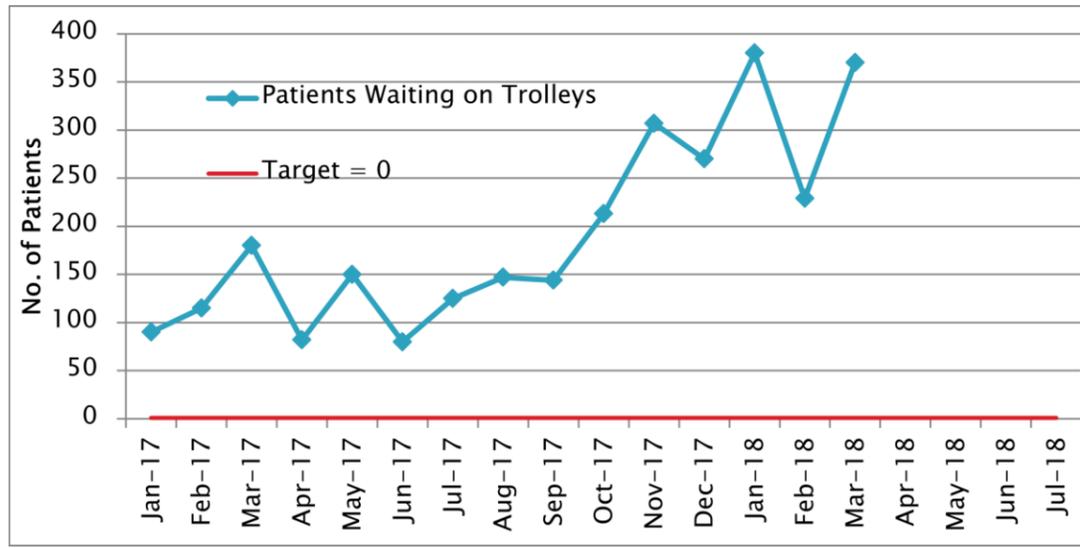
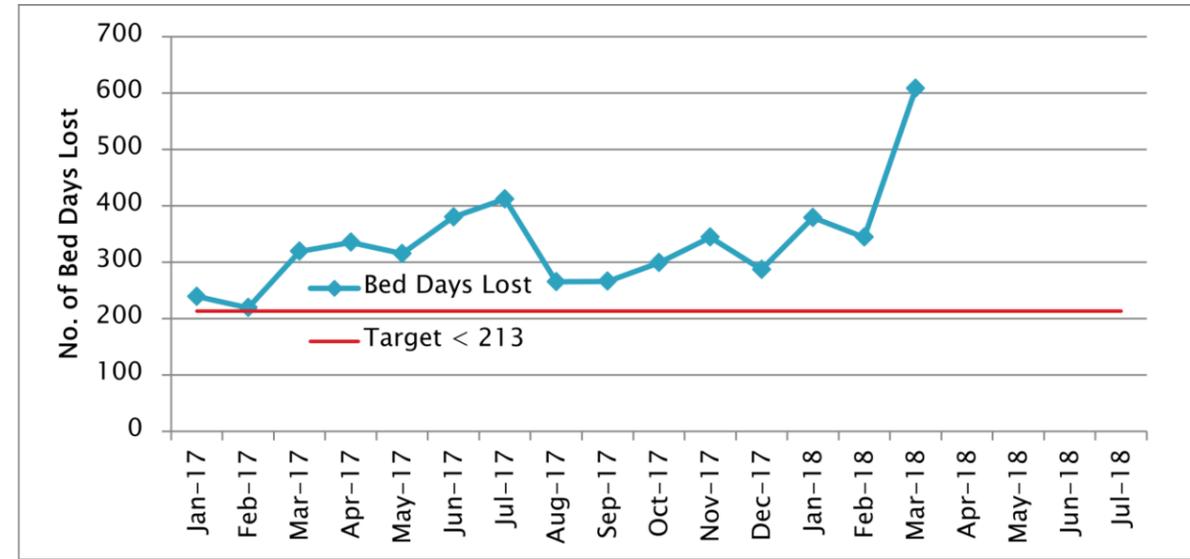




