



## Portiuncula Hospital – Celebrating 10 Years of Baby Friendly Accreditation

PHB Maternity and Hospital Staff celebrating success in Baby Friendly re-accreditation

**Portiuncula was the first organisation in Ireland to achieve Baby Friendly Accreditation in 2004, the organisation was re-assessed in 2009 and again in 2014/15 and has demonstrated compliance with the 64 standards required to meet Baby Friendly status. The Baby Friendly Hospital (Health) Initiative accreditation is a globally recognised award which is given to organisations who provide high levels of infant feeding care, with a particular emphasis on breastfeeding and related maternity care practice.**

Implementing and maintaining the Baby Friendly standards ensure a supportive environment where mothers are enabled to get off to a good start with breastfeeding. Mothers who cannot breastfeed or who make an informed choice not to breastfeed are equally supported in their infant feeding choice, and staff are supported to provide high standards of care.

The BFHI standards of care are assessed every five years by a team of external auditors. To achieve success the organisation implemented the National infant feeding policies of 2009, and 2012, at which point the policy was aligned with the BFHI Standards.

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The next feature Hospital: Sligo Regional Hospital  
For feedback, comments and suggestions,  
please email [newsletter@saolta.ie](mailto:newsletter@saolta.ie)

## Chief Executive Officer

**Welcome to Issue 21 of the Saolta University Health Care Group newsletter as part of the Groups' communication strategy. So much has happened since my last update to you in what was a very busy few months...**

Firstly, I am delighted to announce the first Group Communications Manager Ms Caitriona Meehan. Caitriona was former Communications Manager for the HSE West and I like everyone else, would like to wish her every success in her new appointment. Communication is essential to the success of any large organisation and Caitriona will be a welcome addition to the team and support for the role of our Communications Strategy.

Can I take this opportunity to thank all of those who contributed to this edition, especially those involved in its production as always we welcome your feedback on how we can improve our e-newsletter in terms of content style and its current format.

### 2015 KEY PRIORITIES

We have set out our key priorities for 2015. Our priorities set out our high level ambitions for this year and you will be kept up to date on progress.

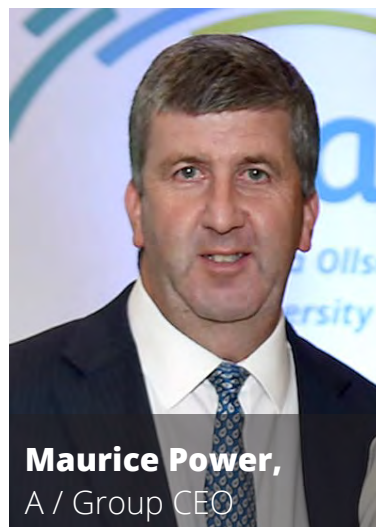
### PATIENT ACCESS TARGET

**Improvement in ED services** – Emergency Departments are busy across the Group and managing the demand of unscheduled care and patient flow continues to be a challenge and placing additional pressures on GUH, Mayo General, Letterkenny General and Portiuncula Hospital.

The situation at UHG is critical and whilst we are exploring all process and resource opportunities there is a capacity need. This is now being addressed as a matter of urgency and communicated to the National Acute Hospital Division of our intent to increase capacity on the UHG site.

I would again like to acknowledge efforts of all our staff at the front line for their high level of commitment and hard work during the last few months and I want to reassure you that this is and remains a key priority for me and all members of the Executive Team and Board to develop a sustainable long term solutions to Emergency Department overcrowding. Undoubtedly this will lead to improvements in the quality of care provided to our patients and improve working conditions for our staff alike.

**Meeting Waiting Lists Targets** – Whilst our focus was on unscheduled care over the last few months, we must not forget the significant waiting list challenge we face. There will be a major focus on this between now and the end of the year to ensure we achieve the national target



**Maurice Power,**  
A / Group CEO

of 18 months by the 30 June 2015 and 15 months by year end for both Outpatients and Inpatients / Daycases.

We have submitted plans to the National Hospitals Office aimed at achieving the 18 month target for Outpatients and are awaiting feedback on this and will be submitting similar plan for Inpatients. Mr Tony Canavan COO is leading out on this for the Group.

### SERVICE RECONFIGURATION

#### Directorate Governance Model for the Group -

In my last update I mentioned that we will be rolling out the Clinical Governance Structure across the Hospitals Group this year. Additional resources are being identified to take this significant piece of work forward including a Project Manager and a number of Project Leads to support the implementation of the Directorate Governance Model. I have also sought support from Mr Leo Kearns Office (System Reform Group) to support its implementation.

The appointment of a Group Clinical Director for Perioperative Directorate remains unfilled and its appointment remains a challenge for the Group, however we continue to actively try to fill this post.

### PATIENT SAFETY

**Maternity Services** – You may be aware on the 30 March the membership of the independent team who will conduct the review of the maternity services at Portiuncula Hospital Ballinasloe (PHB) was announced. The review team will be chaired by Professor James Walker, Professor of Obstetrics in the University of Leeds and eight others and the first meeting of the review team took place on 22 April 2015 and is expected to take five months.

Just two more items to mention to you ...

### EMPLOYMENT ENGAGEMENT ROAD SHOWS

Following the launch of our HR strategy in 2014 and following one of the key recommendations from the

Employment Engagement Survey, as per the previous year, myself and other members of the Executive team and the Board will visit each hospital over the coming months to communicate the many developments, opportunities as well as challenges that lie ahead of us. I look forward to meeting you all in person during these site visits and hope these are interactive sessions.

### IRISH HEALTH CARE AWARDS

I would like to congratulate the following projects which were winners and shortlisted for the Health Care Awards 2015 which took place in March and include

#### Winners

- **Sligo Regional Hospital** – Public Hospital of the year in recognition for the achievements, innovation and efforts by all staff working in Sligo Regional Hospital in the delivery of our services.

- **Sligo Regional Hospital** - Ophthalmology Department, for Changing the face of post operative Ophthalmology procedures through best use of technology
- **Sligo Regional Hospital** - Pre-Admission Clinic, Sligo Regional Hospital - mapping for Improvement through Nurse-led Assessment

#### Shortlisted

- **Sligo Regional Hospital** - Medical South, Nursing Shift Handover Project
- **Letterkenny General Hospital** - Life's Toolbox/ Rehab Workshop, Occupational Therapy Department.

This was a great achievement and well done to all those involved.

#### Mr. Maurice Power

A / CEO

Saolta University Health Care Group

## Head of Corporate Development

We continue to meet as a Board on a non statutory basis and to date have held four Board meetings in 2015.

On the

- 13 January - Roscommon Hospital
- 10 February - University Hospital Galway
- 10 March - Mayo General Hospital
- 13 April - Portiuncula Hospital

At these meetings the Board of Directors focused on the integration and provision of integrated services for the Saolta University Health Care Group and endorsed the Groups Service Plan for 2015. Now available at [www.saolta.ie](http://www.saolta.ie)

The Board monitored the Executive Performance and considered

- Chief Executive Officer Report delivered by Mr Maurice Power
- Performance Management Report delivered by Mr Tony Canavan COO
- Chief Financial Officer Report delivered by Mr Tony Baynes
- Chief Clinical Director Report delivered by Dr Pat Nash
- Chief Director of Nursing and Midwifery Report delivered by Ms Jean Kelly

The Board also received Reports from the Audit Committee chaired by Mr Gerry Manus Non Executive Director and the Quality and Patient Safety Committee chaired by Ms Sharon Moohan Non Executive Director.

**Our next Board meeting is a Public Board meeting and will take place in Sligo in the Clarion Hotel on Tuesday 12 May commencing at 9am and is open to everyone to attend.**

You will have an opportunity to meet with the Non Executive Directors along with the Executive Management Team at the upcoming road shows to promote the HR Strategy and the workings of the Group and Board. The first of these road shows will take place on the afternoon of the 12 May at 1pm in the Education Training Centre at Sligo General Hospital and I would encourage as many of you to attend.

We have recently had good news from Minister Varadkar who has accepted an invitation to meet with the Non Executive Directors on 18 May to discuss the key priorities and challenges for the Group this is a welcome development.

A Chairs Forum and CEO Forum established in 2014 meets monthly and continue to work together to legislate for Hospital Boards on a statutory basis. This is a complex process however good progress is being made in the development of a Memorandum of Understanding between the Group Boards, the HSE and the Academic Partners.

You will be hearing more about the developments of the Board in future editions.

#### Fiona McHugh

Head of Corporate Development

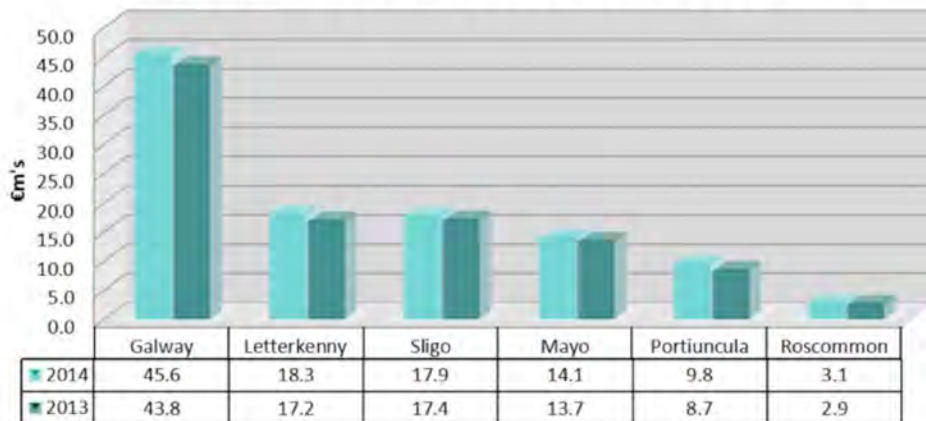
Saolta University Health Care Group



**Fiona McHugh**, Head of Corporate Development

# Chief Financial Officer

## Actual 2013 v Actual 2014 as at end February



**Tony Baynes**  
Acting CFO

### FINANCIAL PERFORMANCE – AT END FEBRUARY

At the end of February the Group is over budget by €4.7m (4.5%). There is a negative variance of €5.1m (4.9%) on the same period last year.

Payroll expenditure is over budget by €2.8m (3.4%) and there is a negative variance of €3.2m (3.9%) with 2014. There have been increases across all categories of pay, the largest in Medical and Support Agency.

Medical Agency continues to be a large cost pressure due to difficulties recruiting Consultants and NCHDs. Support Services agency has seen a large increase due to on-going employment of Healthcare Assistants. It is expected that these costs will fall later in the year when additional staff are recruited.

NonPay expenditure has increased by €2.7m on 2014 and €2.3m on budget. The nonpay pressures remain largely patient related and include Drugs and Medicines, Laboratory and Medical Supplies.

On a positive note the Group continues to perform well on income with an increase of €803k compared to prior year and €320k on budget.

### COST CONTAINMENT PLANS

As previously reported, despite an additional allocation of €37m in 2015, the Group faces a serious challenge in achieving financial breakeven. There are a number of key areas to be addressed in order to ensure that savings are maximised.

Agency is a key area where Cost Containment Plans needs to be implemented, and the Finance Department in conjunction with Human Resource Department and Medical Manpower Team are currently working on a system of key controls to allow improved reporting and cost control.

Debt Reduction is also another area of Cost Containment and a Group income team comprising of senior staff

members from Patient Accounts and Finance has been formed to review potential debt reduction measures.

### MFTP IMPLEMENTATION 2015

The 2015 Activity-Based Funding National conference will take place on the 28th of May in the Royal College of Surgeons, St. Stephens Green. The conference will be opened by Mr Leo Varadkar, Minister for Health and is aimed at increasing awareness of the activity based funding model. The target audience is frontline service managers and Clinician's and I would recommend all interested parties to book their place at hpo.ie, places are filling up quickly.

It was a most challenging month for IT in GUH with a complete network outage on 16th March and it had a major impact for patients and staff. We managed to recover most of our services and had to work through the night of 16th and well into 17th to restore most of our services. We really need to invest more in IT as the issue at Galway could repeat across any of our hospitals. I have to thank the IT staff who worked tirelessly during this time and also want to thank everyone for working with us on this. We are working with National IT on the cause and impact of the downtime and a report will issue in due course

Some good news is that we did some good work with Richard Corbridge HSE Chief Information officer and presented our combined National /Local ICT strategy to the Board on 13th April. Richard is working with Government at the moment on a business case to get more funding for IT which is always welcome.

Next month I will update you on progress of projects and other developments across the Group.

### Tony Baynes

Acting Chief Financial Officer  
Saolta University Health Care Group

# Group Director of Human Resources

## PORTIUNCULA HOSPITAL'S STAFF DINING ROOM RECEIVES THE HAPPY HEART AT WORK AWARD.

In early 2014 Portiuncula Hospital set reaccreditation with the Happy Heart at Work Award as one of the quality improvements in relation to Standard 4 of the Safer Better Healthcare standards. A steering group was formed with personnel for a variety of departments around the hospital to assist the catering department with the application process. A staff survey was carried out which showed great interest in healthy eating among hospital staff and also very positive comments on how helpful and facilitating the staff in the dining room always are!



**John Shaughnessy,**  
Group Director of  
Human Resources



Many positive changes were made by the catering department both prior to and after the initial assessment by the Irish Heart Foundation in August:

- New menu boards were put in place both outside and inside the dining room.
- The catering department now e-mail the dinner menu for the week every Monday morning.
- Monday is now a designated 'chip-free day'.
- Salt is now at the service area only.

Other positive changes made were having seeds available to add to cereals and salads, the introduction of more baked fresh fish and oily fish on the hot menu and also more oily fish options at the salad bar. As a result of all the changes the catering department and the steering committee were overjoyed when the staff dining room was awarded the 'Happy Heart at Work Healthy Eating Symbol' in October 2014. This is something that could not have been achieved without the hard work and dedication of the hospital catering department. Well done to all involved!

