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:	University Hospital Galway
Address of healthcare service:	Newcastle Road Galway
Type of inspection:	Unannounced
Date(s) of inspection:	16 February 2023
Healthcare Service ID:	OSV-0004556
Fieldwork ID:	NS_0025

The following information describes the services the hospital provides.

About the healthcare service

1.0 Model of Hospital and Profile

Galway University Hospitals, comprising of University Hospital Galway (UHG) and Merlin Park University Hospital (MPUH), provide a comprehensive range of services to emergency and elective patients on an inpatient, outpatient and day care basis across the two sites. University Hospital Galway is a Model 4* hospital and is managed by the Saolta University Hospital Group.† Services provided by the hospital include:

- acute medical in-patient services
- elective surgery
- emergency care
- high-dependency care
- paediatrics and neonatal care
- obstetrics and gynaecology care
- diagnostic services
- outpatient care.

The hospital is a designated supra-regional centre for cancer and cardiac services. It provides secondary, regional and supra-regional services for the Health Services Executive West. The hospital is also an academic teaching hospital attached to the National University of Ireland, Galway (NUIG) with strong research, education and service delivery links.

The following information outlines some additional data on the hospital.

Model of Hospital	4
Number of beds	643 inpatient beds

* Model-4 hospital is a tertiary hospital that provide tertiary care and, in certain locations, supra-regional care. The hospital have a category 3 or speciality level 3(s) Intensive Care Unit onsite, a Medical Assessment Unit which is open on a continuous basis (24 hours, every day of the year) and an Emergency Department.

† The Saolta Hospital Group comprises seven hospitals. These are; Letterkenny University Hospital, Mayo University Hospital, Merlin Park University Hospital, Portiuncula University Hospital, Roscommon University Hospital, Sligo University Hospital and University Hospital Galway.

How we inspect

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

During the inspection, inspectors:

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

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 (2012)*

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
16 February 2023	09:00hrs – 17:00hrs	Emma Cooke	Lead Inspector
		Geraldine Ryan	Support Inspector

		Aoife Healy	Support Inspector

Information about this inspection

An unannounced inspection of the Emergency Department (ED) at University Hospital Galway was conducted on 16 February 2023. The purpose of this inspection was to monitor compliance with the national standards relating to the ED. This inspection also monitored progress against the hospital's compliance plan following HIQA's previous inspection in April 2022 that was carried out as a pilot inspection for HIQA's new monitoring programme approach.

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 Hospital Management Team
    - General Manager
    - Deputy General Manager
    - Assistant Director of Nursing (surgery/critical care)
    - Clinical Director for Medical Directorate
- Quality and Risk Manager
- Bed Manager
- Scheduled and unscheduled care lead

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

A new temporary emergency department opened at University Hospital Galway in October 2022. The ED provides 24/7 access for undifferentiated emergency and urgent presentations for patients with medical and surgical conditions and trauma.

The temporary ED was located on the ground floor within the acute floor area of the hospital which comprised the:

- emergency department (ED)
- acute medical assessment unit (AMAU)
- acute surgical assessment unit (ASAU).

The total planned capacity of the new ED was for 43 patients which had increased from a capacity of 34 patients from the previous ED. The new ED comprised:

- Zone A: A pathway for non-ambulatory patients comprising nine single cubicles for the treatment of ED non-ambulatory patients, some may require isolation facilities. Single cubicles did not have en-suite facilities. Zone A had one toilet for patient use.
- Zone B: A pathway for ambulatory patients comprising nine single cubicles for the treatment of patients and one assessment area, some patients may require isolation facilities. Single cubicles did not have en-suite facilities. Zone B had two toilets and one shower for patient use. There was also a toilet in Zone B waiting area adjacent to Zone B.
- four-bedded minor injuries unit and one toilet.
- a dedicated paediatric unit with seven cubicles and a waiting area and a toilet.
- a dedicated space for the Acute Oncology Service (AOS).
- resuscitation area comprising three bays for the treatment of patients categorised as major. An additional resuscitation bay was available but this was not operational at the time of inspection due to staffing issues
- phlebotomy service from Monday to Friday
- General Practitioner (GP) service available from 9am-6pm. This service is planned to operate seven days a week, however, staff informed inspectors that the service was awaiting cover to consistently open on Saturdays.
- one neutral or negative pressure rooms with en-suite bathroom facilities.

On the day of inspection, the ED was grossly overcrowded with 28 patients boarded in the ED waiting on an inpatient bed. All cubicles in Zone A and Zone B were occupied resulting in a total of 20 trolleys on the main corridor, which was a public thoroughfare. Inspectors observed that not all trolleys were adhering to the one metre physical distancing requirement in line with national guidance.

Inspectors observed signage regarding hand hygiene clearly displayed throughout the department. Wall-mounted alcohol-based hand sanitiser dispensers and personal protective equipment (PPE) were readily available throughout the department, however inspectors noted that some alcohol-based hand sanitiser dispensers were empty when used. Furthermore, not all staff were observed wearing appropriate PPE, in line with public health guidelines. This was addressed by nursing management and HIQA inspectors at the time of the inspection.

Staff in the ED who spoke with inspectors were committed and constantly striving to provide the best experience to the patients who attended the ED in what was a very challenging environment, with admitted patients awaiting an inpatient bed and staffing shortages.

Inspectors spoke with a number of patients about their experience of care in the ED. Some patients were complimentary about the new ED referring to the *'improved physical environment.'* Patients reported that staff were *'very nice'* and *'checking on them every one to two hours (sic).'* Other patients spoke about their experiences on trolleys and how they found *'trolleys to be so uncomfortable.'* Some patients spoke about long wait times, for example, one patient who was in the ED over 20 hours spoke about how they were in a single cubicle but had to be moved and spent all night on a trolley in the corridor. Other patients reported how they were not told about where toilets and showers were and that you had to *'find things yourself'* and one patient described how they were not offered water.

The experiences recounted by patients in the ED were consistent with the hospital's overall findings from the 2022 National Inpatient Experience Survey,[§] where the hospital scored lower than the national average in the following areas:

- getting answers to important questions from doctors and nurses in the emergency department — the hospital scored 7.8 (national score 7.9)
- waiting time before being admitted to a ward — the hospital scored 5.6 (national score of 6.8).

Patients in the ED who spoke with inspectors said they would speak with a member of staff if they wanted to make a complaint. Patients that spoke with inspectors were not provided with information leaflets about the HSE's complaints process 'Your Service, Your Say'. Inspectors observed information on 'Your Service, Your Say' displayed in the ED.

[§] The National Care Experience Programme, was 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/.

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 partially compliant with standard 5.5 and non-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.

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

The Hospital Management Team (HMT) was the key governance committee with responsibility for the governance and oversight of the quality and safety of the hospital's service. The team were responsible for the review of performance activity, quality and risk, the risk register and patient safety issues. The committee was chaired by the General Manager and accountable to the Saolta Group Executive Council which meets monthly and reviews performance of hospitals within the Group.

