



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

Name of healthcare service provider:	Our Lady of Lourdes Hospital Drogheda
Address of healthcare service:	Windmill Road, Moneymore Drogheda Co Louth. A92 VW28
Type of inspection:	Unannounced
Date(s) of inspection:	25 April 2024
Healthcare Service ID:	OSV-0001049
Fieldwork ID:	NS_0077

About the healthcare service

Model of hospital and profile

Our Lady of Lourdes Hospital Drogheda (incorporating the Louth County Hospital and the Cottage Community Hub) is a statutory HSE Model 3* teaching hospital. It is a member of the Royal College of Surgeons (RCSI) hospital group,[†] and is managed by the RCSI on behalf of Health Service Executive (HSE). The hospital is in the Dublin and North East health region.[‡] The hospital serves a catchment area of Louth, Meath, North Dublin, South Monaghan and the surrounding areas. Services provided by the hospital include:

- medical services
- surgery services
- maternity care
- paediatric care (including neonates)
- intensive, high-dependency and coronary care
- diagnostic services and outpatient care
- emergency care, including the regional trauma orthopaedic service.

The following information outlines some additional data on the hospital.

Model of Hospital	3
Number of beds	485 Inpatient Beds: 443 Day case Beds: 42

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 Our Lady of Lourdes Hospital Drogheda to assess compliance with four national standards from the *National Standards for Safer Better Healthcare*.

* A model 3 hospital is a hospital that admit undifferentiated acute medical patients, provide 24/7 acute surgery, acute medicine, and critical care.

[†] The RCSI Hospital Group comprises Beaumont Hospital, Mater Misericordiae University Hospital, Connolly Hospital, Our Lady of Lourdes Hospital – Drogheda, Louth County Hospital, Cavan and Monaghan Hospital, National Orthopaedic Hospital Cappagh, Our Lady's Hospital Navan and the Rotunda Hospital. The hospital group's academic partner is the Royal College of Surgeons (RCSI).

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 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 during this inspection to see if appropriate records were kept and that they reflected practice observed and what people told inspectors during this inspection

Additional documentation and data was requested and reviewed following the inspection, to see if it reflected what inspectors observed and what staff, managements and people told inspectors on the day of inspection.

About the inspection report

A summary of the findings and a description of how the 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 *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's emergency department. It outlines whether there is appropriate oversight and assurance arrangements in place at the hospital and how people who work in the emergency department are managed and supported to ensure the safe delivery of high-quality care.

[§] 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.

2. Quality and safety of the service

This section describes the experiences, care and support people using Our Lady of Lourdes 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 centered and safe. It also includes information about the environment where people receive care.

A full list of the compliance classifications and the four national standards assessed as part of this inspection and the resulting compliance judgments are set out in Appendix 1. The compliance plan submitted by Our Lady of Lourdes Hospital follow this inspection is included in Appendix 2.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
25 April 2024	09.00 – 17.00	Aedeen Burns	Lead
		Nora O' Mahony	Support
		Danielle Bracken	Support

Information about this inspection

An unannounced one-day inspection of Our Lady of Lourdes Hospital's emergency department was conducted 25 April 2024. This inspection focused on compliance with four national standards from four of the eight themes of the *National Standards for Safer Better Healthcare* and on:

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

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

- Representatives of the Senior Management Team
 - General Manager
 - Clinical Director
 - Chief Operating Officer
 - Deputy Chief Operating Officer
 - Clinical Director for Women's and Children's Services
 - Assistant Director of Nursing (ADON) emergency department
- Interim Quality and Patient Safety Manager and the Quality and Safety Coordinator
- Head of Patient Flow and the ADON Patient Flow.

Inspectors also spoke with other medical and nursing staff and people receiving care in the emergency department.

Acknowledgements

HIQA would like to acknowledge the cooperation of the 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.

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

Inspectors visited the emergency department and the acute medical assessment unit (AMAU) and the acute surgical assessment unit (ASAU). Our Lady of Lourdes Hospital's emergency department provided undifferentiated care for adults and children with acute and urgent illness or injury. Attendees to the department presented by ambulance, were referred directly by their GP or self-referred.

The adult emergency department was divided into the following areas:

- three triage rooms^{††}
- three resuscitation bays
- three high-dependency bays
- 24 single cubicles for the treatment of patients categorised as majors
- five single cubicles for the treatment of patients with minor injuries
- a negative pressure isolation room with ensuite facilities
- two single treatment rooms, one of which was prioritised for gynaecology patients
- a psychiatric assessment room.

