

Galway and Roscommon University Hospitals Group



**Nursing & Midwifery
Annual Report 2012**





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FOREWORD

It is with great pride that we are launching this Annual Plan which showcases the achievements of Nursing & Midwifery over 2012. Through collaborative working with our Clinical Directors and teams, we were able to achieve initiatives and new services to enhance the Galway & Roscommon University Hospitals Group.

Many thanks to all for their drive, ambition and professionalism in improving patient and public services.

Colette Cowan
Group Director of Nursing & Midwifery
Galway & Roscommon University Hospitals Group.

Message From Jean Kelly Director of Nursing GUH

The Annual Nursing Report reflects the hard work and professionalism of all nursing staff in GUH. 2012 brought a lot of change to the hospital. These changes were driven by both internal and external factors. I am proud to say that nursing both enabled and drove many of the changes. The appointment of Mr Bill Maher, Chief Executive Officer and Ms Colette Cowan, Director of Nursing, facilitated and supported staff through the many new developments.

A national first was the formation of the Galway Roscommon University Hospital Group (GRUHG). This initiative has had a positive impact on nursing practice, facilitating the sharing of expertise and knowledge. Over the coming year I intend developing the existing co-operative environment through site visits and the development of a peer review framework.

Highlights for nursing in 2012 included the introduction of the National Early Warning Score in November; this could not have been accomplished in the short timeframe without a supreme team effort. The appointment of Advanced Nurse Practitioners in Haematology and the Emergency Department were also high points during the year. The Clinical Care Programmes continued to be rolled out in 2012 and the targets set by the Special Delivery Unit, though challenging, were also achieved.

Through everyone's hard work our strategic objectives were met but equally important the everyday business of delivering high quality care to our patients was achieved.

I would like to say a sincere 'Thank You' to all for their co-operation and efforts during the year. I look forward to working with you in the year ahead.

I am particularly grateful to Ms. Colette Cowan who was Director of Nursing, GUH until her recent appointment as Group Director of Nursing, for her leadership and guidance in 2012.

Jean Kelly ,
Director of Nursing GUH

Message from Marita Fogarty A/DONM. Portiuncula Hospital

2012 has been a time of change and challenges in Portiuncula Hospital. Our annual report demonstrates the achievements and developments in Nursing and our commitment to laying a solid foundation as the hospital group's level 3 hospitals in line with the vision of the National Clinical Programmes. The preparatory work throughout 2012 has resulted in the imminent opening of our Acute Medical Assessment Unit and anticipated appointment of an Advanced Nurse Practitioner (Emergency Department) within the first quarter of 2013.

We look forward to working collaboratively with the Ms Colette Cowan, Group Director of Nursing and Midwifery and also our DON&M and ADON colleagues in building a future for Nursing that refocuses of the fundamental of nursing care and promotes the advancement of safe, evidence based nursing with the support of the Nursing and Midwifery Planning and Development Unit and the Department of Nursing, National University of Galway.

This is an opportune time to thank the nursing and midwifery staff for their dedication, hard work, flexibility and goodwill towards the hospital in the past very challenging year.

This is indeed an exciting time for Nursing and we look forward in 2013 to the bedding down of the hospital group and the united vision for nursing. We welcome the imminent publication of the Nursing and Midwives Strategy 2013-2018 in which the overall focus is to place nursing at the heart of care that will result in a safer, better patient experience.

Marita Fogarty
Acting Director of Nursing & Midwifery

Message from Roscommon Hospital

2012 has been another challenging year in nursing for Roscommon County Hospital. The Annual Report proves that we have continued to develop and progress new initiatives in a year that involved major change as we became part of the Galway Roscommon Hospital Group and developed as a Model 2 Hospital in line with the Acute National Medicine Programme.

Ms. Mary Frances O'Reilly, Director, NMPDU, her staff and the CNME, Castlebar continued to support us throughout the year. Working together we have created an environment that allows nursing to advance through collaboration, mutual respect and trust. We strive to continuously improve patient care. We provide care that is safe and evidence based.

Our decision making structure promotes the development of nursing, leadership and the shared responsibility for nursing practice by nurses. Looking ahead we will continue to seek opportunities to improve patient outcomes and experience and develop nursing with Roscommon County Hospital.

We are excited at the prospect of building our future within the group structure. We look forward to working closely with Ms. Colette Cowan, Group Director of Nursing and Midwifery. The development of ANP posts, nurse led clinics should become a reality in 2013.

We attach a review of the 2011–2013 Nursing Strategy document. The 2013 – 2018 Nursing Strategy for the group is drafted and will create the vision for us for the future. One thing is certain – the need for excellent nursing care will remain and we look forward to working with you to develop services and nursing for the good of our patient.

Thank you all for your support, dedication, hard work and commitment over the year.

We wish you all well for 2013!

Regards,

Margaret Casey,
A/Director of Nursing.

Mary Farrell,
Clinical Placement Co-Ordinator.

Service Developments 2012 – Surgical Division

The following areas are under the Management of the Assistant Director of Nursing for the Surgical Division:

St. Nicholas Ward	St. Gerards Ward	St. Michaels Ward (St. Michaels Day Chairs)	Tissue Viability CNS
Day Care Unit	Surgical Day Ward	St. Finbars Ward	Stoma Care CNS
PSP (Plastic Surgery Procedure unit)	Major Theatre (Recovery Anaesthetics)	St. Pius Ward	
	Gynae Theatre	Urology ANP	

Member of the following committees:

Surgical Directorate	Unscheduled Care Committee(SAP Sub group)	Theatre Flow Group	Hygiene Committee
SAP Steering Committee (Surgery and Anaesthesia Programme)	Pre-Assessment Committee(SAP Sub –group)	SDU Group	Environmental Committee
Scheduled Care Committee (SAP Sub – group)	CNM 2 Development Group.	Endoscopy Users Group Colorectal Screening group	Endoscopy Decontamination Committee

Quality Improvements

Ring Fencing of Surgical Beds – May 2012:

- Protected surgical beds with specialty designated wards has facilitated better management of beds.
- Patients are now admitted no earlier than 24 hours pre-operatively.
- Improvement in Day of Surgery admission rates (January 2012 39% - November 2012 46% inc. 7%)
- Appointment of Patient flow Coordinator for Surgery has enhanced the ability to achieve early discharge, co-ordinate scheduled and unscheduled care and effectively manage the use of surgical beds.
- Average Length of Stay (AVLOS) reduced from 5.8 – 5.5 days within Surgery

Ward Level:

- Appointment of Clinical Nurse Managers 2 (CNM2)for all wards – working core hours (Mon- Fri)
- CNM 2 Development Programme – (May 2012) established to support and develop the leadership skills of the CNM2 group within the hospital. Programme to be extended to the group in 2013.



Theatre staff at Galway University Hospitals from left: Brian Keane, Porter; Polina Furnika, Anaesthetics; Margaret Healy, Clinical Nurse Manager, Anaesthetics; Terri Ryan, Staff Nurse; Breege McKiernan, Theatre Nurse; Michelle McNamara, Recovery; Mary Diviney, Clinical Nurse Manager 2, Recovery; Noreen Keelan, Anaesthetics; and Assumpta Casserly, Theatre Nurse.

- The introduction of white boards on all wards for active discharge planning in conjunction with the Discharge Coordinator, Surgical Teams, Patient flow Coordinator and Allied health Professionals has seen great improvement in early discharges (Discharged by 11am) in line with HSE Integrated Discharge planning policy.
- This has improved patient flow for acute surgical care from Emergency Department as well as Elective Surgery.
- Reduction in Full Capacity Protocol within Surgery:
- Introduction of 5 day beds with Specialty wards has allowed beds to be closed at weekends for planned Elective surgery on Monday.
- This is presently in place in 4 ward areas (St. Michael's, St. Pius Ward and St. Gerard's Ward and the CT Ward) and it is intended to be implemented to other wards in 2013.

Transitional Lounges:

- There are 4 Wards (St. Pius, St. Nicholas, St. Gerards and St. Finbars Ward) that have been identified to have the alcove area in the ward refurbished to accommodate patients that are ready for discharge or awaiting admission. Finance approved for St .Pius Ward area and awaiting start date.

Productive Ward:

- This is a ward based quality improvement programme that aims to give more time to nurses to

spend on direct patient care.

- St. Michaels Ward is the surgical ward nominated to undertake the programme - 50% of ward staff attended a 2 day workshop in November 2012 and are about to begin an activity analysis review. The Modules of the programme will be implemented throughout 2013.

Education and Training:

- Clinical Nurse Managers / Clinical Nurse Specialists have worked in close partnership with the Centre for Nurse Education to provide continuous professional development through training and up skilling by running Specialty specific Study days.(the following days were held in 2012 -ENT, Breast, Stoma Care, Inflammatory Bowel Disease (IBD)).
- There are number of nursing staff currently undertaking formal Academic programmes throughout the Surgical Division.

Surgery and Anaesthesia Programme:

The Surgery and Anaesthesia Programme (SAP) has been established to address how elective and acute surgery can be best delivered by a multi disciplinary team in partnership with their patients so that it is safe, efficient and cost effective.

SAP has been further divided into sub-programmes as follows:

- Pre-admission Committee
- Scheduled Care Committee
- Unscheduled Care Committee
- The Productive Operating Theatre (TPoT)
- Audit

Each committee has Nurse Representation at CNM Level.

Pre-assessment/admission Clinic:

- This Committee has been established to lead out on pre – admission. It is chaired by a Consultant Anaesthetist who will be working in close partnership with the CNM2 / CNS to develop pre-admission so it is accessed by all patients prior to surgery
- The Pre- admission service is presently being used by a number of surgical specialties and is intended that this service will be available for all patients requiring a surgical procedure.
- The appointment of the CNM2 for pre- admission and the appointment of the 2 nursing WTE'S to support will ensure access for all surgical patients.
- This service will improve bed utilization / Average Length of Stay (AVLOS) and increase available bed days for Surgery.

Theatre Admission Lounge (TAL):

- This facility has been set up increase our Day of Surgery Admission (DOSA) rates.
- Under the Governance of the Pre-admission committee.
- Policies and protocols being developed by group.
- Plans are in place to reallocate 1 staff nurse WTE to manage this unit.

Emergency Surgical Ward (ESW):

- Re-located from Mary's Ward to St. Nicholas Ward with 17 beds to care for acute surgical patients

admitted from the Emergency Department.

- This service is under the governance of the unscheduled care group
- Repatriate patients after 48 hours to core specialty wards- This will improve the flow and therefore improve access for patients being admitted through the Emergency Department.

SDU Targets:

- Surgery has and continues to put a huge emphasis on delivery of the Patient Target List (PTL).
- Staff facilitated by working additional shifts both in theatres and at ward level to ensure these targets were met.

Theatre Capacity and Roster review:

- A productivity Company (Meridian) were appointed to review Theatre Utilisation. Meridian worked with a number of key personnel involved in theatres and developed guidance templates for the efficient and effective use of theatre sessions and staff.
- Plans to introduce changes in the present nurse rostering system is under way and will progress once agreed staffing numbers have been achieved. Recruitment of staff is on-going.
- Appointment of ADON Floor Manager for Theatres.
- Theatre has started to implement- The Productive Operating Theatre (TPOT) and has successfully run 2 visioning day workshops. The modules will be the focus of 2013.
- Theatres have re-commenced the Post Graduate Diploma (Peri-operative) for nursing to develop the knowledge and skills required to work in the peri-operative environment. 4 staff nurses working theatres started the course in September 2012.
- Approval and appointment of replacement position for Clinical Educational Facilitator - to Support training and development within the theatre complex.

JAG – Accreditation:

- Surgical Day Ward Endoscopy in conjunction with Medical Endoscopy were awarded JAG Accreditation
- Implementation of Colorectal Cancer Screening in association with the National Cancer Screening Service (NCSS) planned for 2013. Appointment of Colorectal CNS to support service is complete.

Surgical Day Ward:

- Review has taken place and re-configuration of day services will happen in January 2013.

Plastic Surgery Procedure Unit:

- Set up June 2012 to treat Local Anaesthetic plastic cases and Laser cases.
- 1 WTE Staff Nurse transferred from St. Nicholas ward to manage same.
- Is operational 4 afternoons a week with additional sessions provided to support PTL targets.
- Figures gathered from June 12th – December 22nd 2012 totalled 803 procedures.

Service Developments 2012 – Critical Care/Cardiology

The Following areas are under the Management of the A/Assistant Director of Nursing for Critical Care/Cardiology:

General Intensive Care Unit	High Dependency Unit	Cardiothoracic Ward	Cardiothoracic ICU
Coronary Care Unit	Cardio/Angio lab	Pain CNS x (3)	Resuscitation Dept
CPCs/Practice Development	Cardiac Rehab x (2)	Chest Pain	Cardiovascular and data collection CNS x (2)

Member of the following committees:

TACC Directorate	Critical Care Operational Group	Resuscitation Committee	Medication Safety Committee
Health and Safety Committee	Practice Development Weekly Group	Cardiology Operational Group	Western Cardiology Forum
Chronic Pain Project Group	Member of the panel of content experts for the staff engagement framework	Infection Control Committee	

Quality Improvements

- 1) Acute Coronary Syndrome Programme commenced in Oct, 2012, many patients now arriving by Air to meet the Criteria of Diagnosis of Myocardial Infarction on ECG to arrival in the Lab within 90 min.
- 2) New specialised procedures in the Cath Lab
 - Renal Denervation, for patients with Resistant Hypertension, one of our S/N has had specialised training on this procedure.
 - T.AV.I. (Trans Aortic Valve Implant) for patients with Aortic Stenosis one S/N has had specialised training on this procedure.
- 3) Lab opened on many evenings and at week-ends during 2012, whereby staff from the C.C.U. assist with Emergency cases with Cardiologist on call. Trollies set-up each evening before staff go off-duty to assist with this during "out of hours" cases.

Coronary Care Unit:

- Achieved to retain level of service despite staffing pressures in first quarter
 - Inpatient increase
 - No of inpatients through CCU 2011 = 720
 - No of inpatients through CCU 2012 = 814 (12% increase)
 - Day case procedures
 - 2011 = 236
 - 2012 = 254
- Organised a Cath Lab study with Nursing, guest speakers from St. James Hospital and St Vincent's Hospital.
 - Attendance positive feedback - day was fully subscribed with attendance from CCU and Cath Lab. Also input from Consultant Cardiologists.

- Organised Cardiology study day for ward Nursing based staff - all nursing presentations. 3 staff nurses also presented during the day.
- Provided lectures to Higher Diploma ED and Critical care Nursing students at GUH – by the CNM.
- Provided Clinical placement and supervision for student Paramedics and Advanced Paramedics from National Ambulance service.
- Supported introduction of National ACS Primary PCI programme first hospital to go live 24 hours for HSE West area.
- Cath Lab opened 132 occasions outside normal working hours in 2012.
- Direct nurse involvement in electronic transmission of EGG from ambulance.
- Developed Model of Day Case PCI for implementation in 2013.

CRITICAL CARE AND CARDIOLOGY

- The Annual Remembrance mass was held in the Clayton Hotel in February. Over 200 people attended.
- Rotation between ICU/HDU/CTICU continues and is working well.
- Following a staff satisfaction questionnaire a new working process commenced with the facilitation of The Organisation Development Officer, Staff meetings are restructured and 2 subcommittees are created for Communication and performance review. 360 degree performance reviews have taken place of the CNMs. Staff commence a modified version early 2013.
- The Annual Critical Care Conference was held in March in the Clayton Hotel. It was attended well with many from the major Dublin teaching hospitals. The debate was the highlight once again.
- The Special care Unit in MPH was renamed the Postoperative Observation Unit which provides a service from Monday to Saturday morning
- A new protocol in CRRT (citrate) commenced. Intense training took place for all staff. All ICU/CTICU nurses are deemed competent now. This protocol and new guideline were managed as part of a proactive risk management cycle and developed through a working group consisting of ICU nursing, CNS in CRRT, Nephrologists, ICU anaesthetic consultant, pharmacist and biomedical engineering.
- Two Audit nurses were appointed (1.5 WTE) as part of the Critical Care national programme. Audit has commenced on the GUH site and Portiuncula. Training will be provided nationally early 2013.
- The monthly Critical Care Operational meetings have included the staff from Portiuncula. GUH staff attended one meeting in Portiuncula.
- Two staff nurses attended the British Association for Critical Care nurses (BACCN) conference.
- Two training sessions for the management of patients in the hyperbaric chamber were held. Expressions of interest were sent across the group to recruit more volunteers.
- The post graduate diploma course in critical care continues with 6 graduates this year
- The Prohibit study continues (hand hygiene and CVC surveillance). Compliance has improved markedly across all disciplines.
- Two Risk management workshops were held in November and December as part of a risk management cycle dealing with patient handover and Alarm management respectively. From these workshops attended in total by 25 nurses and 2 biomedical engineers new clinical guidelines on nursing handover in critical care and alarm management are being developed and should be available early in 2013.
- 4 ICU clinical update study days were held in 2012 with 85% of staff attending.
- ICU/HDU staff continue to provide an informal outreach service to the general Hospital on issues related to NIV and Tracheostomy care.
- ICU staff held 2 Tracheostomy study days attended by the general hospital staff and the community nursing staff.
- Two staff nurses are on the End-of-Life Committee.
- One staff nurse is doing a master's degree in "End-of-Life" Management. Another staff nurse is

doing a foundation programme in Paediatric Critical Care in Crumlin as part of our Paediatric Development Programme.

