSKIN (A five step module for pressure ulcer prevention) Bundle which Tallaght University Hospital has incorporated into the Pressure Ulcer Assessment, Prevention and Management Care Bundle. Through ongoing education and risk analysis pressure ulcer preventive initiatives were introduced to bring the number of Hospital acquired pressure ulcers to zero. The Safety Cross was used to measure the number of pressure ulcers daily.

Both Ormsby and Franks wards identified the benefits of participating in the national collaborative as it raised awareness and generated pressure ulcer preventative initiatives to enhance patient safety. The PUTZ is now implemented on six wards and will be spread out to all in-patient areas in 2018. At the national PUTZ celebration day in November Tallaght University Hospital's PUTZ Team won 1st prize in the poster competition. The PUTZ collaborative also included a Zero Harm Campaign in November 2017.

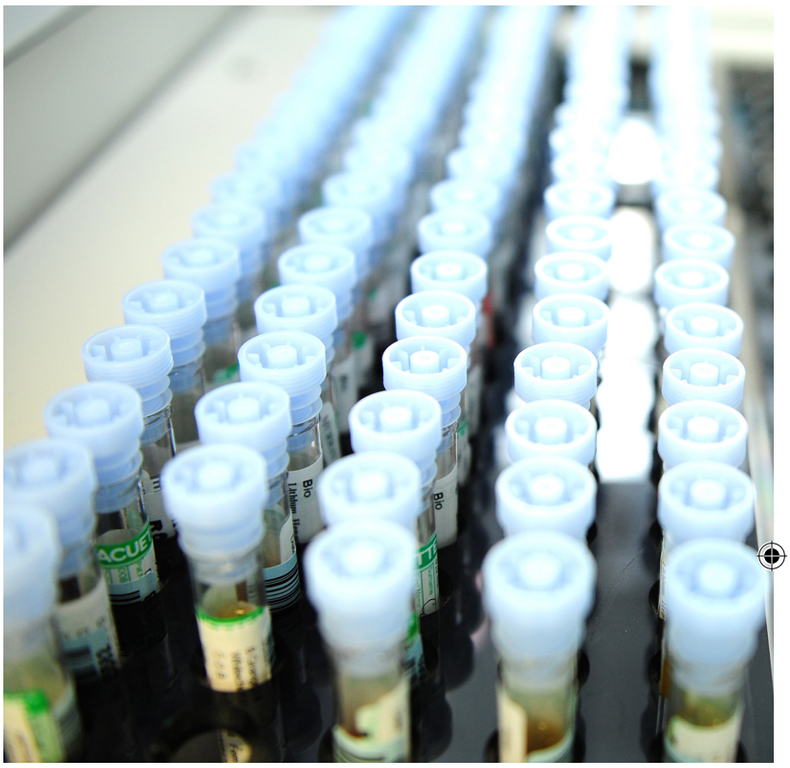


Patricia Morrison ADON, Christina Lydon Nurse Practice Development Advisor (PUTZ Site Coordinator), Triona Murphy Staff Nurse Ormsby Ward, Evonne Healy ADON, Helen Strapp RANP Tissue Viability, Shauna Ennis Nurse Practice Development Coordinator, Ann Dwyer CNM2 Franks Ward (PUTZ Team lead), Àine Lynch Director of Nursing, Louise O Regan CNM2 Ormsby ward (PUTZ Team Lead) Karen Hayes HCA Ormsby ward, Angela Doyle Occupational Therapist.

Pictured at the Pressure Ulcer Launch in the front row from left to right Christina Lydon, Nurse Practice Development Advisor; Sinead Feehan, Nutrition & Dietetics Manager; Siobhan Healy, Dietitian; Evonne Healy, Assistant Director of Nursing; Helen Strapp, Tissue Viability Clinical Nurse Specialist; Àine Lynch, Director of Nursing; Rachel O Byrne O Reilly, CPC; Helen Muldowney, CPC; Anna Smyth, CPC; Dr. Daragh Fahey, Quality Safety Risk Manager; Patricia Morrison, Assistant Director of Nursing and Jane Hally CNM3.

