

4 in 1 NEWS



Issue 3

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

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

Since last month,

Governance

Our primary focus last month was to establish the foundations for each of the six Clinical Directorates as part of the new Governance arrangements for the Group.

An Executive Council Planning Day was held recently and each Clinical Director, with their Business Manager, presented their Governance Arrangements, Priorities, Key Performance Indicators (KPI's) and Cost Containment Plans. It was a great opportunity to share the progress that the Directorates have already made, but more importantly hear the Directorates future plans. It was good to see how much progress has been made in integrating all of the hospitals in the Group. You will be hearing more on this from the Directorates and their work throughout this newsletter. A number of key actions were agreed and will be a standing item at the Group Executive Council Meetings. It is envisaged that a similar exercise takes place in October as part of our planning process for 2013.

Clinical Programmes

The Group welcomed a number of National Clinical Programme Leads this month including Critical Care, Epilepsy, Heart Failure, Rehabilitation, Renal, Rheumatology and Elective Surgery. These visits were very successful and I would like to extend my thanks to all the staff involved in their organisation. It provided the Group with the opportunity to showcase our Hospitals. You will hear more on each of these Clinical Programmes and its work throughout this newsletter.

Performance

Key Performance Indicators - Each General Manager and Clinical Director has now agreed their Key Performance Indicators for their Hospital/Directorate. Each Clinical Director is now engaging with each speciality within their Directorate, to establish their Key Performance Indicators using the same Performance Assessment Framework and each of the Clinical Directors will take you through the progress they are making in future editions.

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

Inpatient Waiting Lists - So far this year we have made great progress to meet the SDU Inpatient 9 month PTL's. At the start of this year 9901 patients were on the 9 month PTL, this has been reduced to 4929 as of 10 May. The above target could not have been achieved without the strong commitment of all staff from each of the three hospitals and I would like to extend my thanks to all involved and look forward to achieving the target and restoring the system's confidence in GUH.

Outpatient Waiting Lists - On March 23 the SDU launched a similar initiative to the Inpatient Waiting list targets to deal with the OPD Waiting list target. In preparation for this, a risk assessment and action plan is currently underway by Sue Hennessy Waiting List Manager and will be available shortly. Although the target for OPD Waiting Lists has yet to be finalised by the SDU, it is believed that the target will be to guarantee a maximum wait of 12 months by Q1/Q2 of 2013. More on this to follow in future editions.

Nursing

The Nursing Department has been very busy over the last month and I am delighted to inform you that nearly all the CNMII posts recently advertised have been filled. You will hear more on these posts throughout this newsletter. It was also my pleasure to launch the Nurse/Midwife Managers Development Programme for GUH which will run over the next 12 to 18 months. This is a very exciting time for our nursing colleagues and I wish them every success in its delivery. Our aim is to create nurse leaders on each of our wards and having nursing at the heart of service delivery. I am sure the "Class of 2012" will rise to the challenge and you will read more about them in this newsletter.

Communications

This month also saw the first of our regular Heads of Department Briefing Sessions as part of our overall Communication Strategy. This was a very well attended meeting and it provides a great forum for the Senior Management Team and the Heads of Departments to discuss progress against KPI's, priorities, etc... and to discuss current operational challenges and future strategies.

Heads of Departments will be building on existing briefing sessions for their staff groups, as part of this cascade method of briefing, to ensure all staff across the Group feel engaged, informed and able to contribute.

Kind regards

Bill Maher
Group CEO



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

It is easily known that the Leaving Cert. and Junior Cert. are just around the corner – all you have to do is look at the weather forecast. As so often happens, the weather improves dramatically just before the exams as if nature is conspiring against the students in their final efforts.

Within the Hospital Group (GRUHG) we are now 5 months into our first year and the picture of how well we are delivering on our 3 key priorities is starting to come into sharp focus.

As outlined in the last edition of the newsletter, we have been busy trying to deliver on the 3 key challenges since the start of the year.

This month I want to focus on the challenges we face with regard to patient access.

Regardless of what measures you use we have improved the position with patients awaiting admission to hospital on a trolley since the beginning of the year. On average we had 17 patients each day on a trolley at 8am for the month of January. By April this had fallen to 14.

We have also made real progress on our Inpatient/Day Case waiting list. Sue Hennessy has all of the detailed data in this edition of the newsletter but from a starting point of 9901 patients at the beginning of the year we now have 4326 patients on our waiting list. All of these have to be dealt with by the end of September but we are currently on course to deliver this target.

What about our other Challenges? Well there'll be progress to report there also in the next edition of the newsletter.

In the meantime, well done for all that has been achieved to date and as you escape to the sunshine after work, spare a thought for the poor students facing into exams next week!

Tony Canavan
Chief Operating Officer



GUH Performance Summary – March 2012

Out-patient Waiting List	OPD DNA Rate	ED Patients waiting for admission at 8am
<p>Current Value 4088.7 Trend: v Previous Month ↑</p> <p>Work is progressing through the Directorates to deal with long waiters across all specialties. Awaiting National launch of OPD Project on 23rd March as basis of action plan Feb Figure 39,968</p>	<p>Current Value 33.7% Trend: v Previous Month ↑</p> <p>OPD group are looking to extend the partial booking system across all specialties. National guidelines on attendance and DNA policy to be made available end of March 2012 Feb Figure 13.5%</p>	<p>Current Value 15 Trend: v Previous Month ↑</p> <p>The impact of the Acute Medical Unit and the introduction of formal bed allocations will help to drive down the average daily number waiting at 8am. Feb 24</p>
CT Waiting List	In-patient & Day Case Waiting List	Average Length of Stay
<p>Current Value 335 Trend: v Previous Month ↑</p> <p>Resources across the group in CT terms are being examined to access if there is scope to reduce waiting lists utilizing existing resources. Longest Time waiting is 335 days. Feb Figure 335 Days</p>	<p>Current Value 9333 Trend: v Previous Month ↑</p> <p>The Waiting List is being reviewed on a daily basis to ensure long waiters are being targeted. Work is on-going with the Medical and Surgical Directorates. Feb Figure 6671</p>	<p>Current Value 6.2 Trend: v Previous Month ↑</p> <p>Target: 5.6 days to be the average stay achieved</p> <p>The new National Programmes on Surgery will help reduce the average length of stay. This is complimented by local work on agreeing formal bed allocations across Medicine and Surgery. Feb Figure 6.7 (excluding Obs)</p>
Day of Procedure Rate for Elective Inpatients	Staph Aureus Blood Stream Infection	Bed Days Lost
<p>Current Value 67% Trend: v Previous Month ↑</p> <p>The new National Programme on Surgery will help increase the day of procedure rate. This is complimented by local work on agreeing formal bed allocations across Medicine and Surgery. Increased awareness of this KPI will be available to management from CIMS tool. Feb Figure 39%</p>	<p>Current Value 0.36 Trend: v Previous Month ↑</p> <p>Target: To be in line with Best Practice and to be confirmed.</p> <p>Work is on-going through the infection control team to continually improve performance. Feb a particularly bad month in GUH Feb Figures 0.38</p>	<p>Current Value 66 Trend: v Previous Month ↑</p> <p>Target: Reduce by 10% for 2012</p> <p>Work is ongoing through the Discharge planning group to reduce the number of Bed Days Lost. Feb Figure 278</p>
Financial Position	Staffing WTE variance from Staff Ceiling	Absenteeism
<p>Current Value 7,487% Trend: v Previous Month ↑</p> <p>Target: To deliver financial breakeven across Group by December 2012</p> <p>The Financial Control Committee is in place to ensure that GUH meets budgetary targets.</p>	<p>Current Value 997 Trend: v Previous Month ↑</p> <p>Target: To operate within HSE employment levels.</p> <p>The Employment Monitoring Committee are in place to ensure that GUH meets its WTE ceiling – ceiling under review. Current ceiling for 2012 is 3002 Feb Figure 3062</p>	<p>Current Value 4.43 Trend: v Previous Month ↑</p> <p>Target: To reduce absenteeism rate to 3.5% by December 2012</p> <p>Work is ongoing across GUH to reduce the levels of absenteeism through back to work interviews etc. with a particular focus on this KPI. Feb Figure 4.92</p>

Finance Committee Galway and Roscommon University Hospital Group

The Finance Committee met in April to review the Group's financial position at the end of the first quarter. While the figures show an over-spend on budget of €7.4m, we are beginning to see some cost savings as a result of the implementation of the cost containment plans. We continue to work hard to purchase goods and services at competitive prices while ensuring that quality and service is not affected. There has been some renegotiation of contracts and the associated savings will become evident over the next few months. Ongoing initiatives include: consolidation of drugs prices across the group, roll out of top-up systems commencing in theatres GUH, review of all non basic pay with particular emphasis on overtime savings and replacement of agency with Group employees.

We continue to look at income and the use of private accommodation. We have submitted a revised bed profile to the Department of Health for sign off to allow us to increase the available private accommodation in UHG to meet the demand requirements. With regard to outstanding insurance debt, Sláinte Technologies were successful in their bid to introduce an electronic claims processing system. We have been selected as one of the first hospitals to implement the new system. More to follow on this in the next issue.

The Clinical Directorates have outlined their plans for this year at the Group Executive Council meeting. An integral part of their plans is cost containment measures. The clinical directorate structure provides a forum in which accounting and business finance knowledge can combine with clinical experience and expertise to produce information that is vital for planning, budgeting and decision making. Cost containment measures are in progress with monthly financial review meetings attended by the Clinical Director, Business Manager, Divisional Director and Management Accountant.

Overall while the financial figures could be better there are signs of some progress as outlined above. It is important that we keep the 'foot on the pedal' and maintain a strong focus on cost containment and income generation. At the same time we will continue to seek additional funding streams for the Group through the clinical care programmes, Special Delivery Unit, NCCP and other HSE agencies.

