

REGIONAL HOSPITAL MULLINGAR

Annual Report 2018



Grúpa Ospidéal
Oirthear na hÉireann



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OVERVIEW OF THE HOSPITAL

The Regional Hospital Mullingar 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 people in Westmeath and Longford and specialised service for a broader Midlands population of 291,000 including Laois, Offaly, North Meath, Kildare and Roscommon.

The Hospital has 217 beds (194 inpatient, 16 day beds and a 7 bedded Medical Assessment Unit) and provides a range of services, on a 24-hour basis. The Hospital has a combined Critical Care Unit comprising of six beds (ICU/CCU).

The hospital provides the following acute services:

- ▶ Accident and Emergency
- ▶ General Medicine (Including Regional Stroke Thrombolysis)
- ▶ General Surgery
- ▶ Obstetrics and Gynaecology
- ▶ Paediatrics / Special Care Baby Unit
- ▶ Critical Care
- ▶ 24 hour CT scanning service

These services are provided 24 hours a day throughout the year. The hospital provides comprehensive medical and surgical investigation, diagnosis and treatment for adults and children, and comprehensive maternity services for women and their partners. 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.

Further specialities are provided in the following areas

- ▶ Acute Medical Assessment
- ▶ Antenatal / Parent Craft
- ▶ Cardiology
- ▶ Chest Pain Clinic
- ▶ Early Pregnancy Service
- ▶ Endocrinology and Diabetes Clinic
- ▶ Diabetes in Pregnancy (Universal Screening and Management)
- ▶ Endoscopy Service
- ▶ Foetal Assessment Service
- ▶ Gerontology
- ▶ Inflammatory Bowel Disease
- ▶ Newborn hearing screening
- ▶ Osteoporosis
- ▶ Palliative Care (2 Beds)
- ▶ Phlebotomy
- ▶ Podiatry / Diabetes Podiatry
- ▶ Regional Endocrinology and Immunology Laboratory Services
- ▶ Regional Respiratory Service
- ▶ Respiratory including Sleep Lab Investigations
- ▶ Smoking Cessation
- ▶ Special needs - Paediatric
- ▶ Stroke Service
- ▶ Warfarin Clinic

Visiting Consultants provide the following services in an Out Patient capacity

- ▶ Dermatology
- ▶ Haematology
- ▶ Ophthalmic
- ▶ Orthopaedics
- ▶ Neurology

Community based services that are also located on the Hospital site include:

- ▶ Child and Adolescent Psychiatry
- ▶ SATU (Sexual Assault Treatment Unit 24 hour)
- ▶ Sexual Health Clinic
- ▶ MiDoc Service

Staff, Consultants, Nursing & Managers representing different departments below and cover photo



■ Introduction

In introducing the 2018 Regional Hospital Mullingar Annual Report, I would like to express my sincere appreciation to the Management team, Consultants & Medical teams, Nursing Leadership & Nurses and Midwives, Allied Health Professionals, Administration and support teams including Catering, Maintenance and Support Services. Appreciation is extended to all staff who have strived to deliver the highest standards of excellence. A key goal in 2018 was to make a measurable difference for patients and staff and this has been achieved, thanks to the efforts of the teams.

2018 was a year of participation, inclusion and collaboration and, it is my privilege to be able to report that these efforts have resulted in some very significant milestones including:

- ▶ The **Mullingar Frailty Intervention Team (MFIT)** received a national award from the **Health Service Executive (HSE)** namely, the '**Health Service Excellence Award for Improving Patient Experience**' and they also won the '**Popular Choice Award**'.
- ▶ The **Physiotherapy & Dietetics Department** published a highly acclaimed booklet on weight management entitled '**A Guide to Managing your weight**'.

The Clinical Directorates, many Departments and Rapid Improvement Teams are now well established in leading, implementing and sustaining continuous quality and service improvements across the hospital.

Management, Consultants, Nursing and Improvement teams came together to complete a review of the initial **Value Stream Analysis** aims and objectives and also to agree an improvement plan for the following 12 months. The **Rapid Improvement** and **Service Improvement** teams have been supported by the **IEHG Service Improvement** team and also participate in the **UCD** Collective leadership project. We would like to express our sincere appreciation for their valuable assistance and expertise.

In addition to service improvement, the hospital focussed on the continuous improvement & development of:

- Corporate & Clinical Governance structures
- Quality, Risk & Patient Safety systems/processes
- Patient Flow (from presentation to discharge)

The hospital management, the operations & business management and nursing, midwifery & bed management met on a daily basis in the **Navigation Hub**, together with our Data Co-Ordinator to review activity and manage Patient Flow.

Staff & Patient engagement has also been a key focus of 2018. Lessons learnt from the **National Patient Survey** and the **HSE Staff Survey** resulted in the implementation of several initiatives outlined in this report.

2018 also saw Hospital Consultants, Nursing teams, Managers and Staff being commended for their engagement, leadership and commitment to continuous quality and service improvements for patients and service users. I would like to express my very sincere appreciation for their professionalism, commitment, enthusiasm, support and leadership. I would also like to highlight the excellent working relationships with our Community Partners in **MLMCHO8**. The joint **Hospital and Community Local Placement** forum is an extremely effective forum and together we have ensured transitional and supportive discharge plans are in place to support patients and families.

The hospital is also involved in a joint **GP Hospital Liaison Committee**. This integrated committee includes an educational, shared learning and service improvement and development component and has delivered improvements in access and discharge for patients.

A very **BIG THANK YOU** to the **'Friends of Regional Hospital Mullingar'** and the Regional and Local Community for their generous donations to the **MRI fundraising appeal**.

As the General Manager, it has been a joy to see individuals and teams thrive in a culture of engagement, participation and inclusion and to see leaders and staff encouraged to continue to improve the ever-expanding services being offered by the **Regional Hospital Mullingar**.

Shona Schneemann
General Manager



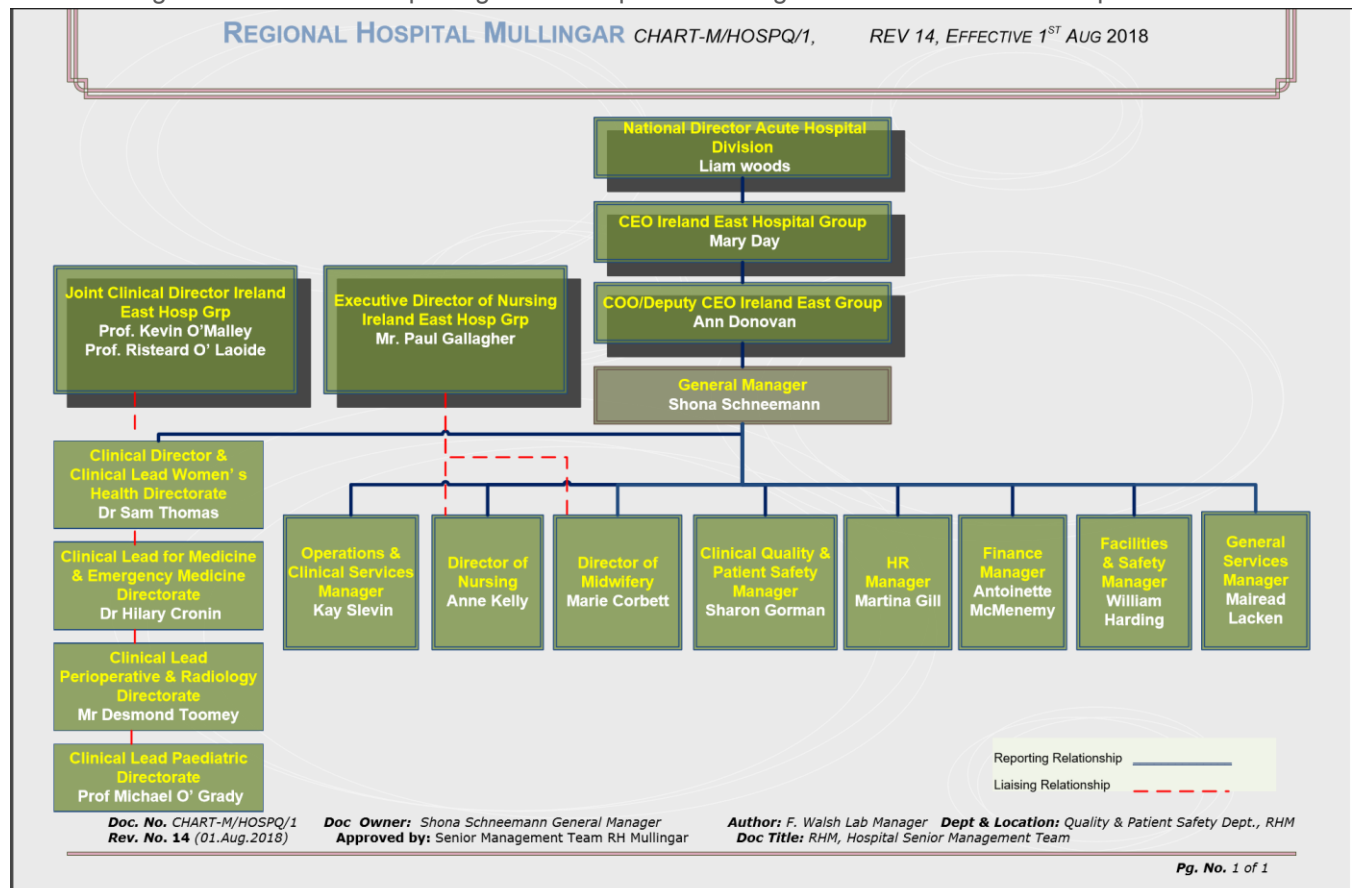
Governance and Management

Consultant, Nursing and Midwifery leadership and participation on the Senior Management Team has ensured clinical governance, quality and patient safety is at the forefront of developments and service delivery. The rotation of Clinical Director supported by the Medical Board delivered improved Acute Medicine Services under the leadership of Dr Hilary Cronin and has also supported the National Women & Infant Programme agenda under the leadership of Prof. Sam Thomas. The Senior Management team was also further enhanced in 2018 with the appointment of Ms Mairead Lacken, General Services Manager.

The **Senior Management Team** consists of the following:

- ▶ Ms Shona Schneemann, General Manager
- ▶ Dr Hilary Cronin, Clinical Lead, Medicine/ED Directorate & Clinical Director (to August 2018)
- ▶ Prof. Sam Thomas, Clinical Lead Women's Health Directorate & Clinical Director (August 2018)
- ▶ Prof Michael O Grady, Clinical Lead Paediatric Directorate
- ▶ Mr Des Toomey, Clinical Lead Perioperative Directorate
- ▶ Ms Anne Kelly, Director of Nursing
- ▶ Ms Marie Corbett, Director of Midwifery
- ▶ Ms Antoinette McMenemy, Finance Manager
- ▶ Ms Martina Gill, Human Resource Manager
- ▶ Mr William Harding, Facilities and Safety Manager
- ▶ Ms Sharon Gorman, Clinical Quality and Patient Safety Manager
- ▶ Ms Kay Slevin, Operations & Clinical Services Manager
- ▶ Ms Mairead Lacken, General Services Manager (March 2018)

The following chart outlines the reporting relationships and management structure of the hospital.



■ Performance

The monitoring of activity and performance occurs on a monthly basis at performance meetings with Ireland East Hospital Group (IEHG). Activity data, analysis and reporting are managed by **Ms Helen Cunningham**, Data Coordinator. Responsibilities include In-patient and Day Case Waiting list management and HSE National Business Intelligence Unit (BIU) reporting requirements. Performance is monitored and managed on a continuous basis.

Hospital Activity

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

Hospital Activity				
Area of Service Provision	2016	2017	2018	% Variance
Inpatient Discharges (HIPE Data)	18,888	18,474	18,531	0.3%
Day Cases (HIPE Data)	10,216	10,442	9,707	-7.0%
Emergency Care				
ED Attendances	35,138	35,911	36,641	2.0%
Births				
Total number of Births	2,107	2,114	1,960	-7.2%
Outpatients (OPD)				
Total number of new and return Consultant-led Outpatient Attendances	50,067	51,994	49,555	-4.7%

In 2018, the Hospital has seen an increase in ED Attendances and a slight increase in Inpatients Discharges compared to 2017. The decrease in Day Cases was due mainly to the re-classification of Gynaecology Day Cases to Outpatient attendances in May 2018. There was a reduction in the number of births by -7.2% and Outpatient attendances by -4.7%. The decrease in Outpatients was mainly due to the weekly Dermatology Outpatient Clinic at RHM which ceased in February 2018 following the resignation of the Consultant Dermatologist.

National Targets

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

- ▶ Nursing Metrics achieved an overall average compliance rating of 97.6%
- ▶ Scheduled Care for Adult Inpatients / Day Case, currently 100% <15 month target compliance and a 100% compliance for Children with <15-month target
- ▶ Out Patient Access, 71.9% compliant on our <52 week target
- ▶ Endoscopy, 100% compliant for urgent referrals and 85.8% for routine referrals
- ▶ Hand Hygiene, overall average of 91% in 2018

■ Service Improvement – Unscheduled Care (USC)

The management of USC is the responsibility of all team members across the hospital and a whole system approach was established in 2017 and has continued throughout 2018. Overall responsibility lies with the General Manager supported by the Clinical Director, Director of Nursing, Director of Midwifery, Bed Manager, ADON for Patient Flow, DMAs, BMs and Operations & Clinical Services Manager.

Several working groups and committees are in place in the hospital and include the following:

- Unscheduled Care Steering Group
- Emergency Department Task Force
- Operations Head of Department Working Group
- Emergency Department Working Group
- Emergency Department & Radiology Department Working Group
- Discharge Planning and Multi-Disciplinary Teams
- Daily Navigation Hub Team
- MDT Meetings
- Medical and Nursing Forum

The Hospital continued to experience challenges during 2018 in the management of unscheduled care with increased activity. This was due to the increased attendance and admissions which is mainly driven by the service requirements of older persons, the increase in complexity and acuity of patients and the needs of children in the wider regional area. The team now identify and screen all patients over age 75 years who present to ED to determine if they are frail. A Comprehensive Geriatric Assessments (CGAs) has been introduced for frail older people. This allows the team to identify how complex these patient's needs are and the appropriate interventions are therefore put in place on presentation to ED. A Business Case has been submitted to secure funding to continue the Frailty Intervention Service. Patients flow is greatly supported by the Radiology and Cardiac Diagnostics teams on a daily basis.

The capacity to meet the demand for acute care and in-patient admission is not sufficient with 106 Medical & Surgical inpatient beds available of a bed compliment of 206. Over the past number of years 10 escalation beds have been utilised on the Medical & Surgical wards to increase capacity and additional capacity of 10 beds (Ward 4) was funded under the 2016/2017 winter initiative funding. This additional capacity greatly assisted in the management of the demand, capacity, trolley numbers and patient flow challenges during winter 2018/2019. The additional 10 beds (Ward 4) has been added to the total bed numbers (217) and staffing of this unit is in progress.

As a result of the learning from winter 2017/2018 the hospital has focused on analysing demand and capacity, patient flow, patient experience and quality improvement. Service improvement initiatives have been identified using a whole system approach following the completion of a VSA (value stream analysis) Refresh. The VSA Refresh and subsequent Service improvement and Rapid Improvement Events (RIE's) have been led and supported by Ireland East Hospital Group (IEHG) with the assistance of Simpler IBM Watson. The quality improvement initiatives during 2018 will support further patient flow improvements in 2019.

Service Improvement /Developments 2018

The hospital has undertaken significant development and service improvements in unscheduled care and the following improvements have been achieved to date:

- START (Specialist Triage and Rapid Treatment in ED)
- Commencement of MFIT (Mullingar Frailty Intervention Team)
- Referral pathway to Acute Medical Assessment Unit (AMAU) updated and implemented
- Improved ED internal processes in place to support patient flow
- Implementation of direct GP streaming to the AMAU in consultation with GPs through the GP Liaison forum

- ▶ Implementation of direct streaming from ED to AMAU
- ▶ Navigation Hub further developed
- ▶ A number of staff have attended Lean Training

Specific Winter Preparedness initiatives for 2018/2019 included the following:

- ▶ Hospital Escalation Policy and Full Capacity Protocol reviewed and updated
- ▶ Senior Management, Health Social Care Professionals (HSCP) and Consultant Rotas in place
- ▶ Engagement with Midlands Louth Meath CHO 8 Area in planning for Winter Preparedness
- ▶ Additional Radiology and Cardiac Diagnostics were available during the core winter period
- ▶ Extended day and weekend rapid turnaround laboratory testing for seasonal infections
- ▶ MiDoc engagement and support
- ▶ Extended AMAU hours pilot and streaming directly to AMAU

Rapid Improvement Events (RIEs) 2018

A programme of work has continued during 2018. A Value Stream Analysis Refresh was completed and a number of key areas of improvement were identified. The following improvement events were completed:

- ▶ Access to Diagnostics based on Clinical Need (Ultrasound & CT)
- ▶ 2P Process Preparation – Patient Streaming at the Front Door
- ▶ Frail Older Visionary Workshop
- ▶ Frail Older Persons RIE
- ▶ Streaming at the Front Door (to AMAU)
- ▶ Value Stream Analysis Refresh

▶ **Access to Diagnostics based on Clinical Need – Ultrasound & CT:**

Project Scope: To review of Ultrasound and CT Scan Diagnostics – ED, GP, EPU & FAU, Inpatient/Day patient/Outpatient demands and referral sources with an aim to ensure appropriate on demand provision of US and CT diagnostics, reduce unnecessary inappropriate and duplicate test requests and reduce wait times for US and CT scan interventions.

This RIE was completed in 2018 and has resulted in significant improvements in the flow of patients between the Wards and the Radiology Department, and the quality of clinical referrals data facilitating safe and accurate triage.

▶ **2P Process Preparation – Patient Streaming at the Front Door**

Project Scope: To design and agree how to stream patients at the “front door” directly to appropriate and timely care. Right Patient in the Right Place at the Right Time

▶ **Frail Older Persons Visionary Workshop:**

Project Scope: With the support of IEHG this Frail Older Persons Visionary Workshop facilitated the Hospital, Community & Voluntary Services to meet to discuss a future vision for Frailty Services in Longford & Westmeath in advance of the planned Frail Older Persons Rapid Improvement Event (RIE).

▶ **Frail Older Persons RIE:**

Project Scope: To identify frail older persons as they present to ED and to put appropriate timely interventions in place to meet the Acute Frailty Network Principles and improve the integrated approach to the care of these patients.

▶ **Streaming at the Front Door (to AMAU) RIE:**

Project Scope: To review and improve the acute floor flow, building on the standards of the National Acute Medicine Programme Model of Care. The criteria to support direct Streaming to the AMAU was reviewed and implemented. This has resulted in improved access to AMAU and enhanced patient pathways supported by improved internal processes.

► **Value Stream Analysis Refresh:**

Project Scope: To review progress against previous quality improvement programme of work to create a Quality Improvement Plan for 2019.

The Navigation Hub which commenced in 2017, and has been embedded and enhanced throughout 2018, and has continued to assist Bed Management and Senior Management teams in the daily management of patient flow, and review of activity with a team approach.

Mullingar Frailty Intervention Team (MFIT):

There was a focus during 2018 on the pathways and delivery of services to our frail elderly patients. As previously mentioned a Visionary Day was facilitated where Hospital, Community & Voluntary services met to discuss a future vision for Frailty Services in Longford & Westmeath. This Visionary Day directed the team's plans for the development of services for frail elderly patients both in hospital and community.

The Frail Older Persons Rapid Improvement Event resulted in the introduction of the following during a test period of 90days:

- A Frailty Screen, completed on all patients over 75 years who present to the Emergency Department
- Comprehensive Geriatric Assessments, completed on identified Frail patients by the newly formed Mullingar Frailty Intervention Team (MFIT)
- Needs were promptly identified and interventions put in place
- Information was promptly communicated between hospital & community services
- Services were brought in line with the Acute Frailty Network Principles and the Integrated Care Programme for Older Persons 10 Step Framework

The results of the supported interventions during the 90day test period were as follows:

- Discharges Home increased by 22%
- Discharges to Nursing Homes reduced by 39%
- Discharges to Convalescence reduced by 50%
- Discharges by day 7 increased by 22%

A number of resources were developed and provided to patients and their relatives in order to assist them to have a more comfortable stay while in hospital and also to encourage them to **'Get Up, Get Dressed, and Get Moving'**. These included:

- Posters
- Information Leaflets

Educating staff regarding the needs of frail patients was a key priority to improve the patients' experience. To raise staff awareness, a number of resources were developed including:

- An *Animated Video* demonstrating the journey a frail older patient may take from the time they arrive at our Emergency Department
- A *Frailty Education Booklet* was developed and has been shared to all hospitals in IEHG. The team have been asked to share this booklet with the National Clinical Care Programme Older Persons (NCPOP) to add to their national inventory of documents.
- *Posters* indicating the risks of patients staying in bed and the advantages of **'Getting up, Getting dressed and Getting moving'**.

As a result of the changes MFIT have made to our frail older patients' experience when they arrive in the Emergency Department, the Team were awarded the **HSE Health Service Excellence Award** in the category **'Improving Patient Experience'** and they also won the **'Popular Choice'** award.

Following the RIE 90 day, test period, the team have continued to identify frail patients at the front door, and a rapid response in place as staffing allows. The team continue to raise awareness of frailty through staff and family education and also continue to develop an integrated service approach with community services. The Hospital with IEHG and MLMCHO have submitted an application for funding for a fully resourced Frailty Team, for the continued provision of a quality service for older patients in Longford Westmeath

Representatives of the Hospital, IEHG and MLMCHO MFIT team at the presentation in Farnleigh House as winners of the **Health Service Excellence Awards 2018** in the categories '**Improving Patient Experience**' and '**Popular Choice**'



L-R: Paula Tanner, ED Shift Leader, Rosanna Keane, Senior Dietitian, Noeleen Bourke, Senior Physiotherapist & Team Leader, Dr Hilary Cronin, Consultant Geriatrician & Clinical Lead, Caroline McDonald, Senior Community Physiotherapist, Fiona Keogan, Service Improvement Lead, IEHG



■ Communication and Engagement

Staff communication, engagement, health & wellbeing were of particular focus during 2018. The Hospital and Ireland East Hospital Group (IEHG) facilitated and encouraged participation in the following:

- ▶ Staff Information sessions
- ▶ IEHG Town hall meetings
- ▶ Communication Steering Committee
- ▶ Hospital & GP Liaison Committee meetings
- ▶ Hospital & Community Integrated Forums
- ▶ Healthy Ireland Initiatives

Healthy Ireland (HI) Initiatives

The Healthy Ireland Committee is led by Ms Gráinne Flanagan (Dietitian Manager) and consists of 16 hospital staff members from a variety of disciplines. The committee is governed by the Clinical Governance committee and regular updates are provided. The HI lead attends the IEHG Healthy Ireland Steering Committee meetings and communicates plans, activities, reports etc. to the hospital committee members and senior management. The committee met regularly during 2018 to plan and review activities and the following successful initiatives undertaken

- ▶ **'Operation Transformation'** in January 2018 with a total of 30kg weight loss for participating staff.
- ▶ **Staff Health Assessments/ Blood Pressure checks: 38 staff availed of this service**
- ▶ **Diabetes Screening for staff: 130 staff screened**
- ▶ **'A Guide to Managing your Weight'** booklet launched August 2018



Ms Mary Wallace, Physiotherapy Manager, Ms. Emer O'Malley, Physiotherapist, Ms Grainne Flanagan, Dietitian Manager, Ms Noeleen Bourke, Senior Physiotherapist, Ms Shona Schneemann, General Manager, Ms Anne Kelly, Director of Nursing, Ms Anne Marie Keogh, Senior Dietitian.

CORPORATE REPORTS

Reports from the following departments provide a summary of each department and outline the performance, developments and achievements of each department. Corporate reports include the following

- Finance Department Report
- Human Resource Department Report
- Medical Report
- Nursing Report
- Facilities and Safety Department Report

Finance Report

The Finance Department is managed by **Ms Antoinette McMenemy**, Finance Manager supported by the Finance team and Finance Business Manager **Ms Joan Boyne**.

The Finance function provides service support and regular financial information to the Hospital Executive Management Team, IEHG and HSE Corporate. The Finance function also includes the HIPE Function with the recruitment of a Grade VII post to develop Casemix and ABF functions. The Finance Department currently has 22 WTE's and is made up of the following Departments: Payroll, Creditors, Patient Accounts, Management, General Accounting and HIPE.

The Finance Department provides the following functions:

- Payment verification
- Ensures all income is billed in accordance with legislation
- Ensures all financial transactions and processes comply with existing legislation, national financial regulations and audit recommendations
- Deliver timely and accurate coded activity information ensuring accuracy, consistency, completeness and compliance with national and international coding standards and in line with specified deadlines
- Ensure the integrity and quality of coded data by working with Clinicians and the Group HIPE function
- Produce and review the monthly management accounts
- Allocation of the annual budget
- Forecasting
- Advising the Hospital Management Team of the actions required to manage the budget preventing where possible cost over runs
- Generating and monitoring detailed cost containment plans
- Annual review of internal controls

2018 Expenditure Review

In 2018, the Hospital incurred Net Expenditure of €76.8m against a budget of €74.9m resulting in a deficit of €1.8m (2.43% of Budget). This deficit was made up of an over spend in Pay of €164k, Non Pay of €190k and an underachievement of Income target of €1.47m.

The main costs drivers contributing to the overrun in Non Pay were Blood Products and Patient Transport (due to the increased use of Private ambulances). Other overruns in Non Pay were in Office Expenses and X Ray and Imaging (due to an increase in MRIs).

The main costs drivers contributing to the overrun in Pay were Medical Agency and Medical Junior Overtime Costs, Para Med Agency and Support Services.

In 2018 there was an increase in cost drivers in certain areas as below:

- CPE National screening at an additional cost of €67k
- Flu testing in 2018 resulted in a cost of €81k
- Primary Care blood testing increased by 8.3% at a cost of €163k
- Total Primary Care activity was up by 10.3% (238,197 tests)
- IBTS increased their prices for bloods significantly in 2018 at an additional cost of €64k

Budget v Actual 2018			
Regional Hospital Mullingar	Budget 2018	Actual 2018	Variance 2018
Actual Year Ended 31/12/18	€m	€m	€m
Pay	67.339	67.503	0.164
Non Pay	17.575	17.765	0.190
Gross Spend	84.914	85.268	0.354
Income	-9.928	-8.458	1.470
Net Expenditure	74.986	76.810	1.824

Regional Hospital Mullingar	2018
	€'000
Patient Income	- 7,471
Other Income	- 987
Total Income	- 8,458
Management Administration	6,440
Medical	19,665
Nursing	22,213
Paramedical	8,577
Support Services	9,875
Maintenance and Technical	733
Total Pay Expenditure	67,503
Total Non Pay Expenditure	17,765
Net Expenditure	76,810

Development Plan 2019

The main developments planned for 2019 are as follows:

- ▶ The recruitment of a Grade VII post to develop Casemix, ABF functions and implement Balance Sheet Reporting.
- ▶ Transfer of Management Accounting duties from Central Finance to RHM Finance.

Human Resources Report

The HR Department provides a full and comprehensive strategic and operational HR support for the Regional Hospital Mullingar. The HR department also provides a Medical Manpower function which is responsible for the recruitment of Non Consultant Hospital Doctors for the Hospital.

Throughout the year our team has provided managers with information, support and guidance on a range of HR policies and procedures, to support them with the management of their departments.

The Operational Goals and initiatives of the department are aligned to the Hospital and IEHG Strategic Plan. The success of the department can be measured its ability to align and integrate its processes with these plans.

Regional Hospital WTE Analysis

Staff Category	Dec-15	Dec-16	Dec-17	Dec-18
Medical Dental	132.49	132.96	136.21	140.37
Nursing	316.48	311.86	319.50	325.32
Health & Social Care Professionals	116.03	118.14	113.52	117.80
Management/Admin	130.20	135.57	131.97	131.93
General Support Staff	40.82	43.79	42.06	36.39
Other Patient and Client Care	131.48	129.71	148.35	168.52
TOTAL	867.50	872.03	891.61	920.33

Recruitment

The recruitment and retention of staff in the Hospital is fundamental to achieving a quality patient services and it is one of the key priorities for the HR Department. Our local HR Department has made an effective contribution to the Hospital in 2018 in terms of the recruitment of staff as it has been responsible for the advertisement and recruitment of a number of posts and has directly contributed to achieving cost savings through the reduction of agency employed staff. The department worked collaboratively with the NRS and Recruitment Office in Tullamore and arranged the advertising and recruitment of posts thus enabling the creation of panels and the filling of posts.

Recruiting nurses as a result of the nursing shortage has again been challenging in 2018. Nursing Management attended recruitment road shows and represented the hospital at the RDS Recruitment Fair.

The Medical Manpower function of the HR Department provides support to Consultants and Non Hospital Consultant Doctors (NCHD) in the Hospital. It is important at this time to recognise the achievements of the department in 2018 and to acknowledge these were sustained in the absence of a Medical Manpower Manager for the Hospital.

During 2018 Medical Manpower recruited 105 NCHD staff. The department is responsible for conducting the advertising, interviewing, pre-clearance process and contracting for all NCHD posts. As a result of the national shortage of doctors in some specialties it became necessary to fill some posts with agency staff.

The Medical Manpower Team has worked tirelessly in collaboration with Hospital Consultants in an effort to recruit doctors for vacant posts and minimise reliance on agency staff. As a result of these cumulative measures it is expected that appointments will be processed in a more efficient manner with the hospital on track to fill all NCHD posts in the January 2019 intake.

We would like to acknowledge the National Recruitment Service (HBS Service), Recruitment Department in Tullamore and the Public Appointment Service for their guidance, support and assistance with the recruitment of posts for RHM.

Medical Manpower

2018 has been another challenging year in trying to achieve and maintain compliance with 24 hour and 48 hour on call. A review of rosters was carried out to identify areas of breaches. In addition a new process was put in place to support the hospital achieving compliance with the working hours set out in the European Work Time Directive. Further work is required in this area if we are to achieve full compliance.

The HSE is currently facing unprecedented challenges attracting and recruiting Consultants to fill vacant posts. This has been recognised in the "Towards Successful Consultant, Recruitment, Appointment and Retention document dated February 2017 and it advised that factors such as working conditions and remuneration need to be addressed. While we are awaiting for these factors to be addressed the shortfalls in Consultant numbers applying for posts may impact on our ability to fill all vacancies possibly resulting in recruitment of Agency Consultants for temporary and locum posts.

Staff Engagement

Great Place to Work

The IEHG has supported the Hospital in participating in the Great Place to Work Programme. This programme is the world's largest study of workplace excellence and people management practices. It aims to support workplaces in creating a "high-trust culture" to achieve its organisational objectives. Employees were invited to complete a survey which is compiled by the Great Place to Work® and the results of this survey were communicated in early 2018. Also as part of this Programme the Great Place to Work Team completed a Culture Audit in January 2018.

The insights from our employee survey give us clear direction on where we perform well as an employer and areas where we can make improvements. This has driven a stronger focus on making a commitment to the development of a high-trust culture. On foot of the survey results that Great Place to Work Team set up monthly staff awards that commenced in July 2018. These awards have been well supported by staff where they have the opportunity to nominate their colleagues for an award.

Person Centred Programme

RHM commenced the 1st Person Centredness Programme for Acute Hospitals supported by HSE Quality Improvement Division, HSE National HR and IEHG in July 2018. This programme is delivered by members of the Quality Improvement Division, HSE in partnership with Queen Margaret University, Edinburgh. The programme involves developing work-based facilitators to lead culture change and develop person-centred practice in their own departments as part of their current role.

The programme has a number of participants from many disciplines in the Hospital and a member from National HR. In addition to our Person Centred Team (Team Inclusive) Group, expressions of Interest were sought from all staff and the Hospital developed three culture change groups to work together to enhance a person centred culture for staff and patients of the Hospital.

These groups are the **Open (Staff Outdoor Garden) Group**, **SHARE (Hospital Shared decision making Group)** and the **Hospital Culture Club (Celebrating achievements, events and supporting Staff)**. We look forward to the positive changes to support staff wellbeing and culture change that this programme and the groups will effect.

Members of the Person Centred Team with National programme facilitators Prof Brendan McCormack, Queen Margaret University and Ms Margaret Codd, HSE Quality Improvement Division



Payroll Management Control Group (PMCG)

Managing resources within approved funding remained a key priority for the PMCG. The group held fortnightly meetings where applications were reviewed and considered in a transparent and accountable manner. There were in excess of 380 applications to the PMCG in 2018. These applications consisted of requests for replacement posts due to retirement, resignations and maternity leave cover, contract end date application and temporary appointments.

With the implementation of the HSE Job Evaluations Scheme in late 2016 the PMCG also received a number of Job Evaluation applications. Applications are sent to the IEHG Employment Control Committee where they are submitted to the Job Evaluation Team. Following the evaluation process there have been a number of posts upgraded and we would like congratulate the successful applicants.

Garda Vetting

With the enactment of the National Vetting Bureau (Children and vulnerable Persons) Bill 2012 there is a legislative requirement for procedures “to apply in respect of persons who wish to undertake certain work or activities relating to children or vulnerable adults”.

There was a requirement for retrospective vetting to be completed for existing staff by 31st December 2017. This deadline was extended to the end of April 2018. A member of the HR Department Team identified all staff that required Garda Vetting and liaised with managers and staff to assist with the process and ensure compliance with legislation.

Training Needs Analysis

In line with the Hospital Strategic Plan for 2017 to 2020, the HR Department commenced a Training Needs Analysis process to identify future requirements for training. This is required to ensure staff have the necessary skills and competencies to deliver a quality service and will be the foundation for future business cases for additional investment for education and training.

The department completed Phase 1 in 2017 which involved gathering the information on the training available online for staff and through the HSE HR Leadership, Education & Talent Development Department. Phase 2 of this process was completed in 2018 which identified the training carried out locally in each department and course providers external to the hospital. The next phase is to review the requirements for staff training for the coming year, develop a training plan and submit a Business Case for additional funding.

The HR Department received approval for a Medical, HR and Projects Officer and Assistant Staff Officer post in 2018 and we welcomed **Mr. Danny Connaughton, Medical, HR and Projects Officer** and **Ms. Sharon Kane, Assistant Staff Officer** to the team.

Staff Garden in development



Medical Report

In August 2018, **Dr Sam Thomas replaced Dr Hilary Cronin** as Clinical Director.

The management and staff would like to take this opportunity to express appreciation to **Dr Hilary Cronin** for her clinical leadership during the past year as Clinical Director.

Anaesthesia

There are 5 Consultant Anaesthetists, 9 Registrars (including one Specialist Registrar) and 2 SHO's. An additional Registrar was appointed to meet the requirements of EWTD bringing the total to 12 NCHD's. The Anaesthesia Consultants provide cover for Theatre and Clinical expertise and leadership for the Intensive Care Unit.

Emergency Department

There are 2 Consultants in Emergency Medicine with approval from IEHG for a 3rd Consultant (awaiting National approval). Medical cover in ED was enhanced by the appointment of additional NCHD's to enable 24/7 Medical cover in ED. The number of Registrars has increased from 6 to 8 Registrars and SHO's from 5-6. The START Project was covered by a Specialist Registrar for the duration of the project. The Paediatric ED service is clinically led by Dr Frances McCartan, Specialist Registrar and overseen by ED and Paediatric Consultants.

Laboratory

Consultants in Haematology, Pathology and Microbiology provide joint regional services with the Midland Regional Hospital, Tullamore and Portlaoise. Immunology services are covered under a service level agreement. Clinical Biochemistry is led by Dr Graham Lee, Consultant Clinical Biochemist as a joint appointment with MMUH.

Medicine

There are 8 Consultant Physicians. The Medicine department was enhanced in 2018 by the appointment of Dr Shane Smith, Consultant Neurologist as a joint appointment with Mater Misericordiae Hospital (MMUH). Additional NCHD's were approved to change the roster from a 24hour to a 12hour shift system. This brought the Medical Registrar compliment from 10 to 12 with 2 Specialist Registrars and there are 19 SHO's and 3 Interns. This brings the total complement of NCHD's to 36. The hospital also received approval for 3 Consultant Dermatology positions as joint appointments with MMUH. Recruitment commenced in December 2018 for these posts and will be completed in 2019.

In July 2018 Dr Lorraine Thong, Medicine SpR was appointed NCHD lead for the Hospital.

Paediatrics

Approval was received for a 6 Consultant Model and recruitment commenced in 2018 for these posts. Dr Taha Hassan was appointed Consultant Paediatrician and is due to commence in Mullingar in February 2019. The department has 7 Registrars (including 2 Specialist Registrars), 7 SHO's (2 BST from the national paediatric scheme and 5 from the GP training scheme).

Obstetrics and Gynaecology

There are 3 Consultant Obstetrician/Gynaecologists with a 4th post providing locum cover. The hospital received approval for a 6 Consultant Model and recruitment is planned for 2019. The department has 7 Registrars, 7 SHO's and 2 Interns.

Surgery

There are 5 Consultant Surgeons, 6 Registrars (including 1 RCSI college tutor and 1 specialist registrar), 6 SHO's and 4 interns. Approval is being submitted in 2019 for an additional Consultant Surgeon as part of the strategic plan to move to a 6 Consultant Model and enhance the Department of Surgery.

Radiology

There are 5 Consultant Radiologists supported by a team of Radiographers providing radiology services. The team welcomed Dr V Ramon, Consultant Radiologist. The hospital said farewell to Dr Hugh Logan on his retirement. The Management, Consultants and all staff would like to acknowledge the leadership and clinical expertise and wish Dr Logan every happiness on his retirement.



Department of Nursing & Midwifery

The Nursing Service is managed under the leadership of **Ms Anne Kelly**, Director of Nursing. I am delighted to present the annual Department of Nursing Report for 2018 and to share the achievements of nursing during this time. I have the privilege of leading an enthusiastic, committed and hardworking team. The contribution they make every day, often in challenging circumstances, cannot be underestimated.

The Midwifery Service is managed by **Ms Marie Corbett** Director of Midwifery. The Midwifery report is covered under the Women's Health Directorate.

The Nursing & Midwifery Services are supported by ADONs Site Managers, Divisional Nurse Managers for each Directorate, Clinical Nurse Managers, Staff Nurses and HCA's.

Nursing services include:

- ▶ Professional supervision, management and development
- ▶ Bed Management and Patient Flow
- ▶ General service management to include Hygiene services, HCA's and MTA's
- ▶ Education and Training

Looking ahead to 2019 there is no doubt that we will face challenges in delivering the nursing service. We remain committed to the implementation of national policy and will meet the challenges with confidence and optimism.

As Director of Nursing I wish to take this opportunity to acknowledge all the Nurses, Midwives and Healthcare Assistants (HCAs) working in the Regional Hospital Mullingar.

During 2018 the Nursing and Midwifery Services have achieved significant advances of which we can be very proud. The ongoing implementation of the set of nursing metrics enables us to measure and improve how we provide care, with a particular focus on clinical observations, record keeping, nutrition, infection, prevention of falls, and pressure ulcers. As we have an increasing number of frail older patients with complex needs, strategies to enable appropriate patient care in this regard remains a high priority for the Department of Nursing and Midwifery.