**John  
Shaughnessy**

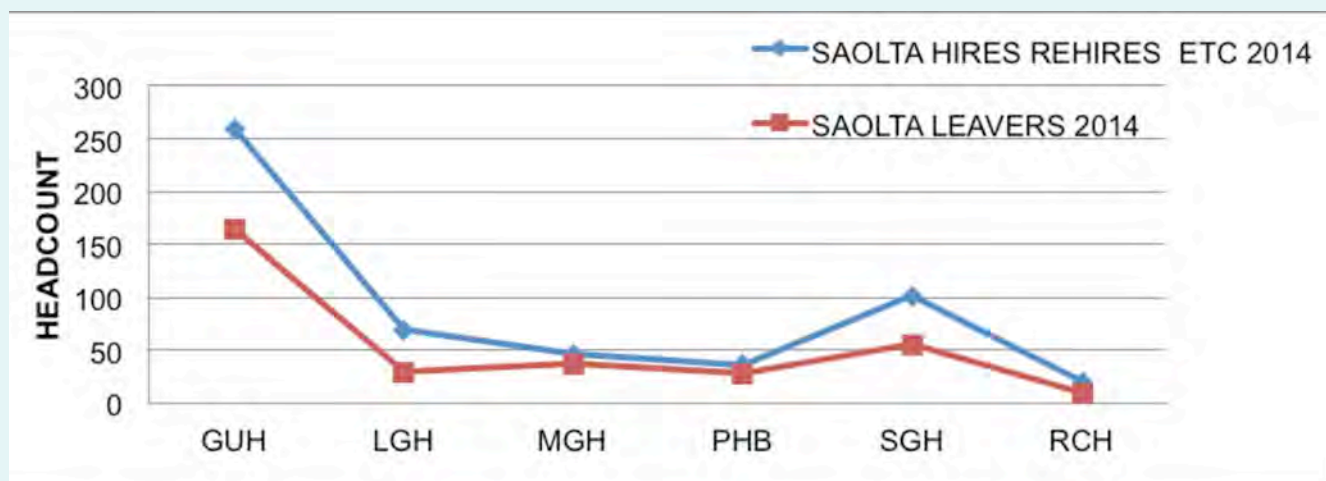
# Recruitment and Retention Report for Saolta University Health Care Group 2014

2014 was a very busy year with a noticeable increase in the volume of activity. This brief report outlines the main points of relevance. The data is exclusive of Medical/ Dental Grades as recruitment of same is through the Medical Manpower Services.

## Context and overview

- This was the first full year of Recruitment activity of the enlarged Group
- A total of 538 staff (headcount) were hired
- A total of 326 staff left (headcount) or availed of career breaks
- Hires were up 47% over 2013
- Leavers were up by 12% over 2013
- 41% of all hires were carried out by NRS.
- 1,291 requests for approval were submitted to the Employment Control Committee in 2014 - 14% up on 2013

## Staff turnover



## SAOLTA LEAVERS AND CAREER BREAKS 2014

	HSCP	Admin	Nurs-ing/ Mid	Other Patient Care	Supp-ort	TOTAL
GUH	32	21	89	15	8	165
LGH	5	5	20	0	0	30
MGH	6	4	20	6	1	37
PHB	1	6	3	17	1	28
SGH	9	0	36	3	8	56
RCH	2	4	2	1	1	10
TOTALS	55	40	170	42	19	326

## TEMPORARY TO PERMANENT AND PROMOTIONS

- 70 staff were converted from temporary to permanent contracts during the year.
- 78 staff were promoted 70% of whom were Nursing grades and 25% were Health and Social Care Professionals.

## TRANSFERS - THE GROUP RECRUITMENT DEPT MANAGES TRANSFERS WITHIN SAOLTA

TRANSFERS DATED 2014	
MGT	24
NURSING	25
AHP	6
SUPPORT	2
TOTAL	57

See extract from recent Guidelines issued by Nat Dir HR  
Ref: WFP&I/EC/01/2015  
March 2015

## GENERAL GUIDANCE ON THE MANAGEMENT OF PAYROLL AND THE PUBLIC HEALTH SECTOR WORKFORCE IN 2015

### 1. Significant factors to be considered in 2015.

- 1.1 A continuing challenging financial framework for 2015, against the backdrop of significant financial and workforce reductions, over the last number of years.
- 1.2 The central requirement is to develop and implement workforce plans within allocated pay budget for 2015 and this has been sub-allocated to Divisions, Hospital Groups, Community Healthcare Organisations, National Ambulance Service, and other Corporate/National functions. This in turn can be further sub-allocated by Group CEOs, Chief Officers and other National Directors and heads of services/functions.
- 1.3 The need to reduce reliance and cost of agency expenditure with the delivery of reductions of the order of €100 million from levels of expenditure in 2014. This requires a reduction of up to 40%
- 1.4 The focus of employment control moving from one being driven by employment number/ceilings/end-of-year targets to workforce management underpinned by annual and multi-annual workforce plans, performance improvement and cost of the workforce, while also supporting the significant change and reform agenda.

- 1.5 The provision of a targeted voluntary redundancy mechanism, already in place since early 2014 to facilitate further workforce and payroll cost reductions.
- 1.6 The extension of 'Grace Period' to June 2016 which will allow employees to retire on 2012 pay scales and provisions may impact on retirement levels in 2015. It had been anticipated that it would increase staff turnover up to that time allowing further review and changes to the existing workforce in 2015. However some staff may have already made decisions to retire in line with the original June 2015 deadline.
- 1.7 The new accountability framework as set out in National Service Plan 2015.
- 1.8 Allocated pay-bill limits should be seen as a limit, not to be exceeded, rather than a target to achieve.
- 1.9 Concept of 'earned autonomy' underpins new approach to recruitment decision-making. Assessment of status will determine level of earned autonomy. Delegated authority with relevant levels of earned autonomy and/or limitations will be notified by the relevant member of the Directorate.

### 2. Accountability and Audit.

Recruitment decisions made and their impact on the pay envelope and the composition, profile and cost of the workforce are subject to review by the Accountability Framework set out in the National Service Plan. All documentation around the approval and assurance process must be maintained for a period of three years and be available for audit purposes. Service/line managers are accountability for all recruitment decisions.

### 3. Initial Reorganisation of HR Assistant National Directors.

The National Director of HR and Chief Financial Officer have made the initial repointing of current ANDs of HR to provide the necessary, HR partner engagement and support of Hospital Groups, Community Healthcare Organisations and other Corporate and National functions:

Saolta HG  
HR Partner – F Rogers, Finance TBA

**Pauline McEvoy**  
**(Group Recruitment and Retention Manager)**

## Director of Nursing and Midwifery

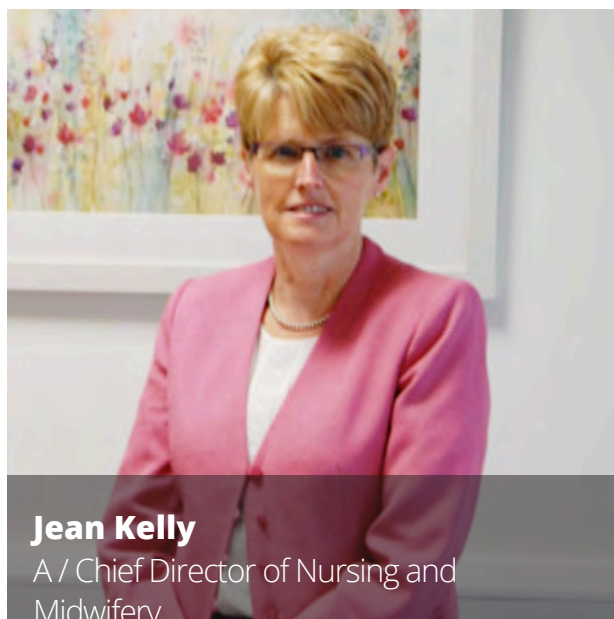
**In my first newsletter article I spoke about my commitment to putting the patient at the centre of what we do and reinforcing and reminding myself and others of our guiding values which are Respect, Compassion and Kindness.**

In order to fulfil this commitment I as A/C DONM rely on all staff to deliver on our Mission Statement. However I believe that caregivers cannot meet that challenge unless they feel valued and cared for. I also feel strongly about supporting staff in a tangible way and am very happy to support any initiatives that can help nurses develop resilience and ways of coping. I am happy to say that the feedback from the Mindfulness courses has been very positive and much appreciated. We will continue this programme throughout the year.

I have also had the opportunity to continue the work that Colette Cowan started with Michael Shannon and the ONMSD on the introduction of the Caring Behaviours Assurance System Ireland (CBAS-I) to Saolta. Mary Frances O'Reilly, NMPDU and I finally launched the programme on 16th of April following 18 months of preparation between the NMPDU and Dr Sue Smith who is leading out on CBAS-1. CBAS-1 cares for patients and staff in equal measure and is based on the principle that caring for staff enables staff to deliver care in a compassionate manner. CBAS-1 is most successful when the multidisciplinary team are involved and we now have the opportunity to truly involve the whole Team. The programme will be introduced over the next six weeks in areas selected by the Directors of Nursing. There will be information sessions and updates available for all staff. I look forward to working with you all on this exciting new project.

In March we held our first meeting of the Patient Council. There are 17 members and they represent all of the geographical area of Saolta. Neil Johnston was elected chair and I am vice chair. I will keep you updated on their progress.

I am delighted to congratulate Marion Ryder and her staff at Sligo Regional Hospital on their wonderful achievement at being chosen as Public Hospital of the Year at the Healthcare awards. Well done to all.



**Jean Kelly**

A / Chief Director of Nursing and Midwifery

I had the pleasure of chairing the Irish Association of Oncology Nurse Conference morning session on April 18th. There was a large attendance from Oncology Nurses within Saolta. It was a very informative meeting and certainly will inform staffing plans for oncology in the future. There are opportunities to develop more Advanced Nurse Practitioners in Oncology and associated disciplines and I look forward to assisting with business plans and approvals for same.

I want to take the opportunity to say **'Thank you'** to everyone for their continued dedication and commitment to all our patients during these difficult months as we continue to see and treat large volumes of patients through our emergency departments. I look forward to working with you and meeting you over the coming months.

**Jean Kelly**

A / Chief Director of Nursing & Midwifery  
Saolta University Health Care Group





## The Diagnostic Directorate - Saolta University Health Care Group

### Medical Scientists with their Blood Bank Accreditation 2015.

Photo : L-R: - Gemma Phair, Leo Mulvany, Claire Murphy, Marie Clarke, Sinead Cahill & Don O'Connor.

The Blood Transfusion Department in Portiuncula Hospital is accredited every year by the Irish National Accreditation Board (INAB) and is in compliance with the International Standard ISO/IEC 15189. Statutory Instrument SI No. 360 of 2005 transposes the European Directive 2002/98/EC on setting standards of quality

and safety for the collection, testing, processing, storage and distribution of human blood and blood components.

The Blood Transfusion Department on a yearly basis processes approximately 7000 Group & Screens and issues about 2500 units of blood and blood components to patients.

## Point of Care Development

### ARTERIAL BLOOD GAS ANALYSER TRAINING - LABOUR WARD

In line with National recommendations the laboratory plays a major role in the control and management of point of care testing in the hospital. Following a competitive tender process new blood gas analysers

were installed throughout the hospital. The project involved extensive quality control and training which is on-going.



Photo LtoR: Lt to Rt; Frances Barrett, Kelley Folan, Gráine Payne & Carmel Cassidy



Mr Bill Maher

Bill Maher, former CEO of the Saolta University Hospital Group has moved to The RCSI Hospitals. We would like to thank Bill for his support for the Diagnostic Directorate and his dedication and commitment as Group CEO. We wish him every success in his new role as CEO of the RCSI Hospitals.

# The Medical Directorate - Saolta University Health Care Group

## Group Medical Directorate Governance Structure

**One of the key priorities for the Medical Directorate has been to establish a group governance structure in line with the Group Directorate programme endorsed by Executive Management Team of the Saolta University Health Care Group.**



**Dr Donal Reddan**  
Group Clinical Director

### SENIOR MANAGEMENT TEAM

Dr. Donal Reddan, Group Clinical Director has continued to lead the way forward in developing the Directorate structure across the Group. Joining him on the Senior Management Team is Ms. Elaine Prendergast who was assigned as Directorate Manager, Ms. Catherine Donohue who was assigned as Director

of Nursing and Ms. Ann Dooley who was appointed as Group Directorate Support Manager.

Other Assignments to the Group Directorate Team are:

- Ms. Marion Prendergast, Finance Manager
- Ms. Annette Kelly, HR Manager
- Mr. Paul Hurney, IS Manager
- A HSCP representative and Quality & Risk Manager have yet to be assigned.

### ASSOCIATE CLINICAL DIRECTORS APPOINTED ARE AS FOLLOWS:

- Dr. Ramona McLoughlin, Galway University Hospital
- Dr. Laura Bandut, Portiuncula Hospital, Ballinasloe
- Dr. Gerry O'Meara, Roscommon Hospital
- Dr. Finola Lavin, Mayo General Hospital
- Dr. Katherine Finan, Sligo General Hospital
- Dr. Chris Steele, Letterkenny General Hospital

We acknowledge the contribution of Dr. Ken Mulpeter former ACD Letterkenny who has stepped down.

### ASSISTANT DIRECTORS OF NURSING ASSIGNED TO THE DIRECTORATE ARE AS FOLLOWS

- Mr. Jerry Nally, Galway University Hospitals
- Ms. Fiona Fahy, Portiuncula Hospital
- Ms. Tina Vaughan, Roscommon Hospital
- Ms. Marie Corbett, Mayo General Hospital
- Ms. Maura Heffernan, Sligo General Hospital
- Ms. Claire McAleer, Letterkenny General Hospital

We acknowledge the contribution of Ms. Fidelma Gallagher, MGH who has moved to a new role.

### GROUP SPECIALTY LEADS HAVE BEEN APPOINTED IN ALL OF THE 17 SPECIALTIES AS FOLLOWS:

Cardiology	Dr. Jim Crowley, GUH
Dermatology	Dr. Dermot McKenna, SRH
Diabetes & Endocrinology	Dr. Francis Finucane, GUH
Emergency Medicine	Dr. Fergal Hickey, SRH
Gastroenterology	Dr. John Lee, GUH
Geriatric Medicine	Dr. Tom O'Malley, MGH
Haematology	Dr. Ruth Gilmore, GUH
Immunology	Dr. Vincent Tormey, GUH
Infectious Diseases	Dr. Catherine Fleming, GUH
Medical Assessment Unit	Dr. David Gallagher, GUH
Neurology	Dr. Michael Hennessy, GUH
Oncology	Dr. Paul Donnellan, GUH
Palliative Care	Dr. Eileen Mannion, GUH
Radiotherapy	Dr. Joe Martin, GUH.
Renal Medicine	Dr. Louise Giblin, GUH
Respiratory Medicine	Dr. Michael O'Mahony, GUH
Rheumatology	Prof. John Carey, GUH.

\*We acknowledge the contribution of Dr. Yvonne Smyth, Medical Assessment Unit and Prof Frank Sullivan, Radiotherapy who have stepped down as clinical leads in their respective specialties.

