

7 in 1 NEWS

West / North West Hospitals Group

Issue 13
November 2013

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Newsletter Article Deadline for Issue 14

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

02 December (this is the latest date for content)

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

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



See Page 38

Bill Maher, Chief Executive Officer

Welcome to the first edition of the West/ North West Hospitals Group Newsletter! (7 in 1 news)

So much has happened since my last update. In no particular order here is an overview of a very busy few months.

HSE Reform

On Wednesday 24 July the Minister for Health formally established the new Directorate Structure as part of the Governments Reform Programme "Future Health".

The current Board of the HSE now ceases to exist and is replaced by the Health Service Directorate. Mr Tony O'Brien has been appointed as Director General and is supported by the appointment of a Chief Financial Officer Mr Tom Byrne (CFO), Ms Laverne McGuinness Chief Operating Officer and Deputy Director General, and Mr Ian Carter who has responsibility for Acute Hospitals Services.

You will find further information on the establishment of the Health Service Directorate on www.hse.ie website.

Development of Groups

Following the launch of the Higgins Report four new Hospital Groups have been established and recruitment for Chairmans of these new Hospital Groups is underway and will be quickly followed by the recruitment of CEOs.

Hospital Group

I would like to formally welcome all our Colleagues from Letterkenny, Mayo and Sligo to the Group and look forward to working with you all. We are using the working title West / North West Hospitals Group until a new name has been identified.

The joining of the new Hospitals to the Group was not the way I envisaged. The significant flood on the site of Letterkenny Hospital on Friday 26 July, which closed its Emergency Department and many other departments had serious consequences for the rest of the hospitals in the Group most notably Sligo Regional Hospital due to its proximity. You will read more about the flood in the Newsletter but suffice to say it is the most significant disaster in the history of the state in the Hospital Sector. Whilst this is regrettable and a major disaster for the hospital, it has been a great opportunity to help integrate the Hospitals in the Group and I am very impressed how the Group has pulled together.

It is a great foundation for going forward and I have been very impressed with Sligo's response in their support to Letterkenny, and Letterkenny's energy in getting services restored to minimise the disruption to patients. As the staff at Letterkenny continue to work around the clock to provide the maximum safe level of service, we will continue to provide all available assistance to work through this exceptionally challenging time.

Bill Maher, Chief Executive Officer

The formation of the West / North West Hospitals Group, which will develop to Trust Status, is a new innovation for the Irish Health System. We have been given three years to develop the future of our Group and have it ready to achieve Trust status. Whilst this is a challenge there are many strengths within the Group and I intend to build on these and work with staff across all disciplines to ensure we improve patient services for the public we serve.

Board Update

I am delighted to confirm that three additional Non Executive Directors of the Board were appointed by the Minister of Health during the summer and have already attended a Public Board Meeting in Letterkenny in September. The Public Board Meeting was an opportunity for us to provide an update on the Letterkenny Hospital recovery plan and the major rebuild programme, along with standard Board reports. In the following pages, Noel Daly Chair of the Board will provide you with an update on the profiles of the new board members: Gerry McManus, Sharon Moohan and Colam O'Neill. I would like to welcome the Non Executive Directors and look forward to working with them on the Board.

Waiting Lists

Whilst our focus was on Letterkenny in the aftermath of the flood, we must not forget the significant waiting list challenges we face.

There will be a major focus on this between now and the end of the year to ensure we achieve the National Targets:

- Adults will not wait longer than 8 months for a procedure
- Children will not wait longer than 20 weeks for a procedure
- GI Scopes will be performed within 13 weeks (28 days for urgent)
- Outpatients will not wait longer than 12 months for a consultation

Lastly, I am delighted to announce the first Group appointment for the West / North West Hospitals Group. Mr John McElhiney, Group Quality Risk Manager. Quality and Safety is at the heart of everything we do and John will be a welcome addition to the team and support for the role out of our Quality System across the Group.

Kind Regards,
Bill Maher
Group CEO



Noel Daly, Chairperson

I am delighted to confirm that three additional Non Executive Directors have been appointed to the Board. The Non Executives Directors have been appointed for a term of three years and look forward to working with them on developing the West / North West Hospitals Group into the first independent Hospital Trust.

Here is a quick overview of each of the new Non Executive Directors:

Gerry McManus

Gerry McManus started his working career in Sligo with the Italian multinational Snia in 1970 where at the end of his career he was responsible for procurement and logistics. In 1983 he formed his own IT Company, Compupac. He has been very involved on a voluntary basis with many organisations. Gerry served for 12 years on the governing body of IT Sligo where he was Chairperson of the Internal Audit Committee and Vice Chairman of the Governing Body.

In recent years Gerry has voluntarily given his time to Sligo Regional Hospital - he is currently Chairperson of the Friends of Sligo Regional Hospital, Chairperson of the Patients' Forum and a Board member of the Research and Education Foundation.

Gerry is also a member of the Border, Midland and West Region Shadow Economy and Liaison Group. As well as bringing his knowledge in IT and his experience in Internal Audit, Gerry has a strong track record in serving and working with State organisations.

Sharon Moohan

Sharon Moohan from Donegal holds a BCL and a LLM in European Law and a Diploma from the Law Society of Ireland in Commercial Law and Corporate Governance. She has been practicing as a Solicitor since 1998. She is currently a Solicitor to the Residential Institutions Redress Board, on the legal representative panel for the Mental Health Commission and a Member of the Panel established for the purposes of Regulations 25 and 34 of the Garda Síochána (Discipline) Regulations 2007.

Sharon worked in the European Commission for a year and also was a Lecturer in European Law at Letterkenny Institute of Technology for two years. Her legal competencies extend to employment law, judicial review and commercial law.

Noel Daly, Chairperson

Colam O'Neill

Colam O'Neill has a BSc in Chemistry and Biology and until his retirement was Managing Director of Allergan Ireland and Vice President of European Operations, Allergan Pharmaceuticals Ltd – based in Westport, Co. Mayo.

In addition to the Irish operation which grew during Colam's 28 years continuous service from 5 employees to 1100 employees, he also had responsibility for European operations including plants in Spain and France. He ensured during his tenure that Westport became the location of choice within Allergan's Global Network for new products in late stage research and development and production.

Colam has major competencies in customer care, regulatory compliance and is stringent on cost models and budgetary control. He was also a member of the Board of Directors of Allergan Ireland Ltd. Colam has a lot of experience in working with the Irish Medicine Board, the FDA and the European Regulatory Body.

On the 21 August the Non Executive Directors had their induction day which provided them with an oversight into the principal aspects of Corporate Governance and were provided with an overview on the functions and operations of the Group.

On a more personal note, the flooding at Letterkenny General Hospital on 26 July was unprecedented event which resulted in over 40% of the hospital being affected by flood water. I would like to take this opportunity on my own behalf and on behalf of the Board, to acknowledge the huge effort by all those involved.

Kind Regards,
Noel Daly
Group Chairperson

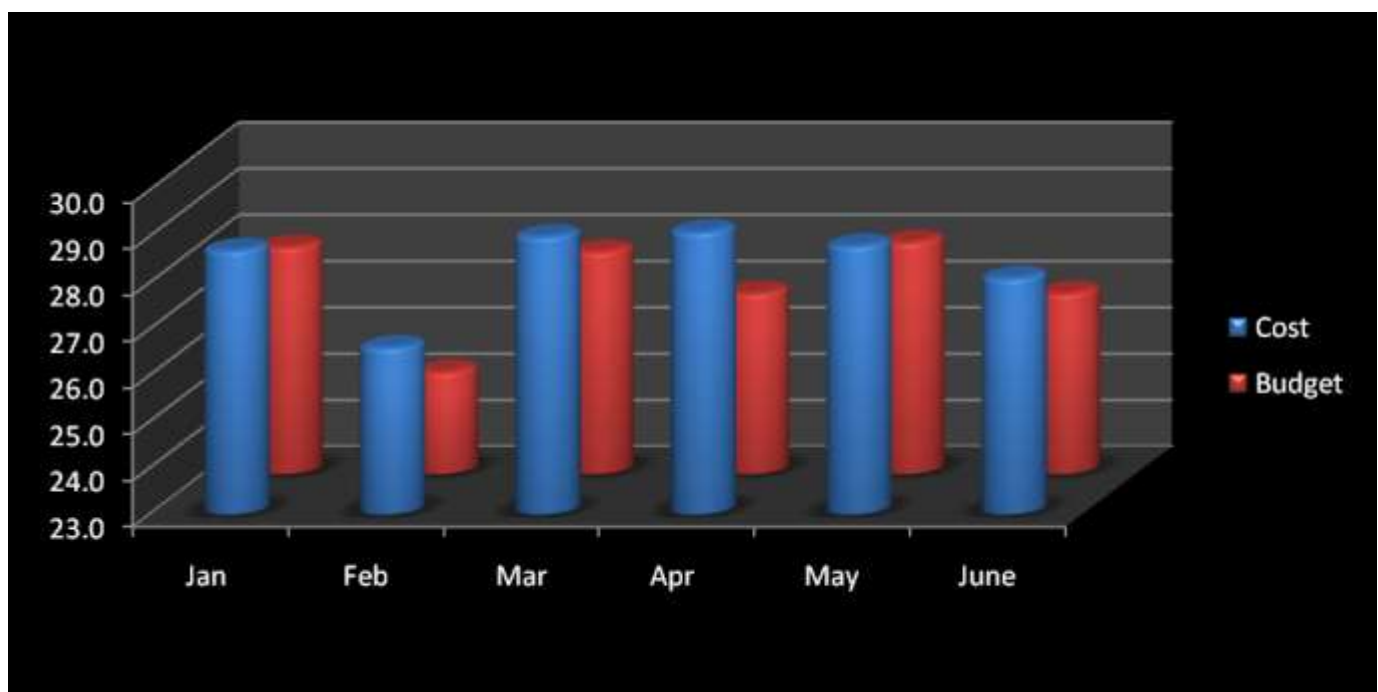


Maurice Power, Chief Finance Officer

Welcome to the Finance section of the newsletter. We would like to welcome Letterkenny General, Sligo Regional and Mayo General Hospital to the West / North West Hospitals Group.

In future newsletters we will be incorporating the new hospitals financial issues and reporting but for this edition we will be concentrating on Galway, Portiuncula and Roscommon Hospitals.

Financial Performance – at end of June



As you can see from the graph our expenditure continues to exceed our budget and at the end of first 6 months the Group are over budget by €7.5m. Our total expenditure to date is €170.2m with a budget of €162.7m.

We continue to perform well in pay, but nonpay and income remain a concern. The non-pay cost pressures are largely patient related and include drugs and medicine, medical and surgical, transport costs and nursing home fees. The requirement for the second half of the year is to significantly reduce the level of expenditure particularly in areas where the Group have discretionary control.

Maurice Power, Chief Finance Officer

Income

Income generation continues to be our largest problem, it is important to ensure that all private accommodation is utilised appropriately to maximise our income potential.

There has been a renewed emphasis on outstanding debt and with the full cooperation of the clinical directors, business managers, medical records and finance staff we intend to reduce our debt significantly.

It is important to note that the reduction of debt is within our own control and we can reduce the right focus and effort. This will be monitored closely by the CFO and Group Clinical Director on a weekly basis.

Cost containment Plans

At the end of June local cost containment savings of over €2m were achieved.

Cost Containment is targeted at areas that will have minimal impact on patient care and we will be introducing strict controls for the second half of the year in areas such as maintenance, office supplies and travel and subsistence. A further cost recovery plan is in operation since 01 July 2013.

Activity Based Costing System Update.

On the 26 June, GUH and Performance Ireland/UK jointly held an Activity Based Costing Forum on GUH's Campus. The Forum was held in order to share our experiences of creating a costing model and included a demonstration of the kind of information available from "CostPerform" software. The event was well attended with representation from both the private and public health sectors.

The next stage is to process GUH 2012 cost and activity data. We are also delighted to announce that Portiuncula Hospital will be taking part in this year's study.

Haddington Road Agreement

As a result of the Haddington Road agreement we are awaiting a further budget reduction from Corporate. Nationally there is a total of €150m budget reduction allocation to be distributed. This means that all the cost savings generated from HRA will be offset by the budget reductions.

Claimsure

Claimsure is currently being implemented in Portiuncula Hospital and some background IT work is taking place.

Maurice Power
Chief Finance Officer



John Shaughnessy, Group Director of Human Resources

West / North West Hospitals Group

I would like to extend a very warm welcome to our colleagues at Letterkenny General Hospital, Sligo Regional Hospital and Mayo General Hospital as we unite and evolve into a collective, cohesive unit. This is a very exciting and dynamic time for us all—advancing together as pioneers moving to National Trust status and hopefully becoming the first to be established in Ireland.

We invite our new colleagues to engage with us on a regular basis in communicating their news and encourage them to bring the newsletter to the attention of all of their colleagues.

In recognition of the fusion of our seven hospital sites this newsletter title has been changed to '7 in 1' to reflect the unity and strength of our services. Until we have formally adopted a new identity, we are using the working title of "the West / North West Hospitals Group". We are open to suggestions from staff of a new inclusive title for the Group so put your thinking caps on!

Congratulations and thank you

The adversity faced by our colleagues in Letterkenny General Hospital as a result of the upheaval which occurred on the 26 July was something many of us can't imagine. To see their fantastic, state of the art Emergency Department obliterated by flood waters which also destroyed so many other areas of the hospital must have been heart-breaking, demoralising and devastating for all concerned. It would have been understandable if many had been unable to face into what seemed an impossible task of cleaning up but the people of the North West are made of sterner stuff and they embraced the challenge with gusto. Staff clicked into 'emergency mode' immediately and prioritised patient care as always before beginning the long and difficult task of cleaning the hospital. Management didn't need to appeal for extra help as off duty employees came to work without a thought – they got stuck in and helped their colleagues.

