

Galway Hospice Governed Service's

2022 Operational Quality & Risk Review

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1.0 Introduction

Our annual Quality Account sets out how we deliver our vision of meeting the needs of individuals living with a life limiting illness and supporting their loved ones. It also sets out the quality improvements that we have introduced this year and those we are planning for the year ahead.

This report is for our patients, their families, carers and friends, the general public and the local statutory and voluntary organisations that we work with and the aim is to give clear information about the quality of our services so that patients and clients feel safe and well cared for, their carers, families and friends are supported and reassured that all our services are of the highest standard. 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 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. In addition to providing specialist palliative care services in Galway we have partnered with the HSE and Mayo Roscommon Hospice Foundation to provide operational and clinical governance for Mayo Hospice, 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 2022 and provides an overview of annual trends in quality and safety across the Hospice.

One of our topmost priorities throughout the year was to continue to keep our patients (both in the hospice and in the community), as well as our staff and volunteers, safe from infection which continued to be a challenge as restrictions in the community were reversed. We continue to be vigilant and to follow national guidance for healthcare institutions to ensure that where possible we minimise the risk of Covid-19 infection for our patients and their families.

We continued with the strategic planning process commenced during 2021 and have developed an ambitious new Strategy that aims to sustain the Hospice for at least the next five years. The vision for Galway Hospice is to be a leading example of excellence by delivering a specialist palliative care service in appropriate settings to people living with advanced life limiting illnesses.

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. We had a four-day accreditation audit by four auditors from CHKS in May which resulted in the renewal of accreditation for the Galway site and the Mayo site gaining accreditation status for the inpatient unit and day-care service for the first time. The auditors commented "There is an evident commitment to safety, and risk assessment and risk management across the organisation. The emphasis that the organisation places on incident reporting is particularly impressive, with staff going above and beyond just reporting incidents that occur to reporting anything that could potentially provide a learning opportunity. There is an open culture of trust that ensures transparency and confidence in reporting issues."

We also received a number of commendations as a result of the audit. In addition, our pastoral care and social work teams received a quality improvement award for the virtual remembrance services developed during the pandemic and our Quality Manager received a commendation for her leadership during the year at the annual CHKS awards ceremony held in Birmingham. Not to be left out our fundraising department also received the Gradham le Gaeilge award for the increased use of Irish in their communications. These achievements reflect the commitment and compassion of our staff and volunteers, leadership at all levels and the ongoing support of our community and the HSE. Patient and family feedback about their experience of our services has continued to be excellent

Demand for our services continues to grow, we cared for 971 patients in the community during 2022 which was an increase of 4% on the previous year. Occupancy in the inpatient unit in Galway increased by 7% and occupancy in the Mayo inpatient unit increased by 60% (note the unit opened in March 2021). Day-care services in Galway resumed in February and there were 448 attendances to the service during the year and we commenced day-care services in Mayo in March and the service in Mayo had 329 attendances.

We continued with the roll out of the Palliative Care Outcomes Collaboration (PCOC) measures across both sites and have achieved the benchmarks set across a number of areas. The PCOC measures which include patient and clinician scores clearly demonstrate positive outcomes being achieved by our teams for our patients and families. We will continue to work to put improvement plans in place to assist us with maintaining our current results and to assist with achieving the remaining benchmarks. We have also made good progress during the year on improving the use of our Icare system and we will continue to work to move towards a paper light system for all our patient records during 2023.

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

None of this would be possible without the dedication of our workforce, both staff and volunteers, and the generous support of our local community. We are grateful to all who have contributed this year and look forward to working together to secure the future of Hospice care in our community.

2.0 Governance

Governance of the Hospice is the responsibility of the members of the Board of Directors, who volunteer their services. 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. To further improve governance a nominations committee was established during 2022. This committee reviews board membership and skills and makes recommendations to the main board on potential new board members. Following a search process completed by Boardmatch. Dr Jim Browne was appointed as the new Chairman of the board and we also welcomed Alyson Banks, Dr Ramona McLoughlin and Tony Neary as new directors during 2022. Mark Flanagan and Gerard O'Donnell resigned from the board and we would like to thank them for their contribution to the Hospice during their time as board members

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), Director of Quality and 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 ensure a system of robust reporting and feedback mechanisms is in place 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, Alyson Banks and Dr Ramona McLoughlin. 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.

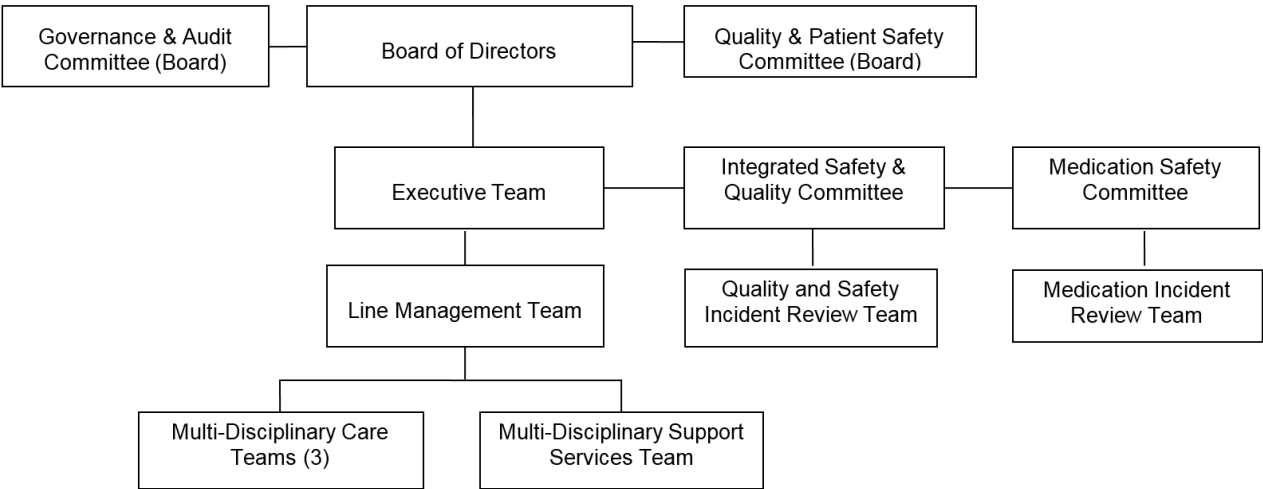
Non-clinical risk management - the Governance and Audit Committee takes lead responsibility for non-clinical and business risk. This committee is chaired by Keith Finnegan with the other members being Mary Coyne, Kevin Moore and Tony Neary

The board commissioned a consultant to conduct an external review in the latter half of 2022 to ensure there was effective governance structures in place and to ensure that the Board is equipped to anticipate, meet and overcome future challenges. The results of the evaluation were very positive and a number of opportunities for further improvement were identified and the board are working to address these over the next year.

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, the Nominations Committee and the Executive Team in its delivery.

Details of the Hospice's team 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 strong positive culture of “quality and safety” 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 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 managing risk for the Hospice and our risk register is maintained using this system. QPulse 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. During 2022 there were 159 actions completed to manage the risks on our risk registers.

All incidents, accidents and near misses are reported via Q-Pulse our electronic incident management system. Staff are supported by a suite of policies, training, procedures and guidance around incident management within the organisation. We have always encouraged openness and honesty, in line with both the professional and legislative requirements for open disclosure. Our culture encourages candour, openness and transparency across all departments within the hospice and in any communication with patients and families in relation to both notifiable safety incidents and non-notifiable safety incidents. We have ensured that the requirements to be open when things go wrong are explicit within our complaints, incident management and whistleblowing policies.

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

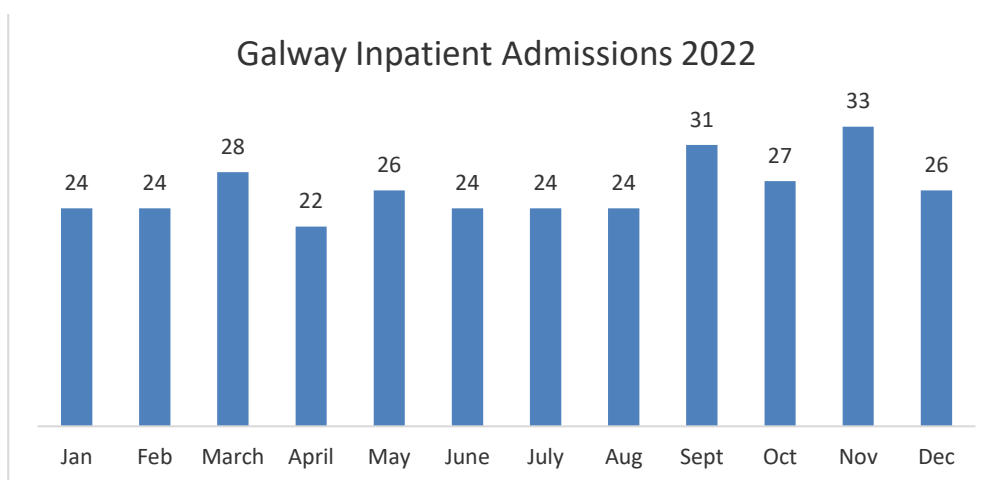
- 89% of patients who received care from our community palliative care team died at home.
- 49% of the patients admitted to our inpatient unit in Galway were discharged during 2022
- 35% of the patients admitted to our inpatient unit in Mayo were discharged during 2022
- 99% of patients admitted to our Galway inpatient unit had a wait time of less than 7 days
- 97% 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
- 73% of patients taken on by our community palliative care team were never readmitted to an acute hospital setting.

Clinical Data

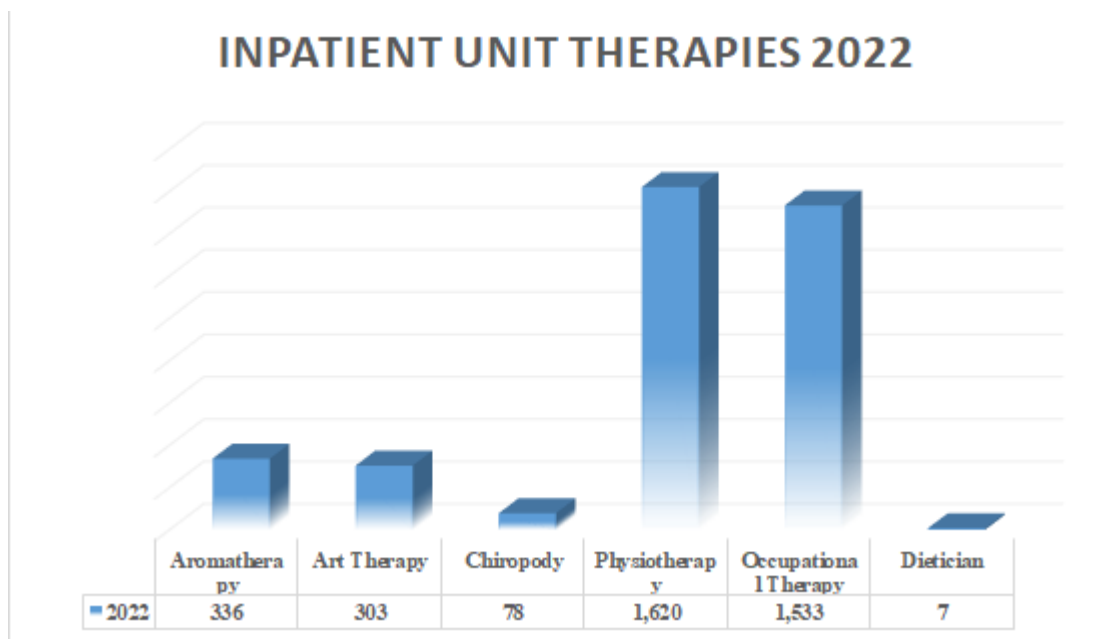
Galway Hospice uses 'ICare', an electronic patient records system into which all patients' details are entered to track and monitor activity. We have chosen, to present data extracted from that system for the year 1 January 2022 to 31 December 2022 for the following services:

4.1 In-Patient Unit – Galway

- There were 322 patients treated in the Galway Inpatient Unit an increase of 13% on 2021. The length of stay decreased by 8% during the year and occupancy for the year was 72% which is up 7% on 2021.
- There were 313 admissions of which 90 were re-admissions. 80% of admissions had a malignant diagnosis and 20% were non-malignant.
- 158 patients were discharged (92% to home or to another community-based setting) and 8% to an acute hospital.
- 152 (48%) patients died in the Unit

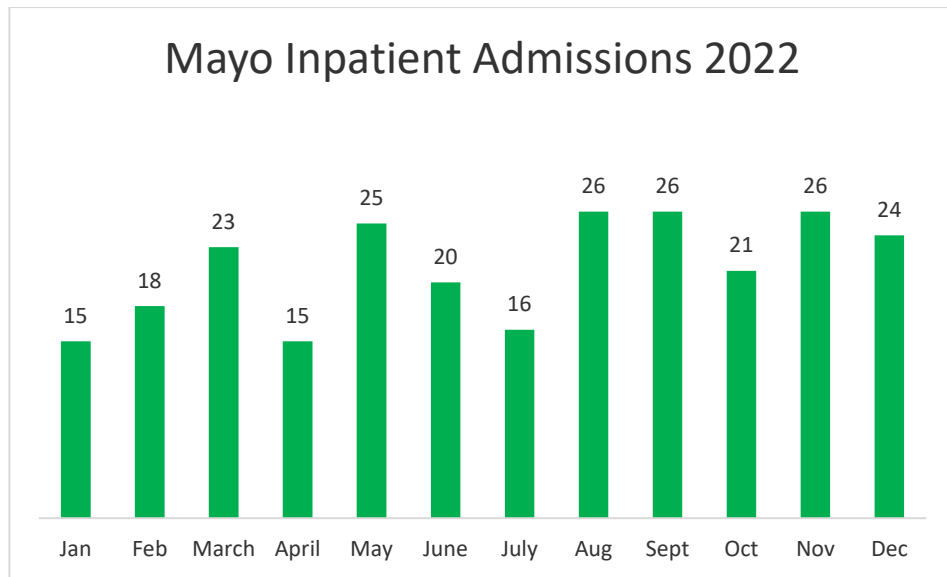


The Galway inpatients attended the following therapy sessions during 2022

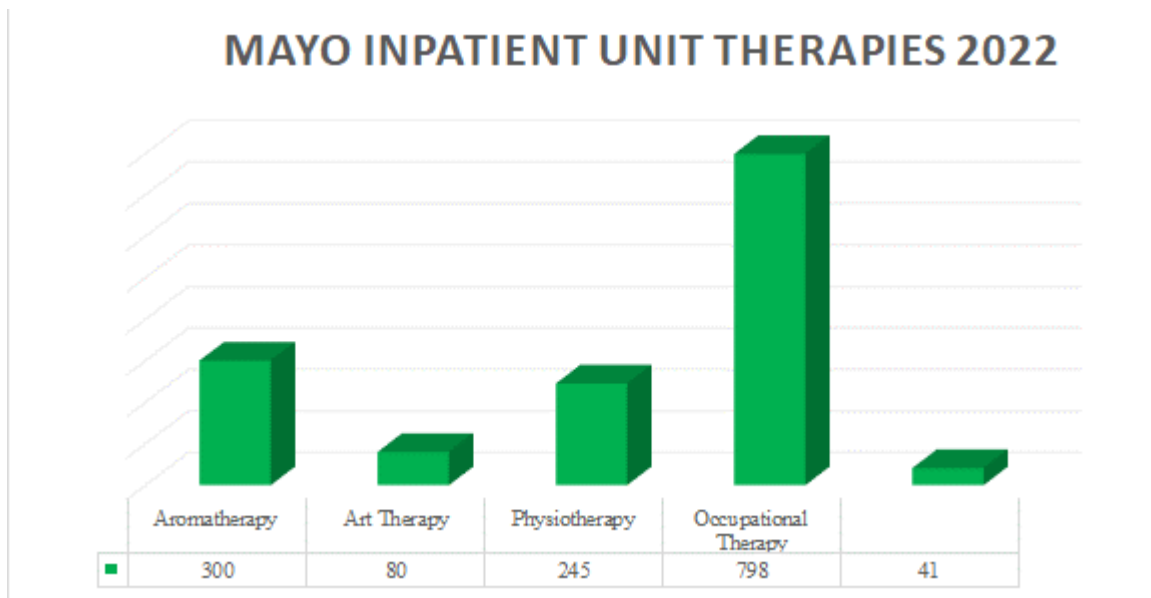


4.2 In-Patient Unit – Mayo

- 2022 was the second year of operation of the Mayo Inpatient unit which commenced accepting admissions in March 2021. There were 255 patients treated in the Mayo Inpatient Unit an increase of 230% on 2021. The length of stay increased by 8% from nine to 10 days during the year and occupancy for the year was 54% which is up 32% on 2021.
- There were 255 admissions of which 50 were re-admissions. 73% of admissions had a malignant diagnosis and 26% were non-malignant.
- 90 patients were discharged (87% to home or to another community-based setting) and 13% to an acute hospital.
- 161 (62%) patients died in the Unit

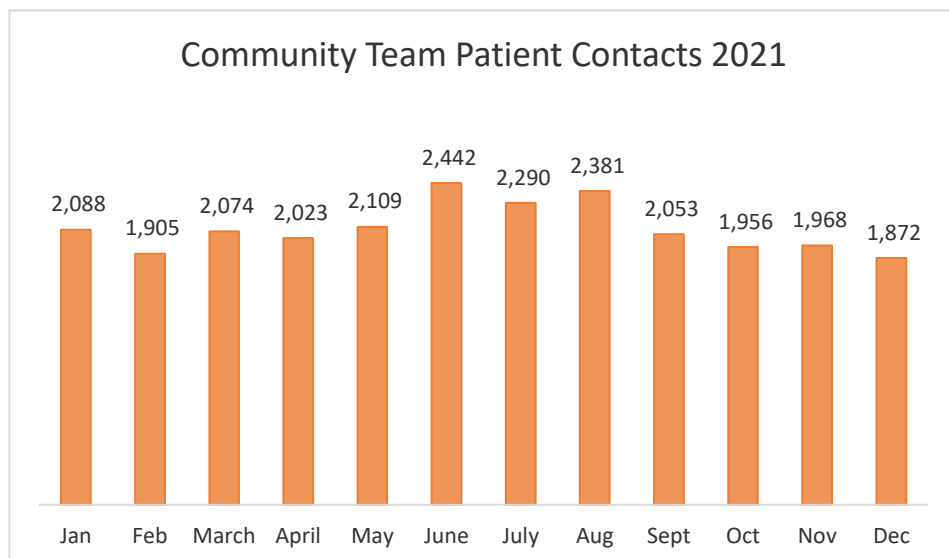
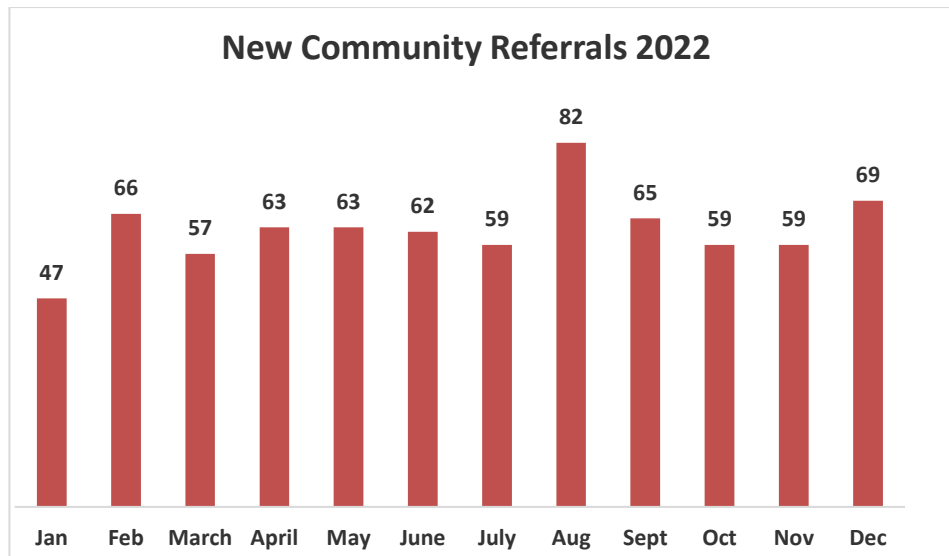


The Mayo inpatients attended the following therapy sessions during 2022



4.3 Community Palliative Care (Homecare) Team

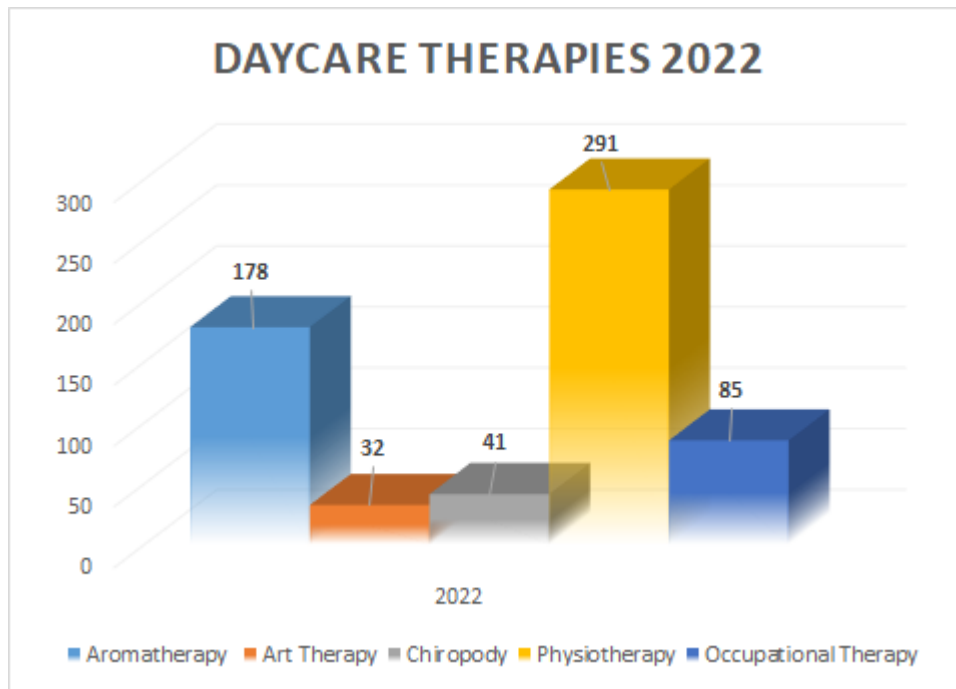
- 971 patients received care and support from the community team during 2022. There were 811 referrals of which 751 were new referrals and there were 60 re-referrals.
- 387 (48%) of new patients referred in 2022 had a non-cancer diagnosis compared to 326 (43%) in 2021.
- 25,161 patient contacts and 6,237 visits were made during the year
- There were between 256-286 active patients per month on the team's caseload during 2022



4.4 Day Care Galway

Day Care services recommenced in Galway in February 2022 two days a week.