The paediatric emergency department was designed for children and had audio and visual separation from the adult department. The paediatric emergency department comprised eight individual trolley bays, one double trolley bay with a privacy screen and one isolation room.

During this inspection, inspectors spoke with a number of patients about their experience of care in the emergency department. Patients reported being well informed of their plan of care and were complimentary about staff saying they were "amazing", "very nice" and "couldn't do enough". Patients did however report the discomfort and challenges of long stays in the emergency department and the environment in which they were receiving care "I was waiting 14 hours on a chair". Patients reported that while they had not been given any specific information, regarding making a complaint, they were confident that they knew how to make a complaint if necessary.

^{††} One triage room was designated to the emergency medicine early warning system reviews.

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 themes of leadership, governance and management (5.5) and workforce (6.1). Our Lady of Lourdes Hospital Drogheda was found to be partially compliant with national standard 5.5 and substantially compliant with national standard 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 that the hospital had management arrangements in place. However, these arrangements were not fully effective in supporting and promoting the delivery of high-quality, safe and reliable healthcare services within the emergency department.

The general manager was the accountable officer with overall responsibility and accountability for the governance of the hospital, supported by the Senior Management Team (SMT). The general manager had defined reporting and accountability arrangements to the chief executive officer of RCSI hospital group. Performance meetings were held with the RCSI executive team on a monthly basis where key performance metrics pertaining to unscheduled care were reviewed and actions monitored.

The SMT was the main governance structure at the hospital with responsibility for ensuring oversight and governance of the quality and safety in the hospital including unscheduled and emergency care. The SMT met fortnightly, chaired by the general manager and reported monthly to the RCSI hospital group. Membership of the SMT was comprised of a broad representation of clinical and executive managers from across the hospital's departments and disciplines. Minutes of meetings reviewed showed evidence of good attendance, although not all disciplines were represented in minutes reviewed. Specific time-bound actions were not clearly outlined in minutes reviewed.

The Quality and Safety Executive Committee (QSEC) was the committee with overall responsibility to facilitate the integration of quality and safety centeredness within the hospital. The QSEC had an accountability and reporting relationship to the general manager. The committee's responsibilities included the monitoring of the hospital's risk management and continuous quality improvement programmes, the review and monitoring of performance metrics and the monitoring of all committees which reported to the QSEC.

The Emergency Medicine Governance Committee's objective was to provide assurance to the Senior Management Team that the key critical systems and processes in the emergency department were robust and effective relating to – management of key performance indicators (KPIs), risk and incident management, audit management and quality improvement, and compliance with *National Standards for Safer Better Healthcare*. This group met as per their terms of reference (TOR) with multidisciplinary membership from the emergency department. Minutes of this committee reviewed by inspectors were comprehensive, action-orientated and it was evident that the implementation of agreed actions were monitored from meeting to meeting. The committee was chaired by the clinical director of the medical directorate who reported to the Senior Management Team on behalf of the committee. The emergency department was under the governance of the medical directorate.

The Unscheduled Care Committee's (USCC) was an interdisciplinary committee to allow the hospital to review and improve unscheduled care. The chief operating officer was the chairperson of the committee. The Committee reported to the General Manager and the RCSI Group. In agendas and minutes of committee meetings reviewed following this inspection, there was only one agenda item which was the review of the previous month's metrics. Performance metrics were outlined in detail in minutes of meetings reviewed, but evidence of agreed corrective actions when standards were not met was not seen on the meeting minutes reviewed.

A consultant in emergency medicine was the clinical lead for the emergency department. At the time of inspection, this consultant was also the hospital's clinical director. There was evidence of leadership at medical and nursing levels in the emergency department. Operational management and oversight of the day-to-day workings of the hospital's emergency department was the responsibility of the onsite consultant in emergency medicine supported by and non-consultant hospital doctors (NCHDs).

The hospital's emergency department attendance rate in 2023 was 71,077, a daily average attendance rate of approximately 195 people. This was the highest emergency department attendance rate of all the model 3 hospitals in the country. The volume of attendances to the emergency department from January to April 2024 had increased by 7% when compared with the same period in 2023, with 259 attendees to the emergency department on the day prior to the inspection. The highest percentage increase was in the Manchester Triage System category 1^{**} patients which was up from 28 to 48 (71%) from quarter 1 2023 to quarter 1 2024... This higher attendance rate at the hospital increased the demand for emergency care and inpatient beds at the hospital. The demand for healthcare services exceeded inpatient and emergency department capacity, resulting in long waits for medical reviews and patients accommodated in the emergency department.

