



Portiuncula – Breathe Easy, We’re Smoke Free

L to R: Máire Kelly, Clinical Support Services Director; Lizzy O’Sullivan, Dietitian; Denis Minton, Director of Resources; Peter Finnerty, Portering; Margaret Casey, Director of Nursing; Marita Fogarty, ADON and Deputy Director of Care; Dr Joel Kavanagh, AMAU Consultant; Dr Killian Hurst; Dr Michael Brassil, Clinical Director; Maeve Doherty, Dietitian Manager; and Chris Kane, General Manager.

The hospital campus went Smoke Free on 02 December 2013. An Implementation Team was established including a service user representative. 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!

For more on our feature hospital, Portiuncula – go to page 14 ➔



Chris Kane, General Manager and Denis Minton, Director of Resources

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NEXT ISSUE

The next issue will feature Sligo Regional Hospital and “HIQA standards for safer, better healthcare”. The content deadline is 24 March.

For feedback, comments and suggestions, please email newsletter.wnwhg@hse.ie.



Chief Executive Officer



Bill Maher, CEO

Welcome to the first issue of our 2014 Newsletter. You will see we have made some significant changes to the layout and content to make it more enjoyable and informative to read.

I hope you all enjoyed the Christmas and may I take this opportunity to wish you all a Happy New Year and best wishes for 2014.

As we move into the third year as a "Group" our extended Group "The West / North West Hospitals Group" now encompasses Galway University Hospitals (University Hospital Galway and Merlin Park University Hospital), Portiuncula Hospital Ballinasloe, Roscommon County Hospital, Mayo General Hospital, Sligo Regional Hospital and Letterkenny General Hospital. I use the phrase "our Group", because I want every member of staff in each hospital to feel part of this Group and be involved in its future success. I have no doubt that this year we will face many challenges but we did so last year and we met them.

It's been a busy first few weeks and Emergency Department pressures have placed a great strain on all our hospitals. However we have already made progress on a number of key areas and here are a few I would like to bring your attention to:

1. An integration team lead by Dr Pat Nash will soon be in place and will oversee the **integration of the seven hospitals** in the Group including the establishment of strong links with relevant Primary Care Areas and Academic Areas and you will be hearing more on these in our future editions in the Chief Clinical Director updates.
2. We are setting out our **Priorities for 2014**. These will form the basis of our Group Communication Strategy, determining individual hospital objectives and updating the Group on the delivery of our Service Plan for 2014.

3. We are setting out our **Key Performance Indicators for 2014**. These also form the basis of our Group Communication Strategy, determining Individual Hospital Objectives and updating the Group on the delivery of our Service Plan for 2014. Dr Pat Nash and Tony Canavan are working with the General Managers and Clinical Directors across the Group to develop key performance indicators for 2014.
4. We have now received our budget allocation and are facing further significant reductions. Maurice Power is working with the General Managers and Clinical Directors across the Group to develop **Financial Plans** and tackle various issues such as Money Follow the Patients, income generation, improving efficiency and reducing costs. This will be one of our biggest challenges and your help and support is most needed in this area.
5. Like last year our priority this year is to improve **access to services for patients** coming through the Emergency Department. Also we aim to maintain the inpatient waiting list targets which we met last year as set by the SDU and also to meet the outpatient waiting list targets, which will be challenging and again your help and support is needed in this area.
6. The preparation of the **Group's Annual Report** for 2013 is underway and will be launched at our April Board meeting.
7. Further to our ongoing discussions regarding **Corporate and Clinical Governance** a second workshop is taking place with the Executive Council and Directors of Nursing to review roles and responsibilities within the Group. This workshop is taking place on 05 February and you will be updated on developments in future editions.
8. While we wait for the procurement of "**Branding**" which Maurice Power is leading on, the **interim Logo** developed for our Partnership and Innovation Conference will be used by the Group Offices, General Managers Offices and Group Clinical Directors in the first instance; you will be hearing more about this from your General Managers and Clinical Directors.
9. Lastly, I am delighted to announce the impending visit of Minister Reilly to officially open our newly refurbished Emergency Department following the recent flooding at Letterkenny General Hospital. I hope it is the first of many visits in the future as we continue to develop the Group hospitals for our patients.

Looking forward to the next 12 months and updating you on our progress.

Kind Regards,
Bill Maher, CEO

Chairperson

On behalf of the Board may I first of all wish you a very Happy New Year and every success for 2014.

Last year, as a Board we achieved our two main governance objectives of having our expanded Board in place to coincide with the expansion of the Group to seven hospitals, and also held two of our meetings in public.

As we move towards becoming an independent Trust in 2015 we will hold Nine Board Meetings in 2014, one of which will be a Development Day for the Board. The first Board Meeting will be held on the 18 February at Croi House, Galway.

In 2014, like last year we will be rotating the meetings to ensure that we cover all of the hospitals in the Group as part of ensuring that the Board remains accessible and relevant to the populations we serve and to provide each Hospital with the opportunity to show case their services and see the progress they are making developing their Hospital as part of the Group.

Again we will hold two of the Board Meetings in public this year, one in Roscommon on the 13 May in the Abbey Hotel, and one in Mayo on the 2 September at a venue to be confirmed.

The purpose of the Public Board Meetings is to again ensure local ownership and local interest and transparency for the Board in the way that it does its business.



Noel Daly, Chairperson

As part of our Public Engagement Strategy and Partnership with our Primary Academic Partner we will be holding our Second annual conference on the 9 October in Castlebar at a venue to be confirmed.

You will be hearing more about the developments of the Board in future editions.

Best wishes,
Noel Daly, Chair

Chief Financial Officer

YEAR END 2013

The final expenditure figures for 2013 showed a total Group expenditure of €649m with an over spend on budget of €39m. However €7m of this related to expenditure incurred as a result of the Letterkenny flood, taking this into account the adjusted year end figure is a deficit of €32m. The major factors for the deficit include the incoming deficit from 2012, income pressures and patient related non pay costs. We made significant savings in payroll costs mainly due to HRA and despite service pressures we did manage to generate non pay cost savings of over €5m.

THE YEAR AHEAD

The graph below shows a breakdown of the budget received by each hospital for 2014. The Group received a total budget of €593m this reflects a reduction of €16m or 2.7% on last year. Significant cost reductions have been achieved in recent years through pay and staff numbers

management. This year a reduction in spend on overtime and agency will be critical in delivering overall pay reductions necessary to stay within our budget.

As well as pay reductions, negotiating price reductions with drug companies and other suppliers will be a key factor in driving our non pay costs down.

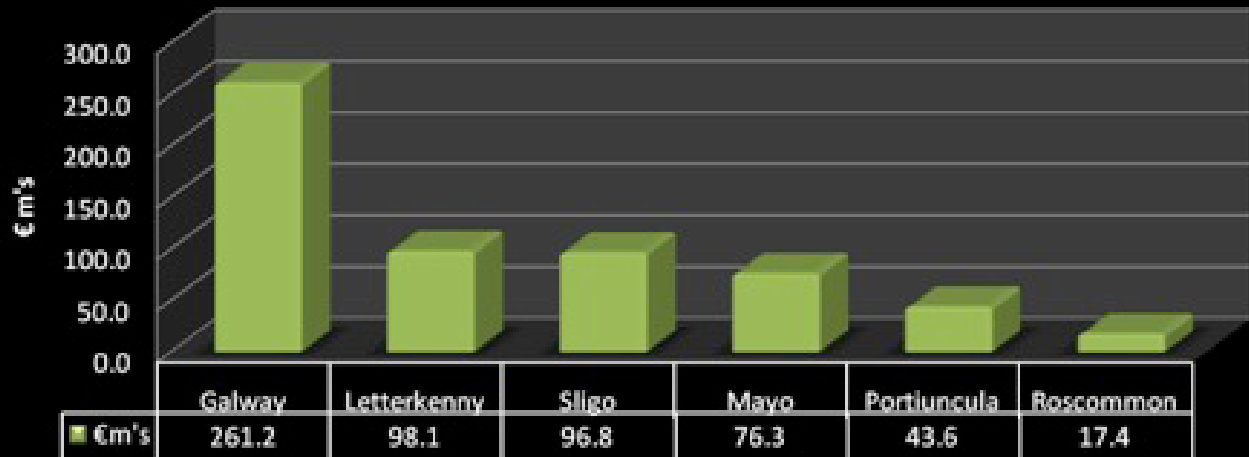
MFTP IMPLEMENTATION 2014

The Money Follows the Patient (MFTP) programme commenced on 01 January 2014 in the country's 38 hospitals participating in Casemix. MFTP involves moving away from a block grant budget to a new system where hospitals are paid for the actual level of activity undertaken.

How it works:

1. Hospitals will receive their full budget in 2014 as part of the normal budgetary process. →

Budget 2014



2. A major element of their budget will be 'earmarked' as MFTP. The amount to be earmarked will be determined based on inpatient and daycase work. The balance of the budget will be regarded as a normal block grant. For example if the budget is €593m, €486m is 'earmarked' for price and volume analysis under the MFTP system, leaving €107m for non MFTP services.
3. The MFTP component of the budget will be analysed on a quarterly basis.
4. The target MFTP activity figures are computed with adjustments from our 2012 activity levels.

We will update you on our performance on a quarterly basis.



Maurice Power,
Chief Financial Officer

CLAIMSURE

Claimsure is implemented in GUH in 2012 and Sligo and Portluncula in 2013. We plan to roll out the system in Mayo and Letterkenny during 2014.

ICT

The ICT Steering Committee meets approximately every 6 weeks and will be further strengthened in 2014. All significant proposals and projects will be channelled through the Committee. The committee are focused on a range of strategic projects including:

- Development of ICT Strategy
- Electronic Medical Record
- Oncology Information
- Emergency Department Information System
- MedLIS (Medical Laboratory Information System)

Maurice Power, Chief Financial Officer



Caption: Paddy Brown, CNS, GUH receiving his bursary from Damian Dyar, partner of Anna May Driscoll

Group Director of Human Resources

'HAVE YOUR SAY' - EMPLOYEE ENGAGEMENT SURVEY.

The preliminary results from our first Employee Engagement Survey - 'Have Your Say' were delivered to the Group Executive Council in December.

