

4 in 1 NEWS



Issue 11
May 2013

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

It is hard to believe that it is May already and we are nearly half way through the year.

At the start of the year we agreed as part of our Service Plan a number of Key Priorities for the Group, I would like to share with you the progress we have made on the following:

Our **Mission and Vision Statement** and our Guiding Values, which will underpin the development of our strategies and provide the context for service delivery and how we conduct business was signed off the by the Board last month. We will soon be organising "Road Shows" to launch this Mission and Vision Statement throughout the Group. This Mission and Vision Statement should now be referenced in all key documents particularly strategy documents and I would ask that this version replaces all other versions and is distributed throughout your areas of responsibilities and are visible to all staff. You will find a copy of this statement at the back of this newsletter.

Patient and Public Involvement Strategy and Nursing Midwifery Strategy 2013-2018

I was delighted to have attended the recent launch of our Public and Patient User involvement Strategy and Nursing Midwifery Strategy last month. This was a great day for the Group, in particular our Nursing Colleagues and the Patients we serve. I look forward to working with all those involved to advance the strategies objectives as we continue to shape the development of the Group.

Quality and Safety Management System - To support the new governance structure for the Group the Quality and Safety Management System (Q Pulse) went live last month. This system will ensure a structured and integrated approach to the management of quality and patient safety issues. This is seen as a significant development and the Group Clinical Director and his team should be commended for their efforts and leadership in this area

The ICT Strategy Committee has been reformed and will be the most significant enabler for the future success of the organisation and will drive organisational change and fundamental redesign of many of the core business processes across the hospitals. Mr Maurice Power will discuss this further in the newsletter.

Feedback

I recently had opportunity to have some feedback from one of our members of staff identifying a number of areas for improvements on one of our wards. It reminded me that we don't always get everything right. It reminded me that our staff are our greatest opportunity and agents for change. Getting feedback is something that is sometimes hard but we should always welcome it, reflect on it and where necessary act on it. I would like to thank the member of staff and encourage you where you have ideas for improvement and concerns about the service we provide to talk to your manager and work with them and remember that anything that improves patient care is worth feeding back.

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

Performance

Our Performance report highlights the difficulty in balancing the need to meet the emergency requirements of our patients while also achieving our target for planned elective care.

Annual Report

Finally, the production of our 2012 Annual Report is underway. This will be our first “Group” Annual Report and as such is a significant document. The report will outline the key achievements in 2012, the governance arrangements we have established and various service developments from each of our directives. It is intended to launch the annual report at our Public Board Meeting on 18 June. You will hear more about this in our next edition

Kind Regards,
Bill Maher
Group CEO



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

I am delighted to introduce you to someone who needs no introduction, on the GUH campus in any case. Ms. Ann Cosgrove took over the role of GM for Galway University Hospitals on the 25 February, this year. Although Ann has already been a regular contributor to the newsletter, she will now be providing you with the General Manager report for GUH.

I, like everyone else, would like to wish Ann every success in her new appointment.

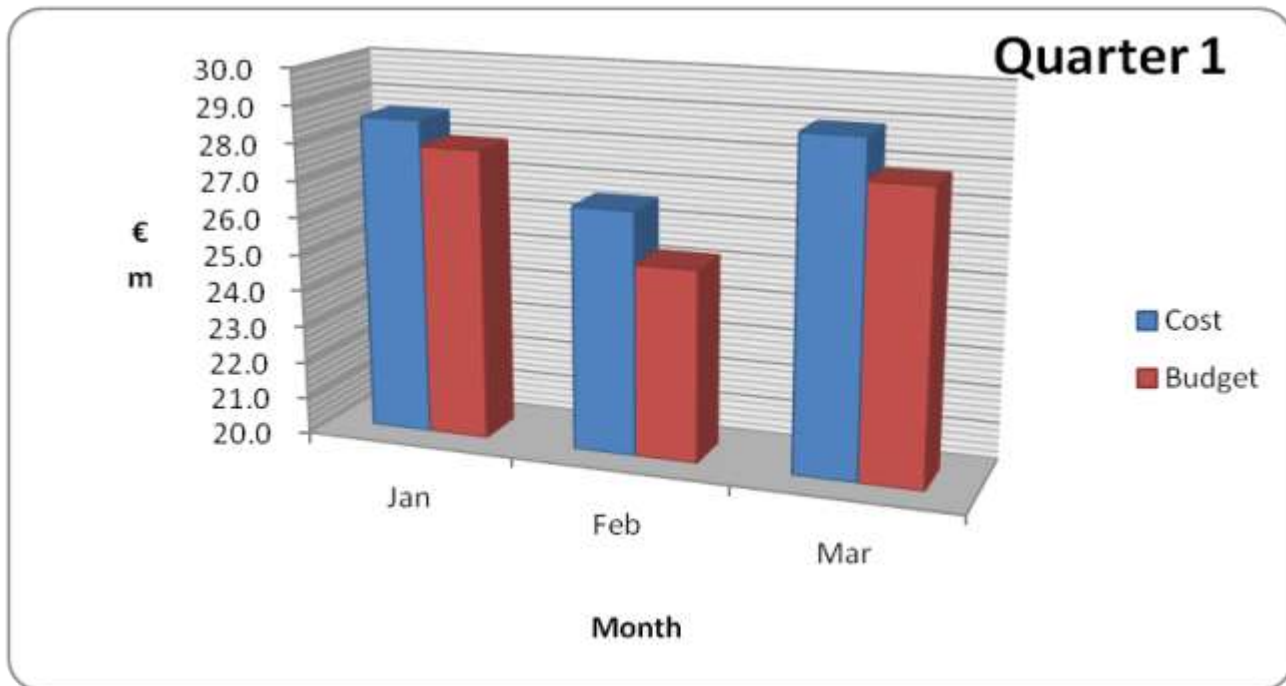
Kind Regards,
Tony Canavan
Chief Operating Officer



Finance Committee Galway and Roscommon University Hospital Group

Financial Performance

Quarter 1 – end of March 2013



The first quarter financial result shows the Group €3.4m over budget and €2.1m over same quarter last year. While we are doing well on pay with improvements in overtime and agency we still have pressures in income and non pay.

Income is proving to be a major challenge influenced by two main factors:

1. Patient charges are down on last year due to fewer patients with private insurance and demand on beds for infection control reasons
2. Special Delivery Unit funding is no longer available

In non pay our main pressure areas relate to patient related costs such as drugs and medicines, medical and surgical supplies, nursing home beds and transport.

One area we need to re-focus on is our Debtors figure and we will be monitoring our performance closely in the coming months. We have a total of nearly €9m outstanding at end of March due to the non signature of claims - €7m relating to non signature of claims forms by consultants and €2m relating to non signature by members. It is important to note that the reduction of this debt figure is with our own control and we can reduce significantly with the right focus and effort.

Finance Committee Galway and Roscommon University Hospital Group

Forecast 2013

Looking to the future the first quarter results suggest that we will be an estimated €20m over budget by year end. However there are measures in place to reduce this including legislation to allow us to invoice private patients who are accommodated in public beds. We expect the legislation to occur in second half of the year. We also have national and local cost containment plans in place and full delivery of the plans will further reduce the gap to between €10m-€15m.

Cost containment Plans

We made some good progress in delivery of cost containment measures across the Group in the first three months of the year with approximately €1m savings achieved. We have cost containment plans agreed with the Clinical Directorates, Hospital General Managers and Group Nursing. Their efforts in supporting cost reduction to date is acknowledged. We need to keep the momentum on cost savings as there is no additional funding in the system and pressure is being applied nationally to stay within our Budget.

Claimsure Project (System for Electronic Claims Management)

The major issue in relation to the implementation of Claimsure is now resolved and the system is working well in GUH. We now need to look at the roll out of the system to both PHB and RH.

Activity Based Costing System Update.

The ABC system is progressing well and we saw the first iteration of the results in recent weeks. There is further validation work taking place to strengthen the accuracy of the data results and the project lead, Mark Grogan together with our partners Performance will be holding workshops with certain departments during May so we can further improve on the outputs.

Minor Capital Equipment

After a number of meetings and submissions we have received our final allocation of replacement of minor capital equipment for 2013. While more funding would be welcomed we are pleased with our allocation total of €4.6m. The key areas earmarked for funding include Radiology Equipment in GUH, Scope replacement across the Group and POU (point of use shelving) in all Hospitals. Our medical physics and procurement colleagues have already commenced the business of producing specifications, tendering and procuring the equipment which must be in place by end of November 2013.

Maurice Power
Chief Finance Officer



Human Resources Department Galway and Roscommon University Hospital Group

Revised Employment Control Framework

Background

The National Recruitment Moratorium was introduced in March 2009 and has led to reducing the number of staff working in the public service substantially. The health sector has reduced staffing by 11,243 WTEs since 2007. Galway and Roscommon University Hospital Group reduced staffing by 394 WTEs (9.1%) between May 2009 and October 2012. This has created substantial challenges to all staff in our Group.

As a result of a Troika instruction last July, there has been a more rigorous application of the Moratorium, and decisions on replacing staff have been taken by a National Control Group (NCG). This meant that the filling of local vacancies required the approval of three senior HSE managers at a national level. While our Group was very successful (when compared with all other services nationally) in achieving approvals for a number of posts from the NCG, the process inhibited our plans to deliver services.

Recently, the Group received a communication (the Revised Employment Control Framework) that indicates the reinstatement of decision-making to the Group Management Team with immediate effect. While this is excellent news as we move further to earned autonomy and additional independence as an employer, it brings with it responsibilities and accountability. The health sector must shed an additional 3,419 WTEs in 2013 and the Group's 'share' of this is 132 posts.

On the ground

The primary focus of all recruitment decisions will continue to be on the impact on front-line services. We have to reconfigure how we do things before any applications are submitted to the Group's Employment Control Committee (ECC). On a practical level the ECC again becomes the appropriate arbiter of decisions to recruit or not. The need for even more diligent scrutiny of applications by the Directorates before sending to the ECC is now more important than ever. Applications and approvals will be based on the highest service priorities (Directorate, Hospital and Group) and with a clear and strong focus on remaining within budget and within the allocated employment ceiling for each service area.

The use of the additional hours which may become available under the extension of the Public Service Agreement, if passed, or any associated alternative, will also be a major factor.

All redeployment, restructuring and reorganisation of workloads are to be exhausted in addressing critical front-line vacancies prior to seeking the filling of a post.

There is also a requirement to suppress posts to a financial value of at least an equal sum to the approved replacement in all cases and across all grades/categories of staff.

Vacancies above basic grades will be carefully evaluated with a view to replacing at a lower grade and cost.

**Human Resources Department
Galway and Roscommon University Hospital Group**

New service developments in the National Service Plan

1,000 new service development posts under the 2013 National Service Plan (NSP) are controlled and monitored under a separate process and these have to be offset by reductions elsewhere.

Monitoring Requirements

The Group must provide full evidence of compliance every month to the National HR Directorate. Failure to adhere to the compliance requirements set out in the revised Employment Control Framework will result in the delegated authority being rescinded.

The Management Team would welcome all staffs' understanding of the challenges presented by this new arrangement and your ongoing support in continuing to deliver an excellent service to our patients and public in these trying times.

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**CNM Management Development Programme**

Congratulations to all and well done in completing this 'first' in the Group. It is so important for our Nursing and Midwifery Managers to acquire management insights, knowledge and skills to complement their clinical judgements and assist them in meeting the many challenges posed in their demanding role. The new skills and knowledge will equip these CNMs/CMMs to rise to these challenges, currently and into the future. They will grow in confidence as a result of the programme, be more creative and strive even more to ensure the highest quality of care.

I wish them all every success and I commit the support of the HR department to them in their efforts to manage services to our patients and their families more effectively and efficiently.



John Shaughnessy  
Group Director of Human Resources

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

We are progressing well in the delivery of our new Nursing and Midwifery structure across the Group with new staff joining our organisation on a weekly basis. Activity remains challenging with the constant pressures at ward and department level, however, we continue to strive to provide excellent care to our Patients.

