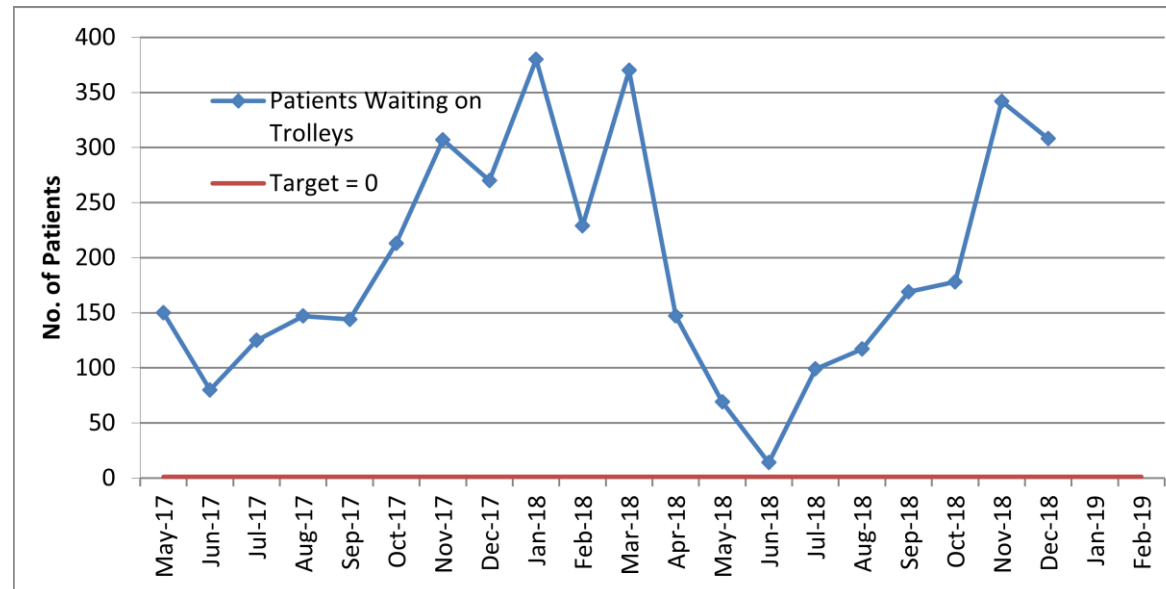
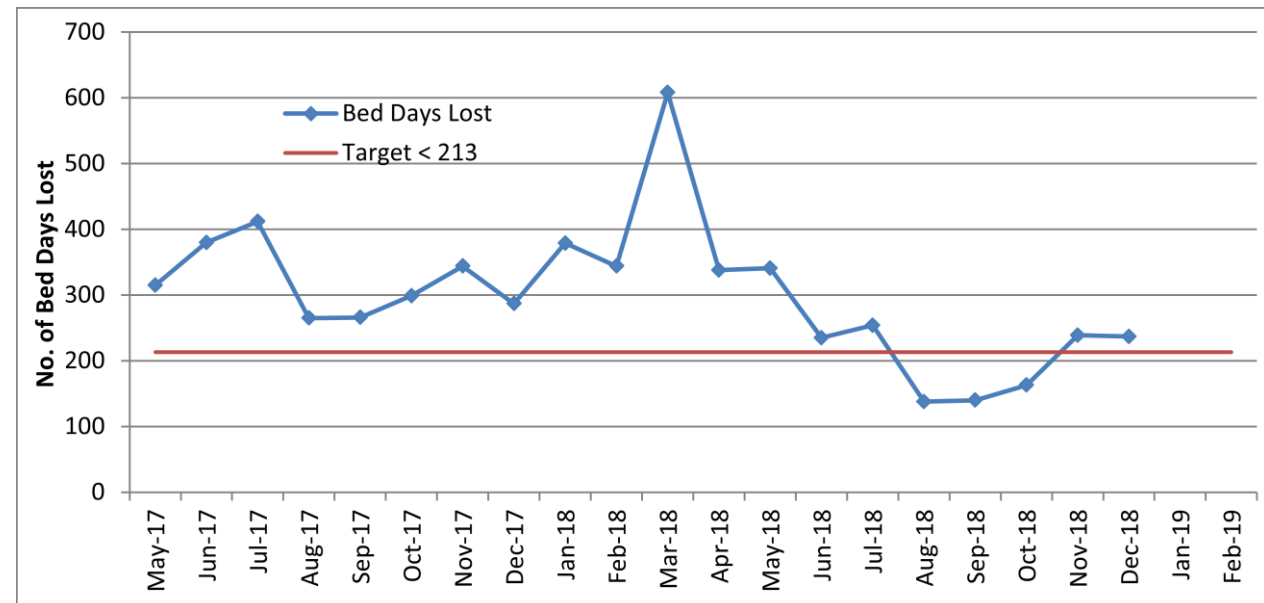




