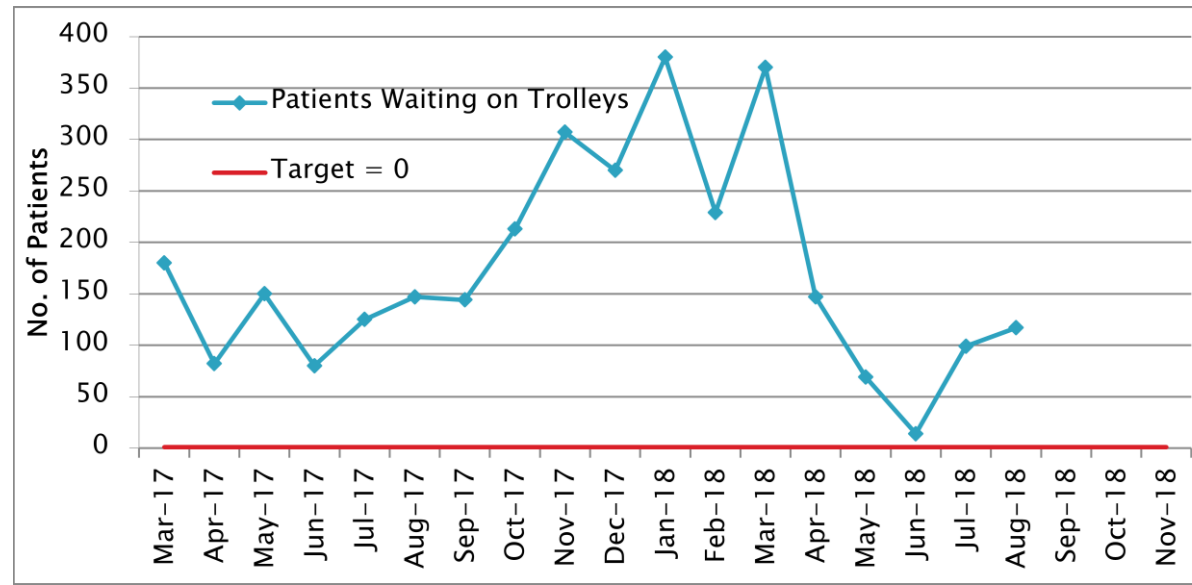
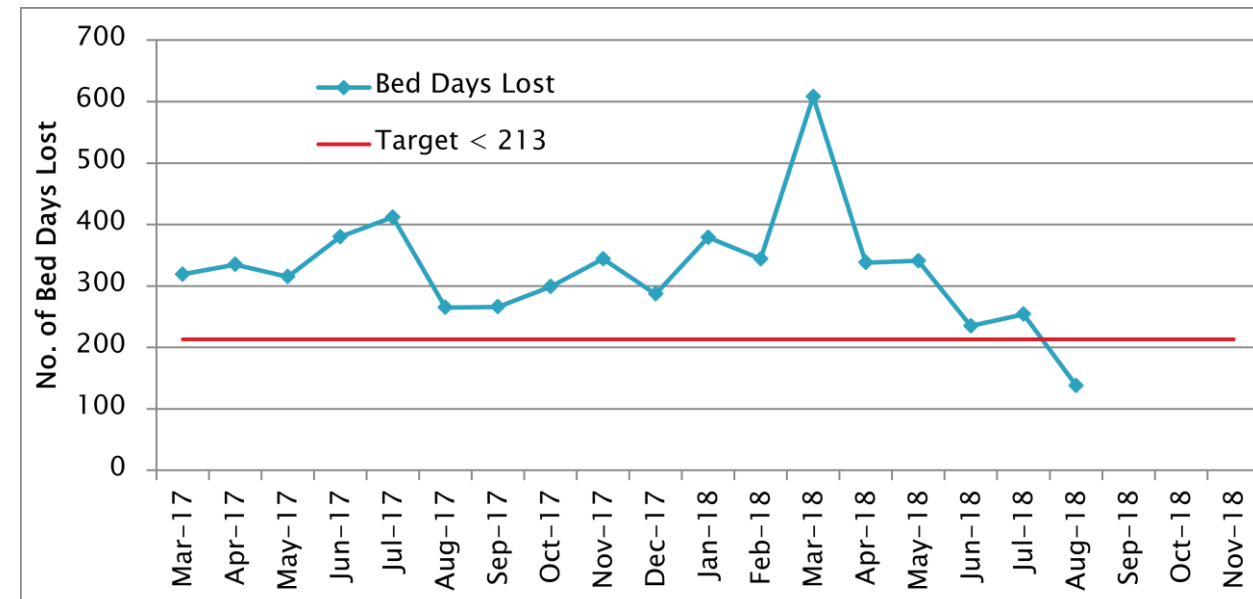




