



An Taoiseach, Enda Kenny, officially opened a newly refurbished and extended Renal Dialysis Unit (RDU) in December. 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.

## Mayo General Hospital is now a smoke free campus

On 05 March 2014 (Ash Wednesday) Mayo General Hospital introduced a smoke free campus policy.

It is no longer possible to smoke anywhere on the hospital grounds, for example entrances, doorways, walkways, internal roads, car parks, cars, bicycle shelters etc.

For more information see page 15.



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### NEXT ISSUE

The next issue will feature Galway University Hospitals and "Smoke free Campus". The content deadline is 21 July.

For feedback, comments and suggestions, please email [newsletter.wnwhg@hse.ie](mailto:newsletter.wnwhg@hse.ie)



# Chief Executive Officer Update

Welcome to the June 2014 edition of the West / North West Hospital Groups newsletter as part of the Groups' communication strategy. So much has happened since my last update to you in what was a very busy April and May.....

## RESIGNATION OF NOEL DALY, CHAIR OF THE BOARD OF THE GROUP

It is indeed with deep regret that I'm writing to tell you that Noel Daly, our Chairman for the past two years, has chosen to resign.

He has made this decision to resign as, to use his own words, he did not want his personal and professional reputation or the reputation of the Group to be compromised in any way.

In accepting Noel's resignation, Minister Reilly stated: *"Under his stewardship the group has made vital progress in developing a multi hospital structure that is best positioned to meet the needs of people in the west and northwest of the country. I would also like to thank Mr Daly's family given the time, travel and commitment he gave to the work of the West/North West Hospital Group."*

On behalf of the Group, I would like to echo the Minister's comments and to take this opportunity to thank Noel for his unstinting hard work and support over the past two years.

At an extraordinary meeting of the Board on Monday June 16, board member Dr John Killeen agreed to take on the voluntary role of interim chair pending the imminent appointment of a new chairperson by the Minister for Health. The next meeting of the board will take place as scheduled in Sligo Regional Hospital on 01 July and I will keep you updated on any developments.

## MATERNITY SERVICE

Since our last edition there has been much coverage locally and nationally regarding Maternity Services. Once again can I reassure you that no service reconfiguration options have been recommended to or approved by the Board of the Group or by Senior Management. The review will be considered as part of the broader national review of maternity services (as per the HIQA recommendations), which will be led by the Department of Health with input from the HSE. We are awaiting an update from the Department of Health in relation to the national review before progressing any further with our review. You will continue to be consulted and kept informed of the facts of what is planned and the processes that are underway.

## CEO AWARDS SCHEME

As one of our Group Priorities for 2014, we are in the process of developing a CEO Awards Scheme to recognise the important role that staff play in delivering our services to our patients, and to celebrate the many achievements of the Group.



The CEO Awards Scheme is open to all staff in all hospitals across the Group who may be nominated for their contribution under the following categories (more details to follow on these categories and the evaluation criteria in our soon to be launched CEO Awards Scheme website):

- Exceptional Patient Experience
- Innovation – Clinical
- Innovation – Non-Clinical
- Unsung Hero
- Education and Training
- Research
- Best Team
- Quality Improvement

The first annual CEO Awards Ceremony will take place in November and the short listed nominees for each of the categories above will be invited to attend with the winners announced on the night.

We are working on a website where staff can nominate an individual or team under the headings above. All the applications will be judged by an independent panel. The event will be self funding through sponsorship and no public funds will be used.

I look forward to sharing further details including the nomination process in future issues of wnw news. In the meantime, start thinking about who you would like to nominate!

## CONSTRUCTION OF NEW ENDOSCOPY UNIT AT ROSCOMMON HOSPITAL

The Group welcomed the Minister for Health, Dr James Reilly TD, to Roscommon Hospital to officiate at a ceremony to mark the commencement of construction of the new Endoscopy Unit. This was a very successful visit and a great day for Roscommon public, patients and staff alike and a significant turning point in the history of

the hospital. I would like to extend my thanks to all staff involved in organising this event and particularly to Ms Elaine Prendergast for her leadership in Roscommon over the last 2 years.

### LETTERKENNY REBUILD PROGRAMME

The Group welcomed the Minister for State for Primary Care, Mr Alex White TD, to officially reopen the new Pharmacy Department as part of the Letterkenny rebuild programme. This was a very successful visit and again I would like to extend my thanks to all staff involved in organising this event. Letterkenny now have a state of the art Pharmacy Department one which staff will be proud of and I hope that Mr Tom Ferrie and staff enjoy their new "home".

### ANNUAL REPORT 2013

It was my pleasure to launch the West / North West Hospitals Group annual report for 2013 at the recent Public Board meeting held in Roscommon. This report outlines the key achievements in 2013, the governance arrangements established and various developments from each of our hospitals. There was a significant piece of work required to prepare this report and I would like to acknowledge the work put in by Ms Aoife Morrissy and particularly Ms Anne Conroy in preparing this report.

I would also encourage all staff to read it as it shows the significant work carried out by all staff within the Group which you should be immensely proud of. The report is available to download at: <http://www.wnwhg.ie/content/publications>.

### GROUP NAME

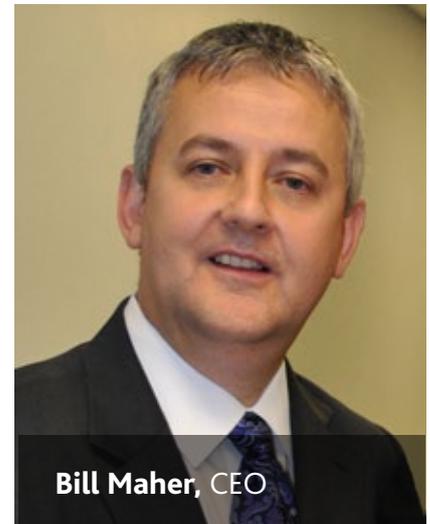
One important piece of business we need to firm up now is the name for the new Hospital Group and our new logo. We need to find a name that encapsulates all member hospitals and that our patients and public will be able to identify with. The first meeting of the Branding Steering Group took place on 07 May. Staff will be updated on a regular basis with a view to launching our new name and logo at our second annual conference in October.

And finally, I along with others from the Group had the privilege to attend the open day of the Strange Boat National Organ Commemorative Garden in Salthill, Galway. This was a tremendous day for organ donation and also for Martina and Denis Goggins who are truly inspirational people.

If you get the chance please visit the garden – you will not regret it.

Kind Regards

**BILL MAHER**  
CEO



**Bill Maher, CEO**

# Group Head of Corporate Development



The Board meeting on 15 April was held at Letterkenny General Hospital. The Board received a verbal update from the Chairman, Mr Noel Daly. The Group's accountability reports were received by the Board and delivered by Mr Bill Maher, CEO; Ms Colette Cowan, Group Director of Nursing and Midwifery and Mr Maurice Power, Chief Financial Officer. The funding model options for the proposed Centre for Learning and Innovation prepared by Ms Colette Cowan was also received by the Board.

The Board reviewed the Unscheduled Care Action Plan prepared by Dr Pat Nash and delivered by Mr Bill Maher and Ms Colette Cowan and the Board agreed a number of actions including a zero tolerance approach to mixed gender wards. Colette will be advising the Board on progress in this area.

The Board also received an update on progress regarding the engagement of staff and developing the external consultation process as part of the High Level Maternity Service Review.

A number of presentations were also delivered on the day including an overview of the HR Strategy 2014 – 2018 by Mr John Shaughnessy, Director of Human Resources.

This was followed by a presentation outlining the results from the first Employee Engagement Survey as part of the Employee Engagement Strategy for the Group; the Board considered the findings of this survey and accepted all of the key recommendations.

Other presentations delivered on the day included a presentation by Dr Colm O Donnell the newly appointed Clinical Diagnostics Director who gave an overview of the new Diagnostic Directorate for the Group and Ms Elaine Way Chief Executive, Western Health and Social Trust (Northern Ireland) who provided an overview of Altnagelvin Hospital and an update on the current and future collaborations between the Group and the Western Health and Social Trust as part of the cross border initiatives.

The final presentation was delivered by Mrs Eileen Bannan, who provided an overview of the work of the Friends of Letterkenny who have raised over €4.5 m since it was established in 1992 which is a very impressive achievement.

The Public Board Meeting was held on 13 May in the Abbey Hotel, Roscommon, the first of two to take place in 2014. The meeting followed a similar format to the Public Board meetings held in 2013.

The Board received the Group's accountability reports through updates from Mr Bill Maher, CEO; Dr Pat Nash Chief Clinical Director and Mr Maurice Power, Chief Financial Officer. The Quarter 1 update on the WNWHG Service Plan actions 2014; Performance Management Report prepared by Mr Tony Canavan Chief Operating Officer and a summary of the NHS Foundation Trust Status prepared by Mr Maurice Power were also received.

There were three presentations; the first from Prof. Wil van Der Putten Chief Physicist, GUH. This presentation focused on Managed Equipment Service and it outlined the problems facing the Group and a proposal for Capital Equipment Procurement which was supported by the Board for further consideration.

The second presentation was delivered by Dr Donal Reddan newly appointed Clinical Director for Medicine who gave an overview of the new Medical Directorate for the Group.

The final presentation was delivered by Mr Bill Maher and Ms Elaine Prendergast, General Manager Roscommon Hospital. This presentation focused on Roscommon Hospital and its role as a Model 2 Hospital. The Board passed on its thanks and appreciation to all staff at Roscommon Hospital for all the work undertaken in the last 2 years and that it is an example of how a small hospital should run.

The Board Meeting closed with the launch of the Group's Annual Report for 2013.



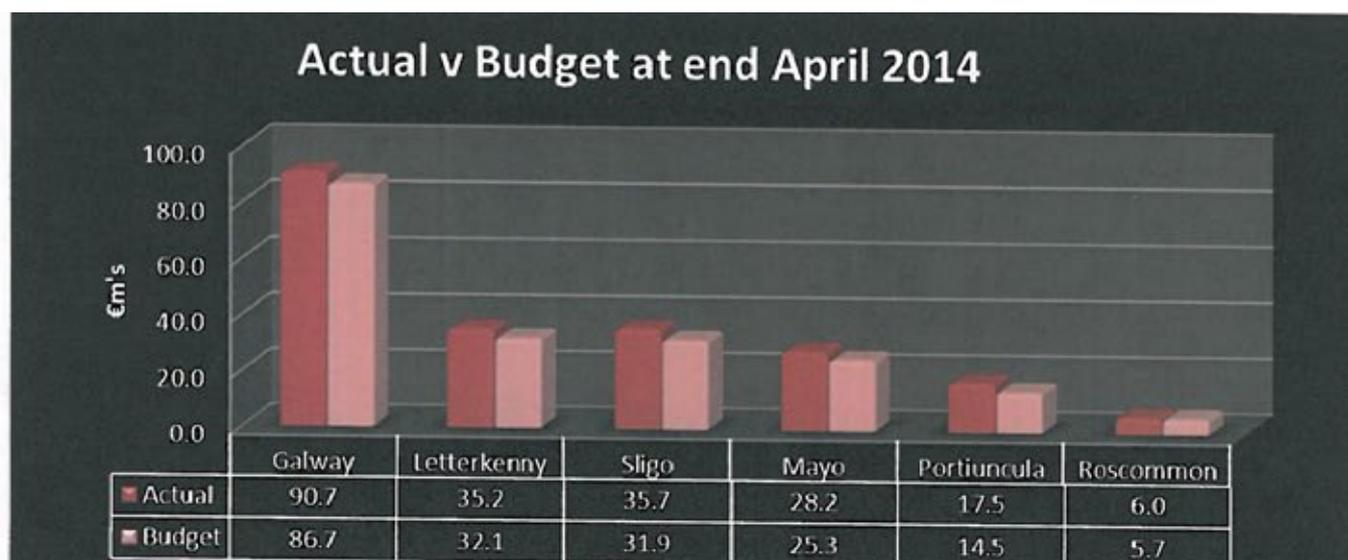
**Fiona McHugh**, Group Head of Corporate Development

The Next Board meeting is scheduled to take place on Tuesday 1 July at Sligo Regional Hospital.

