ANNUAL CLINICAL PERFORMANCE
MEASUREMENT REPORT 2014
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INTRODUCTION

The Mater Private’s goal is to achieve the best patient outcomes and to eliminate preventable harm to patients. The hospital defines quality as “a comprehensive look at all aspects of a patient’s experience”. We seek excellence in care, medical knowledge, experience and technology. Quality and Patient Safety is the Number 1 priority for everyone who works at the Mater Private Hospital. We strive to provide safe and effective care for each and every patient.

Quality can be measured through:
- Outcomes, such as mortality rates and surgical infections
- Compliance with evidence-based practices and processes
- Volume of patients treated with complex diagnoses and their outcomes

Quality can also be measured in other ways, such as:
- Ensuring waiting times, for both consultation and procedures, are short
- The amount of time spent with each patient
- Making sure each patient is treated with respect, kindness and dignity by every member of the hospital care team

The Mater Private is constantly striving to improve the care we deliver. We seek independent validation of our work to ensure our care is best in class. Partnering with Joint Commission International and Hospital Consumer Assessment of Healthcare Providers and Systems is a reflection of that desire. Joint Commission International (JCI) is recognised as the international leader in healthcare accreditation. The Mater Private was first awarded this prestigious accreditation in 2002 and was successfully resurveyed and re-accredited in 2005, 2008, 2011 and again in 2014. The hospital is also part of the US based Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) since 2012. We are the only hospital in Ireland to participate in this scheme which focuses on the patients experience in the hospital. In addition to patient feedback through comment cards, surveys and patient forums provide valuable insight into patient experience. The HCAHPS survey and other patient feedback mechanisms help us to continually adapt and improve the care we provide to patients.

Hygiene is a core component of quality care. In 2012 we topped the National Hand Hygiene Compliance Audit of 44 acute hospitals. And in 2013 we were ranked number 1 in Europe by the World Health Organisation for hand hygiene. These achievements reflect our approach to infection control.

The Mater Private places a strong focus on the delivery of exceptional outcomes to our patients, and while there are many measures to evaluate outcome, one relates to the level of patient readmission to the hospital. At the Mater Private our 30 day readmission rate is less than 1.03% compared internationally with rates of 8-15%. Quality and patient safety permeates through the entire organisation. It requires the entire team working together towards shared goals and being supported with on-going education, training and professional development.
The 2014 overall mortality rate is 0.97 per 100 discharges which is below the IQIP (International Quality Indicator Project) benchmark of <1.02.

The majority of deaths occurred within the oncology speciality. Our palliative care team work closely with the oncology speciality to ensure that these patients receive quality end-of-life care.
Hospital readmission rates have been proposed as an important indicator of patient health outcome and healthcare system performance. They are also regarded as an indicator of poor care or a lack of coordination of care services. High-quality care means safe and effective care, to ensure that patients who leave the hospital do not have to be readmitted. One of our key measurements is the 30-day hospital readmission rate.

THE RATE OF UNSCHEDULED READMISSIONS IN THE MATER PRIVATE IS 1.03% AND THIS IS LOWER WHEN COMPARED TO THE NHS RATE OF 7% WHICH WAS IDENTIFIED IN A RECENT STUDY.

The Mater Private rate is also significantly lower than the IQIP benchmark of 15%. Strategies have been put in place in the Mater Private to ensure the continuation of a low unscheduled readmission rate. These include a focus on discharge planning which starts on patient admission to hospital, and incorporates the wider multi-disciplinary team and individualised patient centred care and patient education.

UNSCHEDULED READMISSIONS TO HOSPITAL

MATER PRIVATE 2014 RATE: 1.03%
NHS UK RATE: 7%
IQIP INTERNATIONAL RATE: 15%
An unscheduled return to theatre is defined as a patient who is readmitted to theatre with a complication related to the first theatre visit, during the same episode or hospital stay.

Unplanned returns to theatre occur across a broad spectrum of surgical procedures and carry significant implications for patients and the hospitals they occur in. Although unscheduled returns to the operating room cannot always be avoided, they are usually considered an undesired outcome.

The graph below demonstrates that returns to theatre at the Mater Private are lower than the international IQIP average.
CONSULTANT AND MEDICAL ASSESSMENT DURING HOSPITAL STAY

All patients are assessed in terms of their physical, medical, psychological and social needs on admission to the Mater Private. This is to evaluate existing co-morbidities or to identify new medical issues that may present prior to planned surgery or treatment. The findings of the admission assessment should be available to all those involved in the provision of patient care so that the appropriateness and effectiveness of care given is evaluated on an ongoing basis.

As part of our commitment to evidence based practice, the Mater Private aims to have all patients assessed within 24 hours of admission to hospital. 96% of patients were seen by a consultant within 24 hours of admission.