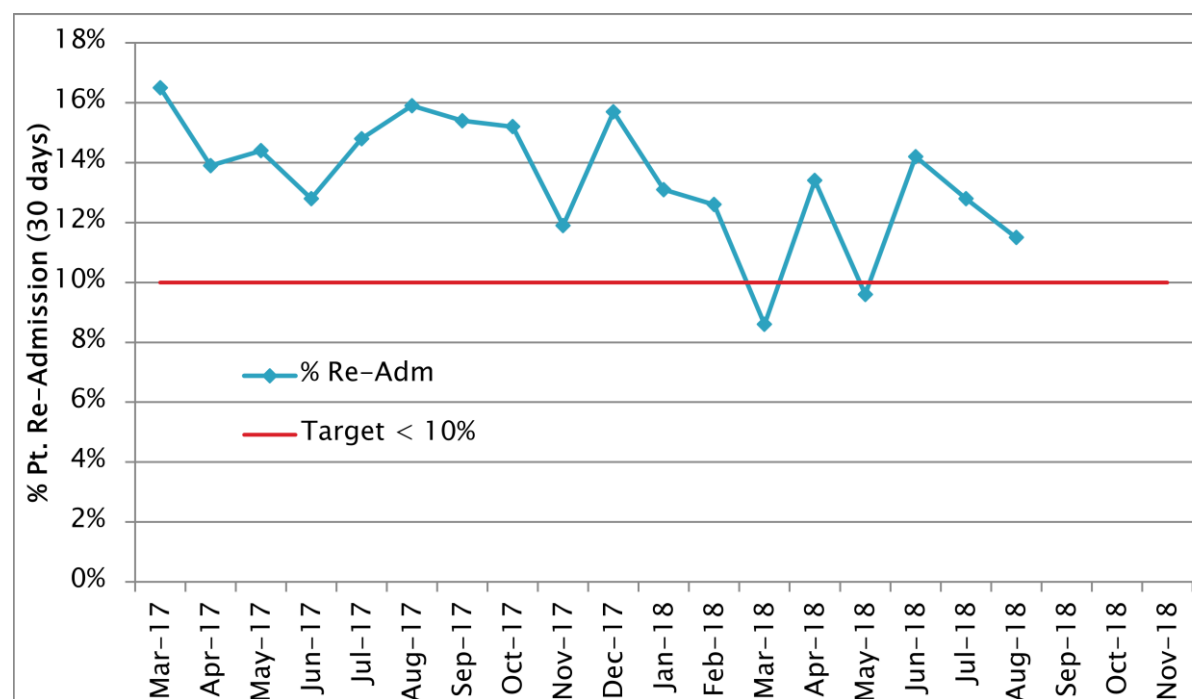
Patients Waiting on Trolleys for an Inpatient Bed



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



Medical Re- Admissions Rates



What does this mean?

