

Health

STAFF MAGAZINE OF
THE IRISH HEALTH SERVICE

HE

MATTERS

SUMMER
2021



✓

**BRIGHTER
DAYS AHEAD**

#FORUSALL

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A MESSAGE FROM OUR EDITOR

Welcome to the summer edition of Health Matters and it has been another eventful quarter in the health service.

2020 and 2021 have certainly been years like no other. As the pandemic hit in March 2020, HSE staff had to adapt instantly to a new world where virtual interactions and technological connectiveness became the norm as we looked to maintain a functioning health service.

Then, just as we began to see the light at the end of the tunnel as the impact of the vaccine programme became evident, the cyber-attack on the heart of our health services turned the dial back many decades. Frontline staff had to try to function as a 21st century healthcare system but using the pen and paper methods from a bygone era.

A tired and weary staff who had put their heart and soul into managing the COVID-19 crisis had to pick themselves up and take another cruel hit.

But their response to the heartless attack on our health system has shown once again that our staff are ready to face any challenge that the world can throw at them.

Despite the cyber-attack on May 14th, there remains much positivity. The vaccine programme, the results of so much hard work across the system, is keeping our vulnerable populations safe and out of hospital, with cases among the vaccinated groups plummeting to virtually none.

We take a look at all the various teams across the HSE who are responsible for getting the vaccine programme off the ground and making it a huge success – from the people who physically ensured the vaccines got around the country, to the countless people on the frontline administering the vaccines. There were a massive number of people in the background making sure the whole process from vaccination registration to getting the vaccine was seamless.

We now look forward to a summer of fresh hope and a return to normality for us all.

Joanne Weston

Editor

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CONGRATULATIONS

Congratulations to Tallaght University Hospital nurse Monica Mathias who won a prestigious award for her book of short stories recently. The Karnataka Konkani Literature Academy issue awards to works written in the Konkani language. A minority language, the awards promote the language and culture.

Unfortunately due to travel restrictions Monica will be unable to collect her award in person this month at the ceremony being held in India. Monica has worked in theatre in TUH for 16 years and fits her creative writings around her busy shifts. She has kindly given us permission to share her COVID Anniversary poem with you all.



COVID Anniversary

*You came along with 2020 spring bloom
No hugs, no kisses only face time on Zoom
Kids are fed up of online learning miss their Classroom*

*No difference in days & nights I started
living in my bedroom*

*Though you stopped the world from
moving*

*You couldn't stop the seasons from
changing*

*Summer, autumn, winter and again spring
Stubborn virus you are, no sign of you
leaving.*

*You taught us not to take everything for
granted*

*Human vs Virus, your power we
underestimated*

*From kids to grownups we are all
frustrated*

*Still running strong though our lives are
devastated*

Ten people for weddings & funerals

Online mass for Easter and Christmas

*No guests for Communions &
Confirmations*

*For my big birthday missed my close
friends*

*Learnt to live without restaurants & Bars
Perseverance successfully landed on Mars*

*Lucky few worked from home, others lost
their jobs*

*Frustration was managed by counting
stars*

*While PUP fed some, others keep fit by
walking*

*Doctors, nurses try to save patients
without intubating*

*You took priority, urgent cases are still
waiting*

*Your time is over, we are fighters keep on
fighting*

*Plucking the grey out of black wished
hairdressers were open*

*Had enough never want to see this
pandemic ever again*

*Need our lives back fed up of this COVID
restrain*

*COVID, am confident we'll celebrate your
death anniversary soon.*



JUST MARRIED

Annemarie Benson, physiotherapist at the Midland Regional Hospital at Tullamore, and her fiancé Patrick Moynagh, SHO at the Regional Hospital Mullingar, got married in February.

Unfortunately, due to COVID-19 restrictions, Annemarie and Patrick could only have six guests at the wedding – a big disappointment for a couple who have such a broad network of friends and family and who have both spent the last year on the frontline of the pandemic.

To help them celebrate, Annemarie's fellow members of the HSE Tullamore Staff Choir put together a video of the choir singing Lou Reeds' 'Perfect Day'. Choir members recorded themselves individually and this was then put together with a montage of photos of the happy couple.

“It was amazing, so thoughtful,” said a thrilled Annemarie. “The choir and all our colleagues really made the lead up to our big day special, despite all the restrictions.”

MEET THE TEAM



Head of Internal Communications Emma Finn

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BRIGHTER DAYS AHEAD

Vaccination programme a huge team effort



PROGRAMME SUCCESS DOWN TO 'HARD WORK AND DEDICATION'

The success of Ireland's vaccine programme rollout is thanks to the hard work and dedication of countless teams all around the country. Since the first dose was administered to Dublin woman Annie Lynch, the programme has had to change almost 30 times as amendments were made to vaccine supplies and advice on their use from the National Immunisation Advisory Committee.

Despite the constant changes, almost 3.5 million doses have now been given, allowing people to resume much of normal life again.

HSE Lead for the Vaccination Programme Damien McCallion praised all of the HSE staff, volunteers and partners who have co-ordinated to deliver a vaccination programme to be proud of.

"There is a wide range of people that have been involved in this programme right across the country and we should recognise the work that everyone is doing to keep the programme moving at the fastest pace possible and the safest pace possible as well," he said. He noted the contributions made by the GPs, vaccinators and staff in the vaccination centres, community vaccination teams who have been going out and vaccinating in settings such as mental health, disability or acute hospitals, as well as the Defence Forces and National Ambulance Service.

"The challenges we are facing week on week are well documented around supply challenges. We have been replanning, at this stage, I wouldn't like to think about the number of times we have had to do that but that is just part of the nature of it. This is a global pandemic; every country is facing these challenges and planning their vaccination programmes," he said.



HSE COMMUNICATIONS TEAM ENSURES PUBLIC ARE CONFIDENT AND WELL-INFORMED

Ensuring that the public are confident and well-informed about the vaccines is the key priority for the HSE Communications team.

“Our job in Communications is to make sure that people who are getting the vaccine are getting good information about it, that they are confident and well-informed before they get the vaccine and afterwards too,” said Fidelma Browne, Head of Programmes and Campaigns.

“Thankfully we have a lot of experience working with the National Immunisation Office and the health service on other national vaccination programmes, such as the flu and HPV, and have learned a lot over the years working on these projects.”

The Communications team have been working intensely over the period of the pandemic and have been used to delivering constantly updated information and advice very quickly. Their work on the vaccine programme began long before the first needle went into an arm.

“Since the EMA approved the vaccine in December, we have been carrying out very important research. It is vital that we listen to people and find out what they know and don’t know about the vaccine, what they are concerned about, and to fill those gaps. We also carry out qualitative research to find out how people are feeling about the vaccine,” she said.

The team of approximately 50 people, based all around the country, are working tirelessly to produce information on the vaccines for the public.

“The public need access to really detailed and clearly written information on the vaccines, online and in leaflets. We have to distill a huge amount of scientific information and work into simple language and there is a real skill in that. Leaflets must be kept up to date and the information we have on the vaccines is changing and improving all the time,” said Fidelma.

Social media has played a massive role, with the HSE social media team getting the campaign information out to a large audience and fielding queries and direct messages that they are working really hard to answer. That is in addition to the television and radio ad campaigns, which are designed to keep people informed on a mass level. The Internal Communications team are helping keep HSE staff informed.

She praised the network of communications teams around the country, particularly in the hospital groups and Community Healthcare Organisations.

“They are directly involved with the vaccination centres and dealing with the huge media interest. They have been creative in getting out the positive vaccine stories out to the public. The joy and happiness of the vaccine programme is easy to see. It offers great hope to people and shows the value of sharing stories on social media and elsewhere. It plays a huge role in getting everyone ready for their own vaccine when the time comes,” she said.

The success of the information and awareness campaigns is clearly evident, with a fantastic willingness now among the public to get the vaccine, she added.



One positive outcome coming from the pandemic has been there is a much greater understanding of how infectious disease spread and the importance of vaccines in controlling them, explained Dr Lucy Jessop, Director of Public Health, HSE National Immunisation Office.

“We are already seeing the impact they are having on reduced hospitalisation and death rates from COVID-19 both here and across the world,” she said.

“We are always learning more about the COVID-19 virus and other vaccine preventable diseases and it is important the information we provide – whether to healthcare professionals or members of the public – reflects this.”

The National Immunisation Office supports the HSE and Department of Health in the rollout of the COVID-19 programme in a variety of ways.

“We provide information and training materials for healthcare professional and members of the public, including clinical

guidance for vaccinators – this has been revised and updated 14 times to reflect a rapidly changing programme. Our supporting documents, SOPs and our training programme for vaccinators on HSELand have similarly updated to reflect these changes,” she said.

“We have had more than 12,500 people complete our training programme for vaccinators on HSELand. Our clinical staff also participate in webinars and education sessions for vaccinators.”

The office also collaborates with other cross-functional teams to facilitate the COVID-19 vaccine rollout. From January 2021, it has:

- Dealt with over 100 queries related to the cold-chain
- Provided responses to over 1600 clinical queries in relation to COVID-19 from healthcare workers



DEFENCE FORCES ENSURE SMOOTH RUNNING OF CENTRES

Oglaigh na hEireann are currently deployed to many Mass Vaccination Centres across the country, providing vaccinators, site management and logistic support.

Lt Elaine Anthony, DF logistics site IC City West, explained that Defence Forces logistics personnel employed at City West Vaccination Centre are responsible for the smooth running of a number of key internal and external areas.

“Internally, we are responsible for effective operation of and inventory management of the goods in and goods out stores, and the stocking and replenishment of the vaccination booth, and supporting the vaccination staff are the key areas of responsibility.”

Col Jamie Whelan, DF Logistics Co-ordinator, said the main effort was inventory, as well as facilitating the continuous flow of good in and goods out.

“Above all, it is about ensuring a smooth flow for HSE staff, vaccinators and vaccine recipients,” he said.

As part of the vaccine rollout, The Irish Air Corps have carried out a number of vaccine delivery flights to the islands off the west coast to and remote parts of the country, promoting national resilience while strengthening the nation.

EASY-TO-UNDERSTAND GUIDES AND VIDEOS KEY FOR CONSENT POLICY IN DISABILITY SERVICES

The resumption of the vaccination programme at a Limerick disability centre has left residents looking to a brighter future and planning summer trips.

Michelle Doyle, assistant chief executive of Daughters of Charity Disability Support Services, said there has been a marked upturn in everyone’s mood as the vaccinations began to take place. And staff at the centre expressed relief and optimism for the days and weeks ahead.

“It is gathering momentum now. It’s fantastic to see everyone so excited that it is finally happening. There was such a happy atmosphere, the excitement was palpable,” said Michelle, speaking at St Vincent’s Centre, Lisnagry, Co Limerick.

Vaccine preparations took weeks, including creating videos to explain the consent policy. They produced a series of easy-read guides and videos for the persons they support to inform them on their rights concerning the vaccination, the differences between dose variations, and the potential side effects.

“I’m feeling a sense of peace the people we support will be safe and free to enjoy the good things in life,” said Karen Berigan, CNM2. “We feel that having the vaccine is a step closer to getting back to our lives as they were pre-COVID and taking part in community living as we used to do.”

Moira Leydon, CNM3, said she is delighted the individuals they support will be able to see their families again as the vaccine rolls out.

“I am hopeful for this to be coming to an end. I am very positive about the vaccine I feel safe and hopeful that the world will be a safe place again,” said Johanne Rafferty, day staff.

CNM3 Claire M Sweeney added, “I felt a sense of excitement and anticipation for new beginnings and a sense of positivity for the future.”

Resident Catherine O’Connell and nurse Megan Flanagan at the Daughters of Charity Disability Centres vaccination programme at St Vincent’s Centre, Lisnagry, Co Limerick. Picture: Brian Arthur



LIFE ON THE VACCINATION FRONTLINE: DR MIKE THOMPSON, CORK VACCINATION CENTRE

Assisted very much by the HSE, my fellow GP colleagues and Practice Nurses, UCC medical students and our hard-working reception teams, the first clinic for those aged over 85 was launched at the end of February.

There was certainly a lot of initial preparation and planning! We met as a group over Zoom many times to sort out clinical and administrative issues. Online booking engines, safety statements, logistics and rosters were put in place. We did our online courses, read our bulletins and watched many an ICGP Zoom to prepare.

It has been a steep learning curve for all of us. It has meant eight weekends (both Saturday and Sunday with 12-hour days) on top of our usual job. Typical day is 10 hours and there are no lunch breaks! The day's team consists of 16 vaccinators, four vaccine preppers, a pharmacist and a clinical observer.

The HSE – in particular Peggy Horan – have been immense. Munster Technological University provided an excellent (and huge) premises. The clinic could not have gone ahead without the help of the HSE Pharmacist, Louise Creed, who was the real conductor of the orchestra.

UCT Medical School students were a credit to their institution; we had 15 students per clinic doing a variety of roles – with humour, gusto and humility.

We have just come off weekend where we vaccinated close to 4,000 people so we think we have it down to a fine art at this stage. This was a real example of a multi-disciplinary team at its finest.

The greatest part of the job – is of course – patient interaction and seeing the gratitude, appreciation, euphoria and relief as our patients receive vaccination. There was time for banter between colleagues, a sweet trolley and a sneaky Nespresso too!

Whilst the clinics run at weekends, a lot of the week before is taken up with booking patients in, getting consent, dealing with queries, and the week after with inputting their vaccination details into their charts.

This, along with the increased demand for our regular GP services, has put strain on GPs after a long year. We, as much as anyone in society, are looking forward to better times in the near future and return hopefully to a more normal GP service. I believe I can speak for my colleagues when I say that being part of the vaccine clinic was one of the best experiences of my career. It was an privilege to vaccinate the older and more vulnerable of my community.



Dr Mike Thompson, GP clinical lead for the Cork COVID-19 vaccination centre at Munster Technology University

PROTECTING OUR HOMELESS POPULATION

Just 3% of homeless people in Dublin got COVID-19, compared to 50% in Paris and 30% in Boston.

Dr Austin O'Carroll, HSE Clinical Lead for the COVID homeless response in Dublin, said the figures were an 'amazing, amazing story'.

He was speaking as the HSE began vaccinating medically vulnerable people in homeless services. A pilot scheme gave 700 shots of the Janssen vaccine to

homeless people in the capital. Up to 6,000 homeless people in Dublin are to get the vaccine. The clinic set was up by CHO Dublin North City and County and delivered in partnership with Ana Liffey, De Paul Ireland, Simon Community Dublin, Peter McVerry Trust, Dublin Well Woman Clinic, Coolmine, and the Salvation Army, under the guidance of Austin.

Dr O'Carroll said the single-shot vaccine is hugely beneficial for vulnerable groups.

"It's got very good immunity against the disease but it's actually got almost 100 per cent immunity against serious disease and death. A big advantage with homeless people because they're very hard to identify due to being mobile, so the one-shot gives us a big advantage in ensuring they get their full vaccination.

"Homeless people in general tend to be very sick, they have very severe illnesses. They reckon that the level of disease they have is equivalent to a person who is 10 years older, so we are identifying those who are most vulnerable due to illness and bringing them in, vaccinating them, so that they will remain safe from COVID."



UNPRECEDENTED VOLUME OF QUERIES TO HSE PHONELINES



Registering people for COVID-19 vaccines and answering a myriad of queries about the vaccine programme has seen an unprecedented volume of calls to the HSELive phonelines.

HSELive provides customer-focused information and support to the public on all aspects of health and social care services. It took the natural lead in delivering help and advice during the pandemic and has been playing a key role in the roll-out of the vaccine programme.

HSE Operational Lead Maria McCourt explained that keeping pace with the constantly evolving COVID-19 situation has been enabled by 'excellent communication'.

"Every day here is really busy. It is vital that our agents have access to the latest information and guidance so that means constantly updating them. We are very lucky to have really good engagement from everyone involved and can keep on top of everything each day," said Maria.

There is one management call every day to keep everyone informed of the latest updates or to advise on issues that are regularly coming up on that particular day's calls.

"That daily call keeps us up to speed. We are able to share feedback from our call-takers with the team. We have a really good system where we are able to immediately update the information and scripts that our call-takers are working from so people can be sure they are getting the most up-to-date information and that is crucial when

things are changing so rapidly," she said.

"And we are passing on the feedback from our call-takers about what the general mood of the nation is, and giving trends on what they are hearing and being asked about."

Call-takers work in eight-hour shifts – 8am to 4pm and 11.30am to 8pm. The phoneline is open 12 hours a day.

When they begin their shift, they are given updates on any changes since they were last in.

"Our agents are their own first line of quality assurance. They can ensure that there are no data quality issues when they are registering people," said Maria.

The team were handling thousands of calls every day as the registrations for each age group opened last month.

"There are lots of reasons why people ring. Mainly they are looking to register for the vaccine. Others are anxious about when they are going to get a vaccine, they've heard their neighbour has a date and are wondering if they have been forgotten. Others simply want to change a date or location for their vaccine," she said.

"We just want to remind people that they will need their PPS number, telephone number and Eircode when they are registering. The Eircode is vital so we can match you up with your closest vaccination centre."

The phonelines are open 8am to 8pm Monday to Sunday. LoCall 1850 24 1850 or 01-2408787.

MONTH TO REMEMBER



March 2021 will be a month that Waterford couple Nick and Marie Murphy will long remember – as it brought two life changing events within two days. March 2nd saw couple Nick and Marie Murphy, from Hillview, both receive their Covid 19 vaccine at the Keogh Practice in the Waterford Primary Care Centre, John's Hill. However, that event was preceded by an equally happy and equally life changing event the previous day, March 1st as they became great grandparents for the first time.

Their grandson Gavin Burke and Hazel Green welcomed a baby boy at University Hospital Waterford, marking a new status and title for Nick and Marie. Born on St David's Day, Gavin and Hazel confirmed that the new arrival will be called David (which also remembers Nick and Marie's late son David).

Heading into Waterford Primary Care Centre the next day, Nick and Marie were brought along for their appointment by their daughter Susan Murphy. Susan, who is Gavin's mum and was

also delighted to become a grandmother for the first time, is also the HSE/South East Community Healthcare organisation's Primary Care Lead.

Nick and Marie Murphy are looking forward to brighter days ahead that will enable them to see all of their now extended family, are very thankful for the opportunity to receive their COVID vaccine. They said they would encourage everyone to avail of it when their opportunity to do so comes along.



HUGE LOGISTICS PLAN UNDER WAY LONG BEFORE VACCINES ARRIVED IN THE STATE

Long before the first COVID-19 vaccines got approval for use back in December, a huge logistics operation was under way in the background.

Sean Bresnan, HSE Lead for Vaccine Supply Chain and Logistics, said the level of activity ‘cannot be overestimated’.

“We went straight to work to source consumables necessary – needles, syringes, sharp boxes. We were competing with the entire global healthcare systems to source these items from a very small pool. We learned a lot from the procurement of PPE early on in the pandemic so we got in early and have sourced enough supplies until early 2022,” he explained.

They also had to secure the necessary refrigeration – from the standard 228 fridge, the -20C freezer, and the ultra-low freezer – and in the required quantity at mass vaccination centres in advance of the programme starting.

Sean’s logistics team also had to engage with the HSE’s cold chain supplier to ensure they had the capacity and resources to scale up their distribution of the vaccines to long-term residential centres, hospitals, mass vaccination centres, GP practices and, ultimately, community pharmacies.

“Our cold chain suppliers have a dedicated fleet of distributors. It is highly sophisticated and regulated, and is very resilient, with the ability to scale up fleet

capacity to deal with the vaccines distribution as it increased,” he said, speaking in the week the figure of vaccines distributed passed the two million mark.

“We also had to secure independent engineering validation on the installation of the refrigeration at the vaccine administration sites.”

There is no let-up in the work that goes into keeping the supply and distribution of the vaccines going.

“We liaise constantly with the National Immunisation Office and our cold chain supplier. We have to understand the in-bound vaccine supply and match that across the vaccine administration locations every week,” he said.

“The cold chain supplier has shown great agility to the changes to the delivery schedule caused by delivery delays or policy changes guided by NIAC advice. We have had to be very flexible to meet that need.”

He praised the scale of the GP involvement, with in excess of 1,000 GP practices on board. The HSE now deliver the weekly doses on the same day each week and, thanks to increased security in supply, are able to let GPs know what quantity of vaccines they will be getting up to 12 days in advance.

“We have worked hard to earn their trust,” he added.

VOLUNTEERS PLAY A KEY ROLE



Rafael Romani is just one of hundreds of people who have volunteered their time to help the smooth running of the mass vaccination sites.

He is a Team Leader with Dublin City Volunteer Centre at the Aviva Mass Vaccination Centre Volunteer Programme.

Rafael, who is known at the Aviva Stadium for his Where’s Wally costume, said he is proud to be part of ‘this historical moment.’

“I like working as a volunteer in this project because I understand all the people involved in Aviva Stadium – and in other vaccination centres – are helping Ireland to get back to normal. As a healthcare professional, I could not be happier. Security professionals, housekeeping workers, volunteers, all HSE professionals and Aviva staff are working together to provide a great experience to everyone who has been/ will be vaccinated there,” he said.

“We are in this together for Ireland and for the whole world. In addition, it is amazing to make new friends who are aligned with the same purposes as mine. In my opinion, it is fantastic when we can deliver a good moment to the public. A moment of hope.”

Each floor of Aviva Stadium has a Team Leader responsible to guarantee the best experience for all volunteers and also make sure the public is receiving an outstanding and unforgettable treatment’, added Rafael. He said his mental and physical health have highly improved during the shifts.

“The pandemic has taught me how to take care of myself and also made me discover new skills I never thought I had,” he said.

GETTING THEIR VACCINE HAS OPENED THE WORLD BACK UP FOR PEOPLE ACROSS THE COUNTRY

Liam O’Neill and Mona Hickey were among the thousands of Dubliners who have been vaccinated the Helix at DCU



Four weeks after receiving his second dose, Liam was back on the golf course and he couldn’t have been more delighted.

“It is a fantastic feeling to know that I am vaccinated and now that I am back golfing most days, there is light at the end of the tunnel. I feel a lot more comfortable going out and about. I still wear my mask when I am going places indoors but I am much more safe in crowded places now,” said Liam.

“My wife didn’t leave the house for eight weeks at the beginning of the pandemic because she was so frightened by it. I’ve been managing to get up the fields with the dog every day and that has been keeping me going.”

He was delighted to be able to welcome his son back into his house after months of lockdown.

“He comes up to me every day to check on me because he knows I am a bit of a rambler. But he would stop at the gate and have a chat. Now that I’m vaccinated he can finally come inside for a visit. We are all a lot happier and it is a great feeling,” he said.

Liam and his family are now looking forward to his son’s wedding in August as life slowly gets back to normal.

Mona was accompanied by her son Les as she headed to the

Helix vaccination centre. Now fully vaccinated, she is delighted to get out and about again.

“Mass was back open on Monday so it was great to get back. The priest was thrilled to see everyone back and safe,” said Mona, who can’t wait to get the grandchildren around for long overdue hugs.

The Dubliner is ready to get back to her busy social life, which has been put on hold during COVID. She enjoyed her weekly art classes, dancing, book club, and choir.

“I also used to take my friend out every week for a coffee. She is a carer for her husband who has dementia and it was a bit of respite for her. We haven’t been able to do it in a long time and I can’t wait to get to see her again.”

SURVIVING COVID

Vaccine a 'saviour' for doctor who survived COVID

Dr Salib couldn't sleep the night before he got his first dose of the COVID-19 vaccine. His excitement was loaded with relief as he had almost died from the illness in March last year. "They told me after I was admitted to St Vincent's last March that the next 36 hours could go either way," he said.

Describing how COVID "dismantles" the body, he volunteers that if he gets it again "I will die." It's a stark statement but perfectly balanced with his conclusion that the vaccine is a lifeline.

"I know if I get a second dose of COVID my body won't take it – my body was on the floor last March. So the vaccine really is a saviour."

A Consultant Radiation Oncologist with St Luke's Radiation Oncology Network for the past 31 years, Dr Osama Salib was shocked when he was first diagnosed. "I didn't initially suspect COVID because at that time it was still not very common."

With his fever building and problems walking, Dr Salib managed to get to St Vincent's University Hospital ED on March 18th.

"They were very good – within a couple of hours of arriving, all my bloods were taken and I was on a holding ward for suspect COVID cases – that was on the Wednesday night. On the Thursday night they told me I was COVID positive and they transferred me to the designated ward. I was very weak – If I walked from the bed to the toilet in the room I had to sit down for a few minutes and for over a week I couldn't stand in the shower."

While not on a ventilator, he was on continuous oxygen. At that time there really was no specific treatment for COVID. However, in consultation with colleague Prof Paddy Mallon – a consultant in Infectious Disease – he agreed to engage in a trial involving an experimental treatment regime. Prof Mallon had been liaising with colleagues in Italy where at that stage the disease was endemic.

"So they came to me in the room and said you have 36 hours – you can go either way. My markers were going up and overall it was a very poor prognostic outlook. They wanted to put me on an infusion that they had not used before. They told me I could die because of severe infection and there was a long list of possible side effects – but there was no choice. I put my arm up and they started the infusion – that was on Monday March 23rd."

Within 36 hours, his temperature had normalised.

"I had had a temperature for 10 days by then. So they saved my life. St Vincent's gave it to eight patients that first week. Out of the eight, seven avoided ventilation. That was all of course before they had the research, treatments and anti-viral medications they have now."



Dr Salib along with Fiona Gilbert, Clinical Nurse Specialist

DID YOU KNOW?

15

MINUTES AFTER YOUR VACCINE IS ADMINISTERED, YOU WILL BE ALLOWED TO GO HOME. THE 15-MINUTE WAIT IS TO ALLOW VACCINATION STAFF TO MONITOR YOU FOR ANY ADVERSE REACTIONS.



Discharged 11 days after admission, Osama describes how he was "wheeled out" out of the hospital escorted by the medical team. "I couldn't even walk at that stage – I had foot drop on my right foot – I couldn't bend it to walk. They discharged me because they knew of the ongoing risks of remaining in hospital."

On discharge, he was still extremely weak and required extensive follow-up care including having his oxygen saturation levels monitored remotely through a machine supplied from the hospital and a mobile phone app. His foot began to return to normal by the end of May, and he started walking again but he continued to have ongoing heart health issues. He remains on some medication.

"I wasn't able to return to work until June 15th. I work between St Luke's Rathgar and St Vincent's University Hospital and everyone was very supportive on my return. There was a transition period allowing me to return with support to ensure that I was doing what I was able to do. I remain on the heart tablets to keep my pulse down," he said.

"I still get a lot of left side chest wall pain. But all my CT scans have been clear to date. I am back working full time but I have to look after and manage myself. I spread out my work so I do some office and paper work at the weekend to ensure I am not overdoing things during the week. Longer term, no one really knows. The more we live with COVID, the more we learn. No one knows what will happen to us next year or the year after. I know I am

fine because I have had a lot of tests and scans but I am a cancer specialist and I know the reality of immediate acute issues and side effects but there may be issues further down the road that we don't yet know."

So for Osama the vaccine has been a game-changer.

"I couldn't sleep the night before I got the first dose of the Pfizer vaccine on January 7th and I then got my second dose on January 28th. In between I was taking every precaution to make sure I didn't get a temperature because I wanted to be sure I could get the second dose – the relief was amazing. We were all euphoric getting it. It was our

first reason for cheer in a long time – it meant that the fear was lifting. Of course, nothing is perfect but this is as good as it can be. Naturally, however, we are continuing to take the same precautions in terms of restrictions and measures."

The affable and highly regarded Dr Salib is affirmative now as he looks forward. "There are many people to thank for my own survival but I just wanted to particularly mention the wonderful people who carry out the cleaning in the hospitals – they really are heroes. Overall, though I have to say that I only really started to breathe seven days after I got the second dose of the vaccine – that's when the 95% immunity is realised."

For now he continues working and remains upbeat.

He knows how close he was over those 36 hours last March and looks forward to living each day, working and taking all the precautions he knows are essential.

"WE WERE ALL EUPHORIC GETTING IT. IT WAS OUR FIRST REASON FOR CHEER IN A LONG TIME – IT MEANT THAT THE FEAR WAS LIFTING."

Cyber attack on our health services

Significant disruption continues around HSE



Some of the HSE staff who have been working to solve the problems caused by the cyber attack, clockwise from top: Public Health, Tullamore; CAMHS Galway; Radiology, Portlaoise; IT staff, Galway University Hospital; laboratory staff, Galway; and IT staff in Naas General Hospital.



On May 14th there was a significant cyber attack on the HSE IT systems. It has harmed our health services and has left a trail of destruction for the patients we care for. IT teams are working around the clock to restore services. They are making steady, but slow progress as they work to restore systems in a safe way.

There are over 2000 IT patient-facing systems. The focus for IT teams is to bring back key patient care systems in line with clinical priority. Patient systems already back online include radiology and diagnostics, maternity and infant care, patient administration systems, chemotherapy, radiation oncology, radiotherapy, and laboratories.

At the time of going to print, a third of systems are restored but it will take weeks to restore systems fully. Staff and services around the country are seeing significant disruption and patients are experiencing delays. Essential services will operate within contingency arrangements over the next number of weeks.

Restoring HSE staff email is also a priority with 16 central hubs set up across the country. The hubs are there to help restore devices for staff who are working remotely.



For information and important updates on the cyber attack go to healthservice.ie/cyber.



Cyber attack updates

Staff updates following the cyber attack on the HSE are available on healthservice.ie/cyber

Scan the code with any camera phone to go directly to the page



Get updates

Cyber attack IT support line: 1800 742 900



Aerial view of the new and improved helipad at Sligo University Hospital. Photo courtesy of the Irish Air Corps.

THE NEW AND IMPROVED HELIPAD AT SLIGO UNIVERSITY HOSPITAL GETS THE THUMBS UP

Sligo University Hospital has completed construction on a new and improved helipad at the hospital at a cost of €300,000.

The Air Corps 112 Emergency Aeromedical Service and the Irish Coastguard Helicopter Rescue 118 carried out the first test landings on the new helipad in February and the helipad became fully operational in March.

Dr Michael Sweeney, Consultant in Emergency Medicine at the hospital said, “Our helipad is vital for safely bringing emergency 999/112 patients from rural isolated areas to the Emergency Department at Sligo University Hospital. Over the years we have treated all manner of medical, surgical, traumatic, paediatric and obstetric patients who have been brought to the hospital by helicopter. It is also used for the transfer of patients who are rescued from the sea, from ships or from mountain tops directly to the hospital for immediate assessment and treatment.”

NCHD STAFF APP LAUNCHED AT UL HOSPITALS GROUP

A new NCHD staff app has been launched in UL Hospitals Group. The app contains a huge amount of information including sections dedicated to each speciality as well as a digital edition of the Intern Handbook.

In addition the app will provide NCHDs with information on health and wellbeing; human resources; and training and education.

