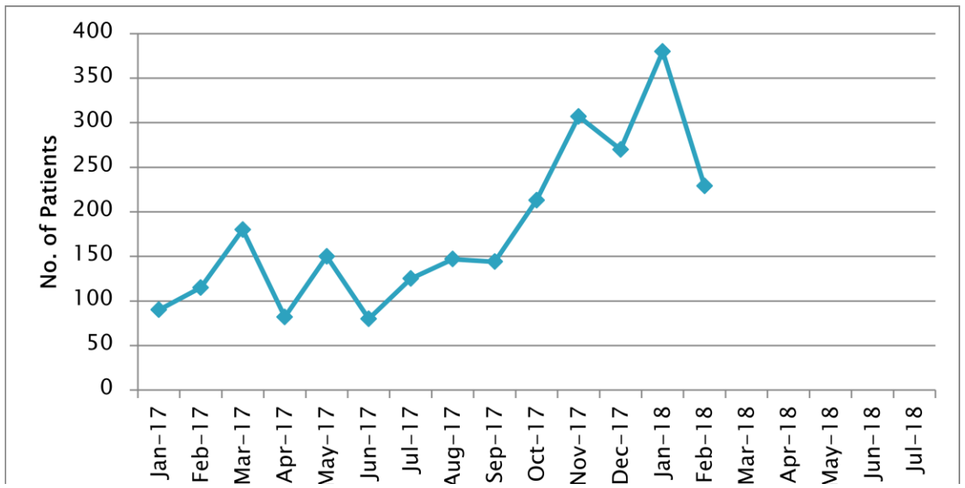
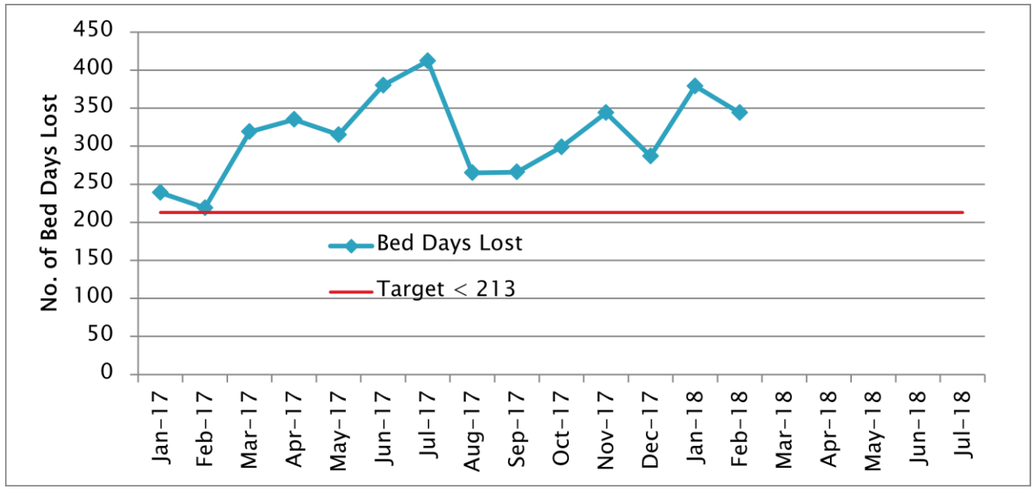
Influence of Patient Flow on Quality Care

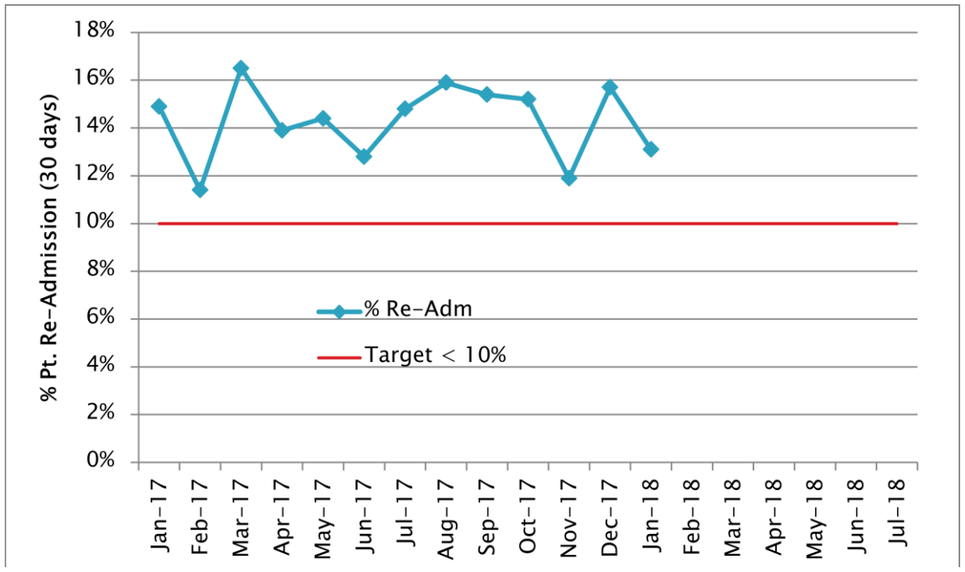
Patients Waiting on Trolleys for an Inpatient Bed



