

Midland Regional Hospital Tullamore

JULY 2020 - VERSION 3

NCHD Information Booklet

Midland Regional Hospital Tullamore

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Welcome to Midland Regional Hospital, Tullamore. We are delighted to welcome you and hope that your time at our Hospital is enjoyable and a beneficial learning experience.

Midland Regional Hospital, Tullamore is one of the few purpose-built, stand-alone hospital buildings outside of Dublin and was officially opened December, 2008. The hospital currently has 208 funded inpatient beds, 74 funded day beds and 3 AMAU in operation spread across all the specialities.

The Department of Medicine at Midland Regional Hospital, Tullamore incorporates the specialties of General Internal Medicine, Cardiology, Nephrology, Gastroenterology, Gerontology, Oncology, Rheumatology and Haematology.

The Department of Surgery incorporates the specialties of Orthopaedics and ENT.

The hospital has four major operating theatres along with two day theatres, an endoscopy suite and a minor procedures room.

This welcome information booklet aims to provide you with all the information you require when you join us. If you have any questions or concerns, you can contact the Medical Manpower Office.

Medical Manpower Manager, Caroline Farrell
Tel: 057 9358103 carolinem.farrell@hse.ie

Medical Manpower Staff Officer, Regina Vickers
Tel: 057 9358458 Regina.vickers@hse.ie
OR medicalmanpower.mrht@hse.ie

COVID-19

On 31st December 2019 the WHO China Country Office was informed of cases of pneumonia of unknown aetiology detected in Wuhan City, Hubei Province of China. The number of cases in the region increased significantly over the next number of weeks and the causal agent remained unknown until 7th January 2020 when the Chinese authorities identified a new type of coronavirus – COVID-19.

Since its identification COVID-19 has spread globally and rapidly resulting in the 2019/2020 Coronavirus pandemic.

The first case of COVID-19 was identified in Ireland on 29th February 2020. Since this time Ireland has been in uncharted territory socially and economically and as a consequence the provision of Healthcare has changed dramatically. In accordance with Government and Public Health guidelines, the actions taken to mitigate against the spread of Covid-19 implemented by MRHT including social distancing, hand hygiene and restricting movement have ensured that our hospital was not overwhelmed during the crisis. As we are returning to "normal" the threat of Covid-19 remains.

YOUR RESPONSIBILITY IN CONTAINING THE SPREAD OF COVID-19

We all have responsibility to take control of our own health and wellbeing during the current Covid-19 pandemic. In MRHT the following are in place:

- **Daily temperature** monitoring is **mandatory** for all staff
 - a form will be given to each staff member to record their daily temperature.
- **Hand Hygiene**
 - You must complete the hand hygiene training available at www.hseland.ie and upload your certificate to your NER account
 - You must attend one of the hand hygiene training dates sent to you via email as soon as is possible
- **Face Masks**
 - Face masks are recommended for wearing for all patient interaction.
 - You should attend for FIT Mask testing during your first few days onsite
- **PPE**
 - PPE is mandatory in areas as indicated by Infection Prevention & Control (IPC)
 - You must complete the Donning & Doffing course available at www.hseland.ie (Infection Prevention & Control)

WHAT TO DO IF YOU DEVELOP COVID-LIKE SYMPTOMS?

In the event that you develop any of the following symptoms

- Fever
- Cough
- New Onset Shortness of Breath

the following are the steps you take:

1. Contact your Supervising Consultant and the Medical Manpower Manager immediately.
2. Leave the Hospital Premises.
3. Attend for Covid-19 swab test as directed by the Medical Manpower Manager.

In the event of a negative swab test you are expected to return to work 48 hours following onset of symptoms.

Please remember the importance of hand hygiene and social distancing in all of your contacts throughout MRHT.



Hospital Overview

The seven clinical sites in the Dublin Midlands Hospital Group include :

St. James's Hospital

Tallaght University Hospital

Naas General Hospital

Midland Regional Hospital Portlaoise

Midland Regional Hospital Tullamore

Coombe Women and Infants

University Hospital

St. Luke's Radiation Oncology
Network.

The Midland Regional Hospital Tullamore (MRHT) provides acute-care hospital services including a 24-hour emergency department and is the regional centre for Orthopaedics, Otolaryngology, Oncology, Haematology, Nephrology and Rheumatology.

The Midland Regional Hospital Tullamore (MRHT) is part of the Dublin Midlands Hospital Group and is establishing its role within this wider network. The Hospital Group serves a population of approximately 800,000 people, with over 10,000 staff with Trinity College Dublin as our Academic Partner.

The work of the Hospital Group has enabled the development of elements of service delivery and further opportunities will be sought as the strategic work of the Dublin Midlands Hospital Group unfold. You can read the full Hospital Group strategy at www.hse.ie/dmhg

Trauma Centre



MRHT is the receiving centre for all trauma activity. The hospital currently operates with 285 funded inpatient beds, for use across all specialities, elective theatres, trauma theatre 24/7 and day surgery operating through a day hospital. We are a Hospice-Friendly Hospital and have 3 funded End of Life Rooms.

MRHT is the largest hospital in the Midlands of Ireland. It serves a population within the four counties of Laois, Offaly, Longford and Westmeath but also receives in growing numbers year on year activity from the counties of Tipperary, Galway, Roscommon, Kildare and other surrounding counties to a lesser extent.

Committed to delivering a high-quality service



MRHT is a three-storey structure with a floor area of 27,500 square metres. The new hospital was opened in 2008.

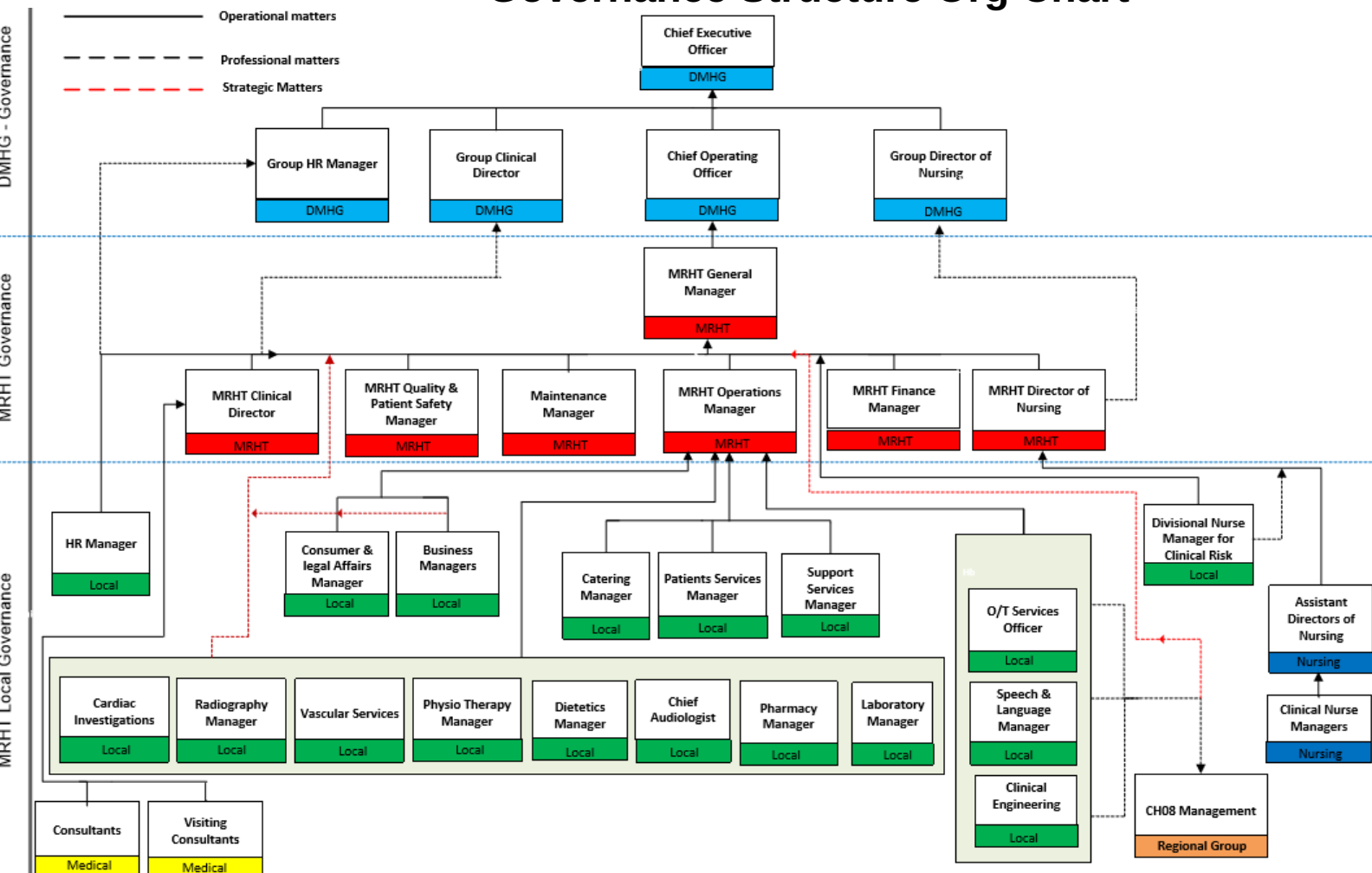
MRHT is conveniently located, situated off the main M4 motorway, and travel time to Dublin and Galway is 1 hour. MRHT is a major attraction to patients seeking ready access to high quality services.

The Hospital has a staff of over 1000 and is the one of the largest employers in the Midlands. All of our staff are highly committed to the delivery of high-quality service.

Governance and Management

MRHT has a lean management structure with operational and strategic performance reporting system to the Hospital Group. Led by General Manager, Ms. Noreen Hynes, the team representing clinical, nursing, finance, operations, HR are responsible for the daily management of the hospital providing safe, high quality services to our patients.

