

## 1.0 Introduction

Naas General Hospital is a 243 bedded acute public hospital serving the catchment area of Kildare and West-Wicklow with a population of over a quarter of a million people. Our services are designed to meet the needs of the adult (over 14 years) population in this catchment area. The majority of our hospital activity results from unscheduled inpatient admissions through the Emergency Department (ED). The emergency department is open 24-hours per day 7 days per week all year round. Service users can self-present to ED or referral can be made by General Practitioner (GP) services or within the hospital via Out Patient Department (OPD). Service users can also access the day ward, the day hospital and the outpatients department via GP referral.

## 2.0 Our Aim

Our aim is to provide a high-quality patient-centered service, which is safe, cost effective and flexible. We hope to realize our vision with implementation of our **mission statement**.

### Mission Statement

*'Together we will provide equitable and quality patient care, delivered safely by skilled and valued staff, through the best use of available resources'*

## 3.0 Strategic Objectives

### 3.1 Implementation of HIQA's National Standards for Safer Better Healthcare 2012 in conjunction with the HSE's Corporate Strategy

Naas General Hospital has developed their strategic quality objectives in line with the eight themes of HIQA's National Standards for Safer Better Healthcare (HIQA, 2012) and to align with the HSE's Corporate Strategy 2015-2017 (HSE, 2015).

#### **Theme 1: Person-centered care and support**

*We promote kindness, consideration and respect for our patients' dignity, privacy and autonomy. We consider our service users' needs when planning and delivering care in order to improve patient experience and outcomes. We effectively listen to our service users and aspire to meet their needs with consideration and compassion.*

#### **Theme 2: Effective-care and support**

*We aim to consistently deliver best achievable outcomes for our service users in the context of our own hospital services and resources and, our provisions for accessing and co-coordinating care for our service users within our hospital group. We deliver care based on best available national and international evidence to achieve best outcomes for service user. We promote professionalism and quality in our delivery of care.*

#### **Theme 3: Safe-care and support**

*We endeavor to deliver high quality care by embedding a culture of safety and quality improvement into all processes and daily practices within our organisation. We continue to monitor and assess these practices through evidence base, self assessment, clinical and non-clinical audit, service user's feedback and incident review.*

**Theme 4: Health and wellbeing**

*We maximize our opportunity to positively influence service users and staff's health and wellbeing. We actively promote nationally recognised health promotions and policies in order to help achieve this goal. We refer to the HSE's paper 'Healthy Ireland – a Framework for Improved Health and Wellbeing 2013-2025'.*

**Theme 5: Leadership, governance and management**

*We create a well-governed service to ensure sustainable delivery of high-quality safe, effective person-centered care and support. We have clear lines of accountability at individual, team and service levels. We support and develop leaders within our organisation and push forward the agenda of patient safety and quality improvement. We promote effective communication and co-operation between and within departments. We implement and promote departmental standards to continue to achieve high quality care. We promote clinical governance through implementation of national standards and stewardship of national strategies. We regularly rehearse tactical response practices to ensure readiness for major event occurrence. We encourage effective leadership through regular management and strategic group meetings.*

**Theme 6: Workforce**

*Our workforce is committed to delivering a high quality and safe service. We support our workforce to achieve this by providing a safe working environment, and by creating a skill mix within teams that compliments the organisation as a whole. We adhere to national mandatory training programs. We encourage professional motivation through continuous professional development and by promoting clinical developments. We aspire to harness the maximum potential of staff by promoting and cultivating innovative approaches. We encourage strong links with our academic partners and encourage internships and work placements.*

**Theme 7: Use of Resources**

*In order to best utilise our resources, we actively and regularly plan, manage and deliver our services in order to achieve safe, high-quality care. Decisions made by those responsible for resources are well informed and transparent. We aspire to focus our resources where they are needed most. We encourage initiatives that link departments and stakeholders to provide a uniform and cohesive work force, where resource management is accountable and equitable.*

**Theme 8: Use of Information**

*Quality information which is accurate, valid, reliable, timely, relevant, legible and complete forms the basis for managing, delivering and monitoring our services. We are committed to developing systems to ensure the collection and reporting of high quality information which will support quality improvement of services. We adhere to national frameworks and standards for maintenance of accurate records for legislative requirements. We promote a culture and atmosphere of communication where service users may understand information that is relevant to their care.*

## 3.2 Our Vision

*'Our vision is to realize a health system that has as its primary focus patient safety and quality of care'*

### Delivering our Vision

In order to achieve our vision we refer to *'The Report of the Quality and Safety Clinical Governance Development Initiative: Sharing our Learning'* March 2014.

This report illustrates a framework for governance of quality and safety which was developed in collaboration with health service providers, the framework is made up of vision, principles and matrix of structures and processes that support clinical governance development.