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



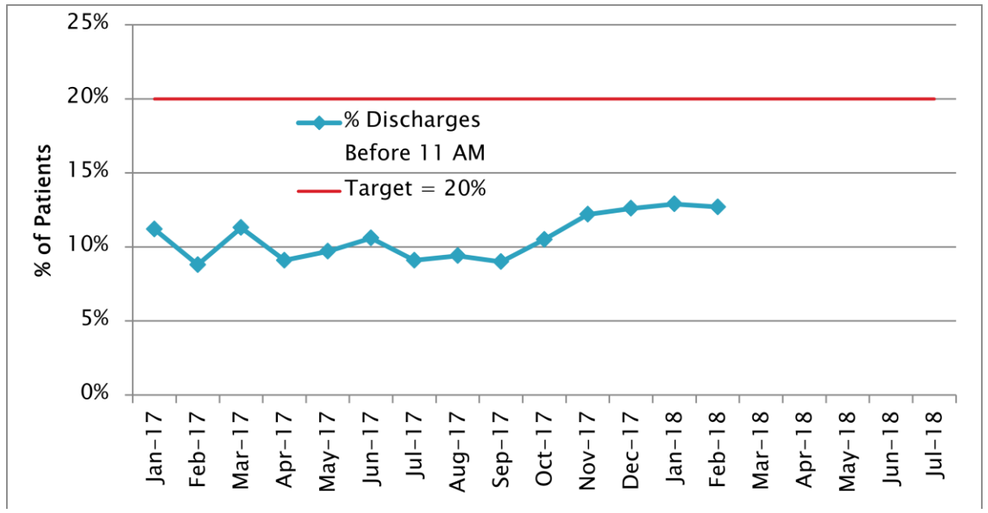
What does this mean?

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.

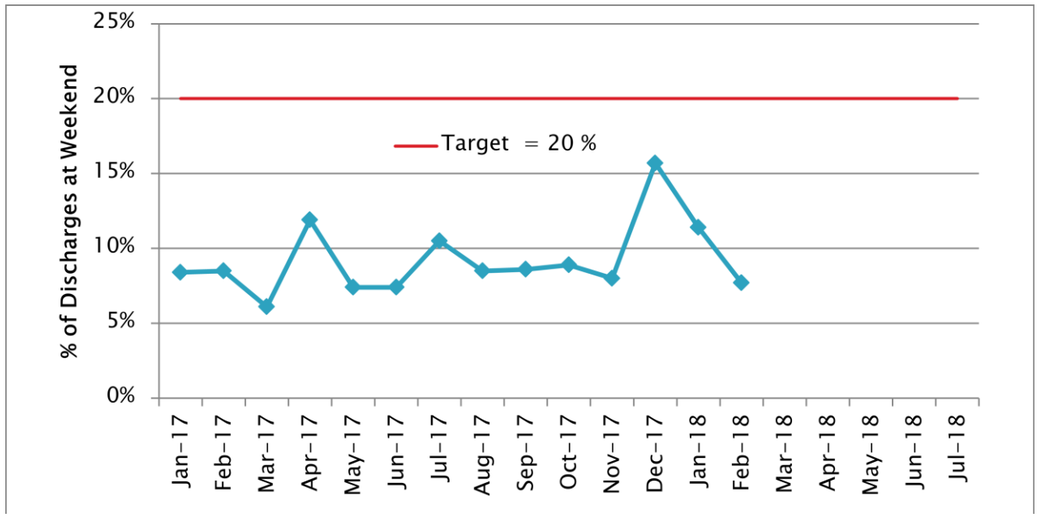
If a patient represents to MUH in an unplanned unexpected fashion within 30 days a review of the reasons will take place. MUH's aim is to prevent all avoidable re-admissions.

