

4 in 1 NEWS



Issue 10
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Message from Bill Maher, Chief Executive Officer, Galway and Roscommon University Hospital Group

In my last update I mentioned that we were finalising the Service Plan for the Group for 2013. The plan was launched at the Regional Health Forum meeting on 28 February along with similar plans for the Midwest Hospitals Group and the HSE West. Our Service Plan builds on the firm foundations laid in 2012 in terms of service delivery, reducing waiting times, establishing sound governance arrangements and improving patient quality.

The plan sets out our priorities for the year, which are to improve access to services for patients and this means working on admission times from the Emergency Departments, maintaining the inpatient waiting time targets (which includes a reduction to 8 months wait time for adults) and meeting the Department of Health's Special Delivery Unit outpatient waiting time target - that no patient should wait longer than 12 months by the end of November.

Our budget for this year is €318.5m which means that we are in an improved financial position at the start of the year due to an increase of €20.9m on last year's budget (€297.6m). However we are forecasting that our expenditure will be €344.5m which leaves us with a financial challenge of €26m. We plan to address this challenge through other sources of funding for example deferring procurement of medical equipment and income from private patients once legislation has been introduced to allow us to invoice private patients in public beds. This will leave a balance of €16m which will be met through cost containment measures which will require vigilance in all areas of expenditure. I would like to thank Maurice Power and his team for the work involved in compiling the Service Plan.

In this addition Noel Daly will provide you with an update on the development of the Board Group. I would like to welcome the Non-Executive Directors who were appointed in January. We now have a Board which will meet nine times a year including meetings in Roscommon and Portluncula. In March we held the first Board meeting in Roscommon Hospital which was an opportunity for the Board Members to visit the hospital which is being held up nationally as an example of a model "smaller hospital".

I am delighted to report that the first phase of the Acute Medical Assessment Unit (AMAU) is now operational at Portluncula Hospital and initially patients will be referred to the Unit from the ED and later this year the AMAU will be taking direct GP referrals. The new AMAU will help alleviate ED pressures and reduce waiting times by having an alternative pathway for medical patients to be assessed, access to diagnostics and decision to admit or discharge and it will lead to an increase in the number of same day discharges. Chris Kane will discuss this further in the newsletter.

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

On 26 February and again on 06 March we had two scheduled visits from HIQA as part of their investigation. In general the visits went well and we were advised that there were no immediate risks identified. HIQA were complimentary about many of the things we do and it was good to hear this feedback. We will continue to work with HIQA over the coming months as they prepare their report and I will keep you updated. There was a significant piece of work required to prepare documentation requested by HIQA in advance of their visits and I would like to acknowledge the hard work and effort put in by Tony Canavan and his team.

The Symptomatic Breast Unit launched their Annual Report this month and there was very positive coverage in the local media. The radiotherapy and oncology services now provide every component of state of the art breast cancer treatments. The service has a very proactive quality assurance programme which gives us confidence that we are providing a service on a par with anywhere in the world, both here in Galway and at the satellite centre in Letterkenny. The teams in both locations deserve credit for compiling a comprehensive report which demonstrates the excellent work carried out for patients in terms of diagnosis, treatment, research and trials.

As one of only eight designated cancer centres, it is important that we continue to work to develop cancer services at GUH further for patients for the entire region and this year we will be progressing the governance of the Cancer Strategy Group by developing KPIs for each cancer speciality, by improving cancer care pathways and patient flows and by progressing the enabling works for the National Plan for Radiation Oncology (NPRO) capital programme.

Finally, I would like to offer hearty congratulations to Dr Paul Donnellan, Seamus Leonard, all the volunteers and most importantly the choir members of 'Something To Sing About' who won the Astellas Changing Tomorrow Awards under the "Hope" category. For anyone not familiar with 'Something To Sing About', I recommend you check out their website – www.stsa.ie. At a time when the day to day challenges in the health service seem unending, it is inspiring to read about a good news story which is making a positive impact to patients' lives – which after all is why we are here.

Kind Regards,
Bill Maher
Group CEO



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

As I write this we still haven't heard the outcome of the report by Prof John Higgins, Chair of the Hospital Group Strategic Board on the composition and number of new hospital groups - this is due to be announced shortly. I hope to be able to provide an update in the next issue of the Newsletter.

However, I am delighted to confirm that the non-Executive Directors of the Board have been appointed and that the first full Board meeting of the Group took place on 19 February. The non-Executive Directors or NEDs have been appointed for a term of three years. Here is a quick overview of each of the new NEDs:

Dr Jim Browne

Dr Jim Browne is the 12th president of the National University of Ireland Galway (NUI Galway), one of Ireland's premier universities with over 16,000 students. He has a record of achievement in academic leadership, strategic planning and change management within NUI Galway. Dr Browne has published over 200 academic papers and 15 books, including translations into French and Chinese. Dr Browne also has considerable experience of working with overseas universities, public and private bodies.

Dr Brendan Day

Dr Brendan Day is GP living in Claregalway, Co Galway and is the Senior Partner in a General Practice which serves a large, mixed rural/urban population in Lackagh and Claregalway. Dr Day has been a member of the Executive of the Irish College of General Practitioners since 2009 and was President of the ICGP from 2010/2011. Dr Day has a particular interest in promoting the capacity of General Practice to lead the delivery of health care given adequate resources and opportunities.

Zubair Javeed

Zubair Javeed was appointed Chief Financial Officer of Creganna-Tactx Medical in February 2012, becoming a member of both the Senior Management Team and the Board as an Executive Director. He oversees the Finance, IT and Procurement functions at the company and is based in Galway. Zubair has also provided management consulting advice to a number of health organisations in the UK most notably, King's College Hospital NHS Foundation Trust and the Royal Free London NHS Foundation Trust where he designed and implemented finance, management reporting and procurement systems.

Dr John Killeen

Dr John Killeen is an engineer by profession and a native of County Roscommon who became an Honorary Freeman of Galway City in 2012. John's career spans working with Local Government, with a multi-national construction company and seven years with Shell International. John is a retired CEO of Colas Group in Ireland and a retired Managing Director of Cold Chon Galway Ltd. He played an influential role in the development of major infrastructural projects in Ireland and was involved in setting up the National Roads Authority. John is a Past President of Institution of Engineers of Ireland and a Founding President of the Academy of Engineers in Ireland, which was the first all-Ireland engineering body.

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

Phyllis MacNamara

Phyllis MacNamara is the owner of 'Cobwebs' a renowned antique and modern jewels shop which was established in Galway in 1972. She holds a degree in Fine Art from Trinity College and has studied with Sotheby's London and Cartier London. Following the death of her husband Michael in 2008, Phyllis has become an advocate for raising awareness of mental health issues and promoting increased public openness on suicide. She is an ambassador for Console and a committed and active fundraiser for the organisation which was established in 2002 as a dedicated suicide prevention and intervention service in Ireland.

The remit of the Board is to develop effective corporate and clinical governance structure for the Group along with the quality and safety of systems of care in place for patients of the Group. To this end, at the first full Board meeting in February, a number of standing committees were established and Chairs were appointed to Patient Safety, Finance and Audit Committees. The appointees are:

Patient Safety Steering Group: Dr Brendan Day, Chair and Ms Phyllis MacNamara, Vice Chair supported by Dr Pat Nash and Ms Colette Cowan.

Finance Committee: Mr Zubair Javeed, Chair supported by Mr Maurice Power as Chief Financial Officer.

Audit Committee – Dr John Killeen, Chair supported by Mr Bill Maher and Mr Noel Daly

The Board of the Group will meet nine times this year and there will be a meeting in Portiuncula in addition to Galway and the recent meeting in Roscommon. Also, we will be having two public meetings of the Board which will provide real local accountability to the public we serve. The first of these meetings will take place on 18 June in Galway and I look forward to sharing further information on this and on other Board developments with you in the coming months.



Photo Details: Board of the Galway and Roscommon University Hospital Group, back row from left: Mr Maurice Power, Group CFO; Dr Jim Browne, NED; Mr Zubair Javeed, NED; Dr John Killeen, NED; Dr Brendan Day, NED; Dr Pat Nash, Group Clinical Director. Front row: Ms Fiona McHugh, Group SEO; Ms Phyllis McNamara, NED; Mr Noel Daly, Group Chairman; Mr Bill Maher, Group CEO; Ms Colette Cowan, Group Director of Nursing and Midwifery.

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

It's not an oversimplification to say that everything we do in each hospital in the Group can be distilled down to a discussion about three things; Access to services, quality of service and use of resources. This month I am focusing on just one of our access issues.

In our service plan for 2013 we set ourselves very ambitious targets with regard to reducing the number of patients on trolleys in our two Emergency Departments awaiting admission to our hospitals. After 3 full months it is fair to say that while our performance continues to improve relative to 2012 month on month, it has really been a difficult first quarter. In GUH we have continued to work hard at reducing the number of patients awaiting admission at 8 am and as I said we are making headway with fewer patients waiting on average each month versus the same period in 2012. In Portlincula, the focus has been more on the length of time that each patient spends on a trolley and again this is an area where Portlincula has performed well relative to many hospitals around the country. But the experience of the first 3 months on both sites has been that it has proven very difficult to eek out these improvements. It is some consolation to know that the country as a whole is struggling with this very issue.

The commitment by staff throughout the Hospitals Group to reducing the number of people awaiting admission on a trolley and, crucially, reducing the length of time that they wait, is very significant. Without that type of commitment, it would not be possible to continue day by day to match up the resources we have to the growing demand for hospital care from the community we serve. We are all hoping that we are now entering a quieter period of the year when it will be possible for us to redirect some of our effort towards our other not insignificant access challenges such as the Inpatient and Day case waiting list and the Outpatient Waiting List.

Keep up the good work.

