

4 in 1 NEWS



Issue 9
February 2013

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

We are only one month into the New Year and already there is so much to report as you will see in the updates on the following pages.

As we move into the second year of the “Group” there will be many developments finally coming to fruition and I will keep you updated as the year progresses. We will be confirming the appointment of the non-Executive Directors for the Group in the coming weeks – I know that this is something that our Chair, Noel Daly, has been very keen to progress and Noel will have further details in our next newsletter. This is a very important development for the Group and will further reinforce our governance arrangements. Also, it will mean that we can start to hold full board meetings and as a number of the meetings will be held in public we will be able to demonstrate our accountability to our patients and the public.

It is likely that between this update and the next newsletter, the report by Prof John Higgins, Chair of the Hospital Group Strategic Board on the composition and number of new hospital groups, will be published. This report will provide clarification on the transition of the Group to “Trust” status and also any potential changes to the Group membership. I will keep you updated on all these important developments also.

We are currently finalising our service plan for 2013 - this has been a significant piece of work led by Maurice Power who has further details in his update. We are hoping that we will be able to receive a better allocation this year that more accurately reflects the true costs of delivering services in the hospital sector and while we will still be facing a challenging cost containment plan, it will be more realistic and we will be in a better position to maintain the level of service required by our patients.

Just two more items to mention and both in a way related to a visit by Dr Susan O’Reilly, Director of the National Cancer Control Programme to UHG on Monday 28 January.

In addition to attending our Cancer Strategy meeting, Dr O’Reilly officially launched the National Prostate Brachytherapy Service which was led out by Prof Frank Sullivan who has been providing this treatment for prostate cancer for patients in the West and further afield since 2007. Last year Prof Sullivan was appointed as the lead clinician to roll out the National Prostate Brachytherapy service to two other designated cancer centres where the treatment is now available to patients: St Luke’s Hospital in Dublin and Cork University Hospital. It was entirely fitting that the role of GUH in the development of a national programme was marked by holding the launch here and I would like to extend my congratulations to Prof Sullivan and all the team. At the launch I had an opportunity to meet a former patient of Prof Sullivan’s who shared his experience of his diagnosis and treatment and who impressed all present with his eloquence and appreciation for everyone who was involved in his care. My thanks to Peter Keane who travelled from Ballina to the launch and reminded us all of why our work here is so important.

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

The second NCCP related piece of news is that we are making progress with the plans for the new radiation oncology facilities at GUH as part of the National Plan for Radiation Oncology (NPRO). This is a project that Ann Cosgrove has been updating you on regularly in the Estates news and I'm delighted that the final piece of the jigsaw is falling into place with the granting of planning permission for a replacement car park at UHG. This will allow us to relocate the Acute Mental Health Unit which in turn will provide the site for the new NPRO building.

I have no doubt that this year we will face many challenges but we did so last year and we met them. We have achieved so much as a Group in the first year - we have put corporate and clinical governance arrangements in place, we have developed the Clinical Director structure and support mechanisms and introduced a performance management framework for each hospital, directorate and department and we met the SDU inpatient waiting list targets.

We have the structures in place that will allow us to grow and adapt to the needs of our patients. Our priority this year has to be to improve access to services for patients coming through the EDs, to meet the shorter inpatient waiting list targets set by the SDU and to meet the outpatient waiting list targets, which will be challenging. While we have to run the business end of the organisation like a company, if our focus is at all times on the patient and ensuring that as many services as possible are provided locally while also making sure that specialised care is provided in the most appropriate location, then we know we are on the right track.

Looking forward to the next 12 months and updating you on our progress.

Kind Regards,
Bill Maher
Group CEO



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

"Time flies!" A well worn and much abused adage. Nonetheless true. 2012 went by in a blur but so too has January 2013.

Now that we're half way through February, it seems a little strange to be looking back over the achievements of the year gone by when we are already in the thick of this year's challenges. But before we move on I want to add to the comments from other contributors to this Newsletter. I want to thank all staff for their hard work during 2012 and for their commitment to the provision of the best hospital care possible to the people of the West of Ireland. I know that this same commitment will be there in 2013 and it will be badly needed as we rise to meet the challenges presented to us.

On a completely different note, I was reminded by a colleague recently that "information is king". You may be aware that we now have access to a Clinical Information Management System called CIMS. This tool allows us to benchmark our performance against a range of other Irish and UK hospitals. It allows us to compare patient activity levels and a host of other parameters. By April this year we will be able to review and make comparisons based on 2012 data and the system is being constantly updated.

If you would like to get more information on CIMS your directorate business manager will be able to help as will Madeline Mullen, Information Technology Department.
Email: madeline.mullen@hse.ie

Kind Regards,
Tony Canavan
Chief Operating Officer



GUH Performance Summary – December 2012

<p>Out-patient Waiting List</p> <p>Current Value: 6375%</p> <p>Trend: v Previous Month: ↑</p> <p>Target: Out-patient waiting to be reduced to less than 62 weeks (6w)</p> <p>Work is progressing through the Directories to deal with long waiters across all specialties. Great progress made in Orthopaedics and most Medical Specialties. Awaiting National launch of OPD Project as basis of action plan.</p> <p>Last Month 41270</p>	<p>OPD DNA Rate</p> <p>Current Value: 13.8%</p> <p>Trend: v Previous Month: ↓</p> <p>Target: Reduce the number of patients who do not attend to 10% by December 2012</p> <p>OPD groups are looking to extend the partial booking system across all specialties. National guidelines on attendance and DNA policy to be made available.</p> <p>Last Month 13.7%</p>	<p>ED Patients waiting for admission at 8am</p> <p>Current Value: 10</p> <p>Trend: v Previous Month: ↑</p> <p>Target: < 10 patients waiting in ED for admission at 8am</p> <p>Average number of patients on trolleys awaiting beds = 10 December featured a reduction in the average number of patients awaiting a bed primarily due to seasonal reduced numbers at Christmas. Frequent use of escalation measures to support reduced times spent by patients on trolleys. Forward focus for all services is on improved discharge planning. SdU continues to support our drive to improve patient experience times.</p> <p>Last Month 12</p>
<p>CT Waiting List</p> <p>Current Value: 344</p> <p>Trend: v Previous Month: ↑</p> <p>Target: No Category 2 or 3 patient should wait more than 86 days for a CT.</p> <p>The wait time for CT scans now lies at 244 days. We are continuing to send patients to RCH for CT scans. Over 250 scans have been performed in Roscommon since the commencement of this project in August 2012.</p> <p>SdU funding has been provided which has resulted in a further 145 scans outsourced in December.</p> <p>Last Month 244</p>	<p>In-patient & Day Case Waiting List</p> <p>Current Value: 8</p> <p>Trend: v Previous Month: ↑</p> <p>Target: No patient should wait > 9 months by end of September (Children within 20 wks)</p> <p>Work is on-going with the Medical and Surgical Directorates. All Waiting List targets were met last month (No patients waiting longer than 9 months (Adult), 20 weeks (Child) and 13 Weeks (GI Scope). Reduced theatre resources available this month. New Group wide Inpatient Discharge Policy being launched this month.</p> <p>Last month 30th November 333 patients were remaining to be seen. December 2012 we reached the target, 0 patients were remaining to be seen.</p>	<p>Average Length of Stay</p> <p>Current Value: 6.7</p> <p>Trend: v Previous Month: ↑</p> <p>Target: 5.9 days to be the average stay achieved</p> <p>The new National Programmes on Surgery will help reduce the average length of stay. This is complemented by local work on agreeing formal bed allocations across Medicine and Surgery.</p> <p>Last month 6.0 (excluding Oca)</p>
<p>Day of Procedure Rate for Elective Inpatients</p> <p>Current Value: 48%</p> <p>Trend: v Previous Month: ↓</p> <p>Target: To increase rate to 75%</p> <p>The new National Programme on Elective Surgery will help increase the day of procedure (DOP). This is complemented 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.</p> <p>Last month 45%</p>	<p>Staph Aureus Blood Stream Infection</p> <p>Current Value: 9.27</p> <p>Trend: v Previous Month: ↑</p> <p>Target: Will be in order (colored + project to reach 2011 rates, orange project to equal 2011 rates, green = previous & better 2011 rates)</p> <p>Line infections (both peripheral & central) have been identified as major causes of both MRSA & MSSA blood stream infections at GUH.</p> <p>In 2012 there were 31 PVC-associated Staph aureus bloodstream infections in GUH compared to 19 PVC-associated Staph aureus bloodstream infections in GUH for 2011. These infections occurred predominantly in medical patients (28/30/88/56 and Haematology/Oncology patients).</p> <p>There were 6 PVC-associated Staph aureus bloodstream infections in GUH in 2012, compared to 3 PVC-associated Staph aureus bloodstream infections in GUH for 2011.</p> <p>Last Month 0.29 per 1000 bed days</p>	<p>Bed Days Lost</p> <p>Current Value: 99</p> <p>Trend: v Previous Month: ↑</p> <p>Target: Reduce by 10% for 2012</p> <p>Work is ongoing through the discharge planning group to reduce the number of Bed Days Lost.</p> <p>Last Month 43</p>
<p>Financial Position</p> <p>Current Value: 10.37%</p> <p>Trend: v Previous Month: ↑</p> <p>Target: To deliver financial breakeven across Group by December 2012</p> <p>The Financial Control Committee is in place to ensure that GUH meets budgetary targets.</p> <p>Last Month 9.94%</p>	<p>Staffing WTE variance from Staff Ceiling</p> <p>Current Value: 3016.33</p> <p>Trend: v Previous Month: ↑</p> <p>Target: To operate within HSE employment levels.</p> <p>The Employment Monitoring Committee is in place to ensure that GUH meets its WTE ceiling – ceiling under review.</p> <p>October ceiling 3067. Last Month WTE 3024.87</p>	<p>Absenteeism</p> <p>Current Value: 4.42%</p> <p>Trend: v Previous Month: ↑</p> <p>Target: To reduce absenteeism rate to 3.2% by December 2012.</p> <p>Work is ongoing across GUH to reduce the levels of absenteeism through back to work interviews etc. with a particular focus on this KPI.</p> <p>Last Month 4.72% Based on NEMU figures</p>

Finance Committee Galway and Roscommon University Hospital Group

Financial Performance

At year end 2012, the Group financial position showed an over spend on budget of €37.4m, however this figure is due mainly to a number once off items for 2012 i.e. private patients in public beds, loss of income from fair deal beds, laboratory modernisation loss of earnings in the Group. Taking all of these into consideration we are left with an adjusted deficit of €28.2m.