Influence of Patient Flow on Quality Care

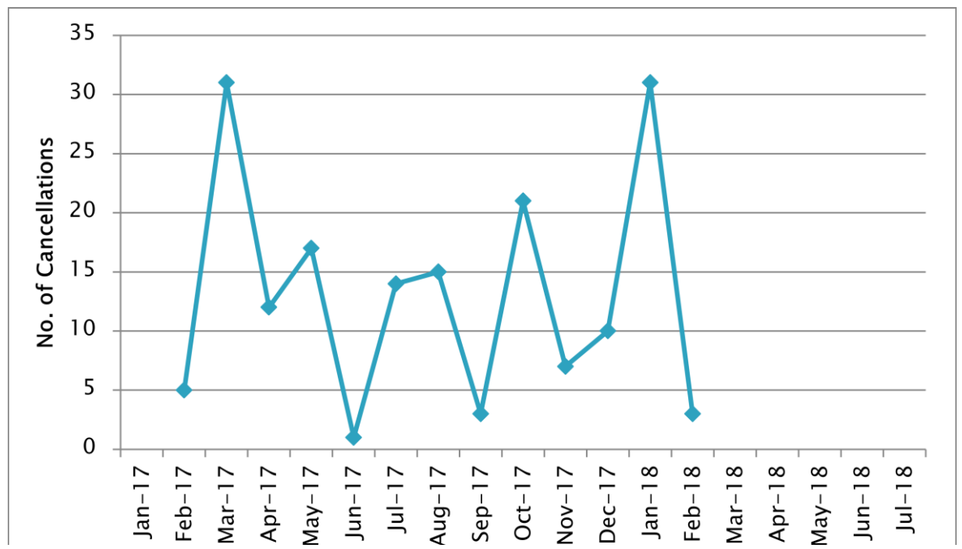
Patients Discharged and Ready Before 11 AM



Patients Discharged on Saturday and Sunday



Number of Patients Cancelled by Hospital due to bed availability



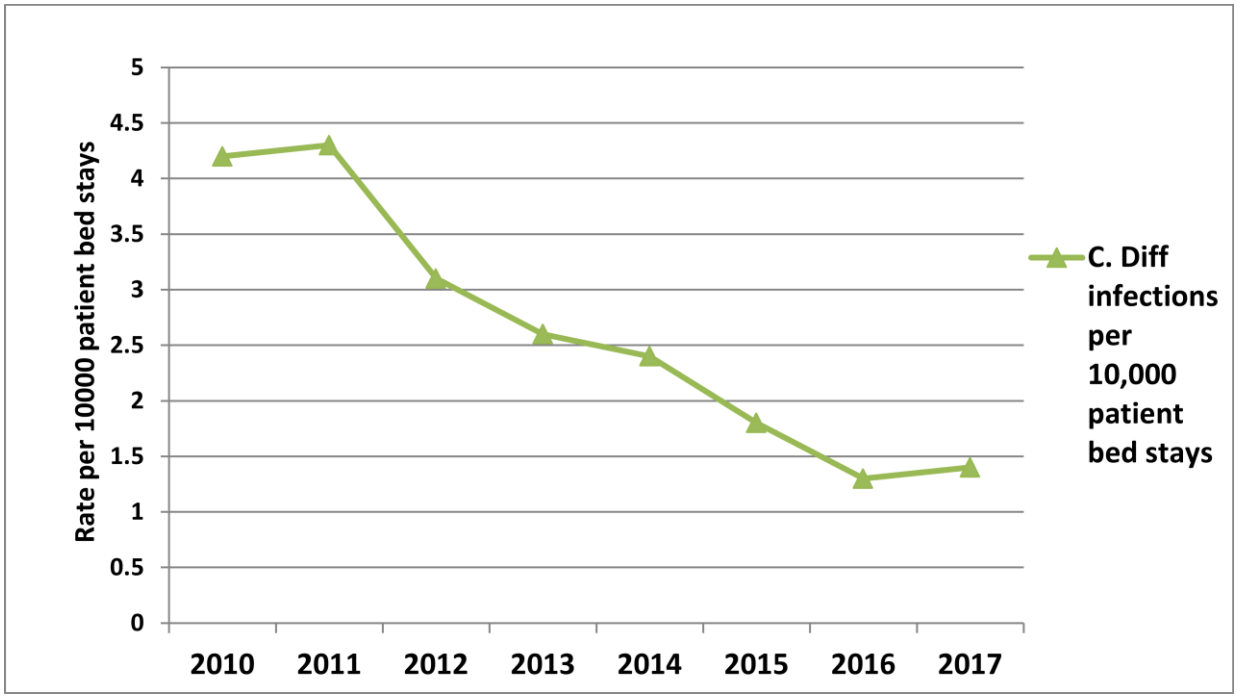
What does this mean?

