Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Name of healthcare service provider:	Mercy University Hospital
Address of healthcare service:	Greenville Place Cork T12 WE28
Type of inspection:	Unannounced
Date(s) of inspection:	9 March 2023
Healthcare Service ID:	OSV-0001059
Fieldwork ID:	NS_0031

About the healthcare service

The following information describes the services the hospital provides.

Model of Hospital and Profile

Mercy University Hospital, Cork, CLG (MUH) is a Model 3* public, voluntary, general acute hospital catering for both public and private patients. The affairs of the company are managed by a Board of Directors who are responsible to a trustee company – Mercy Care South, established in 2016. It is a member of and has a reporting relationship with the South and the South West Hospital Group† on behalf of the Health Service Executive (HSE) through a service level agreement.

Services provided by the hospital include:

- acute medical in-patient services
- elective surgery
- emergency care
- high-dependency, critical and intensive care
- diagnostic services
- day and outpatient care
- medical assessment unit (MAU)
- local injuries unit (LIU) located at St Mary's Health campus

The following information outlines some additional data on the hospital.

Model of Hospital	Model 3
Number of beds	Total of 308 beds (200 inpatient beds, 70 day-case beds, 20 non-designated beds and there were 18 transitional care beds in St Francis's unit located on St. Mary's Health campus).

* Model 3 hospitals: admit undifferentiated acute medical patients, provide 24/7 acute surgery, acute medicine and critical care.

† The South and Southwest Hospital group comprises Cork University Hospital, Cork University Maternity Hospital, the Mercy University Hospital, the South Infirmary Victoria University Hospital, University Hospital Kerry, Mallow General Hospital, Bantry General Hospital, South Tipperary General Hospital, Lourdes Orthopaedic Hospital, Kilcreene, Co. Kilkenny and Waterford University Hospital. The other hospital groups in the HSE are the Dublin Midlands Hospital Group, University of Limerick Hospitals Group, Saolta University Health Care Group, Ireland East Hospital Group, Royal College of Surgeons in Ireland (RCSI) Hospitals Group and the Children's' Hospital Ireland (CHI).

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 the compliance with four national standards (5.5, 6.1, 1.6 and 3.1) from 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.

About the inspection report

A summary of the findings and a description of how the service 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 before, 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 hospital. It outlines whether there is appropriate oversight and assurance arrangements in place and how people

[‡] 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*

who work in the service 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 service 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:

Date	Times of Inspection	Inspector	Role
09 March 2023	09.00 hrs – 15.30hrs	Patricia Hughes	Lead
		Danielle Bracken	Support
		Lisa Corrigan	Support
		Gillian Hastings	Support

Information about this inspection

An unannounced inspection of Mercy University Hospital Emergency Department and the Local Injuries Unit (LIU) known as the Mercy Injury Unit, Gurranabraher was conducted on 09 March 2023.

This inspection focused on national standards from four of the eight themes of the *National Standards for Safer Better Healthcare*. The inspection focused on four key areas of known harm:

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

The inspection team visited two clinical areas:

- emergency department
- local injuries unit located at St. Mary's Health campus, Gurranabraher.

During this inspection, the inspection team spoke with the following staff at the hospital:

- representatives of the hospital's Executive Management Board (EMB):
  - Interim CEO
  - Director of Nursing
- COO / Operations Director and Unscheduled Care Manager
- Quality and Risk Manager
- Risk Manager

[§] 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 include internal transfers, external transfers, patient discharge, 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

- Interim Head of Regulatory Services and Health and Safety Officer
- Human Resources Manager
- Bed Manager
- Assistant Director of Nursing for patient flow in the emergency department.

Inspectors also spoke with staff and people receiving care in the hospital's emergency department. Inspectors reviewed a range of documentation, data and information received on-site during and after the inspection.

Acknowledgements

HIQA acknowledge the co-operation of the management team and staff who facilitated and contributed to this inspection. In addition, HIQA would 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

Inspectors visited both the emergency department at the Mercy University Hospital site and the local injury unit (LIU) located on St. Mary's Health campus on the north side of the city.

The emergency department at the Mercy University Hospital was located on the opposite side of the road to the main entrance of the hospital. An adaptation had been made to the emergency department during the COVID-19 pandemic which resulted in the expansion of the waiting and operational areas of the emergency department. Access to the emergency department was via a metal ramp or steps leading into a modular structure. This structure comprised a security desk, reception area, three isolation booths, a central waiting area with fourteen partitioned chairs, four seats placed around the perimeter of the waiting area, two triage rooms and a toilet facility. Inspectors noted the availability of wall-mounted alcohol-based hand sanitiser, masks and signage advising use of same before entry. There was signage on walls and doors regarding general conduct and a request to patients to declare any symptoms suggestive of COVID-19.

Inspectors were told that patients were promptly assessed on arrival for signs of COVID-19 by receptionist staff in line with national guidelines (as were in place at that time). Patients with known COVID-19 and those with symptoms suggestive of COVID-19 were directed to await triage from one of three isolation booths within the main waiting area. Others were directed to take a seat in the central waiting area. The isolation booths were empty at this time. One person was observed to be waiting in the waiting area and was masked in line with national guidance.

The reception and waiting area led into the ambulatory assessment area (AAA) which was accessed via a security fob. This was also part of the new modular structure. All five cubicles were occupied by admitted patients at the time of inspection, one of whom required hourly observations and was being prioritised for transfer into the main body of the emergency department as soon as a bed was available. This area also comprised a small nurses and doctors' station, a storage area which was topped up by the Stores Department and a procedure room used by Advanced Nurse Practitioners. Access to toilet facilities for patients in this area was the toilet in the entrance and waiting area.

The ambulatory assessment area was managed by a Clinical Nurse Manager Level 2 (CNM2). On the day of inspection, a staff nurse was managing this area which was full with admitted patients. The ambulatory assessment area led, via a short walkway, into the original emergency department where there were glass sliding doors. Access to this area was via a security fob. This led into another waiting area which had seating for 17 people. The chairs had signage advising on the one-metre social distancing rule. There were three patients waiting in this area, all masked and observing the one-metre distance rule. There

were a number of cubicles in this area including one with a treatment couch. All of the cubicles were occupied at the time of inspection including the one with a treatment couch.

There was a further set of glass doors leading from this area into the entrance of the main body of the original emergency department accessible via a security fob where there was a work station and cubicles. All of the cubicles were occupied and additional occupied trolleys were placed along the corridor space. Overall, the emergency department had a planned capacity for 33 service users as follows:

- three isolation booths
- two triage rooms
- 5 ambulatory care areas as outlined above
- a paediatric assessment room (this was not audio-visually separate)
- 16 cubicles for trolleys
- 4 resuscitation areas
- 2 isolation resuscitation trolleys

The emergency department also comprised a central nurse's station, a clinical room, clean and dirty utility spaces, a family room, mental health assessment room, an ambulance bay and various office spaces for nursing and medical staff. There were five toilets, some of which were in single rooms (used for isolation) within the main emergency department. There were two showers, one in the 'Amber' Resus area and one in an en-suite isolation room. This was inadequate for the number of people present especially considering the duration of their stay within this area.

Wall-mounted alcohol based hand sanitiser dispensers were strategically located and readily available with hand hygiene signage clearly displayed throughout the emergency department. Staff were observed wearing appropriate personal protective equipment (PPE) and were in compliance with the 'bare below the elbow' practice, in line with national guidance.

At 11am on the day of inspection, the emergency department was full, relative to its intended capacity and function. There were 39 patients registered in the department.

Inspectors spoke with a number of people using the emergency department services to hear about their experiences of care received. Patients who spoke with inspectors were waiting between 18 to 49 hours in the department from time of registration at the hospital. All patients spoken with said that they had received food and drinks. The unit was found to be generally clean despite the level of overcrowding. The following comments were made in response to questions about what had been good and what, from the service they had experienced so far, did they think would benefit from improvements:

- *'15 minutes to triage, 30 minutes later, seen by really nice doctor'*
- *'need plugs to charge phones and more food choices'*

- *'staff amazing but not enough of them'*
- *'it's generally been a good experience'*

Inspectors observed staff promoting and protecting patients' privacy and dignity. Curtains or blinds were pulled to ensure privacy and dignity when patients were being clinically assessed and treatment administered. Patients' also spoke about how staff acted to protect and promote their privacy and dignity.

Inspectors observed thank you cards on display on a noticeboard. Posters were on display for the National Inpatient Experience Survey[‡‡] along with posters on patient safety within the emergency department.

Patients knew how to make a complaint. Other patients said that they had no complaints.

Local Injury Unit

Patients presenting to the local injury unit (LIU) on St. Mary's Health campus had an initial COVID-19 screening on entry to the facility. The receptionist alerted the nurse in the case of a reported known or suspected COVID-19 positive patient or other serious presentation as they presented.