Friday, 19 April was a day of celebration for Nursing and Midwifery where Nurses and Midwives from Roscommon and Portiuncula arrived to spend the morning with peers and colleagues from Galway and Merlin Park sites. There was a sharing of knowledge and contacts to create a collegiate of staff across the group. The afternoon saw the launch of our:

1. Annual Report for 2012 which reported on the key achievements and developments of Nursing and Midwifery over the last year.
2. Our Nursing and Midwifery Strategic Plan 2013-2018 which provides a benchmark for our future growth over the next 5 years. This high level Strategic plan will be reflected in our implementation plans at each site with the full engagement of frontline staff. We will grow and deliver on (a). Leadership, Management and Clinical Governance, (b) our Nursing & Midwifery workforce, (c) our use of resources and (d) use of information.
3. Our Public Patient Involvement Strategy 2013-2015. This strategy will embed a culture of patient involvement and inclusion in their journey with us. We will work at 4 levels.
  - i. Communicating to inform and educate
  - ii. Listening to gather information
  - iii. Engaging – working to involve and
  - iv. Partnering – developing together

This is a very exciting Strategy which will be underpinned by our new mantra:

**“Nothing About You, Without You”.**

We will be advertising shortly for a Patient Advice and Liaison (PAL) Co-Ordinator to support our plans and a Patient Council to start implementing our plans. Copies of these documents and summary booklets have been mailed to you on eservices. Take time to read and own these documents and work with Nursing and Midwifery to promote and drive this initiative.

Our launch was a great day for staff with the Lecture Theatre full and many National Directors in attendance. We have had contact from far and wide to share our documents (including the USA) and a healthy interest in how we progress.

Congratulations to all our staff for their input and I look forward to working with the Group in realising these plans.



**GUH staff at the launch of the Nursing Strategy in April.**



**Photo on Left:**

**Front row:** Staff from GUH: Marie Cloonan CNM3; Rena McMahon; Margaret Healy; Rosemary Walsh, CNM2 CCU; and Eleanor McIntyre, S/N Cardiothoracic..

**Back row:** Hilda Clarke, CNS Diabetes PHB; Colette Cowan, Group Director of Nursing and Midwifery; Caroline Dolan, ADON TACC PHB; Jean Kelly, DONM GUH; Michelle Wren CNM2 Cardiothoracic; Jacinta Redmond, DONM office PHB; and Helena Hanrahan, CNM3 ED, GUH.



**Photo Above:**

**Front row:** Ian Carter, Executive Chair, Louth Meath Hospital Group; Colette Cowan, Group Director of Nursing and Midwifery; Phyllis MacNamara, non-Executive Director of the Board; Bill Maher, Group CEO; and John Killeen, non-Executive Director of the Board.

**Back row:** Margaret Casey, Act DON, Roscommon Hospital; Jean Kelly, DONM, GUH; and Marita Fogarty, Act DONM, PHB.

**Photo on Right:**

**Front row:** Cathryn Lee, A/DON; Julie Nohilly, A/DON; Maria Neary, Nursing and Midwifery Board of Ireland; Una Carr A/DON.

**Back row:** Marie Cox, A/DON; Alice Reilly, A/DON Theatres; Teresa Meenaghan, ANP Haematology; Maura Molloy, AMP Colposcopy; and Shirley Angland, ANP ED.



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

On 30 April the Group Clinical Director and I presented in Dublin at the Acute Medicines Programme Forum. CNM II's, the Patient Flow Team and our Business Manager for Medicine attended the Conference. Feedback from the team was very positive with affirmations that the Galway Group had progressed on many levels in the last 12 months and noted the importance of taking stock of developments while acknowledging the continuous and further changes required.

We have recently advertised in the local papers for applications to the NRS Talent Pool to create panels of specialist Nurses e.g. Theatre Nurses. We are constantly striving to open additional Theatre space so please encourage friends and colleagues to apply for these vital posts.

We recently opened our 9<sup>th</sup> bed in our Intensive Care Unit with our 10<sup>th</sup> bed opening in the summer and 11<sup>th</sup> by the Autumn at GUH. This was achieved by the recruitment and arrival of new permanent ICU Nurses. We wish them every success and support in our Organisation.

We are actively progressing the same supports for Portiuncula so plenty of positive changes that are helping us progress on our key priorities for Nursing and Midwifery for 2013.

Thank you all for continuing to provide care and compassion to our Patients and for your professionalism in what was a very challenging month for our Organisation.



Colette Cowan  
Group Director of Nursing and Midwifery

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

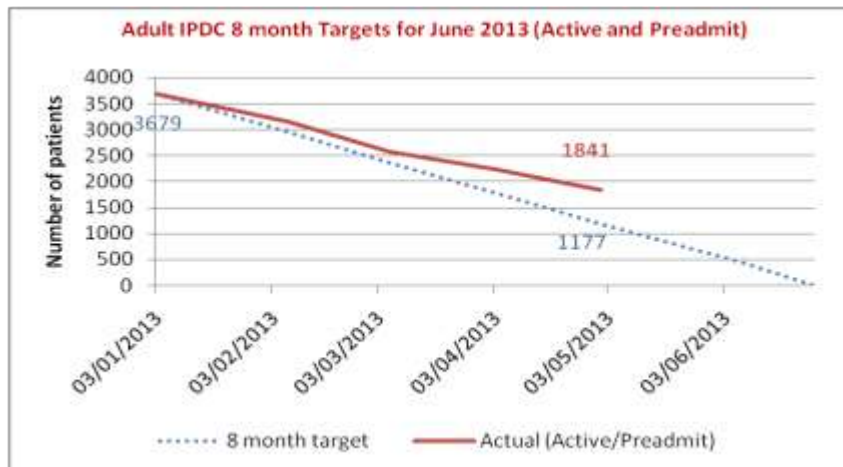
### SDU Waiting List Targets for 2013

The current Special Delivery Unit targets remain are very challenging and I am reminding you of these again:

- 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 remain behind schedule for the adult 8 month waiting time targets as illustrated in the following graph.



We are working with many colleagues within the Group to assist us with the delivery of these targets. The Surgery and Anaesthesia Programme is a great example of this and while the employment of additional theatre nurses remains key, there are other significant changes that are part of our programme for reform:

- A new theatre scheduling tool that runs from PAS is being implemented – this will improve the workflow when scheduling all elective patients for theatre.
- The implementation of the preadmission clinic and theatre admissions lounge will improve the patient flow for elective patients
- The appointment of Ann Geraghty from the waiting list office to the role of ‘elective flow coordinator’ will ensure that all elective patients are streamed to the appropriate admissions area in the hospital in a timely manner.

We look forward to seeing the benefits of the preadmission clinic and theatre admissions lounge and wish the team – Jennifer McElwain (Consultant Anaesthetist) Maeve Feehan (CNM2) and Ann Geraghty (elective flow coordinator) every success with this new venture.

We continue to transfer patients to the most appropriate hospital for their inpatient care and are further developing services in both Roscommon and Portluncula.

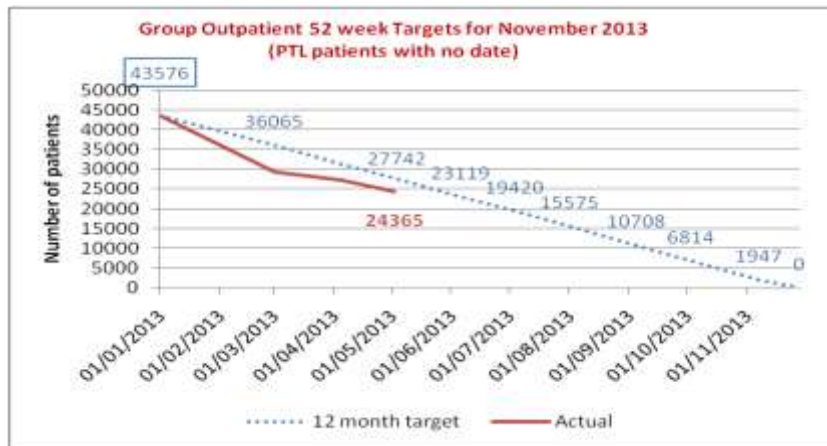
## Message from Sue Hennessy, Waiting List Manager, Galway and Roscommon University Hospital Group

### Outpatients.

Management of outpatient services remains a challenge as we need to see patients on the Primary Target List as well as patients who are triaged as urgent. The key areas we are currently focusing on are:

- Treating all patients on the Primary Target List
- Implementing a 5 day triage target from receipt of referral to return from consultant triage
- Reducing the DNA rate to 7.5%

We have remained on track to reach the Outpatient SDU target by November 2013 but are aware that much of the progress made to date has been through validation of the waiting lists.



We continue to work with the directorates to arrange appointments for patients who have been waiting over four years. We have reduce the waiting times in many specialties through innovative approaches which include:

- Orthopaedics - The development of a physiotherapy specialist-led musculoskeletal clinic to triage patients – many patients have been referred for physiotherapy or to other specialties and some have been discharged to the GP.
- Nephrology – Review of investigations results for patients waiting and additional clinics to see these patients. Many have been discharged back to the GP.
- ENT – initiative clinics set up to see patients, many of whom require further investigations or surgery.
- Vascular – patients with varicose veins have been referred to an initiative one-stop clinic for review with doppler ultrasound scan, run by the general surgeons in Roscommon

There is a strong focus on reducing the inpatient and outpatient waiting times however we must remember:

***'The patient is central to everything that we do'.***

We continue to deliver a safe and efficient service to all our patients and will keep you updated with progress.

Sue Hennessy  
Waiting List Manager



## Message from Martin Molloy, Information Services Manager Information Technology Update

The new ICT steering committee met for the first time on the 26 March 2013. Membership of this committee has been reviewed and now includes Fran Thompson from National ICT and John Killeen who is a member of the Group Board of Directors.

The Board of Directors and Group Management see huge potential in the role of ICT to improve outcomes and reduce healthcare costs. The development of a Group ICT Strategy to reflect this potential has now been prioritised and is to be presented to Board in June 2013. Investment in ICT staffing and infrastructure is vital. The current strategy of rolling out departmental systems using 'best of breed' solutions will be assessed against the integrated solution approach.

Work on integrating all the Group Hospitals from a numbering perspective is ongoing and whilst 40,000 records have been matched, we now need to match the remaining records where ambiguities exist. There is significant work ongoing in meeting the National OPD data reporting requirement and the rollout of systems procured by National ICT will continue (Endoscopy live in UHG is scheduled for April 2013 and in RH is scheduled for June 2013) to be followed by re-usable Medical Device Track and Trace and Blood Tracking system later in the year.

The committee also discussed the range of projects that are currently under consideration and have prioritised the following:

- Electronic Medical Record—in process of developing tender documents.
- ED Information System—proposal has been forwarded to National ICT and putting pressure on to progress to tender.
- Develop Management Information Reporting systems across the Group using SharePoint portal – this development is ongoing. Data Quality is very important and we need to have full confidence in any data we produce and present. Over the next few weeks we need to develop ongoing audits of our data and a process of continuous quality improvement here is vital.
- Bed Management—progress pilot in 4 wards in UHG.

On the infrastructure, we have approval for Wi-Fi for the Galway campus and hopefully a tender will be issued by National ICT in May. Proposals for extending this to PHB and RH are in place and a decision is awaited. Other important infrastructure components are also progressing – mainly to do with PC replacement, improving network performance and redundancy.

Over the next few weeks, we will publish all ICT Project Information on SharePoint. Thanks for all your help to date in helping to progress above work.

## Message from Elaine Prendergast, General Manager, Roscommon Hospital

As the first quarter of 2013 has just past we can review on how the hospital is performing against its KPIs.

Main areas of performance are:

- ⇒ Overall DNA activity for all services in the hospital was 9.5% for March.
- ⇒ DNA rate for Day Case activity is 4.5%
- ⇒ No new cases of C Diff
- ⇒ OPD Waiting list, Day Cases and MAU targets are all amber.
- ⇒ Staffing levels and wte ceiling within target.
- ⇒ Financial position was 4% over target (amber) year to date with a total overspend in Q1 €193,865. Spend is 2% below for the same period last year.