96% AVERAGE COMPLIANCE WITHIN 24 HOURS OF ADMISSION
The Mater Private takes a proactive approach to identifying potential risk factors for patient falls. Interventions are based on proactive assessment and anticipation of patient needs. Staff awareness is also emphasised through education sessions. This was a hospital wide initiative and involved participation from the entire multi-disciplinary team.

The overall number of inpatient falls in the Mater Private was below the international benchmark of 3.92 per 1,000 bed days (Agency for Healthcare Research and Quality).

**MATER PRIVATE INPATIENT FALLS RATE; 3.29 PER 1,000 BED DAYS BELOW THE AHRQ INTERNATIONAL BENCHMARK OF 3.92 PER 1,000 BED DAYS**
INFECTION PREVENTION & CONTROL

Section 2
HAND HYGIENE

Hand Hygiene is the single most important factor in preventing the spread of infection. The Infection Prevention and Control Team carry out frequent hand hygiene audits which incorporate the World Health Organisation’s guidelines on the 5 moments of hand hygiene. Feedback is provided to all clinical areas following each audit and specific staff groups are given education when indicated. Monthly audit results are also presented at our Heads of Department meeting as well as to the Mater Private QUEST (Quality Using Effective and Safe Treatments) steering committee to ensure that the awareness of the correct practice of hand hygiene is embedded into our culture of safety.

In 2014 we exceeded the HSEs national target for Hand Hygiene compliance.

**HAND HYGIENE**

**TARGET:** 90%

**OUR RESULT:** 91%

HEALTH CARE ASSOCIATED INFECTION SURVEILLANCE

As part of the surveillance programme for Health Care Associated Infections (HCAI), all microbiology reports are reviewed by the Infection Prevention and Control Nurse and Consultant Microbiologist. This includes all outpatient, day patient and inpatient tests.

**47,587 MICROBIOLOGY REPORTS REVIEWED**

All reports indicating possible infection are followed up with the Consultant Microbiologist and and the admitting consultant as necessary. Patient review and follow-up is organised as required with the admitting consultant or GP if post-discharge.
HIQA HAND HYGIENE AUDITS

86% OF NEW EMPLOYEES RECEIVED INFECTION PREVENTION AND CONTROL EDUCATION

Using a combination of organised staff education sessions and impromptu sessions at ward and department level, infection prevention and control training was provided throughout the year.

STAFF EDUCATION

All departments were audited by the Infection Prevention and Control Team to ensure HIQA compliance.

Audits of each department in relation to waste management, hand hygiene, equipment cleanliness, environment cleanliness, medical device management and sharps disposal were carried out using standardised Infection Control Nurses Association (ICNA) audit tools.

In addition to HIQA style audits, Adenosine Triphosphate (ATP) equipment audits were done in order to assess equipment cleanliness.
CLINICAL CARE MEASURES: SURGICAL SITE INFECTIONS

A surgical site infection (SSI) is an infection that occurs after surgery in the part of the body at the site where the surgery took place. SSIs can be superficial infections or may be more serious involving deep tissue under the skin, organs or implanted prostheses. The Centre of Disease Control (CDC) healthcare-associated infection prevalence survey found that there were an estimated 157,500 surgical site infections associated with inpatient surgeries.

At the Mater Private we use the National Hospital Surveillance Network (NHSN) to benchmark all our SSI rates for specific specialty procedures. Despite advances in antisepsis, asepsis, antibiotic prophylaxis and surgical techniques, SSIs continue to complicate the postoperative course in some patients.

CARDIOTHORACIC SURGICAL SITE INFECTION RATE

Infections after cardiothoracic surgery are recognised as an important cause of mortality, morbidity, prolonged hospital stay, increased need for antimicrobial therapy and higher concomitant costs. SSIs are also reported to decrease patients’ quality of life and patient experience while in hospital. The majority of the infections recorded in 2014 were classified as superficial. There were no organ/deep infections, hospital acquired endocarditis or mediastinitis recorded.

As a centre of excellence, the Mater Private provides acute and urgent cardiac care to a range of patients who may have complex medical issues. 45% of patients who developed a SSI in 2014 had diabetes.

INVASIVE CARDIOLOGY SURGICAL SITE INFECTION RATE

More than 6,000 invasive cardiology procedures were carried out in 2014 in the Mater Private Hospital. SSI rates following Permanent Pacemaker (PPM) and Implantable Cardiac Defibrillators (ICD) and other invasive cardiology procedures are monitored for 3 months from insertion of the device as per updated CDC guidelines. There has been a reduction in SSIs since the standardisation of antibiotic prophylaxis. **No patients who underwent Angiogram or Percutaneous trans-luminal coronary angioplasty (PTCA) developed a SSI.**

<table>
<thead>
<tr>
<th>Speciality</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cardiovascular</td>
<td>2.42%</td>
<td>2.52%</td>
<td>3.49%</td>
<td>2.76%</td>
</tr>
<tr>
<td>ANGIOGRAM: 0%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PTCA: 0%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ICD/PM: 0.2%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
CLINICAL CARE MEASURES: SURGICAL SITE INFECTIONS

ORTHOPAEDICS

Over 1,500 Orthopaedic surgeries were carried out in 2014. There has been a decrease in the number of orthopaedic SSIs within the Mater Private in previous years.

