



From Left: Graham Kelly, Orthopaedic SHO; Joey Coyne, Consultant Anaesthesiologist; Gay Devaney, Patient; Ruth Mc Manus, CNM 2 Pre Admission Clinic; and John Kelly, Consultant Orthopaedic Surgeon.

## SUH introduces minimally invasive, same day hip replacement surgery

Eight patients have undergone hip replacement surgery as a day case procedure in Sligo University Hospital over the past three months. This surgery is based on the Direct Anterior Muscle Sparing Minimally Invasive approach and SUH is currently the only public hospital in Ireland providing same day hip replacement using this technique.

The Direct Anterior Minimally Invasive Surgical approach for hip replacement surgery was introduced in SUH in June and it carries a multitude of benefits for patients.

Patients experience less pain, have quicker recovery, a shorter hospital stay, less blood loss during surgery and better mobility postoperatively.

When compared with traditional hip replacement surgery this new technique results in significantly shorter rehabilitation time, allowing patients to get back on their feet quickly and return to their normal pain free life.

John Kelly, Consultant Orthopaedic Surgeon in SUH explains the technique; "In a traditional hip replacement approach the surgeon would access the hip joint from the side or the back of the hip and in order to replace the joint, large muscle groups would need to be cut and separated.

"With the direct anterior approach we are able to access the hip from the front, going in between the muscles without cutting them, thereby helping to minimise pain and soft tissue injury for patients.

"There are significant benefits for patients with this surgery; they can arrive in the hospital in the morning, have the procedure and are able to return home the same day with a new hip. I'm delighted that we can now offer this as a surgical option to patients in Sligo University Hospital."

Sligo patient, Gay Devaney describes her experience of Direct Anterior Hip Replacement, "I had my surgery eight weeks ago and can tell you it was an extremely positive experience. From the moment I arrived in Sligo University Hospital until I was discharged later that day I received the best of care and support.

"I had a very quick recovery and was back to myself so quickly nobody could believe it! I want to thank Mr Kelly and all the team for taking such good care of me."

Click [here](#) for more.

# Saolta Tweets

**HSEWestNorthWest**  
@HSEWestNorthWes

Galway University Hospitals and Cystic Fibrosis Ireland welcoming progress at the new build Cystic Fibrosis Unit in #MPUH. This project will create an outpatient department including ambulatory care for Cystic Fibrosis patients.

The unit is scheduled to open in October.



HSE Ireland and Department of Health  
5:29 PM · Jul 18, 2024 · 1,319 Views

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2 3 28

**HSEWestNorthWest**  
@HSEWestNorthWes

#HSEConference24 Great representation from Donegal Diabetes service at today's Integrated Care Conference, making real progress in improving access to specialist diabetic care.

@soomeraghsandra @Tony\_CanavanHSE @HSECommHealth1



4:12 PM · Sep 5, 2024 · 2,063 Views

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1 7 38

**HSEWestNorthWest**  
@HSEWestNorthWes

Sligo University Hospital #SUH supporting Sligo Olympians.

Pictured staff who have family members participating in the Olympics in Paris #TeamIreland

Valerie Mulligan Aunt and Godmother to Dean Clancy and Michael McCadden father to Lauren McCadden with Hospital Management.



The Olympic Games and 2 others  
5:41 PM · Aug 1, 2024 · 1,740 Views

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4 24

**HSEWestNorthWest**  
@HSEWestNorthWes

#WorldSepsisDay activities in Roscommon University Hospital with an information stand outside the canteen today, lots of information available and some lovely prizes to be won [pic.x.com/dttxlhax6i](http://pic.x.com/dttxlhax6i)



5:40 PM · Sep 13, 2024 · 1,048 Views

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3 2 17 1

**HSEWestNorthWest**  
@HSEWestNorthWes

Mayo University Hospital officially launched their reinforcement campaign today for a smoke and vape-free campus and are asking the entire Mayo community to get behind them and to recognise the importance of maintaining a smoke-free campus for patients, staff and visitors.




HSE QUIT Team and 9 others  
4:14 PM · Aug 19, 2024 · 1,771 Views

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5 27

**HSEWestNorthWest**  
@HSEWestNorthWes

Congratulations to Therese O'Brien, Anticoagulation Nurse PUH who was recently nominated as a VTE warrior 2024 at [ThrombosisIrL](https://www.thrombosisireland.com) awards.



**VTE WARRIOR 2024**  
Therese O'Brien, Anticoagulation Nurse, Forthlincula University Hospital, Ballinasloe, Co. Galway.

- Therese has been nominated by her patients and colleagues for her exceptional kindness and care towards every one of her patients.
- She set up the INK self test clinic in Forthlincula University Hospital for those patients that would benefit from the freedom of self testing.
- She campaigned for CoaguCheck machines and strips for patients who could not afford them.
- She has personally fundraised for Thrombosis Ireland every year while raising awareness in her own community.
- Therese is generous with her time when it comes to improving VTE Patient Safety.
- Thank You for all you do Therese. You Shine!

1:43 PM · Oct 10, 2024 · 398 Views

View post engagements

2 7





## Regional Executive Officer HSE West and North West



Tony Canavan, REO

Dear colleagues

As you know we are reforming health and social services across the country. We will have fully transitioned to our new regional area by March 2025 and interim structures will be in place to guide us through the coming months.

During this interim period community and acute service delivery will continue as normal to maintain high quality care and patient safety. While reporting arrangements might change, the responsibilities of current leadership roles will stay the same.

This interim period will give us time to implement the new structures for the entire region. These will allow the integration of hospital and community services across our region and will see all our services work much more closely. This regional executive management team will work closely with all existing services to ensure continuity of care for our communities and foster stronger links and engagement for all our staff.

I know these new structures will take time to fully embed and that staff may have concerns about how they will be impacted by the changes.

I want to reassure you all that while we implement these changes, your day to day engagement with patients remains the priority. For most staff, the only significant change might be a change in the person to whom they report. Their roles and responsibilities will not change.

