Contents

Overview of the Hospital .......................................................... 3
   Introduction
   Foreword
   A Little History of St Luke’s
   Heads of Department
   Governance and Management
   Hospital Activity
   National Targets

Corporate Reports .................................................................. 11

Scheduled Care .................................................................... 29

Unscheduled Care ............................................................... 45

Support Services .................................................................. 73
Foreword

2017 was an extremely busy year in St Luke’s General Hospital Carlow-Kilkenny. Over the course of the year, we cared for 19,697 inpatients, 9,327 day case patients and a further 47,857 outpatients. 1,613 babies were born in the hospital. Our Emergency Department attendances increased to 48,782.

We were delighted to roll out a number of Rapid Improvement Events in conjunction with the Ireland East Hospital Group. As a result, we launched our Geriatric Emergency Medicine Service (GEMS) and frailty pathway in February 2017.

We also worked towards cohorting as many Surgical patients as possible in one ward – Surgical 1.

The standardization of ward boards and daily ‘hub’ meetings with CNM2s, Bed Manager, A/DON Patient Flow and Hospital Manager/Business Manager has led to a more focused admissions/discharge process. In addition, the opening of the hospital’s Discharge Lounge in December 2016 has resulted in earlier discharges from the wards.

2017 also brought with it many challenges – the high number of presentations to all of our services meant that we had to constantly look at the way in which we delivered our care. Work commenced on refurbishing the old Gynaecology Ward (Ward 7) for use when the hospital is in over-capacity. Two wards in the hospital – Surgical 1 and Surgical 2 - were also renovated by the Technical Services Department, updating what were 70-year-old wards.

While we have challenges with the physical aspects of the hospital, the commitment by staff and high level of care that they provide cannot be underestimated.

The hospital continues to work with local GPs and the Community to provide a more streamlined process of care for our patients. The dedication of our staff and management, coupled with the co-operation with our community partners and support of the Ireland East Hospital Group is evident through the development of our services.


Anne Slattery
General Manager
A Little History of St Luke’s

St Luke’s General Hospital Carlow-Kilkenny is situated about one and a half miles from the centre of Kilkenny City. It is a Model 3 statutory hospital and is part of the Ireland East Hospital Group (IEHG). The hospital provides a wide range of health services for over 155,000 people in Carlow-Kilkenny and surrounding counties.

The hospital has 305 beds, including 41 day care beds, and provides Accident and Emergency, Anaesthetic, Medical, Surgical, Paediatric, Obstetrics, Gynaecology, Hepatology, Gerontology, Neurology, Oncology, Dermatology, Rheumatology, Cardiology, Endocrinology, Gastroenterology, Respiratory, Palliative Care and Radiology services.

The hospital was originally opened on the 18th December 1941 to serve the county of Kilkenny as a general hospital and to accommodate 130 patients with a staff of 44. When built, the hospital replaced the Kilkenny County Infirmary, which was located in John’s Green. The architects for the new hospital were Downes and Meehan. The hospital was then under the management of Kilkenny County Council. The first County Surgeon was Mr WJ Phelan, who transferred from the County Infirmary. St Luke’s General Hospital took over acute hospital care for County Carlow in 1986. In 1971, the hospital employed a total of 141 staff, which included four full-time Consultants and 67 Nurses. Mr B Scarisbrick was County Surgeon, Dr PJ Faul, County Physician, Dr B O’Farrell Obstetrician/Gynaecologist and Dr B Coyne, Anaesthetist. Sr M Angela was Matron and Sam Oakes Administrator. Today, it employs over 1,000 people.

The hospital has expanded over the years. In 2001, a Cardiology and ward (Surgical/Medical and Surgical 3) block was opened. In March 2003, a new 45-bed Department of Psychiatry opened. In 2006, a 5-bedded Acute Stroke Ward, a Stroke Therapies’ area and a Dexascanner were commissioned. The new Outpatients’ Department opened in April 2009. The most recent development was the opening of a €21 million extension in 2015/2016 incorporating an Emergency Department, Acute Medical Assessment Unit, Hepatology Unit, Oncology Day Ward, Day Services Unit (including Endoscopy), and a state of the art Library and Education Centre. The Hospital also provides diagnostic Radiological and Pathology services as well as Physiotherapy, Occupational Therapy, Speech and Language Therapy, Nutrition and Dietetics, Cardiac Diagnostic and Rehabilitation Services, Pulmonary Function Laboratory and Respiratory Services. The hospital campus includes a 44-bed Department of Psychiatry and an Occupational Health Department. The Project Team is now focusing on the MRI development which, it is hoped, will be in place in 2018.
Head of Departments 2017

Anne Slattery
General Manager

Pat Shortall
Deputy General Manager

Prof Garry Courtney
Clinical Director

Helen Butler
Director of Nursing

Connie McDonagh
Director of Midwifery

Mary Ryan
Business Manager, Unscheduled Care

Eleanor Moore
Business Manager, Scheduled Care

Tom Doran
Finance Manager

Charlie Murphy
Technical Services Manager

Dan McCarthy
Medical Manpower Manager

Mary Dowling
Clinical Risk Manager

Donal Carroll
Chief Pharmacist

Carrie Doorley
Radiology Services Manager

Majella Doherty
Dietitian Manager

Liz Kelso
Physiotherapy Manager

Catherine O’Keeffe
Occupational Therapy Manager
Head of Departments 2017

- Fionnuala Brennan
  Admissions Supervisor

- Nadia Shivgulam
  Medical Records Officer

- Alison Mulloney
  Patient Liaison Officer

- Mr Faisal Awan
  Surgical Lead

- Mr Trevor Hayes
  Women’s Health Lead

- Dr Eileen Marnell
  Anaesthetic Lead

- Dr David Waldron
  Paediatric Lead

- Dr Kieran Carroll
  Radiology Lead

- Dr Colm McGurk
  Medical Lead

- Dr David Maritz
  Emergency Medicine Lead
Governance and Management

Executive Management Team:

Anne Slattery, General Manager
Prof Garry Courtney, Clinical Director
Helen Butler, Director of Nursing
Mary Ryan, Business Manager
Eleanor Moore, Business Manager
Pat Shortall, Deputy General Manager
Tom Doran, Finance Manager
Mary Dowling, Risk Manager
Connie McDonagh, Director of Midwifery
Majella Doherty, AHP Rep

Dr. Faisal Awan, Clinical Lead Surgery
Dr. Phyllis O’Sullivan, Clinical Lead Radiology
Dr. Eileen Marnell, Clinical Lead Anaesthetics
Dr. Trevor Hayes, Clinical Lead Obstetrics & Gynaecology
Dr. David Waldron, Clinical Lead Paediatrics
Tom Doran, Finance Manager
Dr. Carthage Moran, SPR Registrar
Dr. Kempes

Reporting Structures

SLGH Carlow Kilkenny Senior Management Team

Joint Clinical Leads IEHG
Prof. Kevin O’Malley
Prof Risteard O’Laoide

Executive Director of Nursing
Mr Paul Gallagher

National Director Acute Hospitals
Liam Woods

CEO IEHG
Mary Day

COO IEHG
Ann Donovan

General Manager
SLGH
Anne Slattery

Clinical Leads
Medicine: Dr McGurk
Surgery: Mr Awan
Women’s Health: Mr Hayes
Radiology: Dr Carroll
Paediatrics: Dr Waldron
Anaesthetics: Dr Marnell
Emergency: Med Dr Maritz

Business Manager
Clinical Services and Unscheduled Emergency Care
Mary Ryan

Director of Midwifery
Connie McDonagh

Deputy GM Facilities Safety and Support Services
Pat Shortall

Business Manager Scheduled Care, Clinical Services
Eleanor Moore

Finance Manager
Tom Doran

HR Manager
Tanya Byrne A/Officer

Clinical Risk Manager
Mary Dowling

HSCP Rep
Majella Doherty

EMT Apr 2018

Liaise Report
Direct Report

St Luke’s General Hospital Carlow-Kilkenny
Annual Report 2017
Hospital Activity

The table below outlines the scheduled and unscheduled care activity, the birth numbers and percentage variances.

<table>
<thead>
<tr>
<th>Area of Service Provision</th>
<th>2016</th>
<th>2017</th>
<th>% Variance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inpatient Discharges</td>
<td>18,773</td>
<td>19,697</td>
<td>4.92%</td>
</tr>
<tr>
<td>Day Cases</td>
<td>9,525</td>
<td>9,327</td>
<td>-2.08%</td>
</tr>
<tr>
<td><strong>Emergency Care</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ED Attendances</td>
<td>48,105</td>
<td>48,782</td>
<td>1.41%</td>
</tr>
<tr>
<td><strong>Births</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total number of Births</td>
<td>1,625</td>
<td>1,613</td>
<td>-0.75%</td>
</tr>
<tr>
<td><strong>Outpatients (OPD)</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total New and Return Consultant led outpatient attendances</td>
<td>45,606</td>
<td>47,857</td>
<td>4.94%</td>
</tr>
</tbody>
</table>
National Targets

The Hospital has performed well and achieved compliance with many national targets including the following:

- Nursing Metrics achieved an overall compliance rate of 92% year to date, with 8 of the 12 metrics reaching 100% compliance.

- Scheduled Care for Adult Inpatients/Day Case, currently 95% with < 15-month target and 95% target compliance for children with 5-month target.

- Out Patient Access 97.2% compliance on our 15-month target.

- Endoscopy – 100% compliant for urgent referrals and 45.7% for routine referrals.

<table>
<thead>
<tr>
<th>PET TIMES</th>
<th>ACTUAL</th>
<th>TARGET</th>
</tr>
</thead>
<tbody>
<tr>
<td>ED - 75 YEARS - 6 HOURS</td>
<td>87%</td>
<td>95%</td>
</tr>
<tr>
<td>ED - 75 YEARS - 9 HOURS</td>
<td>96%</td>
<td>100%</td>
</tr>
<tr>
<td>ED - 75 YEARS - 24 HOURS</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>ED - 6 HOURS</td>
<td>89.60%</td>
<td>75%</td>
</tr>
<tr>
<td>ED - 9 HOURS</td>
<td>96.90%</td>
<td>100%</td>
</tr>
<tr>
<td>AMAU - 6 HOURS</td>
<td>58.70%</td>
<td>75%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>DOSA</th>
<th>ACTUAL</th>
<th>TARGET</th>
</tr>
</thead>
<tbody>
<tr>
<td>DAY OF PROCEDURE ADMISSION RATE</td>
<td>96.00%</td>
<td>85.00%</td>
</tr>
</tbody>
</table>

Dee Shanahan, IEHG, Liz Kelso, Physiotherapy Manager, Anne Slattery, General Manager and Catherine O’Keeffe, OT Manager, pictured at the IEHG Rapid Improvement Event Report Out in the Mater Hospital
Finance

The finance departments are under the management of Tom Doran, Finance Manager supported by Susan Boland, Finance Officer.

The finance function provides service support and regular financial information to the hospital’s Executive Management Team, IEHG and HSE Corporate. The Finance Department has 16.75 WTE’s and is made up of the following departments: Creditors, Patient Accounts and HIPE. There is also a central finance function in the Regional Office (South East Region) which provides Finance Shared Services to the hospital including payment processing and the production of the Annual Financial Statements.

2017 Expenditure

<table>
<thead>
<tr>
<th></th>
<th>Expenditure €m</th>
<th>Budget €m</th>
<th>Variance €m</th>
</tr>
</thead>
<tbody>
<tr>
<td>PAY</td>
<td>67.04</td>
<td>64.26</td>
<td>2.782</td>
</tr>
<tr>
<td>NON-PAY</td>
<td>20.75</td>
<td>18.50</td>
<td>2.254</td>
</tr>
<tr>
<td>GROSS</td>
<td>87.80</td>
<td>82.76</td>
<td>5.036</td>
</tr>
<tr>
<td>INCOME</td>
<td>-</td>
<td>13.58</td>
<td>0.144</td>
</tr>
<tr>
<td>NET</td>
<td>74.36</td>
<td>69.18</td>
<td>5.180</td>
</tr>
</tbody>
</table>

Pay: The main cost drivers in this area were increased medical staff numbers, combined with increased use of nursing agency staff and agency support staff throughout the year.

Non-Pay: The main cost drivers in non-pay related to Pharmacy costs, with the hospital being included in a specific high cost drug programme for HEP C with the HSE. Other increases in demand led drug expenditure was seen in Chemotherapy (+25%) and ICU expenditure (+36%).

There was also increased maintenance expenditure for essential refurbishment works undertaken in the year as part of infection control requirements.

Human Resources

The HR Department provides a comprehensive, strategic, and operational human resource function in the hospital. The HR department also provides a Medical Manpower service which is responsible for the recruitment of on-consultant hospital doctors. In addition, it provides managers with human resource information whilst offering support and guidance on how best to navigate through a complex range of HR policies and procedures.
Staff Census

<table>
<thead>
<tr>
<th></th>
<th>201412</th>
<th>201512</th>
<th>201612</th>
<th>201711</th>
<th>201712</th>
<th>201712-201711</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical/Dental</td>
<td>114.16</td>
<td>128.16</td>
<td>137.15</td>
<td>149.59</td>
<td>147.40</td>
<td>-2.19</td>
</tr>
<tr>
<td>Nursing</td>
<td>348.65</td>
<td>379.30</td>
<td>390.37</td>
<td>389.37</td>
<td>393.54</td>
<td>4.17</td>
</tr>
<tr>
<td>Health &amp; Social Care Professionals</td>
<td>64.20</td>
<td>74.99</td>
<td>86.72</td>
<td>90.49</td>
<td>89.98</td>
<td>-0.51</td>
</tr>
<tr>
<td>Management/Admin</td>
<td>109.89</td>
<td>126.89</td>
<td>125.09</td>
<td>138.29</td>
<td>139.99</td>
<td>1.70</td>
</tr>
<tr>
<td>General Support Staff</td>
<td>153.09</td>
<td>185.24</td>
<td>188.15</td>
<td>200.79</td>
<td>201.78</td>
<td>0.99</td>
</tr>
<tr>
<td>Other Patient &amp; Client Care</td>
<td>26.85</td>
<td>46.75</td>
<td>62.13</td>
<td>59.92</td>
<td>61.36</td>
<td>1.44</td>
</tr>
<tr>
<td>Sum:</td>
<td>816.84</td>
<td>941.33</td>
<td>989.61</td>
<td>1,028.45</td>
<td>1,034.05</td>
<td>5.60</td>
</tr>
</tbody>
</table>

Medical Manpower

During 2017, there were no consultant post vacancies. However, additional resources were provided for Anaesthetics, Paediatrics and Medicine.

Education and Training

The Dr Jim Mahon Library and Education Centre, which was part funded by the RCSI and UL, opened in November 2015 and continues to be the hub for education and training. St Luke’s works with a number of academic partners and educational facilities in order to provide the best possible training and mentoring for its staff and students.

Employee Relations

St Luke’s management continues to work with staff and unions as part of a shared working relationship.

Nurse Recruitment

Nurse recruitment was the main challenge in 2017, with approximately 30 vacancies on an ongoing basis.

Health and Safety

It is the policy of St Luke’s General Hospital Carlow-Kilkenny to ensure the safety, health and welfare at work of all employees, so far as is reasonably practicable. The hospital is also committed to ensuring that service users, contractors and members of the public are not exposed to risks to their safety health and welfare.

Health and Safety management is overseen by the Health and Safety Committee under the leadership of the Deputy General Manager. This Safety Committee includes representatives from various departments as well as Safety Representatives.

The following Health and Safety goals were achieved in 2017:

- Development of Departmental Safety Statements
- Review and updating of Risk Assessments
- Participation in an Audit by the HSE Health and Safety Audit team and development and implementation of Quality Improvement Plans arising from Audit Findings
- Participation in Dangerous Goods Safety Audit conducted by DCM Compliance and the Development and Implementation of Quality Improvement plans
- Audit of Hospital Clinical Waste Collection by the Health and Safety Authority
- Roll out of on-line Health and Safety Management Training for Department Heads
- Roll out of on-line Display Screen Equipment Training for regular computer users
- Ongoing provision of practical training in Patient and Materials Handling, Therapeutic Management of Violence and Aggression, Breakaway, Health and Safety Awareness and Chemical Safety
- Maintenance of a Health and Safety Risk Register

**Staff Safety Incidents Reported in 2017**

Under the Safety Health and Welfare at Work Act 2005 all accidents/incidents/near misses are reportable incidents and where an employee is absent for more than 3 consecutive working days following a work-related accident the Health and Safety Authority must also be notified.

In 2017 there was a 23% increase in the number of incidents reported compared to 2016 (188 v 145). Greater awareness of the need to report incidents has been the main contributory factor in this increase.

In contrast the number of lost time accidents reported to the Health and Safety Authority decreased from 11 in 2016 to 6 in 2017 while the number of working days lost declined also from 213 to 147 in the corresponding period.
Quality and Risk

The provision of quality services is at the centre of all departments in the hospital. The services provided are outlined in the following departmental reports:

- Clinical Risk Management
- Infection Prevention and Control
- Consumer and Legal Affairs

Clinical Quality and Patient Safety

The Clinical Risk Management department provides recommendations and support for a framework of risk management and patient safety which leads to effective governance within the hospital. Clinical Risk Management is led by Mary Dowling, Clinical Risk Manager.

The Hospital Quality and Safety Executive meetings are held on a monthly basis and chaired by Medical Consultant Dr Paul Cotter. The committee is responsible for ensuring that the hospital identifies and introduces mechanisms to review and monitor the effectiveness and quality of patient care.

The terms of reference for the Committee were reviewed, updated and approved in 2017 and include a schedule of reports from a number of committees and groups. Assurance on developments and quality improvements are sought, in addition any patient safety concerns are brought to the attention of Committee in keeping with National Policies and Procedures1.

The Quality and Safety Committees reporting to the Quality and Safety Executive Committee are as follows:

- Infection Prevention and Control Committee
- Drugs and Therapeutics Committee
- Medication Safety
- Nutrition Steering Group
- Health and Safety Committee
- Health Care Records Management Committee
- Hygiene Committee
- Radiation Safety Committee

Clinical quality management measures2 are discussed with Medical, Nursing and Head of Department participation.

Quality Standards

The hospital completed a self-assessment against all relevant recommendations outlined in reports received from HIQA in 2017.

