REGIONAL HEALTH FORUM WEST
22ND MAY 2012

QUESTIONS AND RESPONSES

NUMBER	QUESTION	RAISED BY
W39Q930	I will ask at the next meeting for a break down in percentages the number of absentees in each area of the work force, i.e. administration, porters, nursing, cleaning, kitchen, health care assistants, management, etc.	**Cllr Damien Riedy**

HSE Reply

The attached Table details absenteeism %, by staff category, for HSE Area West with a further breakdown of the geographical areas

Attendance Management Analysis

	Medical/Dental	Nursing	Health & Social Care Professionals	Management Admin	General Support Services	Other Patient & Client Care	Total
HSE WEST	**1.59%**	**6.16%**	**5.68%**	**5.55%**	**6.24%**	**5.94%**	**5.52%**
North West	**1.14%**	**5.40%**	**3.53%**	**6.32%**	**6.42%**	**6.25%**	**5.46%**
Mid West	**2.77%**	**6.46%**	**4.98%**	**5.41%**	**5.51%**	**6.24%**	**5.93%**
Western	**1.20%**	**5.76%**	**3.86%**	**5.91%**	**4.10%**	**5.19%**	**4.89%**

Attendance management is continuing to receive priority attention by the Area Task Force working closely with I Services Management.

Francis Rogers, Asst. National Director, Human Resources

W39Q931	Further to Dr Nash's presentation in Roscommon where he stated that the appropriate treatment for a heart attack was to transport a patient to Galway within 90 mins of them getting the heart attack, and in view of what Paudie O'Riordan said at our last meeting on 24th April 2012 "That it was not possible for an ambulance to respond to a call in 8 minutes because of the terrain in the West of Ireland." Patients who live in Roscommon, Strokestown and Elphin cannot be transported to Galway within 90 minutes. What is the recommended treatment for those patients?	**Cllr Paula McNamara**

HSE Reply

HIQA has set an 8 minute response time as the timeframe for the Ambulance Service or a First Responder to attend to an individual who has had a cardiac arrest, i.e. where the person's heart has stopped and we need to initiate CPR and shock the patient, in as short a timeframe as possible.

This 8 minute timeframe will always be a challenge to the Ambulance Service, however in our efforts to work towards achieving it, we are presently working to build and integrate the First Responder Groups in the country into the ambulance service alert system.

Following international best practice, Acute Coronary Syndrome Project Manager Prof Kieran Daly, has set a 90 minute timeframe in a situation where an individual is suffering from chest pain and following ECG monitoring may be referred to a Cardiac Centre. Not all chest pains will require transfer. Paramedics are trained to interpret the ECG and if necessary it can be transmitted to the cardiac unit. In certain cases depending on the nature of the cardiac condition it is best to send a patient directly to the cardiac unit for procedure, if within a 90 minute timeframe.

If the patient meets the defined criteria and cannot be transferred to a cardiac unit within the 90 minute timeframe, the patient will be transferred to the nearest appropriate ED, for thrombolysis and then on to the cardiac unit for treatment.

Paudie O'Riordan, Area Operations Manager West, National Ambulance Service

W39Q932	What decision has Mr Maher made on the discharge of patients in the early hours of the morning from Portiuncula Hospital?	**Cllr Paula McNamara**

HSE Reply
Once a patient's episode of care is completed in the Emergency Department patients are discharged from the Emergency Department. When any patient is being discharged home from the ED staff ensure a safe means of transport home for patients. This is why family or friends are contacted in the first instance to bring patients home. In the event of nobody being available, it is not uncommon for patients to take a taxi home, particularly during the night.
There is no transport service available for returning patients home from ED and therefore patients who are discharged home from the ED have to rely on family, friends or make alternative arrangements. It is not possible to allow patients wait in the Emergency Department once their episode of care is completed as this would lead to overcrowding and as a consequence it is not possible to allow patients wait in the Emergency Department overnight until the morning.
Chris Kane, General Manager, Portiuncula Hospital

W39Q933	Where will the new endoscopy suite be situated in Roscommon Hospital and how much do you expect it will cost if there has to be a new build?	**Cllr Paula McNamara**

HSE Reply
HSE West Estates & Roscommon Hospital are not in a position to provide a confirmed Programme for the Endoscopy Suite as yet. The Hospital is currently concluding the brief and a Programme for the project will then issue.
Elaine Prendergast, GM, Roscommon Hospital

W39Q934	Is there a proposal to rotate the surgeons in the hospital grouping's (Roscommon, U.C.H.G. and Portiuncula) to retain their skills?	**Cllr Paula McNamara**

