



HSE Patient and Service User Experience

2024

# Listening, Responding and Improving

The HSE response to the findings of the  
National Inpatient Experience Survey



## Thank you

Thank you to all who participated in the National Inpatient Experience Survey 2024 and to their families and carers. Without your support, this survey would not have been possible.

The findings of the NIES 2024, tell us what matters to you as patients and about the important improvement that can be made to improve hospital services across Ireland. The NIES 2024 allows us to explore how the patient voice has helped to change and improve hospital care for patients over the last 2 years and the quality improvement priorities for 2025.

Thank you to all of the staff of the participating hospitals for encouraging patients to participate in the survey and for their participation in the discussions and review of the feedback received and the development of the quality improvement response which is presented in this paper.

Thank you also to the members of the National Patient and Service User Forum who became members of the HSE National Care Experience Programme Survey Steering Group in December 2023.

The survey was overseen by a National Steering Group, a Project Team and an Advisory Group. We acknowledge the direction and guidance provided by the members of these groups.

The Quality Improvement Response, presented in this report, was developed by each Health Region, together with their patient partners and staff and managers from each participating hospital. We acknowledge the dedication and commitment of all participants to work in partnership and to develop meaningful plans designed to improve patient experience across all participating hospitals.

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# Foreword

## Message from CEO of the HSE

The National Inpatient Experience Survey (NIES) 2024 provides us with important insights into patients' views of their experience of care in our public hospitals. I wish to acknowledge and thank everyone who took the time to respond and share their experiences of the care they received in hospital.

Their individual contributions have already helped us to enhance and improve the care we provide through the quality improvement initiatives outlined in this HSE response report. This work will continue in the weeks and months ahead as part of our commitment to improving healthcare services for all.

The survey identifies areas for improvement, and strengths that we can build on. We will take the time to understand and reflect on what patients have told us and we will continue to work hard to improve healthcare services.

It's reassuring for me to see that the majority of patients, 85% of those who responded, rate their overall experience of hospital care as 'very good' or 'good'. Most survey participants felt they were treated with respect and dignity during their hospital stay and the majority of participants reported that they had confidence and trust in the hospital staff who cared for them. The results tell us most patients felt confident in the safety of their treatment and care and felt that there was good communication about their care and treatment between hospital staff.

While there are many positives in this survey, we must not be complacent and the survey has identified a number of areas for improvement in inpatient care experience. This survey has highlighted to us that patients need sufficient time to discuss care and treatment with a doctor, increased opportunities for their family members to speak with a doctor and greater involvement in decisions about their own care and treatment. Patients have also indicated that they need a member of staff to talk to about their worries and fears during their hospital stay.

Learning is a core component of delivering safe and effective healthcare and achieved by, amongst other things, 'listening, responding and improving' – which are the areas of focus of this HSE report.

Our acute hospitals are grouped by health region within this report to reflect the changes that the HSE has undergone since the last inpatient experience survey in 2022. I wish to thank the staff and managers from each participating hospital for developing this response, designed to improve patient experience across all acute hospital services in Ireland.

Finally, I would like to acknowledge the initiative and collaborations of colleagues in the Health Information and Quality Authority and the Department of Health for partnering with us in the development of the National Inpatient Experience Survey.



**Bernard Gloster**  
**HSE Chief Executive Officer (CEO)**



# Introduction

## Listening, Responding and Improving

I welcome the publication of the findings of the National Inpatient Experience Survey 2024.

I want to acknowledge and thank the more than 12,300 individuals who took the time to tell us about their experiences in our hospitals. Their feedback is essential to us as it identifies both the areas where people are having positive care experiences and the areas where we need to improve.

This is the sixth national inpatient survey and I am pleased that patient participation remains high with a response rate of 41% and that the majority of people (85%) rated their overall experience of hospital care as 'good' or 'very good'.

The strong response rate confirms to us that patients have a desire to engage with us about their experiences in hospital and to actively contribute to efforts to improve our health service together.

Areas for improvement are clearly set out in the results in a number of areas including around staff and patient communication and that patients need more information about how to manage their condition after discharge.

This HSE 'Listening, Responding, Improving' response report outlines in detail the quality improvement initiatives and work already underway in 40 acute hospitals across the health regions in response to the survey findings. We will build on the initiatives developed by hospital teams in response to previous surveys, in order to continue to improve the care experienced by patient and their families. Examples of some of these projects are highlighted in Section 2 of this report, 'Projects Recently Completed'.

The specific 2024 quality improvement plans in this report are a direct response to the low scoring areas highlighted in this year's survey. It is clear from these plans that driving improvement is, and will continue to be, a key priority for hospital staff and teams.

In my role within the health service, I am dedicated to collaborating with colleagues to ensure that survey findings inform ongoing quality improvement priorities and projects. My focus is on ensuring these initiatives deliver tangible and measurable enhancements to our services.

I am committed to working closely with patients, service users, and colleagues across the health system to drive meaningful patient and public involvement in the design, development, implementation, and evaluation of health and care services.

Aligned with this commitment through the Public Involvement and Culture teams in my office, we will support the broader system in cultivating and promoting a positive, high-quality, patient- and public-centred service culture.

In conclusion, I want to thank all health service staff across our HSE and Voluntary Acute Hospitals, the HSE Patient & Service User Experience Team, our colleagues in the Health Information and Quality Authority and the Department of Health for their ongoing commitment to improving the experiences of patients in every hospital in Ireland.



**Joe Ryan**  
**National Director,**  
**HSE Public Involvement, Culture and Risk Management**

# Message from Patient and Service User Partners

As members of the National Patient and Service User Forum we became members of the HSE, National Care Experience Programme (NCEP) Steering Committee in December 2023.

The National Inpatient Experience Survey (NIES) is used to provide a valuable insight into the experience of being a patient in hospital.

This survey invited people, admitted to public hospitals, for many different reasons who were discharged in May 2024 to answer questions and make comments about their hospital experience.

The survey asked patients during the admission process, whilst in hospital and when being discharged.

- What was their experience?
- What were their needs?
- What were their expectations and concerns?

Thank you to the 12,367 patients across the country who filled in the 2024 survey as you provided a vital perspective of 'hospital life as a patient'.

What did patients across the country say?

Some comments were positive, others negative but all comments are valuable and need to be included in ongoing conversations which discuss:

*"How can hospital services be improved so patients have a better experience?"*

The results from the survey identify which parts of your hospital services need to improve.

Plans to improve those specific parts are then developed.

Plans for improvement include:

- What is going to be done
- Who needs to be involved
- Who is going to do what
- When is it going to be done by
- These plans are called Quality Improvement Plans – QIPs.

The important question we all need to ask is:

'What is the difference patients can expect to experience once the steps in the plans have been completed?'

Involving patients and their families in designing services is positively associated with improved health outcomes and improved satisfaction.

The National Patient and Service User Forum's Vision Statement titled: Our Vision for Partnership across "Our HSE" says:

We believe that "the HSE" is "our HSE", and that we all have a responsibility to work together to build responsive, resilient, and respected health and social care services.

We want to see patient and service user perspectives inform how we design and improve care, how we develop and implement policy, and how we govern and assess performance across our health service.

This is the first time the National Inpatient Experience Survey results have been the responsibility of hospitals in the newly established Health Regions.

If you want to know which Health Region your hospital is in turn to page 83 of this report where you will see a map with the hospitals listed underneath.

If you want to find out how the plans in your hospital are progressing in response to the 2024 survey results you can:

- Ask your hospital for a copy of the Quality Improvement Plan
- Speak to family, friends and people in your community about what is planned
- Speak to hospital staff

If you want to see a sample of the projects undertaken in response to the findings of NIES 2022 please go to page 14 of this report.

As National Patient and Service User Forum members we support the commitment to improve the quality of each patient's experiences in hospital using the National Inpatient Experience Survey.

The survey is a joint initiative by the Department of Health, HIQA and the HSE.



**Aileen Killeen and Christine Fenton**  
**National Patient and Service User Forum,**  
**HSE National Care Experience Programme Steering Group Members**

# National Healthcare Communication Programme

## Introduction

Healthcare delivery is fundamentally a social interaction, placing the patient at the core of its activities. Thus, learning and using good communication skills for these interactions is essential for delivering person-centred care, and fostering positive relationships. The stressful healthcare environment can foster incivility and challenge person-centred communication. Continuing attention to communication competency is necessary, to support staff in delivering person-centred care in partnership with the people who use our services. Sustainability requires leadership support, attention to personal areas for improvement and the provision of learning opportunities, reminder tools and supports in the workplace.

## Culture

***The following working definition seems to capture the essential spirit of what most people understand a culture to be: a set of beliefs, customs, symbols, or characteristics that is shared by people in an organisation that influences how work gets done in an organisation. Culture has more simply been described as “How we do things around here”.***

In the workplace our communication practices are central in combining to create the culture we share. Demonstrating qualities like accountability, humility, curiosity, and empathy for human beings around us is a cornerstone of safe, effective, compassionate care.

We envision a culture in healthcare in our health service where communication competencies are nurtured and integrated, and where staff and students can receive continuous opportunities for stimulating and preserving these competencies. This will require system-level changes, bottom up by learning and development, and top-down by supportive healthcare environments in which patients and staff feel safe and feel they belong.



### Self-Awareness

<https://bcove.video/3AaWLRD>



### Self-Management

<https://bcove.video/3AwPZ8J>



### Relationship Management

<https://bcove.video/3NzLKwb>

## A CULTURE OF KINDNESS

Person-centred communication contributes to the overall quality of healthcare services and aligns with the core values of the HSE.

Care	Compassion	Trust	Learning
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Research evidence shows that even the simplest acts of kindness can make a profound difference, not only during the moments in which they occur, but in strengthening healthcare systems and their resilience.

*She was very understanding and had no judgement towards me and just wanted to help a young man who is struggling. Which I really was, yet she said all the right things for me to make major lifestyle changes in the short duration of time I was being looked after by her.*

*Phlebotomist doesn't describe what he's doing, introduce himself, warn you when he's about to take the blood and literally pulls the tourniquet off like a whip, then starts writing, you have to guess yourself that he's finished!*

We envision an organisational culture where kindness is the responsibility of everyone. A culture where staff, managers and leaders support one another and their patients with kindness. Where managers make hiring and promotion decisions on the basis of people's humanistic values. Where staff gather periodically to openly discuss the stressors in healthcare and to share their stories of loss and learning.

## A CULTURE OF LISTENING

This is an area that can be difficult for healthcare staff. Evaluating and diagnosing, using a frame of reference based on extensive training and experience, is the task of most

healthcare conversations. Developing a culture of listening requires staff to be curious, to learn, and appreciate what is their patient's human situation, and in sufficient detail not only about the biology of the condition but also about its effect on the person. Staff must learn to expect and appreciate differences in what they and each of their patients prioritise. Identifying those differences and negotiating through them are intrinsic to high-quality care.

*If doctors had a little more time to hear what patients are trying to explain, instead of steering the answers to what seems to be the problem...*

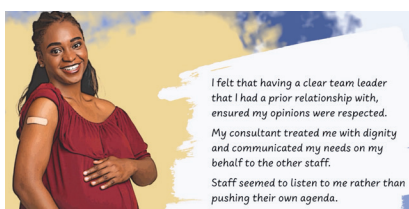
*The doctor who admitted me was great. He took time in examining me and listening. He seemed to want to get to the bottom of what was wrong.*

We envision a culture where staff feel just as comfortable asking questions as providing answers. Where patients were allowed more time on their own to reflect on the information they are being given. Where staff are present during conversations clearly signalling "This is my time with you," to give patients room to focus on what they need to think about. It is a commitment of not only time, but mental energy and a preparedness to explore another person's world and see the way life appears to them.



### Skills video

[https://bit.ly/NHCP\\_LISTEN\\_DEMO\\_VIDEO](https://bit.ly/NHCP_LISTEN_DEMO_VIDEO)



### Patient story

<https://bit.ly/4fWPELQ>



### Illustration

<https://bit.ly/3IEYPA3>

## A CULTURE OF EMPATHY

Carl Rogers described the impact of empathy on its recipients: "When... someone really hears you without passing judgment on you, without trying to take responsibility for you, without trying to mould you, it feels damn good..."

*My nurse was just amazing; he took time to make me feel comfortable with him, explained everything to me repeatedly and compassionately and then again separately to my family member.*

*I felt I was cared for, but not particularly cared about...*

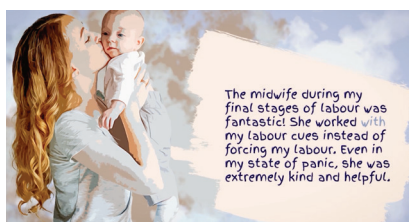
Healthcare staff care about their patients, but not all recognise emotional cues or respond to them. Evidence shows that emotions in healthcare encounters are consistently expressed as verbal or nonverbal hints more often than explicit concerns. Empathic communication thus involves really listening to words and nonverbal behaviours and extracting their underlying emotions. It involves taking time to acknowledge & validate emotion. This can help to build relationships, enhance trust, facilitate collaboration & a better care experience.

Reliably delivering empathic healthcare means embedding empathy in the culture of the organisation. We envision a culture where healthcare staff actively attend to emotions expressed by others, reflect and respond to these through emotional expression.



### Skills video

<https://bcove.video/3TR1Rrj>



### Patient story

<https://bit.ly/3V46nEK>



### Skills card

<https://bit.ly/3qwpgjs>



## A CULTURE OF SHARING INFORMATION

For healthcare staff, sharing information with patients is a core communication skill, and a challenging one. Many surveys point to patients leaving consultations not well informed, which can lead to poorer healthcare outcomes. Staff often present information with a complexity or speed that may easily overwhelm the attention of patients who are ill and worried. Information is then lost on patients, and time is wasted. When staff pause to allow the patient time to think about the information given, patients will often respond with key disclosures and questions.

*The surgeon sat with me and explained all even drew pictures...*

*I sometimes struggled to understand medical language related to my illness...*

We envision a culture where sharing information is a dialogue, with the goal of shared understanding and where the person's perspective is explored throughout the conversation.



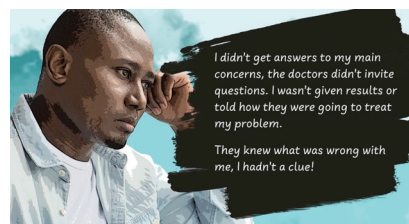
### Skills video

<https://bcove.video/3JqXUGn>



### Piece-to-camera

<https://bcove.video/3WBKtIN>



### Patient story

<https://bcove.video/3FS9ol1>

## A CULTURE OF LEARNING, QUALITY AND SAFETY

*I like when the hospital makes mistakes and hold their hands up and said sorry as they're human and it's a teaching hospital. As a former HCA and student nurse, I'm happy with that.*

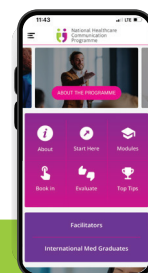
*One Junior Doctor complained to me how the "nurses are useless in this hospital". Not exactly comforting. I trusted the nurses more than him as I knew he was the one who made the mistake, not the nurses.*

If we blame people when they make a mistake it can prevent a deeper understanding of the issues and makes it more difficult to identify which systems that we need to improve. Cultures of blame and judgement create stress, increase the likelihood that mistakes will happen and prevent learning. One of the biggest challenges that must be overcome in any organisation is to identify and breakdown the ways people react defensively. The main task for leadership is to create a learning environment between individuals and the organisation in order to facilitate the interaction and strengthening of each other's knowledge.

We envision a culture where staff are encouraged to improve their personal skills and qualities, so that they can learn and develop. Where they can benefit from their own and other people's experience, whether positive or areas for improvement.

## Download our app

The National Healthcare Communication Programme's app is a practical tool to help you to consistently use core communication skills in each and every encounter with the people who use our services.



[www.nhcprogramme.ie/download](http://www.nhcprogramme.ie/download)



@NHCPprogramme

Download on the  
App Store

GET IT ON  
Google Play

## A CULTURE OF DIVERSITY AND INCLUSION

*I had to inform my anaesthetists that I am autistic right before surgery and asked could they tell me what they were doing before they did it just so I would know what part of me would be touched. The anaesthetist tried their best but there were a lot of other people in the room touching me without telling me what they were doing and I was extremely overwhelmed.*

*The patient has a profound disability and hospital staff took this into consideration during his care. They were absolutely amazing; no request was too much trouble. They did everything they could, to make his stay as stress free as possible.*

Patients with communication disabilities (speech, language, voice and hearing disabilities) experience significant health and healthcare disparities. Poor patient-provider communication is a major barrier resulting in decreased access to high-quality care. With the increase in globalisation and healthcare worker mobility across the globe, the imperative for healthcare workers to have good intercultural communication skills is ever more pressing. In order to encourage a culture of belonging and safety in healthcare, it is imperative that staff learn these skills.

We envision a culture where healthcare staff are aware of their own premises and assumptions. Where care is delivered with consideration of diversity and inclusion. Where staff balance their knowledge of population level disparities with an individualised approach to patient care.

## A CULTURE OF COMPASSIONATE LEADERSHIP

*The experience in the Emergency Department was excellent, despite being busy it was a highly organised system with a strong sense of teamwork and communication across the medical, nursing and support care staff. Senior leadership was evident with an ED consultant clearly leading the department in a positive and engaging manner.*

*I found there was a lot of tension at times between staff, particularly when I was admitted and required stitches. The nurse and doctor seemed frustrated with each other, and the doctor was mean to the junior staff. It made me feel very vulnerable.*

Compassionate leadership encompasses an approach to leading and managing the organisation where there is a continuing and rigorous focus on performance in parallel with managing teams and individual staff members with clarity and in a spirit of compassion. Where an organisation is solely driven by command and control style leadership, this ultimately reflects in how staff engage with patients and service users. Compassionate leadership should not be taken as being a “soft” management style. It is indeed a compassionate act to call out and address clearly and decisively areas for improvement in an individual or team.

We envision a culture where the leadership style is compassionate with an emphasis on improvement, learning and development. Where healthcare leaders foster positive communication, accountability, inter-professional collaboration and support staff to identify their own solutions to the challenges they face.



### Skills video

<https://bcove.video/3YDMXHQ>



### Staff story

<https://bcove.video/3BXHDaA>



### Piece-to-camera

<https://bcove.video/3NyuFTf>

## NATIONAL SERVICE

# National Complaints Governance and Learning Team – ‘Your Service Your Say’



Patients are in a unique position to observe and experience all aspects to the delivery of care and so are a critical source of information about the quality and safety of our services. [Your Service Your Say](#) promotes and supports the fundamental right for people to voice opinions, provide comments and to complain, with a focus on creating a positive environment and culture to encourage and learn from feedback, especially complaints.

While the health services handled 14,819 complaints in 2023 with 72% of these responded to within the legislative timeframe of 30 working days, it is of note that the NIES results for 2024 reported that almost half of respondents did not know how or where to make a complaint.

The National Complaints Governance and Learning Team (NCGLT) is the national unit tasked with developing the systems and supports to deliver on the HSE’s commitment to provide an enhanced service user feedback process that is accessible, flexible and responsive as well as the mechanisms that enable the stories and data from feedback to drive learning and quality improvement.

**While NCGLT have many projects ongoing to support access to and ease of providing feedback to our services, highlighted below are some more recent initiatives:**



- Redesign of ‘Your Service Your Say’ leaflets in collaboration with NALA, available in both English and Irish.
- Children’s leaflet designed in collaboration with the Youth Advisory Council.

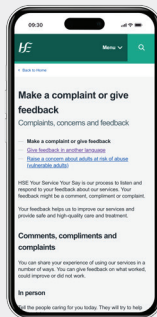


- Addition of a QR code to allow access to information in 24 different languages.
- Easy Read versions of ‘Your Service Your Say’ developed with Inclusion Ireland.



- Dedicated national ‘Your Service Your Say’ office providing information and advice ([yoursay@hse.ie](mailto:yoursay@hse.ie))
- New ‘Your Service Your Say’ Freephone number (**1800 424 555**) for greater access.





- Online feedback form.
- Ongoing redesign of complaints section on the HSE website.
- Development of video on how to make a complaint scheduled for 2025.



- Online HSeLand training modules developed to support staff to understand their responsibilities.
- Redesign of a communications suite to support high quality and responsive communication.
- Complaints Handling Survey to allow patients to comment on the quality of the 'Your Service Your Say' process.



- Quarterly online publication of casebooks that highlight and share the learning from individual anonymised complaints and positive feedback across the system.
- Expand and support the capture and analysis of anonymous aggregated complaints data on the Complaints Management System (CMS) to inform and drive quality and patient safety.
- Support best practice compliance with the Ombudsman 'Learning to Get Better' recommendations.

The HSE is committed to ensure that hearing from, dealing sensitively with and learning from the experiences of those who use our services is a priority. We promote and support a 'No Wrong Door' approach to feedback so that patients can provide feedback or make a complaint to any staff member who will try to assist or find the correct person to assist.

The results of the National Inpatient Experience Survey 2024 puts a renewed focus on communication and access to information around feedback. It will drive our efforts for 2025. We will continue to work with and support our colleagues across the Health Regions to deliver on their quality improvement plans and ensure that patients are aware of their rights and are encouraged and supported to provide feedback.

## PROJECTS RECENTLY COMPLETED

# HSE West and North West

## John's Campaign – Letterkenny University Hospital

John's Campaign was introduced in Letterkenny University Hospital, following on from the National Inpatient Experience Survey in 2022 and The National End of Life Survey in 2023.

It was highlighted that those with cognitive impairment or communication difficulties often require additional support from their carers. For dementia patients, the loss of familiarity and connection can be devastating. John's Campaign addresses this gap by ensuring that the presence and knowledge of loved ones are integrated into care settings. This approach ensures that healthcare is not just about treating the body but supporting the whole person by championing the right of caregivers to stay with their loved ones.

The visiting policy was updated to incorporate the principles of John's Campaign, a Carers Passport and a staff and carer information leaflet was produced. Department specific posters that reflect the visiting policy and John's Campaign were displayed in multiple areas throughout the hospital.



*Aoibheann Moreton, Quality and Patient Safety Team; Niamh O'Donnell, End of Life Care Coordinator; and Martina Porter, Quality and Patient Safety Manager in LUH at the launch of John's Campaign.*

## Cohorting in University Hospital Galway

The hospital remains committed to improving patient flow with the ED with a focus on patients over 75 years old waiting >9 hours. We have commenced a number of quality improvement projects in this area including appointing additional patient flow coordinators to support both admission to the correct specialty wards and also to support discharge and improve our streaming of patients to the wards in a more timely manner.

We commenced a patient cohorting pilot in three wards in May 2023. The wards are a geriatric specialty and two other medical specialties and our aim is to improve patient length of stay and ensure that there is a team based approach to care on these wards, reducing the incidence of patients spending over 24 hours on trolleys for those over 75 years of age. In addition, the Emergency Department Transit Area is now used for patients >75 years, providing cubicle spaces and privacy while the patients await a bed at ward level. We have recruited an additional Patient Advocacy Liaison Officer specifically for ED/Acute floor to further support ED patients.



*Ongoing audit through staff survey's to monitor the use and effectiveness shows high level awareness and engagement with the document.*

## Implementation of Patient Passports

In response to feedback from patient's living with dementia, Patient Passport's have been rolled out in multiple hospital sites in conjunction with community colleagues. The purpose of this document is to support people living with dementia who have communication difficulties with their transition to any care setting. The information on the document will help staff provide person centred care to support the person in an unfamiliar environment. It will aid staff to get to know the person and understand who and what is important to them.

The 'Getting to know what matters to me' documents were launched in Letterkenny University Hospital in September 2023 and in Portiuncula University Hospital in March 2024 after extensive collaboration with clinical staff and members of patient experience forums.