Clinical Audit and Review

The hospital continually reviews key mortality indicators and engages with national and local initiatives such as Sepsis Management to improve clinical quality and reduce avoidable mortality. The hospital will continue to participate

---

1 Quality & Safety Committees Guidance and Resources 2016, HSE Integrated Risk Management Policy and Supporting Guidance 2017
2 Nursing and Midwifery Metrics, Maternity Safety Statement and NOCA audits
at a national level in the National Audit of Hospital Mortality and the National Major Trauma Audit (though the National Office for Clinical Audit). The National Quality Assurance Intelligence System (NQAIS) for surgery was rolled out to acute hospitals nationally in 2015. The NQAIS system provides a platform for performance improvement in surgery and access has been facilitated for members of the Peri-operative Directorate. The hospital supports the developments within the Clinical Care Programmes and supports the development of Quality Metrics in the Acute Hospital Environment.

**Patient Centred Care**

Patient centred care is intrinsically important to developing clinical safety and effectiveness. Good patient engagement is shown to improve patient self-management and quality of life. Patient feedback is encouraged through every clinical interaction by all of the staff. In addition, the hospital embraces ‘Your Service Your Say’, patient satisfaction surveys and other fora for patient engagement.

**Hospital Volunteer Service**

The hospital has a number of volunteer groups supporting staff, patients and visitors on a daily basis:

- **Meet and Greet Volunteers** – help patients and visitors with wayfinding, provide information, support departments, run a weekly mobile library service to the wards, assist at mealtimes etc.
- **Children in Hospital Ireland Volunteers** – work with children and parents in the Paediatric Ward under the auspices of Children in Hospital Ireland.
- **Emergency Department Support Volunteers** – Support patients in the Emergency Department awaiting Mental Health Assessments.
- **Kare Bears** – Transition Year students from Coláiste Pobail Osraí, Kilkenny, and supervised by Ossory Youth, work with patients in the GEMS Ward and Medical 2, along with children in the Paediatric Ward.
Patient Participation Groups

Patient Partnership Forum

In place since 2006, the St Luke’s Patient Partnership Forum is representative of service users, management and staff. It meets four times a year and oversees a number of quality improvements in the hospital.

Age Friendly Hospital Committee

The St Luke’s Age Friendly Hospital Committee was founded in 2016 to work towards making St Luke’s an Age Friendly hospital. The group is representative of management and staff of St Luke’s, the Carlow Older Persons’ Forum and the Kilkenny Seniors’ Forum.

Incident and Risk Management

The hospital adopts a pro-active approach to incident management and incident reporting. Patient Safety incidents are identified, reported and managed in line with the HSE Safety Incident Management Policy.

The hospital and its staff have embraced the national open disclosure policy. Serious adverse events are escalated and investigated through the appropriate process of ‘Internal Review or Systems Analysis Investigation’.

The hospital maintains excellent communication channels with our Clinical Risk Advisors in NIMS and facilitates yearly visits.

The policy is to keep staff, service users and families informed of these processes and foster effective and open communication to enhance quality patient safety in a complex healthcare environment.

Risk Register

The hospital operates an integrated process for the management of risk. Maintaining a Hospital Risk Register is a critical element of this process. The Risk Register establishes a prioritised agenda for the management of risks. It provides the hospital management team and directorate management with a high-level overview of the organisation’s risk status at any particular point in time and becomes a dynamic tool for the monitoring of actions to be taken to mitigate risk.

The Clinical Risk Manager in 2017 provided education sessions to Clinical Nurse Managers, Senior Nurse Managers and Department Heads on HSE National Risk Register Policy and provided assistance to staff in adopting new HSE excel database for management of the risk register.

Incident Metrics

The following graph shows the number of incident forms completed. Incident forms are completed to raise awareness of any concern that has or may have an impact on patient service delivery or care. Incident reporting is actively encouraged across all departments. Incident forms are used to develop trends, encourage learning and reduce risk. Quarterly Incident reports are provided to the Executive Management Team.
Education and Training

The Clinical Risk Manager provides information sessions such as:

- Medication Management Study Day
- Intravenous Medication Management Study Day
- Mandatory Study Day for Nurses
- Induction for Doctors and new Nurses.

Clinical Risks

<table>
<thead>
<tr>
<th>Clinical Risks</th>
<th>Risk Assessments</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Hospital Risk Register under review to incorporate HSE National Risk Management Policy

Safety Statement

Take specific data.

Incidents/Trends

Compliments and Complaints

Quarterly Reports are issued in relation to incidents and Risk Management, Falls, Medication Safety,

Quarterly Reports are issued
Consumer and Legal Affairs

The Freedom of Information/Medico Legal Department comes under the remit of Pat Shortall, Deputy General Manager, supported by Alison Mulloney, Complaints Officer, and 2.0 wte Clerical Officers.

The department co-ordinates all FOI, Data Protection, admin access, medico legal requests together with coordinating all ‘Your Service Your Say’ Comments, Compliments and Complaints feedback for St. Luke’s.

Complaints, Compliments, Comments

• Acknowledge, log, investigate and respond to all written and verbal complaints.
• Liaise with those providing feedback and heads of departments/point of contact
• Co-ordinate meetings with complainants, clinicians and relevant heads of departments to address complex/sensitive complaints.

Freedom of Information (FOI)/ Administration Access Requests

• Process and manage all FOI/Administration Access requests and process them in compliance with FOI legislation (1997 and 2003).

Data Protection

• Process requests for records in line with Data Protection legislation.
• Investigate Data Protection breaches in line with Data Protection Guidelines.
• Report all Data Protection breaches to the Data Protection Commissioner.

Medico/ Legal

• Liaise with hospital’s legal representatives regarding information required for clinical and public liability cases and occasionally Coroners post mortems

FREEDOM OF INFORMATION/ADMIN ACCESS/MEDICO LEGAL/ DATA PROTECTION REQUESTS PROCESSED 2017

<table>
<thead>
<tr>
<th></th>
<th>FOI</th>
<th>Admin Access</th>
<th>IEHG Non Personal</th>
<th>Medico Legal</th>
<th>Data Protection</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Requests received 2017</td>
<td>58</td>
<td>147</td>
<td>29</td>
<td>316</td>
<td>22</td>
<td>572</td>
</tr>
<tr>
<td>Requests closed 2017</td>
<td>52</td>
<td>151</td>
<td>29</td>
<td>322</td>
<td>23</td>
<td>577</td>
</tr>
</tbody>
</table>
Service User Feedback and Compliments Received 2017

149 formal written complaints and 45 verbal complaints were received in 2017

The following table shows the categories of complaints received in 2017:

The table below outlines details of Written and Verbal Complaints received and concluded in 2017:

<table>
<thead>
<tr>
<th>2017</th>
<th>Jan</th>
<th>Feb</th>
<th>Mar</th>
<th>Apr</th>
<th>May</th>
<th>June</th>
<th>July</th>
<th>Aug</th>
<th>Sept</th>
<th>Oct</th>
<th>Nov</th>
<th>Dec</th>
</tr>
</thead>
<tbody>
<tr>
<td>Complaints received</td>
<td>9</td>
<td>17</td>
<td>20</td>
<td>23</td>
<td>18</td>
<td>11</td>
<td>13</td>
<td>19</td>
<td>19</td>
<td>17</td>
<td>19</td>
<td>19</td>
</tr>
<tr>
<td>% of overall complaints completed within 30 days</td>
<td>78%</td>
<td>78%</td>
<td>91%</td>
<td>78%</td>
<td>81%</td>
<td>85%</td>
<td>88%</td>
<td>77%</td>
<td>93%</td>
<td>73%</td>
<td>83%</td>
<td>95%</td>
</tr>
</tbody>
</table>

From December 2017, the numbers of ‘thank you’ cards etc, received by departments throughout the hospital, are now included in monthly IEHG report.

Key Developments in 2017 include:

- Training sessions in Data Protection provided to staff/heads of departments
- Training sessions in YSYS Comments, Compliments and Complaints provided
- Training session on Clinical Indemnity/legal correspondence organised
- Recording of complaints on national complaints system in situ June 2017
- Development of Quality Improvement Plans associated with the Data Protections Commissioner’s Audit of Hospital Records in April 2017.
IPMS

IPMS, the Integrated Patient Management System, is the IT system which provides updated and fully integrated functionality in the business areas of patient registration, outpatient and inpatient waiting lists, OPD clinic management, admissions, transfers and discharges with real-time bed management, patient document tracking, patient alerts and patient billing. Currently St Luke’s General Hospital is part of a multi-campus system which includes University Hospital Waterford, Wexford General Hospital and South Tipperary General Hospital.

Achievements to date

- IPMS was introduced in the hospital in April 2014. The project involved the replacement of the largest computer system in the hospital with the largest number of users including administrative staff, Allied Health Professionals, nurses and doctors. The benefits to the patient include less time providing the same information about who you are with once only collection of your demographic details. There will be real-time information about what ward you are currently in, providing benefits ranging from infection control tracing, to visitors looking for you in the correct ward, to more accurate patient billing. IPMS currently integrates with other hospital systems such as NIMIS (Radiology system) and the Laboratory system. IPMS is the building block for all other computer systems which will be introduced in the future which will require patient demographic and patient episode details.

- The introduction of Electronic Referrals commenced in 2016. Using the e-referral solution, a GP can submit a referral electronically directly from their practice management system to the hospital in question using the HIQA approved referral form and immediately receive an acknowledgement confirming receipt of same. The GP practice system also receive a response message from the hospital once the patient has been triaged and are updated on triage details and appointment details if applicable.

- The introduction of the GEMS (Geriatric Evaluation & Management System) pathway at St Luke’s General Hospital included significant re-configuration of ward set up and triage system on IPMS to facilitate the initiative.

Development Plans 2018

Implementation of Version 5, which will provide further functionality and further integration of external referrals on hospital waiting lists from GP systems, via HealthLink.

The introduction of the IHI (Individual Health Identifier) is currently being rolled out and is included on some e-Referrals. The IHI number will be used to safely identify a person and enable the linking of their correct health records from different health systems to give a complete medical history. The benefits of the IHI are:

- Improved accuracy in identifying you and your medical records
- Enable safe and seamless sharing of health information – for example, a referral letter sent from a hospital to your GP
- Faster care due to the electronic transfer of some of your health information – for example blood tests and X-rays.
The objectives for 2017 were:

a. Continuing development of the Dr. Jim Mahon Library and Education Centre
b. Restructuring regional HSE library services into a consolidated national structure
c. Continuing provision of core library services and resources to HSE staff and students on clinical placement

The Library and Education Centre is located on level 3 of the new building and provides library services and resources to all categories of hospital and community-based staff.

The remit of our library service is to provide access for all healthcare practitioners to a comprehensive range of evidence-based, up-to-date knowledge resources for the purposes of:

- research into specific clinical questions, conditions or treatments relevant to the care of individual patients
- keeping up to date with developments in a specific area of the health sciences, or the professional literature of a given specialty
- continuing professional education

Our services are intended to ensure that point-of-care decisions are informed by best international evidence and that staff engaged in education or research have an available knowledge resource, and assistance when they need it.

Library services are available to all HSE employees and to students on clinical placement and are easily accessible. The library website www.hselibrary.ie is home to a comprehensive collection of online resources including e-journals, e-books, databases, clinical practice guidelines, patient education materials, and more. Subject areas include: medicine and surgery; nursing and midwifery; allied health and social care; health service administration and management. Resources may be accessed 24/7 via any Internet-enabled computer.

Core services available in the library include:

- Clinical Queries: our librarians are expertly trained in locating best quality health information. We carry out searches or recommend how best to find the information.
- Training is provided on the use of all resources as well as a range of printed help sheets, user guides and online tutorials.
- Other Services include access to a comprehensive range of up-to-date and regularly reviewed clinical reference books; document supply from other Irish and international libraries; current awareness bulletins; access to computer facilities, purchased electronic resources and the Internet; photocopying and printing facilities; quiet study areas and research facilities.

1. Key achievements/activity for 2017

a. Continuing development of Dr. Jim Mahon Library and Education Centre. Installation of videoconferencing facilities and infrastructure. Upgrading of Wi-Fi connection
b. Coordination of literature reviews to support the National Cancer Control Programme’s clinical guidelines in ovarian cancer
c. Consolidation of all regional library services into the National Health Library and Knowledge Service
d. Continuing provision of core library services and resources to HSE staff and students on clinical placement
The following resources are available:

**Journals**
10,000 electronic journals available in HSE South East. Access to current full-text content for many leading journals.

**BioMed Central**
Open access publisher of peer-reviewed medical research.

**BMJ Journals**
Online issues of *BMJ* and other journals by BMJ Publishing.

**BMJ Learning**
Short, interactive medical education modules to help build your CME/CPD portfolio.

**BNF and BNF for Children**
Continually updated, practical guidance on prescribing, dispensing and administering medicines.

**CINAHL**
Core database: nursing, midwifery and 17 health and social care disciplines.

**Clinical Key**
A medical e-library by Elsevier Science with all 500 Elsevier medical journals, 1,000 medical reference books, 9,000 clinical procedure videos ... and more. Includes *Lancet*.

**Cochrane Library**
Core resource for evidence-based medicine with systematic reviews of the effects of healthcare interventions.

**JAMA**
Online issues of *JAMA* and other specialist journals by the American Medical Association.

**Lenus.ie**
Online repository of Irish health research.

**MEDLINE**
Core database: medical sciences.

**National Guideline Clearinghouse**
Clinical practice guidelines from the US Agency for Healthcare Research and Quality.

**NICE**
Clinical practice guidelines from the National Institute for Health and Care Excellence in Britain.

**NEJM**
Online issues of *NEJM*.

**Nursing Reference Centre**
A point-of-care clinical reference tool: nursing and midwifery.

**Royal Marsden Manual**
Clinical procedures relating to all aspects of nursing care.

**Search elibrary**
A simple search engine to search many of our online resources simultaneously or to locate a specific book or journal.

**SocINDEX**
Core database: social sciences.

**UpToDate**
A point-of-care clinical reference tool to help answer clinical questions and improve patient care.

2. **Service user feedback and links with external agencies/services**

   Links with other agencies include:
   
   a. National Health Library and Knowledge Service  
   b. Library Association of Ireland  
   c. National Cancer Control Programme (NCCP) Guidelines Steering Group  
   d. Evidence-Based Practice (EBP) Ireland  
   e. Oxford Centre for Evidence-Based Medicine  
   f. Waterford Institute of Technology (WIT) MSc. Steering Group

3. **2017 Key performance indicators and achievement projections/proposed new developments**

   a. Completion of national restructuring of library services  
   b. Implementation of integrated search function on national library service website: [www.hselibrary.ie](http://www.hselibrary.ie)  
   c. Implementation of national library management system.  
   d. Systematic literature reviews to support new NCCP clinical guidelines in ovarian cancer and other national programmes.
Research Projects/Presentations 2017

Waterford Surgical October Meeting 2017 (Posters Presentations)
1. Factor Associated with Unplanned Admission of a Day Ward Laparoscopic Cholecystectomy.
2. Fentanyl versus Pethidine in Combination with Midazolam for Sedation in Day Service Colonoscopy.
4. Ultrasound as Investigation of Acute Appendicitis in the Paediatric Population.
5. Effectiveness of Acute Surgical Assessment Unit in Management of Emergency Surgical Patients.
6. Port Site Incisional Hernia leading to Ischemic Bowel.

25th Sylvester O’ Halloran Meeting 2017
1. Adequacy of Skin Malignancy Excisions in a Model 3 Hospital --- Paper Presentation
2. Double Blind Randomized Control Trial to Assess the Efficacy of Pre-Insufflations Intra-Peritoneal Local Anaesthetic Infiltration in Laparoscopic Surgery: Pilot Study--- Poster Presentation
3. An Evaluation of Patients Awaiting Surveillance Endoscopy in Peripheral Irish Hospital, Analysis of over 700 Individuals - Poster Presentation
4. Hernia Registry - Oral Presentation
5. Post-Cholecystectomy Syndrome: Incidence & Factors at St Luke’s General Hospital, Carlow-Kilkenny - Poster Presentation

UL Students Research

Year 4:
Feargal Helly under supervision of Dr. Kieran Carroll, Radiology
Acute Stroke Management: Evaluating the evolving role of Computed Tomography, Angiography and Thrombectomy.
4731-word Literature Review

Year 3:
Julia Healy, Mr. Osama Elfaedy
An Audit of Antibiotic Treatment of Sepsis in Surgical Patients at St. Luke’s General Hospital Carlow-Kilkenny
Poster Format

Year 3:
Giulia Martone, Shadab Ali and Mr. Osama Elfaedy
Managing Non-Melanoma Skin Cancer: Audit on Adequacy of Surgical Excision
Poster Format

IGS 2017

Use of Pre-Stroke Anticoagulation to Assess Changes in Anticoagulation Prescribing for Stroke Prevention in AF Since the Introduction of DOACS
Darran Mc Donald, Hannah Murugan, Paul Cotter, Rory McGovern
46(S3):219
Improving Outcomes in Older People with Frailty: A Prospective Study of the Geriatric Emergency Medicine Service (GEMS)
Stephen Brennan, Emer Ahern, Jane Nolan, Catherine O’Keeffe, Danielle Reddy, Helen Fitzgerald, Liz Kelso
46(S3):186

Paediatrics Research

Link with IT Carlow. Research line of IT technology for Care of Paediatric Chronic conditions, Coeliac Disease and Diabetes.

Paediatrics Publications


Bonnet JF1, Connelly TM2, Vega GH3, Rodriguez Herrera A4. 1 Department of Surgery, St. Luke’s General Hospital, Carlow-Kilkenny, Ireland. 2 Department of Surgery, St. Luke’s General Hospital, Carlow-Kilkenny, Ireland .3 Department of Surgery, University Hospital Waterford, Waterford, Ireland.4 Departamento de Biología Molecular e Ingeniería Bioquímica, Universidad Pablo Olavide, Sevilla, Spain.

Healthcare Records Management

The aim of the Healthcare Records Department is to provide a quality integrated service in a secure and confidential environment for patients, clients and users through a prompt, responsive, effective and efficient service. Within healthcare organisations, the healthcare record performs a vital communication function among healthcare professionals. Healthcare records are legal documents designed to provide an overview of the service user’s state of health before, during and after episodes of care. In addition to clinical areas, Healthcare Records are utilised by a number of departments in the hospital including HIPE Coding, Finance Department, Clinical Risk Management, Freedom of Information Office and Patient Liaison Office. The Health Service Executive Standards and Recommended Practices for Healthcare Records Management (2011) sets out standards in relation to the suitability of the physical facilities, structure and content of the healthcare record. The Healthcare Records Committee is a multidisciplinary group in the hospital which is working towards ensuring that all patients treated in the hospital have a healthcare record which provides comprehensive clinical information for safe and effective treatment.