Maurice Power
Chief Finance Officer



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

Waiting Lists and the Special Delivery Unit

Inpatients:

Our biggest challenge continues to be to ensure that all the patients who will breach the 12 month target at the will be treated. We are close to achieving these targets thanks to the considerable efforts of all staff involved in the management of waiting lists. If we maintain our current activity, the Special Delivery Unit targets will be met by the end of September 2012: **No Adult will be waiting longer than 9 months for a procedure; no child will be waiting longer than 20 weeks for a procedure; and no one will wait longer than 13 weeks for a GI scope.**

On 09 January 2012 we had 9901 patients listed on the Primary Target List, a figure which has been halved and currently sits at 4326 patients. However, it is vital that patients are treated in chronological order – that is the patients on the PTL who are waiting longest for a procedure should be selected first (after emergency and cancer patients have been scheduled). The weekly tracking report allows us to review and monitor progress.

Validation continues and all patients who were listed on the inpatient/daycase waiting list prior to 31 August 2011 have been contacted by letter to ensure that the list is accurate. A team of specialist nurses will be undertaking clinical phone validation to prepare the patients for admission, calling patients to a pre-assessment clinic for review if required. There has been an increase in theatre sessions across the Group, which has helped us to increase activity. Roscommon Hospital continues to establish a number of new services (e.g. Plastic surgery, General surgery, Urology, sleep studies and GI scopes). Similar programmes are also being established in Portiuncula Hospital (General Surgery, Urology, Maxillofacial surgery). The number of patients who have been referred to our Group hospitals are increasing every month and many patients have reported a very positive experience relating to the care they received.

Outpatients:

The Special Delivery Unit are now focussing on Outpatient Services and we believe the target will be to reduce the waiting time for an initial consultation to 52 weeks. The Group welcome this and are already working with each specialty to identify how we can achieve this target. We have completed the first draft of an 'Action Plan' which has identified key areas for us to focus on. As discussed in the previous newsletter, the number of patients who 'Do Not Attend' (DNA) for an appointment remains high and we will be working with patients to reduce this. We have identified key specialties that have very long waiting times and plans are in place to address these as a matter of priority. For example, we will shortly be calling patients to new elective orthopaedic clinics and physiotherapy practitioner clinics in line with the Musculoskeletal /Rheumatology clinical programme. The Special Delivery Unit will be monitoring OPD services by reviewing the number of patients awaiting appointments, on a weekly basis. This will require some changes in how we manage our services and we are engaging with key staff to make these changes.

Summary:

Waiting lists, understandably, remain a key issue in the Irish Health Service. As a result we have seen, and will continue to see, many changes in practice. The staff responsible for managing waiting lists (both clerical and clinical) have made tremendous progress over the past four months and I would like to acknowledge the efforts of all involved and thank each staff member for their continued support as the Group continues to face the challenges to improve our services.

Sue Hennessy
Waiting List Manager



Special Delivery Unit Status Report : GUH – May 2012

2011 Targets - update

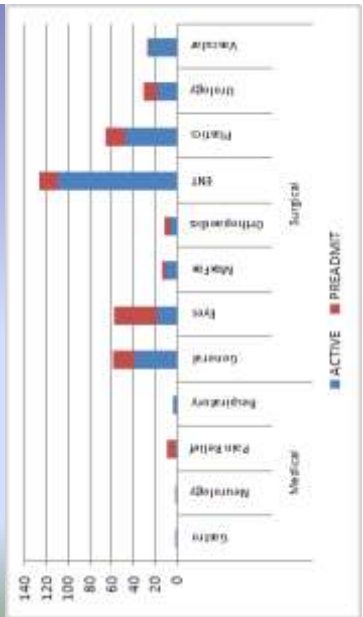
The SDU have acknowledged the progress that GUH has made in relation to the number of patients who breached target in 2011.

This has reduced from 382 to 92 (only 42 patients have yet to be offered a treatment date). Continued support from the SDU and engagement with all staff means that a number of specialities have achieved this target. The validation process continues and additional theatre slots have been made available in all Group hospitals

June Targets

It is imperative that by the end of June no patient will be waiting longer than 12 months for a procedure in GUH. This means that 484 patients must be treated by 30th June – a breakdown can be seen in the following graph:

June Primary Target List



2012 Progress

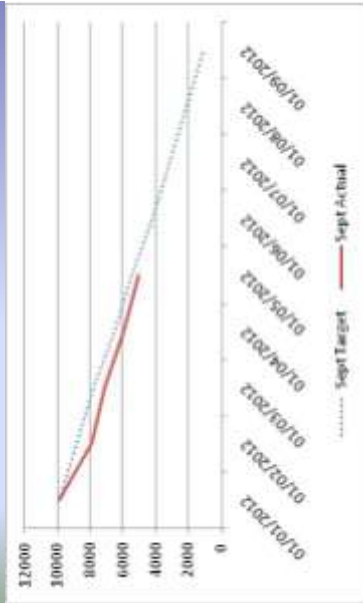
The Special Delivery Unit (SDU) is working closely with GUH to help us reach our targets. Failure to achieve these mean that

“Every patient that breaches treatment targets at the end of March 2012 will incur a financial penalty of €25,000.”

The current position in GUH (as of 30th May 2012) indicates that we have 4326 patients awaiting treatment (reduced from 9901 on January 9th).

We remain on target for both the June and September targets at present and this momentum must continue to ensure that we do not incur a financial penalty.

2012 Primary Target List



Our 5-point Plan

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

Box 1 - Validation

Over 500 patients were removed from the waiting list following postal validation. A CNM3 has been appointed to the team to undertake a clinical validation and prepare patients for theatre. This should increase the effectiveness of the additional theatre slots for PTL patients.

Box 3- Group Activity

- GUH have increased theatre capacity which has increased the number of patients that can be treated across all surgical specialities. Medicine are due to achieve the target for June and should be congratulated for their efforts.
- Roscommon hospital have increased capacity in Respiratory / Sleep studies, Scopes, General Surgery, Plastics and Urology
- Portlucula continue to expand in General surgery, urology and maxillofacial surgery.

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

Acronyms abounding

The National Clinical Care Programmes represent important opportunities for Galway and Roscommon University Hospital Group to deliver integrated care to patients with chronic conditions and improve the access to care for patients with acute problems. We have now engaged with the national leads and programme managers as a group, and this approach is beginning to pay dividends.

We have recently met with national leads and project managers from the Rheumatology, Critical Care, Heart Failure, Epilepsy, Rehabilitation Medicine and Elective Surgical programmes. We have started training for the productive operating theatre (TPOT). These programmes bring funding and staffing opportunities to the group. Jenny Mannion, who was previously based at Roscommon Hospital and formerly had a regional role as project manager for the programmes, is now working exclusively for our group. We have further programme leads coming to visit the group, for a full list of the programmes nationally see <http://www.hse.ie/eng/about/Who/clinical/natclinprog/listofprogrammes.html> .

The Acute Medicine Programme was the first of these programmes to be undertaken by the group initially at GUH, where we have opened an Acute Medical Unit (AMU) in St Enda’s ward to optimise delivery of care to medical admissions, in Portiuncula Hospital and Acute Medical Admissions Unit (AMAU) will shortly open, while in Roscommon Hospital the Medical Assessment Unit (MAU) will continue its work.

Under this programme, hospitals define the level of care they can safely deliver (see <http://www.hse.ie/eng/services/Publications/services/Hospitals/AMP.pdf> for details) and have a bidirectional flow policy for transfer of patients between hospitals depending on where they live and the level of care they need. There is now recognition that we need a better way to communicate how ‘well’ or otherwise a patient is and whether they are improving or deteriorating.

A new modified early warning score (ViEWS) has been developed to allow doctors and nurses measure this and understand each other better (<http://www.hse.ie/eng/about/Who/clinical/natclinprog/acutemedicineprog/earlywarningscore/natearlywarningscore.html>) Roscommon Hospital have fully implemented this process, Portiuncula Hospital and GUH are commencing training. This will take some time and is being started now at GUH; it is part of the NUI Galway intern training programme. The score and ward documents represent a real improvement in patient safety.

Being a group of hospitals with a shared responsibility for care delivery and a direct reporting line to the Department of Health and the minister’s office means that as well as addressing the shared financial and waiting list requirements, we must do what we do safely.

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

We are developing a clinical governance framework to measure and manage this. We will shortly bring forward, a Patient Safety committee for the group, to integrate the existing risk management, audit, infection control, legal and complaints ‘functions’. Working with NUI Galway, we are promoting the Group as an Academic Patient Safety Centre, the first such nationally.

We need to make sure that we address real risk, learning from clinical incidents reported and complaints received from patients. We will invest in the infrastructure to allow easier collection of data from patients and concerned staff, so we can all learn from this in a ‘no-blame’ environment. We will be using a model from the aviation industry where the most ‘junior’ staff member can raise their concern with the most ‘senior’ captain on the flight deck without fear or embarrassment. In aviation this is known as Crew Resource Management (CRM) in hospitals (it can also be described as Courtesy, Respect and Manners).

The complaints process across the group will be a particular focus for attention, Kay Kennington is leaving UHG to join Paschal Diviney in the Emergency Management Unit. Kay has spent five years as lead complaints officer and has had a huge impact bringing a calm, patient-focused approach to these difficult cases. She has demonstrated that active management of complaints brings resolution in most cases without recourse to law or regulatory bodies, and most importantly satisfies the patients. In GUH, Portiuncula Hospital and Roscommon Hospital, we will bring complaints management closer to the clinical directorates, where we normally go to solve these problems in any event, with support from me, Tony Canavan and Directors of Nursing.

David O’Keeffe
Medical Director



Message from Colette Cowan, Director of Nursing /Midwifery Galway University Hospitals

This is my second article for this Newsletter. Since my first article I have had the opportunity to get a view of the organisation, work with the Assistant Directors of Nursing and Clinical Directors and most importantly meet with the Nursing/Midwife staff at our information sessions.

