

4 in 1 NEWS



Issue 12
July 2013

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Bill Maher, Chief Executive Officer

So much has happened since my last update to you. In no particular order, here is a quick overview of a very busy May and June...

Hospital Groups

On 14 May, the Minister for Health announced the composition of six new hospital groups for the Country including the details for the West / North West Group which encompasses the existing Galway and Roscommon University Hospital Group along with Mayo General Hospital, Sligo Regional Hospital and Letterkenny General Hospital. In the days following the announcement I had an opportunity to meet with staff in each of the three new hospitals along with our Group Director of Nursing and Midwifery, Colette Cowan, Group Clinical Director, Dr Pat Nash and Group Chief Financial Officer, Maurice Power and our chairman Noel Daly.

I would like to once again welcome all our new colleagues and reassure them that all hospitals will benefit from being in the Group.

On June 25, Professor Higgins, who led the expert group that produced the report, '*The Establishment of Hospital Groups as a Transition to Independent Hospital Trusts*', visited UHG to see first hand how we developed the Group in the first eighteen months of existence.

Following the hospital group announcement, we now have more autonomy to manage resources, both funding and staffing, in a way that is appropriate to the needs of our patients. We have been given three years to develop the future of this group and have it ready to achieve Trust status which is the next step in becoming an independent body. It is our intention and the intention of the Board to be the **first** hospital group to achieve Trust status.

Group Name

One important piece of business we need to firm up now is the name for the new hospital group – a name that encapsulates all member hospitals and that our patients and the public will be able to identify with. If you have any suggestions, please let me know by dropping me a line at ceo.grh@hse.ie.

Public Board Meeting

Another first for the Group was the public Board meeting on 18 June which took place in UHG. The meeting followed the format of the regular meetings with updates from the Group Clinical Director, the Group Director of Nursing and Midwifery, the Group Chief Financial Officer, the Group Chief Operating Officer and myself. There were also two presentations: the first by Ann Cosgrove, GM GUH and Jean Kelly, DONM GUH on the new 75 bed interim ward block which is going to be built on the UHG site. The second presentation, by Dr Francis Finucane was on a proposed new Metabolic Medicine and Surgery Service for the Merlin Park site. Both of these developments are very significant for the patients that we serve and I look forward to bringing you further updates in the coming months.

Bill Maher, Chief Executive Officer

At the Board meeting I mentioned the Strange Boat Donor Foundation, a charity set up by Mr and Mrs Goggin following the tragic death of their son Éamonn in 2006. You will see more about this on page 22 and I would encourage all staff to make any contribution they can to this noble cause and help create the Circle of Life commemorative garden.

The Board will meet nine times this year with two of the meetings in public. So far meetings have taken place in Galway, Roscommon and Portiuncula and our intention is to also have meetings in Mayo, Sligo and Donegal later this year.

Congratulations!

A number of people have taken up new posts including Margaret Casey who has been appointed as Director of Nursing and Midwifery at Portiuncula and Fiona McHugh who has been appointed Group Head of Corporate Development.

I would like to thank Dr Paul Naughton who has finished his term as Clinical Director of the Theatre Anaesthetics and Critical Care (TACC) Directorate and handed the baton on to Dr John Bates who has taken up the role in an “acting” capacity.

Finally, I hope you have a good summer and for those taking holidays, a well-deserved break.

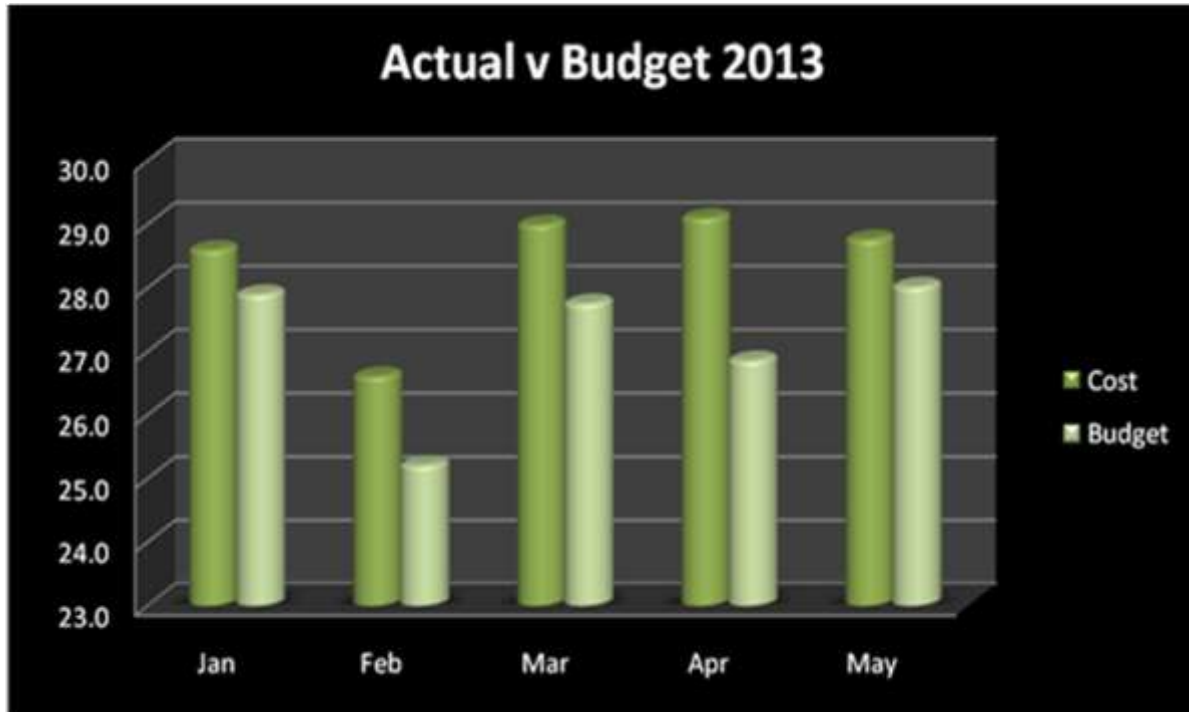
Kind Regards,
Bill Maher
Group CEO



Maurice Power, Chief Finance Officer

Financial Performance – at end of May

At the end of May the Group are over budget by €6.3m.



The actual month figures show a slight decrease on the first four months. We are performing well in overtime and agency but are still experiencing pressures in patient related Non-Pay costs and income.

The Non-Pay cost pressures include drugs and medicine, medical and surgical supplies, nursing homes and transports costs.

Income still continues to be a challenge influenced by two main factors:

- a. Patient charges are down on last year due to fewer patients with private insurance (reduction of 5% in requests for private accommodation) and high demand for single rooms for clinical reasons and increased admissions from ED, there is an adverse variance on budget of €2.9m
- b. We had a significant reduction in income opportunities from the SDU as their funding levels have also been reduced - variance is €800k

Income is further compounded by the reduction in our Fair Deal income with variance on budget of €1.4m.

Maurice Power, Chief Finance Officer

Cost containment Plans

We continue to make progress in delivery of cost containment measures across the Group in the first four months of the year with approximately €1.5m savings achieved.

Cost control needs to be a top priority and all senior management are requested to continue with their Cost Control meetings and only approve what is urgently required.

Claimsure Project (System for Electronic Claims Management)

Training sessions continue to be provided, on a request basis, to GUH Consultants in relation to the use of the Claimsure system for the completion of their claim forms.

Following the integration of another billing company with the Claimsure system at the start of June all the billing companies currently involved with claim documentation for the admitting Consultants at GUH are now integrated onto the system.

The initial project team meeting was held in PHB on 11/06/2013. A demo of the Claimsure system was provided to Hospital Management and key stakeholders involved in the implementation process. A detailed project plan is now being developed in respect of PHB.

Information will be provided at a later stage in relation to the rollout of the Claimsure system to Roscommon Hospital.

Focus is now required on clearing the backlog of outstanding claims that need a completed Consultants Claim form so that there is an reduction in the outstanding patient debtors and deadlines set in respect of the advance payment for the submission of older claims to the insurers is met.

Activity Based Costing System Update.

The first reports from the system were presented to the senior management team and the results are encouraging. More work is required to validate the data but we are well on the way to understanding costs per procedure. The system will help in the implementation of MFTP (Money Following the Patient). We have submitted an expression of interest to become a pilot site for the MFTP funding model and hope to be successful.



Maurice Power
Chief Finance Officer

John Shaughnessy, Group Director of Human Resources

Employee Support Service Pilot

Each of us, at some stage in our lives, will experience personal or work problems. There can be times when we experience difficulties which are hard to sort out on our own. Sometimes our usual sources of support, such as family or friends, are too close to the problem, or can even be part of the problem.

