# 4 in 1 NEWS

Issue 4
July 2012

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# Message from Bill Maher, Chief Executive Officer, Galway and Roscommon University Hospital Group

Welcome to the 4th edition of the Galway and Roscommon University Hospital Group Newsletter as part the Group's Communication Strategy.

**Governance and Developing the Board**

I am delighted to announce that **Mr. Noel Daly** has been appointed to the role of Chairman of the Galway Roscommon University Hospital Group. The term of his appointment is for three years and the Board of the Group will be established initially on a non-statutory basis. The Group is again leading the way on these new developments and this is very encouraging.

Mr. Daly will have a key role in the development of effective corporate and clinical governance structures for the Group along with the quality and safety of systems of care in place for our patients.

Mr Daly is a native of Co Roscommon, with a distinguished career in the health services at home and overseas. He was Chief Executive of An Bord Altranais (The Nursing Board) from 1982-1988 and served in senior management positions in healthcare in the UK and USA before establishing The Health Partnership in Ireland in 2004. He also worked as a consultant to the World Health Organisation and other appointments included Chair of London First Health Group (appointed by Mayor of London) 2000-2002 and Chair of Meret Healthcare (Primary Care Company) 2008-2011. Mr Daly retired as managing director of The Health Partnership in December 2011 and as voluntary chairman in April 2012.

I wish him every success in his new role and looking forward to working with him in establishing the Board over the coming months. You will hear more about the establishment of the Board in future editions.

**Clinical Programmes**

We continue to meet with National Clinical Programme Leads. You will hear more on each of these Clinical Programmes and its work throughout this newsletter. Since the last edition we have received visits from Heart Failure, Dermatology and Renal Programme leads and these ensure we will deliver service in line with best practice.

**Performance**

***HealthStats*** **-** The latest edition of ***HealthStat Performance Report*** (March 2012), for both Portiuncula Hospital Ballinasloe and Galway University Hospitals, are now available on the HSE Website. The overall rate for both Hospitals is Amber. You will note that the ***Staff Variance from Ceiling*** for both Hospitals is now green. It is important that all staff note improvements from last month and continue to focus on meeting the targets within their area i.e. absenteeism rates and day of admission rate for elective admissions.

***Inpatient Waiting Lists*** **–** We continue to make excellent progress against the SDU Inpatient 9 month PTL's. At the start of this year 9901 patients were on the 9 month PTL, this has been reduced to 3270 as of the 28 June.

***Business Managers and Clinical Directors Development Plan***

It was my pleasure this month to launch the Business Managers and Clinical Directors Development Programme which will run over the next 6 months. The aim of this programme is to facilitate the Business Managers and Clinical Directors to effectively and efficiently carry out their roles and responsibilities to continually improve the quality of service we provide to our patients within the Group.

Kind regards
Bill Maher
Group CEO

# Message from Tony Canavan, Chief Operating Officer, Galway and Roscommon University Hospital Group

## *More with less*

I was reviewing the number of attendances at our Emergency Department recently and noted that we are currently 6% ahead of our anticipated level of attendance. It prompted me to look at all the other areas of patient activity which revealed a similar story. Our accounts for May are showing that we continue to spend less than we did last year and our staffing figures show that we have fewer people working in the hospitals than we did in 2011. By any definition we are definitely doing "*more with less*". This is a significant achievement, not to be glossed over.

While it is appropriate that we acknowledge the hard work that is taking place and take some satisfaction out of the fact that we are doing more for the people of the west of Ireland this year then we have done in any other year, we also need to remain focused on the crucial issue of delivering these services within the budget that has been allocated to us.

We are still spending in excess of our allocation and as the year develops and as we continue to deliver on our targets in relation to patient access through the Emergency Department or through the inpatient / day case waiting list, this issue is coming into sharper focus.

On a slightly lighter note, this is the time of year when many of you will be heading away on holidays. With all that Galway has to offer, particularly this summer, there was hardly a need to look too far. Whatever your plans are for the holidays, I hope that you enjoy them and return refreshed and renewed for the work that remains between now and the end of the year.

Enjoy the summer.

Tony Canavan
Chief Operating Officer

# GUH Performance Summary – May 2012

## Out-patient Waiting List

| | Current | Future |
|---|---|---|
| Current Value | 40650 | |
| **Target:** Out-patient waiting to be reduced to less than 52 weeks (tbc) | **Trend: v Previous Month** ⇩ | |

Work is progressing through the Directorates to deal with long waiters across all specialties. Awaiting National launch of OPD Project as basis of action plan
**Last Month 44423**

## OPD DNA Rate

| | Current | Future |
|---|---|---|
| Current Value | 13.3% | |
| **Target:** Reduce the number of patients who do not attend to 10% by December 2012 | **Trend: v Previous Month** ⇩ | |

OPD group are looking to extend the partial booking system across all specialties. National guidelines on attendance and DNA policy to be made available.
**Last Month 13.5%**

## ED Patients waiting for admission at 8am

| | Current | Future |
|---|---|---|
| Current Value | 20 | |
| **Target:** < 10 patients waiting in ED for admission at 8am | **Trend: v Previous Month** ⇧ | |

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. May featured MAU closure for emergency works, high numbers attending ED and implementation of "bed cohorting"/"bed protection" policy.
**Last Month 14**

## CT Waiting List

| | Current | Future |
|---|---|---|
| Current Value | 365 | |
| **Target:** No Category 2 or 3 patient should wait more than 56 days for a CT. | **Trend: v Previous Month** ⇔ | |

The Cat Scan waiting list for Category 2 & 3 patients stands at 1317 with a wait time of between 10 and 12 months. The target set by the indicator is to reduce the numbers waiting and the wait time. This is a real challenge as out-patients slots are at full capacity presently. In-Patients CT requests must take priority both clinically and to ensure bed capacity is used efficiently. Introduction of dedicated time slots to support the Clinical Care Programmes has reduced our OP capacity. A HR strategy is being drawn which includes projected plans for the extended working day and if introduced additional out-patient slots could be scheduled. The validation exercise on the Ct Waiting list has not been progressed due to reduced Admin staffing levels. Discussions took place at the recent Group Directorate meeting regarding utilising CT facilities in the other hospitals in the Group. Staff shortages are currently preventing further progress with this option.
**Last Month 365.**

## In-patient & Day Case Waiting List

| | Current | Future |
|---|---|---|
| Current Value | 4326 | |
| **Target:** No patient should wait >9 months by end of July (Children within 20 wks) | **Trend: v Previous Month** ⇩ | |

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. **Last month 5073**

## Average Length of Stay

| | Current | Future |
|---|---|---|
| Current Value | 6.0 | |
| **Target:** 5.6 days to be the average stay achieved | **Trend: v Previous Month** ⇩ | |

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.
**Last month 6.3**
(excluding Obs)

## Day of Procedure Rate for Elective Inpatients

| | Current | Future |
|---|---|---|
| Current Value | 40% | |
| **Target:** To increase rate to 75% | **Trend: v Previous Month** ⇔ | |

The new National Programme on Elective Surgery will help increase the day of procedure rate, this is complimented by local work on agreeing formal bed allocations across Medicine and Surgery. Increased awareness of this KPI will be available to management from CIMs tool. **Last month 40%**

## Staph Aureus Blood Stream Infection

| | Current | Future |
|---|---|---|
| Current Value | 0.33 | |
| **Target:** To be in line with Best Practice and to be confirmed. Keep Below 0.21 cases per 1000 bed days. | **Trend: v Previous Month** ⇩ | |

Active engagement of the executive and clinical governance systems are required to ensure that root cause analysis is completed by the primary teams in each case and that there is proactive engagement with the Infection Prevention and Control Support Team to implement improvements in practice. The figure above is a figure for the Year-to-date at the end of May and it represents all cases of GUH associated *S. aureus* blood stream infection over the total bed days used for the year to the end of May. **Last Month 0.33 per 1000 bed days**

## Bed Days Lost

| | Current | Future |
|---|---|---|
| Current Value | 69 | |
| **Target:** Reduce by 10% for 2012 | **Trend: v Previous Month** ⇧ | |

Work is ongoing through the Discharge planning group to reduce the number of Bed Days Lost.
**Last Month 60**

## Financial Position

| | Current | Future |
|---|---|---|
| Current Value | 8.47% | |
| **Target:** To deliver financial break even across Group by December 2012 | **Trend: v Previous Month** ⇩ | |

The Financial Control Committee is in place to ensure that GUH meets budgetary targets.
**Last Month 8.52%**

## Staffing WTE variance from Staff Ceiling

| | Current | Future |
|---|---|---|
| Current Value | 3037 | |
| **Target:** To operate within HSE employment levels. | **Trend: v Previous Month** ⇧ | |

The Employment Monitoring Committee are in place to ensure that GUH meets its WTE ceiling – ceiling under review.
Current ceiling for 2012 is **3080, Last Month 3035**

## Absenteeism

| | Current | Future |
|---|---|---|
| Current Value | 4.55% | |
| **Target:** To reduce absenteeism rate to 3.5% by December 2012 | **Trend: v Previous Month** ⇧ | |

Work is ongoing across GUH to reduce the levels of absenteeism through back to work interviews etc. with a particular focus on this KPI.
**Last Month 4.45%** Based on NEMU figures

# Finance Committee
# Galway and Roscommon University Hospital Group

The Finance Committee continue to focus on the financial position of the Group and at end of April the figures shows an over spend on budget of €10.2m. The primary focus is on cost containment plans and additional income streams. There has been some progress in cost savings across the Group with additional support from the Clinical Directorate teams. As we all know it is getting more difficult to identify cost savings particularly in the context of trying to provide a quality patient centred service. The emphasis is therefore on reduction in product price, contract price, overtime savings, agency reduction and income generation.

In last month's newsletter I mentioned we were selected as one of the first sites to implement an Electronic Claims Management System. From mid to late July Slainte Technology will be on site to implement their Claimsure system. We look forward to working with Slainte in the implementation phase. The primary objective is to streamline the claims processing system right from time of patient admission to the completed claim form sent to the Insurers. This means that there will be involvement from staff across a range of departments including Admissions, Emergency Department, Ward clerks, Secretaries, Nursing, Consultants, IT and Finance. We are currently organising the membership of the project steering group and project team. I am delighted to announce that Ms Anne Marie Clancy, SEO, Finance Department has accepted the role of project manager. We will keep you posted on developments as the project progresses.

A critical aspect of reform of the acute hospital system is the implementation of a new, more efficient funding system for hospital care. Under a "money follows the patient" (MFTP) funding system, hospitals will be paid per patient procedure. This is a more efficient financing mechanism which incentivises acute hospitals to treat more patients. To achieve this a number of initiatives are already under way including a patient level costing project, which involves tracing resources actually used by individual patients from the time of entry and admission to hospital until the time of discharge.

We are into our second year of a pilot project with regard to MFTP funding for certain elective orthopaedic procedures. This means that for 2012 we will be funded based on the number of elective hips and knees we complete based on national case mix procedure prices. The key aspect for us is to ensure we meet the target activity, we code the activity as quickly as possible and we invoice promptly so we can get our funding back. Last year was a positive result for the Group where we managed to exceed the target activity and if it was a real time process we would have made a financial gain of over €100k.

Maurice Power
Chief Finance Officer

# Message from Fiona McHugh, SEO, CEO's Office Galway and Roscommon University Hospital Group

## Special Delivery Unit

Minister of Health James Reilly established the Special Delivery Unit (SDU) in July 2011 aimed at reducing waiting times to acute services by improving the flow of patients through the system.