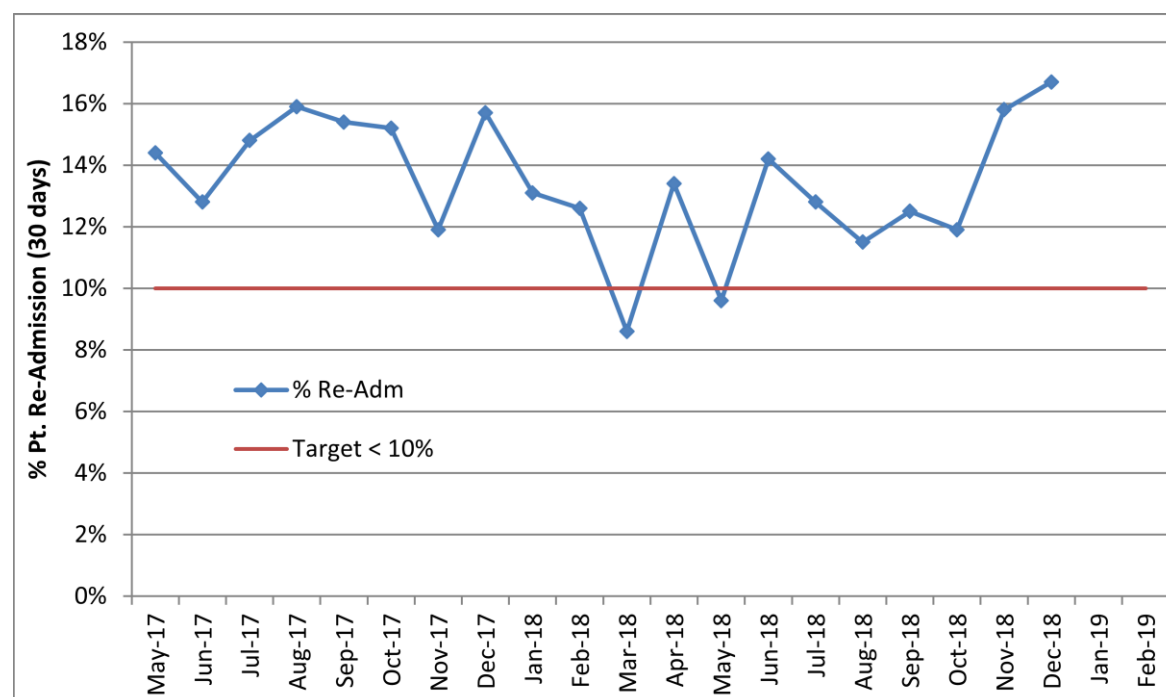
Patients Waiting on Trolleys for an Inpatient Bed



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?