## THE GROUP MEDICAL DIRECTORATE MEETINGS ARE AS FOLLOWS:-

- The Group Medical Directorate Senior Management Team meets on a weekly basis.
- The Group Medical Directorate Site Meetings take place on a monthly basis on the 2nd Wednesday at each hospital site on rotation. To date meetings have been held in Mayo General Hospital and Portiuncula Hospital. The next meeting will be held in Sligo Hospital on the 13th May, 2015. The Senior Management Team meet with the Associate Clinical Director and Assistant Director of Nursing for Medicine as well as the General Manager and Director of Nursing at the site.
- The Group Medical Directorate Business Meeting takes place on a monthly basis on the 3rd Wednesday and are held at UHG. The Directorate Team and the Group Specialty Leads attend this meeting. At each of these meetings one of the specialty groups have an opportunity to present an update and any key issues on their particular service.
- ACD's and ADON's in each hospital are invited to both meetings. Video conferencing facilities are arranged to facilitate the participation of those who are unable to travel on the day.

## DOOR TO NEEDLE PROJECT

The Medical Directorate have recently embarked on a Quality Improvement Project on **Reducing the Door to Needle Time for Acute Ischemic Stroke patients admitted to UHG.**

The project has been endorsed by the Executive Management Team and will be led by Dr. Tom Walsh, Consultant Geriatrician/Stroke Physician, Galway University Hospitals.

MCO Projects have been engaged to facilitate the Project using the Lean Six Sigma methodology. They have recently undertaken a similar project with the Mater Hospital, Dublin with excellent results in the overall door to needle times for patients receiving intravenous thrombolysis.

The GUH Project Team has representation from the Stroke Team, Emergency Department, Radiology and the Ambulance Service. The project team will liaise with the wider hospital group as required and will actively engage with all stakeholders to collaborate on solutions to improve our Acute Ischemic Stroke pathway.

## SAOLTA GROUP PERSONS- CENTRED CARE RESEARCH STUDY

The Medical Directorate were selected by the Executive Management Team to participate in a research study on ***An Exploration of the Relationship between positive patient experiences in acute hospital settings and person – centred care activities.***

The aim of the study which commenced in January, 2015 is to examine, within the 6 acute hospital settings in the Saolta University Healthcare Group the relationship between the patient experience and measures of the person-centred climate from the perspectives of patients and staff.

The research is being undertaken by the Nursing and Midwifery Planning and Development Unit, HSE West in conjunction with University of Ulster and NUIG. Principal Investigator is Dr. Randal Parlour, Assistant Director and Senior Researcher (NMPD HSE-West).

The study received an enthusiastic welcome which was reflected in the response rates. 691 questionnaires were distributed to patients in medical wards in the Saolta Group with 290 questionnaires returned a response rate of approximately 42%. 481 questionnaires were distributed to staff in medical wards across the Saolta Group with 301 questionnaires returned a response rate of approximately 63% .

The next stage of the research study planned for May is Focus Groups with front line staff and interviews with decision makers from each site across the group. The quantitative aspect of the study is continuing with a plan to deliver the final report to the Executive Team later in the year.

## MEDICAL DIRECTORATE LEADERSHIP PROGRAMME – ROYAL COLLEGE OF PHYSICIANS

As part of the development of the Group structure, the Medical Directorate commenced a Leadership Programme in December 2014 facilitated by the Royal College of Physicians.

The programme consists of 5 sessions which will be held in the various hospital locations across the Group.

One of the main objectives of the programme is to cultivate a team based approach as the Directorate delivers on its key priorities and evolves across the Hospital Group.

## LAUNCH OF THE DIABETES CARE WEST ANNUAL REPORT.

The Diabetes Care West Annual Report was launched in November, 2014 by Mr. Maurice Power, Acting Chief Executive Officer. The document outlines diabetes, endocrine and bariatric medicine services at GUH and highlights the diverse roles played in delivering excellent, evidence based care to affected individuals.

Galway University Hospitals (GUH) serve as a regional centre for the delivery of diabetes, endocrine and bariatric medicine services to the population of HSE West. This clinical care is delivered in close collaboration with related education and research programmes in the National University of Ireland, Galway.

Within the overall service, many sub-specialty areas have emerged which have contributed to major advances in the management of diabetes in pregnancy, diabetic foot disease, thyroid cancer and severe obesity.



Pictured at the launch of the Diabetes Care West Annual Report were: Mr. Maurice Power Acting CEO, Professor Fidelma Dunne, Consultant Endocrinologist and Dr. Francis Finucane, Consultant Endocrinologist and Group Specialty Lead.



The Early Supported Discharge Team attending the Education Session in MPUH.

## EARLY SUPPORTED DISCHARGE PROGRAMME

The Early Supported Discharge (ESD) for Stroke service recently held a service user event in MPUH to mark the first full year of the programme. The ESD programme aims to accelerate discharge for a subgroup of patients who have had a stroke, by providing rehabilitation within the home environment at a level of intensity at least equivalent to in-patient rehabilitation.

This hospital outreach service, one of just three in the country, accepts appropriate patients from both University Hospital Galway and Merlin Park University Hospital Galway and over 50 patients have availed of the service since recommencement of the programme in October 2013.

Occupational therapy, physiotherapy, speech and language therapy, and medical social work input is

provided to patients undergoing ESD, with further access to the stroke specialist consultants and clinical nurse specialist based at UHG as required

The team continues to develop the service, with strong support from the directorate and hospital management. Consequently, plans are currently underway to extend the catchment area of the Early Supported Discharge team later in 2015, to maximise the numbers of people with stroke who can benefit from this valuable and successful service.

In order to celebrate 2014 as the first full year of the Early Supported Discharge service, service users, together with family and friends were invited to an educational afternoon in Merlin Park. We would like to acknowledge the contribution of Ms. Ciara Breen Senior Occupational Therapist and Co-ordinator of the Galway ESD for organising this event.



Pictured receiving their diplomas are left to right: Elaine Prendergast, Ann Dooley, John Shaughnessy, Ann Cosgrove, Fiona McHugh. Missing from photograph is Frank Sullivan.

## **NATIONAL QUALITY IMPROVEMENT PROGRAMME**

As part of the Diploma in Leadership and Quality in Healthcare delivered by the Royal College of Physicians in partnership with the HSE, two projects were undertaken by the participants from the Saolta Group in the 2013/2014 programme on the following Quality Improvement Initiatives relevant to services in the Medical Directorate as follows

### **1. *Improving Emergency Medicine Admission Patient Experience Time at GUH.***

**Authors:** Ms. Ann Cosgrove, General Manager, GUH  
 Ms. Ann Dooley, Medical Directorate Support Services Manager  
 Ms. Fiona McHugh, Head of Corporate Development, Saolta

### **2. *Increasing Capacity in Prostate Cancer Related Services at GUH.***

**Authors:** Ms. Elaine Prendergast, General Manager, Roscommon Hospital  
 Mr. John Shaughnessy, Director of Human Resources, Saolta  
 Professor Frank Sullivan, Consultant Radiation Oncologist, GUH

# Portiuncula Hospital

## Featured News

- Celebrating 10 Years of Baby Friendly Hospital Accreditation
- Re-establishment of the Specialist Palliative Care Service
- Profile of an Advantaged Nurse Practitioner in The Emergency Department
- Improving the Environment for our Oncology Patients and Staff
- Pilot Site for the Paediatric Early Warning Score
- The Caring Behaviours Assurance System for Staff



## Introduction

**Portiuncula Hospital is located in Ballinasloe, Co. Galway and is part of the Saolta University Hospital Group recently established in the West of Ireland under the restructuring of the public Hospital's sector in Ireland. The Hospital was originally founded by the Franciscan Missionaries of the Divine Motherhood in Ballinasloe and opened in 1945.**

The Hospital aims is to deliver high quality and equitable patient centred care, in a safe and secure environment, and to achieve excellence in clinical practice, teaching, training and research.

Portiuncula is a Model 3 hospital providing 24/7 acute surgery, acute medicine and critical care along with Emergency Department and maternity services to adults and children in the catchment areas of East Galway, Westmeath, North Tipperary, Roscommon and Offaly. The hospital has a natural referral pathway to the Midlands, particularly in respect of patients that are referred via the Emergency Department and discharged back for appropriate care.

Portiuncula Hospital is a teaching hospital and has medical training schemes for Interns, SHO's and Registrars, academic links with the University of Limerick's post-graduate training scheme and an overseas medical student programme and also nurse training. A Joint Medical Academy opened in January 2013 in partnership with the National University of Ireland Galway and the University of Limerick.

The Hospital is currently proceeding to design Stage for a 50 bedded Replacement Ward Block in 2015. This development will greatly enhance the environment for our patients. We will work with the National Estates Steering Committee to seek to proceed/secure funding to build in 2016/2017.

**PORTIUNCULA HOSPITAL RANGE OF SERVICES**

Acute Medical Assessment Unit	ICU/CCU
Acute Stroke Unit	Laboratory
Anaesthetic Services – 24 hours	Maxillo-facial - Visiting
A range of Outpatients Clinics	Nutrition and Dietetics
Cardiology and Investigations Unit	Obstetrics and Gynaecology
Care of the Elderly	Occupational Therapy
Chronic Pain Relief Service	Oncology
Dental Surgery	Paediatrics including intensive care, oncology and pathology
Emergency Department	Palliative Care
Endocrinology	Physiotherapy
Endoscopy/Theatre/Day Care	Radiology
Gastroenterology	Special Care Baby Unit
General Medicine	Urology - Visiting
General Surgery	

## Portiuncula Hospital – Celebrating 10 Years of Baby Friendly Accreditation

### Continued from page 1

The BFHI standards provide a benchmarking mechanism, and monthly Key Performance Indicators inform on clinical practice standards, highlighting areas that require action planning.

The initiative works with the healthcare system to ensure a high standard of care for all, pregnant women, mothers and infants. Each mother's decision on how she feeds her baby is a personal choice, however because of the ramifications of her decision on her baby's health as well as her own every mother who visits our organisation as a patient or visitor deserves evidence based information, guidance and support with this decision.

Breastfeeding provides many important health and other benefits, including psychosocial, economic

and environmental benefits, it is not surprising that breastfeeding and BFHI accreditation has been recommended by prominent health professionals and government bodies. 'In the Growing up in Ireland Study 2012', Professor Richard Layte ESRI, identified that mothers were more likely to initiate breastfeeding if they gave birth in a BFHI Accredited organisation.

The success of the initiative at Portiuncula is attributed to the great commitment of multidisciplinary staff to provide a high quality service to local families with a consistent message about the importance of infant feeding. It is our aim to ensure all mothers have the appropriate information and knowledge regarding breastfeeding, and the associated hazards of not breastfeeding, to enable them to make informed decisions about feeding their baby.

## Improving Quality and Patient Safety

### PILOT FOR THE PAEDIATRIC EARLY WARNING SCORE (PEWS)

**St Therese's Paediatric Ward at Portiuncula Hospital was chosen as one of the four pilot sites (OLHSC, TSH, Limerick) for the introduction of the National Paediatric Early Warning Score Project. Dr. Regina Cooke, Consultant Paediatrician is the Medical Programme Leader in Portiuncula Hospital and Mr. Joe Fahy, is the NEWS & PEWS Nurse Lead. In addition, each paediatric or associated area has link trainers.**

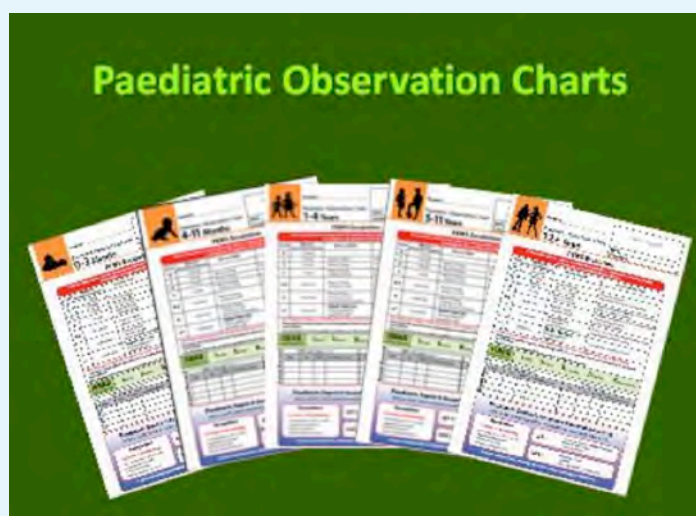
The pilot commenced on the 26th January 2015 for six weeks. It included the introduction the new paediatric observation charts and associated Paediatric Early Warning Scoring tool for use in the Irish hospital setting, escalation guidelines, good communication practices using the national standard (ISBAR communication tool for patient deterioration), timely nursing and medical intervention and clear documentation of management plans. PEWS is aimed at improving the quality and safety standards of paediatric medical and nursing care inpatient care. Its existence in practice encourages in staff a greater level of situational awareness; knowing what is going on, why it is happening and what is likely to happen next.

The many benefits of the PEWS system include:

- Potential to spot and review trends in a child's condition
- Empowerment of Nursing Teams to give voice to their concerns

- Provision of a point in time for communicating changes in vital signs and observations, and empowers nurses and junior doctors to take action
- Improvement in integrated care, interdepartmental and team relations through the effective use of a clear communication tool such as ISBAR
- Assistance for Doctors in prioritising the management of their patients prompting of more timely medical review and treatment of patients.

The pilot stage is completed and the Paediatric Early Warning Scoring is now being rolled out HSE wide to all care areas that treat children.



Paediatric Early Warning Score

## Caring Behaviours Assurance System (CBAS)

**Caring Behaviours Assurance System (CBAS-1) is an evidence based system for enabling and assuring the delivery of person centred healthcare.**

Staff want to make a difference to the lives of others and want to offer high quality, person centred care, given with compassion and kindness in which the wants and needs of all patients/clients are addressed. Staff are also service users, and as such seek satisfaction for themselves within their own healthcare organisation and from the delivery of the best care and support they can give.

Portiuncula, Roscommon, Mayo and Galway Hospitals are piloting this project from now until July 2015. Funding has been provided by the Office of the Nursing and Midwifery Services Director and the project is being led

by the Nursing and Midwifery Practice Development Unit. Ms. Margaret Casey, Director of Nursing and Midwifery, Portiuncula Hospital is the lead Director of Nursing and Midwifery for the Saolta Group on this project. The areas chosen for the pilot in Portiuncula Hospital are the Maternity Unit and Emergency Department. A multidisciplinary team of 10 staff from each area will participate in the training for the roll out of this initiative.