The community was not found wanting either with many voluntary groups, agencies and individuals putting themselves forward at all times of the day and night to help the hospital. The Army, the Gardai and so many other state services also stepped into the breach. The management and staff of many PCCC services bent over backwards to host hospital services and to ensure the delivery of essential medical care to patients without a murmur of discontent. The people of Donegal showed how resilient they are, their pride in their hospital evident in their actions and their determination witnessed by the amazing turn-around which led to the re-opening of the ED in only three weeks. This was real community in action and bodes very well for the future of the Group.

It would be remiss to fail to mention the best of neighbours also – Altnagelvin Hospital in Derry, Sligo Regional Hospital, the Erne Hospital in Enniskillen and Mayo General Hospital. They stepped forward immediately to accept patients and to provide vital support services when they were desperately needed. This was a significant factor in dealing with the trauma for patients, staff and community alike. Again, the selfless actions of so many people at all grades was incredible and personified the professionalism of all concerned.

Everybody involved in this massive undertaking should look back with pride on what they have done and achieved. They have shown the power of cooperation, teamwork and empathy. The fact that patient care was delivered to such a high standard in such difficult circumstances is testimony to the commitment of all to the core values of the Group. Well done!

John Shaughnessy, Group Director of Human Resources

HSE West Employee Support Service—Specialist Specific Interventions Service

In addition to the services provided by Lucy Dowling (see Page 44), there are other Employee Support options available to staff. In the last newsletter we provided information on the 'Careline' free confidential counselling service (1800 409 388) and this month we are happy to promote awareness of the Specialist Specific Interventions Service also recently launched by the HSE Area West.

The Specialist Specific Interventions Service supplements Careline and is designed to prevent and manage critical incident stress, to provide management support on specific interventions and to enable supervision of Graduate Counsellors who must achieve accreditation in order to practice.

These interventions will be provided by three Regional Co-ordinators:

- ☺ Donegal, Sligo, Leitrim & West Cavan Ursula Jordan Hanley, Contact number 087-255885
- ☺ Galway, Mayo & Roscommon Maura Harte Contact number 087-6858037
- ☺ Clare, Limerick & North Tipperary Ann Donohoe Contact number 087-9979467

Support for managers and staff following a Critical Incident

A critical incident is described as an *event(s) or situation(s) that has/have sufficient emotional power to overcome the usual coping abilities of people working in environments where some degree of exposure is expected.*

An incident may include, but is not exclusive to the following examples - assaults, needle-stick injuries, sudden unexpected deaths or incidences involving patients, service users and/or employees. Following an incident, a manager will make contact with the Area Regional Co-ordinator who will provide telephone support and arrange a date if required for the Regional Co-ordinators to meet with individual / team staff members related to the incident. The manager should make every effort to facilitate all staff who wish to attend the debriefing/support session. Additional supports, if required, will also be made available.

Management Support / Intervention

Managers on occasions require professional advice when they have specific concerns with respect to an employee's well being. This service will provide e-mail / telephone support to managers requiring such advice.

Supervision of Placement Counsellors

The HSE West is committed to the continued support of placements for individuals (priority to HSE employees) who have completed a recognised accredited counselling course, are working towards accreditation with the IACP or IAHIP and require placements to meet the required placement hours. These are the Counsellors of the future and are an important part of the development of the Employee Support Services for our staff.

As with the Careline service, I would encourage staff to access the Specialist Specific Interventions Service if they believe they need such help.

John Shaughnessy, Group Director of Human Resources

'Have your Say' Staff Survey

The 'Have Your Say' survey is active across all sites of the West / North West Hospitals Group. We are hoping to learn from all staff what their views are on various aspects of their employment.

The survey is designed to be easy and quick to complete while also gathering a large range of information on staff views. The questions/statements offer a choice of five options ranging from 'Strongly agree' through to 'Strongly disagree'. There are a few drop-down options and a small number of free-text boxes. While we need to gather some demographic information (e.g. hospital, grade, location, full-time/part-time etc) to maximise the benefits of the survey, there is anonymity guaranteed as no one needs to provide their name.

The survey is available in both electronic format (see link below) and paper format. Contact your Line Manger to access paper copies and extra paper copies can be obtained from your local HR Department who are the point contact for the survey.

If this initiative is to be successful, it is essential that there is the maximum participation from all staff and that there is significant leadership in each hospital to encourage that. I ask that you all embrace this opportunity to offer your views and ideas so we can move the Group forward over the coming years in a progressive and inclusive manner.

<http://www.shrc.ie/survey>

National Manual Handling and People Handling Policy

The National HSE Manual Handling and People Handling Policy has been issued in order to promote a safe manual handling and people handling culture and to reflect current best practice and legislation (The Safety, Health and Welfare at Work Act, 2005).

The purpose of this policy is to provide guidance to staff and managers to support them in:

- reducing, so far as is reasonably practicable, the risks to staff and service users associated with manual handling and people handling activities.
- providing the highest quality of patient care.
- ensuring compliance with relevant statutory requirements and standards and guidelines such as those published by the Health and Safety Authority (HSA) and Health Information and Quality Authority (HIQA).

This policy is applicable across all HSE Services and covers all manual handling and people handling activities undertaken by staff during the course of their work and supersedes existing local policies. It should be read in conjunction with the HSE Corporate Safety Statement. Line Managers must ensure that all employees are aware of the policy and have access to a copy. The policy is available on Q Pulse and the HSE website (see link below).

<http://www.hse.ie/eng/staff/Resources/hrppg/Manual%20Handling.pdf>

John Shaughnessy
Group Director of
Human Resources



Colette Cowan, Group Director of Nursing and Midwifery

We are preparing as a Group to fully Integrate into a site of 7 Hospitals and I would like to welcome the three Directors of Nursing, Ms. Catherine Donohue, Mayo General Hospital, Ms. Ann Marie Loftus, Sligo General Hospital, and Dr. Anne Flood, Letterkenny General Hospital, and their Nursing and Midwifery teams to our Group.

We joined ranks very quickly after the devastating flood at Letterkenny Hospital that destroyed their Emergency Department, Diagnostics and many services. Staff were displaced with no areas to work from, no catering facilities and much of their business was conducted quietly in corners and any available space. On my visits there to offer support, I was struck by the despair yet resilience, anxiety yet determination to succeed.

Teamwork was evident everywhere despite exhaustion and there was a raw ambition to get their local hospital up and running again. To reopen an interim Emergency Department in 21 days with mobile diagnostics is unheard of yet the weekend of the 17/18 August saw a phased return of the service at Letterkenny.

All of this was enabled through the help and extreme hard work of Sligo Regional Hospital who took the brunt of referrals driving their activity up by 25%, creating pressure on their beds and staffing. The Sligo team worked daily on crisis managing contingencies to ensure patients got treated and maximum care. The pressure and work load on this site was difficult and demanding however, again all the teams stepped up expediting discharges, managing workloads and attempting to run the routine services for the region, also staff from Galway, Portlinculla, Roscommon, Letterkenny and Mayo worked shifts in Sligo to assist with the demands and we are grateful to all for their ability to step up in times of need.

We are also grateful to Mayo General Hospital for managing the catering needs of the Letterkenny patients and providing some theatre access for Donegal patients. Equally Galway University Hospital provided access to surgery for our patients. This event highlights all our values of putting "Patients First" at all times.

When we debrief on this event, there will be some clear learning points for us:

- ⇒ Teamwork and communication is the only way to run an organisation
- ⇒ The additional focus on Patient Flow delivered results – this focus should be sustained as part of a routine day
- ⇒ It reminds us of the determination and pride of frontline staff and how their hospitals are important to them.

Colette Cowan, Group Director of Nursing and Midwifery

It humbles me and my team to be associated with all the sites and to be part of a Group who always steps up when required. We need to nurture this as we integrate and develop as Magnet Hospitals attracting the best to work with us.

I am truly grateful to all my team, external agencies, Aramark and our Hospital colleagues for your assistance.

Mobile CT at Letterkenny General Hospital

(from Left to Right):

Dr. Sinead O'Gorman, Consultant in Emergency Medicine
 Mr. Paddy McGowan, Senior Clinical Engineer,
 Mr. Andrew Martin, Engineer, Alliance Medical,
 Mr. Bill Maher, Group CEO,
 Dr. Anne Flood, Director of Nursing and Midwifery



Congratulations to Naomi Davies, Sharon Kennedy, UHG and Aidan Fallon Portiuncula Hospital on receiving Accreditation from the Nursing and Midwifery Board of Ireland (NMBI) as Advanced Nurse Practitioners in Emergency.

We also had a site visit from NMBI to assess our suitability for Accreditation for Registered Advanced Nurse Practitioner in Neonatology. The day was very impressive with a lot of effort and hard work put into the day by Jean James ANP candidate and her colleagues in the Women's and Children's Directorate. We are delighted to announce that we have received approval from NMBI to proceed to Accreditation subject to a small number of achievable recommendations.

Congratulations to all – progressing on the Advanced Nurse Practitioner pathway requires determination, commitment, dedication and resilience to achieve the academic qualifications, prepare documentation, policies and continue to work in the service.

Well Done.

Colette Cowan
Group Director of Nursing and Midwifery



Sue Hennessy, Waiting List Manager,

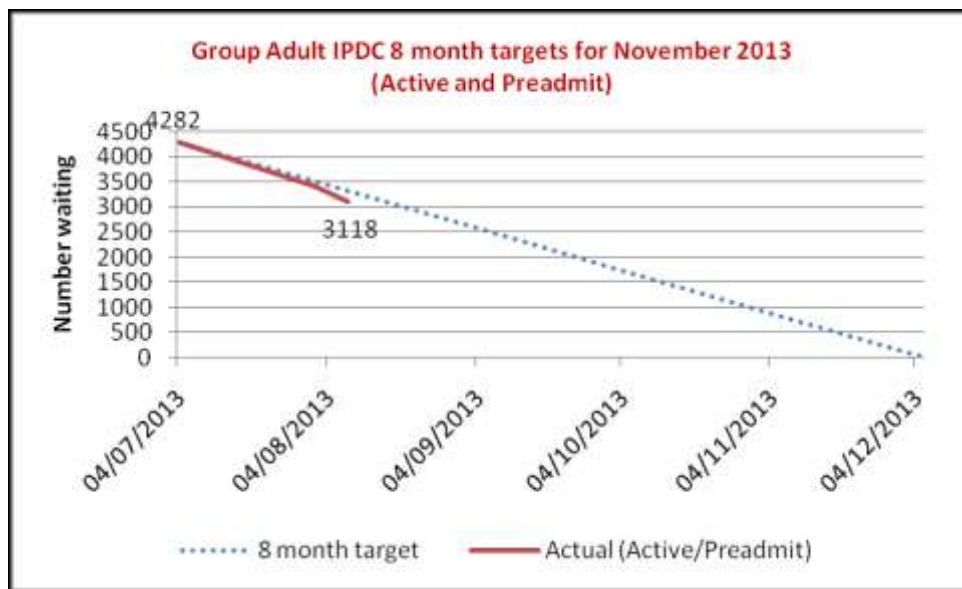
SDU Waiting List Targets for 2013

As you all know, the waiting lists are target driven and I am sure we are all fully aware of the current targets that must be met by the end of November 2013:

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

Inpatients

The Galway and Roscommon Hospital Group was ahead of the Adult target for the first time in 2013 at the start of August:



However, while we are ahead overall by 191 patients there is concern about the number of patients who have been waiting over 12 months for a procedure.

We continue to work within the Group to assist us with the delivery of these targets. We are also engaging with our colleagues in the private sector who are able to provide theatre capacity to allow us to treat patients across a wide range of specialties.

We are also looking forward to engaging further with our colleagues in Mayo General, Sligo Regional and Letterkenny General Hospitals. There is no doubt that the management of inpatient waiting lists remain a challenge, but we will continue to strive towards the delivery of safe and effective healthcare for patients in the most suitable location.

Sue Hennessy, Waiting List Manager,

Outpatients.

The great progress made in the management of outpatient services and the Primary Target List in the early part of the year has slowed and we are now behind target.



We continue to work with the directorates to arrange appointments for patients who have been waiting over four years and this number currently stands at 302. The DNA project is also helping us with the outpatient target and a special report is included in this edition of the newsletter (see page 53).

We continue to arrange additional clinics and have recently held clinics for the following specialties:

- ◆ Paediatric urology
- ◆ Plastic surgery
- ◆ Cardiology

A strategy for the management of outpatient services is currently being developed and we will tell you more in the next edition.

Until then, Best Wishes!

Sue Hennessy
Waiting List Manager



Elaine Prendergast, General Manager, Roscommon Hospital

Main areas of performance are:

- The DNA rate activity for all services in the hospital was 9.8%
- Day case activity in RCH reached green with over 604 cases performed in the month of July. This was the first month that we succeeded in getting over our monthly target of 600 day cases.
- 2 new cases of C-Diff were reported
- Areas for improvement:
 - ◇ OPD DNA rate is at 11.8%
 - ◇ Absenteeism rate at 5.68%
 - ◇ Hand Hygiene Compliance

On behalf of all of the staff at Roscommon Hospital we welcome Dr. Aonghus O'Loughlin, Consultant Physician/Endocrinologist who commenced his post on the 22 July. We wish him the best of luck at the hospital.

