

GALWAY HOSPICE

2019 Operational Quality & Risk Review

Table of Contents

Details	Page
Introduction	3 - 4
Governance	5
Risk Management	6
Review of Quality of Performance	7-12
Key Quality Indicators	13 - 16
Quality Data	17-24
Patient Feedback	25 - 26
Training and Education	27 - 28
Quality Improvement Projects 2019	29 - 30
Facilities, Energy & Environment	31
Audits Completed	32 - 34
APPENDICES	
1 Organisation Chart	35
2 External Training Completed	36 - 37
3 Remembrance Evaluation Summary	38 - 39

Introduction

The aim of this report is to give clear information about the quality of our services and how risk is managed within the Foundation. We aim to ensure that our patients feel safe and well cared for and their carers and families are supported and reassured. We want to demonstrate that all of our services are delivered to a very high standard and are well governed at all levels throughout the organisation.

This report also provides information about how we manage risk within the Foundation. The quality systems and frameworks at Galway Hospice seek to evaluate and validate the quality of care we provide to patients and their families. This report provides a summary of the quality clinical governance activities for 2019 and provides an overview of annual trends in quality and safety across the Hospice.

At Galway Hospice, we are dedicated to ensuring that people with a life limiting condition living in Galway city and county and their families have access to a range of high quality services at which they are the centre. We continually evaluate our practice and welcome feedback from those using our services so that continuous improvement is embedded in everything we do.

Demand for our services continues to grow, referrals for our community service increased by 6% during 2019 and occupancy in our inpatient unit increased by 1% so we have been able to provide care and support for an increasing number of patients and their families during 2019.

We had a successful three-day re-accreditation audit by CHKS an independent regulatory body in May 2019. The four auditors assessed the organisations compliance with over 1500 individual criteria and we achieved a compliance level of 99% with some minor partial compliances noted by the auditors. These have all subsequently been addressed, with the result that Galway Hospice have been awarded both CHKS accreditation and ISO certification.

The auditors complimented the team and noted the following in their final report:

“The survey team found that treatment and care is provided by truly genuine and considerate individuals; each trained, experienced and qualified staff as well as the volunteers who are each trained for their specific roles. Patients are treated with dignity and respect in an environment, which is safe, and secure for both patients, staff and volunteers with risks both clinical and non-clinical monitored and managed effectively to ensure minimal levels of risk. The team have observed over the three days here that there is a special empathy and calmness across the facility, which is phenomenal, mindful of the many stresses faced by the nature of the hospice services provided. Indeed, the whole environ is that of a ‘home from home’.”

The very positive report received is a testament to the dedication of our teams who provide high quality care to the patients and families who need our service.

A key priority for next year is to continue with progressing the roll out of outcome measures across the service, we have been piloting two measures in the inpatient unit and in daycare for the past 18 months and now plan to roll out the full suite of PCOC outcome measures across all aspects of the service during 2020. This will assist us to further demonstrate the positive outcomes being achieved by our teams for our patients and families.

Demand for our community team continues to grow and our resources are limited due to funding constraints. We continue to seek our opportunities to manage the workload with the existing resources and have provided tailored education programs to nursing staff from nursing homes over the past two years to enable them to support patients with palliative care needs in their care. We will continue with these efforts during 2020 by further engaging with nursing homes to improve their

knowledge of the management of patients with specialist palliative care needs and we plan to conduct a feasibility study into setting up outpatient clinics in the community setting.

Our organisation is dedicated to ensuring that people with a life limiting condition living in Galway City and county and their families have access to a range of high quality services at which they are the centre. Above all, we are about life, and enabling our patients and their loved ones to live their life well for as long as possible and to facilitate them where possible to die in their place of choice with dignity and respect. We strongly believe that everyone should have the right to a good, natural and peaceful death with their loved ones supported so providing excellent end of life care will always be an essential part of our work.

In all that, we have achieved and for what we hope to achieve in the future, it is clear that we could not do any of this without the loyal support, hard work and dedication of all our staff, supporters and volunteers. I would like to take this opportunity to thank all of them for everything they do that helps ensure we provide the highest quality of care possible to our patients. This quality of care can only be achieved with the support and dedication of the team of employees and volunteers who put the words into action and are able to make the difference.

Governance

Governance of Galway Hospice is the responsibility of the members of the Board of Directors, who serve in an unpaid capacity. The Board of Directors of Galway Hospice is fully committed to discharging its duties and obligations to patients, staff, volunteers and all who come into contact with our services. New members are appointed with a view to ensuring that the Board contains an appropriate balance of experience relevant to the requirements of the hospice. A skills matrix based system is used by the Board in considering the adequacy of its members, reflecting the organisation's need for a balanced mix of skills, both clinical and non-clinical. This is regularly reviewed.

The Board works with Committees, which comprise a number of members of the Board, members of the Executive team, and when appropriate, external members who are selected based on their particular expertise and appointed through approval by the Board. First line leadership of the hospice is provided by the Chief Executive, who is charged with ensuring that the Foundation is run as a cost-effective and sustainable charity, whilst providing the best possible care for patients and families. The Chief Executive is supported by an Executive Team, which comprises the Director of Nursing, the Clinical Director together with the Director of Fundraising and Communications and the Director of Human Resources (HR). The Executive Team is supported by a line management team, which comprises the heads of departments.

A copy of the organizational chart is contained in Appendix 1.

The Foundation has developed an approach to good governance, which embraces both clinical and nonclinical risks. Our risk management strategy embraces a number of elements:

Clinical governance – our clinical governance arrangements are modelled on guidance and good practice within the healthcare sector. Clinical governance is defined as the framework through which we will ensure continuous improvement in the quality of services for patients. The Board's Quality and Patient Safety Committee oversee this process. The clinical governance structures have been further enhanced during 2019 with the addition of the quality and safety incident review team.

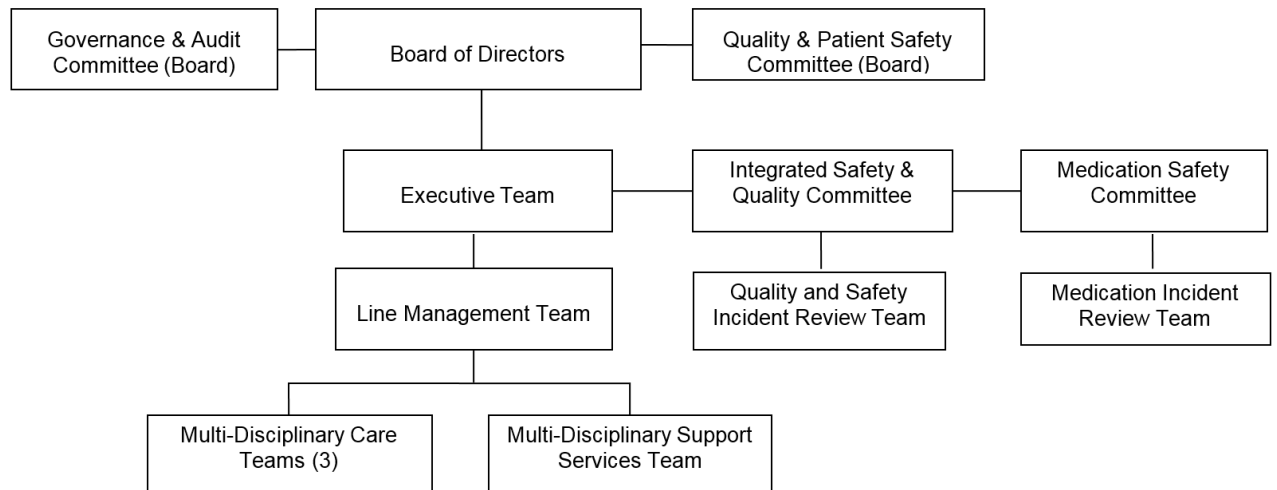
John Sweeney chairs the Sub-committee with the other members being Jean Kelly, and Dr Margaret Murray. This committee meets at least four times per year; it sets key performance indicators for the services and monitors the programme of work to ensure satisfactory quality standards as well as reports from regulatory bodies that inspect the hospice.

Non-clinical risk management - the Governance and Audit Committee takes lead responsibility for non-clinical and business risk.

The Hospice Board - oversees the Foundations risk management strategy, and is involved in the evaluation of our risk environment via the risk register. The Board works in conjunction with the Quality and Patient Safety Committee, the Governance and Audit Committee and the Executive Team in its delivery.

Details of the Foundations team's committee structures are displayed in the chart below; terms of reference are in place for all committees

Organisational Chart – Teams and Committees



Risk Management

Galway Hospice is committed to maintaining a “quality and safety culture” which ensures that quality of care & the health and safety of all stakeholders (patients, family members, visitors, volunteers, staff members and the wider community) are seen as fundamental to all staff and volunteers within the service. The team works to ensure that the highest standards of care and safety for patients, staff, volunteers and visitors are in place. Key to achieving this is our risk management program, which ensures that a comprehensive risk assessment process is in place throughout the organisation.

We made a number of improvements to our risk management procedures during 2019. We further developed the electronic monitoring of our risk register using the Q-Pulse system by assigning the overall responsibility for each risk to a member of the executive team and assigning the actions and the responsibility for monitoring the risk to individual line managers. The Q-Pulse system will automatically escalate risks that have not been updated by sending an email detailing overdue actions to the relevant executive team member.

We also updated our organisational risk, incident management and open disclosure policies to ensure that they were compliant with the relevant HSE policy and NIMS guidance (the associated HSE and NIMS documentation has also been made available to all staff via the Q-Pulse system. We completed the HSA Be Smart risk analysis workbooks for all non-clinical risks and have included any gaps in the risk register. All line managers and executive team members also completed a full days training on risk management during 2019.

To further strengthen our management of incidents and risk we have established a quality and safety incident review team who review all high and moderate risk non-medication related Incidents, near misses, hazards and complaints to ensure that appropriate actions have been identified and implemented on a timely basis. The committee reports on the actions taken to the Integrated Safety and Quality Committee.

Review of Quality of Performance

Clinical Effectiveness

We are especially proud of being able to evidence that we positively enable people to remain at home at the end of their lives, if this is their preference

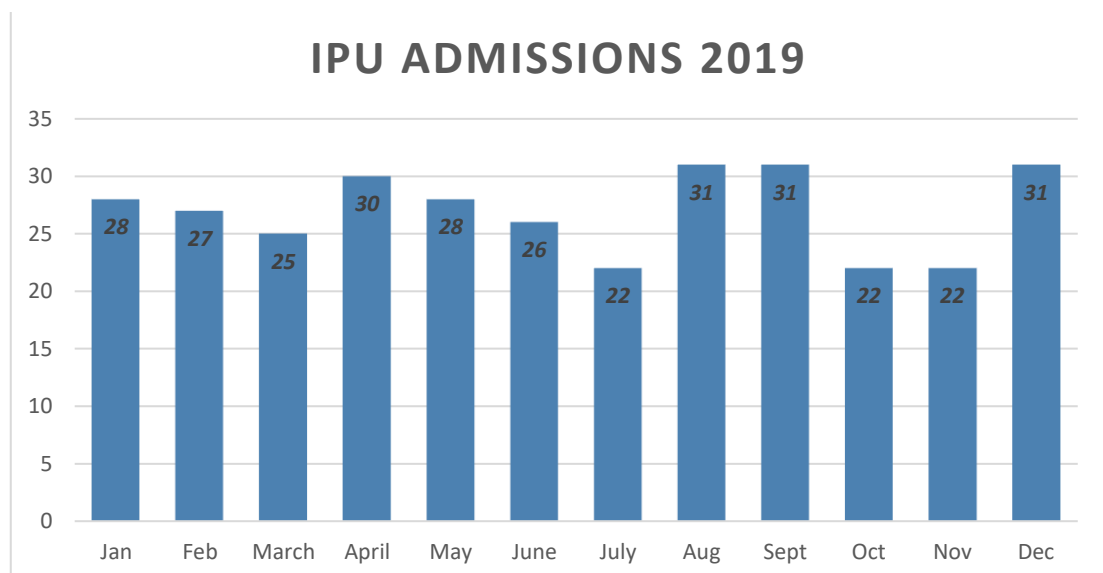
- 87% of patients who received care from our community palliative care team died at home.
- 46% of the patients admitted to our inpatient unit were discharged during 2019
- 97% of patients admitted to our inpatient unit had a wait time of less than 7 days
- 92% of the patients referred to our community team were seen within seven days
- 95% of patients referred to the community service were triaged within 1 day of referral
- 69% of patients taken on by our community palliative care team were never readmitted to an acute hospital