The ED was under the governance and leadership of the Medical Directorate, led by the Associate Clinical Director for Medicine, who in turn reported to the Chief Clinical Director. The hospital's Unscheduled Care Governance Group had oversight of activity and performance within the ED including patient flow through the department and surge capacity at the hospital. Chaired by the General Manager, the Group met monthly. Terms of reference, approved in 2022, did not outline who the group were accountable to but among its many functions the Group were responsible for escalating risks to the Saolta Hospital Group. Unscheduled care activity was also discussed at meetings of the Joint Saolta Group and Unscheduled Care Governance Group. This group was convened to address sustained escalation at the hospital for unscheduled care and the hospital system and deliver on actions set out in a time-bound action plan.

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. This will be discussed further in standard 6.1. Clinical staff informed inspectors that the clinical lead post for emergency medicine was a voluntary position that is usually rotated between emergency medicine consultants but that there was no person in post at the time of inspection. Staff reported that concerns relating to the ED were escalated to the Associate Clinical Director for Medicine. However, hospital management informed inspectors that there was a speciality lead post in place for the ED. Hospital management and ED clinicians must ensure that there is clarity and understanding of clinical leadership roles within the ED at the hospital.

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 on-site consultant in emergency medicine. Outside core working hours, clinical oversight of the ED was provided by the consultant in emergency medicine on call.

University Hospital Galway ED had attendances of 75,523 in 2022. This was an increase of 12,659 on 2020 (62,864) attendees and an increase from attendances of the pre-COVID-19 pandemic in 2019. In 2022, monthly ED attendances ranged from 5574-6956 per month, an average daily attendance of 217.

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. In 2022, 24.3% of people who presented to the ED were admitted to the hospital (conversion rate), this was a marked increase from 2021 where 15.9% of people who presented to the hospital were admitted.

Inspectors found that the new temporary ED was not functioning as effectively as it should be. On the day of inspection, at 11am, the ED was grossly overcrowded and very busy relative to its intended capacity and function. Patients experienced lengthy waiting times to be triaged, medically reviewed and assessed, and while waiting for an inpatient bed. A total of 65 patients were in the department. Of the 65 patients, 23 patients (35%) were aged 75 years or older.

At the onset of the inspection, hospital management told inspectors they had implemented the hospital's escalation plan[**] in response to overcrowding in the ED. Inspectors raised concerns about overcrowding within the ED with senior hospital management and discussed these concerns in the context of the hospital's escalation plan which had been recently reviewed and updated to coincide with the opening of the new temporary ED. Inspectors noted that the majority of measures outlined had been implemented including a number of action-oriented meetings held at various times throughout the day to review the hospital and ED activity. One measure not enacted included cancelling or curtailing of scheduled care. Both hospital management and clinical

[**] 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.

staff outlined that due to the regular enactment of the escalation plan, some short-term measures required to respond to overcrowding were not always effective and that some measures, if continuously implemented, would consistently impact on the hospital's overall functioning and patient services. Inspectors concluded that the increasingly routine use of the hospital's escalation plan demonstrates that the hospital continues to be challenged by the mismatch between demand and capacity.

Hospital management provided updates in relation to further medium and long-term plans to improve capacity and patient flow at the hospital including the building of a new permanent ED over the next five to seven years and capital submissions to address the bed deficit (222) on the UHG site. Pending the implementation of long-term plans to improve patient flow and capacity, hospital management needs to ensure that all short-term measures identified to immediately alleviate pressures on hospital capacity and flow are effectively supporting the delivery of safe and effective care within the ED. In the context of increased attendances and additional pressures on the hospital's ED, escalation plans should be reviewed at local, group and national level to evaluate their adequacy and deployed appropriately to ensure patients continue to have access to hospital services.

The average length of stay (ALOS) for medical patients reported in 2022 was 8.3 (KPI target ≤7.3), with an ALOS for surgical patients at 5.8 (KPI target ≤5.6). Inspectors were informed that there were a number of patients with extended lengths of stay due to their level of acuity and lack of community supports. Inspectors were also informed that a number of nursing homes within the locality had recently closed which was impacting on their ability to transfer patients out. At the time of inspection, there were approximately 22 patients in the hospital who had completed their acute episode of care and were experiencing a delay in the transfers of care.[††] This number had significantly reduced following the implementation of a targeted unscheduled care de-escalation plan aimed at improving patient flow at the hospital and was lower than in other similar sized Model 4 hospitals which is commendable.

Continuous and effective flow of patients within and out of the hospital is essential for optimal service delivery in an ED. Patient flow within the hospital was challenged by bed capacity and staffing resources. Minutes of oversight committees outlined that there were capacity issues throughout the hospital due to infection outbreaks which on some occasions affected 45% of medical beds due to the requirement to cohort specialities.

Collectively, the mismatch between availability and demand for inpatient beds, as evident on the day of inspection, 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:

- registration to triage ranged from one minute to 39 minutes. The average waiting time was 20 minutes.

[††] 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.

- triage to medical review ranged from three hours to four hours.
- decision to admit to actual admission to an inpatient bed ranged from one hour 25 minutes to 38 hours and two minutes. The average waiting time was 18 hours and 10 minutes.

All patients had been triaged and prioritised in line with the Manchester Triage System[‡‡] and the Irish Children's Triage System. Following triage and categorisation, patients were referred to the most appropriate pathway which included: Zone A, Zone B, AMAU, ASAU, paediatric area, four-bedded minor injury area, obstetrics and gynaecology, acute oncology service and GP service.

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

- frailty at the front door initiative[§§]
- OPRAH – Older Persons Rehabilitation at Home Initiative[***]
- Multi-allied Response Service (MARS)[†††]

Other person-centred initiatives implemented by the hospital to improve the experiences of older persons attending the ED included engaging with community initiatives, such as the Community Intervention Team and the Integrated Care Programme for Older Persons (ICPOP).[‡‡‡] Inspectors found 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 were not functioning as they should be. On the days of inspection, the hospital's ASAU and AMAU were not functioning as an alternate flow pathway for patients in order to take pressure from the ED. These units were more often than not used to accommodate admitted patients from the ED while awaiting an inpatient bed.

Overall, it was evident that the hospital had defined management arrangements in place to manage and oversee the delivery of care in the ED. There was evidence that the hospital was progressing plans developed in response to HIQA's previous inspection and that some targeted interventions at addressing capacity issues within the hospital were

[‡‡] 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 at the Front Door – a designated care pathway for older persons who present for unscheduled care with signs and symptoms of frailty.
[***] Older Persons Rehabilitation at Home (OPRAH) initiative aims to improve older people's functional abilities after acute presentation to hospital (primarily targeted at in-patients, but also available to those in the emergency department where rehabilitation goals are identified) by providing rehabilitation within their homes. It also aims to accelerate discharge home and reduce length of stay (LOS)
[†††] Multi-allied Response Service, (MARS) is an initiative where one or more of Health or Social Care Professional can support the person's needs and initiate or organise the necessary actions for an individual attending the Emergency Department
[‡‡‡] Health Service Executive. Integrated Care Programme for Older Persons. Dublin, Health Service Executive. 2022. Available online from: https://www.hse.ie/eng/about/who/cspd/icp/older-persons/

having a positive and measureable impact. Notwithstanding this, operationally, the new temporary ED was not functioning as effectively as it should be. Circumstances such as increased ED attendances, pathways (e.g. AMAU, ASAU) not functioning as they are intended to and patients with delayed transfer of care, collectively resulted in a mismatch between the number of inpatient beds needed and actual bed capacity. This impacted on patient flow within the hospital and contributed to an overcrowded ED with many patients accommodated on trolleys which collectively posed a patient-safety risk. This was documented on the hospital's risk register and escalated to the hospital group.