**Kind Regards**

**Fiona McHugh, GHCD**

# Chief Financial Officer



## FINANCIAL PERFORMANCE – AT END APRIL

The graph above shows the Group's expenditure against our budget for the first four months of 2014. At the end of April expenditure was €213.3m, this is an over spend on budget of €17.1m and an increase on 2013 costs of €4.0m.



**Maurice Power,**  
Chief Financial Officer

Payroll costs year to date are over budget by €6.7m and show an adverse variance with previous year of €1.2m, with the main overspend in the area of Medical/Dental agency. This is due to on-going recruitment difficulties across all sites, but particularly in Sligo Regional and Portiuncula Hospital.

Non-pay costs have increased by €3.5m on last year. The non-pay cost pressures are largely patient related and include drugs and medicine, medical and surgical and nursing home fees.

Patient related income has remained at previous years levels despite the introduction of the new legislation. However it is still €1.9m less than budgeted due to a fall off on other income generation streams.

## PERFORMANCE MEETING

At the end of April the Group's forecast expenditure is €643m which is €47m over our allocated budget.

Following on from recent performance meeting with the National Team it was clear that this overrun was unsustainable and must be addressed as a matter of urgency. As a result a new target expenditure figure of €710.8m for the Group has been set. This equates to a 2% reduction on expenditure from last year.

While this is a welcome development, we still have a challenge of €20.8m to find between now and the end of the year in order to meet the target. This will be a major challenge for the Group and will require all our efforts to ensure that we are financially sustainable. The onus is on all of us to deliver on the target expenditure.

## MFTP IMPLEMENTATION 2014

We are currently awaiting the first quarter's results on our performance under the programme. It is very encouraging to note the efforts by the HIPE teams to ensure our coding is up to date and that we meet the one month in arrears deadline. Current figures show a 97% coding rate.

A further meeting of the MFTP steering group will take place in June to continue with the roll out of the programme.

## CLAIMSURE

At a meeting with the national finance team we agreed to set dates for the implementation of Claimsure in Mayo and Letterkenny. A further upgrade from Claimsure is imminent.

## ICT STRATEGY

We have a draft ICT strategy that requires some further work in terms of integrating the additional hospitals' IT status and stakeholder engagement. We are currently seeking some external support to complete.

The ICT steering committee is also putting a project assessment team in place to review any significant proposals and terms of reference for that group are being drawn up.

One of the major ICT projects is the Electronic Medical Record (i.e. document scanning to reduce dependence on paper). A tender was issued on 07 March in the OJEU, with a closing date of 17 April 2014. The responses are being assessed by the procurement sub group and short-listing work should be completed by mid - June 2014.

# Chief Director of Nursing and Midwifery

Executive Walkabouts continue and it is proving very useful to meet with frontline staff to not only see the high quality patient focused work, but also to hear what concerns them first hand. Our Board members will also be visiting sites to meet with you all. Dr Donal Reddan, Group Clinical Director and I had the pleasure of doing an Executive Walkabout at Merlin Park University Hospital. The staff were very engaging and are providing exemplar work in the area of Dialysis, Orthopaedics, Rheumatology and Rehabilitation.

We continue to progress on developing a Centre for Leadership, Learning and Innovation for the Hospital Group. Our website will carry more information on this plan for the future.

This month Maura Loftus Daly, Director of Nursing, Roscommon gives an overview of her role and profile of Roscommon.

It was our pleasure to see the launch of a new Endoscopy build at Roscommon Hospital in May and observe the progress and developments at the site. Roscommon has focused on providing "local excellence" since the change of services in line with a model 2 hospital and has opportunities for further service delivery.

Plans are progressing on the development of Listening Forums to allow staff meet with the Executive Council to get an update on the Group and raise their views and engage in the future of this Group. It is hoped to have the first Listening Forum in September 2014 after the Summer break.

I hope you all get a break over the Summer and that the sunshine arrives soon!!!

**Colette Cowan,**  
**Chief Director of Nursing and Midwifery**



**Colette Cowan,**  
Chief Director of Nursing  
and Midwifery

## Profile of Maura Loftus, Director of Nursing, Roscommon Hospital

For those who don't know me, my name is Maura Loftus and I am proud to introduce myself as the Director of Nursing, Roscommon Hospital.

My nursing career started in 1991 in Beaumont Hospital and from there to both Merlin Park University Hospital, University Hospital Galway and then on to Portiuncula Hospital Ballinasloe. My career has spanned the four pillars of Nursing: clinical, education, research and management.

I took up post as Director of Nursing in Roscommon Hospital after holding an ADON post for four years previously, with the aim of continuing 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.

As Director of Nursing, I provide a focal point for clinical leadership, risk management and governance. My role is to provide clinical leadership and ensure high standards on quality, safety, infection control, clinical care and patient experience are maintained.

I have a patient focused approach and am keen to ensure that the patient is at the centre of everything we do here at Roscommon Hospital. I am keen also, that we are able to offer every patient a very high standard of care in an efficient, caring and welcoming environment

I firmly believe in being a visible presence in the hospital and try to be accessible to staff to provide advice and support to them. I am available to listen and share information with staff and discuss problems at ward level, working together to find solutions. By empowering Ward Managers to recognise their potential as leaders, they can make a difference and ensure the experience for patients, families/carers and staff is a positive one.



**Maura Loftus, Director of  
Nursing, Roscommon Hospital**

It is important that staff feel supported to challenge practice and strive to make the clinical area one which provides the fundamental aspects of care and encourages nurses to look afresh at their professional practice and quality of patient experience. I am 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.

All of this would not be possible without our staff and I would like to thank them for all their continued hard work and dedication. We are absolutely committed to providing the highest possible quality of care and delivering as many services as we can, locally and safely here at Roscommon Hospital.

# Group Director of Human Resources

## Haddington Road Agreement (HRA) update.

Work has been completed on the final part of the Regularisation of Acting positions and Responsibility Allowances under the terms of Circular 17. 182 staff across the Group were recommended for Regularisation under the three headings provided by the Circular – Responsibility Allowances, Paid Acting and Unpaid Acting. This is a well-deserved recognition for the commitment of the staff who were eligible and is one of the positive aspects of the Haddington Road Agreement.

By now, 2,850 staff have had their options with respect to the Incremental Credit provisions of the agreement processed. 74.67% have opted for cash reductions, 14.66% for annual leave reductions, 4.77% for Unpaid leave options, 4.56% have 'defaulted' to annual leave reductions and 1.34% fall into 'Other' arrangements. I would like to thank all the staff concerned for their cooperation in this exercise.

It is expected that work will soon be complete in respect of the Assurance Process on how the additional hours were utilised on each site, in each department, unit and ward. The proposed cash savings arising from the additional hours which were targeted for the Group will be evaluated by the National Assurance Team. In September, when we took a 'snap shot' of the situation, between 90% and 98% (depending on staff category) of staff were working the additional hours with the balance taking the associated pay cut.

## ATTENDANCE AND ABSENTEEISM

The reduction of absenteeism continues to be a key priority across the Group and the best measure of progress is the twelve month running average. Currently all of the hospitals in the Group are falling short of the 3.50% target. LGH averages 4.55%, GUH 4.62%, PHB 4.74%, RCH 5.28% and SRH 5.45%. MGH is leading the way with an average of 3.77%. In times of significant resource shortages, it is even more important that we consistently attend work and reduce the pressure that absence puts on our colleagues. Again I ask that all staff put in a special effort over the coming months to bring the Group to the fore for high staff attendance levels.

## 'HAVE YOUR SAY' – THE EMPLOYEE ENGAGEMENT SURVEY

The Steering Committee to oversee the Group's approach to implementing improvements arising from the EES

has almost completed the initial stage of their work, namely identifying a small number of key priorities which will be pursued on each site in addition to site specific issues. These 'core priorities' include Communication and Engagement, Recognition of Performance/Caring for Staff, Visible Leadership and Supporting Staff Performance. General Managers will soon be establishing Local Steering Committees to implement the changes and they are keen to hear from staff on each site who may wish to be involved, so please feel free to contact your General Manager to let them know of your interest.

## RECRUITMENT

The Employment Control Committee received an average of 134 applications for staff recruitment each month to



**John Shaughnessy,**  
Group Director of Human  
Resources

date in 2014.

Priority continues to be given to Nurse/Midwifery recruitment with progress being made in Theatre, Critical Care and Emergency Departments. Between January and April, 65.35 Nursing/Midwifery WTEs were recruited across the Group.

NCHD recruitment in particular continues to be challenging. This is reflected in the ongoing high level of Agency engagement. A recent statement from the HSE that they will seek to recruit NCHDs from Eastern Europe raises hope that the situation will be addressed over the coming months. The Group is 95.42% compliant with the European Working Time Directive (maximum 24 hour shift).

# Diagnostic Directorate



Photo Above : Mayo General Hospital pathology Laboratory INAB accredited Pathology Laboratory. An Taoiseach Enda Kenny stopped by to congratulate us. Back row L-R: Charlie Meehan GM , Dr Fidel Bennani Cons Histo, Ray Divilly Bio, Liam O Grady Histo, Conor Burke Micro. Front L-R: Janet Burke QM, An Taoiseach Enda Kenny, Regina Rogan LM ,Des Mc Gowan Haem/BT

## DIRECTORATE MEETING

The first Directorate Meeting of the Diagnostics Directorate was held in Sligo General Hospital on the 28 April 2014. All of the Hospitals in the Group were well represented. A broad range of agenda items were discussed. The need to reduce costs must be balanced with the need to provide a safe service. The Directorate has introduced a set of Key Performance Indicators (KPIs) which will be useful in monitoring the quality of care and efficiency of the Directorate.

The desirability of a Group wide Electronic Patient Record was discussed, it was agreed that there should be integration across the Directorate.

The post of Directorate Support Manager for the Directorate has been advertised, this post when filled will be very helpful in increasing the cohesion of the Directorate.

Dr Ronan Ryan, Consultant Radiologist, is the Associate Clinical Director leading the Diagnostics Directorate and staff of eighty one at Mayo General Hospital.

Included in the Diagnostics Directorate are Radiology and the Laboratory services.. The Directorate in Mayo General Hospital

offers the following services: Haematology ( inc. Blood Transfusion ), Biochemistry, Microbiology and Histopathology, Computed Tomography ( CT ), Magnetic Resonance Imaging ( MRI ), Ultrasound, Fluoroscopy, Mammography and Plain Radiography and some intervention. . There are also satellite plain radiography units in Ballina District Hospital and Belmullet Community Hospital.



**Dr Colm O'Donnell,**  
Clinical Director

The Mayo General Hospital Laboratory is a fully accredited service to the Irish National Accreditation Standard for Laboratories ISO15189 in all disciplines. This includes Haematology, Blood Transfusion, Haemovigilance, Microbiology , Biochemistry and Histopathology.

There are fifty one staff providing the service to Mayo General Hospital, District Hospitals, Nursing Homes and GP practices.

