

# **GALWAY HOSPICE**

**2020 Operational Quality & Risk Review**

# Table of Contents

Details	Page
Introduction	3 - 4
Governance	5 - 6
Risk Management	7
Review of Quality of Performance	8 -14
Key Quality Indicators	15 - 17
Quality Data	18 - 25
Patient Feedback	26 – 27
Training and Education	28
Quality Improvement Projects 2020	29 - 36
Facilities, Energy & Environment	37 - 38
Audits Completed	39 - 42
APPENDICES	
1 Organisation Chart	43
2 External Training Completed	44
3 Remembrance Evaluation Summary	45 - 46

## 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 that 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. Our focus is, and always will be, our patients as well as their families, carers and communities. We will always seek the views of everyone who accesses our services to ensure we maintain the highest possible standards of quality.

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 2020 and provides an overview of annual trends in quality and safety across the Hospice.

The past 12 months since covid has landed on our shores has been a year like no other. It has been a year that had a seismic impact on us – locally, nationally and globally. Our operational services could not have survived this period without our team of staff, volunteers, stakeholders, donors and of course our community coming together. Galway Hospice set up a working group to manage the challenges presented by the pandemic in February last year and this group has met regularly and continues to meet to ensure that we are implementing and following all guidance protocols issued by the Health Protection Surveillance Centre to assist with keeping staff, patients, visitors and families safe from infection. During this time we have had to make a lot of difficult decisions, including decisions about patient and family care. For some of our services, such as Daycare this has meant a suspension of the service and for other parts of the service this has meant providing care in a very different way, and we have had to be creative and as responsive as possible to ensure our patients and families still receive the outstanding care they are used to from Galway Hospice. As you can imagine, these decisions have not been taken lightly and have had a significant impact on how we work and deliver our services. Our staff and volunteer teams have ensured that throughout these unsettling changes, despite going through a global pandemic that threatens people's lives and wellbeing that our care services have remained open and accessible for existing patients and families, as well as for new referrals. We will continue to rise to the challenges this pandemic poses and will continue to work together with our committed and passionate partners and supporters, to ensure that we will continue to meet our aim of improving quality of life for everyone in Galway living with a life-limiting condition, and their families.

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. We continue to operate with a robust Quality and Integrated Governance structure to ensure our programme of quality assurance and improvement is at the forefront of all our work

Demand for our services continues to grow, referrals for our community service increased by 5% during 2020. Occupancy in our inpatient unit decreased by 17% during the year as patients and their families chose to remain at home wherever possible during the covid pandemic.

We had a successful virtual ISO audit by CHKS an independent regulatory body in May 2020. No non-conformances were noted during the audit

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

“It is evident that the efficient and safe support of and for the patients in your care, both on site or in their own homes or with the community services remains central to all activities and developments. This is clearly evidenced in the recent months as employees, volunteers and Board members work together and with other national services to ensure patient safety, support and assistance during the CoVid pandemic”

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 by means of engagement with the Palliative Care Outcomes Collaboration (PCOC). 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 supporting the needs of our patients and families has been challenging during the pandemic. We have implemented a risk assessment process prior to each visit and have sought to support families by phone and virtual consultation where possible to minimize risk to both the patient and their family and our own staff. We have had to suspend daycare and our allied health team have supported patients in their homes where possible. We have also offered medical review in house when restrictions were eased in the latter half of 2020. We hope to further develop the outpatient model during 2021 to include the wider multidisciplinary team. We also provided an additional education session to residential care settings in early 2020 and have continued to support and provide residential care settings with phone support, information packs on end of life care in addition to advice on symptom management to ensure patient comfort at end of life.

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 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, the Director of Human Resources (HR) and Director of Education. The Executive Team is supported by a line management team, which comprises the heads of departments. This team was further strengthened in late 2020 when a Head of Quality and Safety was appointed to the Foundation

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 quality and safety assurance framework at Galway Hospice is made up of both internal and external audit. Internal audit of the services provided within the Hospice gives us the opportunity to identify and manage specific risks and a system of robust reporting and feedback mechanisms throughout the organisation to ensure lessons are learned and processes are strengthened as part of our continual quality improvement programme. The Quality and Patient Safety Committee (QPS) is the overarching quality and safety committee that provides Board oversight for the services we provide to our staff, patients and their family and friends.

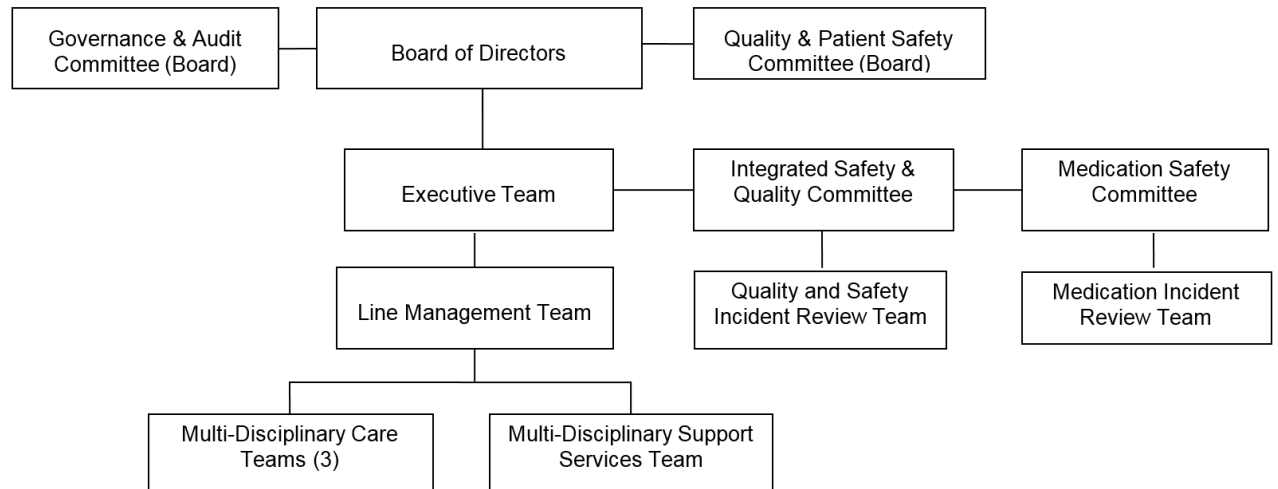
John Sweeney chairs the QPS committee with the other Board members being Jean Kelly and Dr Margaret Murray. This committee was further strengthened during 2020 when Alyson Banks, the Patient Safety Executive at the Galway Clinic, joined the committee. This committee meets at least four times per year; it sets Key Performance Indicators (KPI) for the services and monitors the programme of work to ensure satisfactory quality standards are in place and in line with best practice.

Non-clinical risk management - the Governance and Audit Committee takes lead responsibility for non-clinical and business risk. This committee was further strengthened during the year when two new board members one with a financial background and one with a legal background joined the committee. This committee is chaired by the board Chairman Keith Finnegan with the other members being Gerard O Donnell, Mark Flanagan, Mary Coyne and Kevin Moore

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.

The Q-Pulse software system is used with managing risk for the Foundation and our risk register is maintained using the system which assigns responsibility to the relevant manager for each risk and automatically escalates risks that have not been updated by sending an email detailing overdue actions to the relevant executive team member. Display Screen Equipment (DSE) training and individualised ergonomic assessments were completed for all employees who routinely spend more than an hour working at computer screens and all actions identified as a result of these assessments have been completed.

We have developed a Covid-19 risk management policy which is reviewed and updated regularly based on the most recent guidance issued by HSE / HSPC. A risk assessment has been developed and completed for all staff working from home and a risk assessment is also completed by our Clinical Nurse Specialists (CNSp) – or any other staff member – before every community visit.

## Review of Quality of Performance

### Clinical Effectiveness

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

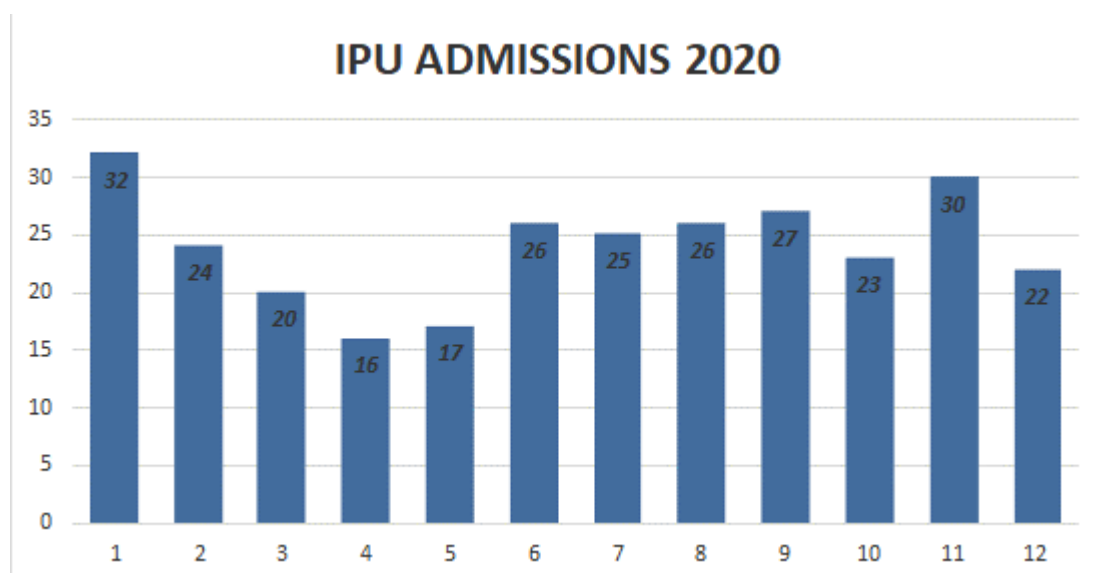
- 91% of patients who received care from our community palliative care team died at home.
- 47% of the patients admitted to our inpatient unit were discharged during 2020
- 100% of patients admitted to our inpatient unit had a wait time of less than 7 days
- 96% of the patients referred to our community team were seen within seven days
- 96% of patients referred to the community service were triaged within 1 day of referral
- 67% 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 2020 to 31 December 2020 for the following services:

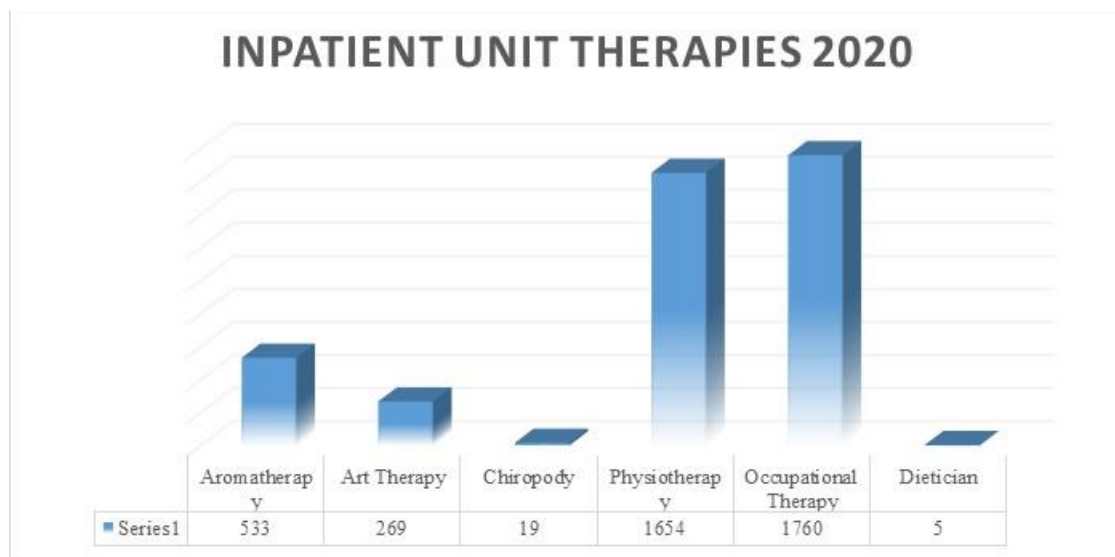
#### In-Patient Unit

- There were 300 patients treated in the Inpatient Unit a decrease of 13% on 2019. The length of stay decreased by 26% during the year which resulted in occupancy decreasing by 17% over 2019.
- There were 288 admissions of which 68 were re-admissions. 82% of admissions had a malignant diagnosis and 18% were non-malignant.
- 137 patients were discharged (94% to home or to another community based setting) and 6% to an acute hospital.
- 153 (51%) patients died in the Unit



