

4 in 1 NEWS



Issue 7
November 2012

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

Welcome to issue 7, our November edition. This month and last have been very busy with plenty to report.

Governance and Development of the Board

Firstly, the Executive Council Team met the new Directorate General Designate of the HSE Tony O'Brien on Friday 05 October and provided an update on progress within the Group since it was formed in January this year.

Our considerable progress was acknowledged by Mr. Tony O'Brien during the meeting who commented on the developments within the Group. I would like to share a few of Tony's words with you "The Galway and Roscommon University Hospital Group is one of two new hospital groups set up to date as part of the Government's reform of the health system. The progress demonstrated by this Group in nine months illustrates that we can provide better healthcare by combining the strengths of hospitals of different sizes which means that duplication of services can be avoided and there is great flexibility to provide the most appropriate services in the most appropriate locations. I would like to thank each and every one of you for the contribution you have made in providing high quality service for our patients and the great flexibility shown to provide the most appropriate services in the most appropriate locations"

Whilst the Executive Council was present to receive such praise the thanks for all of our success to date must go to each and every member of staff. We have made tremendous progress in a short space of time and this would not be possible without all of your efforts and dedication.

Group Director of Nursing

I am delighted to announce that Ms. Colette Cowan has now been appointed to the position of Group Director of Nursing. This Board level position is another key post in our on-going development of the Group. It is a particularly important role from a nursing point of view and ensures nursing can now take its full and proper role at both the Executive Council and the Board. I am sure you will join me in wishing Colette every success in this new role and we look forward to further developments within nursing.

Performance

We have made significant progress in a number of key areas, many of which are achieving a national profile.

ED Trolley Waits

We have decreased the trolley waits despite an increase in ED admissions; in GUH in August there were on average 7 patients waiting to be admitted at 8am (down from an average of 24 in February) and in PHB in August 87% of patients were seen and admitted within 6 hours.

Outpatient Waiting List

The next area that will be the focus of the Department of Health's Special Delivery Unit will be the outpatient waiting lists. The Group have already started to make progress in this area and is applying the same structured approach that got the inpatient waiting list back on target. This is major challenge for the organisation and will be our primary focus in 2013.

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

Inpatient Waiting List

I am delighted to be able to confirm that we have met the target set by the SDU for inpatient waiting lists. The Department of Health set a target that no adult should wait more than 9 months and no child should wait more than 20 weeks. At the beginning of the year we had 9,901 patients who were waiting longer than the target. We had until the end of September to see all these patients and we successfully achieved this. **As of 25 September, we have reduced the number waiting to 0 patients.** We will remain vigilant now to ensure that we continue to meet these targets and that no adult will wait longer than 9 months and children will be treated within 20 weeks. **Achieving this target is a significant milestone for the Group in terms of national profile, staff morale and more importantly for our patients.** Staff in all of the hospitals in the Group are to be commended for their dedication and commitment to ensuring that we were able to see so many patients in a relatively short length of time. The Group is now in the headlines for all the right reasons - and I would like to thank you all personally on behalf of the Board, Management team and most importantly our patients.

Key Performance Indicators

Delivery of our **KPI's** continues to improve across the Group. The latest update shows progress against the agreed set of KPI's for each hospital. The majority of indicators, other than our financial position and our outpatient waiting lists, are on track with staffing levels for all hospitals meeting target. You will hear about each hospital's performance and its progress throughout this newsletter.

Clinical Programmes

We continue to meet with National Clinical Programme Leads. You will hear more on each of these Clinical Programmes and its work throughout this newsletter. Since the last edition we have received visits from the National Obstetrics and Gynaecology Programme Team, Emergency Medicine Clinical Programme Team and the Acute Medicine Programme Team and these will ensure we will deliver service in line with best practice.

Finance

The finances of the Health Service continue to dominate the press and political agenda. The Group has made considerable progress in reducing expenditure and increasing income in areas within our direct control, such as reduction in overtime rates, reduction in agency and some savings in non – pay areas while protecting front line staff. The finance position is covered by Mr Maurice Power in this newsletter.

Irish Healthcare Awards 2012

Lastly, I would like to congratulate Ms Colette Cowan and Dr Pat Nash who on behalf of the patient flow team have been short listed for their submission "patient experience". The scope of participation is enormous and to make the shortlist is a great achievement – fingers crossed they will bring back the "Oscar".

Until the next Issue.

Kind regards
Bill Maher
Group CEO



Message from Noel Daly, Chairperson of the Galway and Roscommon University Hospital Group

In August I gave you a brief overview of the development of the Board and told you I would keep you updated on further progress. As I write this we are still waiting for the go-ahead from the Minister for Health to finalise the composition of our Board and also the report by Prof John Higgins, Chair of the Hospital Group Strategic Board on the composition and number of new hospital groups is due this month. I hope I will have more news for you on that front by the December issue.

One change to the Board that I can share with you now is that Dr David O'Keeffe is stepping down as Medical Director. I would like to take this opportunity to thank David for his contribution to the Group since it was formed in January and in particular I would like to acknowledge his role in the development of the hospitals while he was Clinical Director and General Manager prior to that. David was appointed to the post in June 2010 and his role encompassed the duties of the former General Manager of GUH with additional clinical responsibility for Portlincula and Roscommon Hospitals; this was the first time anywhere in the country that a hospital group had a clinical lead in a management role. It is no co-incidence that this group of hospitals was chosen as the first with a pioneering Clinical Director role and then to be one of the first of the new hospital groups in the country.

The Irish health system has been in flux for the last number of years; a situation that has been exacerbated by the extreme economic climate we find ourselves in. David was appointed to the role at a time of great financial uncertainty when the first of the severe budget cuts started to take hold followed quickly by rounds of voluntary redundancies and early retirements and all the while the numbers of patients requiring treatment continued to grow. There were more patients, fewer staff, reduced funding, greater resources required to drive quality standards and the confines of the system to work within.

One of the achievements under David's leadership, which then became a Group priority, was to strengthen the role of the Clinical Directorates. As Clinical Director, David prioritised clinical and patient centred planning and at all times the patient was David's key focus as he developed the structures to enhance patient care, patient safety and clinical governance.

From the perspective of the Chair of the Board I am extremely grateful to David for his offer to be available to the Board in the future.

Finally I would like to acknowledge the commendation that GUH received at the Irish Healthcare Awards last week for efforts in reducing trolley waits and congratulations to all involved. I would also like to offer congratulations to Fergal Moore, Senior Physiotherapist with GUH who was selected for the 2012 All Star team recently.

Kind regards
Noel Daly
Group Chairperson



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

We got some really good news this month; confirmation of our approval to proceed with the new radiation therapy development. This will replace the existing processors while improving facilities available to our cancer patients.

Hopefully, we will be seeing hard hats, hi-vis vests and cranes back on site shortly for this project and others we have planned.

Large scale projects such as the radiation therapy project are physical demonstrations that modern health services and in particular modern hospitals are constantly changing and evolving in a continuing effort to improve the care we provide. Sometimes, however, change and improvement comes about because of the many small things that people do within their spheres of control, motivated by the wish to make things better for patients and or their co-workers. We had a really good example of this at the T-POT visioning day in October. Paul Naughton has detailed this event in his section of this newsletter under the TACC Directorate. The strength of T-POT is that it facilitates continuous improvement through the changes that individual members of staff make in their own sphere of control. It is great to see the T-POT programme getting off to such a good start.

A final thought, the best of luck to all staff involved in the preparations for JAG Accreditation in GUH. I look forward to commenting positively on your success in the next issue of this newsletter!

Tony Canavan
Chief Operating Officer



GUH Performance Summary – September 2012

<p>Out-patient Waiting List</p> <p>Current Value: 40497 Trend: v Previous Month: ↑</p> <p>Target: Out-patient waiting to be reduced to less than 52 weeks (304)</p> <p>Work is progressing through the Directorate to deal with long waiting across all specialties. Awaiting National launch of OPD Project as basis of action plan Last Month 41065</p>	<p>OPD DNA Rate</p> <p>Current Value: 93.5% Trend: v Previous Month: ↑</p> <p>Target: Reduce the number of patients who do not attend to 10% by December 2012</p> <p>OPD group are looking to extend the partial booking system across all specialties. Last Month 14.1%</p>	<p>ED Patients waiting for admission at 8am</p> <p>Current Value: 10 Trend: v Previous Month: ↑</p> <p>Target: < 10 patients waiting in ED for admission at 8am</p> <p>An increase was experienced during month of September. Bed availability pressures in all specialties during mid-week increased our numbers awaiting beds. Improved patient flow processes has minimised this number with further improvements being made in process management. Forward focus for all services is on improved discharge planning. SCU continues to support our drive to improve patient experience times. Last Month 7</p>
<p>CT Waiting List</p> <p>Current Value: 340 Trend: v Previous Month: ↑</p> <p>Target: No Category 2 or 3 patient should wait more than 56 days for a CT.</p> <p>The Cat 3s waiting list for Category 2 & 3 patients stands at 1177 patients waiting and a wait time of 110 months. Meeting the KPI target of no more than 56 days is particularly challenging in CT as during 2012 we introduced several dedicated times slots to support the Clinical Care Programme, which in parallel extended the radiographic working day within existing resources and had to change daily routines to support this change.</p> <p>A validation process commenced in July has been successful in removing almost 100 patients from our waiting list. An initiative introduced in August to have scans performed in RCB is working very well and to date over 100 scans have been performed times. Last Month 210</p>	<p>Inpatient & Day Case Waiting List</p> <p>Current Value: 2413 Trend: v Previous Month: ↑</p> <p>Target: No patient should wait > 8 months by end of September (Children within 20 wks)</p> <p>The Waiting List is being reviewed on a daily basis to ensure long waiters are being targeted. Work is on-going with the Medical and Surgical Directorates. All Waiting List Targets were met this month (No patients waiting longer than 9 months (Adult), 20 weeks (Child) and 13 Weeks (GI Scope). Last month 794</p>	<p>Average Length of Stay</p> <p>Current Value: 5.1% Trend: v Previous Month: ↑</p> <p>Target: 5.6 days to be the average stay achieved</p> <p>The new National Programme on Surgery will help reduce the average length of stay. This is complemented by local work on agreeing formal bed allocations across Medicine and Surgery. Last month 5.8 (excluding Obs)</p>
<p>Day of Procedure Rate for Elective Inpatients</p> <p>Current Value: 48% Trend: v Previous Month: ↑</p> <p>Target: To increase rate to 75%</p> <p>The new National Programme on Elective Surgery will help increase the day of procedure rate. This is complemented by local work on agreeing formal bed allocations across Medicine and Surgery. Increased awareness of this KPI will be available to management from CIMS tool. Last month 42%</p>	<p>Staph Aureus Blood Stream Infection</p> <p>Current Value: 5.35 Trend: v Previous Month: ↑</p> <p>Target: Still be in order collected - per capita month 2011 statistic, target projection equals 2011 level, goal = projection is below 2011 levels</p> <p>Line infections (both peripheral & central) have been identified as major causes of both MSSA & MRSA blood stream infections at GUH.</p> <p>There have been 13 S. aureus blood stream infections in GUH for a nine month period to the end of September 2012, compared to a total of 15 S. aureus blood stream infections in GUH for the whole of 2011. These infections occurred predominantly in medical patients (34% respiratory and 34% surgical patients). The figure above is a figure for the year-to-date at the end of September and it represents all cases of S. aureus blood stream infections over the total bed days used for the year to the end of September. Last Month 0.30 per 1000 bed days</p>	<p>Bed Days Lost</p> <p>Current Value: 37 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. Last Month 147</p>
<p>Financial Position</p> <p>Current Value: 10.26% 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. Last Month 10.26%</p>	<p>Staffing WTE variance from Staff Ceiling</p> <p>Current Value: 2038 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. August 2012 ceiling for 30.05, awaiting September Ceiling. Last Month 3036</p>	<p>Absenteeism</p> <p>Current Value: 1.85% Trend: v Previous Month: ↑</p> <p>Target: To reduce absenteeism rate to 1.5% 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. Last Month 4.31% Based on NEMU figures</p>