Kind Regards,
Tony Canavan
Chief Operating Officer



GUH Performance Summary – February 2013

<p>Outpatient Waiting List</p> <p>Current: 25722 Future: 25722</p> <p>Trend: v Previous Month</p> <p>Target: Out-patient waiting to be reduced to less than 62 weeks</p> <p>Work is progressing through the Directorate to deal with long waiters across all specialties. Great progress made in Orthopaedics and most Medical Specialties. Awaiting National launch of OPD Projects as basis of action plan. Jan 2013 33366 Patients > 12 Months The above figure is for all patients on the Outpatient PTL waiting over 12 months with and without an outpatient appointment.</p>	<p>OPD DNA Rate</p> <p>Current: 13.1% Future: 13.1%</p> <p>Trend: v Previous Month</p> <p>Target: Reduce the number of patients who do not attend to 10% by December 2013</p> <p>OPD group are looking to extend the partial booking system across all specialties. National guidelines on attendance and DNA policy to be made available. Last Month 14.3%</p>	<p>ED Patients waiting for admission at 8am</p> <p>Current: 18 Future: 18</p> <p>Trend: v Previous Month</p> <p>Target: < 10 patients waiting in ED for admission at 8am</p> <p>Average number of patients on trolleys awaiting beds = 18. February featured a slight decrease in the average number of patients awaiting a bed primarily due to improved Patient Flow Management. Frequent use of escalation measures to support reducing times spent by patients on trolleys. Forward focus for all services is on improved discharge planning. Sdu continues to support our drive to improve patient experience times. Last Month 19</p>
<p>CT Waiting List</p> <p>Current: 180 Future: 180</p> <p>Trend: v Previous Month</p> <p>Target: No Category 2 or 3 patient should wait more than 70 days for a CT.</p> <p>The wait time for CT Scans now lies at 180 days. We are continuing to send patients to RCH for CT scans. However the weekend initiative has ceased. Reaching the KPI target is proving challenging but we will continue to address this in every way we can. Last Month 165</p>	<p>In-patient & Day Case Waiting List</p> <p>Current: 508 Future: 508</p> <p>Trend: v Previous Month</p> <p>Target: No patient should wait > 8 months by end of November, 20 weeks (Child) and 13 Weeks (GI Scope)</p> <p>Work is on-going with the Medical and Surgical Directorates. All Waiting List Targets were met last month (No patients waiting longer than 9 months (Adult), 20 weeks (Child) and 13 Weeks (GI Scope). Reduced theatre resources available this month. New Group wide Inpatient/Daycase Policy being launched this month. Jan 2013 Adults 3381 waiting over 8 months (Scopes and Children are in the maintenance phase now)</p>	<p>Average Length of Stay</p> <p>Current: 5.8 Future: 5.8</p> <p>Trend: v Previous Month</p> <p>Target: 5.5 days to be the average stay achieved</p> <p>The new National Programmes on Surgery will help reduce the average length of stay. This is complemented by local work on agreeing formal bed allocations across Medicine and Surgery. Last Month 6.6 (excluding Ops)</p>
<p>Day of Procedure Rate for Elective Inpatients</p> <p>Current: 48% Future: 48%</p> <p>Trend: v Previous Month</p> <p>Target: To increase rate to 75%</p> <p>The new National Programmes 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 CIMA tool. Last month 48%</p>	<p>Staph Aureus Blood Stream Infection</p> <p>Current: 0.20 Future: 0.20</p> <p>Trend: v Previous Month</p> <p>Target: Full bar is color coded red = projects exceeds 2011 studies (>0.14 per 1000 bed days), orange projection equals 2011 target (= 0.16 per 1000 bed days), green = projection is below 2011 target (<0.14 per 1000 bed days)</p> <p>GUH acquired and Healthcare associated S. aureus BSI per 1000 bed days Line infections (both pre and in-centre) have been identified as major causes of both MRSA & MSSA blood stream infections at GUH. These were 4 CVC-associated Staph aureus bloodstream infections in GUH for the two month period to the end of February 2013. These infections occurred predominantly in medical patients. There have been no PVC-associated Staph aureus bloodstream infections in GUH to the end of February 2013. 2013 Jan – is 0 per 1000 bed days</p>	<p>Bed Days Lost</p> <p>Current: 96 Future: 96</p> <p>Trend: v Previous Month</p> <p>Target: Reduce by 10% over 2013 figures</p> <p>Work is ongoing through the Discharge planning group to reduce the number of Bed Days Lost. Last Month 85</p>
<p>Financial Position</p> <p>Current: 10.37% Future: 10.37%</p> <p>Trend: v Previous Month</p> <p>Target: To deliver financial break-even across December 2013</p> <p>The Financial Control Committee is in place to ensure that GUH meets budgetary targets. Last Month 10.37%</p>	<p>Staffing WTE variance from Staff Ceiling</p> <p>Current: 3,047.03 Future: 3,047.03</p> <p>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. January ceiling 3,053 Last Month WTE 3,032.40</p>	<p>Absenteeism</p> <p>Current: 4.36% Future: 4.36%</p> <p>Trend: v Previous Month</p> <p>Target: To reduce absenteeism rate to 3.5% by December 2013</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 5.02% Based on NEIU figures</p>

Finance Committee

Galway and Roscommon University Hospital Group

Financial Performance

The Group's budget for 2013 was confirmed at the end of January 2013 at a meeting with the Director General, Mr Tony O'Brien. The total net budget is **€318.477m** which is an increase of €20.8m on the 2012 budget and represents an increase in percentage terms of 7%.

This is a very positive result for the Group and reflects the work done last year by the Group in seeking a realistic budget for 2013 and to finally address the historical core underfunding problem. While the increased budget is welcomed, there still remains a financial challenge of approximately **€15m** for the Group to meet this year.

For January, we were overspent by €750,000 and while this is significantly less than previous, we will have to stay within budget and no deficits will be accepted. This means we will be continuing to manage our expenditure closely and are working up cost containment plans for the year ahead. Plans will be agreed with the individual Hospitals and the Directorates and all ideas on cost savings and income generating are very welcome from all staff. These can be communicated through your Line Manager or directly to the Finance Managers in each Hospital.

Claimsure Project (System for Electronic Claims Management)

In the past month work has continued with the system providers to address the issues in relation to older outstanding claims and reports for GUH.

Training sessions have been provided for GUH Consultants in relation to the completion of their claim forms on the Claimsure system and in February 2013 in excess of 60 Consultants involved in completion of Consultants claim forms have attended a training session.

Progress has also been made in relation to the integration of the 3rd Party Billing Companies and to-date three companies now have the submission of the relevant claim documentation integrated into the Claimsure system. Work is ongoing with the remaining companies in this regard.

Further work has yet to be carried out to develop the reports available from the Claimsure system to provide financial and management information at GUH.

It is anticipated that the extension of this project to the other hospitals within the group will occur shortly when the issues at GUH have been resolved. This will commence with an on-site meeting in Roscommon Hospital. Implementation at Portiuncula Hospital will be scheduled at a later stage.

Finance Committee

Galway and Roscommon University Hospital Group

Activity Based Costing System Update.

Completion of phase 2 - Activity Based Costing model

Work is almost complete in the development of a first draft of Galway University Hospitals activity based costing model and we expect delivery of the “Costperform” software within the next week. The next phase of the project will revolve around validation of the sources of clinical information, model methodology and assumptions taken within the model.

This software will allow us to calculate a cost price for the various activities involved in the provision of each episode of care and to calculate the total cost for all patients' types. The value and importance of this information can only increase as the Irish Health system moves away from traditional incremental funding and towards a “Money Follow the Patient” system of hospital financing.

Procurement

As mentioned in the last newsletter, we have Martin Quinlivan working with us 2-3 days a week on all issues relating to Procurement. Martin is a Senior Specialist from the National Procurement Team and will be a key member of our team to assist with getting better Value for Money for the products and services we use in the Hospitals. He will also support us in tendering for new equipment and systems. Martin is already meeting staff throughout the Group and will be delighted to support cost containment initiatives.

MFTP

You will probably have heard of the MFTP project. MFTP stands for ‘Money Following the Patient’ and is a pre-cursor for Universal Health Insurance that the Government intends to implement by 2016. We are into our third year of the project which focuses on meeting target activity in the completion of HIP/Knees procedures.

The concept behind the project is that a national tariff is agreed for the specific procedures, a target activity figure is agreed with the Group and the related level of funding is taken out of our base budget at the start of the year. If we meet the targets we get back the funding taken off, if we don't, we lose 35% for each case not performed, if we over achieve we may get additional funding. So we hope to achieve the latter and we will be working with the Surgical Directorate and the Orthopaedic team to make sure we perform well.

Maurice Power
Chief Finance Officer



Human Resources Department Galway and Roscommon University Hospital Group

Prevention and Management of Stress in the Workplace

The HSE has recently issued its Policy for the Prevention and Management of Stress in the Workplace. This is an invaluable guide to all staff in these difficult times and provides a support framework for staff who are coping with difficult circumstances in their work.

The policy defines stress as “a mental and physical condition which results from pressure or demands that strain or exceed your capacity or perceived capacity to cope. The sources of such pressure or demands are called stressors”.

While work generally contributes to developing and maintaining positive mental health and well-being, the main focus of the policy is on work-related stress (though it acknowledges that factors that are not work-related can impact on an individual in the workplace).

The policy highlights the fact that “there is a difference between positive stress, which is associated with a sense of challenge and excitement, and negative stress which is dominated by worry, anxiety and agitation. This policy is mainly concerned with negative stress and the related risk factors”.

The roles and responsibilities of senior and line management are clearly set out, indicating the importance of promoting staff well-being, preventing stress where possible, promoting awareness of stressors and solutions, managing stress in the workplace, managing stress-related absence, assisting in non-work related stress management and managing critical incident stress.

The policy provides guidance to employees also, particularly in relation to preventing stress, promoting well-being, and how to deal with work-related stress. In relation to the latter, staff are encouraged to tell their line manager early if they are feeling stressed and to jointly identify the sources of stress at work. Steps to ameliorate the problem can be taken in work and, if agreeable to the staff member, a referral can be made to the Occupational Health Department of the Employee Support Service, though it is open to the employee to self-refer if they wish without necessarily telling their manager. It is also stated that the manager can contact the Employee Relations section in the Human Resources Department for information and guidance.

The policy refers to the normal way the body reacts to challenging events – energising the human system to meet the challenge. It explains chronic stress, how stress can drain your physical and mental resources and how it can lead to burn-out. It also refers to single events which can sometimes set off intense and complex stress reactions - referred to as critical incidents. It provides guidance on stress management, how to identify, prevent and reduce stressors in the workplace and how to assist employees affected by or at risk of stress.

The importance of creating a supportive environment and culture, making information on supports available to staff, identifying real or potential stressors, helping employees to manage or cope better with stress, and increasing our ability to cope, through stress management and work and wellbeing workshops, are all part of this key policy.

GRUHG wishes to assist our employees in dealing with difficulties they encounter in work, including stress. Over the coming weeks and months, we will work with the Employee Support Service in raising awareness of the policy and assisting staff in accessing help when it is needed. Our colleague, Lucy Dowling is available to staff on an individual or group basis to address stress management issues. Lucy can assist in respect of preventing stress, being aware of stressors, finding solutions and generally supporting you if you feel the need.

Please feel free to call her at 091 77 59 65 or 77 59 66.

Human Resources Department Galway and Roscommon University Hospital Group

Staff are aware that there has been a very significant reduction in employee numbers in certain services over the past three years or so. Indeed, this fact has been most starkly seen in the Human Resources Department in GUH where we have reduced from a complement of 26 to 16. This has very severely impacted on our capacity to deliver services to our customers, the staff.

During the same period, there has been more rapid and far-reaching organisational change than previously seen along with the not inconsiderable impact of the Public Service Agreement. The creation of the new Hospital Group in January 2012 brought into stark contrast how difficult it will be to deliver the Human Resource services our employees have a right to expect with the dearth of staff available to the department. Consequently, agreement was reached with Regional Management to reassign staff in non-Group roles to GRUHG.

I am pleased to announce the following arrangements for the management of Human Resources services in the Group. Each position incorporates increased responsibility on a site specific and/or a Group level.

Mr. Eamonn McManus, HR Manager in PHB has been appointed to the post of Group Deputy Director of Human Resources in addition to his responsibilities in Ballinasloe. He will also take on the role of Group Lead on HR Quality Improvement and will assist in devising strategy and facilitating organisational development and planning.

Ms. Mary Hynes will assume HR Site Management responsibility for Galway University Hospitals operational HR management accountability for the Galway hospitals. She will also be the Group Lead on Attendance Management.

Mr. Paul McGowan has assumed responsibility for Group Employee Relations and Engagement. He will support all of the hospital sites in the application of national and local employee relations policies and agreements. Paul will be one of the key stakeholders in facilitating the implementation of the terms of the Public Service Agreement in the Group.

