

2016



Tallaght Hospital Quality Report

People Caring for People

Our Values

Respect for patient autonomy

Respect for each other

Partnership and teamwork

Fairness and equality

Caring and openness



Contents

Foreword.....	3
Executive Summary.....	4
Quality, Safety and Risk Management in Tallaght Hospital.....	6
SECTION 1 – QUALITY	7
Clinical Audit.....	8
Clinical Education.....	12
Internal Audit.....	12
National Standards for Safer Better Healthcare.....	12
What Do Our Patients Tell Us?.....	14
Patient Advocacy.....	18
Quality Dashboards.....	20
Nursing Instrument of Quality Assurance.....	20
Policies, Procedures, Protocols and Guidelines.....	21
Tallaght Hospital's Quality Improvement Methodology.....	21
Tallaght Hospital Quality Improvement Projects.....	23
SECTION 2 – SAFETY	34
Infection Prevention and Control.....	35
Zero Harm Campaigns.....	35
Medicines Management and Medication Safety.....	41
Safety Dashboards.....	44
Patient Safety Walkarounds.....	47
Staff Safety.....	48
Occupational Health.....	49
Research Ethics Committee.....	51
SECTION 3 – RISK MANAGEMENT	52
Risk Management.....	53
Incident Management.....	53
Open Disclosure.....	54
Conclusion.....	55
Appendix A.....	56



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

Foreword



Ms Mairead Shields,
Chair of the Quality
Safety and Risk
Management
Committee



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

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

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

It would be unrealistic to describe in one report all the excellent work in quality which happens on a daily basis in this Hospital. However, this report highlights some of the key services, initiatives and achievements which staff in Tallaght Hospital have undertaken in 2016 under the three pillars of Quality, Safety and Risk Management.

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

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

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

Executive Summary

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

Quality in Tallaght Hospital has two main components: quality assurance and quality improvement. Quality assurance looks to provide reassurance that the Hospital is at least consistently meeting a good standard of care.

Quality improvement looks to ensure that any substandard of care is identified quickly and improved, as well as constantly driving to improve existing good standards of care to make them even better.

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

The Hospital has an extensive programme of Hospital-directed and locally-initiated clinical audits where clinical topics (such as sepsis identification and management) are assessed internally to measure performance against a well recognised standard. Improvements are identified and subsequently introduced to deliver an even better standard. In 2016, the Hospital-directed clinical audits focused on sepsis, surgical safety checklist, malnutrition, healthcare records management, point of care glucometry, safe use of bed rails and pressure ulcers.

As with previous years, our local audits were supplemented by national audits in areas such as trauma care 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 where external agencies are brought in to assess standards, typically in non-clinical areas. In 2016, the internal auditors focused on topics such as procure to pay, corporate governance, complaints management, clinical audit processes and risk management processes.



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We help our staff to deliver the best quality of care possible through a combination of supportive policies, systems and structures and, most importantly, by promoting a patient-centred culture. This is the essence of a high quality learning healthcare provider such as Tallaght Hospital. ”

Ongoing regulation is a key part of Quality Assurance. In 2016 we welcomed a visit from the Health Information and Quality Authority (HIQA) which inspected Tallaght Hospital's compliance with the national standards for Nutrition and Hydration.

Patient and staff feedback is crucial in seeking to measure and improve care quality. In 2015, in partnership with the Picker Institute in the UK, we developed a systematic and real time patient survey programme. Our volunteers collected feedback from patients in different parts of the Hospital and this was used to develop and implement various quality improvement projects. This was continued in 2016 with bespoke surveys on Paediatric Outpatients, Hand Hygiene and Food Quality.

As in previous years, in 2016 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 10 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 an ever enlarging cohort of trained staff who are now applying their new skills to other quality improvement projects, as well as sharing their learnings and skills with colleagues. Of course, there are a huge number of other excellent quality improvement initiatives being delivered on a daily basis throughout Tallaght Hospital, with a selection of these being showcased in this report.

As with any vigorous quality system, there needs to be a set of patient safety processes and initiatives in place to minimise the risk of harm. In 2016, the Hospital ran five high profile 'Zero Harm' campaigns. Two of these focused on improving infection control practices, one on improving nutrition and hydration, one on improving compliance with national sepsis standards and another on reducing the incidence of pressure ulcers. The infection control campaigns contributed to an increase in hand hygiene compliance from 72% in May 2014 to 89% in May 2016 based on national audit data.

Staff safety is also extremely important to us. In 2016, the Hospital launched a campaign to reduce verbal and physical abuse towards staff. 2016 also saw the Hospital achieve a 46% flu vaccination uptake among staff which was the third highest rate nationally.

The aim of risk and incident management is to improve services by mitigating identifiable risks and learning from adverse incidents that unfortunately happen. In 2016, Tallaght Hospital had no serious reportable incidents, which is encouraging, yet it is important to continue to put in the required effort to ensure this trend continues.

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



Tara Larkin, Staff Nurse, Paediatric Outpatients and Patricia Hynds, Paediatric Clinical Nurse Manager, Neurofibromatosis.

Quality, Safety and Risk Management in Tallaght Hospital

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

This report describes the robust set of structures and processes which the Hospital has put in place to assure the quality of the service and to ensure we constantly drive quality improvements in all areas, but particularly in areas where performance is not reaching the highest standard. Tallaght Hospital has a Quality, Safety and Risk Management Directorate which is devoted to this purpose. It is supported by a range of clinical governance structures such as the Quality, Safety and Risk Management Executive Committee and processes such as those contained within our risk and incident management policies.

These are reinforced by a supportive, open and learning culture as demonstrated through our open and protected disclosure initiatives. At a Hospital Board level, oversight is provided by the Quality, Safety and Risk Management Hospital Board Committee and the Audit Committee.

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

Sections 2 and 3 will deal with Safety and Risk Management.



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Section 1

QUALITY

Clinical Audit

Some of the key components in driving quality improvements in healthcare are having systems and processes to drive improvements in the standard of clinical care which is provided for our patients. In Tallaght Hospital, one of the key mechanisms by which we do this is through clinical audit.

Clinical audit measures the clinical care provided and compares it with a set of high quality standards before addressing any shortfalls. This year saw a continual and sustainable development of clinical audit activity in the Hospital with over 50 clinical audits conducted.

The overall clinical audit programme is overseen by a clinical audit committee. The clinical audit governance structure in Tallaght Hospital is demonstrated in the diagram below.



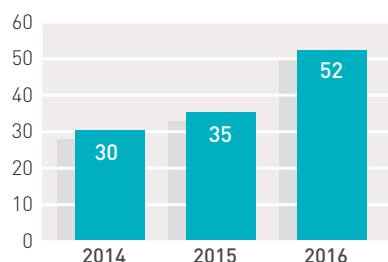
The Hospital's clinical audit programme includes Hospital-directed clinical audit projects in addition to the multitude of locally-initiated clinical audits which individual clinicians undertake as part of their ongoing professional development and improvement.

In 2016, Tallaght Hospital completed 48 registered locally- initiated audits as well as eight Hospital-directed clinical audits in the following areas:

- Teamwork and the surgical safety checklist
- Sepsis screening tool
- Screening of patients for risk of malnutrition
- Standard three of HSE standards and recommended practice for healthcare records management
- Point of care testing glucometer audit
- Safe use of bed rails
- Pressure ulcer prevention and care plans
- Sepsis care pathway in patients triaged in the adult emergency department who develop sepsis

The chart below shows an increase in the amount of locally-initiated clinical audits registered on the Hospitals directory of clinical audits this year, with 117 audits in total now registered.

Fig. 1 Registered Locally-Initiated Audits

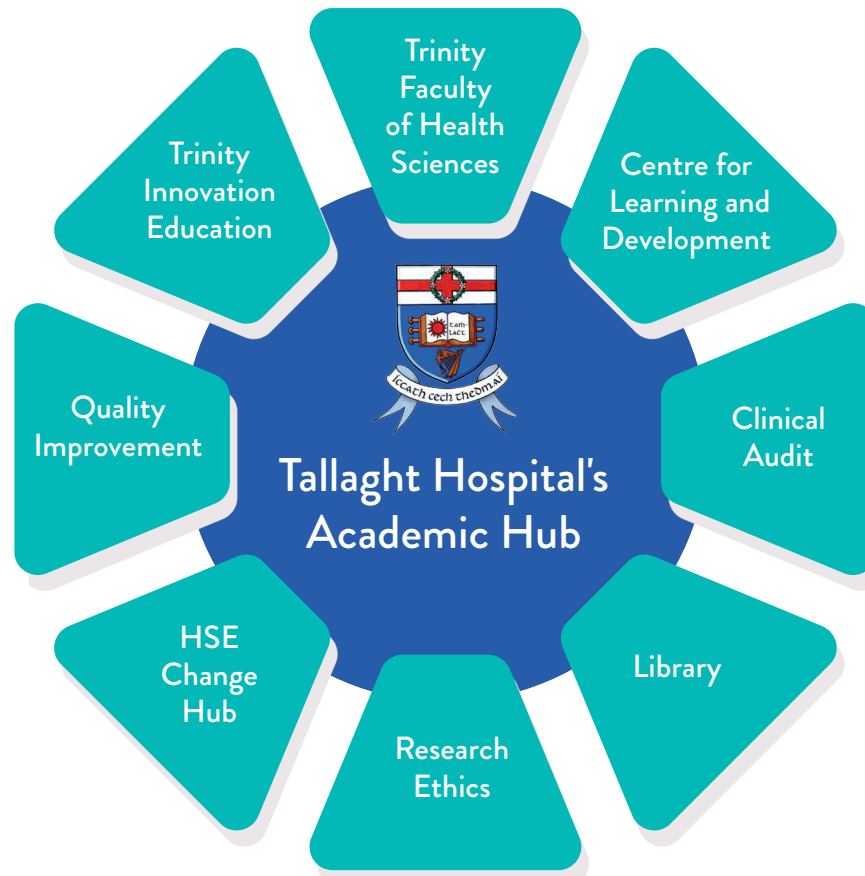


Total number of clinical audits on Hospital Directory 2014-2016 = 117

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

All of the above work is accessible on the Hospital clinical audit intranet site which was given a 'make-over' this year, forming part of the Hospital 'Academic Hub' intranet site.

This Hub was developed to improve access to the wealth of academic information available on our Hospital Intranet. By clicking on the logo you can link directly to the Centre for Learning and Development, Clinical Audit, Library, Research Ethics, Quality Improvement, Trinity Innovation Education, HSE Change Hub and the Trinity Faculty of Health Sciences.



2016 Clinical Audits

It is beyond the scope of this report to describe the multitude of clinical audits in Tallaght Hospital which happened in 2016, however the following provides a small sample.

Adult Emergency Department Sepsis Pathway

This audit aimed to audit the use of the sepsis pathway in a cohort of patients in the adult Emergency Department

Findings: 14% of patients received the full sepsis pathway within an hour, based on the retrospective review of healthcare records.

What we did: Education lectures have been provided to ED nursing staff and new incoming ED doctors at the start of their rotation.

There has been a review of Symphony (the ED electronic database) to accommodate the revised pathway with a possible alarms and an alert system. A re-audit will take place following the full implementation of these interventions.

Outcome of ANCA-associated small vessel vasculitis (AAV) at Tallaght Hospital: An audit against the European League Against Rheumatism (EULAR) recommendations

Patients with AAV have a very poor outcome if not diagnosed, evaluated and treated properly. The EULAR recommendations offer guidance in this area and our objective was to audit the management of patients over the previous five years using EULAR as a reference. The audit was conducted on the Tallaght Vasculitis and Allergy group registry from September 2012 to December 2016.

Findings: Management of AAV in the Hospital is in line with European recommendations. Observed relapse rate is above published European average. This audit will be undertaken annually to benchmark our results across the vasculitis Ireland Network as part of its goal to join the rare Immune Disorders European reference network.



Identification and management of hypertension in a cardiac rehabilitation population in accordance with European Society of Cardiology (ESC) guidelines

Hypertension is recognised as a major modifiable risk factor for cardiovascular disease leading to extensive mortality and morbidity. Early diagnosis, intervention, education, medication titration and compliance and nurse-led protocols with sustained monitoring are key elements in effective management. An ideal time to assess and manage hypertension is during a cardiac rehabilitation (CR) programme.

What we did: Automated standard clinic measurement of blood pressure (BP) was conducted on all attendees at a CR programme. Patients with sustained elevated BP would have 24 hour ambulatory blood pressure monitoring (ABPM) and medication changes if indicated, to reach target ESC guidelines.

Findings: During 2016, 47 males and 10 females had ABPM conducted. Initial sample demonstrated that blood pressure was controlled to ESC target in 28 patients. Follow up on those uncontrolled (with interventions) resulted in 70% of the initial 56 patients being controlled.

Impact of fasting guidelines on enteral nutrition (EN) in the Intensive Care Unit (ICU)

The adequacy of nutritional intake in critically ill patients poses a significant challenge. Observational trials have shown associations between nutritional deficit and increased rate of complications and prolonged ICU stay.

