## Contents

**OVERVIEW OF THE HOSPITAL**
- Introduction .................................................................................................................. 5
- Senior Management Team .......................................................................................... 8
- Governance and Management .................................................................................... 9
- Performance .................................................................................................................. 10
- Service Improvement – Unscheduled Care (USC) ......................................................... 11

**CORPORATE REPORTS**
- Finance Report ........................................................................................................... 16
- Human Resources Report ......................................................................................... 18
- Medical Report ......................................................................................................... 21
- Department of Nursing & Midwifery ....................................................................... 22
- Facilities, ICT, Health and Safety Report .................................................................. 25
- Estates and Maintenance Report ............................................................................. 27
- Clinical Engineering Report ..................................................................................... 29
- Quality, Risk, Consumer & Legal Affairs ................................................................. 30
- Clinical Quality and Patient Safety Report (QPS) ...................................................... 30
  - Incident and Risk Management Report .................................................................. 34
  - Infection Prevention and Control (IPC) ................................................................. 36
- Consumer and Legal Affairs Report ..................................................................... 38

**CLINICAL DIRECTORATES**
- Medicine and Emergency Department (ED) Directorate Report ......................... 41
  - AMAU / ARC / Ward 4 (Acute Floor) ................................................................ 43
  - Cardiology Report .................................................................................................. 45
  - Dermatology Report .............................................................................................. 47
  - Emergency Department Report ............................................................................ 47
  - Endocrinology Report ........................................................................................... 51
  - Geriatric Medicine for the Elderly Report ............................................................. 53
  - Ophthalmology Report .......................................................................................... 54
  - Palliative Medicine Report ................................................................................... 55
  - Respiratory Medicine Report .............................................................................. 55
- Peri-Operative & Radiology Directorate Report ..................................................... 57
  - Anaesthetic Services Report ................................................................................ 57
  - CSSD Report ....................................................................................................... 60
  - Day Unit Report .................................................................................................... 60
  - Gastroenterology and Endoscopy Unit Report ...................................................... 62
  - General Surgery Report ....................................................................................... 64
  - Critical Care Unit (ICU / CCU) Report ................................................................. 67
  - Orthopaedic Report .............................................................................................. 67
  - Theatre Department .............................................................................................. 67
  - Radiology Department ......................................................................................... 69
- Women’s Health Directorate Report ..................................................................... 72
  - Special Care Baby Unit (SCBU) Report ............................................................... 78
<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sexual Assault Treatment Unit (SATU) Report</td>
<td>79</td>
</tr>
<tr>
<td>Paediatric Directorate</td>
<td>84</td>
</tr>
<tr>
<td>Laboratory Department Report</td>
<td>89</td>
</tr>
<tr>
<td>Pharmacy Department</td>
<td>93</td>
</tr>
<tr>
<td><strong>OPERATIONS &amp; CLINICAL SERVICES REPORT</strong></td>
<td>98</td>
</tr>
<tr>
<td>Health and Social Care Departments</td>
<td>98</td>
</tr>
<tr>
<td>Nutrition and Dietetics Report</td>
<td>98</td>
</tr>
<tr>
<td>Physiotherapy Report</td>
<td>102</td>
</tr>
<tr>
<td>Occupational Therapy Report</td>
<td>105</td>
</tr>
<tr>
<td>Speech and Language Report</td>
<td>106</td>
</tr>
<tr>
<td>Patient Services Report</td>
<td>109</td>
</tr>
<tr>
<td><strong>GENERAL &amp; SUPPORT SERVICES</strong></td>
<td>112</td>
</tr>
<tr>
<td>Catering Services Report</td>
<td>112</td>
</tr>
<tr>
<td>Support Services Report</td>
<td>113</td>
</tr>
<tr>
<td><strong>SERVICE DEVELOPMENT STRATEGIC PLAN (2017-2020)</strong></td>
<td>115</td>
</tr>
</tbody>
</table>
OVERVIEW OF THE HOSPITAL

The Regional Hospital Mullingar is a Model 3 Statutory Hospital and is part of the Ireland East Hospital Group (IEHG). The Hospital provides a wide range of health services for people in Westmeath and Longford and specialised service for a broader Midlands population of 291,000 including Laois, Offaly, North Meath, Kildare and Roscommon.

The Hospital has 207 beds (184 inpatient, 16 day beds and a 7 bedded Medical Assessment Unit) and provides a range of services, on a 24-hour basis. The Hospital has a combined Critical Care Unit comprising of six beds (ICU/CCU).

The hospital provides the following acute services:

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

These services are provided 24 hours a day throughout the year. The hospital provides comprehensive medical and surgical investigation, diagnosis and treatment for adults and children, and comprehensive maternity services for women and their partners. The Hospital also provides diagnostic Radiological and Pathology services as well as Physiotherapy, Occupational Therapy, Speech and Language Therapy, Nutrition and Dietetics, Cardiac Diagnostic and Rehabilitation Services, Pulmonary Function Laboratory and Respiratory Services.

Further specialities are provided in the following areas

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

- Dermatology
- Haematology
- Ophthalmic
- Orthopaedics

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

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

2017 was a year to celebrate team successes, staff engagement and service improvements. The Directorate teams demonstrated high levels of clinical engagement and decision making with many actions and improvement initiatives implemented.

Departments across the hospital engaged and participated in Rapid Improvement Events (RIEs) which were led and supported by the Ireland East Service Improvement Team. The level of engagement and participation by all groups of staff in the hospital resulted in the Hospital Team receiving a commendation as part of the Ireland East Hospital Group (IEHG) team at the National Healthcare awards.

The Health & Social Care Professionals received the ‘Best Innovation’ award for their project and the Value Stream Analysis team received an award for ‘Best Poster’. Both awards were presented at the IEHG ‘Adopting Lean for Healthcare Transformation Summit’ in Farmleigh House. The RIE team initiatives are outlined in the Directorate and Departmental reports.

In 2017, the hospital also supported staff education and health & wellbeing initiatives. Many staff participated in Healthy Ireland initiatives including:
- Operation Transformation
- Walking groups
- Diabetes screening
- Healthy Eating

The hospital received a Gold category award for ‘Healthy Eating’ and a Bronze category award for ‘Active at Work’ from the Irish Heart Foundation.

Many staff completed education and training courses in Lean Methodology and some staff graduated in Quality, Safety & Leadership & Masters courses.

The hospital also participated in ‘National days’ promoting health & wellbeing, celebrating various disciplines at these events. e.g. ‘International Day of the Midwife’. This day was supported by National HR and featured a video showcasing the work of Midwives in the hospital.

The local community also supported the hospital; many staff received compliments for the care provided to patients. Generous donations were made by the friends and supporters of the hospital through the ‘Friends of Regional Hospital Mullingar’ MRI fundraising appeal.

On behalf of the Management & Staff I would like to congratulate all those who participated in the many initiatives during 2017 and the staff and managers who supported the teams, released staff to attend and ensured the provision of services for the duration of the various projects. The hospital with the support of IEHG is committed to continuous service improvement for patients and also to learning, education and support for the staff in the Regional Hospital Mullingar.

Shona Schneemann
General Manager
Senior Management Team

The Senior Management team was enhanced in 2017 with the addition of an Operations & Clinical Services Manager, a Director of Midwifery and a Clinical Lead for the Paediatric Directorate.

Senior Management Team
L-R Back: William Harding (Facilities & Safety Manager)
Martina Gill (Human Resource Manager);
Sharon Gorman (Clinical Quality & Patient Safety Manager);
Dr Sam Thomas (Clinical Lead Women’s Health Directorate);
Prof Michael O’Grady, (Clinical Lead Paediatric Directorate):
Shona Schneemann (General Manager); Marie Corbett (Director of Midwifery):

L-R Front: Antoinette McMenemy (Finance Manager)
Mr Des Toomey (Clinical Lead Peri-Operative & Radiology Directorate):
Dr Hilary Cronin (Clinical Director & Clinical Lead Medicine and ED Directorate)
Kay Slevin (Operations & Clinical Services Manager):
Anne Kelly (Director of Nursing);
Governance and Management

During 2017, the Clinical and Operational Governance structure of the hospital has been enhanced with the establishment of a Paediatric Directorate and appointment of a Clinical Lead. The Nursing & Midwifery service has been strengthened by the appointment of a Director of Midwifery. The appointment of an Operations & Clinical Services Manager has also assisted in supporting teams in the delivery of continuous quality improvement.

The senior management team consists of the following

**Senior Management team**

- Ms Shona Schneemann, General Manager
- Dr Hilary Cronin, Clinical Director (August 2017)
- Dr Grace Donnelly, Clinical Director (Jan - Aug 17)
- Dr Sam Thomas, Clinical Lead Women’s Health Directorate
- Prof Michael O Grady, Clinical Lead Paediatric Directorate (Sept 2017)
- Ms Anne Kelly, Director of Nursing and Midwifery
- Ms Marie Corbett, Director of Midwifery (Sept 2017)
- Ms Antoinette McMenemy, Finance Manager
- Ms Martina Gill, Human Resource Manager
- Mr William Harding, Facilities and Safety Manager
- Ms Sharon Gorman, Clinical Quality and Patient Safety Manager
- Ms Kay Slevin, Operations & Clinical services Manager (April 2017)

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

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

Hospital Activity

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

<table>
<thead>
<tr>
<th>Area of Service Provision</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
<th>% Variance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inpatient Discharges</td>
<td>20,036</td>
<td>18,730</td>
<td>18,803</td>
<td>0.4%</td>
</tr>
<tr>
<td>Day Cases</td>
<td>8,458</td>
<td>9,857</td>
<td>10,158</td>
<td>3.1%</td>
</tr>
<tr>
<td>Emergency Care</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ED Attendances</td>
<td>31,918</td>
<td>35,138</td>
<td>35,911</td>
<td>2.2%</td>
</tr>
<tr>
<td>Births</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total number of Births</td>
<td>2,206</td>
<td>2,107</td>
<td>2,114</td>
<td>0.3%</td>
</tr>
<tr>
<td>Outpatients (OPD)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total number of new and return Consultant-led</td>
<td>48,172</td>
<td>50,067</td>
<td>51,994</td>
<td>3.8%</td>
</tr>
<tr>
<td>Outpatient Attendances</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

In 2017, the Hospital has seen an increase across all areas of hospital activity compared to 2016 (see table above).

There were also significant increases compared to 2015. Day Cases increased by 20.1%, ED attendances increased by 12.5%, Outpatient attendances increased by 7.9%. There was a reduction in the number of births by -4.2% and In-patient Discharges by -6.2%. The decrease in Inpatient Discharges was due mainly to the re-classification of EPU attendances from same day discharges to Outpatient attendances in April 2016.
Performance Highlights
2017 has seen an increase in patients attending our Emergency Department. Emergency attendances have increased by 2.2%, resulting in a 0.8% increase in Emergency Department admissions. These admissions have placed a significant burden on our trolley numbers and waiting times.

- 2017 – 35,911 ED attendances compared to 35,138 in 2016, increase 2.2%
- 2017 – 2,114 births compared to 2,107 births in 2016
- 2017 – 18,803 Inpatient Discharges compared to 18,730 in 2016
- 2017 – 10,158 Day Cases compared to 9,857 in 2016, increase 3.1%
- 2017 – 51,994 Outpatient attendances compared to 50,067 in 2016, increase 3.8%

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

- Nursing Metrics achieved an overall compliance rating of 95.8% year-to-date, with 5 of 12 metrics reaching 100% compliance
- Scheduled Care for Adult Inpatients / Day Case, currently 100% <15 month target compliance and a 100% compliance for Children with <15-month target
- Out Patient Access, 83.3% compliant on our <52 week target
- Endoscopy, 100% compliant for urgent referrals and 91.6% for routine referrals
- Hand Hygiene, overall average of 89% in 2017

Service Improvement – Unscheduled Care (USC)

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

Several working groups and committees are in place in the hospital and include the following:
- USC Steering Group
- ED Task Force
- Operations Group
- ED Working Group
- Discharge Planning, MDT team

The Hospital continued to experience challenges during 2017 in the management of unscheduled care with very little respite. This was due to the increased attendance and admissions which is mainly driven by the service requirements of older persons, the increase in complexity and acuity of patients and the needs of children in the wider regional area.

The capacity to meet the demand for acute care and in-patient admission is not sufficient with 106 Medical & Surgical inpatient beds available of a bed compliment of 206. Over the past number of years 10 escalation beds have been utilised on the Medical & Surgical wards to increase capacity and additional capacity of 10 beds (Ward 4) was funded under the 2016/2017 winter initiative funding and opened January – March 2017 and Sept – December 2017 subject to staffing. The additional capacity was of great assistance but did not address the demand, capacity, trolley numbers or patient flow challenges.
As a result of the learning from winter 2016/2017 the hospital has focussed on analysing demand and capacity, patient flow, patient experience and quality improvement. Service improvement initiatives have been identified using a whole system approach following the completion of a VSA (value stream analysis). The VSA followed the patient journey from attendance to discharge. The VSA and subsequent Service improvement and Rapid Improvement Events (RIE’s) have been led and supported by Ireland East Hospital Group (IEHG) with the assistance of Simpler IBM Watson.

Service Improvement /Developments 2017
The hospital has undertaken significant development and service improvements in unscheduled care and the following improvements have been achieved to date:

- Establishment of an Acute floor
- Opening of ward 4 (January – March & Sept – December 2017)
- Establishment of ASAU
- Appointment of an SpR AMAU within existing resource – July 2017
- Radiology U/S Pathway
- Referral pathway AMAU
- HSCP single referral & assessment tool
- Over age 90 – Direct admission under care of Geriatrician
- Navigation Hub
- Ward board pilot

Specific winter preparedness initiatives in progress for 2017/2018 include the following:

- Implement 24/7 ED Registrar cover
- Opening additional beds ward 4
- Transfer ASAU to Acute Floor
- 6hr trigger for >75 patients in ED
- 20hr trigger for all patients in ED
- Extended rapid turnaround laboratory testing for seasonal infections

Rapid Improvement Events (RIEs) 2017
Following completion of the Value Stream Analysis a number of key areas of improvement were identified which directed the Rapid Improvement Events (RIEs) for 2017. In total five RIEs were completed in 2017:

- Day Ward/ASAU/Endoscopy Ward Flow Improvement
- HSCP Referral & Screening Process
- Acute Floor redesign /Patient Flow
- Review and redesign the Gynaecology Pathways
- Radiology Out of Hours Service

Project scope for each RIE as follows:
Details of achievements are noted under the Directorate or department:

1. Day Ward/Endoscopy Unit/ASAU Project:
   Project Scope: To maximize efficiency and patient flow and improve patient and staff experience on our Day Ward, Endoscopy Unit & ASAU

2. HSCP Referral & Screening Process Project:
   Project Scope: To streamline the Referral and assessment processes for Health and Social Care Professionals (HSCPs) to include ED/Front door medical and stroke patients.
3. Improve the Acute Floor Patient Flow (MAU/AMAU/Ward 4) Project:
Project Scope: To review and improve the acute floor flow building on standards of the National Acute Medicine Programme Model of Care.

4. Review and Redesign of Gynaecology Pathway Project:
Project Scope: To develop Pathway for Gynaecological Patients and Pregnant Patient < 20 weeks Gestation presenting to ED from initial attendance to admission and discharge.

5. Access to Radiology Diagnostics based on Clinical Need Project:
Project Scope: To review of Ultrasound and CT Scan Diagnostics – ED, GP, EPU & FAU, IP/DC/OP demands and referral sources. The aim of this project is to ensure appropriate on demand provision of US and CT diagnostics, reduce unnecessary inappropriate and duplicate test requests and reduce wait times for US and CT scan interventions.

The development of a Navigation Hub and Ward Boards was also undertaken in 2017 and includes a Mission control centre. These visual tools assist the Bed Management and Senior Management team in visually assessing patient flow.

The following chart outlines the Quality & Service Improvement Initiatives, committees, Hospital governance, integrated care forum’s and IEHG USC Steering/board oversight group.
Communication and Engagement

Staff communication, engagement, health & wellbeing were of particular focus during 2017. The Hospital and Ireland East Hospital Group (IEHG) facilitated and encouraged participation in the following:

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

Healthy Ireland (HI) Initiatives

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

The committee met regularly during 2017 to plan and review activities and the following successful initiatives undertaken:

- **Operation Transformation’** in January 2017 with a total of 130kg weight loss for participating staff. One Champion staff member losing 10.6 kg. The team were also included in the final RTE episode.
- **‘Love Walking Day’** 14th Feb; Staff members participated in a local group walk to support this national initiative, encouraging and supporting staff physical health.
- **‘National No Smoking Day’** 1st March. Hospital awareness and information day facilitated by Smoking Cessation and Respiratory teams in support of Tobacco Free Campus.
- **‘Healthy Eating Day’** March – launch of the New Food Pyramid and Healthy Eating guidelines facilitated by the Dietitians. An information & awareness day for all staff.
- **‘Sli na Sláinte’** walking routes was launched April 2017 with 9 designated walking routes for staff, family and visitors and was officially launched by the Irish Heart Foundation
- **‘Step Challenge’** in May with 34 teams entered, totalling 136 people from at least 15 different hospital departments. All groups completed over 1 million steps and the total completed at the end of the challenge was over 37 million steps, which converted to over 30,000 km
- **COPD Day** 16th Nov 2017 – informing and educating staff on COPD

The Hospital achieved the following awards:

- **Healthy Eating Award: Gold** category - awarded by Irish Heart Foundation in November to the Catering dept
- **Active at Work Award: Bronze category** - awarded by Irish Heart Foundation in November and accepted by the Active @ work lead and walking lead on behalf of the committee

Developments planned for 2018

- Commence Operation Transformation in January
- Diabetes Screening for staff in January
- Implement IEHG agreed targets throughout the year
- Participate on IEHG Steering Committee
- Implement local initiatives as agreed by the committee members
- Develop the staff garden & outdoor seating/dining areas for staff
CORPORATE REPORTS

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

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

Finance Report

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

The Finance function provides service support and regular financial information to the Hospital Executive Management Team, IEHG and HSE Corporate. The HIPE Function was realigned into the Finance Department during 2017. The Finance Department has 21.4 WTE’s and is made up of the following Departments: Payroll, Creditors, Patient Accounts, Management and General Accounting and HIPE. The Finance Department provides the following functions

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

There is also a Central Finance Function in the Regional Office (Midlands Region) which provides Finance Shared Services to the hospital including payment processing, updates to SAP financials and the production of the AFS

2017 Expenditure Review

In 2017, the Hospital incurred Net Expenditure of €72.8m against a Budget of €70.2m resulting in a deficit of €2.5m (3.6% of Budget). This deficit was made up of an overspend in Pay of €177k, Non Pay of €1.4m and an underachievement of the income target of €1m.

The main cost drivers contributing to the overrun in Pay were Nurse Agency, Medical Agency and Medical Junior Overtime costs.
The main cost drivers contributing to the overrun in Non-pay were Laboratory costs and Bad Debts provision. Other overruns in Non-pay costs were in Medical and Surgical Supplies, Drugs & Medicines and Patient Transport (due to the increased use of Private ambulances).

### Budget Vs Actual 2017

<table>
<thead>
<tr>
<th></th>
<th>Budget 2017 €M</th>
<th>Actual 2017 €M</th>
<th>Variance 2017 €M</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Pay</strong></td>
<td>63.237</td>
<td>63.413</td>
<td>0.177</td>
</tr>
<tr>
<td><strong>Non-Pay</strong></td>
<td>16.168</td>
<td>17.557</td>
<td>1.389</td>
</tr>
<tr>
<td><strong>Gross Spend</strong></td>
<td>79.405</td>
<td>80.970</td>
<td>1.566</td>
</tr>
<tr>
<td><strong>Income</strong></td>
<td>-9.157</td>
<td>-8.201</td>
<td>0.956</td>
</tr>
<tr>
<td><strong>Net Expenditure</strong></td>
<td>70.248</td>
<td>72.769</td>
<td>2.522</td>
</tr>
</tbody>
</table>

### Regional Hospital Mullingar 2017

<table>
<thead>
<tr>
<th>Amount €’k</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Payroll Deductions</td>
<td>-1</td>
</tr>
<tr>
<td>Patient Income</td>
<td>-7358</td>
</tr>
<tr>
<td>Other Income</td>
<td>-842</td>
</tr>
<tr>
<td><strong>TOTAL INCOME</strong></td>
<td>-8201</td>
</tr>
<tr>
<td>Management Administration</td>
<td>6060</td>
</tr>
<tr>
<td>Medical</td>
<td>19007</td>
</tr>
<tr>
<td>Nursing</td>
<td>21072</td>
</tr>
<tr>
<td>Paramedical</td>
<td>7634</td>
</tr>
<tr>
<td>Support Services</td>
<td>8789</td>
</tr>
<tr>
<td>Maintenance and Technical</td>
<td>852</td>
</tr>
<tr>
<td><strong>TOTAL PAY EXPENDITURE</strong></td>
<td>63413</td>
</tr>
<tr>
<td><strong>TOTAL NON-PAY EXPENDITURE</strong></td>
<td>17557</td>
</tr>
<tr>
<td><strong>NET EXPENDITURE</strong></td>
<td>72769</td>
</tr>
</tbody>
</table>

### Development Plan 2018

The following developments are planned for 2018:
- The recruitment of a Grade VII post to develop Casemix, ABF functions and implement balance sheet reporting.
- Transfer of Management Accounting duties from Central Finance to RHM Finance
Human Resources Report

The HR Department provides a comprehensive, strategic, and operational human resource function in the hospital under the management of Ms Martina Gill (HR Manager). The HR department also provides a Medical Manpower function which is responsible for the recruitment of Non Consultant Hospital Doctors for the Hospital.

Throughout the year our team has provided managers with information and offered support and guidance on navigating through on a range of HR policies and procedures to support them managing their department support.