Ms. Pauline McEvoy will soon assume responsibility for Group Employee Recruitment and Retention. She has a depth and range of experience in this area and will bring substantial experience to the team. Pauline was a major player in the development and rolling out of the on-line payslips nationally and has an in-depth knowledge of HR systems which will be a bonus to the department.

The filling of other key positions in the Group HR team will take place over the coming months when the Cabinet announces the new Hospital Groups. A clearer picture of the Small Hospital framework will emerge at that time and will inform subsequent decisions on key positions.

In the meantime, I am delighted to welcome these staff to the team and into their new roles and I believe the Human Resources Department will be much richer for their experience, knowledge and commitment. It is also an opportune time to say a very sincere 'thank you' to the HR staff in the three hospitals who have carried the substantial increase in work load uncomplainingly over the past three years and have endeavoured at all times to deliver the best service to our customers. Finally, I thank all our "customers" for bearing with us when at times we haven't been able to provide you with the level of service you require and I would like to give. Our service to you will considerably improve with this reorganisation and I will keep you advised of progress.

John Shaughnessy
Group Director of Human Resources



Message from Colette Cowan, Group Director of Nursing and Midwifery Galway and Roscommon University Hospital Group

The Nursing and Midwifery Group structure is evolving with the formulation of our Professional DON Council and Strategic Forum.

On the 19 April 2013 we will have a day for Nursing and Midwifery at Galway University Hospital. The morning session will be themed to “celebrate and share the Nursing and Midwifery experience across the Group” with staff attending from Portiuncula, Roscommon and Merlin Park. We will be launching 3 core documents in the afternoon:

- Nursing and Midwifery Strategic Plan 2013-2018
- Nursing and Midwifery Annual Plan 2012
- Public and Patient Service User Involvement 2013-2015

Our strategy documents are the blueprints for delivering on patient satisfaction through quality care and promoting a culture of kindness, consideration and respect across the organisation to patients and colleagues alike.

Our group of Assistant Directors of Nursing will be commencing monthly peer audits across the group from the end of March. These audits will measure patient experience, Nursing care evidence and first impressions in departments. These audits will form part of the Nursing and Midwifery groups KPI's and assist in improving our patient's experience. This is an opportunity to showcase the frontline delivery of care and measure the real experiences of our patients and families.

As the Group evolves we will start to develop systems to support measurements of quality and feedback through our forums and engagement frameworks. I would like to extend a warm welcome to our new Critical Care Nurses and Theatre Nurses who are joining us week by week as part of our team.

We have commenced our Senior Management walkabouts and it is impressive to see the developments at ward level such as productive wards - St Anne's and St Michaels, transit lounges St Pius and St Nicholas and engage with staff on their views and real experiences at the frontline.

I have been spending time at Portiuncula Hospital meeting with the staff and working with Nurse Management on the new initiatives for the site. I was also fortunate to visit Roscommon Hospital to attend a half day with the staff who presented on their various departments and the developments they have engineered and successfully implemented.

We are rolling out IMEWS training at present which will standardise our Maternity Early Warning Score in all Maternity Hospitals in the Country. Our National Early Warning score is in place in our acute general setting and I encourage staff to use our communication tool (ISBAR) when advocating for our patients.

Finally a word of thanks to all staff for their efforts and professionalism during our recent inspections with HIQA. Staff did focus on their own standards and I would encourage you all to make everyday an “inspection day concept” with a renewed focus on our standards, first impressions, hand hygiene etc.



Colette Cowan
Group Director of Nursing and Midwifery

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

Waiting List Office and Outpatient Services

New Waiting List Targets for 2013

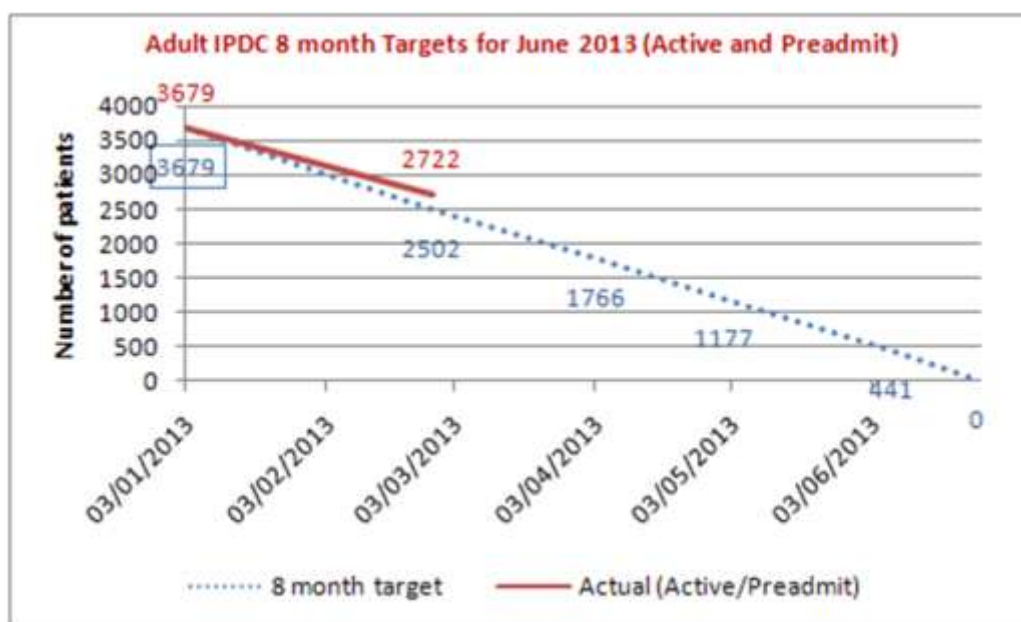
January has been a challenging month in many ways as we try to balance scheduled and unscheduled care across the Group. Our targets are very challenging and I am reminding you of these again.

- Adults will not wait longer than 8 months for a procedure by June 2013
- Children will maintain the 20 weeks for a procedure
- GI Scopes will be performed within 13 weeks (28 days if urgent)
- Outpatients will not wait longer than 12 months for a consultation by November 2013

Inpatients

The key to our success will rest on key issues which include – maximising the resources across the Group, validating the waiting list, implementing the preadmission service and ensuring that chronological scheduling occurs.

We are currently behind target for the adult 8 month target (see the following graph). This target will be measured in June 2013. However, we continue to work with Roscommon to ensure that designated patients are transferred to them for specific procedures in general surgery, plastic surgery and urology. We also continue to refer GI scopes to them which ensures that patients are treated in the most suitable location.



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

Outpatients.

We now have a very clear understanding about the size of the task facing us for outpatients! We need to treat patients on the Primary Target List as well as patients who are triaged as urgent.

The new national policy has been signed off and we will be publishing the group policy very shortly.

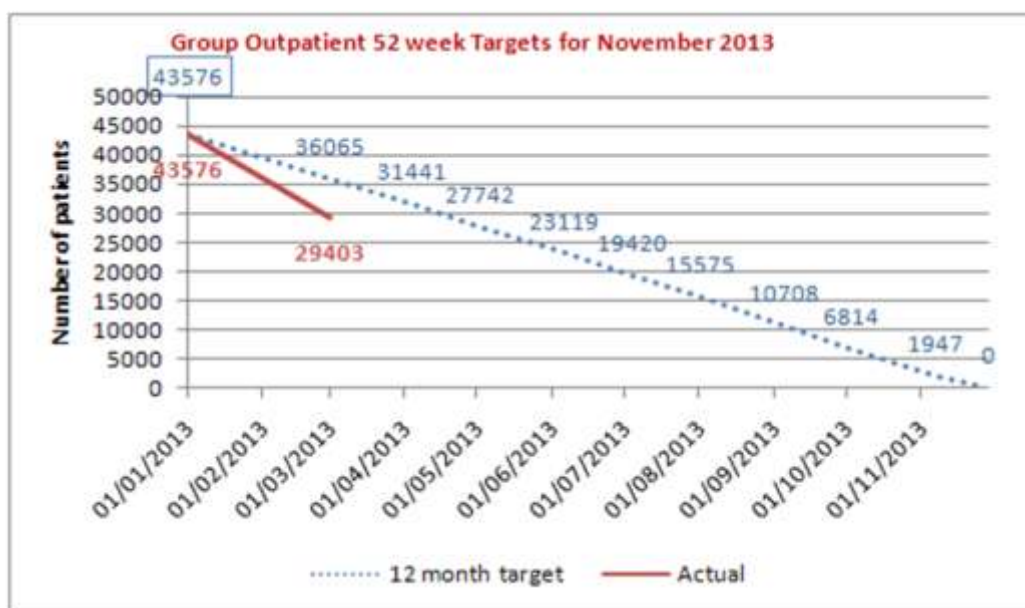
The key areas we are focusing on at the minute are:

Treating all patients on the Primary Target List

Implementing a 5 day triage target from receipt of referral to return from consultant triage

Reducing the DNA rate to 7.5%

We have remained on track to reach the Outpatient SDU target by November 2013 but we have established that we will need in the region of 10,000 additional clinic slots across the Group to achieve the targets.



Finally.....

We are saying goodbye to one of our long-serving staff members who retired on 14 March 2013. Gertrud Howley joined outpatient services in 1997 and has worked tirelessly over the years.

Gertrud Howley hard at work as always during her last few days!

Sue Hennessy
Waiting List Manager



Message from Martin Molloy, Information Services Manager Information Technology Update

Electronic Medical Record

We have made a submission to National ICT for funding of a Group-wide Electronic Medical Record system. The main objective of the system is to move from the current paper based system to a system that would be paper free over a period of 5 years.

The project involves the scanning of legacy paper records, scanning the paper based records that would be generated on a daily basis, a reduction in the use of paper through the use of electronic forms, eventually leading to a paper free system. The system will also take reports electronically generated from systems like Radiology, Labs etc further removing paper from the system.

The introduction of such a system will give us a much safer system for patients in that all information will be available through a single portal and great flexibility in providing a service across all our sites. The project has been approved in principle by the Dept of Finance (final hurdle) and is being reviewed from a legal context. We expect more news on this over the coming weeks.

Data Protection is a real issue and we had an audit in GUH during the week starting 11 March. There will be increased focus on Data Protection over the coming months and recent guidelines have been issued that provide greater clarity of what is expected from us.

Portiuncula have gone live on the National PACS system – NIMIS and have been really busy on integrating their infrastructure in line with the other hospitals in the Group. We are in process of implementing the National Endoscopy system in Galway (early April go-live) and this will be followed closely by RH in June. Portiuncula will follow but no dates yet. Work is also at an advanced stage on enhancing our PAS to support new OPD software (national demand) and all hospitals are working together on testing this.

In January we also received approval for funding on infrastructure projects including Wi-Fi for all the Hospitals in the Group, funding for 300+ PCs, new audio visual equipment for PHB and RH and network upgrades to the value of >€600k. We have also made further bids in 2013 for further improving the Infrastructure.

On the information systems front, we are doing an assessment of projects and will be discussing at ICT steering committee and prioritising projects for 2013. In particular there are deficits around Order Communications, Theatres and ED – and our PAS system is really starting to creak. We also need to extend some projects (ICU etc) Group wide.

We are in the process of formally launching our Insite Portal (Intranet) over the next few weeks. At the moment we have a small number of users – who mainly use the system to create, publish and access reports. The system has the potential to be a one stop shop for information – both formal and informal. This will reduce the need to email reports etc.

There is a lot going on and hopefully over the coming weeks we will be able to report some positive news on the really significant Electronic Medical Record project.