On a positive note we have managed to reduce our agency costs by €1.8m (32%) compared to last year and we performed well against some of the nationally set targets. Savings have also been noted in NCHD overtime in the amount of €365k.

Activity Based Costing System Update.

Completion of phase 1 - Data Extraction and Delivery

In order to finalise phase 1, the project team visited patient treating departments through January 2013. Once the data was extracted, Performance continued to structure the data. Costs, Activities and Organisational structure were linked and the project team finalised this phase by 31 January 2013. Thank you to all departments who have already given their time and expertise to ensuring the success of this project.

Phase 2 of the project commenced in early February. Phase 2 consisted of the creation of the Activity Based Costing model. This step will result in the ability of GUH to analyse, through CostPerform software, the patient related activities in the hospital at cost price level. We will hold department meetings with two goals; to validate the extracted data and to establish cost drivers for patient related activities. We will again be asking for your time and expertise to enable us to deliver a quality outcome.

Claimsure Project (System for Electronic Claims Management)

The Claimsure system went live at the points of Admission in GUH on 11 December 2012 and patients have electronically signed the Inpatient Contract and relevant Private Health Insurance form since that date.

The Patient Accounts information was migrated in to the system and work is in progress to address a few issues in relation to the older outstanding claims and reports. Any claims received since the go live date have been processed electronically and claims have been electronically submitted to the insurers since 02 January 2013. Work has also commenced with the 3rd Party Billing Companies with regard to the electronic submission of claim data to the system.

The next phase of the project is the rollout of the Claimsure System to the Consultants at GUH and the provision of training for the completion of side 2 of the claim form on the Claimsure system. Further work has to be carried out to develop the reports available from the Claimsure system to provide financial and management information at GUH.

With regard to the extension of the Project to the other hospitals within the group it is anticipated that meetings will be held in Roscommon Hospital in the coming month to commence the on-site arrangements in relation to the implementation of the Claimsure system there. Meetings in Portiuncula will be scheduled at a later stage.

Maurice Power
Chief Finance Officer



Human Resources Department Galway and Roscommon University Hospital Group

Happy New Year to all and I hope we will start 2013 in the same way we finished last year, having a string of reasons to be proud of the service we delivered to our patients. The achievement of the PTL target, the significant improvements in waiting times in the Emergency Department despite more presentations, the ongoing integration across the four sites which improved patients' access to services and the considerable achievement of delivering more care with less money and fewer staff. We have done so much in such a short period and the challenge is to continue the improvements in as many ways as we can.

Performance Management and the Public Service Agreement

Staff are aware that one of the key changes agreed under the Croke Park deal is the introduction of formal Performance Management (PM). Management and Unions signed up to it but this is not why it is going to be rolled out within the Group this year. The simple reason why we should embrace performance management is because it is best practice. For a number of years, staff have been asking why there are not afforded the opportunity to work with their line manager in setting out what their priorities are in work and what they need to enable delivery on them. Indeed, PM has been common practice in some areas in GUH for several years and it is viewed positively by all involved.

What is 'performance management'? It is a formal meeting held three times a year where the Line Manager meets with each member of staff (beginning of the year) and they formally agree what quantum and quality of service is required of the individual. The staff member gets an opportunity to highlight what they require by way of training/mentoring/development to enable them to deliver a high standard of performance. This Performance Plan is reviewed in mid-year and at year end to evaluate if the targets are achieved. Both the Line Manager and the Staff member can get clarity on what is required, they both have an opportunity to identify development needs and there is ultimately a structure created which will contribute to achieving targets as set out in the Key Performance Indicators for the ward/department/unit.

GRUHG has already commenced the process with the Group Management Team and the Executive Council engaged with the CEO on the management of their performance. All line managers will soon be engaged in their own PM process and the roll out will cascade from there through the structures. In fact, some departments have indicated an interest in commencing the process immediately. There is nothing to fear in this initiative – PM is not the disciplinary procedure by stealth. If issues arise from the process, there is a Performance Improvement Plan provided to focus on assisting the staff member. It will be challenging to deliver Continuous Professional Development of staff at a time of financial constraint but the sharing of knowledge, skills and experience within the Group is a likely spin-off from the PM programme as we seek to address short-falls through harnessing the expertise within our organisation.

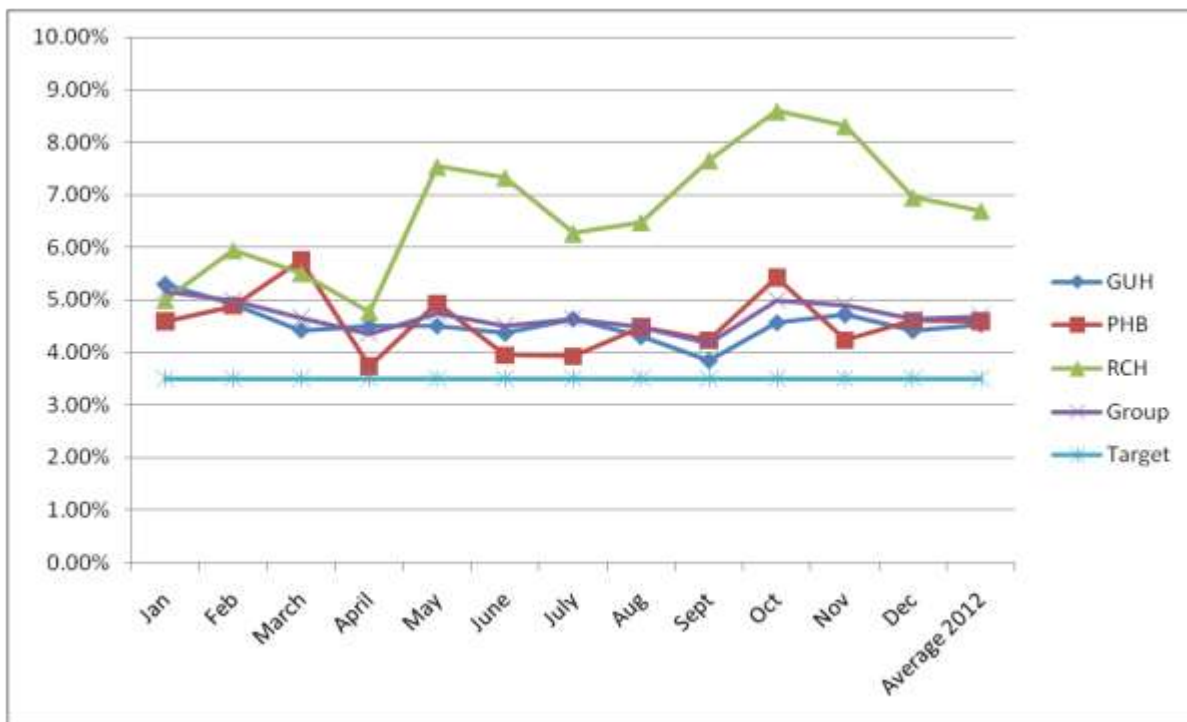
The increased flexibility among the staff body which may evolve from a planned process like PM may help us to manage reduced staffing and skill loss more effectively as we focus on our priorities as individuals and departments.

Human Resources Department Galway and Roscommon University Hospital Group

Attendance Management in 2012

The importance of developing a strong attendance culture is even more critical to us all as we start 2013 with 105 fewer staff than we had at the beginning of last year and the Government seeks to reduce public service employees by a further 4,000. The Group made some progress in moving towards the target of 3.5% in absenteeism by achieving a year end average of 4.69%, down from 5.16% in January 2012. There was only four occasions when any of our hospitals had a monthly rate below 4% (3 in PHB and one in GUH). While it is very positive to be reporting an improvement, we are still lagging behind our peers who are consistently producing rates of between 3% and 4% (St. James's, St. Vincent's University Group, Tallaght and the Mater). GUH averaged 4.54% in 2012 (v 5.2% in 2011), PHB averaged 4.59% and RCH 6.70%.

Absenteeism 2012 GRUHG



John Shaughnessy
Group Director of Human Resources



**Message from Colette Cowan,
Group Director of Nursing and Midwifery
Galway and Roscommon University Hospital Group**

Happy New Year to all my colleagues. We have had a very challenging few months across the hospitals with the winter surge, increase in respiratory illness and norovirus. Staff worked very hard over the Christmas with the extra challenges of increased activity, sick leave and bed closures. Thank you for your efforts and patience.

