



L to R Aisling Bell, MUH; Suzanne Carney, MUH; Sarah and Joe McGrath; Aileen Shaw, CHO West; Mick Toland, Community Garda; John McCormack, Patient Experience Advisor MUH and Colm Boyle Mayo GAA.

Mayo Physiotherapists join forces to 'Get Mayo Moving'

On Saturday 02 May - Mayo Day - in the midst of the pandemic, physiotherapists across all work sectors in Mayo joined together in an energising and hugely positive event to promote physical activity. Physiotherapists, individually and socially distanced, walked, ran, cycled and danced a total of over 800km. The event was led and organised by MUH physiotherapist Aileen Shaw and all monies raised are being used for patient comfort and care in the hospital.

The campaign was extremely successful and has had a positive impact on MUH patients.

The momentum has not been lost and the focus continues with a Health Promotion theme and the development of a community based Facebook page "Get Mayo Moving".

The "Get Mayo Moving" page will be managed by chartered physiotherapists with an update each month of evidence based information on a specific health topic.



**Protect yourself.
Protect others.**

Saolta Tweets

saoltagroup @saoltagroup

Indian Ambassador to Ireland, Mr Sandeep Kumar visits Sligo University Hospital #SHU to thank management and staff at the hospital for the great work carried out to date during the #Covid_19 pandemic. 🇮🇪🇮🇳
▶ For more bit.ly/2NINJPX



Sligo Today and 9 others
7:58 PM · Jul 1, 2020 · Twitter Web App

View Tweet activity

5 Retweets 19 Likes

saoltagroup @saoltagroup

Celebrating #worldphysiotherapyday2020 in Letterkenny University Hospital today. Thank you to all our physios across @saoltagroup for the contribution you make every day of the year. #WorldPTDay #LUH



HSE Ireland and 9 others
4:51 PM · Sep 8, 2020 · Twitter Web App

View Tweet activity

3 Retweets 25 Likes

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What an incredible lady!
Rose Mannion from Lorrha, North Tipp (here with husband Liam) was admitted to Portiuncula on 28/03 with #COVID19. Rose spent 81 days in ICU in #PUH and #UHG. After 90 days in hospital she left #PUH to continue her rehab in Limerick. We're so delighted 🌞



HSE Ireland and 9 others
3:39 PM · Jul 3, 2020 · Twitter Web App

View Tweet activity

15 Retweets 4 Quote Tweets 123 Likes

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Cuddles all the way!
Twin girls Saibh and Soori born at 34 weeks continuing their journey together in #TwinCot in the Neonatal Unit, #UHG.
#together #precious ❤️



HSE Ireland and 6 others
5:40 PM · Jul 21, 2020 · Twitter Web App

View Tweet activity

7 Retweets 2 Quote Tweets 79 Likes

saoltagroup @saoltagroup

Congratulations to Jean Kelly, Chief Director of Nursing and Midwifery on her retirement today. Your endless support, professionalism and dedication has been a source of inspiration. Wishing you the very best of health and happiness in your retirement from all @saoltagroup



HSE Ireland and 9 others
5:51 PM · Aug 14, 2020 · Twitter Web App

View Tweet activity

19 Retweets 6 Quote Tweets 225 Likes

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In response to the #COVID19 outbreak, the Orthopaedic and Physiotherapy teams at Mayo University Hospital #MUH developed virtual clinics to assess patients with fractures who could be managed remotely.
Read full story ▶ bit.ly/2ZucPr8



HSE Ireland and 8 others
2:57 PM · Jul 3, 2020 · Twitter Web App

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10 Retweets 1 Quote Tweet 54 Likes

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Saolta Tweets

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Our ICU team at #UHG setting off this morning on the #ICU4U charity cycle to Dublin in aid of Alone, @Aware, ICU Steps & Breakthrough Cancer Research. The #ICU4U Charity Cycle aims to raise €100,000. Donate @ icu4u.ie. Good luck to all the #ICU4U cyclists today.



alone_ireland and 9 others

1:02 PM · Sep 3, 2020 · Twitter Web App

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28 Retweets 5 Quote Tweets 161 Likes

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Physiotherapists Aisling Bell, Emer O'Donnell and Regina Durkan marking #worldPTday at Mayo University Hospital today. #worldphysiotherapyday2020



Erica Bajar and 8 others

3:29 PM · Sep 8, 2020 · Twitter Web App

View Tweet activity

5 Retweets 28 Likes

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@saoltagroup

Congratulations to Consultant General Surgeon Mr Liam McMullin on his retirement after 17 years of service in Roscommon University Hospital #RUH 🌞🌞

Wishing Mr Mullin the very best of health and happiness in his retirement from all @saoltagroup

More bit.ly/2HlxeZY



Roscommon Herald and 8 others

6:36 PM · Sep 24, 2020 · Twitter Web App

View Tweet activity

3 Retweets 24 Likes

saoltagroup
@saoltagroup

The Paediatric Diabetes Service at Portiuncula University Hospital #PUH delivering virtual outpatient appointments for patients and their families during the #COVID19 pandemic. For more bit.ly/2EAF5C4



HSE Ireland and 9 others

12:51 PM · Sep 25, 2020 · Twitter Web App

View Tweet activity

20 Likes

saoltagroup
@saoltagroup

At the Bicycle Workshop at #UHG for National Bike Week today with thanks to all involved. #NationalBikeWeek @MheithealRothar @GalwayCityCo @gardainfo



Chris Kane and 4 others

2:36 PM · Sep 24, 2020 · Twitter Web App

View Tweet activity

4 Retweets 1 Quote Tweet 21 Likes

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@saoltagroup

The new staff tranquillity room at #RUH is designed for staff to have some individual relaxation time. It is a private, calming safe space for all staff to get away from their work area to relax, recharge and refresh before returning to work.

[Sujith Kumar](#), Staff Nurse #RUH



Ursula Morgan and 9 others

9:28 AM · Sep 25, 2020 · Twitter Web App

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5 Retweets 1 Quote Tweet 23 Likes

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Chief Executive Officer

Saolta Group



Tony Canavan, CEO

Dear colleagues

There is scarcely any aspect of hospital life that hasn't been impacted in some way over the last eight months by COVID-19. Even our newsletter has taken a back seat to allow for more pressing priorities.

