4 in 1 NEWS

Issue 2
Spring 2012

President Higgins opens Neonatal Unit at University Hospital Galway

(See page 11)

Retirements at University Hospital Galway & Merlin Park University Hospital

(See page 26)

INSIDE THIS ISSUE:

Message from Bill Maher, Chief Executive Officer, Galway and Roscommon University Hospitals' Group:

Welcome to the Easter edition of the Galway & Roscommon University Hospitals Group Newsletter!

Firstly can I take this opportunity to thank all of those who contributed to this edition, especially those involved in its production. The first edition was very well received and I hope that newsletter continues to be a valuable source of information to all of our readers. As always, I welcome feedback on how we can further improve the newsletter in terms of content, style and format.

Since Last Month

It is important to focus on what we have achieved since the Group came into being and thank everyone for their team work and cooperation to date. It has been a very busy 10 weeks and good progress has been made across a number of key service areas, with a process of staff engagement now underway and a platform for delivery established.

Governance

Our primary focus has been to establish the foundations to address the immediate operational challenges and set out a strategy to realise the Groups full potential with an agreed governance and reporting model. *Corporate and Clinical Governance arrangements* are now in place internally with the establishment of a Group Management Team, Group Executive Council and Clinical Director's Forum.

Existing Clinical Directors have kindly agreed to extend their role across the Group and this gives an excellent foundation for Group integration.

To support the above clinical and corporate governance arrangements, a number of subgroups have also been established including:

- Clinical Care Programme Steering Group
- Group Estates Committee
- Group Employment Control Committee
- Group ICT Strategy Committee
- Group Medical HR Forum
- Group Finance Committee

You will hear more on each of these Committees and their work throughout this newsletter.

Performance

Each General Manager has now agreed their *Key Performance Indicators* for their hospital and through this newsletter and team briefings, will take you through these KPI's outlining the progress we are making.

I am engaging with each Clinical Director to establish their Key Performance Indicators for the Directorate using a consistent Performance Assessment Framework and you will be hearing more of this in future editions.

Waiting Lists

A risk assessment of delivery of the Special Delivery Unit (SDU) Waiting List Targets and action plan to deliver same is now in place and we are making considerable progress as you can see on page 9. It is important we achieve this national target, not only to ensure delivery of timely access to our patients, but also to restore some of our organisational pride and credibility.

Priorities

The *Group Priorities for 2012* have been set out for each Hospital and each Clinical Director is also setting their Directorate priorities. You will hear more of these in the coming months and they will provide a focus of all of our efforts.

Retirements

In our last newsletter there was much written about the impending retirements of staff. The dedication and hard work of our former colleagues was marked at a number of events in each Hospital throughout the Group. We wish all of our colleagues a long, healthy and happy retirement.

In the aftermath of their departure the business of running the Hospitals remains. We are recruiting too a number of key posts and through redeployment, greater efficiency, a lot of flexibility and goodwill, we will have managed to maintain service volume and quality. We need to continue to deliver the best service we can with the constraints we operate in until the end of the year and beyond.

The recently established Group Employment Control Committee will closely monitor ceiling levels and oversee the difficult balancing of staffing levels verses service delivery to ensure we are sufficiently resourced to deliver high quality care for our patients.

Presidential Visit

The Group welcomed the President of Ireland, Michael D. Higgins, accompanied by his wife Sabina, to open the newly refurbished and enlarged Neonatal Intensive Care Unit at University Hospital Galway. This was a very successful visit and I would like to extend my thanks to all the staff involved in organising this event. It provided us with the opportunity to show case our state-of-the-art critical care facility and also started the process to establish the Group as a leading hospital for all the right reasons.

Finally on a personal note, I would like to take this opportunity to wish you and your family a very happy Easter.

Kind regards
Bill Maher
Group CEO

THE NATIONAL CLINICAL PROGRAMME

The National Clinical Programme was launched by Dr. Barry White in 2010 and 20 plus projects have been established under the leadership of various clinical expert multidisciplinary teams - some of which hail from Galway and Roscommon University Hospitals Group (GRUHG).

There has been very good progress made with implementation of some of the local clinical programmes, for example the *Acute Medicine Programme* led by Dr. Pat Nash, Clinical Director for Medicine, which is delivering many service improvements. Other national programmes, for example the *Elective Surgery Programme,* are about to be launched and the Group is keen to participate in this new initiative.

Since the establishment of the Group, a *Clinical Programme Steering Group* has been established and chaired by Dr. David O'Keeffe, Medical Director. Dr. David O'Keeffe has overall responsibility for delivery of the National Clinical Programmes within the Group through the Clinical Directorate structure. Dr. O'Keeffe is establishing our internal governance arrangements with respect to the National Clinical Programme and we are actively engaging with the National Leads to visit us to outline their current position, priorities, funding, etc.

A number of visits have already been arranged for the coming weeks such as the

- Critical Care Programme
- Dermatology Programme
- Diabetes Programme
- Elective Surgery Programme
- Emergency Medicine Programme
- Epilepsy Programme
- Heart Failure Programme
- Rheumatology Programme

You will be hearing more about these programmes and its progress in future editions.

PERFORMANCE MANAGEMENT

We now have a set of *Key Performance Indicators* for each of the Clinical Directorates. We are looking to develop these for each specialty and department in the next quarter. The Information Services Department are in the process of developing a set of reports to support these KPI's. You will be hearing more of this from IS Department over the coming weeks.

The Group are asking that these KPI's are distributed throughout your areas of responsibility and are visible to all staff, so that staff can see the progress we are making and the challenges we still face.

The latest edition of *HealthStat Performance Report* (December 2011), for both Portiuncula Hospital Ballinasloe and Galway University Hospitals, are available on the HSE Website. The overall rate for both Hospitals is Amber. This suite of performance reports will soon be replaced with a new performance reporting tool called *CompStat*. We welcome this new development and you will be hearing more of this in future editions.

Fiona McHugh,
Senior Executive Officer,
CEO Office

Message from Tony Canavan, Chief Operating Officer, **Galway and Roscommon University Hospitals' Group**

In the last edition of our newsletter Bill Maher emphasised the need for good communication within the Hospitals group. Maybe its stating the obvious, but in an enterprise spread over four sites with in excess of 4000 employees, serving the needs of literally hundreds of thousands of patients in conjunction with multiple stakeholders; Communication is going to be key! This newsletter itself is a first step in this communication process.

However, we are just completing a communication strategy for the Group that will be reviewed in draft by the Group Management Team next week and will lay out who we need to communicate with, how we are going to do it and how often. The strategy will deal with both our internal and external communications in a common sense, mainly low tech, practical way. I look forward to outlining the strategy in more detail in the next edition of 4 in 1 News.

I know that people will soon be sick of hearing me talk about the three key challenges facing Galway and Roscommon University Hospitals group this year. They are the considerable financial challenge; the challenge to ensure patients can access our services (both through the emergency department and electively) and the challenge to ensure that standards of care are maintained at the high levels that have been achieved in our hospitals and indeed improved upon.

Although it's very early days we are starting to make progress on all three fronts. But it's very important that we continue to make progress in this way. It's an awful analogy but we are literally juggling 3 balls at the moment and it is critical that we keep all three in the air if we are to meet our accountability requirements and deliver the services that the people of Galway and Roscommon reasonably expect us to deliver. It was pointed out to me last week that it is eminently possible to achieve financial breakeven if we don't care about access to services or the quality of services. In fact it might even be easy. Equally, it might be very easy to improve access or service quality if we had limitless resources. We all know that the real challenge is doing all three together.

Tony Canavan.
General Manager

GUH Performance Summary - February 2012

Out-patient Waiting List

	Current	Future
Current Value	38961	

Target: Out-patient waiting to be reduced to less than 52 weeks (tbc)

Trend: v Previous Month ⟺

Work is progressing through the Directorates to deal with long waiters across all specialties. Awaiting National launch of OPD Project on 23rd March as basis of action plan
Last month 38,410

OPD DNA Rate

	Current	Future
Current Value	13.5%	

Target: Reduce the number of patients who do not attend to 10% by December 2012

Trend: v Previous Month ⇩

OPD group are looking to extend the partial booking system across all specialties. National guidelines on attendance and DNA policy to be made available end of March 2012.
Jan 14.5%

ED Patients waiting for admission at 8am

	Current	Future
Current Value	24	

Target: < 10 patients waiting in ED for admission at 8am

Trend: v Previous Month ⇩

The impact of the Acute Medical Unit and the introduction of formal bed allocations will help to drive down the average daily number waiting at 8am.
Jan 33

CT Waiting List

	Current	Future
Current Value	1202	

Target: No Category 2 or 3 patient should wait more than 56 days for a CT.

Trend: v Previous Month ⇩

Resources across the group in CT terms are being examined to access if there is scope to reduce waiting lists utilizing existing resources. The number is down from 1385 in January. Longest Time waiting is 355 days

In-patient & Day Case Waiting List

	Current	Future
Current Value	6071	

Target: No patient should wait >9 months by end of July (Children within 20 wks)

Trend: v Previous Month ⇩

The Waiting List is being reviewed on a daily basis to ensure long waiters are being targeted. Work is on-going with the Medical and Surgical Directorates. Last month 7928

Average Length of Stay

	Current	Future
Current Value	6.7	

Target: 5.6 days to be the average stay achieved

Trend: v Previous Month ⇩

The new National Programmes on Surgery will help reduce the average length of stay. This is complimented by local work on agreeing formal bed allocations across Medicine and Surgery.
Last month 7.3
(excluding Obs)

Day of Procedure Rate for Elective Inpatients

	Current	Future
Current Value	39%	

Target: To increase rate to 75%

Trend: v Previous Month ⇧

The new National Programme on Surgery will help increase the day of procedure rate, this is complimented by local work on agreeing formal bed allocations across Medicine and Surgery. Increased awareness of this KPI will be available to management from CIMs tool. Last month 38%

Staph Aureus Blood Stream Infection

	Current	Future
Current Value	0.38	

Target: To be in line with Best Practice and to be confirmed.

Trend: v Previous Month ⇧

Work is on-going through the infection control team to continually improve performance. Feb a particularly bad month in GUH
Jan 0.161

Bed Days Lost

	Current	Future
Current Value	278	

Target: Reduce by 10% for 2012

Trend: v Previous Month ⇩

Work is ongoing through the Discharge planning group to reduce the number of Bed Days Lost.
Jan 386

Financial Position

	Current	Future
Current Value	-€1.421m	

Target: To deliver financial breakeven across Group by December 2012

Trend: v Previous Month ⇩

The Financial Control Committee is in place to ensure that GUH meets budgetary targets.
Position end of Jan -€1.494 m

Staffing WTE variance from Staff Ceiling

	Current	Future
Current Value	3082	

Target: To operate within HSE employment levels.

Trend: v Previous Month ⇩

The Employment Monitoring Committee are in place to ensure that GUH meets its WTE ceiling – ceiling under review.
Current ceiling for 2012 is 3002

Absenteeism

	Current	Future
Current Value	4.92	

Target: To reduce absenteeism rate to 3.5% by December 2012

Trend: v Previous Month ⇩

Work is ongoing across GUH to reduce the levels of absenteeism through back to work interviews etc. with a particular focus on this KPI.
Jan figure 5. 30 Based on NEMU figures

FINANCE COMMITTEE
GALWAY and ROSCOMMON UNIVERSITY HOSPITALS GROUP

Financial Performance January

The finance committee met in February to review the Group's first month's accounts for 2012. The financial position at the end of January for the Group was €2.4m over budget. Based on the January's financial performance our forecast year end would be a deficit on budget of €36m. However, this excludes the delivery of our cost containment plans and income from new legislation, which has the potential to generate approximately €25m in cost savings and increased income.

These plans have commenced and full achievability of the plans will leave the Group with an estimated deficit at year end of €11m. The target for the Group is to stay within our budget (break even) so we are in for a very challenging year and the primary focus for the finance committee will be to closely monitor our financial performance on a monthly basis to ensure we are meeting the targets.

A key aspect of our plans is to increase income generation across the group and involves ensuring that we maximise income potential through the correct accommodation of our private patients in designated private accommodation. This requires the support of all staff including admissions, ward clerks, nursing and finance. Each hospital has set up an income committee to progress plans and monitor progress.