We are working very hard to address staffing levels in all areas who have equal demands for resource. In 2012, 22 staff were recruited to Nursing and Midwifery. This month and next sees the arrival of 12 critical care nurses, 8 theatre nurses and staff for our Emergency Department.

We have also interviewed and appointed Jean Kelly as Director of Nursing, GUH and Alice Reilly as Theatre Floor Co-ordinator (ADON). I look forward to working with them both over 2013 to address the Nursing and Midwifery priorities for the Group. We have also advertised for a Theatre CNM3 for Portiuncula Hospital (PHB) and will soon go to advert for a DONM for PHB. A new medical assessment unit will open early March at PHB and the excellent plastics service will relocate to a stand alone unit at Roscommon (RH). These initiatives are driven by nursing and are examples of all the services that are progressing despite the challenges of the last year. I was delighted to be part of the launch of the Brachytherapy service and the presentation of certificates to the community oncology nurses.

I have had recent experience of the hospitals as a service user. What struck me most about the various projects occurring at a professional level and my own personal experience was the consistent theme emanating through Nursing and Midwifery – Tenacity and Resilience despite challenging workloads

- Passion and pride in what we do. 'The Patient Advocate' - wanting to deliver and develop the best services.
- This is the culture of the organisation. We have to retain this focus and have some faith in the future development of the Group.

Nursing and Midwifery is at the heart of this change. A senior Strategic Nurse Forum has been formed with DONS and ADONs across sites setting the agenda for 2013. Our 5 year Strategic and Annual Plan will be published in February.

We are aware that many challenges face us to address cost containment, maintain patient safety, retain and develop our graduates, sustain our staffing levels and encourage people to want to work in our organisation.

These changes cannot occur without full collaboration from all staff and an engagement process will commence with the frontline staff to start working on how we can work together more effectively and efficiently. The senior nurse management team are commencing a project where rounding will be re-established. The DONS and GDONM will do Senior Management walkabouts on a weekly basis – use this opportunity to engage with us to help us with our future plans for Nursing and Midwifery.

Thank you all for your compassion and care to our patients.

Health, wealth and happiness for 2013.

Colette Cowan
Group Director of Nursing and Midwifery



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

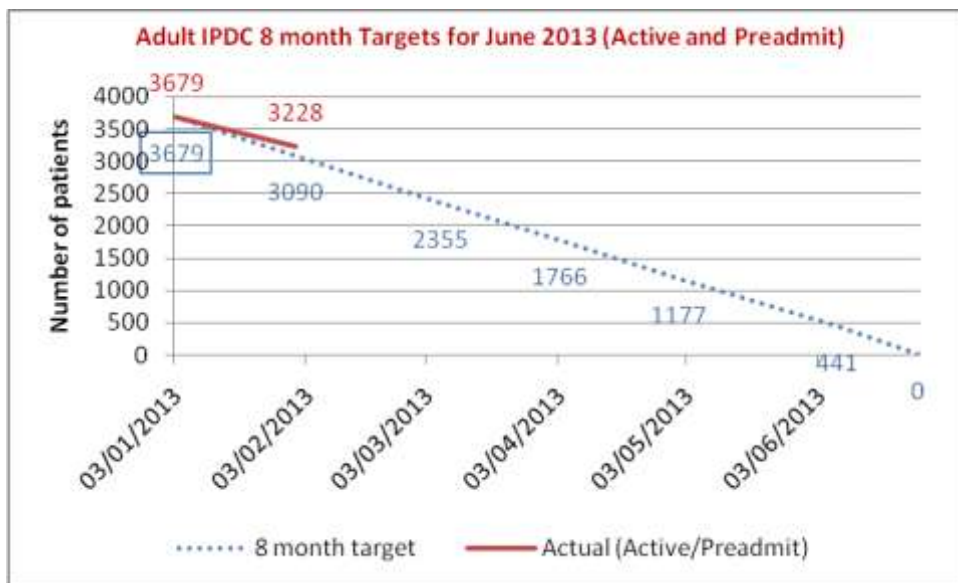
New Waiting List Targets for 2013

A New Year means new targets for the inpatient waiting lists across the Group!

- Adults will not wait longer than 8 months for a procedure by June 2013
- Children will maintain the 20 weeks for a procedure
- GI Scopes will be performed within 13 weeks (28 days if urgent).
- Outpatients will not wait longer than 12 months for a consultation by November 2013

Inpatients

We must maintain the waiting time for children under 20 weeks and scopes under 13 weeks – both of which are on target. In relation to adults, we must reduce the maximum waiting time from 9 months to 8 months, by the end of June. The following graph shows that we are not on target for this – mainly as a result of the winter bed pressures, increase activity in ED and the ongoing reduction in theatre resources.



Outpatients.

We validated the outpatient waiting list over the Christmas period by contacting 20,000 patients who have been waiting over a year for an appointment. With assistance from many of our colleagues throughout the Group we completed this in early January. Over 2,600 (13%) of patients we contacted requested that they be removed from the waiting list. A further 6,000 (30%) were removed because despite two letters to the patient and a follow up letter to the GP we have had no contact from them. This has resulted in a cleaner waiting list which indicates that there are 33,364 patients who were added to the outpatient waiting list prior to 30 November 2012 that need to be seen by the 30 November 2013 if we are to reach the SDU target.

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

The results of this validation and the focus on seeing patients who have been waiting for over 4 years means that we are currently on track to reach the SDU target by November 2013:

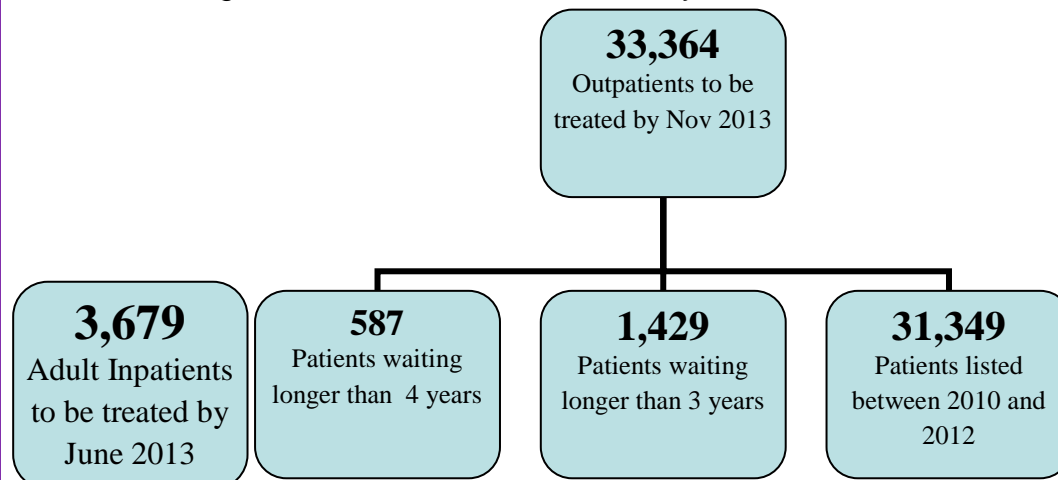


Diagnostic Services.

We have also been working with our colleagues in radiology to reduce the waiting time for an outpatient MRI to less than 3 months. We are continuing to reduce diagnostic waiting times and are developing initiatives to assist those waiting for an outpatient MRI and increase the availability of diagnostic MRI's for patients who are currently in-hospital.

Finally.....

The headline figures to be remembered for this year are:



Sue Hennessy
Waiting List Manager



Q-Pulse Expansion for Integrated Safety and Quality

As you will be aware, in response to HIQA requirements, and to support the new hospital governance structures and related quality and safety demands, the Galway and Roscommon University Hospital Group are currently undertaking a project which will significantly increase the functionality and integrate the three hospitals' quality and safety management systems utilising the Q-Pulse compliance management software system.

Supported by Health Care Informed (HCI) this project will see the functionality of Q-Pulse, which is currently in use in various guises across the three hospitals, increase to aid in the provision of information on patient safety and regulatory compliance for all staff. This will include the streamlining and development of Group wide:

- Process (Document) Control
- Incident Reporting and Management
- Complaints Management
- Audit Management and Regulatory Compliance
- Quality Improvement Initiatives Management

The outcome of this expansion project will include Group wide access to policies and procedures, audit schedules, as well as ease of incident and complaints reporting and management. The new processes will support instant communication of key patient safety information to the relevant staff, and provide a central communication hub for the communication of quality improvements, and audit and regulatory activities. The project is currently in the implementation phase which involves configuration of the system in line with the processes agreed earlier in the project. When this is complete, there will be education and training sessions as follows:

Q-Pulse Training for Clinical Directors, ADONs, Business Managers (1/2 Day Session)

GUH IT Training Room
04 March 9am -12 noon

Q-Pulse Training for Heads of Department, Line Managers, Quality Coordinators (1/2 Day Session)

GUH IT Training Room
05 March 9am -12noon

PHB IT Training Room
22 February 9am -12noon
22 February 1pm - 4pm

Q-Pulse Introduction for General Users (30 minute sessions)

GUH Classroom 1

04 March 1pm - 4pm
05 March 1pm - 4pm



Message from Elaine Prendergast, General Manager, Roscommon Hospital

Belated Happy New Year to all readers.

