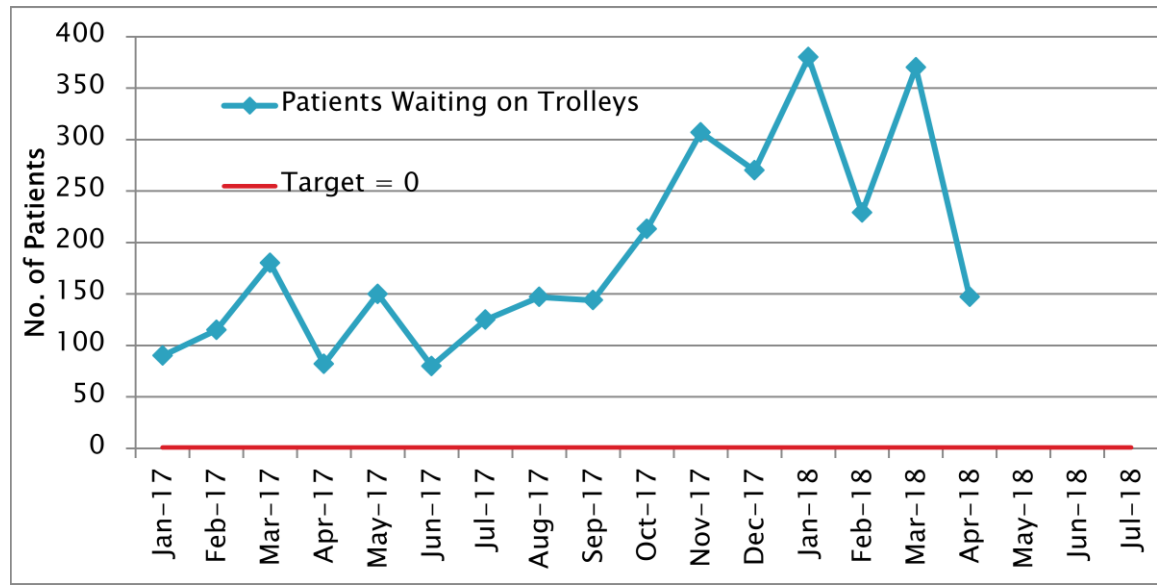
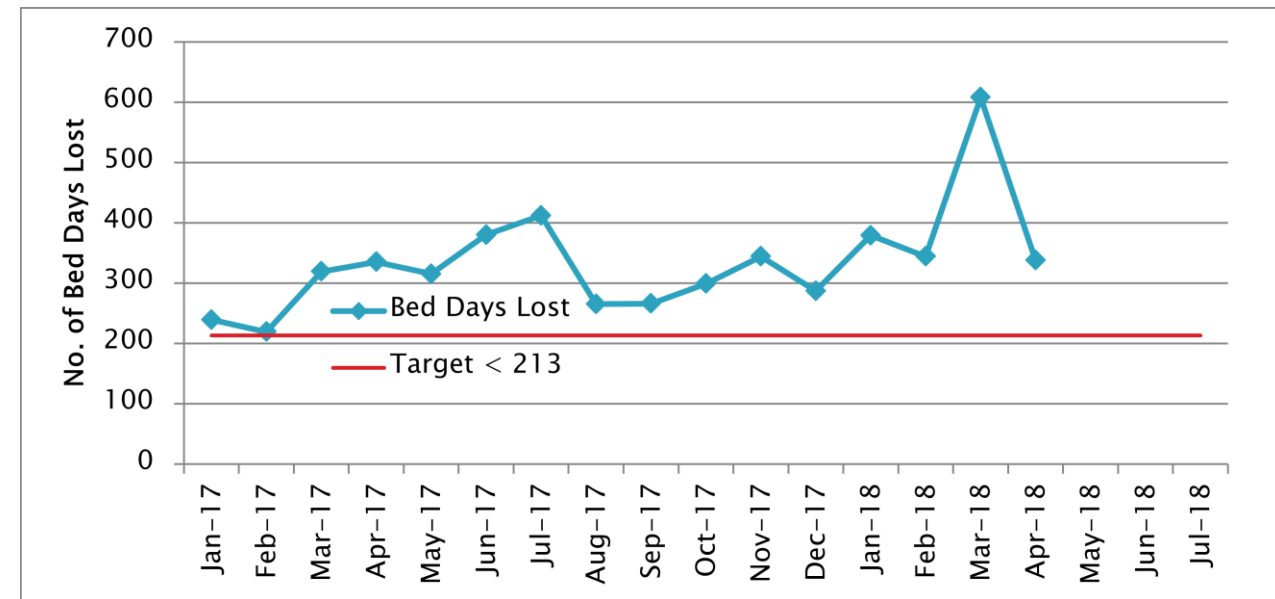