The general layout of the local injury unit on St. Mary's Health campus comprised the following:

- a waiting area with seating capacity for 26 patients (22 fixed seats and 4 freestanding chairs). There was a TV and a vending machine for snacks and drinks available here. Inspectors were told that this waiting area could be extended to accommodate up to 40 patients if required.
- three toilets (two in the waiting area and one in the x-ray department).
- a planned capacity for eight patients to receive assessment and treatment. Inspectors were told that one of the areas could be used for isolation if required.
- An integrated x-ray unit which operated from 8am to 8pm.

Inspectors noted that the LIU in general was clean and well maintained. All sinks were noted to be HBN compliant and supplies of hand-washing soap and hand sanitiser were available in strategic locations.

At 11am on the day of inspection, the unit was busy and eleven patients had registered for care in the LIU. Inspectors spoke with a number of people using the services to hear about their experiences of care received. Patients who spoke with inspectors had been

[‡‡] The National Care Experience Programme, is a joint initiative from the Health Information and Quality Authority (HIQA), the Health 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 care services in Ireland. The National Inpatient Experience Survey is a nationwide survey asking 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 Inpatient Experience Survey are available at: https://yourexperience.ie/inpatient/national-results/.

waiting less than two hours from the time of registration. They described a high level of satisfaction with the service on the day. The following comments were made in response to questions about what had been good and if they had any suggestions for improvement from the areas of the service they had experienced so far:

"very good experience so far… was here for 3 hours on my last visit"

"Good experiences with nurse, doctor and physio, everything was explained"

"Keep doing what they are doing"

"referred by GP, seen very quickly, got a x-ray here onsite (before it was closed at 9 am for maintenance) *and am awaiting my discharge plan"*

"Gentleman on the door (referring to security personnel), *excellent, smile on his face"*

Inspectors were told that due to planned maintenance on the day of inspection, patients requiring x-rays had to travel to the Mercy University Hospital and return to the LIU afterwards for further evaluation.

Patients who spoke with inspectors on both sites were generally positive apart from saying that there needed to be more staff in the emergency department. Patients attending the LIU reported high levels of satisfaction.

Capacity and Capability Dimension

Inspection findings in relation 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 partially compliant with standard 5.5 and partially compliant with standard 6.1. Key inspection findings leading to these judgments are described in the following sections.

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

HIQA was satisfied that the hospital had defined lines of responsibility and accountability with devolved autonomy and decision-making for the governance and management of unscheduled and emergency care however, these were not fully effective in managing patient flow on the day of inspection. Inspectors were told of various committees such as the Executive Management Board (EMB), the Clinical Quality and Safety Governance Committee and the Integrated Unscheduled Care Operational Group in place at the hospital. Documentation supplied by the hospital such as organograms, agendas and

minutes were consistent with what inspectors were told and with the terms of reference of each.

The emergency department at the Mercy University Hospital operates 24/7, 365 days a year and provides care for undifferentiated adult and paediatric patients with acute and urgent illness or injuries apart from critical paediatric cases and major trauma. Attendees to the emergency department presented by ambulance, were referred directly by a general practitioner (GP) or self-referred.

Clinical governance of the emergency department was the responsibility of the on-duty consultant in emergency medicine during core working hours. Outside of core working hours, clinical governance of the emergency department was the responsibility of the consultant in emergency medicine on-call. Inspectors were told however, that there were challenges in covering the on-call roster for the seven-day week and in such instances, the on-call medical, surgical and paediatric teams provided clinical governance for acute unscheduled admissions to the emergency department 24/7.

At 09.30am on the day of inspection, thirty eight patients had been registered and of those, 32 of them had been admitted but were waiting on availability of beds at ward level. Of the six remaining, all had been triaged and been medically reviewed at that stage but were waiting on test results or specialist consultation before decision to discharge or admit could be made.

By 11.00am, there were 39 patients registered in the emergency department including ten who had been there for more than 24 hours and 29 patients who had been there for more than 6 hours. All patients had been triaged and prioritised in line with the Manchester Triage System. The average waiting time from registration to triage as calculated at 11am on the day of inspection was 11 minutes (range 5-18 minutes). This met the HSE target of being triaged within 15 minutes of registration at the hospital. Staff could view the status of all patients in the department, their prioritisation category levels and waiting times via the hospital's electronic operating system. Waiting times from triage to medical review was calculated and hospital management reported that it averaged 11.25 minutes. Data on the range of this time interval was not provided. A third of all patients were aged 75 years or more (n=13). There were seven occupied trolleys placed along the busy and narrow corridor space within the emergency department. Some of these were placed between fire doors which were open to accommodate the trolleys. These were removed on request of inspectors and a risk assessment was requested from hospital management. HIQA followed up on this issue, in writing with the hospital after the inspection and received assurances from hospital management relating to actions taken. This is discussed further under NS 3.1.

There was evidence of a number of measures in use to improve surge capacity and patient flow through the emergency department. These included the use of the *Mercy University Hospital Operational Escalation Guideline (ED and Clinical Areas)* dated

December 2021, a local injury unit, FIT[§§], ambulatory care, a 'cabin coordinator' at the nurses station, hospital wide and emergency department safety huddles and a Hospital Ambulance Liaison Person (HALP). The hospital had opened 2 additional wards adding 30 beds (including 12 single rooms) to the stock in January 2023. Staff reported good access to diagnostics with prompt reporting times. Patients who were admitted and remained in the emergency department were reviewed daily by their specialty teams and tests ordered were actioned for example, two admitted patients in the emergency department went for scopes from the emergency department on the day of inspection. A number of pathways aimed at admission avoidance for example, the deep vein thrombosis (DVT) care pathway and the ureteric calculus pathway were in place. Although the hospital had several systems and processes in place to support continuous and effective patient flow through the emergency department, these were not fully effective in freeing up capacity. At the time of inspection, the emergency department was full and patient flow was limited.

Data for the nine-month time frame January-September 2022 showed that there was 38,496 attendances to the emergency department, which represented a 12 per cent increase year to date on 2021 levels. The conversion rate (rate of admission to hospital of patients presenting via the emergency department) in 2022 was 19.5% and year to date in 2023 was 23.2%. These rates were within the range seen across other model 3 emergency departments in Ireland.

Staff spoke about the high ratio of patients with increased social care needs and that the increasing complexity of patients associated with longer lengths of stay challenged effective patient flow. This necessitated increased communication and cooperation between the hospital and community based initiatives including the Integrated Care Programme for Older Persons (ICPOP), Outpatient Parenteral Antimicrobial therapy (OPAT) and the community intervention team (CIT). Inspectors were told that over the previous two weeks, they had only been able to discharge two thirds of their daily target number of discharges. In addition, the 'Frailty at the Front Door'[***] initiative and a rapid access team (RAT) in use prior to COVID-19 had not yet been re-established due to staffing deficits.

The Hospital had a plan titled *'An Acute Floor for the Mercy University Hospital'* dated 27 July 2020 developed in response to a joint request from the Mercy University Hospital Board and the South Southwest Hospital Group. A number of options had been set out and although the development of an 'Acute Floor' had not progressed by the time of inspection, the hospital had received an increase in the approved consultant staffing from 1.7 to 6 whole-time equivalent (WTE) posts. Staffing is discussed under standard 6.1.

[§§] FIT: Frailty Intervention Team

[***] 'Frailty at the Front Door' an initiative to quickly identify frailty status on presentation to emergency department and provide appropriate pathways of care for this cohort of patients

The Local Injury Unit (LIU)

The local injury unit (LIU) was located on St. Mary's Health campus on the north side of the city. It had opened eleven years previously and was under the governance and management of the Mercy University Hospital. It is open to new patient presentations from 8am to 6pm daily and continues to provide treatment of registered patients until 8 pm. It provides assessment and treatment to patients aged ten years or more with minor injuries such as suspected broken bones, minor burns, scalds and cuts requiring stitches. The LIU did not provide services to those complaining of head injury or pain, chest pain or abdominal pain, anyone who fell from a height and or children aged less than 10 years old. Patients presented as walk-ins (self-referral), GP or private health service referrals. Inspectors were told that patients come from as far as Killarney and Tipperary.

At 11am on the day of inspection, there were eleven patients present in the Local Injury Unit (LIU) where the longest wait from triage to completion of medical assessment was two hours and 42 minutes (patient was being sent for x-ray). The patient had already been assessed by the nurse. The x-ray equipment in the LIU was not available for use during the morning of the inspection due to planned maintenance (from 9 am to 1 pm). Patients requiring an x-ray were being transferred to the Mercy University Hospital and back to the LIU for final evaluation which added to the length of their visit that morning. Hospital management told inspectors that the service was operational by 1pm and contingencies were in place at the time of the service.