Good practices will be highlighted, services recognised, and successes celebrated. It is seen as a vehicle for culture change and it is anticipated that accountability will be visible with clarity on roles and responsibilities.

The journey is just starting and updates will be circulated on a regular basis.





### THE RE-ESTABLISHMENT OF THE SPECIALIST PALLIATIVE CARE SERVICE IN PORTIUNCULA HOSPITAL

The goal of palliative care is to improve the quality of life for patients living with life-limiting illness. Specialist palliative care addresses symptom management difficulties, but also psychological, spiritual and social issues that may be of concern to patients and their families.

The specialist palliative care service has been re-established in Portiuncula Hospital in recent months. The team comprises one full time Clinical Nurse Specialist and has two consultant lead ward rounds per week. The service is supported by a regional consultant on-call rota at weekends. In addition to the inpatient consult

service, the specialist palliative care team acts as a liaison between community palliative care, hospice and hospital teams, promoting seamless transitions between care settings. The service has expanded rapidly with 87 new patients seen in 2015 to date.

The Team utilise the national referral criteria as specified by the National Palliative Care Programme to prioritise reviews and highlight specialist palliative care need. There is a clear referral pathway established and in use in the Hospital. The service has an active role in multidisciplinary care, with the establishment of a joint oncology and specialist palliative care Outpatients Department. The team look forward to further developing the service and collaborating with colleagues to provide excellent palliative care in the hospital.

# The Role of the Advanced Nurse Practitioner Emergency Department, Portiuncula Hospital

**The role of the Registered Advanced Nurse Practitioner (RANP) in the Emergency Department specialises in the comprehensive and autonomous treatment of non-life threatening minor injuries and treats both adult and children over 4 years of age with non-urgent injuries including limb injuries, lacerations, burns, wound closure etc.**

I qualified from Portiuncula School of Nursing in 1992, and having worked as a staff nurse in a number of hospitals I gained a variety of clinical experience in the areas of medical, surgical, orthopaedics and ENT. In 2000, I returned to Portiuncula and started working as a staff nurse in the Emergency Department. My interest in Emergency Medicine led me to undertake and complete the H-Dip in Emergency Nursing, Masters in Health Science (Advanced Practice) and the Certificate in Nurse Prescribing. I first registered as an RANP in July 2013 and since then completed the Certificate in Nurse Prescribing Ionising Radiation. Part of my site preparation included the development of policies and guidelines for RANP practice for the introduction of the RANP role within the ED.

The role of the RANP has shown to help reduce waiting times, provide improved patient care and increased patient satisfaction. The RANP improves accessibility to the service and acts as a resource to both patients and their families. As the role develops, it is intended to expand the range of conditions that can be comprehensively managed by the RANP. The service is



**Aidan Fallon,**  
RANP Emergency Department

currently four day a week service from 8am-6pm. The Emergency Department at Portiuncula is accredited for 3 RANP, with the next post commencing in June of this year and another ANP candidate is undertaking the Masters Programme at present.

As well as the clinical aspect of my work my role also encompasses the provision of leadership and education to both nursing and other members of the multidisciplinary team. The underlying principle of developing the role of RANP in Emergency at Portiuncula Hospital is the provision of comprehensive healthcare, sensitive and appropriate to the needs of our patients.

I look forward to exciting times ahead in Emergency Medicine.

## Improving the Environment for our Oncology Patients and Staff



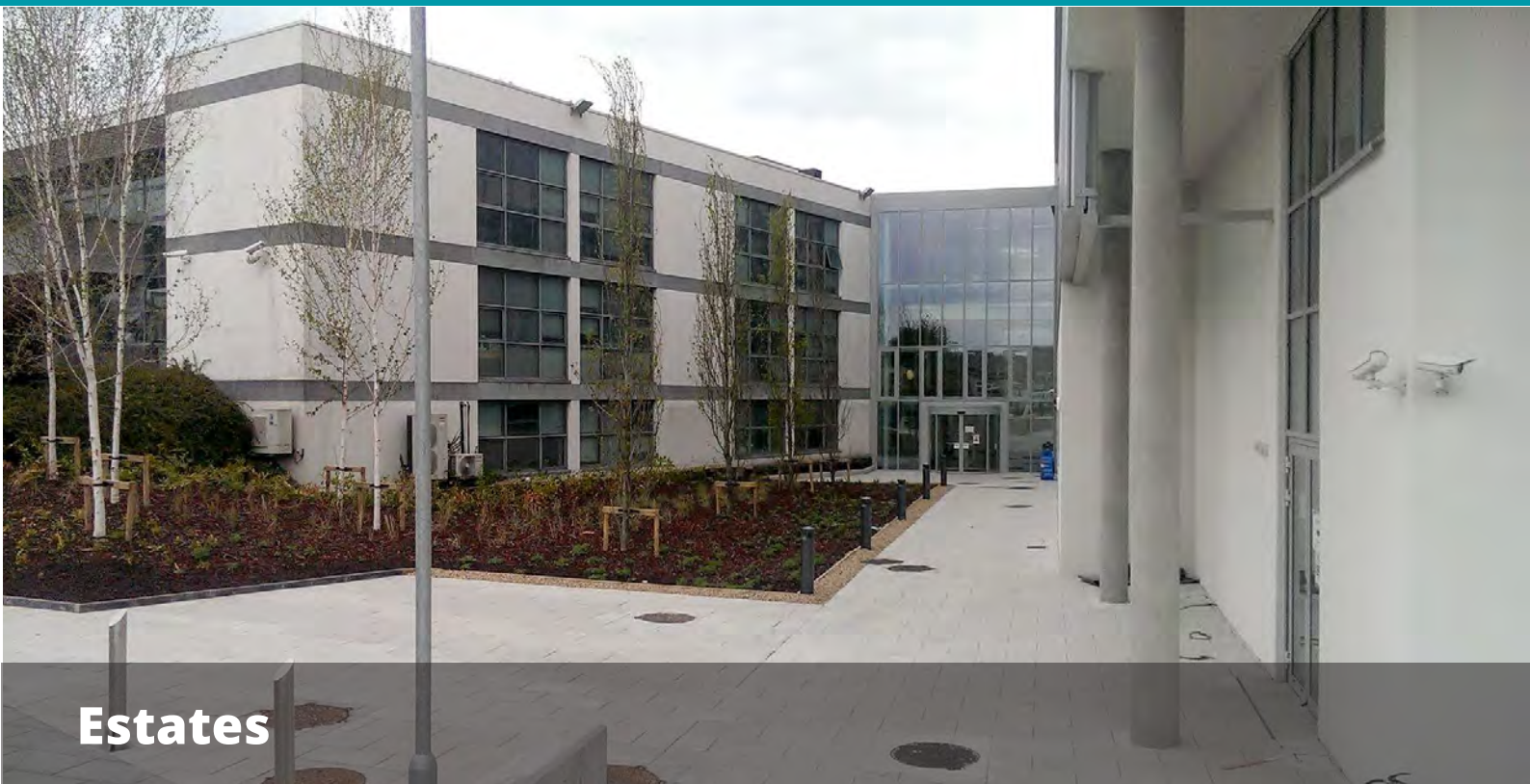
Photo: Left to Right: David Walker, Maintenance Supervisor, Dr. Silvie Blazkova, Consultant Oncologist, Máire Kelly, Clinical Support Services Director, Ellis O'Leary, Oncology Nurse, Vicki Costello, CNS Oncology, Chris Kane, General Manager, Ms. Sally Carey, Acting CNS Oncology, Darragh Shine, Maintenance Department

Minor refurbishment works were carried out recently in the Oncology Department at Portiuncula Hospital. This will greatly enhance the environment for our patients and staff. The Department has undergone painting and re-organising of storage areas to create a bright, clean environment for patients and staff.

The hospital opened the Oncology Day Ward in January 2000 as part of the National Cancer Control Programme. The service is a nurse-led satellite unit under the umbrella of the Oncology Services at Galway University Hospital and is supported by Clinical Nurse Specialists, Visiting Consultant Oncologists and a multi-disciplinary team across the hospital. The service ensures that patients receive their chemotherapy treatments nearer to their homes.

In 2014 the Department treated 2,334 patients and also works with the Irish Cancer Society and have the 'Drive to Care Scheme' in place where volunteers drive patients to and from their homes for their treatment. 90% of patients receive their 1st dose chemotherapy within 15 days of being ready to receive treatment in our Unit.

The staff working in the Oncology Unit are highly committed to maintaining excellence in clinical care, teaching and research. The holistic needs of the oncology patient are at the core of everything they do.



## Estates

### Galway University Hospitals CRF-TRF Project

Final Snagging and systems demonstrations are taking place on the Clinical Research Building and equipping is in progress. Discussions with NUIG on the joint maintenance of the building going forward are being progressed and further work on the operational funding of the facility is required with NUIG. It is intended to occupy the CRF in May 2015 and an official opening will be scheduled in the coming months.

#### INTERIM WARD BLOCK

A pre-contract site walkaround and meeting with Estates has taken place to finalise contract related matters. The services which were located in the temporary buildings on the development footprint have been relocated i.e. Cardiac Rehabilitation Services to Merlin Park and Occupational Therapy outpatient and admin base within UHG. The work required to create appropriate accommodation for the Acute Stroke Unit relocation has taken place in St. Annes Ward. The Builder is due to be

on site in the first week in May to commence site set up for the ward block project.

#### UPGRADE OF MATERNITY UNIT: MEDICAL GASES

The Medical Gasses upgrade work in Maternity is complete; there is a variation of contract to enable a similar upgrade of medical gasses in the Short Stay Unit in St. Endas Ward.

#### CAR PARKING

A conciliation process is currently underway to try to bring a resolution to enable the progression of the car park project adjacent to the Laboratory. This external process is due to come to a conclusion in the coming weeks.

### Portiuncula Hospital Ballinasloe

#### REPLACEMENT WARD BLOCK

The tender process for the design of the 50 bed ward block in Portiuncula is at an advanced stage.



**PLANNING APPLICATION**

Detailed description of the planning application process, including references to the Planning and Development Act 2000 and the Planning and Development Regulations 2006. It states that the application is for a proposed change of use of the building from residential to a mix of residential and commercial use, and that the applicant is seeking a variation of the existing planning permission.

- LEGEND**
- 01 WALL CLADDING
  - 02 STAIRCASE CLADDING
  - 03 WINDOW CLADDING
  - 04 CURTAIN WALL CLADDING
  - 05 CLADDING TO PARAPHASE
  - 06 INTERIOR TERRAZZO CLADDING TO 3rd
  - 07 Glass front entrance on the roof to proposed design

Revision	Drawing No.	Date
1	12027 - P - 3000	
Description		
Elevations & Sections		
Scale	Drawn	
1:200	MS	
Project	Number	Year
75-Red Ward Block	12027	2012
Project		
University Hospital Galway		
Client		
HSE West		

**PLANNING APPLICATION**

Issue: 05-02-13

Project: 75-Red Ward Block University Hospital Galway

Client: HSE West

Architect: **MOLONEY O'BEIRNE / ARCHITECTS**

101 4012001 | 011 6924201 | info@moloneyoibeirne.com



## Roscommon Hospital

### NEW ENDOSCOPY UNIT

The Endoscopy Unit at Roscommon Hospital is at an advanced stage. The programme for the breakthrough of the new endoscopy unit into the main Roscommon

Hospital commences Friday 17th April 2015 and will last for six weeks. The completion date for the development is June 2015.



## Sligo Regional Hospital

### MEDICAL ACADEMY UNDER CONSTRUCTION.

Works are continuing on site, the project remains on target for completion in October, 2015.

### NEW ED/ SURGICAL BLOCK

A Design Team was appointed in Dec 2014 to progress with scoping out the initial design (Stage 1) for a proposed New Block Extension. This project would provide for the development of a 140 single room surgical block, with a new theatre suite, ICU/HDU, Paediatric Unit, Obstetric Unit, Emergency Department

and Radiology Department. Stage 1 of this project is due to be complete by June 2015 whereby an application to progress to Stage 2 will be submitted for national funding.

### MORTUARY UPGRADE

Building works are complete; it is anticipated that the development incorporating Viewing Areas and Waiting Room will be ready for use from mid May. An official opening will be arranged subsequently.

# Letterkenny General Hospital KPI's Update

## **The 12 Hospital KPI's for LGH combine a mixture of National Access Targets; Resource Utilisation Targets; and Clinical Efficiency and Quality Indicators.**

March 2015 KPI's continue to show strong performance and improvement in many of our KPIs as work initiated in 2013 continues to culminate and services began to return to operational efficiency as the hospital continues to recover from the impact of the July 2013 flood. In respect of access targets the hospital performance was assisted by outsourcing a range of inpatient and day case surgeries and outpatient appointments. Of the 12 hospital indicators 3 were green, 6 were amber and 3 were red in March.

Scheduled Care Access times for Outpatient Waiting list and Inpatient & Day Case Waiting list were both amber and red respectively reflecting the requirement for active management of the waiting lists; commissioning of the interim Out Patient Department which has provided capacity for waiting list initiative clinics; and the outsourcing of activity. LGH is currently delivering 80.9% compliance on the Inpatient & Day case access targets. There was slight decrease in Outpatient access targets in March however, there are now over 4,000 non-orthopaedic patient breaching the 12 month target primarily due to NCHD shortages and off-site location of accommodation.

Initiatives to manage discharges and improve liaison with PCCC and Community Hospitals have continued to reduce the number of bed days lost due to delayed discharges. This KPI continues to be a key focus on the LGH Unscheduled Care Governance Group agenda.

The KPI for Day of Surgery Admission for Surgical Inpatients is red with 51% of inpatients being admitted on the day of surgery. It is planned to further expand the day of admission early in 2015 through the creation of additional capacity in the Enhanced Recovery Unit as part of our Minor Works Programme.

Our Staph Aureus Blood Stream Infection rates improved in March 2015 (1 case). Of concern on the staffing is the ongoing reduction in the allocated WTE ceiling for LGH and the impact of recruitment difficulties particularly amongst Medical staff.

Medical Inpatients average length of stay is 5.8 days.

Financial Performance has dis-improved for LGH with a deficit of 5.2% in March resulting in a red status on this KPI.

LGH has put particular emphasis on Hand Hygiene Compliance over the last 12 months, however, with compliance in March at 96% HIQA Standard and consequently this KPI is green. The Management Team are addressing this performance as a critical quality indicator for 2015 to ensure this focus is improved upon by all LGH staff and that LGH becomes a lead hospital in respect of its Hand Hygiene Standards.