Staff may experience difficulties in a variety of areas such as:

Relationship problems	Conflict at work
Family problems	Depression
Bereavement	Self-esteem issues
Alcohol / drugs	Exam anxiety
Stress—workloads, keeping up with change	

Counsellors are trained to listen non-judgementally to your worries and problems, to help you understand better what is happening and to support you in finding ways to improve your situation. The aim of counselling is to encourage people to find their own solutions – it is not about giving advice or instruction.

From 01 July and on a 2 month pilot basis HSE (West) has contracted Staffcare to provide an Employee Assistance Scheme offering free confidential counselling and support for the staff of HSE West. Staffcare was established in 1992 and is part of the Belfast Health and Social Care Trust and provides a range of services that focus on employee wellbeing.

This helpline is provided 24 hours, 365 days per year and is manned by trained counsellors or psychologists. An employee may self refer to Careline by calling the Careline number on **1800 409388** or may be encouraged to do so by their Managers or by the Occupational Health Department. Managers can also contact the Careline for advice on how to handle difficult situations.

Additionally, a team of counsellors and psychologists will be available across HSE West who will provide one to one counselling sessions face to face to staff for four sessions. This service will be free to staff and provided a geographical location suitable to the employee.

Staffcare can offer you immediate telephone counselling support, or arrange for you to meet face to face with a counsellor in a convenient and anonymous setting. You can call the Staffcare Careline at any time, day or night, and speak with a counsellor. In addition, you can email staffcare@belfasttrust.hscni.net between 9.00am to 5.00pm.

I strongly encourage colleagues who are experiencing anxiety or worry to access the expert support that is available to you. The Group wants to support our staff in any way we possibly can and this service has proven to be of significant assistance to many employees in Northern Ireland so I urge you to avail of it if you feel the need.

John Shaughnessy
Group Director of Human Resources



Careline - 1800 409388

Colette Cowan, Group Director of Nursing and Midwifery

Many staff are looking forward to their summer break with important time planned with their families. The environment we work in is a constant cycle of caring that requires focus, determination and skill. We are the advocates for our public and patients. The Nursing and Midwifery profession is time honoured as being the one constant in a patient's journey.

It is important that we realise daily the honour and value of this role and remember that the very first impression one gets of our organisation is through us. We care across 3 areas – caring for ourselves, for colleagues, with patients and families.

Sometimes we need to re-ignite this particularly in times of change, work demands, financial demands and personal demands.

We are moving to a Group of seven hospitals. It is important that we develop collaborations and synergies across the West/North West that will improve staff and patient satisfaction. We need to brand our profession as having a shared purpose, goal and mission that impacts positively on departments and on our Group. A healthy respect for each other is the foundation of our organisation.

The positive and innovative work tends to get lost. I had the pleasure of visiting Portiuncula and Sligo General Hospitals where Senior Nurse Managers gave presentations on their areas of responsibility. There is so much learning and exchanging of good practice that it is an opportune time to commence the development of a quarterly Nursing and Midwifery Bulletin. This bulletin will inform the Group of the innovation and leadership that exists and communicate our plans around our Strategic Plan and Public Patient Involvement Strategy and marry them with our new Hospitals.

We will also be planning a Nursing and Midwifery Conference in the West for early 2014.

Look out for Information Sessions coming to your Hospital in September, on our Mission, Nursing Governance, developments and future plans.

In the meantime, we hope you all get a well earned Summer break and return refreshed and ready to become involved in our integration and development as a profession.

Colette Cowan
Group Director of Nursing and Midwifery



Elaine Prendergast, General Manager, Roscommon Hospital

Main areas of performance are:

- The DNA rate activity for all services in the hospital was 9.5%
- Day case activity in RH reached green with over 500 cases performed in month of May.
- No new cases of C-Diff were.
- Targets are all amber
- Financial position was 3.48% over target YTD, with a total overspend of €4,500 in May.
- Areas for improvement:
- OPD DNA rate
- Absenteeism
- Hand Hygiene Compliance

On behalf of all of the staff or Roscommon Hospital we congratulate Ms. Margaret Casey on her new appointment as Director of Nursing in Portiuncula Hospital, Ballinasloe.

The EndoRAAD system was introduced to the hospital to Roscommon hospital on the 04 and 05 June. This system captures clinical audit data associated with endoscopy procedures. My thanks to all staff involved in this project and oversaw its implementation.

With regard to the Endoscopy Capital Project a significant milestone was reached when planning permission received for this development. The project group are busy completing the room data sheets in preparation for the tendering process

Roscommon Hospital is preparing a submission for capital funding to the HSE for a Western Regional Specialist Rehabilitation Unit based at Roscommon Hospital as a satellite unit of the National Rehabilitation Hospital in Dun Laoghaire. A local project group visited St. Brendan's Hospital in Loughrea and Merlin Park Hospital Galway to research the services available which was very helpful in the preparation of the submission. The HSE National Capital Funding Committee is expected to meet in late July to discuss the proposal.

A Health and Safety Audit was carried out in RCH on the 22 May by Mr. Tom Beegan and Ms. Geraldine Brady. Mr. Beegan acknowledged the co-operation of management and staff throughout the audit. Staff were complimented on their honesty and openness during interview and commented favourably on some of the processes and initiatives we already have in place. He also referred to the good team ethic which was evident throughout the hospital. In his feedback Mr. Beegan requested that management and staff remain cognisant of their role in adhering to Health and Safety legislation and practices. He also requested that staff and management engage fully and work towards developing a Health and Safety culture throughout the hospital. In his view we should be focusing on prevention of incidents and accidents and ensuring that when they occur that we should learn from same.

I wish to express my own thanks to the Health and Safety Committee, our Safety Representative and all who were involved in the preparation for the audit. I also wish to thank staff for their engagement in this Audit. We will endeavour to continue to promote health and safety throughout the hospital.

Elaine Prendergast
General Manager



Roscommon Hospital Performance Targets for May

Out-patient Waiting List		DMA Rate for all activity		Increase Day Case activity	
Current	Future	Current	Future	Current	Future
Current Value 41% Trend: v Previous Month		Current Value 9.5 Trend: v Previous Month		Current Value 516 Trend: v Previous Month	
Target: No patient should wait more than 52 weeks for an OPD appointment. Percentage of patient on Outpatient waiting list greater than 52 weeks.		Target: Reduce the number of patients who do not attend OPD/Surgery/Endoscopy to 10% by December 2013		Target: To increase Day Case activity at Roscommon Hospital to 600 (500 Surgery + 100 Medical) day cases per month.	
RAG Score Green = >10% Amber = 10 -- 55% Red = +56% Total OPWL = 1760 Pts waiting 0.12mths = 725 2% increase on April Total - 0.12mths increased by 8.8%		RAG Score Green = >10% Amber = 10 -- 15% Red = +16% OP = 14% Day-Cases = 5% (Plastics - 5.8% & Surgery -4.3%) Average of OPD & Day case = 9.5%		RAG Score Green = 500-600 Amber = 350 -499 Red = <349 Day Surgery/Plastics/Dental = 425 Medical Day-Cases = 91 MAU Pts now classified as IP's	
Registration to Discharge MAU		Average Length of Stay		Scheduled Attendance of Visiting Consultants	
Current	Future	Current	Future	Current	Future
Current Value 81% Trend: v Previous Month		Current Value 8.6 Trend: v Previous Month		Current Value 83% Trend: v Previous Month	
Target: Percentage of patients attending MAU discharged in 6 hours or less (Timed from Registration to Discharge)		Target: Overall ALOS for all inpatients discharges is reduced to 5.7 days by December 2013		Target: Percentage of visiting consultants who attended scheduled sessions per month.	
RAG Score Green = 90-100% Amber = 70-89% Red = <69% 90% MAU Same Day Discharges within 6 hr range 73% MAU/RCH admissions within 6 hr range May - 41 IP's & 40 SDD - Total 81		RAG Score Green = <5.7 Amber: 5.8 -- 9 Red: over 9.1 Medical = 8.8 Days - Surgery = 5.8 Days Adjusted for NHSS = 7.2 Days		RAG Score Green = 95-100% Amber = 90-94% Red = <89% Pls x 3 - Ortho x 1- no dates advised for Mr Devitt	
Antibiotic Usage		New Cases of C Diff		Hand Hygiene Compliance	
Current	Future	Current	Future	Current	Future
Current Value Trend: v Previous Month		Current Value 0 Trend: v Previous Month		Current Value 83.5% Trend: v Previous Month	
Target: To reduce the medical usage rate of antibiotics to 84.4 per 100 bed days utilised by December 2013		Target: To reduce the background rate of HCAI of C Difficile to <2.6 per 10,000 bed days used		Target: Percentage compliance during hand hygiene opportunities observed.	
HPSC RESULTS FOR JAN - JUNE 2012 National average 85.02 (DDD/100 BDU) - Level at RCH 96.8 - Average for General hospital type 90.7		RAG Score Green = <2.6 Amber = 2.61 - 4 Red = + 4.1		RAG Score Green = 95 - 100% Amber = 80-94% Red = 79%	
RAG Score Green = <85 Amber = 86.1-95 Red = + 95.1		Staffing Levels		Absenteeism	
Financial Position		Current	Future	Current	Future
Current Value 3.48% YTD Trend: v Previous Month		Current Value +2.5% Trend: v Previous Month		Current Value 6.15 Trend: v Previous Month	
Target: To deliver financial breakeven by December 2013		Target: WTE should not drop below the WTE ceiling so as to maintain patient safety and services by December 2013		Target: To reduce the absenteeism rate to 3.5% by December 2013	
RAG Score Green: 0 - 3% Amber: 3.1% - 5% Red: <5.1% -€4,501 overspend in May 2013		Ceiling adjusted to 278 March 13. WTE May = 284.96 RAG Score Green: 0 -- 5% Amber: -5.1 -- -10% Red: > -10%		RAG Score Green = <3.5% Amber: 3.51% - 4.49% Red: over 4.5%	

Farewell to Margaret Casey, Acting Director of Nursing



On 06 June, we bid farewell to Margaret Casey Acting Director of Nursing, who was leaving Roscommon Hospital to take up her new role as Director of Nursing in Portiuncula Hospital, Ballinasloe.