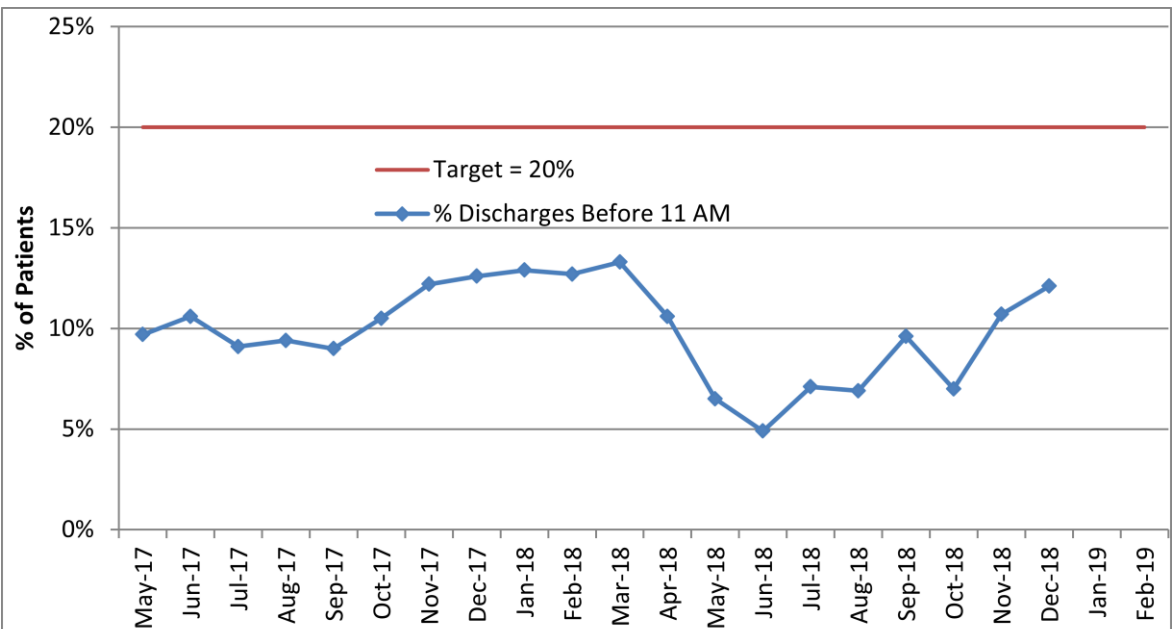
The aim of MUH is to get the right patient into the right bed for the right care. The numbers of patients waiting on a trolley for an inpatient bed is affected by the number of patients who are ready to be discharged to home with support or to a non-acute bed e.g. a nursing home or district hospital.

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.

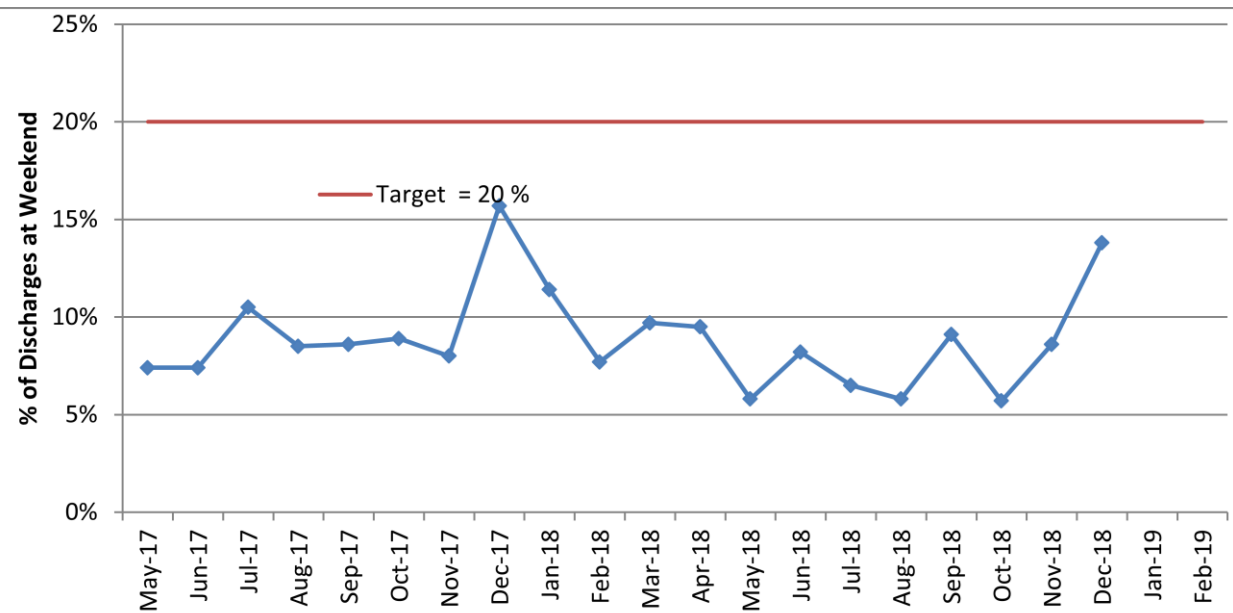
Please Note: Bed Days Lost as a result of delayed discharges was adversely affected as a result of the knock-on effects of Storm Emma in March.