What we did: The audit involved the retrospective collection of data on feeding practices prior to the implementation of guidelines on fasting for radiological interventions between September and November 2015. Following a four month implementation identical data was collected from April to June 2016. All ICU admissions who received EN were included.

Findings: This audit showed that by implementing and strictly adhering to guidelines on fasting, the number of hours of feeding missed by patients was significantly reduced. This also impacted on ICU length of stay, which on average was reduced by five days per patient.

Clinical Audit and Quality Improvement Symposium

Our annual Clinical Audit and Quality Improvement symposium was a great success this year. Our two guest speakers, Prof. Steve Bolsin (Anaesthetist and Adjunct Professor, University of Melbourne) and Mrs. Sarah Reid (Barrister-at-Law, Ireland), delivered exceptional thought provoking talks. In addition, 10 staff presented on an array of interesting and important topics. This was combined with over 50 poster presentations which helped make the day a huge success.

The Meath Foundation sponsored the Symposium and provided prizes for the occasion, along with the award of the Roisin Boland Medal for the best Clinical Audit and Quality Improvement project.

The poster competition was exceptionally competitive this year. The winner of the best poster award went to Niamh Fitzgerald for her quality project "Improving patient outcomes for both nosocomial and community acquired cases of clostridium difficile infection in Tallaght Hospital". The Roisin Boland Medal was awarded to Dr. Catherine Wall for her presentation on "Ward Rounds – Baseline Audit of Current Practice".

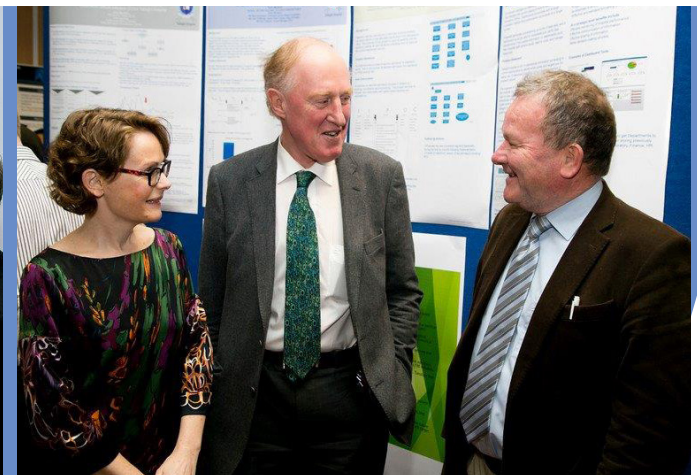
National Audits

In addition to local audits, Tallaght Hospital participated in a number of national audits including the 2016 Major Trauma Audit. Since joining, 1,122 trauma cases have been submitted to inform improvements in this area locally and nationally to date. Tallaght Hospital has also participated in national audits in intensive care, surgical mortality and hip fractures.

“ Since joining, 1,122 trauma cases have been submitted to inform improvements in this area locally and nationally to date. ”



Dr. Siobhan Ni Bhriain, Prof Bolsin, Mrs Mairead Shields and Prof Stephen Lane at the 2016 Clinical Audit and Quality Improvement day



Dr. Catherine Wall, Mr Martin Feely and Dr. Jim Kiely pictured at the 2016 Clinical Audit and Quality Improvement day



Aine Lynch, NMPDU, Shauna Ennis, Nurse Practice Development Co-ordinator, Hilary Daly, Director of Nursing, Sandra McCarthy, Head of Learning and Development

Clinical Education

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

Centre for Learning and Development (CLD)

Tallaght Hospital recognises the need to support and develop its staff in order for them to fully achieve their potential, not only in the early stages of their careers but throughout their employment. 9,580 healthcare professionals attended the CLD for conferences, seminars, classroom-based education and workshops in 2016. The CLD and Human Resources department developed a "Working in Tallaght Hospital" information booklet in the first quarter of 2016. This booklet¹ ensures that all employees will integrate into the Hospital more effectively and will continue to be a useful reference source for all new and existing employees. As CLD continues on its development path four pillars of learning and development have been developed; patients, people, process and professional.

The 2016/2017 prospectus launched in October 2016 continues on this theme, with learning and development opportunities categorised under the most relevant pillar (130 programmes).

Internal Audit

In parallel with our Clinical Audit programme, Tallaght Hospital has a programme of internal audits to ensure we maximise the care we provide without compromising the integrity of the Hospital.

During 2016, the following Internal Audits were conducted:

- Procure to Pay Process
- Corporate Governance Review
- Implemented Recommendations Review
- Complaints Management Review
- Clinical Audit Process Review
- Risk Management (incorporating Serious Incident Management Process)

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

National Standards for Safer Better Healthcare

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

¹ The design and printing of the first edition was funded by The Meath Foundation.

2016 Tallaght Hospital Nutrition and Hydration Report

On the 18th of August, the Hospital received an unannounced inspection from HIQA in relation to the Hospital's compliance with the National Standards for Nutrition and Hydration. The report highlighted many good practices including the following:

- Nursing assessments of nutrition and hydration were carried out for all patients on admission
- All food charts observed by inspectors were fully completed and up-to-date
- All patient records reviewed by inspectors had a documented weight within 24-hours of admission
- Good access to dietetic and speech and language services
- The Hospital used its Nutrition Steering Committee to oversee a number of improvements in the nutrition and hydration of patients
- The Hospital had conducted a number of audits on nutrition and hydration care, including regular audits on the screening of patients for their risk of malnutrition and their experience at mealtimes
- The Hospital had developed a number of policies on nutrition and hydration care to guide staff and standardise care
- Training on MUST screening had been provided to all nurses
- Water jugs were replenished with fresh water during the day

The following areas for improvement were identified:

- Patients' experience of the food served and the timing of meals
- Some staff were unaware that patients could be provided with a replacement meal that was hot
- Reduce unnecessary interruptions to mealtimes across the Hospital wards
- All patients should be given a choice of meal including those that require a texture-modified diet
- The hospital should introduce malnutrition screening for all patients including re-screening patients for their risk of malnutrition during their hospital stay
- Fluid intake records should be complete and up to date



Zero Harm Good Nutrition and Hydration Day, 10th May 2016

- All wards should have equipment to measure patients' heights
- There needs to be more effective communication of patients' dietary needs, particularly when patients' dietary needs change, to ensure patients received the correct meals
- The hospital should ensure that healthcare staff are aware of what constitutes a patient safety incident and report such incidents
- The need to review the nutrient content and portion sizes of the Hospital's meals to meet national guidelines
- Structured and specific training on nutrition and hydration in line with national guidelines needs to be provided to all staff involved in patient care

The findings from the report have been reviewed resulting in the Hospital updating its pre-existing hydration and nutrition quality improvement plans.

The following highlights particular areas where progress is being made in the areas flagged by HIQA as needing improvement:

- Ongoing education of staff in relation to their general nutrition and hydration knowledge
- Nutrition risk screening improved
- Better use of hot replacement meals
- Better use of fluid charts
- Better weight and height measurement
- Improved incident reporting (have included a specific part of form devoted to issues with meals)
- Rollout of the Mealtime Matters Initiative (which includes protected mealtimes)
- Improved communication processes between nurses and catering staff to ensure that patients receive correct meals
- Reviewed and improved the current timing of meals provided
- Introducing software which will allow for same day ordering of meals and facilitate nutritional analysis of menus

What Do Our Patients Tell Us?

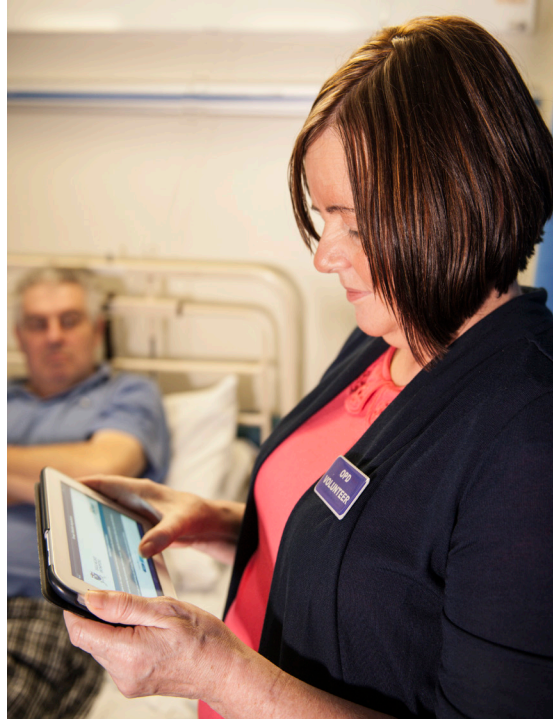
Our patients are our key customers. They experience our service and thus are in the best place to let us know how this can be improved. In line with this and our culture of 'people caring for people', Tallaght Hospital introduced a range of initiatives and services in 2016 to hear and respond to feedback from patients and staff.

Patient Surveys

In 2016, Tallaght Hospital continued its comprehensive, ongoing programme of patient surveys which were collected by our amazing team of volunteers using handheld tablets with a particular focus on Food Safety, Hand Hygiene, Paediatric Outpatients and Patient Satisfaction.



Teresa Quinn, a volunteer with handheld device



Sandra Clifford, a volunteer with handheld device

The following summarises the findings:

Food Quality Survey 2016

In 2015, when we conducted our Postal Survey and our Inpatient Survey we received many ad-hoc comments about the food in the Hospital. On foot of these comments it was decided to carry out a Food Survey in 2016.



The following summaries our findings:

- > **90%** of patients reported that the efficiency and courtesy of the food service staff was excellent or very good
- > **97%** of patients reported that they observed that staff observed good hygiene practices around the food
- > **19%** of patients rated the variety on the menu offered as excellent or very good with a further 46% of the patients rating it as good
- > **21%** of patients thought that the presentation of their meal was excellent or very good with 47% rating it as good
- > **73%** of patients reported that the temperature of their meal was just right
- > **49%** of patients reported that the temperature of their beverages was just right
- > **20%** of patients reported that their dietary requirements, whether cultural or health-related, were not provided



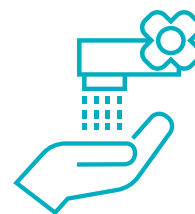
90% of patients reported that the efficiency and courtesy of the food service staff was excellent or very good.

What have we done:

Since the survey, the Hospital has commenced a programme of electronic food ordering to ensure that the patients have better choice and are given food more aligned with their requirements. In addition, the findings have been shared with the catering staff with a view to improving performance in areas such as food temperature.

Hygiene Survey 2016

We have conducted surveys into hand hygiene practices throughout the Hospital for a number of years. However, in 2016, for the first time, we carried out a hand hygiene survey using our hand held tablets with the help of our volunteers.



The following summarises our finding:

- > **82%** of patients stated that they saw hand hygiene information in the Hospital such as posters or leaflets
- > **84%** of patients stated that there were enough facilities such as sinks and alcohol hand rubs available on their wards
- > **78%** of patients observed staff to be always compliant with the directive that clinical staff should be bare below the elbow except for a plain wedding band
- > **58%** reported that they were not always offered a moist cloth or soap and water to clean their hands after using a bedpan or commode before eating
- > **9%** of patients reported having to ask staff members to wash their hands

What have we done:

Since the survey, a number of initiatives under the banner 'Zero Harm – Clean Hands Saves Lives' have been rolled out (see Section 2) which has resulted in improved performance in our Hand Hygiene Audits.

Paediatric Outpatient Survey 2016

We carried out our first volunteer-led patient survey on Paediatric services in 2016. This survey was carried out in the children's out-patient department.



The following summarises our findings:

- > All those interviewed reported that they definitely or to some extent got clear answers to their questions
- > All respondents reported that they definitely or to some extent had confidence and trust in the clinicians treating their child
- > **54%** of respondents rated the OPD as very well organised
- > **97%** believed the OPD to be very clean/quite clean
- > **58%** reported that staff talked to them about their child's condition in a way that they would definitely understand
- > **6%** reported that there were other facilities which they needed during their hospital visit which were not available

What we have done:

Since the survey the findings have been shared with the Paediatric Staff who are working on addressing any concerns.

Key Performance Indicators:

In addition to the specific surveys carried out in 2016 we continuously asked patients the following two questions, the results of which are being tracked as Key Performance Indicators by the Hospital Board and Executive Management Team.

- > Overall how would you rate the care you have received on this ward/ outpatient department/clinic?
- > How likely are you to recommend this ward / outpatient department/clinic to friends and family if they needed similar care?