Clinical Data

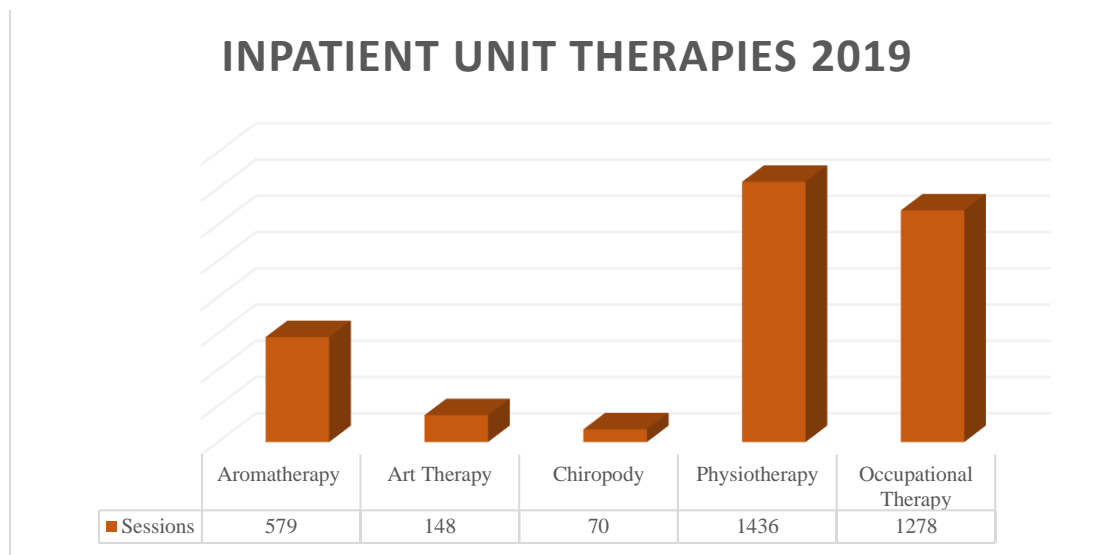
Galway Hospice uses “iCare”, an electronic patient records system into which all patients’ details are entered. We have chosen, to present data extracted from that system for the year 1 January 2019 to 31 December 2019 for the following services:

In-Patient Unit

- There were 339 patients treated in the Inpatient Unit a decrease of 6% on 2018. The length of stay increased by 14% during the year which resulted in occupancy increasing by 1% over 2018 despite the reduction in the number of admissions
- There were 323 admissions of which 100 were re-admissions. 79% of admissions had a malignant diagnosis and 21% were non-malignant.
- 150 patients were discharged (97% to home or to another community based setting) and 3% to an acute hospital.
- 177 (49%) patients died in the Unit

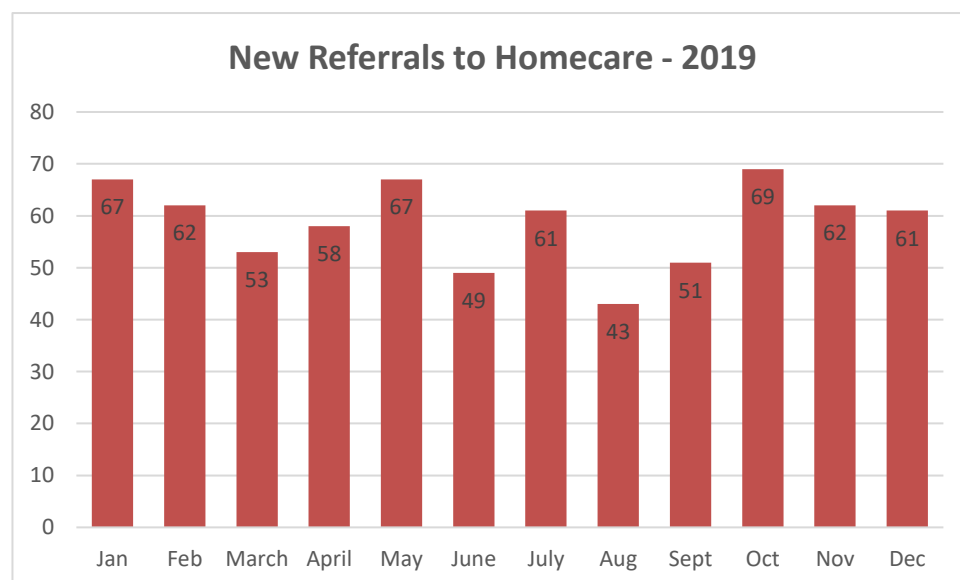


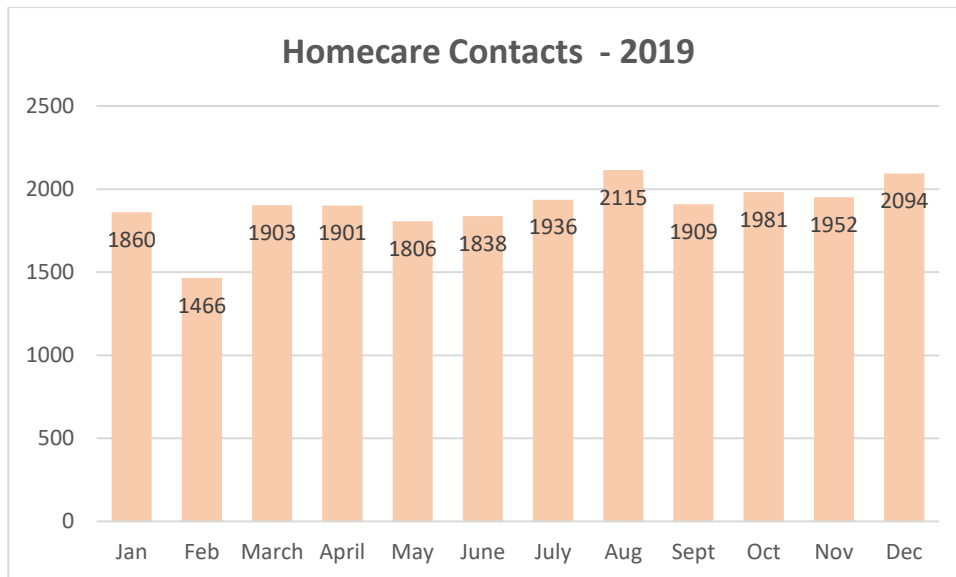
The inpatients attended the following therapy sessions during 2019



Community Palliative Care (Homecare) Team

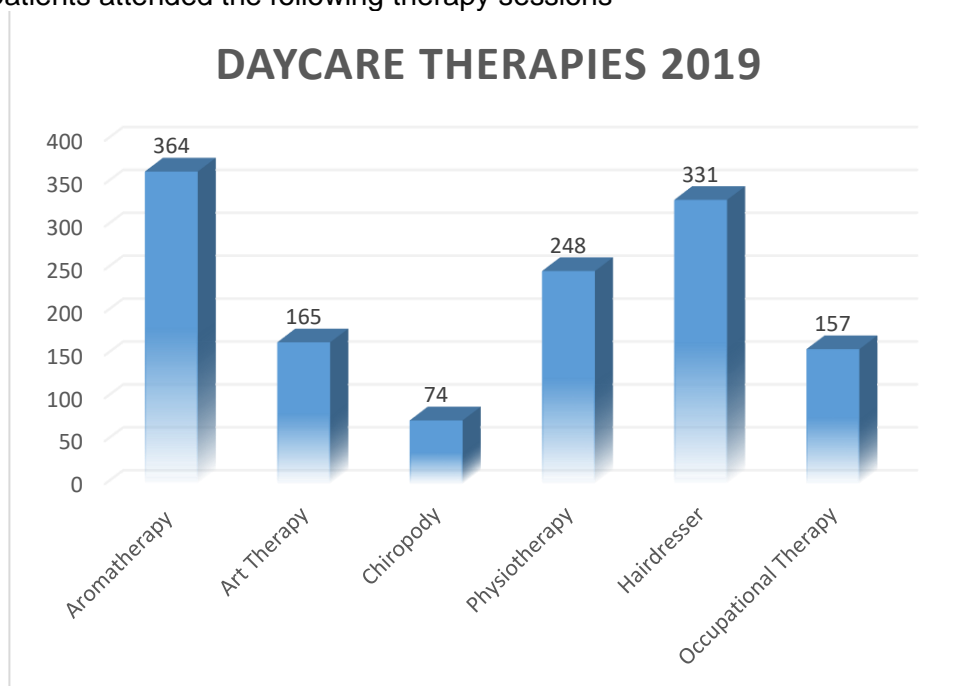
- 897 patients received care and support from the community team during 2019. There were 767 referrals of which 703 were new referrals and there were 64 re-referrals.
- 280 (40%) of new patients referred in 2019 had a non-cancer diagnosis compared to 273 (41%) in 2018.
- 22,764 patient contacts and 7,916 visits were made during the year
- There were between 226-245 patients per month on the team's caseload during 2019





Day Care

- Overall there were, 1113 attendances at our Day Hospice
- The patients attended the following therapy sessions

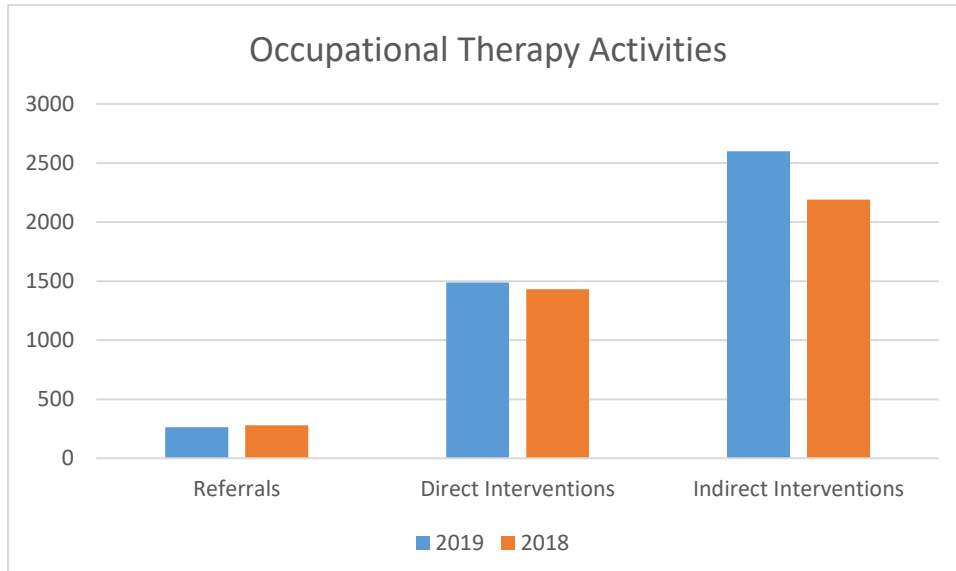


FAB (Fatigue & Breathlessness) Clinic

There was one cycle of the “FAB” clinic in 2019 and there were 28 attendances by patients and 7 attendances by carers.

Occupational Therapy

Activity levels in the Occupational Therapy department (see chart below) continued to increase in 2019 with the addition of a part time occupational therapist. This enabled the department to re-commence Occupational Therapy within Day Care service.