The main purpose of this report is to consolidate learning and make core recommendations for health service providers, policy makers and commissioners to inform their own specific actions plans. Consequently, we believe that in following the principles and guides detailed below we will achieve our vision. The report recommends the following as central to deliverance of a quality service:

- **Active listening** with patients and staff - understanding the experience of patients (what matters to them) and what motivates staff is central in creating a quality culture.
- **Real time measurement** prompts wise decisions which lead to the need for good quality data and transparency.
- **Terminology matters** in avoiding confusion - the term 'clinical governance' was seen by some as 'management speak'- therefore, we are proposing the term quality and safety and specifically 'governance for quality and safety'.

We will aspire to implement these guides in order to link quality initiatives and improvements in order to provide cohesive, consistent, continuous, high standard care within the framework of our available resources.

## **4.0 Our Services**

### **4.1 Description of Services Provided**

Naas General Hospital provides the following services

- General Medicine
- General Surgery
- Emergency Medicine
- Acute Psychiatry

These services are provided 24 hours a day 7 days a week throughout the year. The hospital provides comprehensive medical and surgical investigation, diagnosis and treatment service for person aged 14 years and over.

#### **Consultant Doctors**

- General Medicine
- Emergency Medicine
- Endocrinology
- Cardiology
- Gastroenterology
- Geriatrics/Stroke
- Surgeons
- Dermatology
- Rheumatology
- Haematology
- Microbiology
- Palliative Care
- Oncology
- Orthopaedics

#### **Advanced Nurse Practitioners & Nurse Specialists**

- Minor Injuries
- Cardiology
- Infection Prevention & Control
- Respiratory Care
- Oncology Care
- Palliative Care
- Haemovigilance
- Health Promotion
- Cardiac Rehabilitation
- Diabetes
- Anti-Coagulation
- Stroke
- Tissue Viability
- Resuscitation Training Officer
- Rheumatology
- GP Liaison

## **4.2 Further Services are delivered in the following areas**

- Acute Medical Assessment Unit
- Care of the Elderly Day Services (Day Hospital)
- Clinical Engineering
- Day Ward: Including Endoscopy & Colonoscopy, Paediatric Dental Service (Community Referral)
- Cardiology Diagnostics
- Occupational Therapy
- Pharmacy – Dispensary & Team-Based Clinical Services
- Physiotherapy
- Pulmonary Function Laboratory
- Radiology – X-ray, Ultrasound, CT, MRI
- Social Work
- Speech and Language Therapy
- Clinical Nutrition and Dietetics
- Laboratory Service
- Palliative Care
- Phlebotomy
- Out-Patient Department
- Anti-Coagulation Clinic
- Oncology /Haematology Day Unit
- Cardiac Rehabilitation Unit
- Pre-Assessment Clinic
- Stroke Service
- Pastoral Care
- Central Sterile Services Department
- Minor Injury Unit

## **4.3 Integration Arrangements**

Naas General Hospital is of the hospitals within the Dublin Midlands Group and supports the integration of services between hospitals within this group. A number of the consultant doctors have joint appointments with other hospitals. Naas General Hospital links with the tertiary referral centres outside the hospital as necessary. A number of pathways exist linking our hospital services to community service.

## 5.0 Quality & Risk Management

The Quality & Risk Department within the hospital has responsibility for risk management, complaints management and management of compliance with National Standards. The Quality & Risk Department operates according to HIQA National Standards for Safer Better Healthcare. It also operates according to HSE policies around quality, risk and complaints management including HSE's Safety Incident Investigation Policy 2014 and Your Service Your Say.

### Compliments, Comments and Complaints

Complaints are managed according to the HSE's national policy "Your Service Your Say" which integrates HSE guidance in meeting the legislative requirements. In keeping with the Ombudsman recommendations, we will attempt to resolve complaints as efficiently as possible in accordance with the complainant and to their satisfaction in an informal manner. If you wish to proceed to formal investigation stage, your complaint will be investigated thoroughly and you will be informed of the outcome as soon as possible. Complaints are treated in complete confidence and will not affect your current or future treatment. Please address complaints to:

**Patient Services Department,  
Naas General Hospital,  
Naas,  
Co. Kildare.**

Email: [feedback.naas@hse.ie](mailto:feedback.naas@hse.ie)

As well as complaints, we welcome your views on the service and care we provide. We are delighted to hear when we are doing well, but we also need to know what we can do better. If you would like to make any comments on our services (compliments, suggestions or feedback), please direct to the above contact details.

### National Healthcare Charter - You and Your Health Service

The National Healthcare charter is a statement of commitment by the HSE describing:

- What you can expect when using health services in Ireland
- What you can do to help Irish health services to deliver more effective and safe services

## 6.0 Policies and Procedures

Naas General Hospital is committed to the provision of safe, high quality health services, delivered according to our standardised policies, procedures, protocols and guidelines (PPPG's) that are based on best available evidence. This should lead to achievement of best possible health and personal social care outcomes for patients and service users, within our available resources.

National Clinical Guidelines are considered for use in local practice when assessing and planning services. Risk assessments are documented when services are unable to fully implement National Clinical Guidelines and appropriate action taken to ensure the quality and safety of services. Arrangements are in place for training staff in appraising and developing policies, procedures, protocols and guidelines and for identifying evidence-based best practice.