During this time, our main priorities are:

- maintaining existing levels of service for our patient population maintaining quality and patient safety
- making sure only necessary changes are made
- communicating these changes in a timely way

I will continue to update you on all changes as they occur. As we bed in our new interim structures we will also hold a staff webinar to give an update and answer any questions you may have.

Tony Canavan  
Regional Executive Officer

## Former Interim Chief Executive Officer Saolta Group



Ann Cosgrove, Interim CEO

Dear colleagues

This is the final Saolta newsletter and as former interim CEO of the group I want to thank you for every effort you have made throughout your involvement with Saolta to deliver exemplary patient care. I have been so impressed to witness the resilience and determination of our hospital staff throughout many significant challenges in recent years, throughout major events like the COVID-19 pandemic and HSE cyber attack and in your daily work within our hospitals which are busier than ever.

This group has overseen major capital investment in hospitals in our region and there is a huge volume of work ongoing to continue to expand services across all our sites.

One of the key success of the group has been the development of new, integrated ways of delivering healthcare enabled by structures like the MCANs and Integrated Care programmes. This is the groundwork on which we will build our services into the future.

Thank you for your determination to constantly do the best for our patients, this patient focus will be important as we navigate new ways of working within our new regional health area.

Over the next few months, as the new structures bed in I would ask you to keep focussed on solutions and ways we can do better. As a management team we need your input and feedback, our staff are closest to the patient and are crucial to the success of this reform programme.

I am delighted to have taken up the post of Integrated Healthcare Area Manager for Galway, Roscommon and look forward to continuing to work with many of you over the coming months.

For further information about the HSE West and North West click [here](#).

Ann Cosgrove  
Former Interim CEO



Rialtas na hÉireann  
Government of Ireland

# If you work in healthcare, you are at increased risk of being exposed to flu and COVID-19

- ✓ Vaccines are safe and effective and provide the best protection from flu and COVID-19.
- ✓ You can get both vaccines at the same appointment.
- ✓ Vaccines may be available at work and are also available free of charge from GPs and Pharmacies



**Visit the HSE website for vaccine information and resources**



# Update from the Saolta Project Management Office

**Saolta Integrated Governance Project** has recently been closed out. This project delivered a revised integrated service model for Cancer, Women's and Children, Medicine and Perioperative services across the group known as Managed Clinical and Academic Networks (MCANs). While initial exploratory work had commenced with the Diagnostic Specialties, (Laboratory, Radiology) and HSCPs across the group, progress was paused in Q1, 2024 due to the evolving RHA/IHA structures. The learning from this programme of work is being utilised to shape the discussions around the RHA/IHA model and the regional networks of care.



## Model 4 Hospital Clinical Scoping Brief

As part of the development of an Integrated Master Plan for Model 4 Hospital an updated Model 4 Clinical Services Brief was developed to assist the GUH Capital Board to inform the next stages of Health Planning and Master Plan Design.

## Modernised Care Pathways (MCPs)

Saolta have successfully implemented 14 pathways including, Urology: Haematuria and LUTS, Orthopaedics: VFAC, Plastic Surgery: Dupuytren's, Rheumatology: Arthritis and Back pain, General Surgery: Skin and Subcutaneous Lesions, ENT: Vertigo/Imbalance. Additional funding has been secured under 2024 National Service Plan to complete MCP teams for Dermatology, and Rheumatology and the Integrated Ophthalmology and Continence pathways are progressing with Community.

## Training

### Enhanced Community Care

We continue to work with our colleagues in Community Care to integrate Chronic Disease Management Teams across our respective services. Work streams are ongoing to develop new ways of working in Metrics, ICT and Clinic Integration.

### Acute Integrated Pre-admission Virtual Navigation Hub

Since it commenced in February 2024, 74% of patients have avoided ED, saving 289 bed days in 5 months. New access pathways established for ENT, Acute Oncology, ICPCD Respiratory and Cardiology, Cellulitis, Psychiatry and ICPOP. Hoping to extend the project into 2025.

## Looking Forward

### The Change and Innovative Hubs

The HSE Health Regions Implementation Plan approved by Cabinet in July 2023 set out a high-level roadmap and the key essential elements to operationalise Health Regions from February 2024.

Change and Innovation Hubs (C&I) in each of the Health Regions acknowledges the importance of ensuring the expertise and capacity is available at regional and local level in supporting REOs in delivering the reform.

The Change and Innovation Hubs will represent a new design as the 'Implementation Vehicle' in supporting this major change programme. Positioned within each Health Region the Hubs will provide dedicated change, project management and organisation development support to the HSE CEO, Regional Executive Officers (REOs) and their Executive Management Teams (EMTs). The operating model will be aligned to meeting the National / Sláintecare and Health Region change programme providing dedicated support to the Integrated Healthcare Area (IHA), Community Healthcare Network (CHN) and Hospital Managers, and their respective teams.

As part of the roll out of the new Regional Health Areas, it is envisaged that the PMOs will form part of these evolving Change and Innovation Hubs.

# Women's and Children's Managed Clinical and Academic Network (MCAN)

## Key priorities

The Women's and Children's MCAN continue to work with sites across the Saolta Group on achieving our key priorities. All sites have delivered improvements in Gynaecology and Paediatric waiting lists and we will continue to work with sites on initiatives to further improve access and meet our targets. In continuing to improve the quality of care we provide to our patients, we plan to review and redevelop a suite of site based clinical and business key performance indicators (KPI).

## Women's and Children's Staff Update

We would like to congratulate Dr Tom O'Gorman and Dr Marie Christine de Tavernier on their recent appointments to Associate Clinical Director in GUH and PUH respectively. We look forward to working with them and wish them every success in their ACD roles.

We would also like to take the opportunity to congratulate Dr Anca Trulea who recently took up the role of Obstetric and Gynaecology clinical lead in MUH.

## RSV (Respiratory Syncytial Virus) Immunisation Programme

The Minister for Health and HSE have committed to the implementation of an RSV/Nirsevimab Immunisation Programme to protect babies and reduce RSV (Respiratory Syncytial Virus) and associated hospitalisations in Infants. The vaccine is being offered free to babies born in our maternity units, between 1st September 2024 and 28<sup>th</sup> February 2025.

