

4 in 1 NEWS



February 2012



WELCOME

*TO THE FIRST EDITION OF
THE GALWAY & ROSCOMMON
UNIVERSITY HOSPITALS
STAFF NEWSLETTER!*

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Message from Bill Maher,
Chief Executive Officer,
Galway and Roscommon University Hospitals' Group:

“The wood from the trees”

Welcome to the first edition of the Galway and Roscommon University Hospitals' Group Newsletter!

Hello and Welcome

I am delighted to have started in my role as CEO last month and look forward to working with all staff throughout the Group, who I know share my ambition to improve patient services for the public we serve. Three other key appointments have also been made for the Group. Mr. Tony Canavan has been appointed to the role of Chief Operating Officer (COO) for the Group & General Manager for GUH, Mr. Maurice Power has been appointed as Chief Finance Officer (CFO) and Ms. Chris Kane as General Manager for Portiuncula Hospital Ballinasloe.

I would like to thank Dr. David O’Keeffe for his great service over the past 18 months both as Clinical Director and General Manager – an enormous role and contribution. Dr. O’Keeffe will now take on, with equal energy and enthusiasm, the role of Medical Director for our Group- more to follow on this.

Our new Group encompasses Galway University Hospitals (University Hospital Galway and Merlin Park University Hospital), Portiuncula Hospital Ballinasloe and Roscommon County Hospital. **I use the phrase “our Group”, because I want every member of staff in each hospital to feel part of this Group and be involved in its future success.**

Getting Started

My first few weeks have been spent getting to know the hospitals, our services, the issues and challenges we face and most importantly, meeting the people who are going to help us further develop the Group and its service for the patient we serve. There are many strengths within the Group and I intend to build on these and work with all staff across all disciplines. Whilst the challenges are considerable, particularly financial constraints, I have been encouraged by the enthusiasm and the ideas that staff have and this fills me with optimism, that together we will be able to address these challenges. A lot of feedback I have received is that there is so many competing pressures, so many cuts, so many policies, so much bad publicity and so many things to worry about that we **have lost our way, lost a little hope and can’t see “the wood from the trees”**. Part of my role is to help us focus on what is important, what we need to do, identify how we are going to do it and empower people to succeed.

Progress So Far

It's been a busy first few weeks but we have already made progress on a number of key areas I want to update you on:

1. Following various discussions a Group Management Team structure, incorporating all the hospitals within the Group, has been agreed. Mr. Tony Canavan has kindly agreed to be both the Chief Operating Officer (COO) and General Manager for GUH for the time being, and this will kept under review to ensure the combined portfolio is manageable.

2. We are developing a Communication Strategy to put in place an effective way of communicating with staff across the Group. This newsletter is the first part of this communication strategy. I hope you find it helpful and informative and see it as your key source of information on the various developments within the Group. I would welcome feedback on what you think of this approach and the content you would like to see in the newsletter.

3. It is attended to roll out Key Performance Indicators (KPI's) **to all areas within the Group**, in order to put in place an effective way of monitoring our performance that will help shape, rather than merely react to, the national agenda. Each General Manager will follow this consistent approach in their respective hospitals. I am engaging with stakeholders within the Group to share this approach and it is my intention to foster a performance **management culture. Each month through this newsletter I will take you through these KPI's outlining the progress we are making. I will be also asking that these KPI's are distributed throughout your areas of responsibilities and are visible to all staff, so we can see the progress we are making and the challenges we still face.**

4. We are setting out our Priorities for 2012. These will form the basis of our Group Communication Strategy, determining Individual Hospital Objectives and updating the Group on the delivering of our Service Plan for 2012 - you will be hearing more on these in our future editions.

5. We have now received our budget allocation and are facing further significant reductions. Maurice Power is working with the General Managers across the Group to develop Financial Plans and tackle various issues such as income generation, improving efficiency and reducing costs. This will be our biggest challenge and your help and support is needed most in this area.



The next few weeks

A big concern for all of us is the impending retirements under the Pension Protected Retirement Scheme. This is a great challenge for the Group. We have established a Group Employment Control Committee (GECC). One of the key priorities of this group is the preparation of contingency plans to help deal with the immediate impact of retirements and the identification of and recruitment to key critical posts, to ensure that front line services are maintained to the highest standard.

On a more personal note, I would like to take this opportunity on behalf of the Group, to thank all of those who are retiring for their valuable contribution to the Group over the years and wish them every happiness and success in their retirement.

Lastly, I am delighted to announce the impending visit of President of Ireland Michael D. Higgins to officially open our newly refurbished Neonatal Intensive Care Unit at University Hospital Galway. The new unit is a superb state-of-the-art critical care facility that is capable of providing high level intensive care for critically ill, premature and term new born infants in the West of Ireland. I look forward to showing our President this wonderful new facility that we now have thanks to the hard work and dedication of all staff who were involved.

I hope it is the first of many visits in the future as we continue to develop the Group hospitals for our patients.

Looking forward to meeting you all in person over the coming weeks and months.

Bill Maher,
Chief Executive Officer,
Feb 2012



PERFORMANCE MANAGEMENT MEASURING WHAT MATTERS THE MOST

Key Performance Indicators (KPI's) serve to reduce the complex nature of organisational performance to a small number of key indicators in order to make performance more understandable and focused. This then allows us to engage with staff across all hospitals and all departments and communicate our position, the challenges we are facing and the actions we are taking. It is the Groups intention to foster a performance management culture within all our hospitals and have a consistent approach.

The Group has recognised effective performance management has many benefits:

- Improve patient care
- Improve productivity and efficiency
- Clarity and ownership of issues across the organisation
- Accountability, and with it responsibility
- Improved governance and management of risk
- Resilience to external scrutiny
- Clarity and leadership for staff in terms of expectations

It is therefore intended to roll out Key Performance Indicators (**KPI's**) to all areas within the Group in the coming months to put in place an effective way of monitoring our performance that will help shape, rather than merely react to, the national agenda.

Each General Manager will follow this consistent approach in their respective hospitals and will be engaging with all staff to share this approach. Each hospital within the Group has put forward a set of 12 indicators/targets which they will measure and report on each month. There will also more than these 12 throughout the hospital with individual sections/departments developing their own. In selecting a good indicator set, one must bear in mind what is challenging and what is achievable. In time, when targets have been achieved, indicators can be reset or new targets commenced and this will ensure we are continually developing our service for patients.

Each month through this newsletter the CEO will take you through these KPI's outlining the progress we are making. It is important that these KPI's are distributed throughout your areas of responsibilities and are visible to all staff, so we can see the progress we are making and the challenges we still face. You will be hearing more on these in our future editions and I would invite you to think of your own areas and what your KPI's might be.

Fiona McHugh,
Senior Executive Officer,
CEO's Office
Feb 2012



GUH Performance Summary - January 2012

<p>Out-patient Waiting List</p> <p>Current: 38,410</p> <p>Trend: v Previous Month</p> <p>Target: Out-patient waiting to be reduced to less than 52 weeks (lbc)</p> <p>Work is progressing through the Directorates to deal with long waiters across all specialities.</p>	<p>OPD DNA Rate</p> <p>Current: 14.5%</p> <p>Trend: v Previous Month</p> <p>Target: Reduce the number of patients who do not attend to 10% by December 2012</p> <p>OPD group are looking to extend the partial booking system across all specialities. We are aware that DNA rates where partial booking exists improves performance.</p>	<p>ED Patients waiting for admission at 8am</p> <p>Current: 33</p> <p>Trend: v Previous Month</p> <p>Target: < 10 patients waiting in ED for admission at 8am</p> <p>The impact of the Acute Medical Unit and the introduction of formal bed allocations will help to drive down the average daily number waiting at 8am.</p>
<p>CT Waiting List</p> <p>Current: 1385</p> <p>Trend: v Previous Month</p> <p>Target: No Category 2 or 3 patient should wait more than 70 days for a CT.</p> <p>Resources across the group in CT terms are being examined to access if there is scope to reduce waiting lists utilizing existing resources.</p>	<p>In-patient & Day Case Waiting List</p> <p>Current: 7928</p> <p>Trend: v Previous Month</p> <p>Target: No patient should wait >9 months by end of July (Children within 20 wks)</p> <p>The Waiting List is being reviewed on a daily basis to ensure long waiters are being targeted. Work is on-going with the Medical and Surgical Directorates.</p>	<p>Average Length of stay</p> <p>Current: 6.4</p> <p>Trend: v Previous Month</p> <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 complimented by local work on agreeing formal bed allocations across Medicine and Surgery.</p>
<p>Day of Procedure Rate for Elective Inpatients</p> <p>Current: 38%</p> <p>Trend: v Previous Month</p> <p>Target: To increase rate to 75%</p> <p>The new National Programmes on Surgery will help increase the day of procedure rate, this is complimented by local work on agreeing formal bed allocations across Medicine and Surgery.</p>	<p>Staph Aureus Blood Stream Infection</p> <p>Current: 0.096</p> <p>Trend: v Previous Month</p> <p>Target: To be in line with Best Practice and to be confirmed.</p> <p>Work is on-going through the infection control team to continually improve performance.</p>	<p>Bad Days Lost</p> <p>Current: 386</p> <p>Trend: v Previous Month</p> <p>Target: Reduce by 10% for 2012</p> <p>Work is ongoing through the Discharge planning group to reduce the number of Bad Days Lost.</p>
<p>Financial Position</p> <p>Current: -2.87m</p> <p>Trend: v Previous Month</p> <p>Target: To deliver financial breakeven across Group by December 2012</p> <p>The Financial Control Committee are in place to ensure that GUH meets budgetary targets</p>	<p>Staffing WTE variance from Staff Ceiling</p> <p>Current: 3166</p> <p>Trend: v Previous Month</p> <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.</p>	<p>Absenteeism</p> <p>Current: 5.8</p> <p>Trend: v Previous Month</p> <p>Target: To reduce absenteeism rate to 3.5% by December 2012</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>

FINANCE COMMITTEE GALWAY and ROSCOMMON UNIVERSITY HOSPITALS GROUP

Finance Committee Galway and Roscommon University Hospitals Group

A Group Finance Committee is in place for the Group. Its primary objective is to ensure that the Group remain within Annual Budget allocated. The main focus will be to maximise VFM, Cost Efficiency and Income Generation for GRH. The Finance Committee will also be responsible for ensuring the Group is well positioned for changes in funding mechanism and financial system changes going forward.

Membership of the committee, which is chaired by the new Chief Financial Officer, Maurice Power includes:

Bill Maher CEO, GRUH
Denis Minton, Finance Manager, Portiuncula Hospital
Eilish Feeley, Finance Officer, Roscommon General Hospital
Anthony Baynes, Finance Manager, Galway University Hospitals
Chris Kane, General Manager, Portiuncula Hospital
Elaine Prendergast, General Manager, Roscommon General Hospital
Tony Canavan, General Manager, Galway University Hospitals

Where necessary other relevant personnel will be invited to attend meetings where their expertise will be required.

The chairman of the committee will report to Group Management Team on a monthly basis on the group financial performance. The committee are working on a set of Key Performance Indicators that will focus on important financial measurements such as break-even, income per bed, absenteeism costs and forecast year end position.

The committee had their first meeting in January where the financial challenge for 2012 was outlined by the CFO. The challenge is based on comparison of our **forecasted costs versus our allocated annual budget and the difference is €35m.** This equated in % terms is 12% - a significant challenge starting into 2012.

The committee are already focussing on cost saving initiatives and income generation opportunities for the year and your General Managers will be communicating action plans over the next number of weeks.

Maurice Power.
Chief Finance Officer
February 2012.