### Interesting Facts from the Lab at Mayo General Hospital:

- Just under 3,000 red cell units and 300 Platelets units were transfused in 2013.
- A unit of blood costs the hospital €270 and a unit of Platelets €825.
- A unit of blood lasts for a maximum of 35 days.
- A unit of platelets lasts for a maximum of 3 days once received in Lab.

Two new coagulation analysers have been validated and put into routine use in the Haematology Laboratory this year. The new analysers will help Mayo General Hospital to continue to provide a reliable, safe and timely coagulation service.

Efforts are being made through the hospital transfusion committee to ensure that all staff are aware of the cost of the transfusion service and to minimize waste in any way possible. The main users of the transfusion service are General medicine, Orthopaedics, Surgery and Haematology/Oncology. A website worth visiting if interested in blood transfusion is [www.blooddirective.ie](http://www.blooddirective.ie).



Photo Above. Recently acquired Artis Q Interventional Unit at Galway University Hospital. Mary Murphy Business Manager Radiology Dept, UCHG, Mr. Patrick Doherty, Regional Account Manager, Siemens Ltd; Ms. Irene O'Meara, Radiographer, Mr. Colm Daly, Acting Clinical Specialist Radiographer, Dr. Gerard O'Sullivan, Consultant Radiologist, Mr. Pat O'Donnell, Customer Service Account Manager, Siemens Ltd., Ms. Grace Kenna, CNM Radiology, Ms. Susan Coyle, Radiography Services Manager & Colm O'Donnell, CD Diagnostics Directorate.

# Women's & Children's Directorate

## National Midwives Week 28 April – 02 May 2014

To mark this occasion midwives at the Maternity Unit, University Hospital Galway facilitated an information stand in the front foyer on Friday 02 May 2014 from 09.00 – 14.00. The aim of the stand was to inform the public of the important role midwives play in the health of women and babies in the West of Ireland.

There was great enthusiasm towards this event and we would like to thank all who organised, supported and made this a success.

The World Needs Midwives Now More Than Ever!

### Providing Safe Care for Mother and Baby



Sally Millar and Carmel Cronolly



Saoirse Raleigh, Heather Helen, Majella Ryan and Catherine Morrisroe



Eithne Gilligan, Jane Whiriskey, Dr. Geraldine Gaffney, Carmel Cronolly, Anne Marie Grealish, Heather Helen and Martina O'Connor

# Neonatal Study Day in University Hospital Galway

The second Neonatal Study Day in University Hospital Galway was held on 23 May 2014 and was a very successful event.

Forty-four participants from all three Maternity Hospitals in the West and colleagues from Our Lady of Lourdes Hospital, Drogheda and St. Munchins Hospital, Limerick attended this study day. The aim of this study day is to provide evidence based information for neonatal nurses, midwives, and doctors in the care of Neonates. This study day also aids communication and relationship building between the hospital groups, to enhance better understanding of the role of the various stakeholders involved in the care of the ill /preterm/ new born infant requiring neonatal intensive care.

## The Facilitators/Lecturers included:

- Neonatologists UHG: Dr Ethel Ryan and Dr Donough O' Donovan
- Consultant Paediatrician: Dr Edina Moylett
- Registered Advanced Neonatal Nurse Practitioner UHG: Ms Jean James
- Consultant Neonatologist: Professor Naomi McCallion
- Neonatal Fellow Cambridge: Dr Mike Boyle
- Senior Neonatal Dietician, UHG: Ms Ana O'Reilly-Marshall
- Craniofacial Surgeon: Mr Dylan Murray
- Speech & Language Therapist: Ms Julie Young

There was very positive feedback from the neonatal study day



## SOME COMMENTS FROM THE EVALUATION FORMS

"Brilliant study day, very informative", "very interesting day, looking forward to next one", "excellent day, there should be more of these days, really enjoyed it, thank you", "very educational and well delivered study day, looking forward to next study day", "I learned so much", "larger venue, well done to all involved, "attendance was excellent, if possible a bigger room would be more appropriate and comfortable next year".

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



# MAYO REGIONAL HOSPITAL

## Featured News

### Friends of Londiani/Mayo General Hospital Link



**Charlie Meehan,**  
General Manager

A chance encounter in 2004 on Mweelrea, Mayo (814m), led to an exploratory visit by a Mayo General obstetrician to a community maternity unit in rural Kenya, hosted by the charity, Friends of Londiani (FOL).

A decade on, seven Mayo General Hospital volunteer service teams have returned to Londiani

in the Rift Valley highlands, 250km northwest of Nairobi. At 2500m above sea-level, the MGH teams learn much more than tropical medicine and resource management, they also learn why the local Kalenjin Olympians are such successful athletes, running in this challenging environment.

The natural beauty that attracts the trekker belies the reality of life as a subsistence farmer in these remote rural villages where cholera, polio and measles outbreaks still occur, where up to 1% of rural mothers die in childbirth and 20% of children do not arrive at five (years) alive. Malaria, TB, typhoid and HIV infections are endemic. Half the villagers do not have access to clean water or sanitation.

A hospital link between Londiani District Hospital and Mayo General Hospital with Friends of Londiani as the facilitating charity was established to support hospital service strengthening in response to the community's health needs assessment.

The management teams from Londiani and Mayo Hospitals (both rural government hospitals) with FOL met in Nairobi in 2009 and jointly explored the hospital structures and health care delivery models in Kenyan urban and rural settings. The visit culminated in the breaking of ground to build an operating theatre suite at Londiani District Hospital and the signing of the first Memorandum of Understanding by both hospital management teams.

The principles of global institutional linking, already well established in the schools sector, were incorporated into this agreement – equality, partnership, reciprocity and mutual respect, cultural competence and with the primary

focus of capacity building through staff development.

MGH service teams have responded annually to requests for professional development from our Kenyan colleagues, both community and hospital based and have facilitated a diverse range of education from remote emergency care to comprehensive obstetric care. See Table 1. In May 2014, MGH was delighted to host the management team from LDH for the first time.

The institutional link has resulted in considerable benefit for staff and students at MGH beyond its contribution to the hospital's social responsibility profile. The volunteers have developed personally and professionally, have expanded their team skills across disciplines, have contributed to the syllabus of the NUIG "Medicine in the Resource-Poor setting" module for medical students and have learnt about sustainable development.

Support from MGH/FOL at organisational level, with part funding in Kenya from Irish Aid Civil Society section and laterally at HSE Global Health level has allowed us to meet the challenges to date. We hope to meet the ESTHER Ireland Quality in Partnership principles in 2014 as a mark of our commitment to furthering this link.

**Friends of Londiani (FOL)**, Ireland is a registered charity (CHY16505) which assists community development in Kenya with a focus on poverty reduction through partnership at rural village level.

The main program areas are health, education, water-sanitation-hygiene and economic empowerment. The charity sends ultra-short term international service volunteers who learn development education and share technical skills. See our website [www.friendsoflondiani.com](http://www.friendsoflondiani.com) or contact [meabh.nibhuinneain@hse.ie](mailto:meabh.nibhuinneain@hse.ie) for expressions of interest for the 2015 hospital link service team



## CF UNIT, MAYO GENERAL HOSPITAL

The Taoiseach, Enda Kenny, turned the first sod on the site of a new day care and outpatient Cystic Fibrosis facility for adults and children at Mayo General Hospital on 16 December 2013.

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 sophisticated Air Management Infrastructure, thus ensuring the best possible care environment.

The project provides 3200 sq ft of a new two storey block for the care of Cystic Fibrosis outpatients linked to the hospital infrastructure through the existing outpatient department. The unit provides two specialist patient areas, treatment facilities, education laboratory, conference and support facilities all integrated into the hospital infrastructure.



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

## REFURBISHED HAEMODIALYSIS UNIT, MGH

On 16 December 2013 the Taoiseach, Enda Kenny, officially opened a newly refurbished and extended Renal Dialysis Unit (RDU) at Mayo General Hospital.

The new 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 at Mayo General Hospital by four treatment stations and will provide extra capacity for up to twenty additional patients per week.

The haemodialysis unit at Mayo General Hospital opened in July 1995 providing a service for 6 patients initially, increasing to 40 by 2006. The unit reached its capacity of 54 patients by 2008 and since 2011 there have been up to 10 additional patients from Co. Mayo travelling to Galway three times a week for dialysis.

The increased capacity - the unit can now treat up to 70 patients per week- will serve the population of the county now and in the longer term. It is anticipated that up to 60 patients in Mayo will require dialysis by 2014. The unit will also be able to better facilitate dialysis patients who are holidaying in the area.

The refurbished unit opened to patients on 09 December 2013.

Dr Donal Reddan, Consultant Nephrologist at Mayo General Hospital and Galway University Hospitals stated, "This facility greatly enhances patient safety and comfort and ensures the highest standards of care can be delivered to our patients in a new, bright and airy environment. Some patients who have significant distances to travel to Galway spent in the region of 8-10hrs three times a week accessing treatment. This was unacceptable as it is best practice to provide haemodialysis as close to patients' homes as possible.

"The isolation facilities are of the highest standards and will ensure that vulnerable patients are better protected. Disinfection and maintenance facilities are also enhanced with the necessary waiting, storage and office space improved. We are delighted that the high standard of care provided by our expert team can now be delivered in what is a world class environment here at Mayo General Hospital."

Support in the purchase of equipment for the unit was provided by the Irish Nottingham Golf Society and the Friends of Dialysis Mayo General Hospital. The groups were thanked for their valued support for the haemodialysis service at the hospital.



The Taoiseach, Enda Kenny, officially opened a newly refurbished and extended Renal Dialysis Unit (RDU) in December. 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.

## Mayo General Hospital is now a smoke free campus

On 05 March 2014 (Ash Wednesday) Mayo General Hospital introduced a smoke free campus policy.

It is no longer possible to smoke anywhere on the hospital grounds, for example entrances, doorways, walkways, internal roads, car parks, cars, bicycle shelters etc.

As a leading healthcare provider, Mayo General Hospital is committed to reducing the use of tobacco and its harmful health effects. The hospital aims to create a healthier, smoke free, clean environment for its patients, staff and visitors.

The policy applies to all staff, patients, visitors, contractors and anyone who enters the hospital buildings / grounds.



## Irish National Accreditation Board (INAB) Laboratory Accreditation

The Pathology Laboratory at Mayo General Hospital achieved the Irish National Accreditation Board standard award in all departments. The departments of blood banking, haemovigilance, haematology, microbiology, biochemistry and histopathology are all accredited.



# Estates Update



At the official opening of the new Pharmacy Department at Letterkenny General Hospital by Minister of State for Primary Care, Mr Alex White TD, from left: John Shaughnessy, Group Director of Human Resources, West / North West Hospitals Group; Dr Colm O'Donnell, Group Clinical Director for Diagnostics, West / North West Hospitals Group; Tom Ferrie Chief Pharmacist, Letterkenny General Hospital; Minister White; Sean Murphy, General Manager, Letterkenny General Hospital; Sharon Moohan, non-Executive Director, West / North West Hospitals Group; and Tony Canavan; Chief Operating Officer, West / North West Hospitals Group.

## Letterkenny General Hospital

**The new Pharmacy Department at Letterkenny Hospital was officially opened by Minister of State for Primary Care, Mr. Alex White TD on the 12 May 2014.**

The new pharmacy facility is modern, spacious, well designed and consists of:

- A state of the art dispensary (double the size of the previous dispensary);
- A waiting room for patients;
- A consultation room for hospital staff and patients to meet with pharmacists (a requirement of the Pharmaceutical Society of Ireland, the regulatory body for pharmacists);
- A general office;
- A cold room (with capacity 3 or 4 times what existed previously);
- A non-sterile preparation room (for preparing ointments, nose drops etc); and
- A seminar room for staff meetings.

