



Report of an inspection against the *National Standards for Safer Better Healthcare.*

Name of healthcare service provider:	Beaumont Hospital
Address of healthcare service:	Beaumont Road Dublin 9
Type of inspection:	Unannounced Inspection
Date of inspection:	13 April 2023
Healthcare Service ID:	OSV-0001007
Fieldwork ID:	NS_0036

About the healthcare service

The following information describes the services the hospital provides.

Model of Hospital and Profile

Beaumont Hospital is a Model 4* voluntary hospital. It is a member of and is managed by the Royal College of Surgeons Ireland Hospital Group† on behalf of the Health Service Executive (HSE) through a service level agreement. Services provided by the hospital include:

- acute medical and surgical in-patient services
- elective surgery
- emergency care
- intensive and high-dependency care
- diagnostic services
- outpatient care

Beaumont Hospital is the national referral centre for:

- Neurosurgery
- Renal Transplantation and
- Cochlear Implantation
- Penile Cancer

The following information outlines some additional data on the hospital.

Model of Hospital	4
Number of beds	842 inpatient and day beds (includes 38 off-site beds at St. Joseph's in Raheny) and 100 residential care beds in the Raheny Community Nursing Unit).

*A Model 4 hospital is a tertiary hospital that provides tertiary care and, in certain locations, supra-regional care.

† The RCSI Hospital Group comprises seven hospitals. These are Beaumont Hospital, Connolly Hospital, Our Lady of Lourdes Hospital – Drogheda, Louth County Hospital, Cavan General Hospital, Monaghan Hospital and Rotunda Hospital. The hospital Group's academic partner is the Royal College of Surgeons (RCSI).

How we inspect

Under the Health Act 2007, Section 8(1) (c) confers the Health Information and Quality Authority (HIQA) with statutory responsibility for monitoring the quality and safety of healthcare among other functions. This inspection was carried out to assess compliance with the National Standards for Safer Better Healthcare as part of the Health Information and Quality Authority's (HIQA's) role to set and monitor standards in relation to the quality and safety of healthcare. To prepare for this inspection, the inspectors[‡] reviewed information which included previous inspection findings, information submitted by the provider, unsolicited information[§] and other publically available information.

During the inspection, inspectors:

- spoke with people who used the service to ascertain their experiences of the service
- spoke with staff and management to find out how they planned, delivered and monitored the service provided to people who received care and treatment in the hospital
- observed care being delivered, interactions with people who used the service and other activities to see if it reflected what people told inspectors
- reviewed documents to see if appropriate records were kept and that they reflected practice observed and what people told inspectors.

[‡] *Inspector* refers to an authorised person appointed by HIQA under the Health Act 2007 for the purpose in this case of monitoring compliance with HIQA's National Standards for Safer Better Healthcare (2012)

[§] *Unsolicited information* is defined as information which is not requested by HIQA but is received from people including the public or people who use the healthcare service.

About the inspection report

A summary of the findings and a description of how Beaumont Hospital performed in relation to compliance with the national standards monitored during this inspection are presented in the following sections under the two dimensions of *Capacity and Capability* and *Quality and Safety*. Findings are based on information provided to inspectors during and following the inspection.

1. Capacity and capability of the service

This section describes HIQA's evaluation of how effective the governance, leadership and management arrangements are in supporting and ensuring that a good quality and safe service is being sustainably provided in the emergency department at Beaumont Hospital. It outlines whether there is appropriate oversight and assurance arrangements in place and how people who work in the emergency department are managed and supported to ensure high-quality and safe delivery of care.

2. Quality and safety of the service

This section describes the experiences, care and support people using the emergency department at Beaumont Hospital receive on a day-to-day basis. It is a check on whether the service is a good quality and caring one that is both person-centred and safe. It also includes information about the environment where people receive care.

A full list of the national standards assessed as part of this inspection and the resulting compliance judgments are set out in Appendix 1.

Compliance classifications

Following a review of the evidence gathered during the inspection, a judgment of compliance on how the service performed has been made under each national standard assessed. The judgments are included in this inspection report. HIQA judges the healthcare service to be **compliant, substantially compliant, partially compliant** or **non-compliant** with national standards. These are defined as follows:

Compliant: A judgment of compliant means that on the basis of this inspection, the service is in compliance with the relevant national standard.

Substantially compliant: A judgment of substantially compliant means that on the basis of this inspection, the service met most of the requirements of the relevant national standard, but some action is required to be fully compliant.

Partially compliant: A judgment of partially compliant means that on the basis of this inspection, the service met some of the requirements of the relevant national standard while other requirements were not met. These deficiencies, while not currently presenting significant risks, may present moderate risks, which could lead to significant risks for people using the service over time if not addressed.

Non-compliant: A judgment of non-compliant means that this inspection of the service has identified one or more findings, which indicate that the relevant national standard has not been met, and that this deficiency is such that it represents a significant risk to people using the service.

This inspection was carried out during the following times:

Dates	Times of Inspection	Inspectors	Roles
13 April 2023	09:00hrs to 17:00hrs	Patricia Hughes	Lead Inspector
		Aoife O'Brien	Inspector
		Nora O'Mahony	Inspector

Information about this inspection

An unannounced inspection of the emergency department at Beaumont Hospital was conducted on 13 April 2023.

This inspection focused on national standards from four of the eight themes of the *National Standards for Safer Better Healthcare*. Inspectors additionally focused in particular, on four key areas of known harm, these being:

- infection prevention and control
- medication safety
- the deteriorating patient** (including sepsis)††
- transitions of care.‡‡

The inspection team visited the emergency department and also spoke with the following staff at the hospital:

- Representatives of the hospital's Executive Management Team
 - Chief Executive Officer (CEO)-Interim
 - Director of Nursing (DON)
 - Director of Quality and Patient Safety
- Human Resources Deputy Manager
- Directorate Nurse Manager – Medical Directorate
- Clinical Nurse Manager (CNM3) emergency department
- Assistant Director of Nursing (ADON-Patient Flow)
- Head of Patient Flow
- Emergency Medicine Consultant
- Quality and Standards Manager

Inspectors also spoke with staff, nursing management and people receiving care in the emergency department at Beaumont Hospital. Inspectors reviewed a range of documentation, data and information received after the inspection.

** *The National Deteriorating Patient Improvement Programme (DPIP)* is a priority patient safety programme for the Health Service Executive. Using Early Warning Systems in clinical practice improves recognition and response to signs of patient deterioration. A number of Early Warning Systems, designed to address individual patient needs, are in use in public acute hospitals across Ireland.

†† *Sepsis* is the body's extreme response to an infection. It is a life-threatening medical emergency.

‡‡ *Transitions of Care* includes internal transfers, external transfers, patient discharges, shift and interdepartmental handover. World Health Organization. *Transitions of Care. Technical Series on Safer Primary Care*. Geneva: World Health Organization. 2016. Available on line from <https://apps.who.int/iris/bitstream/handle/10665/252272/9789241511599-eng.pdf>

Acknowledgements

HIQA acknowledge the co-operation of the management team and staff who facilitated and contributed to this inspection. HIQA would also like to thank people using the service who spoke with inspectors about their experience of the service.

What people who use the emergency department told inspectors and what inspectors observed in the department

On the day of inspection, inspectors visited the emergency department which operates 24/7, 365 days a year. The department provided undifferentiated care for adults aged 16 and over with acute or urgent illness or injury. The hospital did not provide paediatric or maternity services. Attendees to the emergency department were referred directly by a general practitioner (GP), self-referred or presented by ambulance.

