

# Health **MATTERS** th

is  
**Smart  
technology  
helping  
independent  
living**

## **TIME TO MOVE ON**

**New chapter for  
St Margaret's residents  
in their own homes**

FEATURES

GENERAL NEWS

YOU SECTION

LIFESTYLE



Seirbhís Sláinte  
Níos Fearr  
á Forbairt

Building a  
Better Health  
Service

# WELCOME TO THE LATEST EDITION OF HEALTH MATTERS

THE Christmas season is well and truly upon us and there's no better time to meet the young children whose visits bring joy to elderly patients at two community hospitals.

In Co Clare, the schoolchildren of Mol an Oige Primary School have forged firm friendships with the residents of Ennistymon hospital, while the Blossom Together initiative in Co Leitrim has brought pre-schoolers from a nearby childcare facility to St Patrick's hospital in Carrick-on-Shannon.

It is such a heartwarming tale and the visits have really made a difference to the lives of the older patients, many of whom suffer from dementia. Teachers, parents and childcare workers have also reported back that the children really look forward to the trips to the hospitals to meet up with their new friends.

We talk to Helen Twomey, who tells us how the simple Alexa device has transformed her life. Helen, who is paraplegic and relies on a wheelchair due to her cerebral palsy, has been given a new sense of independence that she would never have dreamt possible.

Instead of waiting for her support staff to do it for her, the Cork woman can now turn on the lights, find out the time, get the news, turn on the heating and even make a phone call or send an email. Helen is hoping that by sharing her story, she is raising awareness of the benefits technology can have for people living with a disability in helping them with their independence.

We also speak to HSE CEO Paul Reid on the first six months of his new role at the head of the organisation. Many staff up and down the country will already have met Paul during his many trips to the frontline. By meeting staff at work on the ground across acute hospitals and community settings, he said he has been in a position to speak with them, hear their concerns and experience the pressures that they face first hand.

A sincere thanks to all those who have sent in contributions to this edition and I hope you find plenty of interesting reading in it.

*Happy Christmas and a prosperous new year to all our readers.*

## Joanne Weston

Joanne Weston, Editor



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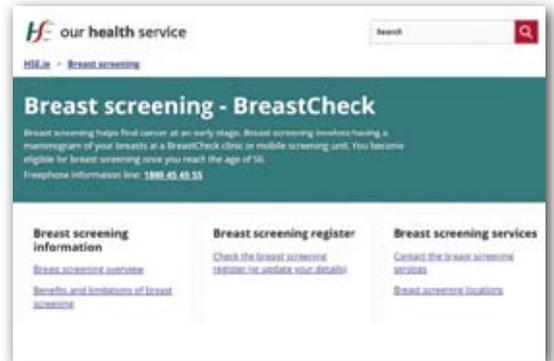
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www.breastcheck.ie



www.gov.ie/slaintecare



www.askaboutalcohol.ie



www.man2man.ie



# ALEXA IS HELEN'S NEW BEST FRIEND

**T**ECHNOLOGY has made all our lives easier – from turning on the radio by voice control to controlling your home heating from your phone.

But for some people with a disability, technology is not just about convenience, it's about living a normal life.

Helen Twomey has cerebral palsy and has severe mobility issues. Throughout her life, she has had to depend on family and support care workers for most of life's simple functions like turning on lights, making a phone call or sending a text message. But now she has a new best friend who has changed all that – Alexa!

Jason Cooke is the Cork Supported Accommodation Service (CSAS) service manager with Cheshire Ireland, which provides a range of support services to people with both physical and neurological conditions.

He manages a number of people in the Cork area, including Helen, and has been using the new technology that we have been using in our homes to help give people with disabilities greater independence and ease of living.

"Two years ago when the Amazon Alexa app became available, I began looking at how we could use the technology to make people more independent. I contacted Amazon and they provided me with a lot of freebies to help the project along. For many of the people I work with, it has been completely transformative," he said.

He gave an example of Helen's typical day using the assistant technology.

"When she wakes up, she can tell Alexa to turn on the lamp, something she just isn't able to do herself due to her limited mobility. She has some cognitive impairment and can't read so she gets Alexa to tell her the time, read her the latest news and tell her the weather," said Jason.

"Before this, she would have had to lie in the dark until one of the staff came on duty. She also has the staff roster saved digitally so Alexa can tell her exactly which staff member is rostered to work with her that day. She is completely informed.

"If she is chilly or warm, Alexa can link in



“It has changed everything. I was always depending on staff to make phone calls for me or read my messages and emails. Now people can deal with me directly without having to go through the staff. I have privacy now

with the smart thermostat to turn the heat on or off, up or down.”

Alexa has brought Helen a new level of independence she could hardly have imagined just over two years ago.

"Helen can now make phone calls and check her messages without needing a member of staff to do it for her. I don't think we realise how important that is for somebody to have their privacy. I would have had to read out her personal emails and messages to her but now she has her privacy back, the privacy that everyone has a right to," Jason explained.

"She can also input all of her appointments into her computer through Alexa so she is effectively managing her own diary. She can make shopping lists for when she goes out.

"She can put on the TV and change the channels, she can put on the radio, make a playlist of music of herself. And she can't read books to herself but Alexa, through Audible, can read the books out to her."

Jason said that Alexa can also play a role in helping somebody who is feeling isolated.

"Alexa can play games and interact with the person, which also makes it ideal for older people or people in the early stages of dementia to keep the exercising the brain."

For Helen, making phone calls for herself without needing to involve staff members and turning on and off her own lights were the biggest breakthroughs for her.

"It has changed everything. I was always depending on staff to make phone calls for me or read my messages and emails. Now people can deal with me directly without having to go through the staff. I have privacy now," she explained.

She revealed to those assembled at the HSE's National Sharing Day that she had used other technologies before to assist her but Alexa was by far the easiest to use.

"I like Alexa because she is cost-effective, a normal device that is for everybody, and does not look out of place or make me and doesn't make me self-conscious in my own home," said Helen.

"I have wanted to murder Alexa on a few occasions and we have had some arguments – which she has always won!"

Jason said that the newer Alexa models even begin to recognise the person's voice and understand it more the more they use it.

"The artificial intelligence in the machine gets used to Helen's voice and understand her a lot easier," he said.

Life has been transformed for Helen but she still has a couple of things on her wishlist.

"I would love to be able to one day open my own doors and windows. That would be great," she said.

-----  
Helen Twomey with Jason Cooke.



Staff and service users from the Central Remedial Clinic (CRC) at the National Sharing Day at the Rotunda Hospital.

## CROAGH PATRICK SUMMIT NO OBSTACLE TO JOHN'S DREAMS

JOHN Tobin isn't just happy with living life. He is determined that he should be able to go after his dreams. And thanks to his commitment and the support of family, friends and the wider community, John got to realise his biggest dream of climbing Croagh Patrick.

John has cerebral palsy and uses a wheelchair. He never thought for a minute that he would be able to join his family on their annual climbs up Croagh Patrick.

But, as his mum Ann explained, John's carer Clive Guthry began to wonder how they could get John up to the summit – despite all the logistical problems that they faced.

"As a family, we had been climbing Croagh Patrick for a number of years. Always when I was on top of Croagh Patrick, I imagined having John there as well but never thought this could be a reality," Ann told the National Sharing Day in the Rotunda Hospital recently.

"Clive is always looking for something amazing for John to do and it was he who first suggested that we could get John up with us. He contacted a local engineer, Basil Finan, to see if he could design something that would allow John's chair to go up the mountain. Basil got to work and came up with a design that would mean that John wouldn't have any pain or discomfort on the climb."

With a team of 30 volunteers, John made it to the top of the Mayo landmark in his specially designed chair in September 2016, in just over three hours.

"On the morning of the climb, Clive surprised us with a motorbike cavalcade from our home town of Williamstown to Croagh Patrick. It was just amazing. And



as we arrived, Basil the engineer was just arriving too and we could see the dream was becoming a reality. It was very emotional. Loads of people came from our home town, neighbours, friends and family. Everyone wanted to see John's dream come true," said Ann.

She revealed that it was a long and arduous journey, with the volunteers stretched to their physical limits as they pulled John up the mountain. The Civil Defence were there on the day voluntarily to make sure John was safe at all times.

"As we approached the top, local man Pat Cafferky played bagpipes at the summit. It

was quite a sight and so emotional. It was just like a dream. Even now thinking back on it, we all get very emotional."

She added that John hasn't stopped dreaming and living his best life. The big football fan was the feature of a three-part video by Supermacs as Galway football team's greatest supporter.

"It was another feather in his cap. In spite of his physical disabilities, he wants to live life to the full. John very seldom is at home, he's always out and about, at football matches or country music events. He spends most of his time socialising and talking to people," added Ann.



## SUPPORTING PEOPLE TO LIVE LIVES OF THEIR CHOOSING

IT was a day of positive stories as the Quality Improvement Team in the National Disability Operations Office held a National Sharing Day recently, with the theme of ‘supporting people to live lives of their choosing’.

The conference focused on examples of good practice around the country, emphasising Continuous Quality Improvement in our services as opposed to just compliance with regulations.

There were multiple examples of really good practice around the country showcased to an audience of 280 people, made up of people who we support as well as the staff who support them.

The main goals of the Quality Framework for outcomes-focused Disability Services are that people who use disability services:

- Are living in their own home in the community
- Are exercising choice and control in their everyday lives
- Are participating in social and civic life
- Have meaningful personal relationships
- Have opportunities for personal development and fulfilment of aspirations
- Have a job or other valued social roles
- Are enjoying a good quality of life and well being
- Are achieving best possible health
- Are safe, secure and free from abuse

The attendees were welcomed by Cathal Morgan, Head of Operations, HSE Community Operations – Disability Services. At the beginning of the Sharing Day, Minister for Disabilities Finian McGrath launched the My Health Check assessment tool for use in residential services for persons with disabilities.

The My Health Check assessment tool

has been developed by the National HSE Disability Services Quality Improvement team in collaboration with service providers, service users and our academic partner, Trinity College Dublin (IDS-TILDA).

The purpose of the assessment tool (along with its accompanying Guidance Document) is to provide a head to toe assessment that can be completed by the person who knows the individual with a disability best and can therefore “flag” any areas of concern regarding an individual with a disability’s health. These matters can then be raised at the annual visit with the GP.

Leigh Gath, the Confidential Recipient, praised the great work that is under way in changing the culture for people receiving services while at the same time highlighting the need for this work to be progressed nationally, to empower people with disabilities to live ordinary lives in ordinary places, as independently as possible.

There were eight presentations on the day, led primarily by service users. These included presentations on ‘smart technology to practically support people’, a programme to support school leavers, an initiative to desensitise people undergoing a phlebotomy procedure, the story of John Tobin’s fulfilment of his dream to ‘climb Croagh Patrick’.

In the afternoon, there were presentations on a multidisciplinary approach to promoting good oral health ‘brush my teeth’, the journey one group has taken to bring a ‘changing places’ facility into a Dublin shopping centre, the work of a local community group to make their town more accessible and the story of Dylan who now runs his own dry-cleaning service. There were also multiple videos and posters which

showcased very innovative projects throughout the country.

The evaluations from the day were very positive, with attendees identifying key take home messages such as:

- Everyone is entitled to have dreams and to strive to have them filled
- Technology can be significant in promoting independence
- Anything is possible
- I want to apply everything in my service
- We should have higher expectations of what people with disabilities can achieve
- Service users should be the ones driving how services are delivered
- Pushing my own limits – positive risk taking
- Creating a positive atmosphere creates change
- So much good work is going on that is not generally showcased
- Ideas for projects – ideas are unlimited!
- With support, all goals can be achieved
- Disability shouldn’t matter
- Listen to people, think outside the box
- We can all learn and improve our practice - we need to be ambitious and make the impossible possible
- How easy it is to meet someone’s dreams – this day was great for inspiration and kickstarting

“The Quality Improvement team in HSE Disabilities would like to thank all of the presenters, people who sent in videos and posters and all who made this a really positive day. It is hoped that this will become an annual event, and plans are under way for 2020,” said organiser Marie Kehoe-O’Sullivan, National Quality Improvement Disability Services.



# WORLD'S FIRST DIABETES DRONE MISSION TRAVELS TO THE ARAN ISLANDS

**A** drone has begun delivering life-saving diabetes care to the remote Aran Islands. Professor Derek O'Keeffe, Consultant Endocrinologist at Galway University Hospitals and Professor of Medical Device Technology at NUI Galway was the project lead for the world's first autonomous beyond visual line of sight (BVLOS), vertical take-off and landing (VTOL) drone delivery of diabetes prescription medications (insulin, glucagon) and collection of a patient blood sample (HbA1c) between Connemara Airport and Inis Mór, Aran Islands.

It is crucial that people with diabetes have access to their lifesaving medicine at all times, which is often challenging in remote geographic regions and in times of natural disasters. Recent severe weather events, including storms Emma and Ophelia, demonstrated a clear need to develop the capability to deliver insulin and other critical medications (such as glucagon) in times of crisis.

The Internet of Things (IoT) connected drone delivery was supported by the Irish Aviation Authority, operated in between commercial flights and was in contact with air space regulators at all times, showing the possibility of future deliveries of this kind within planned drone corridors.

Prof O'Keeffe said, "Climate change means

that these types of severe weather events are becoming more prevalent. Individuals and communities in rural locations can become isolated for days after a severe weather event and an emergency may arise where patients can run out of their medicine. Therefore, it is incumbent on us to develop a solution for these emergencies, which addresses the clinical, technical and regulatory issues before a sentinel event occurs. To date medical drones have demonstrated success, for example in delivering blood, defibrillators and human organs for transplant. This #DiabetesDrone project represents another milestone in the use of drones to improve patient care."

The drone was launched from Connemara Airport using a combination of software - one for the pre-flight check list and one for the mission flight. The drone was connected via Vodafone Ireland's IoT network and it flew a pre-planned flight path using Q Ground Control software. This software allowed the connection of the primary cellular communications and backup satellite communications to be displayed, allowing the SUA (small unmanned aircraft) Pilots on both sites to track the progress of the aircraft. This is very important, as is the need to implement the BVLOS emergency procedures. Once airborne the whole flight was monitored by

the SUA Pilots from Survey Drones Ireland and Wingcopter.

The launch team had a live FPV (first-person view) camera feed from the aircraft to ensure a visual from the drone once it flew beyond visual line of sight for safety. The second team on Inis Mór, Aran Islands, had a second ground control station with satellite telecoms so they could monitor the location of the drone to the destination, at the local airfield.

Dr Marion Broderick, General Practitioner on the Aran Islands, said, "Drone delivery helps connectivity for island communities and has endless possibilities."

Marion Herson, a patient with diabetes on the Aran Islands, said: "Insulin is essential for my survival and having a diabetes drone service in an emergency situation would ensure this survival while living on an offshore island."

## MORE INFORMATION

For more information about the project, visit: [www.diabetesdrone.com](http://www.diabetesdrone.com) and on Twitter @DiabetesDrone #DiabetesDrone

TOP OF PAGE: Professor Derek O'Keeffe, Galway University Hospital and NUI Galway, and the world's first diabetes drone.  
PHOTO: ANDREW DOWNES, XPOSURE

*Enriching experience*

# NENAGH PALS VOLUNTEERS A SHINING EXAMPLE OF PATIENT ADVOCACY IN UL HOSPITALS

**F**OR Virginia O'Dowd, volunteering as a patient advocate has been an experience that has enriched her, almost incalculably so. The retired school teacher and former public representative, who was once Town Mayor of Nenagh, is part of the UL Hospital Group's Patient Advocacy Liaison Services (PALS).

"PALS makes a huge difference to the hospital experience for patients. There are no other demands on us, so we can give total attention to the patients. We volunteers also get a huge amount out of it. I always come out feeling richer, somehow; I get more out of it than can be measured," Virginia explained.

PALS volunteers are the public face of the service, dressed in red tabards with an embroidered yellow logo, and have had a transformative impact on patient experience in our hospitals, serving in a diversity of roles, whether as way-finders, patient companions, information guides, and gatherers of anecdotal patient feedback.

The volunteers have been a crucial element of the Group's strategy to continually improve care standards and the patient experience across University Hospital Limerick, Ennis Hospital and Nenagh Hospitals.

PALS volunteers help to firmly situate the hospital within the community where it is located, which in turn puts patients, relatives and all visitors at their ease, helping to create a more user-friendly hospital experience.

Virginia said all the Nenagh PALS volunteers feel a huge sense of pride in Nenagh Hospital and its place in the local community.

"Years ago, I was involved in the Nenagh Hospital Action Group, and when I see it now, with its bright, modern wards and refurbished facilities, I'm so proud of it. It's great to see people from all over the MidWest using it, from West Limerick, Clare, South Tipperary, the Kilkenny border, Tullamore and elsewhere," she said.

PALS also provides immediate feedback about care standards and other aspects of the

“ Sometimes, elderly people will be driven to the hospital, and of course, drivers cannot park outside the door, so we wait with their relative until the driver parks, and we also greet people who arrive in taxis. These are simple, reassuring things that make such a huge difference

patient experience. Virginia says the feedback from Nenagh patients is unanimously positive. "There is the greatest respect for staff. In PALS, we hear that from the patients every single day," she explained.

When a person requires hospital care, even the smallest act of kindness and support is significant, and this is at the core of the PALS ethos.

"Sometimes, elderly people will be driven to the hospital, and of course, drivers cannot park outside the door, so we wait with their relative until the driver parks, and we also greet people who arrive in taxis. These are simple, reassuring things that make such a huge difference," said Virginia.

Virginia emphasises how important it is to be vigilant for patients who look as if they need a helping hand or a kind word when they arrive for a hospital appointment, which, for many, can be a disorienting or frightening experience.

She recalled being approached in a shop by an elderly man who thanked her for being his friend in the hospital. "I didn't recognise him at first, but then remembered him from some months ago. He'd come into the hospital alone, and looked ill and quite stressed. I asked if he needed help, and he told me he



was there for an appointment, so I took him to admissions, got him a drink, and sat with him until he was called. I thought no more of it, but when I met him months later, he told me that on the day, he would have left if there hadn't been someone who made time for him. It was great to see the man looking so well and it shows the importance of PALS."

As a Befriender on the PALS volunteer team at Nenagh Hospital, Toomevara resident Polly Ryan has a more specific duty.

"Meeting and greeting is my thing," beamed Polly. "I'm not just there to show people how to find places, but also, if the patient wants, to sit and wait with them, chat, and help to take their mind off their appointments."

Once fearful of hospitals herself, Polly has discovered such trepidation affects all age groups. "You can read it in their faces. Sometimes, all they want is for you to sit and chat with them. So I'll talk about something I've been through. Hurling is a great subject, particularly with our Limerick patients. Young people, even when they're in with parents, might need someone else to chat to who can lighten things up a bit, because, well, I suppose Mummy might be worried as much as they are," Polly explained.



Polly is the ultimate people's person, and a force of nature who refuses to be brought down by the challenges life can present.

"In 2008, I went into the hospital in Limerick on a Monday morning, had a mastectomy that afternoon, was discharged on Friday, and was out dancing at a Mike Denver show the following Monday night. We've all been to hospital for what I describe as personal NCTs. Most people don't want to come in for things like colonoscopies, and when I describe them as NCTs, something we don't like doing but have to, it helps to lighten the mood for them," said Polly.

The call to join the PALS volunteers three years ago came at the right time for Polly, who suddenly found herself at home alone after being married for 30 years, and mother to five sons who had left the nest.

Her love of people and volunteering and cheerful, friendly disposition, as well as her own experiences of the health system, makes Polly a natural fit for the role of PALS Befriender.

"I used to have a fear of hospitals when I was a little girl, and having had five children, and come through cancer treatment, I know how terribly worrying it can be. I've always found that when you're feeling low

or overwhelmed by it, all you need is a little bit of kindness, someone to tell you it will be all right, to hold your hand for a minute and calm you down. It makes such a difference," she said.

A beacon of positivity, Polly recently returned from a holiday to the US, where she grabbed a window of opportunity during a stopover in Philadelphia to run up the steps immortalised by Sylvester Stallone in the 'Rocky' movies. She began running two years after her mastectomy, and celebrated five years free from cancer by running the Dublin City Marathon. She's also a keen long-distance walker. Polly's indefatigable spirit shines through all duties she undertakes with PALS.

"I love PALS, and I would do it every day if I could. All the staff are fantastic, and it's such a lovely hospital to work in. And I think people really appreciate it. A large number of patients will come back to us from time to time, just to say hello and say thanks for being there for them," Polly added.

Cathrina Ryan, Operational Director of Nursing at Nenagh Hospital, said that within four years, the PALS volunteers had become so much a part of service delivery, and were so embedded in hospital culture and activities, that it would be "difficult to either recall or imagine the hospital without them".

"As Virginia said, it's the dedicated attention to the patient, one-to-one, in an unrushed manner, that puts them on ease when they arrive at the hospital. Our patients are from Clare and Limerick in addition to our local patients, making the Befriender role invaluable to patients who may not have many visitors, and Polly has befriended patients, staff and visitors alike," Cathrina added.

Miriam McCarthy, Manager of Patient Advocacy Liaison Services across UL Hospitals Group, says that Virginia and Polly, and all PALS volunteers, create a multi-dimensional value to the hospitals in the Group.

"The presence of volunteers helps to demonstrate the role of hospitals in communities, and represents our willingness to enable members of the public to help us help our patients. They're also an invaluable source of information, comfort and support for patients, and as they are not involved in delivering clinical care, add another dimension to the patient care experience in our hospitals," Miriam added.

"I personally cannot imagine our hospitals without volunteers, who bring a smile to my face every time I meet them. They serve as role models and set a high bar for all of us in our interactions with patients."

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Nenagh Hospital Patient Advocacy Liaison Service (PALS) volunteers Polly Ryan (left) and Virginia O'Dowd.

## HONOURING THE FIRST CENTENARIAN IN ARAS MUIRE

NORA Agnes (Aggie) Parsons celebrated her 100th birthday with family, friends and staff in Aras Mhuire Community Nursing Unit, Tuam, as well as mass concelebrated by Fr Sean Flynn.

A Tuam native, Aggie Conearn was one of six siblings born in Chapel Lane. Aggie found love in her hometown and married Bert Parsons in 1941 and the couple lived in Tubberjarlath. Aggie, Bert and their five children Joe (RIP), Phyllis (RIP), Robert, Killian and Anne Molloy continued with family life on the Athenry Road, Tuam. In fact, this was Aggie's home until 28th March, 2018 when she moved to Aras Mhuire Community Nursing Unit following two months in hospital.

Throughout her life, as well as rearing her family, Aggie enjoyed walking, loved listening to all types of music and attending weekly mass. She loved to bake, knit and sew and she was in the Legion of Mary.

Since moving to Aras Mhuire, Aggie enjoys regular visits from her family, which now includes nine grandchildren and 11 great grandchildren.

Fr Flynn shared a very special message in the form of a letter which Aggie received for her birthday from President Michael D. Higgins congratulating her on 'the 100th anniversary of her birth – a great life in years and rich in accomplishments'.



Fr Sean Flynn with Aggie.



Aggie with her daughter Anne Molloy, son Robert Parsons, son-in-law Fursey and grandchildren Darren, Patrick and Declan Molloy.

*St Margaret's residents move to their own homes*

# THE END OF ONE CHAPTER AND THE BEGINNING OF A NEW ONE

**W**HEN Marie Nolan, Mary Brady and Deirdre Timmons walked out of their home at St Margaret's Centre for the final time, they became the last residents to leave the Dublin residential institution.

While it was the end of the chapter of their time living there, it was a new beginning for each of them as they moved on into homes of their own.

The HSE, in collaboration with St Margaret's in Donnybrook, are involved in a focused project regarding the transition of services and supports from a congregated setting to full community-based service.

The staff and people decongregating from St Margaret's to the new Time to Move On model were constantly at the forefront of the journey of self-discovery and social role that has enabled the people with a disability, who have moved to the community, to be inspired and empowered, explained Breda O'Neill, Chief Executive of St Margaret's IRL-IASD (Independence, Autonomy, Self-Direction).

There was a gathering at St Margaret's Donnybrook Centre to mark the closure of the residential institution where up to 70 women lived. The occasion brought together many of the women who had already moved and their families and friends. They were joined by staff, past and present and the Religious Sisters of Charity who had supported the work done over the past 12 years.

The transition of the last women moving from

the Centre was supported by the HSE both at national and local area level. Helen McDaid, National Disability Specialist and Norma Murphy, HSE Disability Strategy & Planning, joined them on the momentous occasion, together with Kathleen Hamill, Senior Manager, Social Care, HSE Community Healthcare East; Julie Cruickshank, General Manager, Disabilities; and Roxanna Suci, Business Manager Disabilities, HSE Dublin South West.

"It was a day of remembering the past. Each of the 70 women who had been at St Margaret's in 2007 was called by name. We were taking time – time to remember and time to look forward. We were celebrating each woman's individual journey home as they made their own choices and decisions about where and with whom they wished to live. This was also a journey with families as they supported and celebrated together, one step at a time, one day at a time," said

With the support of the HSE, the Religious Sisters of Charity have withdrawn from the governance and management of disability services, the Centre at Donnybrook has closed its doors and St. Margaret's Donnybrook has reconfigured into St. Margaret's IRL-IASD Ltd, working with people on an individual basis, according to their need, will and preference; supporting them achieve fully inclusive lives where they assert their independence, autonomy and self-direction at home, at the heart of their family, friends and their community.

Breda explained how the journey first began.

"Conversations and story-telling and listening to the women hold up a mirror to what St Margaret's was, what we were doing; it showed us clearly that the best institutional care was medically and centrally focused on a hierarchy of service controls, rules, regulations and protocols, risk and health and safety, and had little to do with individuality, choice, equality, autonomy, empowerment and all the other aspects of the person that are life-affirming," she said.

"In 2007 the change of focus through the new conversations was on having a voice and individual journeys. Their voices were central drivers of change. Some of their questions that impacted immediate change, like why are the doors locked to suit staff? Why do we queue in the dining room and have lunch at 12.45? So we opened the doors 24/7 with a night reception, and the cafes opened all day with lunch served 12pm to 2.30pm with hot and cold choices served to order. They were small changes but had a major impact on their lives."

The change from the medical model to the social support model saw a change in staffing supports to meet the changing needs of the residents, flexible responsive staffing to support choice and individualised life planning.

In 2010 St Margaret's commenced a wider engagement with residents, families/friends and staff. It focused on each person's move from the institution to their own home.

"The women were clear on what they



wanted. After a life in institutions, they wanted their own space, their own place. That was clear, very clear. Families were afraid, they wanted safety and security. Building trust around the change took time but families walked the road of change in their support for their loved one," said Breda.

By the time the 2011 HSE National Strategy 'Time to Move on From Congregated Settings- A Strategy for Community Inclusion' was published, St Margaret's was implementing its strategy of supported independent living within the centre.

"The first mover was, in many ways, the bravest. She was supported around her fears but was clear she was not letting them stop her; she did not want to be left until last so she decided she wanted to be first to walk out the gates of St Margaret's towards the gates of her own home. Initially St Margaret's sourced houses in the private rental sector. This house was in Donnybrook, her location of choice. After some time she wanted something different, another move. St Margaret's service, now her service, had to journey with her and be reconfigured to flexibly respond to her needs. This was a process that had to be done with care, support, building relationships and trust.

"The framework for building supports to meet individual needs and support the person's will and preference grew out of this first experience, with each one being individually tailored to meet the person's needs."



Throughout this journey, they supported people to build their confidence in their ability and to focus on their roles and goals, engaging in their local community, getting involved according to each one's wishes, supporting their independent choices, supporting them to keep home, to be at home.

"Families grew in trust, both of their family members and the service. After one woman's move in which family were very worried and

concerned, one family member said, 'Thank you - all my life I have told my sister what to do; now she's living in her own home and she's telling me what to do - thank you for making me listen,'" said Breda. "I would like to honour all the women of St Margaret's who engaged us all in their stories, expressed their dreams, will and preference with courage, determination, and with no small portion of fear took those first steps toward home."



# Eight choirs take part HSE STAFF SING FOR WELLBEING

**T**HE HSE hosted a very impressive 'Sing for Wellbeing' concert in Athlone Institute of Technology with over 500 people in attendance. The concert was made up of eight HSE workplace choirs from across the country who sang to celebrate the positive impact that singing in a choir has had on their wellbeing.

The event was organised as part of the Healthy Ireland initiative within the health services and the work underway to promote staff health and wellbeing in the HSE.

There was an amazing surprise performance from a group of secondary school students from Wilson's Hospital School in Multryfarham in Westmeath.

The Wilson's Hospital Gospel Choir group raised the roof when they sang 'Can you feel the love tonight' from the Lion King. This was sung a cappella and received a well-deserved standing ovation from the assembled crowd.

The concert was a celebration of wellbeing as well as a fundraiser for a local Mullingar-based charity - TEAM (Temporary Emergency Accommodation Midlands) who provide safe and secure housing for homeless women and children in the Midlands.

Their chairperson Eamon McCormack spoke about the vital service they have provide to homeless women and children in the midlands for over 10 years.

"I have seen many changes in circumstances over the years and the homeless supports TEAM provide for women and children are needed now more than ever," he said.

The HSE choirs on the day included: Portiuncula Workplace Fun Choir, Tullamore HSE Workplace Choir, Heart & Soul Choir Mullingar, Naas HSE Workplace Choir, Ennis Hospital Singers, Galway University Hospital Choral Society, Merlin Miscellany (Galway), Scrubs - Cork University Hospital.

This was the second such concert and was attended by HSE staff, their families and members of the public.

Fiona Murphy, HSE Head of Service for Health and Wellbeing in CHO Midlands Louth Meath, welcomed everyone to the concert and said that it is well documented the health benefits we can get from singing and being involved in a choir. "Staff are our most valuable asset in the HSE and we need to facilitate and encourage more staff to engage with their own health and wellbeing going forward," she said.

Also speaking at the event, Dr Stephanie O'Keefe, National Director for Strategic



Planning and Transformation, thanked the choirs for a wonderful afternoon's entertainment and encouraged all attending to be mindful of their own wellbeing.

"Choirs are just one of the ways in which we are seeking to prioritise the health and wellbeing of our staff because we know that healthier and more engaged staff means better service for patients," she said.

All nine choirs with over 175 members assembled together and sang 'Lean on Me'

by Bill Withers, which was a fitting finale to a truly heartfelt event.