Findings:

Last quarter of 2016 (Oct/Nov/Dec)

Overall how would you rate the care you have received on this ward/ outpatient department/clinic:

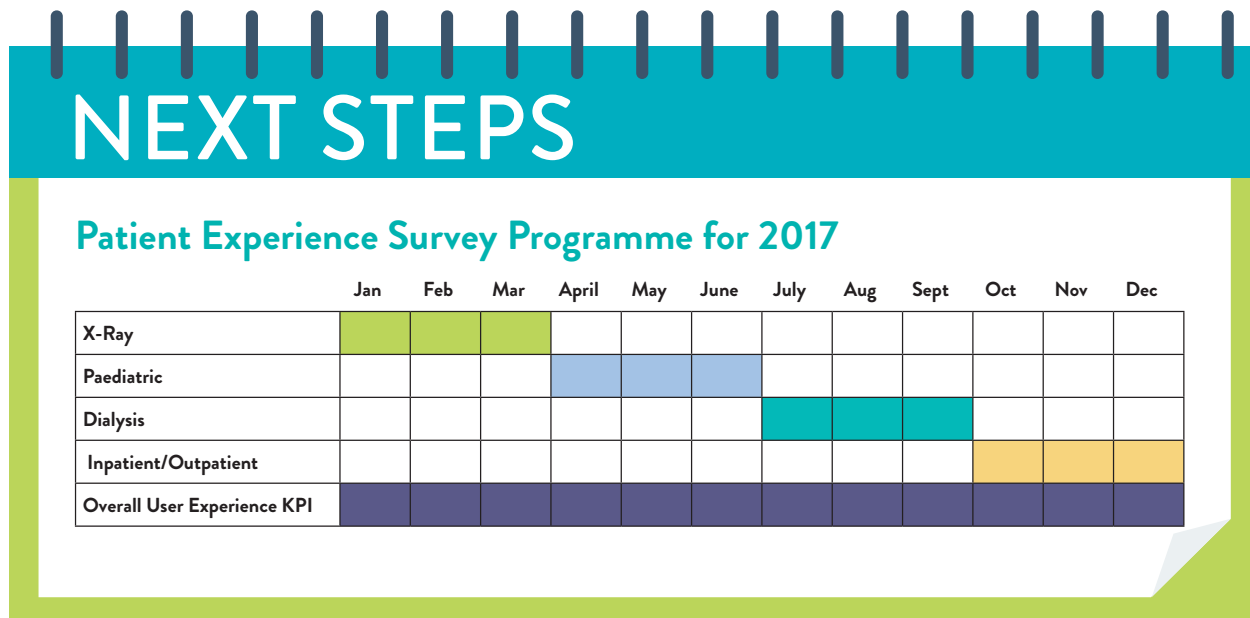
- > In October 2016 **100%** of patients surveyed rated the care they received as either excellent, very good or good
- > This dropped to **80%** in November 2016 but increased again up to **95%** in December 2016

How likely are you to recommend this ward/outpatient department/ clinic to friends and family if they needed similar care:

- > In October 2016 **50%** of patients said they were extremely likely or likely to recommend to family and friends with **50%** saying they were neither likely nor unlikely
- > This increased to **59%** in November/December 2016 with an additional **26%** saying they were neither likely nor unlikely

What have we planned for 2017:

Fig. 2 Calendar showing when the different surveys will be taking place in 2017



> **Continue weekly surveys**

We plan to continue our weekly face to face (frequent feedback) surveys in 2017. It is planned that this will include a repeat of the inpatient/outpatient surveys as well as bespoke departmental surveys such as one for the X-Ray Department.

> **Mobile telephone app**

The hospital will introduce a mobile telephone app in 2017 which will allow patients to complete surveys on their phone. In addition, the Hospital will set up monthly reports showing results in various departments/areas throughout the hospital which will be automatically e-mailed to departmental managers.

> **Development of patient experience literature**

We are developing a patient experience/feedback leaflet as well as patient feedback boxes which will be placed in the atrium, at the lifts and outside the Patient Advocacy Office. The leaflet will also include an opportunity for patients to complete a short survey.

> **Development of web based survey**

Patients will also have the opportunity to complete a survey on our hospital website.

> **Participation in a national patient experience survey**

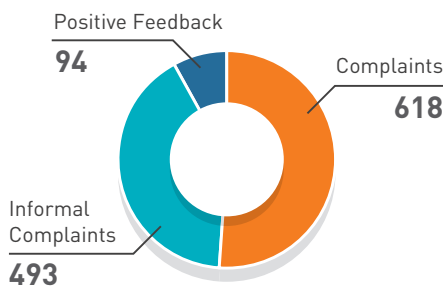
HSE will introduce a National Patient Experience Programme in 2017. This will include a national postal survey.

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). Established in 2002, the PAD continues to acknowledge, advise and act upon patients' and/or their relatives' experiences, both positive and negative during their journey through the Hospital. The Patient Advocacy staff, nursing and other clinical staff, where appropriate, arrange family meetings facilitating a conversation with regard to concerns raised. This serves to strengthen the relationship between staff and patient, and fosters a relationship of trust and openness. It also drives improvements in the quality of care provided as the Hospital staff will use the feedback to improve their services and respond appropriately to improve the care provided for the next patient.

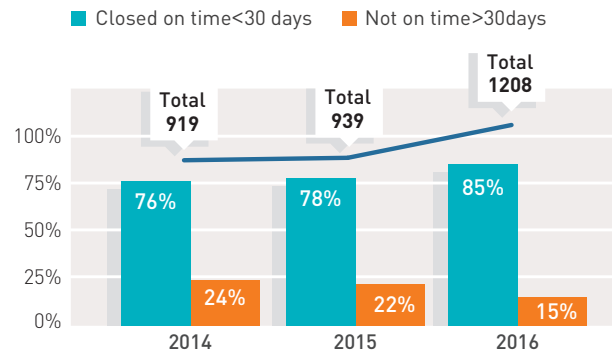
The PAD not only takes feedback in the form of complaints but it also encourages and documents positive feedback about the Hospital, its services and staff. The PAD is a conduit for this information and makes every effort to circulate this feedback. The following chart shows the breakdown between formal complaints, informal complaints and positive feedback for 2016.

Fig. 3 Patient Feedback 2016



In 2016 there were 1208 issues logged compared with 936 in 2015. The national targets require that the Hospital completes its response to a complaint within 30 working days. 85% of complaints were completed within the national target of 30 working days in 2016, compared to 78% in 2015 (Figure 4).

Fig. 4 Percentage of Complaints Completed 2014-2016



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

Insert from letter received from a bereaved family



“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).”

User Engagement/Experience

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

The following are some of the initiatives that the PCAC have participated in and/or organised in 2016:

- Trained NIQA (Nursing Instrument of Quality Assurance) auditors
- Supported the development of an infogram for the Adult Emergency Department
- Development of a patient passport for patients with intellectual disabilities
- Development of the Hospital map
- Development of a zero harm leaflet
- Supported and liaised with hospital management for the provision of office space for the OPAT (outpatient parenteral antimicrobial services)
- Advocated on behalf of a patient during the course of a Trust in Care issue

In 2016, 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 has been a marvelous opportunity to engage with a broad spectrum of health-related organisations and services that are active in our local community.

Ombudsman Report

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

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

In line with this, in 2016 the Patient Advocacy Department at the Hospital have relocated to the Atrium making it more accessible to the public.

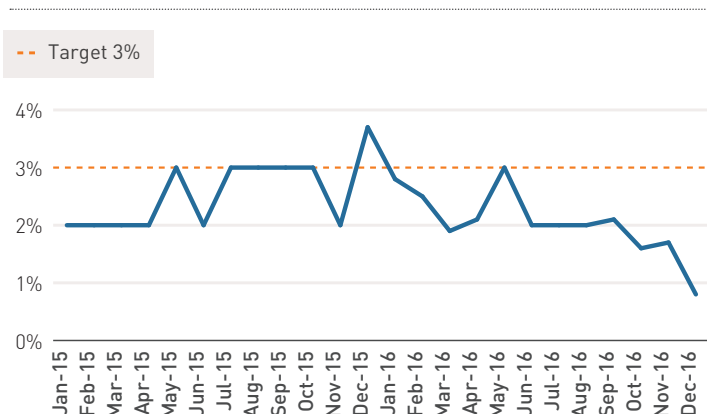
Our Volunteer Service

We are privileged in Tallaght Hospital to have an excellent Volunteer Services Department that is highly active and creative in engaging with the users of our Hospital. Volunteers have supported our hospital since it opened its doors on 21st June 1998. In that time their unique contribution has evolved to include a variety of roles and functions such as patient engagement, which enhances our hospitals' identity.

Quality Dashboards

One of the most important requirements to drive quality improvement is to have easily accessible, accurate data and information which enable us to monitor the quality of care which is being provided. It allows us to compare performance in crucial areas both over time and compared to national targets. It allows us to respond quickly if the data indicates areas where the standard of care might be falling. In Tallaght Hospital there are multiple excellent sources of data which we are constantly using for these purposes. The following graph provides an example of this from 2016.

Fig. 5 Percentage of patients who are readmitted as an emergency under the surgical team with 28 days post discharge



Surgical readmission rates continue to exceed the national target

The graph shows a very good performance against this target which continued to improve throughout 2016.

Nursing Instrument of Quality Assurance (NIQA)

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

- Nursing Documentation
- Tissue Viability (the quality of a patient's skin)
- Falls Management (what is being done to prevent falls)
- Clinical Observations
- Pain Management
- Nutritional Management
- Discharge Planning
- Infection Prevention and Control
- Medication Management
- Patient Experience

The availability of key information on nursing care enables the nursing service to 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 2016 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 booklet for inpatients (both adults and children), the MUST and nutritional nursing care plan, pressure ulcer prevention, assessment and management care bundle, the multidisciplinary MDT peripheral venous access device care bundle and the paediatric early warning chart.
- A process review which has streamlined work practices within the nursing service

- The introduction or revision of several policies, procedures, protocols and guidelines such as the malnutrition universal screening tool procedure and the paediatric policy on nutrition and hydration.
- 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 with transmission based precautions, alcohol withdrawal tool, nursing care plan for a child with anorexia nervosa and an end of life nursing care plan.

Tallaght Hospital's Nurse Practice Development Team continue to work to develop NIQA. For example, in 2016, the adult emergency department NIQA was devised and piloted.

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

Tallaght Hospital's Quality Improvement (QI) Methodology

A good system of quality not only requires being able to know when the standard of care needs to be improved, it also requires being able to make the changes required to do things better and showing that the improvement has been made. This requires staff being able to apply the right methodology. Sometimes changing systems and process involves hard decisions and requires the application of both soft and hard skills. These soft skills are important as within any organisation there will be some people who will resist change and try to maintain the status quo, whilst others adapt quickly and easily. In order to make change happen staff need to disrupt and challenge the status quo. But they also need to understand the organisation in order to embed the changes and this means understanding the culture.

"Organisational learning, development, and planned change cannot be understood without considering culture as the primary source of resistance to change."

Edgar Schein

In Tallaght Hospital, we have developed a unique and comprehensive approach which draws on a wide variety of internationally recognised methodologies, approaches and tools 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

We spend a lot of time in the QI training programme teaching the soft skills required to implement change which has led to the success of the programme. For each project manager who leads an improvement project there are four to six staff members on their team, so in this way the skills, tools and capabilities taught on the programme are being spread across the organisation. The project leads, once they complete their first projects, go on to complete further projects in their areas and become champions for the methodology. All projects have a member of the senior management team as their sponsor and report regularly on their progress.

Building on the success of previous years, 2016 was a very busy year for QI Project Management training and the continuous implementation of our QI methodology across the Hospital. There were three training programmes held in February, May and November with a total of 22 staff.

The Training Programme commences soon thereafter and consists of three days of classroom teaching followed by six one hour coaching sessions. The participants have 120 working days (17 weeks) to complete their projects.

When the project has been successfully completed participants complete a "Storyboard" of their project and present their findings at a graduation which is normally held twice yearly. Their storyboards are also presented at the annual Clinical Audit and Quality Improvement Day. In 2016, as part of the May graduation an invited speaker, Ms. Fidelma McSweeney, from The Coombe Hospital presented on their Productive Ward Journey.

Other training programmes held during the year were seven one-day Meeting Facilitation Skills workshops with a total of 73 staff trained. Four Process Mapping workshops (3.5 hours) were also provided with 30 staff completing the training. Two separate training sessions were also provided for staff in the Laboratory in January and February entitled "Introduction to Lean Six Sigma" and "Lean Tools: 5S and Kanban System" which will very well received and attended.



QI Project Management Graduation, May 2016. Mary Hickey, QI Lead, and Dr. Daragh Fahey, Director of QSRM with graduates (Left to right) Christine McEvoy, Julie O'Regan, Caroline O'Halloran and Meliosa Moran

Institute for Healthcare Improvement (IHI) Quality Improvement Course

In Tallaght Hospital, we supplement our internal training with support for external training. For example, in 2016, we congratulated Mary Hickey (Quality Improvement Lead) and John Kelly (Chief Operations Officer) who were awarded certification for successfully completing the Institute of Healthcare QI course.