# Sligo Regional Hospital

## Additional Car Parking Spaces

An additional 220 car parking spaces have been allocated at Sligo Regional Hospital from early May. The car park, along with the new ring road around the hospital, is part of the enabling works for the proposed new Surgical and Emergency Department Block.

The hospital has also reorganised the allocation of parking for members of the public and staff. The current Outpatients car park is now dedicated to patients attending the Outpatient Department and additional public spaces are now available for visitors and patients adjacent to the existing main public car park.

# Roscommon Regional Hospital

## Endoscopy Project



Ian Pudney, Architect, Rhatigan & Company Architects Ltd (the design team lead) shows the plans of the Endoscopy Unit to Minister for Health, Dr James Reilly TD during a visit to Roscommon Hospital today. From left: Deputy Frank Feighan TD, Noel Daly, Chair of the West / North West Hospitals Group; Minister Reilly; Ian Pudney; Elaine Prendergast, General Manager, Roscommon Hospital; and Mr Liam McMullin, Consultant Surgeon, Roscommon Hospital.

Minister for Health, Dr James Reilly TD visited Roscommon Hospital on 12 May to view plans for the construction of a new Endoscopy Department at the hospital.

The tendering process has now reached the evaluation stage and it is expected that the contractor will be appointed to the project in the coming weeks. An allocation of €5.5m has been approved for this development. Construction is expected to commence in June 2014 and will take one year to build.

The new facility will increase the endoscopy capacity of the hospital from 16 procedures per day currently to 30 procedures per day or 6,000 per annum.

Roscommon Hospital has been accredited by JAG to carry out endoscopies. The Hospital is now an approved centre for colorectal screening under the governance of the National Cancer Screening Service.

# Galway University Hospitals

## Radiation Oncology Enabling Works

The first project in a series of projects to enable the New Build Radiation Oncology Facility will commence on 1st week of July, 2014. This involves the build of upper deck replacement car parking on the existing car park adjacent to the Laboratory.



We recognise that this will be a significant inconvenience for staff and we have put a number of measures in place to lessen the impact. We would like to encourage staff to use the shuttle bus service from MPUH site, increase walking, cycling or taking the public bus to work during this time, if possible.

### STAFF PARKING UHG

**From the beginning of July the existing car park adjacent to Laboratory will no longer be available to staff for parking for the duration of a 6/7 month build project for upper deck parking.**

## Merlin Park Parking & Shuttle Bus Service

Staff who travel from the east side of the City/County have the option to park in Merlin Park.



- Additional car parking spaces have been designated near the front entrance, beside the Mortuary, for use by staff travelling on the shuttle buses. The shuttle buses will stop at this car park for collection and drop off.
- The frequency of the shuttle buses will be increased and they will travel every 20 minutes from each site.
- Larger buses will be introduced to transport staff between the sites.
- Changes to the timetable have been made to make it easier for staff to use the shuttle buses. The new timetable will be circulated shortly.

### ADDITIONAL PARKING OFF SITE

Negotiations are taking place on an option to lease some off-site parking near UHG. Further details will follow.

### BUS TRANSPORT

Bus Éireann and City Direct buses serve the hospital and we are arranging an open day in the foyer of UHG for both companies to advise staff on bus routes and timetables.

Staff using public transport to get to work can avail of tax incentives – see [www.taxsaver.ie](http://www.taxsaver.ie) for more details.

A real-time screen displaying up-to-date Bus Éireann timetables for routes serving the hospital will be installed at the main foyer.

Timetables for City Direct and other service providers will also be available adjacent to this screen.

### CYCLING

Staff can avail of the Cycle-to-Work Scheme which gives discounts on bicycles and cycling safety accessories such as helmets and locks. This scheme is administered by the HSE West Finance Department.

For more information and to download the application form, go to: [http://www.hse.ie/eng/staff/Benefits\\_Services/Cycle\\_to\\_Work\\_Scheme/HSE\\_West\\_Employees/GalwayMayoandRoscommon/](http://www.hse.ie/eng/staff/Benefits_Services/Cycle_to_Work_Scheme/HSE_West_Employees/GalwayMayoandRoscommon/).

- **Bicycle Shelters:** There are two fully covered, one partially covered and three uncovered bicycle shelter areas available for use by staff onsite. The shelter adjacent to Maintenance Department is being upgraded as a fully secure space.
- **Shower and Changing Facilities:** There are approximately 40 changing and showering facilities available in many departments on site in UHG. If there are none in your area, shower and locker facilities are available in the Basement. We are currently looking at options for upgrading these facilities for staff.
- **Galway Bike Rental Scheme:** The first phase of the new bike rental scheme is coming to Galway city in the near future. A bike station will be located adjacent to UHG and NUI Galway on Newcastle Road. This will provide an alternative option for staff to travel within Galway city.
- **Cycle training and bike maintenance workshops** will be offered to staff in the coming weeks.

### CAR SHARING

There are dedicated spaces available for staff who car share with colleagues. To register, **contact Park Rite on 091-542858.**

If there is sufficient demand, additional car parking spaces will be designated for car sharing.

Car sharing spaces are only offered to staff commuting to work with two or more colleagues and the car must display a permit.

If staff wish to contact other people interested in car sharing, there is information available on [www.carsharing.ie](http://www.carsharing.ie).

## Further Information

A dedicated e-mail address will be activated in the coming weeks to facilitate staff who require additional information / clarification or who wish to provide feedback or suggestions. Staff will be notified of the e-mail address as soon as possible.

## New Temporary Helipad

The new temporary helipad is scheduled to become operational from the 11 June 2014. This temporary arrangement will remain in place for the duration of the Radiation Oncology enabling works/Car Park Project.



## CTRF Build Update

The CTRF project remains on target to complete by the due date of **30 January 2015.**



## Paediatric CF Outpatient Department

Works are progressing well on site with the building fully weather proof, all windows are installed and the Electrical and Mechanical works commenced and internal plastering has also started. The project is on target for completion July 2014.



Paul Carey, Managing Director, Carey Developments, Ann Cosgrove, General Manager, Galway University Hospital and Mary Lane Heneghan, Chairperson, Cystic Fibrosis Association of Ireland.

# Hand Hygiene

There has been a concerted effort to ensure all staff have had Hand Hygiene Training including the 5 moments of Hand Hygiene. Training sessions have been rolled out across the sites. It is an opportune time for me to thank the staff who came forward to train as trainers and support the hard working Infection, Prevention and Control Teams. Your efforts have not gone unnoticed.

We all agree that Hand Hygiene is a basic fundamental skill which we would expect from any service we would use in our normal life. I took some time and asked our patients what they thought. These are some comments:

- "I am ill, I put my trust in you all to have clean hands when looking after me".
- "If your hands were visibly dirty, you would wash them, it's a pity germs are not coloured"
- "It must be hard to keep washing your hands but are you not worried about carrying germs?"
- "It's about making it a habit and practising it".

The training is one element, if you have not trained to date, you will be asked to explain, so look out for upcoming sessions.

Once training is complete, we will embark on compliance testing through our audits, mystery shoppers and Patient Council Volunteers. Each Department will be asked to identify champions to raise the bar on Hand Hygiene.

**Colette Cowan**

**Chief Director of Nursing & Midwifery**

**WNWHG**

## HAND HYGIENE TRAINING

Here are the latest hand hygiene training rates per hospital – we are aiming for 100%. Congratulations to Roscommon Hospital for being the first hospital to hit the target!

It takes an enormous amount of organisation to arrange training for an entire hospital and the efforts of HR and the ICP teams must be acknowledged as well as the availability of staff to participate.

Hospital	Hand Hygiene Training Rates
Roscommon Hospital	100% of staff have attended hand hygiene training
Portiuncula Hospital Ballinasloe	97% as of 23 May
Sligo Regional Hospital	91.3% as of end of April
Letterkenny General Hospital	89% as of 28 April
Mayo General Hospital	87.67% as of end of April
Galway University Hospitals	85% as of 21 May

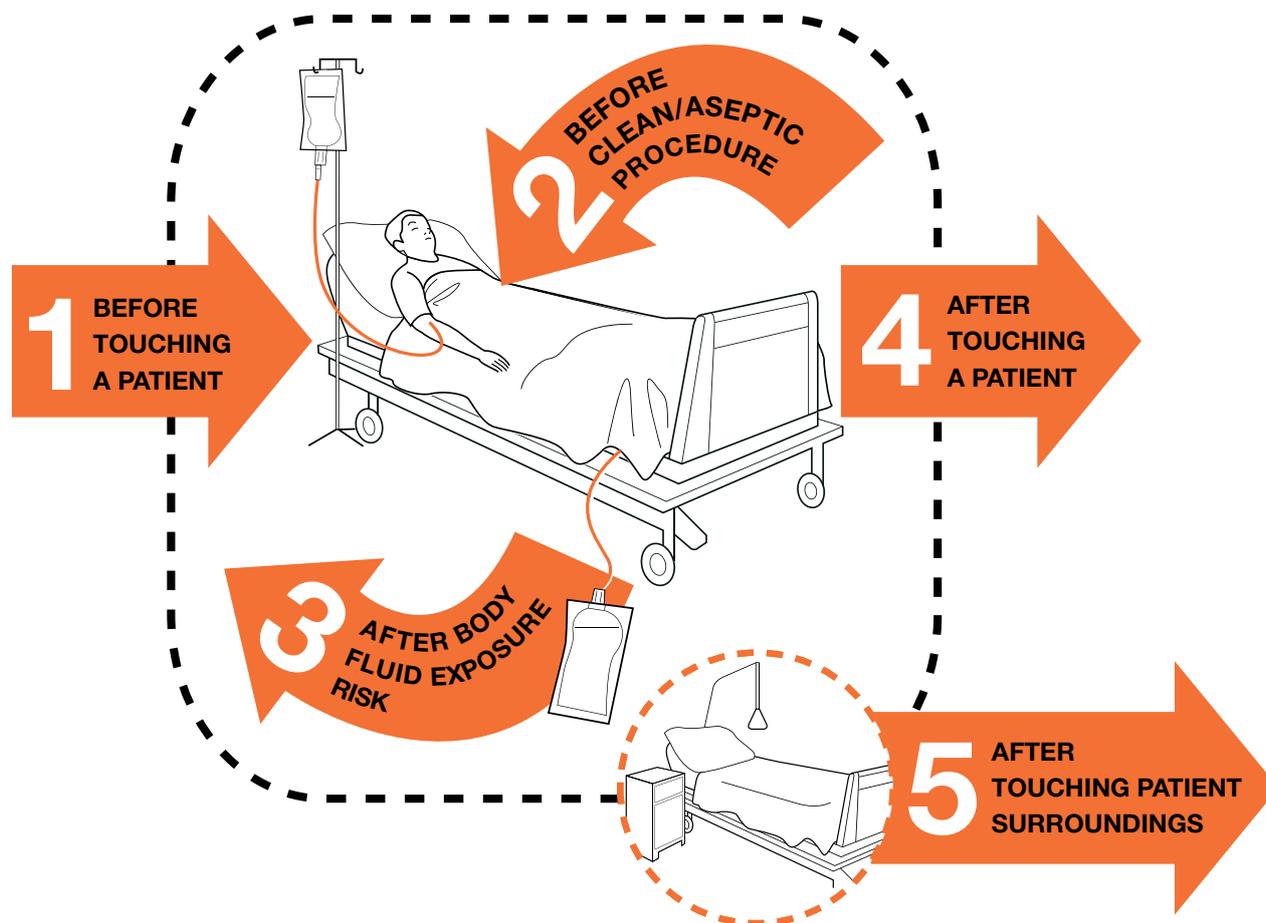
**Don't forget, everyone needs to do refresher courses at one year intervals.**