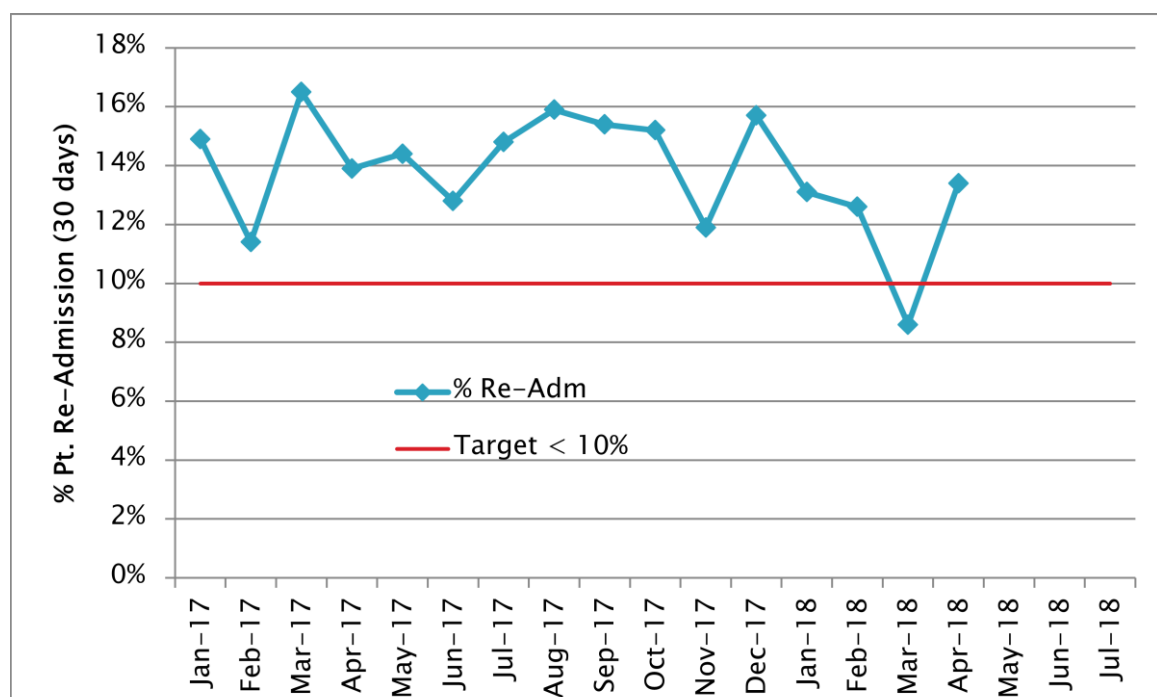
## Patients Waiting on Trolleys for an Inpatient Bed



## Patients who are Medically Fit to be discharged and cared for at Home with Support or in a Nursing Home or District Hospital but still in MUH



## Medical Re-Admissions Rates



## What does this mean?

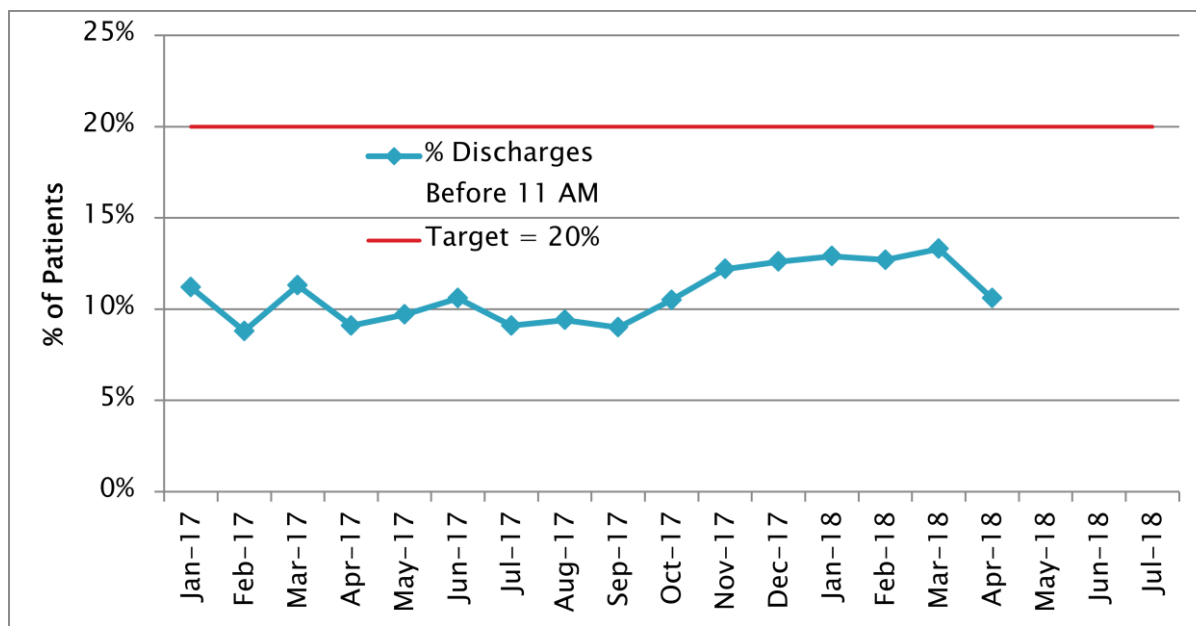
The aim of MUH is to get the right patient into the right bed for the right care. The numbers of patients waiting on a trolley for an inpatient bed is affected by the number of patients who are ready to be discharged to home with support or to a non-acute bed e.g. a nursing home or district hospital.