The total planned assessment and treatment capacity of the emergency department was for 33 patients. The layout of the department comprised the following:

- A 20-person (individually partitioned) waiting area plus an additional external 20-person waiting area at the front of the emergency department. Inspectors observed one metre physical distancing, in line with national guidance.
- two triage areas (one room and one bay)
- two resuscitation areas (1 x 3 bays for non COVID-19 patients and 1 x 2 bays for COVID-19 patients)
- 10 single cubicles including
 - DANTE (**D**octor **a**nd **N**urse, **T**reatment, **E**valuation) – a single cubicle – staffed by a consultant 8am-5pm and by the registrar at night and weekends, seven days a week
 - cubicle for use by the phlebotomist (11am-8 pm seven days a week)
 - an ambulance bay for rapid assessment

Higher triage categories of patients were retained in cubicles placed around the nurse's station for closer observation.

- 3 single rooms for the treatment of patients requiring isolation facilities (no en-suite facilities)

- 7 cubicles and 18 chairs in an assessment area for lower triage category patients who were either patients referred for specialist review or admitted patients awaiting an inpatient bed. This area was in use 8am – 9pm seven days per week. Ten of the chairs were used for people who were deemed 'for discharge' while they awaited test results or other decisions. There was a designated CNM2 and three nurses assigned to this area to oversee patient monitoring and care. There was also a candidate Advanced Nurse Practitioner (ANP)^{§§} in training for minor injuries. There was one toilet and shower (suitable for those with disability) located close to this area.
- 4 trolley bays in 'Zone 4'. This area had been established several days before this inspection. Zone 4 was located a short distance away from the main body of the emergency department and was open 8 am to 8 pm seven days per week for rapid access to assessment. It was staffed by a registrar and an advanced nurse practitioner. Patients who were ambulatory and triaged as yellow or green categories could be seen here. After triage, they were directed to sit in the waiting room where the registrar would call for them and accompany them to Zone 4 for review.
- 10 chairs located around the central nursing station for patients deemed 'fit to sit'
- one assessment room with glass observation panel on door (designed for care of patients presenting with mental health issues)
- one treatment room with glass observation panel on door (designed for care of patients presenting with mental health issues)

There were five toilets and one shower in the emergency department for patients' use and one toilet in Zone 4.

The single cubicles and isolation room did not have en-suite facilities and there were no neutral or negative pressure rooms^{***} in the department. There was no

^{§§} An *Advanced Nurse Practitioner (ANP)* is a nurse who having followed a defined career pathway for registered nurses including commitment to formal continuing professional development and clinical supervision has been deemed qualified and registered with the Nursing and Midwifery Board of Ireland (NMBI) to practice at a higher level of capability as an autonomous and expert practitioner in a pre-defined field of nursing practice.

^{***} *Negative pressure rooms* refer to isolation rooms where the air pressure inside the room is lower than the air pressure outside the room. Therefore, when the room door is opened, potentially contaminated air or dangerous and infective particles from inside the room will not flow outside to non-contaminated areas.

Acute Medical Assessment Unit (AMAU) in the hospital. This is discussed further under National Standard 5.5.

On the day of inspection, although busy, the emergency department was functioning well and there was a calm atmosphere.

Wall-mounted alcohol based hand sanitiser dispensers were strategically located and readily available with hand hygiene signage clearly displayed throughout the emergency department. Stocks of personal protective equipment (PPE) were observed and staff were observed wearing the appropriate personal protective equipment, in line with current public health guidelines.

Inspectors spoke with a number of patients in the emergency department to ascertain their views on their experiences of the care received in the emergency department on the day of inspection. Overall, patients' experiences were very positive. Feedback from patients included:

- *Fabulous, very good here, continually assessing me*
- *[I] needed assistance to go to the toilet, nurse waited for me, very discreet*
- *Privacy and dignity - maintained while in resus and also in the assessment area*
- *Overnight doctor was brilliant*
- *Waited 30 mins to be seen in triage, seen by surgeon quickly, was given analgesia, kept informed of next steps, bloods and scan*
- *Good access to information and answers to my questions on both shifts so far*
- *Explained everything clearly (the patient's first language was not English)*
- *Good privacy*
- *Staff reassured me*
- *Even the person accompanying me was offered a cup of tea during breakfast*

Inspectors observed staff actively engaging with patients in a kind, respectful and helpful manner, explaining what was going to happen during their time in the department. Inspectors observed staff promoting and protecting patients' privacy and dignity. For example, staff were observed bringing patients to cubicles with curtains pulled for privacy when examinations were being undertaken.

Patients who spoke with inspectors knew how they could go about making a complaint if they needed to. Inspectors observed patient information leaflets on the Patient Advocacy Services on display at the hospital.

Capacity and Capability Dimension

Inspection findings related to the capacity and capability dimension are presented under two national standards (5.5 and 6.1) from the two themes of leadership, 'governance and management' and 'workforce'. The hospital was found to be substantially compliant in both standard 5.5 and standard 6.1.

Standard 5.5: Service providers have effective management arrangements to support and promote the delivery of high quality, safe and reliable healthcare services.

Findings relating to the emergency department

HIQA was satisfied that Beaumont Hospital had defined lines of responsibility and accountability with devolved autonomy and decision-making for the governance and management of unscheduled and emergency care. There was evidence of effective governance, good operational grip and agile management arrangements at the hospital to support and promote the delivery of high-quality, safe and reliable healthcare services in the emergency department. There was also evidence of clinical leadership (medical, nursing and health and social care) in the emergency department. Organisation charts submitted to HIQA after the onsite inspection detailed the direct reporting arrangements of the hospital's governance and oversight committees to the Executive Management Group (EMG) at the hospital and onwards to the RCSI Hospital Group. These aligned with findings on inspection.

The interim CEO was the accountable officer with overall responsibility for the governance of the hospital. The interim CEO was supported by the EMG. The EMG was the senior executive decision making committee with responsibility for ensuring appropriate governance and oversight of the quality and safety of unscheduled and emergency care. It reported to the Hospital Board and to the RCSI Hospital group. The Hospital Board met with the EMG monthly. The RCSI Hospital Group held monthly performance meetings with the hospital in line with its terms of reference. The EMG met fortnightly in line with its terms of reference, leading on the strategic planning and development for the hospital and providing direct operational oversight of the hospital's activity and outcomes. The hospital had a Corporate Clinical Governance Committee (CCGC) chaired by the Director for Clinical Governance which met every 6 to 7 weeks in line with its terms of reference. It had a schedule for

meetings with the directorates and various committees. It reported monthly to the EMG and annually to the Governance and Risk sub-committee of the Hospital Board.

The hospital had nine directorates including the emergency medicine directorate, each of which was led by a clinical director. Clinical directors reported to the CEO for the hospital. The clinical director for the emergency medicine directorate provided monthly reports to the EMG. The clinical director also reported twice a year to the Corporate Clinical Governance Committee. The Emergency Medicine Directorate had a Clinical Operations Group (COG) which met weekly in line with its terms of reference to oversee the performance and implementation of change and improvements at directorate level including review of metrics, KPIs, staffing, capacity, bed management, review clinics, access to diagnostics and response times, risk, audit, research, quality improvements and education.

Operational clinical governance and oversight of day-to-day workings of the department was the responsibility of the on-site consultant in emergency medicine. Outside core working hours,⁺⁺⁺ medical oversight of the emergency department was provided by the consultant-on-call supported by senior decision making non-consultant hospital doctors. Patients in the emergency department were under the care of the emergency consultant on duty until they were formally admitted under the name of the receiving speciality consultant.