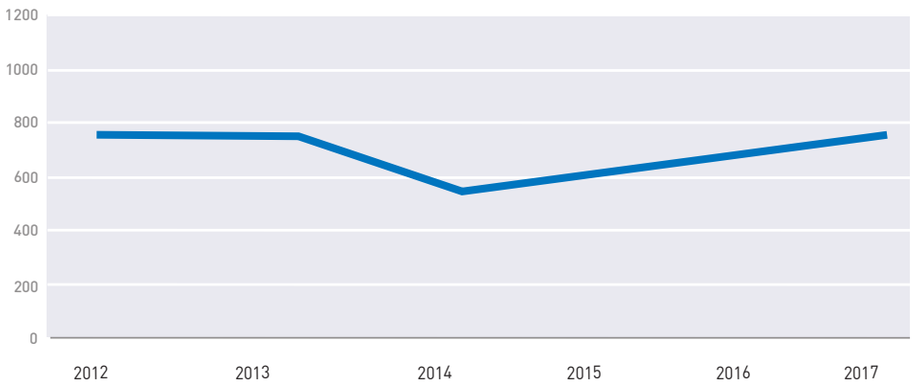
Medicines Management and Medication Safety

Since it was first established (in 1999), our Pharmacy Department's mission has been to ensure the safe, efficient, cost-effective and high quality use of medications by patients attending the Hospital. A core component of this is the Hospital-wide interdisciplinary medication safety programme, with overall governance of medication usage provided by the Drugs and Therapeutics committee.



The medication safety programme has contributed hugely to generating a safety culture throughout the Hospital. A high level of reporting is indicative of a positive safety culture. In 2017, 751 medication safety incidents and near misses were reported (see Figure 9 below). This figure includes medication errors, adverse drug reactions, and near misses.

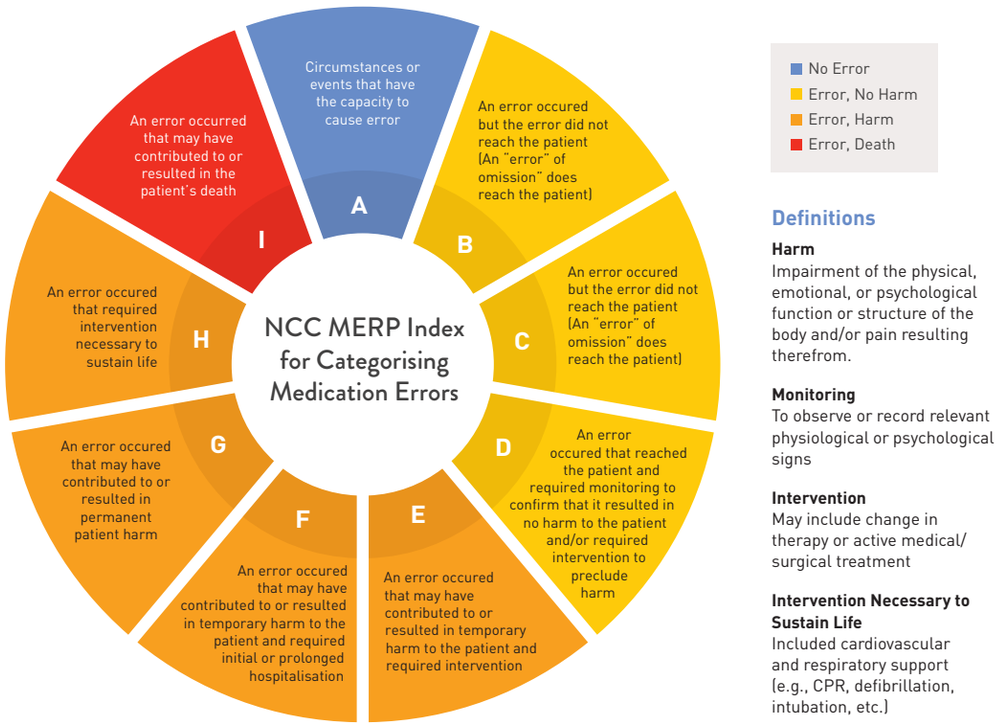
Figure 9. Total medication safety reports received per annum, 2012- 2017



Counting the number of medication safety reports is very useful. In 2017, we analysed the data further by categorising according to the level of harm caused (Figures 10 and 11).

Figure 10. NCC MERP Index for Categorising Medication Errors

(Note that the NCC MERP classification system is used in Tallaght University Hospital for all medication safety reports. This includes adverse drug reactions, where no error occurred)



Definitions

Harm
Impairment of the physical, emotional, or psychological function or structure of the body and/or pain resulting therefrom.