Firstly, I would like to advise you of some recent retirements from the Saolta Group Management Team. We said a fond farewell to John Shaughnessy, Group Director of Human Resources in July and to Jean Kelly, Group Director of Nursing and Midwifery in August. We wish them all the best in this new chapter of their lives and hope they have a long, happy and healthy retirement.

With retirements come new staff appointments. I am delighted to welcome Enda Maloney who was appointed Group Director of Human Resources in July. Enda joins us from the RCSI Hospitals Group where he also held the position of Group Director of Human Resources. This month we have been joined by Paul Hooton who is taking up the post of Chief Director of Nursing and Midwifery and is joining us from the Sandwell and West Birmingham Hospitals NHS Trust in the UK where he held the post of Deputy Chief Nurse since 2016. We wish both Enda and Paul well in their new roles.

Over recent weeks, I have visited each of our hospital sites and I have seen at first hand the efforts that are being made by all staff to ensure that we provide the best care possible to patients in a COVID-19 environment. I want to thank you for your hard work since the start of the year and while I would never have expected anything less, I assure you that it isn't taken for granted.

I was reminded last week of the impact of good example on our behaviour and so I am asking each and every member of staff of the Saolta Group to show good example in your own homes, communities and indeed workplaces by practicing social distancing, hand hygiene, cough and sneeze etiquette and by using a face covering when required. Your example as a healthcare worker, helps to reinforce and validate positive behaviours among those who see you.

Tony Canavan
Chief Executive Officer



Chief Operations Officer

Saolta Group



Ann Cosgrove, COO

Dear colleagues

I know these last six months have been among the most challenging ever faced by our health services. Across the Group we have worked steadily to restore activity as we try to live with COVID-19 and the ongoing threat it continues to pose not just to the health services but the wider community. I know many of our services have looked at using technology to support the care they provide and I want to thank you all for continuing to deliver care to our patients in these really challenging times. I know it is really difficult but we must all continue to follow the HSE public health guidance both in work and at home to best protect ourselves and others.

A key part of that this year will be the flu vaccine. The vaccine covers four strains of the flu virus and these are the ones that are expected to be most likely circulating this flu season. It will shortly be available at multiple sites across all of our hospitals and I would urge everyone to get the vaccine to protect both yourself and our patients.

The HSE published its Winter Plan last week and we are currently awaiting details of the specific allocations for each of our hospital sites. Work is already underway in some of our hospitals to improve and extend our ED capacity to allow us further improve how we stream patients into non-COVID-19 and suspect or confirmed COVID-19 pathways. We are also further increasing our bed capacity on some of our sites including our ICU capacity where physical infrastructure allows. We will provide staff with information on the full details of the Saolta Group allocation under the Winter Plan as soon as possible.

The Group IPMS project is progressing with GUH going live the weekend of 2nd October, 2020 and MUH and RUH scheduled for mid November, 2020. We are now also planning the implementation of ICNet (infection prevention and control system) and Order Comms across the Hospital Group.

Finally I want to briefly update you on an important study taking place in October involving staff in UHG. The Precise Study aims to determine the level of COVID-19 antibodies in healthcare workers and UHG and St James's Hospital were chosen as the two study sites. It will provide really important data for the HSE on the impact of COVID-19 on health care staff and will help inform the HSE's ongoing response to managing the infection.

Ann Cosgrove
Chief Operations Officer



Update from the Saolta Project Management Office



As is the experience in most other services, COVID-19 has impacted significantly on timelines and deliverables of the Saolta Priority Projects (both Strategy Projects and Sláintecare).

During the first months of the pandemic the PMO staff were deployed to supporting individual hospitals in COVID planning and response.

Over recent weeks, it has been important to review the project dashboard through a COVID lens with many of the projects being realigned/re-scoped with project leads to support COVID recovery planning.

Saolta Strategy Projects

All 20 Saolta Strategy priority projects have been reviewed by both the Saolta Portfolio Steering Group and the Strategy Sub Group of the Saolta Board. Key projects that are currently being re-scoped include the Emergency Medicine Project, Radiology Project, Theatre Utilisation and Outpatient Project.

There has been however considerable progress over recent months contributing to COVID recovery planning:

- The PMO has worked with KPMG to deliver a Demand and Capacity analysis for Saolta Model 3 hospitals. This work is almost complete and will provide an objective assessment of the demand and capacity for both inpatient and day case beds up to 2030. This information will be key in both planning and securing the required additional capacity for Model 3 hospitals into the future.
- Saolta is continuing to work with HSE/Sláintecare to secure approval for the proposed Regional Elective Hospital and interim Model 4 hospital (GUH) priority developments (Laboratory Services, Cancer, ED and Maternity). This is part of the Options Appraisal project approved in late 2019.
- The Outpatient Telemedicine Project continues to be rolled out across the Saolta Hospitals led by the PMO.
- The Saolta Patient Engagement Strategy has been completed and will shortly be published. This will set out a standardised framework for Saolta hospitals in ensuring effective patient engagement for the next 3 years.
- There has been considerable progress across the Academic projects - funding has been secured to progress simulation and a governance structure being agreed for research with a Director of Research recently appointed.

Saolta Integrated Governance Project (SIGP)

The Cancer and Women and Children's Managed Clinical and Academic Networks (MCANs) were launched on a trial of concept basis in late January 2020. As well as establishing working practices/relationships across the hospitals, both MCANs have played a significant role in supporting individual Hospitals during COVID, in recovery planning and in agreeing and meeting service standards. This trial of concept will continue until the end of 2020 and an evaluation will be completed which will inform the future roll out of MCANs across Saolta.



Sláintecare

Sláintecare Integration Fund Projects were placed on hold nationally from 16 March 2020 as a response to COVID (with the exception of The Telemedicine for Cystic Fibrosis Patients - GUH/CHO 1 and CH West).

These projects are now in the process of resuming with revised deliverables and timelines as set out by Pobal/Sláintecare and include:

- Urology Services – Saolta/CHO 1 and CH West
- Heart Failure - PUH / CH West
- Pain Management Programme -SUH / CHO 1
- Electronic Recording for GP lab tests – GUH/Saolta / CH West
- Community Cardiac Diagnostics – GUH /CH West
- Towards Self Care in Headache – National Neurology Programme (GUH as pilot site)
- Heart Failure Projects – Donegal CHO1 working jointly with LUH/ Saolta, Sligo Leitrim/CHO1 working jointly with SUH/Saolta
- Older Persons Project - Establishing an Ambulatory Hub- CH West as lead partner but working jointly with Saolta

Further details of the Sláintecare Programme/Integration Fund Projects are available from the PMO.

