



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

Name of healthcare service provider:	Mater Misericordiae University Hospital
Address of healthcare service:	Eccles Street Dublin 7 D07 R2WY
Type of inspection:	Unannounced
Date(s) of inspection:	6 July 2023
Healthcare Service ID:	OSV-0001053
Fieldwork ID:	NS_0047

About the healthcare service

The following information describes the services the hospital provides.

Model of Hospital and Profile

The Mater Misericordiae University Hospital (the Mater Hospital) is a Model 4* voluntary public acute hospital managed by a board of directors who in turn reported to a board of governors. The Mater Hospital is a member of the Ireland East Hospital Group (IEHG)[†] providing healthcare services on behalf of the Health Service Executive (HSE) as per Section 38 of the Health Act 2004, an arrangement that is underpinned by the principles set out in the HSE's national financial regulations.[‡] The hospital provides acute, emergency, intensive and high-dependency care and specialist services across a vast range of medical and surgical specialities.

The Mater Hospital is a tertiary referral hospital, it is one of eight designated national cancer centres and one of two major trauma centres in the country. The Mater Hospital is also the national centre for 16 specialities, which includes the following national centres:

- heart surgery
- heart and lung transplant
- spinal injuries
- isolation unit for adult patients with infectious diseases
- rare diseases.

The Mater Hospital is a major academic teaching hospital affiliated with University College Dublin (UCD) and also has academic partnerships with the Royal College of Surgeons in Ireland (RCSI), Trinity College Dublin (TCD) and Dublin City University (DCU).

* A Model-4 hospital is a tertiary hospital that provides 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 and an Emergency Department which is open on a continuous basis (24 hours, every day of the year).

† The Ireland East Hospital Group comprises twelve hospitals. These are the Mater Misericordiae University Hospital; St Vincent's University Hospital; Midland Regional Hospital, Mullingar; St Luke's General Hospital, Kilkenny; Wexford General Hospital; National Maternity Hospital; Our Lady's Hospital, Navan; St Columcille's Hospital; St Michael's Hospital, Dún Laoghaire; Cappagh National Orthopaedic Hospital; Royal Victoria Eye and Ear Hospital and the National Rehabilitation Hospital. The hospital group's academic partner is University College Dublin (UCD).

‡ The national financial regulations apply to all staff in all divisions, community healthcare organisations and hospital groups where services are provided on behalf of the HSE. This includes permanent, temporary and agency staff. See:

<https://www.hse.ie/eng/about/who/finance/nfr/nfrb6.pdf>.

The following information outlines some additional data on the hospital.

Model of Hospital	4
Number of beds	744 inpatient beds 206 day case 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. HIQA carried out a one-day unannounced inspection of the emergency department at the Mater Hospital to assess compliance with four national standards from the *National Standards for Safer Better Healthcare*.

To prepare for this inspection, the inspectors[§] reviewed information which included previous inspection findings, unsolicited information** and other publically available information.

During the inspection, inspectors:

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

About the inspection report

A summary of the findings and a description of how the Mater Hospital performed in relation to compliance with the four national standards assessed during this inspection are presented in the following sections under the two dimensions of

[§] Inspector refers to an authorised person appointed by HIQA under the Health Act 2007 for the purpose in this case of monitoring compliance with *National Standards for Safer Better Healthcare*.

** Unsolicited information is defined as information, which is not requested by HIQA, but is received from people including the public and or people who use healthcare services.

Capacity and Capability and *Quality and Safety*. Findings are based on information provided to inspectors during and after 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 Mater Hospital’s emergency department. It outlines whether there is appropriate oversight and assurance arrangements in place at the Mater Hospital and how people who work in the emergency department are managed and supported to ensure the safe delivery of high-quality care.

2. Quality and safety of the service

This section describes the experiences, care and support people using the Mater Hospital’s emergency department 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 four national standards assessed as part of this inspection and the resulting compliance judgments are set out in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
6 July 2023	08:50hrs – 17:25hrs	Danielle Bracken	Lead
		Aoife O’Brien	Support
		Denise Lawler	Support

Information about this inspection

This one-day unannounced inspection focused on compliance with four national standards from four of the eight themes of the *National Standards for Safer Better Healthcare* and on:

- the effective management to support the delivery of high-quality care in the Mater Hospital’s emergency department
- patient flow and inpatient bed capacity in the emergency department and at wider hospital level
- respect, dignity and privacy for people receiving care in the Mater Hospital’s emergency department
- staffing levels in the Mater Hospital’s emergency department.

The inspection focused on four key areas of known harm, these were:

- infection prevention and control

- medication safety
- the deteriorating patient^{††} (including sepsis)^{‡‡}
- transitions of care.^{§§}

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

- Representatives of the Executive Management Team (EMT)
 - Chief Executive Officer (CEO)
 - Chief Clinical Director (CD)
 - Clinical Director for the Emergency Department and Specialist Medicine Directorate (EASM directorate)
 - Director of Nursing (DON)
 - Chief Operations Officer (COO)
- Clinical Director for Quality and Patient Safety
- Quality Manager
- Deputy Chief Operations Officer (COO) with a remit for patient flow
- Patient flow team lead.

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

Acknowledgements

HIQA would like to acknowledge the cooperation of the Mater Hospital's management team and staff who facilitated and contributed to this inspection. In addition, HIQA would also like to thank people receiving care in the emergency department who spoke with inspectors about their experience of the care received in the emergency department in the Mater Hospital.

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

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

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

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

On the day of inspection, inspectors visited the emergency department which operates 24/7, 365 days a year. Inspectors also visited the Acute Surgical Assessment Unit (ASAU), located in the emergency department, the Acute Medical Assessment Unit (AMAU) located in the main hospital and the Mater Smithfield Rapid Injury Clinic located in Smithfield, Dublin 7.

The Mater Hospital's emergency department provided undifferentiated care for adults and children with acute and or urgent illness or injury. Attendees to the department presented by ambulance, were referred directly by their general practitioner (GP) or were self-referred. The total planned capacity of the Mater Hospital's emergency department on the day of inspection was 45 treatment areas, separated into the following areas and zones:

- a waiting area with 80 seats
- a triage area with two rooms
- a diagnostics and procedures area containing:
 - a CT^{***} scanner
 - two X-ray^{†††} rooms
 - two ultrasound^{‡‡‡} rooms
 - a plaster room
 - a procedures room.
- Red zone, containing a resuscitation area with five treatment bays for patients categorised as major (three of the five treatment bays were in use on the day of inspection).
- Yellow zone, containing 13 single cubicles and 2 single rooms. One of the single rooms was a negative pressure isolation room with anteroom.^{§§§} Two of the single rooms had en-suite bathroom facilities.
- Blue zone, containing:
 - three four-bedded multi-occupancy rooms all with en-suite toilet facilities, one with en-suite shower facilities

*** Computed Tomography (CT) scans combine a series of x-ray images taken from different angles around the body and use a computer to create detailed images of the bones, blood vessels and soft tissues inside the body.