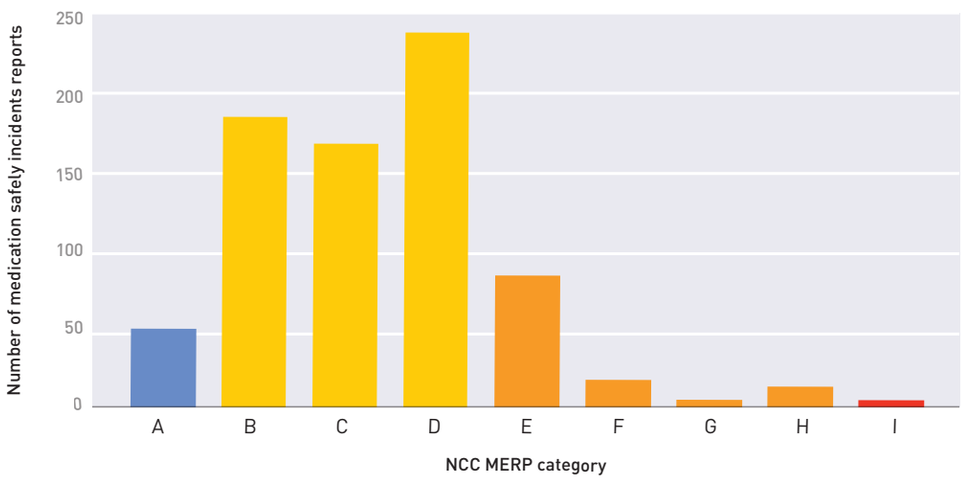
Monitoring
To observe or record relevant physiological or psychological signs

Intervention
May include change in therapy or active medical/ surgical treatment

Intervention Necessary to Sustain Life
Included cardiovascular and respiratory support (e.g., CPR, defibrillation, intubation, etc.)

Figure 11. Classification according to degree of harm: 2017 reports

(Note that the NCC MERP classification system is used in Tallaght University Hospital for all medication safety reports. This includes adverse drug reactions, where no error occurred)



This shows that the vast majority of incidents led to no harm. Nonetheless, lessons can still be learned which is why our Medication Safety Officer is constantly liaising with key staff about these incidents to put in place measures to reduce the risk of a recurrence and/or the development of an incident leading to harm.

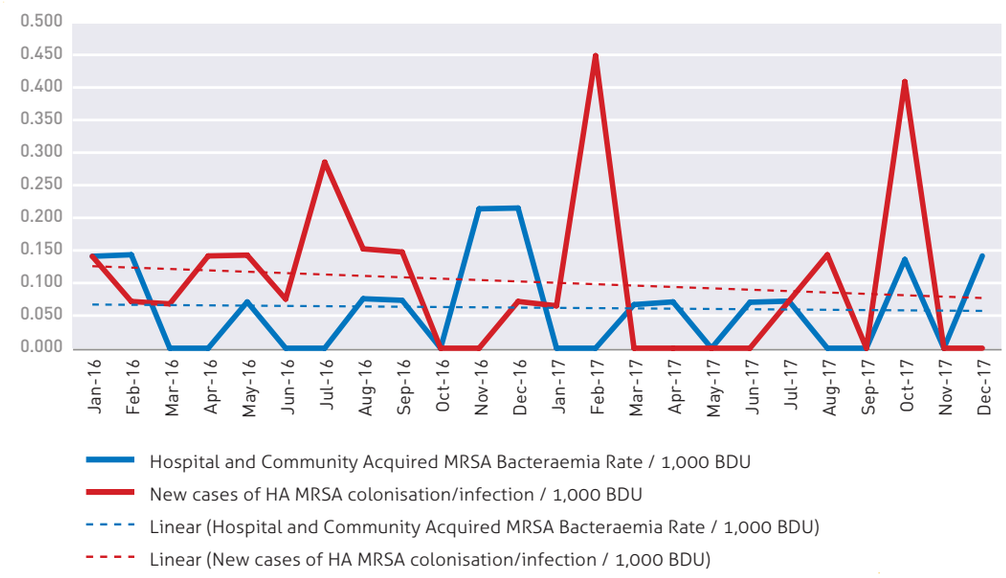
In 2017 the Tallaght Hospital Pharmacy:

Safety Dashboards

Tallaght University Hospital has developed a series of safety dashboards which allow us to respond early when the data indicates adverse trends. Some of these are shown here.