Although many measures had been implemented by the hospital to support patient flow, they were not fully effective in managing the potential patient safety risks associated with overcrowding of the ED. The increasingly routine use of the hospital's escalation plan demonstrates that the hospital will continue to be challenged by the mismatch between demand and capacity and should, with support from the Saolta Hospital Group, review the effectiveness of short-term measures to address overcrowding at the hospital.

Judgment: Partially compliant

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

University Hospital Galway did not have effective workforce arrangements in place to support and promote the delivery of high-quality, safe and reliable healthcare as evident by shortfalls in medical and nursing staffing.

Medical staffing levels in the ED were maintained at levels to support the provision of 24/7 emergency care at the time of inspection, however, inspectors were concerned about the sustainability of this in view of significant medical staffing shortages. At the time of inspection, the hospital was approved for eight whole time equivalent (WTE)[§§§] consultants in emergency medicine, however only 2.5 WTE positions were filled— two WTE appointed on a permanent basis and 0.5 WTE appointed on a locum basis. The number of actual consultants in post had decreased from four WTE to 2.5 WTE since the previous inspection in April 2022. This had a significant impact on the ED consultant on-call roster resulting in a 1:3 on call rota for consultants in emergency medicine.

The sustainability of maintaining continuity and contingency with the existing 2.5 WTE emergency medicine consultants to meet the demands of a very busy ED was discussed with medical staff and senior hospital management. Hospital managers were aware of the potential risks with the low level of emergency medicine consultant cover and the limited

[§§§] 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.

contingency options in place in the event of change to capacity or workload and had recorded this on the risk register and escalated this to the Saolta Group. Hospital management assured HIQA that a senior clinical decision maker‡‡ at consultant or registrar grade was on-site in the hospital's emergency department 24/7. Outside of core working hours, a consultant in emergency medicine was available off-site and staff confirmed that they were available and could be on-site within 30 minutes, if needed.

Inspectors were informed that four consultants in emergency medicine had been recruited but these were not due to be in post until September 2023 and that by end 2023, it was anticipated that seven emergency consultant posts at the hospital would be filled. All permanent 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 43 WTE non-consultant hospital doctors (NCHDs) comprising of 18 WTE registrars and 25 WTE senior house officers (SHO's). Nine of these posts (4 registrars, 5 SHOs) were unfilled at the time of inspection. Inspectors were informed that the hospital was reliant on the use of agency staff to fill vacant shifts. The use of agency staff is not a sustainable solution in the long-term for covering vacancies and needs to be reviewed by hospital management.

A clinical nurse manager 3 (CNM3), had responsibility for the nursing and healthcare assistant service within the ED. In addition, a CNM 2 / CNM 1 is rostered on each shift in ED and is supported by an Assistant Director of Nursing (ADON) for ED and an Operational ADON out of hours and at weekends. The CNM3 reported to the ADON for the acute floor. A CNM 2 was on duty each shift, and had responsibility for nursing services out-of-hours and at weekends.

The ED's approved nursing staff complement was 117 WTE, which was in line with the *Framework for Safe Nurse Staffing and Skill Mix in Adult Emergency Care Settings in Ireland.*[****] This framework, launched by the Department of Health in June 2022, supports ED nurse managers and hospital management to assess and plan their nursing and support staff workforce to meet the needs of their specific emergency care setting. At the time of inspection, the department's actual complement of nursing staff was 106 WTE. This represented a variance of 11 WTE (9%) between the approved and actual nursing staff complement. The majority of these vacancies were at clinical nurse management grade and paediatric nursing posts.

There was a required daily roster for 24 nurses (inclusive of clinical nurse managers) and 21 nurses on night shift (inclusive of clinical nurse managers). A review of ED nursing rosters for the four week period prior to the inspection demonstrated that there were 16 shifts were the department did not have the required staff. Hospital management were

[****] 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

managing the deficit in nurse staffing levels through an ongoing recruitment campaign, the use of an internal bank of nurses and redeployment of nursing staff.

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. HIQA found that compliance with nursing staff attendance and uptake at mandatory training was generally good. There were opportunities for improvement in relation to the uptake of training in basic life support, hand hygiene and Irish Maternity and Paediatric Early Warning Systems for nurses. It was noted that compliance with the Manchester Triage System training was 54%, however, it was explained that the department had recruited a lot of new staff and these would require experience within the department prior to commencing triage. HIQA found that significant improvement was required in relation to medical staff attendance and uptake at mandatory and essential training particularly hand hygiene, early warning score and basic life support.

Overall, the hospital was striving to plan, organise and manage their workforce to achieve the service objectives for high quality, safe and reliable healthcare. However, the low level of emergency medicine consultants currently in place and limited contingency capacity in the event of unplanned leave or a surge in activity needs to be urgently addressed. In addition, the reliance on agency staff to maintain the NCHD staff roster, is not sustainable in the long-term. Inspectors found that the delay in medical review and assessment experienced by patients triaged as category two and category four in the hospital's ED on the day of HIQA's inspection was evidence of the impact of a deficit of senior medical staffing. Furthermore, inspectors found that the deficit in nursing staffing was impacting on patients' experiences in the ED. The hospital must, as a priority, ensure that there is sufficient capacity and contingency arrangements in place across all staff disciplines to ensure staff resourcing can meet the demand of the emergency service.

Furthermore, attendance at and uptake of mandatory and essential training for nursing staff and most evidently medical staff in the ED requires significant improvement. 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. This issue should represent a key focus for early improvement efforts following HIQA's inspection.

Judgment: Non-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 non-compliant with standards 1.6 and partially 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.[††††]

Staff working in the hospital's ED were committed and dedicated to promoting a person-centred approach to care. Staff were observed to be kind and caring towards patients in the department, and to be responsive to their individual needs. Staff provided assistance and information to patients in a kind and caring manner.

Patient's privacy and dignity in the ED was supported for patients accommodated in individual cubicles. However, inspectors observed that the number of, and close proximity of patients on trolleys on the main ED corridor compromised patients privacy and dignity. 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. Patients who spoke with inspectors expressed the negative impact the overcrowding had on their care experience and the dignity and respect afforded to them and other patients. This was consistent with the hospital's findings from the 2022 National Inpatient Experience Survey, where the hospital fell below the national average score in survey questions related to the ED. More specifically, with regard to:

- privacy when being examined or treated in the emergency department, the hospital scored 7.2 (national average – 8.1)
- being treated with respect and dignity in the emergency department, the hospital scored 8.1 (national average – 8.7).