It is reassuring to report that many of our staff saw fit to share with us their views in significant numbers – in fact, 1,600 of you completed the survey and informed us on a whole range of issues and we thank you for taking the time to do so. This is both a statistically relevant and organisationally significant response rate when all factors are considered, and when compared with similar surveys conducted both within and outside the public health sector.

The survey is a very valuable source of useful and important information and it can assist us in improving services to patient. There are a lot of positives emanating from the survey and, as expected, a number of areas that require our attention and a progressive response from management.

Very brief overview of some results:

- 53% of staff expressed contentment in working in the Group.
- 58% of staff feel that no one has talked to them about their progress in the last 6 months, only 23% feel they have.
- Only 30% know generally what the Board of Directors does.
- 57% of staff feel the organisation doesn't deal with poor performers.
- Only 40% feel change is managed well.
- 38% feel they are valued as an employee.
- 89% of staff feel they have a clear understanding of their responsibilities and duties.
- 73% get personal satisfaction from their work.
- 71% feel their supervisor is approachable. ➔



John Shaughnessy,
Group Director of Human Resources

- 67% say there is a friendly work environment.
- 62% feel the hospital has strong values around patient care.

The detailed analysis of the data is now underway and the Executive Council will consider what priorities should be identified for attention. It is clear from the above though that there is a lot of work to be done.

Implementation Steering Groups will be established on each site to progress the aspects identified for attention and to enable improvements in areas which are seen as priorities. Staff are invited to assist in these Groups and to help us give expression to the improvements they have identified. Action Plans will be drafted and every effort will be made to bring about change and development throughout the 18 months or so from January 2014 onwards.

There will be more detailed information for each hospital made available to employees and we will communicate further with respect to the survey's findings. Any staff interested in assisting in the next stage are invited to contact their local General Manager to advise of their availability.

We will go back to our staff again in mid- to late-2015 to seek their views of what we have done in response to 'Have Your Say'.

HAND HYGIENE TRAINING

As you are aware we have been tasked with ensuring all staff receive training in Hand Hygiene practices and are compliant in the application of this training at all times. The West / North West Hospitals Group are focused on achieving this target by April 2014. We appreciate that this is a huge task however this has to be a priority in order to ensure that Patient Safety and Quality of Care is not compromised. It is a requirement that all employees attend hand hygiene training every 2 years. If you would like to arrange training for your Ward/Department please contact your local Infection Control Team as soon as possible. When attending training please ensure that you have your personnel number with you to enable accurate and comprehensive recording on your training file.

ANNA MAY DRISCOLL AWARD

In January Paddy Browne, Clinical Nurse Specialist, GUH received a Learning Bursary from the Anna May Driscoll Foundation. In addition, Kathleen Mollahan (RCH), Mary Farrell (RCH), Maura Molloy (GUH) and Mary Mahon (PHB), were runners up.

The purpose of the award is to encourage Nursing Staff to take Leadership on their own responsibility over and above the normal call of their duties. The award takes the form of a bursary to enable the winner to invest in their further education and learning. Any member of the nursing and midwifery staff can be nominated by her/his colleagues by illustrating how the nominee has shown Responsibility Based Leadership. Nominees were interviewed to establish how they would use the award to build their learning and Leadership skills.

The Anna May Driscoll Foundation is sponsored by Emerge Education Ltd and is supported by individual and corporate donors.

John Shaughnessy, Group Director of Human Resources

Chief Director of Nursing and Midwifery

It has been a very busy few weeks for everyone in the Group with a large surge in ED activity. Thank you for giving safe care and continuing to advocate for our patients. Our Newsletter has changed format in order to ensure that it reads better – I hope to give you updates on the changes and developments in short briefings. Staff are more than welcome to contact me via email if they wish to query or follow up on my newsletter inputs: colette.cowan@hse.ie



Colette Cowan,
Chief Director of Nursing
and Midwifery

Each newsletter will also profile one of our Directors of Nursing to allow you all to become familiar with the 7 hospitals in our Group and note best practise, new innovations and create linkages. This month Ms Jean Kelly, Director of Nursing and Midwifery at Galway University Hospitals will be profiled.

2014 will be another busy year for the profession and wider multidisciplinary team.

Centre for Learning and Innovation We are progressing on building a centre for learning and innovation to provide a facility for staff to practise clinical skills, simulate scenarios, develop leadership, develop communication and teamwork and support lifelong learning for the Multidisciplinary Team.

- Project Echo involves developing linkages with our community partners, GPs, nurses etc . Echo hubs are continuous professional development videoconferences

that link specialists to community colleagues to address patient need through case studies shared within groups of professionals. We are the first Group in Ireland working on this and we will have our first Echo in February. We will be delivering a nurse leadership Echo later in the year that will be first in the world.

- We are delighted to announce the Joint appointment of Professor Declan Devane, Chair of Midwifery at The School of Nursing and Midwifery, NUI Galway to work on a half-time basis at the WNWHG. Professor Devane will work with colleagues in providing strategic and clinical leadership for safe women-centred maternity care. Declan commenced on 20 January and we look forward to working with him.
- Expect visits on a monthly basis from the Executive Management Team and Board members. They may visit your ward/department and this is an opportunity for us to hear your voice/views and talk with the patients.
- Hand hygiene is everyone's responsibility. Have you identified a champion in your area to promote and question hand hygiene practise? We all want to meet the 100% compliance target. If you need training, contact Infection Prevention and Control. Best performing wards/departments will be rewarded.
- Have you read your Professional Code of Conduct? The New Year is a good time as you renew your registration and plan on your own professional development in 2014.
- We plan to run a second CNM/CMM leadership development programme this year. We now need to develop a programme for frontline staff. Watch the newsletter for more information on this.

Happy New Year and best wishes to all the staff of the WNWHG for 2014.

Colette Cowan, Chief Director of Nursing and Midwifery

PROFILE OF JEAN KELLY, DIRECTOR OF NURSING AND MIDWIFERY, GALWAY UNIVERSITY HOSPITALS

In February, I will celebrate a year in my position as Director of Nursing and Midwifery in Galway University Hospitals. Over the year I have had challenges, great achievements and have been part of many new developments.

I think of myself as someone who has "a finger on the pulse" of the nursing staff in GUH. I try to be visible in the clinical area to engage with all nursing and midwifery staff. While I might not be able to solve the problems instantly I like to hear what the staff think and what they have to say about patient care. My plan for 2014 is to dedicate a day per month to work as a nurse alongside the staff on the wards. This opportunity provides me with an invaluable understanding of what it is like to work as a nurse today. I also like to be reminded of why I became a nurse.

There are 1,200 nurses and midwives, 400+ student nurses/midwives and 150 HCAs employed in GUH. We must ensure that we provide learning experiences for all staff. We do our utmost to facilitate staff to attend education programmes. Our plan for continuous professional development promotes a vision for each nurse to be the best she/he can be. Our partnership with NUIG allows us to encourage and develop the new cohort of nurses/midwives. Students bring a buzz to any hospital environment and we like to hear their feedback and ideas.

I am very proud of our staff who are constantly developing and advancing practice, at the front line and also our CNSs and ANPs/AMPs. Nurses and midwives are constantly looking at different ways of improving patient care, for example we now have four ward areas participating in Releasing Time to Care that is the Productive Ward programme. We are fortunate to have Nurse Prescribers in both medications and X-ray. Many of our nurses and midwives present at conferences, win awards for their work and are role models for our students. We are working towards developing a public area in the hospital where we can showcase the good work of the nurse, the midwife and



Jean Kelly, Director of Nursing and Midwifery, Galway University Hospitals

Health Care Assistant. In 2014 we will have new ANPs in Vascular disease and Radiotherapy these are the first such posts in Ireland.

In a teaching and learning organisation like GUH we are committed to encouraging and supporting the development of future leaders. I promote opportunities for staff to shadow managers and to consider putting themselves forward for leadership roles.

As nurses we can be proud of our expert knowledge and skills that has a direct influence on the outcomes for our patients. We are fortunate in being able to task Julie Nohilly to work on nurse/midwife recruitment on our behalf. This has helped greatly to clarify the whole process and allow us to campaign for a good outcome.

Thankfully we will be welcoming new staff members to the hospital in the New Year and I look forward to us all working together in 2014.

Peri-operative Directorate

Dr Paul Naughton, Clinical Director



GUH staff involved in the Lithotripsy Service for patients from all over the West and North West, from left: Grace McCormack, Radiographer; Marie Dempsey, Surgery Business Manager; Susan Coyle, Radiology Business Manager; Maeve Cloonan, Radiographer; Mr Haroon Ghous, Urology Registrar; Mr Syed Jaffry, Consultant Urologist; Mr James Forde, SpR Urology; Julie Nohilly, Asst Director of Nursing; and Therese Kelly, Lithotripsy Nurse.

Happy New Year to all our readers, this is a short newsletter for Peri-operative directorate as we are in the process of development in line with the new group structure, our main priority at this initial stage is to identify develop and focus on key priorities and performance indicators across all hospitals in the Group.

There is much to be addressed in this new structure and we look forward to updating you on developments as we progress on this journey.

CHANGE OF PERSONNEL

We welcome Ms Eileen Keane to the directorate team. Eileen will provide clerical support to the Peri-Operative and Medical Directorates. We would like to thank Ms Suzanne Antwoon for her support over the past number of months. Suzanne has transferred to the Paediatric Department we wish her all the very best in her new role.



Eileen Keane

THE PRODUCTIVE OPERATING THEATRE (TPOT)

"This is a new year, a new beginning and things will change", Taylor Swift

Grace Reidy has been appointed as the national programme nurse lead for TPOT.

Martha Ni Chuanaigh and Grace met with the executive management team and agreed that the West / North West Hospital Group would become a TPOT focus sight. They visited the theatre complex and were delighted with the progress that has been made. I would like to thank all staff involved who has helped to drive this process. Workshops have been established on a bi-monthly basis to drive the process. The first part of the workshop was held in Sligo and the topic discussed was improving start times. UHG hopes to host the next workshop in April.