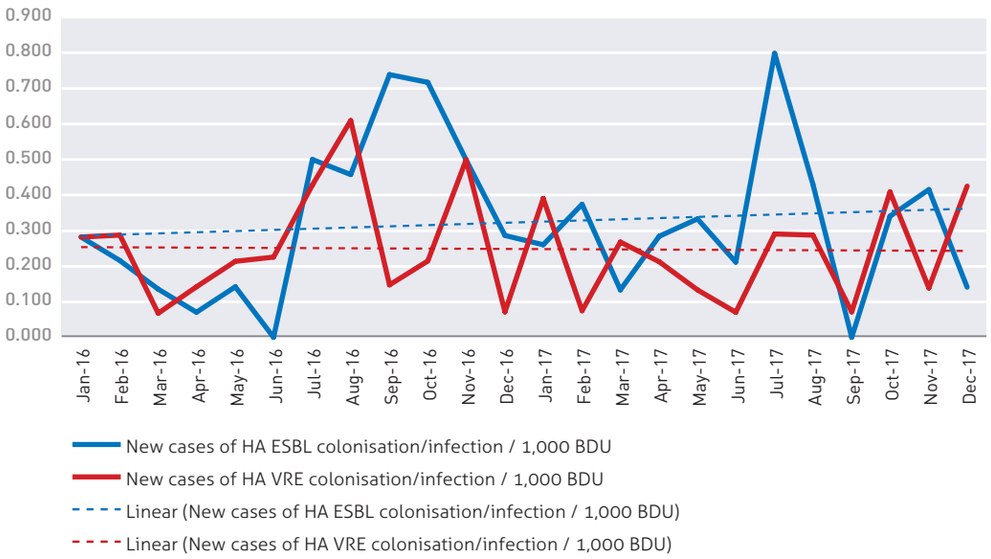
Prevention of Healthcare Acquired Infections

Figure 12. Methicillin Resistant Staph Aureus (MRSA) Bacteraemia Rate/1000 BDU (Bed Days Used)



The chart above shows a 3% reduction in MRSA bloodstream infection rates in 2017 compared to 2016.

Figure 13. Extended Spectrum Beta-Lactamases (ESBL) and Vancomycin-Resistant Enterococi (VRE) (new cases/month)



The chart above shows an 8% reduction in ESBL colonisation/infection rates in 2017 compared to 2016.

Other Quality and Safety Indicators

Figure 14. 28 Day Emergency Re-Admission - Medicine

The chart above shows a reduction in medical emergency readmission rates from 9% in December 2016 to 8% in December 2017.

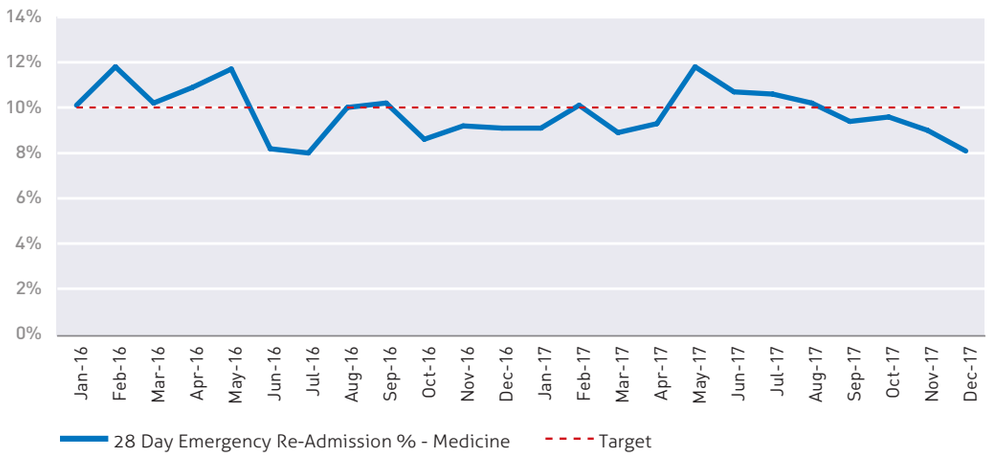
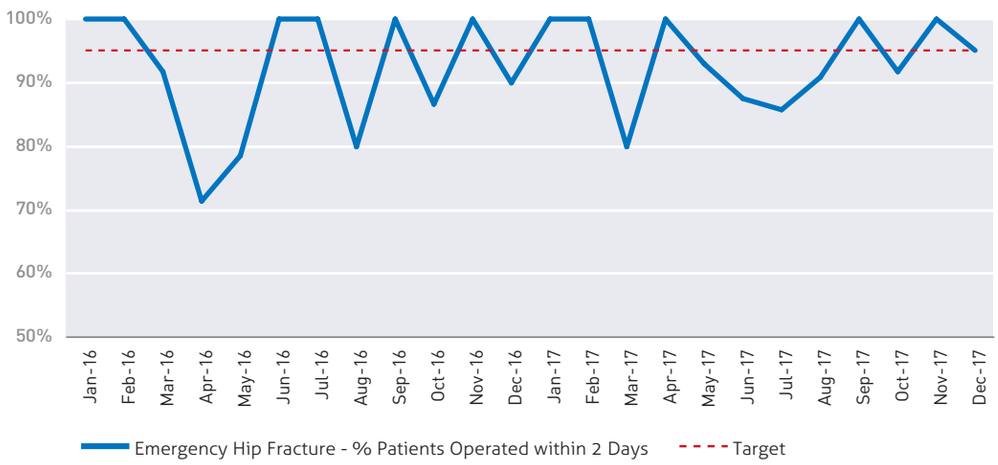