At 11am on the day of inspection there were 65 patients registered in the ED. The majority of these patients had either been referred by their General Practitioner (GP) or self-

[††††] 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

presented to the department. Almost 20% arrived via ambulance. There were 20 patients on additional trolleys placed along the corridor which was a busy thoroughfare for all ED activity and did not fully promote dignity, privacy and confidentiality for these patients. It was evident to inspectors that the overcrowding impacted on the potential for staff to provide dignity and privacy for these patients.

Considering the overcrowding and the number of admitted patients within Zone A and Zone B of the ED at the time of inspection, the number of toilets and showers available was not adequate to meet the needs of these patients. Inspectors discussed arrangements in place to provide personal care to patients who were on trolleys on the main ED corridor. Inspectors were informed that patients were brought into a specific room to have their personal needs attended to. Inspectors observed this room which was effectively being used as a storage room and was found to have multiple pieces of equipment, medical supplies and various other items and was noted to be particularly cold. Staff informed inspectors that the room could be used up to 15 times per day to attend to personal cares for patients on trolleys. The use of this room as a storage room and a room to provide personal cares was inappropriate and presented a risk to patient safety. This was discussed with management on the day and a risk assessment was completed and alternative arrangements were identified to attend to patient cares in a more suitable room.

The hospital had implemented a number of person-centred initiatives to improve the experiences of older persons attending the ED including a designated ten bedded overflow ward adjacent to the ED for patients over 75 years and other initiatives as discussed under national standard 5.5.

Overall, 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 ED. However, similar to HIQA's previous inspection, inspectors observed the severe difficulty caused by the overcrowding and trolley congestion in the ED. Notwithstanding the efforts of staff, patients on trolleys outside of defined cubicle spaces had little to no privacy or dignity and it was clear that the confidentiality of patients accommodated on trolleys in the corridor was severely compromised. HIQA did not find sufficient evidence that actions taken at the hospital were effective in respecting, promoting and protecting the dignity, privacy and autonomy of patients receiving care in the ED at the time of inspection. The situation in the department significantly impacted on the meaningful promotion of the patient's human rights.

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.

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 measures.

Risks identified in the ED were risk assessed and recorded on the ED's risk register and escalated to the hospital's risk register as required. The Quality and Patient Safety Committee, Hospital Management Team and Senior Incident Management Team (SIMT) had oversight of the risks, controls and corrective actions to mitigate the risks on the hospital's corporate risk register.

At the time of inspection, the ED risk register had a total of nine risks. Two of these risks were rated red and seven were rated orange. Risks related to ED included:

- overcrowding
- insufficient capacity to manage demand
- high patient experience times (PET)
- potential of harm to patients >75yrs in ED due to longer lengths of stay
- risk of transmission of healthcare associated infection
- failure to recognise the deteriorating adult/child
- staff recruitment and retention.

HIQA was satisfied that all risks were being formally reviewed in line with the hospital's risk management processes outlined to inspectors on the day. Since the previous inspection, a new Quality and Patient Safety Manager had been appointed to improve the oversight and management of risks at the hospital. There was evidence that risks and existing controls were discussed and reviewed at relative oversight groups and the risk register was updated to reflect review dates.

Risks outside the scope of the ED were escalated to the Hospital Management Team for review and added to the hospital's risk register. For example, risks relating to ED medical staffing and insufficient capacity within 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 meetings of the Unscheduled Care Governance Group and the Hospital Management Team.

The hospital was not compliant with the HSE's performance indicator for ambulance turnaround time interval of less than 30 minutes. For the period up until September 2022, 9.6% of ambulances that attended the hospital's ED had a time interval of 30 minutes or less, significantly below the target of 80%, but comparable with other Model 4 hospitals.

This suggests that ineffective patient flow in the ED affects the timely offload of patients arriving to the department via the national ambulance service.

The new ED had a separated 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.[‡‡‡‡] However, it was explained to inspectors that some children, depending on their reason for presenting to the ED, may be treated in the minor injuries unit where there was no audio-visual separation of adults and children. The hospital needs to review the current arrangements in place to facilitate audio-visual separation between adults and children noting that the new ED infrastructure can support this for paediatric patients.

Data on patient experience times collected on the day of inspection, showed that at 11am the hospital was non-compliant with national key performance indicators on patient experience times set by the HSE. Of the 65 patients registered in the ED:

- 44 (68%) patients were in the ED for more than six hours after registration — not in line with the national target that 70% of attendees are admitted to a hospital bed or discharged within six hours of registration.
- 41 (63%) patients were in the ED for more than nine hours after registration — not in line with the national target of 85% of attendees are admitted to a hospital bed or discharged within nine hours of registration.
- 12 (18%) 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.
- 20 (71%) of attendees to the ED aged 75 years and over were in the ED greater than nine hours of registration - not in line with national target that 99% of patients aged 75 years and over are admitted to a hospital bed or discharged within nine hours of registration.
- six (21%) of attendees to the ED aged 75 years and over were discharged or admitted within 24 hours of registration — significantly short of the national target that 99% of patients aged 75 years and over are discharged or admitted to a hospital bed within 24 hours of registration.

Management of patient-safety incidents

The hospital had a system in place for the reporting, reviewing and management of incidents in the hospital in line with the HSE's incident management framework. Incidents related to the ED were reported on the hospital's quality management system. Incidents were tracked and trended by the Quality and Patient Safety Manager and reviewed and

[‡‡‡‡] 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)

discussed at the Quality and Safety Committee. Serious incidents were reported to the hospital's SIMT for review and escalated to the Saolta Hospital Group.

Staff told inspectors that there was good culture of reporting patient safety incidents in the ED and that findings in relation to incidents and risks were discussed with staff at safety pause meetings. Documentation reviewed by inspectors showed that in 2022, there were 1365 incidents reported in the ED (excluding medication errors). The most common reported incidents in the ED related to overcrowding and skin integrity.

Management of complaints

Complaints related to the ED were processed under the remit of the Quality and Patient Safety Manager in accordance with the HSE's 'Your Service You Say'. The hospital had a Patient Advocacy Liaison Service (PALS) co-ordinator and inspectors were informed that a dedicated PALS co-ordinator was being recruited for the ED. There were 134 complaints reported in the ED for 2022. Complaints relating to communication accounted for more than 90% of complaints made. Over 40% of complaints made related to delays experienced by patients. Inspectors were told that verbal complaints were not consistently recorded in the ED. This represents a missed opportunity for shared learning and consolidated quality improvement across the hospital.

Infection prevention and control

Attendees to the ED were screened for respiratory illnesses at reception. Those with suspected or confirmed respiratory illnesses were prioritised and allocated an isolation cubicle. However, given the capacity issues within the department and the levels of overcrowding on a daily basis, inspectors were not assured that effective arrangements were in place to reduce the risk of transmission of infection of respiratory viruses from symptomatic patients presenting to the ED. This was brought to the attention of hospital management and a formal risk assessment was requested by inspectors and completed by the hospital. HIQA was assured by the hospital management's response that the potential risk to patient safety was being appropriately managed and that additional controls put in place should minimise the risk of infection transmission within the department.