Those included in photo from left to right Eileen Whelan, Director of Nursing for the Dublin Midlands Hospital Group, Mary Hickey, QI Lead, Tallaght Hospital, Dr. Susan O'Reilly, Chief Executive Officer for Dublin Midlands group and John Kelly, Chief Operations Officer, Tallaght Hospital.

Tallaght Hospital Quality Improvement Projects (QIPS)

In 2014, the Meath Foundation established an annual quality improvement fund of €100,000 to support Tallaght Hospital quality improvement initiatives. In 2016, just as in previous years, staff members throughout Tallaght Hospital implemented a range of projects and initiatives to improve the quality and safety of care for our patients. Many of these initiatives have received financial support from the National Children's Hospital (NCH) Foundation, The Meath Foundation and The Adelaide Health Foundation to whom we are very grateful.

The Adelaide Health Foundation has an 'Adelaide New Initiatives Scheme' a 'Healthcare Advancement Fund' and a 'Patient Pound Day Scheme' which all provide funding to support staff to improve the care which they provide for patients.

As in previous years, the NCH Foundation were very generous in 2016 supporting a number of new quality improvements including the development of new support services for patients and their families to include a specialised outdoor play area as well as a multi-sensory room in the Paediatric Emergency Department. The Foundation also funded the further development of the art therapy programme (including "music for babies" project) for children in the Hospital.

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

It is beyond the scope of this report to provide an exhaustive list of all these QIPs, however, the following describes a selected list of projects which delivered significant improvements for our patients in 2016. A table is provided in Appendix A which lists more QIPS and the source of funding.

“

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

Quality Improvement Projects 2016

Quality Improvement Projects - Completed as part of 2016 QI Programme

- > Improving communication options for vulnerable patients in critical care
- > Electronic requesting and reporting of stroke service consultations
- > Improved patient journeys in rare and unusual presentations of vasculitis and allergy
- > Management and control of the dangerous goods store
- > Food quality digital information
- > Electronic referral for EEG testing in Neurophysiology
- > Management of gastrostomy tube related issues in the Emergency Department
- > Action cards update for major emergency plan
- > HR business services and medical administration form process
- > Patient level costing – a HSSD perspective

Improving communication options for vulnerable patients in critical care

Critical care patients are often intubated, have a tracheostomy or are ventilated. The patients often state "I was conscious but I had no voice". Patients try to communicate using gestures, writing and mouthing words but they and their families are left very frustrated as are the clinical staff. This initiative was to provide these patients with a voice.

What we did: Four iPads and accessories were procured and software applications were set up for patient use. The patients and staff received training and a procedure was developed for the iPad usage. A pilot found that patient's critical care experience improved as did the communication of their critical care needs.

Findings: There was a reduction in patient to staff failed communication interactions.



Critical care patient trials iPad communication software

Electronic requesting and reporting of stroke service consultations

The process for requesting stroke services was very complicated. Some requests were made by phone with little awareness of prerequisites. Incomplete details were common which resulted in delays to consultation. There was no tracking of request status available to department or patient care teams.

What we did: A process improvement project was instigated resulting in the development of a requesting/reporting solution and associated reports which was implemented hospital wide.

Findings: This has resulted in reduced time between decision to request a stroke consultation and the consultation taking place. From a hospital perspective we now have accurate measures of volumes, sources and consultation outcomes. There is also improved compliance with prerequisites from the Stroke Service consultations.

Improved patient journeys in rare and unusual presentations of vasculitis and allergy

The Tallaght Vasculitis and Allergy Group (TVAG) is a multidisciplinary group (from 11 specialties) dedicated to providing integrated care and a collaborative research forum. The project goal was to improve and increase efficiencies in the patients' journey by introducing multidisciplinary group meetings.

What we did: Baseline data was collated initially in five patients referred from first presentation to the Hospital until initial referral to TVAG and compared with similar data post referral to multidisciplinary meeting. The meetings showed improvements in focussed patient care and reduced costs.

Findings: Consultants are now better equipped to recognise symptoms of vasculitis and unusual allergic conditions in patients. It also created a new unique community of specialities, which is providing new learning opportunities for junior medical staff and research opportunities.

Management and control of the dangerous goods store

The dangerous goods store contains many different chemicals. Some of these chemicals require safe disposal, others require sorting and labelling. A number of departments in the Hospital use the store but there was no system, instruction, or defined process outlining the procedures for the storage and disposal of the chemicals.

What we did: 5S (Sort, Set in order, Shine, Standardised, and Sustain), a Lean methodology tool was used to improve the process and improved governance arrangements were agreed. Hazard signage was erected according to GHS regulations. Fire and security protocols were reviewed and implemented. The interior of the store was painted with a special paint.

Findings: A standardised process was established for the storage of chemicals in line with Health and Safety recommendations which will ensure that safety measures are met and maintained.

Food quality digital information

The Catering Department need to maintain a large amount of documentation to verify food safety. In any one day there can be 40 live sheets in operation which equates to 280 sheets weekly on food safety. The Department recently merged with the Patient Food Services Department so they wanted to ensure consistency and increase efficiencies in the patient food safety journey to meet all regulations and standards.

What we did: All food quality documentation is now stored centrally. If the department was subjected to an unannounced inspection, documentation can now be accessed in the event of the Quality and Training manager being off duty. All staff training files are now on line. All documentation is checked and verified which makes it easier to identify non-compliance and thereby ensure that all staff are more accountable.

Findings: The office is less cluttered with files but the documentation is readily available.

Electronic referral for EEG testing in Neurophysiology

The Neurophysiology team wanted to create a safe and efficient method of referring patients for EEG. Previously, all referrals were made by paper and sent to the Neurology reception desk either in person or through internal mail. The aim of the project was to create a method by which the referrals could be generated electronically with a more specific referral system.

What we did: Over a four week period, paper EEG referrals were monitored for content; 70% of referrals had no consultant name attached and 76% had no medication listed.

Findings: There are now mandatory fields in the new electronic referral which means 100% compliance is achieved. Inappropriate referrals are returned, thereby improving the efficiency of the service.

Management of gastrostomy tube related issues in the Emergency Department

The process for managing gastrostomy tubes (a tube inserted through the abdomen that delivers nutrition directly to the stomach) in the Adult Emergency Department was unclear and caused issues for patients and staff when patients presented with tube related issues. There were a number of recurring issues such as blocked tubes, dislodged tubes but also tubes that needed replacing. Data showed a large repeat attendance – a quarter of patients equated to 44% of the attendances. The aim of this improvement project was to establish a standardised process to reduce the time patients spent in ED with a view to improving their experience, improving efficiency of the service and also to reduce hospital admissions.

What we did: A new process has been implemented whereby ED staff now manage all attendances with gastrostomy tube related issues without referral to the Dietitians. A procedure was developed and approved. A specific location was identified for equipment to be stored. Feeding tubes were ordered and education sheets were provided for patients. Training was provided for ED staff.

Action cards update for major emergency plan

A major incident requires the activation of additional procedures and the mobilisation of additional resources to ensure an efficient coordinated response. In order to meet the requirements of the Framework for Major Emergency Management (DOHC 2006), Tallaght Hospital's Major Emergency Plan needed to be updated with action cards being a key component of this.

What we did: All key areas were process mapped (28 in total). Meetings were held with department leads and 103 action cards were agreed and approved. Information training days were provided for staff on the implementation of the action cards.

HR business services and medical administration form process

The Human Resource (HR) Department were receiving a number of incomplete and/or inaccurate forms and numerous telephone queries which all led to an inefficient service. Staff were confused about which forms to complete and there was a number of duplicate forms. The department was also moving to an off - site accommodation so it was imperative that they had a standardised process in place to communicate effectively with all hospital staff.

What we did: A central location has now been created for all electronic forms. There is a faster turnaround time for processing forms and a "form status" is visible to all applicant at each stage. Automatic email notification triggers were also implemented.

Findings: Reporting and form analysis is now possible. The data quality has improved and the service is more efficient.

Patient level costing – a HSSD perspective

The Hospital Sterile Services Department (HSSD) wanted to develop Reusable Invasive Medical Device (RIMD) instrument sets costings as a number of other departments in the Hospital would request this data for their own business case analysis. No patient level costing were available. HSSD also wanted to have a clear understanding of their own decontamination costs.

What we did: A costing model was added to the traceability system in HSSD which allowed the department to cost all RIMD sets regardless of size. Staff have been trained to use the system.

In addition to the QI projects described above the following are Meath Foundation Funded Projects completed in 2016

The Meath Foundation Funded Projects - Completed in 2016

- › Postoperative peri-neural infusions of local anaesthetic agent to lower limb amputations and elective major foot, shoulder and ankle surgery
- › SimMan – full body wireless patient simulator (jointly funded with the Adelaide Health Foundation)
- › Provision of a cough assist clinic for patients with motor neuron disease
- › Theatre workflow: specialised kit for anaesthetic trollies
- › Implementation of mealtime processes hospital-wide
- › Multimedia support to improve training in the use of medical technology
- › Implementation of NICE guidelines for the prevention of inadvertent hypothermia in adult patients
- › Evaluation of psychological interventions to improve patient compliance with rigorous protocols in treating chronic kidney disease

Postoperative peri-neural infusions of local anaesthetic agent to lower limb amputations and elective major foot, shoulder and ankle surgery

Following an in-house prospective and retrospective audit of patient outcomes following lower limb amputations and elective major foot and ankle surgery the anaesthetic team identified and quantified an unmet need to provide postoperative peri-neural infusions of local anaesthetic agent. The aim is to improve the rates of poor pain control in the first 48 hours postoperatively. Use of such infusions is additionally proven to reduce the rates of opiate related side effects (43% noted in audit) seen as a result of over-reliance on opiate analgesia in these patient cohorts.

What we did: This project started in May 2015 and extended to February 2016. A total of 35 catheter pumps were purchased with 18 documented as used. The intervention was extended to patients undergoing shoulder surgery as the numbers of eligible patients was initially too low.

Findings: Overall the catheters have been very effective for elective shoulder surgery patients, with average pain scores between 0-2 up until 48 hours post operation. This has greatly reduced the opioid consumption intraoperatively and postoperatively on the ward which in turn reduces the workload for the nurses but also improves patients' recovery. They have only been moderately successful in the patients who have amputations.

SimMan – full body wireless patient simulator (jointly funded with the Adelaide Health Foundation)

What we did: The Meath Foundation and the Adelaide Health Foundation jointly funded the purchasing of an advanced adult training mannequin as part of a patient safety and quality improvement initiative. Doctors and nurses work in teams every day and in order to be successful they must be good communicators, leaders and team players. They must also be able to communicate with patients and their families in a compassionate and professional manner. Simulation training aims to improve patient outcomes through training staff in realistic scenarios in a team environment. In clinical areas it also help to identify potential risks, and consequently reduce adverse events.

Findings: Simulation training is now an integral part of training and education of postgraduate clinical staff within Tallaght Hospital.



Provision of a cough assist clinic for patients with motor neuron disease

Motor Neuron Disease (MND) is a progressive neurological condition that causes muscle weakness and wasting. This leads to musculo-skeletal and respiratory dysfunction. Weakness of the respiratory muscles leads to ventilator hypofunction and reduction in cough effectiveness. This in turns leads to dyspnoea, difficulty clearing secretions and pneumonia. National and International British Thoracic Society guidelines recommend that physiotherapist measure peak cough flow during treatment.

What we did: A NIPPY Clearway machine was purchased for respicare. In May 2016, a clinic was set up by the physiotherapy department to monitor respiratory status of patients with MND. The clinic runs once a month and typically two to three patients with MND and their families/carers attend. Training has also been provided to the Tallaght Hospital liaison physiotherapist in Dublin South West as this therapist acts as a link and support for colleagues in the community.

Findings: These patients are now receiving more timely management of their respiratory symptoms in line with best practice guidelines.

Theatre workflow: specialised kit for anaesthetic trolleys

The Peri-Operative Medicines Committee is a multidisciplinary subsidiary of the Drugs and Therapeutics Committee tasked with ensuring appropriate and safe drug therapy and outcomes throughout the peri-operative period.

What we did: Over the course of the past 12 months, the Committee has been engaged in a number of quality improvement initiatives within the operating theatre department. Recently, major success was achieved in improving anaesthetic workflow with the introduction of new anaesthetic equipment and drug trolleys.

Findings: Now available in each of Tallaght's 12 operating theatres, the trolleys provide a constant, ready and available supply of essential anaesthetic equipment and medications which help minimise delays in the provision of care and increase patient safety.



Launching the Anaesthetic Trolleys in theatre

Implementation of mealtime processes hospital-wide

Following on from the successful implementation of the mealtime process in the William Stokes Unit last year, funding was provided to implement the process hospital-wide.

What we did: A defined mealtime was agreed across the wards with a dinner bell used to trigger a lead-in-time to the meal to allow for patient and environment preparation. A nurse manager is on the ward to monitor the mealtime. Protected mealtimes have been introduced along with formalising the identification for mealtime support.