HSE Reply
The group will facilitate the maintenance of professional competence by all doctors, as required by the Medical Council under the published rules for professional competence http://medicalcouncil.ie/Information-for-Doctors/Professional-Competence/Professional-Competence-.html

Surgeons are already practicing in multiple sites across the Galway Roscommon University Hospital group and this type of activity is increasing. Competence is being facilitated through multidisciplinary meetings and clinical teaching sessions such as surgical grand rounds and journal clubs.
Bill Maher, CEO, Galway Roscommon Hospital Group

W39Q935	The Current Update on Day Care Centre at Borrisokane, North Tipperary	**Cllr John Carroll**

HSE Reply
The HSE hopes to commence construction this summer with a 12 month build time.
Bernard Gloster, Area Manager, Mid West PCCC

W39Q936	Details of Closure Date for the ICU / Coronary Care Unit at Nenagh Hospital.	**Cllr John Carroll**

HSE Reply
The Intensive Care Unit in Nenagh has been closed since 2009.
Ann Doherty, CEO, Mid Western Hospital Group

W39Q937	Refer to the recent purchase by the HSE of Council car park at Tyone, Nenagh, date for resurfacing works on Car Park, will charges apply for Car Parking, are there exemptions for Mass Goers to St. John's Church & the Nenagh Olympic Club?	**Cllr John Carroll**

HSE Reply

The purchase of the car park adjacent to the Health Centre at Tyone, Nenagh and the General Hospital is to ensure greater capacity for the health services into the future. The appropriate resurfacing will benefit all users. Further decisions will be required regarding the boundary type of the car park. The purchase is unencumbered however the HSE notes and is sensitive to current users including the Church attendees.

Bernard Gloster, Area Manager, Mid West PCCC

W39Q938	What is the current validated outpatients waiting lists for UHG / Merlin Park and the length of time waiting across all departments?	**Cllr Padraig Conneely**

HSE Reply

OPD waiting lists are currently validated as patients are called to each clinic

Data from 8th May for GUH (including MPUH)

Specialty	Total	(Years)
ANAESTHETICS	501	2.2
CARDIOLOGY	524	0.9
CLINICAL PHARMACOLOGY	23	0.2
DERMATOLOGY	2509	3.1
EAR NOSE & THROAT	5562	4.1
GERIATRIC MEDICINE	99	1.3
GYNAECOLOGY	1453	2.0
HAEMATOLOGY	200	2.2
IMMUNOLOGY	301	1.6
MAXILLOFACIAL SURGERY	1697	2.7
MEDICAL	1772	3.2
NEPHROLOGY	545	5.6
NEUROLOGY	1298	4.0
OBSTETRICS	113	0.1
OPHTHALMOLOGY	1976	3.3
ORTHOPAEDICS	7795	6.3
PAEDIATRICS	423	0.8
PLASTIC	3054	4.3
RESPIRATORY	117	2.3
RHEUMATOLOGY	1531	3.4
SURGERY	2733	3.3
UROLOGY	4102	5.3
VASCULAR	1953	4.2
Total	**40281**	

Bill Maher, CEO, Galway Roscommon Hospital Group

W39Q939	Has the Task Force on Absenteeism conducted a Return to Work discussion and reviews with those on 'Phone in Sick Leave' and how many employees were involved in UHG/Merlin Park and what is the Absenteeism figure for April for UHG/Merlin Park?	**Cllr Padraig Conneely**