Finance Committee

Galway and Roscommon University Hospital Group

Financial Performance

At the end of September the Group financial position showed an over spend on budget of €23.4m. While this is an improvement on the August figures we are still exceeding our budget month on month with the September figure over €2m on budget.

As I mentioned in last month's newsletter we have targeted areas of spend where there will be minimal impact on patient services and this will continue to be the case for the rest of the year. Our target cost containment plans for the rest of the year is €2m, this will be extremely challenging and requires the full support of all staff.

We are beginning to see some progress in the reduction of our income debt due to the non signature by consultants but it is at a slower pace than required and we need to increase the efforts to ensure that we meet the national targets.

Activity Based Costing System

With the recent introduction of the Clinical Information System it became apparent that an ABC system would enhance the information produced from the CIMS system. We have procured a system as part of the CIMS project that will allow us to identify the cost per procedure and drill down into the elements that make up that cost. This will be extremely useful in the future when UNI is introduced. The system facilitates benchmarking our costs against other hospitals in other countries. Mark Grogan will be leading out on this project and we plan to start work in early November.

Claimsure Project (System for Electronic Claims Management)

Work still continues on the Claimsure Project and a number of actions have been progressed in the past few weeks.

- The interface from PAS has been developed and the mapping of the data with the Claimsure system is currently taking place. Onsite end to end testing is scheduled to commence at the end of October.
- The inpatient contract that is signed by all GUH patients has been reviewed by the Project Team with a view to providing a document that makes it easier for the patient to see the relevant information. When the final draft is agreed it will be available on the Claimsure system for the patient to sign electronically at the point of admission.
- An Admissions Sub-Group held a meeting to review the Admissions processes and facilitate planning for Claimsure to deal with the various ways admissions and amendments to patient details are dealt with.
- Having regard to the updated information available at the project meetings in October in relation to the data interface the project plan has been updated and based on information to hand at this time it is anticipated that the system will go live at the points of admission in GUH at the end of November 2012.

I am delighted to confirm that the Claimsure system will be implemented in Portiuncula Hospital Ballinasloe and Roscommon Hospital. Anne Marie Clancy will be the project manager for the extension of this system to both sites following on from the GUH implementation.

Maurice Power
Chief Finance Officer



Human Resources Department Galway and Roscommon University Hospital Group

Creche

We have been busy since the last edition of '4 in One' and one of the projects we have been pursuing is establishing if there is a demand for a Crèche/Pre-School/ After-School service in the Group's hospitals. A Staff Survey has been completed and 58 staff (73 children) in Galway indicated an interest in using a work-facilitated service while 6 staff (10 children) in PHB were interested, with no staff in RH indicating a need for a service there.

Almost 87% are interested in a work-facilitated child care service. 86% would move their child from their current provider and 88% would commit to a minimum of one year. Only 26.50% of the respondents' children are in a service close to their work location. The main demand was for a service for children under two years (59 of the 83 children).

A significant amount of further research and discussion is required before we are in a position to make a decision to establish a service for our staff. We will keep staff advised via the newsletter.

New Arrangements for Uncertified Leave

Another development for staff is the recent clarification from the Labour Court on their recommendation to reduce 'self-certified' sick leave to a **maximum total of seven days over a two year** period. Group employees will have the count back period going from the date of self-certified absence to 01 of January 2012. Their access to pay will be calculated over a 24 month roll back period to this date.

Christmas Leave Arrangements

Finally, the new annual leave arrangements which replace the former concession days for some staff will come into effect across the Group this year. I have written to the unions to advise them of the Group's plans and that services that are closed on 24 and/or 27 December in which concession days applied are areas in which staff will be required to take 2 days leave with effect from this year, as per the agreed national arrangement on concession days.

Line Managers will be required to ensure the Leave Cards for all staff reflect the taking of two days leave.

While the Labour Relations Commission is engaged with respect to some non-Clerical/ Administrative grades on this issue, I have advised the unions that GRUHG will implement any national agreement or determination from this process.

Human Resources Department Galway and Roscommon University Hospital Group

2012/2013 Seasonal Influenza Vaccination Campaign

Based on advice from the World Health Organisation (WHO), this year the seasonal flu vaccine contains three common flu virus strains.

Who should get the vaccine this year?

Vaccination is strongly recommended for healthcare workers and all staff are encouraged to avail of the vaccination provided by the Occupational Health Department.

Why get a flu vaccine?

Vaccines are the best line of defence we have against a flu virus. The flu vaccine reduces infection and associated illnesses and hospitalisation, especially for those people for whom flu can become a serious illness.

Flu versus a cold or 'flu-like' symptoms:

Symptoms	Flu	Cold
Fever	High (38-39°C) (102-104° F); lasts 3-4 day	Rare
Headache	Prominent	Rare
General Aches, Pains	Usual; often severe	Slight
Fatigue, Weakness	Can last up to 2-3 weeks	Quite mild
Extreme Exhaustion	Early and prominent	Never
Stuffy Nose	Sometimes	Common
Sneezing	Sometimes	Usual
Sore Throat	Sometimes	Common

GUH's Occupational Health Department are extending the flu vaccination programme for the month of November. Many high risk areas are being offered vaccination at their work area (this has already started in ICU/HDU, Theatre, ED). Vaccination is also available by appointment to all staff members if they cannot attend the walk in clinics shown below:

Galway - (University Hospital) Walk in Clinic for month of November

Days: Mon, Weds, Thurs, Fri **Times:** 8:30am – 9:30am
Venue: Occupational Health Dept., Gable of Nurses Home, University Hospital, Galway.

Galway - (Merlin Park Hospital) Walk in Clinic on Tuesday 20 November

Days: Tuesday **Times:** 10:30am – 12:00 noon
Venue: Orthopaedic Pre-assessment Unit, Merlin Park Hospital.

Roscommon Walk in Clinic for month of November

Days: Tuesdays and Wednesdays **Times:** 9:00am – 10:00am
Venue: Occupational Health Unit, Cardiac Rehabilitation Unit, Co. Hospital, Roscommon.

Human Resources Department Galway and Roscommon University Hospital Group

Health and Safety Representative

It has been three years since the last election of Safety Representatives and they are now due for re-election and documentation has been circulated to all Management regarding election of Safety Representatives in GUH.

Nomination Papers and information on procedural arrangements for the seeking of nominations and conducting of any necessary ballots were also circulated. Staff were advised to nominate and get a seconder for a staff member who was willing to take on the role of Safety Representative in UHG and MPH for the next three years.

Nominations by e-mail were not acceptable and all nominations were sent in a sealed envelope marked "Safety Representatives" to Employee Relations Section, Human Resources Department University Hospital Galway by 5pm on 9th November 2012.

An update on the outcome of these nominations will be included in the next edition of this newsletter

John Shaughnessy
Group Director of Human Resources



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

When Bridget Howley left as General Manager in 2009, the only slight public display of emotion she showed was when she came to thank her office staff; Fiona, Mairead and Anne-Marie. Pat Commins had a similarly strong bond with and affection for them and now as I leave the role of Medical Director having previously spent eighteen months in the ‘GM’ role I understand why they felt as they did.

As General Manager you hand yourself completely to them. They are your shields and confidantes and, as the administrative team of the Medical Director, Kay, Jenny and Martina stepped efficiently into their roles as organisers of potential chaos, communication and diary keepers, subtle filters for visitors (welcome and unwelcome) and importantly also as friends. “Thank you” is too little to say but must suffice for now.

The recent management and executive appointments made to the group have complemented the team from 2010 who have supported the new appointments in their role and brought our Hospitals and now the group to its newly-recognised position as the single biggest and most efficient health care provider group in the country.

On this high point I have decided that new eyes and energies are now needed as Medical Director for the Group and have notified the CEO and Chairman of the Board of my decision to step down from my role and return to Radiology.

Bringing the existing Clinical Directorates into a defined and organised structure, with Governance under our Board Chairman, Noel Daly and Chief Executive Officer, Bill Maher has given us a solid foundation to build for the future on with our Academic partners at NUIG and the active support of the Department and Minister of Health and the new Director General.

To the previous Hospital Operational and Management Team, to the current Group Executive Council and to all staff who have brought the Hospitals in their transition to where we now stand, thank you for your support, advice and occasional constructive criticism.

It has been an honour to work with and for you.

Thank you for your trust.

David

David O’Keeffe
Medical Director



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

Inpatients

I have great pleasure in writing the waiting list report for this edition of the newsletter! As you all know, in December 2011, GUH was the only hospital in the country that did not meet the SDU targets for inpatient treatment.

Our focus with the new management team has been to deliver the September targets. The SDU announced that there would be a 'traffic light' system for these targets.

Red - the hospital had at least one patient breaching a target and the specialties / volumes breaching would be published.

Green – the hospital had no patient breaching the target.

When the September targets were published, all hospitals across the Galway and Roscommon University Hospital Group were green for all targets and therefore received an overall Green status. 16 hospitals in Ireland had a 'red' status – refer to the table on Page 11 for more details. This is a tremendous achievement for the Group and our big challenge now is to maintain the targets and ensure that we develop a 'comfort zone' to prevent panic at the end of each month / reporting period.

Outpatients

We have also started to face the challenge in relation to outpatient services. The outpatient waiting list is consistently around 45,000 patients at present, with half of these waiting longer than a year. In January of this year, there were nearly 3,000 patients waiting longer than 4 years for an OPD appointment – 165 of whom had been waiting since 2006. At the beginning of October, that number had been reduced to 1136 with only 105 of those waiting since 2007.