Several innovations have commenced in UHG theatre to improve the efficiency in theatre. Some of the steering group members met with the general manager and bed manager to discuss extrinsic factors that cause late starts, solutions were discussed and we will reconvene in a month's times to review our progress.

Ward staff have been invited to participate in the improvement activity with the theatre staff. The involvement of key members is important because some of the issues impacting on theatre are also the challenges been experienced at ward level which may cause some delays in getting patients to theatre.

I and another staff member have received funding to do our green belt in Lean Management. This is extremely beneficial to the TPOT process as Lean methodology provides an organisation focus and facilitates significant service changes in a relatively short period at a time.

There is a lot of work ahead but changes will be implemented to provide the perfect working day.

Breda Cahill, TPOT Programme Lead

LITHOTRIPSY

We are happy to announce the reestablishment of the Lithotripsy service at GUH, which commenced on 27 January and is operating over a 3 day period initially. Consultant Urologist Mr S Jaffrey, lead clinician and Staff Nurse Therese Kelly, will lead this service; Therese has a wealth of experience in the urology service at GUH and has worked in the Urology centre at Tallaght hospital. We wish to acknowledge the hard work of ADON Ms Julie Nohilly who was key to co-ordinating the re-establishment of this service and the appointment of the lead nurse, this will ensure continued development and success of this service as we progress. Also the support of the radiology department is acknowledged.

Lithotripsy is a medical procedure that uses shock waves to break up stones in the kidney, bladder, or urether (tube that carries urine from your kidneys to your bladder). After the procedure, the tiny pieces of stones pass out of the body into the urine. Lithotripsy is an outpatient procedure and patients are able to return home the same day.

Congratulations and well done to all concerned! ■



Dr Paul Naughton,
Clinical Director

Diagnostic Directorate

Dr Colm O'Donnell, Clinical Director



From left: Paula McMorrow, Irene Vahey, Joan Maloney and Leo Mulvany, Portiuncula Hospital Ballinasloe, are very happy with their new blood bank stock fridges. The stock fridges are temperature controlled using wireless technology

The Diagnostic Directorate includes the imaging centred sub-speciality of Radiology, the laboratory sub-specialities of Histopathology, Clinical Biochemistry, Immunology, Blood and Tissue Establishment and Haemovigilance, Microbiology, and the combined clinical and laboratory speciality of Haematology.

The Directorate is dedicated to providing a high quality, efficient and safe service, maximising benefits to the patient and healthcare team both in primary and secondary care settings.

In Portiuncula Hospital the Microbiology service is now led by a Consultant Microbiologist with sessional commitments being provided by Consultant staff at Galway University Hospital. This is a significant improvement in service for the Hospital and is consistent with the Directorate ambition of achieving maximum ISO accreditation . Other developments in Portiuncula Hospital include the installation and implementation of the



Joan Maloney, Senior Medical Scientist and Leo Mulvany, Chief Medical Scientist beside a new kiosk used in the national system to track blood and blood products in the public hospital network. The Electronic Blood Tracking System (EBTS) has already proven to be of great benefit to Portiuncula Hospital, Ballinasloe in managing and tracking blood and blood products.

National Blood Track System, and significant equipment replacement with the purchase of a new Histology Tissue Processor and two Blood Bank Refrigeration Units.



Regional Hospital, from left: Grainne McCann, Dr Fergal Hickey, Mr Gerry McManus, Dr Brendan Morrissey, Ms Claire Toman

In Roscommon Hospital new hand held scanning devices have been introduced in Phlebotomy. These devices allow printing of ID labels at the bedside. Also at Roscommon Hospital, we have introduced a rapid response service with sample turn around being less than 30 minutes for new Day Case Patients.

In Galway University Hospitals the Department of Medical Microbiology have recently procured a new item of equipment called a MALDI-TOF. The key benefit of this system is that it will help to provide better care for patients by allowing the laboratory to identify bacteria and fungi causing infections more quickly and accurately. It will also reduce costs.

Also at GUH, the Haematology Laboratory achieved significant savings in the last year with improved stock management methods and reduction in reagent expenditure.

In Letterkenny General Hospital, there has been return of services to the Hospital post the flooding of July 2013. It is anticipated that the MRI services will return early in February 2014. This will allow our patients to be imaged locally rather than in Dublin (Paediatric) or in Northern Ireland (Adult). Radiography staff are providing plain film services in the new Outpatient Department in downtown Letterkenny. They are greatly assisted by a new Digital Radiography Suite.

At Sligo Regional Hospital, a new state of the art CT suite was opened by Mr Gerry McManus, Non Executive Director of the Board. The CT scanner will ensure that a reliable CT service can be provided into the future. It will be of benefit as the primary diagnostic tool for a wide range of medical



Consultants Radiologists in the New Temporary Radiology Department in Letterkenny. From left : Dr Robin Singaroyan, Dr Conall Mac a'Bhaird, Dr Nols Nortje, Dr Phonsie Sharkey, Dr Colm O'Donnell and Dr Katherine McGowan
Official opening of CT scanner in Sligo

and surgical conditions, especially for the assessment of patients with suspected cancer or stroke, as well as those with trauma. It will be able to provide advanced 3-D images and replace the need for a number of more invasive procedures.

Our sincere condolences to the family, colleagues and friends of the much loved Ann Marie Irwin, Clerical Officer, Radiology Department, Mayo General Hospital who died tragically in early January 2014. ■



Dr Colm O'Donnell,
Clinical Director

PORTIUNCULA – A SNAPSHOT IN TIME

Featured News

- 'Breathe Easy – We're a Smoke Free Campus' (see page 1)
- Our Key Priorities for 2014
- 'Don't Infect – Protect: Kick the Bugs into Touch' - Hand Hygiene
- 'Rapid Assessment for our Medical Patients' - AMAU next phase
- 'A Culture of Quality and Safety for our Service Users' - Safer Better Healthcare Standards
- Key Performance Indicators 2013
- 'Re-designing and Streamlining the Way We Deliver our Services' - Productive Ward
- 'Continuous Quality Improvement in Decontamination'
- 'Improving Patient Outcomes and Operating Theatre Performance' – The Productive Operating Theatre
- 'Planning for the Future' - Design stage for 50 bedded replacement ward block
- Hospital Pharmacy Awards
- 'Acute and Community Hospitals Come Together' – HIQA Quality Improvement Programme

Our Key Priorities for 2014

As the hospital and staff embraces and looks forward to a New Year it is important that we remain focused on our key priorities and continually strive to provide high quality services to our patients.



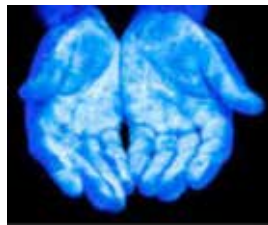
Don't Infect – Protect

KICK THE BUGS INTO TOUCH

Hand hygiene is recognised as the single most important factor in preventing the spread of infection and plays a key role in delivering safe patient care. Portiuncula Hospital has a comprehensive 'Clean Your Hands Programme'.

The Programme is aimed at changing the hospital's culture by making it second nature for staff to clean their hands before and after every patient contact and by empowering and encouraging our patients to be part of our Infection Control Team.

The programme supports and encourages all staff to ensure that hand hygiene is the norm and to re-enforce the WHO message that 'Clean Hands Saves Lives'.



L-R Sinead Francis, Speech and Language; Berna Walshe, CNS Infection Control; and Emma Hurley, Speech and Language

Hand Hygiene is a key priority for the hospital for 2014.

'The Clean Your Hands Programme'

ACTIONS

- It's everyone's responsibility to lead by example and be a role model for hand hygiene.
- Senior Management support for the programme.
- Hand Hygiene is a Hospital Key Performance Indicator for 2014 – to achieve 100% compliance in training by April 2014 and ultimately reduce hospital acquired infection rates.
- Induction Programme for all new staff includes a key focus on Hand Hygiene.
- A regular Hand Hygiene Training Programme which is tailored to suit individual department requirements.
- Training compliance rates are provided monthly to each Line Manager.
- Quarterly compliance reporting to HSPC.
- Monthly observational audits.
- Introduction of Hand Hygiene Champions including specific tailor-made training.
- The launch of the 'It's Ok to Ask' Hand Hygiene Campaign to encourage and empower our patients/members of the public to be an important part of the Infection Control Team.
- Local Staff/Public Awareness Campaigns .
- Developing a Hand Plating initiative i.e staff as they enter dining room/clinical area have their fingers plated and cultured for micro-organisms.

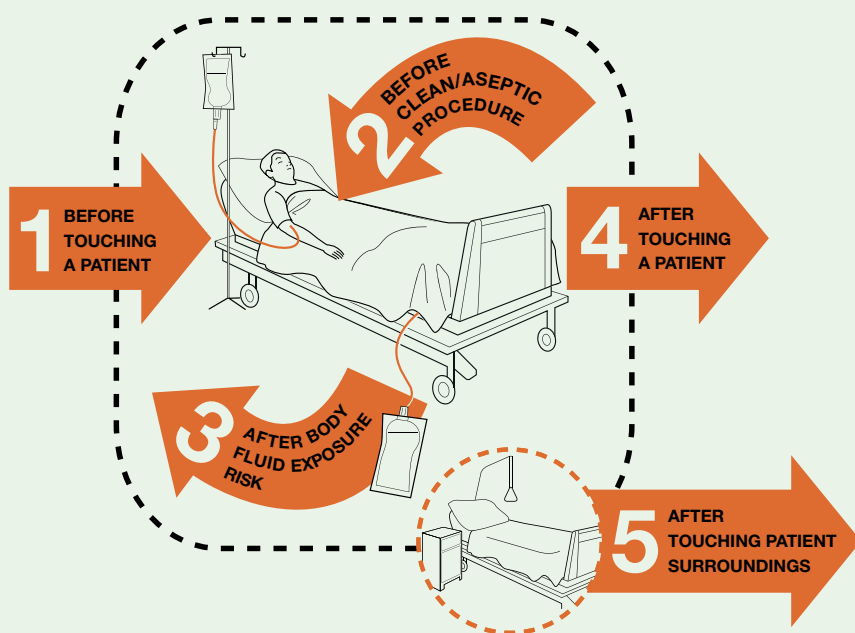


- Development and roll-out of a new Uniform/Dress-code Policy which includes bare below the elbow approach.
- Development and roll-out of hygiene boards in all clinical departments.
- Highly visual/ voice activated hand washing stations in main reception area and the Emergency Department waiting area.
- The introduction of TV Communication Displays with hand hygiene messages.
- Sink Replacement Programme.
- Assessment of location of hand hygiene gel dispensers to ensure ease of access.
- Computer screen savers WHO Five Moments of Hand Hygiene.
- Celebrate success! ➔

Your 5 Moments for Hand Hygiene

THE HOSPITAL'S ULTIMATE AIMS OF THE 'CLEAN YOUR HANDS PROGRAMME' ARE:

- To ensure patient safety
- Increase the awareness and importance of hand-hygiene
- Ensure our staff are educated and trained
- Preventing infection is everyone's responsibility



Rapid Assessment for our Medical Patients

A new Acute Medical Assessment Unit opened on the 4th March 2013. The unit has streamlined and facilitated the fast tracking for our medical patients, alleviating some of the pressures currently being experienced in the Emergency Department. Phase 1 encompassed Emergency Department referrals via ED triage to AMAU for appropriate acute medical conditions. In 2012, our rate of medical same day discharges was approx. 7% against the recommended benchmark by the Acute Medicine Programme of 25% and the latest figure is 20% - a significant improvement. We have also, since July 2013, introduced a gradual approach to take direct General Practitioner referrals by Clinician to Clinician contact.