HSE Reply The return-to-work discussions are carried out following each absence due to illness. The meeting is conducted as soon as possible on the employee's first day back to work. An accurate record of the discussion is held by the local Manager detailing date, time and content of the discussion using specifically designed forms as provided for in the HSE Managing Attendance Policy. Individual leave cards are completed by both the employee and the line manager with the return to work date entered. The absenteeism figure for April in respect of Galway University Hospitals is 4.45%. *Bill Maher, CEO, Galway Roscommon Hospital Group*		
W39Q940	Are all Theatres in UHG/Merlin Park fully operational and fully staffed?	**Cllr Padraig Conneely**
HSE Reply There are a total of 19 Theatres in GUH: 17 in UHG and 2 in MPUH There is 1 Theatre closed in UHG on a rolling basis and in MPUH one of the theatres is open 2 days a week. We are actively recruiting nursing theatre staff to allow us to maximise the use of the theatres. *Bill Maher, CEO, Galway Roscommon Hospital Group*		
W39Q941	Will there be any Theatre or Ward Closures in UHG/Merlin Park during Summer Months?	**Cllr Padraig Conneely**
HSE Reply There are no planned closures for GUH over the Summer Months. *Bill Maher, CEO, Galway Roscommon Hospital Group*		
W39Q942	What is the normal waiting time for a parent or guardian before they are granted a medical card for a new born?	**Cllr Austin Francis O'Malley**
HSE Reply There should be no waiting time for a parent or guardian to have a medical card granted for a new baby. The parent/s just need to send in the babies details, including his/her PPSN along with their own medical card details, to the central office. In addition a GP can now add a medical card directly to their panel in circumstances where they are satisfied that the new baby has been born into a family who already have medical card eligibility, and are on their panel, and where the baby is less than 12 months old. *Patrick Burke, Primary Care Reimbursement Service*		
W39Q943	Will Mayo General Hospital be down graded in the near future as cllr Michael Killcoyne has claimed and if so why have I as chair off the Hospital committee not been informed about the issue?	**Cllr Austin Francis O'Malley**
HSE Reply A process has begun towards the establishment of hospital groups with a single consolidated management team with responsibility for performance and outcomes within a defined budget and employment ceiling for each hospital group. This will bring level 2, 3 and 4 hospitals together both administratively and clinically. Preliminary work has been undertaken on the development of criteria to determine the most appropriate groups of hospitals, bearing in mind the linkages required to deal with, for example, access to complex care, academic centres, geographic and demographic considerations. Also relevant to the development of these criteria are existing clinical links, consultant contracts and ICT systems. No decision has been taken yet in relation to what hospital group Mayo General Hospital Castlebar will belong. The final decision on potential Groups will be a matter for the Government to decide.		
W39Q944	I call on the HSE West to confirm what progress has been made with the commissioning of; and the planned opening date for the new extension at the Mid West Regional Hospital Ennis.	**Cllr Tom McNamara**

HSE Reply		
The commissioning and equipping of the new unit is ongoing. As of yet, delivery dates are not confirmed for all items of equipment and therefore an opening date cannot be confirmed. It is anticipated that the unit will be open in the next four to five weeks. *Ann Doherty, CEO, Mid Western Hospital Group*		
W39Q945	When is it planned to commence colorectal screening under the National Colorectal Screening Programme in the Endoscopy unit at the Mid West Regional Hospital Ennis.	**Cllr Tom McNamara**

HSE Reply

Ennis has not yet been awarded full Colorectal Screening status. This is the same for all candidate screening centres in the country currently. The awarding of full screening status by the National Cancer Control Programme will dictate when the screening will be rolled out.

Ann Doherty, CEO, Mid Western Hospital Group

W39Q946	I call on the HSE West to outline the annual number of day activities by speciality ie - General Surgery, Ear Nose and Throat, Maxillo-facial, Gynaecology, Orthopaedic, Paediatric, Urology, Vascular,and Colorectal surgery for the calendar year 2008 and compare them with the annual number of the same procedures for calendar year 2011 at Limerick Regional Hospital, Croom orthopaedic Hospital, St. Johns Hospital Limerick, Nenagh General Hospital and Regional Hospital Ennis.	**Cllr Tom McNamara**

HSE Reply

Mid Western Regional Hospitals Group (Limerick, Croom, Ennis and Nenagh)

		Discharge Year		Diff	%
Hospital Name	Specialty	2008	2011	3.00	0.15%
Dooradoyle	Cardiology	1009.00	1053.00	44.00	4.36%
	Dentistry	427.00	203.00	-224.00	-52.46%
	Dermatology	12.00	0.00	-12.00	
	E.N.T.	1715.00	1879.00	164.00	9.56%
	Gastro Intestinal	311.00	306.00	-5.00	-1.61%
	General Medicine	2541.00	1482.00	-1059.00	
	General Surgery	3115.00	2416.00	-699.00	-22.44%
	Geriatric Medicine	21.00	5.00	-16.00	-76.19%
	Gynaecology	420.00	229.00	-191.00	-45.48%
	Haematology	1552.00	2148.00	596.00	
	Maxillo-Facial Surgery	883.00	1281.00	398.00	45.07%
	Neurology	31.00	0.00	-31.00	
	Oncology	3163.00	3266.00	103.00	3.26%
	Ophthalmology	2347.00	3227.00	880.00	37.49%
	Orthopaedics	82.00	29.00	-53.00	
	Paediatrics	604.00	696.00	92.00	
	Renal	1.00	2.00	1.00	
	Respiratory Medicine	14.00	286.00	272.00	1942.86%
	Rheumatology	3.00	0.00	-3.00	
	Urology	1038.00	745.00	-293.00	-28.23%
	Vascular	36.00	11.00	-25.00	-69.44%
Dooradoyle Total		19325.00	19264.00	-61.00	-

