

STAFF MAGAZINE OF  
THE IRISH HEALTH SERVICE

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# Health MATTERS



## HISTORIC VACCINE ROLLOUT

HSE STAFF PROUD TO PLAY CRUCIAL ROLE IN PROGRAMME



## A MESSAGE FROM OUR EDITOR

### Welcome to the latest edition of Health Matters.

We are not at the end of the COVID-19 pandemic yet but the overwhelming success of the vaccination programme in the last few months has certainly given us all a lot more reason to hope that the worst is behind us.

Teens and young adults continued to show their resilience and thoughtfulness as hundreds of thousands of them queued in all weathers outside the vaccination centres to get their shots. They have seen their lives so curtailed over the last 18 months as society came together (metaphorically of course) to protect our most vulnerable. And once again, they played their part with a strong uptake of the vaccine among their age groups.

Some of those young adults shared with us their reasons for getting the COVID-19 vaccine, underlining their eagerness to protect those around them and paving a way back to normality.

We have all had reason to be grateful to the staff of the vaccination centres up and down the country who have played a key role in the smooth delivery of the vaccination programme and shared our joy as each and every one of us gratefully received the jab. From the vaccinators and pharmacists to the administrators and volunteers, some of these hardworking members of the team have shared their own personal satisfaction at being on the frontline as history was made.

On top of an incredibly difficult 18 months of COVID, the health service was, of course, dealt another devastating blow back in May when the cyberattack decimated the delivery of services to patients and service users. We take a behind-the-scenes look at how the HSE handled the crisis and got services back up and running.

As we look towards the winter months, we now hope that the darker days bring brighter times for everyone.

*Joanne Weston*  
Editor

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# COVID-19 SURVIVOR **MIKE'S JOYOUS REUNION WITH HOSPITAL STAFF**



Limerick man Mike Moloney, who survived a gruelling 21-week hospital battle with COVID-19 had an emotional reunion with staff at University Hospital Limerick, when he and his family completed a symbolic 1km walk to the hospital to express their gratitude to the healthcare workers for placing Mike on the road to recovery. The family, from Knocakaderry in Co Limerick, were joined in their walk from Citygate Business Park to UHL by UL Hospitals Group CEO Colette Cowan, Dr Catherine Motherway and colleagues from the hospital's ICU and High Dependency Units, laboratory and radiology staff and Operational Services personnel. Also in attendance were nursing and rehabilitation staff from St Ita's Hospital, Newcastle West, where Mike spent a further eight weeks in rehabilitation under the care of Dr Margaret O'Connor and her teams. Mike's experience with COVID-19 began in April 2020 when he tested positive for the disease. His 21 weeks in hospital included four weeks and six days on a ventilator, and he endured numerous complications, including pneumonia, sepsis and organ failure. One year on, the 1km walk was the final leg of an extraordinary 21 fundraising marathons - one for every week of Mike's hospital stay - that Mike's son Chris Moloney and daughters Sinead Moloney and Fiona Meehan, have organised and completed since February 2021. The walk to UHL was organised by the Moloney-Meehan family with the support of the UL Hospitals Group's Patient Advocacy Liaison Service (PALS). "It has been a long road to recovery, but now I am back walking every day, I have started cycling, and I have also managed to play a little golf as well. This time last year, I couldn't even walk," said Mike. "I owe all of this to the staff at UHL, and to my physiotherapists Fiona Burke and Emma Enright and all the staff at St Ita's in Newcastle West. I also have to thank Niamh Hogan and the PALS team for helping to keep me in contact with family with video and phone calls."



# A NATION SAYS THANK YOU

THE BIG THANK YOU TO OUR HEROES  
YOU ALL ARE AMAZING, WE'D NEVER GET THROUGH THIS WITHOUT YOU  
THANKS FOR ALL YOU DO. STAY SAFE AND PROTECT YOURSELF.  
THE BIG THANK YOU TO OUR HEROES  
THANK YOU FOR YOUR BRAVERY AND DEDICATION  
THE BIG THANK YOU TO OUR HEROES  
THANK YOU FOR ALL YOU DO