<table>
<thead>
<tr>
<th>Speciality</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Orthopaedics</td>
<td>1.2%</td>
<td>0.88%</td>
<td>1.11%</td>
<td>0.67%</td>
</tr>
</tbody>
</table>

44% REDUCTION IN ORTHOPAEDIC SSIs SINCE 2011

NEUROSURGERY

Over 550 neurosurgical procedures were carried out in 2014, of which, 0.3% of patients developed a SSI.

<table>
<thead>
<tr>
<th>Speciality</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Neurosurgery</td>
<td>0.34%</td>
<td>0.13%</td>
<td>0.63%</td>
<td>0.35%</td>
</tr>
</tbody>
</table>

44% REDUCTION IN NEUROSURGERY SSIs SINCE PREVIOUS YEAR
CLINICAL CARE MEASURES: SURGICAL SITE INFECTIONS

Over 1,000 surgical procedures were carried out by urologists during 2014 in the Mater Private Hospital. Rates of SSIs have been consistently low over recent years.

<table>
<thead>
<tr>
<th>Speciality</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Urology</td>
<td>0.22%</td>
<td>0.00%</td>
<td>0.3%</td>
<td>0.18%</td>
</tr>
</tbody>
</table>

40% REDUCTION IN UROLOGY SSIs SINCE PREVIOUS YEAR
ANNUAL CLINICAL PERFORMANCE MEASUREMENT REPORT 2014
Infection Prevention & Control

VENTILATOR ASSOCIATED PNEUMONIA RATES

Rates of Ventilator Associated Pneumonia (VAP) are monitored in the Intensive Care Unit. Rates have fallen each year due to the implementation of best international practice in relation to patient positioning and care whilst ventilated. These measures have resulted in positive patient outcomes, with no reported VAP cases in the Mater Private since 2012.

![Graph showing the decrease in VAP rates from 2011 to 2014.]

ZERO CASES OF VAP IN
2012
2013
2014

16
INFECTION RATES

METHICILLIN-RESISTANT STAPHYLOCOCCUS AUREUS (MRSA)

The Mater Private Hospital Infection Prevention and Control department have actively managed the risks of MRSA in the hospital using international best practice to guide our management of patients with increased risk of MRSA colonisation on admission. By actively seeking out those most likely to be MRSA positive and segregating them from other patients until they are found to be negative for MRSA, risks of MRSA acquisition for other patients can be reduced. The risk factors examined are based on international research. This process of screening and pre-emptive isolation began in 2009. It has contributed to reducing the numbers of patients acquiring MRSA in our hospital in the past number of years.

BLOOD STREAM INFECTION (BSI)

Our device associated BSI rate for 2014 was 0.27 per 1,000 bed days.

The blood stream infection rate was 0.52 per 1,000 bed days in 2014.

URINARY TRACT INFECTIONS

Rates of catheter associated urinary tract infections in the Mater Private were 0.67 per 1,000 bed days.

46% REDUCTION IN NOSOCOMIAL MRSA SINCE 2011
HEART & VASCULAR

Section 3
The Heart & Vascular Centre at the Mater Private is a multi-specialty care centre providing world class cardiovascular care.

**A major focus of the centre is the access to care. Our services include:**

- **24/7 URGENT CARDIAC CARE**
- **CATH LABS AVAILABLE 24 HOURS A DAY, 365 DAYS A YEAR**
- **LOCAL SATELLITE CLINICS SO PATIENTS CAN BE INITIALLY ASSESSED AND FOLLOWED UP CLOSE TO THEIR HOME**

<table>
<thead>
<tr>
<th>Year</th>
<th>Outreach Cardiac Clinics</th>
<th>Urgent Cardiac Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012</td>
<td>615</td>
<td>2000</td>
</tr>
<tr>
<td>2013</td>
<td>1802</td>
<td>2700</td>
</tr>
<tr>
<td>2014</td>
<td>2190</td>
<td>2957</td>
</tr>
</tbody>
</table>

Patient Attendances 2012-2014

Attendances at our Urgent Cardiac Care Service and Outreach Clinics have continued to rise over the past 3 years, supporting patient demand for better access to care.
Every year, approximately 10,000 people die from cardiovascular disease (CVD) – including coronary heart disease, stroke and other circulatory diseases (Irish Heart Foundation).

CVD remains the most common cause of death in Ireland, accounting for a third of all deaths. The majority of these deaths (5000 annually) are caused by coronary heart disease – predominantly by heart attack. Interventional approaches to restore the heart’s blood supply is key in preserving heart function.