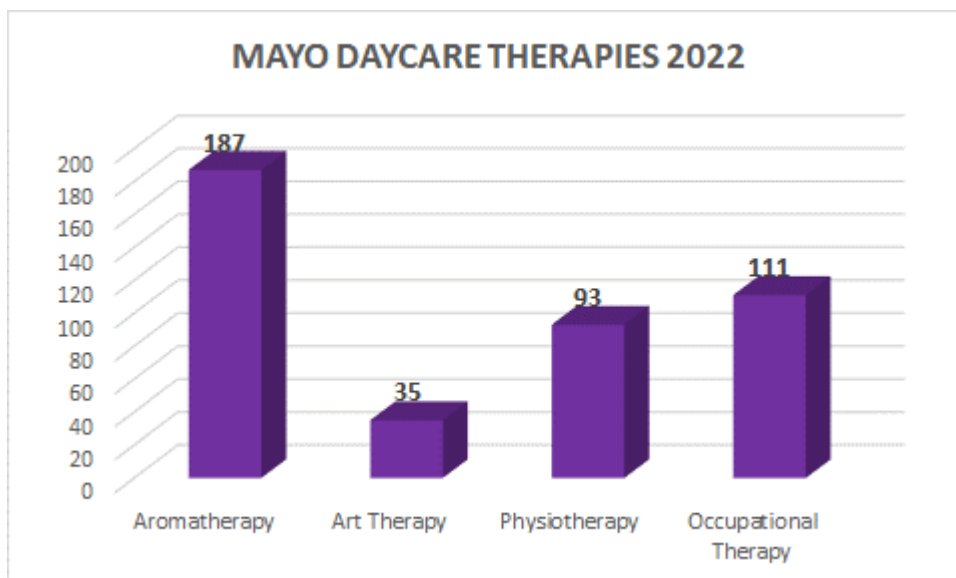
- 63 patients attended daycare during 2022 and there were 448 attendances to daycare
- The patients attended the following therapy sessions during 2022



4.5 Day Care Mayo

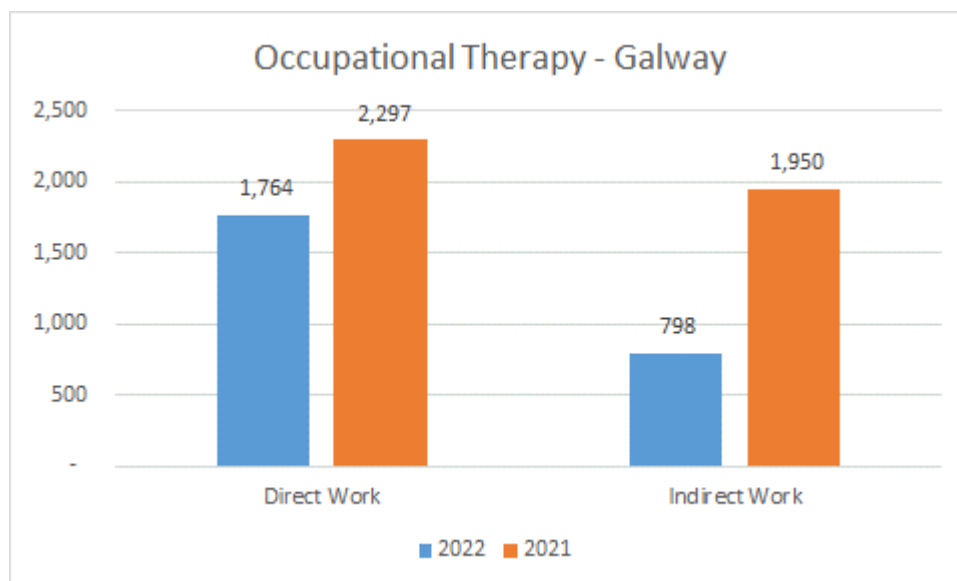
Day Care services commenced in Mayo in March 2022 two days a week.

- 45 patients attended daycare during 2022 and there were 329 attendances to daycare
- The patients attended the following therapy sessions during 2022



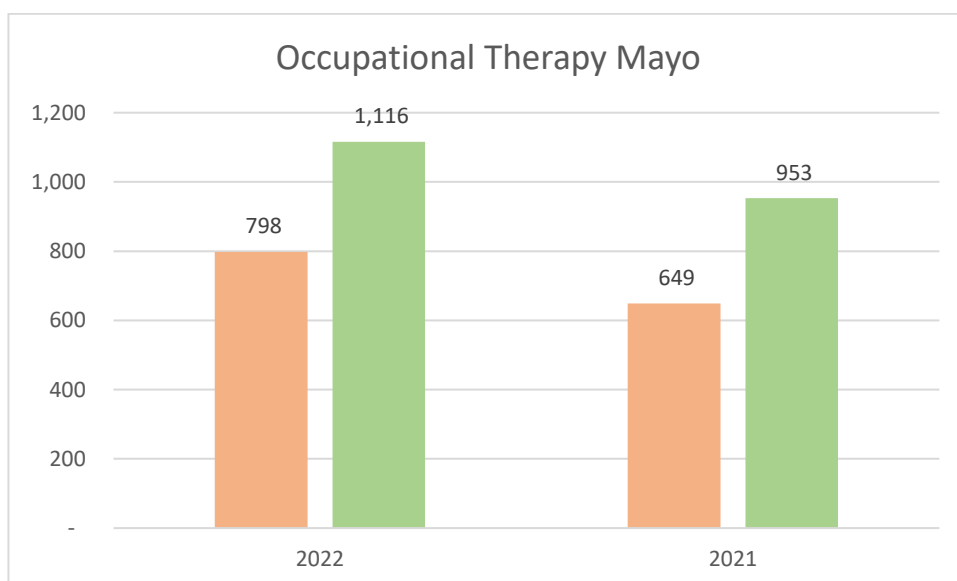
4.5 Occupational Therapy – Both Sites

Activity levels in the occupational therapy department in 2022 was down on 2021 due to reduced staffing in the department for six months. The department provided 1,679 direct treatments to inpatients and 85 sessions to day care patients.



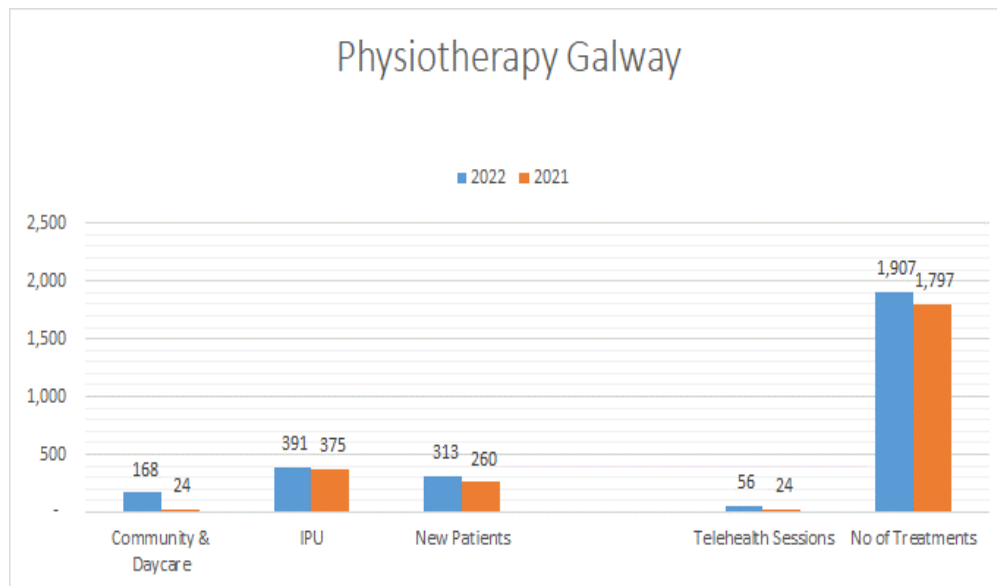
The occupational therapy team continued to respond to the challenges of Covid19 by facilitating a virtual one-to-one fatigue clinic offered to Community patients of the Hospice. The team provided this service to 12 patients during 2022. The OT team devised supervision templates and formal OT specific supervision for the junior team members within the OT team to support, encourage and ensure OT continues to develop and offer best practice within the organisation. The OT team took the lead in using the ICARE system for recording patient activities/statistics to get a monthly report during 2022.

A summary of the activity levels in Mayo are detailed in the graph below

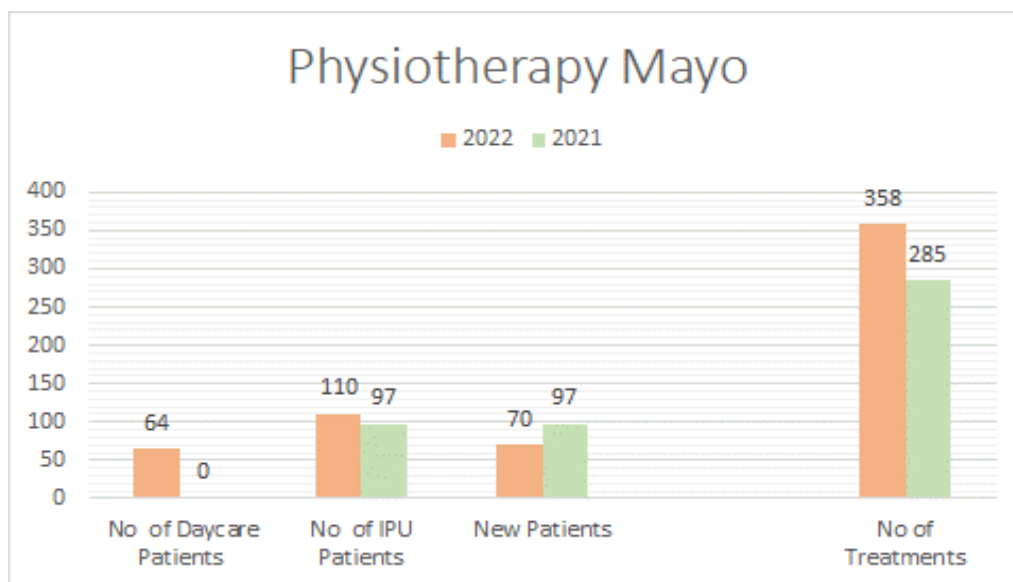


4.6 Physiotherapy – Both Sites

Activity levels in the physiotherapy department in Galway were up on 2022 levels with the resumption of day-care. The team provided 1907 treatments to 559 patients during 2022. The team are active participants in the physiotherapy group set up by the All-Ireland Institute for Palliative Care to promote learning and best practice across the sector and our senior Physiotherapist provided a lecture on the management of breathlessness at the July meeting. The team also facilitated a student placement during the year.



The physiotherapist in Mayo provided 358 treatments to 174 patients during 2022.

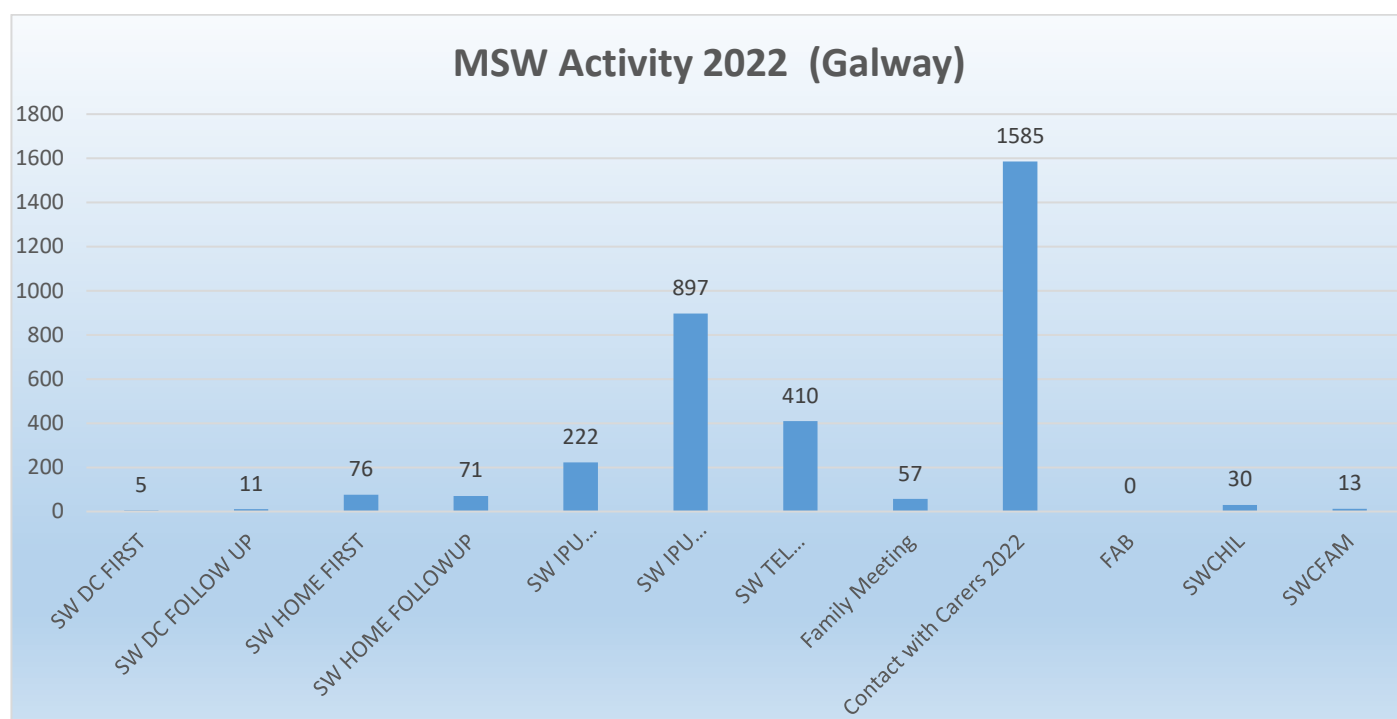


4.7 Medical Social Work (MSW) & Bereavement Support

The Medical Social Work Department continued to expand its service to patients and families in 2022 and had experienced a number of changes to the team. There were reduced staffing levels for a number of months so the team had to prioritize the provision of social work services periodically. However, despite these challenges, the team continued to support the development of Mayo Hospice, the reopening and provision of day-care and bereavement services in both Galway and Mayo. Some of the work undertaken by the Medical Social Work department include the following:

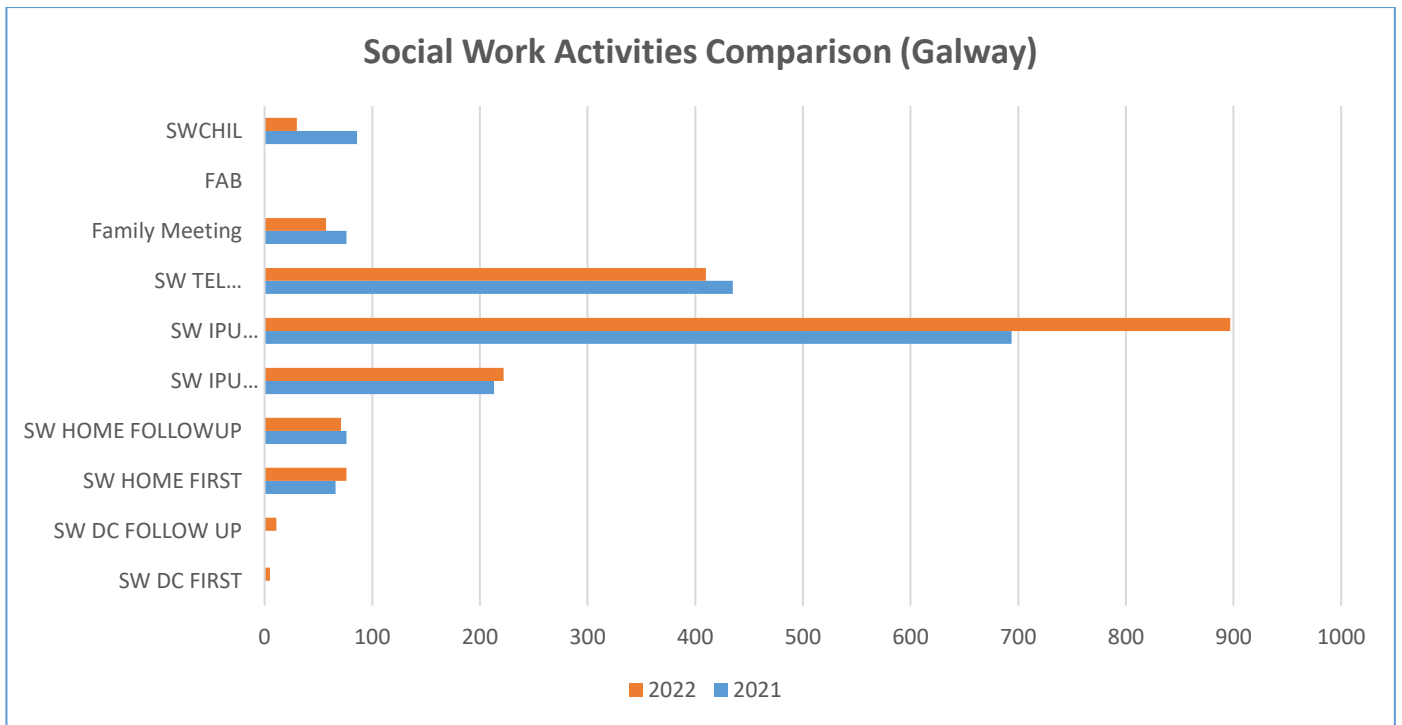
- The Walk and Talk initiative commenced in Mayo Hospice in November 2022 and continues to develop in Galway on a fortnightly basis to support bereaved family members.
- Facilitating the virtual remembrance services with Pastoral Care and Annual Remembrance Service in Galway and Mayo.

