

7 in 1 NEWS

West / North West Hospitals Group

Issue 14
December 2013

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Newsletter Article Deadline for Issue 15

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

Issue 15: 27 January (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 West / North West '7 in 1' Newsletter or give us your feedback, comments or suggestions please contact: Newsletter.wnwhg@hse.ie or Maureen.Nolan@hse.ie

Bill Maher, Chief Executive Officer

Welcome to the Christmas Edition of our newsletter. As we approach year end, it's important to focus on all we have achieved and thank everyone for their teamwork and dedication.

What a year we have come through and so much has happened nationally, as well as for the Group. With the expansion of the Group to include three new hospitals, reduced budget, inability to recruit staff, service challenges and many external constraints such as non delivery of IT solutions. 2013 has been a year of challenges and struggles but I'm very proud to say as a Group we have risen to this and managed to deliver some extraordinary achievements which you will read about throughout this newsletter. It is not possible for me to identify all of the changes and improvements that have been or in the process of being introduced as there have been so many.

To mention but a few:

- Board Appointed 29 January 2013 and Framework for Board now established
- Nine Board Meeting held to date, two Board meeting held in Public (Galway and Letterkenny) Group expansion July 2013 to include Mayo, Sligo and Letterkenny
- Laid the Foundation to Integrate the 7 Hospitals in the Group
- Stronger Corporate & Clinical Governance arrangements in place
- Efficiencies through the avoidance of duplication in areas such as Finance and HR
- Implementation of a Quality Management System to support the New Governance Structure for the Group
- Further development of Clinical Director Structure and support mechanisms
- Considerable decrease in trolley waits despite significant increase in ED admissions
- Strengthened Performance Management Culture/KPI sets across the Group
- Strengthened –engagement with National Clinical Programmes
- Delivering more activity with reduced spend
- Initiated engagement with Local Private Hospitals
- Launched Public Patient User Involvement Strategy
- Launched Nursing and Midwifery Strategy
- Launched Group Annual Report 2012
- Launched Galway University Hospitals Cancer Centre Annual Report 2012
- Initiated engagement with local Private Hospitals
- Initiated chronic illness project with Cystic Fibrosis Organisation (in line with Future Health Policy)
- Initiated and Developed International Buddy Programme with US and UK partners
- Laid the Foundation for establishment of Group Foundation
- First Partnership and Innovation Conference held in the West
- Laid the foundations for a Centre for learning and Innovation

Bill Maher, Chief Executive Officer

Impressive reading and all the above and much more could not have been achieved without the efforts of everyone, in every department, in every hospital across the Group. I sincerely thank you for your hard work, dedication and commitment to patient care and to West / North West Hospitals Group during the past year.

As CEO, I am privileged to be the leader of such a fantastic Group and as I look to the future, the Group has again set out ambitious plans for 2014. I look forward to your continued support in how services can be safely delivered during the challenging times ahead.

On behalf of the Chairman and Executive Team and on a personal level I would like to wish you and your family a very happy Christmas and peaceful New Year. Enjoy the break if you manage to get one with your family and loved ones.

Finally, I would also like to say a special word of thanks to all our staff that will be working over the Christmas and New Year holidays.

God Bless.

Kind Regards,
Bill Maher
Group CEO



Noel Daly, Chairperson

Firstly on behalf of the Board, I would like to wish you and your family a very Happy Christmas and peaceful New Year.

I would also like to take this opportunity to thank all members of staff throughout the Group for your personal contribution during 2013 and for your continued commitment to our services to patients.

Like last year we had a difficult year, but I am proud to say that everyone has done their best to deliver constant high standards of care to our patients which has been no easy task given the challenging environment we continue to work in.

Finally, I would also like to say a special word of thanks to all our staff that will be working over the Christmas and New Year holidays.

Kind Regards,

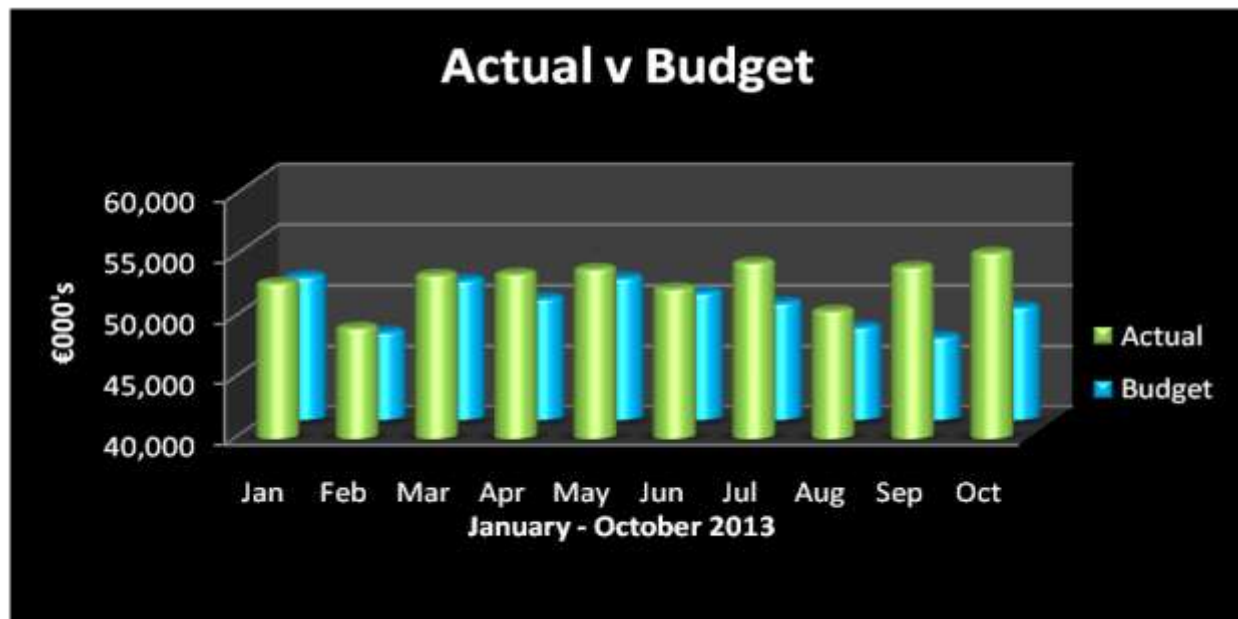
Noel Daly
Chair

Kind Regards,
Noel Daly
Group Chairperson



Maurice Power, Chief Finance Officer

At the outset I am delighted to say that this is our first report where we are incorporating Sligo, Letterkenny and Mayo hospitals financial results into the Group figures. In terms of figures this means that our budget has increased from €319.5m to €594.1m. With that we have also seen a corresponding increase in our deficit with the graph below outlining that the Group's expenditure continues to exceed budget and at the end of October we were over budget by €33.8m.



The last few months have seen our pay costs increase slightly and we are now showing an overspend of €1.8m on budget, this is for the most part due to increased agency costs for medical and dental staff. Total pay cost to end of October are €416.2m.

Our non pay expenditure is €184.9m at the end of October, this is €12m over budget, it is largely due to patient related expenditure such as drugs and medicines, nursing home fees and patient transport.

Income continues to be a concern as we are showing a €6.6m reduction compared to same period last year. I am aware of the Trojan efforts been made by all to ensure that we are maximising our income from private beds, reducing our outstanding debt and I wish to thank all staff involved.

Maurice Power, Chief Finance Officer

MFTP Implementation 2014

You will all have heard of 'Money Follows the Patient' programme and the Government's intention to roll out the project in 2014. It is planned to commence the project next year for all Inpatient and Day case procedures. This will create huge interest nationally and indeed locally and I will be establishing a MFTP steering group to oversee our performance for 2014. The finer detail and rule set for the programme are currently been drafted and I will update you throughout the year on the project. It is anticipated that the project will be in pilot form for 2-3 years to allow the full development of the programme.

Claimsure

Claimsure is now in operation in three hospitals, GUH, Sligo and the most recent implementation in Portiuncula Hospital. The first e-submission of claims took place on the 4 November 2013. WIFI has been provided in the ED in PHB and this now facilitates the use of the Claimsure system to capture patient signatures on the relevant claim forms when the decision has been taken to admit the patient. In all hospitals the patients have adapted to the use of the Claimsure system to electronically sign the inpatient contract and relevant insurance claim form. It is intended to rollout Claimsure to the remaining hospitals in 2014.

This year has been as significant year for the Group with the additional hospitals joining in August. Once again we will be faced with a challenging budget in 2014 and it will be difficult but I am confident that with the development of MFTP our Group will perform well and we will finally get to a steady state position, financially. In the meantime we will be pursuing further cost saving opportunities and your help and support is always appreciated and welcomed.

This is an exciting time for the Group with much change but with change comes new ideas and different ways of working and I look forward to working with you all in 2014.

Happy Christmas and New Year from all the Finance staff of West / North West Hospitals Group.

Maurice Power
Chief Finance Officer



Sue Hennessy, Waiting List Manager,

Well, here we are, fast approaching the end of another year! It has been another busy year as we try to reduce the number of patients on the waiting list and the length of time they are waiting. We have faced many challenges over the past few months!

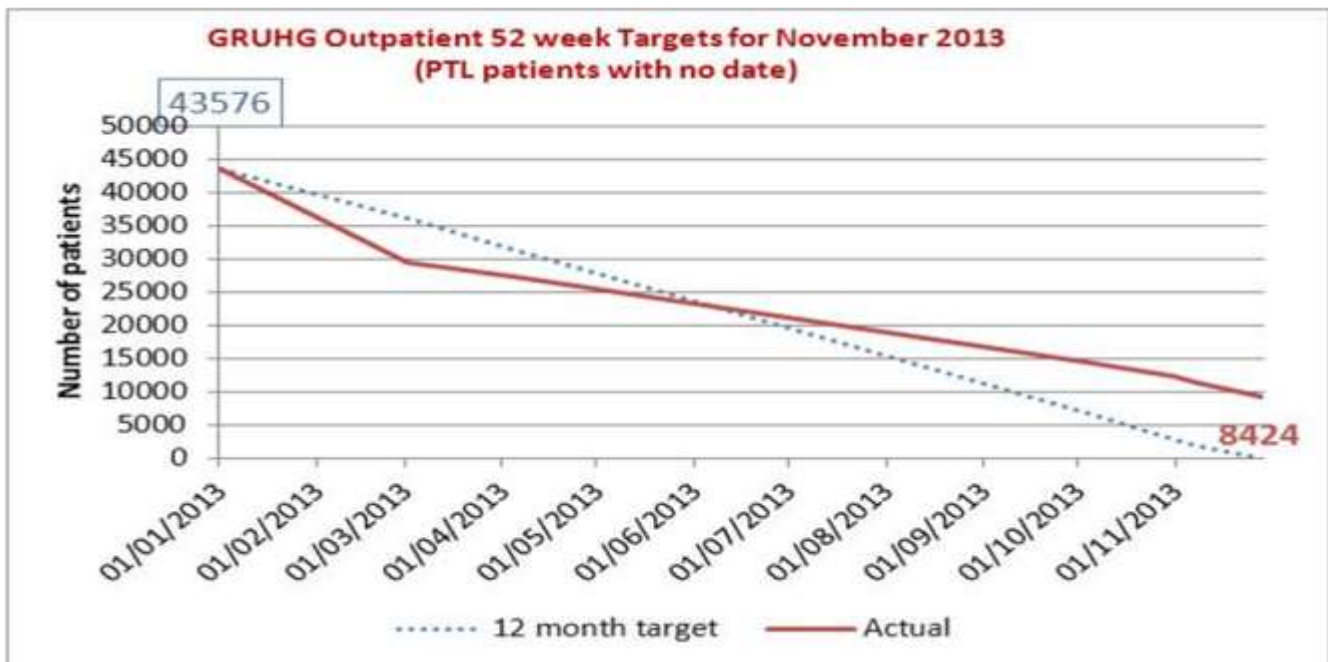
Validation

Our main task in outpatients was to validate the waiting list. This meant that we contacted 30,000 patients, in turn removing 40% of them from the waiting list who no longer required an appointment. In October, this was repeated as we contacted 21,000 patients, this time removing 25% of patients who no longer required an appointment. Validation remains a key aspect of the management of waiting lists and is increasingly important as the West North West Group develops.

Outpatients

We continue to make progress with the very challenging outpatient targets to ensure that *“no patient waits longer than 12 months for an outpatient appointment.”*

At the start of the year, GRUHG had 43,576 patients waiting longer than 12 months. This figure now stands at 8,400 and is reducing further as patients are offered appointments in the private sector. A full report on how the targets were achieved will be in a future issue of the newsletter, but the following graph illustrates our progress to date – the initial benefit from validation can be seen clearly.



Sue Hennessy, Waiting List Manager,

Inpatients

While outpatients are challenging due to the volume of patients, Inpatient targets remained a challenge due to resource issues.

GI Scopes:

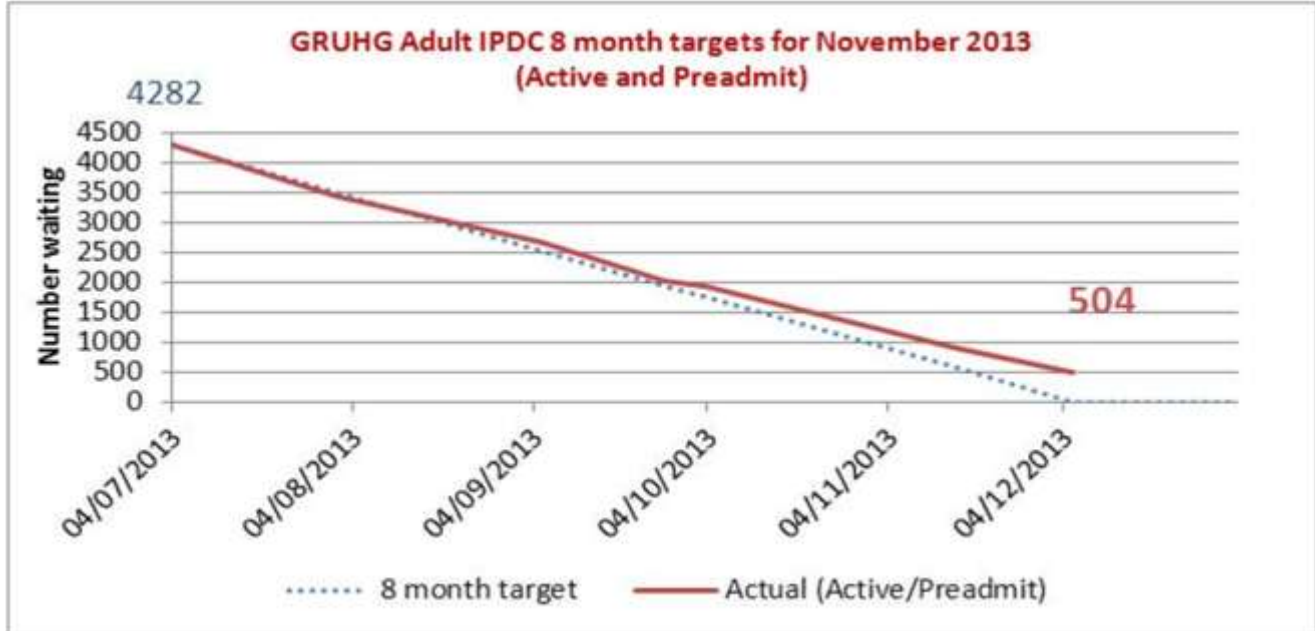
The targets for GI Scopes (4 weeks for urgent and 13 weeks for routine patients) have generally been met. The implementation of the National Cancer Screening Programme and an increase in GP referrals requires careful monitoring. Scopes continue to be distributed around the three GRUHG hospitals—Galway University Hospital, Roscommon and Portiuncula.