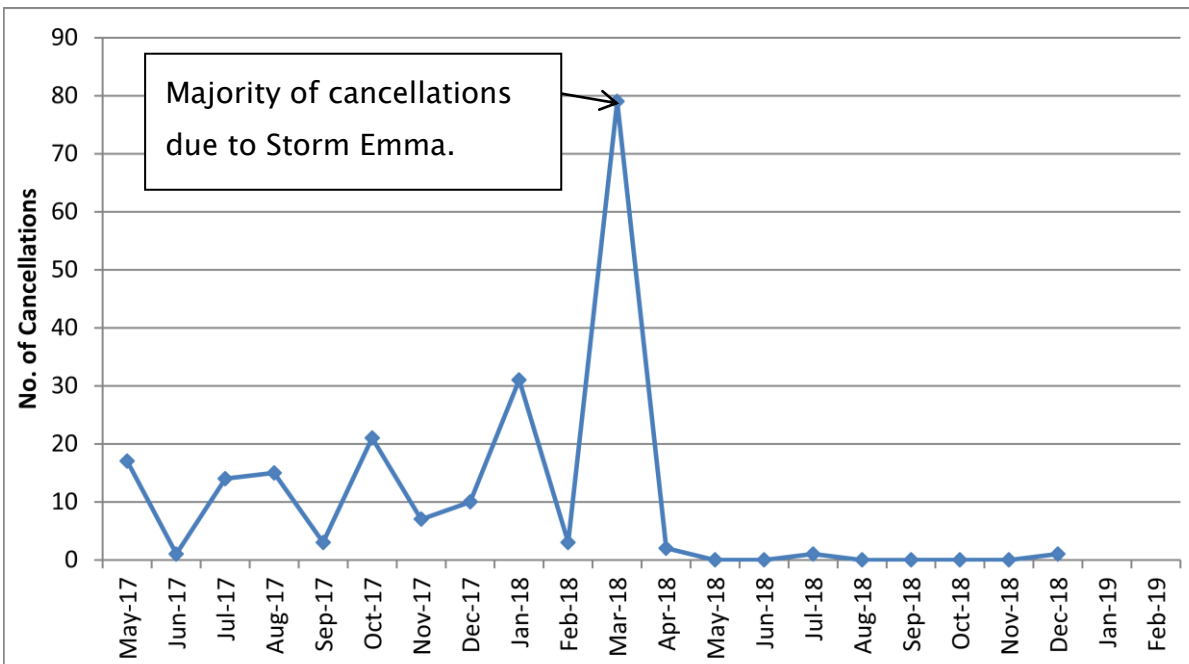
Patients Discharged and Ready Before 11 AM



Patients Discharged on Saturday and Sunday



Number of Patients Cancelled by Hospital due to bed availability



What does this mean?

