

Galway Hospice Governed Service's

2021 Operational Quality & Risk Review

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1.0 Introduction

The aim of this report is to give clear information about the quality of our services and how risk is managed within the Hospice. We aim to ensure that our patients feel safe and well cared for and that their carer's 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, carer's and communities. We will always seek the views of everyone who accesses our services to ensure we maintain the highest possible standards of quality. In March 2021 we opened the inpatient unit in Castlebar which operates as Mayo Hospice and this report covers all services governed by Galway Hospice (both Galway and Mayo Hospice referred to in this report as "the Hospice")

This report also provides information about how we manage risk within the hospice. The quality systems and frameworks at the 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 2021 and provides an overview of annual trends in quality and safety across the Hospice.

During 2021 we continued to have restrictions in how we provided our care due to the continuing Covid-19 global pandemic. Our Covid-19 risk management committee team continued to meet regularly during the year to assess the risk and to monitor the changing environment. We continually reassessed and adapted practice to ensure safety for all in line with government and HSE guidance.

The adaptability of our services was recognised throughout the year as restrictions changed promptly in response to increased rates of infection, new variants and changes in guidance. The core values of care and compassion remained at the centre of how we provided our care. This meant at times restrictions on visiting had to be reviewed and amended to ensure safety of patients, staff and visitors however we reviewed each case individually to ensure that a compassionate and a flexible approach was undertaken in so far as possible. The safety of staff remained a focus throughout the year with line managers individually assessing staff risks and ensuring all measures in so far as possible are undertaken to support continued safety in the workplace.

Due to increased rates of infection at specific times during the year, the covid committee had to review the presence of volunteers in the hospice facilities and at times their duties were paused until it was safe again for them to return. Our volunteer workforce has been incredible in their flexibility and adaptability and have been an incredible support for our services as we have progressed through this pandemic.

We completed induction and orientation for approximately 80 staff and volunteers for the new hospice in Mayo during 2021. This was a significant achievement given the restrictions in place at the time and we admitted our first patient to the inpatient unit in Mayo in March. A huge thanks to all involved in this process

At Galway Hospice and Mayo Hospice, we are dedicated to ensuring that people with a life limiting condition and their families living in Galway, Mayo and the surrounding areas 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 2021. Occupancy in our inpatient unit continued to be lower than normal during 2021 as patients and their families chose to remain at home wherever possible during the Covid-19 pandemic.

We had a successful virtual ISO audit by CHKS an independent regulatory body in May 2021. No non-conformances were noted during the audit. The auditor complimented the team and noted the following in their final report:

“The ongoing work to ensure the delivery of patient care during this pandemic is to be commended. The Galway Hospice Foundation is charged with the care of exceptionally vulnerable patients. The evidence demonstrates the huge work undertaken to ensure that every patient, whether at home, in nursing home or similar care or as an in-patient is fully supported and cared for.”

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 all service areas by means of engagement with the Palliative Care Outcomes Collaboration (PCOC). This will assist us to demonstrate and to further improve on the positive outcomes being achieved by our teams for our patients and families. The other key priority that we have is to improve our use of our Icare system to move towards a paper light system for all our patient records.

Demand for our community team in Galway continues to grow and supporting the needs of our patients and families has been challenging during the pandemic. Each patient, their symptoms, and family and living situations are completely unique. Our care is centred around patient's individuality, not just their illness - there is never a one size fits all when it comes to our care. Prior to the pandemic these initial assessments happened in person. Patients and families find it really reassuring to meet someone in person and often feel more comfortable about asking questions than they do in a phone consultation environment. An initial face to face assessment means our colleagues can make additional observations that may identify specific needs which maybe a support to the patient and/or families. During the pandemic, we continued visiting as we recognised that some patients could only be assessed in person, however we had to significantly reduce the number of face to face visits that the team made to protect both the patient and their family members and the hospice staff. We had to be innovative and utilise telephone interventions to support patients and families at home where visiting was not possible.

The Hospice is dedicated to ensuring that people with a life limiting condition in our catchment area and their families have access to a range of high-quality services at which they are the center. 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.

I wish to thank our Hospice staff, volunteers and supporters for their continued support throughout this difficult past year. I am very proud of the great work by our staff and volunteers in keeping themselves, their families, and our community safe. The resilience and commitment they have demonstrated this past year is commendable. During 2021 we continued to face unprecedented challenges but we have worked together to provide compassionate care and companionship to palliative and bereaved individuals and families.

2.0 Governance

Governance of Galway Hospice governed service's "the Hospice" is the responsibility of the members of the Board of Directors, who serve in an unpaid capacity. The Board of Directors of the 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 Hospice 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 and Therapies, the Clinical Director together with the Director of Fundraising and Communications, the Director of Human Resources (HR) and the Director of Education. 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 Hospice has developed an approach to good governance, which embraces both clinical and non-clinical 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 the 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.

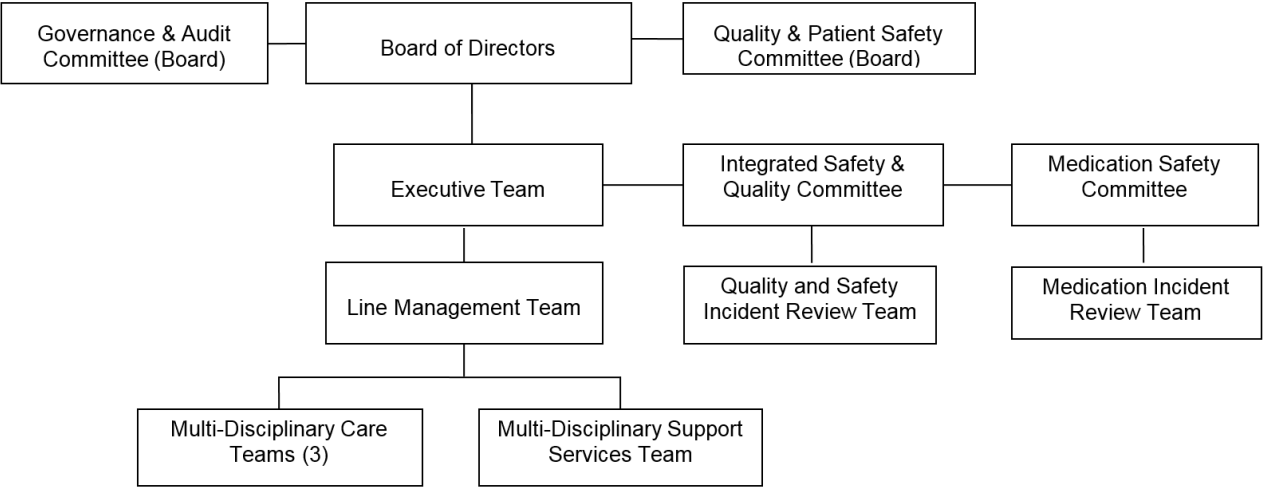
John Sweeney chairs the QPS committee with the other Board members being Jean Kelly and Dr Margaret Murray and Alyson Banks. This committee meets at least four times per year; it sets Key Performance Indicators (KPI) for the services and monitors the programme of work to ensure satisfactory quality standards 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 hospice's 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 Hospice's team's committee structures are displayed in the chart below; terms of reference are in place for all committees.

Organisational Chart – Teams and Committees



3.0 Risk Management

The 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 to assist with supporting the process of managing risk for the Hospice 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. A risk assessment for employees working remotely was developed in the past year and we have also developed a policy to support these employees while working remotely.

We have a Covid-19 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.

4.0 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

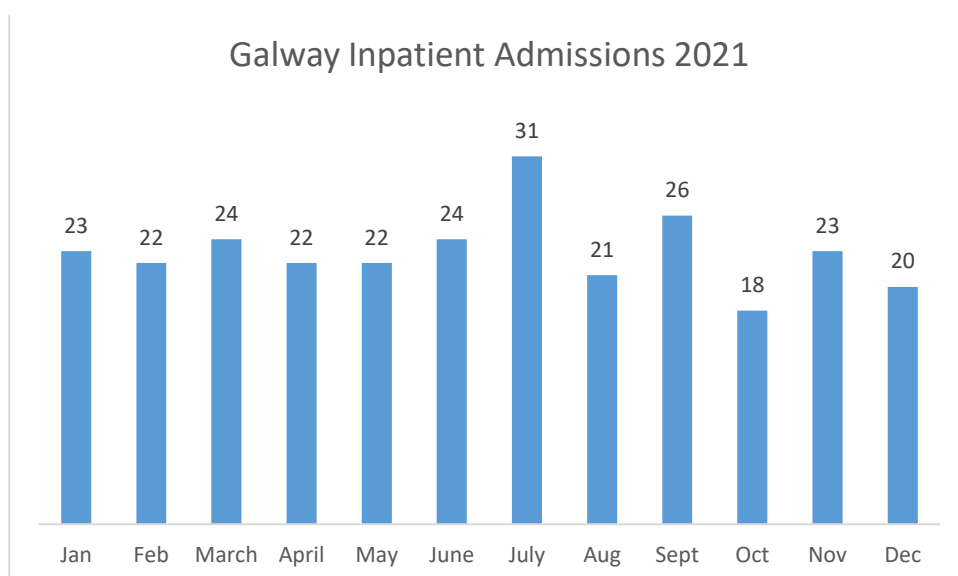
- 89% of patients who received care from our community palliative care team died at home.
- 45% of the patients admitted to our inpatient unit in Galway were discharged during 2021
- 20% of the patients admitted to our inpatient unit in Mayo were discharged during 2021
- 97% of patients admitted to our Galway inpatient unit had a wait time of less than 7 days
- 100% of patients admitted to our Mayo inpatient unit had a wait time of less than 7 days
- 97% of the patients referred to our community team were seen within seven days
- 71% of patients taken on by our community palliative care team were never readmitted to an acute hospital setting.

Clinical Data

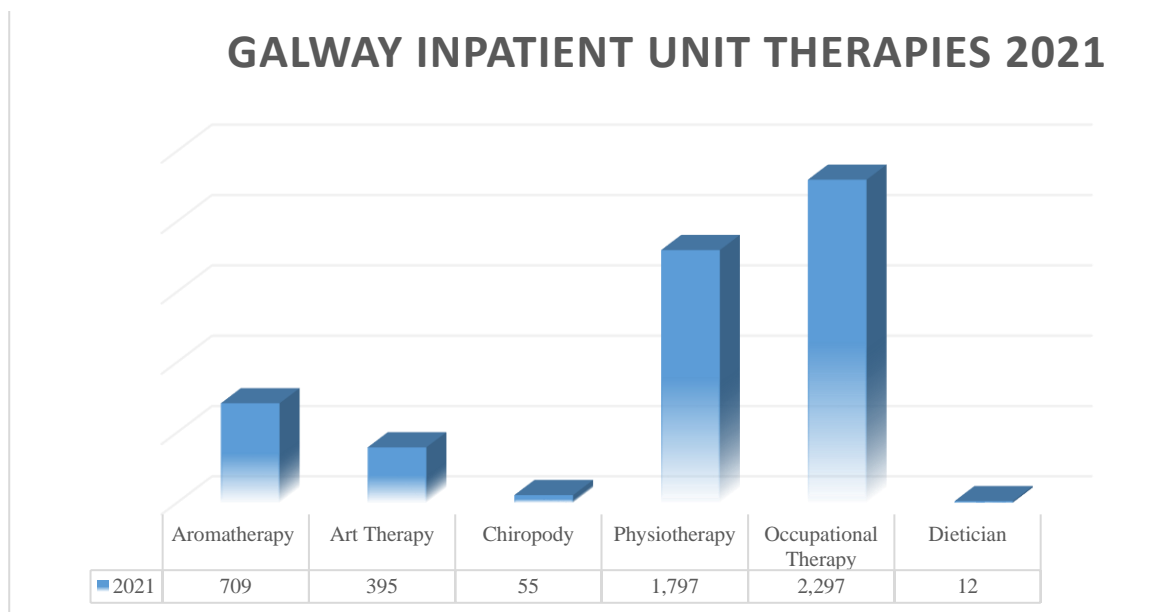
Galway Hospice uses 'iCare', an electronic patient records system into which all patients' details are entered. We have chosen, to present data extracted from that system for the year 1 January 2021 to 31 December 2021 for the following services:

4.1 In-Patient Unit - Galway

- There were 286 patients treated in the Galway Inpatient Unit a decrease of 5% on 2020. The length of stay increased by 21% during the year and occupancy for the year was 67% which is up 1% on 2020.
- There were 276 admissions of which 78 were re-admissions. 82% of admissions had a malignant diagnosis and 18% were non-malignant.
- 130 patients were discharged (95% to home or to another community-based setting) and 5% to an acute hospital.
- 147 (51%) patients died in the Unit

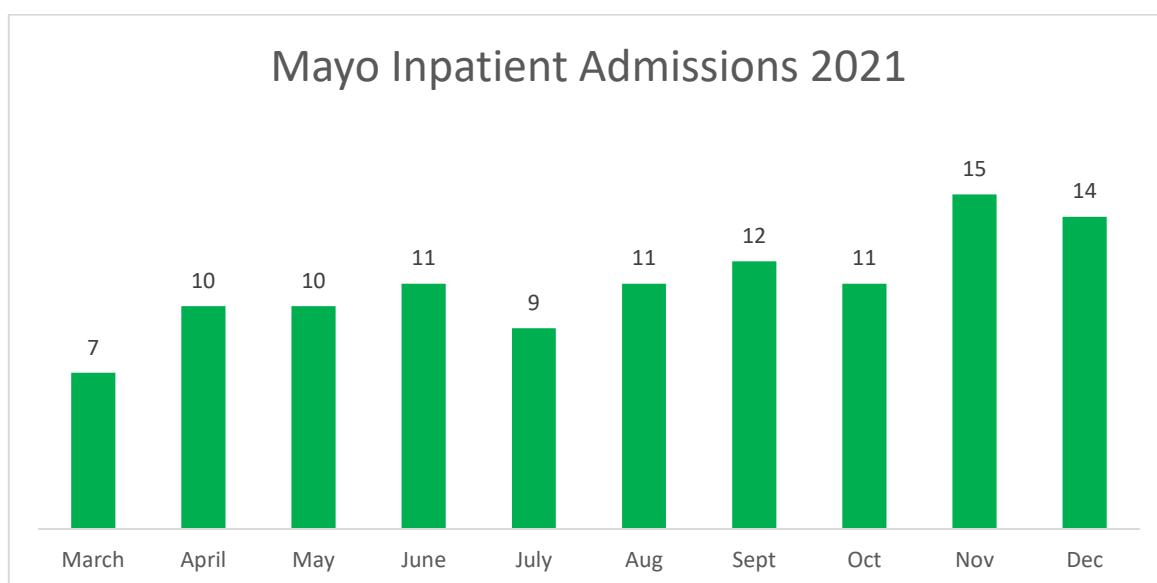


The Galway inpatients attended the following therapy sessions during 2021

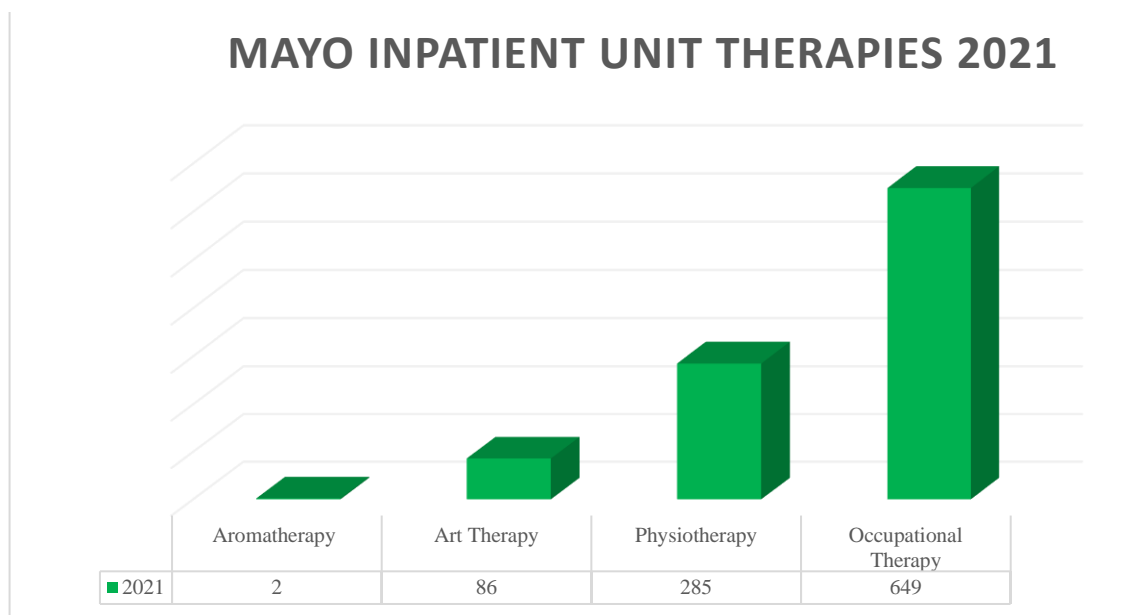


4.2 In-Patient Unit - Mayo

- The Mayo inpatient unit commenced accepting admissions in March and there were 110 patients treated in the Inpatient unit during 2021.
- Occupancy for the year was 41%
- There were 110 admissions of which 11 were re-admissions. 80% of admissions had a malignant diagnosis and 20% were non-malignant.
- 21 patients were discharged (91% to home or to another community-based setting) and 9% to an acute hospital.
- 85 (77%) patients died in the Unit