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

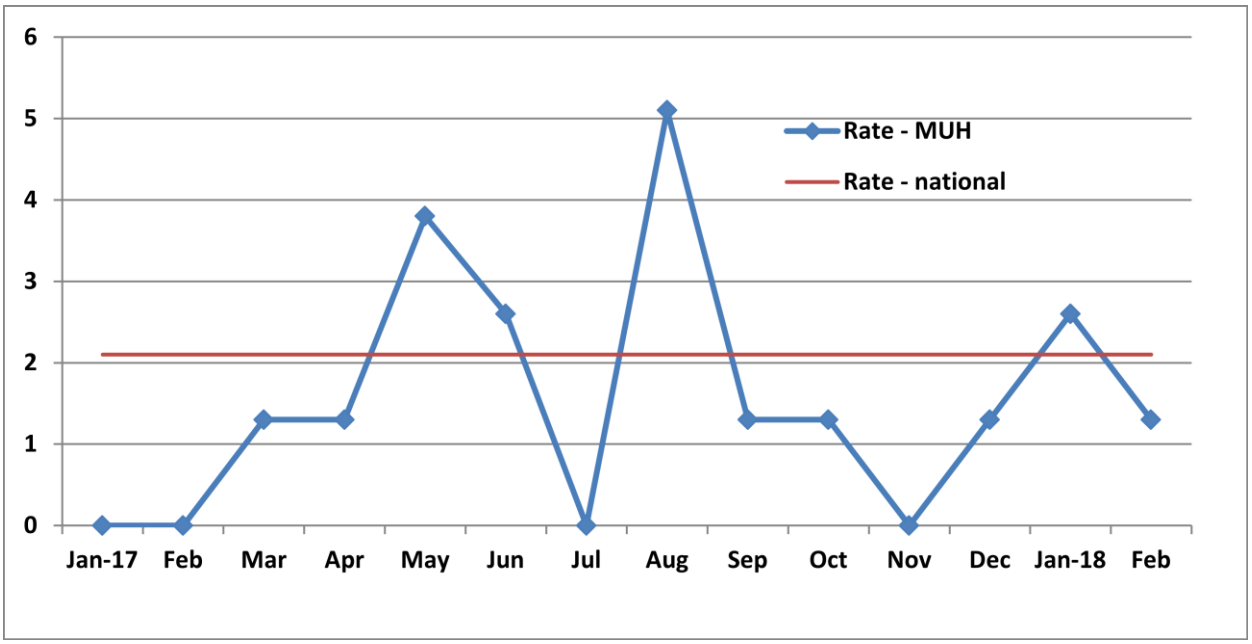
Weekend Discharges help with Patient Flow on Monday and prevent Electives being cancelled.