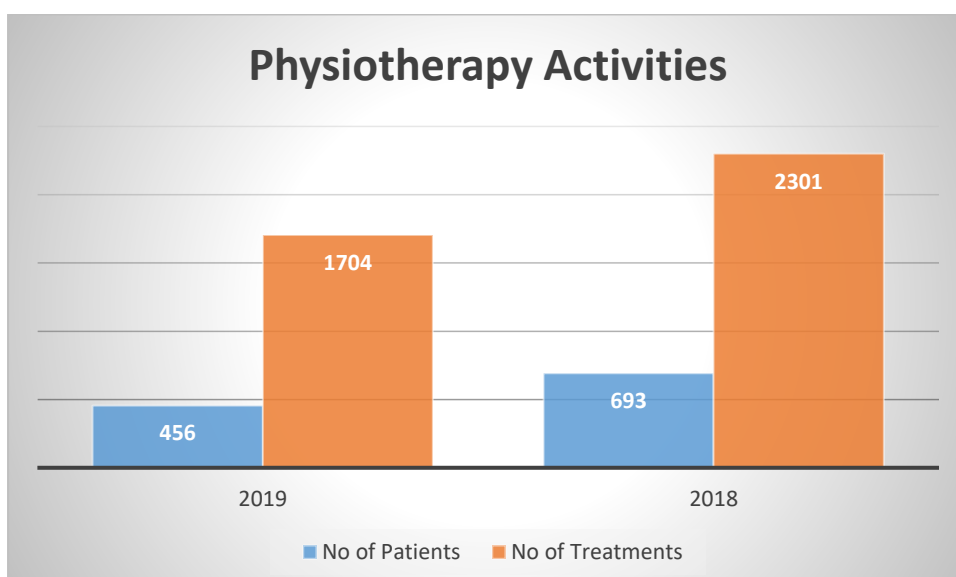


The team also engaged in the following service developments during 2019:

- Revision of occupational therapy assessment forms to include goal setting for service evaluation.
- Development of group programmes within Day Care (Social Therapeutic Horticulture group) and IPU (Rest & Relaxation group) with outcome measures, to be rolled out in 2020.

Physiotherapy

Activity levels in the Physiotherapy department were down on 2018 levels as some staff members were on extended sick leave during the year so we had to restrict activities to the inpatient unit during these periods. The team provided 1704 treatments to 456 patients during 2019



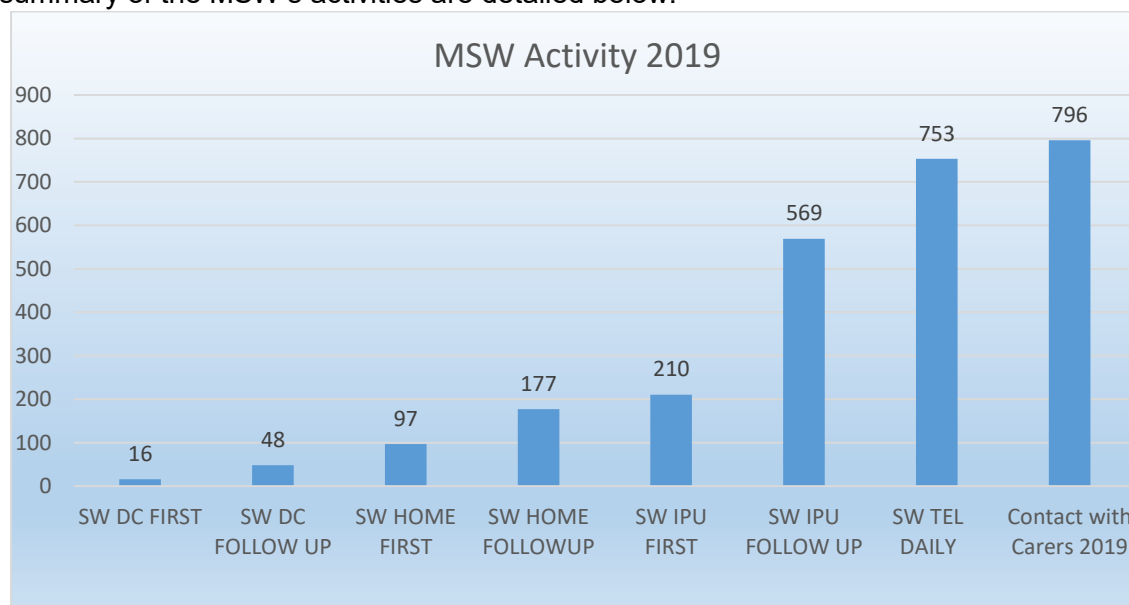
Medical Social Work (MSW) & Bereavement Support

Activity levels for the MSW department have increased during 2019 across all service areas. Home care visits in particular have increased by 39 in 2019. In total, the team had 1117 face-to-face meetings and 753 phone calls with patients and families during 2019. The team also had 796 contacts with carers, which is down from 2018 (903 contacts). This is due to a change in staffing across the service, staff who were previously trained in facilitating and undertaking the CSNAT (carer's needs assessment tool) tool left during 2019. Plans are in place to recruit and facilitate peer support groups across MSW, IPU, home care and day care staff to improve use of the tool in 2020.

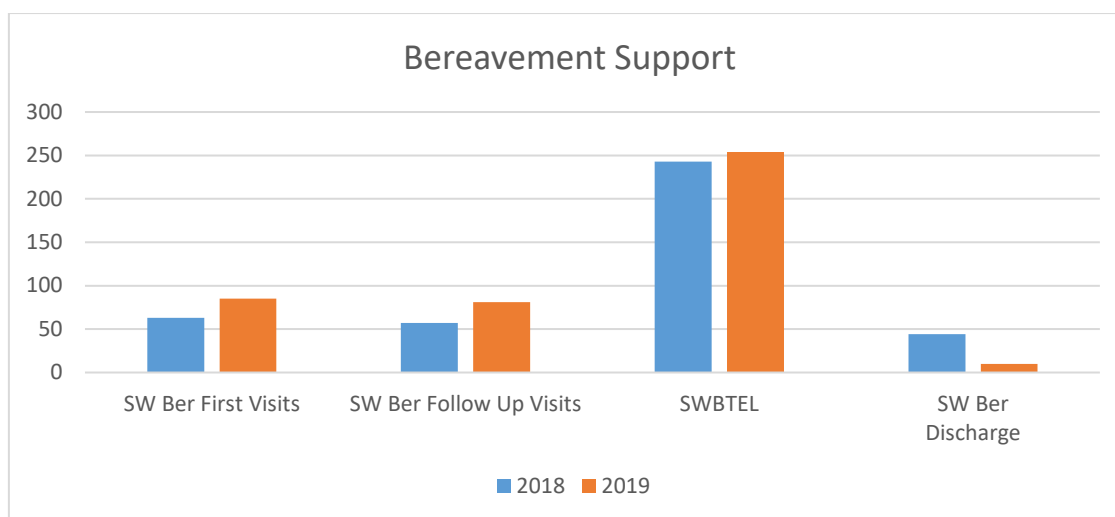
There were 7 referrals to the community team for children with a life limiting illness in 2019 and the MSW department were involved with all these families and the team supported these families in undertaking keepsake/memory work. This therapeutic tool is proving to be highly effective and beneficial in terms of continuing bonds with the child and how families grieve their loss.

The MSW team also supported a Reminiscence Group during 2010. This group had four participants and was facilitated by our acting principal social worker and our daycare staff nurse

A summary of the MSW's activities are detailed below:



The Bereavement Support Service continues to be developed and medical social workers are receiving more bereavement referrals for adults and children, which is placing increased demands on the department (as evident in the chart below).



- First visits were up by 22 and follow up visits were up by 24 compared with 2018 figures.
- The figures above do not include details of activities in relation to the bereavement group support services provided by the team. The medical social work department facilitated an Adult Bereavement Group where 7 adults attended over four sessions in August/September 2019 and the team also facilitated a children's bereavement group during 2019
- The support from bereavement support volunteers was also substantial throughout the year and not reflected in the statistics

The team plan to continue to further enhance the support provided to patients and families during 2020 by:

- Facilitating bereavement support groups for children (spring 2020)and adults (summer 2020)
- Further developing the bereavement support service and establishing 'the grief café' in January 2020
- Developing policies on supervision and managing self- harm/suicidal ideation within the service
- Facilitating ongoing education and training within the department and to external services.
- Developing keepsake and memory work as a therapeutic tool for children and families

Pastoral Care

Our pastoral care team also had a busy year during 2019. The team together with support from the medical social work department and bereavement volunteers held 8 remembrance services, which were attended by 590 people, and a summary of the evaluation forms from these services is included in appendix 5. The team also facilitated a remembrance service for deceased employees of one of our corporate supporters, which was attended by 250 of their employees. The team also facilitated our annual mass in Renmore, which was attended by over 600 people; we also have a weekly mass in the chapel in the hospice, which had over 300 attendances during 2019

Pastoral care also assisted families to celebrate special events during the year:

6 Birthday celebrations and 1 Birthday mass
Christmas Carols singing in the Hospice
4 Wedding Anniversaries
2 Afternoon Tea celebrations
Music and entertainment for St Patrick's Day

Additional Carer Supports

Galway Hospice supports and values family members and carers. We ensure they feel acknowledged and recognised for their valuable contribution. By doing this Galway Hospice are enabling and empowering family members and carers to provide care and support for those they love who are diagnosed with life limiting illness.

In addition to the support provided by our Medical Social Work and Pastoral care teams carers are supported through Day Care, Homecare and our In Patient Unit

- Inpatient we have one bed reserved for respite admissions, which means we can offer a minimum of 52 weeks of respite annually to our patients and families to alleviate the burden of care and provide some rest time for family. If it is identified, it may be possible to have a volunteer companion to spend some time with patients during their respite admission thus allowing carers and family members to more fully utilise this time for their benefit.
- Day care provides a valuable and much needed break for family and carers to have some much valued "me time" to do shopping or attend appointments. Day Care operates 2 days a week and 86 patients availed of the facilities in 2019.
- The community Palliative care team offers a 7-day specialist advice/ support and visits to family members and carers. This service enables family members and carers to continue to provide care to their loved ones in their own homes if it is their wish. The community specialist may also suggest ICS/IHF night nursing support to give family members a much needed break

Key Performance Indicators

We have developed the following key performance indicators (KPI's) to assist demonstrate the activities of the Foundation. The KPI's are systematically recorded and reported monthly to senior-level committees and quarterly to the Board (please see below).

GALWAY HOSPICE FOUNDATION – KEY PERFORMANCE INDICATORS – 31/12/19

	Current Year 2019	Target	Trend to Target	Previous Year 01/01/18 to 31/12/18	Trend to prev Year
Wait Time - from referral to admission to the inpatient unit					
0-7 Days	96.6%	95%	↑↑	99.4%	↓
8-14 Days	3.4%	5%		0.6%	
Wait Time - from referral to admission to the homecare service					
0-7 Days	92.3%	90%	↑↑	92%	
8-14 Days	5.5%	10%		6%	↔
14-28 Days	2.2%	0%		2%	
Development of Hospice Acquired Pressure Sores – IPU per 1,000 occupied bed days. <i>Benchmark number under discussion nationally (QA+I) See Appendix 1 (A)</i>	6.8	TBD	N/A	4.2 (Amended)	↑↑
Number of patient falls IPU – per 1,000 occupied bed days <i>Benchmark number of 12 has been agreed nationally (QA+I) See Appendix 1 (B)</i>	7.5	12	↓↓	12	↓↓
Patient Outcome Scores – IPU - to Nov 2019 <u>Time in Unstable Phase</u>					
1 day	59%			72%	
2 days	22%			21%	
3 days	9%			5%	
4 days	5%			1%	
More than 5 days	5%			1%	
<u>Pain Severity Score</u>					
Score Severe – No of Instances	13			19	
No of days with severe score – 1 day	12			12	
2 days	1			2	
4 days	0			5	
Score Moderate – No of Instances	232			163	
No of Days with moderate score – 1 day	162			119	
2 days	39			24	
3 days	23			8	
4 days	3			3	
5 days	3			5	
6 days	2			4	
% of Homecare Patients who died in hospital	12.8%	10%	↑↑	12.03%	↑↑

% of patients not readmitted to an acute setting following admission to the homecare service	69%	⇔	⇔	69%	⇔
% of non-cancer patients not readmitted to an acute setting following admission to the homecare service	90%	⇔		90%	⇔
Patient Satisfaction Score (Rating Excellent or very Good)		100%			
Access & Information	94%			96%	↓
Care Received	98%			98%	↑
Hospice Staff Rating	100%			99%	↓
Overall Impression of Facilities	97%			100%	↓
Employee Satisfaction Score (Rating strongly agree or agree Jan 19)		100%			
Employees endeavour to give best efforts at GHF					100%
Employees happy with care provided at GHF					85%
Staff are supported to perform at their best					71%
GHF treats its employees fairly					47%
Staff enjoy working at GHF					74%
Completion of Mandatory Training :		(Annual)			
1. Manual Handling YTD	95%	95%		95%	⇔
2. Hand Hygiene YTD	95%	95%		95%	⇔
3. Children First YTD	99%	100%		99%	⇔
4. Fire Training YTD*	90%	95%		95%	↓
Number of Complaints Managed as per policy	6	6	⇔	6	⇔
% Absenteeism	4.5%	3%	↑	5.4%	↓
Hygiene Audit Score (Dec 2019)	94%	100%	↓	95%	↓
Infection Control Audit Scores (Dec 2019)	96%	100%	↓	97%	↓

* One (of scheduled six dates) cancelled by the company. Currently re-tendering for enhanced training schedule 2020...