We have had a busy month which saw the implementation of Patient Correspondence System, MediWeb/OrderComms and the EndoDIVER system. My sincere thanks to those staff who were involved in the implementation of these systems and who attended the induction and training for same. We also wish to acknowledge the support of the IS Department, GUH and our local IT Department staff Josie Glynn and Pauline Conroy who have been very busy with all these developments and changes. These systems will further enhance the linkages between both hospitals, assist with audits and data collection and also moves us towards electronic patient records.

The Endoscopy Capital Project Group are finalising the tender documents for the construction of the new unit and it is expected that this will go out to tender in the next few weeks.

I am happy to advise that in July we achieved our target of over 600 day cases. I am aware that a lot of staff were involved in achieving this target and wish to acknowledge their support and hard work.

Elaine Prendergast
General Manager



Roscommon Hospital Performance Targets for June 2013

Out-patient Waiting List		DNA Rate for all activity		Increase Day Case activity	
Current	Future	Current	Future	Current	Future
Current Value 40	Future	Current Value 10	Future	Current Value 446	Future
Trend: v Previous Month		Trend: v Previous Month		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 = +55% Total OPWL = 1872 Pts waiting O'12mths = 746 1% decrease on May Total - O'12mths increased by 2.8%		RAG Score Green = >10% Amber = 10 - 15% Red = +16% IP DNA activity based on manual calculations OP = 11% Day-Cases - Plastics - 11.3% & Surgery 6.9% - Total = 9% Average of both OP & IP 10%		RAG Score Green = 500-600 Amber = 350-486 Red = <349 Day Surgery/Plastics/Dental = 367 Medical Day-Cases = 79 MAU Pts now classified as IP's Surgical List reductions - Endoraad Go-Live	
Registration to Discharge MAU		Average Length of Stay		Scheduled Attendance of Visiting Consultants	
Current	Future	Current	Future	Current	Future
Current Value 93	Future	Current Value 9.3	Future	Current Value 88	Future
Trend: v Previous Month		Trend: v Previous Month		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 = <65% 96% MAU Same Day Discharges within 6 hr range 92% MAU/RCH admissions within 6 hr range June - 59 IP's & 25 SDD - Total 84		RAG Score Green: <5.7 Amber: 5.8 - 9 Red: over 9.1 Medical = 10 Days - Surgery = 3 Days Adjusted for NHSS = 7.6 Days		RAG Score Green = 95-100% Amber = 90-94% Red = <89% ENT x1 (Reg Only) Pts x 1 - 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 3.18	Future	Current Value 0	Future	Current Value	Future
Trend: v Previous Month		Trend: v Previous Month		Trend: v Previous Month	
Target: To reduce the medial usage rate of antibiotics to 94.4 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 = <86 Amber = 86.1-95 Red = + 95.1		Staffing Levels		Absenteeism	
Current	Future	Current	Future	Current	Future
Current Value 3.18	Future	Current Value -1.10	Future	Current Value 4.5	Future
Trend: v Previous Month		Trend: v Previous Month		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%		Ceiling adjusted to 278 from March, 2013. 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 Aine Smith Assistant Director of Nursing



Photo above:

Aine Smith ADON with Ms. Margaret Casey DoN PHB who returned to RCH to wish Aine well.

This month we said goodbye to Ms. Aine Smith, Assistant Director of Nursing who has transferred from Roscommon Hospital to Mullingar General Hospital.

A farewell party and presentation were held to mark this occasion and was well attended by staff.

We wish Aine the best of luck in her new position.



Photo Above:

Aine Smith with Ms. Maura Loftus A/DoN RCH



Photo to left:

Aine Smith with Mr. Sean O'Brien ADON RCH

MediWeb/OrderComms

In the Department of Radiology, the MediWeb/OrderComms system was implemented in July. This marks significant progress for Roscommon Hospital, which sees us moving towards a paperless x-ray requesting system.

The implementation was led by Ms. Gina Naughton RIS/PACS System Administrator, GUH and managed locally by Ms. Pauline Conroy, IT RCH.

Our thanks to all the staff involved in supporting the implementation of this system.

Welcome to Dr. Aonghus O'Loughlin Consultant Physician/Endocrinologist



We welcome Dr. Aonghus O'Loughlin who joined the team at Roscommon Hospital on 22 July. Dr. O'Loughlin is originally from Mayo and is currently residing in Galway. He has previously held posts in St. Vincent's Hospital, Dublin; Beaumont Hospital, Dublin; Mayo General Hospital, Castlebar, Co. Mayo and University Hospital Galway.

Dr. O'Loughlin has recently completed a PhD in Novel Cell Therapies for Foot Ulcers. This is Dr. O'Loughlin's first Consultant Post and we wish him every success in this role.

Photo Above: (from Left to Right)

Dr. Aonghus O'Loughlin, Consultant Physician/Endocrinologist, with Margaret Kelly, CNS Diabetes, Margaret McHugh, Clerical Officer OPD, Anne Varley, CNM 11, OPD.

Patient Correspondence System (PCS)

We are delighted to report that the Patient Correspondence System (PCS) was implemented at Roscommon Hospital on the 01 July. PCS will enable closer communication and availability of OPD correspondence in all departments and between sites which can only serve to improve the speed and quality of patient care, especially for those sharing services between GUH and RCH. We wish to thank our colleagues in the IS Department, GUH for supporting us with this and in particular Ms. Caroline Ryder, who facilitated the implementation and training.

Photo to Right:

Back Row: Pauline Conroy, IT RCH, Caroline Ryder, IS Dept GUH, Josie Glynn IT RCH,
Front Row: Mary Dolan and Eileen Daly, surgical secretaries.



Pre Determined Landing Zone (PLDZ)

Work took place on the conversion of old tennis court area at the rear of Roscommon Hospital to provide a Pre Determined Landing Zone for the air ambulance/helicopter service thereby providing a safer landing area for the air ambulance helicopter service.

Discussions took place with the representatives from the Air Corps and Ambulance Service, in order to carry out the appropriate works. The works were carried out by RCH maintenance staff under the direction of Mr. Pdraig Brennan, Maintenance Manager.

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

Overall the activity for the month of June was up on our service plan target particularly in relation to Inpatient discharges 6.8%, ED presentations 5.82%, and ED admissions 5.19%.

We are progressing well with the decontamination project for Endoscopy and moving towards JAG compliance - tendering for building works in progress. The Hospital underwent Royal College of Paediatrics Inspection on the 17 June and the Royal College of Surgeons carried out a Surgical SPR Inspection on the 18 June. We are delighted to welcome Niamh Brennan Pastoral Care Chaplin to Portiuncula and congratulate her on her appointment.

National New-born Hearing Screening – Site Implementation

The Hospital continues to work towards the implementation of the National New-born Hearing Screening Programme. Training will commenced in July and the programme went live in August .

Hand Hygiene

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

New Services/Consultant Appointments

We welcome the appointment of Mr. Yasir Bukhri Locum Consultant Surgeon who took up post on 08 July and Dr. Lynn Redahan Consultant Nephrologist took up post in the Acute Medical Assessment Unit and will provide sessional commitment in Portiuncula Hospital 1.5 days a week. We received approval for the replacement of Dr Donnelly's Consultant Physician / Geriatrician.

Key Performance Indicators (KPIs) – June 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 – 3.52 days
- 97.75%(9 hour) compliance against target
- There was no Hospital Acquired MRSA
- Emergency Department Waiting Times – 84.15 (6 hour)

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

- Financial KPIs.
- Absenteeism—4.82% - re-emphasis on back to work interviews and replacement of vacant positions via the ECC.

**Chris Kane
A/General Manager**



July Portiuncula Hospital Performance Summary –2013

Out-patient Waiting List	
Current	Future
423	
Current Value	Future
423	
Trend: v	Future
Previous Month	8%
Target: Out-patient waiting to be reduced to less than 9 months by December 2013.	Target: v
	Previous Month
	Month
	Month
423 patients are waiting over 9 months this is a reduction of 29 patients on the previous month. Significant improvements in Dermatology currently there are 3 patients waiting over 9 months. Continued focus to address long waiters in Orthopedics 73, Urology 163 and Pain Control 107	

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

ED 9 hour Breach	
Current	Future
98.9%	
Current Value	Future
98.9%	
Trend: v	Future
Previous Month	
Target: No patient to breach 9 hour target at 8am	Target: v
	Previous Month
	Month
	Month
A total of 24 patients breached the 9 hour target for the month of July this equates to 1.11% of 2,148 attendances in July 2013.	

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

Day of Procedure for Elective In-patients	
Current	Future
56%	60%
Current Value	Future
56%	60%
Trend: v	Future
Previous Month	
Target: To increase rate to 60% by December 2013.	Target: v
	Previous Month
	Month
	Month
The day of procedure rate is at 56%	

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

Financial Position	
Current	Future
13%	
Current Value	Future
13%	
Trend: v	Future
Previous Month	
Target: To deliver financial breakeven across the Group by December 2013.	Target: v
	Previous Month
	Month
	Month
Currently the hospital has a €3.4m negative variance against budget. Cost containment plan and cost recovery plan in place. Service pressures and increased ED activity and the non-filling of vacant posts has increased nursing and medical overtime.	

DNA Rate	
Current	Future
11.07%	8%
Current Value	Future
11.07%	8%
Trend: v	Future
Previous Month	
Target: Reduce the number of patients who do not attend to 8% by December 2013.	Target: v
	Previous Month
	Month
	Month
The DNA rate in July stands at 11.07% the main areas outside of the targets are dermatology, general surgery and gynaecology. Efforts continue to reduce this rate further.	

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

Ultrasound List	
Current	Future
110 days	
Current Value	Future
110 days	
Trend: v	Future
Previous Month	
Target: No Target: No Priority 2 or 3 patient should wait more than 70 days for an Ultrasound scan appointment	Target: v
	Previous Month
	Month
	Month
This is a slight improvement on the June figure. Arrangements Being put in place to address	

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

Hospital Acquired MRSA	
Current	Future
3	
Current Value	Future
3	
Trend: v	Future
Previous Month	
Target: To reduce the number of Hospital Acquired MRSA infections to 3 per month in 2013.	Target: v
	Previous Month
	Month
	Month
3 patients acquired MRSA in the month of July	

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

Staffing Levels	
Current	Future
644	
Current Value	Future
644	
Trend: v	Future
Previous Month	
Target: To operate within our allocated ceiling of 644 wtes.	Target: v
	Previous Month
	Month
	Month
The WTE figure has decreased by 12 WTE's since June .	

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

ED Waiting Times for Admission	
Current	Future
73.45%	
Current Value	Future
73.45%	
Trend: v	Future
Previous Month	
Target: 95% of all patients attending the ED should not wait over 6 hours.	Target: v
	Previous Month
	Month
	Month
73.45% of all patients attending the ED were seen and admitted with in 6 hours. The number of attendances in the emergency department has increased by 16.80% for the same period in 2012.	

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

Average Length of Stay	
Current	Future
3.10days	
Current Value	Future
3.10days	
Trend: v	Future
Previous Month	
Target: Achieve a target of 4.5 days.	Target: v
	Previous Month
	Month
	Month
The LOS for July is 3.10 days compared with 3.52days in June.	

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

Fair Deal - Bed Days Lost	
Current	Future
135	
Current Value	Future
135	
Trend: v	Future
Previous Month	
Target: To reduce the lost bed days to less than the current monthly bed days lost.	Target: v
	Previous Month
	Month
	Month
135 bed days lost in the month of July	

Rag: Green: 185 Amber 235 Red: >235

Absenteeism	
Current	Future
5.8%	
Current Value	Future
5.8%	
Trend: v	Future
Previous Month	
Target: To reduce absenteeism rate to 3.5% by December 2013.	Target: v
	Previous Month
	Month
	Month
Absenteeism rate for the month of July is 5.8% compared with the June figure of 4.82%. Back to work interviews continue.	

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

Supporting and Fostering a 'Can Do' Positive Culture

The St. Clare's/St. John's Joint Professional Learning Programme was introduced as a pilot project by Catherine Cotton CNM11 St. Clare's Ward, Tracey Smyth CNM11 St. John's Ward and Enda Jennings CPC/NPDU.

The philosophy of the Joint Professional Learning Programme is heavily influenced by experience and driven by a common passion for teaching, learning and practice development. It is our hope that these passions will combine to enhance similar passions amongst the wider nursing community in Portiuncula.

We believe it is important to recognise and embrace the diversity and challenges that arise from continuing professional development within the constraints of the current milieu while supporting and fostering a can do positive culture amongst nurses in our units.

The aims and objectives of the Project are:

- ⇒ To develop flexible learning opportunities in the ward areas cognisant of staffing level constraints.
- ⇒ To promote student and registered nurses working together and participating as active members of this shared learning initiative.
- ⇒ To enhance an atmosphere of trust, positivity and teamwork orientated towards the delivery of quality patient centered care.
- ⇒ To communicate a changing platform in terms of healthcare documentation/ standards of care etc to the wider nursing audience, create awareness and appetite for the need to measure outcomes and drive practice improvement initiatives.

To date 6 topics have been presented by Students, Staff Nurses and CNM's including Wound Assessment, Hysterectomy – Patient Care, Urinary Catheter Care Bundle, Falls Risk Assessment and Prevention, Malignant Hyperthermia and Head Injury. 52 nurses have attended the 15 minute presentations over the 6 weeks and feedback has been positive. We are currently examining how to maintain and develop this initiative in conjunction with the NPDU.

A special thank you to all of the staff who participated to date and we hope to have many more volunteers!!