I have got the sense from both UHG and MPUH that there is a positive culture and willingness from Nursing/Midwifery to make changes to improve working lives and the patient experience.

We are in a period of change in the organisation with our Management Teams, performance indicators and targets such as waiting list targets and ED waiting times. The Nursing/Midwifery profession is key to making these changes work and ensure that the effects of delivering these targets puts the patient at the centre of our service.

We are fortunate that the CEO and COO are supporting the profession to develop through approval of CNM/CMM posts etc.

The Nurse/Midwife Managers Development Programme launched on 14 and 15 May which had a very interesting programme that will support, empower and focus our Managers on their important role in the Service. Our Nurse/Midwife Managers are the “custodians of our Departments” and their Leadership will be key to ensuring excellence flourishes in the Organisation. This Programme will run over the next 12 to 18 months.

New Nurse Managers have agreed to take the leadership of our Medical Assessment Unit and our 48hr Short Stay Unit (St Enda’s). We have been successful in achieving a licence to roll out the Productive Ward Series to our 48hr Short Stay Unit commencing this month and to a Surgical Ward in 3 months time.

Our aim is to increase our 48hr Discharge Rate to 31% (current rate is 20%). This will be supported by the Practice Development Unit and NMPDU. The Directors of Nursing of the Group have agreed to appoint one Project Lead for all sites. More information will be available to all staff on the concept of the Productive Ward this month. In the interim, staff can observe and discuss the changes with 48hr Short Stay Unit (St Enda’s) staff.

The Medical Assessment Unit re-opened on the 08 May and this is an opportunity to rebrand how the Service will operate. GUH is one of the busiest hospitals in the country for Medical Admissions. To support the functioning of the MAU and ensure patient safety – staff were trained on 10 May on “Compass” and Early Warning Scores which will support the recognition and treatment of deteriorating patients. The developments in the MAU and the 48hr Short Stay Unit(St Enda’s) will provide the infrastructure to improve patient flow. However, the nursing profession at ward level are key to progressing this further through a focus on Discharge Planning and agreed Estimated Dates of Discharge. Proactive planning from Nursing will reduce the need for full Capacity Protocols and the addition of trolleys to Wards. We will be discussing this with our Clinical Directors through the Directorates, and our plan is to work in tandem with the Bed Manager, Discharge Co-Ordinator and Patient Flow Team.

Message from Colette Cowan, Director of Nursing /Midwifery Galway University Hospitals

We have set up a Senior Nurse Managers (ADON) Group for GUH that meet fortnightly. This Group is responsible for monitoring and reporting on the Operational aspects of Nursing/Midwifery including Key Performance Indicators such as Absenteeism, WTE, Cost Containment. Each ADON has a specific lead for Clinical Governance which will be circulated this month.

The Directors of Nursing/Midwifery from the Galway and Roscommon University Hospital Group are currently formulating our 5 year Nursing/Midwifery Strategic Plan which will be presented to the Executive Council in June. An action Plan will be developed from our Strategy which will focus the Nursing Profession and establish a cohesive vision and approach to the development of Nursing and Midwifery across the Group. The Assistant Directors of Nursing/Midwifery from the Group have agreed to progress on specific strategic aims.

We are planning to also roll out the “Leading in Uncertain Times” programme for Staff Nurses in the Autumn.

Bed Designation will be in place from 07 May 2012. Each Nurse needs to be familiar with this policy and ensure that it is maintained. This will require us all to work proactively with all departments. Having dedicated In-Patient specialist beds is proven in nursing literature to improve patient outcomes and reduce mortality (see Aitkens et al).

We will be reviewing nursing competencies in the Autumn which will result in specific educational needs being addressed.

It was a pleasure to visit the MPUH site and meet the staff in the various units, and observe the training staff were receiving in the Haemodialysis Unit from Braun Medical. Our new Acute Dialysis Service will open in UHG in mid-June. The Staff in Hospital 2 have take part in the compass/Early Warning Score Train the Trainer Programme on the 10 May and this will be delivered across the site to ensure that patient safety is maintained. The MPUH site has been through considerable changes however, staff are committed to engaging on developing services. A Strategic Group has been established to plan for MPUH.

Finally, I would like to thank staff for their welcome and their patience with the Bed Designation, Reviews, Redeployments and new concepts for the future of GUH Nursing.

Our journey has begun.

Best wishes,

Colette Cowan
Director of Nursing/Midwifery Services
GUH



Message from Elaine Prendergast, General Manager, Roscommon Hospital

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

The Key Performance Indicator set for Roscommon Hospital are improving each month and those that remain in the red are the focus of a lot of attention within the hospital. The most recent KPI set are attached for your information.

In relation to the capital development of the Endoscopy Suite, the location of the Endoscopy suite on the roof of the Urgent Care Centre is now confirmed. The Project team at the hospital have signed off on the briefing document, and Room Data Sheets have now been completed and are with the Estates Department who will prepare a tender for the appointment of a design team. Early indications are that the development will take 18 months to 2 years to complete.

Discussions are ongoing with Mayo / Roscommon Hospice Foundation with regards to the building of Hospice on the grounds of the hospital. A briefing document is being prepared. The extension of the GUH Agfa RIS/PACs system for radiology is progressing and is expected to be implemented by July.

Roscommon Hospital welcomed the commencement of a Day Case Urology service under the leadership of Mr Syed Jaffry, Consultant Urologist GUH, on Monday 14 May 2012. This service will be expanded on 25 June with the commencement of a Laser Vaporisation of Prostate Surgical service at the hospital. More information about this new service will be in the next edition of the newsletter.

Staff at Roscommon Hospital conducted a Bed Utilisation Study on 18 April, results of which are awaited. In addition staff are currently conducting a survey/audit as part of the National Point Prevalence Survey on Hospital Acquired Infections and Antimicrobial Use.

The Productive Ward Initiative in place on the Medical Ward and Clinical Observation Unit is now being rolled out to the Surgical Ward.

As part of the hospital's communication strategy we attended a special meeting of Roscommon County Council on the May 15. The purpose of the meeting was to outline the plans for Roscommon Hospital and how the Galway and Roscommon University Hospital Group will provide acute and elective hospital services to people living in Counties Roscommon and Galway by maximising the potential contribution of each hospital in the Group. Roscommon County Councillors were asked for their assistance in promoting the important role that Roscommon Hospital will play in the development of the hospital group in the coming years. Meetings with GPs and other key stakeholders are being planned.

And finally, we welcome the appointment of Catriona Rayner as Clinical Nurse Manager II in OPD and Medical Day Services. We wish her every success in her new role.

Elaine Prendergast.
General Manager



Roscommon Performance Summary – March, 2012

Orthopaedic Out-patient Waiting List		DNA Rate		Increase Surgical day Case activity	
Current	Future	Current	Future	Current	Future
<p>Current Value 653</p> <p>Trend: v Previous Month</p> <p>Target: No patient will wait for an Orthopaedic Outpatient appointment for more than 1 year by December 2012.</p> <p>Longest Waiter reduced from September 2006 to January, 2007. Validation of lists ongoing. However referral rate exceeding appointment rate with no major decrease in actual number waiting on lists. Reduced by 3 on February figure.</p>	↔	<p>Current Value 18%</p> <p>Trend: v Previous Month</p> <p>Target: Reduce the number of patients who do not attend OPD to 10% by December 2012</p> <p>Unchanged on previous month.</p>	↔	<p>Current Value 256</p> <p>Trend: v Previous Month</p> <p>Target: To increase Surgical Day Case activity at Roscommon County Hospital to 500 cases per month by treating patients on the UHG waiting lists.</p> <p>Plans in progress to transfer the GUH long waiters under Endoscopy and Surgery. Expansion of Plastic Day Case service will commence on the 19/4/2012. A net increase of 19 on previous month.</p>	↑
Admission Rate via MAU		New/Review Ratio Out Patient Services		Average Length of Stay	
Current	Future	Current	Future	Current	Future
<p>Current Value 95%</p> <p>Trend: v Previous Month</p> <p>Target: To reduce the admission rate of all attendees at the MAU to 20% by December 2012</p> <p>Figure manually calculated pending change in the PAS registration process. 91 MAU patients attended of which 86 were admitted. This is up from 75% on previous month.</p>	↑	<p>Current Value 1:2.75</p> <p>Trend: v Previous Month</p> <p>Target: New to review outpatient ratio of OPD attendances to be 1:2 by December 2012</p> <p>0.2 of a decrease on February figure. It is envisaged that the roll-out of Medical RAC will have a positive effect on the New/Review Ratio.</p>	↔	<p>Current Value 7</p> <p>Trend: v Previous Month</p> <p>Target: Overall ALOS for all inpatients discharges is reduced to 5.7 days by December 2012</p> <p>Decrease of 1.3 days from 6.3 days in February. Contributory factors include changes to our patient profile, percentage increase in patient transfers from level 3 and 4 hospitals.</p>	↔
Antibiotic Usage		New Cases of C Diff		Fair Deal - Bed Days Lost	
Current	Future	Current	Future	Current	Future
<p>Current Value 77.9</p> <p>Trend: v Previous Month</p> <p>Target: To reduce the medial usage rate of antibiotics to 84.4 per 100 bed days utilised by December 2012</p> <p>No. of ABX units dispensed decreased in March 12 to 3010 versus March 11 = 8020. Cost in March 12 was €6543 versus €16121 in March 11. The usage of Piperacillin/Tazobactam decreased in March 2012 to 278 units (445 Jan 12, 468 in Feb 12). As per guidelines it is only indicated for Diabetic soft tissue infection, Febrile neutropenia. Hospital acquired pneumonia, Hospital acquired Intra-abdominal infection, Septicaemia. Rate for Q4 2011 per 100 bed days is 77.9</p>	↔	<p>Current Value 0</p> <p>Trend: v Previous Month</p> <p>Target: To reduce the background rate of HCAI of C. Difficile to <2.6 per 10,000 bed days used</p> <p>There were no positive C. difficile infections confirmed in March, 2012 – background rate had been running at 6.8 per 10,000 bed days. Third month with 0 rate for New Cases of C. Diff.</p>	↔	<p>Current Value 145</p> <p>Trend: v Previous Month</p> <p>Target: To reduce the number of bed days lost due to delayed Fair Deal approval to 31 bed days per month by December 2012</p> <p>134 Feb 12 – increased to 145 in March, 2012. Profile of patients being transferred back from other hospitals a contributory factor. On average 5-7 patients awaiting long term care throughout the month.</p>	↑
Financial Position		Staffing Levels		Absenteeism	
Current	Future	Current	Future	Current	Future
<p>Current Value +13%</p> <p>Trend: v Previous Month</p> <p>Target: To deliver financial breakeven by December 2012</p> <p>Pay and Non Pay breakeven in March, 2012. Deficit in income target of €128. Income focus group meetings ongoing. St Bridget's ward converted to 5 Day Ward</p>	↔	<p>Current Value 1%</p> <p>Trend: v Previous Month</p> <p>Target: WTE should not drop below the WTE ceiling so as to maintain patient safety and 5 services by December 2012</p> <p>March 2012 283.14 wte. WTE Ceiling adjusted to 285 from March, 2012. (Feb 12 Wte 287.74 ~ Dec 11 285.48)</p>	↔	<p>Current Value 5.95%</p> <p>Trend: v Previous Month</p> <p>Target: To reduce the absenteeism rate to 3.5% by December 2012</p> <p>Increased each month. March rate at 5.95%. Ongoing monitoring of Absenteeism, ensuring back to work interviews being carried out, etc. Top 3 grades - Nursing 8.28%, Management/Admin 6.73%, Gen Support 6.47%.</p>	↑