**In 2014, The Mater Private Heart & Vascular Centre performed over 3,300 angiograms and treated over 1,100 patients with an angioplasty.**
Prognosis for post-AMI patients varies greatly depending on the extent of damage to the heart, the patient's health and the treatment given.

**IN 2014, ALL PATIENTS THAT UNDERWENT CARDIOTHORACIC SURGERY WERE GIVEN ASPIRIN ON ADMISSION AND ON DISCHARGE.**

Left Ventricular Systolic Dysfunction (LVSD) commonly occurs as a result of AMI.

Prescribing Angiotensin Converting Enzyme Inhibitors (ACEI) or Angiotensin Receptor Blockers (ARB) for patients with LVSD has a significant positive impact on post-AMI patient outcomes.

**100% OF MATER PRIVATE HOSPITAL PATIENTS DIAGNOSED WITH LVSD FOLLOWING AMI RECEIVED ACEI OR ARB’S.**

DATA SOURCE: Dendrite Clinical Systems
MORTALITY FOLLOWING AN ACUTE MYOCARDIAL INFARCTION (AMI)

Following AMI, patients can experience a range of complications from mild to life threatening. No patients who presented with AMI at the Urgent Cardiac Care unit died in 2014. This is significantly lower than the observed AMI mortality rate of 13.5% at the Cleveland clinic. Our low mortality rate for this cohort of patients is a reflection on our improved access to cardiac care services within the Mater Private.

DATA SOURCE: Dendrite Clinical Systems
REF SOURCE: Cleveland Clinic Heart & Vascular Institute Outcomes Report 2014
CARDIOTHORACIC SURGERY & PATIENT DEMOGRAPHICS

The Mater Private Heart & Vascular Centre is the most advanced cardiovascular care centre of its kind in the region.

Coronary Artery Bypass Graft (CABG) was the most common cardiothoracic surgery carried out in 2014.

In 2014, the patients attending the Mater Private Hospital for CT surgery were predominantly men aged 60 years and older.
Venous Thromboembolism (VTE) which includes Deep Vein Thrombosis (DVT) and Pulmonary Embolism (PE) is a common complication during and after hospitalisation.

PE accounts for 5-10% of deaths in hospitalised patients, making VTE the most common preventable cause of in-hospital death. The Mater Private Hospital follow evidence based guidelines to administer VTE prophylaxis following CT surgery to reduce the risk of PE and DVT in patients.

Research shows that antibiotics given within one hour prior to surgery reduces the risk of patients obtaining a surgical wound infection. Antibiotic prophylactic administration should be stopped at 24hrs post surgery to reduce the risk of antibiotic resistance and unwanted side effects such as stomach ache and diarrhoea.

In 2014, all patients that underwent cardiothoracic surgery were given antibiotics within the hour prior to surgery and had their antibiotics discontinued at 24hrs following surgery.
CLINICAL OUTCOMES

In 2014, the Mater Private performed over 340 cardiothoracic (CT) surgical procedures.

Our mortality rate for CT surgery was 0.59%.

Compared to the overall CT mortality benchmark from the Society for Cardiothoracic Surgery (SCTS) in Great Britain and Ireland of 2.74%, the Mater Private mortality rate sits below this benchmark.
Clinical outcomes after major surgery are poorly described at the national level and therefore we compare our outcomes to internationally published data.

In 2014, the Mater Private had no associated mortalities for aortic valve replacement (AVR) and mitral valve replacement (MVR) surgeries. Compared to international hospitals, the Mater Private sits far below the average mortality rate for these procedures.
ORTHOPOAEDICS

Osteoarthritis is caused by ‘wear and tear’ of joint cartilage and bone and is considered an age and weight-related condition. With an aging population and an increased prevalence of obesity in Ireland, the number of people developing osteoarthritis is expected to rise.

**HIP ARTHROSCOPY**

The Mater Private Hospital offers new options to delay or eliminate the need for total hip replacement in active patients under 60 years of age.

The use of hip arthroscopy to diagnose femoro-acetabular impingement, considered a precursor to arthritis, may prevent disease progression and the need for total hip replacement if the condition is recognised and treated early.

Hip arthroscopy can be performed as an outpatient procedure and offers faster recovery compared to open hip procedures.

**20 HIP ARTHROSCOPIES WERE PERFORMED IN 2014**
ENHANCED RECOVERY PROGRAMME (ERP)

The ERP is an evidenced based programme designed to help patients recover faster following joint replacement surgery. The programme aims to minimise the physical and mental impact of surgery so patients can return to full function as quickly as possible.

The Mater Private comprehensively screens patients at Pre-operative Assessment Clinic (PAC) to identify underlying conditions that could affect a patients surgical outcomes and recovery.