The focus of LGH Managers on the management of attendance had resulted in an improvement in our Attendance Performance early in the year, placing LGH as one of the best performing hospitals within the Group for staff attendances. Absence rates for March has dropped increased to amber at 4.59%

Finally, there has been slight dis-improvement in waiting times for inpatient echo-cardiography. This indicator was chosen as one of our quality indicators in terms of clinical risk but also in respect of the impact it has on inpatient admission rates and Medical length of stay. A management plan has been developed to address the issues within the service and this KPI that no inpatient should wait more than 72 hours following receipt of request Echo-Cardiogram achieved amber at 95% compliance in March and initiatives continue to ensure that reduction in outpatient waiting times for Echo-Cardiography is maintained.

# Sligo Regional Hospital KPI's Update

## PERFORMANCE INDICATORS

- ED 9 hour wait time has increased marginally from 87.10% in February to 87.70% in March 2015, with 6 hour wait time increased from 71% to 73.2%.
- OPD: - Number of patients waiting >12 months has decreased from 2,543 mid February to 1,883 mid March. 1187 are currently breaching the 18 month target.
- The Average Length of Stay for medical patients is currently reduced from 6.1 days which is slightly above the target of 5.8 days.
- 210 Adult & 16 Paeds Waiting list breaches occurred in March in ENT, Urology and Oral Max. The Oral Max patients are currently being transferred to Galway University Hospital and will not be on a Sligo waiting list in April (10 patients)
- Target continues to be met for urgent scopes and routine scopes.
- Delayed Discharges have improved from an average of 7-8 daily to 5-7 per day.
- Income: - Number of private patients placed has increased to 32 per night in the hospital in March (compared to 28 the previous month) However a target of 34 patients placed per night needs to be achieved to meet monthly income targets.
- The MRSA Blood Stream Infection & C Diff rates continues to show us below the target levels
- The financial position shows the hospital with a budget deficit of 3.5% (€940k) in March. There is an increase in spend of €940k compared with same period in 2014.
- Staffing levels have increased from 1371.8 in January 2015 to 1410.41 in March.
- Absenteeism: Absence rates have decreased from 5.97% in February to 4.45% in March.

# Galway University Hospitals KPI's Update

## UNSCHEDULED CARE

### EMERGENCY DEPARTMENT – PATIENT EXPERIENCE TIMES

There is continued focus on PET times at patient flow and particularly in relation to elimination of PETs over 24 hours. The February 6 and 9hr PET was 52.2% and 66.9% respectively. The values for March were 50% and 66.50% for 6 and 9hrs. Activity levels in ED have been extremely challenging since January. Elective Surgery is significantly impacted on an ongoing basis with limited or no surgical activity taking place. Diagnostics were prioritised for inpatients to assist patient flow with a further increase in the number of slots allocated for inpatients; urgent slots were also maintained in Medical Endoscopy. Progress was made in increasing the utilisation of the Community Intervention Team (CIT) transitional and short term beds. Weekly meetings are taking place with our colleagues in PCCC in order to monitor the utilisation of CIT, Intensive Home Care Packages IHCP, Transitional Beds and Short Stay beds.

## SCHEDULED CARE

### INPATIENT /DAY CASE WAITING LIST

The number of patients on the inpatient waiting list at the end of March was 10,178. The number of patients breaching the target was 3,470 for the month.

Unscheduled care activity since January has significantly impacted on scheduled care. We are continuing to maximize surgical lists for the Plastics specialty on the MPUH site; work is ongoing with our colleagues in PHB, MGH and RH in relation to capacity.

### OUTPATIENT WAITING LIST

There were 30,048 patients on the outpatient waiting list at the end of March. The number of patients breaching the OPD waiting list target for this period was 8,465. The significant increase can largely be attributed to the reintegration of patients originally referred to the private sector who require an investigation or procedure. There were 1700 patients in this category and arrangements are now being made for these patients to be seen in GUH or other hospitals within the Group.

### STAPH AUREUS BLOOD STREAM INFECTION

There were 18 episodes of Staph aureus bloodstream infection in Galway University Hospital for the period January to March (Q1) 2015; this compares to 14 episodes for the same period in 2014.

### HAND HYGIENE

The overall % of staff trained at the end of March is running at 83%; a renewed targeted focus on training will be undertaken over the coming weeks.



# Portiuncula Hospital Ballinasloe KPI's Update

In March, 2015 the hospital continued to focus on delivery of our Key Performance Indicators. The delivery of our KPI's remains an integral part of our hospital's performance. A number of KPI's indicate that performance continues to improve with the exception of the financial KPI which is our most challenging KPI.

## ACCESS

1. ED waits – 67.37% all patients requiring admission to hospital were seen and admitted within 6 hours this has improved by 2.05% on the previous month, 79.40% of all patients were seen and discharged in 6 hours. We are achieving approximately 95.62% compliance with the 9 hour target. Emergency Department attendances were 2,170 this is an increase of 4.68% for the same period in 2014.
2. Our outpatient waiting list shows that there were 681 patients waiting over 9 months. This figure has increased by 78 patients when compared with February figure the areas of concern are Orthopaedics, Dermatology, Endocrinology, Gynaecology and Urology.
3. Day of Procedure rate – currently 70.6%.
4. Average Length of Stay in March was 4.12 days
5. The Ultrasound Waiting time is 161 days for the month of March 2015 a significant reduction of 39 on the previous month.

## PERFORMANCE

1. Staffing levels are at 661.65 a slight increase of 5.86 on the February figure.
2. Financial position – the March net spend was €14.9m this represents a -12% variance against the allocated budget.

3. Agency costs and income performance continues to be challenging.
4. Fair Deal - Bed days lost due to delayed discharges was 97 days which is a slight increase of 12 days on the figure in February.
5. Absenteeism stands at 4.43% a slight reduction of 0.84% on the previous month.
6. DNA rate stands at 9.53% - a slight decrease of 0.46%.

## QUALITY

1. There was 1 hospital acquired c-diff infections for the month of March.
2. Hand Hygiene Training compliance rate is at 90%. There continues to be significant emphasis on education and training.

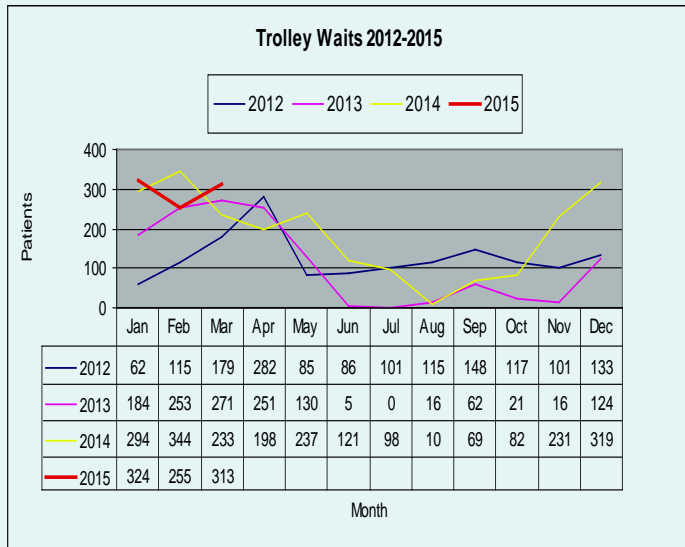
## ACTIVITY LEVELS – MARCH 2015

- In-patients exceeded the target by 7.58%
- Emergency presentations are above the target by 0.2% but for the month of March 2014 vs March 2015 there was an increase of 4.68% ED presentations.
- ED admissions exceeded the target by 14%
- Outpatient activity exceeded the target by 6.49%
- Day cases are -11.37% against target but are -10% below 2014 ytd figures
- Births are -0.81% below the target.
- Key Dates and Events:
  - The Hospital was re-accredited Baby Friendly Status.
  - Local Executive Walkabouts continue.
  - Consultant posts advertised for key critical vacancies and closing date of 8th May 2015.
  - Terms of Reference for Maternity Review and Review Team finalized.

# Mayo General Hospital KPI's Update

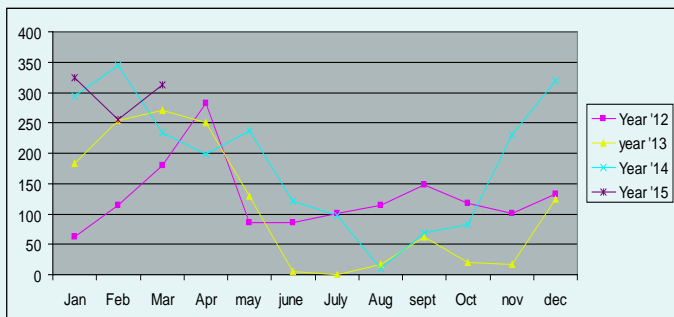
## ACCESS

ED PET waits - 6 hour and 9 hrs waits.



## Management of numbers of patient waiting on Trolley in the ED for inpatient beds

March 2015 has a significant increase from both Feb 15 and March 14.



313 patients waited on trolleys for admission in March 2015. This was an increase on both February 2015 and March 2014. Contributing factors was the number of attendances. There was sick leave and unplanned leave within the Consultant teams.

The admission conversion rate is 34.8%, it includes admitted / referred to AMAU (not all these patients were admitted) it also included 35 patients transferred to UHG and AMH patients (15). 23.7% OF ED attendance was paediatrics with an admission conversion rate of 29.07%. 5.6% of ED attendances were admitted to AMAU from registration; this has reduced from last three months but this will be due to AMAU being open over night.

The number taking there own discharge against medical advice was 0.3% (12 people).

## Scheduled Care

In-patient waiting list

Adults waiting > 8 months - 12

Children > 20 weeks - 0

GI Scopes > 13 weeks - 0

GI Scopes >13 weeks - 0

## Outpatient Waiting List

Arrangements have been put in place to hold additional clinics to address nephrology waiting list. Dermatology and ENT still present a challenge.

## PERFORMANCE

The following are the main areas of concern arising from the March accounts:

- Year to date the hospital is overspent by €749K (3.6%) compared to budget.
- There is a negative variance of €272K (-1.2%) compared to the same period in 2014.
- Forecasted deficit for 2015 of €2.1m.
- No significant reduction in medical agency costs – costs of €1m incurred in Q1.
- Failure to convert nursing and HCA agency staff to WTEs.
- Consistently increasing levels of unsubmitted debt / claims awaiting consultant action.
- Ongoing delays in payment processing by PHIs.
- Increase in values of debt greater than 1 year old, which negatively impacts the expenditure account.
- Drugs – ongoing increases in drugs costs.
- Professional Services – unfunded costs of €192K year to date for outsourcing.
- Failure to achieve any significant savings in target cost containment areas.
- Local implementation plans are required to achieve target savings in the following areas:
  - Bad debt provision – insured debt
  - Bad debt provision – self payers
  - Nursing and support agency costs
  - Implementation of managed print service
- Staffing – March 2015 1003.55 – down 3.14 from February 2015
- Absenteeism Rate 3.90%

# Key Performance Indicators

## LGH Performance Summary - March 2015

Out-patient Waiting List		Inpatient & Daycase Waiting List	
Current	Future	Current	Future
33.3%		26.4%	
Trend: v Previous Month		Trend: v Previous Month	
<p><b>Target:</b> Out-patient waiting to be reduced to less or equal to 52 weeks by June 2014 and maintained at less than 52 weeks at each month thereafter. Total Outpatient Waiting List - 15988 Patients waiting over 12 months - 5325 Number of Orthopaedic Patients waiting greater than 12 months = 933</p>		<p><b>Target:</b> No patient should wait for inpatient/daycase treatment longer than 8 months for Adult; 20 weeks for Children; 13 weeks for GI Scope. Number of Breeches March: Adult - 572 Child - 32 Scopes - 6</p>	

Rag: Green => 10% Amber = 10-55% Red = +56%

Scheduled Inpatient Care		Inpatients	
Current	Future	Current	Future
51%		7.7	
Trend: v Previous Month		Trend: v Previous Month	
<p><b>Current Value (February)</b> <b>Target:</b> 67% of surgical inpatients should be admitted on day of surgery.</p>		<p><b>Current Value (February)</b> <b>Target:</b> Medical inpatients AVLOS &lt;= 5.8 days</p>	
<p><b>Target changed from 52% to 67% in 2014</b> Sept - 60% Oct - 71% Nov - 81% Dec - 69% Jan - 60%</p>		<p>Aug - 6.4 days Sept - 6.1 days Oct - 5.9 days Nov - 6.6 days Dec - 5.1 days Jan - 7.0 days Rag: Green: &lt;= 5.8 Amber 5.8-9: Red: &gt;9</p>	

Rag: Green <=5% Amber: 6 - 20% Red: >=21%

Infection, Prevention & Control - Hand Hygiene		Absenteeism	
Current	Future	Current	Future
95%		3.80%	
Trend: v Previous Month		Trend: v Previous Month	
<p><b>Current Value</b> <b>Target:</b> No inpatient to wait greater than 72 hours following receipt of request for echocardiogram.</p>		<p><b>Current Value</b> <b>Target:</b> To deliver 95% compliance with HIQA Hand Hygiene standard.</p>	
<p>Nov - 99% Dec - 93% Jan - 96% Feb - 97%</p>		<p>Nov - 96% Dec - 95% Jan - 95% Feb - 93%</p>	

Rag: Green 98-100% Amber 90-97% Red <90%

Financial Position		Staffing Levels	
Current	Future	Current	Future
5.2%		4.59%	
Trend: v Previous Month		Trend: v Previous Month	
<p><b>Current Value</b> <b>Target:</b> To deliver within allocated budget</p>		<p><b>Current Value</b> <b>Target:</b> To operate within the staffing level agreed with the Hospital Group Executive.</p>	
<p>Overspend March 2015 = €0.7 million YTD Overspend = €1.4 million Budget YTD = €26.8 million (Above excludes flood costs) Rag: Green &lt;3% Amber 3.1-5% Red &gt;5.1%</p>		<p><b>WTE Ceiling - 1320.0</b> <b>WTE Actual - 1380.64</b> Rag: Green &lt;3% Amber 3.1-5% Red &gt;5.1%</p>	

Rag: Green=>100% Amber:85-94%Red: <85%

ED 9 hour Breach		Inpatient Capacity	
Current	Future	Current	Future
87.3%		87	
Trend: v Previous Month		Trend: v Previous Month	
<p><b>Current Value</b> <b>Target:</b> All patients to be admitted or discharged within 9 hours at 8am.</p>		<p><b>Current Value</b> <b>Target:</b> 6 month rolling average Bed days lost due to delayed discharges should be reduced to the levels pertaining the first half 2012 (Jan - June). 6 month rolling average Oct 42 Nov 48 Dec 53 Jan 52 Feb 56 Transfers to private nursing homes from LGH for Mar = 0</p>	
<p>Oct - 93.3% Nov - 94.5% Dec - 92.9% Jan - 85.8% Feb - 83.6%</p>		<p>Rag: Green &lt;=120% Amber 121-150%, Red &gt;150% (of Jan-June 12) <b>Staph Aureus Blood Stream Infection</b></p>	