A full update of the Saolta Strategy Project Dashboard is available from the PMO - pmo.saolta@hse.ie.



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

Strategy

Much has been achieved in moving toward a Managed Clinical and Academic Network (MCAN) model seeing the launch of the Women's and Children's MCAN (trial of concept) in January 2020 under the Saolta Integrated Governance Project, supported by the Saolta Project Management Office.

This integrated model is designed to enable safe, staffed, sustainable and standardised high quality services and patient pathways across the Group.

This is a significant and exciting shift in governance and will focus on integrated workings for our services and academic linkages as well as implementing the recommendations as set out in the National and Saolta Strategies.

Governance

The MCAN Directors and supporting team are building a governance structure with executive authority and accountability with significant appointments of a number of key personnel to the MCAN to help inform service delivery. We continue to focus on setting and finalising the W&C MCAN strategic priorities over the next 3-5 years and the opportunities that face us in developing integrated services in the months ahead.

We have commenced weekly MCAN meetings with significant contributions from each of the individual hospital sites in the Saolta Group.

In line with MCAN Strategic Priorities we are embarking on the establishment of a Neonatal Steering Group under the Neonatal Clinical Services Strategy. We plan to have our first meeting in autumn, under the governance of the MCAN Directors and Specialty lead. We look forward to exploring opportunities in this area.

Site visits are ongoing also as we continue to support our sites and work collaboratively to implement our Strategic Priorities under the 4 pillars; Strategy, Governance, Clinical Care and Planning and Performance.

Clinical Care

The final edits of the Women's and Children's MCAN 2019 Annual Clinical Report will be completed over the coming weeks. The aim of this report is to highlight the clinical, business and academic achievements and activity as well as service developments across the Saolta Group last year.

Planning and Performance

In continuing to improve the quality of care we provide to our patients we are developing a suite of site based clinical and business key performance indicators (KPIs). These KPIs will be reviewed as our measurement of performance to strengthen performance management culture and communicate urgent and important information.

We have been challenged also with the effects of the COVID-19 pandemic in all aspects of working and home life. It has required identifying new ways of working and adapting to the challenges of working in a busy organisation. It is crucial that we sustain the present efforts with the aim of emerging from this crisis in solidarity.

Going forward, the main focus of this briefing will be to communicate with you as we proceed with our integration in earnest. We look forward to keeping you updated on our specific goals, priorities, progress and results. We will have many challenges to overcome as we endeavour to build a quality focused service for each one of our patients.

We would like to acknowledge the collaborative engagement of our sites and teams and look forward to developing the MCAN and the services it provides.

Cancer MCAN Update

The Cancer MCAN was formally established in January 2020 and like many other services the development was significantly impacted by the COVID-19 pandemic.

There were many challenges that led to the disruption to the provision of cancer care nationally and across the region. However, this also allowed us to develop good working relationships with cancer services across all hospital sites during this time, which is integral to the working of the MCAN.

We enhanced the integrated governance structures of the Cancer MCAN, with the appointment of the following Associate Directors of Network across the region:

*Dr Gerry O Dowd	*Dr Andy Hodgson
*Mr Kevin Barry	*Dr Margaret Murray
*Prof Maccon Keane	*Dr Joe Martin

Currently we are working with the Saolta Executive on progressing the Interim Priority Developments recommended by the KPMG Options Appraisal 2019, while simultaneously establishing cancer infrastructural requirements at the model 3 hospitals.

We have identified our clinical priorities and are moving in the direction of OEI accreditation. OEI accreditation will ensure the provision of high quality cancer care across the region.

We are looking forward to working with our colleagues across the region to enhance the cancer programme for patients in the West and North West of Ireland.

Focus on Mayo University Hospital

Meet and Greet Service

Mayo University Hospital has an established 'Meet and Greet' volunteer service to assist and support service users and members of the public when visiting the hospital, to make the experience as stress-free as possible. The volunteer service is on hold presently but all are very anxious to get back to volunteering when it's safe to do so.

The volunteers provide a friendly welcome and are there to guide visitors and patients to their destination within the hospital. There are many benefits to becoming a volunteer such as learning new skills, making new friends, experiencing a new work environment and making a difference.

Jim Casey was one of the first recruits to provide a volunteer service in the hospital and has been volunteering for 9 years. His focus is always on the patient and their families this is further evident in his role as Patient and Family Experience Advisor.

In addition, Jim coordinated the service for the last three years where he brought his army training to the fore - he is highly organised, extremely committed, calm, level headed and fair in all his dealings with volunteers and staff. He brings good humour to the role and always has a winning smile.

Jim is a man of many talents having received his golden parachute pin in acknowledgement of 2,500 jumps.. not for faint hearted! Jim combines his coordinating role with many other competing demands of his busy life such as his role as Chairman of Irish UN Veterans Association.

In Jim's Words

"In March I was due to retire from the volunteers after 9 years' service, but this has been put back to later in the year so I will be able to handover, if this COVID-19 settles. The decision to retire was not easy to make.

"My time as a volunteer and coordinator has given me a great experience and understanding of the total commitment and dedication the volunteers give to Mayo University Hospital.

"It has made me aware of the excellent work all staff in the hospital carry out on a daily basis, 365 days a year. Meeting the public and patients has also been a great experience and their constant expression of gratitude and thanks to our volunteers is a great boost to morale for our services.

"I wish the best of luck to the new coordinator and I thank Seamus Moran, Ann Marie Brown and Mary Walsh for all their work and advice to me. Without their input I would have been lost.

"Finally I wish the volunteers continued success in the excellent work they carry out. I thank you for your comradeship and cooperation over the past years, I will miss it."



Mayo University Hospital Volunteers - Rosaleen Halligan, Mary O'Neill, Mildred Beirne and Jim Casey. (Photo taken pre-Covid)

MUH HHI Spark Ignite National Winner 2020

Marie Ronan and Rose Cafferkey, Antimicrobial Stewardship Pharmacists at MUH, won the Health Innovation Hub Ireland (HHI) Spark Ignite Innovation competition for developing a smart tool capable of the real time audit, monitoring and surveillance of antibiotics. This innovation will have a significant impact in the fight against antimicrobial resistance and benefit not only patients in Mayo University Hospital, but patients nationally and internationally.

