Contents

Overview of the Hospital ........................................................................................................... 5
Introduction ................................................................................................................................. 7
Senior Management Team .......................................................................................................... 8
Clinical Leads, Nurse Management, Head of Departments ....................................................... 9
Governance and Management ................................................................................................. 11
Performance ............................................................................................................................. 12
Hospital Activity ....................................................................................................................... 12
Performance Highlights ........................................................................................................... 12
National Targets ....................................................................................................................... 13
Corporate Reports ................................................................................................................... 14
Finance Report ......................................................................................................................... 14
Human Resources Report ......................................................................................................... 16
Medical Report ......................................................................................................................... 19
Nursing Report ......................................................................................................................... 20
Facilities, Estates and Safety Report ......................................................................................... 22
Estates and Maintenance Report ............................................................................................ 24
Quality, Risk and Consumer Affairs ....................................................................................... 26
Clinical Quality and Patient Safety Report ............................................................................... 26
Incident and Risk Management Report .................................................................................... 31
Infection Prevention and Control ............................................................................................. 32
Consumer and Legal Affairs Report ......................................................................................... 33
Clinical Directorates .............................................................................................................. 35
Medicine and Emergency Department (ED) Directorate Report ............................................... 36
Peri-Operative Directorate Report ............................................................................................ 49
Women and Children Directorate Report ................................................................................ 58
Clinical Services ..................................................................................................................... 69
Health and Social Care Services ............................................................................................... 78
Patient and Support Services ................................................................................................... 85
Service Development Strategic Plan (2017-2020) .................................................................. 91
Publications / Presentations / Abstracts .................................................................................... 91
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 206 beds (184 inpatient16 day beds and a 6 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 service 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)
- MiDoc Service
Introduction

2016 was a year of challenge and change involving many departments and staff across the hospital. The alignment with Ireland East Hospital Group (IEHG) has been a very welcome and positive development for the hospital and allows for a locally managed hospital with close Regional Support. The past year has seen the restructuring of the hospital’s Corporate and Clinical Governance structures including the development of three Clinical Directorates (Peri-Operative, Medicine/ ED, Women and Children) which coincided with the appointment of Clinical leads and Business Managers. The hospital has also experienced a strengthening of the Quality, Risk and Safety structures with the appointment of a Quality and Patient Safety Manager, Risk Manager and a Facilities and Safety Manager. Corporate services have also been developed with the appointment of a HR Manager and the enhancement of the Consumer and Legal Affairs Department. It is a testament to the flexibility and adaptability of staff that all these appointments and developments were introduced within existing resources.

The hospital Consultants, Nursing teams, Managers and staff have all embraced these changes resulting in improved communication, efficiencies, productivity as well as enhancing clinical governance and the improvement of services for patients.

I would like to take this opportunity to highlight the excellent working relationships with our Community Partners in CHO8. The hospital and community have several integrated care models within our region including:

- Hospital outpatient services located in St Josephs in Longford
- Ophthalmology and Radiology services in St. Joseph’s Longford and
- Radiology and Ophthalmology services in Clonbrusk Primary Care in Athlone
- MIDOC services are also located in the hospital

The hospital is also involved in a joint GP Hospital Liaison Committee and an extremely effective Hospital and Community Local Placement forum. This joint forum is an efficient and effective discharge planning forum and results in minimal bed days lost and high performance in delayed discharge statistics for the hospital.

I would like to take this opportunity to thank Mary Day, CEO IEHG and the IEHG Team for their support. I would also like to extend my personal thanks to my colleagues in the Regional Hospital Mullingar for their professionalism, commitment, enthusiasm, support and leadership. This annual report provides a summary of the services, developments and achievements undertaken in 2016. Our vision and aim is to strive for continuing improvements and to further develop our services for the community we serve.

Shona Schneemann
General Manager
Senior Management Team

Senior management team
L-R Back: Sharon Gorman (Clinical Quality & Patient Safety Manager); Dr Sam Thomas (Clinical Lead Women and Children Directorate); Shona Schneemann (General Manager); Dr Grace Donnelly (Clinical Director, Clinical Lead Perioperative Directorate); Dr Hilary Cronin (Clinical Lead Medicine and Emergency Medicine Directorate); William Harding (Facilities & Safety Manager);
L-R Front: Anne Kelly (Director of Nursing & Midwifery); Martina Gill (Human Resource Manager); Antoinette McMenemy (Finance Manager)
Clinical Leads, Nurse Management, Head of Departments

Claire Banahan
Nurse Planner

Joan Boyne
Business Manager
Finance

Danny Connaughton
Business Manager
Woman & Children

Clare Conway
Nurse Manager
Perioperative

Marie Corbett
Nurse Manager
Women & Children

Dr Hilary Cronin
Clinical Lead Med. & Emergency Med. Directorate

Helen Cunningham
Data Co-ordinator

Dr Grace Donnelly
Clinical Director & Clinical Lead Peri-operative

Andrew Farrell
Clinical Engineer

Grainne Flanagan
Dietician Manager

Martina Gill
Human Resource Manager

Sharon Gorman
Clinical Quality & Patient Safety Manager

William Harding
Facilities & Safety Manager

Dr Shu Hoashi
Clinical Director

IPC Nursing Team

Yvonne Kane
Business Manager
Perioperative
Governess and Management

During 2016, the Governance and Organisational structure of the hospital has been restructured in alignment with Ireland East Hospital Group. The Management team, Corporate and Governance has been strengthened.

The senior management team consists of the following

**Executive Management team**

- Ms Shona Schneemann, General Manager
- Dr Shu Hoashi, Clinical Director (to July 2016)
- Dr Grace Donnelly, Clinical Director and Clinical Lead Perioperative Directorate (Aug 16)
- Dr Sam Thomas, Clinical Lead Women and Children Directorate (from Aug 2016)
- Ms Anne Kelly, Director of Nursing and Midwifery
- Ms Antoinette McMenemey, Finance Manager
- Ms Martina Gill, Human Resource Manager
- Mr William Harding, Facilities and Safety Manager
- Ms Sharon Gorman, Clinical Quality and Patient Safety Manager

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 the 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>Hospital Activity</th>
<th>2015</th>
<th>2016</th>
<th>% Variance</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Area of Service Provision</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inpatient Discharges</td>
<td>20,036</td>
<td>18,730</td>
<td>-6.5%</td>
</tr>
<tr>
<td>Day Cases</td>
<td>8,458</td>
<td>9,857</td>
<td>16.5%</td>
</tr>
<tr>
<td><strong>Emergency Care</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ED Attendances</td>
<td>31,918</td>
<td>35,138</td>
<td>10.0%</td>
</tr>
<tr>
<td><strong>Births</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total number of Births</td>
<td>2,206</td>
<td>2,107</td>
<td>-4.5%</td>
</tr>
<tr>
<td><strong>Outpatients (OPD)</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total N° New and Return Consultant led outpatient attendances</td>
<td>48,172</td>
<td>50,067</td>
<td>3.9%</td>
</tr>
</tbody>
</table>

**Note 1:** The decrease of Inpatient Discharges was due mainly to the re-classification of EPU attendances from same day discharges to Outpatient attendances in April 2016.

Performance Highlights

2016 has seen a significant increase in patients attending our Emergency Department. Emergency attendances have increased by 10%, resulting in a 7.7% increase in Emergency Department admissions. These increases have placed a significant burden on our trolley numbers and waiting times.

- 2016 – 35,138 ED attendances compared to 31,918 in 2015, increase +10%
- 2016 – 2,107 births compared to 2,206 births in 2015
- 2016 – 18,740 Inpatient Discharges compared to 20,036 in 2015
  (The decrease of Inpatient Discharges was due mainly to the re-classification of EPU attendances from same day discharges to Outpatient attendances.)
- 2016 – 9,857 Day Cases compared to 8,458 in 2015, increase +16.5%
- 2016 – 50,067 Outpatient attendances compared to 48,172 in 2015, increase +3.9%
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 91% year-to-date, with 5 of 12 metrics reaching 100% compliance
- Scheduled Care for Adult Inpatients / Day Case, currently 98.8% with 8-month target compliance and a 100% compliance for Children with 5-month target
- Out Patient Access, 92.2% complaint on our 15-month target
- Endoscopy, 100% compliant for urgent referrals and 91.7% for routine referrals
- Hand Hygiene, overall average of 95% in 2016

The Regional Hospital Mullingar achieved the NTPF Data Quality award in patient and day case waiting list management.

The achievement of this award is due to the close monitoring and daily management of data by the Data Coordinator and Administration team.
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 departments were aligned in 2016 under the management of 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 Finance Department has 14.8 WTE’s and is made up of the following Departments: Payroll, Creditors, Patient Accounts, Management and General Accounting. 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
- 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.

2016 Expenditure Review

Overall the hospital had a budget over run in pay of €375k. Main contributors to this overrun were ‘Other Agency’, ‘Medical Agency’ and ‘Standby’ costs.

Non-pay costs were €1m under Budget. These savings were mainly achieved through the reduction in ‘Bad Debt’ provision, and savings in ‘Capitation’ and ‘Laboratory’ costs.

Other overruns in Non-pay costs were in ‘Medical and Surgical Supplies’ and ‘Patient Transport’ (due to the increased use of Private ambulances).
### Budget Vs Actual 2016

<table>
<thead>
<tr>
<th>Regional Hospital Mullingar</th>
<th>Budget 2016 €M</th>
<th>Actual 2016 €M</th>
<th>Variance 2016 €M</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pay</td>
<td>59.915</td>
<td>60.290</td>
<td>0.375</td>
</tr>
<tr>
<td>Non-Pay</td>
<td>17.504</td>
<td>16.477</td>
<td>-1.026</td>
</tr>
<tr>
<td>Gross Spend</td>
<td>77.418</td>
<td>76.767</td>
<td>-0.651</td>
</tr>
<tr>
<td>Income</td>
<td>-11.700</td>
<td>-9.332</td>
<td>2.368</td>
</tr>
<tr>
<td>Net Expenditure</td>
<td>65.719</td>
<td>67.435</td>
<td>1.717</td>
</tr>
</tbody>
</table>

### Regional Hospital Mullingar 2016

<table>
<thead>
<tr>
<th>Amount €'k</th>
<th>Payroll Deductions</th>
<th>Patient Income</th>
<th>Other Income</th>
<th>TOTAL INCOME</th>
<th>Management Administration</th>
<th>Medical Dental</th>
<th>Nursing</th>
<th>Paramedical</th>
<th>Support Services</th>
<th>Maintenance and Technical</th>
<th>TOTAL PAY EXPENDITURE</th>
<th>TOTAL NON-PAY EXPENDITURE</th>
<th>NET EXPENDITURE</th>
</tr>
</thead>
<tbody>
<tr>
<td>-2</td>
<td>-8567</td>
<td>-763</td>
<td></td>
<td>-9332</td>
<td>5804</td>
<td>18043</td>
<td>19532</td>
<td>7753</td>
<td>8259</td>
<td>899</td>
<td>60290</td>
<td>16477</td>
<td>67435</td>
</tr>
</tbody>
</table>

### Overview of ‘Financials’ in 2016

In 2016, the hospital incurred a Net expenditure of €67.4m against a Budget of €65.7m resulting in a deficit of €1.7m (2.6% of budget). This deficit was made up of an over spend in pay of €375k, an underachievement of the income target of €2.4m and an underspend in Non-pay of €1m.

