

GALWAY HOSPICE

**2018 Operational Quality & Risk
Review**

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Introduction

The purpose of this report is to provide information about the quality of our services and how we manage risk within the Foundation. This reports also details improvements that we have made during the past year.

Demand for all of our services continues to grow, referrals for our community service increased by 11% during 2018 and admissions to our inpatient unit increased by 14% so we have been able to provide care and support for an increasing number of patients and their families during 2018.

We had a successful ISO audit during 2018 and no non-conformances were noted by the auditor. We were complimented by the auditor as follows “The volume of improvements and developments in the past year is phenomenal and to be commended.” The very positive report received is a testament to the dedication of our teams who provide high quality individualised care to the patients and families who need our service.

A key priority for next year, is to progress with the roll out implementation of outcome measures across all parts of the service which will enable us to clearly demonstrate the positive outcomes being achieved by our teams for our patients and families.

This quality of care can only be achieved with the support and dedication of the team of employees and volunteers who put the words into action and are able to make the difference. In all senses it is ‘our people’ who are at the heart of Galway Hospice – our patients, families, volunteers and employees, and learning from their experiences is the key to success.

Galway Hospice is dedicated to the wellbeing of people with life limiting illnesses in Galway City and County and their loved ones. No patient or family is ever the same, and our journey with each individual is unique. 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.

Governance

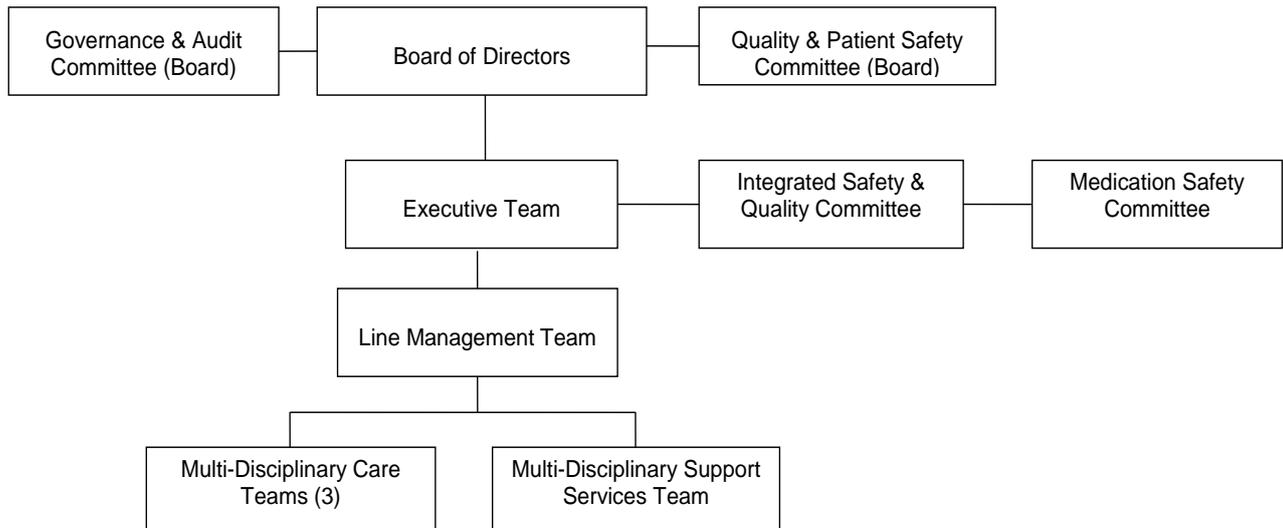
Governance of Galway Hospice is the responsibility of the members of the Board of Directors, who serve in an unpaid capacity. New members are appointed with a view to ensuring that the Board contains an appropriate balance of experience relevant to the requirements of the hospice. During 2018 a new Chairman, Keith Finnegan was appointed, our previous Chairman, Dr Richard Joyce has agreed to continue on as a Board member to assist with the transition process. A skills matrix based system is used by the Board in considering the adequacy of its members, reflecting the organisation's need for a balanced mix of skills, both clinical and non-clinical. This is regularly reviewed. Where it is identified that a potential board member could complement and enhance the skill mix of the board, candidates are sought and are invited to undertake a process of application followed by discussion overseen by a Nominations Committee. The Board works with Committees, which comprise a number of members of the Board, members of the Executive team, and when appropriate, external members who are selected based on their particular expertise and appointed through approval by the Board. First line leadership of the hospice is provided by the Chief Executive, who is charged with ensuring that the Foundation is run as a cost-effective and sustainable charity, whilst providing the best possible care for patients and families. The Chief Executive is supported by an Executive Team, which comprises the Director of Nursing, the Clinical Director together with the Director of Fundraising and Communications and the Director of Human Resources (HR). The Executive Team is supported by a line management team which comprises the heads of departments. A copy of the organizational chart is contained in Appendix 1.

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

- Clinical governance – our clinical governance arrangements are modelled on guidance and good practice within the healthcare sector. Clinical governance is defined as the framework through which we will ensure continuous improvement in the quality of services for patients. This process is overseen by the Board's Quality and Patient Safety Committee.
- Non-clinical risk management - the Governance and Audit Committee takes lead responsibility for non-clinical and business risk.
- The Hospice Board - oversees the Foundations risk management strategy, and is involved in the evaluation of our risk environment via the risk register. The Board works in conjunction with the Quality and Patient Safety Committee, the Governance and Audit Committee and the Executive Team in its delivery

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

Organisational Chart – Teams and Committees



Risk Management

Galway Hospice considers risk management to be fundamental to good management practice and a significant aspect of corporate governance. Effective management of risk is an essential contribution towards the achievement of our strategic and operational objectives. During 2018 we made significant improvements to the management of our risk register during 2018 by introducing a new format for tracking and reviewing risks. All risks are now reported and tracked on our Q-Pulse system and line managers are taking a more active role in reviewing and updating the risks for their areas of responsibility. This has assisted with ensuring that the risk register is a “live” document and is actively monitored and reviewed at all levels of the organisation. The overall aim of the change is to make the effective management of risk an integral part of day to day operations at the hospice and part of the culture of the organisation.

Review of Quality of Performance

Clinical Effectiveness

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

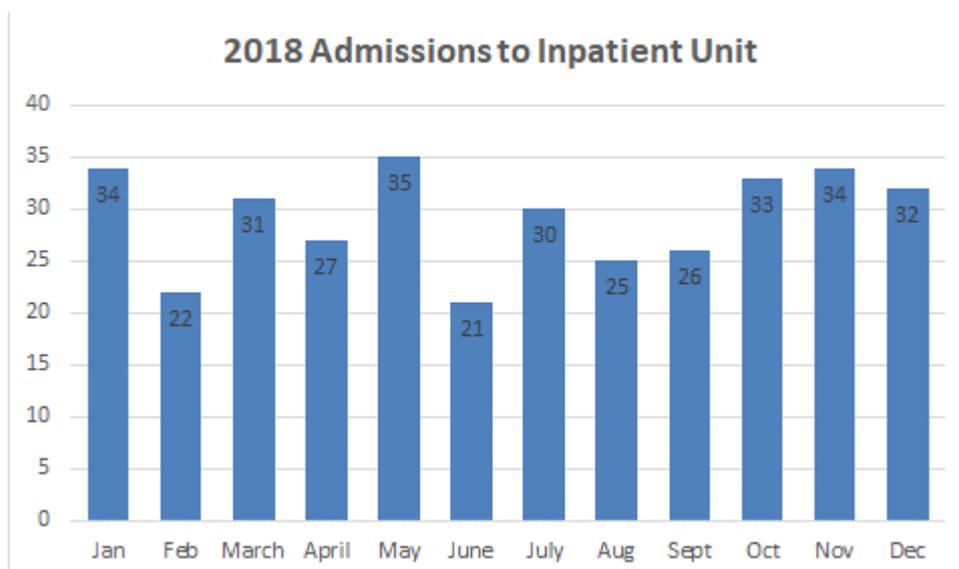
- 89% of patients who received care from our community palliative care team died at home.
- 49% of the patients admitted to our inpatient unit were discharged during 2018
- 99% of patients admitted to our inpatient unit had a wait time of less than 7 days
- 92% of the patients referred to our community team were seen within seven days
- All urgent referrals were triaged within 24 hours
- 69% of patients taken on by our community palliative care team were never readmitted to an acute hospital

Clinical Data

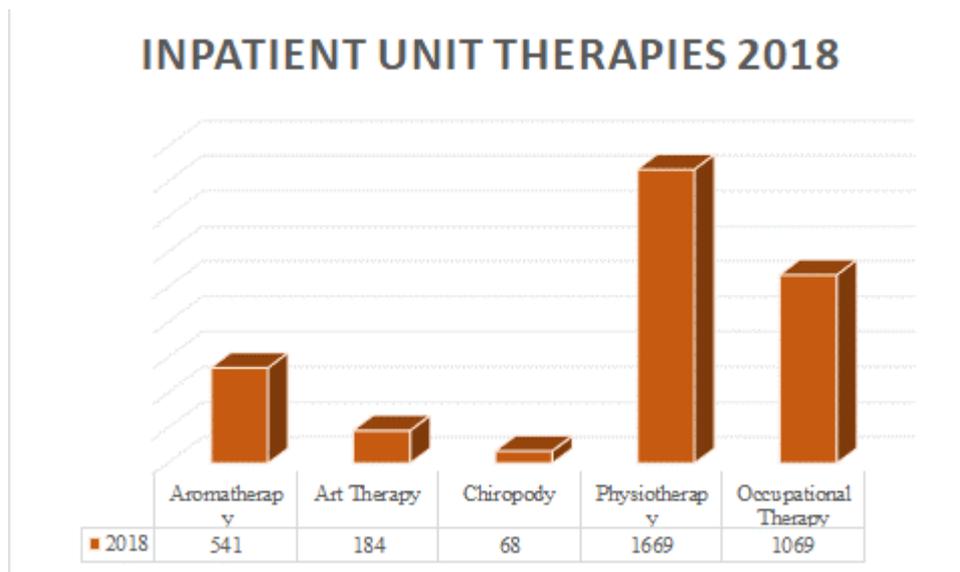
Galway Hospice uses 'iCare', an electronic patient records system into which all patients' details are entered. We have chosen therefore, to present data extracted from that system for the year 1 January 2017 to 31 March 2018 for the following services:

In-Patient Unit

- There were 361 patients treated in the Inpatient Unit an increase of 12% on 2017.
- There were 350 admissions of which 126 were re-admissions. 84% of admissions had a malignant diagnosis and 16% were non-malignant.
- 176 patients were discharged (91% to home or to another community based setting) and 9% to an acute hospital.
- 169 (49%) patients died in the Unit

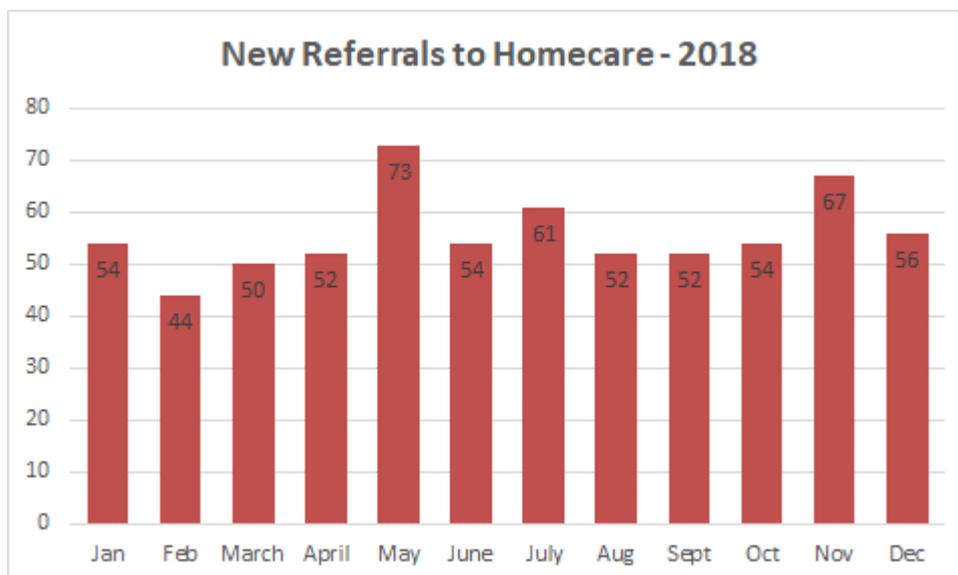


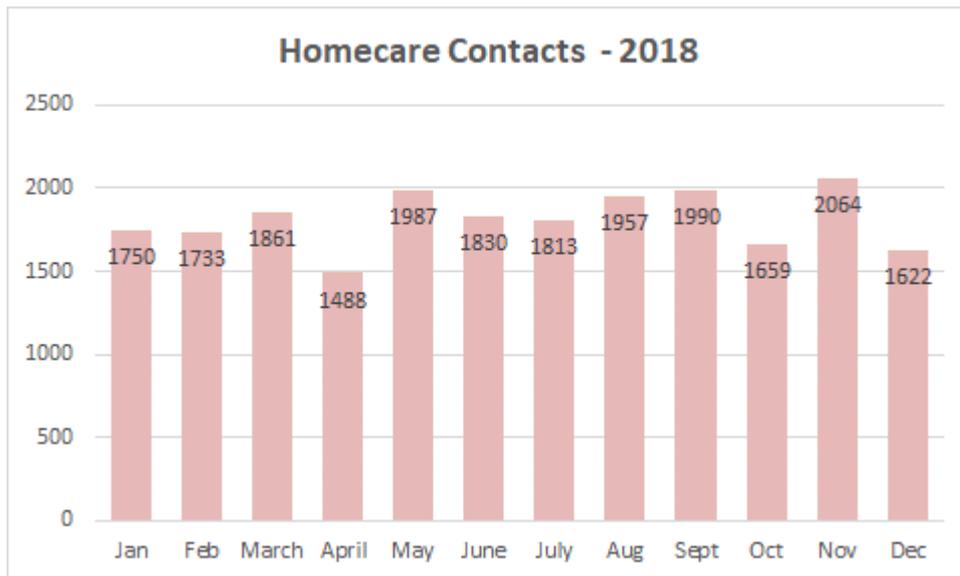
The inpatients attended the following therapy sessions during 2018



Community Palliative Care (Homecare) Team

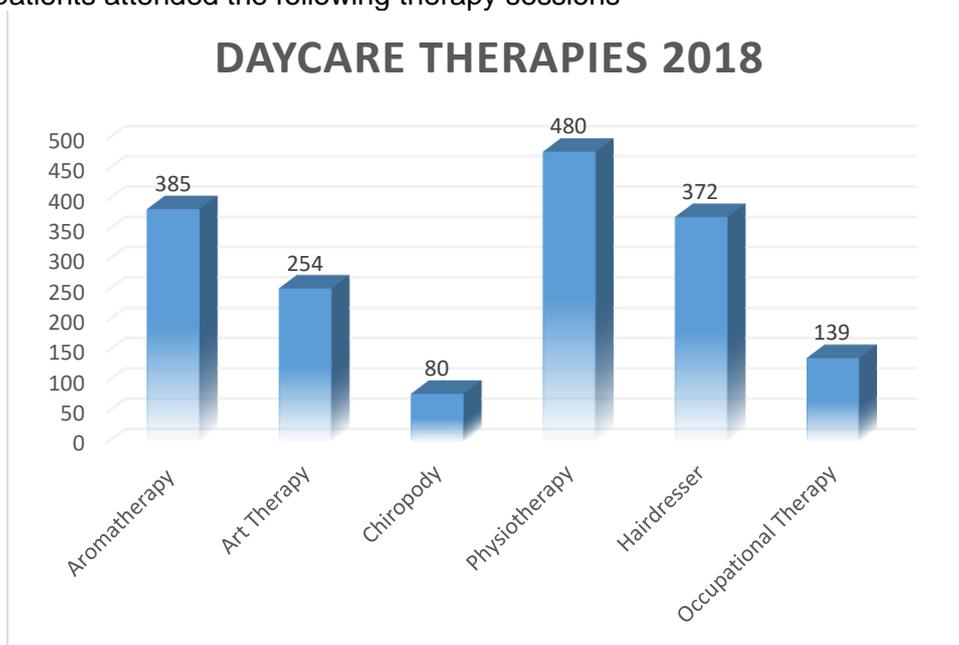
- 812 patients received care and support from the homecare service during 2018. There were 721 referrals to homecare of which 669 were new referrals and there were 52 re-referrals.
- 273 (41%) of new patients referred in 2018 had a non-cancer diagnosis compared to 234 (39%) in 2017.
- 21,754 patient contacts and 6,980 visits were made during the year
- There were between 205-226 patients per month on the team's caseload during the year





Daycare

- Overall there were, 1220 attendances at our Day Hospice
- The patients attended the following therapy sessions



FAB (Fatigue & Breathlessness) Clinic

- There were seven cycles of the “FAB” clinic in 2018 and there were 188 attendances by patients and 36 attendances by carers.

Carer Support

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.

Carers are supported through Daycare, Homecare and our In Patient Unit

- Inpatient we have one bed reserved for respite admissions which means we can offer a minimum of 52 weeks of respite annually to our patients and families to alleviate the burden of care and provide some rest time for family. If it is identified it may be possible to have a volunteer companion to spend some time with patient's during their respite admission thus allowing carers and family members utilise this time for their benefit.
- Day care provides a valuable and much needed break for family and carers to have some much valued "me time" to do shopping or attend appointments. Daycare operates 2 days a week and 121 patients availed of the facilities in 2018.
- Further support is made available from our Social Work Department, Volunteer services and Pastoral Care Service
- The Fatigue and Breathlessness programme operates one day a week at Galway Hospice Carers and family members are also invited to be involved in the programme and can avail of supports e.g. Social work input. In 2018 there were 36 attendances by carers to our FAB clinic
- 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. In addition, the community Palliative care team can access the input of other members of the wider MDT team to support family members at home. It is possible that home visits from Social work department, pastoral care can be organised if it is identified. This may be to give some practical advice on entitlements and how to access other services e.g. home help. The community specialist may also suggest ICS/IHF night nursing support to give family members a much needed break
- We also hold remembrance services for bereaved families and friends. During 2018 we held 9 remembrance services and a summary of the evaluation forms from these services is included in appendix 5

Key Clinical Quality Metrics

Quality performance is measured, reported on and scrutinised - internally and externally - in a number of ways

The Foundation is accredited by CHKS and underwent an ISO audit during 2018. There were no non-conformances noted as part of this audit. . A full three-day accreditation audit is scheduled for April 2019.

A suite of quality metrics is systematically recorded and reported monthly to senior-level committees and quarterly to the Board of Trustees.

Both patient and relative/carer feedback is elicited continuously both 'real-time' and also after care.