Message from Elaine Prendergast, General Manager, Roscommon Hospital

The delivery of 2013 KPI's has commenced at Roscommon Hospital and the main areas of performance in February were:

- OPD DNA rate down to 12% from 16%
- DNA rate for Day Case is 6%
- No new cases of C Diff
- Staffing levels remain within ceiling
- Absenteeism whilst still in red is down to 4.67%, a reduction on 1.75% from January's rate. Only 0.18% reduction further to achieve Amber status
- OPD waiting list, Day cases and MAU targets are all amber.
- Financial position was 3% over target, €42,013 overspend.
- Absenteeism at Roscommon Hospital decreased again this month to 4.67% a decrease of 1.75% from the January rate of 6.42%.

The absenteeism rate has continued to drop each month since October at Roscommon Hospital. The level of absenteeism is being addressed by increased awareness sessions for staff on managing attendance policy, increasing education for line managers on their roles and responsibilities in managing staff attendances. One of the wards has declared 18 continuous days with ZERO unplanned absences during February 2013.

The Galway and Roscommon University Hospital Group Service plan was published in February. Roscommon Hospital priorities for 2013 are:

- The Ambulatory Care and Diagnostic Unit (ACAD) opened in Roscommon Hospital on Thursday 7 February 2013. The unit was the former MAU and was refurbished to create 2 procedure rooms and one treatment room with 9 recovery chairs/beds. The first service to occupy the ACAD is Plastic and Reconstructive Surgery under Ms Deidre Jones, every Wednesday and Thursday.
- On 7 February, Nursing services under the direction of Ms Margaret Casey, A/DoN were showcased to the CEO, GDoN, GUH DoN and PHB A/DoNs.
- The second of three Cleanpass training courses was held in Roscommon Hospital for the Cleaning staff during February. All staff will be trained by Cleanpass by the end of March 2013.
- Staff from Portiuncula Hospital visited Roscommon Hospital for an overview of JAG with the Bons Secours hospital due to visit in March.
- The final JAG report was issued to Roscommon Hospital and all recommendations have been acted upon. Evidence requested will be sent to the JAG Accreditation team by 15 March 2013, so that full JAG accreditation can be awarded.
- The General Manager, A/DoN and HR met with Dr Sugrue, Occupational Health Physician on the 15 February, as part of Roscommon Hospital management of absenteeism initiative.
- Staff at Roscommon Hospital attended Q Pulse training on the 18 and 19 February 2013. The training was delivered by Healthcare Informed.
- On 22 February, 93 staff attended Fire and Safety Training.

Elaine Prendergast
General Manager



Roscommon Hospital Performance Targets for February 2013

Out-patient Waiting List			DNA Rate for all activity			Increase Day Case activity		
Current	Future		Current	Future		Current	Future	
37%		Trend: v Previous Month	9%		Trend: v Previous Month	396		Trend: v Previous Month
Current Value			Current Value			Current Value		
Target: No patient should wait more than 52 weeks for an OPD appointment. Percentage of patient on Outpatient waiting list greater than 52 weeks.			Target: Reduce the number of patients who do not attend OPD/Surgery/Endoscopy to 10% by December 2013			Target: To increase Day Case activity at Roscommon Hospital to 600 (500 Surgery + 100 Medical) day cases per month.		
RAG Score Green = >10% Amber = 10 - 55% Red = +56% Total OPWL = 1719 - 644 Pts waiting O'12mths OP WL reduced by 11% overall on January '13 figures			RAG Score Green = >10% Amber = 10 - 15% Red = +16% IP DNA activity based on manual calculations OP = 12% Day-Cases - Plastics & Surgery = 6% - Average of both = 9%			RAG Score Green = 500-600 Amber = 350-499 Red = <349 Day Surgery Incl Plastics/Dental = 337 Medical Day-Cases = 59 MAU Pts now classified as IP's		
Registration to Discharge MAU			Average Length of Stay			Scheduled Attendance of Visiting Consultants		
Current	Future		Current	Future		Current	Future	
88%		Trend: v Previous Month	9.5		Trend: v Previous Month	83%		Trend: v Previous Month
Current Value			Current Value			Current Value		
Target: Percentage of patients attending MAU discharged in 6 hours or less (Timed from Registration to Discharge)			Target: Overall ALOS for all inpatients discharges is reduced to 5.7 days by December 2013			Target: Percentage of visiting consultants who attended scheduled sessions per month.		
RAG Score Green = 90-100% Amber = 70-89% Red = <69% 100% MAU Same Day Discharges within 6 hr range 83% MAU/RCH admissions within 6 hr range Feb - 47 IP's & 19 SDD - Total 66			RAG Score Green: <5.7 Amber: 5.8 - 9 Red: over 9.1 Medical = 10.5 Days - Surgery = 3 Days			RAG Score Green = 95-100% Amber = 90-94% Red = <89% Plastics session x 1 (AVL), Ortho x 2 - cancelled & no dates advised for Mr Devitt		
Antibiotic Usage			New Cases of C Diff			Hand Hygiene Compliance		
Current	Future		Current	Future		Current	Future	
96.8		Trend: v Previous Month	0		Trend: v Previous Month	65%		Trend: v Previous Month
Current Value			Current Value			Current Value		
Target: To reduce the medical usage rate of antibiotics to 84.4 per 100 bed days utilised by December 2013			Target: To reduce the background rate of HCAI of C Difficile to <2.6 per 10,000 bed days used			Target: Percentage compliance during hand hygiene opportunities observed.		
RAG Score Green = <86 Amber = 86.1-95 Red = +95.1			RAG Score Green = <2.6 Amber = 2.61 - 4 Red = +4.1			RAG Score Green = >90% Amber = 80-90% Red = <80%		
Financial Position			Staffing Levels			Absenteeism		
Current	Future		Current	Future		Current	Future	
-3%		Trend: v Previous Month	-1.55%		Trend: v Previous Month	4.77%		Trend: v Previous Month
Current Value			Current Value			Current Value		
Target: To deliver financial breakeven by December 2013			Target: WTE should not drop below the WTE ceiling so as to maintain patient safety and services by December 2013			Target: To reduce the absenteeism rate to 3.5% by December 2013		
RAG Score Green: 0 - 3% Amber: 3.1% - 5% Red: <5.1% Overspend Feb 2013 = €42,013 YTD Overspend = €102,405 = 3.52%			Ceiling adjusted to 283 from March, 2012. 278.61 wte Feb 13 RAG Score Green: 0 - 5% Amber: -5.1 - -10% Red: > -10%			RAG Score Green: <3.5% Amber: 3.51% - 4.49% Red: over 4.5%		

The Productive Ward, Releasing Time to Care: Update 2

The impetus behind the introduction of this programme was the positive results cited by the NHS hospitals involved in the implementation of the programme. We saw the programme as a vehicle to achieve measurable improvements to quality patient care, delivered at the bedside through improving ward processes.

Interdisciplinary staff involvement and protected weekly ward meetings have been essential to ensure continued sustainability of the programme as well as maintaining staff momentum. These meetings provide staff with the opportunity to discuss progress, problem solve and share achievements. It is important that the relevant staff are consulted and involved in the modules to ensure agreement and implementation of improvements.

Although the programme involves hard work, evidence to date demonstrates measurable positive outcomes in the first foundation module, as follows:

Know How we are Doing Module:

This module supported the implementation of our nursing metrics: safely crosses are used to record our metrics data and provides managers with longitudinal evidence such as changes in clinical indicators. As these measurements are displayed publicly on the measures board, patients and the public have evidence of the quality of care provided. In January 2012 the metrics provided nursing staff with evidence to inform purchase of additional patient equipment. By the end of 2012 we can demonstrate an increase in 26% of direct time nurses spend on direct patient care.

Ambulatory Care and Diagnostic Centre (ACAD)



Pictured above: GPs Dr Greg Kelly, Kelly Henry Medical Centre, Castlerea and Dr Wojceich Wawrzynek, The Medical Centre, St Coman's Park Roscommon who recently shadowed Dr Deirdre Jones, Consultant Plastic Surgeon during her Surgical Day Ward Procedure Clinic in the new Ambulatory Care and Diagnostic Centre (ACAD), Roscommon Hospital

Free Heart Health Screening at Roscommon Mart a Huge Success!

On Friday 8 February the Cardiac Rehabilitation Service at Roscommon Hospital along with Croí West of Ireland Heart and Stroke Centre, offered free heart health screening for farmers at the Roscommon Livestock Mart.

The free cardiac risk assessment included a pulse check, blood pressure check, weight and body mass index measurement and dietary and physical assessment.

Deirdre O'Reilly and Rosemary Thorpe, the Cardiac Rehabilitation Clinical Nurse Specialists at Roscommon Hospital, were among the cardiac nurse specialists at the mart. Deirdre said, "We were delighted with the turn out - 74 people availed of the free heart health screening and it is possible that these are people who would not have otherwise taken the time to visit their GP for a quick check up."

Colleen Kneafsey, Caroline Kelly and Ailish Houlihan from the Croí West of Ireland Heart and Stroke Centre emphasised the importance of screening and making lifestyle changes based on the advice given cannot be underestimated. For anyone who didn't get a chance to get to Roscommon Mart last week is that it is always good to check in regularly with your GP.

The cardiac nurse specialists from Croí West of Ireland Heart and Stroke Centre and Roscommon Hospital Cardiac Rehabilitation Department wished to increase public knowledge and awareness about importance of controlling risk factors for the prevention of heart disease. On visiting Roscommon mart they offered members of the public the opportunity to have a cardiovascular health screen carried out to identify and discuss any risk factor for heart disease they may have.

The message from Croí Heart and Stroke Centre and the Cardiac Rehabilitation Department, at Roscommon Hospital is that healthy lifestyle changes can significantly reduce your risk of developing heart disease and stroke. Controlling and preventing risk factors is also important for people who already have heart disease.

To lower risk:

- Watch your weight – keep it within healthy parameters.
- Quit smoking and stay away from second-hand smoke.
- Control your cholesterol and blood pressure.
- If you drink alcohol, drink only in moderation.
- Get active and eat healthy.

Picture details:

From left: Deirdre O'Reilly and Rosemary Thorpe, Cardiac Rehabilitation Nurse Specialists at Roscommon Hospital and Croí West of Ireland Heart and Stroke Centre Cardiac Nurse Specialists: Colleen Kneafsey, Caroline Kelly and Ailish Houlihan.



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

The Hospital has finalised the Hospital Service Plan for 2013. The focus will be on the delivery of the National Clinical Care Programmes, implementing new ways of working through the introduction of Clinical Care Programmes such as the Acute Medical Assessment Unit, The Elective Surgery/Critical Care Programmes and the Emergency Management Programme. In addition, the HIQA Standards will provide the basis for driving forward in respect of the Quality and Patient Safety Agenda. One of the main focus points in 2013 will be to improve our patient experience waiting times and meet the SDU targets. We will work closely within the Group to deliver targets and objectives set out in the Service Plan 2013.

Acute Medical Assessment Unit

We welcome Dr. Joel Kavanagh, Locum Consultant Physician for the Acute Medical Assessment Unit who commenced on the 4 March 2013. Congratulations to Ms. Brigid Frehill who has been successful in the recent competition for the position of Clinical Nurse Manager for the Unit. The unit will streamline and facilitate the fast tracking for our medical patients alleviating some of the pressures currently being experienced in the Emergency Department. Phase 1 commenced in March which encompasses Emergency Department referrals via ED triage to AMAU for appropriate acute medical conditions. Phase 2 will occur at a later stage and will include direct General Practitioner referrals to the AMAU. Thanks to all staff for their co-operation and assistance to date.