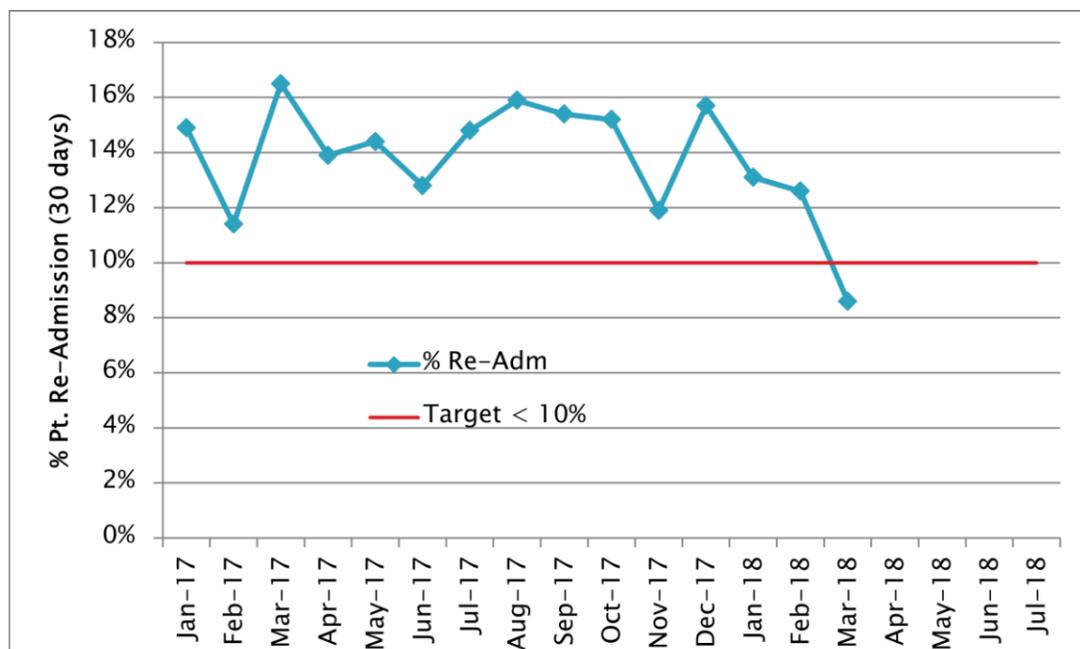
## Patients Waiting on Trolleys for an Inpatient Bed



## 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?

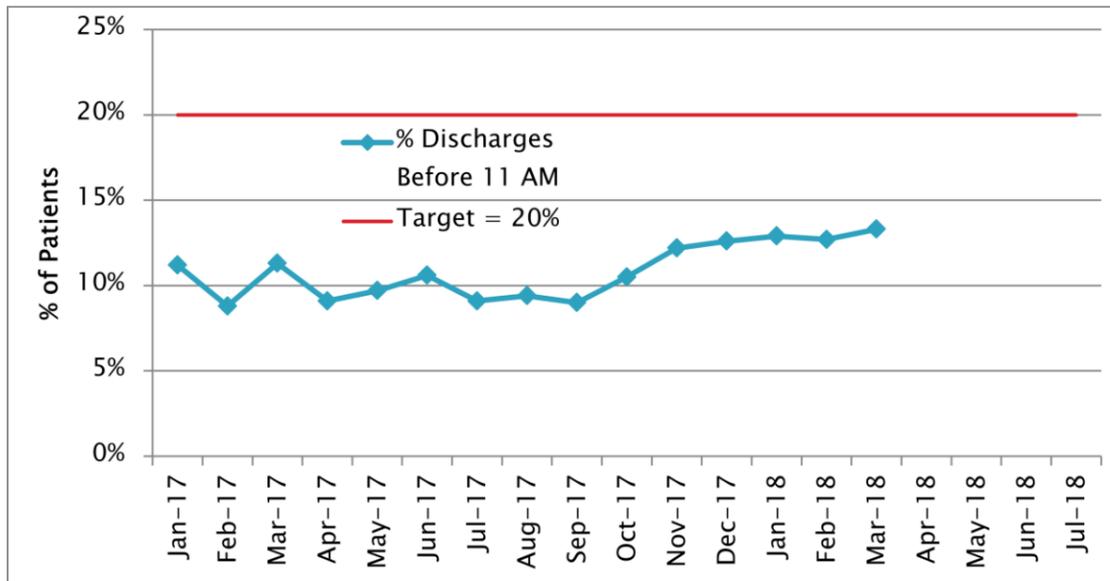
The aim of MUH is to get the right patient into the right bed for the right care. The numbers of patients waiting on a trolley for an inpatient bed is affected by the number of patients who are ready to be discharged to home with support or to a non-acute bed e.g. a nursing home or district hospital.