Over the past number of months we have been working with our hospital sites on the roll out of the RSV Immunisation Programme, as well as protecting young babies against serious illness, the RSV immunisation programme will help safeguard the vital hospital paediatric services during the very busy winter months. This programme is particularly important when we consider the pressure that these hospitalisations place on our healthcare service.

Each hospital has provided regular information sessions and local SOP's and patient information leaflets have been finalised. All these resources are also available online on the HSE website: [www.hse.ie/RSV](http://www.hse.ie/RSV)

The uptake from the West North West is high since the introduction of the RSV immunisation programme for these new-born babies. Health Protection Surveillance Centre (HPSC) will be monitoring surveillance data for RSV, and we would hope to be learning more as to the impact of this programme this winter.

The role out of this programme across the Saolta sites has been a success and I commend all those involved in rolling out this initiative and their efforts with introducing this programme.

This programme is support by NWIHP and the National Clinical Programme for Paediatrics and Neonatology.

## Saolta Women's and Children's MCAN Annual Clinical Report (2023)

The Saolta Women's and Children's MCAN Annual Clinical Report has been signed off for publication and it displays the vast amount of data collected from each of the sites to form the data trends across the Group. This Annual Clinical Report serves to provide the data for clinical activity within the Women's and Children's Services of the Saolta University Health Care Group.

The report includes all activities related to Maternity Services, Neonatology, Gynaecology, Paediatrics, Quality and Patient Safety, SATU and CASATS in our 5 hospitals – GUH, LUH, MUH, PUH and SUH.

The format of the report reflects the ongoing collaboration between our sites and is authored by members of the multidisciplinary team. The report is due to be published by the end of October 2024.

## Regional Health Areas

As the HSE structures transition to RHAs in the coming months the Women's and Children's MCAN looks forward to working with regional clinical and managerial leaders on the development of an integrated network for services under our governance.

While a lot remains unknown we will continue to support all sites through the interim period and welcome the next phase of healthcare for the region.



**Protect your new born baby against Respiratory Syncytial Virus (RSV)**

**Protect your baby against RSV**  
You can now protect your new born baby against Respiratory Syncytial Virus (RSV).

**What is RSV and why should I protect my baby against it?**  
RSV is a common virus that causes respiratory infections in young babies. Babies under three months old get sicker with RSV than older children.

Each winter in Ireland one in two new born babies will get RSV and many will need medical care from their GP or the emergency department of a children's hospital. Four out of a hundred new born babies are hospitalised due to RSV, with some babies needing special treatment in intensive care units.

Nirsevimab is the best way to protect your baby from RSV.



# Cancer Managed Clinical and Academic Network (MCAN)

## The Organisation of European Cancer Institutes (OECI) peer review visit took place in May

The OECI auditors visited Galway, Sligo and Letterkenny University Hospitals and conducted a number of tours and interviews across all cancer services to review the self-assessment submitted in early 2024. The OECI issued a Recommendation Report in July based on their findings. This report identified a number of Quality Improvements required to meet OECI standards.

The peer review visit and subsequent recommendation report reflected the cancer services in a positive light overall, with many strengths highlighted. The three day visit brought all areas of cancer care across the Saolta Group together to showcase the wonderful multidisciplinary work being carried out throughout the region.

Feedback on the recommendation report was returned to the OECI in early September, and the agreed Quality Management Plan will be submitted to the OECI in October. The OECI accreditation decision is due in November 2024.



From left: Marie Walsh, CNS Oncology; Deirdre Gallagher, NCCS Screening Bowel; Dr Aideen Larke, Consultant Radiologist Breast Check; Dr Michael McCarthy, Consultant Medical Oncologist; Greg Conlon, Group Lead Saolta Healthy Ireland; Pamela Normoyle, GUH Health and Wellbeing Coordinator; Kate Lyons CNS Medical Oncology; and Cara McNally, CNM2 Colposcopy.



From left: Annette Lalor, Dietician Manager; Deirdre Devers, Occupational Therapy Manager; Shaunagh Brady, Physiotherapy; Sheila Kiely, Physiotherapy Manager; and Simeon Whittington SHOUT Chairman Sligo Hospital Oncology Unit Trust.



Back row from left: Sorcha O'Connor, CNM1 HODW; Helen Reynolds, CNM1 Claddagh Ward. Ger O'Flaherty, Staff Nurse SDW; Rebecca Cawley, Staff Nurse CTW; Niamh Killilea, Oncology ANP; Martina O'Donnell, CNM2 St Josephs Ward; Julie Bradshaw, CNM2 HODW; Debbie Belton, CNM3 Surgical Division; Hilary Bradley, CNM2 St Michael's Ward.  
Front Row from left: Joanne Forde, Staff Nurse St Josephs Ward; Helena Glavin, Claddagh Ward (standing); Olivia Langan, CNM2 Radiotherapy; Carol Cronin, Acute Oncology Service CNS; Emma Loughnane, Medical Oncology CNS; Claire Hughes, CNM3 Cancer Services.



Louise Carmody, Data Manager, Cancer MCAN; Jackie Lillis, QPS, Cancer MCAN; Nainsi Corcoran, Lung Navigator; Helen O'Reilly, OECI Co-ordinator; Dorota Dukek-Godeau, CraNE 2 WP9; Ellen Grisshammer, CraNE 2 WP9; Nele Grapentin, CraNE 2 WP9; Claire Hughes, CNM2, Cancer Services; Nerissa Keating, General Manager, National Cancer Control Programme; Dr Michael McCarthy, Consultant Medical Oncologist and Secretary of the Irish Society of Medical Oncology; Geraldine Cooley, General Manager, Cancer MCAN, Patricia Heckmann, Assistant National Director, National Cancer Control Programme, Helen Simon, Cancer Policy Unit, Department of Health, Dr David Breen, Lead Clinician for Lung Cancer Services, UCHG, Aideen Mulkerins, MDM Co-ordinator, Cancer MCAN.