IN 2014, WE HELD 28 JOINT SCHOOLS WITH 332 PATIENTS ATTENDING

<table>
<thead>
<tr>
<th>Enhanced Recovery Programme</th>
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</thead>
<tbody>
<tr>
<td>Pre-operative Assessment Clinic</td>
</tr>
<tr>
<td>Joint School</td>
</tr>
<tr>
<td>Same day surgery admissions</td>
</tr>
<tr>
<td>Integrated patient care pathway</td>
</tr>
<tr>
<td>Post-operative rehabilitation mobilisation</td>
</tr>
</tbody>
</table>
The age profile of spine patients ranges from under 30 years to over 90 years of age. The younger patients generally have conditions such as scoliosis; whereas the older patients typically have degenerative conditions. Patients within the 60-69 age bracket were the most commonly seen in clinic.

In 2014, the highest proportion of spinal surgeries carried out in the Mater Private were discectomies.
In 2014, all patients that underwent spine surgery were given antibiotics within the hour prior to surgery and 98.76% of these patients had their antibiotics discontinued at 24hrs following surgery. This approach led to a low incidence (0.41% - 5 cases) of spinal surgical site infections in 2014.

**CLINICAL CARE MEASURES**
Unplanned readmissions are important indicators of healthcare performance and widely regarded as key undesirable outcomes.

DURING 2014, 1% OF OUR SPINE PATIENTS WERE READMITTED (11 CASES) FOLLOWING SURGERY. 2% OF OUR SPINE PATIENTS (29 CASES) REQUIRED A RETURN TO THEATRE.
PATIENT REPORTED OUTCOME MEASURES (PROMS)

The Oswestry Disability Index (ODI) has become one of the principal condition-specific outcome measures used in the management of spinal disorders.

- 0 - 20% MINIMAL DISABILITY
- 21 - 40% MODERATE DISABILITY
- 41 - 60% SEVERE DISABILITY
- 61 - 80% CRIPPLED
- 81 - 100% BED-BOUND OR EXAGGERATING THEIR SYMPTOMS

THE AVERAGE SCORE OF PATIENT’S PRE OPERATIVELY WAS 42% PUTTING THEM IN THE CATEGORY OF ‘SEVERE DISABILITY’.

PATIENT REPORTED OUTCOME MEASURES (PROMS)

The Neck Disability Index (NDI) is designed to measure neck-specific disability. The questionnaire has ten items concerning pain and activities of daily living including personal care, lifting, reading, headaches, concentration, work status, driving, sleeping and recreation.

- 0 - 4  NO DISABILITY
- 5 - 14  MILD
- 15 - 24  MODERATE
- 25 - 34  SEVERE
- 35+  COMPLETE DISABILITY

Pre-operative surveys identified an average NDI score of 35%, placing those patients in the category of ‘Complete disability’.

At their 6/8 week post-operative consultation, the average score improved to 26%. Individual patients also scored within the mild category at this early stage of their recovery.
CANCER CENTRE

Section 5
CANCER PREVALENCE IN IRELAND

PROSTATE CANCER
In Ireland, prostate cancer continues to be the single most common cancer diagnosed in men with 3,400 cases diagnosed in 2013 (National Cancer Registry).

The Mater Private Hospital is the largest centre for treatment of prostate cancer in the country. The hospital’s expertise in robotic prostatectomies using the da Vinci Surgical System has made us a regional and tertiary referral centre for prostate cancer patients.

BREAST CANCER
Breast cancer is the most common tumour in women, constituting 30% of all invasive cancers diagnosed (excluding non-melanoma skin cancer). In 2013, 2,883 women were diagnosed with breast cancer in Ireland (National Cancer Registry).

COLORECTAL CANCER
In 2013, colorectal cancer was ranked the second most common cancer diagnosed in men and women in Ireland.

1,460 men and 1,044 women were diagnosed with colorectal cancer in 2013 (National Cancer Registry). The median age of patients diagnosed with colorectal cancer was 70 years, increasing the likelihood that patients attending clinic have greater health needs.

LUNG CANCER
In 2013, lung cancer was the third most common cancer diagnosed nationally with 1,290 and 1,026 new cases diagnosed in men and women respectively (National Cancer Registry).

National Cancer Registry Ireland cancer factsheets; accessed 26.08.2016
DISEASE

DEMOGRAPHICS

GENDER

In line with national trends [National Cancer Registry], the higher volume of colorectal cancer patients at the Mater Private Hospital were male. Lung Cancer patients were roughly split between men and women, aligning with national trends. All in-patients admitted to the Mater Private are treated in single sex/gender areas with the exception of the intensive care unit/ high dependency.

PROSTATE CANCER

National data shows that over 97.5% of prostate cancer patients are aged 50 years of age and older [National Cancer Registry].

The Mater Private Hospital’s patient cohort is consistent with the national trend.
**DISEASE DEMOGRAPHICS**

**BREAST CANCER**

60% of the Mater Private Hospital’s breast cancer patients were aged 60 years of age and under, consistent with the national trend (National Cancer Registry).