Findings: On a number of wards, it was highlighted that ward staff breaks coincided with patient mealtimes. This has been recognised as an area for improvement and ward staff breaks have been altered to prioritise patient meals. 'Mealtime Matter' has helped to create an environment on the wards at meal times which is conducive to eating by ensuring the following:

- > The ward environment is calmer
- > Ward staff are not interrupted leaving them free to assist patients with their meals
- > Patients are not interrupted during meal time allowing them time to eat and enjoy their meals

Multimedia support to improve training in the use of medical technology

The hospital is constantly updating and introducing new technology/equipment. In order to assist staff and support their training in the usage of this equipment a project was initiated to develop easily accessible videos to explain the new technology/equipment.

What we did: There are currently three videos hosted on our web page. The three videos are:

1. Genius 2 Thermometers
2. Dinamp Pro series of physiological monitors
3. Infusion devices in the Medical Equipment Library (MEL)

Findings: There has been positive feedback from viewers. The next videos will include advice on Exergen TAT 500 thermometers, TC series of ECG machines and reporting technical faults to MPCE.

Implementation of NICE guidelines for the prevention of inadvertent hypothermia in adult patients

Inadvertent hypothermia (IH) is defined as 'an accidental lowering of the core body temperature below 36°C during the perioperative period'.

What we did: From July 2015, three nursing audits were conducted to examine the incidence of IH in perioperative patients. The patient's temperature was measured at five different stages of the perioperative journey: holding bay, anaesthetic room, theatre, recovery (arrival and discharge). New thermometers were wall mounted at the five stages to assist nurses in measuring patients' temperature. The audit tool was developed based on the NICE guidelines. Education sessions were provided for theatre staff.

Findings: This project resulted in reducing the length of recovery stay for patients by 50% if they arrived in recovery normothermic (a normal state of temperature). Also, 90% patients leaving recovery were normothermic going to the wards. It helped to reduce the incidence of IH in the department through the use of IH prevention procedures and care bundles developed. The IH NICE guidelines were fully implemented and all staff were educated on the new process.

New Innovative Nursing Role: Clinical Support Nurse Manager at Night (CSNM)



Seamus Connolly, CSNM

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. The findings led to the creation of a new clinical support nurse manager at night post.

From the hours of 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.

Evaluation of psychological interventions to improve patient compliance with rigorous protocols in treating chronic kidney disease

Psychological distress is common among patients with chronic kidney disease (CKD). Disruption to home and working life, chronic illness, altered body image, renal replacement interventions and invasive medical procedures all contribute to considerable psychological challenges for patients and families burdened by CKD. Psychological services can address these issues by applying an individualised patient-centred approach to assessment and treatment to improve mood disorders, which appear to have a direct effect on adherence to medications and fluid restrictions.

What we did: This pilot study implemented the use of individual psychological sessions to improve compliance with fluid restriction and immunosuppressant medication in 30 patients with chronic kidney disease. These patients were referred to the service whereby they could avail of one to one sessions with a clinical psychologist. All participants completed baseline and post treatment questionnaires to assess changes in their level of psychological distress in addition to data on unscheduled dialysis sessions. Young transplant patients were offered group sessions as these patients have been identified as having particular difficulty adhering to medication.

Findings: The project team are currently finalising the data analysis to investigate differences in outcomes between the baseline, immediate post-treatment and 3 months post treatment parameters.

Funding for QI projects from the Meath Foundation is continuing. The following is a list of QI projects which were approved for funding in 2016.

The Meath Foundation Funded Projects - Funded in 2016

- Further implementation of mealtime processes hospital-wide
- The assessment of motor and process skills (AMPS) training for Senior Occupational Therapists
- Maximising available technology to reduce waste and decrease patient experience times in ED
- Effects of an in-patient cardiovascular exercise class on patient satisfaction and physical activity levels post discharge
- An innovation challenge to improve hand hygiene
- Improve outcomes for haemodialysis patients by increasing arteriovenous fistula use for vascular access
- Engaging the digital patient (App)
- From referral to discharge: improving service delivery for patients with vascular anomalies
- Advanced lipid management for high risk patients with dyslipidaemia
- Trialling the use of "Sensory Approaches" to expand the use of trauma informed care in acute psychiatry

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 2016 which are reducing the risk of a patient suffering an issue with medication errors.

Medication Safety Quality Improvement Initiatives

- > A QI initiative was undertaken in Paediatrics to reduce the risk of patients suffering adverse drug reactions from the use of intravenous potassium which can be very dangerous if the correct dosage not used. This included a review of intravenous fluid guidelines and migrating to a new premixed potassium bag linked to the guideline requirements
- > Participating in the National Venous Thromboembolism Collaborative to ensure appropriate TED stocking and drug anticoagulant prescribing to reduce the risk of patients developing dangerous leg and lung clots while in hospital
- > Development of an automated report by the antimicrobial pharmacist to allow clinical pharmacists to identify patients on Vancomycin, Gentamicin, and Amikacin which are high risk antibiotics
- > Feedback to Emergency Response Co-ordinator on the timeliness of antibiotic administration with subsequent incorporation of key findings into staff education
- > Development of standard operating procedures for the safe use of anaesthetic drugs e.g. drawing up/ labelling/disposal
- > Improved storage in the anaesthetic induction rooms resulting in more efficient and safe organisation of medications and equipment



Section 2

SAFETY

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

Patient safety is about delivering health care which minimises risks and harm to service users. In 2014, the HSE produced a list of Serious Reportable Events (SREs) which are defined as 'a list of serious incidents, many of which may result in death or serious harm'. Some SRE categories are considered to be largely preventable incidents whereas others are serious incidents that may not have been preventable or predictable but which need to be examined to determine if in these areas, safety was compromised or can be improved. In 2016, Tallaght Hospital had no serious reportable events (compared to four in 2015) which is an excellent result which we aim to repeat in 2017.

Infection Prevention and Control (IPC)

One of the biggest safety challenges for patients when they enter hospital is to avoid picking up an infection during their stay. Tallaght Hospital has a very proactive committed IPC Team that is very clear on the actions necessary to deliver and maintain patient safety in this area.

Equally, it is recognised that infection prevention and control is the responsibility of every member of staff and must remain a high priority for every healthcare worker to ensure the best outcome for patients. In 2010, the Hospital signed up to the World Health Organisation's "Save Lives-Clean your Hands" campaign and the IPC Team continue to implement measures to increase hand hygiene awareness and compliance within the Hospital.



In 2016, Tallaght Hospital had no serious reportable events (compared to four in 2015) which is an excellent result which we aim to repeat in 2017.

Zero Harm Campaigns

Our goal in Tallaght Hospital is to rigidly apply to the fundamental medical principle of non-maleficence which means 'do no harm'. With this in mind, Tallaght Hospital continued with its series of Zero Harm campaigns in 2016 covering infection prevention and control, verbal and physical abuse, nutrition and hydration, pressure prevention and sepsis.

Zero Harm Campaign Promoting Good Infection Prevention and Control Practice

In 2016, under the Zero Harm umbrella, Tallaght 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 a healthcare acquired infections. In 2016, the IPC Team held two Zero Harm hand hygiene awareness days.

The first was held in May to coincide with the World Health Organisation's 'Save Lives: Clean Your Hands' annual global campaign. There was also an Infection Control Awareness day held in December which served to raise awareness of the role that the IPC Team plays to improve patient safety in Tallaght Hospital. The focus was to highlight the roll out of documentation for the insertion and management of peripheral vascular access devices (PVADs). Clear goals and objectives were set with 36 initiatives planned, 29 of which were implemented.

Some of the new initiatives in 2016 included a specially commissioned Hand Hygiene song by a local community group called the RAMS (Retired Active Men's Social). The song was launched in the canteen on World Hand Hygiene Day. In parallel, a project was also undertaken with Ballyfermot College of Further Education where hospital staff showcased their talent in a series of Hand Hygiene videos (see Figure 6 below). The Hand Hygiene Task Force was also a major part of this campaign with 2016 having the largest Task Force to date with over 90 staff participating, speaking to over 900 staff regarding Hand Hygiene (see Figure 6 below).

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

Fig. 6 Highlights from 2016 Infection Control Initiatives



2016 Task Force, showing off their clean hands!



Dr Daragh Fahey presenting a prize to Patricia Mcloughlin, Clinical Nurse Manager, Outpatient Dept



Dr Catherine Wall, Clinical Director, Medical Directorate, demonstrating her acting skills for the 2016 Hand Hygiene Video



Having fun on Hand Hygiene Day, May 2016

**ZERO
HARM**



Hand Hygiene

The impact of the 2016 IPC Zero Harm campaign was partially measured by the results of the National Hand Hygiene Audit which took place in May. The hospital achieved 89% which was its highest score ever in a National Audit with an increase of 3% on the previous national audit from October 2015. However, the Hospital remained 1% below the national target of 90%. Local Hand Hygiene audits were continued throughout the Hospital in 2016. The average compliance for the year was 88% which was the highest to date since 2011. The hospital's performance in this area is reflected in the charts below.

“
Hand Hygiene remained a big priority for the Hospital in 2016.”

Fig. 7 National Hand Hygiene Compliance Audit Results to Date in Tallaght Hospital

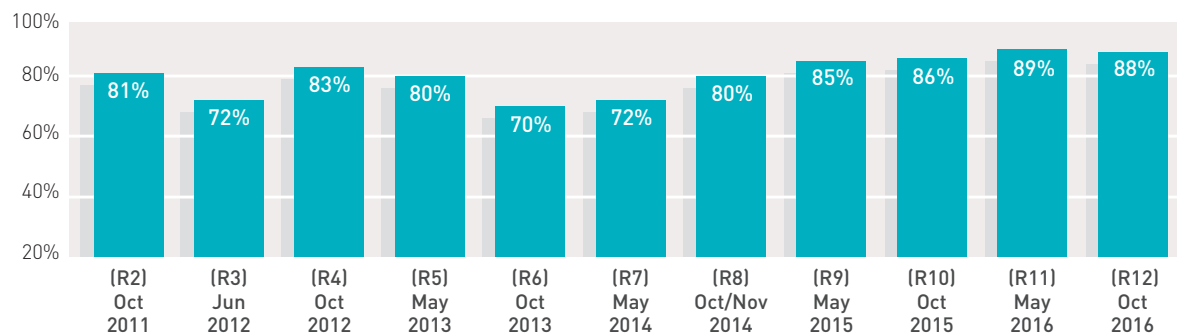


Fig. 8 Hand Hygiene Average Annual Compliance 2011-2016 - Local Audits

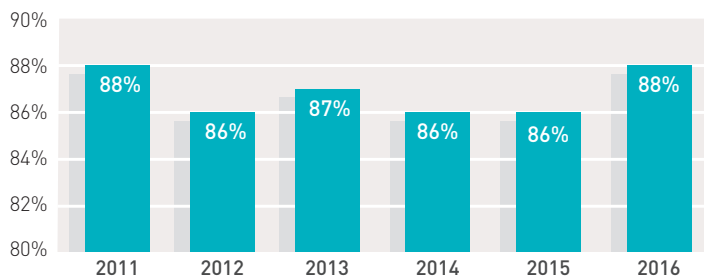


Fig. 9 National Hand Hygiene Compliance Results - Results By Area for Tallaght Hospital, May 2016

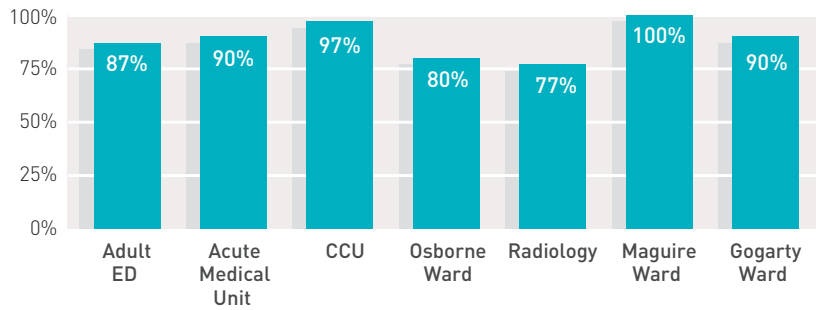
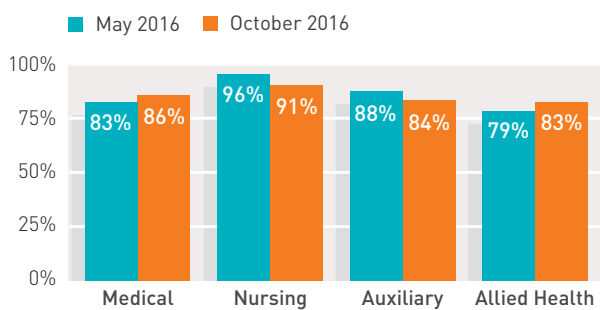


Fig. 10 Percentage Hand Hygiene Compliance by Staff Group (Tallaght Hospital, 2016)

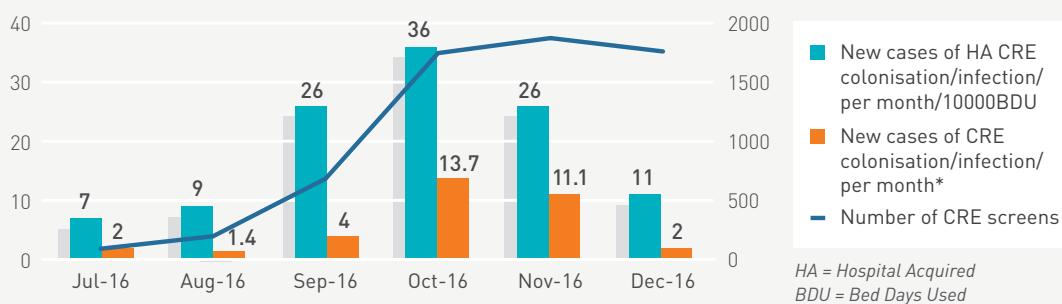


Departmental prize winners where 100% of staff in their areas had completed Hand Hygiene Education

Carbapenem-Resistant Enterobacteriaceae (CRE)

CRE are a family of bacteria which are very resistant to most types of antibiotics. In 2016, 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.