Brigid Frehill, CNM AMAU and Dr Joel Kavanagh, AMAU Consultant

A Culture of Quality and Safety for our Service Users

SAFER BETTER HEALTHCARE STANDARDS

Portiuncula has commenced the process of self-assessing the hospital against the National Safer Better Healthcare Standards. Teams are established for each of the themes/standards with representatives from all disciplines. Each Team completed an initial self-assessment using workbooks and collaborative Multi-disciplinary Workshop was in early January to share/peer review the self-assessments. It is planned to have further Workshops in the coming weeks which will include all staff to have their input into the process and to raise an awareness of the standards and action plans.



Key Performance Indicators

PORTIUNCULA HOSPITAL PERFORMANCE SUMMARY – DECEMBER 2013

Out-patient Waiting List		
	Current	Future
Current Value	252	
Target: Out-patient waiting to be reduced to less than 9 months by December 2013.	Trend: v Previous Month	↓
252 patients are waiting over 9 months. This is a reduction of 122 patients from the previous month. Continue to focus on the challenging areas of Urology/Orthopaedics/Pain Control.		

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

DNA Rate		
	Current	Future
Current Value	10.20%	8%
Target: Reduce the number of patients who do not attend to 8% by December 2013.	Trend: v Previous Month	↓
The DNA rate in December stands at 10.20% this is a slight increase when compared with the previous month. The main areas outside of the targets are general medicine and diabetes/endocrinology. Efforts continue to reduce this rate further.		

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

ED Waiting Times for Admission		
	Current	Future
Current Value	76.81%	
Target: 95% of all patients attending the ED should not wait over 6 hours.	Trend: v Previous Month	↓
76.81% of all patients attending the ED were seen and admitted within 6 hours.		

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

ED 9 hour Breach		
	Current	Future
Current Value	98.6%	
Target: No patient to breach 9 hour target at 8am	Trend: v Previous Month	↓
A total of 28 patients breached the 9 hour target for the month of November - this equates to 1.4% of 1,989 attendances in December 2013.		

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

Ultrasound List		
	Current	Future
Current Value	55 days	
Target: No Target: No Priority 2 or 3 patient should wait more than 70 days for an Ultrasound scan appointment	Trend: v Previous Month	↓
55 days waiting for Ultrasound		

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

Average Length of Stay		
	Current	Future
Current Value	3.21 days	
Target: Achieve a target of 4.5 days.	Trend: v Previous Month	↓
The Average Length of Stay for December is 3.21days this is a slight improvement on the November figure of 3.59 days		

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

Day of Procedure for Elective In-patients		
	Current	Future
Current Value	71%	60%
Target: To increase rate to 60% by December 2013.	Trend: v Previous Month	↑
The day of procedure rate is at 71% for December exceeding the set target of 60%.		

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

Hospital Acquired MRSA		
	Current	Future
Current Value	4	2.8
Target: To reduce the number of Hospital Acquired MRSA infections to 3 per month in 2013.	Trend: v Previous Month	↓
4 patient acquired hospital MRSA in the month of December		

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

Fair Deal - Bed Days Lost		
	Current	Future
Current Value	118	
Target: To reduce the lost bed days to less than the current monthly bed days lost.	Trend: v Previous Month	↓
There were 118 bed days lost in December this has increased by 9 days over the November figure.		

Rag: Green: 185 Amber 235 Red: >235

Financial Position		
	Current	Future
Current Value	-12%	
Target: To deliver financial breakeven across the Group by December 2013.	Trend: v Previous Month	↓
Currently the hospital has a €5.2m negative variance against budget. Cost containment plan and cost recovery plan in place. Service pressures and increased ED activity and the non-filling of vacant posts have increased nursing and medical overtime		

Staffing Levels		
	Current	Future
Current Value	646	633
Target: To operate within our allocated ceiling of 644 wtes since Sept ceiling reduced further to 633.	Trend: v Previous Month	→
Rag: Green: 651 Amber: >651 Red: >660 The WTE figure for December is 646 which is an increase of 5 wtes on the November Figure		

Absenteeism		
	Current	Future
Current Value	3.93%	
Target: To reduce absenteeism rate to 3.5% by December 2013.	Trend: v Previous Month	↑
Absenteeism rate for the month of December is 3.93% compared with the November figure of 4.14% . Back to work interviews continue. Rag: : Green: 3.5 Amber: >4.5 Red: >5.5		

SUMMARY OF ACHIEVEMENTS FOR KPIS DECEMBER 2013

1. ED - 9 hour target – the hospital achieved 98.6% compliance.
2. Portiuncula achieved our outpatient/in-patient waiting list targets at the end of December 2013.
3. Day of Procedure rate – 71% achieved.
4. Average Length of Stay in November was 3.21 days in December.
5. Absenteeism was at 3.93%.
6. Fair Deal - there were 118 bed days lost in December due to delayed discharges
7. DNA rate stands at 10.2%.

As part of our focus on qualitative KPIs for 2014 we are introducing Hand Hygiene and C-Diff monitoring.

Chris Kane, General Manager



Chris Kane, General Manager

Re-designing and Streamlining the Way We Deliver our Services

Portiuncula Hospital is delighted to be introducing the Productive Ward this year and rollout commenced in January. The Productive Ward aims to empower frontline staff to drive forward improvements in health services through re-designing and streamlining the way staff and services deliver care with an emphasis on patient safety and releasing time to care.

Initially two wards - St Johns Surgical Ward and the Maternity Ward - will undertake implementing the initiative.

The Executive Lead for the Hospital is Margaret Casey, Director of Nursing and Midwifery, who is also the Group Lead for the Productive Ward and Fiona Fahy, Assistant Director of Nursing who is the Project Lead. This is an exciting initiative as it is driven by the ward manager and staff on the ward and the aim is to release greater time to care for patients.

A number of staff from both wards have received three days training. Three staff have been also trained as Productive Ward Trainers, who will roll out further training in house and at other sites within the Group as required.

The Project Implementation Team for St Johns Ward has been set up and some initial work has been done to gather information on the first module 'Knowing How We Are Doing'. This has generated a lot of feedback from staff already which is very encouraging. Weekly meetings are being scheduled and it is planned to undertake the 'Waste Walk' and 'Activity Follow' in the coming weeks.



Nursing Staff from Maternity attend Productive Ward training



Nursing Staff from St Johns Ward attend Productive Ward training

Continuous Quality Improvement in Decontamination

Portiuncula is currently re-configuring and upgrading the Hospital Sterile Supplies Department (HSSD) to ensure that we meet the required decontamination standards and to support our increasing Endoscopy workload. The existing decontamination washroom has been re-configured to facilitate a uni-directional workflow and reduce the risk associated with cross-contamination. Commissioning of equipment will take place this month.



Tommy Caulfield, Staff Nurse HSSD; Jackie Reamsbottom, HSSD Operative; Mary Noone, HSSD Operative



Jackie Reamsbottom, HSSD Operative and Mary Noone, HSSD Operative

Improving Patient Outcomes and Operating Theatre Performance



Breeda Madden, CNM Theatre; Yvonne Claffey, Theatre Nurse; Bernie Quinn, Theatre Nurse; Olive Brogan, Theatre Nurse; and Dr Bhagwan Das, Anaesthetic Registrar

THE PRODUCTIVE OPERATING THEATRE (TPOT)

The Productive Operating Theatre (TPOT) aims to improve the patient experience and outcomes by improving Team performance, ensuring safety and providing value and efficiency in the Operating Theatre Department. A TPOT Governance Group has been established to oversee the implementation of the programme in Portiuncula. The focus in 2013 commenced on the 5 S's and data collection. As you can see from the photo below it is about getting our 'house in order'. The Operating Theatre have organised clear and streamlined systems of storage and reducing 'clutter' and agreed levels of stock. The department has introduced a Kan Ban shelving system to assist in this process. Data is being collected regarding start and finish



Breeda Madden, CNM Theatre; and Dr Sami Al Ashbal, Locum Consultant Anaesthetist

times and also patient mapping is to commence shortly. The Theatre Department is currently piloting briefing and de-briefing for staff prior to commencement and after each list in one theatre.

The 5 S's

- Sort
- Shine
- Set
- Standardise
- Sustain

Planning for the Future

50 BEDDED REPLACEMENT WARD BLOCK

The hospital is significantly challenged by its poor infrastructure and lack of isolation and toilet/ensuite facilities. The Hospital has been successful in securing approval via the Group and National Estates Committees to proceed to design stage for a 50 bedded ward block comprising of 2 x 25 single room accommodation to meet the needs of our patients and to comply with standards in the areas of infection control, patient safety, privacy and dignity. A Project Team is established and it is expected to tender to design stage in March 2014.