All incidents, both clinical and non-clinical, are reported, investigated, rated (in accordance with the HSE (2017) Risk Assessment matrix), logged on the Q-Pulse system and reported on to senior-level committees and to the Board Quality and Patient Sub Committee

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 also in suggesting and driving or leading improvements. Galway Hospice is also a member of the HSE Q&AI quality improvement working group. We benchmark ourselves against similar-sized, hospices on two key quality measures - falls and pressure sores. An incident dashboard and key performance dashboard are prepared bi-monthly and comprises the latest performance and activity data. It provides information on how the Hospice is doing using a range of key quality indicators and also how good our care has been using standard clinical quality measures such medication errors, falls and pressure ulcers. The latest dashboard is discussed every month at the Line managers and/or integrated safety meeting and the outcome of these discussions directly influences service improvements, planned training and service developments. Galway Hospices KPI dashboard for 2018 is included in Appendix 2

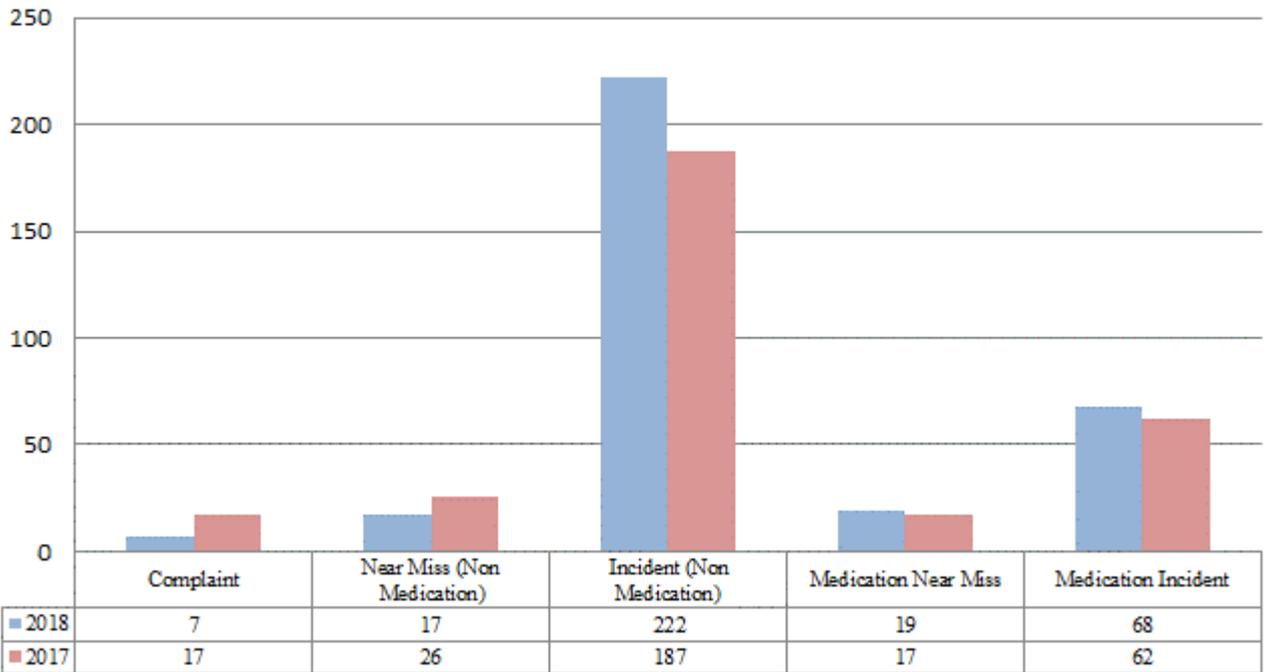
Quality Data

All incidents are reported, investigated and managed immediately and incident reports subsequently collated and reported through the Hospice Risk Management subcommittee and Governance Committee. All incidents are categorised according to the incident area and level of risk. The tables below show the incidents reported in 2018. None of the incidents resulted in serious harm, all incidents were of low harm, but as an organisation that strives to improve, we have encouraged the reporting of incidents and have used the reported incidents to improve our quality of care through learning.

2018 Incident Summary Review

	Current 2018	Previous Year 2017	Trend to previous Year 01/09/17 to 31/10/17
Total number of complaints	7	17	-10↓
High Risk	2	3	-1↓
Moderate Risk	2	4	-2↓
Total Number of Incidents	333	309	24↑
High Risk	33	35	-2↓
Moderate Risk	81	137	-56↓
Medication Incident	68	62	6↑
High Risk	0	3	-3↓
Moderate Risk	31	27	4↑
Medication Near-miss	19	17	2↑
High Risk	0	0	0↔
Moderate Risk	9	7	2↑
Incident (Non-medication)	222	187	35↑
High Risk	29	27	2↑
Moderate Risk	118	86	32↑
Near Miss (Non-medication)	17	26	-9↓
High Risk	2	2	0↔
Moderate Risk	10	13	-3↓
Slips, Trips & Falls	52	35	17↑
High Risk	16	12	4↑
Moderate Risk	29	19	10↑
Hospice-acquired Pressure Sore	21	27	-6↓
High Risk	0	2	-2↓
Moderate Risk	16	19	-3↓

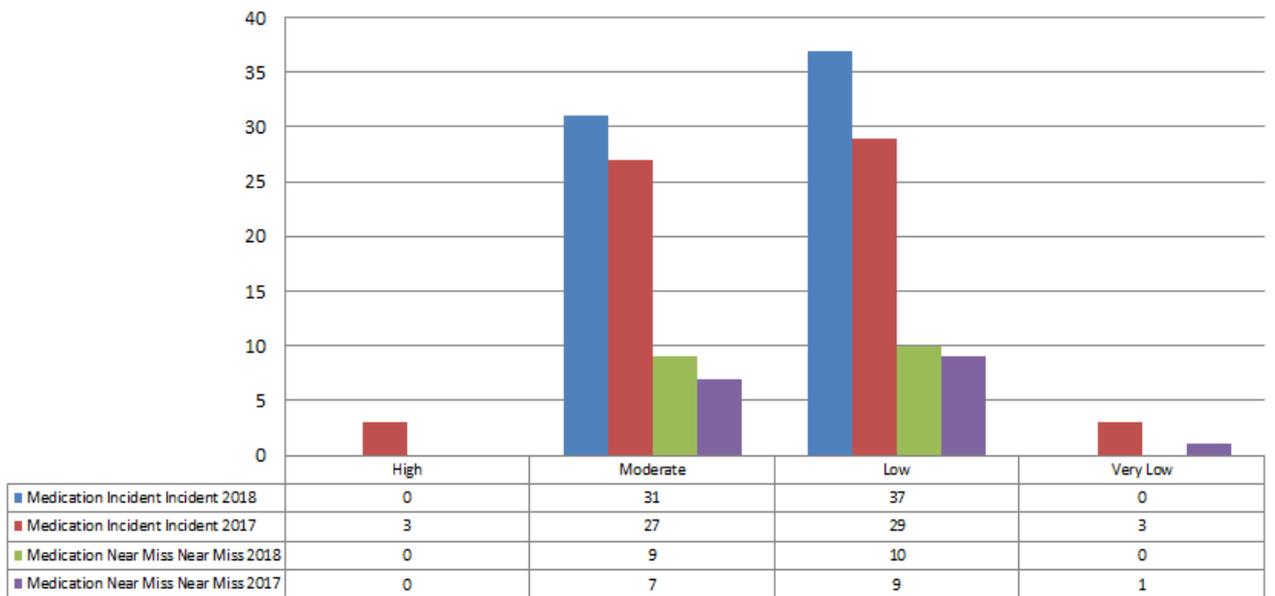
Category of Incidents & Risks Raised 2018



Medication Incidents

There were no high risk medication incidents reported during 2018. In total there were 68 medication incidents reported which is an increase of 9% over 2017.