Rag: Green=>100% Amber:85-94%Red: <85%

Staffing Levels		Staph Aureus Blood Stream Infection	
Current	Future	Current	Future
4.59%		0.11	
Trend: v Previous Month		Trend: v Previous Month	
<p><b>Current Value</b> <b>Target:</b> To operate within the staffing level agreed with the Hospital Group Executive.</p>		<p><b>Current Value</b> <b>Target:</b> Fill bar is colour coded red = projection exceeds 2013 numbers (&gt;0.13 per 1000 bed days), amber projection equals 2013 levels (=0.13 per 1000 bed days), green = projection is below 2013 levels (&lt;0.13 per 1000 bed days). 1 Case of Healthcare Associated Staph Aureus Bacteremia</p>	
<p>WTE Ceiling - 1320.0 WTE Actual - 1380.64 Rag: Green &lt;3% Amber 3.1-5% Red &gt;5.1%</p>		<p>Rag: Green &lt;=120% Amber 121-150%, Red &gt;150% (of Jan-June 12) <b>Staph Aureus Blood Stream Infection</b></p>	

Rag: Green=>100% Amber:85-94%Red: <85%

Out-patient Waiting List		Inpatient Capacity	
Current	Future	Current	Future
33.3%		87	
Trend: v Previous Month		Trend: v Previous Month	
<p><b>Current Value</b> <b>Target:</b> Out-patient waiting to be reduced to less or equal to 52 weeks by June 2014 and maintained at less than 52 weeks at each month thereafter. Total Outpatient Waiting List - 15988 Patients waiting over 12 months - 5325 Number of Orthopaedic Patients waiting greater than 12 months = 933</p>		<p><b>Current Value</b> <b>Target:</b> 6 month rolling average Bed days lost due to delayed discharges should be reduced to the levels pertaining the first half 2012 (Jan - June). 6 month rolling average Oct 42 Nov 48 Dec 53 Jan 52 Feb 56 Transfers to private nursing homes from LGH for Mar = 0</p>	
<p>Rag: Green =&gt; 10% Amber = 10-55% Red = +56%</p>		<p>Rag: Green &lt;=120% Amber 121-150%, Red &gt;150% (of Jan-June 12) <b>Staph Aureus Blood Stream Infection</b></p>	

Rag: Green=>100% Amber:85-94%Red: <85%

Financial Position		Staffing Levels	
Current	Future	Current	Future
5.2%		4.59%	
Trend: v Previous Month		Trend: v Previous Month	
<p><b>Current Value</b> <b>Target:</b> To deliver within allocated budget</p>		<p><b>Current Value</b> <b>Target:</b> To operate within the staffing level agreed with the Hospital Group Executive.</p>	
<p>Overspend March 2015 = €0.7 million YTD Overspend = €1.4 million Budget YTD = €26.8 million (Above excludes flood costs) Rag: Green &lt;3% Amber 3.1-5% Red &gt;5.1%</p>		<p>WTE Ceiling - 1320.0 WTE Actual - 1380.64 Rag: Green &lt;3% Amber 3.1-5% Red &gt;5.1%</p>	

Rag: Green=>100% Amber:85-94%Red: <85%

# SRH Performance Summary - March 2015

Scopes		Current	Future
<b>Current Value</b>	0	0	0
<b>Trend:</b>	v	Previous Month	↑
<b>Target:</b> no patient waiting >13 weeks.			

Emergency Re-admissions (Medical)		Current	Future
<b>Current Value</b>	12%	12%	12%
<b>Trend:</b>	v	Previous Month	↑
<b>Target:</b> 11% target as per CompStat			
13% re-admission rate for Jan.			

Income – Placement of Private Patients		Current	Future
<b>Current Value</b>	32	32	32
<b>Trend:</b>	v	Previous Month	↑
<b>Target:</b> 28 patients per night			

Absenteeism		Current	Future
<b>Current Value</b>	4.45%	4.45%	4.45%
<b>Trend:</b>	v	Previous Month	↑
<b>Target:</b> To reduce absenteeism rate to 3.5%			

ED 9 hour breach		Current	Future
<b>Current Value</b>	87.7%	87.7%	87.7%
<b>Trend:</b>	v	Previous Month	↑
<b>Target:</b> 100% of patients seen within 9 hours			

Average Length of Stay (Medical)		Current	Future
<b>Current Value</b>	6.1	6.1	6.1
<b>Trend:</b>	v	Previous Month	↑
<b>Target:</b> 5.8 days			

Bed Days Lost (due to delayed discharges)		Current	Future
<b>Current Value</b>	113	113	113
<b>Trend:</b>	v	Previous Month	↑
<b>Target:</b> Monthly average for 2013 = 196.5.			

Staffing WTE variance from Staff ceiling		Current	Future
<b>Current Value</b>	1410.41	1410.41	1410.41
<b>Trend:</b>	v	Previous Month	↑
<b>Target:</b> To operate within HSE employment levels.			

Out-patient Waiting List		Current	Future
<b>Current Value</b>	0	0	0
<b>Trend:</b>	v	Previous Month	↑
<b>Target:</b> Out-patient waiting to be reduced to less than 12 months.			
Jan '13 – Patients >12 mths = 3507 Jan '15- Patients > 12 mths =2543 March '15			

Inpatient & Day Case Waiting lists		Current	Future
<b>Current Value</b>	226	226	226
<b>Trend:</b>	v	Previous Month	↑
<b>Target:</b> No Target: No patient should wait >8mths, 20 weeks (child) & 13 weeks (GI Scope)			
0 Breaches - May			

MRSA Blood Stream Infections		Current	Future
<b>Current Value</b>	0.00	0.00	0.00
<b>Trend:</b>	v	Previous Month	↑
<b>Target:</b> <= 0.060 per 1000 bed days used.			
Achieving target (data arrears) – Q4 2013			

Financial Position		Current	Future
<b>Current Value</b>	3.5%	3.5%	3.5%
<b>Trend:</b>	v	Previous Month	↑
<b>Target:</b> ..			

# MGH Performance Summary

## - March 2015

<p><b>Out-patient Waiting List</b></p> <p><b>Current PTL</b> 871</p> <p><b>Current Value</b> Target: Out-patient waiting to be reduced to less than 52 weeks</p> <p><b>Trend: v Previous Month</b></p> <p>A number of specialities require special attention. Progress has been made in Nephrology and arrangements are being put in place to address the remaining longest waiters. The Dermatology waiting list continues to be addressed through initiative clinics. Additional ENT clinics are planned and Ass Clinic Director is putting a plan in place to address medical waiting lists.</p>	<p><b>CT Waiting List</b></p> <p><b>Current</b> 353</p> <p><b>Current Value</b> Target: No Category 2 or 3 patient should wait more than 70 days for a CT.</p> <p><b>Trend: v Previous Month</b></p> <p>Deterioration in performance requires an additional WTE. Staff have been approved through the ECC, however recruitment remains a problem due to problems with NRS. Once staff are recruited waiting list will be reduced.</p>	<p><b>Day of Procedure Rate for Elective Inpatients</b></p> <p><b>Current</b> 65%</p> <p><b>Current Value</b> Target: To increase rate to 85%</p> <p><b>Trend: v Previous Month</b></p> <p>Pre-assessment clinics in place.</p>	<p><b>Bed Days Lost</b></p> <p><b>Current</b> 79 days lost in Sept</p> <p><b>Current Value</b> Target Reduce to 10% on 2013 number. Situation continued to improve in September 2014.</p> <p><b>Trend: v Previous Month</b></p> <p>23 less beds available in District Hospital and in Rehab Unit than was available in 2013. Interim action plan developed between MGH and Mayo PCCC. There remain a number of outstanding issues namely that we do not access to sufficient number of community beds or packages of care. Meeting involving national services required.</p>	<p><b>In-patient &amp; Day Case Waiting List</b></p> <p><b>Current PTL</b> 36 adults</p> <p><b>Current Value</b> Target: No patient should wait &gt;8 months by end of November, 20 weeks (Child) and 13 Weeks (GI Scope)</p> <p><b>Trend: v Previous Month</b></p> <p>Orthopedic waiting lists are problematic Plan in place to address backlog.</p>	<p><b>MRSA</b></p> <p><b>Current</b> 0.095</p> <p><b>Current Value</b> Target &lt;0.057 per 1,000 bed days</p> <p><b>Trend: v Previous Month</b></p>	<p><b>Staffing WTE variance from Staff Ceiling</b></p> <p><b>Current</b> 1,003.55</p> <p><b>Current Value</b> Target: To operate within HSE employment level of 955.77</p> <p><b>Trend: v Previous Month</b></p>
<p><b>ED Patients waiting for admission at 8am</b></p> <p><b>Current</b> A total of 313 ED Patients waiting for admission at 8am</p> <p><b>Current Value</b> 255 Patients for March 2015</p> <p><b>Trend: v Previous Month</b></p>	<p><b>Average Length of Stay in Medicine</b></p> <p><b>Current</b> 5.7 days</p> <p><b>Current Value</b> Target: 5.8 days to be the average stay achieved</p> <p><b>Trend: v Previous Month</b></p> <p>ALOS for Medical patients 5.7 days Feb 2015.</p>	<p><b>Hand Hygiene</b></p> <p><b>Current</b> 81%</p> <p><b>Current Value</b> Achieve 100% compliance</p> <p><b>Trend: v Previous Month</b></p> <p>Action Plan developed by Infection Control Committee to improve compliance. Non compliance among Medical staff of is a concern. Associate Clinical Directors to oversee action plan.</p>	<p><b>Absenteeism</b></p> <p><b>Current</b> 3.90%</p> <p><b>Current Value</b> Target: To reduce absenteeism rate to 3.5%</p> <p><b>Trend: v Previous Month</b></p> <p>Absence Reports for February 2015</p>			

# RH Performance Targets - March 2015

Out-patient Waiting Times (Access)		Waiting time for Medical Rapid Access Clinic (Access)		Increase Day Case activity (Access)	
Current	Future	Current	Future	Current	Future
Current Value <b>58 pts</b> Trend: v Previous Month		Current Value <b>123 pts</b> Trend: v Previous Month		Current Value <b>672 pts</b> Trend: v Previous Month	
Target: No patient should wait more than 18 months for a new OPD appointment in ENT.		Target: No patient should wait more than 4 weeks (20 working days) for a medical RAC appointment.		Target: To increase Day Case activity at Roscommon Hospital to 700 per month	
RAG Score <b>Green = 0 Amber = 1-20 Red = &gt;21</b>		RAG Score <b>Green = 0 Amber = 1-30 Red = &gt;30</b> Date of longest waiting this month = 11 <sup>th</sup> June 2014		RAG Score <b>Green = 600-700 Amber = 450 -599 Red = &lt;450</b> Plastics DC activity = 41% of total Surgery_DC.activity = 40% of total	
Colonoscopy Waiting times (Access)		Medical Average Length of Stay (Access)		Reduce Delayed Discharges (Access)	
Current	Future	Current	Future	Current	Future
Current Value <b>TBC</b> Trend: v Previous Month		Current Value <b>11.9 days</b> Trend: v Previous Month		Current Value <b>5.5%</b> Trend: v Previous Month	
Target: No patient waiting longer than 4 weeks for urgent or 13 weeks for routine OGD/Colonoscopy		Target: ALOS for all medical discharges is reduced to 5.8 days		Target: Reduce bed days lost due to delayed discharges to 5% of total available bed days	
RAG Score <b>Green = 0 Red = ≥1</b>		RAG Score <b>Green = &lt;5.8 Amber = 5.9 - 9 Red = over 9.1</b> Total AVLOS = 10.9 Days Medical AVLOS remaining consistently high.		RAG Score <b>Green = 55% Amber = 5.1%-9 Red = ≥9.1%</b> This is 93 bed days lost by 7 patients affected this month.	
Antibiotic Usage (Quality & Safety)		New Cases of C Diff (Quality & Safety)		Hand Hygiene Technique Compliance (Quality & Safety)	
Current	Future	Current	Future	Current	Future
Current Value <b>8%</b> Trend: v Previous Month		Current Value <b>4.3</b> Trend: v Previous Month		Current Value <b>44%</b> Trend: v Previous Month	
Target: Anti biotic duration/review date is documented on all relevant patients' drug charts		Target: To reduce the background rate of HCAI of C Difficile to <2.5per 10,000 bed days used		Target: Percentage compliance with Hand Hygiene Technique during hand hygiene audits each month in 2015	
RAG Score <b>Green = 100% Amber = 90 -99.9% Red = &lt;90%</b>		RAG Score <b>Green = &lt;2.5 Amber = 2.6 - 4 Red = 4.1</b> Number of pts with Hospital Acquired C Diff this month = 1		RAG Score <b>Green = 90 -100% Amber = 80-89% Red = 79%</b>	
Budget Management (Finance)		Staffing Levels (HR)		Absenteeism (HR)	
Current	Future	Current	Future	Current	Future
YTD <b>-3.7%</b> Trend: v Previous Month		Current Value <b>2.98%</b> Trend: v Previous Month		Current Value <b>4.67%</b> Trend: v Previous Month	
Target: To deliver financial breakeven by December 2015		Target: Maintain staffing levels at WTE ceiling		Target: To reduce the absenteeism rate each month to 3.5% or less	
RAG Score <b>Green = 0 - 3% Monthly Overspend = €56K YRD Overspend = €165K</b>		RAG Score <b>Green = 0% Amber = + or - 0.1 to 2% Red = &gt; + or - 2.1%</b> WTE Ceiling = 268 Actual Monthly WTE = 275.99		RAG Score <b>Green = &lt;3.5% Amber = 3.51% - 4.49% Red = over 4.5%</b>	