The main items of note in the Key Performance Indicator (KPI) trends for 2019 were as follows:

Wait times in the inpatient unit increased by 4% during 2019 as the inpatient unit was operating at 100% occupancy for a number of periods during the year.

The development of hospice acquired pressure sores has increased by 61% during 2019. The increase arises mainly due to an increase in the number of grade 1 and 2 pressure sores reported.

	2019	2018	
No. of Grade 1 Pressure Sores	11	5	up 120%
No. of Grade 2 Pressure Sores	23	17	up 35%

We dedicated resource time to updating our documentation in relation to the management of pressure sores during 2019 and we facilitated a number of education sessions with staff in Quarter 3 to provide education on the identification and management of pressure areas which has resulted

in increased vigilance and reporting of pressure area incidents. The following were updated:

- Comprehensive review and revision of our prevention and management of pressure sores policy
- Development of a pressure sore dressings guide document
- Development of a mattress and cushion guide document

Following on from staff updates in Quarter 3, there was a noted increase in reported Hospice-Acquired Pressure Sores. This has been attributed to increased vigilance and monitoring. Staff have been supported in reporting on Q-Pulse every issue of potential concern.

In Quarter 4, vigilance continued (including, due to revision of incident management processes, enhanced 'real time' monitoring by senior Nursing management of all reported wounds) but reported incidences of Hospice-Acquired Pressure Sores reduced significantly. This has been attributed to effectiveness of the changes to practice that were introduced in Quarter 3.

Patient Falls, the number of patient falls (measured nationally as the total number of falls per 1000 occupied bed days) decreased by 37% during 2019. This is mainly due to the mix of patients in the Inpatient Unit, we had six patients who due to their deteriorating condition had three or more falls during 2018, whereas there were just two people in 2019 who had multiple falls.

Patient Outcome Scores We commenced a pilot project of measuring patient outcomes in late 2017 and continued to roll this out during 2018 and 2019. During 2018, there were gaps in the data and the scores were not consistently measured for all patients on a daily basis. We addressed this with the team during 2018 and early in 2019 and the level of compliance with documenting the scores improved during the second half of 2019.

The primary outcomes that directly affect the patient experience are (A) Time in unstable phase (which signifies symptoms that are unexpected or rapidly increasing in severity) and (B) Pain severity.

(A) The time that people spent in an 'unstable phase' for over 2 days increased by over 100% in 2019. This is an indication of the increasing complexity of problems being faced by our patients; for example, the number of people whose length of stay exceeded 40 days increased by 30% in 2019.

(B) The number of instances of a severe pain score reduced from 19 in 2018 to 13 in 2019; however, the instances of a moderate pain score in excess of 2 days increased by 55%. We cared for six people in 2019 with extremely complex pain-related issues, all of whom had repeated moderate pain scores over 2 days during their admissions.

Percentage of Homecare Patients who died in hospital. We have not achieved our target for this metric, which is mainly due to the complexity of patients who are being referred to the community service; many are still on active treatment when referred. 74 patients were readmitted to an acute setting following acceptance by the community team during 2019 compared to 54 in 2018. 28% of these patients were re admitted to the acute setting more than once while being cared for by our community team, this is an increase of 8% over 2018.

Mandatory Training: We met all of our training targets for 2019 except for Fire Training where we were 5% behind on our target (90% instead of 95%), as our trainer had to cancel one days training at short notice. All outstanding employees will be scheduled for training early in 2020 and Line Managers will book staff training in advance for 2020.

Absenteeism: The level of absenteeism was down almost 1% on 2018 but continued to run ahead of our target rate of 3%. We had a number of employees out on long-term sick leave during the year, which contributed to this negative variance.

Quality Data

All incidents are reported, investigated, escalated where necessary and managed as they occur. Detailed analysis of the incidents reported are subsequently collated and reported to the Board through Quality and Patient Safety Committee. All incidents are categorised according to the incident area and level of risk (which is scored in line with the HSE risk assessment tool).

Learning from incidents that occur at Galway hospice is taken very seriously and is used as an opportunity to consider and review the quality of the service we provide to our patients and their families. We have a “no blame” policy for incidents reported and staff are encouraged to report and log all incidents and near misses. We focus on understanding where policies and procedures have failed (systems errors) and putting robust corrective and preventative actions in place to prevent re-occurrence.

Both patient and relative/carer feedback is elicited continuously both ‘real-time’ and also after care. All comments are logged. Any concerns or complaints are logged, investigated, and reported on and remedial actions agreed.

Clinical Reflections, which are open to all clinical staff to attend, are held when necessary; the discussion is recorded and any actions, which are agreed in response to the review, are reported on.

This ensures that there are robust mechanisms in place for everyone, across the whole organisation, to be involved both in reflecting on our performance and in suggesting and driving or leading improvements. Galway Hospice is also a member of the HSE QA&I quality improvement working group. We benchmark ourselves against similar-sized hospices on two key quality measures - falls and pressure sores. An incident dashboard and key performance dashboard are prepared quarterly and are composed of the latest performance and activity data. It provides information on how the Hospice is doing using a range of key quality indicators and also the safety and effectiveness of our care using standard clinical quality measures such medication errors, falls and pressure sores

The table below details the incidents reported in 2019. There was an increase of 17% in the number of incidents reported during 2019. This is mainly due to an increase in the number of non-medication incidents reported (up 40%). Medication incidents were down 20% on 2018 levels.

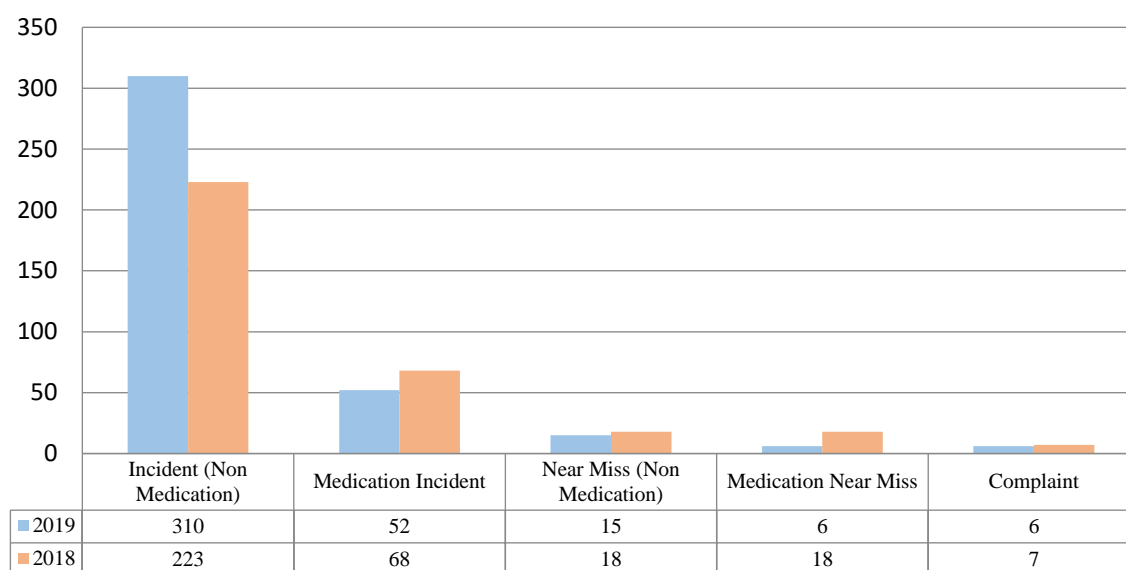
There were three Serious Reportable Events (SRE) reported during 2019:

- 1) Patient fall in Day Care leading to suspected fracture of the arm
- 2) Avoidable Grade 4 Pressure Ulcer
- 3) Unavoidable Grade 3 Pressure Ulcer

2019 INCIDENT REVIEW

	Current 2019	Previous 2018	Trend to previous Year
Total number of complaints	6	7	-1 ↓
High Risk	2	2	0 ⇔
Moderate Risk	3	2	+1 ↑
Total Number of Incidents*	389	333	+56 ↑
High Risk	32	33	-1 ↓
Moderate Risk	154	81	+73 ↑
Medication Incident	52	68	-16 ↓
High Risk	1	0	+1 ↑
Moderate Risk	12	31	-19 ↓
Medication Near-miss	6	18	-13 ↓
High Risk	0	0	0 ⇔
Moderate Risk	3	9	-6 ↓
Incident (Non-medication)	310	223	+88 ↑
High Risk	28	29	-1 ↓
Moderate Risk	129	118	+11 ↑
Near Miss (Non-medication)	15	18	-2 ↓
High Risk	1	2	-1 ↓
Moderate Risk	7	10	-3 ↓
Slips, Trips & Falls	42	52	-10 ↓
High Risk	9	16	-7 ↓
Moderate Risk	19	29	-10 ↓
Hospice-acquired Pressure Sore	37	21	+16 ↑
High Risk	2	0	+2 ↑
Moderate Risk	24	16	+8 ↑

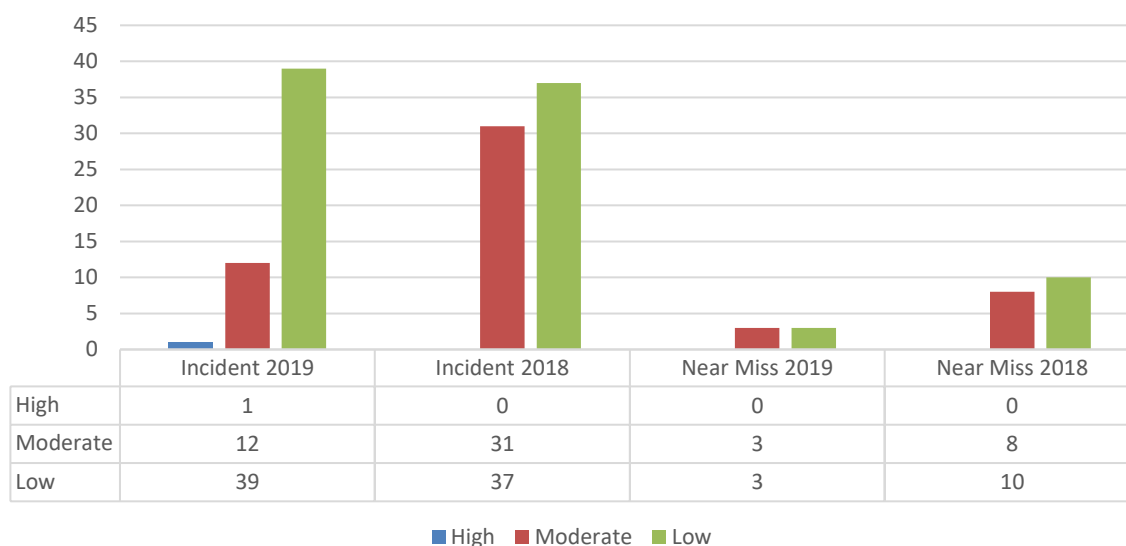
Category of Incidents & Risks Raised 2019



Medication Incidents

There was one high-risk medication incident reported during 2019. In total there were 52 medication incidents reported which is a decrease of 23% over 2018.