50 Bed Replacement Ward Block

A 50 bed replacement ward block for Portiuncula was approved at a recent National Capital Steering Group for inclusion in the National Capital Plan. This is the first step in the process and the project will now be put forward for funding approval. The new ward block, when complete, will be used for medical and surgical patients and will replace existing older ward accommodation to meet current standards. This is a positive and exciting development for the hospital!

Endoscopy

The hospital has been successful in securing a minor capital allocation to ensure our endoscopy unit meets JAG accreditation by centralising decontamination and a minor capital design/plan is being developed in conjunction with Estates. The Endoscopy Users Group is being established and Dr Gerard Clarke, Consultant Physician/Gastroenterologist has agreed to be the clinical lead and work will commence on policies and training to achieve JAG compliance in 2013. This is very positive news and will facilitate this site possibly becoming a colorectal cancer screening site in the future.

New Services/Consultant Appointments

Consultant Anaesthetist with a Special Interest in Intensive Care Medicine – this post is for the fourth Consultant Anaesthetist on this site - Dr. Vladmir Alexiev commenced on the 11 March 2013 as a locum consultant in this position.

Key Performance Indicators (KPIs) – February 2013

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

- Emergency Department Waiting Times – 70.58% (6 hour) 99.52% (9 hour) compliance against target
- Outpatient Waiting Lists – numbers continue to decrease - reduction in Dermatology – further work required in relation to Orthopaedics and Urology.
- Day of Procedure – for elective inpatients has increased to 60%
- Average Length of Stay – 4.5 days
- Staffing levels – position has dis-improved due to increased demands for bed capacity and opening of 5 day ward at weekends.
- Hospital Acquired MRSA - 3
- Ongoing challenges in the area of financial KPIs.

Chris Kane
A/General Manager



February Portiuncula Hospital Performance Summary –2013

Out-patient Waiting List	
Current	Future
560	
Current Value	
Trend: v	Previous Month
<p>Target: Out-patient waiting to be reduced to less than 9 months by December 2013.</p> <p>There is no overall change from the previous month. There have been significant improvements in Dermatology currently there are 9 patients waiting over 3 months. Continued focus to address long waiters in Orthopaedics, Urology and Pain Control.</p>	

Rag: Green: 0-300 Amber: 301-999
Red: >1000

ED 9 hour Breach	
Current	Future
99.52%	
Current Value	
Trend: v	Previous Month
<p>Target: No patient to breach 9 hour target at 8am</p> <p>A total of 9 patients breached the 9 hour target for the month of February this equates to 0.48% of 1,853 attendances in January 2013.</p>	

Rag: Green:95-100% Amber:85-94%Red: <85%

Day of Procedure for Elective In-patients	
Current	Future
60%	50%
Current Value	
Trend: v	Previous Month
<p>Target: To increase rate to 60% by December 2013.</p> <p>The day of procedure rate has improved by 4% when compared with the previous month.</p>	

Rag: Green: 60% Amber: 50-59% Red: < 50%

Financial Position	
Current	Future
8%	
Current Value	
Trend: v	Previous Month
<p>Target: To deliver financial breakeven across the Group by December 2013.</p> <p>Currently the hospital has a 1m variance against budget cost containment plan being further refined.</p>	

DNA Rate	
Current	Future
11.92%	8%
Current Value	
Trend: v	Previous Month
<p>Target: Reduce the number of patients who do not attend to 8% by December 2013.</p> <p>The DNA rate in February stands at 11.92%, 4 specialties are below the HSE target of 10%. Efforts continue to reduce this rate further.</p>	

Rag: Green: 8% Amber: 10% Red: 14%

Ultrasound List	
Current	Future
Current Value	
Trend: v	Previous Month
<p>Target: No Target: No Priority 2 or 3 patient should wait more than 36 days for an Ultrasound scan appointment</p>	

RAG: Green 56 days Amber 71 days Red > 10

Hospital Acquired MRSA	
Current	Future
3	
Current Value	
Trend: v	Previous Month
<p>Target: To reduce the number of Hospital Acquired MRSA infections to 3 per month in 2013.</p> <p>There were 3 Hospital acquired MRSA infections for the month of February 2013 This is an improvement on the January figure. The infection control committee is continually reviewing the levels of infection in conjunction with all clinical area.</p>	

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

Staffing Levels	
Current	Future
657.56	
Current Value	
Trend: v	Previous Month
<p>Target: To operate within our allocated ceiling of 651 wtes.</p> <p>The WTE figure for shows an increase of 9.58 WTE's from January. The increase can be attributed to the fact that the 5 day ward has had to remain open at weekends to meet the demand ED attendances. Continued focus on reducing WTE figures in line with the budget as part of financial recovery plan</p>	

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

ED Waiting Times for Admission	
Current	Future
70.58%	
Current Value	
Trend: v	Previous Month
<p>Target: 95% of all patients attending the ED should not wait over 6 hours.</p> <p>70.58% of all patients attending the ED were seen and admitted with in 6 hours. This is an improvement of 5.09% on the previous month.</p>	

Rag: G: 95-100% A: 80-95% R: <80%

Average Length of Stay	
Current	Future
4.51	
Current Value	
Trend: v	Previous Month
<p>Target: Achieve a target of 4.5 days.</p> <p>The LOS for February was 4.51% compared with 4.62% in January.</p>	

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

Fair Deal - Bed Days Lost	
Current	Future
130	
Current Value	
Trend: v	Previous Month
<p>Target: To reduce the lost bed days to less than the current monthly bed days lost.</p> <p>130 bed days lost in the month of February.</p>	

Rag: Green: 185 Amber: 235 Red: >235

Absenteeism	
Current	Future
3.35%	
Current Value	
Trend: v	Previous Month
<p>Target: To reduce absenteeism rate to 3.5% by December 2013.</p> <p>Absenteeism rate for the month of February 3.35% this is an improvement of 1.47% on the previous month. Back to work interviews continue.</p>	

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

Farewell

On the 22 February 2013 the hospital had a gathering in the Staff Dining Room to celebrate the retirement of Ms. Bridgetta Mc Hugh, Former General Manager of Portiuncula Hospital.

This was an opportunity for staff and former colleagues to thank Bridgetta for her many years of service and to wish her and her family best wishes for the future.

Many speakers both past and present spoke warmly of Bridgetta's friendship and her many achievements and contributions over the years including the hospital transferring from the Franciscan Missionaries of the Divine Motherhood (FMDM's Sisters) to the Western Health Board in 2001.



In addition, the opening of New Theatres, ICU/CCU and an Endoscopy Unit, a Stroke Unit was established, a day-care oncology service, relocation and upgrading of facilities in the Special Care Baby Unit/Paediatric Unit and a refurbished Emergency Department.

We wish Bridgetta and her family every best wish for the future.



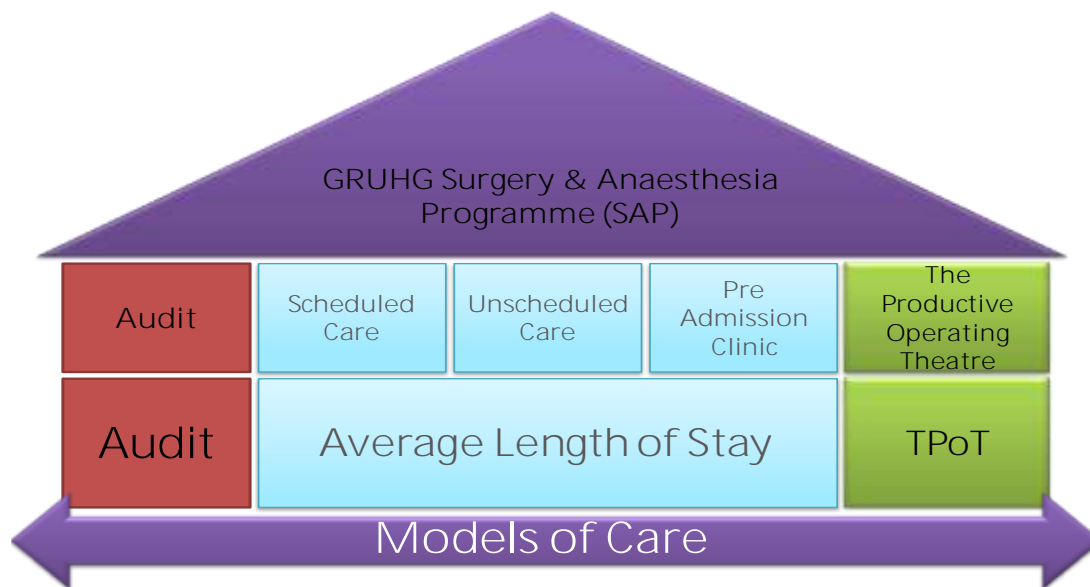
SURGICAL DIRECTORATE

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

The launch of the recent Model of Care for Elective Surgery (March 2013) outlines the framework for the development of the Surgery and Anaesthesia Programme.

The document sets out how elective surgery can be best delivered by surgeons and relevant health workers in **partnership with patients** so that it is safe, efficient and cost effective. We have put in place high quality Committee's to drive the processes to achieve the best treatment plans for surgical patients.

The following model is the GRUHG Governance Structure for the development and implementation of the Surgery and Anaesthesia Programme; SAP!



Unscheduled Care Committee

Unscheduled Care sets about putting processes in place to manage acute surgical patients. The objectives of the Committee are focused on addressing the governance of the Emergency Theatre List, a plan to set up a task force will set the framework for the effective and efficient use of lists, theatre and bed capacity with the correct patient on the correct list. This project is in its initial planning phase with further developments expected over the next few weeks.

Pre Admission Committee

Pre-admission Assessment Clinics are the key to reducing a patient's length of stay as they facilitate the full pre-operative work-up of patients before hospital admission. The Committee are actively developing a suitable location, resources to support additional sessions to which all elective surgery patients, excluding minor procedures, should ideally attend. Pre Admission is the means to achieve our targets for Day of Surgery, Day Case procedures, reduced length of stay and all elements to support the elective journey.

SURGICAL DIRECTORATE

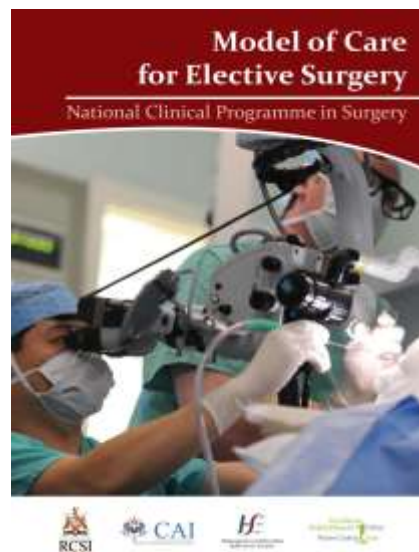
Karl Sweeney, Clinical Director; Ailish Mohan, A/ Business Manager

TPoT Committee

The Productive Operating Theatre Committee is well established and was the first of the sub programmes to establish itself as a systematic method to improve the surgical patient's journey peri-operatively by introducing modules of change. This TACC led committee is supported by Nursing, Management, Admin Support, Surgical and Anaesthetic Consultants. A number of productive modules are in place and will be rolled out over the coming weeks and months and will see developments in the area of safety, efficiency and cost containment.

