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Issue 5
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Message from Bill Maher, Chief Executive Officer, Galway and Roscommon University Hospital Group

It is hard to believe that it is August already. At the start of the year we had nine months to meet the SDU's targets for the inpatient waiting list and now our goal date is just a few weeks away. The achievements over the past seven months have been impressive and we have reduced the number of patients who would potentially breach the target from 9,901 to 2144 as of 02 August and we are on track to make the target in September. The final hurdle is always the most difficult and I would ask everyone to stay focused and to continue to stay committed to the task.

Development of the Hospital Group

On the next page you will read an update on the Board from our Chair, Noel Daly. Since the last issue of the Newsletter we have made great progress with the development of the Group; we have had our first Board Meeting and we had a very successful meeting with Prof John Higgins who was appointed by the Minister to chair a strategic board to assist the Department with the design and establishment of the Hospital Groups and the transition to Hospital Trusts. It is good to note that the Group is at the forefront of developments and helping shape rather than react to the national agenda.

Performance

We are improving our KPIs across the Group. In Roscommon the day case activity is up, in Portiuncula the average length of stay is improving and the ED waiting times in GUH are reducing. In all hospitals absenteeism is improving and we are moving in the right direction to hit the national target of 3.5%, but must remain vigilant.

I think it is worth adding a note about the ED waiting times in GUH as it is one of the performance indicators that has an immediate and significant impact on patients. We are starting to see the results of a range of measures that have been introduced since the beginning of the year to address the delays in admissions from the ED – the MAU and the Short Stay Medical Ward; the Full Capacity Protocol (as required); implementing the Acute Medicine Programme and a renewed focus on planning discharges. We have also submitted a bid to the National Clinical Programme to develop an AMAU in Portiuncula and will keep you advised of progress.

Underpinning all of these achievements is the dedication of the staff involved in all Departments across the Group – everyone is playing their role to manage the flow of patients into the hospitals, to provide high quality treatment and to make sure the patients get well and back to their homes as soon as possible.

Recruitment Pause

In July the HSE announced a pause in recruitment which has meant that a number of positions that we were in the process of filling have been stalled. Whilst this is regrettable it does provide a reminder of the financial challenges across the country. Given the progress we have been making in our cost containment plans, we will be looking to make our case for exemptions from the moratorium and I hope the progress we are making as a Group will allow us additional flexibility.

Until the next issue, enjoy the Summer (!!)

Kind regards
Bill Maher
Group CEO

Message from Noel Daly, Chairperson of Galway and Roscommon University Hospital Group

On 11 June the Minister of Health announced three new appointments to progress the establishment of Hospital Groups, followed by Hospital Trusts as part of the reform of the health service in Ireland. Professor John R Higgins was appointed to work with the Special Delivery Unit (SDU) in the role of Chair of a Strategic Board to assist the Department of Health in the design and establishment of Hospital Groups; Professor Niall O'Higgins was appointed as Chair of the Mid-Western Regional Hospital Group; and I had the great honour of being appointed to the role of Chair of the Galway and Roscommon University Hospital Group.

It has barely been two months since my appointment and already I can see the huge advances that the Group has made. We have finalised the Terms of Reference for the Board of the Group, we are progressing the appointment of non-executive Directors and I am delighted to say that our first Board Meeting on 04 July was very constructive.

At that meeting we only had the executive Directors present – myself, Bill Maher, David O'Keeffe, Maurice Power and Fiona McHugh, Board Secretary - but I felt it was important to keep pushing forward, to test the format of proceedings and to be fully prepared for the full meetings which will take place once the non-executive Directors have been appointed. This will happen later this year, all going well. As part of our Terms of Reference we will hold at least five of our Board Meetings in public which will be very informative and essential so that people outside the hospital have an opportunity to find out what we do and why. The public meetings are due to take place from next Summer on.

The formation of Hospital Groups, which will develop into Hospital Trusts, is a new innovation for the Irish Health System and it is a challenge as there is no template for us to follow. This is a challenge that the Group has embraced and it is providing us with opportunities to innovate and to lead the way. The support I have received over the past weeks demonstrates that there is a clear commitment to succeed and excel.

Although I have an office in UHG, I am trying to spend as much time as possible visiting all four hospitals within the Group and already I have had an opportunity to meet many staff in all different disciplines in Galway, Roscommon and Ballinasloe. I am very impressed with the welcome I have received and I am appreciative of the time that people have spent with me providing details on their area of expertise and so on.

I look forward to providing you with further updates on progress in later issues of the Newsletter.

Kind regards
Noel Daly

Message from Tony Canavan, Chief Operating Officer, Galway and Roscommon University Hospital Group

This month I have only 2 simple messages to convey.

The first is to welcome new staff that joined in recent weeks. In particular I am thinking about the new intake of Junior Doctors who joined us on the 09 July 2012. Often a forgotten group, because of the transitory nature of your employment, I hope your time with us is enjoyable and rewarding.

My other message is one of thanks to all staff who have worked hard in the first six months of 2012, to help achieve progress against all of our Key Performance Indicators. Delivering good care requires co-operation from nursing, medical, support, AHP, maintenance and clerical staff.

Whatever your area of work and whatever your contribution – thank you.

Tony Canavan
Chief Operating Officer

GUH Performance Summary – June 2012

Out-patient Waiting List

	Current	Future
Current Value	40292	[red]
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 as basis of action plan
Last Month 40650

OPD DNA Rate

	Current	Future
Current Value	13.6%	[amber]
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.
Last Month 13.3%

ED Patients waiting for admission at 8am

	Current	Future
Current Value	9	[amber]
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.May featured MAU closure for emergency works, high numbers attending ED and implementation of "bed cohorting"/"bed protection" policy.
Last Month 20

CT Waiting List

	Current	Future
Current Value	290	[green]
Target: No Category 2 or 3 patient should wait more than 56 days for a CT.	**Trend: v Previous Month** ⇧	

The Cat Scan waiting list for Category 2 & 3 patients stands at 1460 with a wait time of between 12 and 13 months. The target set by the indicator is to reduce the numbers waiting and the wait time. This is a real challenge as out-patients slots are at full capacity presently. In-Patients CT requests must take priority both clinically and to ensure bed capacity is used efficiently.
Introduction of dedicated time slots to support the Clinical Care Programmes has reduced our OP capacity. CT Waiting list has increased due to introduction of extended working day without adequate resources. Change in radiographic staffing rosters has resulted in downtime during the working day for one scanner to ensure staff are rostered from 8-6pm.
Administrative staff commenced a validation process for the waiting list on 7/7/12.
Group discussions are taking place around service plans across the group and Modality Mapping. Roscommon Radiology have agreed to do additional CTs to support meeting our KPI target as soon as RIS/PACs is introduced on 19/07/12
Last Month 365.

In-patient & Day Case Waiting List

	Current	Future
Current Value	2924	[green]
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 4326**

Average Length of Stay

	Current	Future
Current Value	6.0	[green]
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 6.0
(excluding Obs)

Day of Procedure Rate for Elective Inpatients

	Current	Future
Current Value	40%	[amber]
Target: To increase rate to 75%	**Trend: v Previous Month** ⇔	

The new National Programme on Elective 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 40%**

Staph Aureus Blood Stream Infection

	Current	Future
Current Value	0.32	[amber]
Target: To be in line with Best Practice and to be confirmed. Keep Below 0.21 cases per 1000 bed days.	**Trend: v Previous Month** ⇧	

Active engagement of the executive and clinical governance systems are required to ensure that root cause analysis is completed by the primary teams in each case and that there is proactive engagement with the Infection Prevention and Control Support Team to implement improvements in practice. The figure above is a figure for the Year-to-date at the end of May and it represents all cases of GUH associated S. aureus blood stream infection over the total bed days used for the year to the end of June. **Last Month 0.30 per 1000 bed days**

Bed Days Lost

	Current	Future
Current Value	75	[green]
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.
Last Month 69

Financial Position

	Current	Future
Current Value	5.15%	[red]
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.
Last Month 8.47%

Staffing WTE variance from Staff Ceiling

	Current	Future
Current Value	3041	[green]
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 **3080, Last Month 3037**

Absenteeism

	Current	Future
Current Value	4.37%	[amber]
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.
Last Month 4.51% Based on NEMU figures

Finance Committee
Galway and Roscommon University Hospital Group

Financial Performance

Despite some progress in cost containment and income generation the financial results for the first half the year show a deficit of €15.9m for the Group. This year was always going to be extremely challenging from a financial perspective and the results to date are proof of this. The requirement for the second half of the year is to significantly reduce the level of expenditure particularly in areas where the Group have discretionary control. Categories of expenditure where we will be introducing strict cost control include travel, overtime, agency costs, maintenance, energy costs, office supplies and IT supplies. There is a responsibility on all of us to cut back on expenditure where possible.