††† Medical x-rays are used to create images of tissues and structures inside the body.

‡‡‡ Ultrasound uses sound waves to create images of structures within the body.

§§§ Negative pressure rooms refer to isolation rooms where the air pressure inside the room is lower than the air pressure outside the room. Therefore, when the room door is opened, potentially contaminated air or dangerous and infective particles from inside the room will not flow outside to non-contaminated areas. An anteroom is a smaller room leading in to the main isolation room, it gives staff a space to safely remove contaminated items before returning to non-contaminated spaces.

- a minors and ambulatory care area with 10 treatment bays
- an ASAU with three treatment bays.

Inspectors viewed a new, purpose-built extension of the emergency department that was due to open at the end of July 2023. This extension would be the new emergency department entrance, it contained a reception area with 60 chairs. The extension will increase the overall footprint of the Mater Hospital's emergency department by five treatment areas to a total of 50 treatment areas and will comprise a designated area for vulnerable patients at risk of self-harm.

Inspectors visited the AMAU, which was located near the emergency department and comprised four three-bedded multi-occupancy rooms all with en-suite bathroom facilities.

Additionally, inspectors visited the Mater Smithfield Rapid Injury Clinic, which was an offsite facility. The clinic had defined inclusion and exclusion criteria and cared for adults and children over the age of 16 years of age presenting with minor injuries. Attendees self-referred or were referred directly by their GP, the Mater Hospital's emergency department, or the emergency department of other hospitals. The clinic consisted of:

- a waiting area with 24 seats
- an area with three treatment bays
- a plaster room
- a number of office spaces where review clinics were held.

On the day of inspection, the emergency department at the Mater Hospital was functioning well. At 11.00am there was a total of 67 patients registered in the department, this was 49% over the planned capacity of 45 treatment areas. Eleven (16%) of these 67 patients were admitted and boarding in the department while awaiting an inpatient bed in the main hospital. All patients were accommodated in designated treatment areas or were waiting in dedicated areas while waiting to be triaged and or medically reviewed. A total of 191 people attended the Mater Hospital's emergency department on the day of HIQA's inspection, 34% of these patients were admitted to an inpatient bed in the main hospital for further care and treatment.

During the inspection, inspectors spoke with a number of patients receiving care in the emergency department. Patients were complimentary about staff describing them as "*very efficient*", "*friendly*" and "*excellent*" and that they '*explain things*'. Patients also told inspectors that they were aware of their care plan and were kept updated on progress. Although patients who spoke inspectors were not aware of the Mater Hospital's complaints and feedback process, they described staff as approachable and said they would raise any concerns with staff. One patient described how having an interpreter improved their experience of receiving care in the emergency department.

The experiences recounted by patients on the day of inspection were similar to the Mater Hospital's findings from the 2022 National Inpatient Experience Survey,**** where the hospital scored significantly higher than the national scores in questions about waiting times, communication and interactions with staff in the emergency department. Patients did suggest areas for improvement, such as improving access to food for patients at night time and improving the physical environment to aid patients to rest or sleep.

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 Mater Hospital was found to be substantially compliant in one national standard assessed (5.5) and partially compliant with the remaining national standard assessed (6.1). Key inspection findings leading to the judgment of compliance with these national standards 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.

Inspectors found the Mater Hospital had effective integrated corporate and clinical governance and management arrangements in place with defined lines of responsibility and accountability for unscheduled and emergency care. Organisational charts submitted to HIQA after the inspection detailed the reporting structures for the different governance structures to the hospital's executive management team, the Mater Hospital's board of governors and IEHG. However, the organisational chart did not reflect what inspectors found during inspection. The organisational chart should be updated to show the reporting arrangements for the hospital's Deteriorating Patient Steering Group Committee. Additionally, the terms of reference of a number of committees reviewed by inspectors required updating to reflect who they were approved by and when.

Inspectors found there were clear and defined lines of accountability with devolved autonomy and decision-making for unscheduled and emergency care provided at the Mater Hospital. The CEO at the Mater Hospital was the accountable officer with overall responsibility and accountability for the governance of the hospital. The CEO was supported by the EMT and had defined reporting and accountability arrangements to the

**** 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/>.

board of directors, board of governors and IEHG. These oversight and reporting arrangements aligned with inspector's findings on inspection.

The Emergency Department and Specialty Medicine (EASM) Directorate and the Executive Management Committee (EMC) had oversight of the quality and safety of unscheduled and emergency care provided at the hospital. The EMC also led on the Mater Hospital's strategic planning and development. Chaired by the CEO, the EMC met eight times a year in line with its terms of reference and had oversight of activity and functioning of the emergency department. Membership of the EMC comprised executive and clinical managers from across the different departments and directorates in the Mater Hospital. Minutes of EMC meetings reviewed by inspectors did not contain time-bound assigned actions, but nonetheless, this committee seemed to function appropriately, providing key updates and reports regarding the quality and safety of unscheduled and emergency care to the CEO. The EMC also reported on the hospital's performance at monthly performance meetings between the Mater Hospital and IEHG. Minutes of performance meetings between the Mater Hospital and IEHG reviewed by inspectors were concise and actions were recorded and implemented from meeting to meeting.

The hospital's Executive Quality and Patient Safety Steering Committee (EQPSSC) provided the Mater Hospital's EMC with assurance that the hospital's governance arrangements were effective and robust to ensure the quality of healthcare services, including unscheduled and emergency care provided at the Mater Hospital. Chaired by the CEO, membership of the EQPSSC comprised executive and clinical representation from the different health professions and clinical directorates in the Mater Hospital. The EQPSSC met in line with its terms of reference, and reported to the hospital's CEO.

Information in relation to infection prevention and control practices and surveillance monitoring at the Mater Hospital were included in Executive Quality and Patient Safety reports viewed by inspectors. Quality reports were submitted to the EMC. Minutes of meetings of EQPSSC reviewed by inspectors were comprehensive, action-oriented and showed that the EQPSSC had oversight of the risks, patient experiences and patient-safety incidents related to the emergency department in the Mater Hospital.