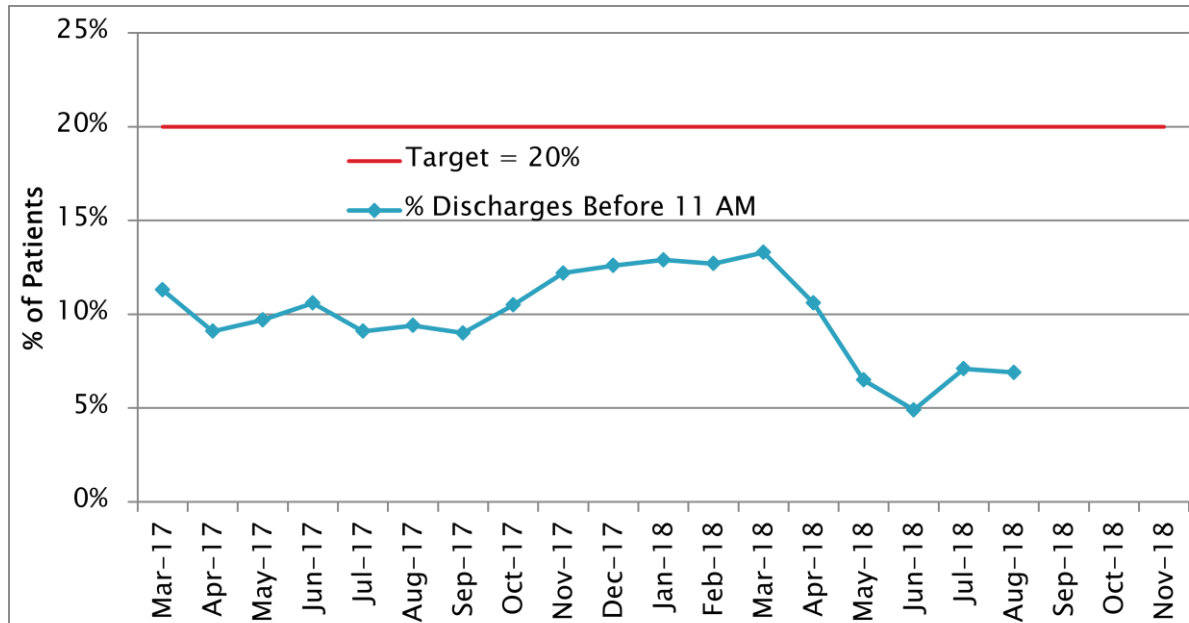
The aim of MUH is to get the right patient into the right bed for the right care. The numbers of patients waiting on a trolley for an inpatient bed is affected by the number of patients who are ready to be discharged to home with support or to a non-acute bed e.g. a nursing home or district hospital.

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

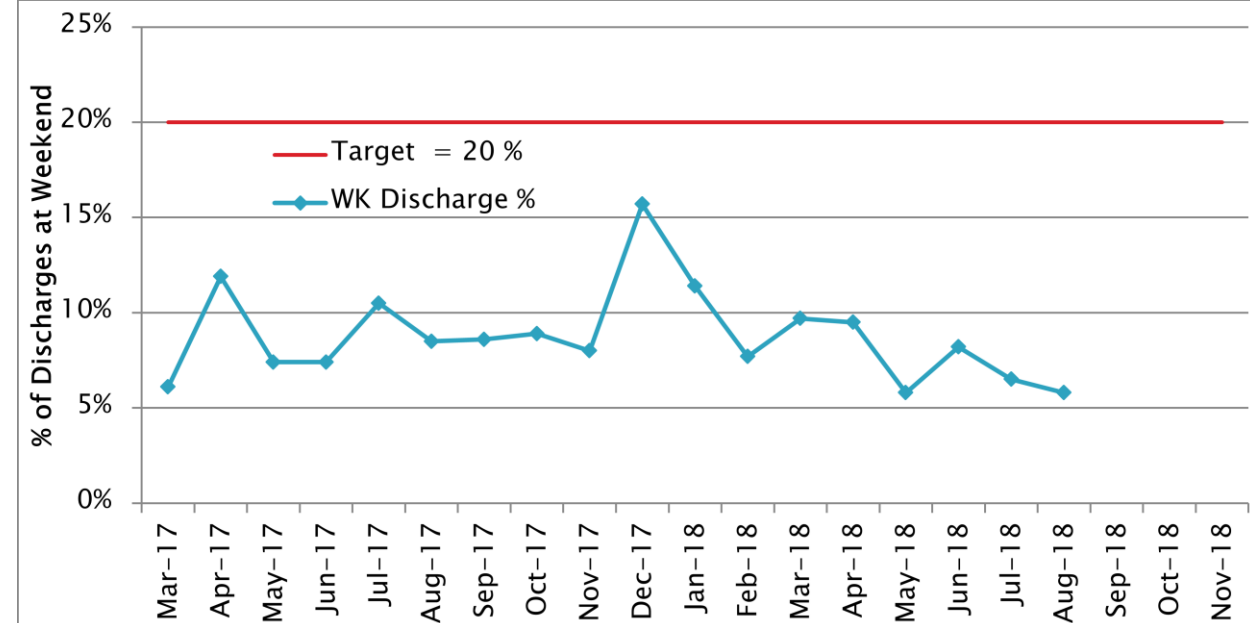
Please Note: Bed Days Lost as a result of delayed discharges was adversely affected as a result of the knock-on effects of Storm Emma in March.