![Breast Cancer Patient Age Profile 2014](image)

**COLORECTAL CANCER**

The majority of Mater Private patients diagnosed with colorectal cancer were aged over 61 years of age, consistent with the national trend (National Cancer Registry).

![Colorectal Cancer Patient Age Profile 2014](image)

**GYNAECOLOGICAL CANCER**

National Cancer Registry data shows that the age range for gynaecological cancer is dependent on the type of cancer diagnosed. Cervical cancer is highly prevalent in women under 50 years of age whilst ovarian cancer typically affects women over 60 years of age (National Cancer Registry).

![Gynaecological Cancer Patient Age Profile 2014](image)

**LUNG CANCER**

The majority of Mater Private patients diagnosed with lung cancer were aged over 66 years of age and older, consistent with the national trend (National Cancer Registry).

![Lung Cancer Patient Age Profile 2014](image)
Our Breast Unit provides a range of clinics specifically designed to meet patient needs. This includes the Triple Assessment Clinic (TAC) which allows women to receive a clinical examination, radiological investigation and if required, tissue sampling, all on the same day.

IN 2014, OVER 600 PATIENTS ATTENDED TAC.

In the early diagnoses of breast cancer, it is key that pathology results are available in a timely manner and that the recommended processes for accurate cancer diagnosis are adhered to.

In 2014, the Mater Private reviewed the number of lymph nodes sampled in an axillary clearance for breast cancer. The findings for 2014 are as follows:

<table>
<thead>
<tr>
<th>Mean Number of Lymph Nodes Sampled</th>
<th>Mater Private 2014</th>
<th>College of American Pathologist Consensus Statement 1999*</th>
</tr>
</thead>
<tbody>
<tr>
<td>14.7</td>
<td>Minimum of 10</td>
<td></td>
</tr>
</tbody>
</table>
TIMELY DIAGNOSTIC SERVICE

THE TOTAL TURNAROUND TIME FOR ALL HISTOLOGY SPECIMENS WAS 89.44% OF SPECIMENS REPORTED AT 3 DAYS.

The Mater Private histology service continues to perform better than all other hospitals under the National Quality Assurance Intelligence System (NQAIS) benchmark.

THE TOTAL TURNAROUND TIME FOR ALL CYTOLOGY SPECIMENS WAS 87.64% OF SPECIMENS REPORTED AT 3 DAYS.
Surgery is the most common treatment for cancer (American Cancer Society). In 2014, the Mater Private completed over 680 tumour directed surgeries and measured clinical care and effectiveness in a number of ways including the American Society of Anaesthetists (ASA) score, which subjectively categorises patients into 6 subgroups (1-6).
CLINICAL CARE MEASURES

With a changing patient profile and medical treatment plans prescribed, not all surgical cancer patients were deemed appropriate for antibiotic prophylaxis.

Antibiotic Prophylaxis used for Cancer Surgery 2015

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Prophylaxis Used</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prostate</td>
<td>95.5%</td>
</tr>
<tr>
<td>Colorectal</td>
<td>93.8%</td>
</tr>
<tr>
<td>Gynae</td>
<td>93.8%</td>
</tr>
<tr>
<td>Lung</td>
<td>100%</td>
</tr>
</tbody>
</table>

Cancer Centre

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The monitoring of standards pertaining to Breast Cancer are the most developed dataset at national level and the Mater Private regularly compares itself to the 23 Key Performance Indicators as defined by the HIQA Guidelines on Symptomatic Breast Disease (2007). These indicators monitor access to services at each stage for a breast cancer patient and that the appropriate treatment is provided.

The following 2014 indicator data details the Mater Private’s performance in exceeding national targets for Breast Cancer diagnosis, intervention and follow-up treatment.

<table>
<thead>
<tr>
<th>Key Performance Indicators – Breast Cancer</th>
<th>TARGET</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>3b: For patients urgently triaged by the cancer centre and subsequently diagnosed with a primary breast cancer, the interval between attendance at the first clinic and discussion at the MDM where a B5 or C5 is first identified shall not exceed 10 working days.</td>
<td>&gt;90%</td>
<td>100%</td>
</tr>
<tr>
<td>4a: All patients who have breast investigations that generate a histopathology report shall be discussed at MDM.</td>
<td>&gt;95%</td>
<td>100%</td>
</tr>
<tr>
<td>5a: Surgical intervention will be carried out within 20 working days of the date of the MDM when a B5 or C5 was first identified, provided surgery is the first treatment.</td>
<td>&gt;90%</td>
<td>100%</td>
</tr>
<tr>
<td>5b: Following surgery, patients who require radiation therapy alone shall commence treatment within 12 weeks of the final surgical procedure.</td>
<td>&gt;90%</td>
<td>100%</td>
</tr>
<tr>
<td>5c: Following surgery, patients who require adjuvant chemotherapy and radiation therapy shall commence radiation therapy within 4 weeks of completing chemotherapy.</td>
<td>&gt;90%</td>
<td>100%</td>
</tr>
<tr>
<td>5d: Following surgery, adjuvant chemotherapy shall commence within 8 weeks of the final surgical procedure where required.</td>
<td>&gt;90%</td>
<td>100%</td>
</tr>
</tbody>
</table>
The following is a retrospective review of patients who attended the Mater Private for Radioactive Seed Impact (RASI) therapy. This showcases the excellent outcomes achieved within this discipline at the Mater Private.