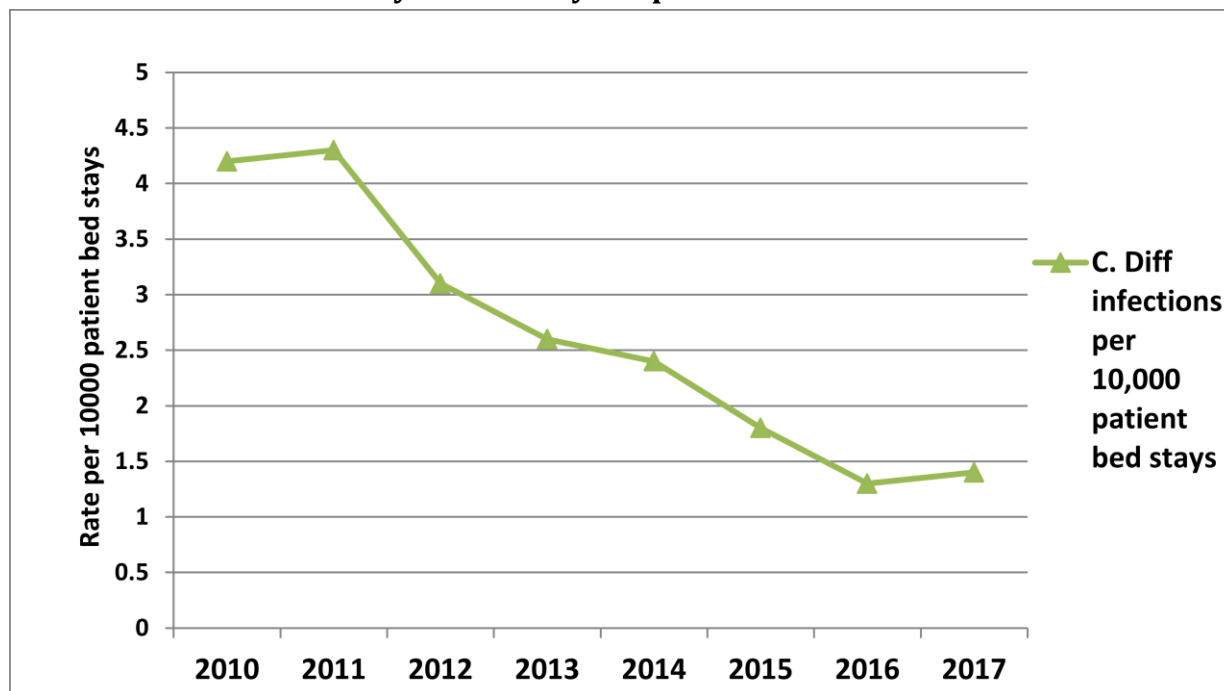
Early Discharges before 11 am means we can allocate beds to those waiting overnight.

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

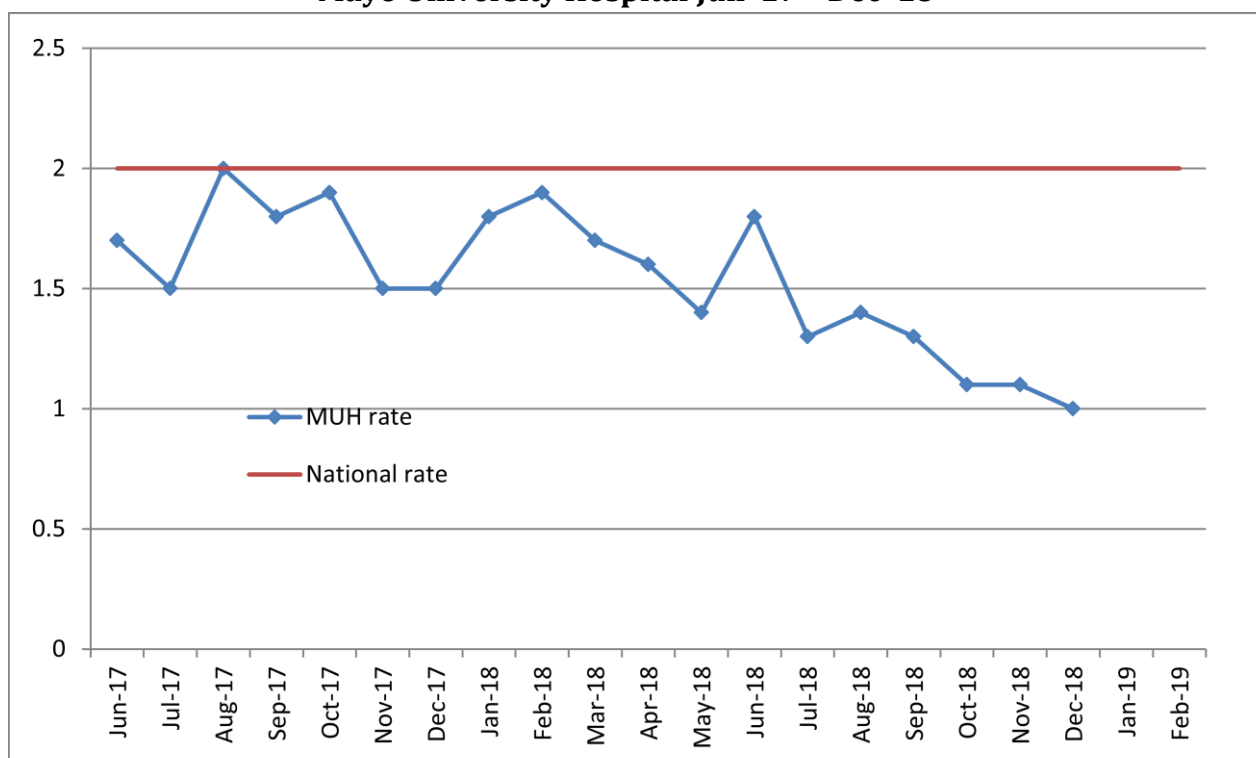
Please note: The majority of hospital cancellations in March were due to Storm Emma.