Although the emergency department was busy on the day, the hospital was not at the point of escalation⁺⁺⁺. Staff gave details of a series of regular safety huddles conducted throughout the 24-hour cycle involving members of the executive management team, clinical staff (medical and nursing) and health and social care professionals. In addition to these, up to three escalation meetings a day would be held when the hospital was in escalation, attended by the CEO, heads of departments and medical and nursing representation from the emergency department.

The hospital had systems and processes in place that were functioning to support continuous and effective patient flow through the emergency department. These included a team of designated staff for managing bed flow for both scheduled and unscheduled care throughout the hospital. The hospital had a Director of Unscheduled Care who reported to the chief operations officer (COO) and a team of staff working on patient flow. Inspectors identified that the hospital had worked with services external to the hospital across both the public and private sector to ensure that a range of step-down services were available to enable patient egress from the hospital in a timely manner. Consequently the hospital appeared to be relatively well

⁺⁺⁺ *Core working hours* are considered to be within Monday to Friday 9.00am to 5.00pm.

⁺⁺⁺ *Escalation* in this instance refers to a hospital invoking an escalation plan which sets out (within the parameters of the national framework) the key stages of steady state, escalation, full capacity protocol, de-escalation and review.

served in this regard when compared to many of the hospitals HIQA has inspected nationally in recent months. Weekly 'Length of Stay' meetings were held in line with its terms of reference to review patients whose length of stay was more than 10 days and to consider actions required to support safe and timely discharge of patients deemed medically fit. All key performance indicators were reported to the COO in the form of a monthly performance report reviewed by the EMG. This is discussed further under NS 3.1.

The hospital had a Quality and Patient Safety (QPS) department led by a Director for QPS who was also a member of the EMG. It reported monthly into the EMG and also to the Hospital Group CEO, The department comprised quality and safety, complaints, risk management and legal matters. This is discussed in further detail under NS 3.1.

On the day of inspection, the emergency department was functioning well. Patients were assessed on triage for signs and symptoms for COVID-19 and streamed to the most appropriate care pathway, in line with national guidance. At 11am, the emergency department was busy relative to its intended capacity and function with 69 registered patients present. Sixty five per cent of patients had self-referred and 35% had been referred by their GP. The rate of self-referral appeared high compared to other similar services and is worthy of consideration by hospital management in collaboration with community healthcare colleagues following this inspection. Twenty per cent of all patients had arrived via ambulance. Five patients were awaiting triage and all others had been triaged and prioritised in line with the Manchester Triage System.^{§§§} Five patients had been admitted and were awaiting transfer to the ward. In addition to the department's normal capacity, eight patients were on trolleys and eight were on seats. Nine patients were aged 75 or over. Several patients were on trolleys in the emergency department between the entrance door and the main desk area. Staff could view the status of priority and waiting times for all patients in the department via the hospital's electronic operating system.

On review of patient experience times ^{****} at 11am on the day of inspection, it was noted that registration to triage times for all patients ranged from 5 minutes to 37 minutes with the average being 14 minutes. The interval from triage to medical review ranged from 0 minutes to 14 hours and 40 minutes with an average of 4 hours and 15 minutes. The outlier times were raised with hospital management on the day and it was found that instances of longer triage to medical review times may arise overnight but that this was usually cleared by late morning. Hospital management

^{§§§} *Manchester Triage System* is a clinical risk management tool used by clinicians in emergency departments to assign a clinical priority to patients, based on presenting signs and symptoms, without making assumptions about underlying diagnosis. Patients are allocated to one of five categories, which determines the urgency of the patient's needs.

^{****} *Patient Experience Time* as measured by the HSE is the time spent by the patient in the emergency department from the time of arrival to their departure time.

informed inspectors that they had identified this and were reviewing rosters of relevant staff groups to seek to address this. Following the inspection, the hospital provided information on wait times from an audit of times, as they applied at 3pm on the day of inspection noting the following:

- registration to triage times ranged from 5 minutes to 1 hour and 38 minutes with the average being 28 minutes
- interval from triage to medical review ranged from 14 minutes to 8 hours and 26 minutes with an average of 2 hours and 35 minutes
- medical review to decision to admit ranged from 1 hour and 18 minutes to 11 hours and 41 minutes with an average of 6 hours and 8 minutes.

The hospital had a draft policy to deal with delays in triage times which incorporated actions when registration to triage times surpassed 15 minutes and a further set of actions if the interval surpassed 30 minutes. This policy was in the process of consultation internally before sign-off. This is an area of work for the hospital to complete and ensure timely medical review of all patients.

Review of the daily activity sheets for 13 and 14 April 2023 indicated that there were 43 and 48 registered patients respectively in the emergency department at 8am each morning and all were triaged as either orange, yellow or green with the majority on both days in the yellow category (priority level 3, aim for medical review within 30 minutes, less urgent cases). There were 23 delayed transfers of care⁺⁺⁺ recorded on the day of inspection. This is discussed further under NS 3.1.

It is notable that hospital does not have an Acute Medical Assessment Unit, and inspectors were told that it had been discontinued some years previously following the hospital's evaluation that it was not an effective way of organising the service. Inspectors were told that trolleys were not placed on wards. If there was a delay in access to beds at ward level, the Assistant Director of Nursing (ADON) for Patient Flow worked with ward staff to expedite discharges and ensure that the bed was made available for the next patient within one hour of discharge of the previous patient. The hospital had also established a 'Beaumont in the Home' initiative to support discharge home for patients requiring care support. This is discussed in further detail under NS 3.1.

In 2022, based on HSE published data from January – September, the overall attendance rate at the hospital's emergency department was 47,972, which equated to an average attendance rate of 5330 each month or an average of 190 attendances every day. Inspectors were told that the daily rate was in excess of 200 attendances Monday-Friday with the weekends being somewhat quieter. When compared to the

⁺⁺⁺ *Delayed transfer of care* is used to describe when a patient remains in hospital after they have been medically discharged for home or for transfer to another care facility.

attendances from January – December 2021 (n= 61484), the attendance rate to the hospital’s emergency department for a 12-month time frame (January – December 2022) based on the first nine months of data, was expected to reach 63,962 in 2022 representing a 4% increase on 2021 activity.

The conversion rate^{****} over a 12-month time frame was 27% (January - December 2022) and 28% (January 2023- to date of inspection) which is broadly similar to most Emergency Departments nationally. The average length of stay (ALOS) for medical patients was 10.9 days in 2022 and 11.3 days, year to date at the time of inspection in 2023, including patients with delayed transfer of care (DTC). This was the highest for model 4 hospitals (although only marginally higher) and may be associated with the hospital being a national referral centre for a number of specialities. It should be noted that most of the other model 4 hospitals also utilise Ambulatory Medical Assessment Units and or Surgical Assessment Units which may have an impact on their average length of stay. The average length of stay for surgical patients was 8.6 days in 2022 and 8.8 days in 2023. The percentage of people who left the emergency department before completion of treatment was 6% in 2022 and 5% in 2023, year to date, which is within the HSE target of 6.5%. Compliance with a turnaround time of 30 minutes for ambulance handover was 35% in 2022 (range 29%- 40%) and 30% in 2023 to date of inspection (range 29% to 31%), which was below the HSE target of 80%.

Inspectors were told of the hospitals’ capital development plan for a new emergency department and critical care area in addition to an extra stock of single rooms within a block of 99 additional beds, currently at the design phase. The hospital was also progressing with two minor capital development projects to expand the footprint of the current emergency department.