Reducing Clostridium Difficile infections in Mayo University Hospital

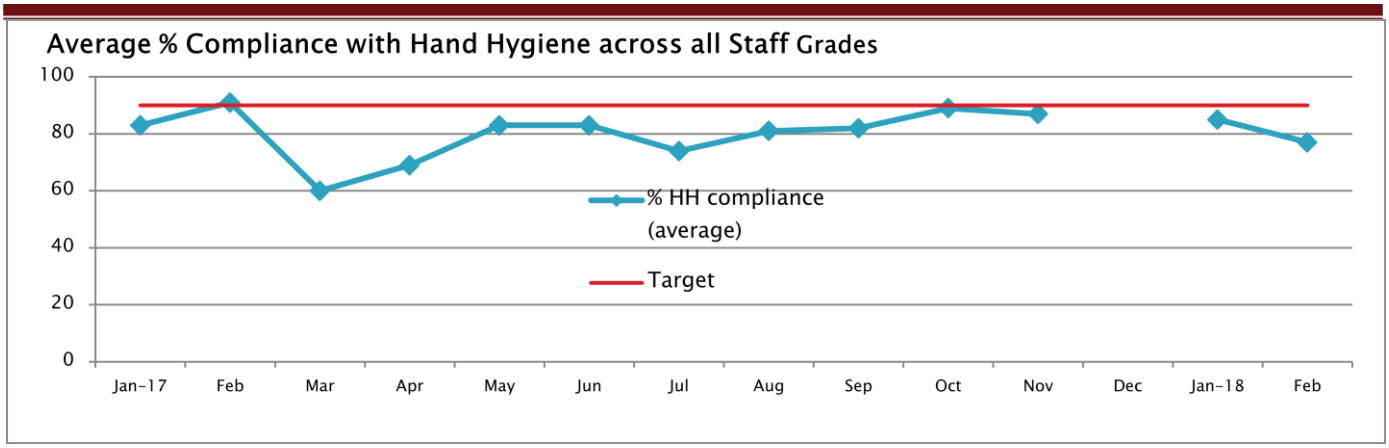
Annual C. difficile infections (CDIs) in Mayo University Hospital 2010 - 2017

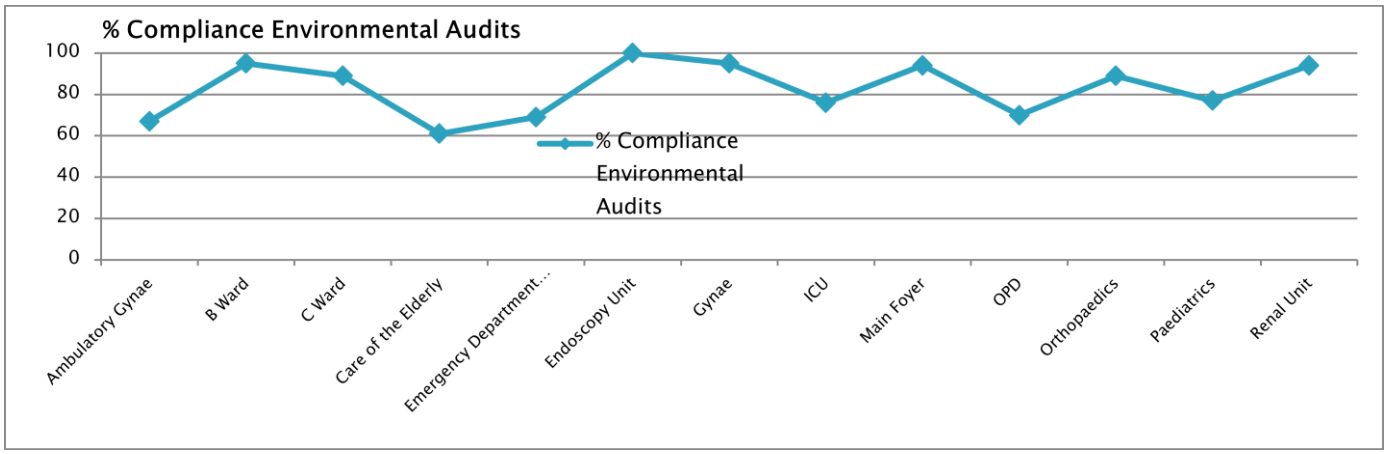


C. difficile infections (CDIs) in Mayo University Hospital Jan '17 – Feb '18



MUH Commitment to Quality Care through Hand Hygiene and Environmental Audits





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

Ambition: Mayo University Hospital will achieve excellence through securing meaningful patient engagement in service delivery from the bed side to the management table; driven by engaged staff from all disciplines and grades, who are empowered by a commitment of support from senior management, for continuous quality improvement