Figure 15. Emergency Hip Fracture - Patients Operated Within Two Days

The chart above shows an increase in the percentage of patients who need emergency hip fracture operations who get the operation within two days increase from 90%to 95%.



Patient Safety Walkarounds

In 2017, the senior management team in Tallaght University Hospital continued with the fortnightly programme of patient safety walkabouts in which the Director of Nursing, the Deputy CEO, 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 and follow up on their patient safety concerns. These meetings continue to be well received and often include other Directors from the Executive Management Team.

Staff Safety

Occupational Health and Wellbeing Department

In Tallaght University Hospital, we recognise that our staff are our most valuable asset. In line with this, we have dedicated departments such as our Occupational Health and Wellbeing Department (OHWD) to help ensure we have a healthy, happy workforce. In 2017, we took the step of relocating to Exchange Hall. Since the move, the Department's activity has increased with the department itself being a brighter, happier place offering the core confidential service for our staff. Self-referrals remain the most common mode of referral, reflecting the value that staff attach to the support provided by the OHWD. An overview of the OHWD activity for 2017 is presented below.

Figure 16. Reasons for Attending Tallaght University Hospital's OHWD in 2017 (2016 in brackets)

Attendance Reason	No:
Vaccinations/Bloods (exc. Influenza)	1457 (1555)
Consultations/Assessments	477 (598)
Pre-employment medical	636 (571)
Management Referrals/reviews	662 (378)
Occupational Injuries	190 (192)
Occupational Blood Exposures	90

These figures show how increasingly busy the department has become. In addition to the clinical workload it was a busy year for the team with new initiatives and projects. For example, the Department embraced the challenge of becoming 'paper free'. Additionally, the OHWD was part of the new national electronic recruitment process for Non-Consultant Hospital Doctors and incorporated the process into core work practices in the Hospital. OHWD also interfaced with the Hospital SharePoint system to introduce a new electronic process for management referrals ensuing a more accessible process for managers to refer staff if absent from work as well as reducing the waiting time for appointments for staff.

Flu Vaccination Programme

In 2017, the OHWD led out on the annual flu vaccination campaign vaccinating 53.9% of Hospital staff helping to prevent the spread of influenza and save lives. This represents the highest vaccination percentage yet.

Professor Stephen Lane, Respiratory Consultant getting his flu shot from Mairead Holland Flynn a member of the vaccination team

Staff Health and Wellbeing

The HSE's Healthy Ireland Framework identified 'improving staff health and wellbeing' as one of its three key priorities. In November 2017, the Dublin Midlands Hospital Group (DMHG) launched the 'Healthy Ireland Implementation Plan' for 2018-2020. A multi-disciplinary staff Health and Wellbeing Committee has been set up within Tallaght University Hospital led by OHWD which has embraced the DMHG plan to create a positive staff health and wellbeing culture. Tallaght University Hospital provides many initiatives for staff, some of which are outlined below.