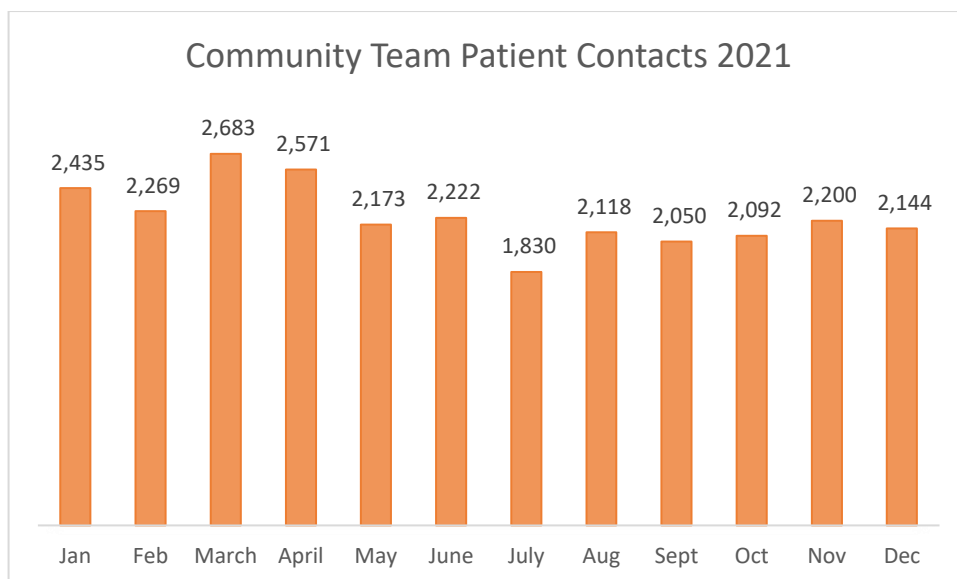
The Mayo inpatients attended the following therapy sessions during 2021



4.3 Community Palliative Care (Homecare) Team

- 934 patients received care and support from the community team during 2021. There were 8,814 referrals of which 763 were new referrals and there were 51 re-referrals.
- 326 (43%) of new patients referred in 2021 had a non-cancer diagnosis compared to 313 (43%) in 2020.
- 26,787 patient contacts and 5,499 visits were made during the year
- There were between 249-275 active patients per month on the team's caseload during 2021



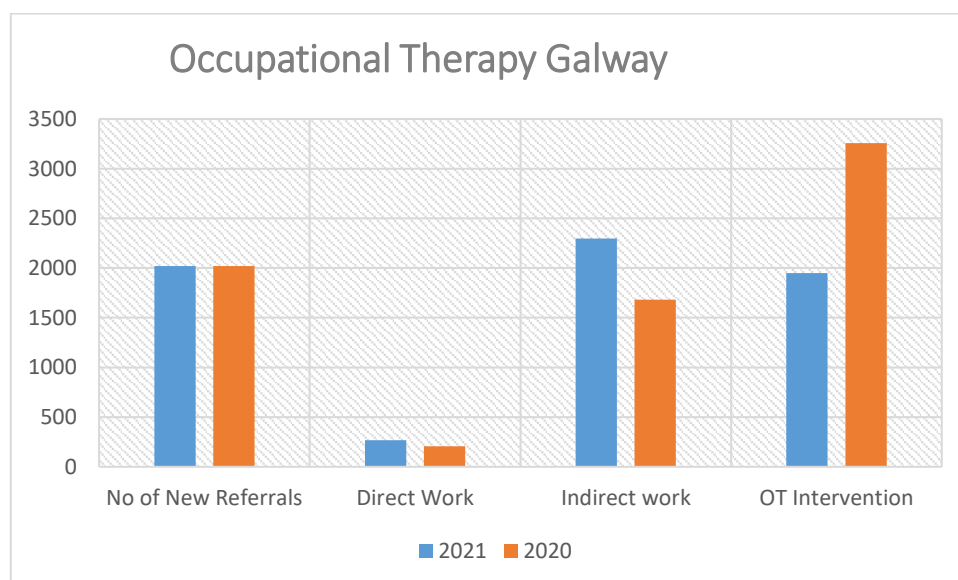


4.4 Day Care

Day Care services remained suspended during 2021 due to the pandemic. We are working towards recommencing Day Care services in both sites in quarter 1 2021

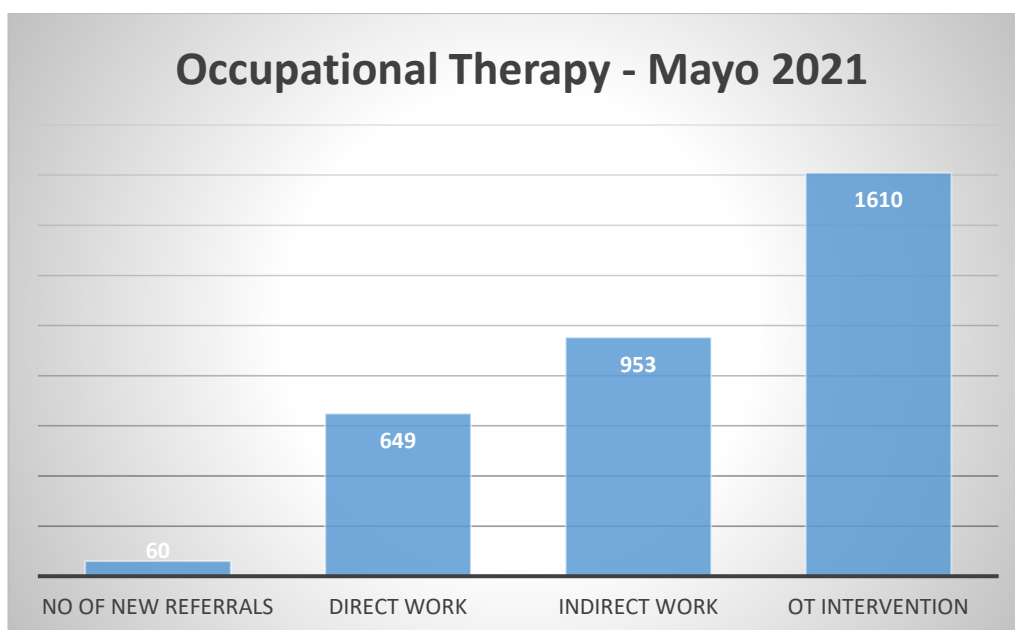
4.5 Occupational Therapy – Both Sites

Referrals to the Occupational Therapy department in Galway (see chart below) were consistent with 2020. The number of interventions were down on 2020 due to a gap in staffing during the year (there was a delay of a number of months in securing a suitable replacement for a staff member who left)



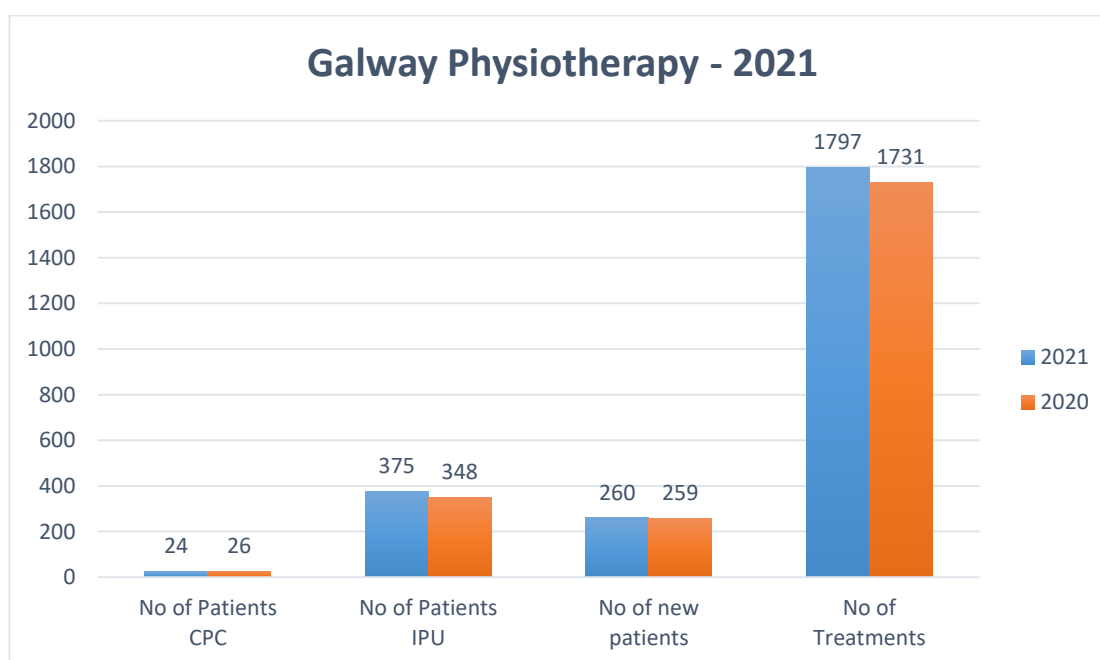
The team also commenced with a virtual fatigue and breathlessness clinic during 2021 (see quality improvement initiatives below)

Occupational Therapy services commenced in Mayo when the inpatient unit opened for admissions in March. A summary of the activity levels in Mayo are detailed in the graph below

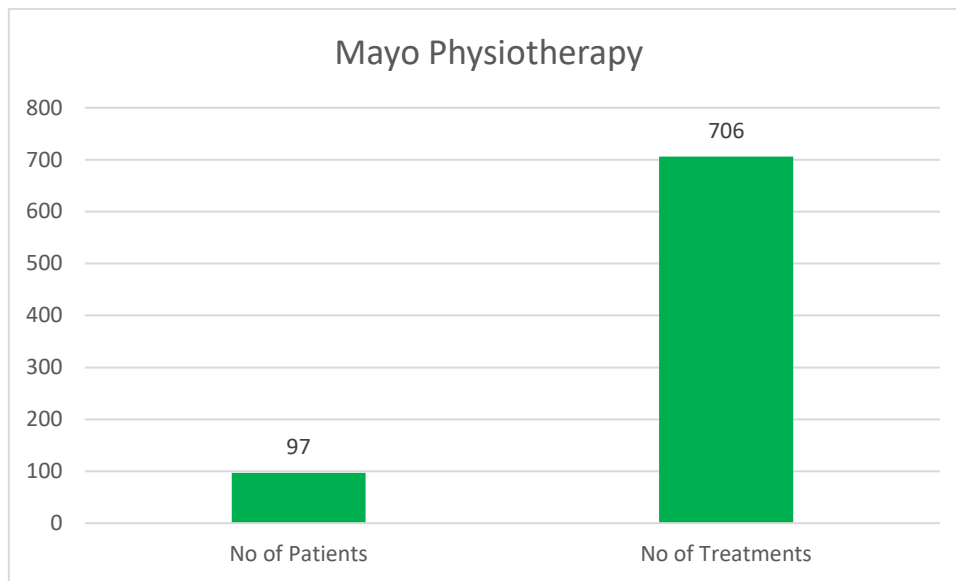


4.6 Physiotherapy – Both Sites

Activity levels in the physiotherapy department in Galway were slightly up on 2020 levels. The team provided 1,797 treatments to 399 patients during 2021



The physiotherapist in Mayo provided 706 treatments to 97 patients during 2021.



