Sligo Regional Hospital Success at EORNA 2015

Speakers, Poster presenters and Staff from Theatre services. Sligo Regional Hospital at the Congress of the European Operating Room Nurses Association (EORNA) in Rome.

The 7th congress of the European Operating Room Nurses Association (EORNA) was recently held in Rome. The theme of the congress was “The Art of Perioperative care: Eternally Evolving”.

This theme reflects the changes within theatre nursing. It is a constantly changing patient focused environment requiring evidenced and research-based patient care, with local practice continually evolving to meet the very latest changes in equipment and technology.

The scientific programme offered delegates more than 110 oral presentations selected from over 300 abstracts submitted by 47 different countries around the world. Speakers presented on varied topics including ways to enhance and develop safe perioperative care and apply scientific research to theatre nurses’ daily practice. Presentations ranged across themes related to enhancing patient care, quality and safety initiatives, leadership, teamwork, resource demands, issues managing change and new developments. Three speakers from Sligo Regional Hospital made presentations to the congress.

Rosaleen White CNM2 in Pre-Assessment clinic (PAC) – Nurse led Pre-operative assessment.


Teresa Donnelly CNM2 in General theatre for her poster ‘Two, four, six, eight……stop and count before it is too late’

Teresa was voted as having delivered the overall best presentation of the congress.

Sligo Regional Hospital was also well represented for the poster programme with a total number of five posters accepted.

e-Poster success was achieved by Margaret Given CNM2 recovery room for her poster - Safe sharp code. Her poster was awarded overall best European poster as judged by the scientific committee.

CONTENTS
CEO Update
Updates from Group Team
Staff News

NEXT ISSUE: 28 August 2015
The next feature hospital: Mayo General Hospital.
For feedback, comments and suggestions, please email us at newsletter@saolta.ie
Welcome to the latest edition of the Saolta University Health Care Group Newsletter. In this months issue, we have some new additions, such as our staff feature and Healthy Ireland news. We would love to get your opinion on these and other suggestions please write to the email address below.

As you may know, the Saolta Communications Department was recently established. As a result, there has been many improvements in the area of staff communications, including an enhanced digital media presence.

We could encourage all our users to check out our website at www.saolta.ie. This is being updated regularly, so keep an eye on it’s progress. You can now follow us on Twitter at www.twitter.com/saoltagroup. We also have a LinkedIn company page and for our staff who are Health Professionals, we encourage you to take a look at ResearchGate. Its emerging as ‘the Facebook of research’ and is a great way of tracking your research papers.

As ever we encourage you to send your feedback to this months issue. If you have any other comments, queries and questions or stories, please get in contact with us at newsletter@saolta.ie.

Finally, we would like to thank all our contributors for all their hard work and support. We hope you enjoy.

Saolta Newsletter Team
newsletter@saolta.ie

Table of Contents

- Chief Executive Officer 3
- Corporate Development 5
- Chief Financial Officer 6
- Group Director Human Resources 8
- Group Director of Nursing & Midwifery 10
- Women’s & Children Directorate News 11
- Featured Hospital - Sligo Regional Hospital 14
- Estates News 21
- National Paediatric Hospital Update 24
- Arts Trust News 25
- Healthy Ireland News 26
- Staff Feature: Nicola Lavin (Glynn) 27
- General News 28

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Tweet of the Month

RESCEU112 moves to allow MEDEVAC112 to land at the busiest helipad in Ireland today. UCH Galway.
Chief Executive Officer

Firstly I am delighted to announce to you that Roscommon Hospital received €7.85 million funding for the development of new 20 bedded Rehabilitation Unit; Portiuncula Hospital received €10.7 million funding for new 50 ward block and GUH received €17.3m funding for the new 75 bedded interim ward block. These are key capital projects for commencement in 2015 and welcome developments for Saolta University Health Care Group.

It is hard to believe June is already over and we now over are half way through the year. I would like to share with you the progress we have made on the following:

PATIENT ACCESS TARGETS

Improvement in ED Services

As you are all aware managing the demand for unscheduled care and patient flow through the Emergency Departments remains a challenge and the current overcrowding and high trolley numbers in GUH continue to be the single largest risk to the Group. We are finalising a submission to seek funding for the creation of additional inpatient capacity in UHG.

I would again like to acknowledge efforts of all our staff at the front line in all Hospitals for their high level of commitment and hard work in reducing the number of people awaiting admission on a trolley and, crucially, reducing the length for bed accommodation.

Waiting List Targets

We continue to make progress on scheduled care waiting list reductions and this continues to be a key priority for the Group.

The inpatient targets set by the SDU for 2013 remains for 2015, however a new interim set of targets indicating that all patients waiting over 18 months will be treated by the end of June 2015 and patients waiting over 15 months will be treated by the end of December 2015. I am pleased to say that we are on course to meet this target at the end of June.

The outpatient targets set by the SDU indicate that no patient should wait longer than 18 months for an outpatient appointment at end of June.

Based on current progress the Group will have reduced the outpatient waiting list from 12,000 to 6,000 for patients waiting over 18 months. Staff in all hospitals in the Group are to be commended for their dedication and commitment to ensuring that we are able to see so many patients in relatively short length of time.

The final hurdle is always the most difficult and I would ask everyone to stay focused and to continue to stay committed to the task.

PATIENT SAFETY

Maternity Services

The review team chaired by Professor James Walker, Professor of Obstetrics in the University of Leeds and appointed to independently conduct the review of the maternity services at Portiuncula were on site on the 08 and 09 of June. I wish to acknowledge the staff in Portiuncula Hospital who are providing assistance to the investigation team on site.

Midland Regional Hospital Portlaoise HIQA Report

Many of you will be aware of the Portlaoise Report findings and in particular the focus on the lack of compassion and care not shown. I ask that all staff continue to show care kindness and compassion to all patients treated in the Saolta Group. I have asked the Group Clinical Director to review the recommendations from the Portlaoise Report to determine the actions required by Saolta University Health Care group to ensure we are fully compliant with the recommendations.

PATIENT SERVICES

It is not possible to mention all the changes and improvements in services across the Group but to mention but a few:

North West Paediatric Insulin Pump Service

The accommodation plan for this service has been submitted to the National Capital Group for funding. Fund raising is on-going through the local communities to provide additional monies to support this development. You will read more on this in the feature section of this newsletter (Sligo Regional Hospital).
North West Cardiology

We are close to finalising the Service Level Agreement with the Western Health and Social Care Trust (WHSCT) in Derry and the final action before commencing the service is the recruitment of a Consultant Cardiologist post in Letterkenny Hospital.

Critical Care Review Sligo

While funding is awaited for the Consultant and Nursing resources to create additional critical care capacity in Sligo, work is ongoing within the hospital to examine the infrastructure requirements to open these two additional beds. You will read more on this in the feature hospital section of this newsletter.

Letterkenny Rebuild Programme

The new Kitchen and Canteen facilities opened last month. This is a very welcome to the staff in Letterkenny. On one of my recent visits to the hospital I took the opportunity to see the new facilities and they are very impressive.

Bespoke Campaign Portiuncula Hospital

The Group based Bespoke Campaign to recruit 14 Consultants to Portiuncula/ Roscommon and GUH Hospital is underway. We are working with the Public Appointments Office (PAS) to convene interviews at the end of June.

Employee Engagement Road Shows

Since our last edition I had the opportunity to meet many of you during our recent visit to your hospital to communicate the many developments, opportunities as well as challenges that lie ahead of us. These sessions were interactive with some very useful feedback received which the Board and Executive will take on board. For those who did not have the opportunity to attend the road shows - presentations are now available on our Website www.saolta.ie/content/publications

CEO APPOINTMENT

On a personal note I have received written confirmation of my appointment of CEO until December 2016 for the Saolta University Health Care Group. I look forward to working with you all as we continue to make progress in further developing the Saolta Group with the emphasis of placing our patients at the centre of everything we do. There are many challenges ahead but I am confident that we have the staff and the ambition to overcome these challenges and deliver high quality safe patient care.

Saolta CEO AWARDS

I would also like to take this opportunity to briefly remind you that we will shortly be launching the Saolta CEO Awards for 2015. This was a hugely successful event last year that recognized and celebrated the many achievements across our Group. We expect that this year’s event will again take place in November and will be circulating all staff with details of how to enter their projects and developments in the coming weeks. We had a great response from all staff last year and I would encourage you to become involved again this year.

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

Mr. Maurice Power
Chief Executive Officer
Saolta University Health Care Group
Corporate Development

The Board of the Saolta University Health Care Group held its fifth public meeting in Sligo in the Clarion Hotel on Tuesday 12 May.

At the meeting the Board were asked to receive the following reports and note the key areas of progress and concern.