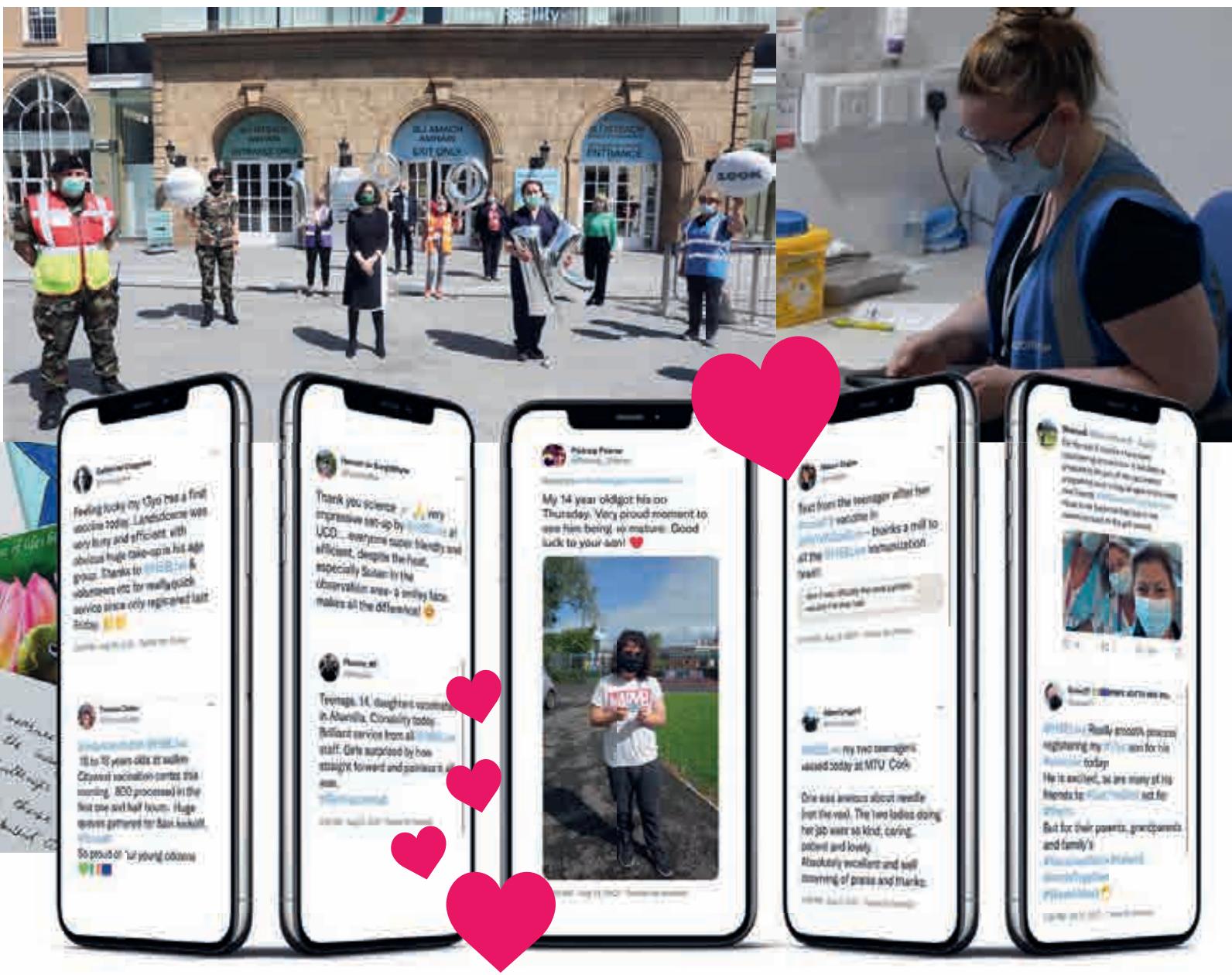
## VACCINE PROGRAMME HELPS BRING RENEWED HOPE TO COUNTRY



The finishing line of this phase of the vaccination programme is so close now and the amazing progress of the vaccinations has brought a huge sense of positivity to people. It is a feeling that this country has earned a right to after 20 very difficult months.

The vaccination programme has been a great success by winning the hearts and minds of the public to give us all wider protection. People have trusted the advice of our public health experts and their own healthcare providers, leading to a truly phenomenal uptake of the vaccine across all age groups. Ireland is right to be proud of the programme and the public's response. It is remarkable the amount of young people who attended the walk-in vaccination centres around the country since early August. It proved to be a significant milestone for the vaccination programme. Young people showed up in massive numbers. It was a great moment for the HSE, for Ireland and for the vaccination programme. Children have sacrificed so much in this pandemic too and they have shown maturity beyond their years. While thanking the vaccinated, we cannot forget the vaccinators and all the thousands of staff and volunteers whose hard work and dedication have ensured that the rollout has been as seamless as possible. COVID-19 is not yet behind us but the vaccination programme has brought us to a point where we can finally see the light at the end of the tunnel. A huge thank you to all staff and volunteers for working so hard to deliver what has truly been an historic programme for the country.





## WINNING THE HEARTS AND MINDS OF THE PUBLIC KEY TO VACCINE SUCCESS



# 'THIS IS HOW WE GET BACK TO NORMAL'

## YOUNG QUEUE IN THEIR THOUSANDS FOR VACCINE



You might expect the average young adult to be sleeping in late on a Bank Holiday Saturday but that certainly wasn't the case as the walk-in vaccination clinics opened for the over 16s back in August.

In Drogheda, where the walk-in clinic was being held at the Drogheda Institute of Further Education, there were lots of happy faces emerging with their first jab down.

"It's hard to believe that I actually have the vaccine. It doesn't seem real," said Jennifer Reilly, 22.

"It wasn't an option for me not to take the vaccine. It is what we have all been waiting for and I'm thrilled that it means that we are getting nearer to a normal life again. The vaccine is how we get back to normal."

Dean Hodgins, 19, said his mum is a nurse

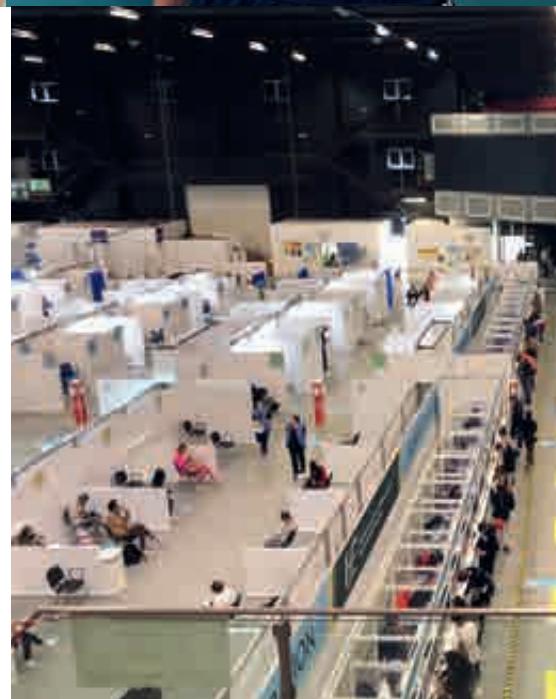
and he has seen the value of the vaccination at home.