On the day of inspection, there was evidence of strong executive, clinical and nursing leadership in the emergency department. Clinical care at the Mater Hospital, including unscheduled and emergency care, was led and overseen through a clinical directorate structure. Each clinical directorate had a designated clinical director, directorate manager and directorate nurse lead assigned. Governance and oversight of quality and safety of care provided in the emergency department lay with the EASM directorate. Attendances, admissions, patient experience times (PETs) and staff resourcing in the emergency department, Mater Smithfield Rapid Injury Clinic, ASAU and AMAU were discussed at meetings of the EASM directorate. At the time of inspection, hospital management were in the process of separating the EASM directorate into two distinct directorates, one for Emergency and Acute Medicine and the other for Specialist Medicine.

The Mater Hospital's emergency department attendance in 2022 was 99,417 (11% increase on 2021 attendance). This equated to an average monthly attendance rate of 8,285 people and a daily average attendance rate of 272 people. The Mater Hospital's rate of attendance in 2022 was the highest of all the Model 4 hospitals in the country. In 2022, 19% of attendees to the Mater Hospital's emergency department were admitted to the main hospital for further care and treatment. This conversion rate is low when compared to other Model 4 hospitals inspected to date by HIQA.

Operational governance and oversight of the day-to-day workings of the Mater Hospital's emergency department was the responsibility of the onsite consultants in emergency medicine and the Clinical Nurse Manager grade 3 (CNM 3). The department's clinical lead was from the Mater Hospital's complement of consultants in emergency medicine. Consultants reported to the clinical director of the EASM directorate. The CNM 3 reported to the directorate nurse manager at Assistant Director of Nursing (ADON) grade. Outside core working hours, clinical oversight of the emergency department was provided by the on-call consultant in emergency medicine.

Multidisciplinary operational meetings were held in the emergency department monthly to review and discuss quality improvement initiatives, departmental issues and developments. Emergency medicine consultants who spoke with inspectors told them the emergency medicine consultants also met weekly to discuss staffing levels and updates related to care pathways. Emergency medicine consultants also attended monthly medical executive meetings where staffing levels were discussed and monthly Dublin Academic Teaching Hospital (DATH) meetings, where emergency medicine performance metrics and patient flow activity data was benchmarked with other similar sized hospitals.

On the day of inspection, the hospital was reported to be at green escalation level.^{††††} At green escalation level no specific actions were required, it indicated that the hospital was able to meet the demand for unscheduled and emergency care. A total of 191 people attended the Mater Hospital's emergency department for care on the day of inspection, of these, 144 (75%) were self-referrals, 39 (20%) were GP referrals and 20% presented by ambulance.

At 11.00am, there were 67 patients registered in the Mater Hospital's emergency department. Eleven (16%) of these 67 patients were admitted and boarding in the department while awaiting an inpatient bed in the main hospital. The Mater Hospital had one of the lowest percentages of patients boarding in the emergency department when compared to other Model 4 hospitals inspected to date by HIQA. Boarding patients in the emergency department while awaiting an inpatient bed is an indicator that patient flow at wider hospital level could be improved.

^{††††} Green escalation level was stage one of the Mater Hospital's escalation policy. Green level applied when there were less than 10 admitted patients in the emergency department at the time of the morning huddle. The required action at green level was to monitor the situation.

At that time, the waiting time from:

- registration to triage ranged from 3 to 12 minutes. The average waiting time was 5 minutes. In terms of performance, the average triage time on the day of inspection is one of the best triage times found in emergency departments inspected to date by HIQA and was significantly lower than the target of 15 minutes as recommended by the National Emergency Medicine Programme.
- triage to medical review ranged from 8 minutes to 11 hours 22 minutes. The average waiting time was 54 minutes.

All patients were triaged and prioritised in line with the Manchester Triage System.^{††††}

There was an emergency medicine consultant assigned to triage. The Mater Hospital were tracking performance with triage times which had seen improvement from March to June 2023.

To help with timely triage of patients, a quality improvement initiative was being trialed, which involved the multi-task assistants assigned to triage performing tests such as ECG,^{§§§§} taking blood and testing urine samples. There was also timely access to diagnostic imaging such as x-ray, CT and ultrasound within the emergency department. The timely access to and availability of diagnostic imaging and tests was identified by staff who spoke with inspectors as a key factor in ensuring efficient patient flow.

Following triage and categorisation, patients were referred to the most appropriate care pathway, which included: medical, surgical, stroke, hip fracture, spinal, trauma and injury unit. Staff could view the status of all patients in the department – their prioritisation category levels and waiting times, through the hospital's electronic information system.

On the day of inspection, 34% of patients were admitted to an inpatient bed in the main hospital for further care and treatment. A number of patient flow timelines were being tracked. In May 2023 it took an average of 15.1 hours from a decision to admit to a bed being allocated and a further 2.71 hours for the patient to reach the inpatient bed. Delays in patients getting to an inpatient bed indicated that patient flow at wider hospital level could be improved.

Operationally, it was evident that bed management and patient flow in the emergency department and at wider hospital level was monitored and managed through the following arrangements:

†††† 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.

§§§§ An electrocardiogram (ECG) records the electrical signal from the heart to check for different heart conditions.

- a daily operational status update related to the activity and capacity in the emergency department and wider hospital was sent from the COO to all clinical areas via a secure messaging system
- TrolleyGAR^{*****} reports were completed daily at 8.00am, 2.00pm and 8.00pm
- the following meetings were held daily:
 - check-in meetings at 7.00am, 8.00am, 4.00pm and 7.00pm where acute and general physicians worked closely to ensure efficiency in patient flow
 - site management and out of hours huddle meetings at 7.30am and 10.00pm. These meetings were led by the executive manager in charge of the operational functioning of the Mater Hospital and were attended by medical staff, senior nursing and management staff. Emergency care demand and inpatient bed allocation including demand on specialist pathways and high-dependency care beds were reviewed and discussed
 - operational meeting chaired by the CEO at 8.15am when the hospital was in escalation.^{†††††} When not in escalation this meeting was held weekly. Attendances to the emergency department, PETs, stage of escalation and actions required to improve patient flow were reviewed and agreed at these meetings. Inspectors were told that this meeting could be stepped up in frequency and could be held three to five times daily when needed at times of increased service demand
 - senior nurse safety huddle meetings at 9.00am where the DON, ADONs and CNM 3's met. Each directorate prepared a report on bed status, predicted and delayed discharges, staffing levels and patient safety concerns for discussion at this meeting
 - patient flow hub meetings at 9.30am where the assigned nurse lead handed over each directorate's status in relation to bed capacity and patient flow
 - general internal medicine handover at 10.00am where performance and compliance with set targets at wider hospital level, the bed count and safety measures were discussed. This meeting was chaired by the COO and representatives from emergency and acute medicine attended.