Reducing Clostridium Difficile infections in Mayo University Hospital Updated January 2019

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

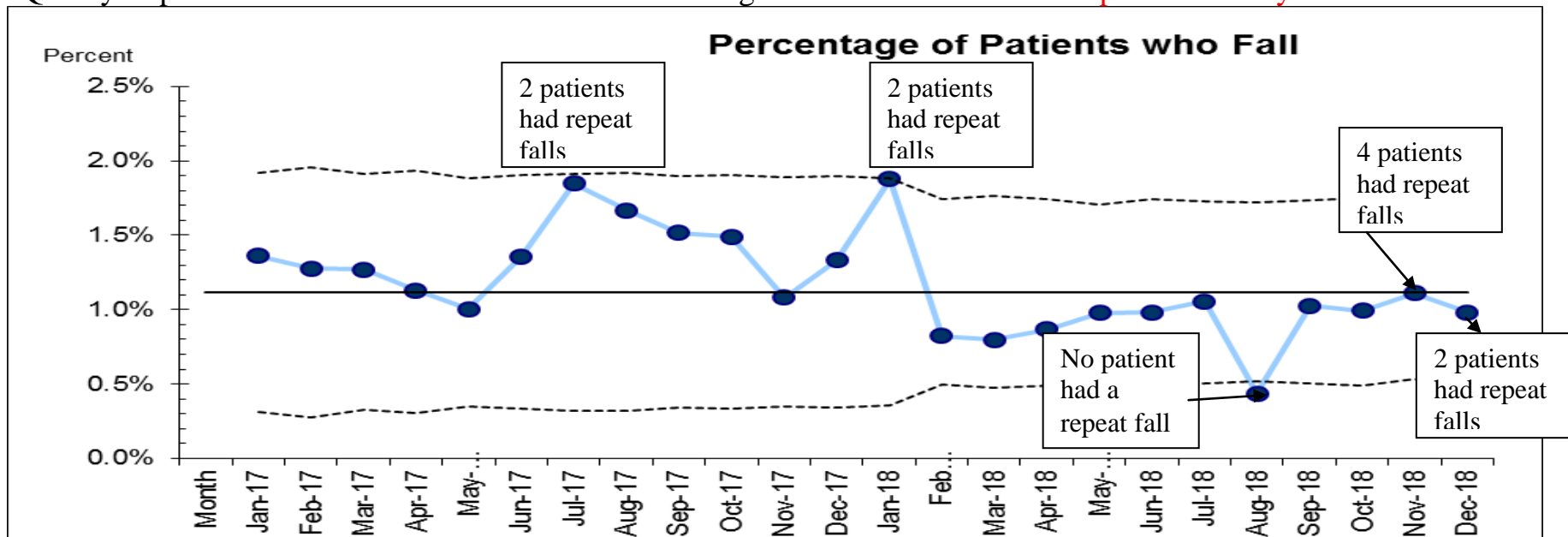


C. difficile infections (CDIs) in
Mayo University Hospital Jun '17 - Dec '18



Quality Improvement in Falls Prevention and The Management of Fallen Patients- updated January 2019

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.