If a patient represents to MUH in an unplanned unexpected fashion within 30 days a review of the reasons will take place. MUH's aim is to prevent all avoidable re-admissions.

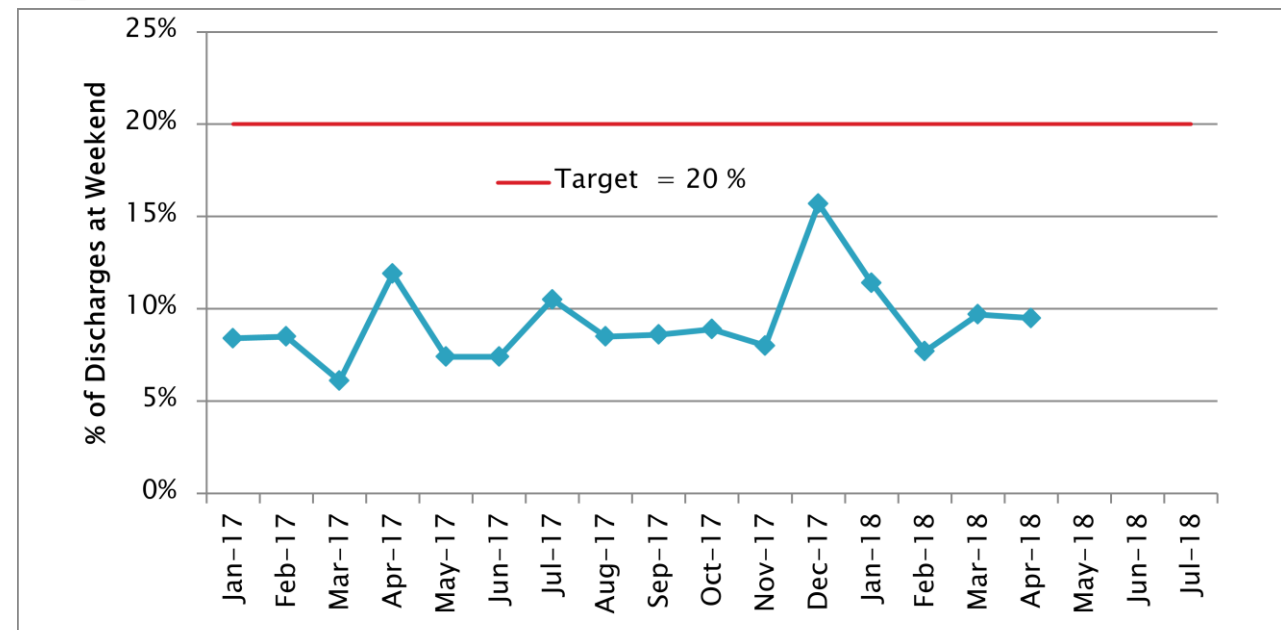
**Please Note:** Bed Days Lost as a result of delayed discharges were adversely affected as a result of the knock-on effects of Storm Emma in March.