On the positive side we have managed to reduce our expenditure by over €2.8m compared to last year. We are close to achieving some of the nationally set targets particularly in the area of overtime and agency costs. However because of the magnitude of our financial challenge in 2012 we will be expected to achieve even greater savings.

Income

We need to focus our attention on maximising our income generation. The basic objective is to ensure that all private accommodation is utilised appropriately and particular focus on ensuring that the bills outstanding due are kept to a minimum. We have failed to build on the momentum generated at end of last year in tackling our outstanding debt and we need to make sure that a similar push takes place, starting immediately to keep our debt figure as low as possible.

External Factors

There have been a number of emerging factors that have not helped our cost containment initiatives in 2012 including the fair deal budget realignment, non approval to our proposal to re-designate beds, increased cost pressures in the areas of drugs, transport and other patient related categories. At a national level the Group continues to apply pressure for a realignment of allocation funds from other care sectors to the Hospitals. We have also requested funding for ICT and Capital projects and will continue to follow up with the relevant National leads. There is, as you all know constant pressure on the public service to reduce costs and the recent visit from Troika resulted in specific pressure applied to DOH to reduce expenditure within the Health Sector. This pressure is now been applied across the health system.

Finance Committee
Galway and Roscommon University Hospital Group

ClaimSure

The project in relation to the implementation of the ClaimSure System for Electronic Claims Management has commenced at GUH. A Steering Committee has been established and meets on a monthly basis. A Project Team has also been established to progress the relevant tasks in accordance with the project plan. To date the servers have been provided for the application and work is underway to provide the GUH data that is required for this system. The specification for the interface from PAS (data warehouse) to ClaimSure has been agreed and the project plan has been revised to take account of the timelines involved.

An initial review has been carried out at the points of admission at UHG to identify the hardware requirements (screens/electronic pads) and the review at MPUH has yet to be scheduled.

Brief information sessions have been provided to Staff in Admissions, ED, Ward Clerks, Patient Accounts and the Project Team members. As the project progresses more information will be disseminated to key staff involved in the claims process and training will be provided at a later stage.

While work on this project is still at an early phase it is anticipated that the system may go live at points of admission in the last quarter of 2012 and GUH looks forward to the benefits that will follow in relation to the first E-Submission of claims.

Maurice Power
Chief Finance Officer

Message from Elaine Prendergast, General Manager, Roscommon Hospital

Welcome to the latest edition to the 4-in-1 newsletter and the Roscommon Hospital up-date.

The Key Performance Indicator set for Roscommon Hospital are improving each month particularly in relation to day case activity. Those that remain in the red are the focus of a lot of attention within the hospital. The most recent KPI set are attached for your information.

We at Roscommon Hospital recently announced the expansion of our Endoscopy Service as part of the development of the hospital within the Galway and Roscommon University Hospital Group. The expansion of the Endoscopy Service will be a key component in meeting the Department of Health's Special Delivery Unit target for inpatient waiting lists which is a maximum of 13 weeks waiting time for scopes. 160 patients per month from the GUH waiting lists will be offered Endoscopy appointments at Roscommon Hospital.

We are currently planning additional surgical services at Roscommon Hospital and further information will become available as the plans progress.

As we enter the peek summer holiday time I would like to wish all of the readers a happy holiday and plenty of sunshine!

Elaine Prendergast
General Manager

Roscommon Hospital Performance Summary – June, 2012

Orthopaedic Out-patient Waiting List

	Current	Future
Current Value	698	
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 by GUH commenced. Plans for Physio led clinics being explored in GUH in an effort to reduce the WL and then Additional clinics will be commenced in Merlin Park once validation process completed. Increase of 20 patients since May, 2012.

DNA Rate

	Current	Future
Current Value	17.5%	
Target: Reduce the number of patients who do not attend OPD to 10% by December 2012	**Trend: v Previous Month**	↑

DNA rate showing a positive trend and within reach of achieving Amber status. Plans have been initiated to introduce a text reminder service for OP appointments with effect from end of July, 2012.

Increase Surgical day Case activity

	Current	Future
Current Value	366	
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**	↑

Increase of 16 patients for Day Case in the reporting month from the previous one. Patients attending for Plastics, Urology, Endoscopy and Long Waiters which are contributing to the increase in activity.

Admission Rate via MAU

	Current	Future
Current Value	82%	
Target: To reduce the admission rate of all attendees at the MAU to 20% by December 2012	**Trend: v Previous Month**	↓

Figure manually calculated pending a change in PAS registration process. 61 Med. Assessment patients documented and 50 patients admitted in reporting period.

New/Review Ratio Out Patient Services

	Current	Future
Current Value	1:2.6	
Target: New to review outpatient ratio of OPD attendances to be 1:2 by December 2012	**Trend: v Previous Month**	↔

Roll out of Medical RAC will have a positive effect on the New/ Return ratio. Contributing factors to the increase are the high reviews to new ratio for Warfarin and Haemochromatosis clinics.

Average Length of Stay

	Current	Future
Current Value	8.4	
Target: Overall ALOS for all inpatients discharges is reduced to 5.7 days by December 2012	**Trend: v Previous Month**	↓

Increase in reporting period from 7.6 in May to 8.4 in June. Factors contributing to rate – patient profile, increase in % transfers from Level 3 and 4 hospitals.

Antibiotic Usage

	Current	Future
Current Value	77. 9	
Target: To reduce the medial usage rate of antibiotics to 84.4 per 100 bed days utilised by December 2012	**Trend: v Previous Month**	

Number of Units 2249 = June (May) 4301 (April) 4206 Cost in June =€ 3883 May= €7377; Cost in April,= €6773. Consumption of Piperacillin/Tazoobactam – 145 June 321= May

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**	↔

1 C. Difficile infection cases confirmed in May, 2012, however it was acquired in other healthcare facility. Patients admitted to RCH with diarrhea – samples sent on admission

Fair Deal - Bed Days Lost

	Current	Future
Current Value	121	
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**	↔

121 bed days lost – rate in keeping with previous reporting periods.

Financial Position

	Current	Future
Current Value	+6.94%	
Target: To deliver financial breakeven by December 2012	**Trend: v Previous Month**	

Overspend of €42k in reporting period. Income shortfall on target of €143k. Income focus meetings taking place regularly and emphasis on income generation and collection.

Staffing Levels

	Current	Future
Current Value	-2.5%	
Target: WTE should not drop below the WTE ceiling so as to maintain patient safety and services by December 2012	**Trend: v Previous Month**	↔

June Figure 279.73 (May, 2012 ~ 279.24 wte). WTE Ceiling adjusted to 285 from March, 2012

Absenteeism

	Current	Future
Current Value	7.33	
Target: To reduce the absenteeism rate to 3.5% by December 2012	**Trend: v Previous Month**	↓

May figure 7.54%

EXPANSION OF UROLOGY SERVICES AT ROSCOMMON HOSPITAL

- Day care Laser Treatment for Prostate -

We recently expanded the Urology Service at the hospital as part of the development of the hospital within the Group and to help meet the Special Delivery Unit target for inpatient waiting lists which is 9 months waiting time for adults and 20 week wait time for children.

The Urology Service commenced at the hospital in May. At the end of June the service was expanded to include day care treatment for prostate enlargement using laser technology called Photosensitive Vaporisation of the Prostate (PVP).

The use of PVP to treat Benign Prostate Hyperplasia was pioneered in Ireland by Mr Syed Jaffry, Consultant Urological Surgeon at Galway University Hospitals who is running the day care surgery and clinics in Roscommon Hospital.

The PVP treatment involves the use of a laser, is minimally invasive and provides immediate symptom relief with minimal side effects. The procedure usually takes 20 to 40 minutes and patients are able to go home the same day. By comparison, the traditional surgery methods could require a 3 to 7 day stay in hospital and may involve occasional blood transfusions.

The main motivation for introducing this service was that it was a good fit with what we can offer and the benefit of laser treatment versus traditional surgery is that most patients are able to go home the same day, their symptoms are relieved right away, the risk of infection is reduced, the risk of side effects are lower and they can return to normal living and work very quickly. In addition, the cost of a laser procedure is much less than traditional surgery and the outcomes are the same which means greater value and benefit for all concerned.