Risk Rating of Medication Incidents 2019



The high-risk incident related to an issue where a staff member was not aware that there was more than one medication drug chart in existence for a patient. We have amended our procedures so that the patient chart clearly details the number of drug charts in use for each patient and we have updated our induction process for nursing staff to include time with our chief pharmacist

Quarterly medication safety committee meetings are held and chaired by one of our Consultants in Palliative Medicine. In addition, we have a Medication Incident review Team who meet to review all

medication incidents and near misses in advance of each medication safety committee meeting. At these meetings (whose members include the pharmacist, consultant, the standards & practice development coordinator and the Director of Nursing), we also discuss the medication management issues arising out of incidents and work together to improve processes. This Team reports to the Medication Safety Committee.

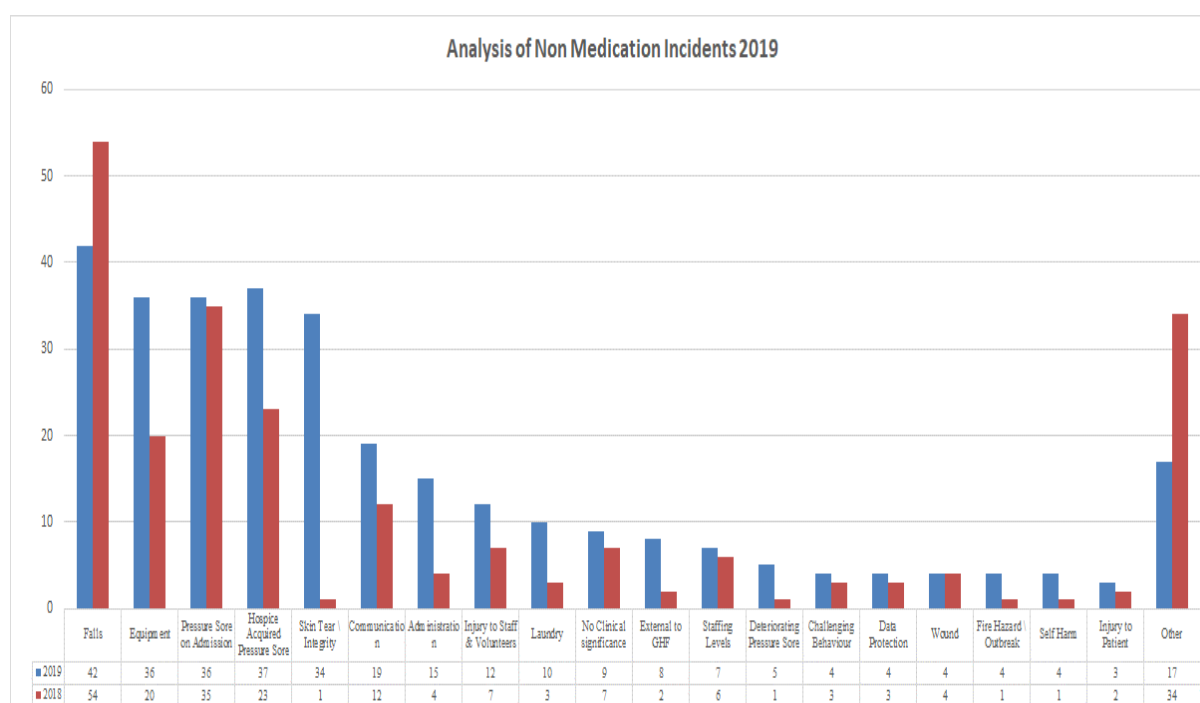
Non-Medication Incidents

There were 310 non-medication incidents reported during 2019, this is an increase of 88 over the previous year. The increase in non-medication incidents was mainly due to an increase in low risk incidents reported (up 100% on 2018).

The increase in low risk non-medication incidents arises mainly due to the following:

- Increase in skin integrity incidents (22 reported in 2019 compared to 2 in 2018, this is due to a heightened awareness amongst staff following education and training sessions on skin integrity provided to assist staff with identifying and managing skin integrity issues during the year following the two serious reportable pressure sore incidents that occurred. Moderate non medication incidents were also up 9% on 2018 mainly due to an increase in the number of moderate rated skin integrity issues reported
- Increase in incidents reported related to issues with T34 syringe drivers (9 reported in 2019 compared to 2 in 2018). Where necessary the incidents have been reported to HPRA. The manufacturer is due to release a new version of the device which should address the problems being reported

The main categories of these non-medication incidents reported were as follows:



Patient Slips, Trips and Falls

We strive to prevent our patients falling and recognise the challenge of keeping seriously ill patients safe while promoting independence, rehabilitation, privacy, and dignity. We recognize that as disease progresses muscles may become weakened contributing to a greater risk of falling. Limiting the activity of patients may be seen to reduce this risk however, this may also result in reduced Quality of Life and potentially in the patient becoming more frail and consequently increasing their falls risk when they do mobilise.

Despite our best efforts, however, falls do occur within the hospice. All our Nurses are educated in falls prevention and, when patients do fall, how to assess risk and prevent any further injury. We complete a falls risk assessment for all patients on admission to the inpatient unit and now also complete it for patients attending our Day Care service. If patients are identified as being of medium risk a slips trips and falls care plan is put in place for the patient. If the patient is determined score as a high falls risk in addition to the care plan a falls alert protocol is commenced and an immediate referral is made for physiotherapy and occupational therapy input for the patient.

The number of patient falls per occupied bed day decreased by 37% during 2019. The decrease in falls compared to 2018 is due to the patient cohort who were admitted to the inpatient unit during 2019. During 2018, we had six patients who due to their complex care needs, frailty and cognitive impairment fell three or more times, during 2019 we only had two patients who had multiple falls during 2019. A common theme for the falls incidents reported was patients mobilising without requesting assistance. Notices and buzzers are in place and patients were encouraged to use the nurse call bell. In addition, alarm mats, low-low beds / crash mats, etc. are also put in place for patients who are assessed as being a high risk of falling out of bed.

While we aim to prevent falls when possible, we also strive to promote autonomy and independence. Where risk of falls cannot be avoided, we seek to reduce any risk of injury.

There was one fall classified as a Serious Reportable Event during 2019. A Day Care patient tripped over a new walking aid provided in the community while attending Day Care, which resulted in a possible fracture. The review into the circumstances of the incident concluded that the fall could not reasonably have been anticipated nor prevented. The review nonetheless identified some opportunities for improvement:

- Develop a falls management policy for the Foundation – on target for completion by Feb 2020
- Complete a falls risk assessment for all Day Care patient – completed
- Nutritional assessments for Day Care patients – nutrition is now discussed at the multidisciplinary meetings and referrals to a dietician are made where appropriate
- Develop a dependency tool for Day Care – in process.

The rate of slips trips and falls for all patients during 2019 was 7.5 per occupied bed days which is well below the agreed national benchmark figure for slips/trips/falls for Irish Hospices (12 per 1000 occupied bed days).

Hospice Acquired Pressure Sores

All patients on admission to Galway Hospice receive a hygiene / skin integrity assessment, a Waterlow pressure risk score is also documented for all patients. Based on the skin integrity assessment and the Waterlow score on admission pressure sore preventative measures are put in place (for example, nursed on the most appropriate pressure relieving mattress or referral to a dietician, occupational therapist for seating assessment etc.). However, many patients who are admitted to Galway Hospice can experience deterioration in their symptoms due to the progression of their condition and poor circulation. For example, many patients are prescribed steroid medication, which increases the risk of pressure sores. This is why in some cases, pressure sores can develop while a person is under Galway Hospice care, despite preventative measures being

taken. For any patient who has a pressure sore, specific management strategies are used including the use of individualized care plans and dressings to minimise discomfort and maximise quality of life.

There were 37 hospice acquired pressure sore incidents reported during 2019, which is an increase of 76% on 2018. The increase arises mainly in the number of Category / Stage / Grade 1 (11 up by 6 on 2018) and Category / Stage / Grade 2 pressure sores reported (23 compared to 18 in 2018).

There was one Category / Stage / Grade 3 and one Category / Stage / Grade 4 hospice acquired pressure ulcer reported during 2019. Both were Serious Reportable Events and were managed as follows:

- Grade 4 hospice acquired pressure sore. The patients deteriorating condition contributed to the development of the pressure sore however, there were also opportunities for improvement identified as part of the comprehensive review into the incident. The following actions were put in place to address the issues identified:
 - A series of “Post-Incident Reflections” with all IPU staff were held to highlight the missed opportunities as well as to seek suggestions for improvement from the staff. This feedback from staff has been incorporated into a revision of policy (Prevention and Management of Pressure Sores’ PP-CS-024) and supporting documentation
 - Wound dressings guide to support nurses in their choice of dressings has been documented
 - Induction booklets for HCA and Registered Nurses have been updated to ensure that they are aware of key policies / documents relevant to their roles.
 - Appropriateness of referral to Dietician for nutritional support / advice is discussed at weekly MDT meeting,
 - The Incident Reporting and Management’ policy (PP-CO-007) has been update to specify the necessity to report deterioration of Pressure Sores and wounds and includes a clarification of the process for escalation
- Grade 3 hospice acquired pressure sore. The review concluded that the incident was unavoidable and had occurred as a result of a mask that the patient needed to wear to assist their breathing. The review concluded that staff made exceptional efforts with specialist supplier of the equipment regarding mask fittings and adjustments to promote comfort for this patient. The patient’s clinical care was managed appropriately in line with their wishes.

While there is not an agreed benchmark figure nationally for development of pressure sores, it is a topic of discussion at the hospice-wide QA+I (Quality Assurance and Improvement) meetings. Galway Hospice reports all pressure sores both internally and via the National Incident Management System (NIMS), whereas many other hospices report only the more serious grades (Category / Stage 2 or higher).

Pressure Sore on Admission

Due to the ongoing deteriorating nature of their condition, 36 patients were admitted with pressure sores (up marginally from 35 in 2018). These are documented on admission and are managed in line with our policies for pressure sores. The analysis of the pressure sores recorded on admission was as follows:

	2019	2018
Grade 1	4	9
Grade 2	22	16
Grade 3	8	5
Grade 4	1	2
Uncategorised	1	3

Equipment

There were 36 incidents reported in relation to equipment failures in 2019 which was up 80% on 2018. Sixteen (8 in 2018) of the incidents reported related to issues with the T34 syringe drivers. We had some similar issues during 2018 and reported them to the manufacturer and HPRA. The manufacturer is awaiting approval to release a new version of the driver and we are awaiting delivery of new units once approval has been received.

Infection, Prevention and Control

Infection prevention and control is one of the key elements in ensuring that Galway Hospice provides a safe environment and practice for our patients, all of whom are vulnerable. We recognise that effective prevention and control must be an integral part of everyday practice and be applied consistently to ensure the safety of our patients. In addition, good management and organisational processes are crucial to maintain high standards of care for our patients. The Hospice did not have any infection outbreaks during 2019. We carried out regular infection control audits in 2019 and there were no infection control incidents reported.

Safeguarding

The Hospice's Safeguarding Leads provide advice when required. There were no safeguarding incidents reported during 2019.

Complaints

The Hospice is committed to delivering high standard of service to anyone who comes into contact with our work. We see complaints as an opportunity to learn develop and improve our services.

During 2019, the Foundation received 6 complaints \ expressions of concern, which was in line with the previous year. No complaints required a formal investigation or escalation externally.

The CEO monitors all complaints; clinical complaints are discussed at the Integrated Safety and Quality committee and all complaints are reported to the board quality and patient safety committee.

A summary of the complaints received during 2019 is as follows:

2 High Risk Complaints The first a concern reported by a relative during a bereavement call. The relative had contacted the hospice requesting to speak with a CNS at the weekend and the CNS had not received the message. Receptionists now contact the CNS's on duty on their mobile phone to pass on messages immediately and they also log the message in a duplicate reception message log.

The second was a complaint received from a staff member about elements of content of text messages in a group set up to facilitate communication amongst individuals working on shift. The group was disbanded and their line manager provided support to the individual.

3 Moderate Risk Complaints The first was in relation to the quality of goujons served by the kitchen to a staff member. The chef has changed to a different brand and there have been no further issues.

The second was from a staff member in relation to an undertaker.

arriving on site unaccompanied to transfer a deceased patient. The CEO has written to the undertaker to remind them of Galway Hospice's policy re transfer of deceased patients.

