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:	Tipperary University Hospital
Address of healthcare service:	Western Road Clonmel Co. Tipperary
Type of inspection:	Unannounced
Date(s) of inspection:	09 August 2023
Healthcare Service ID:	OSV-001904
Fieldwork ID:	NS_0053

1.0 Model of Hospital and Profile

About the healthcare service

Tipperary University Hospital (TippUH) is a Model 3* public acute hospital. It is managed by the South/South West Hospital Group† (SSWHG) on behalf of the HSE. The hospital provides a range of services to emergency and elective patients on an inpatient, outpatient and day patient basis. Services provided by the hospital include:

- acute medical in-patient services
- elective surgery
- emergency care
- intensive and critical care
- paediatrics care
- maternity, obstetrics and gynaecology care
- diagnostic services
- outpatient care.

The hospital is also an academic teaching hospital attached to the University College Cork (UCC primary academic partner with strong research, education and service delivery links.

The following information outlines some additional data on the hospital.

Model of Hospital	3
Number of beds	210 inpatient beds (15 surge beds plus 22 day beds)

How we inspect

Under the Health Act 2007, Section 8(1) (c) confers the Health Information and Quality Authority (HIQA) with statutory responsibility for monitoring the quality and safety of healthcare among other functions. This inspection was carried out to assess compliance with the National Standards for Safer Better Healthcare as part of the

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

† The South/South West Hospital Group is made up of nine hospitals—Bantry General Hospital, Cork University Hospital, Mallow General Hospital, Mercy University Hospital, South Infirmary Victoria University Hospital, South Tipperary University Hospital, University Hospital Kerry, University Hospital Waterford and Kilcrene Regional Orthopaedic Hospital.

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 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

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

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 August 2023	09:00hrs – 16:30hrs	Aoife Healy	Lead Inspector
		Geraldine Ryan	Support Inspector

Information about this inspection

An unannounced inspection of the Emergency Department (ED) at TippUH was conducted on 09 August 2023. The purpose of this inspection was to monitor compliance with the national standards relating to the ED.

The inspection focused in particular, on key issues that impact on the delivery of care in the ED. These included:

- effective management to support high-quality care
- patient flow and inpatient bed capacity in the hospital
- respect, dignity and privacy for people receiving care
- staffing levels.

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

- Representatives of the Executive Management Team
    - General Manager
    - Operations Manager
    - Director of Nursing
    - Clinical Director
    - Consultant for Emergency Medicine
- Patient Flow Manager

In addition, inspectors spoke with the Quality Manager post inspection.

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

Acknowledgements

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

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

The ED was located on the ground floor within the acute floor area of the hospital which comprised the emergency ED and minor injury unit (MIU). The acute medical assessment unit (AMAU) had been temporarily relocated from the ground floor to the first floor at the time of inspection, to accommodate refurbishment works.

The total capacity of the ED was for 19 patients. The ED comprised:

- Main ED: Nine single cubicles with privacy curtains for the treatment of patients, as well as two single rooms which could be used for isolation purposes or for the treatment of paediatrics if required. One of the cubicles was used mainly for patients requiring resuscitation
- Two resuscitation rooms-one for the treatment of paediatric patients and one for the treatment of adult patients
- Two single rooms used for isolation purposes. There were no negative pressure rooms within the ED
- One room dedicated to providing psychiatric assessments
- Three-bedded MIU
- Corridors A, B and C, for accommodation of patients on trolleys.

There was one toilet and shower for patient use within the ED. Management informed inspectors that there would be additional toilet and shower facilities available for patient use on completion of the AMAU refurbishment works.

The AMAU was originally an 8-bedded unit, which had been reduced by four beds at the time of inspection due to refurbishment works. On the day of inspection four beds were operational, due to overcrowding in the ED.

On the day of inspection, the ED was overcrowded with 27 patients present at 11am. Patients were accommodated on trolleys on corridors- designated corridor A, corridor B and corridor C. Inspectors observed that not all trolleys were adhering to the one metre physical distancing requirement in line with national guidance.

On the day of inspection, inspectors spoke with patients about the care they received in the ED. Feedback was positive and patients reported that they were treated with dignity and respect. Patients who spoke with inspectors were complimentary of staff, noting that they had been seen by medical and nursing staff, with some awaiting test results. Patients reported "staff very busy, but attentive" and that they were "very happy with care" provided to them.

Inspectors observed that staff engaged with patients in a kind and respectful manner and it was evident from inspectors communication with and observation of staff, that staff were committed and constantly striving to provide the best experience to the patients who attended the ED, in what was a very challenging environment.

Overall, there was consistency in what patients told inspectors about their experiences of the care they received in the ED and what inspectors observed on the day.

The following two sections, capacity and capability and quality and safety outline the quality of the care and services provided to people receiving care in the emergency department on the day of HIQA's inspection.

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 substantially compliant with Standard 5.5 and 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.

TippUH Hospital had defined lines of responsibility and accountability for the governance and management of unscheduled and emergency care at the hospital.

The Executive Management Team (EMT) was the senior executive decision-making group with responsibility for ensuring appropriate governance and oversight of the quality and safety of the hospital's service. The EMT met monthly and were responsible for strategic planning and oversight at the hospital. Standing items on the agenda of EMT meetings included quality, risk and patient safety, health and safety, progress against operational plan SSWHG and performance management overview. The committee was chaired by the General Manager and was accountable to the CEO of the SSWHG.

Minutes of meetings of the EMT and Local Performance Management Meetings with the SSWHG reviewed were comprehensive and action orientated, however, actions from EMT meetings would benefit from being time-bound. It was clear from meeting minutes reviewed by inspectors that there was a focus on maintaining efficient patient flow in the ED and on driving improvements to support the flow of patients and monitor and maintain patient safety.

TippUH Unscheduled Care Group was the group with responsibility for oversight of unscheduled care at the hospital. The Group was co-chaired by the hospital GM and the Community Health Organisation's GM for older persons, and met monthly in line with their terms of reference. The Group was accountable to the EMT and the Regional Unscheduled Care Governance Group. Minutes of meetings reviewed by inspectors were comprehensive and demonstrated review of unscheduled care information, including Patient Experience Times (PETs), ED attendances including presentations and referral pathways, ED

admissions, overflow, AMAU statistics, early discharges, Community Intervention Teams (CIT) interventions, public/private ambulance usage, as well as updates on ED infrastructure and capital plans. Inspectors met with members of the unscheduled care team, who described the comprehensive oversight of unscheduled care at TippUH, including multiple daily meetings (at 8.30am, 11.00am, 3.30pm and 8.00pm) and reports to review attendance rates and bed status by area, delayed transitions of care (DTOCs) and the number of community beds utilised and available. Inspectors reviewed detailed reports in relation to patient flow, which were circulated to the relevant staff members several times daily.

The hospital's Quality, Risk and Patient Safety Governance Group (QRPSGG) were responsible for oversight of the integration of quality patient safety and risk management at TippUH, including monitoring performance in relation to quality and patient safety of unscheduled and emergency care. The Group was chaired by a consultant paediatrician and met monthly in line with their ToR. The QRPSGG was operationally accountable to the EMT and the GM. ToR for the group indicated that 25 committees reported to the QRPSGG, including the Drugs and Therapeutics Committee, Infection Prevention and Control Committees, Risk Register Management Group and the Serious Incident Management Team (SIMT). These committees provided an annual report to QRPSGG.