- **Physical activity:** Slí na slainte, walk the mile, step challenge, pilates, fitness classes, bike to work scheme, 99km charity cycle, mini marathon.
- **Positive mental health:** mindfulness classes, resilience programme, employee wellbeing lunchtime talks, relax, renew rebalance programme, introduction to mental health first aid, workplace choir, library facilities and arts and crafts.
- **Healthy eating:** calorie posting, healthy options in the canteen, healthy vending machines, awareness campaigns, nutritional tips and operation transformation meals.
- **Positive ageing:** retirement course, lunch time pension talks, volunteer service, and Cancer Support Centre

Notable Achievements

Operation Transformation

From January to March 2017 over 150 staff registered for this initiative involving a 'mini health check' (weight, height, BMI, waist circumference, blood pressure, pulse and blood testing) which led to 110 staff losing a combined weight loss of 547.2lbs – just over 39 stone in seven weeks!

Pictured at the new Volunteer Coffee Shop from left to right Volunteer Kathleen Haugh, Director of Facilities & Estates Ciaran Faughnan, Deputy CEO Lucy Nugent, Mayor of South Dublin Cllr. Guss O'Connell and Volunteer Susan Finlay

Step Challenge

In May 2017, staff organised themselves into teams and counted their steps. In total, 140 staff participated and virtually walked the 'Island of Ireland' (a distance of 4,023km), not once but NINE times!

Outdoor Gym

In 2017, the Hospital secured funding for a staff 'outdoor gym'. This is a significant achievement for Tallaght University Hospital not only as this highlights the commitment the Hospital has to promoting staff health and wellbeing but also as the first Hospital in Ireland to introduce such an initiative.

Pictured left to right Dr. Daragh Fahey, Director QRSM, Catering Chancers team members Aidan Bryant and Gemma Duignan along with Niamh Gavin, CEO of the Adelaide Health Foundation. Members of the winning team absent from the presentation were Valentine Mahon and Christine King.

Irish Heart Foundation Gold Award

Each year the Irish Heart Foundation recognise the efforts organisations make to create a more active workforce and encourage healthier behaviours for staff. In 2016, the Hospital achieved a silver award. In 2017 the Staff Health and Wellbeing Committee efforts were recognised when Tallaght University Hospital received the 'Gold' Active at Work award.

From left to right at the national awards were Dr. Donal O'Shea, HSE Clinical Lead on Obesity; Mairéad Holland-Flynn Registered Advance Nurse Practitioner in Occupational Health; Maura Dowling, Production/Purchasing Manager; Frank Neylon Food & Beverage Manager and Mr. Tim Collins, CEO of the Irish Heart Foundation

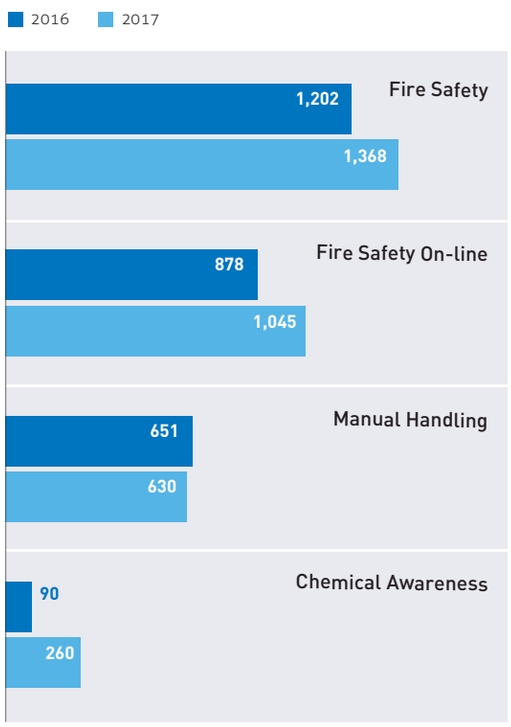
The Environment, Health and Safety Department (EHS)

The Environment, Health and Safety Department (EHS) in Tallaght University Hospital offers support and training to all staff in relation to workplace health and safety and their responsibilities for same. In 2017, the Department completed a significant number of risk assessments, health and safety audits and fire safety audits across the Hospital. These risk assessments and audits provided both key learnings for the Hospital as well as assurance of our compliance to the highest standard. From these findings the Department has set an objective for 2018 to establish a comprehensive health and safety audit schedule for all wards and departments.

Training

The EHS department provides mandatory training for all staff in the areas of Manual Handling (both Patient Handling and Inanimate Handling), Fire Safety Training (classroom based and online) and Chemical Awareness Training. In 2017, 3,303 staff attended training given by the Department, which was a significant increase from the 1,943 staff in 2016. Notable increases were seen in the numbers attending Fire Safety training and Chemical Awareness training as can be seen in Fig. 18 below.