4.7 Medical Social Work (MSW) & Bereavement Support

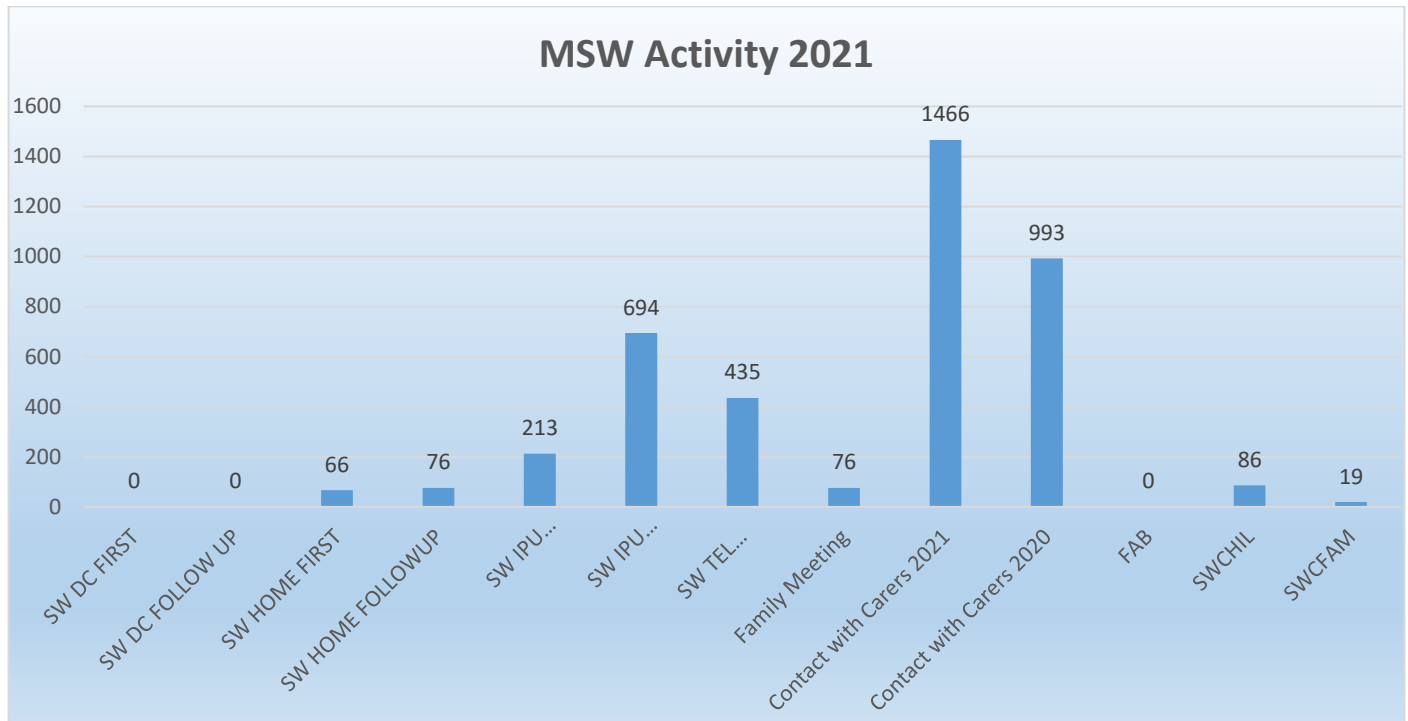
Overview of 2021:

The Medical Social Work (MSW) Department welcomed the opening up of Mayo Hospice in 2021 and the addition of a Senior Medical Social Worker and a Medical Social Worker to the team. The Principal Medical Social Workers supported the induction and development of the Medical Social Work service in Mayo Hospice and its ongoing development. During 2021, the MSW continued to respond and adapt to the everchanging challenges posed by the Covid 19 pandemic and continued to optimise the delivery of a social work service and prioritise referrals across the hospice service. In particular, there was increased psychosocial distress for patients/families in particular with regard to visiting restrictions, access to nursing home placements, anecdotal delays in diagnosis/treatment, increased numbers of young families referred to the service and the increased demand for bereavement support. The MSW department have demonstrated high levels of flexibility, compassion and commitment to patients and families in our efforts to meet the complex needs of Galway Hospice service users in 2021.

Despite restrictions imposed due to Covid 19, the Medical Social Work department continued to find innovative ways to support patients/families which included:

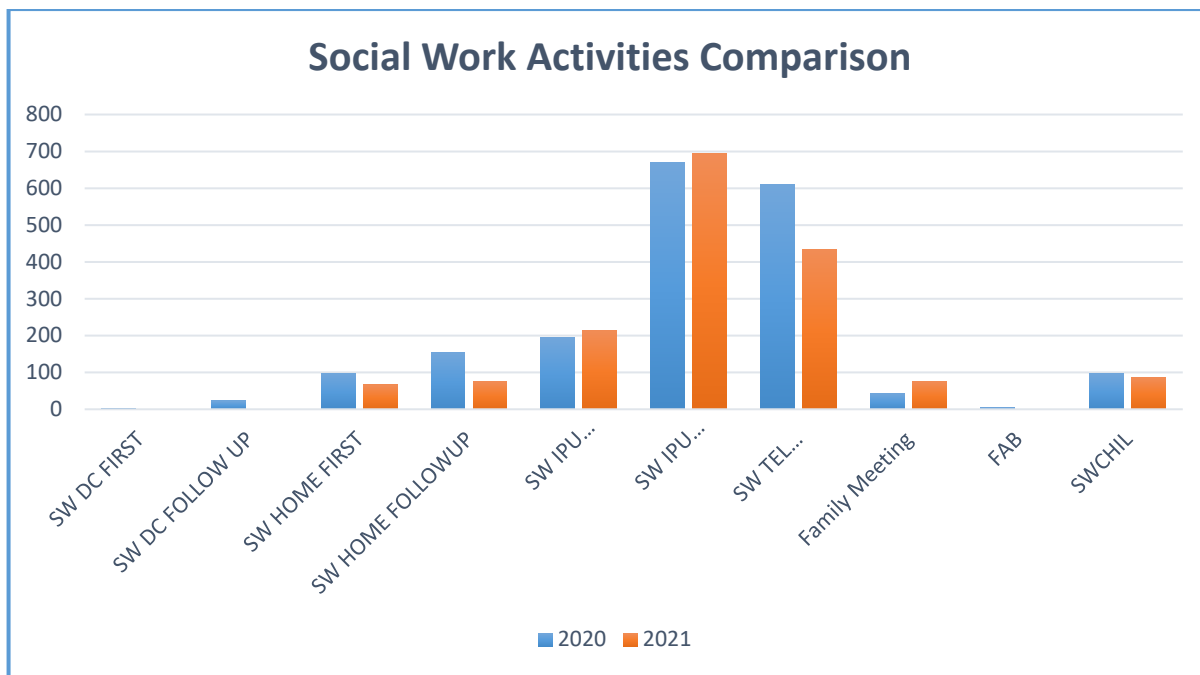
- Virtual family meetings
- Virtual individual therapeutic support sessions (during palliative phase and bereavement)
- Supporting patients maintain connections to family despite visiting restrictions and manage isolation for patients for example, using technology, puzzles, creative exercises
- Advocating and supporting the needs of children during the palliative phase and ongoing support within the inpatient unit and community service
- Continued to support Keepsake and memory work as a core function of Medical Social Work during the palliative phase of illness
- Developed the 'Walk & Talk' initiative to support bereaved persons experiencing isolation in their grief and restricted social supports imposed by Covid 19 restrictions
- Planning and recording remembrance services and the virtual annual service in collaboration with the pastoral care department
- Ongoing development of the Bereavement Support Service and reintegrating the bereavement support volunteers back into the service

- Facilitating a virtual teenage bereavement group - 6 teenagers in attendance
- Facilitating a children's bereavement group over two weekends - 16 children in attendance
- Facilitated a Masters in Social Work placement (year 2) with NUIG



Note:

1. Children of patients seen during palliative phase (SWCHIL)
2. Children seen as part of a family intervention (SWCFAM)



	SW DC 1st	SW DC FOLLOW UP	SW HOME FIRST	SW HOME FOLLOW UP	SW IPU 1st	SW IPU FOLLOW UP	SW TEL DAILY	Family Meeting	FAB	SW CHILD (seen during palliative phase)
2020	2	24	98	153	196	671	610	43	6	96
2021	0	0	66	76	213	694	435	76	0	86

Groups Facilitated in 2021:

1. Walk and Talk initiative commenced in June 2021
2. Adolescent Bereavement Group (Virtual) in March 2021
3. Children's bereavement group in November 2021

End of Year Review for Medical Social Work (MSW) Department:

- In Summary, activity levels for the MSW department have been maintained and increased in some areas despite having to adapt our service and limit face to face contact due to Covid 19 restrictions. Total contacts (Galway & Mayo) for the Medical Social Work Department is **3,131** (including carer's for 2020) compared to **2,860** (including carer's for 2020). As Mayo occupancy remained low for the most part of 2021, the number of total contacts recorded was **480**.
- **Carer Support** has increased by 43% in 2021 (**1466 contacts**) and this highlights the ongoing need for communication at a time that proved exceptionally difficult for patients and their families. Family distress levels have remained high in 2021 and this can be attributed to various factors. Despite the low occupancy in Mayo hospice, **196** carer contacts were recorded from April-December 2021.

- Due to the suspension of the **day care service**, Medical Social Workers have continued to support patients/families via IPU or community and we will continue to engage in the planning phase of the reopening of day care early 2022.
- **Memory and Keepsake therapeutic work with children** continues to be a significant part of social work. The complexity of young families referred to the service has been particularly evident in 2020/2021. Using keepsake and memory work as a therapeutic tool with families is proving to be highly effective and beneficial in terms of continuing bonds with the child/children and supporting families grieve their loss. This particular piece of work is time consuming and requires increased input from the Medical Social Work team. Of particular note, there was 5 children/young adults referred (as patients) to the social work service and required numerous home visits during their illness and post death.
- Face to face **family meetings** have resumed for patients/families and this is reflected in the increased number of family meetings for 2021 which demonstrates an increase of 77% from 2020.
- The **Bereavement Support Service** continues to be developed and Medical Social Workers continue to see an increased number of bereavement referrals for adults and children which is placing extra demands on the Department (as evident in bereavement report attached). The bereavement service in Mayo continues to be developed.
- Supervision Policy has been developed for the Medical Social Work Department.
- Ongoing support and management of complex family dynamics/issues and mediating/advocating with MDT/Senior Management.
- Supporting the wider MDT with clinical reflections and acknowledging the emotional impact of the work and importance of self-care for staff whilst working in difficult work environments.
- The Medical Social Workers have engaged in training/education where possible and co facilitated a webinar 'advance care planning' to Nursing Home staff.

4.8 Pastoral Care

Our pastoral care team also had a busy year during 2021. 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 held six virtual remembrance services in Galway and also held our first remembrance service in Mayo during 2021. The services had over 2500 views online, and a summary of the evaluation forms from these services is included in Appendix 4. The team also facilitated a virtual remembrance service in place of our annual mass in Renmore, which was viewed by over 1.000 people.

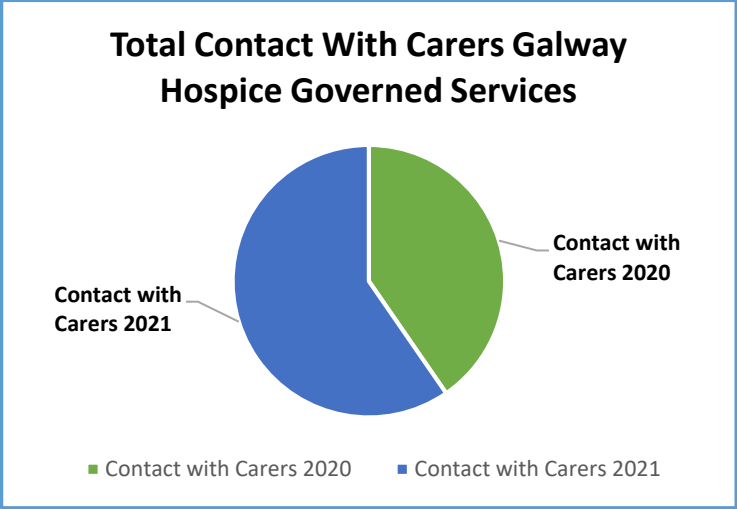
4.9 Additional Carer Supports

Galway Hospice supports and values family members and carer's. We ensure they feel acknowledged and recognised for their valuable contribution. By doing this the Hospice is enabling and empowering family members and carer's 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 carer's are supported through Homecare and our In-Patient Unit

- Inpatient we have one bed reserved for respite admissions in both inpatient units, which means we can offer a minimum of 104 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 service 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 nurse may also suggest ICS/IHF night nursing support to give family members a much-needed break

Social Work Contact with Carers



Contact with Carers 2020	Contact with Carers 2021
993	1466

Galway 2021	Mayo 2021
1270	196

5.0 Key Performance Indicators

We have developed the following key performance indicators (KPI's) to assist demonstrate the activities of the Hospice. 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 – 31/12/2021

	Current Year 2020	Target	Trend to Target	Previous Year 01/01/20 to 31/12/20	Trend to prev Year
Wait Time - from referral to admission to the inpatient unit Galway 0-7 Days 8-14 Days Mayo 0-7 Days	97% 3% 100%	98% 2% 100%	↓ 	100% 0%	↓
Wait Time - from referral to admission to the homecare service 0-7 Days 8-14 Days 14-28 Days	96% 3.5% 0.5%	90% 10% 0%	↑ 	95.7% 3.3% 1.0%	↑
Development of Hospice Acquired Pressure Sores – IPU per 1,000 occupied bed days. Galway Mayo <i>Benchmark number under discussion nationally (QA+I) See Appendix 1 (A)</i>	5.2 10.6	TBD	N/A	8.5	↓
Number of patients falls IPU – per 1,000 occupied bed days Galway Mayo <i>Benchmark number of 12 has been agreed nationally (QA+I) See Appendix 1 (B)</i>	5.5 1.8	12	↓ 	6	↓
% of Homecare Patients who died in hospital	11%	10%	↑	8.2%	↓
% of patients not readmitted to an acute setting following admission to the homecare service	71%	↑	↑	67%	↑
% of non-cancer patients not readmitted to an acute setting following admission to the homecare service	89%	↓		90%	↑
Patient Satisfaction Score (Rating Excellent or very Good) Galway Access & Information Care Received Hospice Staff Rating Overall Impression of Facilities Mayo Access & Information Care Received	96% 95% 99% 100% 100% 98%	100%		95% 95% 95% 100% N/A	

Hospice Staff Rating	87%				
Overall Impression of Facilities	100%				
Completion of Mandatory Training*:		(Annual)			
1. Manual Handling YTD	100%	95%		80%	⇔
2. Hand Hygiene YTD	100%	95%		99%	⇔
3. Children First YTD	100%	100%		100%	⇔
4. Fire Training YTD	20%	95%		90%	⇓
Number of Complaints Managed as per policy	1	0	⇓	5	⇓
% Absenteeism	5.26%	3%	⇓	5.48%	⇑

** 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 2021 are as follows:

5.1 Wait times in the inpatient unit

- Galway - The wait time increased by 1% as despite having low occupancy levels in the inpatient unit we had, at times, to restrict admissions due to covid risk and this resulted in slightly longer waiting times for some patients. 97% of patients were admitted within 7 days and all urgent referrals were admitted within 7 days.
- Mayo - Occupancy on the inpatient unit in Mayo was low as we opened on a phased basis during the year so all patients were admitted within 7 days
- 96% of community patients were seen within seven days which was well ahead of target

5.2 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 2021 was 11% which is an improvement of 2.8% on the previous year. Patients and families continued to be reluctant to be admitted to either the acute or the hospice inpatient setting during 2021 due to concerns about infection transmission and visiting restrictions.

5.3 Mandatory Training:

Availability of both Mandatory and Essential training in 2021 was limited for a variety of reasons:

- As a designated Section 39 organisation, we do not have full access to courses run by the Centre's for Nurse and Midwifery Education (CNME). As nursing is our biggest staff cohort, this has been an ongoing difficulty for the past 2-3 years for some of these training events. While we can avail of limited places on some courses, the capacity for the classroom-based training events has been significantly reduced due to Covid-19 (social distancing). In addition, CNME bookings are completed via the HSELand portal and staff who are registered on HSELand as Hospice employees (i.e. Section 39 / "Voluntary or Partner organisations") do not have access to view the full range of courses.
- Due to the HSE Ransomware attack in May 2021, HSELand became non-functional for several months. As a result, staff could not register for any CNME courses, nor could they access even the shorter 'essential' modules such as Infection Control, Open Disclosure, etc.
- Due to Covid-19, course such as Basic Life Support / Cardiopulmonary Resuscitation (BLS / CPR) have moved from being entirely classroom-based to being delivered via blended learning. In the case

of BLS / CPR this now requires staff to complete online training in advance of a shorter classroom-based practical session. This has led to greater challenges with planning, and also increased costs.