"Mam is a nurse and she got her vaccine months ago. I saw how relieved she was that she was able to protect us coming home from work. She's delighted that I can get mine now. She was the one waking me up this morning to come down. It also means that I can go see my grandad in his house without worrying that I might pass it on," he said.

Stephen O'Brien, 19, was looking forward to being able to go on holidays abroad again.

"We didn't think we would have the vaccine so soon so we never thought we could go away this summer. But my friends and I have booked a week in Greece in September before college starts. It's mad to think that we will be getting on a plane in a few weeks," said Stephen.

Friends Hannah Dawson, 17, and Chloe Murphy, 18, were elated to get the Pfizer





first jab and looking forward to the protection of the vaccine.

"My nana has COPD so I didn't see her for such a long time. I have visited her in her garden a few times in the last few months but I was worried about going into the house in case I passed on anything," said Chloe.

Hannah said that it would make life a bit easier going back to sixth year in school.

"It was strange in school last year with all the COVID rules but most of us will be vaccinated in our year now so that should help a lot," she said.

There were huge queues at all of the larger vaccination centre as the first day of the walk-in clinics began. In Citywest, 1,850 people attended the clinic, which was open between 8am and midday. Most of those attending were in the younger age groups and many queued from as early as 6am.

Pamela Maguire, who had dropped off daughter Nicole, 17, and three of her friends at the centre, said it was well worth the early start.

"We were in the car by 7am and they all had big smiles on their faces as they joined the end of the queue. They were as excited this morning as if they were heading off for a concert," she said.

There were plenty of smiling faces at Mallow Vaccination Centre as many in the over-18 age group got their first dose of the Pfizer vaccination.

19-year-old Matthew McHale said he was delighted that his time had finally come.

"It's been a long time coming, to be fair. I think I've waited months and months on end for it and now that it's finally here it's a big sigh of relief, to be honest," he said.

18-year-old Ruby said, "It's a relief to be vaccinated. It's just peace of mind and everything was okay getting it."

Sarah, 21, said she got her appointment notice less than 24 hours after registering on the online registration portal.

Miriam O'Callaghan, also 19, said having the vaccine will make her work life a lot safer.

"Working in my local pub, it is much handier now being vaccinated," she said.

Amy, 21, has great plans for when she becomes fully vaccinated.

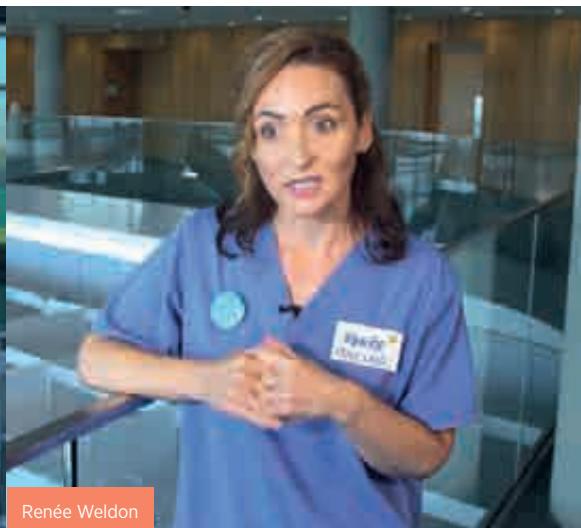
"As soon as I get my second dose I am going travelling. I haven't left the country in a long time. I'm very excited," she said.

# THOUSANDS 'HONOURED' TO PLAY ROLE IN HISTORIC VACCINE ROLLOUT

## #FORUSALL



Pat Nolan



Renée Weldon

"I go home tired every day but I go home happy every day." That is the daily experience of Pat Nolan, who has been volunteering at his local vaccination centre in Dublin for several months.

"From the earliest days, it has been great to see people coming in. My abiding memory will be of people smiling. People are literally running past you to get their vaccine. Often I've had to say 'whoa slow down' but you could see the relief on their faces. It was palpable. They knew that they would finally be able to get out of lockdown and go and visit their families," revealed Pat.

Thousands of people around the country have been responsible for the smooth running of the historic COVID-19 vaccination programme and many, like Pat, have shared their joy and overwhelming pride in playing their individual role.

Vaccination Team Lead Renée Weldon said if she was to describe her experience at the vaccination centre in just three words, they would be overwhelming, intense – and fun.

"This is a completely unique setting, that every age, every discipline, every background. We have doctors, physios, dentists, midwives, nurses from every discipline. It's such a unique mish-mash of people coming together to have this

common goal to protect as many people in this country as we can," said Renée.

"We are lucky in this country that we were able to set up this vaccination programme and that we were able to facilitate getting our country vaccinated in such a short period of time."

She said that everyone has a different story to tell about their COVID experiences and what the vaccine means for them.

"I remember one man and he just burst into tears because he said, 'I'll never forget it, I wish my dad could have survived COVID to get his vaccine. His dad had passed away six months previously but that was quite stark and quite shocking. You forget when you meet these people, and you meet a lot throughout the day, every person has their own story and you see everyone's individual's interaction or loss because of COVID or how that has affected them,'" she said.

John Holohan, Operational Lead at the vaccination centre in the Aviva Stadium in Dublin, said the first thing that struck him on day one was how well everything was structured.

"I was struck by how everything flowed so professionally and efficiently although I was jumping in at the deep end because we got busier and busier and busier," he

said, before paying tribute to the team in place.

"In any complex structure, you have support systems, you have people in place who were never seen on the frontline but are working hard to make sure the frontline works as well as it does. We are dealing with 3,500 people a day in terms of vaccines which is a huge amount. The administration is actually critical to make sure that when a person comes into a vaccination centre, their experience is seamless."