A nurse from the infection prevention and control team visited the ED daily during core working hours and the department had access to a microbiologist 24/7.

Inspectors were informed that all patients were screened for *Carbapenemase-producing Enterobacterales* (CPE)[§§§§] and *Methicillin Resistance Staphylococcus Aureus* (MRSA)[*****] on admission to the main hospital in line with national guidance at the time of inspection. However, noting the high numbers of patients that are boarded in the ED, inspectors

[§§§§] 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.

discussed arrangements in place to ensure these patients were being screened appropriately and that the risk for transmission of infection in the ED was being managed. Inspectors found there was a lack of clarity amongst staff in relation to screening guidelines for patients. Given the high numbers of patients that are boarded within the ED, hospital management need to ensure that patients are being screened appropriately for multi-drug resistant organisms (MDROs) and that the risk of transmission or outbreaks within the ED is minimised.

Patients were accommodated in single cubicles in the ED, which facilitated isolation, when required. However, the accommodation of patients on trolleys on the corridor of the ED did not facilitate the minimum distancing of one metre to minimise infection prevention and control risks.

Inspectors were not assured that appropriate cleaning arrangements were in place within the department to ensure the environment was cleaned and maintained. Inspectors observed unclean patient equipment, general waste on corridor floors and empty alcohol gel dispensers. Furthermore, there was a lack of clarity amongst staff in relation to the dedicated cleaning resources for the ED. Staff reported that cleaning arrangements were inadequate and often resulted in delays in getting patients into allocated beds and that this had been escalated to hospital management. Hospital management reported that a review of cleaning services at the hospital was taking place and that cleaning resources had been sent to the emergency department to address the issues identified during inspection. Overall, inspectors found significant opportunities for improvement in relation to the cleanliness of the ED.

Deteriorating patient

The hospital was using the appropriate national early warning systems for the various cohorts of patients — INEWS, the Irish Maternity Early Warning System (IMEWS) and the Irish Paediatric Early Warning System (IPEWS). The hospital had a plan in place to commence training on the Emergency Medicine Early Warning System (EMEWS). Inspectors were informed that formal handover forms were used for transfer of care at change of shift and transfer between departments.

Medication safety

A clinical pharmacist and a pharmacy technician was assigned to the ED. Inspectors were told that medication reconciliation was carried out by the clinical pharmacists for all admitted patients. Staff in the department had access to an antimicrobial pharmacist.

Overall, the hospital had arrangements in place to monitor, analyse and respond to information relevant to the delivery of safe services. Risks were identified and managed by the hospital. However, HIQA found that not all measures to protect service users from the risk of harm associated with the design and delivery of healthcare services had been implemented as evident by inspection findings on the day. Acknowledging the increased number of isolation cubicles in the new ED, inspectors found that the ED continued to be

challenged in relation to the number of isolations rooms available. Admitted patients accommodated in the ED was symptomatic of ineffective patient flow and limited surge capacity which impacted on the patient experience times in the ED on the day of inspection and exposed patients to risks of harm and increased morbidity and mortality.

Judgment: Partially compliant

Conclusion

HIQA carried out an unannounced inspection of University Hospital Galway to assess compliance with national standards from the *National Standards for Safer Better Health*.

Capacity and Capability

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

Since HIQA's previous inspection, hospital management had implemented a range of measures to improve the flow of patients and increase surge capacity at the hospital since the opening of the new temporary ED in October 2022. However, it was evident from findings on the day of inspection that the department was not functioning as effectively as it should be, was overcrowded, had significant issues with patient flow within and was compromising the privacy, dignity and confidentiality of patients accommodated on trolleys and chairs.

It was clear that hospital management were working to optimise capacity within and outside of the hospital and there was measureable progress in terms of reduced numbers of delayed discharges since the last inspection. However, similar to findings in other EDs recently inspected by HIQA, inspectors found that the collective mismatch between availability and demand for inpatient beds, as evident on the day of inspection will continue to impact on patient experience times, patient flow through the ED and contribute to the boarding of admitted patients in the department.

Hospital management were working to actively recruit medical, nursing and midwifery staff to fill vacant positions. Notwithstanding this, there are notable deficits in the hospital's approved and actual rostered complement of medical and nursing for the emergency department. The deficit of approved emergency medicine consultants needs to be addressed as a matter of urgency. Hospital management should progress with recruitment to fill these positions permanently and must, as a priority, ensure that there is sufficient capacity and contingency in resourcing for the emergency service to reduce the potential risk to patient safety.

The increasingly routine use of the hospital's escalation plan demonstrates that the hospital will continue to be challenged by the mismatch between demand and capacity and should, with support from the Saolta Hospital Group, review the effectiveness of short-term measures to address overcrowding at the hospital.

Quality and Safety

Inspectors observed staff being kind and caring towards people using the service and the majority of patients who spoke to inspectors were complimentary of staff. However, patients' privacy, dignity and confidentiality were severely compromised in the ED, especially for patients accommodated on trolleys and chairs on the corridor. 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, however, not all opportunities to improve the conditions for patients boarding on corridors had been acted on.

The hospital had effective arrangements in place to monitor, analyse and respond to information relevant to the delivery of safe services. However, 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 evident by findings in relation to infection prevention and control. The physical environment in the ED did not adequately support the delivery of high-quality, safe, reliable care to protect people using the service. There was a lack of toilet and bathroom facilities particularly for patients boarding on trolleys on the main corridor. The cleanliness of the ED and oversight of cleaning needs to be addressed as a priority by hospital management.

It was evident that in many instances the hospital had themselves clearly identified areas of concern and had sought external assistance in managing many of the identified risks. University Hospital Galway, as a member of the Saolta Hospital Group, needs to be supported within group and national structures to effectively address issues in relation to hospital capacity, infrastructure and staffing resources in order to facilitate compliance with national standards.

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.	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	Non-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.	Partially compliant

Compliance Plan for University Hospital Galway
OSV-0001030
Inspection ID: NS_0025
Date of inspection: 16 February 2023

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:

(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

1) "Terms of reference, approved in 2022, did not outline who the group were accountable to but among its many functions the Group were responsible for escalating risks to the Saolta Hospital Group."

Action: (May 2023)
Terms of Reference of the GUH Unscheduled Care Governance Group will be updated to and state that this group is responsible for the oversight of GUH Unscheduled care governance and any issues where required are escalated to the Hospital Management Team. The GUH site is represented by the General Manager/Deputy General Manager at the Saolta Unscheduled Care Group where escalation is discussed.

2) "Hospital management and ED clinicians must ensure that there is clarity and understanding of clinical leadership roles within the ED at the hospital."

Action: (In place)
There are Specialty leads within the Medical Directorate, which is a rotational post, including one for Emergency Medicine. This post holder reports to the associate Clinical Director for Medicine.