## PROJECTS RECENTLY COMPLETED

# HSE Dublin and North East

### MATER MISERICORDIAE UNIVERSITY HOSPITAL

In 2022, 52% of respondents to the NIES who wanted to give feedback or make a complaint indicated they didn't know how to do so.

In response, an electronic feedback form was developed and went live in January 2023. A QR code towards this form was then implemented in March of the same year and this was followed by a memo to all staff in May, encouraging them to share the resource with patients. In May 2023, new posters displaying the QR code were rolled out in patient facing areas.



In 2024, the NIES showed an improvement by 5% of respondents on their understanding on how and where to provide feedback. There has also been an improvement in staff awareness which has resulted in an increase in the number of electronic feedback submissions. Since January 2023, the feedback form has been accessed 519 times by 345 users.



## PROJECTS RECENTLY COMPLETED

# HSE Dublin and South East

## UNIVERSITY HOSPITAL WATERFORD

### Development of a Patient Information Booklet

Following the 2022 National Inpatient Experience Survey, a number of QIPs were identified. One QIP related to the development of a UHW Patient Information Booklet so that all patients in UHW would have a single source for general patient information. Blank pages would be included for patients and families to note information specific to themselves.

During 2023, work was carried out to decide what information should be included and the level of detail required. An initial draft was prepared and circulated to relevant staff members e.g. Nursing, HSCP and Support Services Managers in relation to content and layout. A number of draft revisions were carried out. A small initial print run was carried out to pilot the booklet with service users and a survey was carried out among staff, patients and families across the hospital to get feedback on readability, if it was easy to understand and if any information they would like to have included had been omitted. Based on this feedback, the booklet was updated for the first full print run.

The booklet was officially launched in UHW at the start of the 2024 National Inpatient Experience Survey. Based on feedback through the 2024 survey, as part of the 2024 QIP, further revisions will be carried out on the booklet and the distribution process reviewed.



## ST. VINCENT'S UNIVERSITY HOSPITAL

### Staff training on complaints management

In an effort to promote staff knowledge and confidence in local resolution complaints management, SVUH invited colleagues from IEHG (now Dublin and South East Region) to provide training to the staff.

The training focused on the effective and efficient management of local resolution complaints and the appropriate tools for staff to use in such instances. The importance of service user feedback was highlighted to staff, as it can be used to improve our services for patients and staff alike.

This training was provided as a case study approach, with training days held in July and August 2024.

179 staff members, both clinical and non-clinical, took part in this training. Feedback was generally very positive. Staff stated that they would like more training on this topic going forward.

SVUH is currently engaged with Dublin and South East Region to arrange further training dates for 2024/2025.



## WEXFORD GENERAL HOSPITAL

### Communication staff training

The 2022 National Inpatient Experience Survey identified areas around communication. One of our actions was to implement the National Healthcare Communication Programme (NHCP) for all staff members of Wexford General Hospital.

The initial implementation was to identify and train facilitators to deliver the in house programme.

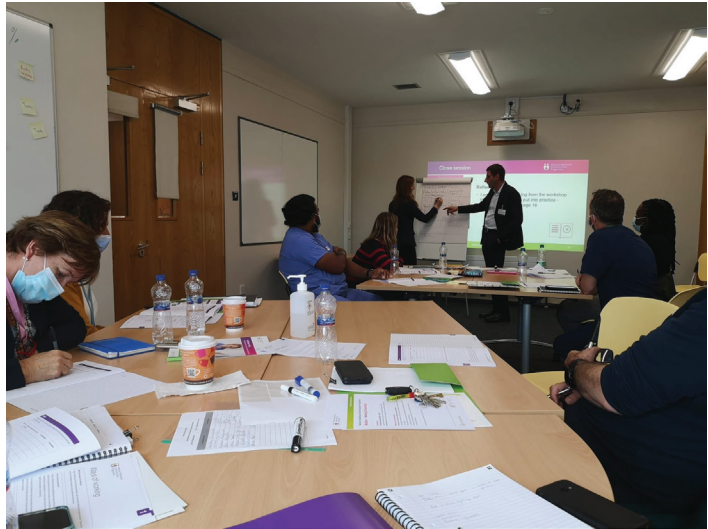
The training commenced early 2023. By end 2023, 141 staff members had taken part.

The training started by the Module 1 of the NHCP: 'Making Connection'.

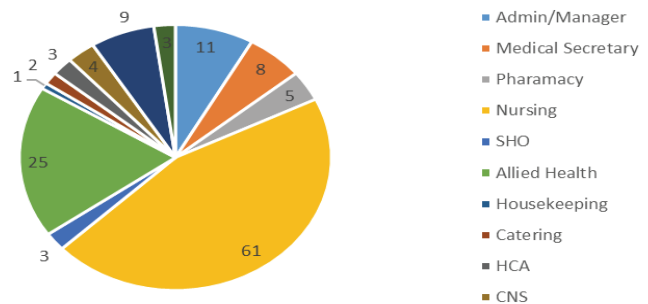
<https://www.hse.ie/eng/about/our-health-service/healthcare-communication/module-1-making-connections/>

### HSE National Healthcare Communication Programme Module 1

Continuing with monthly training days, 2024 YTD has 53 attendees and are open to all staff. The progression plan is to run module 2 'Core Consultation Skills' by the Q2 2025.



2023 Module 1 attendance by discipline



## PROJECTS RECENTLY COMPLETED

# HSE Dublin and Midlands



## MIDLAND REGIONAL HOSPITAL TULLAMORE

In Q2 2024, The Patient Information Booklet was launched as a joint collaboration with QPS Dept. and Practice Development Dept. A washable sticker (compliant with IPC ) with the QR link, was placed prominently at every patient's bedside.



### Information for patients:

1. Point your camera at the QR code.
2. When your camera scans the QR code, you'll see an icon or web address on your screen near the code.
3. Tap the icon or web address to read or booklet.

## ST JAMES'S HOSPITAL

### The Introduction of Electronic Patient Meal Ordering

St James's Hospital delivers on average 3,000 patient meals a day. The recording of each of these patient meals is completed on a standalone paper-based ordering system. To improve the patient experience of hospital food, St James's Hospital is implementing new patient meal ordering technology, as one of a suite of improvement measure. This hand-held electronic device will replace the current paper & pen method used by the catering team when taking the patient's meal order at the bedside.



Resulting in a decrease use of paper and transcription errors, reduced waste and improved stock management, improved traceability, save time and money, and improved patient safety and satisfaction. For example, if a patient has been prescribed a specific menu such as texture-modified foods and thickened liquids, only that menu will be available to choose from when their order is being taken, therefore reducing the risk to the patient.

In preparation for the new device hospital menus have been updated and the choice of options increased, including International Dysphagia Diet Standardisation Initiative, Vegan and Halal menus. Menus are displayed on the patient's meal tray and include photographs of the meals.

This has been a multi-disciplinary approach with involvement of catering, procurement, information management and clinical nutrition staff and visits to other sites where this technology is used. The Catering Department anticipate the first device will be piloted in December 2024.

## REGIONAL MAP

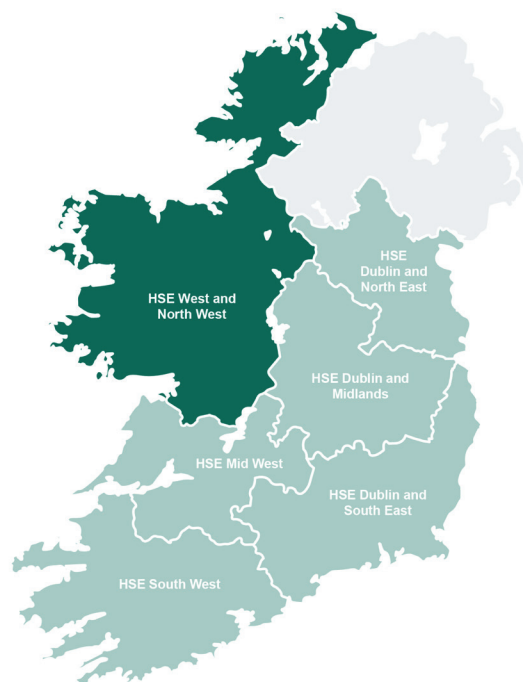
# HSE Health Regions





# HSE West and North West

- University Hospital Galway
- Letterkenny University Hospital
- Mayo University Hospital
- Portlincula University Hospital
- Roscommon University Hospital
- Sligo University Hospital



The National Inpatient Experience Survey is an important marker for us when we assess the care we provide to our communities. I would like to thank all the patients, their carers and families across the six hospitals in the HSE West and North West region for participating in the 2024 National Inpatient Experience Survey.

During this year we have changed our health structures, standing down the hospital groups and community health organisations and replacing them with Regional Health Areas, in our case HSE West and North West. While this will see changes to our internal structures, what won't change is our commitment to and prioritisation of patient care.

Through this survey our patients have provided us with really valuable feedback on their experience of care in our hospitals. I want to thank them for taking the time to do so. It is their engagement that allows us to further strengthen and improve our services. I would also like to thank our staff who support and encourage our patients to participate in this survey and for their commitment to providing good quality, patient-centered care. They are committed to making improvements for our patients.

This survey allows us to engage with our patients and learn from and embed areas we are doing well in and also highlight areas we could do better in. The 2024 results showed that 84% of patients across our hospitals had a positive experience of care and this is something we are very proud of. We will continue to develop and introduce initiatives in response to areas where our patient's feedback has not been satisfactory.

I would like to assure patients that we remain committed to ongoing improvement and a culture of engaging with our patients and communities. As we now focus on further embedding the new structures that support the delivery of care and we must also ensure our structures allow service users to feel ownership of their services.

Listening to patients and strengthening our services is a continuous cycle and the NIES report is a very important source of learning for us. Every year, in wards and services all across our hospitals, the results of this survey lead to actionable quality improvements on the ground. The feedback from this survey drives innovation and improvement in the way we care for patients throughout their hospital stay.

In order to build better, safer health services the voice of the patient must always remain central to decision making and we will continue to strive for improvement in the care experience of all our patients in HSE West and North West.



Over the next couple of months we will develop structures within the region that allow us to engage in a very functional way with service users to inform our planning and our delivery of care. We want to ensure that our patients' voices are included in decisions about their care.

**Tony Canavan**

**Regional Executive Officer, HSE West and North West**





## PATIENT FEEDBACK

SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
Thinking about your overall care, if you wanted to give feedback or make a complaint did you know how and where to do so.	<ul style="list-style-type: none"> <li>• Arrange to have a QR code or option for feedback and complaints to 'Your Service Your Say' and details of the PALs service in GUH.</li> <li>• Patient Information Leaflets recently updated and include a QR code which links directly to the HSE comments and feedback form.</li> <li>• Review 2023 Business cards developed by QPS for feedback.</li> <li>• Engage with Communications to review use of social media platforms with the aim of targeting the younger demographic and their engagement to provide feedback or make a complaint.</li> <li>• Engaging with GUH Patient Experience Multi-disciplinary Team and patients' representatives committee about our QIP.</li> <li>• Emphasise at CNM Monthly Minuted Meetings the importance of ensuring the patient knows the process for giving feedback and/or how to make a complaint.</li> <li>• Include education and feedback to ward staff at monthly minuted meetings/Handover/safety pauses at ward level about the NIES.</li> <li>• Raise awareness for the month of December on supporting patient engagement around giving feedback and how to make complaints.</li> </ul>	<ul style="list-style-type: none"> <li>• An increased awareness for the younger demographic with more information available on relatable platforms so that they are aware of whom to ask about giving feedback and on how to make a complaint if issue not resolved to satisfaction at ward level.</li> <li>• Front line staff feel empowered to offer support and know the correct pathway in addressing feedback and complaints.</li> </ul>	Q4 2024/ Q1 2025



## PATIENTS WITH A DISABILITY OR LONG-TERM CONDITION

SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
Improvement on: <ul style="list-style-type: none"> <li>– limitation on ADLS/ blindness or serious visual impairment</li> <li>– difficulty in learning, remembering or/ difficulty working or attending school/ college</li> <li>– intellectual disability</li> <li>– availability of hospital food outside of set mealtimes for those with a disability or long-term condition.</li> </ul>	<ul style="list-style-type: none"> <li>• For Hearing Impaired patients: Suggest to HR if provision of a programme in ISL (Irish Sign Language) would be offered to staff.</li> <li>• For Visually Impaired patients: Increase awareness of the importance of orientating the patient when leading them to their room and becoming familiar with their environment – enquire via HR re any programmes which are available to assist this learning.</li> <li>• Engage with services department Aramark and will discuss feedback with actions to address low scores and availability of food outside of set mealtimes and that is consistent on all wards.</li> <li>• Engage with services to review training requirements of catering staff to ensure patients: <ul style="list-style-type: none"> <li>(a) receive the correct meal</li> <li>(b) ensure food is hot</li> <li>(c) confirm prioritisation of red trays</li> <li>(d) feedback to the nurse if for example the patient did not eat</li> <li>(e) discuss times given to patients for mealtimes and ensures those who need extra time are afforded it.</li> </ul> </li> <li>• Ensure protected mealtimes enforced.</li> <li>• Red Tray Initiative whereby vulnerable patients are priorities daily in all wards in GUH so that their person centred feeding /dietary needs are met and assistance is provided as required in meeting Hydration and nutritional needs.</li> </ul>	<ul style="list-style-type: none"> <li>• Staff empowered to care for patients with hearing and visually impaired patients.</li> </ul>	Q4 2024/ Q1 2025



## OTHER

SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
<ul style="list-style-type: none"> <li>Information on how to manage your condition after discharge.</li> <li>Waiting time for a bed.</li> </ul>	<ul style="list-style-type: none"> <li>Discharge Coordinator support on Patient Flow team. Nurses &amp; HSCPs at ward level to discuss condition and advise about correct escalation process. All involved in patient care to provide information on 'Next Steps' and 'danger signals/safety netting' and medication safety information.</li> <li>CNS/ANP support &amp; provision of information is available to patients following discharge for specialist areas.</li> <li>Continue auditing, monitoring of patient experience times.</li> <li>Improved processes through patient flow, cohorting phase 2, bed utilisation study and actions arising addressed, Average Length Of Stay (AvLOS) monitoring of metrics, deep dives, red to green bed occupancy (whiteboard).</li> <li>Cohorting Phase 2 implemented - metrics will be monitored re efficiencies and progress for same.</li> <li>Patient Experience Time (PET) - monitor metrics.</li> <li>Home by 11 promotion as part of Cohorting Phase 2.</li> </ul>	<ul style="list-style-type: none"> <li>Patient experience affording individuals more agency over expressing fears &amp; worries. Individual is proactively included in their plans around discharge/ supports in the community (IC).</li> <li>A process in place which ensures the patient receives the correct amount of information they need on discharge.</li> <li>HSCPS Nursing, Medicine ANPs CNS proactively discuss patient conditions during acute stay and on discharge.</li> <li>Reduction in patient waiting times for an admitted bed.</li> </ul>	Q4 2024/ Q1 2025



## PATIENT FEEDBACK

SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
We have established a system for service user to provide feedback in a questionnaire. This feedback is analysed and presented on a monthly basis to both the hospital management team and at departmental level. The number of responses have decreased over the past year. We aim to improve the availability of feedback forms to patients and the response rate.	<ul style="list-style-type: none"> <li>We will source Perspex boxes to place beside feedback return boxes. These will be placed in high visibility areas beside ward entrance/exit. These will contain a supply of feedback forms and allow all patients/family members to have access to them.</li> <li>We will discuss the survey with the service managers at Quality and Patient Safety committee and ask them to encourage their staff to distribute the forms to all admitted patients. We will raise awareness of the survey with our Patient and Family Experience Group and ask them to encourage staff and patients to engage with the survey.</li> </ul>	<ul style="list-style-type: none"> <li>This will increase accessibility of questionnaire to service users and families.</li> <li>Increase the response rate to the questionnaire.</li> </ul>	Q1 2025
We have developed a bedside Patient Safety poster with QR codes and information on how to make a complaint or provide feedback.	<ul style="list-style-type: none"> <li>We will carry out an audit of all bed spaces to ensure the poster is visible and accessible to all service users and families.</li> </ul>	<ul style="list-style-type: none"> <li>All patients will have information at the bedside on how to submit feedback and/or make a complaint.</li> </ul>	Q1 2025
Increased staff awareness and participation in service user feedback.	<ul style="list-style-type: none"> <li>We will run an information session for both clinical and non-clinical staff to empower them to support patient in providing service user feedback. We will educate clinical and non-clinical staff on PALS and the complaints management process.</li> <li>We will include information on PALS and the complaints process in new staff induction booklet.</li> </ul>	<ul style="list-style-type: none"> <li>Increased staff awareness of complaint management process.</li> <li>Increase staff engagement with service user feedback.</li> </ul>	Q3 2025
Involve patient partners in review of feedback and complaints.	<ul style="list-style-type: none"> <li>Present the results of feedback surveys and profile of complaints to Patient and Family Experience Group on a quarterly basis. Discuss the findings with them, identify areas of possible improvements and collaborate in developing a Quality Improvement Plan.</li> </ul>	<ul style="list-style-type: none"> <li>Increase Patient engagement and partnership in service user feedback.</li> </ul>	Q4 2025



## PATIENTS WITH A DISABILITY OR LONG-TERM CONDITION

SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
Improve compliance with Hello My Name Is...	<ul style="list-style-type: none"> <li>Increase staff awareness of the Hello My Name Is... campaign and host a relaunch. Discuss with them the importance of this introduction in enabling and empowering patients with disabilities to communicate with staff.</li> <li>Discuss this initiative at NCHD induction.</li> </ul>	<ul style="list-style-type: none"> <li>It will support patients in identifying staff members who are providing care. This will help patients with disabilities in their communication with staff.</li> </ul>	Q2 2025
Promote use of HSE Health Passport.	<ul style="list-style-type: none"> <li>Relaunch of national HSE Health Passport for patients with intellectual disability. Discuss the Health Passport with service managers at Quality and Patient Safety Committee and request that they encourage their staff to promote use of the Health Passport.</li> <li>Health Passport information will be displayed on information screens in Emergency Department.</li> </ul>	<ul style="list-style-type: none"> <li>It will support patients with intellectual disability to identify their requirements to staff.</li> </ul>	Q2 2025



# PATIENTS WITH A DISABILITY OR LONG-TERM CONDITION (Continued)

SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
Promote use of John's Campaign.	<ul style="list-style-type: none"> <li>Patient information booklet is available to all patients in hard copy or online. Information on John's Campaign will be included at next revision of booklet in 2025.</li> </ul>	<ul style="list-style-type: none"> <li>It will improve patient awareness of John's Campaign. It will empower patients with disability to know that their carer can remain with them outside of visiting hours.</li> </ul>	Q4 2025
Improve patient engagement with those with disabilities.	<ul style="list-style-type: none"> <li>Recruit a patient partner with disability (or a carer) for the Patient and Family Experience Group.</li> <li>Collaborate with patient partners who are parents to children with additional needs to develop improvements in patient experience for these children.</li> </ul>	<ul style="list-style-type: none"> <li>Patients with disabilities/long-term conditions will be represented on our Patient and Family Experience Group.</li> </ul>	Q4 2025



# OTHER

SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
Improve compliance with Hello My Name Is.	<ul style="list-style-type: none"> <li>Increase staff awareness of the Hello My Name Is... campaign and host a relaunch of the initiative.</li> <li>Discuss this initiative at NCHD induction and include in induction booklet for all new staff.</li> </ul>	<ul style="list-style-type: none"> <li>It will support patients in identifying staff members who are providing care. This will help all patients in their communication with staff.</li> </ul>	Q1 2025
Promote use of John's Campaign.	<ul style="list-style-type: none"> <li>Include information on John's Campaign in Patient Information Booklet at next revision in 2025.</li> </ul>	<ul style="list-style-type: none"> <li>It will improve staff and patient awareness of John's Campaign. It will empower patients and their carers to know they are supported in the hospital environment.</li> </ul>	Q4 2025
Promote the rollout of National Healthcare Communication Programme.	<ul style="list-style-type: none"> <li>Promote the education sessions on the National Healthcare Communication Programme available locally to increase awareness.</li> <li>Encourage staff to complete online modules.</li> <li>Rollout of Breaking Bad News training for all staff.</li> </ul>	<ul style="list-style-type: none"> <li>This will empower staff to promote good communication with service users and listen to their worries and fears with compassion.</li> </ul>	Q4 2025
Promote awareness of pastoral support services.	<ul style="list-style-type: none"> <li>Design and display a poster highlighting the pastoral supports available to patients of all religions and none.</li> </ul>	<ul style="list-style-type: none"> <li>This will inform patients of the various pastoral supports available.</li> </ul>	Q4 2025



## PATIENT FEEDBACK

SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
To improve visibility of feedback mechanisms nearer the patient.	<ul style="list-style-type: none"> <li>Increase the usage of Patient Information Booklets at the point of admission which includes detailed information on how to provide feedback, PALS, complaints and contact information.</li> </ul>	<ul style="list-style-type: none"> <li>Facilitating patients to feedback so we can act on this in a timely and meaningful way.</li> </ul>	Q2 2025



## OTHER (DISCHARGE)

SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
To improve the usage of the Patient Information Booklet and promote the use of written information on discharge.	<ul style="list-style-type: none"> <li>Increase the use of Patient Information Booklets at the point of admission which includes discharge planning, support information and what to do if they feel unwell at home.</li> <li>Ward based Volunteers to also promote the Patient Information Booklet whilst speaking with inpatients.</li> <li>Patient &amp; Family Experience Advisory Council to assist by reviewing any new patient information leaflets for specific services or conditions ensuring they are patient friendly and readable.</li> <li>Promote the 'Guidelines for Communicating Clearly using Plain English' via staff newsletter and with any staff who are developing or reviewing patient information publications.</li> <li>Communication to all clinical staff via the 'Length of Stay &amp; Readmission QI Group' regarding effective discharge planning including written information.</li> </ul>	<ul style="list-style-type: none"> <li>Increasing the quality and accessibility of information around support services, inpatient stays and discharge available to patients.</li> </ul>	Q2 2025
To improve clinically driven, patient-centred and well-documented discharge planning.	<ul style="list-style-type: none"> <li>Communication to all clinical staff via the 'Length of Stay &amp; Readmission QI Group' regarding effective discharge planning including written information.</li> <li>Promote and implement the SOP for planning and documenting the predicted date of discharge (PDD).</li> </ul>	<ul style="list-style-type: none"> <li>Patients will feel involved in discharge planning and be well prepared for safe discharge.</li> <li>Predicted Date of Discharge will be documented, communicated and updated.</li> <li>Regular audits should be completed by the MUH Patient Flow team to confirm compliance of PDD documentation within the medical notes by Ward/Clinical Team.</li> <li>All Delayed discharges are recorded both locally and nationally as per the National processes, including a record as to the number and the reason why the delay occurs. This information is fed back to the MUH discharge coordinators daily via wards and integrated flow rounds.</li> </ul>	Q2 2025