In summary, the hospital had more access to a range of local and private step-down facilities when compared to that of other hospitals inspected to date. The hospital had a directorate structure with systems and processes in place to support safe and effective working and communication. There was evidence of good operational grip and an agile management approach in place. For example, the hospital had taken a novel approach to support discharge home for patients awaiting a HSE care package through the establishment of ‘Beaumont in the Home’. To achieve full compliance with this National Standard following this inspection, the hospital should focus on sustained timely triage and medical review of patients.

Judgment: Substantially compliant

^{****} The conversion rate is the proportion of patients who were admitted as a percentage of all who presented to the emergency department

Standard 6.1 Service providers plan, organise and manage their workforce to achieve the service objectives for high quality, safe and reliable healthcare.

An effectively managed healthcare service ensures that there are sufficient staff available at the right time, with the right skills to deliver safe, high-quality care and that there are necessary management controls, processes and functions in place. The hospital's Director of Human Resources was operationally accountable and reported to the hospital CEO. The total workforce in Beaumont Hospital in February 2023 was 4,761 WTE.

The hospital had workforce arrangements in place in the emergency department to support and promote the delivery of high-quality, safe and reliable healthcare. The hospital's reported absenteeism rate for all staff in the emergency department was 2.45% in 2022 (excluding COVID-19 related sickness) and 1.43% in 2023 (excluding COVID-19 related sickness) which was well within the HSE target of 4%.

In relation to the emergency department, the hospital had an approved complement of 9.5 whole-time equivalent Emergency Medicine consultants (WTE)^{§§§§}. Of those, 6.5 WTE posts were filled and the three additional posts were part of a recent national uplift allocated to hospitals to increase the allocation of emergency medicine consultants in Ireland. Two of those three posts were due to be filled in July as recruitment had taken place and the third post was being re-advertised. All 6.5 WTE consultants in post were on the specialist register of the Irish Medical Council. Consultants were operationally accountable and reported to both the CEO of the hospital and on clinical matters, to the clinical director for the emergency medicine directorate. The clinical director reported to the CEO and to the lead clinical director for the hospital.

^{§§§§} *Whole-time Equivalent (WTE)* - allows part-time workers' working hours to be standardised against those working full-time. For example, the standardised figure is 1.0 WTE which refers to a full-time worker while 0.5 WTE refers to a person who works half of the full-time hours.

Senior decision-maker is defined here as a doctor at registrar grade or a consultant who has undergone appropriate training to make independent decisions around patient admission and discharge.

^{§§§§} Department of Health: *Framework for Safe Staffing and Skill Mix in Adult Emergency Care settings in Ireland*. Dublin. Department of Health. 2022 Available online. <https://assets.goc.ie/226687/1a1301a-83a3-4c06-875f-010189be1e22.pdf>

Senior clinical decision-makers^{*****} at consultant level were on-site seven days a week in the hospital's emergency department and there was consultant on-call cover from home out-of-hours. The consultant on-duty was responsible for the day-to-day functioning of the department. The hospital was an approved training site for non-consultant doctors on the basic training scheme and the higher specialist training scheme in emergency medicine. Consultants were supported by non-consultant hospital doctors at registrar level (18 WTE approved and in-post) and senior house officer level (20 WTE approved and in-post).

The emergency department had an approved complement of 96.6 WTE nursing staff, comprising 61.6 WTE nurses, 7 WTE CNM1s, 15 WTE CNM2s, 4 WTE CNM3's and 7 WTE ANPs. All nursing positions were filled on the day of inspection. This was commendable given that most hospitals inspected by HIQA over the last year have been reporting difficulty in recruitment and retention of nurses and particularly in the emergency department environment.

The department had its full complement of 15 nursing staff rostered on duty on the day of inspection. A clinical nurse manager grade 3 (CNM3) was also on duty and had overall nursing responsibility for the department. Nursing staff were supported by three healthcare assistants on-duty, day and night. At the time of inspection the hospital had undergone phase one of the Safe Staffing Framework⁺⁺⁺⁺ for emergency departments. Additional staff had been approved through this (7 WTE) and through the Winter Initiative (1 WTE) and all had been filled to date. Inspectors were told that the hospital was due to enter phase two of the Safe Staffing Framework in July 2023. The department's total approved posts for healthcare assistants was 14 WTEs which were filled at the time of HIQA's inspection.

The nursing staff on-duty during the inspection comprised two CNM2s (one as shift leader and one to oversee care of admitted patients), two CNM1s and eleven staff nurses. Fourteen nurses, including two CNM2s (one as shift leader and one to oversee care of admitted patients), two CNM1s, 10 staff nurses were rostered for the night shift. In addition, the following staff were on day duty Monday to Friday:

- one Clinical Nurse Manager 3 – Emergency Department
- one Clinical Nurse Manager 3 – Ambulatory Care
- one Advanced Nurse Practitioner - Rapid Access
- one Advanced Nurse Practitioner – Minor Injuries
- one Assistant Director of Nursing – Patient Flow in the emergency department
- one Dressing Clinic Nurse (Clinical Nurse Specialist)
- one Practice Support Nurse (CNM2)
- one Course Coordinator (CNM2) - shared between departments

- one GP Liaison Nurse (CNM2)
- one Directorate Nurse Manager – Emergency Department directorate

Out-of-hours support was available through the hospital's nursing administration office (one CNM3 and one ADON). Inspectors were told that absences are covered where required by redeployment from less busy areas or replacement using the hospital's arrangement to call upon a pool of staff available to work additional hours.

Staff in the emergency department had access to an infection prevention and control nurse who visited daily. Staff also had access to an antimicrobial pharmacist and antimicrobial microbiologist. Security staff were located in the emergency department 24/7.

Staff training and education

Attendance at training by nursing and healthcare assistant staff was monitored at clinical area level by clinical nurse managers. Training attendance by non-consultant doctors was recorded on the National Employment Record (NER) system. **** Attendance and uptake of training was recorded at local clinical area level, included in performance metrics and discussed at executive management group and RCSI Hospital Group meetings each month.

HIQA found that staff attendance and uptake training could be improved among medical staff (all grades) on medication safety and on infection prevention and control (standard based precautions, transmission based precaution, donning and doffing of personal protective equipment (PPE)) with levels at time of inspection at 74% and 75% (below the HSE target of 100% in respect of infection prevention and control). Training for both nursing and medical staff in the use of the Irish National Early Warning System (ranged from 42-79%) and the Irish Maternity Early Warning System (ranged from 14-26%) requires improvement. Training for both medical staff and healthcare staff in basic life support (44% NCHDs, 28% consultant staff and 13% healthcare assistants) also requires improvement. It is essential that hospital management ensure that all clinical staff have undertaken key training appropriate to their scope of practice and at the required frequency, in line with national standards. This issue should represent a key focus for early improvement efforts following HIQA's inspection.

**** *National Employment Record* is a national system for recording non-consultant hospital doctor paperwork, including evidence of training. The system was designed to minimise repetitive paperwork requirements for non-consultant hospital doctors and eliminate duplication when rotating between employers.

Training on management of complaints was provided by the Patient Advisory Liaison Services at the hospital and inspectors viewed a calendar of scheduled training dates for staff from April-June 2023 inclusive. HIQA note that this is good practice.

Overall, the unit was well staffed and any vacancies had either been filled and upcoming start dates agreed or were in the process of being recruited. There was seven-day consultant presence in the emergency department. Absenteeism rates were well within the acceptable range of 4% set by the HSE. To achieve full compliance with this National Standard following this inspection, the hospital should focus on arrangements to ensure improved uptake of key training for all relevant staff in the emergency department as outlined above. In summary, HIQA found that hospital management were planning, organising and managing their nursing, medical and support staff in the emergency department to support the provision of high-quality, safe healthcare.