The accelerated income targets introduced in 2016 were unrealistic and have been removed for 2017. The hospital managed to increase its annual income by €237k and reduce its Non-pay costs by €934k over the 2015 levels. The hospital also achieved its Non-pay expenditure Cap in full.
Development Plan 2017

The following developments are essential to ensure compliance with finance, Casemix and ABF requirements

- The recruitment of a Grade V post to manage PHI claims, meet MOU deadlines and improve the income processes
- The recruitment of a Grade VII post to develop Casemix, ABF functions and improve balance sheet reporting.

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) supported by 1.5 staff.

The HR department also provides a Medical Manpower service which is responsible for the recruitment of Non-Consultant hospital doctors.

In addition, it provides managers with human resource information whilst offering support and guidance on how best to navigate through a complex range of HR policies and procedures. The Operational goals and initiatives of the department are aligned to the hospitals and the IEHG Strategic Plan. The success of the department can be measured in its ability to align and integrate its processes with these plans.

Change vs Ceiling

The following table outlines the change in WTE’s 2014, 2015 and 2016.

<table>
<thead>
<tr>
<th>Hospital</th>
<th>DEC’14</th>
<th>DEC’15</th>
<th>DEC’16</th>
<th>Increase WTE’s from End of’14</th>
<th>Increase WTE’s from End of ‘15</th>
</tr>
</thead>
<tbody>
<tr>
<td>RH Mullingar</td>
<td>744.86</td>
<td>867.50</td>
<td>872.03</td>
<td>127.17</td>
<td>4.53</td>
</tr>
<tr>
<td>TOTAL</td>
<td>744.86</td>
<td>867.50</td>
<td>872.03</td>
<td>127.17</td>
<td>4.53</td>
</tr>
</tbody>
</table>

The increase in WTE’s since 2014 was a result of additional nursing and medical posts, agency conversions and the regional alignment following the establishment of hospital groups.

The restructuring of the hospital, which included the appointment of Business Managers, a HR Manager, a Quality and Patient Safety Manager and a Risk Manager was completed within existing resources in 2016.
The table below shows the change in WTE by Staff category

<table>
<thead>
<tr>
<th>STAFF CATEGORY</th>
<th>DEC’14</th>
<th>DEC’15</th>
<th>DEC’16</th>
<th>Change in WTE’s 2016 vs 2014</th>
<th>Change in WTE’s 2016 vs 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Dental</td>
<td>110.15</td>
<td>132.49</td>
<td>132.96</td>
<td>22.81</td>
<td>0.47</td>
</tr>
<tr>
<td>Nursing</td>
<td>267.03</td>
<td>316.48</td>
<td>311.86</td>
<td>44.83</td>
<td>-4.62</td>
</tr>
<tr>
<td>Health and Social Care Professionals</td>
<td>93.04</td>
<td>116.03</td>
<td>118.14</td>
<td>25.01</td>
<td>2.11</td>
</tr>
<tr>
<td>Management/Admin</td>
<td>112.17</td>
<td>130.20</td>
<td>135.57</td>
<td>23.4</td>
<td>5.37</td>
</tr>
<tr>
<td>General Support Staff</td>
<td>41.80</td>
<td>40.82</td>
<td>43.79</td>
<td>1.99</td>
<td>2.97</td>
</tr>
<tr>
<td>Other Patient and Client Care</td>
<td>120.67</td>
<td>131.48</td>
<td>129.71</td>
<td>9.04</td>
<td>-1.77</td>
</tr>
<tr>
<td>TOTAL</td>
<td>744.86</td>
<td>867.50</td>
<td>872.03</td>
<td>127.08</td>
<td>4.53</td>
</tr>
</tbody>
</table>

**Medical Manpower**

During 2016, Medical Manpower recruited 102 NCHD staff. The department was faced with the challenge of conducting the advertising, interviewing, pre-clearance process and contracting for all posts within existing resources. As a result of the national shortage of doctors in some specialties, it became necessary to fill some posts with agency staff as well as employing additional recruitment measures. The lessons learned, and the experience gained, are likely to speed-up future work permit applications adding to the efficiency of the department.

**EWTD**

The hospital has faced various challenges in order to achieve and maintain compliance with the 24-hour and 48-hour EWTD. Additional NCHDs may be required to achieve 100% compliance within 48-hour period.

There were particular challenges for Medical and Surgical teams due to lack of 24/7 ED cover and insufficient NCHD positions. Improvements are expected in 2017 due to the extension of the ED NCHD cover up to 2.00 a.m. in 2016 and the appointment of additional senior decision making in the department.

**Payroll Management Control Group (PMCG)**

Applications to the Payroll Management Control Group in 2016 were in excess of 300. These applications consisted of requests for replacement posts due to retirement, resignations, maternity leave cover, contract end date application and temporary appointments. There was also an increase in the movement of internal staff as a result of promotional opportunities and the restructuring of the hospital.

This appointment process has now been streamlined and it is expected that this will allow for appointments to be processed in a more efficient manner.
Employee Relations

The hospital maintains a cooperative, developing and shared working relationship with all unions who have members in the Hospital. In 2016 we continued to work to resolve issues and grievances before they escalated and met regularly with the unions in this regard.

Education and Training

Education and training for undergraduates, post graduates and the ongoing training and development of staff is essential to attract and retain medical, nursing allied health and support staff. The Hospital is currently aligned with UCD, RCSI, AIT, and GIT and provides training and placements for NCHD’s, nursing, paramedics, public health nursing, nutrition and physiotherapy. The IEHG academic partner is UCD and a review of student numbers, trainers and training facilities is planned in order offer ongoing education services for the future.

Developments in 2016

The Governance and organisational structure of the hospital and the HR department have been considerably developed and strengthened throughout 2016. The hospital appointed a HR Manager and the medical manpower department now falls under its remit. Approval for the appointment of an assistant staff officer was granted in December 2016. When appointed, this post holder will enable the HR department to further enhance its services, and improve the existing processes and procedures to meet future needs.

Achievements 2016

2016 experienced the enhancement of the working relationship with the NRS. The two departments now work collaboratively in the recruitment of staff. The hospital’s HR department carried out the recruitment of permanent nurses from the Rolling Campaign with the pre-clearances and contracting being carried out by NRS. Applicants were appointed on a temporary basis, (pending the issuance of permanent contracts). This was done in order to speed-up recruitment for critically needed posts within the hospital.
Medical Report

In August 2016, Dr Grace Donnelly was appointed Clinical Director.

The management and staff would like to take this opportunity to express appreciation to Dr Shu Hoashi for his clinical leadership during his tenure as Clinical Director (November 2011 – August 2016).

Surgery

There are 4 consultant surgeons, 6 registrars (including one RCSI college tutor and one specialist registrar), 6 SHO’s and 4 interns.

In July 2016, we were delighted to welcome Dr Doireann Joyce, our first surgical specialist registrar from the national surgical training scheme.

Medicine

There are 8 consultant physicians, 10 medical registrars (including one Specialist registrar in gastroenterology), 18 SHO’s and 3 Interns.

In 2016, Dr Inam Khan was appointed as Consultant Cardiologist/Physician (8th Post). In addition, Dr Shane Smyth Consultant Neurologist was appointed as a joint post holder between the Mater hospital and the Regional hospital Mullingar.

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 2016, we succeeded in getting approval for 3 new consultant paediatrician posts which will be advertised in the spring of 2017.

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.

Laboratory

Consultants in haematology, pathology and microbiology provide joint regional services with the Midland Regional Hospital, Tullamore. Immunology services are covered under a service level agreement. In 2016, Dr Graham Lee was appointed consultant in clinical biochemistry as a joint post between the Mater Hospital and the RHM.
Nursing Report

The Nursing and Midwifery service is managed under the leadership of Ms Anne Kelly, Director of Nursing and Midwifery.

The nursing 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

In 2016, the Department of Nursing and Midwifery's key priority continues to be on safe quality care at every part of our patient’s journey. This care is underpinned by the nursing core values of compassion, care and commitment.

The ongoing implementation of the nursing metrics enables us to measure and improve how we care, with a particular focus on clinical observations and 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 remains a high priority for the Department of Nursing and Midwifery.

<table>
<thead>
<tr>
<th>Date</th>
<th>WTE’s</th>
<th>Hires</th>
<th>Leavers</th>
</tr>
</thead>
<tbody>
<tr>
<td>31.12.2016</td>
<td>331.28</td>
<td>26.50</td>
<td>20.77</td>
</tr>
</tbody>
</table>

The hospital experienced significant challenges relating to increased activity, staffing levels and skill mix during 2016. It is acknowledged that the increase in activity and acuity has placed a significant burden on nursing and the HCA staff within the clinical setting. Staffing levels and skill mix were monitored on a daily basis by nursing management to ensure that the optimal use of resources supported the delivery of safe patient care. Redeployment of staff facilitated this need.

Throughout the year, on-going recruitment campaigns were held for both general nurses and midwives.

The following Nursing posts were appointed in the Emergency Department during 2016:

- ADON Patient Flow
- CNM1 x Emergency Department
- CNM2 for admitted patients
- CNM2 and 9.5 Nurses for Ward 4

A total of 27 agency conversions took place. The HSE approved the recruitment of all graduate nurses and permanent contracts were processed.

We have continued to support nurses in their continuous professional development at post graduate and masters level. I would like to congratulate the nursing staff for their achievements in 2016.
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 2016 including the following:

- Consistent achievement of Delayed Discharge targets
- Rapid Improvement in ED
- Patient flow processes between ED and the Acute Floor (AMAU/MAU)
- Bed Management Hub
- Weekly MDT discharge planning
- Weekly local placement forum with Community partners
- Discharge Planning Weekend Hand Over

Nursing Metrics 2016

The table below outlines the Quality Nursing metrics:

![Nursing Metrics Jan-Dec 2016](image)

Achievements 2016

The following developments in 2016 have resulted in continued quality improvements in patient care:

- The implementation of a multidisciplinary ‘Falls Committee’
- The Early Warning Scoring System, and the Irish Maternity Early Warning System were both successfully introduced throughout the hospital (supported by education and training)
- ISBAR Clinical Handover in Obstetric Department
- Nursing Metric development
- Lean Management Training White, Bronze and Green Belts

Finally, I would like to express my heartfelt thanks to all members of staff for their dedication, hard work and commitment throughout the year in providing the best possible patient care in challenging circumstances. There is no doubt that our staff are one of our greatest strengths as an organisation.
Facilities, Estates 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

Service developments and improvements pose challenges in terms of ensuring appropriate clinical and office accommodation. The reconfiguration of limited space has been supported by staff and resulted in the following developments

- Alignment of Admissions and Day Ward administration
- Clinical and Staff Accommodation
- Clinical Office upgrades
- Hospital Administration Office upgrades
- Provision of additional NCHD changing rooms
- Upgrades of hospital meeting room facilities

ICT Services

ICT services are provided regionally by IPSS and managed under the Director of the National Informatics Office Mr Richard Corbridge.