One of the key priorities for the SDU is the reduction of emergency departments waiting times for admission. Dr. Mary Boyd a member of the SDU has been engaged with Galway University Hospitals and Portiuncula Hospital in addressing our waiting times for admission to our hospitals working closely with the High Intensity Support Group at University Hospital Galway and Portiuncula Hospital.

It has been acknowledged the GUH is one of the busiest emergency departments in the country and an exercise to compare details with other hospitals is currently underway.

So far this year GUH and Portiuncula Hospital have made significant progress in reducing the waiting times for admissions from the Emergency Department in the number of patients who have to wait for a bed and the length of time they have to wait.

These efforts are also supported by our colleagues in the Primary Care Teams, Community Nursing Units, District Hospitals and private Nursing Homes in ensuring the hospital functions as efficiently as possible by facilitating timely discharge and where appropriate the avoidance of hospital admission.

These improvements have occurred due to a number of initiatives put in place since the 09 January 2012.

1. The **bed situation is monitored** very closely with an initial report every morning at 6.30am followed by a meeting at 8am to decide what actions need to be taken. There are further follow up meetings at 12 md and again at 4pm when required.

2. On the UHG site a 24 hour 7 day a week **Acute Medical Unit** (AMU) opened as part of the National Acute Medicine Programme which includes an assessment area located in the in the old MAU and a 32 bedded short stay in patient area located on St Enda's Ward. Both areas are managed at an operational level as a single AMU by a lead physician for the AMU and an acute medicine coordinator.

# Message from Fiona McHugh, SEO, CEO's Office Galway and Roscommon University Hospital Group

3. The implementation at GUH of the '**bed protection policy'** on the 08 May 2012 which states that all beds in UHG (excluding Obstetrics/Gynaecology and Paediatrics) will be designated Medical, Surgical or Haematology/Oncology (both medical and radiation oncology). The only shared areas are St Dominic's infection control ward, HDU and ICU. Each of the above three disciplines will manage within their allocated bed complements. Beds within each of the three disciplines will be '**ring-fenced**'. The definition of this has been agreed by the Medical Clinical Director (responsible for the medical and haematology/oncology beds) and the Surgical Clinical Director (responsible for surgery beds) and this policy has been endorsed by the Group Executive Council.

4. Approval for the business case to support the acute medicine programme at Portiuncula Hospital, which plans to open an Acute Medical Assessment Unit (AMAU) is awaited.

The above initiatives could not have be achieved without the strong commitment from all staff at all levels within both hospitals and we look forward to progressing these further along with other initiatives already taken over the coming months.

Dr Mary Boyd, SDU at a meeting with GUH in April with from left: Bill Maher, Dr Pat Nash, Enda Daly, Sue Hennessy, Colette Cowan and Fiona McHugh

Fiona McHugh
SEO

# Message from Sue Hennessy, Waiting List Manager, Galway and Roscommon University Hospital Group

**Waiting Lists and the Special Delivery Unit**

**Inpatients**

Galway University Hospitals has made great progress towards the Special Delivery Unit 9 month treatment targets. Thanks to the enormous efforts of many staff members, we remain on target to ensure that the Special Delivery Unit targets listed below will be met by the end of September 2012.

On 09 January 2012 we had 9901 patients listed on the Primary Target List, a figure which currently sits at 3270 patients. The number of patients who need to be treated to reach each target in GUH are as follows:

- **1486 adults; 420 children; 1364 GI scopes.**

Validation continues and all patients who were listed on the inpatient/daycase waiting list between 01 September 2011 and 31 December have been contacted by letter to ensure that the list is accurate. We have welcomed a clinical nurse manager to the team whose role is to liaise with consultants to ensure that patients can be scheduled for procedures in a timely manner. The links within the Group continue to strengthen, and resources across the Group are being utilised to deliver patient-centred healthcare. Services in Roscommon Hospital continue to expand in the following areas - Plastic surgery, General surgery, Urology, sleep studies and GI scopes. Similar programmes are also being established in Portiuncula - General surgery, Urology, Maxillofacial surgery. The success of the Group in reaching the SDU targets rests on the ability to use appropriate resources to treat patients in a timely manner. The key message for patients and staff alike is that UHG, Roscommon, Portiuncula and Merlin Park are working together as one Group of hospitals with the common aim to deliver high quality patient centred healthcare.

**Outpatients.**

The Special Delivery Unit are now focussing on Outpatient Services. The Group have started to make progress with the outpatient waiting lists in a number of specialties. The first 'Action Plan' has identified key areas for us to focus on and we are continuing to refine this to identify any areas that will need additional resources. The number of patients who 'Do Not Attend' (DNA) for an outpatient appointment remains high and we must continue to work with patients to reduce this. The new physiotherapy practitioner- led clinics commenced in June, targeting patients who have been waiting the longest for an orthopaedic OPD appointment. The Special Delivery Unit is now monitoring OPD services by reviewing the number of patients awaiting appointments, on a weekly basis. This has required changes to how we manage our services and we are currently in the process of implementing these across the Group.

Sue Hennessy
Waiting List Manager

# Message from David O'Keeffe, Medical Director, Galway and Roscommon University Hospital Group

## Cancer Strategy Group

The Cancer Strategy Group was formed early in the life of our new group to reflect the importance we as clinicians place on cancer services we provide for our patients.

The group, chaired by Professor Michael Kerin is charged with making sure our hospital achieves its targets and treats patients in a timely and appropriate manner to standards set by the National Cancer Control Programme. Surgical treatment for certain tumours (Breast, Prostate, Lung, Upper and Lower GI-Oesophagus, Stomach and Rectum) is restricted to designated centres such as ours. We also treat Gynaecological, Head and Neck, Skin and endocrine (Thyroid and Adrenal for example) tumours surgically. We have medical oncology, haematology and radiation oncology departments whose staff and treatments are world-class.

At the strategy group we are planning our approach to the delivery of cancer services across the group; the diagnostic (Radiology and Pathology) and other services involved will plan together how we supply services to the patients and where we deliver those services. If we can do CT, MRI and Ultrasound scans, the endoscopies and other x-rays they need for Roscommon and east Galway patients closer to where they live, the pressures at GUH will be eased and the services at Roscommon and Portiuncula enhanced. Medical Oncology and transfusion services have been providing services at Roscommon and Portiuncula from clinical staff who have appointments across the group since before the group came into being. Palliative care is being developed in collaboration with the Hospice foundation, both in Hospitals, Hospice and most importantly in the home. A close collaboration between all the service providers enhances the care for the patients and most importantly will improve survival and quality of life for patients.

We will need to provide information to NCCP to show how we are doing with regard to our national targets (yes, more KPIs) but we hope to integrate the information technology required for this into a useful software platform to bring all of the Multi Disciplinary Team meetings (MDT's) up to a standard which will provide reports without the need for more data entry.

The sustained efforts of all the staff in theatre to meet the waiting list targets with the resulting efficiencies and proposed reopening of further theatres will bring added capacity to treat more patients in a timely fashion. The patient flow has improved greatly thanks to the work being put in by the Clinical Directors, Surgeons, Anaesthetists, Nurses and the teams supporting them.

You will have seen in Bill Maher's article in this newsletter that our new Board has begun to take shape. The Board and its Chairman Mr Noel Daly is the next step to our vision of a group of hospitals with its own Governance and decision-making capacity operating with the support of the Minister and Department of Health, measuring how well we are doing, and being rewarded for doing it.

# Message from David O'Keeffe, Medical Director, Galway and Roscommon University Hospital Group

## Q-Pulse Expansion for Integrated Safety and Quality

The current Q-Pulse system for quality and safety management, found throughout the Hospital Group in different guises, is being redeveloped, integrated and expanded. In response to HIQA requirements, and to support the new hospital governance structures and related quality and safety demands, the Galway and Roscommon University Hospital Group has commenced a project which will significantly increase the functionality and integrate the three hospitals' current Q-Pulse systems.

Supported by Health Care Informed (HCI) this project will see the functionality of Q-Pulse increase to aid in the provision of information on patient safety and regulatory compliance for all staff. This will include the streamlining and development of Group wide:

- Process (Document) Control
- Incident Reporting and Management
- Complaints Management
- Audit Management and Regulatory Compliance Quality Improvement Initiatives Management

The outcome of this expansion project will include Group wide access to policies and procedures, audit schedules, as well as ease of incident and complaints reporting and management. The new processes will support instant communication of key patient safety information to the relevant staff, and provide a central communication hub for the communication of quality improvements, and audit and regulatory activities.

Health Care Informed (HCI), are quality, safety and regulatory experts based in Galway. HCI are the healthcare partner for Q-Pulse in Ireland and Australia, and have previously worked with all hospitals sites re Q-Pulse. This project utilises HCI experience of similar large scale integration projects undertaken in Australia.

The project is currently in the initial development phase, agreeing the processes and configuring the system. When this is complete, there will be education and training sessions to show staff how to access the information, and add to it. We will keep staff informed as the project progresses, and look forward to introducing the redeveloped Group wide Q-Pulse system.

**David O'Keeffe**
Medical Director

# Message from Elaine Prendergast, General Manager, Roscommon Hospital

Welcome to the latest edition to the 4-in-1 newsletter and the Roscommon Hospital up-date.

The Key Performance Indicator set for Roscommon Hospital are improving each month particularly in relation to day case activity. Those that remain in the red are the focus of a lot of attention within the hospital. The most recent KPI set are attached for your information.

Below is a quick up-date on all of our projects/developments:

| | |
|---|---|
| 1. Endoscopy Suite | Tenders invited for the appointment of a Design Team |
| 2. Roscommon Hospice | Business case & costings being drafted |
| 3. Sleep Studies | 137 patients had sleep studies since 5/03/12 |
| 4. Urology | Cystoscopy & LVP commenced 25/06/12 |
| 5. Plastic & Reconstructive Surgery | Service increased to 2 days/week |
| 6. Radiology RIS/PACs linking with GUH | to be implemented in July |
| 7. Introduction of Text Reminder for Out patients | to be implemented in July |
| 8. National Rehabilitation Hospital (satellite service) | funding approved for Consultant post |

