National Achievement Awards 2008

Award Ceremony

Wednesday 30th April 2008

The Round Room, Mansion House, Dawson Street, Dublin 2

Sponsored by:
Health Services National Partnership Forum
INTRODUCTION

Research shows that the vast majority of people who use the services we provide are very pleased with them. Important factors behind this are the skills, professionalism and commitment of staff.

The HSE Achievement Awards enable us to recognise and celebrate this commitment.

It is a great way for us all to say 'thank you' to those who are fully committed to their work, to providing safe and high quality service and when required going the extra mile.

I am particularly pleased that the Awards are tied in very closely with our transformation priorities. During the coming years, it is really important that we stay focused on these priorities and indeed let go of projects that do not fully support them.

Transforming our health service will provide opportunities for leaders to excel at every level and for the first time these Awards specifically recognise those who take up the challenge.

I would like to thank the hundreds of individuals and groups who have participated in this year's Awards. I commend each and every one of you for your enthusiasm and drive towards modernising the health services.

I would also like to congratulate the winners of the regional finals and wish them every success in taking their projects forward.

Finally, I would like to thank all those involved in making the HSE Achievement Awards possible.

Professor Brendan Drumm
Chief Executive Officer, HSE
Partnership is a way of working, not just a once-off initiative. It requires commitment and leadership by all those involved.

Once again HSNPF is a joint sponsor of the National Achievement Awards 2007/08. These awards demonstrate in practice the partnership principles that HSNPF promulgates between health services management, staff, trade unions and service users.

In addition to Partnership contributing to the success of teams in the awards categories, the awards process continues to adopt a partnership approach in a range of different ways:

- Partnership criteria are built into the selection of Area and National Winners
- Partnership nominees are on judging and evaluation teams
- Partnership facilitators are engaged in dissemination of information and encouragement of staff involvement in the awards

Sponsorship by HSNPF provides a platform to promote partnership principles. The key categories of the awards this year, which include Better Service Awards, Better Place to Work, Leadership, Quality & Safety, complement the partnership approach which:

- Facilitates adaptability, change and innovation in methods of service delivery
- Improves the quality of work and of working lives
- Maintains a core objective of improving the quality of service for those who receive treatment and care from health service providers

Larry Walsh
Director of HSNPF
## CONTENTS

<table>
<thead>
<tr>
<th>Award Categories</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Better Service Awards</strong></td>
<td></td>
</tr>
<tr>
<td>- Reconfiguration, major changes to existing approaches</td>
<td>5</td>
</tr>
<tr>
<td>- Best Improvement/Best Effort</td>
<td>5</td>
</tr>
<tr>
<td>- Innovation</td>
<td>5</td>
</tr>
<tr>
<td>- Adopting and adapting good practice</td>
<td>5</td>
</tr>
<tr>
<td><strong>Better Place to Work Award</strong></td>
<td>6</td>
</tr>
<tr>
<td><strong>Leadership Award</strong></td>
<td>6</td>
</tr>
<tr>
<td><strong>Quality &amp; Safety Awards</strong></td>
<td>7</td>
</tr>
<tr>
<td><strong>Better Service Awards – Summaries</strong></td>
<td>8-26</td>
</tr>
<tr>
<td><strong>Better Place to Work – Summaries</strong></td>
<td>27-30</td>
</tr>
<tr>
<td><strong>Area Judging Panels</strong></td>
<td>31-32</td>
</tr>
<tr>
<td><strong>Acknowledgements</strong></td>
<td>33</td>
</tr>
</tbody>
</table>
BETTER SERVICE AWARDS

These awards acknowledge that there are many teams making a difference to people's lives; whether they are making a huge effort to turn around the services, using innovative methods, enhancing support services or contributing to the spread of good practice, each has its own merit. Any initiative that results in a direct or indirect improvement for clients is considered. Awards are made around the many aspects of service improvements.

Finalists

<table>
<thead>
<tr>
<th>Reconfiguration, major changes to existing approaches</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>HSE DNE Nursing Dept., Mental Health Service, Carrickmacross, Co. Monaghan – Optimise Attendances in an Outpatient Mental Health setting</td>
<td>8</td>
</tr>
<tr>
<td>HSE DML The Royal Hospital, Donnybrook – Phoenix Unit</td>
<td>9</td>
</tr>
<tr>
<td>HSE South Community Nutrition &amp; Dietetic Service, Health Promotion Department HSE South – A structured patient education programme for adults with type 2 diabetes, The X-PERT Programme in Ireland.</td>
<td>10-11</td>
</tr>
<tr>
<td>HSE West HSE HR Shared Services - Garda Vetting Liaison Office (GVLO)</td>
<td>12</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Best improvement/best effort</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>HSE DNE Cavan General Hospital - Quality Improvement for the Care of the Dying &amp; their loved ones</td>
<td>13</td>
</tr>
<tr>
<td>HSE DML Naas General Hospital - Pre-assessment Clinic for cardiac rehabilitation programme</td>
<td>14</td>
</tr>
<tr>
<td>St. James's Hospital - A reduction in outpatient physiotherapy non attendance</td>
<td>15</td>
</tr>
<tr>
<td>HSE South South Infirmary Victoria Hospital - The development and evaluation of a strategic multidisciplinary approach to improving the use of fibrinolytic agents in acute ST elevation myocardial infarction (ACS Group – Acute Coronary Syndrome Group)</td>
<td>16</td>
</tr>
<tr>
<td>HSE West Sligo General Hospital, The Mall - Waste Matters in Acute Setting</td>
<td>17</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Innovation</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>HSE DNE Louth PCCC - Teen Parent Support Programme for Co. Louth</td>
<td>18</td>
</tr>
<tr>
<td>HSE DML St. Vincent’s University Hospital - Neurology: changing the way we practice</td>
<td>19-20</td>
</tr>
<tr>
<td>HSE South Adolescent Health Services, Waterford - Squashy Couch</td>
<td>21</td>
</tr>
<tr>
<td>HSE West The Melting Pot, PCCC, Clorina House, Roscommon</td>
<td>22</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Adopting and adapting good practice</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>HSE DNE Cardiology Department, Beaumont Hospital - A better service for Heart Failure Management</td>
<td>23</td>
</tr>
<tr>
<td>HSE DML HSE Dublin Mid Leinster - Pulmonary Outreach Programme (POP) in a rural environment</td>
<td>24</td>
</tr>
<tr>
<td>HSE South Cork University Hospital - Radiation Therapist-led Review Clinics in Radiation Therapy</td>
<td>25</td>
</tr>
<tr>
<td>HSE West Sligo General Hospital - Medical Records – available when needed</td>
<td>26</td>
</tr>
</tbody>
</table>
BETTER PLACE TO WORK AWARD

This award gives recognition to organisations or teams who have made their organisation a better place to work. A better place to work is a place where employees are valued and developed, where there is a sense of equity, employee wellbeing, employee engagement and where employees are proud of the service they provide.

Finalists

<table>
<thead>
<tr>
<th>Better Place to Work Award</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>HSE DNE Enable Ireland, North East Service, Navan, Co. Meath</td>
<td>27</td>
</tr>
<tr>
<td>HSE DML KARE, Newbridge, Co. Kildare</td>
<td>28</td>
</tr>
<tr>
<td>HSE South Cork University Hospital, Biomedical Engineering Department</td>
<td>29</td>
</tr>
<tr>
<td>HSE West Galway University Hospitals, Galway – Equality Project, Human Resources Department</td>
<td>30</td>
</tr>
</tbody>
</table>

LEADERSHIP AWARD

Leadership has been the key to many successful achievements. Sometimes the leadership comes from one person, sometimes a team. The judges, in their deliberations on applications for the Awards selected an overall person for the HSE National Achievement Award in recognition of their inspiring leadership.