Children:

Generally children are treated within the 20 week target.

Adults:

Our main focus has been to reach the 8 month target for adults. A reduction in the number of theatre nurses has resulted in reduced availability of theatre sessions, this coupled with an increase in cancer cases and bed pressures from the Emergency Department has meant that difficult decisions are made every day. We have continued to work with our partners in the private sector to try and ensure that all patients are treated in a timely manner. Our progress over the year is illustrated in the figure below.



Sue Hennessy, Waiting List Manager,

Looking to the future

Finally, we have welcomed colleagues from Sligo, Mayo and Donegal into the group. While each hospital faces different challenges, overall the issues remain the same—pressures from unscheduled care, reduced resources, and reduced theatre sessions. We will continue to develop services across the West / North West Group to ensure that we deliver safe and effective healthcare for patients in the most suitable location throughout the Group.

Next year, we will be focusing on the strategic changes, but for now, we would like to thank all our colleagues who have worked and supported us during the year.

Wishing you all a Merry Christmas and a Happy New Year!

Sue Hennessy
Waiting List Manager



Elaine Prendergast, General Manager, Roscommon Hospital

2013 LOOK BACK BY THE GENERAL MANAGER:

As we come to the end of year it is timely to review the good work which has been carried out at Roscommon hospital during the year. There has been a great many achievements and successes made throughout the year across all disciplines – many projects were implemented and are working well.

Replacement Lift Project

We started the New Year with the replacement of the old lift, which was part of the hospital since it was built in the 1940's. The new lift was part of a minor capital allocation and now passengers and services can be accommodated safely in same to both the first and second floors of the hospital.

Refurbishment of Staff Residence

In February we undertook refurbishment and redecorating of the Ground Floor of the Staff Residence which included the upgrading of the electrical infrastructure, provision of audiovisual facilities and a Board Room standard meeting room. This work was mainly carried out by our own in-house Maintenance Staff. The provision of the audiovisual facilities ensures that staff here can participate in multi-disciplinary team meetings, conferences, meetings, etc.

ACAD

The refurbishment and reconfiguration of the former Medical Assessment Unit took place in February to now accommodate our Ambulatory Care and Diagnostic Unit (ACAD). This refurbishment resulted in the provision of three new treatment/procedure rooms, nine bedded cubicle area, staff communication base and an office. This facility is available to the ever expanding and developing Plastics Service two days per week. We are hoping to be able to develop this facility more in 2014 when additional staffing resources are available.

Q-Pulse System and Medi-Web

There was significant progress made in relation to IT projects during the year which saw the implementation of the Q-Pulse System throughout the hospital. The Medi-Web/On-line ordering system was introduced in July which now has resulted in significant changes in practice for the ordering and reviewing of Radiology procedures.

Pre-determined Landing Zone

In order to provide a better landing area for the Air Ambulance/Helicopter service the Maintenance staff, in consultation with the Air Corps, developed the obsolete tennis court at the rear of the hospital to provide a Pre-Determined Landing Zone (PDLZ).

In the Clerical/Admin Department the Patient Correspondence System was introduced in July which facilitates access to Out Patient correspondence between both GUH and Roscommon Hospital.

Elaine Prendergast, General Manager, Roscommon Hospital

Managed Print Service

Work is currently ongoing with the introduction of a Managed Print Service which will see the installation of new multi-function units throughout the hospital, upgrade of PAS printers and streamlining of printing costs and materials. This project is being developed in conjunction with GUH IT department.

Progress was also made in relation to the introduction and implementation of both EndoRAAD and EndoDIVER systems for Endoscopy Services. These systems allow for data capture in relation to the type, quality and other statistical information around scope procedures.

JAG Accreditation for Endoscopy

We received our JAG Accreditation Certificate for Year 1 Accreditation in August. I wish to compliment the hard working Endoscopy User Group and all staff associated with Endoscopy Services for this very significant achievement. This group continues to spearhead ongoing developments in Endoscopy services. We will be commencing our Colorectal Screening Programme in conjunction with the NCCS in early 2014.

Specialist Rehabilitation Unit Submission

A submission for the provision of a 20-bedded Specialist Rehabilitation Unit was approved for the 2014 Capital Plan. This represents a significant investment in the future of Roscommon Hospital. This Specialist Unit will be a "hub and spoke model" in conjunction with the National Rehabilitation Unit in Dun Laoghaire. The recruitment process for a Consultant in Rehabilitation Medicine is well underway also.

GP Evenings

We hosted three very successful GP evenings throughout the year in order to develop linkages with the community and appraise them of the services available locally. These evenings were well attended and the topics covered by our Guest Speakers were found to be very interesting and helpful.

Urgent Care Centre

In order to further engage with our local community throughout County Roscommon and surrounding catchment area we sent out Information Leaflets to householders, GP's, Community Groups, Schools, Clubs, etc. in order to inform them of the services which are available locally in our Urgent Care Centre.

Endoscopy Capital Project

Progress has been ongoing in relation to the €3m Endoscopy Capital Project development. We secured Planning Permission in June and since then work has been taking place on the Equipment Schedule and tender documents for a builder. As part of this development enabling works started in August with investment of €400k in our Generator and €300k to upgrade our Boilers and BMS. This represents significant investment in the whole hospital infrastructure and should yield good energy savings in the future. It is expected that work on the new building will commence in the first quarter of 2014.

Elaine Prendergast, General Manager, Roscommon Hospital

Governance

We have continued to strengthen our governance structure within the group and the hospital. Monthly Management Team and Heads of Department Meetings are held. Throughout the year regular meetings have been held on site with members of the Executive Council, Clinical Directors and Business Managers. We are always open and receptive to new ideas and possibilities of how to broaden our services locally and be accessible to patients from Roscommon and the wider Hospital Group.

Rheumatology E-Clinic

Roscommon Hospital was very proud to be a part of the team which won The “Best Use of Information Technology” category at the Irish Medical Times Health Care Awards in conjunction with the Rheumatology Department in Merlin Park Hospital. The project was in respect of the successful implementation of virtual assessments for patients prior to visiting the Galway Rheumatology Clinic. An outreach tele-health clinic for rheumatology patients between Roscommon and Merlin Park Hospitals using a secure online portal and VOIP was established. This e-clinic saves patients significant time and money, while providing a very satisfactory experience for the patient, according to audits.

Medical Records Library/Archive Stores

In October we re-organised our Medical Records Library and are now very pleased with the development of an Archive Store for our “RIP” charts and the creation of a Volume Store. Clerical Staff have also been involved in the weeding out of volume charts in our Records Library in order to gain more valuable space for the ongoing growth of new charts. This project involved a lot of physical work and I am very thankful to all the Clerical Staff and Maintenance Staff who engaged willingly and enthusiastically in the project. There were approximately 50,000 charts moved throughout the project. This was a very real example of teamwork at its best and better still it has yielded three very good and ordered Records Libraries and Stores.

The above is a snapshot of the bigger projects and initiatives which were undertaken during the year. Behind all those projects the normal day to day work of caring for and treating our patients took place. I acknowledge that there can be difficult days when challenges such as bed shortages, absenteeism and other pressures surround us – however I wish to compliment and acknowledge the ongoing support which is given each day by our staff. We are always mindful to put the “patient at the heart of everything we do”. There are sometimes missed opportunities for all of us when things could go better, and we will continue to ensure that we continue to promote an environment and culture of putting the patient first every time.

Staff Wellness Day

In September the Occupational Health, Dietetics and CNS staff organised a Staff Wellness Day which was very well attended initiative. A follow up day is arranged for December.

The hospital group increased throughout the year also and we welcome these hospitals and their staff – we are always happy to meet with staff from other areas in order to peer review and see how we can improve.

Elaine Prendergast, General Manager, Roscommon Hospital

Nursing News and Developments

During the year we experienced some changes in our Nursing Administration department and I wish to take this opportunity to extend good wishes to Ms. Maura Loftus as the new Director of Nursing, who replaces Ms. Margaret Casey who left us mid-year to take up a promotional post as DON in Portiuncula Hospital Ballinasloe. The development of nursing services on site continues to improve. Nursing staff continue to embrace career development and we now have 16 staff who have undertaken the Nurse Prescribing and X-Ray Prescribing course. Nursing Staff were also involved in poster presentations at various conferences such as the Irish Nurse and Midwifery Board Conference, Acute Medical Programme etc. Our Clinical Nurse Managers and members of the Nursing Administration also availed of Management and Leadership Courses.

Thank you!

I also wish to acknowledge the great assistance and guidance which we get from Mr. Bill Maher, CEO, Mr. Tony Canavan, COO and Mr. Maurice Power, CFO and indeed from many other departments in GUH, including Ms. Colette Cowan, Group DON, IT Department and Waiting List Co-Ordinator.

I am conscious that for some staff that they may have had sickness or had a bereavement during the year – our thoughts are with you and your loved ones this Christmas.

In 2014, we hope to be able to empower staff to make the hospital “a better place to work” and that staff will feel valued.

I wish to take this opportunity to thank the Management Team, Heads of Department and Nursing Administration for their ongoing support and assistance throughout the year. I also wish to acknowledge members of staff who have been involved in and led out on the many projects and initiatives which they undertook during the year – I wish to commend their leadership skills, energy and enthusiasm.

Our priorities for 2014 are to continue to promote Roscommon Hospital as an exemplar Model 2 Hospital and to continue to put the patient first and offer the best possible service and care to them.

We will be introducing a Smoke Free Campus from 06 January, 2014 and I am requesting the co-operation of each member of staff to support this initiative.




I wish to once again to express my sincere appreciation to each staff member and acknowledge your support and hard work throughout the year.

We look forward to a bright 2014 and continuing to develop Roscommon Hospital and embracing new services and developments.

Elaine Prendergast
General Manager



Roscommon Hospital Performance Targets for October 2013

Out-patient Waiting List		DNA Rate for all activity		Increase Day Case activity	
Current	Future	Current	Future	Current	Future
<p>Current Value 37%</p> <p>Trend: v Previous Month</p> <p>Target: No patient should wait more than 52 weeks for an OPD appointment. Percentage of patient on Outpatient waiting list greater than 52 weeks.</p> <p>RAG Score Green = >10% Amber = 10 - 55% Red = +56% Total OPWL = 2176. Pts waiting O12mths = 796 1% increase on Sept figures - 6% increase in O12mth Waiters.</p>		<p>Current Value 12.5%</p> <p>Trend: v Previous Month</p> <p>Target: Reduce the number of patients who do not attend OPD/Surgery/Endoscopy to 10% by December 2013</p> <p>RAG Score Green = >10% Amber = 10 - 15% Red = +16% IP DNA activity based on manual calculations OP = 14% Day-Cases - Plastics - 7% & Surgery 9% - Total = 11% Average of both OP & IP = 12.5 %</p>	<p>Current Value 475</p> <p>Trend: v Previous Month</p> <p>Target: To increase Day Case activity at Roscommon Hospital to 600 (500 Surgery + 100 Medical) day cases per month.</p> <p>RAG Score Green = 500-600 Amber = 350 -450 Red = <345 Day Surgery/Plastics/Dental = 374 Medical Day-Cases = 101 MAU Pts now classified as IP's</p>		
<p>Current Value 82%</p> <p>Trend: v Previous Month</p> <p>Target: Percentage of patients attending MAU discharged in 6 hours or less (Timed from Registration to Discharge)</p> <p>RAG Score Green = 95-100% Amber = 70-95% Red = <65% 65 pts discharged/tfrd within 6 hr range 13 pts discharged/tfrd outside of 6 hr range</p>		<p>Current Value 9.2</p> <p>Trend: v Previous Month</p> <p>Target: Overall ALOS for all inpatients discharges is reduced to 5.7 days by December 2013</p> <p>RAG Score Green = <5.7 Amber = 5.8 - 9 Red = over 9.1 Medical = 10.3 Days - Surgery = 3 Days Adjusted for NHSS = Days 8.2 Days</p>	<p>Current Value 85%</p> <p>Trend: v Previous Month</p> <p>Target: Percentage of visiting consultants who attended scheduled sessions per month.</p> <p>RAG Score Green = 95-100% Amber = 90-94% Red = <85% Cancels: Ortho x1, Gynaex x1 -(NCHD Strike Day) Sept figure = 75%</p>		
<p>Current Value No Result</p> <p>Trend: v Previous Month</p> <p>Target: To reduce the medical usage rate of antibiotics to 84.4 per 100 bed days utilised by December 2013</p> <p>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</p> <p>RAG Score Green = <86 Amber = 86.1-95 Red = + 95.1</p>		<p>Current Value 0</p> <p>Trend: v Previous Month</p> <p>Target: To reduce the background rate of HCAI of C Difficile to <2.6 per 10,000 bed days used</p> <p>RAG Score Green = <2.6 Amber = 2.61 - 4 Red = + 4.1</p>	<p>Current Value 79%</p> <p>Trend: v Previous Month</p> <p>Target: Percentage compliance during hand hygiene opportunities observed.</p> <p>RAG Score Green = 95-100% Amber = 80-94% Red = 79%</p>		
<p>Current Value 3.08%</p> <p>Trend: v Previous Month</p> <p>Target: To deliver financial breakeven by December 2013</p> <p>RAG Score Green = 3.1% - 5% Amber = 5% Red = <5.1%</p>		<p>Current Value -1.8</p> <p>Trend: v Previous Month</p> <p>Target: WTE should not drop below the WTE ceiling so as to maintain patient safety and services by December 2013</p> <p>Ceiling adjusted to 274 from August, 2013.</p> <p>RAG Score Green = 0 - -5% Amber = -5.1 - -10% Red = >-10%</p>	<p>Current Value 8.95%</p> <p>Trend: v Previous Month</p> <p>Target: To reduce the absenteeism rate to 3.5% by December 2013</p> <p>RAG Score Green = <3.5% Amber = 3.51% - 4.45% Red = over 4.5%</p>		

Appointment of Maura Loftus – Director of Nursing

Ms. Maura Loftus was successful at recent interview for the post of Director of Nursing at Roscommon Hospital. We take this opportunity to congratulate Maura on her success. This is a key post for Roscommon Hospital and this appointment will help consolidate Nursing Administration and the Nursing discipline at this hospital.

We are confident that Maura will continue to build on the good foundations which have been established here to date and develop nursing and support services at this hospital across all areas.

Maura has a patient focused approach and is keen to ensure that the patient is at the centre of everything we do here. She is also keen that we are able to offer every patient a very high standard of care in an efficient, caring and welcoming environment. Maura is also keen to support staff in their professional roles and ensure that we continue to welcome new developments at this hospital which will give staff an opportunity to broaden their skills and further secure the future of Roscommon Hospital.



On behalf of all staff, Congratulations Maura, on your new role

Specialist Advisory Nurse/Midwife Group

The specialist advisory nurse/midwife group held their second forum in Roscommon Hospital on 06 December. The forum was well attended by CNS/CMS from West/North West Hospitals Group, with 32 attendees. One of the main aims of this group is to empower nurse/midwife specialists by enhancing professional development, knowledge and networking throughout the Hospital Group.