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

We are delighted to welcome the new staff to Roscommon Hospital and wish them every success in their new roles. The new staff are:

Mary Garvey, Assistant Accountant
Mark O'Farrell, Pharmacist
Angela Coleman, Staff Nurse
Laura McHugh, Staff Nurse
Rachel Connolly, Clerical Officer.

Our Endoscopy Suite Capital development reached a significant milestone in January 2013 when an application for planning permission was submitted to Roscommon County Council. We should know the outcome by April.

As Roscommon Hospital will be one of the J.A.G. Accredited Endoscopy sites in Ireland (from March 2013), the National Cancer Screening Service has approved the hospital for Colorectal Screening. This service is expected to commence in both Roscommon Hospital and Galway University Hospital later this year.

In February we opened 9 extra day treatment beds in our new Ambulatory Care and Diagnostic Centre (ACAD) and the first occupier of facility was Ms Deirdre Jones's Consultant Plastic and Reconstructive Surgeon. We look forward to attracting other services to the ACAD over 2013.

The HIQA Hygiene report for Roscommon Hospital was published in January and whilst there were some areas of improvement identified, overall the report demonstrated that the hospital was clean.

The Assistant Directors of Nursing and the Clinical Nurse Specialists outlined their role and achievements in 2012 and plans for 2013 to the Group Director of Nursing and the CEO at a special meeting in early February. In addition the Roscommon Hospital Nursing Annual Report for 2012 was presented.

The December KPIs are attached for your information.

Elaine Prendergast
General Manager



Roscommon Hospital Performance Summary – December, 2012

Orthopaedic Out-patient Waiting List		DNA Rate		Increase Surgical day Case activity	
Current	Future	Current	Future	Current	Future
Current Value 639	Future	Current Value 14%	Future	Current Value 208	Future
Trend: v Previous Month	↔	Trend: v Previous Month	↔	Trend: v Previous Month	↗
Target: No patient will wait for an Orthopaedic Outpatient appointment for more than 1 year by December 2012.		Target: Reduce the number of patients who do not attend OPD to 10% by December 2012		Target: To increase Surgical Day Case activity at Roscommon County Hospital to 500 cases per month by treating patients on the UHG waiting lists.	
This category has decreased by 16.5% on November figure. The Group WL validation initiative which commenced in December assisted with this reduction. The net result will be targeted under the SDU OP WL guidelines in 2013.		DNA rate increased by 3% from 11% in October following the commencement of the OP Text reminder service. The year to date DNA rate remained at 13% retaining amber status for current month and year end figure.		The GUH Long Waiters under Endoscopy & Surgery continue to be treated. Urology service is under review. A marked decrease of 37.7% in reporting period which is attributed to seasonal closure	
Admission Rate via MAU		New/Review Ratio Out Patient Services		Average Length of Stay	
Current	Future	Current	Future	Current	Future
Current Value 115%	Future	Current Value 1:2.8	Future	Current Value 10.0	Future
Trend: v Previous Month	↗	Trend: v Previous Month	↔	Trend: v Previous Month	↗
Target: To reduce the admission rate of all attendees at the MAU to 20% by December 2012		Target: New to review outpatient ratio of OPD attendances to be 1:2 by December 2012		Target: Overall ALOS for all inpatients discharges is reduced to 5.7 days by December 2012	
Figure manually calculated pending a change in the PAS registration process. 55 Medical Assessment patients documented. Medical Admissions via UCC = 63. This indicator requires a more accurate data source which is not currently available and will be reviewed in 2013.		An improvement on the November figure which was 1:3.1. Year to date results also are 1:2.8. Contributing factors to this indicator are the high reviews under Medical related clinics and dedicated review clinics under Diabetes, Haemochromatosis and Warfarin.		This figure has increased this month from 9 days in November. Medical long-stay patients are a significant contributing factor with 73 days lost (down from 136 in November), which patients waiting NHSS approval, Wards of Court, etc. (NHSS adjusted figure = 9 Days)	
Antibiotic Usage		New Cases of C Diff		Fair Deal - Bed Days Lost	
Current	Future	Current	Future	Current	Future
Current Value 96.8	Future	Current Value 13.7	Future	Current Value 73	Future
Trend: v Previous Month	↔	Trend: v Previous Month	↗	Trend: v Previous Month	↔
Target: To reduce the medial usage rate of antibiotics to 84.4 per 100 bed days utilised by December 2012		Target: To reduce the background rate of HCAI of C Difficile to <2.6 per 10,000 bed days used		Target: to reduce the number of bed days lost due to delayed Fair Deal approval to 31 bed days per month by December 2012	
NHSS - ROSCOMMON UCC - UCC = 20 National average 85.02 (DDO/100 BDU) - Level at RCH 96.8 - Average for General hospital type 90.7 This is an improvement for RCH in 2011 as it is no longer in the top 5 highest consumption hospitals as has been the case for the last 5 years. RCH is now ranked 11 out of 41 of the highest consuming hospitals.		2 confirmed cases in December, 2012. Q4 saw a rise in the number of hospital acquired C Difficile cases, Root Cause Analysis was performed on these cases, reports of same to follow, however antimicrobial use was identified as a key issue. Continuous monitoring of antimicrobial usage is required. There had been no confirmed C Diff Hospital Acquired Infections in 2012 until November. Outbreak committee and Microbiology support in place.		Equates to 2.35 patients waiting for Fair Deal approval. Bed days lost to NHSS patients is 73 >65 yrs, 0 <65. The number is high due to patient profile and slow release of funds.	
Financial Position		Staffing Levels		Absenteeism	
Current	Future	Current	Future	Current	Future
Current Value 11.3%	Future	Current Value 1.0%	Future	Current Value 6.64%	Future
Trend: v Previous Month	↔	Trend: v Previous Month	↗	Trend: v Previous Month	↗
Target: To deliver financial breakeven by December 2012		Target: WTE should not drop below the WTE ceiling so as to maintain patient safety and services by December 2012		Target: To reduce the absenteeism rate to 3.5% by December 2012	
Overspend of €189,000 in December. Total overspend €1.8m by 31/12/12 = 11.3% overspend in 2012		WTE December 277.97 ; WTE Nov 277.89; Oct 274.19; Sept 277.09; Aug 278.66; July 273.48. Ceiling adjusted to 283 from March, 2012.		Dec = 6.95% ; Rate down from 8.97% in November - a 2.02% improvement. Meeting with Director of HR to examine causes and develop action plan. Consistency in dealing with absenteeism and regular referrals to OH is essential.	

The Productive Ward, Releasing Time to Care: Update 1

Our Journey

Our journey through the Productive ward series began in December 2010. The Productive Ward, Releasing Time to Care programme (NHS Institute for Innovation and Improvement) is a series of interactive modules designed to maximise the time spent by front line nurses with their patients. By applying the principles of the Lean philosophy in the healthcare settings, staff can maximise nursing time spent on direct patient care, improve quality of care and make processes more efficient with the realistic potential to make cost saving by eliminating waste.

This programme is unique in that it provides both specific tools and modules to assist interdisciplinary staff in the implementation of service improvement for the patient and the organisation. We viewed the programme as one which would enable us to implement our nursing metrics, the organisational key performance indicators and provide evidence of best practice. This programme is hard work and it takes time, therefore realistic expectations and implementation timeframes must be agreed, as unrealistic expectations can lead to reduced staff interest and motivation for the programme.

We can already see positive, measurable changes, in the short term,. Some changes will take longer to manifest into measurable change, however active staff involvement, commitment and collaborative working will ensure that our collective goals will be achieved. The productive ward message is positive; this is a process of continuous improvement with a constancy of purpose.

This is a long term programme which will support the provision of long term sustainable changes to improved ways of working, which are driven and implemented by all staff to the benefit of both patients and staff.



Pictured above: Staff at Roscommon Hospital discussing the Productive Ward Programme during training, using productive ward workbooks.

Croí Big Heart Fun Run



Pictured above: Roscommon County Hospital Staff who helped out and took part in the Croí Big Heart Fun Run which was held on Saturday 26 January in Mote Park, Roscommon Town. All proceeds from the 'Big Heart Fun Run' will go to Croí to support the fight against heart disease and stroke in Roscommon and to enhance cardiac initiatives within the county.

Endoscopy Suite Project

A significant milestone has been reached in the schedule for our new Endoscopy Suite Project. The Design Team have lodged a Planning Permission Application with Roscommon County Council for the provision of a new 2-Roomed Endoscopy Suite on site. The Planning Permission Notification was in the Roscommon Herald of 16 January 2013. The progress of the project is on schedule.



Picture above: shows Before and After view of the extension from the Athlone Road

Roscommon Sports and Social Club

Roscommon Sports and Social Club held their AGM in the Training Centre Roscommon Hospital on Wednesday 23 January 2013. The committee would like to offer its sincere thanks to the Outgoing Officers: Celia Tully, Fiona Neilan, and Marrita Richardson, for their many years of dedicated involvement and hard work.

We would like to welcome our new committee members:.

Chairperson:	Tommy Carr	Vice-Chairperson:	Madeline Brennan
Secretary:	Mary Crowley	Assistant Secretary:	Margaret Jordan
Treasurer:	Anne Marie Comiskey	Assistant Treasurer:	Anne Curley

And Monica Fallon, Marian Connolly, Kathe Filbert, Marrita Richardson and Noelle Daly.