## Hand hygiene, bugs and infections - did you know?

- **Total bacterial counts on the hands of health professionals ranges from 39,000 to 4,600,000 bacteria per cm<sup>2</sup> (WHO Hand Hygiene Guidelines 2009)**
- The immediate environment around a hospitalised patient, including surfaces like bed rails, bed linen, monitors, charts etc., are coated with a layer of that patient's respiratory, skin and faecal microorganisms (sometimes referred to as the "faecal veneer"). Thus, you can pick up faecal bacteria on your hands without having touched the patient.
- **Numerous studies have shown that bacteria such as Enterococcus (VRE), Serratia, Pseudomonas and Shigella survive on hands for 60 minutes or more (WHO Hand Hygiene Guidelines 2009)**
- Cleaning hands with an alcohol handrub reduces bacterial contamination of hands by up to 98% (Cardoso CL, Pereira HH, Zequim JC, Guilhermetti M. Effectiveness of hand-cleansing agents for removing Acinetobacter baumannii strain from contaminated hands. Am J Infect Control 1999; 27: 327–331)
- **80% of hospital staff who dressed wounds colonised/infected with MRSA carried MRSA on their hands for up to three hours afterwards**
- 60% of hospital staff, within 30 min of contact with patients with Clostridium difficile infection, were contaminated without even having touched the patient, from merely returning drug charts to the ends of beds! (Stone, S.P. J of the Royal Soc. Medicine. 2001; 94(6): 278-281.)
- **Pathogens can survive on your hands for prolonged periods unless you perform hand hygiene: S. aureus (includes MRSA) (150 minutes), Rotavirus (260 minutes), VRE (60 minutes), E. coli (90 minutes)**
- It only takes 20 seconds to clean your hands with alcohol hand rub.

Taken from "Hand Hygiene Matters" © 2014 Health Protection Surveillance Centre.

# Your 5 Moments for Hand Hygiene



<b>1</b>	<b>BEFORE TOUCHING A PATIENT</b>	<b>WHEN?</b>	Clean your hands before touching a patient when approaching him/her.
		<b>WHY?</b>	To protect the patient against harmful germs carried on your hands.
<b>2</b>	<b>BEFORE CLEAN/ ASEPTIC PROCEDURE</b>	<b>WHEN?</b>	Clean your hands immediately before performing a clean/aseptic procedure.
		<b>WHY?</b>	To protect the patient against harmful germs, including the patient's own, from entering his/her body.
<b>3</b>	<b>AFTER BODY FLUID EXPOSURE RISK</b>	<b>WHEN?</b>	Clean your hands immediately after an exposure risk to body fluids (and after glove removal).
		<b>WHY?</b>	To protect yourself and the health-care environment from harmful patient germs.
<b>4</b>	<b>AFTER TOUCHING A PATIENT</b>	<b>WHEN?</b>	Clean your hands after touching a patient and her/his immediate surroundings, when leaving the patient's side.
		<b>WHY?</b>	To protect yourself and the health-care environment from harmful patient germs.
<b>5</b>	<b>AFTER TOUCHING PATIENT SURROUNDINGS</b>	<b>WHEN?</b>	Clean your hands after touching any object or furniture in the patient's immediate surroundings, when leaving – even if the patient has not been touched.
		<b>WHY?</b>	To protect yourself and the health-care environment from harmful patient germs.



**World Health Organization**

**Patient Safety**

A World Alliance for Safer Health Care

**SAVE LIVES**  
Clean Your Hands

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WHO acknowledges the Hôpitaux Universitaires de Genève (HUG), in particular the members of the Infection Control Programme, for their active participation in developing this material.

# Galway University Hospitals

## KEY PERFORMANCE INDICATORS – April 2014

### UNSCHEDULED CARE

#### Emergency Department Patient Experience Time

- The Patient Flow Response Team are focusing efforts on reducing the ED Patient Experience Time (PET). The March 6 and 9 hour PET is 57.0% and 74.3% respectively. The 6 and 9 hour values for April are 61.9% and 78.5%

### SCHEDULED CARE

#### Inpatient /Day Case Waiting List

- Work is ongoing in relation to the Inpatient waiting list with 1216 patients who have not received treatment within the SDU target timelines and are currently breaching targets. The specialities most challenged in relation to the targets include ENT, Ophthalmology, Orthopaedics, Pain, Oral Maxillo Facial. Scopes are also posing a significant challenge and we are currently referring out all GP referred scopes in order to address these breaches.

#### Outpatient Waiting List

- There are 2570 breaches in relation to the Outpatient waiting list targets efforts are ongoing throughout the specialties and the scheduled care working group to address these issues. The specialties most challenged in terms of breaches remain the same as for inpatients. A waiting list validation process is currently underway.

### WTEs

- The GUH WTE ceiling remains the same as of February 2014 and is set at 2937 the actual WTE figure for March was 3,145.87 and for April is 3149.65. Overall the hospital is significantly over and this is a reflection of key service requirements.

#### Staph Aureus Blood Stream Infection

- There were 16 episodes of Staph aureus bloodstream infection in GUH for the period January to April 2014, the value for the same period last year was 26.

### OTHER NEWS

#### STAFF PARKING UHG

From the beginning of July, the existing car park adjacent to Laboratory will no longer be available to staff for parking for the duration of a 6/7 month build project for upper deck parking – please see Pg17 under the Estates section of the Newsletter for more important information in relation to this item.

# Letterkenny General Hospital

## KEY PERFORMANCE INDICATORS – April 2014

- 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 which has provided capacity for waiting list initiative clinics; and the outsourcing of activity. LGH is currently delivering 100% compliance on the inpatient and daycase access targets. Despite some deterioration in April on the Outpatient access targets, the waiting list projection continues to forecast an overall improvement in the coming weeks.
- Initiatives to manage discharges and improve liaison with PCCC and Community Hospitals have continued to reduce the number of bed days lost due to delayed discharges.
- The KPI for Day of Surgery Admission for Surgical Inpatients has maintained its green status with 70% of inpatients being admitted on the day of surgery.
- Our Staph Aurous Blood Stream Infection rates continue to meet their KPI targets as do our Staffing Level KPI.
- Medical Inpatients average length of stay has improved to 6.0 days.
- LGH has put particular emphasis on Hand Hygiene Compliance over the last 12 months, however, compliance remains below the 95% HIQA Standard and consequently this KPI remains at amber status. The management team are addressing this performance as a critical quality indicator for 2014 to ensure this focus is improved upon.
- LGH is one of the best performing hospitals within the Group for staff attendance. It is therefore regrettable to see that absence rates for April have deteriorated to 5.13%. This increase in absence has occurred across most staff groups, and is currently being reviewed on a Department by Department basis.
- There is the improvement in waiting times for inpatient echo-cardiography. A management plan has been developed to address the issues within the service and this KPI that no inpatient should wait more than 72 hours following receipt of request Echo-Cardiogram has now achieved 96% compliance. Further initiatives to reduced outpatient waiting times for Echo-Cardiography are still required.

# Mayo General Hospital

## KEY PERFORMANCE INDICATORS – April 2014

### MAIN AREAS OF PERFORMANCE IN APRIL 2014 ARE:

- ED patients waiting for admission - The number of patients on trolleys improved 17.6 improvement April 2013 v April 2014. 26.7% improvement month on month. PET times for 6hr at 81.1%, 9hours Pet times at 93.9%.
- Medical ALOS IS 4.89 this is based on the fact that 32% of the medical patients were in the 0 day LOS. In the past many of these patients would have had a 1 – 2 day LOS. We will continue to focus on > 2 day LOS as this continues to be well out of target range.
- Bed Days Lost - Target Reduce to 10% on 2012 number. Situation continues to improve from 302 % in January 2013.
- Hand Hygiene - Action Plan developed to improve compliance. Non compliance among Medical staff of is a concern. Associate Clinical Directors to oversee action plan.
- Absenteeism = 2.56% down from 4.57% in January 2014.
- 976.26 April 2014 - Target: To operate within HSE employment level of 955.77.

# Portiuncula Hospital

## KEY PERFORMANCE INDICATORS – April 2014

### MAIN AREAS OF PERFORMANCE IN APRIL 2014 ARE:

- TED waits – 75.36% of all patients attending the ED were seen and admitted within 6 hours. This is a slight deterioration of 2.4% on the figure in March 2014. The hospital is currently achieving 98% compliance with the 9 hour ED access target.
- Our outpatient waiting list shows that there are 513 patients waiting over 9 months. This is an increase of 66 patients on the previous month. We continue to address long waiters in challenging areas i.e. Orthopaedics, Urology and Dermatology.
- Day of Procedure rate – currently at 73% within the target.
- Average Length of Stay in April 2014 was 3.24 days. This is an improvement on the March figure.
- The MRI Waiting list is 40 days for the month of April 2014.
- Staffing levels are at 652 WTE's.
- Financial position – The variance at end of April 2014 is €3.0m (neg). This continues to be our most challenging KPI.
- Fair Deal – 83 days in April this is an increase of 9 days when compared with the March figure.
- Absenteeism is currently 4.77% this slight improvement on the previous month.
- DNA rate stands at 10.94%.
- There was 1 hospital acquired c-diff infection for the month of April.
- Hand Hygiene Training compliance rate is at 97%.

# Roscommon Hospital

## KEY PERFORMANCE INDICATORS – April 2014

### MAIN AREAS OF PERFORMANCE IN APRIL 2014 ARE:

- Financial Position: There was an underspend in April 2014 of €31,000 (2.2%).
- Staffing levels and wte ceiling within target. In April 273.42 wte were employed, slightly above the revised lower ceiling of 268.
- Absenteeism at Roscommon Hospital was 4.55% for April 2014 an improvement from the March figure of 5.67%.
- OPD DNA for April remained at 12%.
- Day Case activity for April 2014 was 496 and increase of 136 cases on the March figures.
- 100% of staff at Roscommon Hospital had received Hand Hygiene Training by the 30th April 2014 deadline.
- The Medical inpatient Average Length of stay was 9.5 days for April 2014. Overall for Roscommon Hospital the Average Length of stay remained at 9 days.
- 163 bed days were lost to delayed discharges in April 2014.

### INPATIENT WAITING LIST

The General Manager and the GUH In-patient waiting list co-ordinator have met and discussed the SLA for 2014. The SLA (yet to be signed) between GUH and Roscommon Hospital will see patients transferred from the GUH waiting list to Roscommon Hospital for an inpatient procedures including Endoscopy, general day surgery, plastic surgery and sleep studies.

496 day case patients were treated in April 2014. This is still below the target of 600 cases per month, but an improvement on the March figure and a significant improvement on last year.

# Sligo Regional Hospital

## KEY PERFORMANCE INDICATORS – April 2014

### MAIN AREAS OF PERFORMANCE IN APRIL 2014 ARE:

- ED 9 hour wait times has improved from previous month of 83.5% to 86.3% following a significant period of trolley pressures in ED in March and April. Ongoing escalation plans have been in place throughout the month, with SDU site visit having taken place. The hospital has seen a steady decrease in the number of patients on trolleys since April.
- The Average Length of Stay for medical patients is currently at 6.7 days which is above the target of 5.8 days. This is kept under review at UPPG meeting.
- Adult and Paeds Waiting list targets were achieved in the main, with 4 breaches in April.
- Target continues to be met for urgent scopes. However, one routine scope breached the 12 week target in April.
- Income: - Number of private patients has dropped compared to Quarter 1 2014. Currently an average of 28 per night as compared to an average of 31 in Q1 2014.
- The MRSA Blood Stream Infection and C Diff rates continue to be below the target levels.
- Staffing levels have increased from 1334 in January 2014 to 1351 in April 2014.
- Absenteeism: - Absence rates have reduced from 5.7% in January 2014 to 4.8% in April 2014.