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.

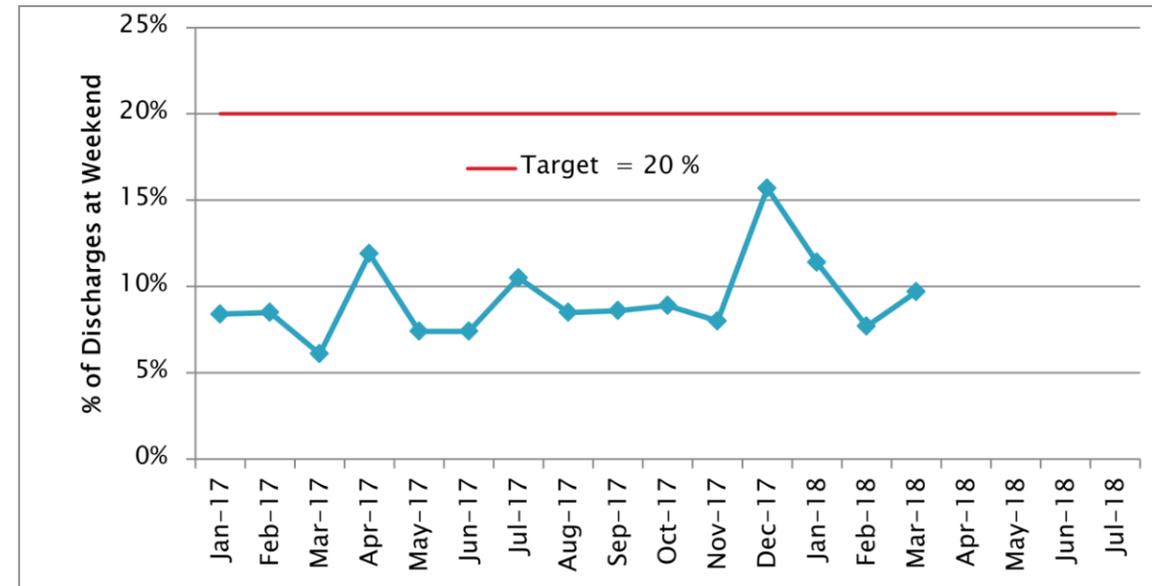
**Please Note:** Bed Days Lost as a result of delayed discharges were adversely affected as a result of the knock-on effects of Storm Emma in March.