Healthcare Records Created
18,048 Healthcare Records were created in 2017. This number includes both new Healthcare Records and additional volumes.

Healthcare Records Dispatched/Received
47,156 Healthcare Records were dispatched to a variety of sources during 2017. 61,149 Healthcare Records were received back to the filing room for filing.

External Storage
Due to space requirements in the main filing room, a cull of all pre-2013 healthcare records were commenced in 2016 and completed in January 2017. A total of 68,842 Healthcare Records were removed to an external storage facility bringing the total number of Healthcare Records held in external storage to 233,962.
ED Cards Scanning Project

The department is currently participating in a project which will see all ED cards scanned. The project commenced in 2017 and will conclude in 2018. The scanning of ED cards will free up valuable space and will lead to quick and easy access to vital patient information.

Admissions

The Admissions Department is the central registration for all patient that attend for elective admission such as Day Services, Oncology, Obstetrics, Paediatric Assessment or any unscheduled attendance to hospital such as Emergency Department / Acute Medical Assessment / Acute Surgical Assessment Unit. The 11 staff in the department provide a service 24 hours a day, seven days per week.

There are two offices – the main office is based in the Emergency Department and the second office is in the main concourse where they register patients attending for scheduled admissions or day services.

Nursing Report

The Nursing service is managed under the leadership of Helen Butler, Director of Nursing. The new post of Director of Midwifery was established in 2017 and Connie Mc Donagh took up this post in September 2017. The nursing service is supported by ADONs for Unscheduled Care, Scheduled Care, Medical Directorate, ADON’S out-of-hours ANP’S CNS’S Clinical Nurse Managers 3s 2s and 1s, Staff Nurses and HCAs. Nursing services include

- Professional supervision, management and development
- Bed Management and Patient Flow
- General Service management to include Hygiene and Infection Control
- Education and training

In 2017, the Department of Nursing and Midwifery’s key priority continues to be on safe quality care at every part of our patient’s journey. This care is underpinned by the nursing core values of compassion, care and commitment.

The ongoing implementation of the nursing metrics enables the hospital to measure and improve care, with a particular focus on clinical observations and record keeping, nutrition, infection, prevention of falls, and pressure ulcers. As there is an increasing number of frail older patients with complex needs, strategies to enable appropriate patient care remains a high priority for the Department of Nursing.

<table>
<thead>
<tr>
<th>Date</th>
<th>WTEs</th>
<th>Hires</th>
<th>Leavers</th>
</tr>
</thead>
<tbody>
<tr>
<td>31.12.2017</td>
<td>393.54</td>
<td>35.00</td>
<td>29.00</td>
</tr>
</tbody>
</table>

The hospital experienced significant challenges relating to increased activity, staffing levels and skill mix during 2017. It is acknowledged that the increase in activity and acuity has placed a significant burden on nursing and the HCA staff within the clinical setting. Staffing levels and skill mix were monitored on a daily basis by nursing management to ensure that the optimal use of resources supported the delivery of safe patient care. Redeployment of staff facilitated this need if and when required. Throughout the year, ongoing recruitment campaigns were held for both general and paediatric staff. The following New Nursing posts were appointed during 2017.
• 7 CNM1s for the Emergency Department
• cANP for AMAU
• CNM2 GEMS Service.

The hospital was allocated funding by the HSE to open Ward 7 as a 14 bedded Unit for over-capacity, the recruitment for staff is on-going and will open Q1 2018. Staff recruitment continued and while challenging at times the hospital was delighted to welcome all the nursing and Health Care Assistant staff who joined during 2017.

The hospital has continued to support nurses in their continuous professional development at post graduate and Masters level, and one at PHD, and all nurses are congratulated on their achievements in 2017.

**Bed Management and Patient Flow**

Patient flow is managed by Fiona Mc Evoy who works closely with bed management Kate Walsh and Grainne Nestor, and also with Maeve Connolly, Discharge Planner, Nursing Administration manage patient flow out-of-hours and at weekends.

There have been significant achievements in patient flow during 2017 including the following

- Consistent achievement of Delayed Discharge targets
- The appointment of cANP in AMAU Caroline Egan
- The streamlining of how MRI’s are out-sourced.
- Bed Management HUB
- Weekly MDT discharge planning
- Weekly local placement forum with Community partners
- The establishment of the GEMS unit on Medical 1

**Achievements 2017**

The following developments in 2017 have resulted in continued quality improvements in patient care

- A second ANP for minor injuries.
- Head cooling machine for patients undergoing chemotherapy
- VSA for complex patients. Multiple RIEs which have all assisted in the flow of unscheduled care patients through the hospital and home or other facility
- Lean Management Training White, Bronze belts

Helen Butler, Director of Nursing, thanked all members of staff for their dedication, hard work and commitment throughout the year in providing the best possible patient care in challenging circumstances, including storm Ophelia. She said that there was no doubt that the staff in St Luke’s are one of the hospital’s greatest strengths as an organisation.
## Nursing Metrics

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Medication Storage and Custody</td>
<td>100%</td>
<td>97%</td>
<td>94%</td>
<td>100%</td>
<td>93%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>MDA Drugs</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>99%</td>
<td>100%</td>
<td>98%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>95%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Medication Administration</td>
<td>89%</td>
<td>87%</td>
<td>87%</td>
<td>94%</td>
<td>90%</td>
<td>94%</td>
<td>94%</td>
<td>92%</td>
<td>90%</td>
<td>95%</td>
<td>88%</td>
<td>91%</td>
</tr>
<tr>
<td>Medication Prescription</td>
<td>70%</td>
<td>76%</td>
<td>71%</td>
<td>76%</td>
<td>82%</td>
<td>77%</td>
<td>78%</td>
<td>65%</td>
<td>79%</td>
<td>65%</td>
<td>70%</td>
<td></td>
</tr>
<tr>
<td>Nursing Care Plan: Personal Details</td>
<td>94%</td>
<td>92%</td>
<td>94%</td>
<td>91%</td>
<td>92%</td>
<td>93%</td>
<td>93%</td>
<td>93%</td>
<td>89%</td>
<td>90%</td>
<td>90%</td>
<td>93%</td>
</tr>
<tr>
<td>Nursing Care Plan</td>
<td>95%</td>
<td>91%</td>
<td>91%</td>
<td>96%</td>
<td>91%</td>
<td>98%</td>
<td>93%</td>
<td>94%</td>
<td>90%</td>
<td>94%</td>
<td>92%</td>
<td>90%</td>
</tr>
<tr>
<td>Nursing Care Plan: NMBI Guidance</td>
<td>96%</td>
<td>93%</td>
<td>97%</td>
<td>97%</td>
<td>92%</td>
<td>90%</td>
<td>89%</td>
<td>98%</td>
<td>95%</td>
<td>94%</td>
<td>96%</td>
<td>98%</td>
</tr>
<tr>
<td>Pressure Ulcer</td>
<td>93%</td>
<td>79%</td>
<td>96%</td>
<td>82%</td>
<td>87%</td>
<td>96%</td>
<td>84%</td>
<td>80%</td>
<td>55%</td>
<td>69%</td>
<td>84%</td>
<td>74%</td>
</tr>
<tr>
<td>Falls</td>
<td>100%</td>
<td>80%</td>
<td>84%</td>
<td>96%</td>
<td>79%</td>
<td>83%</td>
<td>76%</td>
<td>76%</td>
<td>64%</td>
<td>83%</td>
<td>78%</td>
<td>82%</td>
</tr>
<tr>
<td>NEWS/Observations</td>
<td>96%</td>
<td>91%</td>
<td>92%</td>
<td>95%</td>
<td>88%</td>
<td>88%</td>
<td>92%</td>
<td>89%</td>
<td>92%</td>
<td>91%</td>
<td>99%</td>
<td>93%</td>
</tr>
<tr>
<td>Discharge Planning</td>
<td>68%</td>
<td>33%</td>
<td>62%</td>
<td>79%</td>
<td>70%</td>
<td>71%</td>
<td>68%</td>
<td>66%</td>
<td>68%</td>
<td>81%</td>
<td>67%</td>
<td>74%</td>
</tr>
<tr>
<td>Total</td>
<td>89%</td>
<td>84%</td>
<td>87%</td>
<td>91%</td>
<td>88%</td>
<td>90%</td>
<td>88%</td>
<td>87%</td>
<td>82%</td>
<td>89%</td>
<td>85%</td>
<td>87%</td>
</tr>
</tbody>
</table>
The Executive Management Team lead for Scheduled Care in St Luke’s is Eleanor Moore, Business Manager.

Eleanor takes care of General Surgery, Women, Children and Perioperative as follows:

<table>
<thead>
<tr>
<th>Elective Surgery</th>
<th>Day Services Unit (including Endoscopy)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-Assessment Unit</td>
<td>Outpatient Services</td>
</tr>
<tr>
<td>Central Decontamination Unit</td>
<td>Anaesthetics</td>
</tr>
<tr>
<td>Theatre</td>
<td>Oncology</td>
</tr>
<tr>
<td>Infection Prevention and Control</td>
<td>Maternity</td>
</tr>
<tr>
<td>Gynaecology</td>
<td>Paediatrics</td>
</tr>
</tbody>
</table>

**General Surgery**

The Department of Surgery within St. Luke’s has four Consultant Surgeons - Mr Faisal Awan (Clinical Lead), Mr Paul Balfe, Mr. Rick Pretorious and Mr. Osama Elfayed.

The Department of Surgery’s ethos is to provide a framework for the delivery of safer, timely and accessible, cost-effective and efficient care for the Surgical patient. The Department provides a 24-hour emergency cover to include the Acute Surgical Assessment Unit, Adult Surgery, Paediatric Surgery, Minor Procedure Surgery. Elective general surgery is also performed in conjunction with six weekly Surgical outpatient clinics and Surgical procedure clinics.

The Department of Surgery focuses on the benefits of day surgery where clinically appropriate and also, most notably, day of surgery admission (DOSA). The goals of DOSA therefore are to improve resource utilisation resulting in:

- Elimination of elective surgery cancellation.
- Improvement in throughput and case-mix.
- Optimal theatre utilisation.
- Reduced patient length of stay and disruption.
- Reduced Surgical bed requirement
- Reduced running costs of surgical wards.
- Reduced waiting time for elective surgery.

**Pre-Assessment Clinic**

The Pre-Admission Assessment Clinic (PAC) assesses all patients for operation requiring general or regional anaesthesia in advance of admission, whether for day surgery or in-patient surgery. Internationally, it is now recognised that 75% of patients who require in-patient surgery are admitted on the day of surgery. Pre-admission assessment clinics are an important element in achieving this target by ensuring that patients are prepared, investigated and optimised before admission to hospital.

This is a nurse-led clinic (Martina Naughton and Anna Carragher) with clinical supervision i.e. Anaesthetic (Dr Niall Kavanagh, lead), Surgical/Gynae and Medical consultation where required, with Maria Deegan, Secretarial support. The aim of PAC in line with the Model of Care for Pre-Admission units (2014) is to optimise patients’ health for surgery, provide information and education pertinent to the individual patient and their Surgical journey, and reduce morbidity of surgery and length of stay.
Following assessment, the CNM2 decides the appropriate pathway for the patient if suitable for day case surgery, or referral to the Anaesthetist. All patients are streamlined for day surgery to ensure same day discharge.

<table>
<thead>
<tr>
<th>YEAR</th>
<th>SURGICAL/GYNAE</th>
<th>ANAESTHETIC REFERRALS</th>
<th>DNA/RESCHEDULED</th>
<th>MRSA SCREENED</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011</td>
<td>922</td>
<td>154</td>
<td>28</td>
<td>96</td>
</tr>
<tr>
<td>2012</td>
<td>847</td>
<td>132</td>
<td>25</td>
<td>93</td>
</tr>
<tr>
<td>2013</td>
<td>863</td>
<td>145</td>
<td>51</td>
<td>91</td>
</tr>
<tr>
<td>2014</td>
<td>546</td>
<td>152</td>
<td>52</td>
<td>104</td>
</tr>
<tr>
<td>2015</td>
<td>965</td>
<td>171</td>
<td>105</td>
<td>100</td>
</tr>
<tr>
<td>2016</td>
<td>968</td>
<td>162</td>
<td>69</td>
<td>109</td>
</tr>
<tr>
<td>2017</td>
<td>775</td>
<td>232</td>
<td>75</td>
<td>109</td>
</tr>
</tbody>
</table>

**Surgical Cohorting Project**

Pictured above is the Surgical Cohorting Rapid Improvement Team which led the project to cohort as many Surgical patients as possible in Surgical 1 and reduce the number of Surgical patient ‘outliers in other wards in St Luke’s. Up until the commencement of this project, Surgical patients were situated throughout the hospital – nine locations. As a result, Surgical Teams were managing patients all over the hospital, ward rounds were extended, there was no designated Surgical care area, which was impacting on the delivery of elective care, with no governance structures in place.

The team has created a high quality safe, patient centred environment for all Surgical and Gynae patients; the length of safari ward rounds has reduced; the Surgical average length of stay has reduced; the Day of Surgery Admission Rates have increased; and the elective wait times as part of the National Inpatient Day Case and Planned Procedure have been met.
Acute Surgical Assessment Unit

An Acute Surgical Assessment Unit (ASAU) provides a dedicated, transitory, centralised service area where acutely ill surgical patients can be assessed prior to being admitted to hospital or otherwise treated and discharged. The ASAU’s principal function is to provide the patient with early senior decision making. This results in improved patient flow with better access to assessment tools and therapies.

Activity 2017

Surgical Discharges 2017 v 2016

Surgical Day Cases 2017 v 2016

Surgical Readmission Rates:
National Target KPI: <= 3%
SLK Actual: 1.6%

Surgical DOSA Rates:
National Target KPI: <= 85%
SLK Actual: 84%

Surgical Outpatient New Attendances: 3309
Surgical Outpatient Return Attendances: 3192
**Susie Long Day Services Unit**

The Susie Long Day Services Unit provides a service for people attending for all procedures undertaken on a day case basis. The Day Service Unit ethos is to provide a framework for the delivery of safer, timely and accessible, cost-effective and efficient care for the patient accessing day case:

- Endoscopy
- Day Surgery including General Surgery and Gynaecology
- Medical investigations and treatment
- Dental Surgery

Accommodation includes 24 trolley bays, two single treatment rooms, two procedure rooms, two endoscopy rooms, and a 10-patient discharge area and support accommodation.

The Day Services Unit staff are dedicated to providing a high-quality standard of service in order to satisfy our patients’ needs, by treating each patient as an individual in terms of courtesy, kindness, efficiency and confidentiality.

A total of 6,327 day cases were accommodated within the Day Services Unit in 2017. The Unit focuses on the day of surgery admission (DOSA).

**Audit & Evaluation**

Systems are in place to ensure the routine collection of data regarding patient throughput and outcomes. Audit of day surgery services relate primarily to quality of care and efficiency and provides management with an opportunity to learn and improve on how the service can be improved for the patient accessing the Susie Long Day Services Unit.

Going forward into 2018, our aim is to increase our day case activity and thereby providing better outcomes for patients by fully opening the department and maximizing our scheduling thereby reducing our elective day case waiting lists.
Central Decontamination Unit (CDU)

CDU is situated on the first floor near the Theatres and operates from 9 am – 5.30 pm Monday – Friday. Staffed by a CNM2, Staff Nurse and four Technicians, its practices are guided by the HSE Standards and Recommended Practices for Central Decontamination Units 2011; Version 2.0

CDU Manager Patricia Keenaghan, CNM2 is responsible for the administrative running of the CDU and for ensuring that all staff responsible for the management, use, procurement, loan of, repair; disposal, collection and Decontamination of Reusable Invasive Medical Devices (RIMD) in St. Luke’s are aware of and understand their roles and responsibilities. The CDU Manager is also the Decontamination lead and sits on the Decontamination Group Committee which meets quarterly to discuss and resolve local decontamination issues.

CDU Decontaminates RIMD for use in Theatres; Gynae Day Services Outpatient Clinic; Out Patients Minor Operation Procedure Clinics; SLGH Chiropodist; Carlow/Kilkenny Community Chiropodist; Podiatry Services in Carlow; Delivery/Episiotomy sets and single instruments for Maternity and a number of specific procedure packs and instruments for use on the wards.

CDU processes approximately 750 Theatre sets plus 1,500 instruments and packs for the wards per month.

A computerized system of tracking the RIMD through the decontamination process was introduced to Theatres and CDU in October 2014. Over the next couple of years, it is intended to develop a business case with the intention of seeking approval to install it in the Gynae Day Services Unit, Out Patients Department and Maternity.

Oncology Day Ward

Oncology Day Ward is situated on Level 2 of the new building. The new unit, which was previously located in a pre-fab building at the back of the hospital, opened as part of the new capital development in April 2016.

Day Cases Oncology Day Unit Activity

<table>
<thead>
<tr>
<th></th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
<th>Jan 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>episodes projected activity</td>
<td>3094</td>
<td>3080</td>
<td>3027</td>
<td>327</td>
</tr>
</tbody>
</table>

Oncology Outpatients

<table>
<thead>
<tr>
<th></th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
<th>Jan 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recalls</td>
<td>958</td>
<td>961</td>
<td>1060</td>
<td>104-projected estimate 1248</td>
</tr>
<tr>
<td>New Referrals</td>
<td>150</td>
<td>142</td>
<td>156</td>
<td>18-projected estimate 216</td>
</tr>
<tr>
<td>Total</td>
<td>1108</td>
<td>1103</td>
<td>1216</td>
<td></td>
</tr>
</tbody>
</table>
Scalp Cooler in Operation: St Luke’s commenced the use of a Scalp Cooler in the Oncology Day Ward. Early results have been extremely positive with a patient who has experienced no hair loss and who would have normally had complete hair loss at this stage of her treatment. St Luke’s is the only centre in the South-East region currently offering this service to Oncology.

Infection Prevention and Control

The Infection Prevention and Control (IPC) Team members include a Consultant Microbiologist; Infection Prevention and Control Nurses; an Antimicrobial Pharmacist and a Surveillance Scientist (based in UHW). The IPCT develops an annual infection prevention and control programme which outlines the day to day work the IPCT will undertake and new infection prevention and control initiatives including quality improvement plans and publishes a regular newsletter.