The regional office is located in the hospital with IT issues being processed by the ICT Helpdesk and contracted to a private company.

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

- IPMS
- EndoRAAD
- MedLis
- PC Upgrades hospital wide to Windows 7 / Microsoft Office 2010

There is a requirement for a hospital ICT manager. The incumbent would be responsible for the planning and coordination of local ICT projects and provide on-site expertise and advice.

Security

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

In 2016, the independent Regional Security Manager retired leaving a deficit in terms of independent monitoring, risk assessment and reporting.

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.
The following developments were achieved in 2016.

- Development of Corporate and Directorate Safety Statements
- Review and updating of Risk Assessments

**Staff Safety Incidents 2012 - 2016**

The following table outlines the number of staff incidents by year 2012 – 2016:

![Staff Incidents Reported to H.S.A 2012 - 2016](image)

**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. In 2016, 65% of staff participated in fire training. The following developments were undertaken

- Development of General Emergency Plan (GEP’s) for all clinical ward areas
- Ongoing review of Hospital Fire Evacuation and Safety Aids

**Developments in 2016 include the following**

- Establishment of a Facilities and Safety Department
- Commissioning of a new Hospital Healthcare Records Store to accommodate Patient and Hospital Departmental / Services archived records
- De-commissioning of select hospital records storage units
- External Safety Audit / Review of Safety in the Hospital’s Emergency Department commissioned by the HSE
- Review of Hospital Road Safety exits by the Westmeath County Council
- Health and Safety Authority audit of the Theatre Department
- Dangerous Goods Safety Audit conducted by DCM Compliance
- Commencement of a review of Hospital Clinical Waste disposal process by SRCL Limited
- Major Emergency Plan Policy Review
- Review of Hospital Internal and External Signage
Estates and Maintenance Report

HSE Estates are an integral part of the hospital, providing both 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. These services cover procurement, development and operation and maintenance of the health service’s physical infrastructure. The infrastructure includes buildings, plant and equipment 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 is represented by Mr Brendan Mulligan (Technical Manager) and Ms Claire Banahan (Nurse Planner).

They work in conjunction with the hospital’s 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.

Maintenance Department

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 a combination of in-house staffing and the engagement of specialist services from relevant contractors.

Capital Project Achievements 2016

The hospital benefitted from €520,000.00 minor capital funding in 2016. This capital injection financed a number of urgent projects listed below

- The completion of on-site refurbishment works to the Emergency Department (under Major Capital Developments). As can be expected, building works created a disruption of day-to-day operations, however the project was completed with a successful handover in November 2016
- The old ED which was housed in a modular unit was vacated and in turn underwent a minor refurbishment to create a new ward named as Ward 4
- Refurbishment of the main concourse, reception and café

These capital projects were expertly managed by the HSE Estates team.

Developments in 2016

The following works were also completed in 2016 resulting in significant improvements to the hospital

- Equipping for the Emergency Department and other locations
- Completion of the Women’s Health Unit
Completion of a minor procedure room and office accommodation
Refurbishment of the ICU
Instillation of ventilation system in the Theatre Recovery room
Roof upgrade works
Replacement of 3 main water storage tanks
Replacement of the primary heating system pipes under the main road
Energy metering installation to 60 electrical locations and 2 main oil meters
Upgrades to all hospital lobby and courtyard areas
Approval to design stage for the proposed MRI facility
Passive fire stopping works as per the Hospital Fire Risk Assessment
Upgrade works to hospital wide C.C.T.V. system with full new recording and control equipment together with a number of additional cameras

Projected Developments for 2017

The projected developments for 2017 include the following

Completion and sign off on overall Development Control Plan for the Campus
Progress with the development of the MRI Project to design and tender stage in consultation with the Design Team and hospital management
Upgrade works to hospital fire detection system and emergency lighting over a phased basis to commence in 2017
Business case and proposal for upgrade the Mortuary Facility
Establish an ‘Energy Committee’ on site and progress staff involvement in an Energy Awareness Campaign
Replacement of 3 washers in the Endoscopy cleaning room
Upgrade and refurbishment of exiting Endoscopy unit to provide segregation of areas in the scope cleaning rooms and the requisite ventilation and air changes
Quality, Risk and Consumer Affairs

The provision of quality services is at the centre of all departments in the hospital and the enhancement and development of quality, risk and consumer affairs was a specific focus in 2016. The services provided 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

The Quality and Patient Safety department provides recommendations and support for a framework of quality improvement, risk management and patient safety which will lead to effectively governed healthcare directorates within the hospital. Quality and Patient Safety is led by Ms Sharon Gorman (Clinical Quality and Patient Safety Manager).

The Hospital Clinical Governance Quality and Safety meetings are held on a monthly basis and chaired by the Clinical Director. The committee is responsible to ensure that the hospital identifies and introduces mechanisms to review and monitor the effectiveness and quality of care. Meetings are held to address areas that require improvement.

The terms of reference for the Committee were reviewed, updated and approved in 2016 and include a schedule of reports from a number of committees and groups. Assurance on developments and quality improvements will be sought, in addition to raising any patient safety concerns to the Committee.

The Quality and Safety Committees reporting to the in Clinical Governance Committee are as follows

- Infection Prevention and Control Committee
- Drugs and Therapeutics Committee
- Medication Safety
- Nutrition Steering Group
- Health and Safety Committee
- Health Care Records Management Committee
- Healthy Ireland Committee
- PPPG Steering Committee
- Hygiene Committee
- Smoking Cessation Committee
- Radiation Safety Committee
- Sepsis Management Committee

Clinical quality improvement measures are discussed with Medical, Nursing and Head of Department participation. We would hope to have patient representation on this committee in 2017.

Quality Standards

The hospital completed a self-assessment against all relevant recommendations outlined in reports received from HIQA in 2016. This builds on self-assessments carried out in previous years and on the ongoing work in self-assessing against the Safer Better Healthcare Standards.

Clinical Audit and Review

The hospital continually review key mortality indicators and engages with National and local initiatives such as Sepsis Management to improve clinical quality and reduce avoidable mortality. The hospital will continue to participate at a national level in the National Audit of Hospital Mortality and the National Major Trauma Audit (through the National Office for Clinical Audit). The National Quality Assurance Intelligence System (NQAIS) for surgery was rolled out to acute hospitals nationally in 2015. The NQAIS system provides a platform for performance improvement in surgery and access has been facilitated for members of the Peri-operative Directorate. The hospital supports the developments within the Clinical Care Programmes and supports the development of Quality Metrics in the Acute Hospital Environment.

Patient Centred Care

Patient centred care is intrinsically important to developing clinical safety and effectiveness. Good patient engagement is shown to improve patient self-management and quality of life. The hospital has developed over 50 information leaflets across the directorates as a support to continued better patient experiences. Patient feedback is encouraged through every clinical interaction by all of the staff. In addition, the hospital embraces ‘Your Service Your Say’, ‘Patient Satisfaction Surveys’ and other forums for patient engagement.

Education and Training

Launched in September 2016, the Lunch and Learn programme is a lunch time scheduled 45-minute 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 and 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 the Lunch and Learn Programme

- Utilisation of lunch time, strictly limited to 45 minutes’ duration
- Open informal forum to encourage staff participation
- Promotes a quality improvement and patient safety culture within the hospital
- Assists in introducing new organisational QI and patient safety initiatives
- Facilitates ‘frontline ownership’ of patient care issues
- Encourages multidisciplinary interaction/communication amongst frontline staff
- Promotes and creates awareness of different quality improvement modalities such as LEAN / Six Sigma
- Provides a platform for sharing of expertise/experience amongst staff
- Encourages staff motivation to focus on quality of patient care
- Helps to support staff training requirements and skills development

The programme is designed to encourage ‘frontline ownership’ of patient care issues and thereby establish a positive culture for improved patient care whilst assisting in enhancing staff morale.
In addition, the Quality and Patient Safety Department supports a clinical audit training programme biannually accommodating 25 staff per session who are trained in audit techniques. It supports the Mater Hospital Lean programme and Rapid Improvement training and events and well as other educational opportunities within the hospital.

**Achievements 2016**

The table on the following page outlines the engagements and achievement in QPS

<table>
<thead>
<tr>
<th>Ireland East Hospital Group</th>
<th>Quality, Patient Safety and Risk Management</th>
<th>Monthly forum for sharing and Learning attended by QPS Manager</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quality, Risk and Safety Education</td>
<td>Quality Education forum</td>
<td>Lunch-and-Learn established in September 2016</td>
</tr>
<tr>
<td>Quality, Risk and Safety Education</td>
<td>Lean White Belt Training</td>
<td>4-staff attended White Belt Training – Training to be extended to 20-staff in 2017</td>
</tr>
<tr>
<td>Quality Projects</td>
<td>White Belt Initiative Unscheduled Care RIE Projects MRI Capital Project</td>
<td>A number of projects are in progress which will improve Patient Safety and Quality of Care at the hospital</td>
</tr>
<tr>
<td>Clinical Risks</td>
<td>Processes</td>
<td>Safer Processes in Sedation, ED Reconfiguration, Planned Recovery and ICU revision</td>
</tr>
<tr>
<td>Clinical Risks</td>
<td>Risk Assessments</td>
<td>Hospital Risk Register under review to incorporate HSE National Risk Management Policy</td>
</tr>
<tr>
<td>Clinical Risks</td>
<td>Incidents / Trends</td>
<td>Quarterly Directorate 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>Recommendations Bank which holds Clinical Incident reviews, Desk top reviews, NOCA Audits, NQAIS Surgery, NQAIS Medicine HIQA feedback and Others</td>
</tr>
<tr>
<td>Quality Improvement</td>
<td>Clinical Risks</td>
<td>Bi-weekly Incident review meeting, Incident review Pathway, Education sessions on Open Disclosure and Reporting of Incidents</td>
</tr>
<tr>
<td>Quality Improvement</td>
<td>Laboratory</td>
<td>Blood Track Systems implemented</td>
</tr>
<tr>
<td>Quality Improvement</td>
<td>Hospital Communications</td>
<td>‘Hello My Name Is’. Hospital Signage, Hospital News Letter, Quality Notice Board</td>
</tr>
<tr>
<td>Quality Improvement</td>
<td>PPPG Management</td>
<td>Steering Committee established, Template Standardisation, Shared Drive, Sign-off Process implemented</td>
</tr>
<tr>
<td>Quality Improvement</td>
<td>Increased Data collection and Metrix Monitoring (Maternity and Pharmacy)</td>
<td>Robson Classification, Apinch Classification</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</td>
<td>Leaflet Development</td>
</tr>
<tr>
<td>---------------------</td>
<td>-------------</td>
<td>---------------------</td>
</tr>
<tr>
<td>Clinical Governance</td>
<td>What Committees are in place</td>
<td>Enhancement of the Clinical Governance Quality Patient Safety Meeting. Establishment of the Clinical Directorate Structure</td>
</tr>
<tr>
<td>Clinical Governance</td>
<td>Membership of Committees i.e. (Falls, PPPG, N+H)</td>
<td>TOR's Agendas and Minutes for All Meetings</td>
</tr>
</tbody>
</table>
Incident and Risk Management Report

The hospital adopts a pro-active approach to Incident Management and Incident Reporting. Patient Safety incidents are identified, reported and managed in line with the HSE Safety Incident Management Policy. The Clinical Incident Management team hold bi-weekly meetings led by Ms Paula Turner (Clinical Risk Manager).