					0.32%
Croom	Anaesthetics	910.00	871.00	-39.00	
	Orthopaedics	1388.00	1162.00	-226.00	-16.28%
	Rheumatology	327.00	748.00	421.00	128.75%
Croom Total		**2625.00**	**2781.00**	**156.00**	**5.94%**
Ennis	Cardiology	0.00	72.00	72.00	
	Dentistry	349.00	446.00	97.00	27.79%
	Gastroenterology	0.00	143.00	143.00	
	Geriatrics	0.00	3.00	3.00	
	Gynaecology	48.00	69.00	21.00	43.75%
	Maxillo-Facial Surgery	0.00	119.00	119.00	
	Medical	202.00	130.00	-72.00	-35.64%
	Plastic Surgery	0.00	228.00	228.00	
	Surgical	1382.00	1208.00	-174.00	-12.59%
	Urology	69.00	342.00	273.00	395.65%
	Vascular Surgery	28.00	140.00	112.00	400.00%
Ennis Total		**2078.00**	**2900.00**	**822.00**	**39.56%**
Nenagh	Dentistry	190.00	600.00	410.00	215.79%
	Gastro Intestinal	0.00	21.00	21.00	
	Gynaecology	0.00	38.00	38.00	
	Maxillo-Facial Surgery	0.00	106.00	106.00	
	Medical	1080.00	1448.00	368.00	34.07%
	Orthopaedics	0.00	248.00	248.00	
	Surgical	1681.00	1716.00	35.00	2.08%
	Urology	445.00	605.00	160.00	35.96%
	Vascular Surgery	0.00	106.00	106.00	
Nenagh Total		**3396.00**	**4888.00**	**1492.00**	**43.93%**
Grand Total		**27424.00**	**29833.00**	**2409.00**	**8.78%**

St Johns Hospital, Limerick

Day Case Procedures at St Johns Hospital Limerick	2008	2011	+(-)	% +(-)
General Surgery	1,622	1,905	283	17.45%
ENT	0	0		
Maxillo-Facial	231	131	-100	-43.29%
Gynaecology	799	833	34	4.26%
Orthopaedic	0	0		
Urology	0	0		
Vascular	0	0		
Colorectal Surgery	0	0		
Sub-Total	**2,652**	**2,869**	**217**	**8.18%**
Pain Management	785	849	64	8.15%
Gastroenterology	744	886	142	19.09%
General Medicine	2,948	4,032	1,084	36.77%
Sub-Total	**4,477**	**5,767**	**1,290**	**28.81%**
Total	**7,129**	**8,636**	**1,507**	**21.14%**

Day Case Activity 2008 v 2011 Ennis, Nenagh, Croom and Dooradoyle Hospitals					
		Discharge_Year		Diff	%
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Ann Doherty, CEO, Mid Western Hospital Group

W39Q947	Is the HSE in a position to provide any information regarding the provision of a Primary Care Service at Monksland, Athlone, Co Roscommon? What type of services will be provided and how many staff will be employed at the centre?	Cllr Tony Ward

HSE Reply

The Monksland Primary Care Centre project is due to be completed in May 2012. There will then be approximately a six week period when IT/Phone systems and general equipping takes place. We anticipate opening the new premises in late June. Services to be provided at the centre will include:

- PHN
- Physio
- OT
- Speech and Language Therapy
- Social Work
- Home Management

The following services will be available on a visiting basis, Psychology, Early Intervention and Home Help. There will be rooms available for mental health clinics on a bookable basis. GP's from Monksland Medical Centre will also be based in the building. It is anticipated that, initially, 14 staff will be employed at the Centre. We are reconfiguring services and it may be that this number will rise in the future.

Catherine Cunningham, Area Manager, Galway Roscommon PCCC

W39Q948	Can the HSE Executive inform the meeting as to how many children are currently on the waiting list in both the South Roscommon area and the rest of County Roscommon for an appointment with an occupational therapist and a speech therapist?	Cllr Tony Ward

HSE Reply

In relation to Occupational Therapy waiting lists for South Roscommon Network (Monksland, Ballydangan and Roscommon Town) the following is the response:

The waiting list for South County Roscommon is 36 and the waiting list for the rest of the county is 62 with the total waiting list being 98. The waiting times are now under 18 months. Children with moving and handling, pressure care or equipment needs are prioritised and offered an appointment within two weeks.

In relation to Speech and Language Therapy waiting lists for South Roscommon Network the following is the response:

There are 148 clients who are waiting for therapy in the Southern Network which includes Monksland, Ballydangan and Roscommon town. There are 163 clients who are waiting for therapy in the Northern Network which would cover the rest of the County, giving a total of 311. The waiting times are now under 12 months for 90% of clients who are assessed and prioritised on the basis of need.