Inspectors were told that hospital management were progressing a business case at the time of inspection for an Advanced Nurse Practitioner (ANP) for the LIU to assist with effective patient flow. Referral pathways in use in the LIU included the orthopaedic pathway to Cork University Hospital (CUH) where timelines for patient review were dependent on the severity of injury. Pathways also existed for the plastics team in CUH and for the local physiotherapy service within the LIU. The LIU had no admission rights and where required, patients were transferred to the emergency department at the Mercy University Hospital. While the LIU had access to x-ray services in line with the opening hours of the LIU, there was scheduled downtime for maintenance as was happening at the time of inspection. The LIU did not have access to a 'frailty team' and the 'falls pathway' which reportedly had been in place prior to COVID-19 had not yet been re-established due to staffing. Inspectors were told that discussions were ongoing with the Mercy FIT (frailty intervention team) to re-establish same. Inspectors were told that there is no link at present with the ICPOP[†††] team but that it is a 'work in progress'. The LIU had a discharge pathway of care in place.

[†††] ICPOP: the Integrated Care Programme for the Older Person aims to implement integrated care for older people, supporting them to live well in their own homes.

Where patients presented outside of the scope of the inclusion criteria for the LIU, for example, with a back injury, an initial assessment was undertaken by the nurse and the patient was either referred to the emergency department or referred back to their general practitioner. Where patients presented to the LIU with serious health issues or those who showed deterioration in health status, they were stabilised while concurrent arrangements were made for transfer to the emergency department by ambulance in line with the HSE's *Protocol 37*.‡‡‡ Inspectors were told that there were 1445 out-of-scope attendances registered in 2022. This represented 7.7% of the 18,603 attendances registered that year. The LIU monitored activity and outcome data which was reviewed by the Unscheduled Care Operational Group at the hospital. While inspectors were satisfied that the unit operated on strict inclusion and exclusion criteria for the LIU, there is room for improvement in the communication by the hospital and hospital group to help reduce the number of 'out-of-scope' attendances.

In summary, it was evident that while the hospital had some defined management arrangements in place to manage and oversee the delivery of care in the emergency department, these were not effective in managing patient flow on the day of inspection. The emergency department was grossly overcrowded with concerns for safe entry and egress from the department in the event of an emergency and the hospital was not meeting the HSE targets for patient experience times. Although the LIU appeared to be functioning well on the day, patients were required to travel to the Mercy University Hospital site if x-rays were required (due to planned maintenance of the x-ray equipment at the LIU between 9am and 1 pm) and return to the LIU for final evaluation adding to the patient experience times. The hospital in conjunction with support from the hospital group should review its planned arrangements including use of the escalation plan to deal with capacity and increased activity to achieve improved patient flow. The hospital should also review its communication to the public in its catchment area regarding the scope of the LIU to help reduce the level of 'out-of-scope' presentations and associated workload and administrative burden.

Judgment: Partially compliant

‡‡‡ ‡‡‡ HSE *'Protocol 37'* is the name given to the emergency inter-hospital transfer policy developed by the Pre-hospital Emergency Care Council (PHECC) for patients who require a clinically time critical intervention which is not available within their current facility. It ensures that all emergency inter-hospital transfer requests are filtered and prioritised by the National Emergency Operation Centre Staff, ensuring that the patient gets to the correct destination in the proper timeframe.

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

Inspectors found that the hospital was making progress to ensure that there were effective workforce arrangements in place to support and promote the delivery of high-quality, safe and reliable healthcare and recruitment efforts were ongoing. The emergency department had approval for six whole-time equivalent (WTE) consultants in emergency medicine. Three WTE posts were filled at the time of inspection. This included one WTE consultant providing support to a consultant on-call roster for the emergency department at Cork University Hospital as part of a rostered agreement. Inspectors were told that recruitment was ongoing for the remaining three posts. One consultant, as lead, was responsible for the day-to-day functioning of the emergency department and was operationally accountable and reported to the CEO. This lead consultant had a dual reporting relationship to the clinical director for the hospital. Another consultant was allocated responsibility for oversight of the LIU.

A senior clinical decision-maker[§§§] at consultant level was available 24/7. This included on-site presence in the hospital's emergency department each day and on-call access outside of those hours. Consultants in emergency medicine at the Mercy University Hospital were supported by non-consultant hospital doctors at registrar and SHO grades. The hospital was not an approved training site for non-consultant doctors on the basic training scheme or higher specialist training scheme in emergency medicine. The hospital had approval for 20 WTE non-consultant hospital doctors (five at SHO level and 15 at registrar level). On the day of inspection, 18 (90%) of these positions were filled (nine posts at SHO level were filled and nine at registrar level). Inspectors were told that 4 WTE registrar posts had been filled at 'SHO level with support' until such time as the post holders were ready to move to registrar positions.

Nursing staff levels had begun to be reviewed in line with the *Framework for Safe Nurse Staffing and Skill Mix in Adult Emergency Care Settings in Ireland*. (DOH 2022)[****] and this process was ongoing at the time of inspection. The emergency department had existing approval for a total of 63.4 WTE nursing staff and 15 WTE healthcare assistants. At the time of inspection 52.47 WTE (82%) of the nursing posts and 10.85 WTE (72.3%) of the healthcare posts were filled. The breakdown of approved versus 'in post' was as follows: 45.4 WTE staff nurses (including 5.62 WTE RGNs for care of admitted patients) of which 35.9 WTE (79%) were filled; 7 WTE CNM1 of which 6 WTE (85.7%) were filled; 7 WTE CNM2 of which 6.64 WTE (95%) were filled; 1 CNM3 which was filled; 2 WTE ANPs of which 1.93 WTE (96%) were filled and 1 WTE ADON which was filled.

[§§§] Senior decision-makers are defined here as, a doctor at registrar grade or a consultant who have undergone appropriate training to make independent decisions around patient admission and discharge.

[****] Department of Health. *Framework for Safe Nurse Staffing and Skill Mix in Adult Emergency Care Settings in Ireland*. Dublin: Department of Health. 2022. Available online https://assets.gov.ie/226687/1a13b01a-83a3-4c06-875f-010189be1e22.pdf

Other staff in post included: 1 WTE ADON for patient flow, 1 WTE Clinical Skills Facilitator (CSF), 1 WTE CNM2 – AMAU, 1 WTE CNM2 – responsible for management and oversight of admitted patients within the emergency department.

Inspectors were told that a typical roster included 1 CNM2, 12 Nurses (11 on nights) and four healthcare assistants (2 on nights) on duty seven days per week. On the day of inspection, a CNM2 who had overall nursing responsibility for the department was on duty along with twelve nurses and four healthcare assistants. A clinical nurse manager grade 3 (CNM3) was rostered on duty Monday – Friday and was on leave on the day of inspection. The following staff were also on duty, an extra nurse deployed to the department, 1 CNM2 for admitted patients, 1 CNM2 from the AMAU (the AMAU was not functioning as this in light of overcrowding and boarding of admitted patients into this area), an assistant director of nursing (ADON) for emergency department, an ADON for patient flow, a clinical skills facilitator (CSF) and an ANP.

While nurse staffing on the day was as per roster, review of nurse rosters for the emergency department during the four weeks prior to the inspection showed that up to 30% of nurse shifts had remained unfilled across a range of shifts. Hospital management discussed the challenges and active measures they were taking to improve the recruitment of staff to the hospital's emergency department. HIQA followed up with the Mercy University Hospital management on staffing in writing after the inspection and received assurances regarding actions taken to cover absences in line with patient needs while recruitment was ongoing.

All relevant nursing staff had been trained in the Manchester triage system. Staff in the emergency department had access to an infection prevention and control nurse with one infection prevention and control nurse attending the daily staff huddle in the department. Staff had access to an antimicrobial pharmacist and an antimicrobial microbiologist. Two security staff were on duty in the emergency department and inspectors were told that they are there 24/7 with additional security on duty throughout the hospital.

On the day of inspection, there were two CNM2's on duty in the LIU, one managed the unit from 9am to 6 pm, Monday to Friday and there was a second CNM2 working from 8am to 8pm seven days a week. Staff reported good telephone access to the CNM3 at the emergency department at the Mercy University Hospital who inspectors were told, visited the unit once a week and held a joint monthly emergency medicine department and LIU nursing forum. Inspectors were told that a business case was being progressed by nurse management for an ANP for the LIU. Inspectors were also told about the recently developed system of internal rotation of staff deployed from the hospital to the LIU for a twelve-week period. HIQA note the value of internal rotation which is good practice.

Medical staffing of the LIU comprised two doctors at registrar level, on-duty seven days a week, one from 8am to 8pm and one from 11am to 7pm. Staff reported good access when needed, to the emergency medicine consultant on-call for the Mercy University Hospital site and LIU, with oversight of clinical activity, outcomes and operational management.

There was a healthcare assistant on duty in the LIU from 8am to 8pm seven days a week whose duties consisted of: supporting patients, stock control, and oversight of cleanliness and provision of care in conjunction with nursing staff.

All nursing staff working in the LIU had been trained in the Manchester triage system and had experience of working in an emergency department. There was a specialist clinical physiotherapist in the LIU on four days per week. The x-ray unit was staffed with two radiographers. Staff reported adequate availability of the contract cleaning personnel and resources. Data and metrics being monitored in the LIU included the numbers of patients presenting, type of conditions, age of patients, and source of referrals and details of out-of-scope presentations.