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

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

Risk Management

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

The hospital has adopted the report forms of the National Incident Management System which facilitates the timely and accurate reporting of incidents to the State Claims Agency. We also maintain excellent communication channels with our Clinical Risk Advisors in NIMS.

Incident Metrics

The following graph shows the number of incident forms completed. Incident forms are completed to raise awareness of any concern that has or may have an impact on patient service delivery or care. We actively encourage incident reporting across all departments. Incident forms are used to develop trends, encourage learning and reduce risk. Quarterly Incident reports are provided to the Directorates for management review and action as required.
System Analysis 2016

- 4 x Systems Analysis investigations were completed in 2016 and reports were issued to the families.
- 4 senior nursing staff received Systems Analysis investigation training from the National Incident and Learning Team NIMLT.

Infection Prevention and Control

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 2016 to minimise the transmission of HCAI’s to patients, staff and visitors.

The IPC programme is multi-disciplinary with the objective being to prevent the transmission of infection and ensure patient safety.

Hand Hygiene

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 coincide 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”. 50 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 2016 with reports submitted to the HPSC in May 97% compliance and October 95% compliance.

Ward/Department Managers continue to be supported by the IPCN in improving compliance based on the agreed action plan.

The hand hygiene champions group continued to discuss and promote ideas to enhance awareness of HH among all staff. The hand hygiene champions supported the IPCN’s at ward level and conducted informal awareness sessions on HH techniques and the 5 moments.

Education /Training

Education is a key component of the IPCN. Staff are required to attend IPC training every 2 years. 236 staff attended training in 2016. IPC training continued to be provided at the NCHD induction day.

IPCN’s provided training to staff that attended education and training sessions in the RCNE in relation to

- Blood sampling by venepuncture and IV antibiotic administration.
- Wound care management for patients with C-section and infection prevention control in Endoscopy, Catherisation, and Enteral feeding.

Surveillance

In conjunction with the Surveillance Scientist, the IPCN’s maintain the surveillance data bases and implement actions as appropriate.
Patient profiles were maintained throughout the year for all patients (newly identified/previously colonised with MRSA, C DIFF and VRE). This profiling 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 CRE were developed to ensure the management of patients and the implementation of IPC measures.

Audit Programme.

The IPCN continued to undertake several audits in 2016 and reports were circulated in a timely manner.

Both local hand hygiene and national audits are conducted in accordance with national requirements. Action plans are then circulated with the relevant audit reports to the CNM’s for follow-up.

Care bundle validation audits on Peripheral Vascular Catheters/Central Venous Catheters and Urinary Catheters are undertaken on a quarterly basis. Reports, recommendations and an implementation plan for prevention of infection are then presented at HCAI/CNM2 meetings and circulated to line managers.

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

Complaints and Compliments

The following tables outline the number and types of complaints as well as compliments received in 2016.

![Complaints received per month Jan - Dec 2016](chart.png)

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.

![Types of complaints chart](pie_chart.png)
The table below outlines the written compliments received in 2016. All complements are forwarded to the relevant departmental manager for dissemination to staff.

![Compliments Received January to December 2016](image)

**Developments in 2016 include**

- Enhancement of Consumer and Legal affairs Department.
- Realignment of HR and Finance reporting relationships to relevant departments.
- Helping Hands carving located in the main concourse.

**Clinical Directorates**

In 2016, the Clinical Directorate structure was developed to provide enhanced accountability and responsibility for the management and oversight of clinical and business services in the hospital. The Clinical Directorate reports provide an overview of specialties and departments and include activity, developments and achievements in 2016. There are three Clinical Directorates:

- Medicine and Emergency Medicine Directorate
- Peri-operative Directorate
- Women and Children Directorate

The Directorate Management team includes a Clinical Lead, Business Manager and Nurse Manager supported by Speciality Consultants, Clinical Nurse Managers, Head of Departments, 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 completion and opening of the refurbished ED and the opening of the Acute Ward (Ward 4). They have introduced streamlined processes and seen further improvements as part of the IEHG Rapid Improvement team.

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 the hospital, however, the budget remains with the community.

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

The Directorate Management Team consists of:

- Dr Hilary Cronin, Clinical Lead
- Dr Murat Kirca, Clinical Lead to February 2017
- Ms Margaret Williams, Nurse Manager
- Ms Kay Slevin, Business Manager

Activity 2016

The following graphs provide the overall General Medicine inpatient and outpatient activity by month.
The following reports outline the services, activity and developments under each Medical / ED speciality or department.

**AMAU/MAU Report**

The AMAU unit provides acute medicine assessment services (AMAU) for specific patients referred from the Emergency Department. Patients benefit from assessment and diagnostic services with the aim of rapid assessment, treatment and discharge within 6 hours. Clinical Governance for the AMAU is the responsibility of the Medical Consultant on call and is supported by a designated Registrar, Clinical Nurse Manager, Nursing and Clerical support. The service operates Monday – Friday from 12:00 to 20.00.

The following table outlines performance against the National Target for 2016:
The Medical Assessment Unit (MAU) is managed jointly with the AMAU by the Nursing team with designated days allocated for speciality Consultants. There are several referral pathways to MAU. Patients discharged from ED or wards requiring follow up can be referred to MAU, also referrals from GP’s (if appropriate), are scheduled by speciality Consultants to attend MAU on the designated Consultants day. A designated NCHD supports the MAU, which schedules patients from 8:00 a.m.

During 2016, admitted patients from ED were also accommodated within the AMAU/MAU unit. With the opening of an additional 10-bed Ward 4 in Dec 2016, the AMAU/MAU transferred to adjacent accommodation allowing for the development of an Acute Floor.

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.

During 2016, 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 and provides the following services:

- Stress ECG testing
- Cardiac Echo testing
- Holter and BP diagnostic tests
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 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 McCartin (Paediatric 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.

As part of a quality improvement initiative, the Ireland East Hospital Group (IEHG) is implementing a group wide Unscheduled Care Programme to improve the quality and delivery of Unscheduled Care with a focus on improvements in Patient Experience Times (PET) and TrolleyGAR Performance. As part of this Unscheduled Care Programme, the ED team have undertaken Rapid Improvement Event (RIE) Projects during 2016. 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. 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 commenced, including the implementation of a Visual Management System (VMS) to improve patient flow within ED.

**Activity 2016**

The following graphs detail the Emergency department attendances, age profile, triage category and admissions.

---

**ED Attendances 2015 & 2016**

The following graphs detail the Emergency department attendances, age profile, triage category and admissions.
Service improvements and developments include the following:

- Refurbishment of the Emergency Department and Introduction of new Critical Care Equipment
- Expansion in the ANP service in terms of conditions treated and age-group treated
- Launch of Irish Children’s Triage System (ICTS) in Oct 2016
- Introduction of a direct Patient Flow Bleep System
- Staff Orientation and Induction Booklet developed
- Sepsis Emergency Care box and Pathway
- Ambulance Bay Process Developed
- Implementation of a handover ISBAR tool
- Adoption of IMISTAMBO Ambulance Handover
- Triage Escalation Policy developed and implemented
- Safety Brief for staff at 8.00 a.m. introduced
- ED cover for NCHD extended to 2:00 a.m.
- Introduction of Visual Management Board and Patient Handover which has improvement patient flow in the department
- Implementation of Point of Care HCG Testing
- Introduction of Ambulatory Care Area into the Clinical Treatment Area

Publications 2016

Left arm – V2 ECG lead misplacement: a largely unknown entity which can easily be misdiagnosed as pulmonary embolism (Salman Qureshi, Louise Ballesty, Yarlini Ponnambalam, Sam Kuan, Richard M. Lynch).

Sequential bilateral anterior dislocation of the shoulder (Authors: Michelle Barlow (ANP), Richard Lynch). Published in the American Journal of Emergency Medicine 2016 (2016; 34:939. e1-939.e2)

Hospital Doctor Emergency Medicine Abstracts (Authors Michelle Barlow (ANP), Collette Gill (RN), Richard Lynch) Published February 2016. Hospital Doctor Emergency Medicine Abstracts (Authors Michelle Barlow (ANP), Collette Gill (RN), Richard Lynch) Published April 2016.
Endocrinology Report

The Endocrinology service is led by Dr Shu Hoashi supported by a multidisciplinary 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 the MAU or the Rapid Access Diabetes service, rather than being admitted into hospital.

General Diabetes Clinics

Diabetes clinics consist of a multidisciplinary service provided by doctors, diabetes nurse specialist and a dietician. 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.

Teenage Diabetes Clinics

Monthly multidisciplinary diabetes clinics run jointly with Dr Hoashi and Dr Lambert (Paediatrician) act as a transition clinic, prior to the patient moving to Dr Hoashi’s adult diabetes service. It has been in operation since mid-2008, and is one of only a few integrated clinics in Ireland.

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 preconception 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 of one’s own diabetes. There is a 6-week, a 6-month and a 12-month follow up meeting for participants. The programme is delivered by a fully trained Diabetes Nurse Specialist, Senior Dietician 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 gone through 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 has met all KPIs during 2016.

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 Service is led by Dr Clare Fallon supported by 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.
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. Mullhall 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 12 years
- 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

Palliative Care Service is a community based service led by Dr Michael Cushen (Consultant in Palliative Medicine). The Palliative Care service is supported in the hospital by Ms Caroline Gettings (Clinical Nurse Specialist) and the medical and nursing team.

The Ciuín Suite consists of two single en-suite patient rooms with an adjacent family room to each. These beds are available on a 24/7 basis. There are supporting guidelines for the service with regard to admission criteria and referral guidelines.