Photo on Left:

At the inaugural presentation

**Ms. Aoife Mc Donnell Std/N delivered
'Hysterectomy – patient care'**

Left to Right: Catherine Cotton CNM11 St. Clare's Ward, Ms Aoife Mc Donnell Std/N, Tracey Smyth CNM11 St. John's Ward.

Subcutaneous Syringe Driver quick Reference poster



Photo above : (Left to Right):
Enda Jennings NDPU, Staff Nurse Mairead Hughes and Louise Anne McGrath CMN1

The McKinley T34 Subcutaneous Syringe Driver quick reference poster has been developed by Staff Nurse Mairead Hughes as part of her post graduate Higher Diploma in Palliative Care. Mairead utilised feedback from focus groups staff questionnaires to guide the development of the poster while addressing common problems.

The main aim of the poster is to assist nursing, medical staff and relevant professionals in managing subcutaneous medication administration through the McKinley T34 pump. The information is presented in a highly visual engaging format which draws staff attention to key evidence based practice points. The poster is available on QPulse and a hard copy is available in all units for use at the bedside.

The clinical information provided has been developed with consideration to local guidelines, manufacturer's instructions for use, legislation and requirements of or recommendations from professional bodies e.g. An Board Altranais overseeing the delivery of quality nursing care.

The poster contains a comprehensive range of topics relevant to the safe usage of the pump including information on the indications for use; the equipment required; drugs and diluents; syringe volume; appropriate sites; patients' preferences and site checks.

As an adjunct to the development of the poster the NDPU has organised Advanced User Workshops to support safe usage of the McKinley T34 pump. To date 9 advanced users have successfully completed the programme. It is envisaged that a wide base of advanced users will sustain and support the delivery of best practice. The NDPU is also examining the introduction of an eLearning programme as a resource for the maintenance of competency for all relevant staff into the future.

Grainne McCann A/General Manager, Sligo Regional Hospital

It gives me great pleasure to contribute to '7 in 1 News' on behalf of Sligo Regional Hospital. As a new member of the West / North West Hospitals Group we look forward to being part of this group both in terms of enhancing services to our patients and in contributing ourselves to the development and success of the group.

Sligo Regional Hospital provides a regional service to a population of 340,000 people in the specialities of Ear Nose and Throat, Ophthalmology, Dermatology, Neurology, Rheumatology and Orthodontics as well as providing core services in Medical, Surgical, Paediatrics, Obstetrics/ Gynaecology, Trauma and Orthopaedics, Emergency Medicine, Intensive Care/Anaesthetics, Haematology/Oncology, Radiology, Pathology, Outpatient and Day Services to our traditional catchment area of counties Sligo, Leitrim, South Donegal and West Cavan (a population of 200,000). In broad terms our annual activity profile is as follows:

- Inpatients 17,300.
- Day cases 27,000.
- Outpatients 111,000.
- ED attendances 32,000.
- Births 1,600.

The hospital has agreed 12 Key Performance Indicators which will be monitored monthly across the group. These are included for your information.

Emergency Support to Letterkenny General Hospital

The unprecedented flooding event at Letterkenny Hospital at the end of July leading to a major emergency situation, saw Sligo Regional Hospital with increased levels of activity and service pressures as a result of patients being diverted from Letterkenny General Hospital. Sligo Regional Hospital immediately put in place contingency planning measures to deal with surges of between 30% and 40%. The hospitals in dealing with the crisis had an average of 10 -15 additional patients admitted from the Letterkenny emergency situation.

Throughout this period, the hospital was supported by resources from hospitals within the group. Their support was much welcomed by the hospital and acknowledgment is given for the effective team work that was in place by all disciplines.

It is important at this point that I acknowledge the massive contribution of Sligo Regional Hospital staff members throughout all disciplines in the hospital in the management of the significantly increased workload during this period.

Grainne McCann A/General Manager, Sligo Regional Hospital

CT Scanner

Many of you will be aware that the replacement of our CT scanner has been our number one priority equipment need for the last 2 years. Whilst the infrastructural and commissioning works are ongoing, the hospital has secured a mobile CT unit to enable continuity of CT services during this period. The new CT will be operational from mid November.

National Standards for Safer Better Healthcare

Work continues on the roll out and implementation of the National Standards for Safer Better Healthcare with the launch of the **Quality Assessment and Information Tool (QA & I)** in June 2013. Terms of Reference for our local National Standards Assessment Teams have been approved and self assessment has commenced.



**Grainne McCann
A/General Manager**

July- Sligo Regional Hospital Performance Summary -2013

Out-patient Waiting List	
Current	Future
2484	0
Trend: v	
Previous Month	
<p>Target: Out-patient waiting to be reduced to less than 12 months by November 2013.</p> <p>Jan 13 = Patients > 12 months = 3507 Patients > 12 months = 2686 Patients > 48 weeks = 28 The above figure is for all patients on the Outpatient PTL waiting over 12 months with & without an appointment.</p>	

ED 9 hour breach	
Current	Future
93.60%	100%
Trend: v	
Previous Month	
<p>Target: 100% of patients seen within 9 hours</p> <p>Jan 04% Apr 04.5% Feb 90.3% May 88.10% Mar 86.6% Jun 84.10% Front loading diagnostic at triage. Data input revised with NCHD teams.</p>	

Scopes	
Current	Future
0	0
Trend: v	
Previous Month	
<p>Target: no patient waiting > 13 weeks.</p> <p>Currently meeting 13 week target for scopes.</p>	

Inpatient & Day Case Waiting lists	
Current	Future
No patient should wait > 8wks (chd) & 13 weeks (GI Scope)	
Trend: v	
Previous Month	
<p>Adult and Child bronzing targets.</p> <p>Focus on > 12wth waits in summer & Child waiting lists.</p> <p>Continue to meet target for GI Scopes.</p>	

Average Length of Stay (Medical)	
Current	Future
5.6	5.0
Trend: v	
Previous Month	
<p>Target: 5.3 days</p> <p>Work is ongoing to reduce LOS based on recommendations from AO Medicine Programme.</p>	

Emergency Re-admissions (Medical)	
Current	Future
15%	11%
Trend: v	
Previous Month	
<p>Target: 11% target as per 6000 5000</p> <p>Re-admission audit in Sept '12. Further review of March/April re-admissions to identify key factors.</p>	

MRSA Blood Stream Infections	
Current	Future
0.0%	
Trend: v	
Previous Month	
<p>Target: <= 0.060 per 1000 beddays used.</p> <p>Achieving target (data means)</p>	

Bed Days Lost (due to delayed discharges)	
Current	Future
319	
Trend: v	
Previous Month	
<p>Target: Monthly average for 2012 = 239</p> <p>319 bed days lost due to delayed discharges in July.</p>	

Income - Placement of Private Patients	
Current	Future
26	28
Trend: v	
Previous Month	
<p>Target: 28 patients per night</p> <p>Initial target at 26 pts per night. However, hospital is to achieve 32 patients per night for additional cost containment plan. Semi Private ward revamp. Training for Staff. Patient Information Leaflet.</p>	

Financial Position	
Current	Future
4.54%	
Trend: v	
Previous Month	
<p>Target: To deliver on cost containment plan by December 2013.</p> <p>Hospital's omission over budget in July 4.5% relates to reduction in income collection. 21% relates to HRA and income legislative changes.</p>	

Staffing WTE variance from Staff ceiling	
Current	Future
1327.12	
Trend: v	
Previous Month	
<p>Target: To operate within HSE employment levels.</p> <p>The employment monitoring Committee are in place to ensure the SRH meets its WTE ceiling - ceiling under review.</p> <p>April ceiling: 1313.86 April: 1329.4 May: 1333.94 June: 1303.12 July ceiling: 1303.12</p>	

Absenteeism	
Current	Future
6.3%	3.5
Trend: v	
Previous Month	
<p>Target: To reduce absenteeism rate to 3.5% by December 2013. (monthly in arrears)</p> <p>Work is ongoing across SRH to reduce the levels of absenteeism through Back to Work interviews. Joint Union/Management Absence Group established.</p>	

Participation in Quality and Safety Clinical Governance Development Initiative

Sligo Regional Hospital is one of 6 hospitals participating in the National Quality and Safety Clinical Governance Development Initiative. Hospitals involved include: Sligo Regional Hospital; Midland Regional Hospital Portlaoise; Connolly Hospital; Wexford General Hospital and Cork University Hospital.

The purpose of the project is to undertake a review of quality and safety (clinical governance arrangements) at Sligo Regional Hospital and make recommendations for strengthening the arrangements (structures and processes).

This includes:

- Review of current Clinical Governance structures
- Review of Clinical Governance processes (to include patient safety, risk management, quality performance indicators, clinical effectiveness, Clinical Audit etc.)
- Agreement of priority Quality Improvement Plans
- Embedding good clinical governance across the continuum of care
- Leading in the delivery of quality safe patient care
- Contributing to the readiness to implement regulatory standards
- Preparing for the introduction of the National licensing system (National Standards for Safer Better Healthcare).

A local Corporate Governance project team is in place, membership includes; Grainne McCann, Acting General Manager, Domhnall McLoughlin, Assistant General Manager, Paul Mullaney, Clinical Director, Ann Marie Loftus, Director of Nursing and Midwifery, Karen Reynolds, Accreditation/Quality Co-ordinator (Project Manager), John McElhinney, Risk Advisor and Ms. Maureen Flynn, National Lead for Clinical Governance Development.

Overall Objectives of the project:

- To complete an assessment of structures and process for quality and safety (clinical governance) at Sligo Regional Hospital using the Quality and Safety Clinical Governance Development Assurance Check for Health Service Providers (2012)
- To identify gaps, agree priorities and prepare quality improvement plans (with lead responsibilities and time scales) for development.
- Based on the analysis above make recommendations for the overall governance of Sligo Regional Hospital.

An assessment of the structures and processes for clinical governance development, using the 36 statements within the Quality and Patient Safety Clinical Governance Development Assurance Check for Health Service Providers (2012), has been completed. This has resulted in the identification of a number of priority quality improvement plans, all of which are progressing within agreed timescales.

Participation in the Scottish Patient Safety Fellowship Programme

Ms. Karen Reynolds, Accreditation/Quality Co-ordinator at Sligo Regional Hospital was successful in being awarded one of two places open to Irish candidates on the Scottish Patient Safety Fellowship Programme (SPSP).

In collaboration with Healthcare Improvement Scotland, the Office of the Nursing and Midwifery Services Director-National Leadership and Innovation Centre, are providing sponsorship for Karen to participate in a year long fellowship (part-time) which commenced in November 2012. This initiative is been developed via the HSE Quality and Patient Safety Directorate led by Dr Philip Crowley, to support capacity building in reducing adverse events and improving quality and patient safety.

The objective of the Fellowship Programme is to grow capacity of leaders to improve the safety of hospital care across the country; through the use of evidence-based tools and techniques, with the specific aim of improving the reliability and safety of everyday health care systems.

All Fellows work on a safety improvement project as part of the programme and gain the opportunity to network with colleagues undertaking similar activities in the UK and abroad. We also participated in the International Quality Forum, London 2013 and will undertake a study trip in the Autumn to an organisation with a successful patient safety and quality improvement programme.



Photo on Left:

Karen Reynolds, Accreditation/Quality Co-ordinator at Sligo Regional Hospital who participated on the Scottish Patient Safety (SPSP) Fellowship Programme.

Visitor Awareness Month

The month of July saw Sligo Regional Hospital seeking to increase awareness of the Visiting Policy amongst members of the public. While visitors are welcome and visiting is considered an important part of the patient experience, the primary concern is the delivery of timely, effective and safe care.

The Awareness Campaign consisted of media interviews, press releases, promotional signage throughout the hospital and closing of wards outside of the designated visiting times. Visiting within reason outside of these times must be discussed and agreed with the Nurse Manager on duty. Visitors of seriously ill patients, patients with special needs and those who are participating in the care of a patient are dealt with on an individual basis.

Sligo Regional Hospital Goes Smoke Free

Sligo Regional Hospital recently implemented the Smoke Free Campus policy. The launch day was a great success with a number of invited guests present. The hospital were delighted that the two champions and faces of the campaign, Louise O’Kennedy and Michael McGloin were available to attend the launch day and speak about their experiences of endearing a smoke free environment.

A number of schools also participated in the art competition the theme of which was “Clean air at Sligo Regional Hospital”. Prizes were presented by Louise to the top 3 Art works on the day.

It has now been a number of months since the launch date and the feedback has been enormously positive from patients, visitors and staff.



**Pictured at the launch of SRH Smoke Free Campus:
(From Left to Right)**

Pauline Kent, Smoking Cessation Co-ordinator, Louise O’Kennedy, Champion for campaign, Dr. Amjad Kahn, Medical Registrar, Michael McGloin, Champion for campaign, and Dr. John Doherty, Consultant Geriatrician.

Regional Workshop

A National Standards workshop was held at Sligo Regional Hospital on 10 July 2013 which was facilitated by Karen Reynolds, Accreditation/Quality Co-ordinator. The workshop was attended by 42 Senior Managers and Heads of Departments from Letterkenny, Castlebar and Sligo Regional Hospitals. The workshop covered a variety of topics including self assessment, GAP analysis, completion of ‘Quality Improvement Plans’ and the use of the QA and I Tool. It also gave an opportunity for all the hospitals to give feedback and discuss implementation plans.