# Cancer Managed Clinical and Academic Network (MCAN)

## Crane Project CraNE2 Pilot

In September members of the CraNE 2 WP9 visited Galway from Germany and Poland to discuss the introduction and planning of the Joint Action EUNetCCI. The general objective of this joint action is to develop innovative approaches in cancer control in all European Member states.

Our Rapid Access Lung Cancer service has been chosen as a pilot for this exciting project which will support the implementation of CCCNs (Comprehensive Cancer Care Networks) to ensure comprehensive, high-quality cancer care. The pilot aims to establish and build sustainable interfaces between cancer centres across Europe and to support these CCCNs in collaborating with each other.

Members of the CraNE 2 WP9, the National Cancer Control Programme and the Department of Health met with Dr David Breen, Dr Michael McCarthy, Dr Ronan McDermott and Cancer MCAN team to plan the way forward.

Thank you to our teams for facilitating visits to The Radiation Oncology building, St Josephs ward, Cardiothoracic unit, the Oncology Day ward and PASU on the day.

[CraNE4Health European Network of Comprehensive Cancer Centres](#)

## Academic Office

### NCHD Careers Evening



Galway University Hospitals recently held a NCHD Careers Evening event with different specialities and training schemes represented and available to support NCHD career planning.



## RUH Healthy Ireland Committee

The RUH Healthy Ireland Committee hosted an information stand and relaunched the committee and promoted health and wellbeing initiatives.

The information stand promoted different topics including National and Saolta Healthy Ireland policies, smoking cessation advice and information, staff health and wellbeing information and resources, exercise information and links to Healthy Ireland YouTube videos for yoga, pilates, chair yoga, information on the stress control program and healthy eating with recipes and tips for shift work and healthy living.

The RUH Healthy Ireland committee are focused on encouraging staff to incorporate health and wellbeing activities in their work and personal lives.



From left: Carol Duggan; Helen Treacy and Christine Rohan

## NISRIP at PUH



Pictured are members of the Finance, TRO and HR Departments

Like other hospitals PUH went live with NISRIP self-service and pay system in May. PUH unlike other former western health board hospitals operated their own payroll systems and gross to net pay processes since PUH was opened. With the new system live we are now within the national HSE payroll functions which provide a more streamlined and centralised service while also ensuring continuity of service. Colleagues can now also complete a range of HR functions directly using the new systems such as change of personal details. We wish to acknowledge and thank all colleagues who played their part in the transition especially the HR, Finance and payroll departments. A new Time returning office was set up in PUH led by Geraldine Gardiner Burke which is responsible for processing time sheets for all grades and disciplines within the hospital. We wish them luck in their new roles'.

## National Breastfeeding Week at LUH



Letterkenny University Hospital celebrated National Breastfeeding Week in October and hosted numerous successful events.

Nancy Mohrbacher, Lactation Consultant delivered a presentation remotely from Chicago on 'Simplifying the first 36 hours', which was very informative and well received by staff and mothers in attendance.

## Innovative procedure for treating elevated blood pressure administered to the 50th patient at GUH

Donegal patient Francis Hegarty became the 50th patient to undergo the Renal Denervation (RDN) procedure at GUH; a minimally invasive procedure to help treat high blood pressure in patients who have not responded to medications and lifestyle changes.

GUH were the first hospital in the country to carry out the RDN procedure, and the first internationally to offer RDN as a day-case surgery. This means that patients arrive at the hospital in the morning, have their procedure, and then return home the same day. Click [here](#) for more.



## Urology Clinic enhancing care for patients with Lower Urinary Tract Symptoms at LUH

The introduction of a Nurse-Led Urology Clinic at RUH for Lower Urinary Tract Symptoms (LUTS) has significantly enhanced patient care, reduced wait times, while also reducing the number of patients who require consultant urologist review.

The clinic was established to provide a focused targeted urological assessment of symptoms, as well as treatment, support, and education to enable patients to manage their urological condition without surgery and to reduce wait times for LUTS assessment and management.

Prior to the commencement of the Advanced Nurse Practitioner LUTS clinic in February, patients requiring ongoing nursing management or intervention were referred to University Hospital Galway. Wait times from referral to review have decreased from 1-2 years to 6-8 weeks at present, with 156 new patients assessed between February and June.

LUTS and specifically male LUTS is one of the most prevalent complaints presenting to urology outpatients. Research conducted by the National Clinical Programme in Surgery (NCPS) revealed that male LUTS is one of the more common causes for referral to a urologist in the Saolta University Health Care Group.

Michelle Healy, Advanced Nurse Practitioner and Clinic Lead, stated, "We have an excellent urology service here at Roscommon University Hospital, between the Rapid Access Haematuria service and the LUTS service, and to have two visiting Consultant Urologists from University Hospital Galway aligned to service and supporting us, is fantastic. " Click [here](#) for more.



Michelle Healy, Advanced Nurse Practitioner and Clinic Lead for the Lower Urinary Tract Symptoms (LUTS) Clinic at RUH.

## RUH Bed utilisation project



From Left: Marie Doorly, I/General Manager; Rachel O'Donnell, Nursing Admin; Marion Geary, CNM2 St Coman's Ward; Ursula Morgan DON; Madeline Spellman, Dietician; Azhagiri Anbazhagan, Occupation Therapist; Anne Smith, Medical ADON; and Fiona Neilan, Discharge Coordinator.

Roscommon University Hospital has been working on a Bed Utilisation Project over the past number of months.

It has been supported and directed by Helene Horsnell and involved key stakeholders on site, DON (Ursula) Discharge Co-Ordinator, Bed Manager, Ward Managers, Consultants, HSCP and Community Liaison Staff in order to optimise bed utilisation at RUH and facilitate discharges from RUH.

## Twelve People living with lifelong diabetes honoured at special awards ceremony



Diabetes Ireland honouring twelve people living with type 1 diabetes with special 50 and 65-year achievement medals in recognition of their courage and endurance in living with diabetes.

At a special awards ceremony in Croí, Diabetes Ireland honoured twelve people living with type 1 diabetes with special 50 and 65-year achievement medals in recognition of their courage and endurance in living with diabetes.

Click [here](#) for more.