Project-led by NCHD leads along with Medical Manpower and NCHD Training Lead, UL Hospitals, the Staff App platform was developed by the software company Appiercom.

Chief Clinical Director of UL Hospitals Group, Prof Brian Lenehan, said, “The NCHD app will become an invaluable source of information and support for NCHDs in UL Hospitals Group. It is a product of a huge amount of hard work and dedication by the project team and I want to thank this team and all who contributed their time and efforts to this project.”



TUH DIGITAL HEALTH INTERNSHIP PROGRAMME LAUNCHED

Tallaght University Hospital (TUH) in conjunction with TU Dublin are delighted to formally launch their Digital Health Internship Programme. The purpose of the programme is to create a bridge between excellent classroom knowledge and the healthcare ICT workplace. The TUH Digital Health Internships are the perfect venue for refining student’s healthcare and business knowledge, ICT skills and research interests.

Every January, TUH will offer two six-month paid internships to two TU Dublin students studying an ICT related course at TU Dublin, Tallaght campus.

“The TUH Digital Health Internship experience is central to TU Dublin students’ learning process. It offers students an opportunity to explore

areas of interest, develop insights and, work in Digital Health in one of Irelands leading hospitals,” said David Wall, Chief Information Officer at TUH.

Sharon Larkin, Director of HR TUH, explained, “The TUH Digital Health Internship Programme aims to train and provide practical experience for TU Dublin students from ICT courses to work across a variety of ICT disciplines including Business Intelligence, Application Portfolio Management and ICT Service Management.”

It is hoped that when students graduate they may consider pursuing an ICT-related career that would enhance the eHealth workforce capacity in Ireland.

CUMH VIRTUAL



With face-to-face parent education classes paused, CUMH are now providing a variety of virtual antenatal, breastfeeding and nutrition classes to expectant and new mothers.

The antenatal classes were launched in January 2021, a lot later than planned due to technical challenges. As a result of high demand, the midwives ask expectant mothers to wait until they are 32 weeks before booking into them.

“Now we are averaging 15 women per antenatal class, sometimes with partners too which we encourage. I am happy to say the class is very interactive with questions coming in throughout. Feedback too has been overwhelmingly positive,” said CUMH midwives Lorna Sewell and Aisling Shinnick.

“We are also pleased to announce that in the coming weeks CUMH will be offering antenatal classes for VBAC (Vaginal birth after C-section) and DOMINO that will be offered by the DOMINO team.”

The team of dieticians are offering nutrition in pregnancy classes for expectant mothers from 12 weeks up until 20 weeks gestation.

CUMH lactation consultants Veronica Daly and Susan O’Driscoll are also now running antenatal breastfeeding classes on a weekly basis on Monday mornings for 2.5 hours, which are proving very popular.

PROFESSIONALISM PLEDGES AT CHI

A team of 22 members representing different professional groups across all of Children’s Health Ireland (CHI) were invited to develop and write CHI Professionalism Pledges. The staff came from a broad range of disciplines, including catering, portering, hygiene services, healthcare assistants, ICT, finance, pharmacy, nursing (staff nurse and management) HSCPs, doctors (NCHD and consultant), HR and radiology.

Team members discussed ideas and suggestions with their colleagues prior to each of the two workshops to obtain broad input from staff. After much

discussion, input and feedback the team developed and wrote the below draft CHI Professionalism Pledges. These are positive commitment statements, written by staff for staff, which address expected behaviour.

CHI dedicated a week, in February this year, to Professionalism in the Workplace, with a variety of events held across all the sites to further promote and foster a culture of professionalism in CHI. This included the launch of the Professionalism Pledges when all staff were invited to sign the pledges and wear the professionalism pin. Within a few weeks, in excess of 1,500 colleagues

– over 40% of staff - have signed the pledges, with number continuing to increase.

Below: Dr Paul Osizlok, consultant paediatric cardiologist, CHI at Crumlin; Constance Matavata, healthcare assistant, CHI at Connolly, and Eilish Hardiman, CEO, CHI.



CROÍ THE FIRST ORGANISATION IN IRELAND TO WIN PRESTIGIOUS ACCREDITATION

Croi, the heart disease and stroke charity based in Galway, has received a major international recognition in being the first Irish organisation to be accredited by the European Association of Preventive Cardiology (EAPC) for its work in cardiovascular risk management and prevention.

Croi is one of only eleven organisations across Europe to be awarded the status for its Croi Heart & Stroke Centre in Galway.

The purpose-built facility opened in November 2012 and is a leading centre for heart and stroke prevention, research, education, support and rehabilitation. The centre is also home to the Croi Courtyard Apartments which allow family members to be as close as possible to patients receiving cardiac or stroke care in University Hospital Galway.

Since the onset of the pandemic, Croi has nimbly responded to the needs of patients and carers through a range of supports and services. Last year, Croi’s Heartlink West free telephone and virtual support service responded to over 3,000 queries.



Members of the Croi team, from left: Annie Costelloe, Patient and Community Engagement Manager; Prof Bill McEvoy, Consultant Cardiologist & Medical and Research Director; Irene Gibson, Nurse Specialist & Director of Programmes; Dr Lisa Hynes, Health Psychologist and Head of Health Programmes, Croi; Prof Jim Crowley, Consultant Cardiologist and Medical Director.

Additionally, 384 people at risk of or living with cardiovascular disease participated in a range of online structured lifestyle, education and recovery programmes. These include the innovative cardiac prevention and rehabilitation programme, Croi MySláinte, and the specialised obesity programme, CLANN which is a collaboration with the Saolta Hospital Group Bariatric Services. The Croi MySláinte Programme was one of a number of specially selected national initiatives funded through Sláintecare Innovation Funding.

CARE OPINION

A new platform for listening, understanding and interacting within mental health services has been launched in Sligo, Leitrim and Donegal.

Care Opinion provides a vehicle for a deeper understanding of the services being provided. Services such as Mental Health Engagement and Recovery work with people who use mental health services and their family members, carers and supporters in order to learn from their experiences and collaborate with service providers.

“The introduction of Care Opinion complements and enhances this work and allows people using mental health services and those who support them to interact and engage with service providers in a safe, secure and confidential manner by becoming authors of stories on the Care Opinion site,” said Patrick Nwaokorie, Area Lead, Mental Health

Engagement CHO1 HSE Mental Health Services.

“The Care Opinion platform sits in the virtual world but through the medium of storytelling it can help us in Mental Health Services understand how people experience the services we provide. This can lead to deeper understanding for all, service enhancements and improvements, transparency, greater trust and stronger relationships.”

Tim Hunt, Integration Development Manager, Care Opinion, said Care Opinion is a platform for everyone to have a voice about services that matter to them.

“It’s a public and transparent platform for staff to listen and respond to feedback from the public and learn from the rich stories coming through. All postings are carefully moderated by the expert Care Opinion team making it safe for the public and safe for staff,” he said.

Contact the Care Opinion team on info@careopinion.org.uk

MUMS-TO-BE GET AN INSIDER VIEW DURING VIRTUAL TOUR

Letterkenny University Hospital has filmed a virtual tour of the Maternity Unit which is now available to view online at saolta.ie/hospital/luh and <https://youtu.be/weyWRRYqXkw>

The aim of the tour is to allow expectant mothers and partners/family members to view the interior of the Maternity Unit and hear staff talk about maternity services.

Evelyn Smith, Director of Midwifery at Letterkenny University Hospital, said, "Unfortunately it is not possible for women and their birthing partners to tour the maternity unit in advance of giving birth at the moment due to the need to reduce footfall as part of our infection and prevention precautions for COVID-19.

"We know how important it is to be as prepared as possible for this life-changing event so we have worked with our colleagues in the Nursing and Midwifery Planning and Development Unit to put together a virtual tour of the maternity unit.

"The virtual tour gives an insight into the services in the Maternity Unit and



Geraldine Hanley, Clinical Midwife Manager at Letterkenny University Hospital showing the Maternity Unit video on a mobile phone and tablet.

introduces some of the people working here including midwives, clinical midwife specialists and an obstetrician. The tour includes the admission room, the birthing suite, the fetal assessment unit, the maternity theatre and the neonatal unit.

"We look forward to a time when we can revert to an open door policy and in the meantime we will continue to provide essential care to women and their babies and do everything we can to ensure the hospital is protected from the ever-present threat of COVID-19."

TUH PATIENT CARE PACKAGE SERVICE – ONE YEAR ON

In response to the COVID-19 pandemic and the need to reduce footfall into our hospitals for the safety of our patients and staff, a no visiting policy except in exceptional circumstances and at end of life has been in place. In response to this change, the Patient Care Package (PCP) Service was established in Tallaght University Hospital (TUH).

It was originally co-ordinated by the Head of the Centre for Learning & Development (CLD) and staffed by re-deployed staff members from the CLD and HSSD staff. In August 2020 the Patient Advice & Liaison Service (PALs) took over the PCP Service. A year on, there are now over 10 volunteers supporting the PALS service supporting the service. The service has also provided an opportunity for Walkway Trainees for training.

The Sending Love Service was introduced as part of the package. An e-mail address was set up and advertised via social

media encouraging families who could not visit their loved ones to send an email. To date they have delivered in excess of 510 e-mails with lovely messages to patients.

- 13,700 care packages to patients on the wards
- 3,123 laundry packages to families
- 510 Sending Love emails
- 1,200 Book in a bag

In December 2020 Tallaght Community Council chose the PCP Service for an Appreciation Award to recognise and show gratitude to all those who go the extra mile in the community. The PCP Service was also accepted for 'Excellence in Customer Service Case Studies'. This publication was launched by Ossian Smyth, Minister of State Department of Public Expenditure and Reform at the 2020 Annual Quality Customer Service Conference held in December last year. The service is generously supported by the Adelaide Health Foundation.



The Irish Community Rapid Response Air Ambulance was tasked to 490 incidents across 13 counties during 2020, which was its first full year in operation.

The ICRR Air Ambulance, based in Rathcoole in Co Cork, works in tandem with the National Ambulance Service (NAS) to provide both paramedic support and transport to hospital for seriously ill patients.

Figures from the ICRR show that July was the single busiest month, with the Air Ambulance being tasked a total of 59 times. Road traffic accidents account for the most incidents, with a total of 94 taskings throughout the year. Amongst the other incidents responded to were:

- 81 cardiac arrests
- 74 general trauma calls
- 73 general medical calls
- 46 farming accidents
- 29 falls from heights

While Cork, Kerry and Waterford were the counties most likely to require the service, the Air Ambulance also provided support to counties Tipperary, Clare, Wexford, Limerick, Leitrim, Kildare, Kilkenny, Offaly, Roscommon and Galway.

The ICRR Air Ambulance can bring casualties to the hospital that best suits their life saving needs, not just the closest geographically. From the base in North Cork, the ICRR Charity Air Ambulance can put a 25,000km² area within 30 minutes of emergency medical care. The ICRR Air Ambulance is staffed by advanced paramedics and EMTs from the NAS.

NAS Director Martin Dunne said, "The ICRR Air Ambulance has been a great addition to our emergency response capacity. Our dispatch teams have the option of either the Aer Corps service from Tullamore, or the ICRR service from North Munster. This provides much needed and timely support to our on-road response teams operating across the country. Equally, the provision of these services ensures that critically ill patients can be brought to emergency trauma centres faster, which improves the likelihood of a successful outcome."

NEW 24-BED BLOCK AT CROOM COPPER-FASTENS HOSPITAL'S FUTURE

One of the longest established hospitals in the midwest region turned the page on an exciting new chapter in its history, with the opening of the newly developed 24-bed block at Croom Orthopaedic Hospital recently.

The Maigue Unit is a modern, state-of-the-art ward complex, with its 24 en-suite single rooms built around a courtyard garden area. Work is also ongoing on the first floor of the facility to complete a new €15m theatre suite, complete with four new operating theatres, a first stage recovery room and reception area.

Welcoming the development as a major opportunity for career advancement in nursing, Margaret Gleeson, Chief Director of Nursing & Midwifery, said, "Services are expanding in Croom, and with them the clinical experience to be gained. Croom is a rich field of training and development options, and that will

continue with the new theatres. There is a well-established training collaboration with the National Orthopaedic Hospital in Cappagh, and the nursing staff also work closely with the trauma unit in University Hospital Limerick. This training culture, along with the increase in surgical day cases and the continued development of the pain management and rheumatology services, makes Croom a true jewel in terms of career progression and development."

Katie Sheehan, Assistant Director of Nursing at Croom, explained that the immediate focus is on recruiting staff nurses with an interest in orthopaedic and theatre services. Nurses will also be able to rotate between Croom and University Hospital Limerick, and benefit from the plentiful postgraduate educational opportunities that flow from UL Hospitals Group's partnership with the University of Limerick.



1 The Maigue Unit has 24 en-suite single rooms, offering state-of-the-art hospital accommodation for patients at Croom Orthopaedic Hospital, 2 Assistant Director of Nursing at Croom Orthopaedic Hospital, Katie Sheehan, pictured ahead of the opening of the new Maigue Unit at the hospital this week. "Any nurse joining the staff in Croom is coming in at an incredibly exciting time. There is a real sense of rejuvenation." 3 The 24 rooms of The Maigue Unit in Croom Orthopaedic Hospital are constructed around a courtyard garden area. 4 Lorraine Rafter, Interim Group Director of HR, UL Hospitals Group: "The new development at Croom presents a fantastic opportunity for new recruits, and puts UL Hospitals Group firmly on the map as one of the major employers in the Mid-West."

'Super MARIO' to improve patient-family communication in paediatrics

A social robot named MARIO will bring much-needed face-to-face family time to young hospital patients during the COVID-19 pandemic.

During the first wave of COVID-19, a bespoke video-conferencing platform called 'ICU FamilyLink' was successfully implemented at University Hospital Galway to connect patients in critical care to their families.

Researchers at CÚRAM, the SFI Research Centre for Medical Devices based at NUI Galway, supported by global technology company, Cisco's Country Digital Acceleration programme, are launching the Care Connect project that will see social robot MARIO, used alongside a video-conferencing platform to improve patient-family communications in paediatrics.

The Care Connect project aims to build on the successful pilot and extend beyond the Intensive Care Unit to other health care settings impacted by COVID-19 while also looking to the future use of telemedicine

in Ireland post-pandemic. Existing technology, including teleconferencing platforms, social robots, and digital tools, have been rapidly adopted since COVID-19.

Professor Derek O'Keefe, CÚRAM Investigator and project lead at NUI Galway, explained, "The pandemic has restricted patient's families from visiting them in hospital and healthcare settings and therefore isolating them from their loved ones. Communication is a vital part of providing medical care and addressing patients' biopsychosocial needs and their families. This is particularly important in critical care settings, end-of-life situations, and vulnerable patients who rely on family support. It is widely accepted in clinical care that effective communication is key to reducing the psychological burden for



Social robot 'MARIO' pictured with the CARE CONNECT project team from l-r: Dr Aoife Murray, CÚRAM at NUI Galway, Professor Derek O'Keefe, CÚRAM at NUI Galway, Mr Frank Kirrane, University Hospital Galway, and Mr Hemendra Worlikar and Mr Vijay Vadhraj, CÚRAM at NUI Galway. Photo: Aengus McMahon

patients and their families and patients. "Our first study will be using social robot MARIO with our video-conferencing platform to improve patient-family communications in Paediatrics, where the children have already nicknamed him Super MARIO. We will examine the efficacy of using our system to remotely educate parents and family members about the management of newly diagnosed acute medical conditions, such as Type 1 diabetes."

MAKING THE TOUGH CALLS DURING LOCKDOWN

Over 3,000 contact tracers have been trained since the outbreak of the pandemic, between them making an estimate of over one and a half million calls since March 2020. We spoke to a selection of them from around the country to get a flavour of what the conversations have been like.

“Even on Christmas Day, when you might expect a hostile reception, people were friendly,” said Lorraine O’Hara who has worked as a contract tracer initially in Limerick, before moving to Galway. “I suppose they understood that you were only trying to help and that talking to them wasn’t exactly your idea of a great way to spend Christmas Day either!”

Most contact tracers agreed that over 90% of people were friendly and receptive.

“We’d get one difficult call per week, maybe less,” said Hema Rajan-Hema, originally from India, but working in the Heuston South Quarter (HSQ) while waiting for clearance to work as a clinician here.

“Most of the difficult, or unpleasant reactions are from people who are asymptomatic and don’t understand why they should restrict their movements.”

Helen O’Riordain, a physiotherapist redeployed to UCD CTC, agreed. “Most people are positive and when there’s resistance, especially among people with no symptoms, it’s usually because there’s a personal or private reason. The training we get improves our empathy skills, so we pick up signals and clues throughout the conversation. Eventually, you figure out what’s behind the resistance, or they tell you, and you work around it.”

Sadly, heartache was never far from the surface.

“A lot of people are really upset when you call,” said Holly Kavanagh working in HSQ CTC in Dublin. “In some cases a family tragedy is involved and you’re calling right in the middle of it, only making things worse. And then there’s the people, usually mothers, who are horrified to think they brought the virus into their family. But we know from our training how to explain that their kids are at much less risk, especially if asymptomatic and their first responsibility is to look after themselves. That usually helps.”

Tough calls bring out the best in most cases, said Asurnai Laverty from Galway CTC.

“Situations where some of the people are quite sick or close to being hospitalised, brings out the best of your training and experience and often these people are the ones who appreciate our calls the most,” she said.



Cork Contact Tracing Centre team.

And even though people aren’t exactly happy to get a call, there’s always a chance of some humour, according to Doireann Aderinsola who has been working in the Limerick CTC since December.

“One woman seemed genuinely annoyed that her husband had tested positive before she did – as if it was a race! – then she said ‘well, it’ll be great to get a bit of peace away from him for 10 days or so ... I might even lose a bit of weight!’”

And Kenneth Keating, working in HSQ Dublin echoed that experience. “One man was being a bit aggressive with me when my call after Christmas meant he had to cancel plans to take the family to a hotel. But as he was giving out, his wife took the phone off him and said ‘don’t mind him, he’s always grumpy this time of year!’”

“Elderly people are the best,” said Shane Creagh Piper from Cork CTC. “Instead of giving abuse, they really appreciate that you are actually trying to help them. They’re so appreciative they even ask you how you’re getting on yourself!”

And it’s not only the older people that take an interest, said Lorraine O’Hara.

“When they’d have a few jars on board, and even after you’d explained all about restricted movements and social distancing, a couple of lads have said ‘maybe you’d give me your own number as well’ ... as if!”



Alexis Kapoulis, team lead, and Dearbhla De Lassa, mobiliser, at HSQ Contact Tracing Centre.

DID YOU KNOW?

1m

CALLS WERE MADE TO CLOSE CONTACTS UP TO MARCH 17TH 2021

8.7m

SMS MESSAGES SENT (TEST RESULT AND CLOSE-CONTACT MESSAGES)

200%

THE PERCENTAGE INCREASE IN CALLS IN JANUARY

3.7

AVERAGE AMOUNT OF CLOSE CONTACTS JUNE 2ND - 8TH

300+

DEVELOPMENTS TO THE COVID CARE TRACKER SYSTEM

3,000+

CONTACT TRACERS TRAINED SINCE MARCH 2020

24

CALL SCENARIOS DEVELOPED

CMP CLINICAL LEADS PASS THE BATON

Dr Sarah Doyle, who held the role of Clinical Lead of the Contact Management Programme from March 2020 to March 2021, passed the baton in March to Dr Greg Martin.

No stranger to the CMP, Dr Martin slipped easily into the role, knowing the people, protocols and processes so it was a seamless transition.

“I’m familiar with the role and the work,” said Greg, “but that doesn’t make the task any less daunting. These are still challenging times and Sarah is going to be a very hard act to follow.”

Sarah was indeed clinical lead from the beginning when the pandemic first landed on our shores. Drawing on her 19 years’ experience as a public health physician, 13 of which in infectious disease prevention and control, she was instrumental in designing the contact tracing infrastructure that has been so important in supporting Departments of Public Health in stemming the spread of the virus.

After 12 months she returns to her role in the Department of Public Health in the South East, “If not for a rest, at least it will be a change,” she said.



Dr Sarah Doyle



Dr Greg Martin

So you think you can dance?

The team at the Limerick Contact Tracing Centre took a break from the stresses of their work recently to join in Ireland's Jeruselema dance challenge trend and raise money for a local suicide charity at the same time



To view the video, see
<https://youtu.be/pWpoaAwQLn0>

Visual Content Editor Jacinta Moore, who is part of the team, is an MA Researcher with Limerick School of Art & Design LIT. She was the driving force behind the initiative, which helped boost morale at the busy centre.

Jacinta put forward a proposal to produce the video in February. Following approval and together with CTC staff colleague and DCU multimedia graduate Matthew Ryan, she began advancing the project. Under the expertise of in-house dance tutor and Clinical Lead Caroline McConnell, staff practiced on a daily basis for a number of weeks during break times. Former HSE Director of Nursing in Mental Health Ger Hoey led from the front with his Irish dancing steps and motivated the dancing squad.

Dance scenes were filmed at Limerick city locations, including the Gothic Revival-styled interior of the Red Church, People's Park, interior and exterior settings at 98 Henry Street offices,

and Sarsfield Park environs. Luke Shortt, a drone operator in Limerick city, provided the aerial footage for the video.

"At a time when the world is dominated by the ongoing pandemic, the Irish people are continuing to support each other in solidarity, during these most challenging times. The simplest of actions; bringing a smile to a face, helping those in need and generating joy in others, now that's 'food for the soul,'" said Jacinta.

During the project, Limerick Contact Tracing Centre staff Debbie Burke, shift lead, and contact tracer Jamie Kelly organised fundraising events including a raffle for local charity, Limerick Suicide Watch. Over €900 was raised for the volunteer group, who patrol Limerick city providing this indispensable service.

Through regular dance routines and filming sessions, collegiality and staff morale was boosted. A special thanks to all

staff who were involved for their hard work and dedication.

Limerick Contact Tracing Centre was the vision and leadership of HSE Mid-West IT General Manager Gordon Graham. He commenced the rollout of the first centre in early March 2020 at the Revenue Commissioners offices in Sarsfield House, Limerick. From there, four additional centres were commissioned and developed by Gordon, an exceptional man who inspired a great team. Today, there are 160 staff providing contact tracing for COVID-19 in the Limerick centres.

The Clinical Manager is Nora Fitzpatrick, former Director of Nursing and Midwifery, University Hospital Limerick.

General Manager Mary Flynn, formally Assistant Director of Midwifery, Cork University Hospital and more recently Head of Operations and Deputy General Manager in Cork Contact Tracing Centre, has joined the Limerick team at the helm. Mary has grown the workforce and made a huge difference since her arrival.



Steps to health

'I thought it was just the kick I needed to get me back into action'

The summer is a good time to be active and prepare for our annual Steps to Health challenge which will start on September 13th for five weeks. The national project team will contact all the team co-ordinators who signed a team up to take part in the original May 2021 start date.

The Steps to Health challenge came just at the right time for Sherifat Ukachukwu last summer. Months of COVID-19 lockdown and hectic shifts at Portiuncula University Hospital in Ballinasloe had left her feeling drained and unmotivated.

"I was pretty fit when I was younger but I got so busy with work and with the children that I just stopped exercising," she said.

"Then I saw the advertisement for the Steps to Health challenge and I thought that it was just the kick I needed to get me back into action."

Initially, Sherifat found reaching the 10,000 steps each day very tough.

"I thought that I was being active but my steps were only hitting around 6,000 so I realised that I had to up my game. It was an eye-opener. But then I got used to it and began incorporating lots of walking into my day," she said.

She set up a team in Portiuncula Hospital, named Scooby Doo.

"We came up with the name because I work in the SCBU – the Special Care Baby Unit. We all motivated each other and got us going. It helped being the team leader because I knew that I couldn't let myself down, I had to show a good example to the rest of the team," she said.

"You would often be sitting at home on the couch and one of the team would message that they got a long walk in or were in some lovely scenic spot for a walk. That was enough to get you up and out the door."



After the five-week walking challenge was over, Sherifat's lifestyle transformation was complete.

"It is a totally new lifestyle now. I wasn't used to walking so much but now I walk everywhere. We were having so much fun with it that we decided that we weren't going to stop and did four more weeks of it," she laughed.

"It has been such a positive thing for my physical and mental health. Getting out walking is great for giving you head space."

While some of our staff are never off their feet, many may be finding it difficult to reach their usual levels of physical activity, particularly those working from home. The Steps to Health Challenge runs for five weeks, supporting staff to move

more and count your steps daily so that you can record your improvements over time.

Sherifat and her team are relishing the fresh challenge this year.

"It is a great excuse to get out and about and discover all the lovely places in your surroundings and appreciate nature. I have been to lots of new places around Ballinasloe that I never even knew where there. I know it inside out by now – and I have landmarks all over the local area that I know how many steps it takes to get there," she said.

"We are all really looking forward to getting going again."



Follow us during the challenge on Twitter @hsesteps using #HSEstepschallenge.



KING CARE

Animal therapy boosting moods in Cork mental health services



Anyone who has ever owned a dog knows how they can instantly boost your mood and their use as therapy animals has been long established. In Cork, one gorgeous golden Labrador called King has been bringing his good humour to the service users at the Carraig Mór Centre.

King is highly trained, assessed and matched for suitability to work as a therapy dog within the HSE Adult Mental Health Services Cork and Kerry. King was originally provided by the Irish Guide Dogs Association to support clients attending the DBT (Dialectical Behavioural Therapy) program and the Flynn family agreed to house King to facilitate his use as a therapy dog.

Subsequently, the development of Animal Assisted Therapy in an in-patient setting in Carraig Mór Centre was an expansion of this initiative. The initial pilot programme was a joint initiative led by Dr Claire O'Sullivan, Senior Clinical Psychologist, and Co-Lead Colm Herlihy, Clinical Nurse Manager 2, with the support of the Flynn family.

Animal-Assisted Activities (AAA) relates to a human-animal interaction that takes place for the purpose of recreation and education. Alternatively, AAT is the use of a trained animal in therapy, where specific therapeutic goals are achieved through interaction with the animal. As part of the on-going developments and evaluations of Therapeutic Services and Programmes within the Psychiatric Intensive Care Unit (PICU) at Carraig Mór Centre, both AAT and AAA have been introduced on a pilot basis since May 2019.

Research into service user and staff experiences of AAT in Carraig Mór was also completed by Caoimhe Kelly, Psychologist in Clinical Training, UCC, in 2020. "The AAT is a pilot program developed by Colm and myself with the support of the host family, nursing, occupational therapy, social work, psychiatry, MTAs, administration, catering and senior management, the research validates the efficacy of this

intervention whilst also highlighting opportunities for enhancement and replication of formal AAT /AAA across other mental health services," explained Claire. "Research has demonstrated the positive impact that staff experience from having a dog in the workplace, particularly in reducing perceived stress. Additionally, it is suggested that dog-friendly work environments may encourage higher productivity and morale, and also lower levels of absenteeism amongst staff."

Claire said the research conducted by Caoimhe has highlighted a variety of potential benefits that King can provide within a therapeutic context. "The empirical evidence to date has revealed many improvements across a wide range of mental health related difficulties. These include improvements in symptoms of PTSD, psychosis, stress and depressive symptoms amongst adults in treatment for trauma, reduced anhedonia among adult inpatients with a diagnosis of schizophrenia, and other negative symptoms," said Claire.

"The AAT project in Carraig Mór provides a template that other centres can follow which allows for the replication of this project within different centres and has the potential to develop into a new and widespread therapeutic intervention within the mental health services whereby new data can offer new research opportunities while primarily enhancing care provided by the mental health services," added Colm.

In view of COVID-19 restrictions, King recently returned to Carraig Mór on Wednesday mornings for the AAT/A clinic. The Irish Guide Dogs Association provided valuable guidance in regard to infection control measures which are utilised by the host family and the Carraig Mór AAT/A team. Both Claire and Colm said seeing service users interact with King was 'heart-warming and uplifting'. They explained how the positive teamwork across all disciplines within Carraig Mór has enabled this innovative therapeutic intervention to be piloted, researched and developed within a PICU setting. "It's a win win as it benefits service users and staff, and his presence also creates such a positive atmosphere."



BEDSIDES OF YOUNG PATIENTS TRANSFORMED INTO MINIATURE THEATRE SPACES

As part of an Arts and Health project for Galway 2020, artists Sarah Fuller and Manuela Corbari responded to the ever-changing challenges presented by COVID-19 and the needs of the paediatric setting by designing a bespoke shadowbox theatre which were shared with children in paediatric units in the Saolta Hospital Group and in other paediatric units across Ireland including hospitals in the Children Health Ireland Group.

The shadowbox theatre evolved from the artists' residency in University Hospital Galway which began with participative art workshops where they supported young patients to make stop-motion animations and bedside performances incorporating puppetry, storytelling and shadow-play, to create immersive worlds and transform the clinical environment.

When COVID-19 meant that the artists were no longer able to work in the wards, they translated their experiences into a table top shadowbox theatre which were shared with children in hospital for the month of April.

After their hospital stay the child could bring home the shadowbox theatre in a tote bag designed by the artists along with a seed-paper postcard to plant. These keepsakes were a reminder of the more positive aspects of their hospital experience.

Margaret Flannery, Arts Director of Saolta Arts said, "This project - 'A bird at my window and other stories' - was an exciting opportunity to share the Galway 2020 cultural experience widely while also helping Saolta Arts make important steps in establishing an Arts and Health programme at each hospital site, creating future opportunities for patients, staff and artists."

Staff from the Paediatric Department at University Hospital Galway with shadowbox theatres and accompanying tote bags which were shared with children in hospital during April. From left: Mary Scally, Clinical Nurse Manager 1; Cecily Cassidy, Clinical Nurse Manager 2; and Lisa Porter, Play Specialist.

MY STORY

TOMMY'S MILESTONES CELEBRATED



Two-month-old Tommy has spent every day of his young life in hospital but a new initiative in Crumlin children's hospital has meant that his milestones can be properly celebrated.

Babies like Tommy reach many milestones that are unique to them while they are in hospital. Recently the Neonatal CNS team in CHI at Crumlin, in collaboration with other nursing staff, recently launched the 'Story of Me' Milestone cards.

The milestone cards were designed to help families create lasting memories and mark significant moments while their baby is in hospital.

"These milestone cards were such a great idea. I had no idea what little things I took for granted when I had my first child because she was able to come home straight away," says Jessica, Tommy's mother.

"It was completely different this time around because Tommy has had to stay in hospital since the day he was born and it was a great help to be able to record little things I took for granted the first time with my daughter - like his first outfit, first feed, getting his tubes out and his first snuggle. The space on the back of the card to write things was a great help as well. Because things were hectic, it was great to relax and fill in the card at the end of the day of every little milestone he completed."