### OTHER NEWS:

#### Theatre Admission Area:

For past 23 months the first adult pre-assessed patient on the morning list has been admitted to the Theatre Admission Area in the back of Theatre Recovery Area. From 31 March we are extending this service to the first adult pre-assessed patients on all morning lists, with a view to further roll out to other patients. TAA will be documented as the admitting ward on the theatre lists for these first patients and it is planned to follow the first patient for the first few weeks to aid the smooth transition of this new process.

#### Microbiology Laboratory Accreditation:

The Irish National Accreditation Board awarded accreditation to Sligo Regional Hospital's Microbiology Department at its meeting at end of February for the scope of accreditation presented. This award reflects the commitment, dedication and hard work of all the Consultant Microbiologist, Managers and Staff of the Laboratory.

#### The Friends of SRH chosen as designated charity for Sligo Rovers FC:

The Friends of Sligo Regional Hospital have been chosen as designated charity partner of Sligo Rovers F.C. for 2014. Members of Sligo Rovers Management, Committee and Team attended at the hospital and met representatives of The Friends of SRH and Hospital Management to launch the partnership. It is hoped that both parties will have a successful year.

#### Environmental/Energy Awareness Day:

SRH hosted an Environmental (Energy/Waste/Sustainability Awareness) Day on 28 April. This event was run jointly by the Estates Department and SRH Energy Awareness Group. A number of companies had stands on the day with speakers/contributors on energy related topics such as energy saving initiatives, energy in the home, waste reduction and other relevant topics.

# Hospital KPIs

## Sligo Regional Hospital Performance Summary – April 2014

Scopes		
Current	Future	
1	0	
<b>Current Value</b>		
<b>Target:</b> no patient waiting >13 weeks. 1 pt breached in March – data quality issue		

ED 9 hour breach		
Current	Future	
83.5%	100%	
<b>Current Value</b>		
<b>Target:</b> 100% of patients seen within 9 hours Technical issue with PET reported times following IPMS upgrade at end of Jan. SDU revising database.		

Out-patient Waiting List		
Current	Future	
854	0	
<b>Current Value</b>		
<b>Target:</b> Out-patient waiting to be reduced to less than 12 months. Jan '13 – Patients >12 mths = 3507 Jan '14 – 345 (with appts in Jan) Feb '14 – 406 Mar '14 – 581 Apr '14 – 854		

Emergency Re-admissions (Medical)		
Current	Future	
11%	1	
<b>Current Value</b>		
<b>Target:</b> 11% target as per CompStat 13% re-admission rate for Jan.		

Average Length of Stay (Medical)		
Current	Future	
6.7	5.8	
<b>Current Value</b>		
<b>Target:</b> 5.8 days		

Inpatient & Day Case Waiting lists		
Current	Future	
4		
<b>Current Value</b>		
<b>Target:</b> No patient should wait >8mths, 20 weeks (child) & 13 weeks (GI Scope)		

Income – Placement of Private Patients		
Current	Future	
28	28	
<b>Current Value</b>		
<b>Target:</b> 28 patients per night		

Bed Days Lost (due to delayed discharges)		
Current	Future	
170		
<b>Current Value</b>		
<b>Target:</b> Monthly average for 2013 = 196.5.		

MRSA Blood Stream Infections		
Current	Future	
0.00%		
<b>Current Value</b>		
<b>Target:</b> <= 0.060 per 1000 bed days used. Achieving target (data arrears) – Q4 2013		

Absenteeism		
Current	Future	
4.8%	3.5	
<b>Current Value</b>		
<b>Target:</b> To reduce absenteeism rate to 3.5% by December 2013. (monthly in arrears) Reduction from 5.7% in Jan '14.		

Staffing WTE variance from Staff ceiling		
Current	Future	
1351		
<b>Current Value</b>		
<b>Target:</b> To operate within HSE employment levels. January Nemu Ceiling 1306.75wte		

Financial Position		
Current	Future	
11.83%		
<b>Current Value</b>		
<b>Target:</b>		

# Portiuncula Hospital Performance Summary – April 2014

Out-patient Waiting List		
Current	Future	
<b>Current Value</b> 513		
<b>Trend:</b> v Previous Month		↔
<p><b>Target:</b> Out-patient waiting to be reduced to less than 9 months by December 2014.</p> <p>The Outpatient list has increased by 66 patients on previous month. Please note that the main areas of concern are orthopaedics, dermatology, urology and pain services.</p>		

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

Hand Hygiene		
Current	Future	
<b>Current Value</b> 97%		
<b>Trend:</b> v Previous Month		↔
<p><b>Target:</b> To increase Hand Hygiene Training and Education rate to 100%</p> <p>The overall hospital hand hygiene training/education rate for the month of April 2014 is 97%. There is continued emphasis on education and training with targeted.</p>		

Rag: Green: 95-100% Amber: 84-94% Red: <84%

Day of Procedure for Elective In-patients		
Current	Future	
<b>Current Value</b> 73%		
<b>Trend:</b> v Previous Month		↔
<p><b>Target:</b> To increase rate to 70% by December 2014.</p> <p>Day of procedure rate for the month of April 2014 is 73% compared with 64% in February.</p>		

Rag: Green: 70% Amber: 60-69% Red: <60%

Financial Position		
Current	Future	
<b>Current Value</b> -21%		
<b>Trend:</b> v Previous Month		↔
<p><b>Target:</b> To deliver financial breakeven across the Group by December 2014.</p> <p>The figure has deteriorated since March with an adverse variance now 21% caused by a decreasing budget and income along with increased Agency costs. Overspend is €3.0m adverse ytd. Cost containment plan and cost recovery plan in place. Service pressures and the non-filling of vacant posts have increased medical agency and clinical non pay costs</p>		

DNA Rate		
Current	Future	
<b>Current Value</b> 10.94%		
<b>Trend:</b> v Previous Month		↔
<p><b>Target:</b> Reduce the number of patients who do not attend to 8% by December 2014.</p> <p>The current rate is 10.94% which is a slight improvement on the March figure of 11.76%</p>		

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

MRI		
Current	Future	
<b>Current Value</b> 40 days		
<b>Trend:</b> v Previous Month		↔
<p><b>Target:</b> No Target: No Priority 2 or 3 patient should wait more than 70 days for an MRI scan appointment</p> <p>Currently it is 40 days waiting for access to MRI service</p>		

RAG: Green <70 days Amber 70-140 Red > 140

Hospital Acquired C-Diff		
Current	Future	
<b>Current Value</b> 1		
<b>Trend:</b> v Previous Month		↔
<p><b>Target:</b> To reduce the number of Hospital Acquired C-Diff infections per month in 2014.</p> <p>There was 1 case of hospital acquired c-diff infections in April which is the same as the March figure.</p>		

Rag: Green: 0 Amber: 2 Red: >2

Staffing Levels		
Current	Future	
<b>Current Value</b> 652.03		
<b>Trend:</b> v Previous Month		↔
<p><b>Target:</b> To operate within our allocated ceiling of 633</p> <p>Rag: Green: 633 Amber: &lt;650 Red: &gt;650 There has been an increase of 1.4 WTE since the March figure.</p>		

ED Waiting Times for Admission		
Current	Future	
<b>Current Value</b> 75.36%		
<b>Trend:</b> v Previous Month		↔
<p><b>Target:</b> 95% of all patients attending the ED should not wait over 6 hours.</p> <p>The 6 hour waiting time was 75.36%, this has slightly deteriorated by 2.4% when compared with the March figure. We are achieving approximately 98% compliance with the 9 hour target.</p>		

Rag: G: 95-100% A: 80-94% R: <80%

Average Length of Stay		
Current	Future	
<b>Current Value</b> 3.24 days		
<b>Trend:</b> v Previous Month		↔
<p><b>Target:</b> Achieve a target of 4.5 days.</p> <p>3.24 days is a slight improvement on the March figure of 3.44 days</p>		

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

Fair Deal - Bed Days Lost		
Current	Future	
<b>Current Value</b> 83 days		
<b>Trend:</b> v Previous Month		↔
<p><b>Target:</b> To reduce the lost bed days to less than the current monthly bed days lost.</p> <p>83 bed days lost due delayed discharges. This is an increase of 9 days when compared with the previous month of March.</p>		

Rag: Green: 185 Amber 235 Red: >235

Absenteeism		
Current	Future	
<b>Current Value</b> 4.77%		
<b>Trend:</b> v Previous Month		↔
<p><b>Target:</b> To reduce absenteeism rate to 3.5% by December 2014.</p> <p>Rag: : Green: 3.5 Amber: &gt;4.5 Red: &gt;5.5 There has been a slight improvement in the absenteeism rate figure of 0.08% compared to 4.85% in March 2014.</p>		