Risk Rating of Medication Incidents and Near Misses 2018



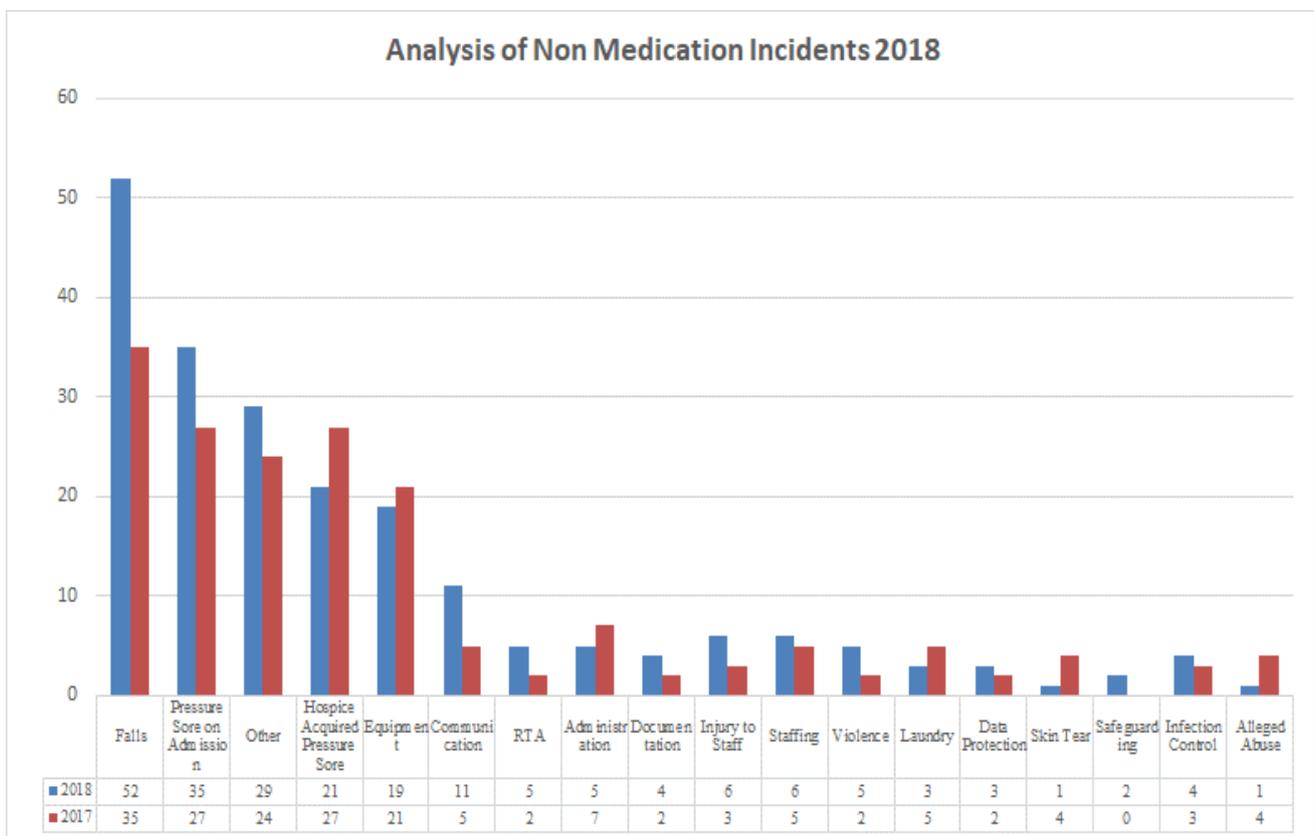
Quarterly medication safety committee meetings are held and chaired by one of our Consultants in Palliative Medicine. In addition, we have set up a Medication Incident review Team who meet to review all medication incidents and near misses in advance of each medication safety committee meeting. At these meetings (whose members include the

pharmacist, consultant(s), the standards & practice development co-ordinator and the Director of Nursing) we also discuss the medication management issues arising out of incidents and work together to improve processes. This Team reports to the Medication Safety Committee.

The medication safety committee met four times during 2018. GHF staff are fully aware of the importance in reporting incidents and near misses and know that we all work within a no blame culture. As a result of this the reporting of incidents, particularly near misses has increased. The improvements made on medication management issues have improved significantly and are reviewed continually.

Non Medication Incidents

There were 222 non medication incidents reported during 2018, this is an increase of 35 over the previous year. The main categories of these incidents were as follows:



The main categories of incidents reported were as follows:

- Patient Slip, Trips & Falls
- Pressure Sores both on admission and hospice acquired
- Equipment

Patients Slips, Trips and Falls

Falls are one of the top two incidents at Galway Hospice. Published research (Fisher, 2013) shows that Hospice patients are at a very high risk of falls due to decreased physical function and weakness, medication side effects and the burden of disease symptoms that can impair cognition/memory/automatic responses and reflexes that keep people safe from falling. The Hospice acknowledge that many patients wish to remain independent for as long

as possible and this is promoted within the service because if a patient's independence is reduced their quality of life is also diminished.

There were no incidents reported during 2018 which caused serious harm to the patients involved. During 2018 there was an increase in the number of patient slips, trips and falls, with 52 reported compared to 35 reported in 2017. During 2018 it was noted that we had two patients trying to maintain their independence which resulted in recurrent falls even with all possible safety mechanisms in place.

The common theme for the falls incidents reported was patients mobilising without requesting assistance. Notices and buzzers are in place and patients were encouraged to use the nurse call bell. In addition, posey mats, low low beds are also put in place for patients who are assessed as being a high risk of falling.

The increase arises mainly due to two patients who had repeated fall during their admission to the inpatient unit. A full investigation was conducted into the falls reported for these patients and the following corrective and preventative measures were put in place:

An audit of Slips, Trips and Falls (IA-GHF-233, September 2018) showed that compliance with policy and procedure was high. Previously introduced changes to documentation (Nursing Admission and Falls Care Plan) had been made in July 2018 but due to the random selection of notes in September, not all clinical records contained the revised documents. No areas of concern were highlighted in this audit.

Further follow up was completed specifically reviewing cases where patients had repeated falls / near misses. A CNM reviewed each fall / near miss to identify opportunities for learning and also reviewed the events collectively. This process was followed by a multidisciplinary 'Clinical Reflection' with the outcome below that escalation to wider team inputs was agreed.

"This person had a series of falls / near misses within a relatively short period. For this reason, a full review was completed by CNM1 NP, followed by MDT Clinical Reflection to discuss this complex case: Multidisciplinary Clinical Reflection of 31/01/19 (attended by CNM2 LC) highlighted the challenges of caring for a person with unstable physical and psychiatric illnesses. It was agreed that future patients would have falls risk assessments (FRAT) and care plans updated more frequently. It was also agreed that the wider Multidisciplinary Team would be more involved, at an earlier stage, with planning and provision of appropriate care."

Up until November 2018, the rate of slips/trips/falls by patients at Galway Hospice was consistently (on 2-monthly reviews) 9 per 1000 occupied bed days. The agreed national benchmark figure for slips/trips/falls in Irish Hospices is 12 per 1000 occupied bed days. It was only at year end (due to repeated falls by 2 patients in a short period of time) that the rate of slips/trips/falls rose to 12 per 1000 occupied bed days.

Upon review of slips/trips/falls, it is accepted that the risk of falls is high for our patients. There is a robust system of falls risk assessment and for the small number of patients who either prefer to retain their independence or are unwilling / unable to follow advice regarding risk reduction, we focus on harm reduction, e.g. crash mats to minimise injury.

Pressure Sores

2018 saw an increase of 30% in the number of patients who were admitted to the Hospice with Pressure sores. 35 patients were admitted in 2018 with Pressure sores compared to only 27 in 2017.

In contrast the number of hospice acquired pressure sores decreased from 27 in 2017 to 21 in 2018.

Throughout 2018, there has been an intense focus on pressure sore prevention and

management. All patients are assessed on admission for risk of developing a pressure sore and the majority would be at 'high risk' or 'very high risk' as per the Waterlow score tool. The risks are associated predominantly with reduced mobility and multiple co-morbidities and often difficult to modify. While there is not an agreed benchmark figure nationally for development of pressure sores, it is a topic of discussion at the hospice-wide QA+I (Quality Assurance and Improvement) meetings. Galway Hospice reports all pressure sores, whereas most other hospices report only the more serious grades (Category / Stage 2 or higher). On IPU, the CNM2 reviewed each occasion where a person developed a pressure sore when in our care. On only one occasion was it felt that the pressure sore could have been prevented and this was due to equipment failure. However, we still make every effort to prevent the development of pressure sores. It is now established practice that a person's Waterlow score and their type of mattress / cushion are discussed at every nursing handover. In the absence of a CNM on duty, SPDCo responds to reports of pressure sores (either on admission or hospice-acquired) to support the staff in ensuring that all reasonable measures are taken to prevent any deterioration.

Where we have experienced difficulties on getting information from the referring hospital regarding pressure sores prior to admission, it has now been agreed that on any occasion where we receive care of a person with a pressure sore on admission without prior notification then the nurse in charge of IPU will contact the nurse in charge of the ward of origin to reiterate the importance of the hospice receiving that information in advance so that we can prepare the appropriate equipment and refer, in advance, to the Physio / OT.

A nurse from IPU has commenced postgraduate studies in wound management so that she may be the conduit for further information / developments in this area.

Refresher training is ongoing so that Nursing and HCA staff can retain their expertise in the functions of the different types of pressure-relieving mattresses in use.

Equipment

There were 19 incidents reported in relation to equipment failures in 2018 which was a slight decrease on 2017 when 21 incidents were reported. The incidents predominately relate to issues with the McKinley syringe drivers, numerous meetings were held with the local distributor during both 2017 and 2018 to identify the root cause and four incidents were also reported to HPRA. The main issue has been related to fluid ingress which bot ourselves and the chemical engineering team at Galway University Hospital is due to inherent design flaws with the device. We continue to seek a permanent solution to the issues with the manufacturer and local distributor

Infection, Prevention and Control

The Hospice did not have any infection outbreaks during 2018. We carried out regular infection control audits in 2018 and there were no infection control incidents reported

A new policy on the management of CPE was developed during 2018 in collaboration with the microbiology lead in Saolta Group.

Safeguarding

There were five safeguarding incidents reported during 2018, four required onward external referral all were managed in line with our policies

Complaints

The Hospice is committed to delivering high standard of service to anyone who comes into contact with our work. The views of our patients help us to reach this commitment and ensure we are continuously improving our service. All our patients receive information regarding our Complaints and Compliments process.

During 2018, the Foundation received 7 complaints, which is a decrease of 10 from the

previous year. No complaints required a formal investigation or escalation externally.