The 3 initiatives that are underway within GUH are: -

- The availability of a continence workshop to develop skills in the assessment and management of urinary incontinence. The aim is to provide healthcare staff with the knowledge and skills to address a continence problem.
- The rolling out of a skin care protocol in the prevention and management of urinary incontinence associated dermatitis. The aim is to standardize our approach to skin care for patients with incontinence and address the inappropriate use of products that are currently being used.
- The development and introduction of an algorithm for selecting a continence pad when a patient presents with a continence problem. The aim is to address the inappropriate use of continence pads.

Pilot Project: Self administration of patients own drugs

The Aim of the initiative

The aim is to give the patient greater independence and empowerment while in hospital.

Benefits: -

- Improved patient knowledge about their drugs
- Improved compliance
- Patient empowerment
- Patients prefer to self administer
- Free up nurses time
- Improved job satisfaction
- Cost saving
- Fewer incidences of medication errors
- Patients are not waiting for their medications to be ordered from pharmacy

Policy Development

A policy had already been developed in UHG for the use of patients own drugs while in hospital. This was implemented in the Cardiothoracic Ward. A committee was set up to develop the policy further to allow patients to administer their own drugs that they bring into hospital. The policy outlines 3 clearly defined levels of supervision.

Level 1 the staff nurse administers the medications from the patient's own drug cabinet

Level 2 the patient administers the medication under supervision

Level 3 the patient administers without supervision

The policy was completed in October, 2012 and reviewed by the Drugs and therapeutic committee. Some changes were made to the policy based on feedback received.

Funding

Funding was granted by the Nursing and Midwifery Practice and Development Unit to purchase locked cupboards for the patient's bed side.

Education

All of the nursing staff were given a copy of the policy and advised to read it before the education sessions arranged at ward level during December.



Service Developments 2012 – Cancer Services & OPD

The following areas are under the Management of the Assistant Director of Nursing for Cancer Services & OPD:

St. Josephs Ward	St. Patricks Ward	Haem/Onc day Ward	Radiotherapy Nursing unit
Outpatients UHG (includes Neurology, Dermatology)	Symptomatic Breast Unit	Cancer Clinical Trials Unit	Clinical Research Facility (CNMIII)
CNS's Oncology, Haematology, Head & Neck, Radiotherapy, Chemo/Apheresis	Rapid Access Prostate Service	Rapid Access Lung Service	CNS Upper & Lower GI cancers
ICS Information Service	Cancer Assessment Unit	CNS's Palliative Care	ANP in Haematology

Member of the following committees:

Medical Directorate	Steering Committee & Local Implementation Committee NCCP Community Oncology PHN education programme	End of Life Steering Committee	Hospice Friendly Hospitals Practice Development programme
SDU Waiting Lists Committee	Radiology Directorate (Group Nursing Rep)	OPD Operational Forum	Intersite Oncology Nursing group
Intersite Breast Nursing group	Irish Cancer Society Medical Committee	Unscheduled Care Committee	

Quality Improvements

Elective 5 day service as part of St Joes ward (9 beds converted) – May 2012:

- Proposed protected beds on St Joes ward so 9 patients could be scheduled for elective admissions for their chemotherapy treatments. These patients would then be transferred to 7 day bed throughout the week as discharges happen to accommodate further elective activity. Due to patients numbers and service demands we also run a parallel urgent wait list for emergency admissions.
- All of these patient lists are available on Lantis and are updated daily post out cancer service bed meeting, which is utilize to discuss actual discharges tected surgical beds with speciality designated wards has facilitated better management of beds.
- The CNMIII Cancer coordinator along with the inpatient CNM's and CNS's feed into the cancer services patient flow management. We are keen to increase the involvement of the clinicians, this

is under discussion with medical director at present.

- The CNM's and CNS's are kept abreast of all changes in the Patient flow process and cooperate with these hospital wide

Outpatients UHG (includes Neurology, Dermatology)	Symptomatic Breast Unit	Cancer Clinical Trials Unit	Clinical Research Facility (CNMIII)
CNS's Oncology, Haematology, Head & Neck, Radiotherapy, Chemo/Apheresis	Rapid Access Prostate Service	Rapid Access Lung Service	CNS Upper & Lower GI cancers
ICS Information Service Nurse (Daffodil Centre)	Cancer Assessment Unit	CNS's Palliative Care Service	ANP Haematology Service



Leading In Uncertain Times Training

Back from left: Brian Kelly, Eileen Loftus, Evelyn Nicholson, Mary Hogan, Mary Lydon, Siobhan Canny, facilitator, Yvonne Qualter, Mary Fahy. Front from left: Hannah Kent facilitator, Niamh Rohan, Aine Binchy and Cora Marnell.

Ward Level:

- Appointment of Clinical Nurse Managers II (CNMII) St Pats & HDW (vacant Nov 2012) – working core hours (Mon- Fri)
- CNM 2 Development Programme – (May 2012) established to support and develop the leadership skills of the CNM2 group within the hospital. Programme to be extended to the group in 2013.
- The introduction of white boards on all wards for active discharge planning in conjunction with the CNMII Cancer coordinator, Discharge Coordinator, Haem/Onc/Rad clinical team, Patient flow Coordinator's and Allied health Professionals has seen improvement in discharges in line with HSE Integrated Discharge planning policy.
- This has improved patient flow for acute cancer services patients from Emergency Department via the CAU.
- Reduction in Full Capacity Protocol within cancer services??????:

Education and Training:

- Clinical Nurse Managers / Clinical Nurse Specialists have worked in close partnership with the Centre for Nurse Education to provide continuous professional development through training and up skilling by running Specialty specific Study days.(the following days were held in 2012 -ENT, Breast, Stoma Care, Inflammatory Bowel Disease (IBD)).
- There are number of nursing staff currently undertaking formal Academic programmes throughout the Surgical Division.

Post Grad Oncology Diploma (Oncology & Palliative Care)

2nd year of the NCCP Community Oncology training programme

CCW supportive care course – 3 day course??? details

Transfer of acute medicine to UHG site & Bed Cohorting (medicine, surgery & cancer services):

Cancer assessment unit:

SDU Targets for OPD:

- SDU waiting list meetings – latter end of 2012 began emphasizes on OPD numbers and long waiters.

2012 - OPD Sick Leave Stats

Stats	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
Total Hours	121	210.25	413.25	354.75	422.5	345.5	419.5	413	473.75	446.5	502.75	466.75
No. of Staff	5	4	9	6	10	8	5	4	7	9	9	8
% of Rostered Hrs	3	5.8	10.6	9.5	10.4	9.3	11	10.3	13	10.8	12	11.8

2012 - OPD Sick Leave Stats

Area	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
St Joes	374	399	518.56	411.64	365.14	55.5	48	48	36	175.7	465.34	363.84
St Pats	60	72	87	182.81	73.5	134.5	57.42	12	81	102.42	138.39	217.95
HDW	187.5	150	181	166.5	117	16	37.5	0	51.5	59	144.5	99.5
RT	37	22	7.5	23	0	30	82.5	82.5	112.5	82.5	120	75
Rapid access	19	98	0	2.15	0	0	0	0	0	0	0	0
CNS	315	99	113.5	74.5	194	0	23.5	0	121	200.25	179.75	15
Totals	992.5	840	907.56	860.6	749.64	236	248.92	150	402	619.87	1047.98	771.29

Service Developments 2012 – Medicine and Emergency Department

The Following areas are under the Management of the Assistant Director of Nursing for the Medical Division and the Emergency Department:

Emergency Department	Acute Medical Unit	Short stay Unit	St Anthony's
St Marys	St Teresas	St Annes	St Dominics
St Ritas and Stroke Unit	St Annes	Endoscopy	Neurology CNS
Stroke CNS	Respiratory CNS		

Member of the following committees:

Emergency Medicine steering group committee	Unscheduled Care Committee	COPD steering group	Epilepsy Care Programme Steering Group.	Stroke care steering group
Emergency Medicine Sub group	Acute medicine steering group.	Early Warning Score committee and governance group.	Patient flow group	Non Smoking steering Group
AMU steering committee	Patient Experience Time steering Group	Endoscopy Users Group	Endoscopy Decontamination Committee	

Quality Improvements

Emergency Department

The ED had 65,000 presentations in 2012.

The introduction of The Emergency Medicine Programme resulted in the following elements being introduced:

- Manchester Triage.
- Patient Experience Time Group established.
- Nurse leads chosen to drive various elements of programme.
- Plans were approved for the re-structuring of the ED.

Advanced Nurse Practitioner in Emergency Medicine commenced in September. Approval given for two ANPs to commence in April 2013.

Acute Medicine Unit

Further embedding of the Acute Medicine Programme took place with the following initiatives;

- AMU opened 24 hours a day 7 days a week in January
- Patient flow co-ordinator for medicine appointed in February
- All medical wards were cohorted into specific specialties in May
- St Mary's Ward opened as a cardiology and geriatric ward in May
- Short Stay Unit opened in May
- Clinical Nurse Manager 11 telephone triage went live in AMU in October
- Patient flow group established and embedded in February
- White boards introduced to all medical wards in September
- Visual ward meetings for medical CNMs commenced in September

Epilepsy Care Programme

- Commenced in July 2012 with the appointment of 3 Clinical Nurse Specialists.
- An Electronic Patient Record (EPR) was established for patients with epilepsy.

Chronic Obstructive Pulmonary Disease (COPD)

- Clinical Nurse Specialist in COPD appointed for the COPD Outreach Programme
- Outreach Programme has been successfully launched and patients with COPD are being discharged earlier.

The Stroke Programme

- Clinical Nurse Specialist has commenced an education programme for the staff in St Ritas and St Marys ward.
- CNS has established close links with the Emergency Department and is available to review all stroke patients in the ED.

The Neurology Clinical Nurse Specialists

- The established CNS in Epilepsy recently completed an audit for depression in epilepsy and patient satisfaction of existing telephone service.
- The CNS also commenced a specialist Multidisciplinary Motor Neurone Clinic which is SnReg/ CNS led.
- The CNS also continues to present at patient information days MS and Epilepsy run by Voluntary services Brainwave and the MS Society.
- The CNS for Parkinsons is currently developing an outreach programme that will allow for Parkinsons patients to be assessed in the community.

Early Warning Score(EWS)

- The EWS was introduced on November 5th in all units in GUH.
- 900 multidisciplinary staff trained in EWS to date.



Endoscopy Unit

- JAG accreditation was awarded to the Endoscopy Unit following a short lead in time.

Training and Audit

- All CNSs are involved in formal and informal education at ward level. There are education days available in Stroke Care and Respiratory Care.
- All CNSs and ANPs are involved in audits.
- There are 7 nurses in medicine completing their education to become Advanced Nurse Practitioners.



Nursing Leadership Programme Launch

Another very busy year just ended in the Cardiac Angio. Lab !

- 1) First of all farewell to our esteemed colleague Kathleen Ellis , CNM2, who retired in Nov.
- 2) Acute Coronary Syndrome Programme commenced in October 2012, many patients now arriving by Air to meet the Criteria of Diagnosis of Myocardial Infarction on ECG to arrival in the Lab within 90 min.
- 3) New specialised procedures in the Cath Lab: -
 - Renal Denervation, for patients with Resistentent Hypertension, one S/N has had specialised training on this procedure.
 - T.A.V.I. (Trans Aortic Valve Implant) for patients with Aortic Stenosis, one S/N has had specialised training on this procedure.
- 4) Lab opened on many evenings and at week-ends during 2012, whereby staff from the C.C.U. carry out Emergency cases with Cardiologist on call.
- 5) Trollies set-up each evening before staff go off duty to assist with this during “out of hours” cases.



Pictured at the Portiuncula Hospital Visioning workshop



Service Development/ Quality Improvements

- New NICU 2012 – MRSA clear x 1 year
- Awarded ISO accreditation and also “Baby friendly” accreditation in 2012
- Developing closer links between the NICU units in PHB and GUH in order to better streamline the care of Neonates.
- Increase no. of patients attending for antenatal care for early pregnancy from 55% of total births in 2007 to 70% in 2012.
- To maintain the low national maternal and prenatal mortality rates.
- Stop the rate of caesarean sections in first time mothers increasing
- To develop and implement national guidelines.
- Joint midwifery meetings with Portiuncula Maternity Unit
- Re opening of Gort Midwifery led Antenatal clinic
- Dedicated asthma clinic for children
- The Paeds unit contribute to the W&C annual report, the only published paediatric report in Ireland
- Paeds SDU targets met by Sept 2012
- Launch of Special Memories book for children who have died in the hospital
- 22 paediatric staff nurses completed the PEARS course and 3 CNM completed the PALS course
- Patient information pack with 30 condition specific information leaflets introduced in July 2012

Priorities

- Develop an ambulatory gynecology service
- To develop a post of liaison Pediatric Nurse for children with long term illness.
- Development of a set of directorate KPIs
- Implement an appointment system for antenatal scans.
- To secure Dietetic Support for Maternity and Paediatric diabetic clinics
- To increase the number of postnatal women availing of the early discharge home service.
- To develop a pregnancy day care service for Antenatal women.
- To progress the post of Social Worker for the Cystic Fibrosis service
- To implement the National Maternity Chart
- To improve storage for Medical records or ideally work towards developing an electronic Gynaecology record.
- To achieve a waiting time of 4 weeks for gynaecological oncology cases
- All Gynae emergencies should be seen in ED and triaged first
- To clear the waiting list for Children waiting for MRI

Challenges

- Delivery of an antenatal USS service as per NICE guidelines –to offer women 2 scans as per guidelines
- Delivery of a comprehensive gynecology service despite restrictions on theatre time and ward staffing levels
- In turn these challenges restrict the development of GRUGH as a regional centre for fetal medicine and tertiary centre for the Gynae subspecialties – oncology, fertility and urogynaecology
- Expand Midwifery led community antenatal care -

- Two more consultant obstetricians are required at PHB to comply with RCOG recommendations
- Develop an efficient neonatal network “right baby, right place, right time”
- To set up monthly paediatric haematology clinic in 2013

Deliverables for 2012

- Implementation of guidelines
- Establish local programme implementation groups to facilitate change
- Develop models of maternity care
- Development of standard approach to capturing & reporting audit and performance metrics
- Investigate the number and cost of medical negligence cases
- Develop solutions and guidelines to reduce number of multiple pregnancies requiring neo natal intensive care
- Develop workforce planning & training models and strategy
- Investigate the numbers of women attending for antenatal care in early pregnancy



Staff Midwives and members of the Maternity Department attending the Baby Friendly Hospital presentation for Galway University Hospitals on Monday 14 May from left: Mary Reidy, Carmel Connolly, Fidelma Kenny, Teresa Hughes, Marian Warden and Margaret Coohill.

Galway University Hospital, Labour Ward 2012

The Midwifery care provided on Labour ward in University Hospital, Galway centres on putting the woman first by providing high quality professional and ethical practice in a respectful way to the customer while working with the broader health care team, this is reflected in the positive feedback from customers received throughout 2012.

Statistical Summary

- 3771 babies were delivered to 3301 maternities.
- The Normal delivery rate was 52.5%
- The Lower Segment Section rate was 28.2%
- Multiple gestations accounted for 71 sets of twins and 1 set of triplets
- The perinatal mortality rate is recorded at 5 per 1000 births.
- 43 women received High Dependency (HDU) care on labour ward for level 2 and 3 Obstetric women (as classified by Levels of Critical Care for Adult Patients. Standards and Guidelines. ICS, London 2009)
- The suturing rates preformed by Midwives following normal vaginal delivery for 2012 was 39% %
- The skin to skin initiation rate was 93%

(A detailed statistical report and analysis will be available in the Galway and Roscommon Hospitals Group (GRHG) Womens and Childrens Directorate Annual Clinical report due to be published later this year.)

Education

Throughout the year there was a continued strong focus on education and on going professional development for Midwives the highlights of these include:

- 6 midwives were supported successfully through the Advanced Life Support in Obstetrics (ALSO) programme
- 2 Midwives were supported successfully completed a Level 8 High dependency in midwifery module in NUIG
- 1 midwife was supported successfully to complete a MSc and has presented her Thesis to the department
- 2 midwives commence the Nurse/Midwife prescriber course in NUIG, the first in the department.

Key Performance Indicators (KPI)

Labour ward has developed and monitored six KPI for 2012 which are recorded and reported quartley locally and to Assistant Director of Midwifery. They include: The rate of initiation and duration of skin to skin following birth.

- Compliance with the GUH policy on saving blood samples for blood bank.
- The rate of initiation and duration of skin to skin following birth.
- The rates of absenteeism in the Midwife group
- Compliance with the Policy on waste management practices for staff in GUH
- Maintaining adequate thermoregulation for the premature infant
- The rate of perineal suturing preformed by midwives following normal vaginal delivery.



Breastfeeding / Lactation

In 2012 the maternity Services of GUH were re-designated as a Baby Friendly Hospital having successfully completed a rigorous assessment. The commitment of staff was key to this success. Our breastfeeding rates continue to improve; Initiation 62.4%, breastfeeding on discharge 59.1%. Daily post natal classes and one to one support help mothers gain confidence in breastfeeding. Following discharge this support is continued at the weekly drop in clinic.