We are continuing to seek additional funds through a variety of sources which will also help in reducing the budget deficit and to date the Group have managed to obtain funding of €6m. This is very positive start and we will continue to actively pursue funding throughout the year.

Clinical Directorate Model

We are also working closely with the Clinical Directors to develop financial performance metrics for each Directorate and a number of initial meetings have taken place to discuss the implementation of the clinical directorate governance model. Initially the focus is to establish target savings and cost containment plans for each directorate in co-operation with the Clinical Directors and Business Managers. It is our intention to support the Directorate structure with management accountant support and this will develop over the next number of months. We will be working with the business managers to ensure that they have the necessary financial skills to assist the Clinical Directors in the business operations of their Directorate.

KPI

We have finalised a set of Financial Key Performance Indicators (KPI) for each hospital which will provide a monthly snapshot of your hospital's current financial performance and these will be updated by the hospital finance departments. We will also be producing a set of KPIs for the Group.

Case-mix

The final figures were received for Case-mix 2012. The calculations for case mix budget adjustments was based on 2010 activity and costs. The activity areas included in case-mix are Inpatients, Day Cases, ED and Outpatients. GUH performed well finishing 2nd overall in their group with a gain of €1.644m. Portiuncula Hospital also performed well improving their budget adjustment by over €665k in 2012. Currently Roscommon County Hospital is not part of the case -mix programme but we will be looking to include all hospitals within the group in the future.

Maurice Power.
Chief Finance Officer

SPECIAL DELIVERY UNIT – INPATIENT AND DAYCASE TARGETS

Inpatients: We are delighted to report that progress is being made in relation to GUH reaching the 9 month inpatient waiting list target. At the start of 2012 there were 9901 patients waiting longer than a year and this is now down to 6481. Considerable efforts have been made by clinicians and administrative staff to reduce the number of patients waiting over a year for a procedure and we expect that by the end of May 2012, no patient will be waiting more than a year. The biggest challenge will be to ensure that the Special Delivery Unit targets will be met by the end of September 2012:

- No Adult will be waiting longer than 9 months for a procedure
- No child will be waiting longer than 20 weeks for a procedure
- No one will wait longer than 13 weeks for a GI scope.

We continue to follow our '5 point plan' which includes:

1. Validation: Validation is required to ensure that the waiting list is accurate – that is making sure that all patients on the waiting list are 'ready willing and available to undergo their procedure'. We completed the first phase of validation which identified 179 patients (11% of those contacted) who could be removed from the list. We have recently sent out a further 1,600 letters to patients – those who do not respond to the 2nd and final reminder letter will be removed from the waiting list (a letter will be sent to the patient and GP).

2. Reporting: We produce a weekly tracker which clearly identifies any progress we are making and any areas for concern. Examples can be seen in our monthly status report on the next page.

3. Using resources across the Group: We have linked with all hospitals in the Group and have established Roscommon as a treatment centre for a number of procedures including:

Plastic surgery; General surgery; Sleep studies; Scope

Portiuncula is continuing to treat patients from GUH in General Surgery, Obs and Gynae, Maxillofacial services and Urology

4. Patient engagement: Patients are the centre of everything we do and we are working to establish better links with our patients, providing them with greater choice and shorter waiting times.

5. Effective use of theatre space: We are in the process of completing a comprehensive review of our available theatre space which will allow us to use all available resources to treat patients in a timely manner.

Outpatients: The Special Delivery Unit are also going to focus on outpatient services to reduce the waiting time for an initial consultation to 52 weeks. The Group welcomes this and are already working with each speciality to identify how we can achieve this target. One of our key Issues is DNA's (people who do not attend their appointment).

We have estimated that the 34,493 DNA's in 2011 cost the hospital €2.8 million……. We will be implementing measures to reduce this. We have also identified that over 500 patients have more than one referral for the same problem and will be working with GP's to reduce this additional workload for all concerned. We are working on an action plan for OPD and will be giving you more information in the next edition.

Sue Hennessy
Waiting List Manager

Special Delivery Unit Status Report : GUH – March 2012

2011 Targets - update

GUH were the only hospital in Ireland not to reach the 2011 SDU Primary Target List. Great progress was made following collaboration between clerical and clinical staff in the time available.

With support from the SDU a number of specialties achieved the target, through a process of validation and by treating patients in GUH and other hospitals .

The number of patients who breached the target in 2011 and still require a date currently stands at 393. Of those only 100 have been given a date and it is imperative that the remaining 293 patients have a treatment plan in place with a date for surgery.

Neurology and Cardiothoracic surgery both managed to clear their 2011 breach patients this month.

What are the 2012 targets?

The Special delivery unit (SDU) announced details of the financial penalty scheme which states that:

•Every patient that breaches treatment targets at the end of March 2012 will incur a financial penalty of €25,000.

Our current position (as of 8th March 2012) is that we have **6877** patients awaiting treatment (reduced from 9901). Please see the breakdown by specialty below and note that this is split between inpatients and day cases.

The potential financial penalty to GUH is currently **€2.73 million**.

Our 5-point Plan

1. **Increased focus on validation (box 1)**
2. **Improved reporting and ownership (box 2)**
3. **Effective use of all resources across all group hospitals (box 3)**
4. **Patient education and engagement.**
5. **Effective utilisation of scarce theatre space (box 3)**

Box 1 - Validation

288 patients were sent a 2nd validation letter and those who fail to respond by 13th march will be removed from the waiting list. A second round of validation will commence soon

Box 2- Reporting

•The weekly tracker is published every Friday

•The monthly Action Plan update is published after the first PTL of the month

Box 3- Group Activity

•Roscommon hospital are now accepting patients from the following specialties:

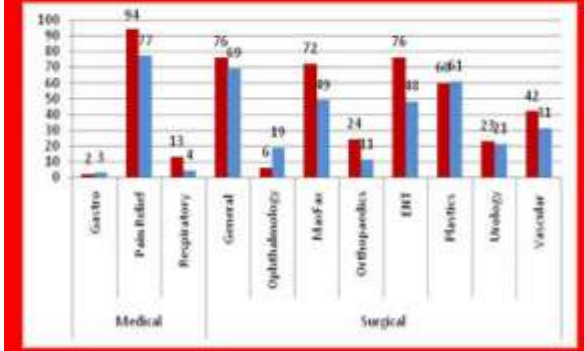
•Respiratory / Sleep studies

•Scopes

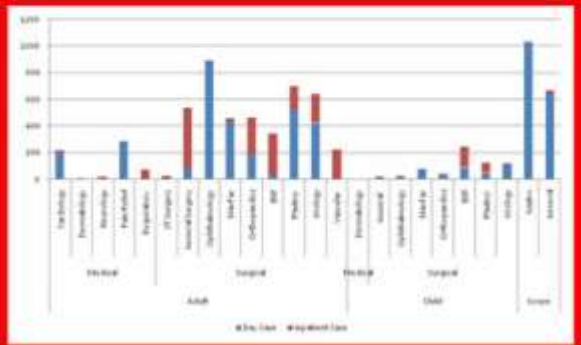
•General Surgery

•Plastics

2011 Primary Target List



2012 Primary Target List



Message from David O'Keeffe, Medical Director,
Galway and Roscommon University Hospitals Group

The settling in process with our new governance structures has continued and I think we all have a clearer view of our shared future. The clinical Governance structures and clinical directorates will work more closely together, with the functions of quality, safety and risk coming under combined management with complaints, audit and legal affairs. A closer liaison between our legal affairs, complaints and risk will bring a logical close relationship to the cornerstones of clinical governance.

The retirements on February 29th brought home to me what a family environment a hospital is and how much we will all miss working with those who have left. The corporate memory they take with them will be difficult to replace.

The first meeting of the Group executive council (Clinical Directors and the Group management Team) was held on 21st March to agree the approach across the group to a clinically informed management structure. The purpose of the group is to ensure that GRH clinical activities are governed under a single robust structure. The primary focus will be to inform the Group Management team of the KPI and other activity level measures in the Clinical Directorates. Executive Clinical Committee will also be responsible for ensuring Galway and Roscommon University Hospitals are well positioned for responses to financial, staffing and other resource changes and new demands on clinical activities. The Focus initially will be to work to manage the waiting lists for in-patient, day-case activity across the group and respond to emergency department pressures. The committee will receive reports from the Clinical Care Programme steering group.

We have a unique record of meaningful clinical involvement in management across our hospitals which this new process across the group will enhance.

The Clinical Programmes will be a focus for the next few months, the Acute Medicine Programme has the potential to get more patients treated, more rapidly and free up more beds. Combined with the other big two; the Elective Surgery and Emergency Medicine programmes we can look at a realignment of our beds to reflect the real demands from the patients and communities we serve.

The first series of clinical directorate meetings are now taking place with representation from across the hospital group, these will allow us to plan service delivery where the supply and demand can be more closely matched.

David O'Keeffe.
Medical Director

The Visit of Uachtarain na hEireann, Micheal Uí hUiginn to Galway University Hospital, February 24th 2012.

The Hospital hosted the first visit of President Michael D Higgins accompanied by his wife, Sabina, to our campus on the 24th February. The president had kindly agreed to open the CAMHS unit at Merlin Park University Hospital and the newly refurbished and enlarged Neonatal Intensive care unit at University Hospital Galway.
The President was greeted by Group CEO Mr Bill Maher, Director of Nursing Ms Mary McHugh, clinical director for Women and Children's Health Dr Donough O'Donovan, Business Manager for Women and Children's Health Ms Bernie O'Malley and myself as medical Director.
To invite the First Citizen to your workplace involves quite complex protocol; the idea had been mooted some months previously by Donough and the President graciously acceded to our request.
To actually greet the President on behalf of the Hospitals was an honour, his visit to the NICU was, for the staff, there a recognition of the life saving work they do for the most vulnerable citizens of the country.
The president spoke movingly about the place of the unit, and his remarks are worth quoting in their entirety;

' I would like to thank the HSE for the invitation to open this newly refurbished neonatal unit today.

This superb state-of-the-art critical care facility will provide its staff with the technical support to provide the best high-level care to our critically ill premature and full-term new-born infants in the West of Ireland. As I look around, I can see that the refurbishment has transformed the old facility and significantly increased its capacity. This wonderful facility is now on a par with other major neonatal intensive care units throughout the country.

The combination of dedication and professionalism from the staff, coupled with ultra-modern specialised neonatal equipment, means we can now, in the Western Region, offer all aspects of specialised neonatal intensive care to our newborn babies.

The refurbishment has provided an additional 3 cots in the Unit, bringing the total to 17. This expansion will reduce the need to transfer patients out, so we can offer local care to local families with very ill babies. The addition of an ensuite room for parents is also very welcome, at a time when they want to stay as close to their babies as possible. In recent years the facility has become a regional referral centre for neonatal care. The referral base now includes all infants born within the Western Region and critical care for these babies includes specialised treatments.

All who have had the privilege of becoming parents know that maternity hospitals are very special places. Many of the patients here will return to their homes with their long-awaited babies, overjoyed and also a bit in awe of the responsibilities and challenges they face as parents. They will nurture their children and want to see that they reach their full potential, whatever that might be. Thankfully, most of those parents will never need to be aware of the incredible work that a neonatal ICU does for its tiny patients.

In 2011, over three thousand children were born in Galway, with over 300 of these attending the neonatal unit. Nearly half of these babies were premature. When these babies, as well as others with particular conditions and illnesses, are admitted to this unit for treatment, the length of stay can vary from less than 24 hours to more than 4 months.

The birth and early days of a baby, when it has to attend a neonatal unit, is an extraordinary journey. I can easily imagine that this must be a very traumatic time for parents. Parents of babies find themselves hurled into the unknown world of a neo-natal unit, with all the additional stress and fear associated with the baby's aftercare when released from hospital.

On behalf of all the parents of babies that have been cared for here, I wish to thank all of the staff for your support and solidarity. You patiently explain to parents the use of each machine and the purpose of each procedure and are happy to give that explanation again and again to a succession of parents who need the reassurance of your knowledge and expertise. You do this because you know how stressful this time is for parents and how they take great comfort in understanding their babies.