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

Change vs Ceiling

The following table outlines the change in WTE’s (2015 - 2017)

<table>
<thead>
<tr>
<th>Hospital</th>
<th>Dec-15</th>
<th>Dec-16</th>
<th>Nov-17</th>
<th>Dec-17</th>
<th>Change from previous month in WTEs</th>
<th>% change from previous month</th>
<th>Change from end 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>RH Mullingar</td>
<td>867.50</td>
<td>872.03</td>
<td>873.15</td>
<td>891.61</td>
<td>18.46</td>
<td>0.02</td>
<td>24.11</td>
</tr>
<tr>
<td>Total</td>
<td>867.50</td>
<td>872.03</td>
<td>873.15</td>
<td>891.61</td>
<td>18.46</td>
<td>0.02</td>
<td>24.11</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Staff Category</th>
<th>Dec-15</th>
<th>Dec-16</th>
<th>Nov-17</th>
<th>Dec-17</th>
<th>Change since previous Month</th>
<th>% Change since previous Month</th>
<th>Change from end 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Dental</td>
<td>132.49</td>
<td>132.96</td>
<td>133.45</td>
<td>136.21</td>
<td>2.76</td>
<td>2.07%</td>
<td>3.72</td>
</tr>
<tr>
<td>Nursing</td>
<td>316.48</td>
<td>311.86</td>
<td>311.38</td>
<td>319.50</td>
<td>8.12</td>
<td>2.61%</td>
<td>3.02</td>
</tr>
<tr>
<td>Health &amp; Social Care Professionals</td>
<td>116.03</td>
<td>118.14</td>
<td>113.70</td>
<td>113.52</td>
<td>-0.18</td>
<td>-0.16%</td>
<td>-2.51</td>
</tr>
<tr>
<td>Management/Admin</td>
<td>130.20</td>
<td>135.57</td>
<td>132.03</td>
<td>131.97</td>
<td>-0.06</td>
<td>-0.05%</td>
<td>1.77</td>
</tr>
<tr>
<td>General Support Staff</td>
<td>40.82</td>
<td>43.79</td>
<td>42.51</td>
<td>42.06</td>
<td>-0.45</td>
<td>-1.06%</td>
<td>1.24</td>
</tr>
<tr>
<td>Other Patient and Client Care</td>
<td>131.48</td>
<td>129.71</td>
<td>140.08</td>
<td>148.35</td>
<td>8.27</td>
<td>5.90%</td>
<td>16.87</td>
</tr>
<tr>
<td>Total</td>
<td>867.50</td>
<td>872.03</td>
<td>873.15</td>
<td>891.61</td>
<td>18.46</td>
<td>2.11%</td>
<td>24.11</td>
</tr>
</tbody>
</table>

Recruitment

The recruitment and retention of staff in the Hospital is fundamental to achieving a quality patient service and it is one of the key priorities for our HR Department. Our local HR Department has made an effective contribution to the Hospital in 2017 in terms of the recruitment of staff as it has been responsible for the advertisement and recruitment of a number of posts.

In the absence of a National Panel for Support Staff the HR department managed a campaign for Temporary Health Care Assistants (HCA) and Temporary Multi-Task Assistants (MTA) in June 2017. The recruitment to vacant HCA and MTA posts has enabled management to fill critical positions and has directly contributed to achieving cost savings through the reduction of agency employed staff.

In addition the department worked collaboratively with the Recruitment Office in Tullamore and arranged the advertising and recruitment of posts in the Pharmacy, Dietetics, Cardiology and Laboratory departments thus enabling the creation of temporary panels and the filling of posts in a shorter timeframe.
Recruiting nurses as a result of the nursing shortage has been challenging in 2017. Nursing Management attended recruitment road shows and represented the hospital at the RDS Recruitment Fair. The Hospital HR Department carried out a further recruitment campaign in quarter 3 of 2017 and advertised for staff nurses and staff midwife posts.

The regional alignment of the Medical Manpower Manager and clerical support to the Midlands Group in 2017 following the establishment of hospital groups has posed some challenges for our department. It is important at this time to recognize the achievements of the department in 2017 and to acknowledge these were sustained in the absence of a Medical Manpower Manager for the Hospital.

The Department in liaison with the Medical Dental Team in the HBS and PAS progressed the recruitment of Consultant posts. It was responsible for the advertisement of two Consultant Radiologist and two new Consultant Paediatrician posts. The interviews for these posts have taken place and we look forward to the appointments of the successful candidates in 2018.

During 2017 Medical Manpower recruited 105 NCHD staff. Additional new NCHD posts were approved in 2017 and Medical Manpower recruited these new doctors for the Emergency Department, Anaesthetics and AMAU. The department is responsible for conducting the advertising, interviewing, pre-clearance process and contracting for all NCHD posts. As a result of the national shortage of doctors in some specialties it became necessary to fill some posts with agency staff in July 2017. The department enhanced its recruitment process in August 2017 and conducted its first rolling advertising campaign for NCHD posts which saw over 1400 applications for posts at RHM received from August 2017 to December 2017.

The Medical Manpower Team has worked tirelessly in collaboration with Hospital Consultants in an effort to recruit doctors for vacant posts and minimize reliance on agency staff. As a result of these cumulative measures it is expected that appointments will be processed in a more efficient manner with the hospital on track to fill all NCHD posts in the January 2018 intake.

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

Workforce Planning
In line with the IEHG Operational Plan 2017 the department developed a Workforce Plan for the Hospital. This plan is aligned to the needs and priorities of the Hospital and will be beneficial to the Hospital in terms of identifying current and future requirements. The blueprint of this plan will be used to complete a Workforce Plan for December 2018.

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

Payroll Management Control Group (PMCG)
Managing resources within approved funding remained a key priority for the PMCG. The group held fortnightly meetings where applications were reviewed and considered in a transparent and accountable manner. There were in excess of 550 applications to the PMCG in 2017. These applications consisted of requests for replacement posts due to retirement, resignations and maternity leave cover, contract end date application and temporary appointments. With the implementation of the HSE Job Evaluations Scheme in late 2016 the PMCG also received a number of Job Evaluation applications. Following the evaluation process there have been a number of posts upgraded and we would like congratulate the successful applicants.
Objectives for 2018

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

Achievements 2017 - Garda Vetting
With the enactment of the National Vetting Bureau (Children and vulnerable Persons) Bill 2012 there is a legislative requirement for procedures “to apply in respect of persons who wish to undertake certain work or activities relating to children or vulnerable adults”. There was a requirement for retrospective vetting to be completed for existing staff in the Hospital. A member of the HR Department Team identified all staff who required Garda Vetting and liaised with managers and staff to assist with the process. Over 480 Garda Vetting applications were processed in the HR Department during the period June 2017 to December 2017.
Medical Report

In August 2017, Dr Hilary Cronin replaced Dr Grace Donnelly as Clinical Director. The management and staff would like to take this opportunity to express appreciation to Dr Grace Donnelly for her clinical leadership during the past year as Clinical Director.

Surgery
There are 4 Consultant Surgeons, 6 Registrars (including one RCSI college tutor and one specialist registrar), 6 SHO’s and 4 interns.

Medicine
There are 8 Consultant Physicians, 10 Medical Registrars (including one Specialist Registrar in Gastroenterology), 18 SHO’s and 3 Interns. The Medicine department was enhanced in 2017 by the appointment of Dr Pauline Kane, Consultant in Palliative Medicine (19 hours hospital commitment)

Paediatrics
There are 3 Consultant Paediatricians, 7 Registrars (including 2 Specialist Registrars), 7 SHO’s (2 BST from the national paediatric scheme and 5 from the GP training scheme). In July 2017 Dr Danielle McCollum, Paediatric SpR was appointed NCHD lead for the Hospital

Obstetrics and Gynaecology
There are 3 Consultant Obstetrician/Gynaecologists with a 4th post providing locum cover. The department has 7 Registrars, 7 SHO’s and 2 Interns.

Anaesthesia
There are 5 Consultant Anaesthetists, 9 Registrars (including one Specialist Registrar) and 2 SHO’s.

Emergency Department
There are 2.5 Consultants in Emergency Medicine, 6 Registrars and 6 SHO’s. Senior decision making was enhanced in 2017 by the appointment of Dr S Kuan, ED Consultant as a 2nd full time Consultant in Emergency Medicine

Laboratory
Consultants in Haematology, Pathology and Microbiology provide joint regional services with the Midland Regional Hospital, Tullamore and Portlaoise. Immunology services are covered under a service level agreement.
Department of Nursing & Midwifery

The Nursing and Midwifery service is managed under the leadership of **Ms Anne Kelly**, Director of Nursing and Midwifery. **Ms Marie Corbett** was appointed Director of Midwifery in Sept 2017.

The nursing & midwifery services are supported by site managers at ADON grade, Divisional Nurse Managers for each Directorate, Clinical Nurse Managers, Staff Nurses and HCA’s. Nursing services include:

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

As Director of Nursing I wish to take this opportunity to acknowledge all the nurses, midwives and healthcare assistants (HCAs) working in the Regional Hospital Mullingar. Nursing and midwifery services have faced challenges throughout 2017 but we have achieved significant advances of which we can be very proud.

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

In 2017 the Department of Nursing and Midwifery key priority continues to be on safe quality care at every part of our patients and their families journey through the services at Regional Hospital Mullingar. This care is underpinned by the nursing core values of compassion, care, and commitment.

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

We have continued to support nurses in continuous professional development at post graduate and masters level. I would like to congratulate the nursing staff for their achievements in 2017.

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

The hospital experienced increased activity, reduced staffing levels and skill mix during 2017. It is acknowledged that the increase in activity and acuity has placed a significant burden on nursing and HCA staff within the clinical setting. Staffing levels and skill mix were monitored on a daily basis by nursing management to ensure that optimal use of resources supported the delivery of safe patient care. Redeployment of staff facilitated this need. Recruitment and retention of nursing staff continued to provide a significant challenge throughout the hospital. All graduate nurses were offered permanent contracts.

A number of recruitment campaigns were held including Health Sector Jobs Fair in October at the RDS Dublin. Processing of staff is ongoing with HBS.
New Posts in 2017
- Director of Midwifery
- ADON Patients Flow in ED
- CNM2 Admitted Patients ED
- Clinical Audit Nurse
- Advanced Nurse Practitioner (SATU & Sexual Health)

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

Developments in 2017
- Rapid Improvement Events x 5 completed
- Bed Management Hub and Mission control Room established
- Discharge Planning Weekend Hand Over implemented
- ISBAR Clinical Handover in Obstetric Department
- Nursing Metrix
- EWS
- Lean Management Training White, Bronze, and Green Belt

Nursing Metrics 2017
The table below outlines the median compliance with Quality Nursing metrics. Quality metrics are reviewed monthly for compliance and improvement plans implemented.
Bed Management and Patient Flow
Patient flow is managed by Ms Teresa McLoughlin, with Nursing Administration managing patient flow out-of-hours and at weekends.

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

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

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

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

- Opening of the Clinical Speciality Centre
- On-going review & upgrade of Clinical and Staff Accommodation
- Clinical Office upgrades – New Speech & Language Therapy Offices
- Hospital Administration Office upgrades – Laboratory Offices
- Endoscopy Unit Upgrade – significant improvement to this service
- Acute Floor – Ward 4

ICT Services
ICT services are provided regionally by IPSS and managed under the Director of the National Informatics Office Mr Richard Corbridge. The regional HSE Business Operations ICT service has an office which is located in the hospital with IT issues being processed by ICT Helpdesk staff, and some operational IT tasks locally within the hospital are contracted to a private company as required.

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

- IPMS
- EndoRAAD
- MedLis
- NIMIS
- Blood Track/Trace
- On-going upgrades to PC & printing machines
- Introduction of Microsoft Surface Pro 4 Tablets

Arrangements are currently being put in place by the NRS for a hospital IT Project Lead Manager. The incumbent would be responsible for the planning and coordination and support of local ICT projects and provide on-site expertise and advice.

Security
Security services are provided by G4S Security under a regional security guard management contract. The security staff provides an invaluable service and are integral in ensuring the safety and security of staff, patients and visitors.

Health and Safety
Health and Safety is proactively managed by a dedicated Health and Safety Steering Committee. The Health and Safety Committee includes representatives from various departments as well as having security and local Garda representation.

Health & Safety issues are also supported by a team of five (5) Health & Safety Representatives within the hospital whom meet on a monthly basis.
The following Health & Safety initiatives were conducted in 2017:

- On-going development of site and ward based Safety Statements
- On-going review and updating of Risk Assessments
- National HSE H&S schedule of audits commenced in Q3 with 16 ward/service areas audited.
- Dangerous Goods Compliance Assessment Audit (DGSA)
- SAFEDOC - Safety Data Sheet Management System introduced in December 2017

Staff Safety Incidents 2012-2017

The following table outlines the number of staff incidents by year 2012 – 2017:

<table>
<thead>
<tr>
<th>Staff Reportable Incidents to the Health &amp; Safety Authority - 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jan</td>
</tr>
<tr>
<td>-----</td>
</tr>
<tr>
<td>1</td>
</tr>
</tbody>
</table>

Fire Safety

Fire safety technical management and monitoring is the responsibility of the maintenance department. Fire training including evacuation training is provided regionally and managed by Mr Gerard Monaghan, Fire Prevention and Safety Officer, Fire Prevention and Safety Service, HSE Estates, Tullamore. In 2017, 84% of staff participated in fire Safety Awareness Training.

The following developments were progressed in 2017

- On-going development of General Emergency Plan (GEP’s) for all clinical ward and administrative areas
- On-going review of Hospital Fire Evacuation and Safety Aids
- Hospital Major Emergency Plan (MEP) review/update and roll-out of information sessions
- Ward based Fire Safety Audits conducted by the Fire Prevention and Safety Officer
- Additional MAPA (CPI) Instructor appointed/trained for the hospital
- Healthcare Records Stores person appointed

General Developments in 2017 include the following

- Review of Hospital Internal and External Signage
- Ceiling & Paint upgrades to hospital OPD

Facilities Developments – General Projects for consideration 2018

- Staff Canteen - External Seating Extension
- Staff Garden
- Stroke Therapy Garden
- Hospital Education and training facilities
Estates and Maintenance Report

HSE Estates are an integral part of the Regional Hospital Mullingar and provide hospital and community maintenance and estates management. The Estates function provides a range of professional, technical, project management, property, fire and safety and related services in respect of the procurement, development, operation and maintenance of the health service’s physical infrastructure to include buildings, plant and equipment and in line with the Capital Plan.

These services include, design, specification, project management, supervision and procurement associated with minor and major capital building and refurbishment works, risk and asset management, property services, maintenance of health care facilities, fire and infrastructural safety issues etc.

The Estates team includes technical management, drawings/plans and the services of a Nurse Planner. The HSE Estates team Mr Brendan Mulligan, Technical Manager and Ms Claire Banahan, Nurse Planner work with our Maintenance team managed by Mr Pat McDermott, Maintenance Manager.

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

There have over the past number of years been a number of retirements from the Maintenance staff which have led to a shortfall in the delivery of services which we are seeking to address in the coming year. These positions are critical to the provision of services to meet the needs of the hospital on a day to day functional level together with the need to ensure compliance with all regulatory and statutory requirements.

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

Capital Funding 2017

The hospital benefitted from €500,000 Minor Capital Funding in 2017 which allowed for a number of priority issues to be completed and are as listed below.

Capital Project Achievements 2017

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

- Refurbishment and opening of services in Ward 4 accommodation.
- Upgrade of air handling, services and finishes to the Endoscopy Unit.
- Upgrade of hot and cold water services throughout the hospital and pressurization of the systems.
- Upgrade of suspended ceilings in Out-Patients Department circulation areas and a number of circulation areas throughout the hospital complex.
- Upgrade and replacement of light fittings with energy replacement fittings in the Out Patients Department and other areas within the hospital complex.
- 3 new pass through Washers / Disinfectors supplied, fitted and commissioned in the Endoscopy Unit.
Developments in 2017
The following works were also completed in 2017 resulting in improvements for the RHM

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

Projected developments for 2018

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

The Clinical Engineering Dept provides a comprehensive clinical engineering management service to more than 2,500+ individual items of clinical equipment in the RHM. This service is managed by Mr Andrew Farrell (Clinical Engineer).

Clinical engineering services include

- Managing all the maintenance contracts for the clinical equipment
- Providing a full in-house repair service
- Ensuring all equipment is serviced as per manufacturer’s specifications
- Ensuring a full equipment service history is maintained
- The Implementation of the HSE National Equipment Policy

Activity

2017, was another very busy year for the Clinical Engineering Dept with 2,500+ items of equipment requiring scheduled routine servicing. The department also received 870 separate equipment repair requests, up 10% from 2016 with 96% of these repairs completed in-house. Clinical Engineering was obliged to employ full-time locum staff member to cover annual leave, as the service has only one Clinical Engineer.

Developments 2017

In the past year, the HSE also issued the redeveloped second version of its Medical Device Equipment Management Policy. This policy is designed to ensure the HSE’s compliance with HIQA’s Safer Better Healthcare Standards. As part of this policy, a full audit tool is in its final stages of development and will track every aspect of the Equipment Management Policy within each Hospital.
Quality, Risk, Consumer & Legal Affairs

The provision of quality services is at the centre of all departments in the hospital. The services provided and 2017 developments are outlined in the following department reports:

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

Clinical Quality and Patient Safety Report (QPS)

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

The Hospital Clinical Governance Quality & Safety Meetings (CGQSM) are held on a monthly basis. The Hospital CGQSM is chaired by the Clinical Director. The Committee continues to work towards ensuring that the hospital identifies and puts in place mechanisms to review and monitor effectiveness and quality of care. As a result actions are taken to address areas that require improvement. The terms of reference for the committee were revised, updated and approved in 2017 and include a schedule of reports from a number of committees and groups where assurance on developments and quality improvements will be sought in addition to raising any patient safety concerns to the Committee department or Directorate.

The Committees/Group scheduled to report in 2017 were as follows:
- Infection Prevention & Control Committee
- Drugs and Therapeutics Committee
- Medication Safety
- Nutrition Steering Group
- Health and Safety Committee
- Health Care records Management Committee
- Health Ireland Committee
- PPPG Steering Committee
- Hygiene Committee
- Smoking Cessation Committee
- Radiation Safety Committee
- Sepsis Management Committee
- Directorate Reports
- Clinical Audit Report

Clinical quality improvement measures are discussed and supported across the hospital with Clinical, Nursing and Head of Department participation. We would hope to have patient representation quarterly on the CGQSM committee in 2018.

The Hospital completed self-assessments against all relevant standards outlined in inspections and reports from HIQA in 2017. This builds on self-assessments carried out in previous years and on the on-going Quality Improvement work in the Hospital.

The Regional Hospital Mullingar (RHM) completed a self-assessment for HIQA’s ‘Review of Medication Safety in April 2017 and the findings from this report have been utilised to improve patient care across the medication safety spectrum at RHM.
The Hospital continually reviews key metrics including mortality indicators and engage with national and local initiatives. The QPS department has worked closely with Clinicians and the NOCA NAHM Team to review Mortality at RHM.

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

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

The National Quality Assurance Intelligence System (NQAIS) Clinical was rolled out to acute hospitals nationally in quarter 4 2017. The NQAIS system provides a platform for performance improvement in all clinical areas and access has been facilitated for members of each of the 4 Directorates.

RHM supports the developments within the Clinical Care Programmes and supports the development of Quality Metrics in the Acute Hospital Environment.

National Patient Experience Survey Hospital Feedback December 2017

The NPES feedback overall was very positive for the hospital. The feedback shows that 89% of patients reported a good or very good overall experience at the hospital. Patient centred care is intrinsically important to developing clinical safety and effectiveness. Good patient engagement is shown to improve patient self management and quality of life. Patient feedback is encouraged through every clinical interaction by all of our staff. We embrace Your Service Your Say, Patient Satisfaction Surveys the National Patient Experience Survey and other forums for patient engagement.

Quality Patient Safety Walk Rounds commenced in 2017

The objectives for Quality and Safety Walk-rounds are to:
- Demonstrate senior managers’ commitment to quality and safety for patients, staff and the public;
- Increase staff engagement and develop a culture of open communication;
- Identify, acknowledge and share good practice;
- Support a proactive approach to minimising risk, timely reporting and feedback; and
- Strengthen commitment and accountability for quality and safety.

Monthly Performance Report

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

Policies, Procedures, Guidelines (PPPG) Management 2017

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

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

Lunch & Learn continued in 2017, the ‘Lunch & Learn’ programme is a lunch time scheduled 45 minutes weekly training and education session for frontline staff, facilitated by the Quality and Patient Safety Department. It is an informal session providing education on quality improvement concepts and methodologies. It encourages frontline staff to engage in quality improvement projects with key emphasis on improving patient care. The forum is facilitated by Dr Shu Hoashi, Consultant Physician and former Clinical Director, and Sharon Gorman, Quality and Patient Safety Manager.

Key Benefits of Lunch and Learn Programme:

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

The programme is designed to encourage ‘frontline ownership’ of patient care issues and thereby establish a positive culture for improved patient care and assisting in enhancing staff morale. In 2017 a number of quality improvement projects were brought to fruition through this forum, much of this work was recognised at our Hospital Research and Education Day held in June 2017, and some of the work undertaken has been published at conferences and other forums.

The Clinical Quality and Patient Safety Manager the Risk Manager and an Obstetric Consultant completed the Diploma in Quality and Leadership at the Royal College of Physicians and are on hand at the Lunch and learn to share their learning. In addition over twenty staff at the hospital has engaged in the lean white belt programme and support a number of quality improvement initiatives at the hospital across all services.