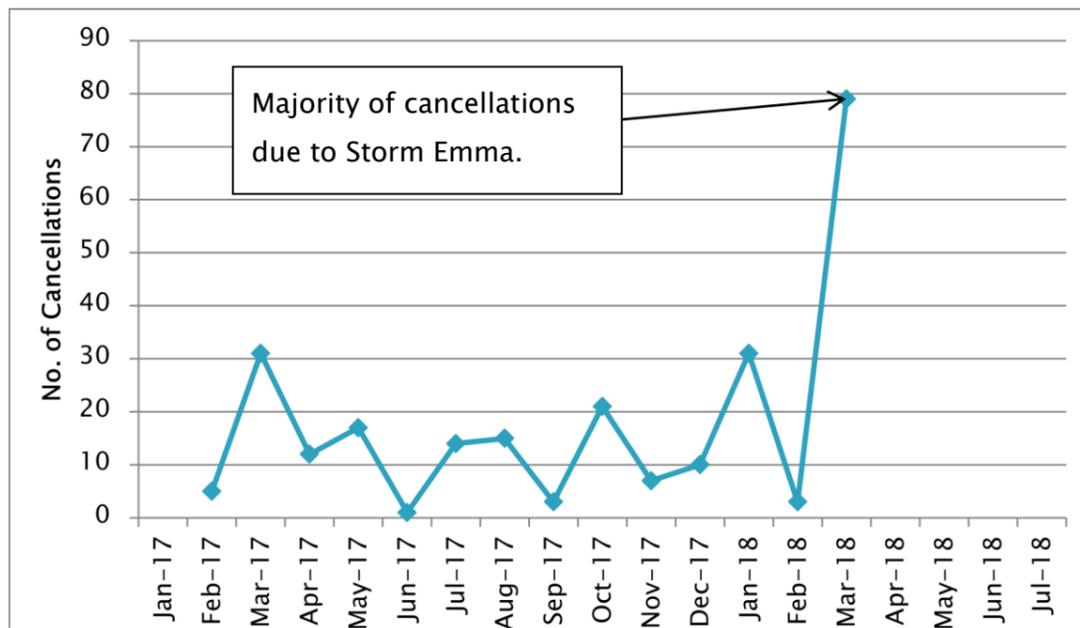
## Patients Discharged and Ready Before 11 AM



## Patients Discharged on Saturday and Sunday



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



## What does this mean?

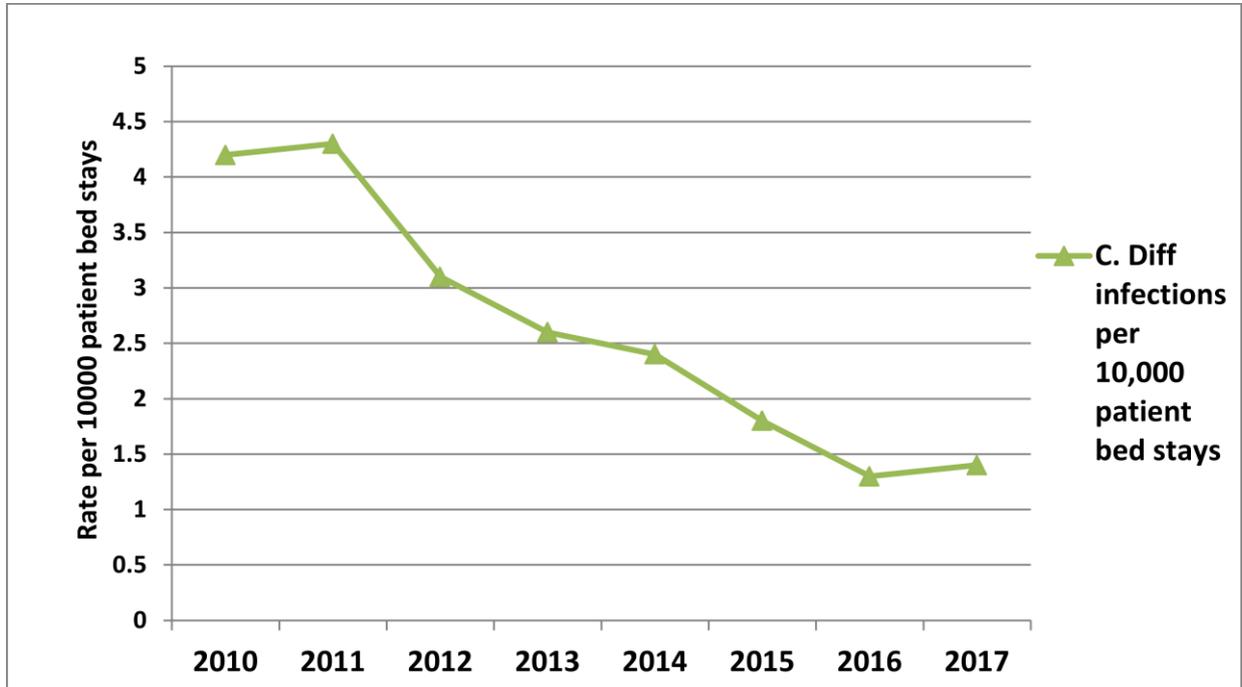
Early Discharges before 11 am means we can allocate beds to those waiting overnight.