I am also impressed by the many parents and others who, having been touched and inspired by your work in the unit, give significant amounts of time and work, selfless and voluntary, to fundraise for ancillary items for this unit. This is in addition to the mainstream funding by the HSE. The Irish Premature Babies charity and the Children's Remembrance Fund are but two of the fundraising organisations that must be commended in this regard.

A very obvious labour of love, you must forgive my pun, is a book entitled "Tiny Footprints". This book became available on World Premature Birth Awareness Day on November 17 last year. It was written by the Irish Premature Babies charity, which does fantastic work supporting parents with an early baby, and features stories of 80 families and their experiences of premature birth, including stories from Galway parents. It shows new parents of premature babies that they are not alone, that so many people understand and have been through the journey they are currently going through, while also creating awareness of the issue of premature babies.

Great progress has been made in the care of newborns. We have come a long way from when the first incubator was developed 120 years ago. Neonatal units have become much more parent friendly, with parents encouraged to help with care as much as possible. Cuddling and physical contact between babies and their parents if possible is now seen as beneficial for all but the frailest of babies.

Those of us who find ourselves on the front line of engagement with the health services, whether as patients or family of patients, know how fortunate we are to enjoy the excellent care of the medical staff who look after us. In maternity services, in particular, parents invariably have nothing but praise for the doctors and nurses who help to safely deliver and care for their babies.

While awarding full recognition for this excellence of medical care, we should also spare a thought for those in the back-office who make an unseen contribution to these happy outcomes. I am sure that the early chapters of the story of this new unit involved planning, budgetary and procurement processes, all of which required expertise and commitment to advance to finality. The public servants who played their administrative part to get us to this happy day also deserve commendation.

In conclusion, I want to congratulate you all on your hard work, dedication and co-operation, evidenced by the refurbishment of this unit. I wish all of you gathered here today and your patients every success for the future.

Thank you for your attention.'

His visit was very welcome, his wishes for the staff heartfelt and we are grateful to him.

David O'Keeffe.
Medical Director

PRESIDENT HIGGINS VISITS UHG

Staff of the Neonatal Unit with President Higgins and Mrs Higgins at the Official Opening of the Neonatal Unit at Galway University Hospitals on Friday 24 February 2012

President Higgins with Dr Donough O'Donovan, Consultant Neonatologist; Bill Maher, CEO, Galway and Roscommon University Hospital Group; and Mrs Higgins at the Official Opening of the Neonatal Unit at Galway University Hospitals on Friday 24 February 2012

Dr David O'Keeffe, Medical Director, Galway Roscommon Hospital Group; Mary McHugh, Director of Nursing, Galway University Hospitals; Mrs Higgins; President Higgins; Bill Maher, CEO, Galway and Roscommon University Hospital Group; and Dr Donough O'Donovan, Consultant Neonatologist, GUH at the Official Opening of the Neonatal Unit at Galway University Hospitals on Friday 24 February 2012.

THE EMPLOYMENT CONTROL COMMITTEE

As part of our ongoing development of corporate governance in the new Group, approval for the hiring and replacement of staff is now vested in the Employment Control Committee (ECC).

This recently established committee will be chaired by the Chief Operating Officer for the Group (Tony Canavan) and will meet on a monthly basis (see schedule of meetings below) to consider all requests to fill vacancies, recruit staff, manage agency requests and process applications for various types of leave etc.. This Committee will also develop group wide Policies, Procedures and Guidelines to support the HR function.

The principles and overview of the process for the operation of the ECC will be available on Q-Pulse soon. These will be kept under review for the first six months of operation of the ECC and your feedback on these will be welcomed.

How it works:

In essence, all requests for the replacement or recruitment of staff must be completed by the Head of Department in the first instance. These should then be discussed and prioritised where need be at the relevant Directorate meeting and then signed off by the Clinical Director and General Manager before submission to the ECC.

To assist in the process, applications to the ECC must be made on a Request to Hire form:

- For existing posts that have become vacant, heads of department will be asked to explore all available options in terms of redeployment and reconfiguration of services etc. before looking to fill the vacancy. In supporting any subsequent application, the Head of Department must identify the service implication of not filling the post.

- For new posts, a full business case will have to be submitted.

The ECC will consider all applications in its scheduled meeting and will notify the relevant Clinical Directors and General Manager within 2 working days of the meeting. Where approval to recruit is granted, the recruitment process will commence immediately, through either a local competition or through the National Recruitment Service.

I hope this new arrangement provides an efficient and responsive process for Heads of Department to effectively manage their staffing resources and to plan with some certainty how best to meet emerging service pressures.

Friday 20th April 2012	**Friday 24th August 2012**
Thursday 24th May 2012	**Friday 21st September 2012**
Friday 22nd June 2012	**Friday 19th October 2012**
Friday 20th July 2012	**Friday 23rd November 2012**
	Friday 21st December 2012

John Shaughnessy (Acting Human Resources Manager, Galway University Hospitals)

Message from Colette Cowan, Acting Director of Nursing /Midwifery Galway University Hospitals

I am delighted to introduce myself to the Staff of Galway and Merlin Park University Hospitals. I am a native of County Galway with a family. I trained in St Vincent's Hospital, Dublin and I have 23 years Clinical experience.

My recent role was as Director of Nursing at Nenagh Hospital with further remits as part of the Mid West Management Team, Reconfiguration Board and Clinical Care Programmes. We have been through considerable change over the last 3 years and as a result I have a real sense of the impact and value of change.

I have commenced this role with a sense of energy and commitment and look forward to progressing the value and importance of Nursing in tandem with the new structures and changes planned for 2012. Central to our work are the Patients and Service Users.

We have challenges that will require a cohesive, dynamic group to deliver best outcomes for our patients.

I encourage staff to engage with me with their thoughts and ideas and we will further develop the sites through progressive leadership and Nursing vision in line with our agreed performance targets.

I hope to meet with you all over the coming weeks and look forward to getting to know you all.

Best Wishes,
Colette Cowan
Acting Director of Nursing/Midwifery Services GUH

Message from Elaine Prendergast, General Manager, Roscommon Hospital

Since my last message to you we have all been very busy here in Roscommon County Hospital welcoming in new services and saying goodbye to all of the staff who retired by 29th February. A retirement function was held in the hospital on Friday 24th February and we said goodbye to 18 wonderful staff who gave many years of dedicated service to Roscommon County Hospital. We extend good luck and best wishes to each of them as they start on the brink of a new chapter in their lives. A sincere word of thanks to everyone who helped in any way with the planning preparation and co-ordination of the function.

On the 1st March we welcomed the appointment of Dr Imran Saleem, Consultant Physician (Respiratory) to the medical staff of the hospital. Dr Saleem will be one of three Consultant Physicians in Roscommon County Hospital and he will have sessions in Merlin Park Hospital, Galway, and Portiuncula Hospital, Ballinasloe.

With the appointment of Dr Saleem and in association with GUH, a sleep studies service commenced in early March, to medically assess and treat patients with a range of conditions including sleep aponea. In addition to Roscommon patients, patients on GUH waiting lists are also attending for sleep studies in Roscommon County Hospital.
Dedicated Falls Assessment clinics and Memory Clinics were commenced in February for elderly patients under the direction of Dr O'Mara, Consultant in Geriatric Medicine.
Other new services are currently in planning stages and more information on these services will be available in next edition of the newsletter.

In relation to the Capital development of the Endoscopy Suite, the final briefing document is being prepared for the design team.
Discussions have commenced with the Mayo / Roscommon Hospice Foundation with regards to the building of Hospice on the grounds of the hospital.

Roscommon County Hospital KPIs for February are on the next page, so you can see how we are doing.

During February and March we met with local organisations including the Roscommon Hospital Action Committee and The Roscommon Hospital Alliance, TD's and members of the Regional Health Forum to outline the new governance arrangements and management structure for Roscommon County Hospital within the Galway & Roscommon University Hospital (GRUH) Group of Hospitals. In addition they were briefed on the 2012 Service Plan for the GRUH Group and Roscommon County Hospital. We also presented to them the vision for Roscommon County Hospital as follows:

- Deliver a safe and effective healthcare service as defined by the National Acute Medicine Programme for Model 2 Hospitals.
- Be the 1st choice hospital for patients and healthcare professionals for treatment of patients for day surgery and endoscopy
- Develop a sustainable and central role for Roscommon County Hospital into the future as part of the GRUH Group.
- To be a great place for staff to work
- Attract highly qualified staff
- Achieve Finance Breakeven

As I said, we have been very busy, but with the wonderful weather and longer brighter evenings to look forward to all is good here in Roscommon!

Elaine Prendergast.
General Manager

Roscommon Performance Summary – February 2012

Orthopaedic Out-patient Waiting List

	Current	Future
Current Value	654	

Target: No patient will wait for an Orthopaedic Outpatient appointment for more than 1 year by December 2012.

Trend: v Previous Month: ⟺

Longest Waiter reduced from September 2006 to January, 2007. Validation of lists ongoing. However referral rate exceeding appointment rate with no major decrease in actual number waiting on lists.

DNA Rate

	Current	Future
Current Value	18%	

Target: Reduce the number of patients who do not attend OPD to 10% by December 2012

Trend: v Previous Month: ⇩

Decrease of 4% on January figure. Medicine and Plastics have improved in the reporting period.

Increase Surgical day Case activity

	Current	Future
Current Value	237	

Target: To increase Surgical Day Case activity at Roscommon County Hospital to 500 cases per month by treating patients on the UHG waiting lists.

Trend: v Previous Month: ⟺

Includes Surgery/Plastics/Dental Day-Cases. Plans for more work from GUH WL underway- list of 16 dealt with in Feb. Theatre Capacity recently reviewed in order to increase throughput and efficiency. Planned increase in Plastics from April and commencement of Urology and Endoscopies.

Admission Rate via MAU

	Current	Future
Current Value	79%	

Target: To reduce the admission rate of all attendees at the MAU to 20% by December 2012

Trend: v Previous Month: ⇧

Rate 79% for reporting month – higher than previous month. Still dependant on manual extraction of data. Medical Services Forum addressing pathways of care, most appropriate setting for delivery of care, admission protocols, etc.

New/Review Ratio Out Patient Services

	Current	Future
Current Value	1:2.7	

Target: New to review outpatient ratio of OPD attendances to be 1:2 by December 2012

Trend: v Previous Month: ⟺

Unchanged from previous month. Review of Medical Services and pathways of care being developed which should help reduce this ratio for Medicine. Proactive discharge of review patients being encouraged.

Average Length of Stay

	Current	Future
Current Value	8.3	

Target: Overall ALOS for all inpatients discharges is reduced to 5.7 days by December 2012

Trend: v Previous Month: ⇩

Decrease of 2.7 days from 11 in January. Patient profile, increase in % transfer in from other hospitals and delay in Fair deal processing contributing to overall high figure.

Antibiotic Usage

	Current	Future
Current Value	TBA	

Target: To reduce the medial usage rate of antibiotics to 84.4 per 100 bed days utilised by December 2012

Trend: v Previous Month: ⟺

No of ABX units dispensed decreased in Feb 12 to 4093 versus Jan 12 = 6588. Cost in Feb 12 was €5853 versus €13839 in Feb 11. High usage of Piperacillin/Tazobactam (445 Jan 12, 468 in Feb 12).
As per guidelines it is only indicated for Diabetic soft tissue infection, Febrile neutropenia, Hospital acquired pneumonia, Hospital acquired Intra-abdominal infection, Septicaemia.

New Cases of C Diff

	Current	Future
Current Value	0	

Target: To reduce the background rate of HCAI of C Difficile to <2.6 per 10,000 bed days used

Trend: v Previous Month: ⟺

There were no positive C. difficile infections confirmed in February, 2012 – background rate had been running at 6.8 per 10,000 bed days

Fair Deal - Bed Days Lost

	Current	Future
Current Value	134	

Target: to reduce the number of bed days lost due to delayed Fair Deal approval to 31 bed days per month by December 2012

Trend: v Previous Month: ⇩

Reduced in reporting period. On average 3 – 7 patients awaiting Fair Deal. Release of funding on a weekly basis improving wait times and resultant reduction in bed days lost.

Financial Position

	Current	Future
Current Value	+10%	

Target: To deliver financial breakeven by December 2012

Trend: v Previous Month: ⇩

Overspend in Pay and Non Pay by €65k and €5k respectively. Deficit in income target of €66k. Income focus group established.