NURSE PRESCRIBING X-RAY

Expanding the Nurse's role is very exciting in a time of service reconfiguration within our Health Service. Two staff Nurses in Roscommon Hospital's Urgent Care Centre/Medical Assessment Unit, Maggie Mew and Caroline Webb, recently completed the Hetac Level 8 Certificate in Nurse Authority to prescribe Ionising Radiation.

Direct benefits of the programme include;

- Help meet service needs by decreasing waiting times in UCC/MAU.
- Enhance the patient experience by improving access for patients/service users to radiological diagnostics.
- Delivery of a more timely, efficient and effective service to patients and service users.
- Increase staff productivity by having nurses who are skilled and competent to prescribe x ray, delivering competent care in a variety of clinical settings.



Photo: L to R: Caroline Webb, Maggie Mew

PAEDIATRIC EARLY ASSESSMENT RECOGNITION AND STABILISATION COURSE

Nine Nursing Staff from Roscommon Hospital and three Dental Staff from the Roscommon Dental Department attended and successfully completed a one day Paediatric Early Assessment Recognition and Stabilisation Course (PEARS) on May 02 2012.

The PEARS course provides a structured learning environment for interdisciplinary groups to develop the skills, teamwork and the organizational skills required to recognise early clinical deterioration in children.

The course received excellent feedback. Well done to all who participated.

Anne Scahill.
Resuscitation Officer.





Public Screening Programme

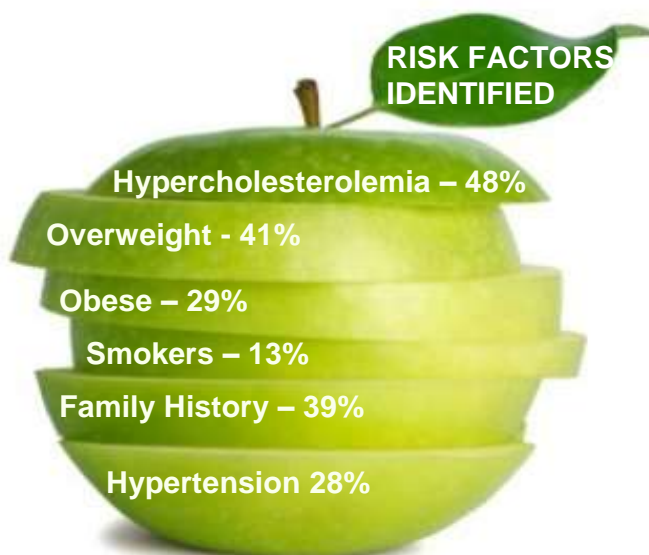


Genesis

- In response to a recommendation in the HSE's National Clinical Programme 2011
- A site specific, nurse led screening programme, was developed by the Clinical Nurse Specialist (CNS) group

Aim

- Increase public knowledge and awareness on the prevention of heart disease, stroke and diabetes and COPD.
- To promote health prevention and better self care as part of the HSE transformation programme
- Promote nurse led services available in the hospital.
- Encompass interdisciplinary roles.



Preparation

- Development of screening tool, procedural guidelines, screening pathway.
- Incorporated IHF Stroke and Croí Heart Disease Prevention campaigns, GOLD guidelines, Diabetes Federation of Ireland guidelines. Compliance with national guidelines.

Process:

- Checked – weight, height, waist circumference, calculated BMI
- Blood pressure, pulse, showed clients how to self check pulse
- Blood sugar, analysis of data obtained from checks and discussion with each individual regarding their risk factor profile
- COPD screening for smokers/ recent ex smokers
- ECG done on clients with an irregular pulse

Key Findings:

- Overwhelming response **218** screened
- 46% Male, 54% Female
- 48% Hypercholesterolemia and 28% Hypertension already known and being treated by GP's
- Elevated blood glucose on the day - 6% - referred to GP
- COPD screening 17% of attendees
- Elevated blood pressure – 6%
- **70%** of attendees overweight or obese.

Outcome and Follow up:

- Immediate: 24 hour blood pressure and holter monitoring arranged as required.
- Referrals to GP regarding elevated blood glucose.
- Where COPD detected referred to GP. Data sent to Irish Thoracic Society for statistical analysis.
- 14% are being followed up by cardiac rehabilitation – smoking cessation, risk factor modification, exercise, stress testing and hypertension assessment. Monitor results analysed and refer to GP
- Plan to liaise with Croí and hold a free public information session regarding a healthy diet

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

I look forward to reading Issue 3 of the Newsletter. The Newsletter is certainly proving to be informative, giving staff across the Group an opportunity to share their news!

A lot has happened in the past month. We have had the opportunity to meet with the National Critical Care Programme in Galway as part of the Group. Also, the Hospital was delighted to welcome Professor Frank Keane and his Team from the Elective Surgery Programme. The Hospital also participated in a Bed Utilisation Study on 18 April 2012 and has been busy emphasising the need for documenting Estimated Date of Discharge (EDD) effecting discharges as early as possible to alleviate bed pressures and the introduction of whiteboards to indicate each patient's EDD.

As you are aware the Group Clinical Directorate Structure is in place and many of our staff is represented in each Directorate. I would encourage staff to engage and inform themselves as to what's happening in the Directorate Structure relevant to their area of work.

Many staff members have upcoming Communion and Confirmations - we hope that you and your families enjoy these special celebrations. These are special moments in a child's life.

Chris Kane
A/General Manager



Portiuncula Hospital Performance Summary – March 2012

Out-patient Waiting List		ED Waiting Times for Admission	
Current	Future	Current	Future
4,141		75.09%	
Trend: v Previous Month	↑	Trend: v Previous Month	↔
<p>Current Value</p> <p>Target: Out-patient waiting to be reduced to less than 9 months by December 2012.</p> <p>The overall number of patients waiting in the OPD has increased by 345 patients since February. The highest contributors remain orthopaedics and Dermatology. Validation process of longest waiters to commence in May.</p>	<p>Current Value</p> <p>Target: No patient should wait over 6 hours.</p> <p>75.09% of all patients were seen and admitted within the 6 hours. The waiting times in the ED have improved when compared with February 2012.</p>		
CT Waiting List		Average Length of Stay	
Current	Future	Current	Future
150		4.51	
Trend: v Previous Month	↑	Trend: v Previous Month	↔
<p>Current Value</p> <p>Target: No patient should wait more than 6 weeks.</p> <p>The current waiting list for CT is approx. 6 weeks. No change from the previous month.</p>	<p>Current Value</p> <p>Target: Achieve a target of 4.5 days</p> <p>No change in the ALOS from the previous month.</p>		
Day of Procedure for Elective in-patients		Fair Deal - Bed Days Lost	
Current	Future	Current	Future
51.0%	60%	233	
Trend: v Previous Month	↑	Trend: v Previous Month	↔
<p>Current Value</p> <p>Target: To increase rate to 75% by December 2012.</p> <p>The rate of 51% no change on the previous month. There is increased emphasis on streaming patients to the Pre assessment clinic.</p>	<p>Current Value</p> <p>Target: To reduce the lost bed days to less than the current monthly bed days lost</p> <p>233 Bed days lost in the month of March, this is an increase of 56 days on the previous month of February, this is due to slow processing of fair deal applications and accessing appropriate step down facilities for patients as well as care packages.</p>		
DNA Rate		Absenteeism	
Current	Future	Current	Future
12.13%	8%	5.75%	
Trend: v Previous Month	↑	Trend: v Previous Month	↔
<p>Current Value</p> <p>Target: Reduce the number of patients who do not attend 8% by December 2012.</p> <p>The DNA rate in March stands at 12.13% this is an increase of 22% on February 2012. 2 specialities below the HSE target of 10%. Efforts continue to reduce this rate further.</p>	<p>Current Value</p> <p>Target: To reduce absenteeism rate to 3.5% by December 2012.</p> <p>The absenteeism rate is 5.75% a slight increase. Active monitoring to reduce absenteeism rates through absence management programmes and back to work interviews. A series of managing attendance training sessions for line managers taking place.</p>		
Day Case Rate Basket of 24		Hospital Acquired MRSA	
Current	Future	Current	Future
76%		7	36
Trend: v Previous Month	↑	Trend: v Previous Month	↑
<p>Current Value</p> <p>Target: No increase the rate to 75% within the basket of 24 procedures to be treated as day cases.</p> <p>Currently the rate is 75%. This is an improvement of 1% on previous figure.</p>	<p>Current Value</p> <p>Target: To reduce the number of Hospital Acquired MRSA infections to 3 per month in 2012.</p> <p>There were 7 Hospital acquired MRSA infections for the month of March 2012. This is an increase of 4 cases on the previous month. The infection control committee are continually reviewing the levels of infection in conjunction with all clinical area.</p>		
Staffing Levels		Financial Position	
Current	Future	Current	Future
649.35		2,195	
Trend: v Previous Month	↔	Trend: v Previous Month	↑
<p>Current Value</p> <p>Target: To operate within our allocated ceiling of 655 wte.</p> <p>The WTE figure for March has reduced by 11.65 WTE's. Continued focus on reducing WTE figures in line with the budget as part of financial recovery plan.</p>	<p>Current Value</p> <p>Target: To deliver financial break-even across the Group by December 2012.</p> <p>The March negative variance is higher than February by 31k. Cost containment plan in place measures include 10% reduction in non pay across all departments, analyses of variances and take corrective actions specific to our income generation and reducing absenteeism</p>		