Finalists

<table>
<thead>
<tr>
<th>Leadership</th>
</tr>
</thead>
<tbody>
<tr>
<td>HSE DNE Ms. Margaret Kenny, Catering Department, Connolly Hospital, Blanchardstown - Restructuring Catering Services</td>
</tr>
<tr>
<td>HSE DML Ms Anne Coffey, Assistant Chief Executive Officer, KARE, Newbridge, Co. Kildare</td>
</tr>
<tr>
<td>HSE South Mr. Ger Flynn, Chief Biomedical Engineer, Biomedical Engineering Dept, Cork University Hospital</td>
</tr>
<tr>
<td>HSE West Ms. Helen Harney, Portiuncula Hospital, Ballinasloe, Co. Galway - First Heart Safe Schools in Ireland, Resuscitation Training</td>
</tr>
</tbody>
</table>
QUALITY & SAFETY AWARDS

The Quality and Safety stream is a site-based award that promotes and gives recognition to sites that have implemented quality and safety to optimally enhance the services we deliver and the environment we work in.

The criteria are based on evidence of excellence in relation to management of the following:

- Integrated quality and safety systems work;
- Leadership;
- Integration between services and multidisciplinary team working.

The award is streamed into NHO Award, PCCC Award and Support Services Award and there are three stages to getting an award. These are:

Self Evaluation Stage:
The awards process requires sites to conduct a self-evaluation of their quality and safety activities using the quality and safety awards evaluation tool which includes clear quality and safety criteria.

Internal Validation Stage:
Sites will have their internal evaluation validated by a site visit from a pair of evaluators.

External Evaluation Stage:
To allow for further consistency and fair results for all sites, a selection of sites are visited by our External Evaluator. In 2007 Siobhan Rooney was our external evaluator. The working group would like to thank Siobhan for putting in many long days visiting sites.

The working group would like to take this opportunity to thank both the sites and evaluators for all the hard work that was done this year and we look forward to working with you in the future.

Finalists

<table>
<thead>
<tr>
<th>Quality &amp; Safety Awards</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PCCC</strong></td>
</tr>
<tr>
<td>PCCC Dublin Mid Leinster, St. Joseph’s Care Centre, Longford</td>
</tr>
<tr>
<td>PCCC North East, Tara Suite, Dunshaughlin, Co. Meath</td>
</tr>
<tr>
<td><strong>NHO</strong></td>
</tr>
<tr>
<td>NHO Dublin Mid Leinster, Ambulance Headquarters, Tullamore</td>
</tr>
<tr>
<td>South Infirmary Victoria Hospital</td>
</tr>
<tr>
<td>Mater Misericordiae Hospital University Hospital</td>
</tr>
<tr>
<td><strong>Support Services</strong></td>
</tr>
<tr>
<td>Support Services Dublin Mid Leinster, Clonminch, Tullamore</td>
</tr>
<tr>
<td>Merlin Park, Galway – Support Services West Financial Systems</td>
</tr>
</tbody>
</table>
Non attendance at Psychiatric Outpatient Clinics has an important impact in clinical and economic terms. Rates of non attendance at psychiatric clinics are twice that of most other specialties. It was against this background and more importantly as part of the overall transformation of Primary, Community and Continuing Care in Cavan/Monaghan that the Outpatient Department in Carrickmacross endeavoured to address the default rate at the medical outpatient clinics. Results of an audit on clinic attendances in 2002 showed that 8 weeks of clinic time were lost through non attendances. A collaborative approach with service users and staff to implement this change was adopted with a view to long term sustainability.

Objectives:-

• Ensuring no client is lost to follow up
• Provision of a continuum of care which is seamless
• Adopting a philosophy of proactive engagement for all new referrals and assertive engagement for difficult to engage clients
• Reduced clinic time subsumed to review appointments with emphasis on stepdown to Community Mental Health Nurse Dept and effective discharge planning
• Improve accessibility and responsiveness of service from a referring agents perspective
• Improve inter-agency liaison with non statutory organisations e.g. Tearmann, MABS etc.
• Protected clinic time for new referrals
• Changes to clinic format through reducing the number of appointments and increasing time allotted per patient
• Cross Service experience from outpatient visits to Acute Hospitals with the focus on improving the appropriateness of physical facilities
• Onsite electronic database – demographic, problematic and treatment
• Outpatient activity levels captured after each clinic session
• Presentation of activity levels at weekly Community Mental Health Team Meeting and copy of monthly audit to Clinical co-ordinator
• Enhance knowledge of client care pathway
• Proactive discharge and utilizing facility of stepdown.
• Concerns from service users/significant others/general practitioners addressed locally and promptly

Outcomes:-

• Improved response time from triage to uptake of appointment
• Significant uptake of appointments at new and review clinics
• Increased throughput with equitable caseload distribution
• Facilitation of a recovery approach with effective discharge planning
• Enhanced the interface between primary care and secondary mental health services.
• Sharing of the initiative with the community mental health team and replication in parent hospital.
• Increased nursing input with development and maintenance of core skills for nurses
• Reduced wastage of medical and nursing time due to significant increase in attendances
• No recruitment of additional nursing staff required
• Enhance the philosophy of collaborative care
• Capture overall medical caseload from database
• Monthly auditing of activity levels from data gathered on daily basis
• Experiential learning for student nurse training with commencement of specialist clinical placement OPD SDH in 2008.
• Reduced morbidity and relapse rates through early intervention and relapse prevention strategies
• Staff pride demonstrated in (a) results (b) efficiency (c) working relationships and (d) attitudes.

Contact:-  Tommy McEngaggart,
Email: Tommy.mcenteggart@maile.hse.ie
Objective: The name Phoenix was chosen to capture a sense of renewal and transformation. The Phoenix Unit was set up in November 2004 to provide continuing rehabilitation within the Royal Hospital Donnybrook to enhance autonomy and quality of life for residents with acquired brain injury and complex neurological disorders by giving them more choice, control and responsibility for running their own lives.

The Unit seeks to provide rehabilitation in a home like setting where residents can develop independent living skills in preparation for moving to a more independent setting. It aims to maximise autonomy, enhance communication and interpersonal skills of residents, improve well-being and foster a sense of ownership of the day to day running of the unit by involvement in decision making. A patient-centred, rights based and goal directed model of care is used to plan services and programmes for the unit against the backdrop of the Slinky model of rehabilitation (British Society of Rehabilitation Medicine).

Phase One: An existing ward was renovated and modified to include a kitchen with cooking and laundry facilities. A MDT team of nursing, medical, and allied health professionals worked together to tackle the new challenges posed for residents and staff alike. Support and education were provided for staff and residents on new roles and responsibilities.

Outcomes: A combination of objective and subjective information from standardised rating scales and semi structured interviews was used to ascertain the effect of the new unit on staff and residents. Residents showed improved mood and self-reported general health, decrease in anxiety and depression increase in domestic ADL's higher levels of expressed satisfaction, improved quality of life and a reduction in loneliness. The following graphs illustrate changes in anxiety and depression.

Nursing staff noted improved quality of care and satisfaction as a result of extra time spent with residents, improved communication which created a more therapeutic relationship, increased autonomy and empowerment of residents. There was a slight increase in loneliness for staff.

THE NEXT STEPS: While phase one was successful for residents and staff it was not sustainable in the long term as it did not provide a sufficient focus on discharge. A Consultant in Rehabilitation Medicine was appointed in 2005 and a new focus on step down rehabilitation resulted in more goal directed patient care and input for a new range of clients from the community, acute care and acute rehabilitation facilities. Continuing rehabilitation with formal goal planning and measurement of outcomes is the current focus of the unit.

OVERALL OUTCOMES: Since November 2004 21 people have been admitted to the Phoenix unit. 15 have been discharged and five are awaiting discharge, 7 returned home, 3 live in independent living units and 2 have 24 hr support to live independently. Three have moved to continuing care within the hospital and one died just prior to discharge. This is an excellent outcome for this client group and indicates the importance of providing rehabilitation in a setting with ample opportunity for the implementation of independent living skills. It also suggests that a social and rights based model of care can be successfully introduced into a traditional medical setting and that a shift from an institutional to a patient perspective can enhance the quality of life for adults with complex medical and physical needs.