Governance Structure Org Chart



A message from, Noreen Hynes
Interim General Manager

"We are delighted that you have joined us at the Midland Regional Hospital Tullamore. We are a very proud community of health professionals all focused on delivering the very best in acute care to our patients. We are continuing to work to build upon existing strengths to enhance and complement the range of services available to the population we serve and we look forward to you coming on this journey with us."



Working in MRH Tullamore

The purpose of the information provided in this booklet is to ensure that you feel welcomed and included from your first day in MRHT, and that you have access to the information you need to become a productive member of our hospital team.

Mandatory Induction Courses

As an NCHD there are a number of courses **you must complete on HSEland** prior to commencing with us in MRHT. The list of courses are:

- An Introduction to Children First
- Communicating Effectively through Open Disclosure
- The Fundamentals of GDPR
- Hand Hygiene for HSE Clinical Staff
- Haemovigilance
- Infection Prevention & Control (inc Donning & Doffing)
- Manual Handling & People Handling

Fire Training will be available onsite and dates will be circulated.

Mandatory Documents

Prior to commencing with MRH Tullamore, all NCHD's **MUST** submit the following documentation:

- Current Certificate of Registration with the Irish Medical Council
- Verification of Service from previous Employers
- Enterprise Liability Form
- Garda Clearance

You are required to update all areas of your National Employment Record (NER) account at www.nchder.ie. Please ensure you update the Occupational Health Section of your NER account as part of this process.

ON CALL COMMITMENT

As an NCHD, you are required to provide on call cover as per your contract as follows:

- Provide overtime services (on-call on-site services) on-site in addition to your basic 39 hour commitment
- Provide on-call off-site services outside core and/or overtime hours
- Work beyond your rostered period in line with the exigencies of the service.

MRHT will endeavour to ensure that this will be an exceptional rather than a standard requirement.

Rosters are available within your own departments. Please contact the Medical Manpower Office for details of the responsible person(s) within your area.

Work Permits

All non-EU passport holders must hold valid authorisation from the Dept. of Justice to obtain employment in Ireland.

The Medical Manpower Office have worked with you to obtain this.

Following your commencement you must make an appointment with your local Immigration Officer to obtain a valid GNIB card.

For those residing in Tullamore the Immigration Officer is Denise Scully and she is contactable on (057) 9327600.

RELOCATION EXPENSES

Only NCHD's on approved rotation schemes are entitled to claim relocation expenses within the state once per annum up to a maximum of €500. Verification of previous refunds may be sought from your previous employer.



Some ED Team members with EM Consultant Anna Moore January 2019



Don't forget to upload your Certificates of Completion of these Courses onto your National Employment Record (www.nchder.ie)

Leave Entitlements for NCHD's

All NCHD Leave is granted in accordance with the provisions as detailed in the NCHD Contract.

NCHD's applying for any type of leave must follow the correct approval process.

Please contact the Medical Manpower Office for further information.

ANNUAL LEAVE

As per your contract you are entitled to 12 working days (Mon-Fri) leave per 6 month period.

Public Holidays shall be granted in accordance with the Organisation of Working Time Act 1997.

The role of Medical Manpower is to approve leave in line with Departmental roster requirements, ensuring there is adequate cover to enable services/teams to function effectively.

See below for the procedure for NCHD's to apply for leave

EDUCATIONAL LEAVE

NCHD's can be granted up to a maximum of 18 working days per 6 months to attend courses, conferences and educational events deemed appropriate by the HSE.

There is no entitlement to educational leave

All educational leave must:

- Be relevant
- Take account of service and rota needs,
- Be recommended by the supervising Consultant
- Be approved by Medical Manpower

See below for the procedure for NCHD's to apply for leave

SHIFT SWAPS

In the event that you cannot complete an assigned shift, and wish to swap with a colleague, please note that until approval is received, the shift remains the responsibility of the person listed on the roster.

See below for the procedure for NCHD's to apply for shift swap

SICK LEAVE

All NCHD's must comply with the Employer's sick leave policy.

The following points should be noted and followed in the event of any period of sick leave:

- On the first day of your illness, you must telephone your supervising consultant at the earliest possible time (where possible not later than 1 hour before starting time) of your absence from work. In the case of night duty, where possible notice should be given not later than 3.00 p.m. on the day in question. You must advise your consultant the reason(s) for your absence and the expected duration of the absence.
- At the same time please either phone or email the Medical Manpower Office advising them of the expected duration of your absence.
- If the absence exceeds two continuous days, a medical certificate must be submitted to the Employer on the third day. This certificate should specify the nature of the illness, the likely duration (but not exceeding one week) and should be signed by the NCHD's General Practitioner or attending Consultant.

NCHD PROCESS FOR APPLYING FOR LEAVE

You will receive a copy of the document "NCHD Process for Applying for Leave prior to your commencement in MRHT.

To apply for all leave/ shift swaps the process is:

1. Complete the relevant section of the Form "NCHD Leave Application Form" available from the Medical Manpower Office
2. Return completed forms via Email to regina.vickers@hse.ie or return by hand to the Medical Manpower Office.

Please note that without confirmation, leave/shift swap is NOT approved.

NCHD Training Support

A Training Support Funding has been made available to NCHDs from July 2019 onwards. This scheme is in addition to existing financial supports such as the Clinical Course and Exam Refund Scheme and the Higher Specialist Training Fund. Funding is allocated based on Grade and the table below indicates the amount available under the TSS for each registration training year, July – July. Funding is available pro-rata for doctors employed on shorter contract duration.

| Grade | Amount per Registration Year |
|--|------------------------------|
| Intern | €750 |
| SHOs and Registrars | €1250 |
| SPRs/GP Registrars/Psychiatry SRs on a training scheme | €2000 |

A list of approved clinical courses, conferences and examinations that can be claimed for under the TSS are listed here. <https://www.hse.ie/eng/staff/leadership-education-development/met/ed/fin/>

Claims for this Training Support Fund are submitted via your National Employment Record. Please log on to the NER for further information on how to claim.



NCHD's should also be aware of the following educational support available to them:

1. Clinical Course & Examination Refund Scheme for NCHDs

This scheme is open to all NCHDs. There is an approved list of clinical courses & examinations qualifying for this refund scheme contained in the guidance document

<https://www.hse.ie/eng/staff/leadership-education-development/met/ed/fin/clinical-course-exam-refund-policy-document-20171.pdf> .

Please complete the application form to apply for this refund.

2. Specialist Training Fund for Higher Specialist Trainees

This scheme is open to higher specialist trainees and 3rd/4th year GP trainees only. The funding available to each trainee is €500 per year of training and the fund rolls over if not claimed in a particular year. The Specialist Training Fund for Higher Specialist Trainees (2017) guidance document contains a detailed explanation of the Scheme should be completed and submitted to the your Postgraduate Medical Training Body to claim your refund.

Salaries Information

NCHD are paid the following:

- A. Basic 39 Hours per week
- B. Rostered overtime
- C. Unrostered Hours (Consultant approval necessary)
- D. On-call off site hours

NCHD TIME SHEETS:

NCHD Timesheets record all hours worked including basic hours, rostered hours and approved unrostered hours. It is the one document that records all attendance information on one form. It is therefore important that it is accurately completed. It will be referred to when queries arise about hours and / or payments. In addition, it is the record for attendance for EWTD purposes.

It is important that you record separately on your Timesheets any time spent at training activities, i.e. Grand Rounds, educational activities/meetings or any Consultant led teaching.

Timesheets are available each Friday from the Hospital Administration Block on the ground floor of MRHT and are personalised for each NCHD in each speciality, so please ensure you complete your own timesheet. The completed timesheets are required to be returned to the payroll office on the Monday after it is due before 12 noon in order for overtime to be processed for payment.

In respect of A) Basic 39 hours; this is paid automatically.

In respect of B) rostered overtime; NCHD's work overtime in accordance with the rosters for their specialty and grade. On-call rotas, once drafted, are forwarded to Medical Manpower Department and to Hospital Reception. These are used as basis for payment of rostered overtime.

In respect of C) Unrostered hours worked must be claimed by entering relevant details on the reverse of your timesheet. The timesheet must be signed by your Consultant and submitted to the payroll department once verified.

In respect of D) On-call off site hours must be clearly recorded on the on-call off site sheet which is available from the Payroll Office. In order to verify the claims the form must be completed in full to include patient chart number or name.

The Salaries Office is open
Monday to Friday 10 am to 1pm

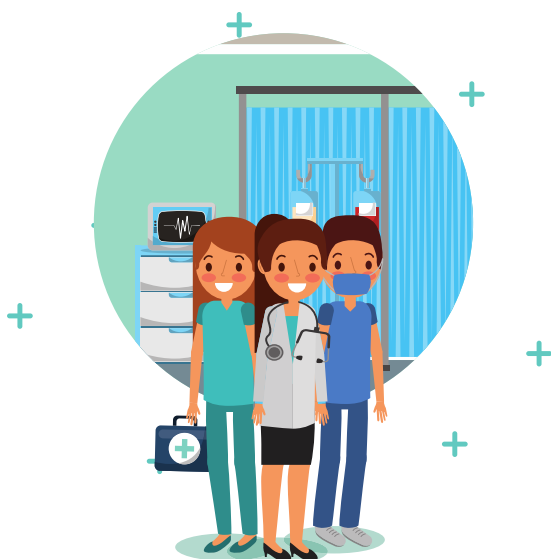
Payroll contacts
Anne Marie Keegan Ext. 58079
Mark Sonner Ext. 58110

Please ensure that you you have your
Personnel/Employee No. available for
all queries.

Pay Method

Payment is made on the 15th of each month for the previous month directly to your Bank Account.

Once all timesheets are submitted and signed by the Consultant, both basic and overtime for the previous month will be paid.

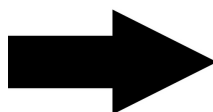


TAX INFORMATION

P45 & PRD45 - If you are coming from a previous employment, these documents MUST BE submitted to the Payroll Office

If you are working in Ireland for the first time you will need to do the following:

PPSN - Contact Local Social Welfare Local Office to apply for PPSN
Tax Certificate – Download and complete Form 12a



Forward these documents to
Office of Revenue Commissioners,
Government Buildings, Pearse Street,
Athlone, Co Westmeath.