Elective Surgery Programme Visit Portiuncula Hospital



The Elective Surgery Programme site visit took place in Portiuncula Hospital on 19 April 2012. Professor Frank Keane President of the Royal College of Surgeons and National Lead for the Elective Surgery Programme along with members of the Surgical Programme were in attendance.

The Team were well received by staff with good representation from across the hospital. The hospital updated the National Team on the current progress of the Elective Surgical Programme at Portiuncula. The first steps include the establishment of an Elective Surgical Steering Group reviewing the support pack model of care and documentation.

A presentation on the Elective Surgery Programme and the Productive Operating Theatre Programme was provided.

This included:

- Model of Care outlining best practice in Surgery
- Bed Utilisation and Average Length of Stay
- Productive Theatres
- National Audit of Surgical Mortality

This was followed by a very lively discussion from the floor. A tour of the hospital's Theatres, Endoscopy, ICU, Day Care and Emergency Department followed.

Electronic Discharge Summary (EDS) coming to Portiuncula Hospital

Work is in progress to implement the EDS in Portiuncula. Mr Chris Collins, Consultant Surgeon has kindly agreed to pilot this project in the Surgical Department for his patients with a view to implementing it on all the wards as 2012 progresses. The EDS is already in use in GUH, Roscommon Hospital (on a pilot basis) and St Vincent's University Hospital.

The EDS will replace the current hand written discharge summary that is currently in use in triplicate form. The clinician will be able to start documenting the patient's care electronically from the moment the patient is admitted to hospital, with a view to having a complete and accurate summary compiled at discharge.

The project team are working hard to ensure that the EDS will be a more efficient and accurate communication for the patient's GP, for the patient's file and for inclusion on the HIPE database. It will be a more user friendly and time efficient option for the clinical staff and will provide a legible and accurate document for users of the patient record. It is hoped that the project will advance to ePrescribing and the use of HealthLinks to send this discharge summary electronically to General Practitioners. It is envisaged that the Pilot will commence in July 2012. The Project Team include Mr Chris Collins Consultant Surgeon; Mr Fergus Hannon, Patient Services; Ms Ita Hynes, HIPE Manager; Ms Noreen Killeen, Activity Project Nurse; Ms Anita Carey, IT Manager; and Ms Geraldine Colohan, Chief Pharmacist.



Congratulations and well done to Mrs. Maura Darcy, Chef II, Catering Department on achieving a Bachelor of Arts Degree in Business, Enterprise and Community Development in March 2012 presented by the President of the Athlone Institute of Technology.

Stop the Spread and Measure Up Today!

Many of you may have seen the 'Stop the Spread' advertisements from 'SafeFood' regarding a healthy waist circumference. It may even have led you to reach for the tape measure to check your own measurements!

Carrying excessive fat around your middle is linked to many chronic diseases including diabetes, heart disease and cancer. 2 out of 3 adults on the island of Ireland are overweight.

How do you measure up?

Measuring your Waist Circumference



For the most accurate result, measure halfway between your lowest rib and the top of your hipbone, roughly in line with your belly button.

Waist Circumference		Category
Men	Women	
Less than 37 inches (94cm)	Less than 32 inches (80cm)	Healthy waist measurement
More than 40 inches (102cm)	More than 35 inches (88cm)	Substantial Risk measurement





Alternatively you could calculate your *Body Mass Index (B.M.I.)*

$$\text{B.M.I.} = \frac{\text{Weight in Kg}}{(\text{Height in metres})^2}$$

Example: For a man of 12 stones (76kgs) & height 5ft 10'' (1.78metres)

$$\text{BMI} = \frac{76}{(1.78)^2} = 24 \text{ Kg/M}^2 \text{ (Healthy weight)}$$



B.M.I.	Category
Less than 18.5 Kgs/M ²	Underweight 
18.5 – 24.9 Kgs/M ²	Healthy Weight 
25 – 29.9 Kgs / M ²	Overweight 
Greater than 30 Kgs / M ²	Obese 



Well done if you have checked your measurements – you have taken the first step to a healthier you!

For information, support and advice on weight management check out the following websites:

www.weigh2live.eu www.indi.ie www.safefood.eu

Compiled by the Department of Nutrition & Dietetics, Portiuncula Hospital

International Nurse Adaptation Programme



My name is Jaison V. John and I am from Kerala which is a southern state of India. The six weeks of Adaptation programme in Portiuncula Hospital was an excellent experience in our professional life. There were 10 International Nurses in my Group and we all were very tense and excited on the first day. However, when we met Alceina O'Brien, Placement Co-ordinator at the reception, the way of her approach and her words gave us great confidence. The first week was very well equipped with different education classes which were very informative and was very helpful during our clinical postings. The group members were allotted to different wards. The work experience achieved from Portiuncula Hospital has been a great add-on in our profession.

The staff members were very co-operative and informative. Even having a busy schedule they took the effort to find time to help us with the ward routines and different procedures. All the staff are very dedicated and the care they provide to the patients is very much appreciated. We had the chance to work as a team member and be involved in providing care to the patients, decision making and doing different new nursing procedures.

The Pastoral Care work in Portiuncula Hospital is something which demonstrates the holistic approach of patient care. Importance is given to patients' psychological, spiritual and social aspects, which makes a big difference for the patients.

The members of the Nursing Practise Development Unit (NPDU) used to visit us every day and clear our doubts and help us with getting on well in our clinics. The way things are organised and implemented by NPDU is remarkable and their work in Portiuncula Hospital is very much appreciated.

We are very thankful to all the staff members of Portiuncula Hospital and the Nursing Practice Development Unit for all the support and help they gave us during our 7 weeks there.

And we wish all members the very best for their future endeavours.

With regards,

Jaison V. John

THE EARLY PREGNANCY ASSESSMENT UNIT (EPAU)



The Early Pregnancy Assessment Unit (EPAU) was established at Portiuncula Hospital in 2004 in the Outpatient Department. It was established in response to a need for an allocated time for women who presented with problems in early pregnancy to be seen by experienced Obstetricians.

This was also in line with services being provided on a worldwide initiative to provide a service capable of meeting the needs of women in early pregnancy who may develop complications or go through the trauma of having a miscarriage.

The Outpatients Nursing Staff co-ordinated the clinic with the Obstetric Registrars/SHO's under the supervisory role of our three Obstetric Consultants.

In 2011, in response to the findings of the Miscarriage Misdiagnosis review UCD commenced a course to train Doctors and Midwives in all areas of scanning, but specifically in the area of early pregnancy. This course is a Graduate Certificate in Obstetric Ultrasound. This initiated the training of 2 staff members Dr. Naser and Staff Midwife Patricia Casserly in Early Pregnancy Ultrasound.

In January 2012, the EPAU was re-located into a refurbished area at the end of the Maternity Unit. The primary aim of this unit is to improve the quality of care for women with bleeding or pain in early pregnancy (6 – 14 weeks gestation). The EPAU provides a means by which rapid re-assurance for these women can be obtained without the need for hospital admission.

The clinic is staffed by Midwives Patricia Casserly and Collette Conneely and Clerical Support is provided by Annemarie McCormack. This is in conjunction with Consultant Doctors and medical staff, Pastoral Care and support from Social Work Department. Marie Finn, Social Worker provides support and counselling for women and their families which also incorporates Crisis Pregnancies.

The EPAU offers more than a support for Miscarriage; it extends to a counselling service, a referral service and most of all a point of contact in time of need. It is run on a daily basis (Monday – Friday 8:30am to 12:00 noon) and referrals are made directly by GPs or via the Emergency Department.



SURGICAL DIRECTORATE

Karl Sweeney, Clinical Director; TBA, Business Manager

There has been considerable change in the surgical directorate since the last newsletter, not least, in my appointment to the role of surgical director one month ago. I would like to thank, Michael O'Sullivan, who finished his tenure after 2 years of hard work developing the surgical directorate and setting the foundations for the ward reconfiguration at Galway University Hospitals. I would also like to acknowledge the support and friendship shown by my consultant and nursing colleagues in helping me achieve this position.

The pace has been unrelenting since then. Fortunately, I have had the assistance of such capable individuals as Collette Cowan, David O'Keeffe, Julie Nohilly, Marie Dempsey, Tony Canavan, Helene Horsenelle, Marian Sice and Marian Morris O'Connell among others.

One of my first duties was to authorise the Key Performance Indicators and Priorities for the Directorate. With these measures, we can identify our strengths, weaknesses and prepare for the future. Further governance structures within the directorate will help to optimise our use of resources and most importantly, improve our delivery of care to patients.