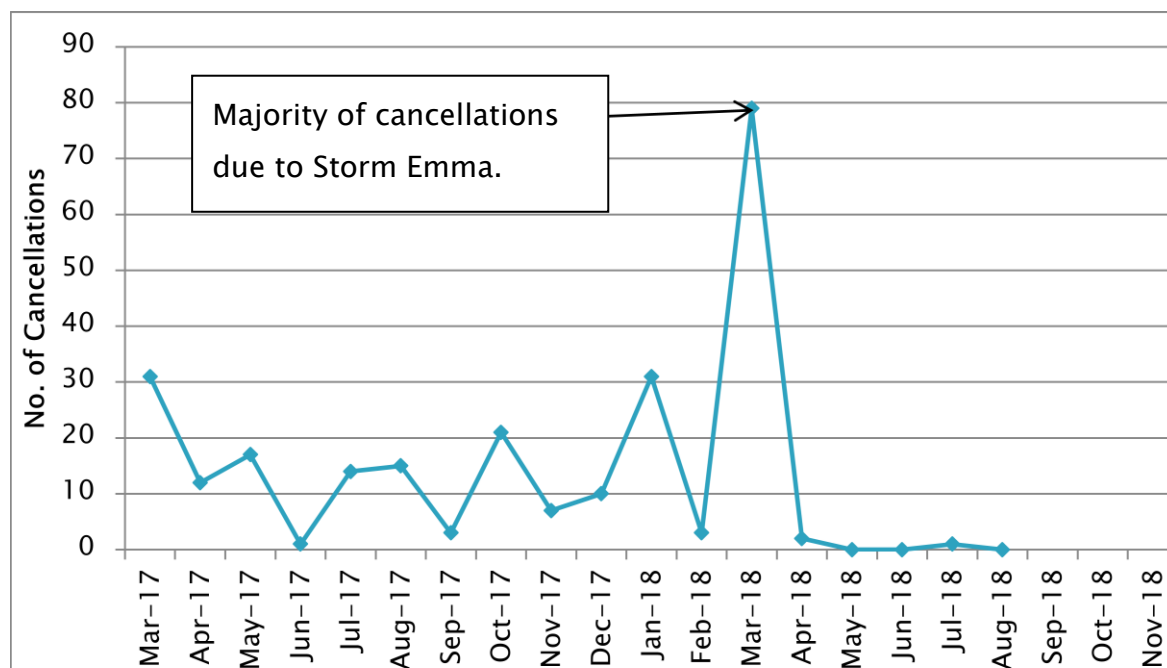
Patients Discharged and Ready Before 11 AM