Margaret worked in Roscommon for the past nine years. Margaret can be very proud of the great legacy of achievements and success which she leaves us here in Roscommon Hospital. Through her stewardship and vision a great foundation and framework for the ongoing development of nursing and wider services at this hospital has been established.



The challenge for the staff who remain on here is to maintain and build on these developments and initiatives.

Margaret has established and spear headed many different new initiatives at RCH – and indeed we have, on occasions, been the first hospital in Ireland to do so – for example the MEWS and Productive Ward initiatives.

While we will miss Margaret at RCH, we wish her well in her new role.

We now welcome Ms. Maura Loftus into her new role as Acting Director of Nursing in Roscommon Hospital.



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

The Hospital facilitated the Group Management Team meeting on 20 May and we were delighted to welcome the Group Board meeting on 21 May. This was an opportunity for the Board to visit departments and meet with staff in the hospital.

I would like to congratulate and welcome Ms Margaret Casey on her appointment to the post of Director of Nursing and Care at Portiuncula on 10 June. We look forward to working with Margaret in continuing to develop our nursing services within the Group. I would also take this opportunity to thank Ms Marita Fogarty for her commitment to the Care Directorate while acting in the position of Director of Nursing and Care for a number of months.

Health and Safety Audit

The Hospital underwent an External HSE Health and Safety Audit on 21 May. We are awaiting a report to be issued, however, verbal feedback on the day was positive.

National New-born Hearing Screening – Site Implementation

The Hospital continues to work towards the implementation of the National New-born Hearing Screening Programme. Interviews to select screeners were held and an Induction Day is currently being arranged to orientate successful candidates to working in the hospital environment. In addition, Information Sessions on the new programme are currently being organised for 22 July for all relevant stakeholders. The planned 'Go Live' date is scheduled for August.

Hygiene

As part of the WHO Global Annual '**Save Lives, Clean Your Hands Campaign**' the hospital held a Hand Hygiene Promotion and Awareness Campaign in the hospital from 03 - 10 May.

The campaign included:

- ◇ Hand Hygiene Education for Staff
- ◇ Promotional Information Table in the Main Reception Area providing leaflets and an opportunity for staff to feedback their comments
- ◇ Hand Hygiene and Demonstration/Education for Visitors to the Hospital on 8 May.
- ◇ Promoting Hand Hygiene Screensavers in clinical areas
- ◇ Patient Survey to be undertaken as part of the Campaign

Thanks to all staff in the Infection Prevention and Control Team for organising the campaign.

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

Clinical Audit Presentations

The Hospital hosted a very successful and beneficial Clinical Audit Presentation Day on behalf of Dr. Bob Rutherford, Group Lead for Clinical Audit on 14 June. Congratulations to all the award winners including Ms Mary Mc Mahon, Clinical Nurse Specialist in Lactation, Portiuncula who won 1st place for her audit presentation. Please see our article included on all the presentations and awards.

New Services/Consultant Appointments

Palliative Care – we welcomed the appointment of Dr. Camilla Murtagh, Palliative Care Consultant. Dr. Murtagh will provide a sessional commitment to Portiuncula one day a week supporting our oncology and palliative care inpatients.

Key Performance Indicators (KPIs) – May 2013

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

- ◇ Outpatient Waiting Lists – numbers continue to decrease – further reductions in Dermatology – further work required in relation to Pain, Orthopaedics and Urology to meet the November 2013 PTL Target.
- ◇ Day of Procedure – for elective inpatients is 60% - hospital target achieved
- ◇ Average Length of Stay – 4.15 days
- ◇ 97.75% (9 hour) compliance against target
- ◇ Hospital Acquired MRSA – 3 – a decrease of 6 cases on the previous month

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

- ◇ Financial KPIs.
- ◇ Emergency Department Waiting Times – 77.11% (6 hour)
- ◇ Absenteeism – 4.86% - re-emphasis on back to work interviews and replacement of vacant positions via the ECC.
- ◇ WTE's



Chris Kane
A/General Manager

May Portiuncula Hospital Performance Summary –2013

Out-patient Waiting List	
Current	503
Future	
Current Value	503
Trend: v	Previous Month
<p>Target: Out-patient waiting to be reduced to less than 9 months by December 2013.</p> <p>503 patients are waiting over 9 months this is a reduction of 27 patients on the previous month. Significant improvements in Dermatology currently there are 5 patients waiting over 9 months. Continued focus to address long waiters in Orthopedics 102, Urology 179 and Pain Control 92</p>	

Rag: Green: 0-300 Amber: 301-999 Red >1000

ED 9 hour Breach	
Current	97.75%
Future	
Current Value	97.75%
Trend: v	Previous Month
<p>Target: No patient to breach 9 hour target at 8am</p> <p>A total of 49 patients breached the 9 hour target for the month of May this equates to 2.25% of 2,126 attendances in May 2013.</p>	

Rag: Green:95-100% Amber:85-94%Red: <85%

Day of Procedure for Elective In-patients	
Current	60%
Future	60%
Current Value	60%
Trend: v	Previous Month
<p>Target: To increase rate to 60% by December 2013.</p> <p>The day of procedure rate is at 60% improvement of 4% on the previous month</p>	

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

Financial Position	
Current	14%
Future	
Current Value	14%
Trend: v	Previous Month
<p>Target: To deliver financial breakeven across the Group by December 2013.</p> <p>Currently the hospital has a 2.6m negative variance against budget. Cost containment plan being further refined. Service pressures and increased ED activity and the non-filling of vacant posts has increased nursing overtime.</p>	

DNA Rate	
Current	10.56%
Future	8%
Current Value	10.56%
Trend: v	Previous Month
<p>Target: Reduce the number of patients who do not attend to 8% by December 2013.</p> <p>The DNA rate in May stands at 10.56% improved by .33%. Efforts continue to reduce this rate further.</p>	

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

Ultrasound List	
Current	130 days
Future	
Current Value	130 days
Trend: v	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>Arrangements have been put in place to do additional US lists to address the waiting list.</p>	

RAG: Green <70 days Amber 70-100 Red > 100

Hospital Acquired MRSA	
Current	3
Future	
Current Value	3
Trend: v	Previous Month
<p>Target: To reduce the number of Hospital Acquired MRSA infections to 3 per month in 2013.</p> <p>There were 3 Hospital acquired MRSA infections for the month of April This is a decrease of 6 cases on the previous month of April</p>	

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

Staffing Levels	
Current	658.01
Future	
Current Value	658.01
Trend: v	Previous Month
<p>Target: To operate within our allocated ceiling of 644 wtes.</p> <p>The WTE figure has increased 24 WTE's since April .</p>	

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

ED Waiting Times for Admission	
Current	77.11%
Future	
Current Value	77.11%
Trend: v	Previous Month
<p>Target: 95% of all patients attending the ED should not wait over 6 hours.</p> <p>77.11% of all patients attending the ED were seen and admitted with in 6 hours. This is a 6.51% improvement. The number of attendances in the emergency department has increased by 1.77% for the same period in 2012.</p>	

Rag: G: 95-100% A: 80-95% R: <80%

Average Length of Stay	
Current	4.15%
Future	
Current Value	4.15%
Trend: v	Previous Month
<p>Target: Achieve a target of 4.5 days.</p> <p>The LOS for May was 4.15% compared with 4.27% in April</p>	

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

Fair Deal - Bed Days Lost	
Current	153
Future	
Current Value	153
Trend: v	Previous Month
<p>Target: To reduce the lost bed days to less than the current monthly bed days lost.</p> <p>153 bed days lost in the month of May</p>	

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

Absenteeism	
Current	4.86%
Future	
Current Value	4.86%
Trend: v	Previous Month
<p>Target: To reduce absenteeism rate to 3.5% by December 2013.</p> <p>Absenteeism rate for the month of May 4.86% this is an increase in .36% on the previous month. Back to work interviews continue.</p>	

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

Clinical Audit Presentation Day

Portiuncula Hospital were delighted to facilitate the Group Clinical Audit Presentation Day on 14 June on behalf of Dr. Bob Rutherford, Lead for the Group in Clinical Audit.