# First patient in Ireland fitted with heart failure sensor at UHG

University Hospital Galway has become the first hospital in Ireland to introduce a new device designed to help patients suffering with heart failure better monitor their fluid levels in the body. Galway woman, Sheila Concannon from Spiddal, was the first patient in Ireland to be fitted with this early warning sensor which alerts medics to the patient's condition worsening.

Over 10,000 new cases of heart failure are diagnosed annually in Ireland, it is a significant public health priority with patients requiring frequent hospitalisations. Patients with heart failure are commonly advised to closely monitor signs of swelling and other symptoms like fatigue, shortness of breath and chest pain. Despite these measures, many patients end up back in the hospital within months after a heart failure hospitalisation, often due to fluid build-up in the lungs.

This new sensor directly measures the volume of fluid build-up allowing cardiology teams to monitor patients remotely, which can help avoid unnecessary visits to hospital. The device gives clinicians access to real-time information about their patient's heart health which in turn results in more rapid interventions.

This procedure was carried out as part of a clinical trial led by Prof Faisal Sharif, Consultant Interventional Cardiologist at UHG.

"The procedure is very straightforward and is carried out as a day case operation. The sensor is implanted using a small catheter which is placed in a vein at the top of the leg. It is collapsed on entry so it can be pushed up into the inferior vena cava (IVC), which carries oxygen-depleted blood back to the heart."

Click [here](#) for more.



Prof Faisal Sharif, Consultant Interventional Cardiologist at UHG and Sheila Concannon, Patient.

## Audit day at PUH



Portiuncula University Hospital held their Audit Day in Grandrounds during June to celebrate the impact of Clinical Audit.

Dr Paul O'Hara presented prizes to all winners. Congratulations to all!

- First prize: Elaine Coughlan Siam, Pharmacist
- Second prize: Ciara Murray, Radiographer
- Third prize: Nuria Farre, Consultant Cardiologist

## Galway Pathfinder is reducing ED attendances for older people

In the last year, **476** older patients in the Galway region have avoided unnecessary trips to the Emergency Department thanks to the Pathfinder service.

Pathfinder is a national HSE programme which aims to minimise attendances to the ED for older people, the service was launched in Galway in June 2023.

The Pathfinder service is delivered by Advanced Paramedics in the National Ambulance Service and a clinical team of Occupational Therapists and Physiotherapists from Galway University Hospitals. The team respond to 999/112 calls for older people (over the age of 65).

Conor Keady, Clinical Specialist Occupational Therapist said, "There is a specific criteria for Pathfinder calls; these are patients who are not acutely unwell, but maybe have had a minor fall, reduced mobility, back pain or signs of infection. We also do calls to resolve issues with blocked or dislodged catheters, which would otherwise require treatment at the hospital.

"When we call to the home, the patient is assessed by both an Advanced Paramedic and Occupational Therapist / Physiotherapist and if it's safe and appropriate for the older person to be treated at home and recuperate at home then we will support them to achieve that.

"The service covers all of Galway City and County, with the team attending calls as far as Lettermullen in South Connemara and Eyrecourt in the east of the County", said Conor.

One year after launching the Galway pathfinder team have made 585 home assessments and successfully managed to keep 81% of these patients safe and well at home.

Richard Percy from Corrandulla in County Galway speaks of his positive experience with the Pathfinder Service. "I called for an ambulance when I became unwell at home and the Pathfinder team came straight out to me. They did an assessment and after speaking to my GP were able to adjust my medication, which helped immensely.

"Over the next while I had four follow-up visits from the Pathfinder physios to help me with my recovery. They also referred me to the Community Health Centre in Tuam where I am attending for ongoing care. Pathfinder is a fantastic service."

A key element of the Pathfinder service involves co-ordinating with local GPs, community and voluntary services to ensure the patient has access to alternative pathways of care. GPs are particularly important as they provide expert clinical guidance and are best placed to advise on their patient's history and health.

Dr Charlie Cox is a GP in Newcastle Medical Centre, he has praised the Galway Pathfinder team saying, "Our experience of Pathfinder is hugely positive, as is that of our patients. The service provides timely care and assessment to vulnerable patients in a holistic manner and goes above and beyond what is asked. This is the epitome of excellent, patient centred care."

John Joe Mc Gowan, General Manager Operations – West, National Ambulance Service added, "Pathfinder is a proven model which offers safe, alternative care pathways for many older people. I'm delighted that NAS, hospital and community services are working so well together in the Galway region. We are seeing very high stay at home rates with Galway Pathfinder where 80% of the patients we have seen did not need to visit ED within 7 days of assessment and intervention."

Chris Kane, GUH Hospital Manager concluded, "For frail older adults, a hospital stay may result in a loss of independence and a need for extra assistance on discharge. If it's safe and appropriate for these patients to be assessed, treated and supported at home, that is obviously the preferred outcome.

"The Pathfinder service is a positive example of how integrated working across our health system can support a reduction in ED presentations for this group of patients; helping with patient flow and relieving pressures on bed availability in the hospital."



Richard Percy shares his homemade cake with Máire Doyle and Conor Keady from the Pathfinder Team.



Máire Doyle Clinical Specialist Physiotherapist and Conor Keady Clinical Specialist Occupational Therapist with Richard and Jean Percy.



## MUH Reinforces 'Smoke Free Campus' Policy



Mayo University Hospital has reinforced its 'Smoke Free Campus' policy to emphasise its dedication to a healthy environment and illustrate the hospital's ongoing journey to being a smoke and vape-free campus.

In the interest of the health and wellbeing of both the hospital community and the wider Mayo population, the hospital is applying a zero tolerance approach to smoking on hospital grounds and is seeking the support of the local community to help achieve this. All patients, visitors and staff are expected to comply with Mayo University Hospitals 'Smoke Free Campus Policy' while on site. In exceptional circumstances, an exception to the policy may be granted to a patient or family member and a designated de-escalation area has been identified for this reason primarily, in accordance with the HSE Tobacco Free Campus Policy.

New signage has been erected across the grounds of the hospital, and as part of the launch information / support stands were on display in the foyer of the hospital highlighting the negative impacts of smoking on health and promoting the benefits of smoking cessations.