Minutes of meetings reviewed by inspectors followed the themes of the NSSBH and showed that audit activity, patient safety incidents, risk, training and aspects of IPC were discussed at the QRPSGG, demonstrating oversight of the QRPSGG in relation to same. Minutes reviewed were action orientated and assigned to individuals and there was evidence that actions were being reviewed at each meeting, however, actions would benefit from being time-bound.

Continuous and effective flow of patients within and out of the hospital is essential for optimal service delivery in an ED. The hospital also had a Delayed Discharge/Length of Stay (LOS)>14 days Committee. The Committee met in line with its ToR. The purpose of this committee was to discuss all delayed discharges in TippUH, as well as potential delayed discharges, in an effort to begin early discharge planning and prevent patients from having unnecessary lengths of stay. Meetings were held weekly and were attended by the Assistant Director of Nursing (ADON) Patient Flow, clinical nurse manager 3 (CNM3) Bed Manager, public health nurse for older persons, discharge coordinator, medical social worker and the clinical nurse manager 2 (CNM2) from each ward of the hospital. A report was sent weekly by the ADON to the General Manager, Director of Nursing and Operations Manager, detailing any issues that required escalation.

The ED was under the governance and leadership of the Clinical Director. Operational governance and oversight of day-to-day workings of the department was the responsibility of the onsite consultant in emergency medicine supported by non-consultant hospital doctors (NCHDs). This will be discussed further in Standard 6.1. Inspectors were informed that the clinical lead post for emergency medicine was occupied by one of the

two permanent emergency medicine consultants, in an informal capacity. Hospital management would benefit from ensuring that arrangements in relation to the emergency medicine clinical lead post are formalised. The clinical lead for emergency medicine escalated concerns to the clinical director and the hospital GM. Nursing staff reported that concerns relating to the ED were escalated via the CNM3, to the ADON for Emergency Services.

On the day of inspection, there was evidence of strong clinical and nursing leadership in the ED. During core working hours, day-to-day workings of the department was the responsibility of the onsite consultant in emergency medicine. Outside core working hours, clinical oversight of the ED was provided by the consultant in emergency medicine on call.

TippUH ED recorded 44,545 presentations to the ED in 2022 (28,212 new attendances and 5,283 return attendances). This was an increase of 4,696 on 2021, where there were 39,849 presentations to the ED from January to December. Data provided by TippUH demonstrated total ED attendances increased from 2572 in January 2023 to 3026 in June 2023, with 3197 attendances in May 2023. ED attendance rates were discussed at the unscheduled care meeting where in the most recent meeting minutes provided to inspectors it was noted that although ED attendances decreased slightly from May to June of 2023, overall there was a significant increase from June 2022 compared to June 2023, of 13%. Staff and management whom inspectors spoke with noted the continual upward trend in the number of ED presentations month on month.

The majority of attendees were referred by a GP or self-referred. Inspectors were informed that this indicated the difficulty in accessing GP services for people within the catchment areas and contributed to the increasing number of presentations to the ED. In 2022, 29.88% of people who presented to the ED (excluding AMAU) were admitted to the hospital (conversion rate), while 29.55% of people who presented to the hospital up to end of July 2023 were admitted, demonstrating an already marked increase in the number of patients being admitted year to date in 2023.

Inspectors found that notwithstanding the limited space in the ED to cater for demand, the ED was functioning well, due to the governance and oversight of the committees and groups previously mentioned and the commitment of staff and management in their daily duties. The total capacity of the ED was 19, made up of nine trolleys, two single rooms, two resuscitation rooms, a three-bay MIU, two isolation rooms and one room for assessment of psychiatric patients. On the day of inspection, at 11am, the ED was overcrowded and very busy relative to its intended capacity, with 27 patients in the ED, 15 of whom were on trolleys. Of the 27 patients, 8 (29.6%) were aged 75 years or older.

Inspectors were provided with a copy of TippUH escalation plan 2022/23, inclusive of a policy report status update. During the inspection, hospital management informed inspectors that the hospital was in escalation on the day of inspection. According to the

hospitals escalation policy[§], the hospital should have been in full capacity protocol escalation status at that time. Inspectors did find evidence that measures outlined in step 1 and step 2 escalation were being implemented, for example, a number of action-orientated meetings were being held at various times throughout the day to review the hospital and ED activity, there was regular review of PETs, and the use of surge beds. Inspectors were informed that surge beds available on Medical 1 and Medical 3 wards were open at all times and that when operational, eight beds in AMAU were used to accommodate the overflow of patients from the ED. Inspectors noted that although the hospital met the criteria for level 3 escalation according to TippUH escalation policy, cancelling or curtailing of scheduled care was not enacted and this was with a view to maintaining the hospital's overall functioning and patient services. Inspectors concluded that the increasingly routine overcrowding of the ED had become common place for management and staff in their everyday roles and that although the hospital was managing the situation well, TippUH continues to be challenged by the mismatch between demand and capacity.

Hospital management provided updates in relation to plans and ongoing works to improve capacity and patient flow at the hospital. Inspectors were informed that the deficits of the main ED waiting area was discussed at a capital meeting in 2022 and at the time of inspection, there was no update in relation to funding for planned works for this refurbishment. The area which previously served as the ED waiting area was being used as a triage overflow area and temporary structures erected at the ambulance entrance to the ED served as additional waiting areas when required. At the time of inspection the AMAU, which was previously an 8-bedded unit was being refurbished and the AMAU had been relocated temporarily, with the loss of four AMAU beds. On the day of inspection, the AMAU was functioning partially in line with its intended purpose, with four of the seven beds in use for AMAU purposes. Management communicated to inspectors that it was anticipated that refurbishment works to the AMAU would be complete in the weeks following the inspection and that the AMAU would be returned to its original location next to the ED in September 2023. Hospital management reported that the hospital's laboratory was challenged by current demands placed on it and was in need of capital investment. Of note was that there was no clean utility in the main ED, and staff were essentially having to prepare medications in an enclosed space behind a nurse's station in the main ED, which was used for multiple purposes. Inspectors were informed by management that works were underway which would extend the footprint of the hospital, adding 33 beds by the end of 2023 (12 due to open by end of October 2023 and remainder to open incrementally to year end), which would aid patient flow of admitted patients through the ED through additional bed capacity for medical patients.

The average length of stay (ALOS) for medical patients reported in 2022 was 6.77 (KPI target ≤7.0), with an ALOS for surgical patients at 5.01 (KPI target ≤5.2). Inspectors

[§] A hospital's escalation policy, sets out (within the parameters of the national framework) the key stages of steady state, escalation, full capacity protocol, de-escalation and review.

were informed that there were a number of patients with extended lengths of stay due to the complexity of their cases, with some awaiting suitable long-term care beds. As previously noted, these cases were reviewed in detail at the Delayed Discharge/LOS>14 days committee meetings, weekly. Inspectors were informed that the patient flow team had good links with community services regarding the availability of community beds, however, TippUH like many hospitals was impacted by the national shortage of community beds. At the time of inspection, there were four patients in the hospital who had completed their acute episode of care and were experiencing a delay in the transfers of care.[**]

At 11am on day of inspection, the waiting time from registration to triage ranged from four minutes to 44 minutes. The average waiting time was 19.34 minutes. This is greater than the 15 minutes waiting time recommended by the HSE's Emergency Medicine Programme. However, when compared to the waiting times for triage and medical review in other EDs inspected by HIQA, TippUH was one of the better performing hospitals. Waiting times for triage to medical review and medical review to decision to admit were also better when compared to waiting times in other ED's inspected by HIQA.