Achievements in 2017

- The IPCT liaised with relevant departments regarding strategies to communicate the importance of the prevention, control and reduction of HCAIs as outlined in the SLGH IPCT programme 2017.
- Reviewed and updated policies contained within the IPC Policy Manual with the IPC teams in the HSE South East region.
- Provided specialist advice to bed management, staff from wards and departments on patients with known or suspected transmissible infections including appropriate placement of patients with communicable infections.
- Hospital management were informed and regularly updated relating to infection prevention and control.
- Improving compliance with hand hygiene continued to be the key focus for the IPCT. A Hand Hygiene Awareness Day was arranged to coincide with the WHO “Save Lives Clean Your Hands” day on 29th and 30th May 2017 and a communication was emailed to all staff reminding them of the “5 Moments for Hand Hygiene”. 52 healthcare workers attended the training stand at the front hall. Observational hand hygiene national/local audits continued during 2017 with reports submitted to the HPSC in June and October.
- Education is a key component of the IPCT programme. Following a thorough review of the education programme in 2017; 659 healthcare workers received education on hand hygiene and a further 401 healthcare workers received education on standard precautions including transmission-based precautions. In addition, the Consultant Microbiologist provided education to Consultants and NCHDs in relation to antimicrobial resistance.
- Continued to monitor the prevalence and changes in infectious agents eg trends in development of antimicrobial resistance. Surveillance information was circulated monthly to hospital management for review and action (if required).
- Commenced using the IPC alert function of the iPMS system in 2017.
- Advised and co-signed all construction permits received that were completed by technical services for construction/renovation/demolition/ repair/maintenance of new and existing facilities.
• Provided advice to all departments on specific IPC matters relating to hygiene i.e. decontamination products and procedures, hand hygiene, healthcare risk waste segregation, segregation of linen etc.
• SLGH participated in the European Point Prevalence Survey for Hospital Acquired Infections (HAI) and Antimicrobial Use in Ireland in May 2017. SLGH was audited over a number of days in May 2017. All data collected was submitted to the HPSC for analysis.

Paediatric Department

The Paediatric Department consists of 19 inpatient beds, one day ward bed, and a 24-hour acute Paediatric Medical Assessment Unit (PAU) for emergency attendances which has two treatment areas. Staff on the ward; provide both an inpatient and emergency service to their patients.

When children are admitted as inpatients to the unit, they will require any number of services, including accessing diagnostic tests or indeed transfer to other specialist hospitals. If the child is critically ill, the transfer will require a lot of co-ordination for e.g. liaising with other agencies such as the ambulance centres, PICU bridge line/ specialist hospitals, the medical teams, etc.

Also, where possible all endeavors are made not to admit the patients as inpatients unless absolutely necessary, as a child is most likely to recover and be content at home with its family.

Services provided include:
• HHHFNC
• nCPAP
• Intubation, ventilation & stabilization of the critical patient
• Diabetic service
• Diagnostic tests including labs, ultrasound, CT

Mary Clare Hayes, Dr Maeve Doyle, Gillian Buggy and Margaret Mahoney pictured with IPC CNS Breda Deasy (second from left) at her retirement celebration
In the event of a Trauma/Emergency in the ED, Paediatric Nurses and Paediatric Doctors have been and are required to attend to help provide and support the ED team in the care of the critical child and carry the resuscitation bleep for both areas.

The PAU:

- Saves on patient bed days by returning for daily IV antibiotics for example Pneumococcal or E. Coli Meningitis which have to be treated with 14-21 days of IV antibiotics.
- Allows for rapid evaluation and admission or discharge of patients
- Patient flow is improved and reduction in wait time for mother and child (meeting National Turnaround Time)
- Reduces our PET’s for children electively booked into the APAU from Crumlin/ Temple Street who we provide shared care for.
- Patient care becomes more streamlined thus increasing efficiency
- Builds on new service developments (Allergy service etc)
- Triage system should/could be more coordinated to ensure all children are triaged at time of arrival and triaged correctly. Will be implemented in 2018.

<table>
<thead>
<tr>
<th></th>
<th>2017</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>INPATIENT BEDS DAYS USED:</strong></td>
<td>2877</td>
<td>2953</td>
</tr>
<tr>
<td><strong>DISCHARGES</strong></td>
<td>1532</td>
<td>1756</td>
</tr>
<tr>
<td><strong>DAY CASES</strong></td>
<td>130</td>
<td>127</td>
</tr>
<tr>
<td><strong>AVERAGE LOS</strong></td>
<td>0.88</td>
<td>1.08</td>
</tr>
<tr>
<td><strong>PAEDIATRIC OPD</strong></td>
<td>901 (NEW)</td>
<td>936 (NEW)</td>
</tr>
<tr>
<td></td>
<td>3355 (RETURN)</td>
<td>3064 (RETURN)</td>
</tr>
<tr>
<td><strong>ED PRESENTATIONS (NEW &amp; Return)</strong></td>
<td>10,144</td>
<td>9,653</td>
</tr>
</tbody>
</table>

Day Services
Day-case Endoscopy (OGD/ Colonoscopy) procedures for children older than 8 years.

Outpatient Clinics
Consultant led Gastroenterology Outpatient Clinics are held in the hospital every two weeks.

 Achievements
- New techniques incorporated Assessment of GI tract motility by markers (method of Hinton).
- Monitoring of gluten free diet by use of faecal 33-mer peptides (GIP).
- Regular simulation sessions.
- Link with Royal Belfast Hospital for Sick Children Simulation Team.
- An audit of information quality included in discharge communications sent to GPs

Special Care Baby Unit (SCBU)

The Special Care Baby Unit provides low/ high dependency care for sick babies. The theoretical capacity of the unit is 5 cots. The unit serves the population of Kilkenny, Carlow, Areas of North Tipperary and Laois. The Special Care Baby Unit is located beside the Maternity Department.

The Unit provides special care for small and sick neonates and also provides a stabilisation facility for babies who need to be transferred to a Neonatal Intensive Care Unit for Intensive or High Dependency Care. If a baby is born unexpectedly early or sick and requires Intensive Care, he or she will be stabilised before being transferred to Neonatal Intensive Care Unit in Tertiary Hospital.

Mothers will either be booked at a Maternity Unit co-located with a Neonatal Intensive Care Unit because they are “at risk” or will be transferred, ideally before giving birth.

Once these babies are delivered and stable the Special Care Baby Unit will transfer these babies back from the Tertiary Unit for continuing special care.

The Special Care Baby Unit has an age cut off for deliveries of 34 weeks Gestation.

2017 saw increased activity in our SCBU, with admissions rising from 279 (2016) to 324 (2017), an increase of 45 admissions. See table below for month by month admission comparisons:
Due to this increase in activity levels, the daily occupancy rate in SCBU increased by 15% from 2016-2017.

Having commenced CPAP treatment in St. Luke’s SCBU in 2016, the number of babies who received CPAP in 2017 was 25 which afforded mother and baby the opportunity of being cared for locally.

**Maternity Department**

**Introduction**
The key objective of St. Luke’s Maternity Services is to ensure effective leadership and management so that care can be delivered by a competent workforce in partnership with women. UCD is the academic partner affiliated to the Ireland East Hospital Group (IEHG). Maternity services in St. Luke’s Hospital also work with other academic institutions, RCOG, WIT and UL.

The Maternity services in St. Luke’s provided a range of antenatal, intrapartum, postnatal and special care for baby services for 1609 women who delivered in 2017. These services are provided via:

- hospital outpatient antenatal clinic in Kilkenny
- outreach antenatal clinic in Carlow
- maternity ultrasonography service
- antenatal ward
- obstetric assessment unit
- delivery suite
- postnatal ward
- bereavement support rooms
- Special Care Baby Unit

The maternity service consists of a team of Obstetric Consultants, Medical staff, Shift Leader/ Clinical Midwifery Managers, Midwives and Nurses, CMS in ultrasound, CMS in Bereavement Support, acting Lactation CMS, AMP
The maternity department has representation on a number of local hospital governance meetings including Theatre users, Quality and Risk etc. Members of the Maternity Governance Committee include:

- Ms. Anne Slattery, General Manager
- Dr. Garry Courtney, Clinical Lead
- Mr. Trevor Hayes, Obstetric Clinical Lead
- Dr. Asif Wasim, Special Care Baby Unit Clinical Lead
- Ms. Concepta McDonagh, Director of Midwifery
- Ms. Mary Dowling, Clinical Risk Manager
- Ms. Eleanor Moore, Business Manager
- Ms Helen Butler, Director of Nursing

**Activity**

There were 1609 babies born in St. Luke’s Maternity Hospital in 2017. The following tables outline the number of births and the mode of delivery per month:
In addition
6685 women attended our Obstetric Assessment Unit (OAU) via GP, Ante-natal clinic or self-referral pathways.

**Early Pregnancy Assessment Unit**
1528 women attended the Early Pregnancy Assessment Unit in 2017 via GP or self-referral pathways.

<table>
<thead>
<tr>
<th>Category</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total appointments</td>
<td>1528</td>
</tr>
<tr>
<td>First visits</td>
<td>728</td>
</tr>
<tr>
<td>Follow up visits</td>
<td>800</td>
</tr>
<tr>
<td>Total number of miscarriages</td>
<td>257</td>
</tr>
<tr>
<td>ERPC</td>
<td>127</td>
</tr>
<tr>
<td>Ectopic pregnancy</td>
<td>-35 Surgical (54%) Medical (26%) Expectant (20%)</td>
</tr>
<tr>
<td>Molar Pregnancy- Complete Mole</td>
<td>0</td>
</tr>
<tr>
<td>Molar Pregnancy- Partial Mole</td>
<td>5</td>
</tr>
</tbody>
</table>

**Key Achievements**

**PROMPT**
With the support of the NMPDU, St. Luke’s are the first Maternity Unit in the South East to send members of our multi-professional team to London to train as facilitators in the PROMPT course (PRactical Obstetric Multi-Professional Training) which trains our staff in dealing with obstetric emergencies. The PROMPT course is associated with direct improvements in care for mothers and babies and encourages a team approach. Two study days were facilitated in St. Luke’s in 2017.
Bereavement Care
St. Luke’s Bereavement and Loss CMS Margaret Ryan was appointed to the role in May 2017 to offer support and facilitate the loss and bereavement process in all areas of pregnancy loss including providing anticipatory bereavement support to those families whose baby is diagnosed with a life-limiting condition. She supports parents, their families and staff following all areas of pregnancy loss.

Infant feeding
Temporary Lactation CMS Marie Woodcock provides specialised lactation support to women, education to staff and has been the lead on quality improvements in the area of infant feeding including a referral pathway for infant feeding, guidelines for the care of the healthy newborn, and management of hypoglycaemia and the introduction of donor milk for high risk infants.

AMPS
St Luke’s put forward an application for a Registered Advanced Midwife Practitioner (Midwifery Care) post in December 2017. The overall aim of the RAMP MC Service is to enhance the maternity services by clinically leading and managing an expert midwifery-led service.

Clinical skills developed by the cAMP during the candidacy in 2017 included:

1. Care of a caseload of women for Homebirth (7 Homebirths)
2. Care of a caseload of women for DOMINO birth
3. Care of a caseload of women for Vaginal Birth after caesarean section
4. Clinical supervision of midwives providing midwifery-led services
5. Undertaking of a formal education programme in Graduate Certificate in Obstetric Ultrasound in UCD with in-depth facilitation of clinical practice in ultrasound by CMS Ultrasonographer
6. Completion of the PROMPT ‘Train the Trainer’ course in the RCOG, London
7. Gaining both academic and clinical competencies in using hydrotherapy in the birth process
8. Completion of the Hypnobirthing course.
9. Completion of 575.5 hours in Advanced Hours in Midwifery Care
10. Completion of a clinical competency document, SLA for homebirth, Portfolio and Job Description for registration through NMBI.

Education:
• St. Luke’s Maternity has been accredited as a designated training centre for various students to complete practical placements including BSc Midwifery, BSc Nursing and HDip PHN from UCD, UL and WIT. We also facilitate EMT trainees and doctors on BST rotation from RCOG
• 1 Midwife commenced “Examination of the Newborn” module in UCD and 1 midwife completed same
• 1 Midwife completed the MSc in Bereavement and Loss
• 2 midwives completed their “Nurse Prescribing” course and 1 midwife commenced same.
• 2 midwives completed HDip in “Advanced Leadership in Nursing” in RCSI, Dublin
• 5 midwives completed the “train the trainer” course for PROMPT
• 2 midwives commenced the Graduate Certificate in Obstetric Ultrasound
• Facilitation of bereavement, infant feeding, post-natal care and PROMPT study days for IEHG and CNME area
• All staff are encouraged in their continuous professional development
Outpatient Services

Delivering outpatient care is a core activity of the service provided within St. Luke’s. They include Emergency Department services as well as planned services provided on an out-patient basis. Patients may be referred by their family doctor (GP) for specialist assessment by a consultant or his or her team or for diagnostic assessments such as x-rays or laboratory tests or for treatment such as physiotherapy. Patients can access diagnostics, face to face consultation, certain procedures or consultation or treatments with medical staff. Nurse Led outpatient services are also provided across a range of services, including Diabetes, Fetal Assessment, Respiratory, Hepatology, Heart Failure and Surveillance Screening. In 2017 a total of 47,857 outpatient appointments were issued. Allied Health Professional led Outpatient clinics totaled 12,264. The Outpatient Services Performance Improvement Programme (OSPIP) 2016-2020 aims to address key issues affecting outpatient services (OP), including wait times for access to services, standardisation in delivery of service, service capacity and/or waste of capacity and ad-hoc development of services.
Theatre

The Theatre Department comprises of three theatres (one elective theatre not in use). All necessary staff are on site and available at all times for both elective and emergency procedures. Currently, Theatre 1 is used for elective surgery on Monday, Wednesday and Friday and for elective Gynaecology on Tuesdays and Thursdays. A half day Dental list is also accommodated once a week. Theatre 2 has been designated as an ‘emergency theatre’ and is used for scheduled elective Caesarian sections every morning followed by emergency surgery, emergency Gynaecology and emergency C-sections. The Productive Operating Theatre (TPOT) is practiced within the theatre environment to enable continuous improvement for patient experiences and outcomes, safety and reliability of care, team performance and staff wellbeing, value and efficiency. The Theatre Governance Group meets monthly to support, monitor and review patient safety within the Theatre Department and the steps taken, in relation to the management of patient safety events and the learning outcomes are discussed.

Theatre Activity

![Theatre Activity 2017 Graph](image)

Department of Anaesthesia

The Department of Anaesthesia is led by Dr. Eileen Marnell, Consultant Anesthetist/Clinical Lead, and comprises of six consultant posts and two associated specialists who provide high quality patient care to patients in St. Luke’s. The department promotes best practice through its training, examination and educational programmes.
Emergency Department Support Volunteers Initiative

After two years of planning, the Emergency Department Support Volunteers Initiative was launched in March 2017. The service is offered to patients attending the Emergency Department every Saturday between 8 am and 8 pm who require a Mental Health Assessment. A group of 12 volunteers are trained to sit with and support patients while they await their Mental Health Assessment – chat with and listen to them, make a cup of coffee, accompany them for a walk etc. The Steering Committee leading the initiative was made up of representatives from a number of groups and organisations including Mental Health Ireland, Kilkenny Bereavement Support Group, Teac Tom, the Samaritans, Family Carers Ireland, Advancing Recovery in Ireland, HSE Community Services, Mental Health Services, Department of Psychiatry and the Emergency Department, St Luke’s. Feedback on the service has been extremely positive from patients and staff. Pictured above are (seated) Mary Byrne, Mental Health Liaison Nurse for Travellers, Millie Ryan, Volunteer, Zoe Doheny, Mental Health Liaison Nurse, St Luke’s. Back row: Irene Bergin, Volunteer Co-ordinator, St Luke’s, Angela Hayes, Teac Tom, Patricia Doheny, Volunteer, Fionnuala Brennan, Admissions Supervisor, St Luke’s, Vincent O’Shea, Volunteer, Florence Cullen, Volunteer, and Deirdre Dunne, Volunteer Co-ordinator, St Luke’s.
The Executive Management Team lead for Unscheduled Care in St Luke’s is Mary Ryan, Business Manager.

Mary takes care of the following:

<table>
<thead>
<tr>
<th>Emergency Department</th>
<th>Pulmonary services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute Medical Assessment Unit</td>
<td>Pharmacy</td>
</tr>
<tr>
<td>Medical specialties</td>
<td>Diabetes</td>
</tr>
<tr>
<td>Intensive Care Unit</td>
<td>Stroke services</td>
</tr>
<tr>
<td>Coronary Care Unit</td>
<td>Palliative Care</td>
</tr>
<tr>
<td>Health and Social Care Professionals</td>
<td>Respiratory</td>
</tr>
<tr>
<td>Cardiac Services</td>
<td>Hepatology</td>
</tr>
<tr>
<td>Laboratory</td>
<td>Haemovigilance</td>
</tr>
<tr>
<td>Nutrition and Dietetics</td>
<td>Tissue Viability</td>
</tr>
<tr>
<td>Radiography</td>
<td>Physiotherapy</td>
</tr>
<tr>
<td>Occupational Therapy</td>
<td>Speech and Language Therapy</td>
</tr>
</tbody>
</table>

The newly refurbished Ward 7, which was completed in 2017 to provide additional beds when the hospital is in over-capacity.
Acute Floor

In 2016, the Emergency Department (including the Acute Surgical Assessment Unit) and the Acute Medical Assessment Unit, relocated to the new hospital building.

**ED Attendances by month 2017**

<table>
<thead>
<tr>
<th></th>
<th>Jan</th>
<th>Feb</th>
<th>Mar</th>
<th>Apr</th>
<th>May</th>
<th>June</th>
<th>July</th>
<th>Aug</th>
<th>Sept</th>
<th>Oct</th>
<th>Nov</th>
<th>Dec</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cumm 2017 v 2016</td>
<td>-0.03%</td>
<td>-5.43%</td>
<td>0.1%</td>
<td>1.9%</td>
<td>3.0%</td>
<td>3.61%</td>
<td>3.75%</td>
<td>2.89%</td>
<td>2.73%</td>
<td>2.5%</td>
<td>2.1%</td>
<td>-0.09%</td>
<td>1.41</td>
</tr>
<tr>
<td>Cumm 2017 v 2015</td>
<td>+3.0%</td>
<td>+4.1%</td>
<td>+7.2%</td>
<td>+7.2%</td>
<td>+8.7%</td>
<td>+8.8%</td>
<td>+8.5%</td>
<td>+9.0%</td>
<td>+6.9%</td>
<td>+8.5%</td>
<td>+7.9%</td>
<td>+7.5%</td>
<td>7.55%</td>
</tr>
</tbody>
</table>

Emergency Presentations 2017v2016v2015

[Graph showing emergency presentations for 2017, 2016, and 2015]
General Medicine

Geriatric Emergency Medicine Service (GEMS) – Frailty at the front door; the first 72 hours

Established in February 2017, the GEMS team is an interdisciplinary team consisting of Consultant Geriatrician, Clinical Nurse Specialist, Occupational Therapist, Physiotherapist and administrative support. All patients 75yrs and over, who attend the emergency floor are screened at triage for frailty using the Variable Indicative of Placement (VIP) tool, therefore capturing 100% of the attending population.