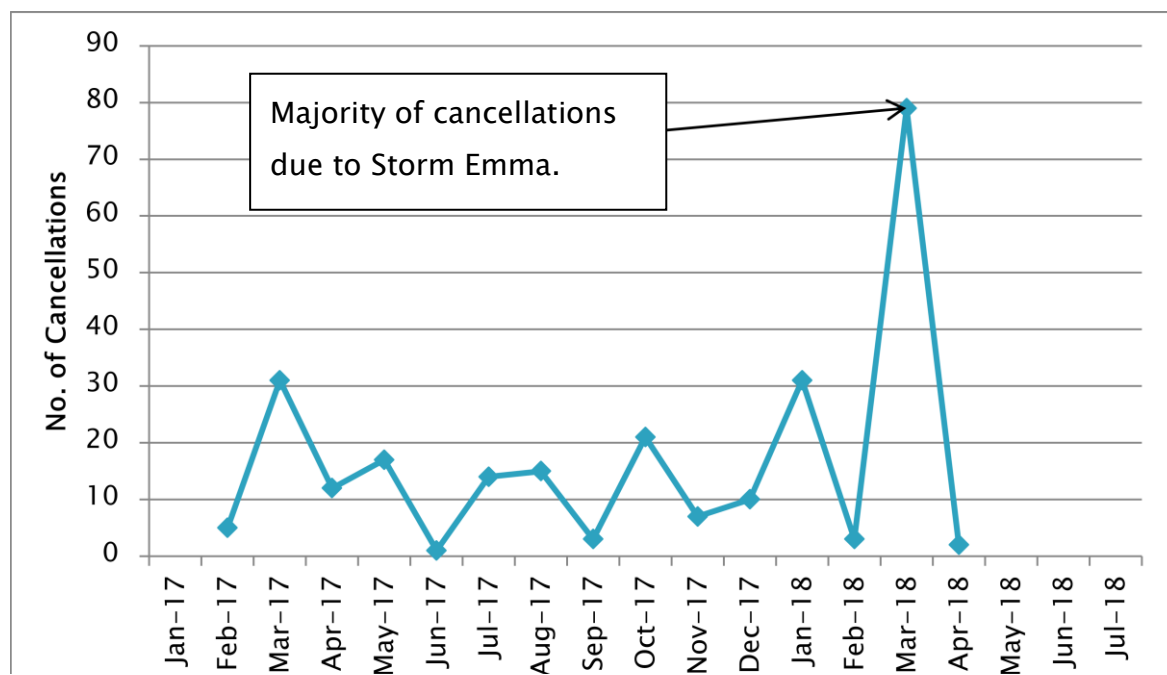
## Patients Discharged and Ready Before 11 AM



## Patients Discharged on Saturday and Sunday



## Number of Patients Cancelled by Hospital due to bed availability



## What does this mean?

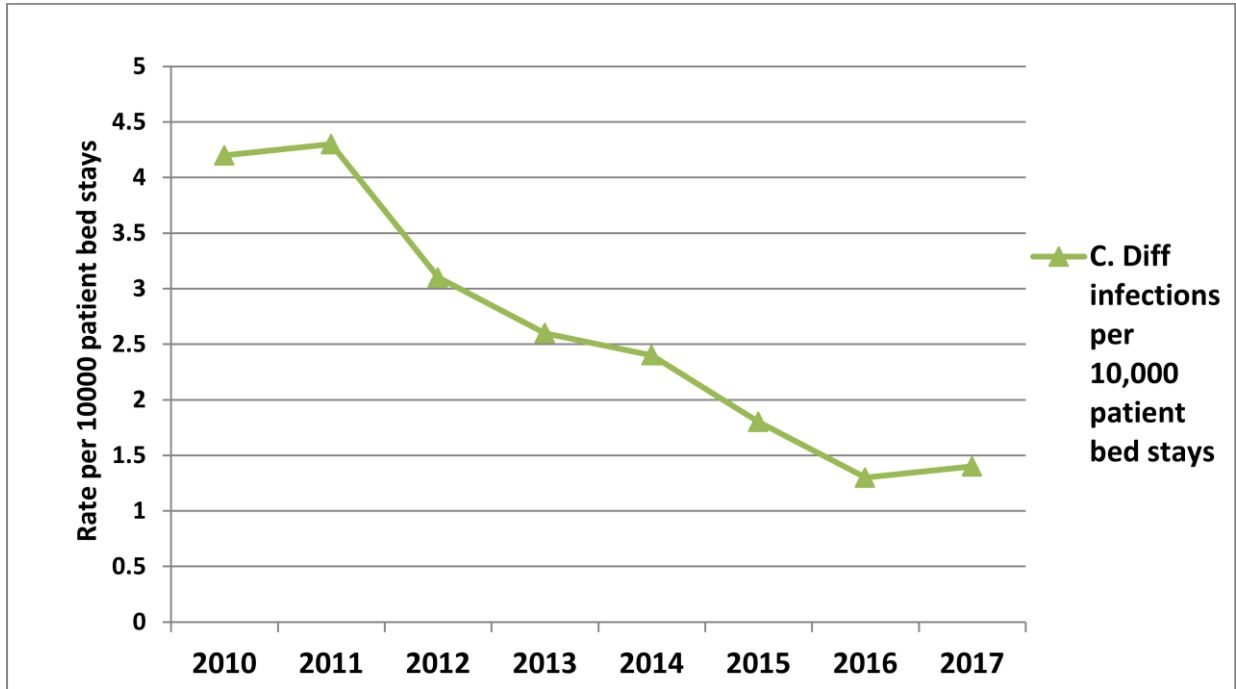
Early Discharges before 11 am means we can allocate beds to those waiting overnight.