Inspectors found that the various operational meetings held daily were effective in ensuring sufficient patient flow in the emergency department and wider hospital.

Delayed Transfer Of Care (DTOC)^{†††††} meetings took place every one to two weeks. Access and egress meetings also occurred, but infrequently, with only one meeting held from January to July 2023. The access and egress meetings could occur more frequently. While there was some evidence of actions arising from these meetings, it was not clear what the

^{*****} TrolleyGAR is a system that provides overall total number of patients waiting on trolleys within acute hospitals and allows for daily monitoring of emergency departments.

^{†††††} 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.

^{†††††} 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.

outcome of these actions were and what progress had been made in addressing issues with patient flow in the emergency department and wider Mater Hospital. In essence, these meetings were not functioning as effectively as they should be.

The Mater Hospital's average length of stay (ALOS) for medical patients and the number of DTOC impacted on the flow of patients through the emergency department. The Mater Hospital's ALOS and DTOC rates were reported monthly as part of the HSE reporting arrangements and were reviewed at EASM directorate meetings. In 2022, the Mater Hospital's ALOS for medical patients was 10.0, higher than the HSE's target of ≤ 8.5 . However, the ALOS for surgical patients was 6.0, which was significantly lower than the HSE's target of ≤ 7.9 . Year to date in 2023, the hospital's ALOS for medical patients was 10.0 and the ALOS for surgical patients was 6.0. At the time of inspection, there were 21 patients in the Mater Hospital who had completed their acute episode of care, but whose transfer of care was delayed. The Mater Hospital had lower delayed transfers of care when compared to other Model 4 hospitals inspected to date by HIQA. Hospital management attributed the Mater Hospital's higher rates of ALOS for medical patients and delayed transfers of care to complex post-acute care being required for these patients.

The Mater Hospital had access to 180 convalescence and rehabilitation beds in three community hospitals. Hospital management also contracted additional inpatient capacity in private hospitals when needed, to enable the efficient flow of patients through the Mater Hospital.

Inspectors were informed of structures and processes to support efficient patient flow at wider hospital level, such as:

- multidisciplinary discharge planning meetings
- regular ward rounding in the medical wards
- patient flow huddles at ward level
- electronic information in relation to patient placement and inpatient bed capacity
- predicative date of patient discharge
- protected beds for various care pathways for example, hip, spinal and trauma
- discharge to assess service,^{§§§§§} seeing seven to ten patients per week.

The Mater Hospital had implemented a number of alternative and admission avoidance pathways for patients attending for unscheduled and emergency care. These included:

Mater Smithfield Rapid Injury Clinic

The Mater Smithfield Rapid Injury Clinic had defined criteria in place for the types of injuries they would treat. There was access to X-ray facilities onsite and onward referrals and admission to the Mater Hospital could be arranged if required. On the day of

§§§§§ The discharge to assess service can be provided to patients who do not require a hospital bed but may still require care services. These patients can be discharged home where assessment for longer-term care and support needs takes place.

inspection, 53 people attended the clinic. Activity in the injury clinic was monitored. In 2022, the clinic had a reported attendance of 20,216, of these 143 (0.7%) had been admitted to the Mater Hospital for further care and treatment. The average PET in the clinic was reported to be 1.8 hours in 2022.

GP Clinics

The Mater Hospital had an arrangement in place where a minimum of four people a day could be reviewed at a local GP clinic. These appointments were used for people who attended the emergency department, some of whom had no GP, and were triaged as needing GP care.

Frailty Intervention Therapy (FIT) team

The Mater Hospital had a multidisciplinary Frailty Intervention Therapy (FIT) team and there was an 'admit to FIT' pathway in place in the emergency department. The FIT team carried out comprehensive assessments on and completed onward referrals to appropriate services in the Mater Hospital and or the community for patients over 65 years of age who were considered frail or at risk of developing frailty. There were two designated beds assigned for use by the FIT team in the AMAU or Acute Medical Short Stay Unit (AMSSU). In 2022, the FIT team received 3,134 referrals, of these, 1,293 (41%) were admitted to an inpatient bed in the Mater Hospital.

AMAU

Inspectors found that there was efficient patient flow through AMAU and that it functioned well as an alternative pathway to alleviate pressure on the emergency department. On the day of inspection, 18 people attended AMAU, of these, 33% were admitted to an inpatient bed in the main hospital. In 2022, 3,481 patients had attended for care in the AMAU. Of these, 1,301 (37%) were admitted to an inpatient bed in the main hospital. The average PET in AMAU was 6.5 hours, which exceeds the HSE target where 75% of patients should be discharged or admitted from AMAU within 6 hours.

ASAU

The ASAU was located within the emergency department, it comprised three treatment bays. A non-consultant hospital doctor (NCHD) at registrar grade was assigned to assess patients that may require surgical intervention. Where appropriate, some patients returned the following day for diagnostic testing. On the day of inspection, eight people were assessed in the ASAU, 13% of these were admitted to an inpatient bed in the main hospital. In 2022, the reported attendance to the ASAU was 1,494, with 28% of these attendees admitted to an inpatient bed in the Mater Hospital. The average PET in the ASAU in 2022 was 38 minutes.

Overall, on the day of inspection, it was evident that there were effective and defined management arrangements in place to manage and oversee the delivery of unscheduled

and emergency care at the Mater Hospital. Operationally, the Mater Hospital's emergency department was functioning well. There was evidence that the Mater Hospital's executive management team were responsive and reactive, and had effective operational grip on the issues impacting on performance in the emergency department. The Mater Hospital had a number of measures in place to support effective patient flow through the hospital's emergency department and wider hospital. However, the long length of time spent waiting on an inpatient bed to be allocated, the fact that 16% of patients in the emergency room were boarded there while awaiting an inpatient bed and a high ALOS for medical patients are indicators that patient flow in the hospital could be further improved.