- Supported the reintegration of bereavement support service volunteers following the covid pandemic and promoting their role in bereavement service provision.
- Facilitating an adult bereavement group
- The Medical Social Work Department facilitated a family fun day for bereaved families in Wildlands Adventure Park, Moycullen.
- Continued to support Keepsake and Memory Work as a core function of Medical Social Work during the palliative stage of illness.
- Engaged in the planning and delivery of education webinars on specialist palliative care to nursing homes throughout 2022.
- The Principal Medical Social Workers presented a poster at the 5th all island children's palliative care conference (Belfast) and devised a leaflet for families titled 'Supporting the Needs of Siblings'
- The Medical Social Work team attended a bereavement training day with Ann Keating to develop skills and resources for supporting bereaved persons.

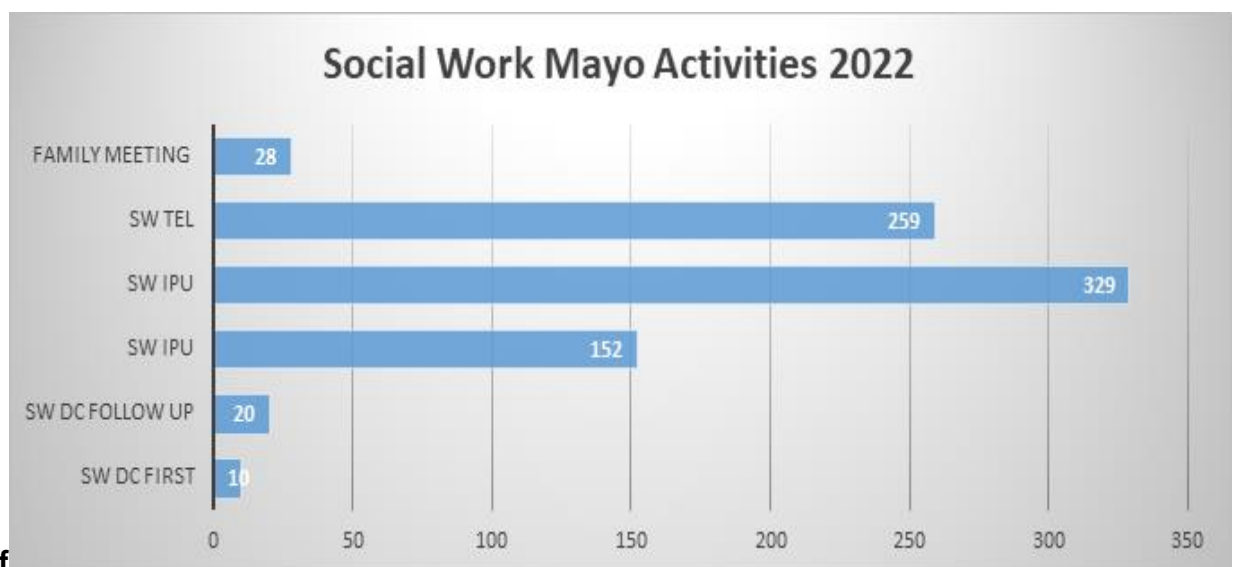


Note:

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



	SW DC 1st	SW DC FOLLO W UP	SW HOME FIRST	SW HOME FOLLOW UP	SW IPU 1st	SW IPU FOLLO W UP	SW TEL DAIL Y	Family Meetin g	FAB	SW CHILD
2021	0	0	66	76	213	694	435	76	0	86
2022	5	11	76	71	222	897	410	57	0	30



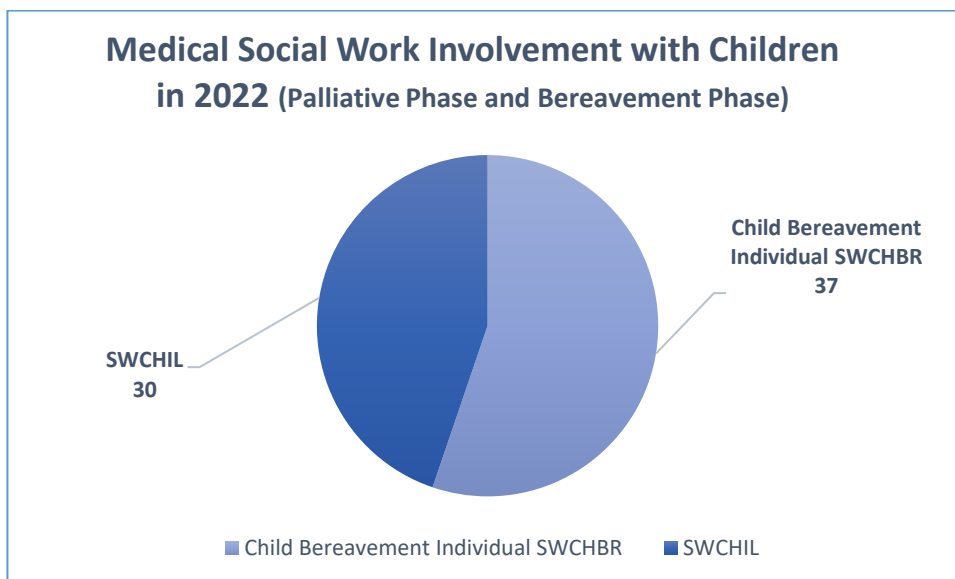
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Mayo Activities

	SW DC FIRST	SW DC FOLLOW UP	SW IPU FIRST	SW IPU FOLLOW UP	SW TEL DAILY	Family Meeting
2022	10	20	152	329	259	28

Medical Social Work Interventions with Children (Palliative Phase and Bereavement Phase)

Child Bereavement Individual SWCHBR	Children Involvement in the Palliative Phase SWCHIL
37	30



Groups Facilitated in 2022

1. Family Fun Day in April 2022
2. Adult Bereavement Group in June 2022 (see report attached Appendix 5)

End of Year Review for Medical Social Work (MSW0 Department:

1. Levels of MSW activity across the service have been maintained in most areas with some notable changes in productivity levels for Medical Social Work in some areas. In particular, there has been some reduction in numbers however this can be attributed to Covid 19 restrictions in the first quarter of 2022 and reduced staffing levels in the Social Work Department in 2022. However, the total number of contacts for Galway and Mayo (Daycare, IPU, Homecare) in 2022 was **2,444 compared to 1646 in 2021** which is an increase of 48%.
2. With Day care services reopening and continuing to develop within Galway and Mayo, Medical Social work input and support to patients and families has increased steadily in the third and fourth quarter of 2022 as evident in the yearly stats with **30 contacts in Mayo and 16 contacts in Galway**.
3. There was significant staffing shortages particularly in homecare service provision by the Medical Social Team throughout 2022 and a priority system was operational. Despite these challenges, numbers have remained high with a total number of homecare contacts (in Galway) increasing by 4%. The addition of two permanent Medical Social Workers who have been in post since September 2022 has enabled the team attend weekly MDT meetings and deal with referrals in a timely and efficient manner and facilitate home visits where appropriate.
4. Challenges were also experienced in Mayo Hospice for Medical Social Work and various staff changes however the recruitment of a Senior Medical Social Worker at the end of 2022 has permitted further development of the provision of social work in particular day care and bereavement services. However, activity levels for Social Work for Mayo in 2022 have remained high as evident in documented statistics in IPU and day care.
5. Medical Social Work Interventions with children pre and post death has significantly reduced in 2022 from previous years and this can be attributed to the age profile of patients referred to the hospice service and the absence of a children's bereavement group. Memory and keepsake work with children and families continues to be a significant part of therapeutic interventions offered by Medical Social Work.
6. The Medical Social Work department support the wider MDT and various teams across the different services in terms of education, clinical reflections and service development as required.
7. The Medical Social Work Department continue to support the wider MDT and Senior Management with complex family dynamics and providing a mediatory/advocacy service to patients and families.

4.8 Bereavement Support – Social Work and Pastoral Care

The bereavement support service continues to develop across both sites and Mayo commenced the Walk and Talk initiative and the Medical Social Work department co-facilitated the virtual remembrance service and annual remembrance service with pastoral care. The total number of contacts with bereaved individuals has decreased by a considerable 39% from 2021 however demands for bereavement support during covid 19 pandemic was expediential. The walk and talk initiative however continues to develop at the latter end of the year in Mayo and numbers in Galway have doubled in 2022.

Telephone contact with relatives statistically continues to be the most utilised way to support those that are bereaved, through initial bereavement calls and follow up call contacts/therapeutic interventions. In total, there were 419 bereavement contacts (Galway/Mayo) with bereaved families and this included telephone and face to face sessions.

In April 2022, there was a family Fun Day held for young bereaved families in Wildlands Activity Park, Moycullen. The family fun day provided children and families the opportunity to come together, connect with each other and have some fun as a family. (All the children had attended a bereavement group in Nov 2021). There was 26 children and 11 parents in attendance at Wildlands Activity Park and feedback received was very positive from all involved.

In June 2022 there was an adult bereavement group facilitated by two staff members -See Appendix 5 for evaluation results

The 'Walk and Talk Initiative' for bereaved individuals is an outdoor walking service on a fortnightly basis which commenced in August 2021. It had 21 successful sessions in 2022. There was an increase of 50% in attendance and delivery of the walk and talk groups. It provides a safe and informal space for those bereaved to access support and meet others who understand their grief. This initiative is supported by our bereavement support service volunteers. This service continues on a fortnightly basis. It continues to receive very good feedback from the attendees. In November 2022, Mayo Hospice commenced a 'Walk and Talk Initiative' also and this continues to be developed and facilitated on a fortnightly basis.

"The Walk and Talk group is invaluable because you can talk knowing that you are listened to and understood at a pace that suits everyone and knowing that you are not alone on your journey of grief".
– (Walk and Talk Attendee, Galway)

"It is the first time I have really left home to attend anything since my mother died, it has given me something to plan for" (Walk and Talk Attendee, Mayo)

"Its lovely to come somewhere where I know others are going through something similar to me" (Walk and Talk Attendee, Mayo)

"I've met people who have been bereaved six years, some as recently as a year ago. It really highlights how grief and bereavement is very individual". - Bereavement Volunteer

There has been a recommencement of one to one individual bereavement support for both adults and children provided by Medical Social Work team. In 2022 we saw an increase in adult contacts and a slight decrease in children face to face contact, predominantly due to the fact that there was no children's group run in 2022 and the age cohort of patients under the care of Galway Hospice changed from 2021.

In 2022, there were six virtual Remembrance Services in Galway and two virtual remembrance services in Mayo and an in person Annual Service on both sites co facilitated with Pastoral care. In our efforts to support bereaved families, this led to a wider reach internationally and positive feedback about the virtual service. This led to a number of positive changes as the words of comfort and remembrance of loved ones could be shared with their family and friends. The Annual Remembrance Service was the first in person service held in three years. Overall, it was well received that people

could gather once again to honour those who have died under Galway Hospice. A summary of the feedback received for these services is contained in Appendix 4

Children's Bereavement week – The Medical Social Work team in Galway and Mayo organised an information seminar to all Hospice staff to create awareness of memory and keepsake work and offered information around tools and resources for supporting children with grief and loss.

Grief and loss education/training was provided to new staff members on site in Galway and Mayo, in particular bereavement calls training.

Bibliotherapy -books on grief, leaflets disseminated, links to Care & Inform online resource hub.

There was also a focus on developing online information for those bereaved, work has commenced in upgrading the information available on the Hospice website to incorporate a short video on what the bereavement service offers and access to online reading resources.

Bereavement Support Services Volunteers; 2022 enabled the re-engagement of Bereavement Volunteers to offer a telephone service and as they year progressed we began to offer face to face sessions to those bereaved. This is in response to the recognition that people are more isolated than ever. Some service users have found it helpful to have telephone support based on geographic location. The Bereavement Support Services Volunteers availed of education and upskilling internally and externally.

Review of Bereavement Support Services (Galway)

	SW Ber First Visits	SW Ber Follow Up Visits	SWBTEL	SW Ber Discharge	Screening Calls	Child Bereavement Individual SWCHBR
2021	86	193	337	32	55	56
2022	52	112	237	11	49	35

Review of Bereavement Volunteer Service (Galway)

	SW Contacts with Volunteers SWBVOL	Walk & Talk	Children's Bereavement Group
2021	80	44	2 Group Sessions
2022	54	88	1 Group Session

4.9 Additional Carer Supports

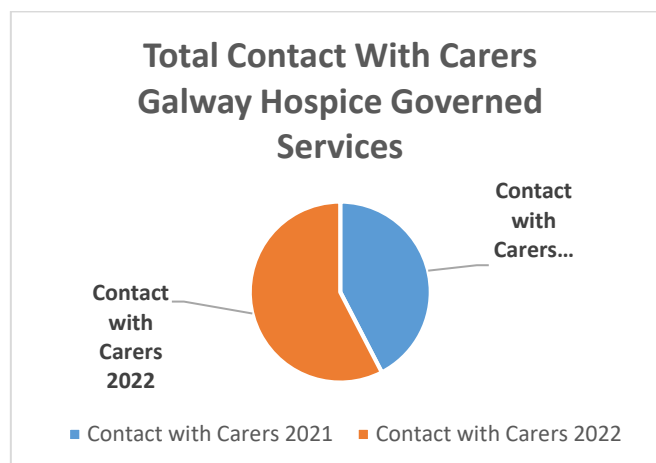
Galway Hospice supports and values family members and carers. We ensure they feel acknowledged and recognised for their valuable contribution. By doing this Galway Hospice are enabling and

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 Homecare and our In-Patient Unit

- Inpatient units 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 in both Galway and Mayo 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

Carer Support by our Medical Social Work team has increased significantly both in Galway and Mayo with **1466 in 2021 and 1992 total contacts in 2022**. This notable 36% increase is reflective of increased face to face contacts and easing off covid 19 restrictions compared to 2021. Complex family relationships and carer support remains a significant reason for referral and medical social work intervention across all areas.



5.0 Key Performance Indicators

Galway Hospice Foundation – Key Performance Indicators – 31/12/2022

	Current Year 2022	Target	Trend to Target	Previous Year 01/01/21 to 31/12/21	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 8-14 Days	96% 4% 97% 3%	98% 2% 100%	↓ ↓ ↓	97% 3% 100%	↓ ↓ ↓
Wait Time - from referral to admission to the homecare service 0-7 Days 8-14 Days 14-28 Days	97% 2.5% 0.5%	90% 10% 0%	↑ ↑ ↑	96% 3.5% 0.5%	↑ ↑ ↑
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 9	TBD		5.2 10.6	↓
Number of patient 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>	7.0 6.5	12	↓ ↓	5.5 1.8	↑ ↑
% of Homecare Patients who died in hospital	11%	10%	↑	11%	↔
% of patients not readmitted to an acute setting following admission to the homecare service	73%	↑	↑	71%	↑
% of non-cancer patients not readmitted to an acute setting following admission to the homecare service	88%	↓		89%	↑
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 Hospice Staff Rating Overall Impression of Facilities	97% 97% 100% 98% 100% 99% 100% 100%	100% ↑ ↑		96% 95% 99% 100% 100% 98% 87% 100%	

Employee Satisfaction Score (Rating strongly agree or agree) Employees endeavour to give best efforts at GHF Employees happy with care provided at GHF Staff are supported to perform at their best GHF treats its employees fairly Staff enjoy working at GHF					100% 97% 82% 88% 94%
Completion of Mandatory Training*: 1. Manual Handling YTD 2. Hand Hygiene YTD 3. Children First YTD 4. Fire Training YTD	H2 Target / YTD 95% 100% 100% 85%*	(Annual) 95% 95% 100% 95%		100% 100% 100% 20%	⇔ ⇔ ⇔ ↓
Number of Complaints Managed as per policy	2	0	↑↑	1	↑↑
% Absenteeism	6% (4.4% if Covid leave excluded)	3%	↑↑	5.26%	↑↑

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).

Key performance Indicator (KPI) Trends

The main items of note in the Key Performance Indicator (KPI) trends for 2022 are as follows:

5.1 Wait times in the inpatient unit

- Galway - The wait time increased by 1% as at times during the year due to covid risk we had to restrict admissions and this resulted in slightly longer waiting times for some patients. 96% of patients were admitted within 7 days and all urgent referrals were admitted within 7 days. Occupancy on the inpatient unit improved during 2022 as awareness of the service improved in both the acutes and the community
- 97% of community patients were also seen within seven days which was well ahead of target

5.2 Percentage of Homecare Patients who died in hospital.

We continued to support patients to remain at home where possible and 89% of our community patients died at home during 2022. This was slightly down on our target but was in line with 2021

5.3 Mandatory Training:

We met our KPIs for mandatory training in 2022, with the exception of Fire Safety Awareness (which staff complete on an annual basis). Our KPI for Fire Safety Awareness training is 95% but we could attain only 85%. Having had one Fire Safety Awareness training session cancelled earlier in the year and

another rescheduled, the final Fire Safety Awareness training (Zoom) session of 03/11/22 was accessed by too many staff, which caused the connection to crash.

For 2023, it has been agreed that staff will be rostered by their Line Manager to attend one of 12 sessions to be booked in advance, with numbers capped at 20 per session. In addition, each session will be standardised such that staff from either site can attend any session (previously site-specific). Building on from 2022, additional staff will complete Fire Marshal training.

Absenteeism:

The level of absenteeism for 2022 was 6% which is up on target and on 2021. The increase compared to target is due to absences related to Covid. There were 4,656 (increase of 30% compared to 2021) hours lost during 2022 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. A fortnightly meeting is held and chaired by the Director of Quality 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).

In 2021 we saw an increase of over 50% in the reporting of near misses, this was a very positive trend and is key to the organisation progressing a positive culture towards patient safety and care. We have maintained that rate for medication near misses in 2022 however it has reduced for non-medication near misses. We continue to encourage staff to report all near misses and have provided education sessions to assist staff in the identification of near miss events.

Learning from incidents that occur at the hospice is taken very seriously and is used as an opportunity to continuously improve and ensure quality safe care. We have a “no blame” culture for incidents reported and staff are supported to report and log all incidents and near misses. We focus on ensuring change is undertaken collectively by those involved directly in the service ensuring effective review of structures and processes. In quarter 4 2022 the Director of Quality commenced a process of providing direct feedback to all staff who raise an incident when the corrective action and preventative action (CA/PA) and close out of the incident that they reported is completed. This is to enhance communication and to inform staff of the outcomes as a result of their report.

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 and has contributed towards the development of a performance indicator for falls that can be benchmarked across the sector. An incident dashboard and key performance dashboard are prepared quarterly and include 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

In quarter 4 the team reviewed the reporting structure for incidents and decided that the Quality Incident review team and the Medication Incident review team were no longer required. As all incidents are discussed at a minimum fortnightly with relevant stakeholders, it was viewed the function and role of the quarterly high-level review may not be of benefit. In order to support ongoing contemporaneous review, it was decided that review of risk rating at time of incident with staff member and department manager is key. On close out this would be reviewed again to ensure accurate risk rating. It is viewed that when an incident is raised that is moderate or high a team review will occur and follow up on a fortnightly basis will continue. This allows for prompt input and action at time of incident.

There has been an increase in incident reports for the Mayo service as expected as the service has progressed and activity levels have increased during 2022. During 2022 there has been an overall increase in reports for Galway which is a positive reflection of staff’s commitment to incident reporting and thus patient safety.

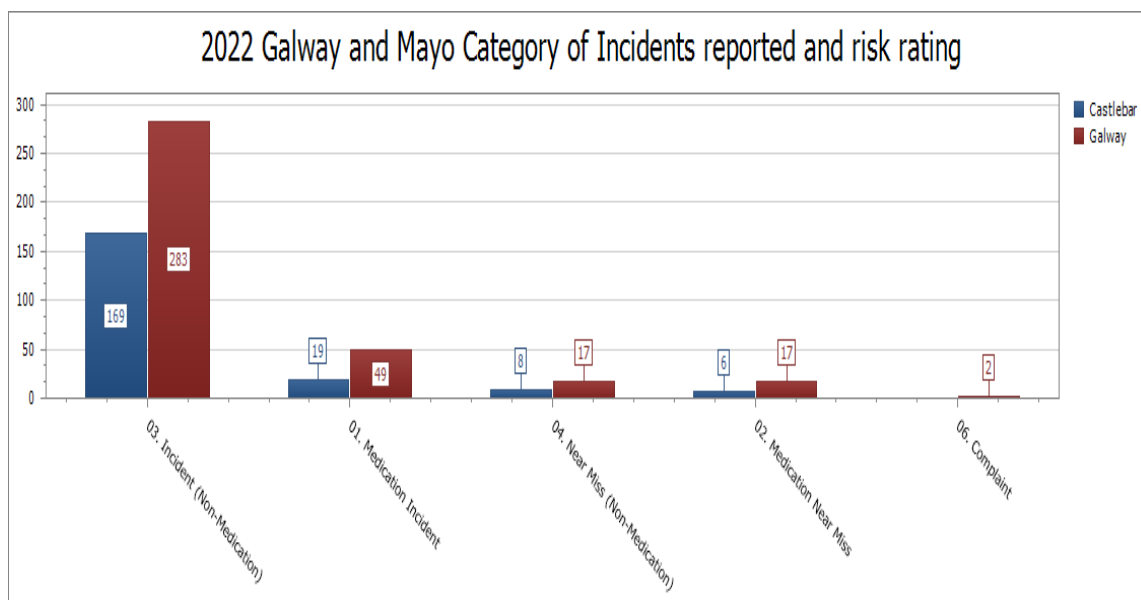
There were no Serious Reportable Events (SRE) reported during 2022.