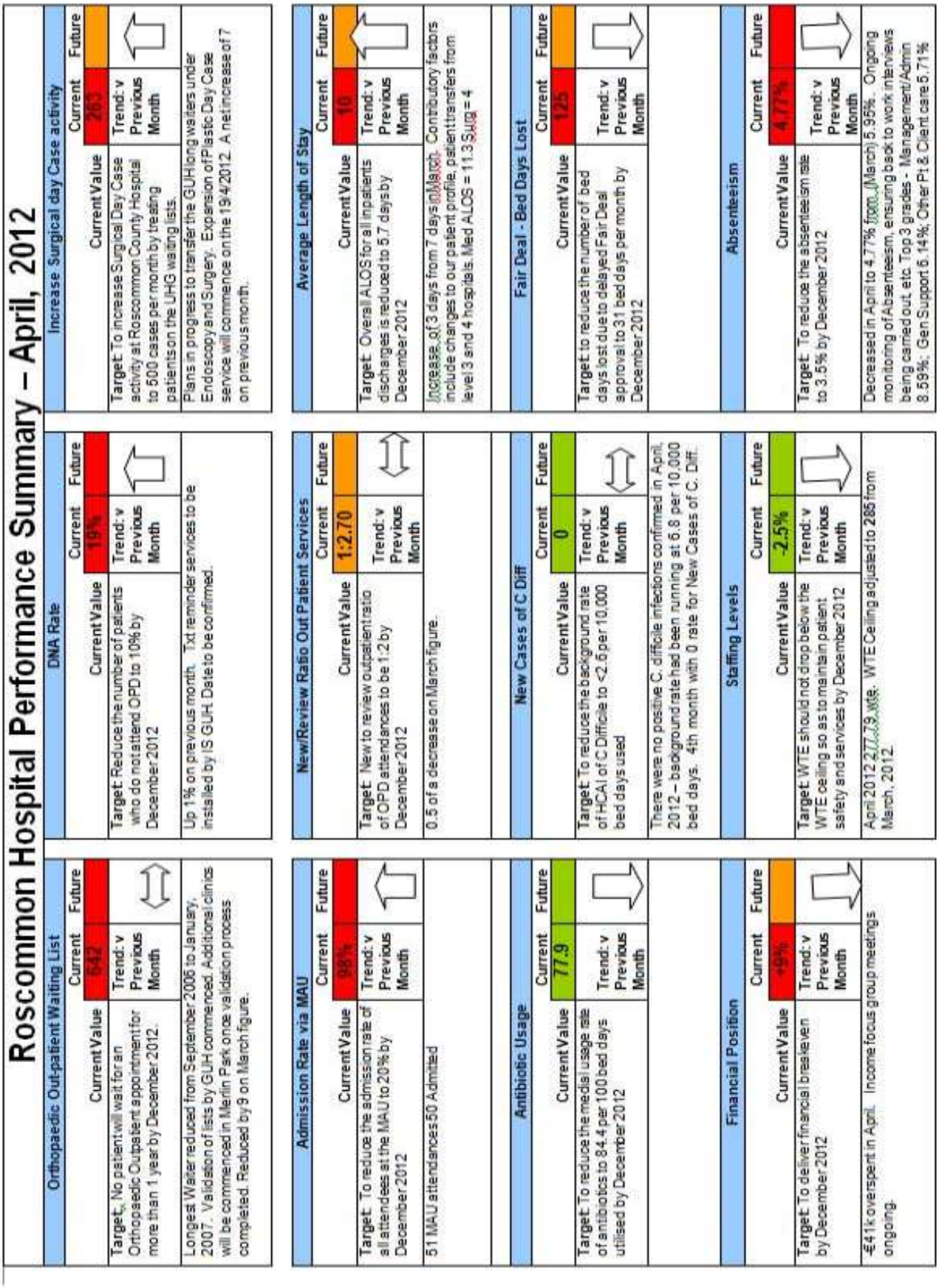
9. Nursing initiatives
   - Nurse Prescribing commenced in Diabetes, Palliative care, warfarin, Pre Op assessment, Cardiac Rehabilitation Respiratory
   - 6 further ward nurses completing course Nurse prescribing course
   - Nurse X-ray prescribing to commence in September 2012
   - Nurse led clinics – Diabetes, Respiratory, Cardiac Rehab
   - Link Nurses ie Urology

As part of the hospital's communication strategy we have worked in association with the County Roscommon Health Services Forum and HSE West Ambulance Service to organise a briefing with local media to explain what emergency services were available in the county, particularly ambulance services. In addition we got an opportunity to discuss the services available in the Urgent Care Centre.

We recently met with GPs from County Roscommon and have agreed to meet with them regularly throughout the year to keep them apprised of service developments.

And finally, we welcomed the visit of Mr Noel Daly, the new Chairman of the Board of Directors to Roscommon Hospital on 28 June 2012. We wish him every success in his new role.

Elaine Prendergast
General Manager


Roscommon Hospital Performance Summary – April, 2012
Orthopaedic Out-patient Waiting List
Current 642
Future
Current Value
Target: No patient will wait for an Orthopaedic Outpatient appointment for more than 1 year by December 2012.
Trend: v Previous Month
Longest Waiter reduced from September 2006 to January, 2007. Validation of lists by GUH commenced. Additional clinics will be commenced in Merlin Park once validation process completed. Reduced by 9 on March figure.
DNA Rate
Current 19%
Future
Current Value
Target: Reduce the number of patients who do not attend OPD to 10% by December 2012
Trend: v Previous Month
Up 1% on previous month. Txt reminder services to be installed by IS GUH Date to be confirmed.
Increase Surgical day Case activity
Current 263
Future
Current Value
Target: To increase Surgical Day Case activity at Roscommon County Hospital to 500 cases per month by treating patients on the UHG waiting lists.
Trend: v Previous Month
Plans in progress to transfer the GUH long waiters under Endoscopy and Surgery. Expansion of Plastic Day Case service will commence on the 19/4/2012. A net increase of 7 on previous month.
Admission Rate via MAU
Current 98%
Future
Current Value
Target: To reduce the admission rate of all attendees at the MAU to 20% by December 2012
Trend: v Previous Month
51 MAU attendances 50 Admitted
New/Review Ratio Out Patient Services
Current 1:2.70
Future
Current Value
Target: New to review outpatient ratio of OPD attendances to be 1:2 by December 2012
Trend: v Previous Month
0.5 of a decrease on March figure.
Average Length of Stay
Current 10
Future
Current Value
Target: Overall ALOS for all inpatients discharges is reduced to 5.7 days by December 2012
Trend: v Previous Month
Increase of 3 days from 7 days in March. Contributory factors include changes to our patient profile, patient transfers from level 3 and 4 hospitals. Med ALOS = 11.3 Surg = 4
Antibiotic Usage
Current 77.9
Future
Current Value
Target: To reduce the medial usage rate of antibiotics to 84.4 per 100 bed days utilised by December 2012
Trend: v Previous Month
New Cases of C Diff
Current 0
Future
Current Value
Target: To reduce the background rate of HCAI of C Difficile to <2.6 per 10,000 bed days used
Trend: v Previous Month
There were no positive C. difficile infections confirmed in April, 2012 – background rate had been running at 6.8 per 10,000 bed days. 4th month with 0 rate for New Cases of C. Diff.
Fair Deal - Bed Days Lost
Current 125
Future
Current Value
Target: to reduce the number of bed days lost due to delayed Fair Deal approval to 31 bed days per month by December 2012
Trend: v Previous Month
Financial Position
Current +9%
Future
Current Value
Target: To deliver financial breakeven by December 2012
Trend: v Previous Month
-€41k overspent in April. Income focus group meetings ongoing.
Staffing Levels
Current -2.5%
Future
Current Value
Target: WTE should not drop below the WTE ceiling so as to maintain patient safety and services by December 2012
Trend: v Previous Month
April 2012 27.79 wte. WTE Ceiling adjusted to 285 from March, 2012
Absenteeism
Current 4.77%
Future
Current Value
Target: To reduce the absenteeism rate to 3.5% by December 2012
Trend: v Previous Month
Decreased in April to 4.77% from March 5.95%. Ongoing monitoring of Absenteeism, ensuring back to work interviews being carried out etc. Top 3 grades - Management/Admin 8.59%; Gen Support 6.14%; Other P1 & Client care 5.71%

# Obstructive Sleep Apnoea

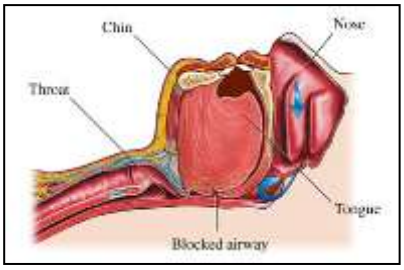
The new Sleep Study Service is successfully running in Roscommon Hospital. This service was started on 05 March 2012 and so far 137 Sleep Studies have been completed.

More than 100 patients have been assessed so far. Of these, 82 patients were from the Galway waiting list. 30 titration studies on CPAP have also been completed.

Significant progress has been made on staff training in St Bridget's Ward. Feedback from patients has been very positive. We congratulate all the staff involved in setting up this excellent service.

Dr Imran Saleem
Consultant Respiratory Physician

Sleep Apnoea is a breathing disorder occurring during sleep. People who suffer from Obstructive Sleep Apnoea (OSA) slow or stop breathing during sleep. OSA occurs when the tissue at the back of the throat collapses and blocks the airway. It happens because the muscles at the back of the throat relax as you sleep. Gravity causes the tongue to fall back and block the airway. Blockage of the airway can happen a few times a night or several hundred times a night.




**Who gets OSA?**
OSA can occur in men and women of any age. It is more common in obese, middle-aged men. There is a strong relationship between weight and OSA. As you get bigger your neck gets thicker, increasing the amount of fat in the back of your throat, narrowing the airway. Blocked nose, small jaw, enlarged tongue or big tonsils may all cause obstruction in the upper airway leading to OSA.

**What are symptoms of Obstructive Sleep Apnoea?**
- Severe daytime sleepiness, unfreshing sleep, fatigue
- Falling asleep at the wrong times such as while working, driving, reading or watching TV
- Loud snoring or stopping breathing while asleep
- Trouble concentrating or becoming forgetful, irritable, anxious or depressed
- Morning headaches
- Waking from sleep with loud gasps or a choking sensation

**What are the consequences of untreated OSA?**
OSA is a risk factor for high blood pressure, heart attack, heart failure and stroke. These conditions occur more frequently in people with OSA. OSA is associated with poor concentration and this may lead to increased risk of accidents in the workplace or on the road.

**How is OSA diagnosed?**
Your GP will refer you to a respiratory consultant if sleep apnoea is suspected. If appropriate, you may be assessed using a home test system. You will need to attend the hospital to have the equipment applied and be instructed on how to use it at home. The following morning you will need to return the equipment to the hospital, if a bed is available this can be done in hospital overnight. The recording will be analysed and the result will determine whether you have Obstructive Sleep Apnoea or require further investigation.

During the sleep study, a computer measures sleep quality and breathing. Elastic bands are placed on chest and abdomen to monitor movement. A special sensor placed on the upper lip measures airflow. A small device attached to a finger measure oxygen levels.

**Treatment**
1. CPAP is the mainstay of treatment. This is delivered through a mask worn over the face over the nose or face. Air is blown gently into the upper airway, keeping it open as you sleep. The CPAP study will show how much pressure you need
2. Weight loss is very important as this decreases the amount of obstruction in the throat. Significant weight loss may be enough to stop OSA.
3. Changing the position in which you sleep may help.
4. Mild OSAS may be treated with a simple dental device worn at night. This moves the jaw forward, keeping the airway open.
5. Regular exercise.
6. Reducing alcohol consumption.
7. Surgery may be considered.

Contact details:
Dr Imran Saleem, Consultant Respiratory Physician, Roscommon County Hospital
090 6626200

References
British Lung Foundation—www. Lunguk.org
The American Academy of Sleep Medicine

Website:http;//www.isat.ie (Irish Sleep Apnoea Trust)

Pictured: Dr Sri Gowda, Registrar, Dr Loftus, SHO, Dr Imran Saleem, Consultant Respiratory Physician, Dr Zia Ullah Khan, Registrar, Sean O'Brien, CNM I, Mary Freeman, Respiratory Nurse Specialist, Eileen Coyne, Clerical Officer, Aideen Banet, CNM II

# The Productive Ward Project, Releasing Time to Care

"The Productive Ward, Releasing Time to Care" programme was developed by the NHS Institute for Innovation and Improvement (NHSI). It details a practical way for all ward based staff to take the lead in releasing time to care through improving the ward organisation, ward processes thereby providing more direct time on patient care. In Roscommon Hospital, the introduction of the Productive Ward Programme in 2011 standardised approaches to quality improvements.


**Benefits for Roscommon Hospital**

- Increase the proportion of time nurses spend in direct patient care.
- Offers front line staff the opportunity to take control – they know best how to improve quality and productivity in their environments.
- The programme improves outcomes and quality of experience for patients.
- Make structural changes to the use of ward spaces to improve efficiency in terms of time effort, money.
- Enable safer and more reliable care with fewer falls, fewer hospital acquired infections, improved quality of observations.
- Develop standards for ward organisation, ward processes and management of information
- Support the implementation of our Nursing Strategic Plan (2011 – 2013), Roscommon Hospital.