Areas for improvement:

- ⇒ OPD DNA rate
- ⇒ Absenteeism
- ⇒ The AVLOS remains high at 9.0 days
- ⇒ Hand Hygiene Compliance rates

The hospital continues to focus on absenteeism. All departments within the hospitals are using “Safety Crosses” from the NHS Productive Ward initiative to record the daily unplanned absences. More information on the Safety Crosses and how they work is continued in an article on page 16. In addition the level of absenteeism is being addressed by increased awareness sessions for staff on the managing attendance policy and increasing education for line managers on their roles and responsibilities in managing staff attendance.

In March, Roscommon Hospital was delighted to host the first Board meeting in a venue outside of Galway. This was a significant occasion for the hospital and allowed us to showcase to the board members the transformation of Roscommon Hospital to a Model 2 Hospital and the services now delivered and available to the local population and the population served by Galway and Roscommon University Hospital Group. A new Board room was created following significant refurbishment and redecorating of the Training Centre and now has audiovisual and teleconferencing facilities.

Colorectal Screening will be commencing shortly, once the Endoscopy Reporting IT system (EndoRaad) is installed and a timeline for installation and training has been agreed.

Since April, QPulse is now available in Roscommon Hospital and training for staff is ongoing.

Congratulations to the Lab Staff and Haemovigilance, on their recent success following INAB inspection.

Congratulations to Patricia Roger, Catering Manager at Roscommon Hospital on her TV debut appearing in the television programme “The Big House” on for the next 4 weeks. The series, made by Big Mountain Productions for TV3, follows 13 people as they live and work as servants in Strokestown House, Co Roscommon. See Patricia’s article on page 18 for more details.

Elaine Prendergast  
General Manager



# Roscommon Hospital Performance Targets for March 2013

| Out-patient Waiting List                                                                                                                                                                                                                                                                                                          |        | DNA Rate for all activity                                                                                                                                                                                                                                      |        | Increase Day Case activity                                                                                                                                                                                                                                                                      |        |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|--|
| Current                                                                                                                                                                                                                                                                                                                           | Future | Current                                                                                                                                                                                                                                                        | Future | Current                                                                                                                                                                                                                                                                                         | Future |  |
| 39%                                                                                                                                                                                                                                                                                                                               |        | 9.5%                                                                                                                                                                                                                                                           |        | 411                                                                                                                                                                                                                                                                                             |        |  |
| Trend: v<br>Previous Month                                                                                                                                                                                                                                                                                                        |        | Trend: v<br>Previous Month                                                                                                                                                                                                                                     |        | Trend: v<br>Previous Month                                                                                                                                                                                                                                                                      |        |  |
| <p>Target: No patient should wait more than 52 weeks for an OPD appointment.</p> <p>Percentage of patient on Outpatient waiting list greater than 52 weeks.</p> <p>RAG Score Green =&gt;10% Amber = 10 - 55% Red = +50%<br/>Total OPWL = 1651<br/>Pts waiting O'12mths - 650</p>                                                  |        | <p>Target: Reduce the number of patients who do not attend OPD/Surgery/Endoscopy to 10% by December 2013</p> <p>RAG Score Green =&gt;10% Amber = 10 - 15% Red = +16%<br/>OP = 14.5% Day-Cases - Plastics &amp; Surgery = 4.5% -<br/>Average of both = 9.5%</p> |        | <p>Target: To increase Day Case activity at Roscommon Hospital to 600 (500 Surgery + 100 Medical) day cases per month.</p> <p>RAG Score Green = 500-600 Amber = 360 -400 Red = &lt;349<br/>Day Surgery Incl Plastics/Dental = 346<br/>Medical Day-Cases = 65 MAU Pts now classified as IP's</p> |        |  |
| Registration to Discharge MAU                                                                                                                                                                                                                                                                                                     |        | Average Length of Stay                                                                                                                                                                                                                                         |        | Scheduled Attendance of Visiting Consultants                                                                                                                                                                                                                                                    |        |  |
| Current                                                                                                                                                                                                                                                                                                                           | Future | Current                                                                                                                                                                                                                                                        | Future | Current                                                                                                                                                                                                                                                                                         | Future |  |
| 79%                                                                                                                                                                                                                                                                                                                               |        | 9                                                                                                                                                                                                                                                              |        | 89%                                                                                                                                                                                                                                                                                             |        |  |
| Trend: v<br>Previous Month                                                                                                                                                                                                                                                                                                        |        | Trend: v<br>Previous Month                                                                                                                                                                                                                                     |        | Trend: v<br>Previous Month                                                                                                                                                                                                                                                                      |        |  |
| <p>Target: Percentage of patients attending MAU discharged in 6 hours or less (Timed from Registration to Discharge)</p> <p>RAG Score Green = 90-100% Amber = 70-89% Red = &lt;69%<br/>80% MAU Same Day Discharges within 6 hr range<br/>77% MAU/RCH admissions within 6 hr range<br/>March - 39 IP's &amp; 45SSDD - Total 84</p> |        | <p>Target: Overall ALOS for all inpatients discharges is reduced to 5.7 days by December 2013</p> <p>RAG Score Green: &lt;5.7 Amber: 5.8 - 9 Red: over 9.1<br/>Medical = 9.8 Days - Surgery = 3 Days</p>                                                       |        | <p>Target: Percentage of visiting consultants who attended scheduled sessions per month.</p> <p>RAG Score Green = 95-100% Amber = 80-94% Red = &lt;80%<br/>Plastics session x 1 (Crs), Ortho x 1-8 no dates advised for Mr Devitt</p>                                                           |        |  |
| Antibiotic Usage                                                                                                                                                                                                                                                                                                                  |        | New Cases of C Diff                                                                                                                                                                                                                                            |        | Hand Hygiene Compliance                                                                                                                                                                                                                                                                         |        |  |
| Current                                                                                                                                                                                                                                                                                                                           | Future | Current                                                                                                                                                                                                                                                        | Future | Current                                                                                                                                                                                                                                                                                         | Future |  |
| 96.8                                                                                                                                                                                                                                                                                                                              |        | 0                                                                                                                                                                                                                                                              |        | 78.4%                                                                                                                                                                                                                                                                                           |        |  |
| Trend: v<br>Previous Month                                                                                                                                                                                                                                                                                                        |        | Trend: v<br>Previous Month                                                                                                                                                                                                                                     |        | Trend: v<br>Previous Month                                                                                                                                                                                                                                                                      |        |  |
| <p>Target: To reduce the medial usage rate of antibiotics to 84.4 per 100 bed days utilised by December 2013</p> <p>RAG Score Green=&lt;86 Amber=80.1-95 Red=+ 85.1</p>                                                                                                                                                           |        | <p>Target: To reduce the background rate of HCAI of C Difficile to &lt;2.6 per 10,000 bed days used</p> <p>RAG Score Green=&lt;2.6 Amber= 2.61 -4 Red= + 4.1</p>                                                                                               |        | <p>Target: Percentage compliance during hand hygiene opportunities observed.</p> <p>RAG Score Green = &gt;90% Amber = 80-90% Red = &lt;80%</p>                                                                                                                                                  |        |  |
| Financial Position                                                                                                                                                                                                                                                                                                                |        | Staffing Levels                                                                                                                                                                                                                                                |        | Absenteeism                                                                                                                                                                                                                                                                                     |        |  |
| Current                                                                                                                                                                                                                                                                                                                           | Future | Current                                                                                                                                                                                                                                                        | Future | Current                                                                                                                                                                                                                                                                                         | Future |  |
| -4%                                                                                                                                                                                                                                                                                                                               |        | +0.3%                                                                                                                                                                                                                                                          |        | 5.31%                                                                                                                                                                                                                                                                                           |        |  |
| Trend: v<br>Previous Month                                                                                                                                                                                                                                                                                                        |        | Trend: v<br>Previous Month                                                                                                                                                                                                                                     |        | Trend: v<br>Previous Month                                                                                                                                                                                                                                                                      |        |  |
| <p>Target: To deliver financial breakeven by December 2013</p> <p>RAG Score Green: 0 - 3% Amber: 3.1% - 5% Red: &lt;5.1%</p> <p>Overspend March 2013 = €107,018<br/>YTD Overspend = €193,885 = 4%</p>                                                                                                                             |        | <p>Target: WTE should not drop below the WTE ceiling so as to maintain patient safety and services by December 2013</p> <p>Ceiling adjusted to 283 from March, 2012.<br/>283.87 wte March 13<br/>RAG Score Green: 0 - .5% Amber: .5.1 --10% Red: &gt; -10%</p> |        | <p>Target: To reduce the absenteeism rate to 3.5% by December 2013</p> <p>RAG Score Green: &lt;3.5% Amber: 3.51% - 4.47%<br/>Red: over 4.5%</p>                                                                                                                                                 |        |  |

## Lab Accreditation

Roscommon Hospital Transfusion Laboratory service has continued to maintain its Accreditation status. The laboratory was inspected by INAB on the 16 April 2013 and they were extremely impressed with all aspects of the service that is being delivered here. They praised the excellent leadership and teamwork within the service and staff group. During the feedback session the Inspection Team commented that this achievement reflected the hard work and enthusiasm of a highly motivated team which is committed to maintaining and continuing a high quality transfusion laboratory service.

The inspection team also acknowledged the work which had gone into preparing for the review and ensuring that all the assessment criteria had been finalised and presented well on the day. The Haemovigilance Service was also inspected during this visit. INAB were impressed and acknowledged the systems in place, including investigating and reporting of SARs/SAEs, staff education, auditing and documentation etc. On behalf of the Hospital Management Team we wish to congratulate all who have been involved with this project and worked hard to achieve accreditation.



## Safety Crosses used in Roscommon Hospital to increase awareness of Absenteeism

Using the Safety Crosses from the Productive Ward Initiative, Roscommon Hospital is raising awareness of absenteeism for all staff within the within their departments. Absenteeism/unplanned absences can affect patient care, delivery of services and places an extra burden on colleagues. The unplanned absences being monitored include Force Majeure, Compassionate leave and sick leave. All wards and Departments are using the Safety Crosses following agreement at a recent Heads of Department meeting.

In the example of the safety cross adjacent, the Finance Department at Roscommon Hospital recorded 3 days (in red) in the month of April 2013 where staff were absent.

The Green squares show that there was no absences for the other working days of the month and the white squares were the weekends.





## Refurbishment of the Board Room

Work was recently carried out on the refurbishment and upgrading of The Board Room in Roscommon Hospital.

This refurbishment, which included an upgrade on the electrical and IT infrastructure, was necessary in order to bring the building up to standard and also to facilitate the provision of Audiovisual/Teleconferencing in the building.

The hospital secured Audiovisual/Teleconferencing equipment through the IS department at Roscommon Hospital. Staff can now participate in Multi Disciplinary Meetings across the hospital group. The installation of the new equipment will also be of benefit to all staff for participating in teaching sessions with the colleges and universities, other HSE locations, etc.

The opportunity was taken to refurbish and repaint the whole room to bring it up to Board Room standard when the electrical and services works were being upgraded.

The result of this project will be of benefit to all staff throughout the hospital and will allow us to showcase our hospital during meetings with visitors, colleagues from other institutions, etc. and provide an enhanced and professional environment in which to conduct meetings, training sessions, etc.

The first meeting held in the new Board Room was the Galway and Roscommon University Hospital Group board meeting on the 25 March 2013.

The Management of Roscommon Hospital would like to thank all of those involved in this project.



**Board Room Before**



**Board Room After**

**HOSPITAL KITCHEN TO THE “BIG HOUSE” TV3 TELEVISION SERIES:**

I am the Catering Manager in Roscommon Hospital and as a teenager during school summer holidays, I worked with the former cook Bessie, in the kitchen of Strokestown Park House for Major and Madam Hales Pakenham Mahons.