There were 9 presentations given by staff from Portiuncula Hospital and Galway University Hospitals.

The presentations included Stroke Care, Spinal Cord Compression, Seizures, Anticoagulation, Respiratory Distress in Children, Maternal Skin to Skin Contact, CMV Negative Blood Products, Evaluation of Medical Social Work Referral on Length of Stay and Re-admission and Intravenous Bisphosphonate.

There was a large attendance and extremely positive feedback on the day.



Congratulations to all prize winners and presenters!



The 'top prize' was awarded to Ms. Mary Mc Mahon, Clinical Nurse Specialist in Lactation at Portiuncula for her audit on *'Maternal Skin to Skin Contact, Portiuncula Hospital'*.

2nd Prize was awarded to Dr. Sarah Mulligan, GUH for her audit on *'Have all children presenting with wheeze and/or respiratory distress of mild or moderate severity been treated with bronchodilators via MDIs and spacer'*



3rd Prize was awarded to Dr Teresa Dinizulu, GUH for her audit on *'Management of suspected Spinal Cord Compression'*.

Portiuncula looks forward to hosting another Clinical Audit Presentation Day in the future.

‘Pregnancy loss in rural Ireland’

Aileen Mulvihill, Senior Social Work Practitioner at Portiuncula Hospital has had an article accepted for publication in the international social work journal – the British Journal of Social Work.

The article is entitled *‘Pregnancy loss in rural Ireland: an experience of disenfranchised grief’*.



The publication of this article followed on from a small-scale research study, which was conducted as part of Aileen’s MSc Bereavement Studies under the supervision of Dr. Trish Walsh, School of Social Work and Social Policy, TCD.

Its publication has already received some media interest in the Irish Times, Irish Independent and Daily Mail and as such has successfully begun to contribute to public knowledge and awareness of this sensitive and important topic.

Please see link below for access to the article:

<http://bjsw.oxfordjournals.org/content/early/2013/05/02/bjsw.bct078.full?keytype=ref&ijkey=YfPHFK96igdtwlz>

For more information, please contact Aileen at: aileen.mulvihill@hse.ie

Community Support



Pictured above: Members of the Aughrim Youth Club presenting a donation of €450 to the Patient Comfort Fund at Portiuncula Hospital. The Youth Club raised the money by challenging themselves to stay awake for 24 hours!

From left: Fergus Hannon, Patient Services Manager, Mary Diskin, Clinical Nurse Specialist in Stroke Care, Chris Kane, General Manager, Máire Kelly, Clinical Services Support Director, Dr. Michael Brassil, Clinical Director, Ms. Roisin O’Hanlon, Physiotherapy Manager.

Ann Cosgrove, General Manager, Galway University Hospitals

Overall activity for the month of May was up on our service plan target in relation to Inpatient discharges (1.7%), OPD attendances (1.2%), ED Admissions (2.5%) and Elective Admissions (3.7%).

During May, ED Overnights showed a significant reduction with the average number of patients on trolleys reducing to 10 per day vis a vis 21 in April. Both bed days lost and average length of stay also showed a reduction.

Plans to develop an audio visually separate Paediatric ED within the existing ED footprint, and which will commence in coming month will create service pressures and will require active management for the duration of the project.

Key Performance Indicators

A number of our Key Performance Indicators continue to present challenges including

- Financial KPIs
- Inpatient and Outpatient Waiting List targets
- Emergency Department Waiting times.

Consultant Appointments

Dr Catherine Sullivan commenced as a consultant Physician / Rheumatologist.

Dr Camilla Murtagh Consultant in Palliative Medicine – locum cover for new post Galway Hospice/ GUH/Portiuncula Hospital.

Dr Ester O Sullivan Consultant Physician/Endocrinologist - locum cover.

Dr Israr Un Nabi Consultant Physician /Gastroenterologist locum cover for new post.

Dr Thomas Kozak Consultant Haematologist – locum cover.

Colorectal Screening Programme

The colorectal screening programme commenced on 27 May in UHG with an average of 10 patients being screened per week.

Service Developments

Plans are agreed and approved to reconfigure T7 for the development of Urology Outpatient Services and this work will be completed in the coming months. The Pulmonary Lung Function Laboratory also located in T7 is also being commissioned and will become operational on a structured appointment basis in August 2013.

Capital Developments/ Minor Works

Work is ongoing on a number of projects including interim ward block, Paediatric CF OPD, NPRO Enabling works (car park and new Adult Mental Health Unit), CRF/TRF and Rehab Ward Hospital Block MPUH.

Planning is also ongoing in relation to reconfiguration of Surgical Day Ward and agreement on a phased reconfiguration of physical accommodation.