Adrienne Lynam, who was MC on the day and also a Merlin Miscellany choir member, said, "We chose 'Lean on Me' as the finale because every day thousands of vulnerable patients lean on HSE staff to help them cope with their illness. These same staff lean on their work colleagues to help them cope in what is often a highly stressful work environment."



## Making connections

# 'WHEN YOU SEE BOTH FACES LIGHT UP, IT IS REALLY TOUCHING'

**T**HEY are separated by seven or eight decades, but the residents of Ennistymon Community Hospital and the children of nearby Mol an Oige Primary School have forged firm friendships.

Una Ni Garvey, principal at the school, explained that the project that brings the children on regular visits to the hospital has brought huge benefits to both young and old.

"We called it Caidreamh, which is the Irish for making a connection or a relationship with someone, and the children are always looking forward to going down so I knew that they were enjoying it," said Una.

"One of the most touching things for me is when you see the children, when you see them walking over to their partner. When you see both faces lighting up it is really touching, it is really moving."

Claire Collier, Director of Nursing, Ennistymon Community Hospital, explained that the aim was to bring the community into the facility.

"We wanted to create an atmosphere that is homely and inclusive. I've seen the community initiatives and innovations work in other nursing homes, in other care homes that I have been in, but I felt this place was in a really good place because of all the support it had in its local community," said Claire.

Anne Foudy, multi-task attendant, is the

Project Lead on Caidreamh.

"It was always a very family friendly hospital. I always brought my little lad in. We've always been encouraged here to bring in kids. We can have great fun, great craic and you bring the residents into this," she explained.

"The kids come in and spend some time on a one-to-one basis with one of the patients. Some of the residents have built up beautiful relationship with the kids.

"It's a bit of fun and excitement. Once you tell them that the kids are in today, and the minute you say that you can see the pep in their step. You see a twinkle in their eye."

Local youngster Mary Ellen introduced us to her friend Maureen, who lives in the hospital.

"This is my friend Maureen. I met her the first time I came here. I saw someone waving at me so I came over and we shook hands. Now we are best friends," said Mary Ellen, who later treated Maureen to a song from the film Moana.

Long-time resident Jamesie Garrihy said he loves the visits of Darragh and his schoolmates.

"I am a long-stay patient and I met Darragh through the visits. He comes in with the school and we are great friends. It really makes our day," said Jamesie.

Liz O'Brien explained that her daughter



“ I am a long-stay patient and I met Darragh through the visits. He comes in with the school and we are great friends. It really makes our day

Millie got on immediately with Lily at Ennistymon hospital.

"Millie loves coming up and she made a special friend in Lily. She was genuinely excited to see her every week and they really did form a special bond," said Liz.

The intergenerational project that brings young schoolchildren to the hospital is one of two initiatives that involve the community, the other being Memory Lane.

Memory Lane is a new facility which they have opened for the residents. It has an old Shebeen pub, a café, a garden, a clothes shop, a plant nursery, a man's shed, a cinema and a newly opened hair salon.

"The more ideas we got off the residents and staff, the bigger the project got," said Claire.

Lynda Lynch, multi-task attendant, Project Lead, Memory Lane, explained.

"There's a real community vibe here. We know our residents really well and sitting down with them and finding out about them and what they remember from their youth, that's what made it all possible," she said.

Jamesie Garrihy was full of praise for the new additions to the hospital. "It's beautiful and educational, it's everything you could ask for. It is my first time down here. And it





brings back an awful lot of old memories," he said.

Fellow resident Mary Hurley added, "The staff are always so respectful to everyone here, patient and ready to jump to help you whatever you ask. It's a home away from home."

Funding for the project came from the community through the Mary McDonagh Clancy Foundation and the Riverside Cycling Club's fundraising cycle helped to finish it off.

"Without them it would never have happened," said Claire.

"From the first day I came in this hospital has been absolutely brilliant, it always had a great name so I suppose this project is only actually a continuation of what was already here. This is their home so it is up to us to make it as happy as we can for them," said Claire.

"This project is different because it came from the staff, it came from the community, it came from the residents. And it incorporated everyone into it. If you have people invested in it, you will get buy-in and it will be a success. If I was to try and dictate that this is the way this should be, it was never going to work. The staff have great ideas and I suppose I wanted to facilitate all of them in whatever way I could. It's a collective effort."

She concluded, "There are two things I really learned here. The first thing is that when you see staff enthusiastic about getting involved in a project it makes it easier for that project to run. The second is about the power of invitation and that a lot of people do want to be involved in the hospital and in with the residents in the community and by opening that door you are letting them in. It's about respect for who we are, for where we are and for where we want to end up as a society."

## CHILDREN'S VISITS BRING JOY AND LAUGHTER

THERE'S nothing like the company of children to keep you young. It was with that in mind that the Blossom Together programme began to take roots in a community hospital in Co Leitrim.

The intergenerational project came about following observations of the joy that visiting children brought to the residents, many with dementia, explained Sharon Richardson, Senior Occupational Therapist in St. Patrick's Community Hospital in Carrick-on-Shannon.

"There was always an atmosphere of fun and laughter created by having younger visitors around. Within our community hospital, we are very keen for our residents to feel that they remain an active part of the community."

Sharon explained that they made contact with Breffni Childcare, a facility locally.

"They were delighted to take part, suggesting the preschool group of four year olds. The children's parents were in full support of the project. The name of the group came about from using the name of our hospital dog to outline what we wanted to achieve from the group," she said.

In preparation, an activity programme was collated prior to the children starting that facilitated the interaction and participation of the children with the residents.

"We completed a full cycle of the programme, with the group attending for 18 sessions. We are now into our second cycle, with a new set of children starting in September."

The sessions were held on a fortnightly basis on a Tuesday afternoon from 2pm to 3pm.

"Everyone involved in the group absolutely loved it. It was great to see the residents becoming more verbal and more animated when communicating with the children. The residents and staff really looked forward to the children coming. Throughout the period of the group it was also great to see the children become more confident in their interactions with the residents and watching friendships blossom," she said.

"Childcare staff reported that they observed a huge increase in the children's confidence and that they all looked forward to coming which was also reciprocated by the residents.

"We are now in our second year with a different group of children. Everything is going well and we would encourage anyone considering doing this to embrace it fully.

Activities included handpainting, making Christmas decorations and St Brigid's crosses, planting bulbs in the garden, cake decorating, bonnet making, garden party and sports day. The year was completed with an end of year performance.

Nancy, one of the residents, said she got so much out of the sessions with the pre-schoolers.

"I loved the crafts made with the children. I never thought I'd be back to my young days," she said.

Annie, another resident, said they were 'the grandest little children', while Tommy added that they were always 'full of beans'.

Olivia Furey Nolan, the Occupational Therapy assistant, who facilitates the sessions with Amy Colquhoun from Breffni Childcare, said the residents faces 'light up' when they see the children coming in.

"The children's visits bring different faces, different conversation, different noise to the room. Our residents wouldn't see very many children apart from the Blossom together group and they love it," said Olivia.

"It is definitely something that they look forward to. Once I say the little children are coming in, they start talking about them."

She said there have been so many highlights from the initiative and she would recommend it for all older person care settings.

"Apart from seeing the children forming a wonderful bond with the residents, the highlight for me was the successful completion of the first year and I am delighted to have just started the second year of Blossom Together."





*CEO reflects on first six months*

# 'I WANT TO SHOWCASE THE POSITIVE WORK BEING DONE'

**J**UST six months into his role as CEO of the HSE, Paul Reid's boots have been on the ground across the length and breadth of the country.

He made it one of his earlier priorities to meet frontline staff and champion some of the more positive aspects of the health service. He has certainly delivered on that goal.

"People have criticised me for being too positive about the HSE. Well my view is that there are enough people out there being negative. While the HSE has its problems, I want to showcase the positive work that is being done. And let nobody be in any doubt that there is an enormous amount that we have to be positive about," said Paul.

"I would like to think that I am giving people a much broader picture of the health service at work, which helps build the confidence of staff by letting them know that their good work is being recognised."

By meeting frontline staff at work across acute hospitals, community settings and the sector 38 and 39 organisations, he has been in a position to speak with staff, hear their concerns and experience the pressures that they face first hand.

The new CEO has said many times that he is keen to get feedback from staff as it can sometimes be the case that staff on the ground are closer to the day-to-day issues than central management.

"I have been very open with both the staff and the public that we are not where they would expect us to be just yet. We need to recognise what is good as well as identifying the things that need improvement. It is about getting the balance right," said Paul.

"It is very beneficial to get out and engage with staff in their own settings. People are really keen to showcase what they are doing, particularly when it comes to innovation. They are rightly

proud of the work that they are doing and that stands out during my visits."

He stressed the importance of giving staff a voice and facilitating a pathway for them to contribute ideas and feel heard.

"We need to strengthen our internal communications and keep staff informed and involved in all that we are doing. I have been trying to lead from the front on this, doing my monthly video messages and simply letting people know what is going on in the organisation," he said.

"I am delighted to hear feedback from staff when I am on-site, I would like to ensure that all staff feel empowered to speak to their line managers, be it a concern or an idea they may have that could help improve patient care or service delivery."

Many felt that Paul was taking on a poisoned chalice with the role of HSE CEO, often perceived as being one of the toughest public service jobs in Ireland.

"People said it was the most difficult job but it is one that I am privileged to have. I have always been partial to the public services and there is no greater place to be in the public sector than in the health service, where we have the opportunities to make people's lives better. I get to work with the public and for the public. The first six months have been pretty relentless but also very enjoyable. I have spent a lot of energy getting out and about and meeting the people that deliver our services," he said.

"The standout for me so far has been the amazing commitment from our staff working in difficult conditions. That commitment is phenomenal. The second standout is that there is so much great innovation going on across the health service from staff and there is plenty there that we can build on and scale up," he said.

"People are innovating and that is where the major changes will come from, with the support

of Sláintecare. We need to look at how we scale up and roll out these innovations, while getting a level of consistency across the country and across the service. Digital reform is vital to achieve this. Our Ehealth strategy and Digital Roadmap help us to become more efficient, allowing us to save money that can be re-invested into patient care."

He said that patient care continues to be the main priority for the HSE, with some progress being made already. But he acknowledges that much more is expected.

"All real change must be led from the bottom up. I am looking at HSE centre to ensure that it is supporting and enabling patient care and safety. Our priority must always be to the public and all who use our services. The centre must be helping the frontline, not constrain it's work. We need to transform the centre, with the delivery of patient care at the forefront. From a cursory viewpoint I see that we have not been strong enough in this area. The review will inform me on this. We need to put ourselves in the patient's shoes and test everything. Ask is what we are doing adding value or not," he said.

He is proud of the new 'milestone' Open Disclosure policy and believes that having the HSE board in place is an important step towards building trust with our stakeholders.

"The public have expectations and we are not delivering on them. The board have been very supportive so far, assessing everything we do and that can only be good for the public," he said.

The CEO is pleased with the progress being made on the move to integrated care.

"There are many good examples around the country of great integrated care but we need to do a lot more. We have our Sláintecare Integration Fund of



€20m, and the 122 projects chosen showcase how the system can work together in an integrated way," he said.

Paul urged staff to have confidence in the direction the health services were heading.

"We all need to work together and I think people genuinely want us to succeed. We are now engaging with key stakeholders, patient advocates, the public, clinicians, colleges, the trade unions. I think we all have a shared vision of what we want from the HSE and we can get that by working collaboratively and co-operatively. There was a period of time when we were all at war and that doesn't benefit anyone," he said. "One of my key priorities is to work with these stakeholders, over the next number of years, to explore how we can work better together to improve levels of trust and confidence among those we serve, the public."

He said that the Government has shown that there is much to be confident about, with a net expenditure budget of over €17.1bn in the delivery of health services through the HSE for next year.

"It is very clear that the HSE needs significant investment to transform how we do things. We need to demonstrate that we can control current funds, that we are predictable for our funders. The government have shown significant confidence in us in this budget. Our allocation is 6.3pc higher than it was for 2019. The average across other bodies and departments was only 4.3pc by comparison," he said.

"It marks a very significant investment in community services particularly in relation to nursing home support schemes, home helps and general integrated services. It also marks a very significant investment in recruitment into community services of up to €60m and up to 1,000 staff by the end of 2021. This is in addition to the extra investment that has been committed to the Nursing Home Support Scheme and home support services.

"In addition, we have secured €26m for our Winter Plan which wasn't secured until much later last year. The money will be spent in the right way and we have demonstrated to government that we have a new way of spending money, not just spending it in the same way and expecting different outcomes," the CEO added.



*shortlisted for Hospital Project of the Year*

# CONNOLLY HOSPITAL CONFRONT THE CHALLENGE OF DELAYED DISCHARGE

**A** new initiative at Connolly Hospital in Blanchardstown has put patients and their families at the centre of the discharge planning process, aiming to reduce delays for patients who are safe to return home.

The reduction in delayed discharge is important for minimising complications, managing costs and improving quality.

'Unlocking the Back Door: Confronting the Challenges of Hospital Delayed Discharge', shortlisted for Healthcare Hospital Project of the Year at the Irish Healthcare Awards, has already been seeing results.

Connolly Hospital has focused on the back door of the hospital which has a direct impact on the front door - the ED Department. The work of this project has demonstrated how a community of healthcare professions in Connolly Hospital came together to connect, design and create an improved system which directly impacts on the experience of the care for patients.

Delayed discharge impact negatively on waiting times for scheduled care, patient experience times in the ED and inpatient flow within the organisation.

"The staff in Connolly Hospital has developed a workable process that focused more closely on the patient needs with greater levels of communication, collaboration, inclusion and participation among staff, patients and their families. Safe, efficient and effective discharge planning is everyone's priority," said Dolores Donegan, Programme Manager, RCSI Hospitals.

The impact of better communication and the various quality improvement initiatives in the hospital has had a significant impact on the number of patients with a length of stay (LOS) over 14 days. In February 2019, the senior executive management team arranged for 20 staff from various disciplines within Connolly Hospital to participate in a three-month Lean Six Sigma journey to confront the challenge of delayed discharge.

Baseline data had already been captured through a hospital-wide audit conducted on 87 patients with a LOS of over 14 days in late November 2018 which found that 62pc had no on-going medical need to remain in hospital. The audit highlighted an overall picture of an older more fragile cohort of patients with increased



TOP: Team 4 Slan Abhaile: Marie Murray, Sheila Scott, Denise Hartigan, Lynda Glynn, Margaret Boland and Dolores Donegan (missing from photo: Maria McAuliffe). ABOVE: At the Irish Healthcare Awards where the project was finalist in the Hospital Project of the Year was: Maria McAuliffe, Deputy Operations Manager; Marie Murray, Operations Manager; Dolores Donegan, Programme Manager RCSI HG; Rose Shivmangal, Delayed Discharge Manager; and Claire Jones, Senior Physiotherapist.

dependency requiring increased allied health and social care input; these patients were experiencing regular ward moves, resulting in communication breakdown and little evidence of an agreed plan for discharge.

Work had already been completed by the end of 2018 on the processing of non-complex discharges through the home at 11am initiative. The scope of the project was to target more complex discharges eg those patients that are clinically discharged with a LOS over 14 days. The aims and objectives included:

- Patients/family involved in decision-making and information in a timely manner
- Person-centred approach to care
- Effective, efficient use of resources including bed allocation
- Efficient streamlined process reducing duplication
- More seamless transition of patients discharge

Following Lean Six Sigma training, the group broke up into five work streams to address the various challenges: Equipment, Environment, People, Patient Family Engagement and Process.

The team tasked People was led by Rose Shivmangal, Discharge Co-ordinator Lead, and comprised of Stefanie Tynan, GP Liaison Nurse; Dr Maeve Dalton, NCHD; and George Jeffries, CNS, Frail Elderly. Through their work they have ensured that all patients discharge planning starts within the ED.

The implementation of their Complex Patient Alert system on the ED IT system means that all wards are aware of the extra supports required by a patient and their families. The newly designed Pro Forma will also ensure that referrals for all Allied Health and Social Care Professionals begin on admission in the ED Department.

The team tasked with the Process, led by Maria McAuliffe, ED Patient Flow, comprised of Sheila Scott, CNM1; Lynda Glynn, Discharge Team Administration Support; and Denise Hartigan, CNM2. They have ensured that the treatment plan for patients is considered within 24 hours of admission through the use of the Diagnostic Related Groupings. The predicted date of discharge is now recorded above each patient bed on the newly introduced Patient Information White Board. This has generated



more communication with patients and their families regarding discharge planning.

The team tasked with Patient and Family Engagement was led by Suzanne Moore, Head of Bed Management, and comprised of Sinead Fox, Executive Business Lead; Eimear Short, social worker; and Melissa Ryan, Community Outreach Nurse. They have brought patients to the forefront of discharge planning.

The team has designed a Patient Discharge Folder where all information given to patients can be held in one place. A suite of hospital information leaflets have been developed. Hopefully through the work of this project the hospital's patients discharge feedback will be the best in the country.

The team tasked with the Environment was led by Dr Eamon Dolan, Consultant Geriatrician, and comprised of Claire Jones, physiotherapist; Jackie Convery, Discharge coordinator; and Bernie Mulvany, ED CNM2. The team has enhanced communication on the wards improved use of the white boards within the multi-disciplinary teams.

Morning huddles are having a positive impact for everyone in prioritising workload

to facilitate early discharge. The named discharge coordinator per ward is improving team/family communication and patient flow.

All names and contact details for allied health and social care professionals are clearly visible on each ward.

The team tasked with Equipment was led by Siobhan Byrne, RCSI, Project Manager, and comprised of Jaybelyn Rivero, CNM Dementia; Elaine Dunne, ANPc OPS; Bernie Love, pharmacist; and Elaine O'Connor, occupational therapy.

They developed ward-based display files which will be invaluable to the wards with central location for data on contact details for PHN services, nursing homes and processes on how to order equipment that will assist in supporting timely discharge from hospital.

"Credit must be extended to the Hospital Executive Team for their vision in enabling the 20 front line staff be part of LEAN Six Sigma journey. The impact of this project from a discharge team is that each ward now has a dedicated discharge coordinator; every patient is reviewed in detail with a view through a patient tracker system that begins from

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CLOCKWISE: Team 3 Abhaile: Marie Murray, Margaret Boland, Sinead Fox, Suzanne Moore, Eimear Short and Dolores Donegan (missing from photo: Melissa Ryan); Team 2 Complex Alert: Marie Murray, Margaret Boland, Stephanie Tynan, George Jeffries, Rose Shivmangal, Dr Maeve Dalton and Dolores Donegan; Team 5 The Famous Five: Marie Murray, Jaybelyn Rivero, Siobhan Byrne, Elaine Dunne, Margaret Boland and Dolores Donegan (missing from photo:Bernie Love and Elaine O'Connor); Team 1 Can We Talk: Marie Murray, Margaret Boland Bernie Mulvany, Jackie Convery, Claire Jones, Dr Eamon Dolan and Dolores Donegan.

admission in the ED through complex alert system," said Dolores Donegan, Programme Manager, RCSI Hospitals.

"Patient discharge plans are reviewed closely on a daily basis through the multidisciplinary teams so as to maximise supports for patients and their families to have a safe and efficient experience moving to their discharge destination. Weekly data is captured and circulated to all the teams involved and actions assigned to staff to ensure the discharge plans are in place."

## Values in Action

# GOING 'ALL IN' TO IMPROVE OUR CULTURE

Values in Action hit a peak of activity from October 21st – 27th when Champions from all across the areas where Values in Action is live, mobilised their work colleagues to continue the spread of the nine behaviours

**V**ALUES in Action is now live in the MidWest Community Healthcare, University of Limerick Hospital Group, National Divisions, Community Healthcare Dublin North City & County and Community Healthcare East.

All in a Week's Work was led by the Values in Action Champions in their own workplaces.

It's about us, our team and workplace, taking action together to spread the nine Values in Action behaviours. Across the Values in Action community, people like you participated in All in a Week's Work with their teams. It was an easy and fun way to talk, spread and live our nine behaviours through a series of activities. Colleagues who got involved played their part in making the health service a better place to be for patients, service users and staff.

Here's a flavour of what Champions made happened during All in a Week's Work.

The **Shoulder to Shoulder** activity sought to get colleagues together while walking and conversing about the nine behaviours. Champions know what it takes to get their colleagues motivated and committed to improving the culture where they work. This activity was taken up by many Champions with many making it their own. One Champion, Debbie Kavanagh in Kilkenny, organised a guided meditation for her colleagues so they could quite literally be aware of their stress and its impact while at the same time doing something to reduce it. Ann Marie Minogue in the Raheen Community Nursing Unit, in a similar way, organised a modified Pilates session for her colleagues.

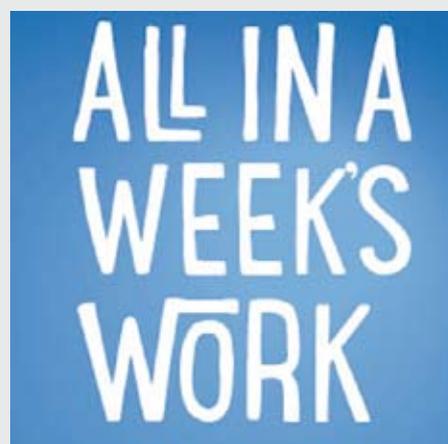
The **Pick and Do** activity was all about getting staff focused on the individual behaviours and the ways they can make them the norm in their day-to-day work. Champions came up with a host of creative ways to



get their colleagues interested in taking on the challenge of adopting a behaviour for a day. This activity brought lots of colleagues together and they connected in a fun and informal way. When a staff member in Kilrush picked out the behaviour 'Ask your colleague how you can help them', staff realised that help was needed weeding the grounds before winter and got into action. After a short lunchbreak and lots of teamwork, the results were there for all to see.

The **Appreciation Outbreak** activity encouraged staff to pass on their gratitude and acknowledgment of the work of their colleagues. Once again, Champions were hugely creative in how they inspired their colleagues to take part. The simple act of acknowledging the work of another and them passing it on to another, creates a wave of positive energy all across the service. Whether these were humble moments of private thanks or big gatherings that publicly acknowledged team work, these events and happenings have been heart-warming to see all across our services. Champions in the UL Hospital Group took a unique stealth approach to this challenge. Over the course of the week, secret gift bags expressing acknowledgment of colleagues were seen popping onto desks to the surprise and joy of the unsuspecting recipients.

A significant feature of All in a Week's Work was an initiative called In a **Champion's Shoes**. Senior leaders went out to visit Champions



to learn more about how they were leading the spread of the nine behaviours to improve the culture where they work. Lots of great conversations took place. In order to make the nine behaviours the norm right across the health service, it is going to take all of us working together. Leaders taking the time to listen to what's working well in our culture and what could get better, was a valuable feature of this year's All in a Week's Work.

Champions also shared stories from across the movement by way of a handy voicemail exercise called After the Beep. These stories bring the behaviours to life in the day to day actions staff take while delivering services to the public. One said, "On a busy medical ward this morning a family member, a young gentleman, came in with a big huge parcel and came up to the desk to speak with the staff nurses. He said, 'My mother was admitted here a week ago, terrified of hospitals and didn't want to be here. And now you have changed her whole attitude toward hospital. You have been so kind, so caring, so pleasant and I just want to thank everyone of you for the fabulous care you have given my mother and for renewing my faith and my mother's faith in the health service.'"



In a Champion's shoes: CEO Paul Reid visits Balbriggan.



Pick and Do at Kilrush.



A modified pilates session as part of the Shoulder to Shoulder activity.



Appreciation Outbreak at Balbriggan Primary Care Centre.



In a Champion's shoes: a visit to the National Drug Treatment Centre.



Guided meditation with Debbie Kavanagh as part of Shoulder to Shoulder.

## EU & North South Unit

# CROSS-BORDER CO-OPERATION A LIFE-SAVER FOR MANY

**B**EING able to cross the border from Donegal to Derry for treatment in certain services has been hugely beneficial for many patients as it means they don't have to travel far from home to avail of life-saving treatment.

Cancer patients from Donegal have been able to avail of radiotherapy services at the North West Cancer Centre at Altnagelvin Hospital in Derry since November 2016.

Also, a life-saving, cross border cardiology service enabling patients from County Donegal with a diagnosed ST-Elevation Myocardial infarction (heart attack) to receive lifesaving primary Percutaneous Coronary Intervention (pPCI Services) treatment at Altnagelvin Hospital in Derry has been in place since May 2016.

The Joint Secretary of the North South Ministerial Council, Mark Hanniffy, travelled to Altnagelvin in October for a visit to the hospital to see the NWCC and the pPCI services.

The HSE's EU & North South Unit arranged the visit for the Southern Joint Secretary and his Deputy, Sighle Fitzgerald. Tony Canavan, CEO Saolta University Health Care Group said, "For patients from Donegal, access to radiotherapy services at Altnagelvin significantly reduces their travel time for treatment". Assistant National Director with the HSE's EU & North South Unit, Paula Keon added "This is a really good example of how cross-border working has resulted in real benefits for the people who live in border areas. The joint secretary of the North-South Ministerial Council Mark Hanniffy's visit to Altnagelvin was a timely one. It was great to be able to showcase the very good work being done by staff for the benefit of patients right across the region in Derry and Donegal".

The EU & North South Unit work to broker partnerships between health services to share ideas, to develop practical solutions to common health challenges, for the wellbeing of the people on a cross-border or an all-island basis. The Western Health and Social Care Trust welcomed Mr. Hanniffy. During the visit senior management and clinicians from the hospital including staff from the



North West Cancer Centre,  
Altnagelvin Hospital, Derry

North West Cancer Centre and the primary Percutaneous Coronary Intervention services gave an update on the services and treatments conducted at Altnagelvin including three linear accelerators (Linacs) for delivering radiotherapy.

### NORTH WEST CANCER CENTRE

Since opening, almost 400 Rol patients have received their radiotherapy treatment at Altnagelvin. The Irish Government provided capital funding and ongoing revenue to facilitate the provision of radiotherapy services for the population of Co Donegal, an innovative funding model providing joint services for patients from both Donegal and Northern Ireland.

### PRIMARY PERCUTANEOUS CORONARY INTERVENTION (PPCI) SERVICES

The primary percutaneous coronary intervention services began on a 24-hour basis, seven days a week in May 2016 when a cross-border service level agreement was

agreed and signed by the Western Health & Social Care Trust (WHSCT) and Saolta University Health Care Group (Saolta).

This service has really benefited patients in Co. Donegal who become ill with a suspected heart attack and need procedures such as angiograms or stents inserted. On average, 70 patients from Donegal benefit from this life-saving care every year in Altnagelvin.

### EU & NORTH SOUTH UNIT

The EU & North South Unit, which is based in Manorhamilton, Co Leitrim, is a HSE National Service and key health service enabler.

Working for the HSE across borders, the unit contributes to the health and wellbeing of people living in the border region and beyond by enabling better access to health and social care services through cross-border, all-island working and multi-country working.

The Unit works at both a strategic and operational level within the HSE, with other agencies and Departments on a cross border, all-island, cross-jurisdictional and European-wide basis.



## CROSS-BORDER HEALTHCARE STRUCTURES

The EU & North South Unit is involved in the following Cross Border healthcare structures:

1. Bilateral/Ministerial arrangements including the All-Island Paediatric Cardiology Services at Our Lady's Children's Hospital Crumlin & the Radiotherapy Services at the North West Cancer Centre at Altnagelvin Hospital, Derry.

2. Provider/Commissioner Agreements - There are many Service Level Agreements (SLA) and Memorandum of Understandings (MOU) and similar type contracting arrangements that the EU & North South unit have helped broker over many years.

These are innovative health service solutions that have evolved to counteract the rural nature of the border corridor. Examples include the cross-border primary Percutaneous Coronary Intervention (pPCI) services at Altnagelvin Hospital, which is a life-saving collaboration between the Saolta University Hospital Group and the Western Health & Social Care Trust in Northern Ireland.

3. At an operational level, the EU & North South Unit is a joint partner with the Health & Social Care Trusts and associated Commissioners in Northern Ireland that straddle the border. The Co-Operation & Working Together (CAWT) Partnership has been established for over 25 years.

Despite differences between the two jurisdictions in Ireland and Northern Ireland, not only in health and social care but also in the political, legal, economic and social welfare systems, cross-border health activity has been growing. The ability to attract EU funding to support development of much needed services on a cross-border basis enables both health and social care services to work together in the border areas.



BOTTOM LEFT: Dr Sinead Hughes, Consultant Cardiologist, Aaron Peace, Consultant Interventional Cardiologist, Paula Keon, AND HSE's EU & North South Unit; Mark Hanniffy, Joint Secretary (South) NSMC. TOP RIGHT: Mark Hanniffy, Joint Secretary (South) NSMC; Paula Keon, AND HSE's EU & North South Unit; Síghle FitzGerald, Deputy Joint Secretary (South) NSMC; and Dr Darren Brady, Consultant Clinical Oncologist. MIDDLE RIGHT: Alan Moore, Director of Strategic Capital Development, WHSCT; Mark Hanniffy, Joint Secretary (South) NSMC; Síghle FitzGerald, Deputy Joint Secretary (South) NSMC; and Paula Keon, AND HSE's EU & North South Unit. (BOTTOM RIGHT): Alan Moore, Director of Strategic Capital Development, WHSCT; Dr Darren Brady, Consultant Clinical Oncologist; Mark Hanniffy, Joint Secretary (South) NSMC; Síghle FitzGerald, Deputy Joint Secretary (South) NSMC; Dr Charlie Mulligan, Clinical Director - Cancer Services & Diagnostics; Anne Friel, Acting Director of Acute Services, Una Cardin; Assistant Director - Cancer Services & Diagnostics; and Paula Keon, HSE, Asst. National Director, EU & North South Unit.

“ For patients from Donegal, access to radiotherapy services at Altnagelvin significantly reduces their travel time for treatment

Tony Canavan,  
CEO Saolta

“ This is a really good example of how cross border working has resulted in real benefits for people who live in border areas

Paula Keon, AND HSE's EU  
and North South unit



# Early access to therapy reduces hospital stays

## FRAILTY TEAM INITIATIVE ENHANCES ELDERLY CARE

**W**INTER initiative funding enabled a specialised frailty intervention therapy team (FITT) to deliver a pilot seven-day service aimed at minimising hospital stays.