# Mayo General Hospital Performance Summary – April 2014

<p><b>Out-patient Waiting List</b></p> <p><b>Current PTL</b> 460</p> <p><b>Current Value</b> Trend: v Previous Month</p> <p>Target: Out-patient waiting to be reduced to less than 52 weeks</p> <p>A number of specialities require special attention. Visiting services remain a challenge. Nephrology issues to be addressed at Group level. Dermatology and ENT require external referrals. An additional Consultant Physician is currently being recruited and he will address the issues in relation to out-patient lists in medicine.</p>	<p><b>Bed Days Lost</b></p> <p><b>Current</b> 16%</p> <p><b>Current Value</b> Trend: v Previous Month</p> <p>Target: Reduce to 10% on 2012 number. Situation continued to improve from 302 % in January 2013.</p> <p>23 less beds available in District Hospital and in Rehab Unit than was available in 2013. Interim action plan developed between MGH and Mayo PCCC. There remain a number of outstanding issues namely that we do not access to sufficient number of community beds or packages of care. Meeting involving national services required.</p>	<p><b>ED Patients waiting for admission at 8am</b></p> <p><b>Current</b> A total of 198ED Patients waiting for admission at 8am.</p> <p><b>Current Value</b> Trend: v Previous Month</p> <p>198 patients</p> <p>The number of patients on trolleys improved 17.6 improvement April 2013 v April 2014. 26.7% improvement month on month. PET times for 6hr at 81.1%, 9hours Pet times at 93.9%. Two issues require immediate attention, namely there has been an increase in a number of Physicians ALOS, to be addressed by Associate Clinical Director. Delayed discharges to be addressed through action plan with PCCC.</p>
<p><b>CT Waiting List</b></p> <p><b>Current</b> 230</p> <p><b>Current Value</b> 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, requires an additional WTE. Staff have been approved through the ECC, however recruitment remains a problem due to problems with NRS. Once staff are recruited waiting list will be reduced.</p>	<p><b>In-patient &amp; Day Case Waiting List</b></p> <p><b>Current PTL</b> 0</p> <p><b>Current Value</b> Trend: v Previous Month</p> <p>Target: No patient should wait &gt;8 months by end of November, 20 weeks (Child) and 13 Weeks (GI Scope)</p> <p>No patient should wait &gt;8 months by end of November, 20 weeks (Child) and 13 Weeks (GI Scope). &gt; 8 Adult In-patient lists at risk due to the suspension of Theatre lists of elective joints at MGH. Review underway at present to address this dispute. Contingency required to address breaches following resolution.</p>	<p><b>Average Length of Stay in Medicine</b></p> <p><b>Current</b> 4.89 days</p> <p><b>Current Value</b> Trend: v Previous Month</p> <p>Target: 5.8 days to be the average stay achieved</p> <p>Medical ALOS IS 4.89 this is based on the fact that 32% of the medical patients were in the 0 day LOS. In the past many of these patients would have had a 1 – 2 day LOS. We will continue to focus on &gt; 2 day LOS as this continues to be well out of target rang.</p>
<p><b>Day of Procedure Rate for Elective Inpatients</b></p> <p><b>Current</b> 80%</p> <p><b>Current Value</b> Trend: v Previous Month</p> <p>Target: To increase rate to 75%</p> <p>Pre-assessment clinics in place.</p>	<p><b>MRSA</b></p> <p><b>Current</b> 0.056%</p> <p><b>Current Value</b> Trend: v Previous Month</p> <p>Target &lt;0.060 per 1,000 bed days</p> <p>MRSA rate up to Q3 2013 was .064. MGH was the same as the National rate IN Q3. As we had no MRSA in Q4 2013 we would have come under this figure for Q4.</p>	<p><b>Hand Hygiene</b></p> <p><b>Current</b> 86.2%</p> <p><b>Current Value</b> Trend: v Previous Month</p> <p>Achieve 100% compliance</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>
<p><b>Financial Position</b></p> <p><b>Current</b> 8.65%</p> <p><b>Current Value</b> Trend: v Previous Month</p> <p>Based Overall pay was 82k over Budget for April. Nursing pay accounted for €71k while Paramedical The 2014 Pay Budget is down €1,519k on the 2013 Budget mainly due to the full year effect of HR</p> <p>Non Pay was over Budget by €604k in April. Agency costs are over Budget by €173k which relates to Nursing €42k Medical €82k and Paramedical €The main areas of Non Pay overspend are Doubtful Debts €235k, Light &amp; Heat €34k, Transport. €18k, Lab. Costs €82k. Income is €559k below Budget. €792k for 2014 but demand from private patients</p>	<p><b>Staffing WTE variance from Staff Ceiling</b></p> <p><b>Current</b> 976.26</p> <p><b>Current Value</b> 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>	<p><b>Absenteeism</b></p> <p><b>Current</b> 2.88%</p> <p><b>Current Value</b> Trend: v Previous Month</p> <p>Target: To reduce absenteeism rate to 3.5%.</p> <p>Absenteeism = 2.56% down from 4.57% in January 2014.</p>

# Roscommon Hospital Performance Summary – April 2014

Out-patient Waiting List		Outpatient DNA Rate		Increase Day Case activity	
Current	Future	Current	Future	Current	Future
<p><b>Current Value</b> 16%</p> <p><b>Trend:</b> v Previous Month</p> <p><b>Target:</b> 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 <b>Green</b> = &gt;10% <b>Amber</b> = 10 – 55% <b>Red</b> = +56% ENT (42) + Ortho 244 over 12mths this month</p>		<p><b>Current Value</b> 12%</p> <p><b>Trend:</b> v Previous Month</p> <p><b>Target:</b> Reduce the number of patients who do not attend Outpatients to 10% or less by December 2014</p> <p>RAG Score <b>Green</b> = &gt;10% <b>Amber</b> = 10 – 15% <b>Red</b> = +16% Unchanged from March %</p>		<p><b>Current Value</b> 496</p> <p><b>Trend:</b> v Previous Month</p> <p><b>Target:</b> To increase Day Case activity at Roscommon Hospital to 600</p> <p>RAG Score <b>Green</b> = 500-600 <b>Amber</b> = 350 -499 <b>Red</b> = &lt;349 3<sup>rd</sup> Surgical Consult (PHB- resigned) – no DC activity in April</p>	
Health & Safety – Staff Injuries		Medical Average Length of Stay		Reduce Delayed Discharges	
Current	Future	Current	Future	Current	Future
<p><b>Current Value</b> 5</p> <p><b>Trend:</b> v Previous Month</p> <p><b>Target:</b> To reduce the number of staff related incidences to less than 1 per month</p> <p>RAG Score <b>Green</b> = 0-2 <b>Amber</b> = 2-4 <b>Red</b> = ≥5</p>		<p><b>Current Value</b> 10</p> <p><b>Trend:</b> v Previous Month</p> <p><b>Target:</b> ALOS for all medical discharges is reduced to 5.8 days by December 2014</p> <p>RAG Score <b>Green</b>= &lt;5.8 <b>Amber</b>=5.9 – 9 <b>Red</b>= over 9.1 Medical Discharges adjusted for NHSS = Days Total AVLOS = 9 Days – (NHSS Adjusted = 8 Days)</p>	<p><b>Current Value</b> 163</p> <p><b>Trend:</b> v Previous Month</p> <p><b>Target:</b> Reduce bed days lost due to delayed discharges by 10% on 2013</p> <p>RAG Score <b>Green</b>=≥226 <b>Amber</b>=227 – 240 <b>Red</b>= ≥241</p>		
Antibiotic Usage		New Cases of C Diff		Hand Hygiene Compliance	
Current	Future	Current	Future	Current	Future
<p><b>Current Value</b> 83.6</p> <p><b>Trend:</b> v Previous Month</p> <p><b>Target:</b> To reduce the medical usage rate of antibiotics to 83.4 per 100 bed days utilised by December 2014</p> <p>RAG Score <b>Green</b>=&lt;86 <b>Amber</b>=86.1-95 <b>Red</b>= + 95.1</p>		<p><b>YTD</b> 4.7</p> <p><b>Trend:</b> v Previous Month</p> <p><b>Target:</b> To reduce the background rate of HCAI of C Difficile to &lt;2.5per 10,000 bed days used</p> <p>RAG Score <b>Green</b>= &lt;2.5 <b>Amber</b>= 2.6 - 4 <b>Red</b>= 4.1 No of Patients =</p>	<p><b>Current Value</b> 81%</p> <p><b>Trend:</b> v Previous Month</p> <p><b>Target:</b> Percentage compliance during hand hygiene opportunities observed.</p> <p>RAG Score <b>Green</b> = 90 -100% <b>Amber</b> = 80-89% <b>Red</b> = 79%</p>		
Financial Position		Staffing Levels		Absenteeism	
Current	Future	Current	Future	Current	Future
<p><b>YTD</b> 5.1%</p> <p><b>Trend:</b> v Previous Month</p> <p><b>Target:</b> To deliver financial breakeven by December 2014</p> <p>RAG Score <b>Green</b>: 0 – 3% <b>Amber</b>: 3.1% - 5% <b>Red</b>: &lt;5.1%</p> <p>Monthly Underspend = +€31,000 YRD Overspend = €291,000</p>		<p><b>Current Value</b> 1.02%</p> <p><b>Trend:</b> v Previous Month</p> <p><b>Target:</b> WTE should not drop below the WTE ceiling so as to maintain patient safety and services by December 2014</p> <p>RAG Score <b>Green</b>: 0 - -5% <b>Amber</b>: -5.1 - -10% <b>Red</b>: &gt; -10%</p>	<p><b>Current Value</b> 4.55%</p> <p><b>Trend:</b> v Previous Month</p> <p><b>Target:</b> To reduce the absenteeism rate to 3.5% by December 2014</p> <p>RAG Score <b>Green</b>= &lt;3.5% <b>Amber</b>= 3.51% - 4.49% <b>Red</b>=over 4.5%</p>		