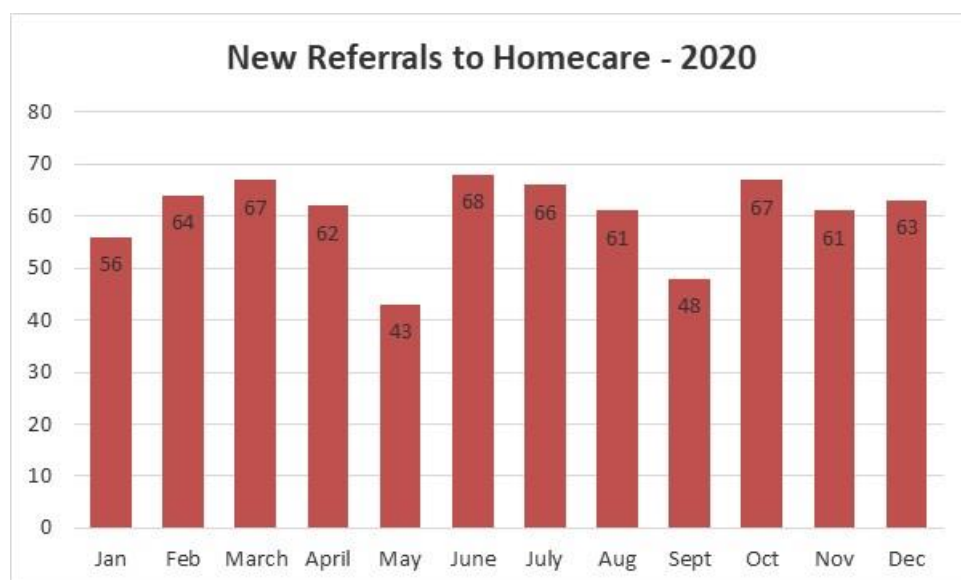


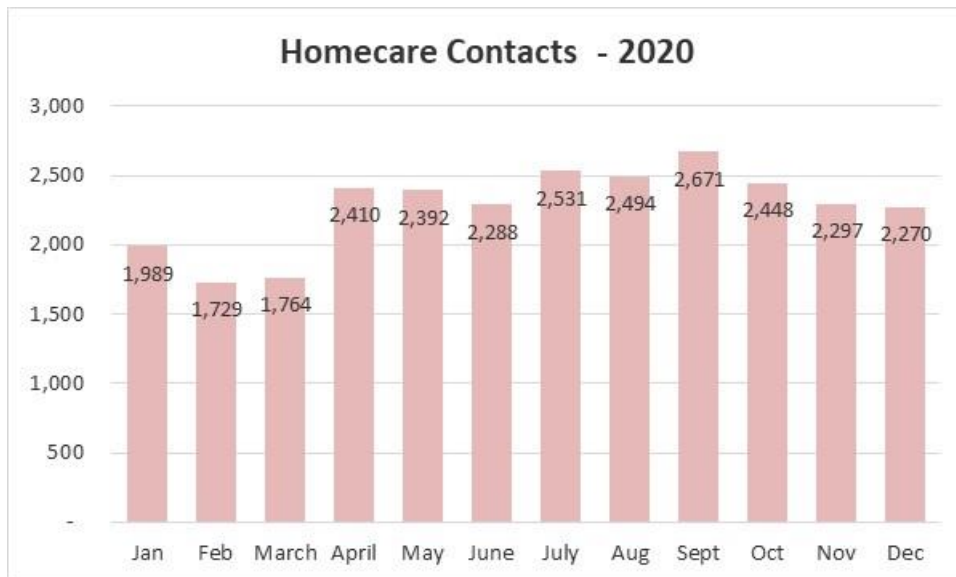
The inpatients attended the following therapy sessions during 2020



### Community Palliative Care (Homecare) Team

- 896 patients received care and support from the community team during 2020. There were 808 referrals of which 726 were new referrals and there were 82 re-referrals.
- 313 (43%) of new patients referred in 2020 had a non-cancer diagnosis compared to 280 (40%) in 2019.
- 27,283 patient contacts and 6,345 visits were made during the year
- There were between 220-256 patients per month on the team's caseload during 2020





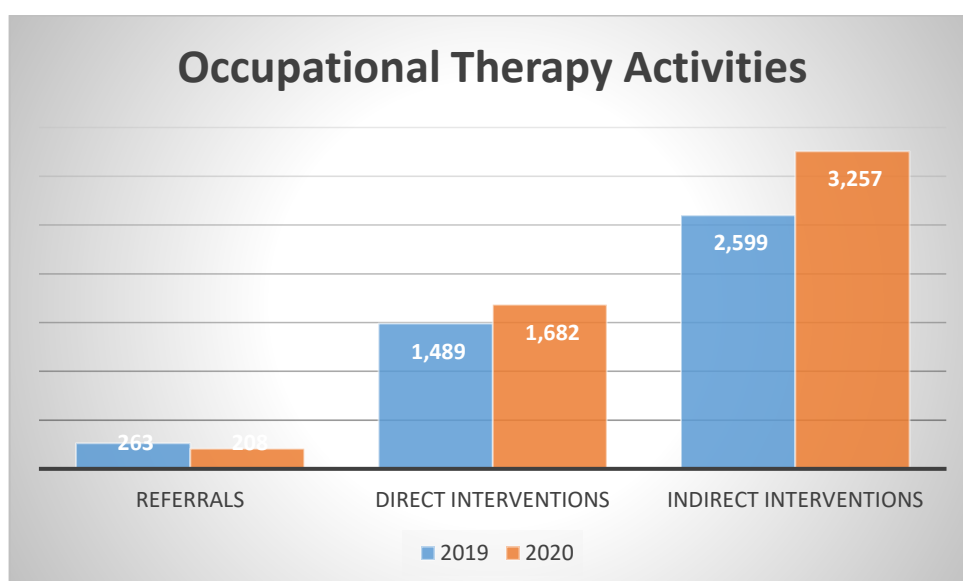
## Day Care

An immense team effort resulted in the hospice responding and continuing to operate its services at normal capacity. This was with sole exception of Day Care services which were suspended as a result of the risks associated with Covid-19. However, those patients who were no longer able to attend the hospice day care service were supported by the community team

Day Care operated for two days per week until March, when it was suspended for the remainder of the year due to the Covid pandemic. There were 9 new attendees and 205 attendances while Daycare was operational.

## Occupational Therapy

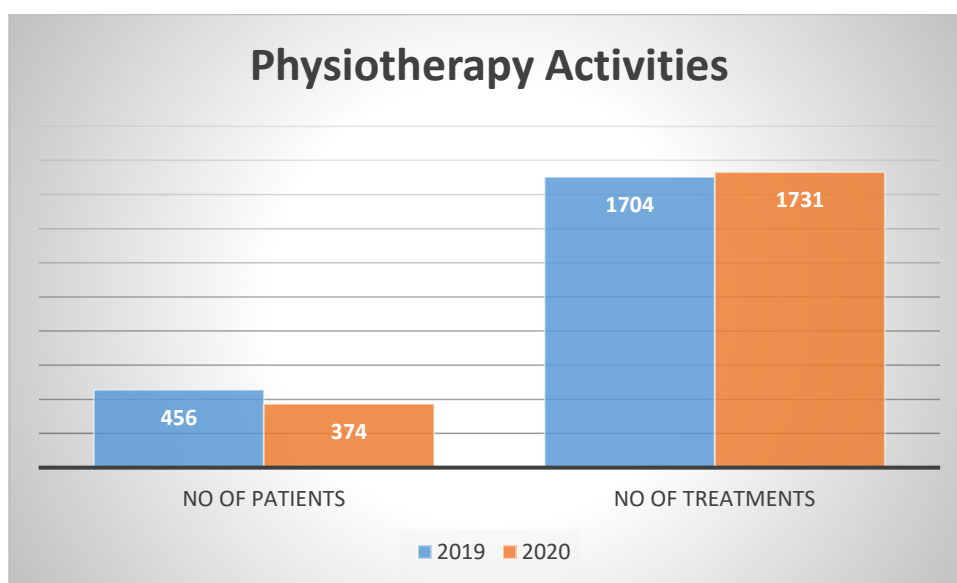
Activity levels in the Occupational Therapy department (see chart below) continued to increase in 2020.



The team also engaged in expanding the service into the community during 2020 (see quality improvement initiatives below)

## Physiotherapy

Activity levels in the physiotherapy department were in line with 2019 levels. The team provided 1731 treatments to 374 patients during 2020



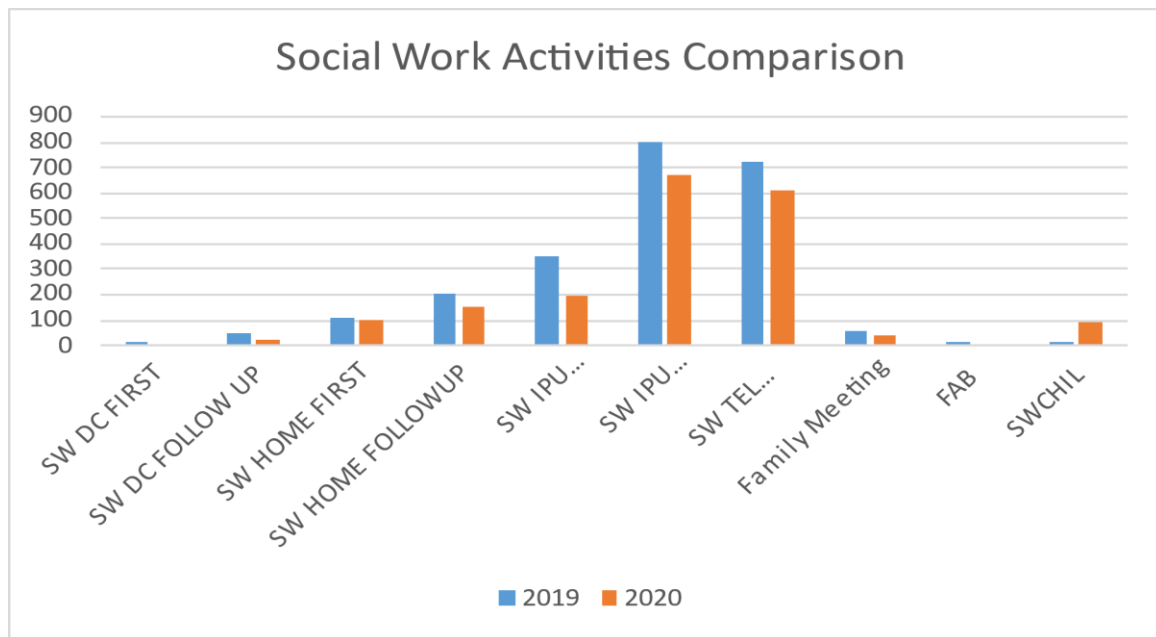
## Medical Social Work (MSW) & Bereavement Support

During 2020, the organisational responses of the Medical Social work team to the pandemic include very diverse actions while managing challenging situations. In Galway Hospice, this included responding to an increase in referrals in the under 45 age cohort and their families in 2020. This involved supporting patients to contact family members including children through video calls, managing high levels of distress within families in relation to nursing home placements, visiting restrictions, funeral restrictions with 10/25 people attending, anecdotal delays in diagnosis being confirmed leading to significant psychological distress and more complex presentations leading to more intense Medical Social Work involvement.