Nuala Pender, Vaccination Team Lead, said the task ahead of the vaccination teams seemed very daunting at first.

"I remember coming in on day one and we were given a certain amount of numbers but by degrees those numbers went up and I remember thinking 'my gosh, this is such a daunting task to take on, particularly looking at over 3,000 people a day and things like that. But honestly, the teams and processes that were put in place have been amazing,'" said Nuala.

For Nuala, the whole experience has been dominated by happy faces.

"Honestly the main experience is smiles and that has been wonderful. And even though we are all wearing masks, we are all smiling behind the masks all the time. I have to say there has been so many moments



John Holahan

"It is a fantastic team of people here, not just the volunteers, but the clinical team, the administration team, who have helped us tremendously throughout the whole process so it has been a great experience here. I have met some wonderful people and worked with some wonderful people here of very diverse backgrounds, a very diverse group of people from young students to oldies like myself. It's been a great team and a great experience."



Nuala Pender



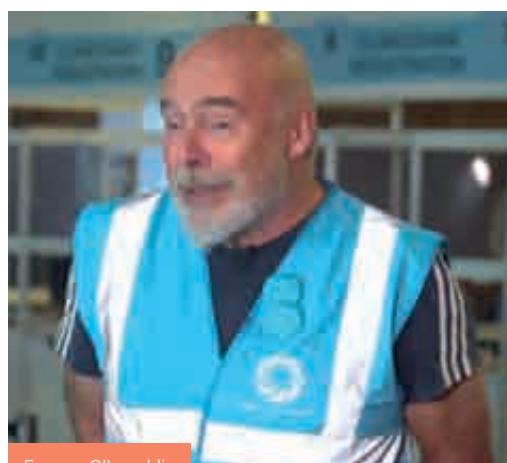
of great pride and delight watching people coming in, they have gotten dressed up to come in and get their vaccine. We've had people who have had horrible illnesses, and maybe life-limiting illnesses, they come in and they are in tears and I guarantee you I've been in tears and so have the vaccinators. Everybody is just so delighted to be here. There are smiles from literally the first door you come through, all the way through the registration system and the vaccination system and finally at observation before they go out the door," she said.

Dr Eugene O'Loughlin retired last year and decided to play a further role in the fight against COVID-19 by joining the volunteer staff at the vaccination centre.

"I retired at the end of last year in the middle of the pandemic so this was a great opportunity to get involved in something really really big like this by joining the team here. I'm here for five months and we look after the queues, we manage the flow of people, we try to answer any questions people might have and generally try to keep the spirits of people up while they are queuing as you can see here behind me to get to registration and to get their vaccination. It is a very pleasant and lovely, lovely job," he said.



Maureen Jacobs



Eugene O'Loughlin

Fellow volunteer Maureen Jacobs said she found it all very rewarding.

"It's been really fantastic, I really enjoyed it and it has been rewarding. The team here has been amazing, from housekeeping and security to admin staff and medical staff and of course the volunteers. Everyone has been fantastic. The atmosphere and the team environment is brilliant. We have all been learning together, it's unprecedented, it's really new, so we've all had to learn on the job pretty quickly but everyone has pulled together."



## WHO HAND HYGIENE DAY CELEBRATED AT UNIVERSITY HOSPITAL GALWAY

To mark the World Health Organization Hand Hygiene Day in May, the Neonatal Intensive Care Unit, St Michael's Ward, the Coronary Care Unit in University Hospital Galway (UHG) and the Dialysis Unit in Merlin Park University Hospital were presented with awards for best compliance with hand hygiene as per the WHO 5 moments of hand hygiene. In addition, researchers at NUI Galway and clinicians in UHG trialled the use of a robot called DAVE to prompt people to wash their hands. DAVE (Droid Audio Visual Educator) was developed as part of a digital health project using anthropomorphic robots to improve hand hygiene behaviour of visitors, patients and staff at the hospital. The project principal investigator Professor Derek O'Keeffe, Consultant Endocrinologist said, "Cleaning hands regularly is one of the most effective ways of stopping the spread of COVID-19 as well as many common infections. Awareness of the importance of hand hygiene has improved during the pandemic but fresh thinking is needed to keep the message active in people's minds. "Today we trialled the use of a life-sized robotic platform to provide a digital nudge to people on entry/

Staff from UHG with DAVE the robot marking the WHO Hand Hygiene Day in May, from left: Dr Eithne McCarthy, Consultant Microbiologist; Chris Kane, General Manager; Katie Mc Cormack, Clinical Nurse Manager 1, Critical Care Unit; Mary Alva, staff nurse, Neonatal Intensive Care Unit; Judith Davitt, Assistant Director of Nursing; Hilary Bradley, Clinical Nurse Manager 2, St Michael's Ward; Marie Burns, Director of Nursing; and Prof Derek O'Keeffe Consultant Endocrinologist.

exit to remind them to clean their hands. This is part of a project that will allow us to begin to scientifically explore an exciting and new area of human-robot healthcare education interaction. "The DAVE robot is part of ongoing SFI funded research at the Health Innovation via Engineering (HIVE) laboratory at the College of Medicine, Nursing and Health Sciences at NUI Galway, which is seeking to develop innovative solutions to clinical problems including hand hygiene compliance and diabetes education." Judith Davitt, Assistant Director of Nursing for Infection Prevention and Control Services at the hospital added, "On World Hand Hygiene Day and every day, we are promoting good hand hygiene and focusing on prevention of infection in health care. Good hand hygiene is one of the greatest protections for our health and the health of our families. We were delighted to be able to trial the use of a robot to remind people of the importance of effective hand hygiene and we look forward to future opportunities to harness technology to improve hand hygiene education and compliance."