## PATIENT FEEDBACK

SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
<ul style="list-style-type: none"> <li>To improve information for patients, families, visitors so they know how to give feedback (including verbal feedback) or make a complaint, if they wish to do so.</li> <li>To make sure that all information is reader/dementia friendly &amp; available in multiple languages.</li> <li>Ensure all wards have the necessary resources available to provide the information to all patient's.</li> <li>Utilise TV screens throughout the hospital, twitter and a pull-up banner at main reception to improve audio and visual information for patients, families, and visitors to know how to give feedback (including verbal feedback) or make a complaint, if they wish to do so.</li> </ul>	<ul style="list-style-type: none"> <li>The findings of the patient experience survey will be shared with all Healthcare workers (at Grand Rounds, Safety Pause) in relation to the importance of patients knowing how or where to give feedback or make a complaint and that they feel empowered or comfortable to do so.</li> <li>PALS to carry out training on the educational materials available for patients to know how or where to give feedback (including how and where to log verbal feedback and who to report it to) or make a complaint.</li> <li>Develop a complaint &amp; feedback information flow chart with the patient experience committee - to make it easier for all staff especially new staff to know the complaints/feedback process and how to provide information to their patients.</li> <li>PALS to improve written or printed information that patients receive (revise the comment cards and the PALS posters). Have available in multiple languages and engage with patients, families and visitors on the redesign of the comment cards and the PALS posters.</li> <li>Utilise TV screens in the hospital to show video information for patients on how or where to give feedback (including verbal feedback) or make a complaint.</li> <li>Make use of Twitter to provide information on how and where to give feedback or make a complaint on a regular basis.</li> <li>Posters and 'Your Service Your Say', 'PALS' leaflet – displayed throughout the hospital.</li> <li>Pull-up banner – Guidance for patient's visitors, families on how or where to give feedback or make a complaint. Make sure its reader friendly. It will be located at the main hospital reception.</li> </ul>	<ul style="list-style-type: none"> <li>To improve patient information on how or where to give feedback or make a complaint.</li> <li>Focus on ensuring that patients have been given their education pack with the 'Your Service Your Say', comment card and 'PALS' leaflet.</li> <li>Ensure staff are educating patients on the information provided in the education packs.</li> <li>Ensure that all wards have the necessary resources available to them to provide the information to all patients.</li> </ul>	January 2025



## PATIENTS WITH A DISABILITY OR LONG-TERM CONDITION

SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
<ul style="list-style-type: none"> <li>The findings of the patient experience survey will be shared with all staff in relation to: Food/nutrition/person centred including patients with dementia or special dietary requirements.</li> <li>New menu for patients for dietary needs and religious – vegan/vegetarian etc. and new snacks menu.</li> <li>Focus on having food packs available for patients outside of mealtimes or if patients who would like something to eat at 11pm.</li> <li>Make it easier for patients with communication barriers to expressive exactly what they want with our new 'Picture Menu' and our new Patient Passport 'Getting to know me better'.</li> </ul>	<ul style="list-style-type: none"> <li>The findings of the patient experience survey will be shared with all Healthcare workers (at Grand Rounds, Safety Pause).</li> <li>Food pack – for outside of mealtimes or if patients would like something to eat at 11pm.</li> <li>More fruit available on the wards.</li> <li>New 'Picture Menu' – available in multi-languages, dementia friendly.</li> <li>Education for Aramark staff on different dietary needs/requirements of patients.</li> <li>Utilise the new Patient Passport 'Getting to know me better' – patients food preferences or dietary requirements.</li> <li>New menu's for dietary needs and religious – vegan/vegetarian etc., i.e. stating if halal – Focus group with patients with dietary needs to collaborate with for the new menu.</li> <li>Times we ask patients what they want for each meal – to trial on St. Francis ward.</li> <li>New snack menus – reader/dementia friendly available in multiple languages given to all patients.</li> </ul>	<ul style="list-style-type: none"> <li>Ensure that staff utilise the Patient Passport 'Getting to know me better' and also the picture menus to ensure we understand the patients preferences.</li> <li>To make it easier for patients to choose what they want to eat – picture menus and the patient passport.</li> <li>To ensure staff have the knowledge to communicate effectively to patients dietary needs or requirements.</li> <li>To ensure that patients are getting hospital food outside of set meal times.</li> <li>Ensure we evaluate and empower patients with for dietary needs by holding focus groups.</li> </ul>	March 2025



## OTHER

SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
<ul style="list-style-type: none"> <li>The findings of the survey will be shared with all staff in relation to: <ul style="list-style-type: none"> <li>(a) the importance of patient centred-care, specifically engaging &amp; empowering patient</li> <li>(b) quality patient education</li> <li>(c) the impact of effective communication between patients &amp; staff, especially for patients with Mental Health, Psychological or emotional conditions.</li> </ul> </li> <li>Provide staff with the resources to communicate with patients with communication barriers</li> <li>Consent information.</li> <li>Patient Education – Education pack for each patient which can be customised for patient's particular education needs i.e. medical or surgical patient.</li> </ul>	<ul style="list-style-type: none"> <li>Dementia Information board on the wards – provides easy to read information for patients &amp; families. Information holder for the new Patient Passport 'Getting to know me better' – document will aid staff to understand the way a patient communicates best.</li> <li>Update the inpatient information leaflet on: <ol style="list-style-type: none"> <li>Who families can contact to set-up a meeting with the medical/surgical team. (Monitored by Clinical Nurse Managers).</li> <li>Patients to choose a family spokesperson who can liaise with hospital staff &amp; update the rest of the family.</li> </ol> </li> <li>'Your Health, Your Voice' patient information leaflet to empower patients to elevate their voice &amp; be part of the care plan.</li> <li>Education Pack for all patients – packs contain set information &amp; further information can be added on their condition, danger signals, managing your condition after their discharge &amp; medication education etc. All documents are placed in a wipe able A4 folder.</li> <li>New procedure-specific patient information leaflet for consent being trialled at present (which are available in multi-language).</li> <li>Simulation education with the doctors and nurses — communication skills, patient education and medication safety. Person centred including patients with dementia or communication barriers</li> <li>Make the National Communication Modules (1. Making conversations easier, 2. Skills for telephone video conversations) &amp; customer service training part of the mandatory training – monitored by HR.</li> <li>To develop patient &amp; staff information leaflets – to be worked upon with feedback from patients and our patient representatives.</li> </ul>	<ul style="list-style-type: none"> <li>Ensure that staff utilise the new Patient Passport 'Getting to know me better' to ensure we understand the patients preferences.</li> <li>Encourage patients to use the Your Health, Your voice leaflet to empower them to elevate the voice &amp; be part of the care plan &amp; to say if they have more questions, need more information or if they have any concerns or worries.</li> <li>New Discharge booklet has 3 pages for patients to write questions for the doctors or nurses.</li> <li>Make it easier for patients &amp; families to speak with nursing, medical or surgical team.</li> <li>To ensure staff have the available tools &amp; skills to communicate effectively to patients &amp; their families.</li> </ul>	March 2025





## OTHER

## REPLACEMENT MEALS

SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
Were you able to get hospital food outside of meal times.	<ul style="list-style-type: none"> <li>Replacement meals availability up to 6pm.</li> <li>Re-introduce the ward trolley at night time.</li> <li>Additional snacks to be added by catering.</li> </ul>	<ul style="list-style-type: none"> <li>Improve choice and access to food for patients after dinner time.</li> </ul>	Q1 2025

## DISCHARGE AND LEAVING HOSPITAL

Area for improvement: Information and Medication

Did a member of staff explain the purpose of the medicines you were to take at home and any side effects in a way you could understand.	<ul style="list-style-type: none"> <li>Review information provided by pharmacy.</li> <li>Highlight High Risk Medications and Parkinson's medications on communication Boards on each medical Ward.</li> <li>Medication checklist on Discharge Ward boards.</li> <li>Medicine checklist on Patient Information Booklet.</li> <li>My Medicine list leaflets available for all patients and 52 language translations.</li> </ul>	<ul style="list-style-type: none"> <li>Improve patient satisfaction with additional information about discharge and medication checklists.</li> <li>Empower patients and their families/carers to complete the checklist and prompt questions.</li> <li>Promote the bed utilisation project and new patient flow pathways.</li> </ul>	Q1 2025
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## PATIENT FEEDBACK

SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
Raise awareness of how to give feedback/make a complaint.	<ul style="list-style-type: none"> <li>• Display bedside general information poster which includes details on complaint procedure, 'Your Service Your Say', comment cards etc. (QR code links).</li> <li>• Review current departmental feedback options.</li> <li>• Educate staff on complaint/feedback management – Information sessions, promotion of hseland.ie modules.</li> <li>• Arrange information day for staff, patients and the public – information stands in key areas and visits to departments.</li> <li>• Create patient support pack to include 'Your Service Your Say', Patient Advocacy, 'Your Health Your Voice' leaflets etc.</li> <li>• Update current Sligo University Hospital Comment Card – to include content, distribution, QR code links etc.</li> <li>• Display board at main entrance and waiting areas.</li> </ul>	<ul style="list-style-type: none"> <li>• Create an environment where patients, care givers and visitors can easily access information on providing feedback and reporting their complaints.</li> <li>• Empower staff with the knowledge and confidence on how to deal with complaints and advise on procedures.</li> <li>• Increase level of engagement to drive quality improvements.</li> <li>• Ensure methods of gathering communication is varied and inclusive.</li> </ul>	Q2 2025

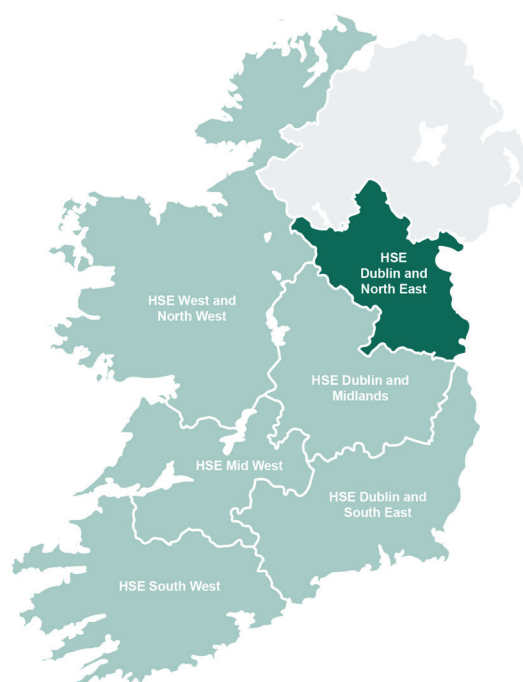


## PATIENTS WITH A DISABILITY OR LONG-TERM CONDITION

SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
<ul style="list-style-type: none"> <li>• Long Term Condition Dementia – Improve discharge information and communication.</li> <li>• Patients experiencing difficulties with learning, remembering and concentrating returned low scores.</li> </ul>	<ul style="list-style-type: none"> <li>• Focus on improving written information provided to patients with dementia, their families and care givers.</li> <li>• Focus on improving communication of danger signals for patients with dementia, their families and care givers to watch for.</li> <li>• Creation of dementia bespoke discharge pack. Pack will contain existing leaflets from HSE and Alzheimer's Society. They will be customised to the specific concerns of the person with dementia.</li> <li>• Produce discharge information leaflet for dementia patients and their caregivers, Leaflet will include general information on:</li> <li>• Reviewing medications and providing instructions on how to take them.</li> <li>• Arranging follow up appointments.</li> <li>• Discussing supports available to patients when they go home.</li> <li>• Education sessions for staff on discharge process for patients with dementia.</li> <li>• Further promote education sessions on the delivery of person-centred care to people experiencing non-cognitive symptoms of dementia. Plan to increase attendance to 90% for staff working in medical and perioperative wards.</li> </ul>	<ul style="list-style-type: none"> <li>• Improved patient access to discharge information, including what danger signals to watch for.</li> <li>• Increased support for family members caring for relatives with dementia,</li> <li>• Enhanced staff education on the discharge process for patients with dementia.</li> <li>• Enhanced support for patients prior to discharge and when they go home. Provision of information on medication management, daily routines, safety at home, eating and drinking, cognitive stimulation, social interaction and home supports available.</li> </ul>	Q2 2025

# HSE Dublin and North East

- Beaumont Hospital
- Cavan and Monaghan Hospitals
- Connolly Hospital, Blanchardstown
- Louth County Hospital
- Mater Misericordiae University Hospital
- The National Orthopedic Hospital, Cappagh
- Our Lady's Hospital Navan
- Our Lady of Lourdes Hospital



On behalf of HSE Dublin and North East, I would like to thank the patients, their carers and families who participated in the National Inpatient Experience Survey 2024. The information in the Survey plays an important role in developing and improving hospital services in each of the eight hospitals in the Region who took part. The feedback helps us understand individual experiences and to assess our performance against the expectations of patients & families.

Over the last 8 years, what matters to patients and their families has been consistently highlighted through the national care experience programme. All the staff across HSE Dublin and North East are committed to learning from the Survey and then putting improvements in place to meet the needs of our patients and the wider community.

I am delighted to see a continuous improvement in the overall satisfaction rates with the services provided at our hospitals. The responses reflect an appreciation of the kindness of our staff and the dignity and respect afforded to patients whilst they are in hospital. However, from the feedback received, I acknowledge there are still some areas within our services which need continued focus and improvement. I am fully supportive of the detailed quality improvement plans that have been developed from each of the hospitals, which aim to enhance care service delivery and patient experience. Our staff in HSE Dublin and North East are committed to fully implementing these improvements.

I would like to sincerely thank all our staff across HSE Dublin and North East who encouraged patients to participate in the Survey. Staff are at the heart of our health services and their unwavering dedication is seen in their willingness to continuously implement the improvements highlighted by the experiences of patient and families. As the care experience programme continues to expand into more areas of healthcare, we will continue to respond and improve our services based on patient experience.

Again, my sincere thanks to our patients, carers and their families for providing this feedback and identifying both areas of satisfaction and areas for improvement. I look forward to seeing the continued improvements to services over the coming months based on the findings from the Survey.



**Sara Long**  
**Regional Executive Officer,**  
**HSE Dublin and North East**



## PATIENT FEEDBACK

**Area for improvement:** To promote a culture of patient engagement, ensuring patients who want to, are aware of how to provide feedback or complaints.

SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
Increase visibility of how, where and when our patients can provide feedback.	<ul style="list-style-type: none"> <li>• Invite patients to participate and engage with the design of a new hospital website.</li> <li>• The PALS Department to lead out (website design) on ensuring that all relevant PALS information is easily accessible to patients including signposting on how and where feedback can be provided.</li> <li>• Include in the updated Patient Information Booklet a QR code where patients can provide immediate feedback on a variety of topics.</li> <li>• Ensure that there is clear signposting to the PALS Department in the hospital.</li> <li>• Ensure the placement of PALS posters and patient information leaflets in all key areas of the hospital, this must be monitored and reviewed on a regular basis.</li> </ul>	<ul style="list-style-type: none"> <li>• The new hospital website will be designed with a patient centred focus.</li> <li>• The design of the website will be undertaken by the key individuals to ensure that there is a patient centred approach and that relevant signposting and information is easily accessible.</li> <li>• Accessibility for patients to provide feedback on different topics e.g. discharge process.</li> <li>• Information visible throughout the hospital.</li> <li>• Information visible throughout the hospital.</li> </ul>	Q1 2025
Move to a Patient Partnership Model where our patients are partners in designing and improving services.	<ul style="list-style-type: none"> <li>• Review the current structure in place (Patient Experience Forum) and draft a proposal detailing moving to a Patient Partnership model.</li> <li>• Seek nominations of patients from across all the Clinical Areas to participate in and be actively involved in a Patient Partnership Group.</li> <li>• Agree a schedule of meetings for 2025 and design and agree together with the patients the terms of reference for the group.</li> </ul>	<ul style="list-style-type: none"> <li>• Wide representation of patients from across differing services and specialities working together with hospital staff reviewing relevant data, translating to key pieces of information that will drive change and improvement.</li> </ul>	Q3 2025
Ensure that the wider hospital is aware of the feedback that our patients are providing and how to use this to identify and drive improvement.	<ul style="list-style-type: none"> <li>• Design and prepare individual reports sourcing data from the Complaints Management System for circulation to Directorate Management Teams.</li> <li>• The completed/populated reports are circulated to all relevant areas on a quarterly basis including being presented at scheduled Patient Engagement Committee meetings.</li> <li>• The Clinical Directorate Management Teams to feedback as part of their reports to Corporate Clinical Governance Committee on actions taken and improvements made as a result of the circulated data. A new template for reporting to Corporate Clinical Governance Committee to be developed to support this reporting requirement.</li> </ul>	<ul style="list-style-type: none"> <li>• Clinical Directorate knowledge and understanding of the types of complaints/ feedback that patients provide.</li> <li>• The information disseminated can be reviewed and utilised to identify where there are areas for action and improvement.</li> <li>• Assurance will be provided at the Hospital Clinical Governance meeting that patient feedback is being reviewed and actioned to improve the patient experience.</li> </ul>	Q1 2025



## PATIENTS WITH A DISABILITY OR LONG-TERM CONDITION

**Area for improvement:** Improve the hospital experience for patients dealing with a long term condition or a disability.

SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
To promote a diversity and access friendly environment which will allow both patients and staff to accommodate the differences among us all, whether they are neurodiversity, illness, dementia or physical difference.	<ul style="list-style-type: none"> <li>Prepare a proposal and seek agreement that Beaumont Hospital will become a JAM Card© (Just. A. Minute.) Partner for three years as a quality initiative. <a href="http://www.jamcard.org/">www.jamcard.org/</a></li> <li>Meet with representatives from other hospitals who have implemented JAM Card and learn from their experiences.</li> <li>Prepare an implementation plan which will include the following:               <ul style="list-style-type: none"> <li>Education and awareness programme for staff</li> <li>Relevant signage to be placed around the hospital.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>This project will allow us to support those who need extra time to process important information in a medical setting, and to create a hospital-wide awareness raising initiative to support both patients and staff with neurodiversity and other differences.</li> </ul>	Q2 2025
Introduce a Volunteer 'Meet and Greet' Programme in the Hospital – the service would help patients and families to find their way around the hospital, bring them to their destination if required or help them get wheelchairs etc if needed.	<ul style="list-style-type: none"> <li>Prepare a proposal for the introduction of a 'Meet and Greet' volunteer programme. This will include the following:               <ul style="list-style-type: none"> <li>Hospital policy on volunteers</li> <li>Recruitment procedure for volunteers</li> <li>Training to be provided to volunteers</li> <li>Orientation for volunteers.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>This will improve the experience for patients and their families when visiting the hospital and trying to find their way around. Patients and families will be accompanied to various areas in the hospital and provided with assistance if required.</li> </ul>	Q3 2025



## OTHER (DISCHARGE OR TRANSFER)

**Area for improvement:** To improve the overall patient experience in the discharge process with particular focus on good communication and the provision of information to ensure a safe and effective discharge.

SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
To include the patient in their discharge plan ensuring they are aware of what is happening in their plan of care and improve communication and the provision of relevant information.	<ul style="list-style-type: none"> <li>Implement a standardised patient information pack which patients will receive on admission. This pack will contain information on their discharge, their admission and infection prevention and control information at a minimum.</li> </ul>	<ul style="list-style-type: none"> <li>The patient will be more engaged in the discharge planning.</li> </ul>	Q3 2025
	<ul style="list-style-type: none"> <li>A discharge care plan will be initiated on admission and reflect the patient's ongoing treatment plan inclusive of a proposed plan for discharge. This will be discussed with the patient and/or their family during their episode of care.</li> </ul>	<ul style="list-style-type: none"> <li>The patient and relevant person(s) will be prepared and informed of an impending discharge.</li> </ul>	
	<ul style="list-style-type: none"> <li>The patient's home situation and the impact of this on each individual discharge plan will be documented as part of the admission process and will form part of an ongoing discharge care plan.</li> </ul>	<ul style="list-style-type: none"> <li>The patient will be discharged with the required supports in place.</li> </ul>	
	<ul style="list-style-type: none"> <li>Information in relation to blood clots will be provided to a patient on discharge – Blood clot card.</li> </ul>	<ul style="list-style-type: none"> <li>Patients will be made aware of what to look out for once discharged and what steps to take next.</li> </ul>	
	<ul style="list-style-type: none"> <li>Provide relevant contact details on discharge.</li> </ul>	<ul style="list-style-type: none"> <li>The patient knows who they should contact should they have any worries or queries once at home.</li> </ul>	



## PATIENT FEEDBACK

SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
To increase Patients awareness and confidence in how to provide feedback or make a complaint.	<ul style="list-style-type: none"> <li>We will engage with our Service User group to get ideas how best to ensure patients know how to provide feedback or make a complaint.</li> </ul>	Patients and Service Users will be knowledgeable and confident in how to raise concerns, provide feedback or make a complaint.	Q4 2024
	<ul style="list-style-type: none"> <li>We will update our Posters/Leaflets and include QR codes for different languages to advise patients how provide feedback or make a complaint verbally or in written format.</li> </ul>		Q4 2024
	<ul style="list-style-type: none"> <li>We will review the number and usage of electronic screens to include information on how to provide feedback or make a complaint.</li> </ul>		Q1 2025
	<ul style="list-style-type: none"> <li>We will update our website to include easy to follow information and links.</li> </ul>		Q1 2025
	<ul style="list-style-type: none"> <li>We will conduct quarterly ward-based electronic surveys to check if patients know how to give feedback or make a complaint. This will allow us to measure for improvement.</li> </ul>		Q1 2025



## PATIENTS WITH A DISABILITY OR LONG-TERM CONDITION

SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
To improve the experience of Patients who require additional support while in hospital.	<ul style="list-style-type: none"> <li>We will set up a working group consisting of Service Users, Ward Managers, Doctors and other key stakeholders to agree the processes around increasing family involvement for those who require additional support while in hospital.</li> </ul>	<ul style="list-style-type: none"> <li>Patients who require additional support while in hospital (such as help with communicating, eating, drinking, dressing, moving and personal hygiene) will be supported to access the help they need from family (or someone close to them).</li> </ul>	Q4 2024
	<ul style="list-style-type: none"> <li>The working group will develop an action plan with target dates for specific actions such as trialling new ways of working to improve how we involve families in caring for their loved ones while in hospital. Specific actions and target dates will be set following consultation with key stakeholders.</li> </ul>		Q1 2025
	<ul style="list-style-type: none"> <li>We will progress with Dementia Training for all staff including full implementation of the 'Personal Passports for people living with Dementia'. 'Personal Passports' encompass five core components; person-centeredness, communication, family/carer involvement, education and leadership, all of which are fundamental in terms of improving the patient experience.</li> </ul>	<ul style="list-style-type: none"> <li>Dementia training will enhance the skills of our staff in identifying and supporting persons with Dementia (and our ageing population in general).</li> </ul>	Q4 2025
	<ul style="list-style-type: none"> <li>We will continue to progress the work arising from the Irish National Dementia-Friendly Environmental Audit such as:               <ul style="list-style-type: none"> <li>– Improved signage and ward layout</li> <li>– Suitable level flooring</li> <li>– Accessible toilet and bathing facilities</li> <li>– Promoting independence</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Our patients will be cared for in a person-centred environment with improved signage and access for people with Dementia and/or additional needs.</li> </ul>	Q1 2025



## PATIENT FEEDBACK

SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
Improve awareness and promotion of mechanisms for patient feedback	<ul style="list-style-type: none"> <li>The Patient Council in the Hospital will be re-established.</li> </ul>	<ul style="list-style-type: none"> <li>The Patient Council will provide a forum for patients to voice concerns, contribute to Quality Improvement initiatives and ensure that patient perspectives are incorporated into the development of hospital policies and procedures.</li> </ul>	Q4 2024
	<ul style="list-style-type: none"> <li>The Quality &amp; Safety Patient Liaison Officer will provide scheduled training sessions to managers in the local level resolution of complaints.</li> </ul>	<ul style="list-style-type: none"> <li>Empower staff with knowledge on the complaints management process in order to facilitate information sharing with patients and resolution of issues raised in real time wherever possible.</li> </ul>	Q1 2025
	<ul style="list-style-type: none"> <li>Complaints Officers in Connolly to increase by 100% (from 4 to 8) by Q2 2025; Local leads to be identified and undertake complaints management training on HSeLand.</li> </ul>	<ul style="list-style-type: none"> <li>Increased awareness of complaints management procedures and facilitation of local level resolution for patient feedback/complaints.</li> </ul>	Q2 2025
	<ul style="list-style-type: none"> <li>The Assistant Director(s) of Nursing will ensure that there is visible information available for patients on giving feedback at all ward/departmental levels through Quality &amp; Safety Walkarounds. The Walkaround checklist will assess availability of signage for patient feedback and prompt staff to ensure that they are aware of the processes.</li> </ul>	<ul style="list-style-type: none"> <li>Assurance that adequate, up to date information is on display for patients/visitors in all areas and also available on the hospital webpage.</li> </ul>	Q4 2024