The Medical social work team continue to demonstrate flexibility/ adaptability at one of the most challenging times to prioritise the needs of patients and families during these changing and uncertain times. New innovative ways of working in response to patient/ family/ carer needs include:

- Virtual family meetings,
- Virtual individual therapeutic sessions (During Palliative Phase and Bereavement)
- Supporting patients maintain connections to family and finding ways to support patients with restricted visiting for example, using technology and offering patients resources such as puzzles, magazines and creative exercises
- Advocating and supporting the needs of children within specialist palliative care
- Prerecording of a number of Remembrance Services online with pastoral care
- Supporting our colleagues (one to one) in very stressful and challenging times
- The impact on healthcare professionals and colleagues was also acknowledged within Medical Social Work which consequently resulted in the team setting up an initiative to support staff 'Time Out Sessions' which we facilitated monthly and attended by approximately 10 staff members over a 4 month period.
- New bereavement calls protocol in the immediate two/four weeks telephone follow up post death

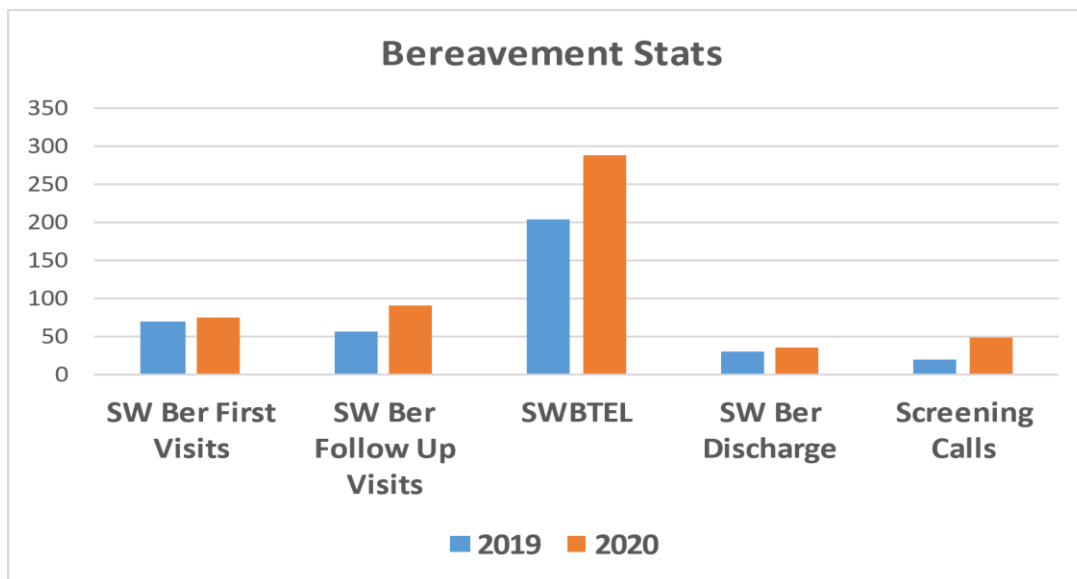
A summary of the MSW team's activities are detailed below:



- In Summary, activity levels for the MSW department have been maintained and increased in some areas despite having to work in a different way due to Covid 19. Total contacts are 2860 (including carers for 2020), 2733 (including carers for 2019). Daycare contacts are low due to suspension of service.
- **Keepsake and therapeutic work with children** saw a significant increase in 2020. Total of 96 contacts in 2020 versus 18 in 2019. 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
- Carer Support numbers have increased in 2020 and this would likely reflect the ongoing need for communication at a time that proved exceptionally difficult for all.
- 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 bereavement report attached).
- **Policies** on supervision and managing self-harm/suicidal ideation within service completed.
- Maintain morale and support for staff during challenging time of COVID 19 Restrictions.
- Support to management in responding to complex family needs and concerns.
- Support MDT with clinical reflection

The COVID-19 crisis has brought into sharp focus issues relating to death, dying, care, loss and bereavement. COVID-19 impacted on all service provision. In particular, the difficulties are compounded in present times by the essential limitations on visiting, unable to be present with loved ones approaching death and at funerals. This led to an increased burden on those in health and social care who have to step into the breach. Whilst also leaving those who have to grieve alone without those societal supports which normally provide such comfort. Overall, the service has been unable to operate to its full affect since March 2020 however the statistics show an **increase in provision** across all sections as shown:

	SW Ber First Visits	SW Ber Follow Up Visits	SWBTEL	SW Ber Discharge	Screening Calls
2019	71	57	206	30	21
2020	77	93	290	36	51



#### **Below is a review of the service provision for 2020**

- The Drop-In Grief Café (Monday afternoons, fortnightly) commenced in January 2020 and had 3 successful sessions. To be reviewed /reinstated when safe to do so.
- Children's bereavement support group (March' 20) & Adult Bereavement Support Group scheduled but cancelled due to COVID 19 restrictions.
- One to one bereavement support for both adults and children (ongoing throughout the year). Phone and video options available while in level 5 restrictions.
- Bibliotherapy -books on grief, leaflets disseminated, links to Care & Inform online resource hub.
- Social media utilised to share messages of dealing with loss and grief.
- Family sculptures / memory keepsake work completed.
- 6 virtual remembrance evenings and 1 virtual Annual Mass delivered with Pastoral care colleagues. This led to a wider reach internationally supporting those who could not be present in Ireland. This is an area where we witnessed a positive change, as the words of comfort and remembrance of people loved ones could be shared far and wide to their friends and family.

*"It was so healing, and felt so very personal, despite being online"*

*"Good opportunity for family and friends here and abroad to share in the Remembrance Service. To join with unknown others by putting time aside to focus and reflect on the recent loss of a loved one – our only connection being the engagement with Galway Hospice service. Another stage on our own personal journey."*

- At the end of 2020, Bereavement Volunteers reengaged to offer a telephone service (remotely) to those bereaved. This is in response to the recognition that people are more isolated than ever.

- Children's Bereavement week – MSW team organised an in-house workshop to develop skills in memory and keepsake work and also offered information and awareness around tools and resources for working with children, to the hospice staff.

## **Pastoral Care**

Our pastoral care team also had a busy year during 2020. Due to covid we were no longer able to offer remembrance services in house so the pastoral care team together with support from the medical social work department and nursing departments developed and held six virtual remembrance services, which had over 2500 views online, and a summary of the evaluation forms from these services is included in appendix 5. The team also facilitated a virtual remembrance service in place of our annual mass in Renmore, which was viewed by over 1000 people;

## **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 patient's during their respite admission thus allowing carers and family members utilise this time for their benefit.
- 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 – 31/12/2020

	Current Year 2020	Target	Trend to Target	Previous Year 01/01/19 to 31/12/19	Trend to prev Year
<b>Wait Time - from referral to admission to the inpatient unit</b>					
0-7 Days	100%	95%	↑	96.6%	↑
8-14 Days	0%	5%		3.4%	
<b>Wait Time - from referral to admission to the homecare service</b>					
0-7 Days	95.7%	90%	↑	92.3%	↑
8-14 Days	3.3%	10%		5.5%	
14-28 Days	1.0%	0%		2.2%	
Development of <b>Hospice Acquired Pressure Sores</b> – IPU per 1,000 occupied bed days. <i>Benchmark number under discussion nationally (QA+I) See Appendix 1 (A)</i>	8.5	TBD	N/A	6.8	↑
Number of patient <b>falls IPU</b> – per 1,000 occupied bed days <i>Benchmark number of 12 has been agreed nationally (QA+I) See Appendix 1 (B)</i>	6	12	↓	7.5	↓
<b>Patient Outcome Scores – IPU</b> <u>Time in Unstable Phase</u>					
1 day	59%			59%	
2 days	25%			22%	
3 days	9%			9%	
4 days	0			5%	
More than 5 days	6%			5%	
<u>Pain Severity Score</u>					
Score Severe					
No of days with severe score – 1 day	83%			92%	
2 days	17%			8%	
6 days	0			0	
Score Moderate					
No of Days with moderate score – 1 day	65%			70%	
2 days	23%			17%	
3 days	9%			10%	
4 days	1%			1%	
5 days	1%			1%	
Over 5 days	1%			1%	
% of Homecare Patients who died in hospital	8.2%	10%		12.8%	↓

% of patients not readmitted to an acute setting following admission to the homecare service	67%	↓	⇔	69%	↓
% of non-cancer patients not readmitted to an acute setting following admission to the homecare service	89%	↓		90%	↓
<b>Patient Satisfaction Score</b> (Rating Excellent or very Good )		100%			
Access & Information	95%			94%	
Care Received	95%			98%	
Hospice Staff Rating	95%			100%	
Overall Impression of Facilities	100%			97%	
<b>Employee Satisfaction Score</b> (Rating strongly agree or agree)					
Employees endeavour to give best efforts at GHF	100%				100%
Employees happy with care provided at GHF	97%				85%
Staff are supported to perform at their best	82%				71%
GHF treats its employees fairly	88%				47%
Staff enjoy working at GHF	94%				74%
Completion of Mandatory Training*:		(Annual)			
1. Manual Handling YTD	80%	95%		95%	⇔
2. Hand Hygiene YTD	99%	95%		95%	⇔
3. Children First YTD	100%	100%		99%	⇔
4. Fire Training YTD	90%	95%		90%	↓
Number of <b>Complaints</b> Managed as per policy	5	0	↓	6	↓
% <b>Absenteeism</b>	5.48%	3%	↑	4.5%	↑

*\* External training events scheduled for Q1 & Q2 were cancelled due to Coronavirus restrictions. While we scheduled online / blended learning events later in the year, we were unable to reach our targets for Manual Handling (People Moving and Handling for 'Clinical' staff) and Fire Training.*

## Key performance Indicator (KPI) Trends

The main items of note in the Key Performance Indicator (KPI) trends for 2020 are as follows:

### Wait times in the inpatient unit

- The wait time decreased by 3% as occupancy levels in the inpatient unit were lower than average for quarters 2, 3 & 4 and therefore there were beds available at most times during the year and all patients were admitted within 7 days
- Wait times for the community team also improved, the number of patients taken on within 7 days increased by 3.4% during 2020.
- The number of patients taken on was down 3% on 2019 and this assisted with improving wait times

### The development of Hospice-acquired pressure sores

- Per 1000 occupied bed days has increased by 32% compared to 2019 aggregate. The increase arises mainly due to an increase in the number of grade one pressure sores reported (11 in 2020 compared to 9 in 2019). 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 late 2019 to provide education on the identification and management of pressure areas which has resulted in increased vigilance and reporting of pressure area incidents

A breakdown of the pressure sores reported was as follows:

	2020	2019
Grade 1	15	12
Grade 2	20	23
Grade 3	2	1
Grade 4	0	1
Total	37	37

### Patient Falls

The number of patient falls per 1000 occupied bed days is consistently low, in line with 2019.

### Patient Outcome Scores

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 3 days improved by 4% in 2020. The average length of stay which is also an indicator of the complexity of patients reduced by 25% (4 days) in 2020 compared to 2019

(B) There were fourteen instances of a severe pain score reported during 2020 and none exceeded two days. The instances of a moderate pain score in excess of 2 days increased by 1% during 2020.

Percentage of Homecare Patients who died in hospital. We have exceeded our target for this metric, the percentage of community patients who died in hospital during 2020 was 8.2% which is a 1.8% improvement on target and a 4.6% improvement on 2019. Patients and families were reluctant to be admitted to either the acute or the hospice inpatient setting during 2020 due to concerns about infection transmission and visiting restrictions.

### Mandatory Training:

- All external mandatory and essential training sessions were cancelled in Q1 / Q2 due to the Covid outbreak. We were able to recommence some events in Q3 (e.g. BLS), but restrictions on space make this much more challenging (and more expensive).
- Online / blended learning training options have been successfully explored as an interim measure – for example, People Moving and Handling now consists of an online interactive webinar followed by a shorter in-person 'practical' session.
- Mandatory Fire training successfully recommenced in July 2020 via Zoom and further sessions took place in August, September & October. A Fire Evacuation Drill took place on 5<sup>th</sup> December.
- Extra space is available to people for online training (within Library).

### Absenteeism:

- The level of absenteeism year-to-date is up 1.27% on 2019. This is due to absences related to Covid. There were 1,523 hours lost during 2020 due to Covid-related quarantine / self-isolation.
- Staff wellbeing initiatives and supports are ongoing.

## Quality Data

All incidents are reported, investigated, escalated where necessary and managed as they occur. Weekly meetings are held and chaired by the Quality and Safety manager to review all open incidents and ensure that corrective and preventative actions are being put in place on a timely basis. 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. 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 as medication errors, falls and pressure sores.