Aerial view of the current campus

Hospital Pharmacy Awards

The Pharmacy Department in Portiuncula was nominated as finalists in the Hospital Pharmacy Team of the Year Award in September 2013. Geraldine Colohan, Chief Pharmacist was also nominated as a finalist in the Pharmacy Manager of the Year Award. In 2013, the Pharmacy Department were involved in a number of Quality Improvement projects including being one of four pilot sites for the National Drug Chart. They worked with HIQA and two local care institutions - St. Brendans in Loughrea and The Sacred Heart Home, Roscommon - to improve the process of communications with regard to medication on admission and discharge from Portiuncula Hospital. They were also involved in a pilot project with Electronic Discharge Prescriptions (EDS) as part of the electronic discharge summary for surgical patients in Portiuncula.

The Pharmacy Team are committed to improving patient care and continue to work towards seamless safe care for their patients in Portiuncula.



Back row from left: Dello Gill, Senior Pharmacy Technician; Ann Marie Duffy, Senior Pharmacy Technician; Geraldine Colohan, Chief Pharmacist; Clare Kinahan, Senior Pharmacist; Eimear Aillis, Senior Pharmacist; and Karen Hurley, Clerical Officer. Front row from left: Sandra Breslin, Pharmacist; Sinead Donnellan, Senior Pharmacist; Helen Heery, Senior Pharmacist; and Patricia Halliday, Pharmacist

Acute and Community Hospitals Come Together

HIQA QUALITY IMPROVEMENT PROGRAMME

HIQA and the HSE invited Acute and Community Hospitals (one in each Region) to participate in an Education and Training Programme which HIQA offered and facilitated free of charge to participants over the course of 2013. The aim of the programme was to train front line staff in basic Quality Improvement Tools which they can then use to implement the National Standards for Safer Better Healthcare and provide evidence of that implementation work. There was an Action Learning component to the training which covered the implementation of a pilot on Medication Reconciliation.

Each site nominated a multidisciplinary team (MDT) of up to 10 people. The Portiuncula team members were: Geraldine Colohan (Chief Pharmacist), Dello Gill (Senior Pharmacy Technician), Sabrina O'Regan (Senior Pharmacist), Helen Heery (Senior Pharmacist), Enda Jennings (Clinical Placement Co-Ordinator, NDU), Sheila Kavanagh (Clinical Nurse Manager I), Mary Loughnane (Clinical Nurse Manager I), Roisin O'Hanlon (Physiotherapy Manager) and Maeve Doherty (Dietetic Manager).

The Action Learning component on the Medication Reconciliation pilot consisted of:

- A baseline audit which was carried out by participants on the organisation's medication reconciliation processes.
- Participants were taught how to analyse their data following implementation of the patient safety initiative on medication reconciliation and reported their results to the other learners at the weekly teleconferences.
- Learners also gained proficiency in displaying data utilising such tools as run charts and these were discussed at the weekly teleconferences.
- The medication reconciliation programme changed as necessary following a series of Plan, Do, Study, Act (PDSA) cycles in each facility.
- The final medication reconciliation programme will be rolled out nationally as a Patient Safety Initiative in 2014.

Having completed the On Line learning, passing all modules and implementing and analysing the pilot project, all participants will graduate in Farmleigh, Dublin on Thursday 06 February 2014.

Art in Hospitals



Troubadours for Health entertaining patients in Merlin Park University Hospital

"IT'S WHAT GOT ME OUT OF BED"

Margaret Flannery, Arts Director at Galway University Hospitals, has been managing the arts programme in GUH for ten years. She gives an overview of working in the area of Arts and Health in acute hospital.

"It's what got me out of bed", said one patient, referring to Louis le Brocquy's beautiful lithograph and brush prints, made to illustrate Thomas Kinsella's translation of An Táin Bó Cúailnge. They are on display in St Finbarr's Ward at University Hospital Galway. "A few days after the operation, once I could move around I went to look at the prints. I went back a few times. It was great to have something to look at and think about."

BACKGROUND

Le Brocquy's prints are part of a collection of modern Irish art displayed in a selection of the hospitals within the West / North West Hospitals Group. This extensive and exciting collection was generously given on long-term loan to the then health board to display in public hospitals in Counties Galway and Mayo. The benevolence of John and Patricia Hunt, the use of the Department of the Environment's Per Cent for Art Scheme and the vision of key management and medical staff are what began a journey that has taken ten years in Galway University Hospitals. In the face of a hard hitting recession and limited funding, the arts programme has grown from strength to strength, engaging the whole hospital community; patients, staff and visitors at Galway University Hospitals (GUH). ➔



Clown Doctors in action in the Paediatric Unit, UHG

Galway University Hospitals Arts Trust (GUHAT) now runs the west of Ireland's leading Arts and Health programme. The charity brings live art experiences to the bedsides of GUH patients as well as to visitors and staff as a means of improving the hospital experience for all. Since its founding the charity is committed to establishing effective structures, supports and services to promote the value of arts and health, enhance best practice, and create a stimulating and attractive environment for the benefit of patients, their families, staff and visitors.

WHAT IS ARTS AND HEALTH?

Arts and Health is the generic term that embraces a range of arts practices occurring primarily in healthcare settings, which brings together the skills and priorities of both arts and health professionals. Arts and Health is a growing

field of work in Ireland based on partnerships between the arts and health sectors. It is a diverse practice including environmental enhancement and participatory arts and can cross over with other arts practices such as community-based arts, arts and medical humanities, and arts and science. Good Arts and Health practice is characterised by a clear artistic vision, goals and outcomes. It aims to promote health and wellbeing by improving quality of life and cultural access in healthcare settings.¹

ROLE OF THE ARTS DIRECTOR

As Arts Director, Margaret manages the charity with the support of an Arts Committee. The Arts Committee membership is voluntary, made up of committed members of staff including hospital management and local arts professionals. The role of the Arts Director is

¹ Arts Council's Arts and Health Policy and Strategy, 2010

an interesting and varied one, from managing the art collection within the hospitals, to programming temporary exhibitions, organising art workshops, commissioning new art, informing the design of healthcare environments, facilitating exhibitions, musical events, artists in residence, creative writing, literature events and liaising with both arts and health professionals in realising arts projects.

WORKING IN PARTNERSHIP

Many of the art projects are managed and developed in partnership with local and national organisations. Developing strong local relationships particularly with local authorities and local arts organisations and artists, is extremely important to ensure resources are used as effectively as possible. One such successful example is the relationship with Galway Arts Centre, which has partnered GUHAT on several arts projects over the years including "Poems for Patience", a series of poetry in waiting areas; "Burning Bright", participative workshops for older clients in long term care; and the successful Haemodialysis project, "The Magician and the Swallow's Tale".

FUNDING

GUH Arts Trust receives funding from the local authorities and private donations to run its arts programme. The trust was awarded an Arts Council Arts Participation Grant in 2012 to develop the "The Magician and the Swallow's Tale" project in the haemodialysis unit. This was also supported by the Irish Kidney Association and Galway Arts Centre. The project was such a success that currently 28 patients (50%) on dialysis have expressed a wish to be involved in the next phase. The project has enhanced the social dynamic of the unit, replacing ill health as the shared experience, which a staff member reflected was "so important for mental and emotional wellbeing". Another explained that the project, "gives staff another level on which they can interact with patients and make the whole unit more human". Patient-led improvements to the unit created a more welcoming physical environment for all, and were themselves described as "more conducive to pleasantries".

THE PROGRAMME

The Trust has worked in various departments across both hospitals since the hospital arts programme began in 2003; UHG sites have included Paediatrics, Oncology, Geriatrics, Outpatients, and the Social Work department, and art is exhibited throughout various wards as well as in the Arts Corridor and public spaces. In the Social Work Department



Cloudlands: Arts and Technology Project in partnership with Helium, Emma Fisher, working on the paediatric ward. 'It was fun, let me use my imagination and it was worth doing all the work. It made me feel a lot better for being sick when I was in hospital.'

waiting room you will find Alice Maher's quirky prints. "I've been here several times" says a woman client "And I almost look forward to revisiting these girls with the twiney hair and mad shoes. I love that one with the dress made from the swarm of bees," she says, laughing. In Merlin Park, the main focus has been on longer term patients such as the aforementioned haemodialysis patients, as well as those in rehabilitation and geriatric care. Another patient commented on the poetry on meal trays: "I enjoyed all of them, each in its own 'frame' of a smile, a tear, a longing and many more feelings. I hope each poet continues to fill our days with wonder and smiles."

FIND OUT MORE

If you want to learn more about Arts and Health, a good place to start is ArtsandHealth.ie the national arts and health website. It provides information, news, resources and opinion for and by artists, arts organisations, health service users, carers, healthcare professionals and others interested in the dynamic area of arts and health.

If you are interested in finding out more about the programmes in GUH, would like advice on developing a project in your hospital or would like to work in partnership on an art project, please contact Margaret Flannery in the Arts Office at Galway University Hospitals: guhartstrust@hse.ie or 091 544979. ■

Estates Update



Opening of RDU in Mayo General Hospital

Mayo General Hospital

RENAL DIALYSIS UNIT (RDU)

The Taoiseach, Enda Kenny officially opened a newly refurbished and extended Renal Dialysis Unit at Mayo General Hospital as part of an official visit to the hospital on Monday 16 December.

The new unit has been entirely refurbished at a cost of €2m and now provides fifteen stations including two isolation rooms. The extended facility has increased the capacity by four treatment stations and will provide extra capacity for up to twenty additional patients per week.

CYSTIC FIBROSIS FACILITY

In addition to the opening of the newly refurbished RDU in Mayo General Hospital, the Taoiseach also turned the sod on the site of a new day care and outpatient Cystic Fibrosis Facility for adults and Children at Mayo General Hospital.

A total investment of €1.3m has been agreed for the building, including approximately €900,000 raised by fundraising contributions coordinated by Cystic Fibrosis West (€615,000), working with the Mayo branch of Cystic Fibrosis Ireland (€285,000). A further €200,000 was contributed from the National Lottery and €200,000 will be provided by West/North West Hospitals Group through Mayo General Hospital.

The hospital will equip the new building at an estimated cost of €40,000.