SPECIAL DELIVERY UNIT & NATIONAL TREATMENT PURCHASE FUND

The Department of Health Special Delivery Unit (SDU) hosted a national forum which was attended by key stakeholders from the HSE and the acute hospital sector today. The purpose of the event was to highlight the achievements of the acute hospital system in conjunction with the SDU and the National Treatment Purchase Fund (NTPF) during 2011 and to outline plans for the coming year in relation to unscheduled care (Emergency Department) and scheduled care (Surgery and Outpatients) and the National Clinical Programmes.

The event was addressed by Dr James Reilly, Minister for Health, Dr Martin Connor, **Senior Advisor to the Minister for Health, and Tony O'Brien, Chief Operating Officer, SDU** and national leads from the Clinical Programmes in the HSE.

Unscheduled care

In the area of unscheduled care delivered in Emergency Departments (ED) it was reported that in September 2011, when the SDU became operational, using the 30 day moving average* as the measure, there were approximately 65 more people per day waiting on trolleys than the same period in 2010.

By early December 2011, the gap between numbers waiting compared to the previous year had been reduced to zero. By the end of December 2011 the difference had been reversed to the point that the number waiting is now more than 50 per day below the number waiting on the same day in the previous year.

In overall terms, the cumulative number waiting on trolleys at 8.00 am across the country for the first 16 days of January 2012 was 5,046. This compares with 6,893 waiting during the same period in 2011, a reduction of 27%.

Scheduled Care

In relation to scheduled care, all public hospitals were instructed by the Minister to ensure they had no patients waiting more than 12 months by the end of 2011. The NTPF reported that at the end of 2011, 95% (41 hospitals) met the target to eliminate over 12 month waiters from their active list. This compares to 28 hospitals at end 2010 that had patients waiting over 12 months for treatment on the active list

Tony O'Brien, Chief Operating Officer, SDU commented "while acknowledging the progress so far, it is important to emphasise that the process of bringing about sustained performance improvement is only just beginning and is integrally linked to the wider health reform agenda".

*30 Day Moving Average: The result attributed to any one day is the average of the total for each day of the most recent 30 days. This technique smoothes out daily variation for ease of identification of trends.

SPECIAL DELIVERY UNIT – INPATIENT AND DAYCASE TARGETS

Waiting lists for procedures have built up in every hospital in the Irish health service. This means that patients are waiting to have procedures done, which causes distress to all concerned. As a result, **Minister James Reilly has set up the 'Special Delivery Unit' to tackle these long waiting lists. He has identified treatment targets that must be met by the Group by September 2012:**

- Maximum waiting time of 9 months for the inpatient and day case waiting list
- Maximum waiting time of 20 weeks for an elective procedures in children
- Maximum waiting time of 13 weeks (3 months) for routine GI endoscopy procedures (i.e. colonoscopy and OGD).

In 2011, GUH were the only hospital in Ireland, despite intensive efforts by all staff, that did not reach the Ministers targets. The Group do not wish to be in this position again and aim to deliver these targets ahead of time in 2012. Currently there are 7,500 patients on our Primary Target List (PTL) to be treated by the end of September 2012. Failure to reach these targets will mean financial penalties for the Group, therefore in order to achieve this target GUH developed a five point plan, which will be overseen by management and clinicians in the hospital.

Step 1: Increased focus on validation - This started in January when 1,600 letters were sent to patients on the waiting list. 1,000 patients responded which resulted in over 100 patients being removed from the waiting list. Plans are in place to treat the remaining patients who still require treatment (including those who failed to respond).

Step 2: Improved reporting and ownership - There is now clear and consistent communication with all specialties on a weekly and monthly basis. These reports highlight progress and identify areas that are at risk of not reaching target. Careful management of patients is paramount and ensuring all emergency

activity, cancer cases and PTL patients will be seen within the capacity available is key.

Step 3: Effective use of all resources across all Group hospitals - Plans are in progress to fully utilise all capacity across the Galway Roscommon Group of Hospitals to ensure that patients can be treated in a timely manner.

Step 4: Patient education and engagement – it is important that patients engage with us to ensure that treatment can be offered to the correct patients in a timely manner in the most appropriate location. Informing patients about our treatment policies will be the key to the success of our plans.

Step 5: Effective utilisation of scarce theatre space - Clinical Directors, General Managers and Specialty Leads are working on plans to increase elective activity to deliver waiting lists in all hospitals. They are also moving towards a single common waiting list with consistent policies and procedures across the Group.

GUH is working closely with all staff, patients and GP's to manage the waiting lists for procedures.

We are implementing new policies and procedures to assist with this which include:

- Removing patients from the waiting list if they do not attend for their procedure (a letter will be sent to the GP and the patient).
- Patients will be offered an appointment in any one of the Group of hospitals (Galway, Merlin Park, Roscommon or Portiuncula) as appropriate for their procedure. If a patient declines this offer, they will remain on the waiting list but the date will reset to the date the appointment was offered – this may delay their treatment.

Patients who have a query in relation to their procedure should contact your consultants secretary for advice. We are also working on changes to the Outpatient waiting lists and will update you about this in future newsletters.

Measuring Progress

We will update you regularly on progress towards achieving our targets via a monthly summary report—a copy of the most recent report is shown in this newsletter, and look forward to working with all specialties and departments in achieving our aims.

Sue Hennessy
Waiting List Manager
Feb 2012



Special Delivery Unit Status Report : GUH – January 2012

2011 Targets

GUH were the only hospital in Ireland not to reach the 2011 SDU Primary Target List. Great progress was made following collaboration between clerical and clinical staff in the time available. With support from the SDU a number of specialities achieved the target, through a process of validation and by treating patients in GUH and other hospitals.

However it is imperative that the remaining specialities treat the outstanding 369 patients urgently (see below).

All patients have been contacted by phone to ensure they still require the procedure. This validation process removed a significant number of patients from our waiting lists.

What are the 2012 targets?

Our ambition is to meet and exceed the current targets set out by the Minister for Health and enforced by the Special delivery unit (SDU) states that:

“no patient will wait over 9 months for admission by September 2012”

This effectively means that all patients added to the waiting list in 2011 must be treated by the end of September 2012.

Our current position (as of 5th January 2012) is that we have 9901 patients awaiting treatment. Please see the breakdown by speciality below and note that this is split between inpatients and day cases.

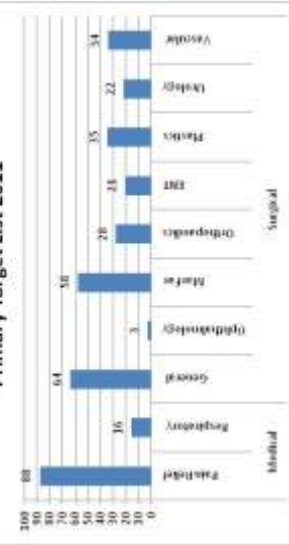
Our 5-point Plan

- Increased focus on validation (box 1)
- Improved reporting and ownership (box 2)
- Effective use of all resources across all group hospitals
- Patient education and engagement.
- Effective utilisation of scarce theatre space

Box 1 - Validation

Considerable efforts and resources are going to be focused on ensuring our waiting lists are accurate. The Waiting List Office are currently undertaking a postal validation of all patients:
 Added to the waiting list in Jan -March 2011
 Due to reactivation in Jan - March 2012.
 Patients will be informed of the DNA policy, the potential to be treated in other hospitals and advised that they will be called soon.

Primary Target List 2011



2011 Primary Target List

2012 Primary Target List



Box 2- Reporting

Reporting will be a key aspect of our 5 point plan. We will be introducing weekly summaries which will be widely communicated as part of our communications strategy. Equally these reporting tools will become an integral part of our performance management culture. As a result a new suite of reports at hospital, speciality and consultant level will be produced.

Message from Tony Canavan, General Manager,
Galway University Hospitals:

"Galway and Roscommon University Hospitals Group"

Six weeks ago it didn't exist as a phrase, but already it is starting to become the way we describe what was previously known as Galway University Hospitals, Portiuncula Hospital Ballinasloe and Roscommon County Hospital. While it isn't yet certain if that will remain our official title it is a strong signal of the intent of all hospitals in the group to work closely together to ensure we are making the best use of all the resources at our disposal to meet the acute hospital needs of the people who walk through our doors.

While I can scarcely remember a time, in my working life, when so much changed in such a short time, I am constantly reminded of how much things stay the same. Before I came to my desk to write this short piece for the first edition of our news letter, I walked through the waiting area of the ED in UHG. It was a busy mid week and the Emergency Department had all the signs of it. All around us we can see that demand for the services we provide is growing and we know that the resources available to us to meet these demands are reducing.

I am very pleased to have taken up this new role of Chief Operating Officer for *Galway and Roscommon University Hospitals Group* and have a strong sense that the challenges that lie ahead, of which there will be many, are better tackled by all of us working together than on an individual hospital basis. I also have a sense that hidden in among all of these challenges and difficulties that there may be an opportunity for the hospitals of Galway and Roscommon. I am looking forward to working with you all to uncover that opportunity.

Tony Canavan.
General Manager
February 2012.



Message from David O’Keeffe, Medical Director, Galway and Roscommon University Hospitals Group

As we move closer together as a group of hospitals in Galway-Roscommon, I have been asked to take and develop the role of medical director. The detail of the responsibilities and reporting arrangements of the role will be discussed and agreed with all the key stakeholders over the next weeks; broadly the medical Director role will involve developing and integrating the separate clinical directorates and building on their success, incorporating the quality safety and risk structures across the hospitals, bringing complaints and legal affairs functions together through a single clinical governance structure.

The clinical directorates can work best across the group using the resources we have to bring care to the patient in the best location for them, depending on the complexity of care they need. We have started to do this in GUH, Portiuncula and Roscommon. We will build on this to bring down our waiting lists by bringing doctors from GUH to Portiuncula and Roscommon to treat patients and also bringing medical and surgical staff from Portiuncula in to GUH where the more complex upper and lower gastrointestinal tumour work will be done.

A strategy group for cancer will be formed soon to coordinate the delivery of services in radiotherapy, medical oncology and cancer surgery with the allied disciplines of nursing , pathology and radiology.

The clinical directors will coordinate the response to the clinical care programmes (e.g. Acute medicine programme, Acute coronary syndrome) Dr Pat Nash and his team have worked over the last year to bring the Acute Medical Unit to fruition, and bring all acute medical care onto the UHG site from Merlin park showing the benefit of strong clinical leadership in bringing better care to more people, more expeditiously. Team-working by all involved in care brings better outcomes more rapidly and across the Group we will build on this model.

The future we face together as a group is bright, our combined skills need to be harnessed in building a Hospital Group focused on patients, safety and quality

David O’Keeffe.
Medical Director
February 2012.



Message from Elaine Prendergast, General Manager, Roscommon County Hospital:

Welcome readers to the first edition of the hospital group newsletter and I am delighted to introduce you all to what is happening in Roscommon County Hospital.

Roscommon County Hospital is in state of transition and change and we are reconfiguring our services so as to ensure that the hospital will play a pivotal role delivering patient services in the new hospital group.

For those of you unfamiliar with Roscommon County Hospital, the hospital is located on the Athlone road of Roscommon town, 25 minutes from the M6 motorway at exit 12.

The hospital is easily accessible for patients. We have capacity to offer patients a very high standard of care, quicker access to services and free car parking!

A performance management culture is being introduced as part of the new management structure and **Key Performance Indicators (KPI's) targets have been set and a copy of the Roscommon County Hospital 2012 KPIs** are on the next page. And of course the services must be delivered within budget and within current staffing levels in 2012 – no easy task.

Some exciting developments have already occurred at the hospital. For example the Endoscopy Decontamination facility at the hospital was up-graded and commissioned in the past few days, a Plastic Surgery Service under the clinical leadership of Ms Deirdre Jones, Plastic Surgeon at GUH has been set up and has facilitated patients on GUH waiting lists for Surgery, and a telemedicine clinic for Rheumatology was also established.