The table below details the incidents reported in 2020. There was a decrease of 13% in the number of incidents reported during 2020. This is mainly due to a decrease in the number of non-medication incidents reported (down 20%). Medication incidents were up 15% on 2019 levels.

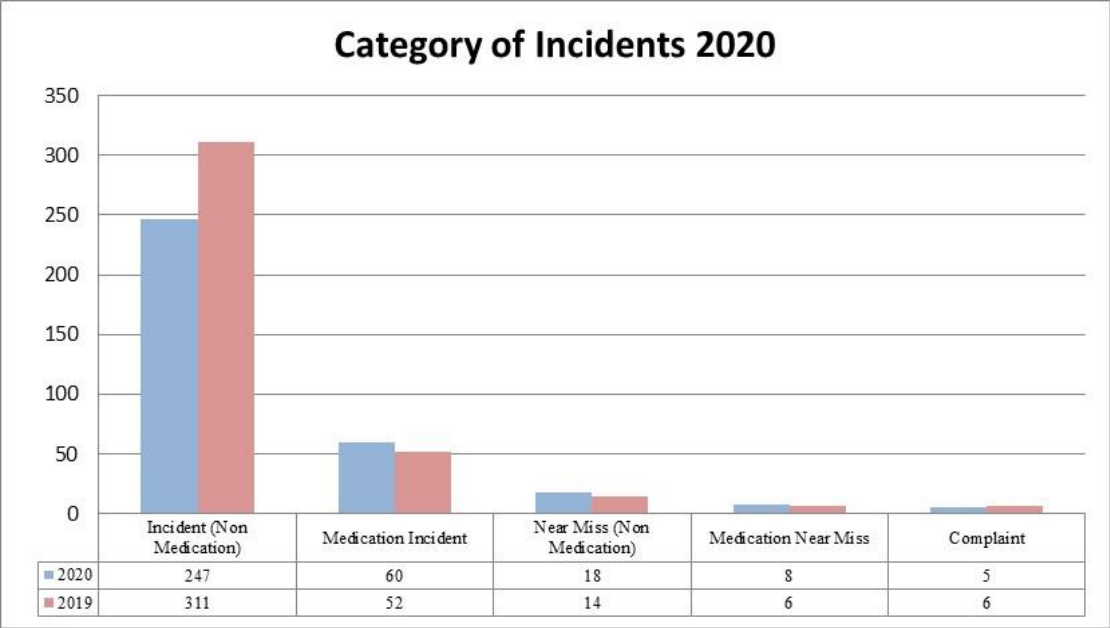
There were no Serious Reportable Events (SRE) reported during 2020.

## 2020 INCIDENT REVIEW

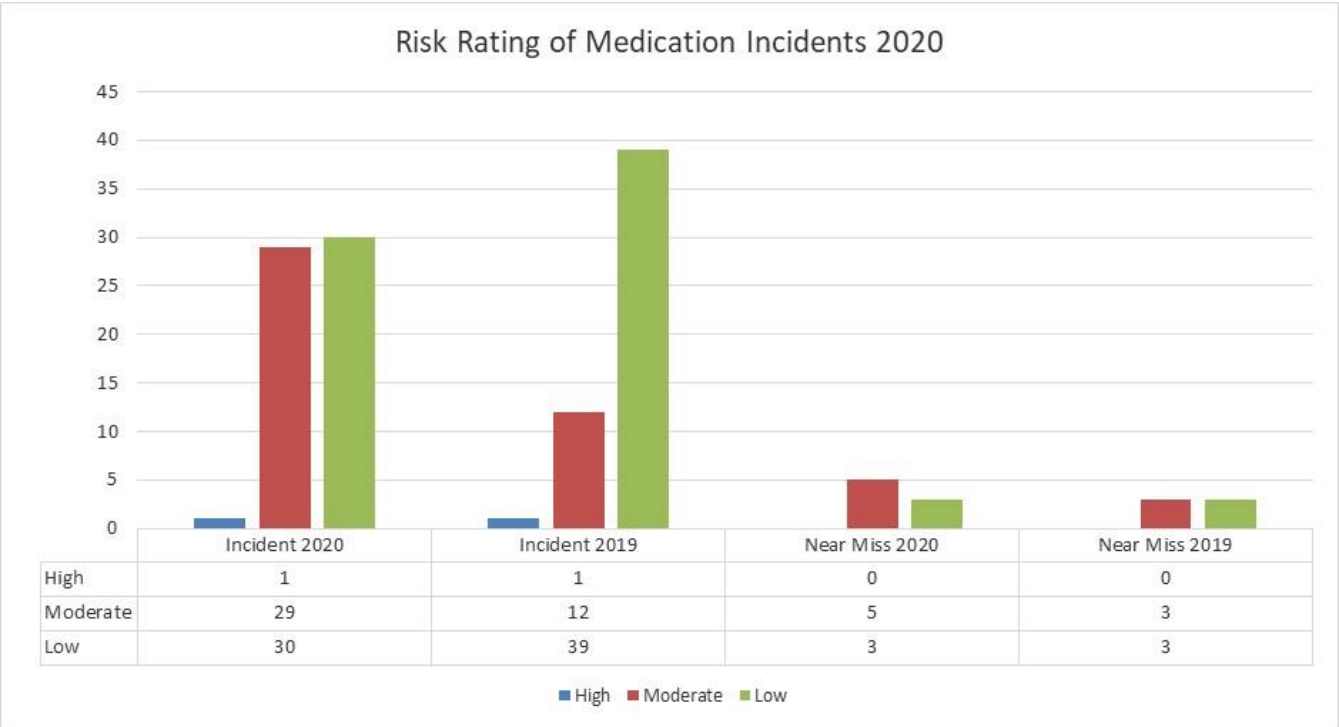
	Current 2020	Previous 2019	Trend to previous Year
<b>Total number of complaints</b>	5	6	-1
<b>High Risk</b>	0	2	-2
<b>Moderate Risk</b>	4	3	-1
<b>Total Number of Incidents*</b>	338	389	-51
<b>High Risk</b>	3	32	-29
<b>Moderate Risk</b>	109	153	-44
<b>Medication Incident</b>	60	52	+8
<b>High Risk</b>	1	1	0
<b>Moderate Risk</b>	29	12	+17
<b>Medication Near-miss</b>	8	6	+2
<b>High Risk</b>	0	0	0
<b>Moderate Risk</b>	5	3	+3
<b>Incident (Non-medication)</b>	247	311	-64
<b>High Risk</b>	3	26	-23
<b>Moderate Risk</b>	65	129	-64
<b>Near Miss (Non-medication)</b>	18	14	+4
<b>High Risk</b>	0	1	- 1
<b>Moderate Risk</b>	3	6	-3
<b>Slips, Trips &amp; Falls</b>	28	42	-14
<b>High Risk</b>	1	9	-8
<b>Moderate Risk</b>	7	19	-12
<b>Hospice-acquired Pressure Sore</b>	37	37	0
<b>High Risk</b>	0	2	-2
<b>Moderate Risk</b>	21	24	-3

Incidents are analysed and graded in line with the HSE’s risk assessment tool. A quality and safety incident review team (QIRT) was established in late 2019 to review all non-medication incidents reported. This team reviews each incident in line with the HSE’s risk assessment framework so the risk rating assigned to non-medication incidents for the full year in 2020 was completed using an approved framework this has resulted in fewer high and moderate rated non-medication incidents in 2020 compared to 2019.

A summary in the categories of incidents reported is detailed in the following graphs.



### Medication Incidents



Medication errors are any incident where there has been an error in the process of prescribing, preparing, dispensing, administering, monitoring or providing advice on medicines.

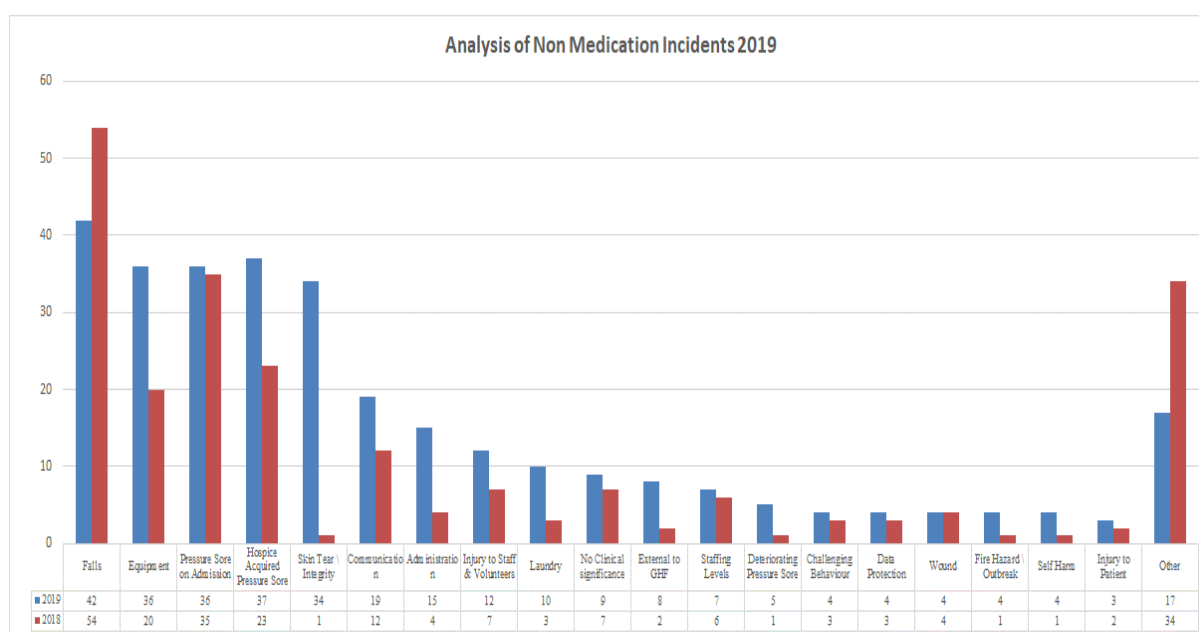
There was one high-risk medication incident reported during 2020. This related to an error in the administration of medication, it was addressed swiftly and there was no harm to the patient as a result.

In total there were 62 medication incidents reported which is an increase of 15% over 2019.

Quarterly medication safety committee meetings are held and chaired by our Chief Pharmacist. In addition, we have a Medication Incident Review Team (MIRT) 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 Chief Pharmacist, at least one Medical 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 directly to the Medication Safety Committee.

## Non-Medication Incidents

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



There were 247 non-medication incidents reported during 2020, this is a decrease of 64 over the previous year. There were three high risk incidents reported during 2020 (categorised as self-harm, challenging behavior and one fall). The decrease in non-medication incidents reported compared to 2019 is mainly due to the following

- Decrease in Equipment incidents - decrease of 27 compared to 2109
  - In 2019 there were 14 incidents reported in relation to the T34 syringe drivers, our facilities manager made some changes to the device in line with guidance issued by the manufacturer and this reduced to 1 in 2020.
  - There were 5 incidents reported due to issues with mobile phones in 2019, the handsets were replaced in early 2020 and there was only 1 incident reported in 2020