Absenteeism due to sick leave for the hospital in 2022 was noted to be 6.88% and 5.46% when sickness related to COVID-19 was excluded. The absenteeism level for 2023 (data for January 2023) was noted to be 7.47% overall and 6.25% when sickness related to COVID-19 was excluded. The overall HSE target is 4% or less. Cover for absenteeism in the emergency department and in the LIU was reported to be achieved through either roster adjustments, redeployment from the Mercy University Hospital or by the use of bank or agency staff.

Uptake of staff training in the emergency department

The hospital had a system in place to monitor and record staff attendance at training, overseen by the emergency department clinical facilitator and the CNM3.

HIQA found that staff attendance and uptake at training in the emergency department could be improved, especially training for medical staff in general and in infection prevention and control for all staff.

Training records for nursing staff in the emergency department showed that:

- 100% of nurses and 85% of non consultant doctors (NCHDs) were up-to-date in basic life support training. 79% of NCHDs had also completed the Advanced Crdiac Life support training.
- 100% of nurses and 82% of NCHDs were up-to-date with training on use of the Irish National Early Warning System (INEWS[††††])
- 100% of nurses were up-to-date with training on both the use of the Irish Maternity Early Warning System (IMEWS) and the Paediatric Early Warning System (PEWS).

[††††] Irish National Early Warning System (INEWS), Irish Maternity Early Warning System (IMEWS), Paediatric Early Warning System (PEWS) and the Emergency Medicine Early Warning System (INEWS) are all systems designed to support the recognition and response to a deteriorating patient in those various categories.

- 100% of eligible nurses (n=47) were up-to-date in training on the Manchester Triage System and on guidance relating to clinical handover using ISBAR3[‡‡‡‡]
- 90% of nurses were up-to-date on guidance on use of documentation relating to integrated discharge planning from emergency department, covering frailty screening, fall pathway, FITT team[§§§§], Community Intervention Team (CIT) and integrated care of the older person (ICPOP)
- 86% of all staff in the emergency department were trained in hand hygiene but only 48% were up-to-date in that training which was below the HSE's target of 90%.
- 100% of nurses in the emergency department were up to date on donning and doffing techniques related to personal protective equipment (PPE).
- 33% of nurses (hospital-wide) were up-to-date on both standard-based and transmission-based precautions.

In summary, while 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 and that this work was ongoing, significant deficits remained. At the time of inspection, the hospital was progressing recruitment of three consultants in emergency medicine, there was a 21% shortfall in the approved staff nurse complement and a 28% shortfall in the approved healthcare assistant complement. Review of nurse rosters for the emergency department showed that up to 30% of nurse shifts had remained unfilled across the totality of shifts in the four weeks preceding the inspection. HIQA followed up on this in writing with hospital management after the inspection and received assurances on actions taken to cover absences while recruitment was ongoing. Recruitment and retention requires ongoing attention to address the deficits. Attendance and uptake of training for staff in the emergency department was very good in some areas such as in the use of early warning systems (nurses). There is however, room for improvement especially in training among medical staff in general and for all staff in the areas of hand hygiene and infection prevention and control. Hospital management need to ensure that all clinical staff have undertaken training appropriate to their scope of practice and at the required frequency, in line with national guidance. This issue should represent a key focus for early improvement efforts following HIQA's inspection.

Judgment: Partially Compliant

[‡‡‡‡] ISBAR3: is the term used to describe the communication method (version 3) designed to improve safety in the transfer of critical information in the healthcare setting. It is a mnemonic based on the words **I**dentify, **S**ituation, **B**ackground, **A**ssessment and **R**ecommendation and is a HSE recommended tool for communication.
[§§§§] FITT: Frailty Intervention Therapy Team; a team of healthcare professionals who specialise in reviewing older patients with frailty in the emergency department

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 two themes of person centred care and support and safe care and support. The hospital was found to be non-compliant with standard 1.6 and non-compliant with standard 3.1. Key inspection findings leading to these judgments are described in the following sections.

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.

However, at 11am on the day of inspection, none of the following HSE targets for patient experience time (PET) had been met for the patients registered in the department. Twenty eight (71%) of the 39 registered patients in the emergency department had been admitted but were on trolleys while waiting on beds at ward level.

- Twenty nine (74.3%) of the 39 had been waiting in the emergency department for more than six hours which did not meet the HSE target of 70% to be admitted to a hospital bed or discharged within six hours of registration.
- Ten (25.6%) of the patients had been in the emergency department for more than 24 hours which did not meet the HSE target of 97% to be admitted to a hospital bed or discharged within 24 hours of registration.
- Eight (61.5%) of the 13 patients aged 75 years or more had been in the emergency department for more than six hours which did not meet the HSE target of 95% to be admitted to a hospital bed or discharged within six hours of registration.
- Ten (76.9%) of the 13 patients aged 75 years or more had been there for more than nine hours which did not meet the HSE target of 99% to be admitted to a hospital bed or discharged within nine hours of registration.

[*****] 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

- Three (23%) of the 13 patients aged 75 years or more had been there for more than 24 hours which did not meet the HSE target of 99% to be admitted to a hospital bed or discharged within 24 hours of registration.

Of all the patients registered in the emergency department at 11am on the day of inspection, the longest wait time at that stage was 67 hours (patient had been admitted and was awaiting a bed).

The lack of patient flow observed on the day resulted in the placement of seven patients on trolleys in narrow corridors. Designated staff were allocated to the care of patients in such circumstances. It was clear however that the privacy, dignity and confidentiality of patients accommodated on extra chairs and trolleys in the corridor and multi-occupancy areas was compromised. The proximity of patients to each other in open but narrow corridors made privacy for conversations with medical staff very challenging and conversations could be overheard by patients and those passing by. There was limited access to shower facilities for patients located within the emergency department especially when considering long waiting times in the department with some exceeding 24 hours and up to 67 hours on the day on inspection. Patients who spoke with inspectors expressed the negative impact this had on the dignity and respect afforded to them. They also spoke of the challenges of not having their own space such as the difficulty in accessing a power point to charge mobile devices for contact purposes.

While patient's privacy and dignity in the emergency department was supported for patients accommodated in individual cubicles, the lack of patient flow resulted in some admitted patients being cared for while on trolleys in the corridor. The lack of patient flow also resulted in most patients having to remain in the emergency department for prolonged periods. This limited their access to toilets and showers and to visits from family or others. This situation also posed challenges to staff striving to provide dignity, privacy and autonomy as well as trying to provide emergency care in a suboptimal environment. Despite these conditions, inspectors observed staff actively engaging with patients in a respectful and kind way and taking the time to talk, listen to and support with mobility and personal care appropriate to their needs. Curtains were secured around patients or window blinds closed to provide privacy and protect patient dignity when providing personal care or examination. It was clear from speaking with staff working in the hospital's emergency department that they were committed and dedicated to promoting a person-centred approach to care. Examples of initiatives taken to respect and promote dignity, privacy and autonomy included extra efforts to support translation for patients who required it and facilitation of individual meal choices among others.

Patients' dignity, privacy and autonomy were noted to be respected and promoted in the LIU. Notices requesting patient feedback to improve the service and comment boxes were also observed there. These were not present in the emergency department.

Inspectors note that the findings of the 2022 National Inpatient Experience Survey where respondents who had used the services at the Mercy University Hospital had scored their

overall experience slightly better than the views reflected nationally. In the 2022 survey, the hospital scored 8.2 out of 10 compared to the national average of 8.1 out of 10. Also in that year, the hospital achieved higher than the national average score in some of the survey questions related to the emergency department. More specifically, with regard to:

- privacy when being examined or treated in the emergency department, the hospital scored 8.7, higher than the national average of 8.1
- being treated with respect and dignity in the emergency department, the hospital scored 8.6, slightly lower than the national average of 8.7.
- communication with doctors and nurses in the emergency department, the hospital scored 8.2, higher than the national average of 7.9.

In summary, the hospital needs to review and address the patient flow issues at the hospital to help address the circumstances for patients receiving care in the emergency department. There was evidence that hospital management and staff were aware of the need to respect and promote the dignity, privacy and autonomy of people receiving care in the emergency department and were seeking to achieve this, as is consistent with the human rights-based approach to care supported and promoted by HIQA. Despite efforts of staff in the emergency department however, the environment in which care was provided to patients in the emergency department, most of the patient experience times and the delays in accessing an inpatient bed once admitted did not promote dignity, privacy and confidentiality for most of the patients in the emergency department.

Judgment: Non-compliant

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

HIQA found that while 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, it was not assured that management was availing of all opportunities to protect people attending the emergency department from the risk of harm.

The hospital collected data on a range of different quality and safety indicators related to the emergency department in line with national HSE reporting requirements. Data was collated on the number of presentations to and admissions from the hospital's emergency department, delayed transfers of care[†††††], the percentage of people who left the emergency department before completion of care and ambulance turnaround times. Collated performance data and compliance with key performance indicators for the

[†††††]Delayed transfers in care: A patient who remains in hospital after a senior doctor (consultant or registrar) has documented in the healthcare record that the patient care can now be transferred.

emergency department set by the HSE was reviewed internally by the Integrated Unscheduled Care Operational Group, the Clinical Quality and Safety Governance Committee and the Executive Management Board (EMB) and externally by the South Southwest Hospital Group.