Of the 353 patients with PAS follow up > 5 years the overall survival rate is 97.3%.
Disease specific survival rate is 99.8% over this period.

**MATER PRIVATE SERIES 2002 – 2014**

<table>
<thead>
<tr>
<th>PSA follow up &gt; 5 years</th>
<th>All Patients</th>
<th>High Risk</th>
<th>Intermediate Risk</th>
<th>Low Risk</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total MPH</td>
<td>353</td>
<td>6</td>
<td>113</td>
<td>234</td>
</tr>
<tr>
<td>Failure Nadir +2*</td>
<td>36</td>
<td>2</td>
<td>16</td>
<td>18</td>
</tr>
<tr>
<td>Biochemical relapse free survival (bRFS)</td>
<td>89.8%</td>
<td>66.6%</td>
<td>85.8%</td>
<td>92.3%</td>
</tr>
<tr>
<td>Overall Survival</td>
<td>97.3%</td>
<td>100%</td>
<td>95.6%</td>
<td>98.7%</td>
</tr>
<tr>
<td>Disease Specific Survival</td>
<td>99.8%</td>
<td>100%</td>
<td>98.2%</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

International Comparator
bRFS 5 years: 95.5%
bRFS 10 years: 86.7%
Disease Specific Survival – 5 years: 99.7%
Disease Specific Survival – 10 years: 97.9%
Overall Survival: 93.7%

* NADIR +2 : Lowest point of measurement plus 2.

**INTERNATIONAL COMPARATOR DATA SOURCE**
LISTENING TO THE VOICE OF THE PATIENT

Ensuring that all our patients have a positive experience is important to the whole team at the Mater Private.

Every aspect of the patient journey is important to us and that includes listening to the voice of our patients. This will allow us to continually improve the care we provide throughout our hospital. We are mindful of our core values of Respect, Courage, Spirituality, Compassion and Excellence.

Through the HCAHPS (Hospital Consumer Assessment of Healthcare Providers and Systems) Survey we are in a position to monitor the patient journey from the time they first make contact with us in the hospital until after their discharge home. We are cognisant of the fact that our patients need to feel prepared and ready to look after themselves at home.

HCAHPS is used extensively in the United States to measure patients perspective of care and systems and to carry out valid comparisons. It is a standardised survey instrument and it’s data collection methodology allows us to benchmark ourselves against centres of excellence within the United States.

The Mater Private is working in conjunction with Press Ganey Associates, a leading US firm in patient satisfaction surveys specialising in helping hospitals to better understand and improve healthcare experience. Recognised as a leader in performance improvement for more than 25 years, Press Ganey partners with more than 10,000 health care organisations worldwide to create and sustain high performing organisations and ultimately improve the overall healthcare experience.

We are benchmarked against the top US hospitals including, Cleveland Clinic, MD Anderson, Memorial Sloan-Kettering, Brigham and Women’s Hospital to name but a few.

Our patients feedback is monitored and reviewed by HMT (Hospital Management Team) and results are disseminated to the relevant Heads of Department (HOD’s) and front line staff.

Suggestions for improvement from our patients is welcomed and incorporated into our processes and policies ensuring that the patient continues to remain at the heart of the care we provide.
Since 2012, 7,500 patients are selected at random each year. They are sent an anonymous survey to complete in the privacy of their home.

This equates to 1 in every 3 patients who attend the Mater Private.

The below graph depicts very positive feedback from our patients across a number of headings. The Mater Private exceeds the other hospitals in these areas.
Our Cardiac Surgery patients tell us that we have exceeded our international counterparts in all areas particularly in communication and pain management. 90% of these patients would recommend the Mater Private.

The Mater Private Oncology Service preforms well against the top US Oncology hospitals. Pain Management scores 82% vs. 70% from the American Oncology Hospitals.
HCAHPS RESULTS BY SPECIALITY

Communication is an important part of our care. Our Orthopaedic patients tell us that we far exceed the top US hospitals in our responding to the call bell. Communication with the patients consultants also scores well at 88%.

Our orthopaedic patients received excellent Pain Management from our specialist team as is evident from the patients feedback in the graph below.
HCAHPS RESULTS BY SPECIALITY

The survey tool covers a number of areas around the patient journey. This allows us to zone in on areas that may need attention. The graphs depict a selection of these headings.