Judgment: Substantially compliant

Quality and Safety Dimension

Inspection findings in relation to the quality and safety dimension are presented under two national standards 1.6 and 3.1 from the themes of person-centred care and safe care and support respectively. The hospital was found to be substantially compliant in standard 1.6 and substantially compliant in standard 3.1.

Standard 1.6: Service users' dignity, privacy and autonomy are respected and promoted.

People have a right to expect that their dignity, privacy and confidentiality would be respected and promoted when attending for emergency care.^{§§§§§} Person-centred care and support promotes and requires kindness, consideration and respect for the dignity, privacy and autonomy of people who require care. It supports equitable access for all people using the healthcare service so that they have access to the right care and support at the right time, based on their assessed needs.

Patient's privacy and dignity in the emergency department was supported for patients accommodated in individual cubicles and multi-occupancy rooms. This was validated by patients who spoke with inspectors. For patients placed on chairs around the nurses' station and for those on trolleys pooled at the main entrance however, this was less private and so the privacy, dignity and autonomy of those patients was compromised.

Staff working in the hospital's emergency department were committed and dedicated to promoting a person-centred approach to care. Staff were observed to be kind, respectful and helpful towards patients in the department. Staff were observed bringing patients to cubicles and drawing curtains for privacy when undertaking examinations. Visiting in the department was restricted and access to the department was via a security fob. Patient feedback to inspectors on the day was very complimentary of the staff.

^{§§§§§} Health Information and Quality Authority. *Guidance on a Human Rights-based Approach in Health and Social Care Services*. Dublin: Health Information and Quality Authority. 2019. Available online from: <https://www.hiqa.ie/reports-and-publications/guide/guidance-human-rights-based-approach-health-and-social-care-services>

A single room was prioritised for use when patients were at 'end-of-life' stage. The *Hospice Friendly Hospital* signage^{*****} was used to discretely identify when the room was in use for this purpose. The Hospital had initiated a Patient Forum to explore the lived experience of patients and their families. It was chaired by the CEO and was scheduled to meet quarterly. The hospital had advertised for six patients to join.

Findings from the 2022 National Inpatient Experience Survey (NIES)⁺⁺⁺⁺⁺ showed that patients scored their overall experience of the hospital at 7.7 which was below the national average of 8.1. This was also reflected in the reported experiences of patients in relation to communication, respect and dignity and provision of privacy while using the emergency department service. The hospital had developed an action plan to respond to key findings from the 2022 NIES which was publically available. It included the establishment of the Patient Experience Forum, finalisation of a Patient Charter, development of patient information leaflets regarding care on the ward, information on discharge or transfer and attention to menu choices. Inspectors were told by staff that everything had changed during COVID-19 and in particular, patients in the emergency department had been restricted from visiting the coffee shop in the main building to help reduce spread of infection. Instead, vending machines were placed in the vicinity of the emergency department. The hospital management were now seeking to provide a range of healthy nourishing snacks in the vending machines. The Hospital had also recently lifted the restriction on access to the coffee shop. Finally, the hospital had opened Zone 4 to assist in reducing patient experience times, improve patient flow and enhance communication.

Overall, there was evidence that hospital management and staff were aware of the need and availed of opportunities to respect and promote the dignity, privacy and autonomy of people receiving care in the emergency department. This is consistent with the human rights-based approach to care supported and promoted by HIQA. While there is more work to do on the infrastructure to afford all patients privacy (for

***** The *End of Life* symbol is a three stranded white spiral on a purple background within a white circle. The signage represents the interconnected cycle of birth, life and death.

+++++ The *National Care Experience Programme* was a joint initiative by the Health Information and Quality Authority (HIQA), the Hospital Service Executive (HSE) and the Department of Health, established to ask people about their experiences of care in order to improve the quality of health and social services in Ireland. The *National In-patient Experience Survey* is a nationwide survey used to ask patients about their recent experiences in hospital. The purpose of the survey is to learn from patients' feedback in order to improve hospital care. The findings of the National In-patient Experience Survey are available at: <https://yourexperience.ie//inpatient/national-results/>

those observed on chairs around the nurse's station and on trolleys pooled at the entrance), HIQA was assured that dignity, privacy and autonomy were being respected and promoted on the day of inspection. This was validated by patients who spoke with inspectors during the inspection. Hospital management also described some interim plans to address the infrastructure so that dignity, privacy and autonomy is respected and supported for all patients.

Judgment: Substantially compliant

Standard 3.1: Service providers protect service users from the risk of harm associated with the design and delivery of healthcare services.

The hospital had systems in place to monitor, analyse and respond to information relevant to the provision of high-quality, safe services in the emergency department. The hospital collected data on a range of different quality and safety indicators related to the emergency department in line with the national HSE reporting requirements. Data was collated on the number of presentations to and admissions from the hospital's emergency department, length of stay, delayed transfers of care and ambulance turnaround times. All key performance indicators including serious reportable events, serious incidents, complaints, infection prevention and control risks and outbreaks, were reported to the CEO in the form of a performance report reviewed monthly by the EMG and by the hospital Board. Collated performance data and compliance with key performance indicators for the emergency department set by the HSE was also reviewed at the weekly Clinical Operations Group for emergency department, at the Corporate Clinical Governance Committee held 6-7 weekly and at the monthly performance meetings with the RCSI hospital group. Data on patient experience times (PETs) collected on the day of inspection, showed that at 11.00 am, the hospital was compliant with the 24-hour target where at least 97% of patients (99% of patients aged 75 years or more) were to be admitted or discharged within 24 hours of registration in that there was no patient waiting 24 hours to be admitted or discharged at Beaumont Hospital. This was consistent with the HSE Special Delivery Unit daily data on numbers of admitted patients on trolleys in emergency departments where Beaumont Hospital consistently features in the top three performing hospitals in the country. This is to be commended. Notwithstanding this, the hospital was not yet compliant with the six or nine hour targets and this represents an area for further improvement following this inspection. At that time, of the 69 patients registered in the department, 29 patients (42%) were waiting at least six hours to either be admitted or discharged in the emergency department. The HSE target is for 70% of attendees to be admitted or discharged within six hours of registration. Twenty three

patients (33%) were waiting at least 9 hours to either be admitted or discharged in the emergency department. The HSE target is for 85% of attendees to be admitted or discharged within nine hours of registration. Nine patients (13%) were aged 75 years or more and five of those (55%) were waiting at least 9 hours to either be admitted or discharged in the emergency department. The HSE target is for 99% of attendees aged 75 years or more to be admitted or discharged within nine hours of registration. Hospital management acknowledged that they have further work to do to meet the six and nine hour targets and they outlined their plans in this regard including revision of rosters to provide enhanced levels of senior decision making 24/7. This is important given the known risk to patient safety posed by prolonged waiting time on trolleys in emergency departments, especially among older patients^{*****}.

Inspectors noted a good level of monitoring on display on the notice board in the emergency department. An overall result of 91% compliance for nursing metrics in March 2023 covered standards relating to patient monitoring and surveillance (90%), pain assessment and management (91%), nutrition and hydration (100%), medication safety (93%), medication storage and custody (100%), falls prevention and management (75%) pressure ulcers (55%). Staff reported that key performance indicators (hand hygiene, triage times, delays to see the doctor and delay in getting patients to a bed) are reviewed and monitored by the directorate nurse manager, the business manager and the senior nursing staff in the department. Inspectors were told that the hospital has begun to measure the interval from the time of vacation of a bed to occupancy of that bed against a standard of one hour. HIQA note that this is good practice.

