4 in 1 NEWS

Issue 6
September 2012

INSIDE THIS ISSUE:

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

Welcome to our September edition of our newsletter. I hope you all had a lovely summer despite the weather.

Board

First and most importantly over the last month a lot of preparatory work has been carried out to develop the Board. Nominees for the Non-Executive Directors to the Board have been forwarded to the Minister for approval and we look forward to their announcement by the Minster in the near future. This is a very exciting time for the Group and will bring us further independence and autonomy and prepare us for transition of hospital trusts.

A visit by the Secretary General and the Minister of Health is potentially planned for early October and will allow an opportunity to demonstrate the significant progress made by the Group. You will hear more about the format of the Board in future editions.

Finally we have recently gone to advert for a Group Director of Nursing. This post will be an integral part of the Board and will lead Nursing strategy and development across the Group.

Performance

Delivery of our KPI's is improving across the Group. The latest update shows progress against the agreed set of KPI's for each hospital. The majority of indicators, other than our financial position and our outpatient waiting lists, are on track with staffing levels for all hospitals meeting target. You will hear about each hospitals performance and its progress throughout this newsletter.

Inpatient Waiting List

With only 3 weeks to go we remain on course to ensure the 25 September 9 month PTL is met. At the start of this year 9901 patients were waiting to be seen this has been reduced to 794 as of the 06 September. I would ask everyone to say focused and to continue to stay committed to this task.

ED Trolley Waits

It is worth mentioning our overall Emergency Department (ED) waits for patients in both Galway University Hospital (GUH) and Portiuncula Hospital (PHB) for the first seven months have improved considerably. Data shows that by the end of July GUH has reduced the average from 24 patients to 9 patients awaiting admission at 8am and PHB have shown a similar significant improvement.

This is a considerable achievement for the Group, particularly given the increase in ED attendance at GUH, which is now one of the single busiest departments in the country and Portiuncula's significant activity increase by some 20%.

This progress was acknowledged by Ms Lis Nixon from the Special Delivery Unit on her recent visit to Galway. Ms Nixon was particularly impressed with our approach to performance management and she was heartened to see a multidisciplinary team which works together for the good of the patients and towards providing high quality services for our population.

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

We have more to do in this area in reducing waiting times and to meet the target that 95% of patients are seen within 6 hours, but we are on the right track. An Unscheduled Care Steering Group has been established to oversee its implementation and you will hear more about this throughout the newsletter including the recent appointment of Advanced Nurse Practitioner Shirley Angland.

Finance

The finances of the Health Service are dominating the press and political agenda at the moment. The Group is keen to play its part and will continue to act as we have since the 09 January taking hard and prudent decisions, reducing costs, increasing efficiencies and maximising opportunities across the Group while protecting front line service.

It is not easy and I know everyone is going the extra mile but it is starting to deliver results and is much appreciated by all of the management team. The finance position is covered by Mr Maurice Power in this newsletter.

Special Delivery Unit (SDU)

The Group continue to proactively engage with the SDU and have received additional funding to help deliver waiting lists and submitted a bid for additional funding to support our ED Waits to year-end and we look forward to receiving a favourable response.

Service Developments

On a positive note a new non-invasive treatment for kidney stones called Extracorporeal Shock Wave Lithotripsy (ESWL) has commenced in Galway University Hospitals with the first patient treated on Wednesday 29 August. This is a significant addition to the treatments available for patients attending the Galway and Roscommon University Hospital Group and reduces the need for patients to travel outside the county which I know is welcome news.

Until the next Issue.

Kind regards
Bill Maher
Group CEO

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

"Control what you can control"

So much of what happens within the hospital environment is outside of our control. We don't know, for example, how many patients are going to come into our Emergency department today. We don't know how many mothers will deliver their babies with us next week. We don't know how many patients will require admission to our beds tomorrow. Uncertainty and managing uncertainty is part and parcel of what we do. It also goes to the core of our role in the communities we serve. People don't always know when they are going to be sick and require our help. Part of our role therefore is to take this uncertainty and manage it such that when a patient requires the services of our ED, for example, that we are in a position to deliver.

Part of managing this uncertainty is about *"Controlling what you can control"* and there are some things we can control. We can for example control our expenditure in many areas. We can control some of our costs and indeed our capacity for generating and collecting income. It is very important that we do so in order to ensure we have sufficient resources to deliver the services we want to deliver and that we know are needed. As we move into the final quarter of the year this will become a more and more pressing issue. However, I am confident that if we continue to approach this issue as we have the Inpatient Waiting list, ED Trolley waits, absenteeism and many other areas where we are making progress that we will significantly improve our financial performance by year end.

Tony Canavan
Chief Operating Officer

Finance Committee
Galway and Roscommon University Hospital Group

Financial Performance

At the end of August the Group financial position showed an over spend on budget of €21m. While we are achieving some savings in cost containment we have implemented additional measures between now and the end of the year to further curtail costs, generate income and reduce the level of outstanding debt to the Group.

Cost containment is targeted at areas that will have minimal impact on patient care and we will be curtailing expenditure in areas such as maintenance, office supplies, travel and subsistence. We have also targeted reductions in overtime and agency.

There has been a great deal of publicity around debts outstanding and particularly debt outstanding as a result of non signature by consultants. With the full cooperation of the clinical directors, business managers, medical records and finance we are seeing good progress in this critical area in the last number of weeks. Our target cost containment plans for the rest of the year is €4.6m this will be extremely challenging and requires the full support of all staff.

Claimsure Project (System for Electronic Claims Management)

Since the last newsletter work on the claimsure project has continued at GUH and the following actions are being progressed:

- The specification document in relation to the interface from PAS (data warehouse) has been agreed and development of the interface is underway.
- The inpatient contract that is signed by all GUH patients is being reviewed by the Project team with a view to providing a document that makes it easier for the patient to see the relevant information on screen prior to signing the document electronically.
- An initial review has been carried out of the points of admission at MPUH to identify the hardware requirements (screens/electronic pads) there.
- The project plan has been revised to take account of the revised dates in respect of the availability of the interface from PAS.

As work proceeds on the project more information will be made available to staff in GUH. Training of staff in Admissions & Patient Accounts will be scheduled immediately prior to the go live date. There will be further communication with the Clinical Directorates in relation to scheduling training for Consultants at/after the go live date.

Based on the information to hand at this time it is anticipated that the system may go live at the points of admission in October/ November 2012 and it is still anticipated that the first E Submission of claims will take place before the end of 2012.

Maurice Power
Chief Finance Officer

Human Resources Department
Galway and Roscommon University Hospital Group

While the Group funding challenge is of the magnitude of €36 million, it seems somewhat incongruous to be writing about a strategy for human resources but it is precisely for this reason that we need to focus even more on how we can get the best from our staff. The severe restrictions on overtime and the engagement of agency staff means that we must improve efficiencies. We will review existing work practices and resources as an ongoing quality-improvement effort.

Motivating staff in this environment is challenging. For that reason, there must be a comprehensive Performance Management programme rolled out, as provided for by the Croke Park Agreement. This may sound like a daunting prospect but it really is a very straight-forward process – the Line Manager meets with each member of staff at the beginning of the year and they formally agree what quantum and quality of personal service is required of the individual. The staff member gets an opportunity to highlight what they, in turn, require by way of training/mentoring/development to enable them to deliver a high standard of performance. The Performance Plan is then reviewed in mid-year and at year end to ensure the targets are achieved. The achievement of the goals set out is a very positive endorsement for a staff member and very motivating also.

At departmental level, there will be a focus on the measurement of performance through Key Performance Indicators. These are direct measures of the levels and quality of service delivered and can ensure we all remain focused on best patient care. Regular monitoring of targets provides us with the best opportunity to deliver our services within existing resources. Meeting key performance indicator targets illustrates the contribution a team makes to the delivery of service to the patient and creates an impetus to continue to work cohesively as a team.

There will be a commitment to enhance staff development opportunities across the Group also as we strive to maximise the sharing of knowledge, skills and experience within the Group. Continuous professional development of staff at a time of financial constraint is difficult but achievable. Nursing administration and Directorate management teams are already developing management skills through two new programmes.

Another very significant part of the HR Strategy for the Group will be the development of an 'Attendance Culture'. There will be a robust Attendance/Absenteeism management strategy rolled out and every effort will be made to reduce the current levels of absenteeism, ultimately leading to savings which can possibly be accessed for the employment of replacement staff. We will work towards developing a responsibility culture for all staff and develop the necessary support for staff when they are ill. This will reduce the strain on staff, both those who are ill and those who are providing the service in their absence. Additionally we will strive to develop further a Staff Wellness programme.

The promotion of the new Group Communications Strategy so all staff are aware of developments and their roles in respect of change will also be central to the Group HR agenda. The other key priorities for the current year are to stay within our Employment Ceiling, increase flexibility among the staff body, manage reduced staffing and skill loss effectively and promote positive developments that occur within the Group.

The current challenges are significant but the Group is working its way through them. These difficulties will pass and we will emerge a stronger and more cohesive unit, an organisation that staff will be proud to work for and a national leader in the acute health care sector.

John Shaughnessy
Group Director of Human Resources

GUH Performance Summary – July 2012

Out-patient Waiting List

	Current	Future
Current Value	42162	
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 45292

OPD DNA Rate

	Current	Future
Current Value	13.0%	
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 13.4%

ED Patients waiting for admission at 8am

	Current	Future
Current Value	8	
Target: < 10 patients waiting in ED for admission at 8am	**Trend: v Previous Month** ⇩	

July featured a further slight improvement in the number of patients awaiting a bed. Oncology bed management continues to be a challenge as service adapts to its bed allocation. Forward focus for all services is on improved discharge planning. SDU continues to support our drive to improve patient experience times.
Last Month 9

CT Waiting List

	Current	Future
Current Value	363	
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 390

In-patient & Day Case Waiting List

	Current	Future
Current Value	2144	
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 2934**

Average Length of Stay

	Current	Future
Current Value	6.0	
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	42%	
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	0.29	
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** ⇩	

Line Infections (both peripheral & central) have been identified as major causes of both MRSA & MSSA blood stream infections at GUH.
There have been 17CVC bloodstream infections in GUH for a 7 month period to the end of July 2012, compared to a total of 19 CVC infections in GUH for the whole of 2011. *These infections predominantly occurred in medical patients (Haemodialysis and Hematology/Oncology patients).There have been 3 PVC infections in GUH to the End of July 2012, compared to a total of 3 PVC infections in GUH for the whole of 2011. 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 July.* ***Last Month 0.32 per 1000 bed days***

Bed Days Lost

	Current	Future
Current Value	107	
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 75

Financial Position

	Current	Future
Current Value	9.59%	
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 9.18%

Staffing WTE variance from Staff Ceiling

	Current	Future
Current Value	3030	
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 **3057, Last Month 3041**

Absenteeism

	Current	Future
Current Value	4.64%	
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 4.37% Based on NEMU figures

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

In June of this year the Health Information and Quality Authority (HIQA) published it's national standards for safer better healthcare.
http://www.hiqa.ie/standards/health/safer-better-healthcare .
This document sets down standards which apply to all healthcare services (excluding mental care) funded by the HSE and has grouped them under the following themes, the first four are quality related;

- Person-centred care and support – how services place the service user at the centre of their delivery of care. This includes the concepts of access, equity and protection of rights.

- Effective care and support – how services deliver best achievable outcomes for service users in the context of that service, reflecting best available evidence and information. This includes the concepts of service design and sustainability.