In 2018 the Department of Nursing and Midwifery key priority continues to be safe quality care at every part of our patients and their families journey, through the services at Regional Hospital Mullingar. This care is underpinned by the nursing core values of compassion, care, and commitment.

Divisional Nurse Managers and Nursing Administration are responsible for the professional development and education of nursing staff and health care assistants, and work closely with Regional Centre for Nurse and Midwife Education and Nursing Midwifery Planning & Development Unit. Promoting best practice is achieved by leading and co-ordinating nursing initiatives and communicating new developments in nursing.

We have continued to support nurses in continuous professional development at post graduate and masters level. I would like to congratulate the nursing staff for their achievements in 2018

I would like to take this opportunity to sincerely thank the Nursing Planning & Development Unit for their ongoing financial support facilitating continuous professional development.

The hospital experienced increased activity, reduced staffing levels and skill mix during 2018. It is acknowledged that the increase in activity and acuity has placed a significant burden on nursing and

HCA staff within the clinical setting. Staffing levels and skill mix were monitored on a daily basis by nursing management to ensure optimal use of resources supported the delivery of safe patient care. Redeployment of staff facilitated this need.

Recruitment and retention of nursing staff was the priority in 2018. Job Fairs were held in conjunction with Ireland East Hospital Group. A Hospital Banner was erected to encourage nurses nationally and from abroad to apply for posts in the hospital. All graduate nurses were offered permanent contracts. A number of recruitment campaigns were held throughout 2018 and the recruitment of staff is ongoing with HBS.

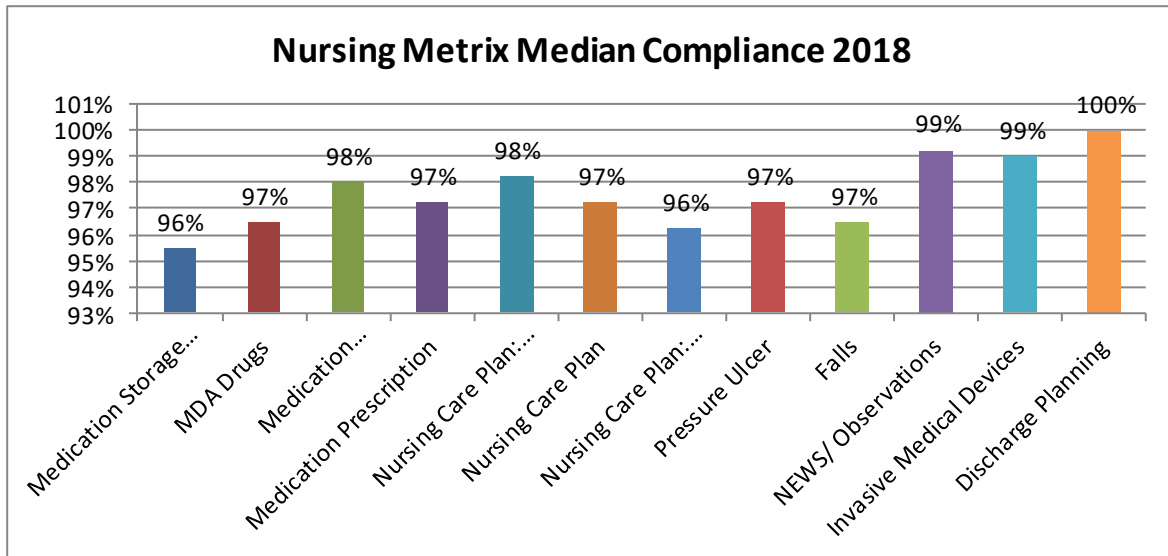
Ms Marie Corbett, Director of Midwifery & Ms Anne Kelly, Director of Nursing with IEHG and other hospital representatives at the Jobs Fare.



Finally, I would like to take this opportunity to sincerely thank the nursing staff for their continued dedication and professionalism that has been demonstrated and for ensuring the delivery of safe care and NCAs to our patients and their families.

Nursing Metrics 2018

The table below outlines the median compliance with Quality Nursing metrics. Quality metrics are reviewed monthly for compliance and improvement plans are implemented.



Bed Management and Patient Flow

Patient flow is managed by **Ms Teresa McLoughlin**, with Nursing Administration managing patient flow out-of-hours and at weekends.

There have been significant achievements in patient flow during 2018 including the following:

- ▶ Consistent achievement of Delayed Discharge targets
- ▶ Patient flow processes between ED and the Acute Floor (AMAU)
- ▶ Bed Management Navigation Hub
- ▶ Weekly MDT discharge planning
- ▶ Weekly Local Placement Forum with Community partners
- ▶ Discharge Planning Weekend Hand Over

Navigational Hub

The Navigational Hub for Bed Management is critical to the management, monitoring and evaluation of all patient flow issues at RHM. It provides information at a glance with the use of visual management tools with regards to support the management of capacity and demand issues in the hospital. The hub facilitates key daily meetings which are focused on patient flow, all routes of admission and egress with early identification and intervention as indicated to improve flow and pathways for patients.

The first meeting is at 09.15 where all stakeholders in flow processes meet for a briefing and a review of the status of the hospital in respect of trolleygar numbers; use of escalation beds; status of critical care beds; delayed discharges; predicted discharges for the day; access to diagnostics; staffing across all disciplines and if there are infection control issues to take into consideration.

The Data Information Co-ordinator presents all the data for the previous 24 hours and any variances in the data are discussed with appropriate actions assigned to designated individuals as indicated.

The Bed Management Team host the daily 12 midday bed management meetings in the hub with the Clinical Nurse Managers of all departments where the focus continues to be on flow and the early identification of any challenges that are current or that can be forecast for the future. Proactive engagement with discharge planning in respect of potential complex discharge issues is essential so that the team can escalate to the relevant forum for intervention.

During periods of escalation and in line with the Escalation Framework the hospital escalation meetings are held in the hub where the team work through the steps of the framework implementing strategies and seeking assurances from all departments that they are in compliance with their responsibilities to reduce the demands on the hospital capacity.

The hub also facilitates the weekly Medical multi-disciplinary meeting in respect of all medical patients who require discussion about their discharge plan. It is also utilised to facilitate case conferences/family meetings, regarding individual patient discharge planning.

Quality, Risk, Audit, IPC & Consumer & Legal Affairs

The provision of quality services is at the centre of all departments in the hospital. The services provided and 2018 developments are outlined in the following department reports

- ▶ Clinical Quality and Patient Safety
- ▶ Risk Management
- ▶ Clinical Audit
- ▶ Infection Prevention and Control
- ▶ Consumer and Legal Affairs

Clinical Quality and Patient Safety Report (QPS)

The Quality & Patient Safety Department works to support consistent high quality safe care across the hospital putting the patient at the core of its activities. The Quality and Patient Safety Department provides support for the HIQA framework of Safer Better Healthcare and Safer Better Healthcare Maternity standards, which will support effectively, governed healthcare directorates and departments within the hospital. QPS is led by **Ms Sharon Gorman**, Clinical Quality & Patient Safety Manager.

The Hospital Clinical Governance Quality & Safety Meetings (CGQSM) are held on a monthly basis. The Hospital CGQSM is chaired by the Clinical Director and includes Consultant, Nursing, HSCP and Senior Management representatives. The Committee continues to work towards ensuring that the hospital identifies and puts in place mechanisms to review and monitor effectiveness and quality of care. As a result actions are taken to address areas that require improvement. The terms of reference for the committee were revised, updated and approved in 2018 and include a schedule of reports from a number of committees and groups where assurance on developments and quality improvements will be sought in addition to raising any patient safety concerns to the Committee department or Directorate.

The Committees/ Group scheduled to report in 2018 were as follows:

- Infection Prevention & Control Committee
- Drugs and Therapeutics Committee
- Medication Safety
- Nutrition Steering Group
- Health and Safety Committee
- Health Care Records Management Committee
- Health Ireland Committee
- PPPG Steering Committee
- Hygiene Committee
- Smoking Cessation Committee
- Radiation Safety Committee
- Sepsis Management Committee
- Directorate Reports
- Clinical Audit Report
- USC QIP

Clinical quality improvement measures are discussed and supported across the hospital with Clinical, Nursing and Head of Department participation. We would hope to have patient representation quarterly on the CGQSM committee in 2019.

The Hospital completed self-assessments against all relevant standards outlined in inspections and reports from HIQA in 2018. This builds on self-assessments carried out in previous years and on the on-going Quality Improvement work in the Hospital.

The Regional Hospital Mullingar (RHM) completed a self-assessment for HIQA's 'Review of Medication Safety in April 2017 and again in 2018, the findings from this report have been utilised to improve patient care across the medication safety spectrum at RHM.

The Hospital continually reviews key metrics including mortality indicators and engages with national and local initiatives. The QPS department has worked closely with Clinicians and the NOCA NAHM Team to review Mortality at RHM.

Table1. Summary SMR pattern by year for selected criteria. Value displayed – SMR text

	2017	2018	Last 12m
ALL DIAGNOSES	Avg	Avg	Avg
CANCER	Avg	Avg	Avg
Cancer bronchus	Avg	Avg	Avg
CARDIOVASCULAR	Avg	Avg	Avg
Acute myocardial infarction	Avg	Avg	Avg
Cardiac arrest & VF	-	-	-
Congestive heart failure	Avg	Avg	Avg
Stroke - haemorrhagic	Avg	Avg	Avg
Stroke - ischaemic	Avg	Avg	Avg
GASTROINTESTINAL	Avg	Avg	Avg
Intestinal obstruction no hernia	Avg	-	-
GENITOURINARY	Avg	Avg	Avg
Urinary tract infection	Avg	Avg	Avg
INFECTION High	Avg	Avg	Avg
Septicemia - not labour	Avg	Avg	Avg
INJURY & POISONING	Avg	Avg	Avg
NEUROLOGY	-	Avg	Avg
OTHER	Avg	Avg	Avg
Other aftercare	-	-	-
RESPIRATORY	Avg	Avg	Avg
Aspiration pneumonitis	Avg	Avg	Avg
Bronchitis acute	Avg	Avg	Avg
COPD & bronchiectasis	Avg	Avg	Avg
Pneumonia - non TB/STD	>Avg	Avg	Avg
Respiratory failure	Avg	-	-

The hospital has an active Sepsis Management Committee who works with all directorates to improve clinical quality in the management of sepsis and reduce avoidable mortality and morbidity.

RHM will continue to participate at a national level with the National Office of Clinical Audit (NOCA) and supports the National Audit of Hospital Mortality and the National Major Trauma Audit In quarter 4 2017 the hospital commenced participation in the National Audit of ICU and continues to encourage Quality Improvement through this forum.

The National Quality Assurance Intelligence System (NQAIS) Clinical was rolled out to acute hospitals nationally in quarter 4 2017. The NQAIS system provides a platform for performance improvement in all clinical areas and access has been facilitated for members of each of the 4 Directorates. The data is used across the hospital to support RIE's and other quality improvement events. RHM supports the developments within the Clinical Care Programmes and supports the development of Quality Metrics in the Acute Hospital Environment.

Monthly Performance Report

On a monthly basis the Quality and Patient Safety Department utilises information from across the hospital to compile a data repository for safety measurement and monitoring. The data is presented at the Hospital Governance Quality and Patient Safety Meetings and the IEHG Hospital Performance meetings. In addition it is circulated out to all Clinicians and HOD's (Heads of Department) for discussion at departmental level, where it is used to support quality risk and patient safety management discussions.

Policies, Procedures, Guidelines (PPPG) Management 2018

It is the objective of the Regional Hospital Mullingar (RHM) to ensure the delivery of a quality service underpinned by evidence based best practice, to its patients, visitors and staff.

The development of a robust, standardised approach to managing, storing, developing and reviewing PPPG's has been a key priority of the quality and safety department for 2017 and 2018. PPPG access and development is critical in maintaining optimum service delivery, transparency and accountability within the RHM's functions. The hospital aims to ensure inclusion of all healthcare professional colleagues in the development of policies, procedures, protocols/ standard operating procedures (SOPs) and guidelines (PPPG's), fostering a mutually respectful working relationship. A hospital wide shared drive has been rolled out. Each directorate or department has a nominated lead with authority over document ownership, review and revision. It is the department's vision to build on this resource on a continuous basis.

Education and Training

Lunch & Learn continued in 2018, the '*Lunch & Learn*' programme is a lunch time scheduled 45 minutes weekly training and education session for frontline staff, facilitated by the Quality and Patient Safety Manager. It is an informal session providing education on quality improvement concepts and methodologies. It encourages frontline staff to engage in quality improvement projects with key emphasis on improving patient care. The forum is facilitated by **Dr Shu Hoashi, Consultant Physician** and former Clinical Director, and **Sharon Gorman, Quality and Patient Safety Manager** and **Clare Browne Senior Pharmacist**.

Key Benefits of Lunch and Learn Programme:

1. Utilisation of lunch time, strictly limited to 45 minutes duration
2. Open informal forum to encourage staff participation
3. Promotion of quality improvement and patient safety culture within the hospital
4. Assists in introduction of new organizational QI and patient safety initiatives.
5. Facilitates 'frontline ownership' of patient care issues
6. Encourages multidisciplinary interaction/communication amongst frontline staff.
7. Promotes and creates awareness of different quality improvement modalities such as LEAN / Six Sigma
8. Provides a platform for sharing of expertise/experience amongst staff
9. Encourages staff motivation to focus on quality of patient care
10. Helps to support staff training requirements and skill development

The programme is designed to encourage 'frontline ownership' of patient care issue, thereby establishing a positive culture for improved patient care and assisting in enhancing staff morale. In 2018 a number of quality improvement projects were brought to fruition through this forum, much of this work was recognised at our Hospital Quality Improvement, Research, Audit and Education Day held in November 2018. The work undertaken for this day has been published at conferences and other forums.

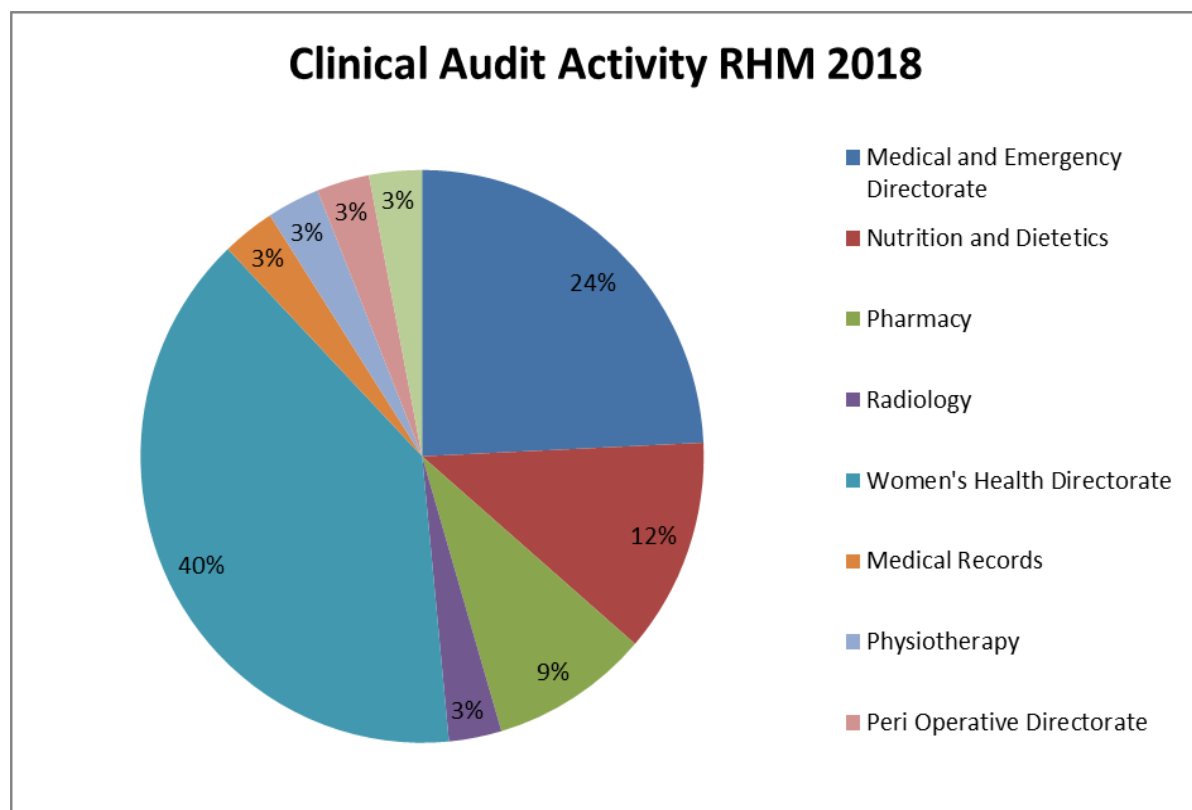


Clinical Audit Programme 2018

Clinical audit is a tool which can be used to discover how well clinical care is being provided and to learn if there are opportunities for improvement. In 2018, supported by the Clinical Audit Nurse Regional Hospital Mullingar (RHM) undertook over 30 local audits. Each audit adhered to the cycle of clinical audit with audit recommendations presented to Directorate Governance Committees and actions implemented as required. Through the maintenance of a rigorous Hospital Clinical Audit Log, which currently contains over 50 audits, reports are documented and re audit dates identified in an effort to close the audit loop.

In July 2018, the Policy and Procedure for Clinical Audit in RHM was approved and implemented. The purpose of this Clinical Audit Policy is to develop, maintain and support a culture of best practice in the management and delivery of clinical audit in the RHM. This policy includes the procedure for Clinical Audit in RHM which defines how clinical audit should be undertaken and progressed in RHM. Clinical Audit Information leaflets for both patients and staff were also developed in 2018 and are now readily available throughout the hospital. In November 2018, Accredited Clinical Audit Training was provided to 15 staff and the Clinical Audit Nurse provides regular in-hospital information sessions on clinical audit to all Healthcare Professionals.

RHM continues to collect data for the National ICU Audit and were included in the first National ICU Audit Report launched in February 2019. Quarterly Quality Reports (QQR) are issued by Intensive Care National Audit and Research Centre (ICNARC) in the UK on each quarter of clean data collected and report on specific Quality Indicators (QI) and Activity measures within the unit. Each quarterly report is reviewed at ICU Governance meetings with data completeness and trends analysed and actions implemented as required.



The following table summarises the QPS Audit and Risk management Developments and Achievements in 2018

QPS Audit and Risk Management Developments and Achievements 2018

IEHG	Quality Patient Safety and Risk Management	Quarterly Forum for Sharing and Learning attended by the Quality Patient Safety Manager and the Risk Manager
IEHG	Quality & Patient Safety	Executive Leadership Forum attended by the General Manager
Quality Risk and Safety Education	Quality Education Forum	Research Audit and Education Day 2018 showcased 8 research presentations and 29 poster presentations
Quality Risk and Safety Education	Clinical Audit Training 2018	A Clinical Audit Study Day was held. 12 places attended by multiple disciplines across the hospital.
Quality Risk and Safety Education	Lean White Belt and Green Belt Training	White belt training continues, 5 staff attended Green Belt training resulting in Rapid Improvement Events for sustainable change.
Large Scale Quality Projects	Winter Bed Initiative Acute Floor	Development projects are in progress which will improve patient safety and quality of care at the RHM
Clinical Risks	Processes	Safer Processes in Endoscopy, Radiology & Medication administration, ED reconfiguration, Recovery and ICU refurbishment.
Clinical Risks	Risk Assessments	Hospital Risk Register remains under review quarterly to incorporate the HSE National Risk Management Framework
Clinical Risks	Incidents / Trends	Monthly ward based and Quarterly Directorates Reports are issued in relation to incidents and Risk Management Falls Medication Safety, Compliments and Complaints
Clinical Risks	Recommendations Bank	A recommendations Bank has been developed which holds Clinical Incident reviews, Desk top reviews, NOCA Audits, NQAIS Clinical HIQA feedback and Others
Clinical Risks	HIQA Actions	All HIQA action Plans actively managed. Medication Safety, Rehab Review
Quality Improvement	Clinical Risks	Bi weekly Incident review Meetings are held to discuss quality of care and areas of improvement.
Quality Improvement	Hospital Communications	Hospital Signage continually improved through the communications committee. Over 100 information leaflets are in circulation to aid patients who attend the Hospital
Quality Improvement	PPPG Management	Steering Committee continues to monitor and support the development of policies and quality standards in all areas
Quality Improvement	Increased Data collection and Metrix Monitoring	HPSIR Robson Classification, Apinch Classification Nursing Metrix, IMEWS NEWS PWES and Data collection continues across clinical services.

Patient Involvement	Patient Satisfaction	Patient Satisfaction OPD Endoscopy and Theatre
Patient Involvement	Information and Access	Leaflet Development, Information Hub Development at main reception area with Wheelchairs remains a priority for 2019
Clinical Governance	What Committees are in place	Establishment of the Hospital Clinical Governance Quality Patient Safety Meeting. Establishment of four Directorate Structures and associated governance meetings
Clinical Governance	Membership of Committees i.e. (Falls, PPPG, N+H)	TOR's Agendas & Minutes for All Meetings revised and updated in 2017

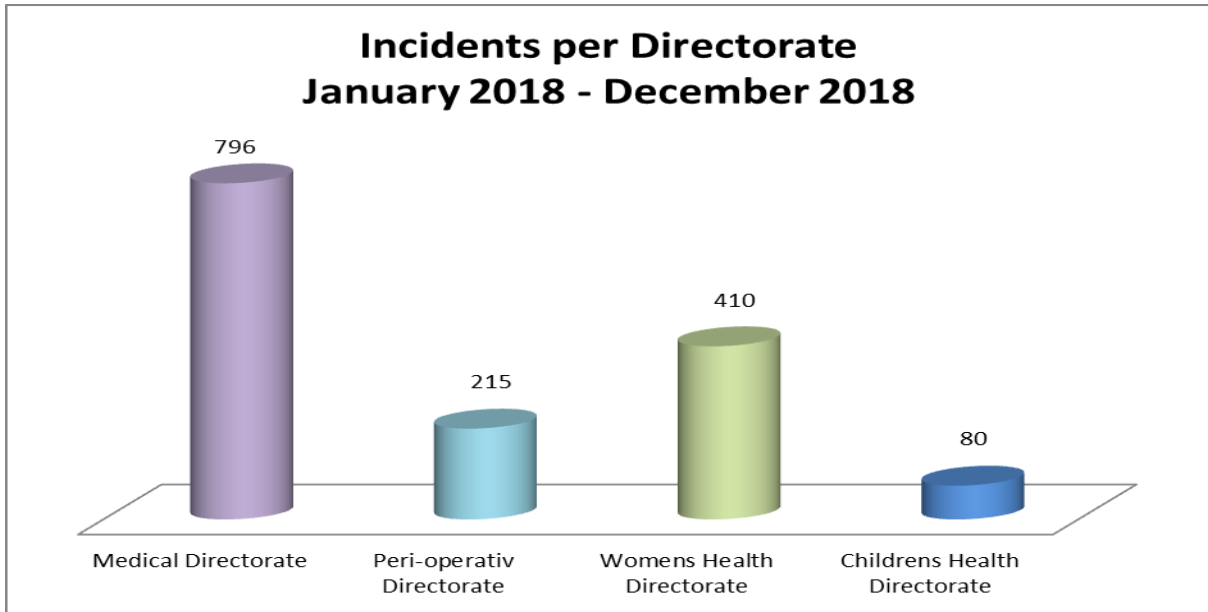
Incident and Risk Management Report

Incident Reporting

In January 2018 the HSE launched the Incident Management Framework to provide services with an overarching practical approach to ensure that all incidents, clinical and non-clinical are reported and managed effectively. The Risk Management Team in Regional Hospital Mullingar welcomed the new framework with its emphasis on an empathetic, person centred and practical response to persons, both service users and staff, affected by an incident.

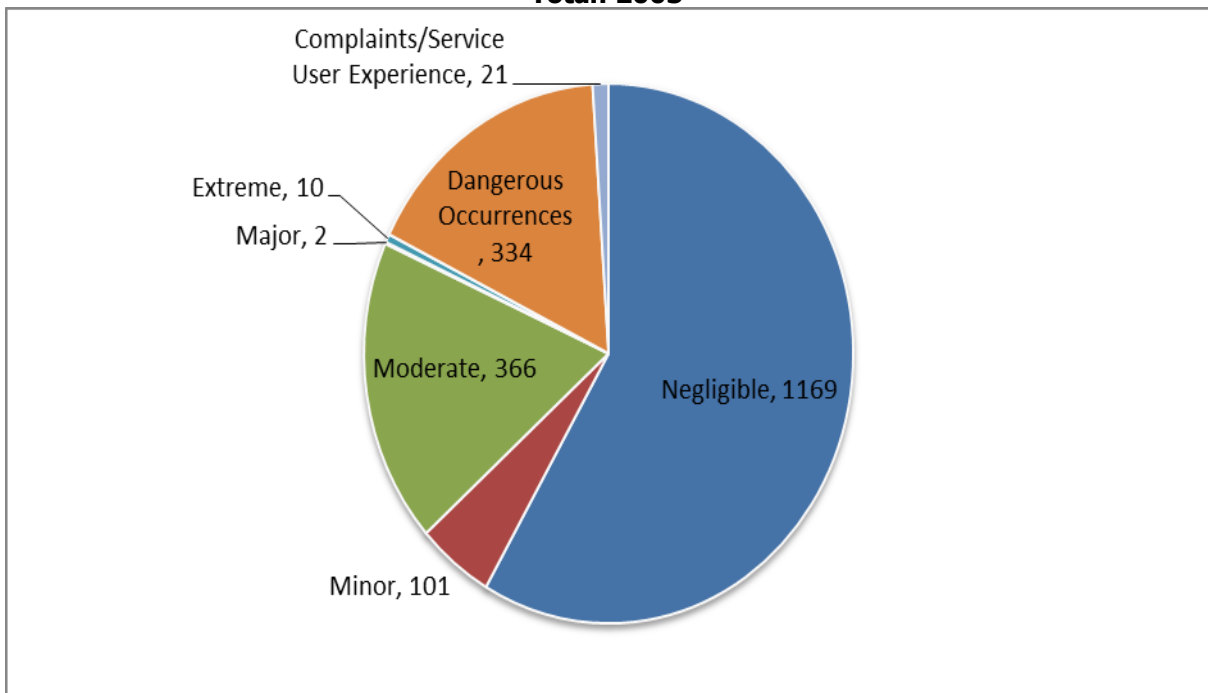
An organisation which makes safety a priority encourages a high level of reporting and each incident can be viewed as a learning opportunity. Regional Hospital Mullingar has a statutory duty to report all patient safety incidents, including near misses and no harm incidents, to the State Claims Agency who operate the Clinical and General Indemnity Schemes for State Bodies. Nursing and Medical staff and all of the Allied Health Professionals are guided by their regulatory bodies (the Irish medical council, NMBI and CORU) to report patient safety incidents and take part in reviews for the purposes of learning.

Incident report forms are submitted to the Clinical Risk Manager and uploaded to the National Incident Management System (NIMS) a national, highly secure and confidential database hosted by the Clinical Indemnity Scheme. They are categorised according to the harm outcome at the time, and reviewed accordingly. In 2018, over 2000 incident report forms were written by staff and were recorded on the NIMS, see Table 1 for a breakdown of incidents according to the four Clinical Directorates and Table 2 for the severity ratings which applied.



Dangerous Occurrences or reportable circumstances are situations reported by frontline staff, in which there was significant potential for harm, but no incident occurred. It is important to point out that though an adverse event can have an extreme outcome, this may or may not be the result of an error. It is also important to ensure all potential incidents are recorded and the excellent reporting of incidents is a sign of a healthful organisation.

Incident Severity Rating January 2018 – December 2018 Total: 2003



Incident Review

Incident review involves a structured analysis and is conducted using best practice methods, to determine what happened, how it happened, why it happened, and whether there are learning points for the service, wider organisation or nationally. Regional Hospital Mullingar is committed to helping service users and staff members to achieve answers to these questions following an adverse event and communicating with service users and their families in an open, honest and transparent way.

Decisions regarding the appropriate level of review are made by the Clinical Risk Manager in consultation with the General Manager, Directors of Nursing and Midwifery and Clinical Leads in the appropriate specialities. Governance is provided by the Clinical Incident Management group held twice a month attended by senior management as outlined.

The HSE Incident Management Framework recommends a number of approaches to review which allows the review to be proportionate to the impact of the incident.

All reviews whether comprehensive or concise are required to be carried out in keeping with the principles of fair procedures and natural justice. The co-operation of Regional Hospital Mullingar staff members in reviews has been excellent during 2018.

This year we have also introduced a new form of incident review to the hospital in the form of After Action Reviews (AAR). This is a structured facilitated discussion of an event, the outcome of which enables the individuals involved in the event to understand why the outcome differed from that which was expected and what learning can be identified to assist improvement. Apart from its use as a concise approach, AAR can also be used to de-brief with staff following a serious incident for which a comprehensive review is planned.

Four staff members attended AAR training in 2018 and we hope to expand on this in 2019 and establish AAR as a responsive and timely tool to enhance learning from incidents.

Risk Management and Risk Registers

In line with the HSE Integrated Risk Management Policy 2017, Regional Hospital Mullingar recognises the importance of adopting a pro-active approach to the management of risk to support our objective of safe, effective, person centred care, delivered in a timely, equitable and efficient way. Risk management is a process of identifying risk, analysis and evaluation of the risk, followed by planning and implementing actions which are then monitored and measured.

Sources of information from which risk can be identified include incidents and investigations, complaints and claims as well as consultation with staff or service users. Regional Hospital Mullingar also recognises external sources such as national surveys and external audits and inspections. Line managers are supported in completing risk assessments which describe the risks which apply to their departments, recognising the impact, cause and context. Controls are identified to prevent the risk from occurring and the risk is given a rating based on the likelihood or frequency of the risk occurring and the impact it may have.

The resulting database of risk assessments makes up the Risk Register which can be local to a department or directorate or maintained at Hospital level. Risk management is seen as the concern of everyone and is embedded as part of the normal day to day business. The Hospital Risk Register is reviewed quarterly by senior management and risk management to maintain a live and current document.

Regional Hospital Mullingar and its Quality, Patient Safety and Risk Management Department are dedicated to educating and advising staff at all levels. We provide information sessions and updates on incident reporting and review, the risk register and open disclosure throughout the year.

Infection Prevention and Control (IPC)

The IPC service is managed by IPC Nurses, a surveillance scientist and overseen by **Dr Cathal O'Sullivan** (Consultant Microbiologist). The IPC report provides an opportunity to highlight the Infection Prevention and Control activities that have been put in place during 2018 to minimise the transmission of HCAI's to patients, staff and visitors. The IPC programme is multi-disciplinary with the objective being to prevent the transmission of infection and ensure patient safety.

Hand Hygiene (HH)

Improving compliance with hand hygiene continues to be the key focus for the IPCN's in the hospital. A hand hygiene awareness day was arranged encompassing CPE and Sepsis Awareness on May 1st and a communication was emailed to all staff in the region reminding them of the "5 Moments for Hand Hygiene". 97 staff attended the training stand outside the canteen.

Observational Hand Hygiene national/local audits continued during 2018 with reports submitted to the HPSC in May 95% and October 95% compliance. Ward/Department Managers continue to be supported by the IPCN in improving compliance based on the agreed action plan. The Hand Hygiene Champions group continued to support the IPCN's at ward level and to discuss and promote ideas to enhance awareness of HH among all staff.

Education /Training

Education is a key component of the IPCN. Staff are required to attend IPC training every 2 years. 430 staff attended training in 2018. The training is recorded on SAP HR system. The IPCN's circulated a report from SAP to Department heads of staff that attended the IPC training. The training evaluated well, identified changes will be incorporated into 2019 revision. IPC training also continued to be provided at the Medical Doctor (NCHD) induction day.

Surveillance

In conjunction with the Surveillance Scientist the IPCN's maintained the surveillance databases and implemented actions as appropriate based on data collected.

Patient Profiles were maintained for all patients newly identified/previously colonised with MRSA, C.diff, VRE, MDR KPN and CPE throughout the year. This ensures patients are screened and receive decolonisation treatment in a timely manner and appropriate patient placement. Based on national guidance on CPE several additional measures were introduced to ensure screening was completed for relevant patients. All CPE Contact patients were notified formally in writing as per guidance from the HCAI/AMR Taskforce.

Root Cause Analyses (RCA)

A root cause analysis was undertaken on all Hospital acquired C.difficile and HA, HCA, MRSA and MSSA bacteraemia by the Infection Control Team in conjunction with the clinical teams and ward managers. A total of 9 were completed in 2018.

Recommendations to prevent C.difficile infection and bacteraemia were circulated to relevant staff following the RCA and escalated to the clinical governance committee from the HCAI committee. IPCN's present HCAI data and learning from RCA's to the senior nurse management team and CNM2's meetings

Audit Programme

The IPCN continued to undertake several audits in 2018 and reports were circulated in a timely manner.

Audits included:

- ▶ Hand Hygiene local audits conducted as per Business Plan 2018 and National audits conducted as per national requirements. Action plans circulated with the relevant audit reports to the CNM's and updates submitted to the IPCN.
- ▶ Care Bundle validation audits on Peripheral Vascular Catheters/Central Venous Catheters and Urinary Catheters are undertaken quarterly, reports presented at HCAI/CNM2 meetings and circulated to Line Managers with the relevant recommendations that were required to be implemented for prevention of infection.
- ▶ CPE Screening Audit
- ▶ Environmental hygiene as part of the Hygiene Audit team

IPC Awareness Day

The Annual Infection Prevention/Control Day was held on October 4th 2018. 64 staff attended the information stand on the day which focused on Hand Hygiene & CPE updates.



L-R: Ms Michelle Bergin, Regional IPCN, Ms Julie Cullen, IPCN – Hand Hygiene awareness day

Surveillance Scientist

The goal of the Surveillance Scientist (SS) is to provide timely, effective and relevant surveillance data to both clinicians and hospital management. The SS is also responsible for notifying surveillance data from Longford and Westmeath to the HSE and the Health Protection Surveillance Centre.

In 2018 this included:

- All notifiable data reported as required e.g. CIDR, EARS-Net, BIU, CPE,
- Enhanced Surveillance on C.difficile, Staph aureus bacteraemia and CPE.
- Reports to the HCAI committee
- Monthly /Quarterly Surveillance report for Ireland East Hospital Group Performance Meetings
- Additional Surveillance activities included Central Venous Catheter (CVC) Related Infection (CRI) and Unit associated Bloodstream Infection Surveillance in ICU

The table below details compliance with national targets for 2017 & 2018:

Regional Hospital Mullingar	2017	2018	National Targets
New cases HCAI C.difficile	8 cases / 1.24 cases per 10,000 BDUs	3 cases / 0.46 cases per 10,000 BDUs	Target = <2.0 cases per 10,000 BDUs
Hospital acquired Staph aureus bacteraemia	8 cases / 1.24 cases per 10,000 BDUs	9 cases 1.38 cases per 1000 BDUs	Target = <1.0 cases per 10,000 BDUs

Consumer and Legal Affairs Report

The Consumer and Legal Affairs Department is managed by **Ms Marie Ruane** (Consumer and Legal Affairs Manager) supported by **Ms Marcella Bell** (Quality, Risk and Safety Administrator) and their team. The Department has the responsibility for developing and implementing best practice models of customer care within the hospital. It also promotes service user involvement across the organisation through the concept of 'Your Service Your Say'.

Responsibilities include:

Complaints, Compliments, Comments

- ▶ Acknowledge, investigate and respond to all written complaints.
- ▶ Manage verbal complaints to ensure a satisfactory outcome.
- ▶ Co-ordinate meetings with complainants, clinicians and relevant heads of departments to address complex/sensitive complaints.
- ▶ Acknowledge compliments and forward to relevant staff.
- ▶ Provide complaint/compliment statistics to the IEHG and the National Consumers Affairs Department.

Freedom of Information (FOI)/ Administration Access Requests

- ▶ Manage all FOI/Administration Access requests and process them in compliance with FOI legislation (1997 and 2003).
- ▶ Record FOI/Administration Access requests.

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.
- ▶ Provide advice to staff on Data Protection issues/security

Coroner Inquests

- ▶ Liaise with Coroner/legal representatives regarding inquests and provide relevant records and documentation.

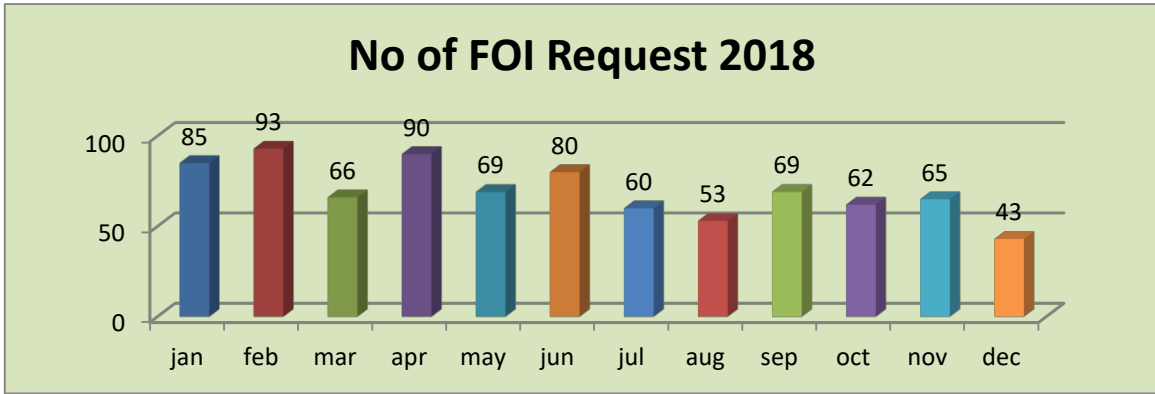
Legal Advices

- ▶ Obtain legal advice as required for issues that may arise

Insurance Queries

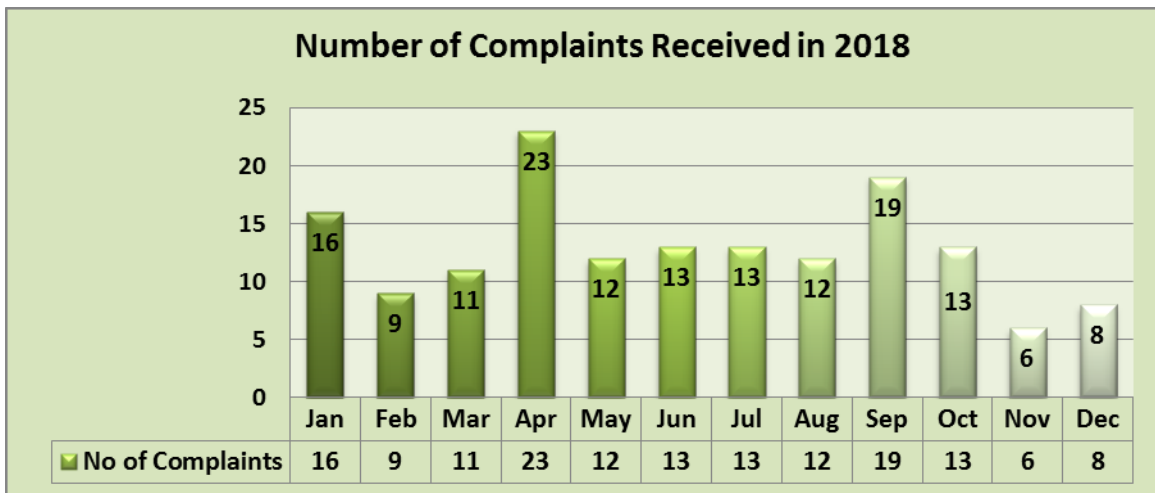
- ▶ Public Liability Cover
- ▶ Clinical Indemnity Cover
- ▶ Student Electives
- ▶ Applications to set up Information/Display Stand

The following tables outline the number of requests for records received under FOI/ DP and Admin Access in 2018.