Risk management

The hospital had systems and processes in place to identify, evaluate and manage immediate and potential risks to people attending the emergency department. All directorates had their own risk register. In the emergency department, it was managed by the CNM2 and CNM3 in conjunction with the directorate business manager and discussed at the Clinical Operations Group of the emergency medicine directorate. The QPS department provided regular training to staff on risk management and also met with each directorate twice a year. The risk register was presented to the Risk Management Committee which met bi-monthly and maintained a corporate risk register which was reviewed quarterly.

The Corporate Clinical Governance Committee had oversight of the risks recorded on this register. The effectiveness of actions and controls implemented to manage and

^{*****} Jones S, Moulton C, Swift S, Molyneux P, Black S, Mason N, Oakley R, Mann C. Association between delays to patient admission from the emergency department and all-cause 30-day mortality. *Emergency Medicine Journal* 2022;**39**:168-173.

mitigate risks were reviewed at meetings held 6-7 weekly and updated at quarterly intervals. Risks not managed at hospital level were escalated to the RCSI hospital group as appropriate. The highest rated risks relating to the emergency department included the information technology which was nearing its end of life status, the suboptimal physical infrastructure of the emergency department with its lack of isolation rooms, cybersecurity, fire safety mechanisms, lack of access to full psychiatric assessment and suitability of facilities for patients presenting with mental health issues. An example of effective risk management was the provision of funding to develop a specific fit-for-purpose area for assessment and treatment of patients presenting with mental health issues following identification of increased risk for such patients.

While the hospital did not provide maternity or paediatric care to patients, staff outlined to inspectors that in the case of such patients presenting, they were stabilised and transferred to the appropriate hospital setting using the HSE's 'Protocol 37'^{§§§§§§}

Quality and Safety walk-arounds were held every two weeks where the senior executive team would visit an area and speak with staff, review their quality metrics, risks and any other relevant issues.

Inspectors were told that the hospital had identified that triage to medical review can take longer during out-of-hours. Hospital management outlined to inspectors how they proposed to adjust out-of-hours cover arrangements and enhance decision-making to address this. Hospital management need to ensure that arrangements are in place to ensure timely triage and review of all patients throughout the 24/7 cycle.

The percentage of people who leave the emergency department before completion of treatment (6%) was within the target set by the HSE (6.5%) and the hospital had a policy for the '*Management of a Missing Patient*' which was under review and consultation at the time of inspection.

Patients presenting to Beaumont Hospital seeking mental health care were triaged using the psychiatry policy followed by medical review and were accompanied by an adult relative or by a healthcare assistant while in the emergency department if presenting alone.

There was good evidence of auditing related to the areas of known harm in the emergency department as described under the following headings. Time-bound action plans to support the implementation of corrective actions to address findings from the audits of clinical practice in the emergency department were also developed.

^{§§§§§§} Protocol 37 is the name used to describe the HSE's emergency inter-hospital transfer policy.

Infection prevention and control

The hospital had an infection prevention and control (IPC) committee chaired by the Director of Nursing. It met four times per year and reported to the Healthcare Associated Infection Oversight Group (HCAI) which was chaired by the CEO and also met four times per year or more often if there were ongoing HCAI risks or concerns. A hygiene task group was chaired by the Deputy General Services Manager and it reported to the IPC committee. Inspectors were told that the IPC nurse visited the department daily and that they had access to a microbiologist.

On arrival to the department, attendees were screened for signs and symptoms of confirmed or suspected COVID-19 as part of the triage process. Symptomatic patients had access to COVID-19 rapid testing. The infection status of each patient was recorded on the Beaumont Hospital electronic operating system. A prioritisation system was used to allocate patients to the single cubicles and isolation room. Staff confirmed that terminal cleaning^{*****} was carried out following suspected or confirmed cases of COVID-19 or other infectious diseases.

Minimum physical spacing of one metre was maintained in the waiting area and emergency department, in line with national guidance with the exception of when there was a number of trolleys placed inside the entrance to the emergency department. Rooms occupied for isolation purposes had appropriate signage on display and doors were closed. Supplies of PPE were readily available outside isolation rooms.

There was a lack of en-suite facilities which increases the risk of cross infection. The emergency department environment was generally clean and well maintained apart from the medicine room (discussed under medication safety) and a non-HBN compliant handwashing sink in the main emergency department. These were brought to the attention of the CNM3 and hospital management. Equipment (with one exception which was brought to the attention of the staff) was observed to be clean. Decontaminated equipment was identified using a green 'I am Clean' tag. Not all handwashing sinks were HBN⁺⁺⁺⁺⁺ compliant. The department was 90% compliant in an environmental audit carried out in January 2023.

^{*****} *Terminal cleaning* refers to the cleaning procedures used to control the spread of infectious diseases in a healthcare environment.

⁺⁺⁺⁺⁺ *Health Building Notes (HBN)* Health Building Notes (HBN) provide evidence-based guidance on standards of building and physical infrastructure for healthcare facilities (from the UK) approved for use in hospitals in Ireland by HSE Estates. Department of Health, United Kingdom. *Health Building Note 00-10 Part C: Sanitary Assemblies*. United Kingdom: Department of Health. 2013. Available online from: https://www.england.nhs.uk/wp-content/uploads/2021/05/HBN_00-10_Part_C_Final.pdf

Hand hygiene audit results for the emergency department dated March 2023 were 87.3% (less than the HSE Target of 90%). Inspectors were told that because the department had not met the HSE target, the infection prevention and control team were working closely with the department staff on education and in the audit of practice to address the non-compliances.

Medication safety

There was a clinical pharmacist assigned to the emergency department and inspectors were told that the pharmacist conducted medicine reconciliation where possible. Staff in the department had access to an antimicrobial pharmacist. The use of high-risk medicine, SALAD⁺⁺⁺⁺⁺ lists and medication safety alerts was noted.

The clinical treatment room containing the medicine cabinet was accessible via a security fob. Inspectors noted that the cleanliness of the room could be improved as well as the maintenance of shelving and the storage of medications to support safe selection. This was discussed with the CMM3 and with hospital management on the day.

Deteriorating patient

The emergency department had recently commenced use of the Irish National Early Warning System^{§§§§§§}, version 2 (INEWS2) for admitted patients. They were using a hospital-based observation chart for the non-pregnant, non-postnatal adult patients on arrival to the emergency department until they were admitted. Inspectors were told that the department was awaiting rollout of the national Emergency Early Warning System (EMEWS) to replace the hospital based chart. The Irish Maternity Early Warning System^{*****} (IMEWS) observation chart was in use for pregnant and postnatal patients. A separate sepsis form and protocol were also in place and compliance with its use was being audited. The use of the ISBAR3⁺⁺⁺⁺⁺

+++++ *SALADS* is the mnemonic used to describe 'Sound-alike, look-alike drugs'. The existence of similar drug and medication names is one of the most common causes of medication error and is of concern worldwide. With tens of thousands of drugs currently on the market, the potential for error due to confusing drug names is significant.

§§§§§§ *Irish National Early Warning System (INEWS)* is an early warning system used to assist staff in the detection and response to clinical deterioration in adult (non-pregnant and non-postnatal) patients.

***** *Irish Maternity Early Warning System (IMEWS)* is an early warning system used to assist staff in the detection and response to clinical deterioration in pregnant and postnatal patients.