- Safe care and support – how services avoid, prevent and minimise harm to service users and learn from when things go wrong.

- Better health and wellbeing – how services identify and take opportunities to support service users in increasing control over improving their own health and wellbeing.

Delivering improvements within these quality dimensions depends on service providers having capability and capacity in four key areas;

- Leadership, governance and management – the arrangements put in place by a service for clear accountability, decision making, risk management as well as meeting their strategic, statutory and financial obligations.

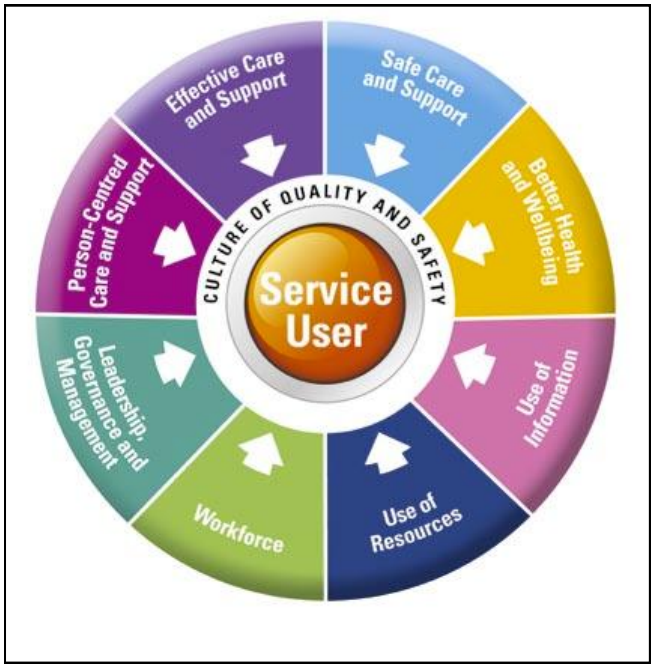
- Workforce – planning, recruiting, managing and organising a workforce with the necessary numbers, skills and competencies.

- Use of resources – using resources effectively and efficiently to deliver best possible outcomes for service users for the money and resources used.

- Use of information – actively using information as a resource for planning, delivering, monitoring, managing and improving care.

As Figure 1 illustrates, the eight themes are intended to work together.
Collectively, they describe how a service provides high quality, safe and reliable care centred on the service user. The four themes on the upper half of the figure relate to the dimensions of quality and safety and the four on the lower half of the figure relate to the key areas of capacity and capability.

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



The standards for each theme will require responses from the Hospital (in our case from the Group), with documentation to show the governance structures which underly our responses- our policies procedures and guidelines.
In parallel with this the Group has been working with HCI (healthcareinformed.com) to extend the existing Q– Pulse IT infrastructure across the group, to bring a uniform standard of quality, safety and risk management to all our services and make the best use of the existing staffing resources. We have developed an initial view of what we want to achieve and this will allow us to develop a response to the standards, but more importantly bring a group Patient Safety Committee together to report to the Group Board of management on the significant incidents, complaints, infection control and risk management issues.

This will place us in an excellent position to make an early response to the standards and to advance this process, we have assigned a senior manager from the Group Management Team to lead the response to each of the themes. We feel that with the prospect of licensing of hospitals in the near future, to place the Group's Hospitals where they rightly belong as the first, best and most cohesive group providing the best healthcare to our patients, quality and safety must underpin what we do. The HIQA National Standards for Safer Better Healthcare present an opportunity for us to document that we are as good as we think we are.

David O'Keeffe
Medical Director

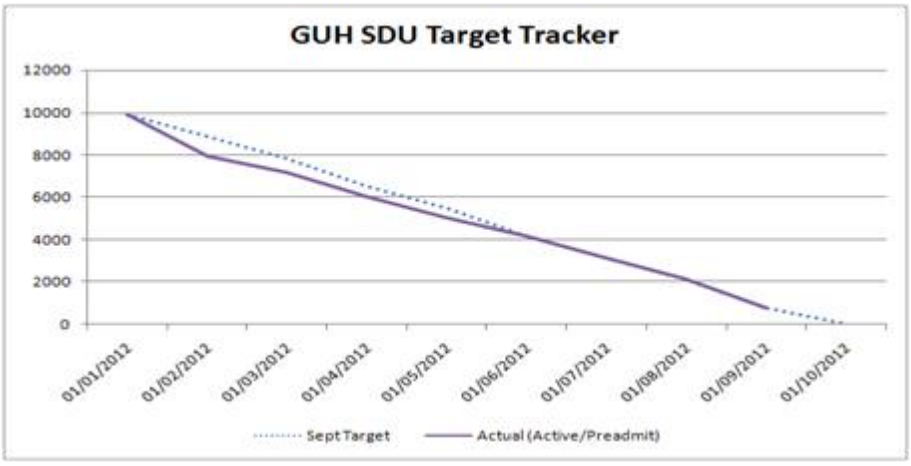
Message from Sue Hennessy, Waiting List Manager, Galway and Roscommon University Hospital Group

Inpatients.

When Bill Maher commenced as CEO of the Galway and Roscommon University Hospital Group there were 9,901 patients on the inpatient waiting list who must be treated by the end of September. Over the following 9 months, this number fluctuated for a number of reasons:

- Patients who had been given a date were treated.
- The waiting list was validated and some patients who no longer required the procedure were removed
- Patients were sent for treatment in other hospitals – both within and outside the 'Group'
- Children and those waiting for GI scopes were added to the numbers to be treated until 13 May and 30 June respectively.
-

As we reach the approach the current Special Delivery Unit targets, the number of patients who must be treated by the 30 September is now 588. The following graph shows that we remain on target:



Watch out for the next newsletter for our final report. We are now focussing on maintaining the targets laid down by the SDU to ensure that we treat patients in a timely manner.

Outpatients.

We have also started to face the challenge in relation to outpatient services. The outpatient waiting list is consistently around 45,000 patients at present, with half of these waiting longer than a year. In the space of 10 months we will have reduced the overall waiting time for an outpatient appointment by two years.

The SDU have identified the key action points in relation to outpatients and the Group are already working to achieve some of these.

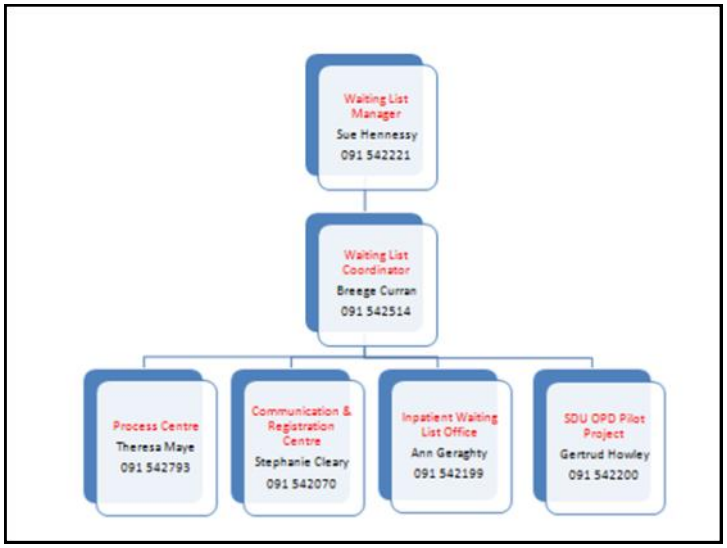
Message from Sue Hennessy, Waiting List Manager, Galway and Roscommon University Hospital Group

- *Governance of outpatient services*
- *Management of referrals at the point of receipt*
- *Central registration/referral management*
- *Consultant triage that is complete within 5 days*
- *Validation of long waiters*
- *6 week notification for clinic cancellations*

The reduction of OPD waiting lists is more complex than the inpatient waiting lists and we face many challenges. We will keep you informed of our progress in the coming issues of the newsletter.

Summary

The progress we have made could not be achieved without support from the Management Team and Clinicians. The Waiting List Office consists of dedicated and hard working staff, who link with many colleagues throughout the Organisation to ensure that we all strive to deliver safe and effective patient services. We have recently restructured our team to reflect the challenges we will face and the projects we are working on.
Finally, I would like to introduce you to the new management structure in the Waiting List Office.



Please do not hesitate to contact us with any queries – we look forward to working with you all to continually improve the delivery of our services!

Sue Hennessy
Waiting List Manager

NURSING NEWS
ADVANCED NURSE PRACTITIONER ROLE

The Advanced Nurse Practitioner (ANP) role in Ireland is relatively new, yet 10 years on since the first ANP appointment in 2002 there are over 110 registered ANP/AMP's in most specialties throughout the country. The ANP post in the Emergency Department (ED) was identified in the service plan for GUH in 2002. A great deal of planning and negotiating concluded that patients with minor injuries/conditions would most benefit from an ANP service in the ED. In April 2011 An Bord Altranais visited GUH and accredited the ED with Four ANP posts.

In GUH the ANPs hope to improve and enhance the provision of care to their patients with minor injuries/conditions by reducing the amount of time they spend in the ED. To do this, we aim to provide an ANP service seven days a week from 7.30 am to 8.30 pm, 365 days a year. These hours of ANP service mean that we can see more patients and treat a greater range of presenting conditions more comprehensively. We will see patients over the age of 4 years with various minor injury/conditions (e.g. Sprains, Strains, Lacerations, Fractures etc.) however this is not an exhaustive list as we hope to build on the caseload yearly.

I started work as the first Emergency ANP on 01 September 2012, and I am the fifth registered ANP/AMP in GUH. There are plans to have three more ANP's in the ED within the next two years. The provision of a better health service for all has never been more important with little resources, and requires innovation and flexibility. Historically Emergency ANP's nationally and internationally have reduced waiting times, increased patient satisfaction and provided improved education for patients. As ANP's we provide clinical leadership, act as a role model, and a resource to other healthcare professionals from all sectors within the Multi-Disciplinary Team.

Helen Hanrahan, CNM3, Emergency Department, GUH; Shirley Angland, Advanced Nurse Practitioner for the Emergency Department, GUH; and Jean Kelly, Asst Director of Nursing, Medical Division and Emergency Department, GUH in the Advanced Nurse Practitioner Treatment Room in the Emergency Department.

NURSING NEWS
NURSE PRESCRIBING IONISING RADIATION AT GUH

In 2007 Mary Harney, Minister for Health and Children introduced legislation to amend the definition of prescribers of medical ionizing radiation to include An Bord Altranais (ABA) registered nurses. In February of the following year ABA published Requirements and Standards for Nurse Education Programmes for Authority to Prescribe Ionising Radiation (Xray). A national advisory group was then set up by the Office of the Nursing Services Director to advise on the most appropriate way to introduce this change in nursing practice. This work has resulted in the establishment of robust systems of clinical governance and a collaborative multidisciplinary approach to implementation.

An educational programme was developed in consultation with the Faculty of Radiologists RCSI and the education providers are Centres for Nursing & Midwifery Education with the Faculty of Radiologists. The theoretical and clinical instruction programme should be completed in 3 months and consists of at least 30 hours of theory instruction and 10 episodes of supervised x ray prescribing . Before the programme starts the nurse must have a designated clinical supervisor, a medical practitioner for the duration of the course. This supervisor agrees to provide guidance, feedback, document and undertake assessment to deem the nurse competence. A local implementation group (LIG) reporting to the Radiation Safety Committee of the hospital will ensure that practice is safely introduced and implemented within a collaborative multidisciplinary context. The LIG will also identify suitable areas for the introduction of prescribing and will monitor and audit the impact of this change in nursing practice and any unexpected incidents or events.