You will need your PPS No.

**The Hospital Registered Number
0002000J**

**You can contact Revenue on 1890
777425**

YOUR NATIONAL EMPLOYMENT RECORD (NER)

The NER has been developed by HSE – National Doctors Training & Planning. NER eliminates the requirement for duplication of paperwork, making the employment process more efficient.

You must upload/complete all relevant documentation to the NER in a timely fashion. These include:

- o Employment Documents
- o Personal Details
- o Training Certificates
- o Other Documents

USEFUL CONTACTS

| NAME | CONTACT NUMBER | WARD NAME | CONTACT NUMBER |
|-------------------------|-------------------|----------------------|----------------|
| Main Switchboard | 057 9321501 | Medical 1 | 58881/58884 |
| Radiology | 057 9359045 | Medical 2 | 58854/58853 |
| CT | 057 9359052 | Medical 3 | 58862/58933 |
| MRI | 057 9358337 | Medical 4 | 57703 |
| OPD Reception | 057 9358584 | Surgical Ward | 59013/59014 |
| Laboratory | 057 9358342 | Orthopaedic Trauma | 59402/59403 |
| IPMS Support | 057 9359245/58640 | Orthopaedic Elective | 59000/58990 |
| Admission Office | 057 9358147 | Renal Unit | 58743/58740 |
| Blood Track PDA | 057 9358350 | Paediatrics | 58936/58937 |
| A&E Reception | 057 9358020 | OHIU | 58560/58562 |
| Rehabilitation | 057 9358721 | CCU | 58904 |
| Medical Records | 057 9358600 | ICU | 58843 |
| Pharmacy | 057 9358698 | Cardiology | 59103 |
| Tullamore Garda Station | 057 9327600 | Vascular | 58360 |

HSE Land



There are a number of mandatory training programmes you must complete prior to commencing your rotation in MRHT. These are:

MANDATORY COURSES

- The Fundamentals of GDPR
- Effective Communication through Open Disclosure
- An Introduction to Children First
- Hand Hygiene for HSE Clinical Staff
- Health, Safety and Security
- Introduction to Infection Prevention and Control
- National Sepsis E learning programme
- Manual Handling and People Handling

In addition, there are a number of training programmes recommended for you to complete on HSELand. These Include:

- Compass E-Learning programme (including Early Warning Score)
- HSE Dignity at Work
- Induction: Welcome to the HSE
- Healthcare Records management

Certificate of Completion: When you have completed a course you will receive an email with your Certificate attached. Alternatively you can also access all certificates by clicking on "Learning Resources" on the home page. Please remember to upload relevant certs to your NER account.

Lead NCHD



The role of the Lead NCHD is to provide a formal link at management level between the relevant NCHD cohort, NCHD Committee and management structure, thereby enabling a structured, continuous two-way flow of engagement and communication between management and NCHDs. The Lead NCHD role should help to integrate NCHDs within their clinical site and improve the employment experience of NCHDs. The Lead NCHD role should facilitate enhanced communication between NCHDs and management in a way that provides NCHDs, through the Lead NCHD, with an opportunity to participate in service discussions and decision making regarding matters that affect NCHDs, the day-to-day running of hospitals, and solutions/improvements to enhance patient care. Registrars and SHOs are invited to apply for Lead NCHD post for the duration of 6 months or 1 year.

Group NDTP Leads



Dr. Robert
Eager

Prof. Greg
Swanick

Two National Development Training and Planning (NDTP) leads have been appointed by the Dublin Midlands Hospital Group to act as advocates for the training needs of all NCHD's across the 7 hospital sites. The appointees are Prof. Greg Swanick, Consultant Psychiatrist, Tallaght University Hospital and Dr. Robert Eager, Consultant in Emergency Medicine, MRH Tullamore. In the coming months, they will meet with Lead NCHD's to engage, plan and co-ordinate the NDTP programme.

You can contact the NDTP Group Leads at ndtp.dm@hse.ie

Professional Competence Scheme

Professional Competence Schemes are the formal structures provided for under Part 11 of the Medical Practitioners Act (MPA) 2007 to ensure that all doctors registered and working in Ireland maintain their education, knowledge and skills (competence) at an acceptable level. From May 2011, all doctors are legally obliged to maintain their professional competence.

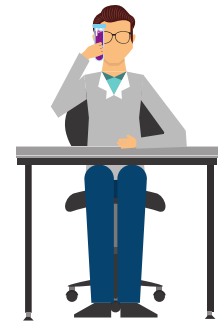
If you hold Specialist, General or Supervised registration with the Irish Medical Council, you are required by law to maintain your professional competence.

It is your responsibility to be aware of your scheme requirements so you can keep an accurate record of your compliance. The following requirements are common to all Professional Competence Schemes:

Clinical (Practice) Audit

You must perform at least one Clinical (Practice) Audit of an aspect of your day-to-day professional activities every year. These documents will help you:

- RCPI Guide to Clinical (Practice) Audit
- Clinical (Practice) Audit Report Form



Continuing Professional Development (CPD)

You must record a total of 50 CPD credits per year under four Continuing Professional Development (CPD) categories:

- External (maintenance of knowledge and skills) - minimum 20 credits per year (required)
- Internal (practice evaluation and development) - minimum 20 credits per year (required)
- Personal Learning - minimum 5 credits per year (required)
- Research or Teaching - 2 credits per year (desirable)

The remaining credits can be made up of any combination of these four categories.

The Professional Competence year runs from 01 May to 30 April, and any claims must be for activities that took place within that period. For more information, go to www.rcpi.ie or www.medicalcouncil.ie

Continuous Professional Development Support Scheme (CPDSS)

NCHD's who are in non-training posts should enrol on the CPDSS with the relevant College to access a range of courses in their speciality to help meet the requirements of the Professional Competence Scheme. Further details on the CPDSS is available on the relevant college websites (www.rcsi.ie or www.rcpi.ie)



Pictures from Our Hospital

Medical Council

The patient-doctor relationship is a privileged one that depends on the patient's trust in the doctor's professionalism. The role of the Medical Council is to safeguard the public by ensuring that the quality of the doctor's competence, behaviours and relationships that underlie this professionalism is maintained in the patient-doctor relationship. Doctors must always be guided by their primary responsibility to act in the best interests of their patients, without being influenced by any personal consideration. They should act independently in the service of their patients and have a responsibility to advocate with the relevant authorities for appropriate healthcare resources and facilities.



**Please familiarise yourself with the
"Guide to Professional Conduct & Ethics
which is available at:
<https://www.medicalcouncil.ie/News-and-Publications/Reports/Guide-to-Professional-Conduct-Ethics-8th-Edition.html>**

MRHT Policy Documents



MRHT want to ensure that you make the best of the learning opportunities presented to you by the hospital. Please familiarise yourself with the following documents:

1. Hospital Doctors Bleep
2. NCHD Process for Applying for Leave
3. NCHD Application for Educational Leave

Training Logs

For those of you on training programmes, there is an onus on you to ensure that you discuss your learning requirements with your Supervising Consultant.

Please bring to the attention of your Supervising Consultant your logbook and identify early in the rotation any issues you would like to address while you are working with us in MRHT.

Please ensure you arrange to meet with your Consultant prior to the end of your rotation and discuss your progress in good time before you leave MRHT.

Don't forget to make the most out of all learning opportunities presented to you while you are working in MRHT.



Radiology and Interventional Radiology

MRHT Radiology Department provides a daily plain radiography, US and CT service.

MRI, DEXA and interventional procedures (biopsies, aspirations, drainages and injections) are also available from 9am to 5pm, Monday to Friday.

Nuclear medicine bone scanning is also available - check with radiology to book tests for this modality.

HOW TO CONSULT WITH RADIOLOGISTS

You are welcome to enter into the radiologists office and sit with them while they are reporting.

Radiologist will only attend to your request once they have finished reporting.

For NIMIS related queries check NIMIS system yourself.

Only enter examination rooms when invited.

How to order Radiological Tests?

1. Before ordering an examination please ensure patient details - including ward location & referring consultant - are up to date
2. Enter request on NIMIS, including the following:
 - working or differential diagnosis
 - eGFR
 - complete all prompts
 - waive/override LMP if LMP > 10 days and patient is aged between 12 and 57 years.
 - indicate DNR status
3. Ensure consent for the procedure is filed in chart
4. Track progress of your request on NIMIS - ***always check "more info" box - Radiologists questions may be included in this section.***

ON CALL

- 5pm - 9am Mon - Fri
- 2pm - 9am Sat & Sun

A Radiologist is available onsite between 9am and 2pm Sat & Sun.

Always discuss requests with your own Consultant who will contact Radiologist on your behalf.

Be available for IV injections if called by Radiographer.

PREPARING PATIENTS

Please ensure patient has appropriate pain control before being brought to radiology

ULTRASOUND

- abdominal - at least 6 hours fasting
- pelvis - full urinary bladder

CT

- 4 hours fasting
- IV line if contrast is required

MRI

- Patient safety and contrast forms completed
- Patient is sedated if required
- IV line if contrast is required

EDUCATIONAL OPPORTUNITIES

You are welcome to attend teaching sessions which happen most Tuesdays from 12.30 pm - 13.30 in the Radiology Conference Room.



Infection Prevention/Control

The Infection Prevention and Control Team aim to identify and reduce the risk of transmission of infection to patients, staff and visitors through the provision of

- (a) Epidemiological and evidence based advice in infection prevention and control
- (b) Proactive identification of risks through the process of audit, risk assessment, continuous alert organism surveillance and targeted surveillance of hospital acquired infection
- (c) Infection prevention and control guideline development and education
- (d) Ensure appropriate use of antimicrobials in treatment and prophylaxis of infection.