+++++ *ISBAR3* (**I**dentify, **S**ituation, **B**ackground, **A**ssessment and **R3**- **R**ecommendation-**R**ead back-**R**ecommendation) is a communication tool based on a structured framework which outlines the information to be transferred in a variety of situations, such as bedside handover, internal or external transfers (for example, from nursing home to hospital, from ward to theatre), communicating with other members of the multidisciplinary team, and upon discharge or transfer to another health facility.

communication tool for escalation of a concern and for handover of care was noted. Integration and compliance with the early warning systems was being supported by two WTE Practice Support Nurses (CNM2 grade) and a link nurse (CNM1 grade) from the emergency department. Audits submitted to HIQA showed good results for compliance for example, the use of ISBAR as part of Clinical Handover: 85% (Jan 23), 91% (Feb 23) and 92% (Mar 23) and the use of Early Warning Systems: 90% (Jan 23), 94% (Feb 23) and 90% (Mar 23).

Daily multidisciplinary safety huddles were held in the emergency department at 1.30pm and 9.30pm attended by the Consultant and medical team on-call, the ADON for patient flow, the CNM3 and CNM2s to discuss the status of all patients in the department and identify patients that were of concern. Hospital-wide daily safety huddles were also held by the Director of Nursing and Directorate Nurse Managers at 10am and 4.30pm.

Transitions of care

The hospital held a weekly Length of Stay meeting, chaired by the Head of Patient Flow. The purpose of this meeting was to review the circumstances for all patients who had been admitted 10 or more days previously and to *"identify potential delays in transfer of care and to determine key actions required to progress a safe patient discharge"*. The group in turn reported to the Clinical Governance Committee which reported to the Executive Management Group. Delayed transfers of care (DTC) compounded the issue of availability of inpatient beds at the hospital and impacted on waiting times in the emergency department. On the day of inspection, the hospital had 23 delayed discharges. Seven patients were awaiting beds in another hospital for step-down care, two were waiting on home care packages, two were homeless and 12 patients were awaiting beds in residential care. Some of the delayed transfers of patients, described as complex, included patients under the age of 65 who needed residential care but for whom inspectors were told there is a lack of suitable places as well as funding challenges.

A range of initiatives and pathways were in use at the hospital to support and enhance early transitions of care. These included use of:

- Frailty at the Front Door *****
- Frailty Intervention Team (FIT) including some weekend cover
- Pathfinder§§§§§§§§ established at Beaumont Hospital in 2020

***** *Frailty at the Front Door* an initiative designed to identify the level of frailty of the patient on presentation to the emergency department in an effort to improve the experience and outcomes for such patients.

§§§§§§§§ *Pathfinder* is a service which was introduced to change the then model of conveyance to the emergency department following a 999 call for over 65 year olds. This service provides an ambulance team comprising an advanced paramedic, clinical specialist in

- Community Intervention Team (CIT)*****
- Integrated Care Programme for Older Persons (ICPOP)+++++++
- Beaumont in the Home (described below)
- an Advanced Nursing Practitioner for patients transferring to residential care
- an Assistant Director of Nursing working with nursing home personnel in the provision of care around intravenous catheters, urinary catheter and safe transitions of care.
- Care pathways for patients with conditions including deep venous thrombosis, diabetes, rapid access requirements and respiratory conditions were in place.

The 'Beaumont in the Home' was an initiative established under the governance of Beaumont Hospital, in conjunction with the HSE Community Health Organisation area 9 (CHO9). It commenced in April 2022 to address gaps in provision of care for people who were medically fit for discharge home and where a care package was being processed but not yet finalised. Inspectors were told that to date, one hundred patients had used the service. This scheme provided support through a number of visits from one of a small team of healthcare assistants working under the supervision of a CNM3 for a short period until the care package was available through community care. The service was provided over the seven-day week and provided within a specific radius of the hospital. This was a good example of patient-centred integrated care. In turn it helped reduce the number of delayed transfers of care at the hospital and so assisted in the improvement of patient experience times in the emergency department.

The ISBAR3 communication tool was used for internal and external patient transfers from the emergency department.

Management of patient-safety incidents

HIQA was satisfied that the hospital had systems and processes in ensure that patient-safety incidents and serious reportable events related to the emergency department were being reported to the National Incident Management System (NIMS),+++++++ in line with the HSE's incident management framework. An overview

occupational health, or physiotherapist to respond to 999 calls from low acuity older patients at the scene as an alternative to emergency department conveyance, if appropriate.

***** *Community Intervention Team (CIT)* a specialist health professional team which provides a rapid and integrated response to a patient with an acute episode of illness who requires enhanced services and or acute intervention for a short period of time.

+++++++ *Integrated Care Programme for Older People (ICPOP)* aims to implement integrated services and pathways for older people.

+++++++ *The National Incident Management System (NIMS)* is a risk management system that enables hospitals to report incidents in accordance with their statutory reporting obligation to the State Claims Agency (Section 11 of the National Treasury Management Agency (Amendment) Act, 2000).

report on the numbers, analysis and top five recurring incidents from January 2022 through to year to date for 2022 and 2023 was viewed by inspectors. The top five included falls, pressure ulcers, infection prevention and control incidents, medication incidents and violence, harassment and aggression (VHA). The hospital had a Serious Incident Review Team (SIRT) chaired by the Director for Clinical Governance for the hospital. It reported to the CEO. Feedback on patient-safety incidents was provided to the clinical nurse manager grade three by the quality and risk manager. Staff were involved in review of incidents as appropriate. An incident-free-day calendar was on display on the notice board within the emergency department. There were no serious reportable events' (SRE's) or serious incidents relating to the emergency department 'open' at the time of inspection. Inspectors were provided with an overview report on SRE data for the hospital for the years 2021, 2022 and 2023 including details on the number, category, type of review and recommendations.

Management of complaints

HIQA was assured that complaints related to the emergency department were managed locally, in line with the hospital's complaints policy by nurse management with oversight from the clinical nurse manager grade three. Complaints relating to the department were tracked and trended by the quality and risk manager. An overview report on the numbers, categorisation and sub-categorisation and staging of complaints for 2022 and 2023 year to date was viewed by inspectors. Inspectors were told that feedback to the CNMs in the emergency department was informal and shared with staff during safety huddles and during the virtual staff meetings. HIQA note that formal feedback to nurse managers relating to emerging trends and themes of complaints is an area for development at the hospital. Inspectors were told of a quality improvement which arose from a complaint in conjunction with a review of prolonged patient experience times resulting in additional staffing being allocated to triage. A policy on management of delay in triage times was viewed by inspectors. It was in draft format and under consultation at the time of inspection. Complaints management training was provided to staff in the emergency department. Of note, on the day of inspection, the patients who spoke with inspectors knew how to make a complaint. Patient information leaflets explaining the role of the Patient Advocacy Liaison officer at the hospital were on display near the triage room. These contained contact details for the Patient Advisory Liaison Service (PALS) and for the Ombudsman.

In summary, there was good evidence of systems and processes to support care and protect patients from the risk of harm associated with the design and delivery of integrated healthcare services both while in Beaumont Hospital and on discharge, for example, the 'Beaumont in the home' initiative. While it is commendable to see that the hospital is consistently meeting the patient experience times in that there are no patients waiting 24 hours or more to be admitted or discharged, hospital

management acknowledged that they have further work to do to meet the six and nine hour targets and they outlined their plans in this regard including revision of rosters to provide enhanced levels of senior decision making 24/7. Given all of the other positive findings observed during the inspection, further work to enhance performance against the six and nine hour targets should represent a key area for improvement. The hospital also needs to address the lack of en-suite facilities which increases the potential risk of cross infection. Attention is required to ensure that the medication storage environment and practices supports safe medicine selection and storage.