If a patient is screened as being GEMS positive using the tool (VIP), they receive a Comprehensive Geriatric Assessment (CGA) within 72 hours by the GEMS team. All appropriate referrals are generated as part of the front door assessment, to ensure early intervention to avoid functional decline while in hospital.

GEMS attendance & admission data 2015 to 2017

<table>
<thead>
<tr>
<th>SLGH NQAIS</th>
<th>75yrs + (emer g atts)</th>
<th>85yrs + (emer g atts)</th>
<th>75yrs + % of overall emer activity</th>
<th>75yrs + % of all admissions</th>
<th>75yrs + % of all bed days used</th>
<th>% via ED</th>
<th>% via AMAU</th>
<th>Conversi on rate ED</th>
<th>Conversi on rate AMAU</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015</td>
<td>4,961</td>
<td>1,832</td>
<td></td>
<td></td>
<td></td>
<td>10.9%</td>
<td>18.4%</td>
<td>44.7%</td>
<td>54%</td>
</tr>
<tr>
<td>2016</td>
<td>5,056</td>
<td>1,831</td>
<td></td>
<td></td>
<td></td>
<td>10.50%</td>
<td>18.5%</td>
<td>43.3%</td>
<td>54%</td>
</tr>
<tr>
<td>2017</td>
<td>3,511</td>
<td>1,239</td>
<td>10.46%</td>
<td>17.8%</td>
<td>41.2%</td>
<td>59%</td>
<td>41%</td>
<td>37%</td>
<td>61%</td>
</tr>
</tbody>
</table>

* March to October 2017 data chosen as GEMS commenced 21/2/17, correlating dates chosen from NQAIS

Benefits of the GEMS

• Patients and family are kept informed. The CGA, the coordinated plan of care and Predicted Date of Discharge is discussed with the patient and family.
• The GEMS is an additional service who work alongside the patient’s medical/surgical team and together provide better patient centered care for the patient.
• Improved outcomes. Evidence of more discharges home through data collection.
• Earlier interventions with all Health and Social Care Professionals at the front door and at ward level
• Reduction in polypharmacy, less risk of medication errors/ omissions through medication reconciliation.
• Reduced length of stay by 1.9 days. (in over 85years)
• Improved integration between acute and community services. PHN’s contacted and patients care needs identified and discussed.
• Increased referrals to CIT (Community Intervention Team) for home support services. Closer monitoring of those patients who are vulnerable in the community.
• All background information is obtained by the GEMS team ensuring all accurate information is collected and any issues identified within 72 hours.
• Better outcome for patients with timely supports for community living
• Safety improvements for people identified as frail.
• Quality improvements for the hospital and professionals involved at a departmental and interdisciplinary level. More ‘lean’ trained staff within the hospital.
• Financial improvement for the hospital as people are being discharged sooner, plan of care and predicted date of discharge are being set within the first 72 hours, discharge issues and being pre-empted at an early stage lessening the delays in discharge.
• Improved patient experience through verbal feedback. To follow up with patient satisfactory questionnaires.
• Improved working relationships/ rapport between professionals in the hospital.

Key Performances Indicators

• To screen 100% aged 75yrs and older who present in crisis to the AMAU & ED.
• To provide interdisciplinary CGA’s for patients who are positively for frailty within 72hrs of attendance.
• To increase discharges from the acute floor & reduce numbers of patients admitted where appropriate.
• To reduce length of stay of admitted patients.
• To reduce re-admission rates of admitted patients.
• To reduce institutional in long term settings. Our ethos is “Think Home First”
• To reduce 6 & 9-hour PET time
• To educate staff in the early recognition of patients living with frailty through the “National Frailty Education Programme”
• A patient satisfaction survey will be completed by the GEMS unit within the year

Achievements

• Development of a mandatory screen tool at triage, this ensures 100% of the 75yrs and over are screened for frailty.
• Development of “GEMS Pathway”
• Development of an interdisciplinary Comprehensive Assessment Tool (CGA). This tool is the Gold Standard in the assessment and management of frail patients and can be adapted to meet the service requirement to ensure best outcomes for our patients.
• Data to prove positive outcomes for our frail elderly patients
• Commenced the” National Frailty Education Programme” in October 2017.
• Visionary workshop which included all areas of the community and acute professionals to work in an integrated care system.
• Following a week long RIE in September 2017 (Rapid Improvement Event) we began to cohort these frail older patients onto a specialised ward. We are now up skilling the interdisciplinary staff on the ward through continuous professional development.
• We were shorted for the Health Management Institute of Ireland award (HMI Leaders Award 2017)
• Awarded an IEHG achievement award for “Best Patient Experience RIE” in September 2017.
Plan for 2018

- We joined up with the Acute Frailty Network UK in October 2017. They work with frontline teams to understand what support we need to improve our service. Their aim is to focus on the first 72hrs of the emergency pathway. It is a 12-month programme made up of national events, workshops, webinars, site visits and individual support.
- Continue to work with our “Front Door” staff and implement change if needs require.
- Continue to support and work with the CNM2/1 and all the staff in the GEMS unit to ensure we have a specialized unit with experienced staff to deliver a safe and high-quality level of care to our elderly patients living with frailty.
- To complete Business Case for the GEMS service and ensure we have appropriate level of staff to meet service requirements.
- Launch end “PJ Paralysis” campaign.
- Official launch of GEMS
- A GEMS outpatient clinic to facilitate the follow up on those patients who attended the hospital but were admitted/discharged out of hours. This applies to approximately 30% of the patients screened positive for frailty.
- An Integrated GEMS team (iGEMS) will also be based in St. Luke’s.
# Stroke Service

The aim of the stroke service is to optimise Acute Stroke Care and Stroke Thrombolysis at the hospital and provide rapid access to CT imaging. The Stroke Service is led by the two lead Consultants Physicians in Stroke Medicine Dr. Rory McGovern and Dr. Paul Cotter. All stroke patients admitted to the stroke unit will be under the care of either of these two consultants on an alternating week-on-week-off basis. In 2017 85% of patients were admitted to the acute unit. The stroke MDT includes physiotherapy, occupational therapy, dietetics and speech and language therapy as well as the stroke unit nurses and stroke clinical nurse specialist. The MDT meets on a weekly basis to discuss all stroke patients.

Acute Stroke Thrombolysis guidelines have been developed and an Interventional Thrombectomy referral process to the Neuro-radiological department at Beaumont Hospital is in place. 19% of people with an acute stroke received thrombolysis. The number of people who received the new Thrombectomy treatment has increased from 4 in 2016 to 8 in 2017. To support training and education, monthly DAMC HSE Ireland East Stroke Network Video Conference meetings are facilitated by the Mater Misericordiae University Hospital and chaired by Professor Sean Murphy.

---

*Pictured (above) at the ASU Friends of St. Luke’s Charity Cycle 2017 are Irene Bergin (Quality Office), Marie White (Theatre), Dr. Rory McGovern (Consultant), Teresa Harrison (Switch) and Mary Claire Walsh (Dietitian).*

*Staff Nurse Lincy Devassy who left St Luke’s at the end of June 2017 and who had worked in the Acute Stroke Unit since Day 1 in 2008, pictured left on her last day in the hospital with Ann Flahive, CNM2, ASU.*
Diabetes Department

The Diabetes service is led by Dr Colm McGurk supported by a multi-disciplinary team of Doctors, Advanced Nurse Practitioners, Clinical Nurse Specialists, Diabetes Nurses, Dietitians, Podiatrists and administrative staff. A telephone consult liaison service is available Monday to Friday for Diabetic patients who require assistance with blood glucose management. The Diabetes Nurses run clinics daily in Kilkenny and twice a week in the Sacred Heart in Carlow. A telephone advise service provides patients with advice around insulin titration and management of their condition. General Diabetes Clinics are designated as general Diabetes clinics with a mix of people with type 1 and type 2 Diabetes and secondary Diabetes.

Advanced Nurse Practitioner Diabetes and Renal Impairment Clinic

A combined Type 2 Diabetes and chronic kidney disease service was established and autonomously led by an Advanced Nurse Practitioner (ANP) in 2007, in conjunction with the Nephrology Department in University Hospital Waterford. All patients with type 2 diabetes attending St Luke’s Hospital Diabetes service are screened preemptively for chronic kidney disease when they attend for their scheduled Diabetes outpatient review. All patients with Chronic Kidney Disease (GFR<60 mls/min) are then streamed into the ANP service who facilitates specialist care for their diabetes and chronic kidney disease. The service currently provides 1,300 outpatient consultations in 6-7 clinic sessions on an annual basis in St Luke’s Kilkenny and the Sacred Heart Hospital Carlow.

DAFNE Programme (Diabetes for Normal Eating)

The DAFNE Programme is a 5 full-day outpatient educational programme for patients with type 1 diabetes that enables expert self-management of one’s own Diabetes. In 2017, all DAFNE educators underwent training to facilitate the 5 in 1 course which is run over 5 weeks one day per week. There is a 6-week follow up and a 6-month structured follow up before patient then return to the Diabetes clinic.

Pump Service

Whilst we do not have a specialist pump clinic, we do have an extensive number of adults on insulin pump therapy. It is local criteria for all adults who wish to commence insulin pump therapy to firstly complete the DAFNE program to ensure their knowledge of diabetes management is of the best possible standards.

Paediatric Clinic

The Paediatric service is run by Dr. Fionnuala O Brien, Dr. Erin Carolan and Dr. Asif Wasim. Geraldine Hanlon facilitates the Paediatric service for 16 hours per week. 68 children with type 1 Diabetes attend the service between the ages of 5-18 years. > 18 years are transferred to the adult diabetes service. >50% of these children have attended for the CHOICE structured education program and are on insulin pump therapy. Currently there is no Young Adult Diabetes Clinic. This has been identified locally as an area in need of input and a project charter has been drawn up by as part of a lean six sigma project by Áine Fitzgerald. The aim of this clinic is to act as a transition clinic, prior to the patient moving to the adult services.

Hospital Professional Awards 2017

An HSE Innovation and Service Development Award 2017 was awarded to the St Luke’s Diabetes department for a pilot programme offering brief and long-term art psychotherapy, to support individuals and families in the paediatric services with a diagnosis of Type 1 diabetes.
The Art Therapy was developed and delivered by Adrianne O’Shea MA, an Art Psychotherapist, as part of her student placement, in partnership with the Diabetes Nurse Specialists. Psychosocial support has long been identified by the paediatric diabetes service, as an area in need of establishment; the lack of HSE funding has limited opportunities to develop child psychology support for children with Type-1 diabetes. The evidence in art therapy shows that it can enhance compliance, medication adherence, and coping skills. It facilitates self-expression and reduces emotional distress, and supports improvement in glycaemic control, shown by the reduced HbA1c scores.

When Art Therapy was offered to the Diabetes department, they knew of the benefits that could be gained by patients, and supported Adrianne in making it happen. Adrianne was part of a dedicated team, whereby the art therapy was delivered in conjunction with additional out-patient appointments with the Diabetes nurse, dietitian and consultants. The appointments gave the opportunity to test baseline HbA1c and throughout the study.

The values of art therapy were recognised within the whole team and Adrianne has gone on to win numerous other healthcare awards. The HSE has appreciated the value of her service and have agreed to provide 1 day per week Psychology support to the service.

Other Diabetic Services

Universal Screening for Gestational Diabetes - All patients tested who have a positive result are referred to the Gestational Diabetes Clinic, are booked in for gestational diabetes education and then followed up at the next diabetes-in-pregnancy clinic.

Diabetes in Pregnancy Clinic - Is a weekly multidisciplinary clinic for newly diagnosed pregnant women with gestational diabetes, and pre-gestational diabetes, run jointly with one of the Consultant Obstetricians. The clinic caters for patients with gestational diabetes, pre-existing type 1 and type 2 diabetes. Patients have access to our phone service in between visits also. Preconception diabetes advice is given to all adolescence and young adults at their routine follow up. An inpatient liaison service is provided to facilitate good diabetes control during labour/delivery/post-partum.

Diabetes Foot Clinic - The podiatry clinic is led by an experienced podiatrist, currently prioritising patients with complex diabetic foot disease. Due to large number of patents, routine care is covered in the hospital setting. Nursing and diabetes medical backup is provided, with links to Waterford Regional Hospital for Vascular and Orthopaedic care for the most complex cases, and cases requiring surgical input.

Hepatology

The New Hepatology unit opened in 2015. The Hepatology Service is led by Prof Garry Courtney supported by a multi-disciplinary team of Specialist Doctors, Pharmacy, and Clinical Nurse Specialists, Nurse Counsellor, Dietician and Administrative staff. The Hepatology service is an outpatient service comprising of clinics Monday – Friday which are Consultant led and Nurse led. Referral to the Hepatology service is from GPs, Hepatology Units, inpatient referral and Substance Misuse Centres.

The Hepatology unit delivers care and treatment to patients with Liver conditions which include;

- Hepatitis C
- Hepatitis B
- Auto immune Liver Disease
- Primary Billary Cirrhosis
- Alcoholic Liver Disease
- Haemachromatosis

General Hepatology Clinics

Hepatology clinics consist of a multidisciplinary service provided by Doctors, Hepatology Nurse Specialists and Dietician. At present the clinic is designed as a General Liver Clinic with a mix of people with various liver conditions.
**Nurse Led Clinics**

Hepatology Nurse Led Clinics are on Monday, Tuesday and Wednesday. The Nurse specialists review clients with various liver conditions. Investigations including; specific blood test, ultrasounds and various treatments for Hepatitis. The nurse led clinic acts as a transition clinic prior to the clients moving to the General Hepatology Clinic.

The staff attached to the Hepatology unit have links with various groups and organisations to provide education, advice and support. Such organisations include;

- The Irish Haemachromatosis Association
- The Irish Alcohol Awareness Association
- Substance Misuse Centres
- Public Health and Health Promotion Units
- Irish Hepatology Nurse’s Association
- Irish Association of Counsellors and Psychotherapists
- Secondary Schools for Alcohol Awareness Programme

**Activity 2017**

A total of 1,638 patients were seen in the unit in 2017 – 745 by the Hepatology team and 894 in the Hepatology Nurse-Led Clinics.

**Respiratory Medicine**

The Respiratory Department is led by Dr Brian Canavan, Consultant in Respiratory Medicine supported by the Medical team, Clinical Nurse Specialist (CNS), Pulmonary Function Physiologist and Administration staff, and provides a holistic service to respiratory, both inpatients and outpatients. The service provided includes the assessment and treatment of respiratory conditions such as asthma, COPD, pulmonary fibrosis, sarcoidosis, tuberculosis and lung cancer and includes:

- Asthma – diagnosis and management of Asthma at one consultant led outpatient clinic per week and four daily nurse led clinics run by Elizabeth Ryan, CNS.
- Specialised Asthma Clinic – Elizabeth Ryan, CNS runs a fortnightly Omalizumab (Xolair) clinic for patients with severe persistent allergic asthma.
- COPD – diagnosis and management of COPD patients in outpatients. This is provided by our consultant led outpatient clinic weekly and by the four-respiratory nurse led clinics.
- Idiopathic pulmonary fibrosis (IPF) – assessment and diagnosis of pulmonary fibrosis patients in our consultant led outpatient clinic weekly. Support & management of patients with IPF commenced on antifibrotic therapy (pirfenidone & nintedanib) in respiratory nurse led clinics weekly.
- There were 976 Respiratory CNS outpatient nurse led consultations in 2017.
- Role of Respiratory CNS involves patient education, health promotion, self-management plans, telephone support service and staff education.

**Pulmonary Rehabilitation Programme**

The Respiratory – Integrated Care team provides a Pulmonary Rehabilitation Programme for patients with COPD or other chronic respiratory diseases and are functionally limited by dyspnoea.

**Pulmonary Function and Sleep Laboratory**

Managed by Aisling McDonald, the PFT and Sleep Laboratory provides Lung Function testing and a limited overnight Sleep Studies Service. A weekly outpatients Sleep Clinic is run by the senior Physiologist to arrange therapeutic services (CPAP therapy) for patients with obstructive sleep apnoea and to assess compliance and benefit of CPAP therapy. Dr Canavan also runs a weekly Outpatients Clinic.
Respiratory Integrated Care (RIC)
The aim of the RIC demonstrator project is to improve the diagnosis and management of COPD patients in the primary care setting by providing spirometry and a programme of care to improve health outcome and reduce service demand. This programme commenced in May 2016.

The service is provided by:
- **Rosaleen MacUistin** Respiratory Clinical Nurse Specialist who has an integrated nursing role with general practice and secondary care.
- **Brian Fitzgibbon** Integrated Care Senior Physiotherapist who has an integrated care role also with general practice and secondary care but whose focus is on providing Pulmonary Rehabilitation and management of newly diagnosed COPD patients.

By supporting general practice and enhancing capacity at primary care level it is anticipated that this integrated model of care will improve patient outcomes by enhancing their understanding of what an exacerbation means, the treatment and management options available to reduce the severity of exacerbations, developing confidence in their own self-management capability and their self-efficacy. It can reduce attendance at GPs, out of hours services and the ultimate aim of avoiding hospital admissions.

Pulmonary Rehabilitation
The Pulmonary Rehabilitation service under the Respiratory Integrated Care (RIC) Demonstrator project provides programmes of exercise and education to people with a confirmed diagnosis of COPD in Carlow /Kilkenny CHC Area 5. It also includes some other respiratory conditions such as Bronchiectasis, Pulmonary Fibrosis, Sarcoïdosis and patients post Lobectomy who may have symptoms of dyspnoea and been referred by the respiratory consultant. The service provides pulmonary rehab programmes over sites in both Kilkenny and Carlow.