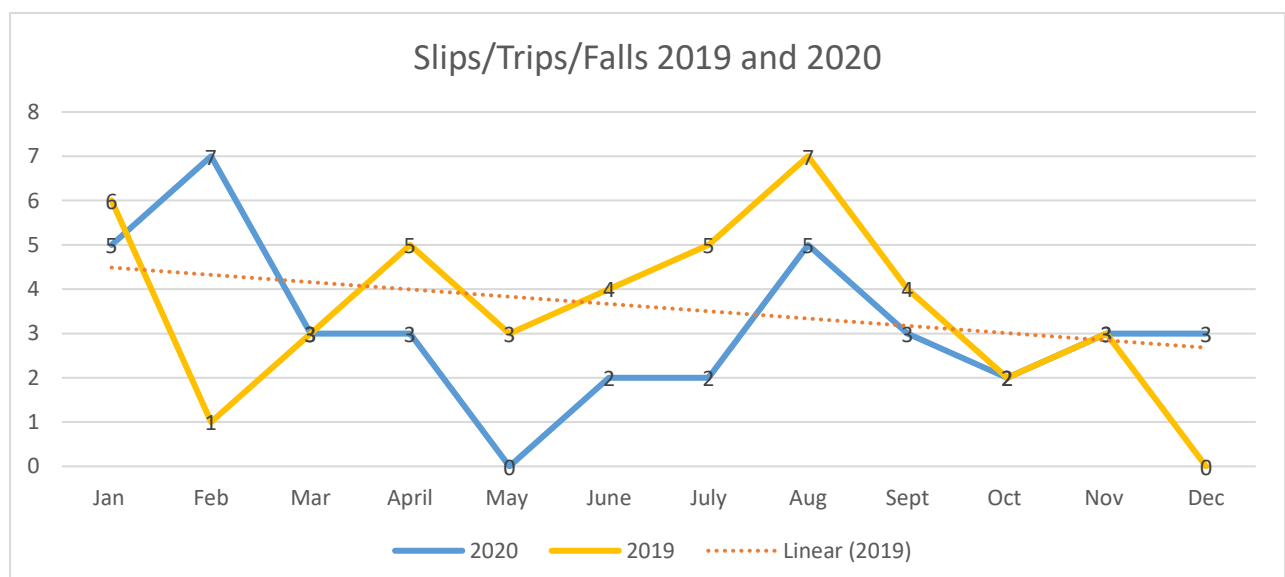
- Decrease in the number of slips, trips and falls incidents decrease of 14 compared to 2019 (see below)
- Decrease in laundry incidents – decrease of 6
  - The laundry contract was tendered in 2020 and infection control audited the successful supplier and detailed the quality standards that were required
- Reduced number of skin integrity administration incidents – decrease of 13

### 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. To further assist with managing falls we developed a Falls prevention and management policy in early 2020. 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 positive trend in the number of patient falls per occupied bed day reported continued in 2020 and the level of falls was down 20% compared to 2019 ( this is a decrease of over 50% over the past two years). In total there were 28 incidents related to falls in 2020 and two patients fell three times all other incidents reported were one off events. 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, posey 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.

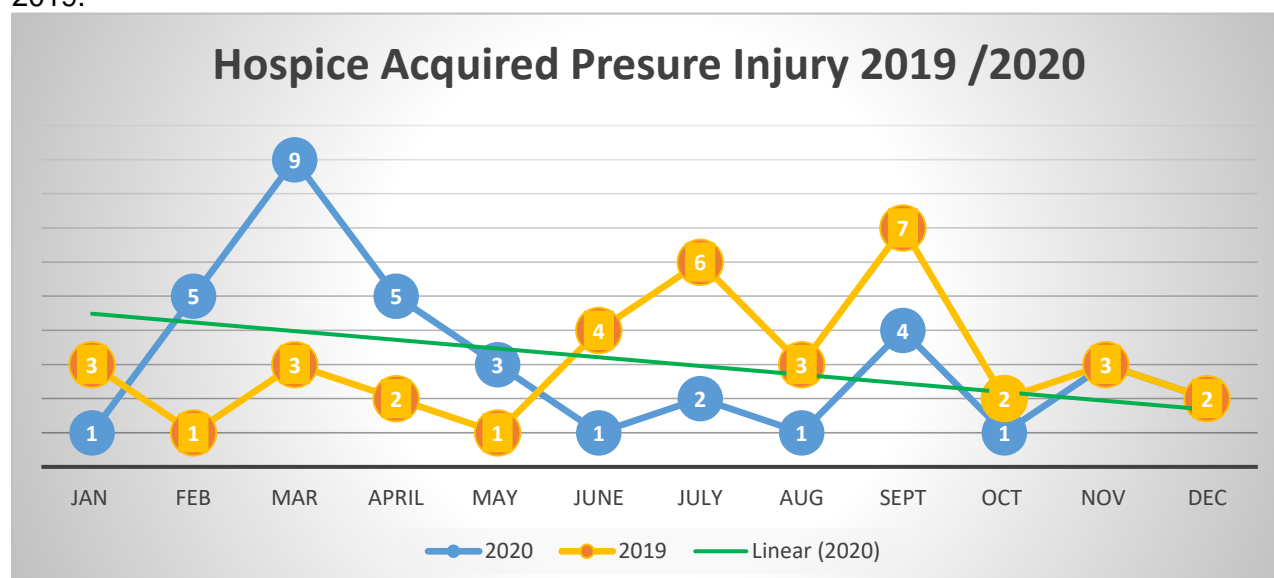
The rate of slips trips and falls for all patients during 2020 was 6 per occupied bed days which is well below the agreed national benchmark figure for slips/trips/falls for Irish Hospices (12 per 1000 occupied bed days).

## Hospice Acquired Pressure Sores

The management of skin breakdown associated with pressure area care is complicated in patients receiving palliative care because of multiple risk factors and comorbid conditions.

All patients on admission to Galway Hospice receive a hygiene \ skin integrity assessment and a Waterlow pressure risk score is also documented for all patients. Based on the skin integrity assessment and the Waterlow score on admission, pressure relieving measures are put in place (for example, specialized pressure relieving mattress or referral to a Dietician, Physiotherapist, 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 restricted mobility. 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 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 in line with 2019.



The breakdown of hospice acquired pressure sores was as follows:

	2020	2019
Grade 1	15	12
Grade 2	20	23
Grade 3	2	1
Grade 4	0	1
<b>Total</b>	<b>37</b>	<b>37</b>

The two grade 3 pressure sores reported during 2020 were fully investigated as per the HSE guidance document “HSE (2018) Pressure Ulcers A Practical Guide for Review”, and were determined to have been unavoidable; 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 an active topic of discussion at the hospice-wide QA+I (Quality Assurance and Improvement) meetings. Galway Hospice reports all category / stage / grade of pressure sores (whether present on admission or acquired in our care) both internally and via the National Incident Management System (NIMS), whereas many other hospices report only the more serious grades (Category / Stage / Grade 2 or higher).

### **Pressure Sore on Admission**

Due to the ongoing deteriorating nature of their condition, 37 patients were admitted with pressure sores (up marginally from 36 in 2019). 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:

	<b>2020</b>	<b>2019</b>
Grade 1	13	4
Grade 2	18	22
Grade 3	5	8
Grade 4	0	1
Uncategorised	1	1

### **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. Infection control has become increasingly important during 2020 with the onset of the covid pandemic.

At Galway hospice we were quick to respond to the Covid-19 pandemic and we set up a working group in February involving all key managers in risk assessing their areas in order to anticipate necessary changes to be made. This working group has met regularly has a key role in assessing national advice and the local clinical picture in order to plan and coordinate the response and ensure communication of changes across the organisation. Staff have pulled together well and have adapted to new ways of working. This has ensured the following priorities could be achieved:-

- Keeping all IPU beds open. Re-allocation of staff from Day Services has supported this.
- Therapists available to support patients via teleconferencing and also allocated as a resource for staff support.
- Working closely with the lead pharmacist to ensure appropriate medication is available for patients.
- Ensuring Public Health guidance is adhered to and that sufficient Personal Protection Equipment (PPE) supplies are procured to ensure safe working as a priority.
- Engagement with public health and external infection control expertise as required. The community team has offered support to nursing homes and provided guidance on anticipatory proscripting to local GP’s.

A Contingency plan was completed early on in the pandemic in the event of key personnel staff absences due to COVID

Establishment of a 3<sup>rd</sup> team within CPC services – This team is sited in the former board room. In



addition to a more manageable workload for three teams it also meant that should a staff member become infected with COVID virus in any one team and infecting colleagues- the service had 2 remaining teams in place to carry workload

The situation has continued to evolve during 2020 and into 2021 which has meant that we have had to continue to adjust and develop and responsive ways of working

## **Safeguarding**

The hospice's Safeguarding Leads provide advice when required. There were no safeguarding incidents reported during 2020.

## **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 2020, the Foundation received 5 complaints \ expressions of concern, which continued the downward trend noted in previous years (6 in 2019 and 7 in 2018). No complaints required 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 2020 is as follows:

- |                            |   |
|----------------------------|---|
| 4 Moderate Risk Complaints | The first related to communication of a patient's death to their GP, the communication had been sent electronically via secure email and had been missed by the GP<br>The second related to visiting restrictions in place due to Covid. A follow up meeting was held with the complainant and the complaint was resolved informally<br>The third complaint related to the care provided in the inpatient unit. The team followed up with the complainant who did not want to pursue the matter and the team also followed up with other family members who confirmed that they did not have issue with the care provided to their relative by inpatient staff<br>The fourth complaint also related to restrictions in place due to covid. The family decided to care for their relative at home and are being supported by the community team. |
| 1 Low Risk complaint       | Related to restrictions in place due to covid and some concerns around the patients care while an inpatient. The team offered to meet the complainant either in person or virtually but the offer was declined.   |

## 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 autumn. The content of this survey has been substantially revised for 2020, and an additional option was devised for online submission. The updated survey will be sent to all inpatients and community patients during the week commencing November 16th

We received 43 responses to the survey in 2020. A summary of the results are as follows:

Access & Information	95% responded that this was either very good or excellent
Quality of Care	95% responded that this was either very good or excellent
Hospice Staff	96% of respondents rated staff as either very good or excellent
Impression of Hospice	100% of respondent's impression of the hospice was wither very good or excellent

95% of respondents felt that Galway Hospice met their needs even with covid restrictions in place during 2020

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

### **Name One Good Thing about the Hospice**

- ▶ *The continuous phone calls for the past year enhances the feeling of not being forgotten and there when I need them*
- ▶ *Absolutely fantastic staff*
- ▶ *They were always there when I needed them, a phone call away*
- ▶ *Everything was excellent, made to feel we were most important*
- ▶ *The support and care given to dad and my husband and I as his carers*

### **Name one thing that we could improve on**

- ▶ *Not the hospices fault but the restrictions were severe especially as mum was end of life*
- ▶ *Can't improve on perfection, thank you*
- ▶ *Can't really find anything*
- ▶ *Nothing 4\**
- ▶ *Provide more choice for evening meals*
- ▶ *Punctuality for appointments could be improved (marginally)*

### **Any other comment**

- ▶ *It is a brilliant service the backup is unbelievable and it make it easier as the spouse of a terminally ill patient to cope with it. Thank You*
- ▶ *Don't know what we would have done \coped without the hospice. Staff allowed our mother to stay at home*
- ▶ *My personal position re my illness improved tenfold, confidence etc. Regret I did not know of your work sooner, incredible people. Thanks*
- ▶ *Missing the day service and interaction of Daycare*
- ▶ *Overall the hospice was an excellent place for our mum to be, sadly we feel hard done by because of covid 19 but accept this was not hospices fault*

## Comment Cards

We received 8 comment cards during 2020. A summary of the results are as follows:

Comments Sheets Result - 2020 (8)							
STAFF	Excellent	Very Good	Good	Fair	Poor	Not Relevant to me	Not Answered
Professionalism	7		1				
Caring attitude	7		1				
Availability/Responsiveness	7		1				
Communication	6	1	1				
<b>CARE PROVIDED</b>							
Care of patient's physical symptoms/needs	7		1				
Care of patient's emotional concerns	7		1				
Care of patient's spiritual concerns	7		1				
Support offered to family members/carers	5	1	1				1
<b>ACCOMMODATION</b>							
Cleanliness	6	1	1				
Comfort	7		1				
<b>CATERING</b>							
Quality of food	7		1				
Menu choices	6	1	1				
<b>OVERALL SATISFACTION</b>	7		1				
<b>COMMENTS:</b>							
1. "So impressed with the level of care that our uncle JC has received in this loving and caring Hospice. Really hasn't felt like a hospice. The love that myself and KR have also received at such a sad and heartbreaking time has been so appreciated. Breda couldn't do enough for us and uncle Joe and we are so grateful beyond words" (CS20/01).							
2. "The care for my family and my loved one has been amazing. We will forever be grateful" (CS20/02).							
3. "Lovely staff, very caring and a safe homely environment" (CS20/03).							
4. "I could not speak more highly of Galway Hospice - such a great service from a dedicated and genuinely caring team! Keep up the incredible							
5. Smoking Room needs more vents or windows that open							
6. Toilets need more attention in the mornings							
7. TV interference in the Bays is a problem, earphones might help							
Signed	4		Unsigned			4	

## Actions Completed as a result of Patient Feedback

Request Provide more choice for evening meals

- Our chef has expanded the range of meals offered to patients in the evening

Smoking room needs more vents

- Additional fan is going to be installed in the smoking room to improve ventilation

Toilets need more attention in the morning

- Cleaners have been requested to clean the toilets more frequently and compliance will be monitored as part of the regular hygiene audits conducted by infection control

## **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 2020. In total there were 467 hours spent by staff at non-mandatory training events during 2020. A detailed breakdown of the training events attended is included in appendix 4. This is down significantly on previous years due to the covid pandemic

## **Education & Research**

### **Our Community Team**

- Hosted one education day for senior nurses working in nursing homes during 2020

## 2020 QUALITY IMPROVEMENT PROJECTS

In addition to the improvement documented earlier in the report, we also focused on the following quality improvement initiatives during 2020

### Initiatives as a result of Covid Outbreak

#### Information Pack on Anticipatory Prescribing for Nursing Homes and GP's

The community team have put together packs for both nursing homes and GP's to provide guidance on medications and dosages to use for end of life patients in the community

#### Virtual Remembrance Service

The Covid-19 pandemic has changed the traditional ways we mark our grief and public health guidelines around social distancing have required a review of how we provide bereavement support in Galway Hospice. Face to face, bereavement support in the Hospice was replaced by video call and telephone support and restrictions around group gatherings meant moving our Remembrance Service from the Hospice to a virtual online service.