The reduction in the waiting time and the number of patients waiting over 4 years has been achieved through a combination of validation of long waiters and seeing patients in clinic. Two specialties, orthopaedics and dermatology, have made great progress seeing patients and others will follow over the next two months. The Group are following 6 key action points identified by the SDU.

- *Governance of outpatient services*
- *Management of referrals at the point of receipt*
- *Central registration/referral management*
- *Consultant triage that is complete within 5 days*
- *Validation of long waiters*
- *6 week notification for clinic cancellations*

There are many challenges ahead as we tackle access to outpatient services. Perhaps a useful analogy is that outpatient services are like a 1,000 piece jigsaw. We can see what the finished product should look like, but until we have identified each component, ensured it is fit for purpose and put it in the right order, the jigsaw will not be complete. This process will take time. Some changes will be generic resulting in benefit to many and other changes will be specific to certain situations. We will publish an action plan outlining the process for change. I would ask that you continue to alert us to issues with your service but remain cognisant of the challenges and change process that lies ahead.

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

End Q3 Progress Report on National Access Targets

28 September 2012	Adult >9 Months	Child >20 Weeks	GI Scope >13 Weeks	Total	Accountable specialties for long waiters (red)
HSE Dublin Mid-Leinster					
Tallaght Hospital (AMNCH)	8	3	75	86	43 Gastroenterology, 34 General Surgery, 2 Orthopaedics, 1 Paed Resp Med, 1 Rheumatology
Our Lady's Hospital for Sick Children Crumlin	N/A	70	0	70	48 General Surgery, 26 Paediatric Cardiology, 2 Orthopaedics, 2 Resp Med, 1 ENT
The Children's University Hospital Temple Street	N/A	2	1	3	4 Paediatric Surgery, 2 Plastic Surgery, 1 Paediatric Orthopaedics, 1 Ophthalmology
St Columcille's Hospital, Loughlinstown	2	N/A	5	7	5 General Surgery, 2 Vascular Surgery
Naas General Hospital	0	N/A	20	20	18 General Surgery, 8 General Medicine
Midland Regional Hospital at Mullingar	0	0	0	0	
Midland Regional Hospital at Portlaoise	0	0	0	0	
Midland Regional Hospital at Tullamore	0	0	0	0	
Royal Victoria Eye and Ear Hospital	0	0	N/A	0	
St. James's Hospital	0	N/A	0	0	
St. Vincent's University Hospital Elm Park	0	N/A	0	0	
TOTAL HSE Dublin Mid - Leinster	7	99	105	201	
HSE Dublin North East					
Our Lady of Lourdes Hospital Drogheda	35	54	106	195	65 General Medicine, 166 General Surgery, 48 ENT, 9 Gynaecology, 5 Urology, 1 Orthopaedics
Louth County Hospital	2	N/A	141	143	109 General Surgery, 35 General Medicine, 5 Urology
Mater Hospital Dublin	58	N/A	2	60	32 General Surgery, 23 Plastics, 6 Cardiology, 3 Orthopaedics, 3 Urology, 2 ENT, 1 Gastroenterology
Beaumont Hospital Dublin	0	0	1*	1*	1 General Surgery
Cappagh Orthopaedic Hospital	0	0	N/A	0	
Cavan General Hospital	0	0	0	0	
Connolly Hospital Blanchardstown	0	N/A	0	0	
Our Lady's Hospital Navan	0	N/A	0	0	
TOTAL HSE Dublin North East	112	94	340	536	
HSE South					
Cork University Hospital	160	35	30	225	91 Plastics, 31 Genr Surgery, 29 Neurology, 22 Pain, 13 Gastroenterology, 11 Gynaecology*, 7 Urology, 3 Paediatric Neurology, 2 Ophthalmology**, 3 Vascular, 2 Neuro-Surgery
Lourdes Orthopaedic Hospital Kilsheena	2	N/A	N/A	2	1 Orthopaedics
Malinbeg General Hospital	0	1	0	1	1 General Surgery
Mercy University Hospital Cork	1	0	0	1	1 Pain
Wexford Hospital	1	0	2	3	4 General Surgery
Bantry General Hospital	0	N/A	0	0	
Kerry General Hospital	0	0	0	0	
South Infirmary Victoria University Hospital Cork	0	0	0	0	
South Tipperary General Hospital	0	0	0	0	
St. Luke's General Hospital Kilkenny	0	0	0	0	
Waterford Regional Hospital	0	0	0	0	
TOTAL HSE South	163	36	23	222	
HSE West					
Mayo General Hospital	35	1	178	214	207 General Medicine, 18 Orthopaedics, 3 Gynaecology, 2 General Surgery
Sligo General Hospital	48	12	109	169	65 General Surgery, 32 General Medicine, 31 Orthopaedics, 11 ENT
Mid Western Regional Hospital Dooradoyle	28	22	0	50	54 ENT, 23 Max Fac, 2 Ophthalmology
Mid Western Regional Hospital Croom	0	0	N/A	0	
Mid Western Regional Hospital Nenagh	0	0	0	0	
St. John's Hospital Limerick	0	0	0	0	
Imms General Hospital	0	0	0	0	
Lattinbeg General Hospital	0	0	0	0	
Roscommon County Hospital	0	N/A	0	0	
Portlaoise Hospital	0	0	0	0	
University College Hospital Galway	0	0	0	0	
TOTAL HSE West	133	67	298	498	
NATIONALLY	415	278	758	1,447	

Summary

Finally, the progress we are making with access to inpatient and outpatient services could not be achieved without support from the Management Team and Clinicians. We are working with IT to develop better tools to assist management, clinicians and administrative staff. These will be available in the very near future and will dovetail with the implementation of new inpatient and outpatient policies. We will be providing training to all relevant staff over the coming weeks and look forward to strengthening our links with you all.

Sue Hennessy
Waiting List Manager



Many thanks for your continued support.

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 (KPI) set for Roscommon Hospital is improving each month particularly in relation to day case activity. We still have some KPIs that remain in the red and they are the focus of a lot of attention within the hospital. The most recent KPI set are attached for your information.

Roscommon Hospital was delighted that the Galway and Roscommon University Hospital Group met the 9 Month Waiting list target at the end of September. Congratulations to all involved and to the staff in Roscommon Hospital who played their part in ensuring that the target was met.

Staff from the hospital are busily preparing for Endoscopy (JAG) Accreditation. The inspection is scheduled for Wednesday 28 November 2012. This is a very important event for the hospital, as it will be vital to have JAG accreditation for the new Endoscopy Unit. Members of the team visited Sligo General Hospital recently and saw first hand what is required for accreditation. Everyone came back energised and ready for the challenge. A sincere "thank you" to the staff in Sligo who facilitated the meeting and shared so much information with us.

The first draft of the layout plan for the new Endoscopy unit was presented by the design team to the hospital on Wednesday 17 October 2012. The project is on target to go for planning permission by mid December 2012.

We would like to welcome to Roscommon Hospital the newly appointed staff and those who have recently been promoted. We wish them a very happy and successful career in the hospital and with the Galway and Roscommon University Hospital Group.

The three new staff are: Jacinta Fagan and Donna Diffley, Staff Nurses, and Orla Galligan, Speech and Language Therapist. The two staff who were promoted following interview are Sean O'Brien as Acting Assistant Director of Nursing and Marie Cooke as CNMII, Theatre.

We hope that there will be many more appointments to the hospital and look forward to announcing them.

Elaine Prendergast
General Manager



Roscommon Hospital Performance Summary – September, 2012

Orthopaedic Out-patient Waiting List			DNA Rate			Increase Surgical day Case activity		
Current	Future		Current	Future		Current	Future	
748			19%			336		
Trend: v Previous Month	↑		Trend: v Previous Month	↑		Trend: v Previous Month	↑	
Target: No patient will wait for an Orthopaedic Outpatient appointment for more than 1 year by December 2012.			Target: Reduce the number of patients who do not attend OPD to 10% by December 2012			Target: To increase Surgical Day Case activity at Roscommon County Hospital to 500 cases per month by treating patients on the UHG waiting lists.		
OP WL validation for Orthopaedics ongoing. Longest waiting time reduced from September, 2006 to January, 2007. Referral rate exceeds appointment rate – 51 referrals received in September. 16 New patients seen in 2 clinics.			DNA rate increased from 17% in August – still within Red status. The overall DNA rate year to date is 13% with a downward trend. The Text reminder service commenced on 1 st October – the effects of same will be reviewed in the last quarter.			The GUH Long Waiters, Endoscopy and Surgery continue to be treated. Urology service and extended Plastics DC service is developing. Decrease of 82 this month over August 2012 figure. Increased emphasis on clearing IP WL who were in breach of 9 month target.		
Admission Rate via MAU			New/Review Ratio Out Patient Services			Average Length of Stay		
Current	Future		Current	Future		Current	Future	
90%			1:2.8			9.7		
Trend: v Previous Month	↑		Trend: v Previous Month	↔		Trend: v Previous Month	↑	
Target: To reduce the admission rate of all attendees at the MAU to 20% by December 2012			Target: New to review outpatient ratio of OPD attendances to be 1:2 by December 2012			Target: Overall ALOS for all inpatients discharges is reduced to 5.7 days by December 2012		
Figure manually calculated pending a change in the PAS registration process. 63 Medical Assessment Attendances documented. 57 Medical Admissions via MAU			The September figure reflects a slight decrease from August, 2012 at 1.3. Contributing factors to this indicator are the high reviews under the Medical related clinic with ratios exceeding 1.3 for general medicine.			The figure has decreased from 11 days in September. Medical long-stay patients are a significant contributing factor with 117 days lost with Patients awaiting NHSS.		
Antibiotic Usage			New Cases of C. Diff			Fair Deal - Bed Days Lost		
Current	Future		Current	Future		Current	Future	
98.8			0			117		
Trend: v Previous Month	↔		Trend: v Previous Month	↔		Trend: v Previous Month	↔	
Target: To reduce the medical usage rate of antibiotics to 84.4 per 100 bed days utilised by December 2012			Target: To reduce the background rate of HCAI of C Difficile to <2.6 per 10,000 bed days used			Target: to reduce the number of bed days lost due to delayed Fair Deal approval to 31 bed days per month by December 2012		
NPS RESULTS FOR JAN – JUNE 2012 National average 85.02 (DDD/100 BDU) - Level at RCH 96.8 - Average for General hospital type 90.7			No confirmed cases in September, 2012 – this is the positive trend for the hospital. There has been no confirmed C Diff Hospital Acquired Infections in 2012 to date.			Reduction of 15 bed days lost from August 12. 117 = 3.9 pts.		
This is an improvement for RCH in 2011 as it is no longer in the top 5 highest consumption hospitals as has been the case for the last 5 years. RCH is now ranked 11 out of 41 of the highest consuming hospitals.			Staffing Levels			Absenteeism		
Financial Position			Current			Current		
Current	Future		Current	Future		Current	Future	
-6.4%			-2%			7.66%		
Trend: v Previous Month	↑		Trend: v Previous Month	↔		Trend: v Previous Month	↑	
Target: To deliver financial breakeven by December 2012			Target: WTE should not drop below the WTE ceiling so as to maintain patient safety and services by December 2012			Target: To reduce the absenteeism rate to 3.5% by December 2012		
Overspend of €2,000k in reporting period. Income focus meetings taking place regularly and emphasis on income generation and collection. Total overspend €695k to date.			Aug 278.66 wte - July Wte 273.48. Ceiling adjusted to 283 from March, 2012.			Rate within Red range. Managing Attendance awareness courses for all staff and Group Director of HR attending HOD in Sept 2012.		