Performance data collected on the day of HIQA's inspection showed that at 11am, the hospital was compliant with the national key performance indicators for registration to triage time and from triage to medical review but was not compliant with the patient experience times (PET) for the 39 patients registered in the department at that time. Published HSE data for January to September 2022 showed that admission or discharge of all patients within six hours of registration occurred on 49.2% of occasions (HSE KPI 70%); admission or discharge of all patients within nine hours of registration occurred on 66% of occasions (HSE KPI 85%); admission or discharge of all patients within 24 hours of registration occurred on 89.2% of occasions (HSE KPI: 97%). From January to Sept 2022, 2593 patients had waited in the emergency department at the Mercy University Hospital (MUH) for more than 24 hours. This was the highest figure among all 'model 3' hospitals for that period.

Review of data for patients aged 75 years or more during the same time period showed that 22.9% of patients were admitted or discharged within six hours of registration (HSE KPI 95%); 35.9% of patients were admitted or discharged within nine hours of registration (HSE KPI 99%) and 72.9% of patients within 24 hours of registration (HSE KPI 99%). Up to that time (January to September inclusive), 851 patients aged 75 years or more had waited in the emergency department at MUH for more than 24 hours. This was also the highest figure among all 'model 3' hospitals for that period.

Findings from the 2022 National Inpatient Experience Survey[‡‡‡‡‡] showed that:

- 27.3% of patients at the Mercy University Hospital waited less than six hours in the emergency department before being admitted to an inpatient bed: National average: 28.9%.
- 29% of patients at the Mercy University Hospital waited 6-12 hours in the emergency department before being admitted to an inpatient bed: National average: 32.9%.
- 24.6% of patients at the Mercy University Hospital waited 12-24 hours in the emergency department before being admitted to an inpatient bed: National average: 23.9%.
- 19.1% of patients at the Mercy University Hospital waited more than 24 hours in the emergency department before being admitted to an inpatient bed: National average: 14.4%.

Risk management

[‡‡‡‡‡] Data from National Inpatient Experience Survey report p.31 https://yourexperience.ie/inpatient/national-results/

The hospital had systems and processes in place to identify, evaluate and manage immediate and potential risks to people attending the emergency department. Risks were managed at department level with oversight of the process assigned to the CNM3. A department risk register was maintained by the Emergency Medicine Consultant at the hospital. Risks related to the emergency department which required intervention at higher than department level were recorded on the hospital's corporate risk register. The effectiveness of actions and controls recorded on the risk register and implemented to manage and mitigate risks were reviewed and updated at the monthly Clinical Quality and Safety Governance Committee meetings which inspectors noted had been held 4-6 weekly in the three months prior to the inspection. The Clinical Quality and Safety Governance Committee reported to the Executive Management Board (EMB) and the Hospital Board. Risks were also reviewed by the South Southwest Hospital Group at their monthly performance meetings with the Hospital and learning was shared with the Group Quality and Patient Safety Group. Risks not manageable at hospital level were escalated to the South Southwest Hospital Group. Risks on the corporate risk register were reviewed at least quarterly and risks relating to the emergency department included:

- deficits in consultant cover (by the time of inspection, the approved WTE complement had been increased and recruitment was ongoing to fill the additional vacancies)
- the unsuitability of the emergency department environment for the boarding of admitted patients due to lack of capacity in appropriate settings
- the suitability of the environment for children
- potential for delay in timely interventions with increased risk of morbidity and mortality of acutely unwell or injured patients who were required to board in the emergency department
- the impact of hospital overcrowding on patients and staff and the risk to the business continuity of the hospital associated with the COVID-19 pandemic.

Inspectors noted that the hospital did not have audio-visual separate facilities for children in the emergency department but inspectors were told that children were being separated from adults at the point of reception following a recent change in practice. Three patients in single cubicles were found not to have access to call bells. Acknowledging that some of these areas may be somewhat isolated, this was brought to the attention of the CNM2 and hospital management and was promptly resolved.

The placement of patients on trolleys along narrow busy corridors was also a risk to safe entry and egress from the department in the event of an emergency, particularly in the event of a fire. This was a concern to inspectors and was raised with hospital management and promptly resolved. HIQA followed up on this in writing with hospital management following the inspection and received assurances that this was addressed and compliance was being monitored.

In summary, while the hospital had policies and arrangements in place to identify and mitigate risk, for example while the appropriate risks were on the risk register, the actions

or quality improvements required to mitigate or resolve the issues need to be more responsive in terms of time.

Infection prevention and control

A COVID-19 management pathway was in operation in the emergency department and in the LIU. On arrival to the department, patients were screened for signs and symptoms of confirmed or suspected COVID-19. If symptomatic or COVID-19 positive, patients were referred to the triage nurse who directed them to a designated COVID-19 area. Minimum physical spacing of one metre was maintained in the waiting area and emergency department and in the LIU, in line with national guidance. Symptomatic patients were prioritised for COVID-19 rapid testing. The infection status of each patient was recorded on the hospital's 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. The emergency department and LIU environments were generally clean and well maintained.

Audits submitted to HIQA included environmental cleaning audits and equipment hygiene audits. Compliance levels of 96.4% and 97.8% were noted on environmental audits carried out in the emergency department cabins and in the main emergency department respectively on 16 December 2022. The LIU was 100% compliant in its environmental audit carried out on 30 November 2022. Compliance levels of 89.7% and 84.2% were found on equipment hygiene audits carried out in the emergency department cabins and in the main emergency department respectively in February 2023. There was evidence of audits related to IPC in the LIU including hand hygiene. The LIU had link staff that monitored compliance with the '5 Moments of Hand Hygiene'[******] and reported into the main hospital data. Cleaning checklists were observed to be in use in the toilets in the LIU. HIQA noted that time-bound action plans to support the implementation of corrective actions to address findings from the hygiene audits in the emergency department however were not developed. Action plans provide a framework to ensure that identified changes are made to improve healthcare services, this is an area for improvement that can be readily addressed following HIQA's inspection.

Medication safety

Inspectors were informed that a clinical pharmacist visited the emergency department two days per week and was available by telephone and or email, Monday to Friday if

[§§§§§] Terminal cleaning refers to the cleaning procedures used to control the spread of infectious diseases in a healthcare environment.

[******] '5 Moments of Hand Hygiene' is a WHO initiative introduced in 2005 to set a standard message about when to attend to hand hygiene in an attempt to reduce the burden of healthcare associated infections. **1.** Before touching a patient. **2.** Before a procedure. **3.** After a procedure or exposure to body fluid. **4.** After touching a patient. **5.** After touching a patient's surroundings.

required. Inspectors observed the use of both high-risk medication and SALAD[††††††] lists in the emergency department. Staff reported access to an antimicrobial pharmacist. Staff in the LIU also had telephone and email access to the pharmacist at the Mercy University Hospital.

Deteriorating patient

The hospital were using the INEWS, IMEWS and PEWS observation charts to support the recognition and response to a deteriorating patient in the emergency department but were not auditing compliance with national guidance on those. The Clinical Skills Facilitator was the lead support person for staff in the emergency department in the use of the early warning systems. Inspectors were told that although the EMEWS was not currently used in the emergency department, it was due to be implemented at the Mercy University Hospital but no date had yet been agreed. Inspectors were told that the ISBAR3 communication tool was used when requesting reviews of patients, during safety huddles and for transitions of care. Two multidisciplinary safety huddles were held daily in the emergency department, at 10am and 3pm to discuss the status of all patients in the department and to identify patients of concern.

Any patient in the LIU who developed symptoms of serious conditions were monitored and stabilised while arrangements were made to transfer to the emergency department using the HSE's '*Protocol 37'* [‡‡‡‡‡‡] as required.

At 11am there was no empty designated space in which to resuscitate a new patient, should it be required. When this was raised, inspectors were informed that if a patient presented requiring resuscitation, one of the admitted patients on a trolley in the resuscitation room (both stable at that time) would be moved out into the corridor to vacate a space. The hospital should review its arrangements to ensure that a designated and equipped resuscitation space is readily available for those who need it.

Transitions of care

Patients in the emergency department were under the care of the emergency medicine consultant-on-duty until such time as they were transferred to the care of the named consultant for the appropriate specialty. Specialty teams carried out daily rounds on their admitted patients in the emergency department and the emergency medicine consultant would review admitted patients if required, while in the department. A daily 'redistribution

[††††††] SALADS stands for '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.