The team, consisting of five health and social care professionals, provided a six-week service, seven days a week in the Emergency Department (ED) of St Vincent's University Hospital (SVUH). There was one medical social worker, two physiotherapists, two occupational therapists, one speech and language therapists and one dietician.

The FITT aimed to identify people with frailty and offer early access to therapy, thereby enabling a safe discharge from ED where possible. For those who required admission, by starting therapy earlier, the FITT aimed to minimise their length of stay in hospital.

The short-term initiative was met with very positive reaction from both patients and staff.

One ED CNM said it 'enhanced the quality of care for older people coming in and ensuring that they do not have to wait a number of days for therapies'.

An ED NCHD said the work of the FITT served to speed up the process.

"When I review the patient file, there is a FITT form and assessments have been done by a physio or OT or speech and language therapy. The language is very similar across the therapies so it's universal and I am noting some benefit in that."

A consultant commented on the positivity around the pilot scheme.

"There is a great buzz about the FITT service for the whole of ED and great acceptance. It's been commented to me by HCA that now they have proper direction re nutrition and good information about mobility and toileting that they didn't have before, so this has an immediate impact on patient care."

Family members were full of praise. One patient's wife said, "I can't believe he [patient] has been seen by physio and SLT jointly and they're who he needs. This has never happened before." Another daughter added, "I have never seen such a holistic assessment of my mum in such a short space of time in ED."

The process involved identifying:

- All patients aged over 75 years of age attending the ED.
- Patients scoring 4-7 in a Clinical Frailty Score Tool (CFS) were referred to the FIT team members.

- FITT members completed the common screening tool (CST - adapted from Beaumont Hospital FITT service) with patients who had a CFS score of 4-7. Referrals were made to the relevant FIT team members, depending on the identified needs.

- FITT members completed full clinical assessments and implemented care plans
- Outcome of FIT team interventions were communicated to ED staff.

- Patients admitted as inpatients got earlier speciality care from HSCPs. Those not admitted were referred by FIT team to community services or OPD follow up.

61pc of FITT-assessed patients were admitted to hospital. Unsurprisingly, 88pc required ongoing therapy input while inpatients.

Due to the FITT initiative, therapy was started in ED and continued without delay when the patient was admitted to a ward. Prior to the FITT service, referral to HSCPs could take two to four days. This may have contributed to the average length of stay being 12 days, which was the same for non-frail patients of similar age during this period of time.

39pc of FITT patients were discharged from ED. Of these patients, 26pc were



### CELEBRATION AT INBHEAR NA MARA

A CELEBRATION took place at Inbhear na Mara, residential unit for adults with an intellectual disability in Bundoran, Co Donegal recently.

The Friends of Inbhear na Mara committee formed in April 2018 for the sole purpose of fundraising for the purchase of a new wheelchair accessible bus for the 10 residents of Inbhear na Mara.

The funds were raised through extremely generous donations from families of past

and present residents and local businesses, support of the Parents & Friends Association, and donations from a sponsored run and Kilimanjaro climb. In addition, a very successful 5k organised by staff in the unit and sponsored by local businesses, was attended in large numbers by the local community.

The HSE would like to extend their thanks and appreciation to everyone who contributed to the purchase of the new bus. This bus will greatly enhance the lives of the residents of

Inbhear na Mara.

A special word of gratitude goes to the Friends of Inbhear na Mara committee: Brian McCabe, Lynda McCabe, Peggy Gallagher and Janice McNelis and staff members at Inbhear Na Mara, unit: Martina Monaghan, Danny Tourish, Geraldine Rooney and Louise O'Grady.

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 ABOVE: Residents of Inbhear na Mara would like to say thank you to all those who contributed to their new bus.

## Emergency Department



The FIT team: Sarah McNulty, Senior OT; Eimear Horan, Senior Physiotherapist; Enya Mulcahy, Physiotherapist; Brian Condon, OT; Caoimhe Langan, Senior SLT; Michelle Archard, Dietician; Aoife O'Reilly, Senior SLT. Not pictured: Laura Peters and Susan Byrne, MSW

discharged with a referral to community services. Four had home visits by the OT. This was a new service provided by FITT during this initiative. 5pc were discharged to the Older Persons Integrated Care Team (OPICT), which has a limited geographical area within south county Dublin.

The average age of those receiving the FITT service was 84 years of age and 56pc were female. 62pc of patients were self-referrals, 21pc were referred by GP/Care Doc/Swift clinics and 12pc from nursing homes.

The remainder of patients were admitted from other hospitals or SVUH clinics.

Surprisingly, 47pc of patients reported no supports in place in their homes (eg home help, public health nurse, etc), while 18pc had formal supports, 12pc had informal supports and 11pc had both. Nursing home residents accounted for 12pc of those accessing FITT services.

25pc of patients were treated on Saturday and Sunday, demonstrating the need for therapy intervention at weekends.

A longer FITT pilot period would help to demonstrate the benefits of the service. It would enhance the interface between acute and community care.

## ADMISSION AVOIDANCE - PAUL'S STORY

PAUL was admitted to the Emergency Department (ED) early Friday morning following a fall. He was identified as moderately frail (Rockwood Frailty Score of 4). His family reported that he had increased difficulty with managing Activity of Daily Living (ADLs) at home due to reduced cognitive and mobility levels. He was assessed by the physiotherapist, occupational therapist (OT) and medical social worker (MSW) within two hours of his presentation to ED.

The physiotherapist provided Paul with a wheeled zimmer frame to enable safe and independent mobility. He was also provided with a home exercise plan. Paul was reviewed by the MSW. He had optimum family supports to enable a discharge home, however a referral was recommended to the Public Health Nurse for an assessment of potential care needs. On assessment by the

OT, his family reported that his memory had declined and he had increased frequency of falls at home. The OT completed a same-day home visit following Paul's discharge from the hospital. He was provided with adaptive equipment, a pendant alarm and fall hazards were identified and removed, to reduce the risk of falls. The OT provided Paul with a kitchen trolley to enable his independence and safety with carrying liquids or food between rooms at home.

The OT noted several bags of medication within Paul's home. He arranged an urgent Public Health Nurse visit to review Paul's safety with medication management. A referral was sent to his local Geriatrician Day Centre for a full Comprehensive Geriatric Assessment. This intervention would prevent readmission to the acute care environment.

Six months later, Paul has not being re-admitted to SVUH.

## MINIMISING HOSPITAL LENGTH OF STAY - FRANK'S STORY

FRANK was admitted to SVUH Emergency Department (ED) on a Friday morning in crisis. Frank was being cared for at home by his loving wife but she was struggling to cope due to her own ill health and his care needs. Frank was known to SVUH services having lived with a progressive life-limiting illness.

The ED consultant highlighted Frank's case to the FIT team immediately to try to divert a hospital admission. Frank and his family had just been told that he was entering the final phase of his illness, and was more susceptible to a hospital-acquired infection. The objective of care was to try to maximise his quality of life for him and his family.

Frank was then assessed by the speech and language therapist (SLT), dietetics and medical social worker (MSW).

The SLT modified Frank's diet and fluids to minimise his risk of aspiration. Education on these recommendations was also provided to Frank's family in ED. The SLT was also able to advise Frank and his family on how to facilitate him in communicating.

The dietician addressed Frank's significant weight loss and recommended appropriate oral nutritional supplements in line with the SLT's diet and fluid recommendations. The dietician also provided education to Frank's family on how to optimise his nutritional intake.

Frank and his family wished to provide end of life care at home, however his pre-existing care plan was not sufficient. The MSW organised an extended convalescence bed in a nursing home with which Frank and his family were familiar. This enabled his wife to recover from her illness, and to try optimise his care plan at home. The MSW made an application to the HSE to apply for a second carer as his wife could no longer manage his physical care. The MSW advocated for an increase package of care to support Frank's end of life care at home. Frank and his family agreed to a stay in the nursing home, for his palliative care, should they feel a discharge home was not achievable. The nursing home bed was available on the following Monday morning, and Frank was admitted to SVUH for the weekend, with a clear plan in place.

With the intervention of the FIT team, Frank's care plan for discharge was in place on admission. Frank and his family were involved with his palliative care planning, centred on his needs.

Ultimately, while the package of care for Frank was approved to facilitate his care at home, Frank passed away in the nursing home. RIP.



*Parents need to know when to say no*

## WHEN IT COMES TO TREATS, IT TAKES A HERO TO BE THE BAD GUY

**W**E have become habitual users of treat foods when it comes to rewarding our children for good behaviour, for requests for sweets, chocolate and ice cream and to make them feel better, according to new research from safefood.

Dr Marian O'Reilly, Chief Specialist in Nutrition, safefood said: "On average, foods that are high in fat, sugar and salt – treat foods – now make up about a fifth of what our children eat and have gone from an 'occasional food' to an everyday food. The short-term impact of this is that children don't get all the nutrients they need for growth and development such as iron and calcium. These foods are also linked in the short-term with poor dental health and in the longer term with many chronic conditions. We struggle to avoid these treat foods every day because they are available everywhere, highly palatable, cheap and frequently on special offer."

It can bring happiness in the moment to see the smiling child. Unfortunately, this brief spark of cheerfulness doesn't help them to become strong, fit and healthy children, which parents have told us in the research they want for their children.

The START campaign's latest advertising phase encouraged parents supported by grandparents, carers and wider communities

to try and be strong and say no to treat requests. Try offering either healthier alternatives or non-food treats. While this is very difficult and may mean that the parent is the bad guy in their children's eyes in the short term. Overall as parents you are making the right decision as it will result in gains to your children's health. It takes a hero to be the bad guy.

HSE psychologist Peadar Maxwell said, "Parents have so much power to influence their children's health and snacking habits. Practical steps include having less treats available in your home and offering healthier snacks makes it so much easier to bridge that gap between wanting to be a hero and feeling we have to give in.

"Shifting rewards for good behaviour from food treats to praise, a hug or a game, and giving attention to our children when they chose healthy snacks, all help too. It never helps when we beat ourselves up, so if you do give in, don't despair. Instead, reflect on what happened and decide what you can change for the next time. It's really important to stay positive and if treats are a long-term habit, it may require patience for healthy snacking to become the norm."

Sarah O' Brien, HSE national lead for Healthy Eating and Active Living, continued, "What we hear from parents in this research

is that unhealthy treat foods are everywhere, every day. We can give parents tips and skills to help them deal with 'saying no' and cope with the pushback they are likely to see from children when they introduce changes. We also have to recognise that it's sometimes easier for a parent to give in to the treat when they themselves are too tired to 'say no' or prepare a healthier option. It's not easy, but taking small steps will make improvements over time that will start children on the way to a healthier life."

If you are working with families try and encourage them to cut back on treat foods, acknowledging that it is difficult. You can display our START resources and share them with parents.

Tips to help parents cut back on treat foods along with a host of other helpful information are available on [www.makeastart.ie](http://www.makeastart.ie)

The START campaign is run by the HSE, safefood and Healthy Ireland.

### ORDER START PUBLICATIONS

You can order START publications on [www.healthpromotion.ie](http://www.healthpromotion.ie) Simply log on as a professional and search under "START", "healthy eating" or "physical activity" For further information, see [makeastart.ie/](http://makeastart.ie/)

## Home First Team

# WORKING WITH COMMUNITY COLLEAGUES AN AIM OF TEAM

**G**ETTING elderly patients out of hospital and back to the comfort of their own homes without unnecessary delays is the aim of the new Home First Team at Mayo University Hospital (MUH).

The Home First Team is a specialist team supporting patients over the age of 75 who are treated in the Emergency Department (ED) and the Acute Medical Assessment Unit (AMAU) in the hospital.

The team meet and assess patients in the ED and AMAU to identify any needs that would delay them from leaving hospital after treatment, in order to minimise any delays. The team includes a Physiotherapist, an Occupational Therapist, a Medical Social Worker, a Clinical Pharmacist and a Clinical Nurse Manager.

Mairead O'Boyle, Clinical Nurse Manager 2 with the Home First team, explained, "The Home First Team evolved from the work which was commenced by the Frail Elderly Assessment Team in 2016. We are a specialist team whose role is to provide early assessment and intervention for older people by ensuring they receive high quality safe effective care and support for discharge home."

“ We are a specialist team whose role is to provide early assessment and intervention for older people by ensuring they receive high quality safe effective care and support for discharge home

The Home First Team aims to involve the patient in the decisions that affect them when they are leaving the hospital and ensure patients are supported to make fully informed decisions in all aspects of their healthcare both in hospital and upon leaving hospital.

"We work with our colleagues in the community to support a plan for patients leaving hospital and identify patients who are suitable to attend the Integrated Day Hospital in Castlebar Primary Care Centre instead of having to return to the ED or AMAU. The Integrated Day Hospital is led by a consultant

and multidisciplinary team that specialises in the care of older people," said Mairead.

"We support elderly patients who are ready to leave hospital and go home and make sure that decisions made are focused on the patients' needs."

Catherine Donohoe, General Manager, MUH, stressed that, as our population ages, it is important to have greater supports in place to ease the journey through hospital for the older patients.

"In particular we need to have a greater emphasis on working with our community colleagues and this is what the Home First Team in the hospital is aiming to achieve," she said.

"Ensuring we have processes in the hospital and in particular in the Emergency Department to assist in meeting the needs of our older population is a priority for the hospital and we really hope that this will significantly start to improve their experience. The Home First Team are very proactive and patient-centred and we are very proud of the work they have done to date."

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The new Home First Team at Mayo University Hospital.



## Dramatic impact on service

# PRAISE FOR REFURBISHED MEDICAL ASSESSMENT UNIT

**T**HE relocated Medical Assessment Unit (MAU) at Nenagh Hospital has made a dramatic positive impact on service to patients and workflow for staff, enabling more efficient throughput of patients as well as a safer and more accessible care environment for all.

The MAU, which initially opened on the first floor of Nenagh Hospital in 2009, is a sleek, modern facility on the ground floor of the hospital, located within close access to all necessary diagnostics that may be required by patients assessed in the unit.

MAUs facilitate assessment, diagnosis and treatment of patients with medical conditions such as chest infections, chronic obstructive pulmonary disease (COPD), pneumonia, urinary tract infections, fainting episodes, clots in the leg, anaemia and non-acute cardiac problems. The units are for patients who do not require admission, but need assessment, investigation and a treatment plan, and, in some cases, a follow-up review after a few days.

The relocated unit means that patients have greater access than ever before to the service. The new unit includes three isolation rooms and seven trolley spaces. There is also a seating area for six patients, and the entire facility is within full view of the Nurses' Station in the unit.

Staffing the unit is a Clinical Nurse Manager among a complement of four nurses, as well as a Registrar, SHO and Consultant. Catherine Sheehan is a CNM2 who works between the MAU and the adjoining Local Injury Unit, and

she explained that the most significant impact of the new unit has been the increased daily patient assessments because of the facility's dedicated seating area.

"We use the Fit to Sit initiative, so patients who are fit to sit will be able to wait in that waiting area rather than waiting on a trolley for the assessment, as the full assessment and investigation can take from four to six hours. We were never able to do that in the old unit, and this seating area is one of the things that we wanted to incorporate in the design for the refurbished unit," Catherine explained.

Due to the improvements, the number of patients has increased. On Mondays through Wednesdays, the MAU staff will assess 14 new patients per day (with up to an additional four review cases daily). On Thursdays, 12 patients will be assessed, and 10 on Friday.

The increased throughput is targeted, because MAUs are appointment-based. Patients are pre-assessed by a GP or ShannonDoc out-of-hours service, or the Emergency Department at University Hospital Limerick, and referred, via the UL Hospital Group's Bed Bureau, for assessment in the MAU.

Catherine described the assessment process as "very thorough but targeted". "Patients will have been pre-assessed, of course, and when they come in here, they will be seen by nursing, by a doctor, and reviewed by a consultant, as well as being provided with a plan of care before they go home," she explained.

The MAU staff has access to four CT brain scans per day, two doppler ultrasounds daily, and unlimited x-ray. The MAU also has

an outpatient referral pathway to cardiac diagnostics for holter and blood pressure monitors as well as echograms and stress tests.

For the staff of Nenagh Hospital, the location of the refurbished unit has made the most significant and effective difference to the operation of the facility.

"We have a much better flow of patients now," said Catherine. "Patients will check in at reception and the receptionist will bring them to the unit, where they take a seat in the seating area. The nurse will then bring the patient up to the trolley for the initial assessment. If they are fit to sit, they will sit out and wait for the next phase. The doctor brings them either to a trolley or to an isolation room, and after assessment, orders whatever tests might be required. After these diagnostics, they will wait in the seating area, and the consultant will see them once the results are available."

Patients attending the MAU at Nenagh Hospital also have access to social workers, occupational therapists and dieticians appointed to the hospital, as well as access to physiotherapy, a service that is always in demand in a unit where patients are presenting with injuries from falls or difficulties around mobility.

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Pictured at the Nurses Station in the Medical Assessment Unit are, from left: Noreen Hough, Assistant Director of Nursing, Nenagh Hospital; Staff Nurse Majella Bourke; Staff Nurse Aine Gleeson; Staff Nurse Patricia Bourke; CNM1 Mairead King; Dr Zaid Rana; Dr Maeve Maguire; and CNM2 Catherine Quinn.



## Remembering Kevin

# HIS FIRST PRIORITY WAS ALWAYS THE WELFARE OF HIS PATIENTS

**H**SE colleagues have paid tribute to Kevin Duffy, who died suddenly earlier this year.

Kevin, who worked in the HSE for 20 years, was a psychiatric social worker, based in the Primary Care Centre, Kilcock.

Sadly, Kevin wasn't feeling well after a day at work and passed away very suddenly aged 54 years. Suffice to say, his family, friends and work colleagues have been devastated over his untimely death.

A memorial service took place for him and his HSE work colleagues erected a plaque in their gardens in Kilcock in Kevin's honour. They have also preserved his office as a staff 'quiet room'.

### COLLEAGUES REMEMBERED KEVIN.

"KEVIN worked with our service for many years. He was a consummate professional but more importantly for us, he was a great friend. His first priority was always the welfare of his patients, advising them on all aspects of life including self-worth, self-awareness and self-love," they said in a tribute.

"He had a great love of gardening but also gadgets and anything new to the market. We had many a laugh at the coffee breaks as Kevin described his latest acquisition, not all were as successful as described in the adverts. He also had other hidden talents which kept us constantly entertained, his mischievous side and his ability to imitate accents especially those on Love Island!

"He had many accolades and quietly achieved great things, while still continuing to work tirelessly for the clients. He went above and beyond the call of duty for all and never lost the compassion needed to do the job he did.

"His sudden passing was a huge shock to us all and there is a large gap in the team which we are struggling to come to terms with. Our hope is that he is now getting the rewards he so richly deserves."

His former co-workers in the social care team also paid tribute to Kevin.

"As colleagues and friends we remember Kevin with great fondness and gratitude. In a profession like social work which at times can be challenging and stressful, Kevin always showed respect and a kindness of heart both towards his colleagues and especially towards those that attended the service," they said.



“ He had many accolades and quietly achieved great things, while still continuing to work tirelessly for the clients. He went above and beyond the call of duty for all and never lost the compassion needed to do the job he did

"Kevin always demonstrated sensitivity towards service users and their families and empathised with them for the difficulties they were experiencing. Kevin always went above and beyond his role as social worker to try and assist people through their difficulties and

accompany them along their recovery journey.

"We were privileged to have such an experienced colleague as Kevin working as part of the social work team. When Kevin set his heart on becoming a CBT Therapist, he faced the challenge and received his Masters in CBT. Kevin was a very experienced CBT Therapist and we are grateful for the opportunity to work alongside such a gifted professional.

"Colleagues remember Kevin for the kindness he showed others. He was always mindful of others wellbeing. At Christmas time he would offer to cover social work duties for colleagues who had to travel far, so that their time with family would not be interrupted over the Christmas period.

"We will always remember Kevin for his warm nature, reassuring smile and gentle soul. You will remain in our hearts and thoughts and we are grateful for the happy times we spent with you."

*The right care in the right place at the right time*

# SLÁINTECARE WILL BRING CARE CLOSER TO HOME FOR USERS

**S**

LÁINTECARE will deliver a health and social care service that

meets the needs of our population and attracts and retains the very best healthcare professionals, managers and staff. Sláintecare will shift the majority of care from the acute to the community setting to bring care closer to home for service users.

This will help us reduce waiting lists and waiting times and ultimately meet our goal of improving population health. Over a 10-year period, Sláintecare will deliver a service that offers the right care, in the right place, at the right time.

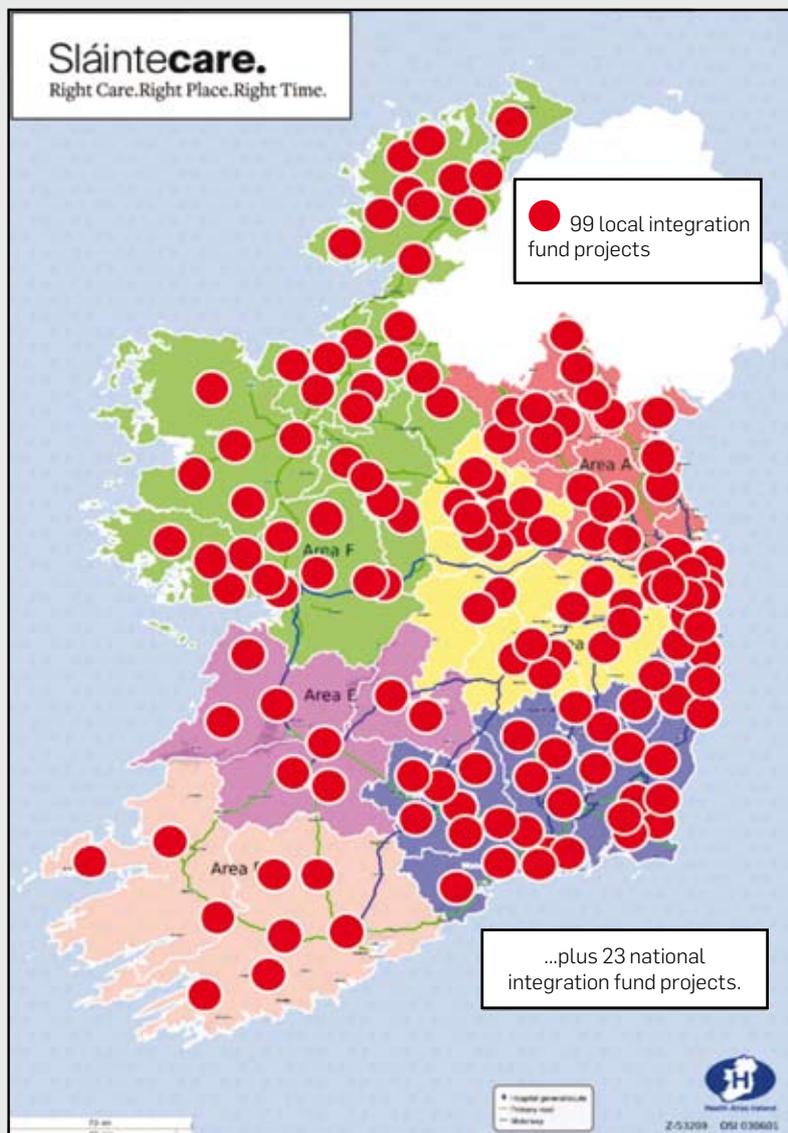
Implementation of Sláintecare is well under way.

The €20 million Integration Fund was launched on March 22nd, 2019. Sláintecare made a call for health and social care providers to come forward with ideas on how to make the Sláintecare vision a reality.

The Integration Fund will focus on supporting the development of existing and new best practice projects that are capable of being scaled nationally, and which:

- Promote the engagement and empowerment of citizens in the care of their own health;
- Scale and share examples of best practice and processes for chronic disease management and care of older people; and
- Encourage innovations in the shift of care to the community or provide hospital avoidance measures.

There were a total of 477 applications made to the Integration Fund, from which 122 successful projects across the country were selected. The Integration Fund will



excluded groups who have complex health needs and experience very poor health outcomes across a range of conditions.

This pilot project for Cork Kerry Health & Wellbeing Community Referral service will be based within six Family Resource Centres and builds upon the experience of the service based in Listowel Family Resource Centre. It will test the effectiveness of the service and evaluate the need for recurrent, long term investment. The project is designed to be responsive to the local needs of people and to use local resources, as opposed to a 'one-size-fits-all' approach.

Family Resource Centres (FRCs) are well placed to promote social connectedness and thereby support priority groups and the wider community in maintaining good physical and mental health. The FRCs can enable GPs and other frontline healthcare practitioners to refer patients to a link worker who can discuss with them the possibilities and design of their own personalised

support projects in the areas of heart failure, COPD/asthma, diabetes, older persons, citizen empowerment, health and wellbeing, social inclusion, mental health, and integrated care for a range of medical specialisms.

## CORK & KERRY HEALTH & WELLBEING COMMUNITY REFERRAL

THE Cork Kerry Health & Wellbeing Community Referral is a partnership between Cork Kerry Community Healthcare, Health and Wellbeing and National Family Resource Centres. It will link people to non-clinical supports within the community to improve physical, emotional and mental wellbeing. It will place a particular focus on socially

solutions. This can empower people with social, emotional or practical needs to find practical and personalised solutions to their own particular challenges.

The community referral sites focus particularly on socially excluded groups who have complex health needs and experience poor health outcomes across a range of indicators like chronic disease, morbidity, mortality and self-reported ill health. This includes people who are homeless, people with substance use disorders, Travellers, asylum-seekers, prisoners and survivors of institutional abuse. International evidence demonstrates that such projects show a significant improvement in well-being of participants.



### OSTEOARTHRITIS KNEE PATHWAY WILL REDUCE ORTHOPAEDIC WAITING LIST

THE Integration Fund will support a project from CHO West and the Saelta Hospital Group which will see a new pathway for patients with knee osteoarthritis. The new osteoarthritis knee pathway will ensure that patients complete physiotherapy in primary care before onward referral to orthopaedics, leading to a reduction in orthopaedic waiting lists.

Under current practice, osteoarthritis knee referrals frequently bypass primary care and go directly to secondary care hospitals. This results in increased orthopaedic waiting lists, with patient treatment delayed by many months. During this time the patient's symptoms will often deteriorate, affecting mobility and can result in a general decline in overall health. When a patient comes to the top of the waiting list, the treatment offered to many is physiotherapy, which can be provided in a primary care setting for a fraction of the cost associated with hospital appointments.

The new pathway will see osteoarthritis knee patients being referred to the programme by their GP. The initial appointment will be a one-to-one assessment and triage. Some patients will be treated with a number of one-to-one sessions, whilst others will be treated in a group setting. The group sessions will take place over a six-week period. The first week will include an educational talk, with input from a primary care dietician and the health and wellbeing division.

Osteoarthritis knee guidelines recommend weight loss, exercise, education and activity

# Sláintecare.



ABOVE: Cork & Kerry Health & Wellbeing Community Referral. TOP OF PAGE: Osteoarthritis Knee Pathway.

modification as effective treatment for the condition. Physiotherapy in primary care is best placed to deliver this holistic approach.

The innovative nature at the core of this project will ensure osteoarthritis knee patients receive evidence-based treatment, in a timely manner, close to their home environment - the right care, in the right place at the right time.

This small change will have wide ranging

consequences for all stakeholders including Saelta hospital orthopaedic departments, primary care allied health teams, GPs and most importantly, for patients.

The Integration Fund projects will be rolled out in 2020. To keep up to date with the progress of the projects, or Sláintecare in general, visit our website: [www.gov.ie/slaintecare](http://www.gov.ie/slaintecare) or follow us on Twitter @Slaintecare.

# WE WOULD LIKE TO HEAR FROM YOU

**T**HIS is not just a tag line but a real and genuine effort from the HSE to connect with those who use our services to learn about and from their experience.

In 2017 the HSE launched the revised Your Service You Say, the Management of Service User Feedback for Comments, Compliments and Complaints policy. This revision of the policy placed greater emphasis on encouraging and enabling our patients and service users to give feedback and for staff and managers to learn and improve services as a result.

Service users have many ways to share their experiences, from telling a staff member or their health professional, to completing a feedback form or filling out the online form on the HSE website.

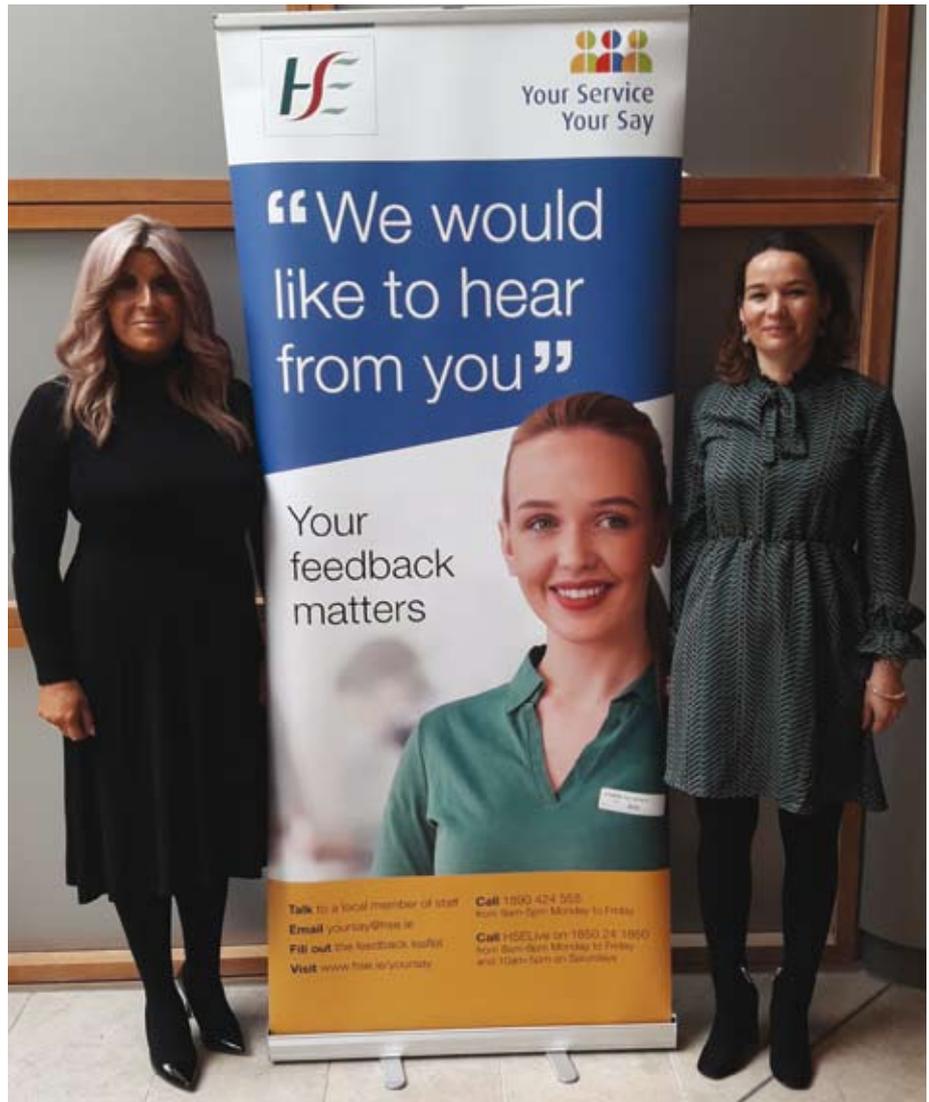
In addition, the HSE offers, through the National Your Service Your Say office, a dedicated and visible contact point for service users to find out more about giving feedback, the Your Service Your Say policy or to directly relate their experience.