Judgment: Substantially compliant

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

The Mater Hospital had effective medical workforce arrangements in place to support and promote the delivery of high-quality care in the emergency department 24/7. However, hospital management relied heavily on agency nursing staff to maintain the rostered complement of nurses in the emergency department. This is not sustainable in the long-term. The hospital was approved and funded for 13.0 whole time equivalent (WTE)***** consultants in emergency medicine. At the time of inspection, 10.31 WTE consultants in emergency medicine positions were filled on a permanent basis. This represented a shortfall of 2.69 WTE (21%). The approved positions included a recent uplift of two consultant in emergency medicine positions for the trauma service. Notwithstanding the current shortfall in consultants, the Mater Hospital was well resourced in relation to consultant positions when compared to other Model 4 hospitals inspected to date by HIQA. All permanent appointed consultants in emergency medicine were on the specialist register with the Irish Medical Council.

The Mater Hospital was an approved training site for NCHDs on the basic and higher specialist training schemes in emergency medicine. Consultants in the emergency department were supported by 43 WTE NCHDs at registrar and senior house officer (SHO) grades – 22 WTE registrars and 21 WTE SHOs. At the time of inspection, three WTE NCHD positions at SHO level were unfilled, these were due to be filled at the next rotation of medical staff in July 2023.

***** 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 senior clinical decision-maker⁺⁺⁺⁺⁺ at consultant level was on site in the Mater Hospital's emergency department between the core working hours of 8am to 6pm. Outside core working hours, a consultant in emergency medicine was available off-site and inspectors were told that the consultants were available and could be on-site within 30 minutes, if needed. Attendees to the emergency department were assigned to the consultant on call until admitted or discharged. If admitted, the patient was admitted under a specialist consultant and admitted to an inpatient bed in the main hospital.

The emergency department's approved and funded nursing staff complement was 105.29 WTE (inclusive of management grades). The approved complement was in line with the *Framework for Safe Nurse Staffing and Skill mix in Adult Emergency Care Setting in Ireland*.^{*****} At the time of inspection, 30.42 WTE (29%) nursing positions were unfilled. This shortfall in nursing staff was one of the highest found when compared to other emergency departments inspected to date by HIQA. The overall complement of nursing staff included an approved complement of 8.0 WTE Advanced Nurse Practitioners (ANP),^{§§§§§§} of which 7.44 WTE (93%) posts were filled. The emergency department were heavily reliant on agency staff to manage the shortfall in nursing staff, which is not sustainable in the long-term.

A CNM 3 had responsibility for the nursing service in the Mater Hospital's emergency department. The CNM 3 reported to the EASM directorate's ADON. A CNM 2 was on duty each shift and had responsibility for nursing services out-of-hours and at weekends. The emergency department had 18 nurses (inclusive of CNMs) rostered on day shift and 18 nurses (inclusive of CNMs) rostered on night shift. On the day of inspection, the emergency department was short one (6%) of the 18 rostered nurses during the day. Inspectors were told that as a result, the minors and ambulatory care area, which comprised 10 treatment bays was not operational.

The Mater Hospital had a number of measures in place to address the shortfall in nursing staff. Inspectors were told that the Mater Hospital had a dedicated workforce ADON who oversaw the recruitment and placement of new nurses. Inspectors were told hospital management at the Mater Hospital were actively recruiting, both nationally and internationally for nursing staff. In March 2023, 47 overseas nurses were due to take up employment in the Mater Hospital, however hospital management told inspectors that the uptake of employment by these nurses was delayed due to reported delays in processing the nurses' visa applications.

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

^{*****} The *Framework for Safe Nurse Staffing and Skill mix in Adult Emergency Care Setting in Ireland* can be found online. See: <https://www.gov.ie/en/campaigns/25860-framework-for-safe-nurse-staffing-and-skill-mix/>

^{§§§§§§} Advanced practice nursing is a defined career pathway for registered nurses, committed to continuing professional development and clinical supervision, to practice at a higher level of capability as independent autonomous and expert practitioners.

Nursing staff in the emergency department were supported by an approved complement of 16.8 WTE healthcare assistants. At the time of inspection, 6.3 WTE (37.5%) of these positions were unfilled, but an active recruitment campaign was underway to fill the positions. Other members of the multidisciplinary team in the emergency department included:

- 4.0 WTE physiotherapists
- 2.0 WTE occupational therapists - one of these positions was unfilled
- 2.0 WTE medical social workers
- 1.0 WTE dietitian
- 1.0 WTE therapy assistant position, this position was due to be filled in August 2023.

Staff training records provided to inspectors showed that nursing and medical staff in the emergency department undertook multidisciplinary team training appropriate to their scope of practice. Staff who spoke with inspectors told them that training in topics specific to the emergency department took place four days a week, this training was primarily aimed at the medical staff, however, nursing staff such as clinical skills facilitators also attended. To support new nursing staff, a local emergency department training programme had been re-established and regular training sessions on the Manchester Triage system took place. Inspectors found that staff attendance at and uptake of mandatory training for standard and transmission based precautions, hand hygiene, basic life support, Irish National Early Warning System (INEWS) (version 2),^{*****} Irish Maternity Early Warning System (IMEWS) (version 2),⁺⁺⁺⁺⁺ and sepsis management could be improved. Training records reviewed by inspectors showed that the uptake of hand hygiene training by medical staff also required improvement. Records of nursing staff attendance at and uptake of mandatory and essential training were kept locally in the emergency department with oversight by the CNMs. There was no overarching system in place in the Mater Hospital to record attendance at and the uptake of mandatory and essential training compliance levels for all professionals.

The CNM 3 had oversight of the emergency department's nursing staff absenteeism rates. The department's reported nursing staff absenteeism rate was 5.78% in 2022 and 4.26% year to date in 2023, which was marginally above the HSE's target of 4%.

In summary, on the day of inspection, 29% of the funded complement of nursing staff was unfilled. There was a heavy reliance on agency staff to ensure adequate staffing levels were maintained in the department, which is not sustainable in the long-term. There were 2.69 WTE (21%) unfilled emergency medicine consultant positions and 6.3 WTE (37.5%) unfilled healthcare assistant positions. Hospital management assured inspectors that they were actively recruiting to fill unfilled medical, nursing and healthcare assistant positions.

***** Irish National Early Warning System (INEWS) is an early warning system to assist staff to recognise and respond to clinical deterioration.

+++++ Irish Maternity Early Warning System (IMEWS) is a nationally agreed system developed for early detection of life-threatening illness in pregnancy and the postnatal period.