Patients Discharged on Saturday and Sunday



Number of Patients Cancelled by Hospital due to bed availability



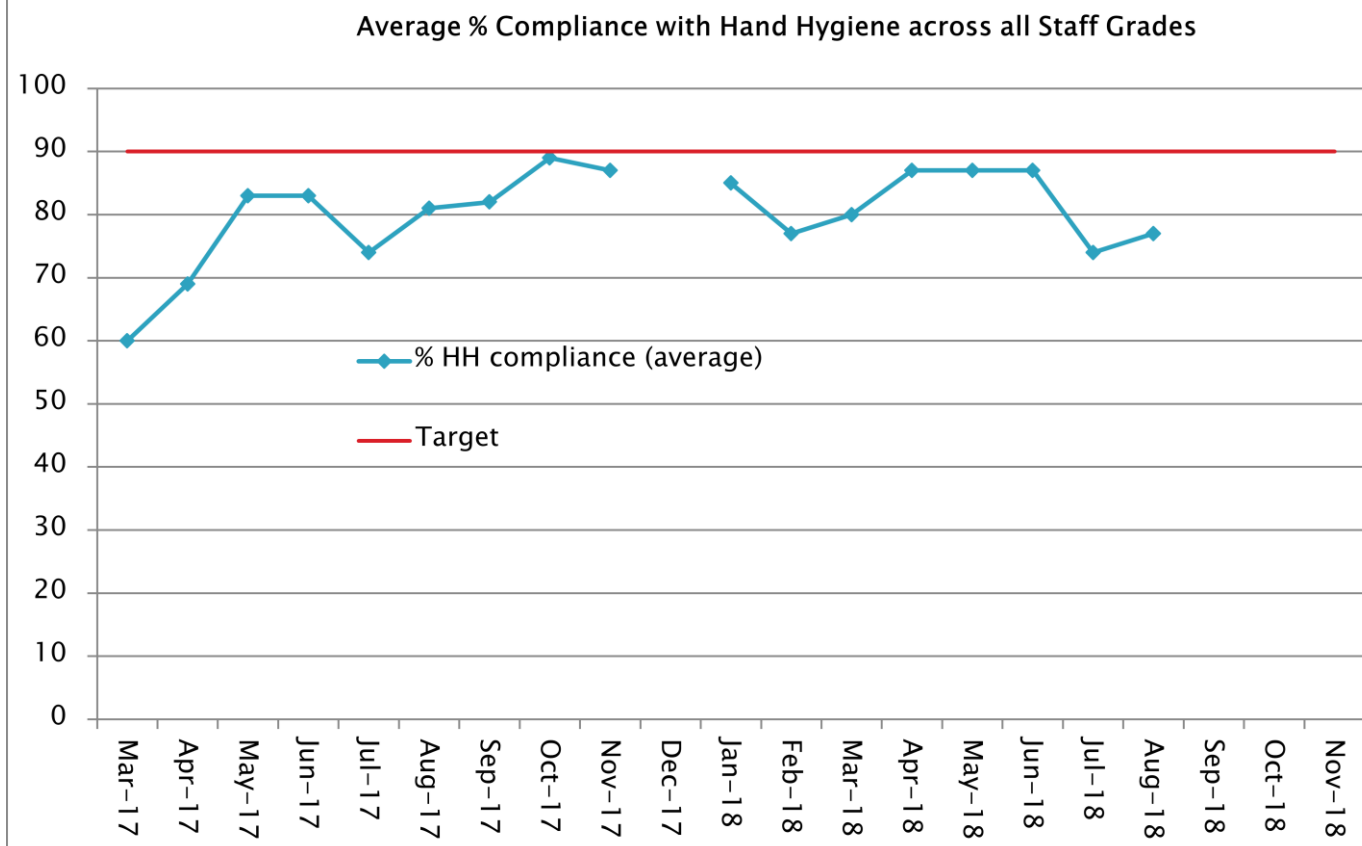
What does this mean?

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

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

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

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



What does this mean?