Chief Executive Officer Report was delivered by Mr Maurice Power
Chief Financial Officer Report was delivered by Mr Tony Baynes
Chief Director of Nursing and Midwifery Report was delivered by Ms Jean Kelly

The Board also received reports from the Audit Committee Chaired by Mr Gerry Manus Non Executive Director and the Quality and Patient Safety Committee chaired by Ms Sharon Moohan Non Executive Director.

At the meeting there was a presentation from Grainne McCann, General Manager, Rosaleen White, CNM11 and Fidelma Kerins, CNM11, Sligo Regional Hospital.

The hospital recently received three awards at the Irish Healthcare Awards including the award for best public hospital. These awards recognised the achievement, innovation and efforts by all staff working in Sligo Regional Hospital in the delivery and improvement of services. Two projects, Improvements in pre-admission care and changing the face of post-operative ophthalmology procedures through best use of technology were winners in their respective categories. At the centre of both of these projects were the development of new systems and processes and the utilisation of technology to make the service better for their patients. The Chairman and CEO congratulated all the staff in Sligo Regional Hospital for this achievement which clearly demonstrates their commitment to improving patient care.

The Group’s Annual Report for 2014 was presented and accepted by the Board. Dr John Killeen, Interim Chair of the Board noted over the last year, the Board has continued to develop and progress its governance structures. The reorganisation of the acute hospital system remains a key, Government led, health reform. The Board is responsible for ensuring that the Saolta Group is achieving its strategic objectives and effectively managing its available resources to provide sustainable, safe and effective person-centred care. Patient safety and quality is core to the Board’s mission and will be at the centre of their decision making.

He went on to acknowledge the professionalism of the 9,273 staff who remain committed to the ongoing development of a high quality health service to the people of the West and North West.

Speaking at the launch Maurice Power, CEO said that “the publication of the 2014 Annual Report is the third such report produced by the Group. Its publication highlights the excellent work which takes place every day across our six hospitals and could not have been achieved without the strong commitment from all staff at all levels within the Group”. The annual report available on our website www.saolta.ie/content/publications

In my last update I mentioned that the Non Executive Directors of the Board were meeting Minister Varadkar to discuss progress regarding the Groups key priorities and challenges. This meeting took place on 18 May and you will hear more about this in our next edition along with the updates from the Board meeting held in Letterkenny Hospital on 9 June 2015.

Fiona McHugh
Group Head of Corporate Development
Saolta University Health Care Group
Chief Financial Officer

Performance Meeting with National Director of Acute Hospitals

At the end of April the Group's end of year forecast expenditure is €670.6m which is €34.8m over our allocated budget.

Following on from a recent performance meeting with the National Team it was clear that this overrun is unsustainable. We have addressed a number of key areas in order to ensure that savings are maximised and we reduce the forecasted deficit.

One of those areas is Debt Reduction, an income team comprising of senior staff members from Patient Accounts and Finance has been formed to implement a plan to reduce the level of claims awaiting Consultant's signature.

MFTP Implementation 2015

The 2015 Activity-Based Funding National conference took place on 28 May in the Royal College of Surgeons, St. Stephens Green. The conference was opened by Mr Leo Varadkar, Minister for Health, and included many key speakers: - Mr Liam Woods National Director of Acute Hospitals, Maureen Cronin ABF Implementation Lead, Dr Frank Heimig Germany, Dr O'Reilly, Prof. Keane, and Prof. Courtney National Clinical Programmes, Dr. Moore, IITOS, and Jacqui Curley, Mark O Connor HPO. Presentations from these speakers are available on the HPO website at www.hpo.ie

Next stage in ABF:-

- Nationally over 98% of cases are now coded on HIPE within the required 30 day period
- Pavillion Health have been commissioned by the HPO to audit the consistency in coding and registering the HIPE data across the acute hospital network
- Implementation of Patient-Level Costing Software into UHG and Mayo General Finance Departments in October 2015 to assist in identifying unit cost
- The HPO will benchmark each hospital against the national average prices for their range of work
- The HPO will work with the hospital CFO's on the benchmarking and understanding why some hospitals may be spending more than the national average for a DRG i.e. Impact of agency, structural issues
- The HPO will work with the Clinical Programmes to develop early examples of how we can incentivise best-care

The key message from the conference was the importance of accurately coding the HIPE data, which involves local collaboration between the HIPE coders, Managers and Clinicians.

ICT

There have been a number of events and developments in IT over the last few months. In March GUH had a major network outage which prevented staff having access to information. If we don't have information, e.g. Lab results, Radiology results then we cannot treat our patients safely. We were fortunate that service was restored gradually throughout that day as without IT, it really became apparent that the hospital would gradually wind down. Many departments are hugely dependant and need to have contingency plans in place to operate without IT (and indeed other services). This was a major clinical event and a formal review is underway.

ICT Projects underway include:

- the Electronic Medical Records procurement is progressing (closing date 18 June) and a number of other key projects are on-going.
- The implementation of NIMIS is progressing in LGH in a timely manner with a predicted ‘go live’ date before year end.
- Under the National Cancer Control Programme, patients from Donegal who will require Radiotherapy services will be referred to Altnagelvin from mid next year. As part of this project, an ICT solution is being explored.
- In the Group ICT strategy, we are looking at key projects that we will now progress and we will have more information on that next Month.
**Financial Performance – at end April**

As you can see from the graph below (next page) our expenditure continues to exceed our budget and at the end of April the Group is over budget by €14.1m (-6.17%). There is a negative variance of €11.5m (-5.4%) with the same period last year.

The last few months have seen our pay costs continue to increase and we are now showing an overspend of €8.0m on budget. As mentioned in previous newsletters agency continues to be our largest cost pressure. Both Medical agency and Support Services agency have increased significantly on last year. It is expected the Support Services costs will fall later in the year as additional Health Care Assistants and Multi-Task Attendants are recruited.

NonPay expenditure has increased by €6.9m on budget and €7.1m on the same period last year with a range of categories showing variances. These increases are patient driven and include Drugs and Medicines, Medical and Surgical Supplies and Diagnostics.

On a more positive note the Group continues to perform well on income. Patient related income has increased by €2.7m compared to prior year and €849k on budget.

Although we are performing well in income our patient related debt has increased by €6.9m on December 2014 and we now have total patient debt of €75.9m.

**Tony Baynes**  
Acting Chief Financial Officer  
Saolta University Health Care Group
Group Director Human Resources

There has been a lot of activity across the Group since the last e-newsletter was issued in April and this is an opportune time to update staff on some of the HR aspects involved.

Employee Engagement Roadshow

The Employee Engagement Survey which was conducted in late 2013 gave us much food for thought in reflecting the issues staff feel require attention. To respond to these issues, Local Implementation Groups (LiGs) were set up in each hospital under the stewardship of the General Manager with representatives from all staff categories.

Their main remit is to address the four key themes identified by staff as being in need of improvement namely:

1. Improved Communication and Staff Engagement
2. Better Recognition of Staff
3. More Visible Leadership and

The LiGs meet regularly to progress local initiatives in respect of each of the main themes and are making headway. The challenge is to effect a discernible improvement on all four between now and the end of the year and staff are asked to bring forward their suggestions and observations to the LiGs through the General Manager’s office.

Lansdowne Road Agreement

Most staff are aware that there has been a proposal to extend the Public Service Stability Agreement between the Government and the Public Service Unions. This has been dubbed the Lansdowne Road Agreement and is currently with the Unions for balloting by their members.

The thrust of the proposed Agreement is to extend the provisions of the Haddington Road Agreement (HRA) to 2018. It covers a partial restoration of pay via the Pension levy, a partial reversal of the 2010 pay cuts to lower paid staff, and certain phased pay restoration measures for all staff up to January 2018.

In exchange for the above, there is a requirement that productivity measures in the HRA like working extra hours, reductions in overtime rates, twilight pay reductions, changes to sick leave provisions, the removal of privilege days and so on will be retained. Other provisions in the proposed agreement relate to disagreement resolution procedures, commitments in respect to outsourcing and the exclusion of cost-increasing claims.

The aggregate vote of the participating Unions on the proposed agreement is expected by the middle of July. If passed, we will further inform staff of the details contained in the final agreement.

Absenteeism and Staffing increases

Good news stories are always welcome and there are two areas in which it is possible to report significant progress within the Group.

Staffing increases

The first of these is in relation to the numbers of staff employed across the Group.

When the first data was collected for the expanded Group (August 2013), there was 7,617 WTEs employed. Now, there are 7,971 (9,273 staff when flexible working arrangements are considered), an increase of 354 WTEs employed across our hospitals.

Portiuncula has increased its WTE by 1.86%, Letterkenny by 2.83%, GUH by 4.22%, Mayo by 4.69%, Sligo by 5.95% with Roscommon unchanged.

NCHD WTEs have increased by 8.1%, Maintenance/Technical by 4.96%, HSCPs by 4.26%, Nursing by 1.74%
and Management/Administrative by 0.97%. There has been no change to Support Staff numbers during this period.