Complaints are all monitored by the CEO; clinical complaints are discussed at the Integrated Safety and Quality committee and all complaints are reported to the full to the board quality and patient safety committee

A summary of the complaints received during 2018 is as follows:

2 High Risk Complaints

The first was an email received from the next of kin who was distressed as she was not with her husband when he passed away. This was followed up by both the Director of Nursing and our social work team as the individual was struggling to accept her husband's death. She was offered bereavement support and did wish to pursue the matter any further She was satisfied with the offer of support a

The second was an alleged complaint by a student on placement with the Foundation. When contacted the student did not wish to pursue the matter and had not raised it with the CPC nor realized the staff member they spoke to would raise it as an incident without their knowledge

2 Moderate Risk Complaints

The first was in relation to communication with the extended family of a patient. Clinical reflections were held in both the inpatient and community teams and actions implemented as a result

The second was an anonymous complaint about breach of confidentiality by a volunteer. The complainant refused to give specific detail so it was not possible to follow up further. Confidentially requirements of the Foundation was emphasised as refresher training sessions held for all volunteers

Patient Feedback

The annual patient survey was conducted in September and survey forms were sent to all patients using the service at that date. 46 responses were received. A summary of the results are as follows:

Access & Information	96% responded that this was either very good or excellent
Quality of Care	98% responded that this was either very good or excellent
Hospice Staff	99% of respondents rated staff as either very good or excellent
Impression of Hospice	100% of respondent's impression of the hospice was wither very good or excellent

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

- ▶ *"When my mum left UHG with terminal cancer I was going to be her full time carer. The one thing I asked for was a contact with a voice at the end of the line that I could ask for help if I needed it. This voice came from the wonderful staff at Galway Hospice"*
- ▶ *"Every staff member and volunteer showed kindness and understanding in a completely safe and secure environment"*
- ▶ *"The welcoming atmosphere and kindness of all the staff was unbelievable"*
- ▶ *"They maintain my sense of dignity"*
- ▶ *"Galway Hospice are my lifeline and my security"*

Comment Cards

We received 19 comment cards during 2018. A summary of the results are as follows:

Comments Sheets Result - 2018							
	Excellent	Very Good	Good	Fair	Poor	Not Relevant to me	Not Answered
STAFF							
Professionalism	18						1
Caring attitude	18						1
Availability/Responsiveness	16	1					2
Communication	14		1				4
CARE PROVIDED							
Care of patient's physical symptoms/needs	17					1	1
Care of patient's emotional concerns	17					1	1
Care of patient's spiritual concerns	15					2	2
Support offered to family members/carers	16	1					2
ACCOMMODATION							
Cleanliness	13	3					3
Comfort	13	3					3
CATERING							
Quality of food	14	2				1	2
Menu choices	13	1	2			1	2
OVERALL SATISFACTION	16						3
COMMENTS:							
1. "Everything is excellent, couldn't ask for more" (CS18/01).							
3. "All I can say is that this is the most loveliest place I've visited and can't thank ye enough for the care our loved one got, thank you" (CS18/08).							
4. "I visited my best friend on Tuesday and had a beautiful lunch, while nurses attended to my friend. The food was very good, all excellent" (CS18/09).							
5. "I cant thank them enough, all the help and care to our loved one. Thanks" (CS18/10).							
6. "There is a man in the Inpatient unit with an intellectual disability who seems to have little or no support from relevant outside agencies. He is taking up time of staff here which is precious. What do the relevant organisations/agencies do to support a person in a situation like this" (CS18/11).							
7. "Yvonne settled in here so well, home from home. So happy and all staff could not be nicer" (CS18/12).							
8. "Fantastic service. Appreciated care of all staff. Felt there should be a signing in book for security and safety sake" (CS18/14).							
9. "The nurses that were looking after my father were truly amazing. Made us feel relaxed and welcome while caring for my dad perfectly " (CS18/15).							
10. "Am amazed with physio. She worked a miracle with me. I'm so happy, its like winning the lotto. Also Deirdre in Arts and Crafts with wheelchair selection and staff are an exception and special people" (CS18/16).							
11. "Please check on toilets during the day. Thank you for a wonderful stay" (CS18/17).							
12. "Thank you for being so amazing" (CS18/18).							
13. "I cannot praise this hospice enough. The staff seem to be hand picked for their jobs, from the night security man to every other person - compassionate, caring, perceptive, generous, etc, etc (CS18/19).							

In addition, with Palliative Care Awareness week we held a competition about what Galway Hospice means and the comments received were displayed in the Restaurant. A sample of the comments received is contained in Appendix 3.

Training and Education

Staff Training

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

Mandatory Training

Mandatory training on the following was completed during the year, the percentage of mandatory training completed is reported as a KPI to the Board bi monthly

All Staff

Fire Safety – 6 Days

Hand Hygiene -online

Children First - online

Manual Handling – 13 days (2 sessions for volunteers)

Additional for Clinical Staff

BLS Training – 11 sessions

Hoist Training – 4 sessions

External Courses

In addition to the mandatory training programme, staff attended a number of external training events during 2018. In total there were 776.35 hours spent by staff at non mandatory training events during 2018. A detailed breakdown of the training events attended is included in appendix 4

A number of staff also undertook post graduate education during 2018 details as follows:

Course	Number
Advanced Research Module	1
Post Graduate Certificate in Infection Prevention and Control	1
Professional Certificate in Children and Loss	1
Postgraduate Diploma in Education	1
Post Graduate Diploma in Social Work Practice Teaching Supervision and Management	1
Post Graduate Diploma in Palliative Care	2
Wound management	1 We

also facilitated the clinical placement of a number of undergraduate and post graduate nursing students during 2018

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

Education

We hosted two education days for senior nurses working in nursing homes during 2018

Social Work have facilitated External Reflections with the Brothers of Charity, St Brendan's Nursing home and Woodview House

Social Work facilitated an education session on childhood bereavement for Tusla in conjunction with NUIG

Senior Registrar and Registrar presented a poster on "A Review of Documentation of Do Not Attempt Resuscitation Orders in a Specialist Palliative Care Inpatient Unit" to the IAPC

2018 QUALITY IMPROVEMENT PROJECTS

Outcome Scores

The medical team on the inpatient unit and the daycare team commenced collecting patient related outcomes data using the PCOC system developed in Australia during 2018 to measure the impact of the care we provide, and allow us to benchmark this against other specialist palliative care services.

We have initially focused on collecting data for two outcome measures that we feel reflect our impact on patient care as follows:

Phase of illness and the time in each phase

Pain severity score

The collection of the data is manual and it was time consuming to collate and analyse during 2018 so we plan to investigate alternative systems for collecting and analysing the data in 2019. We also plan to roll out the outcome measures to our community services during 2019

Open Disclosure

We have an obligation and responsibility to ensure ensures openness and honesty with patients or their families when things go wrong. During 2018 we have implemented an Open Disclosure policy in line with HSE guidelines

ISBAR Tool

The ISBAR tools for handovers was successfully implemented in Community Palliative Care

GDPR

We conducted a gap analysis on our GDPR compliance with assistance from Information Security Assurance Services. The main activities required to ensure compliance were

Training for all staff on the requirements of the new legislation

Revision of Data Protection and Retention Policies

Development of record of processing documentation

Development of "Keeping in Touch" form to gain consent from next of kin to contact them post bereavement

Review of personal data held in all hospice data to ensure consent obtained and to ensure compliance with legislation

Commenced using Health mail secure email software to communicate with other health professionals

Upgrade of IT systems to improve security of data held

Review of agreements with contractor to ensure compliance with legislation

Following on firm implementation of the new procedures an audit against compliance was conducted and further opportunities for improvements were noted. Follow up compliance audits are scheduled for 2019

Bereavement Support

We received funding for Pobal to develop a bereavement support volunteer program to further develop the bereavement services offered by the Foundation. A bereavement support co-ordinator was appointed and she developed a sixteen-week training program for the volunteers based on the CRUSE and St Oswalds model for bereavement training. Sixteen volunteers successfully completed the training and received their certificates in December. We plan to use these volunteers to further develop our bereavement support for families during 2019 by developing a drop in bereavement support service and by offering additional supports for individuals attending remembrance evenings

We also facilitated children's and spousal bereavement groups during 2018

Pharmacy

During 2018 we became independent from the HSE for our pharmacy needs for the past 20 years the pharmacy at Merlin Park Hospital has supported the hospice by supplying the drugs we required on a daily basis. During 2018 our pharmacy team took on responsibility for ordering directly from the wholesalers directly. This involved conducting a risk assessment, updating internal policies and procedures, installing and implementing the Touchstore dispensing system and employing and training a part time pharmacy technician. This was a major project that with the support for our HSE colleagues was completed without impact on our patients

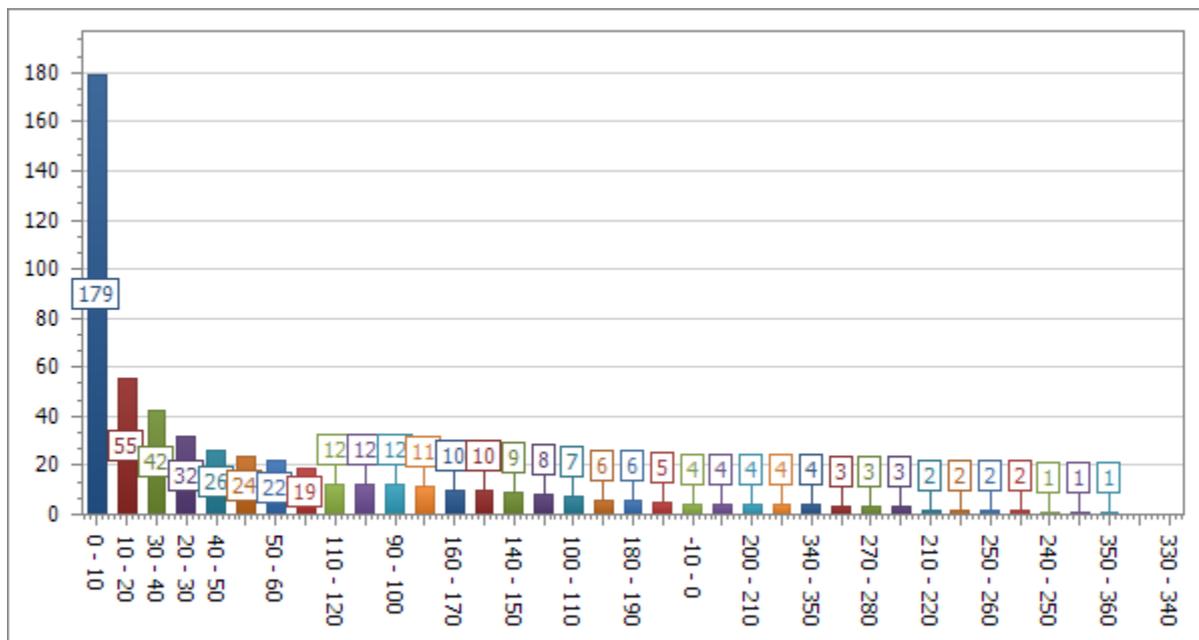
Dining Room Refurbishment

During 2018 we completely upgraded our dining room to create a more welcoming and modern ambience. It included the introduction of a teen area with an Xbox and games and the introduction of soft seating along the back wall to create a more relaxed seating area for visitors. The work was kindly sponsored by the Smiles for Shauna fund.