Clinical Audit Programme 2017

In Q4 2017 a Clinical Audit Nurse was recruited internally in the hospital. 0.5 of the role of the Clinical Audit Nurse is the implementation and management of the National ICU Audit. Training for this role has been provided by NOCA and manual data collection began on the 1st Oct 2017. Electronic data collection will be implemented in early 2018. The remaining 0.5 of the role is dedicated to the coordination and management of Clinical Audit in the hospital. The Clinical Audit Nurse is supported by the Director of Nursing and the Clinical Quality and Patient Safety Manager in identifying areas of concern and progressing hospital recommendations from incidents/complaints and reviews. Clinical Audit documents have been reviewed and revised in Q4 2017 and a log of all local audits is maintained by the Clinical Audit department. Accredited Clinical Audit Training is provided annually where 25 staff per session train in audit techniques. Clinical Audit Training supports the Mater Lean Programme, Rapid Improvement training and events and many other quality improvement and patient safety opportunities within the hospital.
### QPS and Risk Management Developments and Achievements 2017

<table>
<thead>
<tr>
<th>IEHG</th>
<th>Quality Patient Safety and Risk Management</th>
<th>Quarterly Forum for Sharing and Learning attended by the Quality Patient Safety Manager and the Risk Manager</th>
</tr>
</thead>
<tbody>
<tr>
<td>IEHG</td>
<td>Quality &amp; Patient Safety</td>
<td>Executive Leadership Forum developed and attended by the General Manager</td>
</tr>
<tr>
<td>Quality Risk and Safety Education</td>
<td>Quality Education Forum</td>
<td>Lunch and Learn Established in September 2016 and continued in 2017 and has resulted in 7 completed Quality Improvement Projects.</td>
</tr>
<tr>
<td>Quality Risk and Safety Education</td>
<td>Clinical Audit Training</td>
<td>October 17 Clinical Audit Study Day. 20 places attended by multiple disciplines across the hospital.</td>
</tr>
<tr>
<td>Quality Risk and Safety Education</td>
<td>Lean white Belt Training</td>
<td>White belt training attended by 20 staff in 2017 resulting in &amp; Rapid Improvement Events for sustainable change.</td>
</tr>
<tr>
<td>Large Scale Quality Projects</td>
<td>Winter Bed Initiative Acute Floor</td>
<td>Development projects are in progress which will improve patient safety and quality of care at the RHM</td>
</tr>
<tr>
<td>Clinical Risks</td>
<td>Risk Assessments</td>
<td>Hospital Risk Register under reviewed quarterly to incorporate the HSE National Risk Management Policy</td>
</tr>
<tr>
<td>Clinical Risks</td>
<td>Incidents / Trends</td>
<td>Monthly ward based and Quarterly Directorates Reports are issued in relation to incidents and Risk Management Falls Medication Safety, Compliments and Complaints</td>
</tr>
<tr>
<td>Clinical Risks</td>
<td>Recommendations Bank</td>
<td>A recommendations Bank has been developed which holds Clinical Incident reviews, Desk top reviews, NOCA Audits, NQAIS Clinical HIQA feedback and Others</td>
</tr>
<tr>
<td>Clinical Risks</td>
<td>HIQA Actions</td>
<td>All HIQA action Plans actively managed. Medication Safety, Rehab Review</td>
</tr>
<tr>
<td>Quality Improvement</td>
<td>Clinical Risks</td>
<td>Bi weekly Incident review Meeting, Monthly Education sessions on Open Disclosure, Incident Management and Risk Management</td>
</tr>
<tr>
<td>Quality Improvement</td>
<td>Laboratory</td>
<td>Award of Flexible scope accreditation in April 2017</td>
</tr>
<tr>
<td>Quality Improvement</td>
<td>Laboratory</td>
<td>Repatriation of Kleihauer testing from MRHP to ensure compliance with 72hr BCSH guidelines</td>
</tr>
<tr>
<td>Quality Improvement</td>
<td>Hospital Communications</td>
<td>Hello My Name is implemented in 2017 Hospital Signage continually improved through the communications committee</td>
</tr>
</tbody>
</table>


**Quality Improvement**

<table>
<thead>
<tr>
<th>Quality Improvement</th>
<th>PPPG Management</th>
<th>Steering Committee established, Template Standardised, Shared Drive established and rolled out to all areas in 2017, Sign off Process</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quality Improvement</td>
<td>Increased Data collection and Metrix Monitoring Maternity and Pharmacy</td>
<td>Robson Classification, Apinch Classification Nursing Metrix, and Data collection improved across clinical services.</td>
</tr>
<tr>
<td>Patient Involvement</td>
<td>Patient Satisfaction</td>
<td>Maternity Patient Satisfaction, Endoscopy Patient Satisfaction</td>
</tr>
<tr>
<td>Patient Involvement</td>
<td>Information and Access</td>
<td>Leaflet Development, Information Hub Development at main reception area with Wheelchairs remains a priority for 2018</td>
</tr>
<tr>
<td>Clinical Governance</td>
<td>What Committees are in place</td>
<td>Establishment of the Hospital Clinical Governance Quality Patient Safety Meeting. Establishment of four Directorate Structures and associated governance meetings</td>
</tr>
<tr>
<td>Clinical Governance</td>
<td>Membership of Committees i.e. (Falls, PPPG, N+H)</td>
<td>TOR’s Agendas &amp; Minutes for All Meetings revised and updated in 2017</td>
</tr>
</tbody>
</table>

---

**Incident and Risk Management Report**

The Hospital continues to adopt a pro-active approach to Incident Management and Incident Reporting. Currently incidents are identified, reported and managed in line with the HSE Safety Incident Management Policy 2014. The launch of a new HSE Incident Management Framework in early 2018 is anticipated. Regional Hospital Mullingar welcomes the Framework and the opportunity to improve on and develop our existing processes that the Framework will provide.

Apart from our statutory obligation to report all patient safety incidents to the State Claims Agency, we consider reporting to be vital to contribute to organisational learning. Our approach aims to prevent recurrence of incidents by making systematic changes to address risks to patient safety. We promote a just culture which balances accountability and safety.

**Clinical Risk Management & Governance**

The Clinical Risk Manager, Ms Paula Turner has oversight of all incident forms submitted with data entry and support in generating reports provided by Ms Wendy O’Doherty. The Clinical Risk Manager chairs the Bi-Weekly Clinical Incident Management Meeting, attended by the General Manager, Clinical Director and the Directors of Nursing and Midwifery, as well as the Quality and Patient Safety Manager and the Consumer and Legal Affairs Manager, which provides governance for decisions made on the review and investigation of serious patient safety incidents and a forum for discussion of patient safety and staff wellbeing matters. Serious Reportable Events (SREs) and other serious incidents are logged and kept under review.

**Incident review and investigation**

The process of review of incidents is non-judgemental, transparent and fair and involves all members of the multi-disciplinary team. We are grateful to our clinical colleagues who attend incident review meetings and to their managers who help to facilitate them. While the focus of incident review meetings is to find out the true facts of an incident, we also aim to provide a space for the second victims, the staff involved when things go wrong, to be heard and supported as necessary. During 2017 two Systems Analysis’ Investigations were completed. The families involved were included in the process and received copies of the final reports. The hospital is grateful for the assistance of the Ireland East Hospital Group with the Systems Analysis Investigations.
Risk Registers
The Hospital adopted the HSE Integrated Risk Management Policy launched in March 2017. Training is provided on an on-going basis to allow staff the opportunity to compile Risk Registers specific to their Department and to make the Risk Register a more dynamic tool, relevant to each Department. Where a Risk Assessment identifies a risk which cannot be addressed at departmental level, the risk is entered on the Directorate or over-all Hospital Risk Register which is kept under frequent review. The Hospital agrees that risk management is a responsibility of all staff members and is a core management process. The Hospital welcomes the prospect of the Electronic Risk Register as proposed in the new Integrated Risk Management Policy and is committed to the education and training of staff in the use of the E-Register.

Incident metrics
There were 1831 National Incident Report Forms submitted to the Clinical Risk Manager in 2017 and uploaded to the National Incident Management System (NIMS) database. See Table 1 for Directorate Breakdown. *(Paediatric Directorate to represented independently in 2018)*

Table 1: Incidents by Directorate;

<table>
<thead>
<tr>
<th>Directorate</th>
<th>Incidents per Directorate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Directorate</td>
<td>903</td>
</tr>
<tr>
<td>Peri-operative Directorate</td>
<td>527</td>
</tr>
<tr>
<td>Women &amp; Children's Health Directorate</td>
<td>312</td>
</tr>
<tr>
<td>Other</td>
<td>89</td>
</tr>
</tbody>
</table>

Table 2: Incident Severity categories.

- Dangerous Occurrences, 268
- Complaints/Service User Experience, 18
- Major, 9
- Moderate, 224
- Minor, 69
- Negligible, 1239

*Note: Dangerous occurrence includes overcrowding, staffing issues and Infection Risks*

Open Disclosure
The Hospital remains committed to the principles of the National Open Disclosure Policy. In particular 2017 has seen a new focus on communication with patients and their families when things go wrong, including acknowledgement of the incident and apology where appropriate. Open disclosure meetings with patients and families, held in a suitable time and place outside the clinical area provide clarity and comfort for our service users. The opportunity to have their questions answered by the appropriate member of the clinical or nursing staff is appreciated and often gives satisfaction to the staff member also. The Clinical Risk Manager is very grateful to all those staff members who have made themselves available to service users and their families for what have proved to be very valuable meetings.

Infection Prevention and Control (IPC)

The IPC service is managed by IPC Nurses, a surveillance scientist and overseen by Dr Cathal O’Sullivan (Consultant Microbiologist). The IPC report provides an opportunity to highlight the Infection Prevention and Control activities that have been put in place during 2017 to minimise the transmission of HCAI’s to patients, staff and visitors.

Hand Hygiene

Improving compliance with hand hygiene continues to be the key focus for the IPCN’s in the hospital. A hand hygiene awareness day was arranged to co-inside with the WHO “Save Lives Clean Your Hands” day on May 11th and a communication was emailed to all staff in the region reminding them of the “5 Moments for Hand Hygiene” also. 94 staff attended the training stand outside the canteen. In addition additional signage was sourced from the supplier of the AHR and displayed in all clinical areas.

Observational Hand Hygiene national/local audits continued during 2017 with reports submitted to the HPSC in May 88% and October 94% compliance. Ward/Department Managers continue to be supported by the IPCN in improving compliance based on the agreed action plan. Hand Hygiene training attendance was 31% of staff in the rolling 2 years. The Hand Hygiene champions group continued to discuss and promote ideas to enhance awareness of HH among all staff. The Hand hygiene champions supported the IPCN’s at ward level and did informal awareness sessions on HH technique and the 5 Moments.

Education/Training

Education is a key component of the IPCN. Staff are required to attend IPC training every 2 years. 470 staff attended training in 2017. The training is recorded on SAP to ensure non-attendees are identified. The IPCN’s circulated a report from SAP to Department heads of staff that attended the IPC training. The training evaluated well, identified changes will be incorporated into 2018 revision. IPC training continued to be provided at the NCHD induction day which also included training on IV dressing and blood culture packs. IPCN’s also provided ANTT awareness sessions to staff.

Surveillance

In conjunction with the Surveillance Scientist the IPCN’s maintained the surveillance data bases and implemented actions as appropriated based on data collected.

Patient Profiles were maintained for all patients newly identified/ previously colonised with MRSA, C.diff and VRE throughout the year, this ensures patients are screened and receive decolonisation treatment in a timely manner.

The Patient Profiles were updated and new profiles for patients with MDR KPN and CPE were developed to ensure management of patients and implementation of IPC measures were implemented.

Based on national guidance on CPE several additional measures were introduced to ensure screening was completed for relevant patients.
Root Cause Analyses (RCA)

A root cause analysis was undertaken on all Hospital acquired C. difficile and HA, HCA, MRSA and MSSA bacteraemia by the Infection Control Team in conjunction with the Medical Teams/Ward Managers. A total of 15 were completed in 2017.

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

Audit Programme.

The IPCN continued to undertake several audits in 2017 and reports were circulated in a timely manner. Audits included:

- Hand Hygiene audits local audits conducted as per Business plan 2017 and National audits conducted as per national requirements. Action plan circulated with the relevant audit reports to the CNM’s, CNM’s to submit to the IPCN.
- Care Bundle validation audits on Peripheral Vascular Catheters/Central Venous Catheters and Urinary Catheters are undertaken quarterly, reports presented at HCAI/CNM2 meetings and circulated to Line Managers with the relevant recommendations that were required to be implemented for prevention of infection.
- Environmental hygiene as part of the Hygiene Audit team

IPC Awareness Day

The Annual Infection Prevention/Control Day was held on October 5th 2017. 103 staff attended the information stand on the day which focused on Hand Hygiene products, 5 Moments for Hand Hygiene, Healthcare Risk Waste Management, Blood Cultures technique, ANTT when inserting PVC’s and Types of mask that are required when implementing Airborne and Droplet precautions

Surveillance Scientist

The goal of the Surveillance Scientist (SS) is to provide timely, effective and relevant surveillance data to both clinicians and hospital management. The SS is also responsible for notifying surveillance data from Longford and Westmeath to the HSE and the Health Protection Surveillance Centre. In 2017 this included:

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

<table>
<thead>
<tr>
<th>Year</th>
<th>New cases HCAI C. difficile</th>
<th>National Targets</th>
</tr>
</thead>
<tbody>
<tr>
<td>2016</td>
<td>14 cases / 2.18 cases per 10,000 BDUs</td>
<td>Target = &lt;2.0 cases per 10,000 BDUs</td>
</tr>
<tr>
<td>2017</td>
<td>8 cases / 1.24 cases per 10,000 BDUs</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Year</th>
<th>Hospital acquired Staph aureus bacteraemia</th>
<th>National Targets</th>
</tr>
</thead>
<tbody>
<tr>
<td>2016</td>
<td>10 cases / 1.56 cases per 1000 BDUs</td>
<td>Target = &lt;1.0 cases per 10,000 BDUs</td>
</tr>
<tr>
<td>2017</td>
<td>8 cases / 1.24 cases per 10,000 BDUs</td>
<td></td>
</tr>
</tbody>
</table>
Consumer and Legal Affairs Report

The Consumer and Legal Affairs Department is managed by Ms Marie Ruane (Consumer and Legal Affairs Manager) supported by Ms Marcella Bell (Quality, Risk and Safety Administrator) and their team.

The Department has the responsibility for developing and implementing best practice models of customer care within the hospital. It also promotes service user involvement across the organisation through the concept of 'Your Service Your Say'. Responsibilities include:

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

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

Data Protection
- Process requests for records in line with Data Protection legislation.
- Investigate Data Protection breaches in line with Data Protection Guidelines.
- Report all Data Protection breaches to the Data Protection Commissioner.
- Provide advice to staff on Data Protection issues/security

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

Legal Advices
- Obtain legal advice as required for issues that may arise

Insurance Queries
- Public Liability Cover
- Clinical Indemnity Cover
- Student Electives
- Applications to set up Information/Display Stand
The following tables outline the number of requests for records received under FOI/ DP and Admin Access in 2017.

### FOI/DP/Admin Access requests received 2017

<table>
<thead>
<tr>
<th>Month</th>
<th>Requests</th>
</tr>
</thead>
<tbody>
<tr>
<td>January</td>
<td>74</td>
</tr>
<tr>
<td>February</td>
<td>71</td>
</tr>
<tr>
<td>March</td>
<td>68</td>
</tr>
<tr>
<td>April</td>
<td>56</td>
</tr>
<tr>
<td>May</td>
<td>63</td>
</tr>
<tr>
<td>June</td>
<td>66</td>
</tr>
<tr>
<td>July</td>
<td>74</td>
</tr>
<tr>
<td>August</td>
<td>60</td>
</tr>
<tr>
<td>September</td>
<td>63</td>
</tr>
<tr>
<td>October</td>
<td>68</td>
</tr>
<tr>
<td>November</td>
<td>70</td>
</tr>
<tr>
<td>December</td>
<td>58</td>
</tr>
</tbody>
</table>

### Number of Complaints Received in 2017

<table>
<thead>
<tr>
<th>Month</th>
<th>Complaints</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jan</td>
<td>12</td>
</tr>
<tr>
<td>Feb</td>
<td>12</td>
</tr>
<tr>
<td>Mar</td>
<td>20</td>
</tr>
<tr>
<td>Apr</td>
<td>10</td>
</tr>
<tr>
<td>May</td>
<td>15</td>
</tr>
<tr>
<td>Jun</td>
<td>19</td>
</tr>
<tr>
<td>Jul</td>
<td>15</td>
</tr>
<tr>
<td>Aug</td>
<td>15</td>
</tr>
<tr>
<td>Sep</td>
<td>13</td>
</tr>
<tr>
<td>Oct</td>
<td>0</td>
</tr>
<tr>
<td>Nov</td>
<td>20</td>
</tr>
<tr>
<td>Dec</td>
<td>10</td>
</tr>
</tbody>
</table>

Complaints and Compliments

Types of complaints are outlined in the following graph. All complaints are responded to and followed up in a comprehensive and sensitive manner by the Consumer affairs team. The number of complaints received in 2017 are outlined in the following graph.
The table below outlines the written compliments received in 2017. All compliments are forwarded to the relevant departments for the attention and encouragement of staff.

<table>
<thead>
<tr>
<th>Month</th>
<th>No of Compliments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jan</td>
<td>57</td>
</tr>
<tr>
<td>Feb</td>
<td>109</td>
</tr>
<tr>
<td>Mar</td>
<td>42</td>
</tr>
<tr>
<td>Apr</td>
<td>18</td>
</tr>
<tr>
<td>May</td>
<td>36</td>
</tr>
<tr>
<td>Jun</td>
<td>134</td>
</tr>
<tr>
<td>Jul</td>
<td>83</td>
</tr>
<tr>
<td>Aug</td>
<td>40</td>
</tr>
<tr>
<td>Sep</td>
<td>54</td>
</tr>
<tr>
<td>Oct</td>
<td>57</td>
</tr>
<tr>
<td>Nov</td>
<td>40</td>
</tr>
<tr>
<td>Dec</td>
<td>64</td>
</tr>
</tbody>
</table>
CLINICAL DIRECTORATES

In 2017, the Clinical Directorate structure was further developed to include a Paediatric Directorate. Clinical Directorates provide enhanced accountability and are responsible for the management and oversight of clinical and business services in the hospital. The Clinical Directorate reports provide an overview of specialities and departments and include activity, developments and achievements in 2017. There are four Clinical Directorates:

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

The Directorate Management team includes a Clinical Lead, Business Manager and Nurse Manager supported by Speciality Consultants, Clinical Nurse Managers, Head of Departments, Technical, Secretarial, Clerical and Support teams.

Medicine and Emergency Department (ED) Directorate Report

The Medicine and Emergency Medicine Directorate was established in August 2016. The team comprising this Directorate has made great strides and made a significant contribution to the development of the Acute Floor which comprises of AMAU (Acute Medical Assessment Unit), ARC (Ambulatory Review Clinic) and Ward 4. The teams have participated in a Value Stream Analysis (VSA) and a number of Rapid Improvement Events (RIEs) which has had a positive impact on patient flow at RHM.

A broad range of services are provided. These services include Acute General Medicine, Emergency Medicine, Endocrinology, Care of the Elderly, Stroke, Respiratory, Cardiology and Gastroenterology. The service is supported by a full multidisciplinary team as well as diagnostic services. The Rehabilitation Unit, which is located on the St. Mary’s Campus is under the governance of RHM, however, the budget remains with the community.

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

The Directorate Management Team consists of:

- Dr Hilary Cronin, Clinical Lead and Clinical Director
- Ms Margaret Williams, Divisional Nurse Manager (Jan – Sept 2017)
- Ms Katherine Kenny, Divisional Nurse Manager (from Sept 2017)
- Ms Kay Slevin, Business Manager
Activity 2017
The following graphs provide the overall General Medicine inpatient and outpatient activity by month.

General Medicine Inpatient Discharges 2017
(Excl AMAU Same Day Discharges)

<table>
<thead>
<tr>
<th>Month</th>
<th>Number of Patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jan</td>
<td>504</td>
</tr>
<tr>
<td>Feb</td>
<td>433</td>
</tr>
<tr>
<td>Mar</td>
<td>510</td>
</tr>
<tr>
<td>Apr</td>
<td>454</td>
</tr>
<tr>
<td>May</td>
<td>474</td>
</tr>
<tr>
<td>Jun</td>
<td>447</td>
</tr>
<tr>
<td>Jul</td>
<td>444</td>
</tr>
<tr>
<td>Aug</td>
<td>453</td>
</tr>
<tr>
<td>Sep</td>
<td>464</td>
</tr>
<tr>
<td>Oct</td>
<td>481</td>
</tr>
<tr>
<td>Nov</td>
<td>479</td>
</tr>
<tr>
<td>Dec</td>
<td>474</td>
</tr>
</tbody>
</table>

Total 2017 Inpatient Discharges: 5,617

General Medicine Outpatient Attendances 2017

<table>
<thead>
<tr>
<th>Month</th>
<th>Number of Patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jan</td>
<td>1071</td>
</tr>
<tr>
<td>Feb</td>
<td>1125</td>
</tr>
<tr>
<td>Mar</td>
<td>1178</td>
</tr>
<tr>
<td>Apr</td>
<td>1032</td>
</tr>
<tr>
<td>May</td>
<td>1197</td>
</tr>
<tr>
<td>Jun</td>
<td>1150</td>
</tr>
<tr>
<td>Jul</td>
<td>998</td>
</tr>
<tr>
<td>Aug</td>
<td>1125</td>
</tr>
<tr>
<td>Sep</td>
<td>1087</td>
</tr>
<tr>
<td>Oct</td>
<td>1072</td>
</tr>
<tr>
<td>Nov</td>
<td>1217</td>
</tr>
<tr>
<td>Dec</td>
<td>795</td>
</tr>
</tbody>
</table>

Total 2017 General Medicine Outpatient Attendances: 13,047
The following reports outline the services, activity and developments under each Medical / ED speciality or department.

AMAU / ARC / Ward 4 (Acute Floor)
The AMAU provides acute medical assessment for specific patients referred from the Emergency Department and other agreed pathways. Patients who attend the service benefit from rapid assessment, diagnosis with the development of a treatment plan co-ordinated by a Senior Registrar. This is supported by access to diagnostic services with the aim of patient experience time being no greater than 6 hours.

Clinical Governance for the AMAU is the responsibility of the Clinical Director and is supported by Medical Consultants On Call, a designated Registrar, Clinical Nurse Manager, Divisional Nurse Manager, Nursing, Support Services and Clerical support. The AMAU/ARC Service operates Monday – Friday from 08:00 to 20:00.