NATIONAL CLINICAL PROGRAMME FOR DIABETES

“The aim of the National Clinical Programme for Diabetes is to save the lives, eyes and limbs of patients with diabetes”

In line with this programme, Roscommon Hospital is currently providing structured patient education for those with Type II Diabetes in two formats; CODE and DESMOND. Madeline Spelman (Senior Dietician, RH), Margaret Kelly (Diabetic Specialist Nurse Prescriber, RH)

and Liz Moffitt (Community Public Health Nurse, Castlerea) deliver these programmes in the Training Room of Roscommon Hospital. It is envisaged that all newly diagnosed type II patients will be offered a place within three months of diagnosis. Patient feedback to date has been very positive.



NEW SPEECH AND LANGUAGE THERAPIST APPOINTED TO GALWAY ROSCOMMON HOSPITAL GROUP

Orla Galligan has recently taken up the position of Senior Speech and Language Therapist across Roscommon Hospital and Portiuncula Hospital, Ballinasloe.

Orla is a graduate of the National University of Ireland Galway where she studied from 2004-2008.

Orla is a native of Co. Monaghan and has recently moved back to the West having worked in Cavan/Monaghan HSE for the past 3 years.



The Speech and Language Therapy Service is currently provided in Roscommon Hospital on Mondays, Wednesdays and Thursdays and in Portiuncula Hospital Ballinasloe on Tuesdays and Fridays.

Congratulations to:
Marie Cooke on her recent
appointment to CNM11 Theatre at
Roscommon Hospital



A warm welcome to:
Jacinta Fagan and Donna Diffley who were
recently appointed to the Nursing Staff at
Roscommon Hospital

Congratulations to:
Seán O'Brien who has recently taken up the post
of Acting Assistant Director of Nursing at
Roscommon Hospital



Endoscopy User Group busily preparing
for the JAG visit on site of Roscommon
Hospital

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

Congratulations to the Group in reaching the patient waiting list targets at the end of September! This was a remarkable achievement for the Group. I would like to take this opportunity to thank all staff in Portiuncula who contributed to this initiative.

During September/October the Hospital had a number of visits from the National Clinical Programmes.

The Obstetric and Gynaecology National Clinical Programme Team visited the Hospital on 14 September 2012 and met with members of the Obstetric and Gynaecology Implementation Boards from Portiuncula and Galway.

The National Team for the Acute Medicine Clinical Programme visited the Hospital on 26 September 2012. The Group submitted a proposal for Portiuncula Hospital to become a model 3 type hospital and proposed the establishment of an Acute Medical Assessment Unit. There was positive feedback from the National AMP Team who endorsed the proposal and gave a commitment to support additional Consultant manpower on this site for acute medicine.

As you are aware, Portiuncula is one of the selected sites for the roll-out of the NIMIS Project. We are now heading into the final phase as the 'Go live' date of 20 November 2012 comes nearer. 14 in-house staff will undertake Train the Trainer and these Super-users will provide training to all relevant staff in the coming weeks. The system will be linked to the current Health-links ensuring that General Practitioners have speedy access to radiology reports. In addition, the system will interface with maternity ultrasounds allowing images to be stored and retrieved easily when required. This Project includes many different interfaces with the various IT systems and Patient Administration System. This is an exciting and important development for the Hospital from both a patient and staff perspective. We are currently approaching an intensive phase of testing prior to the 'Go Live' date and I would like to thank staff for their on-going dedication and commitment to this worthwhile project.

Our IT Department were involved in article this issue (page 32) which outlines a number of Group IT integration developments underway which Portiuncula are participating in.

Our Laboratory underwent a further INAB Accreditation Site Visit of the Biochemistry and Haematology Departments on 27 September 2012. Overall the Surveyors gave very positive feedback in relation to team work, policies and procedures and documentation management and there are a few actions that the Laboratory is progressing. Well done to all staff involved in the Accreditation process and for achieving positive feedback from external Surveyors.

The Hospital moved over successfully to the new National Emergency Cardiac and Fire number 2222. Thanks to staff that co-ordinated and assisted with the smooth transition!

Key Performance Indicators (KPIs) – September 2012

Overall Portiuncula is performing well in a number of KPI's such as:

- Emergency Department Waiting Times - 83% compliance against target
- Outpatient Waiting Lists – reduction in Dermatology – further work required in relation to Orthopaedics and Urology.
- Day-case Rates – 82% which is exceeding the National target
- Average Length of Stay – 4.03 days
- Staffing levels are within the target
- Day of procedure – currently at 51% - in surgery exceeds 70%
- On-going challenges in the area of financial KPIs.



Chris Kane
A/General Manager

Portiuncula Hospital Performance Summary – September 2012

Out-patient Waiting List		
Current	Future	
Current Value 860	Future 8%	
Trend: v Previous Month	Trend: v Previous Month	↑
Target: Out-patient waiting to be reduced to less than 9 months by December 2012.		
Overall number of patients waiting in the OPD over 9 months is 860. Highest contributors are Dermatology at 341. There is continued focus to address long waiters in Orthopaedics and Urology.		

Rag: Green: 0 Amber: 0-100 Red: >100

CT Waiting List		
Current	Future	
Current Value 40	Future 50%	
Trend: v Previous Month	Trend: v Previous Month	↑
Target: No priority 4 or 5 patients should wait more than 55 days for an appointment by the end of December 2012.		
The September Audit shows priority 2 and 3 patients are currently seen within 40 days.		
Rag: Green: <55 Amber: >55 Red: >55		
Day of Procedure for Elective in-patients		
Current	Future	
Current Value 51%	Future 50%	
Trend: v Previous Month	Trend: v Previous Month	↑
Target: To increase rate to 75% by December 2012.		
Continue with increased emphasis on streaming patients to the Pre assessment clinic and roll out of the Elective Surgery programme.		

Rag: Green: 50% Amber: 50-59% R: <50%

Financial Position		
Current	Future	
Current Value -23,657	Future 5%	
Trend: v Previous Month	Trend: v Previous Month	↑
Target: To deliver financial breakeven across the Group by December 2012.		
The hospital is currently showing £3.8m adverse position vs budget. There have been savings in non-pay in the areas of Travel, Sundry, Laboratory and Professional Fees. There remains increased spends, drugs, cleaning and energy costs.		

DNA Rate		
Current	Future	
Current Value 10.77%	Future 8%	
Trend: v Previous Month	Trend: v Previous Month	↑
Target: Reduce the number of patients who do not attend to 8% by December 2012.		
The DNA rate in September stands at 10.77% this is a reduction of 0.89% on August 2012. 5 specialists are below the HSE target of 10%. Efforts continue to reduce this rate further.		

Rag: Green: 8% Amber: 10% Red: 12%

Day Case Rate Basket of 24		
Current	Future	
Current Value 82%	Future 85%	
Trend: v Previous Month	Trend: v Previous Month	↑
Target: No increase the rate to 75% within the basket of 24 procedures to be treated as day cases.		
Currently the rate is at 82% which exceeds the target.		
Rag: Green: 75% Amber: 70% Red: <70%		
Hospital Acquired MRSA		
Current	Future	
Current Value 1	Future 36	
Trend: v Previous Month	Trend: v Previous Month	↑
Target: To reduce the number of Hospital Acquired MRSA infections to 3 per month in 2012.		
There was 1 Hospital acquired MRSA infections for the month of September 2012. The infection control committee is continually reviewing the levels of infection in conjunction with all clinical areas. There continues to a requirement for a Microbiology support on this site.		

Rag: Green: 3 Amber: 4 Red: >4

Staffing Levels		
Current	Future	
Current Value 640.14	Future 5%	
Trend: v Previous Month	Trend: v Previous Month	↑
Target: To operate within our allocated ceiling of 651.046.		
The VTE figure for shows a slight increase of 97 VTE's from August 2012. Continued focus on reducing VTE figures in line with the budget as part of financial recovery plan.		

Rag: Green: 651 Amber: >651 Red: >660

ED Waiting Times for Admission		
Current	Future	
Current Value 83.63%	Future 85%	
Trend: v Previous Month	Trend: v Previous Month	↑
Target: No patient should wait over 6 hours.		
83.63% of all patients were seen and admitted within the 6 hours.		

Rag: G: 90-100% A: 80-89% R: <80%

Average Length of Stay		
Current	Future	
Current Value 4.03	Future 4.03	
Trend: v Previous Month	Trend: v Previous Month	↑
Target: Achieve a target of 4.5 days.		
The LOS for September has improved by 52 days when compared with August. This KPI target is within the target set.		
Rag: Green: 4.5 Amber: 5.5 Red: >5.5		
Fair Deal - Bed Days Lost		
Current	Future	
Current Value 111	Future 111	
Trend: v Previous Month	Trend: v Previous Month	↑
Target: To reduce the lost bed days to less than the current monthly bed days lost.		
111 bed days lost in the month of September - this is 30 decrease of 80 days on August. Continued emphasis on Fair Deal processing and minimizing delayed discharges.		

Rag: Green: 135 Amber: 235 Red: >235

Absenteeism		
Current	Future	
Current Value 4.23%	Future 4.23%	
Trend: v Previous Month	Trend: v Previous Month	↑
Target: To reduce absenteeism rate to 3.5% by December 2012.		
The absenteeism rate for September 2012 is 4.23%. This is a decrease of 0.23% on August. 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.		

Rag: Green: 3.5 Amber: >4.5 Red: >5.5

‘My Medication List’

Portiuncula Hospital has introduced the '***My Medication List***' an initiative intended to build public awareness of the need for patients to take an active role in managing their medicines. The goal is for every person to maintain an up-to-date list of every medicine he or she is using and to share it with his or her health care provider during each and every visit. Portiuncula has sent copies of the list to local GP surgeries and retail pharmacies and also placed copies in leaflet holders around the hospital.