3) "Inspectors found that the new temporary ED was not functioning as effectively as it should be……. Continuous and effective flow of patients within and out of the hospital is essential for optimal service delivery in an ED. Patient flow within the hospital was challenged by bed capacity and staffing resources….This in turn impacted on patient experience times (incl triage times)."

The Temporary ED was built as a replacement for the Winter Works Emergency Department as the existing ED was not capable of providing the single cubicles and isolation facilities required. This temporary accommodation shall serve as a temporary facility in advance of the works project to clear the site for the permanent ED and Women & Children's development.

Action:

(a) Immediate plans (Q2-3 2023)

1 - Prioritization of paediatric <3 months of age for triage and direct to paediatric area. This practice has been re-emphasised to nursing staff. Reception are alerting the Triage Nurse when a child <3months registers in the department.

2 – Assignment of Ambulance Triage Nurse. There is a White board at Triage with an identified Ambulance Triage Nurse. Morning Triage / Rapid Access Nurse huddle takes place and allocations are identified.

3 – Nurse allocation to triage rotated from morning to evening shift. Rotation has commenced. There is a change of staff after lunch time.

4 – Assignment of Emergency Doctor Registrar to triage in the afternoons from March 2023 to support streaming and triage. The Doctor reviews patients' cards prior to registration, orders any radiology/diagnostic tests required, expedites minors, reviews GP letters and are involved in Registrar to Registrar discussion with the Acute Medical Assessment Unit / Acute Surgical Assessment Unit to stream patients to the most appropriate service. The Doctor assists with the Rapid Access Nurse / Triage nurse if discussion of a patient required, medication prescribing, review of ECGs avoiding unnecessary delays.

5 – Redeployment of staff to triage to reduce delays. This is assessed throughout the day and the Triage Nurse is redeployed when there are long delays. This is dependent on acuity in resuscitation / other areas / staffing levels.

6 – Registered Advanced Nurse Practitioners - Minor injuries triaging minor injury patients. Triage of own caseload where possible depending on volume presenting. This operates 7 days a week from 7.30 a.m. to 8.30 p.m.

7 – Registered Advanced Nurse Practitioners - Acute Paediatric Medicine and Paediatric Nurses triaging directly. Where capacity allows, patients are triaged in a designated area in Paediatric ED in line with Children's First policy.

8 – Acute Oncology Service Clinical Nurse Specialist - Triaging oncology/haematology cohort of patients directly. This service is provided Monday to Friday 37.5 hours a week. There is approval for a 2nd Acute Oncology Service Clinical Nurse Specialist, awaiting recruitment.

Measures:-

- <u>Ambulance Turnaround Times</u>
  KPI 20 minutes to Decant.
  KPI 30 minutes to clear and be back on the road again.

  Ongoing measures include :
  - ED/National Ambulance Service engagement
  - National Ambulance Service escalation desk
  - Hospital Ambulance Liaison Person (HALP)
  - Cohorting
  - Fit to Sit
  - Shift managers cover 24/7

- <u>Local Triage Audits</u>
  Patients to be triaged in 15 minutes as per Manchester Triage System.

  Manchester Triage System:
  Category 1 – 0 minutes (immediate assessment)
  Category 2 – 10 minutes (very urgent)
  Category 3 – 60 minutes (urgent)
  Category 4 -120 minutes (standard)
  Category 5 - 240 minutes. (non-urgent)

Triage audit carried out in January. National audit completed in March.

- National Triage Audits – Emergency Medicine Programme. The purpose of audit was to assist in developing a new national escalation framework to address the delays in being seen by medical team.

(b) Long term plans:
5-10 years:

- Building of new permanent ED and Women & Children's Building. Strategic Assessment Report (SAR-first stage of the Public Spending Code (PSC) has been approved by HSE & DoH. Work is ongoing to complete the Preliminary Business Case (PBC) to progress to the next decision gate of the Public Spending Code. This capital project is the key priority for GUH and have undertaken significant enabling works to date (Temporary ED department opened October 2022 & site clearance for the project is ongoing).
- Seeking capital funding to provide additional beds (cancer centre & ward block submissions to address the 222 bed deficit highlighted in the 2019 external options appraisal undertaken).

Continuous/ongoing:

- Workforce planning & Recruitment Additional staffing to match demand, ongoing recruitment campaigns including international ones (ongoing).

Q4 2023:

- Acute floor improvement project – triage / streaming
  - A symptom based Manchester Triage which is performed rapidly after presentation and / or registration which does not include vital sign recordings, ECGs, blood tests or other investigations unless specifically indicated.
  - A secondary triage / Rapid Access Nurse service will undertake a secondary triage of Category 2 / Category 3 patients, limited early investigations (ECGs, blood tests etc), monitoring of patients awaiting medical review and referral of selected patients to downstream services (Acute Medical Assessment Unit / Acute Surgical Assessment Unit etc.).
  - Appropriate staffing to meet demands - Business cases to be submitted for recruitment of these staff.
  - A system to allow individual triage nurses to flag potential problems and risks to downstream colleagues.

- Manchester Triage System performed rapidly after registration / 2nd triage / Rapid Access Nurse service / additional staffing:
  Additional Rapid Access Nursing staff will be required to support this service plus additional staffing to match demand.

Q4 2023 - Focused priority tasks for UHG site de-escalation:
Integrated Patient Flow Team
This focus is on improving 24 hours breaches and on those over 75 years old waiting > 9 hours in ED. Additional funding has been approved through the integrated GUH/CHO 2 Winter plan 2022/23. The focus of this funding is to assist in patient flow and egress within the acute setting, which in turn should improve Patient Experience Times within ED.

- Recruitment of additional Patient Flow Coordinators (10 WTE in total) and unscheduled care team (Business Manager/ unscheduled care lead, grade IV/Clerical support and Data analyst)
- Defining and optimizing the teams roles and responsibilities to improve flow/egress
- Alignment of Patient Flow Coordinators to 4-5 specific wards/clinical specialties to allow in depth flow improvement plans with assigned wards & teams

- Data driven approach to flow (establishment of ED & flow dashboards to track progress)

Establishment of "operational control centre"

- Central physical location with multiple stakeholders from Patient Flow Coordinators, Discharge Co-Ordinator, Unscheduled care team, bed management, CHO Integrated discharge manager, etc.
- IT solutions to provide lean processes to data gathering

Targeted Cohort pilot

- A phased approach to cohorting will commence as a pilot of three wards to be undertaken over a three month timeframe, commencing within Q2 2023.
- Steering group is in place, draft plan has been agreed, with **go-live date 15th May 2023**
- Pilot will focus on patients allocated to right ward and specialty in a timely manner, and reduction in Length of Stay (LoS)

Timescale:- see highlighted in body of text

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	Non-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

1) "University Hospital Galway did not have effective workforce arrangements in place to support and promote the delivery of high-quality, safe and reliable healthcare as evident by shortfalls in medical and nursing staffing."