The team participated in a Value Stream Analysis in May 2017, this facilitated the strategic overview and redesign of patient flow through the hospital. It resulted in the need to review the Acute Floor which had evolved over the previous 6-9 months. This led to a Rapid Improvement Event: Improving the Acute Floor (AMAU) Flow at RHM which commenced in August 2017. The 90 day report was presented in January 2018 and the team continue to monitor the department’s activity and flow at the monthly department meetings and through Mission Control.

Improvements implemented:
- Set up of two protected frail elderly cubicles on AMAU to expedite an improve care provision for this cohort of patients with a positive impact on the > 75yrs PET.
- Development of internal professional standards for acute floor interdisciplinary team
- 60% improved productivity on AMAU floor (Q1 v Q3 2017) with <6hrs PET times maintained and a more streamlined floor.
- Conversion of a space to a transition lounge to assist with flow through the department
- Flipping of the physical environment to facilitate all elements of the service on the acute floor.
- Renaming of the MAU to Ambulatory Review Clinic (ARC) with supporting documentation
- Walkover policy from ED developed dependent on individual patient need.
- Nursing staff participation in the national acute medicine foundation education programme.
- Development of an operational policy for the AMAU.
- Additional nursing hours and multitask attendant hours allocated to the department.

The team presented a poster on this work at the IEHG Summit “Adopting Lean for Healthcare Transformation 2 in December 2017.
The following table outlines performance against the National Target for 2017:

### AMAU Activity 2017

<table>
<thead>
<tr>
<th>Month</th>
<th>Jan</th>
<th>Feb</th>
<th>Mar</th>
<th>Apr</th>
<th>May</th>
<th>Jun</th>
<th>July</th>
<th>Aug</th>
<th>Sept</th>
<th>Oct</th>
<th>Nov</th>
<th>Dec</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attendances</td>
<td>98</td>
<td>73</td>
<td>97</td>
<td>93</td>
<td>121</td>
<td>87</td>
<td>133</td>
<td>149</td>
<td>154</td>
<td>164</td>
<td>148</td>
<td>107</td>
</tr>
<tr>
<td>Admissions</td>
<td>23</td>
<td>23</td>
<td>24</td>
<td>27</td>
<td>40</td>
<td>23</td>
<td>40</td>
<td>47</td>
<td>50</td>
<td>60</td>
<td>48</td>
<td>38</td>
</tr>
</tbody>
</table>

**AMAU Total Attendances 2017 = 1,424**

**AMAU Total Admissions 2017 = 443**

### National Target >75%

<table>
<thead>
<tr>
<th>Month</th>
<th>Jan</th>
<th>Feb</th>
<th>Mar</th>
<th>Apr</th>
<th>May</th>
<th>Jun</th>
<th>July</th>
<th>Aug</th>
<th>Sept</th>
<th>Oct</th>
<th>Nov</th>
<th>Dec</th>
</tr>
</thead>
<tbody>
<tr>
<td>% of Medical Patients who are discharged or admitted from AMAU within 6 hours</td>
<td>86.7%</td>
<td>87.7%</td>
<td>91.8%</td>
<td>83.5%</td>
<td>85.1%</td>
<td>89.7%</td>
<td>85.0%</td>
<td>87.2%</td>
<td>88.3%</td>
<td>88.4%</td>
<td>86.5%</td>
<td>84.1%</td>
</tr>
</tbody>
</table>
Cardiology Report

Cardiology is the study of the function of the heart which can be done through diagnostics tests such as Electro cardiology, Echo, Exercise Stress testing and Implantable Device follow up. The Cardiac Department provides supplementary diagnostic support services to the regional stroke service and respiratory medicine departments as well as local GP services.

Other associated patient management options include Angiogram and intracoronary Revascularization (i.e. stents), Cardiac Rhythm Management (Pacemaker implant, Intra-cardiac defibrillators and loop recorder implant) and surgical intervention guided by clinical decision.

The Cardiology Department was covered by locum Consultants which ensured continuity of service until the appointment of Dr Inam Khan as Cardiology Consultant Physician in January 2017.

The Population is projected to increase by 3.4 per cent with the number of old persons (65 years and over) predicted to almost double in every region. The most marked increases are likely to occur in the Mid-East (+136.5%) and Midland (+95.1%) regions placing an increasing demand on our already fully stretched service. Service development plans are included in the Service Development Strategic plan 2017-2020.

Cardiac Diagnostics

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

- Stress ECG testing
- Cardiac Echo testing
- Holter and BP Diagnostic tests

During 2017 there have been challenges in the recruitment of staff with vacancies filled through the support of the HR Department. Despite this the department has managed to process a large volume of patient examinations and participated in a Rapid Improvement Event. The department also worked with the LICC/GP Liaison group in the setting up a new GP Community Blood Pressure Scheme, where patients are being referred from hospital to community for this service. The appointment of our new Consultant Cardiologist has resulted in the introduction of new styles of work practice and the following is a summary of year on year diagnostic testing:
Activity
The following graphs detail the number of cardiac diagnostic investigations

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

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

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

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

Dermatology services at the hospital were established 15-years ago, initially with a monthly clinic. The Dermatology outpatient service is provided on a sessional basis by Dr B. Wynne and supported by nursing and administration staff.

The introduction of Hospital Groupings, in particular the Ireland East and DML groups, has led to a review of the Dermatology services across the hospital groups. The increase in the population of the midlands in 2016 has led to further demands on the Dermatology Service. Proposals for the reconfiguration of the Dermatology Service to align with Hospital Groups, address the current waiting list issues and provide a solution to meet the needs of the Dermatology population are currently under consideration.

Emergency Department Report

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

The department is led by Dr Richard Lynch and Dr Sam Kuan (Emergency Medicine Consultants) and supported by Dr Frances McCartan (Paediatric Specialist Registrar) and NCHD’s.

Nursing services are managed by Ms Maura Maguire and Ms Loretto Carroll. Administration Services are supervised by Ms Leona Sweeney.

Patients attending the Emergency department are triaged using the Manchester triage system and assessed, diagnosed, treated or referred for surgical or medical opinion.

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

As part of this Unscheduled Care Programme, the ED team have undertaken Rapid Improvement Event (RIE) Projects during 2017. With the support of the Radiology Department, the team have improved the patient experience times and significantly reduced the number of admissions for patients requiring Ultrasounds and other diagnostics. The team have worked in collaboration with Bed Management and the Laboratory Department to reduce delays and have achieved improvements in the patient’s experience times. A number of further quality improvements have been completed including the implementation of a Visual Management System (VMS) within the Emergency Department to improve patient flow within ED.
Activity 2017
The following graphs details the Emergency department attendances, age profile, triage category and admissions

ED Attendances 2016 & 2017

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

ED Activity 2017 YTD - Age Profile
Manchester Triage

Manchester triage is used to triage all patients attending the Emergency department. Patients are categorised under the following headings:

<table>
<thead>
<tr>
<th>Number</th>
<th>Name</th>
<th>Colour</th>
<th>Max time (minutes) to first contact with the treating clinician</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Immediate</td>
<td>Red</td>
<td>0</td>
</tr>
<tr>
<td>2</td>
<td>Very Urgent</td>
<td>Orange</td>
<td>10</td>
</tr>
<tr>
<td>3</td>
<td>Urgent</td>
<td>Yellow</td>
<td>60</td>
</tr>
<tr>
<td>4</td>
<td>Standard</td>
<td>Green</td>
<td>120</td>
</tr>
<tr>
<td>5</td>
<td>Non-urgent</td>
<td>Blue</td>
<td>240</td>
</tr>
</tbody>
</table>

Monthly Emergency Department admissions including patients admitted from AMAU are recorded on the graph below. There was a total of 9,842 Emergency department patients admitted in 2017.
Developments in 2016

Service improvements and developments include the following:

- Internal ED Escalation policy and action plan for departmental overcapacity
- Daily departmental "meet and greet" - risk assessment and patient flow walk-around
- Enhanced criteria based referral and transfer of patients to AMAU
- Criteria based ASAU – suitable patients for next day Surgeon review
- Extended ED cover for NCHD overnight from 2am to 8 am
- Dedicated ultrasound and Doppler slots for ED and Gynaecology
- ED Participation in multiple Rapid Improvement Events including Improving 3-2-1 PET, Value Stream Analysis, ED-Acute Care RIE, Gynaecology, Radiology RIEs
- ED Participation in Major Incident Tabletop Exercise
- Earlier access gains for ED admitted patients requiring CT scans and ultrasound following QI interventions
- Ambulance Pre-Arrival Notification Screen implemented
- Direct communication link with attending paramedic for FAST positive patients -pilot
- Dedicated phone for critical blood results
- Reduction of phone notification through review of notification criteria for critical blood results.
- Implementation of telephone Queuing System
- Additional morning support of Ward Clerk for ED tasks
- Additional ED Clerical support in the evenings to support workload and Ward Census
- Protection time for ED Clerical to complete Admissions process
- Rapid Assessment
- Visual Management Board - wider adoption
- Implementation of 24/7 ED Registrar cover in November 2017
- Development of individual patient care pathways in the interest of patient and staff safety
- Information Leaflet developed for Paediatric Nurses on eight week placements in ED
- Appointment of CNM2 for Admitted patients
- More structured staff huddles
- Improvement in record keeping / documentation of patient flow issues in ED and improvement in incident reporting
- Achieved 85% compliance in the department Health & Safety Audit
Endocrinology Report

The Diabetes and Endocrinology service is led by Prof Shu Hoashi supported by a Multi-disciplinary team of doctors, nurse specialists, dietitians and administrative staff.

The management of acute diabetic emergencies has been protocol based and includes the following:
- Management of diabetic ketoacidosis
- Management of hyperosmolar hyperglycaemic state
- Management of hypoglycaemia
- Management of the diabetic surgical patient
- Management of diabetes in pregnancy – during and after labour

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

Rapid Access Diabetes Service

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

General Diabetes Clinics

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

Young Adult Clinic

This is a remodelled clinic for patients with diabetes and other endocrine conditions Aged 16 to 25 year olds led by Prof Hoashi. These Clinics take place every second Thursday mornings
Universal Screening for Gestational Diabetes
The prevalence of gestational diabetes in Ireland is around 10% (Source ATLANTIC DIP). The condition is associated with increased adverse risks for the baby and the mother. Early treatment with lifestyle changes and insulin has been shown to lower these adverse outcomes.

This is a new screening service for detecting diabetes during pregnancy, and every pregnant woman is offered this service.

All patients tested are given the result by telephone within one week, and any person with a positive result is enrolled into the next diabetes-in-pregnancy clinic.

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

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

This is a multidisciplinary clinic led by an experienced Podiatrist, prioritising patients with complex diabetic foot disease. Nursing and diabetes medical backup is provided, with links to one of the General Surgeons in Mullingar. There is also a formal link with St James’s hospital diabetic foot service, for the most complex cases, and cases requiring vascular surgical input.

DAFNE Programme (Diabetes for Normal Eating)
The DAFNE Programme is a 5 full-day outpatient educational programme for patients with type 1 diabetes that enables expert self-management. There are 6-week, 6-month and 12-month refresher sessions for participants. The programme is delivered by a fully trained Diabetes Nurse Specialist, Senior Dietitian and Consultant Endocrinologist.

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


Presentations
Irish Endocrine Society 2017
Platform

Posters

International Conference on Integrated Care 2017 - Poster
Integrated Care in Diabetes: Impact of Email Decision Support on Community Type 2 Diabetes Service in the Midlands in Ireland. Soong EAL, Meehan S, Walsh M, Harkins V, Hoashi S.

ISQua’s 34th International Conference - Poster

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

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

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

The aim of the Stroke Service is to optimise Acute Stroke Care and Stroke Thrombolysis at the hospital and provide rapid access to CT imaging. The Stroke Team at RHM are committed to delivering high-quality, effective, compassionate care to people with Stroke, their families & carers on a daily basis. The structure of the Stroke pathway ranges from prevention, through acute care, early rehabilitation, systematic follow-up, Palliative care & long term support. The Stroke Service is led by **Prof Clare Fallon** supported by **Ms Sinead Gallagher** (Stroke CNS) and the Multi-Disciplinary Team (MDT). Referrals to the service are by way of Consultant to Consultant and Stroke Nurse review.

Thrombolysis guidelines have been developed and an Interventional Thrombectomy Referral Process to the Neuro-Radiological Department at Beaumont Hospital is in place. To support training and education, monthly DAMC HSE Ireland East Stroke Network Video Conference meetings are facilitated by the Mater Misericordiae University Hospital and chaired by Professor Sean Murphy.

Work has commenced on the development of an evidenced based swallow screening pathway for Stroke patients to ensure that all patients presenting with acute stroke to RHM receive a swallow screening by an appropriate trained healthcare professional within the National & International recommendation (IHF/ BASP ) within 4hrs of admission.

Members of the Stroke team played a key role in the HSCP RIE Project which resulted in the development and implementation of a single HSCP Common Screening and Referral Form. The team have developed Acute Stroke Care Protocol & Stroke Thrombolysis and Thrombectomy Pathways. Commencement of Stroke Survivors Support Group in May 2017 group leader for Mullingar / Longford IHF appointment.

**Achievements in 2017:**

- Poster presentation on swallow screening in Irish Heart Foundation Stroke Study Day in April 2017
- Poster and oral presentation on the implementation of outcomes of swallow screening in Nursing & Midwifery Research Day in October 2017
- Poster presentation on the implementation and outcome of swallow screening in RHM Annual Research Day, achieving first prize in June 2017
- Oral presentation on the Universal Referral and Screening at the IEHG Lean Symposium winning best innovation and collaboration award
- Stroke team held launch of stroke survivors support group in Mullingar in May 2017
- Annual Stroke Study Day for Nursing/AHPs in October 2017

**Ophthalmology Report**

The Ophthalmology department provides ophthalmic outpatient services at the hospital, Primary Care Clonbrusk, Athlone and St. Josephs Longford. The service is led by **Ms P. McGettrick, Dr S. Creaven, Dr E. Mulhall and Dr S. Bashir**. The cataract clinic is led by **Mr P. Mullaney**.

Ophthalmology services are supported by 2 Orthoptists, a Clinical Nurse Specialist, Nursing and Administration and include the following:

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

Palliative Medicine Report

The Palliative Care Service is both hospital and community-based and is led by Dr Michael Cushen and Dr Pauline Kane (Consultants in Palliative Medicine). Dr Pauline Kane joined the Palliative Care Team in 2017. Dr Kane has a 19 hour commitment to the hospital where she is supported by the Palliative Care CNS Ms Caroline Gettings. The Palliative Care Service provides an advisory service to the medical and nursing staff to enable the holistic assessment and management of patients’ needs where they have chronic progressive conditions and a limited prognosis. The Palliative Care Service also supports the medical and nursing staff to provide excellent end-of-life care. The Palliative Care Service is supported by administration and provides ward based and opportunistic education to the multi-disciplinary teams providing care to these patients.

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

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

Respiratory Medicine Report

The respiratory department is led by Dr Mark Sheehy and Dr Senan Glynn (Consultants in Respiratory Medicine) supported by medical team, clinical nurse specialists, pulmonary function physiologists and administration staff. The respiratory department provides a holistic service to respiratory, both inpatients and outpatients. The service provided includes the assessment and treatment of various respiratory conditions such as asthma, COPD, pulmonary fibrosis, tuberculosis and lung cancer.

The regional respiratory services includes the following services
>
Asthma – diagnosis and management of asthma at 2 outpatient clinics per week and 4 daily nurse led clinics run by CNS Eileen Byrne and CNS Ann Tooher
>
Specialised Asthma Clinic – CNS Anne Tooher runs a fortnightly nurse led Olamizamub (Xolair) clinic for severe asthmatics. Patients receive biologic treatment sub cutaneous omalizamub (xolair)
>
COPD – diagnosis and management of COPD patients in outpatients. This is provided by our two-consultant led outpatient clinics per week and by the 4-respiratory nurse led clinics
>
Lung cancer – assessment and diagnosis of lung cancer patients (approx 80-90/year confirmed diagnoses with 412 attendances (in 2015-16) at 2 rapid access clinics held on Monday and Thursday afternoons. This service is linked via a weekly video MDT meeting with the lung cancer service at St James’s Hospital
Pulmonary Outreach
The Pulmonary outreach provided a community based service supporting early discharge of COPD patients from the hospital. In addition, the outreach service delivers pulmonary rehabilitation classes for respiratory patients in Mullingar, Longford and Athlone. Respiratory patients commencing on home oxygen and non-invasive ventilation are supported on an inpatient basis.

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

Under the Capital Replacement funding scheme 3 x New Medisoft Pulmonary Function Equipment stations were installed at the end of November 2016/early 2017. This is an increase in testing capacity from 2 stations now to 3 testing stations. Additional services with this equipment include indirect calorimetry, fractional expired nitric oxide (FENO), non invasive cardiac output measurements & 2 handheld tablet Spirometers for use on patients in ward isolation, research, Spirometry training days & public awareness days. An additional room was allocated in Sept 2017 to the department which now allows complete sleep setup and removal of equipment within the Sleep Office.

Research carried out in the department include Long-Term Compliance Rates to Continuous Positive Airway Pressure in Obstructive Sleep Apnoea - 73% of patients that started on CPAP therapy from 2004-2016 are compliant in Mullingar Sleep Laboratory –JHarlin BSc in Clinical Measurement Science 2017

Activity
The following graph outlines the pulmonary function and sleep lab activity 2004 – 2017
Peri-Operative & Radiology Directorate Report

The Peri-Operative Directorate focuses on the surgical patient process from outpatients and the Emergency Department through to discharge and follow up. In 2017 The Directorate incorporated the Radiology Department into the directorate and all departments have had a busy year and delivered high quality services.

The Directorate Consultants, Nursing, Allied Health and support staff worked together to deliver safe surgical care and improved governance, quality and safety structures across the Directorate.

The Peri-Operative Directorate Management team consists of

- Dr Grace Donnelly, Clinical Director, Peri-Operative Clinical Lead (to August 2017)
- Mr Des Toomey, Clinical Lead (from August 2017)
- Ms Clare Conway, Nurse Manager
- Ms Yvonne Kane, Business Manager

The Directorate would like to acknowledge the contribution of Dr Grace Donnelly and wish her every success in her new position in Beaumont Hospital

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

Anaesthetic Services Report

The Anaesthesia Department has a staffing compliment of 5 Consultant Anaesthetists, Dr G Donnelly, Dr A Bergin, Dr R Charles, Dr M Faheem and Dr M Farooq.

Three of the Consultant Anaesthetists are fellows of the Joint Faculty of Intensive Care Faculty of Ireland. The department has 11 NCHD’s (9 Registrars, 2 SHOs).

A range of services are provided on a 24-hour basis and include the following

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

Adult Clinical Anaesthesia Activity

The following table details the Adult Anaesthesia activity 2012 – 2016:
Paediatric Clinical Anaesthesia Activity

The following table details the Adult Anaesthesia activity 2012 – 2016:

<table>
<thead>
<tr>
<th>Data sourced from HIPE, 2017 data not fully coded</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age 0-15 years</td>
</tr>
<tr>
<td>Total Anaesthesia Cases</td>
</tr>
<tr>
<td>526</td>
</tr>
<tr>
<td>Cases &lt;1 year</td>
</tr>
<tr>
<td>5</td>
</tr>
<tr>
<td>Cases &gt;1 year &amp; &lt;5 years</td>
</tr>
<tr>
<td>166</td>
</tr>
<tr>
<td>Cases &gt;5 years</td>
</tr>
<tr>
<td>355</td>
</tr>
<tr>
<td>General Surgery</td>
</tr>
<tr>
<td>486</td>
</tr>
<tr>
<td>Day Cases</td>
</tr>
<tr>
<td>230</td>
</tr>
</tbody>
</table>

Education and Training

The Anaesthesia department are included in the College of Anaesthetist Trainee rotation scheme with two NCHDs currently on rotation from the scheme. Three of our current Anaesthetic SHOs are Foundation Year in Anaesthesia recognised by the College of Anaesthetist (only two hospitals in Ireland have the Foundation year in Anaesthesia Regional Hospital Mullingar being one of them)
The Anaesthetic Department matches a large service delivery with ongoing quality educational endeavour. Onsite educational activity for NCHD’s includes:

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

**Consultant & NCHD Training**

- ACLS Training - Dr. Bergin, Dr. Faheem and Dr. Farooq coordinate ongoing ACLS training
- APLS Training – Dr. Charles coordinates ongoing training for the Department
- Early Warning Score Training – Dr. Faheem regularly coordinates training for NCHDs
- EPA (Entrustable Professional Activity) launched by College of Anaesthetists – training has been completed and targets of 4 EPA’s completed before end of December 2017

**Examinations**

Dr. Farooq and Dr. Faheem Consultant Anaesthetists have invigilated for the College of Anaesthetists MCAI & FCAI exams and examination courses

**Nurse Training & Education** - Airway and regional Anaesthesia Workshop facilitated by Dr. Farooq & Dr. Faheem

Department of Anaesthesia is currently facilitating medical students from Maastricht University as part of their curriculum. In addition, there are department tutorials, didactic or guest lectures, case presentations, journal club, Sim lab training, Airway refresher training, M and M meetings, Grand Rounds and ICU Grand Rounds.

**Clinical Care Programme for Anaesthesia**

The RHM participate in the National Clinical Programme for Anaesthesia and aim to implement the model of care to maximise peri-operative service delivery and improve patient experience. Expansion of Pre-Assessment service was approved in December 2017 and is led by Dr A Bergin. This involved review and restructuring of current nurse led service and setting up of nurse lead virtual clinics and telephone assessments to provide the most appropriate pre op assessment based on the patients details and medical conditions

**Audits 2017**

- Audits Presented in College of Anaesthetist Meetings include:
  - Percutaneous Tracheostomy
  - Therapeutic Hypothermia
  - Pain Buster

Department of Anaesthesia also participated in Multinational ICU Audit organised by the European Society of Intensive Care Medicine. (ESICM) WEAN- SAFE Audit.