In the last year alone, (June 2014 to May 2015) Saolta WTEs have increased by 211 WTEs or 2.72%. GUH is at its highest number since May 2010 there has been steady WTE increases since January 2013.

While we can always use more staff to help us deliver to the ever increasing number of patients, this is still a noteworthy improvement in where we were only two years ago.

Absenteeism

On the attendance front, Saolta’s absenteeism in May was 3.59%. The most consistent measure of absence is a twelve month running average. Acute services nationally have a running average of 4.16% while Saolta’s equivalent is 3.91%.

Saolta’s Q1 2015 rate is lower than our 2014 comparator (4.19% v 4.60%) and each month, apart from February, saw a decrease in comparison to the previous year. The Group has been below 4% for eight of the last twelve months.

When compared to the NHS England absence rates for year to October 2014 (4.42%), Scotland’s NHS absence rate for 2013/2014 (4.76%) and Wales to September 2014 (5.5%), Saolta has much to be proud of.

On a hospital by hospital basis, the trend is also very encouraging (May data):

- **GUH** is at 3.27% with a running average of 3.60% (from 3.64%).
- **MGH** was 3.46% with a 12 month running average of 3.69% (from 3.65%).
- **PHB** is 3.63% - the 12 month running average is 4.26% (from 4.38%).
- **LGH** is 3.87% with an annual running average of 4.11% (from 4.19%).
- **RH** is 3.32% - the running average is 3.87% (from 3.96%).
- **SRH** is 4.29% with a running average of 4.41% (from 4.42%).

I compliment all staff in bringing about this magnificent improvement in attendance levels and hope that we can sustain the downward trend in absence into the future.

**John Shaughnessy**
Group Director of Human Resources
Saolta University Health Care Group
Group Director of Nursing & Midwifery

As I write this it is hard to believe that we are now in June. The weather has shown no sign of summer and there has been no reprieve in our Emergency Departments. Normally at this time of year there would be fewer patients on trolleys and staff would get the opportunity to carry out their duties in a less hectic environment. However that is not the case and I appreciate that staff are working very hard to deliver care to high numbers of patients on trolleys across the group.

The Directors of Nursing and I spend most of our time sourcing staff to fill the vacancies and support staff in looking after up to 100 extra patients across the group on trolleys. I am aware that it is very frustrating for staff waiting on new nurses and health care assistants to commence work.

All recruitment is carried out nationally through the National Recruitment System (NRS), once a post is approved at our local Employment Control Committee a job order is sent to the NRS and it can take up to eight months to get the position filled.

There have been local campaigns carried out to try and fast track the process but again it has not been timely enough. The executive are invited to a Performance meeting every month with Liam Woods, National Director of Acute Services. At these meetings the CEO and I consistently raise staffing issues within the group with Mr Woods and his team.

Our plan this year is to interview and offer our new graduates a staff nurse position. Interviews have and are taking place across Saolta.

I see this as an opportunity for our graduates to consolidate their learning and practice before heading off to work abroad. We are committed to supporting graduates and all Nurses who wish to continue in education or specialise.

Last year over €1 million was spent on Nurse Education and professional development in the Group.

Over the last two months I have had the opportunity to meet Nurses across the group when we visited with the Employee Engagement Road shows and on Executive Walk About. All the staff that we have met have been eager to showcase new initiatives and practices and we are constantly reminded that despite the problems with staffing and resources all staff are striving to put the patient at the centre of what they do.

Congratulations to Teresa Leahy ANP Neurology (Neurodegenerative Disorders) and Patrick Browne ANP Neurology (Movement Disorders) who have both received their accreditation from NMBI. Their knowledge and expertise will have such a positive impact on the lives of their patients. We look forward to working with them in the future.

I hope that everyone gets an opportunity to take some annual leave and a well earned rest over the next few months.

Jean Kelly
A/Group Director of Nursing & Midwifery
Saolta University Health Care Group
Expressed Breast Milk—Neonatal Intensive Care Unit Quality Improvement Interventions

Human breast milk is the optimal source of nutrition for all infants including preterm infants. All staff on the Neonatal Intensive Care Unit (NICU), UHG is proactive in encouraging mothers to express breast milk for their fragile preterm infants some of whom are born as young as 24 weeks gestation. Maternal expressed breast milk has numerous benefits for these vulnerable infants, including improved immunity, feeding tolerance and protection against the life-threatening disease Necrotising Enterocolitis. Infant formula cannot replicate these benefits.

In June 2014 a group of NICU staff met to develop strategies to ensure preterm infants have access to maternal EBM. The Mothers Own Milk (M.O.M.) group was formed and comprises the following staff; Bríd O’Brien C.M.M.2, Mary Coyne C.N.M.1, Bernadette Carroll S/M, Irene Glynn S/N, Ana O’Reilly-Marshall Senior Neonatal Dietician and Teresa Hughes Lactation Consultant.

The following quality improvement interventions were devised by the group:

Staff Education to highlight the importance of Expressed Breast Milk (EBM) for Preterm Infants

Starting in August 2014 a weekly power point presentation was given by a group member to Postnatal, Antenatal, Labour Ward and NICU staff. The main goal of the presentation was to ensure all mothers of preterm infants, especially VLBW, were shown how to hand express breast milk within 6 hours of delivery so that Colostrum is available for their infants. Colostrum, also known as ‘liquid gold’, provides infants with a condensed form of highly valuable nutrients in the first 3 days of life. While quantity is small, quality is huge.

Loan of Breast Pumps to Mothers

Ten Hospital Grade Medela Breast Pumps were purchased through the NICU Parents Fund. They are loaned for free to Mothers and returned on baby’s discharge home.

Previously Mothers would have to hire Breast Pumps to continue expressing breast milk at home. For some mothers this can be a financial burden and breast pumps can only be hired using a credit/debit card. This has an impact on the supply of mother’s breast milk.

Feedback from mothers who have received Breast Pumps at home has been very positive.

“The loan of the pump by the NICU reinforces how the unit encourages breast feeding, as breast milk is best for our premature baby. Thanks to the amazing staff, our daughter Emma, who was born at 29 weeks and weighed 940gms, was discharged home at 39 weeks, weighing 2.48kg, exclusively on my breast milk” Eileen.

“I had no intention of breastfeeding until my baby was born 12 weeks premature. The nurses informed me that breast-feeding would be the best option for my baby and it would give him a better start in life. I'm expressing breast milk and intend to now breastfeed my baby” Lynsey.

Development of Expressed Breast Milk Diary

Bernadette Carroll has developed the first Expressed Breast Milk Diary for the Saolta Group to assist mothers of preterm infants to optimise their milk supply. Mothers use
the diary to monitor the volume of expressed milk that they produce for the first 10-14 days after birth. The diary also provides mothers with useful information regarding how often to express and how to increase/maintain their milk supply. By monitoring the amount of milk that a mother is producing, staff can advise her on modifying her pumping schedule according to the amount of milk that she is producing.

“When my son Michael was 5 weeks old, Marie Claire asked how my expressing was going for me. At that time I was very concerned at the volume I was producing as I felt it was quite low and would not meet Michael’s needs as he grew. Marie Claire sat with me, listened to my concerns and introduced me to the breastfeeding diary. I found my volume increased daily and soon my freezer was full of bottles of varying volumes. The diary really helped me to see how I was progressing and I gained confidence in sitting with other mothers who were also expressing.” Deirdre Grealish.

The MOM group initiative has many cost benefit implications with improved outcome and survival for the infant and reduced financial expenditure on both Donor expressed breast milk and infant formula for the hospital.

**PRESCRIPTION FOR A HEALTHY PREGNANCY**

A new project aimed at increasing awareness of the health benefits to pregnant mums and unborn children of ceasing alcohol consumption entirely during pregnancy has been taking place in the antenatal clinic at Letterkenny General Hospital.

The ‘Prescription for a Healthy Pregnancy Practice Change’ Initiative is a multi-disciplinary multi-agency response to maternal alcohol consumption between Letterkenny General Hospital Maternity Services, the HSE Drug and Alcohol Service, Donegal, the Education and Training Board, The North West Regional Drugs Task Force and the Alcohol Forum.

The project provides a local multidisciplinary multi-agency response to maternal alcohol consumption thereby providing pregnant women with information on the risks associated with use; early assessment of alcohol-related problems in pregnancy; appropriate advice on use in pregnancy; and treatment and care options.

**Aims of the Practice Change Initiative:**
- Promotion of screening and Brief Intervention of pregnant women at risk of maternal alcohol consumption for a 6-month period within antenatal clinic LGH
- Establish care pathways for women at high risk of an alcohol-affected pregnancy
- Develop or source appropriate alcohol and pregnancy health promotion materials for use within the antenatal (perinatal) setting
- Develop or source an alcohol toolkit for use within the antenatal setting
- Provide training to midwives on screening and brief intervention for maternal alcohol consumption in line with the national standard (Saor Model)
- In line with the Department of Health and Children’s Chief Medical Officer, this practice change initiative will ensure that women are provided with all the relevant information for a safe and successful pregnancy.