2022 INCIDENT REVIEW

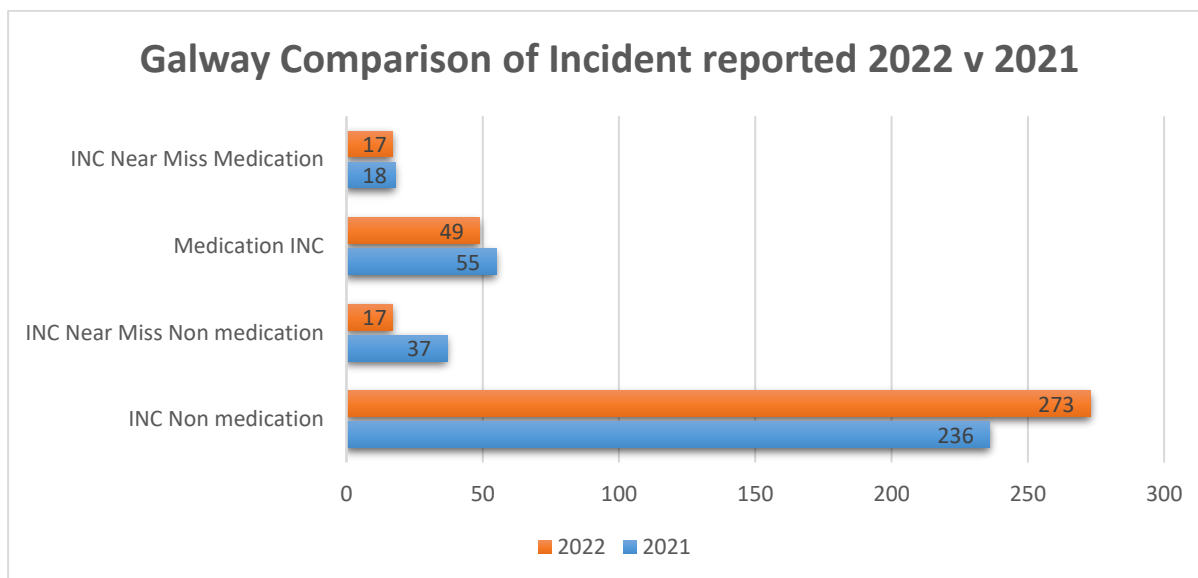
	Galway 2021	Galway 2022	Trend to previous Year	Mayo 2021	Mayo 2022	Trend to previous Year
Total number of complaints	1	2	+1	0	0	⇔
High Risk	0	0	⇔	0	0	⇔
Moderate Risk	0	1	+ 1	0	0	⇔
Total Number of Incidents*	347	358	+11	104	202	+98
High Risk	2	0	-2	0	2	+2
Moderate Risk	95	120	+25	29	66	+37
Medication Incident	55	49	-6	15	19	+4
High Risk	1	0	-1	0	0	⇔
Moderate Risk	24	23	-1	3	9	+6
Medication Near-miss	18	17	+1	1	6	+5
High Risk	0	0	⇔	0	0	⇔
Moderate Risk	4	5	+1	0	2	+2
Incident (Non-medication)	236	273	+37	85	169	+84
High Risk	1	0	-1	0	2	+2
Moderate Risk	59	80	+21	24	55	+31
Near Miss (Non-medication)	37	17	-20	3	8	+5
High Risk	0	0	⇔	0	0	⇔
Moderate Risk	8	10	+2	2	0	+2
Slips, Trips & Falls	23	33	+10	4	18	+14
High Risk	0	0	⇔	0	0	⇔
Moderate Risk	7	11	+4	0	5	+5
Hospice-acquired Pressure Sore	21	24	+3	18	26	+8
High Risk	0	0	⇔	0	0	⇔
Moderate Risk	1	4	+3	3	5	+2

Incidents are analysed and graded in line with the HSE's incident management framework. During the year key stakeholders meet fortnightly to review all non-medication incidents assessing actions and ensuring accurate route cause analysis and thus robust preventative actions were put in place.

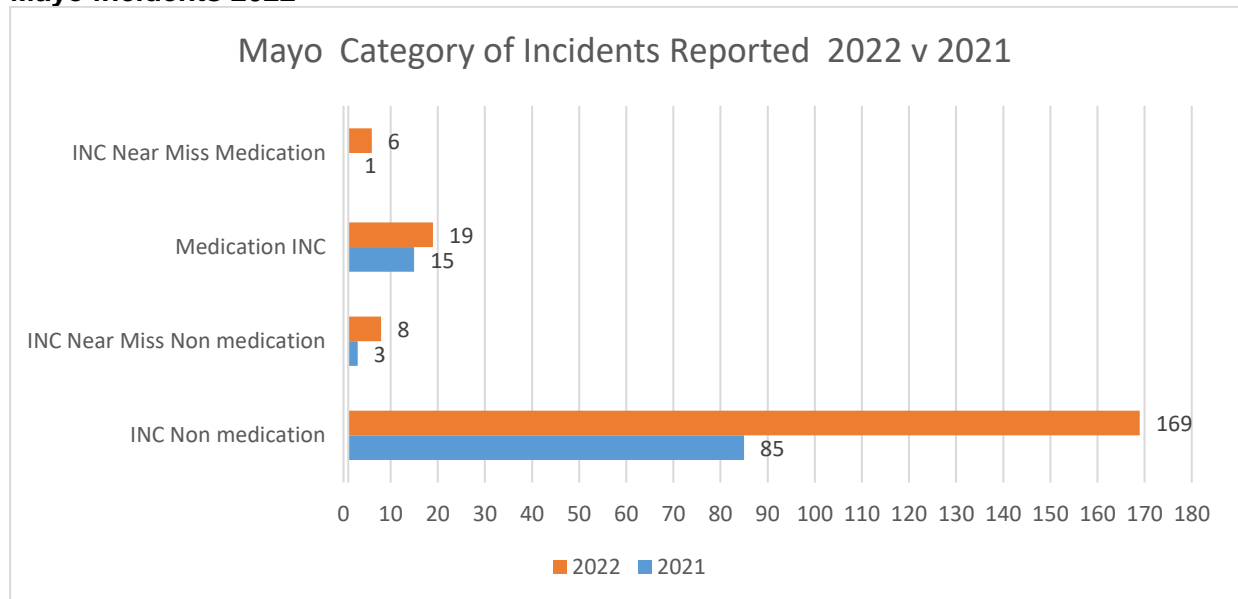
6.1 Galway and Mayo Hospice Incidents



Galway incidents 2022:



Mayo incidents 2022



In Quarter 4 in consultation with pharmacy, medical consultants and nursing, a review was undertaken of the quarterly role and function of Quality incident review teams and medication incident review team committee meetings. In consideration of the review of incidents both medication and non-medication on a minimum fortnightly level it was deemed that the quarterly review was too far from the time of incident to impact change and thus the following was agreed for trial commencing from 2023.

- Minimum fortnightly review of incidents at a team level
- Immediate review for risk rating to take place by department managers when incidents are raised.
- The Director of Quality and Chief pharmacist responsible for close out of incidents review risk rating again at this time.
- All incident moderate and higher (category 1 and 2) will have prompt review with relevant stakeholders- scheduled by person responsible for close out with relevant stakeholders.
- All low risk will have aggregate review with stage owners and those responsible for close out.

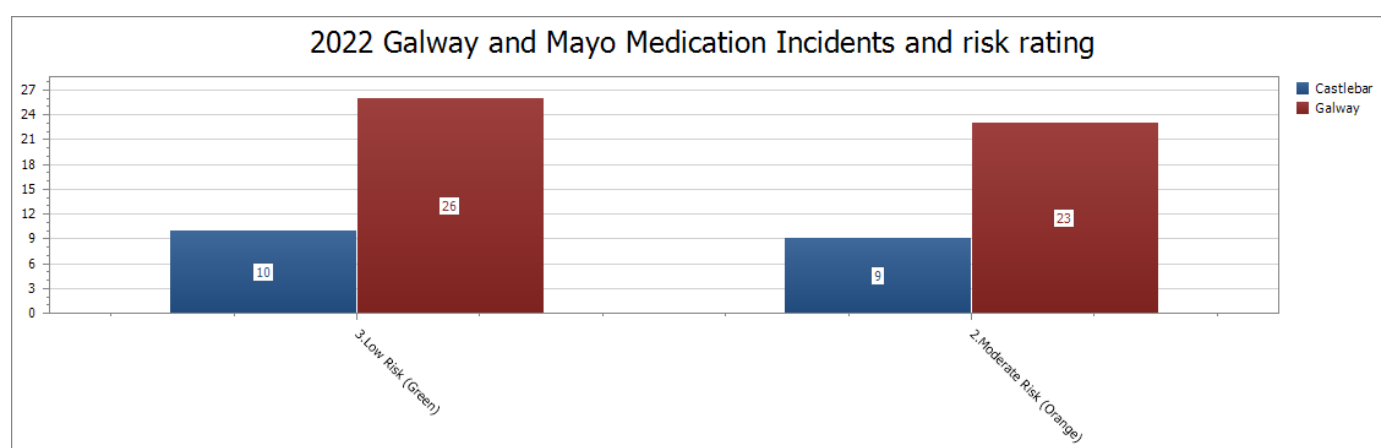
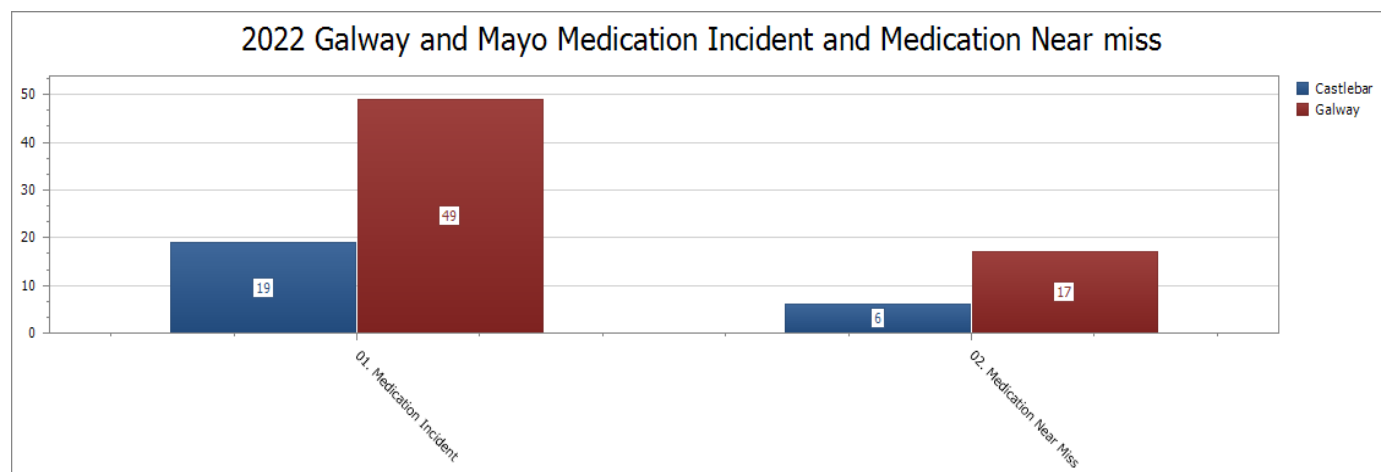
Quarterly reports will continue to be generated and circulated to stakeholders across both sites.

There has been an increase in the overall total number of incidents reported for Galway by over 3%. There has been a 94% increase in the total number of incidents reported for Mayo. This is expected as the service has developed and the number and profile of patients admitted has increased in complexity as more patients were admitted for symptom management during 2022.

The importance of reporting is actively encouraged through line managers and ISQC and information sessions. The importance of a proactive approach to risk management is continually outlined in supporting safe and quality care for patients. In 2021 we seen a dramatic increase of over 50% in the reporting of medication near misses and non medication near misses in Galway. This has remained similar for the reporting of medication near misses however there has been a decrease in the reporting of non-medication near misses. The reporting of near misses has improved in 2022 in Mayo.

Information sessions were held by the Director of Quality in Mayo and Galway in Q3 of 2022 to outline the how what and why of incident reporting. This will continue again in 2023 with a focus on near miss reporting.

6.2 Medication Incidents



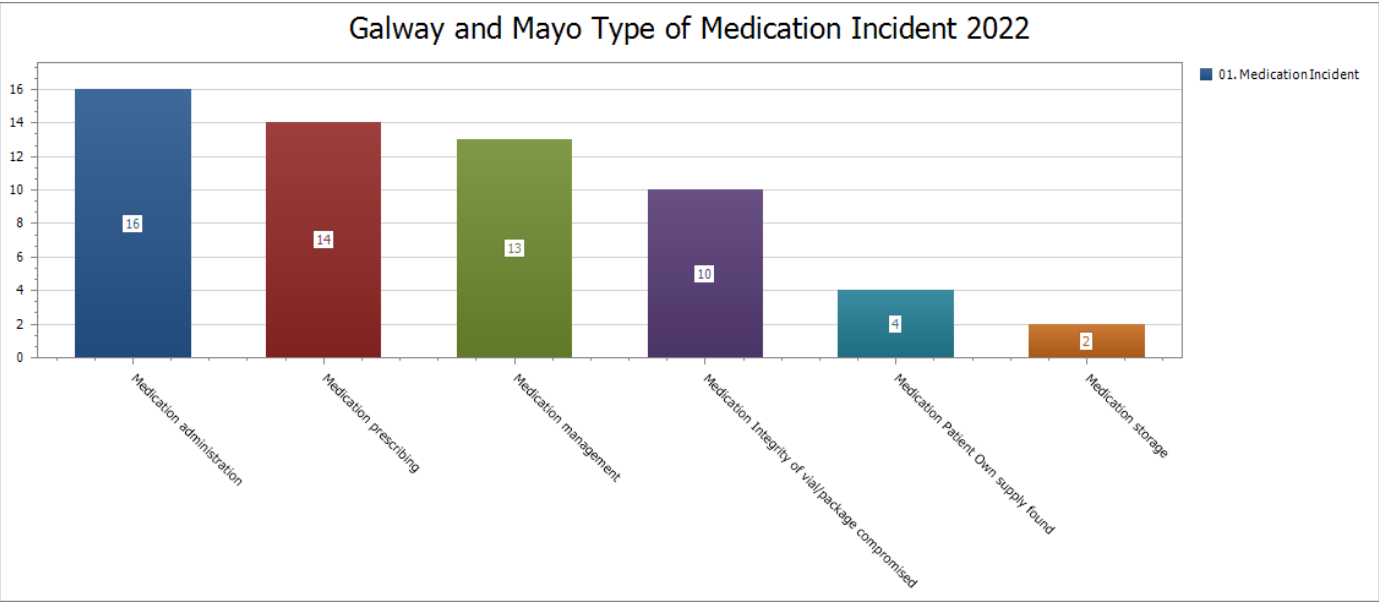
Medication errors are any incident where there has been an error in the process of prescribing, preparing, dispensing, administering, monitoring or providing advice on medicines.

There was no high-risk medication incident reported during 2022.

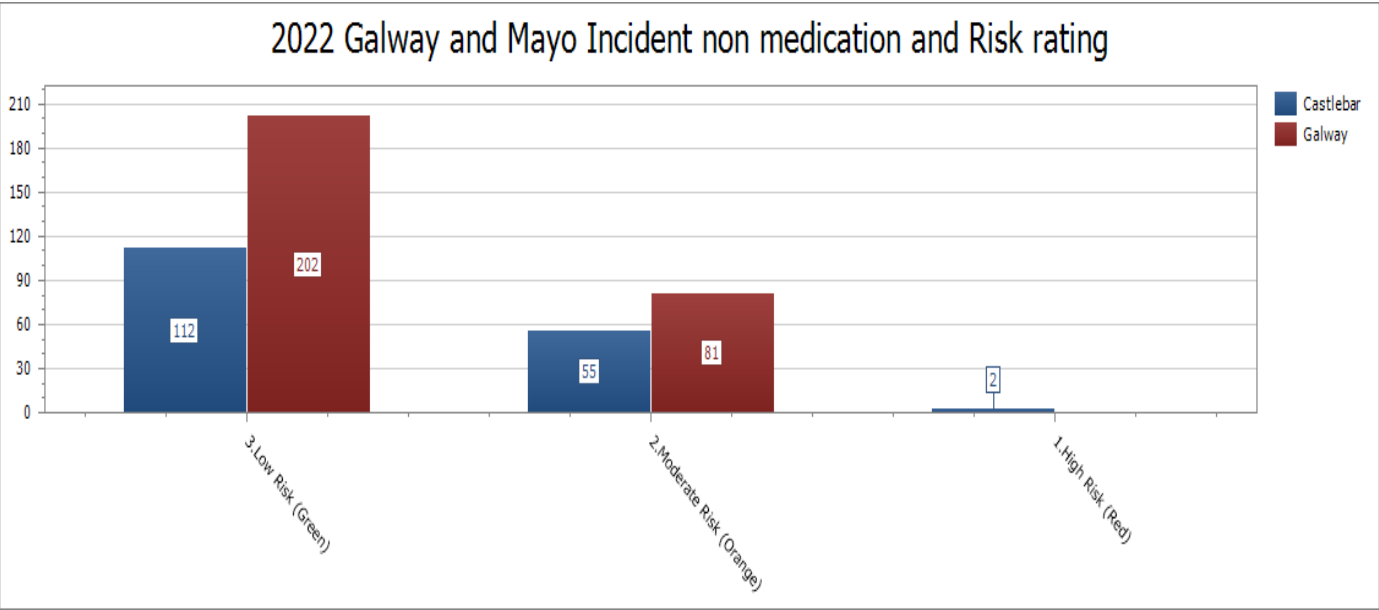
In total there were 49 medication incidents reported in Galway and 19 in Mayo in 2022. The importance of near misses has been outlined above and in Galway we have maintained a similar reporting of near misses for 2022 at 17 in contrast to 18 in 2021. There has been a significant increase in Mayo in reporting medication near misses from 1 in 2021 to 6 in 2022

Over the year we have seen some trending in relation to medication incidents pertaining to