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

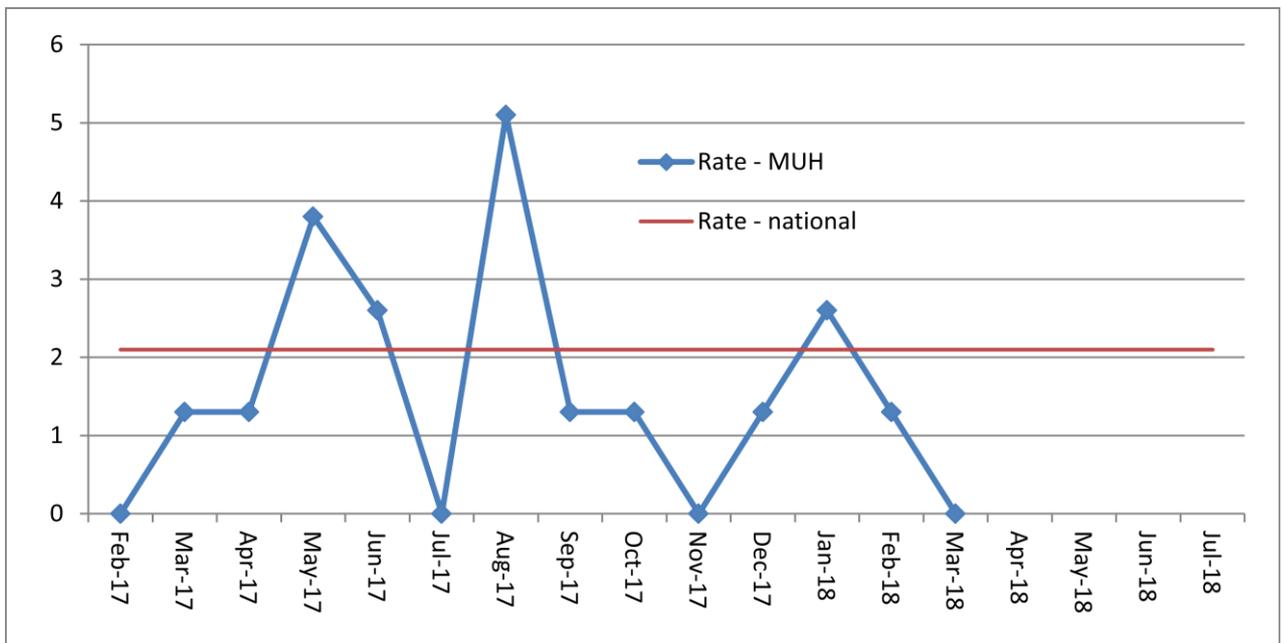
**Please note:** The majority of hospital cancellations in March were due to Storm Emma.