The goal in planning the service was to ensure people felt a connection to the Hospice and their loved one and that people were aware they were not alone or forgotten in their grief. The service needed to be personal yet professional and carefully and sensitively planned. Each family member/friend receive an invitation pack which includes details on how to log in to the service, evaluation form, information leaflets on bereavement support, a personalized booklet (with their loved ones name) and a Galway Hospice candle. Each person is invited to light this candle in memory of their loved providing an opportunity for reflection and connection to Galway Hospice.

The service is filmed by a professional videographer and streamed through a link on YouTube, details of which have been sent out to all family members and friends. This link can be shared by family and friends to as many people as they wish. The service itself includes music, reflection, prayer, and a candle lighting ceremony where the names of the deceased are called out. There is also a short talk from a Medical Social Worker on grief and loss and the support services available from the Hospice. The service is available to access online for two weeks after it is broadcast.

In 2020 we broadcast six online Remembrance services and the feedback was very positive. Families have returned 82 evaluations. The service gives people an opportunity to come together and remember their loved ones as a family and provides greater scope for family members/friends living away to tune in and be part of the service also. Feedback has suggested that the service has been beneficial during times of Covid-19 restrictions and has helped family members and friends feel they were not alone in their grieving journey.

In total the six services had over 2500 views.

Some of the feedback received regarding the remembrance service:

- *"It was a beautiful service for families to watch following the traumatic experience of the passing of their loved ones"*
- *"Thank you so much for the link it was such a beautiful service and so special that ye named all the people that have passed I couldn't believe it when I heard mams name I had a candle lit in front of her picture it was so nice thank you all so much"*

We also streamed our annual remembrance service Sunday November 1<sup>st</sup>. This has had over 1000 views.

Some feedback from family/friends has included:

*“It was so healing, and felt so very personal, despite being online”*

*“Good opportunity for family and friends here and abroad to share in the Remembrance Service. To join with unknown others by putting time aside to focus and reflect on the recent loss of a loved one – our only connection being the engagement with Galway Hospice service. Another stage on our own personal journey.”*

*“It was a fabulous service, especially during lockdown. It was comforting knowing she was thought of”*

*“Beautiful, heart-warming, sad and comforting”*

## **Combined clinical evaluation notes IPU**

Combined notes were successfully implemented in the Galway Hospice Daycare services within recent years. The benefit of this system was clear to the Daycare team members in relation to communication, patient care and documentation. A recommendation from the CHKS accreditation process 2019 included trialing this chart system in the inpatient unit.

The OT department brought this to the team at the monthly Multidisciplinary Care Team (MDCT) meeting in February 2020 and it was agreed that an eight-week trial of combined notes would be undertaken on the Inpatient Unit (IPU), including all inpatient charts within the trial period.

The follow-up staff survey showed overwhelmingly positive response (as per increased satisfaction scores, and comments below).

This initiative has now been fully adopted.

<b>Questions</b>	<b>Pre-trial score</b>	<b>Post-trial score</b>
Written communication (e.g. reading others notes)	<b>5.12</b>	<b>7.8</b>
Duplication within notes	<b>4</b>	<b>5.7</b>
Team awareness of others input	<b>5.41</b>	<b>7.7</b>
Time spent writing notes	<b>3.93</b>	<b>5.1</b>
Rating current chart system	<b>5.06</b>	<b>8.6</b>

## **Education Nursing Homes**

We held a further education day for nurses from nursing homes on January 30th. This was attended by 24 nurses and all rated the course as excellent.

## **Grief Café**

The grief café was developed to provide bereaved people with an opportunity to gain support from each other as they cope and come to terms with the loss of someone special in their lives. It will be an informal space for people to speak to others about their loss, to understand the grieving process and explore ways of living more comfortably with their loss. The opportunity to share thoughts with other people in a similar situation will hopefully help combat the feelings of isolation that can come with bereavement while encouraging bereaved people to find a positive way forward with peer support and friendship.

The drop in Grief Café was facilitated by the medical social work department supported by trained bereavement support volunteers. It was planned the group will meet fortnightly on a Monday afternoon in the day care room. Refreshments were provided and it was planned to explore different themes on monthly basis to provide information to participants and to keep the group focused on bereavement support.

**We held some initial sessions in February but had to place the initiative on hold due to the Covid pandemic**

## Telehealth

Telehealth (TH) makes use of internet-based technologies to support remote consultations, providing a reasonable alternative to a face to face visit for many patients. The same standards of care can be expected by patients whether the care is delivered virtually or face to face.

## Attend Anywhere

Specialist Palliative Care providers have been invited by the HSE to participate in the roll out of the Attend Anywhere telehealth App. Attend Anywhere is a web-based platform for patients with pre-arranged video consultation appointments. The project was led by Dr Fergal Twomey in Milford Hospice and we appointed a CNSp to champion the project in-house.

The aim of the project is to improve communications with patients and families.

In 2020 a number of consultations were completed using the app and the following was the feedback

Positive

- Attend Anywhere has worked well in Nursing Homes when used, Nursing Home Staff Nurses able to assist the patient, check for consent and ensure that the patient understands the reason for the Virtual review.
- CNSp have used Attend Anywhere to support the Nurses in assessing symptoms, inserting S/C lines to administer Break through analgesia and manage a patient at End of Life.
- Attend Anywhere Champion is available for advice and support.
- Medical Office completed Attend Anywhere reviews with Patients that he had met and reviewed through the Outpatients review, patients that were tech aware were very comfortable with the medium. It worked very well for the patient, because of prior experience and having previously met with the Doctor.

There have been some challenges with the app as follows:

- Patient Preference. Following discussion with Patients and telephoning to organise the Virtual Attend Anywhere Session, Patients have preferred to carry out the assessment over the phone. Some Patients find it an uncomfortable medium for consultation, don't like been on camera. More familiar with the phone.
- Time constraints in setting up the call. Once the CNSp has contacted the Patient and/or Family it is more convenient to carry on the assessment over the phone.
- A lot of patients have Oncology reviews over the phone and are familiar and comfortable with the telephone conversation.

Plan the CNSp will offer Attend Anywhere review to patients that are due their 3 monthly Care Plan review, also to collect data on number of patients that decline and reasons why

### **Physitrack® App use within the physiotherapy service.**

The App has been in use since September 2020. This has replaced the old tool for exercise prescription - (Physiotools). There is a cost saving involved as annual subscription for Physiotools was approx. €200/annum, while the Physitrack app is €9.99/month.

Physitrack allows exercise prescription plus conference calling and text messaging, it is GDPR compliant and secure for sharing of advice, education and exercise, while also having the facility to monitor compliance and allows feedback between patient and therapist.

The physiotherapy team have started a new community outpatient service in light of Day-care and FAB being suspended due to Covid-19 restrictions. Referrals are accepted from Community Palliative Care nursing and Dr Ray Doyle, once received, the patient is invited for assessment in GHF or seen at home if unable to travel.

Once a new patient is assessed, the team then set up the app where possible.

In 2020 they team utilised Physitrack for sending exercise programmes, education information, and linking with patients remotely to check on progression, updating, and adjustment of exercise programme as well as talking 1:1 to monitor adherence to advice on breathing management etc.

It is also the only tool for printing of exercise sheets for patients on IPU and it has been found to hold many more examples of exercise and is more user friendly than the old programme.

### **Implementation of PCOC**

#### **Background:**

The Palliative Care Outcomes Collaboration (PCOC) is an international programme that seeks to drive improvements in palliative care by using standardised clinical assessment tools to measure and benchmark patient outcomes in palliative care. From the example below, it can be seen how engagement with PCOC has demonstrated improvements over time in responsiveness to unstable care needs...

PCOC originated in Australia, but implementation in Ireland (PCOC-I) is being led by Milford Care Centre.

Implementation of PCOC is per a defined phased structure:

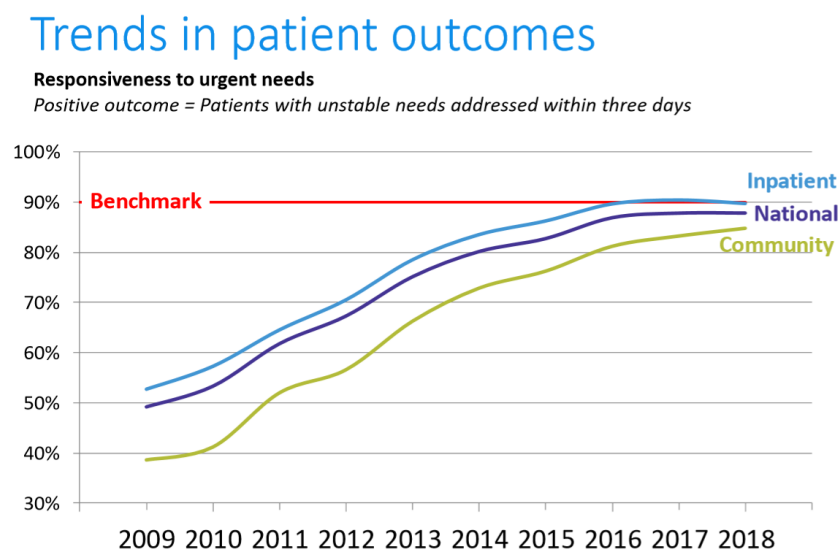
- 1) Planning (6 months)
- 2) Implementation (6 months)
- 3) Review and Modify (6 months)
- 4) Embedding (12 months)

A steering group for implementation of PCOC has been constituted and a team of departmental "Champions" have been identified. PCOC will be implemented simultaneously in the Community Team and the In-patient Unit.



We aim to commence implementation and data collection in Q1 2021.

Galway Hospice have been in contact with SMI (who manage our existing iCare patient information system) and they are developing an interface between iCare and palCentre, the proprietary PCOC software through which all data must be entered. SMI have developed a similar programme for OACC (a UK variant of PCOC), but Galway Hospice would be the first organisation in Ireland to use this and, as such, we will be able to develop bespoke functions such as generating monthly / quarterly reports for our own use.



Galway Hospice was approved in Q4 2020 as a PCOC site by the University of Wollongong, Australia.

2-weekly Working Group meetings have continued and are reviewing how best to begin introducing PCOC terminology into daily use and / or documentation (see section 3 'Clinical Handover').

In Q3 / Q4 2020, SPDCo delivered eight education sessions for the departmental "Champions" and a further six information sessions to the wider staff group.

SMI are continuing to develop software which will link PCOC software (palCentre) to our existing iCare system.