Photo L to R: Madeline Brennan, Mary Crowley, Margaret Jordan, Monica Fallon, Tommy Carr

If you would like to join the Sports and Social Club, application forms can be found on the Notice Board in the Canteen or from any committee member. We would greatly appreciate any ideas you may have for activities or events for the coming year and have placed a Suggestion Box in the Canteen for this purpose. Contact: Mary on Ext. 2205 or Madeline on Ext. 2261.

Lift Replacement Project

The old lift which served all floors is being replaced with a new passenger lift.

The works on this project will involve the removal and disposal of the existing lift components in order to prepare for the installation of the new lift. This is a significant development for the hospital and will greatly enhance patient and staff service facilities.

This project is expected to last 6-8 weeks.



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

As we leave 2012 behind and look forward to a new year the hospital had a number of key events in December and January including two official openings outlined below.

Paediatric Refurbishment

The official opening of the newly renovated and refurbished Paediatric Unit, St Therese Ward, was held on the 10 December 2012. The Unit was opened by the '**Friends of the Special Care Baby Unit and Children's Ward**' in conjunction with the local communities, local schools and families who raised funds for the renovations (**See Page 20**). We are very thankful to the Fundraisers for their commitment and support to Portiuncula.

Medical Academy

NUI Galway and the University of Limerick officially opened a Joint Medical Academy at Portiuncula Hospital, Ballinasloe on the 10 January 2013 for students and the official opening was held on 17 January 2013. The NUI Galway – University of Limerick Medical Academy will bring the expertise of two of Ireland's medical schools together through shared teaching and facilities. Portiuncula Hospital is delighted to have been chosen as a step-out clinical site for the education of Medical Students from NUI Galway and the University of Limerick. (**See Page 21**).

Quality Improvement Training Initiative - HIQA

The Hospital is one of the sites selected to participate in a Quality Improvement Education and Training Programme relating to medication reconciliation which is being developed by the Health Information and Quality Authority in conjunction with the HSE. This programme commenced on the 13 February 2013 and the aim of the programme is to training front-line staff in basic quality improvement tools to support them in conducting quality improvement initiatives to meet the national standards for safer better healthcare. 10 staff members are participating from Portiuncula.

Infection Control

The hospital experienced a number of infection control outbreaks such as Norovirus during December and January which has had a significant impact on our ability to provide isolation beds and has impacted on bed availability and reduced our patient experience times. **Continued emphasis is required on adhering to strict hand hygiene measures amongst all disciplines.** The Hospital continues to manage and monitor infection control in conjunction with support from microbiology services in Galway. We look forward to the planned appointment of a Locum Consultant Microbiologist which will have sessional commitments to Portiuncula, Roscommon and GUH.

Key Performance Indicators (KPIs) – December 2012

Overall Portiuncula is performing well in a number of KPI's such as:

- Emergency Department Waiting Times – 78.29% compliance against target
- Outpatient Waiting Lists – number continue to decrease - reduction in Dermatology – further work required in relation to Orthopaedics and Urology.
- Day-case Rates – 85% which is exceeding the National target
- Average Length of Stay – 4.18 days
- Staffing levels are within the target
- Day of procedure – currently at 54%
- Absenteeism – 4.60% - a deterioration on previous month - compounded by Norovirus Outbreak.
- Ongoing challenges in the area of financial KPIs.

Chris Kane
A/General Manager



Portiuncula Hospital Performance Summary – December 2012

Out-patient Waiting List	
Current	Future
674	
Current Value	
<p>Target: Out-patient waiting to be reduced to less than 9 months by December 2012.</p> <p>Number of patients waiting in the OPD over 9 months is 674 this has reduced by 69 patients on the previous month. Dermatology at 74 which has reduced by 67 patients. Continued focus to address long waiters in Orthopaedics 108 Pain Clinic 196 and Urology 223.</p>	
Trend: v	↑
Previous Month	

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

CT Waiting List	
Current	Future
20	
Current Value	
<p>Target: No Priority 2 or 3 patients should wait more than 56 days for an appt by the end of December 2012.</p> <p>The December figure shows Priority 2 and 3 patients are currently been seen within 20 days.</p>	
Trend: v	↑
Previous Month	

Rag: Green: ≤ 56 Amber: >56 Red: >65

Day of Procedure for Elective In-patients	
Current	Future
54%	60%
Current Value	
<p>Target: To increase rate to 7% by December 2012.</p> <p>Improved by 1% on November.</p>	
Trend: v	↑
Previous Month	

Rag: Green: 60% Amber: 50-59% Red: <49%

Financial Position	
Current	Future
Current Value	
<p>Target: To deliver financial breakeven across the Group by December 2012.</p> <p>The hospital is currently showing 69.9m adverse position vs budget ytd. There have been savings in non-pay in the areas of Travel, Bedding, Laboratory and Professional Fees. There remains increased spends, drugs, cleaning and energy costs.</p>	
Trend: v	↑
Previous Month	

DNA Rate	
Current	Future
12.17%	8%
Current Value	
<p>Target: Reduce the number of patients who do not attend to 8% by December 2012.</p> <p>The DNA rate in December stands at 12.17% this is an increase of 0.83% November 2012. 3 specialists are below the HSE target of 10%. Efforts continue to reduce this rate further.</p>	
Trend: v	↑
Previous Month	

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

Day Case Rate Basket of 24	
Current	Future
85%	
Current Value	
<p>Target: No increase the rate to 75% within the basket of 24 procedures to be treated as day cases.</p> <p>Currently the rate is at 85% improved by a further 1%.</p>	
Trend: v	↑
Previous Month	

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

Hospital Acquired MRSA	
Current	Future
2	36
Current Value	
<p>Target: To reduce the number of Hospital Acquired MRSA infections to 3 per month in 2012.</p> <p>There were 2 Hospital acquired MRSA infections for the month of December 2012. The infection control committee is continually reviewing the levels of infection in conjunction with all clinical area. There continues to a requirement for a Microbiology support on this site.</p>	
Trend: v	↑
Previous Month	

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

Staffing Levels	
Current	Future
646.16	
Current Value	
<p>Target: To operate within our allocated ceiling of 651 wtes.</p> <p>The WTE figure for shows a slight increase of 2.2 WTE's from November 2012. Continued focus on reducing WTE figures in line with the budget as part of financial recovery plan.</p>	
Trend: v	↑
Previous Month	

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

ED Waiting Times for Admission	
Current	Future
78.29%	
Current Value	
<p>Target: No patient should wait over 6 hours.</p> <p>78.29% were seen and admitted within the 6 hours.</p>	
Trend: v	↑
Previous Month	

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

Average Length of Stay	
Current	Future
4.18	
Current Value	
<p>Target: Achieve a target of 4.5 days.</p> <p>The LOS for December has improved by 0.51 days when compared with November.</p>	
Trend: v	↑
Previous Month	

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

Fair Deal - Bed Days Lost	
Current	Future
157	
Current Value	
<p>Target: To reduce the lost bed days to less than the current monthly bed days lost.</p> <p>157 Bed days lost in the month of December - this is an decrease of 3 days on November. Continued emphasis on Fair Deal processing and minimizing delayed discharges.</p>	
Trend: v	↑
Previous Month	

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

Absenteeism	
Current	Future
4.60%	
Current Value	
<p>Target: To reduce absenteeism rate to 3.5% by December 2012.</p> <p>The absenteeism rate for December 2012 is 4.60% This is a increase of .37% on November. Active monitoring to reduce absenteeism rates through absence management programmes and back to work interviews.</p>	
Trend: v	↑
Previous Month	

Rag: Green: 3.5 Amber: >4.5 Red: >5.5

Official Opening of the Newly Refurbished Paediatric Unit

The official opening of the newly renovated and refurbished Paediatric Unit, St. Therese Ward, took place in Portiuncula Hospital on the 10 December 2012.

The Unit was opened by the '**Friends of the Special Care Baby Unit and Children's Ward**' Fundraising in conjunction with the local communities, local schools and families responsible for raising funds for the renovations.

The commitment and generosity of time by Fundraisers over the last number of years has facilitated the renovations.

The newly renovated Paediatric Unit provides optimal facilities from the initial reception, assessment and treatment of children attending the unit.



The renovations included the development of two additional two-bedded adolescent wards with en-suite facilities. The refurbishment also included the dedicated Day Care area, enhanced isolation facilities, improved ward areas and the bathroom facilities throughout.

The unit has 23 beds which are used for inpatient, day treatments and day cases.

The unit provides care and treatment for ill infants and children, including high-dependency and end of life care.

In addition, children with long term medical care needs and complex conditions can be cared for in comfort, with their parents and family in their local community.



Official Launch of a Joint Medical Academy

Portiuncula Hospital welcomed its first tranche of medical students to a new Medical Academy that has been developed by NUI Galway and the University of Limerick. It was officially opened as a Joint Medical Academy at Portiuncula Hospital, Ballinasloe on the 24 January 2013.



The NUI Galway – University of Limerick Medical Academy will bring the expertise of two of Ireland's medical schools together through shared teaching and facilities. This allows for greater efficiencies in maintenance of infrastructure and recruitment of academic and administrative staff but also allows student of undergraduate medical training and graduate entry programmes to learn from one another.

Portiuncula Hospital, Ballinasloe was chosen as a step-out clinical site for the education of Medical Students from NUI Galway and the University of Limerick. From 22 January medical students from both institutions will complete one full year of their training at the hospital.