Speaking of their win, Marie Ronan said, "Rose and I are delighted and proud to win this prestigious award for the Antimicrobial Stewardship Team and Pharmacy Department in Mayo University Hospital. Being shortlisted for the HHI Spark Ignite Award was an honour especially with the high calibre of entrants. For more [click here](#).



L:R Marie Ronan and Rose Cafferkey, Antimicrobial Stewardship Pharmacists, MUH. (Photo taken pre-covid)

Nursing documentation booklet and Electronic Patient Risk Assessment and Screening Tool



Eleanor Cortez, Staff Nurse Orthopaedics; Caroline Conway, Nurse Practice Development Coordinator; Ken Spencer, CNM3 Clinical Operations Team; Lucy McNamara, CNM2 Nurse Practice Development Facilitator; Mary Gormley, Senior Staff Nurse OPD; Triona Dolan-Kirrane, CNM1 Orthopaedics; and Ita O'Connor, Senior Staff Nurse OPD. (Photos taken pre-Covid)

MUH has introduced a new system of nursing documentation for surgical and medical patients. The aim is to reduce variance in documentation styles across the hospital and more accurately reflect the nursing care provided to patients during their stay. The new documentation booklet was a result of multiple workshops involving nursing stakeholders from the surgical and the medical directorates with staff nurse representation at all workshops.

MUH uses the *Roper Logan and Tierney* model of nursing, similar to other hospitals in the Saolta Group. The main change and benefit of the new documentation booklet is having the nursing assessment of activities of daily living and the relevant care plan together which allows nursing staff to more accurately assess plan, evaluate and record the nursing care delivered during a patient's stay. This increases the person-centred characteristics of care by applying the person's problems to their daily needs rather than their medical diagnosis.

In addition, the process of nursing documentation is streamlined and pre-assessment nurses can document the patient demographics and pre-assessment in one booklet that is used throughout the patient journey. This reduces repetition for the nursing staff and the patient.

The National Nursing Metrics were considered as were HIQA requirements and as a result, the documentation clearly reflects national standards of nursing care.

There are two booklets with one designed to reflect the care needs of the complex patient and one to reflect the care needs of the less dependent patient. The new documentation is designed to work with the Electronic Patient Risk Assessment and Screening Tool (EPRAST).

It is our vision to continue developing the electronic base of our documentation to aid the workflow processes of staff and improve the quality of care to patients through improving, efficiency, continuity and accuracy of our records.

If you would like further information, please contact Lucy McNamara, Lucy.McNamara@hse.ie



Caroline Conway, Nurse Practice Development Coordinator; Ken Spencer, CNM3 Clinical Operations Team; Lucy McNamara, CNM2 Nurse Practice Development Facilitator; Mona Curry, ADON Peri-operative Directorate; Triona Dolan-Kirrane, CNM1 Orthopaedics; and Eleanor Cortez, Staff Nurse Orthopaedics.

Physitrack in Action

The Physiotherapy department in MUH responded quickly to manage outpatients during COVID-19 through the use of a physiotherapy-specific Telehealth option called **Physitrack**.

Lars Allworthy, Senior Physiotherapist in Outpatient Physiotherapy and Liam Leonard, MSK Clinical Specialist who had previous experience with Physitrack were prompt to recommend it as the best alternative for engaging with physiotherapy outpatients during COVID-19.

The system is easy for patients to use through a patient app. Following video consultation and assessment, the patients receive their specific exercise programme in their app. Each exercise comes with video, audio instructions and written explanations. The in-app reminders keep patients on track and motivated, while the messaging feature allows the physiotherapist to stay in touch with patients in real-time and track adherence to the prescribed rehab program and pain levels with exercise.

Maria Mulchrone, Physiotherapist, created information documents for patients and supported Sinead Finnegan, clerical officer with the Physitrack programme. This enabled Sinead to deal with any issues patients had with downloading, logging in or activating their app.

During May over 60% of consultations were via Physitrack. Now patients are given the option of telehealth or face to face appointments, with many choosing the latter. However, Physitrack is well-embedded as an option and the department can easily revert to using it as required.

The department was able to facilitate outpatient student placements from UL in May as the University uses the system and the students worked under supervision, using the technology.

One patient who had been critically ill following COVID was successfully rehabilitated virtually. The 87 year old gentleman said, "The physiotherapy sessions using Physitrack were fantastic to help get me moving and gave me the motivation and confidence to progress my rehabilitation. Leaving the hospital I wasn't sure what to do to get back on my feet, but linking with physiotherapy gave me both a plan on what to do and the courage to push myself."

The technology has also been used successfully in the paediatric service, respiratory and women's health service.



Rachel Tierney, Physiotherapist with Sinead Finnegan, Clerical Officer, trialling the Physitrack system in MUH.

Trauma Assessment Clinic (TAC) at MUH

On 17 March, due to the COVID-19 pandemic, the National Clinical Programme in Trauma and Orthopaedic Surgery urged all orthopaedic trauma clinics to run virtually as Trauma Assessment Clinics (TAC). Whilst the original TAC covered a specific set of injuries, the range of conditions was now to be expanded to cover all orthopaedic injuries. Despite the challenges, the TAC at MUH was operational within 5 days of the announcement, largely due to the previous work carried out by the physiotherapy department and ongoing discussions with the Perioperative Associate Clinical Director, during the previous six months.

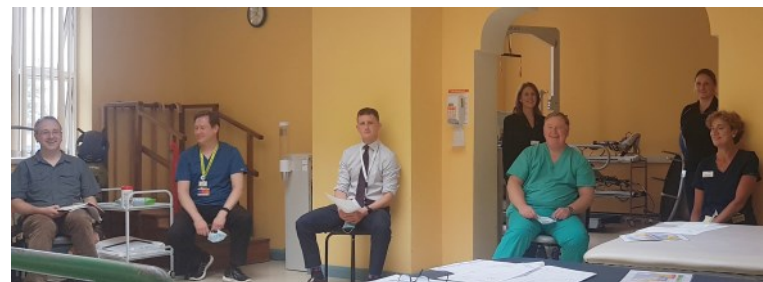
The approach taken in MUH ensured the buy-in of all stakeholders. A PDSA Quality Improvement framework was used to implement, monitor and evaluate the significant change to the trauma service. The most important aspect of TAC was to ensure that there were no unnecessary visits for patients to the hospital and that safe and effective orthopaedic care was delivered.