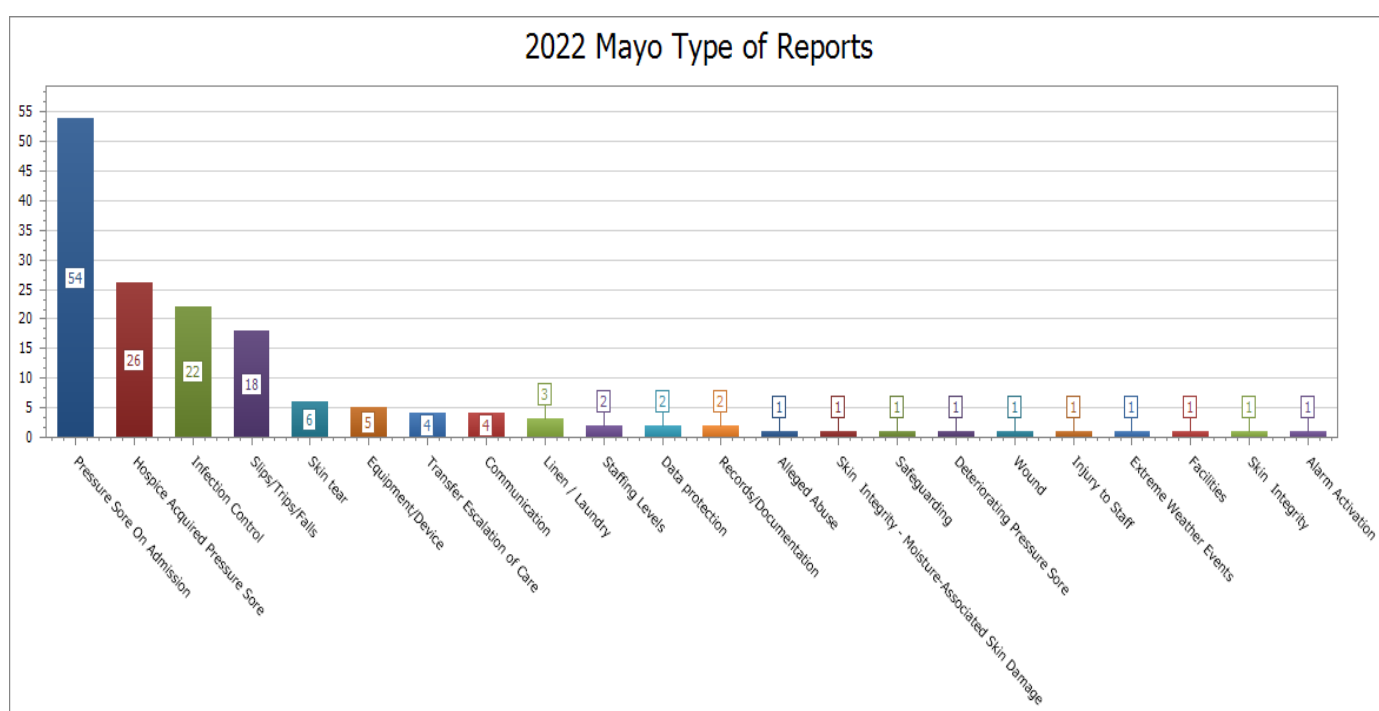
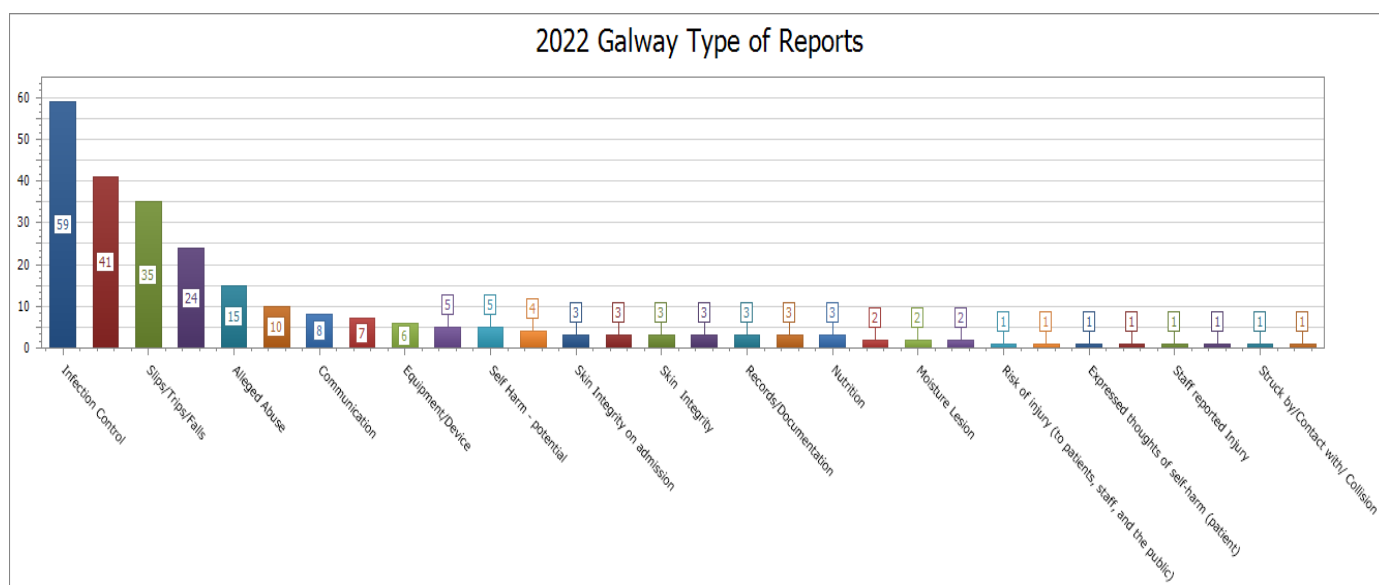
- Medication reconciliation
- The risk of patients bringing their own medication with them on admission and not making staff aware that they were doing this
- Patients who attend with Opioid patches in situ and the risk that occurs if previous patches have not been removed previous to their admission in line with prescriptions and thus risk for opioid toxicity.



6.3 Non-Medication Incidents



The risk rating of non-medication incidents across both sites are reported in the chart above. There were two high-risk incidents in Mayo which pertain to 2 patients admitted from another healthcare facility with grade 4 pressure injuries.



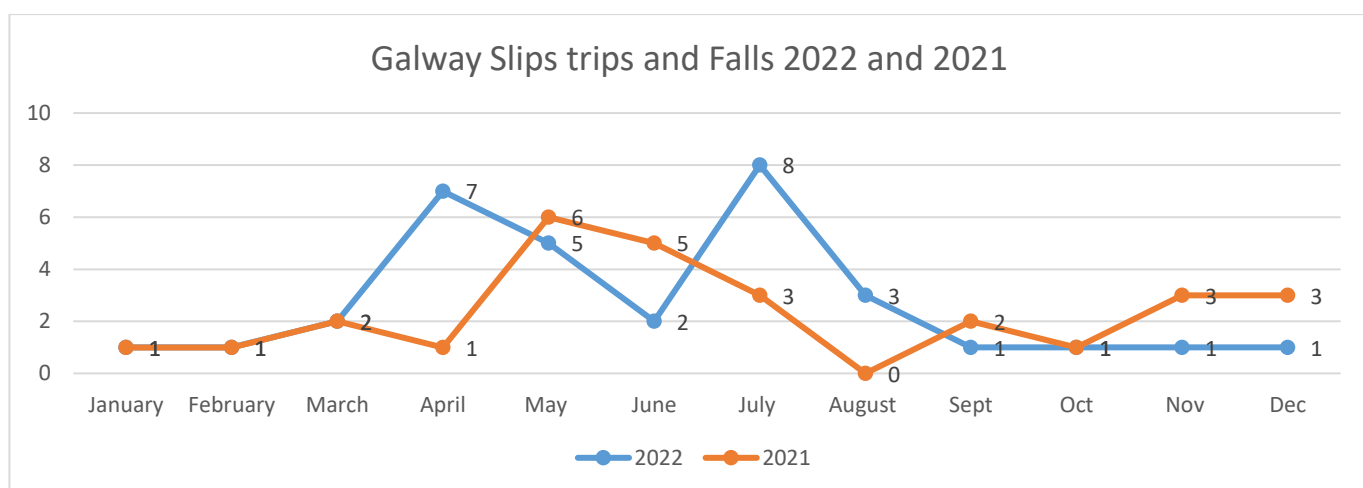
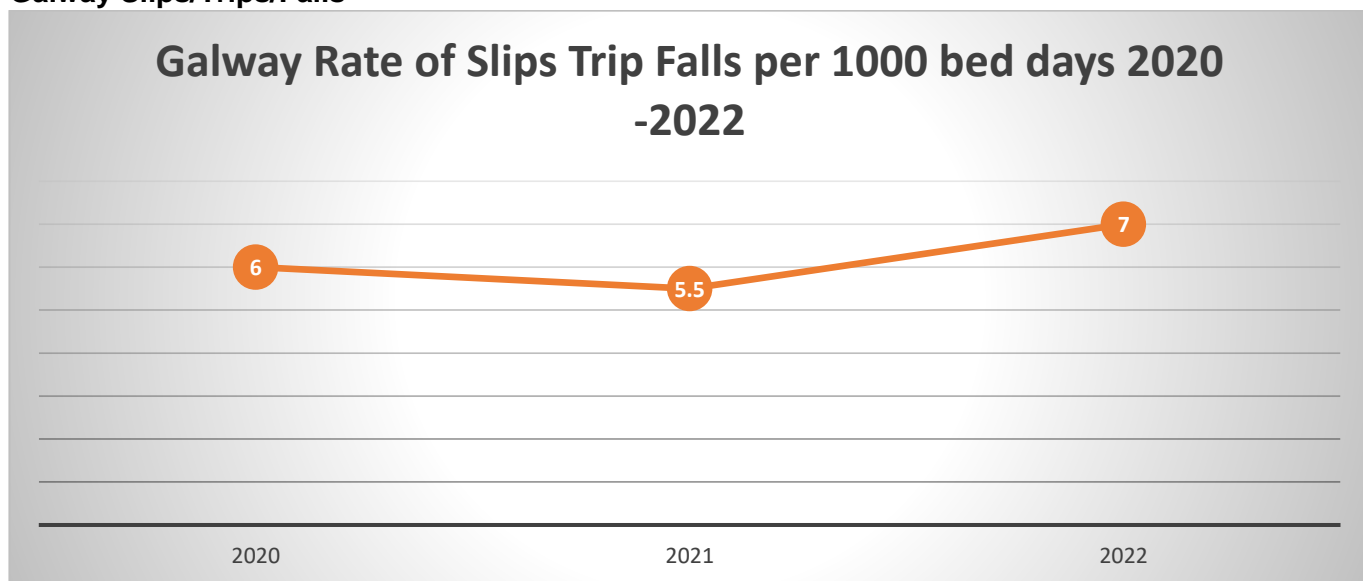
There was a total of 560 incidents reported across both sites in 2022 with an increase from 321 in 2021.

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 is 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.

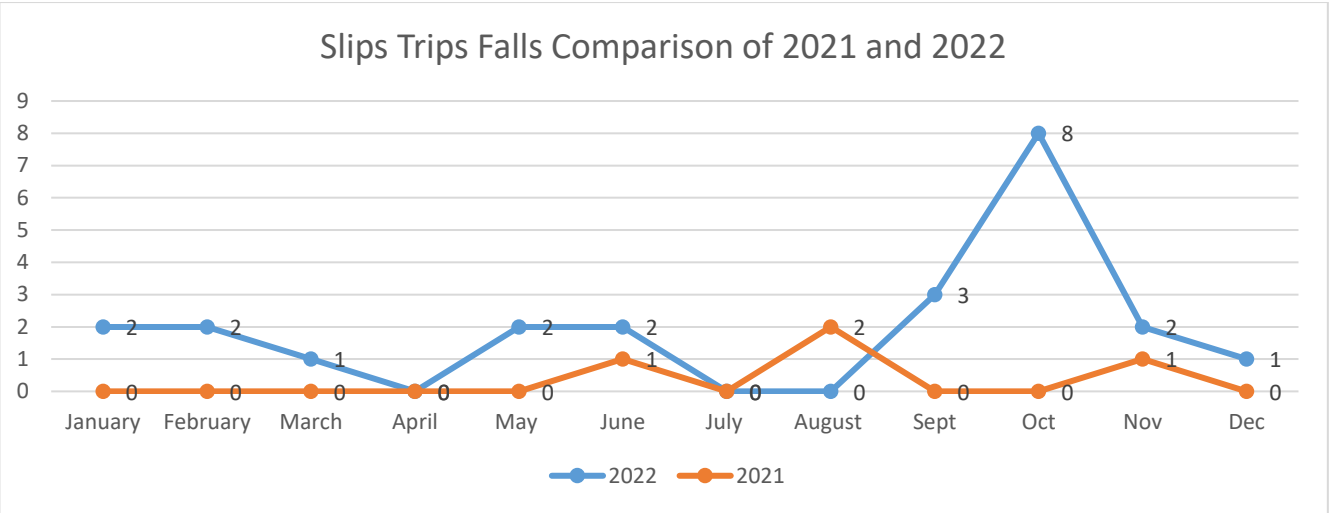
Galway Slips/Trips/Falls



The rate of Slips Trips Falls in Galway per occupied bed days for 2022 was 7.0. There were 3 moderate falls in Galway in 2022 and they relate to two patients that had 4 falls and 1 patient that had 3 falls. Injury was minor however the risk of repeat raises significantly the potential for greater injury

6.5 Mayo Slips/Trip/Falls

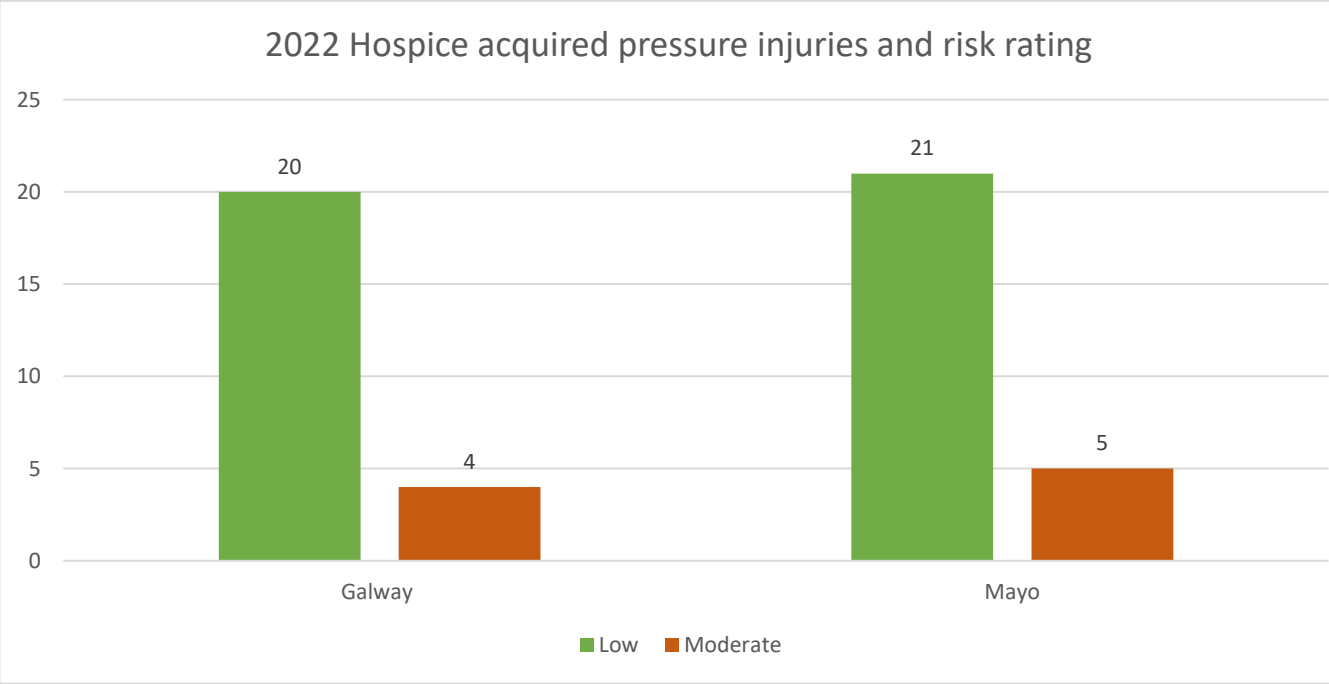
The rate of Slips/Trips/Falls for 2022 is 6.5 an increase from 1.8 in 2021. This rate in contrast to 2021 reflects the transition in the performance status of the patient admitted to the IPU during 2022.



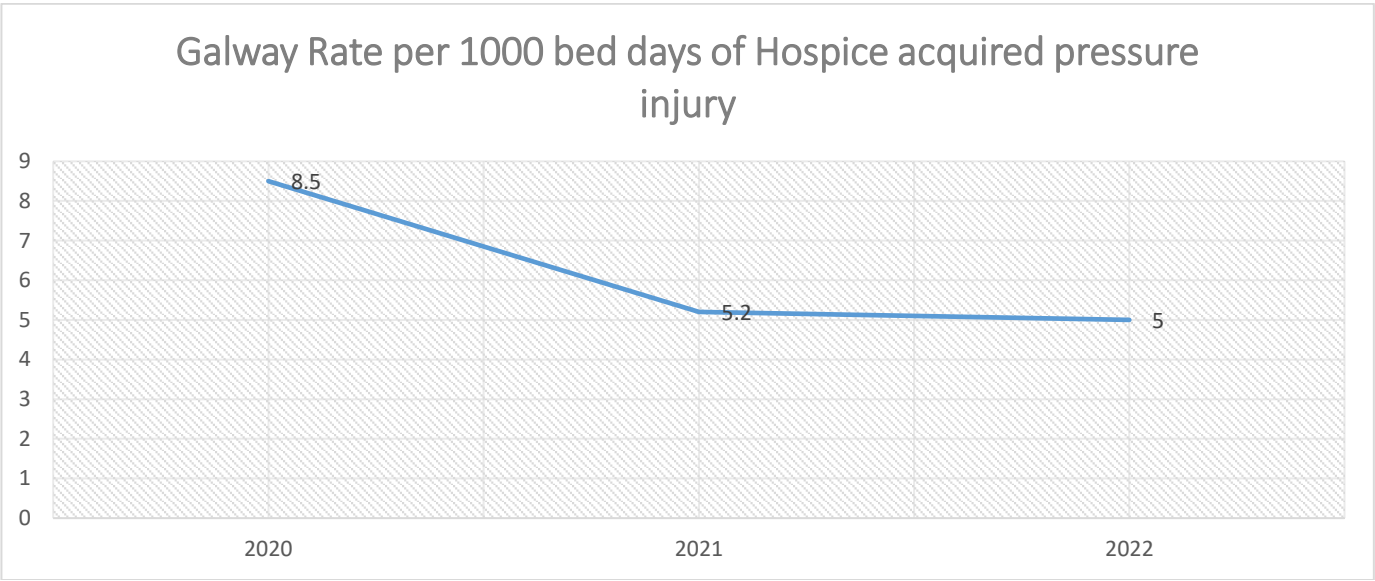
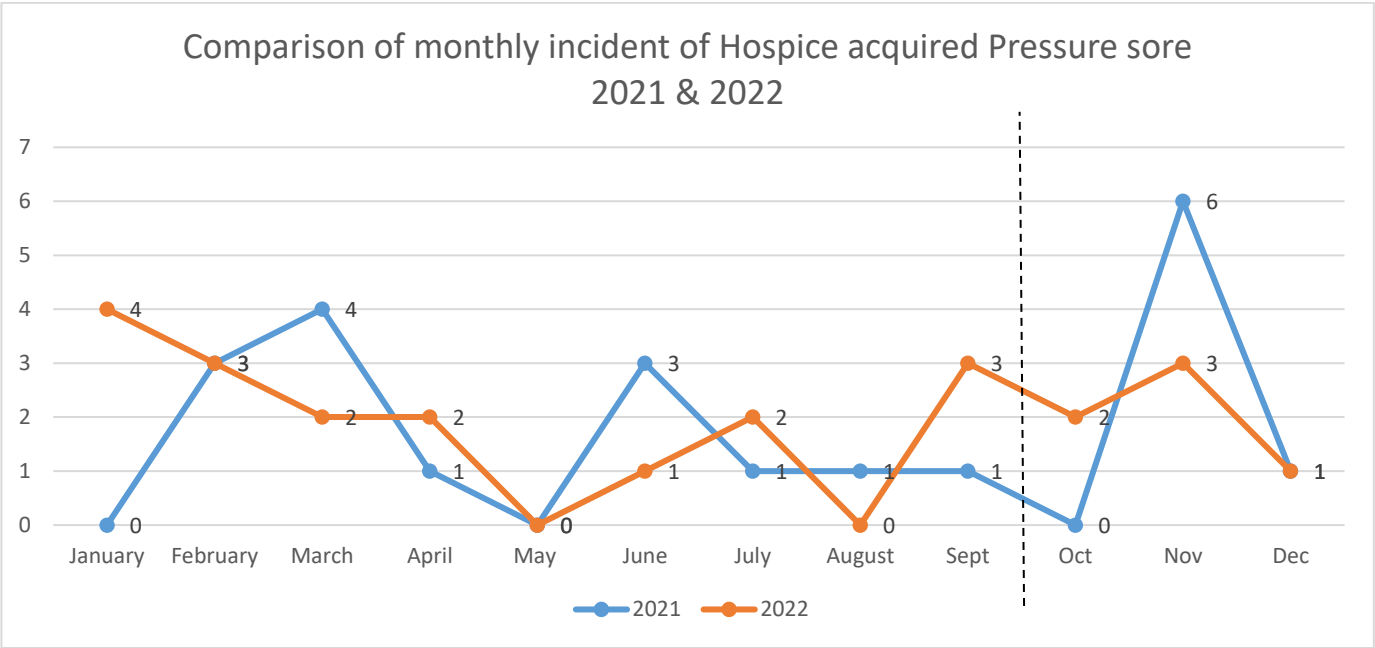
Falls prevention and management is a quality care indicator that has and will continue to have specific focus from a quality improvement initiative. This includes review of specific standards of practice and application of the evidence-based guidance within the everyday care we provide. The importance of reviewing patients individual risk factors and implementing interventions in care that respond directly to those factors is key.