Weekend Discharges help with Patient Flow on Monday and prevent Electives being cancelled.

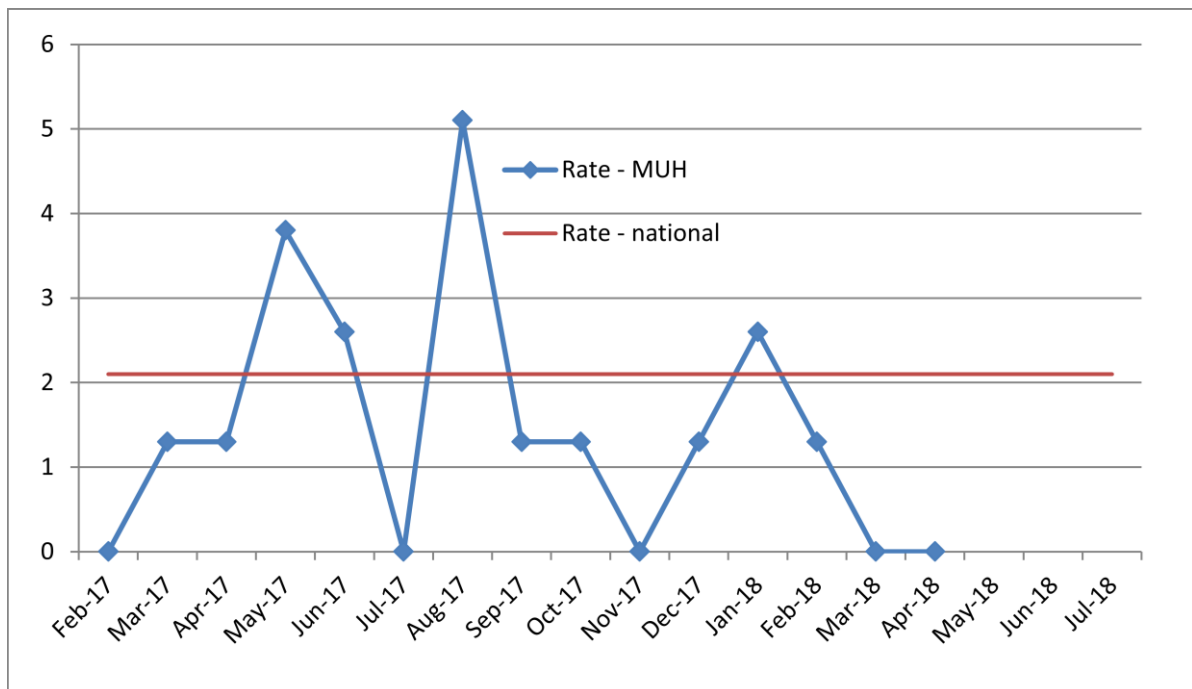
**Please note:** The majority of hospital cancellations in March were due to Storm Emma.