### Pulmonary Rehab Activity Summary

<table>
<thead>
<tr>
<th>Item Description</th>
<th>2017</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of New Referrals</td>
<td>234</td>
<td>62</td>
</tr>
<tr>
<td>Number of New Patients Seen</td>
<td>144</td>
<td>64</td>
</tr>
<tr>
<td>Number of Individual Contacts/treatments</td>
<td>216</td>
<td>105</td>
</tr>
<tr>
<td>Number of Group Contacts/treatments</td>
<td>1377</td>
<td>722</td>
</tr>
<tr>
<td>Number of Group Sessions</td>
<td>234</td>
<td>119</td>
</tr>
</tbody>
</table>

Public Meetings and Support Groups
Two public meetings about COPD in 2017 were held in Carlow and Kilkenny. The objectives were to establish a local COPD Support group in each county. Support groups are important to provide peer assistance and as avenues to provide improved self-management such as community exercise classes post Pulmonary rehabilitation. A support group was formed in Carlow which is evolving and a plan is in place to establish a similar group in the Kilkenny area.

Pictured left at the Open Night in Carlow are: Dr Brian Canavan, Respiratory Consultant, Rosaleen Mac Uistin, Respiratory Clinical Nurse Specialist, Integrated Care, Liz Ryan, Acting Respiratory Nurse Specialist, Brian Fitzgibbon, Senior Physiotherapist, Pulmonary Rehab, and Aisling McDonald, Senior Respiratory/Sleep Physiologist.
Cardiac Diagnostic Department

In 2017, the Cardiac Diagnostic department, which provides diagnostic services such as Electrocardiogram, Echocardiography, Exercise Stress testing, 24 Hr. Ambulatory ECG, 24 hr Ambulatory Blood Pressure, Transoesophageal and Cardiac Rhythm management following device implants, and is managed by Mary Kennedy Chief II Cardiac Physiologist, relocated to additional space to allow the department to meet the growing demands. The service commenced a new service which involved Loop Implants and also the setup of Home Monitoring of these devices. The service continues to grow and demand has seen a further increase.

<table>
<thead>
<tr>
<th>Test</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>12 Lead ECG</td>
<td>344</td>
</tr>
<tr>
<td>24 Hour Holter</td>
<td>2358</td>
</tr>
<tr>
<td>24 Hr. Blood Pressure</td>
<td>1417</td>
</tr>
<tr>
<td>Event Recorder</td>
<td>137</td>
</tr>
<tr>
<td>Exercise Stress Test</td>
<td>1117</td>
</tr>
<tr>
<td>ICD Check</td>
<td>160</td>
</tr>
<tr>
<td>Pacemaker Check</td>
<td>482</td>
</tr>
<tr>
<td>TOE</td>
<td>44</td>
</tr>
<tr>
<td>TTE (Echocardiogram)</td>
<td>2933</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>8997</strong></td>
</tr>
</tbody>
</table>

Plan for 2018

- Continue to monitor all activity and review waiting times for all Cardiac Diagnostic test.
- Continue with all mandatory training
- Provide opportunities for on-going Clinical Training to include
  - On – Site Training with Pacing Companies with new device
  - Study day in Ultrasound
  - Transition year study undertaken and included a site visit

Cardiac Monitoring Implant Services Introduced

The first implantable cardiac monitors to be implanted by a stroke specialist were undertaken in St. Luke’s on the 7th March 2017. Stroke can be a life changing occurrence and is often caused by an irregular heart rhythm called atrial fibrillation (AF). This can be really difficult to identify as it comes and goes, and even home monitors may not find it. There are many people who have no cause for their stroke found, and the suspicion is that they have AF. Monitors were developed which can be inserted under the skin and which can look for AF for a longer period of time.

Consultant Dr Paul Cotter was involved in research in Cambridge showing that with such an implanted monitor more than a quarter of people with unexplained stroke have AF. The newest of these monitors is the reveal LINQ (Medtronic) which is much smaller. Implanting this device no longer needs to be in theatre or a Cath lab. They can monitor for up to three years. What is more, the patient doesn’t need to come into hospital for follow up, and a device by the bedside sends information each night, which is reviewed in the hospital. St. Luke’s with the Stroke service and the Cardiac Department now provide this monitoring for patients.

The first procedures were successful, undertaken in the new Day Services Unit (DSU). This has been a collaboration between management with Prof Courtney and Eleanor Moore, Business Manager, Cardiology with Rosie Coghlan assisting for the procedures, and the DSU who helped the procedures go so well.

The Cardiac Physiologists are vital part of this at the time of implant, in educating the patient and follow up. The Stroke Service identify cases after all other investigation, and Dr. Cotter performs the procedure.
Cardiac Rehabilitation

The Cardiac Rehabilitation (Rehab) team comprises of a Cardiac Rehabilitation Co-Ordinator (Clinical Nurse Specialist), Cardiac Rehab Nurse, Physiotherapist (0.7 WTE), sessional input from Pharmacy and Dietetics and part time Clerical support. The Cardiac Rehab Service includes:

**Phase 1:** Patients admitted to St. Luke’s with cardiac related chest pain are reviewed by the Cardiac Rehabilitation team and provided with advice and information leaflets pertaining to their diagnosis.

**Phase 2:** 6-week educational programme run in St. Luke’s and a 5-week educational programme in Carlow in the Day Hospital Unit, Sacred Heart Hospital.

**Phase 3:** The exercise and educational component of the programme (8 weeks).

**Phase 4:** Provides support and advice for patients who have completed P3 of the programme. Patients attend and perform their own exercise regime. This allows patients the opportunity to exercise safely in the comfort of knowing that they have the support of one of the Cardiac Rehabilitation team members in the gym. Staff also provide the facility of checking patients BP and reserving patients 6 monthly blood samples if required.

**2017 Activity**
Phase 1: 105 inpatients educated in phase 1 during their stay in the hospital.
Phase 2: 186 patients attended for education sessions, 655 contacts for individual sessions.
Phase 3: 155 patients attended the exercise and education programme, 13 patients dropped out of the programme.
Phase 4: 226 patients attended the maintenance programme, 742 contacts, 39 Blood samples were reserved, and 273 blood pressure checks.

Pictured at the first Cardiac Monitoring Implant Procedure in St Luke’s General Hospital Carlow-Kilkenny are Maria O Byrne, Chief Cardiac Physiologist; Mary Kennedy, Manager of Cardiac Diagnostics; Cardiac Physiologists Margaret Long, Sandra O Brien; Emma Sheppard, Medtronic Clinical Specialist; Dr. Paul Cotter, Consultant Physician and Geriatrician / Stroke Physician; Eimear Cahill, Cardiac Physiologist; and Rosie Coghlan Clinical Nurse Specialist.
Achievements

- Quality focus groups were conducted over a ten-week period. Feedback from these audits showed that there was lack of information available regarding the service. Actions from focus groups included:
  - Development of patient information leaflet which is available in all ward areas and distributed with all Phase 2 invitation letters.
  - Update of location map for Cardiac Rehabilitation to help patients find the department.
  - Identification of need for new signage to department
  - Restructuring of letter of invitation for Phase 2 Cardiac Rehabilitation patients.
- Recording baseline 12 lead ECGs on patients prior to Phase 3
- Helped with setting up Phase 4 Cardiac Rehabilitation in Kilkenny with a community Physiotherapist.
- Compiled an updated list of websites for patients promoting positive lifestyle changes.
- Developed a new template designed to collect data on Phase 1 patients.
- Staff attended Cardiovascular Health, Smoking Cessation and Motivational Interviewing Skills training.
- A number of health promotional initiatives were held such as Smoking Cessation supports, Carbon Monoxide monitoring, Cardiac Rehab awareness etc.

On the 1st June 2017, Kilkenny hurler TJ Reid visited the hospital to launch the ‘Take Off Thursday’. Pictured with TJ are members of the St Luke’s Healthy Ireland Committee - Kate O Connor, Mary Ryan, Kirsty McMahon and Helen O’Brien.
Specialist Palliative Care Service

Specialist Palliative Care services at St. Luke’s is nurse-led 5 days per week with Dr Brian Creedon (Consultant in Palliative Medicine) as Clinical lead for the service in Carlow/Kilkenny/Waterford visiting the hospital one day per week. Specialist palliative care is available on-call from University Hospital Waterford on a conferral basis after 5 pm each weekday, day/night on call and week-end cover.

Palliative Clinical Nurse Specialists (CNSs)

Three CNSs - Jane Shore, Anne Woods and Mary B Brennan -provide information, advice, support, nursing expertise and education to patients and their families and staff. They liaise with various other acute hospitals around the country, community-based hospitals, General Practitioners and nursing homes to provide a seamless service for patients and their families.

They also link in patients as appropriate, to various community-based services to continue a support network for patients and their families – Home Care teams, Community Palliative care, Occupational Therapy and Cancer support services such as Solas (Waterford), Eist (Carlow) and Cois Nore (Kilkenny) and incorporate all of the five core competencies of the Nurse Specialist role to ensure the provision and delivery of a high quality palliative care service for patients and their families.

Key Achievements in 2017

• The CNSs participated in study days on Medication Management and End of Life and a Clinical Skills Fair which provided an opportunity to provide up to date information for colleagues and nursing staff.
• Mandatory study days and on line programmes completed.
• Hosted morning meeting on Palliative Care for nursing homes.
• Attended all relevant MDT meetings.
• Participated in End of Life Committee.
• The Palliative Care team here in St Luke’s hopes to foster best clinical standards to maintain and improve patient safety and quality of care under the HSE’s Development Framework 2017-2019.
• Support offered to families of bereaved by post five weeks after the bereavement.

Audit

In May 2016 the introduction of the McKinley T34 syringe drivers was complete. The first audit was looking at the safe implementation of the drivers with particular focus on education and syringe driver policy. In November 2016, 82% of staff were aware of McKinley T34 syringe driver and policy.

Staff completed this audit in November 2017 with similar results. Even though the numbers who participated were disappointedly low, the encouraging trend showed an improvement in the education and knowledge. The audit clearly shows there is further need for education, especially with new nursing staff/newly qualified and from different countries.

Going forward, the plan is to continue education at ward level with the support of the CNMs and hold workshops on the T34 drivers with special focus on new staff.
Tissue Viability

There was a total of 852 inpatient and outpatient reviews for wound management advice/care by the Tissue Viability CNSs (Ann Marie Burke and Collette Walton) in 2017.

Consultancy Activities
Collaboration and representation of patient interests with staff on patient care, equipment needs, invoicing for rentals/ purchases etc; Liaison with community services regarding patient funding and discharges on Vac therapy/dressing regimes; numerous phone calls from outside agencies for advice on wound management issues.

Audit and Research
- Ongoing monitoring of hospital acquired pressure ulcer incident reports and reporting of figures to Executive Management Team and IEHG.
- Monitoring of rental costs for pressure redistributing mattresses/negative therapy devices.
- Updating of documentation/ guidelines/SOPs completed.
- Introduction of pressure ulcer prevention documentation and SSKIN bundle care plan.
- Audit of SSKIN bundle within the hospital.

Education and Training
- Introduced pressure ulcer prevention documentation and SSKIN bundle care plan in May 2017.
- Education of 300 staff and HCA’s on SSKIN bundle.
- Provided educational sessions to intern nursing students and opportunity to shadow TVN for student nurses as requested.
- Provided opportunistic education to both staff and student nurses.
- Provided education session to student nurses in February 2017 on wound care.
- Provided education to midwives and staff in hospital and primary care at postnatal symposium in March on C section wound care and management; in June also repeated this session to midwives and teams in St Luke’s.
- Introduction of LUCA (Leg Ulcer Cleaning Aid) bags for washing and cleansing of leg ulcers in association with infection control.
- Attended wound management programme in UHW in October.
- Attended the PUTZ (Pressure Ulcers to Zero) event in the Rotunda Hospital in November.
- Attended the Wound Management Association of Ireland Conference.
- Provided education to new staff in December on wound care management and pressure ulcer guidelines including SSKIN bundle and guidelines practised.

Plans for 2018
- Further education of the SSKIN Bundle Care Plan again in the relevant ward areas with supportive educational sessions for staff.
- Collaborate with Surgical colleagues regarding specific availability of Tissue Viability Nurse hours to enhance Outpatient service/ patient follow up.
- Skin protocol for Incontinence Associated Dermatitis planned for 2018 with plans to develop evidence-based algorithm/ care plan.
- Awaiting National Wound Care Guidelines.
- Accepted for poster presentation/case study at RCSI conference 2018.
- Re-evaluate current dressings used.
Radiography

2017 Activity

<table>
<thead>
<tr>
<th></th>
<th>Overall Total</th>
<th>CT</th>
<th>US</th>
<th>General X-ray</th>
</tr>
</thead>
<tbody>
<tr>
<td>2017</td>
<td>81,165</td>
<td>12,743</td>
<td>11,937</td>
<td>53,473</td>
</tr>
<tr>
<td>2016</td>
<td>84,575</td>
<td>12,401</td>
<td>12,056</td>
<td>56,850</td>
</tr>
<tr>
<td>2015</td>
<td>72,871</td>
<td>10,789</td>
<td>10,506</td>
<td>48,237</td>
</tr>
</tbody>
</table>

Staffing

- Due to the shortage nationally of Radiographers, in-house training required and senior ultrasound jobs required to attract additional new staff members.
- New additional 0.5 Tutor Post senior grade as part of UCD Radiography Students intake appointed Jan 2018. Backfill required as part of 2018 plan.
- Appointment of Senior RSO post outstanding and for progression in 2018
- Appointment of Senior in Carlow outstanding and for progression in 2018
- Appointment of permanent basic backfill of PACS Manager upgrade outstanding and for progression in 2018.
- The need for additional Resources required as part of safe service provision outside of core hours was identified in 2017. Implemented Jan 2018 and to be monitored & reviewed.
- CT Attendant post required.

2017 Achievement, Activity and Challenges

- 86% Health and Safety Audit result achieved.
- Local Incident Group established as a result of national NIMIS incident.
- Only 15 clinical incidents recorded for 2017 (12 clinical, three slips, trips and falls)
- Mandatory training completed- 100% compliance from Radiographers in Children First training.
- 100% compliance achieved in Hand Hygiene training
- Lean training rolled out in department. Radiology involved in 'Not So Lean Legs’ project. Eight Radiographers attended Lean White Belt training.
- Participation in the Hospital Quality and Safety Committee.
- Reduction in waiting time for routine X-rays to only one month.
- Activity, demand and waiting times for CT continue to increase – up to six months for some examinations.
- One Radiographer completed a post graduate course in CT Scanning.
- A challenge during 2017 was the provision of Sonographer-led carotid scanning. Impact experienced due to departure of skillset on maternity leave. Two sonographers were funded to undertake a specific carotid ultrasound module to add to the skillset.

Equipment

Issues outstanding include Room 2 X-Ray at end of life; Fluoroscopy Room replacement on Risk Register; and MRI project delay.

Lack of space/reconfiguration of space also identified for improvement.
Physiotherapy

The Physiotherapy service is managed by Liz Kelso (Physiotherapy Services Manager) and Annette Challoner (Physiotherapy Manager 1, Acute Services), supported by a team of physiotherapists and support staff. Staff grade physiotherapists rotate through both acute and community services every six months. Physiotherapy services are provided to both in-patients and out-patients. Outpatient Services are provided to people from Kilkenny City referred from an Acute Hospital or Consultant. Undergraduate physiotherapy placements are facilitated from University of Limerick (UL) MSc programme, and this is supported by a 0.5 wte clinical tutor from UL.

Activity
In 2017, a total of 3,872 in-patients were seen by the physiotherapy service providing 14,484 inpatient contacts. 1,623 patients attended the outpatient department, receiving a total of 5,685 contacts. 307 patients attended the Cardiac Rehabilitation Service, and 147 attended Pulmonary Rehabilitation.

Education and Training
All staff participate in the departmental in-service training programme, and attend external courses, study days and conferences relevant to their clinical work. Additional education and training included the following:

- Continuing respiratory/ICU competency training and up-skilling for all staff involved in patient care in ICU
- A number of staff completed LEAN White Belt training, and 1 one person completed LEAN Green Belt
- Frailty training in association with the GEMS programme
- Walking leadership training

Achievements 2017
Developments and achievements include the following

- Involved in planning and successfully implementing the Frail Elderly Service (GEMS) in ED and AMAU
- Updating of Respiratory Physiotherapy protocols
- Revision of Respiratory and Critical Care Physiotherapy Assessment forms
- Implementation of the Critical Care Rehabilitation Pathway
- Completion of advice booklet for the Breathless Patient
- Use of Clinical Audit to improve quality of treatment provision
- Patient feedback collected across all service areas
- Implementation of Checklist for Referral to Rehabilitation Units
- Launch of Walking Routes to encourage staff activity, in conjunction with Healthy Ireland Committee
- Implementation of ‘Making Every Contact Count’ in our outpatient service
- Participation in Rapid Improvement Events

Annette Challoner chats to Mary Moynihan at a celebration to mark Mary’s retirement in 2017 as Physiotherapy Manager
Development Plans for 2018

- Implementation of new electronic scheduling and appointment system in outpatients
- Integration of outpatient physiotherapy charts with hospital medical records
- Outpatient triage clinic for musculoskeletal patients
- Implement ‘Making Every Contact Count’ across all physiotherapy services
- Continue to work with the Hospital Healthy Ireland committee on staff health and wellbeing
- Develop musculoskeletal Physiotherapy service to ED, including MSK Review Clinics and Minor Injuries Unit
- Implementation of Women’s Health Referral Pathway
- Continue to develop the GEMS service in ED, AMAU and on the GEMS ward
- Devise a guide for Physiotherapy Management of Interstitial Lung Disease
- Complete and implement Acute Care Pathway for Acquired Brain Injury
- Develop information leaflet for patients and their families in the Acute Stroke Unit
- Continue to work with IEHG team on Service Improvement initiatives

Arts Projects

Two fantastic projects were officially launched at the entrance to the ED Waiting Area in St Luke’s in 2017. The Poetry project, “Life’s Journey Never Ends”, is the work of Elizabeth (Lizzy) Connors who is a member of the Carlow Traveller “Expression of Emotion Through Poetry Group”.

These poems are part of Lizzy’s book that hopefully will be published in 2018. This initiative was identified by the Community Traveller Health Workers in Carlow (CTHW) programme.

The CTHW is a need-based response that supports Travellers, their children, and their families about relevant aspects of health information needs to improve their awareness and uptake of health services. The main focus of this work is on Cardiovascular Health, Diabetes and Cancer Screening.

Lizzy worked with the Programme Co-ordinator and an Adult Education Tutor. This work was supported by the CW/KK Mental Health Liaison Nurse for Travellers.