Ann Cosgrove
General Manager



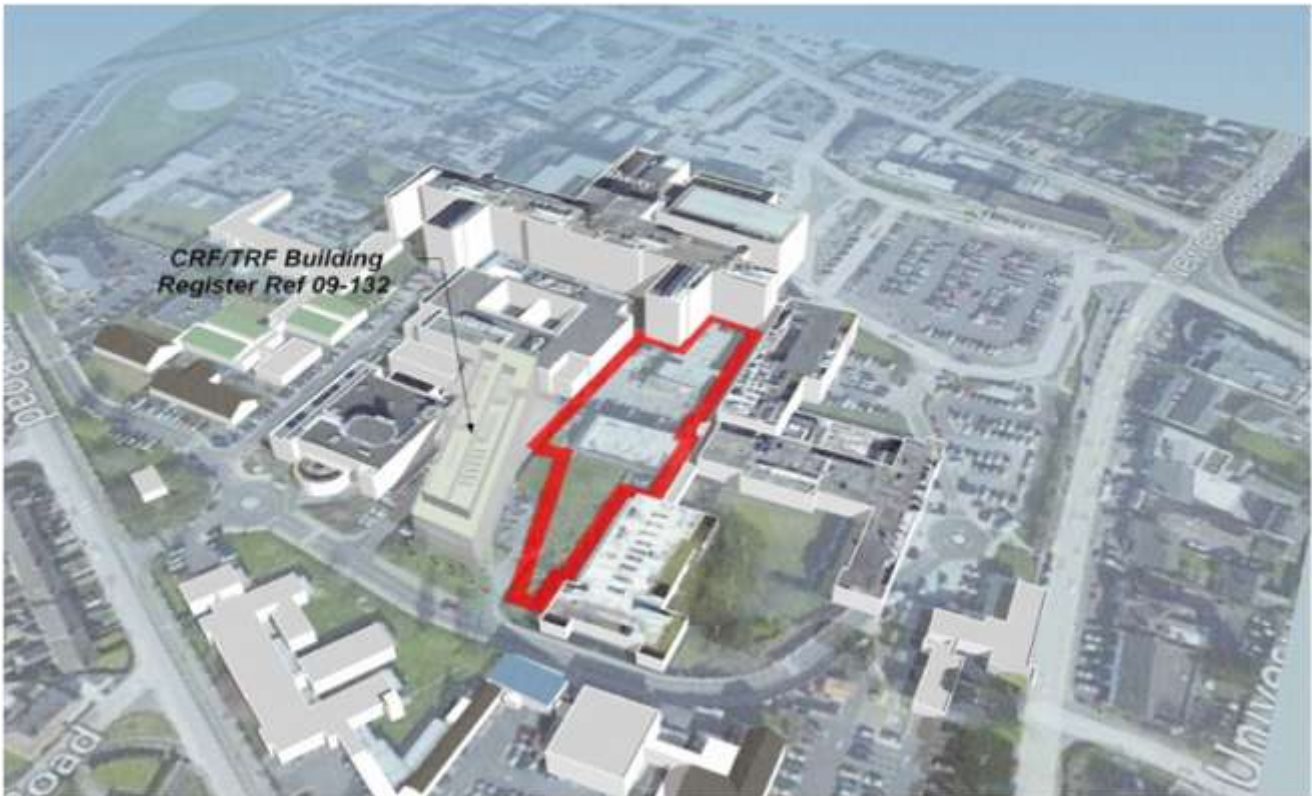
GUH Performance Summary – MAY 2013

<p>Out-patient Waiting List</p> <p>Current Value: 21991 Trend: v Previous Month: ↑</p> <p>Target: Out-patient waiting to be reduced to less than 32 weeks</p> <p>Work is progressing through the Directorate to deal with long waiters across all specialities. Great progress made in Orthopaedics and most Medical Specialities. Awaiting National launch of CPD Project as basis of action plan. April 2013 24965 Patients > 12 Months The above figure is for all patients on the Outpatient PTL waiting over 12 months with and without an outpatient appointment.</p>	<p>OPD DNA Rate</p> <p>Current Value: 93.1% Trend: v Previous Month: ↑</p> <p>Target: Reduce the number of patients who do not attend to 10% by December 2013</p> <p>OPD group are looking to extend the partial booking system across all specialities. National guidelines on attendance and DNA policy to be made available. April 2013 13.2%</p>	<p>ED Patients waiting for admission at 8am</p> <p>Current Value: 10 Trend: v Previous Month: ↑</p> <p>Target: < 10 patients waiting in ED for admission at 8am</p> <p>The average number of patients on trolleys awaiting beds this month was 10. May showed a marked decrease from April in the average number of patients awaiting a bed. Escalation measures were required on occasions throughout the month to support ED & MAU patients on trolleys. Forward focus for all services is on improved discharge planning. SDO continues to support our drive to improve patient experience times. April 2013 21</p>
<p>CT Waiting List</p> <p>Current Value: 130 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 now lies at 130 days. A further reduction of 9 days since last month. Additionally, the number of patients waiting has significantly decreased. We are continuing to send patients for scans to RCH. This is working well. Reaching the KPI target is still proving challenging but we will continue to address this in every way we can. April 2013 138</p>	<p>In-patient & Day Case Waiting List</p> <p>Current Value: 805 Trend: v Previous Month: ↑</p> <p>Target: No patient should wait > 8 months by end of November; 20 weeks (Child) and 13 Weeks (GI Scope)</p> <p>Work is on-going with the Medical and Surgical Directorates. All Waiting List Targets were met last month (No patients waiting longer than 9 months (Adult), 20 weeks (Child) and 13 Weeks (GI Scope). Reduced theatre resources available this month. New Group wide Inpatient/Daycase Policy being launched this month. Adult IP WL Breaching 8 Month target April 2013 Adults 938 waiting over 8 months (Scopes and Children are in the maintenance phase now)</p>	<p>Average Length of Stay</p> <p>Current Value: 8.9 Trend: v Previous Month: ↑</p> <p>Target: 5.6 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. April 2013 6.8 (excluding Onc)</p>
<p>Day of Procedure Rate for Elective Inpatients</p> <p>Current Value: 83% 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 this KPI will be available to management from CMA tools. April 2013 48%</p>	<p>Sepsis Aetiology Blood Stream Infection</p> <p>Current Value: 0.33 Trend: v Previous Month: ↑</p> <p>Target: 0.01 per 1000 bed days, average projection 2011 members 0.0116 per 1000 bed days, average projection equals 2011 levels (= 0.16 per 1000 bed days), gross = projection is below 2011 levels (0.16 per 1000 bed days)</p> <p>Line infection (beds peripheral & central) have been identified as major causes of both MRSA & MSSA blood stream infections at GUH. There was 10 CVX-associated Sepsis aetiology bloodstream infections in GUH for the four month period to the end of April 2013. These infections occurred predominantly in medical patient.</p> <p>There have been no PVC-associated Sepsis aetiology bloodstream infections in GUH to the end of April 2013. 2013 Jan - is 0 per 1000 bed days April 2013 0.21</p>	<p>Bed Days Lost</p> <p>Current Value: 32 Trend: v Previous Month: ↑</p> <p>Target: Reduce by 10% over 2012 figures</p> <p>Work is ongoing through the Discharge planning group to reduce the number of Bed Days Lost. April 2013 48</p>
<p>Financial Position</p> <p>Current Value: -3.87% Trend: v Previous Month: ↑</p> <p>Target: To deliver financial breakeven across December 2013</p> <p>The Financial Control Committee is in place to ensure that GUH meets budgetary targets. April 2013 -3.69%</p>	<p>Staffing WTE variance from Staff Ceiling</p> <p>Current Value: 3,073.13 Trend: v Previous Month: ↑</p> <p>Target: To operate within HSE employment levels.</p> <p>The Employment Monitoring Committee are in place to ensure that GUH meets its WTE ceiling - coming under review. March ceiling: 3,013 April 2013 WTE 3,077.38</p>	<p>Absenteeism</p> <p>Current Value: 4.08% Trend: v Previous Month: ↓</p> <p>Target: To reduce absenteeism ratio to 3.9% by December 2013</p> <p>Work is ongoing across GUH to reduce the levels of absenteeism through back to work interviews etc. with a particular focus on this KPI. April 2013 : 4.94% based on MEMU figures</p>

ESTATES UPDATE

Interim Ward Block

The procurement process is now in progress for the development of the 75 bed Interim ward block on UHG site and planning has commenced with the relevant staff in relation to some of the services which will need to be relocated to enable the build to progress.



CRF/TRF

The tendering process is currently underway and will be completed by end of August 2013.



ESTATES UPDATE

Paediatric ED

Funding has been approved and plans agreed to create an audiovisually separate Paediatric ED within the footprint of the existing Emergency Department at UHG. This project is scheduled to commence in July , 2013 and will create some service pressures while the project is being undertaken.

Paediatric Cystic Fibrosis OPD

A project is progressing in collaboration with the Galway Cystic Fibrosis Hospital Project Group for the development of a dedicated Paediatric Cystic Fibrosis Outpatient facility immediately adjacent to the existing Paediatric Unit. This project is being funded by the Galway CF Hospital Project Group.



Rehabilitation Ward – Hospital Ground, MPUH

Work is ongoing on the brief to progress the tendering process for this project which has received capital approval.

Replacement Car Park

Working is ongoing by our Estates Department on the procurement process for the replacement car park and new Adult Mental Health Unit.

The work on the car park will commence in the next few months and will result in a loss of car parking facilities on the site for the duration of the project.

Waste Management

ENERGY MANAGEMENT GRUHG

An Energy Management Group has been established for GUH and the inaugural meeting of the group took place on 12 June. The purpose of the group is to develop and Energy Management Policy and an Energy Management Programme for GUH that strives to achieve the hospitals objectives at optimum energy efficiency and minimum energy costs. Overall the group aims to identify key factors that influence energy consumption; identify and implement energy saving opportunities and promote energy efficiency awareness and practises amongst employees.



A second MAP Training Day hosted by the SEAI (Sustainable Energy Authority of Ireland) and Technical Services Department Merlin Park took place in UHG on 26 June. 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. 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.

FOOD WASTE REDUCTION PROGRAMME



As part of GUH's linkage with the Green Healthcare Programme, the Clean Technology Centre on behalf of the EPA paid a return visit to UHG on 29 May. The purpose of the visit was to review and re-audit the food provision system at the hospital in order to identify if food waste reduction initiatives recommended in 2011 are proving successful in preventing and reducing the quantity of food waste generated in the provision of patient meals at the hospital.

Some of the initiatives undertaken at UHG to reduce levels of food wastage include ordering of food using clear menus with meal size options, portioning of the main meal components in line with nutritional requirements and national guidelines, condiment options to patients and condiments issued on request rather than automatic issue, revised procedures for supplying perishable stock items to patients kitchenettes. We are awaiting publication of the report to determine the success of initiatives undertaken in this area.

DANGEROUS GOODS SAFETY ADVISERS (DGSA) AUDITS 2013

Dangerous Goods Safety Advisers Audits (DGSA) were completed at GUH by an external company on 22 May (MPUH) and 19 June (UHG). The purpose of the audits were to monitor the practises and procedures associated with the collection, packaging, handling and transport of dangerous goods across GUH to determine the level of compliance with health and safety and waste management legislation and with internal processes and procedures within the hospital.



We are currently awaiting publication of the draft reports. When reports are agreed and finalised a detailed action plan will be drawn up to address any observations or areas of non compliance identified during the course of the audits.

Update from Health and Social Care Professionals

This group continues to be involved in health care developments at national and local level. Managers from our disciplines sit on each directorate team through which input is currently being compiled for developments such as the increase in critical care bed numbers, the relocation of the Cardiac Rehabilitation service and the plans for the interim build, all of which will impact our services. On a national level four managers are National leads for the HSCP professions on the National Care programmes for Orthopaedics, Anaesthetics, Medicine and Clinical Governance.

Initiatives since the last publication of 4 in 1 include:

Nutrition and Dietetics GUH,

- *Prevention of Refeeding Syndrome Guidelines* uploaded on Q pulse. Audit commenced to assess incidence of refeeding syndrome risk in GUH and to evaluate the guideline.
- PEG Audit commenced to evaluate at the effectiveness of prophylactic PEG insertions in radiotherapy patients.
- Revision and implementation of Vitamin and Mineral supplementation guideline for preterm infants in line with current recommendations.
- Involved in Health care Professional Education.
 - ◇ Max Fax Study Day – Feb 2013 - Education re Gastrostomy Training to Nursing Staff and PHNs.
 - ◇ Participated in Paediatric Post-Graduate Education programme for NCHD's May 2013
 - ◇ Clinical skills fair UHG, January 2013.