Team: Ms. Maeve Nolan  
Dr. Aine Carroll  
Ms. Elaine Foley

Contact: Maeve Nolan  
Email: mnolan@rhd.ie
Diabetes is a life threatening condition reaching epidemic proportions worldwide with reports of 130,000 people with type 2 diabetes in Ireland. Along with the risk of long term complications, people with diabetes have a 2-5 fold risk of developing heart disease (CVD), a concern to health services in terms of service provision, cost implications and patient morbidity. Education on diet and lifestyle should be the first line of treatment for people with diabetes and all patients should have access to a qualified dietician. Since 2001 however, access to the Community Nutrition & Dietetic Service of the HSE South was limited with the equivalent of only 2 Community Dietician posts to provide a clinical dietetic service to all GPs in Cork and Kerry. Only 1/10 GPs were able to gain limited access to this service, receiving 3 hours/month for all their patients with patients seen in a 1-1 consult. The Community Nutrition & Dietetic Service was thus challenged by limited staff resources, large numbers of patients needing a service, limited time spent with patients and the need to find new ways of service delivery.

To address these challenges and promote effective self-care by patients to optimise their diabetes control, the service sought to develop an evidence based validated intensive dietetic education program via group work for people with type 2 diabetes. With no national standards for type 2 diabetes management in Ireland, international best practice to deliver such an education programme was reviewed, and recommended the use of structured patient education (SPE) programmes. SPE aims to empower people to increase control over their condition by providing them with knowledge, skills and confidence to self manage. The UK NHS recommends the UK Diabetes X-PERT Programme as an example of evidence based SPE which offered potential to meet our needs.

This piece of research thus aimed to explore the most appropriate way of adapting, delivering and evaluating the UK Diabetes X-PERT Programme for the Irish Primary, Community and Continuing Care (PCCC) setting, one which differs considerably from the UK.

Extensive consultation took place with GPs and PNs and all adaptation required for the Irish PCCC setting was made in line with the 4 NICE criteria: 1) To have a written curriculum - the adaptation of the UK curriculum involved review of appropriateness for PCCC integration, use of Irish Healthy Eating Model (The Food Pyramid), development of education/refresher sessions at 3 and 6 months, addition of evaluation at 6 months, use of Irish statistics and information and details of local services to support diabetes management, review of the programme to ensure acceptable use of language and concepts for the Irish population and use of additional visual aids where suitable. 2) To have trained educators involved extensive training 3) To be audited involved the development of an evaluation programme based on current evidence and UK experience and 4) To be quality assured involved adaptation of UK experience.

The X-PERT Programme in Ireland involved baseline evaluation of clinical, psychosocial and lifestyle outcomes with practice nurses or GPs, followed by participation in a 6 week (2hrs/week) group education programme of education and skills development in a local community venue, followed by further evaluation and an education session at 3 and 6 months. The format of the sessions included information sharing activities followed by a break with healthy refreshments and a ‘lifestyle experiment’. The ‘lifestyle experiment’ involved patients obtaining their own health results (personal health profile) and learning what they are and what they mean to them. These sessions also addressed psychosocial aspects, barriers to change and goal setting.

X-PERT Ireland was piloted in early 2006 with 48 subjects in 3 GP practice sites (Charleville, Mallow, Skibbereen). Evaluation at baseline, 3 months and 6 months showed highly significant improvements for many clinical (e.g. HbA1c, body weight), psychosocial (e.g. empowerment scores and perceived understanding of diabetes and its treatment) and lifestyle (knowledge, fruit intake) outcomes over time.

- Average glycated haemoglobin (HbA1c) was reduced from levels associated with a high risk of CVD (7.5%) to levels associated with a medium risk (6.7%) over 6 months. Average body weight reductions of 2.5kg were demonstrated, associated with movement of people from the obese weight category to the overweight category. Diabetes knowledge scores increased from answering 36% of questions correctly at baseline to answering 59% correctly at 3 months which was maintained at 6 months. Consumption of fruit almost doubled from 33% at baseline to 63% at 6 months. Some 9 of 10 patients felt they became healthier during the intervention.
- There was no increase in prescribed diabetes medication during the intervention.
• Excellent attendance, participation and feedback were demonstrated. Average attendance was 81% to weeks 1-6 of the programme with 88% attending 4 or more of the 6 education sessions, 72% attended at 3 months and 64% attended at 6 months. Over 9 of 10 patients attended every clinical evaluation with the practice nurse (100% at baseline, 92% at 6 weeks, 96% at 3 months and 90% at 6 months).

• 100% of patients felt the use of personal health results, time spent on planning lifestyle changes and the availability of follow up education sessions as helpful and important in managing their diabetes.

These findings provide an insight into possible solutions for treating what is a serious, expensive and increasing national problem. Any method of equipping people living with diabetes with the skills and confidence to self-manage their condition offers immense benefits, both to those with the condition and to the health system. It is recommended that this model of care is considered in future service planning, not only for diabetes, but for other chronic conditions. As a consequence of the success of the X-PERT Ireland pilot, the Irish HSE have invested resources & funding into its further development in Ireland. The first Irish ‘Train the Trainers’ Course was developed and delivered to Community Dieticians in August 2007. This course aimed to train healthcare professionals to deliver the X-PERT Programme in the Irish PCCC setting. The potential and value for money as a result of this work are clearly evident from the investment to date.

Address: Community Nutrition & Dietetic Service, Health Promotion Dept., HSE South, Grosvenor Court, High Street, Killarney, Co. Kerry

Team members: Ms Yvonne O’Brien, Community Dietitian
Dr Karen Harrington, Senior Community Dietitian.
Ms Freda Horan, Community Dietitian Manager
In association with Dr. Sinead McCarthy and Professor Michael Gibney, Professor in Food and Health, University College Dublin.

Contact number: Yvonne O'Brien, yvonne.obrien@hse.ie
Karen Harrington, karen.harrington@hse.ie
Freda Horan, freda.horan@hse.ie
The Health Service Executive HR Shared Services Garda Vetting Liaison Office (GVLO) was established in Manorhamilton in July, 2006 and the rollout of the Unit to all HSE Areas was completed by 31st December, 2007.

The role of the HSE GVLO is to centralize the processing of Garda Vetting applications for prospective employees of the HSE. The establishment of the Office means that the Health Service Executive will for the first time have a secure central record of Garda Clearance information for all Candidates who are processed for appointment with the HSE.

The HSE GVLO has worked closely with the Garda Central Vetting Unit, Thurles, in order to improve the entire vetting process. There has been a significant reduction in the number of HSE staff who are involved in the Garda Vetting process in order to ensure security of information, consistency in our approach, improved quality of information received from Candidates and training for all staff involved in Garda Vetting.

Following the issuing of a National HSE Garda Vetting Policy in June, 2007 the HSE now has a consistent procedure in terms of the grades of staff vetted and consistency in the procedures used when assessing prospective employees following the receipt of an unsatisfactory Garda Vetting report.

Garda Vetting awareness & information sessions have been offered to HSE Managers as part of the rollout to each area and further information sessions are planned for all HSE Staff involved in the recruitment process.

In the future the HSE GVLO will be working closely with the Garda Central Vetting Unit, Thurles, in order to strengthen practices in relation to Overseas Clearance for prospective employees and to develop a secure electronic transfer of information between the HSE and the Garda Central Vetting Unit.

Contact: Carmel McMorrow
Cavan General Hospital
Quality Improvement for the Care of the Dying & their loved ones

Aim:
- To improve the care and service for patients / families / loved ones of patients who die or loved ones who are bereaved in Cavan General Hospital

Pre Amble:
- A service need was identified by the Cavan Hospital Nurse Management team to undertake a global hospital approach in the management of patients who were dying and in the care of their loved ones.
- In July 2005, a multidisciplinary Death, dying and bereavement Committee was established in Cavan General Hospital.