The third was a letter of concern received from a patient's relative outlining some concerns about the patients discharge from an acute hospital and some issues around communication between healthcare professionals about the patients care. The issue in relation to discharge from the acute setting has been addressed with the team there and we are meeting with the individual to address the other issues raised.

Patient Feedback

Galway Hospice encourages feedback in a variety of ways from patients, families, staff, volunteers and visitors. We have a number of comment boxes throughout the hospice building and we also have a “tell us what you think” section on our Website.

We conduct an annual survey to all active patients each September. We received 51 responses to the survey in 2019. A summary of the results are as follows:

Access & Information	95% responded that this was either very good or excellent
Quality of Care	98% responded that this was either very good or excellent
Hospice Staff	100% of respondents rated staff as either very good or excellent
Impression of Hospice	97% of respondent's impression of the hospice was wither very good or excellent

A sample of the comments received in the survey are as follows:

Name One Good Thing about the Hospice

- ▶ *Compassion, empathy, understanding, not rushed and very attentive*
- ▶ *They followed through as they said they would with visits, phone calls and advice*
- ▶ *Gave me a new lease of life*
- ▶ *From the front door in..... Every member of hospice team were smiling, gentle, helpful, hands on, every minute day and night*
- ▶ *It took away the long travel for us and the kindness and care shown to us*
- ▶ *Pain management was excellent*

Name one thing that should happen every time you or others use Galway Hospice

- ▶ *The welcome, smile, kindness, care for everyone*
- ▶ *Continue to greet people with a smile and a word of encouragement from staff and volunteers. It all matters and helps.*
- ▶ *A smile, a comforting touch, a sense of “No Rush”, is beyond value to those who are in your care. We arrive frightened and very sick.*
- ▶ *Patient should be listened to*

Name one thing that we could improve on

- ▶ *No improvements needed or no complaints, care is excellent*
- ▶ *Nothing except that the prefab unit could be made more permanent*
- ▶ *Very little!! Perhaps to have background music in visitors sitting rooms. So many were bereaved so often, and met in these rooms*
- ▶ *Keep doing what ye are doing, be there for us and everyone who needs your service, thank you*
- ▶ *More activities for day care*

Any other comment

- ▶ *Well all I can say is thank you all so much for all your kindness and it was my pleasure to meet you. Keep up the excellent work and we do appreciate all you do.*
- ▶ *When the sun is shining – you took me outside for a few minutes – that was memorable each time*
- ▶ *Love and respect given to us is greatly appreciated*
- ▶ *Excellent care provided and all phone calls answered promptly*

Comment Cards

We received 10 comment cards during 2019. A summary of the results are as follows:

Comments Sheets Result - 2019 (10 received)							
STAFF	Excellent	Very Good	Good	Fair	Poor	Not Relevant to me	Not Answered
Professionalism	10						
Caring attitude	10						
Availability/Responsiveness	10						
Communication	10						
CARE PROVIDED							
Care of patient's physical symptoms/needs	9	1					
Care of patient's emotional concerns	10						
Care of patient's spiritual concerns	10						
Support offered to family members/carers	10						
ACCOMMODATION							
Cleanliness	10						
Comfort	10						
CATERING							
Quality of food	10						
Menu choices	10						
OVERALL SATISFACTION	9						1
COMMENTS:							
1. "As this is my first time to visit the Hospice to visit my sister, the staff at the Hospice were very kind and friendly" (CS19/02).							
2. "Staff have been really helpful and supportive; very kind and nice people. Thank you all for everything" (CS19/03).							
3. "I want to donate €5 per week to Galway Hospice" (CS19/04).							
4. "I thank you from the bottom of my heart for the wonderful care and support that everyone has given to uncle Martin and the family. I feel truly grateful and blessed that he is able to pass on in peace. It is truly a wonderful place" (CS19/06).							
5. "Fantastic job by all" (CS19/07).							
6. "I've just spent an "overnight" with my brother in law. Could not complement staff/surroundings enough" (CS19/08).							

Training and Education

Staff Training

Galway Hospice is committed to the ongoing education and development of staff in order to ensure services are delivered in a safe, effective manner to the highest possible standard. Training and education, including mandatory training is delivered in a way that is meaningful and best suited to the learning needs of the individual staff member.

External Courses

In addition to the mandatory training programme, staff attended a number of external training events during 2019. In total there were 2,333 hours spent by staff at non-mandatory training events during 2019. A detailed breakdown of the training events attended is included in appendix 4

A number of staff also undertook postgraduate education during 2019 details as follows:

Course	Number
Management Essentials HMI	1
Post Graduate Diploma in (Nursing) Education	1
Post Graduate Diploma in Palliative Care	1
PDip in Practice Teaching, Supervision and Management NUIG	1
We also facilitated the clinical placement of a number of undergraduate and postgraduate nursing students during 2018	

Social Work facilitated a placement of a Masters student in social work during the year, and we also facilitated students of Occupational Therapy and Art Therapy.

Education & Research

Our Community Team

- Hosted two education days for senior nurses working in nursing homes during 2019

Our Medical Social Work team:

- Presented a 2-hour module 'End of life Care: psychological and social perspectives' to students undertaking a Post Grad Diploma in Palliative Care Our social work and community team presented posters at the International Children's Palliative Care Conference
- Participated in IHF 'Living with Loss' Event in November 2019
- Provided training to Brothers of Charity social work department on 'grief and loss' (June 2019)
- Provided education/training to GHF staff on bereavement calls

Our Senior Occupational Therapist

- Provided undergraduate lectures on 'Role of Occupational Therapy in Palliative Care' in National University of Ireland, Galway (NUIG) and University College Cork.
- Our Senior Occupational Therapist is treasurer on Association of Occupational Therapists of Ireland Palliative care & Oncology advisory group, her work with this group included the organising of the annual study day, which took place in October 2019.

Our Chief Pharmacist

- Presented a talk on The Role of the Community Pharmacy Team in Supporting Palliative Care at Home to the 2019 IPU National Pharmacy Conference

Our Pastoral Care Chaplain

- Presented to students at NUIG

Our Art Therapist and Occupational Therapist had the following articles published during 2019

- Finding Common Ground: Art Therapy and Occupational Therapy in a Palliative Care Setting' in Irish Journal of Art Therapy, May edition.
- The International Handbook of Art Therapy in Palliative and Bereavement – includes a chapter written by Deirdre Ni Argain entitled: “*Blurry Vision: Introducing Art Therapy to Palliative Care patients*”.

2019 QUALITY IMPROVEMENT PROJECTS

In addition to the improvement documented earlier in the report, we also focused on the following quality improvement initiatives during 2019

Clinical Supervision

Clinical supervision has long been utilised in healthcare settings to provide a safe and confidential environment to support staff in their personal and professional development and to reflect on their practices. Historically we have offered this service to our nursing teams only. We recognise the emotional challenges faced by other team members working in a palliative care setting, so to improve supports available to both care assistants and allied health professionals we have expanded our clinical supervision program to include these disciplines during 2019.

Safer Better Healthcare Standards

We have completed a comprehensive gap analysis to the safer better healthcare standards using the workbooks developed by the HSE's palliative care clinical team. The outcome is that we have achieved a continuous improvement score for all standards and have scored sustained improvement on some standards. We have now developed an action plan to bring all areas that scored continuous improvement to a sustained level and to bring those where we scored as sustained improvement to an excellence standard

Bereavement Support Volunteers

In total 16 volunteers who were trained in 2018 committed to provide bereavement support alongside the social work department in 2019 and opportunities were provided for them to engage in one to one bereavement support, telephone support, adult bereavement group and remembrance evenings.

The bereavement volunteer support service was promoted internally in GHF through education to staff both in the inpatient unit and homecare teams. The social work team have been informing members of the public about the service at remembrance evenings and directly through their interactions with bereaved people.

Throughout the year, volunteers have been contacted when opportunities for volunteering have arisen and volunteers were then allocated based on availability.

To date:

- 11 volunteers have volunteered at least once at remembrance evenings
- 2 volunteers provided 1:1 support sessions to 2 bereaved adults
- 1 volunteer provided telephone support sessions to 3 bereaved adults
- 1 volunteer assisted at 4 sessions of Adult Bereavement Support Group and subsequently provided telephone support to all 6 participants following the group.

Volunteers also came together as a group for training on Child protection and Safeguarding, and for National Volunteer week.

It is planned continue to develop the service in 2020 as follows:

- Commencement of a fortnightly Drop in Grief Café on Monday mornings which will require bereavement volunteer support to run
- Continued attendance of volunteers at remembrance evenings

- Continued promotion of the bereavement volunteer support service and hopefully further opportunities for volunteers to provide 1:1 support and telephone support
- Use of bereavement support volunteers' at both Adult and Children's groups
- Further training for volunteers with the introduction of periodic journal clubs and opportunities for them to attend training off site i.e. Irish Hospice Foundation.

Nursing Homes

We continued our education program with nursing homes to increase efficiency in the use of resources required for the management of the patients referred from Nursing Homes and Long term Care Facilities for symptom management and End of Life Care. In addition, the course aims to promote, develop and sustain knowledge of generalist Palliative Care among nursing staff within the clinical practitioners in the Nursing Homes and Long Term Care Facilities. We held a study day in March and 90% of attendees felt that their knowledge of managing patients with palliative care needs had improved as a result of the course. To date we have held four study days for nursing home staff since 2018 and these have had a positive impact on the level of support that we provide to nursing homes. In 2017 we cared for 218 patients in nursing homes and had 2613 contacts for these patients which is on average 12 contacts per patient, this has reduced to 9 in 2019 (228 nursing home patients and 2109 contacts). We plan to engage further with nursing homes during 2019 by:

- Plan visits to level 2 intermediate bed units by ADoN and CNM3 -6 such beds in Galway and a further roll out to Mayo in due course. Ensure those staff are included in education study days provided by GHF.
- On completion of next study day to residential care setting staff, ask participants to consent to be contacted in 6 months to evaluate their ongoing learning and if the study day has since improved their management of patients at end of life.
- Long-term establishment of an education programme with an assigned CNSp/SPDCO on a more continuous/ frequent basis so that it is seen as the norm.

Improve Close out times for Incidents

We also focused on improving our close out times for incidents during the year. We introduced a traffic lights system to assist line managers with prioritising incidents in 2019. This has resulted in a significant improvement in close out times. In 2018, 19% of all medication and non-medication incidents were closed out either early or on time and this has increased to 56% by the end of 2019. This figure improves further for incidents raised during the last three months of the year where 87% of all incidents raised were closed out early or on time. We plan to continue with the project in 2020 to further improve on close out times

Ongoing Occupational Therapy Improvement Initiatives

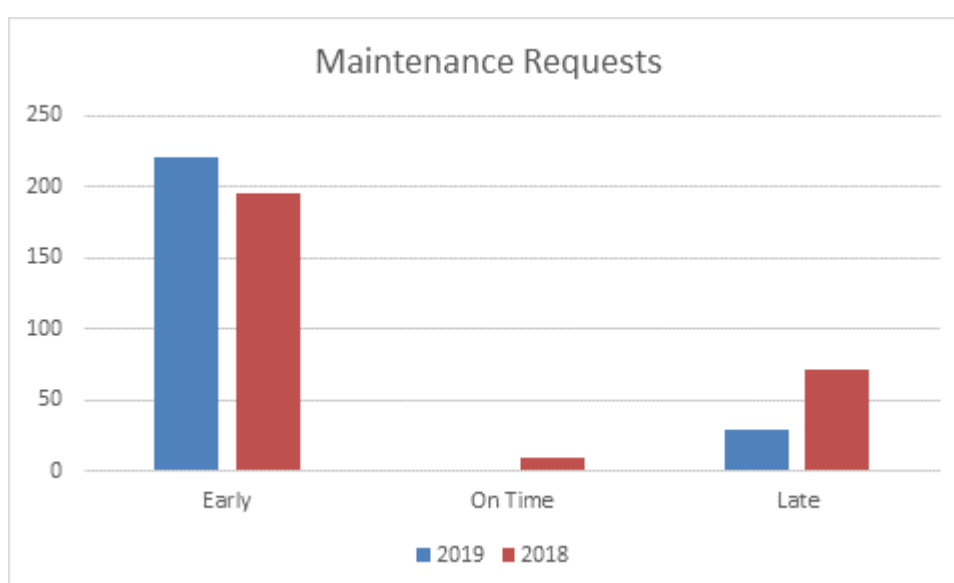
The occupational therapy team provided ongoing advice regarding hoists on the inpatient unit to ensure appropriate equipment is sourced for patient use. The team also provided input in the planning of the new Castlebar Hospice, with particular focus on furniture and equipment for the new hospice. The team conducted a literature review on the evidence for a combined MDT patient chart project to assess current system and trial combined notes to begin in 2020 on IPU

Facilities Energy & Environment

We are committed to maintaining our building and equipment to the highest standards, which is evidenced by the maintenance, and decorations plan that is put in place each year. During 2019 with support from Smiles from Shauna we completed the refurbishment of our dining room to make it a more inviting space for patients, families and the general public.