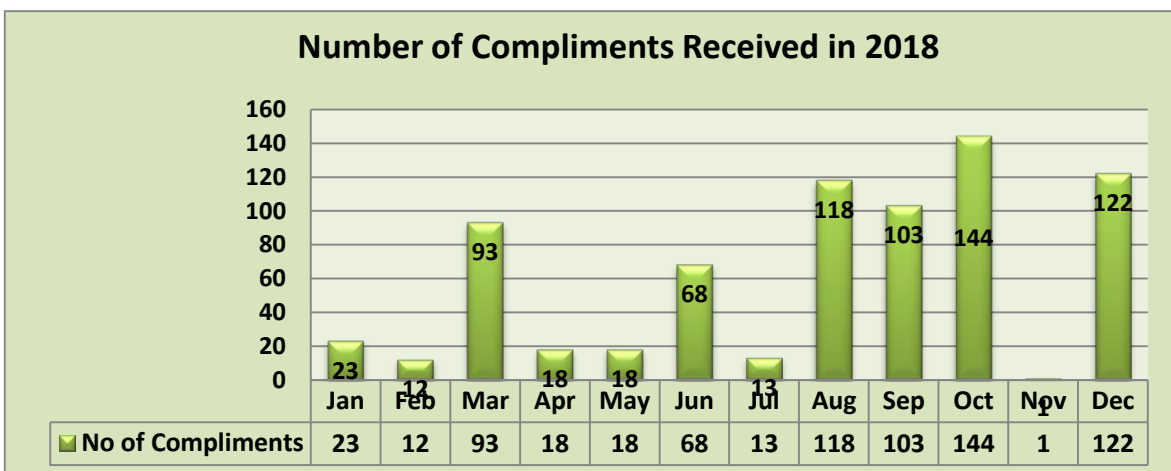


Complaints and Compliments

Types of complaints are outlined in the following graph. All complaints are responded to and followed up in a comprehensive and sensitive manner by the Consumer affairs team. The number of complaints received in 2018 are outlined in the following graph.



The table below outlines the written compliments received in 2018. All compliments are forwarded to the relevant departments for the attention and encouragement of staff



FACILITIES, ICT & SAFETY REPORT

Facilities & Safety covers a wide range of services which are essential in ensuring the delivery of health and safety for patients, visitors and staff in the hospital. The Facilities and Safety Department is managed by **Mr William Harding** (Facilities and Safety Manager).

Clinical and Staff Accommodation

On-going service developments and improvements pose significant challenges in terms of ensuring appropriate clinical and office accommodation is available to meet current demands in our hospital. We have in place a Hospital Accommodations Committee which acts as an oversight in the management of accommodation requirements within this area. The reconfiguration of limited space in the hospital has been supported by staff and resulted in the following clinical and non-clinical accommodation developments:

Achievements 2018

- ▶ Completed a review of Clinical and Staff Accommodation
- ▶ Completed a mapping exercise of all office & On-Call accommodations / Service Requirements to plan for Short / Medium /Long Term clinical and administration requirements
- ▶ Upgrades to Hospital Administration Office and Clinical Room requirements
- ▶ Upgrades to hospital Pharmacy IV Fluid storage room
- ▶ Upgrade to hospital's Specialists Registrar's meeting / Training Room
- ▶ Review & re-organise our hospital's off site Healthcare Records storage facility to allow for more efficient storage and better tracking and retrieval process
- ▶ Reviewed of space at the HSE Unit 9B location for office accommodation
- ▶ Set up additional Hospital Meeting and Training Rooms in St. Mary's Hospital Campus to facilitate the on-going Education and Training needs

RH Mullingar participates in the BIG Switch Off (BSO) Initiative 2018

The BIG Switch Off 2018 was part of the Optimising Power at Work Programme which is a staff energy awareness campaign run by the Office of Public Works (OPW) was launched in 2018. In partnership with the HSE's National Health Sustainability Office (NHSO) the campaign was active in fourteen hospitals across Ireland. Six of the hospitals participated in the competition, aiming to be named Energy Saving Champion by the OPW and the NHSO.

This competition challenges participating hospitals to change their approach to energy usage and conserve as much electrical and thermal energy as possible in their hospital during the August and October Bank Holiday weekends 2018. In doing this, the campaign aimed to demonstrate the cumulative impact of small individual savings across the workplace. The BIG Switch Off event comprised from a series of structured actions and staff engagements, with supporting resources which encourage participation in the programme. Our goal was to empower all hospital staff to take control of the energy consumed in their workplace. We want to affect a behavioural / cultural change, from habitually using energy unnecessarily to habitually saving energy.

Reflecting on the BIG Switch Off competition, the Hospital's Energy Team Point of Contact, William Harding – Hospital Facilities & Safety Manager said:

“The internal success of this Big Switch Off 2018 (BSO) energy saving campaign at this Hospital is down to the tremendous support and enthusiasm of all staff whom engaged in looking at energy savings locally within their departments, and together we were able to identify where we can make energy savings, not just for the August and October Bank Holiday Weekends 2018 but for all weekends going forward.

The OPW / Accent Solutions Energy Engineers support to this hospital was exceptional leading out on this initiative with outstanding BSO promotional literature and information stands. I truly recommend that hospitals should get involved and embrace this Energy Savings Programme."

The Big Switch Off Competition Presentation:



ICT Services

The regional HSE Business Operations ICT service has an office which is located in the hospital with IT issues being processed by ICT Helpdesk staff, and some operational IT tasks locally within the hospital are contracted to a private company as required. The IT Function for the hospital is supported by **Prof. Neil O'Hare**, Group Chief Information Officer, Ireland East Hospital Group (IEHG).

Approval was received for a dedicated hospital IT Project Lead. This position will be filled in early 2019. This Hospital IT Project Lead will be responsible for the planning and coordination and support of local ICT projects both in the hospital laboratory and the main hospital, and will provide on-site expertise and advice.

ICT projects are also managed nationally with specific project managers for the following projects:

- ▶ IPMS
- ▶ EndoRAAD
- ▶ MedLis
- ▶ NIMIS
- ▶ Blood Track/Trace
- ▶ On-going upgrades to PC & printing machines

IT Developments – General Projects for consideration 2019

- ▶ Establish central printing and scanning stations throughout the hospital thus reducing / eliminating the number of personal printers at each work station
- ▶ Commence the process of replacing fax machines to scanning options to better comply with GDPR in conjunction with our Community Partners / GP Services

Security

Security services are provided by G4S Security under a regional security guard management contract. The security staff provides an invaluable service which is paramount in ensuring the safety and security of all this hospital.

The tender process for Security services contract commenced in 2018 with a view to having a new Security Guard Manning contract in place in early 2019.

The review / upgrades of the hospitals Security CCTV cameras in 2018 is on-going to ensure maximum safety for patients, service users, hospital staff and visitors.

Health and Safety

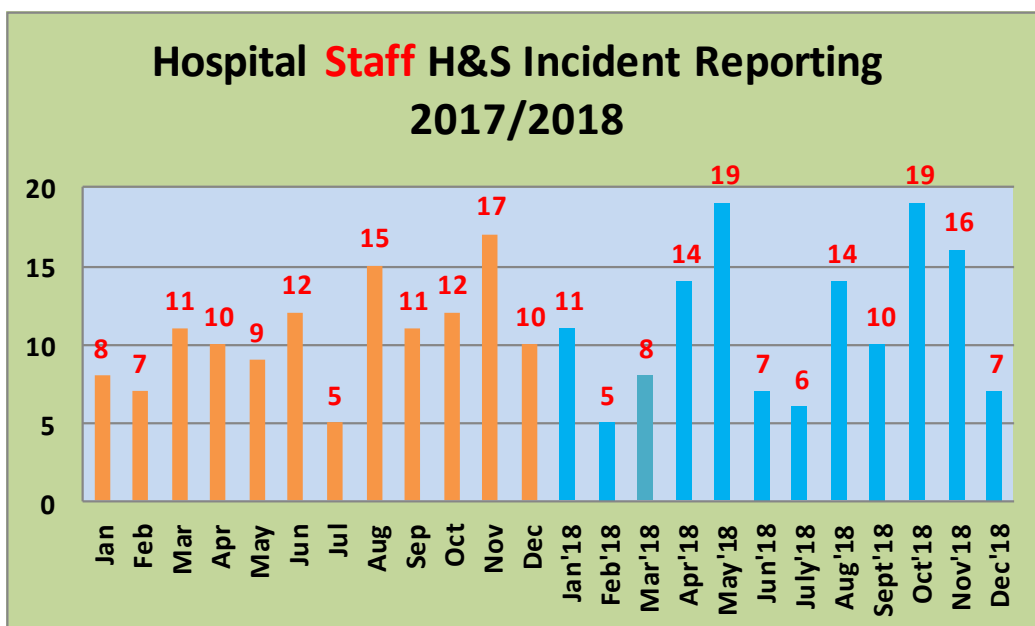
Health and Safety is proactively managed by a dedicated Health and Safety Steering Committee. The Health and Safety Committee includes representatives from various departments as well as having security and local Garda representation. Health & Safety issues are also supported by a team of five (5) Health & Safety Representatives within the hospital who meet on a regular defined basis.

The following Health & Safety initiatives were conducted in 2018:

- ▶ On-going development of site and ward based Safety Statements
- ▶ On-going review and updating of Risk Assessments
- ▶ Dangerous Goods Compliance Assessment Audit (DGSA)
- ▶ On-going delivery of MAPA (Management against Potential Aggression) Training

Hospital Staff Safety Incidents 2018

The following table outlines the number of staff incidents reported to the Health & Safety Authority has declined in 2018 when comparable by year to 2017.



Fire Safety

Fire safety technical management and monitoring is the responsibility of the maintenance department. Fire training including evacuation training is provided regionally and managed by **Mr Gerard Monaghan**, Fire Prevention and Safety Officer, Fire Prevention and Safety Service, HSE Estates, Tullamore. In 2018, 60% of RHM staff participated in fire Safety Awareness Training.

The following developments were progressed in 2018:

- ▶ On-going development of General Emergency Plan (GEP's) for all clinical ward and administrative areas
- ▶ On-going review of Hospital Fire Evacuation and Safety Aids by the Hospital Safety Committee
- ▶ Commenced the process to have a Fire Safety Compliance Audit completed for St. Mary's hospital in 2019 to allow for Service Training and uptake of offices at this location.
- ▶ Ward based Fire Safety Audits conducted by the Fire Prevention and Safety Officer

General Developments in 2019 include the following

- ▶ Review of Hospital Internal and External Signage
- ▶ On-going delivery of the Big Switch Off (BSO) Hospital Energy Savings Initiative for 2019 with continuous emphasis on education and awareness in this area
- ▶ Plan for the management of the hospital's clinical and domestic waste disposal

Facilities Developments – General Projects for consideration 2019

- ▶ Staff Outdoor Area
- ▶ Provision of safety lifting Healthcare Records equipment for the off-site records store
- ▶ Conduct 'walk-about' audits in conjunction with General Services Office with Health & Safety at core of audit focus



CLINICAL DIRECTORATES

In 2018, the Clinical Directorates led by a Consultant Clinical Lead, Nurse Manager and Business Manager have continued to work with their speciality teams to deliver high quality services for patients. With enhanced accountability Consultants, Nurse Managers and the Directorate teams are responsible for the management and oversight of clinical developments, improvements and business services. The Clinical Directorate reports provide an overview of specialities and departments and include activity, developments and achievements in 2018.

There are four Clinical Directorates as follows:

- ▶ Medicine and Emergency Medicine Directorate
- ▶ Peri-operative & Radiology Directorate
- ▶ Women's Health Directorate
- ▶ Paediatric Directorate

The Directorate Management teams are supported by Speciality Consultants, Clinical Nurse Managers, Head of Departments, Technical, Secretarial, Clerical and Support teams.

Medicine and Emergency Department (ED) Directorate Report

The Medicine and Emergency Medicine Directorate was established in August 2016 and has developed over the past 2 years. The team comprising this Directorate has made great strides across all Medicine Specialities and also made a significant contribution to the development of the Acute Floor which comprises of AMAU (Acute Medical Assessment Unit), ARC (Ambulatory Review Clinic) and Ward 4.

A broad range of services are provided within the Medicine Directorate. These services include Acute General Medicine, Emergency Medicine, Endocrinology, Dermatology, Care of the Elderly, Stroke, Respiratory, Cardiology, Gastroenterology, Ophthalmology, Neurology and the Rehabilitation Unit, which is located on the St. Mary's Campus. The service is supported by a full multidisciplinary team as well as diagnostic services.

The Directorate Management team includes a Consultant Clinical Lead, Business Manager and Nurse Manager who are supported by Speciality Consultants, Clinical Nurse Managers, Clinical Nurse Specialists, Advanced Nurse Practitioners, Heads of Departments, Secretarial, Clerical and support teams.

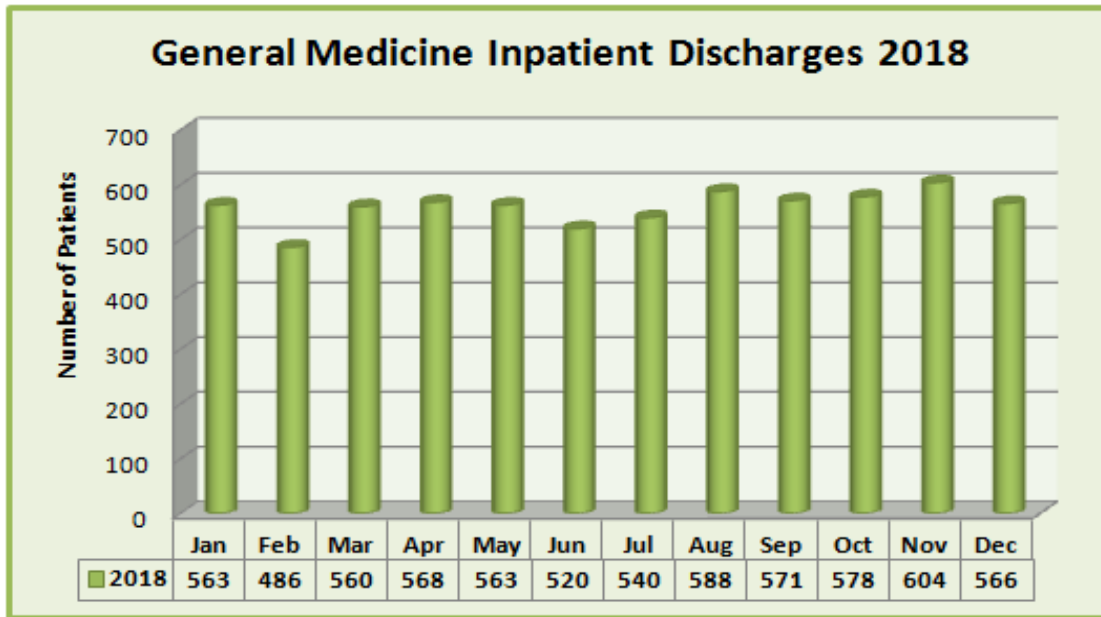
The Directorate Management Team consists of:

- ▶ Dr Hilary Cronin, Clinical Lead (Clinical Director to August 2018)
- ▶ Ms Katherine Kenny, Divisional Nurse Manager
- ▶ Mr Gary Kavanagh, Business Manager (from April 2018)

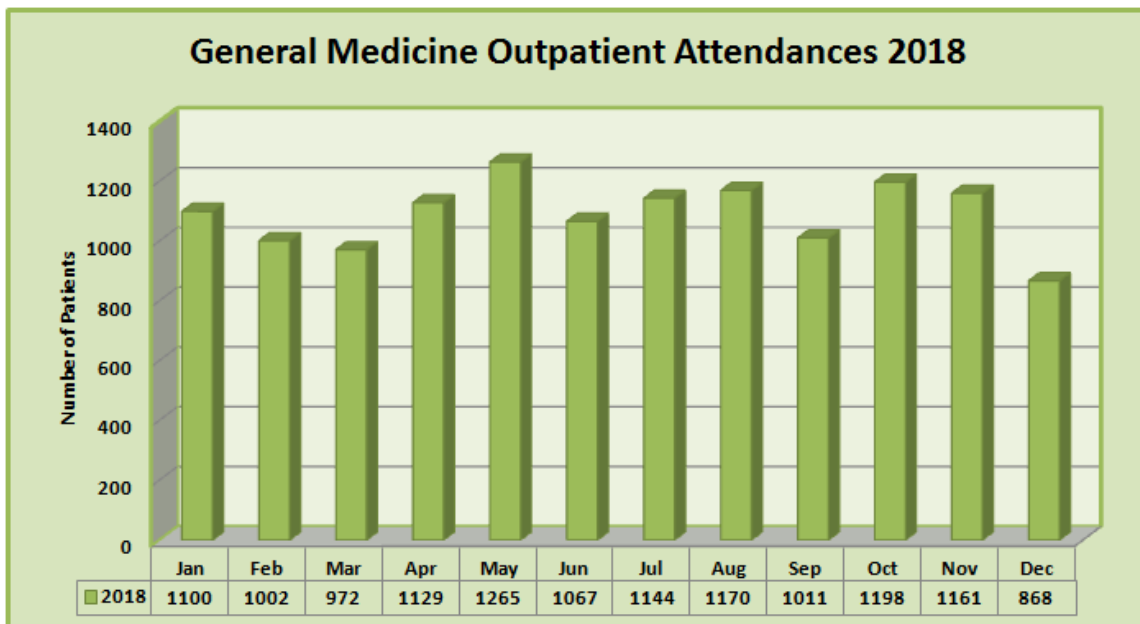
The Medicine Directorate reports are outlined under the individual speciality. The following graphs provide the total activity across the Directorate.

Activity 2018

The following graphs provide the overall General Medicine inpatient and outpatient activity by month.



Total 2018 Inpatient Discharges 6,707
20% AMAU same day discharges



Total 2018 General Medicine
Outpatient Attendances
13,047

The following reports outline the services, activity and developments under each Medical / ED speciality or department.

AMAU / ARC / Ward 4 (Acute Floor)

The AMAU provides acute medical assessment for specific patients referred from the Emergency Department and other agreed pathways. Patients who attend the service benefit from rapid assessment & diagnosis with the development of a treatment plan co-ordinated by a Senior Registrar. This is supported by access to diagnostic services with the aim of patient experience time being no greater than 6 hours in the AMAU.

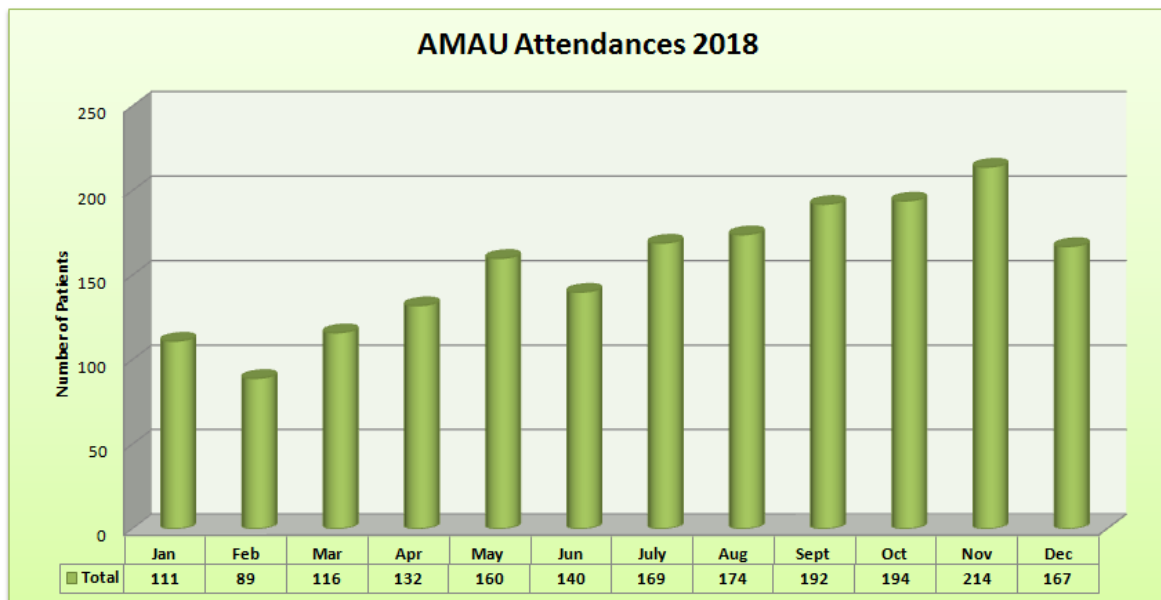
Clinical Governance for the AMAU is the responsibility of the Clinical Lead for Medicine/ED and is supported by the Medical Consultant on Call. The unit is staffed by a Senior Registrar, Registrar and SHO, Clinical Nurse Manager, Nursing, Support Services and Clerical support. The AMAU/ARC Service operates Monday – Friday from 08:00 to 20:00.

In January 2018 the team continued to monitor the department's activity and flow at the monthly department meetings and through the daily Navigation Hub. The AMAU is a core service and function in the delivery of improved patient flow from the Emergency Department. The AMAU has continued to meet the 6 hour admission to discharge performance target.

Improvements implemented:

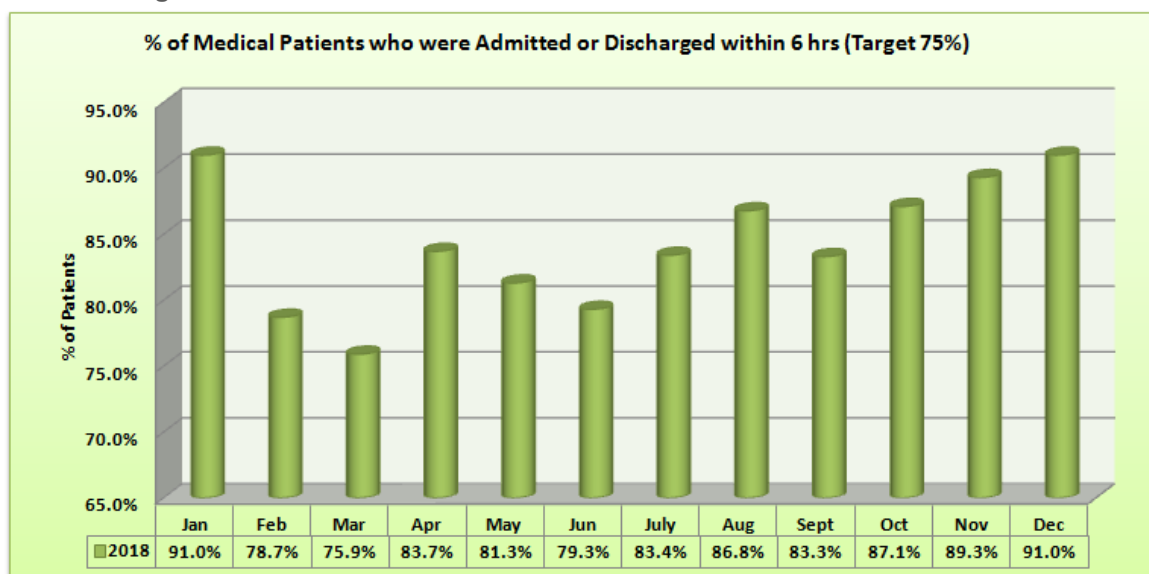
- ▶ Development of internal professional standards for acute floor interdisciplinary team.
- ▶ Flipping of the physical environment to facilitate all elements of the service on the acute floor.
- ▶ Renaming of the MAU to Ambulatory Review Clinic (ARC) with supporting documentation.
- ▶ Walkover policy from ED developed dependent on individual patient need.
- ▶ Nursing staff participation in the national acute medicine foundation education programme.
- ▶ Development of an operational policy for the AMAU.
- ▶ Additional nursing hours and multitask attendant hours allocated to the department.
- ▶ Cardiac Diagnostics referral pathways put in place established in 2018.

The following table outlines performance against the National Target for 2018:



Total Number of AMAU Attendances 2018
1,858

National Target >75%



Cardiology Report

The Cardiology Department is led by **Dr Inam Khan Consultant Cardiologist** and supported by Medical & Nursing teams along with a team of Cardiac Physiologists, Clerical and support staff.

Cardiology is the study of the function of the heart which can be done through diagnostics tests such as Electro cardiology, Echo, Exercise Stress testing and Implantable Device follow up. The Cardiac Department provides supplementary diagnostic support services to the regional stroke service as well as local GP services. Other associated patient management options include Angiogram and intracoronary Revascularization (i.e. stents), Cardiac Rhythm Management (Pacemaker implant, Intra-cardiac defibrillators and loop recorder implant) and surgical intervention guided by clinical decision.

The Cardiology Department has been providing extensive cardiology services across the spectrum of all cardiology sub specialities. Apart from routine diagnostics such as Trans-thoracic echo, Holter, event monitoring & Pacemaker check, the team also provide inpatient Trans- oesophageal echocardiography service. Similarly, Cardiac CT calcium scoring and Cardiac CT angiography is regularly performed in conjunction with our radiology department. Approximately 200 scans are performed per year. This service is usually available only in model 4 hospitals and RHM is one of the few Model 3 hospitals providing this service. This has led to significant reduction in the waiting periods for invasive coronary angiography.

Invasive Coronary Angiography & percutaneous Coronary intervention (PCI- Stenting), Loop recorder implant & Permanent Pacemaker implant service is provided by our consultant cardiologist at cardiac catheter Laboratory in a model 4 Hospital in Dublin. In addition, the cardiology department also provide services in arrhythmia management, pre operative cardiac assessment and management for women with heart disease in pregnancy.

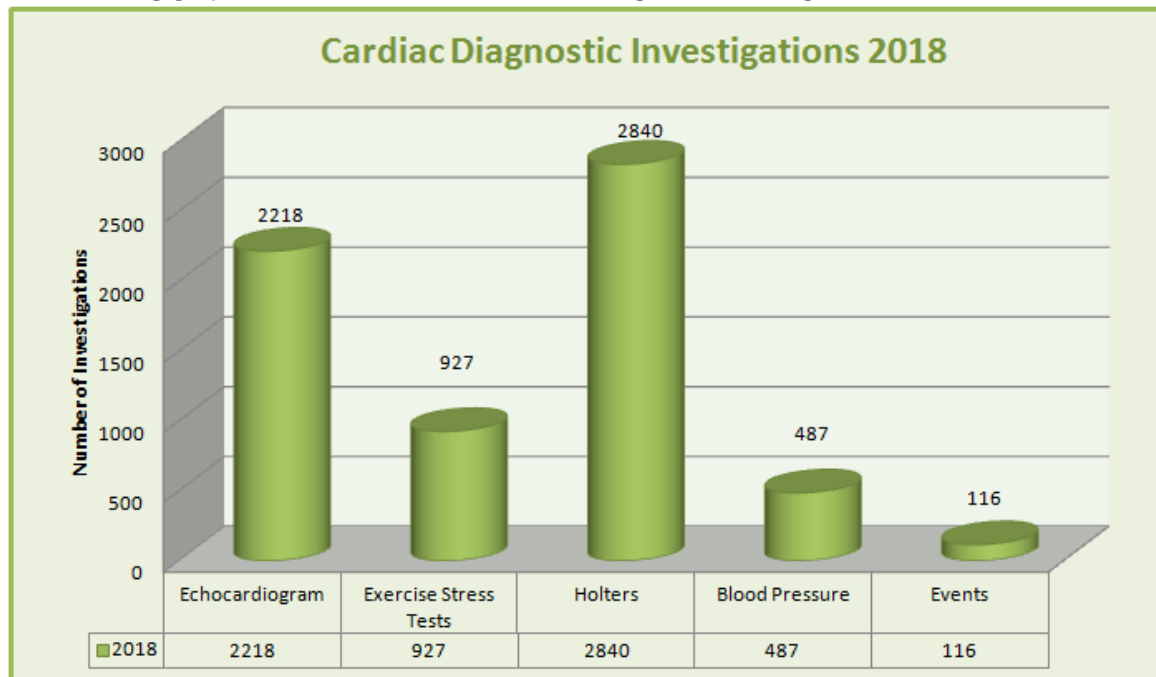
Cardiac Diagnostics

The Cardiac Diagnostic department is managed by **Ms Kirsten Fitzgerald, Chief Cardiac Psychologist** and provides the following services.

- ▶ Stress ECG Testing
- ▶ Cardiac Echo Testing
- ▶ Holter & BP Diagnostic tests
- ▶ Pacemaker Check
- ▶ Loop Recorder Interrogation
- ▶ End of life ICD management

Activity

The following graphs detail the number of cardiac diagnostic investigations



Pacing: 250 patients seen in 2018
Total 2018 6,838 patient examinations

Cardiac Rehabilitation

Cardiac Rehabilitation is a structured exercise and education programme designed to help patients recover from their cardiac event by improving physical and psychological health. It is a multi-disciplinary approach to improve short-term and to promote long-term recovery.

This service enrolls patients who have suffered a heart attack or required some form of revascularisation or cardiac surgery. It is managed by cardiology nurse specialists in conjunction with the Consultant Cardiologist with the support of the Physiotherapy, Pharmacy and Nutrition & Dietetic departments. There is also a heart failure rehabilitation programme.

Heart Failure

Heart failure has become an increasingly important condition for health care systems; there is a high re-admission rate and resource utilisation. With ageing populations, it is becoming increasingly common. The heart failure service is run by a Nurse Specialist, Kathleen Coakley as CMS in conjunction with a Consultant Cardiologist. Patients are seen frequently for up-titration of medications to ensure the achievement of guideline recommended therapies. There is a rapid access service to treat exacerbations and to prevent hospital admissions.

Heart Failure Exercise Classes are run in the Cardiac Rehabilitation Department. They take place two days per week, Tuesday and Thursday from 10.30am to 11.30 am over a ten-week period.

Dermatology Report

The Dermatology outpatient service in first quarter 2018 was provided by **Dr B. Wynne, Consultant Dermatologist** and supported by nursing and administration staff. Since March 2018 the hospital have put in place several initiatives on an interim basis, while awaiting the recruitment of Consultant Dermatologists. The Dermatology Service will align within the IEHG with the appointment of 3 joint posts with MMUH. The recruitment process will be completed in 2019 and will address the current waiting list issues and provide a solution to meet the needs of the Dermatology population for Longford Westmeath.

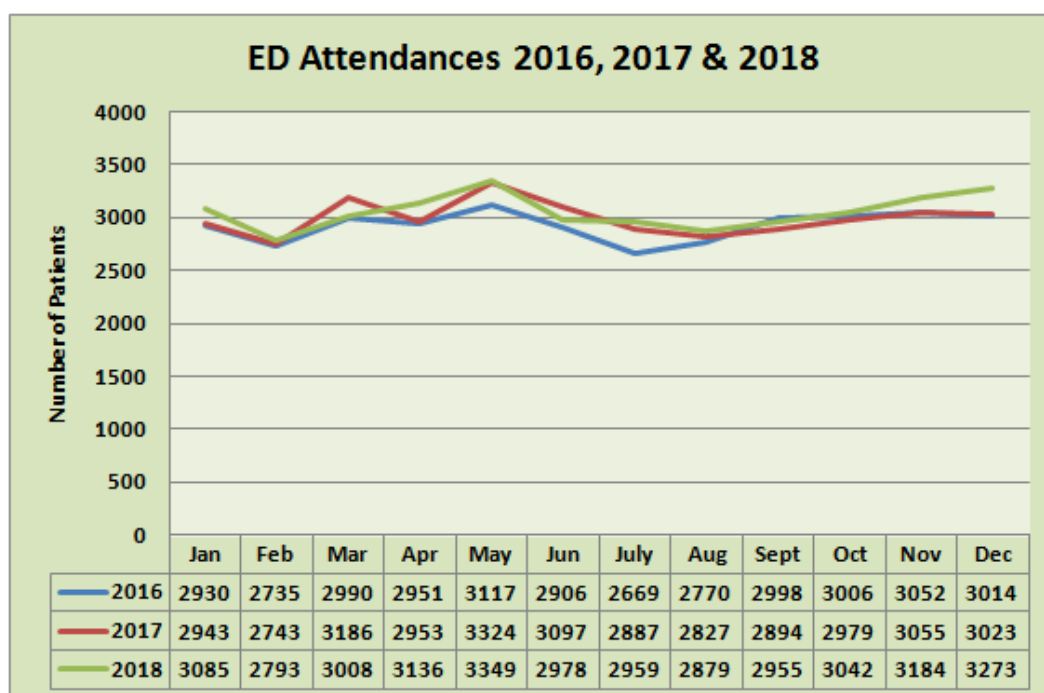
Emergency Department Report

The Emergency department provides 24-hour emergency and urgent care services to adults and Children for the population of Longford, Westmeath and surrounding area.

The department is led by **Dr Richard Lynch** and **Dr Sam Kuan** Emergency Medicine Consultants and supported by **Dr Frances McCartan** Paediatric Specialist Registrar. Nursing services are managed by **Ms Maura Maguire** and **Ms Loretto Carroll**. Administration Services are supervised by **Ms Leona Sweeney**. Patients attending the Emergency department are triaged using the Manchester Triage System and assessed, diagnosed, treated or referred for surgical or medical opinion.

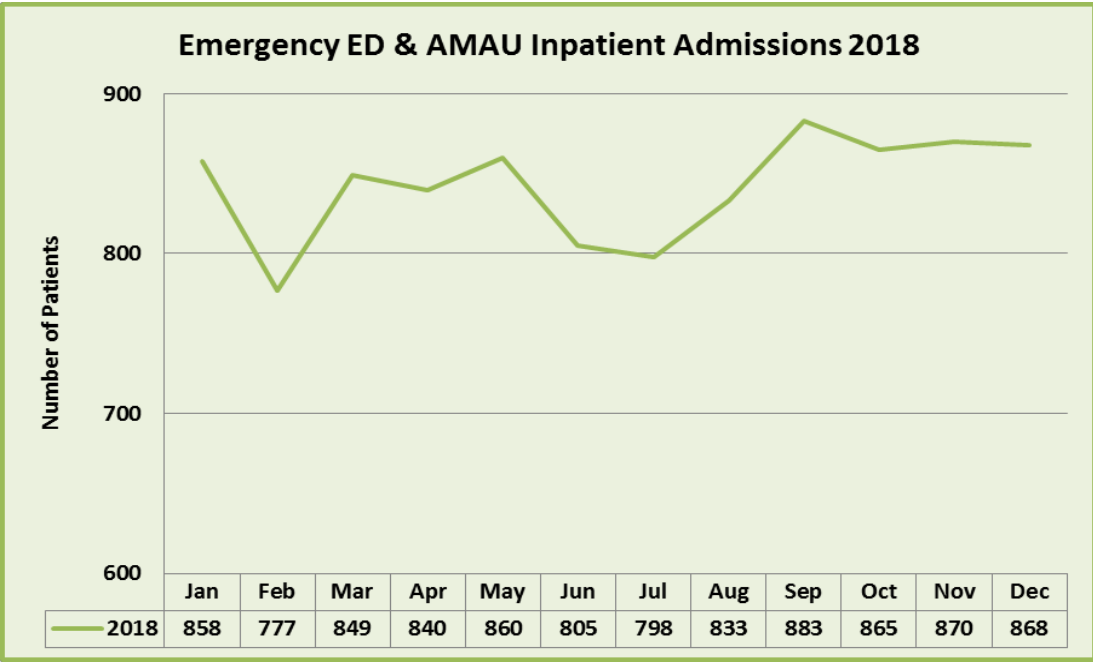
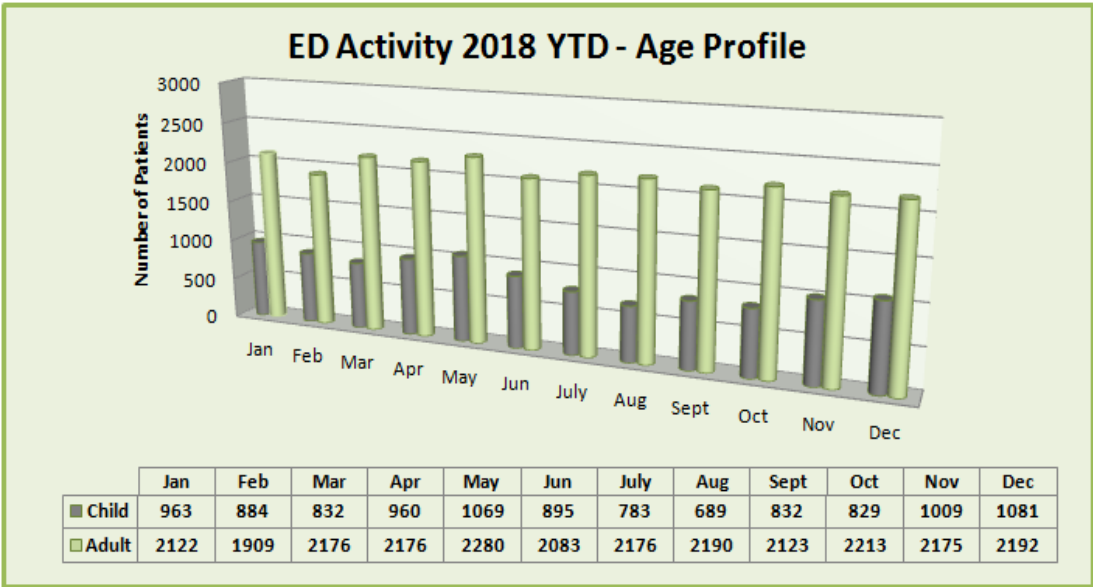
Activity 2018

The following graphs detail the Emergency department attendances, age profile and emergency admissions:



2016 ED Total = 35,138
2017 ED Total = 35,911
Increase 2.2%

2017 ED Total = 35,911
2018 ED Total = 36,641
Increase 2.0%



Total Emergency Admissions 2018
10,106

Service Improvement

It has been a very busy year for the Emergency Department and the team have been involved in a number of quality improvement initiatives. RHM continues to implement a hospital wide programme to improve the quality and delivery of Unscheduled Care with a focus on improvements in Patient Experience Times (PET) and TrolleyGAR Performance. This is supported by the IEHG Unscheduled Care Improvement Programme.

As part of this Unscheduled Care Programme, the ED team have undertaken a Rapid Improvement Event (RIE) Project during 2018. This Rapid Improvement Event (RIE) had its origins in the 2P event undertaken at RHM in April 2018. It commenced with a week of intensive engagement by the team applying lean methodology to achieve the key objective for RIE “to stream patients at the front door to appropriate and timely care”. The work reflected the key principles of the National Clinical Programmes (HSE, 2010 and 2012) and RHM’s strategic objective of achieving compliance with the key performance indicators to improve patient flow and experience.