## PATIENTS WITH A DISABILITY OR LONG-TERM CONDITION

SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
Management of care needs for patients living with disabilities/long term conditions: Improving accessibility for patients.	<ul style="list-style-type: none"> <li>The Access Officers in Connolly Hospital, in collaboration with Patient Council members, will develop a local survey to establish the experience of Connolly Hospital patients living with long term conditions and disabilities.</li> </ul>	<ul style="list-style-type: none"> <li>The role of the Access Officer is to evaluate the accessibility of the hospital site and make recommendations on identified areas for improvement.</li> <li>By undertaking this survey, Connolly Hospital will gather a greater understanding of the experiences of patients living with long term chronic conditions and disabilities and gather feedback to target areas of improvement.</li> </ul>	Q3 2025



## OTHER (ACCESS TO FOOD OUTSIDE OF DEDICATED MEAL TIMES)

SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
Ward Catering; improving access to food for patients outside of set meal times.	<ul style="list-style-type: none"> <li>An audit of 'Missed Meals' will be undertaken by the General Services Team.</li> </ul>	<ul style="list-style-type: none"> <li>Establish the frequency/volume of patients who are out of the wards during meal times. Action plan to be developed based on findings and plan for repeat audit post implementation of identified actions.</li> </ul>	Q4 2024
	<ul style="list-style-type: none"> <li>Commence use of ward kitchen white boards as a communication tool to enhance communication between Catering and Nursing staff for occasions that patients may have cause to miss meal times so that alternative arrangements can be made.</li> </ul>	<ul style="list-style-type: none"> <li>Enhanced communication pathways between Catering and Nursing Teams at ward level.</li> </ul>	Q1 2025
	<ul style="list-style-type: none"> <li>Information to be placed in each inpatientroom about meal times and how to access food outside of these times.</li> </ul>	<ul style="list-style-type: none"> <li>Provision of relevant information for patients on accessing food outside of set meal times.</li> </ul>	Q1 2025



## OTHER (DISCHARGE)

SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
Before you left hospital, were you given any written or printed information about what you should or should not do after leaving hospital?	<ul style="list-style-type: none"> <li>Development of Discharge Information Leaflet which will help patients understand the discharge planning process and what to expect while in Louth County Hospital and points of contact upon discharge. It will include information on:               <p><b>Home Care Package;</b> The Discharge Coordinator will follow up with the local Home Supports Office to receive updates on the requested package of care.</p> <ul style="list-style-type: none"> <li>This update is communicated to the nurses on the ward.</li> <li>When a client is discharged home from the hospital, a referral is sent to the public health nurse in their area, to advise of your hospital admission and any follow-up care required.</li> </ul> <p><b>Long term care;</b> If you or a family member require long term care ie, nursing home placement, the process will continue on transfer to Louth County Hospital, with the assistance of the Discharge Coordinator or Medical Social Worker.</p> <ul style="list-style-type: none"> <li>The Discharge Coordinator will advise you, family and staff members of the date and time of discharge</li> <li>Prescription and supporting discharge documentation will be completed by the hospital and sent to the nursing home.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Communication with patients and families.</li> <li>A transparent discharge from a patients perspective.</li> </ul>	Q2 2025





## PATIENT FEEDBACK

SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
Improving awareness and accessibility on giving feedback and/or making a complaint.	<ul style="list-style-type: none"> <li>Develop a QR code sticker for MMUH electronic feedback form.</li> <li>Ensure meets Infection Prevention Control (IPC) requirements.</li> <li>Pilot.</li> <li>To place QR sticker on every patient bedside table and locker (1000 stickers to be manually put in place).</li> <li>Electronic Feedback Form translates into other languages using the SPEAK accessibility tool. The tool can also read aloud pages, supporting patients who cannot read or with vision impairment.</li> </ul>	<ul style="list-style-type: none"> <li>Increase visibility &amp; awareness on how to provide feedback/make a complaint.</li> <li>Improved accessibility for patients.</li> <li>Increase reporting of positive feedback into existing quarterly reporting.</li> <li>Increased reporting of locally resolved feedback.</li> </ul>	Q1 2025



## PATIENTS WITH A DISABILITY OR LONG-TERM CONDITION

SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
Access information: Way finding Accessibility.	<ul style="list-style-type: none"> <li>Build on Ophthalmology way finding project which included a revision of location names, signage and patient letters and maps. The project was conducted on the basis of patient feedback to improve accessibility of services.</li> <li>Neurology service to review and improve patient letters and maps. Outpatient clinics in the Neurology service include Parkinson's, Epilepsy, Multiple Sclerosis and Stroke and has recently moved to a new location.</li> </ul>	<ul style="list-style-type: none"> <li>Standardise and improve access information to patients, in partnership with patients.</li> </ul>	Expand to all areas on a phased basis by Q4 2025.



## OTHER (CARE ON THE WARD)

SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
Food outside set meal times.	<ul style="list-style-type: none"> <li>Submit business case for provision of evening food service.</li> <li>Nutrition Steering Committee to oversee the introduction of evening food service.</li> <li>Oncology Services to pilot provision of additional snack.</li> </ul>	<ul style="list-style-type: none"> <li>All patients will be offered an evening food service which is in addition to current meals provided.</li> </ul>	To expand to all areas on a phased basis.



## PATIENT FEEDBACK

SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
Improving patient awareness on the complaint/feedback process.	<ul style="list-style-type: none"> <li>Review &amp; update patient information on the complaint/feedback process on the website.</li> </ul>	<ul style="list-style-type: none"> <li>Ensure patient information on the complaint/feedback process on The National Orthopedic Hospital, Cappagh website is accurate, clear, easily located, easy to read and understand etc.</li> </ul>	Q1 2025
	<ul style="list-style-type: none"> <li>Introduce complaint/feedback posting stations throughout the hospital.</li> </ul>	<ul style="list-style-type: none"> <li>Improve service user awareness and makes it easier for service users to provide feedback/make a complaint.</li> </ul>	Q1 2025
	<ul style="list-style-type: none"> <li>Introduce further patient feedback walkarounds into the Hospital's Quality &amp; Safety Walkarounds which are performed on a monthly basis by the Senior Management Team and the Quality Safety &amp; Risk Team.</li> </ul>	<ul style="list-style-type: none"> <li>Improve service user awareness and makes it easier for service users to provide feedback verbally.</li> </ul>	Q1 2025
	<ul style="list-style-type: none"> <li>Promote HSE Complaint management Training for National Orthopaedic Hospital Cappagh staff.</li> </ul>	<ul style="list-style-type: none"> <li>Increase staff awareness on the complaint/feedback process which will facilitate staff to support service users to provide feedback while in hospital.</li> </ul>	Q1 2025
	<ul style="list-style-type: none"> <li>Develop &amp; introduce an ongoing Patient Experience Survey on patient discharge. Analyse results, implement action plans and share findings with staff and patients.</li> </ul>	<ul style="list-style-type: none"> <li>Increase in feedback provided by patients other than during National Inpatient Experience Survey.</li> </ul>	Q1 2025



## PATIENTS WITH A DISABILITY OR LONG-TERM CONDITION

SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
Improve availability of meals outside of set meal times for all The National Orthopedic Hospital, Cappagh patients including patients with a disability or long-term conditions.	<ul style="list-style-type: none"> <li>If a patient returns to the ward after 3pm i.e. returning from theatre or an appointment/consultation external to The National Orthopedic Hospital, Cappagh and misses the normal main meal distribution, they will be offered a light meal consisting of salad/sandwich/soup with tea/coffee &amp; snacks.</li> <li>The catering department will facilitate hot food orders to the kitchen up to and including 14.30 daily (previously orders taken in the morning) and this arrangement allows those patients who miss routine hot lunch service to avail of a hot/cooked evening meal.</li> <li>Nursing staff contact the main kitchen directly with amended evening meal orders taking into consideration any immediate requirements.</li> <li>In addition to current hot meal provision services patients are offered snack rounds which include tea/coffee/milk with a choice of brown bread/crackers &amp; cheese/fruit/biscuits at 10.30, 14.30 &amp; 19.30 daily.</li> <li>Individual requests for additional snacks from patients are also facilitated at local level in ward based kitchens where household staff have access to tea &amp; toast making facilities as well as above mentioned snack options throughout the course of the evening.</li> </ul>	<ul style="list-style-type: none"> <li>Improve the availability and choice of meal options for patients who miss routine hot lunch service to avail of a hot/cooked evening meal.</li> </ul>	Q4 2024



## PATIENT FEEDBACK

SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
Supporting patients in giving feedback or making complaints.	<ul style="list-style-type: none"> <li>• Increase the 'Your Service Your Say' Information stands in all clinical areas, throughout the hospital.</li> <li>• Refer to the HSE website for information on how to make a comment or a complaint.</li> </ul>	<ul style="list-style-type: none"> <li>• A clear visible information stand will help signpost patients on how to provide feedback or make a complaint.</li> </ul>	Q4 2024



## PATIENTS WITH A DISABILITY OR LONG-TERM CONDITION

SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
Taking into account the patients' home situation in preparing discharge.	<ul style="list-style-type: none"> <li>• Develop a new hospital and Public Health referral form for patients.</li> </ul>	<ul style="list-style-type: none"> <li>• A more structured process for gathering relevant patient information.</li> <li>• This information is passed on to the Public Health Team to streamline services for the patient on discharge.</li> <li>• Improve communication between the hospital and community.</li> </ul>	Q4 2024



## OTHER (DISCHARGE OR TRANSFER)

SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
Provision of written information to patients at discharge.	<ul style="list-style-type: none"> <li>• Develop a new multi-disciplinary discharge leaflet/booklet.</li> <li>• The discharge booklet will contain information on what patients should or should not do when they leave hospital.</li> <li>• The discharge booklet will contain useful numbers that the patients can use to contact the hospital if a problem arises.</li> </ul>	<ul style="list-style-type: none"> <li>• Patients will receive clear instructions on what to do when they leave hospital.</li> <li>• If patients have any concerns following discharge, the information booklet will explain what they should do and who they should contact.</li> </ul>	Q4 2025



## PATIENT FEEDBACK

SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
Increased awareness of local and national feedback and complaints process.	<ul style="list-style-type: none"> <li>• Patient information leaflets on feedback and complaints including national 'Your Service Your Say' (YSYS) information (in different languages).</li> <li>• Pulldown banner from National Patient Advocacy Service displayed throughout the hospital and on live TV display screen.</li> <li>• Continual feedback and complaints advocacy awareness sessions locally and online with hospital group.</li> <li>• Annual audit measuring compliance against YSYS national policy.</li> </ul>	<ul style="list-style-type: none"> <li>• Increased awareness of the feedback and complaints process with both service users and staff.</li> <li>• Improved patient experience.</li> <li>• Standardized knowledge around feedback and complaints from national YSYS office (in different languages).</li> </ul>	Q1 2025



## PATIENTS WITH A DISABILITY OR LONG-TERM CONDITION

**Area for improvement:** to improve disability awareness amongst all staff and appropriate disability access service provision for all service users attending the hospital.

SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
Promote user and visitor experience of those with disabilities accessing our services.	<ul style="list-style-type: none"> <li>• Intellectual Disability (ID) liaison nurse as a vital link with community and hospital (promote permanent backfilling with current embargo).</li> <li>• New Pain score tool – introduction of ABBEY score for patients with cognitive impairment who are unable to clearly articulate their needs.</li> <li>• Patient Information Leaflets (PIL) ongoing committee approving all PILs.</li> <li>• Use of TV display screens for promote education on disability services in the locality.</li> <li>• Preferred name Initiative went live 7th October 2024 – patients and staff can register and be called their preferred name.</li> <li>• Mapping patient journey with a disability from front door disabled parking, wheelchair availability, meet and greet volunteers, wheelchair accessibility throughout entire hospital (step free entry to exit), hearing devices for visitors and patients with hearing difficulties, access officer trainers within the hospital.</li> <li>• Availability of interpreter/translator services to improve all service users experience.</li> <li>• Use of health promotion corner onsite and twitter page to advertise awareness health days for public and service users throughout the year.</li> <li>• Ongoing work between canteen and dietetic department for those with additional dietary requirements.</li> </ul>	<ul style="list-style-type: none"> <li>• Enhanced service users experience taken into account our respondents with disabilities.</li> </ul>	Q1 2025



## OTHER

**Area for improvement:** enhance timelier access to ED triage services for those presenting age 75+ years of age.

SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
Standardising a comprehensive intervention to streamline triage with a fast track protocol, using Category 3+ for patients aged $\geq 75$ presenting to ED.	<ul style="list-style-type: none"> <li>Prioritised registration at ED front desk, prioritised triage, clinician review, OPAL review (Older Person Advocacy Liaison service) staff education, mandatory 4AT score, expedited chart movement by health care assistant, and a multidisciplinary approach.</li> <li>Staff education programme on this initiative to ensure sustainable practice.</li> </ul>	<ul style="list-style-type: none"> <li>Expedited treatment and disposition resulting in improved service user experience.</li> <li>Pilot study completed in July 2023 showed that the average time to see a doctor for these patients had reduced by 49 mins and the seen by time to discharge time was reduced by 1 hour and 19 mins.</li> <li>Current Quality Improvement project will expand this in other areas including trauma patients over 75 years.</li> </ul>	Q1 2025

# HSE Mid West

- Croom Orthopaedic Hospital
- St. John's Hospital
- Ennis Hospital
- Nenagh Hospital
- University Hospital Limerick



I am delighted to welcome the results of the 2024 National Inpatient Experience Survey. The survey is a key driver for us for quality improvement initiatives across our acute hospital services.

With over 40 hospitals taking part throughout the country, including our five acute hospitals in the Mid West, the survey provides the HSE with feedback from patients identifying areas of good experience and areas where improvements can be made.

I am very happy that, overall our hospitals achieved very good results. In particular, I am very encouraged by the many positive comments relating to the kindness and compassion shown by our staff, with one of our highest ratings, relating to patients being treated with dignity and respect. The positive feedback on pain management was encouraging along with the feedback on the cleanliness of the hospitals.

There are a number of areas that patients have highlighted that we need to improve on in the survey in the Mid West, in particular addressing the worries that patients have on discharge, how we impart information on what to look out for on discharge and clarity on medication on discharge. One of the areas of focus over the coming months for all our hospitals, will be to ensure that our patients and service users know how they can provide us with feedback as it is important to us.

We continue to learn from and act on the feedback provided in this very important survey to bring about changes to improve the overall experience for patients in our hospitals. We will also build on these positives through our Patient Experience Committees and in partnership with our patient representatives.

I would like to express my thanks and gratitude to the patients who completed the survey as their responses are so valued and are essential in informing quality improvement initiatives.

I would also like to thank the staff who actively promote the survey and encourage patients to participate across all of our hospitals. Learning is a core component of delivering safe and effective healthcare and the staff are constantly working to improve the patient's experience through listening, responding and improving.



**Sandra Broderick**  
**Regional Executive Officer,**  
**HSE Mid West**



## PATIENT FEEDBACK

**Area for improvement:** Within Croom Hospital patients can be unsure/lacking information on how to provide feedback and how to make a complaint. There is a missed learning opportunity to improve services as a result.

SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
Increase awareness among patients on how to provide feedback (complaints/compliments/comments) on the health service they are receiving in the HSE Mid West.	<ul style="list-style-type: none"> <li>To increase the number of Feedback boxes across the patient areas in the hospital.</li> </ul>	<ul style="list-style-type: none"> <li>Patients will be better informed on how to provide feedback.</li> </ul>	Q4 2024
	<ul style="list-style-type: none"> <li>To ensure that the Your Service Your Say Information Leaflet on Feedback is provided at pre-operative assessment for elective procedures &amp; on admission for all other patients.</li> </ul>	<ul style="list-style-type: none"> <li>Patients will be in receipt of Your Service Your Say information leaflet on admission, so they can highlight issues during their stay</li> </ul>	Q4 2024
	<ul style="list-style-type: none"> <li>Patient Advocacy Liaison (PALs) Staff to meet with patients when on site and get real-time feedback.</li> </ul>	<ul style="list-style-type: none"> <li>PALs managers will be able to provide real-time feedback from patients to the site management team.</li> </ul>	Q4 2024
	<ul style="list-style-type: none"> <li>To complete the recruitment of the remaining Volunteers for Croom Hospital.</li> </ul>	<ul style="list-style-type: none"> <li>Volunteers successfully recruited to support patient and their relatives.</li> </ul>	Q1 2025
	<ul style="list-style-type: none"> <li>To review the Patient Information Booklets in operation within the Mid West and finalise a booklet for Croom Hospital which will provide clarification on how to provide feedback.</li> </ul>	<ul style="list-style-type: none"> <li>A patient information booklet will be in place to inform patients and include information on your service your say.</li> </ul>	Q3 2025
	<ul style="list-style-type: none"> <li>An agreed KPI: to obtain patient feedback in the region of 10% of monthly discharges, which will be monitored and reported on at site operations and patient experience survey.</li> </ul>	<ul style="list-style-type: none"> <li>Minutes of meetings will indicate that complaints are actively being reviewed by the site management team and is on the agenda for a number of meetings.</li> </ul>	Q1 2025
	<ul style="list-style-type: none"> <li>To review the Complaints Officer information for the Hospital available on the HSE website.</li> </ul>	<ul style="list-style-type: none"> <li>HSE website is up to date and maintained for the Croom site.</li> </ul>	Q4 2025



## PATIENTS WITH A DISABILITY OR LONG-TERM CONDITION

SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
People with disability or long term condition had difficulty finding someone to talk to about their worries and their fears.	<ul style="list-style-type: none"> <li>PALs officer to hold a staff awareness day to raise the issue with all staff.</li> </ul>	<ul style="list-style-type: none"> <li>Staff awareness.</li> </ul>	Q4 2024
	<ul style="list-style-type: none"> <li>Communication Training to be rolled out to staff to increase awareness and improve skills.</li> </ul>	<ul style="list-style-type: none"> <li>Training records for staff will be available for review.</li> </ul>	Q3 2025
	<ul style="list-style-type: none"> <li>Ward/department management teams will ensure that mobility fears/concerns are discussed in advance of a patients discharge.</li> <li>Quarterly audits being completed showing that mobility fears/concerns are being discussed and documented.</li> </ul>		Q4 2024
	<ul style="list-style-type: none"> <li>Ward/department management teams will complete quarterly surveys to ensure patients mobility fears and worries are being discussed/ addressed at the onsite Patient Experience Committee.</li> </ul>		Q1 2025
	<ul style="list-style-type: none"> <li>Chaplaincy Service Introduced in 2024. To explore increasing the service supplemented with patient volunteers on site as an additional support for inpatients and allow them to discuss their worry or their fears.</li> </ul>	<ul style="list-style-type: none"> <li>Chaplaincy service expanded.</li> </ul>	Q1 2025



## OTHER

SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
Some patients highlighted they had difficulty with the choice in their meals	<ul style="list-style-type: none"> <li>A full review of the menu will be undertaken which will be informed by patients and supported by PALS.</li> </ul>	<ul style="list-style-type: none"> <li>Patient Feedback will inform choices and options on the menu.</li> </ul>	Q3 2024
	<ul style="list-style-type: none"> <li>To review the current approach to informing patients of what is on the menu.</li> </ul>	<ul style="list-style-type: none"> <li>Patients fully informed on what is on the menu.</li> </ul>	Q3 2024
	<ul style="list-style-type: none"> <li>To review the snacks on the Nutrition and Hydration round and ensure the patients know what is available.</li> </ul>	<ul style="list-style-type: none"> <li>Patient awareness of options on Nutrition and Hydration Round.</li> </ul>	Q3 2024
	<ul style="list-style-type: none"> <li>Regular Surveys to be completed by the N&amp;H committee to inform potential changes required and feedback to the onsite Patient Experience Committee.</li> </ul>	<ul style="list-style-type: none"> <li>Regular Surveys being completed by the N&amp;H committee with changes implemented which are documented.</li> </ul>	Q3 2025
	<ul style="list-style-type: none"> <li>To progress the implementation of the Plated Meal System to ensure meals are hot and what the patient ordered.</li> </ul>	<ul style="list-style-type: none"> <li>Plated Meal System in place.</li> </ul>	Q3 2025
	<ul style="list-style-type: none"> <li>Size of meals to be reviewed with Small, medium and large dinners offered. Patient will be asked for their preference on meal size so as not to get overwhelmed at meal times.</li> </ul>	<ul style="list-style-type: none"> <li>Different size meals will be available to patients to choose from.</li> </ul>	Q4 2024
	<ul style="list-style-type: none"> <li>Review of Day one post operation meals to include a lighter diet.</li> </ul>	<ul style="list-style-type: none"> <li>Patients are offered a lighter meal option on day one post-surgery.</li> </ul>	Q4 2024





## PATIENT FEEDBACK

SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
Ensure staff, patients and families are aware on how to give feedback or make a complaint.	<ul style="list-style-type: none"> <li>Place 'Your Service Your Say' (YSYS) boxes, leaflets and A3 posters on each in and out patient area outlining who to contact with feedback and how to make a complaint in St. John's Hospital.</li> <li>Inform patients via Patient Information leaflet.</li> <li>A3 YSYS Poster will be displayed in all clinical areas explaining how to give service user feedback or make a complaint.</li> <li>Inform staff on induction on the YSYS process for all patients. This also will be covered during quarterly Complaints Officer Training in St. John's Hospital.</li> </ul>	<ul style="list-style-type: none"> <li>Patients will be aware on how to give feedback or make a complaint.</li> </ul>	End of Q4 2024



## PATIENTS WITH A DISABILITY OR LONG-TERM CONDITION

Area for improvement: Information to improve communication on discharge

SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
Do you feel that you received enough information from the hospital on how to manage your condition after your discharge?	<ul style="list-style-type: none"> <li>Review and update Patient Information Leaflet with specific focus on vulnerable patients, those with chronic illnesses, cognitive impairment those who require assistance with Activities of Daily Living (ADL) in the home.               <ul style="list-style-type: none"> <li>Families/relevant persons will be informed by phone by nurse in charge/ treating doctor following admission in or transfer to other hospitals.</li> <li>Visiting times &amp; process to be updated on Patient Information leaflet.</li> </ul> </li> <li>Nominated team member will complete MDT sheet, provide updates to families and include families in MDT meetings.</li> <li>Improve communication on Predicted Discharge Date (PDD) to patient, families and other teams with specific focus on patients with long term chronic conditions, cognitive impairment and those who require assistance with ADL in the home.               <ul style="list-style-type: none"> <li>On induction consultant to inform Non Consultant Hospital Doctors (NCHDs) on necessity to include home circumstances during admission and discharge planning and essentials of discharge advice for patients with long term chronic conditions, cognitive impairment and those who require assistance with ADL in the home and families.</li> <li>Discuss PDD with family and patient during admission to patient, families and other teams with specific focus on patients with long term chronic conditions, cognitive impairment and those who require assistance with ADL in the home.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Communication with healthcare professionals, patients and their families will improve.</li> <li>Communication will improve on:               <ul style="list-style-type: none"> <li>Information shared with families via MDT meetings, regular phone updates.</li> <li>Accurate and timely information on visiting will give clear expectations to families on planning hospital visits.</li> <li>Medication on discharge with a focus on new medications prescribed during admission.</li> <li>Completion of discharge check list will ensure key information is communicated and shared prior to discharge.</li> </ul> </li> </ul>	Q4 2024


**PATIENTS WITH A DISABILITY OR LONG-TERM CONDITION** *(Continued)*
**Area for improvement:** Information to improve communication on discharge

SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
Do you feel that you received enough information from the hospital on how to manage your condition after your discharge?	<ul style="list-style-type: none"> <li>Decision to discharge is communicated to patient and to nurse in charge.</li> <li>Develop a Discharge Checklist with specific focus on patients with long term chronic conditions, cognitive impairment and those who require assistance with ADL in the home to include: <ul style="list-style-type: none"> <li>Cautions and danger signals- what to look out for on discharge</li> <li>Explanation of current medical condition/ diagnosis</li> <li>Explanation of care and treatment received and plan.</li> </ul> </li> <li>Family to be made aware of community supports prior to discharge <ul style="list-style-type: none"> <li>Out patients follow up to be advised by medical team prior to discharge.</li> </ul> </li> <li>Say 1 Campaign - when a new medicine is started, the doctor tells the patient at least one side effect to watch out for. Information on patients' medication to improve at point of discharge.</li> <li>NCHD will audit use of medication reconciliation in Q4. This will be disseminated back through NCHD teaching sessions.</li> </ul>	<ul style="list-style-type: none"> <li>Communication with healthcare professionals, patients and their families will improve.</li> </ul>	Q4 2024


**OTHER (HOSPITAL FOOD)**
**Area for improvement:** To have hospital food consistently available outside set meal times due to procedures or tests

SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
Were you able to get hospital food outside set meal times?	<ul style="list-style-type: none"> <li>Catering team will Introduce patient meal satisfaction surveys to collect feedback on food services and identify areas for improvement.</li> <li>Improve communication between nursing and catering staff by ensuring prompt notification to catering staff about new patient admissions outside regular meal times to ensure timely meal service.</li> <li>Continue increased catering supervision during main meal times, by checking in with patients to ensure satisfaction and verify whether any meals have been missed.</li> <li>Ensure missed meal packs are regularly checked and available in ward fridges, accessible 24/7 for nursing staff to provide meals. If there is a dietary requirement identified, catering staff are contacted to address.</li> </ul>	<ul style="list-style-type: none"> <li>Create a structured feedback mechanism, allowing for continuous enhancements to the food services and ensure patient needs are being met.</li> <li>Ensure that patients admitted outside regular meal times promptly receive meals, enhancing food access.</li> </ul>	Q4 2024



## OTHER

## Examination, Diagnosis &amp; Treatment

SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
Discussion with the doctor regarding the giving of information about the patient's condition and treatment given.	<ul style="list-style-type: none"> <li>To be discussed at Consultants, ADON &amp; CNM meetings.</li> <li>Open Disclosure and ADM policy in place.</li> </ul>	<ul style="list-style-type: none"> <li>Post rounds the nurse looking after the patient will clarify any questions the patient may have.</li> <li>The use of information leaflets as a method of information giving.</li> <li>PALS manager available to family and patients.</li> <li>Patients and families to be given appointment times to meet the Consultant and his/her team as requested.</li> </ul>	<ul style="list-style-type: none"> <li>Currently in progress.</li> <li>This will be monitored on a quarterly basis.</li> </ul>

## Discharge or Transfer

Involving the patient in decisions about their discharge from hospital.	<ul style="list-style-type: none"> <li>Patients with deafness or a serious hearing impairment should be communicated to in a manner that the patients can understand.</li> </ul>	<ul style="list-style-type: none"> <li>Access to tools to assist the patients with a disability such as hearing loss will have access to written information about their discharge plan.</li> <li>Patients will have access to an interpreter who can do sign language.</li> <li>Patients will feel empowered in their discharge planning.</li> </ul>	<ul style="list-style-type: none"> <li>Currently available in some areas of the hospital eg. Endoscopy, SDW. To be rolled out to the remaining areas. Q1 2025.</li> </ul>
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## Catering – ensuring every patient's dietary requirements are facilitated

The patient was offered food that met their dietary requirements.	<ul style="list-style-type: none"> <li>Menu to be discussed daily with every patient.</li> <li>Access to a dietician Monday - Friday by referral.</li> <li>Diet texture to be identified daily by the catering department with the Nurse in charge.</li> </ul>	<ul style="list-style-type: none"> <li>Daily menus available with a choice of food.</li> <li>Access to dietician.</li> <li>Texture appropriate to the patients condition for every meal.</li> </ul>	<ul style="list-style-type: none"> <li>Currently in progress and for review Q1 2025.</li> </ul>
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## PATIENT FEEDBACK

**Area for improvement:** Within Nenagh Hospital patients can be unsure/lack information on how to provide feedback and how to make a complaint. There is a missed learning opportunity to improve services as a result.

SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
Increase awareness among patients on how to provide feedback (complaints/compliments/comments) on the health service they are receiving in HSE Mid West.	<ul style="list-style-type: none"> <li>• Increase the number of Feedback Boxes throughout the Hospital.</li> <li>• Place posters beside the boxes clearly stating that feedback is welcome and how to provide feedback, including complaints.</li> <li>• Place leaflets and Your Service Your Say (YSYS) forms that can be completed in hard copy format beside the boxes and also have them available on all wards and in different languages.</li> <li>• Provide the link for on-line submission</li> <li>• Provide QR Code to access YSYS Feedback Form.</li> </ul>	<ul style="list-style-type: none"> <li>• Patients will be better informed on the process for providing feedback and making complaints.</li> <li>• Patients will be able to provide timely feedback on their hospital experience.</li> <li>• Patient experience will inform service delivery.</li> </ul>	Q4 2024
	<ul style="list-style-type: none"> <li>• Ensure staff are familiar with the YSYS process and can support patients to provide feedback as requested.</li> <li>• Ensure YSYS information is included in the Patient Booklet.</li> <li>• Ensure all wards/Departments have a patient satisfaction tree on display.</li> </ul>	<ul style="list-style-type: none"> <li>• Increased knowledge among staff of the YSYS process.</li> </ul>	Q1 2025
	<ul style="list-style-type: none"> <li>• Increase the number of staff in Nenagh hospital trained on Complaints management training.</li> </ul>		Q2 2025



## PATIENTS WITH A DISABILITY OR LONG-TERM CONDITION

**Area for improvement:** Provision of additional supports to patients with a long-term condition or disability to ensure they have equitable access to Mid West Region services.

SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
Provide additional supports to patients with long term conditions and disabilities.	<ul style="list-style-type: none"> <li>• On each admission to our hospital staff caring for service user must develop personalised care plans outlining individualised care taking the service User's specific condition, preferences, and goals into consideration &amp; Involve them in decision-making.</li> </ul>	<ul style="list-style-type: none"> <li>• An improved patient experience for people with long term conditions &amp; disabilities.</li> <li>• Patient centred/individualised service being provided to these patients.</li> <li>• Greater awareness among staff of the need for individualised care and supports.</li> <li>• Pathways of care being developed and formalised based on current practices being implemented.</li> </ul>	Q4 2024
	<ul style="list-style-type: none"> <li>• Multidisciplinary team approach each morning at Red to Green update, discussing the service user's progress and changing needs.</li> </ul>		Q4 2024



## PATIENTS WITH A DISABILITY OR LONG-TERM CONDITION (Continued)

**Area for improvement:** Provision of additional supports to patients with a long-term condition or disability to ensure they have equitable access to Mid West Region services.

SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
Provide additional supports to patients with long term conditions and disabilities.	<ul style="list-style-type: none"> <li>Carer's passport: Our Carer Passport Pilot Initiative aims to identify a family member or friend who is eligible to support an inpatient, whilst they are in hospital to support their care.</li> </ul>	<ul style="list-style-type: none"> <li>An improved patient experience for people with long term conditions &amp; disabilities.</li> <li>Patient centred/individualised service being provided to these patients.</li> <li>Greater awareness among staff of the need for individualised care and supports.</li> <li>Pathways of care being developed and formalised based on current practices being implemented.</li> </ul>	Q1 2025
	<ul style="list-style-type: none"> <li>Physical accessibility: Ensure that hospital parking spaces are accessible to all patients, including those with mobility issues for both Inpatient &amp; OPD appointments. This includes wheelchair access, ramps, handrails, and appropriately designed &amp; identifiable bathrooms.</li> </ul>		Q4 2024
	<ul style="list-style-type: none"> <li>For our visually impaired service users using our ophthalmology services provide large-print materials on patient information leaflet and clear signage.</li> </ul>		Q4 2024
	<ul style="list-style-type: none"> <li>To develop a mobile sensory area to support our Autistic &amp; Intellectual Disability service user cohort that present for treatment to our LIU, SDW &amp; theatre.</li> </ul>		Q1 2025
	<ul style="list-style-type: none"> <li>To encourage patients to let the Hospital know in advance their specific additional supports to support their admission.</li> </ul>		Q4 2024



## OTHER (SUPPORTING SAFER DISCHARGES THROUGH AN INCREASED USE OF DISCHARGE NOTES TO PATIENTS AND GP)

**Area for improvement:** Within Nenagh Hospital all Patients need to be provided prior to discharge with clear communication & details of their follow up discharge plan for management of their medical condition.

SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
Discharge information sheet to be provided for each patient on Discharge with relevant information pertaining to the management of their condition post their discharge from hospital.	<ul style="list-style-type: none"> <li>Link with Clinical Nurse Specialised &amp; prepare a suite or repository of written printed information specific to various medical conditions which staff can share with the relevant patients on their discharge.</li> </ul>	<ul style="list-style-type: none"> <li>Improved safer patient care.</li> <li>Patients will have better knowledge on how to self-manage and specifically on the now and the next.</li> </ul>	Q2 2025
	<ul style="list-style-type: none"> <li>Provide Patients with a written discharge information sheet of the danger signals to watch out for following discharge.</li> <li>Provision of relevant contact details for patients that they can activate if worried about their condition after discharge.</li> </ul>	<ul style="list-style-type: none"> <li>Patients will be better informed and have a knowledge of continuity with integrated care service provision.</li> </ul>	Q2 2025
	<ul style="list-style-type: none"> <li>Create an awareness for patients of how to access relevant support services on their discharge.</li> </ul>	<ul style="list-style-type: none"> <li>Increased confidence by patients with the care they are receiving.</li> <li>Improved patient satisfaction.</li> </ul>	Q2 2025



## PATIENT FEEDBACK

SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
To ensure that pathways for patients to provide feedback or make a complaint are clear and available to them.	<ul style="list-style-type: none"> <li>To review the current 'Your Service Your Say' (YSYS) signage to ensure its purpose is clearly understood by patients.</li> <li>To increase the number of feedback boxes throughout the site with feedback leaflets available.</li> <li>To develop a local feedback form in line with 'Your Service Your Say' (YSYS) with a QR code for ease of feedback which will be displayed across the site.</li> <li>To further promote YSYS among staff to ensure they can inform patients about how to provide feedback or make a complaint.</li> <li>To maximise the uptake of Module 1 (Making Connections) of the National Healthcare Communication Programme, by delivering the programme on the various wards through "bite size" modules of 20 minutes maximum across the site.</li> <li>To reinstate the practice of placing the YSYS leaflet on the locker of every inpatient locker post discharge clean on discharge.</li> <li>To ensure that all wards have a compliments tree in place.</li> <li>To review the feedback data per ward on a quarterly basis and share with wards.</li> <li>To carry out an audits of inpatients in Q3 2025 to establish if there has been a positive impact from the above measures.</li> </ul>	<ul style="list-style-type: none"> <li>Additional feedback boxes and clarity as to what they are for amongst patients/families.</li> </ul>	Q4 2024
		<ul style="list-style-type: none"> <li>Increase in the number of ways that feedback can be provided.</li> </ul>	Q1 2025
		<ul style="list-style-type: none"> <li>Increased awareness among staff of feedback and the ways that patients provide feedback.</li> </ul>	Q1 2025
		<ul style="list-style-type: none"> <li>Sharing of data across the wards.</li> </ul>	Q2 2025
		<ul style="list-style-type: none"> <li>Staff awareness on the importance of feedback through the Compliment trees, sharing of data and training.</li> </ul>	Q3 2025



## PATIENTS WITH A DISABILITY OR LONG-TERM CONDITION

SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
Patients with long-term conditions or disabilities will have equitable access to services.	<ul style="list-style-type: none"> <li>To complete a review and implement changes to wheelchair access.</li> </ul>	<ul style="list-style-type: none"> <li>To improve the access to wheelchairs at the main entrances to the hospital.</li> </ul>	Q1 2025
	<ul style="list-style-type: none"> <li>To complete a full review of call bells across the site to ensure that they are fully operational and establish a weekly check of same on the wards.</li> </ul>	<ul style="list-style-type: none"> <li>To minimise the number of days where call bells are not available for patients who are unable to mobilise.</li> </ul>	Q1 2025
	<ul style="list-style-type: none"> <li>To review the signage throughout the hospital and involve service users to inform the process.</li> </ul>	<ul style="list-style-type: none"> <li>To simplify the way finding for patients and their families.</li> </ul>	Q4 2025
	<ul style="list-style-type: none"> <li>To implement the Autism and Intellectual Disability Pathway in the ED and roll out throughout the hospital.</li> </ul>	<ul style="list-style-type: none"> <li>Improving the patient experience for patients with long-term conditions or disabilities.</li> </ul>	Q3 2025
	<ul style="list-style-type: none"> <li>To coordinate and raise awareness of the range of in-hospital supports available and promote access to these supports (CNs, PALs, Medical Social Workers etc.)</li> </ul>		Q2 2025
	<ul style="list-style-type: none"> <li>To develop an information leaflet on the in-hospital supports available with a QR code for accessing the information.</li> </ul>		Q2 2025
	<ul style="list-style-type: none"> <li>Roll out standardised information boards on each ward in line with the information leaflet.</li> </ul>		Q3 2025
	<ul style="list-style-type: none"> <li>To review the provision of food outside of set mealtimes.</li> </ul>	<ul style="list-style-type: none"> <li>Patients who require meals outside of mealtime are provided with same.</li> </ul>	Q2 2025


**PATIENTS WITH A DISABILITY OR LONG-TERM CONDITION** *(Continued)*

SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
To ensure patients are fully informed about their medications, what danger signals to look out for and who to contact if you are concerned on discharge.	<ul style="list-style-type: none"> <li>All clinical staff to be briefed on the findings of the NIES and in particular the findings relating to discharge.</li> </ul>	<ul style="list-style-type: none"> <li>Staff are aware of the areas that require improvement.</li> </ul>	Q1 2025
	<ul style="list-style-type: none"> <li>To review the current discharge documentation in use and on other model 4 sites to ensure that a simple checklist is in place that covers the lowest scores from the NIES survey.</li> </ul>	<ul style="list-style-type: none"> <li>Checklist developed that prompts staff to support a comprehensive discharge process.</li> </ul>	Q2 2025
	<ul style="list-style-type: none"> <li>To implement a discharge champion of the day on each ward who will ensure that the discharge checklist is completed and all information has been provided.</li> </ul>	<ul style="list-style-type: none"> <li>An assigned staff member who will be responsible for ensuring that the discharge process is comprehensive.</li> </ul>	Q2 2025
	<ul style="list-style-type: none"> <li>To review information leaflets from other hospital sites who have addressed the medications concerns and place the leaflets on the locker for every admission.</li> </ul>	<ul style="list-style-type: none"> <li>Patients/families knowledge of medications on discharge.</li> </ul>	Q3 2025

# HSE South West

- Bantry General Hospital
- Cork University Hospital
- Mallow General Hospital
- Mercy University Hospital
- South Infirmary Victoria University Hospital
- University Hospital Kerry



I am pleased to share the HSE South West results of this year's National Inpatient Experience Survey (NIES), which offers valuable insight into the experience of over 1,600 patients who last May received acute hospital care in our region. On my own behalf, and that of the leadership team in the region, I offer a sincere thank you to the patients (often with the support of families and carers) who took the time to complete the survey. We remain committed in our efforts to improve the care we deliver and the experiences of patients in our acute hospitals and across the region as we integrate our services.

Collectively, our six acute hospitals have received positive feedback from patients across all stages of patient care experience (from admission, through to the care on the ward, whilst undergoing examinations and treatment and on discharge). Additionally, when we look at other aspects of care, 98% of respondents reported feeling treated with dignity and respect, a testament to the dedication and professionalism of our staff, who strive each day to provide compassionate high-quality care.

This year, 88% of patients rated their experience as good to very good, representing a year on year improvement trajectory in survey results. Now, in its sixth iteration, the 2024 survey questions were revised in the hope of gaining more insight into the confidence and trust patients' experienced and patients' confidence in being able to ask questions and speak up when concerned. The survey also asked if patients were aware of how to make a complaint and whether they experienced a patient safety incident. 96% of respondents in our Region felt confident in the safety of treatment and care however, 8% were not comfortable to raise a concern about their care and 29% did not know how to make a complaint.

A key priority for HSE South West Region is fostering an environment where every patient feels empowered to speak up at any point during his or her care. We are working to ensure that all patients feel comfortable sharing concerns, or other feedback with our staff, and know how to make a complaint. We also plan to improve how we communicate with patients, particularly regarding critical information about potential danger signals to watch for.

The analysis of this year's survey results has also offered greater insight into the care experience of patients in hospital who live with long-term conditions, disabilities and /or challenges with being able to perform their activities of daily living. Hospitals have reviewed their results and are targeting improvements in areas such tailored communication whilst in hospital and on discharge and being more mindful of those managing chronic health challenges.

Unfortunately, 10.5% reported experiencing a patient safety incident. We remain committed to prioritising patient safety, developing close partnership with our patients, deeper learning from their experience when things go wrong. I, and the regional leadership team, are acting to further reduce the causes of harm to patients, with greater emphasis on initiatives aimed to predict and prevent harm from occurring. We will co-design safer integrated systems in the region with patients (and families), public health and service leaders.



Thank you once again to all the patients and families who participated in the survey. Your input strengthens our ability to provide the highest quality care, and we look forward to implementing changes that will enhance the patient experience across our hospitals.

**Dr Andy Phillips**  
*Regional Executive Officer, HSE South West*







## PATIENT FEEDBACK

**Area for improvement:** We actively encourage patient feedback and will work towards making this an easier process for patients/families and staff.

SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
Thinking about your overall care, if you wanted to give feedback or make a complaint, did you know how and where to do so?	<ul style="list-style-type: none"> <li>• Patient feedback forms to be made available on all Wards and waiting rooms and presented to staff for local action in real time.</li> <li>• Logging and analysis of Stage 1 'Your service Your Say' (YSYS) complaints/ Feedback. Quarterly review and feedback for learning and quality improvement.</li> <li>• Training to staff on how to manage Stage 1 complaints/feedback at induction and provided annually.</li> </ul>	<ul style="list-style-type: none"> <li>• Service users will be offered the opportunity to feedback.</li> <li>• Service users will receive opportunity to discuss with staff.</li> </ul>	Q1 2025



## OTHER (DISCHARGE AND TRANSFER)

SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
The survey has identified that patients attending Bantry General Hospital require our support in managing their medications post discharge. Support is also needed in areas such as watching out for danger signs and who to contact post discharge should something go wrong.	<ul style="list-style-type: none"> <li>• Communication with staff regarding the availability of Medication Patient Information Leaflets HSE 'Know, Check, Ask' Programme available via Pharmacy and QPS Departments.</li> <li>• Staff to advise patients/families to also read the leaflets that accompanies medications when issued by the Community Pharmacy and that concerns around medications can be discussed with the Community Pharmacist following discharge.</li> <li>• Education sessions on Medication Safety will continue to be provided by the Pharmacist to all staff. This will ensure staff are better informed when speaking with patients/families.</li> <li>• Staff to be supported by the Pharmacy department to give relevant information on danger signals to watch for following discharge.</li> <li>• Results of the NIES will be shared with staff to encourage them to provide more information on discharge</li> <li>• Patient Information Leaflets to be provided, where available e.g. Endoscopy Department. Staff to be encouraged to develop further PILs to be held on Q-Pulse</li> <li>• General Information will be included in a planned Patient and Visitor Information Booklet.</li> </ul>	<ul style="list-style-type: none"> <li>• Improved communication on discharge between staff and patients.</li> <li>• Written information available to patients following discharge.</li> <li>• Patients/families empowered to ask questions prior to discharge.</li> </ul>	Q1 2025



## PATIENT FEEDBACK

SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
Promotion of a culture of patient engagement, ensuring patients who want to, are aware of how to provide feedback or complaints: Promote the National Process of 'Your Service Your Say' throughout the hospital.	<ul style="list-style-type: none"> <li>• Display 'Your Service Your Say' posters throughout the hospital.</li> <li>• Engage with staff on knowledge regarding 'Your Service Your Say'.</li> <li>• Communicate with wards on availability of 'Your Service Your Say' information to service users.</li> <li>• Assess availability and knowledge on prompt local oral resolutions to issues raised by patients to staff.</li> </ul>	<ul style="list-style-type: none"> <li>• Establishing culture of openness for receiving feedback.</li> <li>• Promoting knowledge across the hospital on 'Your Service Your Say' for both staff and service users.</li> <li>• Empowering the patient to feel capable in raising and documenting feedback.</li> </ul>	Q2 2025



## PATIENTS WITH A DISABILITY OR LONG-TERM CONDITION

SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
Assist patient with long term condition/disability by developing sticker on patient file identifying additional needs.	<ul style="list-style-type: none"> <li>• Collaborate with necessary stakeholders to develop sticker.</li> </ul>	<ul style="list-style-type: none"> <li>• Increased trust, communication and equitable access to health system for people with disabilities.</li> <li>• Decreased stress for patients with disabilities.</li> <li>• Reinforcing awareness amongst staff resulting in improving staff attitudes and behaviours towards patients with disabilities.</li> </ul>	Q3 2025
Appointments to be offered in alternative forms – via text message or otherwise.	<ul style="list-style-type: none"> <li>• Work with necessary stakeholders to develop alternative forms of appointments.</li> </ul>		Q4 2025
Explore current status of patients with a disability at discharge from the hospital	<ul style="list-style-type: none"> <li>• Liaise with necessary stakeholders to identify current procedure in discharging patients living with a disability.</li> </ul>		



## OTHER

SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
Promote the National Healthcare Communication Programme to all staff involved in patient care.	<ul style="list-style-type: none"> <li>• Develop a local learning pathway to all staff involved in patient care. Focus will be on learning pathway of communication for staff with service users.</li> <li>• Promote the roles of the Chaplaincy, Patient Advocacy Liaison Service and Patient Experience Coordinator as supportive communication to service users.</li> <li>• Reach out to University College Cork (UCC) to assess current status of communication topic in modules and discuss potential presentations on topic of communication between patients/hospital staff with applicable undergraduates in Schools of Medicine and Nursing.</li> </ul>	<ul style="list-style-type: none"> <li>• Empathetic, kind, open communication with the service user.</li> <li>• Improved communication with the health care setting between patients and staff.</li> <li>• Empowering the patient to feel safe, valued and participative in discussing health issues/experiences with staff and making informed decisions.</li> <li>• Educate both staff and patients on support services available in the hospital.</li> </ul>	Q4 2025



## OTHER

## OTHER ASPECTS OF CARE

Area for improvement: Discussion with Doctor regarding care and treatment.

SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
<ul style="list-style-type: none"> <li>To ensure that patients are given time on ward rounds to discuss their conditions and raise concerns.</li> <li>To ensure that patient participation in their care planning is promoted and supported.</li> </ul>	<ul style="list-style-type: none"> <li>Clinical lead for the site to meet with all admitting consultants and teams for the site to emphasise the importance of ensuring that all patients are given sufficient time to discuss their care and treatment during ward rounds.</li> <li>Raise awareness of the '#Hellomynameis' campaign.</li> <li>The hospital will provide education to staff on the importance of giving patients the time and opportunity to discuss their treatment and care.</li> <li>A white board will be placed at each patients bed side with the predicted date of discharge visible for the patient family members and staff.</li> </ul>	<ul style="list-style-type: none"> <li>Staff will be aware of the importance of being available to patients to discuss their worries and fears.</li> <li>Patients will be informed of their condition in a way they can understand.</li> <li>Patients will be provided with time on ward rounds or at a suitable time with family/next of kin to discuss their conditions and raise concerns with the team.</li> <li>Patient participation in their care planning will be promoted and supported by the hospital.</li> <li>Improved communication with patients.</li> <li>Better involvement of patients in their own care.</li> <li>Better service user experience.</li> </ul>	Q2 2025

## DISCHARGE OR TRANSFER

Area for improvement: Before you left hospital, were you given any written or printed information about what you should or should not do after leaving hospital.

SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
Improvements in the discharge process to enhance communication and information sharing between clinical staff and patients.	<ul style="list-style-type: none"> <li>MGH develop Patient Discharge Information Leaflet.</li> <li>Provide The Discharge Information Leaflet to all patients on admission to hospital to enable them to plan for their discharge and prepare any questions they would like to ask prior to discharge.</li> <li>To ensure that the patient has been made aware of the predicted date of discharge on daily ward rounds by the Consultant and NCHD'S.</li> <li>To provide education to the patients from the Health and Social Care Professional team on discharge planning and the development of discharge information leaflets for patient's reference at home such as falls prevention.</li> <li>CNM and ward staff to ensure that patient referrals are timely to support the patient on discharge.</li> </ul>	<ul style="list-style-type: none"> <li>Patients will be prepared for discharge equipped with a tool to advise them of how to plan for their discharge, by writing down questions.</li> <li>Patients will know who to contact after discharge if they require assistance or need more information.</li> </ul>	Q3 2025



## PATIENT FEEDBACK

SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
Improve process for patient/family/staff to provide feedback or complaint.	<p>Enhance patient/family/staff awareness how to provide feedback and make a complaint when necessary.</p> <p>Action 1 – This can be achieved by:</p> <ul style="list-style-type: none"> <li>• Introduction of QR Code for Feedback, Complaints and Compliments (FCC). Set up a process system respond in a timely manner to FCC including all actions recorded live system.</li> <li>• All FCC submitted electronically checked at defined intervals, actioned, and recorded.</li> <li>• FCC comment card stations provided throughout the campus for written submission of FCC.</li> <li>• Complaint response times in line with HSE policy.</li> <li>• Actions resulting from feedback/complaints provided to patient/family/staff.</li> <li>• Management of feedback stations(this is managed by Patient Liaison Officer and QRMD).</li> <li>• Develop Posters advertising the QR code for FCC for wards and all public areas.</li> <li>• Improve staff awareness of how patients can provide feedback or make a complaint, through on-line staff information sessions.</li> </ul>	<p>Patients/family/staff in all department and wards across the campus will have immediate accessibility to the FCC process in electronic or written format.</p> <p>Information on the multiple methods available to make complaint/provide feedback making the system accessible to all through.</p> <ul style="list-style-type: none"> <li>• QR Code for Feedback/Compliments/ Complaint</li> <li>• Information on MUH website <a href="http://www.muh.ie">www.muh.ie</a></li> <li>• FCC feedback stations</li> <li>• QR Code on Patient appointment letters.</li> </ul>	Q4 2024
	<p>Action 2 – Review and update current non-electronic FCC comment cards to include section where patients can describe their experience and provide direction on how to make a complaint.</p>	<ul style="list-style-type: none"> <li>• Raise awareness with staff of all the feedback facilities available so they can provide this information to our patients.</li> <li>• Updating of hospital website currently in progress.</li> </ul>	Q2 2025
	<p>Action 3 – Update information available on our website on how to access our FCC processes either electronic or written.</p>	<ul style="list-style-type: none"> <li>• Raise awareness with staff of all the feedback facilities available so they can provide this information to our patients.</li> <li>• Updating of hospital website currently in progress.</li> </ul>	Q4 2025
	<p>Action 4 – Inpatient survey to assess patients' awareness of how to submit Feedback or Complaints:</p> <ul style="list-style-type: none"> <li>• Survey completed over 2-month period.</li> <li>• All in-patients being discharged from 8 different wards to be surveyed.</li> <li>• FCC form to be adjusted to collate information including question about patients' knowledge of how to provide feedback or make a complaint to the hospital.</li> <li>• Hard copy of form provided to patient, available in multiple languages.</li> <li>• Forms collected weekly.</li> <li>• Findings to be submitted to Executive Manage and Clinical Directorships.</li> </ul>	<ul style="list-style-type: none"> <li>• Raise awareness with staff of all the feedback facilities available so they can provide this information to our patients.</li> <li>• Updating of hospital website currently in progress.</li> </ul>	Q2 2025



## PATIENTS WITH A DISABILITY OR LONG-TERM CONDITION

SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
Supporting patients with a long-term condition – e.g. Diabetes.	<ul style="list-style-type: none"> <li>Enhance nutrition availability in ED Waiting Rooms for e.g. diabetic patients.</li> <li>Collaboration between ED Management, Nutrition &amp; Hydration Committee with Diabetic specific dietician support, and Catering department.</li> <li>Identify most suited nutrition options.</li> <li>Identify times of provision/availability and monitoring.</li> <li>Increase meal options available from ED kitchen for out-of-hours requirement.</li> <li>Audit patient response.</li> </ul>	<ul style="list-style-type: none"> <li>Improved patient experience in our ED Waiting Rooms not only for our patient with long-term conditions but all patients waiting over extended periods.</li> </ul>	Q4 2024



## PATIENT FEEDBACK

SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
Promote patient feedback and how to make a complaint for those in the 16-35 age group and for those who completed the survey on behalf of someone else.	<ul style="list-style-type: none"> <li>• Include QR codes on our 'We Want to Hear from You' Feedback Cards with link to Feedback &amp; Complaint Process.</li> <li>• Place 'We Want to Hear from You' Posters with QR code in each Inpatient and Out Patient Clinical and all Public Areas and on our website with link to Feedback &amp; Complaints Process Information.</li> <li>• Give a 'We Want to Hear from You' card to each patient at discharge.</li> <li>• Staff Training re updated process.</li> </ul>	<ul style="list-style-type: none"> <li>• Improved reach of digital natives.</li> <li>• Improved accessibility to the Feedback &amp; Complaints Process for those not in the hospital who wish to give feedback or make a complaint or assist someone else to do so.</li> </ul>	Q4 2024



## PATIENTS WITH A DISABILITY OR LONG-TERM CONDITION

SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
Hospital food outside set meal times for those with a mental health, psychological or emotional condition.	<ul style="list-style-type: none"> <li>• Review and optimise snack options in line with National Food Nutrition and Hydration Policy recommendations.</li> </ul>	<ul style="list-style-type: none"> <li>• Improve variety and nutritional content of snack options available.</li> </ul>	Q3 2024
	<ul style="list-style-type: none"> <li>• Carry out education with ward catering assistants regarding reviewed snack options, missed meals and introduce new trolley presentation of snacks</li> </ul>	<ul style="list-style-type: none"> <li>• Catering assistants understanding of the importance of their role in nutrition provision at snack times.</li> <li>• Catering assistants understanding of missed meal options and systems including but not limited to snack list.</li> </ul>	Q4 2024
	<ul style="list-style-type: none"> <li>• Display and show snack options on a trolley at all snack rounds rather than verbal offering.</li> </ul>	<ul style="list-style-type: none"> <li>• Visual display will increase staff and service user awareness of options and range available.</li> <li>• Attractive presentation of snack offering may enhance snack uptake, improving nutritional status of service user and service user experience.</li> <li>• Display will improve understanding and communication for service users with hearing issues language etc.</li> </ul>	Q4 2024



## PATIENT FEEDBACK

**Area for improvement:** Increase knowledge and empower patients to provide feedback or complaints about their care.

SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
Develop and implement a campaign aimed at patients and staff to promote: <ul style="list-style-type: none"> <li>How to provide feedback;</li> <li>How to make a complaint.</li> </ul>	<ul style="list-style-type: none"> <li>Raise awareness of feedback and complaints process throughout the hospital through information resources; posters/leaflets/social media/website/TV screens in waiting areas.</li> <li>Implementation of a University Hospital Kerry feedback form/comment card for all inpatient areas.</li> <li>Patient Information Folder given to all patients presenting to UHK ED/Admission that includes 'Your Service Your Say' Leaflet.</li> </ul>	<ul style="list-style-type: none"> <li>Improved information provided to the patient.</li> <li>Improved understanding and knowledge of the feedback/complaints pathway.</li> <li>Patients empowered to provide feedback on their treatment, care and Hospital facilities.</li> <li>Increased visibility of 'Your Service Your Say' and feedback pathways.</li> </ul>	Q2 2025



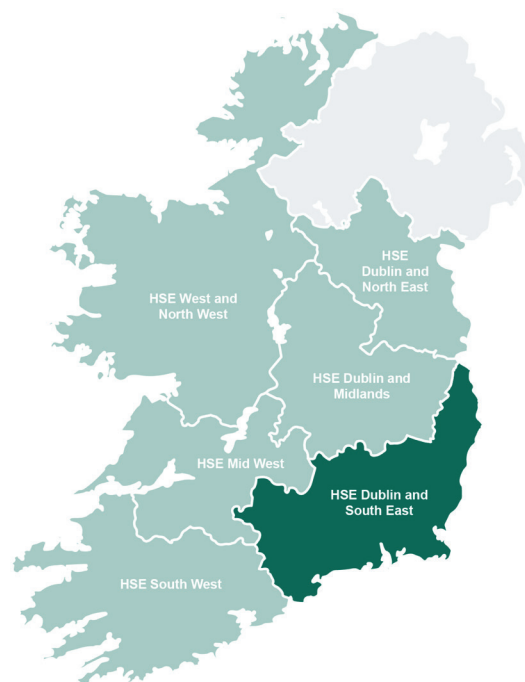
## OTHER (DISCHARGE AND TRANSFERS)

**Area for improvement:** Communication and information provided to patients with a Heart Condition on Discharge regarding danger signals.

SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
Improve our discharge information for patients admitted for heart related issues. The information will aim to address both medication issues as well as informing patients of the danger signals to watch out for at home.	<ul style="list-style-type: none"> <li>Co-ordination of a patient focus group to identify the fears and worries of Heart Condition patients. Collate learnings to identify information needed by Heart Condition patients.</li> <li>Following the focus group, develop with patients and members of the cardiology team a process for patients receiving the appropriate information on discharge.</li> <li>Collate all patient information leaflets, discharge information available and evaluate with patients.</li> </ul>	<ul style="list-style-type: none"> <li>Improved and streamlined discharged process for Heart Condition patients.</li> <li>Improved quality of patient safety and patient care.</li> <li>Improved information available for patients at discharge on danger signals and medications.</li> <li>Reduced medication errors.</li> <li>Empowered patients.</li> <li>Increased patient satisfaction.</li> <li>Increased patient safety.</li> </ul>	Q2 2025

# HSE Dublin and South East

- Kilcreene Orthopaedic Hospital
- Royal Victoria Eye and Ear Hospital, Dublin
- St. Columcille's Hospital
- St. Luke's General Hospital
- St. Michael's Hospital
- St. Vincent's University Hospital
- Tipperary University Hospital
- University Hospital Waterford
- Wexford General Hospital



On behalf of the acute hospitals in the HSE Dublin and South East health region, I would like to begin by sincerely thanking all of the patients across our nine contributing hospitals who participated in the sixth National Inpatient Experience Survey (NIES). This important feedback allows us to once again identify what is working well across our health system and to implement the changes needed to improve the experience of our service users where necessary.

Since the last National Inpatient Experience Survey took place in 2022, there have been significant changes to the structure of our health service, namely with the establishment of Ireland's six health regions earlier this year. The transition to the health region structure has meant that what was once the Ireland East Hospital Group (IEHG) has now become part of HSE Dublin and South East (along with what were formerly the Community Healthcare Organisations (CHOs) of Community Healthcare East and South East Community Healthcare). The configuration of the acute hospital network within our health region has also evolved since the previous survey (see list above). Three new hospitals now fall under the remit of HSE Dublin and South East, while four hospitals that were previously part of IEHG have now transitioned to other health regions. As such, the survey results from 2024 are not directly comparable to those of 2022.

Although we cannot compare this year's survey findings to those of previous years, I was delighted to see that overall our hospitals performed well when it came to admissions, that the majority of our service users feel that they are treated with dignity and respect while in hospital and that we have scored very well when it comes to patient safety.

This year, in line with the evolution of the survey, two key themes were identified as areas of special focus for hospitals across the country for the development of Quality Improvement Plans (QIPs) and, depending on the findings and/or size of the hospital, hospital teams were also invited to develop a third of their own choosing. The two QIP themes are 'providing feedback or making a complaint (and knowing how and where to do so)' and 'the experience of care of people with a disability or long-term condition'. These plans are developed and will be implemented with the support of our Patient Engagement team.

I would like to commend staff across our hospital network for both encouraging patients to participate in the survey and also for their commitment to adopting the recommendations received in order to ensure that the services we offer to our patients are continuously improving. The willingness of our staff members to listen to patients and their families and to implement the changes required to offer the very best care is what will ensure our health service continues to respond appropriately to the needs of the people we serve.



**Martina Queally**  
**Regional Executive Officer,**  
**HSE Dublin and South East**







## PATIENT FEEDBACK

SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
Thinking about your overall care, if you wanted to give feedback or make a complaint, did you know how and where to do so?	<ul style="list-style-type: none"> <li>Feedback/complaint information will be added into newly developed shoulder replacement patient information booklets.</li> </ul>	<ul style="list-style-type: none"> <li>Raise awareness of how patients can provide feedback/make complaints.</li> </ul>	Q1 2025
	<ul style="list-style-type: none"> <li>Feedback/complaint information will be added into next printing run of established hip/knee replacement patient information booklets.</li> </ul>		Q1 2025
	<ul style="list-style-type: none"> <li>Feedback/complaint information will be sent out attached to every appointment letter that is produced by Kilcreene Orthopaedic Hospital.</li> </ul>		Q4 2024



## OTHER

SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
How would you rate the hospital food?	<ul style="list-style-type: none"> <li>Structured snack provision has now been implemented in afternoon and evening times to increase options available to patients.</li> </ul>	<ul style="list-style-type: none"> <li>Accessibility to nutrition throughout a patient's hospital stay at Kilcreene Orthopaedic Hospital.</li> </ul>	Q4 2025



## PATIENT FEEDBACK

SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
<ul style="list-style-type: none"> <li>• Increase awareness of reporting of complaints.</li> <li>• Increase awareness of staff on management of complaints.</li> </ul>	<ul style="list-style-type: none"> <li>• More signage in waiting areas and Inpatient wards on how to make a complaint or give positive feedback.</li> <li>• Monitor response rate after implementation. Compare data in Q3 and Q4 of 2024 Vs data of Q1 2025.</li> <li>• Staff trainings on management of complaints, compliance to be 100%.</li> </ul>	<ul style="list-style-type: none"> <li>• More feedback from patients to improve our services.</li> </ul>	Q1 2025



## OTHER

SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
<ul style="list-style-type: none"> <li>• Increase patients feedback on food services.</li> </ul>	<ul style="list-style-type: none"> <li>• Provide feedback forms, specific to food and food services in the inpatient wards.</li> <li>• Inform and encourage patients to fill in the feedback forms.</li> <li>• Train kitchen staff on feedback management.</li> </ul>	<ul style="list-style-type: none"> <li>• Improve on the feedback rate.</li> <li>• Implement received feedback to improve on kitchen services where possible.</li> </ul>	Q1 2025



## PATIENT FEEDBACK

SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
Service user feedback.	<ul style="list-style-type: none"> <li>Promoting 'Your Service Your Say' – informative posters around hospital and wards providing instructions on how to give feedback or make a complaint. (YSYS posters displayed at the hospital entrance, all hospital waiting areas and every ward. Feedback cards in multiple languages available in holders located in wards and hospital corridors/waiting rooms. SCH Feedback email address listed on internal feedback form and inpatient survey form if patient wishes to submit written/formal complaint).</li> <li>Advertising SCH Feedback email address – posters with contact information displayed in hospital waiting areas and wards.</li> </ul>	<ul style="list-style-type: none"> <li>To ensure that providing feedback is clear, easy and accessible to all service users.</li> </ul>	Q4 2024
	<ul style="list-style-type: none"> <li>Introducing and distributing newly created internal inpatient satisfaction questionnaire/survey. (Internal inpatient survey and YSYS feedback cards attached to all inpatient welcome packs. Clerical officers on wards to distribute surveys at discharge).</li> <li>Providing assistance in completing the survey to patients with disabilities. (Healthcare assistants to encourage and support all the patients with completing feedback cards).</li> <li>Educating clerical staff, nursing and healthcare assistants on importance of feedback. (Instructions on how to contact Patient Liaison Officer or Patient Services Officer to be given if patient wishes to give feedback orally – information with contact details available with clerical officers).</li> </ul>	<ul style="list-style-type: none"> <li>Create awareness and accessibility.</li> <li>Providing equal opportunity and inclusion to each and every patient.</li> </ul>	Q4 2024
	<ul style="list-style-type: none"> <li>Collating and reporting of received feedback every month. (Patient Services Officer to gather data monthly. Reports to be submitted to General Manager Office, QSE and Clinical Governance. Any serious issues or concerns will be addressed immediately with ward CNM. Ward user group meeting will be held quarterly to discuss received feedback and to follow up on implemented changes and future improvements).</li> <li>SCH Feedback email is currently being coordinated by Patient Services Officer and GM Office under Management of Service User Feedback Policy – to be monitored by Communication Manager once in post. (all incoming mail is being acknowledged, forwarded to relevant department, investigated and addressed within policy timeframe).</li> </ul>	<ul style="list-style-type: none"> <li>Identify the areas that are unsatisfactory. Collated data will help to choose effective tools to enable improvements and implement necessary changes.</li> </ul>	Q4 2024



## PATIENTS WITH A DISABILITY OR LONG-TERM CONDITION

SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
Decisions about your discharge	<ul style="list-style-type: none"> <li>• Actions to improve patient involvement.</li> <li>• For those patients with difficulty hearing they can avail of the hearing amplifier available on every ward, availability of this equipment is to be communicated to all staff during staff meetings/huddles. This aid is available through the speech and language department and there is an SLT assigned to every ward.</li> <li>• Communication aids such as picture charts are also available for use. These are available to access through the speech and language department on a referral basis.</li> <li>• New patient information leaflet given to patients on admission to hospital. This will inform patients of what to expect on discharge. It details their expected date of discharge and offers information on the importance of early discharge planning. It also offers examples of questions they may wish to have addressed in particular around medications. There is an opportunity to note any questions themselves to act as a reminder.</li> <li>• CNM's and staff nurses engage patient in discussions regarding their discharge plan.</li> </ul>	<ul style="list-style-type: none"> <li>• These actions will address any issues around communication regarding discharge planning.</li> <li>• They encourage patient and family education and involvement in the discharge plan.</li> </ul>	Q4 2024



## OTHER (MEAL AVAILABILITY AWARENESS)

SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
Hospital food outside of set meal times.	<ul style="list-style-type: none"> <li>• Update patient Welcome pack with a <i>communication friendly accessible leaflet</i> with the following information: <ul style="list-style-type: none"> <li>– Snacks are available throughout the day, outside of set mealtimes.</li> <li>– Requests for snacks are made to the Nurse or HCA (given the need to consider dietary requirements of the patient including diabetic, gluten free, Texture Modified Diet, other).</li> <li>– The range of snacks available (this will include snacks appropriate to all Texture Modified Diets and compliant with IDDSI as well as any other special diets).</li> </ul> </li> <li>• Create a notice for display on the ward notice board to capture all the above information.</li> <li>• Update Nutrition &amp; Hydration Policy to include provision of snacks outside of set mealtimes.</li> </ul>	<ul style="list-style-type: none"> <li>• To ensure that patients are aware that snacks are available outside of set mealtimes.</li> <li>• To ensure that a range of snacks suitable to the patients recommended diet are available in the ward kitchens.</li> <li>• To ensure that all staff are aware of the availability of snacks outside of the set mealtimes.</li> <li>• To ensure that information is presented in an accessible format – to support patients who have a hearing impairment and/or communication impairment and/or whose first language is not English.</li> </ul>	O4 2024



## PATIENT FEEDBACK

SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
Increase service user awareness of process for submitting Complaints and Feedback of healthcare received	<ul style="list-style-type: none"> <li>All departments, wards and main corridor areas have been restocked with 'Your Service Your Say' (YSYS), posters and leaflets.</li> </ul>	<ul style="list-style-type: none"> <li>Patients are experts in their own care journey, unless we receive and act upon feedback how can we truly say that we are providing patient centred care.</li> </ul>	Q3 2024
	<ul style="list-style-type: none"> <li>A web link is on the hospital website and on the hospital electronic boards in OPD and main concourse.</li> <li>Should a verbal complaint be escalated this can be done through the ward manager. All staff are aware of stage 1 verbal complaints, these are resolved at ward level within 24 hours. YSYS leaflets and posters are available on every ward.</li> </ul>		Q3 2024
	<ul style="list-style-type: none"> <li>Patients with visual issues be offered the form by staff taking care of them and assistance given to complete, before they are discharged home.</li> </ul>		Q3 2024



## PATIENTS WITH A DISABILITY OR LONG-TERM CONDITION

**Area for improvement:** Improving communication between the acute hospital and residential services to ensure information is timely and current to that episode of care.

SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
Did a member of staff tell you about any danger signals you should watch for after you went home?	<ul style="list-style-type: none"> <li>An accident and emergency easy read grab sheet has been developed to help efficient handover in an emergency situation for patients with a cognitive impairment. The grab sheet: <ul style="list-style-type: none"> <li>aids communication between the hospital and the residential houses which access the healthcare services of St. Luke's general Hospital Carlow/Kilkenny.</li> <li>is designed to capture the clinical condition requiring treatment when the patient is admitted to the emergency department.</li> <li>contains a summary of the clinical need of the patient for that episode of care in the ED department and is kept up to date by the care provider, keyworker, family member or other appropriate person in the emergency department and is placed at the front of the patient's healthcare record along with the patient's healthcare passport. This information follows the patient throughout their care in the hospital.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Improved handover communication between the hospital and residential centres on admission and discharge.</li> </ul>	Q3 2024
Did a member of staff tell you about any danger signals you should watch for after you went home?	<ul style="list-style-type: none"> <li>Med Matters is a new publication monthly newsletter distributed by the Pharmacy department. It is a monthly description of medication incidences reported in St. Luke's Hospital. It will be distributed to all healthcare staff and it will be on display in the front foyer of the hospital for service users to observe what safety measures are taken by the pharmacy department to identify and prevent future medication errors.</li> </ul>	<ul style="list-style-type: none"> <li>Increase staff awareness of medication errors and medication adverse effects and the importance or relaying this information to patients.</li> </ul>	Q3 2024
	<ul style="list-style-type: none"> <li>Computer tablets will be provided in the clinical areas which will have access to the necessary clinical resources such as: <ul style="list-style-type: none"> <li>Pharmacy MEG app</li> <li>Drug administration Guidelines</li> <li>CliniBee</li> <li>Tox Base</li> <li>Medicines Complete</li> <li>eBNF</li> <li>UptoDate</li> <li>Hospital Clinical Guidelines</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Providing increased access to clinical staff in the hospital of Medicines Clinical Information.</li> </ul>	Q1 2025



## OTHER (HOSPITAL FOOD)

**Area for improvement:** To provide additional choice and variety of food and drinks available to patients outside of main meal times especially in the evening.

SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
Where you able to get hospital food outside of set meal times	<ul style="list-style-type: none"> <li>The catering department will provide an additional evening tea trolley round for softer foods.</li> <li>If a patient is unavailable at main meal times they will be offered an alternative meal when they return to their bedside.</li> </ul>	<ul style="list-style-type: none"> <li>Increased calorific intake for patients.</li> </ul>	Q4 2025
	<ul style="list-style-type: none"> <li>Snack trolley to be operated by catering staff to offer snacks to patients between 6:30 and 8:00pm each evening. A trolley round by the shop on the hospital grounds is facilitated in person once a day.</li> </ul>		Q4 2025
	<ul style="list-style-type: none"> <li>A website and QR code is available for patients to order a selection of items from the hospital shop. This service is provided by an external contractor. The Patient's purchase can be delivered to the bed side. The hospital catering department provide a drinks round every evening to patients and biscuits are offered.</li> </ul>		Q4 2025
	<ul style="list-style-type: none"> <li>A list of all available snacks will be made available for patients to choose from the previous evening. The snack choice will include a specific emphasis on softer foods for patients who have difficulty swallowing. This list will be held in the pantry of each kitchenette of each ward and will serve as a multidisciplinary communication aid between the dieticians, nursing and catering staff.</li> <li>Snacks will be made available to patients each evening.</li> <li>A verbal choice is currently offered once a day for all meals, this menu is offered to patients the previous evening.</li> <li>It is proposed that a menu card will be implemented in the near future with visual pictures of meals and snacks to help patients make their choice.</li> </ul>	<ul style="list-style-type: none"> <li>Increased choice for patients.</li> <li>An increase in daily calories and protein intake.</li> <li>Improved communication between nursing staff and service users encouraging collaboration.</li> </ul>	Q4 2025



## PATIENT FEEDBACK

SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
Thinking about your overall care, if you wanted to give feedback or make a complaint, did you know how and where to do so.	<ul style="list-style-type: none"> <li>Erect posters around the hospital providing information on how to provide feedback or make a complaint.</li> </ul>	<ul style="list-style-type: none"> <li>To improve overall awareness for patients &amp; visitors on how they can provide feedback or make a complaint.</li> </ul>	Q3 2024
	<ul style="list-style-type: none"> <li>Create a St. Michael's Handbook or Admissions Patient Information leaflet in which information on providing feedback and making complaints will be outlined.</li> </ul>		Q1 2025
	<ul style="list-style-type: none"> <li>Provide information in the Quality Newsletter for staff awareness on providing feedback and making complaints.</li> </ul>		Q3 2024



## OTHER (DISCHARGE)

SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
Do you feel that you received enough information from the hospital on how to manage your condition after your discharge.	<ul style="list-style-type: none"> <li>Implementation of the SMART document:               <ul style="list-style-type: none"> <li><b>Signs</b></li> <li><b>Medication notes</b> (example, changes in medication)</li> <li><b>Appointments</b> I will go to (follow up appointments)</li> <li><b>Results</b> to follow up</li> <li><b>Talk</b> with me more about at least three things: any other concerns you might have.</li> </ul> </li> <li>The SMART document will be piloted on St. Josephs Ward. St. Joseph's Ward has the highest discharge rate among our inpatient wards. The pilot will take place for 6 weeks. After the 6 weeks we will review the successes/challenges of the document with the staff by way of a quick survey and make any necessary changes. If successful, we will roll the document out to all other inpatient areas in Q1 2025. We will measure the success of the document from the results of next year's National Inpatient Experience Survey.</li> <li>If a patient cannot fully comprehend the information staff will ensure that the information is provided to a family member, friend etc.</li> </ul>	<ul style="list-style-type: none"> <li>It will provide patients with all the information they will require post discharge. and provide confidence for the patient in managing their condition when discharged.</li> </ul>	Q4 2024



## PATIENT FEEDBACK

SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
Access for Service Users to provide feedback.	<ul style="list-style-type: none"> <li>The hospital Complaints staff will open a public complaints clinic in a central area of the hospital where patients, families and members of the public can give real-time feedback to staff.</li> <li>The aim is to facilitate direct face-to-face access with Complaints Officers for our Service Users.</li> <li>Complaints Officers will try to troubleshoot and seek resolution to concerns that service users raise in real time.</li> <li>The Complaints Clinic will be promoted on the website and in the hospital through banners and at internal meetings.</li> <li>The Complaints Clinic will be held once per week initially. This will be expanded during 2025 and will be resource dependent.</li> </ul>	<ul style="list-style-type: none"> <li>Service Users will feel that their concerns are being managed efficiently.</li> <li>Staff will know how to signpost service users appropriately.</li> <li>Service Users will feel listened to and their concerns acknowledged in real time.</li> </ul>	Pilot Q1 2025
Advocating for service user communication – Patient Forum.	<ul style="list-style-type: none"> <li>The Clinical Risk &amp; Patient Safety Manager will lead out on the establishment of the hospital's first Patient Forum.</li> <li>Service users, their families and members of the public will be invited to participate in this forum.</li> <li>The forum will meet both in-person and virtually to facilitate a variety of access needs.</li> <li>The forum will provide a platform for service users to have their say and meaningful input about the hospital services that they use.</li> <li>The forum will be promoted through the hospital website and by signage in the hospital.</li> </ul>	<ul style="list-style-type: none"> <li>Service users will have an opportunity to impact on real change in services at the hospital.</li> <li>The forum will improve service user engagement with hospital staff.</li> <li>The forum will provide an advocacy platform for all service users, including the more vulnerable attending our services.</li> </ul>	Q1 2025



## OTHER

SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
Improving communication and information with service users on discharge: This will be piloted on the Orthopaedic wards, following an initial review of feedback.	<ul style="list-style-type: none"> <li>Design educational program with staff to ensure it meets their needs.</li> <li>Deliver educational program to relevant staff.</li> <li>Promotion of written documentation i.e. Patient Information Leaflets (PILs) etc.</li> <li>Embed the process with staff.</li> <li>Audit of patients on day of discharge to measure intervention.</li> <li>Report and feedback to staff &amp; hospital in order to plan next steps i.e. organisation wide rollout.</li> <li>Leadership rounds, where our CNM3 undertake regular rounds, liaising with patients &amp; families about their hospital experiences during their stay.</li> </ul>	<ul style="list-style-type: none"> <li>Senior staff visibility to patients and their families.</li> <li>Communication with vulnerable and elderly patients.</li> <li>The provision of information to patients and their families on discharge.</li> <li>The leadership rounds provide an opportunity for to identify, manage and resolve in real time concerns raised by patients and their families.</li> </ul>	Q1 2025





## PATIENT FEEDBACK

SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
Promotion of a culture of patient engagement, ensuring patients who want to, are aware of how to provide feedback or complaints.	<ul style="list-style-type: none"> <li>Review current materials on feedback and complaints.</li> <li>Print and distribute additional posters in public areas on Feedback and Complaints.</li> <li>Heighten staff awareness on encouraging patients to provide feedback.</li> <li>Encourage frontline staff to host a record of positive and locally resolved feedback.</li> <li>Include details for stakeholders to provide feedback in Hospital Laboratory Primary Sample Manual which is also distributed to all GPs.</li> <li>Management to advise all staff to complete HSeLanD module on 'HSE Effective Complaints handling'.</li> <li>Seek support from TippUH Patient Representative Service Users Forum to promote a culture of patient engagement, and assist with distribution of information on how to provide feedback or complaint.</li> <li>Continue current process of distribution of information regarding how patients can provide feedback within 'TippUH Patient and Visitor Information Booklet'.</li> </ul>	<ul style="list-style-type: none"> <li>Improve awareness for patients and family members on how to provide feedback and make a complaint.</li> <li>Better understanding of how patient feedback is used to improve patient experience.</li> <li>Improve timeliness of communications with patients regarding issues identified.</li> <li>Greater involvement of all stakeholders in promotion of culture of patient engagement.</li> <li>Increase in cohort of patients' age 16- 65 who scored less than 58% in knowing how and where to give feedback or make a complaint in TippUH.</li> </ul>	Q4 2024



## PATIENTS WITH A DISABILITY OR LONG-TERM CONDITION

SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
<p>Patients with a disability or long-term condition.</p> <ul style="list-style-type: none"> <li>Did a member of staff tell you about any danger signals you should watch for after you went home?</li> <li>Did hospital staff tell you who to contact if you were worried about your condition or treatment after you left hospital?</li> </ul>	<ul style="list-style-type: none"> <li>Ensure advocate present with patient that has a difficulty or disability when receiving information from Doctors e.g. Patient Advocacy Liaison Service, chosen family member or Nurse in line with Comment from Survey 'I think a nurse that's on duty should attend with the doctor when a conversation takes place'.</li> <li>Increase number of available loop hearing devices to have for those patients with deafness or serious hearing impairment particularly during consults with Healthcare Professionals.</li> <li>Educate and train hospital Quality manager and Patient Advocacy Liaison Officer in 'Let's be Literacy friendly in Tipperary'.</li> <li>Include local Regional Literacy Coordinator with Education &amp; Training Board in Tipperary University Hospital Inclusion Working Group and present at Hospital Patient Representative Service Users Forum.</li> <li>Host Forum for staff to be aware of adult literacy issues and support trainings available.</li> <li>Promote availability of supports that can be provided by Hospital Patient Advocacy Liaison Service.</li> </ul>	<ul style="list-style-type: none"> <li>Patient's awareness and understanding of information discussed at patient and doctor encounters, to include explanation of investigations and advice regarding medical condition including dangers to look out for.</li> <li>Patients with deafness or serious hearing impairment supported during consults with Healthcare Professionals and able to understand and ask questions regarding their condition and treatment.</li> <li>Patients involvement with decisions about their care and discharge.</li> <li>Awareness of staff of supports available relating to identification of those with literacy difficulties and health literacy issues.</li> <li>Ability of network within hospital to signpost staff to supports available for those with literacy difficulties and health literacy issues.</li> <li>Patients and staff aware of Hospital Patient Advocacy Liaison Services provision.</li> </ul>	Q4 2024 – Q1 2025



## OTHER

SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
Patients that identified their main reason for stay in hospital related to Neurological condition including Stroke.	<ul style="list-style-type: none"> <li>All Acute Stroke Unit (ASU) Staff led by CNM and CNS in Stroke assisting with ongoing provision of information for the Patient and family regarding their diagnosis and condition.</li> <li>Acute Stroke Unit (ASU) staff with support from Pharmacist checking patient medications and explaining reasoning for same, risks and side effects from same- this includes contraindications e.g. trauma whilst on specific medications Direct oral anticoagulants (DOAC).</li> <li>One-to-one conversations held between each patient and Stroke Clinical Nurse Specialist.</li> <li>Additional education, training and briefing updates will be provided by Stroke CNS on an ongoing basis.</li> <li>Referral to 'Headway' for psychological support for each patient, this includes onsite visit if available and/or subsequent contact on discharge.</li> <li>Signposting for all patients and their family to supports provided and available from 'Acquired Brain Injury Ireland'.</li> <li>Provision of information and supportive referral documentation by Health &amp; Social Care Professionals Speech and Language Therapists (SLT) including Dysphagia Packs, swallow care plans, information, recovery diets, (Aphasia as relevant).</li> <li>Additional communication piece for patient, family and staff being hosted by SLT and Dieticians.</li> <li>Support, empower and help stroke survivors to find their voice again sometimes after it has been lost to the effects of stroke at a community level within 'South Tipperary Stroke Communication Group'.</li> </ul>	<ul style="list-style-type: none"> <li>Patients will be able to have a greater understanding of their diagnosis.</li> <li>Patients and family members will be feel confident that they could discuss their worries and fears with any member of the Multidisciplinary team.</li> <li>Additional information will be provided in multiple formats as relevant to their condition and medications, inclusive of Dysphagia pack, swallow care plan, relevant diet. (Aphasia as relevant).</li> <li>Communication with patient and family members to ensure "make every moment count".</li> <li>Psychological support for patients as provided in house or on discharge by 'Headway'.</li> <li>Patients will be signposted to available supports from 'Acquired Brain Injury Ireland'.</li> <li>Increased patient and family member's awareness of medications and risks and complications of same. E.g. avoid swimming, risk of falls.</li> <li>Support Stroke survivors and foster s community that champions resilience, recovery and renewed hope via 'South Tipperary Stroke Communication Group'.</li> </ul>	Q4 2024 – Q2 2025



## PATIENT FEEDBACK

SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
Increase awareness among patients about how to give feedback/make a complaint.	<ul style="list-style-type: none"> <li>Introduce large 'Your Service, Your Say' pop-up posters at relevant points in the hospital e.g. Admissions, points of entry, with details of how to make a complaint/provide feedback.</li> <li>Increase the number of posters on display and suggestion boxes in place.</li> <li>Inclusion of 'Your Service Your Say' feedback information on Patient appointment or admission letters to be piloted.</li> <li>A Patient Information Booklet was recently launched in University Hospital Waterford for all patients and contained details of how to make a complaint/provide feedback and the National Patient Advocacy Service. The process to ensure all patients receive a booklet is to be improved.</li> <li>A Patient Satisfaction Survey to be planned for late Q1 2025 and to include a question on knowledge regarding making a complaint/providing feedback following implementation of the above.</li> </ul>	<ul style="list-style-type: none"> <li>Awareness of how to make a complaint or provide feedback will be improved.</li> </ul>	Q1 2025



## PATIENTS WITH A DISABILITY OR LONG-TERM CONDITION

SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
To increase awareness among staff and patients of the importance of informing patients of danger signals to be aware of after discharge.	<ul style="list-style-type: none"> <li>If a patient has any impairment or communication issues, this will be highlighted in the nursing care plan. Where a patient has blindness/visual impairment, or where a patient has identified literacy difficulties to staff, staff will be reminded to give the patient the relevant information verbally, and to ensure a Carer/Family member designated by the patient, is given a copy of the booklet also for reference.</li> <li>Prior to the next print run of the Patient Information Booklets, Existing pieces will be revised and new pieces added to include danger signals to watch for that are applicable to the majority of patients: Blood clots, Infection, Sepsis and Medication Safety.</li> <li>A reminder to be added stating 'Prior to your discharge, please discuss any specific concerns you may have with your doctor/nurse'.</li> </ul>	<ul style="list-style-type: none"> <li>Increased awareness for patients/families of danger signals to watch for after discharge.</li> </ul>	Q1 2025



## OTHER (HOSPITAL FOOD)

SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
To increase awareness of snack options and sandwich selection available on all wards for patients between meals, in the evening or in lieu of a missed meal.	<ul style="list-style-type: none"> <li>A baseline audit is to be carried out to confirm snack/sandwiches availability in ward pantries and identify if they are being offered to patients.</li> <li>There will be an increased focus on informing catering staff of the availability of snacks/sandwiches on wards and the importance of offering this to patients during the afternoon and late evening rounds.</li> <li>In the longer-term, it is planned to carry out a review of menu options available to patients.</li> </ul>	<ul style="list-style-type: none"> <li>Awareness of staff of the importance of ensuring ward pantries are kept stocked and that these items are made available to patients, especially those who have missed a meal.</li> </ul>	Q4 2024



## PATIENT FEEDBACK

SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
To allow for easier and more visible information for service users on providing any feedback from their visit to Wexford General Hospital.	<ul style="list-style-type: none"> <li>Improved signage around the hospital with posters and pull up banners with feedback information.</li> <li>Development of QR codes with direct link to Wexford General Hospital service user email address.</li> </ul>	Service users will find it easier to give feedback on their experience in Wexford General Hospital and any concerns will be addressed and investigated promptly.	End Q4 2024
	<ul style="list-style-type: none"> <li>Welcome leaflet with information on how to feedback to be developed and implemented.</li> </ul>		Q1 2025



## PATIENTS WITH A DISABILITY OR LONG-TERM CONDITION

Area for improvement: Overall improve the experience of service users with neurological deficits

SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
Supporting patients in accessing food outside of meal times.	<ul style="list-style-type: none"> <li>Set up a subgroup to relaunch snack menu.</li> <li>Simplifying the snack menu to make it more patient friendly.</li> <li>Advertise the availability of snacks in between meals by providing information on meal tray flyers with snack menu.</li> </ul>	Service users can avail of the varied snack menu available in Wexford General Hospital easier and be more aware of what is available to them.	Q2 2025
Provision of written information to patients at the time of discharge.	<ul style="list-style-type: none"> <li>Information for patients – in the form of booklets and information leaflets.</li> </ul>	Service users will feel more informed and more empowered in their health journey when equipped with the correct information.	Q1 2025
	<ul style="list-style-type: none"> <li>A pilot of Wexford General Hospital packs (to include discharge information) will be commenced on our Stroke patients initially and then rolled out hospital wide.</li> </ul>		Q2 2025
Dedicated patient partnership.	<ul style="list-style-type: none"> <li>Explore the development for a patient partnership group, in relation to disabled service users.</li> </ul>	Overall improve patient experience to service users that are physically impaired.	Q4 2025



## OTHER (DISCHARGE OF TRANSFER)

Area for improvement: Improve service user's knowledge and confidence on discharge from hospital.

SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
Improve service user's knowledge and confidence on discharge from hospital.	<ul style="list-style-type: none"> <li>A pilot of Wexford General Hospital packs (to include discharge information) will be commenced on our Stroke patients initially and then rolled out hospital wide. Once pilot introduction is complete, a hospital roll out will commence.</li> </ul>	Improve service user's knowledge and confidence on discharge from hospital.	Q2 2025
	<ul style="list-style-type: none"> <li>Set up a discharge planning working group/committee to look at all processes around discharge.</li> </ul>		Q1 2025

# HSE Dublin and Midlands

- Regional Hospital Mullingar
- Midland Regional Hospital Portlaoise
- Midland Regional Hospital Tullamore
- Naas General Hospital
- St James's Hospital
- Tallaght University Hospital



As REO of the Dublin and Midlands Region, I would like to extend my heartfelt appreciation to all who participated in the 2024 National Inpatient Experience Survey. Your feedback provides a valuable perspective on patient experiences, highlighting what matters most to patients and their families. This input is essential in shaping our plans for patient engagement and in driving quality improvements across our region.

We are pleased that our hospitals received strong overall ratings, and I commend our staff for their dedication and hard work across each of the hospitals. However, the survey results also reveal areas for growth, reinforcing the importance of our commitment to delivering safer, more efficient, and person-centred healthcare by actively listening to, learning from and responding to those we serve.

The insights from the survey have been pivotal in guiding quality and service improvements across all hospitals in the Dublin and Midlands Region. Notably, 85% of respondents had a good or very good overall experience of care within the region with high scores for both Midland Regional Hospital Tullamore and St James's Hospital. Comments from patients in our region were very positive with a regional high score from patients who felt respected and treated with dignity during their hospital stays. These figures are also seen as positive from a national context. However, several areas require attention and we are committed to working with all staff to drive these necessary quality improvements. Specifically, we will improve communication around safety information for patients returning home and this will be achieved as part of our work towards integrating care as part of our regional reform and looking at opportunities for improved ways of working and engaging with our patients. We will also prioritise patient advocacy and support ensuring patients have someone to confide in regarding their fears and concerns. It is crucial that we work together to ensure patients feel fully supported, with all their questions and concerns thoughtfully addressed throughout their stay and indeed that we address those concerns highlighted about access to food outside of set mealtimes to ensure all patients feel comfortable and sustained during their stay.

The work of improving healthcare is ongoing, and the National Inpatient Experience Survey remains a cornerstone of our quality improvement efforts which will actively continue in our Hospitals ensuring that every voice is heard and valued as we strive for quality improvements and excellence in patient care.



**Kate Killeen White**  
**Regional Executive Officer,**  
**HSE Dublin and Midlands**



## PATIENT FEEDBACK

SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
Opportunity for patients and or family to speak with a Doctor :Review current process that is in place to support patients and or family members to speak with a Doctor whilst taking into consideration the work schedule of clinicians.	<ul style="list-style-type: none"> <li>Ensure that all staff are aware of the process.</li> </ul>	<ul style="list-style-type: none"> <li>Improved experience for patients in relation to engaging with Doctors.</li> </ul>	Q1 2025
	<ul style="list-style-type: none"> <li>Inform patients and or family members as indicated of the process.</li> </ul>	<ul style="list-style-type: none"> <li>Reduction of complaints to the hospital on this element of the patient journey.</li> </ul>	Q1 2025
Access to a member of hospital to discuss worries/ fears: Review the current status in clinical areas which influence the ability of staff to avail of opportunities to have private discussions with patients.	<ul style="list-style-type: none"> <li>Develop a hospital plan to roll out the National Healthcare Communication Programme to support staff engage in effective communication with patients and their families.</li> </ul>	<ul style="list-style-type: none"> <li>Improvement in patient experience in respect of communication with hospital staff.</li> <li>Reduction of complaints received which would come under communication processes.</li> </ul>	Q2 2025
	<ul style="list-style-type: none"> <li>Develop a Patient Advice and Liaison Service at the hospital within the QPS department with the recruitment of a PALS Officer which will ensure that the patient voice is heard directly or through a nominated representative.</li> </ul>	<ul style="list-style-type: none"> <li>Improve patient engagement with the hospital and healthcare staff with an increased level of service user satisfaction.</li> </ul>	Q3 2025



## OTHER (ACCESS TO FOOD OUTSIDE OF SET MEAL TIMES)

SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
Promote the Mealtimes Matter initiative across the hospital.	<ul style="list-style-type: none"> <li>Ensure all staff implement the Mealtimes Matter principles in so far as is possible to prevent a patient missing a scheduled meal.</li> </ul>	<ul style="list-style-type: none"> <li>Patients experience in accessing food outside of set meal times.</li> </ul>	Q1 2025
	<ul style="list-style-type: none"> <li>In the event that a patient misses the scheduled meal, ward staff can seek an alternative option from the main kitchen.</li> </ul>		Q1 2025
	<ul style="list-style-type: none"> <li>Of note the current cooking process at the hospital is Cook &amp; Chill so there is not the facility to reheat these meals. It is anticipated in the medium to long term the hospital will be implementing Cook Fresh system which will improve patient experience.</li> </ul>		2026



## OTHER (DISCHARGE OR TRANSFER)

SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
<ul style="list-style-type: none"> <li>Review of existing steps in the discharge planning process to improve communication and information sharing between clinical staff and patients in respect to their individual care plans.</li> <li>Review specific requirements of vulnerable groups who may require more time allocated to communication of the process in an appropriate environment and or alternative methods of communication</li> <li>Review the suite of information leaflets and other documentation available to patients and their families on discharge relevant to their care management.</li> <li>Establish a transition lounge which will enhance the discharge process steps to facilitate the completion of any remaining documentation and provide an opportunity for addressing any concerns for the patient and their family.</li> </ul>	<ul style="list-style-type: none"> <li>Provide education to all staff on a holistic discharge process.</li> </ul>	<ul style="list-style-type: none"> <li>Staff will have access to all information required for patients on discharge.</li> </ul>	Q1 2025
	<ul style="list-style-type: none"> <li>Ensure that all information in relation to discharge planning is stored on the HCI Knowledge portal with ease of access for all staff engaged in the discharge process.</li> </ul>	<ul style="list-style-type: none"> <li>Patients will have a more positive experience during their hospital stay while engaging in the discharge process.</li> </ul>	Q1 2025
	<ul style="list-style-type: none"> <li>Identify an area where a transition lounge can be located which will be dependent on access to appropriate staffing.</li> </ul>	<ul style="list-style-type: none"> <li>Patients and or family members will be informed and empowered on discharge to manage their condition receiving all relevant information pertinent to their ongoing care.</li> </ul>	Q1 2025
	<ul style="list-style-type: none"> <li>Identify alternative methods of communication as indicated for those patients who require it e.g. interpreter/sign language.</li> </ul>	<ul style="list-style-type: none"> <li>Improved communication between healthcare providers and service users.</li> </ul>	Q1 2025
	<ul style="list-style-type: none"> <li>Ensure staff have access to alternative methods of communication and are aware of the processes to source same.</li> </ul>	<ul style="list-style-type: none"> <li>Streamlined and improved discharge process.</li> </ul>	Q1 2025
		<ul style="list-style-type: none"> <li>Increased service user satisfaction.</li> </ul>	Q2 2025
		<ul style="list-style-type: none"> <li>Access to a Transition Lounge will facilitate opportunities for staff to ensure patients have completed all steps in the discharge process in a more controlled environment.</li> </ul>	Q2 2025