Despite all of these challenges, and thanks to the cooperation of staff and Line Managers, we were able over the latter months of 2021 to achieve, and even exceed, our training targets for almost all of our mandatory / essential training events.

A notable exception to this, however, was our Fire Safety training as we were unable to regain the ground lost due to cancellation of events. As a result, we have for 2022 entirely overhauled how this training is delivered such that the general Fire Safety training is being delivered entirely online using a mixture of pre-recorded video and an interactive Zoom training. In addition, and where circumstances permit, we are going to supplement this Fire Safety training with additional Fire Marshal Training for the senior staff & management who might be called upon to coordinate the internal response to fire alarm activation / outbreak of fire. We have also scheduled a number of fire simulation drills for 2022.

5.4 Absenteeism:

- The level of absenteeism for 2021 was 5.26% which is up on target and slightly down on 2020. The increase compared to target is due to absences related to Covid illness. There were 3,523 hours lost during 2021 due to Covid-related quarantine / self-isolation.
- Staff wellbeing initiatives and supports are ongoing.

6.0 Quality Care Indicators

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 the 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. The 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 medication errors, falls and pressure sores

The table below details the incidents reported in 2021. There has been a significant increase in the number of near misses reported. This is a result of a concentrated effort by all to focus pro-actively addressing risk within the organisation and continuing to support a positive culture of quality and safety within all departments. In total there has been a 55% increase in the number of medications near misses and a 51% increase in the reporting of non-medication near miss incidents. There will be a continued focus to continue to support staff in reducing the reliance on retrospective reporting and supporting proactive risk management.

There is a reduction in the risk rating of incidents reported during 2021, there has been continued team work in identifying specific preventative actions to mitigate risks when incidents are reported, while it is not always possible to remove, the reduction in risk rating is supported with the efforts to continually reduce risk in the review of all structures and processes in in our practices.

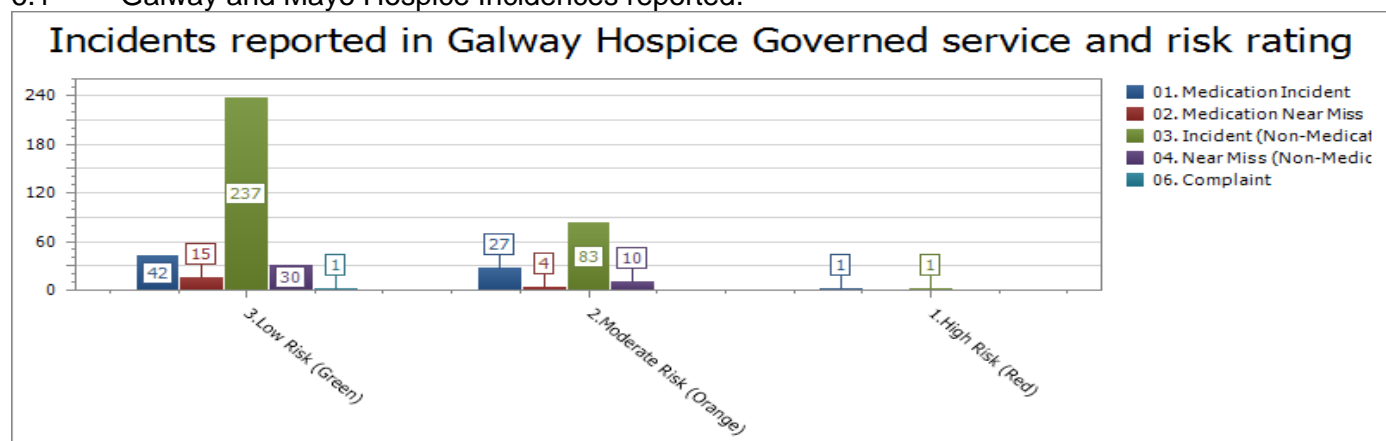
There were no Serious Reportable Events (SRE) reported during 2021.

2021 INCIDENT REVIEW

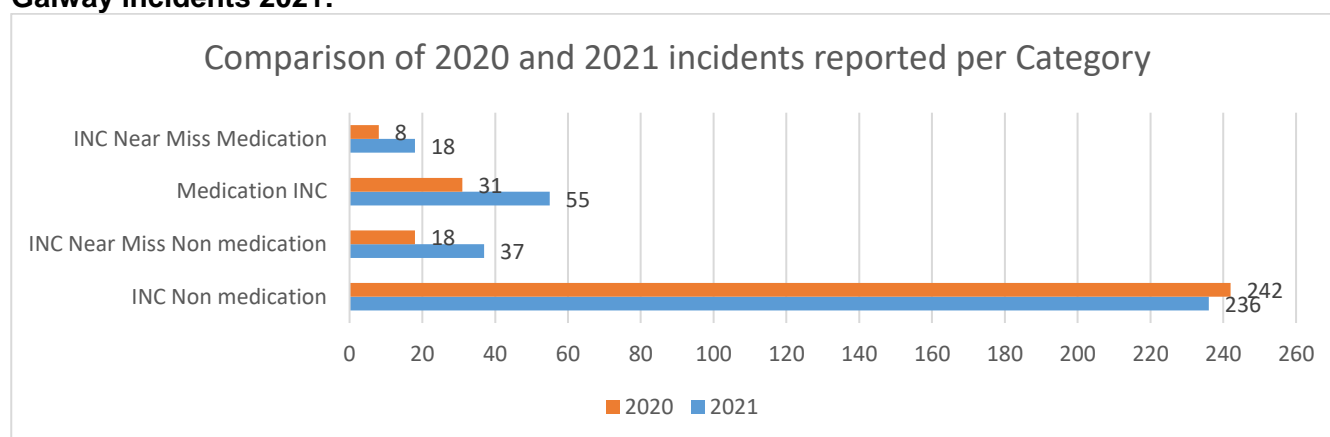
	Galway 2021	Galway 2020	Trend to previous Year	Mayo 2021
Total number of complaints	1	5	-4	0
High Risk	0	0	0	0
Moderate Risk	0	4	0	0
Total Number of Incidents*	347	338	+9	104
High Risk	2	3	-1	0
Moderate Risk	95	109	-14	29
Medication Incident	55	60	15	15
High Risk	1	1	0	0
Moderate Risk	24	29	-5	3
Medication Near-miss	18	8	+10	1
High Risk	0	0	0	0
Moderate Risk	4	5	-1	0
Incident (Non-medication)	236	247	-11	85
High Risk	1	3	-2	0
Moderate Risk	59	65	-6	24
Near Miss (Non-medication)	37	18	+19	3
High Risk	0	0	0	0
Moderate Risk	8	3	+5	2
Slips, Trips & Falls	23	28	+5	4
High Risk	0	1	-1	0
Moderate Risk	7	7	0	0
Hospice-acquired Pressure Sore	21	37	-16	18
High Risk	0	0	0	0
Moderate Risk	1	21	-20	3

Incidents are analysed and graded in line with the HSE's risk assessment tool. The quality and safety incident review team (QIRT) meet at a minimum quarterly to review all non-medication incidents reported. As outlined above there is a clear reduction in the number of high and moderate incidents reported in 2021 compared to 2020. This may be as a result of continued targeted preventative action plans to reduce risk as much as possible where it is not possible to remove the risk entirely. A systems approach on our structures and processes is undertaken with incident management throughout incident review committees.

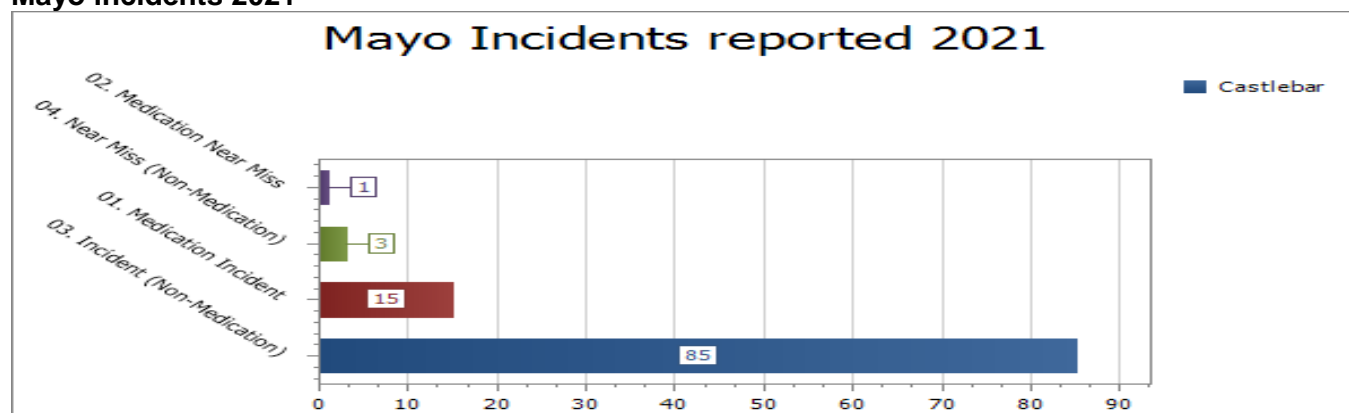
6.1 Galway and Mayo Hospice Incidences reported.



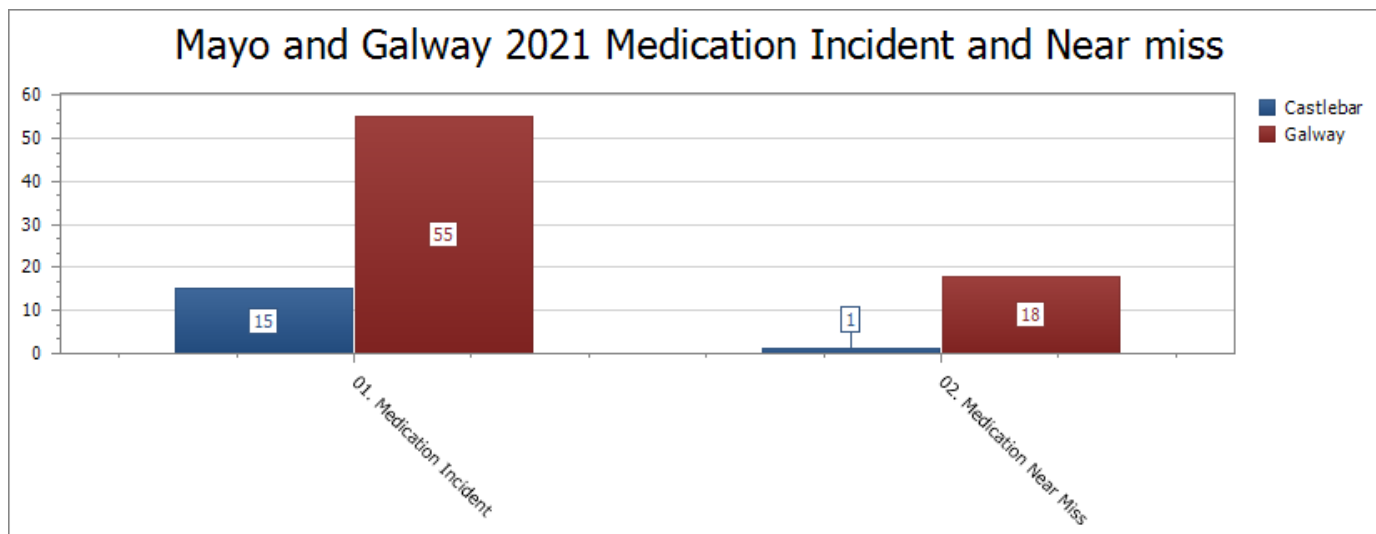
Galway incidents 2021:



Mayo incidents 2021



6.2 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 2021. This related to an error in the administration of medication in a syringe driver. Through analysis of root cause it was identified the use of lock on mode which means all syringe drivers will default to a 24hour infusion rate when infused. It is now required if a 48-hr syringe driver is commenced that it is manually reset to 48 hrs. This will not change when infused but will need to be reset when the 48hr syringe driver is no longer required. This was communicated to all staff and a procedure outlined in policy for 48 hr syringe drivers. Each step is clearly defined for all staff.