## IRISH HOSPICE FOUNDATION FORUM MOVES ONLINE

**Forum 21: Are we the same? The art of losing and building back better** is the theme of the Irish Hospice Foundation's biannual conference - this year held completely online.

At Forum 21, Irish Hospice Foundation (IHF) will share the stories of people who worked through the pandemic. What did they learn? Where did we thrive? What can we do better? How can we use these lessons to help us build a new future? Forum 21 will create a safe space for us to examine our relationship with dying, death and bereavement during its two days.

Dr Mike Ryan, Executive Director of the World Health Organization's Health Emergencies Programme, will open Forum 21 and will share his reflections on the past 18 months, what has he learned, what gives him hope and how the world can move forward into recovery.

Here is a quick look at what to expect from this year's event:

Day 1 - Tuesday, October 5th will look at the way we care for people at the end of life, what is new, what is innovative, and what every single one of us should know about understanding and planning for end of life.

Day 2 - Wednesday, October 6th, we concentrate on grief, bereavement, and coping with loss, and we will learn from those who are personally and professionally engaged in these matters.

Over the two days of Forum 21, our speakers will include TED Talker, BAFTA nominated author; Kevin Toolis; Palliative Care Doctors and End of Life Coordinators; The Bereaved Dad's Breakfast Club; IHF grief and bereavement experts, including Grief at Work, and the Bereavement Pyramid.

IHF's expertise supports people at end of life, in grief and in their professional practice. IHF provides training, awareness, campaigning, and innovation.

The forum is being held on Tuesday October 5th and Wednesday October 6th. Both days are online. Sessions run 11am to 1pm and 2pm to 4pm.

IHF has given Health Matters readers a special discount code to buy tickets at a reduced rate of €30 for the two days rather than €35, at [www.hospicefoundation.ie/forum](http://www.hospicefoundation.ie/forum) quoting the Discount: Health. More information on Forum can be found on the Irish Hospice Foundation website.

## LABOUR HOPSCOTCH

The Labour Hopscotch station was installed in UHK Maternity Services. Staff are delighted to introduce this labour tool to promote optimal fetal positioning, resulting in a more positive birth experience. Labour Hopscotch is a visual depiction of the steps women can undertake to remain active during labour. The process can start at home, where women start at the bottom of the hopscotch as they are more active and mobile. The 20-minute rotating steps include keeping mobile by walking sideways and lunging on a stair, or sitting on a stool while being massaged by a birthing partner. As labour progresses, they advance towards baby's footprints, a motivational image used to help women visualise and maintain focus during labour. To enhance the promotion of Labour Hopscotch, the staff there set up a quality improvement team with the



specific aim of successfully implementing Labour Hopscotch to our service. Six team members have become champions of promoting the use of Labour Hopscotch at booking and all antenatal encounters, ensuring that every contact counts. This ensures women are informed

that 'training in pregnancy', as stated by Sinead Thompson, creator of labour hopscotch, is necessary to prepare for birth. So far, women have received this tool positively and we hope that it will become a normal part of antenatal and labour care in our service.

Pictured: Back: Norma Kissane, Shift Leader; Priscilla Lyons, CMM2; Sandra O'Connor, Director of Midwifery. Front: Carol Dineen, Staff midwife; Joann Malik, cAMP; Grace Guerin, Staff Midwife; Marina Moore, Staff Midwife



## CLONMEL HOSPITAL STATUS

South Tipperary General Hospital has been elevated to University Hospital status in a major boost for the facility. The Clonmel hospital is partnered academically with UCC. General manager of Tipperary University Hospital Maria Barry said the upgrade should make a difference when it comes to attracting and retaining staff. "We are training a significant amount of students – a significant amount of the workforce of the future so I think it is only timely that the hospital in Clonmel is recognised as a University Hospital," said Maria. "It will add to the recruitment and retention of staff. I think people always want to work in those centres that are clearly linked with academic partners and while we're linked to UCC, we also have students coming from UL, WIT and UCD, so it's time that the hospital was recognised."

## PHASE ONE OF UMHL NEONATAL UNIT EXTENSION PROJECT COMPLETED

The first phase of a two-stage project to extend the neonatal intensive care unit at University Maternity Hospital Limerick (UMHL) and refurbish the department's existing facilities was completed in July 2021. Phase one has involved building a two-storey extension to accommodate staff and parents' facilities currently located in the existing neonatal unit, creating the opportunity to refurbish and expand cot spaces, which will be undertaken in the second phase of the project. The new structure will house parents' accommodation, a new lactation centre to support breastfeeding, and a clinical engineering unit, as well as support facilities for neonatal nurses, doctors, allied health professionals, and secretarial teams. It is envisaged that the extension will also house dedicated areas for clinical teaching and research. Freeing up of all of the above services that operate from within the existing neonatal unit will pave the way for phase two of the project – the refurbishment and expansion of cot spaces in the department's



intensive care, high dependency and isolation areas. This will help to avoid crowding and reduce the chances of infection outbreaks. It is planned also, in line with international evidence and on foot of feedback from parents who have used the service, to create two family-centred care rooms.

## TRACHEOSTOMY SIMULATION TRAINING AT GALWAY UNIVERSITY HOSPITALS

A Hi-fidelity Tracheostomy Simulation Programme was launched in Galway University Hospitals in conjunction with the Irish Centre for Applied Patient Safety and Simulation Team at NUI Galway. The programme involves theory teaching in the morning and hi-fidelity simulation in the afternoon where real-life scenarios are presented to the learners to assess and deal with accordingly. Yvonne Fehily, ANP on the Critical Care Outreach Team and Clinical Lead for the Programme said, "Hi-fidelity simulation is a great way for healthcare workers to learn about the care of a patient with a tracheostomy and complications that can occur with tracheostomies as the hi-fi manikins can talk, cough, become short of breath and can develop respiratory distress. "In addition, the manikin has breath sounds, a palpable pulse and mucus-like secretions, which can also be suctioned from the manikin. The patient's observations are on the monitor and can change or deteriorate according to the patient's condition. This is a fun, stimulating and interactive way to learn."