The Assessment cycle for the National Standards are as follows;

- All self assessments to be completed between July and December 2013.
- HIQA will commence monitoring against the standards in Q4 2013

Productive Theatre Initiative proves beneficial

Delays in Theatre start times and patients arriving to the ward at report time for admission were the two main factors identified at an initial multidisciplinary visioning workshop. The Productive Operating Theatre (TPO) committee focused on these two factors and implemented changes to improve the elective ENT on-time Theatre start of 26% in April 2012.

Three main objectives were

1. To ensure a 75% on-time start of the morning ENT theatre list at 08.30 hrs with a pre-assessed adult ENT ASA 1 patient. (American Society of Anaesthesiology)
2. To improve the patients experience and outcomes by a timely admission to a designated area
3. To improve staff performance and staff wellbeing.

The planned 1st patient would now arrive in the Hospital at 07.15 hrs and be admitted in a timely fashion by the Theatre Nurse, ENT Registrar and Anaesthetic NCHD. The patient would then be transferred after 08.15 hrs to the anaesthetic room for cannulation before 08.30 hrs.

In February/March 2012 eight patients were shadowed from presentation at the front door to their arrival in theatre to identify the delays in the admission process. After analysing the delays a new admission letter was drafted for patients preoperatively detailing what to bring to hospital for admission and clearly defining the fasting instructions. The Pre Admission Clinic extended its service to include all ENT patients either conducting an inpatient or telephone assessment depending on the patients' co-morbidities.

The admission time for the first patient was changed to 07.15hrs and this patient directed straight to the Theatre Admission Area in a temporary location in the Recovery Room of the Theatre Department. The patient was admitted by the Theatre Nurse at 07.30 hrs, who had received additional training in preoperative care plans and IT training on the IPMS (In Patient Monitoring System), followed then by the ENT Registrar and the Anaesthetic NCHD at 08.00hrs. The patient was transferred into the Anaesthetic room after 08.15hrs for intravenous cannulation at 08.30hrs. Bed management gave a clear directive that a bed would be available for the patient post operatively.

In May 2012 after the implementation of the Theatre Admission Area (TAA) the On Time starts for ENT Morning lists were 75% and in June 2012 were 80%. Percentage on time starts reduced if the first patient was not admitted to this area, for example if a child or a Day Services patient were scheduled first on the list for medical reasons. Other factors that affected the on time starts were surgical bed pressures and a change in the Doctors rostering (ENT doctors on call for the surgical wards). Data was collected from the IPMS (In Patient Management System) Theatre module which details the time activity and journey of the patient in the Perioperative Department.

Results from both Patient and Staff Satisfaction Audit's conducted in June 2103 indicates widespread satisfaction with the initiative. In September 2013 a designated Theatre Admission Area will open outside the theatre complex to extend the service to the second and subsequent adult patients on the ENT list and to the Surgical and Gynaecology specialties. With the implementation of designated surgical beds we envisage improvement on time starts for all planned theatre lists, increased list utilisation and increased ability to schedule another case on each theatre list.

Dermatology Research wins at Annual Conference

Research conducted by the Dermatology Doctors in Sligo Regional Hospital has won the much sought after poster prize at the annual Irish Association of Dermatologists conference in Belfast this year. The research examined the impact of the Dermatology service on melanoma detection and prognosis over a 16 year period.

- The study concluded that since the establishment of a Dermatology service in SRH
- There has been a four fold increase in melanoma in situ
- There has been a doubling in diagnosis of new cases of invasive melanoma mainly due to greater detection in females. There was a statistically significant decrease in the Breslow thickness for males

Unfortunately there is still a high proportion of patients diagnosed with thick lesions >4mm. Research with regard to attitudes towards UV exposure has also been carried out among the 5 secondary schools in Sligo. This research also incorporated the first roll out of a 'Sun Awareness' programme for the Sligo secondary schools which was delivered by Selene Daly Dermatology CNS. Data from this research will be available in the Autumn.

Clinical Audit Forum

Hospital has in progress 70 audits at different stages with 26 audits completed so far this year. The aspects reviewed in the audits include: clinical standards; patients safety; outcomes; resource utilisation and service organisation.

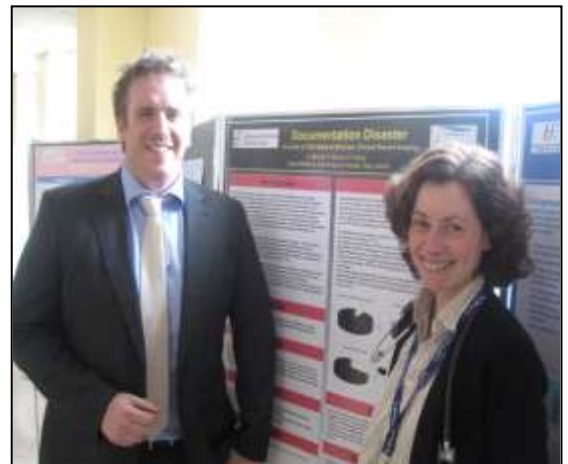
A very successful 6th Clinical Audit Forum was held recently with an attendance in excess of 100 staff. The Forum was organised jointly by the Clinical Audit Support Team and The Research and Education Foundation and chaired by Dr. Cathryn Bogan, Consultant Palliative Care.

The forum provided an opportunity for staff to display their completed audits. 34 audits were presented in poster form all of which were of a very high quality and commended by the judging panel. A 1st and 2nd prize was awarded for the best posters with a further 2 being highly commended.

Photo on Right:

1st Prize Winner - Documentation Disaster - An audit of Sligo Regional Hospital Medical Services Clinical Record Keeping

Dr. Conor Mitchell, Registrar, Medical and
Dr. Paula Hickey, Consultant Physician



2nd Prize: Teresa Donnelly, A/CNM II, Theatre, SRH
Audit on Swab, Needle and Instrument Counts in Theatre at Sligo Regional Hospital.

A number of the audits presented were re-audits which displayed an improvement in practice from the initial audit to the re-audit. This is very positive as change post audit is a vital element of any audit and probably the most difficult part.

Seán Murphy, General Manager, Letterkenny General Hospital

On 29 July, Letterkenny Hospital along with Sligo and Mayo joined with Galway, Portiuncula and Roscommon Hospitals to become the West / North West Hospitals Group. This launch of the Group was over a month ahead of schedule, Minister Reilly having expedited the formation of the Group in light of the disastrous flood that had engulfed Letterkenny Hospital on the night of Friday 26 July. In the hectic days that followed new relationships and new teams were quickly established across both Letterkenny Hospital and the new Group structure.

As I write, we are just over five weeks since the flood and I am delighted to be able to say that we have already created an interim Radiology Department and interim Emergency Department where our Physiotherapy Department and ward space used to reside. We have returned to almost full functionality across all services although some areas are still limited by space constraints and the nature of their interim location.

I would like to pay credit to all of the Hospital Staff without whose efforts and commitment this speedy resumption of services would not have been possible. In the early days following the flood we were not in a position to provide Emergency Services to the County of Donegal and neighbouring areas. We were hugely reliant on and remain indebted to our colleagues in the neighbouring hospitals of Sligo, Altnagelvin, and South West Hospital Enniskillen for the support they provided us in those early days and weeks.

As a Hospital and a community we in Donegal have experienced first-hand the benefits of a community of hospitals operating under a single governance structure. All of the hospitals in the new West / North West Hospitals Group have provided support, directly or indirectly with capacity and clinical expertise provided by GUH, catering support and urgent surgery from Mayo General and Emergency Department Service by Sligo Hospital; in turn Portiuncula and Roscommon provided additional support to Galway, Sligo and Mayo.

Likewise, our colleagues in Community Services and Primary Care in Donegal have been providing extensive support. Similarly, the ambulance service shouldered a significant burden transferring patients to neighbouring hospitals and subsequently repatriating the patients to Letterkenny when we reopened. We are equally indebted to other agencies such as An Garda Síochána; Donegal Fire Service; Donegal County Council; and the Army for the support and assistance they provided both on the night of the flood and in the days and weeks that followed. The local business community provided major support as did members of the community who volunteered to assist at the time of the flood. The people of Donegal have been extremely supportive and the good will towards the hospital has been evident throughout this period.

Recovery Phase

The flood water affected approximately 40% of the hospital floor space which in turn meant that around 70% of our services were affected. The Emergency and Radiology Departments were flooded, along with key areas such as the kitchens, the Pharmacy, Outpatients and Medical Records. All flooded areas were also contaminated with sewage and even after the water had been pumped out and the areas returned to a visually clean state, they still need to be decontaminated which is a very complex operation in a hospital environment.

Seán Murphy, General Manager, Letterkenny General Hospital

Our top priority was to move all patients and staff to safety. After that we tried to protect as many areas from flood water including lift and power supply and electrical switch areas. Once the immediate danger had passed, we had to get radiology functionality back (it came on trucks from Germany), build internal corridors in the contaminated areas so that staff, patients and visitors could move around the hospital safely and set up an interim Emergency Department as quickly as possible. We had a phased opening of the interim Emergency Department 22 days after the flood. Even as the first patients were being seen, we were still building the temporary accommodation and ramping up the numbers of patients we could see as the additional facilities were added; not how we would plan to develop new services but essential to get a service established as quickly as possible to lessen the burden on patients having to travel and to reduce the capacity pressures on neighbouring hospitals.

Time and again I have been struck by the level of focus that staff here at the hospital have maintained in order to reinstate services as quickly as possible. Currently our outpatient clinics are being run in many locations throughout Letterkenny and in Donegal Town and other community sites throughout the County and we are looking at options for a single site for Out Patient Department Services as an interim measure. Planning is well advanced to return catering services for patients and staff back on site and again as I write these units are being delivered onto the hospital campus.

We have procured a design team to work with the hospital to assess what is required to restore the functionality of the buildings affected by the flooding and this process is underway. This stage of the recovery process will take many months. The process will be directed by the Letterkenny Recovery Steering Group chaired by myself which is coordinating the re-establishment of services and the Letterkenny Major Rebuild Steering Group which is being chaired by Mr Bill Maher Group CEO and involves not only hospital personnel but also the HSE National Director of Estate, Mr Jim Curran. It is this Major Rebuild Group that will have the task of overseeing the reconstruction of our hospital site.

I have already noted the benefits that being part of the New Hospital Group brought to our management of this unprecedented disaster in Irish Hospital history. I am indebted to the support provided by Mr Noel Daly Group Chairman; Mr Bill Maher Group CEO; Ms Collette Cowan Group Executive Director of Nursing; Dr Pat Nash Group Executive Clinical Director; and Mr Maurice Power Group CFO, to both our Hospital Team here in Letterkenny and to myself personally.

However, the greatest acknowledgement for the huge achievement over the last 40 days must go to the staff at Letterkenny Hospital for their patience, resilience, commitment, and at times their creativity in finding ways to resolve problems that most of us rarely imagine we will have to face in our career. I could not be more proud of this team and what we have achieved.

Seán Murphy, General Manager, Letterkenny General Hospital

Clearly, while the dramatic events of 26 July still dominate the agenda, the hospital is returning to close to full functionality. We will resume tracking scheduled and unscheduled care access times as a priority and will be working hard to recover our standards in these areas. Our waiting times for elective work has been seriously impacted by the cessation of services, however, our focus will continue to be on our patients and we are moving on from the disaster phase as quickly as possible.

The whole episode to date has been a testament to the strength of the Group and the commitment of the staff in the hospital and community health services in Donegal.

I look forward to bringing you further updates on the recovery phase in future issues of the Group Newsletter.

**Seán Murphy
General Manager**



Ann Cosgrove, General Manager, Galway University Hospitals

Activity and Key Performance Indicators

During July, our activity levels continued to exceed 2013 targets, with elective admissions up by 5%, OPD attendances up by 2%, ED admissions up by 3% and similarly represent an increase on 2012 output.

The monthly average for patients waiting overnight in the ED was 10 per day which was an increase on the previous month. Length of stay showed a slight decrease from 6.2 to 6.1 days.

Absenteeism increased slightly to 4.44% and our WTE ceiling decreased (8 WTEs).

The wait time for diagnostic CT scans is decreasing month on month and now lies at 90 days for July. The number of patients waiting has significantly decreased.

Inpatient and Outpatient Waiting Lists

Concentrated work is being undertaken in relation to the inpatient and Outpatient Waiting List targets. This involves utilising all available capacity on existing scheduled sessions, utilising capacity in Portlinculla and Roscommon Hospitals, engaging locum capacity where possible and referring some patients out to the private sector. While we remain on target, we still face many challenges in order to reach the adult target by November, 2013 with 2,634 patients currently on the inpatient waiting list to be treated and 17,319 on the Outpatient waiting list.

Consultant Appointments

We welcome Dr. Tzelepi Vasiliui, Pathologist (Locum Part Time) to GUH.

Haddington Road Agreement

Line managers across the system have worked on the implementation of the Haddington Road agreement with effect from July 2013. The focus has been on the increased hours requirement under the agreement and ensuring that all staff fulfil this requirement. This has brought additional hours into the system which are being utilised to support service provision and extend services where possible.

External Audits

HIQA conducted an unannounced monitoring Assessment of Merlin Park Hospital on 09 July in relation to compliance with the National Standards for the Prevention and Control of Healthcare Associated Infections. The assessment focused on compliance in relation to two standards:-

Standard 3: Environment and Facilities Management, Criterion 3.6.

Standard 6: Hand Hygiene

Further information to follow when final report is issued.

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.

A Part 8 Planning application process is being progressed with the City Council which involves a public consultation process in relation to the required temporary relocation of the helipad.