Judgment: Substantially compliant

Conclusion

HIQA carried out an unannounced inspection of the emergency department at Beaumont Hospital on 13 April 2023 to assess compliance with national standards from the *National Standards for Safer Better Health*. The inspection focused on four national standards 5.5, 6.1, 1.6 and 3.1. Inspectors additionally focused on four areas of known harm – infection prevention and control, medication safety, deteriorating patient and transitions of care, to ensure adequate protections were in place for patients.

Capacity and Capability

HIQA found that Beaumont Hospital was substantially compliant in both national standards 5.5 and 6.1 which is a comparatively good performance. Beaumont Hospital had formalised corporate and clinical governance arrangements in place for assuring the delivery of high-quality, safe and reliable healthcare.

On the day of inspection, the hospital's emergency department was busy, relative to its intended capacity, but was functioning well overall. All patients were being admitted to a hospital bed or discharged within 24 hours of registration which was a good finding compared to most other hospitals inspected in the last year. While patients were being triaged on average within 15 minutes of registration at the time of inspection, there was evidence that this target was not being met at all times. Waiting time from triage to medical review was also delayed for some patients and so further attention is required by hospital management to ensure sustained timely triage and medical review of patients as well as compliance with patient experience times. It is acknowledged that the hospital had identified this and they outlined their plans and work to date to address this in terms of revised rosters to ensure enhanced levels of decision-making out of hours. To achieve full compliance with this national standard following this inspection, the hospital should focus on sustained timely triage and medical review of patients.

The hospital also reported that 65% of patients self-presented to the emergency department which is high when compared to other hospitals inspected. This is worthy of further consideration by the hospital in collaboration with community healthcare colleagues.

The hospital had a directorate structure with systems and processes in place to support safe and effective working and communication. There was evidence of good operational grip and an agile management approach in place for example, the novel approach to support discharge home for patients awaiting a HSE care package

through the establishment of 'Beaumont in the Home'. It is acknowledged that Beaumont hospital performs well (in the top three hospitals in Ireland) in relation to the HSE Special Delivery Unit's daily data on numbers of admitted patients waiting in the emergency department. Of note, unlike most hospitals, Beaumont Hospital did not have an Acute Medical Assessment Unit and inspectors were told that it had been discontinued some years previously following the hospital's evaluation that it was not an effective way of organising their service. The relatively good performance of the hospital in enabling patient flow is of interest in the context of this finding.

In relation to national standard 6.1, HIQA found that hospital management were planning, organising and managing their nursing, medical and support staff in the emergency department to support the provision of high-quality, safe healthcare. The unit was well staffed and all nursing posts been filled. This was commendable given that most hospitals inspected over the last year have been reporting recruitment and retention challenges in emergency departments. There was seven-day consultant presence in the emergency department. The three additional consultant posts arising from a recent national uplift had either been filled and upcoming start dates agreed or were in the process of being recruited. Absenteeism rates were well within the acceptable range of 4% set by the HSE. Attention however, is required to ensure ongoing oversight of the uptake of key training by all relevant staff in the emergency department, appropriate to their scope of practice and at the required frequency, in line with national standards. This issue should represent a key focus for early improvement efforts following HIQA's inspection.

Quality and Safety

HIQA found that Beaumont Hospital was substantially compliant in national standard 1.6 and again this is a comparatively good performance. There was evidence that hospital management and staff were aware of the need and availed of opportunities where possible to respect and promote the dignity, privacy and autonomy of people receiving care in the emergency department. This is consistent with the human rights-based approach to care supported and promoted by HIQA. While there is more work to do on the infrastructure to afford all patients privacy (for those observed on chairs around the nurse's station and on trolleys pooled at the entrance), HIQA was largely assured that dignity, privacy and autonomy were being respected and promoted on the day of inspection. This was validated by patients who spoke with inspectors during the inspection. Hospital management also described some interim plans to address the infrastructure so that dignity, privacy and autonomy is respected and supported for all patients. Hospital management were also aware of the need to provide more information to patients and had developed a plan to act on findings from the National Inpatient Experience Surveys.

In relation to National Standard 3.1 Beaumont Hospital was substantially compliant. There was good evidence of systems and processes being in place to support care and protect patients from the risk of harm associated with the design and delivery of integrated healthcare services both while in Beaumont Hospital and on discharge, for example, the 'Beaumont in the home' initiative. Although the hospital had a number of complex delayed discharges, there was opportunity to avail of access to local step down beds and private rehabilitation beds to support access and egress within the service. While it is commendable to see that the hospital is consistently meeting the patient experience times in that there are no patients waiting 24 hours or more to be admitted or discharged, hospital management acknowledged that they have further work to do to meet the six and nine hour targets and they outlined their plans in this regard including revision of rosters to provide enhanced levels of senior decision making 24/7. The hospital needs to address the lack of en-suite facilities which increases the potential risk of cross infection. Attention is required to ensure that the medication storage environment and practices support safe medicine selection and storage.

Overall, notwithstanding areas that require attention identified in this report, staff and management at Beaumont had demonstrated a good operational grip and an effective and agile approach to patient care in the emergency department. Furthermore there are a number of good managerial practices that other services might benefit from applying within their own context to enhance patient flow. The service was also provided by a properly resourced workforce.

Appendix 1 – Compliance classification and full list of standards considered under each dimension and theme and compliance judgment findings

Compliance classifications

An assessment of compliance with selected national standards assessed during this inspection was made following a review of the evidence gathered prior to, during and after the onsite inspection. The judgments on compliance are included in this inspection report. The level of compliance with each national standard assessed is set out here and where a partial or non-compliance with the standards is identified, a compliance plan was issued by HIQA to hospital management. In the compliance plan, hospital management set out the action(s) taken or they plan to take in order for the healthcare service to come into compliance with the national standards judged to be partial or non-compliant. It is the healthcare service provider's responsibility to ensure that it implements the action(s) in the compliance plan within the set time frame(s). HIQA will continue to monitor the hospital's progress in implementing the action(s) set out in any compliance plan submitted.

HIQA judges the service to be **compliant**, **substantially compliant**, **partially compliant** or **non-compliant** with the standards. These are defined as follows:

Compliant: A judgment of compliant means that on the basis of this inspection, the service is in compliance with the relevant national standard.

Substantially compliant: A judgment of substantially compliant means that on the basis of this inspection, the service met most of the requirements of the relevant national standard, but some action is required to be fully compliant.

Partially compliant: A judgment of partially compliant means that on the basis of this inspection, the service met some of the requirements of the relevant national standard while other requirements were not met. These deficiencies, while not currently presenting significant risks, may present moderate risks, which could lead to significant risks for people using the service over time if not addressed.

Non-compliant: A judgment of non-compliant means that this inspection of the service has identified one or more findings, which indicate that the relevant national standard has not been met, and that this deficiency is such that it represents a significant risk to people using the service.

Capacity and Capability Dimension	
Overall Governance	
Theme 5: Leadership, Governance and Management	
National Standard	Judgment
Standard 5.5: Service providers have effective management arrangements to support and promote the delivery of high quality, safe and reliable healthcare services.	Substantially compliant
Theme 6: Workforce	
National Standard	Judgment
Standard 6.1: Service providers plan, organise and manage their workforce to achieve the service objectives for high quality, safe and reliable healthcare	Substantially compliant
Quality and Safety Dimension	
Theme 1: Person-Centred Care and Support	
National Standard	Judgment
Standard 1.6: Service users' dignity, privacy and autonomy are respected and promoted.	Substantially compliant
Theme 3: Safe Care and Support	
National Standard	Judgment
Standard 3.1: Service providers protect service users from the risk of harm associated with the design and delivery of healthcare services.	Substantially compliant