Catherine Cunningham, Area Manager, Galway Roscommon PCCC

W39Q949	As per my Motion at the HSE meeting last September regarding the provision of an air ambulance service for patients of County Roscommon and surrounding areas, can the HSE Executive inform the meeting as to what progress has been made to date and when will this service commence?	Cllr Tony Ward

HSE Reply

The Minister for Health, Dr James Reilly TD & the Minister for Justice, Equality & Defence, Mr. Alan Shatter, TD announced the launch of the Emergency Aeromedical Service (EAS) yesterday May 21st. The full text of the Department of Health Press Release is below:

> The Minister for Health, Dr James Reilly TD, and the Minister for Justice, Equality and Defence Mr Alan Shatter TD, have today, Monday 21st May 2012, announced the launch of a 12 month pilot project which will see the Air Corps provide dedicated aeromedical support to the HSE National Ambulance Service (NAS).
>
> The pilot Emergency Aeromedical Service, which will have a particular focus on the west of Ireland, will begin on Monday 4 June, from Custume Barracks, Athlone. The Air Corps are providing an EC135 helicopter and personnel to fly and maintain the craft. The National Ambulance Service will be responsible for patient care, which will be provided by National Ambulance Service Advanced Paramedics.
>
> The Ministers said that the pilot service will allow the HSE to determine the extent and type of dedicated aeromedical support needed for the emergency ambulance service in the region in the longer term.
>
> Speaking at the launch, Minister Reilly mentioned the relatively short time frame involved in establishing the pilot programme. Speaking of his officials, the HSE staff and their counterparts in Defence and the Air Corps, he said "I am delighted to see the results of all that hard work and co-operation, along with all the planning and training at operational level that has brought us to this point. It is very satisfying to see such an ambitious project come to fruition in such a short time. The initiative is expected to be of invaluable assistance to the National Ambulance Service and will be of real benefit to patient safety."
>
> Minister Shatter also paid tribute to the cooperation between the various officials when he said "Today's announcement of this pilot service to operate out of Athlone is a real example of how otherwise disparate State agencies can maximise existing resources to improve public services".
>
> Both Ministers agreed that the pilot service will be a useful indicator for the future need for the service. Minister Reilly said "The pilot will give us the information to see what type of service will best support the people and the Ambulance Service in the region and how we can, realistically, improve response and transit times for seriously ill people, thus improving outcomes for seriously ill people.
>
> Mister Shatter spoke of the Air Corps involvement when he said "While there is an existing agreement already in place providing for inter-hospital helicopter transfer, I believe that the Air Corps' involvement in this pilot service will help for the HSE to determine the level of need that exists amongst sections of the population, primarily in the west of Ireland, who require rapid transfer to an appropriate facility within a limited timeframe".
>
> ENDS
>
> **Note for Editors**
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> The Eurocopter EC-135 helicopter is classified as a light utility, performance Class 1 helicopter and is the appropriate platform for air ambulance given its size and weight. It also has a very low noise signature so is widely used in built up areas. In addition to this it can be primed for a quick start-up to

get airborne immediately for time critical missions.

For this reason it is the most widely used air ambulance helicopter operating in this role in a number of countries worldwide.

W39Q950	To ask what steps are being taken by management at Sligo General Hospital to address the bed shortage in the hospital and if consideration has been given to reopening wards.	**Cllr Sean MacManus**

HSE Reply

The hospital has been under pressure in the first quarter of 2012 with a significant increase in ED presentations and the consequential demand on beds, specifically acute medical beds. The hospital has an escalation plan in place that mitigates these pressures when they arise. This has a number of phases ultimately leading to additional temporary beds being placed on wards to alleviate pressure on the ED. In addition elective work is reduced during periods of significant pressures on ED. Clearly this step needs to taken in a measured way to ensure that the hospital also meets its waiting targets for in-patient and day case procedures.

Sligo Regional Hospital currently has 62 beds closed and this can cause pressures during periods of high demand such as those currently being experienced in the early part of this year.

Sligo Regional Hospital had to temporarily close a ward in the early part of this year due to staffing pressures, in order to ensure that other wards were appropriately staffed. Five of these beds will be re-introduced at the end of June when some infrastructure work is completed in the hospital. The focus has been on managing the demand while improving the discharge planning process and ensuring the provision of appropriate services to discharged patients in the community to enable speedier discharge and reduce re-admissions.

The hospital is also engaging with the national Acute Medicine Programme to determine the required number of beds for our population. Each hospital is implementing the Acute Medicine Programme model of care, one aspect of which is defining clearly the optimum number of acute medicine beds for each hospital.

Ultimately a key part of the solution is looking at the patient pathway from home, through hospital and ideally back to the community. This requires constant management of patients through the acute service and back to the most appropriate setting for that patient. The hospital has a joint implementation group with community services that seeks to optimise the resources across all services. This group is constantly looking at developments that have for example resulted in increased use of home care packages for people at home, supporting families where the patient requires long term care and seeking to develop our day hospitals within our community facilities.