The National Your Service Your Say office comes under the remit of the National Complaints Governance & Learning Team (NCGLT) within Quality, Assurance & Verification (QAV).

The National Your Service Your Say office can be contacted via telephone, 9am to 5pm, Monday to Friday on 1890 424555 or on 045 880429 (if calling from a mobile) or via email at [yoursay@hse.ie](mailto:yoursay@hse.ie)

The team will answer your queries, provide advice and information if needed and will ensure that any feedback given is directed to the appropriate local service for their examination and direct response to the person raising the concern. The office does not examine concerns directly as under policy they must route the issue to the local service.

The Your Service Your Say office is staffed by three team members; Amy, Annie and Lisa. The team supports service users with their queries, manually records feedback provided as



Amy and Annie from the National Your Service Your Say Team

well as responding to emails and online forms submitted by service users.

The team also supports the office of the HSE Chief Executive Officer and the Department of Health ensuring that services users who have been in contact with these offices have their issues routed to the appropriate service for examination and response within the Your Service Your Say process so as to provide them access to review mechanisms both internally and externally, if required.

This central HSE access point provides a valuable 'no wrong door' service, facilitating and supporting service users and other agencies and ensuring that their comments, compliments and complaints are directed to the appropriate service for them to respond to and learn from.

The profile of the office has been increasing over the past two years. Contact details are publicised on all printed Your Service Your Say materials, which have been widely distributed throughout the HSE as well as at many awareness events. The result is that the activity

of this office has increased year on year, from 9,907 interactions in 2016 to 11,023 in 2018; an 11pc increase. Projected interactions for 2019 are estimated to be in the region of 13,000.

The team continue to respond to the growing number of contacts from service users and provide a quality and effective service.

If you want to provide feedback, there are many ways to tell us about your experience:

- Tell the people caring for you today.
- Fill in the online feedback form.
- Email us at [yoursay@hse.ie](mailto:yoursay@hse.ie).
- Fill out the paper feedback form and put it in the feedback box or give it to a member of staff.
- Send a letter to the service - a staff member can give you the contact details.
- Call us on 1890 424 555 from 9am to 5pm Monday to Friday or 045 880 400 if calling from a mobile.
- Call HSELive on 1850 241 850 from 8am to 8pm Monday to Friday and 10am to 5pm on Saturday. Call 041 685 0300 from a mobile.

If you're not able to give feedback yourself, ask a relative, carer or advocate to do this for you.

## 'I GET A GREAT SENSE OF SATISFACTION'

LISA, a member of the Your Service Your Say Team for 12 years shares her experience of working in this busy frontline service and gives us some insight into the person at the end of the line.

### TELL ME A LITTLE ABOUT YOUR POSITION AND WHAT A TYPICAL DAY IS LIKE?

I WORK with two colleagues in the HSE offices in Naas. A lot of my day is taken up with answering telephone calls, responding to emails and acknowledging correspondence. I also track and report on the activity within the office. Because I work in a frontline service, I am in a unique position to identify any potential issues quickly and escalate these for attention.

During a typical day I engage with service users, patients and/or their families either on the phone or through email. I help them to relate their experience to me so that I can send it on to the service for response. I also answer any questions they might have around the Your Service Your Say complaints process and what happens next. Although I do deal with a lot of complaints, people are also very complimentary of the services they received and that is nice to hear and to be able to pass that on to the service.

### HOW MANY CALLS / EMAILS / FORMS, ON AVERAGE, ARE RECEIVED BY THE NATIONAL YOUR SERVICE YOUR SAY OFFICE PER WEEK?

WE receive an average of 300 calls, emails and letters per week. It's a very busy office and this doesn't include the many returned calls or reply emails that we send.

### WHAT KEEPS YOU MOTIVATED EACH DAY?

DEFINITELY my colleagues! We have worked together for almost 12 years, they are like family. They know everything about me and we have a good laugh together. No matter how busy or tough the day I always come in and leave with a smile.

### WHAT DO YOU LIKE BEST ABOUT YOUR JOB?

I GET a great sense of satisfaction from knowing I helped a caller. Some people have no problem in relating their issues but some callers can be more vulnerable or upset and find it hard to open up or feel supported that they will be listened to. I try to reassure that what they have to say is important and that the service will listen and respond. I hope that I can make a small difference.

### ARE THERE ANY CHALLENGES IN YOUR JOB? IF SO, HOW DO YOU HANDLE THEM?

YES, some days can be particularly challenging especially where Service Users contacting the service are angry, upset and disappointed with the service they have received. I try to put myself in their shoes and understand where they are coming from, and why they are so upset. I try to help them to be calm so that I can be clear about their issues and do my best to help them. Most callers are okay by the end of the call. I think they appreciate the listening ear and know that I want to do my best to assist.

### HOW HAVE YOU EVOLVED IN YOUR CURRENT JOB AND AS A PERSON?

I HAVE had three children since starting in this role and it has definitely given me a different perspective on life. I definitely have more patience. Because of all the different situations I have experienced I think I have gained a better understanding of people in general. In my job, I also hear some pretty heartbreaking stories and they have grounded me and helped me to be grateful and thankful in my own life.



### HOW DO YOU BALANCE WORK AND FAMILY PRIORITIES?

LIFE is hectic at the minute. I have three young boys so it's all go. I am lucky to work four days per week so that helps. I don't work on Mondays so I make the most of that day to have some time for myself but also to meet up with friends. When I can, I try to take time off during the boy's mid-term break and over their summer holidays. It's great to have that time to spend with them but I also appreciate having that time away from the office to recharge.

### WHAT IS YOUR PROUDEST ACCOMPLISHMENT IN THE JOB?

I AM proud every time I can make a difference; that I can help someone by listening to them and valuing what they have to say and making sure that their voice is heard by our services.

## Living with less plastic

THE Irish Government announced earlier this year that no Government Department or Agency should purchase single-use plastic cups, cutlery or straws.

The impacts of plastic waste on the environment and our health are global and can be drastic. Approximately 80pc of marine litter is composed of plastic, often affecting marine life and birds including fish and shellfish, and therefore the human food chain. In order to address this, the most frequently found single use plastic items polluting European beaches will be banned in the European Union by 2021.

The National Health Sustainability Office (NHSO) has prepared a document to offer HSE staff guidance and advice on how to comply with this government decision in the workplace about what you can do day to day to stop ocean plastic pollution.

-  **1 Stop buying bottled water and get a "keep cup" for hot drinks. Use a reusable stainless steel or glass bottle for water and use a keep cup for hot drinks.**
-  **2 Avoid plastic take-away containers, cutlery and straws. If eating in, use the non-disposable option. If eating out, ask for paper or bring your own reusable container or lunchbox.**
-  **3 Purchase a bamboo toothbrush when you have to replace your toothbrush, they only take about six months to biodegrade back into the soil.**
-  **4 Re-think your food storage. Replace plastic food bags and cling film which more environmentally friendly alternatives, such as paper or compostable beeswax wraps.**
-  **5 Choose cardboard over plastic bottles and bags. When you have the choice, pick pasta in the box instead of pasta in a bag, or detergent in the box instead of a bottle.**

For more information and to request the guide for the removal of single use cups, cutlery and straws for the Health Service Executive (HSE) and organisations funded by the HSE, please contact the National Health Sustainability Office – [nhsso@hse.ie](mailto:nhsso@hse.ie)

## National Rehabilitation Centre

# BREAKFAST CLUB UNDERLINES PERSON-CENTRED CARE AT NRH

**A** simple breakfast club has been helping make major breakthroughs in patient recovery at the National Rehabilitation Hospital (NRH).

The session, held on St Patrick's Ward, brings the patients together to give them the chance to socialise while working on vital therapeutic aspects of their recovery process.

St Patrick's ward is the NRH's nine-bedded closed neurorehabilitation unit. Patients admitted will typically have experienced a sudden catastrophic acquired brain injury such as a brain haemorrhage or severe brain trauma. Patients will normally have been admitted from an acute hospital usually some months after a severe brain injury. They will have a combination of physical, cognitive and communication disorders. Some will exhibit challenging behaviour as part of a spectrum of behaviours of concern. Patients normally spend several months in St Patrick's ward to give sufficient time for these complex neurobehavioural disorders to respond to a comprehensive interdisciplinary rehabilitation programme.

"The neurobehavioural team aspire to work collaboratively and holistically in order to provide person-centred care from the outset. On day one of admission, the team have an initial 'meet and greet' with new patients and their family as they join the NRH. We have a team discussion to develop a shared understanding of what the person's needs are, and we identify possible goals for their admission. This, in addition to further formal and informal assessment and observation, forms the basis of their individualised rehabilitation programme," explained NRH Clinical Director Mark Delargy.

The breakfast group is a new opportunity for patients and staff to work in a cohesive, collaborative manner. It enables a series of person centred goals to be achieved in a functional, meaningful way for each individual.

The Breakfast Club core team include: nursing, speech and language therapy, occupational therapy, physiotherapy, and catering. Other members of the Interdisciplinary Team (IDT) join breakfast club on occasion, including the psychologist or dietician.

Deirdre Hynes, the speech and language therapist for St Patrick's Ward, explained how the breakfast club came about and what the therapeutic goals are behind it.

“ We decided to take advantage of the lovely setting to hold a little breakfast club for the patients every Friday morning, which would be a nice way to encourage them to build social skills and work on their physical therapy

"We have a lovely kitchenette at the end of the nine-bed ward. It is nice and spacious with a lovely view of the mountains. We decided to take advantage of the lovely setting to hold a little breakfast club for the patients every Friday morning, which would be a nice way to encourage them to build social skills and work on their physical therapy," she said.

There are no inclusion or exclusion criteria; so regardless of physical, cognitive, communicative, visual or behavioural needs, all patients are supported to engage and achieve their maximum participation and independence in a structured, person specific, supported manner.

"For example, if a person has been displaying behaviours of concern such as challenging behaviours, we modify their exposure and role within the group. Goals may include supporting a patient to successfully tolerate the company of others for 10 minutes, 15 minutes and so on. Following this the next goal may be to take on part of breakfast task or to focus on interacting appropriately with others in the club," said Deirdre.

The club is largely based upon the International Classification of Function Disability and Health (ICF) model; encompassing impairment, activity, participation and wellbeing.



Goals for each club session are identified in line with patients overall goals and the specific aims of that particular week. Before each club, the patient goals and assigned task are listed on a whiteboard. The patient and designated staff member jointly review and discuss this in light of one-to-one therapy sessions and plan how the patient can incorporate this into the assigned functional task. This discussion is really helpful when supporting insight building and self-monitoring.

Here is a flavour of some of the tasks and how they support rehab goals:

- Taking breakfast orders - language; both written and verbal expression and comprehension abilities; visual scanning when reading / writing; practising use of memory strategies; use of affected limb for handwriting; mobility from often walking to patient bed side to take orders.
- Setting the table - attention; planning and organising; visual scanning; use of affected limb; standing balance.
- Making porridge and cooking eggs – time management; use of a partially paralysed limb; reading recipe; using working memory; dual tasking; standing balance.
- Serving food – walking safely carrying a tray.



• Smoothie-making - following recipe or naming ingredients and describing the recipe; use of adaptive cutlery, e.g. such as chopping boards; upper limb use within the limits of the acquired disability.

Apart from the above named tasks patients will engage in a wide range of rehab goals from a participation perspective such as:

- Behaviour regulation
- Information processing
- Social communication skills.
- Interacting with peers on the ward
- Physically navigating a busy environment
- Safe eating and drinking and social eating practices

Success of this club is based on strong foundations of Interdisciplinary Team (IDT) working, open communication, trust between colleagues, role release and role sharing, peer learning and support. Common understanding and shared agreement within the team of the persons goals, based on identified needs and aspirations is central to the individual's successful rehabilitation.

CNM Patricia O'Neill said the approach was greatly welcomed by the nursing staff too.

"The breakfast club gives us the opportunity to observe the patients and work closely



together with the other teams," she said.

One of the great success stories from the breakfast club is a young man who is now readying himself to return to his home to be cared for by his family. When he entered St Patrick's Ward nine months ago, it was thought he would have to live in a nursing home for the rest of his life.

"The main cause of the aggression is the fact that he has major communication difficulties and gets very aggressive if he cannot make himself understood," said Mark.

"When he first came here, the plan would have been for him to go to a nursing home where he would have spent the next 40 or so years. But he has been totally transformed. Through the dedication and ingenuity of the team, working with the family, they have achieved a different outcome. Two years on from his catastrophic brain injury, he is now looking forward to going home."

The breakfast club played a huge role in

showing the nursing staff and therapists that there was a way home for him.

"The skill is in knowing when to start the patient in the process and knowing how long each engagement should be so that no one else gets fearful of his aggression. Then gradually we were able to release the rein of supervision. We blend into the background and observe the patients and it was in this way that we are able to see the breakthroughs."

This young man is now getting ready to return to his home after successful weekend trips and integrate back to life with his child and with his family. His care will be co-ordinated with the community supports, until the hospital care team feel it is safe to fully discharge him to the home. He will continue to attend the monthly neuro-behavioural clinic.

"On day one, you might not see what someone is capable of. It is dependent on so many variables and you have to overcome every obstacle as it arises," he said.

# Tobacco-Free Campus awards

## 18 SERVICES GET BURSARY FOR TOBACCO CONTROL INITIATIVES

**T**HE HSE Tobacco Free Ireland Programme hosted an award ceremony at the Royal College of Surgeons recently to recognise achievement in continuous quality improvement in the implementation of the HSE Tobacco Free Campus (TFC) Policy.

Since the launch of the TFC Policy in 2012, there has been significant commitment by HSE staff and management in supporting and implementing this key health promoting policy.

The policy has two clear aims:

- to treat tobacco as a healthcare issue
- to denormalise tobacco use in all healthcare services and settings

TFC policy implementation requires a whole-organisation approach and the buy-in of all management, staff and service users. Successful implementation of TFC policy requires good leadership and a systematic approach. The Tobacco Free Ireland Programme (TFIP) is totally committed to supporting all services nationally to achieve the highest level of policy implementation and has consistently employed new and creative supportive strategies. The strategy

chosen for 2019 was 'incentivisation' and it was with great excitement that the TFI programme planned the 2019 TFC Bursary initiative with the Global Quality Standards as a roadmap (see <https://www.tobaccofreehealthcare.org/> for more information).

To foster creative thinking, build supportive processes and address compliance, the TFI Programme decided to assess the applications to this initiative under three headings: Sustainability, Innovation; and Monitoring & Compliance Building.

A total of 18 services were awarded a bursary for innovative development of, and commitment to tobacco control initiatives at each respective site.

Acute hospitals that received awards: Beaumont Hospital, Connolly Hospital, Cavan/Monaghan Hospital, Cork University Hospital, Galway University Hospital, Letterkenny University Hospital, Our Lady of Lourdes Drogheda, The Rotunda, St Luke's Kilkenny, South Infirmary Victoria University Hospital, St Vincent's University Hospital.

Mental health services that received awards: AAMHU Galway, Ashlin Centre Beaumont, Loughrea Community MHU



Galway, Cluain Lir MHU Mullingar, Roscommon MHU, Tallaght MHU, Rowanfield House MHU Donegal.

A number of key achievements and lessons have been highlighted from the bursary process. These include:

- creative and innovative approaches by staff to policy improvement
- enhanced partnership working between operational staff and Health Promotion & Improvement staff who have specific roles to support healthy public policy implementation

### TOBACCO LITTER – AN INNOVATIVE WAY OF RAISING ISSUE WITH HOSPITAL STAFF

SENIOR management at St Luke's Hospital Carlow Kilkenny are committed to the implementation of Tobacco Free Campus (TFC) policy and our TFC working group agree that all staff have a key role as role-models of good behaviour. They used the bursary process to address policy non-compliance by staff and the resulting tobacco litter on our campus.

The TFC committee took some photos of tobacco litter in staff areas on campus and included these photos in an email to all staff reminding them of the TFC policy, as well as highlighting the potential health & safety (including fire hazard) risks of this litter.

They also asked staff to consider tobacco litter from the perspective of the support staff, who had to collect this litter.

The committee arranged a clean-up day and again circulated an email to all staff with photos of the cleaned areas and a message of thanks to those who had assisted.

"This series of emails to staff generated much discussion and evoked quite an emotional response from staff, which very much raised the profile of TFC within the hospital and has highlighted the HSE Values in Action behaviour 'Am I putting myself in other people's shoes'," explained the committee.

They increased the amount of TFC signage erected in the hospital and have added the contact details of the Quit support team on these signs. There is also information on [www.quit.ie](http://www.quit.ie) available on digital boards in out-patients waiting areas.

They plan to continue to increase the number

of staff being trained in MECC, so that tobacco addiction will be treated as a care issue by all clinicians and healthcare workers and to ensure that we continue to signpost our service users to [Quit.ie](http://Quit.ie), so that they can quit successfully.

In doing so, they hope, over time, to equip all staff regardless of their role in the organisation, with the language and tools to discourage tobacco use and to encourage their colleagues or services users to seek the support services that are available to quit smoking.

A recent site walk-about showed only a small amount of recurrence of disposed cigarette litter in staff areas. This initiative really engaged staff by raising the profile of TFC in the hospital and creating a revitalised momentum within the hospital for TFC.



## SMOKING CESSATION SUPPORT SERVICE HELPS PREGNANT WOMEN

THE Rotunda Hospital in Dublin highlighted their onsite smoking cessation support service which supports pregnant women to quit smoking.

Catherine Halloran, Assistant Director of Nursing and Midwifery; Elizabeth Iredale, Smoking Cessation Midwife; and Rachel Burke, HP&I, comprised the TFC committee.

The committee carried out a number of tasks, which included organising an information stand on World No Tobacco Day for members of the public and staff. They developed an efficient referral pathway in relation to tobacco use, and offer a weekly smoking cessation service for clients provided by a smoking cessation midwife and promoted it with staff.

A laminated new 'quick reference guides' was distributed throughout OPD and the private clinic to ensure tobacco-dependant women who are identified are highlighted within the electronic chart under two specific headings:

- Highlighting tobacco use in the 'risk factor' section prompts the paediatric team to speak about the dangers of second-hand smoking.

- Highlighting tobacco use in the 'to do' list in the electronic chart prompts all staff at every encounter to do a brief intervention on smoking and refer to smoking cessation services.

They now have literature available at various points in the hospital with quit.ie references.

These can be given to women who don't want to engage with smoking cessation in the hospital.

All smoking cessation midwife notes are included in the new electronic chart records. This allows all members of the multidisciplinary team providing care for the pregnant woman to access progress.

Administration staff allocated a specific code and clinic time for women attending the smoking cessation clinic and also women who are being followed up in the telephone clinic. This supports data collection on attendance and non-attendance at appointments and facilitates smoking cessation appointments to be twinned with scan appointments etc.

"We noted that if a woman opts out of smoking cessation, ignores phone calls or doesn't attend her appointment, she was 'lost' to the system. So, we developed a clear pathway to address this. Now she is sent a letter with contact details of smoking cessation services and quit.ie should she want to opt in at a later stage and a letter is also sent to her GP so the GP can discuss this with her at an antenatal visit or postnatal," said a representative of the committee.

- the application of values in action behaviours to engage all staff in policy implementation that reflects our organisations values of care
- achievement of other priority programme targets/commitments through bursary participation; for example MECC training and implementation.

Most of all the process has provided an opportunity to recognise, value and acknowledge the hard work of staff in the implementation of HSE TFC policy within their service.

A short Book of Abstracts was compiled for the event which contains some great examples of innovative practice used at the individual services being awarded.

For information on this resource please contact [TFI@hse.ie](mailto:TFI@hse.ie)

Dr Fenton Howell, Department of Health; Elizabeth Iredale, CMS Smoking Cessation; Cathy Ryan, Human Resource Manager, Rotunda Hospital; Rachel Burke, Health Promotion Officer; and Martina Blake, Lead TFI Programme at the awards.



"We also interviewed a member of our stores staff, who is very well known across the hospital, and was willing to share his experience of quitting with the help of our staff 'Smoking

Cessation support initiative' in 2018. We will use 'Billy's story' to encourage others and remind them of the benefits to quitting," said the committee representative.



# LAUNCH OF ELEARNING MODULE FOR DISABILITY SERVICES STAFF

**A** new eLearning resource for staff supporting people with a disability using Day Services is now available. 'Putting New Directions into Practice' was officially launched by Minister Finian McGrath at an event in September attended by a wide range of disability services staff, service users, family members and employers.

Since the publication of New Directions policy in 2012, a major change programme in Day Services has been underway. Day services provide a vital network of support for more than 22,000 adults with a disability across Ireland. Recognising that people using these services have a wide range of interests, aspirations and personal circumstances, there has been a radical shift from group based services provided mainly in segregated settings to much more community based activity. New Directions vision is that all the supports available in our communities are mobilised so that people with a disability have the widest possible choices and options about how they live their lives and how they spend their time.

With this ongoing change in mind, a learning and development tool was required to support almost 6,000 staff in 1,000 Day Service locations across the country. Through Dormant Account funding and with guidance from the National Disability Authority, the eLearning programme, 'Putting New Directions into Practice', was developed. Input was provided by people who use Day Services, their family members, staff, mainstream community services and employers.

Speaking at the launch, Donie O'Shea, National Disability Authority, outlined how the module was developed.

"The eLearning tool is interactive and provides three examples to reflect the broad range of scenarios that the learner may encounter. These examples involve fictional characters representing people that use Day Services and their keyworkers. The scenarios are real life situations where a person's goal is identified and the keyworker uses the appropriate supports and chooses the best course of action to support the person achieve their goal," he said.

The resource has been designed with enhanced accessibility features, and includes ISL signed video, audio described video as well as standard video. The eLearning programme takes approximately 40 minutes to complete, and includes assessments throughout.

Thanking all those involved in developing the eLearning programme, Anne Melly, chair of the New Directions Implementation Group, said, "The eLearning module illustrates the positive outcomes for people that are supported to achieve their goals. It shows examples of people accessing mainstream services in the community, achieving employment and becoming valued team members. Thank you to everyone who helped develop this wonderful resource. Communicating with staff across such a diverse range of locations can be a challenge; this resource ensures a consistent message is communicated, it is convenient and flexible for the learner and, the training is cost effective both in terms of time and money."



ABOVE: Pictured at the launch of the eLearning programme, 'Putting New Directions into Practice', are Dr Joanne McCarthy and Clodagh O'Brien. TOP OF PAGE: This comprises members of the New Directions Subgroup that developed the e learning Modules. left to right: Michael Farrell Federation of Voluntary Service Providers, Martina Lanigan HSE, Angela Moran HSE, Minister Finian Mc Grath, Anne Melly HSE, Donie O'Shea National Disability Authority.

The eLearning module, Putting New Directions into Practice, is now available on HSEland. Login and register at [www.hseland.ie/dash/Account/Login](http://www.hseland.ie/dash/Account/Login) The eLearning programme includes additional information and links to additional support material available on the New Directions website: [www.hse.ie/newdirections](http://www.hse.ie/newdirections) It is envisaged that all existing Day Services staff will complete this module within six months and that the module should form part of induction for all new Day Service staff.

Advice, education and training

# UNLOCKING ENERGY SAVINGS THROUGH ENERGY BUREAUS

**A**s one of the largest energy users in the public sector, the HSE (including Section 38 & 39 voluntary organisations) accounts for 18pc of the public sector's consumption. The HSE is one of the largest property estates in the country with over 4,000+ buildings in over 2,500 locations. Significant improvements have been reached in recent years and in 2018 the HSE has achieved a 25pc improvement compared to its 2009 baseline which is equivalent to 349 Gwh savings.

While modern, energy-intensive medical equipment is a growing user of energy, and fleet remains a significant energy consumer, it is the day-to-day use of light, heat and cooling within the HSE's building portfolio that dominates consumption. The primary opportunity for energy savings lies in improving the design, procurement, operation and maintenance of large energy users.

In 2017, the HSE launched its Sustainability Strategy for Health 2017-2019, which includes energy efficiency as one of seven pillars to support the achievement of a broad set of sustainability goals.

In 2018, after several years of collaboration between the Sustainable Energy Authority of Ireland (SEAI) and HBS Estates, the Estates office has now established Energy Bureaus in all HSE regions. The first energy bureau was piloted in the East region and then extended to the South and West regions and has been structured to allow expansion of support into Section 38 & 39 voluntary organisations.

The Energy Bureaus coordinate and direct the activities of all stakeholders involved in Energy Management and are being delivered in partnership with SEAI and the OPW who are responsible for delivering the public sector Optimising Power@Work programme. The remit of each Energy Bureau is to provide advice, education and training to service providers to bring about reductions in energy use in health buildings and to progress work programmes in partnership with other government bodies and agencies. The programme covers the largest energy using sites, leads behavioural change programmes and co-ordinates the activities of existing Optimising Power@Work energy teams in several sites.

The HBS Estates Energy Reduction Implementation Plan has three pillars:

**1. Energy Efficiency Design (EED)** - ensuring that all future buildings in the HSE



are energy efficient in their design and achieve the required environmental and energy standards whilst having the lowest running, operating and life cycle cost

**2. Energy management teams** - supporting the management and reduction of energy use in the top energy using buildings through operator use and behavioural change programmes

**3. Energy-related works** - identifying, scoping and carrying out technological solutions and retrofit works to improve energy efficiency

This plan focuses on building energy use for the organisation and creates a framework to drive energy reduction and decarbonisation in the coming years. It covers buildings in design and in operation, and puts energy reduction and payback of investment central to renovation plans whilst at all



times maintaining and improving the quality of the environment for service users. The involvement and engagement of multiple layers of staff within the buildings ensures that the teams are motivated and sustainable in the long-term.



## Positive improvement initiative

# PALLIATIVE CARE REFERRAL FORM GOES ELECTRONIC

**T**HE benefits of electronic referrals for patient care include legibility and traceability while also requiring a minimum set of relevant information to be captured thus facilitating informed decision-making.

Once a referral has been submitted, the GP receives an instant acknowledgement indicating it has been successfully delivered. GPs also receive a response from the hospital within five days of sending the referral, outlining that it has been triaged.

The development of the new palliative care electronic referral form commenced in January 2019. The palliative care referral, often referred to as a specialist referral, uses the 'General Referral' template as a baseline. Specialist referrals allow for an additional set of referral-specific question to be appended to the general referral form.

Neurolink was the first electronic referral developed by Healthlink in 2007. The National Cancer Control Programme (NCCP) referrals were enabled in 2009 and the General referral form in 2013. All referrals have since been integrated into the four accredited GP practice systems meaning that GPs can create referrals quickly and easily from their patient charts. At this point electronic referrals are in use in every public hospital around the country and also in the majority of private hospitals. Starting with a humble 8 electronic referrals processed through Healthlink in 2007, this figure is already in excess of 464,000 referrals in 2019. To date, almost 1.3 million electronic referrals have been processed by Healthlink.

The national palliative care referral form, having being agreed upon by the national clinical lead for that discipline and approved by Irish College of General Practitioners Quality in Practice group (ICGP's QiP), facilitated an electronic format which has been available to GPs in Kerry since July 2019.

Dr Patricia Sheahan, Consultant in Palliative Medicine, said, "This project supports the ICT recommendations for future developments identified in the Adult Palliative Care Services Model of Care for Ireland launched in April 2019."

Mari O'Connell, Director of Nursing, Kerry Specialist Palliative Care Service, acknowledged the great work, time and



“ This project supports the ICT recommendations for future developments identified in the Adult Palliative Care Services Model of Care for Ireland launched in April 2019

effort involved by Eimear Hallissey and the Healthlink team to introduce this new system to the KSPCS.

"This is a positive improvement initiative to the service," she said.

**HEALTHlink**

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**eHealth Ireland**

The Palliative Care Service team in KUH. Front sitting: Laura Collins, Staff Officer. Back Row: Mari O'Connell, Director of Nursing; Dr Patricia Sheahan, Consultant in Palliative Medicine; Margaret Goodwin, Admin Officer; Paula Murphy, Admin Officer; and Eimear Hallissey Clinical Nurse Manager 3.



# NEW CENTRE DELIVERS PRIMARY CARE SERVICES IN THE MIDLANDS

**T**ULLAMORE Primary Care Centre (PCC) opened in September 2018 on a phased basis and became fully operational later in 2018.

Services include:

- Public health nursing
- Physiotherapy
- Dieticians
- Social work
- Speech & language therapy
- Occupational therapy
- Psychology services

These services are delivered through a collaborative and holistic approach to healthcare provisions in a primary care setting based on identified needs working together with our community partners.

## DELIVERING THROUGH HSE'S OPERATIONAL LEASE MECHANISM

TULLAMORE PCC was developed by means of the HSE's Operational Lease mechanism. This mechanism facilitates primary care services being provided by both the public and private sector (HSE and General Practitioners) on an integrated basis. The private sector provides for the Primary Care Team (PCT) infrastructure with the HSE taking fixed term leases for their portion of the facilities.

Both Tusla and Offaly Child & Adolescent Mental Health Services occupy space in the purpose-built, bright and airy building which was furnished, built and designed to meet the



varied needs of its many users. In addition, the location of the PCC adjacent to a busy shopping centre, school and community centre ensures maximum accessibility and a seamless pleasant experience for patients throughout their visit.