Photo Details:
The Urology Service expanded in June to include treatment for prostate enlargement using laser technology called PVP.
Theatre Team: Marie Cooke, A/Clinical Nurse Manager; Dr Áine Ni Chonchubhair, Consultant Anaesthetist; Mr. Syed Jaffry, Consultant Urological Surgeon;
Dr Mark Quinlan, Registrar and Mairead Rogers, A/Clinical Nurse Manager.

Expansion of Endoscopy Service at Roscommon Hospital

We have expanded the Endoscopy Service at the hospital and will be treating an additional 160 patients every month as part of the development of the hospital within the Galway and Roscommon University Hospital Group

The expansion of the Endoscopy Service at Roscommon is a key component in meeting the Department of Health's Special Delivery Unit target for inpatient waiting lists which is a maximum of 13 weeks waiting time for scopes.

We will be contacting patients on the waiting list at Galway University Hospitals to offer them appointments in Roscommon where the procedures will be carried out by Mr Liam McMullin, Consultant Surgeon and Mr Mohamed Eldin, Consultant Surgeon.

The expanded Endoscope Service is one of many services that we have introduced at the hospital in the past months. In addition we have introduced Sleep Studies, Urology Services and extended the Plastic and Reconstructive surgery services in Roscommon.

Photo Details:
Members of the Surgical Team at Roscommon Hospital who will be treating up to 160 additional patients per month as part of the expansion of the Endoscopy Service at the hospital, from left: Dr Martin Bell Surgical, Senior House Officer; Mr Liam McMullin, Consultant Surgeon; Thomas Carr, Theatre Porter; Mr Tapas Chatterjee Chattopadhyay, Surgical Registrar; Hailey Leech, Theatre Nurse; and Marie Cooke, A/Clinical Nurse Manager 2, Theatre.

Roscommon Hospital Canteen expands its service to relatives and visitors

On 18 June the Canteen service, which was mainly used by staff, was opened to accommodate the needs of visitors, relatives and carers who accompany patients for procedures or to clinics to the hospital. With the changing profile of patients being treated in the hospital and the longer distances patients and their family members have to drive and wait around it was felt that by being able to offer our excellent catering services to people it would add to their experience at the hospital.

People using the canteen since it opened to the public have commented positively about the good range of food on offer and especially the home made scones which are made freshly every day!

Photo Details: Catering Staff at Roscommon Hospital

Nursing Developments

We have introduced many new initiatives including the Productive Ward, Nursing Metrics, Nurse Prescribing and X-Ray Prescribing. Nurses are making major contributions to improvements in patient care and safety and these efforts are being recognised. We plan to introduce Nurse Led Discharge for the sleep study patients in the near future in conjunction with Integrated Care Pathways. We are also working on a Group wide Nursing Strategy for 2013 – 2018.

Productive Ward

Staff on St Coman's Ward and the Clinical Observation Unit have completed the foundation modules of the Productive Ward initiative, the medication module and are starting the meals module. Staff on St Bridget's ward are currently completing the foundation modules; they have just completed the *Know How We Are Doing* module and started the *Well Organised Ward*.

I would like to take this opportunity to thank the nurses and support staff for their commitment to developing Roscommon Hospital and their focus on patient safety, quality of care and positive patient outcomes.

Margaret Casey
A/Director of Nursing

Message from Chris Kane, A/General Manager, Portiuncula Hospital, Ballinasloe

As we approach the summer season, I am sure that many staff are availing of their summer holidays and a well deserved break. I hope that we all come back revitalised and ready to embrace the next chapter of the Group.

This month we welcomed the visit to the hospital of the new Chairperson, Mr. Noel Daly. We had an opportunity to introduce Mr. Daly to staff and visit departments.

We continue to work towards delivering cost containment and many staff have co-operated by taking unpaid leave during our refurbishment and maintenance works in Paediatrics and Theatre. We acknowledge that our financial situation is challenging, however, we appreciate the continued support from our staff in ensuring that we utilise our resources in a cost effect manner.

The second stage of refurbishing the Paediatric Department has got underway. The Department has re-located to the 5 day ward for the period of the renovation. The refurbished Unit will provide improved accommodation and facilities for our children and working environment for all our staff. We are extremely grateful to the charity "*Friends of Portiuncula SCBU and Paediatric Unit*" for providing the funding for the project. I would like to thank all staff for their commitment and co-operation during the project and we look forward to returning to a newly refurbished Paediatric Unit at the end of August.

The Productive Operating Theatre (TPOT Programme)

As part of the Elective Surgery Programme the Hospital officially launched '*The Productive Operating Theatre*' (TPOT Programme) with a Visioning Workshop on the 23 July 2012. The objective of the Workshop was to introduce staff to the TPOT Programme and build a vision for theatre services at the Hospital. The TPOT Programme is designed to:

- Improve the patient's experience and outcomes;
- Improve team performance and staff well being;
- Ensure safety and reliability of care;
- Improve value and efficiency

The Workshop proved to be an extremely successful day and I would like to thank the 5 members of the Steering Group for facilitating the Workshop and the over 70 participants from all across all disciplines in the Hospital that attended. The participants provided valuable feedback for improving our services and we look forward to implementing the TPOT Programme at Portiuncula. We are well on the path to roll out the Programme in Portiuncula which will have great benefits for patients and staff.

Dermatology

This month we welcome Dr. Joe Dawson, Consultant Dermatologist to the Hospital. Dr. Dawson will provide an additional outreach Dermatology Clinic in the Outpatient Department. This additional clinic will make inroads into our Dermatology Waiting List.

Key Performance Indicators (KPIs)

The Hospital KPI's continues to show improvements each month and I would like to thank staff for their continued focus on achieving improvements. Patients on our OPD Waiting Lists >9 months has improved in June a reduction of 13 patient has been realised and the number now stands at 922. The Hospital's DNA rate is 10.3% which is improved on May. Our ED waiting times for admission deteriorated by 4.8% in the month of June and 79.47% of patients were reviewed in the 6 hours, however, it should be noted that the hospital experienced a high number of attendances in June. Day case rate basket of 24 continues to improve and exceed the national target which is currently 77%. Absenteeism figures have also improved in June showing a 1% decrease and an overall rate of 3.9%.

Enjoy the rest of the summer!

Chris Kane
A/General Manager

Portiuncula Hospital Performance Summary – June 2012

Out-patient Waiting List

	Current	Future
Current Value	922	

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 over 9 months is 922 this has decreased by 13 patients since May. The highest contributors Dermatology (523), Orthopaedics (116) and Urology (133). Additional Dermatology clinics have commenced to address the longest waiters.

Rag: Green: 0 Amber: 0-100 Red >10

DNA Rate

	Current	Future
Current Value	10.30%	8%

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

Trend: v Previous Month: ⇩

The DNA rate in June stands at 10.30% this is a further decrease of .5% on May 2012. 7 specialties are below the HSE target of 10% and a 3 are under 8%. Efforts continue to reduce this rate further.

Rag: Green: 8% Amber 10% Red: 14%

ED Waiting Times for Admission

	Current	Future
Current Value	79.47%	

Target: No patient should wait over 6 hours.

Trend: v Previous Month: ⇧

79.47% of all patients were seen and admitted within the 6 hours. The waiting times for the Month of June have increase by 4.8% when compared with 84.27% in May 2012. There was an 11.54% increase in ED attendances for the same period last year.

Rag: G: 90-100% A: 80-89% R: <80%

CT Waiting List

	Current	Future
Current Value	62	

Target : No Priority 2 or 3 patients should wait more than 56 days for an appt by the end of December 2012

Trend: v Previous Month: ⇩

June figure shows Priority 2 and 3 patients are currently been seen within 62days

Rag: **Green:** ≤ 56 **Amber**: >56 **Red:** >(

Day Case Rate Basket of 24

	Current	Future
Current Value	77%	

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 at 77% which exceeds the target.

Rag: **Green:** 75% **Amber**: 70% **Red:** <70%

Average Length of Stay

	Current	Future
Current Value	3.84	

Target: Achieve a target of 4.5 days.

Trend: v Previous Month: ⇧

There has been a further decrease in the average length of stay in June 2012 by 0.54 days.

Rag: **Green:** 4.5 **Amber**: 5.5 **Red:** >5.5

Day of Procedure for Elective In-patients

	Current	Future
Current Value	52%	60%

Target: To increase rate to 7% by December 2012.

Trend: v Previous Month: ⇩

There has been a increased by 1% on the previous month. Continue with increased emphasis on streaming patients to the Pre assessment clinic and roll out of the Elective Surgery Programme.