Patient and staff surveys were conducted which demonstrated favourable response to the streaming of patient from the front door. An action plan is in place with key objective to further support full implementation of Streaming at RHM. The team have worked in collaboration with Bed Management and the Laboratory Department to reduce delays and have achieved improvements in the patient’s experience times. A number of further quality improvements have been completed including the implementation of a Visual Management System (VMS) within the Emergency Department to improve patient flow within ED

Developments in 2018

Service improvements and developments include the following:

- ▶ ED Activity Dashboard – ED activity at a glance introduced to the central monitoring area.
- ▶ Frailty Intervention Team assessment in ED implemented with screening of all patients over 75years screened for frailty at triage and assessment completed in ED.
- ▶ Implementation of ‘Streaming at the Front Door to AMAU’.
- ▶ National Thrombectomy Quality Project for stroke patients.
- ▶ Senior decision rapid assessment and treatment pilot pathway.
- ▶ Obstetric and Gynaecology pathway for pregnant mothers.
- ▶ Introduction of mental health triage tool.
- ▶ Podiatry service to ED.
- ▶ Patient safety check list for patients leaving against medical advice.
- ▶ Timing access to Cardiac Diagnostic service to support assessment and diagnosis.

Presentations

1. *Richard Lynch, Salman Qureshi, Louise Ballesty, Sam Kuan. Amplitude Changes in Combinations of S1, Q3, T3, and R3 in Left Arm – V2 ECG Lead Misplacement (Part II). Accepted for the International Conference in Emergency Medicine Seoul, South Korea 2019. (Oral presentation)*
2. *Richard M Lynch ECG lead misplacement: Experience from an Irish District Hospital. Accepted for the International Conference in Emergency Medicine Seoul, South Korea 2019. (poster presentation)*
3. *Richard M Lynch, Darragh Lynch, Paul Brophy, Audrey Fortuna Rose. ECG characteristics of left arm – left leg lead misplacement. Accepted for the International Conference in Emergency Medicine Seoul, South Korea 2019. (poster presentation)*
4. *Richard M Lynch: ECG lead misplacement, artefact and other technical errors. Annual Congress on Emergency Medicine and Critical Care, Dubai, UAE. September 2018*
5. *Richard M Lynch, Salman Qureshi, Louise Ballesty, Sam Kuan, Yarlini Ponnambalam. Left arm – V2 ECG lead misplacement: a largely unknown entity which can easily be misdiagnosed as a pulmonary embolism. (Part I) International Conference on Electrocardiology, Chiba, Japan 2018.*

Publications

6. *Lynch R. Identification of Significant Errors in recording ECGs - Houston we have a problem! J Electrocardiol 2019; 53:e18. <https://doi.org/10.1016/j.jelectrocard.2019.01.065>*

Endocrinology Report

The Diabetes and Endocrinology service is led by **Prof. Shu Hoashi**, Consultant Endocrinologist & General Physician supported by a Multi – disciplinary team of Doctors, Nurse specialists, Dietitians and Administrative staff.

Services provided for the management of acute diabetic emergencies includes the following:

- ▶ Management of diabetic ketoacidosis
- ▶ Management of hyperosmolar hyperglycaemic state
- ▶ Management of hypoglycaemia
- ▶ Management of the diabetic surgical patient
- ▶ Management of diabetes in pregnancy – during and after labour

A consult liaison service is available Monday to Friday for diabetic patients who are admitted under the care of surgeons and obstetricians to facilitate early discharge. This service is provided by the SpR/Registrar on the diabetes team and staffed by the Consultant on Mon/Wed/Fridays. Appropriate follow up is arranged in the ambulatory setting.

Rapid Access Diabetes Service

A rapid access diabetes service has been developed to facilitate early management of decompensated diabetic patients. Patients who are deemed suitable for this kind of urgent ambulatory treatment are invited to ARC rather than being admitted into hospital.

General Diabetes Clinics

Diabetes clinics consist of a multidisciplinary service provided by doctors, diabetes nurse specialist and a dietitian. At present, these clinics are designated as general diabetes clinics with a mix of people with Type 1 and Type 2 diabetes and secondary diabetes.

Young Adult Clinic

This is a remodelled clinic for patients with diabetes and other endocrine conditions Aged 16 to 25 year olds led by Prof Hoashi. These Clinics take place every second Thursday mornings.

Universal Screening for Gestational Diabetes

The prevalence of gestational diabetes in Ireland is around 10% (Source ATLANTIC DIP). The condition is associated with increased adverse risks for the baby and the mother. Early treatment with lifestyle changes and insulin has been shown to lower these adverse outcomes. This is a new screening service for detecting diabetes during pregnancy, and every pregnant woman is offered this service. All patients tested are given the result by telephone within one week, and any person with a positive result is enrolled into the next diabetes-in-pregnancy clinic.

Diabetes in Pregnancy Clinic

This clinic is a weekly multidisciplinary clinic for newly diagnosed pregnant women with gestational diabetes, and pre-gestational diabetes. It is run jointly with one of the Consultant Obstetricians. The clinic caters for patients with gestational diabetes, pre-existing Type 1 and Type 2 diabetes. A pre-pregnancy diabetes service is also operated within the clinic, to optimise pregnancy outcomes in diabetic patients. An inpatient liaison service is provided to facilitate good diabetes control during labour/delivery/post-partum. There is excellent radiology backup with the introduction of the foetal anomaly scan for pre-existing diabetes patients (20-week scan) and a foetal growth scan for all pre-existing and gestational diabetes patients (36-week scan).

Diabetes Foot Clinic

Diabetes foot clinics have been proven to lower amputation rates and hospital admission rates dramatically leading to considerable cost savings.

Mr John Walsh, Senior podiatrist, commenced in 2018. A new multidisciplinary clinic and a clear clinical pathway with the Mater and St James's Hospitals have been established for patients who require vascular and orthopaedic input. The clinic focuses on prioritising patients with complex diabetic foot disease. Nursing and diabetes medical backup is provided, with links to one of the General Surgeons in Mullingar.

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. There are 6-week, 6-month and 12-month refresher sessions for participants. The programme is delivered by a fully trained Diabetes Nurse Specialist, Senior Dietitian and Consultant Endocrinologist.

This programme is probably the single most important development in the management of patients with Type 1 diabetes in this country and has allowed patients to live a more normal life with diabetes. Over 210 patients have completed the DAFNE Programme since its commencement in 2009. We have shown a reduction in HbA1c, reduction in episodes of Hypoglycaemia and reduced DKA (Diabetic Keto Acidosis) admissions. The programme is audited by the National DAFNE Programme and currently the national team are conducting an audit of all the education programmes delivered in 2017.

Geriatric Medicine for the Elderly Report

The Department of Medicine for the Elderly at the hospital is led by Consultant Physicians in Geriatric and General Medicine **Dr Hilary Cronin** and **Professor Clare Fallon**. Medicine for the Elderly delivers a service that encompasses Acute General Medicine as well as the speciality areas of Stroke Medicine, Rehabilitation Care, Osteoporosis, Dementia Assessment, Falls and Movement Assessment. It also provides a comprehensive Geriatric Assessment (Specialised Assessment of The Frail Elderly) Consult Service to medical, surgical and gynaecological patients.

Stroke Medicine

The Acute Stroke Service was established at the hospital in 2008 and has been providing high quality service since its establishment. The service provides 24 hour, 7 day a week service for thrombolysis (giving 'clot-busting' drugs to open up blocked arteries causing stroke). This is a regional service, the Regional Hospital Mullingar also accepts patients from other regional hospital catchment areas where a stroke thrombolysis service is not available.

Since 2008 acute stroke management at Mullingar has been enhanced dramatically. In 2008 the average waiting time for a CT Brain scan was approximately 15 hours. The median time to CT Brain completion for acute stroke patients in Regional Hospital Mullingar in 2018 was 15 minutes.

Since the first patient received intravenous thrombolysis in February 2008 over 250 patients presenting with acute stroke have benefited from access to this treatment. In November 2018 the 2017 Stroke Register Annual Report was published. This detailed a very commendable IV thrombolysis rate for Regional Hospital Mullingar of 13.6% compared to the national rate of 11.9%.

An Interventional Thrombectomy Referral Process to the Neuro-Radiological Department at Beaumont Hospital is also in place and via this pathway 36 patients have been transferred to Beaumont Hospital for thrombectomy (clot retrieval) to mechanically remove clot from the brain in patients with acute stroke.

In addition to rapid assessment of acute stroke patients the service provides early rehabilitation, systematic follow-up, long term support and Palliative care.

In 2018 an audit of the evidence based swallow screening pathway for Stroke patients was undertaken. The results were presented at the IGS 66th Annual & Scientific Meeting on September 28th 2018. The development and implementation of a validated swallow screening pathway has significantly improved patient outcomes. The audit details a significant reduction in pneumonia in the 12 month period after the initiation of swallow screening in RHM when compared to the 12 month period prior to initiation of swallow screening. It also documents a reduction of average length of stay by 7 days from pre swallow screening to post swallow screening.

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.

In October 2018 Regional Hospital Mullingar commenced participation in Phase 2 of the National Stroke Quality Initiative Collaborative (RCPI & National Thrombectomy Service) focusing on improving the initial management pathway for patients presenting with acute ischaemic stroke, with a target of reducing the door to decision time for thrombectomy to 30 minutes.

The Stroke Service is led by **Prof Clare Fallon** supported by **Ms Sinead Gallagher Stroke CNS**, members of the Stroke Multi-Disciplinary Team (MDT), members of the Radiology and Emergency Departments and the wider hospital community. All those involved in Stroke care at Regional Hospital Mullingar are committed to delivering high-quality, effective, compassionate care to people with Stroke, their families & carers on a daily basis.

Rehabilitation Medicine

The Rehabilitation Unit comprises a 10-bed unit located at St Mary's Care Centre under the governance of the hospital and led by **Dr Hilary Cronin**. The Rehabilitation Unit accepts patients over 65 years who need multidisciplinary input to regain independence.

Weekly MDT meetings involve multidisciplinary discussion and documentation of patient progress. Clear aims of rehabilitation are identified and discharge planning instituted at an early stage. Clear pathways for referral, from acute hospitals, both local and national are in place. About 85% of patients are discharged home. The Rehabilitation Unit caseload includes stroke, post-hip fracture and general rehabilitation. Patients are accepted from the hospital's medical and surgical services, regional orthopaedic services and midland patient referrals from other hospitals (at the discretion of the Clinical Lead for the Rehabilitation Centre).

Ophthalmology Report

The Ophthalmology department provides ophthalmic outpatient services at the hospital, Primary Care Clonbrusk, Athlone and St. Joseph's Longford. The service was led by **Ms P. McGettrick, Consultant Ophthalmic Surgeon**. **Ms McGettrick** retired in July 2018 The hospital would like to express appreciation for her leadership and clinical expertise and wish her every happiness for the future.

Dr S. Creaven, Dr E. Mulhall and **Dr S. Bashir** provide hospital and community ophthalmology physician services. The Cataract Clinic is led by **Mr P. Mullaney**. Ophthalmology services are supported by 2 Orthoptists, a Clinical Nurse Specialist, Nursing and Administration staff and include the following:

- ▶ Diagnosis of childhood and adult eye disease
- ▶ Orthoptic services for children and adults with amblyopia (lazy eye) strabismus (squint) double vision and visual field defects
- ▶ Refraction (test for and provision of glasses) for children up to age 12years
- ▶ Outpatient based surgical clinic for treatment of blocked tear ducts and removal /biopsy of eyelid lesion from age 16 upwards (Regional Hospital Mullingar)
- ▶ Shared care clinics for Glaucoma, Visual Field defects, Diabetic Eye disease and Retinal photography-service (shared by Ophthalmologist and Ophthalmic Nurse specialist)
- ▶ Nurse-led pre-operative assessment clinic for patients listed for surgery at Royal Victoria Eye and Ear and Regional Hospital Sligo
- ▶ First and subsequent post-operative review of patient referred from Royal Victoria Eye and Ear following surgery.
- ▶ Emergency OPD assessment for neonates, children and adults referred from ED and wards.

Palliative Medicine Report

The Palliative Care Service is both hospital and community-based and is led by **Dr Pauline Kane**, Consultant in Palliative Medicine. Dr Kane has a 19 hour commitment to the hospital where she is supported by the Palliative Care CNS **Ms Caroline Gettings**.

The Palliative Care Service provides an advisory service to the medical and nursing staff to enable the holistic assessment and management of patients' needs where they have chronic progressive conditions and a limited prognosis. The Palliative Care Service also supports the medical and nursing staff to provide excellent end-of-life care. The Palliative Care Service is supported by administration and provides ward based and opportunistic education to the multi-disciplinary teams providing care to these patients.

The Ciuín Suite comprises two single en-suite patient rooms each with an adjacent family room. These beds are available on a 24/7 basis for patients with chronic progressive conditions who have complex symptoms or who are at the end-of-life. There are supporting guidelines regarding the admission criteria to these beds.

Palliative care is the continuing active, total care of patients and their families. Palliative care involves the prompt identification and management of patients' physical, psychological, social and spiritual needs, and encompasses bereavement support. The primary goal of palliative care is to facilitate the highest possible quality of life for both patients and their families.

Neurology Service Report

The Neurology service commenced with the appointment of Dr Shane Smith, Consultant Neurologist as a joint position with MMUH. The clinical service consists of one outpatient clinic per week and an inpatient specialist consult service. Demand for the Neurology Service continues to grow and the waiting list reinforces same with approximate wait times between 12 – 15 months.

Respiratory Medicine Report

The respiratory department is led by **Dr Mark Sheehy** and **Dr Senan Glynn**, Consultants in Respiratory Medicine supported by the medical team, Clinical Nurse Specialists, Pulmonary Function Physiologists and Administration staff. The respiratory department provides a holistic service to respiratory patients, both inpatients and outpatients. The service provided includes the assessment and treatment of various respiratory conditions such as asthma, COPD, pulmonary fibrosis, tuberculosis and lung cancer.

The regional respiratory services includes the following services:

- ▶ Asthma – diagnosis and management of asthma at 2 outpatient clinics per week and 4 daily nurse led clinics run by **CNS Eileen Byrne** and **CNS Ann Tooher**.
- ▶ Specialised Asthma Clinic – **CNS Anne Tooher** runs a fortnightly nurse led Olamizamub (Xolair) clinic for severe asthmatics. Patients receive biologic treatment sub cutaneous omalizamub (xolair).
- ▶ COPD – diagnosis and management of COPD patients in outpatients. This is provided by our two-consultant led outpatient clinics per week and by the 4-respiratory nurse led clinics.
- ▶ Lung cancer – assessment and diagnosis of lung cancer patients at 2 rapid access clinics held on Monday and Thursday afternoons. This service is linked via a weekly video MDT meeting with the lung cancer service at St James's Hospital

Pulmonary Outreach

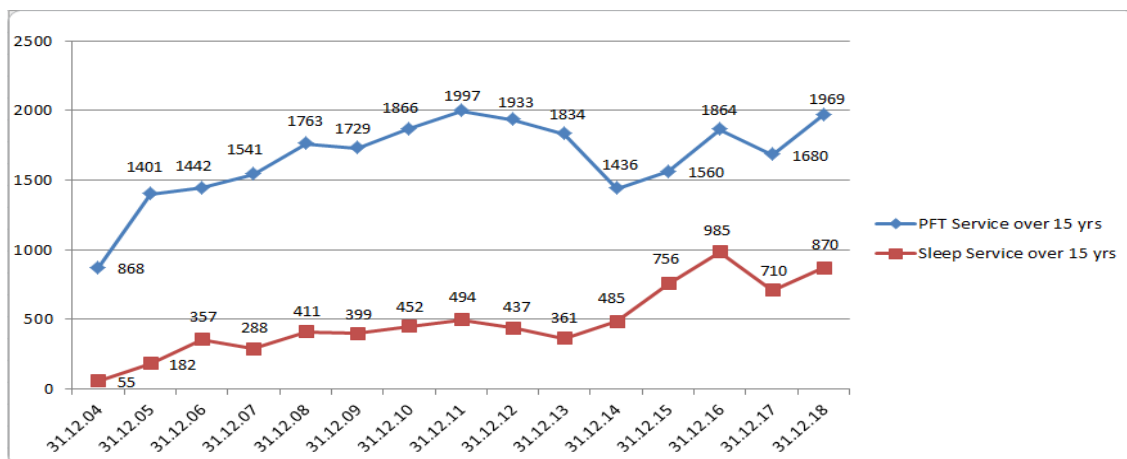
The Pulmonary outreach provides a community based service supporting early discharge of COPD patients from the hospital. In addition, the outreach service delivers pulmonary rehabilitation classes for respiratory patients in Mullingar, Longford and Athlone. Respiratory patients commencing on home oxygen and non-invasive ventilation are supported on an inpatient basis.

Pulmonary Function and Sleep Laboratory

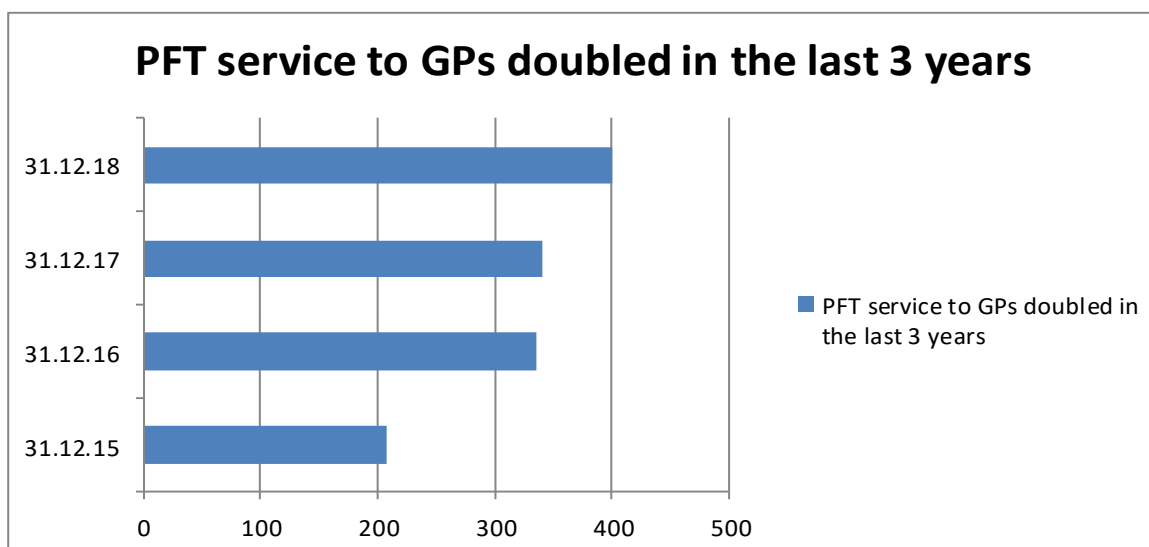
Pulmonary function department is managed by **Ms Orla Farrelly**, Respiratory Physiologist. Pulmonary function tests are indicated for patients with suspected or confirmed respiratory disease. These tests are also applicable for patients from other medical specialties and for patients requiring pre-operative assessment. Tests include spirometry, pre-and post-bronchodilator studies, gas transfer assessments, static lung volume measurements, muscle strength testing, bronchial provocation studies including exercise induced Asthma testing, skin allergy testing and cardiopulmonary exercise testing (CPET). Sleep diagnostics include limited and full sleep studies (Polysomnography studies) for the detection of sleep disorders. Respiratory physiologists arrange therapeutic services (CPAP therapy) for patients with obstructive sleep apnoea. They liaise with external CPAP therapy suppliers. The Respiratory physiologists hold physiologist led sleep review clinics to assess compliance and benefit of CPAP therapy. Adding to the suite of tests outlined above the service continues to provide excellent investigative diagnostic patient care in 2018 and has seen the introduction of FeNO Testing.

Activity

The following graph outlines the pulmonary function and sleep lab activity 2004 – 2018 Inclusive:



GP referral Activity for the PFT Service is outlined below:



Research

- ▶ Comparison on SMC data to Medisoft data on return Respiratory OPD patients - all spirometry and Dlco parameters, except for FVC, had no clinically significant mean differences.

Operational Improvement

- ▶ Changing of the Sleep OPD clinic to a Tuesday has resulted in achievement of National Targets in 2018.

Training and Development

The department offers year 3 and year 4 placements for student Physiologists from Dublin Institute of Technology (DIT), Kevin Street, Dublin 8.

Aims for 2019, Development / Planning

- ▶ Engage in Collaboration Research projects possibly to include FeNO & paper for ITS 2019
- ▶ Compile a Medisoft QA manual to look at biocontrols & physical calibration checks & host a Medisoft User day.
- ▶ Proceed with Planned Works for the Observation Room.



Peri-Operative & Radiology Directorate Report

The Peri-Operative Directorate has continued over the last twelve months to focus on analysing demand and capacity, patient flow for scheduled and unscheduled surgical patients, patient experience and the implementation of quality improvement initiatives.

The Peri-Operative Directorate Management team currently consists of the following:

- ▶ **Mr Des Toomey**, Clinical Lead
- ▶ **Ms Clare Conway**, Nurse Manager
- ▶ **Ms Yvonne Kane**, Business Manager

The following reports outline the services, activity and developments under each speciality or department within the Peri-Operative and Radiology Directorate.

The Peri Operative Directorate in 2018 has continued to adopt lean principles, methodology and philosophy to deliver positive change in the delivery of scheduled and unscheduled care with a Rapid Improvement Event for Theatre Patient Flow planned for early 2019. Ms. Y Kane, Business Manager completed her Bronze Training in Lean Management in October 2018. Success is demonstrated by improved performance against our national KPIs and the team strive at all times to deliver improved patient safety, patient outcomes, patient and staff experience, efficiency and governance.

Anaesthesiology Services Report

The Anaesthesiology Department has a staffing compliment of 5 Consultant Anaesthesiologists, **Dr A Bergin, Dr R Charles, Dr M Faheem, Dr M Farooq and Dr. E Connolly (locum Consultant)**.

Two of the Consultant Anaesthesiologists currently are fellows of the Joint Faculty of Intensive Care Faculty of Ireland. The department has increased the number of junior doctors to 12 NCHD's (7 Registrars and 5 SHOs). Dr. Faheem is a member of the Credential Committee who works with the Medical Council in verification of qualifications and experience of trainees applying to the Medical Council for specialists registration. Dr. Faheem is the trained Mentor from the College of Anaesthesiologists for doctors in training.

A range of services continue to be provided on a 24-hour basis and include the following:

- ▶ Three Theatres - Monday to Friday and 24/7 for surgery (includes Paediatrics)
- ▶ Minor Procedures – 3 hours per day Monday to Friday
- ▶ 6 Bedded Critical Care ICU/CCU
- ▶ ECT/Cardioversions/TOEs
- ▶ Endoscopy, Radiology, ED
- ▶ General Medicine including Stroke Thrombolysis

Adult Clinical Anaesthesiology Activity

The following table details the Adult Anaesthesiology activity (Age 16 years +) 2016 – 2018

	2016	2017	2018
General Surgery	1583	1158	1172
General Anaesthesiology Sedation	2670	2646	2691
ECT	18	54	45
Obstetric: Mothers Delivered	2082	2081	1937
Obstetric: Total Caesarean Sections	777	644	626
Obstetric: GA Section	40	26	22
Obstetric: Labour Epidurals	912	843	783
Gynaecology	865	862	850
Day Cases: General Anaesthesiology	1378	1168	1210
Sedation	3625	3633	3613
Other (Specify) Cardioversion	66	56	65

Paediatric Clinical Anaesthesiology Activity 2016 - 2018

Age 0-15 years	2016	2017	2018
Total Anaesthesiology Cases	526	618	625
Cases <1 year	5	5	9
Cases >1 year & <5 years	166	180	166
Cases >5 years	355	433	450
General Surgery	486	484	464
Day Cases	230	242	239

Education and Training

The Anaesthesiology Department are included in the College of Anaesthesiologists trainee rotation scheme with two NCHDs currently on rotation from the scheme.

Regional Hospital Mullingar is one of only two hospitals in Ireland that have the foundation year in Anaesthesiology. The team are currently facilitating three SHOs in their foundation year. All three doctors succeeded in securing their place in SAT (Specialist Anaesthesiology Trainee) programme arranged by College of Anaesthesiologists. Our foundation year doctors continue to participate in audits in Anaesthesiology on an on-going basis.

Onsite educational activity for NCHD's continues to include the following:

- ▶ An assignment to specific tutor
- ▶ Needs assessment at Induction
- ▶ Mid-term progress review
- ▶ Six monthly ITA or SPRITE
- ▶ Logbook review
- ▶ PCS activity review
- ▶ Formal competence assessment/sign off

Consultant & NCHD Training

- ▶ ACLS Training - Dr. Bergin, Dr. Faheem and Dr. Farooq continue to coordinate ongoing ACLS training for the hospital
- ▶ APLS Training – Dr. Charles coordinates ongoing training for the Anaesthesiology Department
- ▶ Early Warning Score Training – Dr. Faheem continues to coordinate the required training for hospital NCHDs
- ▶ Dr. Farooq is the Consultant Anaesthesiology Lead in Difficult Airway Training and Management and provides training and education.

International Audit

In 2018 the Department of Anaesthesiology participated in International Intensive Care Audit on Weaning of Patients from Ventilation which was called “Wean Safe”.

Nurse Training & Education - Airway and regional Anaesthesiology Workshops were facilitated by Dr. Farooq & Dr. Faheem.

Dr. Faheem was invited by the Pakistan Society of Anaesthesiologists to present on Total Intravenous Anaesthesia in Pakistan in April 2018.

Dr. Faheem is the Hospital Lead for National ICU Audit and is the Chair for all Local Implementation Team Meetings.

Examinations

- ▶ Dr. Farooq and Dr. Faheem Consultant Anaesthesiology invigilate for the College of Anaesthesiology MCAI & FCAI exams and examination courses and are Honorary Senior Lecturers in the Royal College of Surgeons.
- ▶ Dr. Charles is Honorary Senior Lecturer for Maastricht University. The Department of Anesthesiology currently facilitates medical students from Maastricht University as part of their curriculum. In addition, there are department tutorials, didactic or guest lectures, case presentations, journal club, Simulated lab training, Airway refresher training, Morbidity and Mortality meetings, Grand Rounds and ICU Grand Rounds.

Clinical Care Programme for Anaesthesiology

The RHM participate in the National Clinical Programme for Anaesthesiology and this model of care aims to maximise Peri-operative service delivery, improve patient experience and oversee the implementation of Model of Care for Pre Admission Units. Pre-Assessment service was extended from 8 hours per week to five days per week in January 2018 in line with the productive operating theatre and the Acute Surgery and Elective Surgery Models of Care in order to achieve best patient outcome and value for money. The expansion in this service will work in tandem with day of surgery admission, theatre efficiencies and improved discharge planning. The pre assessment service assesses patient’s risk, optimise the patient for the procedure and reduce Peri-operative risk and complications. This service is currently led by **Dr Anne Bergin**, Consultant Anaesthesiologist and also involves nurse led clinics and telephone assessments with the more complex medical patients attending Consultant Anaesthesiology pre assessment clinics. In 2018 the number of patients pre assessed was 62%. The national Target is 75% and the team are aiming to achieve this target in 2019.

Activity 2018

Pre- assessment Service - Activity 2018			
	New	Return	Total
Pre-assessment of Patient by Telephone - Nurse Lead	603	68	671
Nurse Lead - patient attends Pre-assessment Service in the hospital by appointment	127	5	132
Consultant Anaesthesiologist Pre-assessment Clinic	309	0	309

CSSD Report

Medical device decontamination is a highly regulated area with European and International standards providing a regulatory framework supporting best decontamination practice. CSSD (Central Sterile Supply Department) is an integrated unit that performs sterilisation and decontamination processes on medical devices, equipment and consumables for subsequent use by health workers in the operating theatres and also for other aseptic procedures e.g. catheterisation, wound stitching and bandaging in a medical, surgical, maternity or paediatric area. Fingerprint Medical provides all the software required to manage the full reprocessing path of Reusable Surgical Devices. Their tracker system guides operators through the decontamination process in a methodical and intuitive way to ensure that they meet the needs of the Standard Operating Procedures.

The CSSD is responsible for the safe and effective decontaminating processing of reusable equipment which prevents risk of transfer of infection to patients and staff. These devices must be properly cleaned, disinfected and/or sterilized, inspected for quality to ensure good working condition. They must also be available at the point of care in compliance with the HSE National Standards and Recommended Practices for Decontamination in Acute Services on reusable invasive medical devices established in 2007.

The CSSD facility includes an electronic decontamination tracking system, to support quality assurance of decontamination practices, a key driver for patient safety.

Governance structures include monthly Decontamination Committee meetings and the team are currently recruiting for the post of Decontamination Manager for Regional Hospital Mullingar. The main function of the Decontamination Committee which will be chaired by the Decontamination Manager is to monitor, control and improve local decontamination of reusable invasive medical devices in line with HSE Standards and Recommended Practices. The unit services three Theatre lists on a daily basis, Minor procedures as well as other points of care such as Radiology, Dermatology and Ophthalmic Outpatient Clinics.

Day Unit Report

The Day Ward is located on the Second Floor (Level C) of the Regional Hospital Mullingar and is currently operating with 20 – 24 trolleys. The Unit is managed by **Ms Laura McCauley**, CNM2 supported by a team of Nurses, HCA's and Support Staff.

The day services facilitate pre-planned Day Surgery (General, Gynaecological, Endoscopy procedures) as well as Day Ward Medical procedures (Cardioversions, Medical Infusions, Blood Transfusions, Venesections).

Activity

In 2018, there were 9,707 Day Case procedures (including endoscopy) carried out, placing this unit as a very productive Model 3 Hospital Day Ward facility.

Day Cases							
2018	Obstetrics	Gynae	Paeds	Surgery	Medical	Anaesthetics	Total
Jan	173	63	109	307	192	0	844
Feb	140	59	120	348	188	0	855
Mar	134	66	120	326	179	0	825
Apr	146	65	126	348	177	1	863
May	78	82	121	399	240	0	920
Jun	12	84	88	346	206	7	743
Jul	23	95	140	390	202	5	855
Aug	8	97	121	395	205	9	835
Sep	6	80	125	328	199	12	750
Oct	9	97	137	350	200	3	796
Nov	4	94	161	403	196	2	860
Dec	1	47	104	254	150	5	561
Total	734	929	1472	4194	2334	44	9707

Gastroenterology and Endoscopy Unit Report

The Endoscopy Unit operates within the Day Ward on Level C and provides a comprehensive therapeutic and diagnostic endoscopy service for day and inpatients attending the hospital. The Endoscopy Clinical Lead is **Dr Murat Kirca**, Consultant Gastroenterologist and the Endoscopy Training Lead is **Mr. Des Toomey**, Consultant Surgeon.

The Endoscopy Unit consists of a combined Day Ward Waiting Room/Admissions Office, two procedure rooms, a doctor's office and a decontamination facility. Patients are accommodated on the Day Ward pre-and-post-procedure. There is mixed medical and surgical service provision. The Endoscopy service has up to 20 available sessions per week through two rooms and an emergency out-of-hours Endoscopy Service is provided by Theatre Nurse Staff on-call. Patients access this service through outpatient/inpatient referrals or through GP referral/direct referral. The function of the department is the provision of all therapeutic and diagnostic endoscopy procedures for day patients and in-patients attending the hospital.

National Endoscopy Programme

The National Endoscopy Programme was established by HSE Acute Hospitals Division in 2016 to coordinate a number of activities related to quality assure endoscopy services. Dr. Garrett Cullen is the National Clinical Lead for Endoscopy. Representatives from the Endoscopy service attended the annual National GI Endoscopy Quality Improvement Programme facilitated by RCPI (Royal College of Physicians of Ireland) and the RCSI (Royal College of Surgeons of Ireland) now in its third year in 2018. 41 Hospitals are now live on the NQAIS Endoscopy and this information is presented based on data pertaining to Quality Improvement activities performed by GI Endoscopy Units across Ireland. This data has been uploaded to NQAIS-Endoscopy from Endoscopy Reporting Systems (EndoRAAD) in hospitals nationwide. The objective of this annual workshop is to provide collaborative frameworks and forums for people to share information on:

- ▶ Strengthening clinical data
- ▶ National Data Reporting
- ▶ Embed QI activities post workshop – how to access tools, support, QI Diploma modules, funding
- ▶ Developments in the Endoscopy service

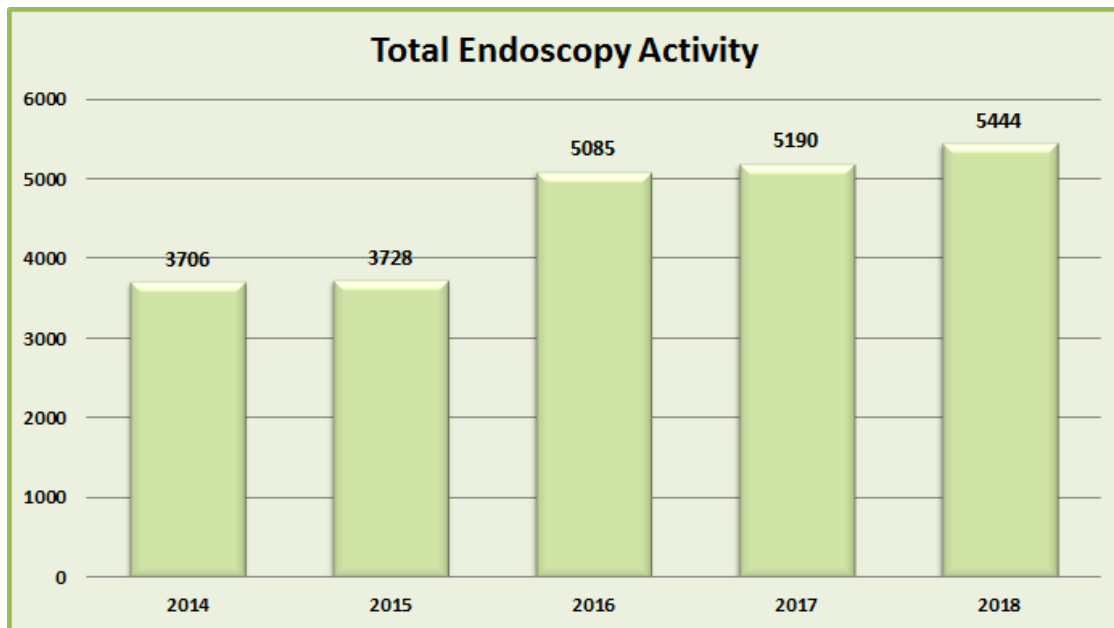
This anonymised data is provided to each Endoscopy Unit to review and measure against national KPIs through Endoscopy User Group meetings held on a monthly basis.

Endoscopy

There has been an increase in the numbers of patients referred for endoscopy procedures over the last few years with a 4.9% increase in activity in 2018. At RHM we continue to manage our Priority 1 (urgent) referrals within the 4 week timeframe. NTPF (National Treatment Purchase Fund) funding was applied for and approved in late 2018 allowing us to carry out additional weekend endoscopy procedures in an effort to manage the increase in activity.

Activity

The Endoscopy service achieved 100% compliance with our Key Performance Indicators for urgent referrals and 91.6% for routine referrals. The graphs below outline the total Endoscopy activity which shows an increase of 4.9% on last year.



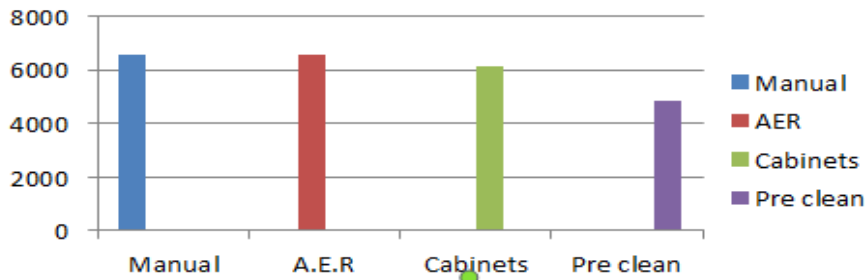
Total Endoscopy Activity:
2016 = 5,085
2017 = 5,190
2018 = 5,444 (incr 4.9%, 254 patients)

Endoscopy Decontamination

Medical device decontamination is a highly regulated area with European and International standards providing a regulatory framework supporting best decontamination practice. Endoscopy Decontamination Unit is an integrated unit that performs sterilization and decontamination processes on all scopes used in Endoscopy.

Our Decontamination Unit was updated in 2017 and Fingerprint Medical provides all the software required to manage the full reprocessing path of Reusable Surgical Scopes. Scope Track enables full regulatory compliance, enhanced efficiency, cost savings and patient safety. Scope Track covers the whole Endoscopy lifecycle from dirty return receipt through to treatment rooms. Data is provided from consumable usage in the process cycle providing detailed management reports are provided to highlight activity, identify opportunities and reduce departmental expenditure.

Endoscopy M.R.H.M Decontamination Report 2018



Manual Wash – 6536
Automatic Endoscope Reprocessor - 6539
Cabinets - 6118
Pre Clean – 4858

Total endoscopes reprocessed for 2018 - 6536

General Surgery Report

The Department of Surgery has 5 Consultant Surgeons, **Mr D Toomey, Mr S Mansoor, Mr C Shahbaz, Mr T Ejaz, and Mr H Elsheikh** with one dual appointment with Mater hospital specialising in colorectal surgery.

The Surgical department provides 24-hour emergency surgery to include paediatric surgery, minor procedure surgery and outpatient clinics. Elective general surgery including major laparoscopic procedures is performed. The Department of Surgery has streamlined access into ERCP and EUS in the Mater hospital (MMUH).

The Consultant Surgeons are now supported by 17 Surgical NCHDS to include 1 Specialist Registrar, 3 Registrars, 2 Rotating Registrars, 1 Tutor Registrar, 4 SHOS, 2 Rotating SHOs and 4 Surgical Interns. RHM as a teaching hospital is allocated a Tutor Registrar in Surgery who works with students who attend the hospital from the colleges. Two NCHDs come from the CPSP Rotation Scheme (Pakistan Training Scheme) who facilitates each doctor for a 2 year period in Ireland who then returns back to Pakistan to complete their medical training. The four Surgical Intern positions are filled by doctors on the UCD rotation scheme who rotate on a four monthly basis to the hospital. Dr. Enda Hannon is our current Specialist Registrar who commenced in July 2018 for one year and has been working under the guidance of Mr Toomey.