**Research 2017**

A Randomised control trial of surgically guided regional anaesthesia was completed in 2017
CSSD Report
CSSD (Central Sterile Supply Department) is an integrated unit that performs sterilization and decontamination processes on medical devices, equipment and consumables for subsequent use by health workers in the operating theatres and also for other aseptic procedures e.g. catheterization, wound stitching and bandaging in a medical, surgical, maternity or paediatric area.

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

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

A Decontamination Committee was re-established in 2016 to include the CSSD Nurse Manager. The main function of the committee is to monitor, control and improve local decontamination of reusable invasive medical devices in line with HSE Standards and Recommended Practices. The Peri Operative Directorate will work on the challenges in our Decontamination services with the required updating of our current infrastructure and the requirement of the Decontamination Lead.

The unit is managed by Ms Mary Devaney CNMII and supported by two general operatives and the unit is open from 8 a.m. to 5 p.m. The unit services three theatre lists on a daily basis, Minor procedures as well as other points of care such as Radiology, Dermatology and Ophthalmic Outpatient Clinics.

Ms Mary Devaney retired for her position in December 2017. The Hospital Management and her colleagues would like to express appreciation for all her work and wish her a very happy retirement.

Day Unit Report
The Day ward is located on the Second Floor (Level C) of the Regional Hospital Mullingar and is currently operating with 20 – 24 trolleys.

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

The Endoscopy unit is located within the Day ward. The Endoscopy lead is Dr Murat Kirca, Consultant Gastroenterologist.

There are five Consultant Surgeons and three Consultant Obstetrician/Gynaecologists who plan and manage their Day Ward activity with a designated trolley allocation. The unit is managed by Ms Laura McCauley and Ms Elizabeth Daly supported by nursing and support staff.

Congratulations to Laura on her appointment as CNMII.
Activity
In 2017, there were 10,158 Day Case procedures (including endoscopy) carried out, placing this activity as a very productive Model 3 Hospital Day Ward.

Achievements 2017

IEHG Transformation Framework Programme
Project Scope: To maximize efficiency and patient flow and improve patient and staff experience on our Day Ward, Endoscopy Unit & ASAU. The following improvements have been achieved:

- Review current patient pathways to and from Day Ward/Endoscopy/ASAU to achieve a standardised and more streamlined approach.
- Improved patient and staff experience.
- Standardised and transparent booking scheduled.
- Staggered Admission times of Endoscopy Patients have been introduced.
- Standardised admission sheet for Endoscopy Patients has been implemented resulting in reduction in nursing admission time.
- Standardised Theatre List Template introduced to identify patients for admission rather than returning to Day Ward
- Day Ward Patient Information Leaflet developed.
Gastroenterology and Endoscopy Unit Report
The Endoscopy Unit operates within the Day Procedure Unit on Level C and provides a comprehensive therapeutic and diagnostic endoscopy service for day and inpatients attending the hospital. The Endoscopy Clinical Lead is Dr Murat Kirca, Consultant Gastroenterologist.

The Endoscopy Unit consists of a combined Day Ward Waiting Room/Admissions Office, two procedure rooms, a doctor’s office and a decontamination facility. Patients are accommodated on the Day Ward pre-and-post-procedure.

There is mixed medical and surgical service provision. The Endoscopy service has up to 20 available sessions per week through two rooms. An emergency out-of-hours Endoscopy Service is provided by General Theatre on-call staff.

Patients access this service through outpatient/inpatient referrals or through GP referral/direct referral. The function of the department is the provision of all therapeutic and diagnostic endoscopy procedures for day patients and in-patients attending the hospital.

National Endoscopy Programme
The National Endoscopy Programme was established by HSE Acute Hospitals Division in 2016 to coordinate a number of activities related to improving endoscopy services. Dr Chris Steele has recently been appointed to the role of National Clinical Lead for Endoscopy to lead a number of projects and service developments. The National Endoscopy Capacity-Demand Study is a core aspect of this work.

Activity
The Endoscopy unit achieved 100% compliance for urgent referrals and 91.6% for routine referrals. The graph below outlines the total Endoscopy activity in 2014, 2015, 2016 & 2017

![Total Endoscopy Activity Graph]
Achievements 2017

- **Endoscopy Decontamination Refurbishment Project** included installation of new washers and pass through system to and from Endoscopy. This project was run over a number of weeks and was one of the largest projects for this hospital in 2017. This project required significant design, tender and procurement work and expertise and was project managed by HSE Estates. The equipment and capital funding was provided under the National Equipment Replacement programme. This newly refurbished facility supports safe decontamination practices, develops capability and minimise the rise of healthcare associated infections thus ensuring compliance with National Standards.

- **National Endoscopy Track & Trace System** was implemented in July 2017. The system tracks instrumentation through the decontamination lifecycle and links this information to the individual patient. The system provides key quality assurance data with patient safety as the core objective for project implementation.

- **National Quality Improvement Programme.** The Endoscopy Unit commenced participation in December 2017. Data is collected and submitted quarterly to the national Quality Assurance Information System for reporting and analysis.

- Improved processes within the Endoscopy Decontamination Department to reduce costs and improve efficiencies in the day to day running of the Unit.

- Revised admission documentation for Endoscopy Patient to improve patient flow and eliminate waste of duplicate admissions.

Photo – Jarleth Heduwan in the new decontamination unit
General Surgery Report
The Department of Surgery has 5 Consultant Surgeons, Mr S Mansoor, Mr D Buckley, Mr T Ejaz, Mr D Toomey and Mr H Elsheikh with one dual appointment with Mater hospital specialising in colorectal surgery. The Consultant Surgeons are supported by a surgical SpR and NCHD’s.

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

National Clinical Care Programme in Surgery
The National Clinical Programme in Surgery is focusing on the benefits of day surgery where clinically appropriate. Day surgery and Day-of-surgery admission can make a significant contribution to increasing surgical throughput. It is also of great benefit to the patient, reducing the length of stay in hospital and eliminating the risk of hospital acquired infections.

Activity
The following graph outlines the monthly surgical discharges and day cases in 2017
The efficiency of the surgical department is outlined in the consistent achievement with length of stay national targets.

Total 2017 General Surgery Day Cases 3,953
UCD Research Project
The UCD School of Nursing, Midwifery and Health Systems Co Lead Project - has embarked on a five year programme of research on Collective Leadership and Safe Cultures in collaboration with Ireland East Hospital Group. Regional Hospital Mullingar Surgical Team has been selected as one of four teams in the IEHG to test the collective leadership model. The programme will focus on safety culture and will work on implementing a tool kit of interventions to improve team performance through collective leadership. Our team will be working with the UCD research team on this collective leadership model of care in 2018.

Photo – Members of the Surgical Co-Lead team

L-R, Standing: Dr Fabian Wehramann, Surgical SHO, Veronica Cleary, HCA, John Reilly, MTA, Doloures Dalton, CNM 11, Clare Conway, DNM, Sandra Moloy, Staff Nurse, Seated: Aoife O’Hara, Physiotherapist, Michelle Dolan, Staff Nurse, Yvonne Kane, Business Manager Peri-Operative Directorate

Achievements 2017
- Improved discharge process following completion of training in Lean methodology by the Surgical 1 Ward Team
- Streamlined access into ERCP and EUS in the Mater Hospital resulting in improved patient experience time and reduced bed days

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

Audit 2017
The surgery department also participates in Audit and during 2017 completed the following
- A 2 year audit of surgical paediatric admissions was completed in 2017
- Patient satisfaction audit on wound dressing
Development Plan for 2018
The Directorate is currently planning for the establishment of an Acute Surgical Assessment Unit (ASAU) to efficiently and effectively provide a fast track route for patients presenting to the hospital with acute surgical and urological symptoms.

Critical Care Unit (ICU / CCU) Report
The hospital has a 6-bedded Critical Care Unit that is managed under the governance of the Anaesthesia Department. It is a consultant delivered service, where a consultant is rostered to the Unit on a daily basis. Nursing care is led by Ms Jane Barker, CNMII. There is a defined admission and discharge policy and the patient care package ensures that all patients are seen by the Intensive Care Consultant at least 3 times during the day. There is a Microbiology round with the Regional Consultant Microbiologist twice weekly with phone consult availability.

Future capital project developments include replacement of ICU facilities and Theatre facilities.

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

Data sourced from HIPE, 2017 data not fully coded

<table>
<thead>
<tr>
<th>ICU Audit</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Admissions</td>
<td>387</td>
<td>344</td>
<td>343</td>
<td>388</td>
</tr>
<tr>
<td>Ventilated</td>
<td>96 (24%)</td>
<td>84 (24.4%)</td>
<td>82 (24%)</td>
<td>73 (18.8%)</td>
</tr>
<tr>
<td>NIPPY</td>
<td>16 (4%)</td>
<td>13 (3.77%)</td>
<td>13 (3.8%)</td>
<td>21 (5.4%)</td>
</tr>
<tr>
<td>CRRT</td>
<td>11 (2%)</td>
<td>15 (4.3%)</td>
<td>12 (3.5%)</td>
<td>10 (2.6%)</td>
</tr>
<tr>
<td>Perc Trachy</td>
<td></td>
<td>19 (5.5%)</td>
<td>21 (6%)</td>
<td>6 (1.5%)</td>
</tr>
<tr>
<td>Deaths</td>
<td>43 (11%)</td>
<td>21 (6.1%)</td>
<td>17 (5%)</td>
<td>23 (5.9%)</td>
</tr>
</tbody>
</table>

Orthopaedic Report
Emergency orthopaedic and trauma presentations are stabilised in the Emergency Department and transferred to Midlands Regional Hospital Tullamore Orthopaedic department.

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

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

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

The Theatre Nursing services are led by Ms K. Taaffe Smith CNMII and have a core nursing compliment of 22 WTE’s and 3 general operatives.

Activity

The following table outlines the Theatre activity in 2017.

Data sourced from HIPE, 2017 data not fully coded.

<table>
<thead>
<tr>
<th>Year</th>
<th>Total No</th>
<th>No of Emergency Cases</th>
<th>Cases OT1</th>
<th>Cases OT2</th>
<th>Cases OT3</th>
<th>Walk-in Cases</th>
<th>Emergency Out of Hours Endoscopy &amp; Other Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>2016 Annual</td>
<td>4847</td>
<td>1871</td>
<td>1537</td>
<td>1216</td>
<td>1717</td>
<td>756</td>
<td>84</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2017 Annual</td>
<td>5076</td>
<td>1661</td>
<td>1471</td>
<td>1068</td>
<td>1552</td>
<td>896</td>
<td>89</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Achievements 2017

- Implementation of AIRVO Nasal High Flow therapy for patients
- Procurement of 2 new Electrosurgical Generators
- Upgrade of Laparoscopic surgery RIMD (reusable invasive medical devices) sets.
- Participation in live PPH (post partum hemorrhage) drill
- Introduction of commercially prepared pre-filled emergency drugs for anesthetic provider use

Audit

A General Surgery Consumable Cost Savings Audit was completed in Theatre and cost savings identify
Radiology Department
The Radiology Department of the Regional Hospital Mullingar includes two satellite units (Longford and Athlone) and is fully licensed by the Environmental Protection Agency, to perform medical examinations using ionising radiation, under the terms of the Radiological Protection Act, 1991. The Radiology Service is led by a team of four consultant radiologists Dr H Logan, Dr J Slattery, Dr Nazia Amir, Dr Maria Jarnakova.

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

The radiology services are managed by a team of radiographers led by Mr Andrew Kiely (Radiology Manager), with patient care and support provided by nursing, administration and support staff.

All of the radiography staff of this Radiology Department at Regional Hospital Mullingar are state registered with CORU, under the Health and Social Care Professionals Act, 2005. The radiography staff must conform, at all times, to the Code of Professional Conduct and Ethics, as outlined on the registration board website, http://coru.ie/uploads/documents/RRB_Code_of_Professional_Conduct_and_Ethics.pdf

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

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

Invasive service includes:
- CT guided Lung nodule biopsy
- US guided FNA thyroid nodules/cysts
- Insertion of drains
- PICC lines
- PEG tubes

The Consultant Radiologists also provide an advisory weekly MDT service in medicine, paediatrics and surgery which is integral to best practice.

Radiology services include emergency, elective and urgent care (including 24/7 access to CT), and a regional stroke service. Regional radiology units in Primary care, Athlone and Longford provide general radiology and direct GP access to ultrasound in Athlone.
Activity 2017
Service activity continues to increase, with an additional 631 examinations performed in comparison to 2016.

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

Achievements in 2017

- Athlone Primary Care Centre was awarded Radiology Department of the Year 2017, by the Irish Institute of Radiographers.
- A second Radiographer/Sonographer has been assigned to the Athlone Satellite Unit, to ensure that the GP Direct Access ultrasound service is available 5 days a week, 52 weeks a year
- Extension of Cardiac CT service (now averaging 6 studies per week)
- Extension of Virtual Colonography CT service (now averaging 6 studies per week)
- Continued adherence to national standard on Report Turnaround times
- Training of additional ultrasound resources in Radiology and Obstetric Department with two midwife sonographers assisted by the Radiology Department completing their ultrasound training, in conjunction with University College Dublin, to provide obstetric scanning services to the Women's Health Unit
- One Radiographer has completed 1 year of training in medical ultrasound to maintain and expand the high demand ultrasound service
- Interventional Radiology continues to expand, with Ultrasound/CT Guided Biopsy studies continuing to increase
Service Improvement

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

Planned Developments and Improvements 2018

The planned developments for 2018 include the following:

- MRI Suite planning and submission for major capital funding
- Expansion of anomaly scanning
- Transfer of Athlone and Longford Radiology service staff and budget to the RHM
- Training and development of staff for quality assurance
- Roll out of GP Ultrasound Direct Access Primary Care model to Mullingar and Longford
- Introduction of a dedicated Medical Physics support structure, in cooperation with the Mater Hospital
- Implementation of the Basic Safety Standards Directive, to ensure the highest standards of radiation protection to staff, patients and the general public
- Continued monitoring of the Rapid Improvement Event initiatives to ensure full compliance throughout 2018.

Congratulations to the Radiology Staff Athlone Primary Care, Clonbrusk on achieving Medray/IIRRT 2017 department of the year award. This service is an excellent example of Hospital and Community Integrated care. Photo L-R: Ms Theresa O’Donovan, President of the IIRRT, Ms Roseanne O’Hara, Senior Radiographer, Ms Niamh Sheffield, Senior Radiographer, Ms Slobhan Crowley, Medray
Women's Health Directorate Report

In October 2017 the former Women’s and Children’s Directorate was renamed the Women’s Health Directorate following the formation of the separate Paediatric Directorate. The Special Care Baby Unit (SCBU) remained under the management of the Women’s Health Directorate.

The Directorate is managed by

- Dr Sam Thomas, Clinical Lead
- Ms Marie Corbett, Director of Nursing
- Mr Danny Connaughton, Business Manager

The Obstetrics and Gynaecology Department is currently staffed by 4 Consultant Obstetrician and Gynaecologist, Dr Sam Thomas, Prof Michael Gannon, Dr Nandini Ravikumar and Dr Majda Almshwyt and provides ante-natal, delivery, post-natal and gynaecological care to thousands of women each year from Longford and Westmeath with the largest portion of women cared for from these 2 counties. There are however a sizeable number of women from the counties of Offaly, Meath, Cavan, Leitrim and Kildare who each year avail of the services offered by the department.

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

The Obstetrics and Gynaecology team consists of a team of doctors, nurses, clinical nurse specialists, healthcare assistants, multitask attendants and clerical staff who are all dedicated to providing a high level of quality care to patients who use the service each day

Antenatal/Gynaecology Ward
In patient care is provided for Mothers who have been diagnosed with Ectopic Pregnancy, Stillbirth or Miscarriage along with mothers admitted for induction of labour. We also provide care of mothers with pregnancy related illness such as Antepartum Haemorrhage, Hypertension, Intrauterine Growth Retardation, Pre-Eclampsia, Eclampsia, Maternal Sepsis and Stabilization of Gestational Diabetic mothers.

We also provide care for women following routine Gynaecological Surgery.

Labour Ward
Care is provided for Mother and baby in the labour and in high risk pregnancies. We also provide management of obstetrical emergencies in line with best practice guidelines.

Post Natal Ward
Care is provided for Mothers following their delivery while care is also provided for Mothers with PET, Mothers with Diabetes (Type 1 and Type 2 Gestational), Mothers with high BMI and Mothers with drug misuse issues.

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

Activity
The following table outlines the gynaecology inpatient discharges for 2017
Gynaecology procedures are also carried out as day cases. The number of day cases is outlined in the graph below.

**Gynaecology Day Case Activity - 2017**

<table>
<thead>
<tr>
<th>Month</th>
<th>January</th>
<th>February</th>
<th>March</th>
<th>April</th>
<th>May</th>
<th>June</th>
<th>July</th>
<th>August</th>
<th>September</th>
<th>October</th>
<th>November</th>
<th>December</th>
</tr>
</thead>
<tbody>
<tr>
<td>2017</td>
<td>72</td>
<td>94</td>
<td>79</td>
<td>90</td>
<td>94</td>
<td>77</td>
<td>77</td>
<td>81</td>
<td>75</td>
<td>79</td>
<td>59</td>
<td></td>
</tr>
</tbody>
</table>

Total 2017 Gynaecology Day Cases: 950

**Gynaecology Inpatient Discharges - 2017**

<table>
<thead>
<tr>
<th>Month</th>
<th>January</th>
<th>February</th>
<th>March</th>
<th>April</th>
<th>May</th>
<th>June</th>
<th>July</th>
<th>August</th>
<th>September</th>
<th>October</th>
<th>November</th>
<th>December</th>
</tr>
</thead>
<tbody>
<tr>
<td>2017</td>
<td>47</td>
<td>46</td>
<td>51</td>
<td>62</td>
<td>52</td>
<td>48</td>
<td>46</td>
<td>29</td>
<td>40</td>
<td>41</td>
<td>57</td>
<td>44</td>
</tr>
</tbody>
</table>

Total 2017 Gynaecology Inpatient Discharges: 563
Activity 2017
The following graph provides the number of births per month in comparison to 2016 and 2017.

Total 2017 Births
2114

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

Total Types of Deliveries 2017:
SVD = 1144
CS = 706
VAC = 165
FORCEPS = 71
Assist Breech = 6
The obstetric inpatient discharges and day case activity is detailed below:

### Obstetric Inpatient Discharges - 2017

![Bar chart showing the number of obstetric inpatient discharges by month in 2017. The total is 6,385.]

### Obstetric Day Case Activity - 2017

![Bar chart showing the number of obstetric day cases by month in 2017. The total is 1,626.]

Total 2017 Obstetric Inpatient Discharges: 6,385
Total 2017 Obstetric Day Cases: 1,626
Day Service
The Women’s Health Unit located in the Willow Unit on Level C provides services as follows:
- Early Pregnancy Unit every Monday/Wednesday/Friday from 8:30am to 2:00pm,
- Foetal Assessment Unit - Monday/Tuesday/Thursday/Friday from 2:00pm to 5:00pm;
- Early Booking Clinic every Tuesday and Thursday from 9:00am to 1:00pm and Wednesday from 1:30pm to 4:30pm; Obstetrics Pre-screening ;
- Urodynamics;
- Thoughts – Before and after Birth Service.

Activity
The following graphs detail the activity in EPU and FAU and 2016 & 2017

### Early Pregnancy Unit 2016/2017

<table>
<thead>
<tr>
<th>Month</th>
<th>2016</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jan</td>
<td>187</td>
<td>180</td>
</tr>
<tr>
<td>Feb</td>
<td>217</td>
<td>190</td>
</tr>
<tr>
<td>Mar</td>
<td>189</td>
<td>218</td>
</tr>
<tr>
<td>Apr</td>
<td>174</td>
<td>181</td>
</tr>
<tr>
<td>May</td>
<td>167</td>
<td>227</td>
</tr>
<tr>
<td>Jun</td>
<td>221</td>
<td>201</td>
</tr>
<tr>
<td>Jul</td>
<td>184</td>
<td>210</td>
</tr>
<tr>
<td>Aug</td>
<td>194</td>
<td>205</td>
</tr>
<tr>
<td>Sept</td>
<td>146</td>
<td>205</td>
</tr>
<tr>
<td>Oct</td>
<td>170</td>
<td>225</td>
</tr>
<tr>
<td>Nov</td>
<td>162</td>
<td>236</td>
</tr>
<tr>
<td>Dec</td>
<td>144</td>
<td>210</td>
</tr>
</tbody>
</table>

Total 2017 Early Pregnancy Unit 2,488

### Fetal Assessment Unit 2016/2017

<table>
<thead>
<tr>
<th>Month</th>
<th>2016</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jan</td>
<td>145</td>
<td>140</td>
</tr>
<tr>
<td>Feb</td>
<td>137</td>
<td>119</td>
</tr>
<tr>
<td>Mar</td>
<td>165</td>
<td>106</td>
</tr>
<tr>
<td>Apr</td>
<td>131</td>
<td>129</td>
</tr>
<tr>
<td>May</td>
<td>143</td>
<td>101</td>
</tr>
<tr>
<td>Jun</td>
<td>131</td>
<td>143</td>
</tr>
<tr>
<td>Jul</td>
<td>114</td>
<td>98</td>
</tr>
<tr>
<td>Aug</td>
<td>123</td>
<td>114</td>
</tr>
<tr>
<td>Sept</td>
<td>182</td>
<td>118</td>
</tr>
<tr>
<td>Oct</td>
<td>114</td>
<td>126</td>
</tr>
<tr>
<td>Nov</td>
<td>147</td>
<td>102</td>
</tr>
<tr>
<td>Dec</td>
<td>112</td>
<td>119</td>
</tr>
</tbody>
</table>

Total 2017 Fetal Assessment Unit 2,488
Outpatient Clinics
An average 11 Consultant led outpatient clinics are held each week. These clinics are held at RHM, St Joseph’s Longford and RMRH Tullamore. In addition there are 2 Midwife Led clinics operated in the hospital each week.