Medical Social Work

Mr Gerry Monahan, GUH Medical Social Work Department, presented findings of his Masters in Strategic Management (UL) study:

“Evaluation of Medical Social Work Referral on Length of Stay and Readmission of Patients to Hospital” at the Group Clinical Audit Presentation Day in Portiuncula Hospital on 14 June. The study found a significant, quantitative difference in the rate of readmission for those patients seen by medical social work before discharge.

Physiotherapy

Physiotherapy continue to strive towards achieving positive KPI outcomes with good results for May showing that 85% of patients discharged during this time had met all of their goals of treatment and that 71% of all staff have completed their mandatory training. May also saw the largest number of referrals to Physiotherapy to date – 2,380 referrals received.

A very informative Tracheostomy study day was held on 04 June 2013 with Tara Cahill, Senior Physiotherapist in Medical Respiratory collaborating with nursing in the organisation of this and also presenting on the day.

An information evening for students interested in a career in physiotherapy was held in May. This was well attended and proved very successful with positive feedback received. The plan is to develop this format and aim to provide this information evening twice per year.

National Organ Donor Commemorative Garden

A national organ donor commemorative garden planned for location in the beautifully landscaped Quincentennial Park on the promenade in Salthill, Galway is scheduled for completion toward the end of this year. Its purpose will be to commemorate the more than 2,200 people in Ireland who have given the gift of life to others through donation. It will also be a place of reflection and thanksgiving for recipients, a place of comfort and support for the families and loved ones of donors, and a place with special meaning and significance for all involved in the world of donation and transplantation.

Garden Design Concept

Using stone sculpture and rich luxuriant vegetation, the garden, measuring approx 1000 square meters will be set out in the form of a giant symbolic hawthorn flower which, according to Irish folklore and traditional medicine, had properties of emotional and physical healing of the heart; attributes which it is hoped will be associated with the experience of the garden.

The many carvings, images, and inscriptions used throughout will be inspirational, comforting and an allegorical reflection of life's journey. Amongst its many innovative and interesting design ideas are plans to represent donors from each county through the inclusion of "heritage stones" sourced from iconic sites throughout the 32 counties. The universality of the life giving cause of organ donation will be reflected by the inclusion of international representational stone tablets gifted to the garden from the five continents; each one being sourced from a site associated with the advancement of humanity:

1. **The Americas** - Ellis Island;
2. **Australia** - Melbourne Football Stadium (Jim Stynes/Ronnie Delaney);
3. **Africa** – Groote Schuur Hospital and Christiaan Barnard Museum, Cape Town;
4. **Asia** – Mahatma Gandhi Institute of Medical Sciences in Sevagram;
5. **Europe** – 600 year old Irish University in Leuven, Belgium.

Medical Staff Special Dedication

It is planned to dedicate one of the garden's features; a 5' tall stone sculpted candle to the medical personnel and staff throughout the country who make the world of donation and transplantation possible.

This candle, symbolising the light of humanity shone through donation, will acknowledge and highlight their invaluable, but oft invisible work.

Picture on Right:
Artist's Impression of Sculpted
Candle in Commemorative Garden



National Organ Donor Commemorative Garden

Promoters and Support Base

The project is being developed by Strange Boat Donor Foundation, an Irish registered charity which was established by the parents of a young Co. Galway man, Éamonn Goggin, whose organs were donated at UHG following a road crash in 2006. The project has the assistance and support of a wide constituency of interests including; **Galway City Council; Beaumont Transplant Foundation; the Irish Organ Procurement Service; the Irish Kidney Association; Irish Heart and Lung Transplant Association; the Irish Air Corps and many others.** The board and management of **UHG** and the wider hospital group are also actively supportive of the garden.

Funding

The project will cost in the region of €150,000 and is being funded on an entirely voluntary basis. If you would like to support the commemorative garden you can do so online at:

www.strangeboat.org - Support Us page - or by contacting:
Denis and Martina Goggin, Bothúna, Spiddal, Co. Galway.

Tel: 085 7272491/ 087 7429080

Strange Boat Donor Foundation (CHY 19469).
www.strangeboat.org / info@strangeboat.org.

Retirement of Maura Harte, Employee Support Manager

The nursing strategic forum celebrated and acknowledged Maura Harte's retirement in May. Maura has been the support person who cared for and looked after our staff during times of trial and tribulation helping them to continue work or return to work.



We are sure you will join us in wishing Maura well for the future.

Photo Details: (Left to Right)
Catherine Piggott, ADON GUH, Maura Harte, Employee Support Manager, Teresa Burke, ADON GUH and Jean Kelly DONM GUH

Galway Arts Trust

Launch of “*This Never Happened II*” collection of poetry and stories at Merlin Park University Hospital

The second collection of creative writing by patients in Units 5 and 6 was launched on 11 June by Poet Kevin Higgins. The book called “*This Never Happened II*” is a collection of poetry and stories by patients, staff and visitors to Galway University Hospitals. The creative writing programme at the hospital is now in its tenth year and continues to be facilitated by Writer in Residence, Kevin Higgins who was appointed in 2007. The arts programme in Units 5 and 6 at MPUH forms an important part of the Galway University Hospital Arts Trust’s work in GUH.

In addition to the launch of the new book, children from two local national schools - Scoil Íde in Salthill and Scoil Mhuire in Clarinbridge – attended the event and performed songs, dance and read their poetry and stories as part of an inter-generational project. Kevin Higgins holds creative writing workshops in these schools based on works by patients in Units 5 and 6 and then in turn the children are invited to write poems which are read to the patients in Merlin Park. This has become a highlight of the year for the patients of Units 5 and 6 who look forward to the joy brought to the unit by these children every year.

Contributors to the book were invited to read at: OVER THE EDGE WRITERS GATHERING - on 27 June in Galway City Library. The contributors are: Niamh Ní Ghlaisne, Maeve Tonge, Dr. Oscar De Souza, Louis Hanly, Madeline Moloney, Brendan Duffy, Fiona Falvey, Flish McCarthy, Bridie Travers and Elizabeth Neville.

Photo Details on Right

Pictured from left: Kevin Higgins, Writer in Residence, GUH; Madeline Moloney, Unit 5 resident and contributor to the book; Fiona Falvey, GUH staff and contributor to the book; and Dr Oscar De Souza, Tirellan, former resident and contributor to the book.



Dialysis Art Project - Unit 7:

The Art Project in Unit 7 Merlin Park University Hospital is gaining momentum. The artist and patients are finalising designs that will be incorporated into soft furnishings to refurbish the waiting area. The patients’ art book will be published in August. The art exhibition in Galway Arts Centre will officially launch on Saturday 10 August so save the date as it will be a wonderful day out for all. The exhibition will be on display from 08—31 August.

Other news:

Please contact the arts office if you would like a framed poem displayed in your waiting area.

Galway University Hospitals Arts Trust: Phone 091 544979 or guhartstrust@hse.ie

SURGICAL DIRECTORATE

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



**Galway Roscommon University Hospitals Group Chapter
Annual Report 2012/2013 academic year**

Chapter Leader: Marese Murphy, Postgraduate Researcher, Discipline of Surgery

Faculty Advisor: Karl J. Sweeney, Director of Surgery

The Institute for Healthcare Improvement (IHI), an independent not-for-profit organisation based in Cambridge, Massachusetts, is a leading innovator in health and health care improvement worldwide. It is dedicated to supporting professionals participating in healthcare improvement and patient safety. It offers online support and teaching and has recruited hundreds of centers around the world to its organisation.

The Galway chapter was formed in April 2013 and membership has been growing steadily as word has spread. The majority of our members currently are hospital consultants and NCHDs but there has been increasing interest from hospital administration, nursing, pharmacy and medical students.

Members can take online courses through the open school covering topics such as patient safety, leadership in healthcare and healthcare management. An IHI Basic Certificate of Completion is awarded to members who have completed a set curriculum of courses and two of our members have so far achieved this target.

Our first chapter event was a *WebX Author in the Room* teleconference held on 15 May on the topic of patient safety in bariatric surgical centres. Our first project is the introduction of a care bundle to reduce the incidence of surgical site infections in the hospital.

Our goals for the coming year are as follows:

1. Continue to increase our membership.
2. Organise regular meetings for members covering different topics of interest.
3. Participate in further IHI events.
4. Collaborate with other local chapters.

Regarding this final goal, a meeting has been arranged with Marie Kehoe-O'Sullivan, Director of Safety and Quality Improvement with HIQA and leader of the HIQA chapter of IHI.