# Galway University Hospital Performance Summary – April 2014

<p><b>Out-patient Waiting List</b></p> <table border="1"> <tr> <td>Current</td> <td>Future</td> </tr> <tr> <td>2826</td> <td></td> </tr> <tr> <td><b>Current Value</b></td> <td><b>Future</b></td> </tr> <tr> <td>2826</td> <td></td> </tr> <tr> <td colspan="2">Trend: v Previous Month</td> </tr> <tr> <td colspan="2">↑</td> </tr> </table> <p>Target: Out-patient waiting to be reduced to less than 52 weeks</p> <p>Work is progressing through the Directorates to deal with long waiters across all specialties. Great progress made in Orthopaedics and most Medical Specialties. Awaiting National launch of OPD Project as basis of action plan.</p> <p><b>MAR 2014</b> ??? Patients &gt; 12 Months The above figure is for all patients on the Outpatient PTL waiting over 12 months with and without an outpatient appointment.</p>	Current	Future	2826		<b>Current Value</b>	<b>Future</b>	2826		Trend: v Previous Month		↑		<p><b>OPD DNA Rate</b></p> <table border="1"> <tr> <td>Current</td> <td>Future</td> </tr> <tr> <td>12.1%</td> <td></td> </tr> <tr> <td><b>Current Value</b></td> <td><b>Future</b></td> </tr> <tr> <td>12.1%</td> <td></td> </tr> <tr> <td colspan="2">Trend: v Previous Month</td> </tr> <tr> <td colspan="2">↕</td> </tr> </table> <p>Target: Reduce the number of patients who do not attend to 10% by December 2013</p> <p>OPD group are looking to extend the partial booking system across all specialties. National guidelines on attendance and DNA policy to be made available.</p> <p><b>MAR 2014</b> 12.1%</p>	Current	Future	12.1%		<b>Current Value</b>	<b>Future</b>	12.1%		Trend: v Previous Month		↕		<p><b>Patient Experience Time &gt; 6hrs</b></p> <table border="1"> <tr> <td>Current</td> <td>Future</td> </tr> <tr> <td>61.9%</td> <td></td> </tr> <tr> <td><b>Current Value</b></td> <td><b>Future</b></td> </tr> <tr> <td>61.9%</td> <td></td> </tr> <tr> <td colspan="2">Trend: v Previous Month</td> </tr> <tr> <td colspan="2">↑</td> </tr> </table> <p>Target: % of people through ED in 6hrs</p> <p>The Patient Flow Response Team are focusing efforts on reducing the ED Patient Experience Time (PET). The March 6 hour PET was 57.0%.</p>	Current	Future	61.9%		<b>Current Value</b>	<b>Future</b>	61.9%		Trend: v Previous Month		↑	
Current	Future																																					
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<p><b>CT Waiting List</b></p> <table border="1"> <tr> <td>Current</td> <td>Future</td> </tr> <tr> <td>243</td> <td></td> </tr> <tr> <td><b>Current Value</b></td> <td><b>Future</b></td> </tr> <tr> <td>243</td> <td></td> </tr> <tr> <td colspan="2">Trend: v Previous Month</td> </tr> <tr> <td colspan="2">↑</td> </tr> </table> <p>Target: No Category 2 or 3 patient should wait more than 70 days for a CT.</p> <p>The wait time for CT Scans is now 243 days. We are continuing to send patients for scans to RCH which has resulted in our CT TAPs routine waiting list reduced to 126 days. The CT Colonoscopy orders are pushing our waiting lists out significantly and we have just 22 on the list. They are time consuming both for scan time and reporting time. RCH recently agreed to commence doing these. If all hospitals within the Group could provide this service on site it would reduce/eliminate this waiting list.</p> <p><b>MAR 2014</b> 239</p>	Current	Future	243		<b>Current Value</b>	<b>Future</b>	243		Trend: v Previous Month		↑		<p><b>In-patient &amp; Day Case Waiting List</b></p> <table border="1"> <tr> <td>Current</td> <td>Future</td> </tr> <tr> <td>945</td> <td></td> </tr> <tr> <td><b>Current Value</b></td> <td><b>Future</b></td> </tr> <tr> <td>945</td> <td></td> </tr> <tr> <td colspan="2">Trend: v Previous Month</td> </tr> <tr> <td colspan="2">↑</td> </tr> </table> <p>Target: No patient should wait &gt; 8 months by end of November, 20 weeks (Child) and 13 Weeks (GI Scope)</p> <p>Work is on-going with the Medical and Surgical Directorates. All Waiting List Targets were met last month (No patients waiting longer than 9 months (Adult), 20 weeks (Child) and 13 Weeks (GI Scope). Reduced theatre resources available this month. New Group wide Inpatient /Daycase Policy being launched this month. <b>Adult IP WL Breaching 8 Month target</b></p> <p><b>MAR 2014</b> waiting over 8 months (Scopes and Children are in the maintenance phase now)</p>	Current	Future	945		<b>Current Value</b>	<b>Future</b>	945		Trend: v Previous Month		↑		<p><b>Average Length of Stay</b></p> <table border="1"> <tr> <td>Current</td> <td>Future</td> </tr> <tr> <td>6.2</td> <td></td> </tr> <tr> <td><b>Current Value</b></td> <td><b>Future</b></td> </tr> <tr> <td>6.2</td> <td></td> </tr> <tr> <td colspan="2">Trend: v Previous Month</td> </tr> <tr> <td colspan="2">↑</td> </tr> </table> <p>Target: 5.6 days to be the average stay achieved</p> <p>The new National Programmes on Surgery will help reduce the average length of stay. This is complemented by local work on agreeing formal bed allocations across Medicine and Surgery.</p> <p><b>MAR 2014</b> 6.9 (excluding Obs)</p>	Current	Future	6.2		<b>Current Value</b>	<b>Future</b>	6.2		Trend: v Previous Month		↑	
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<p><b>Day of Procedure Rate for Elective Inpatients</b></p> <table border="1"> <tr> <td>Current</td> <td>Future</td> </tr> <tr> <td>57%</td> <td></td> </tr> <tr> <td><b>Current Value</b></td> <td><b>Future</b></td> </tr> <tr> <td>57%</td> <td></td> </tr> <tr> <td colspan="2">Trend: v Previous Month</td> </tr> <tr> <td colspan="2">↑</td> </tr> </table> <p>Target: To increase rate to 75%</p> <p>The new National Programme on Elective Surgery will help increase the day of procedure rate, this is complemented by local work on agreeing formal bed allocations across Medicine and Surgery. Increased awareness of this KPI will be available to management from CIMs tool.</p> <p><b>MAR 2014</b> 62%</p>	Current	Future	57%		<b>Current Value</b>	<b>Future</b>	57%		Trend: v Previous Month		↑		<p><b>Staph Aureus Blood Stream Infection</b></p> <table border="1"> <tr> <td>Current</td> <td>Future</td> </tr> <tr> <td>0.14</td> <td></td> </tr> <tr> <td><b>Current Value</b></td> <td><b>Future</b></td> </tr> <tr> <td>0.14</td> <td></td> </tr> <tr> <td colspan="2">Trend: v Previous Month</td> </tr> <tr> <td colspan="2">↑</td> </tr> </table> <p>Target: Fill bar is color coded red = projection exceeds 2011 numbers (&gt;0.16 per 1000 bed days), orange projection equals 2011 levels (= 0.16 per 1000 bed days), green = projection is below 2011 levels (&lt;0.16 per 1000 bed days)</p> <p>Line infections (both peripheral &amp; central) have been identified as major causes of both MRSA &amp; MSSA blood stream infections at GUH.</p> <p>There were 5 CVC-associated Staph aureus bloodstream infections in GUH for the period January to April 2014.</p> <p>There have been no PVC-associated Staph aureus bloodstream infections in GUH for January to April 2014.</p>	Current	Future	0.14		<b>Current Value</b>	<b>Future</b>	0.14		Trend: v Previous Month		↑		<p><b>Bed Days Lost</b></p> <table border="1"> <tr> <td>Current</td> <td>Future</td> </tr> <tr> <td>60</td> <td></td> </tr> <tr> <td><b>Current Value</b></td> <td><b>Future</b></td> </tr> <tr> <td>60</td> <td></td> </tr> <tr> <td colspan="2">Trend: v Previous Month</td> </tr> <tr> <td colspan="2">↑</td> </tr> </table> <p>Target: Reduce by 10% over 2012 figures</p> <p>Work is ongoing through the Discharge planning group to reduce the number of Bed Days Lost.</p> <p><b>MAR 2014</b> 62</p>	Current	Future	60		<b>Current Value</b>	<b>Future</b>	60		Trend: v Previous Month		↑	
Current	Future																																					
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<p><b>Financial Position</b></p> <table border="1"> <tr> <td>Current</td> <td>Future</td> </tr> <tr> <td>-4.9%</td> <td></td> </tr> <tr> <td><b>Current Value</b></td> <td><b>Future</b></td> </tr> <tr> <td>-4.9%</td> <td></td> </tr> <tr> <td colspan="2">Trend: v Previous Month</td> </tr> <tr> <td colspan="2">↑</td> </tr> </table> <p>Target: To deliver financial breakeven across December 2013</p> <p>Above Figures is for GUH Only. The Financial Control Committee is in place to ensure that GUH meets budgetary targets.</p> <p><b>MAR 2014</b> -5.9%</p>	Current	Future	-4.9%		<b>Current Value</b>	<b>Future</b>	-4.9%		Trend: v Previous Month		↑		<p><b>Staffing WTE variance from Staff Ceiling</b></p> <table border="1"> <tr> <td>Current</td> <td>Future</td> </tr> <tr> <td>3,149.65</td> <td></td> </tr> <tr> <td><b>Current Value</b></td> <td><b>Future</b></td> </tr> <tr> <td>3,149.65</td> <td></td> </tr> <tr> <td colspan="2">Trend: v Previous Month</td> </tr> <tr> <td colspan="2">↑</td> </tr> </table> <p>Target: To operate within HSE employment levels.</p> <p>The Employment Monitoring Committee are in place to ensure that GUH meets its WTE ceiling – ceiling under review.</p> <p>March 2014 ceiling: 2,937 <b>MAR 2014 WTE: 3,145.87</b></p>	Current	Future	3,149.65		<b>Current Value</b>	<b>Future</b>	3,149.65		Trend: v Previous Month		↑		<p><b>Absenteeism</b></p> <table border="1"> <tr> <td>Current</td> <td>Future</td> </tr> <tr> <td>4.74%</td> <td>3.50%</td> </tr> <tr> <td><b>Current Value</b></td> <td><b>Future</b></td> </tr> <tr> <td>4.74%</td> <td>3.50%</td> </tr> <tr> <td colspan="2">Trend: v Previous Month</td> </tr> <tr> <td colspan="2">↑</td> </tr> </table> <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 back to work interviews etc. with a particular focus on this KPI.</p> <p><b>MAR 2014: 4.43%</b>Based on NENU figures</p>	Current	Future	4.74%	3.50%	<b>Current Value</b>	<b>Future</b>	4.74%	3.50%	Trend: v Previous Month		↑	
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# Letterkenny Hospital Performance Summary – April 2014

Out-patient Waiting List		Inpatient & Daycase Waiting List	
Current	Future	Current	Future
<b>Current Value</b> <b>11.5%</b> <b>Trend: v</b> <b>Previous</b> <b>Month</b> Target: Out-patient waiting to be reduced to less or equal to 52 weeks by June 2014 and maintained at less than 52 weeks at each month thereafter. Total Outpatient Waiting List - 12,034 Patients waiting over 12 months – 1,383 Number of Orthopaedic Patients waiting greater than 12 months = 678 Rag: Green =>10% Amber = 10-55% Red = +56%		<b>Current Value</b> <b>0.0%</b> <b>Trend: v</b> <b>Previous</b> <b>Month</b> Target: No patient should wait for inpatient/daycase treatment longer than 8 months for Adult; 20 weeks for Children; 13 weeks for GI Scope. Number of Breaches March: Adult -0 Child -0 Scopes -0 Rag:Green <=5% Amber: 6 - 20% Red:>=21%	
Scheduled Inpatient Care		Inpatients	
Current	Future	Current	Future
<b>Current Value (March)</b> <b>70%</b> <b>Trend: v</b> <b>Previous</b> <b>Month</b> Target: 67% of surgical inpatients should be admitted on day of surgery. Target changed from 52% to 67% in 2014 Nov – 78% Dec – 85% Jan – 76% Feb – 67% Rag: Green >= 67% Amber 55-66% Red <54%		<b>Current Value (March)</b> <b>6.0</b> <b>Trend: v</b> <b>Previous</b> <b>Month</b> Target: Medical inpatients AVLOS <= 5.8 days Nov – 7.3 days Dec – 6.5 days Jan – 6.9 days Feb – 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
<b>Current Value</b> <b>96%</b> <b>Trend: v</b> <b>Previous</b> <b>Month</b> Target: No inpatient to wait greater than 72 hours following receipt of request for echocardiogram. Dec – 56% Jan – 90% Feb – 90% Mar – 91% Rag: Green 98-100% Amber 90-97% Red <90%		<b>Current Value</b> <b>91%</b> <b>Trend: v</b> <b>Previous</b> <b>Month</b> Target: To deliver 95% compliance with HIQA Hand Hygiene standard. Dec – 94% Jan – 84% Feb – 90% Mar – 93% Rag: Green=95-100% Amber=80-94% Red<80%	
Financial Position		Absenteeism	
Current	Future	Current	Future
<b>Current Value</b> <b>9%</b> <b>Trend: v</b> <b>Previous</b> <b>Month</b> Target: To deliver within allocated budget Overspend April 2014 = €1.1million YTD Overspend = €3 million Budget YTD = €32.1million (Above excludes flood costs) Rag: Green <3% Amber 3.1-5% Red >5.1%		<b>Current Value</b> <b>5.13%</b> <b>Trend: v</b> <b>Previous</b> <b>Month</b> Target: To reduce absenteeism rate to 3.5%. Absenteeism rate for the month of April is 5.13% this is an increase of 0.9 % 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
<b>Current Value</b> <b>88.4%</b> <b>Trend: v</b> <b>Previous</b> <b>Month</b> Target: All patients to be admitted or discharged within 9 hours at 8am. Nov – 87.3% Dec – 90.14% Jan – 87.2% Feb – 85.7% Mar – 88% Rag: Green:95-100% Amber:85-94%Red: <85%		<b>Current Value</b> <b>48</b> <b>Trend: v</b> <b>Previous</b> <b>Month</b> 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 Dec 84 Jan 53 Feb 46 Mar 50 Transfers to private nursing homes for April = 2 Rag: Green <=120% Amber 121-150% Red >150% (of Jan-June12) Staph Aureus Blood Stream Infection	
Staffing Levels		Staph Aureus Blood Stream Infection	
Current	Future	Current	Future
<b>Current Value</b> <b>2.21%</b> <b>Trend: v</b> <b>Previous</b> <b>Month</b> Target: To operate within the staffing level agreed with the Hospital Group Executive. WTE Ceiling – 1320.51 WTE Actual – 1349.63 Rag: Green <3% Amber 3.1-5% Red >5.1%		<b>Current Value</b> <b>0.12</b> <b>Trend: v</b> <b>Previous</b> <b>Month</b> Target: Fill bar is colour coded red = projection exceeds 2013 numbers (>0.13 per 1000 bed days), amber projection equals 2013 levels (=0.13 per 1000 bed days), green = projection is below 2013 levels (<0.13 per 1000 bed days) Rag:	