# Reducing Clostridium Difficile infections in Mayo University Hospital Updated May 2018

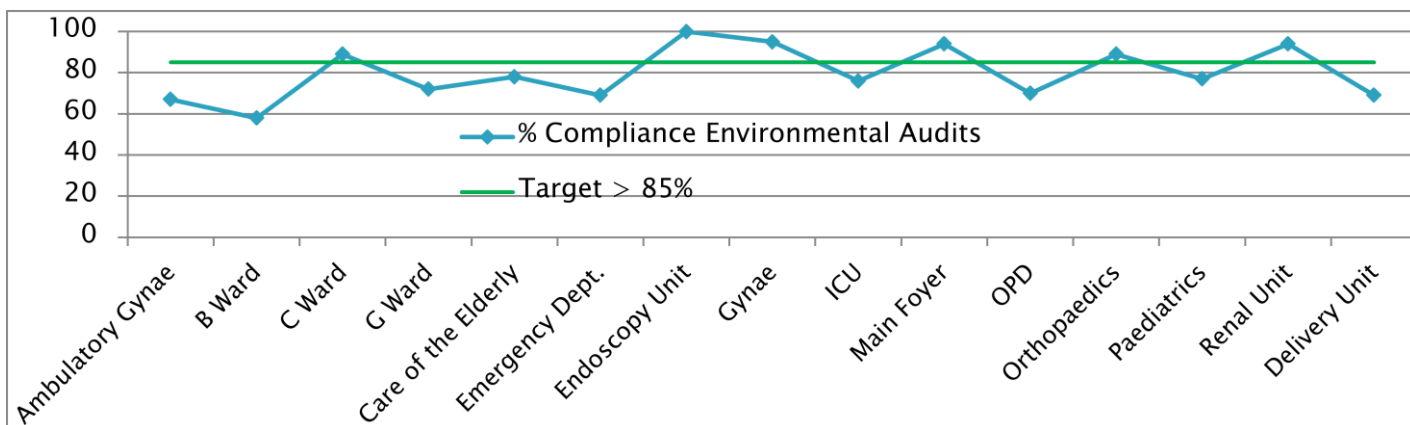
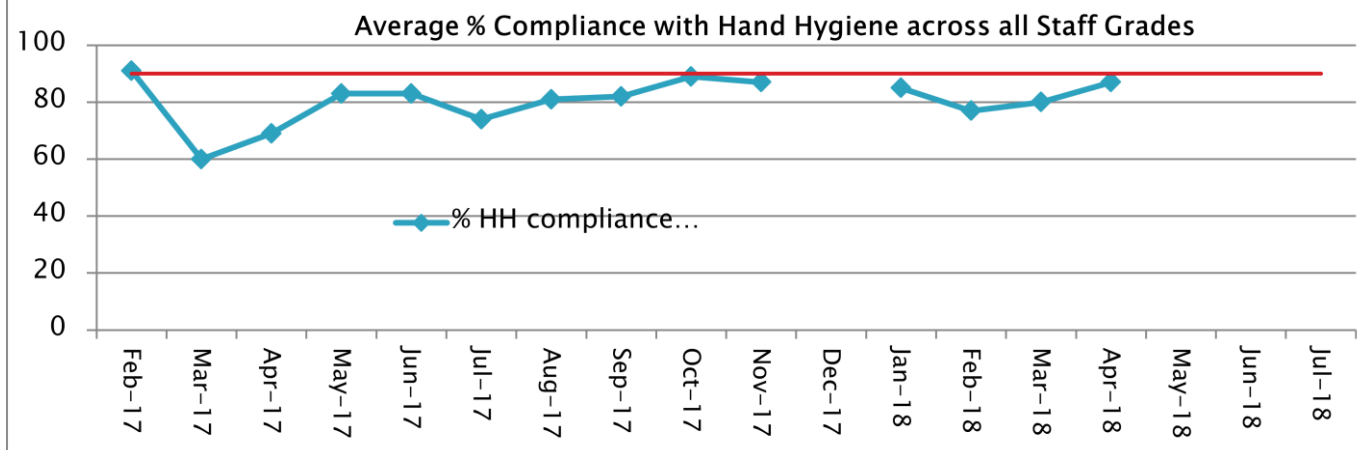
Annual C. difficile infections (CDIs) in Mayo University Hospital 2010 - 2017



C. difficile infections (CDIs) in Mayo University Hospital Feb '17 - Apr '18



## MUH Commitment to Quality Care through Hand Hygiene and Environmental Audits **Updated May 2018**



### What does this mean:

- **Appropriate Antibiotic Prescribing -**
  - *Pharmacists regularly audit use of antibiotics to ensure if the antibiotic is necessary, the correct type of antibiotic by the correct route ( IV or Oral ) for the correct duration.*
  - *Benefits include reduction of C.diff rates and line infections, reduced length of stay and Cost savings*
- **Effective prevention and control of Healthcare-associated Infections HCAI requires a multi-targeted approach .**  
*Some ways of reducing Healthcare Infections include:*
- **Effective hand hygiene - Education and audit of all staff**
  - *100% of Doctors including ALL Consultants have undertaken Hand Hygiene training in the past 2 years as required*
  - *Aim to have compliance of at least 90 % on Audit*
- **Clean environment -**
  - *Audit of all clinical areas identifies shortcomings and actions are taken to rectify deficiencies*
  - *Aim to have compliance of at least 85%*

# Improving Medication Related Communications in Mayo University Hospital

## EVERYBODY HAS A ROLE TO PLAY IN MEDICATION SAFETY

**MOST PATIENTS REQUIRE MEDICATION SO.....**



**ON DISCHARGE ASK YOUR DOCTOR, NURSE OR PHARMACIST WHAT CHANGES HAVE BEEN MADE TO YOUR MEDICATION AND THE REASONS WHY!**

**BEFORE YOU GO HOME ENSURE YOU RECEIVE A 'KNOWING MY MEDICINES' LEAFLET.**

### Information for patients and families

#### Knowing My Medicines



Record the details of all the medications you take on this leaflet. You may need the help of your GP, community pharmacist and recent discharge prescription.

You should ensure to:

1. Keep this list up to date when any medication changes are made.
2. Bring it into hospital for any outpatient appointment or admission.
3. Bring it with you to the GP/community pharmacy for reference.



Mayo University Hospital is committed to the World Health Organisation (WHO) Medication without Harm Campaign.