Developments 2017
During 2017 there were a number of developments within the Obstetrics & Gynaecology Department and SCBU as outlined below:

- Introduction of a Post Dates Assessment service to increase rates of spontaneous labour and decrease rate of caesarean section among patients having their first baby.
- In June a Home from Home Room was developed in the Delivery Unit from one of the existing delivery suites to promote normalised labour and delivery for women.
- Completion of Rapid Improvement Event on Pathway of Gynaecological Patients and Pregnant Patients <20 weeks gestation presenting to the Emergency Department.
- Introduction of Wound Care Leaflet for post Caesarean Section Patients.
- Introduction of daily Multidisciplinary Team meeting at 9 am in the Labour Ward attended by Medical team and CNM.
- Introduction of HOPSCOTCH pathway to support normal labour and result in less intervention.
- Celebration of International Day of the Midwife to the staff and public in May 2017.
- Establishment of Bereavement committee to review accommodation for parents.
- On-going audit of ISBAR Handover Tool and IMEWS in the Post natal ward.
- Roll out of the Bereavement standards to all staff continues.

Photo Lt to Rt: S/M Pauline Gaffney Quinn, Ceppie Lyster, CMNI Marian Hurley, CSF Martha Murtagh, S/M Caroline Fox, DOM Marie Corbett.
Developments 2017 Continued
- Update of information leaflet for parents of premature babies
- Audit of babies temperature on admission to SCBU
- Staff Nurses engaged in Paediatric Life Support training and Neonatal care update of skills and training
- Intern Led Pre Screening Clinic expanded to all Obstetric Consultants
- Introduction of Video Doc for EPU attendees
- Introduction of Rapid Assessment tool for Venous Thromboprophylaxis at Booking

Service Improvement RIE
Review and Redesign of Gynaecology Pathway Project:
Project Scope: To develop Pathway for Gynaecological Patients and Pregnant Patient < 20 weeks Gestation presenting to ED from initial attendance to admission/discharge decision. The following improvements have been achieved:
- A defined pathway has been developed for all Obstetrics/Gynaecology Patients attending Emergency Department
- Dedicated “next day” Ultrasound slot for appropriate patient – avoidance of unnecessary admission
- Senior Decision making in ED for patients
- Audit on documentation within the ED
- Audit on EPU attendances – looking at numbers/referral/tests

Special Care Baby Unit (SCBU) Report
The Special Care Baby Unit is a 5 cot unit located on Level B, West Wing. The unit aims to:
- Provide a high standard of holistic care for unwell and premature infants
- To ensure all care is individualistic and developmentary supportive for each infant so that they achieve their maximum potential
- Provide support to parents and families by their involvement in their baby’s

Activity 2017
Our Special Care Baby Unit showed an increase in admissions in 2017 of 10.1% when compared to 2016 with 303 admissions in 2017.

**SCBU Admissions 2017**

<table>
<thead>
<tr>
<th>Month</th>
<th>Jan</th>
<th>Feb</th>
<th>Mar</th>
<th>Apr</th>
<th>May</th>
<th>Jun</th>
<th>Jul</th>
<th>Aug</th>
<th>Sep</th>
<th>Oct</th>
<th>Nov</th>
<th>Dec</th>
</tr>
</thead>
<tbody>
<tr>
<td>Value</td>
<td>10</td>
<td>26</td>
<td>25</td>
<td>27</td>
<td>31</td>
<td>25</td>
<td>23</td>
<td>23</td>
<td>28</td>
<td>31</td>
<td>30</td>
<td></td>
</tr>
</tbody>
</table>

Total 2017 SCBU Admissions 303
**Staff Achievements 2017**

Congratulations to the following staff on their achievements

- Ms. Marie Corbett was appointed Director of Midwifery in October 2017
- Ms. Denise McGrath and Ms. Elizabeth McGovern completed the MSc In Obstetric Sonography in UCD/NMH
- Ms Gemma Gannon, CMM 2 Women’s Health Unit appointed to NMBI National Midwives Committee
- Ms Shaunaigh Doran completing Masters in Midwifery Practice
- Ms Fiona Toolan completing Masters in Clinical Leadership
- Ms Anne McKeon, from OPD completing Masters in Clinical Dermatology
- Ms. Eileen O’Heney SN SCBU completed Certificate in Neonatal Intensive Care
- Ms. Dympna Wynne CNM1 SCBU completed Neonatal Resuscitation Programme Instructors Course.

**Objectives of the Women’s Health Directorate 2018**

- Approval for an increase in the number of Consultant Obstetrician and Gynaecologists to 6
- Development of Bereavement Suite in line with National Standards for Bereavement Care following Pregnancy Loss
- To examine establishment of High Dependency Obstetrical Observation Unit at Ward level
- To continue roll out of National Maternity Strategy through the introduction of a full Booking Clinic and Anomaly Scanning Service for women attending Regional Hospital Mullingar.
- Expansion of the current Midwife Led Clinics along with the introduction of the Domino Service
- Introduction of a Gynae Assessment Unit
- Recruitment of Social Worker
- Securing Blood Gas Analyser for location in Theatre for assisting in resuscitation cases

**Publications 2017**

**Twin reversed arterial perfusion (TRAP) sequence- a rare entity** – Oral presentation by Denise McGrath at BMUS Conference Cheltenham England 6th-8th December 2017

Publication of the following on the Women’s Health Unit:

1. Patient Information on Methotrexate Management of Ectopic Pregnancies
2. New Guideline on Referral Criteria for Fetal Assessment Unit

**Sexual Assault Treatment Unit (SATU) Report**

The Sexual Assault Treatment Unit is hospital funded and located at the Regional Hospital Mullingar (RHM). It is available on a 24/7 basis with full time nursing staff providing the service from 0800-2100 hrs Monday – Friday as forensic clinical examiners. At night time & weekends, the service is provided by on call staff including the full time nursing staff.

The service provides holistic, responsive and patient focused care for women and men aged 14-years and older, who have experienced sexual crime. The SATU at RHM addresses the medical, psychological and forensic needs of every patient, regardless of the reporting time frame. The SATU service in Ireland nationally consists of 6 regional specialist services. This is the only SATU service available in the Ireland East Hospital Group and in 2017, the second busiest SATU in the country. Last year the SATU received referrals from 20 different counties.
Activity 2017
The following graph details the new attendance by month.

SATU attendances to December 31st 2017 are as follows – Total New Patients =174 (this represents a 25% increase on 2016) Total Return Patients =100 (see graph below)

Standards and KPI’s

The interagency nature of these guidelines enables consistent provision of high quality care at all stages of the journey, regardless of the circumstances of the incident or the person’s involvement with criminal justice agencies. Clearly defined referral pathways exist so that female and male patients can access appropriate individualized care that is responsive to their needs.
Developments 2017

- On-going implementation and evaluation of National SATU initiatives such as Option 3 (Collection & Storage of Forensic Evidence without Immediate Reporting to An Garda Síochána).
- Accreditation & registration of Debbie Marshall as Registered Advanced Nurse Practitioner (RANP) in Sexual Assault Forensic Examination & Sexual Health. This post is the first of its kind in Ireland & meets the required academic, clinical & professional standards supporting national policy direction for role expansion of nurses/midwives promoting quality patient care.
- Inputting of SATU Mullingar data to new National SATU Database with linkage to nationally agreed KPI.
- Continued engagement in peer review on a one to one, local and national level.
- Co-editor of National SATU Publication, The SAFEWAY.
- Multi agency meetings with key members of the Multidisciplinary team including An Garda Síochána, Rape Crisis Centre services, TUSLA.
- Participation in bi-annual contamination audit by Forensic Science Ireland.
- Active and ongoing development of the 4th edition of the National SATU Guidelines (2018) due for publication June 2018 with our SATU colleagues nationally.

Publications 2017

- “Pushing the Boundaries– The Impact of Role of the Clinical Nurse/Midwife Specialist (Sexual Assault Forensic Examination) in Ireland” Debbie Marshall RANP (Sexual Assault Forensic Examination & Sexual Health) 17th International Conference on Integrated Care May 2017, UCD.
- “Referral Pathway for Mental Health Patients presenting to the Sexual Assault Treatment Unit” Nessa Gill CNS (Sexual Assault Forensic Examination) 3rd National Mental Health Nursing Conference Sept 2017, Dublin Castle.
- “What are the Factors Associated with Offering HIV nPEP Treatment to Patients following Rape/Sexual Assault in Ireland & do SATU Forensic Clinical Examiners adhere to guidelines / follow risk assessment tools?” Debbie Marshall RANP (Sexual Assault Forensic Examination & Sexual Health) Nursing & Midwifery Conference Tullamore
- “Option 3 - Collection and Storage of Evidence. Providing Choices to Patients who Experience Sexual Assault” Nessa Gill CNS (Sexual Assault Forensic Examination), NMPDU Conference ENRICH2 , Beaumont Hospital, Dec 2017
- “What are the Factors Associated with Offering HIV nPEP Treatment to Patients following Rape/Sexual Assault in Ireland & do SATU Forensic Clinical Examiners adhere to guidelines / follow risk assessment tools?” Debbie Marshall RANP (Sexual Assault Forensic Examination & Sexual Health) NMPDU Conference ENRICH2 , Beaumont Hospital, Dec 2017

SATU Objectives 2018

- Relocation of the Sexual Health clinic currently co-located in the SATU.
- Recruitment and Retention of SATU forensic examiners & assistant nurses to maintain the 24-7 roster of the SATU.
- Obtain additional freezer capacity to securely store Option 3 evidence.
- Forensic training for new examiners recruited to the unit
Sexual Health Clinic Report
The Sexual Health Clinic is located in the Regional Hospital Mullingar (RHM). This nurse led free clinic is available on a booked appointment basis each Thursday morning with patients triaged by phone. Symptomatic patients are seen promptly and often on non clinic days including in house referrals. Asymptomatic patients are offered next available appointment slot. Typically a two to three week waiting time occurs for asymptomatic screening. Clinical Governance is provided by the Consultant (Microbiology and Infectious Diseases).

This service is the only sexual health clinic in the Midlands aside from an evening clinic in the Midland Regional Hospital, Portlaoise. No specialist sexual health free services exist in the adjoining counties of Longford, Offaly, Meath, Roscommon or Kildare. Last year the Sexual Health clinic received referrals from 16 different counties. The majority of referrals were received directly from patients or GP’s.

The following graph provides the number of new and return patients attending the sexual health service 2012 – 2017

Sexual Health Clinic Attendances 2017
Total New Patients = 372 Total Return Patients = 243 (see graph below)
The National Sexual Health Strategy (2015-2020) is the first of its kind in Ireland. The aim of the strategy is that ‘the majority of services will be accessed locally and this should be developed where appropriate, according to service user need through capacity and competency building’. The implementation of the strategy locally at RHM will require coordination as per the strategy: both within and between key identified areas; promotion, education and prevention, services and health intelligence. The Sexual Health clinic regarded implementation of the strategy locally a key objective in 2017. Standards and KPI’s were adopted from BASHH (British Association of Sexual Health & HIV) Guidelines and applied to our own clinical guidelines.

Developments in 2017

- Revision of local Clinical Guidelines for Sexual Health at Regional Hospital Mullingar (RHM).
- Processing and reporting of Chlamydia/Gonorrhoea NAAT (Nucleic Acid Amplification Test) samples locally in the laboratory service at RHM has reduced wait time for results by over a week. This allows for prompt treatment of patients which leads to better patient outcomes from a Public Health/Physical/Psychological perspective.
- Participation at a National Level throughout 2017 in a pilot project which offers HPV vaccination for at risk groups. This pilot project is facilitated by the HSE Sexual Health & Crisis Pregnancy Programme and the Sexual Health clinic at RHM targets men who have sex with men (MSM) age 15-25 years as part of its health promotion strategy.
- Debbie Marshall, RANP (Sexual Assault Forensic Examination & Sexual Health) was nominated and elected as the national nurse representative on the SSSTDI (Society for the Study of Sexually Transmitted Diseases in Ireland) national committee which promotes education, training and improved practice standards for sexual health patients throughout Ireland.
- Availing of further training and educational opportunities offered with nursing staff securing places on the Foundation Course in Sexual Health (HSE Health Promotion & Improvement) & Certificate in Continuous Development Sexual Health Advising Skills (HSE Sexual Health & Crisis Pregnancy Agency).

Objectives Sexual Health 2018

- Identify a new clinical area within RHM to facilitate the Sexual Health Clinic.
- Undertake the relocation and secure storage of Sexual Health clinic charts out of the SATU space.
- Recruitment and training of nursing staff to continue the support this nurse led clinic.
Paediatric Directorate

The Department of Paediatrics became a directorate in its own right in October 2017, moving out of what was formerly the Women’s and Children’s Directorate with whom it shares a business manager. The Department provides services for a wide geographic area including Longford, Westmeath and parts of Offaly, Meath, Roscommon and South Leitrim.

There are currently 3 WTE permanent Consultant Paediatricians, Prof Michael O’Grady, Prof Farhana Sharif and Dr Imelda Lambert.

The Paediatric ward is a 25-bedded facility, comprising 15 beds and 10 cots. The service currently provides inpatient care, day case activity and outpatient clinics. There is a dedicated Paediatric area with audio-visual separation from the adult services in the Emergency Department. The hospital has a busy Obstetric service, with the eighth highest number of deliveries nationally. There is a Level 1 neonatal unit (SCBU) which provides care for approximately 260 term and preterm infants annually. Preterm infants with less than 32 weeks’ gestation are transferred to tertiary maternity services in Dublin for ongoing care.

Care for Paediatric patients is provided by a team of dedicated nurses, doctors, healthcare attendants, MTA’s and administration staff.

Inpatient care is provided for the following children

- Emergency and Elective care of paediatric medical and surgical patients
- Shared care for Oncology children in conjunction with the centre of excellence in St. Johns Ward, Our Lady’s Children’s Hospital, Crumlin

Day Services

The Paediatric Ward provides day services in the absence of a designated day-ward as follows

- Phlebotomy services (existing patients of Consultants only)
- Dynamic Endocrine testing
- Insulin pump training and initiation
- Infusions e.g. Infliximab
- Elective surgical procedures
- Oncology services for daily attendees through a shared care with Our Lady’s Children’s hospital, Crumlin
- Skin prick testing and food challenges on the Paediatric ward every Thursday

Outpatient Clinics

An average of nine consultant led general paediatric and specialty outpatient clinics are held each week between RHM, St. Joseph’s Longford and Early intervention.
Activity:
The following graphs detail the inpatient discharges, day cases and outpatient activity for 2017.

**Paediatric Inpatient Discharges - 2017**

- **Number of Patients**
- **Month**:
  - Jan: 123
  - Feb: 115
  - Mar: 154
  - Apr: 124
  - May: 138
  - Jun: 149
  - Jul: 119
  - Aug: 95
  - Sep: 117
  - Oct: 103
  - Nov: 129
  - Dec: 154

Total 2017 Paediatric Inpatient Discharges 1,520

**Paediatric Day Case Activity - 2017**

- **Number of Patients**
- **Month**:
  - Jan: 105
  - Feb: 139
  - Mar: 142
  - Apr: 120
  - May: 135
  - Jun: 85
  - Jul: 133
  - Aug: 140
  - Sep: 125
  - Oct: 107
  - Nov: 89
  - Dec: 98

Total 2017 Paediatric Day Cases 1,418
Achievements 2017

- The National Paediatric Early Warning Score (PEWS) was introduced in May 2017
- Administration of first-dose IV medications by nursing staff under the transfer of tasks initiative
- Interviews were held for 2 Consultant Paediatrician posts in December, it is hoped that successful candidates will commence in the first half of 2018

Staff Acknowledgements /Achievements / Appointments 2017

- Joan Keegan commenced as Paediatric Respiratory CNS in January 2017
- Prof. Michael O’Grady was appointed Clinical Associate Professor by UCD in March 2017
- Dr Eadaoin Hayes, Paediatric SpR was appointed the RCPI Trainee Representative for RHM in July 2017
- Dr Danielle McCollum, Paediatric SpR was appointed as the Lead NCHD in September 2017
- Dr Frances McCartan was appointed as Honorary Clinical Lecturer by RCSI in October 2017
- Prof Sharif was a key member of the subgroup for the implementation of the Ages and Stages Questionnaire (ASQ-3) as a developmental screening tool nationally, funded by the Nurture program (a partnership between the HSE, Atlantic Philanthropies, the Katharine Howard foundation and the centre for effective care). She will be involved in the delivery of the “Train the trainer” programme at key locations all over Ireland. She was also an invited speaker on “Developmental delay- Risk factors, process of evaluation and diagnostics” Developing team work to include professional and family centered approaches – The school of Education, Trinity College Dublin, July 2017
Prof O’Grady was invited to act as a moderator for the “Controversies in Pediatric Endocrinology-Aromatase inhibition” at the 10th International Meeting of Paediatric Endocrinology in Washington DC in September 2017. He was also a member of the Irish Medical Football team which participated at the World Cup in Austria in July.

Dr Mary O’Dea, Paediatric SpR won the overall prize at the inaugural Regional Hospital Mullingar Research meeting held in June.

Objectives for 2018

- Restructuring of acute Paediatric service following appointment of additional Consultants.
- To secure capital funding to refurbish the old Medical assessment Unit on Level B as a Paediatric Day Ward
- To develop a high-dependency unit (HDU) at ward level.
- To engage with colleagues in Primary Care to explore models to reverse the increasing presentations to the Paediatric Emergency Department which have increased by ~20% in the past 2 years and to the Paediatric OPD which have increased by 20% over the past 5 years despite a diminishing birth rate since 2008 and hence a smaller eligible local paediatric population
- Replacement of the Outreach nurse for Children with life-limiting conditions as the post was vacated during 2017

Publications

Another very productive year in terms of research and publications


Presentations and Abstracts

O’Dea MI, O’Connell SM, O’Grady MJ. Prevalence and characteristics of paediatric Type 2 Diabetes in the Republic of Ireland.

- Pediatric Academic Societies Meeting, San Francisco, USA, May 2017

- Irish Paediatric Association Annual Scientific Meeting, Kilkenny, December 2017) (Abstract at www.imj.ie)

Kaninde AT, Grace ML, Joyce C, Taylor NF, Riordan M, O’Grady MJ, O’Connell SM. Transient Pseudohypoaldosteronism in Infancy: Results of a two-year surveillance through the Irish and Ulster Paediatric Surveillance Unit.

- Irish Paediatric Association Annual Scientific Meeting, Kilkenny, December 2017) (Abstract at www.imj.ie)


- Irish Paediatric Association Annual Scientific Meeting, Kilkenny, December 2017) (Abstract at www.imj.ie)


- Irish-American Paediatric Society Annual Scientific Meeting, Washington DC, USA, September 2017.
- Irish Paediatric Association Annual Scientific Meeting, Kilkenny, December 2017 (Abstract at www.imj.ie)

Gaughan K, Sharif F. Vitamin A deficiency secondary to restricted diet in a 10 year old with autism.

- Irish Paediatric Association Annual Scientific Meeting, Kilkenny, December 2017) (Abstract at www.imj.ie)
Laboratory Department Report

The Laboratory is fully accredited to **ISO 15189:2012 Medical testing standard** (Reg 195MT) assuring the quality of results are in compliance with high standards and National and international best practice. The Department is managed by **Ms Fran Walsh, Laboratory Manager**, supported by Consultants, Medical Scientists, Laboratory & Support Staff. The Blood Transfusion and Haemovigilance departments also adhere to the EU Directives 2002/98/EC and 2005/61/EC, Statutory Instrument 360 (Quality and Safety of Human Blood and Blood Components) and 547 (Traceability Requirements and Notification of Serious Adverse Reactions and Events). Mullingar Laboratory was awarded flexible scope in April 2017, becoming the third hospital in Ireland to achieve this status. The award of flexible scope means the accreditation body (INAB) has confidence in the laboratories quality systems and defined changes to methodologies can be implemented by the laboratory and retrospectively audited.

The laboratory’s scope of accreditation is updated annually. The full scope of accreditation as of 07/04/2017 is available at the following link:


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

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

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

The laboratory supports the active training of student Medical Scientists from Galway Mayo Institute of Technology and Sligo Institute of Technology, providing them with practical skills and knowledge in addition to their academic studies. The laboratory is committed to providing a quality service and supporting its employees in the workplace. The laboratory has a compliment of 56.5 staff. The Role of the Medical scientist is to ensure timely and accurate reporting of laboratory tests to aid Clinicians in the diagnosis, treatment and monitoring of patients as effectively and efficiently as possible.

**Key Performance Indicators (KPIs):-**

- Sample Rejections targets=<3.75% - Blood Transfusion<2% - Microbiology, <1% - All other departments
- Turn Around Times, 85% of samples to be within 5% of stated TAT
- **Lab Training**, 100% of staff to receive departmental re-training within 12-month period, 100%
  - extended-day staff and on-call staff to received re-training within 12-month period
- **CPD**, 90% staff to attend 4 events within 12-month period and 80% staff to attend external
  - event within 24-month period
- **HV Training**, 90% medical staff to attend induction, 95% of collectors to receive 2-yearly on-
  - going training, 90% of nursing staff to receive training at least once, 55% of nursing staff to
  - receive 2-yearly on-going training
- **EQA**, 92.5% of exercises to receive satisfactory/good results
- **IQC**, 100% adherence to departmental procedure e.g. no results issued post-failure, pre-
  - failure results re-checked, amended reports issued as required, NC raised if appropriate
- Audits, 65% of scheduled audits to be performed within 1 month of schedule
- **Non Conformances**, 75% closed within 65 days
- Blood Wastage, <4.5% of units received
Lab objectives, 80% completed or underway
- Critical Result Phoning, 90% to be phoned within 2 hours of result availability
- Missed Test Requests, <0.75% of total samples per department

Laboratory Activity for 2017 was as follows:-
- 4.89 million tests from 742,368 samples, average 7 tests per sample

![Laboratory Sample Activity- 2017 v 2016](image)

**Key Projects 2017:-**
- Maintained existing full ISO 15189 accreditation status for the laboratory
- Award of Flexible scope accreditation in April 2017

L-R, Standing: Carol Cantwell, Norma Mullen, Ultan Campbell, Helen Corrigan, Barbara Halligan, Patricia Gardiner. Seated: Jill Gillen, Frances Walsh, Conor Tubman.
Demand management of Vitamin D introduced on 01/02/17 and maintained throughout the year resulted in savings for Primary care and the hospital

Acquired more space for the molecular laboratory, that improved lab workflow

Completed referral testing tender from 01/12/2017 with significant savings p.a.