There are many Nursing initiatives underway with the continuing professional development of nurses through Nurse Prescribing programmes, and the Ionising radiation prescribing programme. **Roscommon County Hospital is one of the first hospitals in Ireland to introduce the NHS Productive Ward initiative, "Releasing Time to Care". More about the Productive Ward initiative will available in the next issues of the newsletter.**

Capital investment to the value of €2m has been secured for a self contained 2 procedure roomed Endoscopy Suite on the Roscommon County Hospital site and a business plan with regard to the establishment of Rehabilitation Medicine Services in association with the National Rehabilitation Hospital in Dublin is being developed also.

By the end of February 2012 we will have said goodbye to 18 members of our staff who are retiring or will have retired since November. I wish to thank you all for your service, loyalty and dedication to Roscommon County Hospital – for most of the retirees they will have seen and experienced good days, celebrations, shared many experiences, and formed lasting friendships. I would like to wish you all health, happiness and good fortune in your retirement years. To mark this special occasion a farewell party will be held on Friday 24th February at 3:00 p.m. in Roscommon County Hospital.

I thank all staff for their teamwork and dedication and look forward to a challenging 2012, with new services **being developed and Roscommon County Hospital's role being more defined and integral within the new Hospitals Group.**

Elaine Prendergast.
General Manager
February 2012.



Roscommon Performance Summary – January 2012

Orthopaedic Out-patient Waiting List		DNA Rate		Increase Surgical day Case activity	
Current	Future	Current	Future	Current	Future
Current Value 648	Future	Current Value 20%	Future	Current Value TBA	Future
Trend: v Previous Month	↑	Trend: v Previous Month	↑	Trend: v Previous Month	↔
Target: No patient will wait for an Orthopaedic Outpatient appointment for more than 1 year by December 2012.		Target: Reduce the number of patients who do not attend OPD to 10% by December 2012		Target: To increase Surgical Day Case activity at Roscommon County Hospital to 500 cases per month by treating patients on the JHG waiting lists.	
Admission Rate via MAU		New/Review Ratio Out Patient Services		Average Length of Stay	
Current	Future	Current	Future	Current	Future
Current Value 75%	Future	Current Value 1:3	Future	Current Value 11	Future
Trend: v Previous Month	↔	Trend: v Previous Month	↔	Trend: v Previous Month	↑
Target: To reduce the admission rate of all attendees at the MAU to 20% by December 2012		Target: New to review outpatient ratio of OPD attendances to be 1:2 by December 2012		Target: Overall ALOS for all inpatients discharges is reduced to 5.7 days by December 2012	
Antibiotic Usage		New Cases of C Diff		Fair Deal - Bed Days Lost	
Current	Future	Current	Future	Current	Future
Current Value 116.4	Future	Current Value 6.6	Future	Current Value 185	Future
Trend: v Previous Month	↔	Trend: v Previous Month	↑	Trend: v Previous Month	↑
Target: To reduce the medial usage rate of antibiotics to 84.4 per 100 bed days utilised by December 2012		Target: To reduce the background rate of HCAI of C Difficile to <2.6 per 10,000 bed days used		Target: to reduce the number of bed days lost due to delayed Fair Deal approval to 31 bed days per month by December 2012	
Financial Position		Staffing Levels		Absenteeism	
Current	Future	Current	Future	Current	Future
Current Value TBA	Future	Current Value -10%	Future	Current Value 5.5%	Future
Trend: v Previous Month	↔	Trend: v Previous Month	↑	Trend: v Previous Month	↔
Target: To deliver financial breakeven by December 2012		Target: WTE should not drop below the WTE ceiling so as to maintain patient safety and services by December 2012		Target: To reduce the absenteeism rate to 3.5% by December 2012	

RETIREES FROM ROSCOMMON COUNTY HOSPITAL SINCE NOVEMBER, 2011 TO FEBRUARY, 2012

To all our staff who have retired recently and who are on the brink of starting a new chapter in their lives we offer each of you the very best of good luck, health and happiness in your retirement.

We thank each of you sincerely for your loyalty, hard work and commitment during your tenure with us. You all have witnessed and been a part of the changes and developments at the hospital over a long number of years – your contribution, effort, toil and participation within the various departments you have worked in was valuable and appreciated greatly by patients, relatives, other colleagues and members of the public. In small, quiet ways each of you made a difference – through a kind word, a friendly nod, a cup of tea, extending the hand of healing and friendship to patients, friends, colleagues, etc – for each of you your life was one of helping and caring, being part of our team.

Patrick Mullen	Labourer	Maintenance Department
Patricia Lannon	Staff Nurse	Out Patients' Department
Frances Keane	Senior Staff Nurse	St. Bridget's Ward
Mary Corcoran	Senior Staff Nurse	St. Bridget's Ward
Gertrude Finan	Staff Nurse	St. Bridget's Ward
John Carter	Senior Medical Scientist	Laboratory
Edward Thewlis	Supplies Officer	Procurement
Joan Garvin	Clinical Nurse Manager 1	Urgent Care Centre
Mary Daly	Staff Nurse	Urgent Care Centre
Martina Flanagan	Clinical Nurse Manager 1	Urgent Care Centre
Evie Walsh	Staff Nurse	Urgent Care Centre
Mary Fallon	Clinical Nurse Manager 1	Urgent Care Centre
Marian McDermott	Clinical Nurse Manager 1	Urgent Care Centre
Mary Frances Kelly	Staff Nurse	St. Coman's Ward
Patricia Morgan	Clinical Nurse Manager 2	St. Coman's Ward
Dr. M. Baj	Consultant Radiologist	Radiology
Geraldine Hoban	Clinical Nurse Manager 2	Theatre

We also wish Vanessa Gilleran, Senior Speech and Language Therapist who recently resigned from our service the best of luck as she and her family immigrate to South Africa.

The words of the late John O'Donoghue sums up best our sentiments and wishes for all of you...

*"This is where your life has arrived, after all the years of effort and toil;
Look back with graciousness and thanks on all your great and quiet achievements.*

*You stand on the shore of a new invitation to open your life to what is left undone;
Let your heart enjoy a different rhythm, when drawn to the wonder of other
horizons.*

We hope that each of you have time to enjoy your heart's desire to live the dreams you've waited for.....with every good wish for the future.

Elaine Prendergast , General Manager and all staff at Roscommon County Hospital.



Introduction of Plastics Surgery Service at Roscommon County Hospital:

Roscommon County Hospital recently introduced a Plastics Surgery Service at Roscommon County Hospital, as part of an out-reach regional service which is being provided by Ms. Deirdre Jones, Consultant Plastic Surgeon and members of her Galway team. Ms. Jones commenced her service here on Wednesday, 21st September, 2011 in our Out Patients' Department, where she sees the full range of plastic surgery patients, from carpal tunnel syndrome to post-cancer breast reconstruction. Her first Minor Procedure Session and Theatre session commenced in mid-October, and so far we have treated nearly 200 patients. Typically, this involves the removal and reconstruction of skin cancers and benign skin lesions, as well as procedures that can be carried out easily under local anaesthetic.

The service facilitates patients off long waiting lists in Galway University Hospital and new referrals from local GP's. **Already, we have treated patients who have been on a waiting list since 2008 and patients from many other counties who have been delighted to have been seen and had their procedure carried out in Roscommon County Hospital.**

This is a great new service initiative for Roscommon County Hospital – it is bringing new energy and vitality back into our hospital and the scope of this service involves staff and facilities in the **Out-Patient Department, Urgent Care Centre, Theatre, St. Bridget's Ward and other areas.** Ms. Jones is extremely enthusiastic about the service that she is able to offer here and the potential we can offer to her and indeed other services.

Ms. Jones has been in contact with all the GP's in the catchment area and attended a GP meeting in August, 2011, to advise them of the referral pathway. Central Waiting Lists for HSE West have been created in Galway University Hospital. Patients are triaged by Ms. Jones according to need, appropriateness and service availability to either Roscommon County Hospital or Galway University Hospital. **By sending photos with Referral letters where appropriate, GP's could contribute hugely to the efficiency of this service.**

It is hoped to be able to maintain a very quick turnaround for patients from referral letter, to initial assessment, to having procedure done, and final review/outcome – therefore Ms. Jones is very anxious to have a quick throughput for patients and reduce waiting times for either OP or Day Services as much as possible.

We wish to take this opportunity to thank staff for their commitment and determination to ensure that everything has been put in place for the smooth and successful commencement of this service across the various locations Ms. Jones is working in.



Mary Crehan CNMII, Ms. Deirdre Jones, Consultant Plastic Surgeon, Margaret Tighe Staff Nurse, Maria Coakley (Medical Student GUH), Catriona Fahy (Medical Student GUH), Breda Raftery (Student Nurse)



Linda Conry-Hanley, Staff Nurse, Ms. Deirdre Jones, Consultant Plastic Surgeon, Katherine Gilleran, Clerical Officer.

PATIENT SAFETY: EARLY WARNING SCORING SYSTEM (COMPASS)

HIQA Mallow report 2011 recommended that the HSE agree and implement a National Early Warning Scoring System (EWS) to ensure that there is a system of care in place for the prompt identification and management of clinically deteriorating patients.

Roscommon Hospital (RCH) was selected as the first Hospital in Ireland to roll out the Compass Interdisciplinary training programme which was modified to suit the Irish healthcare system. This was achieved with kind permission of ACT Healthcare Australia. This programme is interdisciplinary, which enables healthcare professionals to recognize patients who are clinically deteriorating and the significance of altered clinical observations. It seeks to improve communication between healthcare professionals, while adopting a patient centered quality driven approach and enhancing the timely management of patients.

Governance

Over all responsibility and accountability rests with the Management Team for the implementation of the National Early Warning Scoring system. At RCH we have a designated Medical Champion. The Resuscitation Officer and Clinical Placement Co- Ordinator ensured a robust implementation process.

14 clinical staff were selected to attend train the trainer day which included Medics, CNS's, CNM's, and S/N's who are the link nurses in the clinical areas. Train the trainer day took place on May 26th 2011, which was facilitated by 4 facilitators. Briefing sessions were held about the programme and a newsletter was circulated.

The roll out of our programme commenced at RCH on May 30th, 2011, which comprised of a blended learning approach. Prior to attending the course, participants were given pre-course materials. They were required to completed the following: -

Reading the Compass Manual

Reviewing an interactive CD which was uploaded to Hospital PC's with the support of IS staff

Staff were given one hour of protected learning time

Pre-Course Multiple Choice Questionnaire (MCQ)

The education sessions include 3 presentations, 4 practical scenarios, MCQ, and course evaluation, all of which were extremely positive. We set July 5th 2011 as our target date for the introduction of the national observation chart to clinical areas and within six weeks we had 100% compliance.

Benefits to staff

Improves the documentation and communication of patients observations

It provides clinical staff with clear guidelines on the measurement of vital signs and the escalation and communication triggered by the vital signs to the appropriate medical personnel

Identifies trends in patients vitals signs

Clearer information when accepting and transferring patients to and from other Hospitals

National Policy in place to support EWS

National standard clinical observation sheet

Benefits to Patients

Ensures timely patient review and that appropriate treatment occurs

Provides flow in the continuity of care

Track and Trigger system in place which facilitates early recognition of clinical deterioration

Way Forward

Audit and evaluation using the National Audit tool/Nursing Metrics
Structured feedback and reviews to Management team
Implement change as per Audit findings
Develop a process to ensure staff are updated on an regular basis
Views to be implemented

Contact for Further Information:

Margaret Casey, A/Director of Nursing, Roscommon County Hospital
Anne Scahill, Resuscitation Training Officer, Roscommon County Hospital
ann.scahill@hse.ie 09066 32343



Back – Left to Right – Mary Farrell, CPC; Ann Scahill, RTO; Rosemary Thorpe, Cardiac Rehab
Front – Left to Right – Geraldine Keane, Palliative Care; Evie Walsh, Staff Nurse and Aideen Banet, CNM1

Missing from Picture: Grainne Glacken, Nurse Tutor, MGH; Siobhan Carty, CNM1; Margaret Smyth, Staff Nurse; Catriona Mannion, Staff Nurse; Hayley Leech, A/CNS; Celia Tully, Bed Manager



EUROPEAN CERVICAL CANCER PREVENTION WEEK

Roscommon County Hospital raised awareness among staff about the importance of cancer prevention during European Cervical Cancer Prevention week, which ran from January 22nd to 28th 2012.