Rag: **Green:** 60% **Amber**: 50-59% F <50%

Hospital Acquired MRSA

	Current	Future
Current Value	5	36

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

Trend: v Previous Month: ⇧

There were 5 Hospital acquired MRSA infections for the month of June 2012. The infection control committee are continually reviewing the levels of infection in conjunction with all clinical area.

Rag: **Green:** 3 **Amber**: 4 **Red:** >4

Fair Deal - Bed Days Lost

	Current	Future
Current Value	58	

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

Trend: v Previous Month: ⇩

58 Bed days lost in the month of June - this is a slight increase on May by 4 days. Continued emphasis on Fair Deal processing and minimizing delayed discharges.

Rag: **Green:** 185 **Amber** 235 **Red:** >235

Financial Position

	Current	Future
Current Value	-4.6	

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

Trend: v Previous Month: ⇧

There have being savings in non-pay in the areas of Travel, Bedding, Laboratory and Professional Fees. There remains increased spends, drugs, cleaning and energy costs.

Staffing Levels

	Current	Future
Current Value	646.3	

Target: To operate within our allocated ceiling of 651 wtes.

Trend: v Previous Month: ⇧

The WTE figure for June has decreased by 4.56 WTE's from May 2012. Continued focus on reducing WTE figures in line with the budget as part of financial recovery plan.

Rag: Green: 651 **Amber:** >651 **Red:** >660

Absenteeism

	Current	Future
Current Value	3.94%	

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

Trend: v Previous Month: ⇧

The absenteeism rate for June is 2012, has decreased by 1% on May. Nursing/Management Admin/Support Staff all increased. 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. **Rag: :** Green: 3.5 Amber: 4.5 Red: >5.5

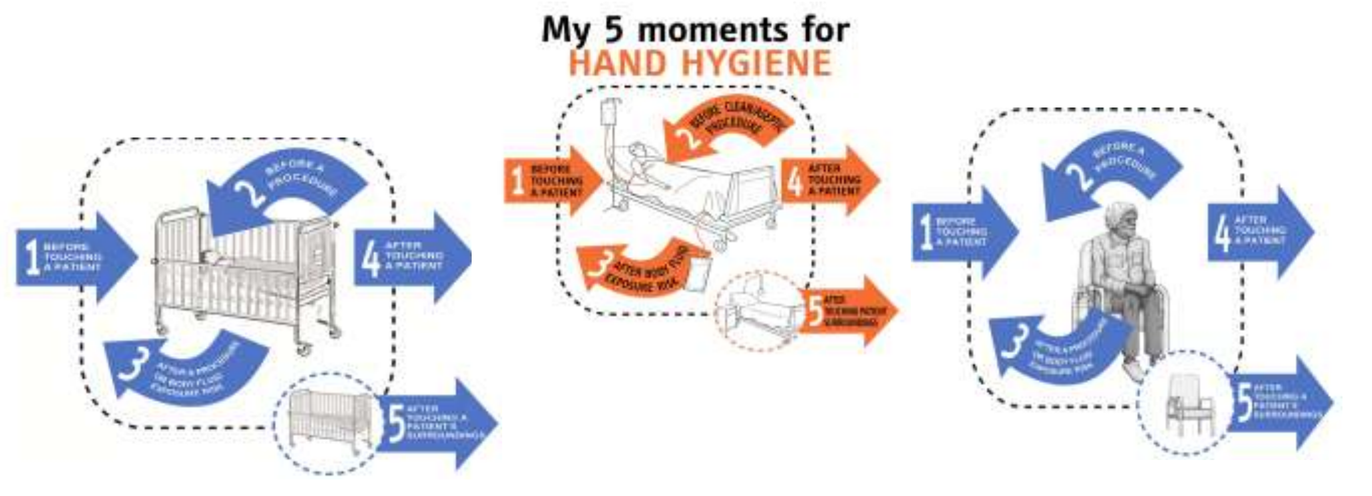
Portiuncula Hand Hygiene Update

Mandatory hand hygiene education sessions for all staff continue monthly. There is a practical element in which staff are educated on the preparation for hand hygiene, the correct technique for hand washing and correct technique for applying alcohol hand rub. The 5 moments of hand hygiene, three types of hand hygiene, correct use of gloves and hand care is included in our education.

We carried out hand hygiene promotion and awareness during April and May 2012 which included:

- Hand Hygiene bulletin were circulated to all staff.
- Hand Hygiene education was carried out.
- A promotional table was placed in the Main Reception area which displayed information leaflets, posters and staff and the public were invited to provide feedback.
- A Hand Hygiene Demonstration/Education was provided for visitors on the 09 May. This Demonstration involved checking hand cleanliness with an ultraviolet light box and providing poster displays and questionnaires for the public.
- In an effort to heighten awareness with visitors and the public in relation to hand hygiene a permanent hand hygiene station was erected in reception. There is also a comments/suggestions box for patients/visitors and staff in relation to hand hygiene compliance and promotion within Portiuncula.
- Children in our paediatric ward were invited to participate in a colouring poster promotion in the main reception area (“Henry the Hand”).
- Staff were asked to play Hand Hygiene Wi-Five games throughout the 2 week period.
- Hand hygiene screen savers from World Health Organisation were uploaded onto computers in clinical areas.
- A Patient survey on hand hygiene was carried out.

During June 2012 Portiuncula Hospital carried out the third national hand hygiene audit. Six clinical areas/wards were randomly selected using the Health Protection SurveillanceCentre (HPSC) Excel tool plus ICU (which is always selected). Audits are compiled and are fed back to HPSC by the end of July. The hospital is aiming to reach the national target which is over 90% compliance by 2013; currently we are al 73.3%



Portiuncula Stroke Support Group

The Stroke Team at Portiuncula Hospital provide support and guidance to the Stroke Support Group which was started in 2005 following the opening of an Acute Stroke Unit at the Hospital. The meetings are facilitated in the Hospital Dining Room where patients have an opportunity to have a cup of tea in a friendly and relaxed environment. Meetings are held at 7pm and last up until 9pm approximately. We are thankful to the multidisciplinary team, who give of their time freely to provide Education Sessions on a rotational basis throughout the year, members of this group are: pharmacy, social work, occupational therapy, dietetics, physiotherapy, professionals from the mental health services, medical and nursing staff.

The support from outside agencies is also amazing, for example, An Garda Síochána provide safety advice in relation to risks for the elderly, bogus callers, home security, safety in the community and much more. The Galway Citizens Information Service provides advice on a broad range of social services and any legal questions which may arise at the meetings.

Details of the Stroke Support Group meetings are advertised through the Health Centres, Public Health Nurses in the area and to at local churches for inclusion in their news letter. We also circulate notices to patients who wish to be contact directly.

We encourage all stroke survivors, carers and family members to attend our meetings. It is a wonderful way to maintain contact with the service and professionals in a relaxed and informal atmosphere. We are always here to help and will do what we can to resolve issues raised by attendees.

Mary Diskin
Clinical Nurse Specialist Stroke Care

SURGICAL DIRECTORATE

Karl Sweeney, Clinical Director; Ailish Mohan, A/ Business Manager

Galway University Hospitals announced as a National Oesophagogastric Cancer Services Centre

The National Cancer Control Programme has confirmed that Galway University Hospitals will become one of three satellite centres providing oesophagogastric cancer services. Galway University Hospitals along with Beaumont Hospital and Cork University Hospital will be formally designated as the three national satellite centres for Oesophageal and Gastric Cancer Care ensuring patients will continue to access radical surgery, radiation therapy and chemotherapy.

The new programme will ensure there is integration within a multidisciplinary service based in each designated cancer centre with access to medical oncology, radiation oncology and specialised upper gastrointestinal surgical expertise supported by specialised surgeons, inpatient beds, theatre access and an intensive care unit.

The Surgical Directorate would like to congratulate the upper gastronintestinal surgeons, Professor Oliver McAnena and Mr. Chris Collins in aligning Galway University Hospital as a Centre for Oesophagogastric Cancer Services Centre in the west.

We are excited at the prospect of working to continue the development of complex combined modality Surgery, Radiotherapy and Chemotherapy for Oesophageal and Gastric cancers in GRUHG.

Laser Vaporisation of the Prostate

I wish to congratulate the staff of Roscommon Hospital on the recent development in surgical/ urological services which saw the first Laser Vaporisation of the Prostate procedure carried out on Monday 25 June, 2012.

I look forward to supporting you and in our commitment to expanding this services and patient numbers through a planned roll out over the course of the year. For more information on this recent development please see pg 10.