The new Cystic Fibrosis Unit provides state of the art facilities for this patient group, with dedicated patient treatment rooms providing ensuite facilities and environmental separation through a sophisticated Air Management Structure in order to ensure the best possible care environment.



Sod turning for new day care and outpatient Cystic Fibrosis Facility at Mayo General Hospital

Roscommon Hospital

ENDOSCOPY PROJECT

Tender for contractors was issued on 04 February 2014.

REHAB AND HOSPICE

A Development Control Plan is being drafted to accommodate both capital builds on the Roscommon Hospital campus.

Sligo Regional Hospital

WNWHG BOARD MEETING AND CT SCANNER OPENING

The hospital hosted its first meeting of the Board of the West / North West Hospital Group on 17 December, with a presentation made to the Board in relation to services at SRH, challenges and achievements in 2013.

Following the Board meeting, the new CT scanner was officially opened - see Diagnostic Directorate on page 13 for more. The overall cost of the project was £935k including equipment and infrastructural costs. The scanner replaces the previous unit which was over 12 years old.



Galway CRF Site

Galway University Hospitals

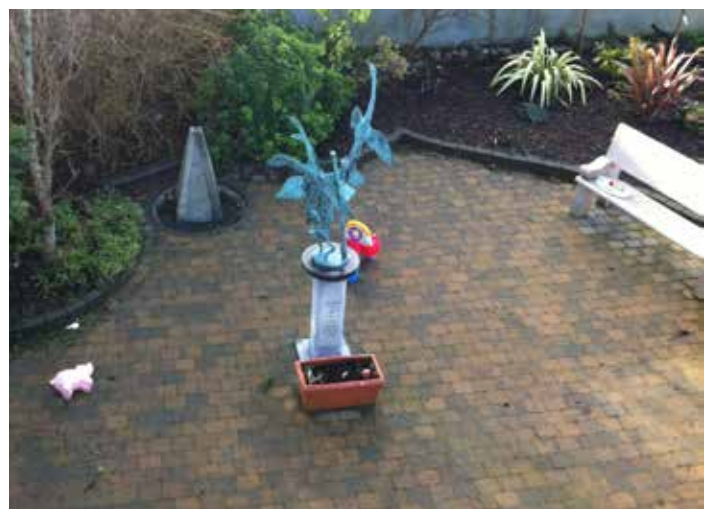
CRF/TRF

Work is progressing on the CRF development on the site. Much of the work to date has been on the enabling works adjacent to Maternity and on the ring road.

PAEDIATRIC CYSTIC FIBROSIS OPD

Work has commenced on the Paediatric Cystic Fibrosis unit adjacent to the paediatric unit.

While this work is progressing the Children's Remembrance Garden is being temporarily removed and will be reinstated when works are completed.



Garden of Remembrance in Galway University Hospital



Paediatric Cystic Fibrosis unit site in Galway University Hospital

Hospital KPI Summaries

Letterkenny General Hospital

The 12 Hospital KPIs for LGH combine a mixture of National Access Targets; Resource Utilisation Targets; and Clinical Efficiency and Quality Indicators.

December KPIs for the hospital showed significant progress as work initiated earlier in the year culminated and services began to return to operational efficiency as we continue to recover from the impact of the July flood. In respect of access targets the hospital performance was assisted by outsourcing a range of inpatient and day case surgeries and outpatient appointments. Of the 12 hospital indicators 6 were green in December, a further 4 were amber and only 2 were red.

Scheduled Care Access times for Outpatient Waiting list and Inpatient and Day Case Waiting list were both green reflecting the ongoing active management of the waiting lists; commissioning of the interim Out Patient Department; and the outsourcing of activity.

In addition initiatives to manage discharges and improve liaison with PCCC and Community Hospitals resulted in the KPI for bed days lost due to delayed discharges also being achieved.

As services return to normal post flood the KPI for Day of Surgery Admission for Surgical Inpatients has also achieved green status with 78% of inpatients being admitted on the day of surgery. It is planned to further expand the day of surgery admission in 2014 through the creation of additional capacity in the Enhanced Recovery Unit as part of our Minor Works Programme.

Our Staph Aureus Blood Stream Infection rates continue to meet their KPI targets as do our Staffing level. Of concern on the staffing is the ongoing reduction in the allocated WTE ceiling for LGH and the impact of staffing reductions particularly amongst Medical and Nursing staff.

Medical Inpatients Average Length of Stay remains unchanged at 7.3 days. However both our financial position and hand hygiene compliance (both amber) have improved in the last month.

LGH has put particular emphasis on Hand Hygiene Compliance over the last 12 months and compliance is



Sean Murphy, General Manager

now just one percentage point below achieving green status. The management team are consequently redoubling their efforts to ensure this focus is improved upon and LGH becomes a lead hospital in respect of its Hand Hygiene Standards.

It was regrettable to see deterioration in our Attendance Performance in the month of December with absenteeism rates up to 5.0%. Though still performing well in comparison to peer hospitals and indeed an improvement on December 2012, this absenteeism rate is disappointing in light of the downward trend in absenteeism rates throughout 2013. Further analysis of this increase in absenteeism (despite intense focus by line managers and a 100% compliance rate for back to work interviews) is underway. Initial indications are that the rate may be reflecting a number of staff on long term sick and who are in the process of retiring on health grounds.

Similarly disappointing is the significant deterioration in waiting times for inpatient echocardiography. This indicator was chosen as one of our quality indicators in terms of clinical risk but also in respect of the impact it has on inpatient admission rates and medical length of stay. A management plan is being developed to address the issues within the service and deliver improvements throughout 2014.

Sean Murphy, General Manager

Sligo Regional Hospital

Please see below for a summary of our progress against the 12 KPIs for December 2013

- ED 9 hour wait times has sustained an improvement at 92% in November and dropped marginally to 90% in December. This has been a challenge in November & December when significant infrastructure work has been ongoing.
- OPD – The number of patients waiting >12 months was 2044 in November and this reduced to 345 at end of December (all with dates in January). An action plan was put in place to work towards meeting the 12 month target. All specialties met their 12 month waiting list target by December through combination of in-house solutions and referrals to private hospitals.
- The Average Length of Stay for medical patients has increased from 5.8 days to 6.5 days.
- Adult and Paediatric inpatient waiting list targets were achieved in December.
- The scopes target continues to be met for urgent and routine scopes.
- Delayed discharges have improved from previous periods as a result of proactive working with Community Services.
- Income – The number of private patients presenting per month is fluctuating on a monthly basis. However, income generation has improved by 7% comparing 2012 to 2013.
- The MRSA Blood Stream Infection and C Diff rates continues to show us below the target levels.



Grainne McCann,
A/General Manager

- The financial position shows the hospital as having a budget deficit of 6% (€5.6 million) in December. Overall spend compared to 2012 ytd shows a €2m increase. €1.6m reflects work referred out under waiting list initiatives and €300k relates to August/September flood costs.
- Staffing levels are at 1,334 WTE's, above our ceiling of 1,317.38.
- Absenteeism - Absence rates have reduced from 6.1% in January 2013 to 4.92% in November 2013.

Grainne McCann, A/General Manager

Mayo General Hospital

Please see below for an overview of the KPIs under headings of Access, Quality and Resources.

ACCESS

- Emergency Department wait times:
 - 97.5% of patients are seen within 9 hours; and
 - 88.7% are seen within 6 hours.
 - Trolley waits improved by 25% in 2013 when compared to 2012 and there was an improvement of 80% from June to December 2013 compared to the same period in 2012.
- Inpatient waiting lists:
 - No patients waiting longer than 8 months for an inpatient procedure;
 - No patients waiting for a GI endoscopy longer than 13 weeks and all urgent GI endoscopy are seen within 28 days; and
 - No child is waiting longer than 20 weeks for an inpatient procedure.
- Outpatient waiting lists:
 - 200 patients greater than 1 year in the disciplines of Nephrology/Medicine.

QUALITY

- Average Lengths of stay (ALOS):
 - 3.9 days for surgery.
 - Medicine ALOS improved from 6.1 days in January 2013 to 5.1 days in December 2013, consistent improvement month on month.
- Infection Control:
 - Hand Hygiene compliance is at 86.7%.
 - MRSA and C-Diff rates improved.
- Emergency Readmission rates are on target for medicine and surgery.
- The number of emergency hip fracture surgery within 48 hours of admission – 100% compliance.

RESOURCES

- The budget for 2013 was €79.2m; expenditure was €83.7m, a variance of €4.5m (5.7%). There was a 2.4% increase in expenditure in 2013 compared to 2012, primarily due an increase in activity. The main reasons for the overspend was:
 - Agency Nursing, Medical and Allied Health Professional.
 - Initiatives to address inpatient and outpatient waiting lists.
 - Transport.
 - Increased Bad Debt Provision.
 - Lab Supplies/Contracts.
 - Medical and Surgical Supplies.
 - Private patients dropped by 18% in 2013.
- Staff Numbers: MGH has remained within WTE ceiling for 2013.
- The absenteeism rate was 4.19% for 2013, with a 3.31% absenteeism rate for December 2013.

Charlie Meehan, General Manager



Charlie Meehan,
General Manager

Roscommon Hospital

Roscommon Hospital performed well in 2013 against its KPIs and the following outlines the main areas of performance:

- Staffing levels and WTE ceiling within target; in December 270.44 WTE were employed, slightly above the ceiling of 270.
- Financial position is within target – at year end Roscommon Hospital is 0.17% above budget with a total overspend of only €30,861.
- There are no patients waiting over 52 weeks for Roscommon Hospital Consultant OPD appointments. The Services Manager at Roscommon Hospital and the Waiting List Coordinator at GUH have been working on reducing the waiting lists of outreach consultant clinics and by December 2013 only 12% of patients waiting have been waiting over 12 months for an OPD appointment.
- MAU registration to discharge within 6 hours increased to 90%.
- Whilst absenteeism saw a slight increase from 3.49% in November to 3.55% in December, Roscommon Hospital has now had 2 consecutive months of an absentee rate around 3.5%.