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

EVERYBODY HAS A ROLE TO PLAY IN MEDICATION SAFETY

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

BEFORE YOU PRESCRIBE, DISPENSE OR GIVE IT... KNOW CHECK ASK

IMPROVING DISCHARGE PRESCRIPTION COMMUNICATION:

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

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

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

Encourage patients to:

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

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

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

<http://www.sachh.in/hospital/msh>

We want our patients and staff to Improve communication about medications.

August was all about raising awareness with our new junior doctors about the importance of communicating effectively. Medication Issues arise due to poor knowledge about medications and poor communications around medications.

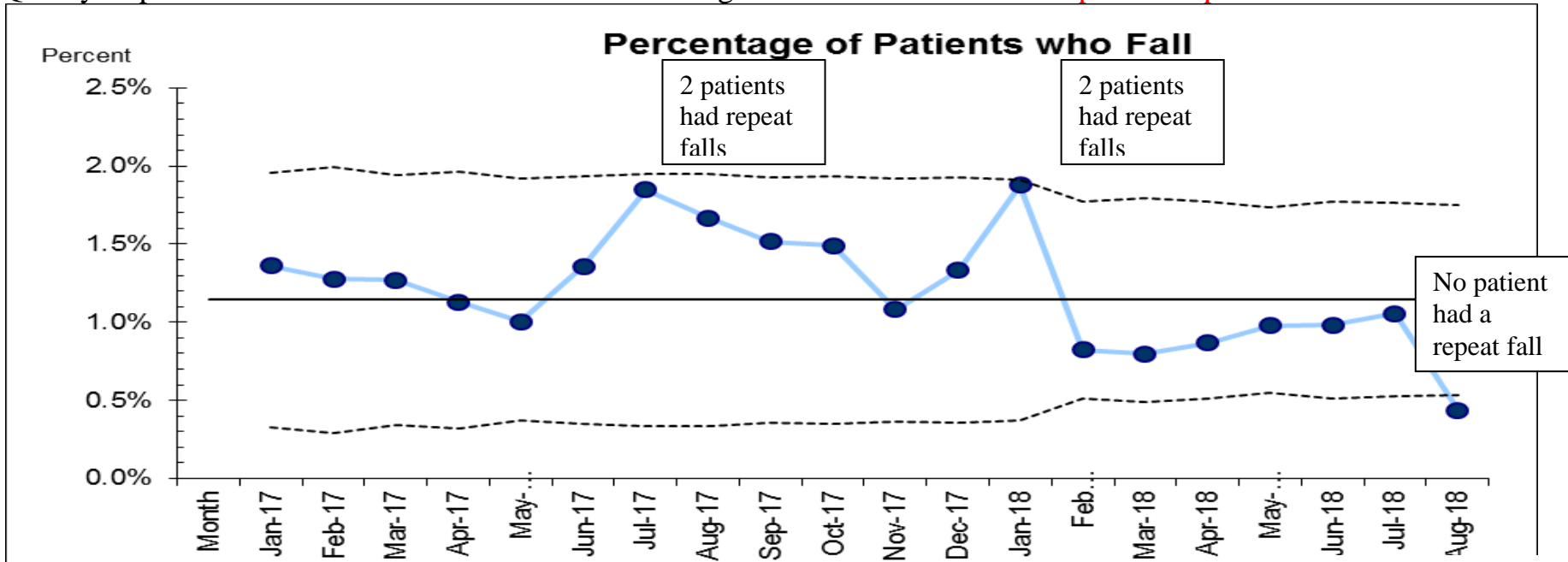
At induction and education sessions we asked our doctors that before they prescribe, dispense or give a medicine to ensure they **KNOW** the medicine, **CHECK** that they have the right patient, medicine, route, dose and time and ensure to always **ASK** the patient if they understand.

Equally we are encouraging **PATIENTS** to ensure that they **KNOW** their medicine, **CHECK** the dose and time it is due and **ASK** the health care professional if they don't understand.

We encourage patients to get a copy of the Know my Medicine's leaflet before they go home, to complete it and always bring it into hospital with them.

We need all staff and patients to communicate effectively to ensure we manage our medicines safely in Mayo University Hospital.