There are now 10 certified nurse prescribers at GUH working in ED, respiratory, orthopaedics, and rheumatology services. Seven more candidates will join the education programme this autumn and a team from the Centre for Nurse & Midwifery Education in Tullamore will conduct an educational audit on the hospital site on Sept 18. Nurse Management would like to congratulate the nurse prescribers and to wish the new group well with the further development of this professional role which will enhance efficient delivery of patient care.

Hannah Kent,
Nurse Practice Development Coordinator.

Family and friends of the late Úna Barrett presented a cheque for €16,936.90 to the Patient Comfort Fund at GUH recently.
From l to r: Dr. Maccon Keane, Consultant Oncologist; Tina Nic Cába; Nuala Ní Liatháin; Aonghus Woods; Bernadette Mulkerrins; Charlene Connolly (friends); Michael Canavan (Úna's father); Tom Barrett (Úna's huband); and children Páraic, Nora and Abaigh; Mary Anne Canavan (Úna's mother); Sheila McCrorie, CNMIII Cancer Services; Tony Canavan, COO, Mairead McSherry (Úna's sister); and Colette Cowan, A/Director of Nursing and Midwifery.

NURSING NEWS
COMMENCEMENT OF MDT SPECIALIST CLINIC

My name is Teresa Leahy and I am currently an ANP candidate in Neurology. Although my remit is epilepsy, my caseload also involves patients with Multiple Sclerosis and Motor Neurone Disease. From my clinical experience in neurology I noted a need for a specialised Multi-disciplinary clinic to meet the specific needs for patients with Motor Neurone Disease.

Motor Neurone Disease (MND) is a rapidly progressing neurological disease which has a high mortality rate of between 1-5 years for the majority of people. It causes severe and unpredictable forms of paralysis (involving bulbar, limbs, respiratory function) together with escalating burden on carers and families. The key feature of the disease is the speed of progression which can cause huge impact on people adjusting to their disease. However with timely intervention from a co-ordinated multi-disciplinary approach, we can ensure prompt/ proactive symptom management and vastly improve the quality of life for the person with Motor Neurone Disease. It would also hopefully reduce distressful A & E attendance and lengthy hospital admissions.

The clinic is currently running one Wednesday morning a month. It is CNS/SpReg led with Dr. Hennessy Consultant neurologist available as a source of expert advise/support if required. It is attended by Neurology MDT namely SALT, Physiotherapy, Occupational Therapist, Medical Social Worker, MNDA community nurse and hopefully future attendance by Dietetics. We review patients three monthly, however they have a link through my telephone support service whereby we can advise and help with symptom management in the interim period.

By liaising with the Respiratory team in Merlin Park we have referral system in place whereby patients are admitted to Merlin Park for ongoing respiratory assessment. Currently we are liaising with Gastrology in order to ensure smooth service delivery in terms of peg insertion.

In summery this is the first specialist MDT clinic for patients with MND in the HSE West and indeed outside Dublin. This clinic has been successful and this is largely due to the enthusiastic commitment of the Neurology MDT team and support from individuals in the above specialties.

Teresa Leahy
ANP candidate in Neurology

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. The Day Case Activity KPI has almost been reached and will hopefully turn green in September. Congratulations to all! We still have some KPIs that remain in the red and they are the focus of a lot of attention within the hospital. The most recent KPI set are attached for your information.

In September, the Dental Surgery service expanded to a weekly all day surgery list, focusing on the Galway and Roscommon population with Intellectual Disabilities. More details of this service are in the following pages.

As part of our communications strategy, we recently held meetings with GPs in the catchment area. I would like to thank all the GPs who participated this evening; there was very good attendance from across the County with most GP practices represented. As part of the planning for the 2013 Group Service plan we have asked GPs to tell us what services they would like delivered in Roscommon Hospital. We have also commenced a media campaign to alert the community of the new or enhanced services available at the hospital.

In relation to the development of Roscommon Hospital, we will look to fully implement the Small Hospitals Framework which is due to be published soon. The framework sets out the range and types of services that can be performed in smaller hospitals in a safe and sustainable manner so that high volume care can be provided locally. The framework also indicates that a significant amount of activity must transfer from larger hospitals to smaller hospitals so that the larger hospitals can concentrate on high complexity care. This is a development which will be very welcome for Roscommon Hospital and already as part of the Hospital Group we can demonstrate how we are leading the way in the range of services that we provide to complement our sister hospitals in the Group. Our aim is to support the introduction of new services in order to develop Roscommon Hospital as a centre for local excellence in line with the Small Hospitals Framework.

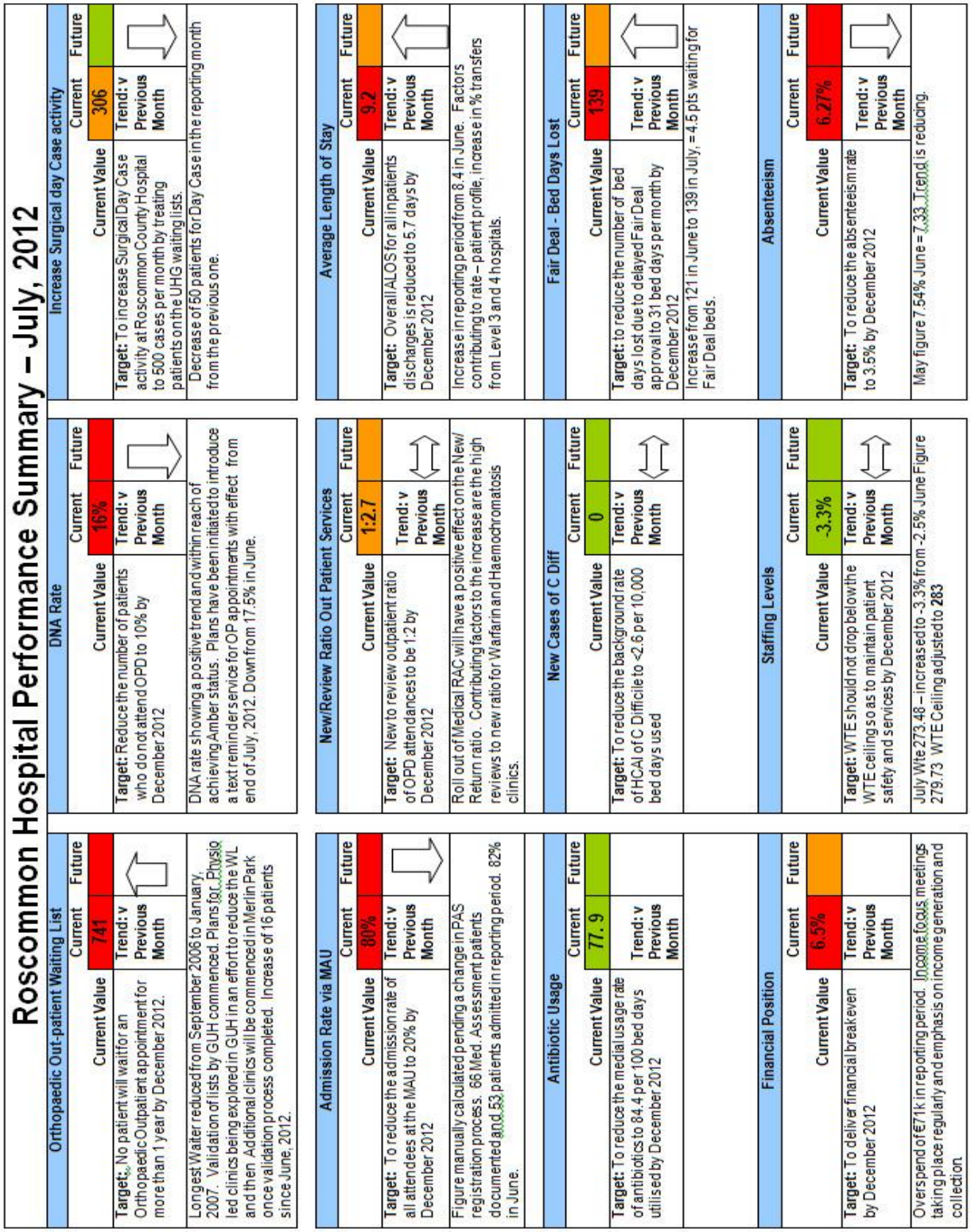
Some up-dates of note:

Radiology Upgrade – The project to upgrade the X-ray system (Agfa RIS/PACS) to allow doctors to electronically view and share X-rays quickly and easily went live in August. This means that Roscommon Hospital can offer increased diagnostic services to patients from Roscommon who attend Consultants based in Galway or visas versa.

Development of the Endoscopy Suite - The design team was appointed on 04 September and had their first site visit on 05 September. The design team are aiming to apply for planning permission by the end of the year and are working on a timeline for the rest of the project.

Elaine Prendergast
General Manager

Message from Elaine Prendergast, General Manager, Roscommon Hospital



NEW ENDOSCOPY UNIT UNDERWAY.

A momentous meeting of the Endoscopy Project team took place on Wednesday the 12 September in Roscommon Hospital. This was their first formal meeting with the recently appointed design team tasked with the planning and design work for the €3m Endoscopy Suite to be built over the old A&E at the Hospital.

The Design team lead by Ian Pudney from Rhattigan and Company Architects gave a brief presentation of the key milestones during the planning and design stages of the project along with some flow diagrams of the proposed design of the unit. Joe Greene representing local company Varming Consulting M&E Engineering Castle Street Roscommon, outlined the services in the Hospital that may need upgrading to support the new development which will be of huge benefit to the overall infrastructure of the hospital.

In the short time since their appointment the design team showed an impressive knowledge of the tack involved and a very clear and structures way in which to complete the project in the optimum time.

I would like to sincerely thank our own project team who have worked extremely hard to get us to this stage. I would also like to thank Grainne Cahill and her team in Estates for her knowledge and support in realising this development and her continued support with all Capital projects associated with the hospital.

Back: Anne Marie Fallon, HSE Estates, Mr M Eldin Consultant Surgeon, Endoscopy Lead Roscommon Hospital, Elaine Prendergast General Manager,

Front: Joe Greene Varming Consulting M&E Engineers,
Mr Frank Feighan TD, Ian Pudney Rhattigan & Co Architects

Fintan McLoughlin,
Endoscopy Project Lead.

EXPANSION OF DENTAL SURGERY SERVICES FOR PATIENTS WITH INTELLECTUAL DISABILITIES AT ROSCOMMON HOSPITAL.

Roscommon Hospital has introduced a new and significant expansion of Dental Surgery Services for patients with intellectual disabilities who require general anaesthesia in order to receive dental treatment. The new service, which started on Wednesday 05 September, is available to patients from Galway and Roscommon and up to 150 patients will be treated in Roscommon Hospital per year. This will significantly reduce the length of time these patients have to wait for treatment.

Dr Matt Walshe, Principal Dental Surgeon, Roscommon Hospital spoke of the difficulties providing access to general anaesthetic services for special care dental patients nationally and the impact that this development will have. He said, “Many of these patients have had little or no treatment in their lifetime due to the difficulties accessing general anaesthetic services and experience dental pain and sepsis as a result.

“I am delighted that we have been able to expand our dental service for our special care dental patients. This development is great news for this most deserving group of patients, their carers and families. Great credit must go to the staff involved including the Anaesthetic Team, theatre nursing staff, Dr. Keith Finn, Senior Dental Surgeon for Special Care Dentistry and the Dental Nursing staff”.