Audit Committee

The Audit Committee continue to meet fortnightly with the purpose of assisting specialty audit projects and matching skills per project across multi disciplinary teams. The Audit group is well represented with members for Anaesthetics, Surgery, IT, AHP, NCHD's and GUH Clinical Audit. The Morbidity and Mortality data is also a key objective of the group with the Surgical Directorate becoming the repository for the safe storage of information. The developments in the area of QPulse will assist the committee in the governance and management of audits both internally and externally. The committee are working toward the next Audit Presentation Day in June 2013.



The Surgical Directorate wish to express our biggest thanks to Ms Marian Sice who has taken up a new role in the office of the Group Clinical Director. We wish her every success in her role and are very happy that we will continue to work closely together.

We wish to welcome Ms Catherine Flaherty to the Surgical and Medical Directorates, who has already embraced the role and is proving to be an excellent support to the directorate; we look forward to working with Catherine and expect you will get to meet her over the coming months.

Please add Catherine to all relevant correspondence related to the Surgical Directorate at Catherine.flaherty@hse.ie or phone 091 – 54(2061)

MEDICAL DIRECTORATE

Dr Donal Reddan, Clinical Director; Ann Dooley, Business Manager

SDU Waiting List Targets.

The Medical Directorate are continuing to closely monitor the inpatient/day case waiting lists across the medical specialties to maintain the 8 month target for all inpatients.

We are now focusing our efforts on the OPD waiting lists whilst working closely with each of the specialties, SDU Scheduled Care Group chaired by Tony Canavan, COO and the Waiting list Manager, Ms Sue Hennessy to meet the challenge of the 12 month target for OPD waiting lists by November, 2013.

Bed-flow

Bed flow continues to be a major problem and reflects unprecedented activity levels in recent weeks. The ED and AMU are becoming increasingly difficult to operate because of lack of space and everybody on the patient-flow team has been working flat out to try to cope with the current surge. This pressure is also having an impact on our ability to maintain cohorting of medical and surgical patients but we are succeeding so far. The hard work of all involved on the medical, nursing and AHP teams is appreciated.

Structured Ward Rounds

Structured ward rounds have been piloted on St Teresa's ward in recent weeks with the Endocrinology and Nephrology teams and these are working well. The idea is a more coordinated approach to patient care across nursing, medical and AHP disciplines. This will roll out to other wards in coming months.



Photo Details:

Dr. Sean Dineen and the Endocrinology team on the structured ward round in St. Teresa's Ward

MEDICAL DIRECTORATE

Dr Donal Reddan, Clinical Director; Ann Dooley, Business Manager

GI Endoscopy Services

With the successful completion of JAG Accreditation in Medical Endoscopy and Surgical Day Ward and the planned go live of ENDORAAD, an electronic reporting system, in mid April, GUH will commence as a Colorectal Screening Centre in May. The Endoraad system a state of the art reporting system will bring Endoscopy reporting into the 21st century. We are delighted to welcome the appointment of Ms. Brid Ni Fhionnagain, CNS for the Colorectal Screening programme for GUH who took up post in early March.

Health and Social Care Professionals Inaugural Research Conference

The inaugural research conference for Health and Social Care Professionals—'Developing HSCP services research' - took place in February and provided a valuable opportunity for Health and Social Care Professionals to review research projects undertaken by colleagues in Ireland. Keynote presentations and selected research projects from a number of disciplines were supported by poster presentations.

The Medical Social Work Department at GUH presented two research posters by Gerry Monahan, Medical Social Worker, of studies designed to consider the effect of its services on the Length of Stay of patients in hospital and subsequent readmission of discharged patients. A pilot project designed to evaluate the use of a continuous improvement method (Lean Six Sigma) on an improved Medical Social Work process was also presented. The findings of these studies provide a blueprint for the use of improvement science methods in Social Work in addition to support for the value of considering the bio-psychosocial needs of patients being discharged from hospital. It is apparent that patient problems often dealt with by the Medical Social Worker are likely to lead to further hospital admission if ignored.



Photo Details: from left to right
Gerry Monaghan, Medical Social Worker ,
GUH, Sheila Lawlor, Principal Social
Worker GUH and Jackie Reed, General
Manager HSCP Education and
Development Unit, HSE

THEATRE ANAESTHETICS AND CRITICAL CARE DIRECTORATE (TACC)

Paul Naughton, Clinical Director; Marie Dempsey, Business Manager

Critical care

The PROHIBIT (Prevention of Infection by Intervention and Training) project in Critical Care: GUH has been invited to present the findings of the prohibit study at the second International Conference on prevention and infection control (ICPIC). This will be held in Geneva, Switzerland in June 2013.

The hospital was chosen because the Prohibit Organizers were very impressed by our organisational and motivational skills during the Study and the fact that this was communicated to staff with such enthusiasm and conviction.

The conference on Prevention and Infection Control is a unique platform to foster knowledge sharing and exchange experiences for the prevention of healthcare-associated infection and the control of antimicrobial resistance. In 2011, 1200 colleagues from 84 countries around the world came to Geneva to participate in the first ICPIC.

The PROHIBIT study:

The PROHIBIT (Prevention of infection by intervention and training) study was a 30-month FP7-funded European study of line infections in 15 ICUs across Europe. The study commenced in January 2011. GUH was one of 2 Irish sites selected to participate, and the study was administered through the Clinical Research Facility, School of Medicine, NUI Galway.

Dr. Teck Wee Boo and Ms. Judith Davitt were the site coordinators, Dr. John Bates and Ms. Cathryn Lee were the Critical Care leads, Ms Marion Commane was the IPCN lead in Critical Care and Ms. Cathriona Greally was the Research Nurse Co-ordinator for the Study. During the observation period, Surveillance data was collected on all patients with central lines in ICU/HDU, also Hand Hygiene compliance was audited, with delivery of presentations and teaching sessions at unit level.

The intervention at GUH focused on hand hygiene and this stage was launched by Dr. David O'Keeffe on 10 Aug 2011 and will be completed this year. The aim of the study was to improve compliance with the WHO "5 moments for hand hygiene" programme with an outcome measure of catheter-related blood stream infections.

An Action Plan for the implementation of the hand hygiene improvement strategy was drawn up. This was based on the world Health Organization (WHO) guidelines.

The following were the key components:

- Identify Key stakeholders
- Access relevant guidelines and research
- System change
- Training / Education
- Evaluation and feedback
- Reminders in the workplace
- Institutional safety climate

THEATRE ANAESTHETICS AND CRITICAL CARE DIRECTORATE (TACC)

Paul Naughton, Clinical Director; Marie Dempsey, Business Manager

Hand hygiene compliance has been monitored on a systematic basis since the start of the study.

The pre intervention hand hygiene compliance rate in Critical Care was - **48.8%**

The hand hygiene compliance for January 2013 was **83%**

We would like to thank all the staff involved in this study for their ongoing support and cooperation.

The ICU annual conference is in the planning stages and is due to be held in September 2013.

Demand for nursing Outreach service from ICU has increased. There were 237 requests from wards throughout the hospital in 2012 for support. ICU staff are very committed to developing a structured outreach support service and this is currently at planning stage.

Staffing and capacity ICU

6 new nursing staff have commenced in ICU and are currently being precepted for 4-6 weeks period. There are a further 6 staff expected to commence over next number of months. This is very positive to ensure an increase bed capacity.

Changes to TACC directorate team

We are delighted to welcome Group DON Ms Colette Cowan to group directorate team.



Congratulations to Ms A Reilly who was appointed recently to the role of Acting/Asst Director of Nursing for theatre.

Photo Details:

From Left to Right :Ms B Cahill, CNM 11 and
Ms A Reilly, Acting/Asst Director of Nursing for Theatre

Congratulations also to Ms B Cahill CNM111 who will now be the programme lead for the productive operating theatre project at theatre level.

We look forward to working with all colleagues in progressing improvements and priorities within TACC throughout 2013.

We had our first directorate meeting with Roscommon hospital on Monday 18 February and with Portlinculla hospital on 27 February. This is the first step toward integration of the TACC directorate across the group.

The productive operating theatre

The appointment of Ms B Cahill TPOT Programme Lead/Theatre expert is welcome. Breda has formally commenced in the role on 4 March 2013.

Meetings continued on a 2 weekly basis to plan the next stage of this project the 'well organised theatre' module.

THEATRE ANAESTHETICS AND CRITICAL CARE DIRECTORATE (TACC)

Paul Naughton, Clinical Director; Marie Dempsey, Business Manager

Progress to date

Introduction of a 'Theatre Hub' is in the process of development with the reconfiguration of the staff base, this will be the central point for all information on theatre status at a glance, and will be the main area for management of the theatre emergency/elective list flow. We are including a white board here, which will show clearly, the status of each theatre list, it is planned to have the key decision makers available to review status of lists both elective and emergency at regular intervals during the day, and this will operate in a similar fashion to the patient flow group.

Continuous data capture and measurement has provided ongoing information regarding the *knowing how we are doing* module, in terms of utilisation and start/finish times. We have procured a computer on wheels to commence real-time data capture in theatre 4 and 5.

The '*well organised theatre*' module is currently in the planning stage commencing with process mapping on Monday 11 March.

This is planned to get a sense of where we are in terms of delays and time lost in getting the patient to theatre. The patient journey from arrival at the hospital, to discharge from the theatre complex, is being mapped to determine where the wasteful steps are occurring, and how we can improve on our start times for all theatres.

We are also agreeing a strategy with the HSSD department to store all theatre sets (Emergencies sets excluded) in HSSD this will be managed by ensuring lists are available in advance to HSSD who can then plan delivery of requirements in a timely manner to accommodate theatre needs. This will free up much need space at theatre level to progress the standardisation of the key areas within theatre.

A meeting took place with PHB on 27 February at which integration of this project was discussed. There are some resource issues which require to be addressed by nursing management which is in process. In addition there is a deficit in the data inputting and analysing which also requires to be addressed.

A telephone conference was conducted with the various sites organised by national programme manager Ms Martha Ni Chuanaigh on 19 February to get a sense of where different hospitals are at in terms of progress with this national programme. A follow up work shop is identified for the 20 March in Dublin and representatives from GUH and PHB will attend.

Photo Details:

Picture of the TPOT team at work (from Left to Right):
Ms B Cahill, Ms H Kent, Ms G Faherty (Standing) Dr P Naughton,
Ms M Dempsey, (Standing) Mr K Sweeney, (Standing)
M D Tansey, Mr Frank Kirrane, Ms M Gilmore.



RADIOLOGY DIRECTORATE

Ray McLoughlin, Clinical Director; Mary Murphy, Business Manager

The Radiology Directorate continues to work on our Key Priorities and KPIs. As previously documented, as a result of several initiatives in 2012 and early 2013 our waiting times/lists for five of our selected KPIs reduced significantly. These initiatives have now ceased and we are concerned that due to the demand exceeding our supply lists will begin to increase again. We continue to closely monitor all Radiology waiting lists across the Group.

Equipment:

Our new Fluoroscopy Room opened in January 2013 and we have made significant inroads to our Fluoroscopy Waiting list as a result. We have now reduced the number of patients awaiting Fluoroscopy examinations from 318 in December 2012 to 69 in Feb 2013.