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

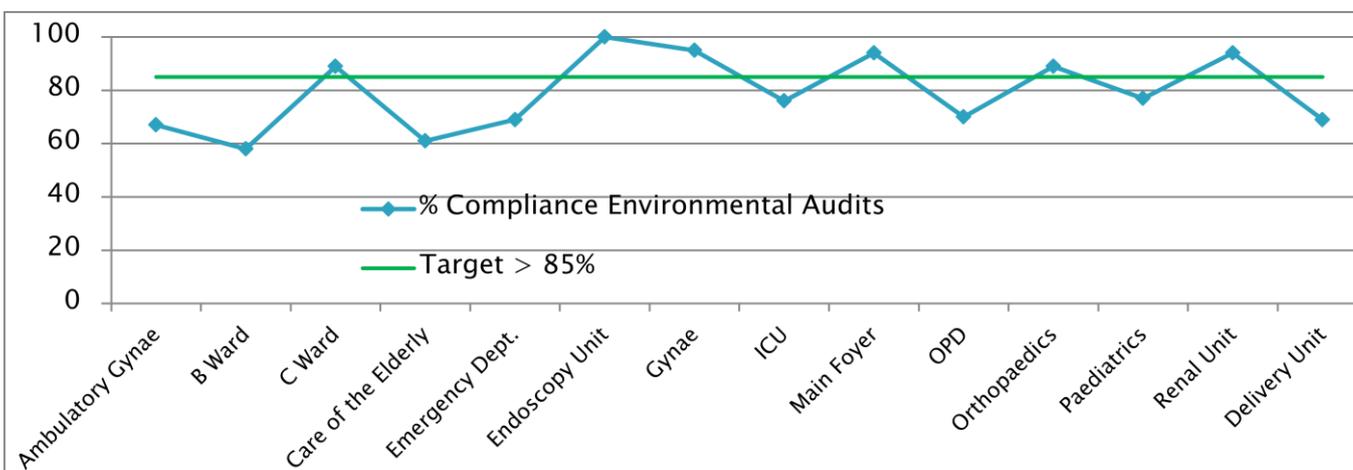
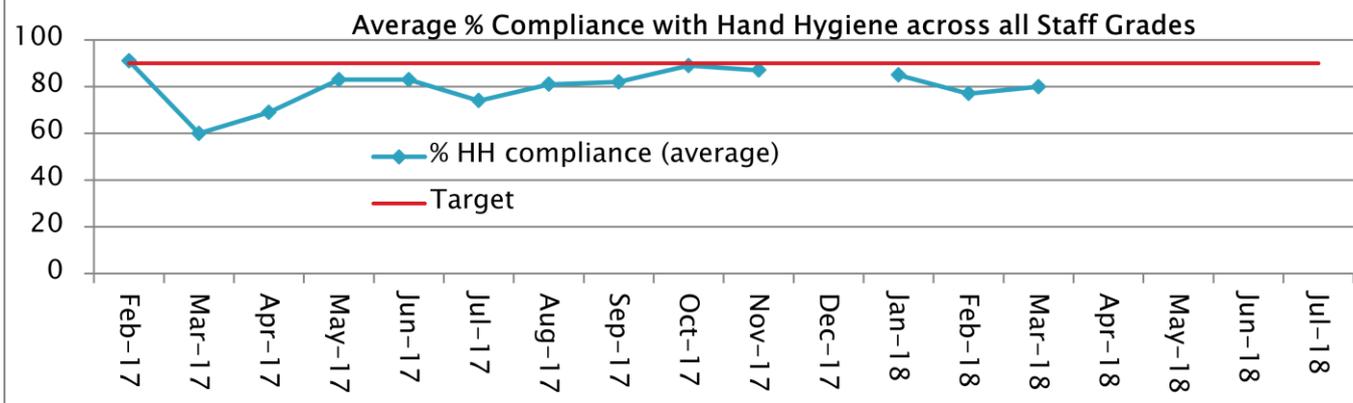
Annual C. difficile infections (CDIs) in Mayo University Hospital 2010 - 2017



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



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

## WHO Campaign – KNOW, CHECK, ASK

March / April 2018 update



Engagement between staff & patients to improve medication related communications.