My role at the time was to assist Bessie and also pick fruit from the gardens. I was first introduced to the Big House by my late father, Joe Lyttle, who worked on the estate for 50 years as Head Gardener. My sister Rosemary also worked at the Big House in the same role. I remember helping my late father on the estate during the 1970's and 80's when the house provided employment to 20 to 30 people in the local area.

Being selected to appear in the Big House as part of the new TV3 television series was an emotional rollercoaster to say the very least and brought back personal memories. It also gave me a greater appreciation of the work carried out by servants in very tough times. The “Big House” Strokestown Park House, is situated in the town of Strokestown which is my hometown. For 100 yrs life had stood still at Strokestown Park House including every fixture and fitting. But the Big House was set to come alive through the series, as the ancestors of men and women who lived and worked there re-enacted a living history that until recently had never been looked at.

The background to the television series is that Brian Murray (Actor in Fair City and the Irish RM) went on a journey to discover the controversial history of the “Big House ” in Ireland and in doing so tells the story of the servants, without whom the houses could not have functioned.

When digging through the Strokestown Park Archives and the online census, descendants of the Big House were traced. The thirteen people found, returned to Strokestown Park House to live and work exactly as their ancestors did. Not much is known about the invisible workforce so the question was, what will the present staff discover about a way of life that has all but vanished? Camera's followed thirteen cast members, who re-enacted the story of the servants of the “Big House” these are the people who have real connections to the Big House and the lives of their ancestors who worked there.

I returned to Strokestown Park House as part of the series and was cast in the role of Senior House Maid. This servant had the hardest role in the house. Under the supervision of the cook and also the watchful eyes of the camera, my duties included the management of roasting, boiling and dressing all plain joints and dishes, as well as all fish and vegetables dishes. I also had to pluck and clean out pheasants!

Filming, started at 7am and finished at 8pm each day. I only had the use of the old stoves and the same kitchen facilities that servants at the time had, so it was a difficult assignment. My experience of stepping back in time and assuming the role of our ancestors was a truly amazing experience and I hope I carried out the duties in a manner befitting their memories.

*By Patricia Rogers Catering Manager, Roscommon Hospital.*



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

During April, whilst the hospital is continuing to experience a busy period in terms of activity we are also progressing a number of projects/initiatives to improve our services.

### **The Hospital received funding for equipping:**

- Replacement of obsolete scopes to support the endoscopy service
- Telemetry
- Fetal Monitors
- Gas Monitors
- CO2 Monitors
- Additional Kan-Ban Point of Use Shelving

### **New Services/Consultant Appointments**

Dr. Mary Laing, Consultant Dermatologist was appointed in April with a weekly OPD sessional commitment in Portiuncula.

Dr. Shahid, Locum Consultant Physician commenced to replace Dr. Teresa Donnelly, who resigned recently.

### **Smoke Free Campus 2013**

The hospital is embarking on a process to achieve a Smoke Free Campus in 2013. Brief Intervention Training sessions are being held for staff in June 2013 to assist them in supporting patients/clients to stop smoking and implement the National Tobacco Control Framework.

### **National Newborn Hearing Screening – Site Implementation**

Portiuncula is one of the next sites to roll-out the National New-born Hearing Screening Programme. A meeting and presentation was given by the Project Team to the Local Implementation Team on the 3 May 2013. The planned 'Go Live' date is scheduled for August 2013.

### **Hand Hygiene**

We have focused on raising awareness in respect of Hand Hygiene compliance and our audits in April 2013 indicate improvements in a number of clinical areas. We will continue to work with areas that require improvement.

### **HIQA Hygiene Standards**

As part of the hospital's Quality Improvement Plan a number of minor works are taking place to improve patient's areas including painting and sluice room upgrades. Work progressed this month on St. Francis' Ward and St. Clare's Ward.

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

### OPD Waiting List Validation

Validation of the OPD Waiting Lists is progressing well at Portiuncula Hospital. All patients on the waiting list for 2012 have now been contacted in writing in order to validate their referral. To date this process has seen a reduction of approximately 6% from the Outpatient Waiting List since the validation process began. We are confident that we will meet the National Validation deadline of the 13 May 2013. The Specialities validated included Orthopaedics, Urology, Pain, Gynaecology, Neurophysiology and Medicine.

I would like to take this opportunity to thank the Outpatient Staff for their hard work and commitment to this project in order to reach the required deadlines.

### Key Performance Indicators (KPIs) – March 2013

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

- ⇒ Outpatient Waiting Lists – numbers continue to decrease - reduction in Dermatology – further work required in relation to Orthopaedics and Urology.
- ⇒ Day of Procedure – for elective inpatients is 56%
- ⇒ Average Length of Stay – 4.94 days

**There are a number of indicators which continue to present challenges:**

- ⇒ Financial KPIs.
- ⇒ Emergency Department Waiting Times – 70.88% (6 hour) 99.57%(9 hour) compliance against target
- ⇒ Staffing levels – position has dis-improved due to increased demands for bed capacity and opening of 5 day ward at weekends.
- ⇒ Hospital Acquired MRSA - 5



Chris Kane  
A/General Manager

# March Portiuncula Hospital Performance Summary –2013

| Out-patient Waiting List                                                                                                                                                                                                                                                                                                                                                                                            |        |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|
| Current                                                                                                                                                                                                                                                                                                                                                                                                             | Future |
| Current Value<br><b>559</b>                                                                                                                                                                                                                                                                                                                                                                                         |        |
| Trend: v<br>Previous Month                                                                                                                                                                                                                                                                                                                                                                                          | ↔      |
| <p>Target: Out-patient waiting to be reduced to less than 9 months by December 2013.</p> <p>There is no overall change from the previous month. There have been significant improvements in Dermatology currently there are 2 patients waiting over 9 months. Continued focus to address long waiters in Orthopedics 80, Urology 203 and Pain Control 122.</p> <p>Rag: Green: 0-300 Amber: 301-999 Red &gt;1000</p> |        |

| DNA Rate                                                                                                                                                                                                                                                                                      |        |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|
| Current                                                                                                                                                                                                                                                                                       | Future |
| Current Value<br><b>11.42%</b>                                                                                                                                                                                                                                                                |        |
| Trend: v<br>Previous Month                                                                                                                                                                                                                                                                    | ↔      |
| <p>Target: Reduce the number of patients who do not attend to 8% by December 2013.</p> <p>The DNA rate in March stands at 11.42% improved by .5%. 4 specialists are below the H-SE target of 10%. Efforts continue to reduce this rate further.</p> <p>Rag: Green: 8% Amber: 10% Red: 14%</p> |        |

| ED Waiting Times for Admission                                                                                                                                                                                                                                                 |        |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|
| Current                                                                                                                                                                                                                                                                        | Future |
| Current Value<br><b>70.88%</b>                                                                                                                                                                                                                                                 |        |
| Trend: v<br>Previous Month                                                                                                                                                                                                                                                     | ↔      |
| <p>Target: 95% of all patients attending the ED should not wait over 6 hours.</p> <p>70.88% of all patients attending the ED were seen and admitted within 6 hours. This is a slight improvement of .3% on the previous month.</p> <p>Rag: G: 95-100% A: 80-95% R: &lt;80%</p> |        |

| ED 9 hour Breach                                                                                                                                                                                                                                         |        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|
| Current                                                                                                                                                                                                                                                  | Future |
| Current Value<br><b>99.67%</b>                                                                                                                                                                                                                           |        |
| Trend: v<br>Previous Month                                                                                                                                                                                                                               | ↔      |
| <p>Target: No patient to breach 9 hour target at 8am</p> <p>A total of 12 patients breached the 9 hour target for the month of March this equates to 0.43% of 2,047 attendances in March 2013.</p> <p>Rag: Green: 95-100% Amber: 85-94% Red: &lt;85%</p> |        |

| Ultrasound List                                                                                                                                                            |        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|
| Current                                                                                                                                                                    | Future |
| Current Value<br><b>68</b>                                                                                                                                                 |        |
| Trend: v<br>Previous Month                                                                                                                                                 | ↔      |
| <p>Target: NO Target: No Priority 2 or 3 patient should wait more than 70 days for an Ultrasound scan appointment</p> <p>RAG: Green: &lt;75 Amber: 76-100 Red &gt; 100</p> |        |

| Average Length of Stay                                                                                                                                          |        |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|
| Current                                                                                                                                                         | Future |
| Current Value<br><b>4.94</b>                                                                                                                                    |        |
| Trend: v<br>Previous Month                                                                                                                                      | ↔      |
| <p>Target: Achieve a target of 4.5 days.</p> <p>The LOS for March was 4.94% compared with 4.51% in February.</p> <p>Rag: Green: 4.5 Amber: 5.5 Red: &gt;5.5</p> |        |

| Day of Procedure for Elective in-patients                                                                                                                                             |        |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|
| Current                                                                                                                                                                               | Future |
| Current Value<br><b>56%</b>                                                                                                                                                           |        |
| Trend: v<br>Previous Month                                                                                                                                                            | ↔      |
| <p>Target: To increase rate to 60% by December 2013.</p> <p>The day of procedure rate is at 56% compared with 60% in February.</p> <p>Rag: Green: 60% Amber: 50-55% Red: &lt; 50%</p> |        |

| Hospital Acquired MRSA                                                                                                                                                                                                                                                                                                                                                                     |        |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|
| Current                                                                                                                                                                                                                                                                                                                                                                                    | Future |
| Current Value<br><b>5</b>                                                                                                                                                                                                                                                                                                                                                                  |        |
| Trend: v<br>Previous Month                                                                                                                                                                                                                                                                                                                                                                 | ↔      |
| <p>Target: To reduce the number of Hospital Acquired MRSA infections to 3 per month in 2013.</p> <p>There were 5 Hospital acquired MRSA infections for the month of March 2013 an increase of 2 since February. The infection control committee is continually reviewing the levels of infection in conjunction with all clinical area.</p> <p>MRSA: Rag: Green: 3 Amber: 4 Red: &gt;4</p> |        |

| Fair Deal - Bed Days Lost                                                                                                                                                                |        |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|
| Current                                                                                                                                                                                  | Future |
| Current Value<br><b>130</b>                                                                                                                                                              |        |
| Trend: v<br>Previous Month                                                                                                                                                               | ↔      |
| <p>Target: To reduce the lost bed days to less than the current monthly bed days lost.</p> <p>130 bed days lost in the month of March</p> <p>Rag: Green: 135 Amber: 235 Red: &gt;235</p> |        |

| Financial Position                                                                                                                                                                             |        |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|
| Current                                                                                                                                                                                        | Future |
| Current Value<br><b>1.9%</b>                                                                                                                                                                   |        |
| Trend: v<br>Previous Month                                                                                                                                                                     | ↔      |
| <p>Target: To deliver financial breakeven across the Group by December 2013.</p> <p>Currently the hospital has a 1.5m variance against budget cost containment plan being further refined.</p> |        |

| Staffing Levels                                                                                                                                                                                                                                                                                                                                                                                                                        |        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|
| Current                                                                                                                                                                                                                                                                                                                                                                                                                                | Future |
| Current Value<br><b>659.19</b>                                                                                                                                                                                                                                                                                                                                                                                                         |        |
| Trend: v<br>Previous Month                                                                                                                                                                                                                                                                                                                                                                                                             | ↔      |
| <p>Target: To operate within our allocated ceiling of 651 WTE.</p> <p>The WTE figure for shows an increase of 1.63 WTE's from February. The increase can be attributed to the fact that the 5 day ward has had to remain open at weekends to meet the demand ED attendances. Continued focus on reducing WTE figures in line with the budget as part of financial recovery plan</p> <p>Rag: Green: 651 Amber: &gt;651 Red: &gt;660</p> |        |

| Absenteeism                                                                                                                                                                                                                                                            |        |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|
| Current                                                                                                                                                                                                                                                                | Future |
| Current Value<br><b>4.28%</b>                                                                                                                                                                                                                                          |        |
| Trend: v<br>Previous Month                                                                                                                                                                                                                                             | ↔      |
| <p>Target: To reduce absenteeism rate to 3.5% by December 2013.</p> <p>Absenteeism rate for the month of March is 4.28%. This is an increase in .43% on the previous month. Back to work interviews continue.</p> <p>Rag: : Green: 3.5 Amber: &gt;4.5 Red: &gt;5.5</p> |        |

## New Horizons

In March 2013, my wife and I moved to Ballinasloe on a 12 month locum contract in order for me to be the initial consultant for the newly opened Portiuncula Hospital Acute Medical Assessment Unit.