NCHD Intake

The directorate welcomed the new influx of junior doctors. I addressed the junior doctors emphasising the key role of junior doctors in the patient's journey and their responsibility to provide a safe and emphatic environment for patients. A number of initiatives are taking place with the junior doctors including improved discharge planning with nursing and preadmissions in the outpatient's clinic to facilitate day of surgery admissions. The directorate is making great efforts to engender a learning environment and I wish them all the best for their future career in Galway and Roscommon University Hospital Group.

Going forward, I plan to update you on a number of surgical projects which will be taking place over the next few months, until then, enjoy the rest of the summer and what's left of the sunshine.

SURGICAL DIRECTORATE

Karl Sweeney, Clinical Director; Ailish Mohan, A/ Business Manager

A Growing Team

I wish to extend a warm welcome from our Directorate to Ms Helene Horsenell, the newly appointed surgical bed flow coordinator. Helene has fully embraced her new role and is a very welcome addition to our team.

Photo details:
Ms Ailish Mohan, A/Business Manager with Ms Helene Horsenell, newly appointed Surgical Bed Flow Co-ordinator

Musculoskeletal (MSK) triage posts.

As part of national initiative to assist with the management of orthopaedic waiting lists, two Clinical Specialist Physiotherapists have been recruited and have commenced working in GUH. Currently they are focusing on the longest waiting patients on the orthopaedic lists. The waiting list is being validated and patients are being offered appointments to attend the Musculoskeletal Clinics. The patients are being assessed by the Physiotherapists and management plans are being implemented. The triage Physiotherapist can direct the patients to the most appropriate services (e.g. local Physiotherapy, Occupational Therapy, Podiatry and Pain Management) based on their clinical needs. If patients require Orthopaedic Services, appropriate investigations are being requested and they are being aligned to the most appropriate consultant speciality within Orthopaedics.

It is hoped that this will ensure that patients attending the Surgeon's clinic will be ready for a clinical decision by the team at first point of contact with the Surgeon and help improve the efficiency of the already very busy service. This should improve access for patients to the Orthopaedic Service and ultimately improve patients' clinical outcomes. It is expected that for each physiotherapy post, 1000 patients will be triaged per annum. Internationally similar projects have found that up to 70 % of patients can be managed safely by Clinical Specialist Physiotherapists working within orthopaedic teams without requiring direct contact from the team.

Photo details:
Neasa de Burca and Sharon O'Connor Clinical Specialist Physiotherapists for Musculoskeletal Clinics

LABORATORY DIRECTORATE UHG

Damien Griffin, Clinical Director; Judith McLucas, Business Manager

Haemovigilance in GUH.......12 years on

Recommendations from the Finlay tribunal 1999 (Hepatitis C enquiry) included the implementation of a National Haemovigilance System in Ireland. The main objective of haemovigilance is to ensure the safety of the transfusion system for patients, by investigating and reporting adverse reactions and adverse events and encouraging accountability of staff for their part in the blood transfusion process.

Having set up the haemovigilance system in AMNCH (Tallaght Hospital) the previous year, the task in GUH in 2000 proved a less arduous one! However not having the blood bank within UHG and on a different site to MPUH, was one of the main challenges. A validated system was therefore implemented to ensure the safe and controlled delivery of blood components between the blood bank and MPUH, the Galway Hospice and the Bon Secours Hospital.

Up until 2000 traceability of blood components was not a requirement.

⇒ Blood components were requested for patients over the telephone, a written request was not necessary

⇒ Red Cells were placed in and taken from satellite blood fridges without any written record.

⇒ Prescription and documentation of blood components took place on the intravenous fluid chart. Donor Unit numbers were, at times, absent from the patient's nursing / medical notes.

Since then measures have been put in place to achieve improvements in the overall safety and traceability of transfusion practice. Measures to improve traceability included the introduction of registers at blood fridges; carefully designed request forms; collection / receipt slips; a separate blood prescription and transfusion document and compatibility labels attached to all blood components .

Other measures introduced to improve the safety and reliability of blood components and to promote confidence for patients receiving blood components included the introduction of: guidelines for Irradiation / CMV Negative blood and platelets; patient information leaflets; transfusion reaction packs and reliable and validated infusion pumps and blood warmers.

Clinical Policies and Standard Operational Procedures (SOP's) were put in place to reflect a change of practice. Prior to this policies were available in hard copy format but with the introduction of Q-Pulse in 2008 this information became available electronically and document control a priority. Implementation of these policies or changes in practice involves training of the multi-disciplines associated with any link in the blood transfusion chain! Hence education plays a huge part in the remit of the Haemovigilance Officer.

Recalls, as requested by the Irish Blood Transfusion Board (IBTS) and look backs where blood donors prove positive for blood borne viruses are managed by the Haemovigilance Officer.

The EU Directive 2002/98/EC came into force in 2006 providing a legislative mandate for haemovigilance and requiring::

⇒ Full traceability of blood components (Article 14)

⇒ Reporting of Serious Adverse Reactions (SAR's) and Serious Adverse Events (SAE's) (Article 15)

⇒ Provision of a Quality Haemovigilance system.

LABORATORY DIRECTORATE UHG

Damien Griffin, Clinical Director; Judith McLucas, Business Manager

Having received authorisation as a Blood Establishment from the Irish Medicines Board (IMB) in 2007 accreditation was then approved by the Irish National Accreditation Board (INAB) in 2009. The Tissue Establishment authorisation was also achieved in 2009.

The Quality management system within Galway Blood and Tissue Establishment (GBTE) was set up to ensure compliance with current regulations. This ensures the quality and safety of blood components and human tissues (stem cells, bone grafts, cornea / sclera grafts and autologous serous eye drops), with an overall improvement in blood transfusion and tissue transplantation practice. The Haemovigilance system has therefore become an integral part of the Quality Department in GBTE. Competency assessments of haemovigilance officers is essential and monthly meetings are held to discuss the nature, classification and reporting status of all non conformances (NCR'S)

Auditing of blood transfusion practice is necessary in order to establish that appropriate transfusion is in place. Thresholds for red cell transfusion were introduced in 2011 as recommended by the IMB.

In recent years Haemovigilance and GBTE in GUH, have encountered significant challenges and demands with an ever increasing work-load and staff shortages in an expanding area and reference centre in HSE West.

Over the last twelve years, together with the multidisciplinary staff, Haemovigilance have made a significant impact on transfusion safety throughout GUH and continue to strive to:

- maintain high standards in the area of blood transfusion
- maintain 100% traceability for all blood components
- facilitate the introduction of: the electronic tracking system for blood components at blood issue/satellite fridges; the 14 digit international donor unit number and the availability of electronic blood bank information in the clinical areas
- accommodate the proposed use of prophylactic anti-D immunoglobulin
- maintain a robust internal and external reporting system for all non-conformances

Haemovigilance Officers: Martina O'Connor,
Margaret King,
Niamh Isdell (part time)

Bio-vigilance Nurse: Angela Quinn

Article written by: Martina O'Connor, Haemovigilance Officer

Photographed in the Blood and Tissue Establishment at GUH from left: Rosemary Macken, A/Chief Medical Scientist; Niamh Isdell, Haemovigilence Officer; Martina O'Connor, Haemovigilence Officer; Margaret King, Haemovigilence Officer; Margaret Tarpey, Quality Manager and Helen Cregg, Senior Medical Scientist.

RADIOLOGY DIRECTORATE

Ray McLoughlin, Clinical Director; Mary Murphy, Business Manager

RIS/PACS

The main development since my last report is in the area of RIS/PACS. Upgrade to Agfa Impax 6 takes place at GUH as I type. This system has also been installed at Roscommon Hospital, and went live on 02 August 2012. GUH and RH therefore now share a common RIS/PACS, permitting access to Radiological imaging and reports across both sites. This is a huge step forward in the logistic integration of the Radiology Departments at both sites, and will impact positively on patient care across the Group. Sincere thanks to all who have worked so hard on both projects over the last few weeks, including Gina Naughton (GUH) and Mary Flynn (RH).

Waiting list initiative

On foot of this imaging link, we are now in a position to utilise spare scanning capacity at RH to help with the lengthy CT waiting list at GUH. A 10 day pilot is planned for the end of August to transfer a group of patients from the GUH waiting list to RH for CT examination. All patients in this group will be written to beforehand and given the option of an earlier appointment for their scan at RH. Those agreeable to same will then have their appointments issued from RH, and their scans performed and reported at that site. The images and reports will be available on PACS at GUH in the usual fashion. If the pilot is successful, a sustained roll-out is planned for mid-September. It is hoped to develop this approach for other modalities and to include Portiuncula Hospital in the near future. This is the 'Group' concept in action, with all available resources being brought to bear to facilitate best patient care.