The forum was opened by Ms. Collette Cowan the Chief Group Director of Nursing and Midwifery, West/North West Hospitals Group. Ms. Goda Flaherty presented a presentation on developing Key Performance Indicators and the patients experience throughout the group. The CNS's in Roscommon Hospital also presented an overview of their specialist services within the hospital, and new innovations/developments for RH for 2014.

The next meeting for the specialist group will take place in Jan 2014 in MPH/GUH.



Launch of Hospital Passport for Patients with Communication Difficulties

Background:

This hospital passport and policy was developed by nursing staff from the acute sector in partnership with their colleagues from the disability sector and NMPDU to ensure a better experience and health outcomes for patients with communication difficulties/ learning disabilities. The passport provides a more complete picture to staff involved in the care of the patient. It contains personal, relevant information important to the patient. The passport is owned by the patient and will be completed by the patient and family member or carer prior to or on admission. It travels with the patient throughout their hospital journey and when they are discharged. It is planned to extend the passport to all persons with communications difficulties e.g. stroke, dementia care needs within the hospital.

Aim and objectives:

- To provide staff with a greater understanding of the person in their care.
 - To reduce potential anxieties that may be experienced by patients presenting to the acute setting with either a communication difficulty/ learning difficulty.
- Provide person centered care for the patient and their families.

Methods:

Working group was established in 2010, Terms of Reference were agreed and Passport and related Policy was developed.

- The passport is designed using the traffic light coded system.
- The first pages, in red, cover “Things you must know about me.”
- The yellow pages include “Things that are important to me”.

The green pages addresses “Likes and dislikes”.

This information will assist the interdisciplinary team in the provision of person centered care to patients with communication and/ or learning difficulties.

The Hospital Passport was launched in conjunction with staff from the Brothers of Charity and NMPDU on 10 December.

Photo on Right:

From Left to Right: Back – Elaine Prendergast GM, RCH , Mary B Rice NMPDU, Margaret Casey DoN PHB, John Casey, Brothers of Charity
Front L-R Maura Loftus DoN, Margaret Conneran, Brothers of Charity and Margaret Glackin, Brothers of Charity



For further information contact:
Maura Loftus
Director of Nursing
Roscommon Hospital

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

As we come to the end of the year I would like to wish all staff a peaceful and Happy Christmas and thank everyone for all their hard work in 2013. We will face many challenges in 2014 but will work together as a team to ensure that we provide services to our patients in a safe and caring manner.

Portiuncula Smoke Free Campus December 2013

The hospital campus went Smoke Free on 02 December 2013. An Implementation Team was established including a service user representative and as a healthcare provider we are committed to creating a healthier, cleaner, smoke free environment for patients, staff and visitors. There is a need to focus on leading by example and to focus on youth smoking reduction. A number of staff undertook training in brief intervention techniques to provide support to patients and encourage smokers to quit their smoking habit!

Safer Better Healthcare Standards

Portiuncula has commenced the process of self-assessing the hospital against the National Safer Better Health care standards and there are teams established for each of the themes/standards with representatives from all disciplines. It is envisaged that hospital wide workshops will take place in December and early January to complete this process.

Key Performance Indicators (KPIs) – October 2013

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

- Outpatient Waiting Lists – numbers continue to decrease — further work required in relation to Pain, Orthopaedics and Urology to meet the 2013 PTL Target.
- Day of Procedure – for elective inpatients is 63% - hospital target of 60% achieved
- Average Length of Stay – 3.17 days
- 99%(9 hour) compliance against target
- Hospital Acquired MRSA – 1 case in October an improved figure on the previous month
- Staff Ceiling – we are within our approved WTE ceiling
- Ultrasound Waiting time significantly reduced to 28 days

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

- Financial KPIs.
- Emergency Department Waiting Times – 77.3% (6 hour)
- Absenteeism – 4.8% - re-emphasis on back to work interviews and replacement of vacant positions via the ECC.



Chris Kane
A/General Manager

Portiuncula Hospital Performance Summary – October 2013

Out-patient Waiting List	
Current	Future
Current Value 418	Future 30%
Target: Out-patient waiting to be reduced to less than 9 months by December 2013.	
418 patients are waiting over 9 months. This is an increase of 35 patients from the previous month. Continue to focus on the challenging areas of Urology/Oncology/Pain Control.	

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

ED 9 hour Breach	
Current	Future
Current Value 99%	Future 50%
Target: No patient to breach 9 hour target at 8am	
A total of 20 patients breached the 9 hour target for the month of October - this equates to 1.03% of 1,924 attendances in October 2013.	

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

Day of Procedure for Elective In-patients	
Current	Future
Current Value 63%	Future 50%
Target: To increase rate to 50% by December 2013.	
The day of procedure rate is at 6% for October exceeding the set target of 50%.	

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

Financial Position	
Current	Future
Current Value -3.3%	Future 5%
Target: To deliver financial breakeven across the Group by December 2013.	
Currently the hospital has a £4.7m negative variance against budget. Cost containment plan and cost recovery plan in place. Service pressures and increased ED activity and the non-filing of vacant posts have increased nursing and medical overtime.	

DNA Rate	
Current	Future
Current Value 10.57%	Future 8%
Target: Reduce the number of patients who do not attend to 8% by December 2013.	
The DNA rate in October stands at 10.58% this is a slight reduction, the main areas outside of the targets are pain relief, general medicine and gynaecology. Efforts continue to reduce this rate further.	

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

Ultrasound LIM	
Current	Future
Current Value 28 days	Future 20 days
Target: No Target: No Priority 2 or 3 patient should wait more than 70 days for an Ultrasound scan appointment	
This is a slight dis-improvement of 3 days on the September figure.	

RAG: Green: <30 days Amber: 30-100 Red: > 100

Hospital Acquired MRSA	
Current	Future
Current Value 1	Future 2.8
Target: To reduce the number of Hospital Acquired MRSA infections to 3 per month in 2013.	
1 patient acquired hospital MRSA in the month of October.	

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

Staffing Levels	
Current	Future
Current Value 638.03	Future 638
Target: To operate within our allocated ceiling of 644 was since Sept ceiling reduced further to 638.	
Rag: Green: 651 Amber: >651 Red: >660 The WTE figure for October is 638.03 which is a reduction on the September figure of 4.77 WTE	

ED Waiting Times for Admission	
Current	Future
Current Value 77.30%	Future 80%
Target: 95% of all patients attending the ED should not wait over 6 hours.	
77.30% of all patients attending the ED were seen and admitted within 6 hours	

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

Average Length of Stay	
Current	Future
Current Value 3.17 days	Future 3.17 days
Target: Achieve a target of 4.5 days.	
The Average Length of Stay for October is 3.17 days exceeding the target of 4.5 days.	

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

Fair Deal - Bed Days Lost	
Current	Future
Current Value 16.3	Future 16.3
Target: To reduce the lost bed days to less than the current monthly bed days lost.	
There were 163 bed days lost in October this has decreased by 3 days over the September figure.	

Rag: Green: 155 Amber: 235 Red: >235

Absenteeism	
Current	Future
Current Value 4.80%	Future 3.5%
Target: To reduce absenteeism rate to 3.5% by December 2013.	
Absenteeism rate for the month of October is 4.80% compared with the September figure of 4.78% . Back to work interviews continue.	

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



Hand Hygiene Campaign

Portiuncula Hospital's HIQA Hygiene Implementation Group launched '*It's Ok to Ask*' Hand Hygiene Campaign as part of the implementation of the Hospital's Quality Improvement Plan on Wednesday 13 November 2013.

This campaign is to **encourage and empower** our patients/members of the public to participate in the hand hygiene process and ultimately improve our hand hygiene rates - "*It's OK to Ask*" doctors, nurses, and other health care workers about cleaning/washing their hands before they provide care.



Hand hygiene is one important component in the battle against healthcare associated infection (HCAI). By increasing staff compliance with hand hygiene at the point of care we can dramatically reduce the risk of our patients acquiring a healthcare associated infection.

The "*It's Ok to Ask*" posters have been located in all prominent patient areas throughout the hospital.

Máire Kelly
Chairperson HIQA Hygiene Implementation Group/Clinical Support Services Director

SAVE LIVES: Clean **Your Hands**
World Health Organisation (WHO Global Campaign)

New-born Hearing Screening Programme launched in Portiuncula



The National New-born Hearing Screening Programme was introduced in Portiuncula Hospital on 13 August 2013. This new service provides a routine hearing screening test to new born babies, usually whilst they are still in the hospital. The test is a quick and simple way to check a new-born baby's hearing.

A trained hearing screener carries out the test by placing a small soft tipped earpiece in the outer part of the baby's ear which sends clicking sounds down the ear. When an ear receives sound, the inner part, known as the cochlea, usually produces an echo. The screening equipment can pick up this echo. The screening test only takes a few minutes and does not hurt the baby.

This is an important test for new born babies and will enable us to identify babies who have a hearing impairment at a very early stage. It is recognised that the earlier babies are diagnosed the sooner we can provide the additional supports required for them and their families. The aim is to ensure that all babies have a hearing test soon after birth to identify if there are any problems and to reassure parents. The test is quick, simple and painless and that they can remain with their baby whilst the screening takes place.

A very small number of babies will require further testing and any necessary follow up from the initial screens will be undertaken by the Audiology Services in UHG and Galway Community Services. This is a welcome initiative which will further enhance the services available to women, babies and families attending Portiuncula Hospital.



We welcome our new screeners to the hospital and thank all Staff for their support and commitment with the implementation of this new service.

Achieving the Ultimate Brew!

Congratulations to Maire Sinclair, Theatre Staff Nurse at Portiuncula on achieving 2nd place for her poster 'We Use TPOt to Achieve Ultimate Brews' in the recent Model of Care competition as part of the National Elective Surgery Programme.

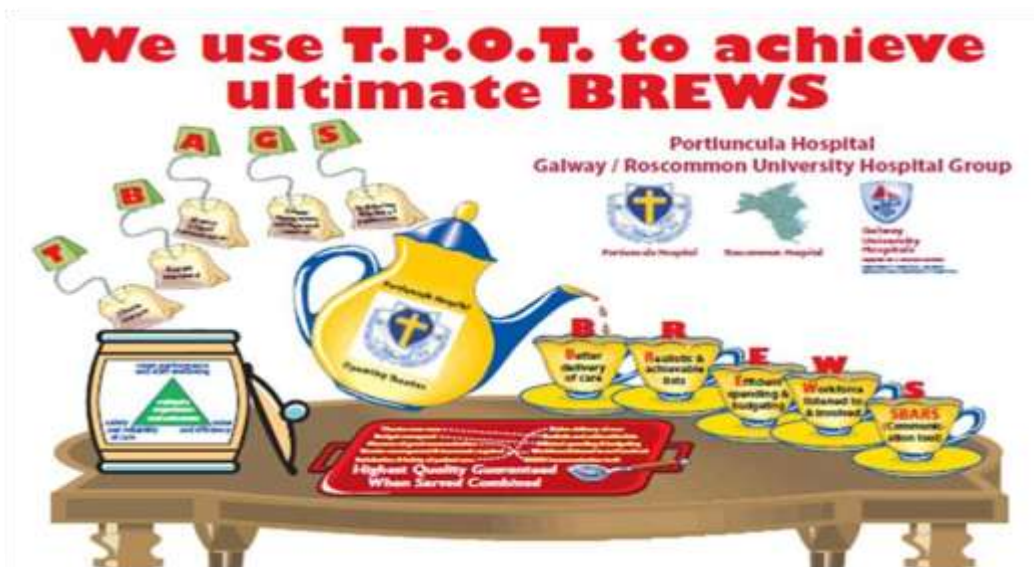
The Productive Operating Theatre (TPOt) 'empowers staff to drive forward improvements in the Health Service on the frontline rather than having change imposed on them.

A Visioning Workshop was held in Portiuncula which was attended by a large number of multi-disciplinary staff. Five areas were identified for review and processes to be put in place to improve delivery of care:

1. Patient Safety and Satisfaction, Team well-being
2. Multidisciplinary Approach
3. Communication
4. Theatre Lists
5. Budgeting and Lean Management

Marie designed the poster following the Workshop at the Hospital to show how Elective Surgery Practice can be best delivered by Consultant Surgeons, Anaesthetists and the Theatre Team in partnership with patients, leading to improved team dynamics and making care safer and more reliable.

The poster depicts how these areas can be addressed through T.P.O.T. transforming negative issues into positives.



Marie believes that *'It is important to remember that Team working is an essential ingredient of this programme. It improves staff morale, patient outcomes and reduces cost at the same time. 'It creates a virtuous circle rather than perpetuating a vicious one'.*

'At Home in Portiuncula'

Niamh Brennan took up the post of Chaplain at Portiuncula hospital on 29 July joining Fr. Bernie Costello on the Pastoral Care Team.

Niamh worked previously as Chaplain at St. Vincent's Private Hospital, Dublin, having completed her Clinical Pastoral Education training at the Mater Hospital.

Niamh's earlier career was in primary teaching and school chaplaincy.

The fact that Niamh feels so '*at home*' already in Portiuncula she attributes to the warm welcome she has received over the past few weeks and may in part be due also to the fact that she was born at the hospital (not so many years ago!).

Originally from Newtowncashel, Co. Longford Niamh is delighted to have joined the staff at Portiuncula and believes that there is a deep appreciation there for the key role of the chaplain in offering spiritual and emotional support to patients, their families and staff where appropriate.

Niamh is keenly aware that there is long history of Pastoral Care at Portiuncula, being set up in 1988 by the Franciscan Missionaries of the Divine Motherhood, and that she follows in the footsteps of a dedicated group of chaplains who have given a professional service to all to whom they have ministered throughout the past twenty five years.

We look forward to working with Niamh and wish her every success and happiness in her new role.



14th Annual Research Conference



The 14th Annual Research Conference at Sligo Regional Hospital took place on Friday 29 November and included 8 oral presentations, two keynote talks and 40 poster displays.

From left: keynote speaker Prof Brian Lawlor, Professor of Old Age Psychiatry, TCD and Consultant Psychiatrist, St James's Hospital; Bill Maher, CEO; Mette Jensen Kavanagh, Research and Education Foundation, SRH; Dr Geraldine McCarthy, Consultants in Old Age Psychiatry, Sligo/Leitrim Mental Health Services; and keynote speaker Prof Sean Gaine, Consultant Respiratory Physician, Mater Misericordiae University Hospital.

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.

Ann Cosgrove, General Manager, Galway University Hospitals

Activity and Key Performance Indicators

Elective admissions remain up 6% on target YTD and 2.9% on the same period in 2012, OPD attendances were up by 2%, Ed admissions up by 3% and similarly represent an increase on 2012 outturn.

The months average for patients waiting overnight in the Emergency Department was 11 per day for September and October, 2013 and this rose to 16 in November, 2013. Length of stay showed a slight decrease from 6.3 to 6.1 days.

Absenteeism increased to 5.4% in September and decreased to 5.08 % however this continues to be a challenge.

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 Portiuncula and Roscommon Hospitals, engaging locum capacity where possible and referring some patients out to the private sector. At the current time there are 204 on the inpatient waiting list requiring treatment before end December, 2013 and 4975 on OPD waiting list to be seen by end of December, 2013.

Speciality Inspections

A number of speciality visits took place in ENT, Endocrinology, MAU, Urology, Microbiology and Histopathology.

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.

The Part 8 Planning application for temporary relocation of helipad was passed by City Council in November, 2013 .

Significant events

500th Prostate seed brachytherapy patient treated at GUH on 01 November, 2013.