Damien McCallion, Area Manager, Sligo Leitrim

W39Q951	To ask for a comprehensive report on the effects to service delivery in Sligo General Hospital due to the retirement of staff over the past year, including those in February. In particular, but not exclusively, what is the current situation regarding Histology/Laboratory services and Maternity services as a consequence of these reductions in staff numbers.	**Cllr Sean MacManus**

HSE Reply

Under the Financial Emergency Measures in the Public Interest (No 2) Act 2009, public service pay rates were reduced with effect from 1 January 2010. Provision was made in the Act so that in relation to the calculation of pension entitlements, the pay reductions would be disregarded for persons who left the public service by 29th February 2012. This resulted in a significant number of people taking the retirement option during what was called the 'grace' period of January and February 2012. Sligo Regional Hospital lost 24.81 staff (WTE)

during the 'grace' period. This included 5 laboratory staff and 2 midwifes.

Various arrangements have been put in place to deal with the service impact of this loss of staff across different service areas. This included selected use of overtime, agency and cross cover arrangements for essential roles. In addition some services were reorganised as a result of reduced staffing levels. These measures have enabled continuity of service albeit with reduced response times in some cases, e.g. test turnaround times and clinic waiting times. Some of these were already included in our service plan targets, which were reduced from 2011 to allow for reduced staffing levels. It has been challenging to minimise the impact on service with reduced staffing levels.

Three chief scientists and two other laboratory staff left Sligo Regional Hospital during the grace period. These have not been replaced and prioritisation of tests and cross cover arrangement are two of the interim measures used to minimise the impact on the service. Opportunities are also being explored with Letterkenny General Hospital for synergies to develop a more sustainable solution.

Two midwifes have retired in recent months under the preferred terms offered to public servants earlier this year. Maternity services are being temporarily supported by agency midwifes pending recruitment of two additional midwifes. Job offers have been accepted and the two midwifes are going through the recruitment process at present.

Damien McCallion, Area Manager, Sligo Leitrim

W39Q952	What is the situation going forward regarding the provision of Physiotherapy services at Raheen Community Hospital in East Clare?	**Cllr Pat Burke**

HSE Reply

The services at Raheen Community Nursing Unit including physiotherapy are not planned for reduction. The deployment of therapists is changing to reflect the new context of less staff and a new approach required to ensure consistency of approach across the three counties of the Mid West. While the location of therapists may change there is no specific service to a group such as Raheen targeted for reduction. The ongoing moratorium however does not allow any definitive guarantees as to the future.

Bernard Gloster, Area Manager, Mid West PCCC

W39Q953	Please clarify the exact procedure and protocol in relation to patients who have contacted MRSA as a result of infection while in hospital and in particular when subsequent testing on more than three occasions gives the patient the all clear but patient still isolated when in hospital - i.e. what is the cut off point in terms of number of clear tests and in addition clarify how many beds/ward are reserved for patients with MRSA in the Regional and Merlin Park hospitals at any given time?	**Cllr Catherine Connolly**

HSE Reply

Galway Roscommon Hospital Group

Patients, with MRSA, who have had three consecutive negative sets of screening samples, at least 72 hours apart after decolonisation regimens, can be removed from isolation. However, such patients should continue to be screened at weekly intervals while in hospital. Patients, with MRSA, who have wounds or large areas of non-intact skin (e.g. decubitus ulcers) are not likely to lose MRSA and generally require isolation until the wound is healed. When re-admitted to hospital in the future, these patients should be placed in isolation pending the results of screening samples.

There is a designated infection control ward (total 26 beds) that caters for patients with infection control issues (it is not specifically for patients with MRSA) at UHG. Patients with infection control issues such as MRSA may also be accommodated in appropriate facilities on other wards where need arises.

Portiuncula Hospital

Patients who have contacted MRSA i.e. found to be colonised or infected whilst an inpatient are isolated using contact precautions until they have at least three consecutive negative MRSA screens at least 72hrs apart.

Once the patient is found to have 3 consecutive negative screens at least 72hrs apart they are then nursed in an open bay and are swabbed weekly during hospital stay.

For patients who have a history of MRSA colonisation or infection on admission our advice is per local and regional guideline as set out below –

Isolate while awaiting results.

If single room isolation is not available, the patient will have to be placed in a cohort or if not available a risk assessment must be carried out and cared for using contact precautions. If the patient was previously MRSA colonised/infected, the most appropriate cohort is with other MRSA positive patients, and contact precautions used until results are available.