A representative of Tusla said, "The move to the new Primary Care Centre in Tullamore brings together all Tusla services in the Tullamore area. The Child and Family Agency's services include a range of universal and targeted services including child protection and welfare, alternative care and adoption, family services, early years, educational welfare and workforce leaning and development. Tusla accommodation in the Tullamore PCC includes two family rooms, an outdoor play area for children and families, improved child and family friendly reception space and

better overall facilities for service users in the area."

## CAMHS TEAM RE-LOCATED

OFFALY Child & Adolescent Mental Health Services (CAMHS) provides mental health services to children who have moderate to severe mental disorders that require the input of a multidisciplinary Team. The CAMHS team re-located from Portlaoise to the Primary Care building in Tullamore and have stated that the move to this new building is of great benefit to the patients in Offaly who had to travel to Portlaoise for services prior to that date.

## CHANGING PLACES IRELAND

TULLAMORE PCC has become the first PCC in the Midlands to register with the Changing Places Ireland campaign which was first established in 2014 and set out to introduce fully accessible toilets to public places such as health centres, shopping centres, libraries and sporting arenas across the country. Changing Places facilities are designed to enhance the health, safety, comfort and dignity of someone who may need extra support and additional equipment during personal care tasks. Changing Places facilities also offer added safety and support features for assistants.



## Scally Report progress

# 90 OF 116 ACTIONS COMPLETED AS PART OF RECOMMENDATIONS

**I**T'S almost a year since the Minister for Health published an Implementation Plan for the recommendations from Dr Gabriel Scally's Scoping Inquiry into the CervicalCheck Programme.

According to Michele Tait, the Implementation lead for the HSE, "The HSE is responsible for implementing 42 of the 58 recommendations. Since 2018, the HSE has completed 90 of 116 actions against the recommendations with the majority of the remaining actions due for completion by the end of 2019. Dr Scally continues to review progress and is satisfied with the steps the HSE is taking towards implementing his recommendations."

### OPEN DISCLOSURE

IN June 2019, the HSE published its revised Open Disclosure Policy, in response to a number of developments including some of the recommendations made by Dr Scally. A National Open Disclosure office has been established and significant progress has been made in training and education in open disclosure throughout the organisation. An Open Disclosure Steering Group, chaired by the National Director of Quality Improvement has been established. This group has developed a governance framework for monitoring and evaluating the open disclosure policy and compliance with its application throughout the HSE. Work is continuing under the leadership of the Chief Clinical Officer on the development of open disclosure and communications skills training programmes with the medical training bodies.

### CLINICAL AUDIT OF SCREENING

THE HSE established an Expert Group to review clinical audit processes across the three cancer screening programmes: BreastCheck, CervicalCheck and BowelScreen. One of the Expert Group's roles is to make recommendations on how these clinical audits should operate in the future. The work of the group is due to conclude during Q4 2019.

### NATIONAL SCREENING SERVICE AND CERVICALCHECK PROGRAMME KEY APPOINTMENTS

A NUMBER of key appointments were made to the National Screening Service and the CervicalCheck Programme during 2019. These included the appointment of Dr Lorraine Doherty as Clinical Director of CervicalCheck and Gráinne Gleeson as Programme Manager.

Dr David Nuttall was appointed as Laboratory Quality Assurance Lead and Dr Caroline Mason Mohan as Director of Public Health for the National Screening Service. An interim CEO, Celine Fitzgerald, was appointed to the National Screening Service in August 2019. Recruitment for a permanent CEO has begun. The newly established Board of the HSE includes two patient representatives. This was one of Dr Scally's recommendations.

### LABORATORY QUALITY ASSURANCE

SIGNIFICANT progress has been made in developing and implementing improved laboratory quality assurance arrangements and their ongoing monitoring within CervicalCheck. A number of site inspection visits have been made to all laboratories providing services to CervicalCheck and robust quality assurance compliance monitoring against programme standards has been further strengthened.

### QUALITY, SAFETY & RISK MANAGEMENT

A QUALITY Safety and Risk Committee was established in the National Screening Service in 2018. The committee has an independent chairperson and its membership includes patient representatives. Senior key appointments have also been made in Quality Safety and Risk Management across screening. A national review of risk management structures and processes was also completed during 2019 and implementation of the recommendations will be progressed with the HSE Audit and Risk Committee.

### HEALTHCARE RECORDS MANAGEMENT

THE Chief Clinical Officer commissioned a review of the HSE's Healthcare Records Management Policy in 2019. A report setting out recommendations and revisions to the policy is expected before the end of 2019. In addition to this, the Chief Clinical Officer also commissioned an audit of patients' access to healthcare records in public hospitals during 2019. A report setting out recommendations for how patients can access their records will be completed before the end of 2019. In the meantime, a client services team, which was established in the National Screening Service during

2018 to provide support to patients in accessing their screening records, remains in place.

### INFORMATION FOR WOMEN

SIGNIFICANT improvements have been made to the information given to women availing of cervical screening. Information leaflets and web content were developed in collaboration with patients and clearly explain what screening is and the benefits and limitation of screening. The Chief Clinical Officer also commissioned the RCPI to develop an online education programme for healthcare professionals on the benefits and limitations of screening. This went live in July 2019.

### NEXT STEPS

THE CervicalCheck Programme and the wider organisation still have additional work to do in progressing the full implementation of recommendations from Dr Scally's Scoping Inquiry. During 2019 there were further challenges to progress being made. A report from Professor Brian MacCraith in August 2019 reviewed certain issues in the CervicalCheck Programme and made a further nine recommendations.

"The HSE remains committed to implementing the recommendations to ensure that the CervicalCheck programme can continue to provide such an important public health service for women in Ireland," said Michele.

"As interim CEO in the National Screening Service I want acknowledge the changes and improvements that have been brought about through the continued hard work and dedication of staff in the screening programmes. We are committed to delivering the best possible screening service for women in Ireland," said Celine Fitzgerald.

Since CervicalCheck started in 2008:

- more than three million screening tests have been carried out
- the number of women who develop cervical cancer has fallen; the rates of cervical cancer in Ireland decreased by 7pc year on year since the establishment of the programme.
- over 100,000 cases of abnormal cervical cells have been detected, many of which could have developed into cancer if not detected through screening and treated where necessary.



# Under the Weather – stay well this winter

LOOKING after our health is something that we learn from our parents, friends, doctors, from our own experience and, more and more, from the internet. The newly updated Under the Weather webpages (UTW) give advice on managing common illnesses for adults and children. The advice is approved by GPs, pharmacists and the HSE.

It's important that all staff spread the word about the ways we can manage the symptoms of viral infections ourselves without looking for an antibiotic. If we all understand that we can usually get better ourselves just as quickly without an antibiotic. Some people still believe antibiotics can help them to get better from common illnesses like tummy bugs, rashes, coughs etc. In fact, antibiotics are useless against most of these infections because they are caused by viruses and antibiotics just don't work on viruses. Like all drugs, antibiotics



have side effects, so if we do need them we are safer without them and that's better for everybody.

The most recent Healthy Ireland Survey indicates that 90pc of us know that if we take antibiotics too often, or when we don't need to, that they may not work at all in the future. So let's protect ourselves and our future:

- get the flu vaccination
- use over the counter medicines to treat simple illnesses
- rest when you are ill

- clean your hands to stop the spread of infection
- cover your nose and mouth with a tissue when you cough or sneeze and place it in a bin
- get information and advice from your pharmacist
- visit your GP if you do not recover within the normal timeframe, it can take three weeks for a cough to clear up

Visit [www.undertheweather.ie](http://www.undertheweather.ie) for more information.

## MAYO LAUNCHES FIRST-YOUNG PERSON'S GUIDE TO PARENTAL MENTAL HEALTH

MAYO has developed the country's first online information resource for young people whose parents experience mental health distress. The WITH project (Wellbeing In The Home), a young person's guide to parental mental health, was launched in Castlebar recently.

It is a collaborative project between Mayo Child and Adolescent Mental Health Services (CAMHS), Mindspace Mayo, young people representing Mindspace and Comhairle na nÓg, and young people who have used the CAMHS service.

All of the resources were developed under the guidance of people who share the experience of living in families where mental illness is a part of family life, young people and service providers in the mental health field.

"Young people with parents who experience mental health distress are at increased vulnerability to developing mental health, behavioural, social, interpersonal and academic difficulties," said Dr Sharyn Byrne, Senior Clinical Psychologist Mayo CAMHS, at the launch.

"It is estimated that 10-15pc of children experience parental mental health issues at some time in their childhoods, and one in three children and young people attending



Pictured at the launch of the WITH Project (Wellbeing In The Home) are, seated, from left: Christine Mulligan, Maynooth University; Chloe Moyles, Niamh Lussion, Sarah Moran and Maria Walsh, MEP. Back, from left: Peadar Gardiner, Mindspace Mayo; Dean Kenny and Dr Sharyn Byrne, psychologist, HSE. PHOTO: MICHAEL MCLAUGHLIN

services have a parent with mental health difficulties. Yet there are very few resources available to children and young people in Ireland on this topic.

"WITH provides information on various Mental Health difficulties that parents may experience and signposts young people

to available supports. This resource was developed in recognition of the lack of such resources in Ireland, the distress that some young people can experience when their parent struggles with mental health difficulties and the need for this topic to be more openly discussed and resourced."

# First year of learning exchange IRELAND AND SCOTLAND COLLABORATE TO ADDRESS COMMON HEALTH CHALLENGES

**M**INISTER for Health Simon Harris welcomed Scottish Cabinet Secretary for Health and Sport Jeane Freeman and her officials to the Department of Health for a symposium on 'Future Health – Opportunities for Collaboration'.

The symposium, which took place in September, marked the first year of learning exchange between Irish and Scottish health officials, with a focus on priority areas to improve health in both countries. These areas are Public Health and Health Improvement; Patient Safety; Data and Digital; Patient Access and Flow; and Service and System Integration.

During the year, officials visited health and social care sites in Ireland and Scotland to learn about innovative ways to improve patient care.

The symposium showcased the benefits of this close co-operation, with presentations from Irish and Scottish health officials and a keynote address on health reform by Professor Rafael Bengoa author of 'Systems, Not Structures - Changing Health and Social Care', Northern Ireland's recent reform plan.

In his welcoming address, Minister Harris emphasised the importance of collaboration in addressing common health challenges. "To achieve the goals of our Sláintecare reform programme we must learn from

other countries, and there is much for us to learn from Scotland. I welcome the work of this forum towards our shared ambition of getting the best care for our people. While we are not certain of the outcome of Brexit, we can be very certain that maintaining strong relationships with our closest neighbours and friends in the United Kingdom- including Scotland – is more important now than ever," he said.

HSE CEO Paul Reid said, "I'm delighted to have the opportunity today to engage with colleagues from Ireland and Scotland and to hear first-hand about the important work that is taking place. As two countries we face very similar challenges and opportunities. It is important that we continue to work together to share our learning."

HSE Chief Strategy officer Dean Sullivan is the HSE lead on the Irish-Scottish Health Forum. He described the symposium as a very welcome learning opportunity for the two countries.

"We face similar challenges in delivering effective, patient-centred healthcare. Learning from each other is really important and I believe will help to deliver effective change on the ground for patients," he said.

He highlighted the mutual commitment to continued collaboration and described a new learning fellowship between Ireland and Scotland as an excellent way of facilitating the

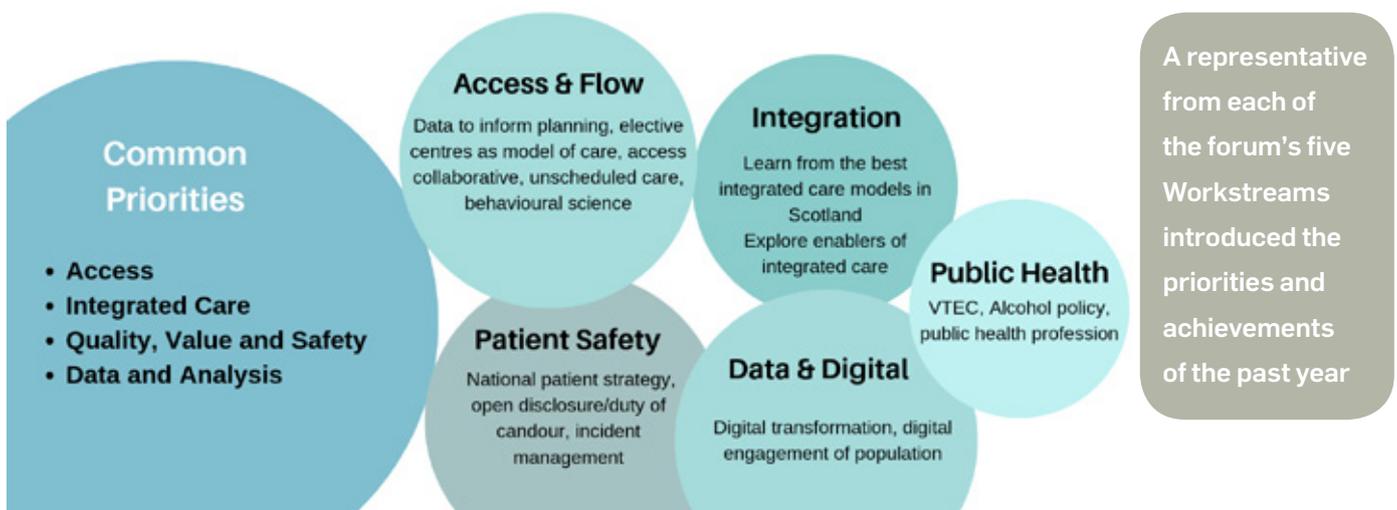
two countries' shared learning.

Minister Harris and Cabinet Secretary Freeman also visited a recently opened Primary Care Centre in Coolock. Good progress continues to be made in the development and roll-out of Primary Care Centres - 127 are now fully operational across the country. Given both countries' commitment to achieving integrated care, the visit gave officials the opportunity to compare approaches on how to facilitate reforms towards more community-based care.

This symposium marks a successful first year of learning exchange between Irish and Scottish health officials through the Irish Scottish Health Forum. The purpose of the Irish-Scottish Health Forum is to create a forum to support shared learning at a senior official level across both jurisdictions.

Scottish First Minister Nicola Sturgeon visited Dublin in October 2017. During the visit, the Scottish First Minister and Taoiseach Leo Varadkar signalled health as an area of interest for sectoral collaboration between Ireland and Scotland. Further to this, engagement between health officials led to the establishment of a year-long health forum, the inaugural meeting of which took place in Scotland on September 27th 2018 when Minister Harris was invited to Scotland by Cabinet Secretary for Health and Sport, Jeane Freeman, to visit the Golden Jubilee National Hospital.

## Workstream presentations





## HBS INCREASING EFFICIENCIES IN INVOICE PROCESSING

HBS Finance is on track to significantly increase efficiencies with invoice processing whilst reducing the use of paper in the payment process. This exciting initiative is associated with a European eInvoicing Directive which requires all Public Sector Bodies to receive and process electronic invoices in compliance with the European Standard.

The Payment Services unit within HBS Finance have successfully applied for EU funding for the implementation of the European eInvoicing Directive 2014/55/EU. This was a Pan-European application in conjunction with partners in IT Sligo and a number of Sicilian public sector bodies. The project is funded by the Connecting Europe Facility (CEF) which is a building block supporting public administrations in complying with the European eInvoicing Standard. The first meeting of this 'Cross-border uptake of eInvoicing and innovation' partnership took place during September.

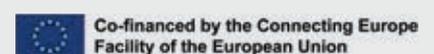
The HSE will acquire an eInvoicing processing solution to enable it receive invoices electronically (via EDI). This will include a Pan-European Public Procurement On-Line (PEPPOL) Access Point and a Service Metadata Publisher (SMP). The European Standard compliant eInvoicing service will be available to all health care authorities in Ireland. Once implemented, the HSE will be in a position to receive electronic invoices from Irish and European suppliers that comply with the new European standard.

The project activities will be completed by December 2020.



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 CLOCKWISE FROM TOP PHOTO:  
 Professor Rafael Bengoa, John Connaghan, NHS Scotland; HSE CEO Paul Reid; Muiris O'Connor, Department of Health and HSE Chief Strategy Officer Dean Sullivan. Minister for Health Simon Harris with Scottish Cabinet Secretary, Jeane Freeman. Patrick Lynch, HSE's Quality Assurance and Verification Division; Fran Thompson, HSE Chief Information Officer, Angela Fitzgerald, HSE Acute Hospitals and Dr Kevin Kelliher, Public Health and Child Health. Catherine Hogan, Loretta Jenkins and Cornelia Stuart, HSE's Quality Assurance and Verification Division.

## Timeline of the Irish-Scottish Health Forum



# Perinatal mental health 'IT'S ALL ABOUT LOOKING AFTER YOURSELF AS WELL AS YOUR BABIES'

**T**WO years after its launch, women across the country have spoken about the transformative effects the Specialist Perinatal Mental Health model of care has had on their pregnancies and beyond.

Perinatal mental health disorders are those which complicate pregnancy and the first postnatal year. They include both new onset and a relapse or reoccurrence of pre-existing disorders. Their unique aspect is their potential to affect the relationship between mother, child and family unit. In developing the model of care the HSE were very much focused on the needs of women, infants and their families.

The Specialist Perinatal Mental Health Service at University Maternity Hospital Limerick held an innovative workshop event where mums provided staff with vital feedback on their experiences with the service that will inform its future development.

'Whose Shoes' is a fun workshop experience, attended by doctors, midwives, parents and their babies, creating a relaxed, open space that helps draw out the kinds of feedback and information from service users and staff and reinforce the two-way relationship between maternity hospitals and women who require an accessible and skilled response to mild or severe mental health problems during pregnancy and the first year post-delivery.

The UMHL team was delighted to welcome Fiona O'Riordan, the HSE's National Programme Manager for Mental Health Clinical Programmes, to the event.

For Fiona, the Whose Shoes event provides crucial insights not just into what is working about the service, but also how it can be improved.

"Events like Whose Shoes are fantastic for directly hearing the feedback of service users. We get to hear first-hand from women who have got the intervention they needed at the right time, early on in their pregnancies," she said.

"It is very encouraging to hear first-hand that the Perinatal Mental Health Service in Limerick, which was the first to be established outside of Dublin, has made such an impact, even before the team has been fully formed. Since April 2018, it has seen large numbers of

women," she said.

All six of the 'hub' sites established under the model of care are now up and running, including UMHL, all three Dublin maternity hospitals, Cork and, in recent weeks, Galway.

Michelle Daly-Hayes, who was one of the first users of the service in Limerick, told the gathering about her experiences with post natal depression, and how the service had helped her during pregnancy.

"I found the preparations for my scheduled C-section excellent. They gave me a tour of the theatre the week before, and advice on what to wear and what my husband should wear. But for me, the most important part was having the check-in after birth. Knowing that someone was going to call me and say, 'Let's have a chat; let's talk about you; let's not talk about the baby and what he is doing, or even your physical health, but about how you're feeling.' That made the post-partum period so much easier," revealed Michelle.

"Another important thing was that I was referred to the Community Mothers programme in Limerick. There are many amazing services going on in the community in Limerick, and this programme is about bringing that all together and connecting all the dots. Getting out in the community was very important for me. I had my first pregnancy in Dublin, and then the second one down here in Limerick, and I'd been away for 10 years, so I found the isolation quite difficult when I moved back at first.

"Ultimately, it all comes down to self-care. It's all about looking after yourself as well as looking after your babies. I've met many, many women who are on this journey, and everyone struggles, so it's important to pat each other on the back and say 'Well done!' from time to time."

The Perinatal Mental Health Service team at UMHL consists of a Perinatal Psychiatrist (Dr Mas Mohamad); a Mental Health Midwife Manager (Maria Gibbons); a Senior Clinical Psychologist (Dr Niamh O'Dwyer, who is the first Clinical Psychologist to be appointed to a Specialist Perinatal Mental Health team under the new model of care); administration support (Sheree O'Brien), and, rotating every six months, one junior doctor (NCHD). This core team will soon be enhanced by two Psychiatric Clinical



“It's all about looking after yourself as well as looking after your babies. I've met many, many women who are on this journey, and everyone struggles, so it's important to pat each other on the back and say 'Well done!' from time to time

Nurse Specialists and a senior Social Worker.

Between May 2018 and July 2019, the service received 822 referrals and had 1143 outpatient appointments (not including DNAs and cancellations), with 443 new patients seen. Total patient contact from outpatient appointments and inpatient reviews was 1704. Over the course of its brief existence, that makes a monthly total of 55 new patient referrals, 30 new patients seen, and a monthly average of 114 patient contacts

A particularly positive takeaway was feedback on how the service has helped mothers build stronger relationships within their families. Another prominent theme emerged around the specific needs of fathers and partners, laying tracks for the future development of the service to meet these needs.

"There is no such thing as negative feedback," said Mental Health Midwife Manager, Maria Gibbons. "All the feedback that we've received through Whose Shoes has been constructive, and it's something we can all work on together, to make the service better for the future."

The feedback is reinforced by pledges, ranging from personal undertakings to devote more time to self-care, to requesting MidWest Mental Health Services to include maternal mental health in awareness-raising campaigns, and setting up a web page collating all information on free groups, classes and services for parents in Limerick, Clare and North Tipperary.



ABOVE: Perinatal Care publication. Pictured are (L TO R) Dr. Phillip Dodd (National Clinical Advisor Group Lead - Mental Health, HSE), Dr. Margo Wrigley (National Clinical Lead, Specialist Perinatal Mental Health, HSE), Minister Jim Daly TD (Minister of State for Mental Health and Older People) and Ms. Anne O'Connor (National Director Mental Health Division, HSE) at the publication of Specialist Perinatal Mental Health Services Model of Care for Ireland, at the Mont Clare Hotel in Dublin today. PHOTOGRAPH: LEON FARRELL / PHOTOCALL IRELAND TOP OF PAGE: Maternity Hospital Who's Shoes Workshop. PHOTOGRAPH LIAM BURKE/PRESS 22

## WHAT IS A PERINATAL MENTAL HEALTH SERVICE?

IT is a service for any woman with mental health problems who is planning a pregnancy, pregnant or who has a baby up to one year old.

These services aim to:

- Help you stay as well as possible during pregnancy and after your baby is born
- Make sure that you, your family and other professionals can recognise if you become unwell - as soon as possible

- Give the best possible care, treatment, help and support to you and your family
- Help you to enjoy having your baby, and to develop confidence in being a mum
- Make sure that you, your partner and family have the information you need - and can get advice - about mental health problems and treatments
- Work together with you, your partner and family and the professionals involved

Among the staff pledges were a proposal to extend mental health screening beyond the service booking visit; an undertaking to spread the word in the community about the perinatal mental health team in UMHL; and a pledge by Margaret Quigley, formerly Group Director of Midwifery and

now National Lead for Midwifery, to assist in establishing a Whose Shoes event for student midwives.

The team is constantly trying new ways to improve the service, and this month has recently begun offering art therapy for antenatal patients.

## NEW APP AIMS TO KEEP STAFF INFORMED WITH LATEST INFORMATION

A NEW Perinatal Mental Health Education App has been developed for healthcare staff.

The app, available at [PMH.healthcaresaff.com](http://PMH.healthcaresaff.com), is designed to provide the latest information to assist staff in their roles.

The aim of the app is to provide education to staff working in Specialist Perinatal Mental Health Services (SPMHS) and the wider healthcare community, GPs, public health nurses and community mental health teams, practice nurses etc.

There is a once-off sign-in process and then the apps can be added to your home screen for ease of use. Personal details are not held by the HSE or the app manufacturers.

The app will be constantly updated with new content, weekly polls, news and events relevant to you. It is a new kind of app which uses far less storage space than traditional apps, which are often 100 to 1000 times larger. You can also access the app via your phone's internet browser without downloading it, just bookmark it like you would a website.

"The weekly poll question can be used at weekly team meetings to increase PMH knowledge generally. Each week in the notice board section: new weekly poll, the correct answer to the previous week's question is provided. I am encouraging staff to try answering the question each week," said Fiona O'Riordan Perinatal Mental Health Programme Manager, HSE.

"The app is at a final stage of development now. I thought it might be useful to GP practice students and raise awareness of Perinatal Mental Health and also provides good referencing information for other services which may be related such as bereavement in pregnancy, TOP, Tusla supports etc. Information is updated all the time and governed by a SPMHS Editorial Group including perinatal psychiatrists."

Any issues, contact Fiona at [fiona.oriordan@hse.ie](mailto:fiona.oriordan@hse.ie) or 087-2532845.



*Mobile technology brings greater efficiency*

# STAFF PROVIDING BETTER SERVICE THANKS TO NEW MOBILE DEVICES

**F**RONTLINE staff across the country are more efficient and organised thanks to the roll-out of thousands of smartphones.

The Office of the Chief Information Office's (OoCIO) Primary Care smartphone project, which began two years ago, officially closed in the second week in November having delivered the final batch of mobile phones two months ahead of schedule.

In total 3,468 staff received new smartphones as part of a hugely successful national project which rolled out phones to frontline primary care staff across all nine Community Health Organisations.

The project team adopted a phased approach, moving through one CHO at a time until the entire country had been covered. The staff that received phones included public health nurses, dieticians, physiotherapists, speech and language therapists, dental staff and occupational therapists.

A mix of delivery options was used to ensure the timely receipt of the smartphones to staff throughout each area. On-site clinics in health centres and primary care centres around the country where staff were invited to collect their new devices and have them configured by specialist technical support. Where this was not possible, phones were delivered to staff's own work address with follow up support provided subsequently.

Staff who received phones were set up using one of three different connection types, depending on whether they were existing phone users or not:

- Port – Primary Care staff with existing numbers on Three and Eir were ported (moved) to Vodafone and received a new smartphone

- Upgrade – Primary Care staff with existing Vodafone devices received a new smartphone
- New connection – Primary Care staff who previously did not have a phone received a new smartphone and new number.

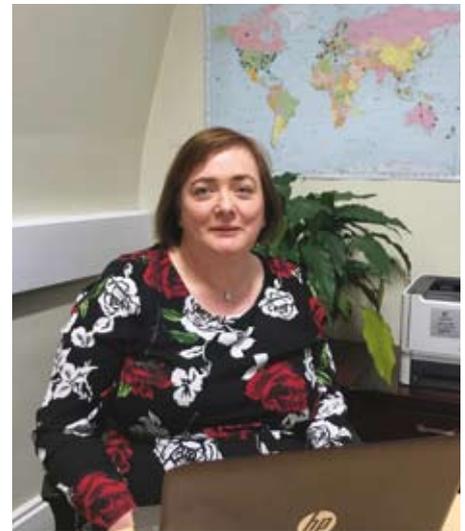
"Strong and enduring relationships have been established between the project team (OoCIO), CHO Primary Care service leads and local implementation leads (LIL) during this project and the previously completed laptop roll-out project. Building on these relationships and on the support, dedication and hard work of the LIL's was crucial to the successful completion of the project," said Fearghal Duffy, Senior ICT Project Manager for the project.

"I would also like to acknowledge the support and guidance of Tom Molloy and the OoCIO PMO, Richard Keating and his technical operations team and Colm Quinn and the national service desk whose continued support during critical phases of the project was invaluable to successfully completing this project.

"A special word of mention must go to David Maguire, project lead and coordinator, who led this project with good humour and whose attention to detail was crucial to completing the project within budget and on time."

Fran Thompson, Interim Chief Information Officer, HSE, explained, "Providing frontline staff with modern technology appropriate to their work is critically important and this project supports that aim. It also supports the SláinteCare initiative to deploy end user devices as part of Digital Workplace."

Mary Cooke ICT A/Delivery Director Community Health, OoCIO, said, "The project teams close working relationship with the



Community Service Leads and the dedication of the local delivery personnel ensured the success of this project."

Des O'Connell, SEO, Business Operations Lead to the Project, OoCIO, said the project team wanted to acknowledge the work completed by Jacqueline Wilkinson, Vodafone Project Manager.

"3,468 smartphones were set up and dispatched in site clinics across the country to facilitate collection by staff of their new smartphone. This provided a better end user experience for staff. Where staff had the smartphone dispatched directly to them, Vodafone gave priority to the changeover by having dedicated staff members from their national mobility team assigned to the porting of phones from talk and text to smartphones. This was the largest roll-out of smartphones completed by Vodafone in 2018/2019," he said.

## NATIONAL UROLOGY MODEL OF CARE LAUNCHED AT ROSCOMMON UNIVERSITY HOSPITAL

ROSCOMMON University Hospital was delighted to host the launch of the new urology model of care for Ireland.

The HSE's national clinical programme for surgery is developing models of care for a number of surgical specialties. The latest is for Urology and this model of care looks at the range of activity delivered and areas where there are gaps in the service. It aims to maximise the surgical workforce to deliver urology care not just in hospitals but in primary care centres along with access to radiology tests, while ensuring

appropriate clinical governance to support a safe and high quality service.

Roscommon University Hospital (RUH) played an important role in the development of the new model of care by being the pilot site for a Rapid Access Haematuria Service, which is one of the key initiatives under the new model of care.

The Rapid Access Haematuria Service in RUH began as a pilot in December 2018 as a One Stop Clinic for patients who have symptoms of blood in the urine, known as haematuria, with procedures and investigations carried out within a target of 28 days.

The service is being led by Eamonn Rogers, Consultant Urologist at Galway and Roscommon University Hospitals, who is also the national clinical lead for Urology.

"When urine infections are excluded, blood in the urine or haematuria is a serious medical condition and strongly associated with an underlying malignancy. It is similar to a breast lump, raised PSA (which may be an indicator for prostate cancer) or bleeding from the bowel," he said.

"The Rapid Access Haematuria Service in RUH allows us to quickly assess the urinary tract



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 ABOVE: Fearghal Duffy, Senior ICT Project Manager; and David Maguire, ICT Project Officer, Change & Portfolio Management.

LEFT: Desmond O'Connell, SEO, OoCIO, Business Operations; and Jacqueline Wilkinson, Project Manager, Vodafone.

FAR LEFT: Mary Cooke, ICT Deputy Delivery Director, Community Systems, OoCIO.

"The HSE OoCIO Regional Mobile Administrators along with Damien O'Reilly of the Community Health Delivery Programme, provided invaluable assistance to the project team via Business Operations."