Fig. 11 Graph Showing Number of CRE Cases and Screens



Zero Harm Campaign Promoting Good Nutrition and Hydration

A Zero Harm Campaign promoting good nutrition and hydration took place from the 24th to the 26th of May. The purpose of the campaign was to highlight the essential role that good nutrition and hydration play in the medical care of patients. It focused on informing staff on how they can identify those at risk and reduce malnutrition.

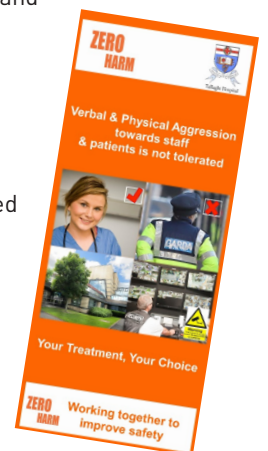
The campaign included a launch of a new information leaflets for both staff and patients. During the campaign a multidisciplinary task team visited every ward to talk to both patients and staff, listen to their views and identify opportunities for improvement. Staff and patient engagement was excellent. There were information stands on each of the three days. On day one, the focus was on informing patients so the stand was located in the atrium, moving to the canteen for days two and three in order to put more focus on staff education.

Overall the feedback received has been very positive, including requests to run nutrition campaigns more often!

Zero Harm Campaign on Reducing Violence and Aggression

The most recent Zero Harm Campaign took place in November and focused on reducing verbal and physical aggression (VAPA) towards staff.

A range of promotional material such as posters and leaflets were made available. In addition, a number of initiatives/improvements took place which were highlighted on the day including an updated procedure on managing VAPA, increased awareness of supports available to staff subjected to VAPA as well as greater emphasis on zero tolerance and support for staff who wish to press charges. All of this was preceded by a series of talks from the community guards on the process for managing and reporting VAPA incidents.



“

The purpose of the Zero Harm campaign was to highlight the essential role that good nutrition and hydration play in the medical care of patients.”



Members of the Zero Harm Good Nutrition and Hydration campaign team with the CEO and members of the Executive Management Team

Zero Harm Campaign on Reducing Sepsis

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

With this in mind, Tallaght 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 Tallaght 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 manned information stands in the atrium and canteen providing information to patients, visitors and staff. Staff were given the opportunity to complete the Sepsis Quiz and be in with a chance to win a 'One for All' gift voucher.



Karn Cliffe, Assistant Director of Nursing, Sepsis Dublin Midland Hospital Group, Anne-Marie Barnes, Early Warning Score Co-Ordinator, Dr. Catherine Wall, Lead Clinical Director, Shauna Ennis, Nurse Practice Development Co-Ordinator (Adult Services), Siobhan O'Connor, Nurse Practice Development Co-Ordinator (Children's Services), Christina Lydon, Nurse Practice Development Advisor in the main atrium promoting early sepsis identification and good management

World Stop Pressure Ulcer Day

On the 17th of November, to coincide with World Stop Pressure Ulcer day an information stand was set up and manned by Helen Strapp, our Tissue Viability Clinical Nurse Specialist. There were also visits to the wards on the day to promote best practice. Screensavers were used throughout the Hospital to provide reminders to staff about the key pressure points and the importance of monitoring for pressure ulcers.

This work will be further strengthened in 2017 with Tallaght Hospital's planned participation in the National Pressure Ulcer Collaboration.

Medicines Management and Medication Safety

Our Pharmacy Department's mission is to ensure the safe, efficient, cost-effective and high quality use of medications by patients attending the Hospital. The Pharmacy Department has provided national leadership in medication safety since establishing the first dedicated medication safety programme in an Irish hospital in 1999.

It has evolved into a hospital-wide interdisciplinary effort involving medical, nursing, bioengineering, dietetics and pharmacy staff with overall governance of medication usage provided by the Drugs and Therapeutics committee.

In 2016, the Committee reviewed over 70 policies, procedures, protocols and guidelines governing the medication use process.

The Medication Safety Programme has fostered a generative safety culture among the medical, nursing and pharmacy staff, as well as hospital management. In addition, Tallaght Hospital operates a non-punitive system of reporting incidents and near misses with a view to learning from and being open about mistakes and taking preventive action against future harm. A high level of reporting is indicative of a positive safety culture. In 2016, 633 medication safety incidents and near misses were reported (see Figure 12). This figure includes medication errors, adverse drug reactions, and near misses.

A high level of reporting is indicative of a positive safety culture. A downward trend in reporting had been seen from 2011 onwards (Figure 12). This is partly attributable to nursing vacancies (nurses are the main reporters), but also to a deliberate shift in focus to proactive quality improvement work (rather than focusing solely on incident reporting as a means of improving medication safety). During 2015, the medication safety manager's post became vacant in May and this contributed to a fall off in incident reporting. The post was filled in May 2016 and since then, thanks to the effort of the medication safety manager, incident reporting has increased again.

The value of medication error reports is to provide the information that allows us to identify weaknesses in our medication use system, and apply lessons learned to improve the system. We established our medication safety programme in 2000 after noticing low medication error report rates. Interventions were introduced to improve reporting. From 2001 to 2005 incident reporting levels improved considerably and we now expect to see 800 reports per year. This showed us a pathway to improvement. Over the following five years incident reporting levels improved and we now expect to see about 800 reports per year.

Fig. 12 Total medication safety reports received per annum, 2001- 2016

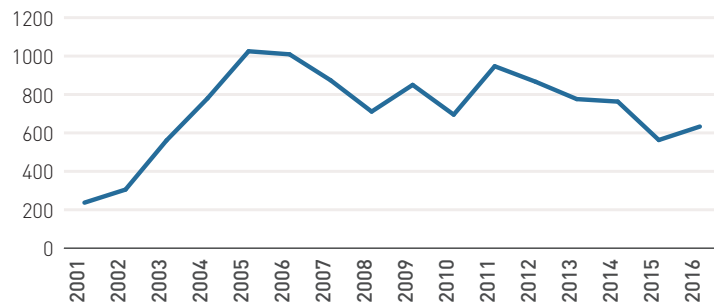
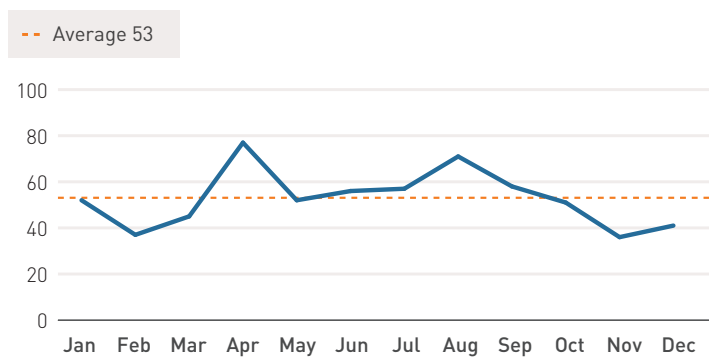


Fig. 13 Total medication safety reports received per month, 2016

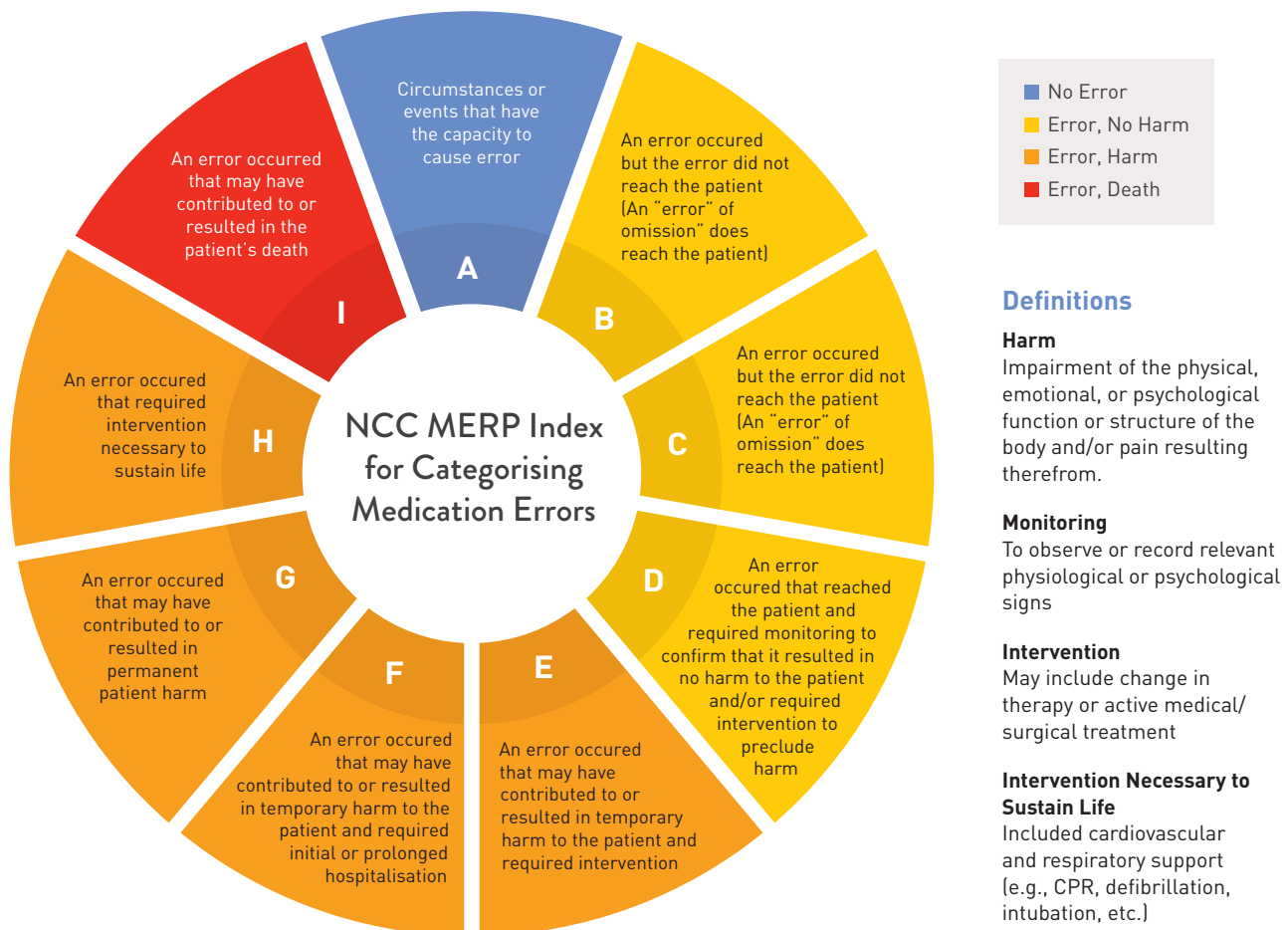


Counting the number of medication safety reports is very useful. In 2016, we analysed the data further by categorising according to the level of harm caused (Figures 14 and 15).