The Directorate Team would like to acknowledge the efforts of all the staff involved in making this happen. Our thanks to the staff in Radiology Departments in both Portiuncula Hospital and Merlin Park who provided support during the downtime for this room.

The new Gamma Camera for our Nuclear Medicine Department was installed in recent weeks. Following the installation of an Isolator for the Radiopharmacy to support this we will resume full service in the Nuclear Medicine Department. We will advise all referrers when this service is fully operational.

The Interventional Service at Merlin Park has commenced and this will allow patients at Merlin Park site to have their Interventional procedures performed there again. Additionally, this will reduce transport/ambulance services across both sites.

Staffing:

Following several staff approvals by the ECC Group we have been successful in getting one radiographic appointment in recent weeks. It is planned this appointment will provide support for the Lithotripsy Service.

The Directorate would like to welcome Ms. Elaine Clear to the Administrative staff which is as a result of a direct transfer with Ms. Claire Ganley, Clerical Officer.

We wish Claire the best of luck in her role in Finance in Tullamore.

MRI Department:

The MRI Department recently introduced a service for patients with MR Conditional Pacemakers and MR Conditional Loop Recorders. This will allow cardiac patients with such devices to have an MRI scan.

RADIOLOGY DIRECTORATE

Ray McLoughlin, Clinical Director; Mary Murphy, Business Manager

Radiology - Performance Summary – January ~ 2013

CT Waiting List			MRI Waiting List			Ultrasound Waiting List		
Current	Future		Current	Future		Current	Future	
165GUH 21 PHB			122GUH 0 PHB			108 PHB 30		
Current Value			Current Value			Current Value		
Target: No Priority 2 or 3 patients should wait more than 70 days for an appointment.			Target: No priority 2 or 3 patient should wait more than 70 days for an MRI appointment			Target: No Priority 2 or 3 patient should wait more than 70 days for an Ultrasound scan appointment		
RAG Green < 70 days Amber 70-140 Red > 140 days			RAG Green < 70 days Amber 70-140 days Red > 140 days			RAG Green < 70 days Amber 70-100 days Red > 100		
Fluoroscopy/Interventional Waiting List			Radiography Staff Training			Equipment Uptime		
Current	Future		Current	Future		Current	Future	
167GUH						86%		
Current Value			Current Value			Current Value		
Target: No more than 50 patients on waiting list at any time			Target: Adequate specialist training of radiographers to maintain required skill sets.			Target: Number of hours the Radiology Service is not available for studies due to equipment malfunction		
RAG Green < 50 pts Amber 50-100 pts Red > 100 pts			RAG Green > 90% Amber 80%-90% Red < 80%			RAG Green 98-100% Amber 90-97% Red < 90%		
Patient Incidents			Absenteeism			Staffing WTE variance		
Current	Future		Current	Future		Current	Future	
7 GUH 1 PHB			3.7% GUH 1.5% PHB			Current Value		
Current Value			Current Value			Target: V		
Target: Reduce number of recorded patient incidents			Target: To maintain and improve on absenteeism levels across the Group			Target: Number of WTEs in post as a percentage of WTE ceiling for the Radiology Directorate		
RAG Green = 1-2 Amber 3-4 Red > 4			RAG Green < 3% Amber 3-3.5% Red > 3.5%			RAG Green > 98% Amber 95-98% Red < 95%		
Unreported Plain Films			Plain Film Waiting Time			Financial		
Current	Future		Current	Future		Current	Future	
98GUH 0 PHB			23 days uhg 6 days PHB			N/A		
Current Value			Current Value			Current Value		
Target: No more than 2000 unreported plain film studies at any given time			Target: No patient should wait more than 40 days for an appointment for a Plain film examination			Target: To reduce Radiology Directorate Group annual costs by		
RAG Green < 500 Amber 500-2000 Red > 2000			Green < 40 days Amber 40-70 days Red > 70 days			RAG: Green = 0% on target Amber 1-3% over target Red > 4% + over targets		

LABORATORY DIRECTORATE

Damian Griffin, Clinical Director; Judith McLucas, Business Manager



Picture Details:

Ms Margaret Tarpey, newly appointed Chief Medical Scientist, Blood and Tissue Establishment.

I am delighted to announce the appointment of Ms. Margaret Tarpey as the new Chief Medical Scientist for the Galway Blood and Tissue Establishment.

Margaret is originally from Kiltimagh, County Mayo. She attended secondary school in St Louis Community School. She studied Medical Laboratory Science in the Galway Mayo Institute of Technology and completed her third year in-service training in the Laboratories in GUH. Her greatest interest was in Transfusion and Stem Cell Therapies. She completed her final two years of the degree program in the Dublin Institute of Technology in Kevin Street and took up employment as a Medical Scientist in the Blood and Tissue Establishment in 2003. Margaret completed her Masters in Biomedical Science through the University of Ulster - Coleraine.

In the ten years Margaret has been employed here she has been involved in the development of the laboratory from a 'Blood Bank' to a now well established Blood and Tissue Establishment. In 2007 we received a Blood Establishment Licence and in 2009 a Tissue Establishment licence both issued by the Irish Medicines Board. The GBTE is subject to inspection every two years by this competent body.

The laboratory also received accreditation to ISO 15189 following inspection by the Irish National Accreditation Board (INAB) in 2009. INAB inspect the Blood and Tissue Establishment on a yearly basis.

Autologous Serum Eye drops (ASE's) program

An Autologous Serum Eye drops (ASE's) program begun in 2010 in the GBTE and we are currently the first licenced GMP hospital based laboratory facility in the Republic of Ireland.

Autologous Serum Eye drops (ASE's) are prepared in the Blood and Tissue Establishment and issued to patients as a treatment for persistent epithelial defects, Superior Limbal Keratoconjunctivitis (SLK), severe dry eye or as a support measure in ocular surface reconstruction.

LABORATORY DIRECTORATE

Damian Griffin, Clinical Director; Judith McLucas, Business Manager

Autologous Stem Cells

The Tissue Establishment provides a tissue service to Galway University Hospitals. This incorporates an autologous haematopoietic stem cell collection and transplantation service for patients with certain malignancies e.g. multiple myeloma, lymphomas etc. These cells once harvested are processed in the GBTE Clean Room, are cryogenically frozen and stored until required. The patient then receives high dose chemotherapy which in addition to treating their malignancy also leaves them immunocompromised. By re-infusing the stored haemopoietic stem cells their blood count returns to normal in a much faster time frame, speeding up their recovery and reducing the possibility of infection. GBTE has offered this service to patients for almost two decades.

GBTE is also a site of human application as per the EU Tissue Directive for corneas, sclera, amnion fluid, bone, tendons and will also have responsibility for any other human tissue that will be transplanted in GUH.

Future Plans for the Galway Blood and Tissue Establishment

ASE's

GBTE can produce ASE's for GUH patients as well as patients from outside hospitals. We currently work closely with the Royal Victoria Eye and Ear hospital in Dublin and in the coming years we hope to expand this service for other sites / facilities.

Group Integration

We are examining plans to integrate the Establishment within the new Group structure and work with the other Blood Transfusion Departments to find a common streamlined approach to policies and procedures. Creating efficiencies and cost containment measures are paramount in today's climate however we must ensure changes do not inadvertently affect best care of patients.

ISBT numbering system

We have introduced the ISBT numbering system for Blood and Blood Products. This is a national procedure which will ensure appropriate traceability of Blood and Blood products.

Electronic Blood Track System

Introduction of the Electronic Blood Track System (EBTS) is being rolled out nationally. Installation in GBTE is planned for April / May this year. This system will provide an audit trail of Blood and Blood Products to include tracking, electronic records of users and transporters, the fate of the products, the length of time in and out of controlled storage etc. which is all essential to comply with EU legislation. There are three phases to its roll out and we have just completed all the set up requirements. This system will move the Establishment out of the archaic paper based system and provide an efficient tight control on Blood and Blood products.

National Transport of Blood and Blood Products

A national Blood and Blood product transport system is being rolled out in the next few months. This will provide a daily delivery will be daily better stock management systems can be implemented.

LABORATORY DIRECTORATE

Damian Griffin, Clinical Director; Judith McLucas, Business Manager

Re-routing of Blood and Blood products within the Group

Blood wastage figures (from blood reaching its expiry date) throughout Ireland were quite high, thus in 2009/2010 under the guidance of Mr Tony Finch from the HSE, Network Group meetings were introduced to tackle the issues and from this a Blood re-routing program was installed. Blood nearing its expiry date in the smaller hospitals is re-routed to the GBTE. We generally get use for this short dated blood thus reducing wastage figures and creating savings of over half a million euro to date. We are actively working on continuing to reduce these wastage figures.

Clinical Trials

We are currently working closely with the Clinical Research Facility (CRF) and the Centre for Cell Manufacture Ireland (CCMI). We are also working closely with Prof. Tim O'Brien who is the Principal Investigator on a very exciting trial to examine the safety of intramuscular autologous transplantation of escalating doses of mesenchymal stromal cells to patients with no option critical limb ischemia. Here the Blood and Tissue Establishment will act as the procurement organisation for this study. The field of mesenchymal stem cell therapy is an exciting area and we hope to get involved in further trials of this nature and advance the Tissue facility in the process of doing so. Advances in regenerative medicine and stem cell technologies are approaching clinical practice and the Establishment is perfectly placed to provide the resulting services to the Group.

Photo Details:

Anne Mannion, Laboratory Manager, Group Laboratory Manager,
Margaret Tarpey, Chief Medical Scientist, BTE and
Judith McLucas, Business Manager, Laboratory Medicine
Directorate.



The Tissue Establishment

As well as providing the Autologous Peripheral Blood Stem Cell program to myeloma and lymphoma GUH patients GBTE has now begun providing this service to Cork patients. Further advancement of this program will be examined in the coming years.

As mentioned above the Tissue Establishment also provide Ocular Tissues such as corneas, amnion membrane and sclera and bone products such as bone chips, tendons meniscus and other muscoskeletal tissues to patients. Again we would like to advance this area to offer other products also.

LABORATORY DIRECTORATE

Damian Griffin, Clinical Director; Judith McLucas, Business Manager

Electronic Crossmatching

One of the most exciting paths GBTE will be taking in the near future is electronic crossmatching. Currently it takes approximately 40 minutes to complete a serological crossmatch. When we introduce electronic crossmatching this will reduce this time period to approximately 5 minutes once certain criteria are met, the group and screen has been completed and the patients do not have antibodies. Approximately 75-80% of patients will be eligible for electronic crossmatching. This will radically advance patient care, turnaround and response times, while also significantly reducing unit outdating. Cost savings will also be evident and the CT ratio will decrease. The impact on pre-operative patients and patients in bleeding situations will be immense.

MSBOS

Once Electronic Crossmatching is introduced we will then start to examine other areas. The maximum blood ordering schedule (MSBOS) can be looked at with a view to reducing the amount of procedures which require crossmatched blood availability. This will be done through risk assessment audits performed by Haemovigilance in GBTE.

Remote Issue

Following the introduction of Electronic Crossmatching we will examine the possibility of remote issue. Once the patients sample meets the criteria for Electronic Crossmatching the GBTE could select for example 2 units in another hospital blood fridge that are suitable for the patient, labels could be printed in the other venue by GBTE and a trained staff member can then attach these to the correct units. Again an improved turnaround time would be achieved, better stock management systems would be in place and cost savings would be evident.