As a General Internal Medicine Physician, I specialise in adult issues primarily focusing on chronic illnesses (i.e. CCF, renal diseases) but also have experience working in several A&E's in the States seeing a variety of acute medical problems.

I completed University with a degree in Biological Engineering and attended medical school at the University of Mississippi Medical Centre before moving to the Medical University of South Carolina to complete a residency in Internal Medicine. I am credentialed by the American Board of Internal Medicine (2001, 2012). My first post-graduate job was in private practice in Ocean Springs, Mississippi where I was affiliated with the local hospital for 6 years with a practice of approximately 2,500 patients. My wife and I then decided to see the world and I have since held the position of medical consultant in New Zealand, Australia, Bermuda and now Ireland. While I do not have a local accent, I do have Irish citizenship as my father was born and spent his childhood in County Leitrim.

While I stay busy at the hospital, my wife has begun volunteering at a local animal shelter. We both enjoy the outdoors and plan on participating in the Dublin marathon later this year and are excited to have several family members planning a summer time visit to Ireland to experience the local hospitality with us.

My vision for the Portiuncula AMAU is to establish a department in the hospital that facilitates faster patient access to definitive treatment options while reducing inpatient lengths of stay. I also hope to incorporate other departments such as cardiac rehab into our system to provide them a resource for acute patient issues in order to treat their patients effectively and in an outpatient setting when able.

With the help of Brigid Frehill, AMAU Clinical Nurse Manager, I believe we are moving in the right direction.



**Joel Kavanagh, MD  
AMAU Consultant  
Portiuncula Hospital**

## Message from Ann Cosgrove, General Manager, Galway University Hospitals

I am very pleased to have taken up the position of General Manager earlier this year. I have worked in GUH for many years now and I look forward to working with you all to ensure that our hospital continues to grow and develop as part of the newly announced West/ North West Hospitals Group.

These are exciting times with the very recent announcement of the reorganisation of Hospital services across the country. GUH will play a central role in the new structures and it is my intention to work closely with my counterparts in all of the group hospitals to ensure the group delivers the best hospital services we can to the people we serve.

### **Service Reconfigurations**

In April, our Acute dialysis unit on the UHG site was officially opened which is a new service enabling patients to receive their dialysis on the UHG site in a dedicated facility. The facility has been operational since November, 2012.

We also commenced service in our Central Endoscope Decontamination Unit on the UHG site and transferred the decontamination service supporting Medical Endoscopy to this centralised unit. Over the coming months all local scope decontamination services will be transferred to this unit. The commissioning of this unit was an important element of JAG Accreditation.

### **Norovirus Outbreak**

We had a particularly challenging month in April in relation the management of an outbreak of Norovirus across a number of wards in UHG and MPUH with high transmission rates. The response from the Infection Control Team was prompt and positive and the MDT Outbreak Control Team met frequently to monitor and manage the outbreak and we will implement the learning from this most recent outbreak to assist in the future.

I look forward to keeping you updated on developments and reporting on key aspects of KPI's going forward.

Ann Cosgrove  
General Manager



GHU Performance Summary – April 2013

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><b>Out-patient Waiting List</b></p> <p>Current Value: 3088<br/>Trend: v Previous Month</p> <p>Target: Out-patient waiting to be reduced to less than 25 weeks</p> <p>Work is progressing through the process to deal with long waits across all specialties. Great progress made in Cardiology and most Medical Specialties. Awaiting National Action of GPC Project in case of Action Plan.<br/>March 2013: 27240 patients &gt; 12 Months<br/>The above figure is for all patients on the Outpatient PTL waiting over 12 months with and without an outpatient appointment.</p>                                                                          | <p><b>OPD DNA Rate</b></p> <p>Current Value: 13.3%<br/>Trend: v Previous Month</p> <p>Target: Reduce the number of patients into OPD not being 10% by December 2013</p> <p>OPD group are working to ensure the OPD booking system across all specialties. National guidelines of attendance and DNA policy to be made available.<br/>March 2013: 13.1%</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <p><b>ED Patients waiting for admission at GHU</b></p> <p>Current Value: 21<br/>Trend: v Previous Month</p> <p>Target: v 10 patients waiting in ED for admission at GHU</p> <p>Average number of patients to reduce waiting time to less than 12.1. April focused on reducing the average number of patients waiting a long time to increase emergency services. Frequent use of exclusion measures were required to support reducing times spent by patients in hospital. Forward flow for all services is an improved discharge planning. ICU continues to support new drive to improve patient experience times.<br/>March 2013: 17</p> |
| <p><b>CT Waiting List</b></p> <p>Current Value: 28<br/>Trend: v Previous Month</p> <p>Target: No Category 2 or 3 patient should wait more than 70 days for a CT.</p> <p>The wait time for CT Scans are less at 128 days. We have managed to reduce the wait time by 47 days since last month. This is a result of meeting agreements to perform certain Oncology tests (those patients can be prioritised) to be performed in ECHU. Additionally, a significant number of subsequent tests were sent to SACT under the S.A. Arranging the APT might still prove challenging but we will continue to address this as early as we can.<br/>March 2013: 196</p> | <p><b>In-patient &amp; Day Case Waiting List</b></p> <p>Current Value: 507<br/>Trend: v Previous Month</p> <p>Target: No patient should wait 63 months or more for a bed (Child and 13 weeks for GI Scope)</p> <p>Work is ongoing 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 waiting times across all specialties. New Group Work measures (Case Mix Policy) being launched this month. Adult IP VL Refreshing 3 Month target.<br/>March 2013: Adults 705 waiting over 8 months (scope and children are in the maintenance phase now)</p>                                                                                                                             | <p><b>Average Length of Stay</b></p> <p>Current Value: 13<br/>Trend: v Previous Month</p> <p>Target: 10 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.<br/>March 2013: 12 (excluding COU)</p>                                                                                                                                                                                                                                                          |
| <p><b>Day of Procedure Rates for Elective inpatients</b></p> <p>Current Value: 68%<br/>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 rate. This is complemented by local work on agreeing formal bed allocations across Medicine and Surgery. Increased awareness of the UH will be available to management from CIOs too.<br/>March 2013: 48%</p>                                                                                                                                                                                            | <p><b>Staph Aureus Blood Stream Infection</b></p> <p>Current Value: 33<br/>Trend: v Previous Month</p> <p>Target: 20 per 1000 bed days (per 1000 bed days) - 2011: 40 per 1000 bed days, average per 1000 bed days 2011 to date: 21.6 per 1000 bed days - 2013 Jan - 18.0 per 1000 bed days</p> <p>Local infections (both pneumonia &amp; central) have been identified as major causes of both SIRS &amp; SIRS blood stream infections in GHU.<br/>There were 10 CTC-associated Staph aureus blood stream infections in GHU for the four month period to the end of April 2013. These infections occurred predominantly in medical patients.<br/>There have been no PVC-associated Staph aureus blood stream infections in GHU to the end of April 2013.<br/>2013 Jan - 18.0 per 1000 bed days<br/>March 2013: 0.24</p> | <p><b>Bed Days Lost</b></p> <p>Current Value: 48<br/>Trend: v Previous Month</p> <p>Target: Reduce by 50% over 2013 figure</p> <p>Work is ongoing through the Discharge planning group to reduce the number of Bed Days Lost.<br/>March 2013: 141</p>                                                                                                                                                                                                                                                                                                                                                                                      |
| <p><b>Financial Position</b></p> <p>Current Value: 1.05%<br/>Trend: v Previous Month</p> <p>Target: To deliver financial statement across December 2013</p> <p>The Finance Control Committee is in place to ensure that GHU meets budgetary targets.<br/>March - 4.1%</p>                                                                                                                                                                                                                                                                                                                                                                                    | <p><b>Starting WTE variance from Staff Ceiling</b></p> <p>Current Value: 3.07523<br/>Trend: v Previous Month</p> <p>Target: To operate within WTE employment limit</p> <p>The Employment Monitoring Committee are in place to ensure that GHU meets its WTE ceiling - being under review.<br/>March ceiling: 3.013 March 2013: WTE 3.07523</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <p><b>Admission</b></p> <p>Current Value: 4.05%<br/>Trend: v Previous Month</p> <p>Target: To reduce admission rate to 3.5% by December 2013</p> <p>Work is ongoing across GHU to reduce the rates of admission through work in previous etc. with a particular focus on the KPI.<br/>March 2013: 4.15%. Based on NENU figures</p>                                                                                                                                                                                                                                                                                                         |



## Patient Flow Response Team (PFRT)

### What is the PFRT?

The mechanism by which elective and emergency patients move through our services can be described as the primary function of the PFRT.

The team consists of:

- Senior Nurses
- Clinical Directors
- Patient Flow Co-ordinators
- Discharge Co-ordinator
- Bed Management
- Emergency Department Representation
- Others representatives, as necessary, such as Infection Control, Waiting Lists etc.

The team meets three times daily (07.45, 12.00, 15.45) each weekday to monitor how patients are moving through our facilities. Decisions are taken at these meetings that are designed to progress patients through the hospital by the safest means possible.

The PRFT continues to evolve in its processes with the ultimate aim being:

- No Emergency patient waiting longer than 6 hours for a bed
- No Elective patient waiting longer than 3 months for treatment

### PRFT current development

- Maintenance of the cohorting of Medical AND Surgical patients in their designated wards continues to be a primary target in order to protect elective patient treatment
- Working with Medical Directorate on full implementation of the Acute Medical Programme
- Acute Medical Unit operation currently being reviewed to improve its effectiveness
- Emergency Surgical Ward being reviewed
- Improved links with Portiuncula and Roscommon hospitals and the development of Group Escalation Plan
- A pilot of a Patient Journey System software solution is being developed for 2-3 wards at GUH
- A Group Bed Map of how bed resources are planned and utilised is at the second draft stage
- Structured Ward Rounds being developed at specialty level to support planned patient journey

The PFRT would like to acknowledge all of the work that staff have done in order to improve the patient experience throughout the entire hospital.

**Enda Daly**  
Head of Bed Management

## Update from Health and Social Care Professionals Galway University Hospitals

Health and Social Care Professionals (HSCP) comprise approximately 451 clinical staff working across disciplines providing diagnostics, assessment, treatment, support and rehabilitation to in patients and outpatients.

Recent Education/ Best Practise initiatives include:

- Early Supported Discharge Stroke Pilot 2012 poster was presented IHF Stroke Conference.
- A presentation at national AOTI conference of the development of a brain injury assessment tool for OTs in acute settings.
- Four research posters were presented by Physiotherapy at the HSCP research day and two by Medical Social Work service.
- Cardiac Technicians have had two poster accepted at EuroPace - one from Carolanne McFadden looks at Optimisation of the Defibrillation waveform in Implantable Defibrillators and the other looks at information that can be garnered from Cardiac Devices in a post mortem setting.
- Interdisciplinary education session from Plastic surgeons Physiotherapy and Occupational Therapy was provided to staff from outreach referring hospitals on management of acute hand injuries on return to referring hospitals.

### **National Clinical Programme involvement is ongoing;**

Work with Stroke, Orthopaedics, COPD National programmes is ongoing with staff having responsibilities both locally and nationally.

At the Acute Medicine Forum on 30 April in College of Physicians GUH staff displayed posters demonstrating HSCP led initiatives. Prof Wil Van der Puten on developing a knowledge repository and Paul Nolan from Cardiac Investigations presented follow-up on a Community Based Rapid Access Cardiac Diagnostics Program which saved the hospital system around €400,000 over four years. Cardiac Techs have been providing 24/7 on call cover in the Cardiac Cath Lab for the patients having an ST elevation MI (Heart attack) as part of the National Acute Coronary Syndrome Program.