In March 2023 a falls awareness week is commencing and this will be followed with the development of a multi-disciplinary Consultant led falls working group to support quality improvements within the areas of evidence based best practice for falls prevention, reducing injury from falls and management of patients who have had a fall.

6.6 2022 Hospice Acquired Pressure Sores and risk rating

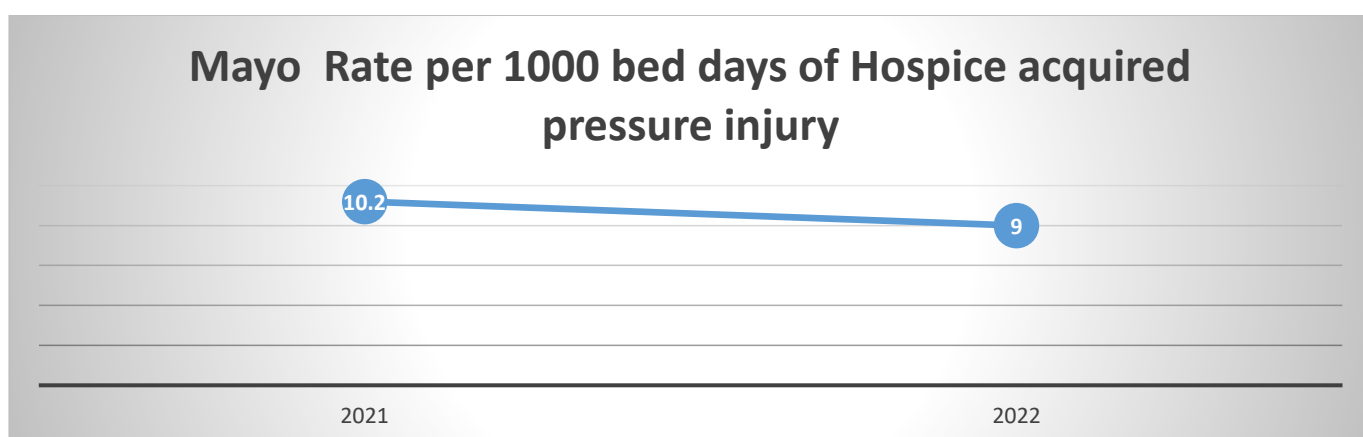
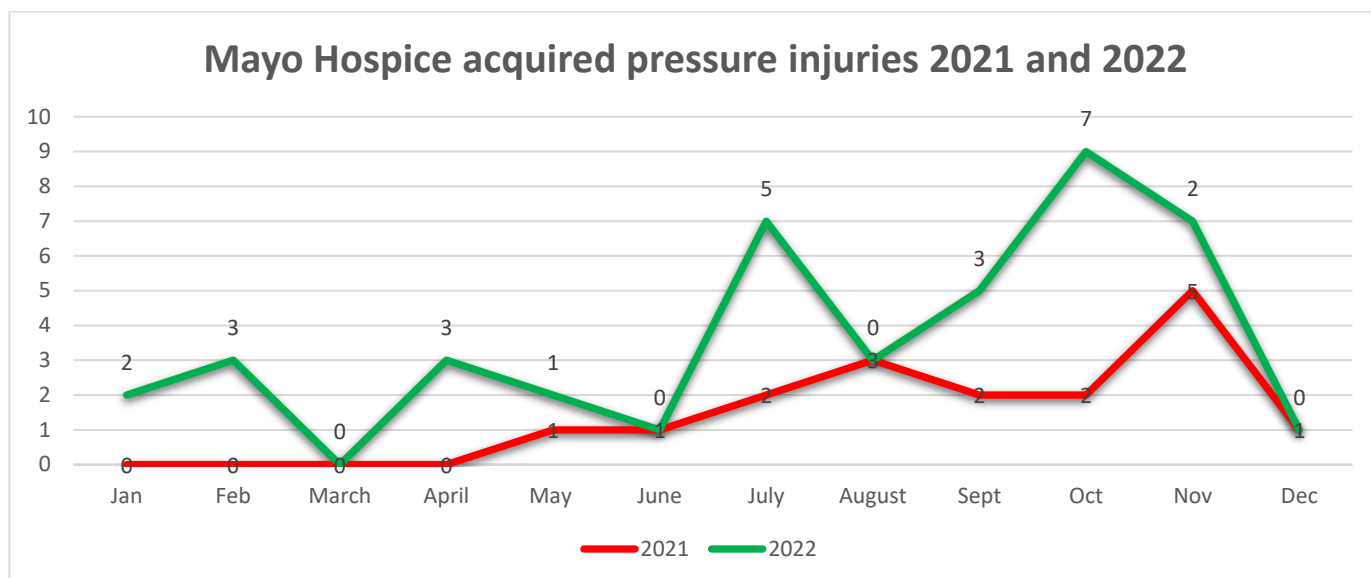


Galway Hospice acquired Pressure Sore



There has been a continued emphasis on the prevention and management of pressure injuries throughout 2022. This focused on review, in dept analysis of route cause in all pressure injuries reported and measures undertaken for the management of pressure injuries. There is a continued focus on early detection and the importance of identifying grade 1 pressure injuries is central to reversal where possible. The rate of pressure injuries in Galway has continued to reduce over a 3-year period as per table above.

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 has reduced in 2022. There is a sustained increase in the reporting of grade 1 pressure injuries which we know from the reports have never progressed into grade 2. There is an increased ability to reverse grade 1 pressure injury reports and this has been evident over the year.

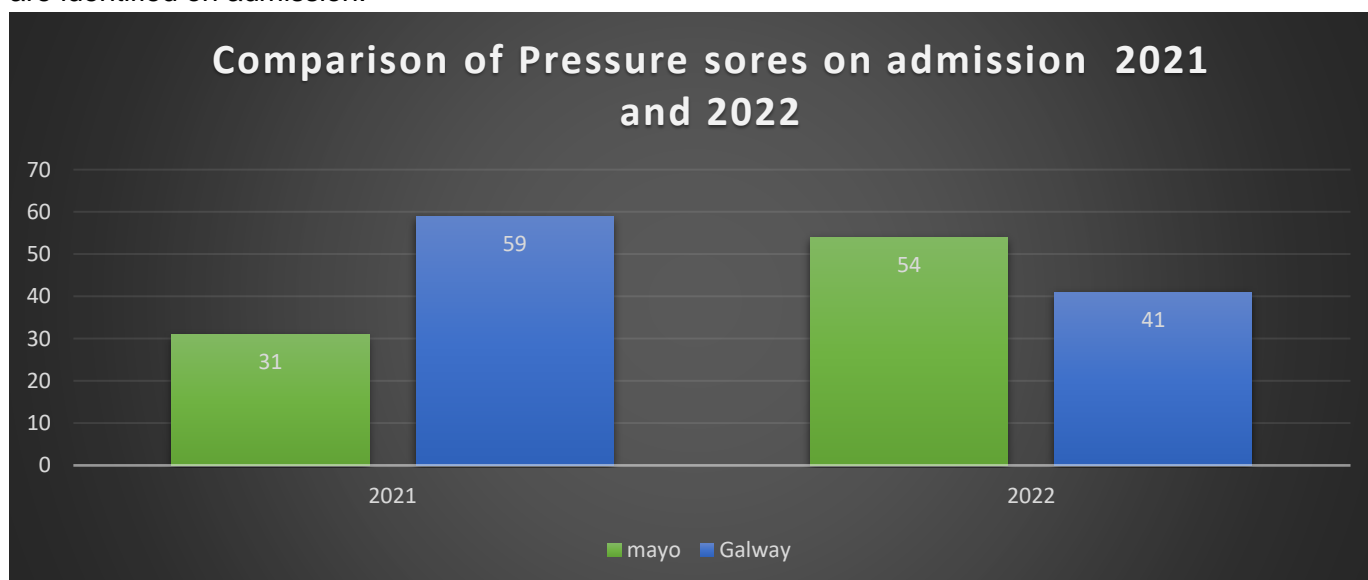
The application of evidence based best practice in the prevention and management of pressure injuries was further enhanced in 2022 when a working group led by CNM 3 developed a SSKIN bundle which was implemented in January if 2023.

Category of Pressure Sore	Galway 2021	Galway 2022	Mayo 2021	Mayo 2022
Stage 1	3	5	8	7
Stage 2	18	17	10	19
Stage 3	0	0	0	0

Stage 4	0	0	0	0
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Pressure sores on admission

There has been a continued increase in the reporting of pressure injuries on admission in 2022. This included 54 reports of patients admitted to Mayo with a pressure sore and 41 reports of patients admitted to Galway with a pressure sore. The staging of pressure sores on admission ranged from grade 1 to grade 4 with two high risk reports in 2022 linked to stage 4 pressure sores on admission. There was no deterioration of a pressure sore identified on admission. There is written communication by the Director of nursing to the referring healthcare organisation when stage 3 and 4 pressure sores are identified on admission.



6.7 Infection, Prevention and Control

Infection prevention and control is a core component to ensuring the Hospice provides safe quality care for our patients. Continuous improvements over 2022 were undertaken.

Audit:

In Q2 2022 the IPC CNM commenced the review of all the IPC audit tools in consultation with MEG software. All the audit tools were reconfigured to ensure alignment with HIQA standards. This included reconfiguring MEG access to further subdivide audits completed in Mayo and Galway and ease of access and visibility on review of audits due, completed and results.

Throughout 2022 the use of PVC and UC care bundles were monitored and assessed with audit using the MEG system. No reports of a Hospice acquired catheter or peripheral vascular cannula associated bloodstream infections have been reported for 2022.

Q4 of 2022 saw the introduction and implementation of a Central Venous Access Device care bundle which supports best practice for monitoring patients who are admitted with a central venous access device.

In tandem with these audits the organization continued to have quarterly environmental audits carried out by our external cleaning contract provider and IPC CNM to support further oversight of the cleanliness of the environment. Consistency in ensuring a high standard of hygiene and maintenance within the departments is key to providing a safe environment for patients in our care. All nonconformance's as identified were managed through a Quality improvement plan as reported through Q-pulse audit module allowing for clear completion of actions and close out of these as appropriate

Education

The IPC CNM rolled out education sessions for IPU staff throughout 2022. These sessions covered

- Hand Hygiene
- Standard And Transmission Based Precautions
- Putting on and Taking off PPE
- Aseptic Touch Technique
- Multi-Drug Resistant Organisms
- Cough Etiquette

Education was in line with training outlined on HSE and however given in person to enable staff to raise queries/concerns, use scenario based discussion to further troubleshoot challenges that may arise.

Documentation:

In consultation with CNM's a review of all referral forms used internally and the IPC assessment included in these forms was undertaken. A standardized IPC assessment was implemented across Day Care, IPU and CPC.

In IPU a risk-based approach was in place for assessing patients from an IPC assessment on admission. As part of a quality initiative secondary to review of IPC standards a standardised assessment for all patients on admission was developed with CNM and IPC. This is now due for implementation on February 28th.

Information Leaflets for all Patients in relation to specific transmissible infections including CPE, VRE, MRSA, ESBL and E.Coli have all been reviewed and updated in line with HSE standards at the end 2022 and are due to be active and available in quarter 1 2023

Following incidents across both sites in relation to linen and laundering the IPC CNM commenced tendering process for a new laundry service provider in 2022. A new company was successful for the tender and would provide the service to both Galway and Mayo sites.

By February 2023 the new company is servicing both sites. The service is being overseen by management on the inpatient units and are aware to raise any concerns if they arise. The has allowed review of the risk assessment and reduction to low with final review in 4 weeks with potential closure and a revision of the linen and laundering policy has been completed waiting final consultation with all stakeholders.

Covid-19 committee

For the first half of 2022 Galway Hospice governed service has continued to meet fortnightly moving to monthly meetings for the later part of the year to review and consider safety and practices in the management of covid 19. The committee has been key in reviewing guidance, the organisations 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 have been consistently risk assessing practices in line with guidance from 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.

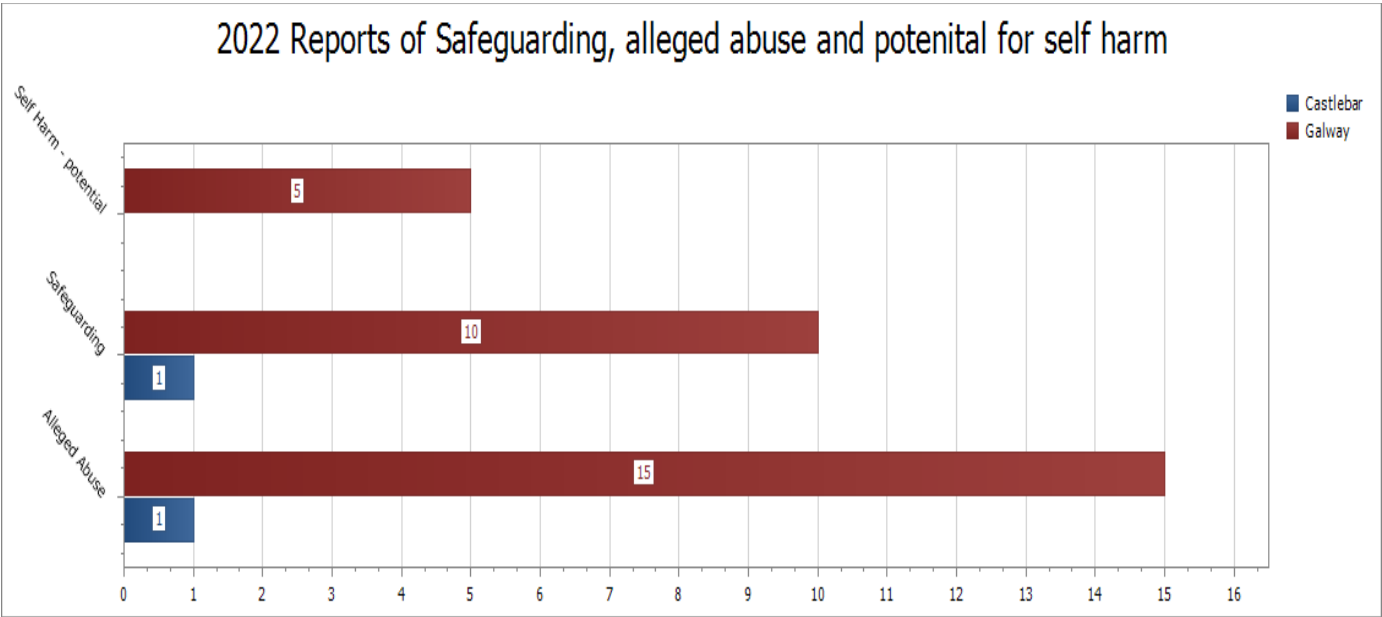
In 2022 the IPC CNM has established strong repour with IPC in the acute settings of Mayo and Galway University Hospitals and in other hospice settings. The IPC CNM in 2023 has proposed the development of an IPC forum across hospices within the All-Ireland Palliative care Institute QA+I group. The objective of this would be to strengthen the entity of IPC across hospice care and support standardisation and consultation of domains with IPC further enhancing safe quality care.

6.8 Safeguarding

Galway Hospice is committed to ensuring safeguarding is a key component in the provision of care to patients. We recognize that safeguarding children, young people and adults at risk is a shared responsibility with the need for effective joint working between partner agencies and other professionals. We recognise our responsibility to uphold individual human rights, treat individuals with dignity and respect and safeguard them against abuse, neglect, and discrimination. Our Medical Social Work Team strive to ensure that all staff are knowledgeable, confident and equipped with the skills to deal with process and procedures when concerns arise relating to safeguarding and patient safety, this is reflected through our policies, incident management system, audits and training programmes.

The hospice has seen a significant increase in safeguarding, alleged abuse and suicidal ideation reports in 2022. The reports are managed with Medical social work involvement and clear actions to support the person ensuring all measures are exhausted to support safety and effective engagement with all relevant resources by our Principal social workers, and wider social work team using the CAPA framework. Each quarter these reports have been reported through the committee organisations structure and the Quality Patient Safety committee.

It was recognized that the reporting of retrospective disclosures reports was having a significant impact for patients, families and for staff as mandated persons. In January 2023 the Medical Social work department facilitated training with a representative from TUSLA specialist service to give an overview of this newly established team and the assessment/ referral process.



6.9 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 2022 the Hospice received 2 complaints \ expression of concern. No complaints required escalation externally. All complaints are reviewed in line with the complaints policy of the organisation

The complaint received was in relation to a bereaved family member receiving a consent form for keeping in touch to ensure that they are satisfied to receive correspondence for the remembrance services. This was reviewed thoroughly in consultation stakeholders and with our data protection advisors and it was clear that there now was no requirement of this form for contact in respect of remembrance services. As a result, it is no longer a component of contact for the remembrance services. This was deemed a low risk.

The second complaint received pertains to the return of a funeral box and the issuing of a receipt to the incorrect person. The Director of Fundraising has apologized to the family for the distress caused by the incident and is working in updating the relevant procedure and policy to prevent a reoccurrence.

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

6.10 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 2022 are contained in Appendix 1

We conduct an annual survey to all active patients each autumn.

We received 58 responses to the survey in 2022 from patients in Galway (this was an increase of 7% over 2021). A summary of the results are as follows:

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

We received 12 responses to the survey in 2022 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	99% responded that this was either very good or excellent
Hospice Staff	100% of respondents rated staff as either very good or excellent
Impression of Hospice	100% of respondent’s impression of the hospice was wither very good or excellent

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

Name One Good Thing about the Hospice

- ▶ *Pain management was excellent (non verbal service user)*
- ▶ *It put me at ease and a lot less to worry about*
- ▶ *The comfort of knowing you are not alone*
- ▶ *From the moment palliative care came into our lives we felt safe, supported and that we would be looked after*
- ▶ *They took the fear away*
- ▶ *Empathy, care, respect. It was the one place we felt confident leaving dad*
- ▶ *Safe, enjoyable, fun. Always treated like a person. I looked forward to going every week*

Name one thing that we could improve on

- ▶ *Don't like the name palliative pain specialist*
- ▶ *Ensuites for all bedrooms*
- ▶ *Once on the books why the need for referral and paperwork again*
- ▶ *Vegetarian meals*
- ▶ *Hoist experience overwhelming, more explanation*

Any other comment

- ▶ *I can't tell you how safe I feel knowing the community team are there for me.*
- ▶ *They help family be someway prepared for the loved ones passing as I don't think you will ever be prepared but your help makes it easier to take and explain that our loved ones will be helped with their pain.*
- ▶ *Excellent , caring service, a great comfort and support*
- ▶ *Their support and help with advice, medical aids and period of respite and daycare has been so helpful to me and I really appreciate it.*
- ▶ *My experience has been fantastic, my body and soul have been rejuvenated*

6.11 Training and Education – Dan to update**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 2022. In total there were 1886 hours spent by staff at non-mandatory training events during 2022. A detailed breakdown of the training events attended is included in appendix 3.

On 13th October, we hosted a well-attended Study Day for Nursing Home staff in Maldron Hotel in Galway.

At the All Island Children's Palliative Care Conference on 17th & 18th November, staff from the Medical Social Work Dept. presented their work "A Medical Social Work Perspective: Supporting the Needs of Siblings".

On 23rd November, Dr Marwa Elamin, Consultant Neurologist & Ms Teresa Leahy, ANP came to the hospice to provide staff with an overview of MND including potential new treatment options.

On 26th January, Dr John Barton, Consultant in Internal Medicine and Cardiology & Dr Emer Burke, ANP in Heart Failure gave a presentation on ' Diuretics in Heart Failure.'

We continue to link with the All-Ireland Institute of Hospice and Palliative Care on a number of projects.

In November, we delivered a joint presentation in association with Milford Care Centre to the Quality Improvement group of AllHPC on the topic of "Restrictive Practices".