Objectives:
- To develop and implement care pathways that would encompass all components of care of a dying patient and the care of their loved ones
- To improve the entire experience of dying in the hospital environment
- To improve the process management required to ensure that all aspects of care of the dying including physical/psychological, legal and environmental components are of a high standard
- To raise awareness and sensitivity of all hospital staff with regard to this area of care
- To develop a Hospital policy to underpin best practice in relation to Care of the Dying

Outcomes:
By taking a multidisciplinary approach to the issue of Death Management the following results have been achieved:
- Waiving of Hospital fees for patients who have donated organs/donated their remains to Medical Science
- Refurbishment of the Mortuary area
- Establishment of ‘quiet rooms’ for each ward area in the Hospital
- Accommodation for the families/carers of dying patients
- 7 Care pathways developed and implemented for all wards which cover the mortuary, administration and death certification, organ retrieval, products of conception, laying to rest and pastoral care.
- Regular communication with the Coroner ensures appropriate referral systems are adhered to regarding notification of cases to the Coroner.
- Death certificates (non Coroner cases) are issued within 72 hours to relatives.
- Sympathy cards are sent to next of kin 6 weeks following the death.
- Written advice within a family bereavement pack given to next of kin (if required).
- A key worker in each ward/dept leads this care area and feeds back issues to the Committee

Contact:-
Bridget Clarke
Email: bridget.clarke@maile.hse.ie
In 2006 we developed a pre cardiac rehabilitation clinic to assess patient suitability for entry to the Cardiac Rehabilitation Programme. (A comprehensive 8 week exercise and education programme following Myocardial infarction, Coronary Artery Bypass Surgery, Percutaneous angioplasty, Automated internal defibrillator insertion amongst others.)

Aims:
1. To improve the patients journey from referral to the Cardiac Rehabilitation team to commencing an individualised programme.
2. To improve our method of patient recruitment to our rehabilitation programme, making it more efficient and reducing the number of non-attendees.

Objectives:
- To have fortnightly clinics to assess patients with cardiac disease and to inform them of the Cardiac Rehabilitation Programme.
- To screen these patients and identify possible problems which need to be addressed prior to commencing the programme e.g. ongoing chest pain, orthopaedic problems or other co-morbidities.
- To ascertain the patients willingness and ability to attend the programme e.g. problems with travel or work.
- To organise the necessary pre-cardiac rehabilitation exercise stress test or shuttle walk test as appropriate.
- To assess risk factors for heart disease.

Outcome:
- Patients are assessed and an individual programme is planned with them.
- A more streamlined efficient and effective service has resulted.
- There is improved attendance at classes with a lower dropout rate.

Team:
Ms. Geraldine Hogan
Ms. Lis Cotter
Ms. Mary Byrne
Ms. Dolores Connolly

Contact:- Geraldine Hogan
Email: Geraldine.Hogan@mail.hse.ie
The aim of this project was

- To significantly reduce the physiotherapy outpatient non attendance rate from a high of 21% (290 patients) non attendance rate a month
- To increase the number of appointments available to patients and
- To reduce our outpatient physiotherapy waiting times.

The objectives of this initiative were

- To identify and analyse which clinics had the highest non attendance rate and why patients did not attend (DNA)
- To put solutions in place in partnership with patients, physiotherapy and clerical staff and the hospital information systems department.

Outcomes

- The physiotherapy department non attendance rate significantly dropped to a low of 10% (190) a month and our waiting lists times shortened by 2 months with patients waiting no longer than 6 weeks for a physiotherapy appointment.
- All musculo-skeletal patients attending the emergency department are triaged within 72 hours of referral to physiotherapy due to a change in our booking process which has also dramatically reduced our DNA rate.
- The outpatient physiotherapy hours have been extended from 8am to 6pm allowing greater patient access and choice of appointment.
- This improvement resulted from the formation of a department DNA committee made up of all key stakeholders who analysed and surveyed our non attendances rates and affected clinics. This led to the implementation of a change to our DNA policy, development of a patient booklet for outpatients and the posting of relevant signage. We changed our physiotherapy referral mechanisms for certain clinics and introduced a text message reminder service to our patients attending physiotherapy.
- A patient comment card was introduced with patients encouraged to provide feedback on our service.

Team:

Ms. Niamh Murphy
Ms. Geraldine Byrne
Ms. Joanne Harfond
Ms. Brid Ruane

Contact:-

Niamh Murphy
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The development and evaluation of a strategic multidisciplinary approach to improving the use of fibrinolytic agents in acute ST elevation myocardial infarction (ACS Group) – South Infirmary Victoria Hospital

Definitions

STEMI: ST elevation myocardial infarction
SIVUH: South Infirmary Victoria University Hospital
ACS: Acute Coronary Syndrome
'Door to needle': Time taken from initial presentation to A&E to administration of a fibrinolytic/thrombolytic agent (also referred to as 'time to therapy')
CHAIR: Coronary Heart Attack Irish Register

The aim of this initiative was to quantitatively assess ‘door to needle time’ for patients presenting with acute STEMI to the SIVUH and to evaluate hospital performance in terms of achieving the international best practice target treatment time of less than 30 minutes. The objective was to identify factors impacting on time to therapy and to develop and evaluate a multidisciplinary strategy for reducing the ‘door to needle time’. A retrospective analysis of time to therapy for patients presenting to A&E with acute STEMI from December 2005-August 2006 was undertaken. The mean time to therapy from initial presentation exceeded the target time of less than 30 minutes. In-hospital factors impeding early thrombolysis included delays in accessing a Medical Registrar to administer thrombolysis, difficulties with drug preparation and delayed initial evaluation of the patient. In response to these findings, a number of policies were introduced to improve early reperfusion in SIVUH. These included negotiating the agreement of A&E Registrars to administer thrombolysis, the introduction of a new thrombolytic agent for use in the hospital with in-service training on its preparation, administration and use, and activation of a Medical Emergency Team for STEMI, which was facilitated by the A&E triage. A key aspect of this strategy was the concept of multidisciplinary cooperation. Following implementation of the multidisciplinary interventional strategies during the time period September 2006 – January 2008, the mean time to therapy was greatly reduced to within the target time based on international best practice of less than 30 minutes. This initiative resulted in a statistically and clinically significant improvement in the therapeutic management of patients presenting with acute STEMI to SIVUH.

This study demonstrated the effective use of clinical audit in improving patient care through multidisciplinary collaboration. This research had a positive pharmacoeconomic outcome and is currently undergoing expansion to primary care with the aim of optimising the management of acute STEMI at the community-hospital interface.

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Team members:
Ms. Muireann Ni Shuilleabhain, BSc.Pharm, MPSI (Pharmacy Department) – Project Leader
Dr. Almath Spooner BSc.Pharm, MPSI (Pharmacy Department)
Dr. N. Quillinan (Medical Registrar)
Ms. Yvonne M. Bourgeois RGN (CHAIR)
Ms. Nuala Coughlan, RGN (A&E)
Dr. Graham Gordon, Dr. R. McNamara, Dr. Issat Tajuddin (A&E Registrars)

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Sligo General hospital is a 320 bed acute hospital serving Sligo, Leitrim, West Cavan and South Donegal, with a population of over 213,000. Prior to 2005 there was an unsatisfactory system for dealing with waste in the Hospital. This system did not comply with many aspects of national policy, particularly in relation to waste segregation and recycling.

In early 2005, a new system of waste handling and control was introduced. The significance of this new system has been to reduce the amount of waste going to landfill and to redirect much of this waste in an environmental friendly manner through reusing and recycling.