Each year around 300 women are newly diagnosed with cervical cancer and over 90 lives lost. CervicalCheck, the National Cervical Screening Programme and similar programmes have been proven to reduce the mortality rate of cervical cancer. CervicalCheck encourages women between the ages of 25 and 60 to avail of free regular smear tests from a GP practice or family planning clinic of their choice. According to the Irish Family Planning Association, a risk factor in the development of cervical cancer is not having a smear test. They report that cervical cancer takes a long time to develop often without any symptoms until an advanced stage. A smear test is the only way to ensure abnormal cells in the cervix are detected and treated early, preventing the development of cervical cancer.

Further information can be obtained from the Irish Family Planning Association on 01 6074456 or CervicalCheck on 1800 454555 or alternatively see www.ifpa.ie or www.cervicalcheck.ie

The Pearl of Wisdom is the international emblem of cervical cancer prevention. During the week *Pearl of Wisdom* badges and leaflets about cervical screening were made available to staff. This initiative was supported by the Occupational Health Department, Roscommon County Hospital.



Bridie Lohan, Clerical Officer, Roscommon County Hospital

Message from Chris Kane,
General Manager, Portiuncula Hospital:

It is with great pleasure that I have the opportunity to converse with all staff in my new role as General Manager at Portiuncula Hospital. I took up this position on the 4th January 2012; my previous roles have incorporated Regional Co-ordinator for Acute Services for all hospitals in HSE West, CEO of Cancer Care West and my previous nursing roles. Since arriving I have met with many members of staff and **department's staff within the hospital and hope to meet individually with many more in the coming weeks.** I have been very impressed by the level of enthusiasm and commitment shown by staff in meeting the needs of the patients we serve.

As part of the Galway Roscommon Hospital Group, Portiuncula Hospital has a very important role to play. We are currently embracing the development of hospital and department Key Performance Indicators. Briefing sessions with staff have **commenced on the hospital KPI's, the first was held on the 1st February 2012** and other sessions are planned, they include setting targets to improve average length of stay, absenteeism, outpatient waiting lists and also meeting cost containment targets. There was very positive engagement with staff at the briefing session and many departments are keen to set themselves targets within their own departments to demonstrate/drive performance improvement which will ultimately **benefit our patients.** **Going forward we plan to include Portiuncula's KPI's in our monthly newsletter for all staff to see how each departments initiatives are showing the positive improvements being made against targets.**

On a further note I would like to update you on group developments. The group structure has been developed and the first group management team meeting took place on the 6th February, similarly the first group employment/financial control groups have been established. I look forward to working with you all positively in the future to develop our services to meet the needs of our patients

As outlined below it is very positive news that Portiuncula Hospital has been selected as one of the NIMIS sites with a go-live date for September/October 2012.

Chris Kane
General Manager
Feb 2012



Portiuncula Hospital Performance Summary – January 2012

ED Waiting Times for Admission	
Current	Future
80%	
Trend: v Previous Month	↗
Current Value	
Target: No patient should wait over 6 hours.	
To ensure that 90% of all patients waiting in the ED should not wait more than 6 hours for admission, given the recent SDU meeting No ones should be longer than 9 hours in an ED - 95% should be no longer than 6 hours By 31 December 2012	

DNA Rate	
Current	Future
12.36%	8%
Trend: v Previous Month	↗
Current Value	
Target: Reduce the number of patients who do not attend 8% by December 2012.	
The DNA rate stands at 12.36% a reduction of 1% on 2010. There are 3 specialities below the HSE target of 10%. Efforts continue to reduce this rate further	

Out-patient Waiting List	
Current	Future
4156	
Trend: v Previous Month	↗
Current Value	
Target: Out-patient waiting to be reduced to less than 9 months by December 2012.	
The highest contributors are Orthopaedics, Dermatology, Diabetes and Pain Relief. A validation exercise to be carried out for all patients waiting over 1 year. Meetings to be organised with a number of specialities to form action plans to address these waiting lists.	

Average Length of Stay	
Current	Future
5	
Trend: v Previous Month	↗
Current Value	
Target: Achieve a target of 4.5 days.	
The ALOS decreased by 0.13 days compared to 2010. The average length of stay across all specialities in 2011 has decreased. Continue to reduce the highest length of stay rate by 2 days in medicine	

Day Case Rate Basket of 24	
Current	Future
70%	
Trend: v Previous Month	↗
Current Value	
Target: No increase the rate to 75% within the basket of 24 procedures to be treated as day cases.	
Currently the rate is 70%.	

CT Waiting List	
Current	Future
250	
Trend: v Previous Month	↗
Current Value	
Target: No patient should wait more than 6 weeks.	
The current waiting list for CT is approx. 6 weeks. There are currently 25 patients awaiting CT Scan as at December 2011.	

Fair Deal - Bed Days Lost	
Current	Future
235	
Trend: v Previous Month	↗
Current Value	
Target: To reduce the lost bed days to less than the current monthly bed days lost.	
Bed days lost per month mainly due to slow processing of fair deal applications and accessing appropriate step down facilities for patients. Patient initiative introduced with SDU support including convalescent and care packages, ambulance support, opening of additional beds.	

Hospital Acquired MRSA	
Current	Future
36	30
Trend: v Previous Month	↗
Current Value	
Target: To reduce the number of Hospital Acquired MRSA infections in 2012.	
Infection Control Committee continually reviewing and developing plans to address and improve infection control rates within the hospital.	
Current value indicates figure for 2011.	

Day of Procedure for Elective In-patients	
Current	Future
51.0%	60%
Trend: v Previous Month	↗
Current Value	
Target: To increase rate to 75% by December 2012.	
Day of admission rate in March 2010 was 35% and in September 2011 the rate was 51% a significant improvement of 16%. As this rate is below the national target rate our aim is to increase the rate to 60% in line with elective Surgery Clinical Care Programme.	

Absenteeism	
Current	Future
4.58%	
Trend: v Previous Month	↗
Current Value	
Target: To reduce absenteeism rate to 3.5% by December 2012.	
The current absenteeism rate is 4.58% a significant improvement on October 2011. There is work to be achieved to decrease rates in certain categories of staff. Continue to actively monitor and reduce absenteeism rates through absence management programmes and back to work interviews.	

Staffing Levels	
Current	Future
638	
Trend: v Previous Month	↗
Current Value	
Target: To operate within HSE employment levels.	
Continued focus on reducing WTE figures in line with the budget as part of financial recovery plan. Ceiling exercise to be undertaken	

Financial Position	
Current	Future
Trend: v Previous Month	↗
Current Value	
Target: To deliver financial breakeven across the Group by December 2012.	
To ensure that the funding allocated to the Hospital is spent efficiently and income is maximized to its full potential - this will include value for money initiatives and rigorous monitoring of cost containment plans on a monthly basis to analyse variances and take corrective actions.	

NIMIS Project – Portiuncula Hospital

Portiuncula Hospital has been selected as one of the next sites for inclusion on the National Integrated Medical Imaging System (NIMIS)

This project will be rolled out across the hospital over the next 9 months and will enable the following in Portiuncula Hospital:

- Install Picture Archiving and Communication Systems (PACS) / Radiology Information System (RIS) systems into all acute hospitals within the HSE that do not currently have one
- Install Speech Recognition systems for the rapid production of radiology reports
- Allow movement of patient images throughout the HSE, with the appropriate security and access requirements
- Extend the solution to ensure the integration of Cardiology Angiography and Ultrasound images
- Implement electronic ordering / requesting of radiology examinations
- Integrate with GP messaging systems to allow procedure requests and rapid distribution of reports back to the GP

Support educational and research activities at all levels

For further info see link below to NIMIS website.

<http://www.hse.ie/eng/services/newscentre/NIMIS/>.

The project manager for the NIMIS project is Michael Towey.

Going Paperless – Portiuncula Hospital February 2012

Over the last number of weeks Portiuncula Hospital has progressed the implementation of the Q-Pulse System. On Wednesday 29th **February 2012 the Hospital's approved policies and procedures will be available electronically.** It is envisaged that all hard copies will be removed from wards and departments.

This system will enable the hospital:

To maximise accountability and local ownership of agreed processes;

To aid in policy and procedure control, thereby contributing to the delivery of a high quality, patient-centred service in a safe, efficient manner;

To aid the development of clinical governance through the use of a centralised information hub.

To satisfy national regulatory requirements and demonstration of good practice;

To support this process, in association with department heads, in-house trainers will visit your departments to speak with staff and show them how to access Q-Pulse. Please contact:

Brendan Fallon	<i>Etn 689</i>	<i>Brendan.fallon@hse.ie</i>
Ann Gardiner	<i>Etn 286</i>	<i>Ann.gardiner2@hse.ie</i>
Roisin O'Hanlon	<i>Etn 647</i>	<i>Roisin.Ohanlon@hse.ie</i>
Helena Roddy	<i>Etn 535</i>	<i>Helena.Roddy@hse.ie</i>
Lisa Walsh	<i>Etn 315</i>	<i>Lisa.walsh@hse.ie</i>

PORTIUNCULA HOSPITAL, BALLINASLOE ANNUAL REMEMBRANCE SERVICE 2012

The Annual Remembrance Service for children who have died through miscarriage, stillbirth or death was held in Portiuncula Hospital Chapel on Wednesday last, 1st February 2012.

The Service was, as always, extremely well attended and seems to answer many different needs for parents. We were delighted to welcome Brid Carroll as our speaker this year. Brid is a Psychotherapist and Counselling Supervisor; she is someone also with an extraordinary gift of being able to relate at a very real level with both intelligence and empathy. She struck a chord for many of the parents who were present, because as well as having professional skill, she was able to speak from personal experience. Many of the parents cried again for the children they had lost. When a child dies, the sense of loss can be overwhelming, and, although with time, parents may come to terms with what has happened, grief can become very lonely. At a gathering like this, there is a solidarity and support they will not find anywhere else, and in that, lies the value of the Service.

We were delighted also to again welcome Megan, Emily and Ailbhe Lohan who were responsible for the songs, hymns and instrumental music. There was a haunting quality to the music which touched all who attended. The service consisted of reflective readings, songs, music and the lighting of candles to honour the memory of the children who had died before or after birth.

It is our hope that by attending the Remembrance Service where the memory of these children is honoured and where the huge value of a **child's life** – however short – can be remembered and celebrated, that parents will be helped in some small way in their grief.



Portiuncula Hospital Sports and Social Club

Thanks to all staff who attended Dirty Dancing in Dublin on 2nd February. Approximately 80 staff members headed off to Dublin for a fantastic meal and show. It was great to see so many of our wonderful friends and colleagues have some well deserved down time.

We now have Phantom of the Opera on 26th July 2012, and Andrea Bocelli on 6th November to look forward to, so start saving your pennies!!



Also, if you are not a member of the Sports and Social Club, please contact salaries and you're in!!

MEDICAL RECORDS

Single Chart project across Merlin and UHG

In October a team came together to introduce a single Medical Record across Galway University Hospitals. This record ensures that all patient information on our patients, who are regularly treated in and across both sites, is available to our clinicians.