The opening of the Ballinasloe Academy is unique in that two medical schools will share the academy premises and academic staff.

This allows for greater efficiencies in maintenance of infrastructure and recruitment of academic and administrative staff but also allows students progressing through two different curricula to learn from one another.

The opening of the Ballinasloe Academy is unique in that two medical schools will share the academy premises and academic staff. This allows for greater efficiencies in maintenance of infrastructure and recruitment of academic and administrative staff but also allows students progressing through two different curricula to learn from one another.



The opening of this medical teaching academy in Ballinasloe sees the completion of the network of regional medical academies representing partnerships between NUI Galway and HSE West and more recently Galway and Roscommon University Hospital Group.

For further information go to:
www.ul.ie/medicalschoo

Breastfeeding Support



In order to secure ongoing successful breastfeeding, it is essential that our maternity units implement best practice in relation to infant feeding; that healthcare professionals are knowledgeable in supporting breastfeeding; and that the organisations are participative in building and maintaining a solid connection with community resources, including breastfeeding support groups.

At Portiuncula Hospital, Ballinasloe we endeavour to achieve these aims by maintaining the Baby Friendly Hospital Initiative; facilitating the Ballinasloe Breastfeeding Support Group, and liaising with community service providers. During December a Christmas Lunch for the Ballinasloe Breastfeeding Support Group was held.

The importance of breastfeeding to infants, mothers and the wider community is widely documented and undisputed. For much of the last century mothers were given poor advice, and were discouraged from breastfeeding. Breastfeeding became an unusual choice, a legacy we in Ireland have carried into the 21st Century.

The ability to breastfeed is a great gift. Breastfeeding is considered to be a natural process; however it doesn't always come naturally. Exhaustion, sore nipples, sleepy babies, unsettled and crying babies, engorgement, plugged ducts and other breastfeeding problems or concerns can make the most dedicated mother want to give up.

Discontinuation of breastfeeding is often followed by the realisation that breastfeeding wasn't necessarily any more problematic than infant formula feeding; with the onset of colic, constipation, allergy and intolerance to cow's milk protein. To avoid this breastfeeding mothers need a safe place to go when problems or questions arise.

Breastfeeding support groups offer that safe place, where new and experienced breastfeeding mothers exchange stories and help one another through the toughest breastfeeding challenges.

Growing Up in Ireland – the National Longitudinal Study of Children.

(A fully copy of the article is available to download at <http://www.esri.ie/pubs/jacb201219.pdf>)

***Mary Mahon, Clinical Midwife Specialist Lactation, Galway.
Facilitator of Ballinasloe Breastfeeding Support Group***

SURGICAL DIRECTORATE

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

I hope you have all had a well earned rest over the Christmas period and have had a happy and healthy start to 2013.

As you will be aware the coming year will bring many new and exciting developments along with challenges, achievements and hard work to develop on the quality of service we are already providing.

Key Performance Indicators

The 2013 Key Performance Indicators have been revised and will display the ongoing efforts being made by all within our directorate. We will keep you informed through this newsletter and we will take you through these KPI's monthly outlining the progress we are making. We expect to engage with each Surgical Specialty to develop a suite of Specialty KPI's also which will see each Surgical Specialties outline the challenges which require attention and some success stories too, you will be hearing more of this in future editions.

Priorities Planning

We have placed particular focus on planning the key priorities for 2013. We aim to make progress on each of the areas outlined below and expect to report to you on developments of each. We expect to see improvements in the patient journey and surgical care during 2013.

Surgery and Anaesthesia Programme	Scheduled Care: No Elective Cancellations
	Unscheduled Care: No patient waiting >24 hours for surgery
	Pre Assessment Clinic: 85% of all patients will be pre operatively assessed
	Audit: Identify Audit across all specialties, M&M data to be collected centrally
	TPOT: To establish TPOT across the Group
Waiting List Management	In Patient Waiting List Management: To meet targets of seeing patients within 8 month by December 2013
	Out patient Waiting List Management: To review OPD processes and waiting lists in line with national targets (2013-2015)
Surgical Day Ward	Reconfiguration of the Surgical Day Ward: Structural reconfiguration. Extension of working day for greater throughput Reallocation of Endoscopy
Day of Surgery Admissions	Theatre Admission Lounge: Increase the number of patients through TAL for cost effectiveness and improved scheduling
Theatre	Distribution of Surgery: Appropriate distribution of complex and non complex surgery across GRUHG

SURGICAL DIRECTORATE

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

Surgery and Anaesthesia National Clinical Programme update

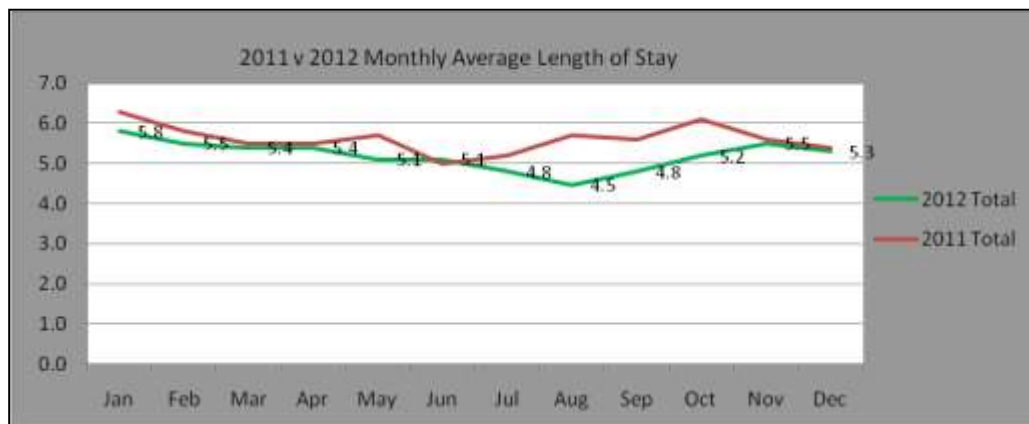
The GRUHG SAP Programme is very much looking forward to the year ahead. The first SAP Steering Group of 2013 was held on 21 January where each SAP Committee chair provided a progress report which outlined the status of each, challenges and plans for development. I will provide a detailed update on each Committee in our next edition of the Newsletter.

Average Length of Stay

The average length of stay for surgical patients is tracked monthly by our directorate per specialty, the graph below outlines the monthly trend of surgical AV LOS during 2012 with a comparison (in red) to 2011.

You will see the efforts being made to continue to reduce the number of days patients remain in hospital pre and post operatively however external factors i.e. Novo virus, Winter Vomiting etc create challenges for discharging patients along with surges in ED.

Reducing the length of stay releases capacity in the system, including beds and staff time, but requires proactive planning of the whole process of care, as well as active discharge planning. A greater focus on treating day surgery (rather than inpatient surgery) will see our average length of stay reduce further over time, this will be enhanced by the upcoming reconfiguration of the Surgical Day Ward.



On behalf of the Surgical Directorate we wish to express our thanks to Mr Fintan Shannon who represented Orthopaedics at the Surgical Steering Group in 2012 and we welcome the new Clinical Lead, Mr Bill Curtin to the group. In addition, we welcome Mr Tony Baynes to the Directorate who will replace Mr Mark Grogan as Management Accountant. Thank you for your support during the year and we look forward to working with our new members.

Congratulations to Mr Pat Nash on his appointment as Medical Director for the Group Hospitals and we welcome Mr Donal Reddan as the newly appointed Clinical Director in Medicine, we wish them both every success in their new roles.

Finally, I wish to congratulate Mr Dave Veerasingam, Cardiothoracic Surgeon on taking up a new role as Clinical Audit Lead. His appointment is a very welcome addition to the team.

MEDICAL DIRECTORATE

Dr Donal Reddan, Clinical Director; Ann Dooley, Business Manager

I am delighted to be taking over as GRUHG Clinical Director for Medicine. It will be a challenging role I'm sure but I look forward to it.

I would also like to acknowledge the significant contribution of my predecessor in the role, Dr Pat Nash, who has now moved on to be GRUHG overall Clinical Director. I will continue to work closely with Pat and with the other clinical directors and management team members.

Much has been achieved in moving toward a group structure over the past few years and there is much more to do. The major challenges for the year ahead include the difficult SDU OPD waiting list targets and our continued move toward a performance based culture. We will also continue to have regular specialty meetings with the directorate and I look forward to working as closely as possible with you all.

The Directorate Team would like to thank Pauline Burke AHP Representative for her contribution to the Directorate over the past 2 years and welcome Sheila Lawlor as her replacement.

We also say thank you to Marian Sice who provided excellent secretarial/admin support to the Directorate over the past five years and wish her well in her new role as Secretary to the Group Clinical Director.

Dr. Donal Reddan

JAG Accreditation – GI Endoscopy Services

Roscommon Hospital and Galway University Hospitals were successfully assessed for JAG accreditation in GI Endoscopy Services in November. To mark this achievement both hospitals were presented with certificates at an event in December 2012.



Pictured above: Dr. Ramona McLoughlin, Clinical Lead for the GI Endoscopy Service at GUH and Tony Canavan, Chief Operations Officer



Pictured above: Elaine Prendergast, General Manager, Roscommon Hospital and Bill Maher, CEO, GRUHG

MEDICAL DIRECTORATE

Dr Donal Reddan, Clinical Director; Ann Dooley, Business Manager

Launch of National Prostate Brachytherapy Service in GUH

On 28 January the NCCP launched a new national service for the treatment of prostate cancer in GUH. Prostate Brachytherapy provides patients with a once off treatment option that involves the implantation of radiotherapy seeds directly into the prostate as an alternative to conventional radiotherapy treatments.