More information on the institute is available at www.IHI.org and enquires regarding the Galway Chapter can be made to Ms. Catherine Flaherty, Medical and Surgical Directorate, Galway University Hospitals on Catherine.flaherty@hse.ie

WOMEN'S AND CHILDREN'S DIRECTORATE

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

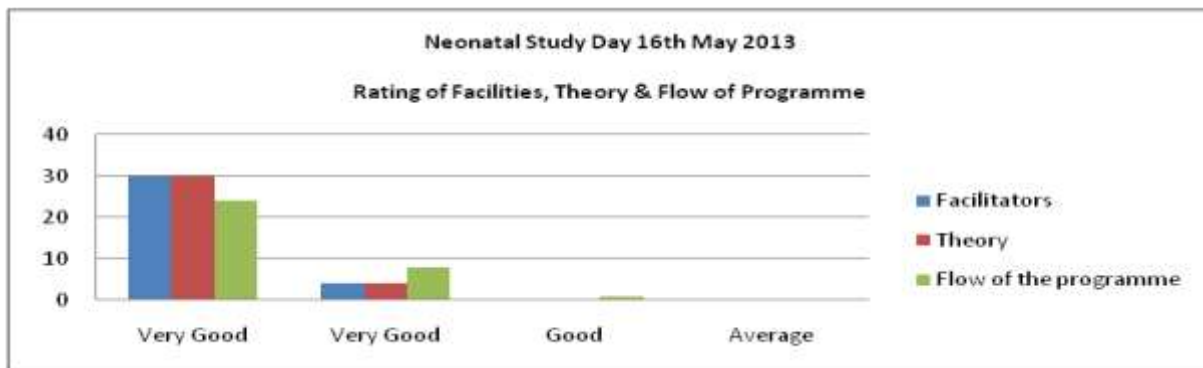
First Neonatal Study Day in University Hospital Galway.

The first Neonatal Study Day in University Hospital Galway was held on 16 May in the Maternity Lecture Theatre, in close proximity to the new Neonatal Intensive Care Unit. The event was very successful and forty-seven participants from all three Maternity Hospitals in the West and colleagues from Our Lady of Lourdes Hospital, Drogheda attended on the day. The aim of this study day was to provide evidence based information for neonatal nurses, midwives, and doctors in the care of Neonates. This study day also aided communication and relationship building between the hospital groups, to enhance better understanding of the role of the various stakeholders involved in the care of the ill /preterm/ new born infant requiring neonatal intensive care.

The Facilitators/Lecturers included:

- ⇒ Neonatologists UHG: Dr Ryan and Dr O' Donovan,
- ⇒ Advanced Neonatal Nurse Practitioner Candidate UHG: M/s Jean James
- ⇒ Researcher and Lecturers at NUI Galway: Dr. Patricia Healy and M/s Sally Millar
- ⇒ Neonatal Dietician UHG: M/s Ana Marshall,
- ⇒ Professor of Obstetrics and Gynaecology, UHG: Professor John Morrison,
- ⇒ Consultant Obstetrician and Gynaecologist from Ballinasloe: Dr. John Monaghan
- ⇒ Nurse Cleft Lip and Palate Co-Ordinator for children from O.L.H.S. Crumlin, St. James and University Hospital Galway: M/s Laura Duggan

There was very positive feedback from the neonatal study day.



A special thanks to Dr. O'Donovan, Dr. Ryan, Consultant Neonatologists, Margaret Coohill Midwifery Practice Development Co-ordinator, Bríd O'Brien C.M.M.2 Neonatal Intensive Care Unit (NICU) for their input into the development, organisation, communication and catering to make this Neonatal Study Day such a success.

Plans are in place that this will be an annual event.



WOMEN'S AND CHILDREN'S DIRECTORATE

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

National Newborn Hearing Screening Programme

1 to 2 babies in every 1,000 are born with a hearing loss; most of these babies are born to families with no history of such loss. Early diagnosis, treatment and support have a significant impact on the baby's development, speech and language, education and help him or her to achieve their full potential in life.

Recognising the huge benefit of early diagnosis, a Neonatal Hearing Screening Programme delivered by the Audiology Staff in University Hospital Galway was initiated by Mr John Lang, E.N.T. Consultant, UHG and Dr G Fox, Consultant Paediatrician, Mayo General Hospital. The service commenced in Mayo General Hospital in 2000 and was extended to UHG in 2003. The service provided a routine hearing screening test to newborns with over 55,000 babies screened to date.

In 2011 the HSE contracted Northgate to roll out a Universal Newborn Hearing Screening Programme nationwide. As part of this National programme the Audiology Dept UHG will hand over screening to Northgate from 23 July 2013. As part of the development of a national programme, Northgate will also be commencing a screening service in Portiuncula Hospital.

Speaking on behalf of the Audiology Department, Ms Orla O'Hara said "We were delighted to have been able to provide a hearing screening service to babies in MGH and UHG for over ten years and welcome the fact that very soon a screening service will be provided by Northgate to all babies in Ireland. We would like to thank hospital management and the ENT department for supporting us in the provision of this service. We would also like to acknowledge the maternity and NICU staff both in MGH and UHG, who we have enjoyed working alongside for the past number of years."

Mr John Lang, ENT Consultant said "We welcome this nationwide service. Babies born in MGH and UHG have been fortunate to have had a universal hearing screening test available to them for over ten years. Now, with the roll out of the national programme, all babies born in Ireland will benefit from this early assessment".

A very small number of babies will require further testing and any necessary follow up from the initial screens will be undertaken by the Audiology Department UHG. Family supports will be available, as appropriate, from the Department of Education and Skills Visiting Teacher Service and DeafHear a voluntary organisation that provides a range of services to deaf and hard of hearing people and their families.

Therefore, we want to say a huge thank you to all the audiology staff, for providing this service for the past thirteen years and we very much look forward to welcoming the Northgate screening team to our group.

WOMEN'S AND CHILDREN'S DIRECTORATE

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

Generous Donation to St Bernadette's Children's Unit

At the end of May St Mary's College presented a cheque for €4,300 to the Children's unit. The cheque was presented by the students to Ms. Ann Matthews CNM 3, accompanied by some of the St Mary's College teaching staff and with some staff from the unit in attendance.

St Mary's College have a long tradition of charity work and each year pick two organisations to fundraise for. The fundraising is organised each year by the teaching staff and the money is raised by the students. The Children's Unit at GUH were one of the lucky recipients this year.

Part of the funding will be utilised to install WIFI on the Children's unit and also the purchase of some tablets (not the medicinal kind) for internet access for games and social media. The staff of St Mary's College have organised a 25% discount on any items purchased with a local store.

The availability of WIFI will be of great benefit to the older children who get bored easily and especially when in hospital. The remainder of the money will be spent on essential medical equipment that has been identified. We would like to thank St Mary's students very much for the donation. As the saying goes, it is always nice to have good neighbours!

Congratulations

Pat Rodgers has taken up the post of AMP Candidate for Colposcopy from 17/6/2013. This will be of great benefit to the Department and we would like to congratulate Pat and wish her every success in her new role.

Perinatal Bereavement Working Group

"Bereaved parents never forget the understanding, respect and genuine warmth they received from caregivers, which can become as lasting and important as any other memories of their baby's brief life" (Leon 1992)

It must be remembered, each bereaved parent we meet is on her or his own journey. Our role as health care professionals is to walk with these parents and their families on their journey and allow them to choose their own unique way. We may know the landscape of grief but not each individual's journey.

Following from a very informative 2 Study Days on Perinatal Bereavement with Cathy Quinn, Consultant Midwife in Perinatal Bereavement, which was attended in total by 33 midwives and two social workers, it was decided to set up a Perinatal Bereavement Working group in the Obstetric and Gynaecology Unit in Galway University Hospital.

The group is multidisciplinary and meet every alternate month and the inaugural meeting was held on 30 April. The aim of the group is to identify and enhance the midwives existing knowledge, understanding, skills and attitudes in caring for and supporting parents and their families who experience the loss of a baby.

LABORATORY DIRECTORATE

Damian Griffin, Clinical Director; Judith McLucas, Business Manager

Quality Initiative in Haemovigilance, Galway Blood and Tissue Establishment

Lunchtime informational/educational sessions within the laboratory were extremely successful, in a hospital in which I worked in previously, and was something that I strived to implement in Galway Blood and Tissue Establishment (GBTE).

Interdisciplinary education is essential in a blood establishment where a wide range of blood components and products are issued and extensive investigation takes place, including group and screens, antibody identification, phenotyping and transfusion reaction investigations.

As certain aspects of the Tissue Establishment are a relatively new and very interesting phenomenon, it is important that all staff working throughout GBTE are aware of what the service provides and the requirements that have to be met, in order to retain their GMP and IMB licence. These services include stem cell harvests, bone grafts and chips, cornea and sclera grafts and autologous serous eye-drops (ASE's).