Facilities Energy & Environment

We are committed to maintaining our building and equipment to the highest standards which is evidenced by the maintenance and decorations plan that is put in place each year. During 2018 with support from Smiles from Shauna we refurbished our dining room so make it a more inviting space for patients, families and the general public. Maintenance agreements are in place for all critical pieces of equipment and we have a program in place to ensure that the building and grounds are also well maintained

All equipment breakdowns \ requests for repair are logged on our Qpulse system and response times are monitored and measured. We are seeking to further improve response times during 2019 and have further categorized maintenance requests and set target response times for each category. A log of the requests completed during 2018 and their response times is detailed in the chart below:



We have developed a new environmental management policy during 2018.

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. Our waste output and energy usage is monitored on a regular basis by our Facilities manager see graphs in Appendix 6.

We have a fleet of 16 vans for our community team and purchased five new Auris hybrids in 2018. We plan to replace the remaining vans over the next five years to ensure all vehicles used by our community team are either hybrid or electric models where appropriate.

We will continue to seek opportunities to reduce our energy consumption and waste output during 2019 and the actions to achieve this are detailed in the facilities section of our operational plan.

Longer term objectives are detailed in our strategic plan. The design team for the new hospice have been asked to design a building which will have a carbon neutral footprint

We have completed a physical inventory of all assets on our asset register during 2018 and have updated our policy to remove ancillary and smaller low value portable items from the asset register

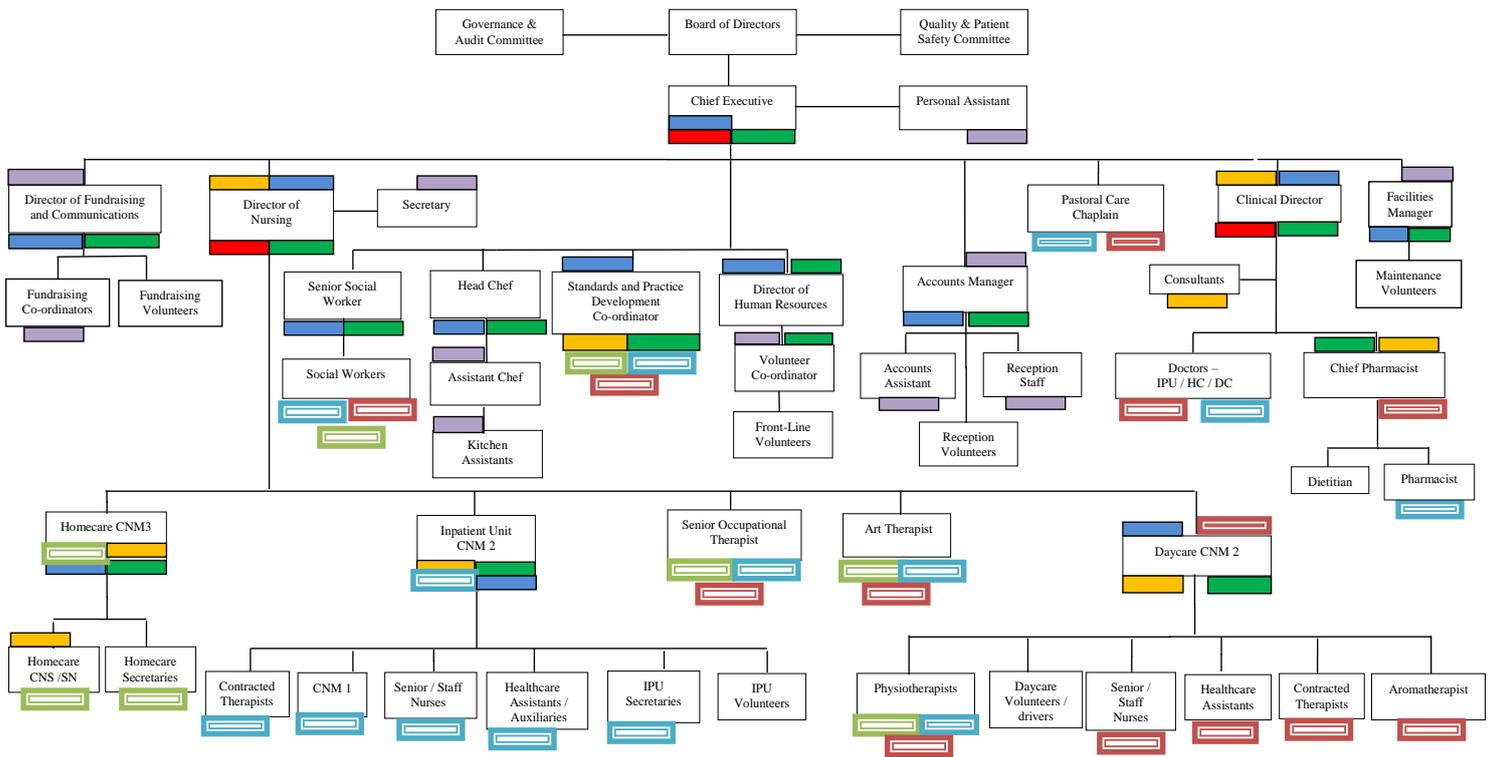
AUDITS COMPLETED

A number of clinical and non-clinical staff completed training on conducting patient tracer audits during 2018 and 3 tracer audits were completed during the year in addition to scheduled documentation audits. A full list of audits completed is detailed below. It is planned to reduce the number of documentation audits to be completed during 2019 and increase the number of tracer audits to give a more comprehensive evaluation of the effectiveness of the care that we provide. The tracer audits will where possible include getting feedback from patients and family members

Home Care Bowel Audit	15/1/18	20 charts audited no significant non compliances noted
Homecare Clinical Documentation Audit	16/1/18	10 charts audited, only no compliances noted were times of entry of clinical record and inclusion of postcode
Homecare End of Life Plan of Care	17/1/18	20 Charts were audited, only non-compliance noted was discontinuing nonessential medications at end of life
Slips trips and Falls IPU	10/2/18	Over improvement with an increase in compliance particularly with individualised care plans (2.1) Recommendations: <ul style="list-style-type: none"> • Discuss with nursing staff how full compliance may be achieved with individualising care plans • Share results with the nursing team
Bowel Care Audit IPU	13/2/18	Improvements made, but areas for improvement persist. No areas of decline.
Tracer Audit on management of pressure sores IPU	8/1/18	Amendments made to skin integrity care plan and prevention of pressure sores policy
Homecare Patient discussion		Hospital admissions are difficult to track when it's for chemotherapy. Omissions corrected and all patients scheduled for review
ISBAR in Homecare	26/4/18	Significant improvements noted when compared to pre isbar findings
Oral Care Audit IPU	25/3/18	Reduced compliance compared to previous audit. Feedback given to staff via safety pause
End of Life Care IPU	28/3/18	35% non-compliance with post bereavement calls. Process reviewed and recommendations implemented
Water Sampling IPU		No pathogens noted
MDT Discharge Process and documentation	11/4/18	Revise discharge booklet. Revise audit tool
Medication Prescription Booklet Audit IPU	1/5/18	Documentation / legibility issues highlighted. Pharmacist to discuss findings with CNM2 and Clinical Director
Medication Audit in Home Care	1/5/18	Misuse of abbreviations to be discussed by Pharmacist with Clinical Director.
Calibration and Maintenance Audit	May 18	All calibration completed / scheduled.
Home Care Oral Hygiene Audit		Improvement in results compared to previous audit.