Figure 17. 2017 Health and Safety Training (Numbers Trained)



Health and Safety Incidents

In 2017, the number of reported health and safety incidents was 558. The data below shows that violence, harassment and aggression continues to dominate the incidents in relation to staff safety. The Hospital continues to acknowledge and focus on this issue with a view to reducing the number of incidents in 2018.

Figure 18. Top Six Reported Health and Safety Incidents (2017)

Incident Type	2014	2015	2016	2017
Violence, Harassment and Aggression	280	232	341	343
Ergonomics (including manual/ people handling)	83	59	56	61
Organism Unknown (needle sticks/blood exposures)	61	48	36	51
Slips, Trips, Falls	22	29	59	41
Mechanical Components	10	13	30	41
Non Mechanical (including Person/Animal)	16	12	5	7

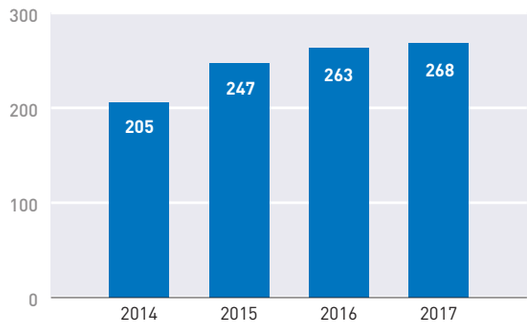
Fire Safety – Award for our Fire Officer

As recent events in London illustrate, fire safety and building standards are not really uppermost in our minds until a tragedy occurs. As it happens our Fire Safety Officer, Anthony O'Brien spoke at two large external events in 2017 on the topic of fire safety. Notably he presented at the Institute of Occupational Safety and Health (IOSH) Annual Conference. It was at this conference he received an award for his presentation and acknowledgement for his work in promoting fire safety in the Health Care service.

Research Ethics Committee

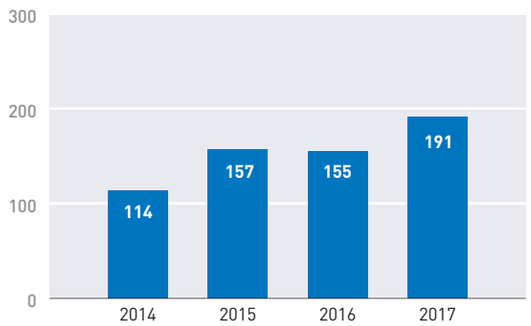
Another example of Tallaght University Hospital's commitment to safety is reflected in being one of 12 Hospitals in Ireland with their own Research Ethics Committee (shared with St James' Hospital) which is recognised under European Legislation (S.I. 190 of 2004) to review clinical trials. The purpose of the committee is to protect patients by preventing any research which is not ethically supportable 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 2017, 268 requests for ethical approval were considered by Tallaght University Hospital's Research Ethics Team and/or the Research Ethics Committee. This reflects an increase in previous years as demonstrated below.

Figure 19. Tallaght University Hospital's Research Ethics Applications 2014-7



The Research Ethics Committee also reviewed and approved a total of 191 amendments to previously approved research in 2017. This also reflected an increase on previous years as seen below.

Figure 20. Tallaght University Hospital's Research Ethics Amendments 2014-7



Over the course of the year, research was approved by the Research Ethics Team and/or the Research Ethics Committee to take place in Tallaght University Hospital in the following specialties:

- Oncology
- Mental Health
- Urology
- Cardiology
- Age related healthcare
- Neurology
- Immunology
- Respiratory
- Nephrology
- Dermatology
- Rheumatology
- Gastroenterology
- Endocrinology
- Pain medicine
- Microbiology
- Haematology
- Psychology

Section Three

3 Risk Management

Tallaght University 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 managed and a system where incidents are reported, investigated and lessons learned.

Risk Management

The purpose of risk management is to improve safety and quality by identifying risks proactively and reducing their potential impact to the greatest extent possible. At Tallaght University Hospital, staff are encouraged and trained to identify, manage and where appropriate escalate their risks.

In the Hospital, at an executive management level there is a risk register which sets out some of the key high level risk. The Executive Management Team rates their severity, identifies how they are being controlled and what else needs to be done in an effort to reduce the potential impact and likelihood of the risk progressing to cause an incident. In parallel, each Directorate has their own local electronic risk register which they can use to record, manage and if necessary, escalate to EMT. By the end of 2017, there were 109 risks on the executive management team risk register. There were 66 with a risk rating of 15-19 and 43 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, are involved in reviewing these risks with a view to reducing and/or transferring/escalating the risk to Dublin Midlands Hospital Group's Quality Director with a view to improving patient safety

Incident Management

In Tallaght University 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 a timely manner. The chart below provides a breakdown of the type and location of incidents.