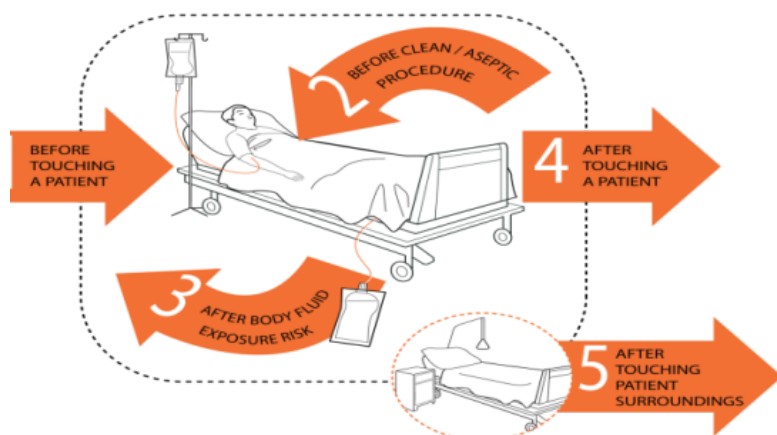
We work closely with the Health Information and Quality Authority Prevention and Control of Healthcare Associated Infection Standards, Better Safer Health Care Standards, The HSE HCAI Clinical Care Programme and with particular reference to relevant National Documents e.g. Hand Hygiene and Hand Hygiene Auditing Guidelines, MRSA/ C Diff, Intravascular Catheter-related, Surgical Site Infection Surveillance, Antimicrobial Stewardship and Notifiable Disease Guidelines.

Local hand hygiene audits are completed monthly (10 opportunities) in order to assess healthcare workers compliance with WHO 5 moments for hand hygiene.

National hand hygiene audits are completed in May and October each year and results are inputted to HPSC.

Care bundle (CVC's, PVC's & UC's) are undertaken each week by CNM. As part of the uniform policy a bare below the elbow dress code guideline has been introduced, to ensure healthcare workers can comply with hand hygiene in the clinical setting and compliance with the guideline is appreciated. This is an initiative to improve the effectiveness of hand hygiene performed by health care workers.

Lockers are provided and must be used to store hand bags.



Hand Hygiene – Important Points

When hands are visibly soiled or after contact with a patient with C. Diff wash hands with soap and water.

If hands are not visibly soiled, use an alcohol based hand rub.

Keep nails short.

Do not wear artificial nails.

Wedding bands only – no rings with stones.

Remember: Hand hygiene is one of the most important ways for you to prevent the spread of infection, improve patients outcomes and provide a quality service.

E- Learning - Breaking the Chain of Infection

An e-learning programme – Breaking the chain of infection - has been launched by the HSE Quality Improvement Division aimed at increasing awareness among all staff regarding their skills and knowledge of infection prevention and control. The programme compounds and supports the infection prevention and control framework document, launched for all staff in May 2015. It aimed to increase awareness of infection prevention and control in both clinical and non-clinical settings across community and acute service settings.



The project follows on from the very successful hand hygiene E-learning programme which is still one of the most popular in demand programmes for HSE staff. It is hoped that the infection prevention and control programme will be just as successful. The programme is accessible to everybody on the HSE learning website – HSEland. Infection rates can lead to increased length of stay in hospitals, increased use of resources and sometimes mortality. This important programme will enable all staff to continue to provide high quality safe care to patients and the wider public.

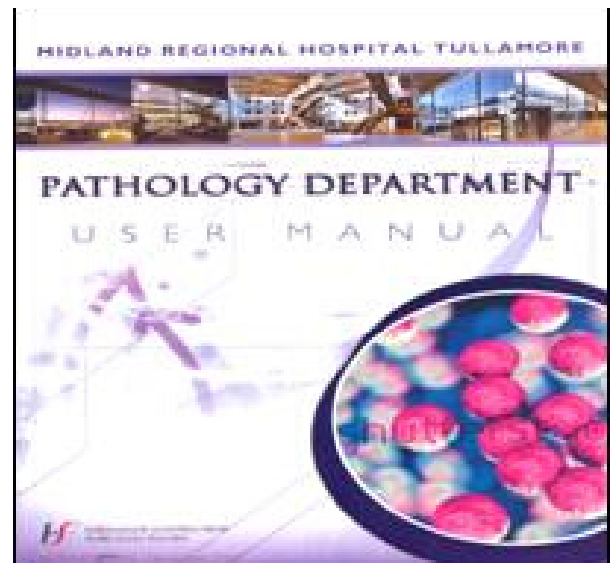
To access the programme click on www.hseland.ie. Then click on 'my learning' followed by 'learning catalogues' and then clinical skills. You will need to register for free on www.hseland.ie if you have not done so already.

Laboratory Information

There is a Pathology Department User Manual available in all clinical areas. This outlines detailed information for sample requirements and test results. This manual is available electronically on the Ward Enquiry screen on relevant PCs throughout the clinical areas-see grey icon on the right hand side of the ward enquiry screen picture here.

The manual is also available on the HSE intranet at:
http://hsenet.hse.ie/Hospital_Staff_Hub/Tullamore/PPGs/Laboratories/_Tullamore_Laboratory_User_Manual_.pdf

To obtain a password for Ward Enquiry email aidan.fallon@hse.ie



The Laboratory Department is situated at the end of the new hospital main concourse, between the Pharmacy Department and the Mortuary.



BLOOD TRANSFUSION SERVICES

The Blood Bank (ext 58385) at MRHT provides a routine Blood Transfusion Service to the hospital.

An on call service is also provided to the hospital 24 hours a day.

There are two Consultant Haematologists in Tullamore Dr Gerard Crotty and Dr Kanthi Perera.

Verbal consent should be documented for all Blood Transfusions with clear rationale for transfusing.



We advocate the use of the **BloodTrack System for labelling BT samples**. For access to and instruction on using the BloodTrack System and information on Blood Transfusion Guidelines contact Denise.

Blood Transfusion

Guidelines are currently available in each clinical area in a white folder labelled “Blood Transfusion Guidelines”. These guidelines include information on Components and Products available, Transfusion Reaction investigation, Major Haemorrhage and guidance for prescribing Red Cells. Contact Denise to receive own copies if preferred.

CONTACT DETAILS

Denise Murphy is the Haemovigilance Officer.

Contact her at: Bleep 290 Ext 58350 E: denisej.murphy@hse.ie

Contact a member of the Haematology Team through switch, ext 3000

Pharmacy Department



Service

There is a limited clinical pharmacy service at present due to staffing levels. Please make referrals for any patients you wish to be seen.

Referrals are to #245 – a senior pharmacist who will deal with complex queries or delegate as appropriate.

Medical information queries can be given to #245 or to dispensary pharmacist at 58705

Clinical Resources:

- BNF, BNFc, Martindale, Stockleys drug interactions accessible via www.medicinescomplete.com (Need an Open Athens account -set up via library).
- HSE Land comprehensive kardex training – search for MPAR
- Pharmacy intranet page (green icon on desktops or accessible via home HSE page; hospital staff hub, MRHT, pharmacy department).
 - o IV drug monographs
 - o Information sheets
- Uptodate® & Lexicomp® accessible on all HSE computers, no login required
- HSE library: access to specialised resources, login required.



CONTACT DETAILS

The Pharmacy department opens from:

08.30 – 17.15 Mon – Thurs

08.30 – 17.00 Fridays

Open through Lunch hours

Contact numbers:

58704 / 58705 / 58700



"YEAH, THREE LOOPS WITH A LINE THROUGH THEM.
WHAT DRUG IS THAT?"

Physiotherapy Department

The Physiotherapy Department provides a comprehensive service to all in-patients on a referral basis. Each ward has a designated physiotherapy team attached to it. Treatment is based on assessment and goal setting with the patient. Our aim is to provide a quality service through the promotion of recovery from illness, trauma or surgery, the prevention of complications, optimising rehabilitation and independence and facilitating safe discharge. Our service includes, but is not limited to the management of respiratory conditions, the promotion of safe mobility and independence, rehabilitation from orthopaedic or neurological trauma, post-operative care, management of pain, postural and positioning techniques, falls prevention, strength and conditioning of frail patients, provision of equipment, exercise prescription and health promotion.

Referral forms are available on all wards and should be completed to include name and contact details of the referrer as well as the date of referral as well as all patient details (attach sticker). Referrals should indicate the reason for referral and any pertinent clinical detail. Physiotherapists pick up the referrals daily on the wards. Orthopaedics and critical care operate a blanket referral system. Referrals at the weekend are only accepted for urgent cases (criteria available on request)

We also provide an out-patient service for consultant and GP referrals within our catchment area. Ward based physiotherapists will arrange onward referrals as appropriate. Referrals made from OPD clinics (or ED) should be made on the appropriate blue referral form available in OPD. Please include all relevant details, including the duration of symptoms to allow us to prioritise appropriately. There are also clinical specialist physiotherapists based in the orthopaedic clinics as first line practitioners.

Additional services provided by physiotherapy include renal rehabilitation, pulmonary rehabilitation, frailty, women's health and rehabilitation. We work very closely with community services.

If you have any queries about our service as it relates to your role, please speak in the first instance to the physiotherapist on the ward.



Occupational Therapy Department

The Occupational Therapist's role is to improve the person's ability to perform daily tasks, help them adapt to disruptions in lifestyle and prevent loss of function. Our goal is to help patient in regaining their independence after illness/injury.

The Occupational Therapy Department provides service to all in-patient medical and surgical wards in the hospital. We also provide out-patient service mainly for orthopaedic service and limited service to other conditions.

Our department is located in the Rehabilitation Unit at Midlands Regional Hospital Tullamore (ground floor).

Each ward will have an OT allocation which can be contacted through bleep. Bleep numbers are available at our reception or you can contact the department at extension 58721.