- Quality Improvement Team – Nursing, Medical & Pharmacy membership established March 2018
- Campaign awareness posters prepared for patient lockers in bed side areas and for Medical & Nursing staff workstations – Roll out by May 2018
- Information pull ups designed for ED, OPD and Main Reception – Roll out by May 2018
- Planned media campaign to raise awareness with patients of MUH – planned for May 2018

Encourage Patients to keep an up to date list of their medications and bring it into hospital with them.

Information for patients and families

### Knowing My Medicines

**MY DETAILS**

Name:	My Family Doctor:	My Pharmacy is:
Date of Birth:	My Family Doctor Phone No.:	My Pharmacy Phone No.:
The medicine I am allergic / sensitive to and how I react:		Other allergies / sensitivities and how I react:
		Date I filled out this form:

Name of Medicine	The Strength	How much medicine I take each time	When I take it	I take it everyday (Yes / No)	Why I take it
e.g. Name of tablet	25mg	2 tablets	Twice a day every morning & evening	Yes	For my heart

- Feedback received from Patient Advisors on draft leaflet March 2018
- Final draft sent to the printers April 2018

### Discharge Prescription Improvements:

Medication changes & reasons for the changes are communicated to GPs, Patient their carers and community pharmacies.

The time of administration of each drug on the day of discharge is specified to ensure patients and their carers know when the next dose is due.

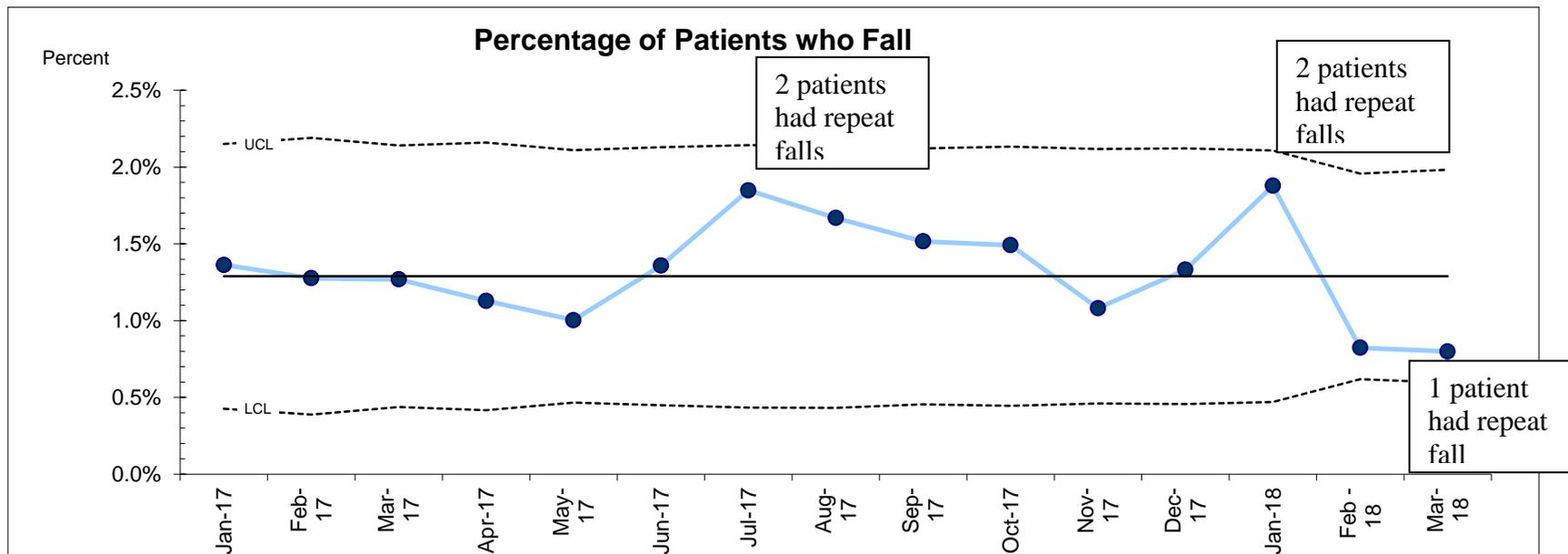
**Prescriber only to complete: Medicines stopped or changed**