After debating the most suitable day /venue etc for these sessions which would suit Medical Scientists, Haematology Doctors and Haemovigilance Officers, it was decided to sacrifice a well earned lunch break and run them between 13:00hrs and 14:00hrs in the audio visual room in the main laboratory.

With the support of the Chief Medical Scientist in GBTE Margaret Tarpey and the Quality Officers, Helen Cregg and Rosemary Macken the first session kicked off in March 2013 when Niamh Isdell, Haemovigilance Officer gave a presentation on the "Pros and Cons of the Typenex Blood Band", which is currently a very topical subject. The final consensus, following a lot of discussion was that most likely its use would discontinue later in 2013.

The second session on 24 April was delivered by Dr. Ruth Gilmore, Consultant Haematologist, who discussed the revised massive transfusion guidelines where a Code Red Alert System will be activated in the event of a massive bleed. The finer details of these two separate protocols, for obstetrics and the main hospital were debated. An agreement was reached as to who should activate this system, blood tests to be carried out, blood components to be issued and the decision to call of the Code Red Alert.

On 29 May Una Gaughan, Medical Scientist GBTE, gave a presentation on the "Stock Management of Blood and Platelets in GBTE". She explained the delivery system from the IBTS and the re-routing process of blood components within the group. Una highlighted the cost of the components, transport involved and the transition to a daily delivery system from the IBTS. The savings made in GBTE when a stringent system is operated in the ordering of blood and platelets proved significant.

Following three very successful information/educational sessions, each attended by more than twenty staff, a decision was made to take a break for the summer months and return in September with more interesting topics!

Martina O'Connor, Group Haemovigilance Officer

THEATRE ANAESTHETICS AND CRITICAL CARE DIRECTORATE (TACC)

Dr John Bates, Interim Clinical Director; Marie Dempsey, Business Manager

Dr Paul Naughton has completed his three year tenure as Clinical Director for TACC. During this time Paul has led TACC through very difficult and challenging times, he has made an enormous contribution to this role and has overseen the introduction of key priorities for the directorate most notably Preadmission Assessment Clinic and Day of Admission through the Theatre Admission lounge. The introduction of The Productive Operating Theatre has also been a key achievement in line with the Surgical and Anaesthesia National Programme. Paul has also commenced linking with Portiuncula and Roscommon Hospitals and we plan to continue with and build on this in line with the recent developments regarding the expansion of the group structure.

We wish Paul well and thank him sincerely for his commitment to TACC directorate.

I am now in the role as Interim Clinical Director pending the completion/implementation of developments in the reorganisation of the group structure which sees Sligo General Hospital, Mayo General Hospital and Letterkenny General Hospital joining the group. I hope to continue the good work commenced by my colleague Paul in this regard and look forward to working with all in the progression of Theatre, Anaesthesia and Critical Care business across the group structure.

Dr John Bates
Interim Clinical Director, TACC

Pre admission assessment and Theatre Admission Lounge

We have received approval for 0.5 WTE Clerical to support the work of the preadmission clinic and we look forward to renewed focus on this very important element of surgery to ensure our day of admission rates increase in line with National and indeed our own KPI.

The Productive Operating Theatre

“A round man cannot be expected to fit into a square hole right away. He must have time to modify his shape “. Mark Twain

The Process of introducing TPOT is slow but consistent. The Corridors in theatre reflect the process and now staff has a visual aid to indicate which theatres are in progress and who are assigned to same thus providing real time information. We are presently in the process of regaining back the old store room due to the transfer of H.S.S.D to the third floor .This provides us with the opportunity of standardising the induction rooms across the theatre floor which will increase efficient work practice.

Briefing-Rebriefing-Debriefing sessions have been extended out to Theatre 4 and this empowers staff and creates effective team-working. Staff at these 5 minute sessions are “kept in the loop” of the order of the list and any critical events concerning to the patients therefore being prepared for every eventuality.

THEATRE ANAESTHETICS AND CRITICAL CARE DIRECTORATE (TACC)

Dr John Bates, Interim Clinical Director; Marie Dempsey, Business Manager

The Business Intelligence Manager - TPOT National has reviewed our theatre measures and displays and has provided useful advice on how and what to display for optimum visual effect. Real time data collection has commenced in two theatres, Urology/Plastics. The TPOT Programme Manager has visited several UHG on several occasions and there are monthly TPOT network calls to share our experiences – progress with other sites.

The roll out of the inventory management “Top up” has commenced with first meeting concentrating on and identifying key stock to be held at theatre level and frequency of delivery. This will further streamline our stock thus assisting with cost containment. Theatre staff would like to thank supplies department especially Mike and Pat for their continued support and commitment to this project. In order to assess our progress and view other TPOT sites I, with one of the champions(S/N J Barret) visited Tallaght hospital last week. This was a great learning experience and relationships have been developed with this site in order to share our progress to date.

TPOT has been invited to present at the Productive Ward Conference. Our National lead is planning to offer a substantial portion of that slot to TPOT Sites. Two sites will be selected based on the presentation criteria. Also the Model of Care for Acute Surgery is being launched on the 17 July by the Minister for Health. There will be a TPOT stand at the event and it is envisaged that UHG will showcase a poster. The poster will focus on the benefits and improvement initiatives that theatre has experienced with the introduction of TPOT.

I would also like to thank Ms P Roche HSSD manager and Ms Bernie Kilmartin CNM 111 Portiuncula hospital for agreeing to join the TPOT Steering group. Bernie’s involvement will ensure a consistent approach across the two hospital sites regarding theatre issues.

The next steps in the process of TPOT will be:

1. To analyse the metrics Start time, Finish Time, Theatre Utilisation.
2. Standardisation of key areas within theatre
3. Development of the Hub (Engine of theatre)

Breeda Cahill
Program Leader TPOT

Physiotherapy

Welcome to Esther Flaherty, Senior Physiotherapist in ICU. Esther has transferred to us from Portiuncula Hospital, we wish her all the best in her new position.

The Clinical Specialist post has also been offered, we await a start date to commence Deirdre O’Dowd into her new position.

A new information leaflet has been developed for patients to optimise recovery during their critical care stay will be available in the coming weeks.

MEDICAL DIRECTORATE

Dr Donal Reddan Clinical Director; Ann Dooley, Business Manager

Acute Medicine

Overall there has been an improvement on the pressure for beds in the past few weeks. A team based approach to patient flow is being adopted. Patient flow through the Medical Assessment Unit is working better since the introduction of the 8 to 8 policy. The AMU physicians are admitting more short term patients directly.

A new policy was introduced on 04 June where acute general medical patients who are re-admitted within 3 weeks of a previous admission, will be automatically returned to the specialty they were previously admitted under.

The structured ward rounds on St Teresa's Ward are working well and discussions have commenced to introduce the process in St Anthony's ward.

Inpatient and Outpatient Waiting Lists

The Directorate continues to monitor the inpatient waiting lists across the medical specialties to maintain the 8 month SDU target for all inpatients. The Endoscopy Department have maintained the target of 13 weeks for scopes and 28 days for those categorised as urgent.

In Outpatients we are actively working with the Waiting List Office to reduce the number of patients waiting over twelve months. To address the waiting times two extra Nephrology clinics were held in May and further clinics will be organised in August to see long waiters.

In Rheumatology we await the appointment of a third consultant in July to support extra clinics. Some specialties such as Dermatology have made huge improvements in their wait times and the numbers waiting. We have also introduced shared waiting lists in certain specialties to ensure patients are called in chronological order.

Colorectal Screening

We have commenced the colorectal screening programme - Bowel Screen – scoping 10 patients per week. Great credit is due to all the staff in the Endoscopy Unit but especially Dr. Ramona McLoughlin, Ms. Brid Ni Fhionnagain, CNS, Ms. Gretta Greaney, CNM11 and Ms. Theresa O'Brien for getting this national programme launched at GUH.

The Endoraad reporting system is in place since April in both the Endoscopy Department and SDW and all GI Endoscopy procedures are now recorded electronically.

Quality and Safety

We welcome Ms. Helen Cahill, Senior Quality and Risk Co-ordinator to our team and acknowledge her guidance and support in implementing the QPulse system in the Medical Directorate.

Galway and Roscommon University Hospitals 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 fulfil 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.

Martina Cunniffe Donation

Martina Cunniffe organised a fundraising Big Country Music Night in Divilly's, Glenamaddy on 24 June and donated €5,520 to the Cancer Services Patient Comfort Fund in appreciation of the care she received in the Haematology/Oncology Day Ward at GUH.



Photo Above: (L to R)

Jennifer Kenny, Staff Nurse Haematology/Oncology Day Ward, Martina Cunniffe, Sheila McCrorie, CNMIII Cancer Control Nurse Co-Ordinator, Eimear Butler, Staff Nurse Haematology/Oncology

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

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Newsletter Content Deadlines for 2013

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

Issue 13: 12 August (this is the latest date for content)



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