[‡‡‡‡‡‡] HSE *'Protocol 37'* is the name given to the emergency inter-hospital transfer policy developed by the Pre-hospital Emergency Care Council (PHECC) for patients who require a clinically time critical intervention which is not available within their current facility. It ensures that all emergency inter-hospital transfer requests are filtered and prioritised by the National Emergency Operation Centre Staff, ensuring that the patient gets to the correct destination in the proper timeframe.

meeting' took place between the medical staff, Monday to Friday, to ensure that all patients were aligned to the relevant consultant teams. Inspectors were told that the ISBAR3 communication tool was used for internal and external patient transfers from the emergency department as well as for communication during handover reports, transitions of care and safety huddles.

Delayed transfers of care 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 20 delayed discharges (eleven at the Mercy University Hospital site and nine in St Francis' unit on the St. Mary's Health campus). Hospital management attributed the delay in transferring patients mainly to complex care and social needs together with limited access to step down, rehabilitation and transitional beds in the community.

Management of patient-safety incidents

HIQA was satisfied that patient-safety incidents and serious reportable events related to the emergency department and the LIU were reported to the National Incident Management System (NIMS),§§§§§§ in line with the HSE's incident management framework. This was done at department level using a paper-based system, the National Incident Reporting Form (NIRF). Feedback on patient-safety incidents was provided to the CNM3 by the quality and risk manager.

Management of complaints

HIQA was assured that the hospital was managing complaints in line with the national complaints policy. The hospital had a Patient Liaison Officer, who was accessible to patients via a staff request. Patients who spoke with inspectors knew how to make a complaint should they wish to.

Complaints were managed by nurse management with oversight from the CNM3. Complaints were resolved locally where possible. Staff reported that they would link in with the complaints officer if they needed assistance. Complaints relating to the department were tracked and trended by the quality and risk manager and feedback on emerging trends and themes was provided to the nurse manager.

Complaints received by the complaints officer relating to the LIU were discussed with the LIU CNM2. Inspectors saw comment boxes and patient information leaflets in the LIU about the hospital seeking to improve patient satisfaction. There were no leaflets on display in the emergency department on how to make a complaint. The hospital should ensure that it provides information for patients on both sites about how to raise a

§§§§§§ 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).

concern or complaint including what supports are available and how these may be accessed.

In summary, HIQA found that while 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, it was not assured that comprehensive or effective measures were in place to protect people attending the emergency department from risk of harm. Risks identified on inspection included gross overcrowding which lead to concerns relating to timely access and egress from the area in the event of an emergency situation. In addition, prolonged wait times, the lack of a readily available resuscitation space and access to call bells for patients in cubicles, all require specific attention. There was no audio-visual separate facility in the emergency department for children. Information on the complaints process and available supports needs attention. While the hospital had policies and arrangements in place to identify and mitigate risk, the actions or quality improvements required to mitigate or resolve the issues need to be more responsive in terms of time. Finally, the hospital should ensure that clinical audits carried out to provide assurance on the quality and safety of clinical practice include quality improvement plans to address any deficits in compliance in the services provided in the emergency department and at wider hospital level.

Judgment: Non-compliant

Conclusion

HIQA carried out an unannounced inspection of the emergency department at the Mercy University Hospital and its local injury unit on St. Mary's campus in Gurranabraher on 09 March 2023 to assess compliance with national standards from the *National Standards for Safer Better Health*. The inspection focused on four areas of known harm — infection prevention and control, medication safety, the deteriorating patient and transitions of care.

Capacity and Capability

HIQA found that the Mercy University Hospital had formalised corporate and clinical governance arrangements in place for assuring the delivery of high-quality, safe and reliable healthcare. These however, were not sufficient or effective in managing patient flow on the day of inspection when the emergency department was full and overcrowded. Patient wait times were prolonged and did not meet the HSE targets. In particular, admitted patients were waiting excessively long periods for an available bed on a ward. At 09.30am, there were 38 registered patients in the department, of whom 32 had been admitted. All areas were occupied and seven patients were on trolleys placed along narrow busy corridors. By 11 am, there were 39 registered patients, 10 of whom were waiting over 24 hours and 29 of whom were waiting over 6 hours. Delayed transfers of

care 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 20 delayed discharges. Hospital management attributed the delay in transferring patients mainly to complex care and social needs together with limited access to step down, rehabilitation and transitional beds in the community.

The LIU appeared to be functioning well on the day but due to planned maintenance between 9am to 1 pm that day, patients requiring x-rays in the morning had to travel to the Mercy University Hospital and return to the LIU so extending their length of visit.

The hospital had systematic monitoring arrangements in place for identifying and acting on opportunities to continually improve the quality and safety of all services. The Unscheduled Care Group had a documented quality improvement plan in place to seek to reduce the patient experience times. Patients who met with inspectors on both sites were generally positive of their experience.

With regard to staffing, while 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 and this work was ongoing, significant deficits remained. At the time of inspection there was a 21% shortfall in the staff nurse complement and a 28% shortfall in the healthcare assistant complement. Review of nurse rosters for the emergency department showed that up to 30% of nurse shifts had remained unfilled across the totality of shifts in the four weeks preceding the inspection. HIQA followed up on this in writing with hospital management after the inspection and received assurances on actions being taken to cover absences through redeployment or replacement in line with patients' needs while recruitment was ongoing. Recruitment and retention requires ongoing attention to address the deficits.

Attendance at and uptake of training for staff in the emergency department was very good in some areas for example in the use of early warning systems by nurses. There was however, room for improvement especially in training in general among medical staff and in the areas of hand hygiene and infection prevention and control for all staff. Hospital management need to have systems in place to ensure that all clinical staff have undertaken training appropriate to their scope of practice and at the required frequency, in line with national guidance. This issue should represent a key focus for early improvement efforts following HIQA's inspection.

Quality and Safety

There was evidence that hospital management and staff were aware of the need to respect and promote the dignity, privacy and autonomy of people receiving care in the emergency department and this is consistent with the human rights-based approach to care supported and promoted by HIQA. Inspectors observed staff being kind and caring towards people using the service. Despite efforts of staff in the emergency department however, the environment in which care was provided to patients in the emergency department, the patient experience time and the delays in accessing an inpatient bed

served to compromise the dignity, privacy and confidentiality for patients. The hospital needs to review its plans and monitor its actions to ensure effective patient flow to comply with this standard.

HIQA found that while the hospital had systems in place to monitor, analyse and respond to information relevant to the provision of care in the emergency department, it was not assured that measures were effective to protect people attending the emergency department from risk of harm. Risks identified on inspection included gross overcrowding which lead to concerns on timely access and egress from the service in the event of an emergency situation. In addition, prolonged wait times, the lack of a readily available resuscitation space and availability of call bells for patients in cubicles, all require specific attention. There was no audio-visual separate facility in the emergency department for children.

In summary, while the hospital had some defined management arrangements in place to manage and oversee the delivery of care in the emergency department, these were not effective in managing patient flow on the day of inspection. The hospital in conjunction with support from the hospital group should review its planned arrangements including use of the escalation plan to deal with capacity and increased activity to achieve improved patient flow.

Following this inspection, HIQA will, through a compliance plan submitted by hospital management as part of the monitoring activity, continue to monitor the progress in relation to the deficits outlined in this report.

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.	Partially 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	Partially 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.	Non-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.	Non-compliant

Compliance Plan Service Provider's Response

Standard 5.5

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.	Partially Compliant

Outline how you are going to improve compliance with this standard. This should clearly outline details of interim actions and measures to mitigate risks associated with non-compliance with standards.

Clinical governance

Mercy University Hospital (MUH) is currently recruiting the remainder of the funded Emergency Medicine consultants. This is also reflected in the MUH Corporate Risk Register and has been escalated to the South/Southwest Hospital Group.

MUH has scheduled interviews for three additional Emergency Medicine Consultant posts on 19th July 2023. Following on from successful appointments to these posts, the MUH Emergency Medicine consultant cover will comprise five permanent posts thus providing clinical governance for MUH Emergency Department on a 24/7 basis.

Status: In progress
Timeframe: 6 Months (QIP Inclusion)

Emergency Dept – Patient Flow

MUH is presently reviewing a digital solution for managing Patient Flow in Emergency Department (ED). There is currently a National Acute Floor information system being introduced in Cork University Hospital (CUH) and MUH is engaging with the integration of this System. This item will be progressed via the MUH Digitalisation Planning Group.

Status: In progress
Timeframe: 12 Months (QIP Inclusion)

MUH is fully committed to continually improving admitted Patient Experience Times (PET), resulting in significant improvement in total PET. In order to achieve this:

a. AMAU was reinstated in the ED on the 22/05/2023. This is being continually achieved by moving 3 patients up to wards before 9.30am each day, using confirmed discharges on the wards.

   Status: Complete: in place as of the 22/05/2023 as a result:

b. MUH expects to see reduction in Length of Stay (LOS) for medical patients as a result of coordinated care by senior decision makers.

c. Rapid Access Team (RAT) has been developed into the Ambulatory Emergency Care area (cabins) which works efficiently, as shown by the non-admitted PET.

Status: Complete: in place as of the 22/05/2023 as a result:

d. MUH continually reviews its senior nursing presence and is developing the role of multi-task attendants in supporting its patients.