Palliative care is the continuing active, total care of patients/clients and their families. Palliative care responds to physical, psychological, social and spiritual needs, and extends to support in bereavement. The goal of palliative care is the highest possible quality of life for both patient and family. Palliative care services are structured in three levels of ascending specialisation. The existing MDT is supported with further education programme in this specialist area.

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 (XOlaire) 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. 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.
Activity

The following graph outlines the pulmonary function and sleep lab activity 2004 – 2016.
**Peri-Operative Directorate Report**

The Peri-Operative Directorate was established in August 2016. The Peri-Operative Directorate programme focuses on the surgical patient process from outpatients and Emergency Department through to discharge. Our vision is based around delivering a safe, personal, clinically effective and high quality service to all patients, with a mission to improve the Health and Quality of Life of the Individuals and Communities we serve. The Directorate is responsible for ensuring delivery of safe surgical care by promoting better surgical governance and efficiency, planning patient flow and performance management set against KPIs and other metrics.

The facilities used by the Peri-Operative Directorate have been significantly enhanced during 2016. These improvements include the refurbishment of the ICU and installation of a ventilation system in theatre recovery room.

The Peri-Operative Directorate Management team consists of

- Dr Grace Donnelly, Clinical Director, Peri-Operative Clinical Lead
- Ms Clare Conway, Nurse Manager
- Ms Yvonne Kane, Business Manager

The following reports outline the services, activity and developments under each speciality or department

**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 (3 of the Consultant Anaesthetists are fellows of the Joint Faculty of Intensive Care Faculty of Ireland) and 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 – 2015:

<table>
<thead>
<tr>
<th></th>
<th>2015</th>
<th>2014</th>
<th>2013</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Surgery</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>General Anaesthetic Sedation</td>
<td>1110 2566</td>
<td>997 2546</td>
<td>928 2362</td>
<td>885 2405</td>
</tr>
<tr>
<td>ECT</td>
<td>47</td>
<td>27</td>
<td>75</td>
<td>114</td>
</tr>
<tr>
<td>Obstetric: Mothers Delivered</td>
<td>2207</td>
<td>2415</td>
<td>2461</td>
<td>2712</td>
</tr>
</tbody>
</table>
Obstetric: Total Sections | 782 | 762 | 720 | 825
Obstetric: GA Sections | 53 | 51 | 38 | 34
Obstetric: Labour Epidurals | 1567 | 1665 | 1743 | 1971
Gynaecology | 902 | 729 | 758 | 733
Day Cases General Anaesthetic Sedation | 1197 | 3423 | 833 | 3243
Other (Specify) Cardioversion | 82 | 61 | 70 | 66

Paediatric Clinical Anaesthesia Activity

The following table details the Adult Anaesthesia activity 2012 – 2015:

<table>
<thead>
<tr>
<th>Age 0 - 15</th>
<th>2015</th>
<th>2014</th>
<th>2013</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Anaesthesia cases</td>
<td>502</td>
<td>612</td>
<td>508</td>
<td>487</td>
</tr>
<tr>
<td>Cases &lt; 1 year</td>
<td>51</td>
<td>48</td>
<td>52</td>
<td>52</td>
</tr>
<tr>
<td>Cases &gt; 1 year, &lt; 5 years</td>
<td>138</td>
<td>167</td>
<td>151</td>
<td>131</td>
</tr>
<tr>
<td>Cases &gt; 5 years</td>
<td>313</td>
<td>397</td>
<td>305</td>
<td>304</td>
</tr>
<tr>
<td>General Surgery</td>
<td>465</td>
<td>555</td>
<td>455</td>
<td>451</td>
</tr>
<tr>
<td>Day Cases</td>
<td>206</td>
<td>286</td>
<td>231</td>
<td>223</td>
</tr>
</tbody>
</table>

Education and Training

The Anaesthesia 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

In addition, there are department tutorials, didactic or guest lectures, case presentations, journal club, Sim lab training, Airway refresher training, MandM meetings, Grand Rounds, ICU Grand Rounds, Cardiac Echo and EWS training.
Clinical Care Programme for Anaesthesia

The National Clinical Programme for Anaesthesia published and launched the Model of Care for Pre-Admission Units in December 2014 in order to maximise peri-operative service delivery and improve patient experience.

We currently pre-assess 12.75% of surgical patients and our target is to pre-assess up to 75% of patients to include same day surgery in line with national policy and ensure the vast majority of elective surgery admissions are on the same day of surgery. A business case for expansion of Pre-Assessment services from one day to five-day service is under development for submission in 2017. This would bring the service in line with the productive operating theatre and the Acute Surgery and Elective Surgery Models of Care in order to achieve best patient outcome and value for money in service delivery.

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.

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 Elizabeth Daly supported by nursing and support staff.

Activity

In 2016, there were 9,856 Day Case procedures (including endoscopy) carried out, placing this activity as a very productive Model 3 Hospital Day Ward.

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.

The Endoscopy service is currently participating in the GRS (Global Rating Scale) JAG Accreditation which aims to be recognised nationally and internationally for setting the standards for excellence in accreditation and quality improvement for endoscopy services. JAG operates a quality improvement approach in all that it does. Due to current infrastructure challenges the unit has not yet achieved accreditation.

Activity

The Endoscopy unit achieved 100% compliance for urgent referrals and 91.7% for routine referrals.

The graph below outlines the total Endoscopy activity in 2014, 2015 & 2016

Achievements 2016

- Installation of the EndoRAAD Endoscopy Reporting System to provide quality evidence based data that will be collated for submission to the Specialty National Quality Improvement Programme in Endoscopy. The EndoRAAD System supports the complete patient pathway from Referral to Procedure and Discharge, tracking the patient through all stages of the procedure.
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 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 in 2016

![Graph: General Surgery Inpatient Discharges - 2016]

The efficiency of the surgical department is outlined in the consistent achievement with length of stay national targets.
Achievements 2016

- Establishment of GI MDT meeting with representation from Gastro and Colorectal Surgery and Oncology
- Establishment of MDT meeting for IBD patients with representation from Gastroenterologist, Surgery and Radiology
- Participation in Mater GI MDT meeting where Mullingar patients are discussed
- Provision of smooth transition of patients into the required upper GI services in the Mater hospital
- Appointment of Specialist Registrar July 2016

Development Plan for 2017

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

The ASAU will provide timely access to investigations and senior decision makers and should decrease time to diagnosis and definitive management, reduce the number of surgical overnight admissions and improve the patient experience in the Emergency Department.

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. Three of the Consultant Anaesthetists are fellows of the Joint Faculty of Intensive Care Faculty of Ireland. 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)
<table>
<thead>
<tr>
<th>ICU Audit</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Admissions</td>
<td>387 (16 maternity 4.1%)</td>
<td>344 (7 maternity 2%)</td>
<td>190 (4 maternity 2%)</td>
</tr>
<tr>
<td>Ventilated</td>
<td>96 (24%)</td>
<td>84 (24.4%)</td>
<td>42 (22%)</td>
</tr>
<tr>
<td>NIPPY</td>
<td>16 (4%)</td>
<td>13 (3.77%)</td>
<td>6 (3.1%)</td>
</tr>
<tr>
<td>CRRT</td>
<td>11 (2%)</td>
<td>15 (4.3%)</td>
<td>7 (3.6%)</td>
</tr>
<tr>
<td>Perc Trachy</td>
<td>19 (5.5%)</td>
<td>13 (6.8%)</td>
<td></td>
</tr>
<tr>
<td>Deaths</td>
<td>43 (11%)</td>
<td>21 (6.1%)</td>
<td>9 (4.7%)</td>
</tr>
</tbody>
</table>

**Achievements 2016**

Refurbishment of the ICU facility including a new floor covering, painting, new ceilings and general declutter with new storage in place.
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. The waiting list is currently 12-months and a review of the service will be completed in 2017.

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 staff are led by Ms K. Taaffe Smith CNMII. They have a core nursing compliment of 22 WTE’s and 3 general operatives.

Activity

The following table outlines the theatre activity in 2016

<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>
</tr>
</thead>
<tbody>
<tr>
<td>Annual Total</td>
<td>4554</td>
<td>1871</td>
<td>1537</td>
<td>1216</td>
<td>1717</td>
<td>756</td>
</tr>
</tbody>
</table>

The Minor Procedures Room (MOP’s) was operational from September 2016, adjacent to theatres with 93 cases September–December bringing the total procedures to 4847.
Achievements 2016

- Installation of Air Exchange System in Recovery to meet Health and Safety specifications
- Minor Procedures – Dedicated minor procedures facility, two rooms General and Gynae procedures facility currently operating 3 hours per day, five days a week

Women and Children Directorate Report

The Women and Children Directorate has been established for a number of years but the service has been enhanced in 2016 with the appointment of a Clinical Lead and Business Manager. The Directorate has completed the development of the women’s health unit and has led on the delivery of clinical skills across the hospital.

The Women and Children’s Directorate Management team consists of

- Dr Sam Thomas, Clinical Lead
- Ms Marie Corbett, Nurse Manager
- Mr Danny Connaughton, Business Manager

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 2016.

![Gynaecology Inpatient Discharges - 2016](image)

Gynaecology procedures are also carried out as day cases. The number of day cases is outlined in the graph below.
Achievements 2016

- Opening of the Gynaecology Minor Procedures room in September 2016 (currently operating 3-hours-per-day, five days per week.

Clinical Audit

The following clinical audits were completed in 2016

- Review of informed consent practice for elective Gynaecological procedures at the hospital (Sept 2015 – Sept 2016)
- Practice review of hysteroscopy patient with post-menopausal bleeding at the hospital for an over 18-month period (January 2014 – June 2015)
- Review of endometrial ablation effectiveness in the hospital over a 1-year period (January 2011 – December 2011)
- The prevalence of ovarian cyst in women with abdominal pain

Obstetrics Report

The obstetric service is led by 3 Consultant Obstetricians Dr M. Gannon, Dr S. Thomas and Dr N. Ravikumar. The consultants are supported by a team of medical staff, midwifery managers, midwives, a clinical skills facilitator, a bereavement nurse specialist, support and administrative staff. The Obstetrics Department situated on Level D is divided into 3-separate ward areas, Antenatal, Labour Ward and Postnatal.