Dr Ann Hickey, Consultant in Neonatology, said the 'Story of Me' Milestone cards 'represent hope and capture simple joyous moments in what can sometimes be a very challenging journey for tiny babies who often have multiple issues'.

"Achieving each milestone is an enormous achievement. The milestones may seem like small things - having a bath or a cuddle, but they celebrate huge steps for our babies and families. Creating hope and making happy memories for years to come can mean so much," she said.

The cards are unique to babies in hospital capturing precious memories like 'This is what brave looks like', 'My first feed', 'First cuddles', etc. The cards are funded by CHI Crumlin, formerly CMRF Crumlin.

"They have been received very positively, with great enthusiasm from healthcare professionals and parents," said Karen Prunty, Neonatal Clinical Nurse Specialist.

"It has been a very positive experience for staff to be able to give these cards to parents as a form of support and to encourage parental involvement. The feedback has been amazing and has given a welcome boost to morale in these challenging times."

Beat the blues

JOIN A WORKPLACE CHOIR



Members of the Coombe Workplace Choir during their virtual performance at the Cork International Choral Festival/ IBEC Workplace Choir competition at the beginning of May. In no particular order, they were Mary Donegan, Bridie Horan, Lisa Price, Ann O'Donnell, Martina Ring, Renee Dilworth, Fiona Dunlevy, Emma McNamee, Anne Graham, Fiona McCourtney, Ann Stapleton, Aly Walker, Alice Heary, Shelley McDermott, Breda Walsh, Mei Yee Ng, Mary Ryan.

A 2019 study of staff across the HSE carried out by researchers Hilary Moss and Jessica O'Donoghue found that many hospital staff have discovered an antidote to tensions in the workplace, hospital pressures and long hours and have joined one of the many hospital choirs across the country.

The Coombe Workplace Choir has been in existence for many years. It began, largely, as a group of amateur but determined singers who gathered together in the run up to Christmas to rehearse carols for the Annual Carol Singing Tour of the hospital wards on Christmas Eve. Hospital chaplain Renee Dilworth was one of the founding members of the current choir.

"I wanted to ensure that staff could meet across many disciplines but also that we would have a choir of our own talent for services and events within the hospital," said Renee.

Fast forward to 2015 when staff member Lisa Price took over the role of Choir Director on a voluntary basis. Under Lisa's guidance, the Coombe Workplace Choir met weekly for rehearsals. The membership changed now and then as people left to take up new employment opportunities in other hospitals or who retired.

What also changed was the choir's repertoire. Over the past five years, Lisa has expanded the

repertoire to include classical, musical theatre, contemporary and traditional song – and carols! In 2019, The Coombe Workplace Choir became semi-finalists in the Workplace Choir of the Year Competition.

Membership of the choir is presently all female (by accident, not by design!) and includes staff from Midwifery, Laboratory, Chaplaincy, Medical Records, Dietetics, HR, ICT, Patient Services, Administration, Medicine, Education, Physiotherapy and more.

Getting the members to choir practice is not difficult. Pre-COVID, hospital management put the non-denominational oratory at the choir's disposal. While the room generally exudes an air of calm and peace, from time to time, passers-by have been stopped in their tracks by the sounds of Elvis, Queen, The Beatles, Abba and other musical greats. During COVID, the choir moved out to the car park, when the weather allowed, and on to Zoom. Although not ideal, everyone pitched in to make it work.

Bridie Horan, a current member of the Choir, Health & Wellbeing Lead, said, "The lunchtime 30 minute pop-ups for all staff – not just choir members – are inspirational and very enjoyable. It's had a positive influence on mental health for anyone who takes part."

As Choir Director, Lisa is a passionate

advocate of how singing can be used as a form of therapy. Like Bridie Horan, she sees singing as a positive influence on mental health, costing nothing but time.

"Taking part in rehearsals and pops ups helps build resilience, which has a direct impact on promoting and maintaining positive wellbeing. Bottom line is that singing unites us!" said Lisa.

Following the success of the launch of the choir's cover of 'Be My Baby', which was recorded remotely, they reunited last Christmas to record the Christmas classic 'Let it Snow'. A further foray into remote recording produced a Mother's Day recording of Celine Dion's song 'Because You Loved Me' and included a tribute to mothers past, present and no longer with us. International stars Celine Dion and Imelda May both picked up the recordings and sent good wishes to the Coombe Choir.

The IBEC Workplace Choir Competition, which ran as part of the Cork International Choral Festival at the beginning of May, has undoubtedly been the icing on the cake for the ladies. With another remote recording – this time Stevie Wonder's 'Signed, Sealed, Delivered' – the choir walked away with third place.

"We're after first place now next time. There's nothing stopping us. And we want more members," added Lisa.

'This little genius device changed my life'

Veterinary nurse Clare talks about her bone anchored hearing aid

CLARE O'DRISCOLL

Hearing problems and an autistic spectrum disorder (ASD) diagnosis meant Clare O'Driscoll constantly struggled at school and college.

But her life was transformed when she was referred for a Bone Anchored Hearing Aid (BAHA) six years ago. And she hasn't looked back since.

"This little genius device completely changed my life for the better. I have soared in confidence, successfully completed my degree and now work as a veterinary nurse. I would be lost without it. I'd love to thank everyone in the BAHA team in the Mater Hospital for giving me a better quality of life and giving me the confidence to move forward in the hearing world," she said.

Clare's hearing problems began at a very early age. She experienced many severe infections as an infant leading to perforated eardrums that never healed and left her with significant hearing loss.

She was fitted with a hearing aid in 2005 following constant visits to Enable Ireland and to ENT Consultant, Professor Tadhg O'Dwyer in the Mater Hospital.

"I visited Enable Ireland for assessments that showed significant hearing loss in both of my ears. I could no longer hear my teachers in school and often struggled to talk to others in class, partly because I am on the autism spectrum but being able to hear the person you're having a conversation with also helps," she explained.

"I couldn't tolerate the hearing aid, because it always irritated and exacerbated my ear infections. I had surgery to repair one perforation but it was unsuccessful. From 2011 and onwards my hearing situation rapidly worsened; and in 2013 Prof O'Dwyer told me that my left ear canal had narrowed and would eventually close. This meant I could no longer wear a normal hearing aid. I was already self-conscious and insecure due to ASD and now fears of potentially going deaf made me reach breaking point. My hearing was now seriously affecting my life and studies."

In 2014 Prof O'Dwyer referred her to Mr Stephen Kieran at the Mater BAHA Programme. BAHAs focus on transmitting sound through bone conduction by means of a surgical implant, which sits on the bone behind the ear.

Bone-anchored hearing aids focus on utilising inner ear hearing. They allow a person to hear sound through bone conduction by means of a surgical implant, which sits outside the ear without interfering with the canal.

"Following a BAHA trial and discussions with Mr Kieran and Roulla Katiri, the chief audiologist at the department I decided this was for me. I had surgery to have my BAHA implanted in April 2015 by Mr Kieran and a month later my BAHA was programmed and given to me by Roulla Katiri, the chief audiologist," said Clare.

"When I turned it on for the first time I felt the difference immediately, I was experiencing something previously unheard of to me but so normal to so many. I can only compare the feeling to having someone release their cupped hands from your ears. Everything sounded much bigger and clearer. I became socially confident and more secure in myself in the first few months with the BAHA, which proves it has benefitted my life in more ways than one."

The new implant had a massive effect on

Clare's education, helping her to achieve a Bachelors Degree in Veterinary Nursing in 2017 and an Hons Bachelor Degree Animal Behaviour & Welfare in 2018.

"My BAHA was a huge help in lectures as I could programme it to focus on my teachers' voices, and also used assistive devices like a wireless mini-mic in bigger lecture halls. It was those simple benefits from my BAHA that made taking notes and understanding other valuable course information so easy. I would have struggled without it.

"My BAHA needed to be sent away for maintenance recently, which meant I was without it for a few days. In those few days I learned how much I need it. I am now a registered veterinary nurse and have been working full time for two years. I work with a lot of older clients who tend to speak very quietly, so it felt like someone had cupped their hands back on my ears during that time. I realised how difficult my job would be if I didn't have my BAHA with me, so it was a huge relief getting the processor back after that short period. The better conversations I have with clients in person or on the phone, the more confident I am in my job. It helps me communicate better with my colleagues also."



THE KINGDOM DEMENTIA CAFÉ

COVID-19 didn't stop a planned Kerry Dementia Café from going ahead.

The Kingdom Dementia Café initiative, supported by the HSE through the Tralee Dementia Friendly interagency group, first met in December 2020.

Originally planned as a face-to-face service, the project has adapted to an on-line service.

The café invites all individuals experiencing dementia into a relaxed forum to exchange experiences and to talk about dementia with the relaxed atmosphere aiming to break the taboo associated with dementia.

The purpose of the café is for community integration and to reduce social isolation for individual experiencing memory difficulties, and it provides an opportunity for individuals impacted by dementia to enjoy time together in the company of people in a similar situation as themselves.

Its core values are atmosphere, information, support and community.

Participants are facilitated to speak openly about memory difficulties and symptoms of dementia which promotes recognition and social acceptance. The café also provides an opportunity for individuals to meet with healthcare professionals who can provide information and signpost participants to other services.

One of the participants, Anne, said that she really enjoyed meeting people virtually and attending the café.

"I really enjoyed meeting people, it is a lovely experience. The pace of it suits us all, simply produced, which I appreciate more and more now."

The Kingdom Virtual Dementia Café is managed by a subgroup of the Tralee Dementia friendly interagency group with representatives from the HSE, the Alzheimer Society of Ireland, Kerry County Council and Kerry Memory Technology Library.

The online café meetings are as interactive as possible, with a variety of activities and guest speaker taking part since December. A facilitator has engaged participants through conversations about items of local historical significance from the Kerry County museum such as the Tom Crean medal of bravery and artefacts from the Jennie Johnston.

The café will move to face-to-face meetings as soon as public health guidelines allow, but in the meantime the virtual meetings play an important role in supporting people with dementia and their families.

For any enquiries, please contact Catherine Murphy, Occupational Therapist on 086-7809989

TRIBUTE TO SIOBHÁN



It is with great sadness and loss the HSE and the office of Organ Donation Transplant Ireland have learnt of the death of our wonderful, esteemed and elegant colleague Siobhán Brosnan Shanahan.

Siobhán was Organ Donor Nurse Manager in University Hospital Limerick. She worked tirelessly with families during their time of immense grief and sadness to support them through their decision to donate the organs of their loved ones. She truly believed in the act of donation, most especially in the comfort it gave to the donor family.

The gift of life to another person awaiting organ transplantation in the midst of a sudden loss of a loved one is one of our greatest acts of kindness. Siobhán's family in their time of grief and loss have honoured Siobhán's wishes to be an organ donor.

We wish to extend our deepest sympathies and heartfelt sadness to Siobhán's beloved husband Patrick, family, friends and work colleagues at this very difficult time and give thanks for all the kindness, care and hope that Siobhán has given to so many of our patients and their families.

Ó fhás go h-aois, is ó aois go bás

Do dhá láimh a Chríost anall tharainn

Ó bhás go críoch, ní críoch ach athfhás

I bParrthas na nGrás go rabhaimid

VIRTUAL STROKE SUPPORT

Kerry Stroke Service goes virtual to support clients



"WHEN HE WAS RELEASED FROM HOSPITAL, WE EXPERIENCED GREAT LONELINESS - THERE WAS NOWHERE TO TURN. AND SO THAT WAS WHEN, THREE YEARS LATER, WE SET UP THE KERRY SUPPORT GROUP - A PEER-LED SUPPORT GROUP, SUPPORTED BY A HSE COMMUNITY WORKER."

Staff and volunteers involved in the Kerry Stroke Day Services came up with innovative ways to make sure that people recovering from stroke continued to receive support throughout the COVID-19 pandemic response.

The Stroke Day Service was set up in 2018 in response to a need identified by the Kerry Stroke Support Group and is as a result of a unique partnership between the HSE, the two voluntary agencies (Baile Mhuire Day Care Centre for Older People and Ard Chúram Day Care Centre) and the Kerry Stroke Support Group. The Kerry Stroke Support Group is supported by Cork Kerry Community Healthcare Community Work Department.

The eight to ten-week programme provides an invaluable support for many people in Co Kerry who are recovering from stroke but when the pandemic arrived last year, it obviously had an immediate impact on people recovering from a stroke, and their carers.



Kerry Stroke Support Group was set up in 2009 as an initiative of the Tralee Primary Care Team to support stroke survivors in Co Kerry. Mary Carmody, Chairperson Stroke Group, explained that when her then 54-year-old husband had a stroke in 2006, he was 'a very unlikely candidate to have a stroke. He was very fit, healthy, running marathons all over the world'.

"When he was released from hospital, we experienced great loneliness - there was nowhere to turn. And so that was when, three years later, we set up the Kerry Support Group - a peer-led support group, supported by a HSE Community Worker," she said.

For Noreen and Frank Hickey, clients of the Kerry Stroke Support Group at Baile Mhuire Day Centre, the service and centre offered sense of a shared experience.

"When we arrived here - it was so reassuring - just seeing others who looked like Frank, walked like Frank and who had the same difficulties as Frank - we weren't on our own. We suddenly realised there is a whole community here that we knew nothing about."

Eibhlís Cahalane, Physiotherapist Services for Older People, Cork Kerry Community Healthcare, explained that the Stroke Day Service had to adapt and provide as much as possible on-line and virtually.

"We obviously couldn't bring our people into our centres so we had to figure out what we could do virtually. That was a challenge for all of us - there were challenges for us in coming to terms with technology. It was a steep learning curve both personally and for the team," she said.

Eibhlís explained that as a physiotherapist, she leads out on a physical exercise programme and moving this online while still maintaining quality and safety wasn't easy.

"But we started and we have been very successful over the last year - we have adapted and we have surpassed all expectations with what we have been able to achieve virtually," she said.

Occupational Therapist Catherine Murphy explained that they've been able to look at recreational activities including meditation, painting and gardening - all from people's own homes.

Nurse manager at Baile Mhuire Day Centre Rose Daly, added, "We push the boat out sometimes, but it's worth it."

Dolores McElligot, Community Health Worker, HSE Cork Kerry Community Healthcare, said that the service is significant because it is a community-led partnership.

"It was community and needs led," she said. The programme was recently evaluated in collaboration with Tralee IT and that report found significant benefits both for the participants and also for their family members/carers.



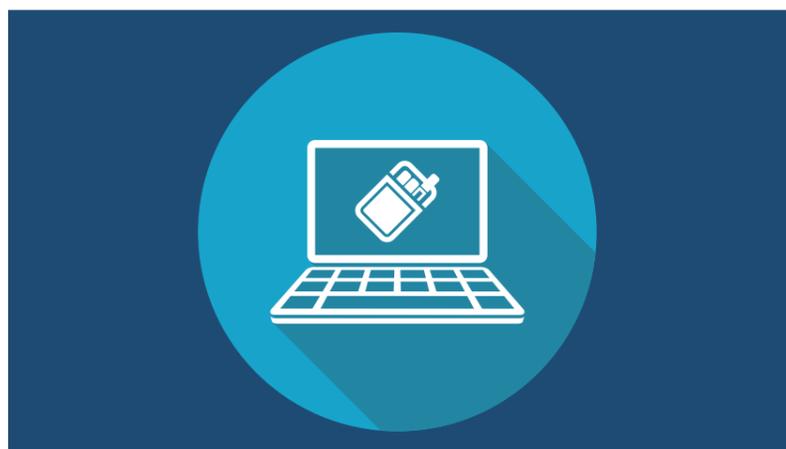
Quitting smoking

GPs help to tackle smoking prevalence with the click of a button

It's now easier for GPs to help build a Tobacco Free Ireland by using the new Quit referral service through the General Practitioners' Healthlink referral system.

Most people who smoke want to quit. GPs are the first line of smoking cessation support in the community and are in a powerful position to help patients who smoke to increase their chances of making a successful quit attempt and becoming smoke free. Now, along with brief intervention and prescribing stop smoking medications, GPs can refer people quickly and easily at the click of a button for extra professional support to the national Quit team. General practice is the right place to get the right help at the right time that will make all the difference to patients who want to quit smoking for good.

A recent HSE commissioned survey asked people how COVID-19 had affected their smoking behaviour this year. Almost 1 in 10 people who currently or previously smoked told us that they had started smoking again due to COVID-19. This has been a difficult year for all of us and it is not surprising that some people have used smoking as a way of coping. The HSE survey also confirmed that 8 in 10 people who smoke want to quit. On a positive note this year has seen an



increase in people seeking online support to quit smoking with 51% more people signing up for an online Quit plan.

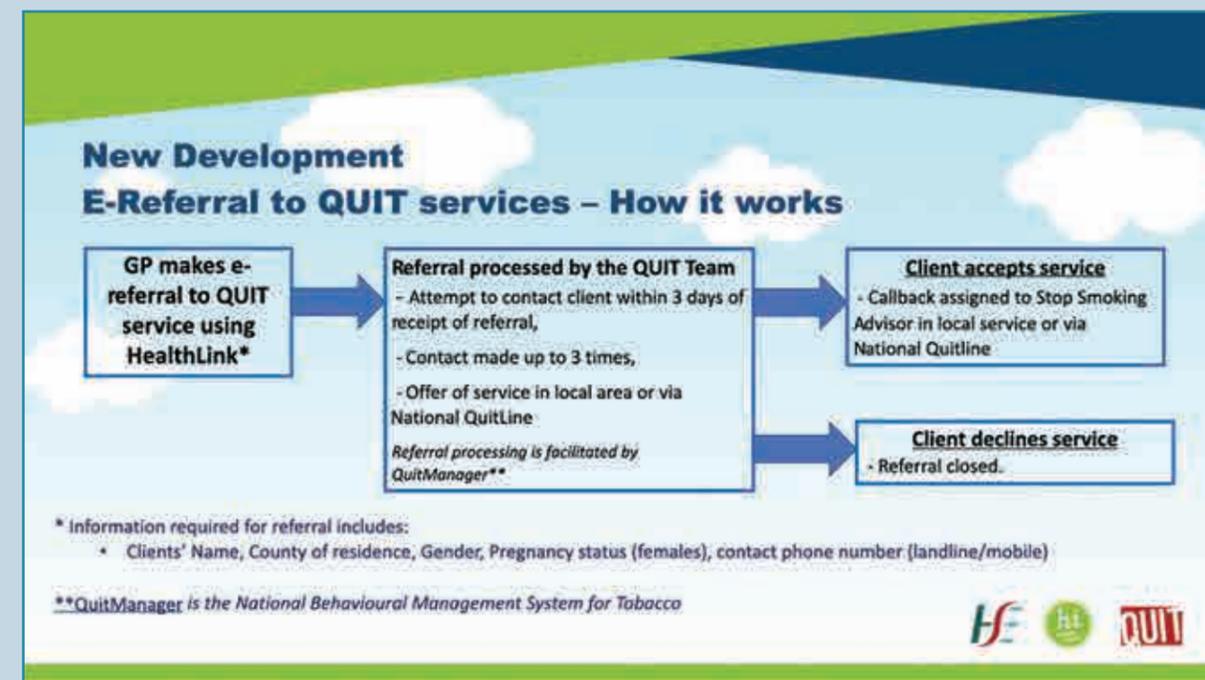
Martina Blake, HSE National Lead for the Tobacco Free Ireland Programme recently presented at one of the ICGP Wednesday night webinars to an audience of around 2,400 GPs on the new initiative with very positive feedback from all on this new development.

Dr Paul Kavanagh, Public Health Advisor to the HSE Tobacco Free Ireland Programme and Chair of the National Stop Smoking Guideline Development Group, said, "GPs

play a powerful role in helping people who smoke to quit. The ICGP are a key partner in building a Tobacco Free Ireland and have, through various initiatives, shown great leadership in tobacco control. We want to make it quick and hassle-free for GPs to provide the best support possible to increase the chances of their patients being successful in their quit attempt and becoming smoke-free. GPs can now refer people who want to stop smoking to the national Quit service through Healthlink at the click of a button."

THERE ARE MANY DIFFERENT WAYS TO GET HELP TO QUIT FROM THE QUIT SERVICE:

- A free Quit Kit to help you prepare
- Messages or phone calls the Freephone Quitline- phone 1800 201 203
- Live chat with a Stop Smoking Advisor on Quit.ie
- Weekly phone support for the first 6 weeks from a Stop Smoking Advisor
- Advice on Nicotine Replacement Therapy (NRT) and stop smoking medication
- An online-personalised Quit plan where you can track your progress
- Daily tips and support from people who have quit and who are trying to quit on the You Can Quit Facebook page



ROSE FINALLY KICKS A 46-YEAR-OLD SMOKING HABIT

One of Rose Redmond's earliest memories is buying cigarettes as a very young girl with her First Communion money. But with a lot of willpower and support, 54-year-old Rose has turned a 46-year habit into a distant memory in three short months.

"I started smoking when I was eight or nine. I even remember buying loose cigarettes on my way to school. I had eight siblings and we all smoked so it was kind of like second nature to me," said Rose, who works in St John of God's.

Four decades of smoking was beginning to take a real toll on Rose's health and her quality of life. She finally decided that she was not going to bring her cigarettes with her into 2021.

"It was getting to the stage that I couldn't catch my breath. I had resolved to get fit but was really struggling with the cardio at the gym. So I started having a word with myself. I'd find it hard to walk up a hill and I'd say to myself, 'that's because you are smoking'. I recognised that I needed to quit but it was about finding a time that was right for me to stop. I finally decided that I would give up before the New Year came," she explained.

It wasn't Rose's first attempt at giving up cigarettes. She managed to quit eight years ago and stayed off them for nine months before she started up again after the death of her father.

"Dad passed away and I turned back to the cigarettes again. But I had been having the odd cigarette here and there after I had given up so I suppose I was never really away from them," she said.

She also lost her beloved brother to COPD when he was just 59 in the last couple of years. But Rose said that nursing him

through his sickest days and watching as he struggled to breathe still wasn't enough to get her to stop smoking.

"I knew that I wanted to give up at that stage but I couldn't do it until I was ready. I didn't want to set myself up for failure," said Rose.

So armed with some nicotine patches, lozenges, and a determination to quit once and for all, Rose saw in the New Year without her trusty cigarettes by her side. It hasn't been easy but, four months on, she hasn't looked back.

Rose has begun to see the benefits but acknowledges that it will take a while to undo all the damage done by decades of smoking.

"In the last couple of weeks I have been seeing that I can finally do the really hard cardio exercises now and not feel like I'm going to collapse. I'm not very vain but I used to look at my non-smoker friends and their skin used to look flawless. I'd have all these smoker's wrinkles around my face. Now my skin is definitely better and there is even a bit of a glow to it."

In terms of advice to people thinking about quitting, Rose urged them to examine why they wanted to give up and make sure they were fully ready.

"Don't do it for financial reasons. Like an alcoholic, a smoker will always find money for cigarettes. Think about the real benefits you will be getting and aim for those. I am looking forward to enjoying the rest of my life now as a non-smoker and having the good health to go with it," she added.

Linda Daffy, Clinical Nurse Manager (CNM3) in Critical Care, University Hospital Limerick.



Initiative led by ICU staff adds extra human touch to Critical Care in UHL

Intensive care staff in University Hospital Limerick (UHL) are adding another dimension to the hospital's patient-centric ethos with a simple initiative that helps healthcare workers to see beyond the urgent clinical needs of critically ill patients and meet their other fundamental psychological, social and spiritual needs.

The Get To Know Me project makes use of whiteboard wallcharts for each patient. The charts, on the wall of each isolation booth in the Intensive Care Unit (ICU), have spaces where simple details about the patient, including their favourite things, interesting stories, photos and what name they go by, can be filled in by family (when visiting is permitted) or staff, in consultation with the patient, if at all possible, their family or friends.

Linda Daffy, Clinical Nurse Manager, CNM3 in Critical Care at UHL, praised the "human touch" that the Get To Know Me boards provide for healthcare professionals working in the critical care setting.

"In such a high-tech environment as an ICU, it's easy to lose sight of the person through the life-supportive measures and equipment in place. The higher human factors of psychological, social and spiritual care can be eclipsed and shown less priority. The Get To Know Me boards facilitate a human approach to care—they're a conversation starter, and they give us healthcare professionals a privileged opportunity to have insights into a person's life," said Linda, above.

In the highly clinical and technological environment of intensive care, patients are often physically obscured by tubes, wires and monitors, and clinical teams, and the aim of Get To Know Me is to ensure that the patient's personality, preferences and non-clinical needs are not forgotten. Currently in use in the ICU, the boards are being considered for use in the High Dependency Unit at UHL.

The Get To Know Me boards were devised by Ger Crilly, a Clinical Nurse Manager (CNM2) and Clinical Placement Coordinator in UHL. Ger developed

the concept for a Quality Improvement Project submission towards the first year requirements of her Master's degree in Health Sciences/Intensive Care Nursing.

"The science behind it is very simple," she explained. "We don't want our patients to be seen as the 'aneurysm in Bed 8' or the 'head injury in Bed 9'. We ask families to engage with the initiative, and of course respect if they decline. Through the whiteboards, staff learn a little bit about the person's likes, dislikes, interests, what's important to them, what they like to be called, and so on, and they have a sense of who the person is behind the patient.

"When a person comes into intensive care, it can be difficult to get a sense of who they are, because all the tubes, wires and equipment create a quite impersonal environment. But just by looking at the board, you might see, for example, a photograph of the person in better health, along with little details about their personality, and those insights instantly take you towards a greater sense of who this person is."

A social inclusion team in the Mater Hospital is ensuring homeless frequent attenders have access to proper healthcare.

Their work highlights the fact that 'one size' does not fit all in terms of approaches to healthcare and the need to be more imaginative with regards to healthcare for socially excluded populations.

"Nurses are very well placed to be leaders in this area given the wide skill set we have. Engagement with even the most challenging situations and behaviours can result in positive outcomes for patients and staff," said Jess Kenny, Advanced Nurse Practitioner.

Jess was the first Homeless Liaison Nurse appointed in Ireland when she took up the role at the Mater Hospital in Dublin. Since the initial post in 2018, a health team consisting of consultant, nursing and medical social worker working in Inclusion Health has been established. There is regular and enhanced communication between hospital and community-based services focused on meeting the clinical and social needs of the homeless patients. It operates under the HSE Office of Social Inclusion.

"People who experience homelessness have higher morbidity and mortality rates in comparison to the general population. They have been shown to access secondary healthcare services at a disproportionate higher rate in comparison to the housed population and yet their health outcomes remain poor. This cohort have a very high 'Left Before Seen' rate in emergency departments and also are often not identifiable as homeless based on their address or 'no fixed abode'," explained Jess.

This can result in this vulnerable group not receiving follow-up appointments and communication from the hospital. Given the transient nature of their accommodation they often are unable or not in the habit of attending primary care regularly.

"One of the biggest problems was we often did not realise a patient was homeless until they were seen or were for discharge. To aid this issue, a patient register was created which allowed homeless people to be highlighted at the first point of registration in the Emergency Department," she said.

"This was a crucial initiative as it allowed the inclusion health nurse to target and care for these patients early on in their presentation. This initiative resulted in targeted care that was suited for the patient and not just the system.



Life and health of the homeless boosted by specialist nursing team in Mater Hospital

This registry allowed us to capture the number of homeless attenders to the hospital and to try and meet their health care and wellbeing needs, which was previously very difficult to do despite best efforts and intentions of all staff."

Her colleague Sarah Jayne Miggin, Clinical Nurse Specialist, Inclusion Health, said there has been huge coordination at a national and regional level during the COVID-19 pandemic which saw the most vulnerable being cocooned.

"Access to addiction services improved and patients were highlighted if vulnerable and needing extra support. Crucially people were housed which showed that housing has a direct impact on the health of individuals. The hospital attendance rates reduced and primary health care was prioritised. There was also healthcare staff in a lot of facilities which meant that the hospital staff could communicate health needs directly to another healthcare professional," she said.

Staff at all levels in the Emergency

Department embraced this initiative and were keen to highlight patients early from the point of triage if needed. There was also a big engagement from staff to follow up on the patients who had left before seen particularly at night and who may still have had nursing/medical needs to be followed up. Patients engaged with the service in a very positive way and there were good outcomes for individuals who had been challenging to engage with for a number of different reasons.

"The relationships with the community services were strengthened and this resulted in better outcomes for the patients. The patient's health and discharge information travelled with them from the hospital and this facilitated continuity of improved health service and surveillance through other agencies and ultimately lower risk for patients," said Sarah Jayne. The Inclusion Health service hopefully will continue to expand meeting the needs of some of the most vulnerable cohorts in Dublin.

"PEOPLE WHO EXPERIENCE HOMELESSNESS HAVE HIGHER MORBIDITY AND MORTALITY RATES IN COMPARISON TO THE GENERAL POPULATION."

HSE COLLABORATE TO LAUNCH ASTHMA RESOURCES FOR MINORITY GROUPS

The Asthma Society of Ireland, in collaboration with HSE Social Inclusion South East Community Healthcare and Pavee Point Traveller and Roma Centre, has launched their Asthma Education Inclusion project, providing culturally appropriate, literacy friendly resources and materials for Roma, Refugees, People Seeking International Protection and the Traveller community.

The aim of this project is to improve the respiratory health of these communities by developing literacy friendly information resources to support intercultural health workers and healthcare professionals to communicate key messages relating to asthma to their client groups.

These resources include:

- 'Top Tips for Asthma Management,' providing 10 tips for asthma management and outlines what an asthma attack is and the steps to follow when someone is having an asthma attack (5 Step Rule) as well as detailing what triggers are. The leaflet is available in eight languages
- Romanian, Arabic, Portuguese Iberian, Brazilian Portuguese, English, French, Georgian and Pashto.
- An educational '5 Step Rule' animation video outlines what an asthma attack is and what to do if someone is experiencing an attack. The video is available in the eight languages also.
- An asthma educational video, featuring Consultant Respiratory Physician Professor Stephen Lane, provides information on asthma and asthma management, explains what triggers are and emphasizes the importance of completing an Asthma Action Plan with a GP. This video has been translated into Romanian, Arabic, Brazilian Portuguese, English, French, Georgian and Pashto.
- 'Traveller, Asthma, COPD & COVID-19; Living with Coronavirus' offers targeted advice on how to stay well during COVID-19 for people with asthma and/or COPD and where to seek additional help.



These comprehensive resources will be shared with intercultural health workers and healthcare professionals, working with these communities. They will also be made available in various accommodation centers, Emergency Reception and Orientation Centres nationwide and will be distributed by Traveller Community Health Workers through Traveller Primary Health Care Projects nationally as well as Roma community health workers for members of the Roma community.

They will include both materials which intercultural health workers can provide directly to members of the communities and resources to educate the health workers themselves.

Suzanne Nolan from HSE Social Inclusion South East welcomed the resources that have been developed as part of this project and also translated into the main language spoken by Roma community members in Ireland.