Figure 21. Comparison of the Type of Incidents Reported on our National Incident Management System (NIMS) in Tallaght University Hospital in 2106 and 2017

Incidents Reported via NIMS	2016	2017
Slips/Trips/Falls	1154	1236
Clinical Procedures	402	446
Violence/Harassment/Aggression	405	414
Medication/Fluids	163	177
Self-Injurious Behaviour	104	169
Personal Belongings	76	72
Ergonomics	69	60
Medical Radiation Procedures	0	76
Organism Unknown	40	53
Mechanical Components	66	93
Safe and Effective Care	15	52
Blood/Blood Product	12	15
Temperature (excl. Fire)	16	17
Systems Installations	0	43
Non Mechanical (Incl. Person/Animal)	14	17
Health and Safety issues	35	28
Bacteria	3	0
Org. and Management Factors	128	168
Access	59	165
Communications and Information	21	40
Nutrition	9	20
Virus	2	0
Staff Factors	73	164
Other	32	39
Documents and Records	0	122
Dignity and Respect	0	27
Hygiene	0	27
Environmental	0	14
Total	2898	3754

In 2017 and 2016 the most commonly reported incident related to slips, trips and falls which has led to a new Safer Mobility Committee being established and a programme of work to improve performance in this area. In 2017, there were 3754 incidents/near misses reported internally by frontline staff compared to 2898 in 2016. The increase in reporting is largely down to greater awareness amongst staff of their accountability and responsibility to report as well as a better recognition that the reporting leads to greater learning, quality improvement and ultimately better patient outcomes.

Preliminary reviews were completed on 12 incidents and brought to SIMT for consideration. A Systems Analysis Investigation was carried out on the following cases

1. A patient with multiple comorbidities who died following surgery for a hip fracture which was sustained during their stay in the Hospital. The findings are informing the 2018 Safer Mobility programme of work with a view to intervening more to prevent falls for those patients who are at high risk.
2. A patient who was transferred from another Hospital following a resection of an intercerebral bleed who was given the incorrect antiepileptic medication due to a sound-alike medication error. The error did not contribute negatively to the patient's outcome however it led to an updating of the 2017 medicines management guide as well as informing the design of a new drug Kardex.
3. Two cases involving patients with traumatic brain injuries where there was uncertainty as to which team (Medical/Surgical/Orthopaedic) would accept post neurosurgical care following transfer to another hospital.. The review identified the need to have a clearer pathway in place for the management of patients with head injuries (now in place).
4. A delay in the diagnosis and management of a patient who presented with an aortic dissection. The review has led to a number of changes that reduces the risk of a similar delay happening again.
5. A patient who had a prolonged length of time in recovery after a general anaesthetic. The review has led to the implementation of certain interventions to improve the care provided to patients in similar circumstances.

There were three serious reportable events in 2017. These include a patient who had a retained swab post surgery, the removal of a permanent tooth in a child and a hospital fall resulting in fractured hip (described above).

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 likelihood 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 as well as providing feedback on investigations and the steps taken to prevent a recurrence of the adverse event.

Tallaght University Hospital adopted the National Open Disclosure Policy in 2014 and have provided a series of briefing sessions and training workshops to staff to raise awareness and improve the approach used when disclosing to a patient and/or their family. Six staff members completed the 'Train the Trainer' Open Disclosure course in 2017. These experienced trainers deliver one hour briefing sessions as well as the four hour workshops. By the fourth quarter of 2017, 46 staff attended briefing sessions and 25 staff attended workshops.

Conclusion

Despite the increased demand for its services Tallaght University Hospital continues to ensure that providing safe, high quality care is at the heart of everything we do. Continuous quality improvement remains the cornerstone of our culture. No matter how good the service we recognise that there is always room for improvement.

As with all hospitals, there are times when the care provided falls below the accepted standard. This report demonstrates that robust structures and processes are in place to identify when this happens. Ensuring we respond quickly and transparently is important in order to put in place corrective measures and thereby reduce associated risk to our patients. This is the true essence of a transparent, high quality learning organisation with 'people caring for people'.

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