Attendance at and uptake of mandatory and essential training for nursing and medical staff in the emergency department requires improvement.

Judgment: Partially 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 substantially compliant in the two national standards assessed. Key inspection findings leading to the judgment of compliance with these national standards are described in the following sections.

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

Person-centred care and support promotes and requires kindness, consideration and respect for the dignity, privacy and autonomy of people who require care. It supports equitable access for all people using the healthcare service so that they have access to the right care and support at the right time, based on their assessed needs.

On the day of inspection, inspectors observed a person-centred approach to care in the emergency department. Staff interactions with patients were observed to be kind, courteous, respectful and caring. Staff were observed being responsive to patient's individual needs. Staff were observed providing assistance and information to patients in a kind and caring manner. Call bells were observed to be in use in individual rooms but not in the multi-occupancy areas visited. However, patients commented that they felt staff were checking in on them as they passed by and they felt they could call for assistance if necessary.

At the time of inspection, no patients were being accommodated on trolleys in the emergency department. Occupancy levels were high in multi-occupancy rooms and single cubicles within the department, although not all cubicles were in use on the day of inspection. There was appropriate placement of patients in single cubicles or rooms, with the majority of patients accommodated in these cubicles because of the need for transmission-based precautions and or additional supports. There were adequate toilet and shower facilities to meet the needs of the 67 registered patients in the emergency department.

Staff respected, promoted and protected the dignity, privacy and autonomy of people receiving care in the emergency department. The emergency department was busy on the day of inspection and staff acknowledged that it can be challenging to promote patient-centred care during times of higher activity. While awaiting triage, medical review or

follow-up, patients were accommodated in designated waiting areas, multi-occupancy treatment bays separated by partition walls and curtains, or in single cubicles and rooms. Admitted patients were primarily accommodated in single cubicles which afforded more privacy. Multi-occupancy areas were used to accommodate less acute, ambulatory patients. The environment of the waiting room afforded less privacy and dignity to patients awaiting medical review. Staff told inspectors that where appropriate, patient consultations, investigations and procedures were performed in separate rooms to enhance privacy. Inspectors observed measures to ensure that patients' personal information was protected. However, it was not possible to ensure privacy during conversations in the multi-occupancy areas.

The experiences recounted by patients receiving care in the Mater Hospital's emergency department on the day of inspection were in line with the findings from the 2022 National Inpatient Experience Survey, where the hospital scored the same or higher than the national scores for questions related to privacy, respect and dignity in the emergency department.

Overall, there was evidence that hospital management and staff were aware of the need and availed of opportunities to respect and promote the dignity, privacy and autonomy of people receiving care in the emergency department. Staff working in the department promoted a person-centred approach to care and supported the individual needs of patients to ensure their dignity, privacy and autonomy were respected and maintained, but this was challenging at times. The environment of the waiting room afforded less privacy and dignity to patients awaiting medical review. The emergency department had systems in place that protected patients' personal information, which was in line with legislation and a human rights-based approach to healthcare promoted and supported by HIQA.

Judgment: Substantially Compliant

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

There were effective systems and processes in place in the Mater Hospital to identify, evaluate and manage immediate and potential risks to people attending the emergency department. Performance data was collected on a range of different quality indicators related to the emergency department, this included the number of presentations to and admissions from the emergency department, PETs, DTOC, ALOS and ambulance turnaround times. The Mater Hospital's compliance with quality indicators was reviewed regularly at meetings of the EQPSSC, EASM directorate and EMC.

At 11.00am, on the day of inspection, the Mater Hospital was compliant with three of the six HSE PETs for the emergency department. At that time, 67 patients were registered in the department, of these:

- 35% of attendees to the emergency department were in the department for more than six hours after registration. The Mater Hospital was not in line with the national target that 70% of attendees are admitted to a hospital bed or discharged within six hours of registration.
- 26% of attendees to the emergency department were in the department for more than nine hours after registration. The Mater Hospital was not in line with the national target of 85% of attendees are admitted to a hospital bed or discharged within nine hours of registration.
- 1% of attendees to the emergency department were in the department for more than 24 hours after registration, which was in line with the national target that 97% of patients are admitted to a hospital bed or discharged within 24 hours of registration.
- Six of the 67 patients (9%) were aged 75 or over, 3% of these patients were in the department for more than six hours after registration, which was in line with the national target that 95% of patients aged 75 years and over are admitted to a hospital bed or discharged within six hours of registration.
- 3% of patients who were aged 75 years and over were in the department for more than nine hours after registration, which was not in line with the national target that 99% of patients aged 75 years and over are admitted to a hospital bed or discharged within nine hours of registration.
- All attendees to the emergency department aged 75 years and over were discharged or admitted within 24 hours of registration, which was in line with the national target that 99% of patients aged 75 years and over are admitted to a hospital bed or discharged within 24 hours of registration.

Performance data showed that PETs for patients aged 75 years and over who attend the Mater Hospital's emergency department have improved since 2022^{*****} and, when compared to other Model 4 hospitals inspected to date by HIQA, the hospital performed better in the six-hour and nine-hour PET categories for these patients.

In relation to ambulance turnaround times, between January and May of 2023, the Mater Hospital achieved an average of 35.9% of ambulances cleared in 30 minutes or less, which was significantly below the HSE's target of 80%. However, no hospital inspected by HIQA to date had achieved this target. In 2023, 75.4% of ambulances who attended the Mater Hospital were cleared in 60 minutes or less, marginally better than their average times in 2022.

The percentage of patients who left the Mater Hospital's emergency department before completion of care in 2022 was 11%, higher than the HSE's target of <6.5%. This was

***** HSE Management Data Report September 2022, available online <https://www.hse.ie/eng/services/publications/performance-reports/management-data-report-september-2022.pdf>

attributed to the hospital's inner city location and a high presentation of patients that faced social challenges such as homelessness and or addiction.

Risk management

Inspectors were satisfied that risks related to the emergency department were managed in line with the HSE's integrated risk management policy and the Mater Hospital's risk management policy outlined to inspectors during this inspection. Risks and the effectiveness of control measures applied to mitigate actual and potential risk to patient safety were reviewed regularly at EASM directorate level. The directorate's risk register was updated to reflect progress and review dates. However, a number of review dates were overdue at the time of inspection. At the time of inspection, there were six risks related to the emergency department recorded on the EASM directorate risk register – capacity, staff resourcing, overcrowding and challenging behaviour. The EASM directorate's risk register reviewed by inspectors did not have defined timelines or named persons assigned with responsibility for implementing the mitigation actions. The timely implementation of mitigating actions are important to ensure any actual and or potential risk to patient safety is managed effectively.