Staffing Levels

	Current	Future
Current Value	-10%	

Target: WTE should not drop below the WTE ceiling so as to maintain patient safety and services by December 2012

Trend: v Previous Month: ⟺

Feb 12 Wte 287.74 ~ Dec 11 285.48

Absenteeism

	Current	Future
Current Value	5.0%	

Target: To reduce the absenteeism rate to 3.5% by December 2012

Trend: v Previous Month: ⇧

Increased from 4.88 % in Dec 11 to 5.0% January, 2012. Ongoing monitoring of Absenteeism, ensuring back to work interviews being carried out, etc.

ROSCOMMON COUNTY HOSPITAL OFFICIALLY WELCOMES DR IMRAN SALEEM, CONSULTANT RESPIRATORY PHYSICIAN

Dr Imran Saleem has completed specialist training in Respiratory and General Medicine in Ireland. He has worked in major academic centres in Dublin teaching hospitals such as The Mater, St Vincent's, St James's and also in Galway University Hospitals. His particular areas of interest are COPD, Asthma and sleep related disorders. Dr Saleem has worked in the HSE West for a number of years and he hopes to maintain links with respiratory services in Galway University Hospital while providing an excellent standard of care in Roscommon County Hospital.

Dr. Saleem has introduced a Sleep Study Programme to Roscommon County Hospital since the 5th March, 2012.

GOODBYE TO THE MEDICAL DAY SERVICE DEPARTMENT

Nursing Staff say a fond farewell to the Medical Day Services Unit after seven happy years, as they move into the Urgent Care Centre/MAU to make room for the new Endoscopy Unit.

Pictured: Mary Frances Langan, Staff Nurse,Sinead Golden, Staff Nurse, Fiona Hamrock, Staff Nurse, Siobhan Carty, CNM I, Olive Arnold, Staff Nurse, Mary Mc Neill, Staff Nurse

~SPORTING ACHIEVEMENT ~

Well done to Giri, Senior Occupational Therapist, Roscommon County Hospital, pictured here with the Connaught Cricket Cup. Giri is a member of the Ballaghaderreen Cricket Team who won the Connaught Cricket League 2011.

~RCH LEAP YEAR BABY ~

Roscommon County Hospital would like to offer huge congratulations to Eileen Stephens, Clerical Officer and her husband Gary on the arrival of their beautiful baby boy Michael on 29th February 2012. Congratulations also to Eileen's mother Margaret Mc Dermott, Clerical Officer, RCH. Baby Michael is Margaret's first grandchild.

~ROSCOMMON COUNTY HOSPITAL SPORTS & SOCIAL CLUB EVENT~

Phantom of the Opera in Bord Gáis Energy Theatre, (Grand Canal Theatre), Dublin on Friday 20th July 2012
Names on sheet in Staff Canteen by Friday 13th April.

Goodbye and Thank You!

On 17th February 2012, Roscommon Hospital bid farewell to Vanessa Gilleran, Senior Speech and Language Therapist as she and her family made the move back to her native South Africa. Vanessa is missed both personally and professionally by all her colleagues here at Roscommon Hospital.

Vanessa sent us this lovely message below for circulation to all staff.

Goodbye and Thank You!
I would like to thank everyone who I have had the privilege of working with over the past seven and a half years. It was a very rewarding experience to set-up a new **service and to work with so many Roscommon people. I've gained a good** understanding of what it is to be Irish and how the community functions. I will miss the **staff, the gorgeous scones, the "craic" and being part of something so valuable to so** many who avail of the service. My life has been enriched by the patients and staff, by the relatives stories shared and the friendships made with people I was blessed to meet, in this small hospital. It marks the end of a chapter in my life and as I return **home, knowing I'm changed and enriched I hope to take knowledge from here to** benefit others I encounter.

I wish you all success in work, good health and endless happiness in the future.

Vanessa

Left to right: Fiona Neilan (Discharge Co-ord), Margaret Egan (Former Physio Manager), Madeline Spelman(Dietitian), Celia Tully (Bed Manager), Marion Lavin (Physiotherapist PCCC), Eadaoin Darcy (OT Assistant), Cait Mannion (Physio Assistant), Vanessa Gilleran (SALT), Helena Blessington (Physiotherapist), Fiona Jennings (Physiotherapist), Patricia Blighe (Physio Assistant), Giri Anbazhagan (OT), Oliver Plunkett (Physiotherapist)

Farewell Party at Roscommon County Hospital on 24th February 2012.

Fond farewell and best wishes to all of the staff who recently retired from our hospital. A farewell party was held to mark this unprecedented occasion on the 24th February, 2012. The retirees were joined by former colleagues who all came to wish them well and share in a cuppa and some light refreshments, which were all beautifully prepared by our wonderful Catering Staff – who have been so good all year in lending a helping hand at all of our farewell parties.

Message from Chris Kane, General Manager, Portiuncula Hospital

I very much welcome the Easter Edition of the Group Newsletter.

I would firstly like to acknowledge, that at the end of February a significant number of our staff retired from Portiuncula. Their departure was acknowledged by a 'get together' in the staff dining room which gave an opportunity for all to say 'goodbye' and at the same time acknowledge and thank the retirees for their commitment and dedication to Portiuncula Hospital over the years. It was a day for reminiscing, story telling, laughter and tears. We would hope that all our retired staff will go on to enjoy their retirement with their families and have good health along the way. They will always be made feel welcome in Portiuncula and we hope that their friendship and connection with the hospital will continue into the future.

Over the last few weeks we continued the roll-out of briefing sessions for staff on Key Performance Indicators. We have included the Hospital's KPI's for February in this edition. I continue to be encouraged by the level of enthusiasm and feedback from staff and look forward to the development of departmental KPI's. I will be including some of these departmental KPI's in future editions of the Group Newsletter.

I have had an opportunity to meet with staff and outline our Cost Containment Plan for 2012 and highlight the financial challenges for our hospital moving forward. I look forward to working with staff and welcome their contributions/initiatives to assist with this financial challenge.

As mentioned in last Newsletter Portiuncula Hospital has been selected as one of the NIMIS sites. The NIMIS National Project Team visited Portiuncula on the 13th March 2012 and provided an overview presentation of the key milestones involved moving towards the implementation and 'going live' in September/October 2012. The day gave staff an opportunity to meet the National Project Team and proved to be informative and productive.

We are delighted to have welcomed the launch of the '*Care to Drive*' Initiative at the hospital on the 1st March 2012 in conjunction with the Irish Cancer Society. This will be an invaluable service for our Oncology patients attending the hospital and we thank most sincerely all the volunteers for their commitment to this service.

On a further note we look forward to a visit from Professor Frank Keane, Programme Lead for the National Elective Surgery Programme on the 19th April 2012. In addition the hospital has commenced the first steps towards the implementation of the National Emergency Medicine Programme.

Chris Kane
General Manager

Portiuncula Hospital Performance Summary – February 2012

Out-patient Waiting List

	Current	Future
Current Value	3,837	

Target: Out-patient waiting to be reduced to less than 9 months by December 2012.

Trend: v Previous Month

The overall number of patients waiting in the OPD has reduced slightly for the month of February. The highest contributors are Orthopaedics, Dermatology and Pain Relief.

DNA Rate

	Current	Future
Current Value	11.91%	8%

Target: Reduce the number of patients who do not attend 8% by December 2012.

Trend: v Previous Month

The DNA rate in February stands at 11.91% this is an increase of .91% on January 2012. There are 2 specialties below the 8% target and 2 specialties below the HSE target of 10%. Efforts continue to reduce this rate further.

ED Waiting Times for Admission

	Current	Future
Current Value	74.35%	

Target: No patient should wait over 6 hours.

Trend: v Previous Month

74.35% of all patients were seen and admitted within the 6 hours. The waiting times in the ED have increased; there was a 21.94% increase in ED attendances when compared with February 2011 ED attendances. In addition the hospital had an outbreak of Noro virus which additional pressure on bed availability.

CT Waiting List

	Current	Future
Current Value	150	

Target: No patient should wait more than 6 weeks.

Trend: v Previous Month

The current waiting list for CT is approx. 6 weeks. No change from the previous month.

Day Case Rate Basket of 24

	Current	Future
Current Value	75%	

Target: No Increase the rate to 75% within the basket of 24 procedures to be treated as day cases.

Trend: v Previous Month

Currently the rate is 75%. This is an improvement of 1% on previous figure.

Average Length of Stay

	Current	Future
Current Value	4.51	

Target: Achieve a target of 4.5 days.

Trend: v Previous Month

Slight increase in the ALOS decreased by 0.41 days compared to January 2012.

Day of Procedure for Elective In-patients

	Current	Future
Current Value	52.0%	60%

Target: To increase rate to 75% by December 2012.

Trend: v Previous Month

The rate of 52% no change on the previous month. There is increased emphasis on streaming patients to the Pre assessment clinic.

Hospital Acquired MRSA

	Current	Future
Current Value	3	36

Target: To reduce the number of Hospital Acquired MRSA infections to 3 per month in 2012.

Trend: v Previous Month

There were 3 Hospital acquired MRSA infections for the month of February 2012. This is a decrease of one case on the previous month. The infection control committee are continually reviewing the levels of infection in conjunction with all clinical area.

Fair Deal - Bed Days Lost

	Current	Future
Current Value	179	

Target: To reduce the lost bed days to less than the current monthly bed days lost.

Trend: v Previous Month

179 Bed days lost in the month of February, this is an increase of 47 days on the previous month of January, this is due to slow processing of fair deal applications and accessing appropriate step down facilities for patients as well as care packages.

Financial Position

	Current	Future
Current Value	1,445,000	

Target: To deliver financial breakeven across the Group by December 2012.

Trend: v Previous Month

Cost containment plan is place measures include 10% reduction in non pay across all departments, analyses of variances and take corrective actions specific focus on income generation and reducing absenteeism. PHB over budget by 1.4m (-22%) but February negative variance is lower than previous month.

Staffing Levels

	Current	Future
Current Value	661	

Target: To operate within HSE employment levels.

Trend: v Previous Month

Continued focus on reducing WTE figures in line with the budget as part of financial recovery plan. Additional staff have been required to open overflow to support ED pressures.

Absenteeism

	Current	Future
Current Value	4.88%	

Target: To reduce absenteeism rate to 3.5% by December 2012.

Trend: v Previous Month

The absenteeism rate is 4.88% a slight increase. Active monitoring to reduce absenteeism rates through absence management programmes and back to work interviews. A series of managing attendance training sessions for line managers taking place.

'Care to Drive Scheme'

Portiuncula Hospital is pleased to announce that the '*Care to Drive Scheme*' in conjunction with the Irish Cancer Society has commenced in our hospital since 1st March 2012. This is an invaluable service for our oncology patients, providing transport to and from their chemotherapy appointments, via a volunteer driving service. The availability of this service is particularly beneficial given the current climate we which find ourselves, in terms of significantly reduced resources in the area of transport provision. We are delighted to partner with The Irish Cancer Society on this initiative and look forward to working with the organisation and our Volunteer drivers to further enhance service provision for our oncology patients.

The Irish Cancer Society are in the process of recruiting additional volunteers and hence, anyone who feels they would be in a position to get involved in this volunteer driving scheme can phone The Irish Cancer Society on 01 2310522 or email them on transport@irishcancer.ie.

Anyone who would like further information on the Care to Drive scheme should contact:
Aileen Mulvihill, Senior Social Work Practitioner,
Portiuncula Hospital,
Ballinasloe on 090 96 48306.

Members of the 'Care to Drive Scheme' and Aileen Mulvihill(far left), Portiuncula Hospital.

Nursing Practice Development Unit - News

Intravenous Cannulation and Phlebotomy Training

Nurses from all departments are undertaking intravenous cannulation and phlebotomy training as part of their professional development. This is a welcomed initiative as it will enhance the patient's experience at Portiuncula. It will improve patient care by reducing the waiting time for treatment and in addition will enhance the nurse patient relationship by providing holistic care.

International Nurses

Since January 2012, Portiuncula has facilitated 16 international nurses on the Adaptation Programme to work in the Irish Health Care system. Portiuncula Hospital is one of only 2 centres in Ireland running this Programme. During this adaptation the international nurses receive one week tutoring in the classroom and 6 weeks minimum placement in a medical/ surgical department. If they are deemed competent they are accepted for registration by An Bord Altranais.