A newly formed multidisciplinary Green Team Steering Group recommended the formation of two waste teams in 2005. A Support Service Partnership Sub Group was formed to look at a mechanism of how we could set up these teams on a cost neutral basis. **Team A**, became known as the Environmental team, and their task was to deal with clinical waste, general waste and energy conservation. **Team B**, known as the Recycling Team, were recruited on a voluntary training programme from local Rehabilitation Centres. Issues as they arose were resolved via this Partnership Sub Group for example the issue of poor segregation of waste/linen was resolved through the creation of four designated waste/linen storage areas to allow for the removal of waste off corridors/other areas which had posed potential hygiene/infection issues.

The targets set by the Steering Group, to increase recycled waste, were communicated through educational seminars, training sessions, emails, posters for staff. Other methods used to communicate this to the wider community (i.e. patients, visitors) included the use of ‘green’ notice boards, newsletters, plasma information screen and suggestion boxes.

For the members of the Steering Group, one of our main aims was to promote environmental best practice. However in a public service setting where limited resources exist, the waste system that we put in place not only had to promote good environmental practice but also be financially viable. Our set up budget of €50,000 was used for the provision of recycling equipment. The initial outlay was recouped within the first two years of operation by significantly reducing the amount of waste going to landfill and increasing the amount of recyclable waste being removed. In the past year, the Hospital has been receiving income for our recycled goods also.

The benefits of an environmental friendly waste management system have been far-reaching. This has been evident through providing for a cleaner and safer hospital together with assisting the environment through increased reusing and recycling. We have also been commended for having a model of best practice in waste management.

We aim to continue to interact with other organisations in a bid to maintain our pioneering waste management system – **That is why we say “Waste Matters in an Acute Setting”**.

**Mission Statement**
Sligo General Hospital is committed to the delivery of a high quality, patient centered service in a safe, equitable and efficient manner. We recognise and value the contribution of each staff member and Endeavour to support them in their ongoing development.

**Contact:** John McArt
Innovation

Louth PCCC
Teen Parent Support Programme for Co. Louth

Aim:-
- The Louth Teen Parent Support Programme was established as a three year pilot project in 2004 through funding from the Crisis Pregnancy Agency based within Family Support services for Co. Louth.
- The project's key role is to provide support services to teenage parents and families during pregnancy and for up to two years post-natal.
- The underlying rationale of the programme is to reduce/negate the risk of poverty, isolation and social exclusion of Teen Parents and many of the long term poor outcomes associated with this vulnerable group.
- The Teen Parent Support Programme works on a collaborative basis with existing services available to address often complex needs in a care and case management approach.

Objectives:-
- The model and operational approach of the Louth Teen Parent Support Programme is multi-disciplinary and multi-agency and this is manifested in the following objectives:
  - Work collaboratively with existing local statutory and voluntary services so as to respond more effectively to the complex needs of teenage parents.
  - Assess the individual needs of each parent and develop a care plan.
  - To grant aid local community based initiatives to work with teen parents.
  - To collect, collate and disseminate information on teenage parenting experience, to assist in the development of models of best practice to maximise health and social gain for this group.

Outcome:-
- The Louth Teen Parent Support Programme following a robust, external evaluation in 2006, was mainstreamed by HSE Dublin North East.

Contact:- Joanne Murphy
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Ireland has the lowest number of consultant neurologists in Europe. As a result, waiting times to see a
neurologist are prohibitively long and patients are thus more likely to be referred to Emergency
Departments (ED).

Our change in practice to an out-patient based, stream-lined, service has resulted in a huge increase in
the number of patients that can be seen each week. This has reduced waiting times significantly.

Prior to our change in practice, the Department of Neurology used to see less than 3000 out-patients per
year in 3, over-booked, out-patient clinics each week. Our Department has changed from 3 over-booked
clinics a week to 9 public neurology clinics per week

- The total number of patients seen in our clinics has increased from 2936 in 2003/04 to 5290 in
  2006/07 (an increase of 180%)
- The number of OPD sessions has increased by 175% (136 to 355)
- The time each patient has with a doctor has doubled leading to a much better quality of service--
  previously 30.5 patients per session (or equivalent) now 14.9 patients per session

The waiting time for a new patient has fallen from 1 year to <10 weeks with this change in practice

**Areas of possible interest:**
The idea to change practice originated from the clear need to improve patient access to Neurology
services where there are insufficient consultant neurologists and waiting lists were prohibitively long.

Difficulties with elective admissions resulted in many patients with neurological problems being referred
to the ED and waiting prolonged periods on trolleys.

With the agreement of the CEO of St. Vincent’s we were given control of our own OPD templates in a
new department dedicated to neurology in March 2006. This enabled us to increase the number of out
patient sessions substantially and thus see more patients.

Implementing the plan involved doctors, nurses and administrative staff at all levels in the hospital.
Frequent multi-disciplinary meetings were held throughout 2004-5 to plan the templates and working of
the new system.

Obstacles along the way included some difficulties with the rate of change of the practice and required
some compromise e.g. increased patient letters required increased secretarial support but it was agreed
that for review visits a two part form would be hand written by doctors for GPs instead of dictating letters
to be typed later.

The results are very obvious and have resulted in a reduction in the waiting list from nearly 18 months to
less than ten weeks within a year. Extended benefits include a reduction in the need for ED referral as
the waiting list is now such that patients can be seen in the clinic instead. It also has resulted in fewer
admissions as we now treat people in the clinic e.g. iv steroids for people with MS; Tysabri infusions for
MS etc. This has further reduced the need for day ward admissions. An audit of patient satisfaction
showed an overwhelmingly positive response to all of the changes made.

The development of the ‘Neurolink’ (a web-based, GP direct referral service run by the Consultant
Neurologists) services has also helped the entire ‘flow’ of patients through this efficient system.

Value for money is evident in the reduction in the numbers of people requiring ED attendance and
admission to Hospital. There are of course, multiple hidden cost benefits – reduced waiting times during
clinics mean patients do not have to take full days off work; improved quality time with doctors means
patients can often be discharged from clinics altogether more frequently than previously; the development
of flexibility within the service means we are optimising the time spent by Consultants and Junior staff
throughout the working week.

The partnership approach was mainly among the staff in the hospital who all worked hard to make these
huge changes to our service. The feed back from GPs has been very positive and patients are also much
more satisfied with this new service. ‘Neurolink’ should increase further the cooperation between patients, GPs and Neurologists.

The main lesson we have learned is that things can change and not necessarily with huge change in resources. This out patient based approach could be expanded to three clinics a day with further changes (and is planned in the future). We have realised our aims of reducing waiting lists to a reasonable level given the staffing numbers but we predict we can continue to improve.

Team:
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Squashy Couch functions through its operational venue: an adolescent-friendly coffee shop, which offers a drug and alcohol-free environment in a universally available and central location. This relaxed and informal setting enables teenagers (aged 14 to 19 years) to access a range of information and health services in the areas of prevention, promotion and support. Involving young people in the formation of policy, the development of activities and in the day-to-day running of the project engenders a sense of empowerment, ownership and respect for the project. While specific health information services are developed for target groups regarding sexual health and crisis pregnancy, the overall approach of this project is flexible and adaptable to the emergent needs of the client group.

A range of health services are offered to young people both on an internal and outreach basis.

- Health Information is generated for the coffee shop each month. Themes are chosen by young people and are broadly in the areas of sexual health, mental health, drugs, alcohol and smoking, healthy eating and nutrition.
- Antenatal classes for teenagers are delivered by our nurse in conjunction with the WRH midwifery department.
- Postnatal support is offered to young mothers.
- Counselling is available on a drop in and appointment basis.
- A full time nurse on the staff sees young people on an individual basis.
- A community nutritionist is available for individual consultation once a month.
- Addiction counselling is available on site or in a neutral venue by appointment.
- GP services are available to over 16 year olds, 2 hours per week, after school.
- Individual support for young people who self harm is available and group supports for young people with emotional health needs are planned.
- Sexual health programmes for young people are delivered in schools and other youth services.
- Psychology services
- Partnership with Samaritans Ireland has been formed to develop an emotional health programme for young Irish people based around the DEAL programme currently in use in the UK.
- Partnership with WHAT will enable the development of emotional support through art in the summer and autumn of 2008.