Ann Cosgrove
General Manager



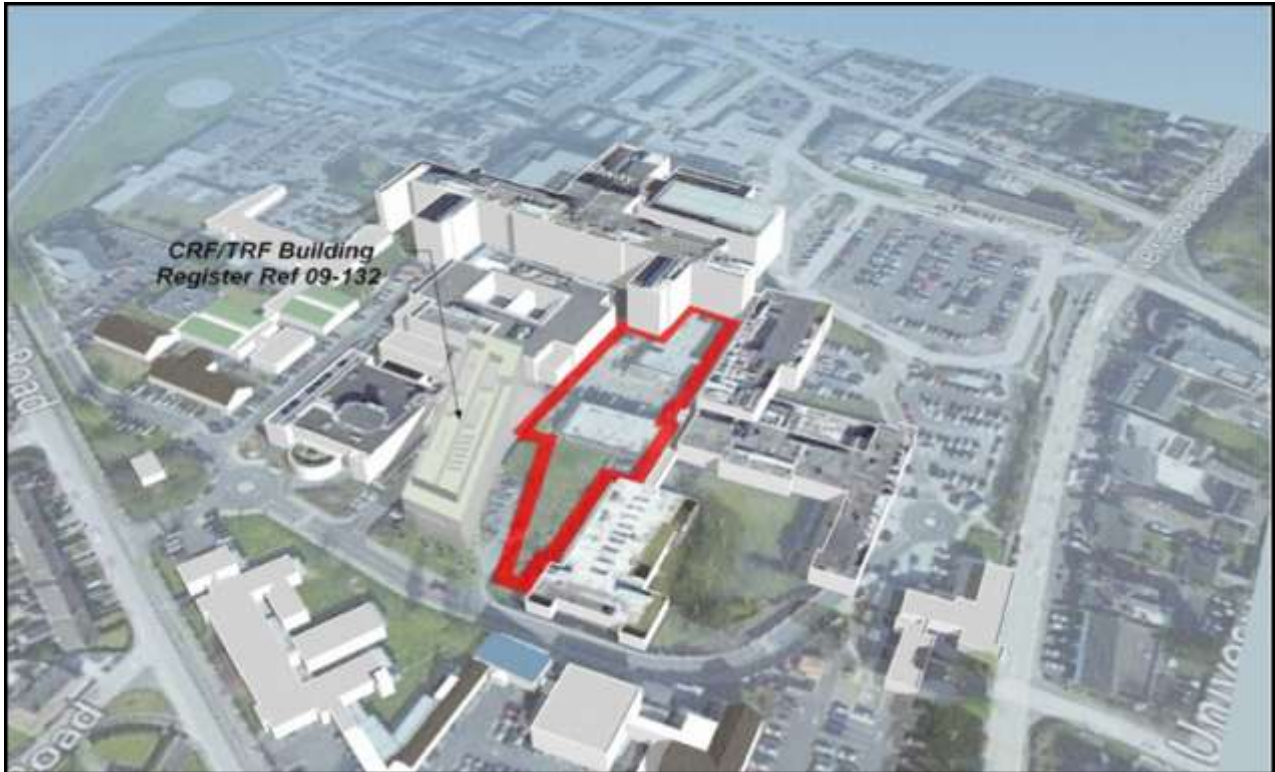
GUH Performance Summary – JULY 2013

<p>Outpatient Waiting List</p> <p>Current: 1630</p> <p>Trend: v Previous Month</p> <p>Target: Outpatient waiting to be reduced to 455 from 52 weeks</p>	<p>Current: 10</p> <p>Trend: v Previous Month</p> <p>Target: <10 patients waiting in ED for admission at 8am</p>	<p>Current: 10.7%</p> <p>Trend: v Previous Month</p> <p>Target: Reduce the number of patients who do not attend to 10% by December 2013</p>	<p>Current: 6.7</p> <p>Trend: v Previous Month</p> <p>Target: 8.8 days to be the average stay</p>
<p>Work is progressing through the Directorate to deal with long waiting across all specialties. Great progress made in Oncology and most Medical Specialties. Awaiting National launch of OPD Portal as basis of action plan.</p> <p>June 2013 - 17166 Patients > 12 Months</p> <p>The above figure is for all patients on the Outpatient PTs, waiting over 12 months with and without an outpatient appointment.</p>	<p>The average number of patients on waiting lists at 8am via 10 June 2013 - 7</p>	<p>OPD group are looking to expand the detail booking system across all specialties. National guidelines on attendance and DNA policy to be made available.</p> <p>June 2013 - 12.7%</p>	<p>The new National Programme on Surgery will help reduce the average length of stay. This is complemented by local work on speeding formal bed allocations across Medicine and Surgery.</p> <p>June 2013 - 8.2 (including CoS)</p>
<p>Target: To increase stay to 7.5%</p>	<p>Target: Reduce to 10% (Child) and 13 (Wests) (0 Score)</p>	<p>Target: All patients should wait < 60 minutes to end of No. 10; 20 weeks (Child) and 13 (Wests) (0 Score)</p>	<p>Target: Reduce by 10% (Child) and 20% (Wests) Beds Lost</p>
<p>Target: To increase stay to 7.5%</p>	<p>Target: To reduce waiting over 12 months to 10% (Child) and 13 (Wests) (0 Score)</p>	<p>Target: All patients should wait < 60 minutes to end of No. 10; 20 weeks (Child) and 13 (Wests) (0 Score)</p>	<p>Target: Reduce by 10% (Child) and 20% (Wests) Beds Lost</p>
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ESTATES UPDATE

Interim Ward Block

The tender package for the interim ward block is complete and tendering process in progress. This is a design build tender and will be due to be concluded mid October.



Work is ongoing with Estates and Services in relation to patient comfort measures required for the duration of the works in adjacent wards.

Temporary relocation of Helipad

Following an option appraisal involving all relevant parties earlier in the summer, a recommended site for the temporary relocation of the helipad was agreed which is on the playing fields adjacent to the hospital site. This site rated highest under a number of criteria such as travel time, particular risks, disruption, night flying etc.

From discussions with the City Council/ Planning Authority a 'Part 8' planning application was required by the City Council as the proposed landing facility is to be located on their lands. The application was advertised on 22 August and lodged on 26 August and the overall process will take 8 weeks. It is expected that a decision on the provision of the temporary landing facility will be made by the City Council at its meeting in November, 2013.

Paediatric Cystic Fibrosis OPD

Notice of intent to grant planning permission for the Paediatric CF Outpatient Facility was issued by City Council on 16 August, 2013 which is welcome news.

ESTATES UPDATE

Paediatric ED

Work commenced on the development of an audio visually separate Paediatric ED on 13 August with a target completion date of 11 October, 2013. For the duration of the project, the Emergency Department is functioning with reduced capacity. An area adjacent to ED is being reconfigured for the duration of the project to provide some additional back up accommodation.

CRF/TRF

The tendering process is complete and letter of intent was issued to successful contractor at end of August, 2013 with project scheduled to commence early October, 2013.



Other Projects

Work has commenced on the reconfiguration of T7 to create outpatients/cystoscopy facilities for Urology Service.

The replacement of floors in the Physiotherapy Department, Unit 2, MPUH is currently being planned and this will involve the decanting of the service for the duration of the works which will take approximately 6 weeks from commencement.

Costs are currently being obtained in relation to the planned reconfiguration of Surgical Day Ward.

Waste Management

Energy Management

The Energy Management group continues to meet on a monthly basis. One of the key aims of the Group is to identify and implement energy efficiency awareness and practices amongst staff.

Bearing this in mind from a technical perspective work is currently underway to develop a computerised Energy Model of Block 2C. The model will simulate electrical (e.g. lighting, computers etc) and heating and cooling requirements (e.g. radiators and air-conditioning) for the block and provide accurate information on the running costs associated with departments in this area. The model has the capacity to reflect where cost savings can be achieved through the implementation of energy conservation measures. In this regard we are requesting support from all wards and departments to get involved in active energy management.

Listed below are some key tips to improve energy management in your department:-

- ◆ Turn off the light if you are last to leave a room
- ◆ Identify equipment that can be switched off at night (computers, monitors printers etc). Switching fully off will reduce energy costs. Appliances on standby can use up to 20% of the energy that they would use if on, so switch fully off at the wall or plug out as appropriate.
- ◆ Remove electrical heaters from your department. As well as being a fire hazard and an infection control risk electrical heaters are extremely expensive to operate. Electricity is 4-5 times more expensive than gas and electric heaters consume electricity at the most expensive charge rate.



REMEMBER - IT'S EASY TO MAKE A DIFFERENCE



“You Take Care of Everyone Else, Now Take Care of Yourself!”

The flu vaccination season has started again and we are offering vaccine to all staff.

Flu vaccination is strongly recommended, to protect you from getting the flu and to prevent you spreading flu to your family and your patients. The last thing you want to do, when you work in a hospital, is to put patients or loved ones at risk.

Drop in vaccination clinics have been arranged on hospital sites, check broadcast emails and posters for specific site details.

More information to follow in the next edition.

Patient Name Boards – pilot project on St Teresa’s Ward, UHG

As part of our overall plan to improve discharge planning and to enhance communication with patients/their families and the clinical teams, we have installed patient name boards over 31 beds on St Teresa’s medical ward in UHG.

The boards are pre-printed with headings such as: patient name, bed number, Consultant name and Predicted Date of Discharge (PDD). In addition there is free space for the multi-disciplinary team and/or the patient to write notes.

The advantages of the name boards are:

1. Visual Trigger

The Predicted Date of Discharge prompts the patient and family to think about preparing for discharge and gives adequate opportunity to ask relevant questions and plan the patient’s discharge home or to the relevant facility. In addition, it is a consistent visual trigger to the clinical team to order tests and procedures to meet the patients’ PDD.

2. Information Tool

The board includes key information such as bed number - which makes it easier to direct both staff and visitors to the patients’ bedside – and the name of the primary Consultant leading the care of the patient.

3. Communication Tool

One half of the board is available to share basic information for example if the patient is fasting, any falls risk, if patient is gone to X-ray, theatre on so on which saves staff and visitors looking for the patient when they are not even on the ward. In addition, it can also be used by the patient themselves to indicate that they have gone to the shop, church or even for a walk.

4. Aesthetic Improvement

As the name board is a permanent fixture, this removes the need for ad-hoc hand written notes stuck over the patients’ bedside.

We will pilot the project for six weeks and evaluate its success with a view to rolling out patient name boards on all wards in GUH and across the Hospital Group, pending funding allocations.



Photo on Left:

From left to Right: Dr Alison Havelin, Intern; Elaine Ryan, Health Care Assistant; Aideen Gleeson, CNM2; Jean Kelly, Director of Nursing and Midwifery, GUH; and Jerry Nally, Discharge Co-ordinator with one of the new patient information boards being piloted on St Teresa’s Ward.

Jerry Nally
Discharge Co-ordinator

Update from Health and Social Care Professionals

Life after Stroke.

A stroke causes damage to the brain. Symptoms and disability following a stroke vary greatly depending on the part of the brain affected and the extent of the damage. Treatment includes medication to reduce “risk factors” for further strokes and rehabilitation is a major part of the treatment.

In 2005, Caitriona Conroy, Senior Social Worker, Merlin Park Hospital Stroke/Rehabilitation Unit used her extensive social work knowledge of patient/family/carer needs and her coordination and networking skills to establish Galway Stroke Group along with Catherine Flynn, Community Care Speech and Language Manager, Tricia McCormack, Irish Wheelchair Association and Imelda Walsh from Acquired Brain Injury Ireland (ABI) to offer advice and support to Stroke sufferers and their families/carers with regard to their illness, rehabilitation and ongoing well being.

Research investigating the effects of self help support groups has found some important benefits in attending these groups (Lindsay & Orton 2008; Greene 1991). These advantages include a more positive outlook, increased motivation and fewer visits to health care services. The group helped people learn more about their stroke, share their experiences about stroke and become inspired to move forward after their stroke. Donal Gill, MSW also assisted Caitriona with these groups.

Safe Hands

Following meeting with Mr. Neill Johnson, Croi Manager, and Ms. Ann Marie Walsh, Croi Heart and Stroke Centre, who play a supportive role in fighting heart disease and stroke, have taken over the running of the groups in Galway and Mayo.

Consult their website: www.croi.ie for times and dates.

A stroke can be very isolating. By meeting regularly, members help one another face and overcome challenges by sharing experiences and encouraging one another

New Website: Teen Parents Support Program

The GUH Teen Parents Support Program, (TPSP) who support expectant teen parents and their children from antenatal presentation to the age of 2 years, has gone live. With the voluntary assistance of two very competent NUIG Information Technology students, we now have a website which you can follow to connect to our valuable services, under the auspices of the dedicated TPSP staff, managed by the Social Work Dept.

The philosophy behind the TPSP is to offer a non judgemental, holistic service to young parents. The TPSP has shown that, with the right kind of support, young parents can successfully take on the challenges of parenthood (Evaluated by Dublin City University). This program, which started in GUH, has now been replicated nationally with ten similar programs. This programme was one of the three original pilot schemes. It has been in operation since 2000 and there are now eleven similar Teen Parents Support Programmes nationally. We are delighted to launch our new website. Log on at www.teenparentsgalway.ie.

Update from Health and Social Care Professionals

Neonatal Intensive Care Unit

A comprehensive and direct social Work service is available to children and their families. The Senior Social Worker, Mary Mc Mahon, is an integral part of the multidisciplinary care team in Paediatrics and the Neonatal Intensive Care Units focusing on family centred care. Entering the NICU can be an upsetting and distressing time for parents, who can experience many different feelings and emotions while their baby is receiving care.