Hospital Life Facilitation Programme

The Hospital Life Facilitation Programme has been running successfully for Transition year students for a number of years. The course was designed to assist students in making informed career choices within the Health Service. Since September 2011, the Hospital has facilitated 24 students from local schools in Ballinasloe. Feedback from both students and schools has been very positive.

Saying 'Farewell' to our Retirees

The Hospital said 'farewell' on the 28th February 2012 to staff retiring at a Celebration Tea held in the Hospital.

It was a day tinged with mixed emotions of happiness and sadness and a general acknowledgement of the skills, experience and knowledge of the **staff departing. The Hospital's Management Team and staff acknowledged** and thanked all retiring staff for their dedicated service and contribution to the hospital over many years.

Pat Kenny, Portering Dept
Mary Casey, Catering Dept
Rosemary Reilly, St Francis Ward
Marie O'Dowd, Day care
Maura Glynn, ICU CCU
Deborah Leonard, ICU CCU
Maureen Donoghue, SCBU
Bernadette Griffin, Paediatrics
Margaret Geoghegan, Nursing Admin
Maureen Gordon, Maternity
Mary Kirwan, Risk Advisor
Vida Tansey, Laboratory
Winifred Morrissey, St Clares
Mary Glynn, Paeds
Breda Hession, Maternity
Fionnuala Harney, St. Johns
Mary Egan, Oncology
Eileen Finneran, Oncology

We wish all our retirees every best wish for the future.

RETIREMENTS

I wish to take this opportunity on behalf of everyone in the Galway and Roscommon University Hospitals Group to wish all of our retiring colleagues good health and every happiness as they embark on this exciting new phase in their lives.

John Shaughnessy (Acting Human Resources Manager, GUH

CLINICAL DIRECTORS FOR GALWAY & ROSCOMMON UNIVERSITY HOSPITALS GROUP

You will be aware that Clinical Directors have been at the helm of our services for the last number of years but how many of you know who these key players are in our hospitals?

The Clinical Directors have kindly agreed to take on their roles in a Group context and they will endeavour to apply clinical leadership across all of the hospitals in Group. They are busy dealing with developing processes and working with many stakeholders in progressing a wide range of essential developments across all the clinical specialities. The work will be very challenging but will lead to significant gains for our patients ultimately.

This is a good time to make you aware of the people behind the roles.

The Clinical Directors, supported by their Business Managers are:

- **MICHAEL O'SULLIVAN**
  SURGICAL DIRECTORATE*
  Business Manager—Sheila Murphy Contact No: 091 542052

- GERALDINE GAFFNEY
  WOMEN'S & CHILDREN'S DIRECTORATE
  Business Manager—**Bernie O'Malley Contact No: 091 544611**

- DAMIAN GRIFFIN
  LABORATORY DIRECTORATE
  Business Manager—Judith McLucas Contact No: 091 542865

- PAT NASH
  MEDICAL DIRECTORATE*
  Business Manager—Ann Dooley Contact No: 091 544678

- RAY MCLOUGHLIN
  RADIOLOGY DIRECTORATE
  Business Manager—Mary Murphy Contact No: 091 542202

- PAUL NAUGHTON
  THEATRE ANAESTHESIA & CRITICAL CARE DIRECTORATE
  Business Manager—Marie Dempsey Contact No: 091 544157

* Separate arrangements are being put in place to deal with the Business Management requirements for Renal Services, Orthodontics and a small number of selected other service areas.

SURGICAL DIRECTORATE

Michael O'Sullivan, Clinical Director; Sheila Murphy, Business Manager

Surgical Directorate Team members - March 2012:

Mr Michael O'Sullivan, Clinical Director.
Ms Sheila Murphy, Business Manager
Mr Tony Canavan, Chief Operating Officer, Divisional Director
Ms Julie Nohilly, Assistant Director of Nursing
Ms Ger Keenan, AHP Manager
Ms Marian Morris O'Connell, Staff Officer
Ms Marian Sice, Clerical Officer

The Surgical Directorate comprises of the following specialties:
Gastro-intestinal, General, Vascular, Breast, Plastics, ENT, Ophthalmology, Urology, Orthopaedic, Cardiothoracic and Maxillofacial Surgery.

Special Delivery Unit (SDU):

The SDU has clearly identified the following treatment targets:

- Maximum waiting time of 9 months for the inpatient and day case waiting list.
- Maximum waiting time of 20 weeks for an elective procedure in children.
- Maximum waiting time of 13 weeks (3 months) for routine G.I. endoscopy procedures (i.e. Colonoscopy and OGD)

The Surgical Directorate Team is working closely with the SDU Steering Group and is meeting weekly to review the progress of the surgical specialities meeting these targets and addressing any specific issues.

The Surgical Directorate team is currently in the process of meeting with each surgical speciality to review their Primary Target Lists (PTLs).

There are 8 protected beds, under the governance of the Surgical Directorate, to provide a dedicated service to meet the 9 month PTL Targets.

Key Performance Indicators (KPI's)

The Surgical Directorate are finalising their KPI's and will be working with the specialties to roll out their own individual specialty KPI's. Updates will be given in future editions. The Directorate is also setting priorities for 2012 and these will form the basis for Directorate goals for the year.

SURGICAL DIRECTORATE

Michael O'Sullivan, Clinical Director; Sheila Murphy, Business Manager

Theatre Review and Surgical Day Ward Review:

A Committee has been set up to oversee the implementation of the recently completed Theatre and Surgical Day Ward review recommendations. Membership of this Committee comprises of key stakeholders and the Surgical Directorate is represented by the Clinical Director and the Assistant Director of Nursing. Mr. Jack Kelly and Mr. Quill have been invited to join the group. The objective of this Committee is to lead and manage the operational changes required.

Elective Surgery Programme:
The Elective Surgery Programme sets out to address how elective surgery can be best delivered by Surgeons, Anaesthetists and other Health Workers in partnership with their patients so that it is safe, efficient and cost effective. This will be delivered through a set of high quality and reproducible processes. This work is being carried out as one of the joint programmes between the HSE, the College of Surgeons and the College of Anaesthetists and is being led by Prof. Frank Keane and Dr. Jeanne Moriarty.

The Elective Surgery Programme will be implemented in Galway University Hospitals (GUHs) and a governance group is being established to steer this programme. The Surgical Directorate is committed to the implementation of this programme.

Professor Frank Keane, Dr. Bairbre Golden and Michael Prendiville from the TPOT Programme will visit GUH in the afternoon of Thursday 19th April (2012).

Retirements:
The team would also like to thank all the staff within the Surgical Directorate that have retired recently for their valuable contribution to the service.

MEDICAL DIRECTORATE

Pat Nash, Clinical Director; Ann Dooley, Business Manager

Medical Directorate Team Members:

Dr Pat Nash, Clinical Director
Ms Ann Dooley, Business Manager
Ms Chris Kane, General Manager Portiuncula, Divisional Director
Mr Maurice Power, Chief Financial Officer, Finance Representative

The Medical Directorate Business Meeting under the new governance structure is scheduled for the first Thursday of every month with the first meeting taking place on Thursday 5th April 2012.

Ms. Chris Kane, General Manager, Portiuncula Hospital, has been nominated as the Divisional Director and Mr. Maurice Power, Group Chief Financial Officer, is the Finance representative on the Medical Directorate.

The Clinical Leads from the Medical specialities across the group hospitals and Assistant Directors of Nursing from Medicine will also be in attendance.

The Medical Directorate comprises 15 specialties as follows:

Cardiology	Geriatric Medicine	Oncology
Dermatology	Haematology	Palliative Care
Diabetes & Endocrinology	Immunology	Renal Medicine
Emergency Medicine	Infectious Diseases	Respiratory Medicine
Gastroenterology	Neurology	Rheumatology

Elective Ward MPUH

The Elective Medical Ward (Hospital 1) is now operating on a five day basis. Patients awaiting elective admission across the medical specialities are being admitted to this service.

Elderly/Stroke Rehab

27 Elderly/Stroke Rehab beds are being developed on Unit 4 and Unit 6.

Clinical Care Programmes

Over the coming months the Medical Directorate with the CEO will be meeting with the National Leads of the Clinical Care Programmes as follows:- Acute Coronary Syndrome, Acute Medicine, Asthma, Care of the Elderly, COPD Outreach, Dermatology, Diabetes, Emergency Medicine, Epilepsy, Heart Failure, Neurology, OPAT IV Therapy Program, Rehab, Renal, Rheumatology, Stroke. The aim is to focus service developments of these programmes in line with the national strategy.

MEDICAL DIRECTORATE

Pat Nash, Clinical Director; Ann Dooley, Business Manager

New Developments:

Acute Medicine Programme

Ms. Sharon Griffin has commenced as the Acting Acute Medicine Co-ordinator. Her role is to coordinate patient flow from the Emergency Department and the Acute Medical Assessment Unit through the 48 hour short stay ward and on to the specialty ward. The Medical Directorate team would like to wish Sharon the very best in her new role.

Consults on PAS

On Wednesday 21st March 2012 the Inpatient consultant referrals module went live on PAS. It will allow clinicians to request a consult for inpatients within the RH hospital directory, UHG & MPUH hospitals. This functionality will replace the paper based referrals. The Medical Directorate acknowledge the hard work undertaken by Ms. Paula Power, PAS Co-ordinator and Ms. Christina Eifert, PAS/Applications Support for delivering on this initiative.

Sleep Studies Initiative

A new Sleep study service commenced in Roscommon Hospital on the 5th March, 2012 under Dr. M. Imram Saleem, Consultant Respiratory Physician. This will help address waiting times for these studies across the group. The studies will be analysed by the Pulmonary Respiratory Technicians at MPUH. We acknowledge the work of all staff across the group who were involved in getting this service up and running.

Farewell

Ms. Ann Morrin, Oncology secretary retired from GUH on 15th March, 2012 – Ann had joined the hospital staff in 1998 and worked as part of the Oncology team for the 14 years. Her commitment and dedication to the service was second to none always working tirelessly to put the patient first. The Medical Directorate Team would like to wish Ann the very best of luck in the future and acknowledge her contribution to GUH.

THEATRE ANAESTHETICS AND CRITICAL CARE DIRECTORATE (TACC)

Paul Naughton, Clinical Director; Marie Dempsey, Business Manager

TACC Directorate Team Members:

Mr Paul Naughton , Clinical Director
Ms Marie Dempsey, Business Manager
Mr Bill Maher, CEO, Divisional Director

TACC & Surgery have focused on the recruitment of theatre nursing staff over the past number of weeks to reopen theatres that have been closed on an ongoing basis due to staff shortages. It is planned to reopen one theatre on 23rd April followed by a second when additional staff are in position. This will assist with the Special Delivery Unit Primary target list requirements.

We have also concentrated on the development of a suite of Key Performance Indicators for 2012 and eight Key Priorities in 2012. TACC covers Critical Care, Main Theatres and Surgical Day Ward. The National Clinical Programmes for Critical Care and Elective Surgery will impact on the work of the Directorate. The Productive Operating Theatre programme training April 24th—26th will be attended by team from GUH comprising Clinical, Nursing and Management.

TACC 2012 Key Priorities

The following priorities have been agreed re service delivery and developments within TACC in 2012.

Implement in full the recent Theatre/Surgical Day Ward Review recommendations
Plan theatre access in line with Special Delivery Unit /Primary Target List requirements.

- Pre-Operative Assessment Service for increased number of specialities
- Chronic Pain Programme – Deliver Pain Management Programme
- Develop consumable top up system in Theatres
- Full reconfiguration of SCU/Post Operative Observation Unit in Merlin Park
- Implementation of ICU audit in line with National Clinical Care Programmes
- Theatre Information Management

Theatre Staffing – Recruitment Theatre Staff and restore CNM to all theatres – currently CNM Staff reduced by 40%

THEATRE ANAESTHETICS AND CRITICAL CARE DIRECTORATE (TACC)

Paul Naughton, Clinical Director; Marie Dempsey, Business Manager

TACC 2012 Key Performance Indicators

A suite of twelve Key Performance Indicators has been agreed following consultation with each area. Detail on the measurement is currently being finalised with relevant stakeholders.