Information and support is provided to mothers of pre term and ill infants in the Neonatal Intensive Care Unit and the paediatric unit.

Training of all staff in the unit is on-going. The commitment of staff was reflected in the large numbers who attended these training sessions.

During National Breastfeeding week in October a number of activities were organised including an antenatal workshop on breastfeeding and an information session for transition year students which were well received.

2012 report The Midwives Ante Natal Clinic

In 2012 Midwife led antenatal care provided the antenatal care to 30% of all maternities in Galway University Hospital (GUH). The care provided by the Midwife-led Service is based on the philosophy that pregnancy and birth are a normal physiological process and for low risk pregnancies the midwife is the health care professional ideal suited to providing care to low risk women.

This philosophy is reflected by integrating midwifery care into the community, offering women greater choice, and continuity of care giver within a partnership model of care.

We are currently providing clinics in Galway University Hospital(GUH) and in community based clinics in Gort and Oughterard with plans currently in motion to open a third community site in Tuam Co Galway in mid 2013.



Photographed in one of the Ultrasound Rooms at UHG from left: Una Carr, Asst Director of Midwifery/Nursing Annette Burke CMS; Brid Keane, Clerical Support; Genie Carey CMS; and Anne Keane, CMM3, Women and Children's Directorate.

Early Transfer Home Scheme (E.T.H)

In 2012 over 400 women in the Galway city area availed of the Postnatal Early Transfer Home (ETH) service in 2012. This service provides support and care to new mothers and babies availing of early discharge home within 24 hours of delivery.

The mothers have the benefits & comfort of being at home while receiving postnatal care from midwives, the hospital also benefits from reduced length of hospital stays.

Service users of both the midwife antenatal clinic and the early transfer home report high levels of satisfaction with the service as reflected in the ISO customer feedback surveys and demonstrated by the high level of return users.

Colposcopy clinic Annual report 2012

Nursing/ Midwifery staff

Maura Molloy, Advanced Midwife Practitioner
Pat Rogers, CNS
Rachael Comer, CNM2



Maura Molloy Colposcopy

Targets

The Colposcopy clinic surpassed the target for first visits set by Cervicalcheck in 2012. The target was 1,000 and 1092 were seen. Of these 1092 first visits, 807 were seen and examined by a nurse/midwife. All women were offered appointments within cervicalcheck guideline timescales.

New developments

High risk Human Papilloma Virus (HR HPV) testing. A test of cure (HR HPV) test after treatment was introduced at the nurse led smear clinics in Galway Colposcopy clinic in January 2012. The introduction of the test was piloted at our nurse led smear clinic before national rollout by cervicalcheck in 2012.

Winning poster presentation

The nursing team completed an audit of results from the first 4 months of HR HPV testing. A poster with the results received first prize at the cervicalcheck national study day in September 2012.

Failsafe.

A new failsafe report was developed by the nursing team and the IT representatives from mediscan. The failsafe is checked regularly to ensure that there are no errors in follow up. Items that are checked on failsafe include, laboratory reports received, and follow up appointments arranged.

Education

Ms Rachael Comer was accredited as a Colposcopist by the British Society for Colposcopy and Cervical Pathology (BSCCP) in 2012. She is the third nurse at this clinic to receive accreditation.

Service needs

Early morning clinic. Audit of women's preference for appointment times revealed that 25% prefer an early morning appointment. As a result a smear clinic was set up commencing at 8.30am in July 2012.

Outreach smear clinic. Negotiations took place with Portiuncula Hospital to set up an outreach smear clinic in the outpatients department there. The aim of the clinic would be to save women from the midland counties having to travel to Galway for follow up, also relieving congestion at the UHG site. There was agreement in principal with the idea but some issues require agreement before the clinic can be piloted.

Audits completed by Nursing/Midwifery staff 2012
Outcomes of referrals to Colposcopy clinic for clinical indication
BNA smears, what is actually found at Colposcopy
Outcome of HR HPV test post treatment for CIN

Midwifery and Paediatric Nursing Report 2012

Ms Una M Carr

Through out the 2012, there was opportunities to examine new ways of working and though collaboration and commitment of staff we continue to strive to provide excellent care and support to women, babies, children and their families.

- Congratulations to the Bachelor of Midwifery Science Students who completed their midwifery training. I would like to thank them for their commitment to the midwifery programme and for their contribution to the midwifery services.
- Early Transfer Home Service continues to be very popular with our mothers
This service has been of benefit to the maternity unit in providing additional bed capacity; promoting normal midwifery care, and providing educational opportunities for the undergraduate and postgraduate student midwives. 408 women availed of the service in 2012
- As a Baby Friendly Accredited Hospital we continue to protect, promote and support breastfeeding as the optimum way for mothers to feed their babies. Women are supported at all stages of pregnancy and following birth to help achieve successful breastfeeding. We had our 5 year external reassessment visit and were re accredited by the Baby Friendly Hospital Initiative (BFHI) in Ireland.
- Internal rotation of all midwives within the department is ongoing and the feedback has been very positive. This rotation continues to enable all staff to develop and maintain ongoing competences in the core areas of midwifery practice and to meet the needs of the maternity unit and the service users.
- Traveller friendly committee continued to meet in 2012 with the traveller group. Topics covered during these meetings are:
 - Importance of attending the maternity unit for antenatal care
 - Gestational Diabetes
 - Folic acid /Vitamin D and Nutrition in pregnancy
 - Breastfeeding
 - Breast examination and screening
 - Enrolling for Cervical Screening
 - Postnatal care
 - Gynaecology issues

Overall this working group has been very effective in providing a forum for the traveller women to highlight issues of concern to them, and also in addressing these issues.
- Colposcopy department Ms Rachel Comer successfully completed her BSCCP training and was certified as a nurse specialist in Colposcopy..
- Paediatric diabetic department at UHG continues to deliver the BRUCIE programme (education programme in 'Better Regulation Using Carbohydrate and Insulin Education) Parent Support Workshops have been held twice yearly in conjunction with the Diabetic Federation of Ireland. Carbohydrate counting session for parents have been provided throughout the year.
A hand out for managing diabetes in the school setting is being developed.
The computerised medical record for paediatric diabetic patients called DIAMOND has

been introduced to ensure efficient management of patient data thereby enabling more effective diabetes care for paediatric patients and provide a vital link to our adult diabetes service.

- **The Start Now Project Nourishing Babies Minds In Antenatal Classes**
Expectant Mothers attending Antenatal Classes are usually preoccupied with how to cope with labour and parenthood. In February 2012 presentations by the Library staff from Westside were given to pregnant women and their husbands/partners who attend parent craft education in the maternity dept on the project which aims to raise the awareness of the importance of nourishing baby's minds from Day One. Start Now is a ten minute presentation to expectant parents attending Antenatal Classes. It outlines their Vital Role in fostering early language and literacy development in their babies. It is the brainchild of Ms. Anne McNeill, a retired librarian from Co. Kildare.

Parents are their child's primary educators. It starts at the baby stage, and parents are encouraged to expose their babies to conversation, stories, songs, and listening to everyday sounds.

The Local Library will donate forty Books of suggested reading material for parents and children, all expectant mothers attending Antenatal Classes at UHG will receive a free book.

- **Patient Comment Cards**
Comment Cards were introduced into the Obstetrics & Gynaecology department in UHG in 1996, resulting from registration with the National Standards Authority of Ireland to ISO 9002. One of the main principals of the standard is 'focusing on the customer' and in order to fulfil this requirement we incorporated customer satisfaction into the quality management system. This was progressed with the introduction of Comment Cards and collection boxes for completed cards in all areas of the department.

The analysis of the comment cards is presented at the bi-monthly Quality Improvement Team Meetings.

Any non-conformance recorded with the service from the patient's perception is highlighted, discussed and corrective actions identified. Many of the improvements introduced in the department are as a result of the feedback received from our patients on the comment cards.

Below is a sample of the positive feedback:

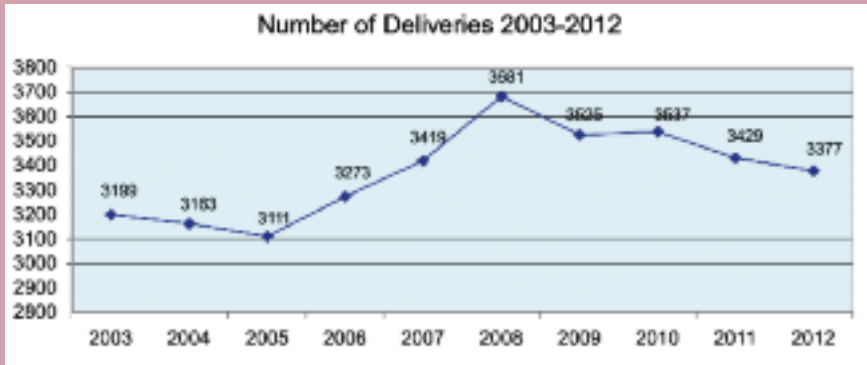
- Midwives were so warm, friendly and reassuring at all times, thank you.
- Staff very professional, pleasant, friendly and helpful, I was left wanting for nothing
- The care I received from the midwives and doctors was excellent

Sample of points of address recorded:

- Our hotel facilities
- Misuse of mobile phones
- Lack of adherence to the hospital visiting hours
- Please enforce the restricted visiting hours, they are great for resting and bonding with my baby

Trends for the Last 10 Years

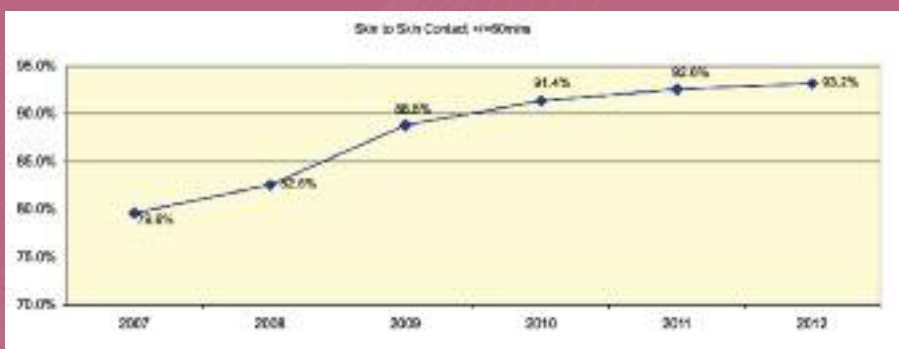
	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
Number of Deliveries	3199	3163	3111	3273	3419	3681	3525	3537	3429	3377



	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
Initiated Breast Feeding	51.4%	52.1%	55.5%	57.5%	57%	58.2%	59.9%	61.8%	61.0%	62.4%
Breast Feeding on Discharge	48.4%	49.3%	52.6%	53.8%	53.3%	55.3%	57.2%	58.7%	57.6%	59.1%



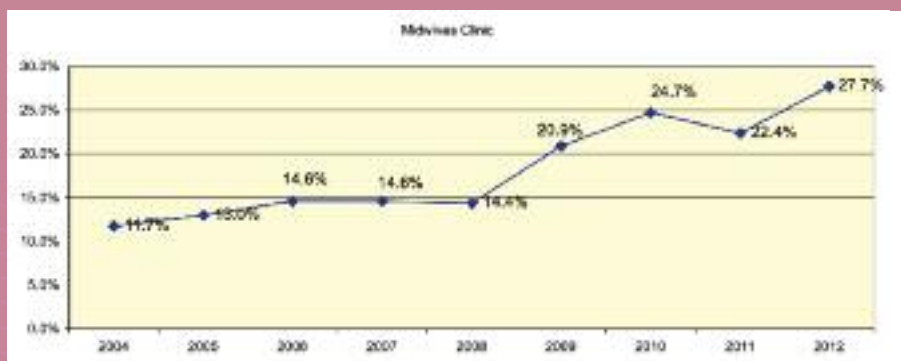
	2007	2008	2009	2010	2011	2012
Skin to Skin Contact \geq 60mins	79.6%	82.6%	88.8%	91.4%	92.6%	93.2%



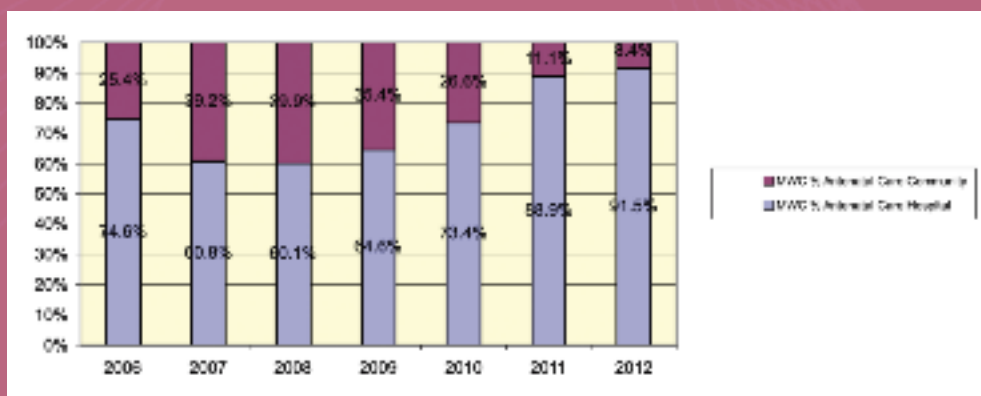
	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
Admissions to Neonatal Care Unit	264	341	349	376	375	357	326	375	338	358



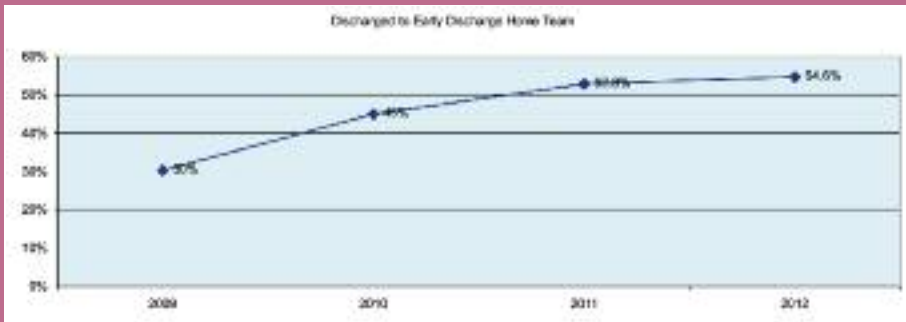
	2004	2005	2006	2007	2008	2009	2010	2011	2012
Midwives Clinic	11.7%	13.0%	14.6%	14.6%	14.4%	20.9%	24.7%	22.4%	27.7%



	2006	2007	2008	2009	2010	2011	2012
MWC % Antenatal Care Hospital	74.6%	60.8%	60.1%	64.6%	73.4%	88.9%	91.5%
MWC % Antenatal Care Community	25.4%	39.2%	39.9%	35.4%	26.6%	11.1%	8.4%



	2009	2010	2011	2012
Discharged to Early Transfer Home Team	30%	45%	52.8%	54.6%



	2004	2005	2006	2007	2008	2009	2010	2011	2012
No. Women who attended Midwives Clinic	362	404	481	491	519	723	849	752	914



Clinical Nurse Specialist in Sexual Assault Forensic Services

Galway SATU Opened in August 2009. The service is based in a dedicated purpose designed location outside the hospital and provides specialist care for women and men aged fourteen years and over who have recently been sexually assaulted or raped. The specialist team of SATU staff provide easily accessible, holistic services which address the medical, psychological and emotional needs and appropriate follow up care for victims of sexual crime, in a supportive and sensitive manner. This includes provision of treatment such as emergency contraception and medication to reduce the possibility of developing sexually transmitted infection including HIV prophylaxis.

The SATU service is usually accessed in a response to requests from the Gardaí for the collection of forensic evidence to aid the legal process and also provide services for people who do not wish to report the incident to the Gardaí. There is no charge for any of the SATU services or follow up appointments. SATU services can be contacted at any time via An Garda Síochána. Care, treatment and collection of evidence is time sensitive so the service is offered on a 24 hour basis by the Clinical Nurse Specialist in Sexual Assault Forensic Examination, Monday to Friday 8-4 and by a team of specially trained doctors who provide the service on an on-call basis out of hours.

For members of the public who have been assaulted but who do not wish to report a crime to An Garda Síochána by contacting the SATU directly.

The Clinical Nurse Specialist also provides follow up services such as Sexually Transmitted Infection Screening, vaccination schedule and general well-being check up for patients who attend the SATU. Other services provided by SATU include community education, participation in national SATU services initiatives, regular audit and research.

The SATU team consists of

- 1 Clinical Director
- 6 Forensic Medical Examiners including Clinical Director (who provide out of hours on call service)
- 1 full time CNS/SAFE
- 1 full time Manager
- 20 Support Nurses (who provide out of hours on call service)



The Out of Hours Assistant Director of Nursing is a pivotal role providing nursing administration and site cover for the hospital evenings and weekends.