On 07 November, 2013 Diabetes Education Team, GUH win IMT Health Care Award.



Ann Cosgrove
General Manager

GUH Performance Summary –NOVEMBER 2013

<p>Outpatient Waiting List</p> <p>Current: 5426 Trend: v Previous Month: ↑</p> <p>Target: Outpatient waiting to be reduced to less than 52 weeks</p> <p>Work is progressing through the Diagnostics to case with oncologists across all Specialised Outpatient clinics in Connemara through Medical Services. Auditing National Service of Outpatient Services of Connemara.</p> <p>OCT 2013: 11388 Patients - 12 Months</p> <p>The above figure is for all patients on the Outpatient PTL waiting over 12 months with and without an outpatient appointment.</p>	<p>OPD DNA Rate</p> <p>Current: 93.7% Trend: v Previous Month: ↑</p> <p>Target: Reduce the number of patients who do not attend to 10% by December 2013</p> <p>OPD group are looking at addressing patient attendance variations at specialties. National surveys on attendance and DNA policy to be rolled in place.</p> <p>OCT 2013: 93.7%</p>	<p>ED Patients waiting for admission at 8am</p> <p>Current: 16 Trend: v Previous Month: ↑</p> <p>Target: < 10 patients waiting in ED for admission at 8am</p> <p>This is a key number of patients at GUH arriving for an ED over 14 hours prior to 8am 2013 to date.</p> <p>OCT 2013: 11</p>
<p>OT Waiting List</p> <p>Current: 190 Trend: v Previous Month: ↔</p> <p>Target: No Emergency 2 or 3 patient should wait more than 70 days to a CT.</p> <p>We will use RTCT team members to 101 days. This is a critical patient. Over 60 days, for all emergency & non-emergency patients to 100 days through maximum capacity. Evidence indicates by patient who are unable to attend in result to Assessment. We have reached our goals to 100% under the SLA.</p> <p>OCT 2013: 190</p>	<p>Impaired 5 Day Case Waiting List</p> <p>Current: 813 Trend: v Previous Month: ↓</p> <p>Target: No patients should wait 40 months to and 10 weeks (50 Scope)</p> <p>Work is ongoing with the Medical and Surgical Directorates. All Waiting List Targets were met last month (No patients waiting longer than 3 months (Adult), 20 weeks (Child and 13 Weeks (50 Scope). Resource review activities are starting this month. New Group wide Impaired Case Policy being launched this month. Adult @ 9W, Paediatric @ 8 Month target.</p> <p>OCT 2013: Adults 872 waiting over 8 months (Scope) and Children are in the maintenance phase (now)</p>	<p>Average Length of Stay</p> <p>Current: 8.5 Trend: v Previous Month: ↓</p> <p>Target: 8.5 days to be the average stay achieved</p> <p>The new National Programme on Surgery will help reduce the average length of stay. This is complemented by local work on spreading formal bed allocations across Medicine and Surgery.</p> <p>OCT 2013: 8.1 (excluding Out)</p>
<p>Day of Procedure Rate for Elective Inpatients</p> <p>Current: 826 Trend: v Previous Month: ↓</p> <p>Target: To increase rate to 75%</p> <p>The new National Programme on Elective Surgery will help increase the day of procedure rate. This is complemented by local work on spreading formal bed allocations across Medicine and Surgery. Increased awareness of this KPI will be a focus to management from this tool.</p> <p>OCT 2013: 81%</p>	<p>High Acute Blood Stream Infection</p> <p>Current: 535 Trend: v Previous Month: ↑</p> <p>Target: 20% less acute cases in comparison to 2011 numbers. 40 per 1000 bed days, acute patients (scope 2011 numbers) 40 per 1000 bed days, acute patients 2011 numbers 40 per 1000 bed days, acute patients 2011 numbers 40 per 1000 bed days.</p> <p>Less infections have been reported in major cases of both MRSA and MSSA blood stream infections at GUH. There were 21 CTC-associated Septic aemia blood stream infections in OCT for this domain month, prior to the end of November 2013. These infections occurred predominantly in medical patients.</p> <p>There have been no CTC-associated Septic aemia blood stream infections in OCT to the end of November 2013.</p> <p>2013 AM - 19 of 40 per 1000 bed days</p> <p>OCT 2013: 8.1%</p>	<p>Bed Days Lost</p> <p>Current: 61 Trend: v Previous Month: ↑</p> <p>Target: Reduce by 10% over 2012 figures</p> <p>Work is ongoing through the Outpatient planning group to reduce the number of Bed Days Lost.</p> <p>OCT 2013: 62</p>
<p>Financial Position</p> <p>Current: 7.7% Trend: v Previous Month: ↑</p> <p>Target: To deliver financial target at 8% by December 2013</p> <p>The Financial Control Committee is in place to ensure that GUH meets budgetary targets.</p> <p>OCT 2013: 4.81%</p>	<p>Staffing WTE variance from Staff Ceiling</p> <p>Current: 3,576.69 Trend: v Previous Month: ↑</p> <p>Target: To close within 1% of employment levels.</p> <p>The Employment Monitoring Committee are in place to ensure that GUH meets its WTE ceiling - acting under review.</p> <p>October ceiling: 3,589 OCT 2013 WTE: 3,072.01</p>	<p>Absenteeism</p> <p>Current: 4.48% Trend: v Previous Month: ↓</p> <p>Target: To reduce absenteeism rate to 3.5% by December 2013</p> <p>Work is ongoing across GUH to reduce the levels of absenteeism through direct to work interviews etc with a particular focus on the KPI.</p> <p>OCT 2013: 5.05% Based on NEMA Sports</p>

Waste Management

As part of **European Waste Reduction Week** (16 to 25 November) an **Environmental and Energy Awareness Day** was held in University Hospital Galway (UHG) on Monday 25 November. The event was organised by the Environmental and Waste Management Co-ordinator, Galway University Hospital (GUH), in partnership with Aramark Healthcare at UHG. The main purpose of the day was to encourage staff and members of the public to become aware of energy consumption, to emphasise that simple changes in behaviour can quickly lead to a significant reduction in energy consumption and that by reducing the hospital energy consumption it is possible to achieve the twin benefits of saving money and reducing environmental impact.

Some of the energy and environmental advice provided on the day included:

1. Energy Efficiency at Home

Staff from Aramark Environmental Services provided information on energy efficient lighting, examples of different types of home insulation available on the market and practical ideas for improving the energy efficiency of home heating systems. We also had information from the Office of Public Works and Sustainable Energy Authority of Ireland (SEAI).

2. Five Ways to Reduce Energy

All visitors attending the stand were provided with fridge magnets highlighting five simple ways to reduce energy wastage at home and at work. Visitors were also provided with thermostatic strips to check home or work temperature to highlight that by lowering your home temperature by 1°C, you can reduce your heating bill by 10%.

3. Tips on Reducing Food Waste at Home

Aramark retail staff provided useful advice on reducing food waste at home.

Michelle O'Dowd, Environmental and Waste Management Co-ordinator, GUH said, "The day was very successful. We provided information on a wide scope of topics including energy efficiency and conservation, tips on reducing food waste and home composting and ideas on how to reduce, re-use and recycle waste. I would like to thank all the visitors who came to our day and also GUH Energy Management Group, Aramark, Galway County Council, Clean Technology Centre, the Office of Public Works and Sustainable Energy Authority of Ireland for their support.



Photo Details

At the Environmental and Energy Awareness Day at Galway University Hospitals, from left: Alan Cooke, Aramark; Mary Frain, Aramark, Michelle O'Dowd, GUH; John Forde, Aramark, Rónan Casey, Aramark; and Fiona O'Loughlin, Aramark;.

PROHIBIT (Prevention of Infection by Intervention and Training) Study in Critical Care GUH

The PROHIBIT Study was a European funded study of central line infections in 14 Intensive Care Units across Europe and ran from January 2011 - June 2013. The aim was to improve compliance with the WHO "5 moments for hand hygiene" programme with an outcome measure of incidence of catheter-related blood stream infections (CRBSI). The intervention at GUH focused on **hand hygiene** and was launched by Dr. D. O'Keeffe in Aug 2011.

Dr. Teck Wee Boo and Ms. Judith Davitt were the site coordinators, Dr. John Bates and Ms. Cathryn Lee were the Critical Care leads, Ms Marion Commane was the IPCN in Critical Care, Ms B Hanahoe surveillance scientist and Ms. Cathriona Greally was the Research Nurse Co-ordinator (0.5wte) for the study.

After an initial observation period, a multifaceted programme aimed at enhancing hand hygiene awareness and compliance among health care workers (HCWs) was begun:

- **System change:** ensuring that the necessary infrastructure was in place e.g. water, soap and towels and alcohol-based handrub
- **Training / Education:** regular training on hand hygiene to all HCWs.
- **Evaluation and feedback:** monitoring hand hygiene practices and infrastructure, related perceptions and knowledge among HCWs, while providing performance and results feedback to staff.
- **Reminders in the workplace:** prompting and reminding HCWs about the importance of hand hygiene.
- **Institutional safety climate:** creating an environment and the perceptions that facilitate awareness of patient safety issues and hand hygiene improvement as a high priority at all levels. The outcome measures were adopted as key performance indicators for the unit.

Outcome: Hand hygiene compliance rates rose from 48.8% during the baseline period to **80%** during the programme. There was a statistically **significant decrease in CRBSI rates:** from 5.8 infections /1,000 CVC days in the baseline period (Jan – Jun 2011) to 1.0 infection /1,000 CVC days during the 24 months of the programme (Jul 2011 – Jun 2013).

Critical care GUH has come in the top 3 hospitals in this study for improvement in hand hygiene compliance and decrease in CRBSI & the organisers invited us to present our findings at the 2nd International Conference on Infection Control & Prevention (ICPIC) in Geneva last June as they were impressed with our organisation of the study, the motivational material and methods used and the fact that that this was communicated effectively and maintained consistently throughout the study. Cathriona Greally and Judith Davitt presented at this meeting. The organizers highly commended the presentation and the work done by the critical care staff and the Infection prevention and control team to improve hand hygiene compliance in the ICU/ HDU.

Participation in the PROHIBIT study gave us the impetus to implement an intensive hand hygiene programme in our critical care units. Although resource-intensive, it has been a success to date. The journey to improve hand hygiene compliance has also been one about shared vision and culture change.

Dose Adjustment for Normal Eating (DAFNE)

DAFNE is a structured education programme for people with type 1 diabetes (T1D). It comprises a 5-day course and is delivered by two trained diabetes educators (diabetes nurse specialist and diabetes dietician) to groups of 8 people. DAFNE provides the necessary skills for people with T1D to be able to accurately estimate their carbohydrate intake, to adjust the dose of insulin to match their food and to interpret their blood glucose readings enabling them to effectively manage hypoglycaemia, exercise, illness and other social situations. DAFNE is an evidence-based, evaluated, professionally delivered, quality assured, peer reviewed and audited education package for type 1 diabetes¹. It meets all the 5 criteria stated in both the NICE² and HSE³ guidelines. Nurses and dietitians should achieve a core competency set prior to commencing the 104 hour educator training programme⁴. **The DAFNE programme encourages a more patient-centred approach to care delivery** based on empathy, empowerment and autonomy rather than the more traditional prescriptive, didactic approach.



Fact File: DAFNE has been delivered to 26,445 people with T1D in the UK and to 2,214 people in Ireland. Since January 2006, DAFNE has been delivered to over 270 people in the Galway catchment area, another 112 people are on the waiting list (6 new patients are added to the list every month).

Recent DAFNE Developments in Galway

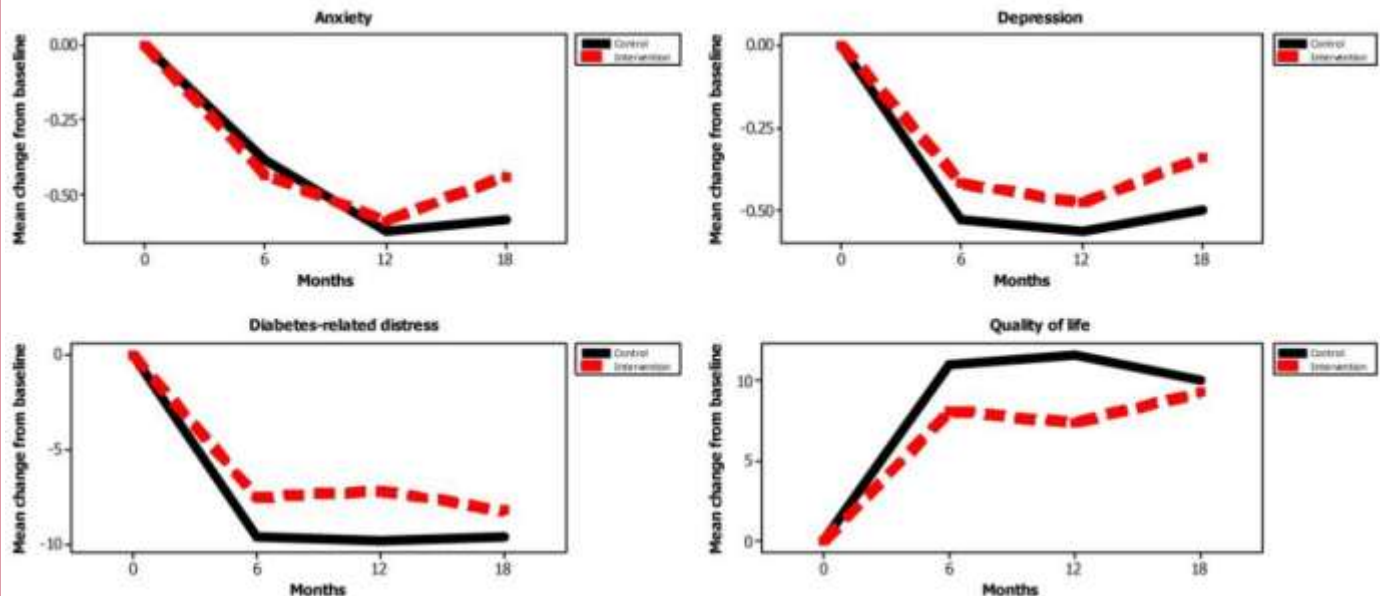
Our team also delivers DAFNE Review Clinics (twice a month) and DAFNE Refresher Evenings (4 a year). These provide an ideal opportunity for patients to revisit the DAFNE principles and to avail of support from educators to work through any diabetes issues they might have.

In June 2013 the first DAFNE course for insulin pump users in Ireland was delivered in Galway. This was designed for people who had either transferred from Paediatric services or other areas on insulin pumps but who had not previously been able to access a structured programme like DAFNE prior to their commencing on pump therapy as is recommended by NICE⁴.

Dose Adjustment for Normal Eating (DAFNE)

DAFNE Research in Ireland

DAFNE has a solid evidence base. The DAFNE UK Study reported an improvement in glycaemic control without increasing frequency of severe hypoglycaemia⁵. In 2005 the Irish DAFNE Study (ISRCTN79759174) lead by Dr Sean Dinneen was awarded a Health Research Board (HRB) programme grant to evaluate 2 methods of follow-up after DAFNE. Six DAFNE centres were cluster randomised to deliver either curriculum-based follow-up booster education sessions at 6 and 12 months after DAFNE or a return to traditional one-to-one clinics⁶. Recruitment was to target ($n = 437$), making it one of the largest T1D trials in the world measuring patient-important outcome measures⁷. Unlike the UK Study, the Irish trial observed no differences over time between the treatment arms in terms of glycaemic control⁸. However, both treatment groups were associated with a significant reduction in episodes of severe hypoglycaemia, a reduction in diabetes-related hospitalisations, a reduction in rates of distress, depression and anxiety and a significant improvement in quality of life and treatment satisfaction over time (Figure 1 below).