First participants in the Hi-fidelity Tracheostomy Simulation Programme at Galway University Hospitals in May with Yvonne Fehily, Clinical Lead (fourth from the right).



Maeve Flynn, staff nurse, Nurse, Dunabney House/Dungarvan Community Hospital, said it was very heartening to see that the recent very significant birthday of one of its residents had attracted such attention and that Dunabney House/Dungarvan Community Hospital were delighted to facilitate the CRBI presentation to Paddy.

## PRESENT FOR PADDY

A Royal Air Force (RAF) Second World War veteran was given a special surprise recently at Dunabney House residential nursing unit in Dungarvan. When Paddy Mooney, a native of Dunabrettin, Annestown, Co Waterford, celebrated his 100th birthday in May of this year at Dunabney where he now resides, the Rescue 117 coastguard helicopter based at Waterford Airport did an honorary flyover of the HSE's Dungarvan Community Hospital complex to mark the occasion. In the meantime and thanks to contact between the Rescue 117 and the RAF Battle of Britain Memorial Flight unit based at Coningsby military airbase in Lincolnshire, a specially signed and framed photograph of a Lancaster bomber airplane was arranged as a memento to be sent to Paddy Mooney. In turn, the Community Rescue Boats Ireland (CRBI) unit at Bunmahon, Co Waterford on behalf of Rescue 117 presented the memento to Paddy. Paddy emigrated to England as a young man and joined the RAF in the early 1940s. Having trained as a flight engineer, Paddy went on to serve in Egypt, Iraq and Palestine during World War 2 – including dangerous missions flying Lancaster Bombers. Aoife Mooney, a grand-niece of Paddy's and on behalf of the Community Rescue Boats Ireland (CRBI) unit at Bunmahon, called to Dunabney House to present Paddy with the memento Rescue 117 received for him from the RAF club. Paddy said he would greatly treasure the photograph.

## CLINICAL CASE COMPLEXITY IN OCCUPATIONAL HEALTH

Workplace Health and Wellbeing Unit recently supported research which has been published in the Journal of Occupational and Environmental Medicine. Dr John Gallagher and Dr Conor McDonnell were co-authors of the paper, which is the first to study clinical case complexity in occupational health. The study identified the multiple sources of complexity that can be applied to Management/HR referral fitness for work assessments. Further, it presents a framework model for occupational health practice to improve the recognition and assessment of complexity. This is essential for ensuring high practice standards,

training and competency development, and importantly for appropriate triage and resource allocation. While there is a body of research on complexity in the general healthcare and primary care settings, only two medical disciplines (infectious diseases and palliative care) have published specialty specific complexity frameworks. OH is now the third, highlighting that although a smaller and perhaps less well known clinical specialty, we are a frontrunner in the journey of continuing professional development and identifying strategies for more efficient use of clinical resources.



The paper is Open Access and so available to anyone interested.  
[https://journals.lww.com/joem/Fulltext/2021/06000/Clinical\\_Case\\_Complexity\\_in\\_Occupational\\_Health\\_20.aspx](https://journals.lww.com/joem/Fulltext/2021/06000/Clinical_Case_Complexity_in_Occupational_Health_20.aspx)

## DOUBLE ACCREDITATION FOR TUH

Tallaght University Hospital (TUH) has been awarded the Keep Well Mark, recognising the Hospital's commitment to the health & wellbeing of its employees. They are the first voluntary hospital in Ireland to achieve this recognition. The assessment focused on eight key themes of workplace wellbeing including leadership, health and safety, absence management, healthy eating, physical activity, mental health, intoxicants, a smoke-free environment and how they impact across the organisation.

Feedback from the report highlighted the commitment from TUH to improving the wellbeing of its staff with strong support from senior management in promoting wellbeing throughout the organisation. A consistent theme from the focus groups was that staff regard TUH as a good employer and acknowledge the efforts the hospital is making in promoting wellbeing. Attaining The Keep Well Mark demonstrates TUH's ongoing commitment to promoting and embedding a wellbeing ethos, and that



Pictured from left to right: Angela Clayton Lea, Directorate Operations Manager, Peri-Operative Directorate; Ciaran Faughnan, Director of Facilities & Estates; Joanne Coffey, Communications Manager; Lucy Nugent, Chief Executive; Ian O'Gorman, Head of Catering; Sharon Larkin, Director of HR; Victoria Jones, Health & Wellbeing Officer; Noeleen Fallon, CNM2 Cardiac Rehabilitation and Aine O'Brien, Deputy Physiotherapy Manager.

the hospital is forward-thinking in cascading wellbeing practices. In addition to this, TUH was also listed in the Top 100 Companies Leading in Wellbeing Index for 2021. The index acknowledges companies across Ireland that are leading the way for employee wellbeing and who, through their commitment to instilling a best practice approach, have made a lasting impact on their employees.

## NURSING HOMES SUPPORT SCHEME AMENDED TO ENHANCE PROTECTIONS FOR FAMILY FARMS AND BUSINESSES

The Nursing Homes Support Scheme, known as Fair Deal, is being amended to enhance protections for family farms and businesses. This change will mean that after a period of three years, the value of family-owned farms and businesses will no longer be taken into account when calculating the cost of a person's nursing home care when certain requirements are met. This will happen where a family successor commits to working the farm or business for a period of six years. The Bill also extends the existing three-year cap on contributions to the cost of care to the proceeds of sale of a person's principal residence. This is consistent with the scheme's core principle of fairness, by treating the home and its proceeds of sale in a similar way. It is intended that this change will also remove any disincentive for people who want to sell their vacant home while in Fair Deal, an important consideration in the context of the housing crisis. The overall aim of the scheme is that participants contribute to the cost of their care according to their means, while the State pays the balance of the cost. The updated scheme will come into operation later this year.