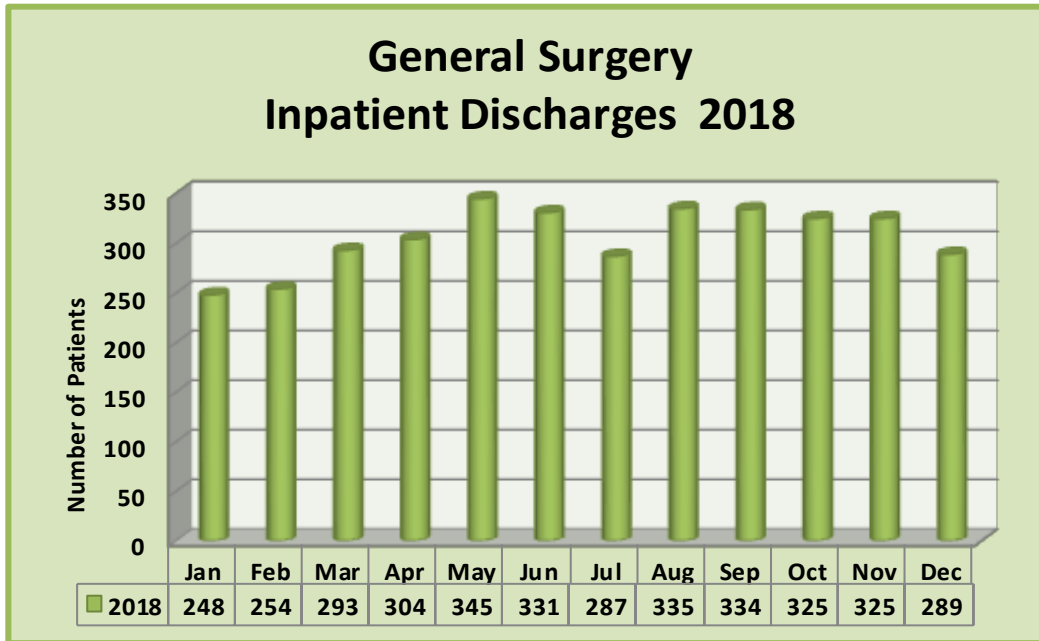
National Clinical Care Programme in Surgery

The vision of the Peri Operative Directorate is in line with the National Clinical Programme in Surgery based on the delivery of a safe, personal, clinically effective and high quality service to all surgical patients that present at RHM with a shift from Consultant led to Consultant provided service. The Department of Surgery in 2018 focused on the benefits of day surgery where clinically appropriate. Day surgery and Day-of-Surgery Admission makes a significant contribution to increasing surgical throughput, supports reduced length of stay and reduces the risk of hospital acquired infections. Managing waiting times for inpatients, day cases, out patients and endoscopy services remained the key priority for scheduled and unscheduled care in 2018. During 2018 RHM engaged with the NTPF to expand access to treatment via insourcing initiatives to ensure patients are provided with timely access to endoscopy and to continue to keep within our national waiting list targets.

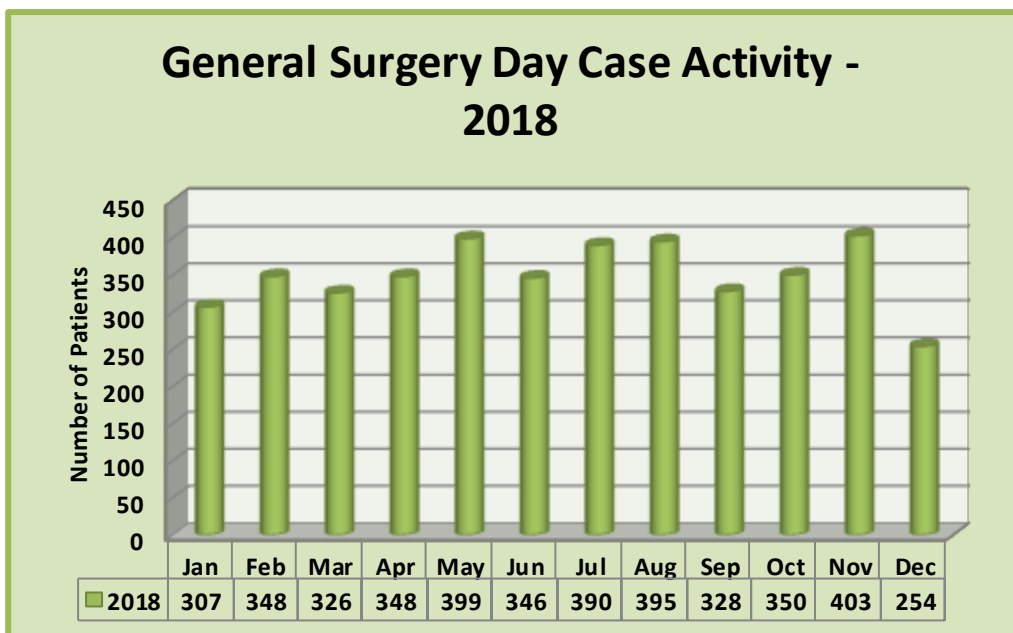
The NTPF funding is scheduled to continue into 2019 with plans to continue with Endoscopy and commence work with Minor Procedures and excisions of lesions.

Activity

The following graph outlines the monthly surgical discharges and day cases in 2018:

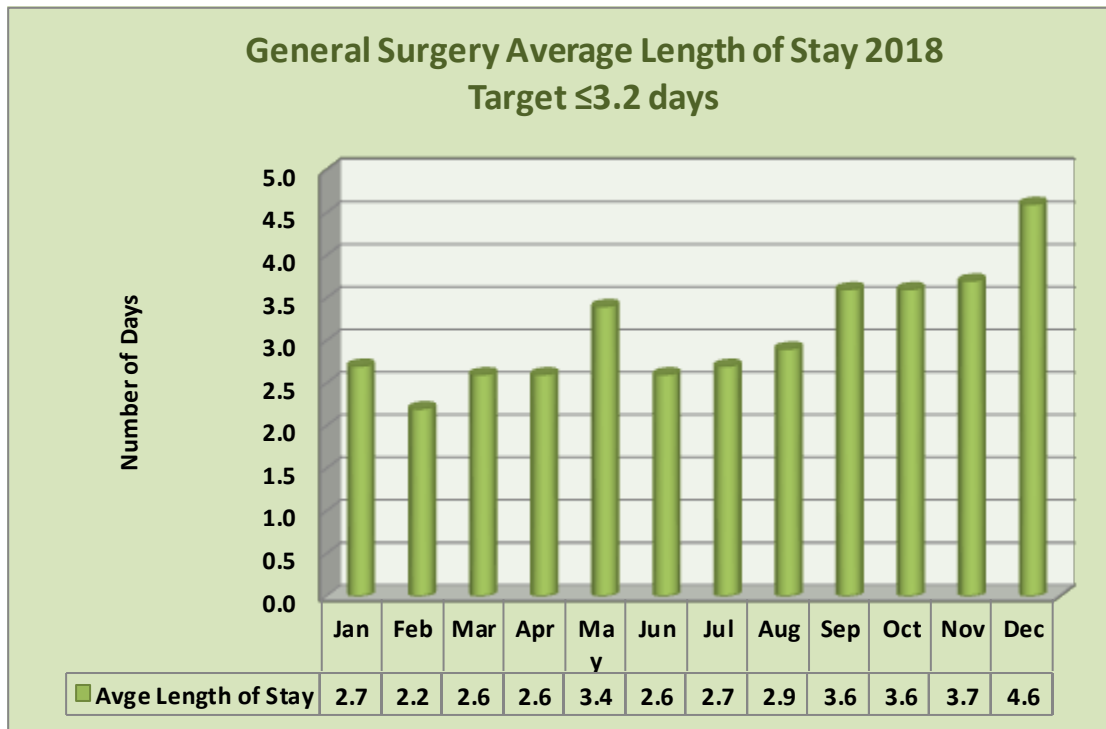


**Total 2018 General Surgery
Inpatient Discharges
3,670**



**Total 2018 General Surgery
Day Cases
4,194**

The efficiency of the surgical department is outlined in the consistent achievement with length of stay national targets:



Achievements 2018

UCD Research Project

The UCD School of Nursing, Midwifery and Health Systems Co Lead Project- has continued with the implementation of its five year programme of research on Collective Leadership and Safe Cultures in collaboration with Ireland East Hospital Group. Regional Hospital Mullingar Surgical Team was selected as one of four teams in the IEHG to test the collective leadership model. The programme has focused in 2018 on workshops in the hospital focusing on safety culture in the workplace. The team worked with the team on implementing a tool kit of interventions to improve team performance through collective leadership. The team look forward to the feedback from the team on the completion of this research project.

Moynihan Prize Winner 2018

The International Surgical Congress of the Association of Surgeons of Great Britain and Ireland (ASGBI) held its International Congress in May 2018 and is the largest General and Emergency Surgery meeting in the UK. There is a strong clinical focus on current challenges in our practice and there is a concurrent certificated educational programme for trainees or for seniors to update. The Moynihan Prize, of £1,000 plus a medal, is the Association's most prestigious scientific award, and was presented to the author of the best short paper delivered in the Congress Moynihan Prize Session to **Ms Doireann Joyce, Specialist Registrar** at Regional Hospital Mullingar from July 2017 to July 2018. Ms Joyce's short paper was based on a randomised controlled trial on Laparoscopic Guided Regional Analgesia (LaGRA) to reduce post operative pain after laparoscopic cholecystectomy.

Surgical Admission Proforma Booklet 2018

In October 2018 the Peri Operative Directorate introduced a Surgical Admission Proforma Admission booklet on a pilot basis at Regional Hospital Mullingar to improve the quality and detail of all of our acute admissions, ensuring improved patient safety and more accurate HIPE data collection regarding the volume and complexity of our emergency surgical work.

This booklet will be stocked in our Emergency Department and serves to replace the traditional admission notes for all emergency surgical admissions through our ED. The proforma template was developed by **Dr. Enda Hannan, Surgical Specialist Registrar** and supported by his Consultant Colorectal Surgeon, Mr. Des Toomey.

Medical Training

The department of Surgery is affiliated with UCD, RCSI and Maastricht University and facilitates students from all three colleges. Mr. Toomey is also facilitating post graduate training in RCSI.

Audit 2018

In 2018 RHM undertook a hospital wide audit of compliance with the NEWS NCG No. 1. The audit included all aspects of the NEWS guideline including Utilization of the ISBAR communication tool, Utilization and accuracy of completion of the Patient Observation Chart incorporating the EWS and Utilization of the escalation response to the EWS Protocol for all patients or a sample of patients who trigger a EWS of 3 or more. Throughout 2018 Compass Training was required for all Clinical Staff and this was evident in the audit results. 102 Early Warning Score charts were audited for Utilisation and accuracy of Completion of the Patients Observation Chart incorporating the EWS by ward staff with a compliance of 97%. Where compliance was <80% the Early Warning Score Group are working to implement actions to improve patient care.

Development Plan for 2018

The Directorate is currently planning for the establishment of an Acute Surgical Assessment Unit (ASAU) to efficiently and effectively provide a fast track route for patients presenting to the hospital with acute surgical and urological symptoms.

Critical Care Unit (ICU / CCU) Report

The hospital has a 6-bedded Critical Care Unit that is managed under the governance of the Anaesthesiology Department. It is a consultant delivered service, where a consultant is rostered to the Unit on a daily basis. Nursing care is led by **Ms Jane Barker**, CNMII. There is a defined admission and discharge policy and the patient care package ensures that all patients are seen by the Intensive Care Consultant at least 3 times during the day. There is a Microbiology round with **Dr Cathal O'Sullivan**, Regional Consultant Microbiologist twice weekly supported by phone consult availability. The Unit secured funding for the purchase of a second dialysis machine in 2018.

The following table details the activity in the Critical Care Unit (ICU/CCU)

ICU Audit	2015	2016	2017	2018
Admissions	344	343	388	441
Ventilated	84	82	73	101
NIPPY	13	13	21	30
CRRT	15	12	10	16
Perc Trachy	19	21	6	7
Deaths	21	17	23	28

Education

One member of staff completed the National Foundation Course for Critical Care in 2018. A second member of staff completed Post Graduate Diploma in Critical Care in 2018.

Orthopaedic Report

Emergency Orthopaedic and Trauma presentations are stabilised in the Emergency Department and transferred to Midlands Regional Hospital Tullamore (MRHT) Orthopaedic Department.

Outpatient referrals are triaged and placed on the waiting list in the hospital (if appropriate) or referred to MRHT. An outreach outpatient service is provided in the hospital by **Ms D. Niall**, Consultant Orthopaedic Surgeon from MRHT.

Theatre Department

The Theatre department is located on Level C of the hospital. Day case and inpatient surgical procedures are carried out on a 24/7 basis. Our specialty areas are General Surgery, Obstetrics (including Caesarean Sections) and Gynaecological Surgeries, Paediatric Surgeries, Endoscopy and Cardioversions in conjunction with the Cardiology Department. The department also provide Anaesthetic Nursing support for specialised procedures in Radiology/ED and to ICU Departments on a needs basis.

There are three Operating Theatres and two Minor Procedures Rooms. The primary use of these Theatres is as follows:

- ▶ Theatre 1: General Surgery including Paediatrics and Colorectal surgery
- ▶ Theatre 2: Emergency surgeries of any specialty and select elective cases by prior agreement with the Department of Anaesthetics
- ▶ Theatre 3: Obstetrics/Gynaecology Procedures
- ▶ Minor Procedures Room 1: Ambulatory local anaesthetic minor general procedures
- ▶ Minor Procedures Room 2: Ambulatory local anaesthetic minor gynaecological procedures
- ▶ Recovery Room: Recovery area has four bays



Activity 2018

Year	Total No	No of Emergency Cases	Cases OT1	Cases OT2	Cases OT3	Ambulatory	Emergency Out of Hours
2016	4847	1871	1537	1216	1717	756	84
2017	5076	1661	1471	1068	1552	896	89
2018	4879	1711	1451	1099	1543	716	70

Key Projects/Quality Improvements 2018

- ▶ Procurement of 2 dedicated syringe drivers for phenylephrine infusions
- ▶ Upgrade of Gynaecology surgery RIMD sets
- ▶ Upgrade of Minor surgery RIMD sets
- ▶ Procurement of 1 new Suction machine
- ▶ Procurement of 2 new ESU machines
- ▶ Procurement of 10 new PCA's
- ▶ Participation in General Surgery Consumable Cost Savings Audit
- ▶ Introduction of a dedicated phone for improved communications between Transfusion Lab and Theatre in the event of massive hemorrhage cases
- ▶ Introduction of a dedicated phone for improved communications between Labor Ward and Theatre in the event of Cat 1 LSCS cases
- ▶ Advancement of colorectal service with the provision of TAMIS service
- ▶ Procurement of Optiflow and Airvo units for use in procedural sedation cases
- ▶ Implementation of NICE guidelines for Peri-Op warming and Surgical Site Infection prevention.

Education/Training

- ▶ Level 8 Anaesthetic/ Recovery Foundation Course successfully completed by four staff members
- ▶ Certificate in Pre-Admission Nursing being undertaken in Waterford IT by one staff member
- ▶ Two staff members registered for Level 8 Anaesthetic/ Recovery Foundation Course to commence early 2019
- ▶ One staff member currently completing a masters in Nursing (PeriOperative Care) in University of Limerick
- ▶ One staff member currently completing a Masters in Management & Leadership in University College Cork & IMI Irish Management Institute.
- ▶ One staff member currently Chair of IARNA (Irish Anaesthetic & Recovery Nurses Association)

Objectives for 2019

1. Introduction of custom laparoscopic surgery packs to reduce procedure and disposal costs and potential for consumable waste.
2. Implementation of processes to streamline surgical patient pathways.
3. Introduction of coloured theatre hats & scrub suits to provide increased visibility & clear identification of visitors to the department.
4. Introduction of prefilled pain buster reservoirs which will provide cost savings for the department.
5. Recruitment of qualified theatre nursing staff to fill existing vacancies to maintain optimal core hours and provide supernumerary status for CNM11.
6. Advancement of Minor Procedures Services to 5 full days a week to meet service demands.
7. Implementation of nurse lead discharge from PACU utilizing Aldrete discharge scoring system.

Radiology Department

The Radiology Department of the Regional Hospital Mullingar includes two satellite units (Longford and Athlone) and is fully licensed by the Environmental Protection Agency, to perform medical examinations using ionising radiation, under the terms of the Radiological Protection Act, 1991.

The Radiology Service is led by a team of four consultant radiologists **Dr J Slattery** (Head of Department), **Dr.Vivek Raman**, **Dr Nazia Amir**, **Dr Maria Jarnakova**.

2018 marked the retirement of two of our longest serving staff members, Consultant Radiologist **Dr. Hugh Logan** who has worked at Regional Hospital Mullingar since 1991 and **Ms Breda McGregor Tomkins** who has worked as Senior Radiographer at the Longford Satellite Unit for over 30 years. We would like to thank them both for their long years of dedicated service and wish them well in their retirement.

The Radiology department provides a full range of radiological diagnostic services to patients and GP referrals from the surrounding catchment areas. Over recent years, activity levels have remained constant but there has been a shift towards more complex, time consuming requirements.

The radiology services are managed by a team of radiographers led by **Mr Andrew Kiely** (Radiology Manager, with patient care and support provided by Nursing, Administration and Support staff.

Regulation

The Radiology Department of the Regional Hospital Mullingar is fully licensed by the Environmental Protection Agency, under Licence no. L0412-03 to carry out the practice of medical diagnosis, using ionising radiation, in accordance with the terms of the Radiological Protection Act, 1991, (Ionising Radiation) Regulations 2019.

The Medical Physics Department of the Mater Hospital has taken over the governance of Radiation Safety in the Department. An on-site Medical Physics Expert, **Ms Linda Gavigan**, is now in place. The MPE will ensure that all the legislative requirements are adhered to and will advise on best practice in relation to radiation safety for staff, patients and members of the public.

All Radiography staff at the Regional Hospital Mullingar are state registered with CORU, under the Health and Social Care Professionals Act, 2005.

The Department has been on the National Integrated Medical Imaging System (NIMIS) since 2014. This allows all our imaging to be accessible to all other NIMIS sites, should the clinical need require such access. The Department adheres to all legislation regarding Data Protection and is fully implementing all requirements under the GDPR legislation. A full time PACS manager and a full time RIS manager coordinate the safe operation of NIMIS in Mullingar.

The Radiology Department provides a range of Invasive and Non –Invasive Services as follows:

Non-invasive service includes:

- ▶ Plain radiographs
- ▶ Ultrasound scans including foetal growth scans
- ▶ Contrast ultrasound
- ▶ Screening for dysplasia/dislocated hips in infants
- ▶ DVT diagnosis
- ▶ CT scans including 24-hour consultant delivered regional stroke service scans
- ▶ MRI scan reporting (scanner in Tullamore)

Invasive service includes:

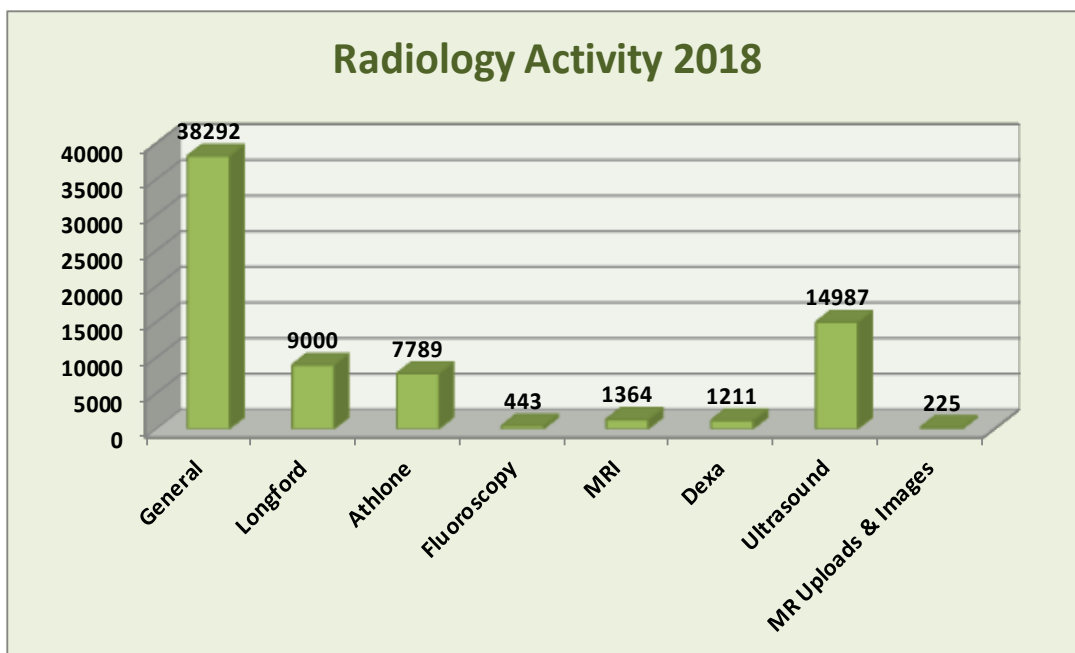
- ▶ CT guided Lung nodule biopsy
- ▶ US guided FNA thyroid nodules/cysts
- ▶ Insertion of drains
- ▶ PICC lines
- ▶ PEG tubes

The Consultant Radiologists also provide an advisory weekly MDT service in medicine, paediatrics and surgery which is integral to best practice. Radiology services include emergency, elective and urgent care (including 24/7 access to CT), and a regional stroke service. Regional radiology units in Primary care, Athlone and Longford provide general radiology and direct GP access to ultrasound in Athlone

Activity

Total activity was down on 2017 and the primary cause of the reduction was due to vacancies as a result of retirements/resignations/maternity leave and difficulties in recruiting suitably qualified personnel in the area of ultrasound. Despite the vacancies overall productivity per radiographer increased from 3178 examinations to 3350 examinations per radiographer.

The graph below details the activity by modality and includes the activity in the satellite clinics based in Primary care, Athlone and Longford:



Achievements in 2018

- ▶ The introduction of a GP Direct Ultrasound Service which provided GP's with a rapid access pathway for Ultrasound examination. The initiative, funded in conjunction with the Primary Care Services, has dramatically increased the number of appointments for this cohort of patients. All requests are clinically managed under the refer guidelines, which have been distributed to all referrers.
- ▶ In late 2018 additional ultrasound services were provided at weekends and evenings in order to maintain national standards in waiting times, particularly for those cases triaged as urgent.
- ▶ A radiographer commenced training in Ultrasound, as part of the IEHG lead pilot training programme. This will lead to an Msc in Medical Ultrasound. The training is provided in house and in conjunction with University College Dublin.
- ▶ Interventional Radiology continues to expand with CT Guided Lung Biopsy procedures increasing by 20%.
- ▶ The Department continued to meet all national standards on Report Turnaround Times and examination waiting times.
- ▶ Radiographers have attended national, European and international conferences on behalf of the Department and presented their findings to their colleagues.
- ▶ CT Services continue to expand with increasing demand for Cardiac CT and Colonography.

- ▶ An early morning CT Access service has also commenced which has increased access for this service. This was a major component of the Radiology Rapid Improvement Event, which formed part of the IEHG USC Transformation Framework Programme.
- ▶ The Medical Physics Department of the Mater Hospital has taken over the governance of Radiation Safety in the Department. An on-site Medical Physics Expert, Linda Gavigan, is now in place. The MPE will ensure that all the legislative requirements are adhered to and will advise on best practice in relation to radiation safety for staff, patients and members of the public.
- ▶ **Dr Brenda Byrne**, (Principal Physicist in the Mater Hospital), has been appointed as the Radiation Protection Advisor to the Hospital.
- ▶ The Radiation Safety Committee met the required number of times in 2018 and minutes were distributed.
- ▶ MRI planning continued and the planning committee approved the final plans for submission to the planning authorities.
- ▶ The Radiology Services in Athlone and Longford were formally placed under the clinical management of the Regional Hospital Mullingar.
- ▶ The continuing Professional Development of Radiographers is an essential component of the profession and is a requirement of the state registration board, CORU. The Department has initiated a programme for all Radiographers in the Regional Hospital Mullingar, with scheduled lectures, presentations and journal club provided for staff.
- ▶ In late 2018 two Radiographers, Monica Maxwell and Eleanor Digby, along with one of the Consultant Radiologists, Dr Nazia Amer, visited the University of Lahore, Pakistan. The purpose of the trip was to initiate a training programme for the radiographers in Pakistan and to cultivate links between the hospital and the Radiography Education Centres in Pakistan. We hope that this will be the beginning of a long relationship between the Radiology Department in Mullingar and our colleagues in Pakistan.
- ▶ Continued on-going training for all medical staff on the safe operation of NIMIS by RIS Manager, Karen McDermott and PACS Manager, Raksha Vassan.

Service Improvement

Implementation of a Radiology Rapid Improvement Event which formed part of the IEHG Transformation Framework Programme. The Project included a review of the Ultrasound pathway for patients with the aim to achieve a more standardised and streamlined approach and improve flow from the Emergency Department to Radiology and improve patient experience, maximise efficiency, minimize DNAs and improve staff experience.

Student Training Programme.

In 2018 the Department commenced a Radiography Student Training programme with the appointment of Radiographer Clinical Practice Tutor. The Radiographer Practice Tutor is responsible for the day to day planning and implementation of an effective training programme for UCD Undergraduate Radiography students on clinical placement within the clinical placement site and support both students and Practice Educators/Radiographers.

We have currently two Stage 1 Students & three Stage 2 students extending to a further three Stage 3 students in the autumn 2019.

Responsibilities of the Radiographer Practice Tutor

- ▶ Liaise with UCD Practice Education Co-ordinator to ensure optimum Radiography Clinical education and learning experience for students across each year of the programme.
- ▶ Organise and co-ordinate placements in the clinical placement site(s).
- ▶ Provide induction to students on Radiography Clinical education, site policies and procedures relevant to their placements.
- ▶ Ensure student learning contracts/placement objectives are agreed at the start of each placement in conjunction with the Practice Educator/Radiographer.

- Participate in the clinical supervision of students during patient intervention (where appropriate) in collaboration with the Practice Educators/Radiographers.
- Organise relevant tutorial, group and peer learning activities relevant to students before, during and after placement.
- Provide advice, support and assistance to the Practice Educators/Radiographers in the assessment of student performance, in collaboration with the Practice Education Co-Ordinator and relevant University staff.

Planned Developments and Improvements 2019

- Continued planning for the development of MRI services
- Roll out of extended hours to CT to increase availability of CT appointments
- Extension of Student Training Programme
- Cultivation of links with University of Lahore, Pakistan
- Expansion into on-site reporting of Nuclear Medicine studies
- The expansion of GP Direct Ultrasound services to all parts of Longford/Westmeath.
- Implementation of a radiographer lead Video Fluoroscopy service, in conjunction with University of Salford, UK
- Making the case for a second CT scanner to be provided to ensure no down time in emergency scanning and more rapid access to the scanner for planned imaging
- Pilot initiatives for the redesign and make simple the design of the Risk Incident Form in conjunction with the Risk & Quality department or Investigate implementing Q Pulse
- To update PPGs within the shared drive
- Introduction of a radiographer lead baby hip screening programme
- To arrange for a radiographer member of staff to complete a post graduate CT course



Women's Health Directorate Report

The Directorate Management team is led by:

- ▶ **Prof Sam Thomas**, Clinical Lead
- ▶ **Ms Marie Corbett**, Director of Midwifery
- ▶ **Mr Vincent Duffy** Business Manager

The Women's Health Directorate continues to support and deliver high standards of Maternity and Gynaecology services in 2018. The Obstetrics and Gynaecology Department is currently supported by 4 Consultant Obstetricians and Gynaecologists, **Prof Sam Thomas, Prof Michael Gannon, Dr Nandini Ravikumar and Dr Majda Almshwt, NCHD's, Midwives, Nurses, HCA's, Clerical and support staff**. The service provides ante-natal, delivery, post-natal and gynaecological care to thousands of women each year from Longford and Westmeath with the largest portion of women cared for from these 2 counties. There are however a sizeable number of women from the counties of Offaly, Meath, Cavan, Leitrim and Kildare who each year avail of the services provided by the department.

The Women's Health Directorate is situated on Level D and is divided into 3 separate ward areas, Antenatal, Labour Ward and Postnatal and consists of a total 40 beds. The Women's Health Unit is situated on Level C in the Willow Unit.

Antenatal/Gynaecology Ward

In patient care is provided for women in the antenatal period. The service supports Women who have been diagnosed with Ectopic Pregnancy, Stillbirth, Miscarriage and women who are admitted for induction of labour. The team also provide care for mothers with pregnancy related illness such as Antepartum Haemorrhage, Hypertension, Intrauterine Growth Retardation, Pre-Eclampsia, Eclampsia, Maternal Sepsis and Stabilisation of Gestational Diabetes. The team also provide care for women who are admitted for routine Gynaecological Surgery.

Labour Ward

The team provide care for Women and their baby in labour. The team also support the management of obstetrical emergencies in line with evidence based guidelines.

In line with the Maternity Strategy we have adapted one of our labour suites as a home from home room. This is officially named the Serenity Room where parents can avail of a quiet, comfortable labour room. There are many aids to support the women in labour and women are actively encouraged and supported to mobilise.

Post Natal Ward

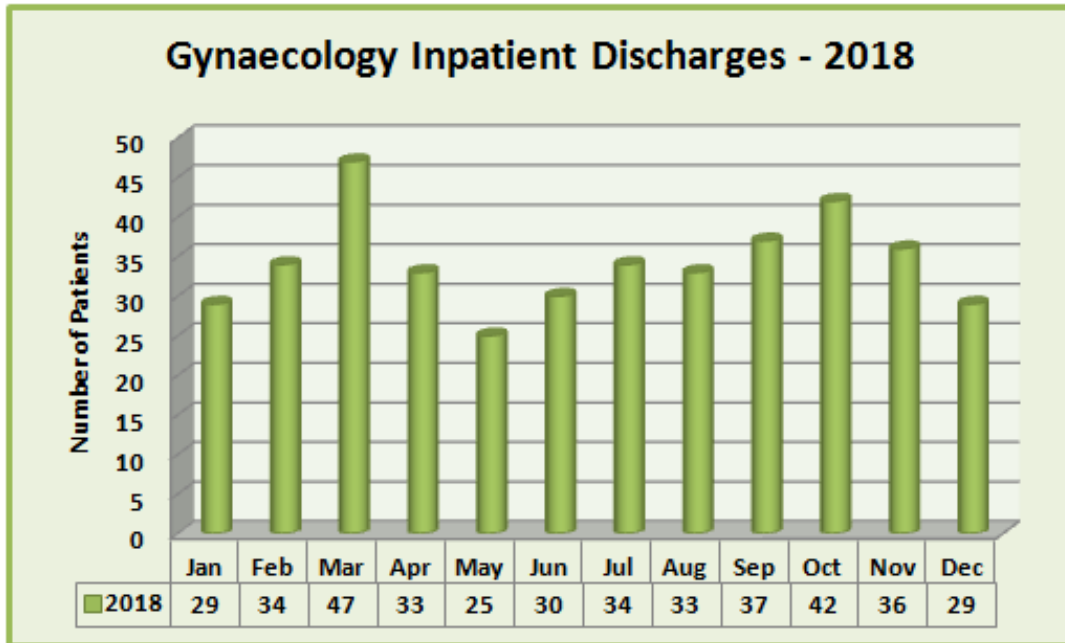
All care is provided for Mothers who have normal delivery. The team also provide care for Mothers with complications for example Preeclampsia, Diabetes (Type 1 and Type 2 Gestational).

Gynaecology Report

Elective gynaecology surgery is performed 5 days per week with care provided in the Gynaecological Ward which is situated on Level D, East Wing. The unit consists of 2, 4 bedded rooms and 6 single rooms.

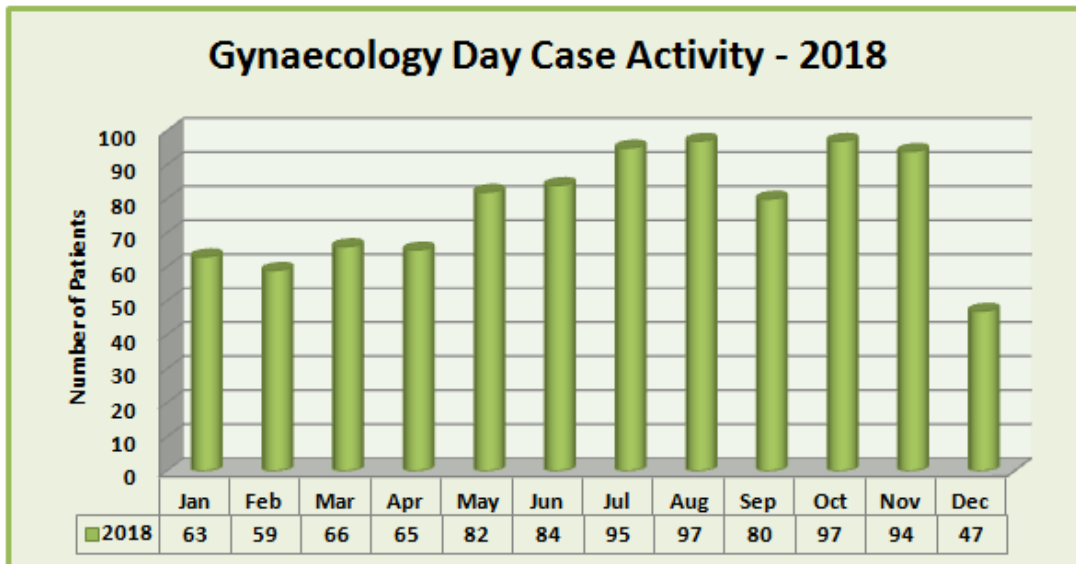
Activity

The following table outlines the gynaecology inpatient discharges for 2018:



Total 2018 Gynaecology
Inpatient Discharges
409

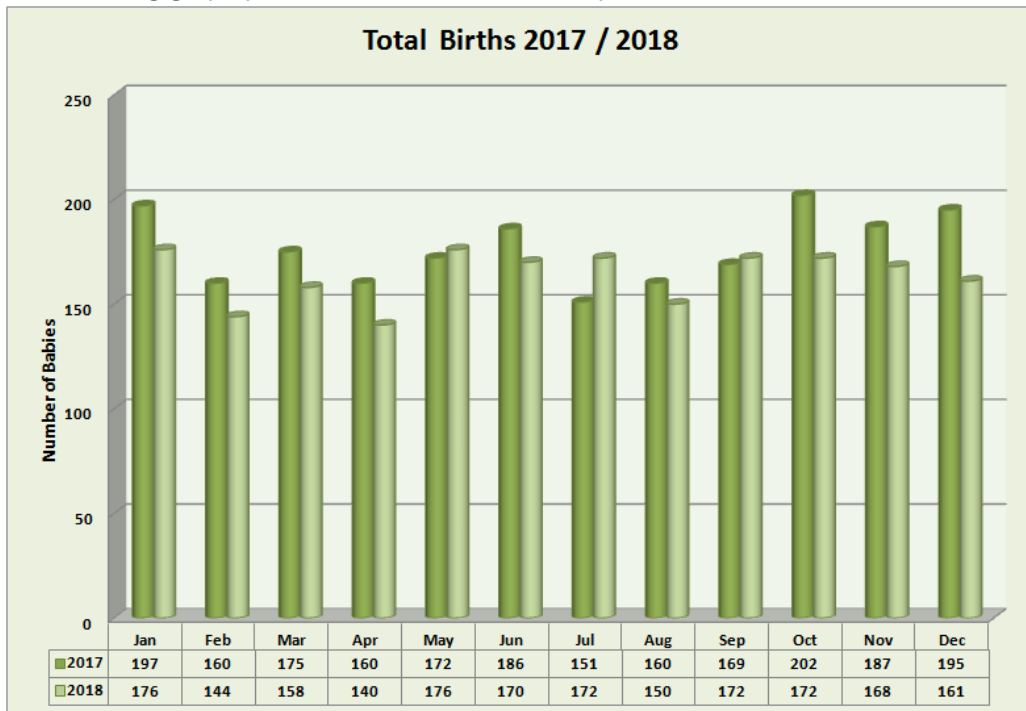
Gynaecology procedures are also carried out as day cases. The number of day cases is outlined in the graph below:



Total 2018 Gynaecology
Day Cases
929

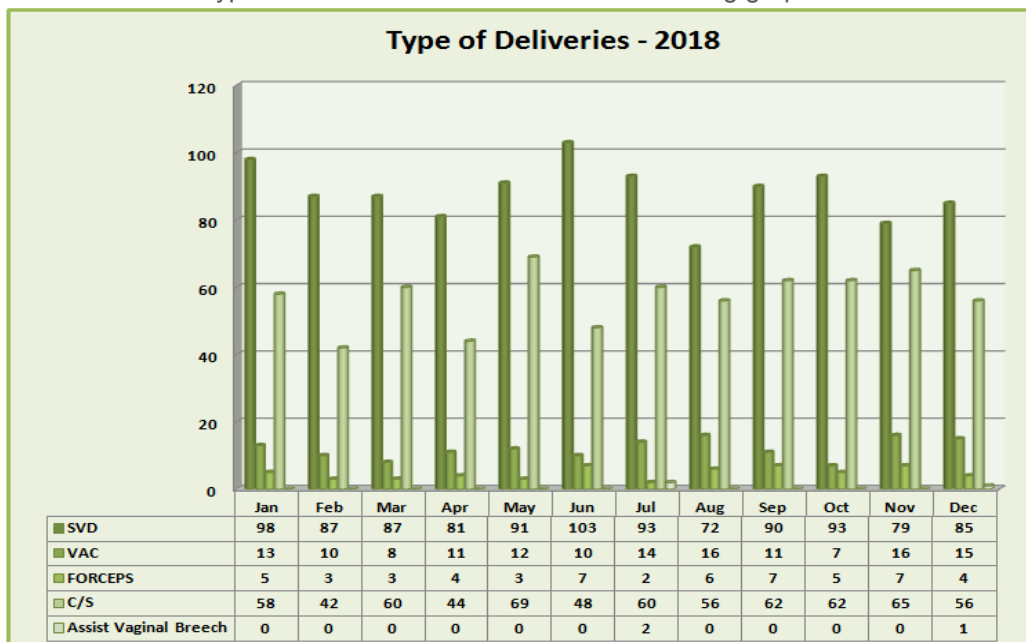
Activity 2018

The following graph provides the number of births per month for 2017 and 2018:



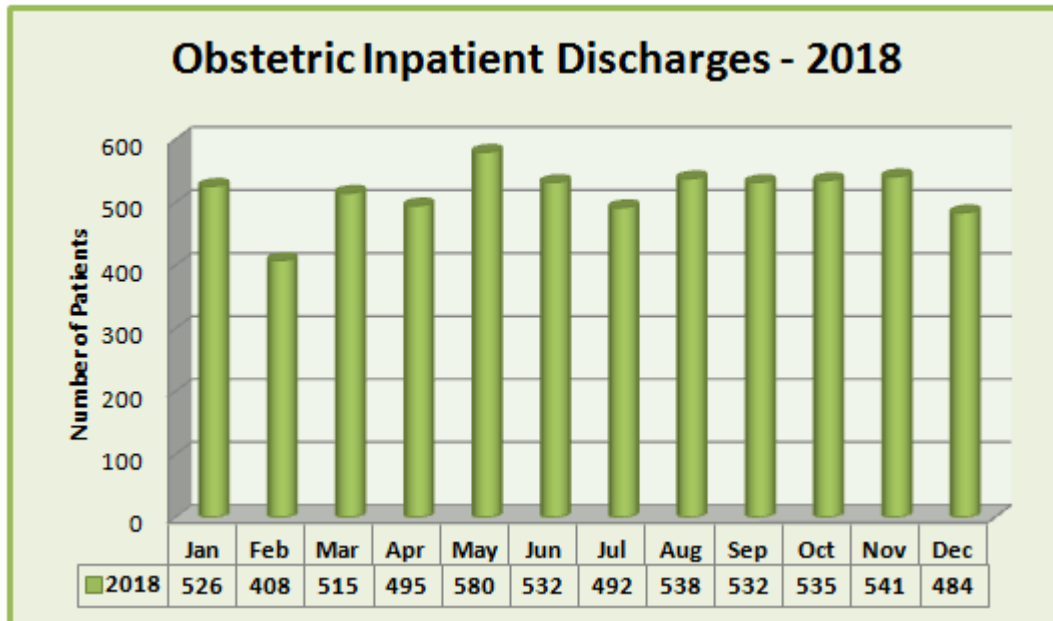
Total Births 2018
1959

The number and type of deliveries are detailed in the following graph:

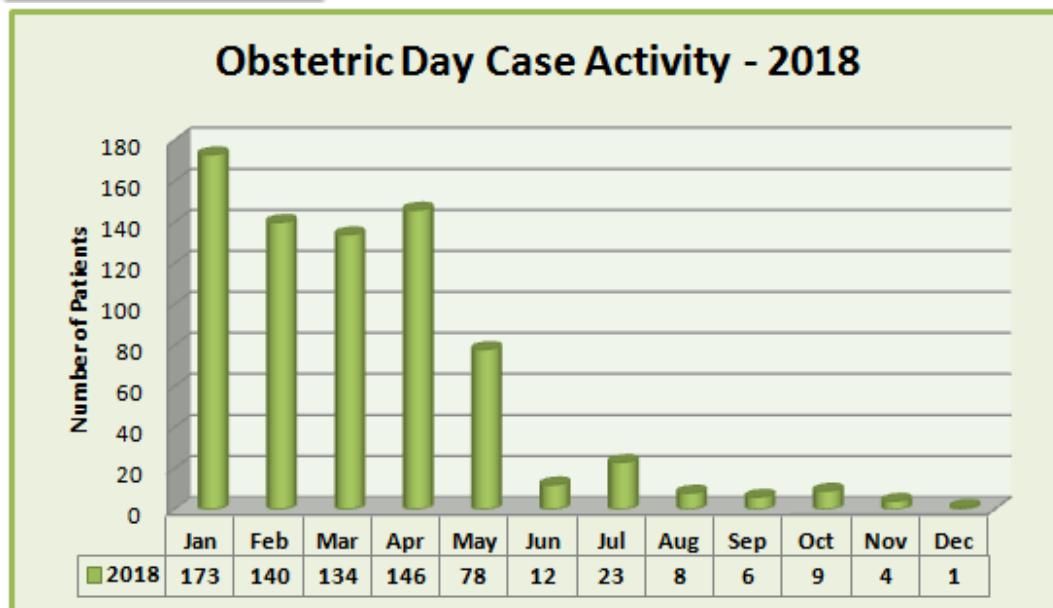


SVD 1059
VAC 143
Forceps 56
C/S 682
Assist Breech 3

The obstetric inpatient discharges and day case activity is detailed below:



Total 2018 Obstetric Inpatient Discharges
6,178



Total 2017 Obstetric Day Cases
734

Day Service

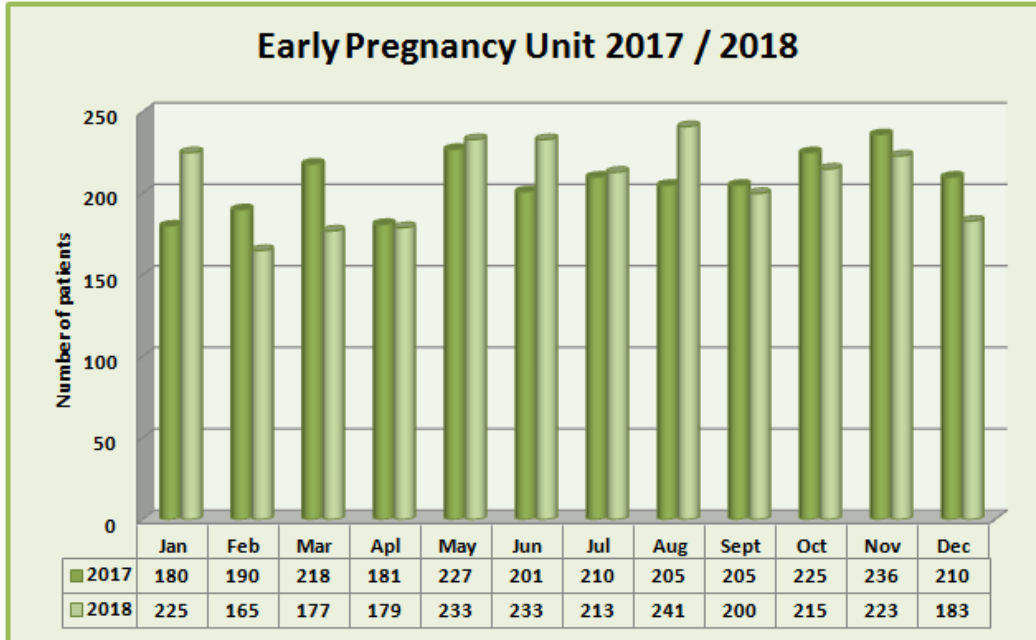
The Women's Health Unit located in the Willow Unit on Level C provides services as follows:

- ▶ Early Pregnancy Unit every Monday/Wednesday/Friday from 8:30am to 2:00pm
- ▶ Foetal Assessment Unit - Monday/Tuesday/Thursday/Friday from 2:00pm to 5:00pm
- ▶ Early Booking Clinic every Tuesday and Thursday from 9:00am to 1:00pm and Wednesday from 1:30pm to 4:30pm;

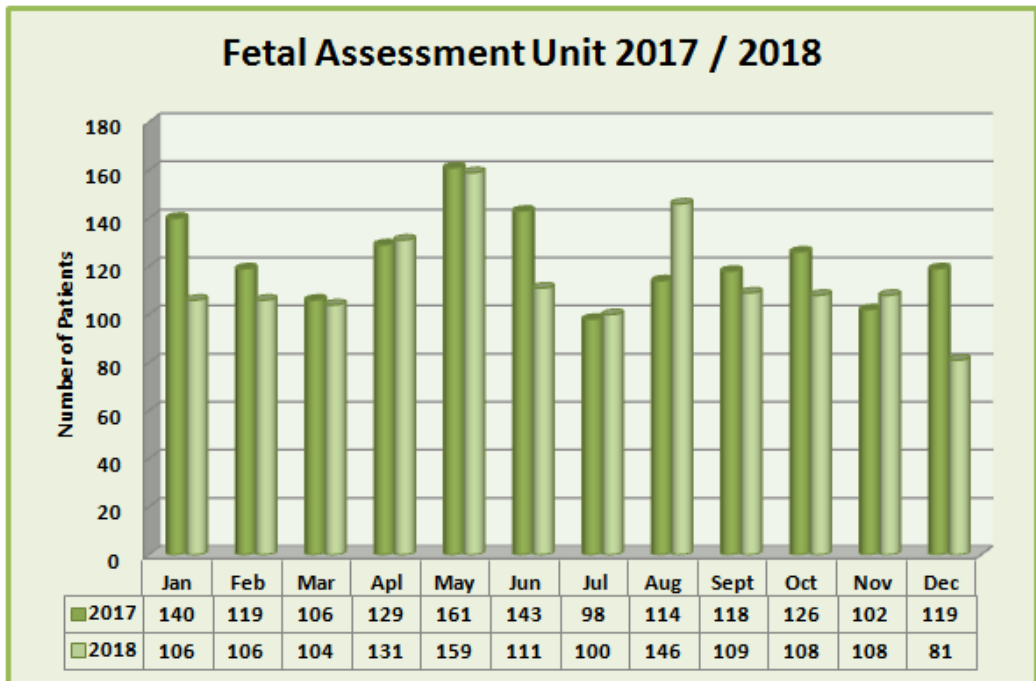
- Obstetrics Pre-screening
- Urodynamics
- Thoughts – Before and after Birth Service
- Anomaly scanning

Activity

The following graphs detail the activity in EPU and FAU for 2017 & 2018:



Total EPU attendances 2018
2,487



Total FAU attendances 2018
1,369

Outpatient Clinics

Consultant led outpatient clinics are held each week. These clinics are held at RHM, St Joseph's Longford and MRH Tullamore. In addition there are 2 Midwife Led clinics operating in the hospital OPD each week. The Midwife Led clinic is run in conjunction with the consultant led clinic in the OPD. These clinics are held on Wednesday pm and Friday am. Each clinic has a named midwife who reviews each woman for her antenatal visits. In line with the Maternity Strategy the Midwives Clinic is a popular choice with women. An obstetrical review identifies women suitable to attend the midwives clinic. The clinic provides an opportunity to avail of a personal service where women are cared for by the same midwife for all of their antenatal care.

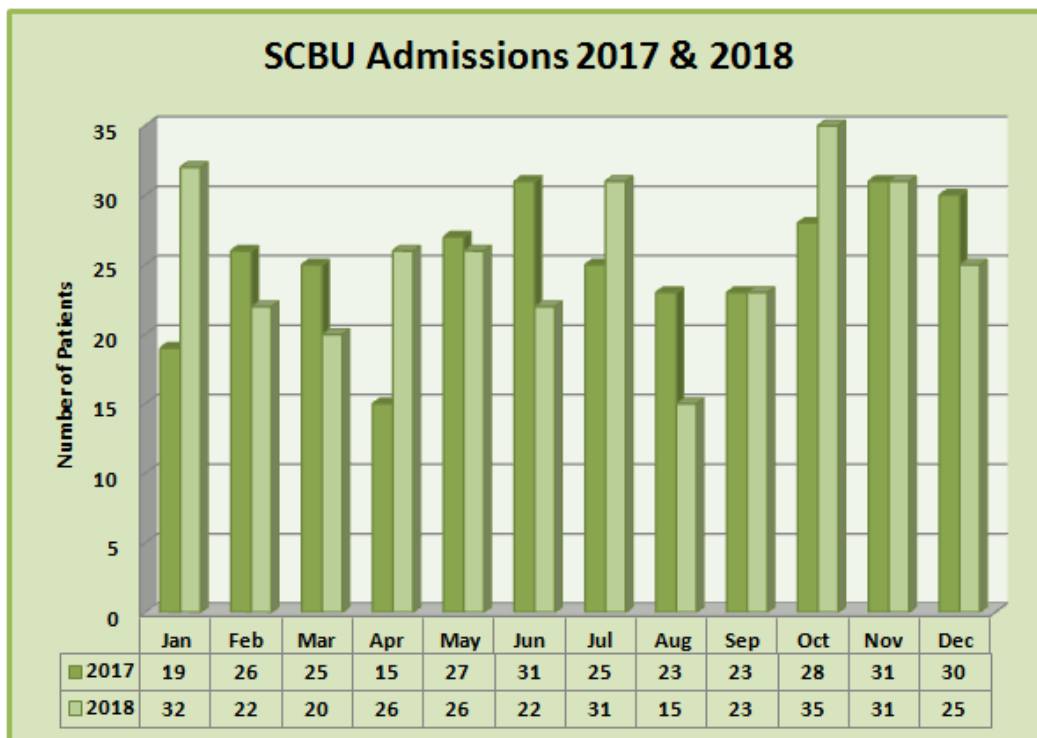
Special Care Baby Unit (SCBU) Report

The Special Care Baby Unit is a 5 cot unit located on Level B, West Wing. The unit aims to:

- ▶ Provide a high standard of holistic care for premature and infants requiring specialised care.
- ▶ To ensure all care is individualised and adapted for each infant so that they achieve their maximum potential
- ▶ Provide support to parents and families by their involvement in their baby's care

Activity 2018

Our Special Care Baby Unit showed an increase in admissions in 2018 of 1.7% compared to 2017.



Total SCBU admissions
308

Developments & Improvements 2018

During 2018 there were a number of developments within the Women's Health Directorate and SCBU as outlined below:

- ▶ Introduction of a Post Dates Assessment service to increase rates of spontaneous labour and decrease rate of caesarean section among women who are having their first baby.
- ▶ Home from Home Room has been renamed the Serenity Room following a Survey and continues to be promoted and utilised.
- ▶ Completion of Rapid Improvement Event on Pathway of the Gynaecological Patients and

- ▶ Pregnant Women less than 20 weeks gestation presenting to the Emergency Department.
- ▶ Introduction of a Wound Care Leaflet for Caesarean Section Patients.
- ▶ Supporting and continuing the daily Multidisciplinary Team meeting at 9 am in the Labour Ward attended by Medical team and CNM/Midwives.
- ▶ Introduction of HOPSCOTCH pathway to support normal labour and result in less intervention.
- ▶ Establishment of a Bereavement committee to review accommodation for parents.
- ▶ On-going audit of ISBAR Handover Tool and IMEWS in the Post natal ward.
- ▶ Education & training in relation to the National Bereavement standards for staff.

The Directorate celebrated the 'International Day of the Midwife' with staff and public in May 2018. The Directorate also held a Day of Reflection for Nurses, HCA's and Midwives.

Staff Achievements 2018

Congratulations to the following staff on their achievements during 2018

- ▶ **Ms Karen Wilson**, CMM2 commenced MSc in Management RCSI
- ▶ 'Care of Maternity High Dependency' module was completed by 5 Midwives in NUIG.
- ▶ **Ms Gemma Gannon**, CMM 2 Women's Health Unit continues to represent Midwives on the NMBI National Midwives Committee
- ▶ **Ms Anne McKeon**, Staff Nurse continues her Masters in Clinical Dermatology
- ▶ **Ms Jacinta O'Reilly**, Staff Nurse completed a Foundation in Neonatal Nursing
- ▶ 12 Staff attended STABLE (Stabilisation of the critically ill baby) training
- ▶ 11 Staff attended Paediatric Life Support training
- ▶ **Ms Caroline Carey**, CMM and **Ms Jenny Stenson** Staff Midwife commenced a module in Examination of the Newborn (UCD)

Objectives of the Women's Health Directorate 2019

- ▶ Recruitment of Consultant Obstetricians and Gynaecologists to increase the number of Consultants to 6.
- ▶ Submission for the development of a Bereavement Suite in line with National Standards for Bereavement Care following Pregnancy Loss.
- ▶ Review options for the development of a High Dependency Obstetrical Unit.
- ▶ To continue the implementation of the National Maternity Strategy
- ▶ Expansion of a Midwife Led Clinic in the Midlands Regional Hospital Tullamore (MRMT).
- ▶ Recruitment of Social Worker for Maternity Services.
- ▶ Introduction of TOP service in line with National Legalisation.
- ▶ Extending the Anomaly Scanning Service in RHM in line with the Maternity Strategy.

Audits 2018

- ▶ Incidence of Post-Partum Haemorrhage and Associated Risk Factors in Regional Hospital, Mullingar.
- ▶ Audit of the management of Post-Partum Haemorrhage by using the Bakri balloon over a 10 year period.
- ▶ Audit on the Management of Obstetric Anal Sphincter Injury.
- ▶ Audit of the use of the Home from Home Room.
- ▶ Baseline Audit of presentations to Midwifery Led Clinic
- ▶ Patient Satisfaction Survey of Maternity Services
- ▶ The admission of expectant mother with a healthy pregnancy including admission CTG.
- ▶ Baseline Audit of Compliance with daily checking of Obstetric Emergency trolleys
- ▶ Audit of the diagnosis and management of UTI's in pregnancy.
- ▶ Audit of the rate of Caesarean Sections in patients in RHM compared to the WHO recommended rate according to Robson classification.

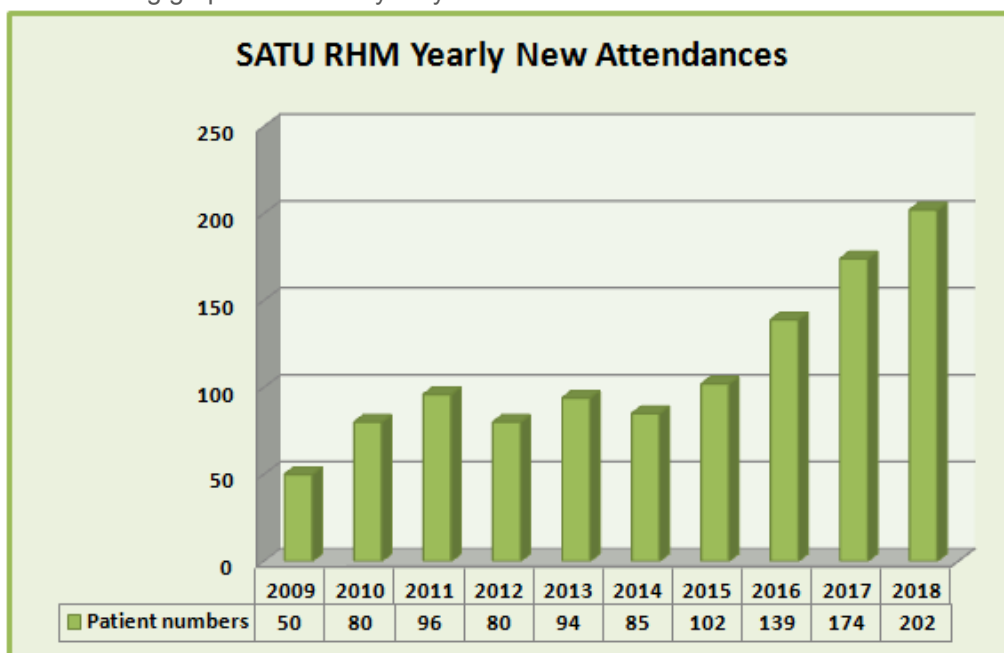
Sexual Assault Treatment Unit (SATU) Report

The Sexual Assault Treatment Unit located at the Regional Hospital Mullingar (RHM) is a regional service for the Midlands Population. The service is available on a 24/7 basis and is supported Monday – Friday by an Advanced Nurse Practitioner (ANP) and a Clinical Nurse Specialist (CNS) in forensic examination. The service is supported by Nursing, GP's and counsellors from the Rape Crisis Centre (RCC).

The service provides holistic, responsive and patient focused care for women and men aged 14-years and older, who have experienced sexual crime. The SATU at RHM addresses the medical, psychological and forensic needs of every patient, regardless of the reporting time frame. The SATU service in Ireland nationally consists of 6 regional specialist services. This is the only SATU service available in the Ireland East Hospital Group and in 2018, the second busiest SATU in the country. Last year the SATU received referrals from 21 different counties.

Activity 2018

The following graph details the yearly attendance:



Standards and KPI's

Objectives, standards and KPI's of the SATU RHM are listed in the latest edition of the National SATU Guidelines 4th edition 2018

<http://www.hse.ie/eng/services/list/5/sexhealth/satu/satuguidelines/satuguidelines3rded.pdf>.

The interagency nature of these guidelines enables consistent provision of high quality care at all stages of the journey, regardless of the circumstances of the incident or the person's involvement with criminal justice agencies. Clearly defined referral pathways exist so that female and male patients can access appropriate individualised care that is responsive to their needs.

Developments 2018

- ▶ On- going implementation and evaluation of National SATU initiatives such as Option 3 (Collection & Storage of Forensic Evidence without Immediate Reporting to An Garda Síochána).
- ▶ Representation on the following National SATU committees: National SATU Guidelines Group & National SATU Documentation Group.
- ▶ Inputting of SATU Mullingar data to new National SATU Database with linkage to nationally agreed KPI.
- ▶ Continued engagement in peer review on a one to one, local and national level.
- ▶ Co –Editor of National SATU Publication, The SAFEWAY.

- ▶ Multi agency meetings with key members of the Multidisciplinary team including An Garda Síochána, Rape Crisis Centre services, TUSLA.
- ▶ Participation in bi-annual contamination audit by Forensic Science Ireland.
- ▶ Publication of the 4th edition of the National SATU Guidelines in October 2018 with our SATU colleagues nationally.
- ▶ Commencement of a 3rd trainee CNS in Sexual Assault Forensic examination (Sept 2018)
- ▶ Completed the relocation of the Sexual Health Clinic.

SATU Objectives 2019

- ▶ Recruitment and Retention of SATU forensic examiners & assistant nurses to maintain the 24-7 roster of the SATU.
- ▶ Forensic training for new examiners recruited to the unit
- ▶ Implementations of the recommendations from the National SATU review by the Dept of Health

Achievement 2018

Winners of the Irish Healthcare Centre Awards for the implementation of service improvement (option 3 Collection & Storage of Forensic Evidence without immediate reporting to An Garda Síochána).



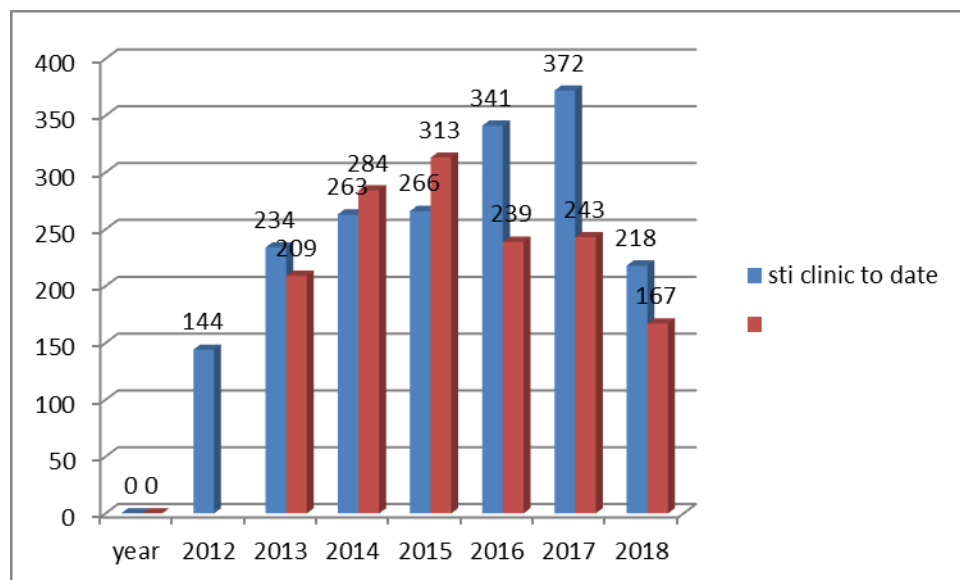
Sexual Assault Forensic Examination CNS's L'R: **Ms Bridin Bell** CNS SATU Donegal, **Ms Finola Tobin** CNS SATU Cork, **Ms Margo Noonan** CNS Cork, **Ms Nessa Gill** CNS SATU Mullingar, **Ms Clare Mahon** CNS SATU Galway

Sexual Health Clinic Report

The Sexual Health Clinic is located in the Regional Hospital Mullingar (RHM). This nurse led clinic is available on a booked appointment basis each Thursday morning with patients triaged by phone. Symptomatic patients are seen promptly and often on non clinic days including in house referrals. Asymptomatic patients are offered next available appointment slot. Typically a two to three week waiting time occurs for asymptomatic screening. Clinical Governance is provided by **Dr Cathal O'Sullivan, Consultant Microbiologist.**

This service is the only sexual health clinic in the Midlands aside from an evening clinic in the Midland Regional Hospital, Portlaoise. Last year the Sexual Health clinic received referrals from 16 different counties. The majority of referrals were received directly from patients or GP's.

The following graph provides the number of new and return patients attending the sexual health service 2012 – 2018



The National Sexual Health Strategy (2015-2020) is the first of its kind in Ireland. The aim of the strategy is that 'the majority of services will be accessed locally and this should be developed where appropriate, according to service user need through capacity and competency building'. The implementation of the strategy locally at RHM will require coordination as per the strategy: both within and between key identified areas; promotion, education and prevention, services and health intelligence. The Sexual Health clinic regarded implementation of the strategy locally a key objective in 2017. Standards and KPI's were adopted from BASHH (British Association of Sexual Health & HIV) Guidelines and applied to our own clinical guidelines.

Developments in 2018

- ▶ Revision of local Clinical Guidelines for Sexual Health at Regional Hospital Mullingar (RHM).
- ▶ Processing and reporting of Chlamydia/Gonorrhoea NAAT (Nucleic Acid Amplification Test) samples locally in the laboratory service at RHM has reduced wait time for results by over a week. This allows for prompt treatment of patients which leads to better patient outcomes from a Public Health/Physical /Psychological perspective.
- ▶ Participation at a National Level throughout 2018 in a pilot project which offers HPV vaccination for at risk groups. This pilot project is facilitated by the HSE Sexual Health & Crisis Pregnancy Programme and the Sexual Health clinic at RHM targets men who have sex with men (MSM) age 15-25years as part of its health promotion strategy.
- ▶ Debbie Marshall, RANP (Sexual Assault Forensic Examination & Sexual Health) continued as the national nurse representative on the SSSTDI (Society for the Study of Sexually Transmitted Diseases in Ireland) national committee which promotes education, training and improved practice standards for sexual health patients throughout Ireland.
- ▶ Availing of further training and educational opportunities offered with nursing staff securing places on the Foundation Course in Sexual Health (HSE Health Promotion & Improvement) & Certificate in Continuous Development Sexual Health Advising Skills (HSE Sexual Health & Crisis Pregnancy Agency).

Objectives Sexual Health 2019

- ▶ Identify a new clinical area within RHM to facilitate the Sexual Health Clinic.
- ▶ Recruitment and training of nursing staff to continue the support this nurse led clinic.
- ▶ Development of further linkages with Public Health colleagues to enhance pathways.

Paediatric Directorate

The Department of Paediatrics provides services for a wide geographic area including Longford, Westmeath and parts of Offaly, Meath, Kildare, Roscommon and South Leitrim.

The Paediatric Directorate Management team consists of

- **Prof Michael O'Grady**, Clinical Lead
- **Ms Marie Corbett**, Director of Midwifery & Interim Paediatric Nurse Manager
- **Mr Vincent Duffy**, Business Manager

In 2018 there were 3 permanent Consultant Paediatricians, **Prof Michael O'Grady, Prof Farhana Sharif and Dr Imelda Lambert, Dr Sinead O Doherty** (part-time) supported by **Dr Elaine Reade** and **Dr Jamaledin Abujennah** (Locum Consultants). The Paediatric service is supported by **Clinical Nurse Managers, Nursing staff, HCA's, Clerical and Support Staff**.

The Paediatric ward is a 25-bedded facility, comprising 15 beds and 10 cots. The service currently provides inpatient care, day case activity and outpatient clinics. There is a dedicated Paediatric area with audio-visual separation from the adult services in the Emergency Department. The Paediatric service also supports the Obstetric service and the Level 1 neonatal unit (SCBU). Care is provided for approximately 300 term and preterm infants annually. Preterm infants who are less than 32 weeks' gestation are transferred to tertiary maternity services in Dublin for further medical care.

Inpatients

In patient care is provided for the following children:

- ▶ Emergency admissions from the Emergency Department.
- ▶ Elective admissions for medical care and surgical procedures.
- ▶ Shared care for Oncology children in conjunction with the centre of excellence in St. Johns Ward, Our Lady's Children's Hospital, Crumlin.

Day Services

The Paediatric Ward provides day services as follows:

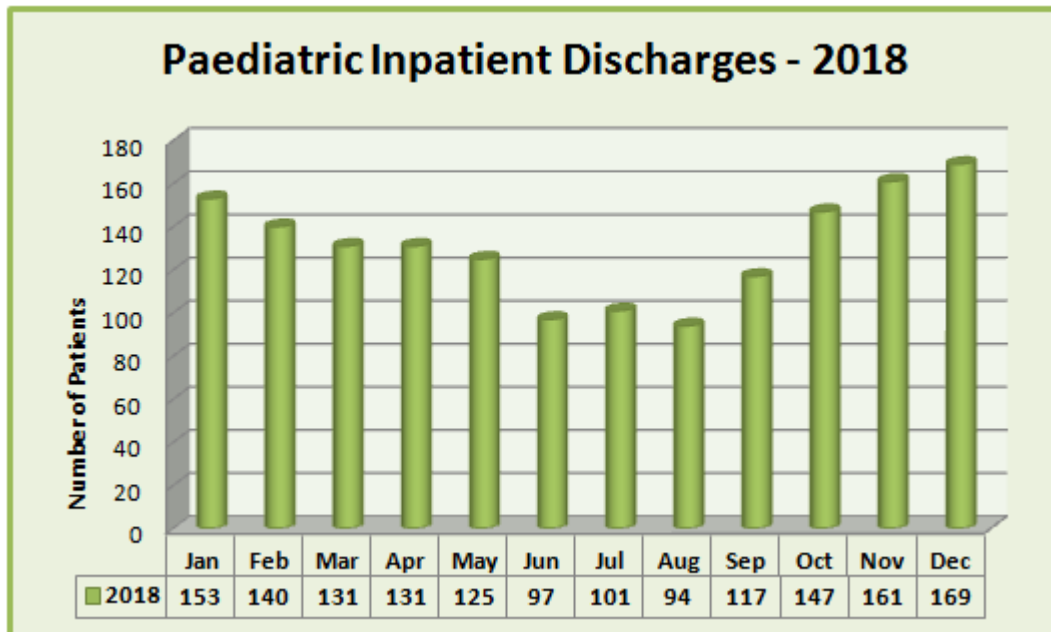
- ▶ Phlebotomy services (Paediatric Consultant referrals)
- ▶ Dynamic Endocrine testing
- ▶ Insulin pump training and initiation
- ▶ Infusions e.g. Infliximab
- ▶ Elective surgical procedures
- ▶ Oncology services for daily attendees through a shared care programme with Our Lady's Children's hospital, Crumlin
- ▶ Skin prick testing and food challenges on the Paediatric ward

Outpatient Clinics

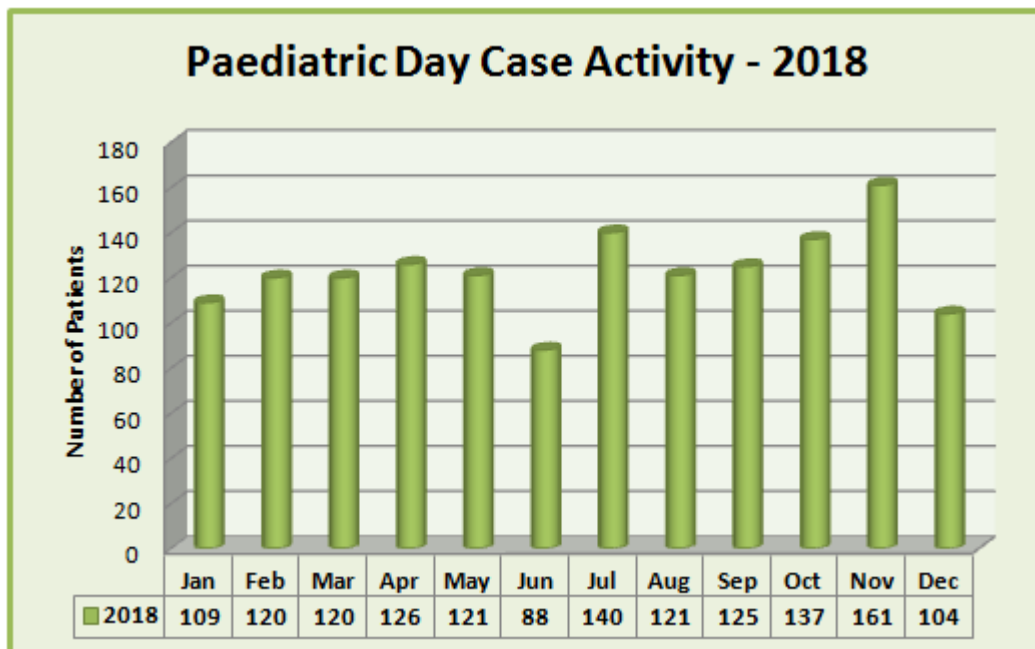
There are nine Consultant led General Paediatric and Specialty Outpatient Clinics held each week between the RHM, St. Joseph's Longford and the Early intervention service for Longford / Westmeath.

Activity

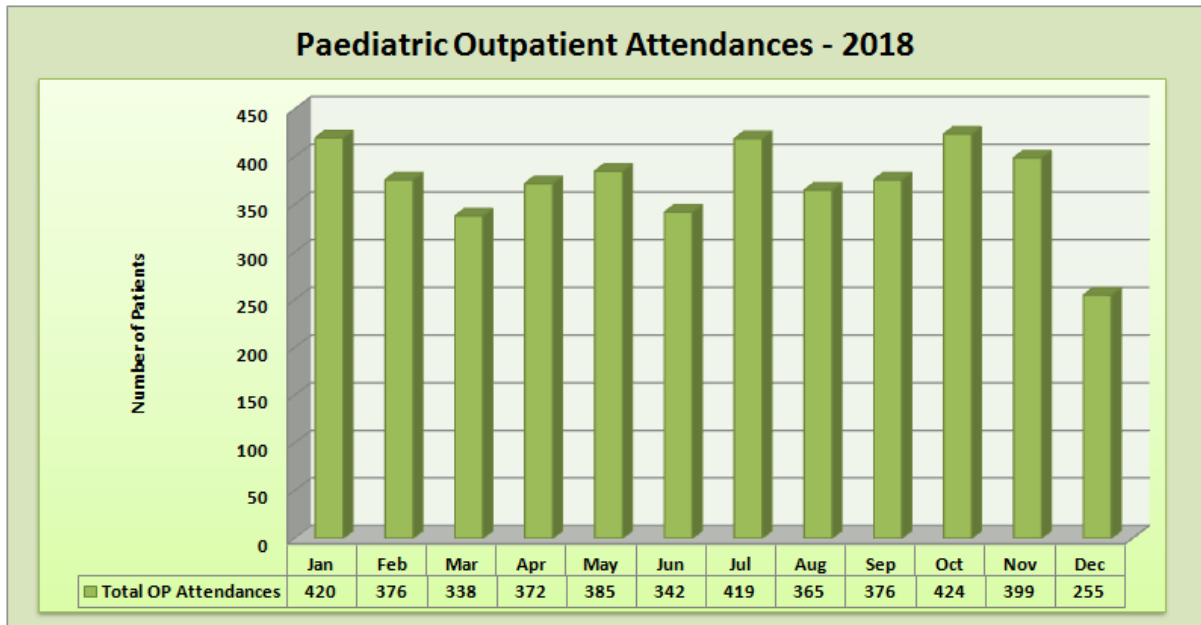
The following graphs detail the inpatient discharges, day cases and outpatient activity for 2018



Total 2018 Paediatric
Inpatient Discharges 1,566



Total 2018 Paediatric
Day Cases 1,472



2018 Paediatric Outpatient Attendances
 New 931 + Return 3,540
 Total 4,471

Development 2018

Minor capital funding was secured for upgrade works to the old Medical Assessment Unit on Level B to become a Paediatric Day Ward. This unit will be adjacent to the Paediatric Ward. Works to commence early 2019.

Staff Acknowledgements / Achievements / Appointments 2018

- ▶ **Prof. Michael O’Grady** was co-opted onto the steering committee of the Irish Network for Children’s Clinical research (in4kids.ie)
- ▶ **Dr Frances McCartan** was promoted to an Associate Specialist role in October 2018.
- ▶ **Prof. Sharif** was the recipient of **2018 RCSI Consultant Clinical** teaching award and she was an invited speaker and trainer at six “Train the Trainer” education days for the roll out of the Ages and Stages Questionnaire (ASQ- 3) nationally.
Prof. Sharif was an invited speaker for the Masters in Early Intervention programme, School of Education, Trinity College Dublin in August 2018. Invited speaker at the Irish Society of Community and Public Health Medicine (ISCPHM) Annual Scientific meeting in Dublin, October 2018
- ▶ **Dr Karina Forde**, Paediatric SpR won the overall prize at the second annual Regional Hospital Mullingar Research meeting held in December 2018. She secured the prize on behalf of the Paediatric Department for the second year running.

Objectives for 2019

- ▶ Restructuring of acute Paediatric service following appointment of additional temporary and permanent Consultants to develop a functional 6-Consultant model.
- ▶ To explore the development of a high-dependency unit (HDU) at ward level.
- ▶ To engage with colleagues in Primary Care to explore models to improve clinical pathways and reduce the referrals to the Paediatric Emergency Department. The department has experienced consistent increase in attendance in the past 2 years.
- ▶ Replacement of the Outreach nurse for Children with life-limiting conditions.

Publications

Another very productive year in terms of research and publications

Walsh NA, O'Dea MI, O'Grady MJ. The apparent low incidence of paediatric Type 2 diabetes in the Republic of Ireland is multifactorial. *Diabet Med.* 2018 Dec 15.

McCullum DC, Mason O, Codd MB, O'Grady MJ. Management of type 1 diabetes in primary schools in Ireland: a cross-sectional survey. *Ir J Med Sci.* 2018 Nov 28. doi: 10.1007/s11845-018-1942-7. [Epub ahead of print]

Shanahan KM, O'Grady MJ. Advances in Management of Neonatal Abstinence Syndrome: What's the score? *Ir Med J.* 2018 Aug 13;111(7):785.

Hurley SA, McCabe P, Torrance A, O'Grady MJ. Diabetes Knowledge and Attitudes among Special Needs Assistants: A Pilot Study. *Ir Med J.* 2018 May 10;111(5):763.

Power BD, O'Dea MI, O'Grady MJ. Donor human milk use in neonatal units: practice and opinions in the Republic of Ireland. *Ir J Med Sci.* 2018 Jul 24. doi: 10.1007/s11845-018-1873-3. [Epub ahead of print]

Butler G, Breatnach C, Harty S, Gavin P, O'Donnell C, O'Grady MJ. Future career intentions of higher specialist trainees in General Paediatrics. *Ir J Med Sci.* 2019 Feb;188(1):189-192. doi:10.1007/s11845-018-1799-9. Epub 2018 Mar 27.

Rai B, McCartan F, Kaninde A, Sharif F. Infants with head injuries-do all need hospital admission? *Ir J Med Sci.* 2018 Feb;187(1):141-143.

Presentations and Abstracts

Yusuf Z, Sharif F. Management of Children with Down Syndrome. Irish Paediatric Association Annual Scientific Meeting , Galway, December 2018

Photo of **Ms Margaret Moran**, CNM2 Paediatric Ward, **Ms Shona Schneemann**, General Manager receiving a donation of 11 planters for the Paediatric Ward Garden



Laboratory Department Report

The Department is managed by **Ms Fran Walsh, Laboratory Manager**, supported by Consultants, Medical Scientists, Laboratory and Support Staff

The Laboratory is fully accredited to **ISO 15189:2012 Medical testing standard** (Reg 195MT) assuring the quality of results are in compliance with high standards and National and international best practice. The Blood Transfusion and Haemovigilance departments also adhere to the EU Directives 2002/98/EC and 2005/61/EC, Statutory Instrument 360 (Quality and Safety of Human Blood and Blood Components) and 547 (Traceability Requirements and Notification of Serious Adverse Reactions and Events).

Mullingar Laboratory was awarded flexible scope in April 2017 for 4 out of 5 departments, becoming the third hospital in Ireland to achieve this status. The award of flexible scope means the accreditation body (INAB) has confidence in the laboratories quality systems and defined changes to methodologies can be implemented by the laboratory and retrospectively audited. The laboratory's scope of accreditation is updated annually.

The full scope of accreditation as of 10/07/2018 is available at the following link:

<https://www.inab.ie/Directory-of-Accredited-Bodies/Laboratory-Accreditation/Medical-Testing/>

The Laboratory also complies with National Standards for Safer Better Healthcare, 2012. All Infectious diseases are reported to public health and the Health Protection Surveillance Centre (HSPC) as per S.I. No. 707 of 2003 and S.I. No. 276 of 2016.