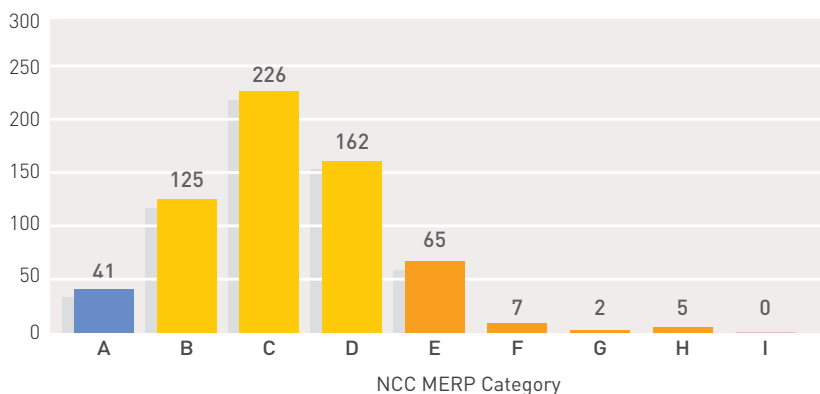
Medication Safety Incidents reported in 2016

Fig. 14 NCC MERP Index for Categorising Medication Errors



Reproduced with thanks to National Coordinating Council for Medication Error Reporting and Prevention, 2001

Fig. 15 Classification according to degree of harm: 2016 reports



26%

of reports related to intercepted potential adverse events (i.e. near misses)

61%

of reports involved incidents that reached the patient, but caused no harm

10.4%

related to temporary harm

1.8%

Incidents involving serious harm

Safety Dashboards

Tallaght 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.

The charts below show a gradual reduction in death rates in Tallaght Hospital throughout 2016. This information is reviewed quarterly by our Mortality Review Committee which, in 2016 also reviewed, national hospital mortality data, major trauma audits, emergency response data and cardiac arrest data.

“

Patient and staff safety continues to improve through a variety of approaches, including Zero Harm campaigns and the ongoing introduction of even safer equipment, techniques, care pathways, medications, interventions, protocols and policies.”

Fig. 16 Hospital Deaths and Crude Mortality

	2015			2016		
	Deaths	Discharges	Crude Mortality	Deaths	Discharges	Crude Mortality
Jan	45	1,436	3.13 %	45	1,452	3.10 %
Feb	40	1,374	2.91 %	38	1,475	2.58 %
Mar	40	1,495	2.68 %	44	1,588	2.77 %
Apr	36	1,541	2.34 %	34	1,656	2.05 %
May	43	1,550	2.77 %	27	1,553	1.74 %
Jun	37	1,489	2.48 %	37	1,523	2.43 %
Jul	45	1,583	2.84 %	41	1,626	2.52 %
Aug	31	1,502	2.06 %	31	1,555	1.99 %
Sep	40	1,565	2.56 %	36	1,507	2.39 %
Oct	49	1,578	3.11 %	37	1,398	2.65 %
Nov	23	1,499	1.53 %	36	1,461	2.46 %
Dec	38	1,571	2.42 %	32	1,553	2.06 %
Total	467	18,183	2.57 %	438	18,347	2.39 %



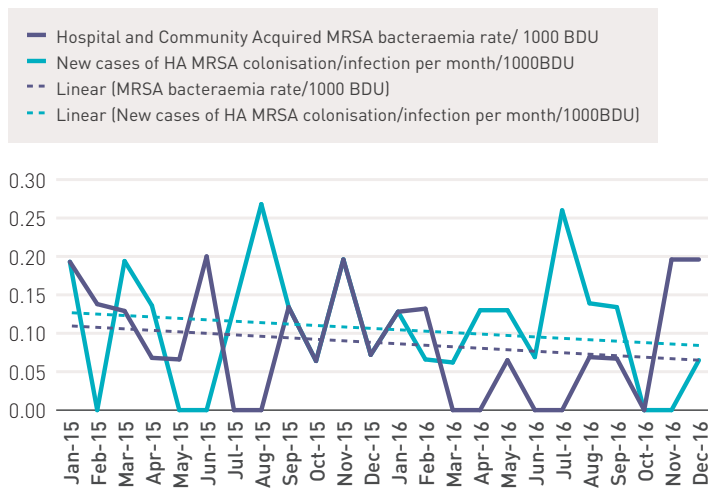
Death rate
dropped to

↓ **2.1%**

From Jan 16 to Dec 16 with the 2016 rate being 2.39% compared to 2.57% for 2015

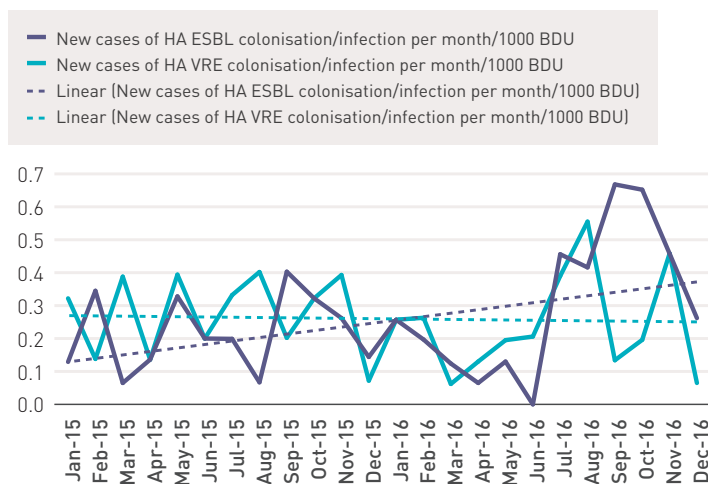
Prevention of Healthcare Acquired Infections (HCAI)

Fig. 17 Methicillin Resistant Staph Aureus (MRSA) Bacteraemia Rate/1000 BDU (Bed Days Used)



Hospital acquired (HA) MRSA bloodstream infection rates/ 1000 bed days used
↓ 75%
 lower than 2015

Fig.18 ESBL/VRE Rates (new cases/month)

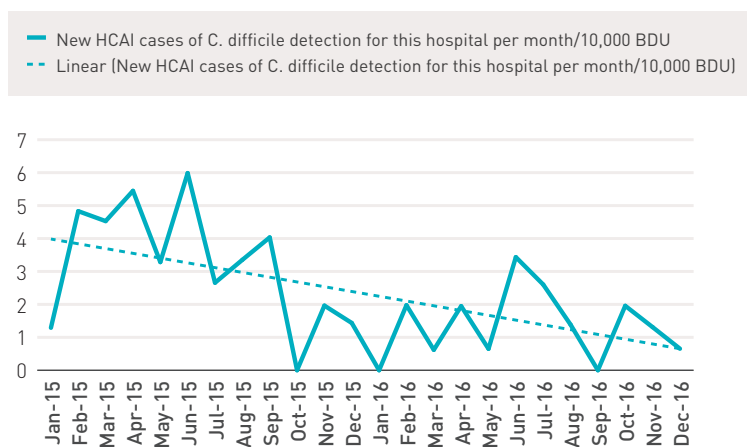


ESBL rates
↑ 41%
 higher than 2015

The underlying cause for this is believed to be a consequence of the CRE outbreak with increased screening.

VRE= vancomycin-resistant enterococci bacteria
 ESBL = extended spectrum beta-lactamases bacteria

Fig. 19 Clostridium Difficile Rates* (new cases/month)

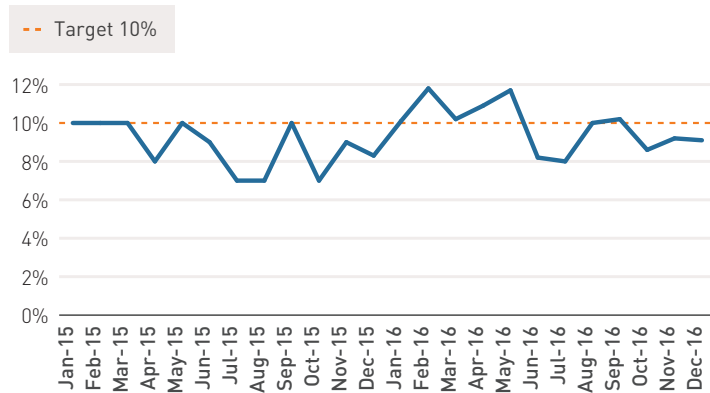


Clostridium Difficile rates were
↓ 58%
 lower than 2015

HCAI = Healthcare Acquired Infections / BDU = Bed Days Uses
 * National Target: 2.5

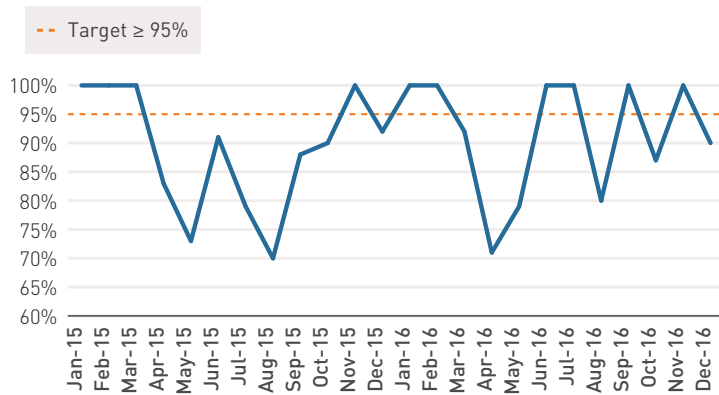
Other Quality and Safety Indicators

Fig. 20 28 Day Emergency Re-Admission - Medicine



Medical Readmission rates were meeting the national target of less than **10%** by the end of 2016

Fig. 21 Emergency Hip Fracture - Patients Operated Within Two Days



National emergency hip fracture rate **↑92%** in 2016 compared to 89% in 2015
National target - 95%

Patient Safety Walkarounds

The senior management team in Tallaght Hospital are very committed to understanding any frontline staff concerns about patient safety and quality.

In 2013, Tallaght Hospital introduced a formal bi monthly programme of patient safety walkabouts in which the CEO, the Director of Nursing, the Director of Quality, Safety and Risk Management and the Quality, Safety and Risk Management Coordinator would visit selected wards/departments/clinical areas and meet with clinical and non-clinical managers to understand their patient safety concerns.

A follow up meeting between the Director of Quality, Safety and Risk Management and the Clinical Director and their senior managers for the area would be organised to provide the feedback from walkabout and document any actions which the managers for the area were committing to take on to tackle the patient safety concerns. In 2016, this programme was continued with the addition of informal walkabouts in which the CEO and the Director of Quality, Safety and Risk Management would visit selected wards, departments and/or clinical areas to meet with clinical and non-clinical managers to understand their patient safety concerns.

“

The senior management team in Tallaght Hospital are very committed to understanding any frontline staff concerns about patient safety and quality.”



Staff Safety

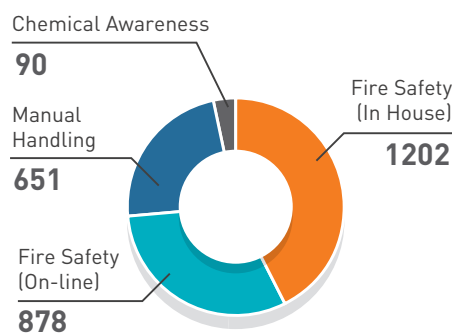
The Environment, Health and Safety Department (EHS) in Tallaght Hospital offers support and training to all staff in relation to workplace health and safety and their responsibilities for same. The Department helps to create a positive health and safety culture in the Hospital and advises hospital executive management regarding compliance with health and safety legislation and best practice. For example, in 2016, following a training gap analysis it was identified that certain non clinical areas were lacking First Aid representatives. Six staff members from key areas have now attended a three day training course and are certified First Aiders. We are working along with these representative to provide an even safer working environment for our staff.

Also, in 2016, in an effort to improve communication between hospital staff and the Environmental Health and Safety (EHS) Department, key departments have been encouraged to identify a Health and Safety Representative. Regular meetings with these representatives took place to raise and resolve safety issues during the year.

Training

The EHS department provided mandatory training for 1,943 staff in 2016. This included training in fire safety, manual handling and chemical awareness.

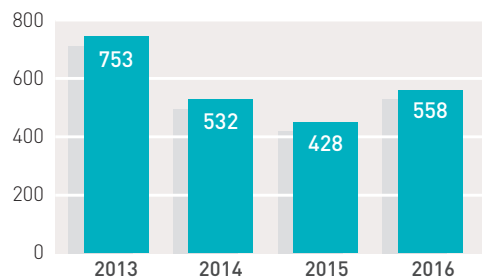
Fig. 22 2016 Health and Safety Training (Numbers Trained)



Health and Safety Incidents

In 2016, the number of reported incident was 558, an increase of 130 from 2015 (see Figure 23 below). This is likely to be due to increased awareness and education in relation to incident reporting.

Fig. 23 Health and Safety Incidents by Year



The table below shows that violence, harassment and aggression continue to be the forefront of staff health and safety incidents accounting for 65% of health and safety incidents (Figure 24). This has prompted the Hospital to commit to rolling out a wide-ranging programme of initiatives targeted at reducing the number and severity of incidents relating to staff violence and aggression. This includes increasing awareness of our extensive Occupational Health service including an employee assistance referral service.

Furthermore, MAPA (Management of Actual or Potential Aggression) training has been rolled out for relevant staff throughout 2016. In addition, the QSRM Directorate launched a Zero Tolerance campaign targeted at reducing verbal and physical abuse directed towards staff.