The mismatch between availability and demand for inpatient beds, as well as the complexity and age demographic of patients presenting to the ED, impacted the flow of patients through the ED and contributed to the boarding of admitted patients in the department. This in turn impacted on patient experience times. At 11am on day of inspection, the waiting time from decision to admit to admission to an inpatient bed ranged from 1 hour 40 minutes to 46 hours 20 minutes.

All patients had been triaged and prioritised in line with the Manchester Triage System[††] and the Irish Children's Triage System. TippUH continued to implement a COVID-19 pathway at the main entrance to the ED. Once patients COVID-19 status had been determined, they were triaged and categorised according to their presentation and were referred to the most appropriate pathway which included a three-bedded MIU, the AMAU, a medical or surgical pathway or a gynaecology/ obstetrics pathway.

The hospital had implemented a number of hospital admission avoidance pathways and person-centred initiatives to improve patient flow and the safe transfers of patients within and from the hospital. These included:

- FITT – Frailty Intervention Therapy Team[‡‡]

[**] 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 be transferred.
[††] Manchester Triage System is a clinical risk management tool used by clinicians in emergency departments to assign a clinical priority to patients, based on presenting signs and symptoms, without making assumptions about underlying diagnosis. Patients are allocated to one of five categories, which determines the urgency of the patient's needs.
[‡‡] Frailty Intervention Therapy Team (FITT)– an interdisciplinary team, generally consisting of a physiotherapist, occupational therapist and speech therapist, who provide assessments to persons aged 75 years and over, who are, or are at risk of developing frailty on presentation to the ED. The team completes referrals to appropriate services within the hospital or in the local community.

- OPAT – Outpatient Parenteral Antimicrobial Therapy[§§]
- CIT – Community Intervention Team[***]
- Integrated Care Programme for Older Persons (ICPOP).[†††]

Inspectors were informed that some systems and processes in place at the hospital to manage the demand in activity and to support continuous and effective patient flow through the ED, such as the AMAU and MIU did not always function as they should. On the day of inspection, the hospital's AMAU attended to a total of 12 new patient presentations between the operational hours of 9am and 4pm. However, as previously noted, due to overcrowding, only four of the seven available beds were in use at the time. Outside of core operational hours, patients deemed suitable for AMAU were treated in the main ED. The MIU was functioning in line with its intended purpose on the day of inspection.

Overall, the hospital had defined management and oversight arrangements in place in relation to the provision of care in the ED. It was evident that there was a mismatch between demand and capacity of the ED and the number of available inpatient beds, which resulted in longer than recommended PETs for decision to admit to admission to an inpatient bed, which impacted patient flow within the hospital. This mismatch also impacted on the normal functioning of the AMAU, as observed on the day of inspection. It was indicated by management that the opening of 33 additional inpatient beds would help to alleviate some of the issues regarding the boarding of patients in the ED for prolonged periods of time. However, this would not resolve the issues posed whereby the ED continues to be challenged by the sub-optimal infrastructural layouts and capacity to meet the increased demand of patient presentations. The routine use of the hospital's escalation plan demonstrates the challenges faced by the hospital on a daily basis.

Judgment: Substantially compliant

[§§] Outpatient parenteral antimicrobial therapy (OPAT) refers to the outpatient or community-based management of an infection via the administration of intravenous antimicrobial without admission to a hospital.

[***] A Community Intervention Team (CIT) – a specialist, health professional team which provides a rapid and integrated response to a patient with an acute episode of illness who requires enhanced services/acute intervention for a defined short period of time. This may be provided at home, in a residential setting or in the community as deemed appropriate, thereby avoiding acute hospital attendance or admission, or facilitating early discharge.

[†††] Integrated Care Programme for Older Persons (ICPOP) – aims to develop and implement integrated services and pathways for older people with complex health and social care needs, shifting the delivery of care away from acute hospitals towards community based, planned and coordinated care. The objective of the programme is to improve the quality of life for older people by providing access to integrated care and support that is planned around their needs and choices, supporting them to live well in their own homes and communities.

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

TippUH had effective workforce arrangements in place to support and promote the delivery of high-quality, safe and reliable healthcare in the ED. Notwithstanding that, there were a number of vacancies across various disciplines, as evidenced by shortfalls in medical and nursing staffing.

On the day of inspection, medical staffing levels in the ED were maintained at levels to support the provision of 24/7 emergency care. The hospital had approval for five WTE[‡‡‡] consultants in emergency medicine. However, although three positions were filled, two consultants had a contractual commitment of 30 hours to TippUH and the remaining 7 hours contracted to Cork University Hospital (CUH) and University Hospital Waterford (UHW) respectively. This amounted to a deficit of 14 hours/week to TippUH for the two permanent posts. The third post was filled by a long-term locum emergency medicine consultant, who had a 30 hour/week commitment at TippUH (a deficit of 7 hours/week to TIPPUH). The two permanent emergency medicine consultants and the locum emergency medicine consultant each provided one night per week on-call cover, and the remaining on-call cover of four nights per week was provided by the medical or surgical teams' consultant on-call. Recruitment of the fourth emergency medicine consultant post was progressing. Hospital management need to continue to progress the recruitment of the fifth WTE emergency medicine consultant post, to support the sustainable delivery of safe and effective emergency care to patients attending the ED. Hospital management acknowledged the pressures faced by the existing emergency medicine consultant cohort, particularly in light of the increasing volumes of patients presenting to the ED, and were actively working to recruit the vacant emergency medicine consultant post. Additionally, hospital management took a decision in 2022 to directly recruit two additional NCHDs to the ED to help alleviate the pressures faced by the vacant emergency medicine consultant posts. This arrangement was still in place at the time of inspection. All consultants in emergency medicine working in the ED were on the specialist register with the Irish Medical Council.

The ED had an approved complement of 19 WTE NCHDs comprising of 10 WTE registrars and 9 WTE senior house officers (SHOs). Two of these posts (two registrars) were vacant, however TippUH had directly funded two NCHD posts during 2022 and this arrangement remained in place at the time of inspection. Of note was that one additional SHO to the approved complement was also in post at the time of inspection.

[‡‡‡] Whole-time equivalent - allows part-time workers' working hours to be standardised against those working full-time. For example, the standardised figure is 1.0, which refers to a full-time worker. 0.5 refers to an employee that works half full-time hours.

A CNM3 had responsibility for the nursing and healthcare assistant service within the ED, supported by a CNM2, who assumed a shift leader role for all shifts, including out-of-hours and weekends. The CNM3 reported to the ADON for Emergency Services.

On the day of inspection, there were 41.92 WTE nursing staff in post in the ED (excluding the clinical nurse manager 1 (CNM1), CNM2, CNM3, ADON and Advanced Nurse Practitioner (ANP). Inspectors were informed following the inspection that the ED WTE nursing staff complement should have been 56 WTE, in line with the *Framework for Safe Nurse Staffing and Skill Mix in Adult Emergency Care Settings in Ireland.*[§§§] This represented a deficit of 14.08 WTE nursing staff to bring the ED into line with safe nurse staffing levels. The ED had approval for seven WTE CNM1 (actual WTE 6.76), seven WTE CNM2 (actual 6.48 WTE), one WTE CNM3 (actual one WTE), two ANPs (actual two WTE) and one WTE ADON (actual one WTE). Hospital management were managing the deficit in nurse staffing levels through an ongoing recruitment campaign and redeployment of nursing staff. On the day of inspection, the ED had its full complement of nursing staff on duty.