^{**}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. Manchester Triage System Category 1: Immediate– life threatening.

At 11.00 am on the day of inspection there was a total of 87 patients registered in the department, 19 (21%) of these patients were admitted but still in the department while awaiting an inpatient bed in the hospital. Six patients were accommodated on trolleys outside designated bays and four were accommodated on chairs. The hospital was in escalation. The hospital's escalation plan was activated with evidence of implementation of escalation actions, such as the use of surge beds. The surge capacity in use on the day of inspection was in the AMAU, the ASAU and the hospital's day services unit.

At the time of inspection, the hospital average length of stay for surgical and medical patients was compliant with the HSE's national targets. There were no patients with delayed transfer of care^{§§} in the hospital. The hospital had access to a range of convalescence, rehabilitation and residential beds in stepdown facilities, and hospital management had contracted additional capacity in private facilities in the region, to maximise flow of patients through the hospital. All patients in the emergency department were triaged and prioritised in line with the Manchester Triage System. On the first day of inspection the patient wait time for triage ranged from 11 minutes to 16 minutes, with an average triage time of 11.05 minutes. This was within the 15 minute target recommended by the HSE's emergency medicine programme.

In published data year to date 2024, the percentage of patients attending the emergency department who were admitted was 34.1% (conversion rate). However, at the time of inspection the hospital provided evidence that the emergency department's admission rate of 23% which was also comparable with other model 3 hospitals. The percentage of patients admitted on the day of inspection and the day prior to and after the inspection concurred with this value with from 21% to 25% of attendees admitted.

Staff could view the status of all patients in the department on the hospital's electronic information system – their prioritisation category levels and waiting times. At 11am on the day of inspection the hospital was not compliant with the HSE's six and nine hour targets set for Patients' Experience Time (PETs).***

At 11am:

- 47% (41) of patients present in the emergency department were in the department for more than six hours after registration.
- 42% (37) of patients present in the emergency department were in the department for more than nine hours after registration.

^{§§} Delayed transfers of care (DTC): 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.

*** Patient experience time measures the patient's total time in the emergency department, from registration time to emergency department departure time. Targets are set for the percentage of all attendees at emergency department who are discharged or admitted within six hours (70%), nine hours (85%) and 24 hours (97%) of registration, and the percentage of all attendees aged 75 years and over at emergency department who are discharged or admitted within six hours (95%), nine hours (99%) and 24 hours (99%) of registration.

- 1.2% (1) of patients present in the emergency department were in the department for more than 24 hours after registration.
- 60% (6 of 10) of the patients 75 years or over were in the department for more than nine hours after registration.
- 10% (1 of 10) of the patients in the department aged 75 years and over had been in the department for over 24 hours.

The hospital's emergency department had performed poorly in comparison to other model 3 hospitals for 24 hour breaches for all attendees and nine hour breaches for people 75 years of age and over in year to date data. The average duration of time a patient spent in the hospital's emergency department year to date 2024 was 9.5 hours. This was the second highest of all model 3 hospitals.

The hospital had implemented multiple hospital admission avoidance pathways and measures to support efficient patient flow. These included, but were not limited to, the:

- streaming patients at the front door to the most appropriate setting including, minor injuries unit, acute medical assessment unit, acute surgical assessment and the clinical decision pathway for specific conditions
- frailty intervention team⁺⁺⁺ from the older person adult liaison team
- use of step down and rehabilitation beds in the community
- Community Intervention Team⁺⁺⁺ (CIT)
- pathways such as venous thromboembolism pathway and chronic obstructive pulmonary disease outreach.
- increased capacity in alternative services such as surgical and medical day ward.

The mismatch between demand and availability of inpatient beds had impacted on the function of these pathways, particularly the AMAU and ASAU. The use of the AMAU and ASAU as surge capacity accommodating admitted patients had impacted the units' ability to function as intended. However, on the day of inspection the units were continuing to function, albeit with reduced capacity.

Patient flow in the emergency department was monitored and managed through the following processes: There was a formal multi-disciplinary meeting at 8.30am attended by the chief operation officer, director of nursing and head of patient flow where service demand and inpatient capacity were reviewed such as, the emergency department activity, access to diagnostics, delayed transfer of care^{§§§} (DTCOC), predicted discharges and staffing

⁺⁺⁺ Frailty Intervention Therapy Team- a multidisciplinary team who reviewed patients aged-65 years or over to undertake a comprehensive assessment and review, improve patient flow through the emergency department, reduce unnecessary hospital admission, decrease length of stay and liaise with community partners to optimise patient services in the home.