Prof Frank Sullivan, Lead Clinician, Department of Radiation Oncology, GUH introduced Prostate Brachytherapy to the hospital in 2007 and since then 445 procedures have been carried out on patients from all parts of Ireland. Last July Prof Sullivan was appointed as the Lead Clinician to roll out the National Prostate Brachytherapy Programme to two other designated cancer centres where the treatment is now available to patients: St Luke's Hospital in Dublin and Cork University Hospital.

Dr Susan O'Reilly, National Director of the National Cancer Control Programme launched the new service and said: "Prof Sullivan and Galway University Hospitals have led the way in the development and delivery of Prostate Brachytherapy for the curative treatment of this cancer. I am delighted that we now have these services available in Dublin and Cork, so that men have options wherever they live. Professor Sullivan and his team have provided the national leadership and training to implement these national services and they are to be congratulated and thanked for their significant innovation and contribution."



Pictured above: Launch of National Prostate Brachytherapy Service in GUH

THEATRE ANAESTHETICS AND CRITICAL CARE DIRECTORATE (TACC)

Paul Naughton, Clinical Director; Marie Dempsey, Business Manager

2012 was a very challenging year for TACC directorate in terms of maintaining theatre session availability with loss of theatre nursing resources, and maintaining capacity in critical care with loss of key members of staff through resignation and various types of leave. 2013 will hopefully see a re-establishment of our nursing numbers in both our theatre and critical care areas. Some progress has been made on this; in that agreement has been made with HSE that these deficits need to be filled as a priority, but also once the positions have been filled, we will be allowed to maintain our numbers in the face of an embargo, leave of absences, retirements, etc.

Active recruitment is ongoing and success has been achieved in selection process.

Despite the challenges faced in 2012 theatre resources were optimised to assist in the reduction of the hospital IP waiting list.

In addition, the critical care team worked to ensure the maintenance of 8 bed capacity which was extremely difficult during a very busy period toward the last quarter of 2012. This was achieved by reorganization of resources internally, and the relocation of nursing staff from the post operative observation unit in MPUH, to ensure maintenance of service needs.

In December's addition we highlighted our plans for 2013 to include greater integration of the group hospitals, through development of our key performance indicators and priorities. This includes early meetings with the teams from Roscommon and Portlinculla, to plan the year ahead.

TACC and surgery have also worked closely together on the roll out of the Surgical and Anesthesia national programme, the key elements of this programme will be developed and enhanced in 2013, with TACC taking the lead in the development of the 'Productive Operating Theatre' and the Pre Admission/Assessment Sub - Programme elements.

Surgical mortality audit is also an area of close collaboration. This is an ongoing process and is currently in the development stages.

The Critical Care Clinical program is also progressing with the appointment of 1.5 audit nursing posts across the group in November 2012. These posts have already commenced the process of data gathering and developing the KPI for the critical care area in PHB. This will be rolled out in 2013 in line with developments at national level, this will include training of audit nursing staff and development of a clinical information database for PHB and expansion of the software at GUH. Once the infrastructure is in place there will be testing phase of 3 months and training of audit nurses.

These 2 audit nursing posts are currently attending GUH audit committee 2 monthly meetings.

THEATRE ANAESTHETICS AND CRITICAL CARE DIRECTORATE (TACC)

Paul Naughton, Clinical Director; Marie Dempsey, Business Manager

Changes to TACC directorate team

Ms Sarah Mc Mikian DON Portiuncula and group directorate representative for TACC has left to take up her new role in Tallaght Hospital, Dublin.

Ms Edel Callanan has also completed her 2 year rotational term as AHP manager on the TACC Directorate.

Mr Tony Abse, Clinical Perfusionist, will replace Edel from January 2013. Tony is also on the TPOT Working Group. We welcome Tony to the group and look forward to working with him.

TACC wish to thank Sarah and Edel for their very valuable contribution to the directorate team business and we wish them well in all future endeavours.

Edel will continue as lead for the chronic pain programme in her role as Senior Physiotherapist MPUH.

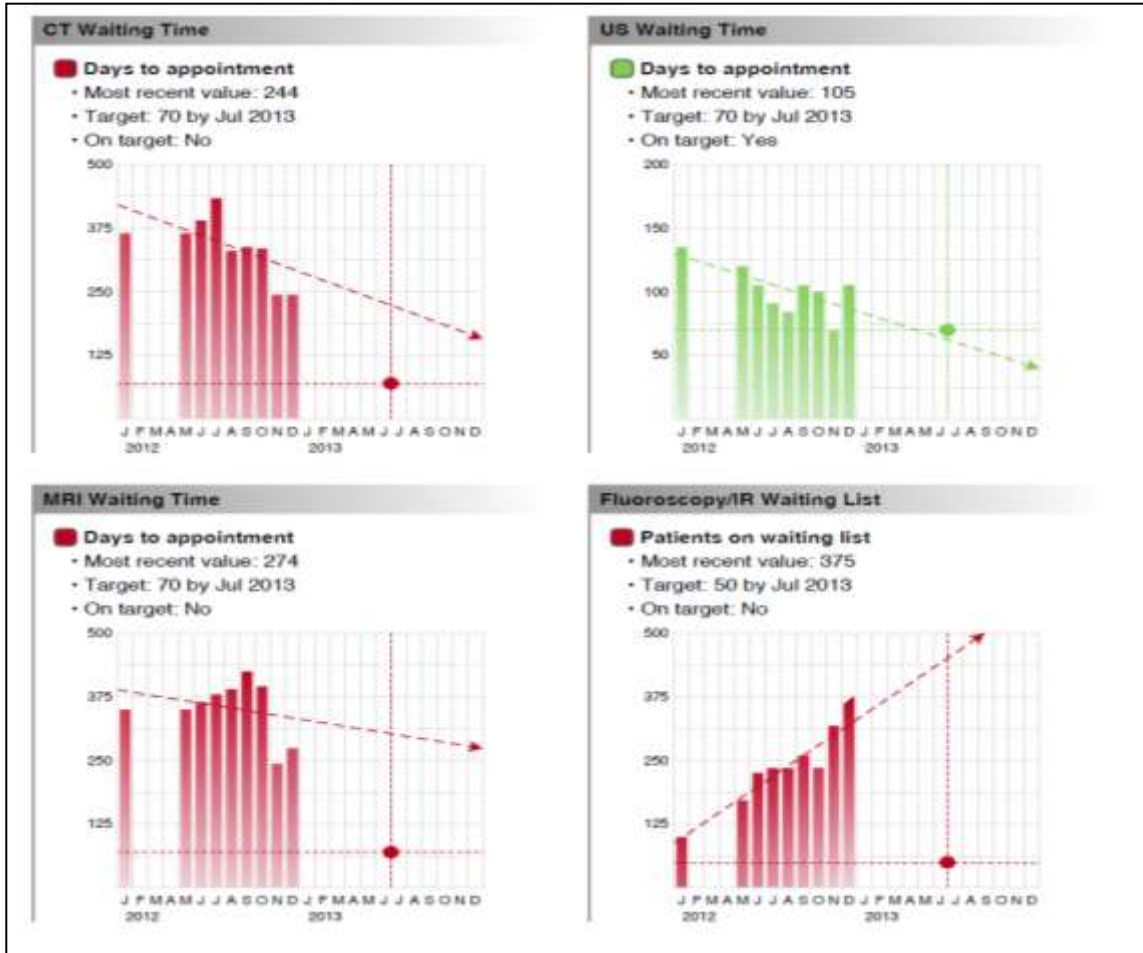
Cost containment

Cost Containment is a big challenge for TACC in 2013, as by their nature both theatre and critical care are high cost areas. Our strategy for 2013 is to meet with all specialties individually to review all consumable use. This has commenced with Cardiothoracics and critical care, and essentially involves going through the full lists of consumables used and the cost of items during 2012; these meetings have been attended by a representative from national procurement. Both areas have identified consumables/packs/sets etc which need to be streamlined/reduced/ changed and in some cases the need for education in terms of cost awareness and waste.

RADIOLOGY DIRECTORATE

Ray McLoughlin, Clinical Director; Mary Murphy, Business Manager

Waiting list objectives



No significant progress on our primary waiting list targets this month. Hoping to improve for next month by targeting long waiters in CT and MRI, and getting the new fluoroscopy room at UHG up and running.

Equipment

- UHG new fluoroscopy unit came into action on 21 January – work to tackle the lengthy waiting list that built up during decommissioning and downtime commenced immediately.
- PHB and MPUH await delivery of C-arms, hopefully for Feb/Mar 2013.
- Installation of new UHG Nuc Med facility continues – hopefully operational by Mar/Apr 2013.

HR

Several positions have been sanctioned by the ECC for the Radiology Departments across the Group. We strive, with Senior Management and HR, to urgently get these positions filled. The ongoing efforts of all staff in the Directorate to maintain service under these circumstances is again acknowledged.

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



Radiation Oncology Project

Formal notification of funding to proceed with the enabling works for Radiation Oncology Project was received in January 2013 which is great news.