Inspectors were informed that patients boarded in the ED were overseen by the CNM2 for patient flow. Where there was a staffing deficit in the ED, inspectors were informed that nursing staff were redeployed from other areas of the hospital where capacity allowed, for example the ICU if there were vacant beds, to provide support to the ED. Where there was a deficit in staffing in the ED by day, inspectors were informed that if the deficit was not filled by staff from other departments, this impacted the functioning of the MIU in particular, as staff would have to be redeployed from there back into the main ED.

The EDs approved complement of HCAs was 7.67 WTE and at the time of inspection all posts were filled.

Staff training records provided to inspectors outlined that nursing and medical staff in the ED undertook multidisciplinary team training appropriate to their scope of practice. However, there was room for improvement with regards to uptake of mandatory and essential training for staff, based on training records provided to inspectors. In particular, training compliance levels for NCHDs and consultants was low across the majority of training types. 62% of nursing staff and 45% of NCHDs and consultants had completed Irish National Early Warning System version 2 (INEWS v.2) training. Training compliance on ISBAR for nursing staff was low at 54%, while compliance was somewhat higher for NCHDs and consultants at 90%. Hand hygiene training compliance was significantly below the HSE target of 90%, with 71% of nursing staff and 45% of NCHDs and consultants having completed this training. Compliance with basic life support training was high, with 100% of nursing staff, 90% of NCHDs and consultants and 88% of HCAs having completed this training. Furthermore, there was room for improvement across all disciplines in relation

[§§§] 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

to compliance with training for standard and transmission based precautions and donning and doffing of PPE, particularly for consultants and NCHDs. There was also room for improvement in relation to nursing attendance and uptake of training on use of the Manchester Triage System, with 63% of nursing staff having completed this training. 90% of consultant and NCHD staff were trained in this area.

Inspectors received a copy of TippUH education training schedule, which included a list of mandatory training for nursing and medical staff, as well as a schedule of in-person training for 2023 for all staff cohorts. Also included in this training schedule was a list of ED specific training which took place in May 2023 and further training which was scheduled for August 2023 on a range of topics.

As previously noted, inspectors were informed that The Emergency Medicine Early Warning System (EMEWS) had not yet been rolled out in the ED. However, work had begun to facilitate the rollout of EMEWS training, with 10% of nursing staff trained using the 'Train the Trainer' model, with a view to providing training to the remainder of the staff cohort. 30% of NCHDs and consultants had completed EMEWS training.

Overall, the hospital was striving to plan, organise and manage their workforce to achieve the service objectives for high quality, safe and reliable healthcare. Whilst it was evident that TippUH had a comprehensive schedule of training in place for staff, attendance at and uptake of mandatory and essential training for nursing staff and medical staff in the ED requires improvement. Despite the deficits in approved medical and nursing staffing levels, it was evident that this was not having an impact on patient experience times. Management should continue the recruitment of the remaining emergency medicine consultant roles as approved for the service .When compared to the waiting times for triage and medical review in other EDs inspected by HIQA, TippUH was one of the better performing hospitals. Furthermore, TippUH was compliant with KPI's associated with ambulance turnaround times. Equally, on the day of inspection, the ED had its full complement of nursing staff on duty. Notwithstanding this, management should continue efforts to staff the ED in line with the recommendations of the *Framework for Safe Nurse Staffing and Skill Mix in Adult Emergency Care Settings in Ireland* 2022 particularly in light of the impact that staffing deficits can have on the functioning of the MIU in line with its intended purpose.

Judgment: Substantially compliant

Quality and Safety Dimension

Inspection findings in relation to the quality and safety dimension are presented under two national standards (1.6 and 3.1) from the two themes of person-centred care and support

and safe care and support. The hospital was found to be partially compliant with Standard 1.6 and 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.[****]

Staff working in TippUH's ED were committed to promoting a person-centred approach to care. Staff were observed by inspectors to be kind and caring towards patients in the department, and to be responsive to their individual needs, in a busy environment. Inspectors observed patients receiving a hot meal for lunch time and fluids.

Staff supported patient's privacy and dignity in the ED to the best of their ability, in an environment where space was somewhat limited, relative to the number of presentations to the department. Some patients were accommodated in the six individual cubicles available, which meaningfully promoted and protected their privacy, dignity and confidentiality. However, the remainder of patients in the ED on the day of inspection were accommodated on trolleys on the main ED corridors, designated corridors A, B and C. Inspectors observed that the number of, and close proximity of patients on trolleys on corridors A,B and C in ED compromised patients privacy and dignity. Due to the limited space in the ED, it was not possible to have one metre spacing between the majority of trolleys and patients and staff could overhear patient-clinician conversations and personal information being exchanged between patients, medical and nursing staff. This is not in line with the human-rights based approach to healthcare as promoted and supported by HIQA.

Inspectors observed a designated treatment room for paediatrics, which was noted as good practice. However, there was no audio-visual separation between adults and paediatrics in the ED waiting area. There was also a dedicated room for the provision of psychiatric assessments within the ED. Two single rooms were available in the main ED, which were used for isolation purposes where required. There were also two temporary single room structures outside of the ED in the ambulance bay area, which were used predominantly for isolation purposes.

[****] 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

Patients who spoke with inspectors were complimentary of the care provided to them in the ED. One patient told inspectors that they were "very happy with care.." and that staff were busy, but 'attentive'. This was consistent with the hospital's findings from the 2022 National Inpatient Experience Survey (NIES), where the hospital scored above the national average score for the following question:

- overall, did you feel you were treated with respect and dignity while you were in the emergency department, with the hospital scoring 9.3 (national average – 8.7).

Inspectors were informed that patients were brought to the resuscitation room or one of the single rooms when receiving treatment, where the space was available. Patients spoken with did not report a lack of privacy when being examined or treated in the ED and this is consistent with the findings from the 2022 NIES, where, in response to the following question:

- were you given enough privacy when being examined or treated in the emergency department, the hospital scored 8.3 (national average – 8.1).

At 11am on the day of inspection there were 27 patients registered in the ED. The majority of these patients had either been referred by their General Practitioner (GP) (44%) or self-presented (44%) to the department. Just over 12% arrived via ambulance. There were 14 patients on trolleys or chairs placed along corridor's A, B and C, which was a busy thoroughfare for ED and impacted on the potential for staff to provide dignity and privacy for these patients. Twelve of the 27 patients in ED at 11am were admitted patients, awaiting an inpatient bed.

The number of toilets and showers available in the ED was insufficient to meet the needs of patients, given the number of patients in the department at that time. Due to refurbishment works in the AMAU, patients only had access to one toilet and one shower, however, management confirmed that when the refurbishment works to the AMAU would be completed in the weeks following the inspection, this would increase the toilet and shower facilities available to patients.

The hospital had implemented a number of person-centred initiatives to improve experience of patients, as discussed in national standard 5.5, and in particular older persons, attending the ED including the placement of a Frail Intervention Therapy Team (FITT) in the ED, to support the appropriate management of older persons presenting to the ED with a view to admission avoidance or in the case of admission, ensuring that the length of stay for that patient was kept to the appropriate minimum. Patients also had access to a Patient Advocacy and Liaison Service (PALS), the purpose of which was to support and advocate for patients, especially older patients, attending the ED.