⁺⁺⁺ Community Intervention Team (CIT) is a specialist, health professional team which provides a rapid and integrated response to a patient with an acute episode of illness who requires enhanced services/acute intervention for a defined short period of time at home, in a residential setting or in the community, thereby avoiding acute hospital attendance or admission, or facilitating early discharge

^{§§§} Delayed transfer of care –The total number of patients ready for discharge / transfer who have completed their acute inpatient hospital care and are still occupying a bed designated for such care.

issues. The escalation to the use of surge capacity**** was actioned based on need and demand. Any issues were escalated to the hospital's general manager. This meeting was repeated at 11am with attendance widened to include paediatric lead, AMAU and ASAU leads to ensure that all pathways were optimised. At 2.30pm there was a meeting with senior nurses in the hospital to discuss hospital activity and capacity, patient discharges and the plan for upcoming elective activity. At 11.30am and 4pm, there were an emergency department meetings to review each patient and make decisions regarding their plan of care. Daily contact was made by the patient flow department with off-site locations to determine the availability of residential and rehabilitation beds in the community to optimise the use of off-site beds.

The general manager described medium and long term plans to increase bed capacity in the hospital which included a 16-bedded modular build which was in the planning phase, projected to be operational for December 2024.

Overall, the average length of stay for medical and surgical patients was compliant with national targets and no patient had a delayed transfer of care on the day of inspection. This demonstrated good management of patient flow from the hospital. However, the mismatch between availability and demand for inpatient beds impacted on the effective management of the emergency department, resulting in admitted patients being accommodated in the emergency department while waiting for an inpatient bed. The use of the AMAU and ASAU for admitted patients, impacting on the effective running of these units. The hospital was non-compliant with PETs for the percentage of attendees in the emergency department who were discharged or admitted within six and nine hours.

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.

The hospital had workforce arrangements in place to support and promote the delivery of high-quality care in the emergency department 24/7. The hospital was approved and funded for nine whole time equivalent (WTE)++++ consultants in emergency medicine. At the time of inspection, there were seven consultants in emergency medicine posts employed on a permanent basis and one WTE associate specialist. The hospital also provided consultant cover to the Louth Hospital injury unit and the emergency department in Our Lady's Hospital Navan. At the time of inspection there was one emergency medicine consultant post unfilled due to long-term leave and the hospital was progressing plans to

**** Surge capacity –The number of additional inpatient beds in operation temporarily to meet demand such as the day services unit and the AMAU.

++++ 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.

fill this vacancy. The hospital also was actively recruiting to fill the two additional approved permanent consultant in emergency medicine posts, with planned interview dates.

The hospital had a WTE consultant paediatrician based in the emergency department, supported by paediatric NCHDs rotating to the emergency department from the paediatric unit. The hospital had recognised the need for increased consultant paediatricians in the emergency department and had submitted a business case, which had yet to be advanced based on funding and approval.

Consultants in the emergency department were operationally accountable and reported to the clinical director. Attendees to the emergency department were assigned to the consultant on call until admitted or discharged. If admitted, the patient was under a specialist consultant and remained in the emergency department until an inpatient bed was available. A senior clinical decision-maker^{****} at consultant or registrar level was onsite in the emergency department on a 24/7 basis. Consultants in emergency medicine were on site during core hours^{§§§§} Monday to Saturday. Outside core working hours, medical oversight of the emergency department was provided by the on-call consultant in emergency medicine.

There was an approved WTE of 19 registrars, but there were only 10 registrars in post at the time of inspection. Some of these deficits have been partly allayed by filling registrar posts with senior house officers where there was an approved WTE of 14 but there were 20 SHOs in post. There were also four additional agency NCHDs at the hospital. The hospital had recognised the need for additional NCHDs based on the increasing demand and complexity of patients attending the department. This was under review by the hospital management at the time of inspection.

Nurse staffing levels in the emergency department of Our Lady of Lourdes were compliant with those set out in the *Framework for Safe Nurse Staffing and Skill mix in Adult Emergency Care Setting in Ireland* ^{*****} and at the time of inspection the department only had a deficit of two staff nurses. On the day of inspection all nursing shifts were covered. Nurse management in the emergency department comprised an ADON for the emergency division who focused on the operational, strategic and managerial functioning of the department and an ADON for patient flow in the emergency department. Two WTE CNM 3s provided professional and clinical leadership seven days a week. A CNM 2 shift leader coordinated activity of the department on a 24/7 basis. Clinical facilitators were available in the adult and paediatric departments, and a CNM 2 has been appointed for admitted patients. There were 18 advanced nurse practitioners (or candidates) working out of the emergency department in the areas of trauma, paediatrics, minor illness, minor injuries,

**** 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.

§§§§ Core consultant in emergency medicine cover ranged between 8am–5pm or 8am–10pm Monday to Saturday. Shifts worked was based on the consultant's contract.