High-rated risks that could not be managed at directorate level were escalated to the EQPSSC and together with mitigating actions were recorded on the Mater Hospital's corporate risk register. At the time of inspection, there were 12 high-rated risks recorded on the Mater Hospital's corporate risk register reviewed by inspectors that related either directly or indirectly to the emergency department. The risks included the risk of a healthcare acquired infection, non-compliance with hand hygiene practices, falls, capacity, transitions of care and behavioural challenges. The EQPSSC had oversight of the risks and the effectiveness of mitigating actions recorded on the Mater Hospital's corporate risk register.

Infection prevention and control

Staff in the emergency department had access to designated infection prevention and control nurses during core working hours and had access to a consultant microbiologist 24/7. The CNM 3 attended an infection prevention and control nursing meeting every second month where infection rates and infection outbreak management in the emergency department were discussed. The Mater Hospital's Direct Infection Prevention and Control Committee provided oversight of the management of any infection outbreaks relevant to the emergency department and the department's compliance with effective infection prevention and control practices. The Mater Hospital's Indirect Infection Prevention and Control Committee provided oversight of environmental hygiene and decontamination practices in the department.

Patients were screened for *Carbapenemase-Producing Enterobacterales* (CPE)^{§§§§§§} within 24 hours and for other multidrug-resistant organisms (MDROs) such as *Vancomycin-Resistant Enterococci* (VRE) and *Methicillin-Resistant Staphylococcus aureus* (MRSA), on admission to the main hospital, in line with national guidance. Patients requiring transmission-based precautions were accommodated in one of 13 single cubicles or two single rooms in the emergency department. One of these single rooms was a negative pressure room with an en-suite bathroom facility and anteroom. Placement of patients requiring transmission-based precautions was overseen by the infection prevention and control team and the process was underpinned by a formalised policy.

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 emergency department. Staff were observed wearing appropriate personal protective equipment (PPE), in line with public health guidelines at the time of inspection.

Monthly hand hygiene audits were carried out in the Mater Hospital's emergency department with oversight by the infection prevention and control team. Hand hygiene audit findings for the first six months of 2023 showed that the department was not compliant with the HSE's target of 90%. Staff education and awareness campaigns were held to improve hand hygiene practices in the emergency department and there were plans to re-audit hand hygiene practices after HIQA's inspection.

The Mater Hospital's emergency department was observed to be clean and well maintained on the day of inspection. There was evidence that monthly environmental and equipment hygiene audits were carried out in the department using a standard approach. Audit findings showed that a range of recurrent non-compliances were reported throughout the first six months of 2023. Evidence of quality improvement plans to address audit findings were not provided to inspectors. Quality improvement plans are important to ensure environmental and equipment hygiene standards are maintained.

Medication safety

The emergency department had a dedicated pharmacy service. Pharmacy-led medication reconciliation was performed on all admitted patients and underpinned by a formalised policy. Inspectors were told that staff had access to an antimicrobial pharmacist when needed. Staff who spoke with inspectors were knowledgeable about high-risk medicines and associated risk reduction strategies. Inspectors were told that staff completed training on high risk medicines as part of medicines management training. However, inspectors noted that the uptake of this training could be improved. Staff in the emergency department had access to medication policies, procedures, protocols and guidelines at the point of prescribing and administration. Of note, there was a Quick Response (QR)

^{§§§§§§} *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.

code***** system in place that staff used to directly access the relevant medication and treatment guidelines. Recent medication safety audits that related to the emergency department only had not been undertaken, inspectors were told that this was due to resource issues. Inspectors were provided with information relating to a number of medication safety initiatives recently introduced in the emergency department to ensure safe medication practices. These included a policy supporting the management of specific or uncommon medicines when transferring patients to other departments in the hospital. The hospital's drugs and therapeutics committee had oversight of the medication policies, use and practices in the emergency department.

Deteriorating patient

The Irish National Early Warning System (INEWS) (version 2) was used in the emergency department for admitted patients. The Irish Maternity Early Warning System (IMEWS) was used when appropriate. Inspectors were told that although training had taken place on the Emergency Medicine Early Warning System (EMEWS),***** the department was not resourced sufficiently to fully implement the EMEWS system. The Mater Hospital's Deteriorating Patient Improvement Programme (DPIP) steering group had oversight of the hospital's compliance with national guidance on early warning systems.

Transitions of Care

The transfer of patients was underpinned by a policy statement for the transition of care and a number of policies. The Identify, Situation, Background, Assessment, Recommendation, Read-back, Risk (ISBAR₃)***** communication tool was used when escalating care. Inspectors were told that ISBAR was being introduced in the emergency department at the time of inspection for clinical handover and transfers.

Management of patient-safety incidents

Inspectors were satisfied that there was an effective system in place at the Mater Hospital to report, review and manage patient-safety incidents and Serious Reportable Events (SREs) that occurred in the emergency department. Staff were aware of the process to report patient-safety incidents, which was underpinned by a formalised policy and was in line with the HSE's incident management framework. Patient-safety incidents that occurred in the emergency department were reported on the National Incident Management System

***** A Quick Response (QR) code is an image of black and white squares that can be scanned by a digital device such as a smartphone where it will directly open a website, or application, providing access to information.

***** Emergency Medicine Early Warning System (EMEWS) is a nationally agreed system for use in emergency departments to support the recognition of, and appropriate response to, the deteriorating patient.

***** Identify, Situation, Background, Assessment, Recommendation, Read-back, Risk (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.

(NIMS).^{§§§§§§§§} The hospital's Serious Incident Management Team (SIMT) had oversight of the management of serious patient-safety incidents and SREs that occurred in the emergency department. There was evidence of discussion of serious incidents and SREs at meetings of the EQPSSC, but there was no evidence that incidents were routinely discussed at EASM directorate meetings. Data reviewed by inspectors showed that in 2022, there were 1,121 patient-safety incidents reported in the emergency department. One incident was categorised as a major incident, 133 (12%) were moderate incidents and 873 (78%) were minor or negligible incidents. The most commonly reported patient-safety incidents in the emergency department in 2022 were intentional self-injurious behaviours, violence and aggression from patient and falls. The high numbers of incidents reported in the Mater Hospital's emergency department suggest that there is a good reporting culture, which ensures greater visibility of risk and therefore safer healthcare services. Inspectors were told that tracked and trended reports of patient-safety incidents occurring in the emergency department were not shared with staff, but learning from patient-safety incidents was discussed with nursing staff at nursing meetings.