What is a Medication List?

A medication list is a record of all prescriptions, over-the-counter medicines, herbals, supplements, minerals, ointments and vitamins that patient's use. This list should be shared with doctors, nurses, pharmacists, dentists and other healthcare staff as appropriate.

Why it's important for patients to carry a medication list?

- It reduces medical errors and improves patient safety in our community in a practical and cost-effective manner
- It empowers every person to maintain a current list of every medication he or she is using and to share it with all health care providers at each encounter
- It improves quality and effectiveness of medication safety for patients
- It reinforces medication education and improves compliance for patients
- It can reduce time spent by doctors, nurses and pharmacist in trying to obtain/confirm a patient's medication history

[illegible]

By Geraldine Colohan, Chief Pharmacist, Portiuncula Hospital

Health Promotion Event September 2012

The Health Promotion Committee of Portiuncula Hospital were delighted with the turnout at the recent Health Promotion afternoon for staff on Monday 17 September 2012 to mark Irish Heart Month. Close to 80 members of staff attended the afternoon to have weight, Body Mass Index and blood pressure measured, an increase from last year's attendance. The event was met with great enthusiasm by all who attended, despite initial fears of standing on the scales!! Great fun was also had guessing the weight of the fat samples on display.



A project recently completed by Student Dieticians, Fionnuala Staunton and Megan Merrick entitled '*How Much SUGAR do You Drink?*', which demonstrates the amount of sugar in regularly consumed beverages, was also on display and caused more shocks than the scales!

The Health Promotion Committee would like to thank the Cardiac Rehab and Dietetic Departments for facilitating this event and for all who supported the event on the day. For further information on this year's Irish Heart Foundation Campaign '**Know Your Blood Pressure**' see posters and information booklets located around the hospital on health promotion stands, or visit www.irishheart.ie.

By: Fiona Cuddy, Chairperson of the Health Promotion Group.

Department of Surgery



Recently Dr. Mark Wilson (primary author), on behalf of the Department of Surgery, Portiuncula Hospital, published an article in the British Medical Journal Case Reports. This article highlights an unusual case and how our laparoscopic management is embracing new techniques, which is only possible because of the excellent high definition laparoscopic equipment we have here and the flexibility of the theatre staff.

The published PDF article can be viewed: <http://casereports.bmj.com/content/2012/bcr-2012-006787.full.pdf>

By: Mr. Chris Collins, Consultant Surgeon, Portiuncula Hospital.

SURGICAL DIRECTORATE

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

Greetings from the office of the Surgical Directorate!

October has proved to be an eventful month for the Surgical Directorate, as we continue to strive towards excellence in patient care and effective resource utilisation.

A word of thanks

As you are aware, the hospital has succeeded in achieving the enormous task of reducing the inpatient waiting list for adult patients to nine months, as well as reducing the waiting list for paediatric patients and for patients undergoing Endoscopy. This achievement has received much media coverage and I believe has a significant positive effect on our national image. I would like to thank everyone who was involved in this project. What has made this interesting for me is the sheer scale of the effort it involved. Staff at every level within the organisation working together towards a common goal and the pressure of this goal seemed to bring out the best in many people. Truly it was a team effort and I am extremely proud to have been part of that team.

The next stage of the waiting list project is to maintain the waiting list at its current levels. This is particularly challenging with the limited availability of resources. However, I believe that having demonstrated our ability to succeed at that task set out by the Minister, this will put us in a negotiating position to secure the resources required to add capacity to the surgical services.

The establishment of the Surgery and Anaesthesia Programme Governance Structure

This Programme is being rolled out in Galway and Roscommon University Hospital Group and a site visit by the National Programme Directors took place in Galway University Hospitals on the 08 November. As you can see from the diagram on the following page, it covers all aspects of scheduled and unscheduled surgical care and broadly speaking this care will be governed by a Steering Group, chaired by myself. The first meeting of the Steering Group was held on 17 September at which the Governance Structure, Membership and Terms of Reference was agreed on. I am delighted that the various committees of the Programme are being chaired by Surgeons, Anaesthetists, Nurses and Business Managers. This is truly a multidisciplinary Programme and I will update you on the outcome of our visit in our next newsletter.

Surgical Estate

With regard to matters of our surgical estate, I am pleased to say that our five day bed project continues with the inclusion of beds on St. Gerard's ward for five day facilities. We have also ring fenced beds on the Cardiothoracic ward for Endocrine surgery, in particular, Thyroid and Parathyroid Surgery. There is also the small matter of the development of the Theatre Admissions Lounge, which will be the first direct access theatre admissions unit in the country and will obviate the need for admission to a bed prior to surgical intervention. This is part of the on-going plans to increase our number of day of surgery patients and the official opening was the 08 November 2012.

SURGICAL DIRECTORATE

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

GRUHG Surgery and Anaesthesia Programme (SAP) Committee Governance



Karl Sweeney
Director of Surgery

MEDICAL DIRECTORATE

Pat Nash, Clinical Director; Ann Dooley, Business Manager

The medical directorate is continuing to focus on its priorities for 2012.

Governance

There continues to be good attendance from all clinical leads at the Monthly Directorate Meetings and we have moved the date of the meeting to later in the month to coincide with the Executive Council meeting, which allows more current data to be available. In addition, clinical leads have been identified for Roscommon and Portlincula hospitals. Each specialty grouping is holding quarterly meetings with the relevant ward managers, CNS's, AHPs and other relevant support staff to review the KPIs and priorities for each specialty.

Implementation of the Acute Medicine Programme

Following a successful national team visit on 26 September, work is continuing to focus on improving patient flow and discharge planning at individual ward level and a visual ward concept has been rolled out. The national team also visited Portlincula and there was positive feedback and support to increase physician numbers with a tentative plan to open an AMAU in January 2013.

Trolley Waits in ED

This remains the focus of what we are working towards each day and our target is to have no patients waiting in the ED and thereby avoid implementation of the full capacity protocol. There has been an increase in activity and pressure on beds mid-week recently and the winter plan has been brought to Executive Council. An unscheduled care governance group has been set up and is meeting monthly; a KPI set has been agreed.

Implementation of National Clinical Programmes

The hospital received positive feedback from the site visits from the national teams in Acute Coronary Syndrome and Emergency Medicine on 24 September.

Development of Endoscopy Services

Work is continuing in preparation for the JAG Accreditation Assessment of GI Endoscopy Services scheduled for UHG on 27 November and Roscommon Hospital on 28 November. The Executive Council have endorsed a proposal to amalgamate Medical and Surgical Endoscopy with a combined acute service on the UHG site and to develop a combined elective service on the MPUH campus.

Inpatient and Outpatient waiting lists

The medical directorate are continuing to monitor the inpatient /daycase waiting lists to ensure that we maintain the SDU 9 month target for inpatient/daycase procedures and 13 week target for endoscopy which we achieved at the end of September.

We are also addressing the OPD waiting lists with each of the specialties and as part of the Hospitals Strategic Group.

Pat Nash Clinical Director – Medicine

RADIOLOGY DIRECTORATE

Ray McLoughlin, Clinical Director; Mary Murphy, Business Manager

Thank you

Sincere thanks to all staff across the Radiology Directorate who continue to provide a first-class service to our patients under difficult circumstances. The Directorate continues to strive, with the support of senior management, to redress staff deficiencies in all areas.

Equipment

Works on equipment replacement in Nuclear Medicine and Fluoroscopy at UHG have commenced. While there will be inevitable disruption we will, as a result, be able to offer an improved service to our patients in the new year. Sincere thanks to all who have worked so hard over the last 12 months to get us to this stage.

MRI initiative

SDU funding has been secured for an initiative to scan half the patients on the GUH waiting list. These patients will be scanned at the MR facility at Portiuncula Hospital, Ballinasloe.

Congratulations

Maria Conneely, a Radiology Department summer student working on a project on renal cell carcinoma, was the inaugural winner of the Fielding Medal. This is the first year a prize has been awarded by the Faculty of Radiologists for the best undergraduate project for the year.

Retirement

After 18 years of hard work and dedication the Radiology Directorate reluctantly bid farewell to their great colleague Ms. Maud O'Boyle. Maud worked as a Clerical Officer in the Radiology Department with her latter years spent at the Main Reception area in Radiology UHG.

As you will see from the photos Maud exited in style and we wish her very well in her retirement.



Pictured above:

Maud O'Boyle, retiring in style, on her last day leaving the Radiology Department on a Harley Davidson

Pictured below:

Maud with her colleagues Nikki Ellis, Bridie Ruane and Michele Hurney



Pictured above:

On the occasion of her retirement Maud with Prof. McCarthy and Michele Hurney

WOMEN'S AND CHILDREN'S DIRECTORATE

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

GUH activities for National breastfeeding week 01— 08 October 2012

The theme of National Breastfeeding week was 'Good Health begins with Breastfeeding' and breastfeeding literature was freely available in the Maternity department and main hospital foyer throughout the week.

Pregnant women were invited to an antenatal workshop at which they received information on All aspects of positioning and attachment, importance of early initiation, exclusive breastfeeding, problem solving in the early days and the importance of support. There was a lively question and answer session where worries and concerns were addressed.

Transition year students from the Mercy Secondary school Galway city attended the hospital for an information session on breastfeeding. Attitudes towards breastfeeding were explored and some expressed very negative feelings about breastfeeding. A breastfeeding mother also attended the session and discussed the practical side of breastfeeding with the students who were very impressed with her new baby and 4 year old (also breastfed). Feedback from the students was very positive (see below) and many negative attitudes had changed by the end of the session.

"Natural and friendly" "Found it very educating" "It changed my opinion of breastfeeding"
"Very good - I would definitely consider breastfeeding my child in the future from attending workshop"

The drop-in clinic was widely advertised in the unit and number of pregnant women attended. They benefited from meeting postnatal women who discussed having problems breastfeeding in the early days and solutions to these problems.

The breastfeeding midwife spoke to an interviewer on 'Shannonside' radio about breastfeeding in Ireland, current trends and attitudes.



Photo to left shows:

Workshop attendees with Teresa Hughes, CNM 2 Breastfeeding, Una Carr, ADON and Deirdre Munro, S/M Parentcraft

Photo to right shows:

Transition year students from the Mercy Secondary school Galway city pictured with a breastfeeding mother, her baby and her four year old child at an information session on breastfeeding held in the Maternity Department of UHG



WOMEN'S AND CHILDREN'S DIRECTORATE

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

Cuddle Cots

Cuddle Cots may be used by parents of babies who have been stillborn or died around the time of birth, allowing the bereaved parents to keep their child with them for longer if this is what they wish. The Cuddle Cot resembles a conventional Moses Baskets but has a discreet cooling device placed beneath the baby's blanket, which ensures that the baby's temperature is maintained at 8 degrees.