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



FALLS - HOW TO PROTECT YOURSELF
FALLS PREVENTION AND MANAGEMENT GROUP, MAYO UNIVERSITY HOSPITAL

Have your medications checked regularly. Take special care if you are dizzy or light-headed. Ask your doctor about your bone health.

Check around your home for hazards. There is no single reason why people fall. A fall usually occurs when several events happen at the same time. The causes of falls are often called risk factors.

WHAT TO DO AFTER A FALL

If you CAN get up: 1. Stop and take a few deep breaths. 2. Assess your injuries. 3. Call for help if you are unable to get up. 4. Do not try to get up on your own if you are in pain or unsure.

If you CANNOT get up: 1. Call for help immediately. 2. Do not try to get up on your own. 3. Stay calm and wait for help.

If you are a WITNESS: 1. Stop what you are doing. 2. Assess the person's injuries. 3. Call for help if you are unable to get the person up.

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



What does this mean?

What is a fall

A fall is defined as an event which results in a person coming to rest inadvertently on the ground or floor or other lower level.

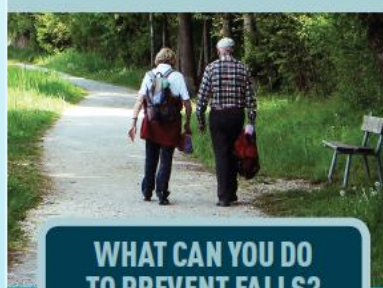
Harm caused

There was 1 Serious Reportable Event in August 2018, which resulted in a fracture to the patient's hip and forearm. Immediate care was given to this patient. A falls review was undertaken to identify any contributory factors, and actions were taken.

Actions we have implemented

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

FALLS - HOW TO PROTECT YOURSELF



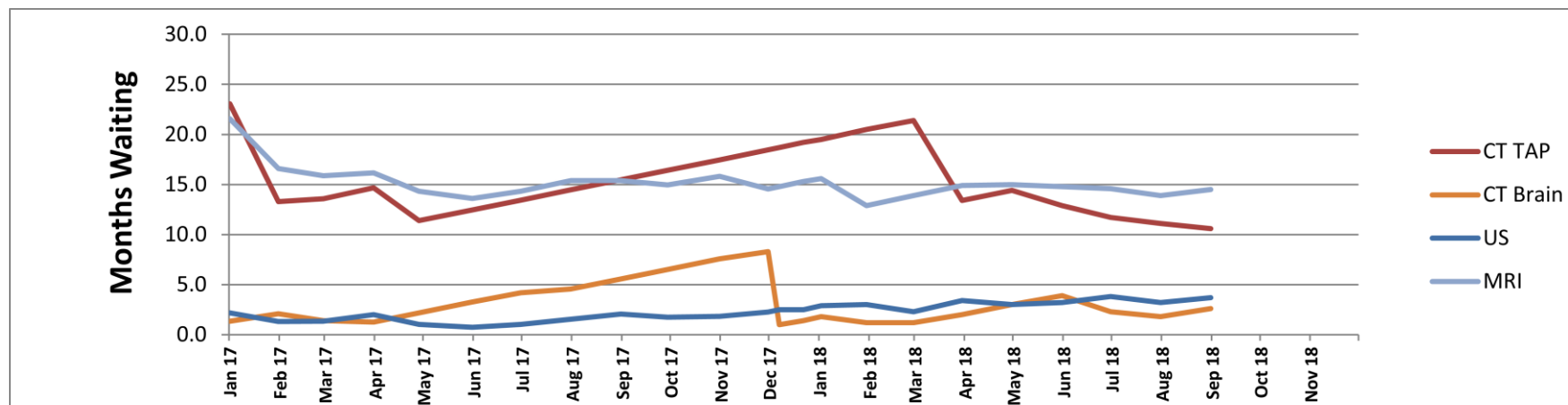
WHAT CAN YOU DO TO PREVENT FALLS?

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

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



Radiology Wait Times



What does this mean?

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

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