The Productive Ward is a quality improvement and change programme, which empowers and enables front line staff to take control in implementing measurable improvements to patient care by spending more time on direct patient care.

The principles of this programme assist staff to review their needs and map out new ways of working, thereby delivering better patient outcomes.

The introduction of this programme is an example of how nurses in Roscommon Hospital can strengthen the delivery of care in a time where cost efficiencies and value for money are critical factors in our health system.

# Message from Chris Kane, A/General Manager, Portiuncula Hospital, Ballinasloe

This month we welcome the announcement that Mr. Noel Daly has been appointed the new Chairperson of the Board for the Galway and Roscommon University Hospital Group. We look forward to meeting and working with Mr. Daly in his new position.

The new Group Communication Strategy recently circulated will provide staff with guidance for the delivery of effective internal and external communications.

The Acute Coronary Syndrome Clinical Programme Team visited the Hospital on the 12 June 2012 and met with staff to progress the implementation of the Programme in Portiuncula. This Programme will ensure that all patients presenting with Acute Coronary Syndrome are managed according to standardised protocols in a timely and efficient manner.

We have developed Nursing and Pharmacy Key Performance Indicators for Portiuncula (enclosed in this month's edition). Departmental Managers across the Hospital are working hard in setting and achieving their targets to improve care for our patients. Of note, the Hospital's April overall KPI's have showed some significant improvements in the areas of ED waiting times; 80% of our patients were seen within the 6 hour target. In the area of Day of Procedure rate we have seen a 3% improvement on the previous month and we are exceeding our day case rate target which is currently 76%.

Northgate Information Solutions provided an Information Session for staff on the roll-out/implementation of the new Clinical Information System on the 15 June 2012. The Information System will operate within the Group structure and is based on HIPE Data which facilitates analysis of data and allows us to benchmark against other Hospitals nationally and internationally.

In the recent weeks, the Hospital has established a number of Working Groups:

- Unscheduled Care Governance Group as part of the Emergency Medicine Programme.
- Development Control Plan to progress Capital Projects in conjunction wit Group Estates.
- An Acute Medicine Assessment Unit Working Group established to progress an AMAU as part of the Acute Medicines Programme.

Chris Kane
A/General Manager

# Portiuncula Hospital Performance Summary – April 2012

## Out-patient Waiting List

| | Current | Future |
|---|---|---|
| Current Value | 4250 | |
| **Target:** Out-patient waiting to be reduced to less than 9 months by December 2012. | Trend: v Previous Month | |

The overall number of patients waiting in the OPD over 9 months is 956 this has increased by 38 patients since March. The highest contributors remain Dermatology (516), Orthopaedics (113) and Urology (140). Validation process of longest waiters to commence.

## DNA Rate

| | Current | Future |
|---|---|---|
| Current Value | 11.59 | 8% |
| **Target**: Reduce the number of patients who do not attend 8% by December 2012. | Trend: v Previous Month | |

The DNA rate in April stands at 11.59% this is a slight decrease of .54% on March 2012. 2 specialties remain below the HSE target of 10%. Efforts continue to reduce this rate further.

## ED Waiting Times for Admission

| | Current | Future |
|---|---|---|
| Current Value | 80.83% | |
| **Target:** No patient should wait over 6 hours. | Trend: v Previous Month | |

80.83% of all patients were seen and admitted within the 6 hours. The waiting times in the ED have improved when compared with March 2012.

## CT Waiting List

| | Current | Future |
|---|---|---|
| Current Value | 0 | |
| **Target**: : No Priority 2 or 3 patients should wait more than 56 days for an appt by the end of December 2012 | Trend: v Previous Month | |

Please note previously we captured all patients awaiting CT we have revised in line with radiology directorate kpi which measures Priority 2 and 3 patients should not wait more than 56days as above.

## Day Case Rate Basket of 24

| | Current | Future |
|---|---|---|
| Current Value | 76% | |
| **Target: No** increase the rate to 75% within the basket of 24 procedures to be treated as day cases. | Trend: v Previous Month | |

Currently the rate is 76% and meets the target.

## Average Length of Stay

| | Current | Future |
|---|---|---|
| Current Value | 4.92 | |
| **Target:** Achieve a target of 4.5 days. | Trend: v Previous Month | |

There has been a slight decrease in the average length of stay in April 2012 by 0.4 days.

## Day of Procedure for Elective In-patients

| | Current | Future |
|---|---|---|
| Current Value | 54% | 60% |
| **Target:** To increase rate to 75% by December 2012. | Trend: v Previous Month | |

The rate has improved by 3% on the previous month. There is increased emphasis on streaming patients to the Pre assessment clinic.

## Hospital Acquired MRSA

| | Current | Future |
|---|---|---|
| Current Value | 3 | 36 |
| **Target:** To reduce the number of Hospital Acquired MRSA infections to 3 per month in 2012. | Trend: v Previous Month | |

There were 3 Hospital acquired MRSA infections for the month of April 2012 which is a decrease of 4 cases on the previous month. The infection control committee are continually reviewing the levels of infection in conjunction with all clinical area.

## Fair Deal - Bed Days Lost

| | Current | Future |
|---|---|---|
| Current Value | 161 | |
| **Target:** To reduce the lost bed days to less than the current monthly bed days lost. | Trend: v Previous Month | |

161 Bed days lost in the month of April - this is an decrease of 72 days on the previous month of March. Continued emphasis on Fair Deal processing and minimizing delayed discharges.

## Financial Position

| | Current | Future |
|---|---|---|
| Current Value | -2,925 | |
| **Target:** To deliver financial breakeven across the Group by December 2012. | Trend: v Previous Month | |

There have being savings in non-pay in the areas of Maintenance and a slight reduction in professional services/laboratory/catering in April 2012. There remains increased spends in patient transport, drugs and medical and surgical supplies. Income levels are not reaching target levels.

## Staffing Levels

| | Current | Future |
|---|---|---|
| Current Value | 647.23 | |
| **Target:** To operate within our allocated ceiling of 655 wte. | Trend: v Previous Month | |

The WTE figure for April has reduced by 2 WTE's. Continued focus on reducing WTE figures in line with the budget as part of financial recovery plan.

## Absenteeism

| | Current | Future |
|---|---|---|
| Current Value | 3.73% | |
| **Target:** To reduce absenteeism rate to 3.5% by December 2012. | Trend: v Previous Month | |

The absenteeism rate has improved since March 2012. Active monitoring to reduce absenteeism rates through absence management programmes and back to work interviews. A series of managing attendance training sessions for line managers taking place.

# Portiuncula Hospital Nursing KPI Summary – April 2012

## Hand Hygiene compliance

| Current Value | 86.6% | 100% |
|---|---|---|
| Target: 100%<br>Hand Hygiene compliance | Trend: v Previous Month | ⇩ |

- Review date & method
  1. **Wards ≤ 60%** - Monthly audits until ≥ 75% then every two months.
  2. **Wards ≥ 60% - ≤ 75%** - Audits every two months until ≥ 75%
  3. **Wards ≥ 75%** - Every three months (Section 6.1.1)

RAG Rating: Red < 70% Amber 70% – 89% Green 90%

## Baby friendly status – skin to skin rates

| Current Value | Current 83.33% | Future 85% |
|---|---|---|
| Target:<br>Baby friendly status-skin to skin rates | Trend: v Previous Month | ⇩ |

- To maintain Portiuncula Hospital Baby Friendly status.
- To sustain and improve our percentages skin to skin rates in line with baby friendly standards.

RAG Rating: Red < 70% Amber 70% – 84% Green 85%

## Nursing WTE Ceiling

| Current Value | Current 273.84 | Future 273 |
|---|---|---|
| Target:<br>Nursing WTE ceiling<br>To operate within or below approved hospital ceiling (273 WTE) despite service increases and 37.5 hr week | Trend: v Previous Month | ⇔ |

- Regular meetings to review staff allocations, redeployment opportunities.

RAG Rating: Red < ceiling Amber Green = ceiling or below

## Hygiene Audits

| Current Value | Current 82% | Future 100% |
|---|---|---|
| Target: 90%<br>Hygiene Audits | Trend: v Previous Month | ⇧ |

- Of the possible 29 clinical areas 65 audits were carried out 82%
- 100% of areas achieved a score of > 85%

RAG Rating: Red < 70% Amber 70% – 89% Green 90%

## Discharge Planning out by 11am

| Current Value | Current 10.71% | Future 85% |
|---|---|---|
| Target: 85%<br>Discharge Planning out by 11 am | Trend: v Previous Month | ⇩ |

- Discharge monitoring report adapted.
- Focus on 3 main reasons for delay (transport, D/S letters, scripts).
- Active discharge management on these in advance of date of discharge.

RAG Rating: Red < 70% Amber 70% -84% Green 85%

## Estimated date of discharge % compliance

| Current Value | Current 65% | Future 85% |
|---|---|---|
| Target: 85%<br>Estimated date of discharge % compliance | Trend: v Previous Month | ⇩ |

- Currently 65%.
- Daily discharge meeting focus.
- Daily discharge checklist monitoring.

RAG Rating: Red < 70% Amber 70% -84% Green 85%

## Reduction of absenteeism within nursing & midwifery

| Current Value | Current 4.34% | Future 4% |
|---|---|---|
| Target <5 % (To be reduced by 1% if reached).<br>The reduction of absenteeism within nursing & midwifery | Trend: v Previous Month | ⇩ |

- Sick Certs to be given directly to the CNM at ward level before being forwarded to Nursing Administration Office.
- The CNMs will be supported by their Divisional Nurse Manager in carrying out back to work interviews and referring to OHD as necessary.
- Monthly absenteeism reports are issued by the HR Dept.
- Close monitoring and follow up as per managing attendance policy.

RAG Rating: Red > 6% Amber > 3.5-6% Green = or < 3.5%

## Reduction of absenteeism within the HCA group

| Current Value | Current 4.24% | Future 4% |
|---|---|---|
| Target: < 5% (To be reduced by 1% if reached).<br>The reduction of absenteeism within the HCA group | Trend: v Previous Month | ⇩ |

- Back to work interview are being carried out in any instance of absenteeism certified/uncertified and referring to OHD as necessary.
- Monthly absenteeism reports are issued by the HR Dept.
- Close monitoring and follow up as per managing attendance policy.

RAG Rating: Red > 6% Amber > 3.5-6% Green = or < 3.5%

## Patient experience/satisfaction Survey

| Current Value | Current 81% | Future 85% |
|---|---|---|
| Target: 85%<br>Monthly monitoring of Patient experience/satisfaction throughout the hospital<br>Rating maintained at >85% | Trend: v Previous Month | ⇩ |

- Monthly surveying will commence now survey tool agreed.

RAG Rating: Red < 70% Amber 70% -84% Green 85%

# Getting the Balance Right - Make your Posture work for you!

Do you think that your posture is a problem? Do you regularly complain of aches and pains? Do you know that there is a lot that you can do for your situation and also directly affect your long term health?

One's posture is a creation of the interaction between the internal forces and position of the body and the external environment in which we live. Slow acting, endurance muscles work throughout the whole day to keep the head, shoulders, back and pelvis in the conventionally known relative positions. These muscles work with a large number of joints at the same time (like the spinal muscles and the spine) and are not given to fatigue unless they are asked to do something that they are not longer used to doing, such as stand, on uneven ground, in high heels, for a long period of time!

However studies have shown that, over time, the nature of slow acting muscles can change and they can become muscles that act in fast, explosive actions. These muscles (like the large muscles of the legs) are normally fired up for quick actions that need strength (like walking, running, stair climbing).