Overall, it was evident that staff in TippUH ED were aware of the need to respect and promote the dignity, privacy and autonomy of patients in the department. However, patients' privacy and dignity was impacted by continual overcrowding, resulting in the accommodation of patients on trolleys in corridors. Furthermore, infrastructural issues as

previously highlighted, including inadequate toilet and shower facilities and the absence of audio-visual separation between adults and paediatrics in the ED waiting area further impinged on the dignity, privacy and autonomy of patients. Notwithstanding this, staff made every effort within their capacity to promote patient's human rights, in what was a challenging environment.

Judgment: Partially compliant

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

The hospital had systems and processes in place to identify, evaluate and manage immediate and potential risks to people attending the ED. However, HIQA found that not all measures to protect service users from the risk of harm were being effectively implemented, particularly in relation to infection prevention and control (IPC) measures.

There was evidence that risks and existing controls were discussed and reviewed at relative oversight groups. The hospital's EMT had oversight of risks. This was evidenced in minutes of meetings provided to inspectors. There was evidence that the risks were also discussed at the TippUH Performance Meeting with the South/South West Hospital Group and at the QRPSGG meeting. Risks identified in the ED were assessed and recorded on the ED risk register and escalated to the hospital's risk register as required.

At the time of inspection, there were seven risks on the ED risk register. Risks included:

- infrastructural layouts and insufficient capacity in ED
- overcrowding
- nursing staff deficit and/or inadequate skill mix
- potential exposure to HCAI due to inadequate implementation of IPC and hygiene standards and protocols due to infrastructure and capacity issues in ED
- risk of harm (HCAI) to service users due to the inability to complete environmental cleaning due to a lack of appropriate storage in ED
- risk of non-compliance with national fire safety standards resulting in potential blocking of fire exits and access points due to sub-optimal storage facilities and use of trolleys on corridor during periods of overcrowding in ED.

All risks had control measures in place. Although all risks were past their action due date in the documentation received by HIQA, there was evidence from meeting minutes that risks were being formally and regularly reviewed in line with the hospital's risk management processes. However, management need to ensure that action due dates for each risk are updated accordingly to reflect same.

Risks outside the scope of the ED were escalated to the EMT for review and added to the hospital's risk register. For example, risks relating to ED medical staffing and overcrowding in the ED were recorded on the hospital's risk register. Risks were further escalated to the hospital group as required.

In line with the national HSE reporting requirement, the hospital collected data on a range of different quality and safety indicators related to the ED. Data collected was reviewed at EMT, QRPSGG, Delayed Discharge/LOS>14 days committee, TippUH Performance Meeting with the South/South West Hospital Group and TippUH Unscheduled Care Group meetings.

The hospital was compliant with the HSE's performance indicator for ambulance turnaround time interval of less than 30 minutes. For 2022, 85.36% of ambulances that attended the hospital's ED had a time interval of 30 minutes or less (mean time was 14.43 minutes), which was above the target of 80%. It was evident to inspectors on the day of inspection that ambulance arrival to the ED was well managed, in a timely manner and that TIPPUH management and staff had done considerable work to ensure that good ambulance turnaround times were maintained for patients. Up to July 2023, 86.04% of ambulances that attended TippUH ED had a time interval of 30 minutes or less (mean time was 14.29 minutes). This further compliments the measures taken at TippUH to support effective patient flow in the ED, which positively impacts the timely offload of patients arriving to the department via the national ambulance service.

The ED did not have a separate paediatric unit with a dedicated waiting area which enabled audio-visual separation between adults and children as recommended in the HSE's National Emergency Medicine Programme.[††††] Inspectors were informed, and observed, the paediatric resuscitation room and single rooms in the ED, which were used to treat paediatric patients, but this was dependant on availability at the time the space was required. It was noted by members of the EMT that the need to upgrade the waiting area was raised at a capital meeting in 2022, but as of the date of inspection, no formal update had been provided in response. The arrangements in place regarding the need for audio-visual separation requires review in order for the hospital to be able to meet the needs of both paediatric and adult patients, in line with the HSE's National Emergency Medicine Programme.

Data on patient experience times collected on the day of inspection, showed that at 11am the hospital was non-compliant with one national key performance indicator on patient experience times set by the HSE. Of the 27 patients registered in the ED:

- No patient was in the ED for more than six hours after registration — this was in line with the national target that 70% of attendees are admitted to a hospital bed or discharged within six hours of registration.

[††††] *The National Emergency Medicine Programme, a strategy to improve safety, quality, access and value in Emergence Medicine in Ireland*: June 2012 available on line The National Emergency Medicine Programme (hse.ie)

- 1 (3.7%) patient was in the ED for more than nine hours after registration — this was in line with the national target of 85% of attendees are admitted to a hospital bed or discharged within nine hours of registration.
- 5 (18.5%) patients were in the ED for more than 24 hours after registration — not compliant with the national target that 97% of patients are admitted to a hospital bed or discharged within 24 hours of registration.

Of note is that TippUH placed a strong focus on ensuring that PETs in relation to patients aged 75 years and over were in line with the national targets and this was reflected in their data. Of the 8 patients registered in the ED who were aged 75 years and over, no attendee aged 75 years and over was in the ED greater than six hours of registration, which was in line with national target that 95% of patients aged 75 years and over are admitted to a hospital bed or discharged within six hours of registration. Furthermore, all attendees to the ED aged 75 years and over were discharged or admitted within 24 hours of registration. When compared to the PETs from other EDs, TippUH was one of the better performing of the hospitals inspected by HIQA to date.

Management of patient-safety incidents

The hospital had a system in place for reporting, reviewing and managing incidents in the hospital, in line with the HSE's incident management framework. This was evident from discussion with management on the day of inspection. Incidents related to the ED were reported to the hospital's Risk Manager, using a hard copy incident report form. Incidents were tracked and trended by the Quality and Risk Manager and reviewed and discussed at the EMT, TippUH Performance Meeting with the South/South West Hospital Group, QRPSGG and the Unscheduled Care meeting. Serious incidents were reported to the hospital's SIMT for review and escalated to the SSWHG.

Staff told inspectors that there was a good culture of reporting patient safety incidents in the ED and that any learning from incidents was shared with staff at safety huddles and ward meetings and via email also. A detailed report of incidents was also included in the TippUH performance management report submitted to the EMT and the SSWHG. Documentation reviewed by inspectors showed that in 2022, there were 141 incidents reported in the ED. Inspectors received a copy of ED incident dashboard for 2022, which included data on slips, trips and falls (24 incidents, 7 of which resulted in injuries to patients), incidents involving exposure to biological hazards (1 incident) and medication related incidents (14 incidents). At the time of inspection there were 10 serious incidents in process with SIMT. Management informed inspectors that reviews of these incidents were progressing and that the matter had been escalated to the SSWHG.

Management of complaints

Complaints related to the ED were processed in accordance with the HSE's 'Your Service You Say'. Inspectors observed 'Your Service Your Say' information leaflets available for patients and were informed that as English was not the first language of many patients

attending the ED, the hospital had pictograms and leaflets available in 14 languages for patients who required them. The hospital had recently recruited a Patient Advocacy Liaison Service (PALS) Officer. There were 75 stage 2 complaints reported in the ED for 2022, while there were 99 stage 2 complaints recorded from January to July 2023, of which 35 related to the ED (35% of all stage 2 complaints received by TippUH). The majority of complaints specific to the ED were in relation to communication and treatment and care received. Data on formal complaints was recorded on the hospital's complaints management system. In relation to the number of complaints closed within 35 days during 2023:

- 80% of complaints were closed within 35 days during quarter 1
- 58% of complaints were closed within 35 days during quarter 2
- 30% of complaints have been closed within 35 days, to date during quarter 3.