## SJH HOME FIRST TEAM CELEBRATES THEIR 4TH BIRTHDAY!

Congratulations to the Home FIRsT team who celebrated their 4th birthday in May, 2021. In the four years they have been operating, this four-person specialist team has seen 8,871 older people who have presented to the St James' Hospital Emergency Department (ED). 5,537 patients were discharged directly from ED, but for many, their Home FIRsT intervention did not end there. Over 2,000 patients required further treatment and care within MedEl Ambulatory Care or primary care services to facilitate safe discharge from the hospital. These onward referrals always account for individual goals and preferences and allow older people to have their complex health and social care needs met closer to home. The team continues to develop new referral pathways, building relationships both internally and externally, with the aim of improved coordination between acute and primary services for their patients. Home FIRsT would like to acknowledge the huge amount of work and goodwill shown by the greater St James's Hospital team and those in primary care services and voluntary agencies, without whom the task of improving care for older people would not be possible.



## TALKING THERAPY

HSE Mental Health Services has published a new Model of Care for Adults Accessing Talking Therapies while attending Mental Health Services. The Talking Therapies Model of Care is evidence-based and has been developed in close collaboration with clinicians, service users and family members. Co-production and inclusivity have been central to the process of developing the Model of Care, as have a continuing focus on how talking therapies may best support the recovery journey of those who need specialist mental health services. When implemented, it will ensure greater integration, consistency and equity of access to talking therapies, while maintaining opportunities for local innovation.

# MOTHER AND DAUGHTER REUNITED

Emotional reunion for Croom mum and daughter separated for months by battles with COVID-19



**I**N THE late spring 2021, at a time of recovery and emotional family reunions across the land, University Hospital Limerick (UHL) was the scene of one particularly happy get-together for a mother and daughter who were separated from one another for four months during their long battles with COVID-19. Croom woman Jackie Sheehan (47) was infected with COVID-19 during the third wave in early January 2021, and was admitted to the ICU at UHL. She was discharged from critical care at the end of April, having suffered through respiratory failure, double pneumonia and sepsis.

However, there was a long road to travel for Jackie and her family, even at that point. Discharged from UHL in early May, Jackie finally left rehabilitation in St Ita's, Newcastle West, on Thursday July 15th, a full 190 days after her initial admission to UHL.

There have been numerous surprises for Jackie during her recovery. It was only when she was discharged from UHL that she discovered her mother, Mary Fitzgerald, had also been through a number of admissions to UHL with serious chest infections since the start of the year, including a period in the hospital's High Dependency Unit (HDU) for treatment of COVID-19. Restrictions on access to UHL meant that throughout this long period of critical illnesses and high dependency treatment, Jackie was separated not only from her mother, but also her own family – husband Pat and daughters Sarah, Lisa and Ciara.

Jackie's sudden hospitalisation was devastating for her daughters and Pat, she recalled.

"They were devastated. Visiting was very restricted but during some

of my most critical times my husband was allowed to visit, all right. The family were told at one stage on a Thursday in the middle of March that if I was still there on the Saturday, it would be a miracle. But I'm here to tell the tale," Jackie said.

"Mam was in and out of hospital over this same time. She'd had a serious illness the previous January, and then this year, she got COVID-19 in the other lung, so she has been battling since with chest infections. You can imagine my surprise when I discovered she had been in the same hospital as me when I was so seriously ill."

Jackie recalled the special moment in early May when she finally got to within almost touching distance of her mother in the hospital gymnasium: "Oh my God, it was unbelievable...unbelievable," she said. "I wouldn't be able to put it into words. It was just fantastic."

"During the time I was sick, and mam wasn't sick, she still wasn't allowed to visit me, because she was in the 'high risk' category. So even though my family was told that I was not expected to survive, mam still wasn't able to come in to see me," she said.

The reunion was an emotional moment for the two Limerick women. "We were thrilled," Jackie revealed. "There were tears - tears of joy."

Preparing to leave hospital in late May, Jackie was aware of the long road ahead to full recovery from her COVID-19 illness. Jackie is now finally discharged from St Ita's - where she was joined for a time by mother Mary, who is now also doing well.

"It's a long recovery and I will need ongoing physio for my lungs, because it wasn't looking good for them, to be honest," she added.

# GRiffin CELEBRATES HIS 100TH BIRTHDAY

**T**here was celebrations in Aras Mhuire Community Nursing Unit in Tuam recently as one of the residents turned 100.

Kevin Griffin a native of Ballymoe celebrated his 100th birthday in Aras Mhuire alongside Frances, his loving wife of 67 years, and five of his six children Gerry, Pauline, Roy, Dermot, Annette and Paul. Fr Pat Farragher celebrated mass in Kevin's honour in the Day Room with some staff and family in attendance, all socially distanced. The ceremony was videoed so that it could be shared with the rest of the residents in the Unit later that day.

Kevin's daughter Annette sang throughout mass with a special rendition of Kevin's favourite song – "Daddy to treasure and honour your life I will dedicate this song which your beautiful Aunt Jenny taught to you in Laragh many years ago 'My Little Grey Home in the West'."

As mass came to an end, Fr Pat asked Kevin to share his secret to a long life to which Kevin responded, 'Hard work, not too much to eat and the odd whiskey – an odd one is no harm'.