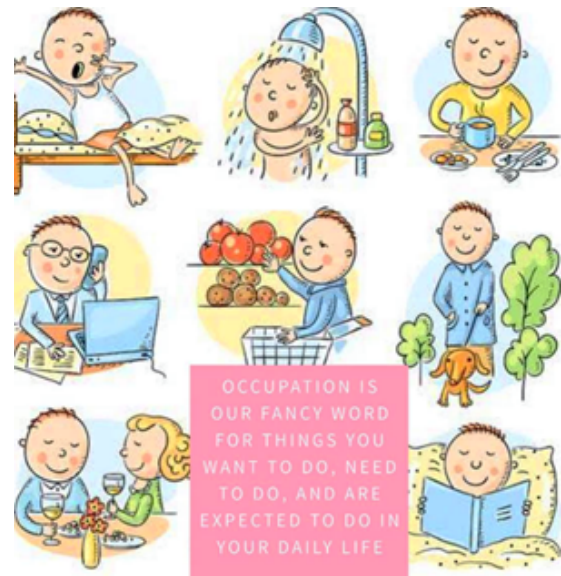
When to refer patients to Occupational Therapist?

- Patients who have difficulty performing ADL'S ; Self care, domestic activities, work and leisure.
- Patient that needs assessment for specialized seating and pressure care equipment
- Patient that needs prescription of adaptive aids/appliances necessary for ADLs
- Fabrication of splints/Orthotics and back supports
- Hand therapy

Referral of patients to OT service:

- A written referral is needed for all patients using the Occupational Therapy Referral Card available in all wards and is collected by ward OT regularly.
- Ensure all details or parts of the referral card are completed i.e. patients' name, date of birth, diagnosis and reason for referral, EDD (estimated date of discharge), doctor's signature, etc. Any incomplete referral will delay the assessment of the patient and referral will be returned to you.
- A blanket referral system operates in the Orthopaedic Unit for Total Hip Replacement and Hemiarthroplasty patients.
- All referred in-patients will be prioritised accordingly by OT.
- Out- patient service is available but limited to orthopaedic patients that need hand therapy, arthritis, and splinting.

If you want further information about the Occupational Therapy Department at MRHT, kindly contact us on 05793-58721.



CARDIAC UNIT

The Cardiac Unit is located on the ground floor of the Old Hospital. All of the Cardiac Investigations, Cardiac Outpatient Clinics and Cardiac Procedures are held within this unit. The unit is staffed by Clinical Nurses Specialists in Cardiology, Nursing, Cardiac Physiologists, Clerical/Administration staff and porters.

The Cardiac Investigations provided by Cardiac Physiologists in this unit for both inpatients and outpatients are:

- Transthoracic Echocardiogram
- Trans oesophageal echocardiogram (TOE)
- ECG
- ECG Treadmill Stress Test*
- Holter monitor service
- 24 hour BP monitors
- Pacemaker follow up clinics (only for the following manufactures: Medtronic, St Jude, Boston Scientific).

Requests for Echocardiograms, Stress Tests, Holter and BP monitors are made using NIMIS – NIMIS Echo is under “CUS” and Stress, Holter and BP monitors are under “CI”.

Requests for Pacemaker follow up checks are made by contacting the Cardiac Physiologists.

Inpatient ECG requests are wrote in the Blood/ECG request book on each individual ward.

*Please note: Inpatient ECG Stress tests are medically supervised. The supervising NCHD is normally a member from the team that is providing care for the patient during this admission.

Service provided by the Clinical Nurse Specialist:

- Help with coordination of Angiogram from Tullamore to SJH
- Follow up post stenting patients at 6 weeks
- Reviews inpatient Heart Failure patients
- Follows up Outpatient Heart Failure patients
- Organises outpatient Cardioversions and coordinates inpatient TOE

Contact details for Cardiac Physiologists:

| | |
|----------------------------|-------|
| ECG Bleep | 209 |
| Cardiac Physiologist bleep | 311 |
| Telephone | 59106 |

Contact details for Clinical Nurse Specialist:

Bleep 238
Telephone 59101



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SPECIALIST PALLIATIVE CARE SERVICE

What is Palliative Care?

Palliative Care is care given to improve the quality of life of patients who have serious or life-limiting conditions. This means a condition, illness or disease which is progressive and cannot be cured.

We aim to treat, as early as possible, the symptoms of the disease (or side-effects caused by treatments) and any psychological, social and spiritual problems related to the illness. We also assist families and caregivers through this experience and identify families or loved ones who may be a bereavement risk assisting them in seeking bereavement support services.

The Specialist Palliative Care (SPC) service at MRHT is a consultation based service for advice and guidance to the primary team, who continue to have primary responsibility for patient care, communication, delineation of ceilings of care and discharge planning.

Eligibility criteria for referral to specialist palliative care services:

Patients with both:

- an advanced, life limiting condition

And

- current and anticipated complexities relating to symptom control, end of life care planning or other physical, psychosocial or spiritual care needs.

It is recognised that there are grey areas and individual referrals may be discussed with the consultant so as to assess their appropriateness.

All referrals should normally be sanctioned by the most responsible physician.

The patient must be aware of and agreeable to palliative care referral. If there are any complexities, discuss with SPC team.

The SPC service is not a chronic pain service, and reserves the right to decline referrals of patients with chronic pain who do not have a palliative diagnosis.

Our team:

- Dr Michael Cushen Palliative Medicine Consultant (086 0433508)
- Paula Ward Palliative CNS (086 0358859).

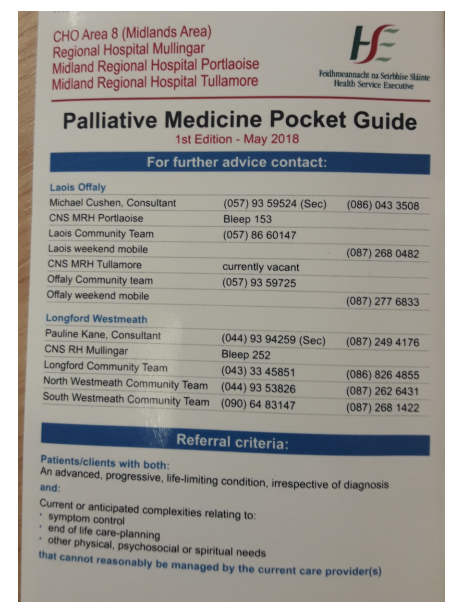
We provide a Monday to Friday Service during normal working hours. There is no on-call service but Dr Cushen is often available for advice out of hours.

How to Refer to SPC team

All referrals should be made by phone or in person to one of the SPC team by the primary team taking care of the patient.

Palliative Medicine Pocket Guide

You will be supplied with this guide to symptom control as part of your induction pack



VASCULAR LABORATORY

The Vascular Laboratory performs non-invasive ultrasound testing of the venous and arterial systems in the upper and lower limb, abdomen and neck. As the only Vascular Laboratory in the Midlands region we get referrals from GP's, PHN's and referring Consultants from a large geographical area.

Mr. Madhavan, Vascular Consultant from St. James's Hospital, attends an out-patient clinic here each fortnight.

A Tissue Viability Nurse works alongside the Consultant at these clinics.

Ankle Brachial Indices:

This is a test to grade the circulation of the legs. It is a ratio between the Brachial arteries and Ankle arteries. An index of 1 is considered normal and below that is indicative of varying levels of Arterial disease. It is used to assess patients who present with cold feet, claudication, ulcers and gangrene. Pedal pulses are insonated with a Doppler probe and the quality of the signal can be determined. A digital cuff is placed around the great digit of a diabetic patient to assess perfusion to this level.

Arterial Duplex:

This is an ultrasound to assess patency of upper and lower limb arteries. It is usually indicated when a patient had reduced Ankle Brachial Index and will indicate where a stenosis or occlusion is and the type of atheroma in this area which is important as a pre-op assessment. It is asked for only when patients are being considered for intervention and for monitoring of limbs post Angioplasty. It can be used for distinguishing between atheroma and thrombus and also allows for assessment of pseudo-aneurysms and lower limb aneurysms.

Graft Scan:

A graft is used to bypass an obstruction in the lower limb. Native vein can be harvested for this or PTFE can also be used. Inflow and Outflow of graft can be graded and flow within graft can be assessed. Graft surveillance allows for monitoring of flow and early intervention in failing grafts.

Contact us:

T: 057 9358311

E: therese.fitzpatrick@hse.ie

Chief Technologist - Therese
Fitzpatrick

Senior Technologist - Carol
McInerney



VASCULAR LABORATORY (Cont)

Venous Scan:

This is an ultrasound scan to assess the upper and lower limb Venous system. It is used pre-operatively to assess quality of superficial veins prior to harvesting for bypass grafts. It also assesses the deep venous systems to outrule or confirm Deep Venous Thrombosis. Superficial Venous systems are also imaged when a patient presents with Thrombophlebitis.

Varicose Veins are also assessed by ultrasound. Incompetent veins and perforators are noted and veins are assessed for suitability for Endovenous Laser Therapy.

Carotid Doppler:

Ultrasound scan is performed on the extracranial carotid arteries to evaluate the patency of these arteries and to grade any stenosis and atheroma present. This is used when patient's present with Transient Ischaemic Attacks and strokes. High grade stenosis are graded and assessed.

Arterio – Venous Fistula Surveillance:

Fistulas are scanned six weeks post-operatively. Volume flow results give good indications to the likelihood of Fistula reaching maturation. Fistulas are then scanned at 3, 6 and 12 monthly intervals to assess for patency and to identify problems before they arise.

Abdominal Aorta Scan:

This is an ultrasound scan of the aorta used to assess patients for aneurysmal dilatations. Patients return at regular interval for evaluation of their aneurysms and any change or increase in sac size is brought to the attention of the Vascular Consultant. Aneurysms are usually considered for surgery when they reach 5cm. When a patient has Endovascular Aneurysm Repair, they attend the Vascular Laboratory at regular intervals to assess for patency of the graft and to ensure that no endoleaks are present.