Management confirmed that verbal complaints were also tracked and trended and held locally by the hospital's operational manager in the absence of a designated complaint officer, and were generally dealt with at point of occurrence. Inspectors received documented evidence of recommendations implemented from complaints received, including staff training on communication, reminders to staff regarding appropriate cleaning of equipment and stocking of medication for the treatment of a certain conditions.

Infection prevention and control

A COVID-19 management pathway was in place at the time of the inspection, and inspectors were informed that management had made the decision to not stand down this pathway since HSE guidelines were updated. Attendees to the ED were screened for signs and symptoms of COVID-19 on arrival at the main entrance to the ED, and were streamed accordingly. Those with suspected or confirmed COVID-19 were prioritised, required to use one of the three temporary isolation waiting areas outside of the main ED, and were then allocated an isolation room for treatment within the main ED.

The three temporary structures in place outside the main ED entrance consisted of two single isolation rooms (Waiting Area 1 and 2) and one larger structure (Waiting Area 3) which consisted of 13 seating bays and space for one trolley. There were six bays within the main ED building, five of which could be used for isolation purposes if required. One bay was used as a second resuscitation bay. However, given the capacity issues within the department and the levels of overcrowding on a daily basis, the hospital would benefit from additional single room capacity within the ED, particularly in light of the number of patients on trolleys on the main ED corridors.

Inspectors were informed that staff in the ED had access to specialist IPC advice from the IPC team who were contactable during core working hours. The department had access to a microbiologist 24/7, which was a shared role with University Hospital Waterford. Support was mainly provided remotely, via phone or teleconference. Inspectors were informed that microbiologist arrangements were being revised and that TippUH had secured 23 hours per

week dedicated onsite consultant microbiologist cover for the hospital. Consultant microbiologist cover outside of the 23 hours per week would revert to remote cover provided via UHW.

Inspectors were informed that all patients were screened for *Carbapenemase-producing Enterobacterales* (CPE)[‡‡‡‡] and *Methicillin Resistance Staphylococcus Aureus* (MRSA)[§§§§] on admission to an inpatient ward. However, noting that some patients may be boarded in the ED for 24 hours or more, inspectors discussed arrangements in place to minimise the risk of transmission of CPE and other multi-drug resistant organisms (MDROs) within the department. Management need to ensure that screening for CPE is conducted in line with national guidance. It was noted to inspectors that an alert was available on the hospital's Integrated Patient Management System (IPMS)[*****] to alert staff to the MRDO status of a patient presenting to ED, so that staff could prioritise patients requiring isolation, in line with the current guidance. Inspectors also received a copy of an infection prevention and control risk assessment for the ED, which is completed for all patients on presentation to the department. Inspectors reviewed documented evidence of comprehensive outbreak reports being completed in relation to CPE.

Given the high numbers of patients that are boarded within the ED, and in particular the lack of isolation facilities and the accommodation of patients on trolleys in the corridors which did not facilitate a minimum of one metre spacing between trolleys to minimise IPC risks, hospital management need to ensure that patients are being screened appropriately for MDROs and that the risk of transmission or outbreaks within the ED is minimised.

At the time of inspection, patients who required a single cubicle for isolation purposes were accommodated and staff were aware of all patients' IPC status, as observed by inspectors.

Inspectors received a copy of the most recently available hand hygiene audit data for the ED, which showed that in Q1 2023 hand hygiene compliance in the ED was 90%, while compliance decreased in Q2 2023 to 80%, which was below the HSE's target of 90%. Inspectors were informed by members of the EMT that hand hygiene compliance was an issue in some areas of the hospital at the time of the inspection, with ED being one of the areas noted. EMT noted that where poor levels of compliance were identified, additional training was provided to staff to address the problem. Furthermore, inspectors were informed by staff on the ground in the ED that where non-compliance is identified following an audit in the ED, an action plan is developed and implemented. However, inspectors did not observe evidence of this onsite or following the inspection. Inspectors did not receive copies of same post-inspection.

[‡‡‡‡] Carbapenemase Producing Enterobacterales (CPE) are Gram-negative bacteria that have acquired resistance to nearly all of the antibiotics that would have historically worked against them. They are, therefore, much more difficult to treat.
[§§§§] Methicillin-resistant Staphylococcus aureus (MRSA) infection is caused by a strain of bacteria that has become resistant to the antibiotics commonly used to treat ordinary staphylococcal infections.
[*****] The Integrated Patient Management System (IPMS) is used to manage patient records and was originally intended to link up all HSE records nationwide to aid in the treatment of patients.

Inspectors were informed that equipment and environmental audits were also undertaken regularly within the ED and reviewed a copy of the most recent environmental audits which showed that the ED achieved 90.1% compliance in March 2023 and 91.3% compliance in August 2023. Inspectors observed through meeting minutes of the QRPSGG that actions undertaken to address environmental issues identified through audit, such as replacement of floor coverings, were discussed. Areas of concern were also discussed at Hygiene Governance Committee meetings, as observed in minutes provided to inspectors. Staff who inspectors met with during the inspection, were aware of audits undertaken and had access to the results of same.

Inspectors observed wall-mounted alcohol-based hand sanitiser dispensers strategically located and readily available to staff. Hand hygiene signage was also observed to be clearly displayed throughout the ED.

Inspectors were informed that there was 24/7 access to cleaning services for the ED, with a dedicated cleaning staff during core working hours and an on call cleaning service available out of hours. Inspectors observed that the ED was generally clean and well maintained. An inspector spoke with the cleaning staff member on duty at the time of the inspection, who was knowledgeable of the cleaning system and was undertaking terminal cleaning of one of the bays which had recently been vacated by a patient.

Deteriorating patient

Measures were in place to identify and reduce the risk of harm associated with the delay in recognising and responding to people whose condition acutely deteriorates. The hospital was using the INEWS V.2 in the ED. At the time of the inspection, the EMEWS had not been rolled out in the ED, however some staff members had completed 'Train the Trainer' for EMEWS, to facilitate the rollout of EMEWS across the ED. Training was available on INEWS for all ED staff. Inspectors were informed that staffing deficits were responsible for the delayed introduction of EMEWS to the ED. Escalation of patients was done so in line with the hospital escalation policy.

It was noted in minutes of meetings of the Deteriorating Patient/ Transition of Care Group, that audits were performed in relation to sepsis and INEWS and that findings from audits were being addressed within each of the clinical areas. Inspectors were provided with a copy of the most recent INEWS audit from June 2023, which comprised an audit of 10 healthcare records from a cohort who were in-patient for at least 48 hours for a specific period of time. Management informed inspectors that the sample cohort included patients from ED also. The audit highlighted areas of non-compliance with national clinical guideline No. 1 (INEWS V.2) associated recommendations and a proposed quality improvement plan for discussion and agreement by the Deteriorating Patient/ Transition of Care Group. The hospital would benefit from undertaking INEWS audits for each specific area of the hospital, with a view to determining compliance levels specific to that clinical area and ensuring that action plans are targeted to the individual needs of each area.

TippUH's Deteriorating Patient/ Transition of Care Group provided updates to the QRPSGG.