Mary has recently enhanced her service to the Neonatal unit with a weekly review of all patients, identifying care needs and responding with crises intervention and counselling skills to support families coping with life changes associated with new diagnosis, illness and hospitalisation. Support is provided to facilitate a smooth discharge from hospital to home, coordinating resources/ referral to other agencies, based on individual need.

Education

Sheila Lawlor, Principal Social Worker, was recently awarded 1st class honours in NUIG Post Graduate Course in Practice Teaching, Supervision and Management.

Social

Donal Gill, Medical Social Worker in Neurology and Geriatrics, was the Roses Chaperone at the annual Rose of Tralee Competition. As I write, I wonder did he come back to GUH Social Work Dept!

Good News for The Radiation Therapy Department

The Irish Institute of Radiography and Radiation Therapy have again teamed up with MEDRAY Imaging Systems to present the Medray Awards 2013. This award is presented each year at the annual IIRRT conference in October, following a nomination process which is open from February to September.

This year the Radiation Therapy Department in Galway University College Hospital has been shortlisted along with 2 other departments for The Department of the Year Award.

An online voting system operated from 01 September to 30 September, whereby the public were allowed to vote for their favourite department.

A site visit has already been carried out which, we were informed, went very well. During the visit the department was assessed from a patient's perspective. A number of patients were also interviewed with regard to their experience here. They concluded by examining our quality assurance and CPD systems.

The winner will be decided by a combination of scores from the site visit and public vote, with a 70% / 30% weighting.

Nutrition and Dietetics, Diabetes Unit, GUH

Recent initiatives by the diabetes dietitians:

- ◆ In June 2013 the first DAFNE/PUMP course for insulin pump users was delivered in Galway. This was the first course of its kind delivered in Ireland.
The programme has been designed for people on insulin pump therapy who have not had access to structured education.
NICE state that structured education should be a prerequisite for insulin pump therapy as it maximizes the benefits of the pump. The DAFNE/PUMP programme in Galway meets these criteria.
- ◆ The National HSE Nutrition and Dietetic Care Plan for Type 2 Diabetes in Primary Care have recently been developed. Delivery is underway in Galway in the form of DESMOND care pathway (Diabetes Education and Self Management for Ongoing and Newly Diagnosed). As per the national pathway all patients newly diagnosed with type 2 diabetes are offered a structured education programme rather than being automatically given, an individual appointment, with a dietitian. Since November 2011, all patients in GUH and the Galway region newly diagnosed with type 2 diabetes have been offered a place in the DESMOND programme.

This ensure that:

1. All patients with type 2 diabetes receive the same consistent package of structured education and support in an appropriate manner.
 2. The waiting time for patients requiring more complex care is reduced.
 3. The number of patients awaiting an individual appointment on the dietitians waiting list is reduced.
 4. Duplication of patient appointments for hospital and community dietetic service is avoided.
- ◆ A range of diet sheets originally developed by diabetes dietitians in GUH and Galway PCCC have recently been updated in line with evidence based guidelines. These diet sheets cover a variety of topics and have been developed to ensure consistency in the dietetic advice given to patients with diabetes throughout the HSE West region.

A subsequent review was carried out to assess overall usefulness of the diet sheets. Feedback from the dietitians working in the region highlighted widespread satisfaction with the dietary information leaflets for patients with diabetes in the region.

Carmel Murphy and dietetic team GUH/Galway PCCC

Ophthalmology Study Day UHG

The Study day held on the 17 June was developed and presented through the work of the manager and staff of St. Michael's Ward, with assistance in organising from Angela Horan PD/In-service training and Margret Burke CNME. Topics chosen were to follow the journey of the patient under going eye surgery and to further inform nurses of best practice in caring for the patient in the ophthalmology speciality.

Mr Fahy welcomed the audience and opened the day with discussion on Phacocataract emulsification/corneal grafting. A number of consultants addressed the audience. Dr Townley SPR Registrar discussed Vitreoretinal/Retinal surgery. Mr. O'Donoghue discussed acute and chronic glaucoma.

There were a number of speakers from nursing, firstly Staff Nurse Mary Dunne from St. Michael's Ward who covered Pre-operative assessment for cataract surgery.

Pre and post operative nursing care of patients following cataract Day surgery was presented by Staff Nurse Olive Keusch from Surgical Day Ward. Staff Nurse Claire Keating from St Michael's Ward presented the post operative care of patients following vitrectomy/retinal surgery. Emergency care of patients with ophthalmic injuries and conditions was presented by Staff Nurse Hilda Wilkinson OPD clinic UHG. Finally CNM 2 Martina Ward from Theatres presented on the nursing care of the patient undergoing an eye procedure-theatre perspective.

Evaluations of the day, highly commended the speakers, organisers and over all found the day to be beneficial and very informative. Some of the comments included in the evaluation by attendees:

“Great to see expert nurses sharing their great experiences and skills.”

“Very informative study day, thanks for organising same.”

“Enjoyed the study day and gained lots of new information.”

Thank you to all the speakers who presented and for sharing your knowledge and expertise with us.

I wish to thank CNM Bernie Broder and all staff of St. Michael's ward in taking this initiative and sharing knowledge and skills with others.

Thank you also to all those who assisted in various ways in the preparation for the day.

Angela Horan CNM 11 PD/In-service Training

Group Employee Support Services

Despite how much we joke about disliking work, it is vital to our psychological health. Work provides opportunities for developing and maintaining positive mental health and well-being, but stress which results from work pressure or demands can make us feel we can't cope.

I have recently joined the Hospital Group Human Resources Department and will initially be focusing on the prevention of stress for staff. Promoting awareness of situations that may cause workplace stress and finding ways to address these early on is also a key part of my work.

To help us understand stress, the following points are useful:

- ◇ Without some stress, we wouldn't be productive in our working or personal lives as it pushes us to do things that are important but may be unattractive.
- ◇ 'Negative' stress can be tackled at a number of levels.
- ◇ The Primary level involves promoting the wellbeing of our entire workforce and preventing or minimising the occurrence of stress.
- ◇ The Secondary level involves preventing health concerns from causing major symptoms by helping employees to manage or cope better with stress. This can involve giving information or assisting staff in increasing their ability to cope through Stress Management workshops.
- ◇ The Tertiary Level is about managing, rehabilitating or treating symptoms of stress-related problems to minimise potential harm. It involves referring employees (self or other) to employee support services once a problem has been identified.

I will be:

- ◆ letting staff know of the supports available to them
- ◆ focussing on the prevention and the minimising of stress
- ◆ helping employees to manage or cope better with stress
- ◆ assisting managers in identifying and dealing with potential stressors for staff
- ◆ creating a supportive environment and culture in which the safety and welfare of staff is a priority
- ◆ encouraging workplaces to facilitate staff who experience stress to report it and access assistance
- ◆ providing stress management training in which recognising stress at an early stage and acting appropriately to prevent it getting worse is a key component.
- ◆ providing 'tools' to help staff manage or cope better with stress

My contact number is 091 893358 and I am available to all Line Managers who wish to organise training for their team.

Lucy Dowling
Group Employee Support Services



Galway Arts Trust Unit 7 Dialysis Art Project Launch

An exhibition titled “A Swallow’s Tale in a Thousand Skies” ran in the Galway Arts Centre in August. The exhibition and accompanying book, is the highlight of an art project which celebrates a year in dialysis at Merlin Park University Hospital. Last year the Arts Council awarded GUH Arts Trust an Arts Participation Project Award for visual artist Marielle MacLeman to work with dialysis patients at the hospital. Since then, Marielle has worked with patients whilst they were on dialysis and provided staff workshops during lunchtimes, culminating in a range of artwork including paintings, temporary sculptural installations using icing sugar and paper, as well as designs for the refurbished waiting area of the Dialysis Unit.

Photo on Right:

Mary Maye (on LHS) and her mother Dell Maye (on RHS) who participated in the year long dialysis arts project while Mary received dialysis. Dell is holding a collage that she worked on and which has been used for the cover of the book which accompanies the exhibition “A Swallow’s Tale in a Thousand Skies”. Marie Lane (centre), Health Care Attendant also participated in the arts project.



Photo on Left:

At the launch of the exhibition “A Swallow’s Tale in a Thousand Skies” and accompanying book, front row from left: Dr Yvelynne Kelly, SpR Nephrology; and dialysis patients Maureen Burke, Una M Lawlor and Luke Coen. Back row: Pat O’Brien, Chair of the Arts Committee and Medical Safety Co-ordinator, GUH; Dr David Lappin, Consultant Nephrologist, GUH with his son and Ann Cosgrove, General Manager, GUH.

Photo on Right:

The “Magic Room” - by Margaret Warde - one of the installations in the “A Swallow’s Tale in a Thousand Skies” exhibition by patients and staff of the Dialysis Unit in Merlin Park University Hospital. Photographed from left: Margaret Flannery, Arts Director, GUH Arts Trust; Siobhan Connolly who contributed to the exhibition and accompanying book; and Ann Cosgrove, General Manager, GUH.



Galway Arts Trust Unit 7 Dialysis Art Project Launch



Photo on Left:

Dr David Lappin, Consultant Nephrologist, GUH who opened the exhibition "A Swallow's Tale in a Thousand Skies" with his son and Margaret Flannery, Arts Director, GUH Arts Trust.

The wallpaper in the background was designed by Margaret Walsh, who was inspired by the cherry blossoms on the Merlin Park Campus, and paper sculptures inspired icing bags by Josephine Kavanagh, a Health Care Attendant in the Dialysis Unit.

Photo on Right:

Project participant Mary Gaffney - The Woman who Painted Western Shores - designed a range of crockery for the Dialysis Unit after being inspired by Sean the Gardener's primrose borders at Merlin Park and a spark of inspiration from a comment by Una M Lawlor - The Needleworker - who said at home she liked her tea in a small, little china cup.



Photo Below:

Printed cushion by Mary Gaffney (left) and cross stitch cushion by Una M Lawlor (right), both dialysis patients, on chairs repainted as part of the project's waiting room improvements.



Photo on Right:

Installation shot of postcard stand and chairs featuring design work by Mary Gaffney, also artwork over the fireplace is by Aidan Garvey, an angler and a gentleman who passed away days before the opening of the exhibition.



SURGICAL DIRECTORATE

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

There have been a number of significant developments across the Surgical Directorate and Group Hospital Structure in the past number of weeks, some of which you will be aware of.

Listed below is an update on the progress being made on multiple projects within the Directorate:

Group Developments

As of 30 July Letterkenny Hospital along with Mayo General and Sligo Regional, have officially joined the Hospital Group. We welcome all the new hospitals into the Group and look forward to working with them in developing the first independent Hospital Trust under the West / North West HospitalsGroup.

National Newborn Hearing Screening Programme goes live at GUH

The introduction of the National Newborn Hearing Screening Programme at Galway University Hospitals (GUH) means that hearing screening will be provided to all babies born in Ireland.

Newborn hearing screening has been part of the service provided by the Audiology Department for a number of years; in 2011 the HSE contracted Northgate Information Solutions to roll out a national screening programme at all maternity hospitals in the country. The programme is being delivered by multi skilled team consisting of GUH Audiology Staff, ENT Consultants and close links with the Maternity Department and PCCC.

The National Programme went live in GUH on 23 July and continued with the introduction of the programme in Portiuncula Hospital Ballinasloe and Mayo General Hospital.

Amalgamation of Day Care Unit with Surgical Day Ward

The reconfiguration of the Surgical Day Ward is continuing to progress with the recent relocation of Day Care Unit (DCU) from its temporary location in the Burns Unit to the Surgical Day Ward, 3rd Floor, UHG. This development is being put in place in order to expand and develop the Pre Admission Services and enhance the delivery of Day Surgery at UHG.

Day Surgery has been identified as a cost effective way to deal with large numbers of appropriate patients which in turn will assist in reducing the number of patients on waiting lists by offering suitable procedures as day cases.

These measures along with direct admissions will add to the current throughput of Day Case Surgeries and will assist in removing a build up of patients from the main Admissions window on ground floor.

Group Audit Day – October 2013

Developments in the area of Group Wide Clinical Directorate Audit are receiving attention with the support of Clinical Audit Leads and will be supported via the new influx of junior doctors. The next Audit Day will aim to crack the Directorate Wide Audit encompassing a team approach with the support of the Directorate.

SURGICAL DIRECTORATE

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

Urology Treatment Centre

Structural changes will commence this month to the current Urology (T7) Complex in efforts to centralise and expand the current services for the delivery of Urology Day Treatment and OPD Services. This will assist in developing the strategic path to develop a Centre of Excellence for Urology Services across the Group.

The developments will see changes to the physical infrastructure creating a dedicated symptomatic urology outpatient facility adjacent to RAPC. In addition, the construction of a flexible cystoscopy procedure room to transfer activity from the Surgical Day Ward to T7.

These plans will support the Specialist Nurses, Consultants, Clerical staff and all multi disciplinary staff to work more efficiently in a single area to provide the best care and treatment to all Urology Patients.

Launch of the Model of Care for Acute Surgery and (National Policy and Procedure for Safe Surgery)

The Minister for Health, Dr James Reilly TD, officially launched the Model of Care for Acute Surgery and the National Policy and Procedure for Safe Surgery at the Royal College of Surgeons in Ireland (RCSI) on Wednesday 17 July 2013 RCSI. The event was attended by representatives from the Surgical and TACC Directorates.

The Model of Care for Acute Surgery has been developed given that up to 60% of the work undertaken in many surgical departments is on patients requiring acute surgical care.