Catherine Donohoe, Hospital Manager said, "Hospitals should be a hub of healing. As healthcare professionals, we should do everything within our power to keep people well; to help patients recover from illness and injury and to support them in managing long term health conditions. Smoking anywhere near the hospital campus goes against all of these ambitions.

"Smoking actively harms patients and while I strongly believe in a zero tolerance to smoking on the grounds of MUH, the team and I here want this approach to be supportive and positive. We have included access to support information on our signage and also for our patients, including replacement therapies while an inpatient.

"I am asking the entire Mayo community to get behind this campaign to help reduce the harms caused by smoking for people who come to our hospital. We want to create a meaningful change which will improve health and wellbeing outcomes for the wider Mayo population for generations to come."

Dominic Doyle, Respiratory Consultant at Mayo University Hospital added, "Smoking is the leading cause of preventable death and disease. We aim to de-normalise tobacco use and support people to quit smoking. Patients, visitors and staff in Mayo University Hospital have a legal right to a smoke-free environment."

Cllr. Donna Sheridan, Cathaoirleach of Castlebar Municipal District, said, "As part of Mayo County Council, Castlebar Municipal District is fully supporting Mayo University Hospital's smoke and vape-free campus initiative and it aligns with our goal of fostering a healthy community.

"The environments in which we live, work, and receive care must be conducive to health and wellbeing. It is encouraging to see such a collaborative effort to prioritise health. We fully endorse this initiative and recognise the importance of maintaining smoke-free environments, particularly in public spaces. Our goal is to cultivate a culture of health and respect for our shared spaces, ensuring a better quality of life for all residents."

## Patient and Family Experience Group at LUH



From left: Left to right: Martina Porter; Angela McCloskey; Malissa Gwaltney; Kenneth Harper; Gwen Gwaltney; Pauline Davis; Angie Gallagher; Cormac McCormack, Siobhan Cullen; Michael Walker and Seán Murphy, Hospital Manager.

The newly formed voluntary group are working with staff to improve services for patients and their families and are developing a number of new initiatives in LUH.

Sean Murphy, LUH Hospital Manager speaks of his appreciation for the work of the volunteers; "My sincere thanks to the group members who are giving up their time and sharing their lived experience to improve our services in LUH. Patient engagement is hugely important; we know that only by listening and responding to feedback can we create meaningful change to our patient's experience.

"We want our stakeholders to play an active role in how services are delivered and the Patient and Family Experience Group is an important mechanism for formal engagement and communication. Working in partnership with this group we can better understand and meet the needs of our patients as we strive to create a culture of quality, safety and transparency in the hospital.

"Though the group only formed in recent months, they are already having a positive impact in the hospital and are working on a number of quality improvement projects to improve patient experiences."

Chairperson of the group Kenneth Harper said, "The input of service users and their families is helpful in the design of new services, proposed changes in existing arrangements and in the appearance and upkeep of the hospital estate. We welcome the opportunity to explain our experiences afforded by the liaison group and the time given to it by healthcare officials at LUH."

Click [here](#) for more.

## Research shows that major trauma cases in UHG have doubled over 10 years



Dr Ciara Hanley

A study carried out by doctors at University Hospital Galway has revealed the changing presentation of trauma patients, with a doubling of cases and older patient profile emerging over the course of a decade.

Based on critical care data from UHG, the study looked at the characteristics of trauma patients, the nature of their injuries and trends in mortality rates over a 10 year period.

709 major trauma patient admissions between 2010 and 2021 were reviewed as part of the study (major trauma is defined as serious injury with the potential of causing death and disability). Dr Ciara Hanley, UHG Consultant Anaesthesiologist and lead author of the study said; "Trauma remains one of the commonest causes of death and disability worldwide. Over the last decade, we have seen a significant change in the pattern and demographic of major trauma presenting to our centre, and in those requiring critical care input."

In the 10 year period, trauma cases doubled and patients aged 65 and older accounted for 45.7% of all admissions. Within this older cohort, 47.5% of patients are aged 80 and over. The study found that the majority of these older patients had good outcomes overall; most of them underwent surgical intervention and were discharged from critical care within 48 hours.

- 97.6% of cases had blunt force trauma injuries caused by either a fall (45.4%) or road traffic accident (29.2%)
- Orthopaedic, thoracic and spinal trauma were the most frequent organ systems injured (53%, 37% and 32.5% respectively)
- Admissions are predominately male, with an overall mean of 68.4%
- Frailty has a significant adverse impact in older patients Including increased 30-day mortality, increased incidence of complications, delayed discharge, and increased readmission rates

Click [here](#) for more.



## Taoiseach Simon Harris officially opens 50 Bedded Ward Block at PUH



Taoiseach Simon Harris officially opened the new 50 bedded ward block at Portiuncula University Hospital. The project is a €35 million capital investment for the hospital site.

This new development delivers in-patient single room accommodation in line with all current modern-day standards. The project consists of a two-storey building and is linked to the existing hospital by a corridor.

Orchard and Garbally Wards each comprise of 25 single rooms with ensuite facilities and includes two dedicated negative pressure isolation rooms on each floor.

The new development will facilitate the relocation of two existing wards from the main hospital building which are outdated.

The design and layout of the new wards will deliver a patient centred approach, improve our patient experience and comfort while ensuring privacy and dignity for all patients and particularly for those requiring end of life care.

Single room accommodation will also reduce patient exposure to possible infections while in hospital. These new wards will improve the patient's journey, reduce length of stay and reduce the number of in-house patient transfers between wards. Both wards will treat medical and respiratory patients and will commence facilitating patients on a phased basis from mid-October 2024.

Taoiseach Simon Harris said: "This is a special project for me. As Minister for Health, I met with local representatives and staff at the hospital and heard directly about the need for this project. I am absolutely delighted to be here as Taoiseach to officially open it.

"I know how much this project means to the people of Galway and Roscommon and the impact it will have on this region. "This €35 million investment will deliver modern facilities designed to improve the patient experience."

Click [here](#) for more.



## SUH welcomes inspirational Olympians and Paralympian



Staff and patients at SUH were thrilled to receive a visit from four local athletes who competed in the Olympics and Paralympics this summer.