"We hope that our partnership with the Asthma Society and the new resources produced will increase the health information available on asthma to Roma in Ireland," she said.

Angela Joy, HSE South East Social Inclusion, said, "These new resources will be of benefit to Refugees and Protection Applicants living with asthma in Ireland and will support the Intercultural Health Advocates working with these communities in the south east and elsewhere."

Ruth Armstrong, from the HSE National Social Inclusion Office, explained that a significant proportion of the population living in Ireland today is of non-Irish origin, with Census 2016 confirming that 17% of our population is foreign-born.

"We are keen to ensure that health information is available to members of these diverse communities. This is also in line with Goal 1 of the HSE Second National Intercultural Health Strategy (2018-2023), which is to provide information in accessible, culturally responsive ways. The HSE National Social Inclusion office has funded these projects to support the provision of literacy friendly information and educational resources for populations who don't speak English as their first language and also for those who have literacy difficulties, including Irish Travellers."

The Asthma Education Inclusion Project consists of two bodies of work. The first, being for Roma, Refugees, and People Seeking International Protection, was a collaboration between the Asthma Society and the HSE Social Inclusion in the South East. The second, for the Traveller community, is a collaboration between the Asthma Society and the Pavee Point Traveller and Roma Centre. Both pieces of work were funded by the HSE National Social Inclusion Office.



For more information, and to access these new resources, visit <https://www.asthma.ie/asthma-education-inclusion-project>



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ENNIS OPENING

New Outpatients Department a major boost for services

The enhanced facilities for patients and staff at the new Outpatients Department (OPD) will allow for future extension and expansion of services for the overall improvement of the patient experience at Ennis Hospital.

Greater capacity, in addition to facilities that are future-proofed with ongoing advances in telehealth, will assist with efforts to reduce waiting periods and manage waiting lists.

Situated at Westpoint Retail Park on the Kilrush Road, the new department will initially house the services currently based in Ennis Hospital, and also allow for the expansion of outpatient services into the future.

The development of the facility has been a priority for UL Hospitals Group in improving local access to non-acute patient care. The primary reason for this relocation is that the current building at Ennis Hospital was deemed no longer suitable for the demands for a modern day Outpatients Service.

“This is very much a forward-looking development,” said Noreen Spillane, Chief Operations Officer, UL Hospitals Group. “Westpoint supports the strategies outlined in the Sláintecare programme, which aims to enhance health promotion and help people to stay healthy, and provide services that deliver the very best in modern healthcare, in the best location, when they are needed, while providing value for money to the population that funds them.”

Ahead of opening day, department manager, Claire Lenane, said, “The team in Ennis OPD are very much looking forward to welcoming our patients to this modern, patient-centred facility, which will allow for expansion and developments of services, and provide an enhanced experience for patients who attend here.”

1 Kate Meade, Staff Nurse; Clinical Nurse Manager Claire Lenane (OPD manager); Fiona Johnson, Clinical Nurse Specialist; and Fiona Higgins, Staff Nurse. Picture: Brian Arthur 2 Fiona Johnson, Clinical Nurse Specialist; Fiona Higgins, Staff Nurse; Clinical Nurse Manager Claire Lenane (OPD manager); and Kate Meade, Staff Nurse. Picture: Brian Arthur 3 Clinical Nurse Manager Claire Lenane (OPD manager); Fiona Johnson, Clinical Nurse Specialist; Kate Meade, Staff Nurse; and Fiona Higgins, Staff Nurse. Picture: Brian Arthur 4 Ronan Grady, Lissycasey, Co Clare, with Mary Clancy, Staff Nurse, at the new Ennis Hospital Outpatients Department, Westpoint Retail Park, Kilrush Road, Ennis, Co. Clare. Mr Grady was the first patient to visit the Phlebotomy Room at the new facility, which opened this week. 5 Patricia Arthur, Ennis, Co Clare, with Siobhan Murray, Heart Failure Clinical Nurse Specialist, at the new Ennis Hospital Outpatients Department, Westpoint Retail Park, Kilrush Road, Ennis, Co Clare. 6 Carmel McInerney, Respiratory Clinical Nurse Specialist, providing a virtual clinic service at the new Ennis Hospital Outpatients Department, Westpoint Retail Park, Kilrush Road, Ennis, which opened this week. 7 Carmel McGovern, Staff Nurse and Kate Meade Staff Nurse, in the new Ennis Hospital Outpatients Department, Westpoint Retail Park, Kilrush Road, Ennis. 8 From left: Colette Cowan, CEO, UL Hospitals Group, with Joe Cassidy, Interim Operational Director of Nursing, Ennis Hospital, and Claire Lenane, Clinical Nurse Manager (CNM2), in Ennis Hospital Outpatients Department, Westpoint Retail Park, Kilrush Road, Ennis.

HSE teams co-ordinate vital aid to India

A plane carrying aid from Europe to India touched down on April 30th. Oxygen concentrators sourced by the HSE were received by the Indian Red Cross and distributed to urgent cases.

A second consignment of aid from Ireland arrived on May 4th and included two oxygen generators, 548 oxygen concentrators, 365 ventilators and 60 mask ventilators and all have now been distributed.

The donations to India were initiated by HSE Acute Operations with Medical Equipment, Estates and Procurement personnel including Dr Vida Hamilton, Liam Woods, John Swords, Ronnie McDermott and Damien Clarke and co-ordinated by David Weakliam, Clinical

Lead for the Global Health Programme, HSE. Transportation was co-ordinated by Paul Rock, the Department of Housing, and Emma Warwick, Department of Foreign Affairs, also assisted the coordination. HSE Engineering colleagues Leo Hughes and Paddy O’Shea provided assistance to engineers in India in setting up the two oxygen generators.

His Excellency Brendan Ward, Ambassador for Ireland in New Delhi, said, “It is always nice to see Ireland setting the pace and leading by example. We look forward to welcoming the next consignment.”

Thank you to all our colleagues across many departments and hospitals who have helped with this aid mission.

Infection Prevention and Control

Infection Prevention and Control (IPC) are often seen as the Cinderellas of the health care services, doing a lot of hard work in the background that not many can notice but everyone benefits from.

Since the pandemic landed on our shores over 15 months ago, the role of IPC team, however, has definitely moved to the forefront of healthcare and, even daily living in the community, as the world grapples with the spread of COVID-19.

The work all IPC teams undertakes serves to improve patient outcomes through the reduction of preventable infections using simple measures such as basic hand hygiene and proffering infection control advice and support to both staff and patients alike to ensure efficient service continues and that patients can safely move from the emergency department to beds on wards, especially in the context of managing outbreaks when they occur.

Barbara Slevin, Assistant Director of Nursing, Infection Prevention & Control for CPE Management, UL Hospital Group (ULHG), explained what life has been like for the IPC team during COVID-19; the team itself serves five hospitals within the University of Limerick Hospitals group.

“The IPC team was fundamental in leading and managing the COVID pandemic across ULHG in 2020 and this really lent to a greater awareness of our role in the greater scheme of hospital care. Preparation commenced on January 23rd 2020 to ensure that ULHG had a strategic and operational Infection Control COVID-19 plan in place. We could see how the situation was evolving in China and Italy, recognised that a pandemic was emerging and thus we were able to plan ahead,” said Barbara.

It was fortuitous that one of the consultant microbiologists, Dr Patrick Stapleton, had recently returned from specialist training with infection control and public health teams in Toronto, Canada, a city that suffered a major SARS outbreak in 2003, and he shared his learning about their hard-won expertise in managing novel virus outbreaks.

“We up-scaled training for all multidisciplinary staff, including non-frontline healthcare workers, and developed specific sessions on standard and transmission-based precautions as well as PPE donning and doffing procedures. We worked closely with the Executive Management Team to establish COVID protocols that ensured safe admission pathways for our patients,” said Barbara.

The IPC team was integral to the Hospital Crisis Management Team, providing expert advice, as well as updates on COVID caseloads and outbreak activity to help with clinical and bed management of both infected and non-infected inpatients.

“We had already laid the foundation stone in the fight against COVID. The actions that were needed to prevent the spread of COVID were underpinned by our everyday IPC measures. The principles were the same, they needed to be reinforced and implemented with perfect consistency,” she said.

She noted that IPC often got a bad name, being mainly associated with closing wards and highlighting some suboptimal infection control practices among staff.

“Our role is to keep everyone safe from infection – patients, staff and visitors. We aren’t here to censure people, we are here to give guidance and help staff to prevent infections and the resulting bed closures,” said Barbara.

She explained how IPC operates on a day-to-day basis across the hospital settings.

“Our bread and butter is surveillance of infections in patients. We check patients coming in to see if there are any known alerts in our records for



certain microbes eg MRSA, CPE, etc. We are proactive, put plans in place, advising and supporting on how best to manage the patient. COVID

further strengthened our role and visibility with our colleagues. We work very closely with a great administration team who could see the value of testing and traceability,” said the IPC team member.

“Our team can be likened to CSI when it comes to investigations. We can check on symptoms and determine if another patient has similar symptoms. It is very important to be able to trace the source of an infection and how it is spreading.”

Processes were put in place to capture results from COVID positive patients for patients who were tested elsewhere to reduce risk of inappropriate management from the onset of admission. These were made available on our electronic IPC surveillance system – ICNet.

Barbara explained that one of the biggest pieces of work was electronically linking test results from patients in the community, which was integral especially for patients presenting to the hospital with or without COVID symptoms. An electronic database of positive results from all laboratories was collated and cross checked once a decision was made to admit the patient to the acute hospital setting. Their linkages to our local Public Health and CHO3 IPC colleagues proved invaluable in a region wide approach to managing COVID.

It must also be acknowledged that the work of the IPC team was greatly assisted by the laboratory scientists who quickly validated and implemented multiple new molecular platforms for PCR testing in-house in March 2020. It was a constant battle

to secure equipment, swabs, re-agents and test kits in those first few months, but all these hurdles were overcome to provide continuous on-site testing during the first wave, which was essential to identify and isolate infectious individuals. The laboratory staff can now test up to 700 samples per day in UHL. Likewise, viral whole genome sequencing is also being undertaken on samples from COVID cases in the ULHG hospitals and this has been a ‘gamechanger’, determining absolute linkages between cases, which have proven vital from an IPC perspective.

During the pandemic, the IPC team worked tirelessly to ensure that COVID data was constantly updated, ensuring it was timely, robust and accurate’ to give a true reflection of the COVID situation in the hospitals in the Midwest region.

The Planning Performance and Business Intelligence team supported the team with setting up electronic reports to track how many COVID inpatients were in the hospital group, where they were, and at what stage of their COVID illness they were. This supported patient flow and the availability of isolation facilities especially when patients were deemed no longer infectious to others at the end of their COVID isolation period.

Barbara said the team work very closely together with multiple stakeholders - the swabbing team, the contact tracers, occupational health, Laboratory scientists, surveillance scientists, public health, pathology staff, admissions to name but a few. One learned to constantly adapt to new situations, outbreak activity and the epidemiology of infection within the regional community and nationally. “Everyone on the team is integral to how we function. The microbiologists are very generous with their time and expertise and the administrative team help keep the show on the road and are the silent backbone. It is a very busy service, especially during the pandemic, managing clinical workloads with operational and strategic meetings on a continuum,” she said.

Barbara explained that the IPC team drafted local procedures and guidelines, based on information coming from the European Centre for Disease Control (ECDC) and nationally from the HPSC. Invariably this involved ongoing revisions as guidance and new evidence emerged, for example mask wearing

The IPC team in ULHG were to the forefront of a series of innovations which helped the battle against the spread of COVID countrywide. A suite of novel resources were introduced including bespoke floor signage, PPE stations, new hand hygiene stations for entrances. Multimedia platforms were developed to meet staff, patient and visitor needs, including videos on correct mask, face-covering wearing and hand hygiene.

Training of staff in COVID-19 and infection control was a major achievement. Education remained a key priority of the UHL infection control programme of 2020, with the greatest number of multidisciplinary staff across ULHG receive IPC training. Overall, 13,986 training episodes were delivered by the IPC team.

Several new builds were completed across ULHG. The IPC Team collaborated with Estates to ensure that all IPC standards were met throughout all stages of the development and completion of these works.

Barbara acknowledged that our older hospital infrastructure was challenging especially with preventing the spread of infections and highlighted the value of having IPC contributions to the planning of new builds. “ULHG was fortunate to work with HSE Estates and get multiple single-room builds completed during 2020/2021. A 24-bed block oncology unit and a 60-bedded single ensuite block opened in December 2020 and it couldn’t have come at a better time as the third wave was impacting both locally and nationally. Even a planned build for offices was converted to a 14-bed single block as the pandemic unfolded.

Barbara said that the IPC team are at the heart of supporting the safe return to normal hospital services including visiting as we recognise that this has been an exceptionally difficult time for patients and their families.

“The patient is at the heart of everything that we do and all our actions should be focused on their wellbeing. Our job is to keep them safe. We look beyond that laboratory sample and recognise the person behind that result,

and the impact this has on them which can be life altering. Where possible we try to support teams and staff at ward level with helping patients understand about multi drug resistant bugs and offering simple advice and easy to understand information,” she said.

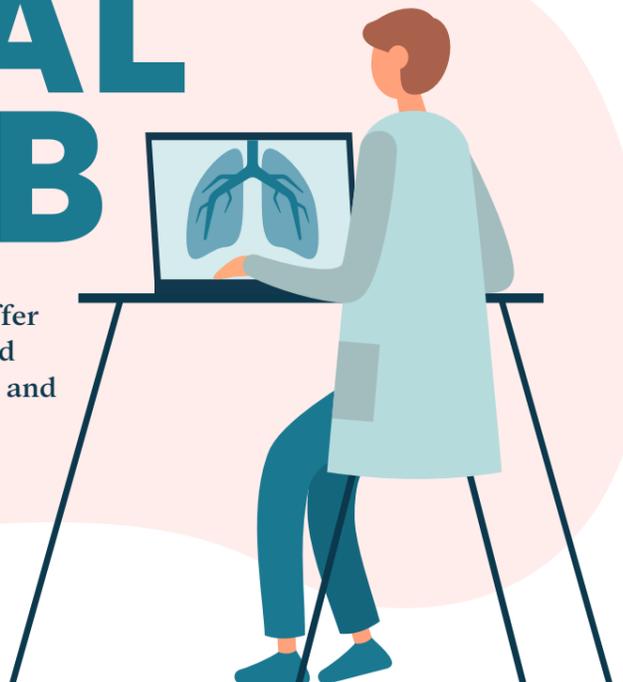
“Infection control professionals have been expecting a pandemic for some time. There have been some threats over the years, with SARS, Ebola, MERS, etc. This is the first winter without winter vomiting bug or influenza outbreaks, a result of abiding with IPC and Public Health principles, social distancing, wearing masks, cleaning and adhering to proper hand hygiene. It shows what can be achieved with some simple actions.

“I think people have a new-found respect for IPC because they now recognise that basic measures can prevent and control infections and these should form the bedrock of fully functioning hospital service. I hope that these measures continue to become part of the holistic care of every patient into the future as, simply put, every patient should be managed in a clean and safe reducing the risk of acquiring a healthcare associated infection.”

NAME	TITLE
DR NUALA O CONNELL	Consultant Microbiologist
DR LORRAINE POWER	Consultant Microbiologist
DR PATRICK STAPLETON	Consultant Microbiologist
BARBARA SLEVIN	Assistant Director of Nursing, Infection Prevention & Control for CPE Management
REGINA MONAHAN	Business Manager
SARAH KENNEDY	ADoN IPC
JOANNE O GORMAN	CNM2
BREDA O BRIEN	CNM2
ALISON MOLONEY	CNM2
JOHN MCCARTHY	CNM2
MARY P FITZGERALD	CNM2
MAIREAD DOWNEY	CNM2
MARIE BYRNE	CNM2
BUSHRA FARAH	Staff Nurse
MAJELLA O CONNOR	Staff Nurse
TEEKEAT TEOH	Clinical Microbiology SPR
KIERAN CARTH Y	Clinical Microbiology SPR
JILLIAN O KEEFFE	Clinical Microbiology SPR
JAMES POWELL	Surveillance Scientist
LISA DILLON	Surveillance Scientist
MARY TUTTY	Clerical Officer IPC
RUTH QUINN	Clerical Officer IPC
EDEL WOODLAND	Clerical Officer IPC
SHEILA ROSE	Clerical Officer Lab Officer

VIRTUAL REHAB

Drogheda physiotherapy team offer world's first virtual home-based pulmonary rehabilitation exercise and education programme



As the world clambered to make the switch to virtual interactions when the COVID-19 pandemic hit in March 2020, the physiotherapy team in Our Lady of Lourdes Hospital in Drogheda were already well ahead of the curve.

The team's COPD patients have been availing of the world's first virtual home-based pulmonary rehabilitation exercise and education programme since 2019.

Patients take part in bi-weekly group sessions of up to eight people, reducing the cost and physical effort of attending at the hospital, as well as eliminating the risks of picking up infection, so vital during the pandemic.

The virtual classes are delivered as part of a collaboration between the HSE, Interreg and mPower. The mPower project is a cross-border initiative funded by the EU's Interreg VA programme. The aim is to support older people with long-term conditions or chronic illnesses to live well, safely and independently in their own homes. The project operates in specific areas within the Irish border region and in Scotland.

Celine Meehan, Physiotherapy Manager for Our Lady of Lourdes and Louth County Hospital, was responsible for securing funding for the initiative and getting it over the line.

"In early 2019, we began looking at ways that we could use digital technology in our services to make them more accessible to people and improve outcomes. We worked with other clinicians, such as respiratory consultants, and mPower, and came

up with the idea of a home-based rehab programme for people with COPD," said Celine.

"One of the reasons that we looked at people with COPD is because they are a vulnerable group – they are often very breathless, carry their own oxygen supply, and their mobility can be poor. Car parks can be far from the hospital and it is difficult for them to get around. They are also at a risk of picking up an infection while in the hospital. It was a natural group to pick for the project."

Removing these barriers to attendance has meant that there has been an increase in both engagement and compliance from COPD patients. All that is needed is a device and a connection to the internet. They use everyday items, such as tins of beans, during the exercises so there's no need for expensive gym equipment.

Respiratory Clinical Specialist Physiotherapist Cathy Gillen said that there has been very positive feedback from patients for the virtual classes, which results have shown are comparable to the face-to-face ones.

"People are really happy with the classes. One lady said she can literally get out of the bed, switch on the computer and be ready to do the exercises. Having the classes live means that patients have an incentive and a motivation to take part that you don't see as much in pre-recorded videos," she said.

Ayma, a local patient living with COPD who recently completed the course, was unaware of the huge gains both physically and mentally from participating in a virtual programme. "I have improved a lot in my



"PATIENTS ARE ABLE TO SEE AND CHAT TO ONE ANOTHER AND BUILD UP RELATIONSHIPS. THAT SOCIAL INTERACTION IS SO IMPORTANT AND IT IS A GREAT INCENTIVE TO KEEP PATIENTS COMING BACK FOR EACH SESSION."



breathing and my physical strength. The videos combined with exercises are excellent," she said.

Cathy also highlighted the social interactions through classes that can be such a lifeline for people cocooning for over a year now.

"Our programme can accommodate up to 8 participants. Patients are able to see and chat to one another and build up relationships. That social interaction is so important and it is a great incentive to keep patients coming back for each session," said Cathy.

As well as the exercise classes, the patients also receive educational videos each week, produced by the Respiratory multi-disciplinary team in Our Lady of Lourdes. They use the Irish-founded digital health technology platform Salaso for the videos and classes.

"Education is a key part of the programme", explained Cathy. "Each week we send out a video on a particular subject, such as information on chronic lung disease, how to use your inhalers, managing breathlessness as well as dietary advice and managing anxiety and depression. The patients then have the opportunity to chat about these subjects and ask any questions during the live sessions".

Majella O'Reilly, COPD Outreach Physiotherapist, said, "As physiotherapists it's an exciting opportunity to increase the reach of pulmonary rehabilitation in a new and innovative way while continuing to deliver improved clinical outcomes. Our initiative aligns with SláinteCare's vision of the right care in the right place at the right time."

The experience of the Drogheda team has meant that they have been involved heavily with the National Respiratory Clinical Programme for Respiratory in writing and collaborating on the national guidelines for running virtual pulmonary rehab classes. They have been contacted by respiratory teams up and down the country, as well as from far-flung places like California, the Philippines and Australia, to share their expertise.

The Virtual Pulmonary Rehabilitation Programme for patients with chronic lung conditions was recognised as an exemplary project improving health and social care at the 2020 HSE Excellence Awards; selected as a Health and Social Care Profession (HSCP) example of best practice and innovation; received a first commendation at Irish Healthcare Awards 2020 and won a 'Quality Improvement in Practice' award at the RCSI Hospital Group Quality and Patient Safety Leadership Series 2021.

"OUR INITIATIVE ALIGNS WITH SLÁINTECARE'S VISION OF THE RIGHT CARE IN THE RIGHT PLACE AT THE RIGHT TIME."



PULMONARY REHABILITATION EDUCATION SUPPORT PROGRAMME

A new video-based Pulmonary Rehabilitation Education support programme is now freely accessible on hse.ie

The multi-disciplinary programme was produced by the NCP Respiratory and consists of 14 videos that cover a range of topics including an introduction from the Consultant and a service user experience as well as breathing exercises, oxygen therapy, nutrition and psychological supports for people to promoting Self-Management and coping skills for people living with a major chronic disease.

Presented by 12 different health care professionals who have experience in Pulmonary Rehabilitation and using evidence-based techniques, the resources will help to provide education and support to patients as part of Pulmonary Rehabilitation services delivered throughout the country. Pulmonary Rehabilitation Programmes provides exercise and education to adults living with long-term lung conditions.

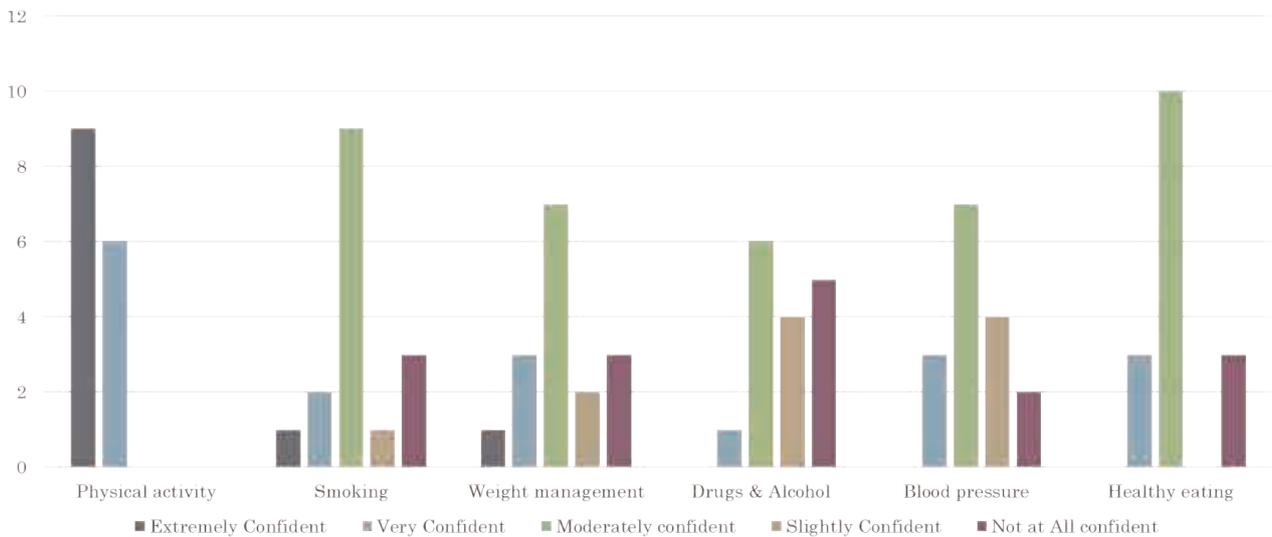
Research shows that completing a course of Pulmonary Rehabilitation and learning to self-manage a lung condition may help to shorten time spent in hospital or even prevent a hospital stay.

This video programme enables people to access the full suite of advice and education. In addition, patients can watch the videos online, any time they wish, as a reminder of what they learned.



Click here to watch Pulmonary Rehabilitation Education support programme videos

How confident do you feel addressing the following lifestyle factors?



Karina Grehan, Senior Physiotherapist, CHEast Wicklow uses Attend Anywhere to do MECC brief interventions with patients.

MAKE EVERY CONTACT COUNT

Progress by Wicklow physios

Making Every Contact Count (MECC) was introduced in 2017 and forms part of the strategy within the National Framework for the Integrated Prevention and Management of Chronic Disease in Ireland 2020-2025. MECC encourages healthcare professionals to engage patients in addressing their risk factors for chronic disease and supporting them to make healthier lifestyle choices.

One of the initial MECC implementation sites in CHO 6, has promoted MECC ‘as part of everything we do’ by including the MECC topic areas in their patient assessment form and by carrying out an evaluation of this work.

How is going so far?

Karina Grehan, Senior Physiotherapist, facilitated by her Manager Alicja Downey carried out an evaluation with 24 physiotherapy staff members in CHEast

Wicklow, to see how the MECC programme had been incorporated into daily practice following its implementation.

Some of the key areas the evaluation identified were as follows:

- Good uptake in training amongst staff members
- Staff members who completed the training felt more confident when addressing risk factors with their patients, than those who had not completed the training.
- Physiotherapists felt most confident when addressing areas such as physical activity and less confident when addressing other areas including alcohol consumption.

Some key actions being implemented following the evaluation feedback include, the availability of inputs in areas such as alcohol as part of peer support learning to assist staff with their continued implementation plans.

A new Physiotherapy assessment form has also been compiled by the Clinical Documentation Workstream in CHEast. The form is designed to prompt staff to ask patients about key lifestyle factors. This facilitates a consistent collection method in line with the data collected through the MECC client record

The physiotherapy department hopes to continue the evaluation later this year, aiming to assess progress and compliance with documentation as well as evaluating the patient experience.

PRESTIGIOUS RCSI HONOUR FOR UHL SURGEON



UHL-based colorectal and general surgeon Colin Peirce

was bestowed with one of the most prestigious honours a surgeon in Ireland can receive, when he was chosen to deliver the 43rd annual Millin Lecture for 2020.

A significant event in the RCSI calendar, the Millin Lecture is traditionally delivered during the College’s annual Millin Meeting each November, before an audience including the lecturer’s loved ones and hundreds of surgeons from all across Ireland.

This year, in line with public health guidance on social and physical distancing, Mr Peirce had to pre-record the 43rd Millin Lecture, for online transmission during the College’s virtually hosted 2020 Millin Meeting, as part of the 2021 Charter Day Meetings.

Best known for his work on pioneering robotic colorectal surgery at University Hospital Limerick, Mr Peirce delivered his lecture entitled ‘Electrodes to Robots – Evidence based change in surgical practice’ to a large online audience.

Mr Peirce said he was very proud to have been awarded the honour of delivering the Millin Lecture. “My own hopes for the lecture would be that people would watch it, listen to it, and think about the things they are doing in practice and research, and how the findings can help them to improve. It’s a great honour to have been chosen for the entirety of the body of work, with contributions to research as well as clinical practice leading to practice change; it is about contributing to our overall body of knowledge to improve outcomes for our patients, something we must continue to strive to do each day we go to work,” he said.

DIGITAL MENTAL HEALTH SUPPORTS AND SERVICES

Regardless of circumstances, COVID has had a very real impact on the Irish population, bringing with it inevitable worry and, for many of us, a certain sadness and sense of loss. To mitigate against the impact of the pandemic on our mental health, a range of digital mental health resources have been ramped up and some innovative services have been developed which can be categorised as operating across four levels, as follows:

MENTAL HEALTH INFORMATION AND SIGNPOSTING:

- A range of new content on minding your mental health was created in March 2020 for yourmentalhealth.ie to provide trusted information to the general population and to highlight the available supports and services.
- Collaboration was undertaken with Translate Ireland (formerly the Covid-19 World Service) to produce videos in eight languages with advice on minding your mental health. The videos cover the following languages: French, Arabic, English, Lithuanian, Polish, Portuguese, Romanian, Irish and Russian, and can be accessed on www.translateireland.ie

ONLINE SELF-HELP:

- In 2020 four programmes based on cognitive behavioural therapy (CBT) were made available on the SilverCloud platform for HSE staff and for the wider health and social care sector. The programmes cover: stress; sleep; resilience; and challenging times (a Covid-19 specific course).
- Additional online self-help resources include the 'Minding Your Wellbeing' programme and Stress Control both of which are delivered by HSE Health and Wellbeing, hosted on YouTube and signposted from yourmentalhealth.ie

ONLINE PERSON-TO-PERSON SUPPORTS, ONE TO ONE OR IN GROUPS:

- The HSE fund the **text50808 service which launched in June 2020. The service provides emotional support to anyone experiencing a crisis via a text message 'conversation' with a trained and clinically supervised volunteer.**
- Online support groups are delivered by partner organisation Turn2me. The sessions are usually based on a particular theme (e.g. stress, depression, etc.) and are text-based, typically lasting one hour.

FUTURE PLANS

From April 2021, the HSE is rolling out 1,000 licenses for therapist-supported online CBT in collaboration with SilverCloud Health. See <https://healthservice.hse.ie/staff/coronavirus/health-and-wellbeing/minding-your-mental-health.html> for information on self-help mode for staff. For more info on supported mode silvercloud@hse.ie

HEALTH SERVICES DELIVERED USING TECHNOLOGY, INCLUDING VIDEO CONSULTATION:

- Telehealth now forms a key part of how mental health services are being delivered with >30,000 consultations in 2020 delivered via video (using Attend Anywhere and Blue Eye platforms).
- With support from the HSE and Sláintecare, MyMind delivered over 10,000 free online counselling sessions between June 2020 and January 2021.

WEBINAR BREAKS TABOOS AROUND THE MENOPAUSE

Participants described a recent webinar about the menopause organised by the Health and Wellbeing division of Cork Kerry Community Healthcare as 'outstanding'.

The webinar lasted for 90 minutes and aimed to increase people's knowledge and awareness about the menopause, including signs/symptoms; treatment and interventions; self-support and resources.

There were contributions from medical experts, a physiotherapist, dietitian, psychologist and health promotion officer.

Participants described the webinar as informative and said they enjoyed the holistic approach, with one participant stating:

"It is easy to neglect oneself during this time, so the holistic approach of the speakers has re-focused and motivated me to love myself and to become proactive. I liked the information that focussed on the future benefits of looking after oneself now and not just treating the symptoms. I liked the fact that it was not just a medical model but as stated, a holistic approach."



The webinar is available to watch on the CKCH YouTube site at <https://youtu.be/yJcROKksg7M>



UNIQUE ROLE

Elaine Fallon is the Group Lead for Staff Engagement and Wellbeing in the Saolta University Health Care Group

A unique role within one hospital group has been getting a fresh perspective on the concerns and issues of healthcare staff while facilitating positive work environments, according to the first person to hold the position in the country.