The project had become particularly important as more and more patients move between **Merlin and UHG and supports' the great work of the Acute Medicine Programme led by Dr Pat Nash, Clinical Director for Medicine.**

The project involved merging our hospitals on PAS to give a consolidated patient history and involved a huge amount of PAS configuration including work on setting up combined locations and staff master files, waiting lists, OPD clinics, episode history and training of all staff affected on the key changes. On a paper level, the UHG chart is now the active chart for all patients and the Merlin Park chart is used for reference only.

The project team was led by Paula Power Medical Records Officer and PAS Co-ordinator and her team of Christina Eifert and Annemarie Melia. Paula had brilliant support from Angela Mannion, Kathleen Quinn, Carmel Walsh and their Medical Records teams in Merlin Park and UHG. The change is particularly significant for Merlin Park and in **particular I want to thank Gerry O'Brien, Mary McHale and Yvonne Connolly who advised us on how things worked on the ground.** Technical support was provided by Susan Plunkett from iSoft and Andy Gulliver from Rivendale who have always provided brilliant IT support behind the scenes.

The Project has been live since Jan 1st 2012 meeting the target set. There were a whole group of others involved also and our thanks to them also.



Back row Andy Gulliver, Susan Plunkett, Paula Power
Front row: Christina Eifert, Angela Mannion
Absent from photo: Annemarie Melia



Back row: Gerry O'Brien, Paula Power, Carmel Walsh, Martin Molloy
Front row: Yvonne Connolly, Mary MacHale, Kathleen Quinn

Our Project teams

GALWAY and ROSCOMMON UNIVERSITY HOSPITAL GROUP ABSENTEEISM
Ailish Mohan, Employee Relations, UHG

Effective attendance management is a key requirement in the provision of a cost-effective and high quality health service. A major element in managing absence effectively is accurate measurement, monitoring and recording of attendance information.

Galway and Roscommon University Hospitals Group has placed effective management of absence as a key performance indicator (KPI) across its sites. A national target of 3.5% absence rate has been set out as the target for each **hospital and the Group. This can be viewed as an 'Attendance Rate' of 96.5% and** the Group may set its KPI in this positive term rather than the negative one.

Research has shown that the active monitoring of absence by management is effective in improving attendance by demonstrating that managers are taking the issue seriously and endeavouring to support staff in attending work. The Managing Attendance Policy supports management in addressing each instance of absence by conducting the Return to Work discussion, follow on review/monitoring meetings and promotes and encourage the use of the Occupational Health and Employee Assistance programmes, which allows for more effective absence management at local level.

The following table reflects the annual average percentage of Absenteeism across Galway University Hospital for 2011.

Galway University Hospital	
DOH Grouping	GUH Annual Average
General Support Services	6.05%
Health & Social Care Professionals	3.95%
Management/Admin	5.20%
Medical/Dental	0.90%
Nursing	6.49%
Other Patient & Client Care	8.00%
Total Absence Rate Per Month % :	5.21%

RADIOLOGY DIRECTORATE

Ray McLoughlin, Clinical Director; Mary Murphy, Business Manager



1. In September 2011 a new Interventional Radiology Service was introduced at Merlin Park site resulting in improved patient care and outcomes. Length of stay at Merlin Park site reduced. Significant cost savings for GUH budget by reducing the transporting of patients between two hospital sites for their IR procedures by Emergency Ambulance. Increased staff availability at ward level in Merlin Park as escorting patients to UHG site has decreased.
2. Two further IV in-house training courses for radiographers took place extending the role of the radiographer while improving efficiencies and patient throughput.
3. Congratulations is extended to Ms. Gina Naughton on successfully graduating from UCD with Graduate Certificate in RIS/PACS management.
4. The Nuclear Medicine department at Merlin Park site expanded their scan complexity and service in 2011.
5. Congratulations to Medical student on attachment to Radiology for the HRB summer student project who won the Watts Gold Medal (highest HRB honour for undergraduates



MEDICAL DIRECTORATE

Pat Nash, Clinical Director; Ann Dooley, Business Manager

As part of the reconfiguration of the Acute Medicine programme the relocation of all acute inpatient services to the UHG site commenced on 5th January, 2012. The Acute Medical Unit Assessment area (formerly MAU), consisting of 13 assessment areas (including 2 single rooms) and a treatment room, became operational on a 24 hour / 7 day basis on Monday 23rd January, 2012.

Approval has been received for the appointment of 3 AMU Consultant physician posts who will be responsible for ensuring that all patients are seen by a physician within one hour and decision to admit /discharge within 6 hours.

St. Enda's Ward with 33 inpatient beds will be the designated short stay Acute Admission Ward. The cohorting of medical beds to the designated base Wards is being progressed. Medical Wards are St. Ritas, St. Anthonys, St. Teresas St. Annes.

Staff transfers from MPUH to support the reconfiguration are ongoing.

Approval has also been received to appoint an Acute Medicine Coordinator who will be responsible for the management of beds and the coordination of admissions from the Acute Medical Assessment area to the short stay Acute Medical Ward or the inpatient specialist beds.

The Elderly Care/ Stroke Rehabilitation Services are being developed on the MPUH site.

The Elective Medical Ward on the MPUH site is operational since 9th January, 2012 with 15 elective beds, 3 sleep study beds and 4 day chairs.



THEATRE ANAESTHETICS AND CRITICAL CARE DIRECTORATE (TACC)

Paul Naughton, Clinical Director; Marie Dempsey, Business Manager

The TACC Directorate team is composed of a Clinical Director, Business Manager, Nurse Manager, AHP and Human Resource representative. The theatre service in GUH comprises of 16 Theatres on the UHG campus serving the needs of all major specialties, ENT, Ophthalmology, Plastic Surgery, Urology, Upper and Lower GI, Maxillo Facial, Vascular, Orthopaedic Trauma, Cardiac, Breast. Day surgery and Surgical Endoscopy services are also provided from this complement.

Two Theatres at MPUH serve the needs of elective Orthopaedic Surgery. Each surgeon utilises three sessions per week to a total of 46 weeks per year. Due to staffing deficits a rolling closure programme was introduced in the latter half of 2009. This closure affects all services every five weeks now accounts for approximately 25% reduction of surgical time for all surgeons.

With the appointment of new surgeons some specialties notably GI and Urology have reconfigured their services to share theatre time with colleagues.

In 2010 the directorate benefited from the appointment of
Dr Mairead Heaney, Consultant Anaesthetists
Dr Joseph Costello, Consultant Anaesthetists

2010 has been a very challenging year for theatre services. The directorate focus has been concentrated on day surgical services, in addition to implementation of direct access policy and supporting the roll out of NCCP programs for Urology and Colorectal surgery. Anaesthetics also supported the expansion of Brachytherapy services in line with evidence based best practice and demand. This Recompression service commenced in **2010 offering an emergency service to divers with the 'bends', this was accommodated** by hospital staff from ICU, Radiation Oncology, and maintenance who committed to training programme in addition to volunteers from Galway Subaqua club. A business plan was completed and submitted for funding to operate this service initially for emergencies with a view to ongoing development for hyperbaric medicine.

The pain management programme was delivered in co-operation with Primary, Community and Continuing care. The Multi-disciplinary Team comprised specialist nurse, consultant pain specialist, clinical psychologist, physiotherapists, and occupational therapists from GUH and Primary and Continuing Care HSE West. The team delivery of the programme was supported by Team and Cognitive Behavioural Therapy training with Clinical Psychology and the initiative was also supported by the Organisational and Development Unit HSE West.



WOMEN'S AND CHILDREN'S DIRECTORATE

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

The Women's and Children's Directorate encompasses Maternity, Gynaecology, Neonatal and Paediatric care across a split site on the GUH campus.

The Gynaecology service includes the Colposcopy service which is run in partnership with Cervical Check, the National Cancer Screening Service.

The membership of the Directorate team is as follows:

Dr Geraldine Gaffney, Clinical Director- Consultant Obstetrician/Gynaecologist

Ms. Bernie O'Malley, Business Manager -

Ms. Una Carr, -Assistant Director of Midwifery and Nursing

Ms. Norah Kyne, Senior Physiotherapist, AHP Representative

Dr Mary Herzig, Consultant Paediatrician, Paediatric Representative.

We are very pleased that we will now be working as part of the Galway Roscommon Hospital Group under the new management team. We are looking forward to working more closely with our colleagues in Portlinculla Hospital in improving services for Women and Children across the West.

The Neonatal Unit Intensive Care Unit

The Neonatal Unit underwent a major upgrade which commenced in late April 2011 and reopened on December 1st. This development has transformed the unit into a state of the art facility. It has also provided the opportunity to increase the capacity within the unit from fourteen cots to seventeen, an increase of three intensive care cots. The space between the cots has also been enhanced, leading to the provision of better infection control measures. An en suite bedroom adjacent to the unit for parents who need to stay **overnight due to their baby's condition has been provided as part of the upgrade. This room has been generously furnished by the Children's Remembrance Day Committee.** The capital funding for the upgrade also allowed for the purchase of additional up to date equipment.

ICU area of new unit



The Unit will be officially opened by the President of Ireland, Michael D. Higgins on February 24th. The Staff within the Directorate are very excited that the President has agreed to perform the official opening and are looking forward to welcoming him to the Department .

New Developments

Combined Obstetric/Neonatal Clinic

A new Pre-natal combined Obstetric/Neonatal Clinic has commenced in the Maternity Department since November 2011. This clinic specifically caters for expectant parents whose baby has been diagnosed with an abnormality on ultrasound scan.

The clinic runs twice monthly and is attended by one of the two Obstetricians who specialise in high risk pregnancy and one of the Consultant Neonatologists. The Clinic is also supported by the Senior Social worker and specialist Neonatal Physiotherapist. Attendance at the clinic affords the parents the opportunity to discuss the possible outcomes for their baby at birth and beyond with the multidisciplinary team. This **enables them to plan ahead for their baby's arrival and make whatever arrangements are necessary.** It is invaluable for parents in helping them prepare psychologically and practically for the challenges ahead.

New Haematology Clinics

With the appointment of Dr Ruth Gilmore, Consultant Haematologist to Galway University Hospitals, the care for women and children with haematological disorders will be greatly enhanced.

Maternity clinic

A new clinic in the Maternity Outpatients Department will commence on February 22nd. This clinic will run fortnightly and any pregnant women with haematological disorders during their pregnancy will be referred by the Obstetricians to Dr Gilmore at this clinic for management of their condition. This clinic will allow for enhanced continuity of care and follow up of those women. It will also mean that the women will be seen in the familiar surroundings of the Maternity Outpatients Department.

Paediatric Clinic

In the Paediatric Department, the provision of one clinic per month for Dr Gilmore is in progress and is hoped to commence this clinic in March.

Children from the west who currently have to attend Our Lady's Hospital for Sick

Children, Crumlin for care will be seen at this clinic. Dr Gilmore will share the care with the Paediatricians. Shared care between the Paediatric Department and Crumlin will also continue for some children as required. This clinic will be of huge benefit to the children and their parents who will now have care closer to home.

The Paediatric Department

The Paediatric nursing staff have up skilled in the management of Children with long term ventilation needs. Children who need long term ventilation support are now nursed on the Paediatric Ward while being stabilised and arrangements made for their discharge home. This has been a great achievement both from a Nursing and Medical perspective as previously those children would have been cared for in the Intensive Care Unit. As those children require one to one nursing care, this has an impact on the nursing staff levels for the ward as a whole. This in turn affects the capacity of the Paediatric Unit to safely accept other Paediatric admissions for elective surgery. One of the main issues to date is that there has been a long period between stabilisation and transfer home of the child while a homecare package is put in place by PCCC. Two children discharged home under this initiative are now happily settled at home and are attending their local school. Planning for discharge home has allowed closer links to be forged with our partners in the community.

Maternity Department

Baby Friendly Accreditation

All Staff in the Maternity Department are currently working towards re- certification of our Baby Friendly Hospital Initiative Award which we received in 2006. There will be a site visit by Dr Genevieve Becker, National Coordinator of the National Baby Friendly Hospital Initiative on March 13th.