“In addition we have also recently installed a mobile dental x-ray in the theatre in Roscommon Hospital which means that we can greatly improve the range and complexity of dental treatments provided to include, for example, root canal therapy and surgical extractions”.

Photographed with the new mobile dental x-ray in theatre in Roscommon Hospital, standing from left: Eileen Goldrick, Dental Nurse/Dental Radiographer; Marie Cooke, A/CNM II; Tommy Carr, Theatre Porter; Dr Keith Finn, SNR Dental Surgeon (Special Care); Celia Naughton Concannon, Dental Nurse; and Hayley Leech, Staff Nurse. Sitting: Dr Caroline Mills,

NEWS (NATIONAL EARLY WARNING SCORING SYSTEM)AND COMPASS EDUCATION PROGRAMME.

Roscommon Hospital first introduced the Compass Early Warning System in July 2011 and updated to the National Early Warning Scoring System in May 2012.

Audit of the clinical observation chart is conducted at regular intervals and recommendations implemented

This programme is a work stream of the Acute Medicine Programme and focuses on:

- Categorization of patients SEVERITY of illness
- EARLY detection of patient deterioration
- Use of a structured COMMUNICATION tool (ISBAR)
- Promote an early medical review, prompted by specific TRIGGER points
- Use a definitive ESCALATION plan

The National Early Warning Score adopted the VitalPAC Early Warning Score (ViEWS) vital sign parameters with the kind permission of Professor Gary Smith (UK). VIEWS has been validated for use on both medical and surgical adult patients in acute hospital services.

The COMPASS Education Programme is an interdisciplinary education programme designed to enhance our health care professionals' understanding of patients who are clinically deteriorating and the significance of altered clinical observations. It also seeks to improve communication between healthcare professionals, while adopting a patient-centred

EQUIPMENT PURCHASED BY HOSPITAL ACTION COMMITTEE (HAC) FOR ROSCOMMON COUNTY HOSPITAL CARDIAC SERVICES DEPARTMENT.

A presentation and handing over of equipment for Cardiac Services which was purchased by the Hospital Action Committee took place on Monday, 17 September, 2012. The HAC have advised that they would like to continue their support of the hospital by similar donations throughout the year. Ms. Elaine Prendergast, General Manager and Staff of the Cardiac Services expressed appreciation to the HAC for their generosity and support.

John Egan, Homecare, (Suppliers of Equipment), Clare Murray, Rosemary Thorpe, Sarah Fallon, Deirdre O'Reilly, Elaine Prendergast, Paula McNamara, MCC, Maura Quigley, HAC, Valerie Byrne, MCC and Fintan McLoughlin.

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

I hope that all staff enjoyed their summer break! We are fast approaching the Autumn and can already feel the nip in the air!

I would like to thank all staff that availed of unpaid leave during the summer months to facilitate theatre maintenance and the Paediatric refurbishment.

It is great to see that the West is blazing the trail reaching the All Ireland Finals both Hurling in Galway and football in Mayo. This certainly has 'lifted spirits' in these challenging times.

The refurbishment of our Paediatric Department is complete and we are delighted with the transformed unit which has provided improved accommodation and facilities for our children, parents and working environment for all our staff. I would like to thank all staff involved for their commitment and support during the refurbishment and look forward to including photos in the next edition of the Newsletter and hope to have an event to mark the occasion shortly to thank our donors who supported this refurbishment.

The NIMIS Project is progressing and currently interface testing is being carried out. We are now heading into an intensive phase as the 'Go live' date comes nearer and the implementation would not have been possible without the commitment of all staff in supporting this project alongside their current workload.

Key Performance Indicators (KPIs)

The Hospital KPI's continues to show improvements each month and I would like to thank staff for their continued commitment and support in achieving our targets. Patients on our OPD Waiting Lists >9 months has improved in July showing a reduction of 17 patients and the number now stands at 905. The establishment of an additional Dermatology Clinic is assisting with reducing the number of patients waiting. 78.5% of all patients in our Emergency Department were admitted within the 6 hours while there was an increase of 9.27% increase in ED attendances. Day case rate basket of 24 continues exceed the national target which is currently 78%.

Absenteeism figures have also improved in July with an overall rate of 3.92%.

Chris Kane
A/General Manager

Portiuncula Hospital Performance Summary – July 2012

Out-patient Waiting List

	Current	Future
Current Value	905	
Target: Out-patient waiting to be reduced to less than 9 months by December 2012.	**Trend: v Previous Month**	⇩

Overall number of patients waiting in the OPD over 9 months is 905 this has decreased by 17 patients since June. Highest contributors Dermatology at 441 has reduced by 82 patients, Orthopaedics (119) and Urology (158).

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

DNA Rate

	Current	Future
Current Value	11.73%	8%
Target: Reduce the number of patients who do not attend to 8% by December 2012.	**Trend: v Previous Month**	⇩

The DNA rate in July stands at 11.73%% this is an increase of 1.43% on June 2012. 3 specialties are below the HSE target of 10%. Efforts continue to reduce this rate further.

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

ED Waiting Times for Admission

	Current	Future
Current Value	78.58%	
Target: No patient should wait over 6 hours.	**Trend: v Previous Month**	⇧

78.58% of all patients were seen and admitted within the 6 hours. There was a 9.27% 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**	⇩

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

Rag: **Green:** ≤ 56 **Amber**: >56 **Red:** >6(

Day Case Rate Basket of 24

	Current	Future
Current Value	78%	
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 78% which exceeds the target.

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

Average Length of Stay

	Current	Future
Current Value	4.21	
Target: Achieve a target of 4.5 days.	**Trend: v Previous Month**	⇧

There has been a slight increase in the average length of stay in July 2012 by 0.37 days.

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

Day of Procedure for Elective In-patients

	Current	Future
Current Value	51%	60%
Target: To increase rate to 7% by December 2012.	**Trend: v 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% **R** <50%

Hospital Acquired MRSA

	Current	Future
Current Value	4	36
Target: To reduce the number of Hospital Acquired MRSA infections to 3 per month in 2012.	**Trend: v Previous Month**	⇩

There were 4 Hospital acquired MRSA infections for the month of July 2012. The infection control committee is 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	112	
Target: To reduce the lost bed days to less than the current monthly bed days lost.	**Trend: v Previous Month**	⇧

112 Bed days lost in the month of July - this is an increase of 54 days on June. Continued emphasis on Fair Deal processing and minimizing delayed discharges.

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

Financial Position

	Current	Future
Current Value	-23%	
Target: To deliver financial breakeven across the Group by December 2012.	**Trend: v Previous Month**	⇧

The hospital is currently showing €5.3 m adverse position vs budget ytd. 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	646.26	
Target: To operate within our allocated ceiling of 651 wtes.	**Trend: v Previous Month**	⇧

The WTE figure for July shows a slight decrease WTE's from June 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	3.92%	
Target: To reduce absenteeism rate to 3.5% by December 2012.	**Trend: v Previous Month**	⇧

The absenteeism rate for July is 2012, has decreased by .02% on July. 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

An Expanded Range of Minimally Evasive Surgical Procedures 'New equipment provides better patient outcomes'

State of the art high definition equipment has been installed in the operating theatres at Portiuncula Hospital in Ballinasloe. This equipment allows the hospital to expand the minimally invasive or laparoscopic surgical procedures available to patients in the catchment area of East Galway, Roscommon, the Midlands and Mid-West.

Mr Eddie Myers, Colorectal and General Surgeon at Portiuncula Hospital and Galway University Hospitals said, "Laparoscopic surgery brings with it many major benefits to the patient which include reduced post operative pain, increased post operative comfort, a reduced hospital stay and a quicker return to normal physical activities and to work. This equipment allows us to perform more complex surgeries in a minimal access fashion with associated patient benefits." "This equipment provides excellent visualisation of anatomical structures thereby facilitating an expanded range of minimal access for general and gastrointestinal surgical procedures for patients in our catchment area".

The new equipment allows the hospital to carry out many minimally invasive procedures to treat an extensive range of conditions such as gallbladder complaints, hernias, haemorrhoids, gastric reflux conditions, colorectal procedures and female incontinence. The new technology called laparoscopy (also known as minimally invasive surgery) allows Surgeons to perform the same procedures as in traditional open surgery, using much smaller incisions (keyhole surgery) and in some cases without a general anaesthetic.

The Productive Operating Theatre Visioning Workshop

As part of the roll-out of The Productive Operating Theatre (TPOT) the hospital held its first Visioning Workshop on 23 July 2012. This workshop involved the staff working in the theatres and also encompassed staff from across the hospital that support and work in partnership with the theatre department. In all, over 80 staff attended the workshop which resulted in the sharing of great energy and ideas from all within the room. The workshop was supported by all of the management team with the opening address given by Chris Kane. In addition, Ms. Grace Reidy Assistant Director of Nursing, Cork University Hospital and National lead support for the TPOT programme was in attendance.

This Workshop gave everyone a voice and an opportunity to discuss and explore the barriers and solutions to a 'Perfect Day in Theatre'. Feedback from the Workshop was extremely positive and staff found the day "motivating and uplifting experience". This is just the start with the ultimate goal to ensure the safety and reliability of the care to our patients, improve team performance and staff well-being and make the way we work more efficient.

This is just the start, we have started the process and the thinking, going forward we now have the foundation to build our Vision. Thanks to all staff involved and their valuable contributions and feedback.

The Catering Department - 'A Long Tradition of Good Food'

The recent publication of the article in the Sunday Independent Life magazine by Dr. Maurice Gueret on the 08 July 2012 was a great morale boost for the staff working in the Catering Department at Portiuncula. This article complimented the choice and quality of food provided by the Catering Department in Portiuncula Hospital.

This is a small insight into how our department functions on a daily basis.

Our day starts early in the morning with a choice of 13 breakfast options for our inpatients. We have always been renowned for our healthy & wholesome porridge. At lunch we have a choice of 2 starters, 4 options for main course, one of which is vegetarian and 5 dessert options on our ordinary menus. We also have a wide range of dietary menus e.g. Gluten Free, Diabetic and Low Cholesterol etc. More recently, we introduced puree menus as shaped meals for patient with swallowing difficulties. For supper we have a choice of 4 options. Each patient receives an individual menu for the day. These menus were introduced approximately 15 years ago and menus are reviewed and updated in conjunction with the Department of Nutrition & Dietetics.

In addition to catering for our inpatients we also offer an extensive variety of food in the Staff Dining Room for staff from early morning to supper menus. We pride ourselves on our home baking e.g. scones, brown bread, cakes & home made soup. If a patient is unlucky enough to be in hospital on their birthday we will always rise to the occasion in providing a cake for them. Also if a patient has any special dietary requirements we will always endeavour to facilitate their needs.

Most of the existing staff have in excess of 20-30 years of service which has generated much expertise amongst us. The long tradition of good quality food has been handed down by the FMDM Sisters who founded the hospital and gave many years of dedicated service. The Catering Team work very well together and we acknowledge that in recent years we have lost many valuable staff members through retirement.

We will continue to produce good quality food and maintain a high standard of service to ensure that all our patients are catered for during their stay in hospital for many more years to come!

SURGICAL DIRECTORATE

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

The summer is now over and thoughts turn to the opportunities facing us in the autumn but before we do, here are a few things that have happened over the last month.