Hand Hygiene		82% Compliance
Data Protection	27/6/18	PP-HR-002 & PP-HR-031 to be reviewed by Owner and, if possible, incorporated into PP-IM-007. Review PP-IM-002. Discuss password changes with IT also sleep mode and requirement for passwords on restart. Review / include Fax section of PP-IM-007 with reference to p.33 of Commissioner's report (2018). Discuss with clinical director re notes being given to Coroner on request and also (IPU) referrals process. Discuss findings with relevant Line Managers / Staff.
Patient Tracer – Home Care communication with Healthcare professionals	9/5/18	SPDCo will draft revisions to PP-CS-010 & PP-CS-022 and submit to CNM3 (currently on AL) and DoN for review / approval. SPDCo will clarify with HC admin staff regarding demographic sheet update process. SPDCo will clarify with OT regarding HC supports. SPDCo / DoN will present findings of the Tracer Audit to next HC MDCT.
Home Care 3-monthly Review Audit Results		27% outstanding 3 monthly reviews on Active List
Quarterly review of Home Care patient discussion at MDT		7% non-compliant. Greatest number omitted were where patients were discharged from hospital / IPU
Day Care Patient Tracer Audit	4/9/18	The assessment and care planning process was quite unwieldy following to be reviewed (A) Assessment documentation, (B) collaborative multidisciplinary care plans and (C) combined evaluation
Slips Trips & Falls	13/9/18	High levels of compliance noted overall.
Hygiene Audit	5/11/18	Score 95%

APPENDIX 1 ORGANISATION CHART



Committee memberships:

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

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

APPENDIX 2 – KPI's

GALWAY HOSPICE FOUNDATION – KEY PERFORMANCE INDICATORS –
31/12/18

	Current Year to date	Target	Trend to Target	Previous Year 01/01/17 to 31/12/17	Trend to prev Year
Wait Time - from referral to admission to the inpatient unit					
0-7 Days	99.4%	95%	↑	99.9%	↓
8-14 Days	0.6%	5%	↑	0.1%	
Wait Time - from referral to admission to the homecare service					
0-7 Days	92%	90%	↑	94.7%	↓
8-14 Days	6%	10%		4.4%	
14-28 Days	2%	0%		0.6%	
Development of Hospice Acquired Pressure Sores – IPU per 1,000 occupied bed days. <i>Benchmark number under discussion nationally (QA+I) See Appendix 1 (A)</i>	3.7	TBD	N/A	5.3	↓
Number of patient falls IPU – per 1,000 occupied bed days <i>Benchmark number of 12 has been agreed nationally (QA+I) See Appendix 1 (B)</i>	12	12	↔	9	↑
Patient Outcome Scores – IPU (Jan-Sept 18) <u>Time in Unstable Phase</u>				(Sept-Dec 17)	
1 day	72%			47%	
2 days	21%			33%	
3 days	5%			11%	
4 days	1%			5%	
More than 5 days	1%			5%	
<u>Pain Severity Score</u>					
Score Severe – No of Instances	19			3	
No of days with severe score – 1 day	12			1	
2 days	2				
4 days	5			40	
Score Moderate – No of Instances	163			21	
No of Days with moderate score – 1 day	119			14	
2 days	24			2	
3 days	8			2	
4 days	3			1	
5 days	5				
6 days	4				
% of Homecare Patients who died in hospital	10.6%	10%	↑	8%	↑
% of patients not readmitted to an acute setting following admission to the homecare service	69%		↑	67%	↑

% of non-cancer patients not readmitted to an acute setting following admission to the homecare service	90%		↑	88%	↑
Patient Satisfaction Score (Rating Excellent or very Good Oct 18)		100%			↓
Access & Information	96%			100%	
Care Received	98%			97%	
Hospice Staff Rating	99%			100%	
Overall Impression of Facilities	100%			100%	
Employee Satisfaction Score (Rating strongly agree or agree Oct 17)		100%			
Employees endeavour to give best efforts at GHF					100%
Employees happy with care provided at GHF					85%
Staff are supported to perform at their best					71%
GHF treats its employees fairly					47%
Staff enjoy working at GHF					74%
Completion of Mandatory Training :		(Annual Target)			
1. Manual Handling YTD	95%	95%			
2. Hand Hygiene YTD	95%	95%			
3. Children First YTD	99%	100%			
4. Fire Training YTD	95%	95%			
Number of Complaints Managed as per policy	7	7	↔	17	↔
% Absenteeism	5.4%	3%	↑	4.9%	↑
Hygiene Audit Scores (November 2018)	95%	100%	↓	89%	
Infection Control Audit Scores (May 2018)*	97%	100%	↓	90%	↑

* Infection Control Audit January 2019 – 96%

Appendix 1

Calculation of (1000) Occupied Bed Days: **Days X Beds X Occupancy Rate**

01/01/18 – 31/12/18 = **365 (D) X 18 (B) X 0.82 (O) = 5387 = 5.387 (x1000 Occupied Bed Days)**

(A) Hospice-acquired Pressure Sores

01/01/18 – 31/12/18: (20 Hospice-acquired Pressure Sores) $20 \div 5.387 = 3.71 \approx 3.7$

(B) Patient Slips / Trips / Falls

01/01/18 – 31/12/18: (64 Patient Slips / Trips / Falls) $64 \div 5.387 = 11.8 \approx 12.0$

APPENDIX 3 FEEDBACK FROM FACEBOOK SURVEY

"Many thanks to the wonderful Community Care Nurses for support during my Dad's brief illness that meant he was at home till the end...couldn't have coped without them...wonderful service."

"We can't thank the palliative care team enough for their wonderful care they gave to my husband Danny over the last 10 months. I really don't know what we would have done without there back up. Danny died with his dignity and family around him in the hospice. They are a wonderful team. God bless you all." 🇮🇪 ❤️❤️🌸🌸

"A truly wonderful service for patients and their families."

"We are absolutely blessed to have the wonderful Galway Hospice on our doorstep! My mother passed away there four years ago; my family & I will be forever grateful to you all! You afforded my mother fantastic nursing care. Galway Hospice is a taste of Heaven. Xx"

"Cannot say enough positive things about the Galway Hospice a truly wonderful place with so much love and respect for the people they care for ... they were so kind to my Aunty recently and were always on hand to answer any question we had. Thank you so much for the way you cared for Kitty. Xxx"

"Would have been totally lost without the fantastic home care team that was assigned to me when my mom was diagnosed with cancer. No job was too big or too small to them day or night to keep mam comfortable at home. My sincere gratitude to them. Will always support this worthy cause."

"A wonderful place, I will always be grateful for the help you gave us with my Dad. We will be running Gort Feis for Hospice Funds again this year."

"When our mum was diagnosed with MND we knew she had a horrendous road ahead of her but there was nowhere to turn for help until Galway Hospice took her in to their care. We would have been totally lost without the hospice and I am forever grateful for the care they took of my mum and allowing her to have such a peaceful passing. Thank you Galway Hospice. ❤️"

"There are amazing and what they bring to families in time of need. They helped us so much with mum. Thank you."

"Kind hard working wonderful kind staff who make life more special for all who come through their doors. Thank you."

"Such a wonderful place! My aunt was cared for here in the most respectful and beautiful manner. We will always be forever grateful for the compassion and professionalism they treated our aunt with and us during some of our hardest times as a family."

"Beautiful and wonderful people very helpful to the families and patients. Beautiful place. My brother passed away last year in the care of the Galway Hospice and I will be forever thankful always in my heart for your kindness hard work and helpfulness - thank you very much from all my family, and for making my brother so comfortable in his last few days in the hospice. 🌟❤️🌟❤️🌟❤️🌟❤️🌟"

"Such an important space. Filled with love, dignity and humanity. My Dad passed away gently and without undue stress in your loving care and for that, I am eternally grateful. Thank you. ❤️"

"So grateful to all at Galway Hospice for the wonderful care for my sister who passed away 4 years ago and to the wonderful home care team for the care my dad got before he passed away 2 years ago. We would be lost without this wonderful service."

"My family and I will be forever grateful to the Galway Hospice for their love and care they gave us in our time off need. God bless them all."

"My mum passed away 14 years ago in the hospice. She was only there 8 hours but the care they gave her I will never forget. A big thank you from my family and me. xxx. ❤️"

"Amazing place and amazing people, forever grateful."

"Forever grateful to these wonderful people."

"Lovely peaceful place and wonderful staff."

"A very special place with wonderful staff who become your family. 🌟"

"Amazing place how much they do and how kind. God bless all of you. X Great people doing great work. 👍 👍 ❤️❤️❤️❤️"

"Amazing people and carers."

"Galway Hospice staff was amazing when our Mother had to stay there for a week. Thank you!"

"Amazing place how much they do and how kind. God bless all of you. X"

"Always grateful for how you looked after my mother. X"

"Love love love the work Galway Hospice do."

"What an amazing place. Thank you for all that you do at Galway Hospice for the patients and families."

"Wonderful people. ❤️"

“A good organisation to support. I don't think that there is one out there that has not had or knows somebody who has used the service of dedicated professional carers. Having experience of Galway Hospice with my Auntie I have to say Earthy Angels. God bless you all.”

“I shall never forget the love and care which my beloved sister Eithne received from everyone in the Galway Hospice during her final days. My family will be eternally grateful. Thank you all.”

“You guys are just amazing. I can never thank you enough for the care, compassion, dedication that you gave my dear departed sister, Therese, two years ago in her final days.”