Additionally, we offer a 3 day training course to other professionals, in sexual health education for adolescents, based on our sexual health programme.

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**Team members:**

Maire Morrissey, Susan O’Neill, Mary Cleary, Ger Fennelly, Claire Hayes, Ursula Ryan, Sarah Murphy, Steve Lamb, Elinor Mountain.

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The Melting Pot represents a unique partnership of local development agencies, voluntary sector support services and the Health Service Executive in the delivery of an innovative community enterprise and social inclusion project. This initiative arose due to the awareness of a serious gap in service delivery for people recovering from mental illness and the identification of an opportunity to develop a project which would go beyond this and address other needs of a range of specified target groups – young people, the elderly, foreign nationals, people with disabilities and the wider community of Roscommon Town.

The Melting Pot centre consists of a coffee shop, Internet access, a retail outlet for second hand clothes and other goods. It is a venue for youth activities and is used as a general meeting place or training/seminar venue and is open and accessible to all members of the general public, and other groups mentioned previously and also includes a Peer Support Project which is run from the centre.

The centre provides a place to meet and chat in a relaxed and friendly environment and has been developed in a way to ensure that it is both accessible and welcoming of the general public and this ensures greater integration of the target groups into real life social, commercial and communication situations. This reduces the stigmatisation experienced by these groups and ensures that the centre is a microcosm of the wider society whereby individuals can grow in confidence in a supportive but real environment.

The Melting Pot is a collaboration of the following: Health Service Executive, Neighborhood Youth Project, the Citizens Information Centre, the Roscommon Partnership, the Foreign Nationals Support Service, the Mental Health Association, GROW, the Disability Advocacy Project and a number of Service Users and Family Support members.

Team Members:
Andy Mc Donnell, Clorina House, Training Centre, Roscommon PCCC, HSE West
Richard Regan, Foreign Nationals Support Service & Citizens Information Centre
Garrett Doyle, Peer Support
Adrain Brend, Manager of The Melting Pot, Roscommon
Carmel Donovan, Disability Advocate, Citizens Information Centre
Martina Regan, Volunteer, The Melting Pot, Roscommon
Patricia Murphy Byrne, Roscommon Partnership Company
Linda Sice, Roscommon Partnership Company
Siobhan Duane, Neighborhood Youth Project
Tighe Kilcummins, Ros na Suin, Day Hospital, Roscommon PCCC, HSE West
Margaret Hynes, Clorina House, Training Centre, Roscommon PCCC, HSE West

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Adopting and adapting good practice

Cardiology Department, Beaumont Hospital
Better service for Heart Failure Management

The Heart Failure Nurse Specialist was appointed to work in Beaumont Hospital in November 2006 overseen by the Consultant Cardiologist with the lead in heart failure management. The aim of this post was to assist in improving the care of patients with heart failure and their families adopting a holistic approach and assist in developing a heart failure service.

Objectives:
- Reduce the risk of progressive deterioration due to heart failure.
- Improve quality of life for both patient and family.
- Reduce the frequency of hospital admissions and period between admissions.
- To forge greater links with the community and promote interagency working and working together rather than as separate entities.
- Address disparities in heart failure management promoting evidence based practice in both hospital and community.

Outcomes:
- Improved care for both patient and family
- Improved self management
- Reduced the frequency of hospital re-admissions
- Reduced length of stay for those admitted via the heart failure service.
- Improved heart failure management in both hospital and community.
- Allowed for one key person to act as the central co-ordinator preventing misinformation or miscommunication.
- Has provided seamless care with professionals in health and social care liaising with the heart failure nurse.
- Improved communication between hospital and community with General Practitioners, Community Pharmacists and Community Nurses.
- Overall 40% of patients attending the service have been treated with intravenous therapy as an outpatient, previously requiring admission to hospital for the same treatment.

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Dublin Mid Leinster
Pulmonary Outreach Programme (POP) in a rural environment

The Pulmonary Outreach Programme (POP) was initiated in the Longford/Westmeath areas in March 2006 and based on the Beaumont Hospital model. An Assisted Discharge Programme was initiated on interim review to meet service and patient need.

**Aim:**
To offer patients admitted to hospital with an uncomplicated acute exacerbation of Chronic Obstructive Pulmonary Disease (COPD) an opportunity to leave hospital earlier than usual with dedicated professional support.

**Objectives:**
- Reduction in bed occupancy days
- Reduce re-admission rates
- Educate patients and carers around chronic illness, medication management, early detection of exacerbation indicators and necessity for early GP intervention. Thus empowering the patient to take control of their illness.
- Expand the hospital based pulmonary rehabilitation (PR) programme to satellite sites.
- Educational updates to Public Health & Community Nursing staff to sustain quality patient care.

**Outcomes achieved:**
- The mean length of stay for patients at MRH Mullingar for 2005 was 7.49 days. The median LOS for all patients (81) was 4 days and for those on the Pulmonary Outreach Programme (29) was 2 days. Substantial savings r/t reduction in bed occupancy days (€301,320)
- Improvements in Quality of life and breathlessness scores
- Patients satisfaction with programme-anecdotal
- Insufficient time to measure patient readmission rates
- Pulmonary rehabilitation programme co-ordinated and facilitated by the outreach team in Longford and Athlone
- Educational sessions were held with Public Health colleagues.

**Future Service developments:**
- Expansion of the current service:
  - taking on patients with other lung conditions (eg. lung fibrosis)
  - a service providing less intensive input but ongoing review
  - direct referrals from A&E, MAU, OPD preventing admission to hospital
- Establish oxygen assessment clinic to monitor compliance, reinforce educational and assess continuing need for LTOT
- In collaboration with Community teams develop SOP for use of nebulisers
- Develop a Respiratory Assessment Unit to:
  a) Review acute referrals
  b) Review non acute direct referrals from community (GP, PHN & Physio) of patients with potential respiratory conditions, therefore promoting early diagnosis and disease prevention.

**Team:**
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**Contact:**
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Patients undergoing a course of radiation therapy experience side effects which are monitored daily by the radiation therapist team on the treatment machines, and weekly by the medical team. Traditionally in radiation therapy, medics had the difficult undertaking of reviewing all patients and treatment areas in one day, and every year the patient numbers and treatment complexities increasing. The Hanley report (2003) and the European Working Time Directive (2004) outline the need to reduce NCHD workload, and puts an emphasis on areas where other staff are also well placed to deliver a quality service. The Strategy for Cancer Control 2006 and the National Oncology Project Plan 2007 emphasise the necessity to develop site specialisms within cancer care.

Radiation Therapists are ideally placed and skilled to expand the review team and its services and also, to introduce site specialisms within the different types of cancers. Radiation therapists undergo a four year honours degree, and are the only profession who specialise in cancer treatment from their primary degree. The unique radiation therapy and assessment skills that result from this training are ideal qualities for treatment review. This has long been recognised internationally where evidence of radiation therapist-led clinics can be seen in numerous centres across Europe. Two radiation therapists in CUH undertook a M.Sc. Module to permit the setting up of the first ever radiation therapist-led, site-specific, review clinics in the Republic of Ireland in 2005. Full funding for the training was awarded by the Cork based charity Aid Cancer Treatment 2004-2006, and by the Irish Cancer Society from 2007. With full management and medical approval, detailed development guidelines and assessment forms were developed to provide the structure and ethos to the clinics- this included the use of internationally validated assessment tools to grade side effects caused by radiation therapy, and the researching of literature to increase the evidence based approach adopted by the department.