The opening of 5-day beds on St Michael's ward and St Pius's ward in Galway University Hospital has ensured increased access for elective surgery patients in a number of specialties such as ENT and Urology. The success of the pilot project will lead to further 5-day beds being opened in other wards to facilitate scheduled surgery.

After refurbishment of the main corridor into the Surgical Day Ward and some restorative work in the theatres themselves, Theatres 15 and 16 reopened on the third floor of Galway University Hospital on 31 August. Breeda Cahill and her crew of theatre nurses spent several days reorganising the storage space in anticipation of the rollout of The Productive Operating Theatre, a project that will be started on the third floor complex in the next few weeks. I anticipate major transformations within the third floor operating and bed space, which I will be updating you on at a later stage.

The newest addition to the range of surgical specialties available within the main theatre complex was that of Gynaecological Oncology. Michael O'Leary, Consultant Obstetrician/ Gynaecologist, GUH started his first operating list on the 3 September and will be sharing this list with Katherine Astbury Consultant Obstetrician/Gynaecologist, GUH on alternating weeks.

Eddie Myers joined the colorectal service in Galway University Hospital with his first list on 31 August. Eddie has been working primarily out of Portiuncula Hospital and the addition of regular theatre sessions in Galway University Hospital is critical to the delivery of laparoscopic colorectal cancer services across the hospital group.

A new non-invasive treatment for kidney stones called Extracorporeal Shock Wave Lithotripsy (ESWL) commenced in Galway University Hospitals with the first patient treated on Wednesday 29 August.

Lithotripsy is a medical procedure that uses shock waves to break up stones in the kidney, bladder, or urether (tube that carries urine from your kidneys to your bladder). After the procedure, the tiny pieces of stones pass out of the body into the urine. Lithotripsy is an outpatient procedure and patients are able to return home the same day.

Ailish Mohan, Business Manager for the Surgical Directorate, was delighted to meet the first patients attending this service at Galway University Hospitals. She remarked, "This is a significant addition to the treatments available for patients attending the Galway and Roscommon University Hospital Group. Local access to Lithotripsy will have a hugely positive effect on our patients' well-being."
Mr Syed Jaffry, Consultant Urologist said, "In the first week of service we treated 11 patients who otherwise would have had to travel to Dublin for this treatment. Credit must be given to the nursing and radiology staff who have helped to bring this project to fruition."
This service will be available to patients attending the Urology Services at the Galway and Roscommon University Hospital Group.

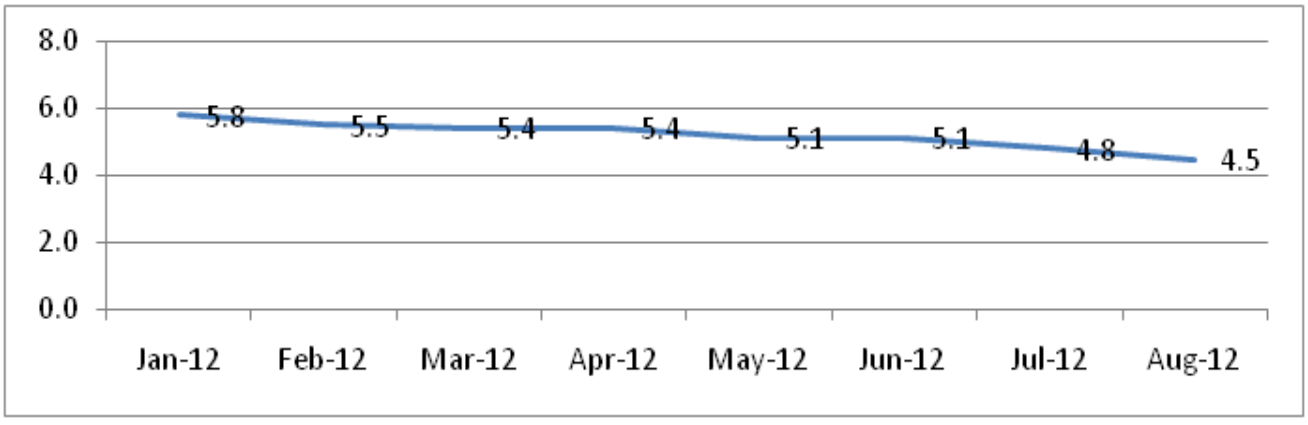
SURGICAL DIRECTORATE

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

Patrick Donohue from Abbeyknockmoy was the first patient to receive Extracorporeal Shock Wave Lithotripsy (ESWL) when the service started in Galway University Hospitals recently (Wednesday 29 August). Also photographed, from left: Mr Killian Walsh, Consultant Urologist; Clodagh Hickey, Staff Nurse; Mr Syed Jaffry, Consultant Urologist and ESWL Lead; Ann Marie Rawlings, Radiographer; Davide Vinzi, Service Engineer; and Ailish Mohan, A/Business Manager, Surgery, Galway and Roscommon University Hospital Group.

We would like to extend a warm welcome to Ms Goda Faherty in her role as Information Analyst. We look forward to working with Goda on the many projects ahead.

A stream of audits are taking place across Surgical activity which aim to review how we are performing and improve our efficiencies with the overall aim of saving on bed days and reducing surgical waiting lists. The following graph depicts the efforts being made by all specialties over the last 8 months of 2012, where an overall average decline of 1.3 day has been achieved.



Ongoing audits are planned to continue which will provide an account of the progress being made and a plan for further developments in the areas of patient journey, service value and hospital efficiencies .With regard to the future, the event at the forefront of our minds is the delivery of the Special Delivery Unit Inpatient Waiting List by September 30. Also imminent is the start of the Galway University Hospital Surgery and Anaesthesia Programme, which I will describe in detail next month after the first Executive Steering Group meeting has reviewed the governance structures and timelines, involved.

MEDICAL DIRECTORATE

Pat Nash, Clinical Director; Ann Dooley, Business Manager

The medical directorate is continuing to focus on its priorities for 2012.

1. Governance:

- Specialty leads have been identified for all 17 medical specialties and these leads will act as the lead for their specialty with the directorate and hospital management and help develop a set of Key performance indices for each specialty.
- Leads have been identified to represent Portiuncula and Roscommon on the Group medical directorate.
- The directorate spans a diverse spectrum of specialties across the 4 hospitals, as outlined below:

Acute Medicine	Endocrinology	Renal
Respiratory	Elderly Care	Rheumatology
Gastroenterology	Infectious Diseases	Cardiology
Neurology	Immunology	Palliative Care
Medical Oncology	Radiation Oncology	Haematology
Emergency Medicine	Dermatology	

- Quarterly meetings are held with each specialty grouping including the relevant ward managers, CNS's, AHPs and other relevant support staff to review relevant KPIs and priorities for the service.

2. Implementation of the Acute Medicine Programme:

- This remains central to the directorate. We have made significant progress over the last 18 months with the consolidation of all acute medical care on the UHG site, the development of a 24/7 AMU and a 32 bedded Short-Stay Unit (SSU) and specialty cohorted wards. Patient flow has improved and our first review of activity and patient flow has been very positive:

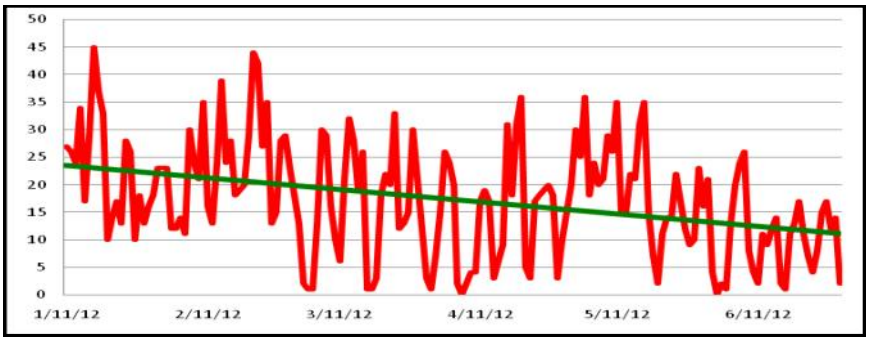
	Target	Jan-Jun 2011	Jan-Jun 2012
% where a decision to Admit/Discharge is made within 6 hours in the AMU	> 90%	n/a	93%
% of discharges with-in 24hours	25%	14%	18%
Additional % dis-charged within 48hours	31%	22%	30%
Average Length of stay for those staying > 48hours	10	12	11
% staying > 14 days	11%	14%	11.5%
30 Day Readmission Rate		19%	13%

MEDICAL DIRECTORATE

Pat Nash, Clinical Director; Ann Dooley, Business Manager

3. Trolley Waits in ED

This remains at the core of what we are working at each day. Our target is to have no patients waiting in the ED and not to need to implement the full capacity protocol. Significant progress has been made over the last 9 months but our objective remains focused on having no patients waiting. Patient flow on the haematology/oncology wards is a key area that we are focusing on to ensure that we can accommodate all acute patients to this service whilst being able to maintain timely access for inpatient scheduled treatment. We recently had a very successful visit from Ms Lis Nixon, Lead for unscheduled care in the Special Delivery Unit and are looking at getting additional funding to support specific developments to maintain and improve patient flow and our trolley waits.



4. Implementation of National Clinical Programmes:

We are continuing to engage with all the relevant clinical programmes and have a number of visits from national groups in the coming weeks:

- Acute Coronary Syndromes/PCI 24/09/2012
- Emergency medicine 24/09/2012
- Acute Medicine 26/09/2012

5. Development of Endoscopy Services:

We had a very successful site visit by Ms Debbie Johnson from the JAG (Joint Advisory Group on GI Endoscopy) on August 31. This is the quality accreditation body for endoscopy services in the UK and Ireland and we are working towards getting accreditation by year end. This would be a significant endorsement of the quality of the endoscopy services that we provide.

6. Focus on Inpatient and Outpatient waiting lists

The medical directorate will achieve the inpatient waiting list targets for inpatient/daycase procedures and endoscopy by the end of September with no patients waiting more than 9 months for inpatient/daycase procedures and no patients waiting more than 13 weeks for an endoscopy.

We are now focusing on addressing patients waiting for OPD appointments as part of the hospitals strategic group and also with each individual specialty.

Therefore, a lot of progress but more to do!