The main areas of concern are:

- Orthopaedic and ENT outreach clinics cancelled due to NCHD shortages from Oct 2013 to January 2014, resulting in the cancellation of over 100 patients.
- The AVLOS decreased slightly to 10 days. The adjusted NHSS figure reduces to 8.8 days.
- DNA activity for all services in the hospital was 10%; a decrease of 1% on November.
- OPD DNA for December increased to 16.2%; up 3.2% on November figures.
- Day Case activity for December was 323, a significant reduction on November figures. Seasonal closures being the main reason for this with 185 bed days lost.

NATIONAL STANDARDS FOR SAFER BETTER HEALTHCARE

We have set up a committee to assess the National Standards for Safer Better Healthcare. The Terms of Reference have been agreed, a schedule of meetings has been finalised and we aim to have the assessment completed by April.

HOSPITAL PASSPORT FOR PATIENTS WITH COMMUNICATION DIFFICULTIES

In December, in partnership with the Brothers of Charity Services we launched a Hospital Passport which is used to support people with a communication difficulty or intellectual disability when they come to hospital.

URGENT CARE CENTRE PUBLIC INFORMATION LEAFLETS

During December staff at the hospital distributed 25,000 Urgent Care Centre Public Information leaflets to all areas in Co. Roscommon to inform the public about services available in the Urgent Care Centre. Feedback has been very positive.

Elaine Prendergast, General Manager



Elaine Prendergast,
General Manager

Galway University Hospitals

ACTIVITY AND KEY PERFORMANCE INDICATORS

At the end of November the inpatient waiting list figure was 511 and I am pleased to report that this list was cleared by the end of December. Other good news related to OPD targets being met for all specialties with the exception of Orthopedics' which has a locally set target. The diagnostic CT waiting list was reduced from 180 in November to 151 in December.

The month of December saw the GUH ED overnights decrease marginally when compared to the previous month however, the New Year commenced with high levels of attendance at the ED on a daily basis and exceptionally high levels of admissions. Targeted effort continues to be made to alleviate pressures in the hospital and we appreciate the close working relationship we have with all of our hospitals within the group to ensure that capacity at all sites is fully utilised.

SURVEILLANCE REPORT ON STAPH AUREUS BLOODSTREAM INFECTIONS 2013

At the end of 2013, GUH moved from red to amber on this KPI, this is a great achievement by all staff at ward level, who are applying their best efforts often under significantly challenging circumstances. I wish to take this opportunity to congratulate all staff who have contributed to improving our performance in this area.

There were a total of 58 episodes of Staph aureus bloodstream infection in GUH in 2013. This figure includes 42 episodes of Meticillin Susceptible Staph aureus (MSSA) and 16 episodes of Meticillin Resistant Staph aureus (MRSA).

All cases of Staph aureus bacteraemia were analysed to identify GUH hospital acquired or healthcare associated infections and to ascertain the root cause of these infections. .

Indicator	Number/ Rate (2013).
Total <i>S. aureus</i> Blood Stream Infection (BSI) GUH	58
GUH acquired and Healthcare associated <i>S. aureus</i> BSI	34
GUH acquired and Healthcare associated <i>S. aureus</i> BSI per 1000 bed days	0.16

The table outlines the number and rate of GUH hospital acquired and GUH healthcare associated *Staph aureus* (MSSA and MRSA) bloodstream infections.

KEY DATES IN DECEMBER 2013

10 Dec – Contract signing and sod turning for new Cystic Fibrosis Paediatric OPD Unit

13 Dec – Inaugural Western Cancer Centre Conference

13 Dec – Launch of the GUH Cancer Centre Annual Report 2012

13 Dec - Formal presentation of cheque for €250k from the Irish Cancer Society for the Colorectal Screening Programme at GUH and RH

23 Dec – Galway Bay FM, Keith Finnegan Show broadcast from UHG

Ann Cosgrove, General Manager



Ann Cosgrove, General Manager

Hospital KPIs

Letterkenny Performance Summary - December 2013

Out-patient Waiting List		Inpatient & Daycase Waiting List	
Current	Future	Current	Future
Current Value 5.0% Trend: v Previous Month ↑		Current Value 0% Trend: v Previous Month ↑	
Target: Out-patient waiting to be reduced to less or equal to 52 weeks by December 2013. Total Outpatient Waiting List - 10448 Patients waiting over 12 months - 519 519 Orthopaedic patients waiting between 12 and 24 months have still to be appointed or outsourced. Rag: Green =>10% Amber = 10-55% Red = +56%		Target: No patient should wait for inpatient/daycase treatment longer than 8 months for Adult; 20 weeks for Children; 13 weeks for GI Scope. Targets to be achieved by end of November 2013 Number of Breeches December: Adult - 0 Child - 0 Scopes - 0 Rag: Green <=5% Amber: 6 - 20% Red: >=21%	
Scheduled Inpatient Care		Inpatients	
Current	Future	Current	Future
Current Value (November) 78% Trend: v Previous Month ↑		Current Value (November) 7.3 Trend: v Previous Month ↔	
Target: 52% of surgical inpatients should be admitted on day of surgery. July - 62% Aug - 16% Sep - 28% Oct - 71% Rag: Green >= 52% Amber 40-51% Red <39%		Target: Medical inpatients AVLOS <= 5.8 days July - 6.3 days Aug - 7.9 days Sept - 6.7 days Oct - 7.3 days Rag: Green: <= 5.8 Amber 5.7-9: Red: >9	
Quality - Echocardiography Access		Infection, Prevention & Control - Hand Hygiene	
Current	Future	Current	Future
Current Value 56% Trend: v Previous Month ↑		Current Value 94% Trend: v Previous Month ↑	
Target: No inpatient to wait greater than 72 hours following receipt of request for echocardiogram. Aug - 91.4% Sept - 87.4% Oct - 87% Nov - 92% Rag: Green 98-100% Amber 90-97% Red <90%		Target: To deliver 95% compliance with HIQA Hand Hygiene standard by November 2013. Aug - 88% Sept - 92% Oct - 88% Nov - 92% Rag: Green=95-100% Amber=80-94% Red<80%	
Financial Position		Absenteeism	
Current	Future	Current	Future
Current Value 4.5% Trend: v Previous Month ↑		Current Value 5.0% Trend: v Previous Month ↔	
Target: To deliver within allocated budget Overspend December 2013 = €1.0 million YTD Overspend = €4.6 million Budget YTD = €101.6 million Rag: Green <3% Amber 3.1-5% Red >5.1%		Target: To reduce absenteeism rate to 3.5% by December 2013. Absenteeism rate for the month of December is 5% this is a increase of 0.82% on the previous month. Rag: : Green<3.5 Amber: 3.51%-4.4% Red over 4.5%	
ED 9 hour Breach		Inpatient Capacity	
Current	Future	Current	Future
Current Value 90.14% Trend: v Previous Month ↑		Current Value 84 Trend: v Previous Month ↑	
Target: All patients to be admitted or discharged within 9 hours at 8am. July - 93.1% Aug - 96.4% Sept - 89.9% Oct - 92% Nov - 87.3% Rag: Green:95-100% Amber:85-94% Red: <85%		Target: 6 month rolling average Bed days lost due to delayed discharges should be reduced to the levels pertaining the first half 2012 (Jan - June) 6 month rolling average Sept 155 Oct 153 Nov 124 Rag: Green <=120% Amber 121-150% Red >150% (of Jan-June 12)	
Staffing Levels		Staph Aureus Blood Stream Infection	
Current	Future	Current	Future
Current Value 2.21% Trend: v Previous Month ↑		Current Value 0.14 Trend: v Previous Month ↔	
Target: To operate within the staffing level agreed with the Hospital Group Executive. WTE Ceiling - 1297.69 (Nov) WTE Actual - 1327.04 Rag: Green <3% Amber 3.1-5% Red >5.1%		Target: Fill bar is colour coded red = projection exceeds 2012 numbers(>0.16 per 1000 bed days), amber projection equals 2012 levels (=0.16 per 1000 bed days), green = projection is below 2012 levels (<0.16 per 1000 bed days) Rag:	

Sligo Regional Hospital Performance Summary - December 2013

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

ED 9 hour breach		
Current	Future	
Current Value	90%	100%
Trend: v Previous Month		
Target: 100% of patients seen within 9 hours		
Jan 84%	Apr 84.8%	Jul 87%
Feb 90.3%	May 88.10%	Aug 84.2%
Mar 86.6%	Jun 94.10%	Sept 90%
		Oct 92%
		Nov 92%
		Dec 90%

Out-patient Waiting List		
Current	Future	
Current Value	345	0
Trend: v Previous Month		
Target: Out-patient waiting to be reduced to less than 12 months by November 2013.		
Jan '13	Nov '13	2022
June '13	Dec '13	345 (with apps in)
Aug '13		2866
		2777
Oct '13		2452
		17 (7 patients with appointments)

Emergency Re-admissions (Medical)		
Current	Future	
Current Value	12%	11%
Trend: v Previous Month		
Target: 11% target as per CompStat		
12% re-admission rate for Nov.		
Up		

Average Length of Stay (Medical)		
Current	Future	
Current Value	6.5	5.8
Trend: v Previous Month		
Target: 5.8 days		
AVLOS was increased to 6.5 days in Nov..		

Inpatient & Day Case Waiting lists		
Current	Future	
Current Value	0	
Trend: v Previous Month		
Target: No Target: No patient should wait >8mths, 20 weeks (child) & 13 weeks (GI Scope)		
Target met in December.		

Income – Placement of Private Patients		
Current	Future	
Current Value	27	28
Trend: v Previous Month		
Target: 28 patients per night		
A decrease in number of private patients presenting was noted in Nov/Dec..		

Bed Days Lost (due to delayed discharges)		
Current	Future	
Current Value	160	
Trend: v Previous Month		
Target: Monthly average for 2012 = 239		

MRSA Blood Stream Infections		
Current	Future	
Current Value	0.04%	
Trend: v Previous Month		
Target: <= 0.060 per 1000 bed days used.		
Achieving target (data arrears) – Q2 2013		

Absenteeism		
Current	Future	
Current Value	4.92	3.5
Trend: v Previous Month		
Target: To reduce absenteeism rate to 3.5% by December 2013. (monthly in arrears)		
Absence rate has reduced from 6.13% in Jan '13 to 4.92% in Nov '13.		