Two separate weekly clinics were created, removing 40% of the workload from the medics. This freed them up to partake in other urgent medical reviews and new patient clinics (the medics only have to review their breast and prostate patients at intervals during their treatment course). There are now 7 radiation therapists trained in review clinic facilitation. This initiative has created a dramatic change in practice locally where staff, skill sets and workload has been distributed to the maximum. It has led to a reduction in waiting times for patients when waiting to be reviewed in the clinic; an increase in the average time available to review each patient; an increase in referral rates to other MD services; a higher degree of side-effect documentation using international assessment tools; an increase in inter-professional teamwork, partnership and sharing of learning; and the departments first site specialisms in the development of breast and prostate clinics. As a direct result of the work conducted in the CUH and the HSE South Award: the department is in the early stages of initiating a multi-centre trial in the use of camomile tea for skin reactions caused by radiation therapy; there are a number of other departments in the country in the early stages of setting up the clinics with the protocols and guidelines developed in CUH being used as a national template and model; Trinity College Dublin will be running an M.Sc module in radiation therapy treatment review in May 2008 with two review radiation therapists from CUH lecturing; the clinics featured on the TV3 documentary ‘Me and the big C’ in March 2008; the clinics have been invited to speak at the international European Society for Therapeutic Radiology and Oncology (ESTRO) Conference in Goteburg, Sweden, August 2008.

Radiation therapist-led review clinics are an effective method for the HSE to introduce cancer site specialisation, and to manage the exponentially increasing radiation therapy patient numbers by reducing the workload on the medical team. They have been shown to work harmoniously and in complement with the medic-led review clinics in the CUH.

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A Medical Records Management Project was set up following many complaints from Clinicians that hospital charts were often not available to them when they were at clinics, in theatre or in ward settings. This was viewed by the hospital as a patient safety/risk management issue and needed to be addressed. A review was therefore carried out to assess the situation and consequently to improve our practices with the aim of ensuring that charts would be available when needed for patient treatment and for other purposes.

Objectives for the project included:
- The development of policies and procedures,
- The establishment of service level agreements between stakeholders,
- Times allowed for charts to be released from the Medical Records Library and to have all clerical staff using a common set of protocols centred around having order and control in the management of the hospital charts around the organisation.

A key objective was the development of an electronic tracking system to capture the movement of the charts and provide the facility to locate the charts immediately for any planned or unplanned event.

There has been a noticeable improvement in the levels of availability of charts for service users
- An electronic Chart Tracking System was introduced and has had the effect of reinforcing a discipline and a requirement to follow procedures
- Temporary charts – reduction from 5% of clinic lists to less than 1%. Savings of 40K in the reduction of temporary charts.
- Staff Time – reduction from 20% to 5%. Reassigned 2.5 WTE’s to facilitate introduction of additional services such as Surgical, Breast, ENT, Obs/Gynae and Paeds
- Medical Secretaries - 3hrs per week saving
- Significant improvement in availability of the complete record for patient care thus enhancing patient safety and risk reduction.
- Service impact – Less delays in Outpatients, charts available for ward rounds. Less requests for tests i.e. repeat tests diagnostics (difficult to quantify).
- More efficient working – less repeating of tasks,
- Fewer complaints concerning missing/incomplete records.
- Emphasis on getting it right first time.
- Statistical data is available to measure and verify progress.
- Management information now available electronically to assist in decision making and monitoring of Key Performance Indicators

The Project has formed the basis for ongoing auditing and improvement initiatives in relation to the Medical Records Process. It dovetails well with the requirements in the NHO Code of Practice for Healthcare Records Management. The project would be suitable for replication as all hospitals share similar issues in relation to patient safety.

Contact:- Domhnall McLoughlin Sue Watters
Enable Ireland North East employ just over 100 staff and provide a range of services to children with disabilities and their families across Cavan/Monaghan and Meath and Community & Home Support services to adults with disabilities in Co. Meath. We work from 8 locations across the North East.

We are an organisation that applies our core value of person centredness to our staff as well as our service users. We have a number of initiatives in place which support staff and we regularly consult with and involve staff. We conduct staff surveys and act on our findings. We have recently achieved Recognition of Excellence 4 Star from EIQA and scored particularly high in the people section.

Examples of some initiatives that we have in place include,

- Team Based Structure for Service Delivery
- Personal Development Planning (PDP)
- Team Development Planning (TDP)
- Quality improvement teams across the service
- Training and Development opportunity aligned to PDP and TDP
- Staff innovation awards (Annual)
- Regional staff days to share information and good practice (Bi Annual)
- Annual staff survey
- Feeling valued initiative since 2004
- Implementation of work positive initiative since 2005

Contact: - Mary Fox
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KARE is a voluntary organisation providing services to approximately 400 children and adults with intellectual disabilities and their families in the catchment area of Co. Kildare, East Offaly and West Wicklow. 2007 was KARE’s 40th year and the organisation that was founded by a small group of parents and friends has grown and developed to provide high quality person centred services. One of KARE’s four Strategic Priorities is Supporting Staff and we recognise that in order to provide person centred services to our services users we need to ensure we support and manage staff in a person centred way. Over the years as KARE has progressed and increased in size we have worked hard to try to keep alive the positive aspects of friendliness, openness and informality associated with a small organisation whilst at the same time growing and developing a professional service.

The following are some of the mechanisms that KARE used to support staff so that they feel valued by the organisation:

- Training & Development, e.g. FETAC accredited training, in-service training days, Personal Leadership training based on Stephen Covey’s, The Seven Habits of Highly Effective People
- Education Assistance/Support
- Performance Management System
- Flexible Working Arrangements
- Participation by staff in Improvement Projects/Focus Groups/Policy development
- Regular team meetings
- Recognition of Long Service
- Staff Satisfaction Surveys
- Franklin Covey Internationally benchmarked xQ survey

**Contact:** Ms. Mary O’Connor, KARE, Central Services, Newbridge Industrial Estate, Newbridge, Co. Kildare.
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In April 2007, the Biomedical Engineering Department (BME), Cork University Hospital Group, underwent an external Continuing Professional Development (CPD) Accreditation audit by Engineers Ireland. The BME was awarded full CPD Accreditation, becoming the first hospital department in the country to achieve the award. The award is granted to those organisations that display good organisational practice in the area of professional development for their engineers and technicians and meet the seven CPD Criteria of Engineers Ireland. This award was achieved through the participation of all the staff in the department. CPD for each engineer in the department is an ongoing requirement as medical device technology is rapidly evolving and increasing in complexity. Following on from the CPD Accreditation achievement, the Biomedical Engineering Department went on to be winners in Engineers Ireland CPD Company of The Year Award. This award recognises innovative CPD practices that have resulted in clear business benefits for CPD Accredited organisations.

One of the criteria for CPD Accreditation from Engineers Ireland is that each employee of the department participates in CPD and that each is given the encouragement and opportunities to advance their skills, through technical, clinical and management training courses. Members of the department form part of multi disciplinary teams whose remit is the evaluation of state of the art medical technologies as part of tender processes. Different members of the department have responsibility for specific medical devices. All staff members were given the opportunity to avail of the Competency Assessment Tool as part of their Professional Development Planning, all staff availed of the opportunity.

Through their duties the Biomedical Engineering Department staff interface with virtually all other departments within the hospitals, such as Dialysis, Theatres, ICU’s, CCU, Cardiology, CUMH, etc and non clinical departments such as Procurement, IT, Maintenance etc. The various department heads complement our willingness to resolve issues in an efficient and courteous manner.

Further examples of pride members take in their work is the fact that they have regularly presented aspects of their work at the Annual Scientific Meeting of the Biomedical Engineering Association of Ireland as well as regular in house presentations.

Contact:- Mr. Ger Flynn, Head of Biomedical Engineering Department, Cork University Hospital Email: Ger.Flynn@hse.ie
Galway University Hospitals actively encourage and strive towards the whole ethos of equality for all staff and has placed Diversity on the top of the management agenda. This has been progressed through the development and implementation of Galway University Hospital’s (GUH) diversity policy and action plans. The aim of the Project is to embrace diversity throughout GUH and to ensure that staff and patients are treated with dignity and respect thus creating a safe quality environment. We have established a Diversity Steering Committee to examine the needs of all diverse groups within the hospitals, to develop an action plan to enhance the working experience of these diverse groups and to oversee the implementation of this wide ranging plan. The plan is reviewed on a quarterly basis at the Diversity Steering Committee’s meetings and any activities carried out are evaluated and areas for improvement noted for future action.