Antenatal Ward

The antenatal ward is situated on Level D, East Wing and provides the following services

- Care and support to mothers who have been diagnosed with Ectopic Pregnancy, Stillbirth or Miscarriage.
- Care of patients who are admitted for induction of labour
Care of mothers with pregnancy related illness such as Ante partum Hemorrhage, Hypertension, Intrauterine Growth Retardation, Pre-Eclampsia, Eclampsia, Maternal Sepsis and Stabilization of Gestational Diabetic mothers

Care of mothers who require administration of steroids in pregnancy

**Labour Ward**

The Labour Ward is situated on Level D, East Wing and provides the following services

- Monitoring of mothers and baby in labour
- Delivery of healthy mother and baby
- Induction of labour in high risk pregnancies
- Management of obstetrical emergencies in line with best practice
- Supervision of student midwives, PHN and general nurses

**Post Natal Ward**

The Post Natal ward is situated on Level D, West Wing and provides the following services

- Care of mothers following their delivery, either through SVD, instrumental deliveries or Emergency/Elective Caesarean Section. The unit consists of 5 x 4 bedded rooms, 6 single rooms and 26 cots.
- Care is also provided to the following:
  - Mothers with PET
  - Mothers with diabetes (Type 1 and Type 2 Gestational)
  - Mothers with high BMI
  - Mothers with drug misuse issues

The unit also provides incubator care for babies who are not maintaining correct temperatures and also supports and assists mothers with breastfeeding.

**Activity 2016**

The following graph provides the number of births per month in comparison to 2015
The number and type of deliveries are detailed in the following graph:

The obstetric inpatient discharges and day case activity is detailed below:
Achievements 2016

- Introduction of ISBAR handover tool
- Introduction of Emergency Obstetric bleep throughout the maternity unit
- Assignment of 4-beds for induction, identified by the CNM on a daily basis with dedicated midwife on the antenatal ward
- Launch of Maternity Matters magazine
- Bereavement counselling service role continues to develop with training rolled out to all staff
- Weekly multi-disciplinary team CTG review
- Introduction of Maternal Sepsis screening
- 2 midwives currently doing their Masters in Ultrasonography with UCD
- 2 midwives currently completing their Masters in Midwifery
- 6 midwives completed Module in High Dependency NUIG
- 2 midwives completed module on Examination of New-born UCD

Clinical Audit

The following clinical audits have been undertaken in obstetrics

- Review of Foetal blood sampling in the over 1 year period (1st March 2015 – 1st March 2016)
- Case report - silent uterine rupture in scarred uterus
- Robson classification of LSCS commenced July 2016 and ongoing

Paediatrics Report

The Paediatric Department provides services for the population of Longford, Westmeath and parts of Offaly, Meath, Roscommon and South Leitrim. There are currently 3 WTE permanent Consultant Paediatricians. Dr M. O’Grady, Prof F. Sharif and Dr I. Lambert.

Prof Sharif has a special interest in Community Child Health with a 0.5 WTE commitment to this service. The remaining two posts are General Paediatricians with specialist training in other areas, Dr O. Grady expertise is in Paediatric Diabetes and Endocrinology and Dr Lambert focuses on Adolescent Medicine.

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 the separation of audio-visual from the adult services in the Emergency Department. The hospital has a busy Obstetric service, with 2107 deliveries in 2016. There is a level one neonatal unit 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.

The on-call service in the hospital includes neonatal resuscitation and the management of neonatal emergencies including ventilation and stabilisation of sick term and preterm infants.

Nursing care for Paediatric patients is provided by a team of dedicated nurses, healthcare attendants, MTA’s and administration staff.
In patient care is provided for the following children

- Medical and surgical emergency and elective
- Shared care for Oncology children in conjunction with the centre of excellence in St. Johns Ward, Our Lady’s Children’s hospital, Crumlin

Day Services

The Paediatric Ward provides day services as follows

- Phlebotomy services
- Infusions
- Day-case surgical procedures
- Oncology services for daily attendees through a shared care with Our Lady’s Children’s hospital, Crumlin
- Allergy clinic on the Paediatric ward every Thursday

Outpatient Clinics

Consultant led Outpatient Clinics are held in the hospital with clinics also located in St. Joseph’s Longford. Paediatric special needs and a baby clinic are also held.

Activity

The following graphs detail the inpatient discharges, day case and outpatient activity for 2016

![Paediatric Inpatient Discharges - 2016](image)
Achievements 2016

- Approval for an additional 3 Paediatric Consultant posts
- Paediatric nurses trained in Paediatric Early Warning Score
- Improvement in Children’s Menu in line with HIQA recommendations
- Multiple research articles and publications are referenced under Publications

Special Care Baby Unit (SCBU) Report

The Special Care Baby Unit is located on Level B, West Wing and aims to

- Provide a high standard of holistic care for unwell and premature infants
- Ensure all care is individualistic and that developmentary supportive care is provided for each infant, so that they achieve their maximum potential
- Provide support to parents and families by their involvement in their baby’s care
Sexual Assault Treatment Unit (SATU) Report

Our Sexual Assault Treatment Unit service is available on a 24/7 basis with full time nursing staff providing the service from 0800-2100 hrs as forensic examiners. At night time and weekends, the service is provided by on call staff. This is not an inpatient service.

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 service consists of 6 regional specialist services which are available nationally. This is the only SATU service available in the Ireland East Hospital Group.
Activity 2016

The following graph details the new and return attendance by month.

Sexual Health Service

Male and female patients aged 15 and over can avail of this free, confidential sexual health service. Screening and assessments are carried out at this nurse led clinic. The unit is staffed by a team of nurses with experience in sexual health. Clinical leadership is provided by Dr C. O’ Sullivan (Consultant Microbiologist).

The Sexual Health Clinic at the hospital remains co-located with the Sexual Assault Treatment Unit (SATU) and operates a four hour, appointment only clinic each Thursday morning. Symptomatic
patients are prioritised and seen promptly. This nurse-led service clinic sees patients aged 15 and older and continues to be supported by a Consultant Microbiologist as clinical lead, who attends the clinic weekly. Asymptomatic and symptomatic patients are assessed, triaged, screened and treated by the nurses in the hospital at the Sexual Health clinic.

The following graph provides the number of new and return patients attending the sexual health service.

![Graph showing STI clinic attendances to Dec 31st 2016 with 392 new patients and 239 return patients.]

Achievements 2016

- Implementation of Option 3 Care Pathway allowing for the collection and preservation of evidentially valuable forensic samples in circumstances where the person has yet to report to An Garda Síochána
- Participation and representation nationally in the SATU Guidelines Group, SATU Documentation Group
- Hosting of SSSTDI (Society for the Study of Sexually Transmitted Diseases in Ireland) biannual conference in Midlands (April 2016)
- Participation in HPSC (Health Protection Surveillance Centre) CIDR project (Central infectious Diseases Register)

Women’s Health Report

The development of the Women’s Health Unit located in the Willow unit on Level C was completed in 2016 and provides the following services

- Early Pregnancy Unit every Monday/Wednesday/Friday from 8:30am to 2:00pm The unit provides a GP referral service for women between 6-weeks and 14-weeks’ gestation
- 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
Activity

The following graphs detail the activity in EPU and FAU and 2015 – 2016.

Developments in 2016

- Introduction of an anomaly ultrasound scanning for high risk patients
- Introduction of an appointments booking service for all pregnant women including opportunistic appointments
Clinical Services

The clinical services reports are outlined under the following departments

- Clinical Engineering Department
- Laboratory Department
- Pharmacy Department
- Radiology Department
- Health and Social Care Departments

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

2016, was a very busy year for Clinical Engineering with 1,380 items of equipment requiring scheduled routine servicing. The department also received 790 separate equipment repair requests (90% of these repairs completed in-house). Clinical Engineering was obliged to employ full-time locum staff member to cover annual leave, as the service only has one clinical engineer.

2016, also saw the complete redevelopment of the Emergency Department, which required the installation and commissioning of brand new equipment.

Developments 2016

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.

Laboratory Department Report

The hospital's Pathology Laboratory is a fully accredited service in line with ISO 15189:2012 (Reg 195MT). It is also compliant with AML-BB (S.I No 360 2005) for blood transfusion.

The laboratory continued to provide high quality services to the Longford/Westmeath/Laois/Offaly region under Consultant clinical leadership and the management of Ms Fran Walsh (Laboratory Manager), supported by medical scientists, laboratory and support staff.
The Laboratory Services include

- Blood transfusion including Haemovigilance and Regional ante-natal service
- Clinical Chemistry Service (Biochemistry and Endocrinology)
- Haematology including Coagulation Service
- Microbiology Service
- Point of Care Service (Community and limited hospital service)
- Early and late rosters from 08:00 to 09:30 and 17:30 to 20:00
- 24/7 on-call Service for urgent testing

In addition, the laboratory provides the following regional services to the midlands

- Regional Endocrinology service
- Regional Immunology service
- Regional Ante Natal Blood Group and Antibody testing
- Regional Fungal Cultures
- Regional Chlamydia, Gonorrhoea and Haemochromatosis testing

Pathology Management System

The hospital has appointed a quality management committee which consists of

- Laboratory manager
- Consultant haematologist
- Consultant biochemist
- Consultant pathologists
- Consultant immunologist
- Consultant microbiologist
- Departmental chief medical scientists
- Laboratory quality, training and safety officers
- Laboratory medical scientist representative
- Transfusion surveillance officer
- Surveillance scientist and IT medical scientist

A bi-monthly management meeting is held to review

- Quality control issues
- Budget
- HR issues
- Non-conformances and subsequent learning’s
- Identification and mitigation of Risks
- Update from hospital and Regional/National meetings
- Overall laboratory performance which includes a discussion on what improvements should be considered and implemented
Activity

The Pathology Laboratory workload for 2016 was 4,776,816 tests generated from 700,491 samples (average 6.8 tests per sample). This represents an overall increase of 8.7% in samples and an increase of 28.2% in testing in 2016. The Clinical Chemistry department alone (Biochemistry and Endocrinology) experienced an increase of 11.8% in 2016.

The graph below shows the total monthly samples received by the laboratory:

This graph shows the upward trend when comparing total samples received by the laboratory between the years of 2015 and 2016.
Quality Audit Systems

A total of 79 audits were performed between the laboratory and haemovigilance in 2016. The cycle of audits performed, ensure continuous improvements are made to the laboratory processes across all aspects, from sample receipt to report.

Lean processes have been applied in some areas reducing waste and increasing productivity.