So, what changes balance? Muscles retain their nature from regular, normal use. If the body is not stimulated to operate in the intended way changes in the muscles occur hence slow firing muscles start to operate in fast acting ways, and the capacity for long enduring balanced posture disappears. The result of this are changes the relative positions and movements of joints, and ligaments are used as the joint's final postural holders; the resulting strain on the system allows fatigue based pain to develop as a day goes on.

Exercise can be broken down into 1) being active, 2) regular exercise or 3) training. For improved postural control we should aim to operate in the regular exercise category, at the very least. This way our muscles are always challenged to maintain strength and functionality and we don't rely on the same set to do the job every single time.

The other side of posture is the environment in which a body operates, which dictates the position that a body needs to maintain by firing the appropriate muscle groups. If we sit in a chair that is too high or the seat too deep, either we will scoot forward in the chair, straighten the back and stabilise the body by putting the feet on the ground, or we will slump down, curling our back but still getting the feet to the floor. If your muscles work well, the former position will be comfortable as the postural muscles will kick in and hold the back without support from the seat back. But if you are prone to slumping in the latter situation, not only are your muscles not working, you are stretching the ligaments in your spine and reinforcing an abnormal posture.

Another example of our environment making the posture change is the result from that we get from the shoes that we wear. If they are too high one's centre of gravity is altered and a whole lot of positional readjustment has to go on for the wearer to be able to put one foot in front of another to take that first step. (Having said that, if the shoes are too low the loss of shock absorbency through the heels can be uncomfortable because of tight leg muscles and poor trunk muscle tone resulting in slow postural adjustment times).

And don't get a Physio started on shoes that don't fit or aren't tied/closed properly... there is no support for one's posture from shoes/sandals/slippers that are sloppy and ill-fitting. Poor muscle control will only aggravate underlying problems and more acute pain in the ankles, knees and back can be the result.

Anyway, as we were created to walk on 4 legs, the evolution of the human body's posture has had to accommodate a few changes and compromises in order to release 2 of those legs to hold the article that you are reading. To maximise those changes we need to help our bodies with exercise, good environmental surroundings and regular positional adjustments. You don't need huge financial investments to help, you just need to start moving more.

Róisín O Hanlon
Physiotherapy Manager

# First Moments with Baby
# Skin to Skin Contact following Caesarean Delivery

Skin-to-skin contact begins, ideally, at birth and involves placing the naked infant, covered across the back and head with a warm blanket, prone to its mother's bare chest.

In 2011, Portiuncula Hospital identified the necessity to change the way we care for well infants immediately following caesarean delivery as part of the Baby Friendly Hospital Initiative.

Evidence based practice supports early mother-infant Skin to Skin Contact which should occur immediately after caesarean birth and until after the first breast feed. Mothers provide the ideal environment for the newborn to adapt to their new environment and therefore every effort is made to ensure that mother and baby are not separated.

Skin to Skin contact has a positive effect on breastfeeding and improves newborn homeostasis.

Midwives at Portiuncula Hospital, are aiming to remain in the operating theatre and recovery room with mother and infant providing holistic care, particularly for elective caesarean delivery.

Recent statistics show that 60.86% of infants born in Portiuncula Hospital by caesarean section between 01 May 2011 and 01 April 2012, had immediate Skin to Skin Contact, and remained in Skin to Skin Contact with their mother in the operating theatre and recovery room.

Going forward Skin to Skin has been identified as a Key Performance Indicator and is included in the Hospital's Nursing KPI's. The Maternity Unit will continue to strive towards increasing the service to all well infants born by caesarean section thus cherishing those first moments with baby.

Ms Mary Mahon
Clinical Nurse Specialist in Lactation

# Pharmacy Department, Portiuncula Hospital Performance Summary – April 2012

## Pre-Admission Medications Confirmed - Adults

| | Current Value | Trend: v Previous Month |
|---|---|---|
| **Target:** Pre-admission medications confirmed and documented on all adult admissions (exclusion patients both admitted & discharged over the same weekend) | 78% | ⇩ |

This service excludes Maternity, Paediatrics, SCBU and Day Care.

## Discharge Prescriptions Checked by Pharmacists

| | Current | Future |
|---|---|---|
| Current Value | 99% | |
| **Target:** Discharge prescriptions double checked by pharmacists for all adult patients discharged between 9am – 5pm, Monday to Friday | Trend: v Previous Month | ⇧ |

Note: All patients dont get discharge prescriptions

## Outpatient Warfarin Patients In Therapeutic Range

| | Current | Future |
|---|---|---|
| Current Value | 78% | |
| **Target:** >60% as per The British Society of Haematology Audit Standards | Trend: v Previous Month | ⇩ |

## Oncology drug wastage

| | Current | Future |
|---|---|---|
| Current Value | 0% | |
| **Target:** To monitor closely the oncology drug related wastage spend as a percentage of the entire oncology drug dispensing spend monthly | Trend: v Previous Month | ⇩ |

## Medication Expiry Costs excluding Oncology

| | Current | Future |
|---|---|---|
| Current Value | 0.03% Trend: v Previous Month | ⇩ |
| **Target:** To monitor closely the cost of expired drugs as a percentage of the entire drug dispensing spend monthly<br>€4014.06/€130060.62<br>A&E: Tenecteplase €1,300.80<br>Theatre: Dantrolene €871, Neostigmine €138<br>Pharmacy: TPN N5 202 Ceftazidine €265, Triodothyronine €378 | | |

## 3 targeted drugs - Antibiotic Consumption Monthly Units

| | No of Units/Cost | Current: Trend: v Previous Month | Future |
|---|---|---|---|
| Ciprofloxacin 400mg Iv | 39/€268.16 (down 27%) | ⇩ | |
| Meropenem 1gm IV | 50/€615 (down 51%) | ⇩ | |
| Pip/TAZ 4.5gm IV | 615/€3078.10 (down 44%) | ⇩ | |

Submitted by Geraldine Colohan
Chief Pharmacist
Portiuncula Hospital
31st May 2012
090 96 24781

# SURGICAL DIRECTORATE

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

The work continues apace on the development of the Surgical Directorate and there have been a number of important developments since my last report.

As I mentioned at the end of my last report, the Directorate appointed an Acting Business Manager, and I would like to take this opportunity to welcome Ailish Mohan to the position. Ailish came to the Directorate with an impressive CV and significant experience in Human Resources. I am pleased to say that she has embraced her new role and is taking the lead on a number of initiatives within the Directorate. She is a very hands-on person and is happy to take communications to the Directorate. Ailish's e-mail address is Ailish.Mohan@hse.ie or she can be contacted on 091 542052.

In another development, three more Consultant Surgeons have been given regular theatre sessions in Galway University Hospitals. Firstly, Orla Young who is already an invaluable asset to the ENT Service will be operating regularly after her maternity leave. The surgical Directorate wishes to congratulate her and wish her all the best with her new family.

Chris Collins and Eddie Myers have also had regular theatre sessions allocated to them in Galway University Hospitals. This is part of the critical development of Gastrointestinal Oncology Services across the Hospital Group and I hope that these sessions will enhance the excellent service that they already provide in Portiuncula Hospital.

The Directorate was happy to meet Paul Moriarty, the National Clinical Lead for Ophthalmology. We had a very informative meeting with him, which embraced a lot of the issues in relation to Ophthalmology and its development, in particular, the interface between the Community and the Hospital Group. I believe that this is going to be an area of development at a national level which the Galway Roscommon University Hospital Group would seek to be an integral part of.

The establishment of Pre-operative Assessment Clinics under the auspices of the TACC Directorate was particularly welcome. The first Urology patients were reviewed there and hopefully this is going to improve the flow of patients through the hospital, reduce pre-operative hospital stay and ultimately increase the number of day of surgery admissions. This will have a significant positive effect on elective surgical patient's experience in hospital and will help to alleviate some of the pressures that are currently experienced in the hospital for beds.

The Surgical Directorate met with the new Chairman of the Board of the Galway and Roscommon University Hospital Group, Noel Daly. We wish to congratulate him on his appointment and offer our whole hearted support in his new role. We expect to have very close links with him as Chairman of the Board.

The Special Delivery Unit has received a significant amount of media attention and I am pleased to say that the Surgical Directorate has played a significant part on delivering on this project. I would particularly like to thank all of the Surgeons, Nurses and staff of the Surgical Directorate who have worked extraordinary hard in a team based approach to help to deliver on this list.

Finally, it would be remiss of me not to mention the recent wedding of Marian Sice, secretary to the Medical and Surgical Directorates. There was a huge amount of excitement in the office. Unfortunately, as Marian is the chief editor of this article the opportunity to include photographs of the event was not possible. Regardless we wish her all the best in her new life.

Going forward, there a number of major projects which I will be talking to you about over the next few issues, until then, enjoy the sunshine.

# MEDICAL DIRECTORATE

## Pat Nash, Clinical Director; Ann Dooley, Business Manager

The medical directorate represents 15 medical specialties across the 4 hospital sites and at our monthly directorate meetings, in addition to the clinical director and business manager, we have clinical leads from each specialty, nursing representatives (Colette Cowan), AHP representative (Pauline Burke), finance representative (Maurice Power), HR representative (Yvonne Cummins), risk management representative (Carmel Higgins) and a member of the executive management team (Ms Chris Kane). In order to ensure that the other hospital sites are adequately represented, a clinical representative from Portiuncula and Roscommon will join the team. This is the principle decision making body for the medical directorate and where all key priorities are identified, KPIs monitored and actions to address any deficits agreed.

**The Key Priorities for the directorate for 2012 are:**

1. Implement the acute medicine programme across all 3 sites

**GUH:**

The primary focus over the last few months has been on improving patient flow to ensure that all medical patients get to a bed on an appropriate ward in a timely fashion.

The flow of acute medical patients is from the ED and AMU to the short-stay medical ward and on to inpatient specialty wards.

St Enda's ward is in the process of being renamed as the Short-stay (Medical) Unit (SSU)

I would like to acknowledge all the hard work of all involved including bed management, our patient flow co-ordinators and nursing management (day, evening and night ADONs and individual CNMs at ward level).

We have made major progress in addressing trolley waits in the ED and will continue to focus on this – our target is to ensure that no patients wait on trolleys and this target is the highest priority for the directorate team.

**Portiuncula:**

Plans are progressing for the development of an AMAU (acute medical assessment unit) for Portiuncula as a level 3 hospital. We have submitted a proposal to the national acute medicine programme for support for this initiative which we hope to progress within the next 6 months.

**Roscommon:**

The MAU (medical assessment unit) in Roscommon has been operational for almost a year and is working very well, with GPs referring patients appropriate to the hospital status as a level 2 hospital. We had a GP liaison meeting on 18/06/2012 which was an excellent opportunity to share information and get feedback on what general practice want and need from Roscommon hospital.

# MEDICAL DIRECTORATE

**Pat Nash, Clinical Director; Ann Dooley, Business Manager**

2. The other priority for the directorate is to implement the other national clinical programmes (which number over 30) with the majority being in the medical directorate's responsibility. We are engaging with the national teams and have had over 10 visits from national teams to the Hospital Group since the beginning of the year.

   Priority programmes for the medical directorate are the ED clinical programme (due to be published before the end of June) and the Care of the Elderly Programme (COTE) who are due to visit on 02 July 2012.

**Waiting lists:**
The Directorate continues to focus on both the inpatient and outpatient waiting lists. We are working with the relevant areas to ensure that all medical areas reach the Primary Target List (PTL) objective laid down by the Special Delivery Unit - no patients wait for inpatient procedures longer than 9 months for all procedures and 13 weeks for Endoscopy. We are on target to achieve this objective by the end of September 2012.