# PHB Performance Summary

## - March 2015

<p><b>Out-patient Waiting List</b></p> <table border="1"> <tr> <td>Current</td> <td>Future</td> </tr> <tr> <td>681</td> <td>6%</td> </tr> <tr> <td>Trend: v</td> <td>Previous Month</td> </tr> </table> <p><b>Target:</b> Out-patient waiting to be reduced to less than 9 months by December 2015.</p> <p>The Outpatients list has 681 patients waiting over 9 months This has increased by 78 patients from previous month of February 2015. Areas of increase are gynecology, orthopedics, dermatology, urology and medicine.</p> <p><b>Rag:</b> Green: 0-300 Amber: 301-999 Red &gt;1000 1000</p>	Current	Future	681	6%	Trend: v	Previous Month	<p><b>DNA Rate</b></p> <table border="1"> <tr> <td>Current</td> <td>Future</td> </tr> <tr> <td>9.53%</td> <td>8%</td> </tr> <tr> <td>Trend: v</td> <td>Previous Month</td> </tr> </table> <p><b>Target:</b> Reduce the number of patients who do not attend to 8% by December 2015.</p> <p>The current rate is at 9.53%, a slight decrease of .46% on the previous month</p> <p><b>Rag:</b> Green: 8% Amber:10% Red: 14%</p>	Current	Future	9.53%	8%	Trend: v	Previous Month	<p><b>ED Waiting Times for Admission</b></p> <table border="1"> <tr> <td>Current</td> <td>Future</td> </tr> <tr> <td>67.37%</td> <td></td> </tr> <tr> <td>Trend: v</td> <td>Previous Month</td> </tr> </table> <p><b>Target:</b> 95% of all patients attending the ED should not wait over 6 hours.</p> <p>The 6 hour waiting time for admission in March is at 67.37% improved by 2.42% on February. 79.40% of patients seen and discharged within 6 hours. We are achieving approximately 95.62% compliance with the 9 hour target.</p> <p><b>Rag:</b> Green: 95-100% Amber: 80-94% Red: &lt;80%</p>	Current	Future	67.37%		Trend: v	Previous Month
Current	Future																			
681	6%																			
Trend: v	Previous Month																			
Current	Future																			
9.53%	8%																			
Trend: v	Previous Month																			
Current	Future																			
67.37%																				
Trend: v	Previous Month																			
<p><b>Hand Hygiene</b></p> <table border="1"> <tr> <td>Current</td> <td>Future</td> </tr> <tr> <td>90%</td> <td></td> </tr> <tr> <td>Trend: v</td> <td>Previous Month</td> </tr> </table> <p><b>Target:</b> To increase Hand Hygiene Training and Education rate to 100%</p> <p>The overall hospital hand hygiene training/education rate for the month of March 2015 is 90%. There is continued emphasis on education and training.</p> <p><b>Rag:</b> Green:95-100% Amber:94%-84% Red:&lt;84%</p>	Current	Future	90%		Trend: v	Previous Month	<p><b>Ultrasound</b></p> <table border="1"> <tr> <td>Current</td> <td>Future</td> </tr> <tr> <td>161</td> <td></td> </tr> <tr> <td>Trend: v</td> <td>Previous Month</td> </tr> </table> <p><b>Target:</b> No Priority 2 or 3 patients should wait no more than 70 days for an Ultrasound scan appointment.</p> <p>Currently the waiting time is 161 days for access to an Ultra-sound, this is an improvement of 39 days in the month of March.</p> <p><b>Rag:</b> Green &lt;70 days Amber 70-100 days Red &gt; 100</p>	Current	Future	161		Trend: v	Previous Month	<p><b>Average Length of Stay</b></p> <table border="1"> <tr> <td>Current</td> <td>Future</td> </tr> <tr> <td>4.12</td> <td></td> </tr> <tr> <td>Trend: v</td> <td>Previous Month</td> </tr> </table> <p><b>Target:</b> Achieve a target of 4.5 days.</p> <p>ALOS has increased by .25 days when compared with February.</p> <p><b>Rag:</b> Green: 4.5 Amber: 5.5 Red: &gt;5.5</p>	Current	Future	4.12		Trend: v	Previous Month
Current	Future																			
90%																				
Trend: v	Previous Month																			
Current	Future																			
161																				
Trend: v	Previous Month																			
Current	Future																			
4.12																				
Trend: v	Previous Month																			
<p><b>Day of Procedure for Elective In-patients</b></p> <table border="1"> <tr> <td>Current</td> <td>Future</td> </tr> <tr> <td>70.6%</td> <td></td> </tr> <tr> <td>Trend: v</td> <td>Previous Month</td> </tr> </table> <p><b>Target:</b> To increase rate to 70% by December 2015.</p> <p>The overall Day of Procedure rate in March is at 70.6%.</p> <p><b>Rag:</b> Green: 70% Amber: 60-69% Red: &lt;60%</p>	Current	Future	70.6%		Trend: v	Previous Month	<p><b>Hospital Acquired C-Diff</b></p> <table border="1"> <tr> <td>Current</td> <td>Future</td> </tr> <tr> <td>1</td> <td></td> </tr> <tr> <td>Trend: v</td> <td>Previous Month</td> </tr> </table> <p><b>Target:</b> To reduce the number of Hospital Acquired C-Diff infections per month in 2015.</p> <p>There was 1 case of hospital acquired c-diff infection in March.</p> <p><b>Rag:</b> Green: 0 Amber: 2 Red: &gt;2</p>	Current	Future	1		Trend: v	Previous Month	<p><b>Fair Deal - Bed Days Lost</b></p> <table border="1"> <tr> <td>Current</td> <td>Future</td> </tr> <tr> <td>97 days</td> <td></td> </tr> <tr> <td>Trend: v</td> <td>Previous Month</td> </tr> </table> <p><b>Target:</b> To reduce the lost bed days to less than the current monthly bed days lost.</p> <p>There were 97 bed days lost due delayed discharges. This is a dis-improvement on the previous month of 12 days</p> <p><b>Rag:</b> Green: 185 Amber 235 Red: &gt;235</p>	Current	Future	97 days		Trend: v	Previous Month
Current	Future																			
70.6%																				
Trend: v	Previous Month																			
Current	Future																			
1																				
Trend: v	Previous Month																			
Current	Future																			
97 days																				
Trend: v	Previous Month																			
<p><b>Financial Position</b></p> <table border="1"> <tr> <td>Current</td> <td>Future</td> </tr> <tr> <td>-12%</td> <td></td> </tr> <tr> <td>Trend: v</td> <td>Previous Month</td> </tr> </table> <p><b>Target:</b> To deliver financial breakeven across the Group by December 2015.</p> <p>At March the net spend was €14.9m this represents a -12% variance against the allocated budget. Main adverse variances are Agency and Bad Debt. Agency budget has reduced in February and March in line with budget allocations but costs have not decreased.</p>	Current	Future	-12%		Trend: v	Previous Month	<p><b>Staffing Levels</b></p> <table border="1"> <tr> <td>Current</td> <td>Future</td> </tr> <tr> <td>663 65</td> <td>612</td> </tr> <tr> <td>Trend: v</td> <td>Previous Month</td> </tr> </table> <p><b>Target:</b> To operate within our allocated ceiling of 612</p> <p>There has been a 5.86 WTE increase since February 2015.</p> <p><b>Rag:</b> Green: 612 Amber: &lt;630 Red: &gt;640</p>	Current	Future	663 65	612	Trend: v	Previous Month	<p><b>Absenteeism</b></p> <table border="1"> <tr> <td>Current</td> <td>Future</td> </tr> <tr> <td>4.43%</td> <td></td> </tr> <tr> <td>Trend: v</td> <td>Previous Month</td> </tr> </table> <p><b>Target:</b> To reduce absenteeism rate to 3.5% by December 2015.</p> <p>Absenteeism has reduced by 0.84%.</p> <p><b>Rag:</b> Green: 3.5 Amber: &gt;4.5 Red: &gt;5.5</p>	Current	Future	4.43%		Trend: v	Previous Month
Current	Future																			
-12%																				
Trend: v	Previous Month																			
Current	Future																			
663 65	612																			
Trend: v	Previous Month																			
Current	Future																			
4.43%																				
Trend: v	Previous Month																			

# GUH Performance Summary

## - March 2015

<p><b>Out-patient Waiting List</b></p> <p><b>Current</b> 7990 <b>Trend: v Previous Month</b> ↑</p> <p><b>Current Value</b> 7990 <b>Trend: v Previous Month</b> ↑</p> <p>Target: Out-patient waiting to be reduced to less than 52 weeks</p> <p>Work is progressing through the Directorates to deal with long waiters across all specialities. Great progress made in Orthopaedics and most Medical Specialities. Awaiting National launch of OPD Project as basis of action plan. <b>January 2015 7567 Patients &gt; 12 Months</b> The above figure is for all patients on the Outpatient PTL, waiting over 12 months with and without an outpatient appointment.</p>	<p><b>OPD DNA Rate</b></p> <p><b>Current</b> 12.4% <b>Trend: v Previous Month</b> ↑</p> <p><b>Current Value</b> 12.4% <b>Trend: v Previous Month</b> ↑</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 specialities. National guidelines on attendance and DNA policy to be made available. <b>January 2015 13.2%</b></p>	<p><b>ED Patients waiting for admission at 8am</b></p> <p><b>Current</b> 28 <b>Trend: v Previous Month</b> ↑</p> <p><b>Current Value</b> 28 <b>Trend: v Previous Month</b> ↑</p> <p>Target: &lt; 10 patients waiting in ED for admission at 8am</p> <p>The number has increased from a figure of 15 in December 14. This figure has decreased from figure of 25 recorded for the same period last year. <b>January 2015 23</b></p>
<p><b>CT Waiting List</b></p> <p><b>Current</b> 182 <b>Trend: v Previous Month</b> ↑</p> <p><b>Current Value</b> 182 <b>Trend: v Previous Month</b> ↑</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 has increased by almost 30 days since last month. This can be accounted for fact that we have had to reduce several lists to cope with the In-Patient demand. Added to that our CT 1 main scanner broke down twice in the last month. An emergency service is scheduled for next week and again we have had to defer all our scheduled patients for that date. We continue to send some scans to RCH though some patients still refuse to attend RCH for their scans. <b>January 2015 154</b></p>	<p><b>In-patient &amp; Day Case Waiting List</b></p> <p><b>Current</b> 2644 <b>Trend: v Previous Month</b> ↑</p> <p><b>Current Value</b> 2644 <b>Trend: v Previous Month</b> ↑</p> <p>Target: No patient should wait &gt;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. <b>Adult IP WL Breaching 8 Month target</b> <b>January 2015 Adults 2493 waiting over 8 months (Scopes and Children are in the maintenance phase now)</b></p>	<p><b>Average Length of Stay</b></p> <p><b>Current</b> 6.7 <b>Trend: v Previous Month</b> ↑</p> <p><b>Current Value</b> 6.7 <b>Trend: v Previous Month</b> ↑</p> <p>Target: 5.6 days to be the average stay achieved</p> <p>The new National Programmes on Surgery will help reduce the average length of stay. This is complemented by local work on agreeing formal bed allocations across Medicine and Surgery. <b>January 2015 6.4 (excluding Obs)</b></p>
<p><b>Day of Procedure Rate for Elective Inpatients</b></p> <p><b>Current</b> 53% <b>Trend: v Previous Month (November Figure)</b> ↑</p> <p><b>Current Value</b> 53% <b>Trend: v Previous Month (November Figure)</b> ↑</p> <p>Target: To increase rate to 75%</p> <p>The new National Programme on Elective Surgery will help increase the day of procedure rate, this is complemented by local work on agreeing formal bed allocations across Medicine and Surgery. Increased awareness of this KPI will be available to management from CIMs tool. <b>December 2014 56%</b></p>	<p><b>Staph Aureus Blood Stream Infection</b></p> <p><b>Current</b> 0.11 <b>Trend: v Previous Month</b> ↑</p> <p><b>Current Value</b> 0.11 <b>Trend: v Previous Month</b> ↑</p> <p>Target: Fill bar is color coded red = projection exceeds 2011 numbers (&gt;0.16 per 1000 bed days), orange projection equals 2011 levels (= 0.16 per 1000 bed days), green = projection is below 2011 levels (&lt;0.16 per 1000 bed days)</p> <p>Line infections (both peripheral &amp; central) have been identified as major causes of both MRSA &amp; MSSA blood stream infections at GUH. There were no CVC-associated Staph aureus bloodstream infections in GUH in January 2015. There was 1 PVC-associated Staph aureus bloodstream infections in GUH in January 2015. <b>January 2015 0.10%</b></p>	<p><b>Bed Days Lost</b></p> <p><b>Current</b> 489 <b>Trend: v Previous Month</b> ↑</p> <p><b>Current Value</b> 489 <b>Trend: v Previous Month</b> ↑</p> <p>Target: To be updated</p> <p>This figure is now sourced via the BLU on-line report. <b>January 2015 593</b></p>
<p><b>Financial Position</b></p> <p><b>Current</b> -3.22% <b>Trend: v Previous Month</b> ↑</p> <p><b>Current Value</b> -3.22% <b>Trend: v Previous Month</b> ↑</p> <p>Target: To deliver financial breakeven across December 2013</p> <p>Up until February 2015, the KPI figure was based on our Actual YTD expenditure against a target YTD figure. From February 2015, this figure will be reported based on Actual YTD v's Budget 2015 YTD. <b>January 2015 -6.22%</b></p>	<p><b>Staffing WTE variance from Staff Ceiling</b></p> <p><b>Current</b> 3,173.02 <b>Trend: v Previous Month</b> ↑</p> <p><b>Current Value</b> 3,173.02 <b>Trend: v Previous Month</b> ↑</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. <b>January 2015 ceiling: 3,171 January 2015 WTE: 3,149.05</b></p>	<p><b>Absenteeism</b></p> <p><b>Current</b> 4.25% <b>Trend: v Previous Month</b> ↑</p> <p><b>Current Value</b> 4.25% <b>Trend: v Previous Month</b> ↑</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. <b>January 2015: 3.67%</b> Based on NEMU figures</p>





## In Other News ...

From left to right:

Rosaleen White, Noreen Burns, Marion Ryder, Tim Magee, Eileen Carolan, Mr Nash Patil, Grainne McCann, Karen Reynolds, Alison Smith, Fidelma Kerins and Jo Shortt.

## Sligo Regional Hospital wins in three categories at the National Healthcare Awards including the prestigious 'Public Hospital of the Year' Award

Two other Sligo Regional Hospital projects also won in their respective categories. These included:

- Improvements in Pre Admission Clinic.
- Changing the face of post operative Ophthalmology procedures through best use of technology.

A big Congratulations from all across Saolta University Healthcare Group. Well done to all staff involved in these patient focussed quality improvement initiatives. A great accolade.