As part of the drive towards the hospital’s commitment to quality and continuous improvement, the laboratory monitors KPI’s (Key Performance Indicator’s)

Examples of annual KPI’s that are monitored

- Workload trend - samples and tests
- Percentage of samples rejected versus acceptable targets
- Number of audits carried out
- Turnaround times versus agreed targets
- Training percentages completed versus agreed targets
- Customer survey
- Non-conformances, reoccurrence and turnaround times
- Blood wastage versus agreed targets

Achievements 2016

The main laboratory achievements for 2016 were

- Introduced Phase 3 of the blood track in October 2016 (for fating and administration of red cells and platelets in the clinical area). This has improved patient safety with regard to blood transfusion
- Implemented the BCSH recommended ‘confirmatory sample rule’ for cross matching prior to issue of group specific red cells
- Introduced prospective issue of anti-D immunoglobulin via the LIS
- Validation of Kleihauer test, added to scope of accreditation by INAB
- Changed our sample acceptance criteria – use of facility ID instead of a blood transfusion specific supplementary numbering system
- Achievement of flexible scope accreditation (November 2016)
- Introduction of a newsletter in April 2016. The 2nd edition will be issued in March 2017
- First reports on Surgical Site infections from C-sections
- A new method (Siemens Emit Tox) was introduced for Salicylic Acid in 2016
- A new TSH kit was evaluated on the DXI800, which reduced the sample volume required for Paediatric TFT
- The HbA1C test on the HA-8180 was recommended for accreditation (November 2016)
- Updated website to include a ‘New Guidelines’ tab and ‘Newsletter Tab’. Also, included annual review of the Website into the Quality Manual System.
- Allergy assays decreased in 2016 vs 2015 by approximately 18% following demand management in this area. Gonnorhoea testing was introduced in February 2016
- The Gene Expert was delivered in December 2016. This allows the analysis of flu, winter vomiting bug, clostridium difficile and RSV in CSF in-house. The hospital now has a much-improved turnaround time (TAT for flu is 1.5 hours versus 3-6 days previously with the NVRL)
Objectives for 2017

The following objectives have been identified for 2017

1. Maintain existing accreditation status for the laboratory
2. Complete Centralink Auto validation in Haematology
3. Complete Biomnis LIS to LIS connectivity (FOC)
4. New build for clinical chemistry to allow for increased testing capacity that will future proof the service
5. Procurement of clinical chemistry analysers with increased capacity
6. Continue with demand management in all disciplines
7. Appointment of Consultant Immunologist post jointly with the Mater hospital
8. Hospital Point-of-Care Governance (depending on resources given)
9. Repatriation of Kleihauer testing from Portlaoise to Mullingar Hospital to ensure compliance with the 72hr BCSH guidelines
10. Train two medical scientists in the area of haemovigilance to act as deputy TSO
11. Acquire more space for the molecular laboratory
12. Implement National LIS
13. Complete referral testing tender
14. Perform change control reviews for effectiveness of changes that have been implemented

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

Pharmacy Department

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

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 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 (80 inpatients and community services). This includes 50 outpatients prescribed with Clozapine – a hospital-only drug. Each pharmacy department is registered with the Pharmaceutical Society of Ireland, under the Pharmacy Act requirements of 2007.
Drugs and Therapeutics

The hospital’s Drugs and Therapeutics Committee was re-established in 2016, after a year-long hiatus due to insufficient pharmacy staffing levels. Three meetings have taken place and five new medications were approved for use.

The following medication PPPG’s were compiled and approved for use

- Use of pre-mixed magnesium sulphate in the treatment of pre-eclampsia and eclampsia
- Use of sitzmarks capsules in colonic transit studies
- Policy on the dosing and monitoring of gentamicin
- Surgical antimicrobial prophylaxis guidelines

Medication Safety

The first hospital Medication Safety Committee commenced in May 2016. Three meetings have occurred since its inception. The committee has a number of members across all disciplines and from all grades, with the Chief Pharmacist sitting as the Chair.

A fact-finding mission was undertaken by the pharmacy department. This involved a template being disseminated to all areas and healthcare professionals of the hospital to identify areas of concern, relating to medication safety in their area of work. Feedback from nursing and pharmacy staff was exceptional.

Pharmacy is now, for the first time involved in categorizing medication related incidents into the APINCHS and NCCMERP classification. A senior pharmacist is currently released to assist the chief pharmacist with medication safety. However, the hospital does not have a designated medication safety officer in post. The medication safety officer would have responsibility for co-coordinating medication safety within the hospital.

Medication Incident Reporting

The graph below records the number of incidents reported between 2014 and 2016
Planned Developments 2017

In Q1 2017, all healthcare professionals at the hospital will have access to up-to-date intravenous administration guidelines on every PC in the hospital.

This is currently going through the procurement phase, with roll out to initially ICU and then across the hospital. Education and training of HCP’s will need to take place. This will be facilitated by pharmacists.

A multi-disciplinary team within the hospital is undertaking a quality improvement project in conjunction with SaferMeds and QI division of the HSE to review and implement change in relation to the venous thrombo-embolism assessment and prophylaxis.

Antimicrobial Stewardship

Initiation of an Antimicrobial Stewardship Programme began in 2016 with the appointment of a senior antimicrobial pharmacist at the end of 2015. There have been significant developments and improvements following this appointment.

Antimicrobial consumption is a measure of the antimicrobials dispensed in defined daily doses (DDDs) per 100 bed days used (BDU). DDDs are set by the World Health Organisation (WHO) and reflect the average adult dose used for the primary indication. For example, the DDD for flucloxacillin is 2g, and for clarithromycin is 1g. Antimicrobial consumption is an important performance indicator in terms of antimicrobial stewardship. In 2016, the HSE National Service Plan for Acute hospitals specified a target of 80 DDD/100 BDU.

Preliminary figures for 2016 (based on the first 6 months of the year), indicate that antimicrobial consumption in the hospital was 88.64 DDD/100BDU, a decrease of 1% on 2015. The overall national median was 86.27 DDD/100BDU. The following table outlines the antimicrobial stewardship interventions in 2016

![Antimicrobial Pharmacist 2016](image)

81% of the Antimicrobial interventions were implemented.
Achievements 2016

In the past year, a pharmaceutical technician completed a UK accredited checking technician course under the mentorship and supervision of the chief pharmacist.

She successfully qualified in September 2016, as an accredited checking technician. This technician practices under a strict internal pharmacy policy, in terms of scope of practice, and has assisted in times of pharmacist staffing deficiency. Two projects were entered into the poster competition of the National Association of Hospital Pharmaceutical Technicians Conference, with the project relating to the expansion of the role of the pharmacy technician winning first prize.

Radiology Department

The Radiology Service is led by a team of four consultant radiologists providing 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.

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 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 2016

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

![Radiology Activity 2016 Graph]

Planned Developments 2017

The planned developments for 2017 include the following

- MRI Suite design
- Expansion of anomaly scanning
- Alignment of Radiation Protection Advisory service with the Mater hospital
- Transfer of Athlone and Longford Radiology service staff and budget to the RHM
- Training and development of staff for quality assurance
Health and Social Care Services

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 (Dietician Manager), supported by a team of dieticians and support staff.

The nutrition and dietetics team provide In-patient clinical services to the following departments

- Medical, Surgical, Paediatric and Maternity wards
- ICU
- SCBU
- Diabetes service
- Rehab unit St. Marys’

An outpatient service is also provided for adults and paediatrics and the team also participate in group Education programmes (DAFNE and Cardiac Rehab).

Activity

The following graph shows Inpatient and outpatient activity in 2016

![Dietetic Department - Total Activity 2016](image)
Nutrition and Health 2016

The following summarises the improvements and training in Nutrition and Health during 2016

- Working links were established with the catering services for menu development, therapeutic diets and staff meals
- Nutrition education and training to healthcare staff
- Training was provided to Paediatric staff on food allergy
- Malnutrition awareness training was provided to MTA staff

Healthy Ireland

The Healthy Ireland committee was established in 2016 and is led by the Dietician Manager. Many events and promotions were arranged by the committee including the following

- Positive Ageing day
- Mental health day
- Step-it-out challenge with 250 staff participating
- Development of a choir
- Hi funding secured for staff garden
- Sli na Slainte walking routes
- Diabetes screening day

Dieticians, diabetes staff and occupational therapy staff at the diabetes screening day
Developments 2016

Developments in 2016 include the following

- Appointment of a Dietitian manager
- Development of a service ‘Priority System and Review of Pathways’
- Development of FODMAP focused OPD clinic
- Integrated links with community services to streamline pathways (established quarterly meetings for adults and paediatric services)
- HIQA Nutrition and Hydration inspection July 2016 (developed and agreed an action plan to implement HIQA recommendations).
- Re-established Nutrition Steering Committee and established monthly working groups
- Audits completed
  - Ward mealtime
  - Texture C diets
  - Weights
  - BMI and screening practices

Achievements 2016

- LEAN White Belt training (completed by Dietitian Manager)
- Nutrition Screening Policy
- Joint review and quality improvement of Modified Texture diets with catering and speech and language therapy
- Dementia Elevator Award runner up (Nutrition and Dementia booklet)
- Development of a weight management booklet with physiotherapy
- Development of a paediatric coeliac diet sheet (Intestinal failure diet sheet)

Physiotherapy Report

The Physiotherapy service is managed by Ms Mary Wallace (Physiotherapy Manager), supported by a team of physiotherapists and support staff.

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

Inpatient Services are provided to the following speciality areas

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

Outpatient Service: 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
Ante natal classes – day time and evening
Falls prevention classes
Cardiac rehabilitation – including Phase IV evening classes
Men’s health

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

Activity

In 2016, a total of 4,709 in-patients were seen by the physiotherapy service providing 13,590 in-patient contacts. 3,643 patients attended the out-patient department, receiving a total of 13,277 contacts.

Education and Training

Education and training included the following

- Continuing respiratory/ICU competency training and up-skilling for all staff involved in patient care in ICU
- Information sessions for public including stroke, falls and COPD
- Presented at ‘Stroke Study Day’ both in the hospital and at the MRHT
- Facilitate undergraduate physiotherapy student clinical placements

Achievements 2016

Developments and achievements include the following

- Involvement in tracheostomy team which developed and implemented PPPG for tracheostomy management and improved patient care
- Staff were involved in developing a booklet on weight management
- Staff involved in ‘Healthy Ireland’ committee
- Physiotherapy staff continue to take a lead on ‘Falls Committee’ and developed policies including ‘Head Injury Policy’
- Review of physiotherapy services PPPGs
- Review of a number of physiotherapy protocols in conjunction with our community colleagues. Adopted protocol for management of ‘Bells’ Palsy’.
- Physiotherapy staff involved in ‘Rapid Improvement Events’ in ED
- Out-patient physiotherapy staff undertook a review of waiting list management in an effort to reduce length of waiting times.
Development Plans for 2017

- Roll out of education for nursing staff in relation to tracheostomy management, in line with recently adopted PPPG
- Develop proposal for ‘Prescribed Walking Programme’ for in-patients, referred with breathlessness and reduced exercise tolerance
- Review research on indications for/use of cold water humidification in oxygen therapy
- Audit use of sliding sheets in the hospital
- Physiotherapy staff will be involved in applying for ‘Bronze Active at Work’ award for Irish Heart Foundation
- Carried out documentation audit in line with departmental PPPGs

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 Ms Mairead Carey (Hospital and Community OT Manager) with hospital OT services provided by occupational therapists and a support team.