Quality Improvements 2017:-

Completed Eurofins Biomnis LIS to LIS connectivity facilitating quicker electronic access to patient reports

Repatriation of Kleihauer testing from Portlaoise to Mullingar Hospital to ensure compliance with the 72hr BCSH guidelines

Trained an additional medical scientist in the area of haemovigilance to act as deputy TSO

Introduction of pregnancy related FT4 reference ranges

Introduction of the Cepheid GeneXpert Molecular platform for the analysis of the Clostridium Difficile in faeces, Norovirus in faeces, Influenza virus in nasal swabs, and Enterovirus in CSF samples, by PCR (Polymerase Chain Reaction) method.

Introduction of RSV on Gene expert platform resulting in quicker Turnaround time of patient report, significant positive impact on bed stay management.

Introduce CPE testing for ICU patients and patients who have been referred from external hospitals in compliance with M. Cormican guideline

Addition of fungal database to the Maldi Mass Spectrometer in Oct 2017

Addition of liver kidney Microsomal Abs to test portfolio – with no extra cost to the laboratory

Repatriation of some allergens from Eurofins Biomnis Cashew Nut, Kiwi, Walnut, Sesame, Pistachio, Tomato and Pecan resulting in a savings of €1100 per year and a quicker turnaround time

Introduced a more streamlined protocol for ENAs which has resulted in savings

Performed change control reviews for effectiveness of changes that have been implemented following 3-6 months of implementation.
Staff Acknowledgements/Achievements 2017

- Andrew Byrne and Karen McWaters completed their MScs in Biomedical Science jointly from Dublin Institute of Technology and Trinity College.
- All Staff in Haematology participated in a Neqas digital Morphology Scheme

Objectives for 2018

The following objectives have been identified for 2018

1. Maintain existing accreditation status for the laboratory
2. Maintain and improve staffing levels
3. Complete Centralink Auto validation in Haematology
4. New build for clinical chemistry to allow for increased testing capacity that will future proof the service for the next 10 years
5. Procurement of clinical chemistry analysers with increased capacity
6. Procurement of Blood Transfusion and Haematology analysers
7. Continue with demand management and implementation of NPCCP (National Pathology Care Programme) guidelines in all disciplines
8. Involvement with Hospital Point-of-Care Governance with strong laboratory guidance
9. Progression of the National LIS project for Mullingar Hospital (MedLis)
10. Apply lean processes where possible to improve workflow and reduce wastes in the laboratory.

Opportunities

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

Challenges

- Staffing and recruitment process challenges
- Resources for the National Medlis project in Mullingar Hospital
- Space is a particular challenge for the laboratory particularly in Clinical Chemistry
- Governance over hospital Point of Care with a Multidiscipline Management team approach.

Publications

Publication of the laboratory User Manual and Customer Satisfaction Survey on the intranet [http://hsenet.hse.ie/Hospital_Staff_Hub/mullingar/Pathology_Services/Library_and_Documentation.html](http://hsenet.hse.ie/Hospital_Staff_Hub/mullingar/Pathology_Services/Library_and_Documentation.html) and also the Internet along with various laboratory memos and guidance documents for service users: [http://www.hse.ie/eng/services/list/3/acutehospitals/hospitals/Midland-Regional-Hospital-Mullingar/](http://www.hse.ie/eng/services/list/3/acutehospitals/hospitals/Midland-Regional-Hospital-Mullingar/)


Poster participation by the Clinical Chemistry dept in Mullingar on ‘Are we well adjusted? - A multicentre analysis of adjusted calcium’
Pharmacy Department

The Pharmacy department is managed by Ms Joanne Moran (Chief Pharmacist) and supported by pharmacists including an antimicrobial pharmacist, pharmacy technicians and multi-task attendants.

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

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

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

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

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

Drugs and Therapeutics

The D&T Committee is a multidisciplinary committee and includes Consultants, Nursing, Pharmacy, Community representative and Management. Three meetings took place in 2017, with the introduction of 8 new drugs and the approval of 8 Collaborative Practice Agreements for our Nurse Prescribers at RHM, and a number of policies, procedures and guidelines

Medication Safety

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

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

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

The table below shows the incident reports for 2016 and 2017
Pharmacy has significantly invested in education, presentations and meetings with various stakeholders in the hospital in a bid to increase the number of medication incident and near misses reporting in 2017, compared to 2016. As a hospital we have been striving to improve our culture of reporting, in line with HIQA Medication Safety recommendations and the Clinical Indemnity Scheme.

HIQA Medication Safety inspection took place in April 2017 and provided a valuable external assessment of medication safety at RHM.

**Key medication safety developments in 2017 included:**

- Development of RHM Medication Safety Strategy 2017-2022
- Development of RHM Medication Safety Operational Plan 2017-2018
- Med Info resources online folder introduced on all hospital desktops to facilitate ease of access by all healthcare professional to medication information reference sources including Medusa® IV administration monographs
- Coaching provided by pharmacy at ward level to educate staff
- Med Info resources folder now available within RHM Shared Drive
- Initiatives focused on improving safety of anti-coagulants:
  - RHM participated in the HSE Quality Improvement Division Safermeds Venous Thromboembolism (VTE) prophylaxis improvement collaborative
  - Development of draft RHM VTE prophylaxis protocols for medical and surgical patients
  - Audit of appropriateness of venous thromboembolism prophylaxis in medical patients undertaken in conjunction with Dr Cronin’s team
  - Audit of appropriate use of new version of the Medication Prescription and Administration Record (MPAR)
  - Introduction of a new version of the MPAR with a dedicated anti-coagulant section.
  - Development of specific information stickers and posters on oral anti-coagulants to raise awareness at ward / department level
  - Introduction of IEHG Oral Anti-coagulant Therapy Record booklets
  - Grand Rounds presentations on Direct Oral Anti-coagulants
  - Introduction of new out-patient and discharge prescription pads with greatly enhanced medication safety and security features
  - Introduction of a new IV potassium policy and commercially available pre-mixed IV fluids containing potassium to minimize use of concentrated potassium ampoules
  - Development and dissemination of seven Learning Notices to raise awareness of medication safety issues
  - Look Alike Sound Alike Drugs initiative in line with best practice recommendations
New hospital policy on management of controlled drugs
Introduction of commercially prepared pre-drawn emergency drugs in Theatre and ICU.
Development of neonatal PPPGs for medication

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

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

**Antimicrobial Consumption**
Data from the first six months of 2017 indicates a 5% decrease in antimicrobial consumption, putting the RHM in the 6th decile nationally for antimicrobial consumption.

There has been a 26% decrease in the use of intravenous antibiotics with a high oral bioavailability, indicating that more IV-to-oral switches are taking place. The consumption of carbapenems has decreased steadily from quarter to quarter in 2017.

**Antimicrobial Stewardship Interventions**
256 antimicrobial stewardship interventions were recorded in the first 6 months of 2017, 233 (91%) of which were implemented. Interventions were categorized as follows: IV to oral switch; duration of therapy; choice of agent; dose optimization; drug interaction; other.
Education and Training
Throughout 2017, detailed antibiotic reviews entitled ‘Antibiotic of the Month’ were produced and sent via email to all consultants, NCHDs, CNMs and pharmacists. Printed versions were displayed in relevant areas. Three oral presentations were given to consultants and NCHDs in 2017: Antibiotic Consumption and Prevalence – A Local Perspective; Antibiotics 101; Antibiotic of the Month.

Audits
The following audits were undertaken in 2017
- ‘Consultant –specific’ monthly point prevalence surveys (PPS) of antimicrobial prescribing were carried out across medical and surgical wards and the ICU. This was combined into quarterly data and fed back to the consultants.
- European PPS of Hospital-Acquired Infection and Antimicrobial Prescribing (June 2017)
- Antibiotic Prescribing in Obstetrics Patients (July to Sept 2017)
- Surgical Antimicrobial Prophylaxis (October to December 2017)

Developments 2017
- Extension of pharmacy technician top-up service to Acute Floor (Ward 4 / AMAU / ARC)
- Two pharmacy technicians are nearing completion of their Accuracy Checking distance-learning course
- Increased frequency of drug deliveries by the Pharmacy Porter to staff and service users at ward and department level.
- Senior Pharmacist involvement in the newly initiated Clinical Nutrition Committee, and compilation of associated policies and guidelines.
- Pharmacy staff had to deal with in excess of 126 national drug shortages in 2017. These shortages involved a number of high profile antibiotics including the global shortage of piperacillin/tazobactam; and required a substantial amount of both pharmacist and technician time to organize substitution and replacement strategies.

Pharmacy Department Objectives 2018
Medication Safety
- Appointment of a Medication Safety Pharmacist
- Continued implementation of RHM Medication Safety Operational Plan

Immediate priorities for Quarter 1 2018 include:
- Introduction of Venous Thromboembolism Prophylaxis Protocols for Medical and Surgical Patients
- Development of an updated Medicines Management Policy
- Introduction of a new paediatric drug chart
- Planned audits:
  - Storage and usage of IV potassium at ward / department level
  - Delayed / omitted doses of medicines due to lack of availability at ward level
  - Venous Thromboembolism prophylaxis in surgical patients

Introduction of a Clinical Pharmacy service
Appointment of 2 Clinical Pharmacist positions, with initial priority being given to the compilation of clinical policies, procedures and prescribing guidelines for use by all healthcare professionals at ward level.
Dispensary
- Maintain registration of the pharmacy premises in line with the Pharmaceutical Society of Ireland and legislation
- Integration of 2 newly qualified accredited checking technicians into the dispensary.
- Faster delivery time of dispensed medication from pharmacy to wards and departments at RHM.
- Continue with demand management in all our services
- Acquire additional space.

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

Opportunities and plans for 2018
- Work on promoting a culture of medication safety at RHM. To increase communication pathways with frontline healthcare professionals in particular nursing and midwifery staff.
- To harness a full-time pharmacy portering service in the delivery of medication from the Pharmacy to patients at RHM
- To build on the co-operation and collaboration of the last year with our pharmacy colleagues within the Ireland East Hospital Group, in an effort to adopt and adapt clinical policies and guidelines.
- Continued effective management of drug shortages.

Acknowledgements 2017
To all pharmacy staff, particularly those who attended work during Storm Ophelia and ensured there was minimum disruption to patient care and to all staff in RHM for their continued co-operation

Staff Achievement 2017
Dearbhla O’Sullivan – Senior Antimicrobial Pharmacist:
Poster Prizewinner in the Inaugural Meeting of the Regional Hospital Mullingar 2017
In 2017, Ms Kay Slevin was appointed as Operations & Clinical Services Manager with responsibility for the day to day operational management of the hospital, business performance and improvement together with clinical and business services management. The Operations & Clinical Services Manager works closely with the Medical, Nursing, Business Managers, Patient Services & Allied Health teams to assist in the efficient & effective operational management of patient services. This has involved the implementation of a number of process improvement initiatives to achieve a more efficient workflow, ultimately improving the patient journey.

The Unscheduled care Programme – Rapid Improvement Events (RIE) are detailed under Performance, Directorates and Departments and included the following:

- Value Stream Analysis completed in May 2017
- Identification of a number of areas where improvement could be achieved
- Selection of 6 RIE teams by Hospital Senior Management
- Five Rapid Improvement Events were completed during 2107

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

- Health and Social Care Departments
- Patient Services Department

Health and Social Care Departments

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

Reports are summarised under the following headings:

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

Nutrition and Dietetics Report

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

The nutrition and dietetics team provide In-patient clinical services to adults and paediatrics in the following departments. The dept operated at 60% capacity for Q4 due to 2 staff vacancies:

- Medical, Surgical, Paediatric and Maternity wards
- ICU
- SCBU
- Diabetes including Young Adults/Teen clinics
- Rehab unit St. Mary's
The nutrition and dietetics team also provide the following:

- Weekly Group Education programmes to Gestational Diabetes and Cardiac Rehab
- Adult Outpatient services: OPD clinics for nutritional support and gastroenterology
- Paediatric Outpatient clinics: OPD clinics for food allergy, faltering growth, pre-term nutrition, diabetes.
- Registered DAFNE programmes are run on an annual basis for type 1 diabetes clients.
- Education & training for hospital staff is also provided
- Base training dept for post-graduate dietetic training with UCD

**Activity 2017**

A total of 3043 inpatient and 1242 outpatient contacts were provided for adult and paediatric services – this excludes Diabetes, Cardiac Rehab and the Rehab unit for Q4 2017.

This reflects a shift of 16% increase on inpatient activity and a reduction in outpatient activity to 2016 figures. The absence of diabetes clinics and Cardiac Rehab in Q4 explains this shift.

**Quality Improvements and Developments 2017**

The following improvements and developments were completed in 2017

**Quality patient care:**

- Introduction of the International Nutrition Care Process Model (NCPM) dietetic assessment method on Adult wards
- Successful discharge of 1st Home Parenteral Nutrition patient (HPN). Ongoing weekly support provided by Snr Dietitian has resulted in no readmissions.
- ‘Low FODMAP’ group intervention sessions commenced resulting in reduced waiting time from ~6months to 2 months.
- Hospital wide Co-ordination and transition to ‘Enfit’ Nutrition products and ongoing support provided to ward staff
- Participation in INDI Allergy Specialist dietetic group – Update of resources and diet sheets for use nationally by Dietitians
RIE Project:
Project group member on the RIE project HSCP Referral process – Awarded for Innovation & Collaboration

Nutrition Steering Committees:
› Facilitated 2 ‘Nutrition Steering Committee’ meetings and 4 ‘Nutrition Working group’ meetings
› Established a multidisciplinary ‘Clinical Nutrition Working group’ to address Enteral & Parental nutrition in RHM
› Continued to implement HIQA Nutrition & Hydration standards across the hospital for Adult services

Presentations 2017
› Senior Dietitian presented at the Regional Study day facilitated by Fresenius Kabi: ‘Care of TPN patient’ with the Consultant Surgeon
› Attendance at EACCI Paediatric Allergy and Asthma International Conference London 2017 and oral presentation of Poster
› Completion of audit on Paediatric ward menus and presented results as poster at RHM Research and Audit day
› Presentation at the IEHG HSCP Group forum on the RIE HSCP Project

Achievements in 2017 are outlined below

Training and Education:
› Nutrition screening training was delivered to 55 nursing staff; 44 MTAs and 15 HCAs supporting the roll out of the ‘MUST’ screening tool.
› First year to collaborate with UCD in facilitating 1x 10 week Practice Placement for postgraduate dietetic student
› Facilitated 2 Nutrition & Healthcare student placements jointly with the Catering dept
› 2 DAFNE programmes delivered
› Updated Paeds Diabetes team on the changes to ‘Lucozade’, literature changes made to the HYPO BOX
› 2 Senior staff received Clinical audit training

Policies developed:
› Nutrition Screening Process for adult inpatients
› Consent for under 16s attending dietetic clinics – jointly with Physiotherapy dept
› Dietitians recommendations on Insulin adjustment
› Out of hours TPN guideline updated
› Guideline on the management of gastric aspirates in ventilated patients in ICU
› NG feeding in absence of Dietitian assessment
› Management of Enteral Tube Feeding in Adult patients (Draft)

Audits completed:
› MST/MUST’ Nutrition Screening audits carried out
› 12 Mealtime observation audits completed
› Plate Wasteage survey completed on 5 wards
› Menu Analysis – all hospital menus were nutritionally analysed
› Patient feedback surveys completed on 22 patients

Nutrition and Hydration resources:
› ‘MUST’ Screening tool record chart developed & implemented on medical & surgical wards
› Produced a Nutrition & Dietetic Service Guideline
› Nutrition & Hydration Care-plan for all wards revised

Pilot initiatives:
› Pilot of ‘Snacks’ on medical ward with catering dept, support services & nursing
› ‘Fortified Milk’ as a Food Fortification method piloted on a medical ward
Team Development:
- Participation in Team Based performance development programme

Objectives for 2018
- Recruit 2 replacement staff
- Work with the Respiratory department in exploring Indirect Calorimetry use for nutritional assessment
- Continue to develop Low FODMAPS group intervention sessions
- Continue to implement and consolidate HIQA Nutrition & Hydration standards
- Develop policies:
  - Parenteral nutrition/ vitamin and Mineral policy SCBU/ Prescribing Nutritional supplements policy/ Enteral feeding guideline for Paediatric service/ Placement and confirmation of NG tube in paediatric patients/ Nutrition & Oral Hydration policy
- Provide updated education on the nutrition screening process to nursing staff
- Lead out on Healthy Ireland activities

Opportunities and plan for 2018
- Consolidate HIQA Nutrition & Hydration standards
- Pursue the development of dietetic services in Stroke services
- Develop service to paediatric diabetes
- Increase student training capacity to facilitate UCD postgraduate students

Staff Acknowledgement
Ms Siobhan Pyper, Senior Dietitian completed and awarded MSc Allergic Disease

Launch of ‘Sli Na Slainte’ walking routes around Regional Hospital Mullingar

Lt –Rt Ms Martina Gill, HR Manager, Tara Curran, Irish Heart Foundation, Ms Rosemary Kiernan, CNMII, Ms Shona Schneemann, General Manager, Ms Grainne Fianagan, Dietitian Manager
Physiotherapy Report
The Physiotherapy service is managed by Ms Mary Wallace (Physiotherapy Manager), supported by a team of physiotherapists and support staff.

The Physiotherapy service includes both in-patient and out-patient services.

Inpatient Services are provided to the following specialty areas
- Intensive care unit
- Medical wards including respiratory, rehabilitation and falls prevention
- Surgical wards
- Stroke unit
- Paediatric unit and neonates
- Maternity - routine post-natal and LSCS, management of obstetric anal sphincter injury
- Antepartum e.g. admissions with PGP
- Gynaecology
- Cardiovascular including cardiac rehabilitation phases I-IV
- AMAU/MAU on a referral basis

Outpatient Services: are provided to people from Mullingar and surrounds referred for physiotherapy for episodic conditions including:
- Orthopaedic
- Musculo-skeletal
- Women's health including management of PGP, bladder and/or bowel dysfunction,
- Paediatric (child health)
- Respiratory
- COPD outreach programme, including Pulmonary Rehabilitation at sites in Mullingar, Athlone & Longford
- Antenatal classes – day time and evening
- Falls prevention classes
- Cardiac rehabilitation – including Phase IV evening classes
- Men's health

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

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

Activity 2017
Out-Patient Service: 3584 patients were seen, receiving a total of 12,500 contacts
In-Patient Service: 4248 patients were seen across all specialties, receiving a total of 10,959 contacts
Developments and Achievements 2017

Developments and achievements include the following

- Implementation of Tracheostomy PPPG for tracheostomy management and improved patient care with MDT training provided for nursing staff
- Developed policy to provide guidance to all Physiotherapists and Dept. Secretary, with regard to obtaining consent for all children under 16 years, who have an appointment with Physiotherapy in Outpatients, in line with National Consent Policy. This was subsequently amended to include Dietetic Department.
- Staff involved in ‘Healthy Ireland’ committee and in organising the Step Challenge for which RMH awarded a Bronze Active@Work Award for efforts in promoting physical activity in the workplace.
- Physiotherapy staff involved in ‘Rapid Improvement Events’
  - Universal HSCP referral process
  - Review of gynaecology pathway to streamline patient flow
  - Unscheduled Care
  - Acute Floor
- On-going Physiotherapy staff involvement on ‘Falls Committee’ and developed policies including ‘Head Injury Policy’, Bed Rail Policy, Lying & Standing Blood Pressure Measurement and Falls Prevention Policy.
- Physiotherapy staff involved in project on Collective Leadership in Healthcare through peri-operative directorate RHM in conjunction with UCD, to partake in a very interesting project on Collective Leadership
- On-going review of a number of physiotherapy protocols in conjunction with our community colleagues.
- Community staff reviewed and updated Hospital staff on referral pathway to PC services to ensure appropriate and timely follow-up post discharge.
- Physiotherapy involvement in 2nd Annual Stroke Study Day and in Launch of Stroke Survivors Support Group in Mullingar.
- Poster presentation on Unscheduled Care RIE at Irish Society of Chartered Physiotherapists 2017 Annual Conference
- Weight Management Booklet was completed and published. A PDF version is now available to all Chartered Physiotherapists nationally, on Irish Society of Chartered Physiotherapists’ website.
- Out-patient physiotherapy staff undertook a review of waiting list management in an effort to reduce length of waiting times.
- Women’s Health Physiotherapist organised an education evening on ‘Pessary Management in Primary Care’ held in the Mullingar Park Hotel in May 2017, attended by over 30 clinicians, including Dr. Ravikumar, Consultant Obstetrician, NCHD’s from RHM and Cavan, 15 local GP’s and Physiotherapists, to promote multi-disciplinary care in the management of women with pelvic organ prolapse.
- Senior Physiotherapist Women’s Health was the Physiotherapy representative to the HSE Nurture Programme and liaised with GP Fiona Maguire (SMO Public Health) and team in developing new Antenatal booklet/Standards.
- Developed close links with Mr. Toomey in the multi-disciplinary management of patients with anorectal dysfunction. The Physiotherapy Dept has seen referrals in this area increase by 15% in 2017.
Objectives for 2018

- Develop Women’s and Men’s Health and continence service including a review of Ante-Natal Classes
- Introduce a Weight Management service
- Maintain existing level of service where all new referrals for in-patient service are seen within 24 hours of receipt of referral and all priority out-patients receive a 1st appointment within 3 weeks of referrals
- Ensure all mandatory training is completed
- Standardise staff PDP/supervision

Opportunities and Development Plans for 2018

Women’s Health & Continence

- Explore development of multi-disciplinary Gynaecology clinic with Consultants in RHM and triage patients directly from the waiting list to physiotherapy with Consultant approval
- Explore Physiotherapist’s scope to assess for and fit vaginal pessaries with Consultant supervision - this is an area which could be developed in RHM for which the current post-holder has already completed advanced training
- R/V and update current Physiotherapy Ante-natal education content & literature in line with best practice & develop linkages with our colleagues in the NMH
- We will investigate the need to change our scope from a Women’s Health and Continence service to a more general Pelvic Health and Rehabilitation service, as more and more men and children are being referred into our service
- Due to the increasing complexity and number of patients both male and female attending our Women’s health physiotherapy service, the challenge is to manage our waiting lists within current staffing.