***** 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/>

rapid assessment and treatment. There were also specialist nurses in alcohol misuse and GP liaison roles.

The paediatric emergency department was staffed by 22 nurses, of which seven were registered children's nurses. The hospital outlined ongoing support to upskill and provide education for the nurses in the paediatric unit, including support for post graduate education in children's nursing.

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. Evidence provided demonstrated that the compliance rates for nurses and NCHDs in the uptake of mandatory and essential training was very good (93-100%) in relation to – early warning systems, infection prevention and control, basic life support, advanced cardiac life support, management of complaints and the use of Identify, Situation, Background, Assessment and Recommendation tool (ISBAR)^{††††} tool.

Overall, evidence was provided that hospital management were planning, organising and managing their medical and nursing staff in the emergency department to support the provision of high-quality, safe healthcare. However, as with many other hospitals there were challenges in recruitment of registrars in the department and there were unfilled consultant emergency medicine posts. The hospital had plans in place to recruit into these posts. Filling these roles is key to achieving the service objectives for high-quality, safe and reliable healthcare.

Judgment: Substantially compliant

Quality and Safety Dimension

Inspection findings in relation to the quality and safety dimension are presented under two national standards (1.6 and 3.1) from the two themes of person centred care and support and safe care and support. The hospital was found to be partially compliant against national standards 1.6 and 3.1. 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.

People have a right to expect that their dignity, privacy and confidentiality is respected and promoted when attending for emergency care. Person-centred care and support promotes

†††† ISBAR: Identify, Situation, Background, Assessment and Recommendation tool is used to support communication in relation to the deteriorating patient.

and requires kindness, consideration and respect for the dignity, privacy and autonomy of people who require care.

While efforts to maintain dignity and privacy were observed such as staff taking patients from corridor trolleys to cubicles for examination, it was not possible to maintain privacy and confidentiality when communicating and interacting with patients being cared for on chairs or trolleys outside cubicles. There was a risk that others (patients, visitors and staff) could overhear patient-clinician conversations and personal information exchanged between patients, medical and nursing staff. Patients who were admitted into surge capacity in the AMAU were accommodated on trolleys and not beds and had no access to shower facilities.

The hospital had introduced initiatives to improve the patient experience within the department. There was a dementia friendly cubicle to enhance care for this cohort of patients. In response to patients' feedback, the hospital had developed a standard operating procedure to support pregnant women who presented to the emergency department with suspected miscarriage. These women were identified at registration and brought to a sub-waiting area separate to the main waiting area. Staff reported that efforts were made to prioritise these women to a single room with an ensuite toilet, but due to limited single rooms this is not always possible.

Two family rooms were available in the department for families of patients who were extremely ill or at end of life. Staff reported that patients who were nearing the end of life were prioritised for a single room in the department and also for a bed in the hospital following liaison with the patient flow department.

In general, the inspectors observed that patients' healthcare records were stored in line with general data protection and regulation standards in the emergency department.

Overall, there was evidence that hospital management and staff were aware of the need for, 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. However, the provision of dignity and respect was challenging in the overcrowded environment of the emergency department, with admitted patients accommodated in the department and patients accommodated on trolleys and chairs on the corridor.

Judgment: Partially compliant

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

Prolonged emergency department stay is a high risk for patients and is associated with increased morbidity and mortality.^{****} The inspectors found that there were systems and processes in place to identify, evaluate and manage potential risks to service users and the hospital was taking action to minimise these risks. However, long waits for medical review and extended stays in the emergency department created potential risk to patients.

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, average length of stay and ambulance turnaround times. The hospital's compliance with quality indicators was reviewed regularly and reported in appropriate forums at hospital and group level. Clinical pathways and admission avoidance strategies were developed within the hospital. Notwithstanding this, the high attendance rate and lack of availability of inpatient beds resulted in long wait times for medical reviews and long stays for admitted patients in the emergency department awaiting an inpatient bed.

At 11am on the day of inspection:

- the range of waiting time from triage to medical assessment was 6 minutes to 15 hours with an average wait time of 5 hours.
- the range of waiting times from decision to admit to admission to an inpatient bed ranged from 2 hours 46 minutes to 22 hours, with an average of 6 hours 51 minutes.
- the patient's wait time from decision to admit to admission to an inpatient bed ranged from 50 minutes to 11 hours.