Speaking at the launch were Professor Patrick J. Broe, President of RCSI, Mr Tony O'Brien, CEO / Director General Designate of the Health Service Executive (HSE), President of the College of Anaesthetists of Ireland (CAI), Dr Ellen O'Sullivan and Mr Ken Mealy, Joint Lead of the National Clinical Programme in Surgery.

The National Clinical Programme in Surgery (NCPS) is a joint initiative between the HSE Clinical Strategy and Programmes Directorate, and Royal College of Surgeons in Ireland. The National Clinical Programme in Surgery commenced in 2010 with an initial focus on the delivery of a Model of Care for Elective Surgery. The programmes mission is to '**enable access to high quality surgical care through optimum resources utilisation (value)**'.

The Model of Care for Elective Surgery, published by the National Clinical Programme in Surgery (NCPS) in 2011, advocated for appropriately used

- ◇ Pre-admission Assessment Clinics
- ◇ Day Surgery
- ◇ Day of Surgery Admissions and Discharge Planning

which has already had a significant positive impact on the efficient delivery of surgical care to patients in Ireland.

Finally

We thank all those who are involved in supporting the projects outlined above and will continue to keep you updated on our achievements and challenges in efforts to improve patient care.

WOMEN'S AND CHILDREN'S DIRECTORATE

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

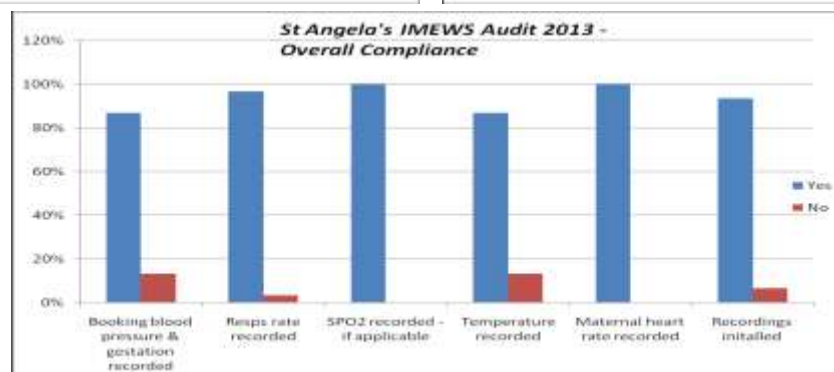
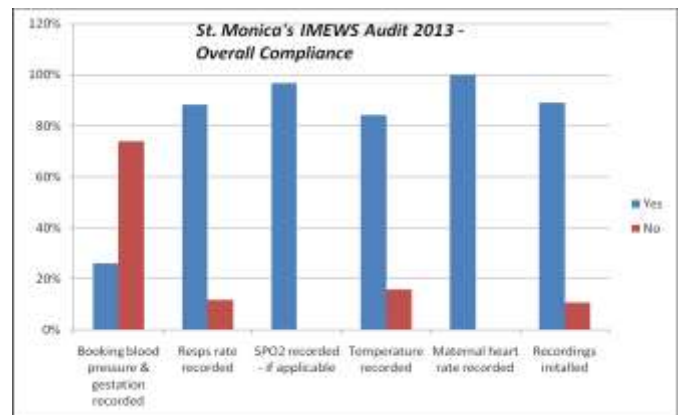
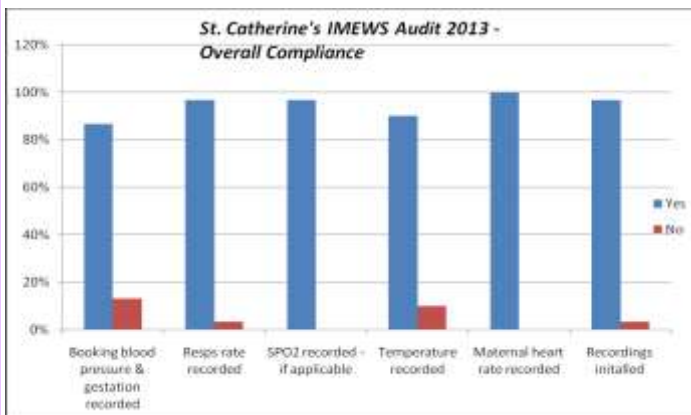
Midwives Clinic

The Midwives clinic has developed into a very successful service since its commencement in 1995. The Community Midwifery Team provide women centred, cost effective, efficient and professional care. The midwifery outreach clinics provide a service in Gort and Oughterard since 2004 and 2007 respectively. In 2013, the community midwives began researching the possibility of developing further outreach clinics. Galway city east was identified as a suitable location with the establishment of a new primary care centre and this area has a large population of young and pregnant women.

The Community midwifery team led by Jennifer Duggan, CMMII and Una Carr, ADOM in conjunction with Marie Prendergast, Transformational Development Officer, discussed the development of the Galway City East Clinic. This antenatal service commenced on 31 July and all low risk pregnant women within a defined catchment area can avail of this service. This antenatal clinic will function every Wednesday and receive women from catchment areas of Loughrea, Craughwell, Athenry, Oranmore, as well as locally Doughiska, Roscam and Ballybane.

IMEWS Audits

The IMEWS Audits were carried out at the end of June and fortnightly during July and will continue fortnightly for the month of August and September and then monthly for October, November and December. Feedback from these Audits is given to the Clinical Midwife Managers after each Audit to enhance compliance with the introduction of this IMEWS chart and the Audit process. The results from these Audits are also inputted onto the Audit Module on Q Pulse.



THEATRE ANAESTHETICS AND CRITICAL CARE DIRECTORATE (TACC)

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

Advanced Cardiac Life Support for Experienced Providers

For 20+ years, Dr Noel Flynn, Consultant Anaesthetist and Director of Resuscitation GUH, has been the Medical Director of Advanced Cardiac Life Support courses (ACLS).

In June 2013, Dr Flynn and Siobhan Keane were invited by the IHF/AHA to become Instructors in a new course for ACLS Experienced Providers. Representatives from the American Heart Association were the lead facilitators.

With 88% of in-hospital Cardiac Arrests are non-Cardiac in origin. The goal of the ACLS EP Course is to improve outcomes in complex cardiovascular, respiratory and other (e.g., metabolic, toxicologic) emergencies by expanding on core ACLS guidelines and encouraging critical thinking and decision-making strategies. Through instruction and active participation in case-based scenarios, learners enhance their skills in the differential diagnosis and treatment of pre cardiac arrest, and post cardiac arrest patients.

ACLS EP has been updated to reflect science from the following:

- 2010 AHA Guidelines for CPR and ECC
- 2013 American College of Cardiology Foundation (ACCF)/AHA Guidelines for the Management of ST-Elevation Myocardial Infarction
- 2012 ACCF/AHA Focused Update of the Guideline for the Management of Patients With Unstable Angina/Non–ST-Elevation Myocardial Infarction

Audience:

This course is for seasoned healthcare providers who are proficient in performing BLS and ACLS skills, reading and interpreting ECG's, and understanding ACLS pharmacology and who regularly lead or participate in emergency assessment and treatment of pre-arrest, arrest or post-arrest patients.

Course content:

- Applying the expanded systematic approach (ACLS-EP Survey) to patient assessment, evaluation and management
- Cardiovascular Emergencies
- Cerebrovascular Emergencies
- Respiratory and Metabolic Emergencies
- Post-Cardiac Arrest Care
- Clinical Pharmacology and Toxicology Emergencies
- High Quality CPR
- Effective communication within a resuscitation team and recognition of the impact of team dynamics on overall team performance

The course roll-out will be discussed at the next Resuscitation Committee meeting.

Siobhan Keane /Resuscitation Officer GUH

THEATRE ANAESTHETICS AND CRITICAL CARE DIRECTORATE (TACC)

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

The Productive Operating Theatre TPOT

'Progress is impossible without change; and those who cannot change their minds, cannot change anything.' (George Bernard Shaw)

Since the last newsletter TPOT Steering Group submitted a poster for display at the launch of The Model of Acute Surgery by the Minister of Health, showcasing some of the improvement initiatives that theatre has benefited from as a result of introducing TPOT. In addition to this, the launch was also the stage for the roll out of the National Policy and Procedure for Safe Site Surgery. Presently Theatre is reviewing the Policy and Procedure and slightly adapting it for local implementation.

TPOT Steering Group has also submitted a proposal to make a presentation at the National Productive ward: "Releasing Time to Care" (Productive Ward) Conference. The presentation covers the importance of having a robust theatre data collection system to measure key metrics and compare them to predetermined KPI's. This will allow us to see where we are now and where we would like to be. Presently Theatres 4 and 5 are collecting data electronically. This will eventually be extended to all the theatres in the Hospital Group. The Start Time, Finish Time and Theatre Utilisation are now being analyzed at the TPOT steering Group.

The Inventory Management 'Top up' System has commenced and is proving very successful. The process of transferring HSSD to the third Floor is still in progress with great assistance from HSSD staff.

The next steps in the process:

- ◆ The Roll out of the National Policy And Procedure for Safe Site Surgery
- ◆ The Standardisation of the Key Areas within Theatre
- ◆ The Development of the Hub (Engine Room of Theatre)



Photo on left:

Breda Cahill TPOT lead Galway 2nd from left with colleagues attending the launch of the Model of acute surgery at RCSI in July.

Congratulations to our colleagues in Sligo General Hospital who won 1st prize for their poster presentation and to close runner up Portiuncula for their submission. Well done to All!

Breda Cahill

THEATRE ANAESTHETICS AND CRITICAL CARE DIRECTORATE (TACC)

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

TACC Quality and Safety function

Lisa Walsh has joined the membership of TACC as the Quality and Safety Coordinator. Lisa works closely with the Directorate Management Team, and she reports to the Group Quality and Safety Manager. Her responsibilities include supporting staff:

- ◆ with regard to the implementation of the Clinical Governance Strategy and Quality Management System within TACC,
- ◆ in the use of Q-Pulse/overseeing the management of the document control, risk management, audit and complaints management systems.
- ◆ In providing education and support to enable participation in the quality function, such as: document control; incident reporting; risk assessment; and quality improvement.

Lisa will also:

- ◆ Undertake System Identification Analysis / staff debrief for high risk incidents.
- ◆ In consultation with senior management develop and continually maintain a Risk Register
- ◆ Act as the complaints officer for TACC, and to support staff in meeting the requirements of the National Complaints Policy: Your Service Your Say.
- ◆ Ensure quality management information is gathered in an efficient manner, analysed and communicated to the relevant senior managers, line managers and front line staff dependent on their requirements.

Lisa is currently based in Portiuncula Hospital, and can be contacted by email at lisa.walsh@hse.ie or by direct phone line 090 9648315. Lisa is very welcome to the group and we look forward to working together.

Development of chronic Pain service

A business plan was submitted to the General Manager of Roscommon hospital proposing to develop a chronic pain service on that site, comprising of an OPD clinic x 1 and an interventional list X 1 on a monthly basis initially. This will involve attendance of a consultant anaesthetist and chronic pain nurse from GUH, supplemented by staff on the Roscommon site to assist. Clinical Director for TACC has visited Roscommon to view the facility. This is a very welcome development and we look forward to working with our colleagues in Roscommon to jointly develop this service.

Pre admission assessment and Theatre Admission Lounge

We are now in a position to ensure the development of this service with the availability of an interim facility and the commencement of the 0.5 clerical support. We now look forward to renewed focus on this very important element of surgery to ensure an increase in our day of admission rates in line with National and indeed our own KPI.

Development of Surgical Day services

Day Care Chairs moved from temporary location in the Burns Unit to Surgical Day ward on 12 August representing a staged approach to the management and amalgamation of day services and overall development of the facility. This is a joint approach with TACC and Surgical directorates.

Update on the Group Outpatient DNA project

This year we are aiming to reduce the DNA or “Did Not Attend” rate to 7.5% for new and return outpatient clinic appointments across the Group.

- ◆ In June we launched a “Turn Up or Tell Us!” campaign aimed at the patients and appealing them to attend their appointments or if they are unable to do so, to notify us in advance.
- ◆ We are sending out new text message reminders to patients:
 - ◇ 7 days before the appointment with details of the telephone number to call to cancel/reschedule;
 - ◇ 24 hours before the appointment with another reminder.
 The new text messages are being trialled in 3 clinics to begin with.
- ◆ We have introduced a new Clinic DNA form and information leaflets to advise staff in the clinics about the action plan for patients who DNA.

In July our DNA rate was 10.2% for new appointments and 14.5% for review appointments.



Elaine Dobell, Head of Physiotherapy, GUH and Lead for DNA Project and Sue Hennessy, Waiting List Manager posting up some of the media coverage of the “Turn Up or Tell Us!” campaign.



We put up posters around the Outpatient Departments and Clinics in UHG, Roscommon and Portlucan to remind patients to “Turn Up or Tell Us!” and to point out that 38,341 patients did not attend their appointments across the Group in 2012.



Every week the Outpatients Appointment Office arranges nearly 3,000 appointments for patients. This involves writing to all patients with an appointment date, answering queries and re-arranging dates when they contact the call centre, pulling the medical charts and filing correspondence in the chart. This is followed up with text reminders.

Photo above :
Sue Hennessy with Orla Maloney, Clerical Officer.

Sharon McHugh and Sheila Egan, Medical Records with a selection of the 1,100 charts which are received in the Medical Records Department every day – each chart goes through six processes (sorting, tracking etc) before being filed in the Basement Record Library or in one of the three offsite storage locations. Every day on average 140 charts are returned for patients who did not attend...



It costs on average of €80 in time lost for every DNA. We all have a role to play in encouraging patients to attend the OPD appointments and making it easy for them to attend.

West / North West 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.