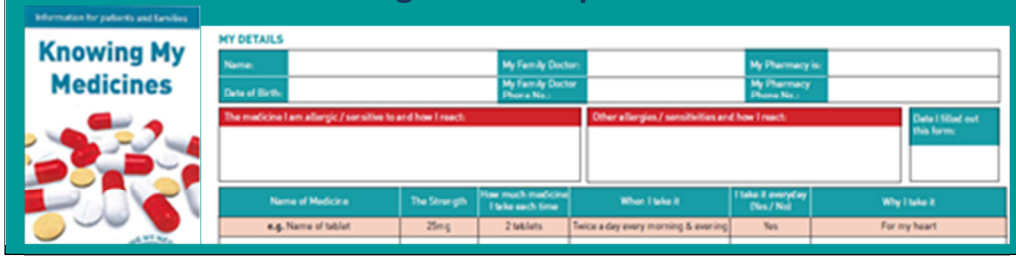
Aim	Areas of Focus (primary Drivers)	Actions (secondary drivers)	Measures / Current Status
Q1 what are we trying to achieve?		Q3 what changes can we make that will result in improvement?	Q2 how will we know that a change is an improvement?
It is our aim that patients in Mayo University Hospital will be better informed about their medications. We will work to improve medication related communications between doctors, nurses, pharmacists and patients by year end 2018.	1. Leadership for Quality 2. Patient and Family engagement 3. MUH &PCCC staff Engagement 4. Use of improvement methods 5. Measurement for quality 6. Governance for quality	Involve MUH Hospital Management Consultants, Nurse and Pharmacy staff to lead on this QI initiative Incorporate into the Medication Safety and Drug & Therapeutic Meetings Engage with Patient & Family Advisors local GP's and Retail pharmacies Develop a hospital wide language of QI and embed a culture of QI for excellence in medication related communications.	1.1 Develop a new MUH hospital discharge prescription 1.2 Develop a "Know my Medicines" leaflet for patients to complete in order to inform hospital staff of their pre-admission medications 1.3 Improve patient knowledge about their medications 1.4 Roll out the WHO " KNOW CHECK ASK Campaign 2.1 Involve Patient and Family Advisors into the planning and delivery of patient information 2.2 Involve patient – let them know it is okay to ask if they have a query on their medicines, what they are for and how they should be taken. 2.3 Engage patients and encourage them to bring an up to date list of their medication in to hospital with them. 3.1 Improve communication with local GP's and retail pharmacies. 3.2 Formalise staff feedback with regard to medication related communications 4.1 Put a process in place where learning can be maximised 5.1 Develop a communication strategy using MDT meetings, presentations, patient focus groups 6.1 Escalate organisational reports from the Medication Safety committee to the Drugs and Therapeutics and to the Hospital Management Team	1. Audit correct use of prescription 2 .Assess Patient adoption of" Know my medicines "leaflet 3. Measure the No of recorded patient counselling's at discharge 4. No of advisors 5. No of projects with GP retail pharmacy engagement 6. No of staff communications with regard to medication safety communications See Committees' Terms of Reference Organogram for full details on Governance 1.1 Completed 1.2 Underway 1.3 To be implemented 2.1 Underway 2.2 To be implemented 2.3 To be implemented 3.1 Started 3.2 Underway 4.1 This is starting to spread 5.1 Underway 6.1 Underway

Governance for quality involves having the necessary structures, processes, standards and oversight in place to ensure that, person centred, safe and effective medication related communications are delivered

WHO Campaign – KNOW, CHECK, ASK

Engagement between staff & patients to improve medication related communications.

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



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.