Patient Flow is an integral part of the role and includes:

- Attending daily Patient Flow meetings at 3.45 Monday to Friday.
- Controlling the utilisation of patients accommodation according to the admission policy.
- Ensuring patients are allocated according to speciality.
- Allocating patients requiring isolation as per Infection Control policy.
- Checking “white boards” for EDDs. Questioning delays.
- Ensuring patients are provided with a clean, safe, comfortable and secure environment.
- Preparing nightly reports for GDONM, Night ADON and Clinical Directors.
- Maintaining the closer of surgical beds at weekends to allow day of admission thus reducing length of stay.

Management of nursing personnel:

- Allocating staff in a manner that promotes optimal usage of staff.
- Ensuring “pool” staff attend mandatory study days and keeping records.
- Monitoring sick leave, providing monthly reports.
- Preparing monthly rosters and returning weekly to wages/salaries.
- Evaluating the performance of pool staff.

- The role also involves dealing promptly with patient/visitors/service users complaints.
- Answering Bleeps dealing with all site issues, clinical/environmental/staffing.
- Being available to access Pharmacy for out of stock drugs for UHG, other Hospitals within the group and the local Private Hospitals. Keeping records of same and informing the Chief Pharmacist of drugs given outside the UHG site.
- Being available to support staff at all times.

Annual Report. Night Nursing Managers- G.U.H. 2012.

Collect and collate the data which is required for the 20.00-Trolley Gar returns to S.D.U.

- Continuation of patient flow in accordance with bed management policy of cohorting of pts -----S.S.U. A.M.U. E.S.W. and speciality based wards
- Recording of projected Discharges from individual wards and e-mail information to Medical and Surgical co-ordinators Bed Manager and Discharge co-ordinator.
- Daily early morning contact with C.E.O. providing him with up to date information on all hospital activities and also a bed status of the other hospitals within the group.
- At 06.30 Daily bed report completed and e-mailed to all executive members within the group.
- At 7 a.m. Daily Nursing report updated and all new incidents recorded and e-mailed to G.D.O.N. D.O.N. and all A.D.O.N. and Clinical Directors.
- 7.30 a.m. Report to operational A.D.O.N.
- 7.45a.m. attendance at pt. flow response team meeting with all relevant information of activities and changes throughout the night.
- As a member of the code s.t.e.m.i. response team – cohorting of pts to accomodate emergency pt. if required and redeploying of staff to support cardiology team.
- Attendance of all night managers to Senior Nurse Managers meetings.



Photographed: Nurses Strategic Forum Group

Achievements from Clinical Place Coordinators department for 2012

- Facilitated the successful completion of the 2008 Bachelor of Nursing Science Undergraduate student through :-
 - Guidance and support of students
 - Linking theory with practice and promoting evidence based care
 - Creating and enhancing a positive learning environment
 - Roster planning and attendance monitoring
 - Continuous daily support to each individual student
 - Assistance with completion of competency assessments
 - Continuous assistance and support to CNM's and preceptors/Staff Nurses
- Participated and contributed to the review of the undergraduate Nursing programme by the DOH
- Reconfiguration of CPC workload following reduction of 0.5 WTE CPCs
- Reviewed and compiled learning outcomes following reconfiguration of wards
- Erasmus placement – facilitation of placement for Spanish student (1st time for NUIG) and facilitated visiting students from Villanova and Fairfield Colleges US.
- Participation and collaboration at curriculum review programme meetings
- Student feedback evaluations collated and feedback to CNM2s and NUIG
- Ongoing participation on policy and procedure committee
- Piloted attendance of student at multi-disciplinary meeting
- Organisation of Educational sessions for students from CPC's and Clinical Nurse Specialists with over 300 attendees to a series of over 20 sessions /workshops throughout the year
- CPC attendance of workshop in Ghent, Brussels at student disability conference (self funded)
- Continuous achievement by our participation /lead in Nurse Practice Development initiatives i.e.
 - Introduction of self medication and patient own drug policy
 - Introduction of skin regime protocol
 - Introduction of Early Warning Score
 - Promotion of best practice in safe administration of medication
 - Staff member Chair of End of Life Care committee and promotion of best practice in same by CPC'S
 - Education of staff nurses in baseline continence assessment
 - Working with the suppliers of continence pads to develop an algorithm for choosing the appropriate product for the patient that presents with a continence problem.
 - Promotion of best practice in management of intravenous therapy and CVC lines.
- Continuous input and development of policies and procedures and guidelines.

- Involvement in Productive ward initiatives in pilot wards
- Completion of audits for the following:
 - MDA management
 - Medication administration
 - Early Warning Score
 - Bed Utilisation Study
- Promotion and support of preceptorship role
- Ensured all Student's clinical placements' meet the requirements of the education programme of NUIG/ABA
- Communicate as necessary with Nurse Management and NUIG to ensure that a positive learning environment is maintained at all times.
- Ongoing professional development for CPCs
- Completion of post-graduate course in Clinical education
- Completion of Fetec Level 6 Train the Trainer
- Attendance at study days/conference
- Involvement at clinical skills fair
- External sites: continued support of external placement for student nurses and also participation in and preparation of new external sites for future placements



Nursing Practice Development at GUH

Nursing Practice Development at GUH

This department continues work in evaluating, auditing and developing scope of Nursing practice e.g nurse led infusion unit, supporting nurses in prescribing medication and x ray treatments. 140 nursing specific, evidenced based Policies Procedures and Guidelines are managed through the department as well as a comprehensive document capturing the contribution of nursing to patient care and management at the hospital. Through partnership with our colleagues in NUIG we continue to collaborate on all practice issues contributing to a rich learning environment for both undergraduate and post graduate nurses.

READs

READs (Rapid Electronic Assessment Document) is currently being piloted in St Gerards ward. It is a computer application that was written by Dr John Kellett in conjunction with some nursing staff in Nenagh and St Gerards ward UHG. The following assessments are included in READs:

- Patient demographics
- Patient prognosis relating to diagnosis
- Barthel Index
- Safe Patient Handling tool
- Richmond Agitation and Sedation Score
- Waterlow
- Nursing Care plan and treatment recommendations
- Charlson co morbidities
- VIEWS
- MUST tool
- Falls Assessment
- Nursing workload measure
- Dementia Scale
- Nursing Assessment

The ultimate aim of READs is to reduce documentation time but yet adhere to HIQA and local policy requirements. St Gerards ward are providing feedback and giving recommendations to make the application as user friendly and efficient as possible and suitable for the surgical patient. It is envisaged that all nursing documentation will be collected on a hand held tablet device that will facilitate documenting in real time rather than retrospectively.

Early Warning Score

The COMPASS education programme commenced in August 2012, 4 times per week for 3 months. Over 1,500 staff have received training to date including nurses, physiotherapists and Doctors. The NEWS chart was adapted 3 times prior to launch on the 5th November. The ISBAR tool was also adapted to the form of a sticker to facilitate improved communication amongst the multidisciplinary teams. Initial support for EWS compliance was provided by trainers using a bleep and a communication log book. EWS audits are conducted fortnightly if required or 1-3 monthly and education continues at ward level and in the classroom regularly.

Nursing Documentation

GUH has a robust method of nursing documentation and its model has been used in many other hospitals across Ireland. The document, which is in the form of a booklet contains an assessment, (inclusive of all risk assessments advised by HIQA) care plan and evaluation in the form of a tick and variance system. This document was peer reviewed by a solicitor who deemed it legal friendly. Auditing takes place every 6 months and results are communicated to the respective wards and re education where required. It is envisaged that Galway, Roscommon and Portlinculla will use the same form of nursing documentation and work has already commenced in this regard.

Everyone thinks of changing the world, but no one thinks of changing themselves!

The CNM/CMM 2 Management Development Programme is a new quality initiative at GUH. Following consultation with the group CEO, the Directors of HR, Nursing and Midwifery, and unions representatives the seeds for this programme were sown. The plan is to provide the ground work to facilitate CNM/CMM's to effectively and efficiently carry out their roles and responsibilities focusing on the key aspects of the leadership role. The class of 2012 comprised of 40 managers who give a commitment to participate in the 12 month programme. Following evaluation the same opportunity will be offered to other CNM/CMM within the group.

Leading in Uncertain Times is a programme designed to support nurses and midwives to strengthen their leadership contribution to improving care delivery for patient and clients. It is a developmental opportunity to further enhance the valuable contribution nurses/midwives make to healthcare in Ireland. GUH was nominated as one of two pilot sites for this programme in the West. A group of ten staff nurses and midwives were participants at the first training days in June.

Upon completion of the two days the participant, in consultation with his/her line manager made an online pledge to advance one quality initiative from an individual, team, or organisational perspective. The pledge had to be realistic as there was a 6 weeks' time line to action it.

End of Life Care: Hospice Friendly Hospitals Programme

The overall aim of the Hospice Friendly Hospitals (HFH) Programme is to support the implementation of hospice principles into hospital practices, focusing on the needs of patients, their relatives, the staff and the hospital as a system

Galway University Hospital welcomed an invitation to be one of the 9 participating hospitals to set up a group to support implementation of hospice principles and practices into acute hospitals, with an overarching ambition to improve the quality of care to patient and family. Ten staff members make up the GUH Practice Development End of Life Care group, 2 Clinical Nurse Managers, 2 staff nurses, a clinical facilitator and 5 Health Care Assistants. The participating clinical sites are ED, ICU/HDU, two medical wards and a care of the elderly unit on the Merlin Park University Hospital site.

This Practice Development programme has enabled the participation and collaboration of nursing and healthcare assistants to become facilitators in clinical areas to raise the profile of end of life care for all. Group members' feedback to ward staff to support them in their caring role with particular emphasis on person centered care.

Productive Ward: Releasing Time to Care

The Productive Series was developed by the NHS Institute in 2007. It is a ward based quality improvement programme that will empower nurses and all staff to improve ward based systems and processes so that they can spend more time on direct patient care. Ward nurses in acute settings spend on average 40% of their time on direct patient care (NHS, 2007). The programme sets out to increase this time by eliminating waste and improving efficiency. Two showcase wards are working on the foundation modules, supported by NMPDU and GUH management.

Annual Report 2012 Merlin Park University Hospital

Orthopaedic

Orthopaedic Services at Merlin Park site are currently undergoing transition. Hospital 2 is the elective orthopaedic ward with 21 x 7 day beds and 4 day chairs. The integration of PACU onto Hospital 2 (Post Anaesthetic Care Unit) was commenced towards the end of 2012. An education programme has been developed to up-skill the staff of Hospital 2.

Same day surgery was introduced in 2012 in Hospital 2 and this has contributed in the reduction in the length of stay for orthopaedic patients having joint surgery and other orthopaedic surgeries.

Audit of Day Ward carried out annually. Audit of Length of Stays carried out annually. Audit and revision of Care Pathways of total knee and hip replacements and day cases. Audit and review of log rolling and cervical collar guidelines re-drafted. Redrafting of further guidelines neurogenic bowel, pin-site care, fracture blisters and thomas' splint. Audit of Circulation, Movement and Sensation (CMS) chart. Development of Neurovascular Chart. Development of Hemi-Arthroplasty and Congenital Dysplasia of Hip information booklets for patients. Plaster Casting Competency Booklet for training of new staff.

Surgical Site Surveillance introduced in Orthopaedics in 2012 for the elective primary total knee, total hip surgery for surgical site infection.

Peripheral Vascular Care bundles are continued and systems for auditing same has been devolved to ward level with support from CNS in Infection Prevention and Control.

The upgrading of the Orthopaedic Outpatients / Plaster Casting Department (Unit 2) in 2012. In order to facilitate this service relocated to part of Unit 8 for the interim. A state of the art facility in Unit 2 is due to open in early 2013.

Orthopaedic Theatre in Merlin Park – surgical cases in 2012 were 1981

Internal Hygiene Audits are ongoing. These Audits have seven elements:

1. Environment
2. Equipment
3. Hand Hygiene
4. Linen / Laundry
5. Sharps
6. Kitchenettes
7. Waste Disposal

These audits are performed both day and night. When the results are available and issues identified repeat audits are performed within two weeks. Written feedback is given to all the stakeholders via the line manager. The CNMII is a member of the HACCP and Hygiene Committee.

The CNMII is attending the GUH Management Development Programme for CNM's and is currently

preparing KPI's as part of a sub group of this programme.

Education Orthopaedic Department

- The Annual Orthopaedic Conference was held in February 2012 and attended by a wide group of the multi-disciplinary team
- Early Warning Scores were introduced
- Currently one staff member undertaking the Higher Diploma in Orthopaedics.
- Currently one staff member preparing complete the Plaster Casting Technician Course
- One CNS in Orthopaedic's is currently undertaking the Nursing Prescribing Course in Ionising Radiation Course.

Radiology Services:

- Cost containment has been achieved by the Clinical Nurse Manager of Radiology of €68,000.
- Staff identified for Interventional Radiology and upskilled for procedures at MPUH site and new process to recommence in March 2013 with ongoing renal/liver and vascular access for renal patients.

Internal Hygiene Audits are ongoing. These Audits have seven elements:

8. Environment
9. Equipment
10. Hand Hygiene
11. Linen / Laundry
12. Sharps
13. Kitchenettes
14. Waste Disposal

These audits are performed both day and night. When the results are available and issues identified repeat audits are performed within two weeks. Written feedback is given to all the stakeholders via the line manager.

The CNMII is attending the GUH Management Development Programme for CNM's and is currently preparing KPI's as part of a sub group of this programme.

Education Orthopaedic Department

- Early Warning Scores were introduced
- Radiology Conference and Radiology Ionising Courses attended



GUM/Hepatology Services:

Services ongoing

Medical

In January 2012 we completed the successful transfer of acute medicine to the UCH site. In conjunction with this we established a 5 day elective medical ward in Hospital 1. This ward caters for the following specialities:

- Respiratory
- Neurology
- Gastroenterology
- Rheumatology
- Nephrology
- Haematology
- Cardiology
- Endocrinology
- Gerontology

Number of patients who availed of this service since its establishment is 1441 inpatients and 425 patients through the day ward.

Interventional Radiology was commenced in January 2012 and currently liver and renal biopsy are being performed with plans to expand this service in 2013. In June 2012 we relocated the Medical Infusion Unit to Hospital 1.

We reconfigured the Haemodialysis service in November 2012 with the opening of three acute dialysis stations at UHG site adjacent to St. Teresa's Ward. This service is available seven days a week. In conjunction with this the chronic unit at Unit 7 reconfigured and now operates six days a week during day duty with no night duty.

Internal Hygiene Audits are ongoing. These Audits have seven elements:

15. Environment
16. Equipment
17. Hand Hygiene
18. Linen / Laundry
19. Sharps
20. Kitchenettes
21. Waste Disposal

These audits are performed both day and night. When the results are available and issues identified repeat audits are performed within two weeks. Written feedback is given to all the stakeholders via the line manager. The CNMII is a member of the HACCP and Hygiene Committee.

Peripheral Vascular Care bundles are continued and systems for auditing same has been devolved to ward level with support from CNS in Infection Prevention and Control. Surveillance programme for Haemodialysis was introduced in July 2012. These surveillance programmes will inform our KPI's for infection control. Antibiotic policy is adhered to with ongoing audits of same. Equipment audits are continued as part of the hygiene audit

The CNMII is attending the GUH Management Development Programme for CNM's and is currently preparing KPI's as part of a sub group of this programme.

Elderly Care/Rehabilitation

The Registration for the HIQA Licence for Unit 5 and Unit 6 was successfully completed and obtained in June 2012. In order to obtain the Registration upgrading of the accommodation and leisure facilities has resulted in both Units offering appropriate and excellent facilities for the residents.

Seven rehabilitation beds were established in Unit 6 in March 2012 and to December 2012, 58 patients successfully completed their rehabilitation programme. The provision of this service has resulted in more beds being available for acute admissions at GUH.

Respite accommodates between 6 – 10 residents in Unit 6 and demand far exceeds the availability of respite. 170 Families were accommodated with respite in 2012.

Unit 4 is a rehabilitation Unit with 20 beds. The number of patients successfully rehabilitated in 2012 was 220.

In Unit 4, 5 & 6 Peripheral Vascular Care bundles are continued and systems for auditing same has been devolved to ward level with support from CNS in Infection Prevention and Control.

As part of the Elderly Care/Rehabilitation Services Quality Improvements

- A Continence Promotion is ongoing.
- Hospice Friendly Hospitals Programme is ongoing in both Units.

Internal Hygiene Audits are ongoing. These Audits have seven elements:

22. Environment
23. Equipment
24. Hand Hygiene
25. Linen / Laundry
26. Sharps

27. Kitchenettes

28. Waste Disposal

These audits are performed both day and night. When the results are available and issues identified repeat audits are performed within two weeks. Written feedback is given to all the stakeholders via the line manager. The CNMII is a member of the HACCP and Hygiene Committee.

The CNMII is attending the GUH Management Development Programme for CNM's and is currently preparing KPI's as part of a sub group of this programme.

Education Eldery Care Unit/Rehabilitation

- Currently 6 staff members undertaking the Higher Diploma in Gerontology.
- One Staff Nurse is currently undertaking the Nursing Prescribing Course
- Early Warning Scores were introduced
- Various grades of staff have attended study days for both Dementia Training and SONAS.
- Training is ongoing in implementing the National Restraint Policy
- A Number of staff in Unit 4 attended the Stroke Study Day in Dublin



ANP ED - Helen, Shirley & Jean

Portiuncula Hospital Nursing & Midwifery Annual Report for 2012

Introduction

Portiuncula Hospital is an acute general and maternity hospital and operates as a constituent within the Galway and Roscommon Hospital Group. The Hospital was built in 1950`s and a further extension in the 1980`s.