The surgical and TACC directorate teams attended a 3 day training session in RCSI entitled, The Productive Operating Theatre (TPOT). This model for theatre has been introduced successfully in over 100 hospitals in the UK and several in Ireland. As you can see from the photograph below there was a hospital group approach to the mission as the teams from Portiuncula Hospital and Galway University Hospitals pushed their tables together and worked as a unit. I hope that this approach will be reflected in the rollout of the TPOT programme across the Galway and Roscommon University Hospital Group.

The Special Delivery Unit has a number of deadlines fast approaching and it was all hands on deck as dedicated ward and theatre space was opened to accommodate the massive effort made by the administrative, nursing, anaesthetic and surgical staff to treat patients on the waiting list. This effort is continuing and requires the continued support of all involved.

Other plans in the pipeline include the expansion of elective surgical delivery in Roscommon Hospital, the increase in orthopaedic operating capacity in Merlin Park University Hospital and increased surgical critical care capacity in Galway University Hospitals.

Finally, I will be able to introduce to you the acting business manager (long awaited and sorely missed) for the Surgical Directorate in the next issue!

Good luck!

Mr Karl Sweeney, Clinical Director.



MEDICAL DIRECTORATE

Pat Nash, Clinical Director; Ann Dooley, Business Manager

Inpatient Waiting lists

The SDU 12 month target for inpatient waiting lists has been achieved for all medical specialties in GUH. No patients are waiting over a year for inpatient treatment in Cardiology, Gastroenterology, Respiratory and Neurology.

We will now concentrate on meeting the new 9 month target by end September, 2012. We wish to thank all the staff involved in each department for their efforts in achieving this.

Bed Cohorting

Revised bed cohorting arrangements were introduced on 08 May, 2012 with new ground rules with regards to ring fencing of beds. St Mary's ward has been converted from a surgical to a medical ward. All beds in UHG (excluding Obs/Gynae and Paeds) will now be designated either Medical, Surgical or Haematology/Oncology (both medical and radiation oncology) with a revised full capacity protocol also in place. The only shared areas are St Dominic's Ward (Infection Control Ward), HDU and ICU.

Medical Bed Designation – Revised 24 April 2012

	Anths	Ritas	Ters	Annes	Marys	Endas	Total
Total	32	17	32	31	25	32	169 +13 Dominics
Fixed Specialty Beds	3 CF	5 Stroke		1 EEG		32 Short stay	
Specialty Breakdown	22 Respiratory 7 Rheum	12 Elderly	20 Renal 12 Endocrine	9 Neuro 13 Gastro 8 Inf Dis	12 Cardiology 13 Elderly		

This does not include the following which are also part of the medical bed cohort:

CCU – 8 beds

St. Dominic's – Infection control 26 beds in total 13 – Medicine, 13 – Surgery.

Haematology/Oncology Beds

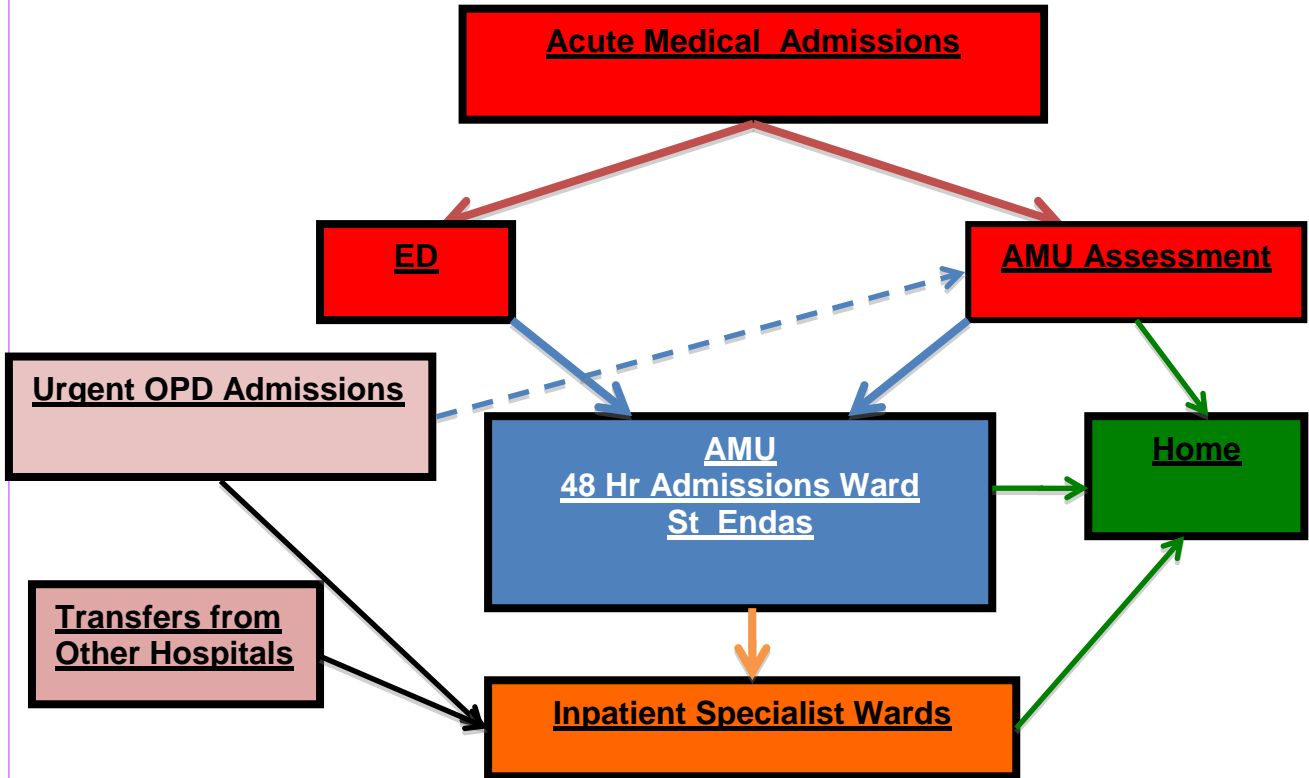
	Josephs (26 beds)	Patricks (26 beds)
Haematology	14	
Medical Oncology	12	16
Radiation Oncology		10



MEDICAL DIRECTORATE

Pat Nash, Clinical Director; Ann Dooley, Business Manager

Medical Patient Flow Chart May 8th 2012



St. Anthony's 25 Respiratory 7 Rheumatology	St. Theresa's 20 Renal 12 Endocrine	St. Mary's 12 Cardiology 13 Elderly Care	St. Anne's 13 GI 10 Neurology 8 Inf Dis	St. Rita's 12 Elderly Care 5 Stroke
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MEDICAL DIRECTORATE

Pat Nash, Clinical Director; Ann Dooley, Business Manager

Key Performance Indicators & Key Priorities 2012

The following KPI's and Key priorities have been agreed for the Directorate for 2012 and will be reported on a monthly basis:-

- Assessment times in ED
- Waiting times for Admission from ED
- Decision to admit in Acute Medical Unit.
- Average length of stay
- Medical Discharge Rate within 48 hours
- PTL – Inpatient Waiting list
- OPD waiting list > 1 year
- OPD DNA rates
- Electronic Discharge summary completion rate.
- Cost Containment Plan
- Staffing Levels
- Absenteeism rates.

Key Priorities 2012

Refine and consolidate the directorate governance structure.

Implement the acute medicine programme on all 3 sites.

Implement the emergency medicine programme.

Implement the national care of the elderly programme

Continue to engage and implement the other national clinical care programmes.

Develop a unified Endoscopy service that has sufficient capacity to meet the PTL's.

Target OPD waiting times that are greater than one year

Personnel

Dr. Tom Monaghan has been appointed as Consultant Neurologist from 14 May, 2012.

Interviews for the 3 AMU Physicians posts took place on the 29 and 30 May, 2012.

Elective Medical Ward MPUH.

Commencing 07 June, 2012, patients will be admitted to the elective medical ward for liver biopsies under the care Dr. Derek Lohan, Consultant Radiologist. This is a very positive new development for patients waiting for this procedure.

Endoscopy Service

Commencing on Wednesday 16 May, 2012 the second Endoscopy room opened increasing the sessions from 9 to 14 and treating an extra 25 patients approximately per week for OGD and Colonoscopies. This will increase our capacity to meet the SDU targets for this group of patients.

Wedding Congratulations

The Directorate Team wish to congratulate Marian Sice and Brian Roache who were married on Saturday 12 May, 2012 – We wish them every happiness for the future .

THEATRE ANAESTHETICS AND CRITICAL CARE DIRECTORATE (TACC)

Paul Naughton, Clinical Director; Marie Dempsey, Business Manager

TACC in liaison with Surgical Directorate and in-patient waiting list office have worked extremely hard over the past number of weeks to ensure that SDU/PTL patients on 9/12 month waiting, requiring access to theatre are accommodated through opening of one theatre on April 23 to accommodate special delivery primary target list completion.

Recruitment of theatre nursing has continued, this process is proving to be very slow and numbers recruited are off set by numbers leaving the system. However theatre staff have stepped up to the mark to ensure SDU work is accommodated and have played a big part in the very impressive results to date as noted in the waiting list report.

The Critical Care programme

The Critical Care programme was rolled out on 05 April with a visit from Mr M Power National Clinical Care Programme Director. This programme sets out a vision for delivery of critical care services in Ireland in line with National Clinical Care requirements. The recommended model for the delivery of adult critical care is underpinned by a network approach, whereby “hub”, “spoke”, and “local”, hospitals will work together to provide the patient with safe and high quality critical care, in a timely manner. Work is ongoing across the Galway and Roscommon University Hospital Group in identifying the clinical, nursing and Information requirements for the support of this programme.