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.
Developments 2016

Developments in 2016 include the following

- Established clear guidelines on the appropriate role of occupational therapy in provision of reports for long term care applications (in line with HSE policy and Assisted Decision Making Act)
- Refined prioritisation guidelines within occupational therapy service to ensure that all patients are seen within appropriate timeframes according to their occupational performance deficits (as per National Clinical programme for Acute Medicine)
- Refurbished the occupational therapy department assessment and office area
- Established and facilitated departmental in-service training programme (every 6 weeks), which includes clinicians from across the Longford/ Westmeath Service

Achievements 2016

Achievements in 2016 include the following

- OT led ‘April Falls Day’ information day held in the hospital
- Re-established occupational therapy input into hospital working groups (Falls, Healthy Ireland, Nutrition working group)
- Occupational therapy staff participated in ‘Active Ageing’ promotional activities
- Actively participating in Healthy Ireland Committee.
- Presentation at nursing stroke study day in Tullamore and Mullingar
- Presentation in the hospital’s ‘grand rounds’ on head injury policy.
- Represented the OT department at the Irish Gerontological Society Executive committee and scientific committee
- Established yearly maintenance of OT seating systems to ensure safety of all equipment in compliance with HSE medical devices equipment management policy
- Organisation and facilitation of networking and study day for all occupational therapists working in Longford/ Westmeath

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 the speech and language therapists and support staff.

The service receives approximately 60 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/MAU 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

There were a total of 730 new inpatient referrals with 5464 visits. Video fluoroscopy was carried out on 77 patients.
The service also provides input into the acute medicine MDT, stroke MDT and tracheostomy MDT, and at ward rounds. The SLT staff also attended the quarterly stroke meetings, the nutrition and hydration steering committee, communication steering group and radiography meetings.

Training and Education

The following training and education is provided by senior speech and language therapists:

- Regular training updates to catering, nursing and multitask attendants
- Education for medical teams at grand rounds and journal club
- Swallow screening and dysphagia training for hospital staff
- 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
- Presentations given by the senior speech and language therapist for stroke to the stroke rehabilitation groups and foundation education program
- Continuing professional development (CORU professional registration requirement) and mandatory training
- Regular CPD activities both external and internal, including journal club and team based performance management
- Service to four Irish universities for training of students
- Regular links and education with community colleagues to facilitate seamless patient care

Developments 2016

The SLT team were involved in the following developments:

- Multidisciplinary tracheostomy management PPPG
- Acute stroke swallow screening PPPG developed by the senior stroke SLT
- Implementation of swallow screening for acute stroke
- Focus on reduction of aspiration/dysphagia related readmissions with service expansion to outpatient video fluoroscopy service for recently discharged inpatients
- Development of a prioritisation pathway for all inpatient referrals
- Communication steering group - Review of communication signage across the hospital
Nutrition steering committee – contributing to multiple work streams and subgroups within the committee, with particular responsibility in the following areas

- Ward based diet audits, with direct patient feedback on modified diets
- Communicating individual patient swallow guidelines
- Modified diet menu development and quality improvement
- Supporting patients to exercise choice over mealtime options
- Facilitated Nutilis Clear switchover at the hospital (June 2016)

Presentations and Achievements 2016

The following achievements highlight individual members of the SLT team

- Anne Claffey was the SLT representative for National Clinical Programme for the Older Person (NCPOP)
- Oral presentation on Interdisciplinary Projects of NCPOP at Irish Gerontological Society (IGS) conference (30/9/2016, Killarney - Anne Claffey)
- National SLT position paper on SLT service provision for ‘Persons with Dementia’ publication and document launch (November 2016 - working group member Anne Claffey)
- Swallow screening PPPG developed and training as per National Stroke guidelines implemented hospital wide in 2016 for acute stroke (Caroline Colgan)
- Lean six sigma white belt (Caroline Colgan)
- Poster presentation on an outpatient stroke rehabilitation programme at the Irish Heart Foundation stroke conference (Caroline Colgan)
- Poster presentation on the implementation of swallow screening in the acute setting at the Irish Heart Foundation 20th annual stroke conference (Caroline Colgan, Chloe Heslin)

Patient and Support Services

Patient and Support Services are at the heart of all services provided by the hospital. They provide administration, 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
- Patient Services
- Admission and Reception Services
- Support Services

Catering Services Report

The Catering service is managed by Ms Yvonne Dowler (Catering Project Manager) supported by Ms. Emily King (Catering Officer) for food production and Ms. Sheila Bergin (Catering Officer) for Distribution Services.
The Catering Department produces 9700 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.

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 Happy Heart at Work Award (Irish Heart Foundation since 1997 to date).

Achievements in 2016

- Calorie posting on staff menus – Health, Ireland initiative
- Standard recipe file developed
- Nutritional Audit by HIQA identified several very good achievements in relation to the current patient meal service
- Cooks certified in First Line Supervisor training HMI

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, MAU 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 2016

The following graphs outline the outpatient activity in 2016 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 2016

Achievements in 2016 include the following

- Development 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
- Electronic Referral (eReferrals) - Introduction of GP Electronic OPD Referral (eReferrals) via Healthlink.
- NTPF Data Completeness and Data Quality (DCDQ) RHM was awarded the NTPF Data Quality Award for Inpatient Data Completeness and Data Quality (DCDQ) 2016.

Development Plans 2017

The following developments are planned for 2017

- Extension of SMS text reminder for paediatric appointments
- Extension of SMS text reminder to Longford outpatients
- Transfer of Ophthalmology clinics at Mullingar and Longford from Occuco to iPMS
- Interface of healthlink e-referrals with iPMS (National project)
- Pilot of Digital Dictation System in Medical Directorate to improve document turnaround time, and supervise the distribution of work among clerical/admin employees in the hospital.
- Alignment of respiratory and cardiology administration.
- Acquire more space for on-site healthcare records filing systems
- Introduction of new flexi-time recording system.
- Sign-off of new patient transports contracts in conjunction with the Office of Government Procurement.
- Achieve DCDQ 2017 award for inpatient and outpatient data quality and completeness.
- Outpatients department patient flow – Quality Improvement project

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 supported Mr Andy McKeown, Ms Lisa Myeler and a team of MTA’s.

The department has 86 wte multitask attendants (MTA) who provide a range of services to cover hospital cleaning, catering and portering duties including the following
Quality Improvement

As in previous years, the focus 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 ensure that 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 introduction of an electronic audit system in 2016 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 Achievements 2016

Developments in 2016 focussed on the following

- Change Management - The support services department with the help of regional leadership education and development has undertaken a change management focus since 2013
- Organisational Development and Design – The department was restructured to develop team leaders across different zones in the hospital
- Team Development within the support services department, which includes the following sub group work
  - Establishing departmental structures
  - Developed terms of reference for the SS management team
  - Identified and developed team leaders to assist with the operational management of the department
  - Developed a vision for support services department
  - Developed communication culture, mechanisms and structures within the department
  - Developed patient focused in-house training programme for support services staff

Achievements

Achievements in 2016 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
Service Development Strategic Plan (2017-2020)

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 are achievable in 2017 (due to approvals received in 2016). 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
- Senior medical cover AMAU/MAU
- Geriatric liaison service for nursing homes
- Dermatology pigmented service development and waiting list initiative
- Anomaly and dating scanning service for all mothers
- Pre-assessment service expansion
- Additional obstetric consultants
- Cardiology – TOE service and waiting list initiative for angiography
- 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

Publications / Presentations / Abstracts

Presentations / Abstracts

The Comparative study of newer TVTO ABBREVO tape with standard TVTO tape for management of stress urinary incontinence – May 2016 Dr Tushar Utekar, Dr Sam Thomas. Invitation to Dr Utekar to present at ICGO in Prague May 2017.

Abstract available at www.imj.ie
Hurley SA, McCabe P, Torrance A, O’Grady MJ.
Diabetes Knowledge and attitudes among Special Needs Assistants.
Presented at the Joint Irish Paediatric Association / Irish American Paediatric Society meeting, Dublin,
September 23rd-24th September 2016
Abstract available at www.imj.ie

McCollum D, Mason O, Codd MB, O’Grady MJ.
Perspectives on the management of Type 1 diabetes in Irish Primary and Secondary Schools.
Presented at the Joint Irish Paediatric Association / Irish American Paediatric Society meeting, Dublin,
September 23rd-24th September 2016
Abstract available at www.imj.ie

Hurley SA, McCartan F, O’Grady MJ.
A breathtakingly rare presentation of pyloric stenosis.
Presented at the Joint Irish Paediatric Association / Irish American Paediatric Society meeting, Dublin,
September 23rd-24th September 2016
Abstract available at www.imj.ie

O’Cathain N, O’Connell SM, Murphy NP, Mayne PD, O’Grady MJ.
The need for rationalization of laboratory services for Paediatric Endocrinology in Ireland.
Presented at the Joint Irish Paediatric Association / Irish American Paediatric Society meeting, Dublin,
September 23rd-24th September 2016
Abstract available at www.imj.ie

Almalkey M, Crushell E, Faivre LO, O’Grady MJ.
Diagnosing a rare disorder “Out of sequence”.
Presented at the Joint Irish Paediatric Association / Irish American Paediatric Society meeting, Dublin,
September 23rd-24th September 2016
Abstract available at www.imj.ie

O’Dea M, O’Connell SM, O’Grady MJ.
Prevalence and Characteristics of Paediatric Type 2 diabetes in the Republic of Ireland
Presented at the Joint Irish Paediatric Association / Irish American Paediatric Society meeting, Dublin,
September 23rd-24th September 2016
Abstract available at www.imj.ie

Paediatric Cushings syndrome: A case series
Presented at the Irish Endocrine Society, Belfast, October 14th-15th 2016

Publications

Hurley SA, McCartan F, McGrath N, Mortell A, O’Grady MJ.
A breathtakingly rare presentation of pyloric stenosis.
Ir Med J 2017 [Accepted Nov 2016]

O’Riordan AM, McGrath N, Sharif F, Franklin O, Murphy NP, Lynch SA, O’Grady MJ.
Expanding the clinical spectrum of chromosome 15q26 terminal deletions associated with IGF-1 resistance.
Geraghty LE, O’Grady MJ.
Neonatal thyroid function: Test first, think second.
Ir Med J. 2016 Sep; 109(8):460

Effectiveness of a Predictive Algorithm in the Prevention of Exercise-Induced Hypoglycemia in Type 1 Diabetes.
Diabetes Technol Ther. 2016 Sep;18(9):543-50

Prevention of Insulin-Induced Hypoglycemia in Type 1 Diabetes with Predictive Low Glucose Management System.

A national physician survey of diagnostic error in paediatrics.

Dumitrascu-Biris I, Chirita-Emandi A, Lambert I, Marginean O, Sharif F.
Medical practice in Children presenting fever with petechial rash to an Emergency Department

Malone C, Sharif F, Glennon-Slattery C.
Growth and nutritional risk in children with developmental delay.

Respiratory Syncytial Virus Preterm (32-36 Completed Weeks of Gestation) Risk Estimation Measure for RSV Hospitalization in Ireland: A Prospective Study.