The hospital aims to deliver a quality driven and patient-centred service to the population of the region. The Hospital serves the needs of adults and children in the catchment areas of East Galway, Co. Westmeath, North Tipperary, Roscommon and Co. Offaly.

Portiuncula Hospital has a total of 194 beds which comprises of

- 158 inpatient beds
- 12 - 5 day beds
- 24 daycare beds – 18 procedure daycare beds
6 oncology daycare beds

Range of Services at Portiuncula

General Medicine	Acute Stroke Unit
Obstetrics & Gynaecology	General Surgery
Emergency Department	Cardiology
Anaesthetic Service – 24 hour	Chronic Pain Relief Service
Oncology shared care OLHSC	Paediatrics
Special Care Baby Unit	Oncology
Care of the Elderly	Endocrinology
Gastroenterology	Radiology/MRI
Pathology Service	Dental Surgery
GUM	Maxillofacial
Plastics	Dermatology

Senior Nurse Management Team

- Director of Nursing & Midwifery
- Assistant Directors of Nursing - 7.7 wtes
- ADONS x 5 have both divisional and operational site responsibility.
- ADONs x 2.7 wtes
 - 1 wte N. Superintendent ADON
 - 0.7 wte N. Superintendent ADON (acting)
 - 1 wte NSSM acting ADON N. Superintendent

Total Nursing & Midwifery WTE Ceiling 2012 is 273

This annual report has been compiled according to the areas managed by the ADONs with a divisional brief as follows:-

- Medical Division
- TACC
- Surgical
- Women & Children/NPDU
- CNS/CMS/Advanced Nurse Practitioner Group/Clinical Care Programmes

ADON Medical Division

Areas of responsibility:

- St Joseph's Ward - This comprises of 29 Medical Beds and 4 ASU Beds.
- St Francis Ward - This comprises of 19 Medical and Surgical Private and Semiprivate Beds
- Oncology Nurse Led Day Unit - 6 Oncology Couches.
- Chair IPC Team. Chair IPC Committee.
- Member of the IPC Governance Group.
- Nursing Link on Nutrition Steering Group.
- Member of the Healthcare Records Group
- Has responsibility for Invoice Tracking/Sign off, Private Ambulance, Mattress Rental, and Equipment.

Achievements

- Have established criteria for the management of Escalation Beds on St Francis Ward in order to meet SDU trolley wait targets.
- As a member of the healthcare records group the ADON has participated in annual audit of healthcare records.
- Provision of support to newly appointed CNM2 in St Joseph's Ward.
- Planning and implementation of KAN-BAN system in St Joseph's and St Francis Wards with a goal for the more efficient use of surgical stores.
- Following loss of the Advanced Nurse Practitioner from the Oncology Unit a new clinic has been established to accommodate Oncology patients awaiting review.
- Have participated in the National Review of Oncology Medication (NCCP).
- Support for the development of Thrombolysis for stroke patients
- ADON has commenced Masters Programme in Healthcare Management RCSI

Quality Improvement Plan 2013

- Exploring pilot site for extending the role of the Health Care Assistant on St Joseph's Ward.
- Commenced pathway for Advanced Nurse Practitioner Oncology.
- To develop a policy for the management of patients undergoing alcohol detoxification.
- Engender ward management leadership to support initiatives to meet HIQA Safer Hospital Standards 2012.
- To develop PDPs for departments within the medical division.

ADON TACC

Areas of responsibility:

- St Martha's ICU/CCU, Theatres, Endoscopy, HSSD,
- IPC Decontamination subgroup
- Portiuncula Hospital nominated link for National Decontamination Project.
- Mattresses management group.

Achievements Theatre and Decontamination

The Productive Operating Theatre (TPOT) Visioning Workshop was attended by over 80 multidisciplinary staff on the 23rd of July. The goal of TPOT is to streamline the use of Theatres and Endoscopy to maximise capacity, to ensure patient safety and make best use of available resources as identified by LEAN Management philosophy.

A Theatre staff nurse received 3rd prize in the poster competition ran by the Irish Anaesthetics and Recovery Nurses Association (IARNA) during the second quarter of 2012.

In order to support the Group Waiting List targets and meet National Waiting List targets a waiting list initiative for twenty two UHG patients was undertaken in Portiuncula Hospital.

Two Portiuncula Hospital Theatre staff nurses worked at University Hospital Galway for 5 days as part of a support initiative for the delivery of the SDU targets.

Exploratory discussions commenced with Senior Management Team, Estates, and Decontamination IPC subgroup to plan for JAG Accreditation of the Endoscopy department.

Theatre KPIs

RAG rating for theatre KPIs were set in June and data collection commenced on a monthly basis. KPIs were devised to measure performance in the following areas:

- Theatre start times, finish times, and over-runs.
- Time lost - Recovery discharge -Actual discharge.
- Day of surgery rates.
- Finance relating to overtime and On Call allowances.
- WTEs and absenteeism.

The hospital aims to deliver a **quality driven**
and patient-centred service
to the population of the region.

The Hospital serves the needs of adults and children in the
catchment areas of East Galway, Co. Westmeath,
North Tipperary, Roscommon and Co. Offaly.



Achievements ICU/CCU

RAG rating for Critical Care KPIs were set in June and data collection commenced on a monthly basis. KPIs were devised to measure performance in the following areas:

- Re-admission rates within 48 hours.
- Timely discharge from ICU/HDU beds.
- ICU/HDU Occupancy.
- Hand Hygiene Compliance.
- Hospital Acquired Infection rates for MRSA/VRE.
- Theatre cancellation rates due to HDU bed availability.
- WTEs and Absenteeism.

Quality Improvement Plan for 2013

ICU/CCU

- To carry out a Risk assessment of current staffing levels and elevate the findings for discussion with the Senior Management Team in order to negotiate for staff replacement.
- To reduce Cardioversion Waiting List.
- Set criteria for the stabilisation and transfer of paediatric patients requiring ventilation
- Progress KPIs to meet RAG ratings.
- To develop PDPs for departments within the TACC division.

Theatres

Progress the TPOT initiative:

- The target modules for 2013 have been identified as TEAM and OT Scheduling and completion of KAN-BAN System.
- Complete upgrade Endoscopy suite and apply for JAG Accreditation.
- Progress KPIs to meet RAG ratings
- To review all theatre and anaesthetic documentation.
- To complete the review of all Portiuncula's decontamination standards to meet national code of practice.
- To devise PPG for the management and replacement of mattresses.

ADON Surgical Division

Areas of responsibility

- St Johns Ward, St Clares Ward - 16 x Daycare Beds, 12 x 5 Day Beds
- Outpatients Department, Emergency Dept, X-Ray Department
- Electronic rostering project,
- Nursing Administration roster,
- Medication management
- Joint Implementation Group for Discharge Planning

Achievements 2012

Outpatient Department:

Initiation of Virtual Clinics: Two Surgical Consultants are conducting these clinics.

Urodynamic Service has been developed for female patients in consultation with a Group Consultant Urologist. Two nurses have undertaken training and education in order to provide this service to female patients with a plan to roll it out to male patients in the future.

Emergency Department:

Patient Tracking

2012 has shown a 100% compliance with Patient Tracking within the nursing group. NCHDs in the ED are compliant. It is planned to roll out to the rest of the NCHD group.

The hospital has achieved An Bord Altranais approval for three Advanced Nurse Practitioners ED. Portfolio currently in preparation for presentation to An Bord Altranais.

Minor Fast Tracking pathway.

This is working very well when there is adequate NCHD cover in the ED. It is hoped when the ANP is in position that this pathway will be provided on a daily basis.

Trolley Waits

2012 has shown an increase in activity of 8% i.e. 1831 patients. As well as the increase in numbers presenting the age profile and level of acuity has increased. This has resulted in a challenge regarding meeting Special Delivery Unit trolley wait targets particularly during peak episodes of surges in attendance. None the less the greater than 6 hours waiting times have reduced significantly and the 0-6 hours waiting time have shown marginal improvement.

Development of AMAU

A CNM2 has been appointed for the AMAU. Currently work is in progress to formulate PPGs, admission criteria, nursing and clinical governance and patient pathways. The designated unit is currently being equipped. Work is ongoing with the AMAU steering group to progress this project with a view to opening on the 11th March 2013.

St Clares:

Electronic Patient Discharge Summary

The roll out of Electronic Patient Discharge Summaries for surgical patients has taken place. It is planned to roll out this initiative for all patient discharges within the first quarter of 2013.

Fast track Diabetic Programme

This was introduced by the Consultant Endocrinologist and the Clinical Nurse Specialist for Diabetes. This is providing a valuable service for the diabetic patient.

Nurse Facilitated Discharge Pilot

This pilot has commenced for Day Care patients only.

St Johns:

Productive Ward

This ward was selected as the pilot site for the roll out of the Productive Ward. This initiative will commence in the third quarter of 2013 with the support of Ms. Hannah Kent, ADON, Practice Development Unit.

X Ray Department:

Introduction of a nursing role into the Radiology Department to support the increase in Intervention Radiology and to develop relevant PPGs in consultation with Intervention Radiologist.

The ADON played a key role in supporting the introduction of the NIMIS Radiology system to the hospital.

Discharge Planning/SDU/Acute Medicine Programme

This is largely a nurse lead project. The implementation of whiteboards and setting of EDD targets have resulted in improved discharge planning.

Continued co-ordination of the self rostering project for the ADON Senior Nurse Management Group. Lead ADON for Electronic Rostering for nursing & midwifery.

Quality Improvement Plan for 2013

- Expansion of Urodymanics Service to male patients.
- To achieve financial approval and registration of Advanced Nurse Practitioner post Emergency Department.
- Advanced Nurse Practitioner ED to consolidate Minor Fast Tracking Pathway.
- To improve Out by 11 Special Delivery Unit target to achieve reduction in Trolley Waits.
- Formal opening of AMAU Service.
- The expansion of Electronic Discharge Summary to all clinical departments.
- To commence roll out Nurse Led Discharge on St Clare's Ward.
- To commence Productive Ward Initiative in the third quarter.
- To revise current Nursing Administration roster.
- To develop PDPs for departments within the surgical division.

ADON Women & Children/NPDU

Areas of responsibility

Maternity, Paediatrics, SCBU, and Nursing Practice Development Unit

Maternity Services

This comprises of a 33 bedded unit, an Early Pregnancy Unit, antenatal clinics, antenatal classes. Lactation advice and support is provided by CNS in lactation. Neonatal resuscitation training and education is provided by Staff Midwife neonatal resuscitation. The maternity department is a clinical placement site for the midwifery undergraduate programme.

Achievements – Maternity Services

- Re-accreditation of Baby Friendly Status 2010
- Expansion of EPU services
- Established a Glucose Tolerance Test clinic for maternity services.
- Engagement with and implementation of National Guidelines for
- National Obstetrics & Gynaecology Programmes.
- 1 Staff Midwife has completed and one staff midwife is attending UCD for Graduate Certificate course in Ultrasound in UCD to support the development Fetal Assessment service.

Quality Improvement Plan 2013 – Maternity Services

- Implement MEOWS by end of January 2013.
- To plan and roll out re-training for PROMPT in the first quarter.
- To implement National Neonatal Audiology Screening Programme.
- To implement the National Congenital Heart Disease Screening Programme.
- To establish Midwifery Led Antenatal Care service.
- To complete site preparation for Advanced Midwife Practitioner Lactation.
- To obtain approval for the establishment of Fetal Assessment Unit
- To develop PDPs for departments within the Women & Children division.

Paediatric Unit

This comprises of a 23 bedded Paediatric Unit and a Paediatric Day Assessment Service.

Special Care Baby Unit

- 1 ICU cot and 7 cots
- Transitional care area

Achievements – Paediatrics Unit and SCBU

- Renovation of Paediatric unit completed in September 2012.
- Development of adolescent area increasing admission age to 17 years
- Development of nurse led diabetes and respiratory services.
- Engagement with National Paediatric and Neonatal Programme including review and implementation of National Policies

Quality Improvement Plan 2013 – Paediatric Unit and SCBU

- To carry out a full review of Paediatric services to establish areas in need of service development.
- To develop a virtual paediatric out-patient clinics.
- To develop a closer nursing alignment with UCHG's Neonatal ICU.

Nursing Practice Development

Objectives:

- Supports and facilitates the continuous process of improvement in patient centred care
- Support and guide the Nursing students on the General Undergraduate Programme (55 students)
- Facilitation of International Nurses Adaptation Programme

Achievements – Nursing Practice Development Unit

- Roll out of National IV cannulation and phlebotomy policy, Category 1 An Bord Altranais Course developed to implement policy.
- Facilitation of Adaptation programme for International Nurses (35 candidates in 2012)
- Q-Pulse roll out and education.
- To support staff to engage with the National Acute Medicine Programme through participation in the EWS training.



Quality Improvement Plan 2013 – Nursing Practice Development Unit

- Review of Nursing Documentation in consultation with the GRUHG.
- To continue the provision of the International Nurse Adaptation Programme.
- To facilitate candidate placement from the Leonardo Da Vinci Programme (University of Valencia)
- To explore competency framework initiative for staff nurses and staff midwives (GRUHG initiative)
- To support the establishment of The Productive Ward.

ADON and Deputy Director of Care

Areas of responsibility

- Cardiac Resus and Cardiac Rehab Departments, Advanced Nurse Practitioner and Clinical Nurse/Midwife Specialist Group
- Integrated Care and Clinical Care Programmes
- Deputy Director of Care – nursing and non nursing departments.

Other areas of responsibility:

- Hygiene Services development
- Integrated care pathways
- Member of Integrated Discharge Planning Joint Implementation Group

Achievements / Initiatives in progress in line with NCCPs

Stroke

- Clinical Nurse Specialist Stroke Care has established link with National Stroke Forum.
- Education Programme for Care Bundle has been commenced for staff in Stroke Unit and in the Emergency Department.
- Hospital stroke data now imputed to National Stroke data base.
- Integrated care pathway for stroke revised.
- Commencement of pathway towards Advanced Nurse Practitioner in Stroke Care.

Quality Improvement Plan 2013

- To develop the KPI for Thrombolysis.
- To audit the management of stroke against national stroke guidelines.
- To further revise the ICP stroke care.
- To compile a PPG for management of stroke.

Respiratory CNS: Asthma

- Established links with NCCP National Asthma Programme.
- Education Programme for Asthma Emergency Care Bundle completed for ED.

COPD

- Education Programme for COPD Care Bundle completed for ED.

COPD Integrated care pathway commenced.

Have established new links with visiting respiratory physician from Roscommon County Hospital.

Quality Improvement Plan 2013

Planned audit of implementation in emergency department of new Emergency Asthma Guideline

Roll out of Education Programme for Asthma Emergency Care Bundle for all medical wards.

Develop guidelines for non invasive ventilation in acute respiratory failure.

Cardiac Rehab / Acute Coronary Syndrome/Heart Failure

Attendances at Cardiac Rehab Department:

- Phase 1 27-35 per month
- Phase 2 approx 30 per month
- Phase 3 125pts per month

Committees linked with Cardiac Rehab Department

- IACR – Irish Association of Cardiac Rehabilitation.
- Regional Cardiology Group.
- Continued participation in the National Heartbeat initiative and data base input.

Have established improved links with CNS Heart Failure PCCC.

Cardiac Resus Department

- Three staff members have undertaken Train the Trainer Programme for the roll out of EWS and ISBAR tools.
- Have commenced EWS Training for all nurses and doctors.
- Continued provision of CPR, BLS, ACLS, and AED to all clinical staff.
- Continued development of PPGs as follows:-
- Basic Life Support
- AED Policy
- Adult Resuscitation Policy
- Paediatric Resuscitation Policy
- Draft Not for Resus Policy.
- The Resuscitation Officer has provided significant support to nursing administration for operational site management.
- Two CNS Resus have shown great flexibility by undertaking the Train the Trainer Programme for Manual Handling and roll out of training has commenced. This was a key area of risk for the hospital.

Quality Improvement Plan 2013

- To develop an electronic data base for attendances and referrals to cardiac rehab department.
- To develop a KPI for Acute Coronary Syndrome standards.
- To improve referral rates of heart failure patients to CNS Heart Failure.
- To develop a KPI for Heart Failure standards.
- To develop an electronic data base for all training programmes provided by all the Clinical Nurse Specialists.

Upper/Lower GI

Staff Nurse newly appointed with view to the development of the CNS role for Upper and Lower GI. Have commenced Group approach to upper and lower GI Services for Cancer Care strategy and elective surgery initiative

Quality Improvement Plan 2013

Staff Nurse to undertake Higher Diploma in Colorectal Nursing.
Establish Lower GI Nurse Led Out-Patient clinic.

Care of the Elderly

CNS for Care of Elderly has had a core role in the development of assessment tool HSE Land. Established closer links with Nursing Homes and Community Elderly Psychiatric services. Have established a monthly placement forum in conjunction with PHNs. The CNS has undertaken cannulation and phlebotomy training.

Development of Nurse Led Out- Patient Clinics in the following:

- Syncope
- Memory clinic
- CSARS clinic

Audits have been carried out as follows:

- Appropriate use of continence wear
- Falls

Commencement of pathway towards Advanced Nurse Practitioner in Chronic Disease/Elderly Care.