Tadhg Buckley, GM Business Enterprise Solutions, OoCIO, added, "The work across the different pillars of the OoCIO was a vital aspect to the successful roll out of these units. The Technology Office ensured that the devices being deployed met the business

requirements ensuring compliance with HSE IT Polices. Business Operations project managed the technology roll out ensuring any issues arising were addressed and solved to complete the project."



by carrying out imaging of the kidneys and a cystoscopy of the bladder. Having both of these diagnostic tests available at the same time, in the same place is more efficient and convenient for patients and allows us to determine a treatment plan as quickly as possible.

"If a GP has a concern about a patient who has blood in their urine, they send a letter of referral to a Consultant Urologist to ask for the symptoms to be investigated. Since the Rapid Access Haematuria Service was started, the Urologists from the hospitals throughout the Saolta Group

have had the option to send their patients to RUH for rapid assessment.

"In the first six months the new service received referrals for 325 patients with an average waiting time of 26 days for treatment. All of this was achieved by holding a single clinical day every week. Over 70pc of patients were discharged back to their GP to care for their symptoms and just over 9pc were sent for further investigation for cancer. The rest of the patients were referred to specialist Urology or Nephrology services in their local hospital after assessment in RUH.

## SMARTPHONES INVALUABLE IN PERFORMING OUR ROLES



DEIRDRE BRUCE

NETWORK ADMINISTRATOR, DUBLIN SOUTH, KILDARE & WEST WICKLOW COMMUNITY HEALTHCARE, TALLAGHT CROSS PRIMARY CARE CENTRE, DUBLIN 24

"I AM involved in a number of projects including setting up a Primary Care Radiology Unit and Primary Care Ophthalmology service that requires me to leave the office frequently. Emails are a huge part of all our working lives now and the ability to send and receive emails from my mobile phone where ever I am is invaluable. It gives me the freedom to communicate on the spot. It allows me to follow up on outstanding issues on site and as a result I am efficient and more organised when I return to the office. I find my smart phone is an excellent way to organise my work tasks and I use the notes icon and calendar function for meeting reminders etc. Having access to emails whilst on the move has been hugely beneficial to me."



GER MCCULLAGH

OCCUPATIONAL THERAPY MANAGER, DSW, TALLAGHT

"SINCE I received my smart phone in August 2017, it has made a great difference to my ability to manage the Occupational Therapy team. There are 21 occupational therapists reporting to me, and each day there are many emails coming to me requiring a quick decision. Having the smart phone allows me to check my emails frequently and respond in an efficient way to the team I manage. This allows the Occupational Therapists to proceed without delay on a clinical question or leave issues etc. It makes me feel more in control when I am away from my desk for lengthy meetings, that I am responding to the important things and that there will be a lot less emails awaiting my attention when I return to the desk."

*Vaccine the only way to tackle issue*

# THREAT OF MEASLES REMAINS HIGH DESPITE ELIMINATION

**M**EASLES and rubella have officially been eliminated in Ireland, although the threat of imported cases from Europe remains high, according to HSE public health specialist Dr Suzanne Cotter, who works at the HSE Health Protection Surveillance Centre.

Eliminating these conditions is great news for everyone living in Ireland as these are significant diseases. Measles is a highly infectious virus, and globally still one of the leading causes of childhood mortality. Rubella is usually mild when experienced in childhood, but can often lead to serious and sometimes fatal complications in the foetus when an unprotected woman acquires the infection early in pregnancy.

We asked Suzanne about how elimination of measles and rubella came about, what it means and what challenges remain.

## THE SUCCESSFUL ELIMINATION OF MEASLES AND RUBELLA IN IRELAND IS GREAT NEWS. WHAT IS THE BACKGROUND TO THIS?

IRELAND has reached an important milestone in achieving both measles and rubella elimination. Both measles and rubella have the potential to be eliminated because they are vaccine preventable and humans are the only ones who can be infected by these diseases.

In Ireland, vaccines to prevent these two diseases are available since the 1970s for rubella, and since the 1980s for measles. The MMR vaccine (contains measles-mumps-rubella vaccine in the one dose) is routinely recommended and given at 12 months and four to five years of age.

## WHAT DOES THE ELIMINATION OF MEASLES AND RUBELLA ACTUALLY MEAN?

A COUNTRY can be considered to have eliminated these diseases, even if they have sporadic cases, once there is evidence that cases, when they do occur, are the result of importation of these viruses from other countries. The country has to demonstrate that it has successfully identified the source of infection for the case and that it has rapidly controlled the outbreak, thus preventing the virus becoming embedded in the country. Ireland has achieved and sustained elimination of both diseases.

## VACCINES SAVE LIVES AND PREVENT ILLNESS BEFORE WE ARE BORN

VACCINES save lives and prevent illness before we are born, through our childhood and later in life. Dr Chantal Migone from the HSE's National Immunisation office explains why vaccination during pregnancy is so important and why pneumococcal vaccine is recommended for people aged 65 and over and for at-risk adults and children over two years of age.

"Prevention of pneumococcal disease through vaccination is now more important than ever," she said.

The vaccine is not recommended for healthy children and young adults, as there is little risk of pneumococcal disease.

"We are often asked if people need to get the PPV vaccine every year as people associate it with the flu vaccine. Anyone aged 65 years or older only needs to get the vaccine once. People under 65 years of age, may need to have two doses of vaccine which should be given at least five years apart," she said.

"Although the vaccine can be given at the same time as the flu vaccine, I'd like to remind people that the PPV23 vaccine can be given at any time of the year. I encourage anyone at risk to speak to their healthcare provider about the PPV vaccine if you are in an at-risk group that needs to be vaccinated."

Chantal stressed that both the flu vaccine and whooping cough vaccine are recommended during pregnancy.

Whooping cough is a highly contagious illness that can be life threatening especially for young babies. It causes long bouts of coughing and

choking making it hard to breathe. The 'whoop' sound is caused by gasping for air between coughing spells. The disease can last up to three months. Infection with whooping cough does not give long lasting protection so re-infections can happen. The best way to prevent whooping cough is through vaccination.

"We offer vaccines in pregnancy to protect the mother and her baby. The vaccine stimulates your immune system to produce high levels of antibodies to the whooping cough bacteria. These antibodies will also pass to babies in the womb and protect them during the first few months of life," she said.

If the mother or her baby are in contact with whooping cough the antibodies will fight the whooping cough bacteria and will protect her and the baby from whooping cough.

The best time to get the whooping cough vaccine is between 16-36 weeks of your pregnancy to give your baby the best protection. The vaccine can be given after 36 weeks but it may be less effective. The antibodies you develop after vaccination decline over time so you need to get the vaccine again in your next pregnancy. You should get whooping cough vaccine during every pregnancy so that high levels of these antibodies are passed to each of your babies in the womb.

The vaccine is safe for pregnant women. Whooping cough vaccine is recommended for pregnant women in the UK, US, New Zealand and Australia.

The whooping cough vaccine is available from GPs or practice nurses. It can be given at the same time as the flu vaccine which is also recommended for women who are pregnant during the flu season.

Administration is free from 16 weeks of pregnancy.

Please visit [www.immunisation.ie](http://www.immunisation.ie) for the most up-to-date information.

## HOW DID IRELAND ACHIEVE ELIMINATION AND WHAT HAPPENS WHEN A CASE IS DETECTED?

FOLLOWING the WHO recommendation for elimination of these two diseases in 1998, Ireland has made enormous progress in measles and rubella control, as a direct result of vaccination of children in early childhood (at 12 months of age followed by a second dose in early childhood). In Ireland, this second dose is normally given to children in school in junior infants. Additionally, HSE provides opportunities to children and young adults who had missed vaccine to get it

(catch-up and mop up campaigns in schools and from GPs).

By law, both measles and rubella are notifiable diseases, which means that all cases are reported to the HSE. When a case (either measles or rubella) is notified to the HSE by doctors or clinicians, public health staff immediately start an investigation.

This involves contacting the clinician and the person, or a parent or guardian of the person, who has the disease to identify from whom they caught the disease and whether they were infected in Ireland or another country.

Public health staff put in place immediate control measures to prevent the disease

## ALL IRELAND CAMOGIE CHAMPIONS LAUNCH STAFF FLU CAMPAIGN

PLAYERS from the All-Ireland winning camogie team and the chairperson of Galway Camogie visited University Hospital Galway in October to launch the staff flu vaccine campaign.

Chris Kane, General Manager, Galway University Hospitals, welcomed the players to the hospital and thanked them for helping to highlight the importance of the flu vaccine for all staff working in the hospital.

"We are urging all staff to get their flu

vaccine as early as possible so that they are ready to fight the flu. Getting the flu vaccine early can help stop the spread of the virus and protect staff members, their families and their patients," she said.

"The flu virus strains that circulate change from year to year so everyone working in the hospital here and in Merlin Park University Hospital needs to get a new vaccine every year.

"We will be providing staff flu vaccine clinics on both hospital sites and we have

trained staff as peer vaccinators who go directly to wards and departments to provide the vaccine to their colleagues. We want to make it as easy as possible for staff to get the vaccine and to fit in with their daily schedule.

For the third consecutive year, the Saolta University Health Care Group has partnered with UNICEF to 'Get a vaccine, give a vaccine'. For every flu vaccine given to staff in any of the Saolta hospitals, 10 polio vaccines will be donated to UNICEF.



Flu champions and camogie champions at the launch of the staff flu vaccine campaign for Galway University Hospitals, from left: Ann Marie Furlong, Peer Vaccinator; Vincent Walsh, Porter; Pamela Normoyle, Flu Vaccine Lead; and All Ireland winning players Niamh Horan and Molly Mannion.

passing to anyone else. Control measures include isolating the person while they are infectious and identifying non-immune people who might have been exposed to the person with the disease. Anyone who may have been exposed will be offered vaccination or sometimes a blood product with antibodies to prevent measles.

### WHAT CHALLENGES REMAIN?

GAPS in immunity still exist in Ireland as MMR vaccine uptake is less than the 95pc uptake for each of the recommended two doses of MMR. MMR uptake (dose 1) measured in children aged two years was 92pc in 2018, and MMR booster dose (for Junior infants during the school year 2017-2018) was 91pc.

The WHO has expressed concerns over

the uptake rates in Ireland being less than 95pc, particularly for Dublin, and considers this a potential threat to maintaining elimination status. WHO recommended that Ireland seek to close immunity gaps in the population by putting in place strategies to provide MMR to those individuals who have missed MMR vaccine.

### IS THERE A THREAT OF MEASLES IMPORTATION FROM EUROPE AND BEYOND?

THERE has been a recent and dramatic surge in measles cases in Europe. WHO has reported that around 90,000 children and adults in the European region were infected with measles in the first half of 2019. This is double the number of cases reported for the same period in 2018 and already exceeds

the total for 2018, when 84 462 cases were identified. Recent measles data has identified many European countries that had extremely high rates of disease, with the highest incidence being in Lithuania, Bulgaria Slovakia, and Romania. But all countries have reported cases, clearly indicating that Ireland is a risk of importation from any of these countries.

### WHY IS IT IMPORTANT TO ELIMINATE MEASLES AND RUBELLA?

MEASLES is highly infectious and is still one of the leading causes of childhood mortality around the world. Rubella is usually mild in childhood, but can often lead to serious and sometimes fatal complications in the foetus when an unprotected woman acquires the infection early in pregnancy.

# NINE COMMUNITY HEALTHCARE NETWORKS

**H**EALTH Matters sat down with Loraine Kennedy, who is Head of Primary Care in Community Healthcare East and also on the Community Healthcare Network Implementation Team, to get the low down on progress implementing Community Healthcare Networks.

## GIVE US A QUICK UPDATE ON HOW THINGS ARE PROGRESSING.

IT'S been a busy year but we've made great progress over 2019. The nine Community Healthcare Network learning sites are now going live. We have talked to staff up and down the country who will be part of the Learning Sites. A new role has been designed, to support the roll out of the Community

Healthcare Networks, the Community Healthcare Network Manager. The Network Managers have now started and are getting down to work!

## WHY DO WE NEED MORE CHANGE?

OUR healthcare system is facing significant challenges. We have a growing and ageing population. Life expectancy is increasing, as is the prevalence of chronic disease. We know that we need to change if we want to meet the needs of people who use our services, and for our staff.

## IN A NUTSHELL, WHY ARE WE IMPLEMENTING COMMUNITY HEALTHCARE NETWORKS?

COMMUNITY Healthcare Networks are about re-shaping how we deliver services in the community.

## ARE NETWORKS LINKED TO SLÁINTECARE?

YES, they support Sláintecare's vision of integrated community based care - Care at the Right Place and at the Right Time.

## WHAT IS A COMMUNITY HEALTHCARE NETWORK?

A COMMUNITY Healthcare Network is a geographic area where Primary Care Services will be delivered to an average population of 50,000 people.

## WHAT'S A LEARNING SITE?

AS part of our phased implementation, nine Community Healthcare Networks have been set up, one in each Community Healthcare Organisation area. These nine Networks are

## Importance of Learning Sites highlighted at event

TO support and welcome the newly appointed Network Managers, a Community Healthcare Network (CHN) event was recently held in Dublin. An audience of over 70 senior HSE staff, Department of Health officials and Sláintecare representatives heard from a range of speakers on topics such as multi-disciplinary team working, localised decision-making and the importance of the Learning Sites.

The CHN model supports multi-disciplinary working and localised decision making. It aims to provide quality care specific to local population needs, as close to home as possible, improving the experience for people who use and deliver our services. Implementation is on track with nine new Community Healthcare Networks Learning Sites, one in each CHO, now set up. These Learning Sites are complemented by the appointment of nine new Network Manager posts to lead the rollout of the Networks.

The 2020 NSP prioritises the implementation of CHNs with the view to improving access to services, reducing waiting lists and supporting acute hospitals, by reducing unnecessary attendances and admissions while improving early discharge to the community. Services and resources in the community will be further enhanced with the appointment of an additional 1,000 front-line staff, through Sláintecare Community funding of €10m growing to €60m over the period 2020 to 2021.

“ It aims to provide quality care specific to local population needs, as close to home as possible, improving the experience for people who use and deliver our services

The Centre for Effective Services (CES) has been engaged to understand the learning from this phase and for scaling up of the Network model and measure the change to service delivery.



# WORKS LEARNING SITES GOING LIVE

called Learning Sites and are a mix of rural and urban areas.

## ARE YOU DOING AN EVALUATION?

YES. During the Learning Sites process, data is being gathered and analysed. This will provide us with the opportunity to learn as we go – helping to support future roll out.

## WHAT'S THE ROLE OF THE NETWORK MANAGER?

THE Network Manager is a new role to the HSE. They are accountable for primary care service delivery to the population of the network, supported by a local management team. In the future, a Network GP Lead will also be appointed to this management team.



Members of the Community Healthcare East Implementation Team (l-r) John Nwobo, Portfolio Lead; Loraine Kennedy, Head of Service Primary Care; Dawn Tyner, Network Manager; and James Glover, General Manager.

## HOW ARE YOU COMMUNICATING WITH STAFF?

WE are communicating with staff face to face

on an on-going basis at a local level. There is also information online at

[www.hse.ie/CommunityNetworks](http://www.hse.ie/CommunityNetworks)



ABOVE: (FRONT ROW L-R) David Walsh, National Director - Community Operations; Caroline Lawson, Network Manager; Dean Sullivan, Deputy Director General – Strategy; Mary O'Halloran, Network Manager; Paul Reid, CEO of HSE; Dawn Tyner, Network Manager. (BACK ROW L-R) Neville Coen, Network Manager; Feargal Goodman, Asst Secretary, Dept of Health; Aisling Finucane, Network Manager; Nicola Brett, Network Manager; Laura Magahy, Executive Director, Sláintecare; Padraig Doherty, Network Manager; Maura Gillen, Network Manager and Pat Healy, National Director - Community Strategy and Planning. LEFT: Paul Reid, CEO of the HSE, speaking at the Community Healthcare Network event. FAR LEFT: Newly appointed Network Managers: (FRONT ROW L-R) Mary O'Halloran, Caroline Lawson, Dawn Tyner, Maura Gillen, (BACK L-R) Neville Coen, Padraig Doherty, Nicola Brett and Aisling Finucane (missing from photo: Niamh Clarke).

# NEW PAEDIATRIC OUTPATIENT AND URGENT CARE CENTRE OPENS AT CONNOLLY HOSPITAL

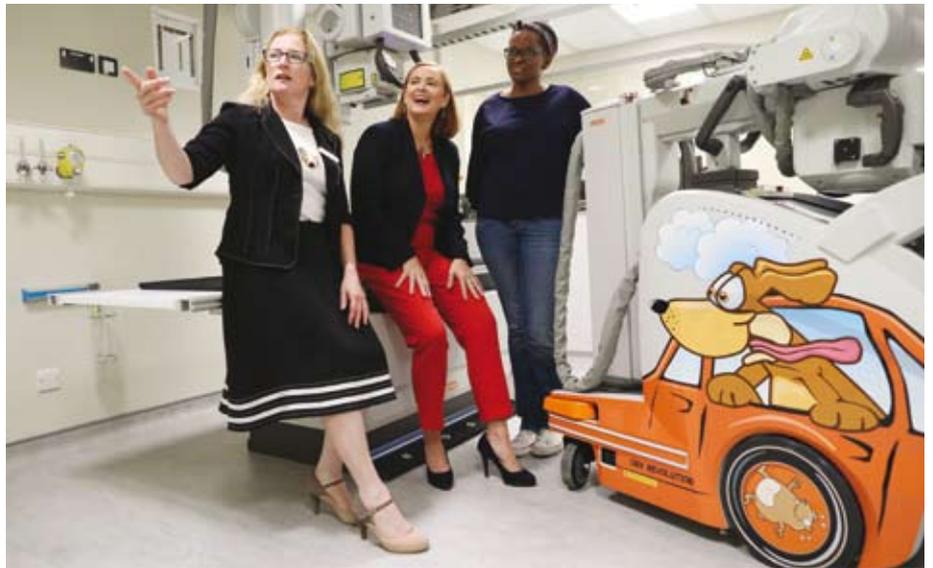
**T**HE three children's hospitals in Dublin and the Children's Hospital Group transitioned from four separate, independently governed entities into one new single organisation, Children's Health Ireland (CHI), which legally commenced on January 1st 2019 to govern and operate paediatric services in Dublin and all national paediatric services, some of which are on an all-island basis.

This new organisation is operating as a single service across the existing locations of Crumlin, Temple Street and Tallaght and, since July 2019, at Connolly Hospital with the opening of the new Paediatric Outpatient & Urgent Care Centre (OPD&UCC).

Central to the work of CHI is the implementation of a new National Model of Care for Paediatric Healthcare Services in Ireland which will have at its centre at the new children's hospital in Dublin. The new hospital will bring the three existing children's hospitals together under one roof providing tertiary and quaternary care for the country and will be supported to deliver on its local secondary paediatric care remit for the Greater Dublin Area by two paediatric outpatient and urgent care centres at Tallaght and Connolly hospitals.

One of the key concepts of this model of care is to provide care as close to the patient's home as is clinically appropriate – CHI at Connolly will deliver this. This state-of-the-art facility on the grounds of Connolly Hospital in Blanchardstown brings fast, convenient, quality care close to home as is clinically appropriate, for the children and young people of Dublin 15, North Dublin, Co Kildare and Co Meath.

CHI at Connolly urgent care service treats children with minor injuries such as fractures, sprains, minor burns, small cuts and illnesses such as vomiting, diarrhoea and mild asthma. The urgent care centre is a walk-in service – with no appointment necessary and offers patients rapid access to specialist paediatric care and shorter waiting times. It treats minor injuries and illnesses that are not life-threatening and do not require a visit to the Emergency Department (ED). Although, most patients attending urgent care will not require inpatient admission, there are six short-stay observation beds in the urgent care centre with a maximum period of observation and treatment of six to eight hours. Under the governance of Paediatric Emergency Medicine this model of early treatment and discharge reduces the admission



L-R: Dr Ciara Martin, Clinical, Director and Paediatric, Executive Lead, CHI Eilish, Hardiman, Chief Executive, of Children's Health Ireland, and Dineo Hunters, Clinical Specialist Radiographer. JULIEN BEHAL PHOTOGRAPHY.

rate. It will ultimately increase parent/patient satisfaction thereby driving behaviour change from presenting to a Paediatric Emergency Department (ED) for the treatment of a minor injury or illness. The initial hours of opening for urgent care are 10am to 5pm Monday to Friday. Over time this will increase to open seven days a week, from 8am to 8pm.

Since opening on July 31st, over 50pc of presentations to the urgent care centre are from the local area of Dublin 15 and a further 20pc being from the surrounding areas. To the end of October, over 1,300 children have presented to the urgent care centre a further over 800 have attended outpatient appointments in CHI at Connolly. Most of these outpatient appointments have been on a waiting list for up to two years to see a General Paediatrician in CHI at Temple Street, Crumlin or Tallaght and these patients were scheduled for an appointment at CHI in Connolly.

Since July 31st 2019, there have been 814 Consultant-led Outpatients attendances. The majority of these have been on a waiting list for up to two years to see a General Paediatrician in CHI at Temple Street, Crumlin or Tallaght and these patients were scheduled for an appointment at CHI in Connolly. When fully operational CHI at Connolly will provide upwards of 17,000 outpatient appointments (General Paediatrics and Orthopaedic Fracture clinics) annually. This will contribute to significant reductions in waiting times for our

patients and their families to access a General Paediatrician. Outpatient services are from 8am to 6pm Monday to Friday.

Spanning over 5,000m<sup>2</sup> of floor space, CHI at Connolly was designed with input from both clinical and operational staff from the existing hospitals and, most importantly, through involvement and inputting from young people and families. The interior includes a sensory room for parents with children with special needs, a dedicated changing space for children and adolescents in wheelchairs, a separate breastfeeding space for new mothers, a therapy gym in orthopaedic outpatients and dedicated splinting and casting rooms.

As part of Children's Health Ireland's commitment to place arts at the centre of the child's and young person's experience, CHI Arts in Health commissioned a unique sculpture for the outpatient waiting area, known as the Balloon Tree. It was inspired by the artist's conversations with young people in our Youth Advisory Council about their experiences of being in hospital.

CHI is committed to providing the same high-quality care in Connolly that is provided at Crumlin, Temple Street and Tallaght Hospitals. This new service offers parents and children in the North Dublin area a convenient alternative to attending an ED for the treatment of minor injuries and illness and timely access to General Paediatrics. For more information visit [www.childrenshealthireland.ie/connolly](http://www.childrenshealthireland.ie/connolly)

# STOP THE CLOT VTE ROADSHOW HITS THE EAST

**T**HE Ireland East Hospital group in association with Thrombosis Ireland launched 'Stop The Clot VTE' road show, with a view to raising awareness on the signs and symptoms of Venous Thromboembolism (VTE).

Thrombosis Ireland has identified that VTE Claims more lives than breast and prostate cancer and motor vehicles crashes combined and affects approximately 5,000 Irish people every year. It is reported to be the leading cause of hospital-associated death and direct maternal death in developed countries. In order to raise the awareness, the three key messages used throughout the campaign were Know the risk; Know the signs; and Know to act fast.

The road show, in the form of a big red bus, visited a number of hospital and communities in the Ireland East Hospital Group. Those visiting the stationary bus were first greeted with experts in the field of VTE prevention and treatment.

Lifestyle behaviour plays a key part in the prevention of VTE. The upper deck of the bus was focusing on lifestyle health risk factors including healthy eating, the harms of alcohol, tobacco and being active. It even included exercise bikes which many used to try out



Staff from Our Lady of Lourdes Hospital Navan promote Stop The Clot initiative

their level of fitness.

Health care staff, including health promotion and improvement practitioners, were on hand to provide important information and take home materials including the HSE Know Your Numbers Card.

Anne Marie O'Neill, founder of Thrombosis Ireland, and IE Hospital Group were delighted with the success of this campaign which

she identified as good collaborative work between HSE Healthy Ireland Health & Wellbeing, Ireland East Hospital Group and Thrombosis Ireland. It showed how different programmes and opportunities can support the implementation of the HSE's Making Every Contact Count programme.

For further information on Thrombosis and VTE go to [www.Thrombosisireland.ie](http://www.Thrombosisireland.ie)

## AWARD WINS FOR NATIONAL AMBULANCE SERVICE

CONGRATULATIONS to the CAWT and the National Ambulance Service Community Paramedic Project who won an Irish Healthcare Award 2019. For more information on the Community Paramedic Project visit: <http://www.nationalambulance.ie/Community/Community-Paramedicine>

Congratulations also to the National Emergency Operations Centre (NEOC), Dublin South Central Ambulance Station and Loughlinstown Ambulance Station within the National Ambulance Service who received the Gold Award for Active at Work from the Irish Heart Foundation in association with Healthy Ireland.

TOP RIGHT: Karl Henry, health and fitness expert, broadcaster and author; Paul Brothers and Kathrina Murray, Dublin South Central Ambulance Station, Dublin, who achieved the Gold Active@ Work Award; and Tim Collins, CEO, Irish Heart Foundation. RIGHT: The CAWT and NAS Community Paramedic Project team who won at the Irish Healthcare Awards 2019.



# REPORT SHOWS STEADY REDUCTION IN ANTIBIOTIC USE

**A**NTIBIOTICS are very valuable but like all powerful drugs they also cause harm to patients. There are common generally mild side effects such as nausea, rashes and upset stomach. There are rare but very serious side effects with certain antibiotics including life threatening anaphylaxis (for example with penicillin), disturbance of heart rhythm (for example with clarithromycin) and rupture of tendons (for example with ciprofloxacin).

In the last few years we have also started to learn a lot more about how important the natural balance of our good bacteria is for our health. Antibiotics almost always upset this healthy balance. All of this means that there are very good reasons for the doctor not to prescribe and for the patient not to take antibiotics when they are not necessary. When an antibiotic is needed some are safer than others. It is important to use the safest antibiotic that is likely to work.

There is another cost that we all share every time an antibiotic is used. Using antibiotics increases the risk of antibiotic resistance.

There has been some good news on antibiotic use in Ireland in the community in the last three years. The annual report from the HPSC has shown a small but steady reduction in overall antibiotic use. There are

also very promising results from a quality improvement project led by ICGP Lead for Antibiotic Resistance Dr Nuala O'Connor in the Cork-Kerry region. The project was run in the Southdoc out-of-hours service. In the GP Out of Hours Project, the GPs were able to increase their green antibiotic prescribing to over 80pc.

Encouraged by this evidence of GPs' commitment to reducing harm from antibiotic use, the AMRIC team has been working with the Primary Care Reimbursement Service (PCRS) this year on a project to provide GPs with information on antibiotic prescribing. Many GPs have welcomed this opportunity to see this information and to see how their list compares to other GPs. They believe that this will help them to assess their own prescribing and in planning improvement.

In September 2019, every GP with a GMS contract and panel of over 100 patients was provided with their first report. The report shows the proportion of antibiotics prescribed for their GMS list that were 'green' (generally antibiotics that are more targeted at the bug likely to be causing the infection) or 'red' (more 'shotgun' antibiotics that kill a wider range of bugs and are more likely to upset that natural balance). The report includes some information on the use of certain specific 'red' antibiotics such as coamoxyclav and ciprofloxacin. This allows doctors to see how the prescribing for those individual

antibiotics compares to the national average.

To increase use of 'green' antibiotics, it was suggested that GPs focus on the conditions they are prescribing these 'red' antibiotics for and to consider if there is a safer 'green' option.

The information we are able to provide to GPs is not perfect. The information does not relate to their personal prescribing because patients on their list may see other doctors who may prescribe. Sometime the GP may be prescribing on the advice of a hospital consultants. The information only refers to GMS patients. Also, and very importantly, the profile of patients on a GP's list may be very different. GPs with a lot of people with complex illness, a lot of frail older patients or who practice in areas of deprivation may need to use more red antibiotics that colleagues with a very different list profile.

Even with those limitations, the report gives a useful overview and many GPs have already told us that they welcome the information and can use it to help them choose the safest antibiotic for the people who need an antibiotic.

A link to [www.antibioticprescribing.ie](http://www.antibioticprescribing.ie) was provided which gives guidance on the preferred antibiotics for common conditions seen in general practice.

If you would like further information on the project please contact the AMRIC team on [Hcai.Amrteam@hse.ie](mailto:Hcai.Amrteam@hse.ie)

## LOVE ISLAND STAR STOPS BY



Staff met Love Island winner Greg O'Shea as he visited the Children's Ark in University Hospital Limerick during his return home to Limerick. The Children's Ark is the only inpatient facility for sick children in the MidWest. It is a purpose-built paediatric unit for children with 49 beds in the Sunshine and Rainbow wards, a high-dependency unit, a cystic fibrosis unit and the Caterpillar Day Ward. There is a school for children staying in hospital so that those that are well enough can keep up with their school work. BRIAN ARTHUR

# PROFESSIONALISING PROCUREMENT IN THE PUBLIC HEALTH SERVICE



**T**HE HSE and its Section 38 and Section 39 funded agencies purchase circa €3.2bn each year on goods and services. That's a staggering €8.8m for each day of the year; over €6,000 each minute; or over €100 per second!

Every single time a purchasing decision is made in the public health service, public procurement considerations apply. This means there are rules and regulations that must be complied with to ensure that the health service procures correctly and achieves best value for money. These include EU Procurement Directives, Irish Statutory Instruments (S.I.), Public Procurement Policies, Government Circulars, Procurement Guidelines and HSE National Financial Regulations (NFR). Non-compliant purchasing can result in poor value for money resulting in reduced patient care and service delivery somewhere in the public health system.

The EU Commission views public procurement as an instrument to achieve smart, sustainable and inclusive growth, which could have significant economic impact in contributing to jobs and cross-border trade. Public procurement can also make a strategic contribution to horizontal policy objectives and societal values such as innovation, social inclusion and economic and environmental sustainability. Therefore, the most efficient use of public funds needs to be ensured and public buyers need to be in a position to procure according to the highest standards of professionalism. Enhancing and supporting professionalism among public procurement practitioners can help foster the impact of public procurement in the whole economy.