Contact us:

T: 057 9358311

E: therese.fitzpatrick@hse.ie

**Chief Technologist - Therese
Fitzpatrick**

**Senior Technologist - Carol
McInerney**



Sepsis

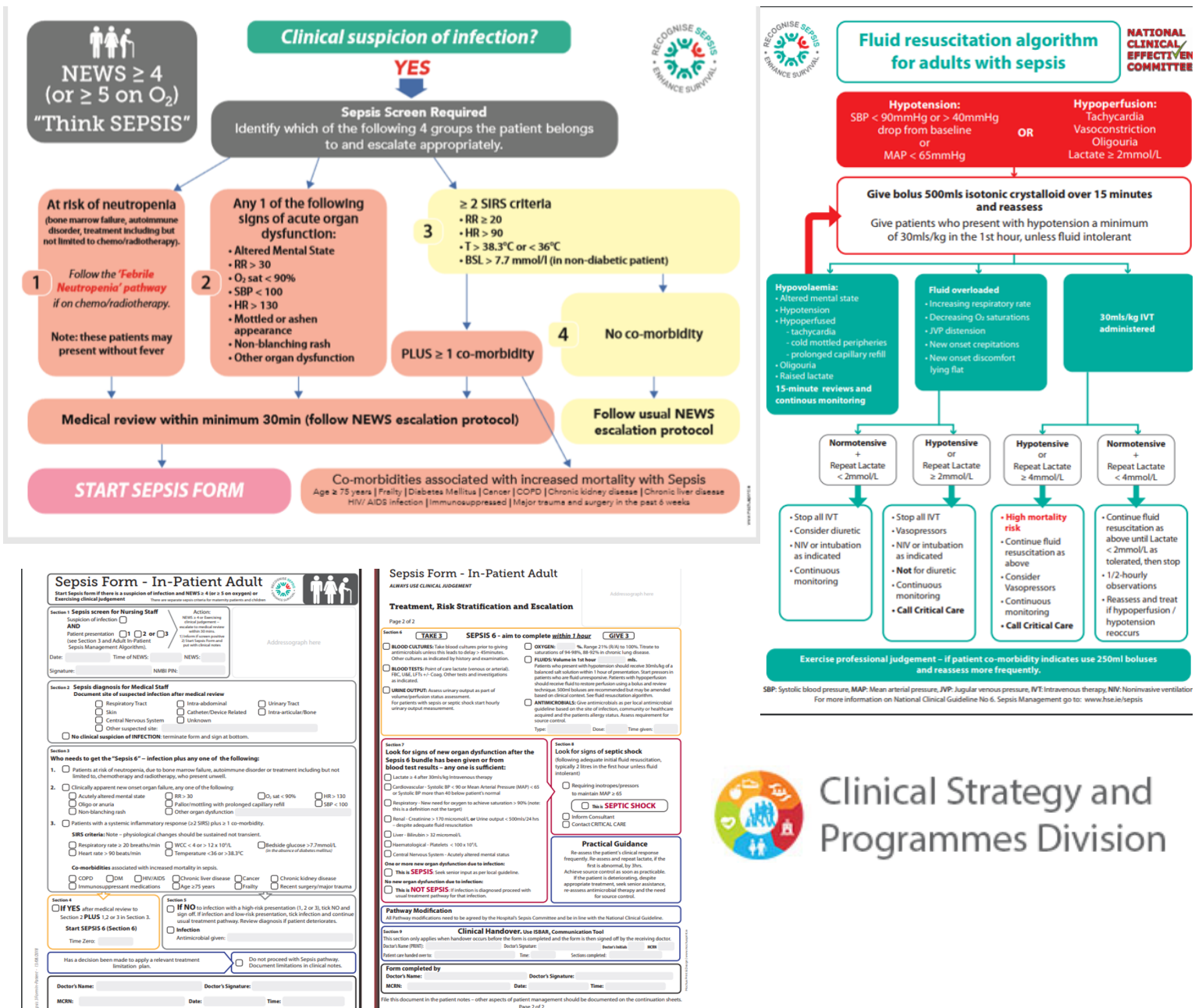
<https://www.hse.ie/eng/about/who/cspd/ncps/sepsis/>

Sepsis is a common time-dependent medical emergency. It can affect a person of any age, from any social background and can strike irrespective of underlying good health or concurrent medical conditions.

Internationally, approaches to sepsis management care based on early recognition of sepsis with resuscitation and timely referral to critical care have reported reductions in mortality from severe sepsis/septic shock in the order of 20-30%.

This website supports the implementation of the Sepsis Management: National Clinical Guideline No. 6, which was quality assured by the National Clinical Effectiveness Committee (NCEC) and launched by the Minister for Health in November 2014.

The **National Sepsis elearning programme** was launched at the 3rd National Sepsis Summit September 2016. Log on to www.HSEland.ie complete the programme - which is mandatory for all NCHD's.



HIPE



Activity-Based Funding (ABF) represents a major change in the way hospitals are funded, ensuring that hospitals are paid for the actual quantity and quality of care they deliver to patients, thereby enabling the hospitals to see clearly the link between money and the work they do. Targets for hospital activity are set centrally by the HSE and prices are set by the Healthcare Pricing Office (HPO).

ABF will:

- ensure a fairer system of resource allocation where hospitals are paid for the quality care they deliver,
- drive efficiency in the provision of hospital services,
- increase transparency in the provision of hospital services,
- ultimately, support the move to an equitable, single-tier universal health system.

GOOD CLINICAL DOCUMENTATION

Good clinical documentation is central to clinical coding to provide complete hospital activity data and in turn accurate DRG assignment, resulting in appropriate funding. Please follow the 10 steps below to ensure you are completing your clinical documentation to a high standard.



10 Tips for documentation improvement and HIPE Clinical Coding

- 1 Complete a discharge summary for all patients
 - ✓ This information needs to be documented and substantiated throughout the Medical Record
- 2 Write clearly and legibly in the notes and on discharge documentation
- 3 Reflect the patient's episode of care
 - ✓ Document the principal diagnosis – reason for admission
 - ✓ Document any other conditions or complications that are relevant to the episode
 - ✓ Record all diagnostic and therapeutic interventions
- 4 Day/date and sign every entry in the notes
- 5 Use approved abbreviations – spell out abbreviations where there could be ambiguity
Example: PE could be Pulmonary Embolism or Pulmonary Effusion
- 6 Be clear and specific– Clinical Coders cannot make inferences
- 7 Clearly identify procedural complications or late effects
 - ✓ Using terms such as: due to, or secondary to
- 8 Be as specific as possible
 - ✓ exact site of the fracture
 - ✓ organism responsible for the infection, if known
 - ✓ type of anaemia, due to blood loss, acute or chronic, aplastic, etc
 - ✓ how injuries happened and where they occurred
- 9 Please document the following:
 - ✓ The reason a test or examination is performed
 - ✓ Why care or treatment is provided e.g. if a patient receives I.V. iron – please document if the reason is to treat iron deficiency
 - ✓ If the reason for administering I.V. fluids is dehydration – please **document** the dehydration
- 10 If you receive a query from a Clinical Coder in relation to documentation please respond as soon as possible.



For further information on Clinical Coding and HIPE please contact the HIPE Department at your hospital.

Speech & Language Therapy Department



Contact: 057 9358721/5872

Bleep #261

Opening Hours:

Mon- Fri 9 - 5 pm

**Located @ Rehabilitation
Dept, Ground Floor**

The Speech & Language Therapy Dept in MRHT provides a service to all inpatients referred to the department who present with a communication and/or an eating, drinking and swallowing disorder. Our aim is to provide a quality service which is timely and effective for the patient and to provide support to their carers.

We see patients (not limited to) presenting with progressive neurological conditions such as stroke, tracheotomy, voice disorders, respiratory disorders and head and neck cancer.

We also offer an outpatient service including a facilitated discharge clinic which allows for those not seen during their inpatient stay to be followed up within 2 weeks of discharge.

Referral Procedure

- Completed referral card to be left in relevant slot on ward.
- All referral cards must have name, DOB, chart number, reason for referral and signature of referral agent.
- ALWAYS bleep the SLT team via bleep #261 to notify them of the referral. A delay in notification may affect a patients waiting time to be seen by the SLT team.
- Incomplete forms will be returned to the referral agent for further information.

Dept of Nutrition & Dietetics



This department provides a comprehensive dietetic service to both in-patients and out-patients. The service exists to improve the health of the individual patient by appropriate nutrition intervention. There are a number of specialist dietetic services for patients. These include Renal Dialysis service, Oncology, Haematology and Cardiology.

There are also a number of general outpatient clinics providing services to medical and surgical patients. Dietetic Service is available to in-patients and outpatients referred by consultant teams within the Hospital.

Services

- Assessment of nutritional status and nutritional requirements
- Formulation of dietary advice for individual patients
- Monitoring and design of suitable feeding regimens for patients requiring nutritional support, i.e. Enteral feeding or TPN
- Patient nutrition education
- Professional staff education

Referral forms

- Available on wards and in OPD
- Relevant clinical info and reason for referral must be documented
- Referral must be signed by doctor or clinical nurse specialist / SALT

Research & Education Centre (Library)

The Library service is available to all staff and students. Resources include a wide variety of print and online material. There is an extensive catalogue of material in a wide range of subject areas.

Online access available at www.hselibrary.ie/midlands, including

- BMJ Best Practice:
 - UpToDate:
- Search E-Library:
- British National Formulary & BNFC, Stockleys, Martindale
- Medline with a Full Text collection
- PubMed, PsycINFO,
- Health Management etc.