Diabetes

- Introduction of Group initiation of Bydureon which is a new treatment of Type 2 Diabetes. An Educational module has been developed.
- Gestational Diabetes Clinics have been developed in conjunction with maternity services.
- Pilot documentation developed for management of Rapid Assessment /Stabilisation of Diabetes
- Development of Group Education Programme for Type 1 Diabetes.

Pain

- Collating the data in relation to chronic pain patients and to assess the efficiency of the pain patch "Qutenza".
- Planned audit in relation to paediatric pain, specifically in relation to PCA usage in the post operative child.

Lactation

- Achieved reaccreditation of Baby Friendly Award.
- Collation of Breast Feeding rates:
- Breast Feeding initiation rate was 58% for 2012 (down 2% from 2011).
- Breast Feeding discharge rate was 49% for 2012 (up 2% from 2011).
- Provision of lactation education for Health Care Professional Nursing and Medicine for maternity, paediatrics, Special Baby Care departments and Public Health Nurses.
- Developed breastfeeding discharge “red alert” guide to support successful breastfeeding in the home and to prevent hypernatremic dehydration.
- Established initiation of post C-Section skin to skin in theatre recovery room.
- Established KPI for skin to skin rates for newborns. Monthly data is collated and forwarded as part of the core Nursing & Midwifery KPIs. Current compliance is approximately 70%.
- Continuation of Community Lactation Support Clinics.
- Commencement of pathway towards Advanced Midwife Practitioner Lactation.

Quality Improvement Plan 2013

- To improve breastfeeding initiation and discharge rates by 5%.
- To improve skin to skin rates by 10%.
- To commence site preparation for ANP Lactation.

Infection Prevention Control

Achievements

- Consultation and preparation for compliance with National Standards for the Prevention and Control of Healthcare Associated Infections.
- Development of and roll out of mandatory hand hygiene education for all clinical and non clinical staff.
- Establishment of data base of compliance for mandatory hand hygiene education for each clinical and non clinical department.
- Developed KPI for Hand Hygiene Compliance. Monthly data is collated and forwarded as part of core Nursing & Midwifery KPIs.
- The CNS IPC has undertaken Train the Trainer Programme for Waste Management. Roll out of Waste Management training has commenced.
- Publication of Annual Hygiene Report.

Quality Improvement Plan 2013

- To achieve 100% compliance for hand hygiene education for all departments.
- To achieve greater than 85% compliance to hand hygiene practice.
- To achieve greater than 85% compliance for waste management practice.
- To establish links with Group IPC Committee and progress formal parameters for microbiology support for this hospital.

Night Superintendent ADONs

Responsibilities

Operational Site Management.

Achievements

- Participation in the revision of nursing administration roster.
- One ADON has undertaken Train the Trainer educational programme for EWS and is participating in the role out of hospital wide EWS training for nursing and medical staff.
- Managerial Hygiene Audits were carried out when possible during night hours.
- The Nursing Support Services Manager role continues to be held by acting ADON Night Duty.

A key aim for 2013 will be to develop PDPs for all nursing & midwifery specialist and advanced practice and senior nursing management roles.

A key aim for 2013 will be to provide senior nurse management with performance management training.

Conclusion:

2013 will bring opportunity for Portiuncula Hospital to participate in the Group Nursing Strategic Plan and further develop cross site collaboration with the senior nursing management team. Our vision will be to engender public confidence in the provision of safe effective compassionate and respectful nursing care. As nursing has now been placed at the core of change within the hospital group the senior nursing management team at Portiuncula Hospital believe that 2013 will be a time of opportunity as well as challenge and look forward to the vision identified for nursing in the Group Strategic Plan.



ICU nursing staff

Foreword

2012 has been another challenging year in nursing for Roscommon County Hospital. The Annual Report proves that we have continued to develop and progress new initiatives in a year that involved major change as we became part of the Galway Roscommon Hospital Group and developed as a Model 2 Hospital in line with the Acute National Medicine Programme.

Ms. Mary Frances O'Reilly, Director, NMPDU, her staff and the CNME, Castlebar continued to support us throughout the year. Working together we have created an environment that allows nursing to advance through collaboration, mutual respect and trust. We strive to continuously improve patient care. We provide care that is safe and evidence based.

Our decision making structure promotes the development of nursing, leadership and the shared responsibility for nursing practice by nurses. Looking ahead we will continue to seek opportunities to improve patient outcomes and experience and develop nursing with Roscommon County Hospital.

We are excited at the prospect of building our future within the group structure. We look forward to working closely with Ms. Colette Cowan, Group Director of Nursing and Midwifery. The development of ANP posts, nurse led clinics should become a reality in 2013.

We attach a review of the 2011–2013 Nursing Strategy document. The 2013 – 2018 Nursing Strategy for the group is drafted and will create the vision for us for the future. One this is certain – the need for excellent nursing care will remain and we look forward to working with you to develop services and nursing for the good of our patient.

Thank you all for your support, dedication, hard work and commitment over the year.

We wish you all well for 2013!

Regards,

Margaret Casey,
A/Director of Nursing.

Mary Farrell,
Clinical Placement Co-Ordinator.

1. Outpatients Department

- 100% BLS trained
- 100% News trained
- 100% Hand Hygiene trained
- 83.3% Waste Management Trained
- 83.3% Infection Control Standard Precautions Training
- 33% Moving and Handling trained
- 100% Haemovigilance trained
- 1 A/CNM2 attended Managing Attendance training
- A/CNM2 Caitriona Rayner .4 WTE joined the staff in OPD March 2012

2. UCC/MAU/MDS

- Successful amalgamation of Medical Day Services with UCC/MAU
- 3 Nurses successfully completed ACLS
- 2 Nurses completed Ionising Radiation Prescribing Course
- 2 Nurses undertaking Ionising Radiation Course
- 2 Nurses completed the Nurse Prescribing Course
- Ongoing updates by staff in Mandatory Training
- 2 Nurses attended Plaster Casting Course

3. Theatre

January/February

- New Endoscopy Decontamination Room and Drying Cabinet Room opened
- Purchase of 2 new gastroscopes and 2 new colonoscopes

March

- One new member of staff re-located out of theatre
- Theatre working hours changed – on call Monday – Thursday inclusive. No on call/duty on weekends.
- Working week changed for full time staff to 37.5 hours being worked over 4 days, Monday to Friday.

April

- 4 new members of staff joined theatre – re- deployed from MDS

May

- Urology service commenced – purchase of flexi cystoscopes + laser equipment

September

- 1 member of staff commenced post graduate diploma in peri-operative nursing – Galway
- 1 RN to Galway to support waiting list initiative

October

- 1 member of staff commenced 3 week endoscopy course in St. James' Dublin
- Funding received from CNME for all Theatre Nurses to attend training on the Wassenberg (Endoscopy Cleaning) Machine

November

- JAG Accreditation
- Clinical Competencies drafted
- Personal Development Planning (PDP) commenced

4. St. Bridget's Ward

Ward Vision

Since the reconfiguration of Roscommon County Hospital to a Model 2 Hospital, St. Bridget's Ward staff, using a collaborative approach, have been blending their expertise to provide a service to all patients admitted to St. Bridget's Ward.

St. Bridget's Ward, adapting to the change within the GRUH group, staff and services has seen tumultuous change and catalytic improvements.

St. Bridget's ward services through multidisciplinary contribution has seen an increase in patient turn over, especially in Day case surgery;

Day Ward Services

1. Dental Services

This service, supported by nursing paediatric expertise, care for children and adults with special needs, who require various dental procedures.

2. Plastic Daycase Surgery

This service, thrives through the commitment from our Health Care Assistant, 4 link Staff Nurses and laboratory services and hails a turnover quite exemplary to any other surgical service provided in RCH. These healthcare professionals, including student nurses, under consultant mentorship, care for patients undergoing various procedures - e.g Excisions of lesions, cysts, carpal tunnel repair, skin grafting, biopsies, blepharoplasty, otoplasty, abdominoplasty, treatment for hyperlipidosis.

3. Urology Services

A combination of day and inpatient procedures, this service allows for various urinary investigations, including Laser Vapourisation of the Prostate, to be carried out. 2 staff nurses have enrolled in 'Cancer of the Lower Urinary Tract System' module in NUIG. We endeavour to support their on site learning and wish them success in their educational development.

4. Sleep Studies

With the support of Sleep technicians in UCHG and Roscommon Medical Doctors, St. Bridget's Ward staff care for patients who under go sleep apnoea monitoring. To date, St. Bridget's ward can accommodate up to 3 patients nightly, Monday to Thursday. Three members of the St. Bridget's nursing staff expressed an interest to be trained in this area and onsite training has been supported by the Respiratory Nurse Specialist – Mary Freeman.

5. Elective Surgery

includes procedures such as:

- Open/laporascopic cholecystectomy
- Ligation of varicose veins
- Hernia repair – Umbilical, inguinal, hiatus
- Injection and Banding of Haemorrhoids

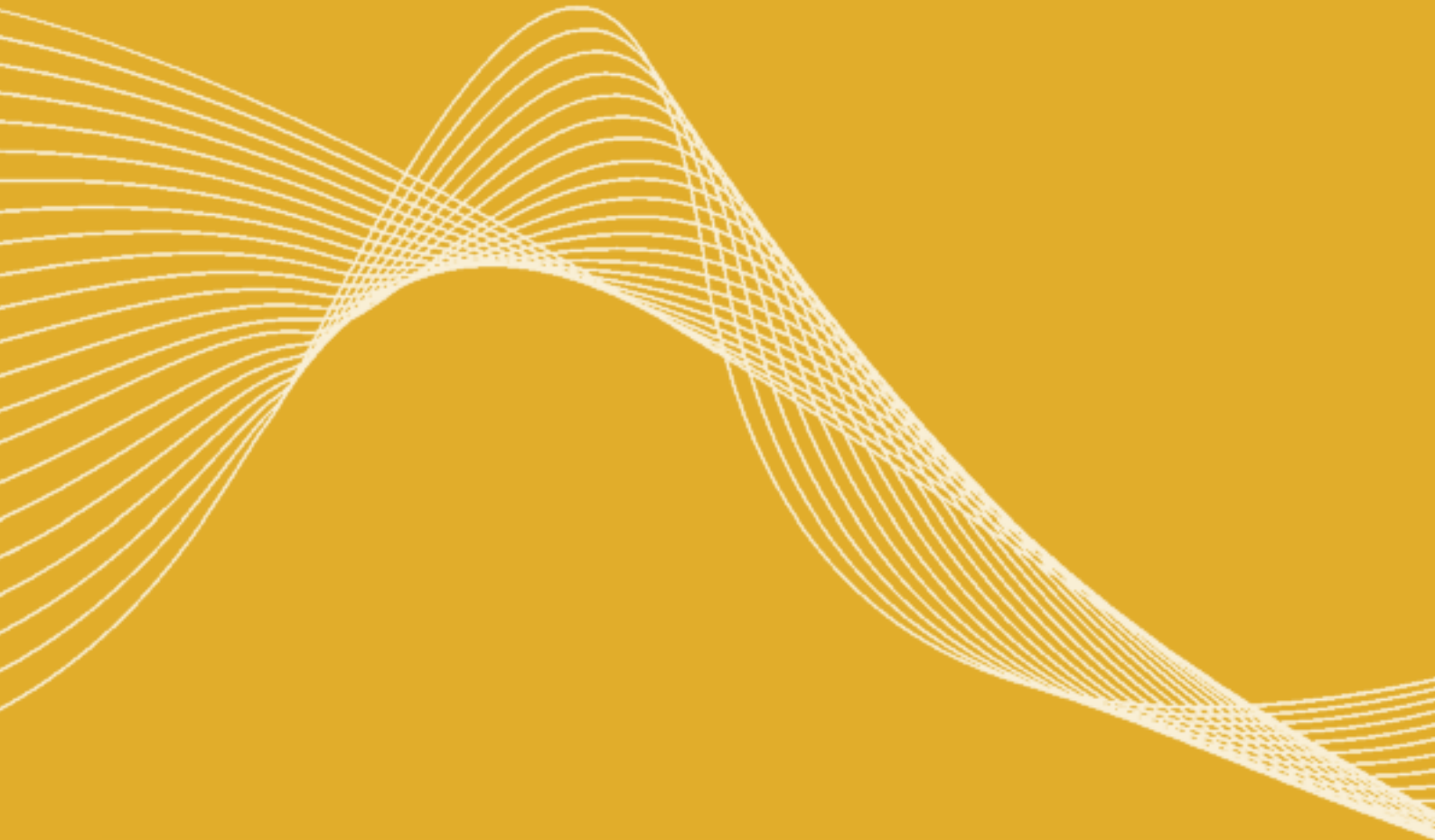
Patients under going endoscopy, colonoscopy, proctoscopy and flexible sigmoidoscopy are nursed on St. Bridget's ward. While predominantly a surgical ward, St Bridget's Ward staff care for medical patients also.

The Productive Ward Series

Ward Vision

2012 sees St. Bridget's ward on the 'Patient Status at a Glance' (Module 3). The 1st and 2nd module – 'Know Where You Are Going' and 'Well Organised Ward' is work still in progress, as we finalise the inventory and storage of equipment section. Active participation from nursing, administrative and medical staff has permitted the successful roll out of this new initiative.





Education and Training

Throughout 2012, Staff of St. Bridget's Ward have continued their professional education. Elearning through HSEland.ie is available to all nursing staff. Online education done by staff members include:

- Medication Management,
- Venepuncture,
- National Decontamination,
- Clinical Knowledge Assessment,
- Dignity at Work,
- Clinical Audit,
- Auditing/ A Practical Approach,
- Preceptorship.
- Various workshops and other educational courses attended include –
- Paediatric emergency, assessment and recognition.
- Safe Practice (INMO),
- Injection Techniques training programme,
- Wound management and pressure ulcer prevention and management,
- New Standardised National Children First,
- Encountering, Assessing and Managing Pain,
- Mechanical Ventilation, Respiratory Nursing Care,
- HSE – First Time Manager's Development Programme,
- Fundamentals of G.I – Endoscopy for Nurses,
- ACLS – 2 members of staff successfully completed this course;
- PEARS – 3 members of staff undertook this training course.

A/CNM2 is enrolled in the Nurse Prescribing Certificate module in NUIG and a staff nurse is enrolled in a psychology course at Vita House, Roscommon.

Joint Advisory Group – (JAG)

The JAG assessment was carried out on the 28/11/2012. The Surgical Day Ward is to be referred to as 'St. Bridget's Day Ward'. As part of the accreditation process, a patient satisfaction survey has been undertaken in November. An 'Endoscopy Staff Satisfaction' survey has been completed and results are pending.

2012 saw the retirement of 3 nurses from St. Bridget's Ward. The staff of St. Bridget's Ward welcomed two staff nurses.

Plans for 2013

- Aim to have 100% staff current in Mandatory Training
- Focus on Education
- End of Life Care

- Preceptorship
- I.V. study

Challenges

- Improve the ward environment and experience for children attending for dental procedures.
- Adhering to the Visiting Policy - the surgical turnover on St. Bridget's ward is high and the doors remain open for most of the day while the theatre list is in progress.
- Closure of St. Bridget's Ward on Friday – The introduction of staff swipe cards allows for the monitoring of staff accessing St. Bridget's Ward over the weekend.
- Implementing and monitoring of cleaning
- Theatre lists over running especially on Wednesday's.

We aim to liaise with the relevant personnel and Departments to manage these challenges.

5. St. Coman's Ward

St. Coman's Ward started the year 2012 as a 42 bedded medical ward. We care for patients from age 16 years to care of the older person. We care for patients with various medical illnesses including acute Myocardial Infarctions (post acute stage), Chronic Obstructive Pulmonary Disease, Cerebral Vascular Accidents (post acute stage), Diabetes Mellitus, Chronic Cardiac Failure, patients with dementia and acute confusional states, and many other medical conditions.

We also care for a large number of palliative care and end of life patients, and those who are awaiting Fair Deal approval and placement for long term care. These patients are admitted from the Medical Assessment Unit, Medical Day Services, Outpatients Department and transferred from other hospitals.

At the end of February two long term staff members retired, CNM2 Patricia Morgan and Senior Staff Nurse Mary Kelly.

From January to June our occupancy was 90.7%. Dependant patients accounted for 61.7% and assisted care patients accounted for 26.2% of the total patients cared for in the first six months of the year.

On 2nd July 2012, St. Coman's Ward merged with the Clinical Observation Unit, which increased bed compliment to 46 beds, including 4 cardiac monitoring beds. The cardiac monitoring area is now housed in room 6 of St. Coman's Ward. This required adjustment for all multidisciplinary staff.

The Productive Ward has continued to be an integral ward system for monitoring and improving patient care. During 2012 we have completed the meals module, medication module and are currently in the process of the ward rounds module. The patient status at a glance boards are in place.

The CNM2 and 1 Staff Nurse successfully completed the Certificate in Nursing (Prescribing) and are currently developing their Collaborative Practice Agreements in order to become Registered Nurse Prescribers.

It has been a challenging year due to patient dependency and staff shortages due to retirements, sick leave and other leave. We are all still adjusting to the change in patient profile due to the move to a level 2 hospital.