Feileacain is in the process of offering Cuddle Cots to all maternity units in Ireland as part of their ongoing support to parents who are bereaved through stillbirth or neonatal death. So far feedback from both parents and professionals is very positive and Feileacain plans to have Cuddle Cots available nationwide by the end of 2013.

For more information visit www.feileacain.ie



Pictured from left to right:

Anne McKeown, Bereavement Counsellor; Helen Byrnes, CMM 2 St Catherine's Ward; Jacinta Murphy, (Feileacain); Una Carr, Assistant Director of Midwifery/ Nursing UCHG; Ms. Murphy on the occasion of the presentation to Galway University Maternity Hospital of a Cold Cot or 'Cuddle Cot', donated by Feileacain (Stillbirth and Neonatal Death Association of Ireland).

LABORATORY DIRECTORATE

Damian Griffin, Clinical Director; Judith McLucas, Business Manager

Innovative mass spectrometry technology delivers superior performance at GUH

In keeping with its key strategy to provide a high quality, efficient and cost effective service, the Department of Clinical Biochemistry has recently added state of the art technology, Liquid Chromatography-Mass Spectrometry to its diagnostic armamentarium. This technology provides for greater specificity, performance, and turnaround time for the direct analysis of 25-hydroxyvitamin D, improving the service to both clinicians and patients. Recently, the measurement of 25-hydroxyvitamin D was accredited to ISO 15189 – a first for Galway and the country.

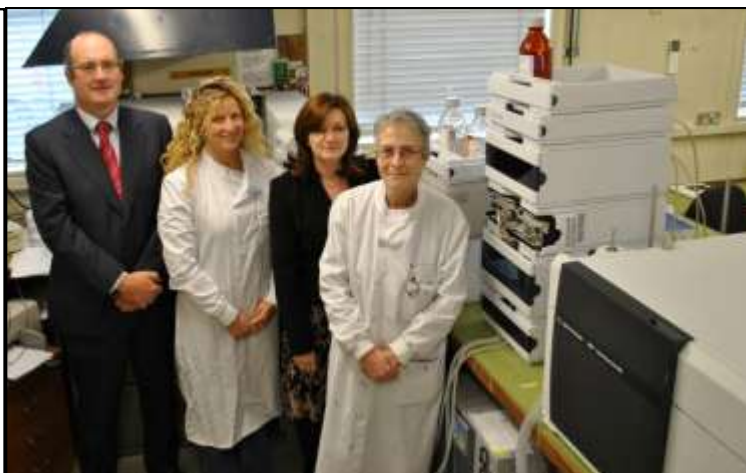


Photo Details:

John McGreevy, Medical Scientist, Liam Blake, Principal Clinical Biochemist and Ursula Timmins, Senior Medical Scientist, Department of Clinical Biochemistry.

Photo Details:

Dr. Damian Griffin, Consultant Chemical Pathologist/Clinical Director. Nuala Ní Chadhain, Senior Medical Scientist, Paula O'Shea, Consultant Clinical Biochemist, Norma Maher, Senior Medical Scientist, Department of Clinical Biochemistry.



LABORATORY DIRECTORATE

Damian Griffin, Clinical Director; Judith McLucas, Business Manager

Laboratory Medicine Directorate Performance Summary – September 2012

Emergency Department Turnaround Time (Biochemistry)			
Current	Future	Current	Future
Current Value	85.8%	Current Value	8%
Target: 80% of samples for sodium should be completed within 1hr.	↑	Target: To maintain platelet wastage at 10% of that ordered	↑
The percentage of samples completed within 1hr for sodium			
The percentage platelet (all groups included) wastage in terms of that ordered on a monthly basis.			
RAG: Green >80% Amber: 60-80% Red <60%			
Data entry errors (Biochemistry & Immunology GUH)			
Current	Future	Current	Future
Current Value	3.0%	Current Value	4.5%
Target: To maintain error rate at <5%	↑	Target: To reduce the number of calls waiting to be resolved for 30days or more	↑
150 requis forms from Biochemistry & 50 requis forms from Immunology are randomly selected over a 7 day period each month. Critical information on the test request form is compared with that which has been entered on the LIS. The percentage of requests on which there have been errors in relation to data entry is calculated.			
Percentage of monthly calls that are still pending resolution			
RAG: Green <5% Amber: 5-8% Red >8%			
Demand Management (Microbiology)			
Current	Future	Current	Future
Current Value	<5%	Current Value	4.5%
Target: The percentage increase in monthly testing (specimen numbers) to be maintained at <5%	↑	Target: To reduce the number of calls waiting to be resolved for 30days or more	↑
The increase or decrease in the No. of test for the month is expressed as a percentage of the monthly average for the year to date			
RAG: Green <5% Amber: 5-8% Red >8%			
Blood samples labeled incorrectly (BTE)			
Current	Future	Current	Future
Current Value	5.1%	Current Value	4.5%
Target: To maintain or have less than 5.6% of Group & Screen / Group & Hold / Group & Cross Match samples / request forms rejected	↑	Target: To reduce the number of calls waiting to be resolved for 30days or more	↑
Number of blood samples that were not processed as they were labelled incorrectly			
RAG: Green: ≤ 5.6% Amber: 5.7% – 7% Red >7%			
Phlebotomy OPD Waiting Times			
Current	Future	Current	Future
Current Value	25mins	Current Value	>90%
Target: No patient to be waiting longer than 30mins for phlebotomy	↑	Target: 80% of samples for FBC investigations should be completed within 1hr	↑
Length of time of longest wait upon audit of 10 patients attending OPD Monday – Wednesday inclusive			
RAG: Green <30 min Amber: 30-45 min Red >45mins			
Turnaround Times (Anatomic Pathology)			
Current	Future	Current	Future
Current Value	87.23%	Current Value	>90%
Target: 80% of non-bloody cancer resection cases should meet the TAT target of 10 days or less.	↑	Target: 80% of specimens for FBC for the MAU that achieve a TAT of 1hr.	↑
Based on number of days from specimen receipt to report issue for non-bloody cancer resection specimens (P03). This is calculated based on the percentage of cases reported within 10 working days.			
RAG: Green >80% Amber: 60-80% Red <60%			
MAU Turnaround Time (Haematology GUH)			
Current	Future	Current	Future
Current Value	>90%	Current Value	>90%
Target: 80% of samples for FBC investigations should be completed within 1hr	↑	Target: To reduce absenteeism rate ≤ 3.5%	↑
% of specimens for FBC for the MAU that achieve a TAT of 1hr.			
RAG: Green >80% Amber: 60-80% Red <60%			
Staffing Levels			
Current	Future	Current	Future
Current Value	3.55%	Current Value	3.81%
Target: To operate within the Directorate employment levels 233.7 Current WTE 247.18	↑	Target: To reduce absenteeism rate ≤ 3.5%	↑
RAG: Green 0-0.05% Amber: 0.05-1.5% Red >1.5%			
Financial Position - LMD			
Current	Future	Current	Future
Current Value	4.5%	Current Value	3.81%
Target: To break even	↑	Target: To reduce absenteeism rate ≤ 3.5%	↑
The Laboratory Medicine Directorate is over target expenditure by £1,250,213			
RAG: Green 0% Amber: 1-4% Red >4%			
Absenteeism			
Current	Future	Current	Future
Current Value	3.81%	Current Value	3.81%
Target: To reduce absenteeism rate ≤ 3.5%	↑	Target: To reduce absenteeism rate ≤ 3.5%	↑
RAG: Green 0 – 3.5% Amber: 3.5 – 4.5% Red >4.5%			

THEATRE ANAESTHETICS AND CRITICAL CARE DIRECTORATE (TACC)

Paul Naughton, Clinical Director; Marie Dempsey, Business Manager

Inpatient waiting list targets

GUH recently celebrated the achievement of reducing the inpatient waiting list from 9901 in January to 0 by the end of September. A big word of thanks to theatre staff for the role played in providing staffed sessions to accommodate theatre access for patients who required it.

Day of Surgery Admission Area- Theatre Admission Lounge

As part of the roll out of the surgical and anaesthesia programme GUH are planning to introduce a 'day of surgery admission area' adjacent to theatre, for patients who have had pre-admission assessment and are given a date for surgery.

The Theatre Admission Lounge will ensure that the actual day of surgery is maximised, length of stay is shortened and cancellations are reduced.

Work is almost complete on the reconfiguration of an identified area directly adjacent to the main theatre complex and commissioning and equipping is planned for November 2012.

The Productive Operating Theatre - (TPOT)

Plans for the roll out of this programme commenced with the establishment of a TPOT committee. All members put their individual talents to work over the past few weeks in the planning of the visioning day which was held on 23 October. This was a very successful day with good attendance from the theatre department.

The workshop was formally opened by Group CEO Mr Bill Maher who outlined the board vision and the organisational support for the programme. Our colleagues from Portiuncula were in attendance to lend support. We also were very fortunate to have Ms Grace Reidy Assistant Director of Nursing, Cork University Hospital, who successfully rolled out this programme in Cork and was happy to share her experience with us.

Ms Martha Ní Chuanaigh, who was recently appointed TPOT programme manager for the National Surgery and Anaesthesia programme, attended and was particularly welcome as it was her first visioning workshop. She noted in particular the support for the programme by senior hospital management at GRUHG.

We had very positive feedback from staff, with suggestions that this be run again to reach theatre and associated staff, who were unable to attend on the day due to a very busy theatre department.

THEATRE ANAESTHETICS AND CRITICAL CARE DIRECTORATE (TACC)

Paul Naughton, Clinical Director; Marie Dempsey, Business Manager

The Productive Operating Theatre is an on-going process of improvement which focuses on four key areas:

1. Patient experience and outcomes
2. Safety and reliability of care
3. Team performance and staff well being
4. Value and efficiency

The next step in the process is the rolling out the programme at theatre level. It is planned to do this by bringing three theatres on line in year 1 and to demonstrate the savings achievable on consumables through adopting the well organised theatre module. This essentially is about bringing LEAN thinking into the operating theatre.

With the supplies department we have identified various processes to achieve this, which includes reducing our current stock, introducing top up and overall greater stock control at local level.

We have developed our data gathering and analysis sufficiently to allow us to produce reports, identifying weekly utilisation, theatre start/finish times and overall efficiency. This information is available at the weekly theatre flow group meetings to enable appropriate planning of resources.

Photos below show staff at work to create a shared vision.



ICT (Information and Communications Technology) update

The ICT Steering Committee for the Group has identified a number of key strategic projects to help us manage our business more effectively. Central to this is the development of an ICT Strategy for the Group which will provide a roadmap for the next 5 years – this work has commenced and will be presented to Management in December 2012.