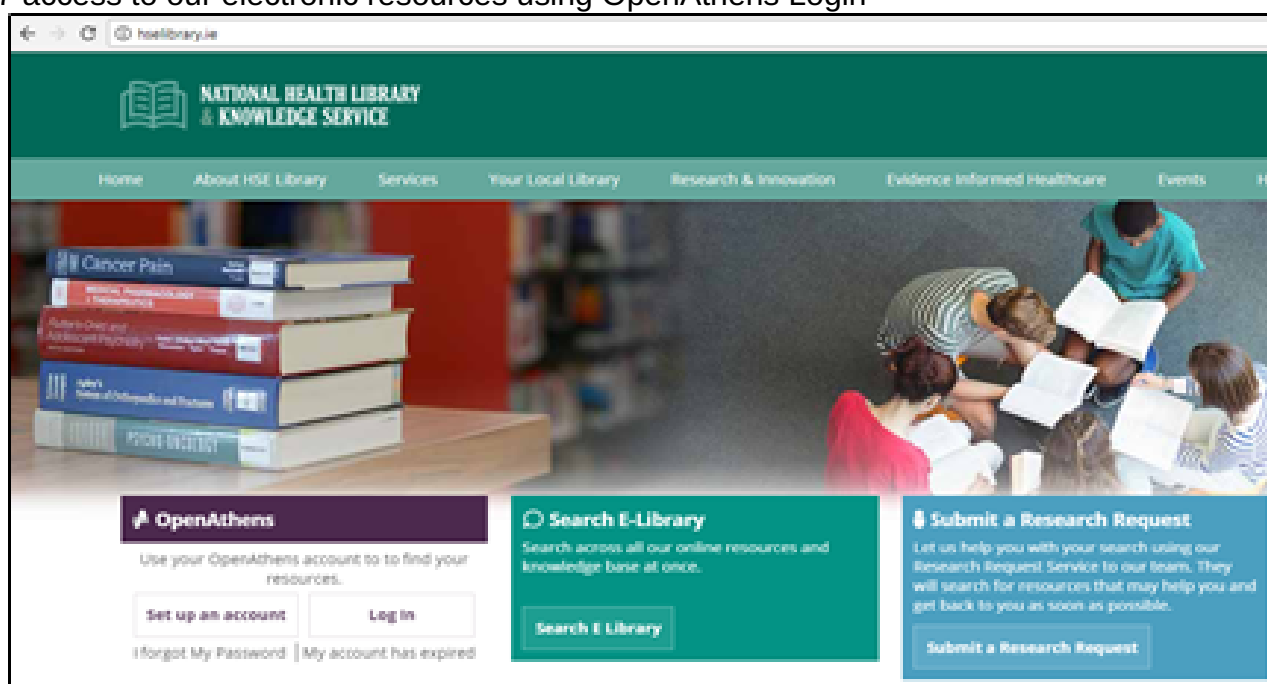
Contact: 057 9358393

Email: libraryMRHT@hse.ie

**Opening Hours: Mon-Fri
9am-5pm**

**Location: 1st Floor
Scott Building, MRH
Tullamore**

• 24/7 access to our electronic resources using OpenAthens Login



The Library also provides an extensive range of print resources, including:

Exam books
Oxford handbooks

- Course materials for mandatory training (e.g. ACLS)

Library staff also provide assistance and training on the use of all Library resources.





www.hselibrary.ie/midlands



Download the ClinicalKey App for Apple™ and Android™ devices.

Download the free CK app from your app store and login with your OpenAthens login.

To access the ClinicalKey app through Athens, please make sure you have activated your personal profile:

- Go to ClinicalKey.com, click 'Login' and look for 'OpenAthens login'. Login with your Athens username and password.
- Does your name appear in the top right corner of the screen? If so, you're all set!
- If instead it says 'Activate', click on this, complete the form and press 'Register'.
- You have now created a personal profile that will track your searches, store quick links to favourite items and more.

Continue to access the ClinicalKey app:

- When opening the ClinicalKey app, click 'OpenAthens login' and enter your Athens username and password to be connected.
- Now you can start searching on the ClinicalKey app!

Educational Opportunities

The following medical educational events are held in the Education Centre:



| Event | Day | Time | CPD accredited |
|--------------------|-----------|---------------|----------------|
| Grand Rounds | Wednesday | 07:45 – 08:45 | 1 CPD point |
| Teaching Thursdays | Thursday | 12:30 – 13:30 | 1 CPD point |
| Journal Club | Friday | 12:30 – 13:30 | 1 CPD point |

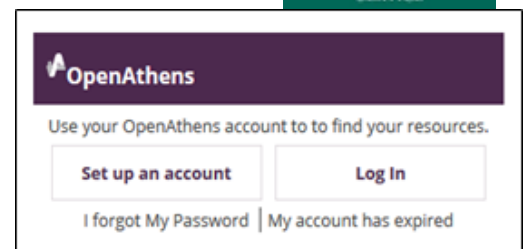
Other educational events as they arise using videoconferencing and webcasting facilities. The Education Centre includes lecture theatres, tutorial rooms and a clinical skills training room. The following medical educational events are held in the Education Centre:

MRHT have produced an Education and Training Guide which has been sent to you via separate email. This document details all of the educational opportunities afforded to all doctors during their time in MRHT.

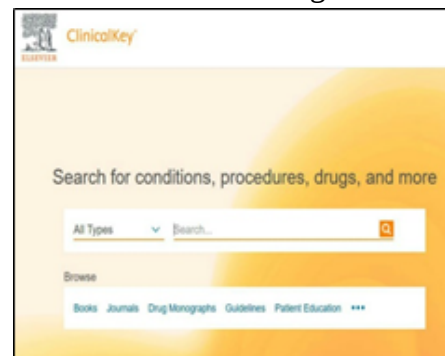
The National Health Library & Knowledge Service aims to empower staff by enabling access to the health sciences knowledge base to support evidence-led patient care, continuing education and research. Staff can also use the two Wi-Fi enabled study rooms which are co-located with the Library and are accessible 24/7.



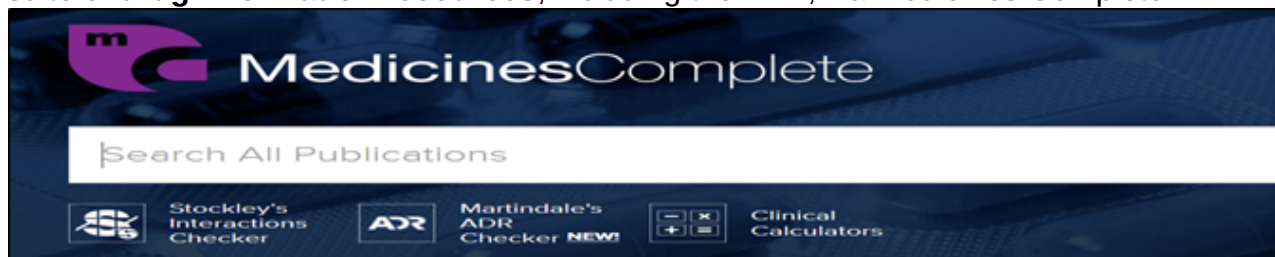
Register for an OpenAthens account on our website www.hselibrary.ie to access an extensive range of Full text electronic journals including BMJ, Lancet and New England Journal of Medicine



Point of care tools, which are also available as an App to support your clinical decision making at the bedside.



A suite of **drug information resources**, including the BNF, via Medicines Complete.



Searching: **MEDLINE with Full Text** | [Choose Databases](#)

☐ Suggest Subject Terms

| | | |
|----------------------------|-----------------------------|--|
| <input type="text"/> | Select a Field (optional) ▼ | <input type="button" value="Search"/> <input type="button" value="Clear"/> <input type="button" value="Help"/> |
| AND ▼ <input type="text"/> | Select a Field (optional) ▼ | |
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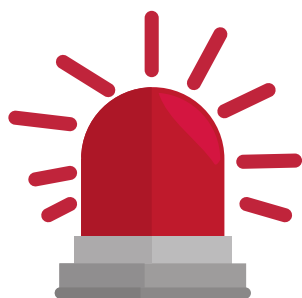
[Basic Search](#) [Advanced Search](#) [Search History](#)

Medical databases, such as Medline with Full Text, which indexes key biomedical literature and facilitates focused searching

Emergency Response

Bleeps/BLS/ACLS

Please ensure you are aware your responsibilities in this process.
BLS/ACLS Training



- It is your responsibility to have a current certificate in resuscitation in the discipline you are working in.
- Courses are provided in Tullamore - Contact Anne Smyth - ext 58934 bleep #345 or email annem.smyth@hse.ie

Cardiac Arrest Bleep 2222

When Cardiac Arrest Bleep Test is activated please reply to caller to confirm text message and visual display are working.

22 22 is the Cardiac Arrest number in Tullamore. State your location when requesting the arrest team.

Incident & Risk Management

Reporting of incidents and near misses is a key element in the governance of the Hospital

A patient safety incident is defined as an incident which occurs during the course of the provision of a health service which:

- has caused an unintended or unanticipated injury, or harm, to the patient,
- did not result in actual injury or harm to the patient but was one which the health service provider has reasonable grounds to believe placed the patient at risk of unintended or unanticipated injury or harm, or:
- unanticipated or unintended injury or harm to the patient was prevented, either by “timely intervention or by chance”, but the incident was one which the health services provider has reasonable grounds for believing could have resulted in injury or harm, if not prevented.

For further information contact:

Fiona McMahon,

Divisional Nurse Manager,

Clinical Risk, 1st Floor

Scott Building

Email

Fiona.mcmahon@hse.ie

Service users may experience an adverse outcome which may be due to:-

- a deterioration in their condition despite the best care and treatment
- a risk or complication associated with their medical condition
- as a result of non-compliance with care and /or treatment
- a recognised risk, complication or side effect associated with a medical procedure or treatment
- a failure/error in the delivery of care or
- a combination of some or all of the above

In the event of either a patient safety incident or an adverse outcome please ensure you complete the relevant National Incident Report Form (NIRF)

Clinical Engineering Department



MRHT Clinical Engineering Department provides 24/7 365 days per year maintenance and technical support for over 6000 items of medical device equipment to the hospital, who complete 90% of repairs and maintenance of clinical equipment inhouse.

The MRHT Equipment Library is located on the 2nd floor, opposite the Oncology Ward. The service allows on-line booking of available equipment Mon-Fri 9 am - 4.30 pm (excluding public holidays).