It is anticipated that the results will inform phase two systems-wide practice change.

A new ‘toolkit’ for health professionals was launched in the antenatal clinic in Letterkenny General Hospital. The project, which aims to increase awareness of the health benefits to pregnant mums and unborn children of ceasing alcohol consumption entirely during pregnancy, has been taking place in the antenatal clinic at Letterkenny General Hospital.

Photo: L-R: Helen McFarland, ETB; Ciara Doyle, Project Lead, Hidden Harm, HSE/Alcohol Forum; Cora McAleer, Acting Manager, Mental Health Addiction Services, HSE West, Donegal; Evelyn Smith, Assistant Director of Nursing/Midwifery, Women and Children’s Services, Letterkenny General Hospital; Christina McEloney, Coordinator Tutor, University of Limerick Diploma in Drug and Alcohol Studies, ETB / NWRDATF; Dr. Nandini Ravikumar, Consultant Obstetrician, Letterkenny General Hospital; Sean Murphy, General Manager, Letterkenny General Hospital; Geraldine Hanley, CMM2 Antenatal Education Coordinator, Letterkenny General Hospital; Moira Mills, Alcohol Forum; and Mary Kelly, Health Promotion Officer, Letterkenny General Hospital.
The theme for International Midwives Day in 2015 was “Midwives: for a better tomorrow”. This was to remind us of the critical role of midwives in creating a brighter future for mothers, babies, and families.

Many Activities were held at University Hospital Galway to celebrate International Midwives day on Tuesday 05 May 2015.

The Parent Education Department launched their new blog for expectant Parents. You can read more at www.uhgmaternity.com

Family Planning/contraception updates were held half-hourly, with refreshments sponsored by Bayer.

These sessions were attended by over 60 health professionals.

A raffle was held for all new mothers in the unit, with a prize sponsored by All4Baby.

An Information Stand, creating an awareness of the role of the Midwife, was held by midwifery practice development in the Main Foyer of the hospital.

Speaking at the launch, Ms. Dawn Johnston said “It is always great to celebrate the fantastic work midwives do. This includes midwifery led services in the community, much of Ultrasound and other projects ongoing. It is important to remember that many women in developing countries are deprived of the skills of a midwife. When International Day Of The Midwife was set up, it was not just to celebrate midwives but to consider the misfortune for mothers in developing counties. Next year we hope to work on linkages with another units in developing countries so we can share knowledge.”
Featured Hospital - Sligo Regional Hospital

- SRH Wins Public Hospital of the Year
- Children's' Diabetic Insulin Pump Service
- “Stepping it up a gear” in Sligo/Leitrim/West Cavan
- Friends of Sligo Regional Hospital & SHOUT
- SRH Achievements at European Awards in Rome
- Theatres Got Talent
- Medical South Shift Handover Project
- Resuscitation Training at Sligo Regional Hospital
- SRH Capital Priorities 2015 (Estates)

The National Irish Healthcare Awards were held in Dublin at the end of March. The event organised by CMG, recognises excellence and best practice in Ireland’s national and community healthcare sectors.

The categories included those such as patient safety, hospital and community care, cost savings as well as an overall category of Public Hospital of the Year.

Sligo Regional Hospital submitted a number of projects for this event and had 4 projects shortlisted which resulted in 3 winners at the Awards night.

Sligo Regional Hospital won the category ‘Public Hospital of the Year’. The application required the hospital to nominate three Departments to demonstrate the hospital’s commitment to improving the care to patients and efficiencies in how it delivers services. These departments included:

**Surgical Gynaecology Ward**

“A Room to Care” is a project that reviewed the administration process in the Surgical Gynaecology Ward. It led to the development of an ‘admission room’ and streamlining of the admission documentation that fed into the other surgical wards and theatre. It released 560 hours of nursing hours back into patient care.

**Ophthalmology Department**

This project developed technology to improve clinical communication for some ophthalmic patients. As a key enabler, it was agreed to implement the Medisoft project - a software package that would provide an Electronic Patient Record (EPR). Via this system, the hospital is now linked to almost 70 Community Optometrist practices across the region for follow up of post cataract patients locally and frees up clinical time for new patient referrals. This enables the patient to remain in their local community and removes the duplication in the system by removing the hospital doctor review. This project has revolutionised the pathway for cataract patients and has also resulted in improved quality and safety, increased patient throughput, cost savings as well as being much more patient friendly, in that it removes the requirement for patients to travel long distances to their hospital for follow up review post-surgery.

**Theatre/Peri-Operative Department**

A clinical incident review led to the introduction of an innovative idea to minimise the risk of a similar event
reoccurring. During an emergency, equipment that rarely used but need to be accessed quickly was not at hand and had to be obtained from another department thus causing a delay. A debriefing session led to the redesign of the storeroom whereby red shelving was used to identify stocks for such items. Information sessions were held to update staff on the new storage methods. This became known as the “Red Zone”.

The Public Hospital of the Year category provides positive recognition for a Hospital in how they provide their services and encourages continuous improvements in service delivery. This award is recognition for the achievements, innovation and efforts by all staff working in Sligo Regional Hospital in the delivery of our services.

Category Winner: Improvements in Pre Admission Clinic

The demand for Pre-Admission Clinic (PAC) services in Sligo Regional Hospital exceeded throughput resulting in longer waiting times for appointments and surgery. In order to achieve the national KPI for DOSA and improve the overall patient flow/experience, a review of the PAC process was commissioned. The PAC referral guidelines were reviewed and a pilot Nurse Led Clinic was initiated in June 2014. This resulted in a 32% increase in activity. This initiative was permanently implemented in September 2014. The PAC referral card was updated to reflect the new clinic and education sessions for referring specialties were conducted. A web text reminder service reduced DNA and late cancellations by 80% on a monthly basis. An overview of clerical support workload as a consequence of the activity increase resulted in outsourcing of the PAC documentation. A LEAN review of the PAC office is currently in the final stages of review with peripheral clinics linked and interfacing with the hospital IT System (IPMS) to retrieve demographic data.

Via this system, the hospital is now linked to almost 70 Community Optometrist practices across the region for follow up of post cataract patients locally and frees up clinical time for new patient referrals. This enables the patient to remain in their local community and removes the duplication in the system by removing the hospital doctor review. The EPR enables optometrists to input their clinical data thus allowing closure of the loop, feedback and audit.

This project has revolutionised the pathway for cataract patients and has also resulted in improved quality and safety, increased patient throughput, cost savings as well as being much more patient friendly, in that it removes the requirement for patients (often elderly) to travel long distances to their hospital for follow up review post-surgery.

Category Winner: Changing the face of post operative Ophthalmology procedures through best use of technology

Like most other hospitals, the Sligo Ophthalmology Service faces many challenges including increasing referrals, older population and increasing expectations against a backdrop of a static/declining resource.

In order to address this in Sligo, it was agreed that there needed to be a focus on increasing productivity through streamlining the process – to achieve efficiencies and synergies – whilst maintaining quality. As a key enabler, it was agreed to implement the Medisoft project; a software package that would provide an Electronic Patient Record [EPR] housed on hospital server...
Insulin Pump Service for Children and Adolescents with Type 1 Diabetes at SRH

Continuous Subcutaneous Insulin Infusion (CSII) has been recognised as the most physiological method of insulin replacement therapy in select patients with good diabetes engagement. As such, this has been recognised by the Health Service Executive and delivery to the under 6 year old age group has been prioritised in the National Clinical Care Programme.

The Saolta Hospital Group has been preparing for the commencement of an Insulin Pump Therapy Service for Children in the Northwest in 2014/2015. Children in our region currently encounter long national waiting lists for CSII initiation. This service will provide high quality, internationally equitable care for young children and adolescents with Type 1 Diabetes in the Northwest. This involves modernisation of patient care via improvements to accessibility and support for Continuous Subcutaneous Insulin Infusion (CSII) in the area. The planned approach to commencement has been two-fold: firstly to facilitate repatriation of established patients back to their locality from the tertiary centre in Dublin, and secondly to commence suitable children from the area on CSII. It is anticipated that the latter aspect will commence this summer, pending staff appointments. This will initially service children from the Sligo and Letterkenny hospitals, extending to children attending Castlebar hospital six months later. Staff numbers have been augmented to provide this service, with approval to appoint extra diabetes nurse specialists (1.5 WTE Sligo, 1.0 WTE Letterkenny) and dieticians (1.0 WTE Sligo, 0.5 WTE Letterkenny, 0.5 WTE Galway).