Challenges ahead

Maintenance of service while attempting to deal with lengthy waiting lists remains challenging. With notice of a cap at current WTE levels for the Radiology Directorate, the focus will now have to turn on rationalising services across the Group. Unnecessary duplication of imaging services across the group must be avoided, and available WTEs must be utilised in areas of greatest need.

Let me entertain you

And finally, a small sum of money bequeathed to the Radiology Directorate for its presentation at the last Executive Council away day is to be used to purchase TVs for waiting rooms in the Radiology Departments across the Group. This Group project is being co-ordinated by the Radiology Directorate Procurement Sub-Committee, led by Margaret Dervan (PHB).

WOMEN'S AND CHILDREN'S DIRECTORATE

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

Strengthening linkages between the Community and Hospital Midwifery Service: Shared Objectives & Common Goals

On clinical placement at Galway University Hospitals observing midwifery services, Kathy McSharry, Professional Development Coordinator for Practice Nurses is pictured with Margaret Coohill, Midwifery Practice Development Co-ordinator and Una Carr, Assistant Director of Midwifery Woman's and Childrens Directorate.

The need for ongoing professional development is recognised and accepted as a requirement for all registered professionals. Forty per cent of Practice Nurses are registered Midwives and as such are involved in providing midwifery care within the G. P. practice setting. As is the case in general practice continuum of care occurs naturally. Women attending the G. P. practice will have an existing relationship with the Practice Nurse prior to becoming pregnant. Practice Nurses are involved in much of the women's health services provided in the practice such as cervical screening, family planning, pre conceptual advice etc. When the practice Nurse is also a registered Midwife she is ideally placed to support the antenatal and postnatal care that is provided at the practice.

Continued professional development (CPD) for Nurse/Midwives for whose role is not confined to midwifery such as the Practice Nurses/Midwives, PHN's and community RGN/Midwives is not readily accessible. This is nonetheless an important consideration when looking at the expansion and enhancement of midwifery services available to women across the settings. In their practice development roles Kathy and Margaret have worked together to address this gap locally. Supported by Una Carr, a midwifery study day was facilitated by the staff of the Maternity Unit in GUH targeting Practice Nurse/Midwives and PHN's. This was a very positive exercise and allowed for integrated learning which contributed to the overall experience of both the facilitators and participants alike. Building on from this, plans for repeating and replicating this day in both GUH and Portiuncula are in place.

Midwifery-led care particularly in the community is underdeveloped currently; the potential for inclusion of a designated Midwife within Primary Care Teams (PCT) is an exciting prospect. Each team and related network should be sufficiently comprehensive to meet the needs of the population they serve. Strengthening our links with existing midwifery service providers will allow for the expansion and enhancement of midwifery services everywhere. With the ongoing development of primary care teams to realise their full potential it is a shared vision for us all to see the inclusion of a dedicated midwife in every PCT.

WOMEN'S AND CHILDREN'S DIRECTORATE

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

Advanced Midwife Practitioner (AMP) in Colposcopy

The Colposcopy Clinic is part of the Women's and Children's Directorate, based at the University Hospital Galway campus. Women are referred to the Colposcopy Clinic if they have an abnormal smear test.

The Cervical Check screening programme was launched in September 2008 with the aim of reducing the incidence of cervical cancer in the Irish population. Women in the 25-60 age group are offered free smear tests carried out by local GP practices.

The Galway Colposcopy Clinic was contracted by the National Cancer Screening Programme to see 1,000 first visits in 2011 and this number was surpassed with 1286 first visits seen. A total of 4575 women were seen at the Colposcopy Clinic in 2011, of these 1674 were examined by the AMP. The role of the AMP in colposcopy includes the diagnosis, management and treatment under local anaesthetic of early changes that could turn to cervical cancer if left untreated. The AMP in Colposcopy completed 304 treatments under local anaesthetic in 2011, this is two thirds of total treatments.

Health promotion is a very strong focus of colposcopy. Smoking is a major contributing factor to cervical cancer. We link with the GUH smoking cessation officer and all women who smoke are encouraged to quit and offered referral to the Smoking Cessation Service.

An audit carried out in 2011 found that 25% of women had a preference for an early appointment so the colposcopy team have commenced an early morning clinic.

The clinic covers a wide geographical area including Counties Galway, parts of Mayo, Roscommon and Clare. As there is no colposcopy clinic between Galway and Dublin, the Galway colposcopy service also receives referrals from Westmeath, Offaly and Longford; 23% of referrals come from East of the Shannon. Going forward we hope to offer an outreach follow-up clinic at a location more suitable for women from the Midlands.

Women in the 25-60 age group who have not had a smear in the last 3-5 years can register for a free smear by logging on to: cervicalcheck.ie or by calling freephone 1800 454555.

Smears can be taken by a GP, practice nurse or at a family planning clinic. It only takes a few minutes and it could save your life.

Photo details:
Maura Molloy Advanced Midwife Practitioner (AMP)in Colposcopy

WOMEN'S AND CHILDREN'S DIRECTORATE

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

Niamh Bonner CNS in Sexual Assault Forensic Examination—CNS (SAFE)

The Sexual Assault Treatment Unit (SATU) is part of the Women's and Children's Directorate in GUH. The SATU team includes the unit manager Maeve Geraghty and clinical director Dr Andrea Holmes. The unit is shared with the Child and Adolescent Sexual Assault treatment Services (CATATS) under the direction of Dr Joanne Nelson. The SATU in Galway is an acute service available 24/7, with out of hours on call provided by the CNS and a team of doctors on a rota basis. There is also a team of on-call nurses who are integral to the provision of the service. The service is accessed via An Garda Síochána.

The role of the CNS in Sexual Assault Forensic Examination came about (following the O'Shea report 2006) to meet the needs of the patient and Criminal Justice Agencies to provide and co-ordinate physical, psychological and appropriate follow up care when a person (male or female >14 years age) reports a recent rape/sexual assault. The SATU service provides early treatment and care for this patient group. This is vital as forensic evidence can only be collected for a short while and effective prophylactic treatment must be given as early as possible after an assault. The interdisciplinary care offered in the SATU is the first step on the road to recovery.

The role of the CNS is to coordinate and/or perform the clinical forensic examination which includes: establishing consent, taking a history, doing a top to toe and genital examination, collection of forensic samples, assessment of pharmacological needs and provision of post coital contraception and prophylaxis for sexually transmitted infection (STI). An assessment of risk of possible HIV acquisition is performed and Post Exposure Prophylaxis following Sexual Exposure (PEPSE) medication is provided as required. Most patients are also offered the first vaccine of the Hepatitis B vaccination schedule. Following forensic examination the patient is discharged and referrals are made to other agencies as required. A report is then provided to An Garda Síochána. As an Examiner, the CNS may be called to present evidence in court.

The CNS provides a non reporting service during office hours for patients who disclose a recent rape/sexual assault who do not wish to report it to Gardaí. The same care and medication is provided however, due to continuity of evidence issues, the collection of forensic evidence is not currently possible. Following examination in the SATU, all patients are offered follow up appointments to provide STI screening and completion of the Hepatitis B vaccination programme.

When required, the CNS provides nursing support for the CASATS services and acts as a support nurse during Paediatric examinations which are performed in the SATU. The CNS also arranges training and regular updates for nurses on the roster of support nurses.

Talks are arranged for nurses and other professionals who deal with the public such as Gardaí, social workers, youth service workers, homeless shelter personnel and rape crisis centres volunteers to increase awareness of SATU services. As required by the National SATU services the CNS regularly inputs data into a national database to produce the annual report for audit and research purposes.

WOMEN'S AND CHILDREN'S DIRECTORATE

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

Photo details: Niamh Bonner CNS SATU and Una Carr ADON GUH

Two New Clinical Midwife Specialists

Annette Burke and Genie Carey have been appointed as Clinical Midwife Specialists in Ultrasound

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

THEATRE ANAESTHETICS AND CRITICAL CARE DIRECTORATE (TACC)

Paul Naughton, Clinical Director; Marie Dempsey, Business Manager

Theatre Utilisation

The work of the theatre flow group continues with the team meeting on a weekly basis to discuss changes/issues, agree requests and address variances from previous weeks planned schedule. This type of planning will ensure that surgical personnel have access to theatre services when on site, with sessions stood down when not. Session allocation is planned in line with available nursing & anaesthesia resources.