Management of complaints

Inspectors found there was a coordinated response to complaints related to the emergency department, which was in line with the HSE's 'Your Service You Say' policy. Hospital management supported and encouraged point of contact complaint resolution. Complaints were managed at department level by the CNM 3 who received notification and responded to all formal complaints. Complaints were tracked and trended by the Mater Hospital's patient services department but no formal reports were shared with the CNM 3 in the emergency department. At the time of inspection, the hospital was in the process of moving to a new software system. In 2022, hospital management received 271 complaints related to the emergency department, with safe and effective care being the most common theme. Positive feedback was also being tracked and inspectors noted that rates of positive feedback had increased in the past year. Inspectors were told that engagement with staff in relation to specific complaints took place and that learning related to recurrent themes of complaints. Patients who spoke with staff were not aware of how to make a complaint. There were plans in place to provide complaints training for CNMs to support them in managing complaints.

Overall, there were effective arrangements in place to monitor, analyse and respond to information relevant to the delivery of high-quality, safe care in the Mater Hospital's emergency department. There is scope for improvement in relation to ensuring that all risks relating to the emergency department are assigned a named person with responsibility to implement the time-bound control measures to minimise risk. The emergency department was compliant with three out of six of the HSE's PET targets, further work to enhance performance with PET targets should be an area for improvement

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

following this inspection. A sustained and focused effort to improve hand hygiene practices is required in order to consistently meet the required HSE target of 90%.

Judgment: Substantially compliant

Conclusion

HIQA carried out a one-day unannounced inspection of the emergency department at the Mater Hospital to assess compliance with four national standards from the *National Standards for Safer Better Healthcare*.

Capacity and Capability

The Mater Hospital had effective corporate and clinical governance arrangements in place for ensuring and assuring the delivery of high-quality and safe care in the Mater Hospital's emergency department. Operationally, the emergency department was functioning well. Hospital management were responsive and reactive and had effective operational grip and oversight of the effectiveness of the range of operational measures implemented to improve the flow of patients through the emergency department and main hospital. The long length of time spent waiting on an inpatient bed to be allocated, the 16% of patients boarding in the emergency department while awaiting a bed and a high ALOS for medical patients were indicators that patient flow could be further improved.

Hospital management had organised and managed their workforce to efficiently achieve high-quality, safe care in the emergency department 24/7 but were challenged in relation to unfilled nursing positions. Hospital management were responsive and were actively working to fill all unfilled nursing, medical and healthcare assistant positions. Attendance at and uptake of mandatory and essential training for nursing and medical staff in the Mater Hospital's emergency department required improvement. Hospital management should 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, courteous and caring towards people receiving care in the emergency department. The environment of the waiting room afforded less privacy and dignity to patients awaiting medical review than cubicles inside the main emergency department. Patients who spoke to inspectors had a positive experience in the department and were complimentary about staff. Patients' experiences of care received were in line with findings from the National Inpatient Experience Survey 2022.

There were effective arrangements in place to monitor, analyse and respond to information relevant to the delivery of high-quality, safe care in the Mater Hospital's emergency department. There is scope for improvement in relation to ensuring that all risks relating to

the emergency department are assigned a named person responsible for implementing time-bound control measures to minimise risk to patient safety. Further work to enhance compliance with the HSE's PET targets should be a key area for improvement following this inspection. A sustained and focused effort on hand hygiene practices is also required in order to consistently meet the HSE's required target of 90%.

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 identified and being employed to bring the Mater Hospital into full compliance with the *National Standards for Safer Better Healthcare*.

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 at the Mater Hospital 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	
Standard 6.1: Service providers plan, organise and manage their workforce to achieve the service objectives for high-quality, safe and reliable healthcare.	Partially compliant
Quality and Safety Dimension	
Theme 1: Person-centred Care and Support	
Standard 1.6: Service users' dignity, privacy and autonomy are respected and promoted.	Substantially compliant
Theme 3: Safe Care and Support	
Standard 3.1: Service providers protect service users from the risk of harm associated with the design and delivery of healthcare services.	Substantially compliant

Compliance Plan for Mater Misericordiae University Hospital

OSV-0001053

Inspection ID: NS_0047

Date of inspection: 06 July 2023

Compliance Plan

Compliance Plan Service Provider's Response

National Standard	Judgment
Standard 6.1: Service providers plan, organise and manage their workforce to achieve the service objectives for high-quality, safe and reliable healthcare.	Partially compliant
<p>Outline how you are going to improve compliance with this standard. This should clearly outline:</p> <p>a) details of interim actions and measures to mitigate risks associated with non-compliance with standards.</p> <p>Of the delayed Nursing staff (visa issues) due to join a percentage of these will be allocated to the ED which will assist with the current deficit. The start dates of these new recruits is staggered from 13 November to start January.</p> <p>We are currently actively recruiting via every and all avenues to include open days, job fairs (both in Ireland and abroad) and through direct recruitment both in Ireland and internationally.</p> <ul style="list-style-type: none">• The recruitment team are starting to look at other methods of recruitment and have invested their time recently to ensure new social media campaigns are constantly running and fresh.• From an operational perspective our Senior Nursing teams review nursing levels for all departments during their morning huddle and, supported by the DON, look to see how best resources can be deployed.• Some of the more entry level vacancies are as a result of the vast promotional opportunities we have had within the Hospital this year. Whilst this is not an action it is relevant to note that the number of opportunities, whilst great for our staff, was due to an exceptional year and we don't envisage that to be the case in the future.	

In addition to this we can advise that attrition levels are starting to slow down across the Hospital.

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

We have a dedicated workforce ADON who oversees the recruitment and placement of new nurses. In addition to this their job specification includes an element of forward planning. Whilst the level of recruitment needed in 2023 required this individual to focus primarily on the here and now our expectation is that, with the recruitment well under way for the new developments and the attrition levels reducing that they will have more time to focus on the look forward element of their post.

We are looking at introducing more targeted plans to assist the staff in this area to ensure a supportive environment for them both in terms of the physical area and the work itself. This has landed well and we hope will also go to tackle the attrition level.

In the meantime, we continue to forward plan in terms of the actual vacancies and also taking into consideration the trends in terms of attrition/short term leave over the last number of years.

Timescale: Immediate and for the next twelve months.