Elective Surgical Programme

The roll out of the Elective Surgical Programme commenced on April 19 with a visit from Professor Tom Keane, Surgical Clinical Lead. Dr Bairbre Golden is the designated anaesthesia lead. The Elective Surgery Programme (ESP) sets out to address how elective surgery can best be delivered by surgeons, anaesthetists and other health workers in partnership with their patients so that it is safe, efficient and cost effective. This will be delivered through a set of high quality and reproducible processes. This work is being carried out as one of the joint programmes between the HSE, the College of Surgeons and the College of Anaesthetists.

The productive operating theatre, TPOT is sub programme of the elective surgery programme. TPOT focuses on patients experience and outcomes through improving team performance and staff well being, safety and reliability of care, and value and efficiency in the operating theatre environment.

A representative group of nursing, management, surgeons and anaesthesia from UHG attended a training programme run by the Royal College of Surgeons Ireland on 24 to 26 April. This programme now requires to be implemented with development of an action plan for roll out locally.

THEATRE ANAESTHETICS AND CRITICAL CARE DIRECTORATE (TACC)

Paul Naughton, Clinical Director; Marie Dempsey, Business Manager

Theatre Productivity/Utilisation

Meridian productivity specialists are currently assisting with a review of theatre services across the 4 hospitals with specific focus on in-session utilisation of capacity at UHG and to undertake a redesign programme to develop and install new systems to review **actual** theatre utilisation. A Theatre flow group has been set up, chaired by the COO.

This group has responsibility for meeting patient waiting time targets in surgery, by ensuring that the most appropriate planning and review processes are in place in theatre.

We are currently concentrating on key data capture and time points/patient flow through the theatre complex to enable effective theatre planning and scheduling.

Data capture and measurement is a key element in the critical success factors of the Productive Operating Theatre tool kit.

TACC 2012 Key Priorities

TACC are on course to deliver on all of the key priorities identified in last issue.

TACC 2012 Key Performance Indicators

In the first issue TACC identified key performance targets, which are updated on a monthly basis following review.

We will continue to produce monthly KPI's to monitor service delivery and the implementation of the key priorities. The TACC KPI performance data sheet will be circulated to each area and will available for review in Meeting Room 3 and the anaesthesia office.



LABORATORY DIRECTORATE UHG

Damien Griffin, Clinical Director; Judith McLucas, Business Manager

Upgrade of Blood Collection Needles

Galway and Roscommon University Hospital Group in conjunction with BD Vacutainer Systems, intend to upgrade the blood collection needles currently in use to BD Vacutainer Eclipse Signal Blood Collection Needle with Integrated Holder.

The existing Eclipse Blood Collection Needle supplied requires the addition of a holder and does not have a flash back function (indicating when the needle has entered the vein). The Eclipse Signal needle as seen below incorporates a flashback chamber, as well as an integrated holder.



The needle length and gauge are the same as the Eclipse needle currently in use. The safety device has additional features which include a new ergonomic lip on the thumb pad which allows for single handed positioning of the safety shield prior to blood collection and single handed activation of the safety shield after blood collection.

The Eclipse Signal needle will be introduced from May 23 onward and will be replacing the current Eclipse needle as supply demands.

Training by the BD representative is available if required and instruction for use cards and posters will be made available to all health care workers and GP surgeries.

If you have any queries or issues feel free to contact Donna Mc Gowan, the BD representative in the area. Telephone; 086 0275575

donna_mcgowan@europe.bd.com

Anne Mannion, Chief Medical Scientist, Clinical Biochemistry & Tommie Mellett, Senior Phlebotomist

RADIOLOGY DIRECTORATE

Ray McLoughlin, Clinical Director; Mary Murphy, Business Manager

TAKING SHAPE

The Radiology Directorate has spent much of the first quarter of 2012 organising itself in line with the new Hospital Group. The Radiology Directorate constitutes three Departments at Galway University Hospitals (incorporating University Hospital Galway and Merlin Park University Hospital), Portiuncula Hospital Ballinasloe, and Roscommon Hospital respectively.

The second Group Radiology Directorate meeting took place in Portiuncula Hospital, Ballinasloe on 24 April, with representation from all three Radiology Departments. Agreed Department Leads for the Directorate are Dr Ray McLoughlin (GUH), Dr Niall Gough (PHB), and Dr Declan Shepard (RH).

Monthly Directorate meetings have been agreed.
Directorate Key Performance Indicators and 2012 Priorities were agreed and adopted.

Ms Mary Murphy will function as Radiology Directorate Business Manager.
Nominated representatives/supports for the Radiology Directorate include Ms Elaine Prendergast (Divisional Director), Ms Marie Cox (Nursing), Mr Mark Grogan (Finance) and Mr John Shaughnessy (HR).

The Directorate welcomes and looks forward to working closely with each of the above. Having organised its governance structure, the Directorate will now focus on trying to improve its' agreed Key Performance Indicators.

AND OTHER NEWS JUST IN

Congratulations to the Radiology Directorate who won the prize for best overall Presentation at the Executive Council Planning Away Day held recently in the Ardilaun Hotel.

Well done to two of our Radiology Specialist Registrars: Dr Triona Walshe and Dr. Olivia Carney who were recently successful in their Final Radiology Exams. We wish them both every success in their future careers in Radiology.

The Directorate wishes to congratulate Radiology Staff Nurse, Ms. Elaine Gaffey on her recent nomination for the Anna May Driscoll Annual Learning Bursary Award. The nomination was followed by an interview which Elaine was successful in getting first place in and received the prestigious award. The purpose of this award is to recognize **“Responsibility Based Leadership”** taken by Nursing staff within Galway University Hospitals. The award takes the form of a Bursary to enable the winner to invest in their future education and training.



RADIOLOGY DIRECTORATE

Ray McLoughlin, Clinical Director; Mary Murphy, Business Manager

Congratulations to Ms Gina Naughton of GUH Radiology Department who recently completed a 260km cycle in Cuba for charity. A lesson for us all in these straightened times – head down, pedal hard!

Gina Naughton, Radiology Department at Galway University Hospitals, presented a cheque for €12,000 to the Alzheimer Society of Ireland for the Day Care Service based in Merlin Park. Gina raised the funds by completing a 260km cycling challenge in Cuba last November along with fellow cyclist Carolann McIntyre who works in AIB Corporate in Dublin.

Photographed at the presentation by staff to the Alzheimer Society of Ireland, from left: Des Mulligan, Regional Manager; Marcella Lawless; Mary O'Neill, Day Care Nurse Manager; Stella Ryan-Higgins; Ann Nash and in front, Gina Naughton.



WOMEN'S AND CHILDREN'S DIRECTORATE

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

“Baby Friendly Hospital” award for Galway University Hospitals

Galway University Hospitals has been re-designated with the World Health Organisation (WHO) “Baby Friendly Hospital” status. The Baby Friendly Hospital Initiative is a global campaign by the World Health Organisation (WHO) and the United Nations Children's Fund (UNICEF) to recognise best practice in maternity services for the promotion of breastfeeding.

Galway University Hospitals was first designated as a “Baby Friendly Hospital” in 2006 and has just completed a 10 step assessment of all grades of staff and interviews with pregnant women and mothers in order to retain this important award.

The Baby Friendly Hospital Initiative was launched in 1991 and more than 19,000 hospitals/maternity units in 148 countries worldwide, including over 300 in Europe, have been officially recognised as Baby Friendly. GUH is one of only seven hospitals in Ireland which are designated with the “Baby Friendly Hospital” status.

Colette Cowan, Director of Nursing and Midwifery, Galway University Hospitals said, “The award means that in GUH we meet international standards and have demonstrated that we promote informed parental decisions, we implement supportive practices for mother and baby care, we have a strong breastfeeding policy and we provide the correct training for staff in order to be able to implement the policy. In addition it shows that we have maintained the necessary standards and this is monitored through annual audits and regular external assessments.”

“Meeting the criteria of a Baby Friendly Hospital requires significant dedication by the staff involved and I would like to acknowledge their hard work and commitment. It is a significant achievement that both maternity units in the Galway and Roscommon University Hospital Group have “Baby Friendly Hospital” status; Portiuncula Hospital was designated as Baby Friendly in 2004 and re-designated in 2009”



Staff Midwives and members of the Maternity Department attending the Baby Friendly Hospital presentation for Galway University Hospitals on May 14 2012.

From left: Mary Reidy, Carmel Connolly, Fidelma Kenny, Teresa Hughes, Marian Warden and Margaret Cohill.

WOMEN'S AND CHILDREN'S DIRECTORATE

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



Dr Genevieve Becker, National Co-ordinator of Baby Friendly Hospital Initiative in Ireland presenting the Baby Friendly National award to Tony Canavan, Chief Operating Officer.



Paula, baby Rian and Mella Coffey, from Dangan, Galway at the Baby Friendly Hospital presentation for Galway University Hospitals.

WOMEN'S AND CHILDREN'S DIRECTORATE

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

'Start Now' Initiative for Antenatal Classes

Expectant Mothers attending Antenatal Classes are usually preoccupied with how to cope with labour and parenthood. A new project has commenced in UHG which aims to raise the awareness of the importance of nourishing babies minds from Day One. Start Now is a ten minute presentation to expectant parents attending Antenatal Classes. It outlines their Vital Role in fostering early language and literacy development in their babies. It is the brainchild of Ms. Anne McNeill, a retired librarian from Co. Kildare.

Parents are their child's primary educators. It starts at the baby stage ,and parents are encouraged to expose their babies to conversation, stories, songs, and listening to everyday sounds. The presentations commenced on this topic in February 2012 to expectant parents attending Antenatal Classes at UHG. Feedback has been excellent. The Local Library has also donated forty books of suggested reading material for parents and children. All expectant mothers attending Antenatal Classes at UHG will receive a free book.