BACK L TO R: Damian Walsh, Capacity Development Officer, HBS Procurement. John Swords, Interim Head of HBS. Dr Philip O'Regan Dean of The Kemmy Business School, UL. Brendan White, Head of Corporate Procurement Planning & Capacity Development, HBS. Michael Hennessy School of Science and Engineering, UL. FRONT L TO R: Yvonne Delaney, Programme Director, Management Development Unit, Kemmy Business School, UL. Julie Ryan, Head of Business Excellence and Innovation, HBS

A Commission Recommendation encourages the development and implementation of professionalisation policies in Member States to help to increase the profile, influence, impact and reputation of procurement in delivering public objectives. The EU Commission has also commissioned the development of a European Competency Framework for Public Buyers, which is nearing completion. HBS Procurement has been to the forefront in regards to translating this into a comprehensive Competency Framework for the development and professionalisation of all participants in the Irish health service's procurement function.

A key strategic objective for HBS Procurement is to support health service delivery by providing continuity of supply; ensuring availability of appropriate quality

goods and services where needed, when needed, and to achieve greater value for money. In this regard, a compelling vision has now been set to build a sustainable architecture for the professionalisation of HBS procurement.

Development and implementation of a robust, agile learning and development educational model is currently in focus which will raise progressively the levels of capability across the public health service procurement function by embracing, aligning and operationalising:

- the customer (patient and service provider) at the center of everything we do
- best in class public service innovation competencies
- best in class lean, business excellence
- core behaviours that drive HSE Values in Action

## COLLABORATION WITH UL

WORKING in collaboration with HBS Business Excellence and Innovation, and the University of Limerick (UL), HBS Procurement has developed a comprehensive syllabus to deliver a Quality and Qualifications Ireland (QQI) accredited bespoke Public Procurement Supply Chain Excellence Level 7 Certificate programme and Level 7 Diploma programme. In excess of 100 procurement practitioners from across HBS

Procurement, HSE, Section 38 and Section 39 health agencies have enrolled and are currently participating in these programmes which combine Public Procurement, Supply Chain and Business Excellence modules.

HBS and UL are also collaborating to develop a QQI accredited, bespoke Level 8 Degree and Level 9 Masters in Public Procurement Supply Chain Excellence.

Work is also under way on:

- A bespoke Apprenticeship in Supply Chain

programme for public service procurement.

- A 'Procurement for Non-Procurement Managers Programme', which will be delivered in-house with formal accreditation from UL.

HBS Procurement intends that all persons involved in the procurement of goods and services in the public health service will be in a position to procure according to the highest standards of professionalism to ensure we achieve best value for money.

# Irish hospitals 'latching on' to importance of skin to skin

THE importance of skin-to-skin contact after birth in helping to get breastfeeding off to a good start was highlighted to mothers and mothers-to-be, and their families, during the recent National Breastfeeding Week.

The theme this year was 'Every Breastfeed Makes a Difference'.

We know that skin-to-skin contact for at least an hour immediately after birth helps get breastfeeding off to a good start. The good news is that we now know that the practice of skin-to-skin contact after birth is widespread across our maternity services," said Laura McHugh, National Breastfeeding Coordinator.

New evidence from hospitals suggests that 86pc of all healthy term babies receive skin to skin contact after birth.

Laura explained that by placing the baby unclothed directly onto their mother's chest immediately after birth for at least an hour, most babies will naturally seek out and feed at the breast. Some babies will need more time and help to initiate feeding. Skin-to-skin contact also helps mothers to recognise and respond to their baby's signals and stimulates the release of hormones to support bonding and breastfeeding.

Other benefits of skin-to-skin contact after birth include:

- Helping the baby adjust to life outside the womb
- Calming and relaxing both mother and baby
- Regulating the babies temperature and



keeping them warm

- Getting mothers familiar with their baby's signals and bonding with their baby
- Passing on good bacteria from the mothers skin to the baby's skin to help protect against infection.

"Your birth partner can also take part in skin-to-skin contact to bond with the baby, if the mother is needing medical attention immediately after the birth. This skin-to-skin contact will be calming for babies and the cuddles also helps them to bond," she said.

The latest data shows that 60pc of babies in Ireland are breastfed on leaving hospital. This is an increase of 10pc in the last 10 years.

The HSE is sending out information packs to maternity hospitals and primary care centres across the country and providing reusable water bottles to all women who give birth this week promoting mychild.ie and the message that every breastfeed makes a difference to health.

"Having a baby is a life changing time. For many mothers, breastfeeding is a new skill that takes time and practice to master. We want to let mothers know about supports available on mychild.ie to help them to

breastfeed for longer because the longer a mother breastfeeds, the greater the health protection for her and her child," said the National Breastfeeding Coordinator.

This year the HSE is highlighting the new website, mychild.ie, as the go-to resource for all breastfeeding mothers and mothers-to-be, and their families.

The new site, launched in December last year, includes extensive breastfeeding information, videos and guides as well as the 'Ask our Breastfeeding Expert' service - plus all the wider pregnancy and child health information from the HSE.

See mychild.ie for more information on breastfeeding or to get advice from a lactation consultant in the Ask our Breastfeeding Expert section.

## TO JOIN

To join the HSE parenting and breastfeeding community, see the HSE [mychild.ie](https://mychild.ie) Facebook page and [hse\\_mychild](https://www.facebook.com/hse_mychild) on Instagram [#hsemychild](https://www.instagram.com/hsemychild) [#breastfeeding](https://www.instagram.com/breastfeeding) [#breastfeedingweek](https://www.instagram.com/breastfeedingweek)

## MUMS OF BOYLE GET INVALUABLE HELP FROM BREASTFEEDING SUPPORT GROUP

ONE of the supports that are available to mums in the Boyle area is the 'Boyle Breastfeeding Support' group.

Boyle Breastfeeding Support is a monthly mother-to-mother support group which takes place in Boyle Family Resource Centre (FRC) on the last Friday of each month. It was established in April 2017 by Amy O'Connor, initially in her own home as a space to support mothers and their families in their breastfeeding journeys, whatever shapes they may be. Recognising that each mother and babies experience can be very different is an important ethos of the group. Yet, also an

acknowledgement that a cup of hot tea can be a solution to many breastfeeding fumbles, questions and celebrations too!

After the first meeting, space to accommodate everyone attending was a problem and so the support group came to have a home in Boyle FRC. With a strong community of breastfeeding mothers in Boyle ready to meet up, the group offer support and advice on all aspects of breastfeeding.

Louise Moran, manager of the FRC and other staff frequently call in for 'monthly cuddles' and provide a welcoming introduction and access to all the supports

available to families under its roof. As such, families and their connection to support within the community are really born within this encouraging and nourishing safe space for mothers and their babies.

With breastfeeding rates on the rise countrywide, and in the locality in particular, mothers are particularly grateful to have a place to meet up on a regular basis for support, encouragement and reassurance.

Ciara, who attends regularly, said, "To have mothers on hand who have experienced breastfeeding older babies and toddlers is such an invaluable help."



## CAMPAIGN TO RAISE AWARENESS OF WINDOW BLINDS DANGERS TO CHILDREN

THE Competition and Consumer Protection Commission (CCPC), in partnership with the HSE's mychild.ie, launched a safety campaign in October to alert parents to the potential dangers to children from cords and chains from window blinds and curtains.

Window blinds and curtain cords and chains pose a strangulation risk to children. Cords and chains that form a loop are a particular danger. Many parents and carers are unaware of the hidden dangers posed by cords and chains on window blinds and curtains.

This campaign aims to raise awareness of the dangers and educate parents and carers on practical steps they can take to reduce the strangulation risk and help prevent child injury or a potential fatality.

General advice to share with parents and carers:

- Do not fit blinds and curtains with cords attached.
- If buying blinds, look for cordless or chainless options.
- Ensure any blind you are buying adheres to the correct current safety standards and that the blind includes a safety device which also meets the correct current safety standard.
- Check rooms, in particular your child's bedroom and play room, for existing cords and chains. Cords and chains may be situated on the front, side, inside or back of the blind.
- The following are some ways you can replace or make existing cords or chains safer:
  - replace any existing cords and chains with curtain or blind wands. Keep wands out of reach of your child to prevent eye injuries.
  - fit a safety device, such as tension devices, tie down devices or breakaways. Check regularly.

- Never put a cot, bed, high chair or playpen within a child's reach of a window.
- Keep anything a child can climb up on, such as a sofa, chair or bookcase, away from windows.
- Keep all cords out of your child's reach.
- Never leave your child alone in a room that has blind cords or chains – not even for a second.

It is important to remember that nothing can be considered risk-free. The safest advice is to remove any window blind cords and chains from the home.

More information at [ccpa.ie](http://ccpa.ie) and [mychild.ie](http://mychild.ie).

ABOVE: Monica Uí Dúill with baby Liam, aged 11 months, from Roundwood, Co Wicklow with Minister for Health Simon Harris during National Breastfeeding Week. PHOTO: MARK STEDMAN  
 FAR LEFT: From left: Carol Wharton with baby Ella Beth, aged 9 months, from Sandyford, Co Dublin, Louise O'Connor with her son Brendan Reddy, aged 6 months, from Phibsborough, Dublin, and Monica Uí Dúill with baby Liam, from Roundwood, Co Wicklow.

Another mum said, "We have never experienced any breastfeeding problems as such but knowing the group is there every month and making the effort to get out to it does wonders for my mental health; an opportunity to have a chat and realise that everyone is in the same boat, but also to become aware of what else is happening in the area that myself and the baby can go along to too."

Mum Katie said, "I'm so grateful for all in this lovely group, and to have it here locally in Boyle makes all the difference."

Throughout Roscommon, there are different

Breastfeeding supports, some groups similar to the group in Boyle are led by mothers, others groups are led by Public Health Nurses, as well as one-to-one meetings with a lactation consultant.

To mark National Breastfeeding Week and to further support mothers in Roscommon Children and Young People Services Committee launched a 'Roscommon Breastfeeding Support' leaflet. This outlines all of the local supports available to mothers from the north to the south of the county, how to get in touch with these supports and what to expect when you get there.



## Preventing harm from falls

THE HSE, together with the State Claims Agency, hosted the second AFFINITY - National Falls & Bone Health Symposium. Building on the success of the inaugural symposium last year, this year's event provided a forum for more than 300 attendees to network, share and celebrate innovative practices in falls prevention and bone health across the country.

In keeping with the event's theme, Preventing Harm from Falls - Making it Happen Together, the delegates were wide ranging and included health care professionals working in hospitals, residential settings and in the community, members of Age Friendly Ireland, representatives from Older Peoples Councils and service users; all of whom have a common interest in working together to reduce harm from falls.

Michael Fitzgerald, HSE Older People and Palliative Care – Strategy, said, "The symposium provides a wonderful opportunity to learn from national and international experiences of developing and enhancing falls prevention and bone health services. Collaboration across multiple sectors is vital as falls prevention and bone health spans right across our health services; everyone can get involved and do their part to address this issue."

A number of national and international speakers spoke on the day and Minister Jim Daly also addressed the crowd.

Dr Cathal O'Keeffe, State Claims Agency, said, "Following the success of the inaugural AFFINITY National Falls and Bone Health Symposium last year, we are delighted to promote bone health and identify key factors in falls prevention. The evidence shows that harmful falls and fractures are not an inevitable part of ageing and can be prevented. This event is an opportunity to showcase good practice and engage with health professionals and service



users across a wide range of settings."

Delegates also had the opportunity to attend workshops focussing on falls prevention and bone health in different settings including community, residential and acute hospitals.

This year a service user engagement workshop developed by the Service User Panel, Age Friendly Ireland and HSE National Quality Improvement Team was a new addition to the afternoon workshop programme.

A selection of posters on falls and bone health quality improvement projects were on display with awards going to:

Community Residential Care - Margaret Crowley, Spencer Turvey and team, Cork-

Kerry Community Healthcare (CKCH) - Early Learnings from implementing a Falls Management Policy in Residential Settings across Care Groups in CKCH.

Independent Living/Community - Catherine Devaney, Vanda Cummins & Team - Establishing OTAGO Exercise Programmes in CHO DNCC (DNC) Primary care Services Through Interagency Working.

Acute sector - Dr Robert Briggs, St James Hospital - Falls & Syncope Assessment in the Emergency Dept: Improving Patient Care and Reducing Admissions.

All presentations are available to view on the 'Events' section of: [www.hse.ie/affinity](http://www.hse.ie/affinity)

# BreastCheck in the heart of Dublin North Inner City

TO encourage women in Dublin North Inner City to attend for breast screening, the National Screening Service brought the BreastCheck mobile screening unit to the heart of Dublin's North Inner City, at Sean McDermott Street Church from September 26th to October 18th.

BreastCheck - the HSE National Breast Screening Programme, established in 2000, is one of four national screening programmes in Ireland. The programme offers breast screening to approximately 230,000 eligible women aged 50 to 68 on an area by area basis every two years. With a national average uptake of 74pc, BreastCheck has provided more than 1.9 million mammograms to women and detected over 12,200 cancers; more than half of which were diagnosed at an early stage.

In conjunction with CHO Dublin North City and County Social Inclusion team, BreastCheck worked to encourage women to attend when invited for their first BreastCheck appointment. Liaising with local GPs and pharmacies to promote the mobile unit, BreastCheck also developed a poster which was displayed in the local area along with geo-targeted Facebook posts.

Deirdre Ryan, Screening Promotion Manager for the HSE National Screening Service, recounted, "The Dublin North Inner City area has always had a very low uptake of breast screening services. An important principle for the BreastCheck programme is to offer screening services locally to women in locations convenient to where they live.

For the majority of women this means having a mammogram in a mobile unit. With the help of the BreastCheck Eccles Unit, considerable

“ BreastCheck has provided more than 1.9 million mammograms to women and detected over 12,200 cancers; more than half of which were diagnosed at an early stage



TOP OF PAGE: Lynsey Ryder and Maighréad Ní Éalaithe, two of our BreastCheck radiographers.  
ABOVE: BreastCheck mobile unit located at Sean McDermott Street Church.

support from Dublin City Council and following consultation with Dublin North-East Inner City, we secured a mobile BreastCheck unit at Sean McDermott Street Church."

Ellen O'Dea, Head of Service Health and Wellbeing for CHO Dublin North City & County, said, "We were delighted when the National Screening Service approached us with this project. BreastCheck provides an important service to the women of Ireland. The focus of this project was to reduce the physical and information barriers that may impact uptake of the service in areas such as Dublin North Inner City, where there are high numbers of people who experience low socio-economic status. This was a very important and worthwhile project as it increased awareness of the BreastCheck programme in the local community."

Sally, a first time BreastCheck service user, told the team, "I was completely put at ease by Lyndsey (BreastCheck radiographer). Really lovely staff. The whole experience was quick and had a really friendly atmosphere. Nothing to worry about."

Early reports of uptake rates suggest that there has been steady increase in numbers of women attending for their first BreastCheck appointments; a sign of the positive effect this initiative has had on the area.

## MORE INFORMATION

Check if you are on the register or find out more information about BreastCheck, at [www.breastcheck.ie](http://www.breastcheck.ie) or Freephone 1800 45 45 55.

# Screening strategy will be a 'living' document

THE National Screening Service (NSS) launches first Patient and Public Partnership Strategy. The strategy sets out how the NSS will strengthen its partnership with patients and the public over the next four years.

The strategy calls for the NSS to share decision-making power with patients and the public. This is to ensure that the users of HSE services can influence decisions on the design, delivery and evaluation of services. Partnering with patients is central to delivering person-centred care; which is defined in the HSE Quality Improvement Framework as "services that are respectful and responsive to individual's needs and values and partners with them in designing and delivering that care".

The development of the strategy was led by a project team comprising three patient panel representatives: NSS staff from Quality and Safety, Health Promotion and Project Management Office; and the HSE Quality Improvement Team. The strategy was developed over two workshops, attended by 40 staff and patient representatives. It is intended to be a 'living' document that is reviewed and updated at regular intervals.

The launch, and associated workshop, took place at the NSS office on Parnell Street, Dublin 1. It was attended by Breda Duff, Mary Hewson and Grace Rattigan; the three

patient representatives who were part of the project team.

In their foreword to the strategy, they said: "We aim to achieve a cultural shift using patient representatives to identify where and how to improve our services, resulting in a better outcome for all our service users."

The workshop addressed three strategic areas: Empower patients and the public to play an active role in NSS; Embed partnership working across the NSS; and Strengthen accountability, assurance and learning.

The key speaker at the workshop was Eleanor Rivoire, former Executive Vice President and Chief Nursing Executive, Kingston General Hospital. After the workshop, she said, "What seems to be emerging is a screening service that is resolved to be patient-centred; where the patient will enjoy greater respect in policy formulation and policy delivery that enhances care, quality and service."

The project was established in response to the loss of public confidence in the cervical screening programme, and to learnings from the Scoping Inquiry into the CervicalCheck Screening Programme by Dr Gabriel Scally. It also builds on patient involvement work initiated by the NSS previously.

"A key learning point from the events of the last 18 months is that we need to listen to the voices of the people who use our services,

and ensure those services are delivered with 'humility, trust and accountability', to borrow a phrase from Eleanor Rivoire," said Celine Fitzgerald, Interim CEO of the NSS. "Our Patient and Public Partnership Strategy crystallises the work done over the last while to ensure patient and public voices are heard at the appropriate forums.

"Progress has been made already but having listened to the experience from Kingston General Hospital in Canada, we understand we have a long road ahead. However, I am confident, given the commitment of the staff at the NSS and our patient representatives, we will make solid progress over the next four years."

HSE CEO Paul Reid said, "The views and participation of patients in our decision-making processes will help us in our goal to build trust and confidence with all HSE staff, stakeholders, partners, voluntary organisations and the various professions. I would like to congratulate the National Screening Service for embedding these principals in their strategy. This work will benefit us all."

The Patient and Public Partnership Strategy 2019-2023 is available on the HSE website. Further questions on the Strategy can be addressed to Fiona Treacy, Senior Health Promotion Officer, NSS, Limerick - [fiona.treacyl@screeningservice.ie](mailto:fiona.treacyl@screeningservice.ie)



Participants and National Screening Service staff at the Patient and Public Partnership Strategy launch and workshop.

# HSE's ploughing presence gets bigger and better

OVER 100 staff gave vital information and held meaningful conversations on health to visitors at the 2019 national ploughing championship, over three days in September.

This year the Government Information Services located all government departments in one area. The HSE was in the same marquee as the Department of Health featuring Healthy Ireland, Sláintecare and many of the organisations it funds such as SpunOut, the Irish Dental Foundation, Healthy Libraries and Active School Flag.

HSE staff focused on health promotion such as physical activity, healthy eating and mental health recovery along with disease prevention such as skin cancer, peripheral artery disease and sepsis.

"The sense of interest and helpfulness that each staff member showed to each visitor was porous and permeated throughout each conversation," according to one of the organisers Norma Deasy, Communications Manager. "I was so proud to be working with colleagues in many different disciplines who came to help from all over Ireland. No matter how tired they were from long days their energy and kindness never failed to address any enquiry."

Staff also presented on various topics in the centre stage. Many of these were chaired by Karl Henry well known from his Operation Transformation appearances, which helped draw in the crowds along with the free sun screen! We were blessed with an Indian summer for the duration. Dr Barbara McGrogan and Evelyn Cusack RTE explained how UVA and SPF factors work in sunscreen and when to seek help for moles and skin discolourations.

Kevin Quaid and his wife Helena gave a heart-rendering account on how they are

## FAVOURITE PLOUGHING QUOTE

“ It was great to get apples rather than lollipops



2k

visitors

12

litres of  
sunscreen  
applied

100+

staff

72

screened  
for  
peripheral  
artery  
disease  
and  
referred  
to GP

17pc

increase  
in QUIT  
signups

11

HSE advice  
centres

9

centre  
stage  
presentations

living well and coping with Kevin's Lewy body dementia. They made a huge effort and travelled from Cork and back by public transport, not an easy feat.

Mark Callanan and Donal Lonergan, National Ambulance Service, gave a demo on CPR and many of the audience took part.

Dr Bobby Smyth and Conor Owens shared helpful insights with parents on how to talk to their children about alcohol and screen time.

CEO Paul Reid spent a day in the marquee and spoke to each staff member enquiring about their work and listening to their needs and concerns. It was a very warm occasion and he gave much time to each person. Ministers Simon Harris and Jim Daly also took a day out to attend the event and spoke to the staff. Minister Harris gave a very compelling interview to an aspiring

11-year-old journalist on stage.

Lead organisers Sheila Caulfield and Fiona Gilligan, Healthy Ireland at the Department of Health- along with their colleagues Fiona Mullen and Mary Ryan- were on hand throughout the entire event to provide assistance needed by any staff. They were a wonderful support.

When we had everything packed up at the end on the last day, a man came in looking for help with a recently diagnosed illness. It was very difficult for him to explain the illness and to ask for help. We worked through it with him and managed to find out what it was. We put the number of HSELive into his phone and he said he'd ring the following day – and only because we had been so nice to him! HSE at the ploughing in a nutshell.

TOP OF PAGE: Niall Ryan and Kenny Doyle on stage with Karl Henry telling us how thanks to South East Recovery College they are working as facilitators and helping others work through anxieties.

# Patient at the centre of the treatment under new model of care

A NEW model of care for people with severe and enduring mental illness puts the patient at the centre of the treatment and will improve rehabilitation and recovery services for people with complex mental health needs.

The model of care is part of a range of initiatives that have been developed by the HSE to provide recovery-focused care for service users including; the establishment of two national Specialised Rehabilitation Units (SRUs) and the creation of a national SRU referral process.

The Specialised Rehabilitation Units (SRUs) have been designed as inpatient approved centres providing 24-hour care with a focus on active medium-term rehabilitation. Staffed by expert multidisciplinary teams (MDT), the SRUs

offer a wide range of treatments and supports such as psychological interventions, self-care and living skills, creative therapies and physical health. There are currently two in Dublin located in Bloomfield Health Services in Rathfarnham and Highfield Healthcare in Whitehall.

Speaking at the model of care launch recently, Minister of State for Mental Health and Older People Jim Daly said, "Over the past few decades we have seen a positive shift in how and where we deliver mental health services to people. It's not about treating the problem, it's about treating the person and we can see here today that this work is all about specialised care for some of the most vulnerable people in our society. With an emphasis on rehabilitation and recovery, the

main aim is to enable people with complex mental health needs to live independently within their own communities."

Assistant National Director, HSE Mental Health Operations, Jim Ryan added, "We often hear about the great work that goes on to raise awareness for population wide mental health but we don't hear as much about the work that goes on to improve services for those with more serious and long lasting mental illness. We have seen first-hand how specialised treatment can have a massive impact on people with really complex needs and we know that the changes we have made to our services have significantly improved outcomes for many of our service users to date."



Pictured at the launch of the Model of Care for People with Severe & Enduring Mental Illness and Complex Needs at the Richmond Education Centre in Dublin are from l-r: David Walsh, National Director Community Operations; Dr Donal O'Hanlon, HSE Clinical Director, Kildare; Sinead Reynolds, HSE Mental Health, Minister of State for Mental Health and Older People Jim Daly; Dr Siobhán Ní Bhriain, National Clinical Advisor and Group Lead, Mental Health, along with Barry, a service user.

## YOUR MENTAL HEALTH INFORMATION LINE NOW LIVE

DURING World Mental Health week in October the HSE initiated a new information phone line for mental health supports and services at 1800 742 444.

Operating 24/7, the Freephone YourMentalHealth phone line provides information and signposting on mental health supports and services provided by the HSE and our funded partners across the country. There are over 1,000 local organisations offering excellent community based services that many people are unaware of.

The YourMentalHealth phone line is not a crisis or counselling service but call takers can provide information on national and local services and can highlight relevant organisations that may be nearby.

A member of the team can tell you about:

- The local, community based mental health supports and services available to you
- How to access different services provided by the HSE and our funded partners
- Opening hours



For more information about the YourMentalHealth phone line visit [YourMentalHealth.ie](http://YourMentalHealth.ie)

# First restrictions on advertising of alcohol become law



THE Minister for Health, Simon Harris TD welcomed the coming into operation of three sections of the Public Health (Alcohol) Act 2018 in November.

From November 12th 2019, the new restrictions are as follows:

- Alcohol advertising in or on public service vehicles, at public transport stops or stations and within 200 metres of a school, a crèche or a local authority playground is prohibited.
- Alcohol advertising in a cinema is prohibited except around films with an 18 classification or in a licensed premises in a cinema.
- Children's clothing that promotes alcohol is prohibited.

Minister Harris said, "Studies report consistently that exposure to alcohol advertising is associated with an increased likelihood that children will start to drink or will drink greater quantities if they already do. These measures aim to change that situation in Ireland and to remove alcohol advertising from the day-to-day lives of our children."

He added: "We still have a lot of work to do in this area. An analysis of data from the Global Burden of Disease Study published in March 2019 showed that Ireland has the

third highest levels of adolescent binge drinking in the world at 61% for females and 58.8% for males. Reports in October this year identified an 80% increase in 2018 in the number of children under-16 admitted to Irish hospitals because of alcohol intoxication. 36 children in 2018 compared to 20 such cases in 2017."

"I am determined to continue this fight. These and other measures in the Public Health (Alcohol) Act will effect practical changes in our society in order to ensure that there will be no room for alcohol and alcohol advertising in Irish childhoods. To ensure that the measures in the Act are comprehensively evaluated so that we can assess their effectiveness in meeting the policy objectives, a Public Health Alcohol Research Group has been established. The wide representation on the group, each bringing their own expertise, will ensure that a robust framework is created to evaluate the impact of this groundbreaking legislation."

HSE Assistant National Director for the Environmental Health Service, Ann-Marie Part said: "We welcome the commencement of the implementation of the first phase of the 2018 Public Health (Alcohol) Act and HSE environmental health officers will work with

all of the relevant parties to ensure there is full compliance with this new legislation."

HSE Assistant National Director for Health and Wellbeing, Helen Deely said: "The commencement of the implementation of the first phase of the 2018 Public Health (Alcohol) Act is very welcome. The toll of alcohol related harm falls heaviest on families and the Public Health Alcohol Act will benefit the health and wellbeing of thousands of people and families across the country."

The Public Health Alcohol Research Group will monitor and evaluate the effects of the Public Health (Alcohol) Act 2018. It will be chaired by Professor Joe Barry, Professor of Population Health Medicine, Trinity College Dublin and will include representation from the Health Research Board, academia, the Department of Health, the HSE, Alcohol Action Ireland and the Institute of Public Health.

The Health Service Executive **askaboutalcohol.ie** provides evidence-based, expert information on a low risk approach to alcohol.

## MOBILE DEMENTIA INFORMATION SERVICE VISITS ROSCOMMON

TO highlight World Alzheimer Month, the Alzheimer's Society of Ireland Mobile Information Service visited Roscommon University Hospital. Fiona Beattie, Community Dementia Support Nurse, and Margaret Tiernan, Continence Advisor, Roscommon, met with members of the public, community and hospital healthcare staff to raise awareness around dementia and highlight the new free information resource 'Promoting Continence for People living with Dementia' available to families.

This Mobile Information Service travels through towns, villages and cities to provide information and support to people with dementia and their families as well as those concerned about their cognitive health.

The information resource was developed by both professionals and published in partnership with the HSE and the Alzheimer Society of Ireland. The free information



Margaret Tiernan, HSE's Continence Advisor, Roscommon Primary Care Services, Community Healthcare West and Fiona Beattie, The Alzheimer Society of Ireland (ASI) Community Dementia Support Nurse in Roscommon.

resource can be accessed through the Alzheimer Society of Ireland on [www.alzheimer.ie](http://www.alzheimer.ie) or order a free copy on the

Alzheimer National Helpline 1800 341 341, or email [helpline@alzheimer.ie](mailto:helpline@alzheimer.ie) or visit [www.alzheimer.ie](http://www.alzheimer.ie) for more information.

# NiSRP progresses to HSE South East

18,000 HSE staff and pensioners in the East are experiencing the benefits of the National integrated Staff Records and Pay Programme (NiSRP) which was successfully completed during June 2019. The programme is now set to deploy in the South East over the coming months with implementation scheduled for summer 2020.

The NiSRP team are working closely with colleagues in this area and have begun conducting engagement sessions with management and staff. Local NiSRP Project Leads are in place and will play a crucial role in both collecting local information and processes along with communicating any change impact on staff.

A key stage in this implementation is to carry out parallel testing which includes two phases of testing the current live system (Corepay) against this new integrated system. This testing will take place in Q1 2020. Training will be made available in all local areas for staff who currently return time (Time Inputters).

NiSRP will continue to hold engagements with staff and will provide self-service training to ensure people are familiar and comfortable using the new system.

South East locations include:

- South East Community Healthcare
- St Luke's Hospital Kilkenny
- South Tipperary General Hospital
- University Hospital Waterford
- Wexford General Hospital
- Kilcreene Regional Orthopaedic Hospital
- Corporate divisions (eg mental health, primary care, public health)
- National Ambulance Service

Similar to HSE East, the rollout of the NiSRP Self Service in HSE South East will have a significant impact on all staff. Employees and Managers will be able to use NiSRP self-service to:

- View payslips
- Apply for leave
- Submit travel and expense claims along with other functions online.

Managers will be able to:

- View and approve leave
- View and approve travel requests
- View team calendars to identify staff availability and absences

Programme Director, Miriam Keegan, said, "The team have already had positive engagement with staff and management in HSE South East and we are confident that with continued engagement and collaboration, NiSRP will be successfully implemented in summer 2020."

For staff wishing to find further information about self-service, please visit:

[www.hse.ie/nisrpservice](http://www.hse.ie/nisrpservice)

For general questions or feedback please email: [hbs.nisrp@hse.ie](mailto:hbs.nisrp@hse.ie)



## REFURBISHED MORTUARY AND BEREAVEMENT SUITE AT MULLINGAR

THE newly refurbished mortuary and bereavement suite has officially re-opened at the Regional Hospital Mullingar, following a €287,000 refurbishment programme. The new facility includes a fully refurbished viewing room, a new bereavement suite with additional viewing area and a family room for patients and families at the hospital.

In 2016 the Mortuary Bereavement Refurbishment Group, with support from the hospital End-of-Life Care Committee, applied for a Design & Dignity Grant; with the aim of creating a more quiet, tranquil restful space for bereaved families to be together.

Funding of €240,000 was secured through the Irish Hospice Foundation's (IHF) and HSE Estates' Design & Dignity programme. Regional Hospital Mullingar also contributed €40,000 to the complete upgrade and refurbishment of facilities.