ED Clinical Recruitment is ongoing. Currently there is approval for the following:

- 10 Consultant posts plus 2 Paediatric Emergency Consultant posts (submitted for approval) (3 permanent in place)
- 4 Specialist Registrars (of which 3 are in place)
- 14 Registrars (currently 2 vacancies with ongoing advertising of vacancies)
- 24 Senior House Officers (currently 5 vacancies – 3 of these GPs, 1 Maternity leave)
- 2 Interns

Action:- Interim Q3-4 2023

Consultant recruitment:

- 4 WTE currently being processed
- Further 2 WTE interviewed and selected

NCHD recruitment:

- Medical workforce are prioritising recruitment of the unfilled posts within ED (to be filled in July 2023)

Nursing recruitment:

Action:- Interim Q3 2023

ED Nursing Staff:

- Recent CNM 2 campaign held to backfill the CNM 2 vacancies.

- Continuous recruitment: 5 staff nurses commenced in February. 6 additional staff nurses commenced on the 17th April.
- CNM 1 paediatric ED commenced 17th April.
- Bespoke paediatric ED campaign.
- Hybrid paediatric recruitment programme.
- Approval for CNM 2 paediatric ED – awaiting recruitment campaign.
- Additional Acute Oncology Service Clinical Nurse Specialist.
- Ongoing local and international recruitment.
- Patient Advocacy Liaison Service ED commencing June 2023.
- Additional WTE Phlebotomy approval / campaign with HR.
- Agency line – Regular experienced ED nurses.

Emergency Department Virtual Ward (EDVW) Nursing Staff:

- Approval 19.20 WTEs
- Upcoming CNM 2 admitted patient interviews (2 x WTEs).
- 5 additional staff nurses commencing on the 17th April (adaptation).
- Ongoing local and international recruitment.

Action:- Long term 2024/ongoing

- The role out of the Framework for Safe Staffing and Skill Mix in Adult Emergency Care Setting in Ireland – Phase 2.
- The establishment of the local implementation group.
- ED attendance data for 2022 will be utilised for the estimates processes / submissions for National Service Plan 2024.
- For medical staff- ongoing recruitment by medical workforce to address the WTE gaps

2) "There were opportunities for improvement in relation to the uptake of training in basic life support, hand hygiene and Irish Maternity and Paediatric Early Warning Systems for nurses. HIQA found that significant improvement was required in relation to medical staff attendance and uptake at mandatory and essential training particularly hand hygiene, early warning score and basic life support."

Mandatory training

(a) Interim actions

- ED mandatory training drive re-established February 2023. Platform to assist Managers in monitoring training compliance in ED. Different mandatory training topic focused monthly for completion. Visual percentage of training displayed for staff.
- Hand Hygiene.
- Infection Prevention & Control team are carrying out education in the ED weekly. Hand Hygiene training available every Tuesday / Thursdays.
- Hand Hygiene champions assigned in ED.

Basic Life Support

- 2 x Basic Life Support instructors internally.
- Staff protected time allocated daily on rotational basis to complete Basic Life Support training.

Manchester Triage System (MTS)

- Clinical Skills Facilitators (CSFs) attending Train the Trainer on Manchester Triage System April 2023
- Manchester Triage System study day May 2023.
- 10 staff nurses currently working through triage competencies for sign off.
- Paediatric Early Warning Score
- Staff protected time allocated daily on rotational basis to complete Paediatric Early Warning Score training.

(b)long term plans Local monthly audits by Clinical Skills Facilitators circulated to ED CNM 3/ ADON.
Timescale: see highlighted in body of text

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:

(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

Non Compliant in relation to Patients Privacy & Dignity

1) ***"Patient's privacy and dignity in the ED was supported for patients accommodated in individual cubicles. However, inspectors observed that the number of, and close proximity of patients on trolleys on the main ED corridor compromised patients privacy and dignity."***

(a) Action- Immediate & Interim Q3 2023:

- The Age Friendly cubicles in Zone A have been recently completed.
  The Irish National Dementia Strategy and the Irish National Audit of Dementia Care in Acute Hospitals identified the importance of good design for supporting people with Dementia. An assessment was completed by the frailty team members, ED nursing and Medical, Alzheimer's Society representatives and the Clinical Nurse Specialist Dementia Nurse. Changes included: pictures and murals on the walls, painting of back wall of cubicles, clocks, coloured handrails / toilet seats.
- The specific room identified to attend a patient's personal care is no longer used as a storage room, this has been decluttered. Personal care is carried out in a cubicle area / single room.
- Use of the Emergency Department Transit Area for patients >75 years, providing cubicle spaces and privacy while the patients await a bed at ward level.
- Additional recruitment of Patient Advocacy Liaison Officer specifically for ED/Acute floor.

(b) Action- Long term plans (5-10 years):

- Building of new permanent ED and W&C building. Strategic Assessment Report (SAR- first stage of the Public Spending Code has been approved by HSE & DoH. Work is ongoing to complete the Preliminary Business Case (PBC) to progress to the next decision gate of the Public Spending Code. This capital project is the key priority for GUH and have undertaken significant enabling works to date (Temporary ED department opened October 2022 & site clearance for the project is ongoing).
- Seeking capital funding to provide an additional beds (cancer centre & ward block submissions to address the 222 bed deficit highlighted in the 2019 external options appraisal undertaken).

Timescale: see highlighted in body of text

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

(*1*) *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 measures.*

In place:
GUH have a Infection Prevention Control (IPC) team consisting of Infection Prevention & Control Nurses, Lead Consultant Microbiologist and Surveillance Scientists. All Infection Control matters are discussed at the GUH Infection Prevention Control committee meetings and at Hospital Management Meetings when required. These include risks identified, outbreaks, QIPs, KPIs etc. GUH follow and implement HSE national Infection Prevention & Control guidelines and convene outbreak control meetings in a timely manner when required.

(2) The hospital was not compliant with the HSE's performance indicator for ambulance turnaround time interval of less than 30 minutes*….this suggests that ineffective patient flow in the ED affects the timely offload of patients arriving to the department via the national ambulance service.*
Action- Immediate/in-place:

- The appointment of the Hospital Ambulance Liaison Person (HALP) and it's extension will assist in turnaround time reductions.
- In addition, the allocation of a nurse to triage ambulance patients will improve handover processes and communication between the National Ambulance Service and ED staff.
- The re-introduction of the electronic handshake will also assist in improved metrics.

(3) Some children, depending on their reason for presenting to the ED, may be treated in the minor injuries unit where there was no audio-visual separation of adults and children*. The hospital needs to review the current arrangements in place to facilitate audio-visual separation between adults and children*

Action- Immediate:

- Registered Advanced Nurse Practitioner - Acute Paediatric Medicine and Paediatric Nurses triaging directly.
- Paediatric patients to move to the Paediatric ED sub-waiting area within the Paediatric zone, away from the general ED waiting area.
- Paediatric patients for x-ray/ minor injury assessment are accompanied at all times by adult/nurse.