Repatriation of patients travelling to Dublin has successfully begun in Sligo since early 2015 and the first outreach clinic at Letterkenny General Hospital is scheduled for the end of May, to occur on a monthly basis. The availability of a CSII service locally will reduce the significant costs, both financial and in terms of travelling time, currently encountered by families travelling to tertiary centres in order to seek CSII commencement and follow up support. It will reduce the acute and chronic complications of Type 1 Diabetes through the improvement in metabolic control facilitated by intensification of insulin therapy, thereby lessening the burden of healthcare in later life. Overall, it seeks to deliver improvements to the quality of life of children and their families living with diabetes.

New Paediatric Insulin Pump Service in the North West: L - R; Ms. Sinead Molloy, Clinical Nurse Specialist, Paediatric Diabetes, Dr Orla Neylon, Consultant Paediatrician & Endocrinologist, Sligo Regional Hospital

Supporting the Ladies Soiree at the Glasshouse Hotel Sligo on the 8th of May 2015
The Friends of Sligo Regional Hospital (SRH) is a Registered Charity comprising members of the public and supported by hospital staff.

One of its key objectives is to raise the profile of services provided by SRH. The Friends also provides funding for medical equipment and facilities which would not otherwise be available from ordinary HSE funds targeting monies raised to those services in most need and yield greatest benefits. Recent fundraising initiatives have included Obstetric Services, Urology Services and Cardiac Services.

Throughout 2015, Friends of SRH is focusing on fundraising for the Regional Children's Diabetic Insulin Pump Service at Sligo Regional Hospital to support accommodation needs for not only children but also adult services to support the capital plan to develop a Diabetic Centre on the grounds of the Hospital.

Some of the achievements to date through SHOUT include:

- Funding of dedicated hostel facilities for Sligo/Leitrim patients and their families attending Radiotherapy in UCHG. This hostel was purpose built on the grounds of UCHG so that patients undergoing Radiotherapy treatment can be accommodated on site avoiding the need to travel or to pay for overnight accommodation in Galway. SHOUT donated €90,000 towards this very worthwhile development that clearly benefits patients from our region.
- Financial support for individual cancer patients encountering hardship during their cancer treatment. This has become very much more of a focus for SHOUT in the current financial climate. – almost €70,000 over the past year alone
- €25,000 Funding towards the relocation and upgrade of the Oncology/Haematology Ward in Sligo Regional Hospital.
- €20,000 per year to the Cancer Support Centre support the valuable work in the area of cancer support for patients and their families
- Transport for patients travelling within and outside the region for treatment
- Funding of cancer research projects
- Ongoing purchase of specialist equipment
- Funding complimentary therapies for cancer patients such as reflexology.
- Provision of funding towards the cost of the Oncology Bus for the transport of patients from Sligo to University Hospital Galway on a daily basis.

State of the art entertainment System in the Day Oncology Ward and the Oncology /Haematology Ward.

The Great Yeats Birthday Party

The Great Yeats Birthday Party is being held on June 13th in Lissadell Estate with charity "Cycle to SUP" on the day and all proceeds will be donated to SHOUT.
Theatres Got Talent

On 11 April 2015 the theatre staff take down the masks and come out from behind the closed doors to put on a fun filled evening “Theatres Got Talent” it was a multicultural event and over 400 people attending.

The evening consisted of music, song and a variety of dance from various cultures and in their native costumes a number of comedy sketches were performed also was no one was safe!

Shift Handover Project - Medical South, Sligo

The congress of the European Operating Room Nurses Association (EORNA) in Rome
Margaret Given CNM2, Theatre and Teresa Donnelly CNM2, General Theatre

Evaluation of the project via audit and staff/ patient feedback has confirmed the effectiveness of this initiative. Staff cite that the introduction of SHARED in the communication of patient information has added structure to the handover. The Safety Briefing conducted at each handover raises awareness amongst staff of ward activity, patients at risk, equipment issues etc. The Handover Sign sheet is completed for all patients and filed in the patient medical notes on discharge evidencing transfer of care. Data obtained from Patient Experience questionnaire indicate that patients are aware of the nurse looking after them. A review of compliance regarding medication prescription indicates a significant improvement in prescribing practice during the first three months. Compliance scores in Nursing Metrics and care bundle compliance have also improved following the introduction of this process. Plans are now underway to rollout this initiative hospital wide.

Regional Hospital

The “Shift Handover Project” was implemented in Medical South, a Medical /Respiratory Ward in SRH in May 2014. The aim of the project which was shortlisted for a National Healthcare Award in March 2015 was to

- Introduce a standardised process/ tool in the communication of information at handover
- Include a safety briefing
- Provide evidence of transfer of accountability and responsibility
- Provide opportunity for patient to participate in care
- Reduce incidence of never events eg prescription errors
- Reduce incidence of vascular related infections,
- Improve compliance in risk assessment completion
- Improve staff satisfaction regarding handover

The two step shift handover process includes

**The safety pause:** This is attended by all staff and aims to enhance communication, prioritise patient safety and experience and embed quality improvement in daily practice

**Bedside Handover:** This facilitates patient introduction to staff and participation in the discussion regarding their care. The SHARED mnemonic serves to prompt staff in the delivery, thus ensuring consistency in information shared. Checking documentation to include EWS Chart and medication charts provides opportunity for discussion and identification of omissions that may lead to potential errors. Any omissions may be addressed at this time thus promoting continuity of care. All parties participating in handover complete the handover sheet as evidence that handover has taken place.
“Stepping it up a gear” in Sligo/Leitrim/West Cavan

Preventative care is at the core of diabetes foot disease management and prevention of limb amputation. Diabetes Clinical Nurse Specialist (CNS) Noreen McHale was recently responsible for the provision of foot care assessment equipment for all Clinical Nurse Specialists in diabetes integrated care nationally. This was possible through the financial support of the pharmaceutical company MSD. This will support the detection of early diabetic foot disease enabling categorisation of the foot into low, moderate or high risk as classified by the national model of foot care. A diabetes foot care referral pathway has recently been developed by the multidisciplinary team (MDT) in diabetes and will be distributed to GP practices within this service area.

A progress update on the diabetes integrated care services in Sligo/Leitrim/West Cavan

Currently over 4,000 people are estimated to have diabetes mellitus in this catchment area with 90% of these people having type 2 diabetes. Approximately 70% of these patients attend their primary care services for their diabetes care, supported by 1.7 WTE Clinical Nurse Specialists (CNS) in diabetes integrated care.

The main role of the CNS in diabetes integrated care is improving the overall quality of care for the patient with diabetes by providing on-going support to general practices and opening the lines of communication between primary, secondary and tertiary care. Structured diabetes clinics in GP practices has been shown to be as effective as specialist clinics in providing diabetes care for people with uncomplicated Type 2 diabetes provided that care is structured and supported (Integrated model of care for patients with type 2 diabetes mellitus 2013).

How we are achieving this?
Facilitation of the development and delivery of structured diabetes care for type 2 diabetes patients in 25 GP practices in this service area

Providing an interface between primary and secondary diabetes services through the provision of fast track appointments, case discussions, development of policies, procedures and guidelines.

Where complicated type 2 diabetes patients are identified in the community, dual appointments are scheduled with the CNS in diabetes integrated care and the consultant endocrinologist in SRH. This provides for a seamless journey for the patient with diabetes.

Supporting the discharge of uncomplicated type 2 diabetes patients from secondary to primary care where structured diabetes care is offered.

The provision of structured education to both health care professionals and people with diabetes to promote self care management of this chronic condition.

The CNS in diabetes integrated care is involved in a number of education initiatives;

Receiving the foot care bag with foot assessment tools
L-R: Caitriona Coleman, CNS Diabetes Integrated Care Sligo/Leitrim/West Cavan, Abina O’Flynn, MSD, Noreen McHale, CNS Diabetes Integrated Care Sligo/Leitrim/West Cavan and Patricia Murray, CNS Diabetes Integrated Care Sligo/Leitrim/West Cavan

Diabetes Study days accredited with NMBI certification have been delivered to nursing staff working in primary care who include practice nurses, public health nurses (PHNs), nursing staff involved in care of the elderly, mental health services and intellectual disabilities. These study days target the specific needs of each area of practice and are delivered on a bi-monthly basis.

Specialised training on how to assess the diabetic foot has been delivered to practice nurses and PHNs. This study day is delivered by a team of podiatrists and diabetes nurse specialists and is guided by the model of care for the diabetic foot.

Structured patient education programmes are recognized as a vital component of diabetes self care management and are delivered to patients with type 2 diabetes in primary care. The DESMOND (Diabetes Education on Self Management for On-going and Newly Diagnosed) programme is delivered by diabetes nurse specialists and dieticians on a monthly basis with an annual review offered.
Resuscitation Training at Sligo Regional Hospital

Formal certified resuscitation training began at Sligo Regional Hospital more than 25 years ago. At the beginning, Basic Life Support courses certified by the Irish Heart Foundation (IHF) / American Heart Association (AHA) were facilitated by local instructors, mainly with nursing backgrounds who had been trained by the IHF. Shortly after this began, midwives and neonatal nurses attended instructor training with Prof Fitzgerald at UCC and were quick to roll out Neonatal resuscitation Training (NRP) at the hospital.