(Figure 1.) Patient-important outcomes measures in the Irish DAFNE Study

Our DAFNE team were recently awarded the 5th Annual Irish Abracadabra Award for Diabetes Nursing Innovation for evidence-based research and improvements in T1D education in Ireland in the past decade. In July 2013, the Irish DAFNE Study team were awarded another HRB grant (HRB Ref: HRA-2013-HSR-316) for a study focusing on improving outcomes for young adults with T1D.

DAFNE Graduate Testimonials

DAFNE graduates coined our DAFNE slogan "Type 1 Diabetes: Less guesswork. More freedom. Better health". In a letter to the Minister for Health and the General Hospital Manager a graduate said:

"This DAFNE course, along with the support available, should I need it, has armed me with the ability and confidence to live a very healthy and diverse lifestyle".

Day Trip to Knock by MPH Residents

Participation in art, bingo and creative writing are some of the activities most enjoyed by the older person in the residential care setting. Unfortunately some residents who are less active experience difficulty in participating in these day to day activities. In order to address this shortcoming in the residential care setting in Merlin Park University Hospital it was decided to organise something. This would not only bring enjoyment to these residents but also would meet some of their wider social needs.

One common thread identified by the resident was their enjoyment of religious observances and their strongly held religious beliefs. In light of this a decision was made to organise a day trip to Knock, encompassing mass and an individual blessing of the sick for each resident. This news was met with universal joy by the resident, many of whom reflected warmly on past visits there while commenting of the solace and feeling of well being past visits had given them. Planning of the trip involved not only sourcing transport and organising volunteers but ensuring that all specific individual needs and considerations were catered for.

When the eagerly anticipated day of the trip finally arrived and everyone was safely escorted on the bus we set off for Knock. The journey itself was greatly enjoyed by the residents who passed the time remembering towns and villages on the route and enjoying the scenery while many an excited shout was heard when someone saw an animal they remembered from their past.

On arriving in Knock all the residents were assisted to the church where mass was celebrated during which many residents could be seen enthusiastically joining in prayers and singing along with the hymns. Afterwards we availed of the opportunity to light some candles. Following a relaxing and enjoyable lunch we returned to the Basilica where Mass cards and holy medals were bought for the residents and their families. The journey home was a quieter affair with tiredness beginning to show here and there but there was a definite air of contentment as we made our way back to Merlin Park. All in all the day was a great success and planning for the next trip has already begun.

Mairead McNulty Casserly

Ecumenical Memorial Service

Galway University Hospital hosted the 4th annual Ecumenical Service in memory of our deceased patients on 05 October in the Nurses Home, UHG. The service which is organised by the End of Life Steering Committee was lead by hospital Chaplain's Rev. Peter Berrill, Fr. David Cribbin, Mr. Ray Gately and Rev. John Godfrey. Regrettably Imam Sheikh Khalid Sallabi was unable to join us on this occasion due to unforeseen circumstances. Ms. Ann Cosgrove, General Manager and Ms. Jean Kelly DON represented hospital management. Our patient forum representatives Ann and Nuala provided flowers for the occasion.

The service was a combination of poetry, song and reflections with a short homily by Rev. Godfrey. His words were inspirational to all who were present. Candles were lit in memory of our deceased patients by all disciplines of staff. The choir which was led organist Jacquie Lillis was formed by staff from different departments within the hospital. Their music greatly enhanced the service. Refreshments were provided after the service and the consensus from the families and staff who attended was that the service was healing and consoling. A fund raising coffee morning was held in June to cover the costs incurred. The committee would like to convey our sincere appreciation to all hospital staff from their support and assistance in both organising both the coffee morning and the service. A special word of thanks to the staff of Aramark Catering for once again providing the use of their facilities.

Physiotherapy Services, Galway University Hospital

Respiratory Care:

We are pleased to have acquired new AIRVO appliances which will improve patient care and comfort by supplying the patient with warmed humidified oxygen which is proven to reduce the tenacity of sputum thereby facilitating the patient to maintain independent expectoration of secretions.

Preassessment:

Physiotherapy is also involved with the Pre Assessment Service. At present we are involved in a 3 month trial of delivering a class once a week to patients being worked up for prostate surgery. The decision was made based on increased Physiotherapy referrals of patients with continence issues following prostate surgery plus an audit which showed only 13% of patients had understanding of the importance of Pelvic Floor Exercise post surgery.

Education:

Senior Physiotherapy staff in Medical respiratory and Cystic Fibrosis were involved in delivering education to colleagues and peers. Tara Hannon participated in the multidisciplinary NIV study Day in September and Irene Maguire provided training in Autogenic Drainage in August for Physiotherapists locally and from the Midwest region. Oncology and Radiotherapy staff also delivered education sessions in this service area. Aoibheann Daly, Senior Physiotherapist in Radiotherapy delivered an inservice to Physiotherapy colleagues in PCCC and Sinead Egan gave education to our nursing colleagues on St Joseph's ward on the role of the Physiotherapist in the care of patients with cancer.

Physiotherapy staff were also involved in education lectures to the NUIG School of Podiatry on the Role of Physiotherapy and Physiotherapy in the Management of the Amputee Patient.

Cost Saving:

Significant cost saving was achieved with Physiotherapy trialling and subsequently introducing alternative knee braces. This change was in collaboration with the Orthopaedic consultants and Physiotherapists across both sites. Alternative compression garments for management of lymphoedema are currently being assessed with a view to cost saving in this area also.

Communication Board:

In the Physiotherapy Services we have created new communication boards to highlight important protocols, to inform on monthly activity and KPI's, to communicate urgent and important information and to celebrate successes. The boards are visible to all staff, patients and visitors to the department and demonstrate the pride we have in our services!

Staff service:

GUH Physiotherapy Services in conjunction with the Occupational Health Service have commenced a dedicated physiotherapy service for staff. One afternoon a week, Deirdre Kelly works from a newly equipped room in the Occupational Health Department to provide physiotherapy for GUH staff members. The aim is to provide rapid access for staff to physiotherapy to help resolve musculoskeletal injury quickly and to help prevent the need for, and reduce sick leave.

Physiotherapy Services, Galway University Hospital



GUH Physiotherapy Services in conjunction with the Occupational Health Service have commenced a dedicated physiotherapy service for staff. One afternoon a week, Deirdre Kelly works from a newly equipped room in the Occupational Health Department to provide physiotherapy for GUH staff members. The aim is to provide rapid access for staff to physiotherapy to help resolve musculoskeletal injury quickly and to help prevent the need for, and reduce sick leave.

Currently, the **limited** service is being run from existing resources so no increase in demand can be managed, but business cases have been submitted to extend this service. We therefore hope that going forwards, that a fully integrated treatment, advice, ergonomic assessment and self referral service can be started in our workplace providing rapid access to physiotherapy for staff.

To confirm our estimates in the business case, we would be grateful to hear from those who, if there was a dedicated staff physiotherapy service, would avail of it as this time. Please can you email norah.kyne@hse.ie to let us know by 15/01/2014 so that we can add up the numbers. (This email does not constitute a referral and does not mean you will receive physiotherapy treatment).

The Emergency Department RANP, University Hospital Galway

The Registered Advanced Nurse Practitioner (RANP) Service commenced in the Emergency Department (ED) of University Hospital Galway (UHG) in September 2012 with one RANP, Shirley Angland. RANP's Sharon Kennedy and Naomi Davies commenced in September 2013. The Emergency Medicine Programme (EMP) has made recommendations for six RANP's to provide a comprehensive service to the ED in Galway. The 4th RANP is hoped to be in post early 2014, while two more have also commenced their masters this September. RANP's have an important role to play in managing and creating greater accessibility for patients to the health service.

In Galway the RANP's currently provide a service from 07.30 to 20.30 and it is envisaged next year with four RANP's there will be a service seven days a week. Since commencing in September 2012 the RANP's have helped alleviate the long waiting times, which increases patient satisfaction and their overall experience. Patients aged 4 years and upwards with a variety of non-complex injuries and conditions are managed by the RANP's. This case load is expected to continue to expand on a yearly basis. RANP's in the ED are ideally situated to implement a holistic approach to patients including assessment, diagnosis and treatment. We look forward to providing the best possible care for the patient and acting as a resource for our colleagues.

Photo on Right:

From Left to Right: Shirley Angland, Sharon Kennedy and Naomi Davies



Irish Health Promoting Hospitals and Health Services Conference “Standards to Practice”

The Irish Network of Health Promoting Hospitals and Health Services (IHPHS) hosted a National Conference titled “**Standards to Practice**” in Dr. Steeven’s Hospital on 14 November 2013. Dr Nazih Eldin, Head of Health Promotion DNE is the head of the HPHS in Ireland. Dr Eldin and his team in Health Promotion worked closely to coordinate this “*excellent conference*”.

The aim of the conference was to give hospitals guidance and assistance on the specific Health and Wellbeing Standards which are a component of the National Standards for Safer, Better Healthcare. The conference was endorsed by the International Network of Health Promoting Hospitals and Health Services and led out by Dr Stephanie O’Keeffe the National Director of Health and Wellbeing. The conference was very well received and one participant stated it had “*a great programme and was a great inspiration for moving forward with standards*”.

The conference presentations are available on HSEnet under Health and Wellbeing-Health Promotion-Health Services.



Photo on Left:

From left to right: Laura McHugh, Senior Health Promotion Officer (West), Thor Bern Jensen, International HPH Network, Laura Molloy, Senior Health Promotion Officer (DNE), Mary Scales, Irish HPHS Network, Dr Cate Hartigan, Head of Health Promotion and Improvement. Andy Walker, Head of Health Promotion South, Dr Nazih Eldin, Head of Health Promotion Dublin North East

Photo on Right:

From Left to Right: Thor Bern Jensen, International HPH Network, Dr Cate Hartigan, Head of Health Promotion and Improvement. Dr Stephanie O’Keeffe, National Director of Health and Wellbeing, Angela Fitzgerald, RDPI, HSE Dublin North East



Meet and Greet Volunteer Service

The Meet and Greet Volunteer Service at University Hospital, Galway has been up and running now very successfully for five years commencing on 30 September, 2008.

The main Role of the Volunteer is to provide a friendly welcome and reassuring first impression to everyone who enters the Hospital and to help guide and navigate visitors and patients to the various Wards, Departments and Clinics within the Hospital campus. The Meet and Greet Volunteers are located to the left hand side as visitors and patients enter the main foyer of the Hospital.

When people need directions to a particular Ward, Clinic or Department, the Volunteers will bring them to their destination, chatting and easing stressed nerves along the way. The Volunteers wear a distinctive maroon bib with the words 'Volunteer – Galway University Hospitals', so they can be easily identifiable and are always very approachable and willing to help.

Volunteers have brought a wealth of life experience which has been of great benefit to patients, their families and visitors over the years. University Hospital, Galway was one of the first Hospitals in the West of Ireland to introduce the Volunteer Service and it has helped to ensure that the hospital experience is as pleasant as possible in what can be a worrying, overpowering experience for some patients, families and visitors.

We have received very positive feedback from the public since we set up the service. It may sound simple, but if a patient or visitor is worried or stressed when they come to the hospital, it can mean so much to be greeted by a friendly face that will help them get to their destination in a timely fashion.

The Volunteers will also wait with frail older patients in the foyer while relatives bring their cars to the front door, and again relatives value this service greatly. Another aspect of the Volunteer Service is that they are available on the request of the Ward Manager to visit/sit with patients who have no one close by to visit them and, if requested, get items from the shop, or read to patients and even bring them to mass from time to time.

The volunteers are ordinary people who do extraordinary work and give willingly of their time in generously helping others to cope with the challenges of attending a busy acute Hospital. They have brought so much positivity and energy to their role, and have become an integral and valued part of our team in University Hospital, Galway. I would like to thank all the Volunteers most sincerely for their dedication and wonderful work to date - we are most grateful.

Our colleagues in Sligo Regional Hospital, Mayo General Hospital and Letterkenny General Hospital have introduced the Volunteer Programme in recent times in their Hospitals and we welcome updates on their Programmes in future editions.

Meet and Greet Volunteer Service



Photo Details:

At the five year anniversary celebrations of the 'Meet and Greet' Volunteer Programme at Galway University Hospitals (GUH), from left to right:

Ann Cosgrove, General Manager, GUH; Phil Whyte, Volunteer Co-ordinator, GUH; Volunteers Patricia Dooley, Mary Heneghan, Deborah Reilly, Ronald Sayers, Phil Grealish, Mary Griffin, Muriel Silke and Alice Parsons; Colette Cowan, Group Director of Nursing and Midwifery, West/North West Hospitals Group; Mary Hynes, HR Manager; John Shaughnessy, Director of Human Resources, West/North West Hospitals Group.

In a future edition we will be focusing on the UHG's Volunteers various experiences, coupled with some interviews and photos of our Volunteers in Action.

Phil Whyte (HR Department), Volunteer Programme Coordinator.

Galway Arts Trust

Launch of “Art@work 11” an art exhibition by staff of Galway University Hospitals

Art@work is the annual exhibition organised by Galway University Hospitals Arts Trust that showcases art produced by the staff of Galway University Hospitals. The exhibition will be on view at the Arts Corridor of University Hospital, Galway for colleagues, staff, patients and visitors to enjoy.

Each year the Art@work exhibition aims to uncover more budding artists. This year it features approximately fifty artworks from more than thirty staff working in Galway University Hospitals. Over sixty members of staff in the past ten years have exhibited their work on the corridor every Christmas. The exhibition boasts a diverse range of media and techniques including; oils, watercolour, acrylic, photography, drawing. Some of the work will be for sale.

Many of the artists participating have exhibited annually over the years. We also welcome the new participants particularly those who are new to art making since participating in some of the arts programmes in GUH this past year.

The exhibition was officially launched by Mr. Noel Daly, Chairman of the West / North West Hospitals Group on Friday 13 December at the Arts Corridor, University Hospital, Galway. The exhibition will remain on display until January 29th.

This will be followed by a photographic exhibition by Seamie Gallagher, a Cork based photographer from 01 February, 2014.



Photo on Left:
Painting by
Charlotte Curley,
Radiography UHG

Galway Arts Trust

Waiting Room refurbishment by patients in Unit 7, Merlin Park University Hospital

Dialysis patients at Galway University Hospitals have transformed their waiting area as part of a Galway University Hospitals Arts Trust project with visual artist Marielle MacLeman. Patients were invited to choose the colour scheme for the improvements which include wallpaper and a window blind designed by a patient during her dialysis treatment.

The welcome facelift saw existing waiting room furniture repainted and reupholstered. The entrance area and corridor have been treated to new flooring with *Parisian Taupe* introduced to the walls! All this is complemented by a rolling exhibition of art made by patients whilst on dialysis as part of the Unit 7 art project. Initially funded by an Arts Council Arts Participation Project Award with support from the IKA, the project sought to provide more positive productive experiences during dialysis and to enhance the physical environment.

Because dialysis treatment sometimes presents physical limitations, when painting was not possible for one woman, she would use design software on the project's laptop to make patterns from her original paintings. One of these was selected as a design for wallpaper and a rollerblind which comply with Infection Control and Health & Safety standards. Several colourways of this design were created according to patients' original colour choices and all patients were again invited to vote for their favourite wallpaper and a blind combination. The pattern also influenced the redesign of the Dietician's literature.