### **Health promotion role is continuing with**

'Move for Health' Physiotherapy awareness day in March focussing on obesity in children – information stands in foyer and paed's clinics.

### **Service improvements for patients**

Radiology staff have opened the new Fluoroscopy Room and the state of the art Nuclear Medicine SPECT / CT which commenced on 29.04.13 with applications training; access to Interventional radiology with the New Image Intensifier in Merlin Park for Interventional Radiology has been improved.

### **Work underway**

How HSCP's fit into the Group structure

HSCP electronic referral, database and reporting system

Involved in National procurement for equipment and walking aids

## Minor Injuries for ANP, refresh and refine your skills

The first assembly of the Emergency Registered Advanced Nurse Practitioners (RANP's) and candidates in the HSE West was held in GUH for a 3 day course, 8—10 April, 2013. The course was very specific to Emergency RANP's and candidates and consisted of:

Day1: Musculoskeletal examination of the Adult.

Day 2: X-ray interpretation.

Day 3: Minor injuries in children (0-18)

Elaine Burley (front left) ANP, from St Bartholomew's in London with 35 years of ED experience lead the course. The 13 participants hailed from Letterkenny, Mayo General, Portiuncula, Galway, Ennis, Limerick and Nenagh. Everyone's level of experience was different, and the aim of this course was to refresh the experienced and give confidence to novices. It was heartening to see that the treatment of injuries and conditions are the same from Galway to London with slight variations, and that experiences are the same regardless of culture or environment.

Since the dissolution of the National Council of Nursing and Midwifery in 2010, education for ANP's and candidates has been more challenging. However, the HSE West ANP/AMP Forum (developed in June 2011) identified the deficit, and on the recommendation of other RANP's throughout the country, decided to apply for funding through the NMPDU to facilitate a 3 day event in Ireland.

The course was a great success and it is hoped that as a group this level of education will be held yearly. Nationally there are 42 Emergency RANP's with experience from 6 months to 11 years. It has been suggested that the more experienced ANP's could run education days that would be beneficial to the all RANP's. Being an RANP can be a very lonely road, where some feel very isolated, however this group developed new friendships and made very special links with each other.

Thanks to the NMPDU West for funding the course, especially Margaret Burke (CNME, GUH) Colette Cowan (Group DoN) and Jean Kelly (DoN GUH), without their help none of it would have been possible.

## CNM/CMM 2 Management and Leadership Development Programme at GUH Class of 2012

The CNM/CMM 2 Management Development Programme is a new quality initiative at GUH. The plan is to provide the ground work to facilitate CNM/CMM's to effectively and efficiently carry out their roles and responsibilities.

A steering group drawn from HR, nursing and midwifery management, CNME, aided by representatives from INMO and SIPTU was tasked to design an education/development programme. The design group have formulated an outline and the topics to be addressed, which included:

- Clinical Leadership
- Performance management- individual, team.
- Developing key performance indicators in line with organisational and nursing KPI's
- Human Resource Management - RTC, Absenteeism, all aspects of people management.
- Continuous Professional Development
- Evaluation of the effectiveness of the programme.

Methodologies used to deliver the programme were varied and interactive, drawing on the skills and competence of the many experts working in the organisation and on facilitators from business and the private sector.

The programme was launched by the DON and CEO in May 2012 and 42 participants attended the introductory days and most sessions had at least 30 CNM/CMMs returning each month.



## CNM/CMM 2 Management and Leadership Development Programme at GUH Class of 2012

Feedback has been very encouraging and participants evaluated the days as very enjoyable and productive. The forum provided an opportunity for the nurse/midwife managers to network, to discuss and debate topics which they encounter daily while endeavouring to provide a safe environment for patients and staff.

### **CNM/CMM presentations**

The group identified project work and presented this on 17 April. The group chose five topics including Patient Status White Boards, Patient Meal Time, Staff Appraisal, PRompt a programme targeted on managing obstetric emergencies, and the development of an information leaflet to assist in collection of data for KPIs. Ms Jean Kelly DON applauded what she described as excellent presentations, stating that she was so proud of the nurses and midwives of GUH. Ms O Reilly of the NMPDU highly commended all the initiatives.

The initiatives reflect very real issues which will be carried on and further developed by interdisciplinary collaboration. Our intention is to review the progress of the projects at the next CNM/CMM session in autumn.

Representatives of hospital management, HR and the programme steering group joined in celebrating the end of the first chapter for the class of 2012. Colette Cowan, GDON thanked the group for their hard work and commitment to the programme and to patient care and safety at GUH. Certificates of achievement and education credits were presented to each CNM/CMM.

An external auditor has been commissioned to review this programme and the findings will be incorporated into the design of further programmes. The intention is that the group would return to the classroom biannually, to build on further continuous professional development and accrue Continuous Education Credits.

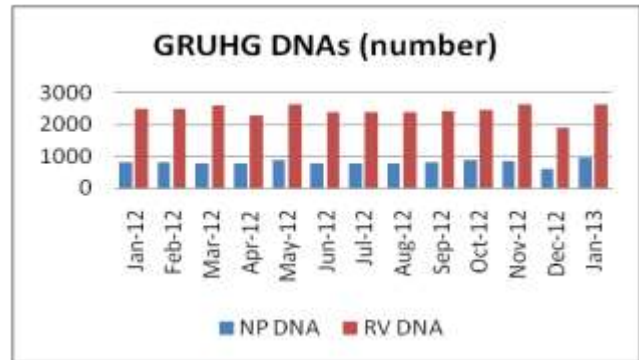
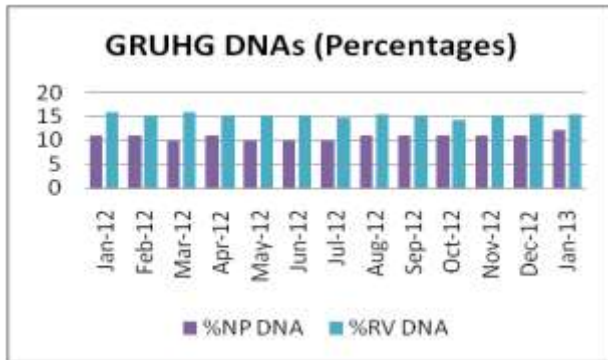
The CNM/CMM programme would not have been possible without the support and governance of the CEO and hospital management, the steering group, Group Director of Nursing and her team, the NMPDU, CNME, the Special Delivery Unit and the men and women of the nursing and midwifery profession of GUH.

Hannah Kent

## GRUHG 'Did Not Attend' (DNA) Project

**MISSION STATEMENT:** 'Our mission is to shorten the length of time a patient waits for an outpatient appointment by reducing DNA rates.'

## DNA rates for Consultant outpatient clinics in GRUHG:



| 2012                | number | %     |
|---------------------|--------|-------|
| NP DNAs             | 9 413  | 11%   |
| Review patient DNAs | 28 928 | 15.1% |

- Total number DNAs 2012 = **38 341** appointments.
- Cost the HSE **€3 067 280** in lost time and time spent preparing for the appointment.
- Current number of GRUHG outpatient PTL to November 2012 is **25 529** (SDU target is to offer all these patients appointment by 30 November 2013)

The New national outpatients policy (2012) and GRUHG policy specifically deal with how to manage patients who DNA an appointment.

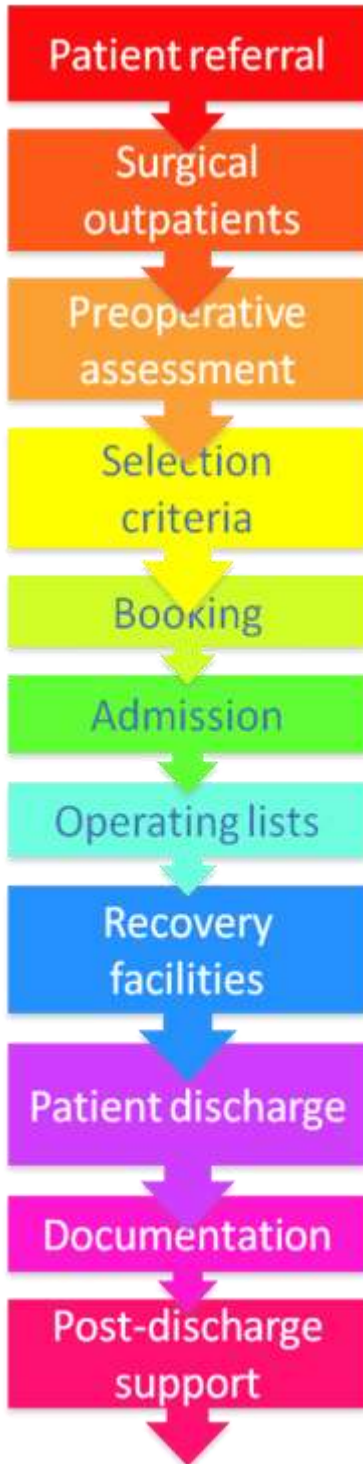
- 1) Patients who DNA an appointment that has been negotiated with them are to be discharged back to the referrer (i.e. partial booking). The clinician can override this policy if they feel there is significant clinical risk in discharging the patient.
- 2) If the patient appointment was not negotiated, the patient is to be offered a second appointment. If the patient fails to attend this second appointment, they are then discharged back to the referrer. The clinician can override this policy if they feel there is significant clinical risk.

**Actions** to reduce the DNA rate, (**target of 7.5%**) for new and review patients by September 2013:

- Specific phone number for patients to call if they are unable/no longer need to attend appointment 091 893300.
- Text messages reminding patients of their appointment sent 7 days prior to the appointment with a phone number to cancel if necessary – please can we ensure that patient's mobile phone numbers are documented on all referrals.
- Informing the public and referrers of the scale of the DNA issue and request that patients cancel appointments rather than not turning up (publicity campaign in June).
- Making the patient's appointment attendance history available to consultants, who can then make informed decisions re discharge in compliance with policy and give the information to GP.
- Standardising clinic booking practices, letters and recording of data within GRUHG
- Keeping accurate, reliable, accessible data on DNA's per clinic, speciality, consultant etc.

## SURGICAL DIRECTORATE

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



### Reconfiguration of the Surgical Day Ward

A key priority of the Surgical Directorate is to increase the number of General Anaesthetic Day Case Procedures carried out in the Surgical Day Ward and thereby reducing its inpatient stay during 2013.

The current configuration of day services is fragmented across a number of locations throughout the hospital i.e. Day Care Unit, St. Michael's Ward, SDW etc. The reconfiguration will channel day case activity through the SDW as its hub for day surgery.

Day Surgery has been identified as a cost effective way to deal with large numbers of appropriate patients which in turn will assist in reducing the number of patients on waiting lists by offering suitable procedures as day cases. This will involve matching activity with resources to improve productivity on the basis of service need.

A steering group has been set up to examine the efficiency's of the patient flow, case mix, capacity, resources etc being carried out in the Surgical Day Ward in UHG. The group is made up of representation from across the Surgical and TACC Directorates, Surgical Day Ward, Nursing Management and patient flow co coordinator. The group is supported by the Group Management Team.

The focus of the steering group is to implement a seamless patient pathway through the Surgical Day Ward which incorporates a physical build to improve flow.

A communication strategy is a key component to the development and roll out of the reconfigured Day Surgery Service. This communication strategy will be focused on staff input, patient pathways, patient information and support. Regular feedback sessions from staff and patients will assist in identifying the required improvements for both the service and the patients. The proposed changes will include pre assessing all day case patients, admissions via the SDW, thereby reducing the number of patients presenting at admissions each day and ring fencing the ward as a recovery (PACU II) area only. A review of current day surgery services will be channelled through this Steering Group to maximise our percentage of day case surgeries.