Elaine Fallon is the Group Lead for Staff Engagement and Wellbeing in the Saolta University Health Care Group, the first role of its kind in Irish healthcare.

“It was a privilege to take on the role. It offers a unique perspective to the concerns and issues that our health care staff have been facing, and continue to face in their day to day work. It enables me to use a variety of processes with staff and management, facilitating them in coming together to implement workable solutions, to create ‘work positive’ environments for all staff,” said Elaine.

- **Some of these processes include provision of education and training in:**
- **Sharing personal values and working towards a shared team vision**
- **Cultivating ‘psychological safety’ in staff teams**
- **Addressing team conflict**
- **Leadership styles that enhance team working**

Since her appointment in 2019, Elaine said it became clear that staff were dealing with high stress levels, exhaustion and resulting team conflict, even before the pandemic hit. She said COVID-19 ‘highlighted and exacerbated those issues’.

“Our staff were committed to giving their very best, but this was taking its toll on them. This is by no means unique to the Saolta Hospital Group. At a national level, we have been aware of healthcare staff facing high levels of stress, exhaustion and burnout for a while now. COVID-19 has been a significant, additional pressure, causing considerable anxiety and problems for staff,” she explained.

“To address these issues in Saolta, I began meeting with different staff groups back in 2019, conducting focus groups to allow a ‘psychologically safe’ space, for staff to really open up on their thoughts, concerns and issues in their work places, and then working with staff to address areas of conflict in their teams.

“This idea of having a ‘psychologically safe’ space, means that staff are facilitated to be really open and honest about their work places and their colleagues, what they like and what does not work so well, without fear of repercussions. These conversations happen within facilitated team building sessions, allowing staff to tactfully describe their issues. The sessions also encourage creative thinking spaces for staff, to help them identify team conflict hot spots, and then focus on workable solutions that can be brought to senior managers.”

Over the two years Elaine has been working in this role, these are some of the learning points the Saolta Hospital Group have welcomed and supported, with some of their healthcare teams:

- **Clarification of staff roles**
- **Simulation-based learning**
- **Introduction of flexible time**
- **Team huddles**
- **Introduction of ‘Buddy system’ for new staff (newly qualified and new arrivals)**
- **Feedback mechanisms – to enable staff to have a voice and be heard in the organisation**
- **Showing appreciation and respect for staff - celebrating their ‘wins’ in the organisation**

Elaine acknowledged that there was still a long way to go.

“We understand the importance of recognising the efforts and self-sacrificing spirit of our health care staff, through senior leadership voicing their appreciation. However, we also believe it is crucial that in giving our staff a voice, and in demonstrating we are really listening, that we prove to them how agreed, new ways of working, are going to be embraced and implemented, in collaboration with them in our healthcare organisations,” she said.

“As we begin to emerge from COVID-19 and deal with the backlog of healthcare issues, we must continue to give compassionate support to all our staff, those on the front line and in management positions. We do this by continuing to show compassionate and authentic leadership at all levels, ensuring staff needs are prioritised along with patients’ and families’ needs and, demonstrating how much we value our workforce.

“I am continuing to work with our staff, to hear their thoughts, feelings and opinions on how best to move forwards, taking cognisance of the journey we have all been on, what we have learned so far and, how we would like to see change and agreed new ways of working, implemented in a collaborative way in our health care organisations,” Elaine added.

The ambition to make Co Tipperary's towns and villages dementia inclusive arose from an opportunity with Tipperary Local Development Company (LCDC) for Healthy Ireland Funding. Healthy Ireland funding is provided to address the national goals to age well, reduce health inequalities, protect the public from threats to health and wellbeing, and to create a healthy and safe environment.

"Within this funding opportunity, Tipperary LCDC and Tipperary Children and Young Peoples Services Committee (CYPSC) submit a joint application looking holistically at County Tipperary to achieve a generational and geographical spread of projects to support the Healthy Ireland objectives and deliver for County Tipperary," explained Fiona Crotty, Tipperary County Council and Age Friendly Programme Manager.

"Endorsed by LCDC & CYPSC, the application's pre-COVID-19 aspiration was to raise dementia awareness in three locations in Tipperary, to work with community stakeholders, local business and community groups to increase understanding of how dementia affects a person and take practical steps to support those living with dementia to stay connected and included in their own community. Walkability audits within the three locations, taking the cognitive, sensory and physical difficulties a person with dementia may experience into consideration, were to identify enablers and barriers to accessing the built environment."

Fiona said that following the onset of COVID-19 and the challenges this brought to people in communities, the project has evolved from three geographical locations to an all-county focus.

"Whilst this is challenging in itself, it is also an opportunity to make a difference on an even greater scale. Tipperary



County Council is supported by the Alzheimer Society of Ireland and the HSE's Dementia: Understand Together campaign in the adaptation and delivery of the different work strands. Project updates are provided to the LCDC, Tipperary Age Friendly Alliance and Older Peoples Council," she said.

"Due to COVID-19, the engagement and building relationships with local stakeholders have been challenging, but town hall style talks and training sessions are now delivered online. Through the participation of those in the online training we are building awareness across the county. The project has received local media attention with articles in the local media, interview on local radio, features in the 'In this Together' newsletter produced by Tipperary County Council and the HSE, and all of these contribute

to increasing awareness of living with dementia in Tipperary."

Fiona stressed that this was just the beginning of the journey to make Tipperary a county in which people living with dementia are included and supported.

"All of our work areas within this project will raise understanding of dementia and inspire more individuals, businesses and community groups to take actions for those affected by the condition. For those who have already completed the training we will focus on implementing the actions they have identified and develop case studies of these so they can be adapted around the county. Ultimately, working in partnership with all the various stakeholders in our collective activities will enable those living with dementia to thrive in our communities," she said.



Dementia Inclusive

Co Tipperary's journey to an inclusive community

Online services

A new webpage developed by Cork Kerry Community Healthcare occupational therapists aims to assist people to continue to live safely and independently in their own homes.

C COVID-19 has meant that the occupational therapists working in Primary Care Adult Services had to reconsider how they deliver their services, leading to the formation of the webpage. The webpage includes useful resources, tips and strategies such as:

- Falls prevention
- Tips to help your memory
- Fatigue management
- Checklist for choosing a supportive armchair
- Buying and installing grab rails
- Pain management advice, mindfulness, occupations and wellness

These practical suggestions can assist a person to continue engaging in meaningful activities and live safely and independently in their own home

Sinead Tierney, Occupational Therapist said, "The Adult OT website for CKCH provides instant accessible information to the public on a range of Health Promotion and Self-Management topics. This was a collaborative project involving fellow OT colleagues, HSE digital team, graphic designers, and the communications department. This was a very new way of working and was an exciting project to be part of. Our website has worked hand in hand with the increase in telehealth (online appointments) used by occupational therapists due to COVID -19 restrictions. As we move further into a technology-focused society this has allowed us to move our service provision into that space too."



WHAT IS OCCUPATIONAL THERAPY?

Occupational therapists help people to do the everyday things they want to or need to do when faced with physical illness, injury or disability.

Occupational therapists use the term occupation to describe the things we do to take care of ourselves and others; socialise and have fun, work and contribute to society.

HOW DO WE WORK?

Primary care occupational therapists work as a team of healthcare workers who care for people in their own community and traditionally we see people in a clinic or their own home. In recent times we are supporting people through an online videocall or can talk with you or your family on the phone. During the COVID-19 restrictions we have had to think of new ways to keep supporting people in their community and hence the development of the webpage.



The webpage can be accessed at the following link:
www.hse.ie/corkkerry/ot-for-adults/

Home Sweet Home

Early return home the icing on the cake for mum Roberta

ROBERTA MOLONEY

South Tipperary General Hospital (STGH) has set up three midwife-led clinics, one in Clonmel, one in Thurles and one in Tipperary town, to offer women choice and community-based integrated care as close as possible to home.

Their midwifery-led clinics offer the supported care pathway for normal-risk mothers and babies, where midwives lead and deliver care within a multidisciplinary framework.

“The gold standard is to offer continuity of care for our patients. Continuity of care is when a woman sees the same midwife throughout her pregnancy, including postnatally in hospital and at home. This helps to ensure safe care based on a relationship of mutual trust and respect and has been associated with a lower rate of interventions and increased satisfaction in childbirth,” said midwife Michelle Frederick.

The first woman to benefit from the continuity of care model was Roberta Moloney, who gave birth to her third son in early 2021.

“As her midwife, I cared for Roberta throughout her pregnancy, visited her after the birth on the postnatal ward and at home for her postnatal visit. Roberta, as a low-risk mother, had a straight forward vaginal delivery and was discharged within 24 hours of giving birth, to return home to her husband and two older sons with her new baby,” explained Michelle.

She said that, as a midwife, it's so rewarding to be able to offer continuity of care.

“While it can be challenging to deliver for a variety of reasons, we are aiming to offer continuity of carer where possible. We are also in the process of finalising our Early Transfer Home service in STGH and aim to have that up and running in the coming weeks and months to provide more choices for the women of Tipperary.”

Speaking about the service, Roberta said she was thrilled that she chose midwife-led care to support her throughout her pregnancy.



Above: Roberta Moloney holding baby Cillian with sons Senan on left and Darragh on right. Below: Roberta Moloney holds baby Cillian with her husband Keith by her side.



“For me, it meant continuity of care right through my pregnancy, home visits after the delivery, and the icing on the cake was being able to go home after 24 hours. There's no place like home to rest and recover and being able to get back to my two older children as soon as possible was amazing,” said the Tipperary mum.



COVID Booklet

mPower supports COVID-19 recovery information booklet



“INFORMATION ON MANAGING THE AFTER-EFFECTS OF COVID-19 ILLNESS IS DIFFICULT TO GET FOR BOTH PROFESSIONALS AND PATIENTS ALIKE. THIS VERY PRACTICAL AND USEFUL BOOKLET WILL BE INVALUABLE FOR PATIENTS AND THEIR CARERS IN DEALING WITH THE DIFFICULTIES THAT CAN ARISE. WELL DONE TO ROISIN MCCAFFERTY, SENIOR PHYSIOTHERAPIST, AND HER COLLEAGUES ON GETTING THIS PUBLISHED IN A TIMELY FASHION.”

Dr Paul Armstrong, GP at the COVID Assessment Hub in Letterkenny and Clinical Lead for Donegal, was full of praise for the work of the team.



Left: Roisin McCafferty and Dr Paul Armstrong, Health Centre, Lifford
Right: Roisin McCafferty & Tracy Gallagher

A new recovery information booklet is helping patients in Donegal suffering from the effects of ‘Long COVID’ Tracy Gallagher, MSK Physiotherapist based at Killybegs Community Hospital, said that over the last few months, they have identified a growing need within the community and workplace to provide a resource to support COVID-19 recovery.

“Specifically, the need was for recovery from ‘Long COVID’ or where a patient has had severe symptoms, symptoms lasting weeks or months or been hospitalised with the virus. With encouragement from our manager, we pulled together a multi-disciplinary team to develop the booklet,” she said.

The mPower Project worked alongside HSE CHO 1 Donegal Community Physiotherapy Service to produce the COVID-19 Recovery Information booklet.

The booklet is of particular value as it brought together a team of professionals from across different disciplines for collaborative input including specialist respiratory and neurological physiotherapists, clinical psychologists and dieticians.

The resource is available both digitally as a hyperlink and as a hardcopy for health care professionals to give to service users who are recovering from the virus and who require specific information to support their recovery.

The practical booklet provides an evidenced-based resource pack for individuals and carers on symptoms of COVID-19 and symptom management. It gives advice on coping strategies as well as information on where to seek additional support locally. It provides a standardised information resource to service providers for sharing with relevant individuals who are looking for advice and support in relation to COVID-19 and promotes self-management where possible. It gives practical tips and advice on how to manage severe fatigue, ongoing breathlessness, muscle weakness, difficulties with memory/confusion, the emotional impact of COVID-19 and more.

The booklet has been shared widely across the CHO 1 healthcare community and feedback has been hugely positive.



READING

Talking Buddies

Talking Buddies promotes language development for children in Laois and Offaly



Reading aloud to children can play a massive role in their development and parents are being encouraged to develop this healthy habit as soon as a child is born.

Talking Buddies is a new initiative funded by SláinteCare to promote language development in communities in Laois and Offaly and get everyone reading aloud to young children aged 0 to five years every day.

The evidence shows that sharing a book everyday greatly improves a child's vocabulary. Not only will your child learn new words through books, but also it is a great opportunity for bonding. This initiative was launched to coincide with National Ireland Reads Day.

The programme offers parents, preschool teacher and community groups timely access to education and training resources about how to use books to get the most out of them for language development.

Speech and language therapist Maria Bracken (pictured inset with Katie

Walsh) explained, “Many of the referrals for speech and language therapy for children aged 0-5 are for children with delayed language development. While we currently run training programmes for parents of these children, we felt that if parents had accessible public health education earlier it would greatly reduce the number of referrals into our service and thereby reduce speech and language therapy waiting lists.

“With the Talking Buddies programme we have created a series of short education and training videos about how best to share books with your child. The first series of videos will include information on; the benefits of books, reading to babies, learning new words and book recommendations.”

Talking Buddies ran a very successful book drive campaign in Laois and Offaly and collected over 800 books and they are still rolling in. They plan to gift these books to children in communities, and also want to support families and other people in a child's life to use books in ways that gets the most out of them. They have made links with various

community groups in need in Laois and Offaly. An element of the gifting process is offering support and training to these communities about the great benefits that books offer for language development.

Katie Walsh, speech and language therapist, said COVID-19 has impacted the face-to-face interaction part of the programme.

“The pandemic has impacted on our ability to meet with communities and as a result we developed online content which is available on our website and on our social media channels. As services are beginning to reopen, Talking Buddies are now meeting with local preschools, community groups and parents in Laois and Offaly to implement the Talking Buddies Programme. Talking Buddies Programme is an extension of their video material. It offers more in-depth education and training about using books to develop language.



Check out their website at www.talkingbuddies.ie. Talking Buddies have recently joined Facebook, Twitter and Instagram.



One Cork mum praised her children's Early Intervention Team for their support – in-person and virtual – over the last year and said her family were trying to see the silver linings in the dark COVID-19 cloud.

“We’ve had an undulating tsunami and then it calmed down and then we had another tsunami. We’ve had to draw on our psychology support quite a bit for both kids. The first wave seemed to affect one quite severely. The younger one seemed to just breeze through it. This time around it has completely flipped,” said Dearbhail Gildea.

“We conquered one in the first wave and got everything calm again with open conversation and we got through it, got engaged with the team. They were great to engage with the school to help us work through the situation. Then the schools closed again and new circumstances arose. But we were able to pick up the phone, and we were able to do some Zoom calls, and that helped.”

Dearbhail has two children, a son aged 12 and a daughter aged 10, who are on the autism spectrum. Her family have been engaging with their Early Intervention Team since 2012 and it was the team who helped them cope with the struggles that lockdown brought.

Progressing Disability Services for Children and Young People (PDS), the new model for Children's Disability Services (CDS), aims to provide a clear pathway and fairer access to services for children with a disability and their family, based on their need, not diagnosis, where they live, or go to school. The emphasis is on working in partnership with parents and education staff to support children with a disability to reach their full potential.

Dearbhail highlighted the fact that the service showed helping the children to reach their full potential was a ‘two-way street’, with the family being provided with the tools to manage home life with their children's additional needs.

She also praised the role the ‘key worker’ assigned to her family has played and the value of the team taking a joined-up interdisciplinary approach to the children's treatment plan.

“At the end of the day, we’re the parents, we have

“AS PARENTS, IT IS GREAT TO BE ABLE TO PICK UP THE PHONE AND EVEN IF IT IS JUST TO REASSURE US THAT WE ARE DOING EVERYTHING RIGHT AND JUST HAVE TO GET THROUGH IT. THAT MEANS AN AWFUL LOT.”

to figure out here at home, we have to make it work. We’ve managed, in one way. I have one child who is extremely social and wants to be out there meeting people, and another who never wants to go out the door so it is always a balancing act. Sometimes with the key worker it is about venting. It has been an interesting time, and a great time of learning. Last year there were definitely issues that crept up on us from a psychology point of view that may not have surfaced for some time had we not been put in this situation. So we have to take the silver lining on this one. We did quite well conquering it as we did.” Dearbhail explained how the family first started with the team.

“My son Gearóid started with speech and language therapy back in 2011. And then we transferred into an Early Intervention Team in 2012, and then we had a natural transition into the West Cork CDS in 2013. Then a couple of years later, my daughter Martha came on board and we had her assessed into the system as well,” said Dearbhail.

“From the outset, we have had a very positive experience. We would have met the Early Intervention Team – the speech and language team, the occupational therapist and the physio. They were the initial three people that we met with. It was fantastic to actually get the different opinions of the three different disciplines for a child. It was superb. We would have always considered that they engaged extremely well with us and from the outset, as I said, have had a very positive experience.”

The Early Intervention Team developed a family plan and a key worker was assigned. “I can't stress enough the importance of the key worker. For us, that person has held the whole thing together, it has been the core components of the team and how it works. I know that puts a lot of responsibility on the key worker. As parents, it is great to be

able to pick up the phone and even if it is just to reassure us that we are doing everything right and just have to get through it. That means an awful lot.”

“The team will sit and listen to us, and we are able to express very openly what's going on and they can streamline then the priorities for us going ahead. I think overall what we find with the team has been very beneficial to us, they really are doing a brilliant job for us in providing us with the tools that we need here at home. It's great to know that it's not just one discipline that you are dealing with, we are covering a range of disciplines in

THE UNDULATING TSUNAMI

Progressing Disability Services helping families with children with additional needs cope with the massive challenges brought on by COVID-19 pandemic



speech and language, OT, psychology, so it's great that they can engage with each other as well. And we have the opportunity as well to have maybe speech and language therapy and OT together and that's been hugely beneficial to us.”

Dearbhail said that the plan helped alleviate a lot of the frustration her and her husband were experiencing.

“We had clear strategies going forward. There was a laid-out pathway on what was going to happen. At the end of the day, the key worker was always at the end of the phone. If we had any concerns or if anything came up at school. The plan is very important for us and, at the end of the day, the plan only works through input that we make. It's not all about what they are doing for us, we have to put an effort into the plans too. So it is very much a two-way street,” she said.

She admitted that the system is not perfect, but said it does provide parents with the tools they need to cope.

“We can never say it is a perfect system. I think that one thing that everyone should be aware of is that it comes back to the individual family. At the end of the day, the service is there to provide us with tools that we need, there's no magic wand in these situations. As a family, we have to make a strong commitment to keep engaged, and believe me, you hear stories of people who haven't had an appointment with their OT or their speech and language therapist for a long period of time and I completely understand that too because the system is just overwhelmed with numbers,” she said.

“Like anything, the system itself needs support from government, from legislation, and so forth. For us, we just always made the point that, okay, it can get frustrating waiting for appointments but I have to say, having a person appointed to us, a key worker, even if I can only have a conversation with them on the phone to express concern, sometimes that's enough to alleviate a crisis.”

“WE CAN NEVER SAY IT IS A PERFECT SYSTEM. I THINK THAT ONE THING THAT EVERYONE SHOULD BE AWARE OF IS THAT IT COMES BACK TO THE INDIVIDUAL FAMILY. AT THE END OF THE DAY, THE SERVICE IS THERE TO PROVIDE US WITH TOOLS THAT WE NEED, THERE'S NO MAGIC WAND IN THESE SITUATIONS.”

Under Progressing Disability Services, 91 Children's Disability Networks, each with one team, are being set up to provide services for children aged from birth to 18 with complex needs.

The Midwest, Kerry, West Cork and Kildare West Wicklow have their teams in operation for a number of years. Cork commenced services in their remaining 10 teams on April 19th.

The majority of the 91 teams will be operational by end of June.

Here's the link to the recent webinar on Progressing Disability Services
<https://www.youtube-nocookie.com/embed/NuQXIOWBZt4>



DESIGN AND DIGNITY

Hospital spaces transformed for end-of-life patients

The Design & Dignity programme aims to bring design excellence and evidence-based healthcare design into hospitals to transform the way spaces are designed for patients and their families at end of life.

The programme is a partnership project between Irish Hospice Foundation (IHF) and HSE Estates and forms part of the Hospice Friendly Hospitals (HFH) programme of work which is improving end-of-life and bereavement care in hospitals.

In October 2010, the Design & Dignity Grants Scheme was officially launched and since then it has provided important support to 47 hospital projects across Ireland. Completed Design & Dignity projects are located in acute hospital wards, mortuaries, emergency departments, waiting areas and maternity units.

Guidance for each room type lists information on the design concept, artwork, furniture, location in the hospital and ventilation as well as other key aspects of design and planning.

The guidelines are full of photos and

images to bring to life and illustrate the importance of good design in the hospital setting.

This is the third edition of the Design & Dignity Guidelines which have now been revised and updated to incorporate findings from the 2019 University College Cork (UCC) Evaluation as well as learning from the projects completed so far.

Sharon Foley is CEO of IHF. "The UCC Evaluation of the Design & Dignity Programme shows the significant positive impact this programme has achieved for patients, families and hospital staff alike.

"With that in mind, we wanted to demonstrate in a clear way how those who've already adopted the guidelines use them and inspire others to do the same," she said.

Gillian Hegarty, from HSE Estates, said, "HSE Estates is delighted to continue to be involved in the development of the Guidelines, and in particular this new third edition. We will be promoting their use in all future healthcare projects which include end-of-life and mortuary facilities.

The new guidelines contain detailed and illustrated information, assessment tools and case studies for a range of rooms and spaces including:

- Emergency Department
- Bereavement Suites
- Family Rooms
- Comfort Care Suites
- Maternity Bereavement Suites
- Public Spaces in Mortuaries

The guidelines are an invaluable tool for all stakeholders involved in the design and improvement of end-of-life facilities.

"Use of the comprehensive assessment tools will deliver considered and well-designed environments that will help improve patient and family experience."

Ronan Rose Roberts, Architectural Advisor to the Design & Dignity Programme, said the guidelines provide a 'tried-and-tested, user-friendly roadmap for the creation of exemplar patient and family rooms'. "Despite being packed with useful and detailed information for designers and technical staff, they are easily understandable and useful to all. They're an invaluable design, and persuasion, tool," he said.



For more information, visit www.hospicefoundation.ie



Oonagh Smith, Clinical Specialist Renal Dietitian at Tallaght University Hospital, using the HD Dietetic Assessment Worksheet as part of a remote consultation. Photo: TUH Medical Photography

Dietetic worksheet

DID YOU KNOW?

THE NUMBER OF PATIENTS RECEIVING DIALYSIS IN IRELAND HAS INCREASED BY

30%

OVER THE PAST DECADE

Project helps address need for virtual dietetic assessments and consultations for patients with End-Stage Kidney Disease

The number of patients receiving dialysis in Ireland has increased by 30% over the past decade. COVID-19 is set to impact this further as a proportion of patients who contract the virus develop End Stage Kidney Disease (ESKD) and require dialysis. The pandemic has also led to a reduction in kidney transplant activity. Furthermore, it is noted that existing patients with ESKD are at increased risk from COVID-19.

Dietary management is a cornerstone of treatment for patients with ESKD. It is recommended that those undergoing haemodialysis (HD) have access to a registered dietitian, and have an individual diet care plan which should be reviewed frequently based on the individual's medical and personal requirements. Dietitians have adapted the way they work to ensure continued access to dietetic care for patients. The pandemic has accelerated the need to find and embrace IT-based solutions that improve efficiencies and facilitate virtual dietetic assessments and consultations.

A project delivered by a group of renal

dietitians and the National Renal Office (NRO) National eMEDRenal Lead in 2019 has helped to address these issues.

eMEDRenal (eMED) is the clinical and patient management software system used by renal multidisciplinary teams across Ireland.

In 2016, the NRO facilitated a project between the Irish Nutrition and Dietetic Institute (INDI), Renal Interest Group (RIG), led by Barbara Gillman, Clinical Specialist Dietitian, and Eimear Kelleher, Senior Dietitian, software developers, and the NRO National eMED lead Cathal Collier. The objectives were to reduce the dietitian's time gathering data, aid the standardisation of practice by using the national framework for dietetic assessment, and increase the overall dietetic use of eMED.

Dietitians from multiple renal centres across Ireland worked together to develop a gold standard haemodialysis dietetic assessment. A draft worksheet was devised and submitted to the eMED Renal software developers who developed a worksheet that could be generated from the software.

The finished product, the HD dietetic

assessment worksheet, is a partially prepopulated worksheet containing relevant dietetic information for a particular patient from eMED. The assessment worksheet provides information such as blood results, medications lists, weight history, blood pressure readings among other useful information a dietitian would gather as part of HD dietetic assessment. It can be run remotely with no requirement to attend the dialysis unit. It can be used at a patient's bedside or as part of a remote consultation.

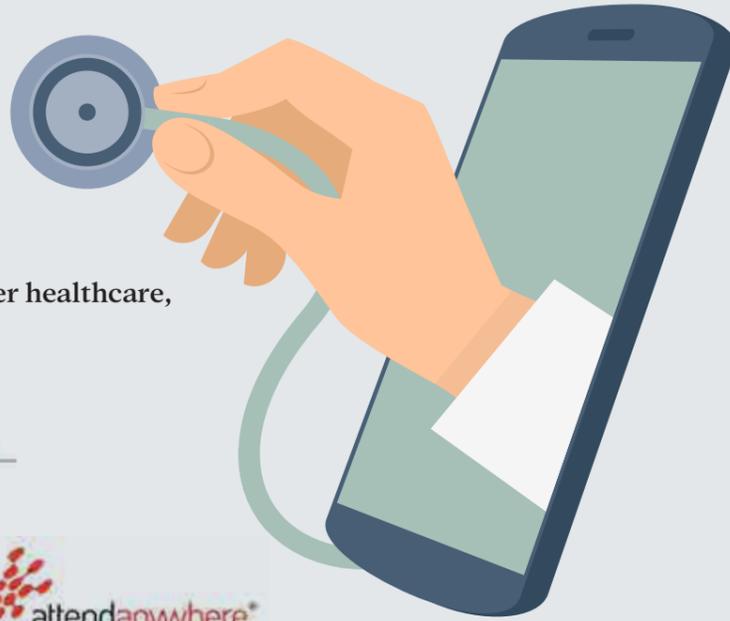
Dietitians across Ireland have been using the function as part of remote consultations over the past year.

"The dietitian worksheet in eMed is the starting point for all our dialysis patient reviews. In the context of COVID, working remotely has been required for many dietitians and having easy access to the clinical information from a single source has facilitated renal dietitians to continue to provide support remotely in an efficient and reliable manner," said Irene Cronin, A/Clinical Specialist Dietitian, Cork University Hospital.

Jean Murphy, Clinical Specialist Dietitian, Mater Hospital, added, "The HD worksheet has made the information gathering part of assessments much more efficient. The improved efficiency allows more time to be spent with the patient during telephone and in-person consults."

"THE PANDEMIC HAS ACCELERATED THE NEED TO FIND AND EMBRACE IT-BASED SOLUTIONS THAT IMPROVE EFFICIENCIES AND FACILITATE VIRTUAL DIETETIC ASSESSMENTS AND CONSULTATIONS. "

95% of patients reported that they were likely to recommend Video Enabled Care (VEC) to their friends



Video is a patient-centric way to deliver healthcare, have you tried it yet?



In the last year, innovative clinicians have adopted video enabled care to help their patients in these extraordinary times. The ability to see each other face-to-face in spite of distance or mask requirements is ideal in many cases. When video consultation could meet the clinical need, there are many advantages to having this facility available as an option for both the patient and the clinician, eg less missed appointments in hospitals and community clinics. Now one year later there have been over 168,000 Attend Anywhere video consultations, with several other video platforms also in use. Both people using and providing health services are seeing great benefits through video enabled care:

- Less travel
- Improves access to care
- Close to home

“YOU CAN ACCESS THE RIGHT CARE AT THE RIGHT TIME AND IN THE RIGHT PLACE AND YOU FEEL EMPOWERED LISTENED TO AND SAFE”

HSE Corporate Plan 2021-
‘Our Aim’

DID YOU KNOW?

80%

OF PATIENTS FOUND THEIR EXPERIENCE TO BE AS GOOD OR BETTER THAN FACE-TO-FACE APPOINTMENTS

CLOSE TO HOME

A cut from an angle-grinder is never good news, but when Tom cut his hand during COVID-19 lockdown, there were several reasons for concern. He lives in an island off the coast of Ireland, he is in his sixties and has severe underlying health conditions.

Tom’s clinical team recommended video consultations for some of his follow-up care to reduce his risk and aid his recovery. Unfamiliar with the technology, Tom needed his daughters help for the first appointment but was then able to manage himself. Also, there was a later issue with infection, but as the link was in place, the team could easily access Tom via video so they could view his hand and assess the situation.

Tom was delighted with the quality care he received and felt empowered at his age in learning this new skill. He was also pleased with the many benefits of video-enabled care for someone living on an island; less travel time, less cost, ease of access.



MY STORY

‘THE DELIVERY OF HIGH QUALITY, SAFE, EFFECTIVE AND ACCESSIBLE SERVICES IS A PRIORITY FOR OUR HEALTHCARE SYSTEM’

National Service Plan 2021- Clinical, Quality & Patient Safety focus



MY STORY

IMPROVE ACCESS TO HEALTHCARE

Sinead works for the HSE. Her father Joe is 81 years old and living with dementia. Since a previous hospital stay Joe is now fearful and distressed when attending routine medical appointments.

Luckily, Sinead had used the Attend Anywhere video consultation platform successfully with her own work team, so she knew to ask her father’s Occupational Therapist would a consultation through video be possible. The health centre had not used video for consultations before, but they were willing to try to help their patient.

They got set-up and now Joe does his exercises regularly via video and is able to be assessed by his clinician when he is relaxed in his own home. The quality of care is as good as face to face and has many other benefits for everyone, Joe and Sinead are delighted.

LESS TRAVEL

Jack (7) is a patient from the southwest of Ireland, who has monthly appointments with a specialist team in CHI Temple St Children’s Hospital. Every month his team of healthcare professionals did their best to arrange his appointments on the one day to reduce the travel and cost burden for his family. Every month his family arranged their schedules so that he could attend.

The journey took four to five hours, each way, a 12-hour round trip: 5am start, arranging childcare, traffic, parking, petrol, peg-feeding and care en route... the logistics took their toll!

Now the healthcare team can conduct these monthly check-ups via video, which is a huge benefit to this boy and his family.

From a healthcare perspective the team can now see their patient relaxed and in his own home environment. They can visually inspect his medical devices and homecare equipment via video. Knowing that this experience is beneficial for both their patient and his family, with ‘no recuperation period’ is a real-life example of Sláintecare in action.