As part of the ongoing directorate performance review process, we meet with each individual specialty on a 3 monthly basis to review activity and set objectives for the next 3 months. OPD waiting times is a key target of this process and we have identified areas that require specific support and are identifying ways to address these in a timely fashion.

I would like to welcome all the new CNM IIs to their ward management roles and look forward to working closely with them over the coming months, to consolidate the core role of the individual ward in ensuring optimal patient flow. A key part to developing individual wards has been to ensure that we are cohorting patients by appropriate specialty on each ward which has multiple beneficial effects, including allowing wards to develop specific specialty skills, enhancing the relationships between the entire multidisciplinary team, which should ensure optimal patient care and timely and efficient discharge planning.

Therefore, much done and more to do. I think that we have made significant progress over the last 6 months in improving patient flow and this remains the primary objective of the directorate – to ensure that no medical or haematology/oncology patients have to wait in ED for a bed.

# LABORATORY DIRECTORATE UHG

**Damien Griffin, Clinical Director; Judith McLucas, Business Manager**

## Introduction of Speech Recognition software in Anatomic Pathology

A work load increase of 100% over the last 10 years, retirement of clerical staff and sustaining turn around times (an essential KPI), necessitated a working and affordable solution being implemented. Therefore the Department of Histopathology has recently introduced speech recognition software. This solution enables consultants to generate a large proportion of their own histopathology reports by eliminating some or all of the transcription element of the task.

***Benefits***

- Creating reports in real time – i.e. while screening slides.
- System not dependent on routine working hours – i.e. pathologist can create a report Independently.
- System encourages use of templates which helps to standardise reports and reduce transcription errors.
- Saves consultant histopathologist's time by eliminating report review steps.
- Generates efficiencies in terms of administrative staff time by reducing the volume of typing.
- Improves work flow which in turn leads to a more efficient system.
- Facilitates faster turnaround time in relation to histo- and cytopathology reports which will speed up clinician decision making with potential benefits to both patients and the Group.

***Savings***

By the introduction of this system it is envisaged that savings in the region of €19,800, will be generated in the first year, with an annual saving of €35,650 in subsequent years.

Dr Frans Colesky and Dr Sine Phelan, Consultant Pathologists, Histopathology Department, who are now using the recently installed Voice Recognition software.

# LABORATORY DIRECTORATE UHG

## Damien Griffin, Clinical Director; Judith McLucas, Business Manager

**€1,000 Raised for Galway Diocesan Youth Services**

Pictured from left to right:
Liz Neville, Staff Officer and Judith McLucas, Business Manager from the Laboratory Medicine Directorate, UHG
presenting a cheque for €1,000 to
Mary MacLynn, Co-director of the Galway Diocesan Youth Services (GDYS). The money was raised by staff of the Laboratory Medicine Directorate at a recent laboratory social event. GDYS is a network of support services for young people in Galway city –www.gdys.org.

**Accreditation of GUH's Microbiology Laboratory.**

The Clinical Microbiology Laboratory at Galway University Hospitals has recently had the accreditation for standard ISO 15189 and standard ISO 17025 renewed by the Irish National Accreditation Board (INAB). In addition, the accreditation for ISO 17025 has been extended to include testing of water for legionella. Previously tests for legionella in water were sent to a laboratory in the UK. Accreditation for this test in the laboratory at GUH reflects recognition that the laboratory at GUH is now able to provide this service to the highest quality. At present the service is provided only to GUH but this may be expanded in the future.

GUH was first accredited with ISO 17025 for calibration and testing service in 1998 and with ISO 15189 for clinical laboratory testing in 2009. The renewal of the accreditations involved 12 months work by a team of three laboratory staff.

Professor Martin Cormican, Consultant Microbiologist said, “The ISO accreditations mean that we can assure our patients that a third party has assessed the service we provide and has validated that it is carried out to the standard of best international practice.”

Pictured from left to right:
Donna McNena, Jim Glancy, Enda Burke, Linda McEvilly, Siobhan Clancy and Angela Quinn, staff of the Public Health Laboratory, Microbiology Department GUH.

# RADIOLOGY DIRECTORATE

**Ray McLoughlin, Clinical Director; Mary Murphy, Business Manager**

For the second quarter 2012 the Radiology Directorate has focused primarily on HR and Material resources and deficiencies across the Directorate. The KPIs remain our main focus and in particular reducing waiting lists.

**HUMAN RESOURCES:**
The Radiology Directorate Management Team formulated a Radiology Directorate Human Resource Strategy. The overall Strategy indicates what the HR requirements are to consolidate the service currently delivered and also to identify the requirements to roll the service out to run a full 8 am-8 pm service for CT, MRI and Ultra Scan to deal with our waiting lists / KPIs.

Additionally, the strategy identifies the Directorate HR requirements to be in a position to cater for the national Clinical Care programmes, and training in areas of deficient skill mix. The strategy was submitted to the Employment Control Committee (ECC) for consideration.

**MATERIAL RESOURCES:**
A modality map is now constructed for the Radiology Directorate. This Map will allow us to optimise our services across the Group.

**EQUIPMENT:**
The Directorate was pleased to get confirmation of €1.8m capital allocation for replacement equipment and required enabling works has been granted to GUH.

**PACS/RIS:**
The planned go live date for the PACS/RIS for Roscommon Hospital is July 2012;
the planned go-live date for NIMIS for Portiuncula Hospital, Ballinasloe is November 2012.

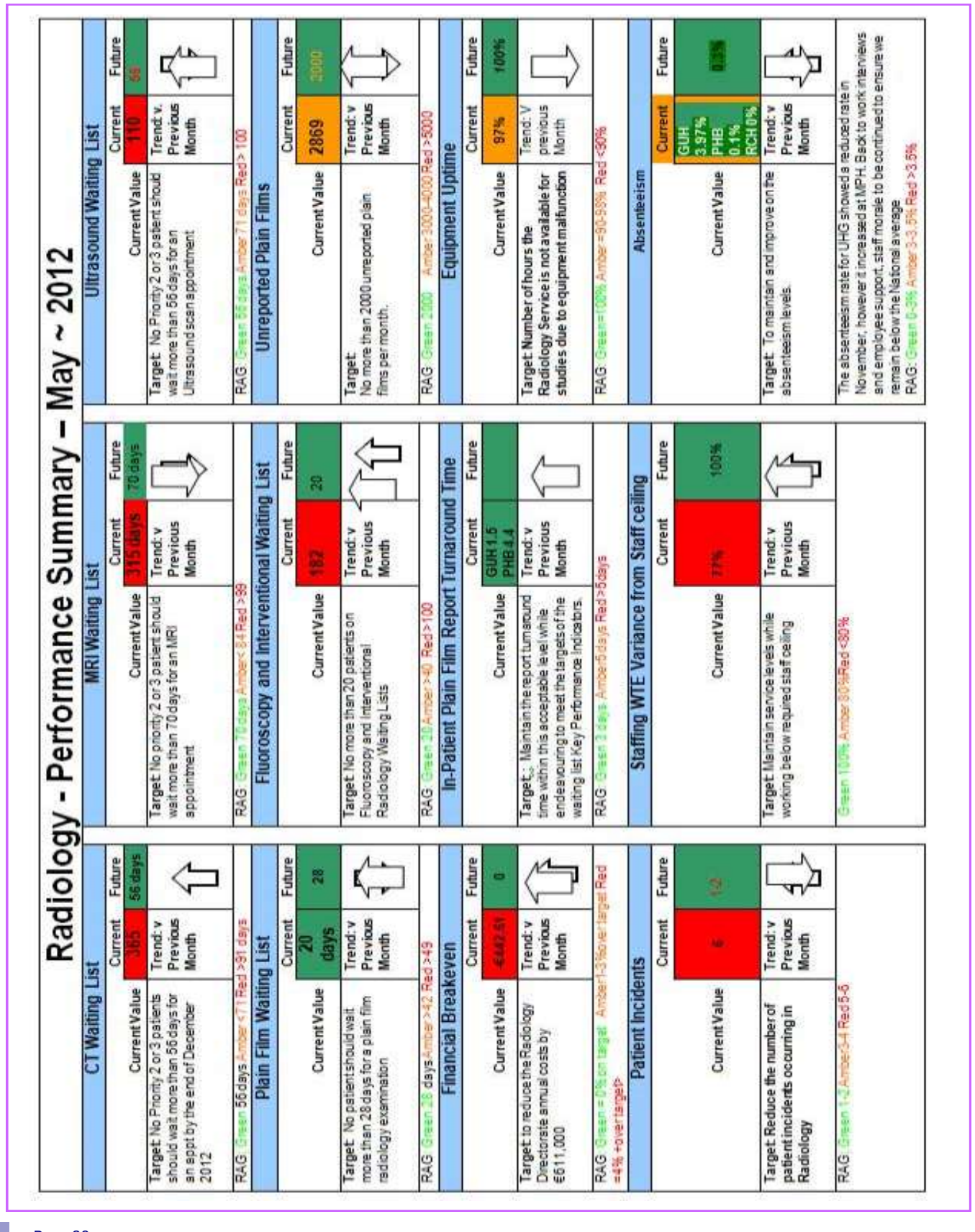
**PROCUREMENT:**
A Radiology Directorate Procurement Committee has been set up. The plan for this group is to co-ordinate procurement of certain items across the Group.

**PERFORMANCE AREAS:**

**KPIs:**
Please see attached May 2012 KPI Template which includes data from Portiuncula and Roscommon Hospital departments. We have made real progress with one of our KPIs and reached our target with the Plain Film Waiting list. This is as a result of a validation process. Real progress has also been achieved in the Unreported Plain Films KPI.

# RADIOLOGY DIRECTORATE

**Ray McLoughlin, Clinical Director; Mary Murphy, Business Manager**



# WOMEN'S AND CHILDREN'S DIRECTORATE

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

## Quality Statement

*'Quality of service in this department is everyone's business and embraces all aspects of care',*

This is the quality statement of the Obstetrics and Gynaecology Department, University Hospital, Galway.

The Obstetrics and Gynaecology Department, University Hospital, Galway has successfully attained, maintained and is currently certified to ISO 9001: 2008 for 16 years. This certification ensures that there is a quality management system in place in the department that is regularly assessed by an external body National Standards Authority of Ireland (NSAI) to ensure that only the highest standard and quality of service is strived for.

Many of our improvement opportunities are introduced as a result of patient feedback collected via our established feedback mechanism e.g. comment cards, service quality questionnaire and focus groups. Using this feedback mechanism has helped continuously improve the quality of service provided.

In essence, the Department of Obstetrics and Gynaecology uses the ISO 9001: 2008 Quality Management System to continually, and successfully, meet the ever-changing needs of patients, their partners and families.

The National Standards Authority of Ireland carried out their annual surveillance audit in the department on 27 June 2012. This assessment is based on a review of the organisation's documented system and a sample of records, activities and personnel. For the management system to be judged effective, NSAI will assess whether (a) the management system is able to deliver to the company's stated objectives, (b) the objectives are aligned with the organisation's polices and (c) the continual improvement processes are active and capable of adding value.

Gemma Manning
Quality Coordinator
Obstetrics & Gynaecology Department
Galway University Hospitals

# WOMEN'S AND CHILDREN'S DIRECTORATE

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

## Teen Parents Support Programme at GUH launches 2000-2011 Report

The Teen Parents Support Programme (TPSP) at Galway University Hospitals provides services for young people who become parents when they are aged 19 years or under and supports them until their children are 2 years of age. The service is available to teen parents living in Galway City and County and the support is offered for all areas of a young parent's life: health, relationships, accommodation, social welfare, education, training, child development, parenting, childcare and any other issue that is of concern to the young parent. In 2000, the Galway TPSP was set up as part of a pilot programme initially In 2002 the programme was mainstreamed following a three year evaluation and TPSP Galway is now one of 11 Teen Parents Support Programmes nationally. The programme in Galway is managed by the Social Work Department in Galway University Hospitals.