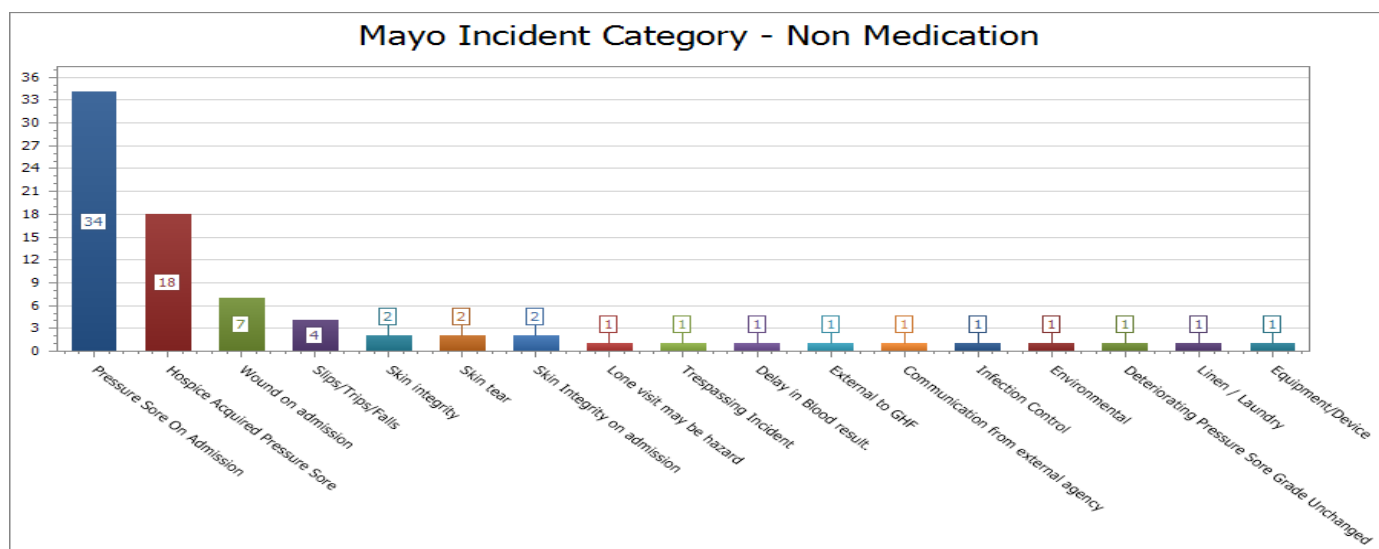
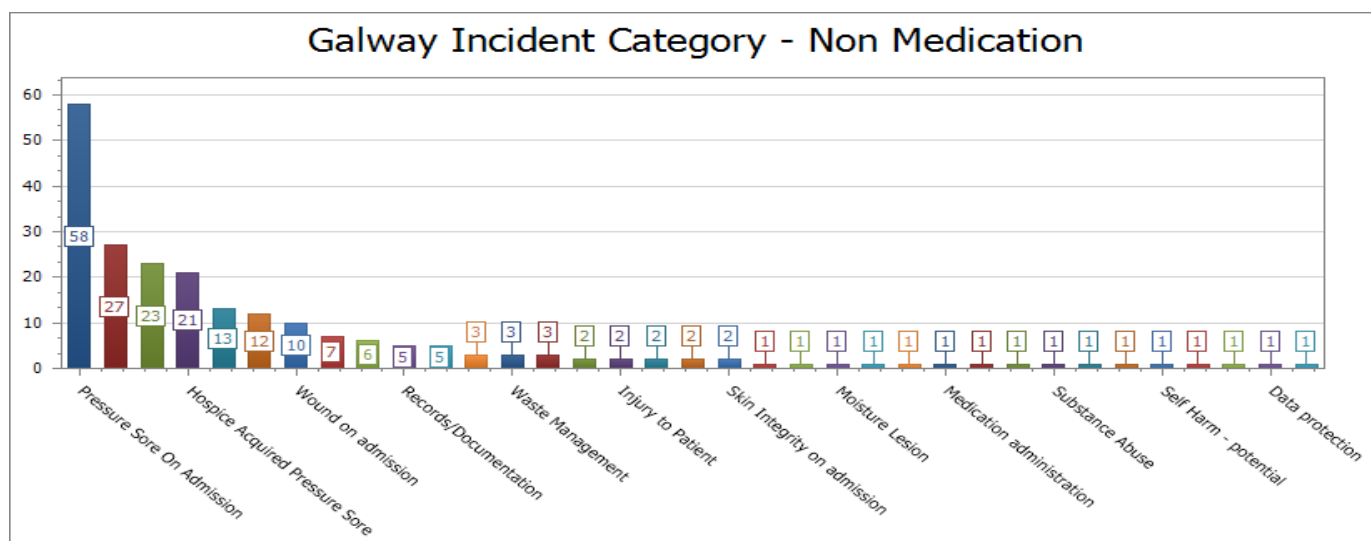
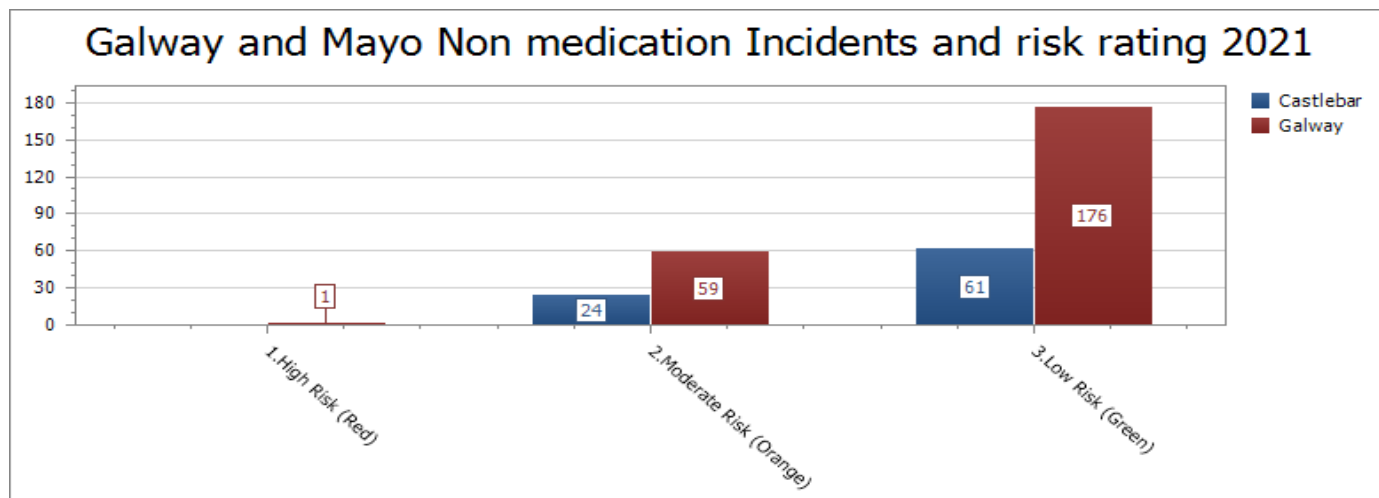
In total there were 55 medication incidents reported in Galway and 15 in Mayo from commencement of service. As outlined previously there was a 52% increase in the number of medication near misses reported for Galway in 2021 compared to 2020.

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 Quality and safety Manager 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.

Medication safety remains a clear focus throughout the review of all incidents, audit results and identifying and the management of risks. Through the year through the medication safety committee there has been a number of quality improvement initiatives which will be discussed further in this report in section 7.3.

6.3 Non-Medication Incidents

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



There was a total of 321 incidents reported across both sites in 2021.

In Galway there was a total of 236 non-medication incidents reported, a reduction of 11 non-medication incidents is noted compared to 2020. There was 1 high risk incident reported in contrast to 3 in 2020. This high-risk incident as outlined in the Medication incident section refers to the administration of a syringe driver over a 48-hour period.

There was an increase of 36% in the reporting of pressure injuries on admission. There is evidence of a wide range of categories under which incidences are reported displaying the increased awareness of incident reporting across all domains.

There is a reduction in the number of skin integrity reports and it may be secondary to further specification and clarification on the staging within pressure sores category.

In May a total of 85 non-medication incidents were reported for the time period from opening on March 8th. The categories as seen in previous charts are similar. Pressure sore on admission and hospice acquired remain the highest reported. Similar to Galway the categories cover a number of domains which is important to display the reporting across all areas.

6.4 Patient Slips, Trips and Falls

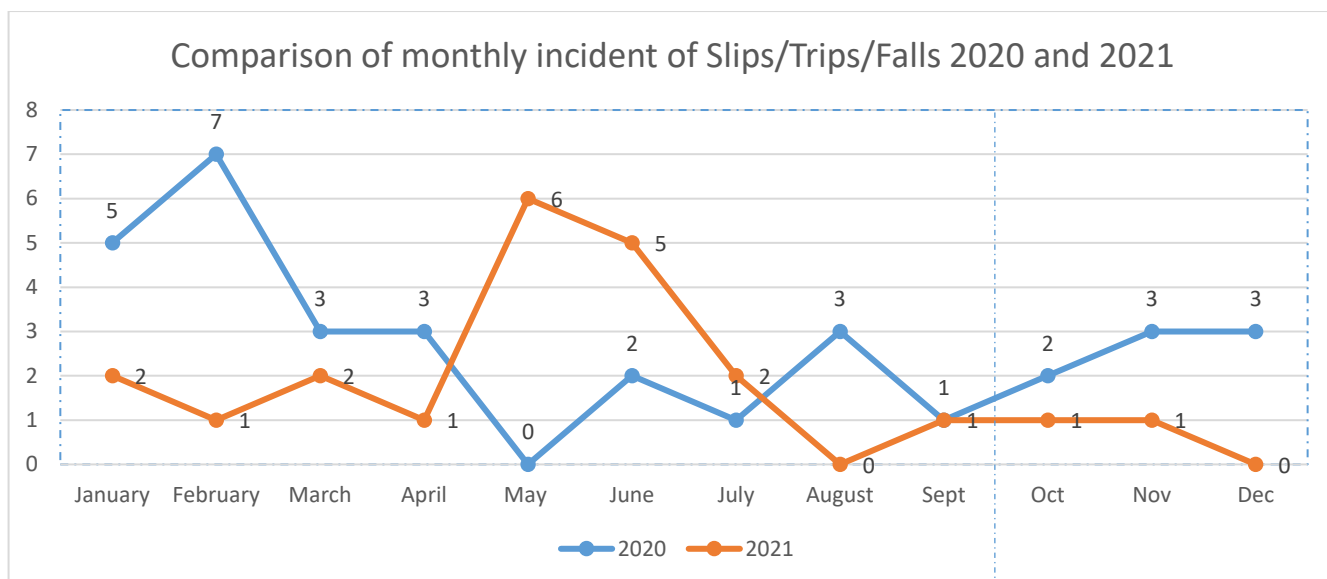
We strive to reduce the risk of patients falling and reduce the potential for injury if a fall occurs. Each patient admitted to the Hospice will be screened for their risk of falling. In 2021 we changed the method utilised of assessing this risk in line with NICE guidance and evidence based best practice. Galway Hospice Governed service removed the use of predictive tools for assessing patients' risk of falls and developed a new risk assessment for screening patients in line with NICE guidance. This was implemented in Quarter 2 of 2021. It considers age and risk factors e.g. history of falls, cognitive impairment. This has proven successful and supports the ability to individualise a care plan in response to the risk factors of each patient.

Almost all patients admitted to the Hospice are at risk of falls and thus the focus of falls prevention and management has been on reducing the risk of falls and reducing the potential for injury if a fall occurs. Each individual care plan requires consultation with the patient and significant others (as consented by the patient) to ensure an appropriate care plan is devised considering patient's safety and their needs to live a life as independently and autonomously as possible.

Galway Slips/Trips/Falls

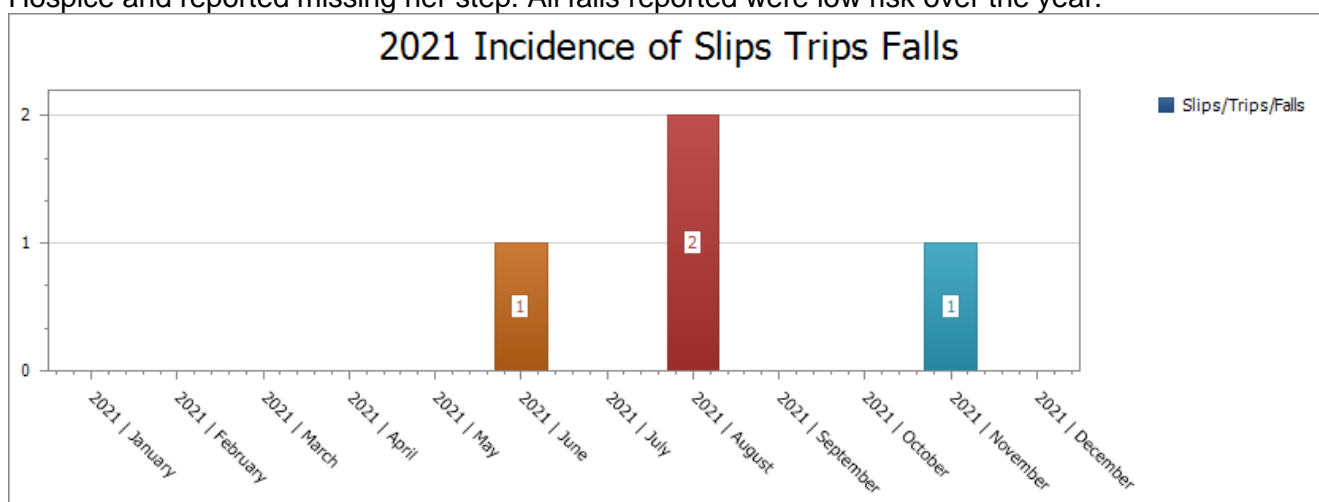
The rate of Slips Trips Falls for year 2021 to date is 5.5 with a slight decrease noted from a rate of 6.0 in 2020. There is a decline in the number of Slips/trips/falls reported from May 2021. Of the 2 falls no patient had a second fall.

In conjunction with the above reports of slips/trips/falls, 15 near miss falls were reported in 2021 displaying the proactive safety awareness that continues to be promoted and undertaken by staff in their units.



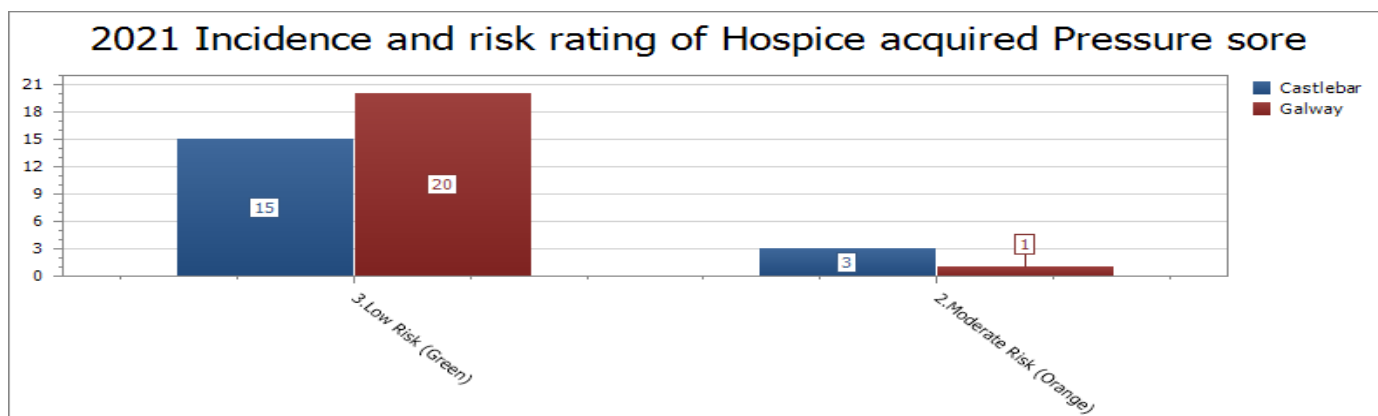
6.5 Mayo Slips/Trip/Falls

The rate of Slips/Trips/Falls for 2021 is 1.8. Of the 4 falls reported 1 was a visitor who attended the Hospice and reported missing her step. All falls reported were low risk over the year.