Medication safety

A dedicated pharmacy technician resource was available to the ED during core working hours. The ED did not have a dedicated clinical pharmacy resource, however, inspectors were informed that the pharmacy technician reported any issues or concerns directly to the clinical pharmacist in charge and staff could also contact a clinical pharmacist if they required pharmacy support. A clinical pharmacist attended morning medical handover meetings and inspectors were informed that medication reconciliation was undertaken for polypharmacy[†††††] patients and patients on high-risk medications. In addition to this, pharmacy medication reconciliation was also available via bleep for patients who were not identified as priority patients for medication reconciliation through the medical handover meetings. Of note is that inspectors were informed by management that medication reconciliation could also be undertaken by ANPs in the ED and by nursing staff in the discharge lounge. Inspectors noted from minutes of the June meeting of the hospital's Drugs and Therapeutics Committee, that a medication reconciliation policy was in the process of being drafted. A clinical pharmacy service was only available to the ED during core working hours and outside of these hours staff had access to pharmacy medication via nursing administration. There was no antimicrobial pharmacist available in the ED, however, the consultant microbiologist provided support in this context where required.

The ED had a list of Sound-Alike- Look-Alike Drugs (SALADs) and staff were aware of this list. Staff in the ED had access to medication policies, procedures, protocols and guidelines at the point of prescribing and administration. The department had a list of high-risk medicines, which aligned with the APINCH[‡‡‡‡‡] acronym.

Medication practices in the ED were audited, with corrective actions identified to bring the ED into compliance with safe medication practices. The oversight and governance of medication use and practices at TippUH was the responsibility of the hospital's Drugs and Therapeutics Committee. There was evidence that audit findings were discussed from minutes of meetings provided. Audits were hospital-wide and therefore it was not possible to determine which areas findings were attributed to. Areas for improvement identified from hospital level audits (July 2023) undertaken include labelling of liquids, fridge temperature recording, witness signature check on drug labels and items stored in fridge which did not require refrigeration. There was documented evidence of associated plans for where improvements were required, however, such plans would benefit from being time-bound and specific to the findings of each individual area, rather than at overall hospital level. Furthermore, there was evidence of discussion of medication related incidents being

[†††††] Receipt of five or more medications by a patient in any one month.
[‡‡‡‡‡] Medications represented by the acronym 'APINCH' include anti-infective agents, anti-psychotics, potassium, insulin, narcotics and sedative agents, chemotherapy and heparin and other anticoagulants.

discussed at TippUH Drugs and Therapeutics Committee meetings, including tracking and trending of same.

Transitions of care

The hospital's Unscheduled Care Committee had oversight of bed management and patient flow within the ED. On the day of inspection, two patients were deemed to be experiencing DTOC. The bed management/patient flow unscheduled care team operated seven days a week, which inspectors were informed played a significant role in maintaining good patient flow throughout the ED and the wider hospital.

The Identify, Situation, Background, Assessment and Recommendation (ISBAR3) §§§§§ communication tool was used for escalation of patients and for transitions of care. A white sticker was used to record ISBAR for escalation and formal transitions of care and the ISBAR tool was used verbally at handover. Inspectors were informed that an audit of the implementation of ISBAR3 was most recently undertaken in the ED in August 2023, the results of which were pending at the time of inspection. Inspectors reviewed audit documentation from September 2022 which demonstrated that the ED was 96% compliant with the implementation of National Clinical Guideline No. 11. Furthermore, audit and implementation of recommendations was discussed as evidenced in minutes of meetings of the Deteriorating Patient/ Transition of Care Group. Management informed inspectors of a quality improvement initiative whereby all NCHDs were provided with a prompt card for ISBAR, which was attached to their staff ID, to increase awareness and encourage the use of ISBAR. Management reported that this quality improvement initiative was working well and inspectors noted this on the day of inspection, whereby staff in the ED were knowledgeable of, and implementing ISBAR.

Management raised concerns regarding challenges of previous delayed transfers of trauma patients, as per the agreed trauma bypass protocol******, to the designated major trauma centre. It was communicated to inspectors by management that where an issue arose in relation to a delayed transfer of a trauma patient, TippUH had an arrangement in place to communicate directly with the SSWHG with a view to resolving the issue. Management were assured at the time of inspection that where transfer to a major trauma centre was required, all patients would be accommodated.

Overall, the hospital had arrangements in place to monitor, analyse and respond to information relevant to the delivery of safe services, including appropriate management of

§§§§§ Identify, Situation, Background, Assessment and Recommendation (ISBAR3) communication tool is a structured framework which outlines the information to be transferred in a variety of situations, such as bedside handover, internal or external transfers (for example, from nursing home to hospital, from ward to theatre), communicating with other members of the multidisciplinary team, and upon discharge or transfer to another health facility.

******Protocol 37 has been developed for emergency inter-hospital transfers for patients who require a clinically time critical intervention which is not available within their current facility. https://www.phecit.ie/PHECC/Publications_and_Resources/Newsletters/Newsletter_Itmes/2017_Winter/100_percent_of_Irish_hospitals_now_accessing_Protocol_37.aspx

risk. However, some measures to protect service users from the risk of harm associated with the design and delivery of healthcare services required attention, as evidenced on the day of inspection. In particular, there were a number of IPC challenges posed as a result of lack of adequate space in the ED to cater for the demand of patients who presented, and in particular the need for additional isolation cubicles. Furthermore, management should ensure that screening of patients is undertaken in line with current guidance and that medication reconciliation is undertaken for all patients attending the ED, in line with evidence-based practice.

Admitted patients accommodated in the ED was symptomatic of the limited capacity and infrastructural deficits at TippUH. However, with the exception of higher than recommended PETs for admission to an inpatient bed or discharge within 24 hours, in terms of PETs TippUH was one of the better performing of the hospitals inspected by HIQA to date. This is testament to the efforts of management and staff in working to maintain effective and efficient patient flow throughout the hospital.

Judgment: Partially compliant

Conclusion

HIQA carried out an unannounced inspection of TippUH 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, deteriorating patient and transitions of care. Overall, the hospital was judged to be:

- substantially compliant in two national standards
- partially compliant in two national standards.

Capacity and Capability

TippUH had defined corporate and clinical governance arrangements in place for assuring the delivery of high-quality, safe and reliable healthcare in the ED.

Hospital management had good operational oversight of the ED and were responsive in their approach to addressing challenges within the department. It was evident on the day of inspection that the ED was functioning well. A range of measures had been implemented to support the efficient and effective flow of patients through the ED and address the increase in demand on services. Nonetheless, the mismatch between the demand on ED services and the capacity of the ED as it currently stands resulted in TippUH being in escalation for extensive periods of time, which had become the normal working environment for staff. TippUH had implemented a number of measures, hospital avoidance pathways and person-centred initiatives, to help to alleviate the pressures on the ED and to improve patient flow and the safe transfer of patients within and from the hospital, which management reported to be effective. This was evident on the day of inspection, as demonstrated by good PETs, with the exception that the hospital was not compliant with the national target that 97% of patients are admitted to a hospital bed or discharged within 24 hours of registration.

Hospital management were working to plan, organise and manage their workforce and were actively trying to recruit to vacant medical and nursing posts. Although ED had the approved cohort of nursing staff on the day of inspection, management need to continue their efforts to address the notable deficits in the hospital's approved complement of nursing staff for the ED, to ensure that the MIU can operate in line with its intended purpose and that care in the ED can continue to be delivered safely and effectively. Although medical staffing levels in the ED were maintained at levels to support the provision of 24/7 emergency care, management should continue to progress the recruitment of emergency medicine consultants, ensuring that the approved complement of 5 WTE posts are filled.

It is essential that hospital management ensure that all clinical staff have undertaken mandatory and essential training appropriate to their scope of practice and at the required frequency, in line with national standards.