The Pathology Laboratory offers a wide range of diagnostic pathology tests to all hospital doctors and general practitioners in the Longford/Westmeath area and specialist services to the Laois/Offaly area. The list of Comprehensive Diagnostic services include:-

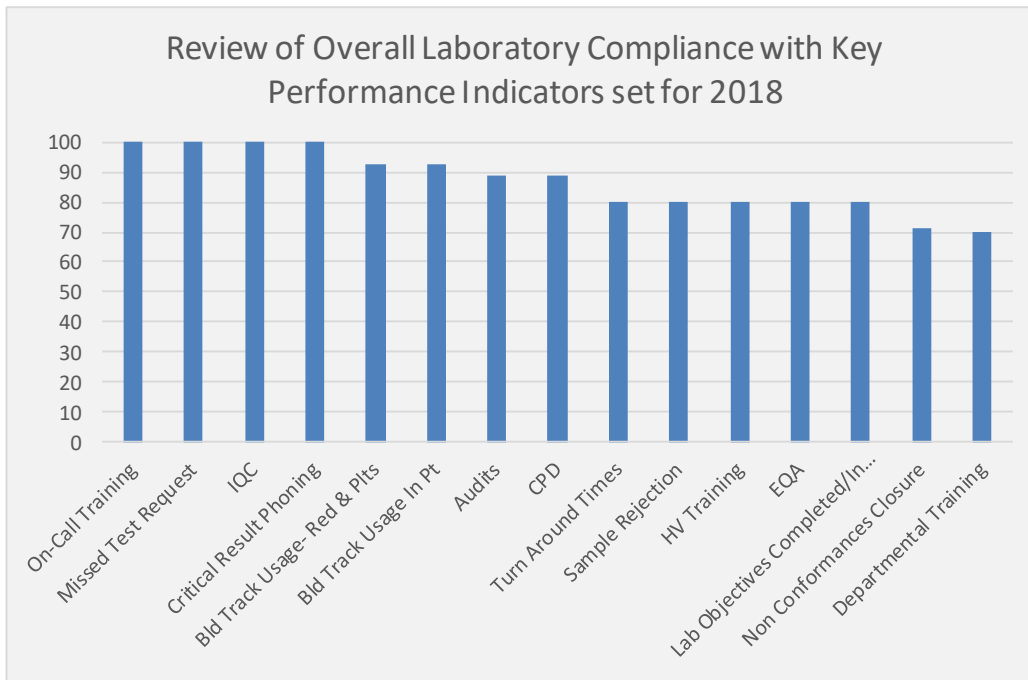
- ▶ Blood Transfusion (including Regional Antenatal Service)
- ▶ Clinical Chemistry (incorporating Biochemistry and Regional Endocrinology)
- ▶ Immunology (Regional Service)
- ▶ Haematology
- ▶ Microbiology (including Regional Mycology, Regional STI Screening and Regional Haemochromatosis Testing Service)
- ▶ Haemovigilance
- ▶ Community Point of Care Service and Hospital Point of Care for Blood Gases
- ▶ Consultant Advisory Service
- ▶ 24/7 Emergency out of hours on-call Service

The Laboratory supports the active training of student Medical Scientists from Galway Mayo Institute of Technology and Sligo Institute of Technology, providing them with practical skills and knowledge in addition to their academic studies. Laboratory is committed to providing a quality service, supporting its employees in the workplace and has a compliment of 57.5 staff. The role of the Medical Scientist is to ensure timely and accurate reporting of laboratory tests to aid Clinicians in the diagnosis, treatment and monitoring of patients as effectively and efficiently as possible.

Key Performance Indicators (KPIs):-

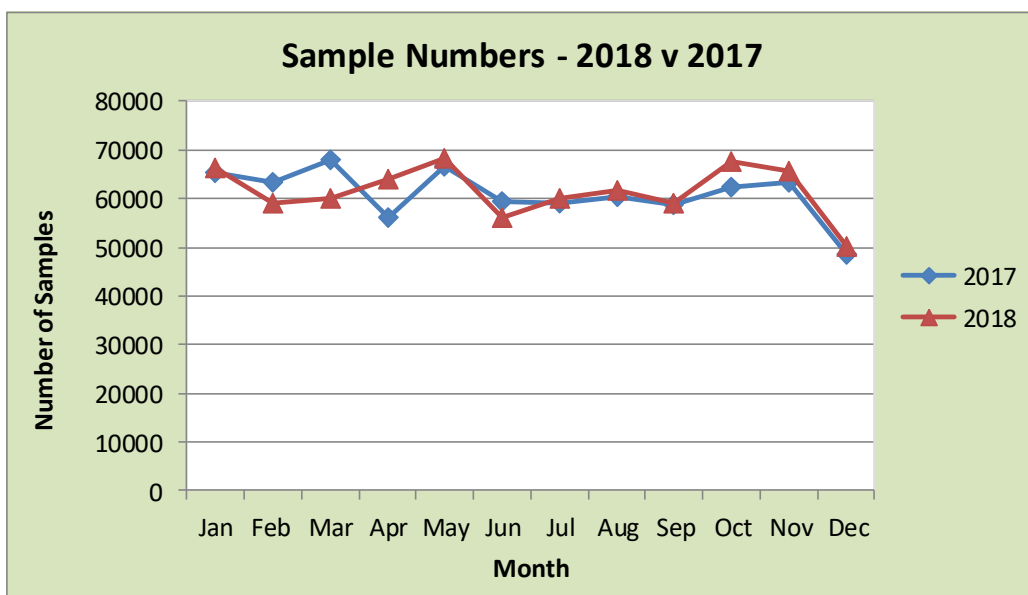
- ▶ **Sample Rejections** targets=<3.75% - Blood Transfusion<2% - Microbiology, <1% - All other departments
- ▶ **Turn Around Times**, 85% of samples to be within 5% of stated TAT
- ▶ **Lab Training**, 100% of staff to receive departmental re-training within 12-month period, 100% extended-day staff and on-call staff to received re-training within 12-month period CPD, 90% staff to attend 4 events within 12-month period and 80% staff to attend external event within 24-month period
- ▶ **HV Training**, 90% medical staff to attend induction, 95% of collectors to receive 2-yearly on-going training, 90% of nursing staff to receive training at least once, 55% of nursing staff to receive 2-yearly on-going training
- ▶ **EQA**, 92.5% of exercises to receive satisfactory/good results
- ▶ **IQC**, 100% adherence to departmental procedure e.g. no results issued post-failure, pre-failure results re-checked, amended reports issued as required, NC raised if appropriate
- ▶ **Audits**, 65% of scheduled audits to be performed within 1 month of schedule

- **Non Conformances**, 75% closed within 65 days
- **Blood Wastage**, <4.5% of units received
- **Lab objectives**, 80% completed or underway
- **Critical Result Phoning**, 90% to be phoned within 2 hours of result availability
- **Missed Test Requests**, <0.75% of total samples per department



Laboratory Activity for 2018 was as follows: -

The Pathology Laboratory RHM workload for 2018 was 5,107,224 million tests generated from 748,835 samples (average 6.8 tests per sample). This represents an overall increase of 5.5 % in testing in 2018 compared to 2017.



Key Projects 2018: -

- ▶ Maintained existing full ISO 15189 accreditation status for the laboratory
- ▶ Second Gene Expert acquired to give double the capacity for Influenza A/B and Respiratory Syncytial Virus and CPE by Molecular PCR method
- ▶ Award of Haematology Tender to Fannin, installation currently ongoing
- ▶ Completion of Blood Transfusion tender
- ▶ Demand management for B12 & Folate introduced for Westmeath GPs in Dec 2018

Quality Improvements 2018

- ▶ Winter initiative supported by Microbiology staff for extended period of time Nov to March 2019
- ▶ Revision of Lab Safety Manual, Quality Manual and Laboratory User Manual
- ▶ New more sensitive Latex agglutination test for Shigella
- ▶ New D-Dimer reagent with less interfering from heterophilic antibodies
- ▶ Lower reporting limit method introduced for PSA
- ▶ Restriction of external phone calls during busy worktime has led to increased productivity
- ▶ Involvement of laboratory in Energy Savings Big Switch off during the year
- ▶ Lab supported 2-week extension of AMAU unit in Jan 2019

Staff Acknowledgements/Achievements 2018

- ▶ The laboratory participated in two Hospital Rapid Improvement Events during 2018
- ▶ Award of second place for poster presentation to Colin Murtagh at Research Audit and Education day for Reducing Blood Contamination rates at Regional Hospital Mullingar
- ▶ Paul Crowley was promoted to Chief Medical Scientist Clinical Chemistry
- ▶ Tom Hesketh was promoted to temporary Senior Medical Scientist
- ▶ Colin Murtagh is currently undertaking his FRCpath part I in Clinical Microbiology and Virology
- ▶ Deirdre Noone and Shelly Anne Howe are undertaking an MSc in Biomedical Science at Coleraine
- ▶ Aidan O'Hara is currently undertaking an MSc in DIT/Trinity
- ▶ Carol Cantwell Chief in Blood Transfusion presented at the 2018 Blood Group Serology Conference in the UK and at the Serious Hazards of transfusion Conference also in the UK

Objectives for 2019

The following objectives have been identified for 2019:

- ▶ Maintain accreditation status for all departments
- ▶ Achieve flexible scope for Microbiology
- ▶ Maintain staff resources and increase staffing as required for new service provision
- ▶ Complete Haematology installation & validation with minimum disruption to service
- ▶ Complete Blood Transfusion installation & validation with minimum disruption to service
- ▶ Complete Clinical Chemistry installation & validation with minimum disruption to service
- ▶ Involvement in Governance of Hospital Point of Care (depending on resources given)
- ▶ Progression of National LIS for RHM
- ▶ Continue to demand manage requests in all departments where feasible.
- ▶ Issue Laboratory Newsletter in 2019
- ▶ Apply lean principles across the laboratory

Opportunities

- ▶ To future proof the Pathology service for the next 10 years if an additional 300sq meters open plan space can be obtained. In addition, this will allow for implementation of lean processes within the laboratory
- ▶ Demand management with the implementation of order comms as part of the National Medlis Project. The roll out of this project is ongoing but has been severely delayed

Challenges

- ▶ Statutory Requirement for all Medical Scientists to be registered with CORU from 31/03/2019
- ▶ Lack of fully qualified Medical Scientists Nationally, effects on manning oncall & early/late rosters. This coupled with delays with NRS in hiring staff is making the HR process very difficult
- ▶ 3 Major new tenders across 3 depts – new equipment all to be validated while maintaining a service to users

- ▶ Capital Funding required for Modular Build. A Modular Build is needed to the address capacity issues of Clinical Chemistry service and allow repatriation of tests.
- ▶ Requirement for the laboratory to be compliant with the following legislation:
 - (a) GDPR May 2018
 - (b) Termination of Pregnancy Act 2018, This legislation came into effect on the 1st January 2019
 - (c) Falsified Medicines Directive (Directive 2011/62/EU), This legislation came into effect on the 9th February 2019

Publications

- ▶ The Laboratory User Manual was revised in Oct 2018 - 16th Edition. A list of changes since last revision were listed after the table of contents.



**Laboratory
User Manual**
16th Edition, November 2018

Author	Editor	Reviewer	Approver

The Laboratory User Manual provides information on services provided, contact details, type of primary sample required, most appropriate use of Blood and Blood products and expected TAT/Frequency etc.

The manual is no longer printed, it is available on the intranet on the following site:

Intranet: http://hsenet.hse.ie/Intranet/Hospital_Staff_Hub/mullingar/Pathology_Services/Library_and_Documentation.html

Internet: <https://www.hse.ie/eng/services/list/3/acutehospitals/hospitals/regional-hospital-mullingar/our-services/>



Pharmacy Department

The Pharmacy department is managed by **Ms Joanne Moran** (Chief Pharmacist) and supported by Pharmacists including an Antimicrobial Pharmacist, Pharmacy Technicians and Multi-Task Attendants.

The Pharmacy team provides 22 wards and departments with a medication supply service from the dispensary. The pharmaceutical technicians provide ward(s)/department(s) with a top-up service of identified ward stock medication on designated days each week. A Dispensary Pharmacist is contactable via phone for all medication related enquiries.

The Pharmacy facilitates the Drugs and Therapeutics Committee and Medication Safety Committee meetings at the hospital. The Chief Pharmacist also attends the Resuscitation Committee, the Clinical Governance, Quality and Patient Safety Committee and other operational and directorate governance meetings as required.

The staff of the pharmacy also provide medication to the Primary, Community and Continuing Care facilities in Longford/Westmeath (CHO8). This includes Care-of-the Elderly facilities, Mental Health, 3 Ambulance Centres and out-of-hours services. A Pharmacist and Pharmaceutical Technician attend the satellite Pharmacy on the St. Loman's hospital campus three days a week, to supply medication to the service's users comprising of 86 inpatients and community services. This includes 60 outpatients prescribed with Clozapine – a hospital-only drug. Both Pharmacy Departments are registered with the Pharmaceutical Society of Ireland, under the requirements of the Pharmacy Act 2007.

The Pharmacy Department are also involved in the management and monitoring of drug expenditure and report on the following:

- ▶ Monthly reports on drug spend
- ▶ Monthly high-cost drugs report
- ▶ Generic substitution savings

Drugs and Therapeutics (D&T)

The D&T Committee has multidisciplinary representation including Consultants, Nursing, Pharmacy, and Management. Three meetings took place in 2018. The members of the DTC were delighted to welcome General Practitioner - **Dr Yvonne Dawson** onto the committee by way of GP representation. The DTC approved the introduction of 5 new drugs and a number of policies, procedures and guidelines including the introduction of Monover – as the iron preparation of choice in the treatment of iron deficiency in Medical, Surgical and Obstetric patients, with associated clinical guidelines on its use.

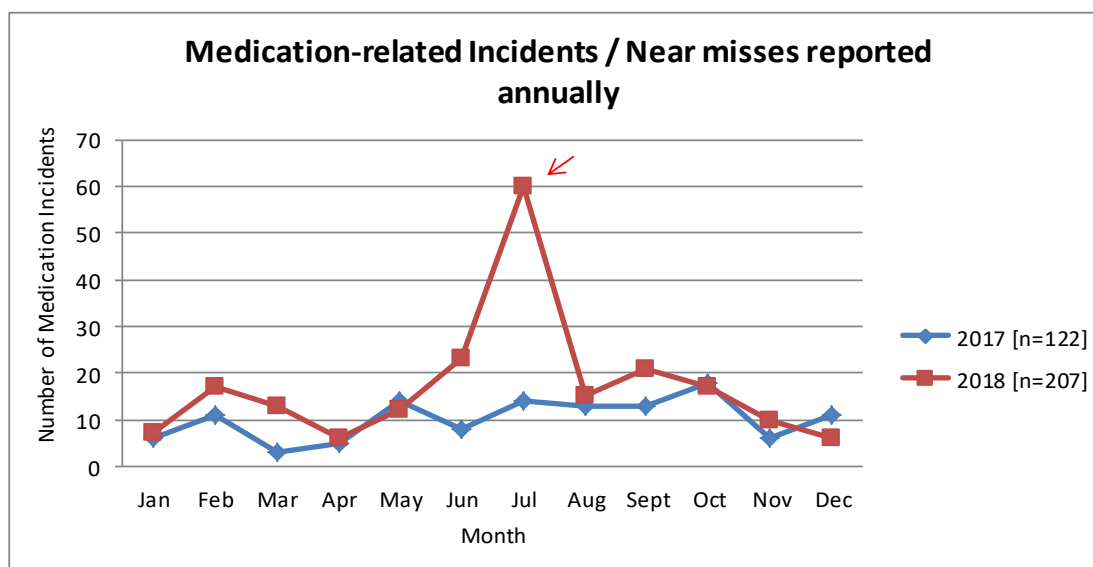
Medication Safety

Medication safety is a key focus for the hospital. Medication safety governance and monitoring includes the following:

- ▶ Quarterly Medication Safety Committee Meetings
- ▶ Quarterly meeting of Risk Manager, Chief Pharmacist and Senior Pharmacist to discuss medication incidents and near misses and identify incidents/ near misses to be discussed at Medication Safety Committee
- ▶ Monthly classification of reported medication incidents and near misses by APINCHS (class of drug) and NCCMERP (severity) rating, in addition to location.

Medical, Nursing and Pharmacy teams are encouraged to report on incidents and near miss incidents. Incidents are reviewed and trends monitored.

The graph below shows the medication-related incident and near-miss reports for 2017 and 2018:



Pharmacy has significantly invested in education, presentations and meetings with various stakeholders in the hospital in a bid to increase the number of medication incident and near misses reporting in 2018, compared to 2017. As a hospital we have been striving to improve our culture of reporting, in line with HIQA Medication Safety recommendations and the Clinical Indemnity Scheme. This was greatly assisted by the increased presence of Pharmacists on the wards during the summer months. Three simultaneous maternity leaves among the newly recruited Pharmacists meant that Clinical Pharmacy services failed to progress in the manner that was intended for the hospital. The impact Clinical Pharmacists had on medication related incident and near miss reporting is evident from graph above.

HIQA Medication Safety inspection took place in May 2018 and provided a valuable external assessment of medication safety at RHM.

Key medication safety developments in 2018 included:

- ▶ Continued implementation of RHM Medication Safety Strategy 2017-2022
- ▶ Continued implementation of RHM Medication Safety Operational Plan 2017-2018
- ▶ Development of Paediatric IV drug monographs and improved accessibility on the hospital's Shared Drive
- ▶ Development of neonatal IV drug monographs and improved accessibility on the hospital's Shared Drive
- ▶ Implementation of two Venous-Thromboembolism Risk Assessment Tools and dosing guidelines for Surgical and Medical In-patients
- ▶ Involvement of a Clinical Pharmacist as an integral part of the Mullingar Frailty Intervention Team – Rapid Improvement Event.
- ▶ Initiation of a Clinical Pharmacy service to Paediatrics.
- ▶ RHM Prescribing List of Medication at RHM was compiled and circulated.
- ▶ Development and circulation of medication learning notice on the following topics:
 - Proton Pump Inhibitors and Clopidogrel interaction
 - Aclasta® vs. Zometa®
 - Sodium valproate and risks in pregnancy
 - Hypoglycaemia due to pre-meal insulin administration
 - Paracetamol dosing
 - Innohep® vials not suitable in pregnancy
 - Nimodipine dosing
- ▶ Migration of Med Info Resources On-line Folder onto the Shared Drive and updating of guidance document to reflect this change and changes to the European Medicines Agency website.

- ▶ Development and circulation of RHM High Alert Medicines Policy and Poster
- ▶ Development of an antiplatelet agents' poster for Ward 4 / ARC / AMAU.
- ▶ Antimicrobial Pocket Guide updated to 5th version in January 2018
- ▶ Gentamicin Policy updated in January 2018.
- ▶ IV Antibiotic Administration Guidelines updated in September 2018 to include Tigecycline and Ertapenem.
- ▶ Guideline for Prescribing Restricted Antimicrobials by NCHD's approved in September 2018, where consultation with Microbiology is required prior to prescribing: Meropenem, Ceftazidime, Linezolid (PO/IV), Caspofungin (Ambisome®), Tigecycline and Ertapenem.
- ▶ Update to Antimicrobial Treatment of Maternal Infections including Sepsis (2018 – 2020) version 2.0, to include Pneumonia/CAP, tonsillitis, sinusitis and bacterial meningitis.

Antimicrobial Stewardship

Reducing antimicrobial consumption is a key objective of any antimicrobial stewardship programme. An indicator of overall antibiotic use, measured in defined daily doses (DDDs) per bed days used (BDU). The objectives of the Antimicrobial stewardship programme are as follows:

- ▶ To facilitate direct prescriber feedback by way of ward rounds
- ▶ Optimise antimicrobial treatment, improve prescribing practices, and reduce inappropriate use of antibiotics.
- ▶ Provide education and training via oral presentations and other means, thereby increasing awareness of antimicrobial stewardship and improving prescribing practices.

Antimicrobial Consumption

Carbapenem Prescribing/Use: Following significant increase in meropenem prescribing in Q4 2017 and Q1 2018 (2-fold increase). This usage was also escalated to the Medical Board and the Drugs and Therapeutics Committee. Agreement reached to monitor prescribing and consumption for 3 months and discuss further at that point and a monthly report of Carbapenems prescribing was undertaken from May 2018 and sent to clinical director and clinical leads. Antibiotic Awareness update circulated, grand rounds presentation re: CPE and Carbapenems April 2018. Consumption reduced in months following above actions.

Antimicrobial Stewardship Interventions

1-2 antimicrobial stewardship rounds per medical/surgical ward per week. Medical wards: usually 3-4 stewardship interventions; surgical ward, typically 10 stewardship interventions per round. Stewardship rounds of maternity wards on an ad hoc basis. Interventions were categorized as follows: IV to oral switch; duration of therapy; choice of agent; dose optimization; drug interaction; other. Interventions and outcomes were continuously measured for 18 months (2016-mid 2017) after which point it was agreed that intermittent measurement/sampling would be acceptable. July 2018 audit (61 stewardship interventions) found 86% rate of implementation.

Education and Training

Throughout 2018, the following education and training was provided by Pharmacy staff:

- NCHD Induction sessions
- Pharmacy played a key role in the co-ordination of the Hospital Lunch and Learn Quality Improvement Sessions in Spring 2018
- Grand Round topics included Antimicrobial Stewardship such as Carbapenems and CPE, De-escalation and oral options (19/4/18 and 11/10/18) and Medical VTE Audit and Prophylaxis Protocol Presentation (1/2/18), and Anticoagulants, VTE Prophylaxis and Direct Oral Anticoagulants (DOAC's) (13/9/18), Valproate (Epilim®) Pregnancy Prevention Programme (15/11/18)
- A number of lunchtime Pharmacy Presentations occurred in 2018 and covered topics such as Medication Safety, Polypharmacy in Older Persons, Anaphylaxis and Antimicrobial Stewardship,
- Oral and poster presentations at Research Audit and Education Day RHM 12/12/2018 were conducted by Dearbhla O'Sullivan: 'Antibiotic of the Month – Xtra, Xtra, Read All About It' and Claire Browne: 'Follow the star A low-tech solution to increase awareness and accessibility of medicines information resources at ward level'

Audits

The following audits were undertaken in 2018:

- ▶ Storage and usage of IV potassium at ward / department level (including subsequent re-audit to ensure on-going compliance)
- ▶ Delayed / omitted doses of medicines due to lack of availability at ward level
- ▶ Venous Thromboembolism prophylaxis in medical and surgical inpatients
- ▶ Management of Patients Own Medicines in RHM

Pharmacy Department Objectives 2019

Immediate priorities for 2019 include:

- ▶ Improvement in Pharmacist Staffing Levels

Medication Safety

- ▶ Appointment of a Medication Safety Pharmacist
- ▶ Continued implementation of RHM Medication Safety Operational Plan
- ▶ Implementation of HIQA Recommendations as outline in Medication Safety Report for RHM May 2018 including:
 - Development of policies, procedures and guidelines to support relevant clinical staff in the safe prescribing and administration of medication at ward level
 - Implementation and maintenance of robust medication safety systems across the hospital
 - Assist in the improved identification, reporting and management of risks associated with medication use.

Clinical Pharmacy

- ▶ Appointment and retention of Pharmacists in an effort to develop and implement a clinical pharmacy service across high risk areas and populations.

Dispensary

- ▶ Maintain registration of the pharmacy premises in line with the Pharmaceutical Society of Ireland and legislation
- ▶ Utilisation of 3 qualified accredited checking Technicians in the dispensary.
- ▶ Utilisation of 2 Pharmacy Multi-Task Attendants has resulted in faster delivery times of dispensed medication from pharmacy to wards and departments at RHM.
- ▶ Continue with demand management in all our services
- ▶ Acquisition of additional space is essential to maintain expand services in accordance with legal and ethical requirements.

Antimicrobial Stewardship

- ▶ To further reduce antimicrobial consumption by 2%.
- ▶ To improve antimicrobial prescribing practices through regular antimicrobial stewardship rounds and direct prescriber feedback.
- ▶ To reduce the use of inappropriate or combinations of certain antimicrobials through education and direct feedback.
- ▶ To continue to audit antimicrobial prescribing, the treatment of infections, and therapeutic drug monitoring, and relay results to relevant stakeholders.
- ▶ To continue to provide education and training to colleagues through oral presentations, written communication, and other initiatives.
- ▶ To increase awareness of the importance of antimicrobial stewardship by fostering excellent working relationships with medical and nursing colleagues.
- ▶ To actively participate in the hospital's efforts to reduce the risk of CPE by closely monitoring and reducing the use of carbapenems, and working with Clinical Microbiology and other members of the HCAI committee to that end.

Opportunities and plans for 2019

- ▶ Continue to work on promoting a culture of medication safety at RHM.
- ▶ To increase communication pathways with frontline healthcare professionals in particular nursing and midwifery staff.
- ▶ To build on the co-operation and collaboration of the last year with our pharmacy colleagues within the Ireland East Hospital Group, in an effort to adopt and adapt clinical policies and guidelines.
- ▶ Continued effective management of drug shortages.
- ▶ Implementation of the Falsified Medicines Directive – 2011/161/EU Regulation 9th March 2019
- ▶ Manage the future of European medicines regulation post-Brexit

Acknowledgements 2018

To all pharmacy staff for their continued commitment and co-operation in providing and maintaining pharmacy safe supply services particularly during periods of reduced staffing and continuity of medication supply challenges. The Pharmacy Department operated at 50% reduced Pharmacist capacity for the majority of 2018.

Staff Achievements 2018

Awards

Claire Browne – Senior Pharmacist who was part of the Regional Hospital Mullingar Frailty Intervention Team (MFIT) who won a Health Service Excellence Award in the “Improving Patient Experience” Category and the Popular Choice Award – Health Service Excellence Awards 2018

Patrick O’Brien – Pharmacist who as part of the Mullingar Frailty Intervention Team awarded Midlands Louth Meath Community Healthcare Organisation ‘Making a Difference’ Staff Awards

Elva Pierce and Aisling Scollan (Pharmaceutical Technicians) were awarded a Certificate of Completion as an Accredited Checking Pharmacy Technician with Buttercups Training, a programme accredited by the Royal Pharmaceutical Society of Great Britain.

Claire Browne (Senior Pharmacist) completed the RCSI Professional Diploma in Clinical Leadership course. This included development of a business case to ‘Improve Medication Safety Culture in an Acute Hospital’.

Poster Presentations

Posters accepted for exhibition at Hospital Pharmacists’ Association of Ireland Conference, Dublin, April 2018

Claire Browne: ‘Follow the star - A low-tech solution to increase awareness and accessibility of medicines information resources at ward level.’

Dearbhla O’Sullivan: ‘Antibiotic of the Month – Xtra, Xtra, Read All About It’

Oral and poster presentations at Research Audit and Education Day RHM 12/12/2018:

- ▶ **Dearbhla O’Sullivan:** ‘Antibiotic of the Month - Xtra Xtra, Read All About It’
- ▶ **Claire Browne:** ‘Follow the star A low-tech solution to increase awareness and accessibility of medicines information resources at ward level’

OPERATIONS & CLINICAL SERVICES REPORT

Operations and Clinical Services are managed by **Ms Kay Slevin, Operations & Clinical Services Manager** and includes responsibility for the day to day operational management of the hospital, business performance and improvement together with clinical and business services management. The Operations & Clinical Services Manager works closely with the General Manager, Clinical Director & Senior Managers, Medical & Nursing teams, Bed Management, Business Managers, Patient Services Manager and Allied Health teams to assist in the efficient & effective operational management of patient services. A number of quality improvement initiatives have been implemented to achieve more efficient workflows, ultimately improving the patients journey and quality of the service provided at RHMpatient journey.

The Operations & Clinical Services reports are outlined under the following departments

- ▶ Integrated Patient Management System (IPMS)
- ▶ Health and Social Care Departments
- ▶ Patient Services Department
- ▶ Performance & Data Analysis (Report covered under Corporate section)

Integrated Patient Management System (IPMS)

IPMS is the IT information system supporting day-to-day operations and is used to record all activity including referrals, waiting lists, admissions, outpatient appointment/attendances, emergency department attendances, transfers/discharges and billing. IPMS System Admin work closely with IPMS System Admin in Tullamore and Portlaoise through the Regional IPMS Cross Site Group to plan developments and co-ordinate the management of IPMS across the Midlands Region.

Ms Brid Shields and **Ms Vanessa O'Hara**, IPMS System Admin manage the IPMS Helpdesk, train and set up new staff, develop training material, clinic set up and restructuring and manage data quality through regular audit. During 2018 IPMS reports were reviewed and a suite of reports have been developed to support day to day operational performance. To support the planned implementation of Medlis, detailed system testing has been completed.

Achievements in 2018 include the following:

- ▶ Daily monitoring and resolution of 960 IPMS Helpdesk Logged Calls
- ▶ Implementation of IPMS V5 Upgrade
- ▶ Local Implementation Group formed to plan the implement IPMS Bed Management
- ▶ Integrated System Testing for IPMS Bed Management
- ▶ IPMS Bed Management Module Staff Presentation
- ▶ Completion of regional and internal Patient Chart Merges
- ▶ Medlis Project Testing and Wrist Band Printing
- ▶ Data Quality Audits – monthly
- ▶ IPMS Training provided to all new staff
- ▶ Review and development of the suite of IPMS Reports

Development Plans 2019

The following developments are planned for 2019:

- ▶ Implementation of IPMS Bed Management Module
- ▶ Continued provision of support to all staff to resolve of IPMS issues
- ▶ Data Quality Audits

Hospital GP Liaison Group

The hospital has continued to work with GP colleagues in the Longford/Westmeath area to enhance and develop an integrated and informative approach in the delivery of services. A number of clinical presentations have been facilitated. This forum provides an opportunity to share hospital performance data, hospital developments and patient pathways with local GPs. It also provides opportunity to obtain feedback and input into service delivery.

During 2018 this forum provided a platform for the implementation of many quality improvement initiatives and in particular the streaming of patients to the AMAU which was commenced as a pilot with a managed approach to the provision of direct GP access to the AMAU service. Positive feedback has been received from our GP colleagues in this regard.

Health and Social Care Departments

The following section provides an overview of the Allied Health Services provided by the Health and Social Care Professionals and their teams. There is currently no social work service in the hospital.

Reports are summarised under the following headings

- ▶ Nutrition and Dietetics
- ▶ Occupational Therapy
- ▶ Physiotherapy
- ▶ Speech and Language Therapy

Nutrition and Dietetics Report

The Nutrition and Dietetics department is managed by **Ms Grainne Flanagan** Dietitian Manager, supported by a team of dietitians.

The nutrition and dietetic team provide In-patient clinical services to adults and paediatrics in the following departments

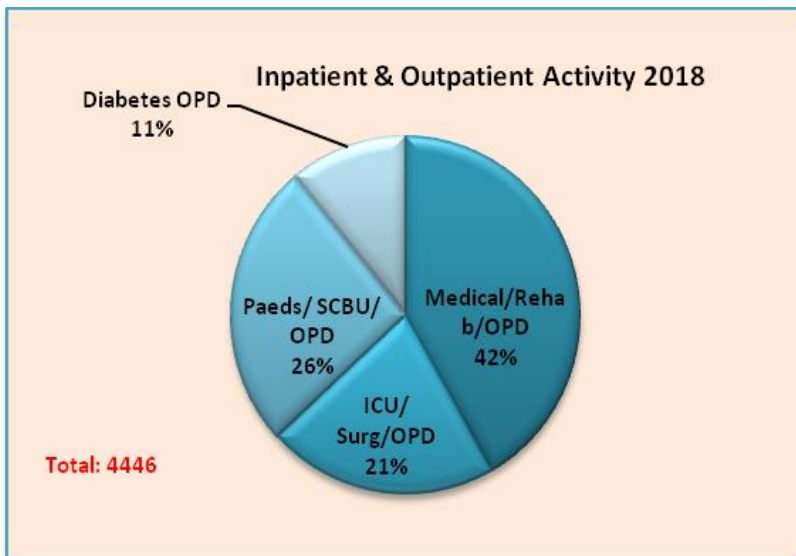
- ▶ Medical wards
- ▶ Surgical ward
- ▶ ICU
- ▶ Paediatrics
- ▶ SCBU
- ▶ Diabetes services incl Young Adults clinics/ Teen clinics
- ▶ Rehab unit St. Marys'
- ▶ Obstetrics and Gynaecology

Dietetic services also provide the following:

- ▶ Weekly Group Education programmes to Gestational Diabetes and Cardiac Rehab programmes.
- ▶ Adult Outpatient services: 2 weekly clinics for nutritional support and gastroenterology
- ▶ Paediatric Outpatient clinics: 3 weekly clinics for food allergy, faltering growth, pre-term nutrition, diabetes.
- ▶ Registered DAFNE programmes on an annual basis for type 1 diabetes clients.
- ▶ Education & training for hospital staff : nursing/ medical/ catering/ support services.
- ▶ Training site for 2 UCD MSc Dietetic students annually.

Activity in 2018:

A total of 4446 inpatient and outpatient contacts were provided for adult and paediatric services.



Quality Patient care

- ▶ RIE Project group member on the MFIT team - HSE Excellence award/ People's Choice award
- ▶ Education delivered to student nurses on Nutritional Screening & Malnutrition
- ▶ Management of Home Parenteral Nutrition patient
- ▶ Provision of a low FODMAP service for IBS patients
- ▶ Integrated Dietetic Paediatric Allergy Pathway developed by RHM & Community services

Nutrition Committees:

- ▶ Facilitated 'Nutrition Steering Committee' meetings and 'Nutrition Working group' meetings implementing HIQA Nutrition & Hydration standards across the hospital for Adult services
- ▶ Facilitated 'Clinical Nutrition Working group' to address Enteral & Parental nutrition where 3 Policies were developed.
- ▶ Input into National Critical Care Program Nutrition Support Parenteral Nutrition section
- ▶ Member of ICU Governance & Paediatric Governance groups

Training and Education in 2018

- ▶ Training provided to Support services staff on Nutrition
- ▶ Education provided to ICU staff on Management of Gastric Aspirates policy
- ▶ 3 Grand Rounds provided: Education on the appropriate use of PN; Malnutrition; Low FODMAP diet
- ▶ 1 staff member trained as DAFNE Educator
- ▶ 2 DAFNE programmes (2 x 1 weeks) run
- ▶ Development of the Diabetes Video-scribe for OPD dept
- ▶ Hypo awareness week
- ▶ Education update to the consultant, NCHD and GP training scheme doctors on Food Allergy in paediatrics

Policies developed

- ▶ Out of hours TPN guideline
- ▶ Out of hours NG feeding guideline
- ▶ Management of TPN
- ▶ Vitamin & Mineral supplementation in SCBU
- ▶ Management of Gastric Aspirates Protocol
- ▶ Nasal Bridle policy

Audits completed:

- ▶ 2 MST/'MUST' Nutrition Screening audits carried out
- ▶ 1 Assistance with Meals audit
- ▶ 1 Cardiac Rehab audit
- ▶ 2 Oral Hydration audits

2nd place Research Award for poster presentation at Research and Audit Education Day Regional Hospital Mullingar

Objectives for 2019

- ▶ Recruit 2 replacement staff
- ▶ Continue to Implement and consolidate HIQA Nutrition & Hydration standards
- ▶ Implement the 2018 National Nutrition & Hydration standards
- ▶ Develop 3 further policies:
 - ▶ Oral Nutritional supplements policy/ Enteral feeding guideline for Paediatric service/ Nutrition & Oral Hydration policy Adult TPN policy
- ▶ Further work on the National Critical Care Program PN section to incorporate new ESPEN guidelines
- ▶ Roll out MST Nutrition Screening tool on wards
- ▶ Participate in providing practice placement training to 2 UCD Postgraduate MSc Dietetic students
- ▶ Provide Nutrition Education to catering & support services staff
- ▶ Develop an integrated Pathway of Care for frail patients attending ED/ AMAU with the community service
- ▶ Team member of RIE Diabetes project
- ▶ ICU education sessions/updates for staff
- ▶ ICU audit on Gastric Aspirate protocol
- ▶ Develop & facilitate DAFNE Refresher course 26th +27th February with 50 pts each day
- ▶ Facilitate 2x DAFNE programmes April & September
- ▶ Facilitate 2 X DAFNE Reviews October 2019
- ▶ Facilitate Diabetes Awareness DAY/ Diabetes Education for staff at RHM

Physiotherapy Report

The Physiotherapy service is managed by **Ms Mary Wallace** Physiotherapy Manager, supported by a team of physiotherapists and support staff. The Physiotherapy service includes both in-patient and out-patient services.

Inpatient Services are provided to the following speciality areas:

- ▶ Intensive Care Unit
- ▶ Medical wards including respiratory, rehabilitation and falls prevention
- ▶ Surgical wards
- ▶ Stroke unit
- ▶ Paediatric unit and neonates
- ▶ Maternity - routine post-natal and LSCS, management of obstetric anal sphincter injury
- ▶ Ante-natal e.g. admissions with PGP
- ▶ Gynaecology
- ▶ Cardiovascular including cardiac rehabilitation phases 1-1V
- ▶ Ward 4 and AMAU/MAU on a referral basis

Outpatient Services are provided to people from Mullingar and surrounds referred for physiotherapy for episodic conditions including

- ▶ Orthopaedic
- ▶ Musculoskeletal
- ▶ Women's health including management of PGP, bladder and/or bowel dysfunction
- ▶ Paediatric (child health)
- ▶ Respiratory

- ▶ COPD outreach programme, including Pulmonary Rehabilitation at sites in Mullingar, Athlone & Longford
- ▶ Ante natal classes – day time and evening
- ▶ Falls prevention classes
- ▶ Cardiac rehabilitation – including Phase IV evening classes
- ▶ Men's health

Referral sources include GPs, Consultants, PHNs, other physiotherapists and AHPs, self-referral and consultants from tertiary centres. The department also provides a service to staff to facilitate return-to-work. Referrals are also received from occupational health.

The Physiotherapy Department is also a teaching site for Undergraduate Physiotherapy students from UCD & TCD.

Activity 2018

Out-patient Service: 3,372 new patients were seen. Total patients contacts were 11,571.

In-patient Services: 4,890 patients were seen across all specialties, receiving a total of 11,890 contacts.

Achievements 2018

Developments and achievements include the following:

- ▶ Senior Physiotherapist was the Team Lead for the Frailty Rapid Improvement Event and Mullingar's Frailty Intervention Team (MFIT) which has won HSE Excellence Awards in the categories Improving Patient Experience and Popular Choice, and Midlands Louth & Meath CHO Award in Service Integration. Results of the RIE were presented by a physiotherapist at the following conferences:
 - 'Framing Frailty: A Step Towards Positive Aging'
 - 'Shifting the Curve in Frailty: Integrating Services for Older People'
 - 'The Future now: New Ways of Working by HSCPs in Unscheduled Care Services'
- ▶ The Health Promotion Booklet 'A Guide to Managing your Weight' was co-designed by Physiotherapy and Dietetics. This booklet was launched nationally and is now available for free download on the IEHG website. A number of other hospitals are now using this as a resource.