Integrating Portiuncula Hospital into the Group

Work is progressing to integrate Portiuncula systems and Galway Roscommon Hospitals Systems (GRH).



Group Patient Identifier (Board Number)

The PAS systems in Portiuncula and GRH are similar but use different patient identifiers. With the increasing cross clinical care between GRH and Portiuncula it has become imperative to expand the unique Patient Identifier (Board Number) used by the GRH to Portiuncula. This work is underway in phases and there is still plenty of work to do on managing duplicates arising from 'merging' our databases.

Active Directory move to a new logon

Currently users in Portiuncula log into computers through PHB-WHB domain and this keeps PHB separated from the rest of the Group in terms of network boundaries and ability to see/share systems. Users in GRH log into WHB Domain and sharing of data and systems across Hospitals becomes easier in that situation. In the coming weeks work will be undertaken to move all the users, computers, servers and applications to the WHB Domain.

Priority projects

Over the last few months we have also been working hard on planning, scheduling, implementing systems and/or developing business cases and proposals for:

Group Electronic Medical Record Systems which will help us move from a paper based system to a paper light system and eventually to a paperless system. The proposal has been worked up and we are now working with Department of Health and HSE on progressing that to procurement stage.

ED Information Systems – we are evaluating systems with a view to procurement across Group.

Q-Pulse—(each hospital has own system) will be centralised for the Group before the year end.

The newer version of Q-pulse will be implemented and will include policies and procedures, incident and complaints management reporting.

Reducing ALOS – we are looking at processes and systems to help us reduce ALOS which in turn will help us become more effective in terms of quality of care and efficient in our use of resources.

We are implementing Claimsure to help us manage our private patient insurance claims and this will go live in GUH before year end to be followed by PHB and RH.

The National rollout of Endoscopy Reporting System is scheduled for Q1 2013 for GUH and a similar time frame is expected for Reusable Invasive Medical Device Track and Trace System for GUH. Both of these systems will be extended Group wide going forward.

ICU system — Discussions have commenced on how the system available at Galway can be extended to Portiuncula to ensure that the same level of care is available in each of the Groups ICU facilities.

ICT (Information and Communications Technology) update

NIMIS (PACS) at Portiuncula

The National Integrated Medical Imaging System will go live in Portiuncula on week commencing 19 November 2012. This new imaging system will allow doctors to electronically view their patient's diagnostic images, such as X-Rays and CT Scans and some cardiology examinations, quickly and easily. A considerable investment in infrastructure came with the project – most of which was funded through Capital.

Roscommon Projects

A number of projects will be rolled out from GUH to RH including enhancements to PAS, Patient Correspondence (OPD letters), Electronic Discharge Summaries and training on core systems.

EDS (Electronic Discharge Summary)

There are a number of versions across the Group and we need to consolidate to ensure people have access to the last EDS when necessary. Portiuncula are in pilot phase of using a shorter Electronic Discharge Summary but this also includes a Pharmacy prescription which is of interest to Galway.

Clinical Information Management

The Clinical Information Management system has been implemented and recently updated with HIPE data for the first 6 months of 2012 (GUH and PHB) and this data is being validated. This system allows us to benchmark our clinical performance under a number of KPIs against similar hospitals.

Management Information

An information portal was / is being developed with the intention of becoming a portal for managing service plans, waiting lists, performance management information and KPIs etc. and a number of key people now have access. Work is ongoing to progress this becoming an Intranet for general news items.

Infrastructure

Work is ongoing in improving the security and performance of our systems as we continue to invest in Networks, Servers and PCs – much of which is funded through capital. We have made multiple submissions and have received approval for many of these including upgrading link to RCH, approval for >300 PCs across Group, WiFi in GUH initially, Network upgrade (improve speed), SharePoint Information Portal and we await formal approval on projects to improve storage capacity, AV equipment for RCH and PHB, PHB Domain move, Backup devices, Fibre Cabling upgrade etc. Many of these projects will work into 2013. We are also working with national ICT on improving security, particularly with recent Virus issues.

Each of these projects is substantial in their own right – the Group will prioritise and fund some priority projects. We must have buy in and support from all staff to ensure the investment in terms of time and resources is rewarded in improving Patient Care and maximising the benefits of ICT.

By Martin Molloy IS Manager GUH and Ms Anita Carey, IT Manager, Portiuncula.

Q-PULSE EXPANSION

Integrated Safety and Quality System (Q-Pulse) Update

The group is developing a consolidated Quality and Safety Management system and in support of this the Q-Pulse system will be enhanced and expanded to all sites within the group. A project team has been established to steer this project chaired by Dr David O’Keeffe with representation from all sites in the group.

One of the main goals of this project is to help integrate day to day activities and communication across the Hospital Group sites, and thus support the new governance structures. A full education and roll out programme will be shortly announced to ensure staff have an understanding of the new processes and the Q-Pulse system. This project is being supported by the Galway based company Health Care Informed (HCI).

The redevelopment of the Hospital system utilised for communication, notification and learning, from safety and quality issues, is progressing well. The new processes, supported by an upgraded Q-Pulse software system, will improve the way the Hospital Group manages the following:

Incident Reporting and Management

Incidents will soon be reported electronically which will allow for immediate notification and management of events to the relevant Business Managers and Heads of Departments. All staff will be able to see how the incidents they report are been managed. Better analysis and communication will assist in learning from the events that occur.

Complaints Reporting and Management

Similar to the new incident reporting processes staff will soon be able to log complaints received and they will be automatically routed to the appropriate people to be followed up.

Process Control

The way in which all areas demonstrate and communicate how they operate will be carried out via policy and procedures on Q-Pulse. The updated system will ensure the most accurate procedures are available, communicated and properly approved. This is necessary to ensure clarity in all areas of care and service delivery in the Hospital.

Audit and Regulation Management

A significant amount of very worthwhile audit and review is currently going on in the Hospital. The process will ensure appropriate communication of not only the audits but most importantly the improvements that result from them. Hopefully this will aid in our own organisational learning. Similarly with the increase in external regulation it is necessary to co-ordinate visits, information and reduce the resultant workload through elimination of duplication.

Further details will be provided on the Q-Pulse expansion programme and details of training days for clinical directors, business managers, line managers, and heads of department who will be key to rolling out the system to support patient safety across the group.

QUALITY AND RISK

Clinical Audit Presentation Day GRUHG

The first autumn semester Clinical Audit presentation day on 26 October was a great success. A total of 12 audits were presented and all six Directorates were represented. The Audit meeting was opened by Mr Noel Daly, chairperson of the board of Directors of GRUHG and chaired by Dr Bob Rutherford who is the lead for Clinical Audit in GRUHG. The audit committee, which is a sub-committee of the Continuous Quality Improvement committee (CQI), has developed under the leadership of Dr Rutherford the audit strategy for the group and includes:

- Developing a central repository for Audits, including outcomes and re-audit using the Q-Pulse system
- Training in Clinical Audit
- Clinical Audit Presentation Days 3 times per year

Congratulations to the 3 presenters who were awarded for the quality of audits presented.

- ♦ **First prize** - *Glucocorticoid use and associated hyperglycaemia in acute hospital setting* by Dr Sinead Walsh / Dr Sean Dinneen.
- ♦ **Distinguished Audit**—*Review and management of Platelet usage* by Ms Martina O'Connor / Dr Gilmore / Dr Ahysat, Consultant Haematologist.
- ♦ **Distinguished Audit**—*Evaluation of compliance with CURB65 score and initial antibiotic management of CAP in acute presentations to GUH (assessment and management of community acquired pneumonia)* by Dr Breda Cushen / Dr Bob Rutherford.

A summary booklet of all Audits presented will be available. The prize-giving scoring system was based on the following criteria: Clinical Relevance; MDT approach; Audit Methodology; Presentation Plans for Improvement (Re-Audit Cycle).

Plans for the future include:

- ♦ Directorate audit 2 / year
- ♦ Each Medical/ Surgical Sub-specialty audit 2 / year
- ♦ 3 GRUHG Audit Presentation days per year
- ♦ Greater Audit links with primary care



Prize-winners pictured above:
Martina O'Connor; Dr. Bob Rutherford
and Dr. Sinead Walsh



Audit Committee pictured above:
Dr. Bob Rutherford; Edel Callanan; Carmel Higgins;
Caroline Kearns and Dr. John Lynch

By: Carmel M Higgins, Quality and Risk Manager, GUH

ESTATES UPDATE GUH

**Ann Cosgrove,
Clinical and Non-Clinical Services Manager, GUH**

**Radiation Oncology Project Enabling Works**

We have received formal approval to commence the next phase of our NPRO Project. Considerable work has been undertaken to get us to this position and we can now formally start the important stage of procurement and actually building our replacement radiotherapy facility. We are awaiting planning permission for the Car Parking Replacement element of the enabling works and this project will progress early in 2013.

Nurses Home

Work is near completion on the reallocation of accommodation in the nurses home and the Finance Department has relocated back to the reconfigured nurses home accommodation. A very big thank you to all staff who were inconvenienced in the process of relocation, for your patience and co-operation throughout.

Unit 2 MPUH

Reception



Treatment Room



Sluice Room

Work has progressed well on the reconfiguration and refurbishment of Unit 2 and the building works have been completed. The flooring contractor (separate contract) will take approximately 2 weeks, therefore it will be ready for the decanting back of the Orthopaedic OPD service by the last week of November.

Clinical Research Facility /Translational Research Facility (CRF/TRF)

Work has been on-going over the past number of weeks to progress this project. Planning applications have been submitted for enabling works including the location of the services compound and the realignment of road. Consultation with service users has taken place in relation to ventilation works St Rita's and St Angela's Wards.

Consultation has also taken place with service users in relation to the main CRF Build to close out on some design issues with further consultation happening going forward. The tendering of enabling packages is also being progressed.

ESTATES UPDATE GUH

Central Scope Decontamination Unit

The final snag list is being worked though on the Central Scope Decontamination Unit and Equipment Validation has to be finalised.



The operational group are currently working on the plan to open this unit including the planning of the phased transfer of equipment from existing local decontamination units, staffing requirements, training plans, operational policy and other associated work.

Fire Safety

Work is on-going on the replacement of an existing fire alarm system in the Main Hospital Block, UHG. Work has concentrated in the last few weeks on network cabling installation and work has also been undertaken in OPD area most recently.

Interim Ward Block

The appointed Design team presented exemplar plans for the interim ward block to the Group Estates Strategy Committee at its October meeting. Follow up consultation with service users has taken place to enable feedback on layouts for the wards. A planning permission application will be submitted in the coming weeks.

Day of Surgery Admission

Some minor infrastructural work is being undertaken currently to enable the progression of the Day of Surgery Admission initiative, involving the creation of a receiving area, changing area and Theatre Admission Lounge.