A communication policy and request for access to theatre form has also been developed and circulated.

The theatre utilisation project has now progressed to list planning. This will allow us to plan theatre lists in a more efficient manner. Training of all personnel who compile the surgical theatre list is underway.

The next steps in this planning process will be demand/capacity planning in line with waiting list requirements. Master scheduling, capacity planning and modelling will be carried out to highlight areas where resources can be reassigned to achieve better productivity.

Elective surgery programme- Pre Operative Admission/Assessment

The Elective Surgery Programme (ESP) sets out to address how elective surgery can best be 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 Bairbre Golden – Elective Surgery programme support guide.

In line with TACC priorities for 2012 and the Elective Surgery programme the Pre- Operative Admission/Assessment service commenced in a structured fashion on 19 June at GUH. This service commenced with 2 morning sessions per week, accommodating urology, vascular and GI requirements initially. TACC and Surgical directorates are working on this project jointly. There is a well established service on the MPUH site specifically for orthopaedic pre-operative assessment.

The productive operating theatre (TPOT) is a sub programme of the elective surgery programme. TPOT focuses on patients experience and outcomes through improving team performance and staff well being, safety and reliability of care, and value and efficiency in the operating theatre environment. The roll out of this programme is currently in the planning stages.

THEATRE ANAESTHETICS AND CRITICAL CARE DIRECTORATE (TACC)

Paul Naughton, Clinical Director; Marie Dempsey, Business Manager

Critical care programme

Planning across GRUHG for this programme as set out nationally is currently progressing.

- Nursing 1.5 audit posts – Interview process has been completed and recruitment in progress
- Consultant Anaesthesia posts – Business plan and Job Specifications have been completed and submitted.
- A national project group has been set up for the procurement of the necessary clinical information management requirements. The work of this group is ongoing. Active liaison is currently taking place regarding integration of regional critical care service with PHB nursing, anaesthesia and IT department.
- Regional transport retrieval mechanism currently under discussion.

Pain Service

Nursing, Physiotherapy, Occupational Therapy and Clinical Psychology participated in a 3 day interdisciplinary programme focusing on rehabilitation of patients with Chronic Pain. The training was provided by The Interdisciplinary Musculoskeletal Pain Assessment and Community Treatment (IMPACT) Service Staffordshire and Stoke on Trent Partnership NHS Trust.

The training provided improved understanding of historical and current practices in the interdisciplinary rehabilitation of chronic pain, with emphasis on active patient participation in treatment, assisting patients in adaptive behaviour change efforts in response to pain, as well as pain-related distress and disability enhancing effective identification of patient identified values and goals.

TACC are commencing work on a Business Plan in relation to Pain Rehabilitation within GRUHG Pain Services.

Minor Plastics Procedure Room

This initiative was developed in response to a need to create additional capacity to treat minor plastics cases, in line with Special Delivery unit waiting list requirements. This service operates 4 afternoons per week treating 6 patients per session, formally commenced on 12 June 2012.

THEATRE ANAESTHETICS AND CRITICAL CARE DIRECTORATE (TACC)

Paul Naughton, Clinical Director; Marie Dempsey, Business Manager

Intensive Care donation

A donation of €30,000 Ultrasound Machine to ICU was made recently by a family who had a family member treated successfully last year for H1N1 influenza induced Acute Respiratory Distress Syndrome a life-threatening illness.

This ultrasound machine enables anaesthesia staff to carry out complex procedures at the bedside such as tracheotomy insertion or insertion of tubes into veins. This is a major advance as the device is small and portable yet the high resolution pictures it provides allows visibility of important structures (arteries, nerves and veins) under the skin in real time.

Photo above shows the donated Ultrasound machine in use in the ICU by Dr Kevin Clarkson, Consultant Intensivist; Christine Sheehan, Practice Development Nurse, Critical Care; and Dr John Bates, Consultant Anaesthetist, Galway University Hospitals.

HUMAN RESOURCES UPDATE—ABSENTEEISM

The Galway and Roscommon University Hospital Group is taking a multi-faceted approach to tackling absenteeism. The granting of sick pay is discretionary and subject to compliance with the sick leave procedure and the Managing Attendance Policy. This discretionary benefit has recently been recommended for reduction to “up to seven days over a **two year period”** (Labour Court) and the Group will implement the reduction as soon as possible.

Detailed absence reports are delivered monthly to management and an auditing programme is in place to monitor the application of the policy. Communication continues on policy through training, newsletters and other media.

Across the Group we are making progress and since January 2012 the rate has dropped from 5.16% to 4.50% in June – a 12.8% drop. We must continue this pattern to reach the target of 3.5%.

This is achievable as there was a reduction of 42% in absenteeism between January 2011 and April 2012 in GUH. The 2011 average for GUH was 5.20% and for 2012 is 4.66% to date. In PHB the recent trend is also very encouraging - the quarterly average is down from 5.07% (January to March) to 4.20% (April to June). At RH there are challenges to overcome. The first quarter average is 5.35% and the second quarter is 6.55% July is 6.27%.

I will be prioritising the implementation of a robust Attendance/Absenteeism management strategy across the Group and promoting an accountability culture for all staff. We will focus on further developing the Employee Assistance and Occupational Health services, promoting the early identification of at-risk employees and examining the feasibility of providing health screening for early detection and treatment of health problems.

The availability of self-help materials will also be promoted - teaching employees to become wiser consumers of their health care benefits – as these have proven useful in reducing absences for other employers.

Intensive work with Line Managers and staff is vital to reaching the target. Attendance Management is a core responsibility for all employees and routine Return to Work meetings following each absence will become the norm in the Group. Another initiative is the further promotion of the Cycle to Work Scheme for hospital employees and the possibility of dietary consultations for staff.

Absenteeism reduces our capacity to deliver services and impacts significantly on costs and staff morale. These costs include salaries, replacement’s salaries and administration costs.
Reducing absenteeism will remain a high priority.

John Shaughnessy
Group Director of Human Resources

CNM/CMM Management Development programme at GUH

The third day of this programme included presentations on Quality Risk and Patient Safety. The forum provided an opportunity for the nurse/midwife managers to network and to discuss and debate topics which they encounter daily while endeavouring to provide a safe environment for all. The presentation on People Management entitled 'The Legal Framework' was the back drop for further discussion on many Human Resource issues.

Dr Mary Boyd delivered a lecture on The Department of Health Special Delivery Unit and it was felt that her presentation further clarified the general thrust of the department and this organisation in striving to improve the efficiency of access and care. A presentation on Key Performance Indicators (KPI's) followed. Bill Maher CEO and Fiona Mc Hugh, SEO outlined GRUGH objectives and showcased the hospitals response to meeting the KPIs. We plan a workshop on nursing KPIs for Day 4 on 20 August 2012.

Correction

In the previous newsletter, Margaret Burke, Specialist Coordinator CNME was inadvertently left out of the list of the planning and organising subgroup for this programme. I would like to apologise for this error and to acknowledge Margaret's participation as a great resource to the group through her extensive knowledge and experience in running such an educational event.

GUH Arts Trust

Upcoming exhibition by Gary Robinson

'Imbue – Field and Converscapes', will be launched on 21 September as part of Culture Night. Robinson, who has exhibited widely throughout Ireland and whose work features in many private collections, is known for abstract/field colour work, and the pieces in this exhibition, fall within that category. He describes his paintings as 'formal reconstructions of real experiences' that are concerned with 'a sense of place and wonder.'

Culture Night

The Arts trust is currently programming activities for patients and staff for Culture Night on September 21. There will be music in the foyer of UHG and at ward level. Please contact the arts office for more information.

For further information on the arts programme in GUH contact Margaret Flannery, Arts Director, GUH Arts Trust at 091 544979 or **guhartstrust@hse.ie** If you would like to learn more about Arts and Health you can look at the website **www.artsandhealth.ie**

Photo details:
Carnation Theatre recently performing in Unit 4, Merlin Park Hospital

CLINICAL CARE PROGRAMMES

The National Clinical Programmes are continuing to proceed well within the Galway and Roscommon University Hospital Group.

We have had excellent engagement from the National Clinical Programme Office and to date we have had National team visits relating to 14 of the various programmes. These have included National Visits from the care of the Elderly, Diabetes and Palliative Care teams. There are more visits planned, for the next month and we certainly hope to have the opportunity to meet with all the teams within the next few months.