We have also engaged with AllHPC on both elements of their National Nursing Homes Education projects (Project ECHO and CARU).

We had previously been selected as one of three sites for the next phase of Project ECHO; the other two sites have now begun to recruit participants so we are next in line, pending appointment of a Project ECHO facilitator.

CARU has fully commenced now and we have met with the Regional Coordinator for CHO2, Carol Geraghty. Kate Steele, CARU National Programme Manager, has offered to give an update on the project to attendees of our next Nursing Homes Study Day (23rd Feb) and Galway Hospice will have two staff giving presentations at the first CHO2 CARU Network meeting on March 15th.

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 2022

7.1 ICARE Paperlight

Throughout 2022 the organisations ICARE project steering committee met to progress the implementation of a paper light record. There has been significant development in progressing the use of ICARE across departments using a structured planned approach. Currently progressions of its use include

- All Allied Health professionals inputting activities and status for patient care and now generating automated monthly reports
- All day care referrals are undertaken using ICARE and generating automated monthly reports
- All Daycare activities are being inputted allowing for monthly generation of automated reports
- All Community Palliative care team reviewed structures and devices to support point of care input provided with access to hot spot wifi.
- All community care staff have completed introduction to ICARE and inputting PCOC assessments directly to ICARE. The removes duplication of input. Once PCOC dashboard finalized will allow for in time review for all departments when directly inputting to ICARE.
- The CPC assessment booklet has been revised and now inputted into ICARE this has been reviewed with amendments made and ready for trial March 2023.
- IPU nursing have led on the initiative of a dashboard to reflect the key data required in handover. The preparatory work was finalized in 2022 and ready for trail in Q1 of 2023.
- Research completed into equipment required at IPU level. Review of all companies. Devices reviewed, ordered and awaiting arrival to allow next phase of roll out.
- **2023:**
 - Q2Progress roll out in CPC and Day care to include admission and follow-up assessments
 - Q2Progress introductory phase in Q2 to medical team and CNM's for PCOC entry
 - Q2Begin the use of the Allied health referral in ICARE streamlining patient needs and response in line with prioritization of care.
 - Enhancing efficiency in time management for AHP as currently referral system is not in place.
 - Q£ and Q4 will focusing IPU implementation for assessment within nursing and medical.

7.2 CHKS

At the end of 2021 we commenced preparation for CHKS survey for accreditation in 2022. This involved a team approach to reviewing standards, revision of policies procedures and discussions in relation to the application of practice and the role of the service we provide in achieving person centered care.

Each department participated in the preparation and completion of the standards for submission. In advance of the survey for 4-6 weeks preparation for interview session was undertaken to ensure all staff who attended the interviews. The surveyors attended both Mayo and Galway over a 4-day period. Interviews included a hybrid approach, using in person and Microsoft teams supporting cross-site and multi-disciplinary involvement. The closing report contained a number of commendations across a wide range of departments. The final report outlines minor partial compliances which were completed and sent back to CHKS for their final review. These actions were all closed by June and accreditation certification was granted in August 2022. The collective commitment by all staff in the provision of safe quality care was noted by the surveyors.

7.3 Medication safety

Medication safety has been a fundamental indicator of quality care and has seen continuous improvement in 2022. Key structures in the delivery of best practice in medication management have been reviewed. These include:

- The Medication prescription booklet has had a working group meeting consistently over 2022 and confirmation of final draft has been achieved awaiting implementation in February 2023.
- In 2022 the implementation of a Sliding Scale insulin prescription Kardex was commenced across both sites to support clear prescribing with sliding scale insulin when it is required and enhancing best practice with a high alert medication.
- Pharmacy commenced use of duplicate prescription pads with serial numbers supporting traceability at all times.
- A subcommittee from medication safety committee was developed in 2022 to revise emergency medication guidelines with 3 draft guidelines completed to date.
- Revise of policies and procedures in relation to medication in community and day care was completed.

Pharmacy led on the roll out of the first medication safety week which was undertaken from October 24th to 27th. This week focused on awareness and education on the international areas of focus that we see the highest risks for medication safety. These included transitions of care and the role of medication reconciliation, use of high alert medications and ensuring safety surround storage, prescribing and administration of these medications. Education session of changes that have taken place as a result of medication incident reporting and near miss reporting was completed. Information sessions which were interactive and focused on Identifying errors and risks in relation to prescribing and administration. The delivery of these education sessions was across all discipline allowing for a variety of input on best practice and safety with medication.

7.4 Provision of nutrition and hydration to patients

A quality improvement as a direct result of incident reporting allowed us to review the procedures in place for the ordering, and delivering of patient's food and drinks. There was participation from kitchen staff, IPU staff nursing and HCA's and volunteers. Structures and processes were assessed. Using PDSA a number of reviews were undertaken over a 4-month period to support an effective safe system for ordering the appropriate diets for patients.

7.5 Implementation of SSKIN Bundle- Pressure Injury Prevention

In Quarter 3 to further expand the application of best practice in pressure injury prevention and management the CNM 3 in IPU coordinated a working group to progress the development of a SSKIN bundle. This allowed for consultation and review with staff and external healthcare professionals with expertise in Tissue Viability. A final draft was completed in 2022 and implementation began in January 2023. This is a significant progression in the application of evidence based best practice. This will remain under review with a scheduled feedback for staff on the document after 8 weeks.

7.6 Wellbeing at work week

The Hospice celebrated "National Workplace Wellbeing Day" from April 25th to April 29th. 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 well known experts in their fields delivering sessions on the importance of nutrition in our wellbeing. Other sessions delivered included yoga, reiki 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. During the week awareness of the employee assistance program which is available to all staff was highlighted.

7.7 PCOC –

Throughout Q4 2022, we continued with PCOC data collection and upload to iCare, in line with the twice-yearly PCOC Australia reporting periods (January to June and July to December).

PCOC Australia provide an initial 'Data Quality Report' to services immediately following data submission, which highlights any missing or incomplete data. Services then have an opportunity to remedy these errors and make a second submission if desired.

The full suite of reports is then released to services approximately 2 months post-submission (i.e. March and September).

Our first data submission was in January 2022 of the data collected 01/07/21 to 31/12/21 (H2 2021).

This was classified by PCOC Australia as a preliminary report, as data for patients already in the services (prior to 01/07/22) could not be included.

We made our second submission in July 2022 of data collected 01/01/22 to 30/06/22 (H1 2022).

This was our first complete report, and as such the first of the reports that could be comprehensively analysed, and upon which we could begin to benchmark against ourselves in addition to comparison with Australian services. PCOC Australia plan to publish (Irish) national data when additional services are submitting data.

We made our third data submission in January 2023 of the data collected 01/07/22 to 31/12/22 (H2 2022 data). The full suite of reports from H2 2022 data is expected in March.

The initial Data Quality Report on the H1 2022 submission showed a significant number of issues which were later rectified in consultation with SMI and PCOC Ireland. This initial report showed that just 60% of the Episode data and 65% of the Phase data were 'valid'.

The vast majority of these were related to people under the care of the CPC Team who were being re-admitted to hospital out-of-hours / at weekends. In those cases, it had not been possible for us to complete a final assessment to mark a completed episode of care and thus was being flagged as 'missing' data.

The solution was to retrospectively record a PCOC 'assessment' – noting that the patient hadn't been assessed by staff – and end the episode of care on the date that the person was transferred to another care provider.

These investigations and retrospective amendments with further submissions brought the valid (H1 2022) data for Episodes from 60% to 94% & valid data for Phases from 65% to 95%.

In addition to the retrospective amendments of records, SMI developed a bespoke search function within iCare which allows us to regularly generate our own Data Quality checks.

Thus, our Quality Improvement process in Q4 was to liaise with the staff and give feedback on the requirement to complete a PCOC assessment on the date of death / discharge / transfer to hospital and to monitor progress through the use of the Data Quality check function within iCare.

The first submission of the H2 2022 data in January 2023 showed figures for 'valid' Episode & Phase data are both 96%, which is in excess of the final figures for the amended H1 2022 data.

This shows the results of the QI process, and it should be noted that this increase in percentages is in addition to having submitted significantly more data – compared to H1 2022, H2 2022 showed an increased number of Inpatient Episodes (from 258 to 322), an increased number of Community Episodes (from 519 to 595), and an increased number of phases (from 2357 to 2979).

As noted previously, we await our third suite of reports from PCOC Australia (H2 2022 data), which will allow us to benchmark against our preliminary (H2 2021) report, our H1 2022 data as well as Australian H2 2022 data.

SMI continue their work on developing the dashboard reports, which will be an abbreviated version of the 6-monthly reports that we receive from PCOC Australia. Further feedback to SMI given in December 2022 – awaiting response from them regarding timescale and costings for final amendments.

8. Multi-disciplinary Initiatives

8.8.1 Medical

In 2022 the Medical team have undertaken clear actions to further support patients with chronic non-malignant illness.

It has enhanced patient's opportunity for timely access to specialist palliative care and It has also provided the opportunity for continued education as well as sustained collaboration with specialities across forums as outlined below:

- Palliative medicine consultant attends monthly Motor Neuron Disease clinic UCHG, to allow for early integration of palliative service, facilitating early symptom control and advance care planning.
- Palliative Medicine consultant's collaboration with community heart failure services in Galway and Mayo. Have established case-based MDTs, are exploring best model of shared care for patients with advanced heart failure and providing input to Integrated Chronic Heart Failure Management Programme (iCHAMP) guidelines
- These collaborations have allowed for exchange of education e.g. Dr Marwa Elamin, consultant neurologist and Ms Teresa Leahy presented on MND to Hospice staff Dec 22, Dr. John Barton has presented on heart failure to hospice staff, and palliative education is provided to HSE staff.

8.8.2 Art therapy

The Art Therapy Department has undertaken many initiatives over 2022 across both sites.

Establishing links with the wider community through art

A 'Meadows' workshop was organized and took place in June within Mayo Day care. Two visiting artists introduced an art project that can be continued and progressed between both sites. This resulted in an

ongoing group piece which can be implemented by various team members and departments. Plans for a feature wall in the children's room Mayo in collaboration with well-known successful local artist Jimmy Lawlor- using one of his images "Capturing a Moment" and converting it to large scale wallpaper- Ongoing. Discussing details involved in converting image with printers and re-contacting the artist for confirmation. Early in the year the art therapist established links with the Arts community in Mayo; Gallery's, Artist's and the Arts Department in Mayo County Council. This led to sourcing and the donations of art for day care space Mayo, and hopefully opened doors for future collaboration. Art therapy has been active with the college sector and further contact has been made with MTU (formally CIT) re: potential MA Art Therapy students for future placement suitability.

Initiatives

Radius Project

Over 2022 and in progress as we enter 2023 is the development of the initial proposal for the Radius project in association with ATU/GMIT where the art college connect and collaborate with their neighbours within a 5k radius. Previous projects include collaboration with The Cope Foundation and Galway Community College. ATU will commission past graduates to put forward suitable art project for hospice environment. The suggested Theme is "Living Sculptural Garden & Revolving Gallery Bay 3" The function of the area proposed is for patients to relax, and connect with outdoors and nature. (Outside room 1-4). The sculptural forms envisaged to be designed and made with the ability to support plant life and emphasis placed on bio-diversity. This will include Seating areas also in this space. This project requires conversion of photos and drawings of the area into CAD drawings. Staff input, involvement and feedback has and will be a significant component to this at all stages. Currently reviewing how to capture discussions around gathering patient suggestions and feedback also for the project

The art therapist has submitted a piece and it was accepted for NUIG Empathy book titled "Ionbhá". This was published in Oct 2022. "Ionbhá", the Empathy Book for Ireland was an opportunity to gather perspectives from a wide cross section of society on why empathy is important to them, or how it has effected/has had an effect on their live or career to date. Proceeds of this go towards an empathy program in schools for young people.

The '**Talking Art**' Initiative was introduced for Day care Mayo in November. (To Introduce in Day Care Galway in the coming months). This new programme encourages active engagement and conversation, prompting participants to share their thoughts and opinions on IMMA artworks with a printable 'Talking Art with IMMA' resource pack. These printed artworks will highlight selected work from the IMMA collection, accompanied with a range of conversational prompts that form a guided way of exploring artworks. The art therapist anticipates that this may be particularly usefully when a patient is not interested or able to actively participate with art materials, yet provide an opportunity for connection and engagement.

Plans for a canopy and surrounding fencing for the art room in Mayo to allow patients to avail of outdoor area if raining, allowing a sense of space while engaging in Art Therapy was successful. The surround fencing will provide privacy from cars passing, and may include flowers/plants in time to allow the patient to connect with nature in the space also. Potential to develop a joint AT/OT initiative to decorate and treat wood panelling

Education is a key item for art therapy and sessions were carried out during Palliative Care week to continually promote awareness and the impact and benefits that art therapy can have for our patients across the services.

Art therapy has been involved with IACAT (Irish Association of Creative Art Therapists) in the drafting of a Specialist Art Therapy in Palliative Care Policy, recommendations produced along with an action plan which is currently being refined. The steering group met on Nov 24th and on Dec 8th and the

policy will then go to the Department of Health and the Department of Expenditure and Public Reform for review and sign off.

7.8.2 Occupational Therapy

The OT service has seen new members to the team in 2022 and this has included comprehensive induction to the service and supports made for new staff.

The OT service within Galway Hospice developed links with the Galway Wheelchair Service. The OT team visited the Wheelchair Service to gain a better understanding of the Seating Specialist OT's role, and how Galway Hospice can facilitate / expedite specialist seating assessments for our vulnerable patients who may normally have to travel for hours to attend these appointments. Subsequently to this, the OT team organised and accompanied the first patient from Galway Hospice to the Wheelchair Service in Merlin Park, and participated in a complex seating assessment. This was an excellent educational opportunity for our team and it is anticipated to continue enabling these specialist wheelchair assessments going forward.

In December 2022, preparations began for the re-introduction of an OT into Day Care every Wednesday and Thursday commenced.

Further progression of the activity trolley initiative is place for 2023. During to resource constraint this was held in 2022. Another initiative for planned and ready to commence is the development of a gardening group within Day Care which is hoped to begin in Q1 of 2023 – this group aims to promote wellbeing and quality of life, offer participation in meaningful occupation and provide a holistic opportunity to address symptoms such as anxiety and stress.

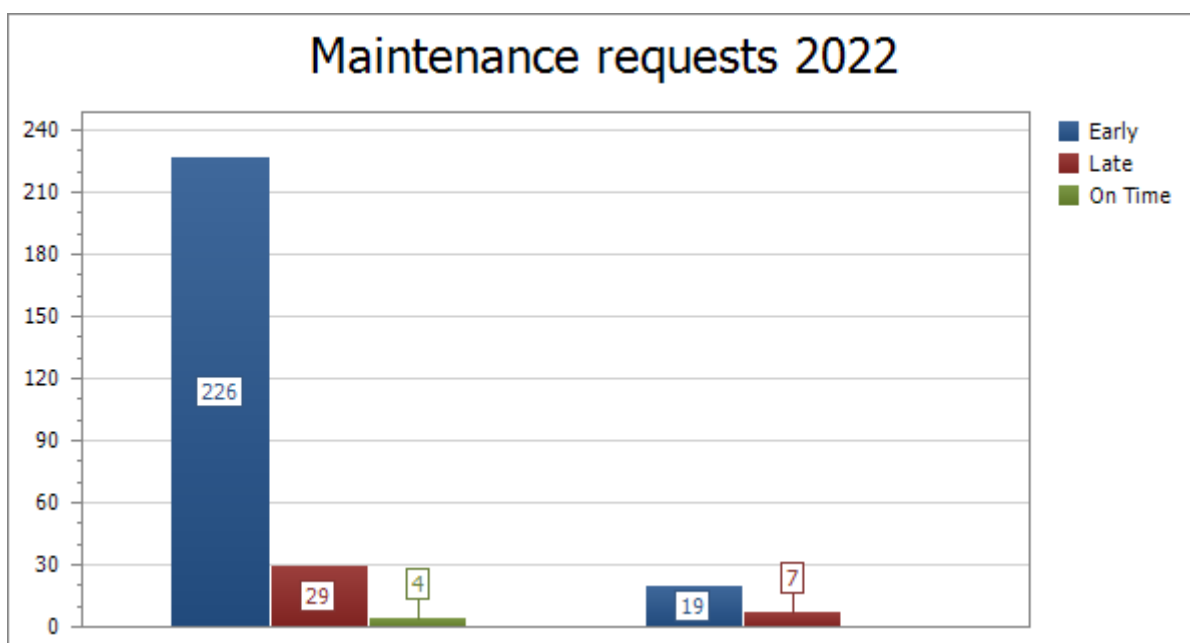
7.8.3 Pastoral Care-

A member of our pastoral care team undertook a course in clinical supervision to provide additional supports to staff across both sites. The pastoral care team and our bereavement Co-ordinator received a quality award for the virtual remembrance services developed to support bereaved relatives during covid and presented on the initiative to the CHKS conference in Birmingham in June

8.0 Facilities Energy & Environment

We are committed to maintaining our building and equipment to the highest standards, which is evidenced by the maintenance, request logged and completed over the year. The system for logging maintenance requests was reviewed mid-year to ensure that the maintenance requests for each site were allocated correctly. All maintenance requests up until this point were allocated under Galway requests therefore the statistics below for Castlebar are accurate from the reconfiguration of Q-Pulse in October. Maintenance agreements are in place for all critical pieces of equipment in both sites 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. An 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 2022, our energy and waste trends were as follows:

Decrease of 6337kwh of electricity compared to 2021

Decrease of 3205ltrs of heating oil compared to 2021.

Decrease of 4.5 tonne of general waste.

Increase of 0.6 tonne of food waste.

The decreases in energy usage were the result of a number of initiatives conducted in late 2021 and early 2022 (light fittings upgraded to energy efficient fittings, upgrade of the boiler to improve efficiency, fitting of thermostats to heating devices where possible and replacement of the oxygen generator with a newer more efficient model)

We replaced the remaining diesel cars used by our community team with hybrids in last 2022

We will continue to seek opportunities to reduce our energy consumption and waste output during 2023 and the actions to achieve this are detailed in the facilities section of our operational plan.

9.0 AUDITS COMPLETED

In 2022 the development of an audit schedule in line with CHKS standards and organisation policies was developed. A draft of this was completed at the end of Q2 with further training provided by HCI in September which was well attended. A further draft in Q3 was submitted to QPS for review and discussion.

This allowed for further confirmation of the schedule for Q4 and 2023 with tracer approach adopted for each quarter. Continued use of the audit module allows for generation of findings, QIP and close out pending the completion of all actions.

The use of the tracer approach was undertaken in Q4 for Infection Prevention Standards and Slips trips and Falls Mayo. See Q 4 report for update on outcome and actions.

10.0 Data Protection

Ambit our Data Protection consultant continue to provide quarterly report as part of the Hospice group for the organization. The Data protection lead for the organization monitors and updates the organizations plan for management of actions for druthers support compliance with GDPR and The Datta Protection act as we progress through the year.

In March 2022 Ambit consultants undertook an onsite health check. This process involved gathering sufficient information to understand and review policies and procedures in relation to personal data processing at Galway Hospice. The information gathering was conducted through an on-site visit at Galway Hospice conducting a tour of the facility, meeting staff, heads of department and the CEO. Onsite health checks will continue with a Mayo site visit in Q1, 2023.

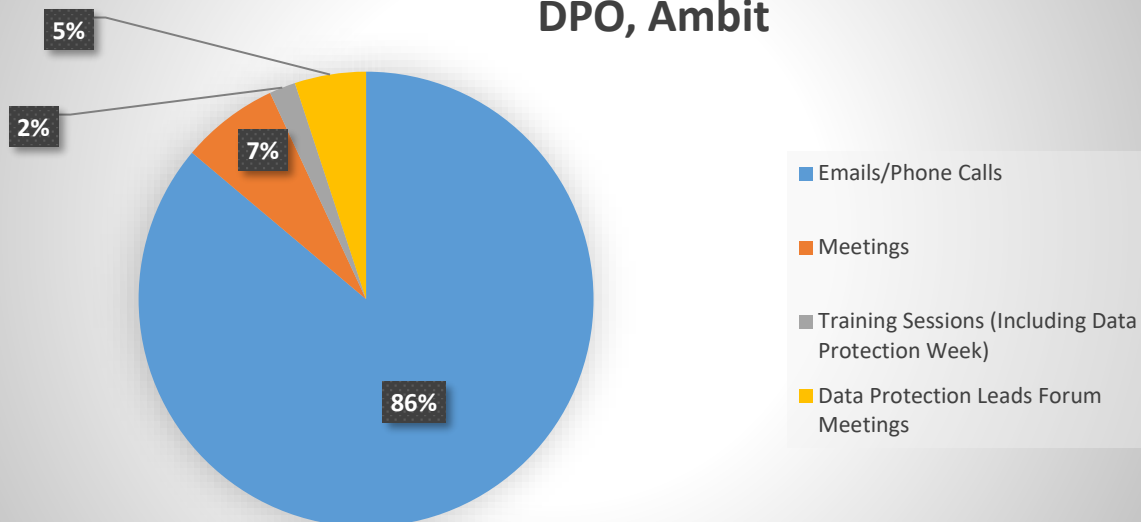
The review of DPIA's, designed to identify risks arising out of the processing of personal data and to minimise these risks as early as possible is ongoing. They are developed in consultation with our Data protection consultant as any systems are considered for implementation. Currently all DPIA's are uploaded to Q-pulse with a specific reference code for DP documents.