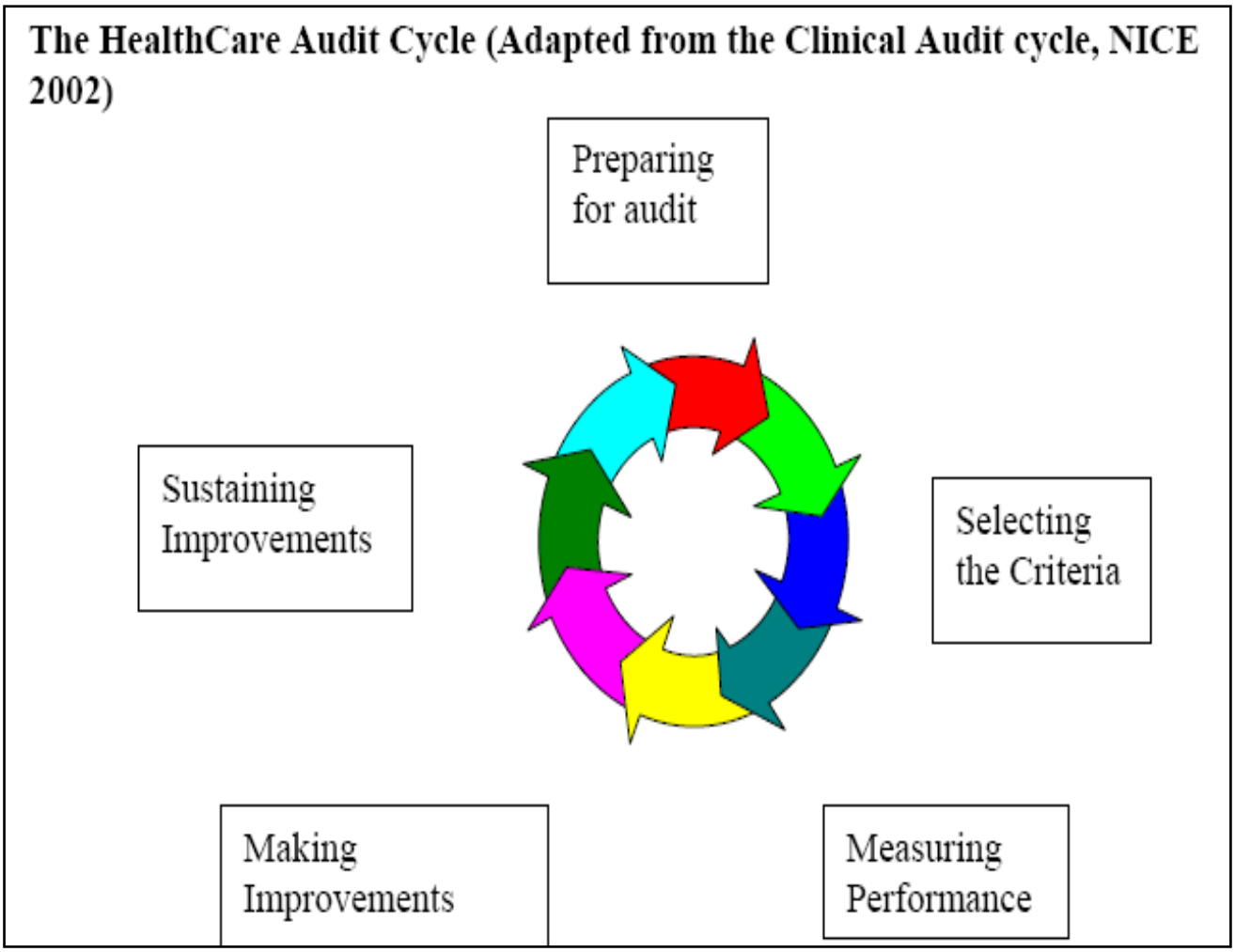
MEDICAL DIRECTORATE

Pat Nash, Clinical Director; Ann Dooley, Business Manager

'Clinical Audit is the comparison of actual practice against agreed, documented, evidence based standards with the intention of improving patient care'. (M. Ferris 2002).

As we head into a new academic year it is a perfect time to outline the new proposed clinical audit structure for the Hospital Group. The aims of having a comprehensive clinical audit programme are to:

- Embed clinical audit within corporate clinical governance structure of the hospitals (audit culture);
- Identify and agree important audits to be undertaken;
- Improve KPIs;
- Promote Multi-disciplinary Audit;
- Develop responsive links with CQI/ QSR;
- Promote Involvement of primary care;
- Facilitate junior doctors and Consultants to fulfil training requirements / competency; and
- Ensure recommendations are implemented / re-audit spiral.



MEDICAL DIRECTORATE

Pat Nash, Clinical Director; Ann Dooley, Business Manager

Directorate Audit

- Each Directorate will nominate an Audit Lead who will sit on the Clinical Audit Committee.
- Clinicians / Specialist nurses in Portiuncula and Roscommon Hospitals will liase with Relevant directorate.
- Each Directorate will meet annually to determine which 2 key audits will be performed in the forthcoming year.
- The focus should be on common clinical themes, KPIs, clinical adverse events & multi-disciplinary audit.

Specialty Audit: *Applicable to all medical and surgical specialties*

- Each medical and surgical specialty will nominate an Audit Lead.
- Clinicians / Specialist nurses in Portiuncula and Roscommon Hospitals will liaise with relevant speciality.
- Each specialty will meet annually to determine which 2 key audits will be performed in the forthcoming year.
- The focus should be on high volume clinical conditions, KPIs, clinical adverse events and multi-disciplinary audit.

Audit Presentation Days

- To become very important meetings in the Hospital calendar.
- Two half days a year – (clinics / lists cancelled).
- Attended by management, clinical staff and invitation to primary care.
- Each Directorate to present at least 1 audit per meeting.
- Each Speciality to present at least once a year.
- Constructive Debate
- Significant Award / Recognition for best 3 annual audits contributing most to patient care.
- CME accreditation for Consultants, GPs.
-

For more information on Clinical Audit please contact robert.rutherford@hse.ie or carmel.higgins@hse.ie.

For audit submissions please contact caroline.kearns@hse.ie.

MEDICAL DIRECTORATE

Pat Nash, Clinical Director; Ann Dooley, Business Manager

JAG ACCREDITATION ENDOSCOPY SERVICES

Endoscopy Services University Hospital Galway – Endoscopy Unit & Surgical Day Ward

Background:

Following a pre-assessment site visit by Debbie Johnston JAG Accreditation UK on Friday 31 August, 2012 Galway and Roscommon University Hospital Group are applying for accreditation of Endoscopy Services. The Clinical Lead for GUH is Dr Ramona McLoughlin with Ann Dooley as Project Lead.

Main Actions:

- Review our Standard Operating Policy
- Review Decontamination Policy reflecting new centralised decontamination unit
- Review Referral Process
- Review Patient Correspondence
- Repeat our Patient Survey
- Repeat our Audits

Achievements to date:

- Opened second Endoscopy Room May 2012 – increase in activity from 70 to 120 procedures per week.
- From July 2012 suitable direct GP referrals transferred to Roscommon Hospital.
- Medical and Surgical Endoscopy on course to reach 13 week SDU target for GI Scopes by end September.
- The centralised decontamination unit will open shortly and allow endoscopy to meet HSE decontamination standards.

ENDOSCOPY USERS GROUP MEMBERS:

Dr. Ramona McLoughlin	Mr. Chris Collins
Dr. John Lee	Ms. Jean Kelly
Dr. Valarie Byrnes	Ms. Julie Nohilly
Prof. Laurence Egan	Ms. Gretta Greaney
Mr. Myles Joyce	Ms. Ita Wiggins
Prof. Oliver McAnena	Ms. Maura Lenihan
Mr. Denis Quill	Ms. Ann Dooley
Mr. Donal Courtney	Ms. Ailish Mohan
Mr. Mark Regan	Ms. Marie Dempsey
Prof. Michael Kerin	Ms. Pauline Roche
Mr. Karl Sweeney	Ms. Sheenagh McLaverty
Mr. Ray McLaughlin	Mr. Sean Reilly
Ms. Carmel Malone	

GUIDELINES:

The following guidelines have been updated and will be laminated and placed in endoscopy rooms.

- Guidelines relating to Anticoagulant and Antiplatelet Theapy.
- Guidelines for Antibiotic Prophylaxis.
- Barretts Oesphagus Surveillance.
- Surveillance following Adenoma Removal.
- Colitis Surveillance.
- QA Guidelines for Endoscopy Reports.

All updated on Q Pulse System.

KEY DATES: Site visit Roscommon Hospital to be arranged. Assessment GUH 27 & 28 November.

RADIOLOGY DIRECTORATE

Ray McLoughlin, Clinical Director; Mary Murphy, Business Manager

Radiology Staffing:

The Radiology Directorate Team would like to acknowledge and express our thanks for the good work being done by staff in all the Radiology Departments while working under very challenging HR constraints. We are very aware that the summer months created increased pressure in many areas due to annual leave. This remains one of our greatest challenges going forward.

The Directorate would like to acknowledge the support and efforts of senior management in seeking exemptions in face of the current HR embargo.

Waiting list initiative:

The Radiology Directorate recently introduced an initiative to address the CT waiting list/wait time. The initiative was a planned pilot project to transfer CT requests on a suitably identified cohort of patients to the CT department in Roscommon County Hospital. The Roscommon PACs going live was a key element to the success of this initiative. We are happy to announce this was very successful and to date we have transferred over 100 CT scan requests. It is now planned to roll out a sustained initiative in September. We would like to acknowledge and express our sincere gratitude to the staff involved in RCH and GUH who helped achieve progress in this initiative to date. The Radiology Directorate were pleased to learn that a sonographer has been sanctioned for RCH to allow a similar initiative for ultrasound waiting lists across the group.

RIS/PACS:

July and August have been extremely busy months for the RIS/PACS teams at GRUH. Following on from the training programme for the July intake of NCHDs, the long-awaited PACS Upgrade to Impax 6.5 was rolled out in radiology departments across GUH. The roll-out began during Race Week following months of system configuration and training. The upgrade, part of the RIS/PACS Managed Service contract, provided new diagnostic workstations throughout radiology together with replacement of associated servers and software. GUH are now operating the most recent version of the Agfa RIS/ PACS system. The upgrade has some exiting new technology together with noted Improvements in the standard of Voice Recognition. We are still at the bedding-in stage of the implementation, trying to iron out some upgrade issues. It is proposed that the system will be rolled out to the remainder of the enterprise before the end of September 2012.

We are also happy to report that Roscommon Hospital was added to the RIS/PACS system with a go-live date of 2 August 2012. The addition of Roscommon to the existing system will have many benefits in that clinicians will be able to view images and reports of patients across these sites regardless of where the radiology study was performed. While Roscommon had an existing stand-alone PACS, the addition of an integrated RIS with a new PACS has meant many changes in the workflow. Staff in Roscommon must be commended for their enthusiasm and hard work during this changeover. There are now five radiology departments feeding the RIS/PACS system i.e. UHG, MPUH, Roscommon, Clifden and MPIC.

RADIOLOGY DIRECTORATE

Ray McLoughlin, Clinical Director; Mary Murphy, Business Manager

We can also look forward to the introduction of the NIMIS RIS/PACS to Portiuncula which is planned for November 2012. This of course will further enhance the radiology service to the patients and staff of GRUH. There are many challenges ahead but the dedication of the staff to provide an efficient service to the patients of GRUH will no doubt help to overcome these challenges. Credit is due to all who worked so hard on the above projects.

Interventional Radiology:

In the recent weeks Interventional Radiology at GUH introduced a new booking system. This change means that all Central Venous Access Catheter (CVC) placements in radiology can now be booked directly with the interventional radiology administrative staff without the need for discussion with a radiologist. The NCHD discusses the request with the clerical officer in Interventional Radiology scheduling who books the patient into the next available slot. This initiative was introduced to increase the efficiency of and facilitate accessibility to our interventional radiology service.

Initial feedback for this initiative is positive, but we note that for the month of August 2012, 23% of patients scheduled for an interventional procedure did not have the procedure as planned, and this was most commonly due to postponement or cancellation *by the referring team on the day* of the proposed procedure. Such a high number of cancellations at short notice obviously impacts on the efficiency of the service we strive to provide, and we would ask all referring teams to be mindful of this and give us as much advance notice as possible of any cancellations. The Radiology Interventional Service at Merlin Park University Hospital has been temporarily suspended in the recent weeks. This suspension is as a result of equipment which was on loan being returned. We appreciate the adverse effect on outpatient Interventional Radiology services, and we are endeavouring to re-establish this service as soon as possible.