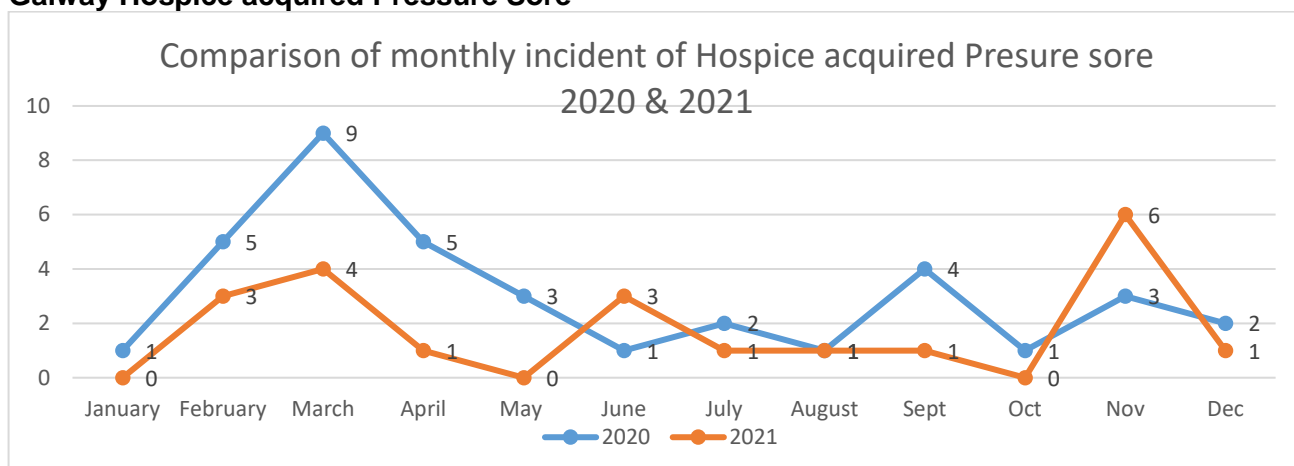


6.6 Hospice Acquired Pressure Sores 2021

Galway and Mayo Hospice Hospice-acquired pressure sores



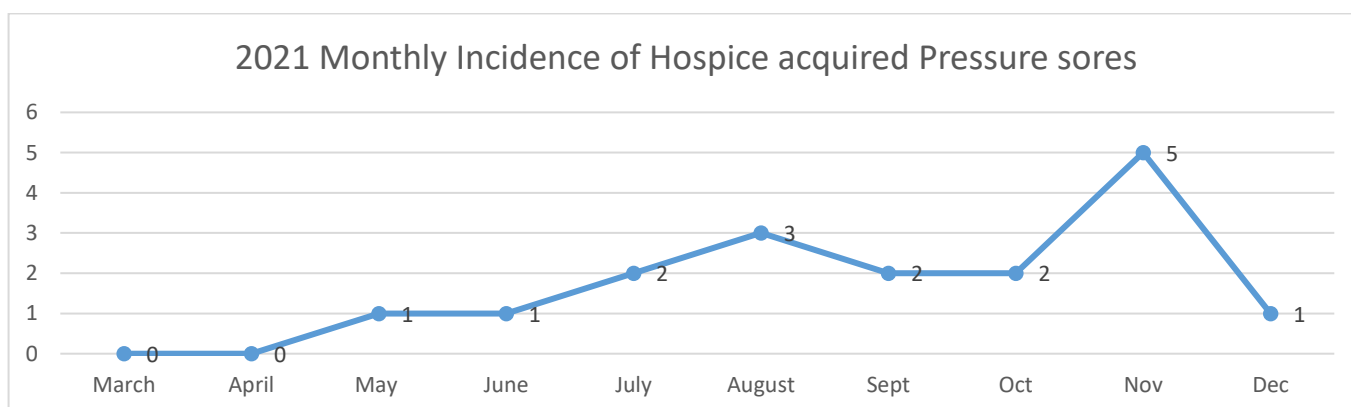
Galway Hospice acquired Pressure Sore



There was a significant and sustained emphasis on the prevention and management of prevention injuries throughout 2021. This focused on review and in dept analysis of route cause in all pressure injuries reported was undertaken for the management of pressure injuries. Undertaking flowchart reviews on patients with complex wounds secondary to pressure injury provided insight in conjunction with audit and incident management.

There was a reduction in the rate of pressure injuries per 1000 bed days in Galway from 8.5 to 5.2.

Mayo Hospice acquired Pressure sore



The monitoring of pressure injury reporting commenced immediately with the opening of the service in Mayo. The rate per 1000 bed days at present is 10.2 with an increase in reporting of stage 1's.

Category of Pressure Sore	Galway 2020	Galway 2021	Mayo 2021
Stage 1	15	3	9
Stage 2	20	17	9
Stage 3	2	0	0
Stage 4	0	00	0

There was been a concentrated effort in overall awareness for staff and the application and use of best practice e.g. SSKIN in the management of pressure injuries. This was further progressed in November when an awareness month took place for all staff with opportunities provided both by staff and external

providers in pressure injury management. It included updates on staging and a focus on reporting stage 1's to increase opportunity of reversal of pressure injuries.

6.7 Infection, Prevention and Control

Infection prevention and control is one of the key elements in ensuring that the Hospice provides a safe environment and practice for our patient. In January 2021 the Hospice began the use of MEG software for the undertaking and completion of all infection control audits. In line with the Saolta Hospital service and in consultation with staff who had used this software it was agreed an appropriate and time efficient method to record all infection prevention control audits. It is the central repository for the completion and management of actions within these audits. The role of the Infection Control CNM was increased to 0.6 WTE and extended across both sites. The continuation of best practice and the assurance of an effective Infection prevention and control programme has been a key focus for the organisation for 2021 and 2022. The coordination of audit across both sites has been standardized and uniform throughout 2021. The implementation of PVC and UC care bundles is a significant quality initiative to support best practice for all patients who require or are admitted with a urinary catheter or peripheral vascular cannula. This is audited monthly for compliance and no evidence of a Hospice acquired catheter or peripheral vascular cannula associated bloodstream infection has been reported in 2021. In conjunction to these audits the organization has continued with comprehensive environmental audits with our cleaning service providers and IPC CNM to ensure an overarching view of the environment is taken consistently ensuring practices in relation to the hygiene and its maintenance within the environment is maintained.

The review of MDRO care plans for Infection Prevention and control was undertaken and an overarching MDRO care plan was developed and implemented to standardise and support effective Infection control precautions in the care and management of MDRO's.

Covid-19 committee

During 2021 the hospice's covid risk management committee has continued to meet fortnightly to review and consider safety and practices in the management of covid 19. The committee has been key in reviewing guidance, the organisation's practices, reviewing the safety of patients, visitors and staff ensuring prompt response and adaptability at all times throughout the year. The minutes of each meeting were reviewed and circulated to all line management to ensure accurate communication with staff each fortnight or prior if indicated. The hospice team have been consistently risk assessing in line with Public health, HSE and HPSC guidance and in response to the everchanging elements of the pandemic. This was also reflected in our Management of Covid-19 Policy which was regularly reviewed ensuring up to date guidance was available to staff.

The collaboration of teams within the Hospice and the adaptability of staff was acknowledged and recognized during ISO certification in May 2022 by CHKS auditor commending the work of staff and their commitment to patients.

The situation has continued to evolve during 2021 and into 2022 which has meant that we have had to continue to adjust and develop and responsive ways of working

6.8 Safeguarding

The hospice's Safeguarding Leads provide advice when required. There was 1 safeguarding incident reported with potential concern relating to a moderate risk. All appropriate actions were taken by Multi-disciplinary team with clear referrals to relevant external services. All actions completed in line with safeguarding policy.

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 2021 the Hospice received 1 complaint \ expression of concern, which continued the downward trend noted in previous years (5 in 2020 and 6 in 2019). No complaints required escalation externally.

The complaint received was in relation to care in the inpatient unit and was resolved informally by the inpatient manager. The patient was happy with the outcome

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

6.9 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. Details of the comments received during 2021 are contained in Appendix

We conduct an annual survey to all active patients each autumn. The content of this survey was updated in 2021, and respondents were also given the option for online submission.

We received 44 responses to the survey in 2021 from patients in Galway. 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	99% 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

We received 4 responses to the survey in 2021 from patients in Mayo. A summary of the results are as follows:

Access & Information	100% responded that this was either very good or excellent
Quality of Care	100% responded that this was either very good or excellent
Hospice Staff	99% 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

93% of respondents felt that Galway Hospice met their needs even with covid restrictions in place during 2021

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

Name One Good Thing about the Hospice

- ▶ *When we hit points of crisis the team are incredible in helping us to adjust and care for Mam*
- ▶ *You don't feel alone. The girls know what they are talking about. Great personalities*
- ▶ *Approachable when seeking support*
- ▶ *Fantastic positive attitude from staff*
- ▶ *The feeling of always having a back up*

Name one thing that we could improve on

- ▶ *Returning all meds on discharge*
- ▶ *The palliative care team are wonderful but not sure of their role. Very confused when they were mentioned in UCHG*
- ▶ *Pain meds suitable for dialysis. Other means of communication than phone calls*
- ▶ *Less questions \ paperwork on initial home assessment*
- ▶ *Someone to help you shower but they helped right away*

Any other comment

- ▶ *I love being under the hospice, they nourish my body and my mind. Thanks Galway Hospice*
- ▶ *I can't say enough good things about the staff and support offered. Only I can't hear well on the phone and its delayed support from the social worker and art therapist. I needed up emailing them but it would have been good to have alternative to phone chat – texts, email or home chat*
- ▶ *Information on people's roles very confusing as start of journey. A lot to take in and very scary as one has so many new issues to cope with*
- ▶ *Excellent care at home*
- ▶ *The support from doctors and nurses was very good and went to great lengths to support as much as possible. The social worker went out of her way to be very helpful*
- ▶ *Excellent care at home*

6.11 Training and Education

Staff Training

The 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 2021. In total there were 1067 hours spent by staff at non-mandatory training events during 2021. A detailed breakdown of the training events attended is included in appendix 3.

Education & Research

Dan Keane was appointed to the new role of Director of Education in January 2021.

In addition to coordinating internal education & training events, the remit of Director of Education includes collaboration with external local academic partners such as NUIG and GMIT but also fostering partnerships with national groups such as the All Ireland Institute of Hospice and Palliative Care, and the Voluntary Hospices' Quality Assurance and Improvement (QA+I) group.

Working with Director of Education, Principal Medical Social Worker Caroline Quinn and Dr Julien O'Riordan, the community team delivered our first ever webinar in November 2021. Designed to support staff working in Nursing Homes, the topic of this webinar was 'Advanced Care Planning'.

7.0 2021 QUALITY IMPROVEMENT PROJECTS

In addition to the improvement initiatives documented earlier in the report, we also focused on the following quality improvement initiatives during 2021

7.1 Safety Pause

Safety Pause was an initiative undertaken in Quarter 4 of 2020 to support and assist in identification of risks that may occur on a daily basis within a specific department. It is a quick and concise method for staff to identify these areas of risk that occur on any day and allow staff to incorporate a safety pause into their daily routine post-handover. The Safety pause is undertaken using the 4 P's which include Patients, Professionals, Processes and Patterns. In Quarter 1 and 2 of 2021 at 3 months and 6 months using PDSA the quality improvement initiative was reviewed and minor amendments to ensure efficiency and effectiveness of its use with staff were completed. It is now a part of daily practice to address risks or concerns for safety in both inpatient units. In Quarter 3 of 2021 this was extended into the catering department in Galway with plans to further extend its use in other departments in 2022.

7.2 ICare

In Quarter 3 of 2020 staff received training on ICARE and its capacity to facilitate the progression to paper light throughout the organization. This is an exciting and progressive development for the organisation. Since this training a project steering group has been established with Terms of reference and clear structures for the roll out of this 2-year project. Having undergone training, the team has commenced its use in recording activities in a number of allied health department and will support monthly the completion of monthly reports in these areas.

The Steering committee are setting clear goals for 2022. In conjunction with this ICare has been utilized for the submission of PCOC data and its ability in establishing reports and review of patient outcomes in a contemporaneous form will be a crucial tool to support and assist the review of patients.

7.3 Medication safety

Medication safety has been a fundamental aspect of clinical care that has been reported throughout 2021. This commenced in 2021 with the review of the management of MDA's within the inpatient unit. Structures and processes within this area were reviewed. This was further enhanced with a revision of medication management and MDA policies in the Hospice. Workshops were facilitated by Quality to educate and update staff on the standards and policies.

Other initiatives include

- New procedure and document for verification of Telephone orders
 - Working group commenced revision of the Medication Prescription Booklet
 - New Prescription Pads developed and printed with duplicate copies and serial numbers to support traceability
 - Development and pilot of Sliding scale Insulin chart to enhance safety with insulin prescribing
 - The adding of Personal Identification labels to all insulin pens for patient single use only
 - Review of practices surrounding use of patients own medication and a new policy developed to support safe care and use of patient's medication should/if it is required
 - Use of Enfit stoppers to remove loss of volume when administering MDA's suspension
 - Significant review and revision of Medication policies
- Medication Management
Management of MDA's
Administration of Intravenous Medication
Use of T34 Syringe drivers

The above initiatives are undertaken in conjunction with the continuous review of medication incidents and near misses to undertake accurate preventative action in respect of defined route cause analysis. There

has been an increased awareness across the organisation on medication safety and this is acknowledged in the increased reporting of near misses.

7.4 Handover National Clinical Guideline No. 11

A review was undertaken on the use of ISBAR in supporting the accurate communication between staff on patient care. This was undertaken through the use of the Handover sheet and the MDT communication whiteboard. The quality assurance co-ordinator worked with the IPU CNM2's in Galway and Mayo to agree an updated layout for the IPU patient whiteboard (main board with patient details held in the IPU MDT Office's). The layout and headings were changed to reflect the use of the ISBAR tool. Areas of high risk clearly identifiable for on both Handover sheet and the whiteboard included i.e. risk of pressure injury, mobility/falls/discharge plan etc. This change also included the use of PCOC in handover as its implementation continues to progress. This was discussed with PCOC National Improvement facilitator who highly commended the practice and progress on further integrating PCOC in this manner

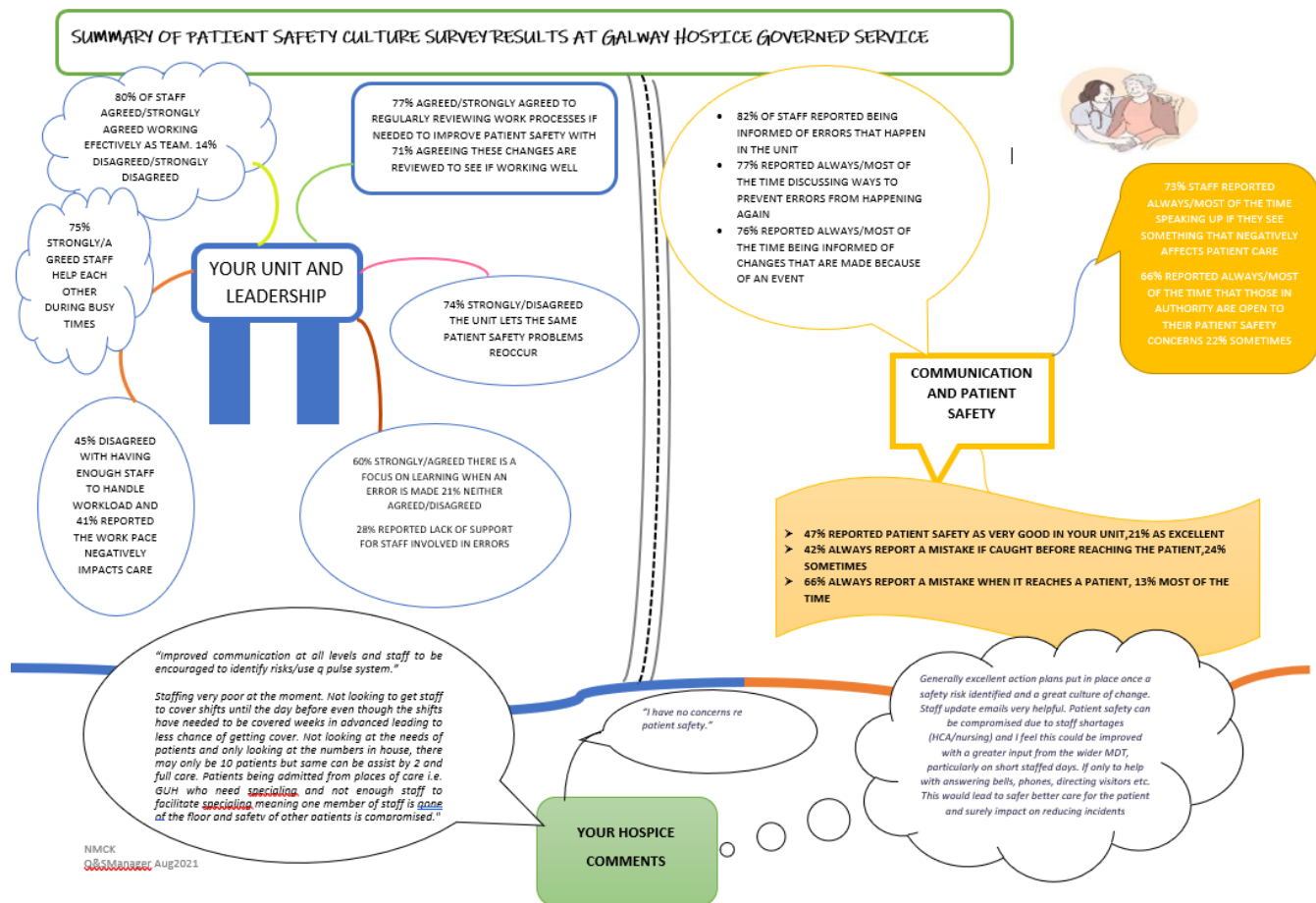
7.4.1 Pressure Injury Awareness month

In November the Hospice developed a timetable of events to focus on Pressure injury awareness. This included a multi-disciplinary approach to the various components in best practice on preventing and managing pressure injuries. The education opportunities and engagement focused on the application of evidence based best practice using SSKIN- Surface, Skin inspection, Keep moving, incontinence and Nutrition. A team approach was undertaken by all in devising a month filled with opportunities for all to participate, engage and discuss the prevention and management across both the Mayo and Galway facilities. The 18th of November 2021 marked the Annual Worldwide 'STOP Pressure Ulcer Day'. The quality team ran an information stand on pressure injuries which was on display in both the Galway and Mayo sites. The team ran an informative quiz on the topic area which garnered good response rate from all areas of staffing with impressive results – there was a Prize for both sites which were well received.