We want our patients and staff to improve communication about medicines.

<http://www.saolta.ie/hospital/muh>

An awareness campaign to encourage patients and staff to discuss medications is being launched in Mayo University Hospital during the month of May 2018.

Engagement between staff & patients to improve medication related communications.

## EVERYBODY HAS A ROLE TO PLAY IN MEDICATION SAFETY

**MOST OF OUR PATIENTS REQUIRE MEDICATION SO.....**



### IMPROVING DISCHARGE PRESCRIPTION COMMUNICATION:

#### DOCTORS:

Ensure the medicine changes & reasons for change are documented in the relevant section to facilitate communication to GPs, Patient/Carers and community pharmacy

#### NURSES:

Ensure the time of administration of each drug is documented on the day of discharge to ensure patient's/carers know when the next dose is due.

### PROVIDE PATIENTS WITH A 'KNOWING MY MEDICINES' LEAFLET PRIOR TO DISCHARGE FROM HOSPITAL

#### Information for patients and families

#### Knowing My Medicines



Encourage patients to:

1. Fill out their leaflet accurately
2. Keep the list up to date when any medication changes are made
3. Bring it into hospital with them for outpatient appointments and admissions
4. Bring it to their GP/community pharmacy for reference



Mayo University Hospital is committed to the World Health Organisation (WHO) Medication without Harm Campaign.

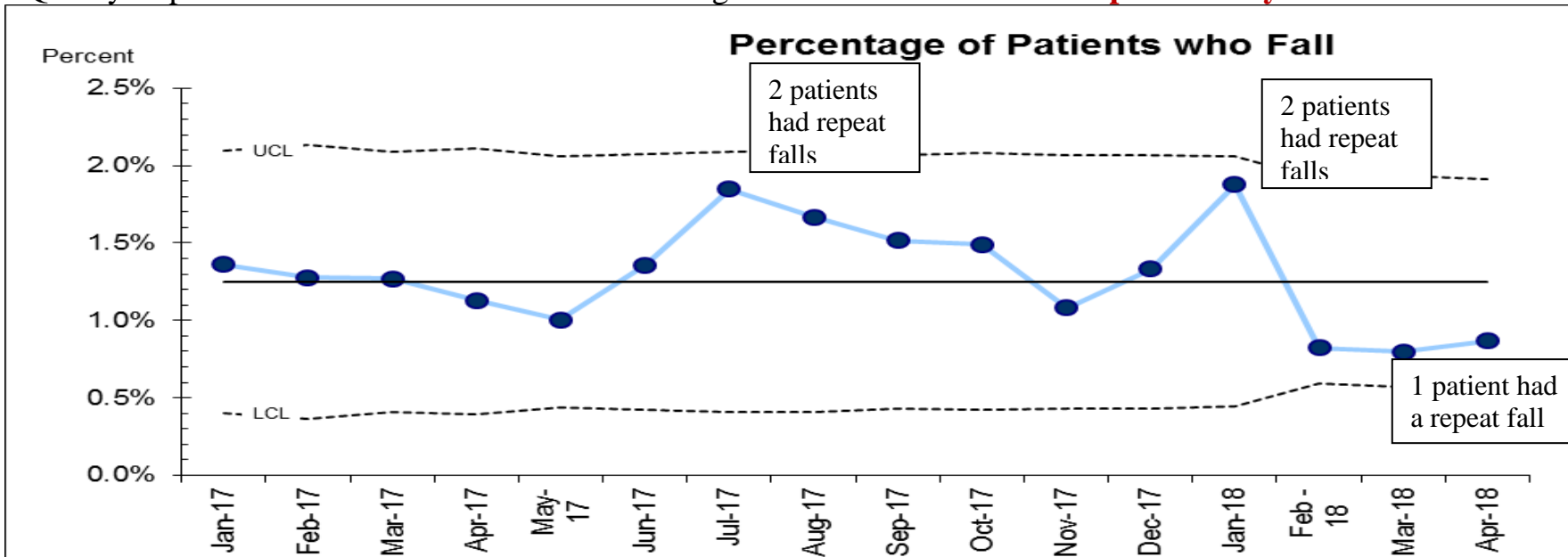


We want our patients and staff to improve communication about medicines.

<http://www.saolta.ie/hospital/muh>

## Quality Improvement in Falls Prevention and Management of Fallen Patients – Updated May 2018

This chart shows the percentage of falls in relation to patients discharged from MUH. We have a high rate of over 65 year old patients admitted to MUH and this correlates with the increasing age profile of the population of patients we care for.