## WOMEN'S AND CHILDREN'S DIRECTORATE

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

### **New Midwifery Outreach Clinic**

The Maternity Department has had Midwifery outreach clinics for low risk women attached to the Department since 2000 with current clinics based in Gort and Oughterard. An average of 26% of review appointments are carried out in the outreach clinics yearly. This significantly reduces the workload of the medical and midwifery staff enabling them to concentrate on the more high risk women attending the department.

Those clinics have proved to be very beneficial to those who live a long way from the hospital, as they receive care nearer to home thus avoiding travel and traffic. The women receive good continuity of care and have expressed high satisfaction levels with the service they receive. The hospital also benefits from such clinics as the demand for parking is reduced and the ante-natal clinics are not as crowded.

The Directorate team is happy to announce that a further outreach midwifery clinic will open in Tuam which will be based in the Health Centre, Vickers Street, Tuam in the near future.

### **Pediatric Cystic Fibrosis Build**

Planning is in progress for the development of a modular building adjacent to the Paediatric Department to provide a designated day care area for Children with Cystic Fibrosis. The building will be funded by the Cystic Fibrosis Association in addition to money bequeathed from the late uncle of a former CF patient. The unit will consist of four en-suite day care rooms, a multidisciplinary treatment room and a large Gymnasium which will be used for Physiotherapy and assessment.

There has been multidisciplinary involvement in the planning process and liaison with Mary Lane -Heneghan who is the representative of the Cystic Fibrosis association, Ms. Ann Cosgrove Hospital Manager and the estates department. The next stage is to obtain planning permission for the modular build.

### **Midwife Prescribers.**

Two Midwives, Tara Shaughnessy and Yvonne Qualter who are based on the delivery suite have successfully completed their college year for Nurse/Midwife prescribers. They are set to become the first midwife prescribers on the unit on completion of their collaborative practice agreement portfolio. They will be then able to prescribe a list of agreed drugs. This list will be approved by the drugs and therapeutics board in collaboration with Dr Gaffney who is their mentor. The practice will be audited by An Bord Altranais and Dr Gaffney.

Congratulations to Yvonne and Tara on availing of this opportunity to expand their role.



## WOMEN'S AND CHILDREN'S DIRECTORATE

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

### Traveler, Midwifery and Gynae Working Group

The Traveler, Midwifery and Gynae Working Group meets quarterly at the Maternity Department UHG. The group has been meeting for over eight years. This is a partnership between staff at UHG Maternity and Gynae Departments and staff from Traveller Peer-Led Primary Healthcare Programmes from Western Traveler and Intercultural Development Tuam and Galway Traveler 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 findings from the All Ireland Traveller Health Study 2010 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 this initiative, many positive outcomes in the provision of health care to Traveler 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. There is also dissemination of information to Traveller women such as the importance of staying for the full Booking Visit, 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 information sessions delivered by midwives and gynaecology nursing staff to Traveler women in Ballybane and Westside in 2012. A total of 40 Traveller women attended those sessions.

This initiative was shortlisted for the Innovation in Health care awards which were presented on May in the Clyde Hotel in Dublin. Staff and the women from the Travelling Community who are involved in this working group attended the awards ceremony.



#### **Photo on Left:**

From left to right:

Mary Lane CMM 2 UHG,  
 Angela McDonagh - CHW  
 GTM, Una Carr - Assistant  
 Director of Midwifery,  
 Noreen Goonan - Assistant  
 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

### Neonatal Visit

The Bikers Fundraising team visited the Neonatal Intensive Care Unit on Friday 26 April.



**Photos above:**

Bikers Ride-out Fundraiser for the Neonatal Unit and Irish Premature Babies on their visit to the Neonatal Intensive Care Unit (NICU) on 26 April



**Photo on left:**

Billy born in Dec 2011 at 24 weeks and 6 days, weighing 800gms with his Biker Dad John.

## THEATRE ANAESTHETICS AND CRITICAL CARE DIRECTORATE (TACC)

**Paul Naughton, Clinical Director; Marie Dempsey, Business Manager**

### The Productive Operating Theatre

Three members of staff attended the TPOT support Network workshop in March in the Royal College of Anaesthetist's, which included The Business manager (M Dempsey), the data analyst (G Faherty) and the program leader (B Cahill) where several hospitals shared their experience. This was followed up by a TPOT network call to get a sense of where different hospitals are at in terms of progress.

The National TPOT Programme Manager Martha Ni Chuanaigh has visited GUH several times and is working closely to assist in developing a streamlined/consistent approach to TPOT nationally.

The theatre hub (Nurses station) is in the process of reconfiguration, this is the central point for the operational management group to meet twice daily to review and discuss the emergency theatre list and any other operational issues. There is now an operational status board which; at a glance shows what theatre is in use and what staff are assigned to each theatre—providing real time information .The “knowing what we are doing board“ displays, theatre’s master schedules, TACC KPI’S, our ongoing progress with TPOT and this data allows staff to visualise our aims.

In order to help identify the reason for late starts in theatre the patients journey was process mapped from admissions to theatre. The findings were discussed at the theatre flow meeting and systems are being put in place to improve the patient journey. Already we have seen an improvement in our start times recorded for April of 80.9%.

There is a monthly multidisciplinary TPOT meetings at theatre level to update staff on progress, 12 staff members have volunteered to be champions (ambassadors) of the TPOT programme, helping to implement change on the ground. Urology Theatre briefing and debriefing sessions have started (these are short team discussions which takes place at the beginning and end of each list thus enabling the multidisciplinary team to plan for the expected and prepare for the unexpected.)

Real time data collection has commenced in the Urology Theatre (Theatre 5). This will then be rolled out to Plastics Theatre and eventually to all the other specialities.

The next steps in the process are to reorganise storage at theatre level by:

- Transferring to H.S.S.D all nonemergency sterile sets,
- To roll out the top up system for all consumables
- Standardisation of key areas within theatre

**Breeda Cahill  
Program Leader TPOT**

## THEATRE ANAESTHETICS AND CRITICAL CARE DIRECTORATE (TACC)

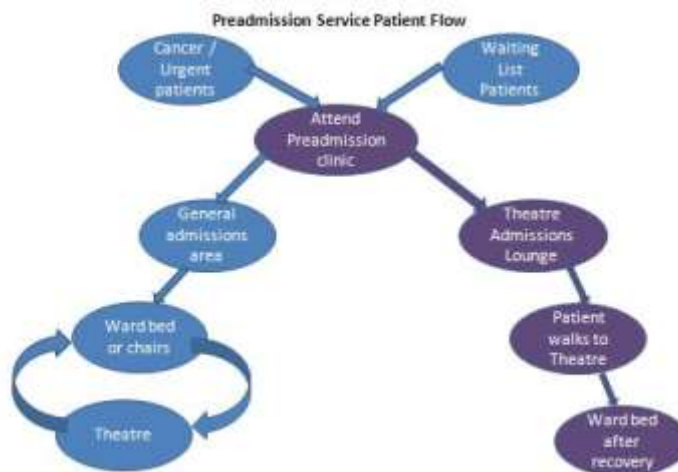
**Paul Naughton, Clinical Director; Marie Dempsey, Business Manager**

### Pre admission assessment and Theatre Admission Lounge

Ms Maeve Feehan has formally taken up her role as CNM 11 for Preadmission clinic - PAC. This is a significant development in allowing us to progress this service and commissioning the Theatre Admission lounge.

The Preadmission Service in GUH will streamline the patient flow for elective admissions. The results of a pilot service over the past few months have been very promising and we now have a team in place to implement this fully. The core team consists of: Dr Jennifer McElwain, Consultant Anaesthetist, Maeve Feehan, CNM2 Preadmission Service and Ann Geraghty, Elective Flow Coordinator.

This team will be liaising with all consultants, secretaries and theatre staff to ensure that the flow of elective patients is timely and efficient as illustrated below:



Allied to this service we will be the commissioning of the theatre admission lounge which will accommodate direct admission to theatre on day of surgery and discharge to ward bed post surgery to continue post surgery care. Day of Surgery admission is an integral part of the elective surgical and anaesthesia programme and works hand in hand with pre-operative admission to ensure a seamless pathway for elective surgery patients and will ensure that bed utilisation is maximised, length of stay is shortened, and cancellations are reduced.

All adult patients will have contact with the PAC via either a phone triage, nurse assessment or Anaesthesia assessment. A date for surgery is given and a bed is booked with bed management office. This bed is confirmed on day before surgery and will be discussed at the patient flow group daily meeting.

Thank you to the committee members who worked consistently to ensure the development of this service.

## **THEATRE ANAESTHETICS AND CRITICAL CARE DIRECTORATE (TACC)**

**Paul Naughton, Clinical Director; Marie Dempsey, Business Manager**

### **Critical Care /Staffing and Capacity**

ICU reopened the 9<sup>th</sup> bed on 22 April and TACC are grateful to all support received to allow this to happen. Recruitment is ongoing with a view to opening 2 additional beds by year end.

### **Outreach Service - ICU to Wards**

A business plan for CNS post to support this service has been submitted.

This service will:

- improve the quality of acute patient care, patient experience and reduce adverse clinical events.
- Enhance clinical staff confidence, competence and experience through sharing and training of skills.
- Improve organisational agility and resilience by delivering comprehensive care across organisational and professional boundaries, directorates and locations.

We look forward to support to develop this service

### **Streamlining of Policies/Procedures**

A Meeting was held with our colleagues in Portiuncula Hospital to streamline ICU Policies and procedures to avoid duplication on Q pulse. This is further evidence of our integration planning going forward.

A multidisciplinary meeting with Neonatal Intensive Care Unit was held with a view to a skills and drills exercise for transport equipment, this development will enhance the quality of care delivery.

Work is going with the IT Dept centrally for suitable software for ICNARC data collection in line with the Critical Care Programme.

An audit on the use of ambulance transfers in and out of critical care from the region has been completed, results of which will feed in to the Draft Proposal for the Inter-Hospital Retrieval/ Transfers of Critically ill adult patients.

Ms C Lee - A/ADON critical care

## THEATRE ANAESTHETICS AND CRITICAL CARE DIRECTORATE (TACC)

**Paul Naughton, Clinical Director; Marie Dempsey, Business Manager**

### **Recompression Chamber/Hyperbaric medicine**

A formal service level agreement is now in place for the procurement of expertise from the Galway Sub Aqua club, to contribute to an on call roster, to accommodate recompression emergencies. This agreement defines the scope of services provided and will be reviewed at regular intervals.

A 5 day training programme for all personnel who contribute to the running of this facility was held in February. This training was delivered by the London Hyperbaric and Wound Healing Centre - Whipps Cross University hospital.

Approval has also been obtained to run 2 hyperbaric programmes over a 6 week period each. Both programmes are being planned with first commencing on 13 May. This service is led by D P Whyte and Dr N Flynn – Consultant Anaesthetists.

A revised business plan is in the final stage of completion to seek funding to operate this very important National service on an ongoing basis.



**Photo on Left:**

Internal view of Hyperbaric Chamber



**Photo on Right:**

Declan Scally - Maintenance Department UHG, and John Sheahan Galway Sub-aqua Club, preparing the chamber for hyperbaric patient treatments.

### **Changes to TACC directorate team**

Ms Nora Kyne AHP representative has joined our team. Nora is the Physiotherapy manager at GUH and we look forward to working with Nora to assist in progressing TACC priorities for 2013.

## RADIOLOGY DIRECTORATE

**Ray McLoughlin, Clinical Director; Mary Murphy, Business Manager**

### **Waiting KPIs – this year’s summer colours**

Having tasted amber honey in February 2013, our MRI and Ultrasound Waiting Time KPIs have since marched firmly back into the red, there to join their firmly entrenched CT compatriot. In response, we hope to increase the number of UHG CT outpatient waiters scanned at RH, and have re-established full day service on the second CT scanner at UHG (albeit with knock-on effect to other areas).

More positively, the Fluoroscopy Waiting List KPI has plunged into green, reflecting the commissioning of the new fluoroscopy unit at UHG and an ensuing all-out assault!