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

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.

Check around your home for hazards

Hazards are the most common place for older people to fall. You can often make simple and inexpensive changes to make your home safer.

Don't let fear of falling limit your activities

The fear of falling itself increases your chances of having a fall. Do not allow yourself to become motionless due to fear.

Stay active and exercise your legs

Do you have difficulty walking or keeping your balance? Ask your doctor to refer you to a physiotherapist to help you choose the correct walking aid and practice an exercise program suitable for you.

WHAT TO DO AFTER A FALL

If you CAN get up: 1. Take a moment to rest. 2. Check for injuries. 3. If you are in pain, call for help. 4. If you are not in pain, get up slowly. 5. If you are still in pain, call for help.

If you CANNOT get up: 1. Call for help. 2. If you are in pain, call for help. 3. If you are not in pain, get up slowly. 4. If you are still in pain, call for help.

If you are a WITNESS: 1. Help the person get up. 2. If you are in pain, call for help. 3. If you are not in pain, get up slowly. 4. If you are still in pain, call for help.

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

FOR FURTHER INFORMATION CONTACT: Mary McDermott (Physiotherapist), Sarah Renshaw (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

In December 2018, there were 2 patients that were predisposed to falls due to pre-existing medical complaints. A comprehensive care plan was put in place for these patients and there was no serious physical harm. The patients did have minor injuries. Immediate care was given to these patients. 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.

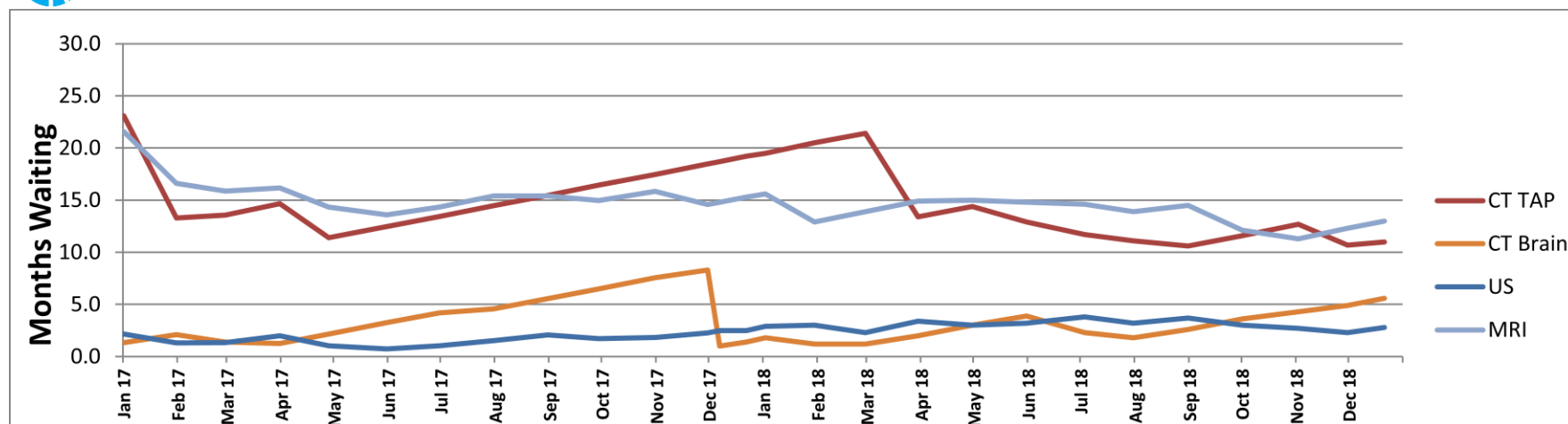
If you have had a fall talk to your doctor, nurse or therapist about what caused the fall and what you can do to address your risk factors.

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

Saolta MAYO UNIVERSITY HOSPITAL



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 2019 in order to further reduce the longest wait times.