I would like to thank all staff for your on-going support in relation to building projects and reconfigurations which can be disruptive at various times.

ESTATES UPDATE GUH

GUH's Waste Awareness Day

European Week for Waste Reduction will take place from the 17 November to the 25 November. To coincide with this event a **Waste Awareness Day** will take place in the **front foyer of UHG** on **Monday 19 November** in conjunction with Aramark Catering. The purpose of the day will be to raise awareness about waste reduction strategies and advice and educate on the policies of GUH in this regard. During the day we will highlight the waste reduction initiatives currently being rolled out across GUH. We will demonstrate sustainable waste reduction actions that can be undertaken by staff in their day to day activities and encourage changes in behaviours that will have a positive impact resulting in more sustainable waste management practises. Your co-operation with attending on the day, visiting our stands, sharing your ideas would be greatly appreciated.



Bio Systems Pilot

The Bio Systems pilot has been in operation across Emergency Department, 4 ward areas (St Gerard's, St Anne's, St Anthony's, and St Enda's) and two Outpatient areas (Phlebotomy Outpatients and Phlebotomy Maternity) since 03 September 2012. UHG is the pilot site for Bio Systems for HSE National and to date feedback from staff has been very positive. Staff have become accustomed to new segregation practices and find it easier having one bio-system bin to replace leak proof bin and sharps bin.

Storage rooms have become less cluttered as all sharps containers have been removed and only a very small contingency supply is in place to cover weekends. Staff are no longer required to assemble, sign, label, date or close containers in the pilot areas and this has freed up some staff time.

We will continue to monitor progress over the coming months with a view to preparing a report for National Procurement at the end of the trial period which will include a review of the economic benefits of the trial. Therefore if you have any specific feedback pertaining to this system, the good, the bad or the savings (in time or space) please do not hesitate to contact:

Michelle O'Dowd, GUH Waste Co-ordinator.

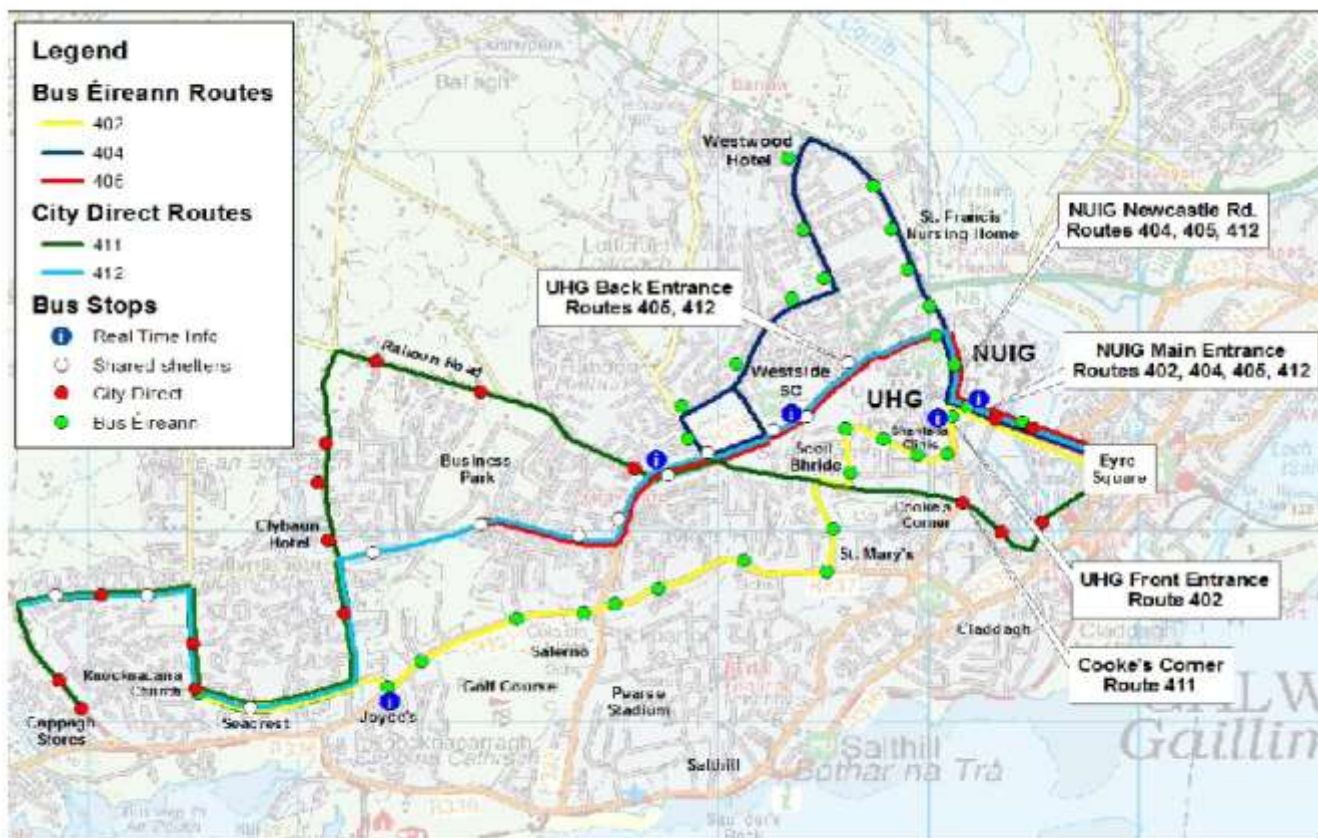


ESTATES UPDATE GUH

UHG Mobility Plan - Bike, Walk & Bus to Work

As part of the mobility planning work for the UHG site, alternative public transport options for traveling to work were promoted recently in the main hospital foyer on 20 October and approximately 70 staff visited the information stands.

Bus Eireann and City Direct presented the five bus routes on the western side of the city serving UHG with new timetables enabling staff to get to work for 7.30am. There is a new combined bus routes map which may help staff find which bus service suits their needs.



The HSE are implementing the tax saver scheme for Bus Eireann and City Direct. Staff can avail of heavily discounted monthly bus and rail tickets through a tax incentives scheme. Please contact kathleen.myles@hse.ie for further information.

Health promotion services enlisted a bike doctor to provide staff with free health checks for their bicycles and car sharing in UHG was also promoted. There are three priority designated car sharing spaces in the main staff car park for car sharers. Contact Park Rite on 2858 to register your car sharing group and to receive your car sharing permits.



Staff Reminder – Art@work - Tenth Anniversary

The annual staff exhibition is imminent and is open to all; GUH staff, PCCC, Psychiatry, ISS, Aramark and contract staff. Closing date for submitting artworks is Monday 10 December and the exhibition will be launched on 19 December on the Arts Corridor. All budding artists are invited to submit up to two artworks for this year's Annual Staff Art Exhibition. We want to make it the biggest, brightest and best exhibition yet.

Helium Arts for Children to begin a new Art Project for Teenagers dealing with Chronic Illness - Cloudlands



Helium is an arts and health non-profit organisation which gives a creative voice to children and teenagers living with illness and disability through participatory arts programmes. Cloudlands is a new arts and technology project for teenagers with chronic illnesses which will be taking place in Galway University Hospital from November 2012-July 2013. An artist in residence will work collaboratively with patients to develop arts projects based on the participants' ideas, interests and experiences. The artist will visit once a fortnight.

The project will also take place in Children's University Hospital, Temple Street and Cork University Hospital. Central to Cloudlands is the development and use of a secure online creative space where artists and teenagers will collaborate and share their work across the three hospitals. The project is supported by the Arts Council and Medtronic Foundation.

"THE THINGS WE MISS" An exhibition by Children from St. Bernadette's Paediatric Unit, University Hospital, Galway (facilitated by artist Pam O'Connell)

What do you miss when you are in hospital?

Going into hospital is a different experience for everyone, be they child or adult. But one thing that is consistent is that we all miss something that we have left at home or some place and experience that we will not have access to during the hospital stay.

The answers given by the children of St. Bernadette's Paediatric Unit, UHG provided the material for this exhibition which is on display until the 10 December on the Arts Corridor.

In total 37 children took part over a 14 week period (01 May to 31 July 2012) and all staff are encouraged to visit the exhibition and support our budding artists.



By Ciara



By Kelly



By Cora



By Evan



By Niamh



By Ciara

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

Blood Bike Blood Bike West Out of Hours Emergency Rider Volunteer Service



The Blood Bike was launched by Charlie Boorman, who is in photograph above along with some of the volunteers riders, staff and friends of GUH

The Blood Bike West voluntary emergency out of hours service was launched on 08 October 2012.

The service is available to all HSE hospitals in the Western region to include, UHG, MPUH, Portlinculla, Roscommon and Mayo General Hospitals. Should one of these hospitals require a consignment to be transported outside of this region, e.g. Dublin, the service will be available for this purpose.

The service operates Monday - Thursday 7pm to 7am and from 7pm on Friday until 7am on Monday inclusive (24 hour service Saturday and Sunday). The service will also be available 24hrs on Bank holidays and Christmas Day.

The service will be able to transport: Blood for testing, X-Rays, drugs and small medical equipment etc. The 2 cargo bays on the bike are equivalent in size to a standard rucksack, so anything that will fit in that size can be transported. As the service is awaiting delivery of temperature controlled transportation boxes, it will not be in a position to transport products that require temperature control for a period of time.

As the service is provided by volunteers, this service will be is completely free of charge. All volunteers have received advanced training through the Royal Society for the Prevention of Accidents and have been tested and passed by one of the senior Garda motorcycle trainers in Templemore. All volunteers have also been through the Garda Vetting process.

The GUH Choral Society

The GUH Choral Society was formed in 2010 to provide a group where interested Staff could come together to sing for enjoyment and fun. Since then, the GUH Choral Society has performed four recitals in the foyer of the UHG Hospital including two carol services. Also, each year the society provide a carol service to the UHG Wards which is enjoyed by the patients, visitors and staff. The GUH Choral Society have also provided music for some spiritual services organised by the hospital in the past two years.

If you feel you would like to take part in this singing group, please come along to Classroom 1 in the Nurses Home on a Tuesday evening. Practice starts at 5:15pm and any persons wishing to join should come along between 5:00 and 5:15pm so that practice can kick off on time.

For any further information please contact Séamus Leonard on
Phone:(091) 893 474



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

Maureen Nolan, University Hospital Galway:
maureen.nolan@hse.ie

Fergus Hannon, Portiuncula Hospital Ballinasloe:
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Mary Crowley, Roscommon Hospital:
maryf.crowley@hse.ie

Newsletter Content Deadlines for 2012

Please see below for the content deadline for the final 2012 issue:

Issue 8: 03 December (this is the latest date for content)



Thank you for your contributions to issue 7 and we look forward to reading your submissions for issue 8.