The TACC KPI performance data sheet will be circulated to each area and will available for review in Meeting Room 3. It will include agreed targets and rationale for measurement.

Examples of KPI's for TACC Directorate include:

1. Standard Mortality rate
2. % readmission in 24 hrs
3. Timely Discharge from HDU – Hours lost
4. %Theatre cancellation rates/No HDU bed available
5. Catheter Blood Stream infection Rates
6. Theatre Start Times

Our dear friend and colleague Ms. Margaret Brady Assistant Director of Nursing retired in February after 40 years of service. We extend our very good wishes to Margaret and to the other members of Nursing Staff in TACC GUH who also retired recently:
Ita Courtney, Cecily Walsh-Connolly, Josephine O'Loughlin, Maura Nolan, Sarah Ann O'Connor, Mary Higgins, Maire de Ris, Geraldine Quinn, Noreen McGrath, Bridie Patten, Margaret Smith, Jacqueline Duggan, Mary D'Arcy, Bridget Coyne, Maureen Gibbons, Bridie McHale, Cathy Bankhead, Bridie Farrell, Catherine Nevin, Siobhan Mitchell-Rayher and Irene Costello.

These key staff members take with them years of knowledge and experience and will be a big loss to the critical care and theatre environments at GUH.

Health and Happiness to all!!

LABORATORY DIRECTORATE UHG

Damien Griffin, Clinical Director; Judith McLucas, Business Manager

Laboratory Directorate Team Members:

Dr Damian Griffin, Clinical Director
Ms Judith McLucas, Business Manager
Dr David O'Keeffe, Medical Director, Divisional Director

TOMMIE MELLETT, SENIOR PHLEBOTOMIST - A JOURNEY TOWARDS PERFECTION.

I arrived in GUH during the first year of the 21st century.
The final 5 years of the 20th century were spent working on an IV team in Queens New York in a hospital affiliated to the world renowned Mount Sinai Hospital. Working there involved the constant training and up-skilling of staff that were involved in the invasive procedure of Phlebotomy and I.V. cannulation. We also worked closely with the Food and Drug Administration (FDA) in trialing new devices ensuring that they were safe for use for both the practitioner and patients alike before FDA approval was granted for such devices.

On arrival to GUH I was asked by Dr. Helen Grimes, Consultant Biochemist and Prof. Ernest Egan Consultant Haematologist (who both oversaw the running of the phlebotomy department prior to my arrival) to put training and systems in place in order to lead a robust Phlebotomy team into the 21st century! This system ensured that our Team had the requisite knowledge, training and expertise that our patients both deserved and required.

To achieve this we needed a two step approach.

Step 1. It was necessary to examine the devices that were currently in use in GUH and MPH. We needed to outlaw any device that did not meet safety requirements and eliminate the use of all such devices. This was done by the trialling of new products and eventually we put in place systems and devices that were the safest on the market and met all medical device requirements.

Step 2. Put in place a nationally and internationally recognised training programme and to ensure the highest standard was achieved.
In 2002, after two years of and many meetings with phlebotomy managers from other hospitals nationally and many letters to the Department of Health we eventually got to meet with the then Minister for Health and Children Mr. Michael Martin. Minister Martin allocated targeted funding to set up a formal national Phlebotomy Training Programme. It took a further 2 years to reach agreement on the criteria and content of the Training. This agreement was eventually reached through close consultation with the National Ambulance Training Centre, representatives from the Department of Health, Senior Phlebotomists in hospitals that were willing to sign up to this programme and Dublin City University who were granting certification and accreditation .

In 2005 a training programme, emulating a similar programme in New York University Hospital was put in place. Galway University Hospitals was the only hospital outside of Dublin that was chosen and granted the status as a Phlebotomy Training Centre; this move was a wonderful achievement for GUH.

In 2006 the Health Service Executive established further training modules in Mentorship, Training in Phlebotomy and a Tutors Module.
Following completion of these modules the training programme commenced in earnest, with each phlebotomist irrespective of their previous training or experience undertaking the following:

LABORATORY DIRECTORATE UHG

Damien Griffin, Clinical Director; Judith McLucas, Business Manager

- On successful completion of this section each phlebotomist was required to perform 500 procedures under supervision, before they were signed off to work unsupervised.
- Certification in Paediatric Phlebotomy was awarded following the successful completion of a training programme in Our Lady's Hospital For Sick Children, in Crumlin.

Our team is now nationally certified and this certification is also recognized in the US. A number of our Phlebotomists are also certified in Paediatric Phlebotomy. It has taken 12 years to reach this standard on this Journey to Perfection in terms of Phlebotomy. The Phlebotomy Team here at GUH has very high standards in terms of training and service delivery and I am proud to say that we have achieved the Gold Standard and our Team is of a standard and calibre in keeping with GUH as a centre of excellence.

RADIOLOGY DIRECTORATE

Ray McLoughlin, Clinical Director; Mary Murphy, Business Manager

Radiology Directorate Team Members:

Dr Ray McLoughlin, Clinical Director
Ms Mary Murphy, Business Manager
Ms Elaine Prendergast, General Manager Roscommon , Divisional Director

The Radiology Directorate are pleased to announce that the first Group Directorate Meeting took place on Thursday 15th March. This was a very positive meeting whereby areas of common ground were explored.

Discussions took place regarding Group KPIs and Group Cost Containment Plans.

The next meeting is arranged for 23rd April, 2012 in Portiuncula Hospital.

WOMEN'S AND CHILDREN'S DIRECTORATE

Geraldine Gaffney, Clinical Director; Bernie O'Malley, Business Manager

Women's & Children's Directorate Team Members:

Dr Geraldine Gaffney, Clinical Director
Ms Bernie O'Malley, Business Manager
Ms Una Carr, Assistant Director of Nursing
Mr Maurice Power, Chief Operating Office, Divisional Director

Travellers Health

Introduction:
In response to the Irish Data Reviews on Irish Travellers, which showed that they experienced a level of health which fell well short of that enjoyed by the general population, a joint Working Group was set up in the Maternity Dept. to address these issues. The aim of this group is to encourage active participation by travellers in Maternal and Gynaecology health care taking into consideration their culture. Recommendations from the document "Plan for Travellers Health 2003-2005" (maternity services, page 75 were also taken into consideration.

Structure:
A Working Group was set up which included the following:

- Una Carr, Assistant Director of Midwifery/Nursing/Mary Lane, CNM 2,Maternity OPD
- Carmel Connolly CMM 2 Ante-natal Education/Noreen Goonan, A/Director Public Health Nursing
- Maeve Tongue, Hospital Social worker /Traveller Co ordinator from Galway City and Tuam
- Community traveller Health Care workers

The midwives and the travellers meet bi monthly with a set agenda. Twice yearly the Midwives visit the halting site and community centres to deliver a teaching session to the traveller women. Topics covered include: Importance of attending the maternity unit for antenatal care/Post Natal Depression/ Folic acid/Vit D and Nutrition in Pregnancy/Breastfeeding/Breast examination and Screening/Enrolling for Cervical Screening/Gestational Diabetes/Gynaecology issues.

All topics were presented verbally, and reinforced by leaflets (produced by the travellers), and a video was shown on breast examination and cervical screening which was sourced from Pavee Point.

These meetings are conducted in a question and answer format, which encourage active participation from the travellers. The women who attended the meetings are mainly from the local catchments area, Hillside, Ballybane. These women do not attend antenatal classes in the hospital. It is obvious from these meetings that the women feel more comfortable in their own environment, and were able to discuss many aspects of their culture, which is very important to them. While the session was to primarily revolve around antenatal issues, it became apparent that other issues around women's health needed to be addressed.

Overall this working group has been very effective in trying to address the issues experienced by Travellers with the Health Service and vice versa. There were some real outcomes, i.e. better up-take of antenatal appointments in the hospital, and a better understanding of the Traveller's culture and beliefs were achieved by Health Professionals. The Traveller women in the working group also achieved a better understanding of the Health Service. Feedback from the Travellers support group and co-ordinators highlighted that this was a model of good practice and should be replicated in other maternity units. For 2012 it is hoped that similar courses will be held in different Health Centres throughout the city and hopefully this working group will go from strength to strength.

WOMEN'S AND CHILDREN'S DIRECTORATE

Geraldine Gaffney, Clinical Director; Bernie O'Malley, Business Manager

Opening of Neonatal Intensive Care Unit at University Hospital Galway

HSE West and Galway University Hospitals (GUH) welcomed the President of Ireland, Michael D. Higgins on his first official visit to the hospital on Friday, 24 February 2012. The President visited the hospital to formally open the newly-refurbished Neonatal Intensive Care Unit at University Hospital Galway. Mr. Bill Maher, CEO of the Galway Roscommon Hospital Group, welcomed the President and his wife Sabina on behalf of all of the staff and patients on their first official visit to the hospital. The new facility that we now have is as a result of the hard work and **dedication of the Paediatric and Neonatology Team, Woman's and Children's Directorate, Senior** Hospital Management and the Estates Team.

Neonatology is a subspecialty of paediatrics that consists of the medical care of newborn Infants, especially the ill or premature newborn infant. It is a hospital-based specialty, and is usually practiced in neonatal intensive care units (NICUs). The principal patients of neonatologists are newborn infants who are ill or requiring special medical care due to prematurity, low birth weight, intrauterine growth retardation, congenital malformations.
Since the appointment of Dr Donough O Donovan Consultant Neonatologist in 2004, and a second Consultant Neonatologist Dr Ethel Ryan in 2010, the Neonatal Unit has begun to evolve as a regional referral centre for neonatal care. The referral base to the unit now extends beyond the local birth population and essentially includes all infants born within the Western Region.

The New Neonatal Unit

The new refurbished Neonatal Intensive Care Unit is a superb state-of-the-art critical care facility that is capable of providing high level intensive care for critically ill premature and term new born infants born in the West of Ireland. The new unit has transformed the old dated facility and significantly increased the patient care capacity. In addition, the unit has been furnished with ultra modern specialised neonatal equipment and is now in a position to offer all aspects of specialised neonatal intensive care to infants born within the Western Region. This superb facility is now on a par with other major Neonatal Intensive Care Units throughout the country. It has a capacity of 17 cots and will offer local care to families from the Western Region. This will significantly reduce the need to transfer patients to other neo natal services in other hospitals. Critically ill neonatal patients born throughout the western region will benefit from this new Unit. With our unique geographical location, in relation to maternity services in the West, and the inevitable regional rationalisation of newborn delivery services, the new unit is well positioned to develop into a major regional neonatal care centre. The forward planning of neonatal care in the West of Ireland is finally possible because our Unit now has the appropriate facilities and the capacity to deliver a high quality patient service to infants born throughout the western region.

ESTATES UPDATE GUH

Ann Cosgrove, A/Services Manager GUH

TRACK AND TRACE
SURGICAL INSTRUMENT TRACEABILITY IN UHG and MPUHG

A computerised system is in being purchased as part of a national project to allow full computerised traceability of all surgical instruments in line with national and international recommendations. Currently a manual system is in operation in both CSSD MPUH and HSSD UHG. This new system will record the decontamination, assembly and sterilisation processes used on surgical instruments in HSSD (tracking) and link them with a location, user and the client on which they have been used (tracing).

The tracking system will record the progress of sets of surgical instruments, or individual supplementary surgical instruments, through each stage of the decontamination process and allow retrospective demonstration that a particular set and the set contents or supplementary surgical instrument has been correctly decontaminated.
The tracing system will permit retrospective tracing of the surgical instruments history including the service user on which the surgical instrument was used.
The objective is to provide a system for the effective tracking and traceability of surgical instruments through the decontamination life-cycle ensuring that an effective audit trail can be created to service user use.

A national project funded by HSE is in place to introduce this complete track and trace system for surgical instruments hospitals across Ireland. The first phase of this project was rolled out last year. This year 8 hospitals are scheduled to be included in phase 2 of the project. UHG will be the pilot site for phase 2. It is expected that this system will be installed towards the end of 2012.

AERIAL VIEW UHG

Interim Ward Block

The planning process for this project has commenced with the initial progression of tendering process for technical team and initiation of utilities and topographical surveys.