Fig. 24 Top Six Reported Health and Safety Incidents (2016)

Hazard Type	2014	2015	2016	Grand Total
Violence, Harassment and Aggression	280	232	341	853
Ergonomics (including manual/people handling)	83	59	56	198
Organism Unknown	61	48	36	145
Slips, Trips, Falls	22	29	59	110
Mechanical Components	10	13	30	53
Non Mechanical (including Person/Animal)	16	12	5	33
Legacy Data (Not Known)	22	5	0	27

Occupational Health (OH)

In Tallaght Hospital, our staff are our most valuable asset. Core occupational health activity remained high in 2016. Self-referrals remained the most common mode of referral, again reflecting the value that staff attach to the supports provided by the occupational health service. An overview of the departmental activity is presented below:

Fig. 25 Reasons Staff Attend our Occupational Health Department

Attendance reason	No.
Vaccinations/immune status checks (exc. influenza)	1555
Consultations/assessments	598
Pre-employment medical assessments	571
Management referrals/reviews	378
Occupational injury	192



Nicola Cogan and Suzanne Green, Clinical Nurse Specialists, Stroke Service.

“
In Tallaght Hospital,
our staff are our most
valuable asset.”

Flu Vaccination Programme

In the third and fourth quarter of 2016 the Occupational Health Department (OHD) once again led out the annual flu vaccination campaign, comprising multiple educational/promotional events and an incentivisation programmes. The campaign resulted in 46.5% of the Hospital staff receiving vaccination, which exceeded the national target and represented the third highest uptake among Irish Hospitals.

Management Referral Process for Occupational Blood Exposures

In 2016, there were 75 reported incidents of occupational blood exposure. This represents a decrease of over 20% on previous years. It is believed that this reflects heightened awareness among staff following the OH education programmes that were provided and the introduction of safety phlebotomy devices in 2015. The success of such devices will be monitored, in keeping with the relevant legislative framework (i.e. The European Union (Prevention of Sharps Injuries in the Healthcare Sector) Regulations 2014).



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

Employee Health and Well-Being

In 2016, it was decided to reorient the occupational health service to place a greater focus on proactively promoting staff well-being, without compromising its more traditional reactive role in injury management.

A multi-disciplinary health and wellbeing committee led by OH was established, with the aim of creating an employee 'wellness' culture by promoting, developing and sustaining mental and physical activity programmes for the staff of Tallaght Hospital.

New initiatives in 2016 aimed at promoting physical wellbeing included health screening programmes, calorie posting, provision of bicycle racks and an employee wellbeing day. In addition, two four week summer events were rolled out including 'The Step Challenge' and 'Walk the Mile'. These complement the other established activities and events such as the 'Summer Cycle', the Women's Mini Marathon, the 'Bike to Work' scheme and the monthly employee workplace wellbeing programmes. The later programmes promotes positive mental health with courses/talks on building resilience, mindfulness, cyber bullying and addiction as well as other useful topics such as financial skills, nutrition and having a healthy balanced diet.

In 2016, OH represented the Hospital on the 'Healthy Cities and Counties' initiative (a collaboration across public, private and community sector organisations that is coordinated by South Dublin County Council) and the Healthy Ireland Steering Committee of the Dublin Mid-Leinster Hospital Group.

The STEP Challenge

Buoyed up by the positive feedback from a simple lunchtime mile walk challenge for staff, the fledgling Health and Wellbeing Committee set about organising a 'Step Challenge' for the month of May.

The response from staff was phenomenal with almost 300 staff organising themselves into teams of four and setting themselves a challenge of taking as many steps as possible during the month of May. The challenge was to virtually walk the Wild Atlantic Way together – a total of 1,314,058 steps or 901.18 km. A league table was quickly established showing the results each week on Hospital Street and on the Intranet. Over the four week period the teams not only completed the Wild Atlantic Way once but an incredible 70.5 times!!! The committee received support from the Adelaide Health Foundation, and the Maldron Hotel with prizes for the Top 10 teams participating in the initiative.



Members of the winning "Catering Chancers" team. Gemma Mulligan, Executive Head Chef, Aidan Bryant, Stores along with Lucy Nugent, Deputy CEO, Ian O'Gorman, Head of Catering and Patient Food Services and Louise Talbot, Patient Food Services Manager

Irish Heart Foundation Silver Medal

Each year, the Irish Heart Foundation recognise the effort organisations make to create a more active workforce and encourage healthier behaviours for staff. The Active@Work Awards recognise those organisations that look to boost physical activity levels at work. Tallaght Hospital were one of 23 organisations to achieve medal status resulting from the participation of our staff in two, four week challenges in 2016: the 'Step Challenge' in May and subsequent 'Walk the Mile' in September. In recognition of these efforts, representatives of the Health and Wellbeing Committee collected a Silver Medal.

Research Ethics Committee

Another example of Tallaght Hospital's commitment to safety is reflected in being one of 12 hospitals in Ireland with their own Research Ethics Committee (shared with St James' Hospital) which is recognised under European Legislation (S.I. 190 of 2004) to review clinical trials. The purpose of the committee is to protect patients by preventing any research which is unethical and ensure that whenever research does go ahead that it does so in a manner in which the patient is fully informed and protected as much as possible. In 2016, 263 requests for ethical approval were considered by Tallaght Hospital's Research Ethics Team and/or the Research Ethics Committee. This reflects an increase in activity compared with 246 in 2015 and 205 in 2014.



Pictured at the presentation of the Silver Active@Work Award (l-r) Mr. John Healy, TV Maitre'D and Irish Heart Foundation Ambassador, Joanne Coffey, Communications Manager, Tallaght Hospital, Dr. Kate McGarry, President, Irish Heart Foundation, Dr. Daragh Fahey, Director of Quality Risk and Safety Management, Tallaght Hospital, Mairead Holland- Flynn, Registered Advance Nurse Practitioner, Tallaght Hospital and Minister Marcella Corcoran Kennedy, TD, Minister for Health Promotion.



Section 3

RISK MANAGEMENT

Tallaght Hospital's primary purpose is to deliver safe, high quality care. Underpinning any such system is the requirement to have a system in place where risks are identified and 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 searching out risks proactively and reducing their potential impact to the greatest extent possible. At Tallaght Hospital, staff are encouraged and trained to identify, manage and where appropriate escalate their risks.

At an executive management level there is a Tallaght Hospital risk register which sets out some of the key risks, rates their severity, 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 2016, a more enhanced ward/department based risk management education was introduced based on individual needs helping staff to develop their own local risk registers.

Each Directorate has their own electronic risk register which they can use to record, manage and if necessary, escalate their own risks. In December 2016 there were 99 risks on the executive management team risk register. There were 55 with a risk rating of 15-19 and 44 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 the risk and improving safety.

Incident Management

In Tallaght Hospital, we have a robust incident management process in place where staff are encouraged to report incidents to our Risk and Incident Management Department. Serious incidents are reviewed by our Serious Incident Management Team (SIMT) who determine whether a more comprehensive review is required. Staff identified to perform these reviews have received training in Systems Analysis Training from experienced investigators from the HSE. 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 2016, there were 2,898 incidents/near misses reported internally by frontline staff compared with 2,923 in 2015. The chart below provides a breakdown of the type and location.

Fig. 26 Incidents Reported in 2016

Incident	No.
Slips/Trips/Falls	1154
Clinical Procedures	402
Violence/Harassment/Aggression	405
Medication/Fluids	163
Self-Injurious Behaviour	104
Personal Belongings	76
Ergonomics	69
Organism Unknown	40
Mechanical Components	66
Safe and Effective Care	15
Blood/Blood Product	12
Temperature (excl. Fire)	16
Non Mechanical (Incl. Person/ Animal)	14
Health and Safety issues	35
Bacteria	3
Org. and Management Factors	128
Access	59
Communications and Information	21
Nutrition	9
Virus	2
Staff Factors	73
Other	32
Total	2898

There were three Coroner's inquests in 2016 compared to six in 2015. There were four serious reportable events in 2015 compared to none in 2016. There were no serious reportable events in 2016 which reflects the ongoing work in the Hospital to reduce risk and improve safety.



There were no serious reportable events in 2016 which reflects the ongoing work in the Hospital to reduce risk and improve safety.



There were six systems based incident reviews completed in 2016. All of the recommendations from these incidents are tracked internally within the Hospital to ensure that we learn from the incidents and put in place measures to ensure they do not reoccur.

The six incident reviews completed affected many parts of the Hospital with considerable internal and external learning gained. In the Emergency Department (ED), lessons have been learned regarding the importance of recognising the 'red flag' signs and symptoms associated with severe headache and the need to consult with senior medical staff. This followed two incident reviews of cases in which the headaches which the patients presented with reflected very serious conditions affecting the brain which needed immediate neurosurgical consultation and/or intervention. There was also an incident in the ED where lessons were learned about the need to respond sooner to early clinical warning signs in a patient whose condition was deteriorating. The hospital was extremely busy at the time however there were enough 'red flags' to merit special attention which would have meant a quicker and more robust response and perhaps could have avoided a cardiac arrest. There was a similar incident reviewed and lessons learned regarding a patient on the ward whose condition deteriorated following surgery. Once again there was a delayed response to the patients deteriorating condition including a reluctance on behalf of junior staff to escalate to more senior staff. Additional lessons have been learned from an incident on a different ward in which difficulties in obtaining intravenous access and miscommunications led to delays in administering an antibiotic which may have contributed to the patients' negative outcome. The final incident review highlighted the need for the Hospital to have better systems in place for highlighting serious unexpected findings following radiological investigations and reports. Having such a system in place, for this particular patient would mostly likely have meant a more rapid response to what turned out to be an early lung cancer. Tallaght Hospital is migrating towards introducing an electronic patient record system which would allow much better flagging of such unexpected findings and thus facilitating a quicker management plan.

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

Since 2014, Tallaght Hospital has adopted the national policy in this area and provided a series of talks to staff to raise awareness as well as making training available to staff who want to improve how they disclose openly.

Patients at the centre of incidents in Tallaght Hospital will find this culture is prevalent with staff informing patients if they think there has been a mistake, keeping them up to date on reviews and sharing the findings.

Three staff have completed the 'Train The Trainer' Open Disclosure Course in 2016 and four more are due to attend the Training Programme in 2017. The intention is to roll out a hospital wide education programme to include 45 minute briefing sessions for all staff and a four hour workshop for senior managers.

Conclusion

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

This report demonstrates that robust structures and processes are in place to support our goal to provide the highest quality of care to our patients. It demonstrates how we support our staff to deliver the best quality of care possible and how they use these supports to introduce a multitude of lasting improvements which will benefit patients in the future.

More importantly, the report has shown the value the Hospital places on having a patient-centred culture and how staff are encouraged to highlight incidents, raise concerns and escalate risks where appropriate. This is the true essence of a transparent, high quality learning healthcare provider such as Tallaght Hospital.



Appendix A

QUALITY IMPROVEMENT INITIATIVES 2016

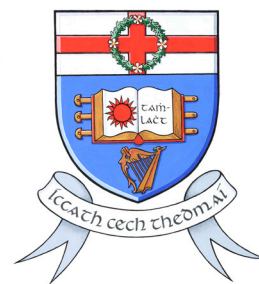
The following is a list of some key quality improvement projects which were completed in 2016.

Project Title
Electronic requesting and reporting of stroke service consultations
* Improved patient journeys in rare and unusual presentations of vasculitis and allergy
Electronic referral for EEG testing in Neurophysiology
Improving communication options for vulnerable patients in critical care
Management and control of the dangerous goods store
Management of gastrostomy tube related issues in the Emergency Department
Action cards update for Major Emergency Plan
Food quality digital information
HR business services and medical administration form process
Patient level costing – a HSSD perspective
Mapping current medical records process across all medical and surgical services hospital-wide
Clinical nurse handover
* Development of a neurology ambulatory day unit in ruttie ward
* Implementation of mealtime processes hospital-wide
* The Assessment of Motor and Process Skills (AMPS) training for senior occupational therapists
* Evaluation of psychological interventions to improve patient compliance with rigorous treatment protocols for chronic kidney disease
* Postoperative peri-neural infusions of local anaesthetic agent to lower limb amputations and elective major foot, shoulder and ankle surgery
* Implementation of NICE guidelines for the prevention of inadvertent hypothermia in adult patients
* SimMan – full body wireless patient simulator (jointly funded with the Adelaide Health Foundation)
* Theatre workflow: specialised kit for anaesthetic trollies
* Provision of a cough assist clinic for patients with motor neuron disease
* Multimedia support to improve training in the use of medical technology
** Family room refurbishment in Emergency Department
** Audio visual equipment – pastoral care
** Nursing research grant for Clinical Nurse Specialist and advanced nurse practitioner
** Enhancing communication with older people
** System to support speech and language therapy medical imaging review and training of speech and language therapists in dysphagia and videofluoroscopy analysis
** Telling your story – clinical psychology
** Body composition assessment in critically ill patients
** Piloting of woodcast material for splinting

* Projects funded by Meath Foundation

** Projects funded by the Adelaide Health Foundation

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