The Friendship Blanket was made by Traveller women from County Kilkenny while they were following a training course in Community Health Care. This course was organised by Kilkenny Leader Partnership, Health Service Executive, and Kilkenny Education & Training Board. Sixteen women of all ages took part in the project and each worked on an individual panel. The Traveller women used the themes of health, family and culture and showed what was important in their lives. The panels were joined together to form a wall hanging or “blanket” which symbolises their coming together and their friendship. Both are on display at the entrance to the ED Waiting Room.
Occupational Therapy

The Occupational Therapy (OT) department is managed by Catherine O’Keeffe with hospital OT services provided by occupational therapists and a support team.

The Occupational Therapy (OT) service is currently responsible for the assessment and provision of posture management for inpatient use across all wards. The OT department has a key role in facilitating discharges from both inpatient wards and ED/AMAU. The team endeavor to achieve this by utilizing the available resources, simultaneously working with the multi-disciplinary teams and primary care colleagues to enable patients to achieve their potential. The team provides an environment that promotes the on-going development of all staff members and undergraduate students.

Developments 2017

- Relocated to a larger office staff to accommodate all OT staff.
- Shared quiet room (for assessments)
- Shared OT assessment room in OPD
- Extra storage space secured in OPD for aids and appliance to facilitate patient discharge.
- Creation of an OT buddy system to assess patients within same day/24hrs (working day) of referral received and for handover when on leave.
- Developed a two-hour once a month CPD education session for all OT staff
- Joined and actively involved in the National Acute Occupational Therapy Manager (NAHMOG), working group with meetings bi monthly.
- Work in progress - joint development of a of a Nutrition/OT education leaflet on feeding.

Achievements 2017

- 2,845 referrals received (20% increase from 2016), 9960 treatments with average treatment per patient =3.25
- Post assessment and treatment outcomes - discharge destinations to: home 70%, rehab 10%, long term care 8%, deceased 4% and other 6%.
- Jointly facilitated and worked as in interdisciplinary team on the Falls Awareness Week and six weekly Falls classes.
- Developed a St Luke’s Falls Prevention leaflet in consultation with the acute Falls group.
- Interdisciplinary Falls Assessment clinic (one monthly in OPD), with Geriatrician, and Physio.
- 50% OT staff trained and received their Lean White belt certification
- 100% staff CORU registered
- Interdisciplinary feeding care plan rolled out jointly with dieticians and shared in the nursing notes.
- Approved purchase of two high dependency chairs for postural management
- Approved .5 WTE admin support.
- Integration of community and acute OT’s by offering access to CPD opportunities which were developed by acute OT’s for 2018.
- Integrated HSCP within the acute hospital to showcase and promote each profession in 2018 in line with the national HSCP day, initiated, organized and led by OT.
- Actively involved in the Rapid Improvement Events.
- Provided a key role in the development of the GEMS Service.
Nutrition and Dietetics Report

Our team of 10 Dietitians provide in-patient clinical services throughout the hospital and Outpatient and Outreach service to the following:

- OPD clinics at St Luke’s for adults and paediatrics, a weekly dedicated PEG clinic for those on enteral feeding, diabetes services (both MDT and separate dietetic clinics)
- Care of the older person sites throughout Kilkenny and Carlow (Sacred Heart, St Dympna’s, Thomastown, Castlecomer District Hospital)
- St Patrick’s Centre, Kilkenny for those with intellectual disabilities
- Kilkenny Dialysis Unit

The team also participate in group Education programmes such as Type 2 Diabetes Group Education, Type 1 Diabetes Education –DAFNE and CHOICE programmes, Insulin Pump Therapy Education, Cardiac Rehabilitation and FODMAPS.

Activity

The following graph shows Inpatient and Outpatient activity in 2017

Dietetic Department - Total Activity 2017

Nutrition and Health 2017

- Nutrition and feeding education sessions for nursing staff and HCA (joint OT / dietitian sessions)
- Malnutrition awareness session provided to HCA staff
- MUST screening training for N/S
- Supporting staff in the transfer of residents from a congregated setting to community houses.

Established a nutrition working group and have prioritised dysphagia education and training.

Healthy Ireland

Weight loss challenge began in January 2017 for four weeks as a way to support staff in their pursuit of a healthier lifestyle.

Outcome: Overall positive experience. Of those who attended the launch day and drop in sessions, 100% lost weight, a total of 27.7kgs and 14cm from the waist line.
Nutrition & Hydration Week
Nutritional aspects of patient care within the hospital were promoted such as: Protected Mealtimes, Hydration, MUST Tool, Nutrition and the older person

2017 Developments

- MUST poster - Development of Nutritional Screening poster which raises awareness of malnutrition among service users.
- Snack Trolley: The aim of the snack trolley round at 7.30pm is to provide patients with the opportunity to have an additional high calorie snack to support patients meet their nutritional requirements and therefore help maintain their nutritional status during their hospital stay.
- Development of an updated MDT Nutrition and feeding care plan with OT and SLT.
- Audits completed: Ward mealtime assistance audit, Nutritional screening MUST audits.
- Introduction of Nutrition Care Process Model
- PEG service: 186 nurses trained to replace gastrostomy tubes in Carlow/Kilkenny.
  - 2 refresher courses in gastrostomy reinsertion for staff. Supervision of tube replacement provided as required.
  - Lecture on PEG tubes and complications given to interns and medical students.
  - Presented PEG audit data at community dietitian meeting
  - Trained NCHD’s to insert nasal bridles
  - Shared Home tube feeds database created for use by community and hospital dietitians in Carlow/Kilkenny area

Achievements 2017

- State registration (CORU) for all dietitians in the dept
- Nutrition Screening Policy
- Student training, first year to take placement C students “acute hospital placement” for UCD MSC programme, also B placement students during 2017
- Contributor to the INDI nutrition support reference guide used nationally by dietitians – care of the older person chapter
- St Patrick’s Centre: Applied for and received accreditation from the NMBI for gastrostomy tube replacement training by the Enteral Training and Support Group
- 3-year audit of dietitian led peg services presented as a poster at IRSPEN, INDI research study day, and St. Luke’s medical study day.
- Successful implementation of a new paediatric diabetes education programme called CHOICE; 4 courses completed with 16 children and their families attending full programme.
Speech and Language Therapy

The Speech and Language Therapy (SLT) service, managed by Maeve Cleary, currently provides a service to adult inpatients referred with feeding, eating, drinking and swallowing impairments and communication impairments. The SLT service in the hospital is managed and delivered by the SLTs and support staff. As of 31st December 2017, there are 3.2 WTE SLT (not including manager) 0.4 WTE administration support providing this service. The service receives approximately 53 new inpatient referrals every month.

The service is provided to acute medical, surgical and critical care patients. Objective assessment of swallow function is not available at present in SLGH. For video fluoroscopy any clinically appropriate patient who is suitable to travel attends the Beacon Hospital, Dublin. Staff provide advice regarding referral to the Ear, Nose and Throat (ENT) service at UHW for further assessment via Fiberoptic Endoscopic Evaluation of Swallowing (FEES).

There was a total of 636 new inpatient new visits with 1789 repeat visits.

The service also provides input into the acute medicine MDT and stroke MDT and at ward rounds. The SLT staff also attended the GEMS meetings and training, the Nutrition and Hydration steering committee. They are involved in development of a care pathway for supporting decision making in nutrition planning for patients with cognitive impairment and a framework for MDT meetings for patients presenting with acute Acquired Brain Injury. The SLT team also lead on the ongoing review and development of the existing Nurse Led Swallow screening policy for Stroke and TIA.

Training and Education

The following training and education is provided by SLTs:

- Regular training updates to catering, nursing and multidisciplinary team members
- Education for medical teams
- Swallow screening and dysphagia training for hospital staff
- Input to all stroke related training including the stroke rehabilitation groups, the stroke education programme and the national stroke audit
- Continuing professional development (CORU professional registration requirement) and mandatory training
- Regular CPD activities both external and internal, including journal club and team based performance management
- Service to UCC for training of students
- Regular links and education with community colleagues to facilitate seamless patient care

Developments and Achievements 2017

The SLT team was involved in the following developments:

- Development of a prioritisation pathway for all inpatient referrals
- Development of a framework for MDT meetings for patients presenting post-acute brain injury
- Development of care pathway for Supporting decision making in nutrition planning for patients with cognitive impairment
- Nutrition Steering Committee – contributing to multiple work streams and subgroups within the committee, with particular responsibility in the following areas
- Sinead Twomey, Snr SLT, was nominated to stand on Council for the Irish Association of Speech & Language Therapists, professional body for SLTs in Ireland. She holds the position of Honorary Secretary and is the IASLT council link to the Education Board for the 2017/2018 term.
Laboratory Department

The hospital’s Pathology Laboratory is accredited service in Haematology & Blood Transfusion in line with ISO 15189:2012 (Reg 195MT). It is also compliant with AML-BB (S.I No 360 2005) for blood transfusion. Biochemistry remains not accredited. The laboratory continued to provide high quality services to the Carlow/Kilkenny region under Consultant clinical leadership and the management of Liz Whitney (Chief Medical Scientist).

The Laboratory Services include:
- Blood transfusion including Haemovigilance
- Biochemistry
- Haematology including Coagulation Service
- Point of Care Service (limited hospital service)
- Early and late rosters from 08:00 to 09:30 and 17:30 to 20:00
- 24/7 on-call Service for urgent testing
- Laboratory service to Kilcreene Regional Orthopedic Hospital and Aut Even Private Hospital

Pathology Management System

The hospital has appointed a quality management committee which consists of Chief Medical Scientist, Consultant Haematologist, Senior Medical Scientist(s), Laboratory Quality Officer and Haemovigilance CNS. A monthly management meeting is held to review quality control issues, audits, risks, non-conformances etc.

Activity

The Pathology Laboratory workload for 2017 was 1,033,509 tests in Biochemistry and Haematology (blood sciences). This represents an overall increase of 4.5% in blood science predominantly driven by increases in biochemistry. Blood transfusion samples reduced by 7.8% primarily due to increased use of Blood Track for sample labeling.

The graph below shows the annual workload in Blood Sciences from 2011 onwards.
Quality Audit Systems

A total of 82 audits were performed between the Laboratory and Haemovigilance in 2017. The cycle of audits performed, ensure continuous improvements are made to the laboratory processes across all aspects, from sample receipt to report. Lean processes have been applied in some areas reducing waste and increasing productivity. As part of the drive towards the hospital’s commitment to quality and continuous improvement, the Laboratory monitors KPI’s (Key Performance Indicators) such as: Rejected / Excessive Samples, Order Entry Errors, Time Sensitive Tests, Turnaround times versus agreed targets, EQA performance, Customer survey, Non-conformances and Blood wastage versus agreed targets.

Achievements 2017

• Moved to full ISBT labeling on all red cells and platelets
• Phase 3 Blood Track live across all clinical areas, phlebotomy also using blood track for all sample labeling and the majority of pediatric samples
• MNSs phenotyping on site in progress.
• Training of additional staff for blood film morphology commenced.
• Adjusted staff rosters to ensure 2 staff remain on duty until 7pm.
• Completed tenders for logistics and external referrals as well as HBA1C (point of care)
• Progressed electronic document management system with aim of implementing in Q1 2018
• Blood culture analyzer installed due to go live in Q1 2018
• Validated new LIS server & go live
• Took over responsibility for access to lab web enquiry for all SLK users. NCHDs now being set up on named basis.
• Secured training budget from hospital management from increase in Aut Even fees
• 3rd senior post – interviews completed and awaiting post holder appointment.
• Assisted with DVT Lean project implemented in 2017 in acute floor

Objectives for 2018

The following objectives have been identified for 2018

1. Maintain existing accreditation status for the laboratory
2. Install, validate & go live with new biochemistry analyzers to comply with ISO 15189.
3. Install, validate and go live with new Blood transfusion grouper.
4. Ongoing training and audit of DVT pathway. Introduce to GP & commence PE pathway.
5. Secure funding for replacement of REES temperature monitoring system and include pharmacy in extended system.
6. Continue with demand management in all disciplines
7. Secure approval for upgrading basic grade post to a senior with responsibility for blood transfusion.
8. Hospital Point-of-Care Governance (depending on resources given)
9. Upgrade specimen reception scanner to reduce errors and time required scanning forms.
10. Expand the number of staff trained to perform audits.
11. Assist with the validation of national LIS system
12. Implement new logistics tender to include interface of tests referred to Biominis.
13. Go live with local incubation of blood cultures to include extended cover for weekend staff

The Laboratory has experienced significant improvements in regard to quality, training and achievement of accreditation.
Haemovigilance

Serious Adverse Events (SAEs) or Serious Adverse Reactions (SARs) are fully investigated by the Haemovigilance CNS and discussed with the Blood Transfusion Quality Team and Dr Hennessy (Consultant Haematologist). If any of these SAE’s or SAR’s fit the required criteria, they will be reported to the National Haemovigilance Office for further review. As per the EU Blood Directive, all blood components must be traced from the time of donation to transfusion. All non-conformances relating to Blood Transfusion identified by Laboratory or clinical staff are reported to Senior Laboratory staff/ Quality Officer or Haemovigilance as appropriate. Non-conformances which occur on the clinical area are followed up by Haemovigilance, with corrective and preventive actions being put in place as required. Laboratory non-conformances relating to blood transfusion which impact on patient care are also followed up by Haemovigilance. Patient safety incidents must be reported to other personnel e.g. Clinical Risk Manager as required.

Activity

• Audits - results of all audits are disseminated to the relevant clinical areas and presented at Hospital Transfusion Committee meetings.

• Education – Mandatory Haemovigilance/ Safe blood transfusion education is updated every three years. Education is provided to the clinical staff & laboratory staff as required. Portering staff receive training on the procedure for collection of blood from the Laboratory. NCHDs are provided with education on safe blood transfusion procedures for sampling and prescription.

• PPPGs – The Haemovigilance CNS drafts Blood Transfusion Procedures and distributes to depts.

Quality Audit Systems

Achievements 2017

• Maintained 100% traceability as per EU Directive for all blood component/ products (3038 components/ products in total transfused during 2017)

• Electronic Blood Track Implementation continued during 2017 (implementation commenced in February 2016). 23 clinical areas have gone live up to end 2017, with >90% of RCCs transfused using the device in December 2017. Implementation of Phase 3 has been on a phased basis and will be completed during 2018

• 204 nursing and midwifery staff received the mandatory Haemovigilance training during the year, incorporating Blood Track Phase 3. Education sessions have been provided on the Mandatory Training days, IV Medication Management days, Student Nurse Information days and also informal sessions have been provided on the clinical areas. Talks have also been given at the NCHD Induction days and the Medical & Surgical lunchtime meetings. A total of 48 individual training sessions were provided.

• New Portering staff were trained on the procedure for collection of blood from the Laboratory, including new members of staff. All Portering staff are in date for two yearly training

• The following procedures were activated:
- New Major Haemorrhage clinical protocol & algorithm- June 2017
- New procedure for use of Blood Track– circulated January 2017

• A total of 15 Haemovigilance non-conformances were investigated and closed out (non-conformances which occurred on clinical area in relation to sampling, collection, or administration of blood). Corrective actions put in place where appropriate.

• Investigation of 13 Serious Adverse Reactions (SARs) and one Serious Adverse Event (SAE) and four of these cases were reported to the National Haemovigilance Office. All SARs & SAEs for 2017 were closed out and letters sent to the patients’ clinicians.

• Record of Maternity blood usage maintained on a register and sent to the CMM3 & Clinical Risk Manager on a case-by-case basis- this register is then discussed at Maternity governance meetings.
- All Kilcreene blood usage maintained on a register documenting blood loss/ Hb/ type of surgery on a case by case basis to observe for trends
- Haemovigilance Reports presented at quarterly Hospital Transfusion Committee meetings and also at the laboratory Annual Quality Management Review (AQMR) with the Hospital Manager/ Clinical Director.
- Haemovigilance audits completed include:
  - Audit of rejected blood transfusion samples
  - Patient Identification wristbands audited in May and repeated in November (in conjunction with Phlebotomy).
  - Vertical audits of transfused products in SLGH, KROH & AEH.
  - Monthly Traceability audits, monitoring traceability issues
- Full participation in monthly quality meetings with the Chief Medical Scientist, Consultant Haematologist and Laboratory Quality Officer.
- Participation in the Irish National Accreditation Board (INAB) inspection which took place in September 2017- all aspects of Haemovigilance documentation including training records and procedures reviewed by inspectors. Accreditation passed and no Haemovigilance non-conformances noted.
- Introduction of new Major Haemorrhage Protocol to standardize transfusion management of a major haemorrhage.

Objectives for 2018
- Completion of Blood Track Phase 3 Implementation during 2018. KROH Theatre & SCBU scheduled for January/February 2018
- Provide ongoing education sessions for all nursing, midwifery and portering staff.
- Maintain 100% traceability for all blood components and blood products
- Complete 2018 audits as per laboratory audit schedule, including audits of blood track implementation. Additional audits of clinical transfusion practice will be performed if a need is identified.
- Continue to monitor and investigate all Serious Adverse Reactions & Serious Adverse Events and report to the National Haemovigilance Office as appropriate
- Continue to monitor all blood transfusion practices in SLGH & KROH and investigate non-conformances as they arise
- Participate in a quality initiative within the hospital (looking at DNA rates in Outpatients Dept) using tools learnt from Lean Six Sigma Green Belt course.
- Poster presentation of ‘Laboratory/ Haemovigilance Management of an ABO Incompatible Blood Transfusion’ at the National Haemovigilance Office conference scheduled for late 2018.
- Participate in this year’s INAB Inspection- date to be confirmed
Pharmacy

The Pharmacy Department in St. Luke’s comprises 10 pharmacists and nine technicians. The department provides the service to St Luke’s, Department of Psychiatry, Kilcreene, Castlecomer an Carlow Districts and St Columba’s Thomastown along with specialty areas (Oncology, Hepatology, Paediatrics etc).

Incident Reporting

In 2017 there were 305 medication safety incidents reported in St Luke’s, up from 96 in 2016, see table below. Following on from the HIQA inspection and its recommendations, a target of an increase in reporting of 10% has been set for 2018.