At the launch of the Teen Parents Support Programme 2000-2011 Report, Aileen Davies, Programme Leader gave an overview of the success of the programme. She said, "Over 800 young parents have been referred to our service since the initial pilot project. One of the significant outcomes of the programme has been that a third of the young parents who have engaged with the Galway TPSP have remained in or returned to education. These figures reflect the national TPSP outcomes in relation to education. In a recent study on 'Childhood Deprivation' it has been shown that children whose mothers have no qualifications are at more significant risk of child specific deprivation compared with those who have been educated. It highlights the importance of a basic level of education for the mother."

From left: Mary McMahon, Senior Medical Social Worker Obstetrics and Paediatrics, Monica Meaney, Programme Worker Teen Parents Support Programme, Aileen Davies, Teen Parents Support Programme Leader, Una M Carr Assistant Director of Nursing/Midwifery, Sheila Lawlor, Principal Social Worker and Imelda Ryan, Programme Worker Teen Parents Support Programme.

# GUH Nursing Update

## Leading in Uncertain Times

*Leading in Uncertain Times* is a programme designed to support nurses and midwives to strengthen their leadership contribution to improving care delivery for patient and clients. It is a developmental opportunity to further enhance the valuable contribution nurses/midwives make to healthcare in Ireland.

This two day programme is tailored for three different cohorts, Clinical Nurse and Midwife managers, staff nurses/midwives or a combination of both. Upon completion of the two days the participant, in consultation with his/her line manager makes an online pledge to change one thing in practice from an individual, team, or organisational perspective. The pledge has to be realistic as there is a 6 weeks time line to action it.

GUH was nominated as one of two pilot sites for this programme in the West. A group of ten staff nurses and midwives were participants at the first training days on 14 and 15 June. The pilot programme will be evaluated by DCU and it is anticipated that it will roll out nationally in the autumn. Information about the programme is available on www.hseland.ie

Back from left: Brian Kelly, Eileen Loftus, Evelyn Nicholson, Mary Hogan, Mary Lydon, Siobhan Canny, facilitator, Yvonne Qualter, Mary Fahy.
Front from left: Hannah Kent facilitator, Niamh Rohan, Aine Binchy and Cora Marnell.

# GUH Nursing Update

## The CNM/CMM 2 Management and Leadership Development Programme at GUH

The CNM/CMM 2 Management Development Programme is a new quality initiative at GUH. Following consultation with the group CEO, the Directors of HR and Nursing and Midwifery, and unions representatives the seeds for this programme were sown. The plan is to provide the ground work to facilitate CNM/CMM's to effectively and efficiently carry out their roles and responsibilities. The programme will, initially, be aimed at the new appointees and then subsequently rolled out as a support and guidance framework for existing Clinical Nurse Managers.

A subgroup drawn from HR, nursing and midwifery management aided by representatives from INMO and SIPTU was tasked to design an education programme to focus on the key aspects of the role of a CNM 11 as Clinical leaders – to ensure
1. Delivery of standards of care in line with best practice
2. Patient focused care
3. Staff and Practice Development
4. Management of the clinical area and the resources within it.

**Membership:**

- **Ailish Mohan (Surgical Directorate)**
- **Hannah Kent ( Practice Development)**
- **Anne Burke ( INMO)**
- **Robert Burke (SIPTU)**
- **Denise Fahy ( Learning and Development)**
- **Julie Nohilly ( Assistant Director of Nursing)**
- **Claire Mc Hugh CNM II ( St. Joseph's Ward)**
- **Colette Cowan A/DON**
- **Jennifer Duggan CNM II (St Angela's Ward)**

The design group have formulated an outline and the topics to be addressed include:

- Clinical Leadership.
- Staff management.
- Performance management- individual, team.
- Developing key performance indicators in line with organisational and nursing KPI's .
- HR Management- RTC, Absenteeism, all aspects of people management.
- Evaluation of the effectiveness of the programme.

The initial days of the programme will include topics identified as priorities and then themes will run throughout affording an opportunity for learning sets, action learning and problem solving. We expect that the methodologies of the programme will be varied and interactive, drawing on the skills and competence of the many experts working in the organisation. Two nurse/midwife managers sit on the committee and we are fortunate to have their knowledge and experience to enrich the programme design. Mr Bill Maher, group CEO, launched the programme on 14 May. Forty one nurse/midwife managers attended the first two days. One of the most obvious benefits of days like this was the opportunity to network, exchange ideas and support one another in the role. Feedback has been very encouraging and participants evaluated the days as very enjoyable and productive.

# GUH Nursing Update

Connacht rugby coach Eric Elwood pictured with CNM/CMM 2 at GUH's Leadership and Development Programme.

## International Day of the Midwife at University Hospital Galway

International Day of the Midwife is celebrated on 05 May each year. Midwives at the Maternity Unit, University Hospital Galway marked the occasion on 04 May 2012 by holding an information stand in the front foyer of University Hospital Galway, with the aim of informing the public of the important role midwives play in the health of women and babies in the West of Ireland.

The day was very successful attended by some past mothers and midwives as well as current expectant mothers, staff and the general public. I would like to thank all who helped with the success of this first celebration of the midwives day in Galway.

Margaret Coohill
Midwifery Practice Development Co-Ordinator

From left: Lucy Mackey CMM II, Siobhán Canny CMM III, Margaret Coohill Midwifery Practice Development Co-Ordinator and Barbara Bradley CNM II.

Carmel Cronnolly-McFadden CNM II, with Mary Heffernan and her daughter Keelin.

# CLINICAL CARE PROGRAMMES

The National Clinical Care Programmes are progressing very swiftly within the Galway and Roscommon University Hospital Group.

The Clinical Programmes have been established to improve and standardise patient care throughout the organisation by bringing together clinical disciplines and enabling them to share innovative solutions to deliver greater benefits to every user of HSE services.
The programmes are based on three main objectives

- To improve the quality of care we deliver to all users of HSE services.
- To improve access to all services.
- To improve cost effectiveness.

There are currently 26 programmes; many of these are near implementation within the group, whilst some are still in the first phase. A full list of the programmes is available at *http://hsenet.hse.ie/HSE_Central/clinicalstrategyandprogrammes/*

**Good News**
Many new posts were created to assist in the development and implementation of these programmes and we are delighted that some of these have started in their new roles.

May we welcome the following to the Galway and Roscommon University Hospital Group and hope that they have a long and happy career with us.

**Diabetes Foot Care Programmes** – Ellen Young has joined us as the Senior Podiatrist.

**Epilepsy –** Olivia O'Sullivan has commenced as one of three Clinical Nurse Specialists.

**Stroke –** Patricia Galvin; has taken up the role of Clinical Nurse Specialist,
Sinead Moyihan has been appointed as a Senior Physiotherapist and Zara McGarry is the Senior Speech and Language therapist for the programme.

More updates on the Clinical care Programmes and more good news to follow in the next edition of the newsletter. Thanks for reading.

Jenny Mannion
Project Manager
Clinical Care Programmes

# ESTATES UPDATE GUH
## Ann Cosgrove,
## Clinical and Non-Clinical Services Manager, GUH

**Hygiene Facilities Wards**
Phase 1 is complete and work commenced on the second phase of installation of ensuites in the 14 bedded wards in St Anthony's and St Mary's Wards. The work will take approximately 6 weeks to complete.

**Acute Dialysis Unit**
Work is near completion on the commissioning of the water treatment system to support the acute dialysis rooms in St Teresa's Ward and required water sampling is complete . The equipping of the rooms is also complete and work is ongoing on the supports required to commission this service.

**Fire Safety**
Initial site meetings have taken place to commence the project for the replacement of an existing fire alarm system in the main hospital block and some peripheral areas. This will be an intensive piece of work which will take a few months to complete and briefings will be organised with staff over the coming weeks to update on any impacts of the planned work. Official start date awaited.

**Central Scope Decontamination Unit**
The programme date for completion is July/August 2012 and commissioning work on the building has commenced. The equipping of the facility is now in planning.

**Medium Temperature Hot Water System Upgrade Works**
This system supplies heating and hot water to Blocks 2A, 2B, 2C, part of ED and the Oncology/Eye Clinic Building. The upgrade work is continuing .

**Electrical Infrastructure**
Work is ongoing on the next phase of the electrical Infrastructure upgrade work.

# ESTATES UPDATE GUH

## Management of Food Waste at GUH

In line with the Food Waste Regulations (SI 508 of 2009), all food waste from the production kitchens, restaurants, hospital wards, canteen and coffee shop is segregated and collected by an external contractor for the purposes of composting.

During 2010/2011 Galway University Hospitals participated in an Environmental Protection Agency (EPA) funded programme to identify opportunities for waste prevention and cost savings with regard to food waste. The programme involved a detailed survey of food wastage in all wards and hospital areas carried out by the Clean Technology Centre in Cork. Throughout the survey catering staff were asked to provide any comments or suggestions for improvements they may have had.

Following the survey the hospital was provided with a detailed Food Wastage Report outlining total food waste sources, observations and recommendations for improvement. Following issue of this report the Services Department in conjunction with Aramark Catering devised an action plan and recommendations contained in the report are currently being implemented.

Initiatives contained in the action plan include:

- A reduction in food produced at source
- Introducing options for portion size to reduce wastage
- Review and reduce perishable stock levels
- Review issue and service of condiments
- Education and training of catering assistants with regard to healthy portion size
- Identify and re-introduce a menu ordering system

These initiatives have been in place since the start of May 2012 and progress is tracked through the analysis of food wastage data supplied by our waste contractors.

# ESTATES UPDATE GUH

GUH is promoting alternative ways to travel to work for staff in tandem with the opening of the upgraded Bishop O'Donnell and Seamus Quirke roads and the provision of new cycle lanes, new bus lanes and new bus timetables with increased service frequencies. In recent months members of Hospital staff have been working with Galway City Council's Transport Unit, NUI Galway, local schools network, Bus Éireann and City Direct, as part of a joint working group, to promote new, healthy and safe transport options in the western side of the city.

GUH, as a major employer in the city, has been actively working to change how staff travel to work as part of an overall Mobility and Traffic Management plan. Ann Cosgrove, Clinical and Non-Clinical Services Manager says, "We are promoting a move away from single person car use to ease the pressure on parking and traffic at the hospital and the development of cycle lanes and bus lanes will make it easier and safer for staff to choose to leave their cars at home."

"Our main objectives are to manage parking on the site and ensure that visitors can move around the site relatively easily; to optimise the use of the bus routes serving the hospital (there are bus stops at the front and back entrances); to provide facilities for cyclists and pedestrians; and to encourage modes of transport other than personal travel by private car."