Staffing WTE variance from Staff ceiling		
Current	Future	
Current Value	1334.6	
Trend: v Previous Month		
Target: To operate within HSE employment levels.		
Nov ceiling – 1317.8 wte		
The hospital is above WTE ceiling in Dec.		

Financial Position		
Current	Future	
Current Value	6%	
Trend: v Previous Month		
Target: To deliver on cost containment plan by December 2013.		
Hospital is €5.2 million over budget in Dec. Variances against budget are:		
Variance Pay 2%		
Non Pay 13%		
Income 0%		

Mayo General Hospital Performance Summary - December 2013

ED Patients waiting for admission at 8am	
Current	Future
<p>A total of 124 ED Patients waiting for admission at 8am</p> <p>Current Value</p> <p>124 patients waiting in ED for admission</p> <p>Trend: v Previous Month </p>	
<p>80% improvement June-December 2013 vs June-December 2012. Overall 25% improvement in trolleys in MGH in 2013.</p>	

Average Length of Stay in Medicine	
Current	Future
<p>Current Value</p> <p>5.12 days</p> <p>Trend: v Previous Month </p>	
<p>Target: 5.8 days to be the average stay achieved</p> <p>One of the best performers nationally, improvements in patient flow processes has greater improved our performance in this area and subsequent improvement in the number of ED Patients waiting for admission. This has been achieved through implementation of the Acute Medicine Programme targets, improved patient flow and effective use of AMAU. ALOS for medical patients is from 6.1 days to 5.41 days (5.8 days national target).</p>	

Hand Hygiene	
Current	Future
<p>Current Value</p> <p>86.2%</p> <p>Trend: v Previous Month </p>	
<p>Target: Achieve 90% compliance by 31st December 2013</p> <p>Action Plan developed by Infection Control Committee to improve compliance. Non compliance among Medical staff of is a concern. Clinical Director to oversee action plan</p>	

Absenteeism	
Current	Future
<p>Current Value</p> <p>3.31%</p> <p>Trend: v Previous Month </p>	
<p>Target: To reduce absenteeism rate to 3.5% by December 2013. Has reduced from 4.53% in August to 4.33%. YTD average is 4.27%.</p> <p>Absenteeism = 3.31% for the month of December, down from 3.70% in November - decrease of 533.20. YTD % Average: 4.19%</p>	

Bed Days Lost	
Current	Future
<p>Current Value</p> <p>19%</p> <p>Trend: v Previous Month </p>	
<p>Target: Reduce to 10% on 2012 number. Situation continues to improve from 302 % in January 2013.</p> <p>Beds closed in District Hospital and in Rehab Unit poses a threat to this target</p>	

In-patient & Day Case Waiting List	
Current	Future
<p>Current PTL</p> <p>0</p> <p>Trend: v Previous Month </p>	
<p>Target: No patient should wait >8 months by end of November, 20 weeks (Child) and 13 Weeks (SI Scope)</p> <p>Target met end of December 2013.</p>	

MRSA	
Current	Future
<p>Current Value</p> <p>0.098%</p> <p>Trend: v Previous Month </p>	
<p>Target: <0.060 per 1,000 bed days</p> <p>Infection Control Committee has actions in place to address increase in MRSA rates in Q3</p>	

Staffing WTE variance from Staff Ceiling	
Current	Future
<p>Current Value</p> <p>959</p> <p>Trend: v Previous Month </p>	
<p>Target: To operate within HSE employment level of 955.77</p> <p>WTE will increase in coming months to reduce agency spend.</p>	

Out-patient Waiting List	
Current	Future
<p>Current PTL</p> <p>100</p> <p>Trend: v Previous Month </p>	
<p>Target: Out-patient waiting to be reduced to less than 52 weeks</p> <p>PTL target was achieved in most specialities. Patients were referred to private facilities and arrangements were made to have patients at Mayo General Hospital.</p>	

CT Waiting List	
Current	Future
<p>Current Value</p> <p>230</p> <p>Trend: v Previous Month </p>	
<p>Target: No Category 2 or 3 patient should wait more than 70 days for a CT.</p> <p>Deterioration in performance, wait times increased from 77 days in March to a current position of 230 days due to non replacement of staff. Staff have been recruited through the ECC which will improve this figure.</p>	

Day of Procedure Rate for Elective Inpatients	
Current	Future
<p>Current Value</p> <p>80%</p> <p>Trend: v Previous Month </p>	
<p>Target: To increase rate to 75%</p> <p>Pre-assessment clinics in place.</p>	

Financial Position	
Current	Future
<p>Current Value</p> <p>5.86% over budget</p> <p>Trend: v Previous Month </p>	
<p>Target: To deliver financial breakeven across December 2013</p> <p>Forecast position at 31st December 2013 based on the ytd run rate indicates expenditure of €82.5m including HRA savings. Equates to an overspend of €3.6m when you adjust the effect of the €1 Budget reduction in respect of Income Legislation. €2.6m of cost containments have been identified which if achieved could reduce the deficit.</p>	

Roscommon Hospital Performance Summary - December 2013

Out-patient Waiting List		DNA Rate for all activity		Increase Day Case activity			
Current	Future	Current	Future	Current	Future		
<p>Current Value 12%</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% This % includes total OPWL</p> <p>Over 12 months pts moved to Mater, Mullingar etc for treatment.</p>		<p>Current Value 10%</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 = 16% Day Cases - Surgery = 5% - Plastics = 2% - Total 4% Average of both OP & DC DNA's = 10%</p>		<p>Current Value 323*</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 = 350-499 Red = <349 *Note: Day surgery closed from 20th Dec 13 to 1st Jan 14 inc. 323 = 3 weeks of activity. Day Surgery/Plastics/Dental = 260 Medical Day-Cases = 63 MAU Pts now classified as IP's</p>			
<p>Registration to Discharge MAU</p> <p>Current Value 90%</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 = 90-100% Amber = 70-89% Red = <69% 26 Pts out of total 31 discharged Under 6 hrs 27 Pts transferred out of total 28 Under 6 hrs</p>		<p>Average Length of Stay</p> <p>Current Value 10</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 Static with November figure Medical = 11 Days - Surgery = 4.6 Days Adjusted for NHSS = 8.8 Days</p>		<p>Scheduled Attendance of Visiting Consultants</p> <p>Current Value 93%</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 = <89% Figure adjusted for OPD Seasonal Closure. Ortho x 2 cancelled. Extra Urology R/V Clinic</p>		<p>Hand Hygiene Compliance</p> <p>Current Value 87%</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>Antibiotic Usage</p> <p>Current Value 90%</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>New Cases of C Diff</p> <p>Current Value 5.8</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 There were no cases of C-Diff in December 2013</p>		<p>Hand Hygiene Compliance</p> <p>Current Value 87%</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>Absenteeism</p> <p>Current Value 3.55%</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% - 4.49% Red: over 4.5%</p>	
<p>Staffing Levels</p> <p>Current Value 1%</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 270 from November 2013.</p> <p>RAG Score Green: 0 - -5% Amber: -5.1 - -10% Red: > -10%</p>		<p>Staffing Levels</p> <p>Current Value 1%</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 270 from November 2013.</p> <p>RAG Score Green: 0 - -5% Amber: -5.1 - -10% Red: > -10%</p>		<p>Absenteeism</p> <p>Current Value 3.55%</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% - 4.49% Red: over 4.5%</p>		<p>Absenteeism</p> <p>Current Value 3.55%</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% - 4.49% Red: over 4.5%</p>	
<p>Financial Position</p> <p>Current Value 0.17%</p> <p>Trend: v Previous Month</p> <p>Target: To deliver financial breakeven by December 2013</p> <p>RAG Score Green: 0 - 3% Amber: 3.1% - 5% Red: <5.1% RCH YDT - 3.14% over budget</p>		<p>Staffing Levels</p> <p>Current Value 1%</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 270 from November 2013.</p> <p>RAG Score Green: 0 - -5% Amber: -5.1 - -10% Red: > -10%</p>		<p>Absenteeism</p> <p>Current Value 3.55%</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% - 4.49% Red: over 4.5%</p>		<p>Absenteeism</p> <p>Current Value 3.55%</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% - 4.49% Red: over 4.5%</p>	

Galway University Hospital Performance Summary - December 2013

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The new look Newsletter

WHAT DID YOU THINK?

I hope you enjoyed reading the newsletter in its new format. Over the past two years the newsletter has evolved and with the expansion of the Hospital Group last year, it was an opportunity to revisit the purpose of the newsletter and how best to deliver this.

We started out by looking at what is good about the 4:1 newsletter and we also looked at newsletters and similar communications from other organisations, seeking out what was good about them. We considered some of the criticisms of staff newsletters generally and the areas for improvement with the 4:1 newsletter.

Our aim is to produce a staff communication which is interesting and informative. The newsletter is aimed primarily at our 8000 staff but is also read by a number of others including the general public and their representatives, potential employees, the broader health services and others.

In essence, the newsletter should aim to aid the integration of hospitals within the group, share achievements, assist group performance and promote good health.

WHAT IS NEW?

The size – the newsletter is now shorter than previously despite the addition of three new hospitals. This is important for lots of reasons, but the principle reason is that we know that people don't read long documents.



Tony Canavan,
Chief Operating Officer

Standard layout - the old style newsletter allowed for a lot of variability. The new format is more structured with guidelines on the numbers of words / images per page and so on. In addition, all content must be included under an update from one of the senior managers or under a directorate. Each hospital will feature once each year to showcase what is topical on that site at that time. We will also include a feature article, for example "Art in Hospitals" in this issue and "HIQA standards" in the next issue.

Fixed publication dates – the content deadlines must now be strictly adhered to. There will be six issues this year and the content deadlines for the remaining issues are below. All material for the newsletter will be forwarded to an external design company to format.

Issue	Content deadline	Feature hospital
16	24 March	Sligo
17	19 May	Mayo
18	14 July	Galway
19	15 September	Letterkenny
20	10 November	Roscommon

I would be delighted to hear your views on our new look newsletter "wnwnews". If you have any comments or suggestions, please email wnwhg.newsletter@hse.ie and mark it for my attention.

Tony Canavan, Chief Operating Officer