Existing furniture was painted then reupholstered on site in the Unit 10 Training Unit. Indeed, the improvements were possible thanks to the considerable support and enthusiasm of GUH staff across campus. Galway University Hospitals Arts Trust would like to thank Management, members of the art project working group, and all staff of Unit 7, Unit 10, Transport, Maintenance, Infection Control and the HSE West Fire and Safety Officer for their role in enhancing the environment for patients attending dialysis.



There are still copies of the book that documented this wonderful project. *The Magician and the Swallow's Tale* is available from the Hospital Shops in GUH and from Charlie Byrnes Bookshop in Galway for those of you who are looking for a Christmas present.

Galway University Hospitals Arts Trust is a registered charity based in Galway University Hospitals.

For further information on the programme or if you would like to make any suggestions contact the office at 091 544979 or guhartstrust@hse.ie

MEDICAL DIRECTORATE

Dr Donal Reddan Clinical Director; Ann Dooley, Business Manager

I am delighted to officially welcome to the Group our colleagues in Mayo General Hospital, Sligo Regional Hospital and Letterkenny Regional Hospital. The Medical Directorate looks forward to a busy year ahead.

We are now in the process of appointing Associate Directors for Medicine at each hospital site and look forward to further recruitment of staff to the directorate. Ultimately the aspiration is to truly develop specialty services across the Group with a group wide perspective.

EWTD challenges continue and we are working on recruiting extra NCHD staff particularly in SRH, MGH and LGH to ensure that we will be compliant in the New Year.

Project ECHO

We had a recent visit from Dr Sanjeev Arora, University of New Mexico, about the exciting concept of project ECHO. This is a new disease management model focused on improving outcomes by reducing variation in processes of care, sharing “best practice” through case based learning and a concept known as “force multiplication”. Fundamentally ECHO will build expertise at the primary care level to safely and effectively manage common, complex conditions so that these primary care communities serve one another for subspecialty care. Work is ongoing on implementing this exciting project locally in collaboration with the leadership and support of Group Director of Nursing and Midwifery, Ms. Colette Cowan.

Hand over Policy

The Hand-over Policy for Medical Inpatients is being implemented with effect from 09 December 2013 in GUH. The purpose of this policy is to ensure that there is clear and effective clinical handover at the beginning and end of each shift. The changing work patterns of doctors have created a need for improved handover of clinical responsibility and information.

BowelScreen Programme.

BowelScreen is the largest cancer screening programme launched in Ireland as it targets the number one cause of cancer in men and women, colon cancer. GUH began colon cancer screening as part of the National BowelScreen programme in May 2013, the third hospital in the country to do so. This was a multidisciplinary effort from Endoscopy, GI Surgery and Pathology and great credit is due to all involved in this programme. To date 241 screening colonoscopies have been carried out with cancer detected in 10%.

Picture on Right:

From Left to Right:
Dr. Ramona McLoughlin, Clinical Lead Endoscopy,
Ms. Gretta Greaney, CNM11 Endoscopy Ms. Brid
NiFhionnagain, CNS BowelScreen.



MEDICAL DIRECTORATE

Dr Donal Reddan Clinical Director; Ann Dooley, Business Manager

Prostate Cancer Radiation Treatment Milestone

Galway University Hospitals reached a milestone on 01 November, as the 500th patient underwent minimally invasive prostate cancer radiation treatment (prostate brachytherapy) under the care of Prof Frank Sullivan, Radiation Oncologist and his Brachytherapy Team. Well done to all concerned.



Picture on Left:

From Left to Right: Prof Frank Sullivan, Consultant Radiation Oncologist and Lead Clinician, Department of Radiation Oncology; Martina Sweeney, Staff Nurse; Jackie Barrett, Anaesthetic Nurse; Ger O'Boyle, Clinical Nurse Manager 2; Marie Cox, Group Asst Director of Nursing; Mr Jam Khalid, Consultant Radiation Oncologist; and Mary Hodkinson, Staff Nurse.

Irish Healthcare Awards

The Rheumatology and Endocrinology departments in GUH are to be congratulated on their successes in the recent Irish Healthcare awards. The Rheumatology Telemedicine Service at Roscommon Hospital in association with Galway University Hospitals won the "Best use of Health Technology" award at the Irish Medical Times 2013 Healthcare Awards.

Picture on Right:

From Left to Right: Ms. Marie Doorly, Patient Services, Ms. Pauline Conroy, IS Manager, Dr. Robert Coughlan, Consultant Rheumatologist, Dr. John Carey, Consultant Rheumatologist



The Galway University Hospitals Diabetes Education Team (DAFNE and DESMOND teams) won the Patient Lifestyle Education Project Category award at the Irish Medical Times 2013 Healthcare Awards with a submission entitled "Introducing and Embedding Structured Diabetes Education Programmes in Galway".

Picture on Left:

From Left to Right: Ms. Bernie McDonnell, Diabetes Nurse Specialist, Dr. Sean Dineen, Consultant Endocrinologist, Ms. Mary Clare O'Hara, Researcher, Ms. Carmel Murphy, Senior Dietitian

MEDICAL DIRECTORATE

Dr Donal Reddan Clinical Director; Ann Dooley, Business Manager

World COPD Awareness Day.

To support World COPD Awareness Day on 20 November 2013, the Respiratory Services at Galway University Hospitals (GUH) held an information day in the main foyer of the University Hospital to answer questions and raise awareness on COPD.



Photo above:

From Left to Right: Lorna Sumner Finance (Home oxygen) PCCC, Donna Langan CNS Respiratory GUH, Mary English Maintenance (Home Nebs) PCCC, Mairead Ward Physiotherapist GUH and Sheila Farrell, Senior Physio COPD Outreach.

We welcome the following permanent Consultant appointments to the Medical Directorate at GUH during 2013:

- Dr. David Gallagher, Consultant Infectious Diseases/ Physician
- Dr. Carol Goulding, Consultant Gastroenterologist/Physician
- Dr. Mary Laing, Consultant Dermatologist
- Dr. Camilla Murtagh, Consultant in Palliative Care.
- Dr. Gabrielle O'Connor, Consultant in Emergency Medicine.
- Dr. Yvonne Smyth, Consultant Cardiologist/ Physician
- Dr. Catherine Sullivan, Consultant Rheumatologist/ Physician
- Dr. Helen Tuite, Consultant Infectious Diseases/Physician.

We would like to take this opportunity to thank all staff for your support and commitment throughout 2013 and look forward to your continued support in 2014.

Dr. Donal Reddan, Group Clinical Director, West /North West Hospitals Group.

WOMEN'S AND CHILDREN'S DIRECTORATE

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

Santa

Santa will be connecting with the children in the Paediatric Unit via Skype as usual on 12 December in the Paediatric play room. He will be sending his elves to help on the day and they will be giving out lots of gifts to the children. We would like to thank the I.T. Department and CISCO for their help once again in making the connection with the North Pole possible.



Cystic Fibrosis Build

The Women's and Children's Directorate Team and the Paediatric Staff were very pleased with the announcement by Ann Cosgrove, General Manager that the contracts for the Cystic Fibrosis build and turning of the sod for the new purpose built Cystic Fibrosis Unit will happen before Christmas. This follows the completion of the planning with relevant stakeholders and the multidisciplinary team, the and securing of funding from the Cystic Fibrosis Association and the Estates Department via minor capital funds. This new build will be situated adjacent to the Paediatric Unit greatly enhance the facilities for children with Cystic Fibrosis attending for day care and OPD follow up.

Professor Loftus Retirement

Professor Loftus retired as Professor of Paediatrics/Consultant Paediatrician on 30 November. There was great regret amongst the Paediatric staff when they learned of his impending departure. Professor Loftus was Professor of Paediatrics since 1988. A surprise party was arranged to celebrate his retirement and took place in the Merrick Hotel on 30 November. It was attended by a large group of group of hospital staff and his colleagues from the University and a great night was had by all, especially Professor Loftus once he got over the shock of the surprise. We wish him a long and happy retirement.



Retirement of the Neonatal Intensive Care Secretary

Tessie Duddy who has been the Neonatal Secretary for 22 years is retiring over the coming weeks. Her hard work and dedication was much appreciated by all staff on the unit and she will be missed. We wish her well on her retirement.

WOMEN'S AND CHILDREN'S DIRECTORATE

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

New Maternity Information System

An upgrade to the existing K2 Maternity information system has been implemented after an in-depth planning process. The System is called HSS Euro King with E3 Net software and it went live in the Maternity Department on 03 December.

This new system will allow for better collection of data and allow better access to information for statistics, audit and research purposes. Data can now be exported into Excel or Word Documents and files can be sent to other organisations such as NPES.

It will now be possible to collect information on all antenatal admissions. Previous to this only the Labour and delivery record was captured. It will also be possible for the Neonatal Intensive Care nursing staff to do a discharge letter to the community midwives on the infant. Training has been ongoing for all staff on the system which has been facilitated by our IT midwife, Marie Hession CMM 2 and we would like to thank Marie for all her hard work.

Maternity Implementation Group

A Maternity Implementation Group has been set up to oversee the implementation of the recommendations of the recent NIMT and HIQA reports. The recommendations will be implemented in the five Maternity Units in the West / North West Group to ensure uniformity of service to all women attending for care.



Neonatal Unit Art Work

The neonatal staff and Margaret Flannery, Arts Co-ordinator are working together to choose suitable art work for the Neonatal Unit. The funding for this was raised by the mum of a previous NICU patient who requested that it be used for this purpose. Various artists submitted proposals with one submission favoured by the majority of all staff. This artist will be developing her proposal further and submitting her cost in the near future. This art will greatly enhance the Unit and make it a more relaxing place for anxious parents.

WOMEN'S AND CHILDREN'S DIRECTORATE

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

Outreach Smear Clinic

Nursing/Midwifery staff from the Colposcopy Clinic, University Hospital Galway have started an outreach smear clinic at Portiuncula Hospital Ballinasloe. The clinic is to facilitate women from the midlands who have previously had to travel to Galway for follow up smears. The first clinic took place on Friday afternoon, 24 May and was very well received by the women. Initial plans are for 2 sessions per month but this will be reviewed depending on demand.

The outreach smear clinic has been developed with the support and cooperation of Nursing management, Administration, Information Technology and Laboratory staff and Consultants from both sites. Dr Grainne Flannelly, Clinical Director of Cervicalcheck the National Cervical Screening Service has supported the initiative and given guidance on quality assurance. We are working together to achieve the aim of cervical screening which is to reduce the incidence of and mortality from cervical cancer in Ireland and particularly with this clinic in the midlands.

Audit of attendees at Galway Colposcopy Clinic revealed that 23% of women referred are from the four counties, Roscommon, Offaly, Westmeath and Longford. Portiuncula Hospital is more accessible for these women.

Therefore the advantages of the outreach clinic include:

- Financial implications. The majority of women attending the colposcopy service are mothers of young children. A trip to Galway often means that they have to pay babysitters and incur a significant cost for travel.
- Work days. The time taken to travel to Galway and back often means that women have to take at least a half day off work (an early morning smear clinic is also provided at Galway Colposcopy Clinic).
- Parking. Difficulty with parking at the very busy University Hospital is cited every day as a major problem for women attending the clinic. By taking some of the traffic away from UHG it is hoped to ease congestion.
- Non attendance. The clinic non attendance rates (7.4% for reviews) are within the nationally recommended guidelines (<15%) however further reductions are always desirable. Women who have had treatment for precancer of the cervix are 5 times more likely to develop precancer and /or cancer than the general population so they are a very important group to follow up.

Operating system

Information Technology teams from both Hospitals have worked together and set up a link to the UHG Patient Administration System and this means that women can be registered in real time. Mediscan is the clinical system that is used in Colposcopy and a secure link to the system has been installed from the clinical room in Portiuncula outpatients. Therefore there is no necessity to take the clinical notes to Portiuncula Hospital.

WOMEN'S AND CHILDREN'S DIRECTORATE

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

Outreach Smear Clinic (contd.)

Smear specimens are processed by medlab diagnostics so they are sent to the Sandyford laboratory by registered post. Results are sent directly to the Colposcopy clinic in Galway and results forwarded to women by the smear taker. The microbiology laboratory at Portiuncula Hospital have agreed to process swabs should there be a need to take swabs at the time of smear taking and results will be forwarded to the Colposcopy clinic.

Conclusion

This service has been developed to facilitate women without compromising patient safety. The women that attend the Portiuncula smear clinic will receive the same standard of service that they would have received at the clinic in Galway. This includes the smear being taken by a fully qualified nurse colposcopist. Failsafe checks will be carried out to ensure that results are received from the laboratories and will be communicated to the woman and her General Practitioner. A guideline has been developed and is in the final stages of signoff before uploading on QPulse. An audit will be performed when the clinic has been up and running for at least six months to assess satisfaction with it and review attendance figures.

I would like to acknowledge the hard work and team effort from Midwifery/ Nursing, students, HCA, Clerical, AHP, Medical, Cleaning and catering staff throughout the past year.

I wish everyone a happy and peaceful Christmas and best wishes for 2014.

Una M Carr, Assistant Director of Midwifery/Nursing, Women's and Children's Directorate

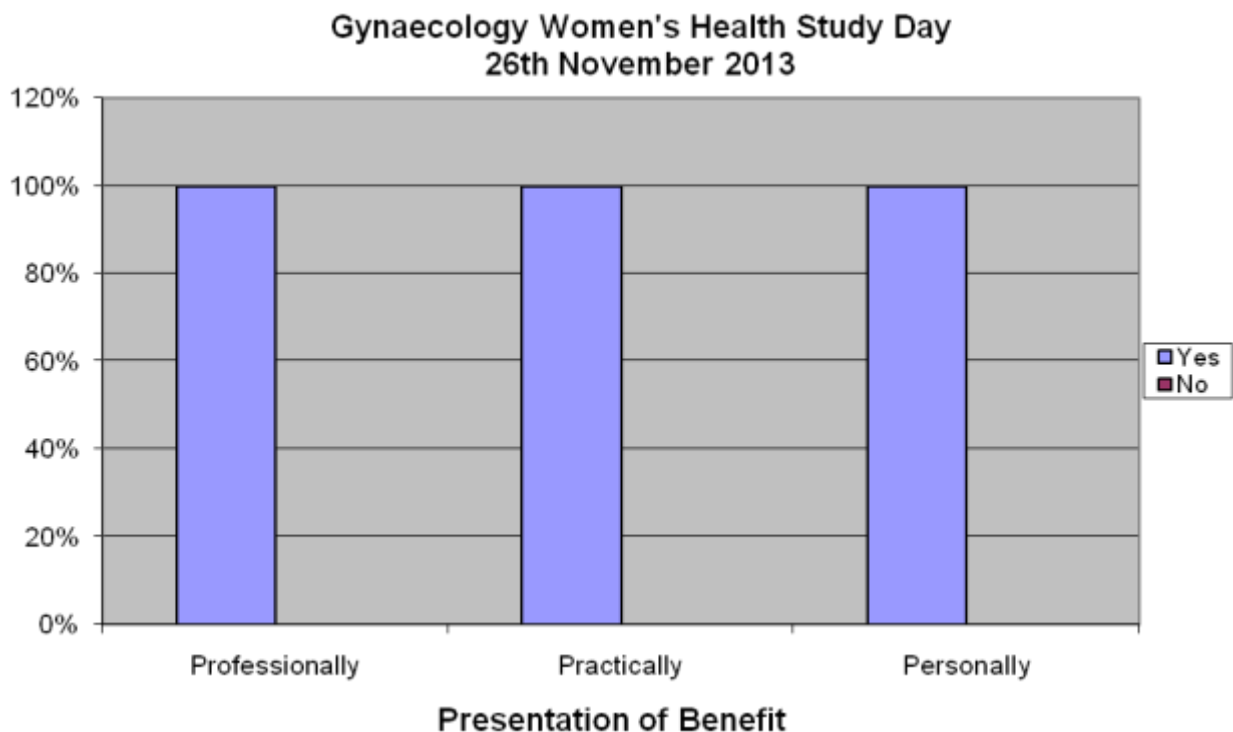
WOMEN'S AND CHILDREN'S DIRECTORATE

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

Gynaecology Women's Health Study Day

This study day took place on the 26 November in Classroom 1, Nurses Home, to facilitate the large attendance. Thirty four attendees consisted of clinical midwifery staff from UHG, practice nurses and G.P.s' from the Community. The aim of the study day was to provide education and updates on issues from diet and appropriate weight gain in pregnancy to complications of early pregnancy including pain, bleeding, hyperemesis gravidarium and bereavement. Also included were gynaecological issues ranging from infertility investigations, the SATU service, urinary incontinence and bladder care to cervical screening, cervical, uterine and ovarian cancers. All of these sessions were facilitated by experts in their fields. These study days enhance communications and relationships between primary and secondary care, thus streamlining care given to women.