Status: Complete

Patient Flow

The National office for Performance and Integration

MUH has requested (via Mary Day, National Director, Acute Operations) the review of unscheduled care and patient flow processes at MUH

Status: Complete: Mary Day's visit to MUH took place on the 12/05/2023 as a result:

e. The HSE National Office for Operational Performance and Integration have commenced supporting MUH with review of current processes, demand and capacity and performance overview. This will further develop and enhance patient flow in MUH and Patient Experience Times with a view to developing a multi annual and a three year Urgent and Emergency Care Plan.

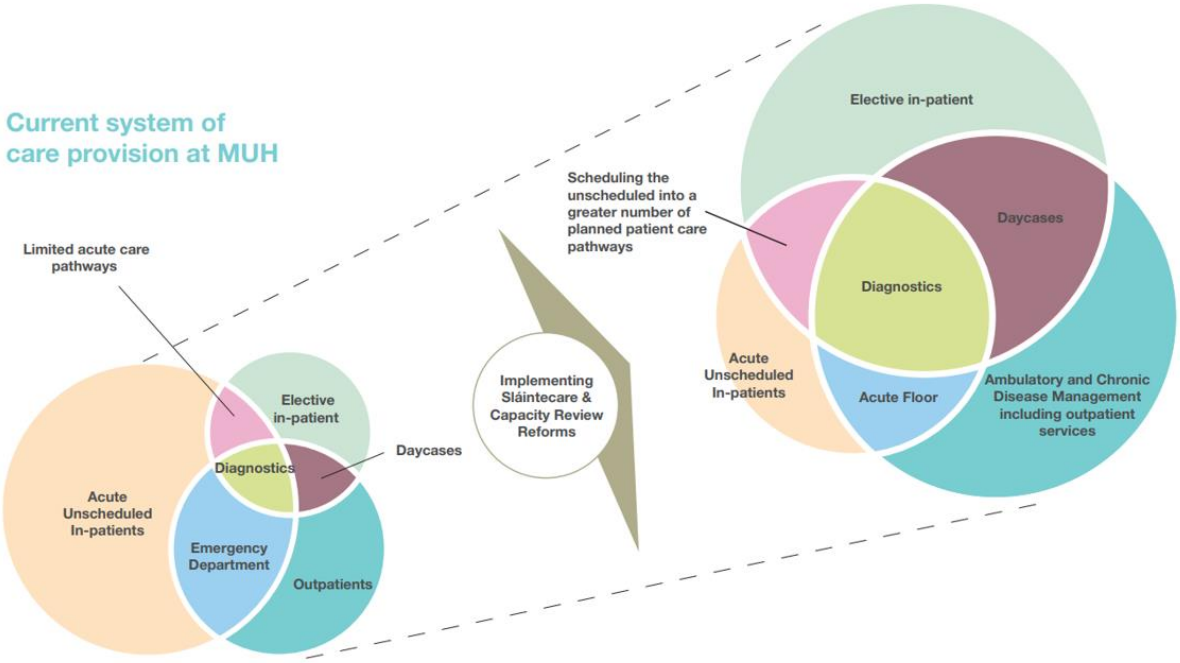
Status: Ongoing
Timeframe: 3 Year Plan with six monthly priority milestones and achievements (QIP Inclusion)

A fundamental component to streamline Patient Flow will be via the progression of the Mercy University Hospital Campus Plan, Acute Floor plan and Masterplan Schematic

Within the Mercy University Hospital Campus Development Plan Mercy University Hospital have outlined proposal for the development of the Mercy University Hospital and its Distillery Fields site (the Mercy University Hospital campus) to assist the South/South West Hospital Group (S/SWHG), HSE and Department of Health in their strategic decision making processes for future healthcare investment in the SSWHG region.

Status: Campus Development Plan (Complete)

The shift in provision of care away from the current, predominantly unscheduled acute care, to organised, planned elective and ambulatory care, supports the reform deemed a requirement of the Health Service Capacity Review and Sláintecare. The Mercy University Hospital Campus study and Acute Floor model embraces the concept of an 'hospital without walls'.



Status: initial approval for the Lee View Block 2 development received 23/05/2023. MUH will seek approval to proceed with the Strategic Assessment Review (SAR) and funding.

The Mercy University Hospital Campus Development Plan outlines the scope and potential for service development on the Mercy University Hospital Campus including the Distillery Fields site.

Status: Campus Development Plan (Complete), as a result:

Mercy University Hospital has clearly outlined the substantial capital development capacity and service delivery potential of this city centre hospital which has over 16 acres available for development. The study outlines the hospital's vision for the development of the totality of the Mercy University Hospital site from both a clinical and infrastructural perspective, while creating options for future investments as medical interventions evolve in the years to come that will ensure effective patient flow.

In the context of the HSE's Accountability and Performance Framework, the Mercy University Hospital have formulated An Acute Floor plan and Masterplan Schematic outlining a New Acute Floor & 105 Bed Ward Accommodation. (refer to supporting documentation).

Status: initial approval for the Lee View Block 2 development received 23/05/2023. MUH will seek approval to proceed with the Strategic Assessment Review (SAR) and funding.

The key requirement for this model of care is to provide safe & appropriate patient care with the appropriate clinical governance in the Emergency Department (ED) or acute

floor at Mercy University Hospital. This solution will work collaboratively with all key stakeholders to deliver a safe and effective unscheduled care model for the Mercy University Hospital and the local population.

Status: Strategic Assessment Review (SAR) and funding requests will commence.
Timeframe: 12 Months for Funding approval / Design / Planning stage (QIP Inclusion)

Local Injury Unit X Ray (downtime / servicing)

A submission is being prepared for expansion to a second Radiology room at LIU. Contingencies are in place for scheduled downtime to ensure diagnostics for patients during downtime.

Status: In Progress Timeframe: 6 Months (QIP Inclusion)

Advanced Nurse Practitioner (ANP)

MUH has prepared a Business Case for Advanced Nurse Practitioner (ANP) support to the Local Injury Unit (refer to attached supporting documents)

Status: Business Case Complete Timeframe: 24 Months (QIP Inclusion)

LIU - Out of Scope

The LIU CNM2 has conducted audits of GP referrals in relation to which GPs repeatedly refer out of scope and has contacted these GPs directly to advise of criteria for attending the LIU. Letters have been sent to inform less frequently referring GPs and also are being sent in response to any inappropriate GP referral. The LIU CNM2 is also improving information leaflets used to disseminate the inclusion criteria to the public.

Status: Complete

Standard 6.1

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	Partially Compliant

Outline how you are going to improve compliance with this standard. This should clearly outline details of interim actions and measures to mitigate risks associated with non-compliance with standards.

Rostering / Head Count

Recruitment / Staff Complement

MUH has an active recruitment function and advertises posts on an ongoing basis to any fill vacancies. MUH has reoccurring adverts for Healthcare assistants (HCA) and Staff Nurses in the Emergency Department. MUH utilises many avenues to recruit staff including jobs boards and completed a jobs fair in early 2023 for the nursing department which included, online, print and social media adverts. The hospital has developed a bespoke website for its vacancies.

Status: Ongoing

Absenteeism

MUH has developed an updated Sick Leave Policy which is currently undergoing the approvals process with the MUH Policies Approval Committee. This policy has added specific provision for the management of absences. The Mercy University Hospital are mid table in the S/SWHG in terms of absenteeism levels as analysed in early 2023. MUH reports absence levels on a monthly basis and reviews absences on a routine basis as part of the remit of the Employee Monitoring Committee, which is composed Executive Management Board (EMB) members.

Status: In progress
Timeframe: 3 Months (QIP Inclusion)

Advanced Nurse Practitioner (ANP)

MUH has prepared a Business Case for Advanced Nurse Practitioner (ANP) to support the Local Injury Unit

Status: Business Case Complete Timeframe: 24 Months (QIP Inclusion)

Patient Liaison Officer

MUH has prepared a Business Case for an additional Patient Liaison Officer

Status: Business Case Complete Timeframe: 24 Months (QIP Inclusion)

Training:

Emergency Department Nursing staff hand hygiene compliance is now at 100% compliance.

Status: Complete

Mandatory and Essential Staff Training - Mercy University Hospital will seek clarification from HSE in terms of staff mandatory and essential training appropriate to various scopes of practice and in terims of required frequency, in line with national standards. The HR Department will work with the MUH Infection Prevention and Control team to determine if a more suitable method of recording Hand Hygiene and Infection Prevention and Control training can be implemented.

Status: In progress
Timeframe: 6 Months (QIP Inclusion)

NCHD training

In relation to the Emergency Medicine NCHDs BLS and ACLS certification, all Mercy University Hospital doctors working in Emergency Medicine have BLS certification. The MUH Emergency Medicine Consultant has been in contact with its doctors and established that some have updated their BLS certificates very recently without correspondingly updating their HR records. This has been addressed and the outcome can be summarised as follows: "All doctors working in Emergency Medicine have BLS certification, (ACLS certification implies BLS certification as one is recertified in BLS at the start of each ACLS course). 20 out of 20 or 100% of our doctors have BLS certification".