An official launch for this 'Start Now' initiative took place on 16 May in Westside Library. Colette Cowan Director of Nursing, Carmel Connolly CMM 2 , Marian Warden Staff Midwife, Parent Craft Education, Siobhan Canny CMM 3 and Una M Carr A/DON were invited. The 'Start Now' Project was officially launched by the County Mayor, Mr Michael Maher. He acknowledged and was very grateful for the support that the Maternity Unit in UHG has given to the Library service and the project.



Anne McNeill Founder of 'Start Now', Mayor of County Galway, Michael Maher, Colette Cowan DON, Una Carr A/DON and Frank Fahy, Deputy Mayor of County Galway

ESTATES UPDATE GUH
Ann Cosgrove, A/Services Manager GUH



Interim Ward Block

The planning process for this project has commenced, the tendering process for technical team is near completion and utilities and topographical surveys are in progress.

Medical Assessment Unit

The ceiling in the Medical Assessment was replaced recently with the unit being relocated from 23 April to 04 May, 2012.



Hygiene Facilities Wards

The ensuite facilities in St Enda's Ward and St Teresa's Ward are completed and became operational at the end of April 2012.



Acute Dialysis Unit

The acute dialysis rooms in St Teresa's Ward were handed over on Monday 02 April 2012. At this point the rooms can be used for acute dialysis using portable RO system. The final commissioning of the Reverse Osmosis Plant for acute dialysis patients is due for completion.

ESTATES UPDATE GUH
Ann Cosgrove, A/Services Manager GUH

Clinical Research Facility

Enabling works for the CRF project will commence later in May following consultation with areas affected.



Exemplar Design

Central Scope Decontamination Unit.

The block-work walls are complete; the first and second fix mechanical and electrical installation is progressing well. The programme date for completion is July/August 2012.

Electrical Infrastructure

The next phase of the electrical infrastructure upgrade work is commencing the week commencing 14 May 2012 with work being undertaken on the low voltage equipment in the hospital's electrical switch-rooms.

Medium Temperature Hot Water System Upgrade Works.

There is upgrade work to the medium temperature hot water system ongoing since December. This system supplies heating and hot water to Blocks 2A, 2B, 2C, part of ED and the Oncology/ Eye Clinic Building. The impact on the service is minimal at present. A significant portion of this work is planned for June and July.

ESTATES UPDATE GUH
Ann Cosgrove, A/Services Manager GUH

DEVELOPMENT OF A CHEMICAL POLICY FOR GUH

Work has commenced on the development of a chemical policy for Galway University Hospitals. The purpose of the policy is to prevent chemical related health and safety issues by providing clear guidance on processes involving the procurement, distribution storage handling disposal and training in respect of all chemicals used by GUH staff. The work is being carried out by a subgroup of the Health and Safety committee. The policy will abide by the requirements of the Safety Health and Welfare at work Act 2005 and the Safety Health and Welfare at Work (Chemical Agents) Regulations 2001.

Draft Regulation for prevention of sharps injuries in the healthcare sector

The Health and Safety Authority have published draft regulations for the prevention of sharps injuries in the healthcare sector. The regulations aim to protect workers in the healthcare sector at risk of injury from all medical sharps and the risk of infections caused by medical sharps. The legislation provides for an integrated approach to risk assessment, risk prevention, training, information, awareness raising and monitoring and for response and follow-up procedures with regard to sharps injuries.

Evaluation of a system of Re-usable Sharps Containers

Galway University Hospitals are currently reviewing the feasibility of introducing a Biosystems programme for the management and disposal of sharp waste. The main difference between the Biosystems programme versus the system that is currently in place is that the sharps containers we use presently are single use versus the biosystems programme where the containers are re-usable. The Biosystems Programme has recently been introduced to a number of Dublin hospitals. The programme has demonstrated cost savings and has shown to reduce needlestick injuries, save money, space and time in areas where it has been introduced. The programme is currently being reviewed by the Services Department at GUH in conjunction with the service provider with input from the infection control team and the stores department.



UPDATE ON THE LAUNCH OF SMOKE FREE CAMPUS IN GUH

Galway University Hospitals (GUH) introduced a smoke free campus policy on National No Smoking Day, Wednesday 22 February.

The smoke free campus committee is continuing to manage the implementation of the policy, and this is an update on current issues:

Patients audit An audit is being conducted with smokers within 24 hours of their admission. The purpose of the audit is to assess patients' knowledge of the smoke free hospital campus. The patients' medical and nursing notes are also being audited for documentation in relation to smoking status, patients being informed of smoke free campus, NRT prescription and smoking cessation referrals. The results of the audit will be detailed in the next newsletter.

Spot checks on campus There are regular spot checks carried out by the committee and have resulted in extra signage being erected in key problematic areas and bins being erected at the entrances to the hospital to gather cigarette ends near the blue line. There are small pockets of non compliance; for the large part people are very cooperative and comply with the policy. We would ask colleagues if they see people smoking to inform them of the smoke free campus policy and ask them to move to the blue line if they wish to smoke.

Record keeping We will be reprinting nursing and care pathway documentation over the next few months and questions relating to smoking, smoke free campus and NRT have will be included. The new questions will help prompt staff to raise the issue of smoking with patients.

Brief Intervention Training Brief Intervention training is scheduled to take place on the 19 June. This training aims to assist staff in addressing smoking as a care issue with patients and enables staff to discuss lifestyle changes with patients. These techniques have been shown to show improved rates in smoking cessation, weight reduction, reducing alcohol consumption and dietary changes. Please contact Denise Fahy, HR Department (Ext 2224) with your name if interested in attending.

Medical Training Short information sessions with medical staff are scheduled to take place over the next few months during grand rounds, induction and lunch time trainings. This will be facilitated by Irene O'Byrne the smoking cessation officer.

NRT Usage There has been an 85 % increase in the dispensing of NRT products to clinical areas from Feb- April 2012 (1,598 NRT products) when compared with the same period in 2011 (865 NRT products).



HUMAN RESOURCES UPDATE - EXIT INTERVIEWS

Many of our colleagues retired recently under the Grace Period Retirement scheme and this gave the hospital an opportunity to learn from their experiences as employees, many of them for most or even all of their working lives, of Galway University Hospitals. Please see below for an overview of a questionnaire answered by 37 former members of staff on a range of questions relating to Staff Retention and the Work Environment.

Retention

Average Scores

On a scale of 1 to 5 (**1 = low, 5 = high**) how satisfied are you with/that:

a. Your work environment (location, facilities, stimulating/motivating etc)	4.02
b. The flexible work arrangements offered	3.48
c. Opportunities to progress your career in GUH	3.61
d. Galway University Hospitals is viewed well by the public	4.17
e. Our reputation for providing a good service to the patient	4.61

The average score for *Retention* was **3.98** which suggests that staff are satisfied with most aspects of their work.

Work Environment

Average Scores

On a scale of 1 to 5 (1 = low, 5 = high) how satisfied are you that:

a. You were clear about the job that was expected of you	4.61
b. You were well suited to the job you were doing	4.66
c. There was good communication within the hospital/department/ward	4.20
d. Galway University Hospitals is a good place to work	4.35
e. The good work you did was recognised/appreciated	4.00
f. The work you were doing motivated you	4.53
g. You had an opportunity to discuss your performance and development with your manager	4.00
h. You were made aware of all development opportunities available in GUH (e.g. training, Personal Development Planning, etc)	4.23

The overall average for the *Work Environment* was **4.32** which is encouraging as it indicates that there was clarity about expectations, good communication, recognition of effort, evidence of motivated staff and a general feeling that GUH is a good place in which to work.

It was affirming to read all of the positive comments but there is room for improvement with respect to communication opportunities with senior management, performance appraisal of staff, support from line managers and the availability of mentors. It is certain that the new GRUHG Communication Strategy will improve information delivery to all staff and that there will be significant progress made on the implementation of a Performance Management programme. Both of these will enable line managers to support staff further and identify mentoring needs and opportunities. I would like to thank our former colleagues for providing an insight into working life in GUH and for signposting areas on which we can improve.

John Shaughnessy
A/HR Manager



GOOD NEWS**CNS Short listed for National Health Care Innovation Award**

Clinical Nurse Specialist Paddy Browne was short listed as a finalist for the Biomnis National Health Care Innovation awards. The awards ceremony took place on Friday 18 May 2012 in the Burlington Hotel Dublin, where it was revealed who the winners of the various categories were. This nomination was made by the Galway Parkinson's association for the community assessments done by Paddy as the Movement Disorders Nurse Specialist. The nomination was also for his assistance with setting up innovative practice that now see community based Physiotherapy and Speech and Language Therapy classes being held where 10 patients are brought together for treatment in group sessions.

Award for CASATS

The award was presented for Healthcare and Social Care Support Initiative in recognition for the work carried out to set up and run the Child and Adolescent sexual Assault Treatment Services (CASATS) the only 24 hour response service in the country for children who have been victims of sexual assault and abuse.



From Left to Right: Dr Joanne Nelson, Eleanor Comer CNS, Niamh Bonner CNS and Frances Fitzgerald, Minister for Children

GALWAY ARTS TRUST

“This Never Happened” is a poetry collection written by patients of long term care in Merlin Park University Hospital. The creative writing programme is now in its ninth year and continues to be facilitated by Writer in Residence, Kevin Higgins. In this time the writers of Merlin Park University Hospital have generously shared their stories with us; past love, joy, disappointment, grief and the odd tall tale. The writing programme continues to evolve with Kevin gently guiding and encouraging the participants to write and the result is this delightful collection of poetry which is available for €5 from the Arts Office.

Music:

The Galway Music Residency will continue to provide music in the foyer of UHG in the coming months.

For further information on the arts programme in GUH contact Margaret Flannery, Arts Director, GUH Arts Trust at 091 544979 or guharts@hse.ie

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

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Newsletter Content Deadlines for 2012

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

Issue 4: 18 June
Issue 5: 30 July
Issue 6: 10 September
Issue 7: 22 October
Issue 8: 03 December



Thank you for your contributions to issue 3 and we look forward to reading your submissions for issue 4.