If it was more than six months since their last admission and the initial screen is negative, the patient can be nursed on the open ward. Such patients should be screened weekly during admission as they may become re-colonised again.

If it was less than six months since their last admission and the initial screen is negative, the patient should remain in isolation until 3 negative screens collected at least 72 hours apart are reported. If these 3 screens are negative, the patient should be moved out of isolation. Weekly screening is required during admission as patient may become re-colonised again.

If the patient is in one of the above risk categories but is not known to ever have been MRSA colonised/infected or has been successfully decolonised – i.e. has had 3 negative MRSA screens documented, they may be nursed in an open bay using contact precautions until results are available

We do not routinely reserve beds for patients with MRSA colonisation or infection.

Letterkenny General Hospital

With respect to infection or colonisation of hospital patients with MRSA, nursing staff caring for the patient are informed of the result by an infection prevention and control nurse. It is the responsibility of the clinical team caring for the patient to inform the patient of the result, explain what it means and answer any questions the patient may have. Members of the infection prevention and control team are available to offer any assistance if required.

Management of the patient follows the recommendations of the current national guideline on MRSA in terms of attempted decolonisation of MRSA or treatment of infection.

Not all patients with MRSA are isolated due to an insufficient number of isolation rooms. Patients are re-screened on up to three occasions after decolonisation or treatment. If their swabs remain negative after three re-screens and they are in an isolation room they can be moved out of the room into an open bay. They should then be screened on a weekly basis while still in hospital and should be re-isolated if any of the weekly screens is positive for MRSA (dependent on availability of isolation room).

Sligo General Hospital

The aim is to isolate patients who are colonised or infected due to MRSA in single rooms. Such patients are monitored on their status while in hospital and the Infection Prevention and Control Personnel advise nursing staff on appropriate placement etc. Patients who are colonised with MRSA undergo a program of decolonisation as outlined in local guidelines and in line with national guidelines. They are subsequently re-

screened appropriately as per guidelines. When patients are found to have three complete clear screens the MRSA alert is removed from the patient's electronic record and isolation is no longer required. The electronic history of MRSA carriage is retained in order to alert staff on need to screen such patients weekly and on subsequent admission to hospital. Isolation of patients who have a history of MRSA is also advised on their re-admission to hospital as per guidelines until the results of the screen are known.

There is no particular number of beds/single rooms reserved in SGH for patients with MRSA, however, the requirement for placing patients in single rooms is prioritised according to the overall clinical needs. Patients with MRSA infection require specific treatment and are a priority for isolation. Clinical needs effecting patient placement is considered in the context of priority of all Multi-Drug-Resistant-Organisms including MRSA.

Mayo General Hospital

Patients must be isolated until they have three consecutive negative results at least 72hrs apart.
They may then come out of isolation but continue to be screened on a weekly basis while they remain in hospital.

Mid West Hospital Group

Mid West Regional Hospital Limerick

Positive MRSA patients are isolated or cohorted while in hospital. Once three negative screens taken at least 72 hours apart, have been obtained the patient is then deemed clear and no longer requires isolation. The MWRHL has 51 adult single rooms, 29 paediatric single rooms and 25 two bedded rooms.

Mid West Regional Hospital Ennis

Positive MRSA patients are isolated and remain isolated until a patient is deemed to be clear of MRSA. A patient is not deemed to be clear of MRSA until all three sets of screenings taken 72 hours apart return negative. Patients continue to be screened at weekly intervals whilst in hospital. In Ennis all single rooms are vacated and prioritized for isolation.

Mid West Regional Hospital Nenagh

Patients who are known to be MRSA positive are isolated or cohorted while in hospital. Once three negative screens taken 72 hours apart, have been obtained the patient is then deemed clear and no longer requires isolation. Isolation of patients takes precedence over private accommodation hence all single rooms/two bedded rooms are available for isolation/cohorting if required.

St. John's Hospital, Limerick

If a patient has three sets of negative swabs 72 hours apart, the patient is then removed from isolation 'contact precautions' but will receive weekly screening thereafter for the remainder of their hospital stay. St. John's has access to 10 single rooms for the management of infectious patients.

W39Q954	Please clarify the position in relation to the services currently available in the Tully/Ballinahown Health Centre and more specifically an explanation for the complete absence of a GP service for over 6 weeks and clarification on why or how was this allowed to happen and what steps have been taken to re-instate the service.	Cllr Catherine Connolly

HSE Reply

The services normally available in Tully Ballinahown Health Centre are: G.P. Public Health Nursing, Child Development Clinics, Dietitian, Physiotherapy, Occupational Therapy, Addiction Counselling and Community Welfare.