In-Patient/Wards Service

- Audit current use of oxygen in RHM in line with National guidelines
- Be Team Leader for an RIE looking at development /implementation of Frail Elderly Pathway
- Continued staffing for Ward 4/AMAU/ARC and other service developments
- Continued linkages with Physiotherapy staff in Longford Westmeath

Out-Patients

- Develop a weight Management service for patients and staff
- Start recording BMI for all adult patients who present to out-patient physiotherapy
- Provide Weight Management Information Booklet to patients who are above a recommended weight range and address their barriers to exercise.
- Educate hospital staff regarding weight management
- Circulate Weight Management Booklets to all wards and departments to provide to patients
- Provide drop in exercise classes in physiotherapy gym for staff during lunch hours. Include advice on back care and weight management

General

- Continue involvement in RIEs and Quality Improvement Initiatives
- Continue communication and service links with Longford/ Westmeath PCCC.

Staff Acknowledgements

The Physiotherapy Department welcomed Aoife O’Hara and Trisha King, Physiotherapists who joined the team in 2017

Congratulations to Emer Gunning and Nuala Reynolds who completed their Master Degrees
Occupational Therapy Report

The occupational therapy department provides high quality, safe and equitable service to inpatients of the hospital to enable patients to achieve their optimum level of independence in everyday activities. The OT department is managed by Mr Gavin von Mollendorff (Temp Hospital and Community OT Manager Longford/Westmeath). Inpatient Occupational Therapy services are provided currently by 1.5 WTE Senior Staff and 2 WTE Staff Grades with support from Multi-task attendant and clerical positions.

The Occupational Therapy (OT) department are currently responsible for the assessment and provision of posture and pressure care devices for inpatient use across all wards. The OT department has a key role in facilitating discharges from the inpatient setting. The team endeavour to achieve this by utilising the available resources, simultaneously working with the multi-disciplinary teams and primary care colleagues to enable patients to achieve their potential. The team provides an environment that promotes the on-going development of all staff members and undergraduate students, thus ensuring all our practices are evidenced based.

Activity 2017

- Inpatient service provided to medical 1/2/3, surgical ward, Intensive care unit
- Average new referrals received monthly = 99
- Average new referrals received for 2017 = 1178
- Operation of acute prioritisation guidelines to manage all referrals to service

Developments & Achievements 2017

Developments and achievements include the following

- **Falls**: Senior Occupational Therapist member of falls steering committee completed a joint project with assistant divisional nurse manager on development of Bed – rail PPPG.

- **Operation transformation** – Senior Occupational Therapist provided a lead role in RTE filming day in Regional Hospital Mullingar (Bronze award for Healthy Ireland initiatives)

- **RIE projects**: 4 Occupational Therapy staff participated in hospital RIE projects for AMAU/HSCP Referrals

- **Stroke**: Senior Occupational Therapist assisted in facilitation of annual stroke study day

- **Irish Gerontological Society**: Senior Occupational Therapist facilitated round table discussion for HSCP members and chaired MDT session

- **PPPG**: Senior Occupational Therapists completed PPPG regarding the role of acute OT service in provision of pressure care

- **Undergraduate training**: Facilitation of 4 undergraduate student placements during 2017

- **Lean Training**: Staff grade occupational therapist completed white belt training

Objectives for 2018

- Permanent appointments for current 2 vacancies via National Recruitment Panel
- Facilitate April Falls day 2018 information stand
- Completion of therapy garden for inpatient use

Congratulations to the OT team for their award as part of the HSCP team Rapid Improvement Project Team and also for healthy Ireland initiatives award
Speech and Language Report
The Speech and Language Therapy (SLT) service currently provides a service to adult inpatients referred with swallowing and communication impairments and is managed by Ms Betty Kelly (Hospital and Community SLT manager). The SLT service in the hospital is managed and delivered by Senior Speech and Language Therapists and support staff.

The service receives an average of 65 new inpatient referrals every month, with each patient receiving an average of 6 visits-per-month (range 1-32 visits).

The service is provided to acute medical, surgical and critical care patients including:
- Medical 1, Medical 2, Medical 3, Ward 4, Stroke Unit, ICU, AMAU/ARC and Emergency departments
- Radiology – once weekly video fluoroscopy clinic for inpatients and outpatients in the Longford/Westmeath catchment area
- Supplementary video fluoroscopy for urgent inpatients

Videofluoroscopy
The department runs a weekly Videofluoroscopy Clinic coordinated by the lead VFU Senior SLT. This service is accessible to inpatients and outpatients in the Longford/Westmeath catchment area. The service is run in conjunction with radiology on an appointment basis. The department provided videofluoroscopy training to SLTs undertaking videofluoroscopy certification.

The service also provides input into the acute medicine MDT, stroke MDT and tracheostomy MDT, and at ward rounds and a service to four Irish Universities for training of students. The SLT staff also attended the quarterly stroke meetings, the nutrition and hydration steering committee, communication steering group and radiography meetings.

Activity 2017
The service received an average of 64 new inpatient referrals per month and conducted 4612 inpatient visits in 2017. The service also completed 77 videofluoroscopy examinations in conjunction with radiology.

Service Improvement 2017
HSCP Referral & Screening Process Project:
The Speech and Language Therapy Department led on this RIE service improvement project. Project Scope: To streamline the Referral and assessment processes for Health and Social Care Professionals (HSCPs) to include ED/Front door medical and stroke patients. The following improvements have been achieved:

- Introduction of Universal Referral Form initially to Medical 2 as a pilot Ward, has led to a reduction in appropriate and duplicate referrals and numbers of patients discharged prior to HSCP assessment. Continued roll out in coming weeks to other Medical wards.
- Staff Education & training on new process across the hospital has been completed.
- HSCP/Nursing “Hub” meetings have been set up on Medical Wards

This project has reduced waiting times for Speech and Language Therapy and improved prioritisation for inpatients referred to the service.
Swallow screening training was implemented by the Stroke Senior SLT across the hospital which has improved identification and management of dysphagia in acute stroke in line with the National Stroke Guidelines.

The Speech and Language Therapy service contribute to a number of the working groups set by the Nutrition steering committee to address the requirements of HIQA nutrition and hydration standards and national recommendations for nutrition in acute hospitals.

**Developments and Achievements 2017**
The following achievements highlight individual members of the SLT team

- The Senior SLT Acute Stroke developed and led on the implementation of an evidenced based swallow screening pathway for Stroke patients to ensure that all patients presenting with acute stroke to RHM received a swallow screen by an appropriate trained healthcare professional within the National & International recommendation of 4hrs of admission 2017 (Caroline Colgan)
- The Senior SLT for Acute Stroke led on the development of a hospital wide swallow screening pathway and guideline for RHM 2017 (Caroline Colgan)
- The Senior SLT for Acute Stroke is the IASLT representative for the National Stroke Programme (Caroline Colgan)
- Member of the Value Stream Analysis group Regional Hospital Mullingar 2017 (Caroline Colgan)
- Team lead for the HSCP RIE project to streamline referral and assessment processes for HSCPs developing a Universal HSCP Referral and Screening pathway and tools 2017 (Caroline Colgan)
- Policy development for the new HSCP Universal Referral and Screening Process 2017 (Caroline Colgan)
- Therapy Group Lead (Speech and Language Therapist) on the National Working Group of the National Clinical Programme for Older Persons. Member of Project Steering Committee on upcoming 2 year project to develop an Interdisciplinary Competency Framework for working with Older Persons (Anne Claffey)
- Member of IASLT Working Group which developed ‘The Role of The Speech and Language Therapist in Assessing Capacity and Facilitating Understanding to Support Decision Making For Adults with Communication Disabilities’ – IASLT Position Statement 2017 (Anne Claffey)
- Member of Acute Floor Operational RIE from August 2017- present (Chloe Heslin) and contributed to the Acute Floor Operational policy document for RHM.
- Member of the Hospital Communication Steering Group (Chloe Heslin) – contributed to communication access and signage across the hospital as well as the ‘Hello My Name Is’ campaign implementation across the hospital in February 2017.
- Nutrition Steering Committee (Anne Claffey/Caroline Colgan)

**Training and Education**
The following training and education is provided by senior speech and language therapists

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

Objectives for 2018

• Implementation of care pathways to direct limited SLT resources to highest priority/severity dysphagia patients in a timely manner
• Routine swallow screening for Stroke patients (as per KPI). Research shows long-term benefit of early screening in Stroke (reduced LOS, reduced rates of alternative feeding, reduced need for specialist SLT assessment) to facilitate
• To ensure that 90% of NCHDs are fully trained in swallow screening for Stroke (to meet KPI)
• Quality improvement initiative to develop care pathway for SLT management of Frail Elderly
• Commence with pilot of Frail Elderly SLT dysphagia screening at point of admission (ED) to facilitate early identification of referrals
• Implement structures to support communication access, communication support, supported decision-making and choice for vulnerable service users – particularly those with cognitive impairment/dementia and stroke.

Presentations and Staff Achievements 2017

• **Poster presentation** ‘Creating an integrated tracheostomy care pathway for patients in an Irish regional hospital – the feasibility and effectiveness of a dedicated tracheostomy team’. International Conference on Integrated Care, 8-10th May 2017; IASLT Biennial Conference 25-26th May 2017 (Anne Claffey and Chloe Heslin)
• **Poster presentation** ‘Talking about the end – involving service users in an end-of-life care quality improvement initiative in a residential unit’. International Conference on Integrated Care, 8-10th May 2017; IASLT Biennial Conference 25-26th May 2017. (Anne Claffey and Community SLT Jolene Dervin)
• **Oral presentations**: ‘Decision-making in Dementia: How can Speech & Language Therapists lead and support?’ Better Communication for People with Dementia Study Day, Trinity College Dublin, 9th Nov 2017 (Anne Claffey)
• **Oral presentation** at Dysphagia SIG in relation to Supported Decision Making in Dementia (Anne Claffey)
• **Oral presentation** in relation to MDT Tracheostomy Care and Audit at RHM in June 2017 (Anne Claffey)
• **Poster presentation** ‘The Implementation and Outcomes of a Swallow Screening Pathway in the Acute Setting receiving first prize best poster award at Regional Hospital Mullingar Research Conference in June 2017 (Caroline Colgan and Chloe Heslin)
• **Oral presentation** ‘Formal Swallow Screening for the acute stroke patient using an evidenced based tool’. Nursing and Midwifery Research Conference 11th October 2017 (Caroline Colgan)
• **Oral presentation** ‘Communication Post Stroke’ Annual Stroke Study day Regional Hospital Mullingar 18TH October 2017 (Caroline Colgan)
• **Oral presentation** ‘Streamlined Referral and Assessment Processes for Health and Social Care Professionals’. IEHG Health and Social Care Professionals forum 06th December 2017. (Caroline Colgan)
• **Oral presentation** ‘Taking TEAM from transactional to collaborative working’, IEHG Adopting Lean for Healthcare Transformation Symposium Farmleigh House Phoenix Park 15th December 2017 (Caroline Colgan). Received award for IEHG Best Innovation and Collaboration 2017.
Patient Services Report

The Patient Services department provides clerical and secretarial services for all front line clinical services and is managed by Ms Janet Murray (Patient Services Manager) supported by Ms Frances Greville and a team of secretarial and clerical staff. The main reception, telecommunications and admissions departments are managed as part of the Medicine/ED Directorate (due to the cross cover and adjacencies to ED) and supervised by Ms Leona Sweeney.

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

- Management of scheduled care
- Management of computerised referral, booking and scheduling service on iPMS
- Management of OPD e-referrals/Healthlink
- Central referrals unit
- Validation of OPD waiting lists
- Healthcare records management
- Medical secretarial service
- OPD, Day Ward, ARC reception, Women’s health unit
- Ward and department based clerical support
- Patient transport services Longford/Westmeath
- Regional OPD services Longford and Athlone

Healthcare Records Management

The HSE Standards and Recommended Practices for Healthcare Records Management (2011) set out standards in relation to the suitability of the physical facilities, structure and content of the healthcare record (HCR). The Healthcare Records Management steering group is a multidisciplinary group which is working towards ensuring that all patients treated in the hospital have a healthcare record, which provides comprehensive clinical information for safe and effective treatment.

Activity 2017

The following graphs outline the outpatient activity in 2017 and include attendances and referrals.
Scheduled Care
Scheduled Care includes the management and monitoring of all scheduled appointments and referral processes and includes in-patients, day cases and out patients. The scheduled care multidisciplinary committee manage and monitor systems and processes against national key performance targets. Action plans with assigned responsibilities were developed with a focus on the following

- Current and projected waiting list targets by specialty
- Chronological scheduling
- Biannual validation of waiting Lists
- Elimination of breaching of national targets
- Improving waiting lists efficiency

IPMS Information System
IPMS is the IT information system supporting day-to-day operations and is used to record all activity including referrals, waiting lists, admissions, outpatient appointment/attendances, emergency department attendances, transfers/discharges and billing. The IPMS cross site group meet on a monthly basis to plan developments and co-ordinate the management of IPMS across the Midlands Region.

Achievements 2017
Achievements in 2017 include the following

- Opening of an off-site dedicated healthcare records archive store and medical records centre. This initiative will improve the management of paper charts through the utilisation of a purpose-built facility supported by iPMS
- Transfer of Ophthalmology clinics at Mullingar and Longford from Occuco to iPMS
- Completion of new patient transports contracts in conjunction with the Office of Government Procurement.
- Assistant staff officer support to Endorad System.
Weekly Neurology Outpatient Clinics
Improved process for the provision of charts to off-site Antenatal Clinics.
Rollout of iPMS to Physiotherapy Department
Realignment of clerical support to include Clinical Speciality Centre

Objectives for 2018
The following developments are planned for 2018
- Acquire more space for on-site healthcare records filing systems
- Staffing of Archive Store
- Extension of SMS text reminder for paediatric appointments
- Extension of SMS text reminder to Longford outpatients
- Testing and roll out of Version 5 of iPMS
- Participation in testing National Laboratory System (MedLis)
- Interface of healthlink e-referrals with iPMS (National project)
- Improve document turnaround time, and supervise the distribution of work among clerical/admin employees in the hospital.
- Clerical support to Rehab Unit
- Alignment of respiratory and cardiology administration.
- Extend Endorad clerical support to include Endodiver
- Introduction of new flexi-time recording system.
- Achieve DCDQ 2018 award for inpatient and outpatient data quality and completeness.
- Outpatients department patient flow – Quality Improvement project
GENERAL & SUPPORT SERVICES

General and Support Services are at the heart of all services provided by the hospital. They provide catering, cleaning and portering services and aim to deliver quality services to all patients attending the hospital. The department reports are outlined under the following headings:

- Catering Services
- Support Services

Catering Services Report

The Catering service is managed by Ms Emily King (Catering Officer) for food production and Ms Sheila Bergin (Catering Officer) for Distribution Services and Ms Ann Marie Hill (Catering Officer)

The Catering Department produces 10,200 meals per week and provides service to the following:

- In-patients at the hospital
- St. Lomans admissions and long stay units
- Various day care centres in the community
- All staff based in the hospital and the HSE offices in Mullingar
- Additional catering is provided for training groups / meetings/ functions as required

Meals are produced in the catering department Monday to Friday using the cook-chill system of catering and adhere to the following standards:

- Standards used IS 340
- Guidance note 15 Cook chill Catering
- HIQA
- EIQA

The Central Production Unit achieved the EIQA Hygiene and Food Safety Standard in 2013 and has subsequently retained this standard. The staff dining room has been the recipient of the Gold Award from Happy Heart at Work Award (Irish Heart Foundation since 1997 to date).

Standards & Quality Improvements 2017

The following improvements were enhanced in 2017:

- National patient Nutrition standards
- Improved menu choice for patients,
- Provision of a complete range of therapeutic diets
- Improved identification labeling on patient therapeutic diet meals and allergen free diets
- HI National salt reduction plan, Salt is not routinely added to dishes, but some ingredients are high in salt, and these have been replaced with low salt items, -Menu reviews bi -annually, with seasonal changes, and new dishes offered based on feedback of patient and staff preferences incorporating Healthy Ireland initiatives and Operation Transformation recipes
- Reduction in chemical usage / green cleaning
- High density Snacks provided to increase nutrition for patients with poor appetites

Activity Staff Dining 2017

Staff dining activity has increased by 15%. The most popular meal is breakfast with our range of healthy offerings that are filling and nutritious. (These include fresh fruit, egg dishes, low fat, low calorie hot mushroom and tomato dishes, porridge, fresh brown bread made daily)
Achievements 2017

- Nutritional Audit by HIQA identified several very good achievements in relation to the current patient meal service
- Gold Award Happy Heart new standard … less chips! 3 x chip free days now in place more reduced fat items
- Achieved the Sapphire Status in recognition from EIQA Audit

Congratulations to the HI Team, Nutrition and Catering teams for achieving Happy Heart and Healthy Eating awards

Staff Appointments 2017
The Catering department welcomed new staff to the department
- Ms Ann Marie Hill, Catering Officer
- Ms Elaine Gavin, Mr Eamon Donoghue, Ms Sinead Lynch and Ms Virginia Bardon have been appointed as Multi Task Attendants in the Catering Department & Support Services Dept.

Objectives for 2018
2018 objectives include the following
- Engage in Hospital wide initiative to reduce energy consumption. The Catering Dept is one of the highest consumers of energy in the hospital. The hospital target is to reduce power usage by 8%. The Catering will audit usage and identify opportunities for reduction. These will be implemented through energy awareness campaign, revised work practices, administrative controls, engineering controls, and process change to effect reduction.
- National Patient Experience Survey findings – Catering dept to work with Hospital Nutrition Committee to improve patient meal experience
- Reduce food waste – currently patients request small meals, combine patient nutritional needs with high density meals to provide nutritional requirements
- Protected meal times, to be implemented, with a change of meal times serving ‘lighter meal’ at 1pm with dinner service at 5.00pm, when patients have more time to enjoy their meal experience

Support Services Report
The Support Services department provides a range of non-clinical services in an integrated manner that both enhance the patients experience and supports the hospital clinical staff. The department is responsible for ensuring that the hospital and its environment is maintained in a clean and safe manner for patients and staff, complying with Infection Prevention and Control Guidelines; Hazard Analysis at Critical Control Points, (HACCP) standards for the delivery of catering and the Health Information and Quality Authority (HIQA) National Hygiene Standards. The Support services department is managed by Ms Mandy Reilly, Support Services Manager, supported by Mr Andy McKeown, & Ms Lisa Meyler, Support Services Supervisors, Ms Bernie Brady, Hygiene Audit Supervisor and a team of MTA’s.

The Department has 100 wte Multi Task Attendants (MTA) who provide a range of services to cover hospital cleaning, catering and portering duties.
- Ward Catering Staff
- General X-ray and Theatre Portering
- Endoscopy Operatives
- CSSD Operatives
- Mortuary Porters
- Physiotherapy, Occupational Therapy, Pharmacy
- Out Patients
- Emergency Department
- Laundry Services
- Waste Management Services
Quality Improvement
As in previous years the focus in 2017 centred on identifying and implementing quality improvement initiatives, ensuring efficient use of resources and compliance with specified quality parameters. The Hospital Hygiene Committee continued to meet monthly and ensured the hospital had arrangements in place for the on-going development of Quality improvement plans in hygiene services. In addition, the group monitored all hygiene audits to ensure corrective action was taken in areas of non-compliance.

Hygiene Audit System
The electronic audit System has streamlined the method of auditing and disseminating findings and provides information which helps strategic management and delivery of services efficiently and effectively.

Developments and Improvements 2017
The Change Management programme continues to focus on organisational development, design and team development. Team Development within the Support Services Department includes the following sub group work;
- Departmental Structures
- Further developing Team Leaders to assist with the operational management
- Communication mechanisms and structures within the Department
- Review of in-house patient focused training programme for rollout in 2018

Summer Refurbishment Programme
The Support Services Department along with Maintenance Department spearheaded a refurbishment programme which saw necessary renovation of facilities in the Surgical Ward and the Rehabilitation Unit. This programme will be rolled out with further refurbishment plans in place for 2018

Achievements 2017
Achievements in 2017 include the following
- Positive Increase in hygiene audit results target line
- Increased awareness of the chain of infection
- Increased awareness of importance of HIQA guideline on Nutrition and Hydration
- Improved communication within department and with other disciplines
- Clarification of roles
The service development strategic plan outlines the priorities of the hospital under the following headings:

- Corporate (Management, performance, HR, education and training and finance)
- Clinical Directorates, Medical and Nursing
- Quality, Risk, Patient Safety and Consumer Affairs
- Health and Social Care Professionals
- Clinical Services (Clinical engineering, laboratory, pharmacy and radiology)
- Facilities, Estates and Safety
- Patient and Support Services
- Community and Regional Services

Some priorities outlined in the service development strategic plan have been achieved in 2017. Other priorities are expected to be achieved within current resources. Still others can be achieved utilising minor capital funding which will allow the hospital to achieve quality and service improvements. The following lists the service development priorities for Regional Hospital Mullingar.

- 24/7 ED medical cover
- Geriatric liaison service for nursing homes
- Dermatology pigmented service development and waiting list initiative
- Anomaly and dating scanning service for all mothers
- Additional obstetric consultants
- Urology and Orthopaedics pathway
- Clinical engineering and medical physics development
- Finance ABF and case mix
- Major capital plan development for (MRI, theatre, ICU and Endoscopy)
- Governance and realignment of community and regional Services
- Hospital/GP/Community Unscheduled Care initiative