Haemovigilance / Biovigilance

The Haemovigilance / Biovigilance area in the GBTE is constantly developing. They must ensure the Establishment adheres to Articles 14 and 15 of the Blood Directive. A range of review audits are planned for the coming year as well as all their other duties in dealing with SAE's / SAR's, traceability issues, reporting, training etc. Interviews will be held shortly for a group Haemovigilance CNM III which will provide a structure and guidance to the entire Haemovigilance / Biovigilance program in the Group.

Dr Damian Griffin
Group Clinical Director
Laboratory Medicine Directorate

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



Radiation Oncology Project - Enabling Works UHG

Phase 1—Double Deck Car Park at UHG and **Phase 2**—Adult Acute Mental Health Unit (AAMHU) 50 Bed

Tenders were issued on Monday 11 February for a Design and Build Contract for the enabling works for the Radiation Oncology Project. The enabling works the construction of a double deck car park adjacent to the laboratory and the build of a 50 bedded Adult Mental Health Unit on the existing car park between the Maintenance yard and Public Analysts Laboratory.

Tentatively, it is planned that the Phase 1 Car Park Works will commence in June 2013 and will take 6 months to complete. Phase 11 which is the construction of the Adult Mental Health Unit will commence in January 2014 and will take over one year to complete with the target of having the Adult Mental Health Service relocated to this unit in March/April, 2015.

Therefore, from June 2013, we will have a reduction of 84 car parking spaces for staff on site. We are currently working with our Regional Estates Department to develop car parking on MPUH site with the intent of augmenting the shuttle bus service to enable the operation of a park and ride to alleviate the pressures caused by reduced car parking. We are also working with the Galway Transportation Unit to utilise funding granted to provide additional secure bike shelters on both sites and these will come on stream in the next few months.

The car park development will also impact the Helipad for the duration of the project and currently we are working with our Regional Estates Department, Ambulance Service, Air Corps, Coast Guard, and Air Ambulance service to assess alternative viable options to support the service for the duration of the project.

Interim Ward Block

The Planning submission for the Interim Ward Block at UHG was submitted to the planning authority on the 6 Feb 2013.

The Interim ward block will be a 75-Bed 3 storey Ward Block plus one level of plant, on the grounds of University Hospital Galway, located between Block 2A and the Maternity wing. The proposal includes a link corridor to connect over 3 storeys to Block 2a and at Ground Floor to the existing circulation corridor adjacent to the Maternity wing.

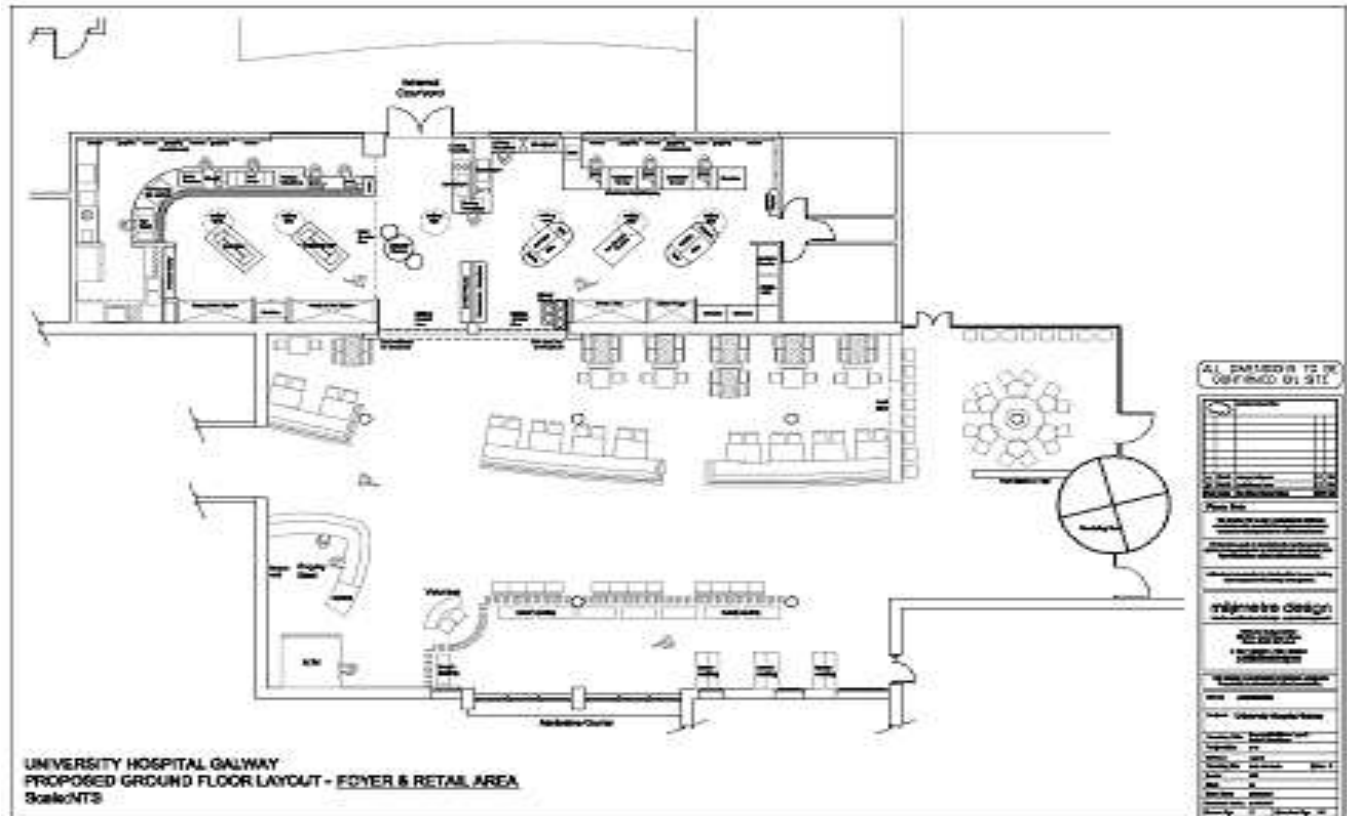
Clinical Research Facility /Translational Research Facility (CRF/TRF)

Work is ongoing in St Ritas and St Angelas Wards as part of the enabling works for the CRF/ TRF development which will be built on the existing car park adjacent to the Clinical Science Building. The tendering process is near completion for the Main Project and it is anticipated that this project will commence at end of May, 2013.

ESTATES UPDATE GUH

Shop Refit/Front Foyer Reconfiguration

Plans are being finalised for the reconfiguration of the Reception and Retail Units in the front Foyer UHG.



Unit 2 MPUH

The Orthopaedic Outpatient Service decanted back to its newly refurbished unit at the beginning of March, 2013. Well done to all staff involved in preparing the unit and in the organisation and implementation of the relocation.



Other Projects

Work is ongoing both in finalising briefs and in securing funding for the progression of the Plans for the Paediatric ED Service, to create an audio visually separate Paediatric ED within the ED Department and also in relation to the Development of Rehab Ward in Hospital Block MPUH and in relation to the Phase 11 Reconfiguration of Endoscopy, 4th Floor, UHG.

EU Directive 2010/32/EU Prevention of Sharps Injuries in Healthcare Sector

In June 2010 the EU published Council Directive 2010/32/ aimed at protecting workers in the healthcare sector at risk of injury from all medical sharps and the risk of infections caused by medical sharps. The aim of the Directive is to achieve the safest possible working environment by preventing injuries involving medical sharps. The Directive sets out a framework of measures to eliminate or where this is not possible minimize the risk associated with sharps injuries.

These measures include:-

- Risk Assessment
- Medical devices incorporating safety engineered mechanisms
- Effective training
- Effective working procedures including disposal of used sharps
- Well resourced and organised work force
- Local national and Europe wide reporting mechanisms
- A ban on recapping



The Directive provides for an integrated approach to risk assessment risk prevention, training, information, awareness raising and monitoring and for response and follow-up procedures with regard to sharps injuries.

Each member state is required to introduce national legislation to implement the Directive by 11 May 2013. With regard to GRUHG it is envisaged that a working group will be established to review the legislation and agree a process for implementation.

GRUHG – PAPER WASTE REDUCTION MESSAGE

Paper recycling is a **step in the right direction** in terms of the **diversion of waste from landfill** and in UHG alone for example we recycle over 12 tonne of paper waste each month. However, in an organisation where there is nearly 4,000 staff members and significant administrative requirements, paper usage and consumption is a costly business (paper, Ink-cartridges, stationary, bin bags, waste processing costs etc). In this regard engaging **paper waste prevention** practises is preferential to recycling and will help make financial savings through improved resource efficiency.

1. Review emails on screen rather than automatically printing off.
2. Always proof read documents before printing off.
3. Correspond by phone and e-mail rather than paper where possible.
4. Use internal mail envelopes. Did you know that over 1,000 envelopes carrying internal mail circulate around GRUHG on a daily basis?
5. Select double sided printing and photo-copying options when processing documents.

Other top tips for the office....



- Switch your computer off rather than leaving it on stand by
- Switch the light off if you are last to leave a room
- Drink coffee from a re-usable cup
- Don't boil a full kettle of water if you just want a cup

Galway Arts Trust

An Art Exhibition by Clarinbridge Brothers of Charity Service Users:

Sally McMahon facilitates weekly workshops with service users in Clarinbridge Brothers of Charity. This group of talented artists will display their work from 02 April in the foyer and on the Arts Corridor of University Hospital, Galway.

Some of the art works on display below



Update on the art project in Haemodialysis Unit, Merlin Park University Hospital:

In 2012 the Arts Council awarded Galway University Hospitals Arts Trust an Arts Participation Project Award for a year-long arts programme in Unit 7, Merlin Park University Hospital. Redressing an absence of such provision in the west of Ireland, it joins other established projects in haemodialysis units that have found the integration of arts activities to be beneficial.

The project involves weekly art workshops (Tuesdays) whilst patients are receiving dialysis, with resulting artwork presented in a number of formats. This includes a book, exhibitions and improvements to the Unit 7 waiting area. The intention is to enhance patients' experiences of dialysis and the environment from being passive and negative to more positive, productive and imbued with a sense of ownership. The project is managed by Galway University Hospitals Arts Trust and is a partnership with Galway University Hospitals, the Irish Kidney Association, and Galway Arts Centre.

In the next issue of the Newsletter there will be information on upcoming creative writing workshops for staff, the Bealtaine Festival for older people, new art workshops beginning in St. Rita's Ward and our annual Poems for Patience series.

Margaret Flannery, Arts Director, GUH Arts Trust at 091 544979 or guharts@hse.ie

'Something to Sing About' wins Astellas Changing Tomorrow Award



Picture above: 'Something to Sing About' wins Astellas Changing Tomorrow Award

'Something to Sing About' (STSA), a network of choirs for cancer survivors started by Dr Paul Donnellan, Consultant Medical Oncologist at GUH and Mayo General Hospital won the Astellas Changing Tomorrow award for "Hope". At the presentation of the award, from left: Dr Paul Donnellan; Florence Kearney, Singer Survivor with the Galway STSA Choir; Seamus Leonard, HIPE Project Manager, GUH and Musical Director for the Galway STSA Choir; and Donal Gill, Medical Social Worker, GUH and PRO for STSA.

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

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Newsletter Content Deadlines for 2013

Please see below for the content deadline for the next issue:

Issue 11: 06 May 2013 (this is the latest date for content)



Thank you for your contributions and we look forward to reading your future submissions.