Radiology Training and Education:

Three radiographers commence advanced training courses this month. Two in mammography (GUH) and one in CT (GUH). This complements the 4 radiographers already involved in such training (two in MRI (GUH, PHB), and two in Ultrasound (GUH, PHB). We wish all every success in their studies!

In the recent weeks we said goodbye to two of our Specialist Registrars Dr. Triona Walshe and Dr. Olivia Carney. We wish them every success in their future endeavours. The Directorate would like to take this opportunity to welcome on to Specialist Registrar training programme Dr. Jeeban Das and Dr. Barry Hutchinson. Welcome also to Dr. John Gaffney, Radiology Intern.

Good News:

The Directorate is please to advise that the backlog of Unreported Plain Films has now been cleared. We would like to express our thanks to the Locum Radiologist who worked diligently to achieve this.
Several of our KPIs are improving across the Group and we have reached the target in certain areas. Endeavouring to achieve our KPI targets still remains challenging this year.

WOMEN'S AND CHILDREN'S DIRECTORATE

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

Traveller Midwifery and Gynae Working Group

The Traveller, Midwifery and Gynae Working Group meets quarterly at the Maternity Department UHG. The group has been meeting for over eight years. It is a partnership between staff at UHG Maternity and Gynae Departments, Public Health Nursing in the Community and staff from Traveller Peer-Led Primary Healthcare Programmes from Western Traveller and Intercultural Development Tuam and Galway Traveller Movement. The group acts as a forum to discuss any issues which arise for Traveller women using the service and plan how best to support Traveller women through their journey while in the Maternity and Gynae Departments. The group is always mindful of the findings from the All Ireland Traveller Health Study 2010 which reported that the infant mortality rate for Travellers is 3.5 times greater than the rate of the general population (4 infant deaths per 1,000 in the national population compared to 14 infant deaths per 1,000 in the Traveller population). Through collaboration and open dialogue between these service providers many positive outcomes in the provision of health care to Traveller women have been achieved. These include: the uptake of the Beutler Test and the efficiency in which Traveller parents and PHNs get the test result back; dissemination of information to Traveller women such as the importance of staying for the full Booking Visit, why accessing antenatal care is so essential for the mother and baby, Vitamin D for babies, the benefits of breast feeding and why some mothers require the OGTT. This group has also coordinated two very well received community outreach information sessions delivered by midwifes and gynae staff to Traveller women in Ballybane and Westside in 2012.

(l to r) Mary Lane CMM 2 UHG, Angela McDonagh- CHW GTM, Una Carr- A/DONM, Noreen Goonan- Assiant Director of Public Health Nursing, Caroline Canny- Health Coordinator WTID, Grace Gallagher- Health Coordinator GTM, Carmel Connolly- CMM 2 UHG and Kate Ward- CHW GTM.

WOMEN'S AND CHILDREN'S DIRECTORATE

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

I.S. EN ISO 9001:2008 Recertification by National Standards Authority of Ireland ((NSAI)

On Thursday 06 September the Department of Obstetrics and Gynaecology was awarded **I.S. EN ISO 9001:2008** recertification. This followed a one day audit by an auditor from NSAI. of the Obstetrics & Gynaecology Department's Quality Management system
The Obstetrics & Gynaecology Department was awarded ISO 9002:1994 certification initially in 1996 and has continually maintained this certification for the past sixteen years. This is due to the commitment, and support of the all the staff in the department. Their dedication to the Quality Management system and improvements in the service to our patients has ensured compliance to the ISO standard requirements.

Audit Methodology:
The method of assessment used was to sample the organisation's activities in order to assess these for conformance with:

⇒ the effective interaction between all elements of the system;
⇒ the overall effectiveness of the system in its entirety;
⇒ demonstration of the commitment to maintain the effectiveness of the system.

Because the assessment is based on a sample of the organisation's activities, the findings reported do not purport to include all issues within the system. The audit was conducted on site using methodology including document review, interviews with management and operational staff, observation of processes and surroundings and comparison with the requirements of the stated standard(s).

Audit Conclusion:
The recommendation of the NSAI Lead Auditor is that Obstetrics & Gynaecology Department University Hospital Galway continues to be registered to I.S. EN ISO 9001:2008.

Particular note is made of Areas of Strength:

⇒ The strong commitment evident from staff and the management team to the provision of a high standard of care and service.
⇒ The high level of interest and involvement at ward level towards using QMS to drive continual improvement.
⇒ Ongoing review and improvement of clinical and quality guidelines and procedures.
⇒ Positive patient feedback and high rating on comment cards.

WOMEN'S AND CHILDREN'S DIRECTORATE

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

Continuous Improvement Activities and Status were noted as follows:

⇒ A major refurbishment of Neonatal Department completed.
⇒ New Management structure within the Hospital Group which includes a new Chief Operations.
⇒ Manager for the hospital.
⇒ A completed upgrade of the Gynecology ward.
⇒ Recertification as a Baby Friendly Hospital.

From left to right: Ms Gemma Manning, Obstetric & Gynaecology Quality Coordinator , Ms Una Carr, A/DONM, Mr Tony Canavan, COO, Ms Bernie O'Malley, Business Manager, Ms Margaret Coohill, Midwifery Practice Development Co-Ordinator and Ms Siun Ensko, Lead Auditor National Standards Authority of Ireland.

WOMEN'S AND CHILDREN'S DIRECTORATE

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

Neonatal Intensive Care Unit – 12 months MRSA free

The Neonatal Intensive Care Unit (formerly known as PBU – but renamed with the new redevelopment) has some great news which we wanted to share with the rest of the staff at GUH and the Hospital Group.

It has been 12 months since the last MRSA positive swab was yielded in the neonatal unit and this is a significant and huge achievement and one which the unit takes great pride in. MRSA cases are very difficult to manage in a hospital due to the logistical problems involving patient isolation and staffing and this is even more so for a unit with extremely premature infants.

2011 saw the redevelopment and the refurbishment of the old neonatal unit which commenced in April. It was a long project in the planning and in the execution but was completed by December last. The neonatal unit moved back from its temporary home on St. Monica's ward to the new and upgraded neonatal unit the first week of December.

There are a number of reasons for the absence of MRSA. Firstly, the current neonatal unit is bigger and more spacious than before, allowing more space around the individual incubators and cots as per the British Perinatal Guideline recommendations. More space helps prevent cross contamination between equipment and cots, reducing infection rates and reducing neonatal morbidity. The new neonatal unit is indeed amazing in comparison to previous facilities and can compare with any neonatal unit both on a local and international level. Probably the most important reason is the ongoing and continued adherence to the hand washing and strict hand hygiene as practiced by the medical, nursing staff and visitors to the Unit. This is probably the easiest practice to help prevent the spread of infection, but the hardest to practice continuously.

There are several people to thank in helping to contribute to this significant achievement: the people involved in the development of the neonatal unit from an architectural, structural and building perspective. The support of the Gynaecology staff and the staff of St Rita's Ward was greatly appreciated as they moved location temporarily to allow the Gynaecology ward to be used to accommodate the Neonatal service while the work was ongoing. Thank you to the microbiology and infection control teams for their ongoing support, advice and help, particularly in the last 12 – 18 months with the new move and re-integration back into the new unit. Thanks also goes to ISS and nursing support staff.

Finally, thank you goes to the nursing staff on the neonatal unit for their ongoing determination in trying to keep the unit free of MRSA with adherence to hand hygiene and good clinical practice.

Long may it continue!

Dr. Ethel Ryan & Dr. Donough O'Donovan
Consultant Neonatologists & Paediatricians, GUH

WOMEN'S AND CHILDREN'S DIRECTORATE

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

GUH staff marking 12 months MRSA free in the Neonatal Intensive Care Unit.

Debbie Draper, Staff Nurse in the Neonatal Intensive Care Unit with Josh and Levi - two extremely low birth weight premature babies, now two thriving toddlers.

THEATRE ANAESTHETICS AND CRITICAL CARE DIRECTORATE (TACC)

Paul Naughton, Clinical Director; Marie Dempsey, Business Manager

The Productive Operating Theatre
Plans for the roll out of this programme have commenced with the establishment of a steering group. Visioning day is in the planning stages.

In line with directorate priorities and SDU delivery, planning for the re-commissioning of theatres 15 and 16 on the third floor of GUH commenced in early august. We are delighted to announce that these theatres have re-opened. This took an enormous amount of dedicated work by a team of numerous theatre staff. The theatres are state of the art, and have opened to accommodate breast surgery; in addition, in the initial stage will allow for an increase in SDU work to be performed. The third floor theatres will be used as showcase theatres for ***The Productive Operating Theatre*** programme which is to be rolled out over the next couple of months, as part of a new National Clinical Programme – The Elective Surgery and Anaesthesia Programme. This brings to a total of 18 theatre suites and one surgical Endoscopy room making us one of the busiest theatre complexes in the country. We would like to acknowledge the hard work & support of all involved in the re-commissioning of these theatres.

Critical Care – Nursing Update
The national Critical Care programme has taken its first steps in the roll out at GUH. We have successfully recruited 1.5 wte's for Audit. These staff nurses will be collecting data from the Hospital group for the Intensive Care National Audit and Research Centre with a view to creating a bed bureau. This data collection will also drive ongoing improvements in the quality of care and will help to develop a transparent and objective process for resource allocation and service planning. We are planning to add some software to our CIS to facilitate this data collection.

Our Lady's Hospital for Sick Children is facilitating one of our senior staff nurses on their Foundation programme. The staff member will have 12 academic days in the school of nursing. We are determined to develop our Paediatric Intensive Care skills as our paediatric admission rate is approximately 60 per annum. We are very grateful to Colette Cowan for supporting us in this endeavour.

The Post Graduate Diploma in Critical Care course has commenced again. We wish our 7 students who are quite senior in the Department the best of luck. It is important for us to have Continuous Professional Development even during this challenging era to uphold our quality care.

We are in the privileged position to receive some funding from NUIG for teaching done during the year. As a result we will be sending 2 S/Ns to the British Association of Critical Care conference later in the year.

THEATRE ANAESTHETICS AND CRITICAL CARE DIRECTORATE (TACC)

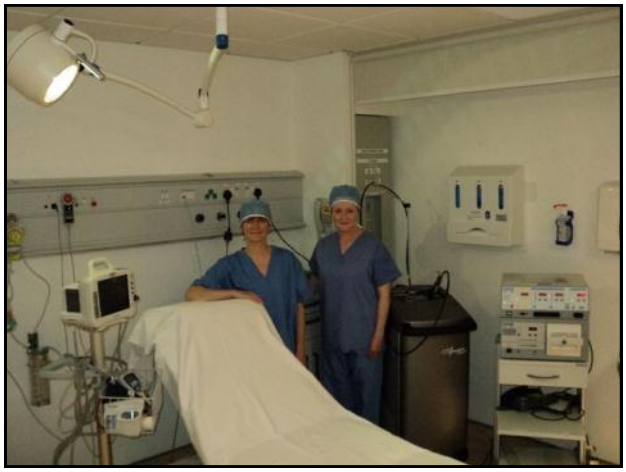
Paul Naughton, Clinical Director; Marie Dempsey, Business Manager

Minor Plastics Procedure room – Burns Unit

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.

Since commencement in June this unit has treated 300 minor plastics procedures to end of august 2012. It is located on the 3rd floor of the main hospital complex. This new facility is staffed by 1 Staff Nurse, with support from a Health Care Assistant and a Ward Clerk on a shared basis, who work alongside all four Plastic Surgery Consultants.

This service has proved to be an invaluable asset in helping to reduce in patient waiting lists. We would like to take this opportunity to thank all those who contributed to the development of the unit. We all look forward to its continued success.