## Safety Pause (introduced September 2020)

Safety Pause Implemented	Review at 3 months Feedback received from staff on the inpatient unit:	Changes Implemented	Monitor and sustain Plan
<p>The Safety Pause was introduced to the in-patient unit to support the staff to have an increased awareness of risks and focus on patient safety:</p> <p><u>The 4 P's are used as the guiding topics:</u></p> <p><b>Patients</b></p> <p><b>Professionals</b></p> <p><b>Processes</b></p> <p><b>Patterns</b></p>	<p><b>“The Good”:</b></p> <ul style="list-style-type: none"> <li>Keeps staff up to date with what is happening</li> <li>Acts as a reminder for pre-empting organising required e.g. patient escort, transport</li> <li>Highlighting safety issues</li> <li>Good for communication</li> <li>Think it is a good idea and beneficial</li> </ul> <p><b>“The Bad”:</b></p> <ul style="list-style-type: none"> <li>Can be hard to attend if in the middle of patient care at midday</li> <li>Going off track with the content</li> <li>Too lengthy</li> <li>Trying to round up other disciplines for 12.00 – usually Nurses have to do this</li> </ul> <p><b>“What could we do differently”?</b></p> <ul style="list-style-type: none"> <li>Please keep concise and to the 4 Ps</li> <li>Too long – people are getting used to it being so long</li> <li>Can it be led by the wider MDT and not just Nurse led (rotate the lead of the safety pause)</li> </ul>	<ul style="list-style-type: none"> <li>It was highlighted to staff to keep the pause short – Maximum 5 minutes</li> <li>Utilised the MDT rota for leading the MDT Meetings. Same MDT department lead the safety pause for a month at a time.</li> <li>The MDT department chairing MDT meeting each month now designated lead for the safety pause ensuring wider multi-disciplinary involvement.</li> <li>The Time is earlier in the day (best practice with NCEC guideline). Moved from 12pm to after 09.30 MDT supports Covid19 minimising contact as use of zoom link facilitated for same.</li> </ul>	<p>There is an open opportunity for staff to feed back at monthly MDCT meeting</p> <p>Quality Assurance Co-ordinator sits in on the safety pause x3 days a week as per other role – able to provide feedback as required.</p> <p>Review at 6 months (end of Q1) – give staff the opportunity to feedback given changes made at 3 months.</p>

## Collaborative working between Occupational Therapy and Physiotherapy teams to identify new ways of communicating patient moving and handling method to members of the MDT.

The Occupational Therapy and Physiotherapy department have been working jointly to improve patient safety regarding the moving and handling (patient transfer) method being communicated between team members.

A proposal was accepted by the IPU Nursing management to utilise the patient white board at each bedside (on a trial basis), with considerations given to GDPR.

The Physiotherapy team use the available white board in patient's own room to identify patient's mobility method – For example: *Rollator frame and assistance of two*. The OT supports when joint sessions are carried out or if the OT identifies equipment need for safer transfer, for example: *Sara Steady transfer aid with assistance of two*.

This will enable the Therapists to make immediate changes to the transfer method and for this change to be clearly available/visible in the patient area to all staff assisting a patient, this has shown to be helpful when a patient falls alarm sounds and an unfamiliar staff member is first to respond. This is a new initiative – awaiting feedback/outcome measures.

### **Clinical Handover**

Clinical handover has been identified, both nationally and internationally, as a high-risk step in a patient's healthcare journey, providing a unique opportunity for a range of healthcare professionals to work together to optimise patient safety, it is also recognised as an important source of error (DOH, 2015).

Following requests being raised by members of the Multi-Disciplinary Team to have headings included on the clinical handover sheet to prompt handover - such as safeguarding/risks/transfer method/discharge plan, a meeting was held where it was agreed for the quality team to review the clinical handover process in its entirety on IPU.

Risk associated with clinical handover can include inappropriate or delayed treatment, loss of trust and confidence amongst staff and patient in the performance of the healthcare system. The quality team have been involved in looking at the process(s) that are currently under review, with plans to address: computer access to the handover template, looking at nursing staff taking ownership of filling in the demographics and relevant healthcare information (historically carried out by Health care assistants) and re-structuring the handover sheet to include – the new terminology associated with Palliative Care Outcomes Collaboration (PCOC) and other vital information prompts, whilst adhering to the standardised ISBARs format of clinical handover. As per the implementation of Covid-19 social distancing recommendations, the clinical handover for the wider MDT now takes place via Zoom – a review of the workings of this new process will be looked at.

A new clinical handover sheet is currently being trailed on IPU by the Nursing Managers – (ongoing quality improvement initiative).

### **Expanding the role of Allied Health Professionals in Community settings**

**Occupational Therapy:** Following successful induction of the Senior OT into Community Palliative Care Team visits the staff grade OT has been introduced to the Community Palliative Care Team setting and has commenced independent home care visits providing face to face OT– input has been very appropriate and interventions have included but not limited to – linking with IMNDA for provision of a powered wheelchair, symptom management including fatigue, sleep management,

energy and activity organising as well as occupation work. It has been noted by the Community Palliative Care Team and the OT department that Occupational Therapists play an important role in palliative care in the community by identifying roles and activities (“occupations”) that are meaningful to the patients and addressing barriers to performing these activities as well as supporting with the management of symptom burden.

### **Safer Better Healthcare Standards**

We have continued to work to address the action plan prepared in 2019 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

### **Improve Close out times for Incidents**

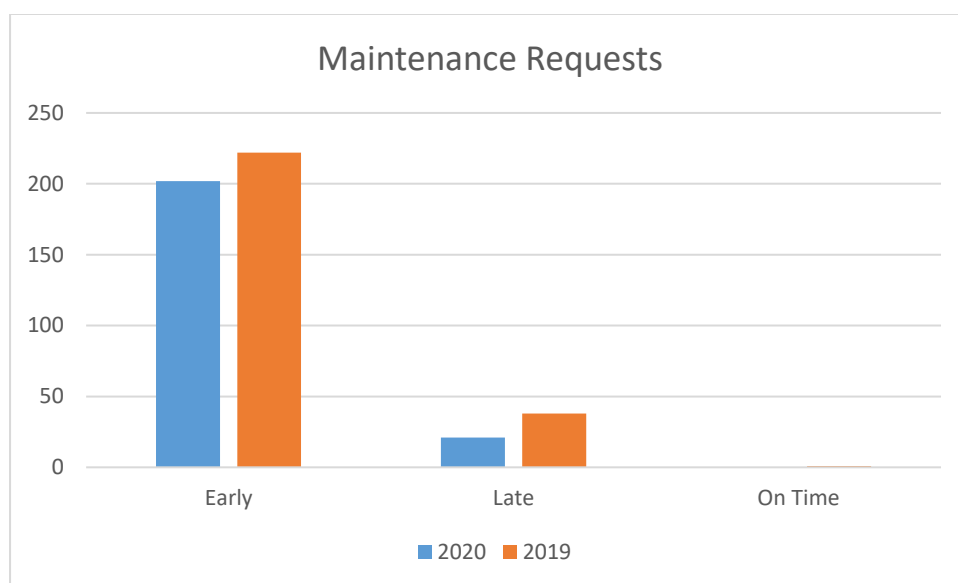
We also continued to focus on our close out times for incidents during the year. We continued with the traffic lights system to assist line managers with prioritising incidents during 2020. This has resulted in a significant improvement in close out times see above. In 2019, 53% of all medication and non-medication incidents were closed out either early or on time and this has increased to 85% by the end of 2020. We plan to continue with the project in 2020 to further improve on close out times

## Facilities Energy & Environment

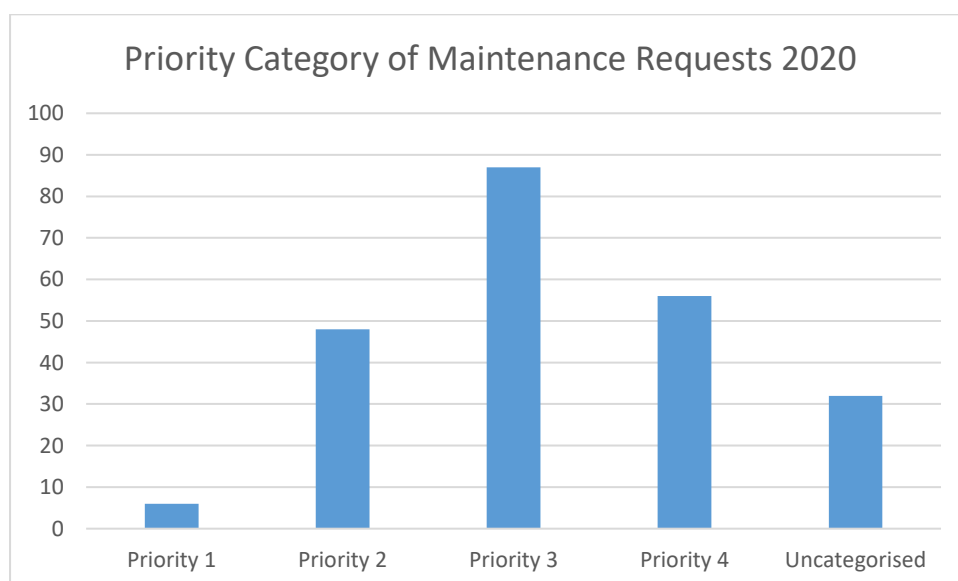
We are committed to maintaining our building and equipment to the highest standards, which is evidenced by the maintenance, and decorations plan that is put in place each year. During 2020 with support from DFS we completed the refurbishment of the conservatory in Daycare to provide a comfortable time out space for daycare patients.

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 2020 (% incidents closed out late improved from 15% to 9%) A log of the requests completed during 2019 and their response times is detailed in the chart below:



We introduced a priority categorisations system for maintenance requests in 2020 and the categories of incidents reported were as follows:



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 2020, we achieved the following:

- Reduction of 13,330 kwh (units) of electricity used from period January to December 2020 compared against 2019 usage.
- Reduction of 1,251 ltrs of oil from period January to December 2019 compared against 2018 usage.
- Reduction in .02 of a tone of General waste and 1.12 tons of food waste compared against last years figure.

We will continue to seek opportunities to reduce our energy consumption and waste output during 2021 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 full list of the audits completed during 2020 is detailed below.

During 2020, using a risk based approach we reduced the number of documentation-based audits to be completed. Any audits completed were driven by service need (e.g. responding to patient / family feedback, response to incidents, etc.) and we commenced work on developing a standardised template to facilitate trend analysis, reporting and action planning.

We will continue to 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.

IA-GHF-243 Data Protection	Compliance was high overall; where there were identified issues, non-conformances were raised for further follow-up, e.g. NC223
AUD48Abbreviated IPU Documentation Audit Feb 2020	This audit (conducted with a diverse multidisciplinary group of auditors) was devised to target criteria which had shown low levels of compliance with the previous full audit. Due to the short timescale between audits, there was little noticeable change in audit findings – not all actions had been completed and the efficacy of the completed action could not be accurately evaluated. However, as an exercise in raising awareness among the wider MDT, it was felt by the Lead Auditor to have been a worthwhile audit. Further actions have subsequently been completed.
AUD46IPU Nursing Admission Audit March 2020	This audit was designed to assess elements of low compliance demonstrated by previous separate audits (Bowel Care, Oral Care & Care Plans) within RF-IPU-8 “IPU Nursing Assessment Booklet”. a full review of the Nursing Assessment Booklet (RF-IPU-8) was carried out. This will look at the layout, questions asked (identifying relevant and non-relevant) and the need to make it more clear, concise and user-friendly to ensure efficiency and commitment to capturing the relevant information to plan holistic patient care incorporating the patient and their family’s goals and preferences.
AUD45Patient Tracer Audit “Wound Management	The theme for this audit was selected by IPU staff based on (A) identified Clinical Risks - NC175 [Nutrition], & NC137 [Pressure Sores], (B) in the context of recent changes to related policies and practices, (C) in advance of imminent activation of revision of policy PP-CS-017 “Wound Care Management”. <b>Outcome(s):</b> Nursing Assessment Booklet (RF-IPU-8) was revised (BDK & LC). PP-CS-017 “Wound Care Management” is undergoing revision (MD). Proposed completion date 30/04/20. New “Wound Care Pack” has been devised (MD) with accompanying guidance for staff on wound assessment and management (BDK & MD). This includes guidance on photography.