Each year biannual Audits are undertaken across both sites in line with CHKS accreditation standards.

In 2022 Galway Hospice Governed Services had no reportable Data Breaches to the DPC.

Galway Hospice Foundation - Engagements with DPO, Ambit					
Format of Interaction	Quarter 1	Quarter 2	Quarter 3	Quarter 4	
Emails/Phone Calls	76	50	107	90	323
Meetings	7	4	6	9	26
Training Sessions (Including Data Protection Week)	5	0	1	1	7
Data Protection Leads Forum Meetings	5	6	3	5	19
Totals	93	60	117	105	375

Galway Hospice Foundation - Engagements with DPO, Ambit

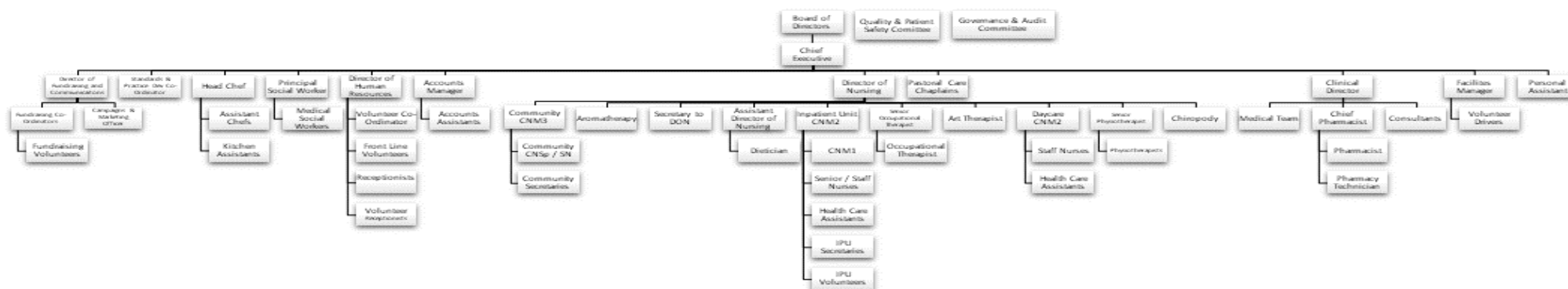


Galway Hospice Foundation - Data Protection Workplan for 2022 - Position at End December 2022

Source	Recommendation (Title)	Updated December 2022
GHF	Volunteers - Policies and Procedures	Closed - confirmed at meeting with Volunteer Co-ordinator
GHF	Credit Card Processing - Additional wording to be included in Fundraising Policy	Closed- Confirmed with Director of Communications
GHF	PCOC Data Sharing with Australia	Issued Milford copy to GHF. No additional risks evident
GHF	iCare System - Move to Electronic Records - DPIA	DPIA Completed December 2022
GHF	Risk Register - Review in context of Divisional versus Corporate Risk Register	Closed per DPO Email
GHF	Data Breach Incidents on Q Pulse	Closed per discussions with Director of Quality. Also, on 2023 Plan
GHF	Fundraising - Data Processing	Closed- Confirmed with Director of Communications
GHF	Data Retention	Discussed 1 Nov- to be included into ROPA. Also, on 2023 Plan
GHF	Ensuring the confidentiality of information	Closed - Revised version issued
GHF	Remote Working	Closed - review in light of 2023 legislation
GHF	DPIA for Volunteero	DPIA Completed
GHF	Security Procedures for Accessible Offices	Completed as part of Dec Audit - All in order - Agreed 6-month review
GHF	Policy on Accessing of Patient Charts - Improved tracking of charts	Include in 2023 plan
GHF	GDPR Notices	Available in both sites - Dec 2022
GHF	iCare Enhancement Plan	DPIA completed - DPO & Director of Quality.
GHF	Mandatory Data Protection Training in Annual Plans	Galway happy with progress Training is strongly encouraged
GHF	ROPA Review	Closed - Action complete Review in 2022
GHF	Speech Privacy review	Closed = Galway new facility / Mayo not an issue
GHF	Covid Vaccination Data Processing Review	Closed per Email 19 Oct 2022
GHF	Process for Review of HR Files	Closed

GHF	Multi-factor Authentication	Confirmation Received of implementation
GHF	Bereavement Letter - Service Invitation	Revised letter with GDPR section approved
DPO	CEO Ambit/DPO Meeting (Quarterly)	Closed - routine well established now
DPO	DP Leads Schedule of Meetings	Closed - routine well established now
DPO	Data Breach Processes	Discussed Nov & Dec. Robust process in place.
DPO	Risk Register	Closed for 2022 per email. Include in 2023 plan
DPO	Subject Access Policy & Requests	Policy & Procedures are robust and well managed. SARS very infrequent.
DPO	Volunteers	Met Volunteer Co-ordinator and discussed
DPO	Fundraising	Met Director of Communications and discussed
DPO	National Incident Management System (NIMS)	No issues identified. GHF engaging with SCA re Training
DPO	HealthMail and HealthLink	Limited data transfers identified
DPO	Data Sharing - HSE	Limited data sharing identified. On-going discussion with HSE
DPO	Data Sharing - Generally e.g. HIQA, Hospitals, HPRA etc	Commenced. Discussed 13 Dec. External sharing very rare
DPO	COVID-19 Data Protection	Completed
DPO	National Imaging Management Information System (NIMIS)	No issues identified.
DPO	Safeguard Reporting	Commenced DPO Practices sharing very rare
DPO	Health Research -Audit of scope and scale of on-site research to assess compliance with Health Research Regs	Discussed 12 Dec - Include in 2023 plan
DPO	Review of Policy & Procedures - Remote Working	Robust policy in place - review in 2023 in light of legislation

APPENDIX 1 ORGANISATION CHART



APPENDIX 2 Comment Cards Received

Comments Sheets Galway Result - 2022 (3 replies up to 31/12/2022)							
STAFF	Excellent	Very Good	Good	Fair	Poor	Not Relevant to me	Not Answered
Professionalism	3						
Caring attitude	3						
Availability/Responsiveness	2	1					
Communication	3						
CARE PROVIDED							
Care of patient's physical symptoms/needs	3						
Care of patient's emotional concerns	2	1					
Care of patient's spiritual concerns	2					1	
Support offered to family members/carers	3						
ACCOMMODATION							
Cleanliness	3						
Comfort	3						
CATERING							
Quality of food	1					2	
Menu choices	1					2	
OVERALL SATISFACTION	3						
COMMENTS:							
1. "I am not a family member but my best friend has been with you for the past week I have been sitting with her every night for 3-4 hours							

Comments Sheets Mayo Result - 2022 (12 replies up to 31/12/2022)							
STAFF	Excellent	Very Good	Good	Fair	Poor	Not Relevant to me	Not Answered
Professionalism	12						
Caring attitude	12						
Availability/Responsiveness	12						
Communication	12						
CARE PROVIDED							
Care of patient's physical symptoms/needs	12						
Care of patient's emotional concerns	12						
Care of patient's spiritual concerns	12						
Support offered to family members/carers	12						
ACCOMMODATION							
Cleanliness	12						
Comfort	12						
CATERING							
Quality of food	10	1				1	
Menu choices	11					1	
OVERALL SATISFACTION	10						2
COMMENTS:							
1. "Fantastic facility, brilliant staff and services. Was nervous to come in but already feel so good being here and relaxed". (CSM/01).							
2. "From all the family from the bottom of our hearts we cannot thank you so much for the care and compassion you showed mum, for giving her dignity back and we will forever be grateful for this. She was so content and happy here, for all the support you gave family at this difficult time" (daughter of patient). "Thanks for the love and care you gave to my loving sister, she was so happy here" (sister of patient). (CSM/02).							
3. "We as a family would like to express our utmost thanks to all the incredible staff who showed my brother SW so much love, care and compassion during his time at the hospice. This truly is a magical place with the most amazing staff. They are all just fantastic at their jobs and we will appreciate their love and support always". (CSM/03).							
4. "For us it would be impossible to do anything more or better or to expect any more from any staff member we encountered and however you recruit the staff you certainly do an excellent job as then do they. Great facilities to have at a hard time and way beyond our expectations. When I refer to staff I also refer to receptionists and the chaplain, Derek. Many thanks". (CSM/04).							
5. "Words cannot express how much we appreciate the kindness, care, love and compassion all of the staff here showed my cousin. You have all been absolutely amazing - you are literally angels on earth. Thank you so much for everything". (CSM/05).							
6. "Can't praise ye enough; the care and professionalism that ye showed to RT was second to none. We can't thank ye enough".							
7. "Amazing service". (CSM/07).							
8. "Words cannot express how well our William and us as a family were looked after by the team". (CSM/08).							
9. "I would like to express my gratitude for the immense caring and attention you provided for D in his final few weeks. It was such a consolation to myself and the family. I wish you continued success in your wonderful Hospice". (CSM/09).							
10. "Staff and nurses professional to the very last". (CSM/11).							
11. "Excellent care provided to patients. All staff excellent, each in their own field. Thank you". (CSM/12).							

APPENDIX 3 EXTERNAL TRAINING COMPLETED

EXTERNAL/PAID EDUCATION 2022			
Date	Course Title	Course run by	Duration (hours)
26/01/2022 - 31/05/2023	Certificate in public procurement & supply chain excellence	University of Limerick	385
10/02/2022	Supporting Bereaved People	IHF	7.80
17/02/2022	Talking to a donor who is Bereaved	IHF	21.00
24/02/2022	APDS Webinar: Reflections on what has worked well as we restart our Services	APDS	4.00
07/03/2022	Quickbooks Training	Quickbooks Training Ireland	6.00
23/03/2022	Moving Points	OLH	31.20
17/02/2022 - 24/05/2022	Palliative Care Symptom Management Workshop - full series	OLH	16.00
13/04/2022	Patient moving and handling	Logue & O'Connor Training & Consultancy	7.80
13/04/2022	PAT testing	Powerpoint Engineering	7.80
04/05/2022	End of life care: the role of the Multidisciplinary Team	ACPE	3.00
25/05/2022	Assessing and Treating Fatigue: Skills and Strategies for OT Practice	AOTI	7.80
31/05/2022	The benefits of using PCOC assessment tools in routine clinical practice to drive quality	Milford Hospice	9.00
15/06/2022	Reducing Medication Errors in Healthcare Services Conference 2022	CMG Events	15.60
01/10/2021 - 10/09/2022	Diploma in Cross Professional Supervision	Croi	180.00
Sept 2022 - 2023	Human Resources Management (2 years)	UL	35.00
Sept 2022 - May 2023	Msc. Loss and Bereavement (year 2)	RCSI	39.00
01/09/2022 - 31/05/2023	P.Dip in Science in Palliative and End of Life Care	ATU	462.00
07/09/2022 - 30/04/2023	Infection Prevention & Control P.Grad Certificate	UCC	390.00
12/09/2022 - 13/09/2022	Rooted in History - Growing in Hope (NAHC Annual Conference)	NAHC	31.20
12/09/2022 - 09/11/2022	European Certificate in Essential Palliative Care (Princess Alice)	Milford Hospice	31.20
14/09/2022	Offering Bereavement support post Covid - reflections and insights	HPCSW	1.00
12/10/2022 - 13/10/2022	Conduction Workplace Investigations and Alternative Conflict Resolution Methods	Legal Island	6.00
13/10/2022	Pressure Ulcers at the End of Life	Healthcare Conferences UK	15.00
13/10/2022	SNCHC (Support network of catholic healthcare chaplains) Annual Conference	SNCHC	15.60
13/10/2022	National Palliative Care Conference 2022	NW Hospice	22.50
25/10/2022	When patients with a life-limiting illness have dependent children (morning session) Good practice when working with the LGBT + community at eol & in bereavement	HPCSW	23.40
10/11/2022	Cambridge Breathlessness intervention service - Breathing, thinking, functioning virtual study day	National Clinical Programme Respiratory	7.50
17/11/2022	Legalities and Practicalities of Restraint in Healthcare	CMG Events	7.50
17/11/2022 - 18/11/2022	5th All Ireland Children's Palliative Care Conference	CPCC	31.20
17/11/2022	Legionella Training	Cif Training	0.67
03/12/2022	Pathways to Transformation	Supervisors Association of Ireland	5.00
12/12/2022 - 13/12/2022	2nd Dublin Advanced Pain & Symptom Management Course	OLH	60.00
	Total		1885.77

APPENDIX 4 VIRTUAL REMEMBRANCE EVENING EVALUATION

Sample of Remembrance Service Comments Received - Galway

Your overall opinion on the online service:
"It was magnificent, I could not describe how wonderful it was".
"Spiritual occasion, well structured music/prayer/reflection. A most enjoyable, uplifting experience".
"It was a very beautiful, dignified and very emotional service. Thank you very much for giving me, my family, friends and neighbours the opportunity to participate".
"Very comforting, music and singing was beautiful, candle lighting very personal and touching. Meant a lot and reflections and poems so meaningful".
"Absolutely fantastic. How thoughtful it was to follow up after mom's death".
"It was very professional. Very moving and very well received by all who viewed it".
"It was good online. I could share the invitation with family members across the country".
"It was lovely, upsetting naturally but nice to have all names shown and candles lit".
What did you find most helpful?
"To see that I am not alone in grieving and to know that I can always turn to you for psychological support if needed. And to feel that my husband was not just a patient in your care but really a human being".
"Information letter and leaflets very informative & having candle to light at home was so lovely to have, very special, thank you".
"I felt it brought my beloved sister very close to me".
"It was very emotional, the reflections helped put into words what I was feeling during the service".
"To know that I was not alone".
"The reflections, the moment to pause and think about dad as it's been so busy since he passed. The music really added to it".
"The poems, lighting a candle for each person and saying their name".
"The whole experience was soothing and helpful".
"Hearing my dad's name amongst the litany of names made me think of him and the families of others that I would know also".
"I loved hearing about how grief affects people. This was my first time really understanding grief and feeling the waves; my mam passed away".
"Reassurance that it is ok to accept grief in different ways. The candles and prayers was so individual - lovely".
"The online service is great for those of us who would have to travel quite a way and also one can grieve freely for those of us who feel uncomfortable doing so publicly".
"Easy flow of service, mix of humanist/christian, blended well together. Music was appropriate and thought provoking".
"Help with recognising the grief process and how individual it is. Also the contacts provided for bereavement support".
Is there anything you would like us to do differently or are there any changes you would recommend?
"You could not improve on perfection as far as I was concerned. I cried with joy and perfection as I listened and watched and listened".
"No, its not easy to find a structure that facilitates so many areas and the remembrance service certainly did that; prayer, reflection, music and candles".
"It would have been better to direct people to You Tube to access it immediately".
"For me timing was great as 12 weeks after I lost my mam. So nice to have this service now".
"I think some names may have been spelt wrong but service itself was lovely and music very nice".
"We think ye have thought of everything. It was lovely to light the hospice candle for the service just as ye lit the candles to rememeber all who died".
"No, I particularly liked the largely non-sectorial nature of the service so that those of us without faith could feel included and the service spoke to us too".
"None but to be present in person may have helped, at another time maybe when we are out of covid"
1) "Seeing the many familiar staff faces made it personal. Would be lovely to see some of the Home Care nurses included as they became a big part of our lives. 2) Perhaps make the link available for up to 4 weeks".
Any further comments or suggestions
"My sincere thanks for the service ye provide; to all staff at the hospice and community nurses. I appreciate the dignity and respect that was shown to John".
"Just want to relay my thanks once again to you all at the Hospice for the commitment and care you show to patients and their families. My dad was one of the patients under your crare and we were so lucky to benefit from your services. The Remembrance Service was the icing on the cake, very lovely".
"Perhaps include a few leaflets with the letter to be given to other family members".
"Many thanks for organising this event - it was moving and reaspectful. It was warm not cold, beautiful words spoken and music played".
"Thank you all in Galway Hospice for all you do for the families as well as the patients in our time of need. It will never be forgotten. The Remembrance Service comes at the right time to give comfort and the booklet, candles are a beautiful keepsake. Thank you".
"A beautiful service that was done with great respect for those that had passed away and their families. A lovely tribute to my beautiful father whom we miss dearly every day".

Sample of Remembrance Service Comments Received – Mayo

Your overall opinion on the online service:
"Very respectful and beautiful. Video quality was exceptional".
"Excellent, moving and balanced between being about those living and dealing with grief and memories for those gone".
"Respectful, very moving and personal - remembering by name".
"Beautiful, we really enjoyed it. You did a great job, thank you for thinking of us".
"Well done with joy and sensitivity".
"The music and prayers were beautiful. The lighting of the candle was so special. Thank you".
"Very thoughtful service and considerate of our loved ones".
"Beautiful; songs and words were very therapeutic".
"Very beautiful".
What did you find most helpful?
"Beautiful poems/music".
"The interactive element i.e. the lighting of our own candle. Also the lighting of the candles for each individual that passed".
"The whole way it was presented was excellent and the booklet made it more connecting".
"All of it really. It was a perfect counterpoint to the public and visible part of the funeral and engaging with hundreds of people. It was a full circle connection with the intensely private experiences at the hospice. It felt a bit of a taster session for many....".
"To hear loved ones name being read out. It was nice and comforting to hear their name being acknowledged".
"It was a fitting memorial with a lovely selection of music and reading".
"The readings and the booklet. Also the people from hospice who participated really made a difference".
"The service was very well thought out, planned and delivered".
"The genuine care exhibited by all involved".
"Allowing time to stop and reflect".
"that a direct link was provided to us. Also additional booklets and candles were provided (as it is a large family) for which we are very thankful".
"Remembering everyone individually, by name made me feel very connected".
Is there anything you would like us to do differently or are there any changes you would recommend?
"No, I thought it was lovely".
"When ye call out the names of the deceased if ye had a picture of the deceased on screen it might help but not sure ye can do this".
"Just keep doing the same. Music, readings, statements about the grief process and where to get help. It was very balanced".
"It would have been lovely to have been at the service but I understand".
"No, the service was lovely, time to pause and reflect, lovely readings. The subtitles however were not always accurate to what was actually being said".
Any further comments or suggestions
"Thank you for all you and your staff did for our dad and our family throughout our time with you".
"It was a wonderful service".
"Many, many thanks".
"The Abba song sung at the end was a song my dad used to enjoy singing and whistling"
"Leave recording available to view for longer than 2 weeks - maybe 4 weeks".
"I was away the day of the service and I really appreciated that I was able to view at a later date. Thank you"

APPENDIX 5 ADULT BEREAVEMENT GROUP EVALUATION

What did you find most helpful about attending the sessions?

"The way the days were run with calmness & thoughtfulness for my situation".

"It helped to know that other bereaved people were going through the same problems as I am".

"That those who attended know what you are going through and that they are the ones that you listen to and learn from".

"Talking in a group".

"Talking to people who are in the same position as myself because they are the only people who understand the pain".

What did you find least helpful about the session?

"Everything helped me".

"The poetry. I understand they were about ways to deal with your grief but some of us are not ready to look at healing yet. Give us time to hurt".

"Painting"

"I can not think of anything that was not helpful"

Overall the frequency suggested was : Weekly 6 sessions, either fortnightly or monthly, some felt in the group that 4 weeks was too short as they had just established a bond.

Feedback suggested the day care venue was good and worked for the group, the structure was helpful and the skill base of the facilitators was very good.

"They are very understanding".

"It helps you face your pain".

"Excellent way to process your grief".

"Both social workers were very understanding and supportive".