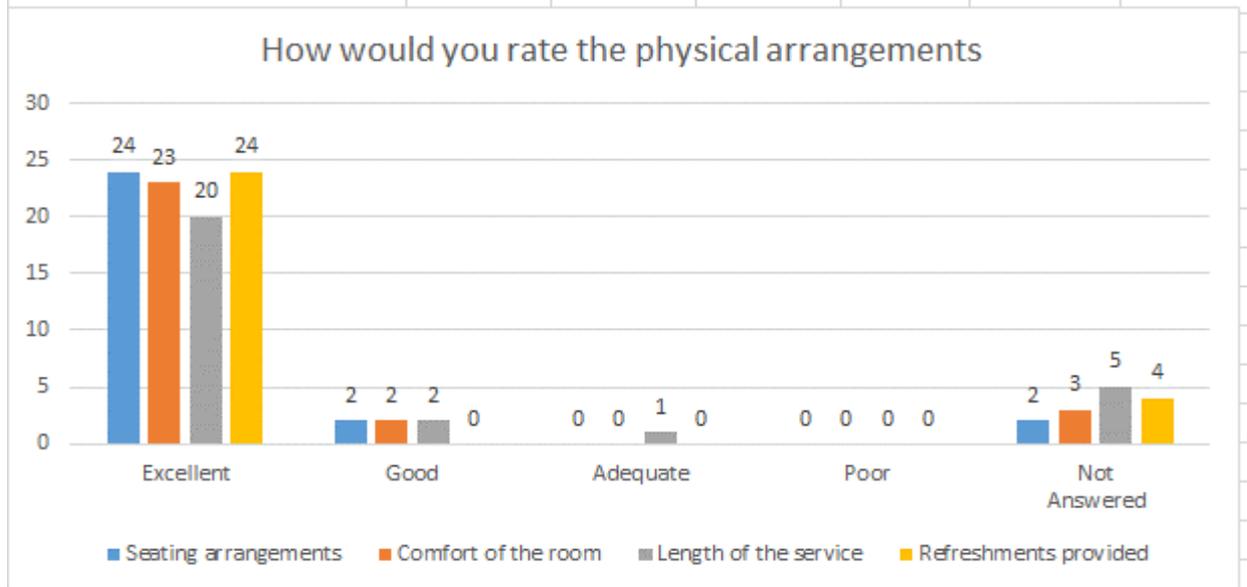
APPENDIX 4 EXTERNAL TRAINING COMPLETED

EXTERNAL/PAID EDUCATION 2018			
Date	Course Title	Total Hrs	Course run by
25/01/2018 - 15/02/2018	Advanced Psychosocial Issues in Palliative Care: What's the Story?	7.4	St. Francis Hospice
31/01/2018	Heart Failure Programme	6	CNME
01/02/2018	IAPC Education & Research Seminar 2018	14.8	IAPC
07/02/2018 - 13/06/2018	GRETB Health Care Support Fetac level 5 - Care Support	102	GRETB
20/02/2018 - 08/05/2018	FETAC Level 5 Physiotherapy Assistant Training Course	24	Western MS
27/02/2018	HeartMath Resilience Advantage - Skills for Professional & Professional Effectiveness	4	CNME
13/03/18 & 28/03/18	Dementia Care	29.6	CNME
11/04/2018	Assistive Technology: Adolescent & Adult	7.4	
11/04/2018	Palliative Care MDS Information Session	2	HSE
16/04/2018 - 17/04/2018	Growing Excellence in Dementia Care	14.8	Sonass
25/04/2018	Reflective Portfolio Writing & Opioid Conversions Workshop	15	Milford Care Centre
27/04/2018	Advanced Pain & Symptom Management	22.2	Milford Care Centre
27/04/2018	IPCI National Annual Conference	15	IPCI
02/05/2018	HeartMath Resilience Advantage - Skills for Professional & Professional Effectiveness	24	CNME
02/05/2018	Caring for Patients with Pain & Syringe Driver Workshop	24	Milford Care Centre
02/05/2018	Knowledge Transfer & Exchange Workshop	29.6	AIHPC
09/05/2018	Palliative Emergencies and the Last days of life workshop	22.2	Milford
11/05/2018	AOTI Palliative Care & Oncology study day	7.4	AOTI (Deirdre is Chair)
24/05/2018	Teaching & Assessing (Preceptorsip) Refresher Course	8	CNME
29/05/2018	HeartMath Resilience Advantage - Skills for Professional & Professional Effectiveness	4	CNME
30/05/2018 - 31/05/2018	16th Kaleidoscope Palliative Care Conference: Weaving the strands of Palliative Care	44.4	St Francis' Hospice
06/06/2018	Preparing for commencement - Assisted Decision making Act 2015	3.25	Sage
14/06/2018	IV Study day	9.5	CNME
20/06/2018	Data Protection training	7.4	ALLONE
21/06/2018 - 10/07/2018	Healthcare Support: Palliative Care	15	Healthcare Training
26/06/2018	HeartMath Resilience Advantage - Skills for Professional & Professional Effectiveness	8	CNME
05/07/2018	Finding hope and healing after loss	7.4	Knock Shrine
06/07/2018	Patient Tracer Audit Training	44	Derek Hamilton (HCI)
31/08/2018 - 03/09/2018	Botanica 2018	24	Botanics
03/09/2018	Performance Appraisal Training for Managers		LEAP Training
03/09/2018	Health Care Support - Care Skills	51	GRETB
05/09/2018	Management skills for Clinical Nurse managers and Staff Nurses	7.4	INMO
12/09/2018	Training of Liaison Persons for Garda Vetting	6	An Garda Siochana
19/09/2018	Staff Care Training	48	SMI
27/09/2018 - 28/09/2018	APDS Conference - The Rest of Life, Not the End of Life (UK)	14.8	APDS
03/10/2018	Reflective Practice: integrating reflection into your daily physiotherapy practice	7.4	ISCP
04/10/2018 - 05/10/2018	IADNAM Conference	14.8	IADNAM
08/10/2018 - 17/10/2018	Health Care Support: Care of the Older Person	12	Healthcare Training
10/10/2018	Care and Management of a Central Venous Access Device	4	Centre of CNE
22/10/2018 - 05/11/2018	Health Care Support: Care Support	15	Healthcare Training
12/11/2018	Health Care Support: Care Skills	15	Healthcare Training
14/11/2018	Medicines Management in Palliative Care	14.8	Our Lady's Hospice
14/11/2018	Wellbeing at work breakfast event	3	Hennelly Finance
15/11/2018	AIHPC 7th Annual Palliative Care Research Network Symposium	7.4	AIHPC
29/11/2018	SAGE RTR Classroom Training	2	SAGE UK
30/11/2018	Assessment and Management of Fatigue	7.4	St. James' Hospital
	Total	776.35	

APPENDIX 5 REMEMBRANCE EVENING EVALUATIONS

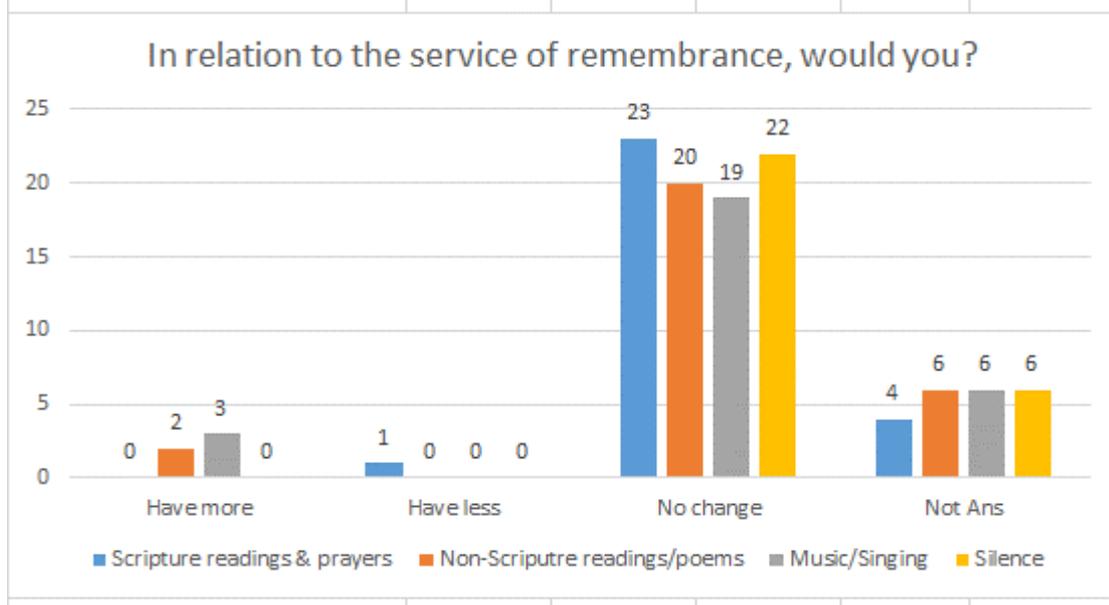
How would you rate the physical arrangements?

	Excellent	Good	Adequate	Poor	Not Answered	Total
Seating arrangements	24	2	0	0	2	28
Comfort of the room	23	2	0	0	3	28
Length of the service	20	2	1	0	5	28
Refreshments provided	24	0	0	0	4	28



In relation to the service of remembrance, would you?

	Have more	Have less	No change	Not Ans	Total
Scripture readings & prayers	0	1	23	4	28
Non-Scripture readings/poems	2	0	20	6	28
Music/Singing	3	0	19	6	28
Silence	0	0	22	6	28



SAMPLE OF COMMENTS RECEIVED
"Comforting and peaceful".
"Excellent".
"Well organised, donw tith great care, love and attention. Emotional & healing".
"Service was so beautiful and meaningful and the choice of music and song was excellent".
"I think you did a wonderful job of the night, came across as caring as always".
"It was a lovely service. A good mix of scripture/non-scripture and music/songs".
"It was so lovely to light a candle in memoryof my dad. Thank you for the beautiful evening".
"The service was 100%, just maybe more poems and singing, they make it more comforting".
Really thought it was perfect - could have stayed all night".
"We really appreciate remembrance service so much and will help with our healing journey".
"So comforting and a beautiful service", the taking home of the candle was a lovely thought".
"The lighting of candles with the names - simply wonderful".
"The coming together with people who understand the loss".

APPENDIX 6 - ENERGY AND WASTE MONITORING