We also have a Disability Awareness Group and a National Intercultural Healthcare Initiative Committee that feed into the Diversity Steering Committee. Due to the diverse nature of our staff the work of these groups is imperative in ensuring that all staff are provided with a platform to perform to the best of their ability, thus greatly enhancing quality patient care.

There have been a number of Equality/Diversity initiatives carried out in GUH, such as:

- ‘Equality for All’ Open Day
- Disability Awareness Open Day
- Diversity Training
- Disability Awareness Training
- Roll-out of Dignity at Work policy and implementation of training programme on dignity at work
- Interpreter Resource Pack
- Improvements to facilities, particularly for people with disabilities
- Implementation of a Rehabilitation/Back to Work programme
- Theme Days e.g. Indian, Asian, American, etc
- English and Irish language speaking courses
- Designated Equality Officer
- Provision of facilities for Inter-faith prayer room
- Employment schemes implemented for disadvantaged groups
- Proofing of all HR Policies
- Working groups established with disability, culture and traveller organisations

The work of these groups has also been acknowledged through GUH receiving a number of awards/recognitions over the past few years, for example:

- Special Merit Award for Migrant Friendly Hospital Initiative
- ISO/ETP in a number of departments
- Assessed for full Hospital Accreditation in October 2007 (awaiting outcome)
- Baby Friendly Hospital Initiative
- Large acceptance of presentations and papers on best practice from GUH staff for national and international conferences

All of this work carried out has significantly changed the culture of the hospital and has helped to enhance the working experience of the staff at Galway University Hospitals. It has contributed towards making GUH a quality learning environment where the dignity and respect of staff and patients are of paramount importance. Ultimately this leads to GUH being a better place to work.

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JUDGES AND EVALUATORS

DUBLIN MID-LEINSTER

Judging Panel
Mr. Eamon Fitzgerald, CEO, Hermitage Clinic, Lucan, Co. Dublin (Chair)
Mr. Denis Doherty, Former CEO Midland Health Board
Ms. Norah Casey, CEO, Harmonia Ltd.
Ms. Eilish McAuliffe, Director, Global Health Studies, TCD
Mr. Stephen McMahon, Chairperson, Irish Patient Association
Ms. Aileen O’Meara, Journalist, Sunday Business Post

Evaluators
Ms. Mary Power, INO, Cork
Ms. Judy Foley, Head of OD&D, HSE South, Cork
Mr. Alan Price, General Manager, Community Services, HSE South
Ms. Breda Kavanagh, Hospital Manager, HSE South
Ms. Marie Kehoe, Quality & Safety Manager, HSE South

HSE SOUTH

Judging Panel
Dr. Sheelah Ryan, former CEO Of Western Health Board and Chairperson National Cancer Screening Service (Chair)
Mr. Jerry Linehan, Training Manager, FÁS South West
Prof. Ciaran O’Boyle, Royal College of Surgeons in Ireland
Mr. Paul O’Grady, CEO Excellence Ireland Quality Association

Evaluating Panel
Dr. Margaret Webb, General Manager, EVE Limited (Chair)
Mr. John Broe, Employee Relations Manager, HSE Dublin Mid-Leinster
Mr. Moss McCormack, Strategic and Performance Management Specialist, HSE
Mr. Gerry Raleigh, General Manager, PCCC, HSE Dublin Mid-Leinster
Ms. Karen Lodge, Partnership Facilitator, HSE Dublin Mid-Leinster

HSE DUBLIN NORTH EAST

Judging Panel
Ms. Sheila Simmons, Honorary Secretary for the Irish Association of Older People (Chair)
Mr. Tom Frawley, Ombudsman for Northern Ireland
Mr. Eric Bower, CEO Western Board Trust, Northern Ireland
Ms. Marie Brady, Institute of Public Administration

Evaluating Panel
Ms. Dolores Kivlehan, Quality Co-ordinator, Sligo General Hospital (Chair)
Ms. Frances Conneely, HR Department, Merlin Park Hospital, Galway
Ms. Vera Kelly, Oranisational Development, Merlin Park Hospital
Mr. Matt Hurley, Office of the Asst. National Director, HSE West, Merlin Park Hospital
Mr. Charlie Meehan, Director of Nursing, Aras Attracta, Swinford, C. Mayo
Ms. Fiona Garvey, Quality Co-ordinator, Sacred Heart Hospital, Roscommon
Ms. Esther Mary Darcy, Partnership Facilitator, HSNPF
Mr. John Meehan, Mental Health Services, HSE West, Sligo
HSE WEST

Judging Panel
Mr. Barry Segrave, Chair Judge, Former CEO, Eastern Health Board (Chair)
Mr. John Brennan, Western Regional Director - IBEC
Mr. Des Geraghty, Former General Secretary SIPTU
Ms. Pauline Joyce, Director of Academic Affairs, International School of Health Care Management, Royal College of Surgeons in Ireland.

Evaluating Panel
Mr. Malachy Feeley, Nurse Advisor, Department of Health & Children.
Ms. Angela Walshe, Senior Manager, HSE, Dublin North Central PCCC.
Ms. Cornelia Stuart, Corporate Risk Manager, HSE, Dublin North East.
Ms. Eilish McKeown, Partnership Facilitator, HSNPF, Dublin.

QUALITY & SAFETY EVALUATORS 2007
Ms. Breda Dooley, Healthcare Risk Manager, Tullamore
Ms. Carole Murphy, Reg Co-Ordinator & Advisor for Moving & Handling, Tullamore
Mr. Dermot Duke, Non Clinical Risk Co-Ordinating Manager, Connolly Hosp
Ms. Geraldine Ryan Delaney, Director of Nursing, Comm. Hosp of the Assumption, Thurles
Ms. Kathleen Barden, National Lead Quality Enrichment - Quality & Risk, Naas
Mr. Kevin O'Malley, Healthcare Risk Manager, Tullamore
Ms. Loretta Jenkins, Quality & Risk Manager, Naas General Hospital
Ms. Maeve Ryan, Risk Advisor, St. Camillus
Ms. Margaret Curran, A/DON - Quality & Accreditation Proj Mgr, Wexford General Hospital
Mr. Martin Creagh, Health & Safety Officer, National Maternity Hospital, Dublin
Mr. Martin Quilty, Co-ordinator, Rehabilitative Training Guidance Service, HSE Dub N/E
Ms. Mary Ryan, Fire & Safety Officer, Unit 2 A South Ring Business Park, Kinsale Road
Ms. Noreen O'Regan, Director of Nursing, Ennistymon Community Hospital
Ms. Patricia McNamara, Clinical Audit/Research Officer, Mid-Western Regional Hosp, Ennis
Dr. Samantha Hughes, A/Co-ordinator Quality and Risk, Tullamore
Ms. Trudy Caffrey, Health & Safety Officer, South Infirmary Victoria University Hospital Cork
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Mr. William Harding, Accreditation Co-ordinator, Mullingar

External Evaluator
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Judge Catherine McGuinness, President, Law Reform Commission, 35-39 Shelbourne Rd, Dublin 4 (Chair)
Mr. Barry Seagrave, Former CEO, Eastern Health Board
Ms. Sheila Simmons, Honorary Secretary for the Irish Association of Older People
Mr. Eamon Fitzgerald, CEO, Hermitage Clinic, Lucan, Co. Dublin
Dr. Sheelah Ryan, Former CEO, Western Health Board and Chairperson National Cancer Screening Service

Evaluators
Dr. Malachy Feeley, Nurse Advisor, Department of Health & Children (Chair)
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Ms. Dolores Kivlehan, Quality Co-ordinator, Sligo General Hospital
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If you have any comments or would like to share your feedback about the National Achievement Awards please contact:

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