Hygiene Facilities Wards

The ensuite facilities in St Enda's Ward and St Teresa's Ward are currently in progress and are due for handover week commencing 16th April 2012

Acute Dialysis Unit

The acute dialysis rooms in St Teresa's Ward are due for handover Monday April 2nd 2012. At this point the rooms can be used for acute dialysis using portable RO system. The final commissioning of the Reverse Osmosis Plant for acute dialysis patients is planned for the beginning of May, 2012.

Clinical Research Facility

Design works have commenced and enabling works programme will issue in the near future on the build of a Clinical Research/Translational Research Laboratory Facility on site on the car park adjacent to the Clinical Science building as pictured below. This is a joint project with NUIG and funded through Health Research Board.

The Clinical Research facility incorporates a day ward and 5 day ward with ancillary treatment and diagnostic facilities and which forms two floors of a four storey development. The Translation Research Laboratory (TRF) is the essential laboratory facility to support the activities of the CRF which is an NUIG development with the support of HRB and donor funding

SITE WHERE CRF/TRF BUILDING WILL BE LOCATED

Central Scope Decontamination Unit.

The block-work walls are complete; the first fix mechanical and electrical installation is progressing well. The programme date for completion is July 2012.
See Page 55 for further details.

Fire Safety Infrastructure

We are currently preparing to replace one of our existing fire alarm systems in its entirety in the main hospital block and some outlying areas. Owing to the complexity of the site and the requirement for an effective and reliable system , an outside design consultant has been engaged who specialises in fire alarm systems to assist in design and ensure that the new system we procure is suitable for our current needs and the future needs and developments of this complex site.

This process is being led and managed by our Regional Estates Health & Safety Officer and consultation will take place with the Chief Fire Officer for the city.
It is intended to go to tender for the new system at end of March with the programme of works to commence in early June for completion throughout the summer months.

Electrical Infrastructure

The works to the medium voltage element of the upgrade is complete. The next phase is to implement changes and upgrades to the low voltage equipment in the Hospitals electrical switch-rooms. The work will also accommodate planned works for the CRF/TRF project and the Central Decontamination Unit, The completion is planned for May 2012

Medium Temperature Hot Water Supply

Upgrade works to the Medium Temperature Supply is ongoing with the bulk of the project to be carried out in June /July 2012 when there is a lesser demand for heating. This project was initiated to coordinate the various building projects that have evolved since 2000 and to deal with imbalances to the heating supply to various parts of the Hospital during cold weather.

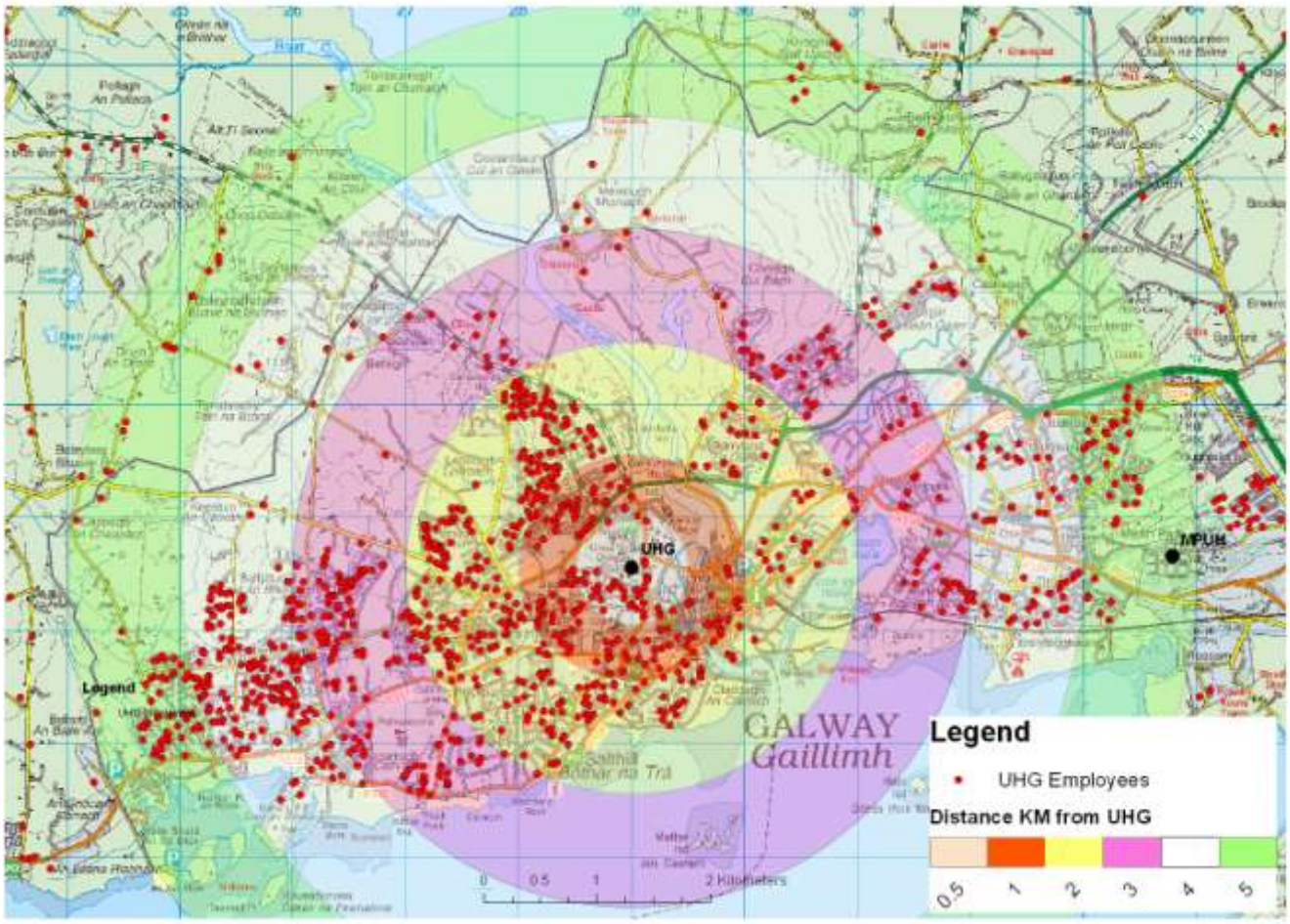
Domestic Hot and Cold Water Quality Improvement Project.

This project was initiated to deal with temperature imbalances on the domestic hot and cold water supplies serving wash hand basins, showers and bathrooms throughout the Hospital. The correct temperatures of cold and hot water are vital for controlling Legionellia in Hospitals.
The programmed date for completion is May 2012

Mobility Planning UHG

We are currently working with Galway City Council and NUI Galway to implement an action plan to improve the traffic situation within and surrounding UHG. This work, in effect "Mobility Management" aims to promote walking, cycling, car-sharing and increased bus use in tandem with the completion of the Seamus Quirke and Bishop O'Donnell Roads. UHG will also participate in a city wide and hospital based publicity campaign to promote alternative ways to travel to work.

Just under half (49%) of all staff working in UHG live within 5 kilometres of UHG and live mainly on the western side of the city. There is potential for some of these staff members to change the way they travel to work.



Above: Map showing that 49% of UHG employees live within 5 K of work and a large percentage live in the western side of the city.

The main objectives of mobility management in UHG are to:

- provide appropriate parking management
- optimise links with the public transport system
- provide facilities for cyclists and pedestrians
- encourage modes of transport other than personal travel by private car

What is happening in UHG in relation to mobility management on site?

Survey of outpatient and day service attendees' travel patterns accessing UHG was completed April 2011.

Comprehensive travel survey completed with HSE Staff about their travel patterns to work; included focus groups held with cyclists in 2008/2009

Employee Spatial Travel Study - Staff addresses were analysed in terms of transport opportunities and options in Galway City in 2009

Movement journey audit of the UHG site was updated at the end of 2010; this demonstrates approx 14,000 vehicular movement journeys into the UHG site on a daily basis.

The Bike to Work Scheme is available for staff which gives a tax benefit to staff to purchase a bicycle for travelling to work. Further information including the application form may be downloaded from www.hsenet.hse.ie

Bike Shelter – new secure covered bicycle shelter erected outside the main entrance, with CCTV coverage.

Tax saver scheme for bus and train monthly and annual tickets, which include great discounts. For further information contact Kathleen Myles in finance in Merlin Park on Kathleen.myles@hse.ie

Car Sharing Scheme – designated parking space in staff car park for car sharers. Contact Park Rite in UHG to register your details as a car sharer and to avoid illegal parking in the car park.

Shuttle Bus between Merlin Park and UHG sites for staff to commute between both sites and therefore reduces some car journeys between the GUH sites.

Shower and changing facilities –communal shower and changing facilities are available on the ground floor of the nurses' home and in the basement of the main hospital building.
Please contact services on 4200 for further details.

The National Transport Authority funded the new bike shelter outside UHG

Designated Car sharing spaces in UHG are close to the entrance to the car park

Car parking mobility initiatives:

- UHG have increased the number of car parking spaces available to the public with the creation of 2 additional car parks
- Additional staff parking
- Increased parking spaces for people with disabilities
- disabled parking spaces

We are examining what other hospitals and large employers are doing in relation to car parking management.

New Transport Options supporting UHG:

- Revised bus timetables and routes see www.citydirect.ie or 091 860814 for further information. The 412 route (Western dist. Road to Eyre sq - stopping outside NUIG front gate) commences at 7am which may be useful for shift workers commencing work at 7.30am
- New cycle lanes and bus corridor due to open in April 2012 on Bishop O'Donnell Road.
- On Wednesday March 21 and Thursday March 22, the Road Safety Authority Interactive Shuttle and Rollover Simulator were present in Westside Shopping Centre as part of a comprehensive programme of actions, to maximise uptake of bus, cycling and walking given the new bus lanes, 1.6km of cycle lanes and 5 pedestrian crossings available to the public, when the Seamus Quirke/Bishop O' Donnell Roads opens in April.

The Potential Benefits of our Mobility Management Planning

- Patients get priority parking nearest the hospital
- Potential savings and benefits to users by offering alternatives to travelling by car;
- A better and safer environment for cyclists and pedestrians;
- More efficient use of the road space in the vicinity of the hospital by reducing levels of car use; and
- Promotion of modes of travel that encourage better health for staff.

CENTRAL ENDOSCOPE DECONTAMINATION UNIT

UHG is building a centralized Endoscope decontamination unit. All flexible scopes will be decontaminated in one location in the hospital. The users will place an order with the scope decontamination unit in advance and the scopes will be delivered to the point of use before they are required.
This is the first centralized unit to be built in Ireland and it is seen as a major advance. It demonstrates our continuing commitment to raise standards and deliver the best quality services for our patients.
The Centralized Endoscope decontamination unit will be located on the ground floor off the link corridor leading to the clinical sciences building. This unit is designed to meet the requirements of the HSE Ode Of Practice On Standards And Recommended Practices For Endoscope Reprocessing Units. It will be equipped with 4 new pass through automatic endoscope reprocessors and 4 of the automated endoscope reprocessors currently located in Endoscopy, SDW and OPD, will be relocated to this new area. It will also involve staff reassignment . The building is expected to be completed in July and then it will undergo commissioning. The new unit will be capable of processing up to 35000 scopes per year.
The staff in this new unit will be trained in all aspects of endoscope handling and decontamination. This new development will allow for better use of resources. The introduction of this unit will free up space in Endoscopy and allow for the development of a second Endoscopy room.

MANAGEMENT OF DANGEROUS GOOD AT GUH

The Carriage of Dangerous Goods by Road Regulations S.I.288 of 2007 places an obligation on any organization that is involved in the transport of dangerous goods to appoint a Dangerous Goods Safety Adviser. This legislation is relevant to GUHs as dangerous goods are present and transported within the hospital environment. The primary source of dangerous goods in the hospital environment is clinical waste. Other examples of dangerous goods include pharmaceutical waste, laboratory chemicals, chemical waste, medical gases, and radioactive waste.