### HCAHPS - Ear Nose & Throat 2014

- Communication about Medicines: All DB 68, Mater Private 72
- Pain Management: All DB 72, Mater Private 81
- Hospital Environment: All DB 63, Mater Private 82
- Response of Hospital Staff: All DB 64, Mater Private 72
- Communication with Nurses: All DB 79, Mater Private 89
- Recommend the hospital: All DB 79, Mater Private 80

### HCAHPS - General Surgery 2014

- Pain Management: All DB 72, Mater Private 89
- Hospital Environment: All DB 63, Mater Private 74
- Communication with Doctors: All DB 82, Mater Private 88
- Response of Hospital Staff: All DB 64, Mater Private 78
- Communication with Nurses: All DB 79, Mater Private 85
- Recommend the hospital: All DB 74, Mater Private 87
- Rate hospital 0-10: All DB 75, Mater Private 81
THE BELOW COMMENTS ARE TAKEN DIRECTLY FROM OUR PATIENTS WHO HAVE COMPLETED THE HCAHPS SURVEY.

“A special word of thanks to Mater Private Hospital for the care and kindness they showed during my stay there. Thank you most sincerely to everyone especially my consultants, domestic staff. The treatment, help and professionalism was next to none. Thank you.”

“As it was my first time in hospital & my first surgery, I was a little nervous, but I didn’t need to have any worries. My stay in hospital was like a mini vacation - great care & professionalism.”

“Couldn’t speak highly enough for the care & courtesy I received during my stay be it from the catering staff to the nurses and all medical staff.”

“I would highly recommend the Mater Private to other people. Full credit has to be given to all staff of the hospital. They were all very friendly and treated me with the utmost respect and all my needs were catered for. It was a worrying time for me going in for surgery but the staff made my stay less worrying and it put me at ease.”

“Thank you for everything you did. The medical care was excellent and all my needs were met. The communication between the nurses & doctors was excellent, if there was ever an issue, all the staff were aware of it & everything was dealt with quickly & efficiently.”

“Sean was admitted as a paediatric patient for an overnight stay for a tonsillectomy. He was 10 years old. His experience in hospital was an extremely good one. He was looked after and treated in a wonderfully caring way by every single person involved.”

“Nurses took away all my fears having been given a serious diagnosis. I couldn’t say enough positives.”

“Every nurse, without exception, was a pleasure in terms of care & treatment.”

“Catering staff were attentive, attentive to visitors, brought cheer to wards and couldn’t do enough for patients.”

“My consultant was truly excellent.”

“The physiotherapist was very helpful and friendly. She explained all exercises very well and answered all my questions. She was very professional and treated me with the utmost courtesy.”

“Ellie and Anne-Marie in physiotherapy were outstanding. I will be eternally grateful for all they did for me in getting back on my feet. Thank You both.”
In conjunction with our regular patient feedback, we also invite our patients to attend patient & family forums.

We select patients at random and invite them to a neutral venue where they meet with senior members of the management team for a specific discipline within the hospital to give honest feedback. Patients are assured of the confidentiality of the forum meetings and are assured all communication will be used to improve our processes of care within the Mater Private hospital.

In 2014, we held two patient forum meetings. Where the patients told us first hand of their experiences.

August forum we met with patients from ITU and St. Josephs ward. During this feedback session many staff members were named specifically by these patients in a very positive way.

This feedback was given to staff to ensure that they are aware of the excellent job they do and how much our patients appreciate the care and service these individuals provide.

The patients that attended the forum made it very clear to us that they had trusted the staff of the Mater Private. There were clear trends in relation to the high standards surrounding the cleanliness of the hospital and hand hygiene compliance.

Patients feedback that they were pleased that their families were allowed to visit at any time and that the communication with their families was very good.

They reported their appreciation that staff were respectful of their privacy using screens when necessary, ensuring that they were as comfortable as possible. All patients reported that their pain was well managed in ITU.

IN NOVEMBER 2014 PATIENTS FROM THE LIMERICK MID WESTERN RADIATION ONCOLOGY CENTRE WERE INVITED TO A PATIENT FORUM TO GIVE AN ACCOUNT OF THEIR PERSONAL EXPERIENCES.

Patients reported that their care was overwhelmingly positive. The care given by staff made patients feel that they were more than ‘just a patient’. The unit was reported by patients as being clean and safe with hand hygiene measure being observed.

The patients that attended the forum made it very clear to us that they were treated as individuals in a caring and professional manner. There were clear trends in relation to the high standards surrounding the education and care provided in addition to the cleanliness of the unit.

SUMMARY OF BOTH FORUMS

It was difficult to extract information on suggested improvements; however, we will work on the suggestions provided. The feedback at both forums is a clear reflection of the hard work of all of the staff in ITU and St Josephs Ward and of the staff in the Radiation Oncology Centre Limenick and the calibre of the staff involved in the care of these patients.