Drug	Stopped/Changed / OR Dose increase or decrease	Reason

**To be completed by Nurses**  
Specify times medication given on day of discharge

- Pharmacist discharge prescription checks and medication counselling commenced in two clinical areas in March 2018.
- 141 medication counselling's by pharmacists recorded at discharge March 2018
- Plans underway to incorporate the discharge prescription into the Electronic Discharge Summary .Project team to be established 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

Have your medications checked regularly

Take special care if you are dizzy or light-headed

Check around your home for hazards

TO PREVENT FALLS?

Don't let fear of falling limit your activities

WHAT TO DO AFTER A FALL

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

FOR FURTHER INFORMATION CONTACT: Mary McDonnell (Physiotherapist), Sarah Reaney (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 March 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 no serious physical harm.

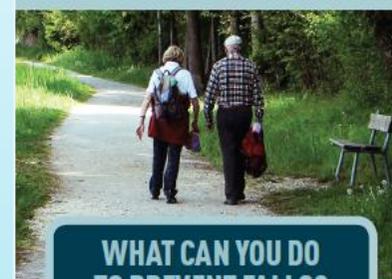
### Harm caused

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



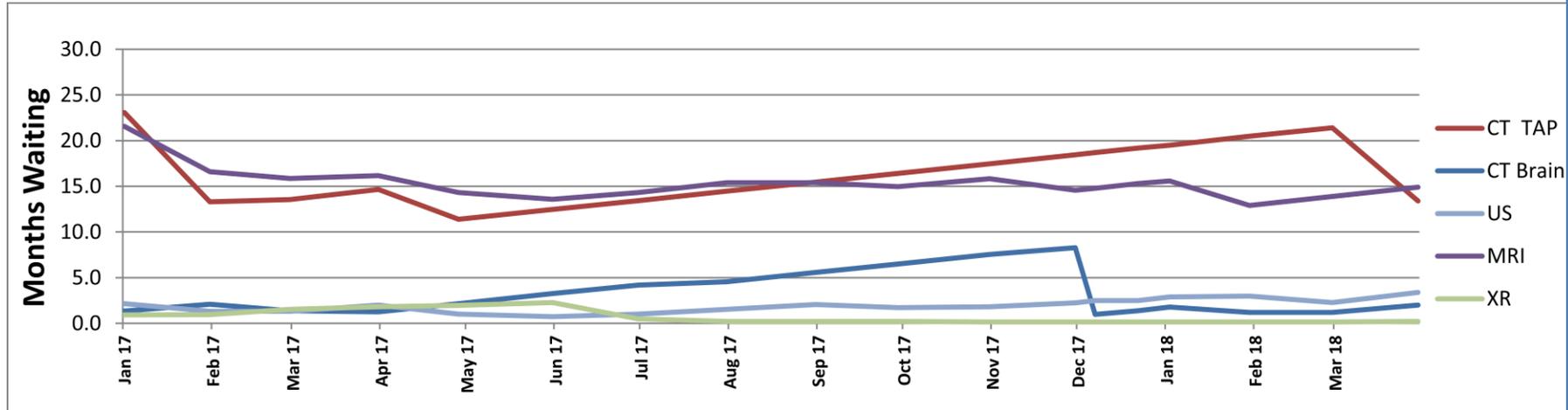
### WHAT CAN YOU DO TO PREVENT FALLS?

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?

The drop in X-ray waiting times in the first half of 2017 is directly attributable to the opening of the GP X-ray service in the Castlebar Primary Care Centre. This service is completely integrated into the existing radiology service in MUH, this capacity expansion has meant that GP demand for X-ray can now be met in a timely fashion. Significant drops in CT TAP and CT Brain waiting times at end of 2017 and March 2018 are as a result of targeted additional CT lists on longest waiting patients.