Orthopaedic Consultants Mr Derek Bennett and Professor Paul O'Grady led the initiative. Physiotherapist, Fiona Gorman was nominated to work with the consultants and Physiotherapist Manager, Fiona McGrath facilitated the TAC meetings and ensured the engagement of all stakeholders. The first TAC ran on 23 March it and continues to date.

A review of the data after 19 weeks showed that 574 patients were seen through the TAC. At the height of the pandemic, 449 face to face fracture clinic appointments were saved due to TAC. A cost analysis and comparison for the same period shows potential significant savings.

The concept of the virtual fracture clinic (VFC) was pioneered in the Glasgow Royal Infirmary in 2011. The concept was adopted in Ireland in 2017 and became known as Trauma Assessment Clinics (TAC). It was first pioneered by Tullamore Hospital and is now running in many other hospitals. The rationale for change from the traditional face to face clinic format stemmed from evidence that showed 10-40% of new orthopaedic injuries seen in the ED are self-limiting and stable; they almost always do not require further management by an orthopaedic MDT. Traditional fracture clinics routinely see these patients in face to face consultations resulting in unnecessary clinical episodes and a burden to OPD services.

Trauma Assessment Clinics provide a very safe, patient-focused and cost effective means of delivering trauma care in Ireland and will continue at Mayo University Hospital for the foreseeable future.



TAC Team MUH.

MUH goes all out to increase flu vaccine uptake

The 2020/21 Staff Flu Vaccination Campaign kicked off in the hospital this week with 81 staff vaccinated in the first morning alone. The hospital is aiming to build on the increased vaccination rates during the 2019/20 season when many groups of staff reached a vaccination rate of over 60%, with an overall hospital vaccination rate of 49%.

One new approach last year was to focus on undergraduate nursing students which resulted in a 100% uptake rate. The hospital has a dedicated flu vaccination Twitter account (@MUHFlufighters) which is a popular communication channel for updates - not to mention some great staff photographs!



New Ultrasound Service in Claremorris Primary Care Centre

In recent months, the hospitals in the Group have been working at ways to restore routine services and where possible, extend the scope of ultrasound into a community setting. A positive step in this direction is the introduction of an outpatient diagnostic ultrasound service in Claremorris Primary Care Centre. Patients from Claremorris and surrounding South Mayo towns, who previously had to attend MUH for their ultrasound scans, can now go to the Primary Care Centre. This new initiative reduces the number of patients attending the hospital making it easier for staff to manage social distancing requirements when dealing with inpatients.

The service is provided by Margaret Hession, Clinical Specialist Radiographer in Ultrasound who has re-located from MUH to facilitate the introduction of this new service. Margaret has worked as a sonographer for most of her time in the Radiology Department at MUH and has over 20 years' experience in ultrasound. She said, "I'm delighted to be part of this new initiative in Claremorris Primary Care Centre. Ultrasound is an area within diagnostics which lends itself very well to a community setting."

The feedback from patients is very positive and extremely encouraging; patients have less distance to travel for their scans and, in the current climate of COVID-19, prefer to stay out of a hospital environment where possible. This is a fantastic community project which I know will benefit patients and GPs tremendously in the future."



MUH – a great Student Experience

Since 2007, Mayo University Hospital has enabled over 160 physiotherapy students from Ireland and overseas to undertake clinical placements as part of their third level qualification. The hospital has a formal arrangement with the University of Limerick and the Singapore Institute of Technology, via a partnership with Trinity College Dublin, to facilitate up to 18 student placements each academic year. For more [click here](#).

Some of the Physiotherapy Department Team at Mayo University Hospital including students on placement and former students who have returned to work full time at the hospital after graduation. (Photo taken pre-covid)



New Patient Information Booklet

Mayo University Hospital has developed a new Patient Information Booklet which will be given to each inpatient in the hospital. The aim of the booklet is to empower patients with information, in order for them to be more actively engaged in their care.

The booklet project commenced by mapping the patient journey and by reviewing the feedback from the National Patient Experience Survey. In addition, a number of committees within the hospital such as Medication Safety and the Nutrition committee, which have patient advisors as members, provided valuable information guided by HIQA standards and hospital quality liprovements.

The booklet is a culmination of work representing all the staff of Mayo University Hospital and their commitment to keeping all patients informed and safe. The booklet has been approved by the Hospital Management Team and MUH Patient and Family Advisory Council.

The booklet follows the patient's journey from admission to discharge and recovery at home. It covers:

- Your Admission to Hospital** outlining things you will need during your stay, meal times and restaurant service
- Keeping You Safe** guidance and information on preventing falls, medication management, the National Early Warning Score. This section uses easy to follow graphics and informatics and will be replicated on MUH Patient Information Boards.
- Discharge Plan** encourages the patient to fill in relevant information about their discharge and follow up appointments.

Each of the sections has a coloured flash to add visual cues to the users.

The outer cover includes a pocket which allows patients and/or their families to keep other relevant patient information leaflets.

The booklet encourages patients to ask the follow questions throughout their stay:



We have also added a pull-out feedback section, so staff can receive timely, relevant feedback from our patients. This feedback will be analysed and patients' opinions and queries will be responded to. The MUH Quality and Patient Safety Department are involved in the process.

The project was led by Nursing and funded in part by the Nursing and Midwifery Planning and Development Unit.



From left: Caroline Conway, Nurse Practice Development Coordinator; Ken Spencer, CNM3 Clinical Operations Team; and Eibhlín Walsh, Dietetics Manager. (Photo taken pre-Covid)



From left: Caroline Conway, Nurse Practice Development Coordinator; Eibhlín Walsh, Dietetics Manager; and Ken Spencer, CNM3 Clinical Operations Team. (Photo taken pre-Covid)

The Patient Information Booklet is used in conjunction with the Patient Comfort Packs. These comfort packs were introduced in the hospital in 2017, after feedback from service users and their families who attended the Emergency Department and Acute Medical Assessment Unit.

These packs provide essentials that a patient needs while waiting for family members to bring in an overnight bag. The contents of the bag have evolved over time, guided by feedback from our service users.

The comfort pack now includes, ear plugs, blindfold mask to help the patient get to sleep; notebook and pen for writing notes; wet wipes, toothbrush and toothpaste, non slip socks for comfort and to reduce falls; all of which are contained in a heavy duty bag which can be used as a wash-bag. Feedback on the pack has been unanimously positive with patients commenting that it helps in making their stay in hospital a more pleasant experience.

RUH appoints First Acute Medicine RANP

Audrey Dalton Gleeson has been appointed as the first Registered Advanced Nurse Practitioner (RANP) in Acute Medicine at the Medical Assessment Unit.