The GP holds a weekly clinic in Tully Ballinahown Health Centre. There was an outage of the HSE Internet system in March and following repairs to the system, he could no longer access his patient management system from the Health Centre. As a result of this he has been unable to hold clinics in the centre as he could not access his patients records.

Several efforts have been made by the HSE IT Dept and subsequently Eircom to establish what was wrong and to correct it. Eircom was there again on Tuesday 15th May and the GP's Practice has been advised. All that now remains is for the G.P. to go to the Health Centre to test that he can access his patient records. These are held separately to HSE records.
Catherine Cunningham, Area Manager, Galway Roscommon PCCC

W39Q955	Please furnish current position in relation to all of the premises rented/leased by the HSE West in Galway City and County giving the nature and cost of the lease/rent of each building where it is, the service provided and clarification on what progress if any has been made in reducing the cost to the tax payer given the vast amount of space and empty buildings available at Merlin Park.	**Cllr Catherine Connolly**

HSE Reply
I attach tables (*Appendices 1 & 2)* of individual lease commitments for Galway for the current year and also the comparable 2009 data.

Summary position as follows:

Year	Number of Leases	Overall Cost
2009	70	2,159,473.99
2012 Opening Balance	40	1,877,564.75

Current actions on rental commitments including availing of scheduled breaks on existing leases are due to deliver further significant reductions from 2013 onwards. When we are in a position to vacate leased property termination the option of relocation to HSE owned property is always considered. Such relocations to date have involved movement of services into Merlin Park. While remaining space for future movements is limited and would require some capital investment, further opportunities will be examined as they arise in terms of client/service needs, availability and development cost of suitable space.
Joe Molloy, Estates Manager, HSE West

W39Q956	Please clarify the number of patients transferred from the Regional and Merlin Park Hospitals since the SDU came into operation specifying the private nursing homes and/or Units in Merlin Park where they were transferred to and the cost of same.	**Cllr Catherine Connolly**

HSE Reply
The number of beds contracted with funding from the SDU are as follows.
3 month SDU Contract beds

Dec	Jan	Feb	March	April	Total
20	12	9	9	7	57

SDU Respite beds of two week duration or less

Jan	Feb	March	April	Total
11	18	15	8	52

The average cost of patients transferred out to nursing homes from Galway University Hospitals for the latter period of 2011 was €874 per week. This price was secured by the NTPF for GUH. This price compares very favourably to the average HSE price under Fair Deal of approx € 1,220.

The total SDU funding received to transfer patients from GUH to nursing homes is as follows:

2011 received €317156.8
2012 received €194400

Bill Maher, CEO, Galway Roscommon Hospital Group

W39Q957	Why is it that when an ambulance is now called out and consequently finds a deceased person at the intended scene that they return to base without the deceased's body, therefore leaving the already traumatised family of the deceased to make arrangements to have the body removed to hospital which often takes a considerable length of time causing undue distress?	**Cllr Liam Blaney**

HSE Reply
It would not be the norm for the Ambulance Service to remove the deceased person's remains at the scene of an accident. This would be organised by the Garda who would generally organise an undertaker to remove the deceased person. The ambulance service are then in a position to respond to emergencies that may occur.
Paudie O'Riordan, Area Operations Manager, National Ambulance Service West

W39Q958	When is the new A & E Unit at Letterkenny General Hospital going to be opened for use?	**Cllr Liam Blaney**

HSE Reply
The Medical Block and new ED were handed over to the hospital on 23rd March 2012. The hospital is now in the process of equipping the facility and preparing for the relocation of services from existing facilities into the new building. A Project Team has been established to oversee this process and is being lead by Dr. Anne Flood, Director of Nursing/Midwifery at Letterkenny General Hospital.

The current plan is to move into the new Medical Block and Emergency Department in mid-September with the Medical wards to relocate in the following 2 weeks. This timetable will provide the necessary time to equip the facility and agree and implement new staffing arrangements within the departments and wards that are moving. It will also allow for the co-ordination of clinical and non-clinical support functions.

More detailed information and key dates will be communicated in the coming months as the project team and its various sub-groups conclude their preparatory work.
John Hayes, Area Manager, Donegal

W39Q959	When will rheumatoid arthritis clinics be available at Letterkenny General Hospital, which would alleviate Donegal patients having to travel to Manorhamilton for same?	**Cllr Liam Blaney**

HSE Reply
The HSE has significantly developed rheumatology services in the North West over the past two years. This has involved the appointment of two permanent rheumatologists in mid 2010 who are responsible for the delivery of the service in the North West.

It is intended to re-establish an outpatient clinic at Letterkenny General Hospital following the opening of the new Emergency Department and medical block and the return of one of the consultants from leave in 2012.
John Hayes, Area Manager, Donegal