The long patient waits for medical assessment was raised with staff on the day of inspection. Measures in place to mitigate the risks associated with the potential deterioration of undifferentiated patients awaiting review in the waiting area were outlined to inspectors. For example, the hospital had fully implemented the Emergency Medicine Early Warning System (EMEWS). There was an EMEWS nurse allocated to the emergency department waiting room on a 24/7 basis. The EMEWS nurse undertook regular observation on patients awaiting medical review based on their triage category. Patients were re-triaged and re-categorised as appropriate. Additional measures to mitigate the risks already outlined in this report included a review of the current NCHD levels in the emergency department and medium to long terms plans for additional inpatient capacity.

The department also used the appropriate early warning systems for the relevant cohorts of admitted patients accommodated in the emergency department. For example the Irish National Early Warning System (INEWS), Irish Early Maternity Warning System (IMEWS), Irish Paediatric Early Warning System (IPEWS) were in use in the department. There was evidence that the sepsis six tool was also in use and escalation of the care of patients with

^{****} Boudi, Z., Lauque, D., Alsbri, M., Östlundh, L., Oneyji, C., Khalemsky, A., Lojo Rial, C., W. Liu, S., A. Camargo Jr, C., Aburawi, E. and Moeckel, M., 2020. Association between boarding in the emergency department and in-hospital mortality: a systematic review. *PLoS One*, 15(4), p.e0231253.

signs of sepsis was triggered in a selection of nursing documentation viewed on the day of inspection. Established standard operating procedures were in use to support the management of pregnant women presenting to the department.

Patients over 75 years of age are particularly vulnerable to harm in the emergency departments. In 2023, the hospital had the highest number of attendances of all model 3 hospitals of patients aged 75 years and over. The hospital reported having interventions particularly targeted at monitoring and expediting the flow of patients over 75 years of age through the department. However on the day of inspection there were six patients over 75 years of age who were in the department over nine hours, and one patient over 75 years of age who had been in the department greater than 24 hours.

The hospital's rate of patients who leave the department before completion of treatment was 12%, just above the HSE's national target of 11%. The hospital had a system in place to monitor and follow up on these patients, led by a consultant in emergency medicine.

Inspectors were informed that the hospital was challenged with emergency department attendees who required specialist services that were not available within the hospital, such as child and adolescent mental health services. This risk had been escalated to the corporate risk register and existing controls in place to mitigate these risks were outlined to inspectors on the day of the inspection.

Ambulance turn-around times were monitored by the hospital. Evidence provided demonstrated that the average daily range of ambulance turn-around times from arrival to electronic signature sign off ranged from 25 minutes to 41 minutes on the week prior to the inspection. In 2023, 75% of patients arriving by ambulance at the emergency department were handed over with 20 minutes of arrival. The percentage was 69% year to date in 2024. There was an ambulance triage nurse and an ambulance liaison person in place to support ambulance turn-around times.

Inspectors were satisfied that risks related to the emergency department were managed in line with the HSE's risk management policy and procedure. Risks and the effectiveness of control measures applied to mitigate actual and potential risks to patient safety were reviewed regularly at the Emergency Medicine Governance Committee. The emergency departments risk register was updated to reflect progress and review dates. One of the highest rated risks on the emergency department's risk register related to overcrowding. This risk had been escalated to the RCSI group risk register.

The risk of failing to comply with infection prevention and control (IPC) standards due to overcrowding was on the emergency department's risk register with controls such as access to advice from the IPC team and dedicated cleaning staff in place. This was confirmed by staff during interviews. Inspectors observed that the environment was clean and well maintained on the day of inspection. Twice monthly hand-hygiene audits undertaken in the emergency department in the year to date demonstrated compliance ranging from 64% to 91% against the national target of 90%. Evidence of quality improvements plans and re-audits to improve practice were seen by inspectors. Patients

were to be screened for *Carbapenemase-Producing Enterobacterales* (CPE),^{§§§§§} *Methicillin-Resistant Staphylococcus aureus* (MRSA) and for other multidrug-resistant organisms (MDROs) as appropriate on admission to an inpatient bed in the hospital (within 24 hours) in line with national guidance. However, if a patient remained in the emergency department longer than 24 hours they were not screened in the emergency department. This was an opportunity for improvement as some admitted patients were in the emergency department for over 24 hours on the day of inspection. Patients with a history of multi-drug resistant organisms (MDRO) were flagged at registration by the hospital's patient information management system. Inspectors were informed that patient placement was managed by the CNM 2 with support from the infection prevention and control nurse. 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.