Audrey graduated from New York University in 2006 with a Master's Degree in Nursing as an Advanced Nurse Practitioner and gained vast experience while working in New York in the Urgent Care Centre at Fordham University, the Emergency Department at Albert Einstein University Hospital and Montefiore Hospital. After returning from New York in 2014, Audrey began working in the ED at University Hospital Galway and in 2016 transferred to the Urgent Care Centre at RUH after completing a semester in NUI Galway as part of the process for registration.

Audrey said, "I was thrilled to finally see the RANP in Acute Medicine being introduced in Ireland. It was a role I was very interested in studying because it would allow me to develop clinically as an independent, autonomous practitioner and strive for continuous improvement in practices for the benefit of patients." For more [click here](#).



Audrey Dalton Gleeson, Registered Advanced Nurse Practitioner

Update on Replacement Ward Block at PUH

The diggers arrived on-site on the 17 August to commence the enabling works including site and road access, up-grade of electricity supply and relocation of other essential services for the replacement 50 bedded ward block. This block will replace the ground floor of St Josephs and St Francis Ward.

The project is being co-ordinated by HSE Estates with input from PUH. The target date for completion of the ward block is the last quarter of 2022.

Pictured with Contractors from L to R: Ms Máire Kelly, Clinical Support Services Director; Mr James Keane, General Manager and Ms Marita Fogarty, Director of Nursing.



GUH deliver over 55,000 virtual outpatient consultations

Clinical teams at Galway University Hospitals delivered over 55,000 virtual outpatient consultations from the beginning of the COVID-19 pandemic to the end of August.

Commenting Chris Kane, Hospital Manager, Galway University Hospitals said, "The COVID-19 pandemic has had a huge impact on how we deliver patient services in both UHG and MPUH. Almost overnight clinical teams had to re-assess how they could safely manage patients and put plans and processes in place to enable that. It was not possible, from the perspective of both patient and staff safety, to run many of our face to face outpatient clinics so our clinical teams used technology to link with patients and continue to monitor them." For more [click here](#).



Dr Yvonne Smyth, Consultant Cardiologist at UHG

'Let's Get Up, Get Dressed, Get Moving' at LUH

The 'Let's Get Up, Get Dressed, Get Moving' quality improvement initiative was launched in February on the Specialist Geriatric Ward in LUH to promote independence and enhance positive recovery.

The quality improvement group consisted of multi-disciplinary team members who encouraged patients to get up and dressed in their day clothes and shoes and empower them to remain active daily while in hospital. Education sessions were provided for staff initially to increase their understanding of the negative impacts of bed-rest. This information was shared with patients, families and carers to explain the project and encourage them to become involved. In addition, information leaflets and posters were developed to improve awareness.

Individualised goals and patient mobility instructions were introduced by physiotherapists while in hospital and post discharge. Patients and families are encouraged to pack day clothes and shoes if admitted to hospital in the future. The feedback has been positive with 85% of patients reporting that the initiative: 'contributed positively to my recovery' and 'I was given realistic goals daily to achieve'.

Collette McElwaine, Senior Physiotherapist said, "When we launched there was a noticeable improvement in the

number of patients on the ward who were dressed and/or mobilising which was a great indicator of the engagement of patients, families and staff."

Olivia Harte, Advanced Nurse Practitioner Older Persons added, "Unfortunately through the Covid period it was difficult to maintain the momentum, but now more than ever, it is vital to promote positive recovery and activity for all patients, both in hospital and continuing at home. In recent weeks we have recommenced the initiative and we are continuing to make good progress. Our aim is to replicate this project across all patient areas in LUH and to improve health and well-being in line with the 'Healthy Ireland-Get Ireland Active' national objectives."

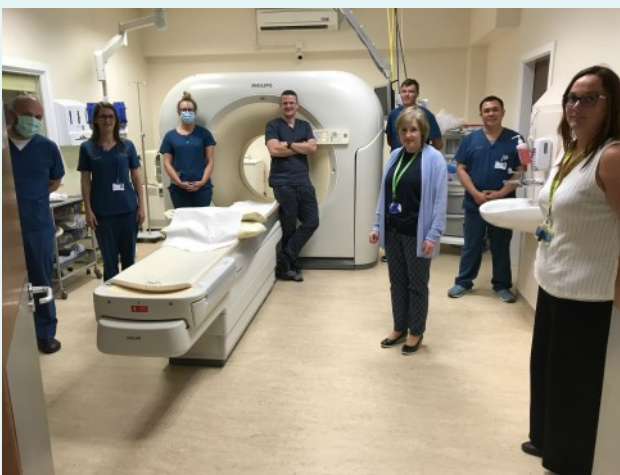


L to R: Colette McElwaine, Senior Physiotherapist; Suzanne Harvey, Staff Nurse; Lorraine Guthrie, CNM1; and Nicola Riseley, Health Care Assistant. (Photo taken pre-Covid)

Radiology Department at SUH reaches Million Mark

In July the Radiology Department at SUH reached a milestone of one million patient examinations since introducing the National Integrated Medical Imaging System (NIMIS) to the hospital 9 years ago.

Dr Stephen Davitt, Consultant Radiologist and Radiology Associate Clinical Director for the Saolta Group said, "We were the first hospital to go live with the NIMIS in June 2011. It has huge advantages as it is a digital filmless system with access to all of a patient's previous imaging, at the click of a button." For more [click here](#).



L to R: Pat Leyden, Senior/PACS Radiographer; Niamh Manly, PACS Manager; Rebecca Swann, Radiographer; Dr Jonathan Ryan, Consultant Radiologist; Claire Toman, Radiography Services Manager; Dara McGarty Radiographer; Anel Bundac, Radiographer; and Brenda Carty, Clerical Supervisor/RIS Manager.

Safe Staffing and Skill Mix Framework at UHG

The National Framework for Safe Nurse Staffing and Skill Mix in General and Specialist Medicine and Surgical Care Settings in Adult Hospitals in Ireland 2018, is now being implemented in UHG and in line with National Government Policy.

This framework introduces of an evidence based scientific method for determining Safe Nurse Staffing and Skill Mix utilising a nurse Staffing Decision Support Tool which had not previously existed in Irish Hospital settings. The Framework is the first of its kind nationally and provides the basis upon which to recommend the implementation of a national systemic approach to determine nurse staffing and skill mix.