MY STORY



‘THE PLAN HAS PRIORITISED DELIVERY TECHNOLOGY PLATFORMS TO ENABLE THE HEALTHCARE SYSTEM TO KEEP PEOPLE WELL AT HOME WHILST ALSO PROVIDING PATHWAYS TO ACCESS CARE WHEN NEEDED’

eHealth and ICT Capital Plan - aligned strongly with the HSE Corporate Plan, the 2021 Winter Plan, and Sláintecare

DID YOU KNOW?

71,543

TREES WERE SAVED BY CLINICIANS AND PATIENTS USING ATTEND ANYWHERE IN THE LAST YEAR

“OUR LIFESTYLES ARE CHANGING, ALTERING OUR HEALTHCARE NEEDS. NEW DEVELOPMENTS IN TECHNOLOGY AND PRACTICE ARE OPENING UP NEW OPPORTUNITIES TO TRANSFORM CARE DELIVERY”

Sláintecare



Is Video Enabled Care (VEC) an option for you? Contact us today virtualhealth@hse.ie

**Stories are true as told, pictures and photos are changed to protect confidentiality*

INCLUSIVE CONTINENCE CARE

A new continence assessment tool for older adults with limited cognitive ability

A new nurse-led innovative continence assessment tool and plan of care has been designed specifically for older persons who have reduced cognitive ability. It aims to reduce the devastating impact that urinary incontinence can have on older persons.

The area of continence care is regularly overlooked, often through lack of appropriate assessment tools. Lack of assessment and untreated urinary incontinence can have serious physical, psychological, social, and financial impacts on an older person.

This unique continence assessment tool and plan of care for older people with limited cognitive ability was developed by Devi Mohan, CNSp Gerontology (inset). This quality improvement initiative was an outcome of a clinical audit.

This innovative continence assessment tool and plan of care has been piloted in St. Mary's Hospital and Navan Road Community Nursing Units and received positive feedback including that it is comprehensive, user friendly and assists in developing person centred plan of care for service users with limited cognitive ability.

"This new assessment ensures delivery of quality, safe service within the resources available to the practitioners. It ensures the provision of holistic care to our service users," said Devi.

"Urinary incontinence is not a normal part of ageing, and the cause is often multi-factorial.

"A comprehensive assessment is essential and must be inclusive of older adults with limited cognition. Proper assessment and person-centred plan of care will assist to

maintain independence, self-esteem and overall well-being of the service user.

"All members of the multi-disciplinary team have a role to support older adult in this area.

"Since the introduction of the new continence assessment tool, a new culture of continence care has been developed in St Mary's that



ensures a comprehensive continence assessment and person centred plan of care for all service users (those with continence issues), regardless of their cognitive status, to promote continence or manage incontinence with dignity and /prevent complications," she added.



New National Frailty Education Programme

HSE Older Persons Services National Frailty Education eLearning programme is now on HSeLanD.

It is designed to provide healthcare professionals with the knowledge of frailty and frailty assessments to ensure earlier recognition of frailty, improved healthcare management and better health outcomes for older adults living with frailty.

The programme consists of eight 30-minute modules with expert video lectures. It includes assessments and 'extend my learning' pieces for those interested in further learning or who want practical activities to transfer the learning to their local area of work.

Key topics include:

- Fundamentals of Frailty
- Fundamentals of Nutrition and Frailty
- Fundamentals of Mobility and Falls
- Fundamentals of Delirium
- Fundamentals of Comprehensive Geriatric Assessment
- Fundamentals of Urinary Incontinence
- Fundamentals of Cognition
- Polypharmacy and Medication Review in the Person with Frailty

The National Frailty Education eLearning programme has been led by the National Integrated Older Persons Programme and supported by the Office of the Nursing & Midwifery Services Director (ONMSD).

Learners are awarded 20 CEU from NMBI and 1 CPD point for each hour of learning for HSCPs and Pharmacists. Doctors may apply to RCPI for CPD points with a certificate of completion. Learners can dip in and out of the modules at any time.

Search for 'Frailty' in the search box on the HSeLanD homepage or by visiting the Clinical Courses catalogue.

The power of peer support

'After total isolation, I found myself in a room of people who spoke my language'



In a recent webinar Steve, one of the speakers, described coming out of his first peer support group with a spring in his step. He said, "After coming from a place of total isolation I found myself in a room full of people who spoke my language." This sentiment is shared by many people who attend a peer support group as for many it is their first time meeting people with the same health condition as them. To learn that others feel the same way and face the same challenges is reassuring.

Supported by the HSE, many peer support services moved online during COVID-19. As the lockdown began and advice to restrict movements came into existence, such peer support proved invaluable. They were able to engage with people, prevent isolation, and provide support, information and reassurance during a time of uncertainty. Liam Rossiter, a Heart Failure patient who attends the Heart Failure support

'I CAN GIVE SOMETHING BACK AS WELL, FOR PEOPLE THAT MIGHT BE A BIT WORRIED ABOUT HOW THEY ARE FEELING'
LIAM

'I CANNOT PUT IT INTO WORDS WHAT THIS GROUP MEANS TO ME. THE WORK THEY DO IS GREAT'
PAT

group said of his experience 'it is just great to go and speak to people in the same boat as me. By joining the groups you get reassurance'.

The Self-management Support coordinators of the HSE have witnessed the strength of these support groups first hand and wish to encourage others to avail of them. While peer support offers people the opportunity to share experiences and to make friends, many groups also run exercise classes or even sing online. Healthcare professionals regularly give talks so that members become more knowledgeable about their

condition. This helps people to be more confident about managing their health and to feel less alone. While people may not be able to share a cuppa in person they can still share that cuppa and the supportive chat that follows online or over the phone.

See below for details of the peer supports available to you or your service users at this time.

VOLUNTARY ORGANISATION	WHAT'S INVOLVED?	FOR MORE INFORMATION
COPD SUPPORT IRELAND	COPD Peer Support Groups around the country with many offering online exercise classes	Tel: 086 041 5128 Email: info@copd.ie Website: www.copd.ie
IRISH HEART FOUNDATION - HEART AND STROKE SUPPORT GROUPS	Various Support groups including Heart Failure groups and Stroke Support groups meeting online or offering phone support and helpline access	Tel: 01 668 5001 Email: support@irishheart.ie Website: irishheart.ie/get-support/support-groups
CROÍ	Various Support groups including Cardiac and Stroke support groups	Croí, The West of Ireland Cardiac and Stroke Foundation. Call: 091 544310 Email: info@croi.ie
DIABETES IRELAND	Various peer supports including phone support and helpline access	Helpline: 01 842 8118 Email: info@diabetes.ie
ACQUIRED BRAIN INJURY IRELAND (ABI) ON WITH LIFE CARERS AND FAMILIES ONLINE SUPPORT GROUPS	'On With Life' support groups are open to family members of persons living with an acquired brain injury. The Carers Programme offer education programmes at different times throughout the year.	Dolores Gallagher, Facilitator Tel: 086 010 2361 Email: dgallagher@abiireland.ie www.abiireland.ie
AGE ACTION KEEP IN TOUCH (KIT)	Age Action are offering five hours tutoring, remotely, to anyone who needs support using their smartphone, tablet or laptop.	Tel: 01 475 6989 Email: gettingstarted@ageaction.ie



For more information about the Living Well programme and other supports that help people to self-manage go to www.hse.ie/selfmanagementsupport

BOWEL CANCER AWARENESS

April was Bowel Cancer Awareness Month, and BowelScreen took the opportunity to urge people aged 60–69 years to check that they are on the bowel screening register, and to do the free home test

The programme asked people in their sixties, and their family members, to be aware of the symptoms of bowel cancer, and to make sure that they were registered with BowelScreen so that they would receive the FIT test in the mail, when appropriate.

“If you, a friend, or family member are in this age group, and have received an invitation to do the test, we strongly encourage you to complete it,” said BowelScreen Programme Manager Hilary Coffey Farrell.

Clinical Director of BowelScreen, Professor Pádraic MacMathuna, explained that bowel cancer (colorectal cancer) is one of the most common types of cancer diagnosed in Ireland, affecting around 2,800 people every year.

“It is the second most common cause of cancer death in Ireland, and it affects both men and women. If detected at an early or pre-cancer stage, bowel cancer is easier to treat and there is a better chance of cure.”

To promote Bowel Cancer Awareness Month, local and national media were engaged to promote discussion on bowel cancer.

Several BowelScreen patients, including former Cork hurling manager Donal O’Grady, gave interviews to the media about their treatment journeys on Galway Bay FM, MidWest Radio, Newstalk, Radio Kerry, Shannonside Northern Sound and Waterford Local Radio. Prof Mac Mathuna and Registered Advanced Nurse Practitioners Ann Cooney and Eddie Myers were also interviewed about the programme from clinical perspectives. Print media activity included interviews in the Irish Farmers Journal, Irish Examiner, Irish Independent and several local newspapers.

A BowelScreen advertising campaign ran in the press; and on RTÉ Radio 1 and Newstalk, as well as regional radio stations. BowelScreen sponsored the



DID YOU KNOW?
APPROXIMATELY 2,800 CASES OF BOWEL CANCER ARE DIAGNOSED IN IRELAND EVERY YEAR



Padraic MacMathuna

weather segment on Lyric FM, with the following wording: “RTÉ Lyric FM weather with the HSE: If you’re aged 60–69, register for a free BowelScreen test kit. Freephone 1800 45 45 55.”

Messages were also posted on Facebook (HSElive) and Twitter (@HSElive).

BowelScreen aims to detect bowel cancer as early as possible; and to identify and remove adenomas or polyps (abnormal tissue growths). This greatly reduces the chance of bowel cancer developing in the future.

Out of every 1,000 people who the programme screens for bowel cancer, around 18 people will have polyps or signs of disease detected; and one person will be diagnosed with bowel cancer. Around two people may have signs of disease that are not detected by screening. This is one of the limitations of screening. No screening test is completely reliable.

If you, a friend, or family member have received an invitation to do the test, BowelScreen strongly encourages you to complete it.



Everyone aged 60–69 years is urged to check that they are on the register by visiting www.bowelScreen.ie, or by calling the Freephone number 1800 45 45 55. People can also email questions to info@bowelScreen.ie

HOLISTIC APPROACH TO CARE

Virtual heart failure clinics supporting GPs to care for their patients and avoid hospital visits

From left: Siobhan Woods, Primary Care Development Officer for Galway and Roscommon; Dr Aidan Flynn, Consultant Cardiologist at Portiuncula University Hospital; and Catherine Nolan, candidate Advanced Nurse Practitioner.



At the end of last year the Heart Failure Service developed by Portiuncula University Hospital and Galway Primary Care introduced virtual heart failure clinics for GPs in East Galway to discuss treatment plans and improve patient care. Once a week, up to six GPs can discuss individual patient symptoms and treatment with the Heart Failure Team, on a one-to-one basis, via video conference. This promotes a more holistic approach to patient care and supports GPs to keep their patients well and out of hospital.

In line with Sláintecare's objectives, the service aims to deliver more integrated care, supporting care nearer the home, helping to reduce and prevent hospital visits and supporting the ultimate goal of reducing waiting lists and reducing waiting times.

The service is led by Dr Aidan Flynn, Consultant Cardiologist at Portiuncula University Hospital, who said, "Over the past year we have expanded our heart failure service to provide additional

services to patients in their local primary care centres. This phase of our expansion of the Heart Failure Service is to support GPs who are seeing more patients being diagnosed with heart failure and living with heart failure. In December we held our first virtual heart failure clinic and since then we have been running one or two clinics per week depending on demand."

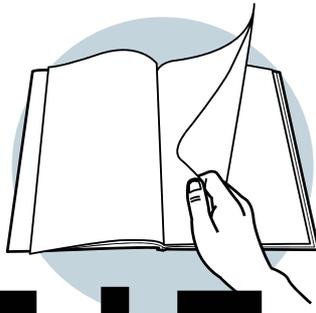
Catherine Nolan, candidate Advanced Nurse Practitioner said, "We are developing our service to put patients at the centre of what we do and make sure that we get the right care to the right patients at the right time. GPs can now email us to book a time slot for the virtual clinic and based on the outcome of the discussion with Dr Flynn and myself, we can follow up and arrange for blood tests or a cardiac investigation such as echocardiogram or holter monitoring for the patient, as required.

"I can also arrange to meet the patient in their nearest primary care centre on the day that they are scheduled for their echocardiogram or holter monitoring to

carry out the blood tests and to provide patient and carer education on self-managing the disease. This empowers patients to more actively manage their condition. I also liaise directly with the GPs with the results of their patients' tests and can link back with Dr Flynn if there is need for further investigations."

Siobhan Woods, Primary Care Development Officer for Galway and Roscommon, said the feedback from the GPs who have used this service has been 'very positive'.

"A year ago the idea of a videoconferencing with our GP colleagues would have unusual but now we all appreciate the efficiency of meeting virtually and the benefits for everyone involved. We are gradually moving away from the traditional model of all services being delivered from a hospital site and towards bringing the services to the patient which is more convenient, less stressful and easier for our patients to manage a long term chronic illness such as heart failure."



Sex Ed Toolkit

Toolkit launched to help healthy sexuality and relationship development

A toolkit to support staff working with children, young people and families was launched recently. Healthy sexuality and relationship development is a new addition to Tusla's Empowering Practitioners and Practice Initiative (EPPI) Toolkit which now covers 10 different areas of practice.

The new resource is a joint initiative between Tusla and the HSE Sexual Health and Crisis Pregnancy Programme (SHCPP), and will support foster carers, social workers and care professionals to address the sexual health education and support needs of children and young people in care. As much of the resource will also be useful to professionals working with a wider cohort of young people, a PDF version is being made available on www.sexualwellbeing.ie to those who cannot access Tusla's intranet.

The creation of the Healthy sexuality and relationship development Toolkit was informed by findings from the Sexual Health and Sexuality Education Needs Assessment of Young People in Care (SENYPIC); a research study, commissioned by SHCPP in partnership with Tusla. The study involved listening closely to the experiences and opinions of young people, foster carers, birth parents, social workers and service providers in relation to issues of sexual health and wellbeing, resulting in a source of rich data which has informed, and will continue to inform, decisions around improving practice.

Healthy sexuality and relationship development is primarily focussed on encouraging foster carers, social workers and social care workers to embrace a positive approach to the education of children and young people with regards to relationships and sexuality. This involves helping young people to understand, appreciate and express their relationship and sexuality needs in a healthy way and to see the overlap between these and all other aspects of their health and wellbeing.

Healthy sexuality and relationship development gives evidence informed information on a wide range of issues associated with normative sexuality development, in addition to addressing problematic behaviour. It also directs the reader to a range of tools and resources. It is envisaged that Healthy sexuality and relationship development will contribute to the important work of supporting children and young people to acquire the knowledge, attitudes and behaviours that are fundamental to the development of a healthy self-concept, and to the formation and maintenance of healthy relationships with others, including the option of healthy sexual relationships in adult life.



The launch webinar which includes a demonstration of the Toolkit can be viewed here: <https://vimeo.com/529403490>

FOUNDATION WORKSHOPS IN PERSON-CENTRED WORKPLACE CULTURES

A supportive culture is key to an innovative, dynamic and safe person-centred workplace. A person-centred culture is at the heart of the HSE Framework for Improving Quality. This foundation workshop provides an introduction to the broader concept of person-centredness and how it applies to everyone, staff and people who use services. Most dissatisfaction highlighted in patient and staff surveys relate to issues of person-centredness for example quality of communication, how decisions are made, who is involved and how valued or not individuals feel.

The aims of the workshop are to provide space for managers with their teams to explore:

- the meaning of person-centredness, person-centred practice and cultures
- the values that underpin person-centred practice
- to experience with others collaborative and participative methods using person-centred approaches in understanding the realities of existing practice and cultures.

This workshop is online and interactive. It is facilitated by experienced facilitators who use person-centred processes to help teams to begin designing their desired workplace culture. Further information and the application process can be found on the National Person-centred Culture Programme website along with links and resources on person-centred culture.

National Person-Centred Programme leads are Lorna Peelo-Kilroe and Margaret Codd and their contact details are on the website link above.



[The full interactive EPPI toolkit is available for all Tusla staff here and the PDF here](#)

The Healthy sexuality and relationship development resource is available to download in PDF at www.sexualwellbeing.ie here The Sexual Health and Sexuality Education Needs Assessment of Young People in Care (SENYPIC) research reports are available in the 2016 section of the website here



Minimum Unit Pricing for Alcohol

The HSE Alcohol Programme, Health and Wellbeing, welcomes the Government’s decision to introduce minimum unit pricing on alcohol from the start of January 2022. This will prevent strong alcohol from being sold at low prices. It sets a minimum price for a gram of alcohol, meaning it cannot be sold for less than that price.

Alcohol is a major cause of illness and disease, hospitalisations, self-harm, and violence in Ireland. In 2019, on average, every

person in Ireland aged 15 and over drank 10.8 litres of pure alcohol a year – the equivalent of either 40 bottles of vodka, 113 bottles of wine or 436 pints of beer.

Research on minimum unit pricing in Scotland and Canada has shown that it reduces alcohol consumption and alcohol-related harm, including alcohol-related diseases, deaths, crime, and health service use. When introduced in Ireland, alcohol consumption is expected to reduce by almost

9% overall. The heaviest drinkers are expected to reduce their alcohol consumption by 15%, while people who already drink within the low-risk alcohol guidelines are expected to drink 3% less. This should result in around 200 fewer alcohol-related deaths and 6,000 fewer hospital admissions per year.

The HSE Drug and Alcohol Helpline is available from Mon-Fri. 9.30-5.30pm 1800 459 459 or email helpline@hse.ie at anytime.

OCCUPATIONAL THERAPY RESOURCES TO HELP PEOPLE TO LIVE SAFELY AND INDEPENDENTLY AT HOME

A new webpage developed by Cork Kerry Community Healthcare Occupational Therapists has a wealth of online resources to help people to continue to live safely and independently in their own homes.

COVID-19 forced occupational therapists working in Primary Care Adult Services to reconsider how they deliver their services, and they established a webpage with useful resources, tips and strategies such as;

- Falls prevention
- Tips to help your memory
- Fatigue management
- Checklist for choosing a supportive armchair
- Buying and installing grab rails
- Pain management advice, mindfulness, occupations and wellness

These practical suggestions can assist a person to continue engaging in meaningful activities and live safely and independently in their own home

Sinead Tierney, Occupational Therapist, said the website provides



instant accessible information to the public on a range of topics.

“This was a collaborative project involving fellow OT colleagues, HSE digital team, graphic designers, and the communications department. This was a very new way of working and was an exciting project to be part of. Our website has worked hand in hand with the increase in telehealth (online appointments) used by

occupational therapists due to COVID-19 restrictions. As we move further into a technology-focused society this has allowed us to move our service provision into that space too,” she explained.


 The webpage can be accessed at <https://www.hse.ie/corkkerry/ot-for-adults/>



Lithium support

Patient information and record book, and alert card designed by Laois team

A Lithium patient information and record book and an alert card for use by any person prescribed Lithium has been designed by a team at Triogue Community Mental Health Centre in Portlaoise.

Since November 2020, the booklet and alert card are routinely provided by medical / nursing staff to all persons prescribed Lithium therapy. Service users are actively encouraged to complete their record and provided with support to do so where an identified need arises, such as literacy issues. Replacement booklets and cards are available as required.

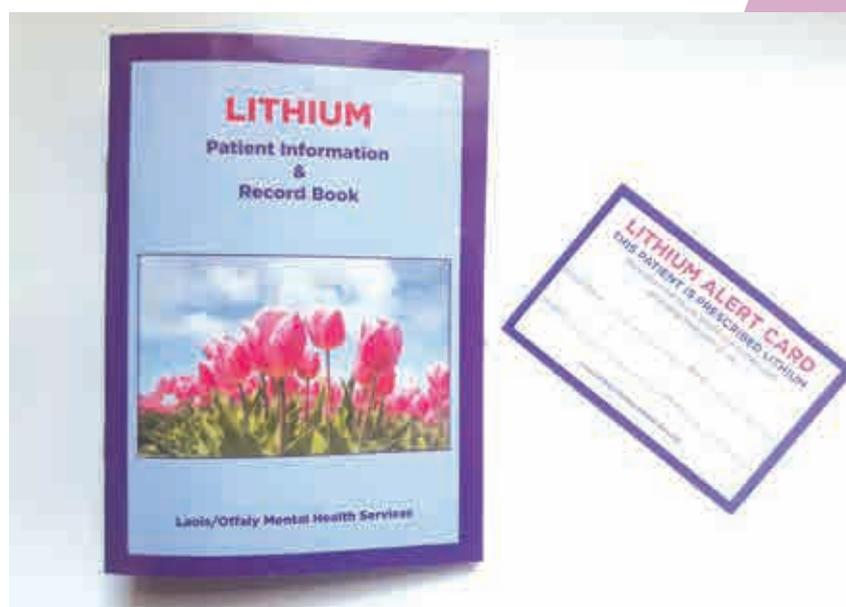
Part one of the booklet provides comprehensive information about the prescription, management, cautions and the health monitoring required when commencing and taking Lithium. Part 2 of the booklet provides space for the service user to record personal information, medication dosage, results of required blood tests and relevant health aspects and lifestyle behaviours.

The booklet was devised by the Triogue Centre CNM3 Geraldine Goode and Clinical Nurse Specialist Patricia O'Neill based on internationally accepted Clinical Guidelines and with local Consultant Psychiatrist and Mental Health Team approval. Thanks go to the local Mental Health Service Administration who approved funding to provide a professional print and supply of booklets and cards.

It is hoped that this initiative will improve service user experience and engagement with their treatment. It is planned to undertake a review of service user and staff experience after a one year period of use of the materials.

The booklet was designed in 2019 following a 'Standards in Lithium Monitoring Audit' carried out by Dr Tayyaba NCHD at the Triogue Centre. The standards were audited against the National Institute for Health and Clinical Excellence (NICE) and Maudsley Guidelines.

The findings identified high levels of compliance in the area of blood monitoring and areas of shortfall in addressing physical health / lifestyle checks pre and post prescription of Lithium therapy. In response, the standard treatment proforma was revised and updated. Through broader discussion of the audit, staff identified a need for improvement in the



"IT IS HOPED THAT THIS INITIATIVE WILL IMPROVE SERVICE USER EXPERIENCE AND ENGAGEMENT WITH THEIR TREATMENT. IT IS PLANNED TO UNDERTAKE A REVIEW OF SERVICE USER AND STAFF EXPERIENCE AFTER A ONE YEAR PERIOD OF USE OF THE MATERIALS."

format of information provision to service users prescribed Lithium therapy. Resource material previously available from pharmaceutical companies was no longer being provided. In planning a new approach to information provision, staff identified a key opportunity to enhance recovery by engaging service users more actively in monitoring their health and their Lithium medication.

Mental health

WELL-BEING

Mental health wellbeing programme supports nursing students



A Mental Health Well-Being (MHWB) programme was designed and implemented as a pilot initiative to support children's and general (integrated) nursing students in one children's service in Ireland. The programme aims to equip students with the skills to optimally manage their mental health during their training and thereafter in their role as a registered nurse.

Doris O'Toole, Clinical Placement Co-ordinator (MHWB Programme Lead), Children's Health Ireland at Temple Street, explained that the clinical environment 'heightens many stressors for nursing students which may impact on their mental health'.

"Building resilience, positive coping strategies, emotional development and self-efficacy are all fundamental to supporting one's mental health. These concepts however are not explicitly embedded within the undergraduate curricula in the Irish context. Equally, there appears to be an increasing number of students presenting with mental health difficulties in practice," she said.

"Hence, a needs analysis was undertaken which aimed to identify factors which affect the mental health well-being of students in clinical practice and explore the content required to design an innovative MHWB programme for students. Stressors identified which negatively affected students' mental health predominantly related to work demands, financial concerns, nursing programme regulatory requirements, clinical staff attitudes and the clinical environment."

Students hugely supported the need for a MHWB programme identifying work-life balance, self-care, peer mentoring, debriefing, stress management, coping skills, conflict resolution and mindfulness as necessary components.

Other topics suggested included the timely delivery of workshops on 'caring for the critically ill child', 'the death of a child', 'caring for children with a mental health illness' and 'managing their own mental health'. The programme content is grounded on the needs analysis data and includes input from clinical psychology, nurse education, health promotion, occupational health, mental health nurse specialists and mental health support organisations. Regular debriefing sessions are facilitated in tandem with the workshops.

Findings indicate the majority of students applied learning from the MHWB programme to their placement experience, particularly in relation to the use of positive behavioural practices. Interestingly, many students alluded to modified lifestyle habits to include improved 'sleep hygiene', exercise, relaxation techniques, prioritising self-care and leaving 'work behind'. Students highly valued the debriefing sessions indicating the benefits of peer learning in a 'safe space', 'social and emotional connectedness' and focusing on positive control factors.

The commitment from the key stakeholders involved and the students' participation in the co-production is core to the successful implementation and sustainability of the programme. Ongoing developments will continue to be evaluated as part of this quality improvement initiative, Doris added.

REFLECT RECOVER RENEW

Making sense of rapid emergent change

C OVID-19 presented rapid emergent change and significant disruption for health and social care teams. This has impacted in many ways both personally and professionally. Identifying a need to make sense of these experiences for teams, Organisational Development – Improving Change Capacity created a resource to support teams to consider what has changed, identify what we have learned from our COVID-19 experiences and identify what actions are needed now to help recover together. This resource is called Reflect Recover Renew and is now available to all teams to use. Find out how teams have responded to using these resources.

COVID-19 continues to have a profound impact on our lives. For health and social care teams it has reshaped the delivery of services so rapidly that it is important we take time to identify what that really means in a COVID era and look towards collective recovery with people at the centre.

In 2020, OD-Improving Change Capacity pivoted in response to COVID-19 and supported Call Centres and Contact Tracing teams. Over time it was clear there was an emerging need for teams in all services to have conversations about the impact changes were having and be supported to gather the learning from crisis responses and identify what supports would be needed for teams and services to recover and resume.

A suite of practical resources was designed based on the Health Services Change Guide, aimed at supporting teams to have those reflective conversations, have a structured approach to capturing the learning and co-design what supports were needed.

The development was informed by listening to stories from colleagues right across the health service on their experiences of COVID-19 and the adaptations needed both professionally and personally, along with the impact to service delivery.

The resources were first launched in June 2020 and virtual sessions were facilitated with teams right across the country. The feedback from the sessions was very positive and participants described their experiences of working during COVID and their outlook on the future following the opportunity to reflect.

Many spoke about the reassurance provided from hearing colleagues share



To find out more you can email changeguide@hse.ie or follow the Change Guide on twitter @HSEchange_guide.



similar feelings and experiences and deepening their connection as a team.

Over a six month period of engagement data was gathered to enhance the original resources which have now been redesigned to support teams to self-facilitate these reflective conversations with each other. In March 2021 the new resources were launched to enable teams to self-facilitate Reflect Recover Renew team sessions and they are now available online on the HSE website.



RCSI Institute of Leadership & HSE OD-Improving Change Capacity

DELIVERING CHANGE IN HEALTH SERVICES

CPD Certificate Programme (12 Pts)
available **now** for enrollment

This new CPD certificate programme takes you through all you need to know about people and culture change. It provides you with practical help including tools and resources to support your service improvements. It aims to build your capacity, skills and confidence for delivering positive change in a complex environment such as health and social care.

Programme Structure

01 COMPLETE E-LEARNING



Complete the e-Learning programme in HSeLanD "Delivering Change in Health Services".

The programme has 4 modules and is context specific to people and culture change in health and social care.



APPLY THE LEARNING 02

Once you have successfully completed the e-Learning programme apply the learning to a change challenge within your own service/ team. Complete a learning review with your service.

03 SUBMIT LEARNING REVIEW



Submit your verified learning review activity log to changeguide@hse.ie. CPD Certificate (12 points) will be issued by RCSI.

For further information visit
www.hse.ie/changeguide

THE NATIONAL CHILDREN'S HOSPITAL

Massive project will have significant impact on 25% of population



DID YOU KNOW?

THE NEW CHILDREN'S HOSPITAL WILL BE THE SIZE OF DUNDRUM TOWN SHOPPING CENTRE WITH AN INTERNAL STREET THE LENGTH OF GRAFTON STREET

The new National Children's Hospital (NCH) will be a 'beautiful, efficient, and effective place to attend and work'.

Medical Director Dr Emma Curtis said that it was 'very exciting' to see it progressing. Over 90% of all concrete has been placed and the concrete frame is now complete. In March, a key milestone was reached when the last section of the seventh storey was poured with concrete, meaning that the building will be topped out very soon.

With the imminent opening of the Urgent Care and Outpatient services in Tallaght, and the service now established in Connolly, she said it was a very exciting time to work in paediatrics.

The NCH project will have a significant impact on 25% of the population and is a Government priority, it is the most significant single capital investment

project in the healthcare system undertaken in Ireland. It will bring together the services currently provided at three Dublin children's hospitals into a modern, custom-designed, digital, hospital on the campus shared with St James's Hospital, to deliver the best care and treatments for Ireland's sickest children and young people.

Dr Curtis explained that the early stages were focused on designing the new hospital.

"We involved the clinicians in describing what was needed to deliver high quality care for their patient groups and services and also worked to future proof the hospital to meet future advances, and challenges, in healthcare. An example of this was an insistence on single inpatient rooms. We had not specifically envisaged the coronavirus

situation, but the fact that we had moved to single inpatient rooms, so important in infection prevention and control, has equipped the new children's hospital for the future in that regard," she said.

"The new children's hospital will be a digital hospital. This is a challenging task, but it also provides great opportunity for enhanced communication and an opportunity for transformation in our healthcare delivery."

She said that planning for the move to the new hospital will start well ahead of the opening, at least 18 months beforehand, and the first year of

operation 'will focus on delivering safe, high quality expert care and on building the identity and culture of the new integrated service and hospital'.

"Once the building is handed over, the staff will become familiar with the new hospital, the layout, the equipment and, before the doors open, will understand exactly how the hospital will work for the children and the staff," said Dr Curtis. "Children's Health Ireland (CHI) has been working for some years now on the integration of clinical services within the three Dublin children's hospitals. Staff, and patients, will be sad to leave the hospital in which they have worked, or attended, for many years. The service they have delivered to children has been excellent so there will be a period of adaptation for everyone in our wonderful new hospital.

"Obviously, this is a major change in the way, and locations in which, paediatric healthcare will be delivered. There will be a comprehensive public information campaign in the months leading up to the opening of the new children's hospital. Equally important, there will be an information campaign to the clinicians throughout Ireland whose patients will be cared for in the new children's hospital."

She said the opening of the new children's hospital will enhance paediatric healthcare in several ways.