Chris O'Donnell, Lauren Cadden, Dean Clancy and Martin Gordon recently visited the hospital to meet with patients and staff and were given a very warm welcome by our younger patients in the Paediatric Ward.

The visit was made even more special because Dean Clancy and Lauren Cadden both have strong family connections to the hospital. Dean's brother Jason and aunt Valerie work in SUH as does Laura's father Michael Cadden.

Welcoming the athletes, Deputy Hospital Manager Georgina Kilcoyne said, "As athletes, you embody resilience, grit, and the relentless drive to achieve greatness. You push the boundaries of human potential, overcoming obstacles and persevering through adversity. These qualities resonate deeply with us here at the hospital, because they mirror the journey of our patients.

"Every day, we witness patients facing incredible challenges-whether recovering from illness, injury, or surgery. Much like you, they must find the inner strength to keep moving forward, even when the road is tough. Their resilience is a testament to the human spirit, just as yours is to the athletic world.

"In many ways, both our patients and our athletes share a common bond: the belief that with determination and courage, anything is possible. It is this shared spirit of perseverance that unites us today. Your stories of dedication inspire not just our patients, but all of us who work in healthcare."

## PUH appoints first Advanced Nurse Practitioner in General Paediatric Integrated Care



Siobhain Kiernan, Advanced Nurse Practitioner in General Paediatric Integrated Care with 8 year old Niamh Carolan.

PUH is delighted to announce the appointment of Siobhain Kiernan to the role of Advanced Nurse Practitioner in General Paediatric Integrated Care.

In 2022, the Saolta Group appointed three General Paediatric Integrated Care candidate Advanced Nurse Practitioners. These posts were the first in the area of General Paediatric Integrated Care nationally, and were identified to provide safe, timely and evidenced based nurse led care to children and young adults under the age of 16 for an agreed patient cohort.

Siobhain is the first Advanced Nurse Practitioner in General Paediatric Integrated Care to be appointed to the Saolta Group.

Speaking about the role, Siobhain said, "The key focus of this particular role was to identify patients with low acuity and common childhood conditions who were on wait lists for conditions that could be easily treated with timely intervention, significantly improving patients' and families' quality of life.

"Unlike other advanced practice posts in areas of specialties, defining a patient cohort for the general paediatrics was the biggest challenge and after reviewing the most common referrals received to general paediatric outpatients, we defined the patient cohort to include constipation, recurrent abdominal pain in childhood, eczema, asthma, and coeliac disease.

"I am very focused on delivering meaningful patient centred care. I want to ensure that patients who attend my service are empowered, educated and equipped to manage the above conditions. These conditions are often relapsing therefore it is essential that patients have the right information and a plan to intervene when an issue arises. In turn the children will have better outcomes," added Siobhain.

Click [here](#) for more.



## GUH introduce virtual healthcare for COPD patients



Emma Burke, ANP in Respiratory at GUH and Virtual Care Lead for the Galway City Integrated Care Hub and Galway patient Frank O'Connell.

Patients in the West of Ireland are accessing medical care from home as part of a virtual healthcare initiative being rolled out by Galway University Hospitals in collaboration with Community Healthcare West.

While the patients remain under the care of their treating doctors and medical team this new programme allows them to receive monitoring of their ongoing care from home.

The initiative will also reduce the need for hospital attendance and is expected to save hundreds of bed days per year. It is aligned to the ambitions of Ireland's 10 year health and social care reform programme Sláintecare, which aims to avoid unnecessary hospital admissions and support patients at home. The programme's digital platform is delivered through mobile health apps, which help patients track key health metrics and monitor symptoms from home. A clinician dashboard displays real-time information on a patient's condition, alerting medical professionals to changes so they can detect deterioration early and deliver timely care.

The programme has had a successful trial in the Galway-based Chronic Obstructive Pulmonary Disease (COPD) service. The COPD virtual care pathway is already delivering real benefits, using digital technology to reduce the length of stay for patients who have already been admitted to hospital. It also provides patients who present to the Emergency Department, with stable COPD exacerbations, direct access to the service, resulting in hospital avoidance.

Since the introduction of the service in April, 30 episodes of care have been delivered via the pathway, saving 205.4 bed days with the average length of stay in virtual care now at 7.6 days, a 35.5% improvement on the length of stay compared to the inpatient national average.

Through a user-friendly application, 'MyPatientSpace', patients can report daily symptoms, and are equipped with a pulse oximeter to monitor vital health metrics such as oxygen levels and heart rate on a daily basis. Any deviations from target levels or problematic patterns provide immediate notifications, allowing for rapid action and personalised care plans to address developing concerns before they escalate.

Emma Burke, Advanced Nurse Practitioner in Respiratory at GUH and Virtual Care Lead for the Galway City Integrated Care Hub said; 'This initiative aligns with the Sláintecare vision of delivering one universal health service, providing right care, in the right place, at the right time. It represents an important change in the management of COPD, in allowing patients to actively monitor their health via the use of digital technology, while also facilitating prompt specialised intervention.'

Patients who have a confirmed COPD diagnosis by spirometry, live in the Community Healthcare West area, and are within 30 minutes of University Hospital Galway are eligible for the service. "Patients with COPD require more hospital visits, but with this new pathway, we are already seeing a reduction in hospital reliance," explains, Dr Sinead Walsh, Respiratory Consultant at Galway University Hospitals and Respiratory Lead for the Galway City Integrated Care Hub.

"While supporting patients' preferences for care in their own homes, which results in more autonomy and a higher quality of life, we are also minimising the need for hospital admission, promoting early discharge, and lowering the risk of hospital-acquired infections and deconditioning."

Galway patient Frank O'Connell, who was diagnosed with COPD nine years ago, shares his experience and the profound impact the 'Virtual Care Pathway' has had on his life. "Since my diagnosis, I've been in hospital on numerous occasions for stays of anything up to ten days.