L:R Sharon Fahy, Safe Staffing Facilitator; Marie Burns Director of Nursing; Chris Kane, General Manager and Sinead Lardner, Director of Nursing and HSE National Lead on Safe Staffing Framework.

LUH e-Rostering Project Update

Letterkenny University Hospital was chosen as the pilot site for e-Rostering across Ireland. Following successful rigorous business testing with the support of SAP/HR, the hospital continues with the phased roll out of the bi-directional interface between the SAP/HR and eRostering systems using HealthRoster from Allocate software.

SAP/HR is the master data set for all staff within the organisation. All staff are paid from the rosters that are created by the roster creators and any unscheduled absences are entered by the operational manager. Time entry on SAP is currently a manual process from these rosters, whether they are paper or electronic.

As part of the project evolution, LUH is now extracting time, attendance and absence for 457 nursing staff, live from the Allocate HealthRoster to SAP. This is an automatic process which populates 76,776 daily work schedules for staff on a weekly basis including unsocial hours, night duties, Saturday and Sunday, extra hours and overtime rates of pay for staff. The system is able to produce overtime reports broken into extra hours and true overtime and listing the reason why each extra shift is required.

Any overtime is approved by the Director of Nursing prior to it being assigned and due to the action of the extracts, staff are paid for the extra shifts they work in a timely manner.

A phased roll-out continues to allow training for ward

managers involved including data cleansing and relevant HR policies which affect pay. Emphasis is placed on accurate and update rosters which reflect payroll accuracy for staff.

This interface has many benefits including supporting payroll accuracy and reducing administration tasks and functions.



Front row: Mairead McMahon, SAP/HR; Louise O'Callaghan, SAP/HR. Back row: Yvonne Hanson, System Administrator and Geraldine O'Connor, e-Roster Lead. (Photo taken pre-Covid)

Merlin Park Home Dialysis during COVID-19

The Home Dialysis Unit in Merlin Park experienced a decline in Peritoneal Dialysis (PD) patient numbers over the last 5 years with just a small, developing home haemodialysis programme.

Due to the increase of end-stage kidney disease within the general population, hospital haemodialysis is operating close to maximum capacity. With limited access to theatre slots, the patient's choice of Peritoneal Dialysis as a Renal Replacement Therapy was limited and contributed to the lack of growth in home dialysis.

As COVID-19 emerged, the team faced a new challenge for hospital haemodialysis capacity. They acknowledged the need to keep patients out of hospital and the importance of dialysing at home. The dialysis population were advised to cocoon and home dialysis could facilitate this while also reducing the patient attendances at hospital.

In order to continue home dialysis, a pathway for surgical PD catheter insertion was required and requested that it be included in the surgical pathway agreement as part of the HSE's private hospital agreement, outlining the clinical benefits to the patient and the hospital of increasing home dialysis.

In collaboration with colleagues in Vascular Surgery, a successful pathway was developed and a number of patients started on PD during the peak of the pandemic and provide surgical intervention for catheter complications to a further 2 patients.

The team has doubled patient numbers during this period and without this pathway many of these patients would have started on hospital dialysis.

The patients were followed up through the normal PD service, via telephone reviews and scheduled clinic follow ups. Patients are also able to avail of a new digital education platform "Your Dialysis Journey" and information videos.

Patients are supported to remain at home safely using the Sharesource platform, which allows the PD nurses to monitor the Patients' dialysis data remotely.

The team has received positive feedback from patients who commenced PD during the pandemic. Home dialysis has a key role in allowing patients to manage their dialysis treatment in their home environment, reducing the need for hospital visits and potential risk of infection.

Changing ways of working has allowed us to develop the service during very challenging times and acknowledge the contribution of all stakeholders who made this possible.



Margaret Anne O'Halloran, Staff Nurse and Lorna Durack, CNM2, Home Dialysis Unit.

Pilot project using photos to triage skin cancer at SUH

Sligo University Hospital, along with the National Cancer Control Programme (NCCP) commenced a pilot project to allow GPs to send photos when making referrals to the hospital.

GPs are able to photograph a suspected melanoma and send images electronically by Healthlink, which is the electronic referral system used by GPs to make referrals to Cancer Services. All relevant patient information and history is included in the referral as well as a maximum of 3 photos per referral. For more [click here](#).



Dr Luke Colleran, GP Trainee and Dr Emma Tierney, Dermatology SpR

PUH welcomes the Bereavement Care National Team

Maternity Department staff at PUH were delighted to welcome Dr Keelin O'Donoghue and Riona Cotter from the National Standards for Bereavement Care Following Pregnancy Loss and Perinatal Death Team to the hospital in August.

They met with the members of the bereavement team in Portiuncula as part of an audit on the National Standards for Bereavement Care Following Pregnancy Loss and Perinatal Death in maternity hospitals.

A report from all the data provided by the 19 maternity hospitals will be compiled and will be compared to the 2017 data.

This will form the basis of the structured report they will provide to NWIHP. This report will also be presented, in an anonymised fashion, to the National Standards Oversight Group.



L to R: Emma McArd, Bereavement Support Midwife, PUH; Deirdre Naughton, Director of Midwifery, PUH; Dr Keelin O'Donoghue and Riona Cotter, National Team.

UHG Neonatal Unit NeoSafe Team

As a result of taking part in the Situation Awareness for Everyone (SAFE) course delivered by the Royal College of Physicians of Ireland, daily team huddles have been introduced in the Neonatal Unit at UHG.

The staff who participated in the SAFE course – the NeoSafe Team – introduced the daily safety huddles to improve situation awareness and patient safety by reducing errors through enhanced communication, team-work and by building team resilience.

As part of the process, the NeoSafe Team developed standardised safety questions which are asked each morning. Different staff members are given a chance to lead the huddle each morning and this new approach instils confidence in junior staff members by giving them a voice.

During the huddle the staff collect information to measure outcomes and review what happened in the last 24 hours and look forward to the next 24 hours. The team revised the format of the safety huddle multiple times based on valuable feedback from colleagues.

Over time the frequency of the huddle increased from 71% to over 93% of the days per month. The attendance also improved and has remained high.

The safety huddle has empowered more staff, developed a sense of community and enabled everyone to share relevant information. The safety huddle is now embedded in the daily routine and it has been energised by the support of all members of staff.