### FALLS - HOW TO PROTECT YOURSELF

FALLS PREVENTION AND MANAGEMENT GROUP, MAYO UNIVERSITY HOSPITAL

Posters on display in clinical areas please read and talk to staff about falls prevention

- Have your medications checked regularly
- Take special care if you are dizzy or light-headed
- Ask your doctor about your bone health
- Check around your home for hazards
- Don't let fear of falling limit your activities
- Stay active and exercise your legs

### WHAT TO DO AFTER A FALL

If you CAN get up, If you CANNOT get up, If you are a WITNESS

Some hints which may help you in the event of a fall:

FOR FURTHER INFORMATION CONTACT: Mary McDermott (Physiotherapist), Sarah Ransome (Occupational Therapist)



## What does this mean?

### What is a fall

A fall is defined as an event which results in a person coming to rest inadvertently on the ground or floor or other lower level, number of patient we care for.

There were two patients in July 2017, January 2018 and one patient in April 2018 that were predisposed to falls due to pre-existing medical complaints, a comprehensive care plan was put in place for these patients and there was no serious physical harm.

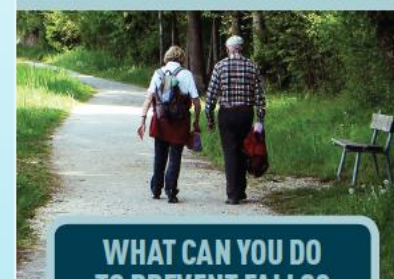
### Harm caused

In 2016 and 2017 we had 10 had Serious Reportable Events. This includes head injuries and 3 hip fractures. Immediate care was given to these patients. A falls review was undertaken to identify any contributory factors, and action were taken

### Actions we have implemented

Policy on identification, assessment, prevention and management of patient falls, new falls assessment, care plan and bed rail risk assessment. Purchased ultra-low beds, one in each of the main clinical areas and falls prevention alarms. The Red Star initiative to identify patients at risk of falling. Information leaflet for health care worker. The actions to take when a patient falls are included in MUH patient safety book. Education on correct use of seating to prevent falls. Multidisciplinary MUH falls education DVD.

## FALLS - HOW TO PROTECT YOURSELF



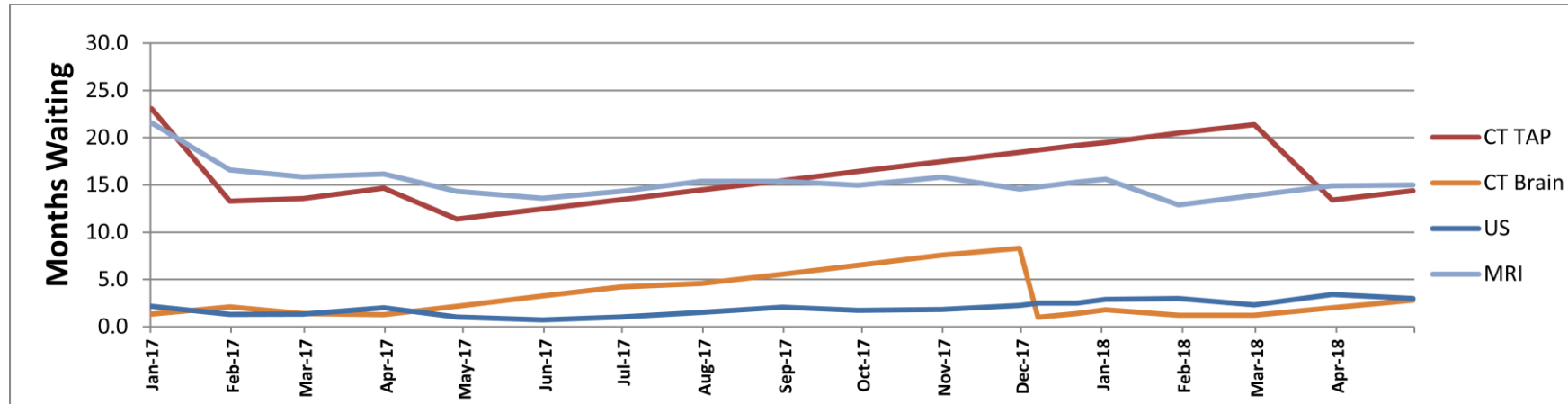
### WHAT CAN YOU DO TO PREVENT FALLS?

There is no single reason why people fall. A fall usually occurs when several events happen at the same time. The causes of falls are often called risk factors. If you have had a fall talk to your doctor, nurse or therapist about what caused the fall and what you can do to address your risk factors.

Leaflet available on wards. Please talk to staff about falls prevention



## Radiology Wait Times



## What does this mean?

**Targeted CT & MRI lists on the longest waiting patients have realised some significant reductions in longest wait times in recent months.**

**It is planned to continue these targeted lists throughout 2018 in order to further reduce the longest wait times.**