Acute Medicine Programme

As you are probably aware, in line with the National recommendations, the MAU has now been renamed as the Acute Medical Unit (AMU) and St Enda's ward is now officially the Short stay Unit (SSU). 3 Medical Consultants have been appointed, and we hope that they will be with us soon.

COPD

The COPD outreach team is now in place, and we hope to roll this out over the next few weeks. This will allow patients with COPD to go home and be followed up at home by the outreach team.

Diabetes Foot Care

As mentioned in the last newsletter, we now have a senior podiatrist Ellen Young working in the hospital. Working as part of the diabetes team, Ellen deals with patients who have acute and high risk diabetic foot disease both on the wards and in the foot clinics.

Early Supported Discharge

As part of the Stroke programme, we will shortly be commencing an Early Supported Discharge (ESD) pilot scheme. ESD is an accelerated discharge of stroke patients. The patient then receives specialist rehabilitation and social support in their own home which is comparable to the in-patient stroke unit.

Good News

May we offer a warm West of Ireland welcome to the following that have commenced in their new roles within the Galway and Roscommon University Hospital Group and hope that they have a long and happy career with us.

Neurology – *Dr Thomas Monaghan* has recently commenced as a Consultant Neurologist.
Heart Failure - *Emer Burke* has started in her role as Clinical Nurse Specialist.
Epilepsy –*Niamh Colleran* and *Elaine Ryan* have commenced as Clinical Nurse Specialists.
COPD – *Marie Burns* has taken up the role of Clinical Nurse Specialist and *Sheila Farrell* has joined us as a senior Physiotherapist. Both Marie and Sheila will form the COPD outreach team.
Stroke – *Ciara Breen* has joined us as a Senior Occupational Therapist and will be leading out on the Early Supported Discharge.

Further information and a full list of the programmes is available at *http://hsenet.hse.ie/HSE_Central/clinicalstrategyandprogrammes/*

More updates on the Clinical Programmes and more good news to follow in the next edition of the newsletter.

Thanks for reading.

Jenny Mannion
Project Manager
Clinical Care Programmes

ESTATES UPDATE GUH
Ann Cosgrove,
Clinical and Non-Clinical Services Manager, GUH

Smoke Free Campus- Galway University Hospitals

We introduced a smoke free campus policy on National No Smoking Day, Wednesday 22 February. The smoke free campus committee is continuing to manage the implementation of the policy.

Audit of Inpatient Smokers Knowledge of the Smoke Free Hospital Campus Policy and the Interventions of Hospital Staff in UHG

An audit of 35 patients who smoked was conducted to ascertain what interventions clinical staff are making with smokers in GUH and to gather information on patients' knowledge of the smoke free campus policy. This audit was carried out as part of the implementation process and ongoing monitoring of the smoke free campus policy.

RESULTS:

- It is encouraging that 80% of patients stated that a member of staff discussed their smoking with them and that 43% of smokers stated that both doctors and nurses discussed their smoking.
- 83% stated they were offered NRT and 62% were offered a referral to the smoking cessation service.
- 80% of nurses documented the patients smoking status compared with 60% of doctors recording smoking status.
- We have identified areas where we can improve our medical charts and nursing documentation so that staffs interactions with patients are recorded to reflect the care that patients are actually receiving and for accuracy in reporting mechanisms.
- This can be facilitated with continuing education on the smoke free hospital policy.

ESTATES UPDATE GUH

Re-usable Sharps Containers

A trial of re-usable sharps containers will commence on the UHG Site on 03 September 2012. The system is known as Bio Systems ™ and is an alternative more sustainable method for sharps management that centres on the use of re-usable sharps containers rather than the single use containers currently in use.
Some of the benefits of the system include:-

- Reduced expenditure on the purchase of sharps containers
- As the containers are delivered pre assembled and pre tagged traceability duties are relieved
- Reduced storage requirements in relation to the management of stocks of sharps containers as only a small contingency of stock is held
- From an environmental perspective reduced quantity of plastic waste to landfill

The trial will be undertaken on two medical wards (St Anthony's Ward and the Short Stay Unit), two surgical wards (St Gerard's Ward and St Anne's Ward) and an out-patients area (Phlebotomy Outpatients including Maternity). These areas were selected on the basis of a comprehensive review of the site in conjunction with the service provider and following consultation with staff.

In advance of the trial commencing, a training programme with staff will be undertaken on the week of 29 August. The purpose of the trial is to assess suitability of Bio Systems on the site and it is envisaged that successful implementation of the trial will be followed by roll-out of the system across GUH.

Reduced expenditure on Healthcare Risk Waste

A Dangerous Goods Safety Advisors (DGSA) audit took place at the UHG site on 19 December 2011. The subsequent report contained recommendations with regard to improving waste segregation in ward areas throughout the hospital and at central laboratories. Recommendations contained within the report have been implemented over the last six months which has resulted in a reduction in the quantity of healthcare risk waste at the site while maintaining compliance with legislative requirements and infection control policies.

A decrease of 1 tonne of clinical waste was recorded when figures for January 2012 were compared with figures for June 2012. These reductions were achieved through improved practises with regard to the segregation and packaging of waste from isolated rooms and improved segregation and management of waste from laboratory areas.

ESTATES UPDATE GUH

Interim Ward Block

The design team are currently working on the planning package, fire cert and disability access certificate for the proposed 75 interim ward block. It is expected that a planning submission will be lodged within the coming weeks.

Hygiene Facilities Wards

Phase 2 is now ending with the development of ensuites in the 14 bedded wards in St Anthony's ward and St Mary's ward.

Radiation Oncology Project Enabling Works

Progress is ongoing in relation to the enabling works required to facilitate the expansion of radiation oncology facilities on UHG site. The enabling works involve the replacement of the existing Acute Mental Health Unit on the Car Park between Maintenance and the Public Analysts Laboratory and the replacement of car parking resulting from same. The agreed site for the development of radiation oncology facilities in on the current Psychiatric Unit site. Planning permission has been granted for the Acute Mental Health Unit and the planning application for the replacement car parking is currently being submitted.

Central Scope Decontamination Unit.

Building works are near completion and work has commenced on installation of new decontamination equipment. This will take some time to complete including the decommissioning/ validation and external validation of the equipment. An operational group has been established to plan for the transfer of services and staffing support from the existing local decontamination units in Medical Endoscopy, Theatre, Surgical Day Ward and ENT OPD to enable the commissioning of this centralised unit by year end.

Ventilation System 5th Floor

Work commenced on 12 August, 2012 on the validation of the ventilation system on 5th Floor wards St Joseph's and St Patrick's wards. This work is being undertaken on a phased basis over a period of approximately 6 weeks.

ESTATES UPDATE GUH

Unit 2 MPUH

The removal of asbestos floors in Unit 2 MPUH has been completed as planned.

The main project has started with effect from 13 August 2012 and is expected to be completed by end of October, 2012. This will involve a reconfiguration and refurbishment of OPD Clinic and Plaster Room facilities and will allow for greater capacity and throughput in respect of Orthopaedic Trauma and Elective Clinics.

Nurses Home

A reconfiguration of accommodation in the Nurses Home UHG site is currently underway with the co-operation of the Centre for Nurse Education, Library Services and Medical Training Services. This will be ongoing for the next 6 to 8 weeks concluding with the relocation of finances offices from leased facility back onto the hospital site.

Fire Safety

Work has commenced on the replacement of an existing fire alarm system in the Main Hospital Block , UHG. This work is commencing on 5th Floor wards, St Josephs' and St Patrick's wards in tandem with the completion of work on the ventilation system. For the duration of the project the old fire alarm system has been deactivated on 5th Floor and a 24/7 fire watch procedure put in place with the co-operation of ward staff, Security Staff and contract Catering and Cleaning staff and will remain in operation until work is completed on 5th Floor.

I would like to thank all staff for your ongoing support in relation to building projects and reconfigurations which can be disruptive at various times.

Photo details: GUH Physiotherapy Department
Aoibheann Daly, Senior Physiotherapist at GUH and Galway Ladies Footballer/Connacht Champion and Fergal Moore, Senior Physiotherapist at GUH and Captain of the Galway Hurling Team/ Leinster Champion with their colleagues in the Physiotherapy Department at Galway University Hospitals.

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

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Newsletter Content Deadlines for 2012

The GRUHG Newsletter will have eight issues this year. Please see below for the content deadlines for the remaining issues. We hope that this will help you plan when to submit updates on developments in your area. Please note that these are the **latest dates** to submit content.

Issue 6: 10 September
Issue 7: 22 October
Issue 8: 03 December

Thank you for your contributions to issue 5 and we look forward to reading your submissions for issue 6.