### **Phone a friend!**

After a prolonged dry spell, prospects for Radiographer appointments loom across the Directorate, with positions currently advertised for local and group-wide-rotation positions. There is also an opportunity for a Grade IV Clerical to take up a challenging position in RIS/PACS administration at UHG. Spread the word!

### **Q-Pulse – it’s alive!**

The Radiology Directorate is working with the Quality and Safety system embodied in ‘Q-Pulse’. We embrace this as an opportunity to put order on the Directorate’s Policies and Procedures, and Risk Management across all sites. The associated body of work is not under-estimated, in particular for our Business Manager.

### **Interventional Radiology MPUH – it’s reincarnated!**

The re-established and expanded Interventional Radiology service at MPUH is designated for outpatient central catheter procedures, and non-targeted liver and renal biopsies. The additional space at this site facilitates this day-case service, and in turn has taken some of the pressure off the inpatient IR service at UHG. Well done to all who have worked so hard to get this unit back on track.

## LABORATORY DIRECTORATE

**Damian Griffin, Clinical Director; Judith McLucas, Business Manager**



Mr. Pat Kelly, New Chief Medical Scientist in Clinical Biochemistry

I am delighted to announce the appointment of Mr. Pat Kelly as the new Chief Medical Scientist in Clinical Biochemistry in Galway University Hospital (GUH).

Pat is originally from Abbey, Loughrea, but now lives in Craughwell with his wife and two children. He attended secondary school at Mercy College Woodford. He studied Medical Laboratory Science in the Galway Mayo Institute of Technology and completed his third year in-service training in the Laboratories in GUH. He completed his final two years of the degree program in the Dublin Institute of Technology (DIT) in Kevin Street. He continued on in full-time education and completed a Masters by research in Trinity College Dublin (TCD). The finding of this research project informed the decision to fortify staple foods with folic acid.

Pat commenced employment as a Medical Scientist in the Immunology Department, Central Pathology Laboratory in St. James' Hospital, Dublin, in 1994. In 1998, he was employed as a Senior Medical Scientist in the Adelaide Meath incorporating National Children's Hospital, Tallaght, where he was part of a team who commissioned the Clinical Biochemistry service for this new facility.

In 2004, Pat took up employment in the Galway Clinic where he was responsible for the commissioning of Clinical Biochemistry services and subsequently an Order Communications System for that hospital. Pat commenced employment in Clinical Biochemistry, GUH in 2007 as a Senior Medical Scientist. He completed a MA in Health Care Management in 2010.

A thesis he completed as part of his Masters established the 'actual cost per test' for Clinical Biochemistry. The template used in this thesis was subsequently applied in other laboratories in GUH to establish their cost per test breakdown.

Pat was also part of a team in GUH who attained accreditation to ISO 15189 for the Clinical Biochemistry Laboratory following inspection by the Irish National Accreditation Board (INAB) in 2009 and this accreditation is reviewed annually.

In his spare time, he is an active member of Craughwell GAA Club where he coaches underage hurling.



## LABORATORY DIRECTORATE

**Damian Griffin, Clinical Director; Judith McLucas, Business Manager**

### Current and future service developments in Clinical Biochemistry across the Group

#### **Core Chemistry**

The Clinical Biochemistry Laboratory is currently replacing its chemistry analytical platforms with the COBAS 8000 system. This is a temporary measure in advance of a blood sciences tender and was necessary to guarantee the provision of clinical chemistry services.

#### **Blood Gas Service**

The Clinical Chemistry Department is currently reviewing tender submissions for blood gas service provision across the group. A successful outcome should facilitate centralised management of the service across multiple sites within the group.

#### **Group Integration**

The Clinical Biochemistry Department has commenced integration of service provision by centralizing tumour marker analysis and therapeutic drug monitoring in GUH. The recent linking of GUH and Portiuncula via a shared PSM should facilitate greater sharing of service provision between the two sites. The aim throughout the integration process is the provision of an accredited service through a cost effective model.

Dr Damian Griffin  
Group Clinical Director  
Laboratory Medicine Directorate

## ESTATES UPDATE GUH

### Interim Ward Block

Full planning permission for the development of the Interim Ward Block at UHG was granted on 25 April, 2013. The Interim ward block will be a 75-Bed 3 storey Ward Block plus one level of plant, on the grounds of University Hospital Galway, located between Block 2A and the Maternity wing. The proposal includes a link corridor to connect over 3 storeys to Block 2a and at Ground Floor to the existing circulation corridor adjacent to the Maternity wing. The procurement process is now in progress and planning will start in the coming week with the relevant staff in relation to the services which will need to be relocated to enable the build to progress

### Radiation Oncology Project - Enabling Works UHG

Double Deck Car Park at UHG - Phase 1

Adult Acute Mental Health Unit (AAMHU) 50 Bed – Phase 2

The tendering process is progressing and it is hoped to complete the process in June, award the contract in late Summer and a start date in possibly August / early September.

The car park development will also impact the Helipad for the duration of the project and we have been working with our Regional Estates Department, Ambulance Service, Air Corps, Coast Guard, and Air Ambulance service to assess alternative viable options to support the service for the duration of the project. A submission will be made to Galway City Council in the coming weeks in this regard.

### Acute Dialysis Unit

The Acute Dialysis Unit with three haemodialysis stations was officially opened at University Hospital Galway on 22 April, 2013. The unit which has been operational since last November is a clinical necessity for acutely unwell patients of UHG who are now able to have their dialysis on site and will no longer need to be transported to the Dialysis Unit in Merlin Park for treatment as had been the case previously.



#### Photo on Left:

At the official opening of the new Acute Dialysis Unit in University Hospital Galway from left:

Dr Louise Giblin, Consultant Nephrologist; Ann Cosgrove, General Manager, Galway University Hospitals; Miriam Finnerty, Clinical Nurse Manager; Coleman Walsh, patient; Teresa Burke, Asst Director of Nursing; and Dr David Lappin, Consultant Nephrologist.

## ESTATES UPDATE GUH

### Endoscope Decontamination Unit

The central scope decontamination unit opened on 9 April. The unit is being commissioned on a phased basis, providing a service in the first instance to medical endoscopy and as equipment is transferred from the other existing local decontamination units in Surgical Day Ward and ENT, it will become fully operational over the coming months.



**Photo above:**  
Brendan Cooney



**Photo above:**  
Tomas Feeney

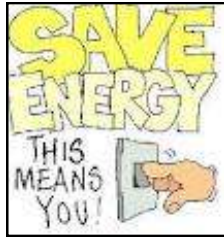
### Capital Approvals

Capital Submissions were made to the National Capital Steering Group meeting held during April, in respect of the Development of audio visually separate Paediatric ED and also in relation to the development of hospital ground MPUH for rehabilitation services (including reconfiguration of main entrance Hospital Block). Capital Funding was approved to progress both projects in 2013.

### Front Foyer /Retail Unit UHG

Plans have been finalised and the project is now going to tender with an estimated commencement date of July 2013.

## ENERGY MANAGEMENT TRAINING GRUHG



An Energy MAP Training Day hosted by the SEAI (Sustainable Energy Authority of Ireland) and Technical Services Department Merlin Park took place on the 15 April in UHG. The event forms part of a 3 day training programme in support of Energy Saving Initiatives for Galway, Mayo Roscommon acute and non-acute locations. The event was attended by Maintenance Managers and staff from GRUHG as well as representatives from Finance and Services. Following Day 1 of the training programme, work is being progressed across the group to review overall energy costs and consumption and generate a list of significant energy users.

Work is also being progressed at GUH to form an Energy Management Group and associated terms of reference and site specific objectives. Day 2 of the event will take place on the 24 June. The overall aim of the programme is to strive towards achieving the National Target 2020 of 33% energy efficiency in the public sector as detailed in SI 542:2009.

## CHEMICAL POLICY AND DANGEROUS GOODS SAFETY ADVISERS REPORT 2012

In response to a recommendation contained in the 2011 Dangerous Goods Safety Advisers Report 'to formulate and implement a Chemical Policy for GUH, a Chemical Policy Sub Group of the Health and Safety Committee was formed in 2012. The sub group contained representatives from Services, Pharmacy, Labs, Occupational Health and Maintenance. A number of meetings were held during 2012 and a Draft Chemical Policy was agreed. Further input on the draft policy was received from Stores, Quality and Risk, Medical Physics and Bioengineering and Radiology. A copy of the draft policy (EF-HS-024) is available for review and consultation on the draft register of Q-pulse under Environment and Facilities Policies and Procedures\Health and Safety.

The 2012 DGSA Report for GUH is now available for download on Q-Pulse. The report is located in the active register under Services Plans and Strategies—Annual Reports/Service Plans and Business Plans. The report identifies requirements to provide staff training in the area of medical gases, chemical safety and the implementation of the chemical policy. Work on progressing these recommendations will continue during the year.



## Galway and Roscommon University Hospital Group

### MISSION STATEMENT

#### OUR MISSION STATEMENT

Patients are at the heart of everything we do. Our mission is to provide high quality and equitable services for all by delivering care based on excellence in clinical practice, teaching, and research, grounded in kindness, compassion and respect, whilst developing our staff and becoming a model employer.

#### OUR VISION STATEMENT

Our Vision is to build on excellent foundations already laid, further developing and integrating our Group, fulfilling our role as an exemplar, and becoming the first Trust in Ireland.

#### OUR GUIDING VALUES

**Respect** — we aim to be an organisation where privacy, dignity, and individual needs are respected, where staff are valued, supported and involved in decision-making, and where diversity is celebrated, recognising that working in a respectful environment will enable us to achieve more.

**Compassion** - we will treat all patients and family members with dignity, sensitivity and empathy.

**Kindness** - whilst we develop our organisation as a business, we will remember it is a service, and treat our patients and each other with kindness and humanity.

**Quality** - we seek continuous quality improvement in all we do, through creativity, innovation, education and research.

**Learning** - we will nurture and encourage lifelong learning and continuous improvement, attracting, developing and retaining high quality staff, enabling them to fulfill their potential.

**Integrity** - through our governance arrangements and or value system, we will ensure all of our services are transparent, trustworthy and reliable and delivered to the highest ethical standards, taking responsibility and accountability for our actions.

**Teamworking** - we will engage and empower our staff, sharing best practise and strengthening relationships with our partners and patients to achieve our Mission.

**Communication** - we aim to communicate with patients, the public, our staff and stakeholders, empowering them to actively participate in all aspects of the service, encouraging inclusiveness, openness and accountability.

*These Values shape our strategy to create an organisational culture and ethos to deliver high quality and safe services for all we serve and that staff are rightly proud of.*

## The End of Life Care Steering Committee

The End of Life care steering committee is a multidisciplinary committee at Galway University Hospitals. The aim of the Committee is to improve the physical environment, improve communication skills, recognise the dying state and to effect a change in the culture of care and organisation with regard to dying, death and bereavement in acute hospitals. The committee in conjunction with the Hospice friendly Hospitals Programme nationwide takes a holistic multi-perspective approach that seeks to build on learning from patients, families, staff together with formal published materials.

To this end the committee have: initiated the use of the Family Handover Bags for deceased patients property; the Nor Mors Chin Support for the deceased; devised and implanted a policy on "Breaking Bad News"; developed a list of contact details for Ministers of Different Faiths and are currently revising the Bereavement Booklet. The End of Life Spiral is being used in areas of the hospital as deemed appropriate by staff. The symbol is displayed at the nurse's station or at the ward/unit entrance to notify staff that a patient has died. The committee are commencing and planning the 4<sup>th</sup> annual Ecumenical Memorial Service for September/October 2013. A fundraising coffee morning will be held in the Staff Canteen on Friday 07 June.

The aim of the service is to provide spiritual space together with the opportunity for families to meet with "friends" made during the time of their loved one's illness and to share their grief in a supportive and empathetic environment. The committee would like to hear from staff who are interested in participating or indeed who have suggestions on how to improve on the services currently provided.

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## Newsletter Content Deadlines for 2013

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

**Issue 12: 17 June 2013** (this is the latest date for content)



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