Action- Long term (5-10 years):

- Building of new permanent ED and W&C building. Strategic Assessment Report (SAR- first stage of the Public Spending Code has been approved by HSE & DoH. Work is ongoing to complete the

Preliminary Business Case (PBC) to progress to the next decision gate of the Public Sending Code. This capital project is the key priority for GUH and have undertaken significant enabling works to date (Temporary ED opened October 2022 & site clearance for the project is ongoing.

(4) Non-compliant with national key performance indicators on patient experience times

Key KPIs identified by GUH include:

- >24hr breaches
- >75 year old Patient Experience Times
-

Measures to address improvements for these include:

ED Attendance/Admission avoidance (Q3-Q4 2023):

- Working with CHO colleagues with the expansion of Integrated care of older persons (ICPOP) teams, Enhanced Community Care (ECC) & Chronic Disease Models (CDM)
- GUH/National Ambulance Service Pathfinder project (May 2023)- team of Physiotherapist, Occupational Therapist and Advanced Paramedics attend ambulance call outs to the home
- GP liaison nurse- key link for GPs within the community to ED, improve communications and signposting for patients to appropriate alternative pathways
- Navigational Hub- Slaintecare pilot project to recruit nursing team available 8am-8pm 7/7 for GPs to contact and signposting for patients to appropriate alternative pathways

Improvements within flow/egress-

Integrated Patient Flow team (Q3-Q4 2023):

Additional funding has been approved through the integrated GUH/CHO 2 Winter plan 2022/23. The focus of this funding is to assist in patient flow and egress within the acute setting, which in turn should improve Patient Experience Times within ED.

- Recruitment of additional PFC (10 WTE in total) and unscheduled care team (Business Manager/ unscheduled care lead, grade IV/Clerical support and Data analyst).
- Defining and optimizing the team's roles and responsibilities to improve flow/egress.
- Alignment of Patient Flow Coordinators to 4-5 specific wards/clinical specialties to allow in depth flow improvement plans with assigned wards & teams.
- Data driven approach to flow (establishment of ED & flow dashboards to track progress).
- Establishment of "operational control centre"- Central physical location with multiple stakeholders from Patient Flow Coordinators, Discharge Co-Ordinator, Unscheduled care team, Bed Management, CHO Integrated Discharge Manager, etc.
- IT solutions to provide lean processes to data gathering.

Targeted Cohort pilot (Q3-Q4 2023):

- A phased approach to cohorting will commence as a pilot of three wards to be undertaken over a three month timeframe, commencing within Q2 2023.
- Steering group is in place, draft plan has been agreed, with **go-live date 15th May 2023.**
- Pilot will focus on patients allocated to right ward and specialty in a timely manner, and reduction in Length of Stay (LoS).

(5) Complaints: Inspectors were told that verbal complaints were not consistently recorded in the ED. This represents a missed opportunity for shared learning and consolidated quality improvement across the hospital

Action –Immediate Interim Measures:

(a) Verbal complaints are to be recorded in the Your Service Your Say form.
At the recent Quality & Patient Safety Meeting, the Quality & Patient Safety Manager has highlighted the use of the Complaints Resolution Form for completion at point of contact, and a

point of contact complaints escalation form to be completed if unable to resolve at the point of contact. These are to be returned to the Quality & Patient Safety Manager and will be included in future learnings. HSELanD Modules highlighted to staff in how to handle complaints effectively, Module 3 includes 'Guidance for Clinical Staff involved in a Your Service Your Say Complaint'.

(b) Communication has been reiterated to all ED staff on the importance of documentation and reporting via Q-Pulse.

(6) Infection prevention and control

Inspectors were not assured that effective arrangements were in place to reduce the risk of transmission of infection of respiratory viruses from symptomatic patients presenting to the ED. Inspectors found there was a lack of clarity amongst staff in relation to screening guidelines for patients. Given the high numbers of patients that are boarded within the ED, hospital management need to ensure that patients are being screened appropriately and that the risk of transmission or outbreaks within the ED is minimised.

Patients were accommodated in single cubicles in the ED, which facilitated isolation, when required. However, the accommodation of patients on trolleys on the corridor of the ED did not facilitate the minimum distancing of one metre to minimise infection prevention and control risks.

Action –Immediate Interim Measures:

(a) Updated respiratory virus screening questionnaire completed by receptionist in ED

(b) Reception staff alert triage staff of any patient presenting with potential infection risk. Patient triaged directly to available cubicle / single isolation room without delay.

(c) Ongoing education sessions are carried out with ED staff on screening criteria for patients attending ED / hospital admissions. Screening guidance posters placed in all areas of the Emergency Department. Communicated to staff at daily safety huddle meetings. Review of ED patients awaiting bed list to include screening adherence.

(7) Cleaning

Inspectors were not assured that appropriate cleaning arrangements were in place within the department to ensure the environment was cleaned and maintained. Inspectors observed unclean patient equipment, general waste on corridor floors and empty alcohol gel dispensers. Furthermore, there was a lack of clarity amongst staff in relation to the dedicated cleaning resources for the ED. Staff reported that cleaning arrangements were inadequate and often resulted in delays in getting patients into allocated beds and that this had been escalated to hospital management. Hospital management reported that a review of cleaning services at the hospital was taking place and that cleaning resources had been sent to the emergency department to address the issues identified during inspection……The cleanliness of the ED and oversight of cleaning needs to be addressed as a priority by hospital management

Action –Immediate Interim Measures (Q2/Q3 2023):

- Quality Improvement Plan has been created to address issues by the Services department in collaboration with the contracted Cleaning service vendor, this includes the following measures:

(a) Contracted Cleaning Service Vendor & Services Department met in ED on the 16th February 2023 to review concerns raised and addressed them immediately. On the 17th February 2023, the Contracted Cleaning Service Vendor and the Services Department carried out a Hygiene Audit in General Areas, Patient Areas, Patient Toilets/Washroom, Clinic Room, Nurses Station, and Sluice Room. The audit score was 90.61% which meets the required standards.

(b) ED has assigned cleaning operatives on each shift 24/7. Contracted Cleaning Service vendor will review the current cleaning team within ED, this includes current schedules and team members. Schedules will be shared with the CNM weekly. The supervisor will carry out a minimum of 2 audits in ED weekly and a review of the cleaning for ED will take place with the CNM fortnightly.

(c) Contracted Cleaning Service vendor & Services Department are reviewing the current scheduled cleaning hours within the ED to determine if additional hours are required based on workflow and demands and if there are sufficient staffing levels in place.

(d) Contracted Cleaning Service vendor to review current workflows within ED to ensure patient equipment cleaning is carried out. Nursing staff & Health Care Assistants will assist in moving patient trolleys so that cleaning staff can gain access to corridor areas. Contracted Cleaning Service vendor ED Supervisor to monitor alcohol gel dispensers on each shift, all dispensers in ED will be added to the new work flow.

(e) The Infection Prevention & Control Team have advised staff regarding importance of ensuring all patient care equipment is cleaned after each patient use. Equipment audit repeated on monthly basis and result feedback given to relevant staff.

Timescale: To be completed Q2/Q3 2023