Maintenance agreements are in place for all critical pieces of equipment and we have a program in place to ensure that the building and grounds are also well maintained

All equipment breakdowns \ requests for repair are logged on our Q-Pulse system and response times are monitored and measured. We improved response times during 2019 and in 2020 we plan to further categorise maintenance requests and set target response times for each category. A log of the requests completed during 2019 and their response times is detailed in the chart below:



We continue to seek opportunities to reduce the amount of waste going to landfill and try to recycle waste where possible in our current facility. During 2019, we achieved the following:

- Reduction of 9,443.94KWh (units) electricity used from period January to October 2019 compared against 2018 usage.
- Reduction of 1,920ltrs of oil from period January to December 2019 compared against 2018 usage.
- Reduction of 0.50 TON mixed waste and 1.28 TON food waste from period January to December 2019 compared against 2018 usage. Our waste output and energy usage is monitored on a regular basis by our Facilities manager.

We are replacing light fittings as existing fittings fail. During 2019 we changed all fittings in MDT room, the IPU corridor to LED and LED spot fittings now being used throughout where possible.

We will continue to seek opportunities to reduce our energy consumption and waste output during 2020 and the actions to achieve this are detailed in the facilities section of our operational plan.

Longer term objectives are detailed in our strategic plan.

AUDITS COMPLETED

A number of clinical and non-clinical staff completed training on conducting patient tracer audits during 2018 and 3 tracer audits were completed during the year in addition to scheduled documentation-based audits. A full list of the audits completed is detailed below.

Quarter 4 review of audit processes within Galway Hospice has demonstrated that our approach to, and follow-up on, audits will benefit from a substantial overhaul. While transitioning to more person-focused tracer audits, we retained an emphasis on documentation-based audits which, on reflection, were driven by policy stipulations rather than service needs.

From 2020, we plan to reduce the number of documentation-based audits to be completed. Any audits will be driven by service need (e.g. responding to patient / family feedback, response to incidents, etc.) and will be formatted to a standardised template to facilitate trend analysis, reporting and action planning.

Standards of Clinical Documentation in general have been shown to require improvement (for example, use of unapproved abbreviations and correction of errors). New induction procedures have been introduced to support staff on transition from other areas.

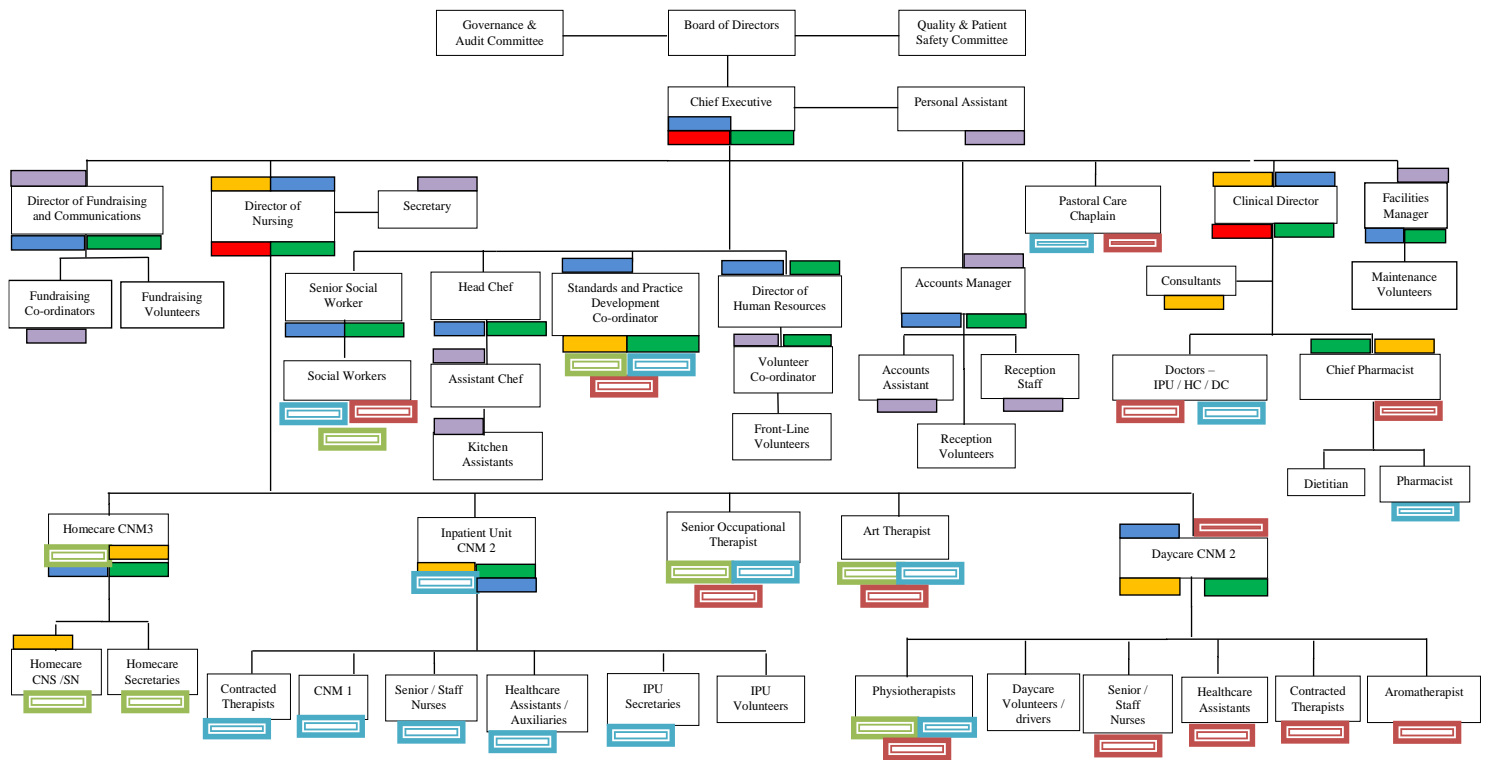
We will increase the number of tracer audits to give a more comprehensive evaluation of the effectiveness of the care that we provide. The tracer audits will wherever possible include getting feedback from patients and family members.

IPU documentation audit 24 Jan	Use of non-approved abbreviations, Demographic details not in place in 2 charts. Allergies/sensitivities not on front of 2 charts
IPU wound care audit 28 Jan	Water low scores not being reassessed, incorrect dressings used, wound care charts not updated
Home Care 3-monthly Review Audit Results 7 Feb	High levels of compliance noted 15% 3 monthly not completed. Main reason was the patient in hospital and not available.
End of life care in IPU 14 Feb	Needs and preferences not documented in 1 chart, EOL patient not commenced on EOL care plan
Homecare Oral Hygiene Audit 15 Feb	Good compliance demonstrated overall, except for documented education. Summary: One Patient assessed as having excoriated oral cavity but not documented on education or plan of care. Four patients had dry mouth and it was not documented that education was provided.
Medication Audit Day Care 19 Feb	8 charts were audited, 4 charts did not have a Day Care medication record included. Of the 4 with a medication record included there was 100% compliance in the date, name, dose and frequency of medication recorded and entries were legible
IPU Oral Hygiene Audit 6 Mar	High Compliance rates noted
Water Sampling	No contamination
IPU Bowel Care Audit 17 Mar	High Compliance rates noted
IPU Pain Assessment Tool Audit 9 Mar	Good compliance with pain assessment in Nursing assessment booklet.
Slips, Trips & Falls 17 Mar	High levels of compliance FRAT Assessment completed in all cases and falls risk assessment evaluated daily and documented

Patient Tracer Audit on the theme of "End of Life care in the community 14 Feb	Four of the seven sets of notes clearly demonstrated appropriate bereavement care follow up as per policy. Two sets of notes showed follow up sooner than 4 weeks and the final follow-up had not been completed yet (3 months since the patient's death). Non-standardised content of follow-up phone call – some staff communicated the plan
Audit of medications borrowed by Community Palliative Care Team 14 Feb	Community palliative Care had 507 patient deaths last Year. 16 patients required medication to be sourced elsewhere other than their local pharmacy, i.e. Merlin Park Hospital or Inpatient Unit = 0.3% of patients
IPU Pain Audit Report 14 May	Urgent attention and time to be given to the education on the use of the Pain Assessment Chart, with particular emphasis to be placed on Date and time recording of pain relief and of re-assessment for effectiveness of administered analgesia. (Safety Pause issued). Attention to daily completion of pain score through PCOC document
Quarterly Review of Home Care Patient Discussion at MDT 16 May	4.7% Non-compliant
Patient Tracer Audit Patient Journey 24 June	Overall, clear indications of care given across, and between, services in accordance with the principles of palliative care
Medication Documentation Audit in Day Care 28 June	Documentation errors identified: use of incorrect abbreviation for drug frequency (O.D instead of daily), Incorrect discontinuation of medication and date and time on each page of Medication Record/Prescription
End of life care in IPU 16 Aug	Audit findings indicates clear evidence of patient and carer's end of life care needs being addressed.
IPU Documentation Audit 5 Sept	Findings demonstrate moderate levels of compliance in most areas.
Home Care Oral Hygiene Audit 6 Sept	3 First assessments did not have an oral assessment documented; two of the patients when assessed during home visits did not have any issue with the oral cavity.
IPU Oral Care Audit 8 Sept	100% compliance with documented history. 1st assessment of oral care, 60% compliant, 40% partial compliance. Plan of Care, 90% compliant, 10% non-compliant.
Audit of MDT Discharge Process and Documentation 8 Sept	Medical and Nursing Documentation in the main body of discharge document is 100% compliant (nursing), 90% medical. Poor compliance from Allied Health Professionals.
IPU Bowel Care Audit 9 Sept	Poor compliance noted on bowel assessment on admission, laxative use record and record of bowel education provided to the patient.
Slips, Trips & Falls Care Plan Audit 10 Sept	Nursing documentation of FRAT is high and shows commitment to the use of risk assessment tools and care planning for patients to reduce risk.