Pulse Oximetry for Newborn Infants

Pulse Oximetry is a simple test that can lead to an early detection of Congenital Heart Disease. Congenital Heart Disease (CHD) affects 1% of all newborn infants. Antenatal ultrasound identifies approximately 25% of CHD cases. It can be difficult to detect after birth and it is estimated that 50% of infants with a cardiac condition are sent home after birth without a diagnosis. The Pulse Oximetry test can be performed very quickly and the establishment of a diagnosis of CHD in the early pre-symptomatic stage can be life saving.

From March, all infants born at Galway University Hospital will have Pulse Oximetry performed prior to discharge. A guideline has been developed for this purpose.

Retirements

It is with sadness and a little envy that we say farewell to our colleagues in the Directorate and hospital wide who will be retiring at the end of this month. We would like to wish them all good health and a happy retirement and to say thanks for all their hard work and dedication to the service.

FAREWELL COLLEAGUES & FRIENDS REGIONAL PATHOLOGY LABORATORIES UHG

Damien Griffin, Clinical Director; Judith McLucas, Business Manager

Over the next couple of weeks many of us will be bidding Farewell to friends and colleagues who have given a lifetime of dedication to the health service. Here in the Laboratories at University Hospital Galway it is with both a mixture of sadness and envy that we will be saying goodbye to Jimmy Newell, Laboratory Manager, Martin Egan, Haematology, John Kelehan, Microbiology, Anne Noone, Microbiology, Steve Wright, Haematology, Joe Goulding, Chief Medical Scientist, Blood & Tissue Establishment (BTE), **Annette O'Neill, BTE, Bridie Keary, Chief Medical Scientist, Division of Anatomic Pathology, Noreen Johnson, Biochemistry, Cait Bruen, Biochemistry, Mary Raftery, Division of Anatomic Pathology and Carl D'Silva, Autotransfusion BTE.** Most of these people commenced their training and professional careers in the 1970s. We would like to thank them one and all for their hard work, commitment, dedication and friendship over the years and to acknowledge the wealth of experience and knowledge that they have contributed to the organisation and passed on to their colleagues.

What follows is just a quick snapshot of life at that time and a brief insight into the Laboratory Managers career spanning four decades.

The 1970's milestones (commencing with the priorities!!):

- **The Boomtown Rats were so big in the late 1970's; a concert was cancelled in Dublin for security reasons.**
- The first microprocessor was developed in 1971 followed quickly by transistor /computer /cell phone technology developments.
- In 1971 health boards were established which took over delivery of health services from the local councils. However, there was an overlap, and fiscal control was only transferred in 1974.
- In 1974 a Senior Scientist annual mid-scale salary was 2,500 pounds
- A pint of Guinness cost 0.19 pennies; a standard plane trip to London cost **300 pounds nearly 10% of the average person's annual salary!**
- PAYE tax was as high as 62% at the upper end of the tax bands in the early **1980's.**
- Decimalisation of the Irish currency in February 1971 was a huge change from Lsd to a new pound which was made up of 100 pennies instead of 240 pennies.
- If one compares this period to today economically, it makes the current **austerity measures look like a "walk in the park"**



Jimmy Newell - Memory Lane:

In 1970 – 1971 a young Jimmy Newell received a scholarship from Galway County Council to train as a Medical Laboratory Technician. He attended Kevin Street College of Technology in Dublin full time with an additional 3 years in-service training. Students were block released for six weeks annually to complete the course in order to qualify as Medical Laboratory Technician(s). At this time it was automatic upon successfully qualifying that you were guaranteed a job and this was generally in the area **where you completed your training, in Jimmy's case this was the Biochemistry laboratory** in the Regional Hospital Galway. It was also assumed that if you trained under scholarship for Galway you were going to be employed in Galway. Jimmy recalls other students, who were training here at that time namely, Martin Egan, Aine Sugrue, Anne Walsh and Tom Divilly.

Jimmy started work in the laboratory at the Regional Hospital in Galway on 16th August 1971, his pay as a student was 12.09 pounds. By his own admission he lived well on this pay at the time and it was even possible for him to buy a motorbike (Honda 175)! **While this was a fairly high powered 'machine' it did not make enough noise to suit his new macho image.** Ever the innovator Jimmy set about making some modifications of his own **in order to achieve the high octane response he required when he 'hit the throttle' so he removed the air filter and bored a few holes in the exhaust!!** Clearly environmental issues **were not the main focus 'back in the day' but hey the young Jimmy in his own words was "cool"!**

This obvious 'coolness' had the desired affect and at the Raleigh Weekend in February 1981, Jimmy met a young teacher Anne Mullins and was married within six months! By now a sensible married man and first time Father he was promoted to Medical Laboratory Technologist in 1984. He progressed steadily in his career and was successful in becoming Laboratory Manager in 2006. Jimmy considers his career to have been very fruitful in that he loved working all his life in the Lab and his memories are mainly happy ones. He is very thankful to his employers for enjoying a permanent post and he believes he was lucky to be in a position to progress through the career structure eventually to the most senior scientific post, that of Laboratory manager.

To conclude he considers that throughout his working life he has encountered brilliant people doing their absolute best to enhance the quality of the service being delivered. **As an organisation it has its ups and downs and he suggests that "good times with good friends make the best memories".**

On that final note the Laboratory Medicine Directorate would like to take this opportunity again to thank Jimmy, Martin, John, Ann, Steve, Joe, Annette, Bridie, Noreen Cait, Carl and Mary. We wish them and their families the very best of health and happiness for the future.



RETIREMENTS FEBRUARY 2012

The retirements arising in Galway and Roscommon University Hospitals Group under the 'Period of Grace' scheme for Public Servants at the end of February will give rise to a number of challenges to all of the hospitals in the organisation. Understandably staff will feel that these departures are bad news as they lose colleagues, and indeed friends, of many years standing. They may also feel some trepidation at the prospect of having fewer staff to deliver services to patients. However, while the numbers raised by some media sources are significant on the surface, it is important to see them in context.

A proportion of the retirees in the period October to February can be viewed as leavers who would **have gone through 'natural attrition' anyway. These are staff who have reached the maximum retirement age and must 'exit stage left'.**

There are also people who retire having reached the minimum retirement age, many of whom do so on an actuarially reduced lump sum and pension to reflect the fact that they have not, in the vast majority of cases, reached the 40 years of service required to qualify for full entitlements.

In addition to these staff, some of our colleagues are recommended by the Occupational Health service for retirement on the grounds of 'Permanent Infirmity'. **This arises where a staff member's** health is such that a continuation in work would be detrimental to their welfare and, after exploring alternative roles and various occupational possibilities, it is deemed medically appropriate to offer them retirement.

These are all scenarios that services must manage within existing resources in any event and have done so through the years.

Coping with the gaps left by Staff who have retired in anticipation of the tax changes and its impact on their entitlements is the challenge now faced by management and staff in the Group. There are very few service areas that will not be touched directly or indirectly by the departures of our colleagues. However, there has been a lot of work done in anticipation of this scenario and, along with a plan to fill a number of these posts, arrangements are being made to contingency plan for the areas most in need.

Where possible, management will approach staff on reduced hours to see if they are interested in increasing their working time – this is an option that may appeal to staff in these difficult economic times.

An examination of some service areas may result in the possibility of redeployment of some staff to areas of greater need. This process has been happening naturally both within and outside of **the Group's hospitals and will assist in alleviating pressures in some areas.**

Some reorganisation of services and service delivery may also enable maximum flexibility without compromising patient care.

Notwithstanding the requirement to significantly cut overtime costs, it may be necessary to offer overtime in a limited number of areas with a specific focus on remaining within the national parameters for the reduction of overtime.

Temporary Contracts will be used to best effect a reduction in agency costs (which we are obliged to reduce also) and to broaden the base of the Nursing Bank (Pool).

When essential, and to enable service continuity when all other options have been exhausted, agency staff may be used for certain grades.

Most significantly however, is the fact that there will be recruitment of a limited number of replacements and this will reflect the evolving autonomy of the new Group Management Team. The Galway-Roscommon Hospital Group will have the independence to manage its budget and manpower thus being able to expedite appointments and respond to need in a prompter fashion.

Indeed, some staff are already approved and being processed for appointment (see the Good News column). There has been approval to recruit Nursing staff to Theatre and Orthopaedic roles.

The CEO has made a commitment to restore many of the CNM 2 grades in areas where they have been lost. This will provide leadership and boost morale in wards that have been without CNM 2s for some time now. This leadership deficit must be addressed promptly to enable delivery on internal reconfiguration, the cost containment plan, essential clinical and patient care standards, to absorb budgetary challenges on the ground and to enable the roll out of the Clinical Programmes.

A number of key posts will also be filled across the Group – the Director of Nursing in GUH (on an interim basis initially), the Chief of Security (GUH), Radiographer positions, Advance Nurse Practitioners, ICU/SCU Nurses, Neo-Natal Nurses, Audiology Technician and there are more under consideration.

Other posts have to be reviewed in the context of the ICU/SCU service possibilities and essential Theatre, Orthopaedic and Clinical Management considerations. Fair Deal developments or delays will also inform the impact on services and associated decisions with regard to filling posts in the affected areas.

In addition, every effort will be made to allow staff who wish to resume to duty following a Career Break to do so in a timely fashion.

The achievement of the Group's Primary Target List by September will inform many of the decisions to be made regarding replacing staff as we strive to meet our targets and exceed them in an effort to generate much needed income as we grapple with a budget reduction of €25 million in 2012 for GRHG.

Having said all that, I wish to take this opportunity on behalf of everyone in the Galway and Roscommon University Hospitals Group to wish all of our colleagues every happiness as they embark on this exciting new phase in their lives. Many of you will indulge those hobbies that you have enjoyed on a limited basis while you were working and travelling to previously dreamed-of destinations may be an option for others.

For those who are leaving on health grounds, I sincerely hope your health will improve as you get the chance to concentrate on recuperation without the stress of work. I know you have all earned the good times ahead and I hope you will still call in occasionally to visit us.

John Shaughnessy (Acting Human Resources Manager, GUH)

Due to the unavailability of a definitive retirement list at the time of going to press, the **"Scroll of Honour" will be in the next edition along with the photo gallery from the retirement function.**

John Shaughnessy
(A/Human Resources Manager, GUH)



ESTATES UPDATE GUH

Ann Cosgrove, A/Services Manager GUH



Interim Ward Block

The hospital had been granted approval to develop a two storey interim ward block which will provide two wards with a total of 50 inpatient beds. Approval of funding to appoint the technical team has been granted for 2012 with a plan to commence the physical build January 2013. This will take approximately one year to complete once building works commence. This development will provide some capacity in the short term to replace some of the older existing ward accommodation and also provide some capacity in the system to deal with any physical infrastructure issues which occur.

Neonatal Intensive Care Unit

Work was completed and the Upgraded Neonatal Intensive Care Unit was commissioned in November, 2011. The new unit has been upgraded in line with best practice and current building standards. It significantly increases capacity and is equipped with ultra modern specialist equipment. The final works associated with this project to upgrade fire exits is currently being completed.



Oral Maxillo Facial Service

The Oral Maxillo Facial service has relocated to its newly commissioned accommodation on St. Mary's Ward. The new accommodation has increased the capacity of the service augmenting from one to two procedure rooms. Both rooms have been developed and equipped to current standards.



Hygiene Facilities Wards

Some Improvements have been made to the hygiene facilities available on two of our older wards St Anthony's and St Enda's Wards , with the development of an ensuite bathroom in the 5 bedded accommodation in St Anthony's and the creation of two ensuite rooms on St Enda's ward in the space vacated by Oral Maxillo Facial Service and OT service.

Work will commence in the coming weeks on the creation of an Ensuite bathroom in each of the 14 bedded units on the older wards on the ground floor and 1st floor, ie. St Enda's, St Anthony's, St Teresa's and St Mary's Wards.