In this regard Galway University Hospitals and Merlin Park University Hospital have appointed a Dangerous Goods Safety Adviser for the site. Part of the function of the DGSA is to prepare an annual report relating to the procedures and processes involved in the segregation packaging, storage, handling, transport, and disposal of dangerous goods by the site. In order to compile this report an audit of UCHG took place on the 19th December 2011 and an audit of MPUH took place on the 27th January 2012.
Following on from these audits reports were issued for both sites

Some of the areas commended from the audits include:-

Signing of sharps bins upon assembly and closure
Documented policy for medical gas pipeline system
Documented waste management policy
Safe handling of chemicals in pharmacy
Management of waste compound and sub waste collection stations
Internal audit and training records



Areas where further work is required include:-

1. Waste segregation policy with regard to isolated patients- review policy with a view to achieving a reduction in quantity of clinical waste generated
2. With regard to medical gases, review storage, transport and training
3. Further work with regard to chemical safety (safety data sheets, risk assessments, training, chemical storage)
4. Review policy with regard to autoclaving of laboratory waste with a view to achieving a reduction in same
5. Increase use of absorbent material in leak proof containers




Work is on-going with regard to addressing recommendations contained in these reports.
An action plan has been formulated and a responsible person and time-frame attributed to addressing each observation and non-conformance. On a positive note, already there has been a significant reduction in the amount of waste sent for autoclaving in the laboratory area. Also the isolation ward now disposes of domestic waste from isolated patients as domestic waste rather than clinical waste which has resulted in a reduction in the quantity of clinical waste generated from this ward. The DGSA will return in the next quarter to review progress and advice regarding any outstanding issues so that any outstanding non-conformances can be closed-out.

LAUNCH OF SMOKE FREE CAMPUS IN GUH

Dr Paul Donnellan, Consultant Medical Oncologist outside UHG at the launch of the smoke free campus policy

Galway University Hospitals (GUH) introduced a smoke free campus policy on National No Smoking Day, Wednesday 22 February.

Since that date it is no longer permissible to smoke anywhere on the hospital grounds, for example entrances, doorways, walkways, internal roads, bus shelters, car parks, cars, bicycle shelters etc. This policy applies to the Merlin Park University Hospital and the University Hospital Galway sites.

The policy applies to all staff, patients, visitors, contractors and anyone who enters the hospital buildings / grounds.

The smoke free campus was launched by Tony Canavan, Chief Operating Officer for the Galway and Roscommon University Hospitals Group. Commenting at the launch Tony Canavan said,

"The Smoke Free campus will lead to a better health outcome for patients by treating tobacco addiction as a care issue and we are actively promoting tobacco Cessation to support patients to quit".

Tony Canavan, Chief Operating Officer Galway and Roscommon University Hospitals Group and Bill Maher, CEO, Galway and Roscommon University Hospitals Group at the Launch.

Highlights from the launch of the smoke free campus smoking policy included;

- The removal of the smoking gazebo at the front entrance of UHG. Smoke free campus signs were installed and a blue line was painted on the Hospitals' boundaries indicating that no smoking is allowed inside the blue line. The new smoke free campus signage was funded by the National Tobacco Control Office.
- Art installations in the foyer of UHG and in MPUH were created by artist Marielle MacLeman with assistance from children in the Paediatric inpatient and outpatient departments (funded through sponsorship).
- On the launch day, a variety of activities took place inside the main foyer in UHG including music from Access Music Project, the cardiac rehabilitation unit hosted an information stand as did smoking cessation and mental health services. Croí Providing lifestyle advice and waist circumference measurements and members of the Galway Senior Football Team were present to support this initiative.
- Coverage of the lead up to the launch day with interviews on local media and coverage of the launch day by national and local media including RTÉ News, TG4 Nuacht, Radio na Gaeltachta (*Ard Trathnona*), Galway Bay FM (*Galway Talks* and *FYI Galway News*), Shannonside FM (*Let's Talk Show*), Midwest Radio News, Galway Advertiser, Tuam Herald, Connacht Tribune, Galway Independent, Galway City Tribune, Roscommon Herald, Westmeath Independent and the Irish Daily Mail.

Members of the Galway Senior Football team with Bill Maher, CEO, Galway and Roscommon University Hospitals Group; Dr Paul Donnellan, Consultant Oncologist and Tony Canavan, Chief Operating Officer Galway and Roscommon University Hospitals Group

Since the launch……

- The physical environment in UHG is much cleaner and there is no visible smoking at the front entrances or at the back door.
- To date only three patients have been given an exemption. The GUH Smoke Free Campus policy allows for exemptions on an individual and case by case basis; permission to grant an exemption lies with the patient's consultant or the relevant senior clinician.
- As anticipated it will take time to implement the policy fully. We have areas of non compliance at the gate lodge, near the front entrance gates and outside ED at night time; so this transition will take time to implement fully.
- Smokers who have been approached by staff to inform them of the smoke free campus policy and asking them to extinguish their cigarette or move to the blue line have been most cooperative. There have been very few instances where smokers have not co-operated.
- The overall feedback has been very positive from staff, patients and visitors.
- There has been an increased number of staff attending the smoking cessation service since January 2012 with 35 self referrals from January to March compared with 19 during the same period last year.
- The availability in clinical areas of Nicorette Replacement Therapy has increased dramatically in preparation for the launch of the smoke free hospital campus. The stock at ward level of the nicorette 25mg patch has increased to 343 boxes in February in 2012 compared with 35 boxes issued in the same period last year.

Members of the smoke free hospital working group at the launch: Brendan Moran, Chief of Security; Bernie McHale, A/Asst. Director of Nursing; Margaret Flannery, Arts Director, GUH Arts Trust; Jean Kelly, Asst. Director of Nursing; Irene O'Byrne, Smoking Cessation Officer; Ann Cosgrove, A/Services Manager (Chair); Olive Gallagher, Cancer Information Service Nurse, Daffodil Centre; John Forde, Maintenance; and Dr Paul Donnellan, Consultant Medical Oncologist.
Missing from picture: Dr. Jim Crowley, Consultant Cardiologist. Dr. Anto O'Regan, Consultant Respiratory Physician. Mr. Seamus Mitchell, Senior EHO. Ms. Margaret O'Toole, Business Manager, MPUH. Mr. Geoff Ginnetty, Admin Dept, PCCC
Mr. John Shaughnessy, A/HR Manager.

Policing/ Monitoring of policy....

The Policing and monitoring of the smoke free campus is everyone's responsibility. The smoke free campus steering committee and security have been particularly vigilant in this area during the first few weeks.

All hospital staff are asked to remind anyone smoking on the campus to extinguish their cigarette or move to the blue line. Reminder cards are available at reception to give to smokers about the smoke free campus.

Moving on from here.....

We are continuing to urge staff to address smoking as a care issue with their patients and offer NRT therapy if appropriate and to inform them of the smoking cessation service available in the hospital. Staff should encourage patients to quit smoking at every opportunity.

Further Brief Intervention training will be offered to all clinical staff this year which will help support staff when addressing smoking and other lifestyle issues with their patients.

It is the responsibility of all staff to adhere to and communicate the smoke free hospital campus policy as part of daily routine.

Staff who smoke are encouraged to avail of smoking cessation services in GUH if they would like help in quitting.

GUH INFECTION CONTROL

Judith Davitt

SAVE LIVES: Clean Your Hands

Infection control nurses:
Ms. J. Davitt, CNM3 #202
Ms. M. Commane CNS #487
Ms. D. Killeen-Kennedy CNS #773
Ms. A. O'Rourke CNS #621

Guidance on Appropriate Use of Hospital Sluices

The disposal of wastes into water systems is known as 'waste water discharge' and is subject to conditions and control sets nationally under Local Government Discharge License & Water Pollution Acts 1977 and 1990.
Healthcare organisations undertake a number of activities that result in the discharge of various items and substances to sewerage systems. This discussion will focus on the disposal of waste into the sewerage system via sluices and best practise and recommendations in relation to same.

Hospital sluices are used for the disposal of bodily fluids from patient equipment including bedpans urinals, commode pots, emesis bowls etc. Hospital sluices are used in the decontamination process. Waste water from the cleaning of patient equipment including commodes, bedpans, urinals, drip-stands etc are disposed of via sluice.
Hospitals sluices are designed to accommodate fluid waste only. When solid waste items are inappropriately disposed of through the sluice system, this can impede flow in a sewer, causing blockages or partial blockages resulting in severe disruption. Specialist contractors are subsequently required to locate and extract the offending material resulting in substantial clean-up costs and disruption to services in severe instances.

Waste items that have been dislodged from sewer pipe networks in the recent past from our hospitals include hand towels, incontinent wear, syringes, iv giving sets & bottles, hand detergent dispensers, stainless steel bowls, needles, syringes etc. This is unacceptable and should not occur. In order to ensure efficient operation of the sewer pipe network system all hospital staff utilising sluice systems must ensure that solids are removed from containers prior to washing and that inappropriate waste items as outlined above do not end up in the sluice system. It is the responsibility of all relevant staff to ensure that sluices are used appropriately for the disposal of fluid waste only.

Congratulations to Fergal Moore, Senior Physiotherapist, University Hospital Galway, on his recent appointment as Galway Senior Hurling Captain.

Upcoming Dates for your Diary

6th April: Good Friday

8th April: Easter Sunday

MANDATORY MANUAL HANDLING TRAINING GUH

Manual Handling and Safe Patient Handling is mandatory training for all employees regardless of grade.

All staff dealing with patients directly are required to attend a one day session and staff who do NOT deal with patients are required to attend a half day session.

For University Hospitals Galway, training schedules and bookings are issued through Maureen Nolan, Manual Handling Training Co-ordinator at 091 542623 or by email at Maureen.Nolan@hse.ie

GALWAY ARTS TRUST

Galway University Hospitals Arts Trust has a number of activities happening in April and May:

Art Exhibition:

Galway Camera Club has an exhibition on display on the Arts Corridor until April 23rd. The exhibition was officially launched on Friday March 30th by Ronnie O'Gorman, Galway Advertiser and board member of Galway University Hospitals Arts Trust. The photos depict many aspects of life and nature that brings colour and meaning to those undergoing treatment at the hospital and to the people caring for them.
Outside of Dublin city, the Galway Camera Club is the biggest camera club in the country, with an annual membership of between 110 and 130 members. The club year starts in early September when the schools open and runs right through until May with meetings taking place every Thursday night in the White Room of the GMIT Campus in Cluain Mhuire. For more information on the club, go to www.galwaycameraclub.com; the club can also be found on Facebook.
Throughout the year, and in particular during the Summer months day trips are organised to Clare, Connemara, South Mayo; day and evening city walks along with an annual weekend away which takes place every May/June. The images that are captured on these outing and trips are then presented throughout the year at club competitions which held every month, making a total of seven competitions throughout the year.

The Galway Camera Club is also currently exhibiting photographs in the new East City Primary Care Centre in Doughiska, Galway.

Connemara by Grainne McPolin from the Camera Club

Poems for Patience Launch

Selected and Introduced by poet Fiona Sampson
Galway University Hospitals Arts Trust invites you to come along to the launch of the ninth series of the very successful Poems for Patience initiative. This will take place on the Arts Corridor on Friday morning April 27th at 11.00am. Poet Fiona Sampson will introduce 21 poems she has selected, including works by W.S. Merwin, Michael Longley, David Harsent, Raymond Carver and many more. The poetry is circulated throughout the waiting areas of University Hospital Galway and Merlin Park University Hospital. For the duration of the festival, the poems will be on display on the Arts Corridor, University Hospital, Galway. The launch is part of the Cúirt International Festival of Literature programme.

We hope you all enjoy the Spring edition of the Galway and Roscommon University Hospitals Group Newsletter.

If you wish to contribute to the GRUH Group Newsletter or give us your feedback, comments or suggestions please contact: newletterGRUHG@hse.ie

Maureen Nolan University Hospital Galway:
maureen.nolan@hse.ie
Deirbhle Monaghan University Hospital Galway:
deirbhle.monaghan@hse.ie

Fergus Hannon, Portiuncula Hospital Ballinasloe:
fergus.hannon@hse.ie

Mary Crowley, Roscommon County Hospital:
maryf.crowley@hse.ie

NEWSLETTER TITLE SUGGESTIONS

THANK YOU TO EVERYONE WHO SUBMITTED SUGGESTIONS FOR THE NEW NEWSLETTER TITLE.

IF YOU HAVE ANY FURTHER SUGGESTIONS PLEASE EMAIL newsletterGRUHG@hse.ie

THOUGHT FOR THE DAY