Administration of MDA Schedule 2 and 3 Medications Oct 19	High levels of compliance
IPU Pain Audit 15 Oct	A significant improvement in the assessment of the effectiveness of breakthrough analgesia on pain management Measurement of pain score both pre and post intervention has improved by over 40% There was a 20% improvement in both the medical and nursing patients' assessments of the use of descriptors of pain
IPU Care Plan Audit Report 3 Nov	There were minor partial compliances noted with 20% non-compliance noted in 3 area All other areas reached 90-100% compliance
IPU Oral Care Audit 4 Nov	Low compliance with 'documentation of ongoing treatments' in the Nursing Assessment Booklet on admission 60% Partial compliance of 'oral assessment guide' completed at 1st assessment
Abbreviated IPU Documentation Audit 6 Nov	Significant improvement noted in all of the criteria audited, relative to previous audit. Ongoing issues include: (1) date / times / signatures, (2) alterations and (3) abbreviations
Home Care Clinical Documentation Audit 19 Nov	70% partial-compliance in correction of errors/alterations. 70% partial-compliance with the use of abbreviations
IPU MDT Discharge Process Audit 8 Dec	Noted overall improvement in documentation. Minor disimprovement in evidence of documentation being faxed, checked and handed over to relevant teams. Static compliance with discharge checklist being completed
IPU Documentation Audit 11 Dec	40% of charts audited did not have the patient's name in full on both sides of each page Gaps in Initial Nursing and Medical assessments in 40% of charts incomplete- either left blank or "not discussed". No rationale identified for reason of non-discussion. Good compliance with data entry in healthcare records but some entries illegible.
Patient Tracer Audit Themes focused Confidentiality/ Security of Patient Information/ Consent as per GDPR Legislation. 11 Sept	Ensure that the patient's healthcare records are arranged chronologically and not overly bulky Ensure that only the Approved Abbreviations as per Approved Abbreviation List (RF-GHF-6) are used Ensure that nursing care plans and evaluation sheets are recorded correctly to improve communication.
Infection Control 13 Dec	96% Compliance
Hygiene Audit 16 Dec	94% Compliance

APPENDIX 1 ORGANISATION CHART



Committee memberships:

Executive Team: ■ Integrated Safety & Quality ■ Medication Safety ■ Line Management ■ Multidisciplinary Support Services ■

Multidisciplinary Care Teams: (1) Day Care ▢ (2) Home Care ▢ (3) In-Patient Unit ▢

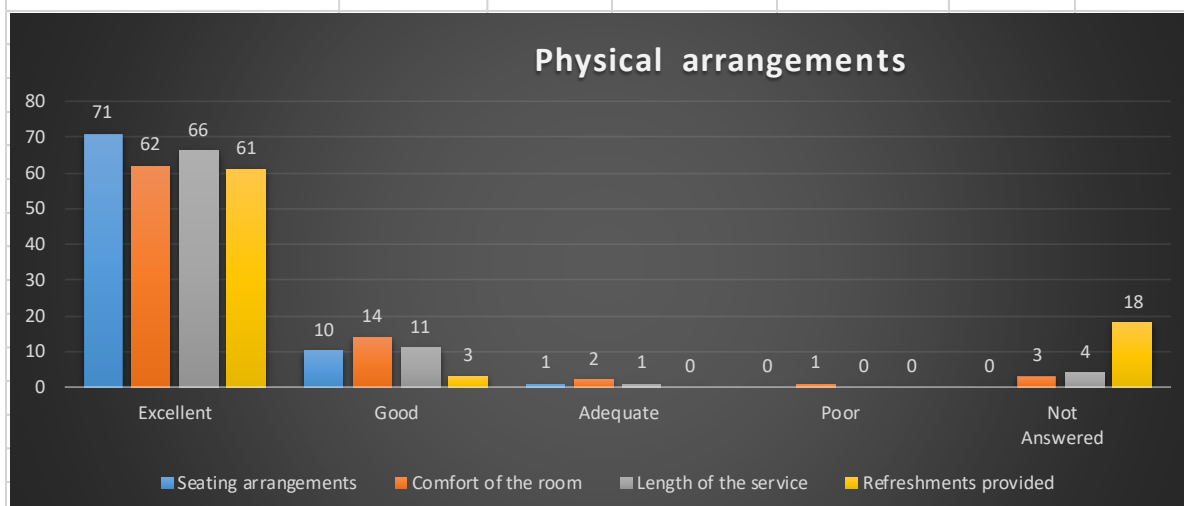
APPENDIX 3 EXTERNAL TRAINING COMPLETED

GALWAY EXTERNAL EDUCATION 2019		
Q1		
Course Title	Dept	Duration (hours)
Health Care Support: Safety & Health at Work	IPU	15.00
Health Care Support: Activities of daily living	IPU	150.00
Basic Life Support training	IPU	6.00
An Introduction to Radiation Oncology	OT	4.00
Fire training - full training (9 staff x 3.5 hrs) & Refresher (16 staff x 2 hrs)	All depts	63.50
Basic Life Support training	IPU	12.00
Heart Failure	Home Care	8.00
Basic Life Support training	Home Care	5.00
Posture & Mobility of Shared Learning	OT	7.40
Champ Maintenance Training	Fundraising Accounts	18.00
Health Care Support: Work Experience	IPU	150.00
Presence in Contemporary Culture and Religions	Pastoral Care	5.00
Health Care Support: Communications	IPU	18.00
An Introduction to Radiation Oncology (day 2)	OT	4.00
Basic Life Support training	Home Care	5.50
Manual Handling	All depts	18.30
Basic Life Support training	Physio	6.00
Management Essentials	IPU	300.00
Implementing Food Safety Management Systems	Kitchen	22.20
Legacies - the missing €100 million	Fundraising	3.00
Moving points in Palliative Care conference	Home Care	7.80
Dementia Care	IPU	15.60
Advanced Driver Training	Home Care Pastoral Care	24.00
Risk Management	Misc	37.40
Arts in Palliative Care	Art Therapist	7.40
Palliative Care Education: Integration and Innovation Seminar	IPU Admin	15.20
Q2		
Basic Life Support training	Home Care	6.00
Arts and Health Check Up Check in	Art Therapist	7.40
Basic Life Support training	Doctors	6.00
IV Study day	IPU	5.50
Learn how to Train Your Befrienders: A Train the Trainer Course	Volunteer Co-ord	6.00
The National Association of Healthcare Chaplains Annual Conference	Pastoral Care	15.60
Garda Vetting Conference	Admin	7.80
Final Journeys Programme	IPU	
Managing Advanced Heart Failure	Home Care	7.80
Safeguarding Vulnerable Adults	IPU	3.50
IV Study day	IPU IPU A/DoN	16.50
Basic Life Support training	IPU	6.00
Fire Training	All depts	28.00
Palliative Care Outcome Collaboration (PCOC) Workshop	A/Don Home Care	15.60
IPCI Annual Conference: The Patients Journey	Home Care	7.80
Storm Training - Skills training on Risk Management	SW	7.40
Basic Life Support training	A/DoN	6.00
Storm Training - Skills training on Risk Management	SW Home Care	14.80
Safeguarding Vulnerable Adults	IPU	7.00
Delivering Bad News	IPU	8.00
Wellness that Works	HR Admin	7.50
Designing and Developing Technologies for Palliative Care Seminar	Admin	7.80
Fundamentals of Urology Study Day	IPU	7.80
Wellness that Works	Admin	7.50
Children and Loss Conference	SW	5.00
Manual Handling	All depts	65.10
Manual Handling	IPU	7.80
Basic Life Support training	Day Care IPU	12.00
Basic Life Support training	IPU	6.00
Basic Life Support training	SW	6.00

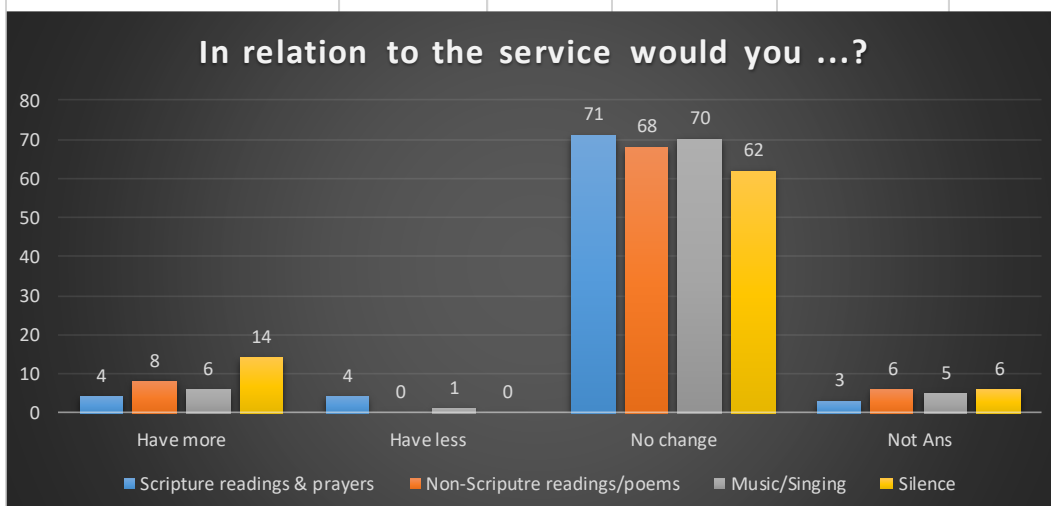
Q3		
What matters to me - End of life care	IPU	7.80
Quickbooks on line	Accounts	23.40
Basic Life Support training	Admin	6.00
Fire Training - full training & Refresher	All depts	65.50
Basic Life Support training	IPU	6.00
Basic Life Support training	Home Care	6.00
Safeguarding Vulnerable Adults.	IPU	7.30
Basic Life Support training	SW	6.00
Basic Life Support training	Home Care	6.00
Basic Life Support training	Home Care	6.00
Risk Management	All depts	98.00
Manual Handling	All depts	77.20
Basic Life Support training	Home Care	6.00
Basic Life Support training	Home Care	6.00
Basic Life Support training	SW	6.00
Basic Life Support training	Home Care	6.00
Volunteer Fire Training	Volunteers	22.00
Specialist Certificate in Health Promotion (Oral Health) at NUI Galway	IPU	0
Masters in Health Sciences - Palliative Care	IPU	0
Palliative Approaches to Symptom Management (Module in Masters in P/Care)	IPU	7.80
2019 Safe Patient Care Infection Prevention & Control Course	IPU	29.60
Basic Life Support training	Home Care	6.00
Basic Life Support training	Home Care	6.00
Basic Life Support training	Home Care	6.00
Basic Life Support training	Home Care	6.00
Fire Training Refresher	All depts	54.00
CIPP/E training	Admin	15.60
Q4		
IADNAM Conference	Nursing	15.60
AOTI Palliative Care & Oncology study day	OT	7.40
Support Network for Catholic Health Care Chaplains - Annual Conference	Pastoral Care	7.40
Supervision training - Social Work (part 1)	SW	44.40
Manual Handling	All depts	92.00
Final Journeys Programme	IPU	7.80
Basic Life Support	Admin	6.00
Designated Liaison Person Training	SW	7.40
Fire Training	All depts	44.50
4th International Children's Palliative Care Conference	Home Care	46.80
IV Training	IPU	6.00
Basic life support	IPU	12.00
Supervision training - Social Work (part 2)	SW	29.60
Bringing human rights into 21st Century Irish Law and public service practice (evening sem)	Home Care	3.00
Drilling deep into the assisted decision-making act 2015	Home Care SW	7.80
Wound Care - acute and chronic wound	IPU	7.80
Staff Care training	HR Admin IPU Day Care OT	127.50
Anaphylaxis training	IPU	3.00
Manual Handling & People Moving	All clinical depts	85.80
Simulated fire drill for potential Fire Marshals	Managers	15.00
Introduction to Practice Education Interdisciplinary workshop	OT	7.40
IV Study day	IPU	5.50
	Total	
	GHF Total	2332.8

APPENDIX 5 REMEMBRANCE EVENING EVALUATIONS

How would you rate the physical arrangements? (82 replies in total for 2019)						
	Excellent	Good	Adequate	Poor	Not Answered	Total
Seating arrangements	71	10	1	0	0	82
Comfort of the room	62	14	2	1	3	82
Length of the service	66	11	1	0	4	82
Refreshments provided	61	3	0	0	18	82



In relation to the service of remembrance, would you? (82 replies in total for 2019)					
	Have more	Have less	No change	Not Ans	Total
Scripture readings & prayers	4	4	71	3	82
Non-Scripture readings/poems	8	0	68	6	82
Music/Singing	6	1	70	5	82
Silence	14	0	62	6	82



Sample of Comments Received
"Excellent service, it was lovely to be in a room with people going through the same grief".
"So glad I attended this beautiful service".
"A welcome quiet hour to sit and reflect and enjoy the music and reflection".
"I was very pleased, it gave me an opportunity to help me with my grieving in the company of others".
"Very touching and emotional - a deserving tribute to a loved one".
"Beautiful service and so important to remember your loved one".
"Music made the evening so beautiful and special".
"Invaluable service - a safe place where everybody understands".
"It was beautiful (despite all the tears & first visit back). Thank you".
"Thank you for a lovely ceremony that allowed to stop and reflect on our loved ones".
"The music was excellent and so appropriate, also the readings and especially the last poem written as if from our loved one".