Measures taken to support staff who choose alternative modes of transport include:

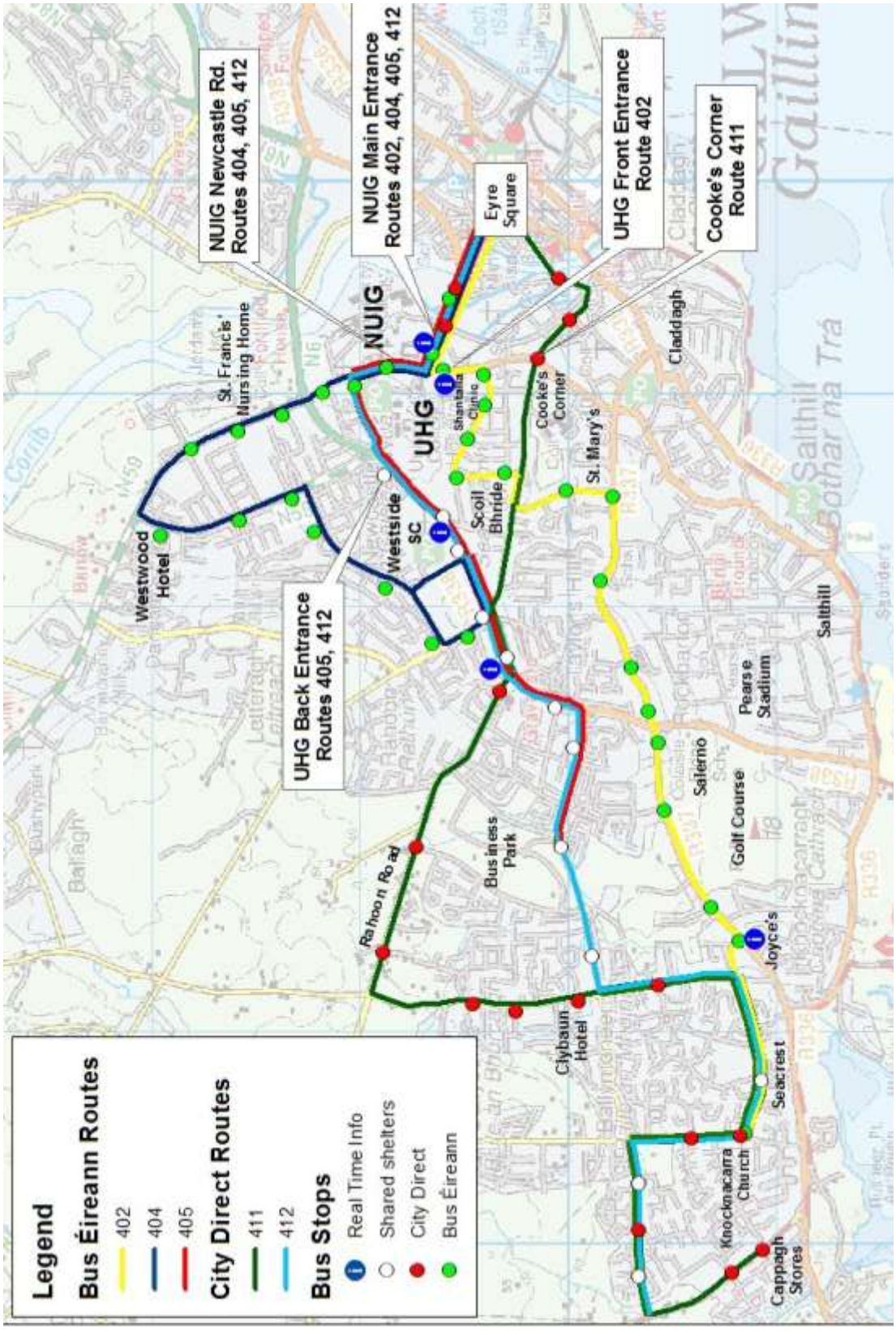
- Introducing the Cycle-to-Work and Tax saver Commuter Ticket schemes for staff;
- A new secure covered bicycle shelter erected near the main door of the hospital, with CCTV coverage;
- Introducing designated car parking spaces for staff who car share;
- Providing changing and showering facilities for staff who cycle or walk to work; and
- Providing a shuttle bus service between the Merlin Park and UHG sites for staff to commute between both hospitals which reduces car journeys and demand for parking places in UHG. It is also used by staff who travel from the East side of city as a park and ride option.


From left:Marie McGovern King, Bus Éireann, Gerard Bartley, City Direct; and Ann Cosgrove with the new map of bus routes serving UHG.

Lorraine Courtney, Resuscitation Training Department with the "Bike Doctor" at a recent health promotion event at UHG.

# ESTATES UPDATE GUH

## New Map of Bus Routes Serving UHG



# HUMAN RESOURCES NEWS

Congratulations to Ms Elaine Gaffey, Staff Nurse, Radiology Department, UHG on her selection as the overall winner of the Anna May Driscoll Bursary Award for 2012 and also to Mr Patrick Browne, Staff Nurse, Neurology Department, UHG who was one of the nominees for the Bursary.

This is the third year of the Bursary Award which recognises Responsibility Based Leadership by Nursing Staff within Galway University Hospitals. Emerge Foundation created the Anna May Driscoll Foundation in her memory. The Foundation is designed to offer bursaries for the continued development of Nurses at University Hospital, Galway.

We would like to thank the Dyar Family for their generosity and to take this opportunity to thank all of the applicants who were nominated by their Line Managers for this Award.


Staff Nurse Elaine Gaffey, Ciarán Dyar; and Colette Cowan, Director of Nursing.


Staff Nurse Patrick Browne and Ciarán Dyar.

# INTERN EDUCATION AND TRAINING

There are six intern-training networks in the country centred around the medical schools. The intern training network for NUI Galway comprises GUH, Portiuncula Hospital, Roscommon Hospital, Mayo General, Sligo General and Letterkenny General Hospitals.
It is called Network West Northwest.

Intern posts are now one year training posts advertised by the National Recruitment Service (NRS) in March and allocated based on the merit (centile ranking) of the applicants. The application process is open to graduates of all EU medical schools.

Since 2009 the intern networks are responsible for signing off the interns in their network and delivering an education and training programme. Each network has one intern coordinator and an intern tutor on each hospital site.

The Medical Council has approved a National Intern Training Programme (NITP) Core Curriculum and the curriculum is delivered in modules on the NITP e-learning website.

In addition, in the West Northwest Network we have a very robust education and training programme. In 2011 NUI Galway introduced the Shadowing for Clinical Practice Programme as a module in the final year curriculum. This is a 3 week junior internship programme for all NUI Galway graduates designed to rapidly up-skill them in clinical and professional duties and to certify them all in Basic Life Support.

**Intern Induction Week**
The first week in July is intern induction week. Induction covers manual handling, hospital policies and procedures, introductions from all hospital departments, the top 10 intern calls, clinical skills, IT training, hospital information and tour, information from the Medical Council and words of wisdom from the outgoing interns. Every year there is a guest lecture at induction, focusing on a topic of professionalism. Last year, Ciaran Breen, Director of the State Claims Agency spoke on medical negligence. This year it will be delivered by the hospice foundation and the topic is “breaking bad news”.

**Intern Education and Training Programme**
Throughout the year, every Monday, Tuesday and Wednesday lunchtime, the interns receive dedicated consultant-led intern teaching sessions and case presentations. Attendance is compulsory.

Other intern training programmes include:

- ACLS and COMPASS/EWS training for all interns.
- Nine one week technical skills sessions every year where the interns learn basic technical skills as well more advanced skills of suturing, local anaesthesia, lumbar puncture, thoraccentesis, handling central and long lines etc.
- We have developed intern specific training courses in both human factors (HUFFI) and medical legal training (ALARM). HUFFI is a human factors for interns course that is delivered on site using videos, real life experiences and standardised patient scenarios. ALARM is an applied legal and risk management workshop delivered over 2 evenings and covers topics such as consent, advance directives and negligence.

## INTERN EDUCATION AND TRAINING

- An anticoagulation workshop was introduced this year for all interns.
- Training in the management of acute medical emergencies was conducted in the hi-fidelity simulation centre in University College Cork.
- In April 2012, Royal Academy of Medicine in Ireland (RAMI) held an intern study day. This followed an invitation from RAMI to all interns to submit case presentations, papers and audits for presentation and publication in the Irish Journal of Medical Science. Interns in the West NorthWest Network performed well at the study day.
- Last year clinical skills labs were established in Portiuncula, Sligo, Mayo and Letterkenny, with further improvements planned for this year.
- New intern posts were created in GUH, Roscommon, Sligo and in the Community. In addition new specialties of psychiatry, paediatrics, obstetrics and gynaecology, radiology, anaesthesia and general practice have been introduced.

Subject to further funding we plan to introduce further intern training posts to the network next year with a focus on posts in the sub-specialities.

Dara Devitt, Lecturer, Surgery Intern Tutor.
James Keane, Medical Manpower Manager.

## Discharge Planning

A coordinated and patient centred approach to planning for discharge can improve patients' experience of their stay in hospital, reduce the length of time they are in hospital and prevent unplanned readmission.

The aim is to have a seamless transition from one stage of care to the next by involving the patient, hospital, the GP and other community based care providers such as Public Health Nursing and Home Care Co-ordinators.

In the coming months a number of initiatives will be introduced at GUH to support the discharge planning process including a renewed focus on Estimated Date of Discharge which is an important part of managing the patients' length of stay and preparing for the next stage of care whether at home or in step down or nursing homes.

Jerry Nally was appointed Discharge Co-Ordinator for GUH in May and is responsible for managing integrated discharge planning at the hospital; previously Jerry was the out of hours Assistant Director of Nursing for UHG for 8 years.

Jerry Nally
Discharge Co-Ordinator
Galway University Hospitals

# DAFFODIL CENTRE

## Irish Cancer Society's Daffodil Centres Recognised for Innovation

The Irish Cancer Society has recently been awarded a Biomnis Healthcare and Innovation Award for the Daffodil Centres Project in recognition of innovation and leadership in healthcare.

The Irish Cancer Society is the leading provider of cancer information and support in Ireland. Daffodil Centres, like this one in Galway University Hospitals, located next door to the post room, is an extension of the Cancer Information Service, into hospitals at the point of diagnosis and treatment. Following extensive background research on existing Cancer Information and Support Services and recognising the existing cancer support services in Ireland it highlighted a gap in the provision of cancer services that could be addressed by the establishment of a Cancer Information Centre. The model chosen by the Irish Cancer Society was to have to an experienced cancer nurse who is an employee of the Society run the centre. The nurse in the centre works closely with cancer services within the hospital, he/she is supported by trained volunteers who play an active part in the day to day running of the centre. Daffodil Centres are unique because they are a direct collaboration with the hospital and are the first of their kind in Ireland.

The principle objective of the Daffodil Centres is to support cancer patients, their families and friends, the general public and also the staff of the hospital. Over 30% of visitors to the Centres are family members looking for information, advice and support from the nurse whilst they are visiting their loved one in hospital. Hospital patients who drop in to the Centres when they are attending OPD appointments or whilst having tests make up over 20% of visitors. Another major group visiting the centre are members of the general public seeking information on cancer prevention and lifestyle change. Many in this group are smokers looking for support to quit.

Daffodil Centres are open to all, no referral or appointment is necessary. There are now Daffodil Centres in 7 hospitals throughout the country with plans for five more in 2012. So far over 13,500 people have benefited from the services offered by these centres.

For further information on Daffodil Centres or for confidential advice and support on any cancer related query please drop in to Olive at your centre or call ext 3489 or alternatively the National Cancer Helpline on Freefone 1800 200 700.

Irish Cancer Society
Daffodil Centre

## GUH ARTS TRUST

Galway University Hospitals Arts Trust is delighted to announce they were successful in their bid for an Arts Council Award to develop an arts programme for GUH Haemodialysis patients in Unit 4, Merlin Park University Hospital. This was one of four awards given Nationally.

Emmet Kerins as part of the Between Worlds Exhibition for Galway Arts Festival

'Rescue' by Vida Pain

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

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## Newsletter Content Deadlines for 2012

The GRUHG Newsletter will have eight issues this year. Please see below for the content deadlines for the remaining issues. We hope that this will help you plan when to submit updates on developments in your area. Please note that these are the **latest dates** to submit content.


Issue 5: 30 July
Issue 6: 10 September
Issue 7: 22 October
Issue 8: 03 December

Thank you for your contributions to issue 4 and we look forward to reading your submissions for issue 5.