The Resuscitation Officer Deirdre Staunton has been in position for the past 15 years and has developed all training programmes with the assistance of Course Director Mr Fergal Hickey and a pool of instructors with backgrounds in nursing, medicine and pre-hospital care (from various parts of the country).

At present the programmes available at Sligo Regional Hospital include:

- Basic Life Support (BLS)
- Advanced Cardiac Life Support (ACLS)
- Neonatal Resuscitation (NRP)
- Advanced Trauma Life Support (ATLS)
- Advanced Paediatric Life Support (APLS)
- COMPASS training.

In addition to formal training the Resuscitation Training Department is involved in hospital wide drills and clinical training for medical staff in relation to Airway management, central venous access, IO access. The excellent reputation of Sligo Regional Hospital’s training programmes has attracted large numbers of applicants from all corners of Ireland and the UK. Sligo Regional Hospital was the first hospital apart from Our Lady’s Children Hospital to run APLS and the second site outside the Royal College of Surgeons to run ATLS. Each year the Resuscitation Training Department has been involved in the education of approximately 1000 participants. Its success is largely due to the commitment of faculty who willingly give their time to instruct and promote essential resuscitation values, knowledge and skills.

For information on all training programmes contact deirdre.staunton@hse.ie
Capital Priorities 2015

Sligo Regional Hospital

New Surgical / ED Block
This new block will include the following services along with 147 single rooms:

- Emergency Dept / Acute Assessment unit / Clinical Decision Unit
- Radiology Department
- Integrated Paediatric Unit
- Maternity / Obstetrics Unit
- Surgical Wards / High Dependency Unit
- Operating Theatre Suite/ Intensive Care Unit

Summary Benefits include:

- En-suite rooms will improve Infection Prevention Control standards with potential reduced Average Lengths of Stay
- Integrated Theatre Suite and more efficient use of scarce resources
- Integrated Paediatrics Unit
- Free up space in existing Hospital

Cardiac Services
Upgrading of existing Cardiac Services to include the following:

- Upgrading of existing Coronary Care Unit to ensure compliance with Infection Prevention and Control Standards. Projected Cost: €750k
- Development of a fixed Cat Lab Service to enable the provision of a PCI service for patients in the North West. Previous approval in 2008 was for a project cost of €2.37m. Current options have recently being assessed and identified to determine a suitable location for the Cat Lab at the hospital

Diabetic Centre
A facility to support the commencement of the Paediatric Insulin Pump Service and existing Diabetes service in the North West is required in Sligo.

A Feasibility study was carried out on the available options to provide this accommodation. The current pressures on space in the main Hospital buildings led to the conclusion that the service would have to be provided from temporary accommodation until the construction of the proposed New ED/Surgical Block on the campus.

A feasibility report, including consultation with planners, was carried out by Rhatigan Architects on an available location adjacent to the Orthodontic Department on Campus. Fund raising has been initiated and committed to in the North West to support this development. Total
Radiology Interventional Suite
Refurbishment / upgrade of the existing fluoroscopy room and adjacent areas to provide a full interventional suite in SRH Radiology Department. This will include an upgrade of the air handling systems to meet interventional room standards, plus construction of a new prep and recovery areas. The project also includes the upgrade of a second x-ray room to enable this to function as a Barium/Multipurpose suite. Equipment costs of €600k was approved in 2014.

Mortuary extension opening
An area of concern for the hospital over many years has been the lack of an appropriate space for families to view their loved ones who have deceased. The current mortuary at the hospital provided excellent clinical post mortem facilities, unfortunately the facilities for those close to the deceased were lacking in terms of areas for the grieving family and friends to congregate and view the deceased with dignity. With this mind, Sligo Regional Hospital successfully applied for a Design and Dignity Grant under the Hospice Friendly Hospital programme to provide both Viewing and Relatives Areas. The extension for the Mortuary was completed in April 2015. The total project cost was €508,000.

The project has provided Viewing Rooms and Bereaved Relative facilities, and used an exemplar design developed by Ronan Rose Roberts Architects.

Roscommon Hospital
New Endoscopy Unit
The Endoscopy Unit at Roscommon Hospital Roscommon Hospital is on schedule to be completed and handed over by the construction company at the end of July 2015.

New Rehabilitation Unit
Roscommon Hospital has been approved funding of €7.85 million for the development of a new 20 bed Specialist Rehabilitation Unit which will be located to the rear of the existing hospital building. More information can be read on the new unit further on in the newsletter.

Emergency Ward Accommodation
Approval has been sought to create emergency ward accommodation on site at UHG for the duration of the new ward block development. It is planned to create a 30 bed space within the existing hospital footprint. Unfortunately, this will displace existing services and discussions are ongoing at all levels in this regard.

New Ward Block
GEM Elliot, the successful contractor for this project has commenced on site.

Galway University Hospitals
CRF-TRF Project
Final Snagging and systems demonstrations are taking place on the Clinical Research Building. Equipping is in progress. Discussions with NUIG on the joint maintenance of the building going forward are being progressed and further work on the operational funding of the facility is required with NUIG. At the beginning of June the Administration Base for CRF commenced the relocation process to the new build.

NPRO Enabling Works
The replacement car park project adjacent to the Laboratory has recommenced. The target completion is Q4 2015.
Construction site for new multi-story car park at University Hospital Galway

Construction site for new ward block at University Hospital Galway

Plans for new 75 bed ward block at University Hospital Galway
On 7 May, the Project Team for the new National Paediatric Hospital held two information sessions in UHG, one for hospital staff and one for the families of children who are users of paediatric services and also for representatives of advocacy groups.

Dr. Pat Nash, Group Clinical Director, welcomed the speakers: Mr. John Pollock, Project Director, National Paediatric Hospital Development Board; Ms Eilish Hardiman, CEO, Children's Hospital Group; and Paul Harding, Hospital Design Coordinator, Children's Hospital Group.

Attendees had the opportunity to view a model of the new hospital and information boards outlining further detail of the building, which has a distinctive oval shape and sits within the existing St. James's Hospital campus. The proposed building is 7 storeys high at its highest point, with most of it sitting at four storeys, and includes:

- 42 beds in critical care unit
- 18 neonatal critical care units
- 380 single inpatient rooms

The new hospital will have satellite centres situated on the campuses of Tallaght Hospital on the southside of Dublin and Connolly Hospital on the northside of Dublin.

While this initial presentation was held at UHG, as the main referral centre, it is anticipated that further information sessions will take place at other hospitals at a later date.
Bealtaine Festival

Each year, Bealtaine events celebrate creativity as we age - showcasing the talents of both first-time and professional older artists throughout the country. An estimated 120,000 people now take part in healthcare and community settings throughout Ireland, making it one of Ireland’s biggest arts festivals. It is a chance for people to make new and challenging work, and to communicate traditions between the generations. It is a chance for the novice to discover a talent until then unseen and a chance for a long-dormant skill to find a new outlet.

This year patients and staff enjoyed live music from a local traditional folk band An Chruinniú. Through a series of workshops patients on both sites responded to this year’s Bealtaine theme; “what land and country is this?”. As each workshop was tailored to individual needs and interests, work ranged from embroideries of Irish flora to ‘Trees of Ireland’, a series of collages which incorporated handmade Merlin Park grass paper and pressed Merlin Park cherry blossom petals. Each year the programme includes a tea dance at Nun’s Island Theatre and an exhibition at Galway Arts Centre. This was a great opportunity for the Irish landscape painters of Unit 7 to exhibit outside their on-going exhibition programme in the dialysis unit.

In marking National Poetry Day 2015 “A Menu of Poems” was distributed on meal trays with the help of catering throughout the seven Saolta sites. A special thank you to all the staff involved in helping make this happen. There was also an exhibition and reading of staff and patients’ poetry in GUH including four poems by Christy Reid, a participant in the dialysis arts programme. Having always liked writing poems, his recent poignant works draw from his experiences of dialysis treatment and conversations with his late father, James Reid. He has also written a number of odes to staff, reflecting that these are an important means of communicating his appreciation for their role in his care. Though he feels unable to express this verbally, he thinks it is important that staff know their work does not go unnoticed.

NICU Art Commission

The Arts Office is currently working with staff in the Neonatal Intensive Care Unit and artist Marielle MacLeman on an art commission supported by the parents and friends of the unit. Artworks reference the enchanted worlds of vintage children’s storybooks, incorporating the flora and fauna of Ireland to suggest blossoming and growth through imagery and text. A bluebell woodland will be created in the corridors while references to modes of pollination, seed dispersal and the daily movement of plants symbolise the onward journey through the rooms of the Unit (for babies and their parents) and the significance of each new day.