<table>
<thead>
<tr>
<th>NCC MERP Classification</th>
<th>Description</th>
<th>Totals</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>No error (Near Miss)</td>
<td>25</td>
</tr>
<tr>
<td>B</td>
<td>Error occurred - did not reach patient</td>
<td>77</td>
</tr>
<tr>
<td>C</td>
<td>Error occurred - did reach patient - no harm</td>
<td>44</td>
</tr>
<tr>
<td>D</td>
<td>Error required an intervention or extra monitoring to ensure no harm to patient</td>
<td>65</td>
</tr>
<tr>
<td>E</td>
<td>Error may have caused temporary harm and required an intervention.</td>
<td>22</td>
</tr>
<tr>
<td>F</td>
<td>Error may have caused temporary harm and required initial or prolonged hospital stay</td>
<td>5</td>
</tr>
<tr>
<td>G</td>
<td>Error may have contributed to or resulted in permanent patient harm</td>
<td>2</td>
</tr>
<tr>
<td>H</td>
<td>Error required an intervention to sustain life</td>
<td>6</td>
</tr>
<tr>
<td>I</td>
<td>Error may have contributed to or caused patient death</td>
<td>0</td>
</tr>
</tbody>
</table>

A formal medication safety governance structure has been established in the hospital which will be maintained for 2018.

HIQA Inspection

In June 2017 the hospital underwent a Medication Safety Inspection from HIQA, the results were published and the recommendations have informed Quality Improvement Plans for 2018

QUALITY IMPROVEMENT PLANS 2018

Medication Safety Governance Structure

A formal Medication Safety Governance Structure in accordance with the recommendations of HIQA has been established with a Medication Safety Committee meeting monthly and reporting to the Drugs and Therapeutics Committee which meets quarterly. This Committee then reports to the Quality and Safety Committee. The following Organogram was established in Q3 2017 and will be the basis for the medication safety governance in 2018.

Team Based Pharmacy Service - A new method of delivering the Clinical Pharmacy Service has been scheduled to be rolled out in 2018, this will involve assigning pharmacists to each medical team with the aim of improving communication and reducing the risk of medication error.
Medication Safety Information - A robust system to provide accurate, up to date medication safety information will be established with access to the resources of the larger Dublin Teaching Hospitals.

Medication Education - A formal induction programme to include medication safety for all HCP starting in SLK will be established, with a schedule of education targeted at new nursing recruits and interns, as well as maintaining the established education programmes.

GEMS - In a ten-week period at the end of 2017 of 219 referrals to pharmacy from GEMS, 182 (83%) were reviewed, despite having no extra resources provided. The aim for 2018 is to re-submit the business case for resources for this service and to integrate GEMS Medication Reconciliation into the team-based pharmacy service, with the majority of referrals seen as part of morning MedRec and outstanding referrals followed up by relevant team pharmacists.

eHealth - As part of the discharge prescription service, the eClinchial suite Medicines Reconciliation App is used to generate a Meds Rec on admission form, followed on discharge by a Discharge prescription PDF. This discharge form can then be sent to the patients GP and community pharmacy, via healthmail prior to their discharge. Fiona Ryan MPSI will complete her MSc Clinical Pharmacy thesis on an evaluation of the Pharmacist led discharge project.

Oncology - The increase in Oncology activity may necessitate more pharmacy resources. A business case will be submitted to investigate the possibility of on-site compounding of biological agents.

IEHG Pharmacists Group – Build on closer working relationships between the hospital pharmacies and joint quality improvement projects across the hospital group.

Pictured left are members of our Pharmacy Department advertising 2017 World Antibiotic Awareness Week: Karolina Wilk, Catherine Mannion, Donal Carroll, Oonagh Walsh and Fiona Ryan
Housekeeping Department

The Housekeeping department’s responsibility is to maintain a clean and safe environment in the hospital for staff, visitors and patients, complying with Infection Prevention and Control Guidelines, the Health Information and Quality Authority (HIQA) National Hygiene Standards and St. Luke’s Cleaning Manual.

The Housekeeping services department is managed by Michael Walsh, Ina Conway and Acting Supervisor Nicola Kelly and a team of 80 Household staff.

The department provides the following services:
- Cleaning services
- Laundry services (collection and delivery services only)
- Multitask attendance in AMAU
- Technicians for CSSD, X-Ray, Cardiac Investigations, Laboratory departments

Quality Improvement

Overall hygiene audit average score for 2017 was 83%, which is below the HIQA benchmark.

During 2017 the housekeeping department monitored all hygiene audits to ensure corrective action was taken in areas of non-compliance. The hospital Hygiene Committee, which the housekeeping supervisors are core members of, continued to meet monthly to ensure that the hospital had arrangements in place for the on-going development of quality improvement plans in hygiene services and to ensure governance of all hygiene related matters.

Developments and Achievements 2017

- Induction training sessions for new staff – the new induction programme was developed and implemented for new staff. The programme included IPC, H&S, Cleaning tasks, Waste management, etc. education. This programme will continue in 2018 as refresher training for current staff.
- Mandatory training programme – it is essential to ensure that the housekeeping staff comply with HIQA, IPC standards and provide the best cleaning services in the hospital.
- Review cleaning schedules and rosters – to maximize cleaning services in the hospital, it was necessary to update the schedules and rosters to optimize the work load and accommodate hospital needs.
- Electronic Flushing Records System – the new electronic system trial commenced in 2017 and will be fully implemented in 2018. The system allows reduced paper work, consistency, is environmentally friendly, identifies and alerts not completed areas immediately.
- St. Luke’s Cleaning Manual was reviewed at the end 2017.
Hygiene Services

The Hygiene Services Committee ensures that the best possible standard of hygiene is achieved through education, audit, review, monitoring and evaluation of the service in line with the HIQA Hygiene Services Standards and the National Standards for the Prevention & Control of Healthcare Associated Infection.

Key Achievements 2017

- Hygiene Services Committee met 11 times in 2017 – to provide the governance in the management of Hygiene Services, and to assist with identifying, developing and reviewing policies such as the Cleaning of Wheelchairs, Cleaning Manual, Waste Management Policy etc. The Committee also participated in the HIQA Hygiene Services Assessment Scheme. QIPs associated with the HIQA visit in May 2017 were developed and uploaded to the hospital website. The Committee also identified items for inclusion on the Risk Register.
- 54% of hospital staff participated in Hand Hygiene training.
- 28 clinical areas were audited in 2017 and 33 areas were audited in the risk category, with revisits in some areas.
- Four non-clinical areas were audited.
- Patient Satisfaction Survey completed (April-June 2017) with 92% of patients saying that they had a very positive experience.
- Some improvements have been noted in clinical practice, e.g. compliance with good hand hygiene practice & the application of PPE.
- Sharps bins are generally in line with best practice with assembly, signature, temporary closure etc. An external audit was completed in October 2017 and the overall feedback was positive.
- Some improvement noted in the cleaning of equipment between patient use especially post the introduction of Vernatape - to identify when reusable equipment has been cleaned and ready for use.
- All wheelchair bays are fitted with the relevant cleaning materials to ensure the user cleans after use.
- The cross-cover for Departmental Audits commenced in January 2018.
- Positive feedback from Hygiene Awareness Week which was held in September.
- Quarterly newsletter.
- Education/training and updates were available for all new staff on the paperless hygiene audit system (eCat) on request throughout the year.
- Practice evaluation was carried out in a small number of areas; this process proved time consuming and did not appear to add any value to the service and was therefore discontinued.
- Updated existing Waste Management Policy.

Hygiene Audit Performance

The Hospital Hygiene Audit Performance for 2017 showed an overall combined score of 83%. 37 areas were audited.

17 areas are 85%+ compliant with the required HIQA standards.
11 areas with 80% - 84% indicating there is room for improvement.
9 areas are underperforming at <79%.

Following review of the hygiene audit reports over the last year, it was noted there are areas in need of ongoing intervention and monitoring. Areas identified include decluttering in some departments, painting, floor covering, IV Fluids Room, compliance with certain policies (eg Laundry Segregation, Waste Segregation etc.

Pictured at the launch of Vernatape in St Luke’s are Paul Leahy, Vernacare, Inga Peciuliene, Environmental Services Facilitator and Sheila Swain, Hygiene Co-Ordinator
## Hygiene Audit Results January - December 2017

<table>
<thead>
<tr>
<th>Department</th>
<th>Average %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Theatre</td>
<td>82</td>
</tr>
<tr>
<td>ICU</td>
<td>87</td>
</tr>
<tr>
<td>Endoscopy</td>
<td>89</td>
</tr>
<tr>
<td>CSSD</td>
<td>87</td>
</tr>
<tr>
<td>SCBU</td>
<td>91</td>
</tr>
<tr>
<td>Oncology</td>
<td>94</td>
</tr>
<tr>
<td>DSU</td>
<td>91</td>
</tr>
<tr>
<td>Paeds</td>
<td>85</td>
</tr>
<tr>
<td>CCU</td>
<td>81</td>
</tr>
<tr>
<td>Surgical 1</td>
<td>81</td>
</tr>
<tr>
<td>Surgical 2</td>
<td>77</td>
</tr>
<tr>
<td>SMU</td>
<td>81</td>
</tr>
<tr>
<td>Surgical 3</td>
<td>81</td>
</tr>
<tr>
<td>Maternity</td>
<td>85</td>
</tr>
<tr>
<td>Labour Ward</td>
<td>84</td>
</tr>
<tr>
<td>ASU</td>
<td>88</td>
</tr>
<tr>
<td>Medical 1</td>
<td>83</td>
</tr>
<tr>
<td>Medical 2</td>
<td>78</td>
</tr>
<tr>
<td>OPD</td>
<td>85</td>
</tr>
<tr>
<td>PAC</td>
<td>87</td>
</tr>
<tr>
<td>AMAU</td>
<td>86</td>
</tr>
<tr>
<td>ED</td>
<td>85</td>
</tr>
<tr>
<td>Hepatology</td>
<td>95</td>
</tr>
<tr>
<td>Radiology</td>
<td>80</td>
</tr>
<tr>
<td>Laboratory</td>
<td>78</td>
</tr>
<tr>
<td>Pharmacy</td>
<td>64</td>
</tr>
<tr>
<td>Cardiac Diagnostics</td>
<td>91</td>
</tr>
<tr>
<td>Cardiac Rehab</td>
<td>83</td>
</tr>
<tr>
<td>Physio OP</td>
<td>85</td>
</tr>
<tr>
<td>Physio Gym</td>
<td>79</td>
</tr>
<tr>
<td>DNS/Diet</td>
<td>64</td>
</tr>
<tr>
<td>Pulmonary Rehab</td>
<td>84</td>
</tr>
<tr>
<td>Family Room</td>
<td>74</td>
</tr>
<tr>
<td>Mortuary</td>
<td>71</td>
</tr>
<tr>
<td>On Call</td>
<td>84</td>
</tr>
<tr>
<td>Discharge Lounge</td>
<td>91</td>
</tr>
<tr>
<td>Palliative Care Room</td>
<td>76</td>
</tr>
</tbody>
</table>

**Overall Hospital performing at 83%**

As per HIQA guidelines:
- **Green** = 85% to 100%
- **Amber** = 80% to 84%
- **Red** = 0% to 79%
Porter / Security

Porter Security services at St Luke’s now employs 60 people covering all departments in the acute hospital. The service is dual function proving on site security and porter related services.

Porter Service
Break down of porter services to include providing people deployed on permanent basis to

- Theatre
- Day Services Unit
- OPD
- Cardiac Investigation Services
- Pharmacy and Laboratory
- CT
- Physiotherapy

All other departments are service from a pool service where porters as required are deployed on request.

Security Service

- We have a 24-hour security presence at a secure location at ED /AMAU with full access to CCTV and access control systems.
- Improved access to TMVA training has led to an increase to 80% of those qualified to carry out such actions.
- Access to Spinal Lifting training is outstanding.

While the department had no retirements for 2017, there are four due in 2018.

TMVA Training – Pictured left are the first candidates who completed the T.M.V.A. Control and Restraint Training in Seville Lodge: Kadri Pisang, Sheila Swain (trainer), Vinny O’ Brien, Ciarán O Neill, Sean Purcell, Stephen Hayes and Carole Townsend (trainer).
Catering Department

The Catering Department in St. Luke’s provides safe, appetising, nutritious and well-presented meals to all our patients, staff and visitors.

The Catering service is managed by Fred Murphy (Catering Manager) supported by Mae Dunphy, Brigid O Neill, Judy Bridgeman and Marie Kennedy (Catering Officers).

The Catering Department produces approximately 6,500 meals per week and provides a catering service to the following areas:

- All inpatients and staff in St. Luke’s
- All inpatients and staff in Kilcreene Hospital
- Patients in the ED, AMAU and Day Services Unit
- All visitors using the hospital services and facilities
- Additional catering is provided for functions, as required

A plated and bulk cook-chill system is used for food production for all patients’ meals and a combination of conventional and cook-chill method for staff.

The department strives to maintain high standards in every part of the process and will always look at any ways to improve the service.

St. Luke’s Catering Department works towards maintaining the specific requirements and recommendations of industry relevant guidelines, such as the I.S. 340: 2007 - Hygiene in the Catering Industry, the I.S. 343: 2000 - Food Safety Management Systems, incorporating HACCP, and the F.S.A.I. Guidance Note 15: 2004 - Cook-Chill Systems in the Food Service Sector. Management also refer to any N.D.S.C. publications relevant to catering. In order to achieve this, the hospital commits to providing adequate resources, including finance, personnel, premises, staff facilities and equipment to ensure food safety.

Food workers at all levels are adequately trained, supervised and/or instructed commensurate with their food safety activities. They are responsible for the food safety/quality of their own work and are committed to providing a high quality of service to customers.

Achievements

- The staff dining room has been the recipient of the Happy Heart at Work Award (Irish Heart Foundation since 1997).
- Calorie posting in the Canteen – HSE initiative.
- Food Allergen Information available to all Patients and Staff.
The newly extended Staff Canteen at St Luke’s was officially opened by Anne Slattery, General Manager, on Wednesday, 10th June 2017. Catering management and staff hosted a reception to mark the event.

Fred Murphy, Catering Manager, and Anne Slattery thanked the Technical Services Department and all who were involved in completing the project. Fr Paddy Carey, Hospital Chaplain, blessed the room. Judy Bridgeman from the Catering Department was also praised for her beautiful art work, which was on display in the new canteen.

The canteen extended into what was originally the hospital Laundry, and most recently the Accident and Emergency Department. There is now seating for over 60 people in there.
Supplies Department

Key Achievements for 2017
The department started the roll out in introducing kan-ban and also scanning the store rooms. Areas completed include:

- ED/AMAU bulk store
- CCU
- SCBU
- Endoscopy theatre
- CIU
- Oncology
- DAY SERVICES
- OPD up & down
- CSSD bulk store

All of these areas are now up and running with a two-bin system and scanning in full in 2017. The view is that usage over the year should reduce by 10%. Also, the fill rate for these areas is over 95%

In 2017 we moved on to other areas in the hospital to introduce kan-ban and scanning. Areas completed in 2017:
- Maternity
- Cardiac echo
- Cardiac diagnostics
- Ward 7
- Phlebotomy OPD

Health & Safety Audit
The department was audited and Supplies achieved 100% result.

End of Year Stock Takes
From 2015 to 2017, the results of the end of year stock takes has gone to under 5%

Plans for 2018
The kan-ban system will be further rolled out in 2018 to include:

- Paediatrics
- SUR 3
- Medical 2
- Surgical 1
- ICU
- SMU
- Medical 1
- Surgical 2
- Cat Scan
- Labour Ward

In introducing this we will make the stores room more efficient and easier for the end users to locate stock.
Technical Services Department

The department is headed up by:

- Charlie Technical Services/ Maintenance Manager Carlow/Kilkenny.
- David Hogan Maintenance Officer, Building Fabric.
- Noel Motherway Maintenance Officer, Mechanical and Electrical Services.

Activity

The department is responsible for:

- The provision and maintenance of all utilities in use on the hospital site such as MV/LV/ELV power/electricity, natural gas, oil, water, sewerage, telecom, medical gas, waste, grounds, roads and landscaping.
- The maintenance of the building fabric and the mechanical/electrical services, including passenger/bed lifts, CSSD equipment, Catering/laundry equipment, water treatment, heating and ventilation systems - using a mix of contract and hospital staff to carry out works.
- The repair and maintenance of all clinical engineering systems and equipment in theatres, ICU, SCBU, CCU and diagnostic departments.
- Management of the National Equipment Replacement Programme for SLGH.
- The service and maintenance of all life safety equipment, including fire alarm systems, emergency lighting systems, fire hydrants/dry risers, portable fire-fighting equipment, fire compartments/doors.
- The management and administration of all service contracts, invoicing, purchase ordering for revenue/capital spending and asset management.
- The department undertakes refurbishment works and upgrading of wards/departments funded from minor capital and revenue sources.
- The department assists HBS Estates in delivering new major capital building developments.

Significant Developments 2017

- Refurbishment and conversion of old ED department into a staff canteen.
- Refurbishment of 14 bed Winter Ward 7.
- Refurbishment of 30 bed ward, Surgical 1.
- Refurbishment of 30 bed ward, Surgical 2.
- Phase 1 upgrade of electrical distribution infrastructure.
- Installation and commissioning of Cardiac Telemetry System in Ward7, Surgical 1, 2, 3 SMU and Cardiac Diagnostics.
- Refurbishment of Cardiac Diagnostic Department.
- Purchase of new Paediatric transport incubator and ventilator
- Purchase of new Theatre Surgical stack system.
- Installation of four multi-utensil washers.
- MRI design support for mechanical and electrical services.
- Legionella risk assessment carried out.
- Medical Gas Policy developed.
- Dangerous Goods Audit completed.
- Allianz Insurance risk assessment carried on engineering systems and plant.
- Phase 1A electrical interconnector installed for electrical resilience for new ED building.
- New electronic signage system and traffic control barriers installed.
SLGH Maintenance System Job Statistics 2017

Jobs per Trade:

- Mechanical  - 446
- Carpentry   - 1412
- Plumbing    - 1280
- Painting    - 50
- Electrical  - 2849
- Other       - 755
- Floor Covering  - 24

**TOTAL**  - 6816 requests

Planned Developments 2108 subject to funding

- MRI Project completion of design, tender and contractor on site.
- Electrical Infrastructure Phase 2.
- Removal of old Chimney Stack and installation of new boiler flue.
- Medical wards upgrade.
- ICU upgrade.
- SCBU upgrade.
- Upgrade of CSSD.
- Upgrade of IVP X-Ray Room.
- Development Control plan updated.
- Cost benefit analysis of 75 bed single room accommodation.

New Electrical Distribution Board Theatre plant Room

New Electrical Cable bridge and containment system.