The new photography equipment (camera and printer) and the new clinical photography policy and booklet for storing patient photographs of wounds etc. were demonstrated and discussed with staff prior to implementation on November 30th.

7.6 Patient safety Culture Survey

A survey was undertaken with staff to assess and gain insight into staff's perceptions of patient safety across the organisation. A survey monkey valid and reliable questionnaire was distributed by an external organisation to allow staff to anonymously complete same. Feedback to staff on the results of the patient safety culture survey was undertaken using a visual poster in August. This was further communicated through morning briefings with IPU nursing staff and HCA's, MDT meetings in both IPU and CPC. The poster was also circulated to line managers with the offering to contact Quality department if any service wished for further information sessions. Clear outcomes and action from these briefings with staff as outlined:



Theme from discussion	Action	Update
<ul style="list-style-type: none"> The need for Q-Pulse to be utilised across all disciplines and each discipline to be responsible for reporting the incident's/near misses/risks that they may find. 	To meet with each department from Sep – Dec to provide training and update re importance of reporting and use of Q-Pulse.	Quality Assurance Co-ordinator commenced with the Head of Kitchen and has begun roll out of Safety pause in the kitchen setting and updating re importance of incidents and near misses using Q-Pulse.
<ul style="list-style-type: none"> Discomfort at times with reporting an incident when another discipline involved 		
<ul style="list-style-type: none"> Staff reported benefit to completing survey 	To be repeated in 2022	To be discussed and confirmed.

7.5 National Workplace Wellbeing day

The Hospice celebrated “National Workplace Wellbeing Day” on the 30/04/21. The focus was on Social, Emotional and Physical Wellbeing. To ensure all staff and volunteers from both sites were included, a variety of activities were run during that week. These included virtual on-line programmes such as Tai Chi, Yoga and Mindfulness as well as a number of initiatives to encourage and motivate

staff make the small changes to improve their long-term wellbeing - i.e. to take a 10 / 20-minute walk during the day. In addition, the organisation reached out to other services such as Croi (the West of Ireland Cardiac Foundation) and the Galway Mind Body experience, both of whom offered a variety of services to meet all tastes. Other members of the team got involved with Aromatherapy offering an online Q & A session, the occupational therapy team created a booklet for staff on the topic of – Relaxation and Resilience Tips and Techniques for work. The week also was supported with fresh fruit available to staff and a number of competitions with health and wellbeing focused prizes for staff. Feedback from staff was very positive and the organisers were encouraged by the level of participation.

7.7 PCOC

In early 2021, we ran a series of training events for all of our clinical staff on the use of PCOC. As a radically new initiative for us, we began to introduce the use of PCOC into our routine clinical assessments in May, ahead of the formal introduction to all clinical services from 01 July.

PCOC originated in Australia, and the University of Wollongong remains the parent site. Our PCOC assessment data is recorded primarily by Nursing staff – although it is very much a multidisciplinary assessment and communication tool – and the data is entered to iCare by secretarial staff. On a six-monthly basis, this data is then exported from iCare to PCOC Australia for data analysis and the generation of a ‘Quality Report’ for each service.

The Hospice is the sixth service in Ireland to begin data collection and the first to use iCare for this purpose. Data collection and submission for our first six-monthly report (01/07/21 to 31/12/21) was successfully collected and transferred to PCOC Australia, and we expect to receive our first ‘Quality Report’ in March 2022.

7.8 Multi-disciplinary Initiatives

7.8.1 Meallan Scéal Eile-One Story Encourages Another

Bereavement support services coordinator Hazel Greene and Art therapist Kathy Hyland received funding from Creative Ireland and The Irish Hospice Foundation for their seeds grant, allowing them to film a compilation of poem’s and reflections from those connected to the hospice who experienced grief and loss over the last year (one of 10 successful applicants out of 70 applications).

It aimed to create a platform to share experiences of loss during Covid19 times, and generated an opportunity for both the author and the listener to connect and communicate at a time when so many avenues to support were severely restricted. The importance of being heard, understood and not forgotten is at the heart of this project, and encapsulates the ethos of the hospice.

There is further scope to explore this project further in association with GMIT later in the year. This is part of a current initiative they are running called the ‘Radius Project’ in which GMIT’s Centre for Creative Arts & Media (CCAM) is engaging actively with a variety of community and social organisations within a close radius of the campus

7.8.2 Medical Social Work – Walk and Talk

In light of Covid19 restrictions and an identified need to support those bereaved under our care, The Bereavement Support Service launched a ‘Walk & Talk’ group in August that took place in Barna Woods on a fortnightly basis. This group provided an opportunity for relatives/carers who have been bereaved under the Galway Hospice to connect with one another, enjoy a walk in the fresh air and a chat with some refreshments afterwards. It was an informal, friendly and fun way to support bereaved relatives/carers who may be experiencing isolation in their grief due to Covid 19 restrictions

7.8.3 Occupational Therapy Book to Bedside Trolley

Occupational therapists working in palliative care aim to enable patients living with a life-limiting illness to continue participating in meaningful activities for as long as possible. Due to Covid19 patients have been asked to remain in and around their bed space. Volunteer visits ceased and family visits became restricted. Generally, there has been a halt on all non-essential services. The OT has received funding from a wish list to set-up a mobile library to bring resources to the patient's bedside. The books will be accessible (written/audio/brail/easy read) and will include inspiring, fiction, escapism and mood boosting material. The project aims to be patient centred and to provide access to meaningful occupations on the IPU. The OT sourced required items in Q2 for rollout.

7.8.4 Fatigue Clinic

The Occupational Therapy team launched the OT Virtual Fatigue Clinic in September 2021 in the Galway site. The clinic utilises the Attend Anywhere App and has been successful in reaching people in the Community in the home and nursing home environment. The Occupational Therapists have reached patients virtually saving the patient the energy/effort of travelling to the Hospice location and saving on the OT commuting out into the Community saving on trips up to 1.5hour each way to reach some of the patients referred into the clinic.

The Fatigue sessions comprise of x2 online sessions with x1 follow up telephone call. Evidence based research suggests that individual one to one session for fatigue management from OT are more beneficial for patients accessing a hospice setting who have reported fatigue when compared to group sessions.

Some of the initial feedback from staff and patients has been as follows:

Patient: *"Thank you for the fatigue sessions, I utilised the information pack well that you sent to me. I was thankful for the large easy to read print on the information documents, especially the fatigue diary. Using the internet to connect was great as with my condition I have many weekly appointments that make me very tired. Thank you"*

CPC Nurse: "The fatigue clinic really supports my role as a nurse as I can make a quick referral for tailored input from OT, fatigue is most often a symptom burden for patients".

The use of the Fatigue Assessment Scale (FAS) has been used to-date to gather outcome measures. The FAS is used before the 1st session and at the end of the programme, to-date one patient has reported going from a 7/10 on admission to a 3/10 score rating upon discharge for rating their fatigue levels. With the introduction of PCOC to the service, it has been noted by the OT team that the reporting of Fatigue is being highlighted amongst our patients in the Hospice setting, the introduction of the fatigue clinic has been timely welcomed. After one month review the referrals continue to come in mainly from the community team and a full review will be carried out in 3 months and again at the 6-month mark to review if this initiative is worthwhile and achievable to continue within the current OT service staffing.

7.8.5 Pastoral Care- chapel

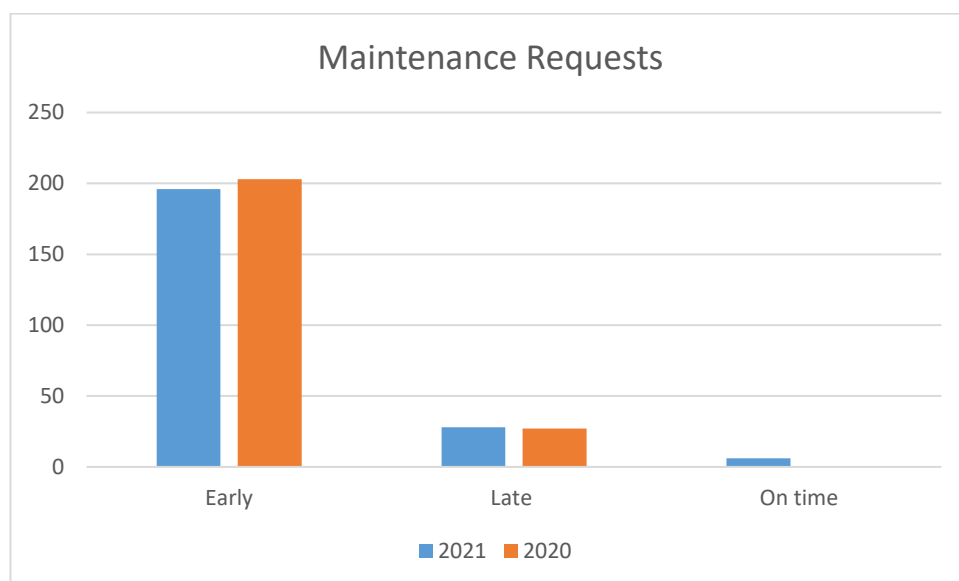
The Galway chapel was refurbished during quarter 3 with support from donations. The space had new interiors including carpet/painting and decoration, the chapel is a room that is used by patients, visitors and staff members. The space offers a comforting space for quiet time and reflection.

9.0 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 quarter 1 2021 we completed the fit out and commissioning of the new Hospice in Mayo which had been completed in 2019

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. A summary of the requests completed during 2021 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 2021, our energy and waste trends were as follows:

Increase of 20,660kwh of electricity compared to 2020.

Increase of 506ltrs of heating oil compared to 2020.

Increase of 1.73 tons of general waste.

Increase of 0.21 tons of food waste.

The increases were due to extra staff in the building and patient numbers compared 2020 levels, due to easing of Covid restrictions.

During 2021 we fitted radiator thermostats to all the ground floor radiators and will fit thermostats to the upstairs where suitable. We purchased 10 hybrid Toyota Corollas for the community team to replace the diesel fuelled cars that they were using previously

We will continue to seek opportunities to reduce our energy consumption and waste output during 2022 and the actions to achieve this are detailed in the facilities section of our operational plan. We plan to set up a "Green Team" to assist with implementing our sustainability plan.

Longer term objectives are detailed in our strategic plan.

10.0 AUDITS COMPLETED

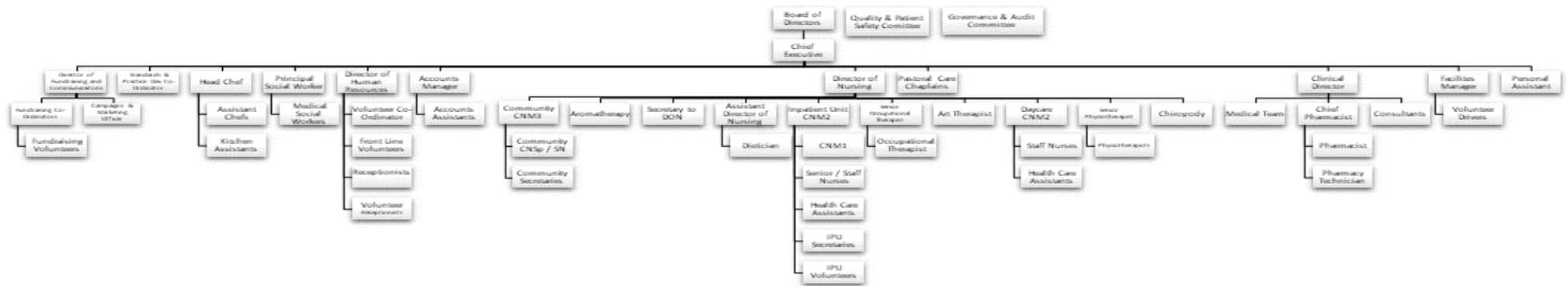
In 2021 we received education on the Q-Pulse audit module that allowed us to commence the use of the module to be a part of the full cycle and close out of audit. The quality team commenced the initiative of reviewing all audit tools and uploading the tools to the audit module. The audits were scheduled on the module with reminders for lead auditors when same are due. The completion of the tool is undertaken and reported online to Q-pulse with the ability to raise non-conformances and quality improvement plan if it is required. This also provides a central repository for all audits completed within the organisation.

Within each quarter a tracer audit was undertaken for a particular aspect of care, pressure injury prevention and management, falls and pain using the PCOC assessment tool. The audits included patient interviews, staff interviews and review of the environment. The organisation is continually progressing the method under which audit is undertaken ensuring that every opportunity is availed of to ensure we are reviewing our practices in an effective, efficient manner using a team approach.