Contact extension 58464 for all queries or to gain access to equipment outside of the hours detailed above.

How to Log a Call for Faulty Medical Device Equipment

Unless extremely urgent, all faults must be logged using the 'Clin Eng Call Logging' system which is located on most PC desktops. You will be required to enter the following details:

- Asset/Equip Number
- Full details of the fault
- Requestor Name
- Requestor Contact Number
- Details of cleaning/disinfection

The two types of Asset /Equipment number labels currently used in MRHT are pictured opposite.



CONTACT DETAILS

Contact the Clinical Engineering Dept at:

T: 057 9358406, ext 58406

M: 086 3802601

E: clinicaleng.mrht@hse.ie

Health & Safety

Role & Responsibilities of Employees

All employees have a responsibility for their own safety health and welfare and that of others in the workplace and should therefore:

- Take reasonable care to protect their own safety, health and welfare and that of any other person who may be affected by their acts or omissions at work
- If reasonably required by his or her employer, submit to any reasonable and proportionate tests for intoxicants by, or under the supervision of, a registered medical practitioner who is a competent person, as may be prescribed.
- Co-operate with their employer or any other person so far as is necessary to enable their employer or the other person to comply with the relevant statutory provisions, as appropriate
- Not engage in improper conduct or other behaviour that is likely to endanger his or her own safety, health and welfare at work or that of any other person.
- Ensure they are not under the influence of an intoxicant to the extent that they may endanger their own safety, health or welfare at work or that of any other person
- Attend all necessary training and, as appropriate, undergo such assessment as may reasonably be required by their employer or as may be prescribed relating to safety, health and welfare at work or relating to the work carried out by the employee
- Having regard to his or her training and the instructions given by their employer, make correct use of any article or substance provided for use by the employee at work or for the protection of his or her safety, health and welfare at work, including protective clothing or equipment
- Report to their line manager or to another appropriate person, as soon as is practicable:
 - Any work being carried out, or likely to be carried out, in a manner which may endanger the safety, health or welfare at work of the employee or that of any other person
 - Any defect in the place of work, systems of work, any article or substance which might endanger the safety, health or welfare at work of the employee or that of any other person
 - Any contravention of the relevant statutory provisions which may endanger the safety, health and welfare at work of the employee or that of any other person, of which he or she is aware
- On entering into a contract of employment, not misrepresent themselves to an employer with regard to the level of training
- Not intentionally, recklessly or without reasonable cause:
 - interfere with, misuse or damage anything provided under the relevant statutory provisions or otherwise for securing the health, safety and welfare of those at work
 - place at risk the safety, health or welfare of persons in connection with work activities.
- Comply with the HSE Incident Management Policy and Procedure with regard to identifying, taking any immediate action required and reporting incidents to their Line Manager and partaking, if required, in incident investigations relevant to them or their service area
- Comply with relevant HSE and local Policies, Procedures, Protocols and Guidelines
- Make themselves familiar with the contents of the Safety Statement and seek clarification from their manager if they are unclear about any aspect of the Safety Statement that is relevant to their work activity
- If pregnant, notify their line manager so that a pregnancy risk assessment can be carried out.

Improving quality, safety, health and welfare within the HSE is incumbent on all employees, inclusive of clinicians, frontline staff, managers and administrators.

The successful implementation of the Safety Management Programme will greatly depend on the full co-operation of each employee. Failure to comply with the terms of the Safety Statement may result in disciplinary action

MRHT is committed to participating in five National Clinical Audits in collaboration with the National Office of Clinical Audit (NOCA). The five national clinical audits are

- Irish Hip Fracture Database
- Irish National Orthopaedic Register
- Major Trauma Audit
- National Audit of Hospital Mortality
- Irish National ICU Audit

NOCA is funded by the Health Service Executive Quality Improvement Division, governed by an independent voluntary board and operationally supported by the Royal College of Surgeons in Ireland. Each audit has a dedicated National Clinical Lead and an Audit Manager. Audits are overseen by an audit governance committee, which reports to the NOCA Governance Board. NOCA manages national clinical audits that aim to improve patient care and outcomes.

NOCA enables the Irish healthcare system continually to improve its standards of care via maintenance of a portfolio of prioritised national clinical audits standardised against national and international criteria. NOCA enhance accessibility to validated data for persons who use, manage and deliver healthcare. NOCA clinical audits help to improve patient outcomes and create positive change locally and nationally.

Data collected for national clinical audit at the Midland Regional Hospital at Tullamore are used in many ways, such as:

- Hospital reports
- National reports
- Local quality improvement initiatives
- Service improvement
- Research

Further information on the National Office of Clinical Audit is available at <https://www.noca.ie>

Contact details for local clinical leads and audit coordinators:

| Name of Audit | Clinical Lead/Key Contact | Local Audit Coordinator |
|--------------------------------------|--|---|
| Irish Hip Fracture Data base | Dr Dorothy Niall E:dorothy.niall@hse.ie | Breda Conlon E:breda.conlon@hse.ie |
| Irish National Orthopaedic Register | Dr Dorothy Niall E:dorothy.niall@hse.ie | Dearbhail Foy E:dearbhair.foy@hse.ie |
| Major Trauma Audit | Dr Anna Moore E:anna.moore1@hse.ie | Anita Sawyer E:anita.sawyer@hse.ie |
| National Audit of Hospital Mortality | Key Contact: Brendan Reddy E:brendan.reddy@hse.ie | |
| Irish National ICU Audit | Dr Rajesh Jain E:Rajesh.jain@hse.ie | Mary Kelly E:mary.kelly25@hse.ie |

CONSUMER AND LEGAL AFFAIRS

Your Service Your Say

Service User feedback, including complaints, is a valuable source of information on how well our services are doing. It ensures that there is long term learning across the hospital and community health sectors from analysis of all Service User feedback. The hospital encourages a culture of welcoming feedback from our service users and we use this feedback as a driver for service improvement and delivery. Linking complaints with learning and improvement is an important way of assuring safety and quality of care.

The HSE tries to resolve all complaints at the point of contact. This means all staff have a responsibility to try to resolve the issue when it is first raised. If the issue is complex, or cannot be resolved at the point of contact, the complainant can be directed to the Complaints Officer. You can find out more details on this process here:

<https://www.hse.ie/eng/about/qavd/complaints/ysysguidance/listening-responding-to-feedback/stage1.html>

Freedom of Information (FOI)

The Freedom of Information Act is a piece of legislation that allows members of the public access records. It is important to note that as all records held by the HSE are subject to the FOI Act, staff need to be aware that records they create can be requested and released into the public domain. The HSE regularly receives requests from members of the public seeking their own medical records, and from journalists, Public Representatives and other business groups for various records (e.g. minutes of meetings, correspondence on various topical issues, statistical information etc.).



In this regard, you should always be able to stand over the records you create. They should be fair, objective, unambiguous, relevant and accurate.

GDPR

Everyone working within healthcare has a legal duty to keep patient information confidential.

All personal data pertaining to Patients is processed in accordance with all applicable Data Protection laws and principles, including the General Data Protection Regulation (EU) 2016/679 and the applicable Irish Data Protection Acts 2018.

“Personal data” means data relating to a living individual who is or can be identified either from data or data in conjunction with other information that is likely to come into the possession of the Data Controller.

Personal data must be processed in line with the 6 principles of GDPR which are:

1. Collect personal data in a lawful, fair, and transparent way
2. Use that data for the purpose for which it was collected
3. Only collect what is necessary/proportional to the purpose (Data Minimisation Approach)
4. Keep data up to date, accurate & complete
5. Only keep data for as long as it is necessary
6. Keep data safe, secure and confidential

All health information under GDPR is deemed as “special category data” and as a hospital we endeavour to ensure Patient information is treated with the utmost respect and confidentiality. Other special category data is data revealing racial or ethnic origin, political opinions, religious or philosophical beliefs, trade union member genetic and biometric data and data concerning a person’s sex life or sexual orientation.

CONSUMER AND LEGAL AFFAIRS (Cont)

Practical tips to ensuring GDPR compliance:

- Ensure healthcare charts/documents, etc. are secure at all times.
- Do not leave information/files unattended (in clinic rooms, waiting areas etc).
- Do not remove charts/documents off site unless necessary. Track charts going off site.
- Ensure confidential waste paper is disposed securely (including patient lists & other loose documents that are no longer needed at the end of a shift).
- Many breaches have happened when loose papers/charts/labels/patient lists have been found on the ground (both within the hospital campus and outside hospital ground including pubs, shops, cafes, public transport etc).

When posting information ensure the correct document goes into the correct envelope. Check that the full postal address is used and that envelopes are properly sealed.

When e-mailing, ensure the correct document is attached. Double check the e-mail recipient address (there may be similar addresses that vary by a digit). Ensure "special category" data is encrypted if sending outside the hse.ie domain.

When using PC's/laptops, ensure screens can not be viewed by members of the public. Do not keep passwords on or near PC's/Laptops. Log in with your own password. Don't share passwords. Change your password regularly.

Work phones/tablets are for official use only. Do not use personal devices to store official documents or personal data of others.

Formal Complaints/ Service Feedback/Compliments from members of the Public and Requests for Records under FOI/GDPR are dealt with by the Consumer and Legal Affairs Manager/Office.

What is a Data Breach?

A personal data breach is a breach of security leading to the accidental or unlawful destruction, loss, alteration, unauthorised disclosure of, or access to, personal data transmitted, stored or otherwise processed.

All data protection incidents and suspected data protection breaches must be documented and must be reported to the Deputy Data Protection Office immediately (through your own Line Manager and MRHT Consumer and Legal Affairs Manager). If there is or is likely to be a significant detrimental impact on individuals, the individuals must be notified. All suspected IT Security breaches must be reported to the OoCIO and the Deputy DPO's as per HSE policy

The DDPO contact details for the Midland Regional Hospital Tullamore are:

ddpo.dml@hse.ie
Phone: 057 9357876

More information can be found at <http://hsenet.hse.ie/GDPR/>