Aims for 2013 include

- All staff current in their mandatory training,
- Improvement on key performance indicators of Falls and Unplanned Absences
- Continue to provide high quality patient care.

Quality Issues

- Holistic care for all patients, with an emphasis on maintaining a safe environment, hygiene needs, medication management and discharge planning.
- Commitment of staff and managers to attending both mandatory training and additional training.
- Productive ward quality initiative, which includes audit and evaluation of nursing care, safety crosses for evaluating 4 key nursing performance indicators – Falls, MRSA, C Diff and Pressure Sores, also monitoring of key nursing performance indicator of Unplanned Absences.
- Use of the National Early Warning Score System.
- Audits relating to patient care and ward organisation {including environmental} are undertaken on a regular basis.
- Active participation in the Productive Ward Model.
- Further improvements to patient care through education and audit.

Concerns

- Potential further depletion of qualified nursing staff through non replacement of retired staff, leave and reallocation of staff throughout Hospital and GRUHG.
- High dependant patient numbers, and increasing numbers of confused and/or agitated/ aggressive patients
- Lack of Fire training this year, no training has been available since 2011 – this has been raised at regional level through Health and Safety and a plan is in place to address the situation.



Title of Course	% of Staff Current	Number of staff current	Number of staff to be trained	Comments
Moving & Handling (Every 2 years)	67.9%	36	17	<ul style="list-style-type: none"> • 2 Staff Nurses on long term sick leave • 1 returning from PL mid December
Basic Life Support (Every 2 years)	88.7%	47	6	<ul style="list-style-type: none"> • 2 Staff Nurses on long term sick leave • 1 returned from ML/AML late November 2012
Fire (Yearly)	0	0	53	No Fire training in 2012
Infection Control (Yearly)	63%	31	22	<ul style="list-style-type: none"> • 3 Staff Nurses on long term sick leave • 1 returning from PL mid December
Hand Hygiene (Yearly)	88.7%	47	6	<ul style="list-style-type: none"> • 1 staff nurse on ML returning September 2013. • 2 Staff nurses on long term sick leave
Waste Management (Yearly)	24.5%	13	40	4 sessions on two dates – May and October
Sharps (Every 2 years)	0	0	53	Have discussed with IPCN and she is arranging training – last training September 2009 - No CNS in post September , 2010 – January, 2011
Management of Blood and Bodily Fluids (Yearly)	7.5%	4	49	Sessions on one day only in May
Data Protection	11.3%	6	47	<ul style="list-style-type: none"> • No sessions this year • 6 attended in 2011

Other Training

- Haemovigilance – 89.1% current in their training (41/46 nurses, 4 staff nurses on sick leave since July, 2011).
- National Rehabilitation 4 day course – attended by 2 staff nurses.
- ACLS – 9 successfully completed same this year
- Managing Attendance – CNM2 attended 3 hour managing attendance session in September 2012. 4 staff nurses and 1 HCA attended managing attendance session in August /September 2012.
- Challenging Behaviour in Older People, CNME Study Day attended by 2 staff nurses and 4 HCA's.
- Dysphagia CNME Study Day attended by 2 staff nurses and 2 HCA's.
- Best Practice in Recording Clinical Care, CNME Study Day attended by 1 staff nurse.
- Wound Management CNME study day attended by 4 staff nurses
- End of Life Care Study Day attended by 2 staff nurses.
- Medication Management CNME study day attended by 4 staff nurses.
- Stress Management CNME study day attended by 3 staff nurses.
- Leg Ulcer Management CNME study day attend by 2 staff nurses.
- National Early Warning Score Train the Trainer update attended by 2 staff nurses and all staff on ward received update on the change from MEWS to NEWS.
- Respiratory Care Update Study Day, GUH, attended by 4 staff nurses.
- Non-Invasive Ventilation Study Day, GUH, attended by 2 staff nurses.

6. Respiratory

- Registered Nurse Prescriber - now active.
- Commencement of overnight sleep studies programme on St. Bridget's Ward for patients suspected of Obstructive Sleep Apnoea (OSA) and overnight CPAP titration where diagnosis of OSA has been confirmed. Staff training ongoing and three link nurses from ward staff have been identified to support this programme.
- Patients taken from GUH waiting list in addition to Roscommon list
- Involved with National Asthma Clinical Care Programme

7. Specialist Palliative Care

Service continues to provide a pivotal role in the delivery of Palliative Care to the patients in Roscommon Hospital: -

- Figures from January, 2012 to November, 2012: -
 - Referrals – 143
 - Deaths – 51
 - Clinical Nurse Reviews – 1700
 - Family Meetings - 260
- Direct and indirect provision of service to Palliative care patients throughout Roscommon Hospital.
- Palliative Care outpatients, seen weekly by Palliative Medicine to address symptom control issues. This service allows patients to maintain quality of life while continuing to remain at home.

- Support for MDT in complex symptom control issues.
- Empowering ward staff and increasing their confidence in caring for Palliative care patients
- Continuity of care and patient focus
- Discharged patients often seek telephone advice from us, e.g. check appointments or blood results via the community Palliative care nurse.
- If a patient requires readmission, our fast track system ensures minimal delays providing a seamless service.
- Work closely with Eileen Scott, Senior Medical Social Worker to help address psychological, social, practical and financial issues.

Education and Training

- Cephalon Palliative Care Conference Dublin, April, 2012
- Patient Information Leaflet on Constipation accepted for Irish Healthcare Awards with the Irish Medical Times.
- Final Journeys One and Two Programme (Helen Ely and Geraldine Keane) June, 2012
- Helen commenced Nurse Prescribing
- Final Journeys Facilitators Programme (Helen Ely and Geraldine Keane) August, 2012
- 1st Palliative Research Conference 12th October, 2012, Galway Clinic
- Oral presentations:
 - Helen Ely 'Addressing Respiratory Secretions at End of Life'
 - Geraldine Keane 'New Moves on Constipation'
- Annual Hospital Memorial Mass 18th October, 2012. Invitations sent to almost two hundred families. Very well attended with positive feedback.

8. Diabetes Clinical Nurse Specialist (DNS)

- DNS a registered nurse prescriber and 1st audit completed.
- DNS participated in a facilitators training course and successfully completed the CODE training course
- 1st CODE group education session for people with type 2 diabetes facilitated by DNS and dietician in Oct, 2012 and attended by 12 people.
- Fast tracks urgent diabetes patients referrals from Dr. Simmgen's waiting list
- Runs nurse-led clinics coinciding with Dr. Simmgen's clinics
- Member of the Integrated Diabetes Care Group (IDCG) and participates in meetings via teleconference.
- Member of Irish Diabetes Nurse Specialist Association and the newly formed West of Ireland Diabetes Nurse Association
- Attended information session organised by ABA re establishing an ANP
- Liaises and offers advice/education to primary care health professionals ie PHNs, GPs practice nurses, ICT and provided education session for staff from the brothers of Charity
- Receives and makes many phone calls to patients and health care professionals re diabetes care.



Plan for 2013

- Seek approval for an ANP post in diabetes for Roscommon Hospital
- CODE group education sessions to be organised bimonthly
- Diabetes nurse led clinics to be acknowledged via going on PAS system and pathways agreed.
- In conjunction with Cardiac Rehab Nurses and medical consultants research and develop a diabetes cardiac screening programme
- Provide diabetes education for hospital staff

9. Clinical Placement Co-Ordinator

The Clinical Placement Co-Ordinator service is committed to the development of nursing student competence to ensure fitness for purpose in preparation for the role of registered nurse. This has been achieved through active participation in the following HSE/GMIT partnership groups: -

Learning Outcomes Committee

All learning outcomes were reviewed and revised in 2012.

HSE/GMIT Policy and Procedure Working Group

- Developed ,and reviewed GMIT/HSE policies, procedures, guidelines and standards relevant to clinical practice placements;
- Policy on completion of the competency assessment record
- Policy on confidentiality for BSC (Hons) general and psychiatric nursing students in relation to clinical practice placements.
- Policy for MRSA screening for nursing students prior to clinical practice placements in specified areas.

General Internship Working Group

Guidance document for nursing students and registered nurses during clinical internship
Audit of clinical competency assessment tools for the internship year.
Evaluation of internship year

Student Nurse Allocations Group (SNAG)

This group agrees on the review and development of existing and new clinical placement sites to meet "The Requirements and Standards for Nurse Registration Education Programmes" (ABA 2005).

Clinical Placement Coordinators Service Meetings (Roscommon Hospital and Mayo General Hospital)

Working group which review plans and implements operational and strategic requirements and developments for the delivery of a quality CPC service.

Audit of the Clinical Learning Environment 2012

All clinical areas were audited with individual Ward Managers in 2012 in preparation for an inspection conducted by An Bord Altranais in September 2012.

Student Nurse Evaluation of the Clinical Learning Environment

Compiled in September for the academic year 2011/2012

Education Updates

- Preceptorship revision sessions
- Nursing documentation and care plans
- 64 nursing staff completed same
- 2011 annual report compiled and submitted to An Bord Altranais

Practice Development

Participated in:

- Retrospective audit of nursing related documentation.
- Nursing Policy development and review
- Nurses Forum, Professional Practice Committee and Nursing Quality Board
- Releasing Time to Care - Productive Ward Programme
 - The roll out of the programme continued in St. Coman's Ward in 2012. The Meals and Medicines Modules are completed and the Ward Rounds Module has commenced.
 - The Well Organised Ward Module is presently under review due to the merger of St. Coman's Ward and C.O.U.
 - St. Bridget's Ward introduced this initiative in April 2012 and are in the process of completing the foundation modules.
 - Monthly progress reports are submitted to Mr. Mark White, Director of the National Implementation Group.
 - Facilitated external hospital representations on the implementation of the Productive Ward programme:
 - Connelly Memorial Hospital, Blanchardstown
 - Sligo General Hospital
 - Our Ladys Hospital, Manorhamilton
 - Midlands Hospital, Tullamore.
 - Drogheda
 - Carrick-on-Shannon
 - University College Hospital, Galway

10. Cardiac Rehabilitation Department

Report for year ending November 30th 2012

Cardiac Rehabilitation is a continuous process commencing in hospital following an acute cardiac event and continuing on discharge into the community (AHA 1994). CR is predominately offered to individuals following acute Myocardial Infarction, Percutaneous Coronary Intervention, Coronary Artery Bypass Surgery and Heart Valve Surgery. CR can be divided into four distinct phases. In Roscommon we facilitate phases I, 2 and 3.

Statistics from December 1st 2011 to November 30th 2012

- This year we received a total of 176 referrals.
- Phase I ward information and advice sessions amounted to 61. This reflects the fact that 130 of our referrals were from external centres.
- Phase II – 218 out patient visits were attended.
- Phase III – 81 clients attended this aspect of the programme. Some clients were accommodated to attend only once a week as this was as much as they could commit to.
- If the need arises we arrange 24 hour Blood pressure monitoring, holter monitoring, echo and fasting lipid and glucose profiles – we assess the results and seek advice as required. We also ensure all patients have consultant follow up and arrange outpatient appointments if needed. In preparation for phase 3 nurse led exercise stress testing is done on all candidates and (if possible) post phase 3 exercise stress testing.
- The number of nurse led EST's done this year was – 168
- We will have received/made in excess of 400 telephone calls; this number involves calls we have made to patients, calls we have received from patients and calls to GP's or consultants.

Other Aspects of the Service

Policy development:

Policy development is another facet of this service. The regional cardiology meetings are attended and information received is disseminated. We are assisting UHG with follow up of their statistics for the Heart beat programme, if clients are discharged back to Roscommon Hospital or are followed up by cardiac rehabilitation here.

Heart Failure Service

We had begun discussions with one of our consultants to look at trying to provide a heart failure service this year.

Deirdre O'Reilly and Rosemary Thorpe will continue to work with Nursing and Hospital management in an effort to develop a sustainable, effective service.

Liaising with the Cardiovascular Services Advisory Group, Croí, the Irish Heart Foundation and the Irish Association of Cardiac Rehabilitation is another aspect of our role.

Delivering the service in the way we wish can be difficult to achieve.

Limited clerical support is available. We continue to schedule appointments, obtain necessary clinical data from referring hospitals as well as procuring and returning patient files.

Physiotherapy support – unfortunately due to staffing levels in this department, we currently have no physiotherapy support. Physiotherapy staff are very helpful if there is an individual case that we are concerned about.

Outpatient Angiogram Waiting List

A list is kept by the cardiac rehab department of all those who are discharged awaiting angiogram, or those who are referred for angiogram as out patients following a positive or inconclusive stress test. Emails and phone calls are made regularly to the angiogram co-ordinator to ensure excessive waits are not endured by the patients. This along with several measures in UHG has improved waiting times this year.

Education and Development

Rosemary Thorpe has completed the course Nurse Prescribing and has commenced prescribing. Deirdre O'Reilly has commenced a post graduate diploma in Nursing Studies.

Screening Programme

A considerable amount of service time was allocated to the development of a screening programme for hospital staff.

Due to the success of the public screening programme at the end of 2011 a screening day for hospital staff was held using the same site specific model. 56 people were screened. This has had a positive impact in the hospital in terms of heightened awareness of a healthy lifestyle and the need for staff to promote health prevention. 12.5 % of attendees who were deemed to have a high risk factor profile received further follow up by the cardiac rehabilitation service in 2012.

14% of the 218 members of the public who attended the screening programme at the end of 2011 and were deemed to be higher risk were followed up by the cardiac rehabilitation service in 2012 regarding smoking cessation advice, hypertension management, lipid management and intensive risk factor reduction advice.

Service time was also dedicated to the collation of data, post event publicity (HSE net, poster development and submission for the Irish Medical Times Award) and development of a suitable mass education tool to address the main findings of both the staff and public screening programmes.

A free public information session was arranged in conjunction with Croí – 'Managing your weight for a Healthy Heart'. This was held on the 8th of March. Over 140 members of the public attended the event.

Challenges in 2012 and for Future Service

Due to the change in hospital status promotion of our service has proved to be very necessary in 2012. There are very few primary referrals as clients are now referred to us from the centre they were referred to for treatment. Mail shots, emails and meetings were organized to emphasize the fact that cardiac rehabilitation is still provided in Roscommon Hospital.



Plans for Service Development 2013

- Plan to work with CROI on health promotion screening initiative in Roscommon Mart in February, 2012.
- Liaise with Diabetic CNS and endocrinologist to run a pilot diabetic preventative cardiac rehab programme to clients with diabetes and 2 further risk factors for heart disease
- Continue to explore heart failure service options
- Staff education sessions

11. Resuscitation Training Officer

Resuscitation 30hrs weekly post/Moving and Handling 7.5hrs weekly post.

BLS

- Number trained in 2012 is 87 in house staff plus 37 from our satellite site.
- St Comans Ward – 20
- St Bridgets Ward – 20
- Theatre 5
- Other Departments who received training were Physiotherapy Department, Occupational Therapy Department, Department of Psychiatry and Cardiac Rehabilitation attendees
- In 2012, Centre of Nurse Education Castlebar became a satellite training site to Roscommon Hospital.

ACLS

Roscommon Hospital facilitated two ACLS courses this year

- 24 staff were trained which included 19 nursing staff.
- There were 4-6 pre ACLS education sessions prior to each course.
- 100% success rate.

PEARS Course - Pediatric Emergency Assessment Recognition Course

- 12 staff attended the above course of whom 9 were nurses.
- Pre PEARS sessions were facilitated - 100% success rate.
- Resuscitation/EWS committee reconvened with 3 meetings in 2012.
- BLS/AED Policy completed for sign off.
- PALS
- Two day PALS course completed

Early Warning Scoring System

- Nursing staff updated to The National Early Warning Scoring System (NEWS).
- NEWS programme went live in the Hospital May 2012.
- CNM1 and myself presented a poster at the National EWS conference in Dublin.
- NEWS programme was one of the winners of An Taoiseach Awards 2012.
- Three audits of EWS have been completed at the hospital and recommendations adopted.
- I was invited to facilitate the facilitators for the rollout of the EWS programme in GUH.

Moving and Handling

- 11 study days were held in 2012, the number trained were 58 staff.
- St Comans – 15 staff.
- St Bridgets – 19 staff
- UCC/MAU/Day Services Unit - 4 staff.
- Theatre - 5 staff
- Moving and Handling Policy completed for sign off
- Ms. Mary Burke, HCA and I have updated our Moving and Handling Instructor status to FETAC level 6.
- 2 - 3 Moving and Handling Audits completed.
- Disposable Sliding sheets introduced to clinical areas.