For further information on the Arts programme contact Margaret Flannery, Arts Director at guhartstrust@hse.ie or phone 091—544979.
Fulfil the dream of a lifetime goal – take part in the Dublin Marathon as part of Team Saolta.

Saolta University Health Care Group, in partnership with Healthy Ireland are joining forces with heart charity Croi.

Join us in the battle against heart disease and stroke and be part of our team that participates in the Dublin Marathon on the 26 of October.

Whether you’re a seasoned runner or someone that is looking to get fitter and improve your overall health and wellbeing, this is an ideal opportunity to participate in one of Europe’s most iconic marathons and fulfil the achievement of a lifetime.

Saolta has secured discounted entries to the Dublin marathon and we would like to offer this opportunity to all staff throughout the group. There will be a very small fundraising commitment of €200 (including overall cost) but this is very achievable with a number of fundraising events planned throughout the group.

All participants will be provided with:

- Saolta/Croi running bib and bag
- Mentors who will be available for tips, advice and personalised diet/training plans
- Fundraising support and tips

To express your interest in joining team Saolta, please visit www.croi.ie/teamsaolta no later than Friday, 10th of July.

For further information see sseairtricitydublinmarathon.ie

Saolta CEO signs Smarter Travel Workplaces charter

As part of improving staff health and in delivering the Saolta Healthy Ireland Implementation Plan, Saolta CEO Maurice Power recently signed the national Smarter Travel Workplaces Programme Charter.

Smarter Travel Workplaces is a voluntary programme working with large employers to implement workplace travel plans – or actions to promote walking, cycling, public transport, car-sharing and the use of technology in place of travel.

Workplace travel plans can reduce single occupant car use by between 10%-24%. Results from a number of STW Partners so far indicate a 19% reduction in car use, with significant gains for cycling (average 135% increase).

The Smarter Travel Workplaces Programme will be rolled out through the Saolta Healthy Ireland Implementation Group in conjunction with the National Transport Authority.
Nicola Lavin (Glynn), a Medical Scientist at Galway University Hospitals is one of the brainchildren behind a new and novel social fundraising campaign, which many believe will go viral online and become the next "Ice Bucket Challenge".

The Menlo native, who suffers from a neuroimmune disorder known as Myalgic Encephalomyelitis (ME) or sometimes referred to as Chronic Fatigue Syndrome (CFS), soon realised that little research has been conducted in the area of ME. Nicola and 3 others patients with ME, who met on Facebook, decided that something needed to be done to promote awareness of the condition, whilst raising much needed funds for research in the area of ME. From this, the Chilli M.E. Challenge idea was perceived and has been gaining momentum worldwide since its official launch in May of this year.

Like the Ice Bucket Challenge fundraising craze that took the world by storm last year, the Chilli M.E. Challenge is simple yet clever. Participants are asked to create a funny video of themselves eating a chilli pepper and post the video results on the internet.

They then nominate five others to take the Chilli M.E. Challenge and to donate a small amount of money to ME research. Whilst we don't endorse eating chilli's whole, they are used as a metaphor to highlight pain, temperature extremes, suddenness of the illness and the huge impact that ME has on people's lives all over the world.

So far, the Chilli M.E. Challenge has raised almost €500,000 for ME research worldwide and this figure continues to grow every week. Celebrities who have already taken part in the Chilli M.E. Challenge include Italian chef Antonio Parello, M.E. researcher Lucinda Bateman and scientist/movie advisor Dr. Ian Lipkin, who has worked with movie stars Robert deNiro and Channing Tatum.

Award winning chef Neven MaGuire has kindly donated a prize for the best Irish Chilli M.E. Challenge video in July. This prize includes a voucher for Sunday lunch at the prestigious MacNean House and a copy of his new book. Videos uploaded and shared on the Chilli M.E. Challenge Facebook page will be automatically entered into the competition. Closing date for the competition is July 14th.

Participants in Ireland can donate to the worthy cause by texting HOT to 50300. For more information, see chillimechallenge.wordpress.com and to see videos of those who have taken the Chilli M.E. challenge, visit www.facebook.com/ChilliMEChallenge.

Staff Feature: GUH Microbiologist launches next "Icebucket Challenge" in aid of ME research
Roscommon Hospital has been approved funding of €7.85 million for the development of a new 20 bed Specialist Rehabilitation Unit which will be located to the rear of the existing hospital building.

Commenting Elaine Prendergast General Manager of Roscommon Hospital said, "We are delighted to have received funding to proceed with this important development. We have been working closely with the National Rehabilitation Hospital in Dun Laoghaire, the national centre, for some time to progress this development. The Unit will provide 20 specialist rehabilitation beds and will be managed in conjunction with the Dun Laoghaire service. This development will provide a much needed specialist rehabilitation beds and provide service that is currently not available anywhere outside of the Dublin centre”.

“Roscommon Hospital continues to develop and expand its services as an important part of the Saolta University Health Care Group. The new Endoscopy Unit is currently under construction and I expect it to be operational by the last quarter of 2015. Under the clinical leadership of Ms Deirdre Jones, Plastics and Reconstructive Surgeon we have set up a ‘see and treat’ service, with patients attending the hospital for a consultation and procedure all on the same day. Last year just over 4,000 patients attended this service including many patients from Donegal. We are continuing to work closely with the Mayo Roscommon Hospice to progress the development of the hospice unit at Roscommon Hospital”.

**Roscommon hosts Haemochromatosis Day**

In conjunction the Irish Haemochromatosis Association (IHA), the Medical Day Services Unit at Roscommon Hospital hosted a Haemochromatosis Awareness Day on 3rd June 2015. Haemochromatosis is a genetic condition which causes people to absorb too much iron, resulting in an iron overload which can have serious consequences if not treated. Early diagnosis and treatment of this condition prevents organ damage.

Both Medical and Nursing staff were available on the day to discuss the condition, dietary advice, the Do’s and Don’ts, information in relation to treatment and the testing other family members.

The Medical Day Services Unit is situated within the Urgent Care Centre at Roscommon Hospital and is open Monday to Friday from 9am to 5pm and treats patients with various conditions including Haemochromatosis, Diabetes, Iron deficiencies, Chronic Respiratory Conditions and also supports Oncology services.
The Friends of Letterkenny General Hospital recently presented Letterkenny General Hospital with a cheque for €750,000. This money is being provided by the Friends of Letterkenny General Hospital to facilitate the development of an Interventional Suite at the radiology department in Letterkenny hospital. These funds were raised by the Friends through a variety of fundraising events such as the annual church gate collection, Christmas hamper draws, corporate dinners, golf classics, charity swims, table quizzes and many more.

Commenting at the cheque presentation, Sean Murphy, General Manager Letterkenny General Hospital said, “We are very grateful for the ongoing important contribution the Friends of Letterkenny General Hospital make to the hospital. This donation will assist us in the development of an Interventional Suite at Letterkenny General Hospital which will allow for significant service improvements for patients in the areas of radiology, cardiology and gastroenterology”.

Interventional Radiology is one of the fastest growing fields in modern medicine providing cutting edge minimally invasive image-guided therapies to patients with a wide range of medical and surgical conditions. Interventional cardiology is currently being provided by a visiting mobile service on a weekly basis.

The facility also has the capability to accommodate interventional/diagnostic gastroenterology procedures, a service which is currently being provided by hospitals in Northern Ireland and Dublin.

A new Catering Central Production Unit (CPU) which includes kitchen and food storage facilities together with new visitor and staff canteen areas has recently opened at Letterkenny General Hospital. The hospital’s previous catering facilities were extensively damaged by flooding.

Commenting Sean Murphy, General Manager Letterkenny General Hospital said, “The Catering Department at the hospital prepares and cooks over 1400 meals every day for patients, staff and visitors and this key facility was lost to the hospital after the flooding event. It is of great credit to the dedicated and hard working catering staff that temporary facilities were up and running within the hospital almost immediately and they have provided over 750,000 meals to patients, staff since then.

“The design and planning for the new facilities began in late 2013 and the work was overseen by a Catering Rebuild Project Team. This team included an Environmental Health Officer, catering management and staff, the Facilities Manager, CPU staff and infection control staff. The new facility uses the most up to date building techniques to ensure that food safety is paramount and all the new equipment is the most modern available.

Concluding Sean Murphy said “The huge logistical effort by the Catering Team at the hospital to set up a temporary facility and then relocate to the new state of the art unit has demonstrated their commitment to providing good quality and safe food for all patients, staff and visitors at Letterkenny General Hospital.”
International Clinical Trials day was celebrated this week in University Hospital Galway. Clinical research nurses from the HRB Clinical Research facility and GUH Clinical Trials Department were available at information stand to discuss and highlight the importance of clinical trials, to provide information and answer any questions that patients had. International Clinical Trials Day commemorates the day on which James Lind started a historic trial in which he compared treatments for scurvy on 20 May 1747.