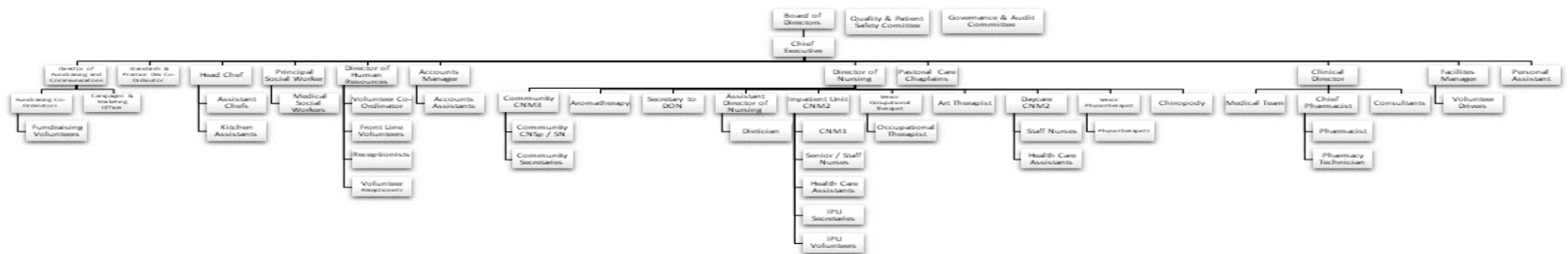
	Waterlow Tool has been revised (Rev3) to include malnutrition screening tool (BDK).
IA-HA-27 Hand Hygiene Audit IPU	Overall 96% Compliance
IA-GHF-252 Slips, Trips & Falls (Medical Documentation)	<p>The aim of this audit was to;</p> <ul style="list-style-type: none"> <li>• Review doctor's medical assessment and documentation post fall.</li> <li>• Identify deficiencies in our documentation.</li> <li>• Design a post fall proforma for doctors to ensure consistent post fall medical assessment</li> <li>• Re-Audit after a period of 4 months with the proforma in use.</li> </ul> <p>Findings were fed into new policy PP-CS-130 Falls Prevention &amp; Management to support Nursing staff in the immediate aftermath of a fall (injury assessment). This was noted to be of high importance due to the number of falls 'out of hours'.</p> <p>Findings led to development of new form (RF-CS-26 "Post Fall Medical Assessment Form") to guide medical staff in post-fall documentation.</p>
IA-GHF-246 Care Bundles (Infection Control Audit)	<p>100% Compliance with management of Urinary Catheters</p> <p>96% Compliance with management of Central Venous Catheters – <i>one patient declined a dressing change</i></p> <p>100% Compliance with management of Peripheral Venous Catheters</p>
IA-GHF-251 Care Bundles (Infection Control Audit)	<p>100% Compliance with management of Urinary Catheters</p> <p>No patients with Central Venous Catheters</p> <p>100% Compliance with management of Peripheral Venous Catheters</p>
IPU Pain Audit	Sustained improvement from previous audit(s). No repeat audit required.
IPU Nursing Admissions audit (including Oral Care and Bowel Care)	<p>RF-IPU-8 (Nurse Admission Booklet) has been modified which has enabled some improvement in documentation. However, completion of full bowel assessment on admission continues to show low levels of compliance. CNM2 will formulate an Action Plan to address this.</p>
MDT Discharge Audit	<p>Audit was completed using an old audit tool (draft revision was circulated subsequent to previous audit). CNM2 will arrange a repeat audit using the revised tool. SPDCo / QA Coordinator will participate in the next audit as the non-compliances are predominantly from non-Nursing MDT members.</p>
Infection Control:	95% compliance – minor environmental / equipment issues noted. Action Plan has been formulated.
Hand Hygiene:	100% compliance.



IPU End of Life Care:	Very high levels of compliance overall. Discussion on admission regarding patient and family "... needs and preferences for end of life care..." [o]ften documented as not appropriate to discuss on admission, i.e. patient unresponsive, anxious, family distressed. CNM2 to discuss admission processes with SPDCo / QA Coordinator (see earlier audit also). No repeat audit of other aspects of EoL care required at this time.
IPU Medication Administration (MDA)	New tool devised by CNM1 was found to be ineffective in practice. CNM1 to review / revise tool.
Nursing Care Plan Audit:	Overall high levels of compliance, except for "Patient and family preferences recorded with a variance recorded for both if not discussed." CNM2 will formulate an Action Plan to address this. See also EoL Care audit
Patient Tracer Audit - Theme Communication	In the context of the period under review, and the rapidly changing circumstances, staff feedback was that communication was extremely challenging both internally (formerly 'fixed' meeting schedules often had to be revised at short notice, etc.) and externally (face-to-face meetings with family members were severely affected). Despite this, and based on feedback from the online remembrance services and a randomly-selected relative whose wife died under our care in April 2020, it would appear that we have managed to maintain effective communication with people while under our care.
Tracer Audit - The Covid-19 experience audit looked at three domains: Staff, Patients and Visitors.	100% of staff participants felt educated/updated on the clinical and epidemiology features of Covid-19 and the importance of early recognition One patient received the Covid19 patient information leaflet. Four patients did not receive the leaflet All five patients described a positive experience of being tested for covid-19: All five visitors reported that they received information on visiting guidelines
Skin Integrity Audit Nov 20	The documentation of MST discussion +/- dietician referral or rationale as to why not appropriate when MST score of 2 or above.
Wound Care Audit	Poor compliance with complete recording of Wound Care chart. 3 charts (43%) not recorded Type of wound Ongoing review of care plan re skin integrity, pressure injury prevention and management and wound chart as part of overall working group revision. Currently on final review, considerations for practices in relation to completion of documentation as noted in observation
Physiotherapy – Equipment Audit	The audit findings demonstrate that all equipment was in good working order. The decontamination/labelling results are slightly improved since last audited on 19 <sup>th</sup> April 2016, fully compliant 69%, 4% partial compliance and 27% non-compliant.

	All equipment in the storage cupboard is property of GHF, no walking aids were found in Day-care so none were deemed as unidentified ownership.
--	---

## APPENDIX 1 ORGANISATION CHART

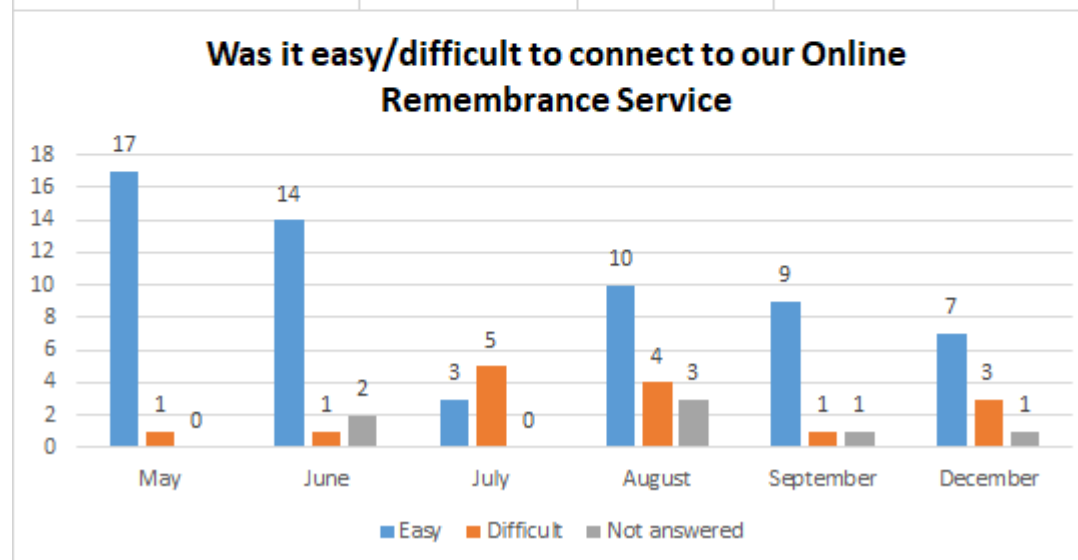


### APPENDIX 3 EXTERNAL TRAINING COMPLETED

External & Paid Courses 2020	
Q1	
Course Title	Duration (hours)
BLS	6.00
End of Life Care: Psychological and Social (P.Dip module)	39.00
IV Training	5.00
BLS	6.00
Insight following brain injury	14.80
BLS	12.00
BLS	6.00
BLS	6.00
Assessment and management of fatigue	4.50
National Falls Management Conference 2020	7.40
Human Rights Challenges Associated with Palliative Care	12.00
BLS	6.00
National Clinical Supervision Symposium	7.40
BLS	12.00
BLS	12.00
Anticipatory Prescribing & Relation Issues (webinar)	4.00
Clinical Microbiology	6.00
Respiratory Illness in Suspected Covid Patients.	5.00
Management of Covid in Community Health Care Facility	2.00
Art Therapist Working on line training	3.00
Virtual fire training	67.50
Fire Training (via zoom)	42.00
Masters in P/Care (Year 2)	39.00
Care of a Child with a Life-Limiting Condition	21.00
BLS	12.00
Fire Training (via zoom) - 22 staff, 5 volunteers	33.00
QQI Level 6 Leadership	120.00
BLS Training	30.00
Conflict Management	40.00
APDS Annual Conference 2020 (Endings and Beginnings in Day Care - Pandemics, plan	2.50
AOTI Virtual Conference: Excellence in professional practice	14.80
Fire Training (via zoom) - 11 staff, 7 volunteers	16.50
HPSC Covid 19: Visiting guidance for community and acute healthcare settings (webin	1.00
HPCSW Education Event - Practicing self care and building resilience during uncertain t	3.00
Fire Training (via zoom) - 6 staff, 4 volunteers	9.00
<b>TOTAL</b>	<b>467.30</b>

## APPENDIX 5 VIRTUAL REMEMBRANCE EVENING EVALUATIONS

Was it easy/difficult to connect to our Online Remembrance Service?			
Month of service	Easy	Difficult	Not answered
May	17	1	0
June	14	1	2
July	3	5	0
August	10	4	3
September	9	1	1
December	7	3	1



## Sample of comments Received

Your overall opinion on the online service:									
"The service was beautiful. I watched it with my two daughters and while it was very emotional, it was so good".									
"It was a fabulous service especially during lockdown. It was very comforting knowing she was thought of".									
"It was wonderful, moving and emotional. At my husband's funeral I was on duty, this time I could grieve									
"Beautiful, emotional, heartwarming, a great help in the grieving process".									
"Excellent service".									
"Respectful and caring and helpful especially as a reminder that Hospice is there for the bereaved".									
"It was a beautiful service, full of gentleness and warmth. Delivered with amazing tranquility".									
"Remembering my loved one in happy & sad times. The service was beautiful and lighting of the candles".									
"Being at home with our family, watching the service made the experience more intimate and personal for us									
"I thought it was a lovely service, I felt connected to other people mourning the loss of a loved one also".									
"My overall opinion of the Remembrance Service is very positive. I found it comforting".									
What did you find most helpful?									
"Just found it all so comforting knowing other families feeling the same grief - not alone".									
"From Frankie's music to the gentle saying of each person's name, that made it so inclusive".									
"Very nice following the personalised booklet. You felt part of the service. Lovely touch to have our own									
"It was comforting to think that my mam is remembered, the Hospice nurses were wonderful, we are so grateful".									
"The actual remembrance service pack that I received in the post was very nice".									
"Direction and fact". You had extra time to view at your leisure. Beautiful service".									
"Most helpful was to realise that Hospice is there for me and a reminder of how caring and experienced Hospice are at dealing with death".									
"Liked lighting the candle - left it lighting".									
"I think that the virtual mass should always continue even if we ever get back to normal".									
"The diagram, the beautiful booklet, the lovely words and songs. Just so caring for our deceased loved ones and us his family".									
"The piece where description and ways grief impact you - very honest and truthful".									
Comments/Suggestions									
"I can see where attending a service would enhance the emotional connection but in the current									
"We loved the fact that you went to the trouble of putting each person's name on the booklet".									
"This service was a complete surprise, thank you for making the time to stage it".									
"No, compliments to the organisers for the beautiful prayers and music. Every piece was touching and appropriate. Very fitting to celebrate the lives of our dearest loved one now departed. Thanks to all concerned".									
"Think the timing of 3 monthly post passing is very appropriate and lovely to be aware of the after death services that are still available".									
"With so many thanks to all the Hospice team. When mam was there with you you were so accommodating with family visits (especially for grand children) and this was extremely difficult for you with Covid-19. We will never forget your kindness".									