Acute Dialysis Unit

Work is at an advanced stage in the development of a 3 bed Acute Dialysis unit on St. Teresa's Ward. The Room accommodation will be completed in mid February , however the commissioning of the plant supporting the service and the training on the new dialysis equipment procured will continue through March, 2012.

Central Scope Decontamination Unit

Site works have been ongoing for the development of a Central Scope Decontamination Unit in the undercroft area to the left of the clinical science link corridor. The foundation is complete and building work ready to commence. This development will enable the centralisation of scope decontamination which currently takes place in Medical Endoscopy, Surgical Day Ward, Theatre and ENT OPD and the facility will meet current decontamination standards. This project will take 6 months to complete .

**MARY MC HUGH,
DIRECTOR OF NURSING**



Farewell Mary!

When Mary Mc Hugh came to the West in 1990 she was fulfilling her dream of moving to “the country” as it was often referred to in hospital circles in Dublin. Mary had completed a general nurse training programme in St Vincent’s Hospital Elm Park. She achieved a qualification as a midwife in the National Maternity Hospital in Holles Street and following that she moved to the north side of the city to become night sister and then Matron in Temple Street Children’s Hospital.

Mary’s move to Galway enabled her to be closer to home and to take up her first role, as a night sister in the Regional Hospital as it was known at that time. She quickly became an Assistant Matron, and, then a Divisional Nurse Manager in the Surgical Division.

When thinking about her career Mary says that she loves her role and for a Mayo woman she was thrilled to be close to home even if it meant she had to cross the county boundaries! She is even more aware of the county lines when she is passionately supporting the green and red of the football teams. She will always be heard extolling the virtues of her beloved Mayo.

“I can honestly say that I have enjoyed the great experience of working with such a committed group of people in GUH, they are so willing to take on challenges and have succeeded so brilliantly in caring for patients, families and especially for one another. I have developed working relationships with so many uniquely supportive teams across all disciplines and I feel that made my working life all the richer.”

The delight and energy which Mary brought to her role spanning 38 years, across so many changes and adventures, is unique and refreshing. Incredibly, in all that time Mary is proud to say that she has never needed to take a sick day!

She always had the patient’s best interest central to her vision for nursing and midwifery and it is this principle which guided her leadership and the initiatives she delivered. Mary’s insistence on a high standard of quality patient care made her an obvious choice as one of the surveyors for the Irish Health System Accreditation Board (IHSAB).

As Director of Nursing and Midwifery at GUH, Mary has worked tirelessly in promoting the professional development of nurses and midwives, to the extent that the first Advanced Nurse Practitioner post in the West is in GUH. Clinical Nurse Specialists are a component part of so many patient services, and nurse prescribing of drugs and X rays is also a developing feature of the professional role.

In partnership with the then Director of Nursing, Bridget Howley, Mary was one of the nurses who spearheaded the partnership with NUIG and GUH in setting up the first pilot of the Nursing Diploma and Degree programmes in Ireland. Brendan Howlin, the then Minister of Health, **described it as “marking the beginning of a radical change to the system of nurse education and training in Ireland”.**

As Mary begins the next phase of her life away from GUH we will miss her unique “joie de vivre” and that welcoming smile which is so much part of her warm personality. We wish her continued good health, happiness and success in whatever she turns her hand to in the future.

GUH INFECTION CONTROL Judith Davitt

Hand Hygiene in GUH

Hand hygiene audit result October 2011 - compliance 77 %

Hand hygiene audits are ongoing in GUH.

Results of 7 areas/departments submitted to Health Protection Surveillance Centre twice Yearly.

Action plan in place to improve compliance.

[SAVE LIVES: Clean Your Hands](#)



[Infection Control Team February 2012](#)

Microbiologists:

Dr. T. Boo ext. 3783 / Prof. M. Cormican ext. 4146

Dr. E. McCarthy ext. 2013

Dr. U. Ni Riain ext. 3779

SpRs ext. 4573

Surveillance Scientist:

Ms. B. Hanahoe

Antimicrobial Pharmacist :

Ms. M. Tierney #224

Infection control nurses:

Ms. J. Davitt, CNM3 #202

Ms. M. Commane CNS #487

Ms. D. Killeen-Kennedy CNS #773

Ms. A. O'Rourke CNS #621

Two staff members on leave at present

GUH RESUSCITATION DEPARTMENT

Siobhán Keane

GUH Resuscitation Department provides training to all disciplines of Staff in direct contact with Patients. There are a variety of courses depending on the background of the staff such as:

1. HSAED for Nurses includes Adult & Child CPR/Choking and using an AED.
2. HCP is aimed at Doctors & Nurses, Adult, Child & Infant and using an AED (this course must be completed prior to Advanced courses)
3. E learning HCP (this e learning for experienced Resuscitation providers)
4. HSAED for Allied Health Professionals
5. Advanced Cardiac Life Support (ACLS)
6. Heartcode ACLS (this e learning for experienced Resuscitation providers)
7. Paediatric Emergencies Assessment, Recognition & Stabilisation (PEARS) This course will be run in GUH for the 1st time this year. It is aimed at Paediatric Nurses at ward level.
8. Paediatric Advanced Life Support (PALS) is aimed at Doctors on the Paediatric Arrest team, Nurses in ED & ICU only.

4905 Resuscitation Training Hours provided to GUH Staff in 2011

GUH is a training site affiliated with the Irish Heart Foundation (IHF) which in turn is affiliated with the American Heart Association (AHA) where we get Resuscitation guidelines. New science & research into Resuscitation is rolled out every 5 years.

Simulated Cardiac Arrests are also held and The Arrest Team do not know when these education sessions are on.

The team arrive to a simulated scenario and have to act out how they would **treat. The scenario's are run by a Consultant & the Resuscitation Officer.** Simulated Arrests are also run for ward staff and this scenario based training is an extension from the classroom.

The GUH Resuscitation Dept. report through GUH Resuscitation Committee and are responsible for Resuscitation policies/guidelines & procedures and Audit of Emergency calls.

Contact Persons are :

Siobhan Keane CNS Resuscitation
Lorraine Courtney CNM1 BLS
Co-ordinator

☎ **UHG 091524222 bleep 260**

☎ **Direct (09154)2962**

☎ **Fax (091544910)**

✉ siobhan.keane@hse.ie



SMOKE FREE CAMPUS GUH

GUH is implementing the Smoke Free Campus policy with effect from Wednesday, 22nd February, 2012. The policy will apply to patients, staff, visitors, suppliers and contractors on the University Hospital Galway and Merlin Park University Hospital Sites. A Multidisciplinary Working Group have been implementing various aspects of an agreed action plan over the past number of months encompassing Communication & Awareness, Policies and Procedures, Environment and Smoking Cessation Supports actions to prepare for this launch date and implementation thereafter.

We are taking this important step in the fight against illness caused by tobacco smoke. Smoking and breathing second hand-smoke is one of the leading causes of illness. We have an obligation to everyone to address this issue. The Smoke-free campus aims to provide a healthy and safe environment for our patients, staff and visitors and to promote positive health.

Since 2004 smoking has been banned inside all public buildings and from 22nd February 2012, it will no longer be possible to smoke anywhere on the hospitals sites which will be outlined with [a blue line](#).

What do we want to do?

We realise that this change will be difficult for people who smoke. We are working together to ease the transition for smokers. We will assist those with Nicotine Dependency not to smoke while in hospital through provision of free Nicotine Replacement Therapy and counselling support. We will inform all patients who smoke about our Smoke-free free campus policy, and offer them an opportunity to speak to the Smoking Cessation advisor who will give support and help to quit. Staff who smoke can also avail of the Smoking Cessation Service and receive Nicotine replacement free for the first six weeks of a program.

Telephone follow up support will also be available to patients who have attended the smoking Cessation Service

An exemption procedure is currently being refined in respect of exceptional circumstances for patients and a procedure document will be issued to all clinical areas.

An exemption procedure will be implemented for patients whose circumstances are such that they warrant an exemption from the smoke-free policy e.g. patients who are terminally ill or have psychotic illness.

Permission to grant an exemption rests with either the patient's Consultant during normal working hours, or the Registrar, also the night Nursing/Superintendent may grant an exemption outside normal working hours. There will be an identified external location with controlled access where exempted patients may use.

What are the benefits of quitting smoking?

Within 20 minutes after the last cigarette, your body begins a series of changes that continue for years.

20 minutes after quitting your circulation will improve, your heart rate and blood pressure will get lower.

12 hours after quitting the carbon monoxide level in your blood will drop and the oxygen level will go up. Within 24-48 hours all the carbon monoxide will have left your body.

A few days after quitting your sense of smell and taste will start to improve.

2 weeks to 3 months after quitting your heart attack risk begins to drop and your lung function begins to improve.

1–9 months after quitting your coughing and shortness of breath decreases.

1 year after quitting your added risk of heart attack drops by half that of a smokers.

5 years after quitting your stroke risk is reduced to that of a non-**smoker's 5-15** years after quitting.

10 years after quitting your lung cancer death is that about half that of a smokers. The risk of cancers of the mouth, throat, oesophagus, bladder, kidney and pancreas Decrease.

15 years after quitting the risk of coronary heart disease is back to that of a non smokers.



What can you do to help your patient quit smoking?

The **5A's of Brief Intervention** are five simple steps you can follow to help a patient make changes in relation to their smoking.



Ask

Do you smoke?



Advise

Smokers to quit & inform them of the Smoke Free Campus policy



Assess

Readiness to change i.e. quit smoking or stop smoking while in hospital.
Assess nicotine dependency i.e. how many cigarettes smoked/day



Assist

By arranging nicotine replacement product of choice on first contact e.g. nicotine patch



Arrange

Referral to smoking advice service for patients who want to quit.

During the following interactions with the patient, ask them how they are doing;
If the patient has stopped smoking, congratulate them on their success and encourage them to continue.

If despite this the patient continues to smoke:

Talk to the patient about their smoking at next ward round /consultation.
Review management plan through discussion with the patient, CNM and medical team.

Consider an exemption for the patient if their circumstances warrant one

GALWAY ARTS TRUST

Galway University Hospitals set up an Arts Committee in early 2003, to develop an arts programme in Galway University Hospitals.

Galway University Hospitals Arts Trust aim is to explore the role of the arts in the promotion of healing and well-being through a multi-disciplinary arts programme and through this to promote great links between the hospital and community. The trust promotes high quality, creative programming with artists and the arts community as a means of empowering the hospital community to express themselves creatively, improve their quality of life and bring about positive changes in the hospital environment and the well being of the hospital community. Based in Galway University Hospitals, the charity brings live art experiences to the bedside of patients as well as to visitors and staff of the hospital as a means of improving the hospital experience for all.

GUH Arts Trust receives funding from the local authorities and private donations to run the arts programme in GUH. The Trust has worked in various departments across both hospitals since the hospital arts programme began in 2003; In UHG: Paediatric unit, **Oncology, St. Rita's, Artwork throughout various wards, Arts Corridor exhibitions,** Breast Symptomatic Unit, Prostate clinic, Radiotherapy, Gynae, Outpatients, Social work.

In Merlin Park the main focus has been on Units 4, 5 and 6 where there are long term patients. Other areas where we have run arts programmes are: Unit 7, Hospital Ground, Willow Sculpture on grounds, Artwork throughout.

Activities for patients and staff have included; art classes, creative writing, exhibitions, poetry in waiting rooms, poetry on meal trays, and music in the foyer, chapel, wards. Patients in Units 5 and 6 have published 6 volumes of memoirs and stories.



Art Angel—is an arts programme where artists work with patients by their bedside or in the day halls. Patients have illustrated their own memoirs, make their own cards for family and friends, and have exhibitions of their own work including exhibitions in Galway Arts Centre. They have presented family and friends with their own framed artwork and have their artwork framed and hung throughout the units making the hospital space their own. Art Angel takes place in Units 5 and 6 in Merlin **Park, St. Enda's in UHG and the paediatric** departments.