Speaking of the opening, Hospital General Manager Anita Brennan said, "We are delighted to be able to deliver this newly refurbished Mortuary. Loss and bereavement is something that affects us all. It can be a daily occurrence for the caring staff at the Regional Hospital Mullingar and so we welcome this very important upgraded addition to our facilities."

"It is vitally important as we continue our journey towards ensuring absolute dignity at end of life for our patients and their families and friends."



ABOVE: Siobán O'Brien Green (Head of Healthcare, IHF), John Browner (Assistant National Director, HSE Estates, Director of Nursing Regional Hospital Mullingar Katherine Kenny, Alice Anderson (Hospice Friendly Hospitals Programme, IHF), architect Ronan Rose-Roberts and Kathryn Woods, Clinical Nurse Specialist, Bereavement Regional Hospital Mullingar. BELOW: CEO of the Irish Hospice Foundation, Sharon Foley and Director of Nursing at Regional Hospital Mullingar, Katherine Kenny opening the refurbished Mortuary at Regional Hospital Mullingar.

Assistant National Director of HSE Estates is John Browner. He said, "We are committed to continuing to provide much needed private, respectful and dignified spaces for patients, families and staff during difficult times through the Design & Dignity initiative. We are working to ensure that end-of-life care, within the wider hospital environment, is a key focus of capital development and investment in healthcare."



# Cork Kerry Community Healthcare host free public showcase



CORK'S first Mental Health and Wellbeing Festival, organised by Cork Kerry Community Healthcare and partners, took place across the city and county during October.

With up to 100 events taking place across the city and county throughout the month, the festival aimed to encourage Cork people to focus on their mental health and wellbeing, and to take some time during the month to learn, talk, reflect, and engage with others around the topic of mental health and wellbeing.

The festival was a Connecting for Life Cork initiative. Connecting for Life Cork is the inter-agency suicide and self-harm reduction plan for the city and county, led by the HSE.

The festival kicked off with a free public event at City Hall showcasing more than 45 local groups and services who provide mental health and wellbeing support, or who offer activities to improve mental health and wellbeing. Services featured on the day included counselling and psychology services; family resource centres; physical

activity opportunities; volunteering information and youth supports, as well as crisis services, cultural and ethnic supports and many more.

This free public event has brought together the Cork Kerry Community Healthcare, Tusla, Cork city and county council and local public participation networks to create a space where all services are working together to showcase a variety of supports and activities.

Some of the services represented included Cork Sports Partnership, the Health Action Zone, Samaritans, ISPC and Pieta House. The NICHE choir also performed.

Cork Kerry Community Healthcare's aim in organising the Cork Mental Health and Wellbeing Gathering was to showcase the diversity of local services supporting mental health and wellbeing across the city and county. It provided an opportunity for anyone who wants to find out what services are available and what they offer, as well as a chance to meet the people behind the service.

Cork Mental Health and Wellbeing Fest is an initiative under Connecting for Life Cork, A Strategy to Reduce Suicide and Self Harm.

Sinead Glennon, Head of Mental Health Services with Cork Kerry Community Healthcare, thanked all the many services and organisations involved.

"We want to promote the concepts of hope and recovery, as well as reminding ourselves that we all need to care for our mental health. There are huge benefits to our overall wellbeing by keeping physically and mentally healthy and there are many supports available to help us to do that," she said.

Priscilla Lynch, Head of Health & Wellbeing with Cork Kerry Community Healthcare, added, "This collective festival aims to help you get the information you need to make positive changes to improve your physical and mental health. We want everyone, young and old, to feel supported in their communities in taking steps, big and small, towards a healthier lifestyle."

See [www.connectingforlifecork.ie](http://www.connectingforlifecork.ie) for more.



# First Neonatal RANP strengthens Limerick maternity services

SERVICES at University Maternity Hospital Limerick have been strengthened with the appointment of the hospital's first Neonatal Registered Advanced Nurse Practitioner (RANP), Irene Beirne.

RANPs are the highest level of clinical experts in the nursing profession in Ireland, and Irene, who has worked at University Maternity Hospital Limerick since 2001, now plays a more crucial role than ever in the care and management of premature and complex births in the hospital's Neonatal Unit.

The pathway from neonatal nursing to Neonatal RANP is challenging but the ultimate reward for nurses committed to advancing the standards of nursing care in a leadership role with a strong clinical element. Irene completed a Master's degree in Nursing and Midwifery at the University of Limerick, and developed the necessary high-level, complex clinical skills during a minimum of 500 hours' supervision by a consultant neonatologist.

"Advanced nurse practitioners are independent, autonomous, highly skilled nurses in their respective areas. From a neonatal point of view, I am qualified and have authority to perform a full episode of care, from admission to discharge. I can admit an infant to the neonatal unit," said Irene.

"I can diagnose, order diagnostic tests, interpret those tests, and make decisions on diagnosis. I can prescribe, and implement a plan of care, and reassess that plan of care

“ What is required is a holistic approach. It's a very stressful time for parents, and they'll be coming in and out of the unit a couple of times a day for up to six months - a huge commitment that puts a lot of stress on families

from day to day, and then, finally, discharge the infant. I work very closely with the Consultant Neonatologists, who provide clinical supervision and also work within the multidisciplinary team."

Neonatal RANPs are unique even among advanced nurse practitioners in that there is a markedly strong clinical element. "This is due to the range of complex procedures for infants admitted to neonatal care," explained Irene.

The blend of leadership and clinical expertise is a major boost for a department where demand for care has increased: a reflection of the rising survival rate of even the most vulnerable newborns, which has been made possible through advances in medicine and care.

Another vital clinical role that Irene performs

in her RANP role is attending high risk deliveries in the labour ward, where, with a team of neonatal nurses, she will lead the initial stabilisation of premature babies, multiple and high-risk full-term births, and decide on admission to neonatal care.

Irene is a leader and mentor to a busy team of neonatal nurses and junior doctors, driving their continuous professional development. She also coordinates study days on a range of neonatal and general clinical issues, and plays a leading role in devising infection control standards for neonatal care in line with HIQA standards, and such crucial clinical subjects as medication safety and management. Underpinning all of this work are her efforts to ensure that the neonatal unit at UMHL is aligned with the objectives of Sláintecare for advancing standards of clinical care and improving outcomes.

Irene also explained how her role ties in with family-centred care. Her unique combination of medical and nursing expertise and skills, Irene emphasises the health and well-being of the infant through an holistic approach that, through the promotion and support of, for example, breast-feeding, helps parents make informed health care decisions and healthy lifestyle choices for their children.

"We're not just dealing with a patient, because the baby is non-verbal, and the parents are the baby's carers and advocates. What is required is a holistic approach. It's a very stressful time for parents, and they'll be coming in and out of the unit a couple of times a day for up to six months - a huge commitment that puts a lot of stress on families," she said.

"There is a lot of anxiety, especially if the baby is very critically ill or on the verge of viability. And it can be a stressful time for staff too. We have to support each other, and as a leader in the Neonatal Unit, I have to be aware of that, and offer support to the staff."





## Condoms and sexual health information are freely available to third level students

THIRD-LEVEL institutions can now order free condom dispensers from the HSE, which will enable the provision of free condoms and sexual health information to students on campuses nationwide.

Information leaflets will be made available with the condom dispensers, which will outline to students how to use condoms correctly, and will emphasise the importance of using condoms consistently and every time sex happens. The information leaflets will direct students to HSE-led and HSE-funded websites for further information about sexual health and wellbeing; [www.sexualwellbeing.ie](http://www.sexualwellbeing.ie) and [www.man2man.ie](http://www.man2man.ie).

Speaking ahead of the launch, Minister for Health, Simon Harris said, "Today's announcement marks a new milestone in helping us to meet those goals. I want to thank everyone from the HSE, and the staff and students of the third level institutions who have worked so hard to put this great initiative in place. This partnership approach is key to supporting healthier communities in our third-level campuses."

The Minister of State for Health Promotion Catherine Byrne said, "I am delighted to welcome and support this important initiative. Young people between the ages of 18 and 30 are a key risk group for unplanned pregnancy and sexually transmitted infections. It is essential that we do everything we can to

“ I'm delighted with the partnership approach we are taking with the third-level campuses and students, and we will build on this to support a broader Healthy Ireland Healthy Campus initiative across more health and wellbeing issues

assist and equip our young people to avoid these risks. I'm delighted with the partnership approach we are taking with the third-level campuses and students, and we will build on this to support a broader Healthy Ireland Healthy Campus initiative across more health and wellbeing issues.”

Helen Deely, Acting Assistant National Director for HSE Health and Wellbeing said, "Using condoms correctly and every time sex occurs reduces the risk of a sexually transmitted infection (STI) or experiencing an unplanned pregnancy. STI diagnoses have been increasing among young adults in recent years. In the past, some young adults reported

having sex without a condom because of the cost associated with buying condoms others reported having sex without a condom because they did not have access to one at the time sex happened. This scheme is about increasing opportunities for young people in third-level settings to make safer-sex choices if they are sexually active."

Róisín O'Donovan, USI Vice President for Welfare said, "Through this initiative, we hope to see an increase in awareness of the importance of using condoms to prevent STI's and unplanned pregnancies amongst students. Alongside the condom distribution service, we will continue to provide educational and campaign messaging to students on sexual health in partnership with the HSE Sexual Health and Crisis Pregnancy Programme. We encourage students to use the service, plan ahead and carry condoms if they are sexually active."

For more information on the National condom Distribution service please visit <https://www.sexualwellbeing.ie>

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L-R Maeve O'Brien, Acting Programme Lead, HSE Sexual Health & Crisis Pregnancy Programme (SHCPP); Minister for Health Simon Harris; Róisín O'Donovan, vice-president for Welfare at USI; and Anita Ghafoor-Butt, HSE SHCPP Communications Manager, pictured at the launch of the National Condom Distribution Service in third level institutions.

# HIV pre-exposure prophylaxis (PrEP) now available through the HSE

FROM 4th November, HIV pre-exposure prophylaxis (PrEP) is available free of charge through the HSE to those who are at substantial risk of sexual acquisition of HIV in Ireland.

## WHAT IS PREP?

PrEP is the pre-emptive use of oral antiretroviral therapy in HIV negative people to reduce the risk of HIV infection. PrEP is a combination tablet containing two drugs: tenofovir and emtricitabine. These medicines, which are widely used to treat HIV, have been licensed for use as PrEP in Europe since August 2016.

PrEP is an important addition to the suite of HIV prevention tools which includes access to: HIV testing; condoms; support around behavioural and risk modification; HIV post exposure prophylaxis; STI testing, treatment and management; and access to antiretroviral therapy for people living with HIV.

## HOW WELL DOES PREP WORK?

THERE is a large body of evidence demonstrating the efficacy of PrEP, specifically tenofovir / emtricitabine orally, in HIV prevention. Both the PROUD study (1) and the IPERGAY study (2) reported that PrEP reduced the risk of HIV infection by 86pc in study participants. When taken correctly, PrEP has been found to be about 99pc effective. The European AIDS Clinical Society recommends PrEP for those at substantial risk of acquiring HIV (3), in line with World Health Organisation (WHO) recommendations (4).

A health technology assessment (HTA), conducted by the Health Information Quality

Authority (HIQA) in 2019 (5), found that PrEP is safe and highly effective at preventing HIV in people at substantial risk and that the successful implementation of a national PrEP programme would be cost-saving over the medium to long term in Ireland. The HTA estimated that 173 HIV infections would be averted in the first five years of a national PrEP programme.

## PROVISION OF PREP IN IRELAND

THE HSE Sexual Health and Crisis Pregnancy Programme (SHCPP) and HIV PrEP Working Group, have developed national standards for the delivery and management of HIV PrEP in Ireland and clinical management guidance for individuals taking HIV PrEP within the context of a combination HIV (and STI) prevention approach.

## NATIONAL PREP STANDARDS

PrEP should be provided within services that meet national standards. Clinical services that meet the national standards, can apply to HSE Sexual Health & Crisis Pregnancy Programme (SHCPP) for approval as a PrEP service and be authorised to prescribe free PrEP to those who meet the clinical eligibility criteria.

## CLINICAL GUIDANCE

CLINICAL management guidance for individuals taking HIV PrEP in Ireland sets out the clinical eligibility criteria for free PrEP and guidelines on the assessment and monitoring of those who are on PrEP.

Prior to commencing PrEP, individuals must

## MORE INFORMATION

Information is available for people who are taking PrEP or who are considering taking PrEP on [www.sexualwellbeing.ie/prep](http://www.sexualwellbeing.ie/prep). Printed patient information booklets are available within services and to order from <https://www.healthpromotion.ie>.

be assessed medically to ensure that they are suitable for PrEP, in particular that they are HIV negative. While on PrEP, individuals should be seen by their healthcare provider for assessment and monitoring at least every three months.

The clinical management guidance provides information on current PrEP availability in Ireland; who is eligible for free PrEP; determining suitability for PrEP; baseline assessment and testing; and monitoring individuals on PrEP.

Information for service providers is available on [www.sexualwellbeing.ie/preproviders](http://www.sexualwellbeing.ie/preproviders).

## GETTING PREP IN IRELAND

PrEP is available through approved PrEP service providers that meet the National Standards for PrEP. The list of approved PrEP service providers, including contact information is available on [www.sexualwellbeing.ie/getprep](http://www.sexualwellbeing.ie/getprep). This list will be updated as further services are approved.

PrEP is dispensed through community pharmacies and PrEP users need a drug payment scheme (DPS) card or medical card to access free PrEP through the HSE.

## GALWAY ADULT ACUTE ADULT MENTAL HEALTH UNIT OPENS

THE new Galway Adult Acute Mental Health Unit was officially opened by Jim Daly, Minister of State for Mental Health and Older People. The HSE was pleased to welcome a new era in the delivery of mental health services in Galway with the opening of a new purpose-built acute psychiatric inpatient unit for the region which first admitted patients in June 2018.

This is a substantial new multi-million euro capital development for people experiencing severe mental disorders necessitating inpatient care; built to the highest possible standards and in accordance with Mental Health Commission requirements.

The new inpatient unit provides a modern,

safe, therapeutic environment, which will greatly enhance the capacity of Galway Roscommon Mental Health Services to work with service users and their families to achieve recovery from mental illness.

This purpose-built 50-bed facility will replace the previous out-dated facilities in Galway, and is in line with implementing national policies and best international practice on mental health care, delivering consultant-led, multi-disciplinary inpatient acute mental healthcare in a modern open setting. In keeping with the provision and maintenance of the most appropriate environment for service delivery and recovery, the Unit is an entirely Tobacco-Free Inpatient Unit, the first

of its kind in the country.

Serving a population of approximately 220,000 people in the Galway area, the new facility represents an increase of five acute inpatient beds to a total of 50 beds incorporating wards dedicated to adult, high observation and later life patients. Offering en-suite rooms allowing for personal space and privacy, the Unit also offers separate landscaped outdoor areas for each ward, with dedicated areas for social, communal and therapeutic activities.

Three emotionally charged addresses were given by service users, Michael Finnegan, Raphael Frendo and Siobhan Collieran – the most important voices of all!

# Making Every Contact Count programme update



THE Making Every Contact Count national programme is now gathering momentum. This past year has primarily focused on putting the support structures in place, to support the roll out of the training programme, which in turn will enable the initial sites identified to begin patient and service user behavioural change interventions. As the programme continues to roll out, the focus of the team will be to encourage as many staff as possible to complete the training and work with the initial sites on delivering Making Every Contact Count.

Since the launch of the e-learning programme over 2,000 HSE colleagues have completed the modules, with a further 400 making steady progress through the modules. In addition to the e-learning training, circa 300

staff has attended the follow on 'Enhancing your Brief Intervention skills workshop'. With a number of workshops scheduled for this quarter, this number is expected to significantly rise at the end of the year.

The e-learning programme is available to all HSE staff and all staff are encouraged to register on-line, which can be easily done. Over the last quarter, improvements have been made to this on-line programme making it more accessible, with further improvements made to the overall user experience. For details on how to access the e-learning training programme visit and about enrolling in one of the workshops

running before the end of the year visit [www.makeeverycontactcount.ie](http://www.makeeverycontactcount.ie).

In addition to the training programme, a number of specific Community Healthcare and Hospital sites have now completed the training and are getting ready to start implementing Making Every Contact count at their site.

The National MECC team and local Health Promotion and Improvement staff are supporting implementation in these initial phase sites and will continue to do so. If you have any queries in relation to the programme please contact the National MECC team at [makeevery.contactcount@hse.ie](mailto:makeevery.contactcount@hse.ie)

## STEPS TO HEALTH TEAM GRADUATE IN LEAN TECHNIQUES



The team who organised this year's Steps to Health Challenge have recently graduated in Lean Management techniques at Green Belt level.

The team analysed and eliminated wasteful practices and variations in organising the five-week challenge. As a result, the team created a step management guide for future project teams. Green belts graduates are trained to collect and analyse data and to tackle variation in projects.

Pictured on the steps at their graduation were, from left to right: Margaret O'Neill, National Dietetic Lead; Meagan Hanley administrator; Clodagh Armitage physical activity co-ordinator; Aoife O'Sullivan, campaign director; Norma Deasy, campaign manager; and Caroline Murray, physical activity co-ordinator. Missing from photo: Agatha Lawless, project manager; and Edel McNamara, senior dietician.

# ART PROJECT HELPS GIVE PATIENTS HOME FROM HOME

A

unique group art felting project has been unveiled at an acute inpatient ward for older adults in St James' Hospital.

Patients, family members and staff at the Conolly Norman Unit (CNU) spent a number of months working on the project, which was unveiled by RTE presenter Michael Lyster at a lovely ceremony on the ward.

The project was part of a wider initiative to make the ward more comfortable for the patients on the ward.

The patients primarily have difficulties with their mental health. Many may also have a diagnosis of dementia. The average stay for a patient on the ward is three to four months. The ward environment itself is therefore hugely important for patients as it is essentially their home away from home during this time.

The felting project began as part of an environmental upgrade initiative led by Breda O'Connor, CNM 11; Mathew Gibb, the Director of Dementia Services Information and Development Centre (DSIDC); and Riona Nolan, Senior Occupational Therapist. The group aimed to achieve the optimum environment for patients on the unit.

The environmental initiative included providing some of the following aspects:

- A home away from home – sense of security and familiarity.
- A welcoming environment for host family and visitors – non clinical.
- A sense of calm, reducing agitation and distress – no clutter, minimal décor, colouring, opportunities for self-soothing and meaningful distraction.
- Orientation – Signage / orientation board, flow or rooms, distinguishing room features e.g. fireplace.
- A space that enabled activities of daily living.
- Autonomy, sense of ownership and opportunity for self-directed activity.
- Opportunities for enhanced social interaction and positive peer connections.
- Accessibility and safety.

The patients, family members and other staff on the ward played a key role in the planning and implementation of these upgrades.

As part of the initiative, it was decided that the ward had to become a more client-centred area. To achieve a more relaxed and open space, the sitting room was fully repainted and a faux fireplace



was installed to bring a central focus and more homely feel.

"We wanted to finish it off with a beautiful piece of art. The idea of felting came about through the Occupational Therapy (OT) Art group where one client was trying her hand at felting. Our innovative art instructor, Julie Sheils, put it to the group to use felting to create our, very large, one of a kind, art work. The clients were on board, and so it began," explained senior occupational therapist Riona Nolan.

A focus group with clients helped identify the theme of a seascape and the colour scheme. They decided to bring back blue skies to the room that had been lost to building work. "Beautiful, pure wool was gently pulled apart and pinned into an old Foxford blanket to create the scene. Everybody got involved in this project from planning, to weekly art sessions, to group consultations until finally the piece was completed. It has been a fantastic project for us to work on as it has brought such joy and pride to the patients and their families in particular," she explained.

"The art group project facilitated clients to achieve their occupational therapy goals. These goals included; feeling motivated to get up from bed, engaging in meaningful activities and building a better daily routine. It helped clients learn to use coping strategies such as distraction and mindfulness. Some clients worked on building back their concentration and problem solving skills while others saw it as their productive or 'work' time of the day. The group facilitated social interaction



ABOVE: One of the CNU patients hard at work.  
TOP OF PAGE: Some of the patients pictured with their felting project, which now takes pride of place on the Conolly Norman Unit.

and built a sense of community on the ward. It also gave clients a sense of ownership over their environment.

"The group art project has brought significant improvements to mood and wellbeing to all involved as is something that will now be enjoyed by many more for years to come," she added.

# New patient menus providing greater choice and better nutritional care

**N**EW patient menus introduced at University Hospital Limerick aim to maximise the potential for patients to meet their nutritional requirements.

This includes patients who are nutritionally well, nutritionally at risk, those with higher energy requirements and those who require a therapeutic or a texture modified diet.

Over the course of this year, the UHL Catering Department have been working to implement menu improvements. This work has resulted in the introduction of 10 different categories of menu, each offering patients a choice of food and each of which has been developed in consultation with the Department of Clinical Nutrition and Dietetics. The menu was designed following feedback from various stakeholders, including patients, and each dish outlines the calories and allergens present. Specific improvements have been made for patients on texture-modified diets who may have chewing or swallowing difficulties.

Good nutrition and hydration are quality issues fundamental to improving patient outcomes and reducing length of hospital stay and readmissions. It is estimated that approximately one in four patients admitted to acute hospitals in Ireland are at risk of malnutrition, with older patients, cancer patients, surgical patients and gastrointestinal patients among those at higher risk.

"It is essential that patients find our food appetising and attractive to the greatest extent possible and we have put a lot of work into improving our menus over the last two years. There was great buy-in from the start from all parties, from chefs and catering staff both in the main kitchen and on the wards, to dieticians and SLTs (speech and language therapists)," explained Cathal Russell, Catering Services Manager, UL Hospitals Group.

The HSE's National Food, Nutrition and Hydration Policy for Adult Patients in Acute Hospitals 2018, launched in April 2019 sets out four types of texture modified diet (soft, moist and minced, pureed and liquidised) and all four are available at UHL.

Aisling McGuinness, Speech and Language Therapist, UHL, said, "It is great to make these improvements for patients around quality and choice. For example, as recently as two or three years ago a patient on a soft modified diet, somebody with difficulty chewing, might only have had a choice of scrambled eggs night after night. Now we can offer them two or three choices and that really improves



patient experience."

Rebekah Forbes, dietician, said affording more choice also helped patients in their recovery.

"I remember working with stroke patients, for example, in the past who may not have liked their options and more would have needed enteral (tube) feeding to meet their requirements. But now we are seeing more and more patients enjoy their food and being taken off these kinds of nutrition supports earlier and that makes a difference in their recovery too," said Rebekah.

Many of the menu improvements stem from

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TOP OF PAGE: Pawel Chrzam, Chef; Joan Costelloe, Catering Attendant; Saji Pulimalayil, Chef; and Michelle O'Halloran, Catering Attendant, plating up beef lasagne for lunch at UHL.  
ABOVE: Kitchen attendants Mary King and Joan Grant with Chef Declan Taaffe plating up beef lasagne for lunch at UHL.

work done by the Group's multidisciplinary Nutrition and Hydration Committee, which is responsible for ensuring that all patients admitted to hospital receive high-quality nutrition and hydration care.



# SABINA HIGGINS OFFICIALLY LAUNCHES ARTS PROGRAMME FOR HOSPITALS IN THE WEST AND NORTH WEST

**M**RS Sabina Higgins officially launched Saolta Arts, the new name for the arts programme in the Saolta Hospital Group which been extended to include Mayo University Hospital, along with the hospitals in Roscommon, Portlinculla, Sligo and Letterkenny. The original arts programme was established in Galway University Hospitals (University Hospital Galway and Merlin Park University Hospital) in 2003 to provide art events and activities for the hospital community.

Margaret Flannery, Saolta Arts Director commented, "Saolta Arts runs the west of Ireland's leading Arts and Health programme as a means of improving the hospital experience for patients, staff and visitors. We believe access to the arts promotes wellbeing and enhances the hospital environment.

"Our participative arts programme is facilitated by professional artists who tailor workshops to the individual needs and interests of patients while drawing from their own arts practices. The creative process promotes independence otherwise limited by ill health and the creative achievements of participants can help them to re-evaluate their abilities in the face of change.

"In Care for the Elderly and Rehabilitation contexts, this fosters what can still flourish when other things seem to be fading. In Paediatrics, our workshops nurture the imagination of young patients and their siblings to allay fears and make positive memories of their time in hospital."



Artist Aoife Barrett presented Sabina Higgins with an artwork from her Offset exhibition which was on display in UHG in September. Also photographed Marielle MacLeman, Saolta Arts Lead Artist on the left and Margaret Flannery, Saolta Arts Director on the right.

TOP OF PAGE: At the official launch of Saolta Arts by Sabina Higgins, from left, Chris Kane, General Manager, Galway University Hospitals; Hazel Hendy, Chairperson, Saolta Arts Board; Mrs Sabina Higgins; Margaret Flannery, Saolta Arts Director; and Ann Cosgrove, Chief Operations Officer, Saolta University Health Care Group.

Ann Cosgrove, Chief Operations Officer with the Saolta Group added, "There is growing recognition of the value and impact of the arts on health and wellbeing. For many years patients and staff at Galway University Hospitals have had access to and benefited from this and we are delighted that Saolta

Arts will now bring the Arts and Health programme to all the hospitals in our Group. We are very grateful to Mrs Sabina Higgins for taking the time to join us and officially launch Saolta Arts on the Group's behalf."

For information on the Arts and Health programme go to [www.saoltaarts.com](http://www.saoltaarts.com)

# TALLAGHT URGES PATIENTS TO WALK YOUR WAY BACK HOME

**T**ALLAGHT University Hospital (TUH) has launched a hospital-wide campaign to ensure that patients remain active during their hospital stay and keep their pre-admission independence.

The Walk Your Way Back Home campaign will see patients encouraged to spend as much time as possible out of bed during their stay in hospital. Patients and their families will be given information leaflets that provide handy tips for remaining active, highlight the distances between points in the hospital and a means to track their progress.

Consultant Physician in Geriatric and Stroke Medicine at TUH, Professor Sean Kennelly, said, "We know that people who keep active, even during a hospital stay, have better outcomes. They will likely be discharged quicker and have less risk of losing mobility, fitness or strength and are also less likely to get an infection. We will be encouraging this initiative to all patients, and especially older people."

Former Leinster and Ireland rugby player and GP, Dr Emmet Byrne, said, "This is about encouraging patients to play a part in their recovery. We know that by not moving, older people can age their muscles rapidly.



Pictured from left to right some members of the TUH Walk Your Way Home team including: Gillian Harte (physiotherapist); Prof Des O'Neill (Consultant Geriatrician); Rebecca Madden (Dietitian); Claire Noonan (ANPc Gerontology); Áine Lynch (Director of Nursing); Audrey Cronin (Safer Mobility Co-Coordinator); Maeve Ryan (Occupational Therapist); Marguerite Vaughan (Pharmacist); Jane Hally (Clinical Nurse Manager Age Related Healthcare); Jodie Keating (Clinical Nurse Specialist in Falls) and Christina Lydon (Nurse Practice Development)

So getting up, getting dressed and even taking short walks around the ward can help in preventing people losing some of their strength."

Candidate Advanced Nurse Practitioner in Gerontology, Claire Noonan, who created the campaign for TUH, said: "The leaflets are a wonderful resource for patients and

their families. They highlight the importance of staying active, getting dressed, walking around and even the distances between points in the Hospital. We will also encourage patients to track their progress, even by downloading the pedometer step counter app. We know that simple steps like these will help people get home quicker."

## LETTERKENNY GOES GREEN WITH REUSABLE COFFEE CUPS FOR STAFF

AS part of Letterkenny University Hospital's plan to reduce its impact on the environment in 2019, the Sustainability Team at the hospital teamed up with Donegal County Council to introduce reusable coffee cups for staff working in both organisations.

The reusable cups feature a design created by the hospital's Catering Managers Mark Duffy and Arindam Ghosh along with Suzanne Bogan, Waste Awareness Officer from Donegal County Council.

The main goal for the initiative is to prevent single use coffee cups ending up in landfill sites; it is estimated that up to 200 million single use cups are thrown away each year in Ireland.

The cups are available to staff at a very reasonable cost of €6 and staff will receive a free coffee for every five coffees they buy when purchasing the cup.

Seán Murphy, General Manager said, "As



At the introduction of reusable coffee cups for staff at Letterkenny University Hospital, from left: Catering Managers Arindam Ghosh and Mark Duffy; Suzanne Bogan, Waste Awareness Officer, Donegal County Council; Judy Patterson, Radiographer; Domestic Supervisors Pauline McCarron and Christine Wallace; Maria Mc Fadden, Facilities Office Manager; and Johnny Doherty, student on work placement.

a hospital we are committed to providing the most sustainable healthcare services possible. We have a number of initiatives to reduce the number of disposable cups we use. I would like

to thank members of the hospital's Sustainability Team, the Catering Department and Donegal County Council for all their hard work in getting this venture off the ground."

# WELLBEING EVENT CONNECTS HSE STAFF IN CORK AND KERRY

**D**ONERAILE Park was the venue for the third Staff Health & Wellbeing event in Cork and Kerry. This event offered a range of free activities and workshops with the aim of connecting people together for their health and wellbeing.

With 166 hectares of land full of mature groves of deciduous trees there was plenty of scope for activities: two different orienteering events, a superhero-themed 2km fun run, scavenger hunt, Forest Garden School, and pond dipping.

The house itself is only recently refurbished by the Office of Public Works and was a very popular attraction. Wild deer viewed from along the many pathways within the estate attracted lots of attention.

Most events took place in the Victorian Walled Garden reserved for the exclusive use of Health Services Staff. In partnership with Cork Local Sports Partnership and many local community organisations, a wide range of physical and wellbeing activities were offered, such as helium arts pedal powered painting, tug of war, dancing, drumming, massage, and girl guides who could teach each of us a thing or two about how to make yourself comfortable in all weathers.

This year the event was coproduced by Cork Kerry Community Healthcare and South South West Hospital group as a joint initiative for staff from both organisations. A committee took responsibility for different aspects of planning and implementing the event and staff volunteers were wonderful in making the event run smoothly on the day.

Staff surveyed subsequently gave it four out of five stars and 99pc said they would come again next year. A great result considering the poor weather. Thanks to all who made it such a great day!





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The Health Service Executive would like to wish all service users and staff a...



...especially those who find themselves ill and in hospital over the festive period, and the staff taking care of them.