"Firstly, the new hospital will bring together all the clinical staff caring for children in the greater Dublin area, and in national speciality services, in one location. This will enhance communication, teamworking and holistic patient care," she said.

"Secondly, children suffering from illness or injury will be looked after in beautiful, bright, spacious building which has been designed to support safe, reliable, and high-quality medical care. The design has also prioritised the needs of children and their families attending the hospital with single, ensuite bedrooms, gardens, play areas, cafes, and artwork, selected both for pleasure and distraction.

"It will be part of a national network of paediatric health care linking in, and working closely, with paediatric units around the country. We have wonderful, highly trained and committed staff working in each of the three children's hospitals in Dublin. The new children's hospital provides the opportunity to centralise patient care with the excellent clinical teams supported by an efficient,

well designed building with the most up to date technology and equipment."

The Paediatric Outpatient and Urgent Care Centres at Connolly and Tallaght will provide urgent care, close to home, for children with minor injuries and illnesses and general paediatric and trauma (orthopaedic) outpatient clinics. The centre at CHI at Connolly opened in 2019 and the centre in CHI at Tallaght is planned for opening later this year.

"The Faculty of Paediatrics, with the engagement of paediatric clinical staff nationally, has developed a model of care for paediatrics in Ireland. CHI has been working with the clinicians in the three Dublin children's hospitals to develop updated and integrated models of care for their general and specialty clinical care. The new model of care aims to address access and waiting times and to deliver the best possible service for children and their families while supporting the clinical and non-clinical staff in their delivery of a high quality, safe and reliable service," said Dr Curtis.

She outlined the advantages in having the hospital in one central location. "Currently, in Dublin, children's hospital services are split between the three children's hospitals. The new children's hospital will allow for the concentration of people, knowledge, and expertise in one place. For certain children, all their care can be delivered in a single hospital but for others, the child may have to attend two or three of the hospitals to complete their care. This results in three separate sets of notes in each hospital. The staff work hard to communicate but this will work so much better with all the staff working together on one site.

"Children with complex conditions will be able to receive all aspects of their multi-disciplinary care at the same clinic visit. All clinical notes, and the results of investigations, will be within the single electronic health record accessible to all the clinicians caring for the child. Having all the specialist team in one place will allow sub-specialisation and enable care for rare conditions. The new children's hospital will be a Level 1 Trauma Centre because it will have all the required services in one place.

"Co-location with St James' adult hospital, and in the future with the Coombe Women and Infant's Hospital, will provide a tri-located model which is the model recommended internationally. This will result in having all the expertise required for infants, children and their mothers, when and where it is needed resulting in improved clinical care for all."

KEY STATS

- 12 acres (equivalent to 25 soccer pitches) on the campus shared with St James's Hospital is dedicated to the new children's hospital.
- 4 acres of outdoor areas & gardens
- 14 gardens and internal courtyards – including the Rainbow Garden which is the length of Croke Park.
- The new children's hospital will be 7 storeys at its highest, comprising of approx. 160,000m² of accommodation including the car park.
- More than 6,000 rooms.
- 380 individual inpatient rooms, each with an ensuite and bed for parent to sleep near their child, 60 Critical Care Beds
- 93 Day Beds
- 22 operating theatres and procedure rooms
- 48,000 Lights & 36,000 ICT Points
- 39 Lifts
- 1,000 underground car parking spaces reserved for use by families.
- No hospital campus in Ireland is better served by public transport - 6 bus routes passing through the Campus; 3 Red Line Luas Stops serving the Campus; and 3 Dublin bike stations. Heuston Station is also in close proximity
- 2 new Paediatric Outpatient and Urgent Care Centres at Tallaght University Hospital and Connolly Hospital
- A new Children's Research and Innovation Centre
- A 53-Unit family accommodation unit

DR EMMA CURTIS





‘WE ARE DETERMINED TO MAKE THE HSE A BETTER ORGANISATION’

Fergus Finlay gives an insight into life on the HSE board

If I'm being completely honest, I applied to join the Board of our organisation for two reasons. First, I've been a long-time critic of the HSE – I've written often about the things it has got wrong. Secondly I was shocked to discover that the HSE hadn't even had a board for many years. How could it possibly be an accountable organisation?

So as you might imagine, when I was asked to join the Board, my expectations weren't very high.

Then I met the other Board members. We come from a variety of backgrounds and experiences. We're roughly evenly divided between men and women. There's a fantastic mix of skills and expertise – law, finance, management, community, patient advocacy, governance. And we all take our job as a Board really seriously.

We have our rows and arguments, of course, like any Board, and we each have our own interests and passions. But it's fair to say that we have one thing that unites us. We are determined to do whatever we can to make the HSE a better organisation – for the people who work in it, and for the people it serves.

We want to play our part in leading, shaping, challenging and supporting the HSE. Although it's our primary job to ensure that the management of the organisation is accountable, it's also a

fundamental part of what we do to support the management of the HSE to every extent we can.

Just as we were getting to grips with our responsibilities, a pandemic happened. And it was terrifying. The development of our health system over many years meant that we were terribly badly equipped to deal with a major health crisis like that. The HSE couldn't possibly survive it, some of us thought.

But in the most extraordinary way, the HSE proved itself capable of rising to the biggest challenge it has ever faced. There was one reason, and one reason only. Everyone in the HSE who could go to work went to work. Day after day, facing down personal risk, carrying enormous burdens, coping with immense pressures. Everyone did that – every day – at every level of the organisation.

If you were a board member, and if you served on a couple of committees, you had to get stuck in too. In 2020, apart from a range of individual activities, there were more than 70 meetings of the Board and its committees – a lot of them at night and most of them long and complex.

Through it all we learned a lot. Me especially. I've gone from being a critic of the HSE to being immensely proud of the dedication and commitment – and guts – of the people who work in the HSE.

The only thing is, my expectations are much higher now. That's because we proved it in the biggest crisis we've ever faced. There is nothing this organisation can't do to build the best health service in the world if we put our minds to it.



FERGUS A LIFELONG CAMPAIGNER

Fergus Finlay has recently retired after 13 years as CEO of Barnardos, Ireland's largest children's charity. For around 20 years prior to that he was employed as Senior Adviser to the Labour Party. He was one of the drafters of the Downing Street Declaration and was centrally involved in the election of President Mary Robinson. He also served as a Director of Wilson Hartnell Public Relations. He is the author of four best-selling books.

He has been a lifelong campaigner for the rights of people with disabilities and is currently chair of a government task force to implement a comprehensive employment strategy for people with disabilities. For ten years he has also worked as Chair of the Dolphin House Regeneration Board. He is also Chair of Lakers in Bray, a highly successful club and service provider for young people and adults with an intellectual disability. He broadcasts regularly on radio and television and contributes a weekly column to the Irish Examiner. Fergus Finlay was awarded a Human Rights Award by the French Embassy in Dublin in 2013 to recognise the work of Barnardos with Ireland's children. He was also honoured by UCC as an Outstanding Alumnus in 2016.

Corporate plan 2021-2024 launches

The HSE launched its three-year corporate plan in early March. Given the COVID restrictions, the launch was marked through a series of webinars. The first was a virtual launch to staff, then stakeholders, and finally press. The HSE Chair, Ciarán Devane addressed each group, followed by an overview of the plan from CEO, Paul Reid, and then a live Q&A session with some of the Executive Management Team involved in developing the plan.

The plan that was developed by the Board of the HSE, endorsed by the Minister of Health and, is based on extensive research and consultation with staff, stakeholders, and the public. People, both our staff and the individuals that we serve, are at the centre of our work. Over the past year, we have worked together to respond and manage the Covid-19 pandemic and have developed new ways of working, a new sense of purpose, and stronger trust in ourselves and with our stakeholders.

The corporate plan is an important document because it:

- sets out a shared vision for our health service over the next three years
- gives priorities and goals that we must meet to achieve this vision and
- allows our stakeholders to measure and track our progress.

The plan has 6 objectives:

- Respond to the Covid-19 pandemic while delivering health services safely
- Enhance primary and community services and reduce the need for people to attend hospital
- Improve scheduled care to enable more timely access and reduce the number of people waiting for services
- Prioritise early interventions and improve access to person-centred mental health services
- Reimagine disability services, to be the most responsive, person-centred model achievable with greater flexibility and choice for the people using our services
- Prevention and early intervention in children's health, harmful alcohol use, and obesity.

'The Board with the Executive Team, and with yourselves have invested a lot of time over the past year to work on this corporate plan to make sure that it truly reflects the priorities for the public and other stakeholders'
HSE, CEO Paul Reid

'The idea is that we have a multi-year plan, that fits in with Slaintecare, that's says this is where we are going'
Ciaran Devane, HSE Chair

We want to provide the highest quality care and timely access to services and treatments for you and everybody living in Ireland. We want to support and encourage people across all walks of life to stay healthy and well, to live independently, and to live longer lives. We want to have a health service that provides you, your family, and loved ones with a good experience no matter where you live or where you receive your service. We want a health service that our staff can be proud of. We want the HSE to be a great place to work where people are resourced to do their job and can gain satisfaction from the work that we do.

2020 demonstrated the HSE's core values and purpose; we worked together to care for people, to be effective, to change lives, to transform how we delivered our services, and protect the public's health.

There have been many positive developments and much success in the health service over the past decade but we know that more needs to be done. COVID-19 has demonstrated how important our health service is and that it requires investment to continue to deliver. Overall we want people to have trust and confidence in our health service.

Measuring progress

We will be developing annual plans to support the delivery of the objectives in the Corporate Plan. We will measure our



Read the full HSE Corporate Plan 2021-2024 [here](#)

progress and report on improvements as we work to strengthen the health service. We are committed to our core values of trust, care, compassion, and learning.

We will be developing measures to monitor progress in the following areas:

- A healthier start for children and reduced health inequities
- Reduced risk factors for chronic disease focusing on harmful alcohol use and rising obesity rates
- Enhanced community services, supporting people to live independently in their own home or in the community
- Improved access to tests and specialist appointments, closer to home
- Reduced waiting times for diagnostic tests, outpatient appointments, in-patient and day-case procedures
- Mental health support that aims to keep you well and responds quickly when you need it
- More person-centred support for people with disabilities to live full, independent lives.

In his closing remarks CEO Paul Reid said, "I do believe that we have a corporate plan now that's coherent, concise, and articulates some of the real priorities for us for the future."

Internal Controls Improvement Programme

A programme of work was recently approved to enhance the HSE's internal control environment

The programme sponsor is Stephen Mulvany (CFO), with Mairead Dolan (Assistant CFO) and Monica Percy (General Manager, Governance & Compliance) of the National Finance Division acting as programme leads directing six separate work streams to further improve our system of internal controls across the HSE. The three-year programme has been endorsed by the Chief Executive Officer and Executive Management Team.

What are Internal Controls and why are they important?

Internal controls relate to the HSE's internal system of rules and procedures which provide assurance over the integrity of our information and data, safekeeping of our assets and resources. Having strong Internal Controls encourages accountability, promotes compliance & protects against fraud. A good internal control environment ensures appropriate policies and procedures are in place which provides protection for both the organisation and its employees.

Poor controls can lead to adverse findings in internal audit and C&AG reports which are rightly made public and can damage the public trust and confidence in the HSE. This can limit our ability to maintain and increase investment in the health and social care services our patients, services users, and their families, rely upon

All staff across the HSE have a responsibility to ensure good controls are in place locally and are applied in their day-to-day operations and procedures.

The strength and reliability of these controls are tested and assessed on an on-going basis through processes such as internal audit, external audit and the Annual Controls Assurance Review Process (CARP). For example, each member of staff is required to comply with the Travel & Subsistence policy.

What will the Programme set out to achieve?

The programme aims to:

- strengthen our internal controls and compliance levels
- improve staff awareness of the role they play in safeguarding our resources
- further develop our second line of defence
- revise and revamp the National Financial Regulations (NFRs)
- deliver improved reporting and monitoring tools
- drive an enhanced training and awareness programme

What HSE teams are involved?

The programme is being led by the NFD Finance Specialists Governance & Compliance team, but will also involve a range of staff from across various functions of the HSE, along with some external consultancy expertise.

Key subject matter experts from areas such as HR, Payroll, Tax, ICT, HBS, Planning & Portfolio Management, Community Operations, Acute operations and the broader Finance Division will be consulted and asked for their input. A monitoring group consisting of delegates from the Executive Management Team will provide oversight, direction and support to the programme.

Next Steps

Starting in May, watch out for a series of features on key control topics such as travel and subsistence, payroll and leave amongst other subjects over the coming months.



If you or your team would like to know more about the programme or have any internal control questions, please feel free to contact the Governance & Compliance team at Govn.compliance@hse.ie

WHAT HAS ACCESS TO INFORMATION DONE FOR COVID?

Access to Information Director Roisin Doherty looks at the role it has played during the pandemic



Only a few months into my new role, tasked with bringing together two teams, HealthLink and Health Identifiers, in an article for the 2018 Autumn edition of Health Matters, I introduced the HSE OCIO's Access to Information and Health Identifier team (A2I-HIDs).

In that article, I referred to them as 'my dream team' and how right I was. Showing my vintage here but combining the teams was like bringing the Brady Bunch together. What a great success it has been, in no small part thanks to our 'Alice' - Marie Lalor, the rock of sense who knocks our heads together and brings us back to sense and practicality when 'we technical nerds' start dreaming of our technical toys and innovation possibilities.

In 2019, some of the braver members of A2I-HIDs took on the aptly named Hell and Back challenge in honour of two of our deceased colleagues. Little did we know then of the challenge that we would face with COVID less than a year later.

On Friday, March 6th 2020, I got the call I had been expecting - COVID had arrived - what could A2I-HIDs do to help?

We spent that weekend gathered together to brainstorm what could be achieved with our 'arsenal' of technical applications, tools and expertise and came up with a blend of solutions that

could be rapidly deployed to support electronic referrals for COVID tests, scheduling of test appointments and the brokering of test results from laboratories back to clinicians and the COVID Case Tracking system and contact tracing.

Fast forward to today and we are also supporting the vaccinations programme providing the IHI Individual Health Identifier along with Eircodes and Health Identifiers for facilities and vaccinators plus developing vaccine registration portals and integration for GPs and Pharmacists to the COVID Vaccination System (Covax).

Here's a quick overview of what has been delivered up to April 2021:

- 1.75 million Individual Health Identifiers (IHIs) identifying patients and their COVID records for testing, tracing and vaccinations
 - 5.5 million COVID Test and Assessment appointments scheduled
 - 4.2 million COVID Test and Assessment eReferrals
 - 1.8 million laboratory results
 - 11.9 million prescriptions sent over Healthmail to pharmacies
 - 830,000 GP vaccinations records sent to Covax
 - HSE-PharmaVax Pharmacy vaccination recording for Covax developed on the Health Provider Portal
 - 1426 bookings for staff on the Healthcare Worker Accommodation system
 - Vaccination History Lookup tool for clinicians
- These services all use A2I-HIDs existing suite of tools and applications such as HealthLink Messaging, HealthIdentifiers (including the IHI), HealthDirectory, HealthMail, Citizen Health Portal, Health Provider Portal and new tools and APIs we developed such as the Eircode Finder, Eircode Triangulation Tool, mobile phone number and PPSN validators.
- 12 months on with COVID-19, I reflect that with COVID-19, the A2I-HIDs 'dream team' really have been on a journey to 'hell and back'. I can only say thank you and how proud I am of each and every one of you, true professionals, silent heroes and an absolute privilege to work with.

REGISTERING FOR THE COVID-19 VACCINATION

In order to safely and efficiently vaccinate everyone in Ireland for COVID-19 you will need to register your details. Please refer to hse.ie for the current guidelines.

You will need to have your identifying details ready
The following details will safely support us in identifying you correctly

First Name: John ✓
Surname: Smith ✓
DOB: 19/02/1978 ✓
Gender: Male ✓
Address: Main st ✓
PPSN: 12345A ✓



- Additional information**
- For assistance to find your PPSN [click here](#)
 - To find out more about the IHI [click here](#)
 - For frequently asked questions [click here](#)

How will you find me?
Securely identifying you
The Individual Health Identifier (IHI) supports the registration process to securely link you to your health record. The IHI is a number that uniquely and safely identifies each person and acts as a secure key to their vaccine record.

I don't have a PPSN. So can I still register?
Don't worry, everyone availing of a health service in Ireland is entitled to an IHI. Just follow the instructions on the vaccination registration portal for next steps.

Confidentiality first
Any details you share with us will remain completely confidential and will only be used to identify you to correctly link you to your health record. The collection of this information for patient safety identification is underpinned by legislation and GDPR requirements. [To learn more click here](#)

INDIVIDUAL HEALTH IDENTIFIER

An Individual Health Identifier (IHI) number is given to an individual the first time they use health or social care services in Ireland. It is used to identify each person that has used, is using, or may use a health or social care service. The IHI lasts a lifetime. It's a number that is only used by healthcare staff and service providers and is never given to anyone else. The IHI is an identifying number only. It is not an electronic health record and does not hold any information about your health.

The Health Identifiers Business Service unit was established in October 2019 with the appointment of Maria McCann, Assistant National Director, to spearhead the Business Operations of the implementation and roll out of the IHI in partnership with and in support of the OoCIO, HIDS A2I technical team led by Roisin Doherty. With a starting team of just three members the Health Identifiers Business service has grown to having almost 30 team members today. The objective of the team is to implement and roll-out the IHI nationwide.

As with most services within the HSE, COVID-19 has had a serious impact on the planned rollout of the IHI service. The focus was prioritised to COVID systems. IHI has played an important role in the implementation and success of the COVID Care Tracker (CCT) system and the COVID-19 Test and Assessment Appointment Scheduler (Swiftqueue), and the COVID vaccination system.

The IHI is required for patient safety. The IHI is being utilised in the COVID vaccination programme to support the registration process and to securely link individuals to their health record. The IHI is a number that uniquely and safely identifies each person and acts as a secure key to their vaccine record. Where possible, the person's PPSN is used to find their IHI. In cases where the person does not have a PPSN, e.g. a foreign student or non-resident, they are directed to HSELive, who will walk them through a process to collect the relevant information needed, such as their name, date of birth, gender, nationality and home address. When their information has been verified at the vaccination centre, an IHI will be created on the IHI Register and recorded in the Vaccination System against their record. This means that no individual presenting to receive a COVID vaccine will be denied the vaccine because they are unable to provide their PPSN.

The Health Identifiers service, which includes the IHI and Health Directory, in conjunction with Eircodes, were also an important element in enabling HSE Community Operations support the rollout of COVID testing for patients in long stay residential facilities such as Nursing Homes and for the rollout of the vaccination programme to these vulnerable groups in early 2021. The IHI has been linked with all COVID e-referrals since March 2020. By early May 2021, this is a total of 4,011,148 referrals.

The Health Identifiers Service team, in conjunction with the many stakeholders it collaborates with, has proven its value, resilience and flexibility during the COVID-19 pandemic and looks forward to growing and developing the team and services in the coming months as we begin to fulfil our objective of rolling out the IHI to the wider health service.



Open Disclosure

Module 2 in National Open Disclosure E-Learning Programme is launched

Five case scenarios set in different healthcare settings demonstrate some of the complexities that can arise during the open disclosure process and provides guidance to healthcare staff on how to manage each situation.

They are part of Module 2 of the national open disclosure training programme. The HSE launched its Open Disclosure Policy in November 2013 and the implementation of this policy has involved an extensive training programme which is being rolled out across all health and social care services.

Open Disclosure training was identified by the Director General of the HSE in 2018 as mandatory training for all HSE staff and for staff employed in services funded by the HSE.

Module 2 – ‘Open Disclosure: Applying Principles to Practice’ - is a follow on to Module 1 and can be completed by all staff but is particularly aimed at staff, such as doctors, managers, patient liaison staff, QPS staff, who may have to be involved in formal open disclosure meetings with patients, service users and their families/support persons.

The aim of Module 2 is to prepare staff for the management of a formal open disclosure meeting. Following completion of the module, staff will have an understanding of:

- the key communication skills involved in undertaking an open disclosure discussion in a manner that is empathic and compassionate and that meets the needs of patients and their families,
- be aware of the key components involved in managing the initial discussion with the patient or relevant person following the patient safety incident
- know how to prepare for, manage and follow up on a formal open disclosure meeting
- be guided in managing some of the complexities that may arise during open disclosure meetings

Lorraine Reilly, a patient representative and open disclosure advocate, shares her own family story and her thoughts on why open disclosure is important to patients and their families.

Based on the feedback received on Module 1, the module contains the five case scenarios in different healthcare settings – the Emergency Department, Ambulance Service, Intellectual Disability Service, General Practice and Mental Health Services. Each case scenario brings different learning which will benefit all staff. The case scenarios were provided by staff working in these services in an effort to make the scenarios realistic for staff completing the module.

The case scenarios demonstrate some of the complexities that can arise during the open disclosure process and provides guidance on how to manage each situation. Videos are included of the initial discussion with a patient’s family following a patient safety incident and of the formal open disclosure meeting. These videos demonstrate how the meeting should be conducted using the ASSIST model of communication.

The module also contains an audio recording of a phone call from the designated person (key contact person) to the family to help them in preparing for the open disclosure meeting.

The module is interactive with continuous learning throughout and with a quiz at the end to assess learning. There are links to a number of resources/tools throughout the module which will support

staff when preparing for and managing a formal open disclosure meeting.

In April 2020 the HSE launched Module 1 of their online open disclosure programme on HSElanD. Module 1 ‘Communicating effectively through Open Disclosure’ is a 40-minute module and provides an overview of open disclosure. In the current pandemic situation, the completion of Module 1 meets the mandatory training requirements for staff.

On completion of this module, staff will be aware of their responsibilities in relation to Open Disclosure in line with the HSE policy and processes. The module includes an extensive list of resources to support staff when engaging in the open disclosure process. It was tested by a focus group of staff and their feedback incorporated prior to the module being signed off. The module was awarded 1 continuing education unit (CEU) by the Nursing and Midwifery Board of Ireland and 2 continuing professional development (CPD) points by the Royal College of Physicians Ireland (RCPI). The uptake of this on-line training by staff across all service areas has been impressive with an average of 800-1000 staff completing the module every week – with over 48,000 staff completing the module to date. The module requires the participants to provide feedback prior to the issue of certification of completion. This feedback has informed the development of Module 2.





HSE ESTATES TAKING CLIMATE ACTION

Upgraded facilities now
using 75% less energy

The health service estate comprises a wide range of different types of buildings, from large acute hospitals, to small residential facilities. These existing healthcare buildings have an important part to play in achieving our public sector CO₂ emission reduction and climate action targets. Under the Climate Action Plan, Ireland has committed to upgrading all public buildings to Building Energy Rating (BER) B level.

HSE Estates recently completed a pilot energy deep retrofit of three residential facilities for adults with disabilities in Co Meath in partnership with the Sustainable Energy Authority of Ireland (SEAI) who provided 35% funding. The objective of the project was to establish the extent and scale of works achievable without impacting on residents (whilst they remained in their home), typical cost per square metre of these works, potential barriers to implementing renewable energy solutions and the benefits to the living environment for



residents, staff and visitor experience.

Works included new exterior wall and attic insulation, replacement of windows and doors with triple glazing, hot water system upgrades and ventilation upgrades to improve air quality. The existing fossil fuel heating systems were replaced with a heat-pump system. The project also encouraged ongoing innovations throughout the process and minor design changes were made to the initial scheme and resulted in an improvement on the final BER achieved in the three facilities to a BER A3 level, exceeding the BER B level required by the Climate Action Plan. Analysis after the retrofit project showed the facilities are using between 75% and 72% less energy.

Some of the positive impacts of the work include a reduction of carbon emissions as well as improved comfort levels for residents, staff and visitors.

Decarbonisation Strategies for other types of healthcare buildings will be developed by HSE Estates Energy Unit, in partnership with SEAI, and will provide clear direction for decarbonising the Health Service based on best practices in sustainable energy.



NATIONAL INTEGRATED STAFF RECORDS AND PAY PROGRAMME

National Integrated Staff Record and Pay Programme (NISRP) is pleased to announce the implementation of SAP HR, Payroll, Time & Attendance Capture and My HSE Self Service has started in HSE South.

NISRP is currently in the early stages of implementation across; Cork Kerry Community Health (Kerry, North Cork, North Lee, South Lee, West Cork), Cork University Hospital, Bantry Hospital, Mallow General Hospital, University Hospital Kerry, all Corporate/HSE Centre, National Ambulance Service functions across HSE South.

We are constantly working to improve the service offered based on feedback from staff currently using the systems in HSE East and South East. Here is a small selection of the latest My HSE Self Service developments:

- A help option is now available in Self Service; it's in the bottom right-hand corner of the screen and clicking on it will open a video explaining the functionality you're currently using.
- You will now also see the letter "I" for information beside certain fields, hovering your cursor over this icon will provide you with advice on what to enter in the field.
- There is a new manager's report, entitled 'Line Manager Key Dates Report'. This shows specific dates of interest to managers relating to (for example) employee contract end dates, probation expiry and career break expiry dates.



Further information and support go to www.hse.ie/nisrpservice



For more information on sustainability and climate action visit www.hse.ie/sustainability

HOW YOU CAN PLAY A ROLE

Taking the first steps on our Quality Improvement journey with e-learning QI modules

The National Quality Improvement Team launched their new e-learning module this year, which aims to introduce our healthcare staff to the core concepts of quality improvement and encourage you to think about how you can play a role in improving the quality of the service you provide. In the first three months of this year, 794 people have already completed the module.

The Introduction to QI e-learning module can be used by anyone who wants to begin learning about quality improvement and who is starting out on their QI education and development journey.

The module defines what quality and quality improvement looks like in healthcare and encourages you to think about a quality service in your everyday life and then relate your expectations and experiences back to the healthcare service that you provide.

Chloe Mazhandu, Social Science intern, said she had little knowledge of what quality improvement entailed when she began an internship with the National QI Team.

“The language used in the module was easy to understand with no medical background jargon. I enjoyed the videos embedded throughout the module as they added a personal touch. In a short amount of time, not only did I gain an insight into the value of quality improvement, this programme allowed me to identify how I could incorporate quality improvement into different aspects of my life, my interest in the topic has continued to expand,” she said.

Trevor Keogh, Training Manager, Turas Recovery from Addiction Day Services Programme, said a key message in the e-learning QI module is ‘not to wait for



Chloe Mazhandu



Trevor Keogh

someone else to make an improvement’.

“If you have an improvement idea talk to someone in your organisation about it, there are many local QI supports available. Listen to your patients or service users; learn to use some basic QI tools and start improving,” he said.

The National Quality Improvement team is currently designing a number of follow-up e-learning modules and QI programmes for those who wish to continue their QI journey and we hope to make these available in 2021.



You can find more information about quality improvement by visiting the National Quality Improvement Team’s website at www.qualityimprovement.ie

IMPROVE COLLABORATION IN 2021 WITH SKILLS FOR COLLABORATIVE CHANGE

The HSE National QI Team and the Health Foundation have been working in partnership since 2020 to provide Q community membership in Ireland. There are currently 4,250 plus members across Ireland, Northern Ireland, England, Scotland and Wales. It is Q’s mission to foster continuous and sustainable improvement in health and care. The Q Improvement Lab is part of Q and convenes diverse groups of organisations and individuals to work on shared health and care challenges.

‘Skills for collaborative change: a map and user guide’ sets out the skills and attitudes needed for collaborative and creative problem-solving. In other words, it can help us to turn adversity into an opportunity or a triumph. The Q team, in partnership with Nesta, developed the map and user guide, which is an innovation foundation in the UK. It draws on Q’s experience of large-scale collaborative approaches, the Health Foundation’s quality improvement expertise, and Nesta’s extensive experience of government innovation: <https://www.nesta.org.uk/> Dr Philip Crowley said he believes that “the map and user guide is practical, and will support individuals and facilitate teams to have meaningful conversations, using the skills in practice to effectively collaborative”. The key features include a focus on teams, an approach that is practical, informed by evidence and experience.

This guidance was developed pre-COVID-19 to use in person; however, the good news is that it is possible to run these exercises virtually. Check out Q’s tips for designing and running virtual meetings: <https://q.health.org.uk/resource/designing-virtual-workshops-and-events/>

ROBOTIC PROCESS AUTOMATION BOOSTS EFFICIENCY

The recently established HSE Robotic Process Automation (RPA) Centre of Excellence (CoE) is enabling the delivery of RPA across the health sector as an innovative shared services offering.

RPA is a technology that enables staff to transfer monotonous, repetitive and administrative elements of their work to virtual assistants, allowing them to focus on higher value activities, particularly tasks that directly benefit patients and service users.

Automating processes that are time consuming and laborious will enable the health sector to become more efficient. To date, there have been numerous RPA projects delivered across the HSE, which have demonstrated considerable benefits for staff, the organisation and the COVID-19 response. The automation of these processes has significantly reduced manual workload, allowing those teams to focus on more value add activities whilst also improving the quality of service delivered.

“People are genuinely excited about what they hear about RPA and when we present the evidence from within the HSE, there is a clamour for this technology to be applied,” said Kevin Kelly, HSE RPA CoE Lead.

The collaboration on the RPA programme between the HSE and the Department of Public Expenditure and Reform (DPER) has proved invaluable and means the HSE approach is very much aligned to public sector policy. It is envisaged that the model of delivery for health in successfully driving RPA adoption will pave the way for other such centres of excellence to be established across the public sector.

National Director of HBS John Swords, championing the RPA journey for health, explained, “Since the onset of the COVID-19 pandemic, the HSE has witnessed extraordinary examples of staff adapting to meet the health needs of society. It is critical for the organisation to be agile and respond to the changing environments. The shared services offering of the RPA CoE is a significant example of this agility.”



30 DAYS TO PAY

Under current EU regulations, the HSE has 30 calendar days to process an invoice for payment after which time it becomes a ‘late payment’ and attracts penalties in the form of late payment interest.

Within these 30 days, the invoice has to proceed through every step of the payment cycle; from date-stamping an invoice on receipt on day one, to payment to the supplier by day 30. This includes the days when an invoice is in transit between one department and another or between processor and authoriser within the same department or unit.

WHEN DOES LATE PAYMENT INTEREST BECOME DUE?

- Over 30 calendar days, following the date of receipt of an invoice. If an invoice is delayed through a dispute, the Vendor must be notified immediately to resolve the issue.
- Over 30 calendar days after delivery where an invoice is received before goods or services are delivered.

CIRCUMSTANCES WHERE INTEREST IS NOT PAYABLE

- When a Vendor is informed that a payment is in dispute, the clock

stops on the 30-day payment cycle or payment day terms of a written contract (Such a dispute may be due to price issues, incomplete deliveries, faulty goods or where proof of delivery is required). Payment should subsequently be made immediately after the resolution of any dispute.

- Lack of Tax Clearance certification will also result in payment suspension but the payment process will resume immediately following verification of Tax Clearance status.
- Non-commercial payments are not subject to late payment interest as the EU regulations only apply to invoices for goods or services for business purposes.