The Galway Music Residency will continue to provide music in the foyer of UHG in the coming months with recitals by ConTempo String Quartet. Other upcoming musical highlights include a traditional session in the foyer and a ceili in Merlin Park.
More information in the next newsletter.

Other upcoming events include art workshops for staff, the play Fruitcake by Alice Barry in Unit 4, Burning Bright, art workshops for geriatric patients.

For further information on the Arts programme in GUH, contact Margaret Flannery, Arts Director, GUH Arts Trust on 091 54 4979 or guhartstrust@hse.ie

GUH LEARNING & DEVELOPMENT TRAINING PROGRAMME

The Learning and Development Department of HR, GUH notifies staff of a variety of training sessions such as:

- Manual Handling/Safe Patient Handling
- Managing Attendance
- Data Protection
- Infection Control
- Hand Hygiene
- Fire Lectures
- Breaking Bad News
- Stress Management

Data Protection (11.30-13.00)
 February 29th **Old Board Room, Merlin Park**
 March 22nd Conference room 1, UHG
 April 9th **Old Board Room, Merlin Park**
 April 30th Conference room 1, UHG

Infection Control (10.00am to 12.30pm)
 Conference room 1 UHG
 23rd February
 29th March
 26th April

Hand Hygiene Conference room 1, UHG
 7th March 2.30pm - 3.30pm
 12th April 2.30pm - 3.30pm

Breaking Bad News
 6th April 11am - 1 pm Old Boardroom,
 Merlin Park

Stress Management (10 am to 4 pm)
 May 9th Conference Room 1, UHG

Fire Lectures (12 pm – 1 pm)
 Conference room 1, UHG
 March 5th
 April 2nd
 May 7th
 June 11th
 July 2nd
 Aug 13th

Enquires regarding these GUH training events should be made to :

Denise Fahy
 Learning & Development Department
 Human Resources, UHG
 Tel: 091 542224 or
 Email: Denise.Fahy@hse.ie

By our next issue we hope to have a
 hyperlink available to the L&D



GUH SPORTS & SOCIAL CLUB



UHG & PCCC Sports & Social club has 1250 members, with Membership costing just **€2.50 per month!**

2011 was very successful and this is the 3rd and final year of the present committee. The Sports and Social Club sold 5000 cinema tickets & had 4 monster draws! Discounts were given on Arts Festival, Clarinbridge Oyster festival, Races, Busy Bees, Leisureland.

The Golf society & UHG Darts competition was sponsored.

UHG invited Merlin to join in our Christmas party and in total 250 attended and it was a fantastic night!

We raised €1,844 on the night for COPE Galway. The club rounded it up to €2,200 and presented the cheque.

All club activity is conducted at our stands.

In 2012

We will continue to support all of the above plus we plan on having more draws and another talent show!

Let us know, at the stands, if there is anything else, you, our members would like.

Thank you to a wonderful committee:
Lorraine, Rachel, Maeve, Liz, Emma & Gillian.

Don't forget members, we need your help!!!

If you gave up one break to help at our stand it would be great!

COFFEE MORNING & CAKE SALE IN AID OF GALWAY PARKINSONS
24TH FEBRUARY 2012 IN STAFF CANTEEN, 10 am - 12pm
ADMISSION €5, INCLUDING DOOR PRIZES

www.galwayparkinsons.com





INTERNATIONAL
WOMEN'S DAY IS
8TH MARCH 2012

International Women's Day has been observed since in the early 1900s, a time of great expansion and turbulence in the industrialised world.

Women's oppression and inequality was spurring women to become more vocal and active in campaigning for change. Then, in 1908, 15,000 women marched through New York City demanding shorter hours, better pay and voting rights. In accordance with a declaration by the Socialist Party of America, the first National Woman's Day (NWD) was observed across the United States on 28 February 1909.

A year later, the International Conference of Working Women in Copenhagen approved a call for an International Women's Day to campaign for women's rights.

Now, annually on 8 March, thousands of events are held throughout the world to inspire women and celebrate achievements. A global web of rich and diverse local activity connects women from all around the world ranging from political rallies, business conferences, government activities and networking events, through to local women's craft markets, theatric performances, fashion parades and more.

Diary Dates over coming months

8th March—International Women's Day

17th March—St. Patrick's Day

18th March—Mothering Sunday

31st March— Clocks go FORWARD one hour for 'Summer Time'

6th April—Good Friday

8th April—Easter Sunday



Campbell Catering News GUH

**BUILD YOUR OWN
MEGA
MEAL DEAL**

**WHEN YOU PURCHASE
A DELI SANDWICH
OR MAIN MEAL**

Choose from any of the products below

ANY	Items	Price
2	items	€1.80
3	items	€2.20
4	items	€2.60

Product examples shown at the bottom: Coca-Cola, Diet Coke, 7UP, Beck's beer, fresh milk, an apple, yogurt, Kikkor, Blueberry, and Tayto crisps.

GUH VOLUNTEERS

Hospital Management and staff appreciate how worrying a visit to the Hospital can be for patients and their families, and this, coupled with the ongoing developments within the hospital, creates an even greater challenge for people to find their way around.

The Volunteer Meet & Greet Service at the front hall alleviates this worry and Volunteers are instrumental in guiding and assisting patients and visitors to the various Departments and Clinics. **The Volunteers' excellent interpersonal and communication skills also help to put the patient at ease while they are escorting them to the appropriate areas.**

It is very important that the first impressions for patients and their families of the hospital are of a friendly, welcoming and reassuring nature. The Volunteer Service is invaluable in this regard, as demonstrated by them through their dedication and wonderful work in supporting our patients and visitors. They provide an extremely valuable service and for that Hospital Management are most grateful.

Eleanor Finn says of her experience as a Meet & Greet Volunteer.

"With retirement looming and a desire to become involved in community work, I was fortunate to join the Galway University Hospitals Volunteer Programme. I register my time and day of choice and partake on a weekly basis, operating from the Main Reception and the Out Patients department. We take patients and those accompanying them to whatever area in the hospital complex they request. As many travel distances from Donegal, Sligo or Mayo we deal with queries as varied as where to pay car park fees, to suggesting a place to lunch and general local queries.

As we move around the hospital we assist people with directions from as simple as the 'exit' or the 'coffee shop', or perhaps fetch a snack for the person who is too exhausted to fetch it for themselves. In one instance recently I helped a person locate their car which they had parked at a rear entrance and could not remember the entrance they had used to bring a patient to an appointment.

'For me there is a feel-good factor in being part of a team that can take an often anxious person directly to their destination within the vast hospital complex. It is a privilege to have been accepted as a Volunteer and I would recommend it to others as a fulfilling experience".

Eleanor Finn, Volunteer

If you would like to apply for
Volunteer Meet & Greet,
please contact
Human Resources Department, Nurses Home,
University Hospital, Galway

Ph: 091 542119 / 544065.



Eleanor Finn and Maureen Leonard ,
Volunteers

MANDATORY MANUAL HANDLING TRAINING GUH



Manual Handling and Safe Patient Handling is mandatory training for all employees regardless of grade.

All staff dealing with patients directly are required to attend a one day session and staff who do NOT deal with patients are required to attend a half day session.

For University Hospitals Galway, training schedules and bookings are issued through Maureen Nolan, Manual Handling Training Co-ordinator at 091 542623 or by email at Maureen.Nolan@hse.ie

We hope you all enjoyed the first edition of the Galway and Roscommon University Hospitals Group Newsletter.

If you wish to contribute to the GRUH Group Newsletter, please contact:

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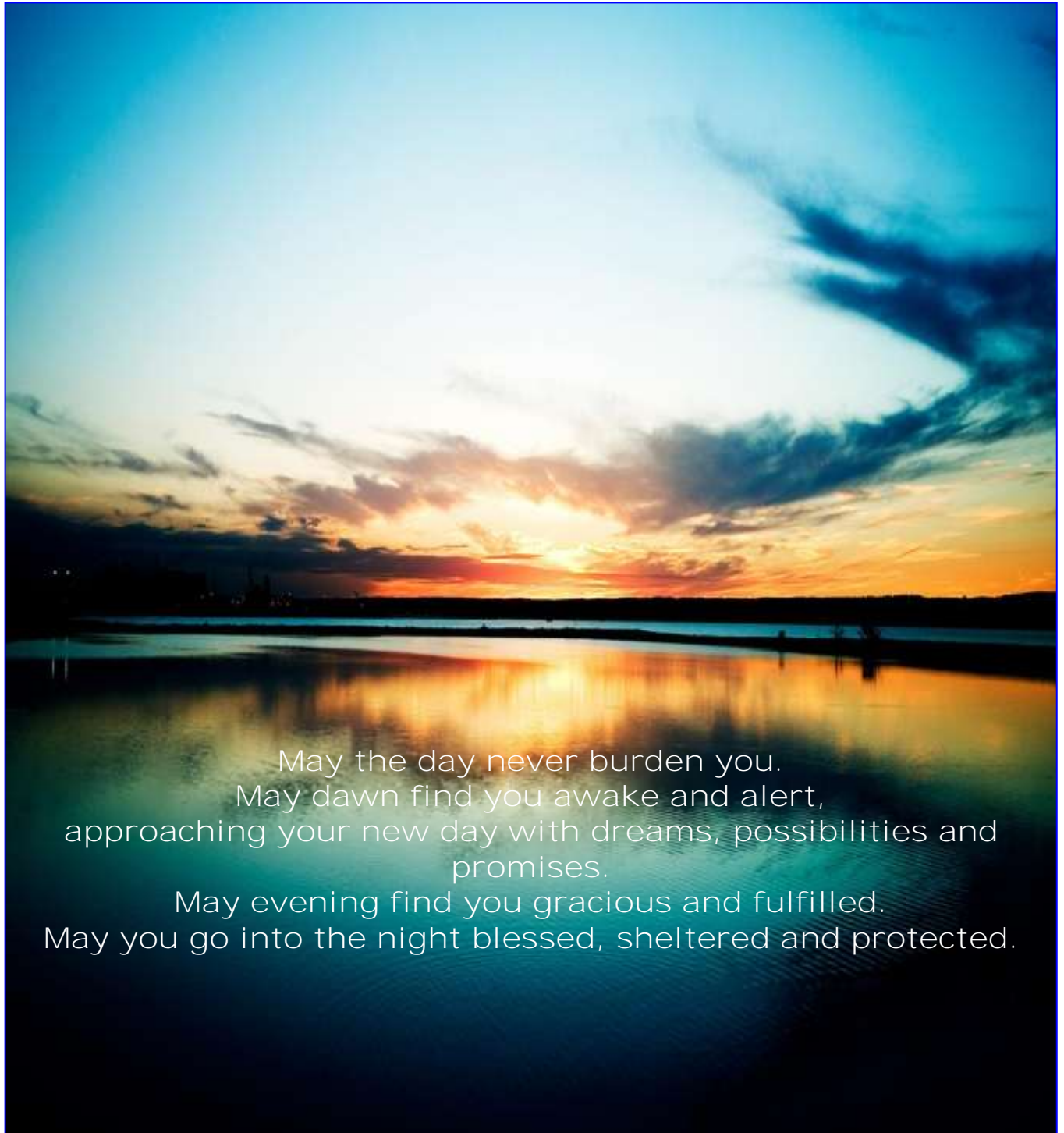
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THOUGHT FOR THE DAY

THE CHAPLAIN'S DESK AT ROSCOMMON COUNTY HOSPITAL



May the day never burden you.
May dawn find you awake and alert,
approaching your new day with dreams, possibilities and
promises.

May evening find you gracious and fulfilled.
May you go into the night blessed, sheltered and protected.