L to R: Dr Tiziana Fragapane, Neonatal Registrar; Aine Binchy, RANP Neonatology; Jean James, RANP Neonatology and Dr Johannes Letshwiti, Consultant Neonatologist. (Photo taken pre-Covid)

New Frailty Intervention Team at RUH

Roscommon Frailty Intervention Team (R-FIT) is a new, unique, fully staffed, clinical service introduced at the hospital to provide a holistic assessment and brief intervention to patients over 65 presenting with frailty.

The R-FIT is an interdisciplinary consultant-led team and consists of an Advanced Nurse Practitioner in Frailty, Senior Physiotherapist, Speech and Language Therapist, Dietitian and Occupational Therapist with access to Clinical Pharmacy and Medical Social Work. For more [click here](#).



Members of the new Roscommon Frailty Intervention Team with Denis Naughton TD

#OurPeople

Name: Bridgene McGlynn

Job Title: Staff Nurse in the Outpatients Department

Location: Letterkenny University Hospital

I am a staff nurse in the Outpatients Department at Letterkenny University Hospital. I work in the ENT clinic which is a satellite service in the North West, with ENT Consultants travelling from Sligo to Letterkenny three days a week.

I have worked in the ENT clinics for a number of years and about three years ago I decided to 'upskill' in this area. There wasn't (and still isn't) a formal ENT course running so I travelled to UCL London in September 2017 to do a two day course titled 'An Introduction to Ear Care and Micro-suctioning'. I was very excited to attend the course and on my return to work, I couldn't wait to get practising. I was extremely lucky to have fantastic consultants who took the time and helped me build my confidence. I think practically everyone at work had an ear examination and wax removal!

I then shadowed the consultant/registrars at clinic and became familiar with the microscope. Before long I was seeing the patients, removing any wax before they were seen by the doctor.

In Feb 2018 I attended a study day in the Royal Victoria Eye and Ear Hospital Dublin (RVEEH) presented by Camilla Carroll, ENT Consultant at RVEEH. The learning outcome was the practical demonstration and ability to perform micro-suction, relevant to the treatment of impacted wax and otitis externa. From there I developed my Wax Policy which was signed off and as a result I am planning to start a Wax Clinic in Letterkenny with Prof Patil, Consultant ENT Surgeon, SUH.

What is a typical day?

In the ENT Clinics I do a bit of everything from checking patients in, making sure reports are in the charts, cleaning the Naso-endoscopy scope and seeing patients who need wax removal. The best part is getting to know the long term patients who come for micro-suction. It is a lovely part of the job as they are always happy to see me and I love to hear how they have been getting on.

Describe your job in one sentence...

My job is really rewarding and really interesting. I am also excited for the future of my enhanced role and hopeful to continue upskilling and learning.

Most rewarding part of your job?

The most rewarding part is seeing a patient from their first visit and if they have a chronic infection, it is great to see improvement. There are a few teenage patients that I have seen 'growing up' and now I am seeing them before the doctor. It is lovely to build up a rapport with the patients as well as working in the ENT team.



Saolta partners with NUI Galway to roll out innovative Clinical Placement Digital Health Solution

Prof Derek O'Keeffe, Consultant Physician, UHG, working with colleagues in the College of Medicine, Nursing and Health Sciences in NUI Galway and Renville Informatics has developed a smartphone based Clinical Pass App to facilitate clinical placement for health care students.

Commenting, Prof Derek O'Keeffe said, "Clinical placement training is a critical part of healthcare student education but reintroducing students into a clinical environment with COVID-19 is challenging and has to be done in a carefully controlled manner to ensure everyone remains safe. This Clinical Pass App is a powerful example of how digital health initiatives can improve patient care by ensuring that the next generation of clinicians can safely get appropriate clinical experience". For more [click here](#).

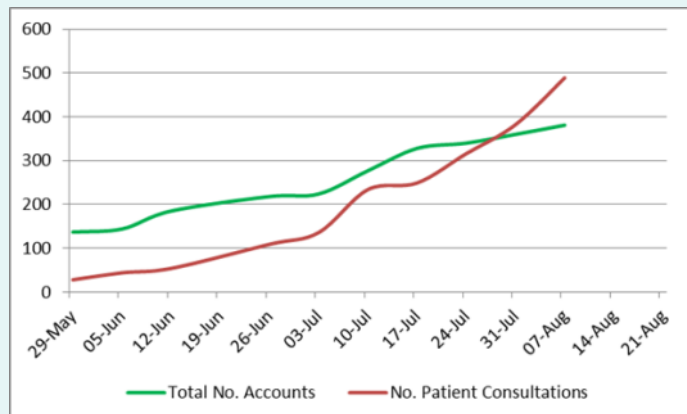


Saolta medical students and staff demonstrating the Clinical Pass App.

Attend Anywhere

Attend Anywhere is an online video consultation platform, which was approved for use across the HSE by the national Virtual Health team in the Office of the Chief Information Officer in May 2020 as part of the response to the COVID-19 pandemic. The use of Attend Anywhere supports effective and efficient working and reduces the reliance on overcrowded waiting rooms. This in turn helps ensure social distancing is maintained and reduces the need for travel for service users. It also provides greater flexibility within clinical work plans as the platform can be used outside of the current dedicated infrastructure and scheduled outpatient clinics.

The system allows up to five healthcare 'providers', each with their own user licence, to provide virtual consultations supported by the ability to share appropriate content (for example, x-ray images). Service users only need a smart phone, table or laptop, with microphone and speakers, to access the service. No call data is recorded; the service is fully GDPR compliant and has undergone a Data Protection Impact Assessment nationally.



The chart above shows the number of user accounts and patient consultations carried out to early-August.

Services and clinics using the Attend Anywhere platform, to date, include:

- GUH (project manager – Tim Cameron) – Physiotherapy, Occupational Therapy, Diabetes & Endocrine and Cystic Fibrosis.
- LUH (project manager – Anthony Campbell) – Respiratory, Maternity, Cardiology, Cancer and Diabetes.
- MUH (project manager – Fiona McGrath) – Musculoskeletal (MSK) Triage and ANP-led clinics for Asthma under Respiratory.
- PUH (project manager – Chris McBrearty) – Physiotherapy, Paediatric (including Paediatric Diabetes and Asthma) and a Stroke CNS consultation clinic.
- RUH (project manager – Stephanie Cleary) – Cardiac Rehabilitation, Physiotherapy, Dieticians and Diabetes.
- SUH (project manager – Gabriel Gormley) – Endocrinology, Dermatology, Rheumatology and Physiotherapy.



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