Education, Training & Research

- ▶ Senior Physiotherapist is a member of the IEHG/CHO Older Person Forum and presented information on Comprehensive Geriatric Assessments at their inaugural meeting.
- ▶ Staff completed National Frailty Education Facilitators Programme by the National Clinical Programme for Older People.
- ▶ Provided Frailty & Falls Prevention information to GPs, CNMs, NCHDs, Emergency Department Staff and HSCPs.
- ▶ Senior Physiotherapist represents physiotherapy on the Hospital Person Centred Care implementation group and The Shared Decision Making group. Through this link, a new group was established in 2018 to develop a culture of person centred care in the Physiotherapy department.
- ▶ A member of the physiotherapy department had research published in the Archives of Physical Medicine and Rehabilitation in 2018.
- ▶ Senior Physiotherapist in Women's Health and local GP Dr. A. Butler were invited to present at National Continence Foundation of Ireland study day Sept. 2018 on 'Management pathway for Pessaries in Primary Care'. Senior Physiotherapist continues to work with local GP's in developing education and support links with regard to management of pelvic organ prolapse and pessary management in primary Care.
- ▶ Antenatal education classes and patient education leaflets were reviewed and updated in conjunction with Parent craft midwife.

Service Improvement & Audit

- ▶ Physiotherapy staff involved in 'Front Door Streaming' VSA.
- ▶ An audit of exercise compliance in cardiac rehab was conducted by physiotherapy staff member and recommendations were made to improve the same. A poster presentation outlining the results of this audit won first place in the Mullingar Hospital Poster Competition.
- ▶ An audit to assess compliance with the Irish guidelines for the administration of oxygen therapy in an acute clinical setting was conducted by a member of the physiotherapy department. Through this audit, a number of recommendations were suggested and successfully implemented.
- ▶ Senior Physiotherapist was instrumental in the development/update of hospital PPG MHOGO28 "Examination of hips of the new-born" along with other members of the Paediatric MDT.
- ▶ The Physiotherapy department organised and hosted a vestibular rehabilitation course which received very good feedback.
- ▶ Physiotherapy staff member played a key role in helping to implement The Surgical Co-Lead Programme. This programme was set up to improve communication on the surgical ward and was developed following research conducted by UCD.
- ▶ A new chart audit tool was developed by physiotherapy staff and implemented in December 2018. This tool measured our compliance with professional and legal standards of record keeping and results were positive.
- ▶ Senior Physiotherapist WH was the National Physiotherapy representative to the HSE Nurture Programme and liaised with GP Fiona Maguire (SMO Public Health) and team in developing new Antenatal booklet/Standards.
- ▶ COPD Outreach team – Senior Physiotherapist and CNS - commenced roll-out of COPD Bundles in ED and were also involved in the National COPD improvement collaborate programme, co-ordinated by the RCPI.

Objectives for 2019

- ▶ Maintain existing level of service where all new referrals for in-patient service are seen within 24 hours of receipt of referral and all priority out-patients receive a 1st appointment within 3 weeks of referrals
- ▶ Ensure all mandatory training is completed
- ▶ Standardise staff PDP/supervision

Opportunities and Development Plans 2019

Women's Health & Continence

- ▶ Continue to explore quality initiatives and development of multi-disciplinary Gynaecology and Colorectal clinics with Consultants in RHM and triage patients directly from the waiting list to physiotherapy with Consultant approval.
- ▶ Continue to develop education and links to local GP's interested in fitting pessaries in primary care. Senior Physiotherapist recently undertook advanced training in pessary management with Local GP Dr. A. Butler. Advocate for provision of a wider range of silicone pessaries in RHM for management of pelvic organ prolapsed and for introduction of self-management of ring pessaries, within gynaecology service and physiotherapist's scope to assess for and fit vaginal pessaries with Consultant supervision in RHM. Liaise with infection control nurse re-same.
- ▶ Undertake quality initiative and audit of the out-patient gynaecology waiting list to develop improved patient flow, in conjunction with the Clinical Audit department.
- ▶ Investigate the potential to develop an advanced antenatal screening pathway for women at risk of pelvic floor dysfunction and reduce risk of obstetric pelvic floor trauma. Senior Physiotherapist in WH liaising with Dr. Myra Fitzpatrick, in Perineal Clinic Holles Street, to highlight risk factors and OASIS and develop antenatal screening pathway with physiotherapy and midwifery.
- ▶ Due to the increasing complexity and number of patients both male and female attending our specialist Women's health physiotherapy service, the challenge is to manage our waiting lists within current staffing.
- ▶ Consider changing the scope of the Women's Health and Continence service to a more general Pelvic Health and Rehabilitation service, due increasing number of men and children being referred into our service.

In-patient/Wards Service

- ▶ Following on from 2018 audit of current use of oxygen in RHM, the Physiotherapy team will provide education sessions for staff in relation to the correct procedure for oxygen prescription and use in line with National guidelines.
- ▶ Review of current in-patient documentation, including assessment form and patient hand-outs.
- ▶ Continued involvement in current RIEs as relevant to Physiotherapy
- ▶ Continued Physiotherapy staff input to Person Centred Care.
- ▶ 0.5 WTE Physiotherapist for Stroke continues to pose an on-going challenge in meeting national guidelines on provision of therapy to this client group.
- ▶ 1 WTE Senior Physiotherapist COPD outreach programme/Pulmonary Outreach will pose significant challenge to development of oxygen assessment clinic.

Out-patient Service

- ▶ Standard process for completing chart audits.
- ▶ Undertake a review of waiting list management and referral prioritisation.
- ▶ Develop an information leaflet for patients attending the out-patient department.
- ▶ Review current Falls Prevention Programme.
- ▶ Review changes to provision of ante-natal classes.
- ▶ Look at options for completing a patient experience survey for the out-patient service.
- ▶ Continued linkages with other out-patient Physiotherapy departments in Longford Westmeath re service improvement and quality initiatives.

General

- ▶ The Physiotherapy Service will continue to support and participate in RIEs and Quality Improvement Initiatives in RHM.

Staff Achievements 2019

- ▶ **Ms Noeleen Bourke**, Senior Physiotherapist was Team Lead for the Frailty Rapid Improvement Event and Mullingar's Frailty Intervention Team (MFIT) which won 2018 HSE Excellence Awards in the categories Improving Patient Experience and Popular Choice, and Midlands Louth & Meath CHO Award for Service Integration.
- ▶ **Ms Emer Gunning**, Physiotherapist, won 1st prize for her poster presentation at the Research and Clinical Audit Day in December.

Occupational Therapy Report

The Occupational Therapy department continues to provide high quality, safe and equitable service to inpatients of the hospital to enable patients to achieve their optimum level of independence in everyday activities.

The OT department is managed by **Mr Gavin Von Mollendorff** (manager across Hospital and Primary Care OT service Longford/Westmeath). Inpatient Occupational Therapy services are provided currently by 2.5wte Senior Staff and 3wte Staff Grades with support from 0.8wte Multi-task attendant and 0.4wte clerical staff.

The Occupational Therapy (OT) department are currently responsible for the assessment and provision of posture and positioning devices for inpatient use across all wards. The OT department have been working closely with business managers across medicine and surgical division to prioritise seating for inpatients, particularly those who are acutely unwell to have 24/7 access to seating systems on wards. The OT department has a key role in facilitating discharges from the inpatient setting. The team endeavour to achieve this by utilising 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, thus ensuring all our practices are evidenced based.

Activity 2018

Inpatient service is provided to Medical 1/2/3, Ward 4, Acute Stroke Unit, Surgical 1 and Intensive care unit. Average new referrals received = 123 (increase from 99 in 2017)

Developments & Achievements 2018

Developments and achievements include the following:

- ▶ **Staffing:** Filling of two long term staff vacancies from the NRS.
- ▶ **RIE projects:** Occupational Therapy staff participated in hospital RIE project on Frailty.
- ▶ **Stroke:** Senior Occupational Therapist commenced recording of HSCP Stroke data onto HIPE portal.
- ▶ **PPPG's:** Senior Occupational Therapists completed PPPG's to guide the OT process in service provision which are based on national and international best practice standards.
- ▶ **Health and Safety:** Occupational Therapy department participated and successfully achieved required objectives of the HSE Health and Safety audit.
- ▶ **Undergraduate training:** Facilitation of 3 undergraduate student placements during 2018.
- ▶ **Training course:** **Fiona McKnight** (Staff grade Occupational Therapist) completed Pathways to wellness trainer course.
- ▶ **Equipment:** A programme of repair and replacement work commenced.

Staff acknowledgements

The Occupational Therapy Team welcomed **Pamela Aherne** (Staff Grade Occupational Therapist) and **Genevieve Casey** (Senior Occupational Therapist) who joined in 2018.

Objectives for 2019

- ▶ Increase role of Occupational Therapy service in Regional Hospital Mullingar.
- ▶ Development of Stroke service in line with international best practice guidelines
- ▶ Development of rehabilitation post within Occupational Therapy service.
- ▶ OT service to have fulltime long term commitment to Frailty service.
- ▶ Continue working with business managers across medical and surgical division to purchase comfort seating particularly for areas with acutely unwell patients or those with acute/ long term respiratory conditions.

Speech and Language Report (SLT)

The Speech & Language Therapy (SLT) service at the Regional Hospital Mullingar (RHM) is delivered by a team of 3 Senior Speech and Language Therapists and is managed by **Ms Betty Kelly SLT Manager** (Community and acute SLT Services).

The SLT service currently provides an acute service to adult inpatients referred with swallowing and communication impairments. The SLT service is provided to all adult inpatients across the hospital including:

- ▶ Medical 1, Medical 2, Medical 3, Stroke Unit, Surgical 1, ICU, AMAU/ARC, Ward 4, Emergency Dept and Frailty Intervention Team (M-FIT) referrals.
- ▶ Radiology – video fluoroscopy clinic for inpatients and outpatients in the Longford/Westmeath catchment area

The SLT service also provides:

- ▶ Regular training/CPD to catering, multitask and nursing staff
- ▶ Training to Medical Teams in Grand Rounds and Journal Club
- ▶ Stroke Swallow Screening Training to meet the National Stroke KPIs
- ▶ Input to all Stroke related training including Stroke training for Ward Staff, the Stroke Rehabilitation groups, the Stroke education programme and the National Stroke Audit
- ▶ Weekly input to the Acute Medicine MDT, Stroke MDT and Tracheostomy MDT Ward Round
- ▶ Attendance at meetings including Stroke quarterly meetings, the Nutrition & Hydration Steering Committee, Communication Steering Group, Radiation Safety Committee meetings
- ▶ CPD and mandatory training
- ▶ Service to four Irish Universities for training of students
- ▶ Service developments and audit

Activity

The SLT service received an average of 82 new inpatient referrals per month with a total of 976 new inpatient referrals in 2018. The service provided 3983 inpatient contacts and 101 video fluoroscopy procedures in 2018.

Video fluoroscopy

The department runs a Video fluoroscopy Clinic coordinated by the lead VFU Senior SLT. This service is accessible to inpatients and outpatients in the Longford/Westmeath catchment area. The service is run in conjunction with Radiology on an appointment basis. The department provided video fluoroscopy training to SLTs undertaking video fluoroscopy certification. There was a 30% increase in video fluoroscopy procedures in 2018. This has taken additional planning and resources in both the SLT department and Radiology, in order to run additional exam slots, carry out exam analysis, report writing and patient follow up.

Developments & Improvements

- ▶ The Speech and Language Therapy service contribute to a number of the working groups set by the Nutrition steering committee to address the requirements of HIQA nutrition and hydration standards and national recommendations for nutrition in acute hospitals.
- ▶ The Speech & Language Therapy department relocated to a new office and therapy room in the Rehabilitation section of the Hospital. This has resulted in a significant improvement in the quality of service, as SLTs can now deliver therapy, and meet with patients and families in an appropriate and confidential environment. It has also resulted in increased capacity to supervise Student placements, and engage in Interdisciplinary working due to the SLT department being more accessible to other Therapists and Colleagues.
- ▶ Following a generous donation from the Friends of the Regional Hospital Mullingar, the SLT department was able to purchase two new iPADS, and a specialized video fluoroscopy chair. The iPADS will facilitate therapy and communication access (can be used as an AAC device) for inpatients in RHM.
- ▶ The video fluoroscopy chair will mean that patients with complex physical needs (acute Stroke patients, critical care patients, patients with neurological and medical aetiologies resulting in reduced sitting balance) can now access objective assessment of swallow. This has the potential to increase patient safety, reduce frequency and duration of hospital admissions, and improve patient mortality and quality of life.

Achievements

- ▶ SLT participated in the Frailty Rapid Improvement Event in 2018 and played a key role in introducing frailty screening, specific care pathways, and improving outcomes for people living with frailty. In 2018, the Mullingar Frailty Intervention Team (M-FIT) won two HSE Excellence awards - Improving the Patient Experience and People's Choice categories (<https://www.hse.ie/excellenceawards>)
- ▶ SLT is participating with the 'Enhancing Person Centred Cultures Programme' – a 12 month national programme taking place in the Regional Hospital Mullingar to improve workplace culture, and embed person-centred approaches to transform work practices.
- ▶ 2 of the SLT department successfully completed the National Frailty Education Programme training to become Facilitators, and are now delivering local training and education to Hospital and Community Staff.
- ▶ SLT commenced Bronze Level LEAN certification, and was a member of the Value Stream Analysis Group, Regional Hospital Mullingar, 2018.
- ▶ Therapy Group Lead (Speech and Language Therapist) on the National Working Group of the National Clinical Programme for Older Persons
- ▶ SLT qualified as a 'Dementia Champion' following completion of Person-centred Dementia Care training in Dublin City University.

Oral presentation

- ▶ 'Remember to Listen – Hearing the voice of the person with dementia in the acute hospital setting'. 10th International Dementia Conference: Growing Excellence in Dementia Care, The Helix, Dublin City University, 16th April 2018.
- ▶ 'The Implementation and Outcomes of a Swallow Screening Pathway for Stroke Patients in the Acute Setting' at the IGS (Irish Gerontological Society) Annual Conference in the Slieve Russell Hotel Co. Cavan September 2018.

Staff Appointment

The SLT Dept welcomed **Aoife Banks** Senior SLT who joined the team in May 2018.

Patient Services Report

The Patient Services department provides clerical and secretarial services for all front line clinical services and is managed by **Ms Janet Murray** Patient Services Manager, supported by **Ms Frances Greville** and a team of secretarial and clerical staff.

The main reception, telecommunications and admissions departments are managed as part of the Medicine/ED Directorate (due to the cross cover and adjacencies to ED) and supervised by **Ms Leona Sweeney**.

Patient services provide a wide range of administrative, secretarial and clerical services and include the following

- ▶ Healthcare Records Management
- ▶ Management and monitoring of all scheduled appointments and referral processes including day cases and out patients.
- ▶ Management of booking and scheduling of Outpatient Appointments
- ▶ Management of OPD e-referrals/Healthlink
- ▶ Scheduled Care
- ▶ Central Referrals Unit
- ▶ Management of Healthcare Records Archives
- ▶ Validation of OPD waiting lists
- ▶ Medical Secretarial Service
- ▶ OPD, Day Ward, MAU reception
- ▶ Women's health unit Admin Support inc SATU
- ▶ Admin Support to AHP & departments
- ▶ Ward and department based clerical support
- ▶ Patient transport services Longford/Westmeath
- ▶ Regional OPD clinic services Longford and Athlone

Healthcare Records Management

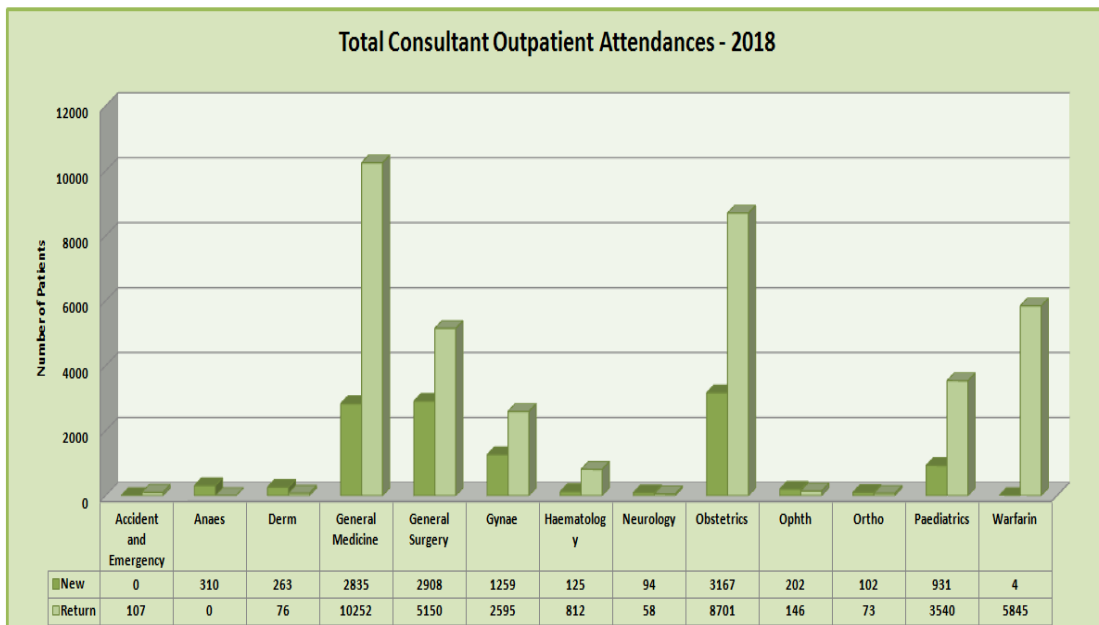
The HSE Standards and Recommended Practices for Healthcare Records Management (2011) set out standards in relation to the suitability of the physical facilities, structure and content of the healthcare record (HCR).

In October 2018, a Quality Improvement Programme (QIP) of work commenced on the Healthcare Records Filing and Storage areas. This included an extensive weeding programme and a review of Healthcare Records Storage areas was undertaken with the assistance of clerical staff from all departments across the hospital. The voluntary commitment of staff and management to this programme of work is very much appreciated.

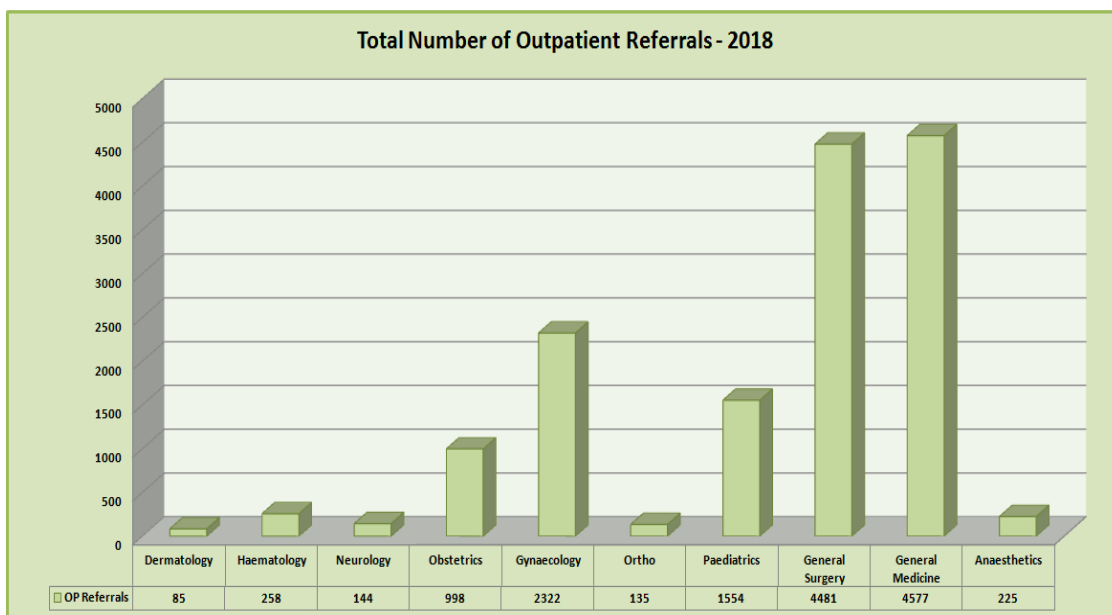
The Healthcare Records Management Committee is a multidisciplinary group, who meet monthly to work towards ensuring that all patients treated in the hospital have a healthcare record, which provides comprehensive clinical information for safe and effective treatment.

Activity 2018

The following graphs outline the outpatient activity in 2018 and include attendances and referral:



Total 2018 Outpatient Attendances
49,555



Total 2018 Outpatient Referrals
14,779

Development Plans 2019

The following developments are planned for 2019:

- ▶ Capacity review of existing Healthcare Records filing systems
- ▶ Completion of Weeding Programme of Healthcare Records Filing Systems to include the Multi-Volume Oak Unit Filing System
- ▶ Essential repairs to existing flexi-mobile Healthcare Records Filing systems
- ▶ New Maternity Healthcare Records Area
- ▶ Extension of SMS Text Reminder service to AHP Clinic
- ▶ Extension of SMS Text reminder service to Ophthalmology Clinics
- ▶ Participation in testing National Laboratory System (MedLis)
- ▶ Interface of healthlink e-referrals with iPMS (National project)
- ▶ Review of Clerical Support to Hospital Wards to support the introduction of iPMS Bed Management Module
- ▶ Alignment of respiratory and cardiology administration.
- ▶ RIE – Healthcare Records Tracking
- ▶ Introduction of new flexi-time recording system
- ▶ Customer Service Training for all staff
- ▶ Work with the New National Centralised Validation Unit NTPF to carry out bi-annual Validation of Hospital Outpatient Waiting Lists

Children's Out Patient Waiting Area



■ GENERAL SERVICES REPORT

General Services are at the heart of the hospital with the patient and integral to ensuring the best possible quality and patient experience. Following organisational restructure during 2018, services including Support Services, Maintenance Services, Clinical Engineering Services and Catering Services, were brought together under the 'General Services' Directorate.

Overarching direction and leadership for General Services is provided by **Ms Mairead Lacken, General Services Manager** who works in close collaboration with the General Manager, Operations & Clinical Services Management, Facilities & Safety Manager, HSE Estates and other Clinical and Nursing multidisciplinary services and teams to ensure efficient and effective operational delivery and robust strategic planning to support sustainability and continuous improvements across services.

A number of quality improvement initiatives have been progressed and implemented during 2018 to deliver improvements in efficiency and workflows and enhance the pathways, experience and outcomes for the patients and communities we serve.

General Services department reports are outlined as follow under the following headings:

- ▶ Catering Services
- ▶ Support Services
- ▶ Clinical Engineering Services
- ▶ Maintenance Services

Catering Services Report

The Catering Services operational team is led by **Ms Emily King** Catering Officer, who together with **Ms Sheila Bergin** Catering Officer and **Ms Ann Marie Hill** Catering Officer, oversee the day to day the comprehensive production and distribution services.

Catering Services are delivered to exacting standards, with meals produced on-site Monday to Friday using the cook-chill system of catering and in adherence to legislative standards and guidance including:

- ▶ IS 340
- ▶ HIQA
- ▶ EIQA
- ▶ HACCP

2018 was a busy year with Catering Services producing and distributing approximately 10,200 meals per week to meet the nutritional needs of Regional Hospital Mullingar patients and staff. Catering Services also produce and distribute to other geographical satellite locations including:

- ▶ St. Lomans Mental Health admissions and long stay units
- ▶ St Joseph's Hospital
- ▶ Community Based Day Care Centres

Achievements in 2018

During 2018 Catering Services teams continued to demonstrate commitment to excellence and passion for continuous improvement with progress against IEHG and national strategies. There has been some rewarding national recognition for the team, including:

- ▶ **EIQA (Excellence Ireland Quality Association)**
Achieved National Category award winner in Food Safety 2018 – one of only two hospitals nationwide to achieve this.
- ▶ **Healthy Ireland**
Awarded Gold Standard Award in the National Healthy Heart Standard 2018



Catering team members receiving the Qmark Award. L-R: Ms Emily King, Marie Doyle Henry, Geraldine Rabbitt, Joan Freeman, Mairead Lacken, Anmarie Hill.

Other Continuous Improvement progress & Achievements included:

- ▶ Healthy Ireland - Achieved all standards for calorie posting and Progressed and implemented elements of IEHG 2018 Health Ireland Plan including making every contact count, through:
 - Developed and implemented general calorie posting signage and system in the staff facility
 - In collaboration with clinical endocrinology Service lead; developed and implemented signage specialist diabetic dietary signage to support decision making and healthy choices
- ▶ Facilities Upgrade – minor upgrade to our catering facilities which were built in 1981 to support the needs of the service
- ▶ Staff Training & Development for staff - including participation in HSE leadership Programme and engagement in Person Centredness Programme to support and continuously enhance and develop culture through new tools and techniques
- ▶ Cost improvements Projects – through portion ordering process and system refinement to reduce wastage

Development Plans 2019

The following developments are planned for 2019:

- ▶ Complete a lighter lunch meal service changeover
- ▶ Engage with MDTs to meet and exceed nutritional standards
- ▶ Green Environments - nutrition and hydration Engage in Hospital wide initiative to reduce energy consumption. The Catering Dept is one of the highest consumers of energy in the hospital. The hospital target is to reduce power usage by 8 %. The Catering will audit usage and identify opportunities for reduction. These will be implemented through energy awareness campaign, revised work practices, administrative controls, engineering controls, and process change to effect reduction.
- ▶ National Patient Experience Survey findings – Catering dept to work with Hospital Nutrition Committee to improve patient meal experience

- ▶ Reduce food waste – currently patients request small meals, combine patient nutritional needs with high density meals to provide nutritional requirements
- ▶ Protected meal times, to be implemented , with a change of meal times serving 'lighter meal' at 1pm with dinner service at 5.00pm, when patients have more time to enjoy their meal experience



Support Services Report

Support Services department provides a range of non-clinical services in an integrated manner that both enhance the patients experience and supports the hospital clinical staff. The department works to ensure the hospital and its environment is maintained in a clean and safe manner for patients and staff, complying with Infection Prevention and Control Guidelines; Hazard Analysis at Critical Control Points, (HACCP) standards for the delivery of catering and the Health Information and Quality Authority (HIQA) National Hygiene Standards.

Support services department is managed by **Ms Mandy Reilly, Support Services Manager**, supported by **Ms Lisa Meyler & Ms Aine Moran, Acting Assistant Support Services Managers** and **Ms Bernie Brady, Hygiene Audit Supervisor**. The Department has a team of 94 wte Multi Task Attendants (MTA) who provide a range of services to cover hospital cleaning, catering and portering duties across the hospital.

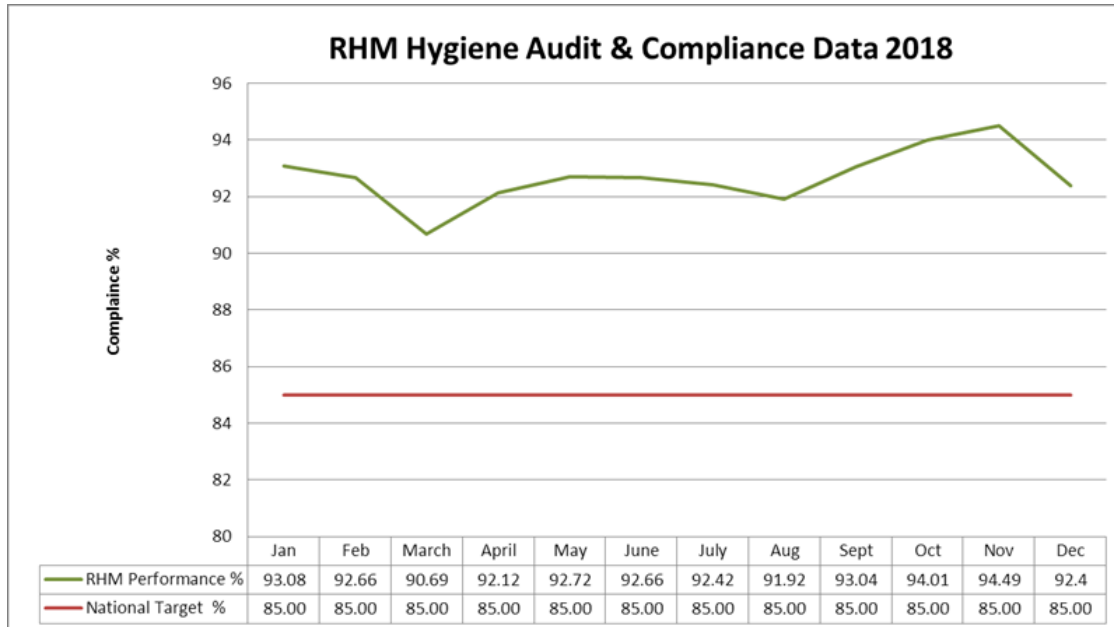
Achievements: in 2018

- ▶ Participation with first Patient Centred Programme for Acute Hospitals
- ▶ Cross department collaboration and Involvement with all the campaigns for National Big Switch Off Award (BSO Accolade for 2018 - which resulted in Mullingar coveting first prize.
- ▶ Quality Improvement - identifying and implementing quality improvement initiatives, ensuring efficient use of resources and compliance with specified quality parameters.

The Hospital Hygiene Committee continued to meet monthly and ensured the hospital had arrangements in place for the on-going development of Quality improvement plans in hygiene services. In addition, the group monitored all hygiene audits to ensure corrective action was taken in areas of non-compliance.

- ▶ Refurbishment Programme - The Support Services Department successfully completed the programme of planned refurbishment and renovation of soft furnishings across facilities which included blinds throughout the hospital, improving the quality of the patient experience.
- ▶ Achievement of National Hygiene Standards.

Audit Trend Report January 2018 – December 2018



Development Plans 2019

The following developments are planned for 2019

- ▶ Continued development and focus on organisational development, design and team development to support the best possible quality of experience and outcomes for patients
- ▶ Further developing Team Leaders to assist with the operational management
- ▶ Communication mechanisms and structures within the Department
- ▶ Review of in-house patient focused training programme for rollout in 2019/2020

Clinical Engineering Report

Clinical Engineering Services provide a comprehensive clinical engineering & device management service to support more than 2,500+ individual items of clinical equipment within the hospital of which the service delivery is supported by the technical expertise of **Mr Andrew Farrell, Senior Clinical Engineering Technician** and includes:

- ▶ Providing in-house technical support and repair service
- ▶ Co-ordinating contract maintenance for the clinical equipment
- ▶ Ensuring all equipment is serviced as per manufacturer's specifications
- ▶ Ensuring a full equipment service history is maintained
- ▶ Implementation and adherence to the HSE National Equipment Policy

Achievements in 2018

2018 was another very busy year for the Clinical Engineering Dept with 2,500+ items of equipment requiring scheduled routine servicing. In 2018, the department also received 973 separate equipment repair requests, up 12% from 2017 with 93% of these repairs completed by the clinical engineering service.

Developments 2018

In the past year, RHM has received some welcomed temporary support from the IEHG and with support from the IEHG Clinical Engineering Governance Lead there has been additional on-site Clinical Engineering to support cost and efficiency improvements for service delivery and RHM during **Mr. Andrew Farrell's** annual leave and this support has also allowed for some Preventative Maintenance to be completed in-house as a cost saving.

Development Plans 2019

The following developments are planned for 2019

- ▶ Continued group collaboration to deliver value for money through resource allocation
- ▶ Review of in-house training programme for 2019
- ▶ Review and refinement of schedule to improve efficiency in planned programmes

Ultrasound equipment as an example of the equipment requiring Clinical engineering expertise



Maintenance Services Report

Maintenance Services provides a wide range of services relating to all aspects from infrastructural, grounds, waste management, mechanical services, electrical services together with systems and services associated with telephony and I.T. The services are provided by combination of in house staffing and the engagement of specialist services from relevant contractors.

Maintenance Services work in close collaboration with HSE Estates with the Estates function provides a range of professional, technical services and project management, supporting the maintenance of the health service's physical infrastructure including buildings, plant and equipment and Capital Plans.

The Estates Team includes technical management, drawings, and services of **Ms Claire Banahan, Nurse planner** managed and supported by **Mr Brendan Mulligan, Senior Assistant Technical Services Officer**, and who work closely with the Maintenance teams and **Mr Pat McDermott, Maintenance Manager** supported by **Mr James Walsh, General Foreman** and **Mr Dermot Seery, Electrical Foreman** and their teams.

The Maintenance and Estates functions and the provision of services to the site are inextricably linked having worked together for many years to develop and deliver on new projects whilst providing the necessary maintenance function for the upkeep and maintenance of existing infrastructure.

Achievements in 2018

- ▶ Completed a programme of demand planning and reactive maintenance works.
- ▶ Multiagency partnership working and collaboration to underpin development and planning.
- ▶ Completed a refurbishment of the temporary facility and opening of additional 10 bed unit.
- ▶ Approval to design stage for the proposed MRI facility.
- ▶ Ongoing passive fire stopping works as per the Hospital Fire Risk Assessment.
- ▶ Completed the sign off of the overall Development Control Plan for the Campus.
- ▶ Appointment of Design Team to progress the design and development of an MRI Unit on site.
- ▶ Tender process for the upgrade of the complex wide emergency lighting and fire detection system completed and awaiting funding approval.
- ▶ Energy Committee established on site and working towards achieving target figures in relation to energy conservation and associated savings.
- ▶ Main plant room St. Mary's Block upgraded with new pumps, controls and mechanical installation - asbestos removal works completed to plant room as part of the project.
- ▶ Relocation of the Molecular testing laboratory to an improved clinical space.

Capital Funding 2018

The hospital benefitted from €500,000 Minor Capital Funding in 2018 which allowed for a number of priority issues to be completed and are as listed below.

Capital Project Achievements 2018

The following capital projects were managed by HSE Estates team and key achievements included the following:

- ▶ Refurbishment and opening of services in Ward 4 accommodation.
- ▶ Upgrade of air handling, services and finishes to the Endoscopy Unit.
- ▶ Upgrade of hot and cold water services throughout the hospital and pressurization of the systems.
- ▶ Upgrade of suspended ceilings in Out-Patients Department circulation areas and a number of circulation areas throughout the hospital complex.
- ▶ Upgrade and replacement of light fittings with energy replacement fittings in the Out Patients Department and other areas within the hospital complex.

- ▶ 3 new pass through Washers / Disinfectors supplied, fitted and commissioned in the Endoscopy Unit.
- ▶ Commencement of upgrade of fire detection system across the hospital

Projected developments for 2019

- ▶ Progress with the development of the MRI Project to design and tender stage in consultation with the Design Team and Hospital Management.
- ▶ Submission for approval to proceed with Phase One of Development Control Plan for the Campus.
- ▶ Upgrade works to hospital fire detection system and emergency lighting over a phased basis to commence in 2018.
- ▶ Business case and proposal for upgrade of Mortuary Facility at RHM submitted – awaiting funding.
- ▶ Business case and proposal for upgrade of CSSD at RHM submitted – awaiting funding
- ▶ Business Case and Plans for the upgrade of accommodation to the Pathology Laboratory submitted - awaiting funding.
- ▶ Business case and plans for Respiratory Department refurbishment works and provision of Paediatric Day Ward submitted – Awaiting funding.
- ▶ Design and Submission for Maternity Bereavement suite to be completed seeking funding.
- ▶ Additional CT scanner sought under Equipment replacement to include necessary refurbishment works.
- ▶ Refurbishment works to areas in Mullingar Health Centre to provide clinical accommodation.
- ▶ Energy Committee to continue with works in relation to energy savings and progress staff involvement in Energy Awareness Campaign.
- ▶ Complete a number of upgrade and transfer works associated with reassignment of accommodation within the hospital campus.
- ▶ Upgrade and replacement of 2 main bed / passenger lifts and 1 public lift.
- ▶ Continued removal of asbestos from plant room areas.
- ▶ Upgrade lighting internally and externally in line with budget availability and energy conservation works.

Members of the Energy Savings Team – Winners of the National Big Switch Off Competition (January 2019)



■ SERVICE DEVELOPMENT STRATEGIC PLAN (2017-2020)

The service development strategic plan is well underway with many priorities implemented or in the process of being implemented. The Strategic Plan is detailed under the following headings:

- ▶ Corporate (Management, Performance, HR, Education and Training and Finance)
- ▶ Clinical Directorates, Medical and Nursing
- ▶ Quality, Risk, Patient Safety and Consumer Affairs
- ▶ Health and Social Care Professionals
- ▶ Clinical Services (Clinical engineering, laboratory, pharmacy and radiology)
- ▶ Facilities, Estates and Safety
- ▶ Patient and Support Services
- ▶ Community and Regional Services

The following outlines the key priorities of the hospital for 2019-2020 under the following headings:

- ▶ 24/7 ED Consultant medical cover
- ▶ Geriatric Liaison Service for Nursing Homes
- ▶ Dermatology pigmented service development and waiting list initiative
- ▶ Anomaly and Dating Scanning service for all mothers
- ▶ Additional Obstetric Consultants
- ▶ Urology and Orthopaedics pathway
- ▶ Major Capital Plan Development for (MRI, theatre, ICU and Endoscopy)



■ Appendix

Message from the Friends of Regional Hospital Mullingar



The Friends of Regional Hospital Mullingar is a registered charity which was set up in 1990 with an initial objective of fundraising for a CT scanner for the hospital. The CT scanner was installed and became operational in 1998. Thousands of patients in Longford/Westmeath have benefited and have been able to have their CT scans performed in Mullingar rather than having to travel elsewhere.

In 2010, the Friends campaigned to raise funds to upgrade the CT scanner to allow for heart testing and to offer quicker, non-invasive detection of heart disease without the need to travel to Dublin.

There have been other initiatives in the area of Diabetes and Stroke with the provision of much needed equipment.

The current fundraising appeal, which commenced in 2016, for MRI Scanner facilities is well advanced with objective of €950,000 on target. This was achieved with outstanding support from the community in Westmeath, Longford and Roscommon.

Photo Gallery



All hands on deck for Storm Emma



Storm Emma



Frailty Visionary Workshop



Theatre Staff Receiving Certificates



Big Switch Off Team



ED Streaming Team



National Patients Experience Team



ED and Radiology RIE Team



Value Stream Analysis Refresh Report Out



Frailty RIE Team



Clinical Research Centre Team



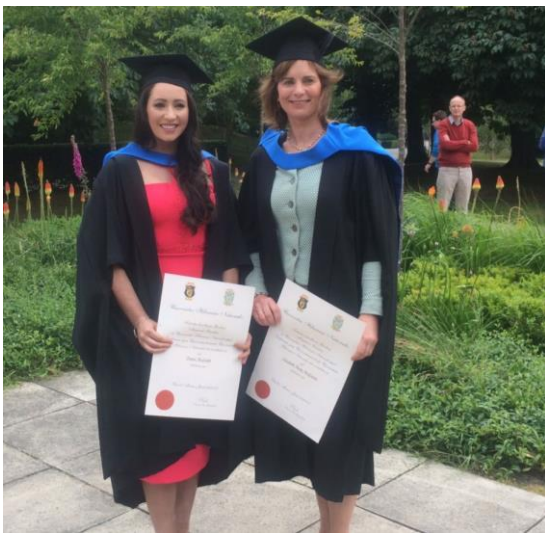
International Day Of The Midwife



Children's First Promotion



Person Centered Team Members



Masters in Ultrasonography



One of the many Staff Events



Flu Vaccination Promotion



Health Service Excellence Award Frailty Team



Outpatients Team



Laboratory Team Accreditation



Value Stream Analysis Refresh Team



IEHG Lean Conference Poster Presentation

NOTES