## PATIENT FEEDBACK

SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
Promote a culture of patient engagement.	<ul style="list-style-type: none"> <li>Develop a patient feedback tool (with a QR code) to facilitate real-time, ongoing feedback and complaints about all areas within the hospital (i.e. in-patients; out-patients; Emergency Department and diagnostic departments/services). This tool will capture patients' level of satisfaction with services on an ongoing basis.</li> </ul>	<ul style="list-style-type: none"> <li>Quicker access to real-time feedback allowing investigation and action.</li> </ul>	Q1 2025



## OTHER

SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
Communication with patients & families.	<ul style="list-style-type: none"> <li>Actively promote the importance of good communication skills amongst all staff grades through:               <ol style="list-style-type: none"> <li>the promotion of the National Healthcare Communication Programme (NHCP) <i>and</i></li> <li>providing feedback (re the results of the NIES with regarding to the provision of information and communication) to the Quality &amp; Safety Specialty Committees.</li> </ol> </li> <li>Facilitate NHCP training at Grand Rounds.</li> <li>Prioritise NHCP training for areas for which feedback/complaints have been received.</li> <li>Agree a hospital Key Performance Indicator to measure uptake/attendance at the training.</li> <li>Report/provide feedback re compliance with the KPI at the Quality &amp; Safety Executive Committee (quarterly) meeting and the Senior Management Team meetings.</li> </ul>	<ul style="list-style-type: none"> <li>Improved communication with families and patients and their families resulting in:               <ul style="list-style-type: none"> <li>improve knowledge for patients/families regarding medical condition; treatment plan and outcomes</li> <li>reduced anxiety for patients/relatives</li> <li>empowerment of patients/relatives to make decisions</li> <li>improved patient satisfaction</li> <li>fewer complaints</li> </ul> </li> </ul>	Q1 - Q4 2025
	<ul style="list-style-type: none"> <li>Publish a Hospital Information Booklet to provide patients and relatives with information before and during admission and after discharge from hospital.</li> </ul>		Q1 2025





## PATIENT FEEDBACK

SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
<ul style="list-style-type: none"> <li>Installation of 2 Digital screens in OPD to provide up to date and relevant Patient Information</li> </ul>	<ul style="list-style-type: none"> <li>Installation of Digital screens x 2 in the main Outpatients waiting areas.</li> <li>Consultation with Patient Partners regarding actual content to be displayed.</li> <li>Visual content including both written information and images will assist the hearing impaired patient process information.</li> <li>Digital screens content will include tailored information about specific health conditions to Outpatients.</li> <li>Displayed content will be updated on a regular basis.</li> <li>This visual information will complement existing written Patient information displayed in OPD.</li> </ul>	<ul style="list-style-type: none"> <li>All patients attending the Outpatients Dept. will have both visual and audio access to information on a wide range of topics including PALS, Your service, Your say, VTE, Sepsis.</li> <li>Through increased signposting of Patient Advocacy services, patients and their families will know how to make a complaint.</li> <li>Efficient dissemination of targeted information will enhance their overall patient experience.</li> <li>Promotes preventative healthcare (the promotion of Flu &amp; COVID-19 vaccines).</li> </ul>	Q1 2025



## PATIENTS WITH A DISABILITY OR LONG-TERM CONDITION

SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
<ul style="list-style-type: none"> <li>'Making Mealtimes Matter' initiative.</li> <li>Review of the current ordering system.</li> </ul>	<ul style="list-style-type: none"> <li>Stakeholder involvement including Dietetics', QPS Dept., CNMs, Support services.</li> <li>To introduce the 'Making Mealtimes Matter' pilot initiative in a Medical &amp; Surgical ward initially, with a view to rolling it out across MRHT.</li> <li>Create a Business case for a Digital Menu Ordering System which will standardise menus and ordering systems &amp; replace an outdated paper - system.</li> <li>Formulation of a 'Making Mealtimes Matter' PPPG, as a reference point for all Healthcare Professionals in MRHT and to ensure standardisation of practice.</li> </ul>	<ul style="list-style-type: none"> <li>Patient's nutrition and hydration will be prioritised while they are in hospital.</li> <li>Protection of Patients mealtimes.</li> <li>The assistance for all patients with additional needs, enabling them to make informed choices regarding choosing their meals. Eg. The use of pictures for hearing impaired patients, voice overs for the visually impaired patients.</li> <li>Promotes the safe ordering of individualised meals, therapeutic diets, improved choice, reduced cost and waste, &amp; enhanced patient satisfaction.</li> <li>Improving compliance with EU legislation regarding Food Allergens, thus improving Patient Safety.</li> <li>As good nutrition is an integral part of patient care, it will provide substantial physical benefits (better outcomes, improved recovery times) &amp; the provision of psychological comfort.</li> </ul>	Q2 2025



## OTHER

SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
<ul style="list-style-type: none"> <li>Provision of written information for Surgical/ Orthopaedic Patients on discharge.</li> </ul>	<ul style="list-style-type: none"> <li>Revise current and create new surgery-specific information leaflets for all Surgical/ Orthopaedic Patients in conjunction with Practice Development Dept.</li> <li>Leaflets to be formulated in user-friendly language &amp; will include images as a visual aid, where possible.</li> <li>Content will include answers to frequently asked questions.</li> <li>Leaflets to be given and explained prior to discharge, to patients and where possible- their families, by the Discharging Nurse.</li> <li>Same to be documented in the Discharge planning section of Nursing Notes.</li> </ul>	<ul style="list-style-type: none"> <li>Empowerment of the Patient&amp; their families through information, education.</li> <li>The reinforcement of verbal instructions and advice during the Discharge planning phase.</li> <li>Early and timely recognition of adverse events such as VTE, Wound infections &amp; Sepsis.</li> </ul>	Q1 2025



## PATIENT FEEDBACK

SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
The Colour Code Campaign supports the hospitals' goal of improving communication within the hospital and promoting awareness among service users of the pathways for submitting feedback or making a complaint and the 'Your Service Your Say' policy.	<ul style="list-style-type: none"> <li>Establish a programme of communication via posters and high impact visual digital displays to assist service users to identify different healthcare professionals.</li> <li>Encourage good communication by designing a Colour Coded Poster (also in digital format) indicating the different coloured uniforms worn by nursing and Allied Healthcare Professionals (AHP's). The Colour Code Campaign is a drive to improve communication by clearly identifying who the different healthcare professionals are and direct service users and their families towards who to speak to when they need information, e.g. on medication etc.</li> <li>Indicate on the Poster the Grade of each nurse. This will help to identify the nurse in charge.</li> <li>Indicate on the Poster the colour of uniform worn by AHPs.</li> <li>Highlight on the Poster the 'Your Service Your Say' Policy.</li> <li>Advertise feedback platform feedback. <a href="mailto:naas@hse.ie">naas@hse.ie</a></li> <li>Promote the 'Hello My Name is' Policy.</li> <li>Promote Patient Advocacy Service <a href="mailto:info@patientadvocacyservice.ie">info@patientadvocacyservice.ie</a></li> <li>Gather feedback from service users and ward staff on the effectiveness of the Colour Code Campaign. Design a feedback survey to assess response to the Colour Code Campaign.</li> <li>Assess any upward trends in the receipt of feedback in Q1 2025 in comparison to Q1 2024.</li> <li>Collaborate with the Quality Department and nursing management and the Communication officer to promote the campaign.</li> </ul>	<ul style="list-style-type: none"> <li>Better Understanding of 'Who is Who'. <ul style="list-style-type: none"> <li>Better Understanding of who to address concerns to</li> <li>Better Understanding of who is communicating with you</li> <li>Better knowledge of the Complaints process</li> <li>More confidence to give feedback/make a complaint</li> <li>Increase in percentage of Service Users who know where and how to give feedback/make a complaint.</li> </ul> </li> </ul>	<p>Implement in Q4 2024</p> <p>Assess in Q2 2025.</p>



## PATIENTS WITH A DISABILITY OR LONG-TERM CONDITION

SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
Launch John's Campaign to allow carers to stay with patients with disabilities outside of routine visiting hours.	<ul style="list-style-type: none"> <li>• Recognise carers as essential partners in patient care by providing them with the resources and access needed to support their loved one throughout the hospital stay.</li> <li>• Clearly communicate the role and rights of carers within the hospital, aligning with John's Campaign principles to ensure they feel valued and empowered in their role.</li> <li>• Create a policy that allows carers to stay with patients with disabilities.</li> <li>• Develop guidelines for involving carers as essential partners in care.</li> <li>• Deliver training sessions for staff focused on the value of John's Campaign.</li> <li>• Provide written material and digital resources outlining John's Campaign.</li> <li>• Pilot John's Campaign with selected patients.</li> <li>• Utilise 'This is Me' passport, this is designed to capture essential information about each patient's needs, preferences and communication style. The tool helps staff understand the patient's unique requirements, their signs of stress or anxiety and create their care plan accordingly.</li> <li>• Distribute blank 'This is Me' passports in the ED waiting room and reception areas, make them readily available for carers to complete.</li> <li>• ED Triage process to include 'This is Me'</li> <li>• Partner with local nursing homes and care facilities to encourage use of the passport for patients admitted to hospital to ensure seamless transfer of personalised care information.</li> <li>• Display information about 'This is Me' passports on the digital screens in the waiting and communal areas.</li> <li>• Track the completion rate of 'This is Me' passports.</li> <li>• Gather feedback via a discussion forum from families/ carers and ward staff on the effectiveness of carer integration, focusing on patient comfort, feeding success and overall calmness.</li> <li>• Ensure these profiles are available to all staff who interact with the patient to promote understanding and reduce anxiety.</li> <li>• Create a designated sensory-friendly area in the ED waiting room with features like, dim lighting, noise reduction, and comfortable seating. This space will provide a calm less stimulating environment for patients with sensory issues, reducing stress during hospital visits.</li> </ul>	<ul style="list-style-type: none"> <li>• Improved patient inclusivity.</li> <li>• Patient-centered care.</li> <li>• Creates a more supportive, compassionate environment for patients with disabilities and their carers.</li> <li>• Improved communication and personalised care.</li> <li>• Improve staff awareness.</li> </ul>	Implement in Q4 2024 Assess in Q2 2025.



## PATIENT FEEDBACK

SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
<ul style="list-style-type: none"> <li>Increase awareness of how to make complaint or give feedback amongst younger age group: Less than 50% of patients under the age of 50 said that they did know how and where to give feedback or make a complaint.</li> </ul>	<p>In addition to the current, verbal and written forms of promoting &amp; receiving feedback:</p> <ul style="list-style-type: none"> <li>Create a QR code that can be scanned by mobile devices which brings patients and relatives to the Patient Experience Office information on the SJH website. <a href="http://www.stjames.ie/services/qsid/">www.stjames.ie/services/qsid/</a></li> <li>Include QR Code on posters displayed throughout the hospital.</li> <li>Implement the use of Comment Cards in the Patient Flow Lounge.</li> </ul>	<ul style="list-style-type: none"> <li>The QR code will enable patients and their relatives to find complaint and feedback information on their mobile devices.</li> <li>Many patients spend time in the Patient Flow Lounge prior to their discharge from hospital. While waiting there, they will have the opportunity to provide written or electronic feedback.</li> </ul>	Q1 2025



## PATIENTS WITH A DISABILITY OR LONG-TERM CONDITION

SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
<ul style="list-style-type: none"> <li>Improve the experience of patients with an intellectual disability when attending the hospital: Patients with an intellectual disability reported a less good experience of care.</li> </ul>	<ul style="list-style-type: none"> <li>Enable all patients with an intellectual disability attending the hospital to be referred to the Intellectual Disability Nurse Service for support.</li> <li>Raise awareness of the Intellectual Disability Nurse Service amongst nurses, doctors and allied health care professionals through participation in education &amp; training and sharing of information through the hospital's internal communication systems.</li> <li>Develop and promote an electronic referral system to refer patients with an intellectual disability from OPD to Intellectual Disability Nurse Service.</li> </ul>	<ul style="list-style-type: none"> <li>The Intellectual Disability Nurse Service supports and enables patients with an intellectual disability when communicating with staff, receiving information, discussing treatment and care, being involved in decisions about treatment and care, being involved in decisions about discharge, and the provision of written or printed information.</li> <li>The post holder ensures that the patient with an intellectual disability has someone to talk to, advocates for their individual needs, liaise between services and the hospital and community</li> <li>Each patient will have a named contact person following discharge from hospital.</li> </ul>	Commence Q4 2024 & continue throughout 2025



## OTHER (DISCHARGE OR TRANSFER)

SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
<p>Develop a patient information leaflet. 'Hip Fracture. A Guide to Your Hospital Journey': Overall, patients were given written or printed information about what they should and should not do after leaving hospital. Patients with an Orthopaedic Condition reported a less good experience of care on these aspects.</p>	<ul style="list-style-type: none"> <li>Develop a hip fracture patient information leaflet in partnership with patients and service users.</li> <li>Make the patient information leaflet available in the Emergency Department, Orthopaedic Ward and St James's Hospital website.</li> <li>Create a QR code to access the patient information leaflet.</li> </ul>	<ul style="list-style-type: none"> <li>Patients and their relatives will have printed and digital information to support the verbal information provided by health care staff.</li> <li>Printed &amp; digital material will provide information about all stages of the patient journey, from admission to the Emergency Department to discharge home.</li> </ul>	Q2 2025



## PATIENT FEEDBACK

SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
Thinking about your overall care, if you wanted to give feedback or make a complaint, did you know how and where to do so?	<ul style="list-style-type: none"> <li>Publicise PALs Patient Information Leaflet – via hospital magazine and Communication Digital Screens.</li> </ul>	<ul style="list-style-type: none"> <li>Ensure that all patients and their families are aware that there is a robust feedback service here in Tallaght University Hospital and ensure they are aware that there is a dedicated department which they can access by:               <ul style="list-style-type: none"> <li>E-Mail</li> <li>Written Communication</li> <li>Telephone</li> <li>Drop in Service</li> </ul> </li> </ul>	Q1 2025
	<ul style="list-style-type: none"> <li>Promotional Stand for staff on the usage of the Patient Information Booklet to be scheduled twice in 2025 by Key Stakeholders &amp; PALs staff.</li> </ul>		Q2 2025
	<ul style="list-style-type: none"> <li>Ward staff will continuously signpost patients, families carers to relevant information on the Quality Boards on each ward.</li> </ul>		Throughout Q1, 2, 3 & 4 2025
	<ul style="list-style-type: none"> <li>PALs to provide education for all staff on the feedback process at Corporate/Nursing Induction.</li> </ul>		Monthly in 2025
	<ul style="list-style-type: none"> <li>Develop TUH version of HSE My health, My Voice leaflet which will include QR code access to PALs on Website advising how to provide feedback and access to TUH local surveys.</li> </ul>	<ul style="list-style-type: none"> <li>Additional method for patients and their families to provide feedback.</li> </ul>	Q2 2025



## PATIENTS WITH A DISABILITY OR LONG-TERM CONDITION

SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
Supporting patients on the ward.	Deafness or serious hearing impairment	<ul style="list-style-type: none"> <li>Improve experience in the Emergency Department for Deaf Persons and Hard of Hearing Persons.</li> </ul>	Q1 2025
	1. Pathway for serious hearing impairment & deafness: Bi-monthly Staff education on pathway at daily NCHD handovers and nursing huddles. Scheduled 6 times in 2025 by consultant and senior nursing. <ul style="list-style-type: none"> <li>Patient alert at point of registration.</li> <li>Nurse alerted, patient moved to the sub wait area.</li> <li>The Irish Sign Language Service is contacted for translation service.</li> <li>Virtual translation service provided for patient.</li> </ul>		
	2. Additional voice amplifiers for hard of hearing patient will be purchased.	<ul style="list-style-type: none"> <li>Improve experience in the Emergency Department for Deaf Persons and Hard of Hearing Persons.</li> </ul>	Q2 2025
	Intellectual Disability/Difficulty in learning, remembering or concentrating	<ul style="list-style-type: none"> <li>Improve experience in the Emergency Department for neurodiverse patients and their family/carers.</li> </ul>	Q1 2025
	1. Developing a programme of change, pioneering efforts to address the challenges of navigating the high stress environment of an ED for neurodivergent individuals. Education for staff on use of sensory room scheduled 6 times in 2025 by consultant and senior nursing.		
	2. Active engagement with Acute Intellectual Disability Nurse Specialist.	<ul style="list-style-type: none"> <li>For those with a lived experience of intellectual disability, the Emergency Department can be an environment that is hard to predict, and can lead to worry and anxiety.</li> </ul>	Q1 Scheduled monthly meetings throughout 2025
	3. A triage Booklet will be introduced in an Easy Read Format.	<ul style="list-style-type: none"> <li>This booklet aims to improve the experience in the Emergency Department for people with intellectual disability, their families and carers by outlining the processes involved while in Triage.</li> </ul>	Q4 2024

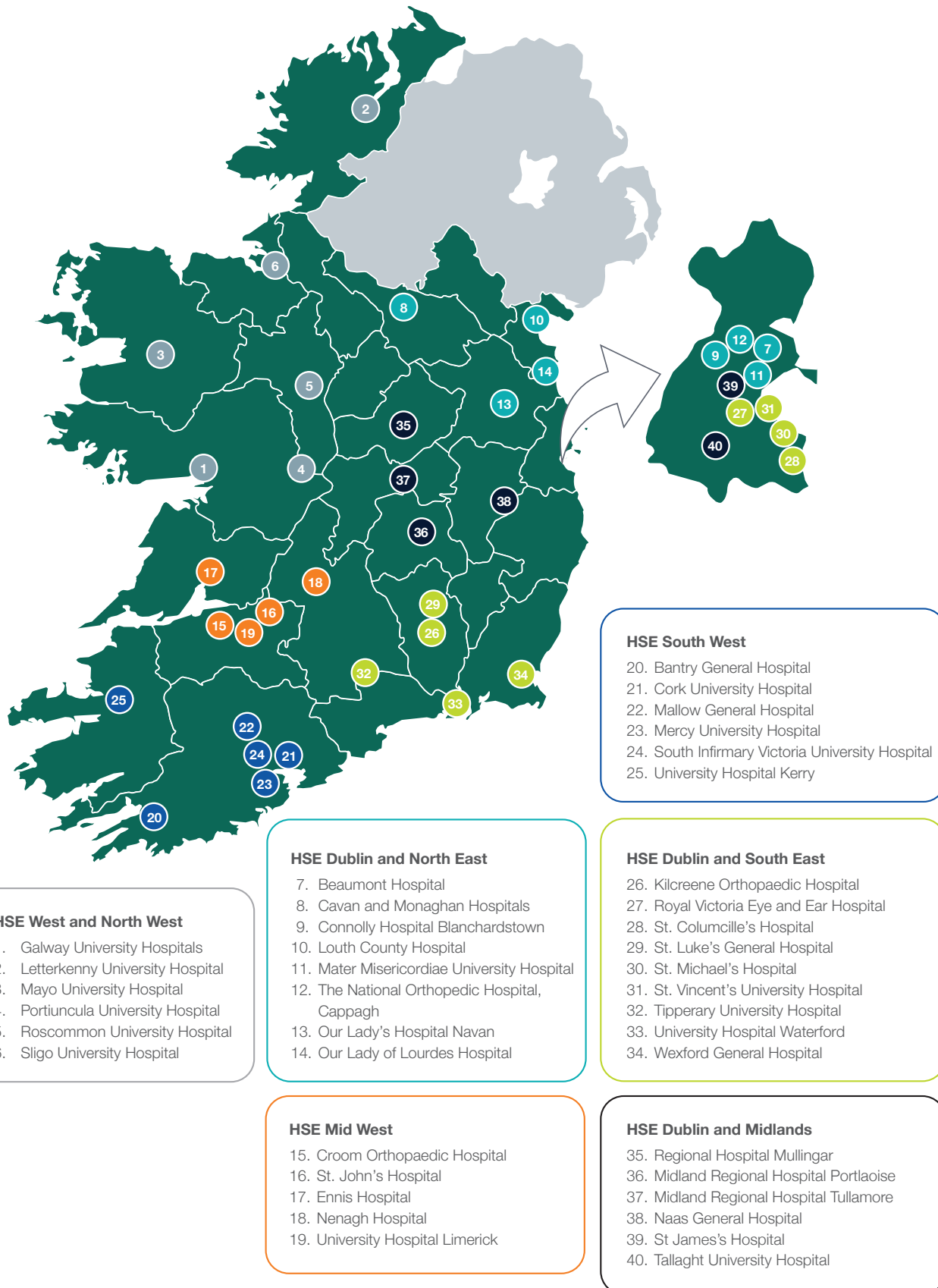


## OTHER (EMERGENCY DEPARTMENT)

SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
Following arrival at the hospital, how long did you wait before being admitted to a ward?	<p>Patient flow is an ongoing challenge in all hospitals. The following QIPs aim to focus on the patient experience whilst awaiting admission in the hospital.</p> <ul style="list-style-type: none"> <li>Introduce additional huddles at 2:00pm and 11:00pm daily.</li> </ul>	<p>This QIP aims to focus on the patient experience whilst awaiting admission in the hospital.</p> <ul style="list-style-type: none"> <li>Earlier identification and access for the sicker patient.</li> </ul>	Q4 2024
	<ul style="list-style-type: none"> <li>Re-triaging patients who are identified by nursing staff and PLO's who are identified as being a long time waiting and possibly deteriorating.</li> </ul>	<ul style="list-style-type: none"> <li>Earlier identification and access for the sicker patient.</li> </ul>	Q4 2024
	<ul style="list-style-type: none"> <li>Emergency Department to provide food and beverages to patients, their families and carers while waiting in ED.</li> </ul>	<ul style="list-style-type: none"> <li>Make patients more comfortable whilst waiting.</li> </ul>	Q4 2024
	<ul style="list-style-type: none"> <li>Patient Liaison Officers (PLO) rosters 6 days a week/12 hours a day.</li> </ul>	<ul style="list-style-type: none"> <li>Help to provide continuous support /communication for patients, their families and carers whilst waiting.</li> </ul>	Q4 2024
	<ul style="list-style-type: none"> <li>Purchase PLO's one iPads which will be configured to Symphony ED system which will enable the PLOs to carry out regular roll calls in the waiting room and update electronic information in real time.</li> </ul>	<ul style="list-style-type: none"> <li>Accurate record updates of current patients awaiting treatment and care. Efficiency of the information should improve waiting times.</li> </ul>	Q2 2025
	<ul style="list-style-type: none"> <li>Purchasing vending machines to ensure the availability of healthy food options for patients, their families and carers who are experiencing long waiting times in the ED.</li> </ul>	<ul style="list-style-type: none"> <li>Make patients more comfortable whilst waiting.</li> </ul>	Q3 2025

## APPENDICES

# Map of Hospital Updates/QIPs





# Glossary

AvLOS	Average Length Of Stay
CNM	Clinical Nurse Manager
HCA	Health Care Assistant
HIQA	Health Information and Quality Authority
HSE	Health Service Executive
ID	Intellectual Disability
IPC	Infection Prevention Control
MDT	Multi-Disciplinary Team
NALA	National Adult Literacy Agency
NCEP	National Care Experience Programme
NHCP	National Healthcare Communication Programme
NIES	National Inpatient Experience Survey
OPD	Out patients Department
PALS	Patient Advice and Liaison Service
PET	Patient Experience Time
PHN	Public Health Nurse
PIL	Patient Information Leaflet
PPPG	Policies, Procedures, Protocols and Guidelines
SLT	Speech and Language Therapist
YSYS	Your Service Your Say
HSCP's	Health and Social Care Professionals
CNS	Clinical Nurse Specialist
NCHD	Non Consultant Hospital Doctor
VTE	Venous Thrombo Embolism

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## Feedback

We welcome your feedback and comments, please contact the Patient and Service User Experience team to provide feedback [ncep.opi@hse.ie](mailto:ncep.opi@hse.ie)