The emergency department had two clinical pharmacists. Medication reconciliation was reported to inspectors as being performed for patients in the emergency department, with a limited service for patients in AMAU, prioritised by clinical risk. Staff were aware of high-risk medications and sound-alike look-alike drugs. Signage regarding high-risk medications and sound-alike look-alike drugs were on view in medication preparation areas. An automated dispensing medication cabinet was in use to support medication safety in the emergency department.

Evidence of use of the Identify, Situation, Background, Assessment and Recommendation Read-back Risk (ISBAR₃)^{*****} as a tool for handover of patients' care between areas was seen by inspectors in patients' healthcare documentation.

Inspectors were satisfied that there was an effective system in place at the 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. Patient-safety incidents that occurred in the emergency department were reported on the National Incident Management System (NIMS).^{†††††} Patient-safety incidents and SREs were discussed at the Emergency Medicine Governance Committee, QSEC meetings and at group performance meetings. 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.

^{§§§§§} *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.

^{*****} Identify, Situation, Background, Assessment and Recommendation Read-back Risk (ISBAR₃) communication tool. The ISBAR₃ clinical handover tool is the nationally recommended standardised tool for conducting clinical handover recommended for inter-departmental and shift clinical handover.

^{†††††} 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).

Notwithstanding the systems and processes in place to identify, evaluate and manage potential risks to patients, the long waits for medical reviews and the long patients' stays in the emergency department created a potential risk to patient safety.

Judgment: Partially compliant

Conclusion

An unannounced one-day inspection was undertaken of the emergency department of Our Lady of Lourdes Hospital Drogheda on 25 April 2024 to assess compliance with four national standards from the *National Standards for Safer Better Healthcare*. 5.5, 6.1, 1.6 and 3.1.

Capacity and Capability

The hospital had effective arrangements in place with defined lines of responsibility and accountability for the governance and management of unscheduled and emergency care at the hospital. However, despite the hospital management's efforts to address the issues of patient flow and capacity, the hospital's emergency department was overcrowded relative to its planned capacity and the waiting times for medical review and admission to an inpatient bed were such that these represented a potential risk to patient safety. On the day of inspection the hospital was over its intended capacity, which resulted in the practice of accommodating admitted patients in the emergency department, AMAU, ASAU and day service unit. This is a sign of a system-wide problems in relation to patient flow. Use of surge capacity for prolonged lengths of time is not sustainable, and impacts efficiencies in areas such as the AMAU and ASAU and the day services unit.

Quality and Safety Dimension

The hospital management were planning, organising and managing their nursing and medical workforce in the emergency department to support the provision of high-quality, safe healthcare. However, there were unfilled posts for consultants in emergency medicine and registrar at the time of inspection.

Hospital management and staff were aware of the need to respect and promote the dignity, privacy and autonomy of people receiving care in the emergency department. Notwithstanding this, the practice of accommodating admitted patients in the emergency department and the practice of placing patients on trolleys in the emergency department outside of cubicles impacted on the meaningful promotion of the patient's dignity, privacy and autonomy.

Following this inspection, HIQA will continue to monitor the hospitals progress in implementing actions to enhance the capacity, capability, quality and safety of the emergency services, as set out in the compliance plan submitted to HIQA by hospital management.

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 Our Lady of Lourdes 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
Standard 6.1: Service providers plan, organise and manage their workforce to achieve the service objectives for high-quality, safe and reliable healthcare.	Substantially compliant

Quality and Safety Dimension

Theme 1: Person centred Care and Support

Standard 1.6: Service users' dignity, privacy and autonomy are respected and promoted.	Partially compliant
Standard 3.1: Service providers protect service users from the risk of harm associated with the design and delivery of healthcare services.	Partially compliant