This study day was very positively evaluated and it is hoped to hold a similar Gynaecology Women's Health Study Day in Spring 2014.

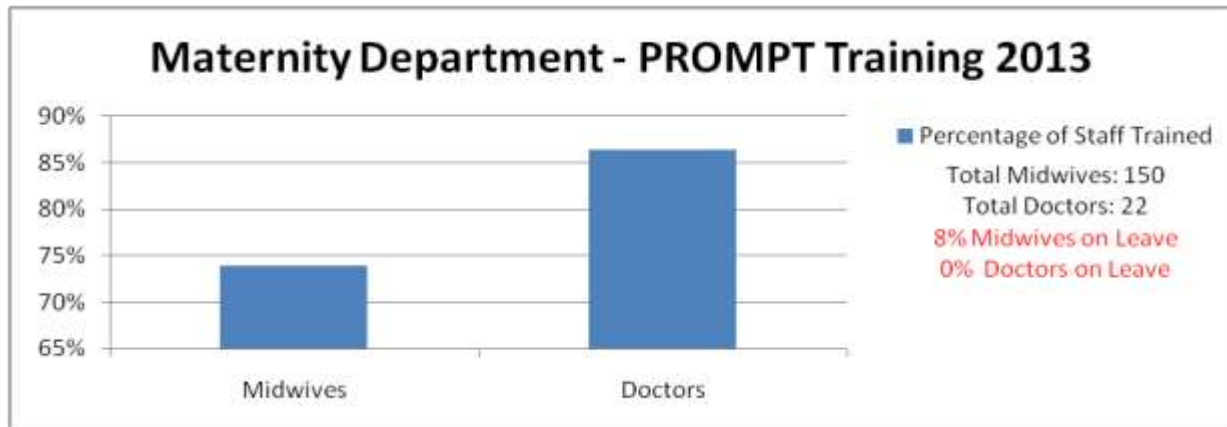


WOMEN'S AND CHILDREN'S DIRECTORATE

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

Multidisciplinary Professional Development in 2013

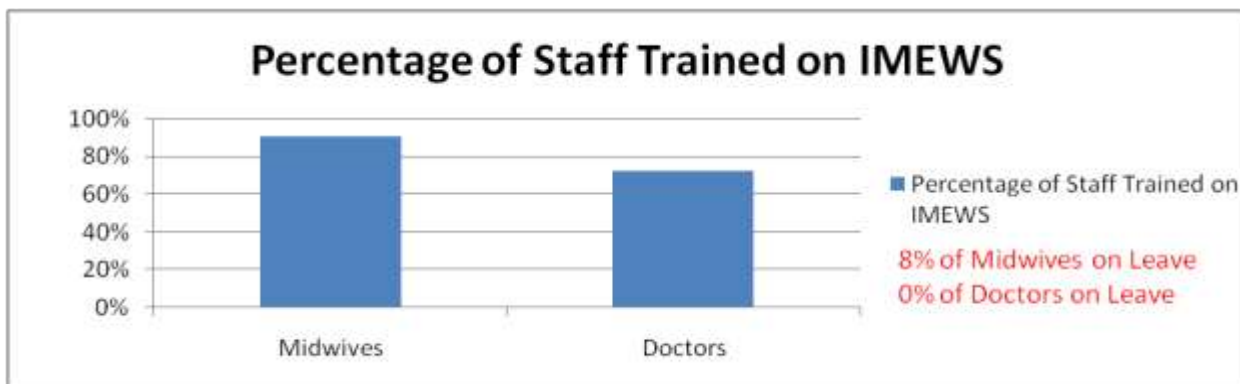
During 2013, six multidisciplinary staff training sessions commencing in May and one further session planned for 11 December. Below is a breakdown of staff that have attended thus far. Practical Obstetric Multi Professional Training is mandatory for all staff on a two yearly basis. This training has been very positively evaluated.



IMEWS Training

Other education sessions held included training on the use of IMEWS commenced in April 2013 and below is a breakdown of all staff who have been trained thus far.

Neonatal Resuscitation Provider Course



Ten courses were held in 2013 and facilitated eighty-seven midwives, paediatric and neo-natal staff. This course is mandatory every two yearly.

CTG

Five Cardiotoco Graph (CTG) sessions were held in 2013 and facilitated by Professor Declan Devane for staff in the three maternity units in the group.

Other Courses include: Breastfeeding refresher; Perineal repair; STABLE; Sepsis

Margaret Coohill, Midwifery Practice Development Co-Ordinator.

THEATRE ANAESTHETICS AND CRITICAL CARE DIRECTORATE (TACC)

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

This is the final news letter from the TACC directorate, we have now amalgamated with surgery; this group will become the Peri-operative directorate In line with the development of the group structure across the West / North West. Dr Paul Naughton has accepted the role of Clinical Director. We are delighted to welcome Paul back into this role and look forward to working with this new structure to fully integrate the West / North West hospital group.

We would like to thank Dr John Bates, interim clinical Director TACC, for his contribution and support over the past number of months and look forward to continued collaboration with John on the various projects that have commenced. John has made a very valuable contribution to the *Productive Operating Theatre* and we are delighted to hear that he will remain involved.

We would also like to wish outgoing clinical Director for Surgery Mr Karl Sweeney all the best and thank Karl for his considerable contribution and support during his tenure as Clinical Director for Surgery.

Plastic Surgery Procedure Unit

The Plastic Surgery Procedure Unit celebrated its 1st Birthday recently. Since opening last year, this unit has seen and treated 1760 patients, this has had a considerable impact on reducing waiting times for procedures such as soft tissue and digital nerve repairs, laser surgery and surgery on benign and malignant skin lesions. Patients being accommodated includes Trauma and Elective cases. We are currently reviewing our operational policy to expand and develop this service further; we plan to increase capacity on a phased basis in line with resource allocation, and to accommodate appropriate regional block patients in line with anaesthesia recommendations.



Photo above of team:

From Left to Right: Dr Maeve McAllister, intern; Dr Stephen Murphy, SHO; Clodagh Hickey, Staff Nurse; Dr Conor Sugrue, Registrar and Dr Ann Marie Kennedy, SPR

THEATRE ANAESTHETICS AND CRITICAL CARE DIRECTORATE (TACC)

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

The Productive Operating Theatre

TPOT

'Coming together is a beginning, Keeping together is progress, and working together is success'

Henry Ford

The Inventory Management Top up System is proving extremely successful and we would like to thank the store personnel for helping to implement same. As a result of Top Up in the general store to date we have returned stock to the supplies department to the value of €37,000 due to not over stocking, as well as this more time is being released to patient care as the CNM is no longer involved in ordering the weekly stock.

Several innovations are in the pipeline to improve the efficiencies in the theatre complex by looking at extrinsic factors, such as admission times. Theatre staffs are working with ward staff to see how we can improve the flow /pathway /experience of the patient.

The theatre data sheet has been reconfigures and now we are looking not only at the end of surgery time but also the end of anaesthesia, this gives a more accurate picture of theatre utilisation which is presently at 80%(NHS Bench Mark 77%).

Unfortunately the project of transferring the H.S.S.D to the fourth floor did not prove successful in practice but now we are reassigning the storage space to seldom used consumables

Prof Frank Keane – Clinical Lead-National Clinical Programme in surgery (NCPS) Emeka Okereke-NCPS Programme Manager and Martha Ni Chuanaigh met with members of the Executive Management team to discuss how GUH can become a TPOT focus site. There is a lot of work ahead but with the New Year approaching hopefully will bring changes to implement the perfect working day.

- Standardisation and sustainability of key areas within the theatre
- Adaption of the National Policy and Procedure For Safe Site Surgery

On Behalf of theatre I would like to wish all a very Happy Christmas and a Prosperous New Year

Breeda Cahill Program Leader TPOT

THEATRE ANAESTHETICS AND CRITICAL CARE DIRECTORATE (TACC)

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

Pre admission assessment and Theatre Admission Lounge

The number of patients seen at the pre-assessment clinic is increasing on a weekly basis. Day of surgery admission has improved from 48% - 51%. We are currently running 5 clinics per week which are anaesthesia delivered and providing a service to Urology, Vascular, Breast, GI, Plastics and ENT. The nurse led service is developing also with great enthusiasm from Lead nurse Ms M Feehan.

Physiotherapy has also commenced supporting the Pre Assessment Service. At present Deirdre and Thomas Samuel are involved in a 3 month trial of delivering a class once a week to patients being worked up for prostate surgery. The decision was made based on increased Physiotherapy referrals of patients with continence issues following prostate surgery plus an audit which showed only 13% of patients had understanding of the importance of Pelvic Floor Exercise post surgery. This class includes

- Basic anatomy of prostate and surrounding structure
- Implications of prostate surgery on urinary continence
- Pelvis Floor exercises
- Lifestyle advice.

Deirdre and Thomas have completed further education in this area are delivering these classes which to date are proving successful. On completion of this trial period there will be a re-audit which we anticipate will prove the efficacy of this intervention.

Dietetic service and focus on enhanced recovery is also very positive and a key part of a quality multidisciplinary service.

We would like to congratulate our clinical lead Dr Jennifer Mc Elwaine on the birth of her beautiful baby daughter Juliette in October.

Also a big thank you to Cardiology, Cardiac Investigations and radiology for all the support given to this service since development.

Many thanks to interim lead Dr B Hart who is holding the fort pending the return of Dr Mc Elwaine.

Development of Chronic Pain interventional lists MPUH

Two additional intervention pain lists have commenced in MPUH since October, to assist with addressing the current in-patient PTL SDU waiting lists. This addition is a welcome development for the group structure in line with the smaller hospitals framework and has greatly assisted with reaching our waiting list targets. We wish to thank our nursing colleagues in Hospital 1, the pain team and our radiography colleagues for their support in getting this off the ground.

THEATRE ANAESTHETICS AND CRITICAL CARE DIRECTORATE (TACC)

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

Patient Safety: Play your part

Reporting near-misses and incidents

There are a number of reasons for reporting near-misses and incidents: key amongst them are to learn, and therefore reduce the risk of recurrence, and to inform our insurers of harm having occurred. Both of these reasons are vital in order to be able to demonstrate that we have robust quality and safety practices in place. This is a requirement for meeting the National Standards for Safer Better Healthcare (HIQA 2012). Furthermore, the need to report events to our insurers, the State Claims Agency, is mandatory and applies to all staff who have become aware of a safety issue.

The hospital's near-miss and incident reporting is now managed on Q-Pulse. For any queries relating to Q-Pulse training, and any other q-pulse matters, please contact the help desk at support@hci.ie or 1890 424999 (9-5; M-F).

In-house Quality and Safety support is provided by the staff of the Hospital Group's Quality and Safety Department. The Quality and Safety Co-ordinator for TACC is Lisa Walsh, who can be contacted by email on lisa.walsh@hse.ie or 0909648315 (M-T, when working in Portiuncula).

Wishing you all a safe and happy Christmas and New Year,

Lisa Walsh - Quality and Support to TACC Directorate

Adult retrieval service

Galway is one of 3 national centres to received funding to develop an adult retrieval service in 2013. Implementation of this service interfaces with most clinical programmes. A national retrieval steering committee has been established and is chaired by Dr Geoff Perring, Consultant Paediatric Intensivist at Sheffield Children's NHS Foundation Trust hospital UK. Retrieval implementation will be led by Dr Geoff King.

Dr Geoff Perring and Dr Rory Dwyer interim National Clinical lead visited Galway in October to discuss the development of this programme locally. We have confirmation of funding for and are currently undergoing recruitment for Medical & Nursing posts. We look forward to developing this service in the new year in line with the recruitment process. Dr Kevin Clarkson Consultant Anaesthetist is Clinical Lead at GUH.

THEATRE ANAESTHETICS AND CRITICAL CARE DIRECTORATE (TACC)

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

Audit

Clinic Audit presentation on 08 November saw 1st prize going to the Critical Care team for their presentation on: Therapeutic hypothermia post cardiac arrest: A re-audit of admissions to ICU following cardiac arrest. This audit was presented by Ms A Mc Glynn ICU Audit Nurse.

Contributors Dr John Bates Cons Anaesthetist, Anita McGlynn ICU Audit Nurse, Dr Hannah Kelliher ED Registrar, Una Folan ICU Audit nurse.

Outcome: Following this audit, local guidelines for therapeutic hypothermia (HT) post cardiac arrest were adopted (Oct 2011) and an external cooling system was purchased for use in the ICU. Complete audit now available on Qpulse.

Congratulations and well done to the team involved in this!

Photo on Right:

Ms A Mc Glynn 2nd from left presented with 1st Prize with Ms C Higgins and Dr B Rutherford and



Critical Care/ Physiotherapy

Congratulations to Deirdre O'Dowd who commenced in her position as Clinical Specialist Physiotherapist in Critical Care this November. This is an essential post in Critical Care, as it brings expert clinical skills to the area in keeping with current evidence based practice also applying outcome measures to evaluate efficacy of treatment and quality of care. We wish Deirdre well in her new position.

We are also pleased to have acquired new AIRVO appliances which will improve patient care and comfort by supplying the patient with warmed humidified oxygen which is proven to reduce the tenacity of sputum thereby facilitating the patient to maintain independent expectoration of secretions.

TACC directorate would like to acknowledge all the help and support received in the past number of years from all departments within the hospital.

Congratulations to our colleague Ailish Mohan on the birth of her beautiful baby daughter Ellen.

We wish you all a very happy and peaceful Christmas and look forward to the New Year with renewed vigour and focus for development of the Peri-operative directorate.

LABORATORY DIRECTORATE

Damien Griffin, Clinical Director; Judith McLucas, Business Manager

Professor Gene Connolly retires from Pathology, GUH

In June of this year, Professor Gene Connolly stepped down from an extensive and successful career as a consultant histopathologist at Galway University Hospital. At a farewell tribute in the Department, a trip was taken down memory lane to acknowledge the career of a valued, popular and highly thought of colleague in Histopathology who will be missed by all colleagues.