Planning permission was granted for replacement car parking as part of the plan for the Expansion of Radiation Oncology Facilities in December, 2012. This upper deck replacement car parking will be developed on the existing surface car park adjacent to the laboratory. The tender documentation has now been prepared for the replacement car parking and Adult Mental Health Unit and it is planned to go to tender in early February for the two projects with a tentative start date for the replacement project of June/July 2013. This will mean a reduction in car parking for staff on this site. Use of MPUH for park and ride facility with augmented shuttle bus service currently being examined to cope with reduced car parking on site.

Interim Ward Block

The planning application for the interim ward block is at an advanced stage and will be submitted to City Council in the next few weeks.

Clinical Research Facility /Translational Research Facility (CRF/TRF)

Site set up and survey work commenced in January 2013 in relation to ventilation works to be completed in St Angela's and St Rita's Wards. The ventilation works are due to commence in St Rita's Ward in the first week in February and the following week in St Angela's Ward.

Design workshops were held with service representatives in January 2013. Tenders have been issued for the main CRF/TRF build project and it is anticipated that the main project build will commence at the end of May 2013.

Shop Refit/Front Foyer Reconfiguration

Plans are progressing for a refit of the café/shop area to enable the provision of a more comprehensive service to meet the needs of patients, visitors and staff. In tandem with this it is planned to reconfigure the foyer area and relocate the reception desk to ensure a more user friendly layout for those visiting our hospital.

Unit 2 MPUH

We have received handover of the newly refurbished Unit 2 Outpatient facility with some final snag issues being addressed. The decanting of the Orthopaedic Service back to Unit 2 is in planning currently.

More detail to follow in our next Newsletter.

Extension of the Bio System Trial—GRUHG

A Bio Systems trial commenced at the UHG site on 04 September 2012. The trial was introduced to 4 wards: St Gerard's, St Anne's, St Enda's and St Anthony's and also to Phlebotomy Outpatients, Phlebotomy Maternity and to the Emergency Department.

Bio Systems is a service that centres on the concept of a re-usable sharps containers for the disposal of sharp waste rather than a single-use container. The system operates as follows:-

- Sharps containers are delivered to wards/department pre-tagged and assembled
- Filled containers are removed, the waste emptied and treated
- Empty containers are sterilised and returned for re-use
- Each container can be used up to 600 times
- The system is a serviced system



After a three month period the trial was evaluated through completion and analysis of staff questionnaire, review of waste contractor data, review of costs, feedback from supplies department, ground staff, managers and feedback from other hospitals currently using the system.

The trial outcome was successful and over the trial period Bio Systems demonstrated cost savings, health and safety benefits, reduced workload on hospital staff, improved legislative compliance and savings in time and space.

In this regard a presentation was made to the Estates Strategy Committee and a decision has now been taken to extend the trial to include all ward area across GUHs.



A decision was also taken to review the suitability of the system for Roscommon Hospital and Portlinculla Hospital and monitor progress of the system in GUHs with the overall aim of extending the system across the GRUHG Group.

A programme of education and implementation of Bio Systems will commence across GUHs in February 2013.

Non Risk Waste Tender—GRUHG

In December 2012 a tender notice was published on the e-tenders website inviting tenders for the Provision of Non Hazardous Healthcare Waste Services to a large number of acute hospitals including GUHs, RH and Portlinculla. Tenders closed on the 22 January, 2013.

National Procurement are currently reviewing tender submissions to ensure compliance and progression to next evaluation stage. It is envisaged that the evaluation stage will commence at the end of February 2013 and successful service providers are to be appointed by April 2013.

GUH Smoke Free Hospital Campus — 1 Year On

Galway University Hospitals introduced a smoke free campus policy on National No Smoking Day, Wednesday 22 February 2012. The smoke free campus committee is continuing to manage the implementation of the policy. The policy continues to be largely successful one year on.

The committee will over the next few months will carry our surveys with staff, patients and visitors regarding their attitudes and behaviours in relation to the smoke free campus policy. These results will be compared with data gathered before the implementation of the policy

Our pharmacy department have illustrated significant upward trends over the last year in the amount of Nicotine Replacement Therapy (NRT) dispensed. This indicates that medical and nursing staff are intervening with smokers and offering them NRT during their stay in hospital.

We continue to urge staff to cooperate with the policy; and to offer support to our patients to facilitate their compliance also by informing them of the smoke free campus policy and by offering smoking cessation support and/or NRT during their hospital stay. Any staff member can remind someone smoking on the hospital grounds that there is a smoke free campus policy now in existence and ask them to extinguish their cigarette or they may continue to smoke outside the blue line at the hospital entrances.

National No Smoking day was on Wednesday 13 February (Ash Wednesday). Anyone interested in making an attempt to quit smoking should contact Irene O'Byrne, Smoking Cessation Officer on 2103 or Irene.obyrne@hse.ie for support and information.

GUH Present Mobility Management Plan at Bus Travel Symposium

GUH presented at a recent travel symposium hosted by the Galway Transportation Unit, Galway City Council In conjunction with its 'Bike It, Walk It, Bus It Campaign'.

4 key speakers from the largest employers in Galway city presented their mobility management plan objectives, successes and challenges. GUH presented its mobility management plan objectives which included the recent travel survey for staff statistics. Other key speakers presenting plans at the event included: Galway City Council, NUI Galway and Boston Scientific.

Attendees at the symposium included the National Transport Authority (NTA), Bus Eireann and City Direct, Representatives from various departments within Galway City council including the planning dept.

The large employers outlined their challenges to the NTA and bus company providers in reducing singular car occupancy journeys to work and suggestions for improvements that could impact on increased bus usage and improvements for cyclists and pedestrians in Galway city.

GUH have secured funding of €40,000 in January 2013 as part of the National Transport Authorities Regional Cities funding for bike shelter parking. This has resulted from GUH's commitment to sustainable transport initiatives and continuous working with Galway Transportation unit and smarter travel workplaces over the past number of years. This funding will provide additional secure parking for cyclists in the coming few months.

Employee Travel Survey Dec 2012 Results

GUH as part of its mobility plan work have conducted 2 surveys in relation to how staff travels to work in 2008 and 2012 and 343 staff members responded to the recent survey. The results of this survey will be communicated to all staff and used in the implementation of the mobility management plan for the UHG site.

How staff mostly travel to work

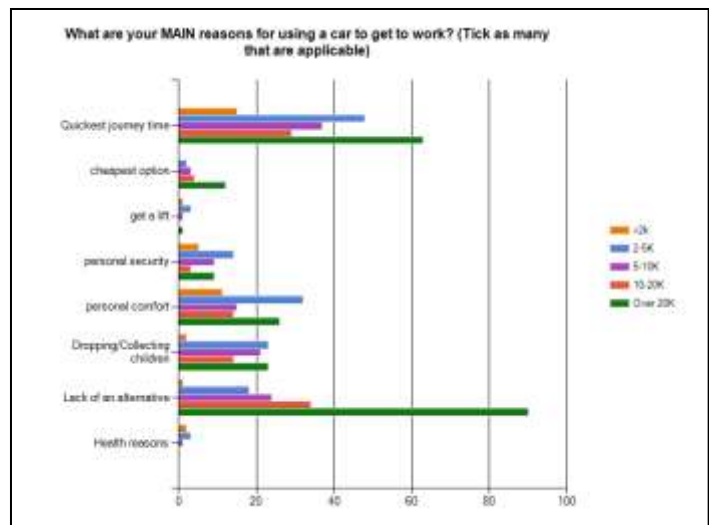
Mostly	% of Staff- 2012	% of Staff -2008	Staff who Live <5k 2012
Car on your own	73%	80%	61%
Car share	7%	6%	8%
Walk	8%	8%	23%
Bus	3%	3%	3%
Cycle	5%	3%	12%
Train	.25%		
Other*	4%		

*staff indicated a number of options here including getting a lift, drive and cycle, drive to Merlin then shuttle bus and motorcycle.

Reasons for using the car to get to work

Staff who live < 5 k from Work

- 61% mostly use their car on their own (69% in 2008), 23% walk and 12% cycle.
- 56% stated it takes between 6-15 mins to get to work, with a further 34% stating it takes between 15-30 mins to get to work.
- The reasons indicated for taking the car to work were; quickest journey time (60%), personal comfort (41%), childcare commitments (24%), Lack of alternative (18%) and personal security (18%).
- 76% indicated they would consider walking or cycling on some or all days of the week. The bus, car sharing and park and ride options were less popular but remained consistent across all staff regardless of their distance from work to home.
- Staff indicated that the availability of shower and changing facilities (59%), safe well lit cycle paths (47%) and improved cycle parking on campus (33%) were the top reasons that would encourage them to walk, cycle, bus or train to work.
- Only 17% of these staff members felt a parking charge on site would encourage them to use alternative modes of transport.



For further information on the results of the survey please contact: laura.mchugh@hse.ie

Presentation of prizes for the European Antibiotic Awareness Day Quiz Nov 2012



Picture Left: Ms. Marie Tierney (Antimicrobial Pharmacist and Secretary of Antimicrobial Management Team), Dr. Clíodhna Ní Fhoghlú (Intern, Winner of Prescriber Quiz), Mr. John Seary (Pharmacy Porter, Winner of Non-prescriber Quiz) and Dr. Deirbhile Keady (Consultant Microbiologist and Chair of Antimicrobial Management Team)

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

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Newsletter Content Deadlines for 2013

Please see below for the content deadline for the next issue:

Issue 10: 04 March 2013 (this is the latest date for content)



Thank you for your contributions and we look forward to reading your future submissions.