"In the last two months, I've had two more infections, both of which were treated at home with this new service. I was able to catch the infections at the early stages and my recovery was very fast on both occasions. I have an excellent team of people behind me as well as the most wonderful nurse, who's been very attentive with me. She's gotten me through my infections at home on both occasions. There's an immense difference being treated at home as opposed to going into hospital. I hope the service is there for a long time to come, I really appreciate it," added Frank.

Professor Derek O'Keefe, Consultant Physician (Endocrinologist) at Galway University Hospitals who is the GUH Virtual Hospital Project's Principal Investigator said; "This project will deliver new ways of providing care to our patients using next generation technology and new clinical pathways to improve health and economic outcomes."

"The virtual initiative will use community virtual wards for enhanced monitoring and treatment of chronic conditions. These community virtual wards offer at home remote patient monitoring to reduce admissions and support early discharge of patients who would otherwise need hospital admission. Virtual outpatient services for remote appointments and diagnostics are also provided" added Professor O'Keefe.

Chris Kane, Hospital Manager, Galway University Hospitals added, "The objectives of this distributed healthcare model, are to improve patients' access to services, convenience, and health outcomes. It also seeks to give patients the tools to play an active role in their own recovery. The virtual platforms mean patients will not only be able to monitor their progress, but also have direct access to educational materials, and participate in the decision-making process with their healthcare providers."

For insight into the patient's journey with virtual care please see: <https://www.youtube.com/watch?v=klPjwFOWU-4>

# #OurPeople

**Name:** Vivian Roche-Fahy

**Job Title:** Bereavement Liaison Officer

**Location:** Galway University Hospitals

## How did you get interested in the role of CNS?

I am a Clinical Nurse Specialist, in Palliative Care, for over 20 years. I have a wealth of skills, knowledge and academic qualifications, around dying and death and the bereavement journey, along with management and lecturing in NUIG, as a Nurse Tutor.

Apart from working in Ireland, I have in the last decade worked abroad, in Saudi Arabia and Jersey, the Channel Islands, in the area of Palliative Care, so I am very aware of the varying cultural, ethnic and demographical influences have on dying/death and the bereavement experience. When this role was advertised in August 2021, I had returned from working abroad, pre-Covid and I was therefore available to consider applying for this valuable GUH role.



## What is a typical day?

In this valuable dynamic challenging rewarding role every day is completely different. Due to the unpredictable nature of this role, daily pre-planned caseload and other activities, may need to be temporarily postponed, as I may get a bleep anytime during my shift, from ED, ICU, Theatre, Cath Lab, CCU, or any of the wards/clinical areas, following a sudden unexpected death, in GUH. I will then attend in person and remain with the newly bereaved distressed family until they are ready to leave. In the time I am with them, I am providing a calm presence, gently guiding them to the required next steps and relevant information they need to know and hear and balancing this also with allowing them private protected time, with the remains of their loved one, either in the family room in ED, or in a single room on the ward area. I support also in managing other family members, who may then arrive and are equally upset. In the background to this, I am linking in with various ward staff, CNM11, Consultant, Staff Nurse, Registrar, on the required GUH process and forms to be completed, to contact the Coroner. I also link in with the GUH Chaplains/other Faith leaders, our Pathology technicians and the Gardaí (if an ID is required, as in the case of a post mortem). I may also need to involve Context, GUH translators, if English is not the first language of the bereaved family and sometimes facilitate calls to the Irish red cross of the Embassy of the deceased to support arrangements in ex-partition of the deceased. In addition to this essential part of my role, I also link in regularly, with the Coroner (to request an Interim death cert, on behalf of the bereaved family) and later with the GUH Pathologists and Pathology Dept.

For the expected deaths that occur in ICU and the various clinical areas, when a family are referred to me, by the ward, or self-refer, I follow up and check in with this family to provide the relevant information and supports around their bereavement journey, listening with empathy to their experiences both of the End of Life care experienced in GUH and to how they are currently coping, in the weeks later. I sign-post them to on-going bereavement supports as needed and post them bereavement resources information also, as needed. I link in with Medical Records department for these bereaved families, to support in the death certificate registration process. I also support bereaved families, on their request, to have a follow up meeting with the particular Consultant/team and/or Nursing Staff, to discuss their treatment plan and care while in GUH (if any concerns thereafter I will refer the family to Quality & Safety and they will follow up with them on their area of concern). The initial function of this role when established, just over 20 years ago, around the temporary retention of organs, following a Post mortem. This is still a tenant of my role today. This forms an added sensitive function, requiring tender conversations that I am required to make, to the bereaved family.

## If you had to describe your job in three words... or one sentence... what would it be?

This role, for me is a privilege and an honour. I am professionally proud to have this honour for GUH. Since I meet a family, for the first time, in the mist of their most tragic, distressing moment, especially following a sudden death, I am always mindful of the value that the role I hold brings by providing a calm, supportive knowledgeable presence, to them, when all in their world has been forever changed. To then add solace, comfort and compassion in these precious first moments, that then builds forward into the following days, weeks and months thereafter, within my role remit and to continue to support them with empathy and guidance, on the next required steps, is an added privilege.

## What is the most rewarding part of your job?

There are many rewarding elements, for me, professionally and personally, in this Bereavement Liaison Officer role. Working with my various colleagues, from over 20 different departments, across GUH/Merlin Pk. While my role is a stand alone role, I have established, in the three years that I am in GUH, mutually beneficial supportive professional relationships (and friendships too), along with developing efficient referral systems and various efficient pathways, and via various group and 1:1 formal and informal education sessions, on my role function and on the benefits of my role involvement to the bereaved families. In this role, I have very much welcomed being able to contribute my extensive Palliative Care skills and knowledge, by being an active member, on various relevant hospital committees, which allows me to support, and collaborate with staff, along with the GUH End of Life Co-ordinator in her role, to promote and advocate for the expected standards and improvements in the experiences, in End of Life Care, across GUH, via various Quality Improvement Plans and Initiatives.

Promoting and advocating for the continued use of the "Knitted hearts" gesture, given to the bereaved families following the death of their love done in GUH, is very much a valued and poignant keepsake token that we extend at this lonesome time to them. The bereaved family's feedback received, in the weeks and months following a death, is always very moving to hear about these.





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