Quality and Safety

Inspectors observed staff being kind and caring towards patients. It was evident that a culture of kindness, consideration and respect was actively promoted by all staff within the ED. Patients who inspectors met with were complimentary of the staff and the care provided to them. Inspectors found that patients' complaints and concerns were responded to promptly, openly and effectively and that complaints were managed in line with the HSE's complaints management policy 'Your Service Your Say.' The hospital demonstrated good practice in relation to the implementation of actions arising from tracking and trending of complaints.

Of note is that patient's privacy, dignity and confidentiality was compromised in the ED, especially for patients accommodated on trolleys on corridors A, B and C. Hospital management and staff were aware of the need to respect and promote the dignity, privacy and autonomy of people receiving care in the hospital and did their best to ensure this was maintained, in an environment where there were obvious infrastructural challenges to doing so.

The hospital had effective arrangements in place to monitor, analyse and respond to information relevant to the delivery of safe services. With the exception of the PET relating to patients being admitted to an inpatient bed or discharged within 24 hours of registration, TippUH ED was one of the better performing EDs nationally in terms of PETs. The hospital had systems in place for reporting, reviewing and managing incidents in line with the relevant frameworks and guidance. There was evidence that risks were formally and regularly reviewed, however management need to ensure that action due dates for each risk are updated accordingly to reflect same.

HIQA found that not all measures to protect service users from the risk of harm associated with the design and delivery of healthcare services as evidenced by findings in relation to IPC. The physical environment in the ED did not adequately support the delivery of high-quality, safe, reliable care to protect people using the service. The environment was overcrowded and required upgrading in order to provide staff and patients with adequate facilities, including a clean utility room, additional permanent isolation facilities and further toilet and shower facilities for patients. The ED was clean and well maintained on the day of inspection. The hospital would benefit from ensuring that medication reconciliation is undertaken for all patients, in line with evidence-based practice, to support safe medication practices in TippUH's ED.

The hospital undertook audits in relation to medication safety, IPC, the deteriorating patient and transitions of care, and actions from audits were documented and followed-up on. However, all actions would benefit from being time-bound.

Following this inspection, HIQA will, through the compliance plan submitted by hospital management, as part of the monitoring activity, continue to monitor the progress in implementing the short-, medium- and long-term actions being employed to bring the hospital into full compliance with the national standards assessed during inspection. It is imperative that action occurs following this inspection to properly address HIQA's findings at the hospital, in the best interest of the patients that the hospital serves.

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

Compliance Plan for Tipperary University Hospital OSV-0001904
Inspection ID: NS_0053
Date of inspection: 09 August 2023

Compliance Plan Service Provider's Response

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

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

(a) details of interim actions and measures to mitigate risks associated with non-compliance with standards.

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

QIP	Responsible Person	Timeframe
Tipperary University Hospital -date pending receipt of fire safety certification and sign over of Sliabh na mBan building will be in a position to open 30 of the potential 33 beds that will be made available within this unit. Planned opening within Quarter 4 2023. This will address impact of overcrowding, provide additional toilet & shower facilities and promote patients dignity, privacy in care delivery.	General Manager	Quarter 4 2023
Tipperary University Hospital has submitted a capital submission for an enhanced waiting area for the Emergency Department. This will enhance the streaming of public presentations to the emergency department. This will assist with provision of adequate toilet facilities, and address audio visual separation between adults and paediatrics in the ED, in line with National Emergency Medicine Programme. TippUH hospital management are awaiting feedback from the National Capital Steering committee	General Manager	Quarter 1 2024

Specific Clinical Skills Facilitator for Emergency Department includes importance of dignity, privacy, respect and maintaining confidentiality promoting persson centered care within their induction, in-service training.	ED Clinical Skills facilitator	Ongoing
In line with H&S ongoing monitoring to ensure one meter spacing between majority of trolleys is overseen by ED shift leader to reduce overhearing of patient /clinician exchanges. This is escalated and presented at Unscheduled Care Monthly MDT meetings.	Shift Leaders ED	Ongoing
All NCHDs and Consultants are advised of the importance of maintaining confidentiality, promoting patients dignity and respect and autonomy during TippUH Postgratuate Teaching Programme.	NDT&P lead Consultant	Ongoing
Involvement of TippUH Inclusion Working Group and Patient Representative Service Users Forum sought to assist with promotion of service users dignity and autonomy. Results of National Inpatient Experience Survey (NIES) reviewed by both groups and assistance with NIES QIP received.	Quality Manager	complete
Promotion of Patient Advocacy and Liaison Services and support within the Emergency Department staff and service users via informal presence of TippUH PALS officer.	PALS officer	Ongoing
Ongoing monitoring and analysis of presentations to ED and breakdown reviewed at Bed management 8am, 4pm, 8pm. Overall statistical review discussed by Hospital management at weekly Operational Management meetings and monthly Unscheduled Care Governance meetings.		Ongoing

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.		Partially compliant

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

(a) details of interim actions and measures to mitigate risks associated with non-compliance with standards.

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

QIP	Responsible Person	Timeframe
Tipperary University Hospital - will be in a position to open 30 of the potential 33 beds in Sliabh na mBan building - pending receipt of fire safety certification and sign over of building to hospital management. Planned opening within Quarter 4 2023. This will protect service users from the risk of harm reducing overcrowding, providing additional toilet & shower facilities and assist with addressing IPC measures.	General Manager	Quarter 4 2023
Action due dates for risks identified on risk register to be updated accordingly.	CRM & CNM3 ED	Dec-23
Tipperary University Hospital has submitted to National Capital Steering a proposal for an enhanced waiting area for Emergency Department. This will enhance the streaming of public presentations to the emergency department. This will assist with provision of adequate toilet facilities, and address audio visual separation between adults and paediatrics in the ED, in line with National Emergency Medicine Programme. TippUH management are awaiting feedback from National office	General Manager	Q1 2024

Management provision of Fire Safety Training Q 4 2023 for all staff. Localised Fire training provided in ED.	Operations Manager	Complete
Inclusion of Support Services Manager and Bed space cleaners in 4:30pm Bed Management Huddle prioritises bed space cleaning throughout the hospital, which facilitates speed of patient flow reducing exposure and protection of service users from IPC risks due to prompt placement in appropriate setting.	Hygiene Governance Committee Chair.	Complete
Ongoing monitoring and analysis of PETS are reviewed and discussed by Hospital Management at weekly Operational Management meetings, monthly Unscheduled Care Governance meetings and Executive Management Team meetings. Issues actioned. PETS also presented and discussed at SSWHG Monthly Performance meetings.	General Manager	Ongoing
All patients admitted to an inpatient ward are screened for Carapenemase -producing Enterobacterales (CPE) & MRSA. The introduction of the additional beds in Sliabh na mBan unit Q4 2023 will greatly reduce the time frame from time of presentation to time of screening. IPC alerts present on Integrated Patient Management System	General Manager	Quarter 4 2023
Action plans developed to address Hand Hygiene compliance results in ED will be followed up by IPC team and reviewed at next IPC governance meeting	IPC team	in progress
Evidence of timebound close out to be included within Medication practices audits completed within the WAP Medication audits.	Drugs & Therapeutic Committee	in progress
Medication reconciliation for all patients attending ED to be advised at TippUH Postgraduate teaching programme, identifying supports available from Pharmacy Dept and ANPs.	Chief pharmacist	Completed 26/10/2023 at NDT&P training