Speaking at Clinical Trials Day, Consultant Oncologist Dr. Maccon Keane said “Clinical trials are vital in learning and discovering new treatments for diseases and cancers such as breast cancer, as well as discovering new methods in detecting, diagnosing, and reducing risk of disease. Clinical trials give hard evidence to guarantee the benefits of new treatments and improves the outcomes for patients with cancer.”

Orlaith Cormican Research Nurse said, “The purpose of highlighting clinical trials in the hospital is to make more people aware of what they are, what is involved and dispel any myths that people may have about clinical trials”.

During the day, the staff carried out a “cupcake clinical trial study” which was used to give people a fun and visual representation of the randomisation process.

A new state of the art Clinical Research Facility, a joint project with National University of Ireland Galway and Saolta University Health Care Group, is currently almost completed in the grounds of University Hospital Galway.
Hospice Sunflower Days

Hospice Sunflower Days 2015 took place all over Ireland and Saolta Hospitals on the 05 and 06 of June 2015. Throughout the day, funds were raised for hospice care throughout Ireland.

For more information, visit www.sunflowerdays.ie
Roscommon Hospital's Cardiac Rehabilitation Department receive €2,500 funding from the Lecarrow Benevolent Fund Committee.

The Lecarrow Benevolent Committee has presented Elaine Prendergast, General Manager Roscommon Hospital with a cheque for €2,500 for the purchase of a Krank Cycle for use in the hospital’s Cardiac Rehabilitation Department.

Commenting Rosemary Thorpe and Deirdre O'Reilly, Clinical Nurse Specialists in the Cardiac Rehabilitation Department, said, “The new Krank cycle will allow patients who attend the Cardiac Rehabilitation Department at Roscommon Hospital increase their cardiovascular fitness using their upper body alone. This piece of equipment will be particularly useful to patients who have severe hip and knee arthritis as it will allow them increase their cardiovascular fitness without increasing hip or knee pain. It will also be invaluable in reconditioning the upper body of patients who have undergone cardiothoracic surgery, for example Coronary artery bypass and valve replacements and repairs. In conjunction with the Stroke Care Clinical Nurse Specialist at Roscommon Hospital, the Cardiac Rehabilitation Department plan to expand the classes to patients recovering from stroke”.

At the presentation of the Krank Cycle to Roscommon Hospital this week the Lecarrow Benevolent also announced they were donating additional funding to the Hospital to buy a handheld tablet/computer to use for patient education throughout the hospital.

Roscommon Hospital staff and members of the Lecarrow Benevolent Fund Committee at the donation of a Krank Cycle to the Cardiac Rehabilitation Department, Roscommon Hospital

Roscommon Hospital receives donation from Lecarrow Fund

Roscommon Hospital staff and members of the Lecarrow Benevolent Fund Committee at the donation of a Krank Cycle to the Cardiac Rehabilitation Department, Roscommon Hospital

Roscommon Hospital Staff raise funds for Join Our Boys Trust

Staff at Roscommon Hospital recently hosted a Coffee Morning in aid of the Join Our Boys Trust. Ms. Mary Crowley, representing the hospital, recently handed over the sum of €646.16 to the Trust, which was raised on the day through the goodwill and generosity of staff, visitors and members of the public.

The Join our boys trust was setup in 2014 as a community initiative in response to a family crisis. The trusts work is completely voluntary and aims to make a better awareness while funding research for a Duchenne Muscular Dystrophy (DMD), a rare disorder that causes loss of muscle function.

More information on Join Our Boys is available on their website at [www.joinourboys.org](http://www.joinourboys.org)

Pictured is representative from ‘Join Our Boys’ Trust and Mary Crowley, Medical Records Roscommon Hospital.
University Hospital Galway's Children's Remembrance Day Committee invited Parents to include their Loved Ones in a Special Mass of Remembrance

The Children’s Remembrance Day Committee, University Hospital Galway invited parents and their families who have experienced the death of a child before birth, shortly after birth or at a later stage to remember their loved ones in a special Mass of Remembrance, which took place at the Church of Mary Immaculate Queen in Barna on the 07 of June 2015.

The theme of this year’s mass was ‘renewal’. Chairperson Margaret Duignan commented, “the death of a child no matter what age is the most traumatic experience that can occur in a family.”

The Children’s Remembrance Day Committee was formed 19 years ago. Every year a special Mass takes place for those who have died and the Books of Remembrance will be available for viewing after Mass.

Families were welcome to join other families for tea and refreshments after mass. If you would like further information on the Special Children’s Remembrance Day Mass, please contact Margaret Duignan or Susan Massey. Margaret can be contacted on 091 523206 or Susan on 091 635302.

Remembrance Garden situated in the Paediatric department at University Hospital Galway. The statue commissioned previously by local Galway sculpture John Behan, shows swans departing as told in the Children of Lir stories.

GUH Choral Society perform at Claregalway Festival

The Galway University Hospitals Choral Society, under the direction of GUH staff member Seamus Leonard, will be performing at the Galway Garden Festival in Claregalway Castle on Saturday the 4th of July at 4:30pm. Funds raised on the day will go to Galway Simon Community, CBM Ireland and the Claregalway Day Care Centre.

The GUH Choral Society was set up by Seamus Leonard in September 2011 with the purpose of musical enjoyment and entertainment patients and for current and past HSE Staff. It is made up of a variety of HSE employees and/or close family members from a broad spectrum across the hospital and PCCC. Each year, the ChorSoc has two recitals; a festive recital in the days before Christmas and a summer recital. They also do a ward carol service in the days before Christmas for patients who are hospitalised over the Christmas period. From time to time they also provide music for religious and other similar events.
As part of 'World Heart Rhythm Awareness Week' Croí in collaboration with the Saolta University Health Care Group, Roscommon Hospital held a FREE Pulse Check screening events in the main entrance lobby of the hospital on 12 June 2015.

Many people with Atrial Fibrillation do not have any symptoms, and as a result are unaware of it. If undiagnosed, Atrial Fibrillation can lead to serious complications such as stroke and heart failure.

A simple pulse check can be the first step in detecting Atrial Fibrillation.

Roscommon Hospital & Croí holds free checks

Staff at Roscommon Hospital attending free pulse checks
Photo: L-R: Monica Fallon, Clerical Officer; Deirdre O'Reilly, Cardiac Rehabilitation; Tina Vaughan, Assistant Director of Nursing; Maura Loftus, Director of Nursing; Maura Lawless, CNS Stroke/Elderly; Maura Reddington, Catering

Teen Parents Galway launch new website

The Galway Teen Parents Support Programme launched its new website (www.teenparentsgalway.ie) which was developed to provide young parents in Galway city and county with information about relevant services available to them.

The Teen Parents Support Programme is part of a national initiative which provides services to enhance and support the wellbeing of young parents and their children, empower young parents in their parenting role and ensure equality of opportunity.

Commenting Aileen Davies, Project Leader Teen Parents Programme said, “We provide a supportive service for young parents in Galway city and county who are aged 19 or younger, during pregnancy and until their child is two years old. The support is provided mainly on a one-to-one basis and covers a range of information, advice and advocacy in relation to health, finance, childcare, accommodation options, legal issues, family relationships, education and parenting. This new website will allow us to engage further with young people by providing them with the information that they require at this time in an easily accessible way.

“Over 1060 young parents and their families have been referred to our service since the initial pilot project in 2000. Young parents are encouraged and supported to remain in or return to education at second and third level or partake in training courses to suit their needs. One of the significant outcomes of the programme is that a third of the young parents who have engaged with our service have remained in or returned to education”.

Launch of the new Teen Parents Galway Website at University Hospital Galway
Photo: L-R: Anna Byrne - Teen Parenting, Monica Meaney - Project Worker Teen Parenting, Aileen Davies - Programme Leader Teen Parenting, Maeve Tonge - Senior Medical Social Worker
The Board of the Saolta University Health Care Group today (12 May 2015) held its fifth public meeting, which took place in Sligo. At the meeting, the Group’s Annual Report for 2014 was presented and accepted by the Board and there was a presentation by Grainne McCann, Manager Sligo Regional Hospital on the Sligo based winning projects at the recent Irish Healthcare Awards.

Commenting Dr John Killeen, Interim Chair of the Board said, “Over the last year, the Board has continued to develop and progress its governance structures. The reorganisation of the acute hospital system remains a key, Government led, health reform. The Board is responsible for ensuring that the Saolta Group is achieving its strategic objectives and effectively managing its available resources to provide sustainable, safe and effective person-centred care. Patient safety and quality are core to our mission and will be at the centre of our decision making.

Commenting at the meeting Maurice Power, Chief Executive Officer of the Saolta University Health Care Group said “the publication of the 2014 Annual Report is the third such report produced by our Group. Its publication highlights the excellent work which takes place every day across our seven hospital sites. In 2014 we made further significant progress in the implementation of the recommendations of the Hospital Groups report and the Smaller Hospitals Framework.”