12. Surgical Pre-Operative Assessment

- Two Nurse led clinics which run alongside Mr. Eldin and Mr. McMullin each week. On average 25-35 patients seen each week
- Contact person for all Surgical and Endoscopy patients. Information regularly requested includes medication advice and pre/post op/procedure advice.
- Involvement with Inpatient Waiting List Group (IPWL). Updated Electronic IPWL database in situ.
- Implementation as a group of IPWL policy.
- Involvement in Joint Accreditation Group (JAG). Update of patient information leaflets for Endoscopy and Colonoscopy procedures. This includes: -
 - PEG tube insertion
 - Banding/injection of haemorrhoids
 - Proctoscopy
 - Flexible sigmoidoscopy
- Implementation of Collaborative Practice Agreement (CPA)
- Nurse prescribing in nurse led clinic
- Auditing of practice
- Monthly Endoscopy User Group (EUG) attended

13. Infection Prevention and Control

Staffing:

- There is one IPC Nurse in post in Roscommon
- A consultant Microbiologist chairs the committee meetings quarterly
- A Surveillance Scientist from GUH sends alert organisms report to the IPCN via the Study Code Browser on the Apex system. She also reports all positive MRSA/MSSA bacteraemia data from Roscommon hospital to the European Antimicrobial Resistance Surveillance System (EARSS) which is then reported nationally
- Secretarial/administrative staff is available ad hoc
- There is no dedicated antimicrobial pharmacist in Roscommon hospital

Training:

- Hand hygiene training: 74% Total staff attended Hand Hygiene training up beginning November 2012
- Standard Precautions training: 49% Total staff attended Standard Precautions & Infection Control training up to beginning November 2012
- A Rep from Eco lab came in May to do training sessions on Management of blood and body fluid spillages - 51 staff members attended same on that day

Audits & Surveillance:

- Roscommon hospital continued to participate in the national hand hygiene audits. The bi-annual audits took place between May – June and in October 2012. A national target of 85% compliance rate was set. Roscommon results are as follows:
 - May – June 2012 – 73%
 - October 2012 – 85.4%
- Local hand hygiene audits will continue in Roscommon to ensure staff continues to meet the national compliance rate
- Infection Control audits were carried out throughout the year by the IPCN using the Infection Prevention Society audit tool
- The IPCN continues to provide surveillance data to the Health Protection Surveillance Centre on the following:
 - Clostridium Difficile Data
 - Alcohol Hand Rub Consumption Data
- Roscommon Hospital participated in the national Point Prevalence Survey (PPS) on antimicrobial usage and healthcare associated infections. The report was circulated to Management Team in November, 2012

Achievements:

- One Staff Nurse completed the link nurse programme for Infection Prevention and Control with the CNME in Castlebar
- The Endoscopy Decontamination facility project was completed in January, 2012

14. Haemovigilance

- ISO 15189 Accreditation maintained following Irish National Accreditation Board inspection in March 2012.
- Three Suspected Serious Adverse Reactions investigated, one reported to the National Haemovigilance Office.
- No Serious Adverse Events reported to the National Haemovigilance Office in 2012
- Quarterly Blood Transfusion Committee meetings chaired by Galway University Hospital Blood & Tissue Establishment Consultant Haematologist.
- Monthly Blood Transfusion Quality Assurance Meetings chaired by Chief Medical Scientist.
- 1-2 Haemovigilance Horizontal Audits carried out monthly in 2012
- Minimum six vertical audits carried out in conjunction with Blood Transfusion Laboratory in 2012.
- Introduction of Alaris Asena Volumetric Infusion Pumps for administration of Blood/Components.
- 96% Clinical staff received Haemovigilance Education and completed Multiple

Choice Questionnaires

- 100% NCHD's received Haemovigilance Education and completed Multiple Choice Questionnaires
- Non-Conformance Trend Analysis reports carried out and presented at Professional Practice Committee Meetings
- Education/briefing sessions ongoing.
- Reviewing and updating Standard Operating Procedures and Clinical Procedures and drafting new procedures.
- Haemovigilance Officer attended, National Haemovigilance Open Day, Irish Haemovigilance Association Talk and National Haemovigilance Office Conference in 2012

15. Occupational Health

Roscommon Hospital staff have access to Occupational Health on site - A 0.5 WTE Nurse who is available for staff of the county. Services are provided in line with UCHG and Roscommon Hospital is well supported by an Occupational Health Physician based in UCHG.

All services are available to staff and the Occupational Health Nurse and Doctor attend Committee meetings as required.

The following are the services that are provided:

- Follow up assessment of Needlestick or Bloodborne virus injuries
- Management referrals
- Self Referral
- Vaccinations: Hepatitis B, Hepatitis A, Seasonal Flu, MMR, Varicella
- Ergonomic Assessments,
- EPP clearance,
- Contact Tracing for exposure to infectious diseases
- Titre checks
- Health Care Worker Screen
- Release Letters for pre-employment medicals

Conclusion

2012 was another successful year for nursing in Roscommon Hospital. We have continued to implement the Productive Ward Programme on the wards which has given us a greater understanding of the quality of services being delivered within the hospital.

Through various initiatives, nursing has continued to develop. In 2013, we intend to build on collaborative interdisciplinary team working within the hospital. We will be working as part of the Galway Roscommon Hospital Group.

Bord Altranais agus Cnáimhseachais na hÉireann (Nursing and Midwifery Board of Ireland) inspected the hospital in September, 2012 and the inspectors expressed great satisfaction with their visit and highly commended the hospital in their report.

This report will be the foundation for ongoing and continuing development of nursing into the future.

Thank you all again for your ongoing support and hard work!

Service Need	Intervention	Outcomes	Update
Develop Nurse Led services in diabetes, respiratory, cardiac rehabilitation, palliative care, pre-operative assessment and warfarin clinics.		<ul style="list-style-type: none"> • Patient satisfaction • Compliance with treatment • Symptom management • Health maintenance • Access to care • Reduced length of hospital stay • Reduce readmission rates • Adherence to best practice • Quality care 	<ul style="list-style-type: none"> • 12 nurses have completed the nurse prescribing course-5 RN's are prescribing. • 1 RN has left the organisation. • 1 RN on course in NUIG
Advanced Nurse Practitioner in the Emergency Department to deal with minor injuries.	<ul style="list-style-type: none"> • Site preparation 	<ul style="list-style-type: none"> • Reduced waiting times • Patient satisfaction • Adherence to best practice 	<ul style="list-style-type: none"> • 2 registered nurses completed Ionising Radiation Prescribing course, 2 registered nurses currently undertaking course. ADON's working with CNS's to establish nurse-led clinics. • Pas issues to be addressed. • This will be progressed through the medical services forum. • Will work with UCHG in developing an ANP post in UCC in 2013.
Improve productivity	<ul style="list-style-type: none"> • Introduce and implement the Productive Ward framework to the medical and surgical wards 	<ul style="list-style-type: none"> • Provide long-term sustainable changes to ways of working. • Increase direct nurse-patient time to deliver direct care • Effective use of ward resources-cost savings • Improved ward organization • Framework to support the deliver of safe effective patient care. • Introduce nursing metrics • Agree and purchase Nursing e-audit package to support metrics. 	<ul style="list-style-type: none"> • Progressing with process modules in Comans ward. • Commenced project in Bridgets/Day surgery May 2012 • Introduce to M.A.U. in 2013 • Roll out of the Theatre productive operating theatre(T-POT) in 2013

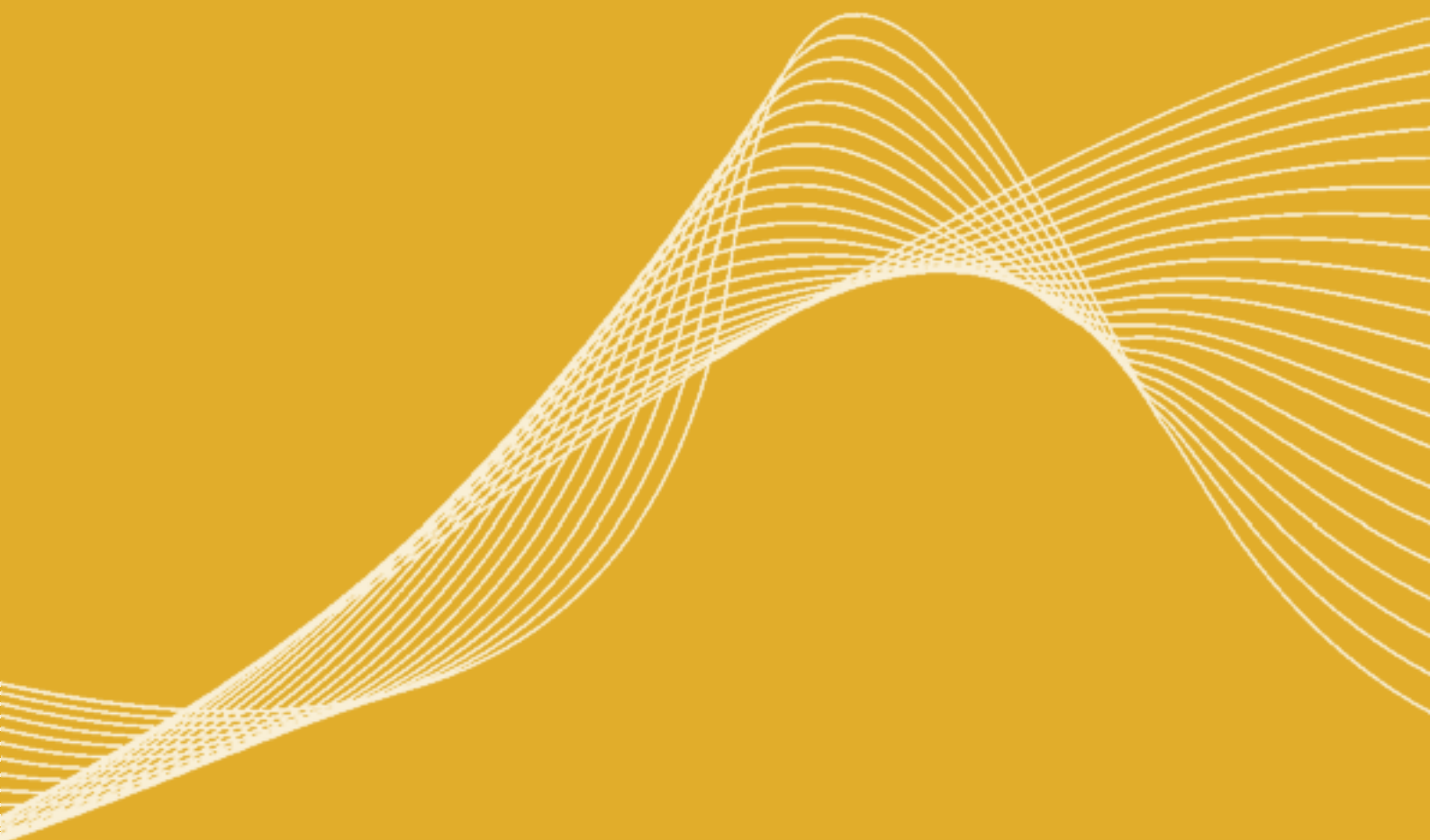
Service Need	Intervention	Outcomes	Update
Sign up to the Hospice friendly hospitals programme; End of Life Care	<ul style="list-style-type: none"> Establish a steering group to assess, implement and audit policies 	<ul style="list-style-type: none"> Deliver end of life care that is based on best practice, ensuring the needs of the patients, families and staff are met. 	<ul style="list-style-type: none"> Palliative Care nurses have undertaken training to facilitate staff education sessions on End of Life Care. Will lead on Hospice Friendly Hospital Programme in Roscommon Hospital in 2013.
Introduce nurse referrals to the multidisciplinary team	<ul style="list-style-type: none"> Nurses will refer patients directly to the relevant interdisciplinary team. 	<ul style="list-style-type: none"> Timely patient consultations 	<ul style="list-style-type: none"> Direct Nurse –Dietition referrals commenced in November 2012.
Improve working lives of staff	<p>Nurses will be involved in decisions on service delivery within the clinical areas. Provide access to confidential counselling services. Manage attendance in line with HSE (2009) Managing Attendance policy. Support staff on return to work following extended leave.</p>	<ul style="list-style-type: none"> Nursing staff are supported and valued. 	<p>Staff attended “managing Attendance” workshops in 2012. Staff supported to return to work following extended leave –this is achieved through meetings between nursing management, Occupational Health, Human Resources and General Manager. Nurses involved in decisions on service delivery in Bridgets/ Day Services.</p>

2. Improve Patients Outcomes

Introduce nursing care key performance indicators. The indicators will provide evidence about the safety and effectiveness of patient care. These are outlined below.

Update

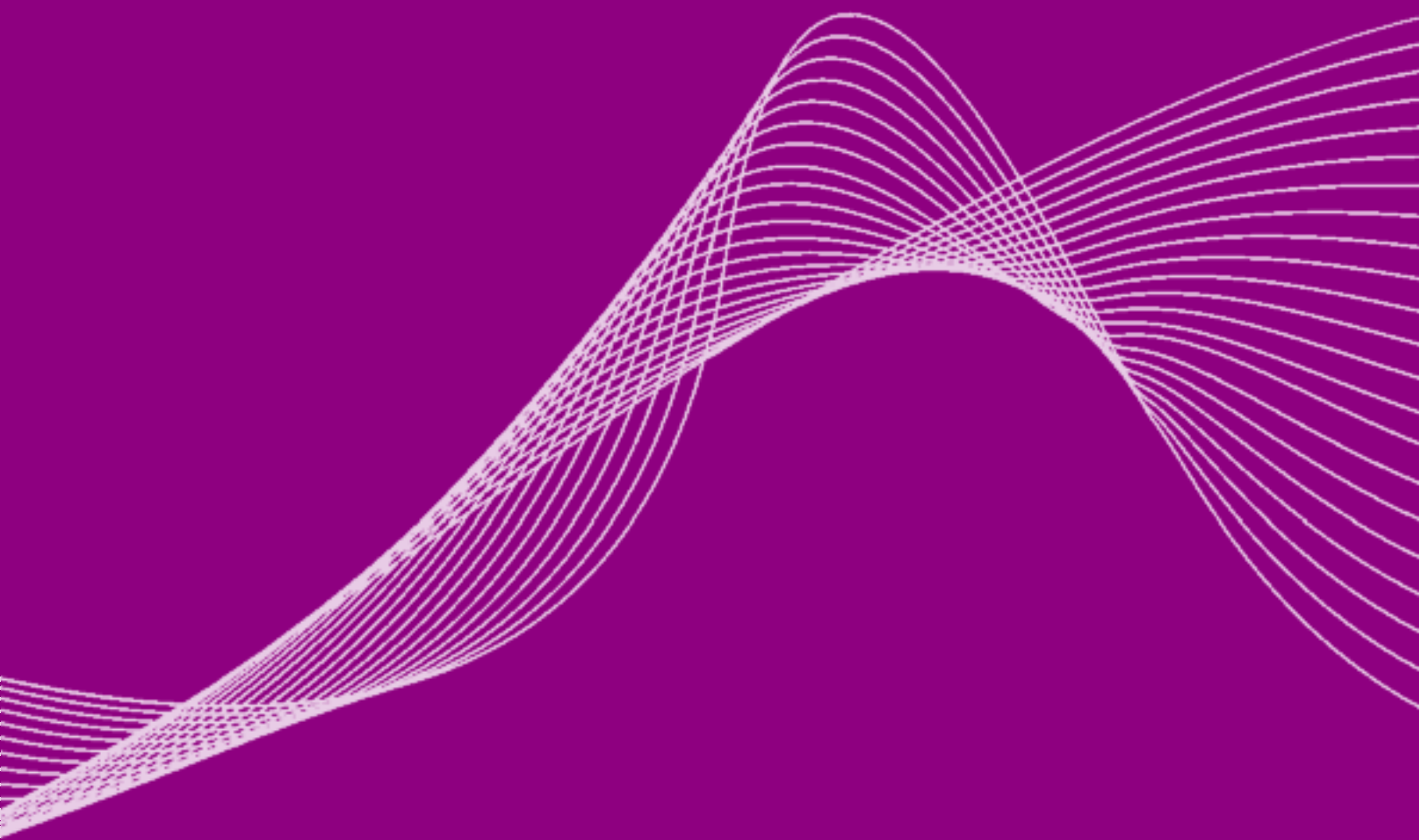
- Clinical audit carried out on the 7th March, audits covered the following:
 - Nursing Assessments, Care Plans and evaluations



- EWS
 - Pressure Ulcer audits
 - MRSA Audit
 - Drug prescription charts
 - Moving and Handling
 - MDA
 - Dress Code
 - PVC bundles
-
- External Peer review on documentation conducted by Justin Kerr, ADON, NPDC, MGH in March and August 2012.
 - Audit of nursing documentation conducted by Hannah Kent and Edel Mannion, NMPDU, UCHG in July 2102.
 - The monthly audits completed as part of the productive ward were reviewed in November 2012. 2013 audit plan agreed.
 - RCH has applied to become a pilot site for data collection on national nursing KPI's - Falls and Pressure Ulcers.
 - Views introduced in 2012
 - On St Comans Ward the safety crosses are used to monitor rates of hospital acquired MRSA, C.Diff, pressure ulcers, falls rates and unplanned absences.
 - St. Bridget's Ward/Day services ward, commenced the productive ward programme and are measuring rates of hospital acquired MRSA and C.Diff, Unplanned absences, Patient DNA rates, Day case procedures requiring overnight stay.
 - The Nursing Quality Board was established in July 2012 providing a nursing governance structure that manages clinical incidents identified by or related to nursing.
 - Approval granted to introduce Q-Pulse in 2013
 - Bord Altranais agus Cnáimhseachais na hÉireann (Nursing and Midwifery Board of Ireland) inspection in September 2012
 - Group Nursing Strategy (2013-2018) has been drafted and will be the foundation for nursing developments in the future.



Board at Roscommon Hospital





Nursing & Midwifery Annual Report 2012