Appendix 2 -Compliance Plan Our Lady of Lourdes Hospital, Drogheda

Compliance Plan Service Provider’s Response

National Standard	Judgment
<p>Standard 5.5: Service providers have effective management arrangements to support and promote the delivery of high-quality, safe and reliable healthcare services.</p>	<p>Partially compliant</p>
<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> <ol style="list-style-type: none"> 1. A 16 Bed Modular build is currently in planning phase. Planning Permission was submitted June 2024 and, subject to funding, it is planned to be operational for December 2024. 2. The appointment of a new Consultant neurologist & the imminent commencement of a new stroke consultant (Sept 24) will allow for the establishment of a rapid access TIA clinic. Proposed commandment Q4 2024 3. Waiting list initiatives have been prioritised as evidence suggest patients who are waiting on an outpatient appointment for an extensive period of time are more likely to require an emergency admission with the same complaint through ED. Insourcing Initiatives in place for 2024 include: Cardiology, Endoscopy, Orthopaedics, Gynaecology. Outsourcing Initiatives include Urology. 4. Progression of Enhanced Community Care Consultant posts between hospital & community: Consultant Geriatrician in place. Consultant Cardiologist commencing August 2024. Consultant Endocrine commencing August 2024. Consultant Respiratory progress to advertise Q4 2024. 5. As chest pain is identified as one of the highest presenting complaints to ED, business cases are being prepared for the development of a designated chest pain assessment service in ED in conjunction with rapid access outpatient chest pain clinics this improving compliance with patient experience times. Interview for new Cardiology Consultant in August 24. 6. Business cases have been submitted for additional staffing to further increase capacity in the acute medical assessment Unit (AMAU) and in the surgical assessment unit (ASAU) over a 24/7 period. Increasing access in both areas will enhance compliance with patient experience times. This is subject to National approval as a new service development. 	

7. Business cases for additional staffing in cardiac diagnostics and radiology to extend the service to 7 days have been submitted and are subject to approval at National level.

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

We recognise that additional inpatient capacity is necessary to alleviate overcrowding in not only in the Emergency department but also to reduce the volume of inpatients awaiting admission in surge areas.

The Department of Health "*Acute Inpatient Bed Capacity Expansion Plan (2024-2031)*" supports the delivery of 96 new inpatient beds before 2028

A 16 Bed Modular build is currently in planning phase. Planning Permission was submitted June 2024 and, subject to funding, it is planned to be operational for December 2024

A feasibility study was also conducted in April 2024 for the conversion of Boyne Ground Floor West (GFW) into an inpatient ward. The feasibility study identified the potential for 18 additional inpatient beds that could be delivered in 2 phases, subject to funding.

- Phase 1 (8 beds): Tender has been issued in July 2024. Tender phase due to complete in August 2024. Progression subject to funding.
- Phase 2 (10 beds): Planning application has also been submitted in July 2024. Planning. Planning Decision expected September 2024. Progression subject to funding.

Crosslanes Outpatient development has received planning permission in Q2 2024. This project has progressed to Tender stage. Subject to funding and approval, planned to be operational for Q1/Q2 2026. This will facilitate the relocation of some outpatient services from the main hospital campus. As such this will allow for further development of inpatient capacity from 2026 onwards.

Timescale:

Timescales as noted above

National Standard	Judgment
Standard 1.6: Service users' dignity, privacy and autonomy are respected and promoted.	Partially compliant
Outline how you are going to improve compliance with this standard. This should clearly outline:	

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

A 16 Bed Modular build is currently in planning phase. Planning Permission was submitted June 2024 and, subject to funding, it is planned to be operational for December 2024.

The creation of additional inpatient beds will ensure additional capacity to see and treat undifferentiated patients within a timely manner and in an environment that promotes patients privacy and dignity. This will reduced dependence on surge areas and reduce prolonged wait times for patients in the Emergency Department awaiting inpatient beds.

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

The introduction of new service development's as listed in Standard 5.5 will also improve patient experiences

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Timescale:

Timescales as noted above

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.	

As part of the National Emergency Medicine Programme (EMP) Our Lady of Lourdes Hospital, Drogheda was chosen as a pilot site to develop a fast track streaming protocol for the triage of patients >75 years. A recent PDSA cycle showed the average time to first Clinician review had reduced by 49 minutes since the implementation of the process. Delays have been identified when patients are referred for a specialist review. As a result this protocol is currently under review for possible extension to all specialities. Update to protocol to be completed by Q4 2024

Long waits for medical review: The 3rd Medical SHO on call working hours have been realigned to attend ED pending activity and acuity levels. Commencement July 2024

Medical Consultant on-call now reviews admitted patients in ED on the day of their admission. Commencement July 2024

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

As described in Standard 5.5 and 1.6 the creation of additional inpatient beds will improve compliance with this standard.

The Department of Health "*Acute Inpatient Bed Capacity Expansion Plan (2024-2031)*" supports the delivery of 96 new inpatient beds before 2028

A 16 Bed Modular build is currently in planning phase. Planning Permission was submitted June 2024 and, subject to funding, it is planned to be operational for December 2024

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