THE CURRENT RATE OF LATE PAYMENT INTEREST

The current annual rate (@ January 2021) is 8.00% or a daily rate of 0.022%. There is no minimum threshold so amounts as low as one cent must be paid.

If you need further clarification on Prompt Payment Interest please contact Karen.Keating@hse.ie



90% of data breaches are caused by human error

Data protection is everyone's responsibility

THE MOST COMMON EMAIL ERRORS

- An email sent to the wrong person because the recipient's email address was predicted based on the first characters entered
- Email sent to the wrong person or group of people due to human error
- Attaching an incorrect document or hyperlink to an email
- Forwarding an email chain to an unintended/unauthorised recipient
- Sending an email to multiple recipients using the 'to' or 'cc' fields instead of the 'Bcc' field.

Email is a very effective communication tool but it can also be the source of a number of common data protection breaches.

Typically, most data breaches involving email tend to be a result of human error.

The vast majority of the HSE's data processing activities are safe and secure but despite the best efforts of our staff, things can go wrong occasionally and data can be shared inappropriately by email.

In those situations, the most important thing is to act swiftly to take the necessary steps to correct the error and to enable us to prevent similar issues arising in the future.

How can I reduce the risk of a data breach using email?

- Before you send email, especially where personal or confidential data is

transmitted, double check that the email address is correct.

- Don't insert personal data in the subject line of emails.
- Make sure the appropriate attachments have been selected before sending an email.
- Only use your work email address, not your personal email. Data should only be transmitted on HSE networks (using HSE email addresses).

WHEN SHOULD I USE BLIND CARBON COPY (BCC)?

- By using the Bcc option you'll reduce the risk of a data breach.
- Bcc allows you to send an email to many people without revealing the email addresses of others contained within the recipient list.
- So if you need to send an email to multiple people where it is necessary to keep all recipients' email addresses private, always use the 'Bcc' field.

Using Cc allows everyone who receives the email to see the email addresses of all other recipients. Also using 'Cc' allows recipients to hit 'reply all'. This increases the risk of a data breach by email. There is a greater chance of the recipients hitting reply all and disclosing additional, possibly sensitive, personal information. Using Bcc is a safer option.

WHAT IF I SEND AN EMAIL TO THE WRONG PERSON OR GROUP OF PEOPLE?

If you send an email to someone you shouldn't have and the email contains personal data you should Bcc a follow up email to the people you just emailed

CONTACT:

Jim O'Sullivan is the HSE's Data Protection Officer and he, along with the deputy data protection officers will be glad to offer any advice and support that you may require in relation to data protection.

JIM CAN BE CONTACTED AT DPO@HSE.IE

DEPUTY DATA PROTECTION OFFICERS:

West: Liam Quirke:

ddpo.west@hse.ie

South: Mary Deasy:

ddpo.south@hse.ie

North-east: Rosalie Smith

Lynch: ddpo.dne@hse.ie

Dublin Mid-Leinster: Deborah Keyes:

ddpo.dml@hse.ie

incorrectly (the affected data subjects) apologise, and tell them that the email they received in error should be deleted, and advise them that they don't have the right to further use the email addresses identified to them.

WHAT TO DO IF YOU SUSPECT A DATA BREACH HAS TAKEN PLACE

The GDPR section of HSE website provides the necessary guidance for staff to report and manage data breaches

If you ever in doubt or suspect a data breach...Stop, Think and Ask for Help from your line manager and from your local data protection officer.

You will find a list of HSE data protection officers on hse.ie/GDPR and they are happy to advise and help so get in touch. Remember that Data Protection in the HSE is everyone's responsibility.

Have a look at our new animations on hse.ie and reduce your risk of having a data breach

PUTTING FRONTLINE HEALTHCARE STAFF FIRST

GLOBAL HEALTH HSE-ETHIOPIA PARTNERSHIP PROJECT

Dr Hiberet Tessema Belay, Consultant Psychiatrist, Connolly Hospital, Blanchardstown, talks about the Global Health HSE-Ethiopia partnership project

CCOVID-19 has focused health organisations to put systems in place that care for staff well-being, be it at home or abroad. Some designed interventions from scratch and many fine-tuned existing programmes. The Global Health Programme of the HSE, funded through Irish Aid, is partnering with the Ethiopian Ministry of Health to provide resilience training for front line staff working in COVID treatment centres in Addis Ababa.

The HSE Global Health Programme brought together staff from various disciplines: public health, psychiatry, quality improvement and social inclusion. We are collaborating closely with Noah Wubishet, senior psychologist and his team at the COVID-19 Case Management Taskforce in the Ethiopian Ministry of Health.

Emotional distress and worry among frontline health care staff have been documented worldwide during this pandemic. In Ethiopia a similar trend was also noted. Self-reported psychological distress among health care staff was as high as 78.3% and insomnia at 50.2%. Similar to global colleagues, Ethiopian health care staff faced stress and worry for themselves, their friends and families. Additionally, they faced stigma due to their jobs and deployment to COVID-19 treatment centres. Ethiopian society traditionally relies on close knit relationships for support. Social restrictions coupled with stigma seriously put to trial this informal but critical support system.

The Ethiopian Ministry of Health proactively adhered to best available scientific evidence while balancing limited capacity of existing health care infrastructures. COVID-19 treatment centres, 40 nationally and about 10 in the capital, were set up expecting surge in cases. Additionally, on April 10th a state of emergency was declared for five months. A year on, total positivity is recorded at 246,484, and 3,474 people have lost their lives (As of April 21st, 2021) and concerns continue to mount.

Collaboratively the HSE's Global Health Programme and the Ministry of Health tailored stress management workshops for staff working in COVID-19 treatment centres. The teams creatively designed locally deliverable, socially distanced stress management workshops. This was delivered to staff working at the COVID treatment centres in Addis Ababa and further workshops are planned for the coming months. The response from staff has been overwhelming positive, with some reflecting the workshops should have been set up in the early stages of the pandemic, when emotions were heightened. Many also requested more workshops to be available at regular intervals. The team is now working to create locally sensitive online psychological resources and easily accessible online supports.

In resource constrained settings like Ethiopia, the use of locally tailored evidenced-based programmes such as the one in this project, is doing a lot to build resilience for healthcare staff. This project can be integrated as part of routine staff well-being programmes and can easily be rolled out if needed in future.

SHARING AND USING YOUR RESEARCH KNOWLEDGE

A significant amount of health research takes place in the HSE. All this research matters and can play an important role in service development, improving services for service users, informing guidance or policy, or developing training.

Sharing your findings and reaching the people who need to hear about your research is important regardless of whether your research study is small and just based within your service, or if it is organisation-wide, or even international.

HSE Research and Development have been talking to researchers, those who commission research, managers, and people who can use research, including patient representatives in order to find out the best way to maximise the value of the research that we host. We have worked with a group of people from our Universities, the Health Research Board, and the HSE to develop a process and best practice guidance for sharing research findings and reaching all the stakeholders who can use the knowledge.

These guides will soon be available on the HSE R&D website

www.hseresearch.ie.

Do you want to make a difference to how we use research in HSE? The HSE R&D project leads, Dr Virginia Minogue and Mary Morrissey, will be holding a series of webinars in May, to talk about the work they have been doing, and would like to link in with people who would like to get involved in helping to share the HSE process and the guides in advance of the formal launch of the HSE Knowledge Translation Framework in September



If you would like to attend a webinar, are interested in getting involved, or want more information, please email: researchanddevelopment@hse.ie

POSITIVE PSYCHOLOGY AND HAPPINESS WEBINAR



As we continue to adapt our lifestyles to deal with COVID-19 and face difficult challenges HSE Health and Wellbeing hosted a webinar for staff titled 'Positive Psychology and Happiness'.

Positive psychology focuses on the positive events and influences in life. The guest speaker on the day was Paula King, a renowned psychologist and leadership coach. Paula presented a very informative and practical session on the importance of creating reason and meaning in our life as well as the importance of living a life of purpose. The webinar raised some interesting ways in how to create hope in our life and examined some theories around optimism and pessimism. The session also explored the power of compassion and communication and introduced attendees to useful tools and resources.

This event was one of a series of staff webinars hosted by HSE Health and Wellbeing. A record number registered (over 2,700 registrants) for this event indicating a strong interest in this topic.

A suite of free online exercise videos were also launched by HSE Health and Wellbeing through their 'Get Active for Your Wellbeing' webinar, with guest speaker Derval O'Rourke. With over 2,500 registering for the launch, the

practical advice by Derval and the other speakers proved very popular on the day with positive feedback received through the post event survey.

These online exercises videos were launched having received feedback from staff looking for ways to improve their physical activity and exercise habits. Sarah McCormack, HSE lead for Healthy Ireland and Staff Health and Wellbeing, who chaired the webinar, announced that Yoga for Beginners, strength and conditioning and yoga-based chair exercise videos are all in production and will also be available in the coming month or so!

The first series of online exercise classes offered to staff is Pilates for Beginners and Session 1 has already proven popular with nearly 1000 views over a five-day period. Pilates is a unique body conditioning exercise involving a series of movements concentrating on core strength, posture, balance and flexibility. The set of eight 30-minute classes are available on the HSE Health and Wellbeing YouTube channel <https://bit.ly/3xIXseH> Also now available is the second series of online exercise classes, which will cover eight 30-minute Yoga for Beginners videos.

The third series covers yoga-based chair exercises which will really benefit all desk-based staff, followed by strength and conditioning exercise videos.



For anyone interested in learning more about HSE Health and Wellbeing webinars feel free to go to HSE Health and Wellbeing YouTube Channel where you can watch back any of the staff webinars already delivered on: Keeping Well when working from home; Staying Connected; Minding Your Wellbeing; Positive Psychology and Happiness; Get Active for Wellbeing.

MINDFULNESS AT WORK AT SLIGO UNIVERSITY HOSPITAL

Sligo University Hospital has introduced a 'Mindfulness at Work' programme which involves training staff volunteers to become Mindfulness Champions who in turn pass on their learning to support their colleagues to bring balance and reduce stress at this difficult time.

The initiative is led by Dr Elizabeth Gethins, Consultant Psychiatrist with the Mental Health Liaison Team and Teresa Donnelly, Assistant Director of Nursing with the Nursing Practise Development Unit. The hospital has partnered with Dr Paula Martin and Jared Gottlieb of BEO centre for Mindfulness and Integrated Health to provide the training to staff via zoom.



Sligo University Hospital staff Mindfulness Champions, front row from left: Dr Paula Martin; Jared Gottlieb; Anna Burke; Teresa Donnelly; Dr Elizabeth Gethins. Middle row from left: Michelle Moriarty; Emma O'Sullivan; Mark Boland. Back row from left: Karlene Kearns; Bronagh Kennedy; Joanne Kilfeather; and Anne Marie McCaffrey.

The Mindfulness Champions were selected from across the all departments, both clinical and non-clinical to ensure that every part of the hospital had the chance to be involved.

Dr Elizabeth Gethins, Consultant Psychiatrist said, "There is a wealth of evidence demonstrating the power of mindfulness in decreasing stress levels and burnout, which in turn improves patient care and experience. Mindfulness skills can be used by staff in their working and personal lives, and will be

particularly helpful in the delivery of patient-centred care.

"We are delighted that our first group of volunteer Mindfulness Champions have just completed their training and we look forward to harnessing the very positive energy and enthusiasm that has come from that training. Our second group of trainees have just started their journey, and we are hoping to train at least three, if wnot more groups in the future."

Hearts for heroes

Group shows its appreciation to frontline workers

Participants from a community group in Rialto, Dublin offered 450 home-crafted hearts to frontline workers in St James's Hospital, Dublin as a token of their appreciation. The project, entitled Hearts for Heroes, involved local people from the Fatima Groups United Family Resource Centre, based near St James's Hospital. Hearts were knitted, crafted and drawn and subsequently displayed in the hospital - across the concourse, in the wards and in staff locations and offices.

A representative body of residents and projects from the Fatima/Herberton, (located in the F2 Centre, Rialto), the Fatima Groups United Family Resource Centre (FRC) was established in 1995 by a Voluntary Board of Management. The FRC has been the driving force behind the successful regeneration of Fatima that has seen the physical and social transformation of the old flats complex.

The project operates from community development principles providing key services in the areas of health and wellbeing, education, employment, arts, childcare, counselling supports, information and advice, family support and advocacy, civic awareness and community development.

Outlining the importance of this engagement, Mary Day, CEO St James's Hospital, explained, "The support of our local community including the Fatima Groups United has been so important to the staff and patients of St James's Hospital over the last year. The Hearts for Heroes is a wonderful initiative and the artwork has

been admired all over the hospital. A big heartfelt thank you to the Fatima Groups United for thinking of us during these difficult times."

Describing the project as a great success, Roisin Ryder, Community Development Worker, Fatima Groups United, pointed to how much it benefitted all those involved.

"This was participant engagement during lockdown when people could not attend the F2 centre in person for programmes. Some of these participants came in contact with the project through the Dublin 8 Social Prescribing Project which is a mechanism to link people with non-medical supports for health," she said.

As one participant wrote on her heart, "No millions or billions can ever do justice to the amount of care and empathy you show towards your patients. Thank you for not just being a frontline worker but a true hero."



ABOVE: Bernie Waterhouse, CNM2, and Fiona Lawes, ward clerk, from the P2 COVID ward in St James's Hospital with some of the artwork.





START CAMPAIGN ENCOURAGES FAMILIES TO TAKE A BREAK FROM TREATS

The latest START campaign phase, 'Let's give treats a break', aired in May on TV, radio, digital and social media. The campaign focuses on the critical moment when a child asks for a treat - supporting parents to take a stand and say no in order to re-start their kids on the way to healthier habits.

Research conducted earlier this year found that almost 50% of parents and guardians said children are eating more treats since the start of the pandemic and that they are finding it difficult to keep the amount of treats their children eat to a minimum. This latest research confirms a worrying trend following on from a 2019 survey which showed foods like biscuits, crisps, chocolate and sweets were the second-most consumed food group by children.

Margaret O'Neill, National Nutrition Lead, HSE said, "Parents and guardians have told us that they have been giving their children more treats, like crisps, chocolate and biscuits, than they usually would over the past year but they want to make changes. The time is right with lifting of restrictions and return to school routines to focus on giving treats a break and on restarting healthy snacking habits before the summer holidays.

"Children need two to three healthy snacks a day for growth and development. Healthy snacks provide energy, protein and other nutrients children need to grow. Start with small changes and have a plan about the changes that will work for your family and remember to tell family members about your plan! It will be a daily challenge for a while

but once the break is made, it will get easier. Making small gradual changes and taking breaks from treats will help you succeed in making healthy snacking become the norm at home. One daily win can re-start your kids on the way to a healthier life."

The START campaign from safefood, the HSE's Healthy Eating Active Living programme, Health & Wellbeing and Healthy Ireland aims to support parents and guardians to achieve small daily wins in adopting a healthy diet and lifestyle for children. You can find support and practical tools, including videos from HSE experts on how to take a break from treats, on the START campaign website www.makeastart.ie

ADVICE FROM THE START CAMPAIGN TO HELP YOU WITH GIVING TREATS A BREAK:

- Avoid the treat aisle in the supermarket when shopping- if they aren't at home it reduces temptation.
- Get children involved in planning healthy snacks - start a family challenge - use star charts for all the family to increase their fruit and vegetable intake.
- Use non-food treats - like planning a trip to a new playground, the beach or other things your children enjoy.
- Make healthy swaps: Offer crackers and cheese instead of chocolate biscuits, choose plain popcorn or breadsticks instead of crisps, offer a low fat yogurt or fruit straight after school instead of a chocolate bar.



Clockwise from left to right: At University Hospital Waterford were Paula Curtin, Director of Midwifery; Dr Eddie O'Donnell, Consultant Obstetrician & Gynaecologist; Janet Murphy, Advanced Midwife Practitioner; Maria Murtagh, Clinical Midwife Manager 3; Dr Azy Khalid, Consultant Obstetrician & Gynaecologist.

In South Tipperary General Hospital were Dr Vijay Hiremath, Consultant Obstetrician & Gynaecologist; Sinéad Heaney, Director of Midwifery; Noreen Preston-Ryan, Clinical Midwife Manager 2; Mary O'Donnell, Clinical Midwife Manager 3.

At Cork University Maternity Hospital were Dr Cathy Burke, with shovel in hand, watched by Professor John R. Higgins, Clinical Director, Ireland South Women & Infants Directorate, and Ireland South Green Group staff

In University Hospital Kerry were Dr Paul Hughes, Consultant Obstetrician and Gynaecologist; Sharon Breen, Clinical Nurse Manager 1; Fearghal Grimes, General Manager and Sandra O'Connor, Director of Midwifery.



A video of the synchronized tree planting ceremonies was shared on social channels - watch it here:

<https://www.youtube.com/watch?v=indotzr9Qdo>.

Trees for change

Maternity hospitals plant trees to highlight climate change

A series of tree-planting ceremonies took place at the maternity hospitals in Tralee, Clonmel, Waterford and Cork on Tuesday, March 30th. Staff in the Ireland South Women & Infants Directorate, which includes the maternity units of University Hospital Kerry, South Tipperary General Hospital, University Hospital Waterford and Cork University Maternity Hospital, gathered to plant a Downy Birch tree in the grounds of each hospital.

A native Irish Downy Birch tree was planted to highlight the importance of sustainable healthcare in each maternity hospital, as well as marking the recent establishment of the Ireland South Green Group. The group comprises staff within the maternity

network who have a strong interest in reducing the carbon footprint of their workplaces. This group was formed on the belief that maternity hospitals should provide strong leadership and a good example in making the world a better place for the babies born here to grow up in.

Ireland South Green Group comprises 20 committee members and currently has over 30 Green Advocates, with this number expected to increase in the coming year.

"Climate change and global warming are some of the most important issues of our time, and the healthcare sector contributes significantly," said Dr Cathy Burke, chairperson of Ireland South Green Group.

"Our maternity hospitals are the

birthplaces of our future generations. We want to help create a better world for babies born in our maternities to grow up in. We aim to reduce our carbon footprint by reducing the amount of waste we produce, by recycling, and by reducing water and energy use in the workplace while maintaining our usual safe and high standards of care."

She explained the choice of tree.

"We have chosen the Downy Birch, a native Irish tree, to plant at our maternity hospitals. In Celtic mythology this tree was a symbol of birth and renewal, so it connects very well with our specialty of Obstetrics and Gynaecology. We hope that by the time these trees reach maturity, our hospitals will have been transformed into carbon-neutral workplaces."



CHRISTMAS DOOR AWARDS

Staff in Cavan and Monaghan get welcome festive distraction from the COVID-19 pandemic

As the third and most deadly wave of COVID-19 hit late last year, a simple Christmas Doors competition proved a welcome distraction for staff in Cavan Monaghan Mental Health Service (CMMHS).

Staff and patients alike got involved to decorate a door with some festive cheer and show off their creative side while taking a break from the stresses of the pandemic.

Organiser Margaret Caulfield said staff were really feeling the strain of nine months of virtual lockdown.

“COVID 19 was a constant issue - if we weren't thinking about it, we were talking about it. It was everywhere and there was no escape, neither in our professional or private lives. Staff were feeling emotionally exhausted and physically drained. It was noticeable how disheartened people were as the year wore on. We no longer took breaks together; we wore masks all day and kept our distance from our closest work colleagues,” she said.

“Christmas was upon us and yet it did not feel like it. We had no Christmas parties or social events to look forward to. It seemed like the spirit of Christmas was also isolating in 2020.”



“SOON CHATTER AND GIGGLES COULD BE HEARD IN THE HALLS AND THE ENERGY CHANGED IN A POSITIVE WAY. AN AIR OF SECRECY SURROUNDED EACH CREATION.”

The staff came up with the idea of a Christmas Door competition as a way to bring some Christmas cheer and for everyone to enjoy, from a distance. Two locations in CMMHS participated – the Department of Psychiatry in Cavan General Hospital and the CMMHS Administration Building, St Davnets Campus, Monaghan.

“Soon chatter and giggles could be heard in the halls and the energy changed in a positive way. An air of secrecy surrounded each creation. We discovered that we had very talented and creative staff working in Cavan/Monaghan mental health service,” said Margaret.

“It was fantastic to see everyone getting into the spirit and creating their own masterpieces. The different personalities could be seen coming alive on doors. Staff across all

disciplines got involved. Patients in the admission unit also got involved through the Occupational Therapy group. It gave them a lift and a sense of involvement.”

She said that it helped to bring the spirit of Christmas back to hospitals – even for just a short time.

“The atmosphere was infectious and, unlike the pandemic, the fun and laughter spread throughout. This creative pandemic brought with it happiness and cheer and for a time we forgot about COVID-19. The winning doors were creative, they made us laugh and most importantly gave us hope and made us smile again,” added Margaret.

GARDEN CONCERT

One residential unit in Co Wexford celebrated a time of fresh hope with a wonderful hour of entertainment amid the spring sunshine in their garden.

The Havenview residential unit in Enniscorthy welcomed the Mobile Music Machine classical string ensemble engaged an audience in a special, socially distance appropriate ‘COVID Care Concert’ recital.

The event was sponsored by Creative Ireland, an all-of-government culture and wellbeing programme that inspires and transforms people, places and communities through creativity, and

delivered in a partnership with Wexford County Council, the Wexford Mental Health Association and the Blackwater Valley Opera Festival in conjunction with the HSE/South East Community Healthcare as the care provider.

Speaking about the musical visit, Dr Denise Rogers, Senior Clinical Psychologist, Waterford/Wexford Mental Health Services, HSE/South East Community Healthcare, said they were thrilled to be able to host the recital. “It brings classical music into the lives of vulnerable members of society and those often most affected by the impact of the COVID-19 pandemic,” she said.

Bugs, bees and native trees

Tallaght hospital team up with birds, bees and native trees



The TUH tree planting team in action.

DID YOU KNOW?

IRISH TREES ENCOURAGE OTHER FLORA AND FAUNA, POLLINATING INSECTS (BUGS AND BEES) AND OTHER WILDLIFE TO THRIVE IN THE SAME LOCALITY

Tallaght University Hospital (TUH) were delighted to help with kick starting a national campaign for a national schools and institutions tree planting weekend from November 12th to 14th 2021. The recently formed organisation Bugs, Bees and Native Trees hopes to encourage young people on the island of Ireland to address issues of the environment, biodiversity and climate change working together in a very practical way through tree planting and other national environmental projects.

On the weekend of November 12th to 14th 2021, Bugs, Bees & Native trees are encouraging all primary and secondary schools to each plant up to 10 native or common Irish trees or saplings in a small area (5 x 5m up to 7 x 7m). Irish trees encourage other flora and fauna, pollinating insects (bugs and bees) and other wildlife to thrive in the same locality.

The trees planted at TUH include Birch, Lime, Beech, Common Oak, Mountain

Ash, Pink Berried Ash, Holm Oak, Snowy Mespilus, Hawthorn, and common Crab Apple. Trees were supplied by Catriona Taylor of Blessington Garden Centre. Catriona also advises the group on all things horticultural.

“The hospital were delighted to be invited to help with kick starting this national campaign. One of the core elements of our hospital values is Respect – for patients, each other and our environment. These trees will add to the bio diversity of our campus and hopefully provide some assistance for our bees in the hives we

placed onsite last year,” said Chief Executive of TUH Lucy Nugent.

Dr. David Mulcahy, Consultant Cardiologist and one of the Founders of Birds, Bees & Native Trees said he hoped this good news project would encourage interest and practical action across the island of Ireland.

“This past year has given us all a greater appreciation of our environment and the need for us all to look after it. We need to collectively make positive plans to look after our wonderful environment and tackle climate change before it becomes too late,” he said.

The website bugsbeesandnativetrees.com will give details of all native trees, and trees which have been here for a long time, and would be suitable for planting as part of this initiative. It will also show you how to plant a copse of Irish shrubs and trees in a small space, how to plant bare-root and root-balled trees, how to stake, maintain etc, and what to add to increase biodiversity.



Sun Care

SunSmart - how to enjoy the good weather and protect your skin

As the weather gets better, with more people spending time outdoors within their county, whether in the garden, exercising locally or enjoying a runaround in the park with the children, it's important to protect your and your children's skin.

The SunSmart campaign, led by the HSE's National Cancer Control Programme, Healthy Ireland, and its partners, supporting people to build skin cancer awareness into their everyday wellbeing routine.

Skin cancer is the most common type of cancer in Ireland. Yet, in most cases, it is also one of the most preventable forms of cancer. You can reduce your risk by avoiding overexposure to ultraviolet radiation (UV) from sunlight or artificial sources such as sunbeds.



THE SIMPLE SUNSMART CODE MESSAGES ARE THE 5 S'S:

- Slip on clothing that covers your skin, such as long sleeves, collared t-shirts
- Slop on sunscreen on exposed areas, using factor 50+ for children
- Slap on a wide-brimmed hat
- Seek shade - especially if outdoors between 11am and 3pm - and always use a sunshade on a child's buggy
- Slide on sunglasses to protect your eyes.

Find a bag at home to use for your SunSmart kit



Add to the bag



Keep your Healthy Ireland SunSmart kit near the door so you can grab it before you go out into the sun! And remember, seek shade to play in!

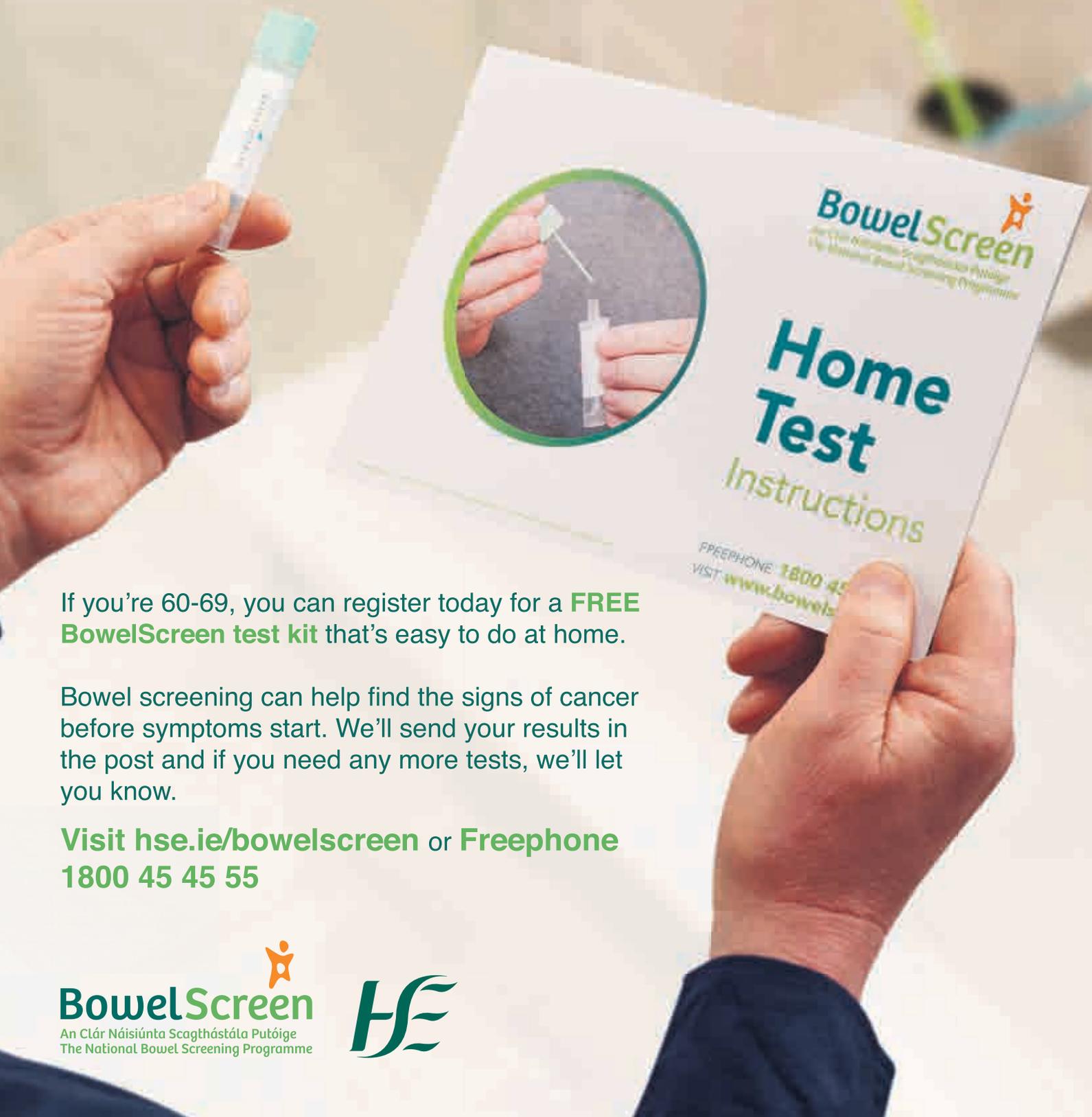
With over 11,000 cases each year, skin cancer is the most common and the fastest-growing cancer in Ireland, yet most skin cancer can be prevented by being SunSmart and following the 5 S's.

Professor Anne-Marie Tobin, Consultant Dermatologist at Tallaght University Hospital, said, "Children and young people are particularly vulnerable. UV exposure during the first 10–15 years of life makes a disproportionately large contribution to lifetime risk of skin cancer. Children have lower concentrations of the protective skin pigment melanin and thinner skin, therefore are more susceptible to the dangers of UV. Greater than three instances of severe sunburn during childhood doubles the risk of developing melanoma in later life. Protect yourself and your children today and your skin will thank you for the rest of your life."

AS WELL AS THE 5 S'S IT IS IMPORTANT TO REMEMBER:

- In Ireland, the UV radiation levels are high from April to September, even when it is cloudy. Stay safe by limiting time in the sun when UV is strongest, typically between the hours of 11am - 3pm
- Do not deliberately try to get a suntan. Remember tanned skin is damaged skin
- Avoid getting a sunburn
- Never use a sunbed

About 2,800 people get bowel cancer every year



If you're 60-69, you can register today for a **FREE BowelScreen test kit** that's easy to do at home.

Bowel screening can help find the signs of cancer before symptoms start. We'll send your results in the post and if you need any more tests, we'll let you know.

Visit [hse.ie/bowelscreen](https://www.bowelscreen.ie) or Freephone 1800 45 45 55


BowelScreen
An Clár Náisiúnta Scagthástála Putóige
The National Bowel Screening Programme





Minding Your Wellbeing

TAKE A POSITIVE APPROACH TO YOUR MENTAL HEALTH



To access this free on-line programme
Go to HSE Health and Wellbeing on YouTube



[yourmentalhealth.ie](https://www.yourmentalhealth.ie)

Information | Support | Services

1800 111 888