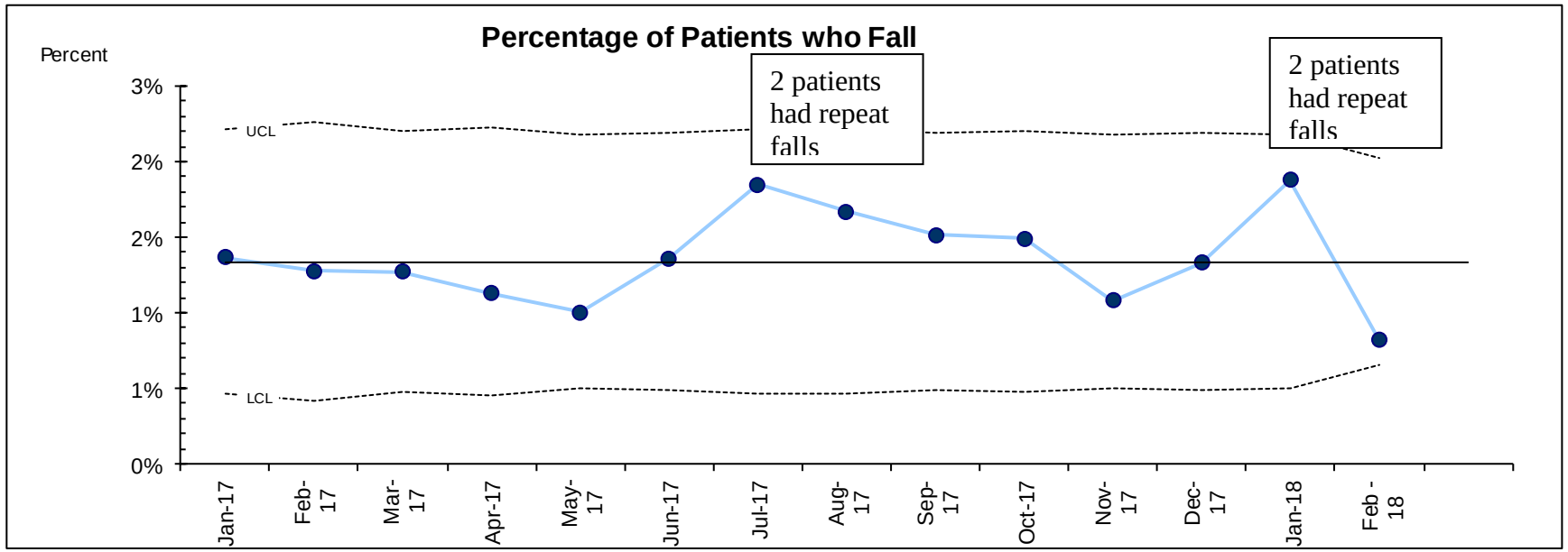
Prescriber only to complete: Medicines stopped or changed

Drug	Stopped/Changed / OR Dose increase or decrease	Reason

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

Quality Improvement in Falls Prevention and Management of Fallen Patients

This chart shows the percentage of falls in relation patient 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.



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

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 was one patient in July 2017 who was predisposed to falls due to pre-existing medical complaint, a comprehensive care plan was put in place for this patient and there no serious physical harm.

Harm caused

In this period 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

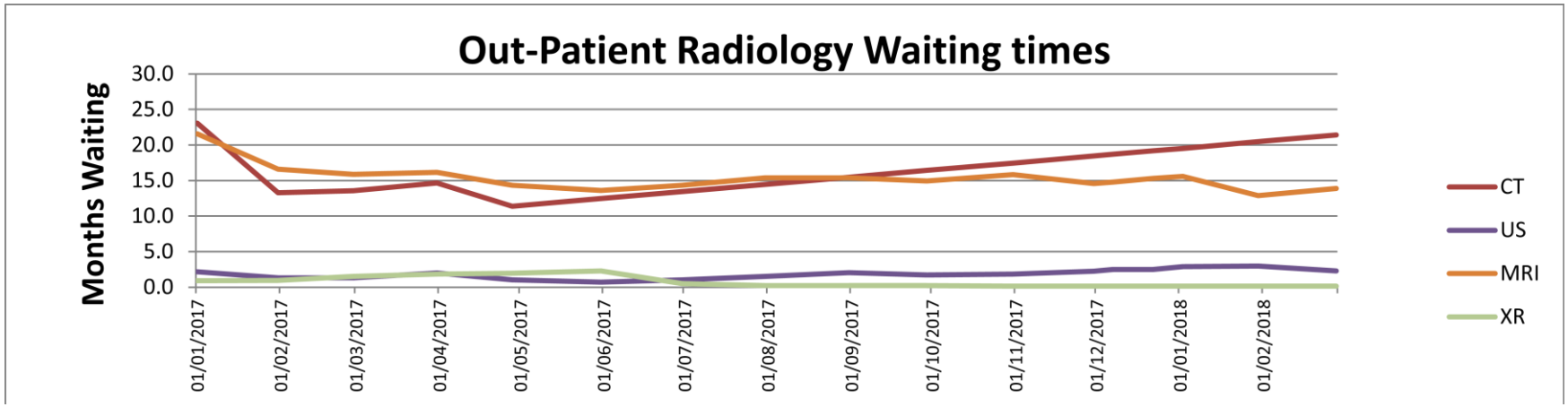
Actions we have implemented

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 this is included in MUH patient safety book. Education on correct use of seating to prevent falls. Multidisciplinary MUH falls education DVD.

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

Radiology Department Quality Improvement Initiative

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 Patients no longer have to wait for Plain Radiology either from the community or in-house.