Gene Connolly joined the staff of the Pathology Department of GUH in 1974. He very quickly established himself as a valuable colleague popular with all members of the department. Over the years he introduced the department to his highly successful colleagues across the world such as Professor Michael O'Brien eminent pathologist in Boston whom he, in fact, mentored as he started out on his training road. Similarly with Dr Shaun Walsh, consultant in Ninewells Hospital Dundee, Scotland, Dr Ken Feeley consultant in Tralee, Dr Fadel Bennani consultant in Mayo and of course Gene encouraged and fostered the careers of several of the consultants currently incumbent in Galway University Hospital.

Gene enjoyed socialising with the staff enjoying the Annual 'socials' at Christmas supported by his wife Patricia who has been with him as support through his career and who has become a friend to many of the pathology staff over the years. Rumour is that Gene's social enjoyment is wine which is 'red but not French'!

Many stories abound out there of support Gene offered to staff, not just in pathology matters but as a life mentor. Fellow colleagues whose careers paralleled his in the Department include Marian Morris and Frances Devlin who fondly remember him encouraging Marion in her first foray to become a car owner.

Colleagues became firm friends who came out of their own retirement as Dr John Callaghan and Prof Ernie Egan joined the department in bidding a retirement farewell to Gene in June.

Over the years Gene has fostered the academic development of doctors of the future with his academic contribution to the medical school of NUIG, fostering also the pathologists of the future with significant contribution to the training programme of trainee pathologists in the department, passing on to them his own enjoyment of pathology, fostering them as they develop an 'eye' down the microscope and always being the source of 'ideas' when they were keen to do a project or develop a 'case report' from an interesting diagnostic case. In particular, Gene has continued (and still does after retirement) to be a supervising pathologist to trainees presenting at the annual Trainee Symposium of the Irish Society of Surgical Pathology, which of course Gene and Patricia attend, continuing to participate in and meet with longstanding colleagues.

My own first meeting with Gene and Patricia was in Newcastle 2007, at The Pathological Society of Great Britain and Ireland, an International meeting at which Gene is a regular attendee. I went on to take up a post in Galway University Hospital with BreastCheck and realised the wealth of knowledge and expertise Gene has in Breast Pathology. Gene became to me, in my first few years here in my post, a colleague with a valuable opinion, discriminating eye and a huge support in the development of the breast screening service in the West of Ireland.

LABORATORY DIRECTORATE

Damien Griffin, Clinical Director; Judith McLucas, Business Manager

Gene has many strengths as a pathologist, as a colleague and as an individual quite outside of pathology. He has left a significant footprint in the Pathology arena of Galway University Hospital and contribution to the careers of many pathologists today now themselves practising with successful careers.

It is difficult to capture in a short summary his attributes as a highly accomplished pathologist and mentor in the careers of so many people. Perhaps his astuteness as a pathologist is best summarised in the words of one of his own poems published in the Journal of Clinical Pathology where he summarises what pathology and the role of a pathologist really is all about "Ode to a Pathologist" (see next page).

Good luck Gene and Patricia in your retirement.

**Margaret Sheehan
Pathology Department, GUH**



Photo Above:

(L-R) Prof. John Callaghan, Consultant Histopathologist, Ms. Marion Morris, Senior Medical Scientist, Prof. Gene Connolly, Consultant Histopathologist, Ms Frances Devlin, Senior Medical Scientist, Prof. Grace Callagy, Consultant Histopathologist, Dr Caroline Brodie, Consultant Histopathologist.

LABORATORY DIRECTORATE

Damien Griffin, Clinical Director; Judith McLucas, Business Manager

Ode to a pathologist Or Red and blue

Red and blue, What a glorious hue,
Fushia in Connemara, Hydrangea in Kew,
But an H&E slide,
What a wonderful view!

Radiology scans are like night and day, Black and white and shades of grey,
Roses are red, violets are blue, Pathologists have a rainbow view,
Red is good and blue is bad,
Cancer cells are scantily clad!

Tumour cell are small and mean, Can disguise themselves and not be seen,
Hide in every nook and cranny, To find – we have to be so canny,
Levels, Specials, Immunostains,
Hide and seek – we take such pains!

Examine a DNA with FISH, Hope to get the result we wish,
Translocation 2 to 5, ALK will keep the cell alive!
Mutation of c-Kit?, Glevec will be a hit,
Amplification of Her2?
Herceptin is good for you

MDMs are now the rage, The pathologist centre stage,
But - remember, cut the levels through the block, Or you'll regret it at Triple lock,
Never think you know it all ..., For pride doth come before a fall,
Humility in the daily grind
In the search for truth keep an open mind

Recognising a tumour cell can be hard to do, Despite all of the science it can still fool you,
A tumour is more than the sum of its parts,
Tissue diagnosis is one of the Arts!

Monet red and MANET BLUE, Pathologists are impressionists too,
GESTALT, the name of our mind game,
Cell colour and shape might look the same,
But Interpretation - is on an abstract plane.

Professor Gene Connolly

Information Technology Update

It's been a few months since I updated you on ICT and a lot has happened in the meantime. The ICT Steering Committee (membership below) meets every 6 weeks approx. The committee:

- Mr Maurice Power, CFO, Chair
- Group Board Member – Mr John Killeen
- Mr Bill Maher, CEO, Group
- Mr Tony Canavan, COO, Group
- Dr Pat Nash, Group Clinical Director
- Dr Donal Reddan, Clinical Director for Medicine
- Ms Collette Cowan, Group Director of Nursing
- Ms Jean Kelly, Director of Nursing GUH
- Fran Thompson –Director of ICT, HSE
- Martin Molloy, IS Manager GUH

The membership will be further strengthened in 2014. All significant proposals and projects must be processed through the ICT Steering Committee. The Group aim is to appoint a Chief Information Officer as soon as possible and the committee are focused on a range of strategic projects that are currently being progressed:

ICT Strategy – the W/NW Hospitals Group will work closely with the Systems Reform Unit (SRU) DoH in developing the roadmap towards the Electronic Patient Record. The steering committee are also reviewing current systems and how best we go forward – particularly with Group PAS in mind.

Electronic Medical Record – using Document Scanning (to reduce dependence on paper).

A steering group has been formed under the chair of COO Tony Canavan with the mandate to:

- a. Set up a national procurement framework for Electronic Medical Records;
- b. Procure an Electronic Medical Record and associated scanning solution for West/North West Group.

The steering group met for the first time in Nov 2013 and will meet monthly from now on. A separate communication will issue on this.

Oncology Information System – the current system in Radiotherapy and Medical Oncology is no longer well supported/enhanced and a tender for an upgrade/new system will be issued shortly covering Galway and Cork (joint project).

Emergency Department Information System – the Group will lead out on the procurement of a national ED system and further details on this will be announced soon.

Radiology Information Systems – the Group have 3 Hospital with NIMIS (national solution) and 3 Hospitals using Agfa. A solution will have to be found where images and reports can be shared easily.

MedLIS (Medical Laboratory Information System) – National

Galway Labs have submitted a bid on behalf of the Group to MedLIS Steering Committee expressing interest in becoming the pilot for the country (in response to invitation from national group).

Data Quality Strategy

Can we trust our data? A data quality strategy is being developed and will be made available to all staff soon. There are a whole range of other projects being progressed across the Hospitals. If you want further details on these contact Martin Molloy or your local IT Manager.

ESTATES UPDATE

Sligo Regional Hospital

Emergency Department

Minor upgrading work has been ongoing in the at Sligo Regional Hospital since the end of September under funding provided under the National ED Improvement Programme. The upgrade is being carried out in three phases (Phase 1 and 2 have been completed).

Phase 1 - involved the current Theatre Operation Area becoming a Minor Injury Area accommodating 3 bays. The Scrub up Area has become the new Plaster Area.

Phase 2 created a dedicated treatment and waiting area for children.

Phase 3 – a secondary Triage Area has been developed along with a redesigned reception desk space and toilet facilities. All works will be completed in December



New CT Scanner

Sligo Regional Hospital has installed a new CT scanner, a 128 slice Philips Ingenuity CT, with low dose reconstruction methods. This will mean that every scan is of optimal image quality at low doses. It is also a cardiac enabled CT scanner capable of CT angiograms and calcium scoring which is a service we hope to offer in the future.

The scanner is a welcome development for the hospital as it replaces a 12 year old scanner which has been unreliable for a couple of years. Major infrastructural work was required in advance of its installation and a mobile unit has been rented to ensure service continuity while works, installation and training are ongoing. Staff are undergoing training at present and the scanner will be operational for general use in January.



ESTATES UPDATE

Roscommon Hospital

Endoscopy Unit

The development of an endoscopy unit for Roscommon Hospital is progressing well. Planning permission was granted in June 2013 and the tendering process is in progress with an anticipated start date of April 2014.

Pre-Determined Landing Zone

Work was completed recently by the Maintenance Staff on the provision of a Pre-determined Landing Zone for the Air Ambulance (Helicopter Service). Discussions took place with representatives from the Air Corps and the Ambulance Service which resulted in the cleaning and tidying up of the tennis courts at the rear of the hospital. The work involved the levelling of the tennis courts, removal of fencing and a general tidy up of the area adjacent to the tennis courts, which has now resulted in a safer and designated landing area for the helicopter.



Photo Above :

View of proposed Pre-determined Landing Zone prior to ground works

Photo to Left :

Helicopter landing at finished Pre-determined Landing Zone

Portiuncula Hospital

Endoscopy Re-Processing Project

The Endoscopy Re-processing Project commenced in August 2013. An area in the HSSD has been configured to facilitate scope reprocessing. This new facility incorporates a Decontamination Room and a Clean Room for the complete re-processing of flexible endoscopes. The unit is fully equipped with Automated Endoscope Washers, variable height wash stations and Drying Cabinets. In addition there is a dedicated RO water Unit to support the pass through Automated Endoscope Washers. This unit is currently being commissioned and it is expected to be operational in early January 2014.

ESTATES UPDATE

Mayo General Hospital

Renal Dialysis Unit at Mayo General Hospital

The Taoiseach, Enda Kenny, officially opened a newly refurbished and extended Renal Dialysis Unit (RDU) on Monday 16 December 2013. The unit has been entirely refurbished at a cost of €2m and now provides fifteen stations including two isolation rooms. It has increased the capacity of the RDU by four treatment stations and will provide extra capacity for up twenty additional patients per week.



Photo Above:

An Taoiseach, Enda Kenny TD with Elma Magner Moran, CNM at the unveiling of the plaque. Front row, Cllr John O'Malley, Chair of Mayo Co Co and Dr Donal Reddan, Group Clinical Director for Medicine and Consultant Nephrologist.

ESTATES UPDATE

Mayo General Hospital

Cystic Fibrosis Unit at Mayo General Hospital

The Taoiseach, Enda Kenny, also turned the first sod on the site of a new day care and outpatient Cystic Fibrosis facility for adults and children at MGH during his visit to the hospital on 16 December.



Photo Above:

Caroline Heffernan, Cystic Fibrosis Ireland Patient Advocate; An Taoiseach; Joe Brolly, Cystic Fibrosis Ireland supporter; Michelle Mulherin TD; John Coleman, Chair CF Ireland; and Martina Jennings, CF West.

ESTATES UPDATE

Galway University Hospitals

Interim Ward Block

Due to market place conditions, the plan to progress this project on a design build basis has been abandoned. It is now being progressed on the basis of completion of full design process and awarding a contract for the main build.

Further to the 75 Bed ward Block project an RFT Notice has been placed on the E-Tender and OJEU websites in mid November, seeking main contractors under a Restrictive process.

CRF/TRF

The CRF /TRF project commenced on site on 16 September, 2013. Work to date has been mainly on enabling works with the main project commencing in December, 2013.

Paediatric Cystic Fibrosis OPD

The tendering process is complete and funding agreed in relation to the progression of this project which will provide enhanced facilities for Paediatric patients with Cystic Fibrosis. Signing of contracts and turning of the sod took place on 10 December, 2013.



Photo on Left:

At the sod turning for a new Paediatric Outpatient Unit for patients with Cystic Fibrosis at Galway University Hospitals.

From left: Mary Lane Heneghan, Chair of Cystic Fibrosis Galway; Maureen Fitzhenry; Marian Keane and Bill Maher, CEO, West / North West Hospitals Group.

Marian Keane, who turned the sod for the new unit, and her mother Maureen Fitzhenry are donating the proceeds from the sale of a house that was bequeathed to the family to Cystic Fibrosis Galway which in turn will part fund the new unit.

Temporary relocation of Helipad

The Part 8 Planning application for the temporary relocation of our helipad was successful and passed by the Council at its November meeting. Work is now progressing on the tender and plan for creation of temporary helipad. The picture below shows the location of existing helipad and proposed location of temporary helipad.

ESTATES UPDATE

Letterkenny General Hospital

Rebuild Projects

The re-instatement of hospital departments flooded in late July kicked off in earnest on 11 November with the commencement of two major rebuild projects, namely the Emergency Dept/Acute Medical Assessment Unit and the Pharmacy projects. The Emergency Dept/Acute Medical Assessment Unit rebuild project includes the ripping up of flooring, the removal of all contaminated surfaces, the reinstatement of damaged wiring etc, and the refitting of all surfaces with the Emergency Dept due to reopen in mid March 2014.

The Pharmacy Project will see the creation of a modern, purpose built department that is designed to support a busy modern hospital. This project was designed and planned before the flood in late July and was put on hold to allow the re-instatement of patient services at the hospital after the flood. The current Pharmacy project also includes the re-instatement of a portion of the hospital that was damaged during the flood and will see the Cardiac Investigations Dept and the Pulmonary Lab rebuilt and available for patient services in early March 2014. Consideration is also being given to extending the Pharmacy Project to include parts of the office accommodation and the Medical Records Department.

The massive task of rebuilding Letterkenny General Hospital has been divided into 11 more manageable projects which are co-ordinated locally by the Hospitals Projects Group chaired by the General Manager, Sean Murphy and which makes recommendations to the Major Rebuild Steering Group which is chaired by Bill Maher, Group CEO. The Hospital Projects Group includes the Project Leads for the 11 rebuild projects and Infection Control with a significant input from the Estates Dept.

Interim Out-Patients Department

The Interim Out-Patients Dept which is now located off the hospital campus in Scally Place, adjacent to the Courthouse in the centre of Letterkenny Town opened on 09 December. The premises has undergone significant changes and upgrade over the past few weeks and has been reconfigured to allow the opening of 27 modern dedicated clinic rooms with waiting areas and the necessary support accommodation. The location of a busy Out-Patient Dept off the hospital campus has created challenges and the Hospital Out-Patients Dept Project Team chaired by Noreen Harley, Assistant Director of Nursing has worked extremely hard to ensure that the premises is fit for purpose and that all logistical matters are dealt with. A great credit should also go to all hospital staff who, have shared the common goal of continuing to provide out-patients services for the people of the North West in less than ideal circumstances since the flood in late July, and who will continue to support these services in this new interim facility.

Restoration of MRI

Availability of certain categories of MRI, particularly for inpatients, has been a major challenge for LGH since the flood. Given the timescale to deliver a full restoration of services within the Radiology Department it has been agreed to develop a solution that will allow the hospitals MRI suite to be refurbished on a fast track basis, being accessed by a new "clean corridor". The target to reopen the MRI at LGH is February 2014, a precise date is not currently available from Estates or Clinical Engineering.

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.