A schedule of audit was undertaken within the IPU that assessed the following domains of care:

- Medication Management of MDA's
- Nursing Documentation
- MDT Documentation
- Slips/Trips/falls
- Pressure injury prevention and management
- Discharge
- Data Protection
- Hemovigilance vertical Audit completed by external
- Care and management of pain
- Care and management of oral hygiene
- Care and management of Bowel care
- MDT documentation audit

APPENDIX 1 ORGANISATION CHART



APPENDIX 2 Comment Cards Received

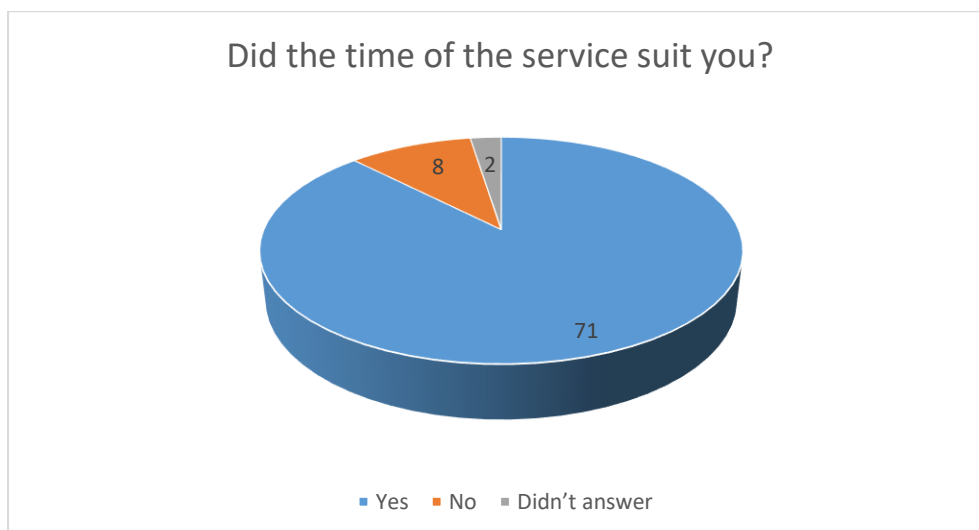
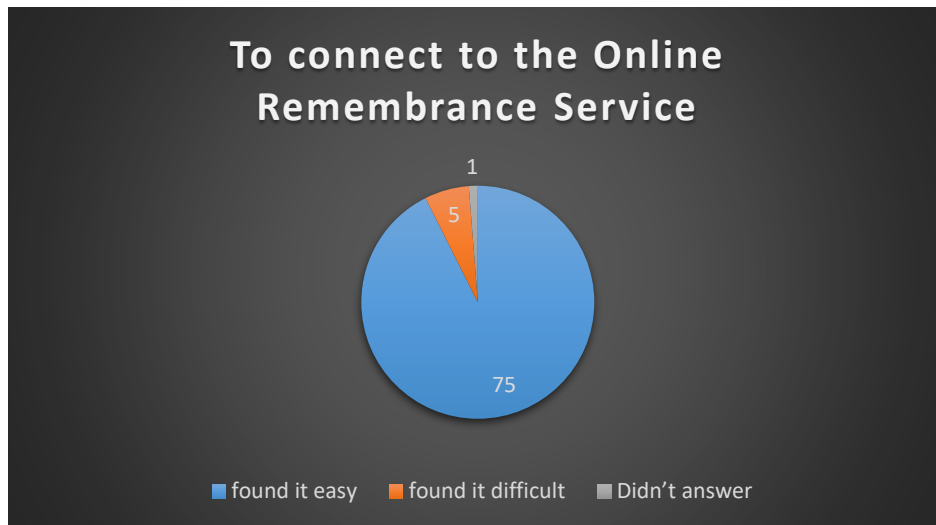
Comments Sheets Galway Result - 2021							
STAFF	Excellent	Very Good	Good	Fair	Poor	Not Relevant to me	Not Answered
Professionalism	5	1					
Caring attitude	5	1					
Availability/Responsiveness	5		1				
Communication	4	1	1				
CARE PROVIDED							
Care of patient's physical symptoms/needs	6						
Care of patient's emotional concerns	6						
Care of patient's spiritual concerns	6						
Support offered to family members/carers	6						
ACCOMMODATION							
Cleanliness	5	1					
Comfort	5	1					
CATERING							
Quality of food	4	1				1	
Menu choices	4	1				1	
OVERALL SATISFACTION	3						3
COMMENTS:							
1. "What a heavenly place. Thanks" (CS21/01).							
2. "Find everything excellent" (CS21/04).							
3. "Very happy" (CS21/06).							

Comments Sheets Mayo Result - 2021							
STAFF	Excellent	Very Good	Good	Fair	Poor	Not Relevant to me	Not Answered
Professionalism	10						
Caring attitude	9	1					
Availability/Responsiveness	9	1					
Communication	10						
CARE PROVIDED							
Care of patient's physical symptoms/needs	10						
Care of patient's emotional concerns	10						
Care of patient's spiritual concerns	9						1
Support offered to family members/carers	10						
ACCOMMODATION							
Cleanliness	10						
Comfort	10						
CATERING							
Quality of food	9						1
Menu choices	9					1	
OVERALL SATISFACTION	8						2
COMMENTS:							
1. "Everything is beyond amazing. The care and love our mother is receiving here is outstanding. The way my family is treated when we are visiting is amazing. We can not thank ye enough for everything ye do. Ye are all amazing and should be proud of yourselves" (CSM21/01).							
3. "Really special place" (CSM21/04).							
4. "The care and support offered to my sister in her final days was 10/10. The support offered to the family was heart warming and							
5. "My sister was in the Hospice for three nights and passed away peacefully in your loving care. The support from everyone there from doctors, nurses, healthcare assistants was exceptional! It was a fabulous place and we cherish the care she received as it would							
6. "A beautiful friendly and clean environment surrounded by wonderful and caring staff. Though our sister was only there a few days she was receiving excellent care. I thank ye all so much" (CSM21/09).							

APPENDIX 3 EXTERNAL TRAINING COMPLETED

EXTERNAL/PAID EDUCATION 2021		
Date	Course Title	Duration (hours)
01/01/2021 - 31/08/2021	Advanced Research Methods (NU502)	7.80
01/01/2021 - 31/05/2021	Advanced Research Methods (NU502)	7.80
18/01/2021 - 01/06/2021	P.Grad in Quality & Safety in Health Care (3 modules)	0.00
18/01/2021 - 09/04/2021	Leading and Managing Infection Prevention and Control	0.00
20/01/2021	People moving and handling training	64.90
28/01/2021 - 03/05/2021	Dementia Care	0.00
06/02/2021	Play Therapy Techniques	7.00
26/02/2021	Manual Handling & People Moving	93.60
08/03/2021 - 10/05/2021	Team Leadership QQI Level 6	96.00
09/03/2021 - 10/11/2021	BLS (Croi & Immediate Care Training)	144.00
10/03/2021	Moving Points Conference	15.60
11/03/2021	Hoist Training	54.60
12/03/2022	Manual Handling & People Moving	62.40
25/03/2021	Prolonged Grief Disorder/Complicated Grief	7.00
13/04/2021	Manual Handling & People Moving	39.00
15/04/2021	Children & Loss	7.00
19/04/2021	Seating and postural care advisory group on line training	15.60
19/04/2021 - 16/06/2021	The European Certificate in Essential Palliative Care (Princess Alice)	0.00
21/04/2021	Introduction to Management & Leadership	3.00
22/04/2021	Supporting Adolescents through Grief & Loss	0.00
22/04/2021	Older Persons Advisory study day	7.00
06/05/2021	Loss & Grief in Later life	7.00
12/05/2021	Navigating your way through conflict	3.00
19/05/2021	Become more assertive	3.00
20/05/2021	Working with adults facing death	7.40
28/05/2021	Fire Training	27.00
11/06/2021	Grief & Social media	7.00
16/06/2021	Benign and Malignant Tumours Programme	7.80
28/06/2021	People Moving & Manual Handling	7.80
05/08/2021	People Moving & Manual Handling	23.40
08/08/2021 (6 mts to complete)	Payroll - Manual & Computerised	37.00
10/08/2021 - 11/08/2021	EVOIQ training	31.20
19/08/2021	Manual Handling & People Moving	33.70
Sept 2021 - November 2021	Advanced Woundcare Management	0.00
01/09/2021 - 30/05/2021	P.Dip in Palliative and End of Life Care	7.80
01/09/2021 - 31/05/2023	P.Dip Loss & Bereavement	0.00
13/09/2021 - 10/11/2021	The European Certificate in Essential Palliative Care (Princess Alice)	43.00
13/09/2021 - 10/11/2021	The European Certificate in Essential Palliative Care (Princess Alice)	
17/09/2021 - 10/12/2021	P.Grad Diploma in Science in Quality & Safety in Healthcare/Social Care	0.00
21/09/2021 - 22/09/2021	Storm Training	15.60
29/09/2021	Basic Life Support	7.80
30/09/2021	Basic Life Support	7.80
30/09/2021 - 01/10/2021	Advanced Communication Skills for Healthcare Professionals in Cancer & Palliative Care	0.00
01/10/2021 - 10/09/2022	Professional Diploma in Cross-Professional Supervision	15.6
04/10/2021	NIMS Report Views & Dashboard training	0.00
05/10/2021	IHF Conference: Death, Dying & Bereavement (Day 1)	7.80
06/10/2021	IHF Conference: Death, Dying & Bereavement (Day 1)	7.80
11/10/2021 & 18/10/2021	Traumatic bereavement: working therapeutically with children & young people	7.00
12/10/2021	Manual Handling & People Moving	111.70
14/10/2021	PAT Testing (Portable Appliance Testing)	0.00
03/11/2021	Ethical fundamentals in contemporary pastoral ministry	1.50
17/11/2021	Hoping and coping; living with a malignant brain tumour	6.00
26/11/2021	Pressure Ulcer and their model of care in the prevention and management.	0.00
	TOTAL	1067.00

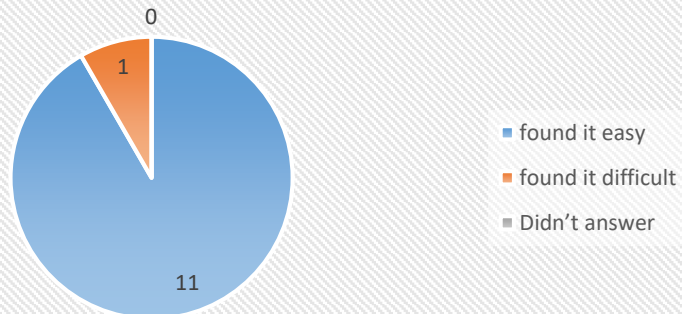
APPENDIX 4 VIRTUAL REMEMBRANCE EVENING EVALUATIONS GALWAY



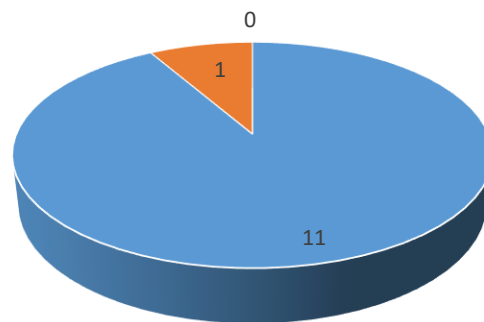
Sample of Remembrance Service Comments Received - Galway

Your overall opinion on the online service:
"Absolutely beautiful. Felt very personal and really honoured our loved ones to the highest calibre".
"It was lovely, very touching & sincere. We found ourselves very emotional".
"Heartbreaking but so beautiful".
"Lovely, very comforting, lovely to hear the names. Brilliant idea especially during covid times".
"We found it very impressive, meaningful and prayerful".
"Absolutely beautiful service. So nice to think that our loved ones are also still in your thoughts".
"I thought it was very helpful to the grieving process. It was a source of comfort to be in touch with the Hospice".
"Hit the right note: respectful, inclusive, informative, peaceful".
"Due to Covid restrictions and all that is going on it's wonderful to have been able to view this online".
"Length of service - very appropriate. Music gentle and soothing. Readings and reflections very fitting and apt".
"Beautiful and so meaningful. You made it so personal though there was so many to be remembered".
"An excellent service which I am very grateful for".
What did you find most helpful?
"Description of grief and where there is help available".
The whole service was lovely there were mixed emotions but that is to be expected and it was as good to watch it
"Loved that we were able to connect as a family from all different areas".
"I really liked that it was personalised with each individual's name mentioned".
"All very helpful and respectful and follow up and counselling available if needed".
The booklet was easy to follow".
"I felt connected again to my mum and tears were shed for her in a way I wasn't able to do so beforehand".
"The prayers 'we remember them' & 'hope'. Candle lighting service".
"The whole service was very meaningful. I loved the booklet".
"It was great that the other members of my family could watch it in their homes abroad".
"Lighting the candle at home. Talking about the grieving process".
"The example of grief as by the old man that David read at the beginning was very appropriate and described how we are feeling perfectly".
"It felt like you were there".
Is there anything you would like us to do differently or are there any changes you would recommend?
"The service was really lovely. Take a bow for a job well done in these difficult times".
"Cannot think of anything. The service really helped as part of the grieving process".
"Perhaps to select some older Irish poems or readings which are suitable for all faiths".
"Think the various contributors might introduce themselves before they started speaking. Would it be possible under GDPR to publish the names of the deceased in the Remembrance Service booklet or on-line in a notification bar as they are read out? The music was difficult to hear as the names were read. A pity as it was a nice gesture - background music".
"Maybe an invitation to viewers to pause for a few minutes silence (meditation) to specifically remember their loved ones - at beginning of service".
"Our whole Hospice experience just could not be any better from start right to the Remembrance Service tonight".
"Very professional, healing remembrance service".
Any further comments or suggestions
"I wouldn't change anything. I actually didn't realise or appreciate how helpful it was going to be. I think it is important to continue doing it. I was so surprised at how many lost their lives through cancer in a 2 month period and surprised at how many I knew".
Keep doing the great work ye do".
"Timing was lovely - didn't expect it to raise such raw emotions again but just lovely. Thank you all".
"As it is available to watch later maybe this should be said on the info letter. As those working had to leave work to watch as we didn't know it would be available later".
"The use of some Irish words nothing too long just the odd word. Thank you for organising this service, it is much appreciated. I had to cope with grief alone".
"I find it amazing that the carers of my mom and previously of my dad would offer a beautiful service to remember them and to continue to reach out and offer support to those dealing with the loss, you do wonderful; please continue is my only suggestion".
"I would also like to thank you for sending out the package and we had 4 printed booklets, one for my mam and I
"We didn't realise the services available after someone departs so it's so comforting to know we are not alone in
"You have done your best for us in these hard times".

To connect to the Online Remembrance Service



Did the time of the service suit you?



Sample of Remembrance Service Comments Received – Mayo

Your overall opinion on the online service:
"It was first class on your behalf".
"It was a very moving service enabling our family to come together".
"Very well done, considerate, appropriate and with deep meaningfulness".
"It was a lovely thing to do for the families".
"Very supportive, helpful and inspiring".
"Very comforting, professional, lovely music and inspirational words".
"It was a very dignified service in a beautiful setting".
"Beautiful thoughtful and respectful".
What did you find most helpful?
"Kind, caring words off reassurance and giving time to reflect deeply on our loss, sharing this together".
"Booklet to follow the ceremony especially with Martin's name on it".
"Lighting the smaller candles and naming everyone".
"It was a beautiful service, very touching and emotional from all the aspects of grief mentioned".
"Seeing and hearing my aunt's name and the candle being lit in the Hospice and my home; especially as I live in Scotland".
"I found the whole service very helpful particularly the reflections and the "Remembering Ceremony", lighting of candle and call out my mam's name was very special. The music and singing were so beautiful and uplifting".
"So pleased that family in UK and USA were able to view".
"The lovely personalised booklet which helped us to follow the service, the candle so we could participate".
Is there anything you would like us to do differently or are there any changes you would recommend?
"No changes, you do such a wonderful job. Keep up the great work that you do, truly professional".
"A good idea might be for future presentations - display a list of the names behind the candles".
"It was perfect - a very big thank you to all involved. It meant so much to us".
Any further comments or suggestions
"I read and go over book every night".
"Many thanks for this service, my aunt had a terrible hospital experience and you wrapped her and my daughter and I in such love. This service reinforced everything we experienced in your Hospice and I will always be grateful for your care".
"Think this is really going to help me through the coming season, the first without my Tom".
"My brother John would have been honoured that you remembered him in such a beautiful way. The music and choice of songs really added to the service and was so appreciated".