Picture includes: Ms Clodagh Hickey - Staff Nurse in charge & Ward Clerk Ms Sarah Reene - Preparing area to receive a patient.

Resuscitation/Advanced Cardiac life support

The resuscitation team continue to develop the paediatric & adult advance life support course to staff at GUH. This is a Quality assurance initiative developed by the resuscitation team, regular courses are run to ensure continuous up skilling of staff.

Advanced training also includes simulated Emergency calls for the teams as follows:

The Emergency call number (2222) is activated, Paediatric or Adult call is indicated and they must simulate the scenario they are given.

The team does not have prior notice of these calls.

CLINICAL PROGRAMMES

Since the last edition, we have had more group visits from the National Clinical Programme Office including a very recent Obstetric and Gynaecology meeting in Portiuncula Hospital. Many thanks to Michael Brassil and the team for their excellent hospitality. September is promising to be a very busy month with National teams due from the Acute Coronary Syndrome Programme, The Emergency Medicine Programme and the Acute Medicine Programme.

Early Supported Discharge

As mentioned in the last edition, as part of the Stroke programme, we have now commenced an Early Supported Discharge (ESD) pilot scheme. This pilot allows patients to receive specialist rehabilitation and social support in their own home which is comparable to the in-patient stroke unit. Initial indications from patients currently on the scheme are hugely positive. Well done to the entire implementation group who got this pilot off the ground!

The team supporting the new pilot Rehabilitation Programme at Galway University Hospitals from left: Adrienne Newell, Senior Medical Social Worker; Ciara Breen, Senior Occupational Therapist; Cathelijne Donders-Seoige, Senior Speech and Language Therapist; Trish Galvin, Clinical Nurse Specialist Stroke; and Sinead Moynihan, Senior Physiotherapist.

COPD

As you are aware the COPD outreach team is now in place, and we have rolled out this Clinical Programme. This service allows patients with COPD to go home and be followed up at home regularly by the outreach team, which is made up of a COPD Clinical Nurse Specialist and/or a Specialist Respiratory Physiotherapist.

From l to r: Dr. Bob Rutherford, Consultant Respiratory Consultant Marie Burns 'COPD Clinical Nurse Specialist and Sheila Burns Senior Physiotherapist.

Epilepsy

Now that we have our compliment of CNS's for this programme, training and development has commenced. As part of this, we are working closely with the pilot team from Beaumont Hospital to be the second hospital in the country to introduce a secure web based Electronic Patient Record. This electronic epilepsy information system, fully supports epilepsy care, by allowing designated health professionals rapid access to key medical patient information, without having to access the paper record.

Jenny Mannion
Project Manager
Clinical Care Programmes

ESTATES UPDATE GUH

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

Radiation Oncology Project Enabling Works
The planning application for the enabling works of replacement car parking is currently with City Council.

Nurses Home
Work is ongoing in the Nurses home on the reallocation of accommodation and the Library and clinical skills room have now relocated to their new locations. Further relocations will take place over the next three weeks.

Unit 2 MPUH
Work is ongoing on the reconfiguration and refurbishment of Unit 2 and is expected to be completed by end of October, 2012. This involves the 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.

ESTATES UPDATE GUH

Central Scope Decontamination Unit
Work is ongoing on the completion and commissioning of the Central Scope Unit . It is anticipated to have partial handover in Mid October 2012. Validation of newly installed equipment is in progress and the operational group are currently planning the phased transfer of equipment from existing local decontamination units.

Fire Safety
Work is ongoing on the replacement of an existing fire alarm system in the Main Hospital Block , UHG . At this point the system has been replaced on the 5th Floor wards but is not connected to central panel as yet. The system on 5th floor will be a stand alone system for a period of time for this floor only. The project is scheduled to take 9 months to complete with the majority of the building work being completed in the initial 3-4.

Ventilation System 5th Floor
Work commenced on 12 August, 2012 on the validation of the ventilation system on 5th Floor wards St Josephs & St Patricks Wards and was completed on 10 September, 2012.

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.

ESTATES UPDATE GUH
Michelle O'Dowd
Waste Co - Ordinator

'Bio-Systems' centres on the use of re-usable sharps containers for the disposal of contaminated risk waste. Each re-usable container can be used 600 times versus single use containers that are currently in place. This creates an opportunity for cost savings and is a more environmentally sustainable method for sharp waste management.

A pilot of 'Bio-Systems' commenced on the UHG site on 03 September 2012. The pilot will run for a period of three months. At this point findings from the pilot will be reviewed, feedback from staff evaluated and the potential for cost savings and other benefits investigated. A decision will then be made regarding full roll-out across the site.
The 'Bio-Systems' pilot is now in place at the following locations:-

- St Gerards Ward
- St Annes Ward
- St Endas Ward
- St Anthonys Ward
- Phlebotomy Outpatients
- Phlebotomy Maternity
- Emergency Department

What waste can I dispose of in the Bio Systems containers?
All the infectious waste that was previously placed in the yellow rigid boxes and sharps containers.

What waste can I not dispose of in the Bio Systems containers?
Cytotoxic waste, pharmaceutical waste, heavy metal waste, chemical waste.

Also 2.5 litres sharp boxes and associated tray kits for disposing a sharp at the patient bedside will **not** be replaced by the Bio System. These will remain within the system.

Do I need to sign the containers on opening and closing?
No. Do not write on the containers. Do not tag the containers. A service technician will undertake this duty.

Who do I call if a container is full?
A service technician will be available on a daily basis and a small contingency stock will be available on site.

Do I need to assemble the container and place absorbency material inside?
No. Containers will arrive to the hospital pre assembled and absorbency material fitted.

Are the containers disinfected?
Yes. Containers are disinfected to a validated standard.

END OF LIFE CARE COMMITTEE

The need to recognise the death of Patients in Galway University Hospitals has always been recognised by Staff. The formal response has been developed in recent years by means of an annual Ecumenical Memorial Service. The 3rd service is currently being planned for October 6 2012 at 2.30pm in the Staff Canteen, Nurses Home, UHG.

The response from families who have attended the previous services has been very positive. It is a great comfort to bereaved families to know that staff who cared for their deceased relatives have not forgotten them. It is of course an opportunity for them to meet with the staff and acknowledge the care and kindness shown to them as well as their deceased relatives during their time at GUH.

Death is on of the most momentous occasions in family life and this service offers families the opportunity for closure with the hospital services. It also provides an opportunity for staff having provided the care to reflect and bring closure to their care of the deceased and their families.

Families are being invited to attend the service through the media. Contact is being made with both the local and the bordering counties papers & radio. Notice of the service will be advertised through the Church of Ireland, Galway Islamic Culture Centre as well as through the Diocesan Offices. We would like to hear from families who are interested in attending so that we can have an idea of numbers for refreshments.

In such a large organisation it is understandable that many staff members also experience the death of a loved one in their area of work. We ask those of you who have been bereaved to consider attending and to let your extended family know about the service as they may wish to attend also. We are also looking for staff to represent individual areas for the candle lighting service and to help generally on the day.
If you are interested & feel that you would be able to help, please contact one of the committee members below:-

Thank you.

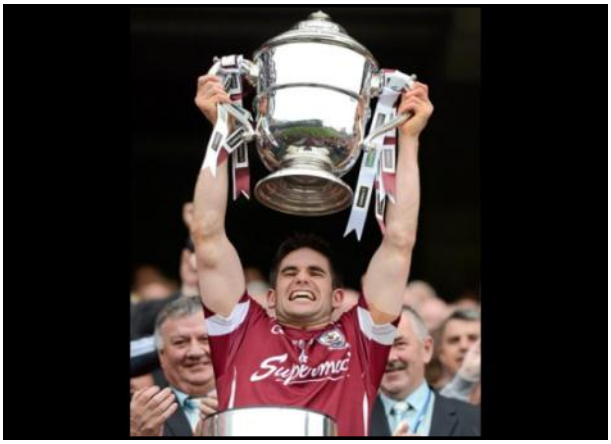
Sheila Gardiner, CPC & Chairperson End of Life Care Committee Bleep 984
Siobhan Coughlan, S/N St. Joseph's Ward, Ext. 4430/4440
Fr. David Cribbin/Fr. Peter Joyce, Hospital Chaplain's Bleep 101
Olive Galllagher, Irish Cancer Daffodil Centre Ext. 3489
Helena Hanrahan, CNM3, ED Ext. 4630
Adrienne Newell, Medical Social Worker, GUH Ext. 2304
Anne McKeown, Bereavement Liaison Officer Ext. 4823 or Bleep 615

My Crooked Field by Gary Robinson
'An exhibition of work by Longford-based artist Gary Robinson was officially opened by Tom Kenny, on the Arts Corridor, University Hospital Galway for Culture Night on Friday September 21. This was followed by a short artist talk. Gary spoke about his practice and discussed the work on display. The show "My Crooked Field" will continue to run until October 30.

All Ireland Poetry Day
In celebration of All Ireland Poetry Day Galway University Hospitals Arts Trust in partnership with nine other hospitals and healthcare facilities across the country will present A Menu of Poems a short anthology of poetry on meal trays to patients on Thursday morning October 4. The series of poems was compiled by poet Mae Leonard and features poems by Tony Curtis, Noel King and others. Poems will also be circulated in outpatient departments, restaurants, coffee shops and tearooms in GUH. If anyone would like to volunteer to circulate the menu with-in their department please contact the Arts Office.

Staff Reminder – Art@work - Tenth Anniversary
The annual staff exhibition is just around the corner. The exhibition will be launched on December 19 on the Arts Corridor. All budding artists are invited to submit up to two artworks for this year's Annual Staff Art Exhibition. We want to encourage everyone who has exhibited over the past ten years to exhibit this year and make it the biggest, brightest and best exhibition yet. New participants welcome. Closing date for submitting artworks is Monday December 10. This exhibition is open to everyone all; GUH staff, PCCC, Psychiatry, ISS, Aramark and all contract staff.

BEST OF LUCK TO FERGAL MOORE, SENIOR PHYSIOTHERAPIST GUH, WHO CAPTAINS GALWAY IN THE ALL IRELAND SENIOR HURLING FINAL REPLAY AGAINST KILKENNY THIS SUNDAY.



GUH "Babes on Bikes" finish in the top 20 National Cycle Challenge

Staff members from the GUH Social Work Dept and the Teen Parents Programme finished in the top 20 of the national cycle challenge event held in June. Over 760 people from 58 work places on the island of Ireland clocked up over 13,500 trips by bike in just three weeks in June, as part of the cross-border '10 Minute Cycle Challenge'. The event encouraged both new and regular cyclists to get pedaling as part of a fun, team event. The Challenge was run by the National Transport Authority in partnership with Travelwise Northern Ireland.

Pictured are, from left: Laura McHugh, Health Promotion Officer, Mary McMahon, Senior Paediatric Social Worker, Sheila Lawlor, Principal Social Worker, Elaine Murray, Medical Social Worker, Aileen Davies, TPP Manager Imelda Ryan,TPP Project Worker, Maura Lardner, Oncology Social Worker. Missing from photograph: Maeve Tonge, Maternity Social Worker.

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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Fergus Hannon, Portiuncula Hospital Ballinasloe:
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Mary Crowley, Roscommon Hospital:
maryf.crowley@hse.ie

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 7: 22 October
Issue 8: 03 December

Thank you for your contributions to issue 6 and we look forward to reading your submissions for issue 7.