Ms Grainne Mc Cann accepting the 'Public Hospital of the Year Award'

## HRB CRF Galway - National and Global Research Leaders

Since launching in March 2008 the Health Research Board Clinical Research Facility, Galway (HRB CRFG), a joint venture between Galway University Hospitals (GUH) and NUI Galway, has been in operation providing infrastructure, physical space, facilities, and expertise embedded in a research culture that optimally supports patient-centred research and all-phase clinical trial studies on a broad range of diseases. Integral to this work is the translation of knowledge from bench-to bedside and community practices in seeking cost-effective, regulatory-approved advancements in patient care, as speedily as possible.

In May 2015, a new state-of-the-art building located on the grounds of University College Hospital Galway will become home to a combined HRB CRFG and Translational Research Facility (TRF). In the meantime, research continues at GUH, off-site partner locations, and in the Geata an Eolais offices.

### CARDIOVASCULAR STUDY TEAM LEAD RECRUITMENT WITH NEW TREATMENT FOR HIGH CHOLESTEROL

Innovative studies in the cardiovascular field are currently being conducted on-site pioneering a new class of drug to significantly lower LDL cholesterol, with results showing to benefit in excess of those achieved with standard drug treatments shown with the use of statin treatments. Building on proven results and previously successful clinical trials, the HRB CRFG through its participation in Amgen PROFICIO, a Phase 3 clinical trial programme of Evolocumab, aims to progress even further the promise of this new drug class treatment for lowering cholesterol. The HRB CRFG is conducting two of the PROFICIO Phase 3 clinical trial studies to advance long-term drug safety and efficacy in the area of cardiovascular health. One of these such studies, is the FOURIER (Further Cardiovascular Outcomes Research with PCSK9 Inhibition in Subjects with Elevated Risk) study which aims to identify whether treatment with Evolocumab in combination with statin therapy compared to placebo and statin therapy reduces recurrent cardiovascular events in approximately 22,500 patients with cardiovascular disease. Another study titled GLAGOV (GLObal Assessment of Plaque ReGression with a PCSK9 AntiboDy as Measured by IntraVascular Ultrasound), aims to determine the effect of Evolocumab on coronary atherosclerosis in approximately 950 patients undergoing cardiac catheterization.



L-R: Prof. Martin O' Donnell, Dr. Pat Nash, Elaine Faulkner, RGN, Dr. Briain MacNeill

Through the demonstrable expertise of these studies Principal Investigator's Professor Martin O'Donnell, Dr. Briain Mac Neill, Dr. Pat Nash and their collaborations with research support teams from the HRB CRFG, Galway and the West of Ireland is poised to conduct further world-class clinical research. The HRB CRFG's success to date is evident in its research portfolio, acquiring extremely competitive funding awards, and in its ability to reach top national recruiter status for numerous studies.

### HRB CRFG RECRUITS WORLD'S FIRST PARTICIPANT TO RESPIRATORY STUDY

The HRB CRFG was the first site globally to recruit a patient to the prospective study titled RejuvenAir™ and continues to lead on recruitment figures globally. In August 2014, the RejuvenAir study commenced in Ireland under the expert leadership of Principal Investigator Dr. David Breen, Respiratory Consultant UHG and Co-Investigator Dr. Mark daCosta, Cardiothoracic Consultant UHG, with support from a HRB CRFG clinical research team. The RejuvenAir™ study centres on assessing the safety and efficacy of its unique radial spray cryotherapy system, administered in a population of eligible patients scheduled to undergo a planned lobectomy or pneumonectomy and have provided

fully informed consent to participate in the study. The system consists of a uniquely designed bronchial radial spray catheter and a liquid nitrogen delivery console implemented with the ability to deliver a specified dose of medical grade liquid nitrogen. The treatment allows for the application of liquid nitrogen in order to instantly flash freeze tissue, affording the destruction of problematic cellular tissue without scar tissue formation. If initial study data shows promising results, the aim is to conduct a larger clinical trial for further safety and efficacy analysis.

**For further information on the above or the HRB CRFG, please contact: +353(0)91 495964;**

**Email: [crfg@nuigalway.ie](mailto:crfg@nuigalway.ie)**



L-R: Howard Foye, RGN, Dr. David Breen, Caroline Kelly, RGN

## Transition Year students experience life as a junior doctor at the Saolta Simulation Centre



**After the success of the inaugural SIMMed School in 2014, over 30 transition year (TY) students from across the West of Ireland attended the Saolta Simulation Centre at University Hospital Galway on Monday 23th March 2015 to experience what it is like to be a junior doctor.**

SIMMed School is a programme developed at Saolta University Health Care Group for transition year students with an interest in pursuing a career in medicine. It is designed to immerse the student into the world of a junior doctor, managing acute medical emergency scenarios, performing procedures, communicating with relatives and staff, while working as part of a multidisciplinary team in a simulated environment.

The programme is delivered by a team of medical experts including doctors, nurses, emergency medicine technicians and allied health professionals, who recreate the hospital environment for the students with the help of a team of simulator technicians. The students play the role of a junior doctor and oversee the care of the simulated patient known as 'Simman'. This is a fully responsive manikin who talks and responds to treatments. During every simulation, Simman is unwell and the students must diagnose and treat him. They work in a team and develop both their technical and non-technical skills such as communication, leadership, situation awareness and decision-making.

The students perform technical skills using high tech simulators that look and feel like any human being. The skills demonstrated and taught include taking blood, connecting drips, passing a urinary catheter, applying a plaster cast and learning to suture wounds.

SIMMed School is the brainchild of Dr. Dara Byrne, the Director of Simulation and Intern Co-ordinator for the Saolta Hospital Group. Speaking at the event, she said "This is a first of its kind programme for transition year students in the West of Ireland. It is a fully immersive experience for students with an interest in a career in medicine. They experience first-hand what it is like to work as a junior doctor. They embrace the challenge and learn the importance of being both technically skilled and a good communicator."

## Healthy Ireland Implementation Group – Roscommon Hospital



2015 has been a great start for the Health & Wellbeing of staff in Roscommon Hospital (RH). In January, RTE commenced advertising Operation Transformation start date. Staff enquired “is the Canteen Menu Choices going to change for the 8 weeks duration of Operation Transformation”.

As part of our commitment to staff & visitors we ran a Health Initiative alongside RTE Operation Transformation which commenced the 6th of January and ran until the 7th of March.

Each day in our Hospital Canteen we provided an Operation Transformation Hot Meal Option. Our meals were developed to provide a similar Nutritional profile to the RTE Operation Transformation Recipes. Our Daily Options were clearly highlighted which included a calorie count on our Menu’s, helping staff and visitors to make a Healthier Choice.

Menu’s were researched and chosen from the Operation Transformation website and our Kitchen Team, lead by Catering Manager Patricia Rogers (pictured) created every meal from scratch, paying particular attention to providing a higher quality food with more taste, less calories, and appealing to the eye.

Creating a Healthy Environment can have many benefits for staff and employers in addition to the nutritional, health and environmental benefits e.g.: less absenteeism, increased productivity, better employee morale, motivation, healthier, happy workforce, and a more visible nutrition education.

Our initiative has been fully supported and enjoyed by staff and visitors alike.

Healthy eating habits are an individual’s own choice but providing a food environment with healthy selections can encourage staff and visitors to make that choice.

Presently our food policy is focused on patient nutrition and providing patients with the food they need to help them recover whilst giving them plenty of choice.

The operation transformation hot meal option was so successful that it has been maintained as part of the daily menu choice for the staff and visitors in Roscommon Hospital. Our focus going forward is to develop our food policy to promote healthier eating choices for our patients.



Another initiative for the hospital was Daffodil Day, which was held in Roscommon Hospital on the 27th March 2015. The day was a great success where staff brought in fresh daffodils from home and they were sold for the charity. The day highlighted the generosity of the staff & visitors in Roscommon Hospital. The sales of daffodils came to a grand total of €450.00, a great achievement. Tina Vaughan, Assistant Director of Nursing, (Pictured).

## Tommie Mellet, Senior Phlebotomist

### UNsung HERO CEO AWARDS 2014

Tommie Mellett, Senior Phlebotomist, Galway University Hospital won the Unsung Hero CEO Award joined GUH Phlebotomy department in 2000 and was promoted to the senior post in 2001.

He and his team of 23 phlebotomists provide a service to all wards and clinics across both hospital sites. He's played a pivotal role in supporting and helping to develop the needs of the oncology services who present with difficulties in venous access.

Through his stellar interpersonal skills he continually supports his staff in managing their workload and in building a strong team. He has a strong, professional, caring, supportive, kindly relationship with all patients but in particular patients who present frequently. Sincere Congratulations to Tommie and many thanks for your outstanding work.



Tommy Mellett with his wife Angela Mellett with the award

## Prof. Sherif Sultan awarded title of Doctor Honoris Causa at University in Romania



**Prof. Sherif Sultan, Vascular Surgeon at Galway University Hospitals, was recently honored with title of "Doctor Honoris Causa" at the Lucian Blaga University of Sibiu (ULBS) in Romania.**

A special ceremony took place on the 24th March 2015 to mark the occasion at Aula Magna Library ULBS. During the ceremony tributes were paid to his achievements in

the areas of clinical, research, teaching and innovation, in the presence of ministers, dignitaries, teachers, doctors and students. This is one of the most prestigious honors given by the University and has only been awarded to five other dignitaries in the past.

Over the past 2 years, Prof. Sultan has travelled to Romania on three separate occasions to perform complex thoracoabdominal repairs on eight patients and has supported the establishment of the cardiovascular clinical programme at University affiliated Polissano Clinic in Sibiu, Romania. Prof. Sultan has also been instrumental in securing Erasmus + funding for an international summer school for medical students, in a collaboration between ULBS, National University of Ireland Galway (NUIG) and Lund University. The summer school programme, entitled "Saving Hearts" will be hosted during the summer months in Sibiu with faculty participation from NUIG, ULBS and Lund University. Student groups from Galway, Romania, Sweden and Egypt will participate in practical and didactic cardiovascular teaching modules and participate in a variety of extracurricular activities in Transylvania, beginning in July 2015.

During the ceremony, the Professor of surgery at ULBS, Prof Dan Sabau acknowledged Prof. Sultan's achievements.



## 10th Annual Teddy Bear Hospital Presentation to Paediatric Department UHG

**The Paediatric department at University Hospital Galway were presented on the 23rd of April with a cheque for €3,000 from the Sláinte Society at NUI Galway, who organise the annual 'Teddy Bear Hospital' which took place in NUI Galway on the 22nd and 23rd of January 2015.**

NUI Galway's first Teddy Bear Hospital was first organised by medical students of NUI Galway in January 2006. Over the years, Teddy Bear Hospital has grown and this year has been one of their biggest event yet with over 1,500 children in attendance. The fun-filled event is one of the highlights of the society's annual calendar by both the children and the volunteers.

The Teddy Bear Hospital's aim is to create a fun and trustworthy environment where children can become familiar with the medical environment and comfortable interacting with healthcare providers. Their goal is to ease the anxiety and fear that many children feel when visiting the doctor or hospital. The event also provides a great opportunity for medical and nursing students to improve their paediatric skills.

During the two days in January of this year, teddy bears from over 22 schools in the west of Ireland were given a full check-up. The children and their bears first arrived at the 'waiting room' area, where they were greeted by jugglers and face painters. The children were then seen by the teddy doctors and nurses, who assess the hundreds of teddy bears with their young owners. All the essential treatments and devices were on hand for any sick teddies, such as stethoscopes, mini MRI scanners and X-ray machines. Speaking at the cheque presentation, second year medical Student Katie Lynam said that "We are delighted to present this cheque on behalf of Slainte Society at NUI Galway. Thanks to our generous Teddy Bear Hospital sponsors and a hugely successful student fundraiser, we decided to continue to support the children of Galway by donating to the Paediatric

unit at UHG." At the presentation, GUH Clinical Nurse Manager Amanda Peoples expressed her gratitude on behalf of her colleagues and management at University Hospital Galway to all involved and the fantastic work carried out by the students of NUI Galway who put this event together every year.

Pictured in the Photographs below:  
Mujtaba Muhammad Naseem and her son  
Katie Lynam (Sláinte Society NUI Galway)  
Fiona Mulligan (Sláinte Society NUI Galway)  
Amanda Peoples (Clinical Nurse Manager Paeds UHG)  
Dr. Charlie Cox (SHO Paeds)





Back Row, L-R Jan Pady (Allocate Software), Brian Lynch (ERPS Manager), Janet Doherty (HR Manager), Anne Mulhern (CNM), Deirdre Keown (eRostering System Administrator), Anne Gallen (Director NMPDU), Brenda Erskine (PPARS), Sinead Fisher (CNM3), Geraldine Gallagher (Bank Nurse Co-Ordinator), Dorothy Robinson (PPARS), Dean Vincent (Allocate Software), Breeda McCollum (S/N), Francesca Peoples (HCA), Evelyn Smith (ADoN/SM), Front Row: Michelle Donnelly (eRostering Project Manager), Maura Hickey (IRO INMO), Dr Anne Flood (Director of Nursing), Gareth Rowley (Allocate Software), Phillipa Ryan-Witheroe (Dept. of Health)

## LGH celebrates launch of first eRostering system for Staff

The eRoster Project was officially launched on 30th April 2015 at Letterkenny General Hospital. We are pleased to announce that following a national procurement process, a contract for supply, installation and maintenance of eRostering software has been awarded to Allocate.

This launch is a milestone following the commitment from the ONMSD and the Donegal Steering Group who have made the vision of eRostering a reality for the HSE.

The Project Team will report to the established Governance Group at Letterkenny General Hospital chaired by Dr. Anne Flood, representative of Executive Sponsor.

The e-Rostering system provides information on ward staffing levels, skill mix and patient acuity, which enables the manager to make informed decisions and balance the needs of the employee to the needs of the service.

By minimizing risk and maximising quality of care and patient safety, eRostering supports nurse managers with the tools and information necessary to have the right numbers of staff, in the right place at the right time to deliver quality service.

eRostering Project Manager Michelle Donnelly and System Administrator Deirdre Keown are delighted to see the Project Launch for Nursing Services at Letterkenny General Hospital, with 5 deliverable work packages; that includes HealthRoster, Bank Module, SafeCare, RosterPerform and Interface developments.



Gareth Rowley, (Allocate Software), Dr. Anne Flood (Director of Nursing), Jan Pady (Allocate Software), Deirdre Keown (eRostering Systems Administrator), Michelle Donnelly (eRostering Project Manager), Seated Dean Vincent (Allocate Software)

The eRoster Hub is situated on Floor B of Letterkenny General Hospital and will facilitate the roll out of eRoster training to approx 860 nursing staff.

Any enquiries regarding the eRoster Project can be emailed to [eRostersupport.LGH@hse.ie](mailto:eRostersupport.LGH@hse.ie)

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