Status: Complete

Emergency Department – AMAU

AMAU was reinstated in the ED on the 22/05/2023. This is being continually achieved by moving 3 patients up to inpatient wards before 9.30am each day, using confirmed discharges on the wards. MUH expects to see reduction on Length of Stay (LOS) for medical patients as a result of coordinated care by senior decision makers.

Status: Complete, reinstated in the ED on the 22/05/2023.

(a) where applicable, long-term plans requiring investment to come into compliance with the standard

Procurement of a Mandatory Training record management system EMB lead Q4 2023
Status: In progress
Timeframe: 6 Months (QIP Inclusion)

Standard 1.6

National Standard	Judgment
Standard 1.6: Service users' dignity, privacy and autonomy are respected and promoted.	Non-compliant

Outline how you are going to improve compliance with this standard. This should clearly outline:

HSE Targets – Patient Experience Time (PET)

- Mercy University Hospital Campus Development Plan / Acute Floor plan and Masterplan Schematic outlining a New Acute Floor & 105 Bed Ward Accommodation (refer to Standard 5.5)
- Quality Improvement Plan (QIP) via Operations Director (refer to Standard 5.5)
- Integrated Groups (refer to Standard 5.5)
- Improvement to Patient Flow (refer to patient flow data in standard 5.5)

Status: Initial approval for the Lee View Block Expanded Acute and Inpatient Capacity development received 23/05/2023. MUH will seek approval to proceed with the Strategic Assessment Review (SAR) and funding.

Power point to charge

Mercy University Hospital Staff regularly identify locations of sockets to patients to charge a phone either along the corridor or in treatment areas, and will also further assist by charging the patient's phone behind the nurse's station when necessary.

Status: Complete

Comment Boxes

The Patient Liaison Officer (PLO), in conjunction with the Operations Project Co-ordinator (OPC) has identified 15 additional locations for new Comment Card/Feedback Units throughout the hospital. To encourage engagement with the feedback process these new units will be designed to provide a shelf-like space to facilitate people when writing their comments and pens/pencils will also be provided.

There will be new units also installed in Emergency Department (ED) x 2 and also in the Local Injuries Unit (LIU) x 1. Suitable locations have been identified and agreed with CNM3 for these areas. The units in the LIU will be checked weekly and the contents will be sent in the internal post to either the Patient Liaison Officer (PLO) or Complaints Officer (CO). This will ensure timely follow-up on the feedback provided if required.

The Patient Liaison Officer (PLO) and Complaints Officer (CO), in conjunction with the Operations Project Co-ordinator (OPC) will create a new poster/backing around the Comment Card/Feedback Units to highlight their presence. The posters will include a QR code which will stream service users to an email address and further details on the

Complaints/Feedback process. The current Feedback leaflet will also be updated to include contact details for the Complaint Officer".

Status: In progress
Timeframe: 6 Months (QIP Inclusion)

Standard 3.1

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.	Non-compliant

Outline how you are going to improve compliance with this standard. This should clearly outline:

HSE Targets – Patient Experience Time (PET)

- Mercy University Hospital Campus Development Plan / Acute Floor plan and Masterplan Schematic outlining a New Acute Floor & 105 Bed Ward Accommodation (refer to Standard 5.5)
- QIP – Ambulance triage times
- QIP – Ambulance TATs running concurrently – show improvement over Q1 2023
- QIP – early transfer to wards for AMAU space – commenced 22/05/2023
- Opening of 30 beds in Dec 2022 has improved this, as has the restarting of AMAU.
- Geriatric bed base has increased which should impact on the >75yr figures.
- MUH is collaborating with the HSE Operational Performance and Integration Team. One of the objectives of this collaboration is to ensure optimal pathways of care for older patients in the ED thus improving Patient Experience Times (PET) times for patients aged 75 years or more. In order to achieve this objective:
  - Post triage – the triage nurse will identify each patient aged 75 years or more, to highlight and prioritise (based on triage category) in order to expedite their assessment / decision regarding disposition.
  - Patients aged 75 years or more who require admission to MUH will be highlighted to Bed Management to prioritise an inpatient bed.
- Quality Improvement Plan (QIP) via Operations Director (refer to Standard 5.5)

Status: Initial approval for the Lee View Block Expanded Acute and Inpatient Capacity development received 23/05/2023. MUH will seek approval to proceed with the Strategic Assessment Review (SAR) and funding.

Mercy University Hospital / Cork Kerry Community Healthcare (CKCH) Integrated Discharge Group

This group meets twice per week (in person/via webex every Tuesday morning and via Telecon on Friday mornings). Representatives from Mercy University Hospital include Discharge Coordinators, Patient Flow CNM2, ADON Bed Management/Unscheduled Care, Operations Director, and Social Work. Cork Kerry Community Healthcare (CKCH) representatives include the Complex Case Management Team (CCMT), Liaison Community Support team (LCST) General Manager Enhanced Care and a representative from the S/SWHG Unscheduled Care. All Delayed Transfers of Care (DTOC) are discussed to ensure pathways are in place for a timely discharge.

Status: Complete

Treatment facilities for paediatric patients:

- Long term plan for emergency paediatrics to re-locate to CUH.
- In response to patient feedback, paediatric patients are prioritised from their initial registration in ED by segregating charts for triage, prioritising them for cubicles and moving through to the sub wait area (WR2). This reduces their PET although it does not separate them from other patients.
- Nursing staff are certified in PLS (Paediatric Life Support).
- Nursing staff are up to date on Children First training
- There is a dedicated Registered Nurse (RN) allocated per shift to paediatric patients
- There is a plan to recruit a Paediatric trained Registered Nurse (RN) for the ED
- Experienced ED nurses are allocated to Paediatric patients when they have become competent in paediatric care and often supported by Paediatric trained RN's from the ward.
- There is a segregated Resuscitation space for Paediatric patients, 1 assessment cubicle and 1 majors cubicle decorated and prioritised for Paediatric patients, notwithstanding that this can on occasion be impacted by IPC issues with adults who need isolation. In the Assessment and Majors cubicles, Paediatric patients are separated audio-visually from other patients.
- Regular (weekly) paediatric care simulation sessions for the multi-disciplinary teams take place in the ED, improving the ED team's clinical skills as well as the paediatric team's skills. It also ensures integration between the specialities and promotes strong communicational ties.

Status: Complete

Call bells

MUH Maintenance Dept has ordered updated replacement call bells for all old style call bell leads and sockets within the ED. A call bell is also being sited in waiting room 2 for use by anyone located in this area.

Status: Complete

Egress and Exit

The Emergency Department CNM3) has worked with the MUH Fire Officer on improving these standards within the ED including: updated fire folder with simplified weekly checklists that includes items such as "fire doors clear", "fire extinguishers accessible". There is a staff 'fire actions walk through' day planned for June with evacuation drills planned for July and August 2023.

Status: Complete

Time-bound action plans / corrective actions are in place via the following Mercy University Hospital Committees

- Hygiene Services Committee (HSC)
- Hygiene Services Committee (HSC) – SWG1 Facilities Management Working Group
- Hygiene Services Committee (HSC) – SWG2 Noncompliance Working Group)
- Hygiene Services Committee (HSC) – MEG Integration
- 30 Bedded Unit
- 30 additional beds operationalised. The extra inpatient capacity has assisted with improving the ambulance triage times
- Radiology (patient flow) – MUH has also refurbished and expanded the Radiology department which allows for an increase in patient activity.

Status: Complete

Resuscitation

MUH ensures that 1 Resuscitation space is available at all times as per the MUH Escalation Policy.

Status: Complete

Transitions of Care / Delayed discharges / MUH/CKCH Integrated Discharge Group

Mercy University Hospital / Cork Kerry Community Healthcare (CKCH) Integrated Discharge Group have weekly meetings on site and weekly teleconference for Delayed Transfers of Care (DTOC). There are close working relationships between Cork Kerry Community Services, Discharge Coordinators and Patient Flow CNM2 who are actively involved in discharge planning and engage with community services e.g. Liaison Community Support Team (LCST), Complex Case Management Team (CCMT), Community Intervention Team (CIT), Public Health Nurse (PHN), Reablement team, Nursing home support office etc. The Frailty Intervention Team is actively engaged in Admission Avoidance at the front door.

Status: Complete

Comment Boxes

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be sent in the internal post to either the Patient Liaison Officer (PLO) or Complaints Officer (CO). This will ensure timely follow-up on the feedback provided if required.

The Patient Liaison Officer (PLO) and Complaints Officer (CO), in conjunction with the Operations Project Co-ordinator (OPC) will create a new poster/backing around the Comment Card/Feedback Units to highlight their presence. The posters will include a QR code which will stream service users to an email address and further details on the Complaints/Feedback process. The current Feedback leaflet will also be updated to include contact details for the Complaint Officer".

Status: In progress
Timeframe: 6 Months (QIP Inclusion)