Caroline Coen, Director of Nursing, Aras Mhuire, welcomed everyone to Kevin's celebration mass.

"What an amazing man and a marvellous achievement to reach this remarkable age and to look so well after a tough life but Kevin would agree that hard work never did anyone any harm," she said.

Caroline acknowledged that it has been a very difficult year with COVID-19 and unfortunately the planned celebrations had to be scaled back due to Public Health guidelines.

"Thankfully we have come out the right side and look forward to better days ahead now that the vaccinations are well on their way and the country and the nursing unit will feel safer."

She thanked the wonderful staff who have cared for Kevin since he came to the unit as a very ill man on January 10th, 2020.

"The night staff who put up the decorations and the Gazebo; the admin staff and a special mention to Breege Dunne who put together the mass booklet at home due to the cyber attack on the HSE; to the catering staff who prepared a small party and cake," said Caroline.



CLOCKWISE FROM ABOVE: Kevin and Frances with staff from Aras Mhuire Community Nursing Unit; Kevin cutting the cake; Kevin and cake maker Imelda Carthy, Healthcare Assistant, Aras Mhuire Community Nursing Unit

Special guest Michael Fitzmaurice TD spoke highly of the guest of honour.

"You gave them your life for so many years and it is great to see them all here today celebrating with you. The tradition of loyalty

and hard work has been passed on – the farm in Ballymoe is like a Teagasc farm either side of the road!! Credit to Kevin for the torch he has handed on to the rest of his family."

Deputy Fitzmaurice read a letter from President Michael D. Higgins and presented Kevin with his cheque.

Surprise guests on the day were Kevin and Frances' nine-month-old twin great grandchildren Evan and Mila, who they met together for the first time.

# IMPACT REPORT

More digitally advanced hospitals hardest hit by cyber attack



**W**ith healthcare services still reeling from the effects of COVID-19, the unthinkable happened. On May 14th 2021, a cyber-attack brought, in the words of HSE CEO Paul Reid, ‘unimaginable strain, duress and extreme high risk’ to the country’s health system. The HSE responded by shutting down more than 85,000 computers nationwide to contain the attack, causing significant disruptions to services. Across Ireland South Women & Infants Directorate, staff went into overdrive to ensure continuity of care. Ironically enough, Cork University Maternity Hospital (CUMH) and University Hospital Kerry (UHK) were impacted hardest due to being more digitally advanced, as electronic healthcare records for patients are managed via the Maternal and Newborn Clinical Management System (MN-CMS).

While contingency plans were already in place, no contingency plan foresaw weeks of outage without tools to support care.

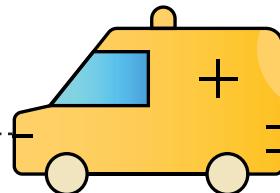
CUMH and UHK had to literally switch to a paper-based system overnight, so care and services could continue for women coming in to have their baby and for patients having surgery. Staff in all hospitals worked late nights and weekends to get on top of things, to get workarounds in place, rotas created and workflows confirmed. Mammoth tasks in extraordinarily short timeframes.

“Staff across Ireland South Women & Infants Directorate have shown amazing resilience in dealing with the HSE cyberattack while simultaneously dealing with the COVID-19 pandemic,” said Prof John R. Higgins, Clinical Director Ireland South Women & Infants Directorate.

“They have demonstrated great creativity and have developed many innovative workarounds in order to continue to deliver the safest possible care in extraordinarily difficult circumstances. The increased stress and workload on staff has been significant and the return to a functioning IT system will bring additional stresses and risk before it brings a return to relative normality.”

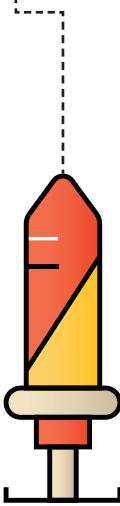


HERE IS A SNAPSHOT AT HOW CUMH HAS BEEN DEALING WITH THE SITUATION.



## Impact on emergency departments

Emergency departments remained open for all obstetric and gynaecological emergencies, but delays continued, as IT systems in the labs and radiology departments were effectively shut down. In CUMH, scanning could continue as images could be backed up on the machines themselves, without the need to use the PAC system, which is usually used as the database archive for imaging.

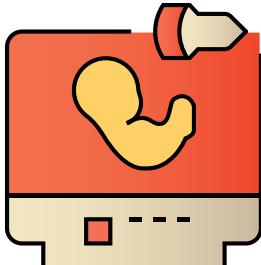


## Impact on COVID-19 vaccines for pregnant women

Luckily, CUMH had access to pre-existing lists of pregnant women based on gestation, as these had been put together and printed in advance of the cyber-attack. These lists were used to contact thousands of expectant mothers individually and discuss the vaccine, with those in later gestations and in high risk groups prioritised. Approximately 350 to 400 calls were being made or received by CUMH staff on a daily basis!

### **Impact of lack of access to lab results and imaging**

Again, hospitals with modern systems in place, are the ones hardest hit by the cyberattack. Access to blood results was severely restricted until the start of June and access to imaging has been limited. In CUMH, a system of 'runners' was employed to bring results from the lab in CUH to CUMH in order to be sorted and clinically assessed.



### **Impact on risk to patients**

In the absence of the usual IT systems, including no access to laboratory records, impaired access to timely diagnostic tests, and in the case of CUMH for a number of weeks, no access to clinical histories – clinical risk significantly increases to patients. The risk of harm increases through the potential for inadvertent clinical error, delayed diagnosis and delayed treatment. A paper-led system over a computer system poses additional risks to patient safety. For example, handwritten labels on blood samples added potential risk to care. For hospitals that relied on MN-CMS, the return to paper also brought additional concerns

### **Impact on patient records:**

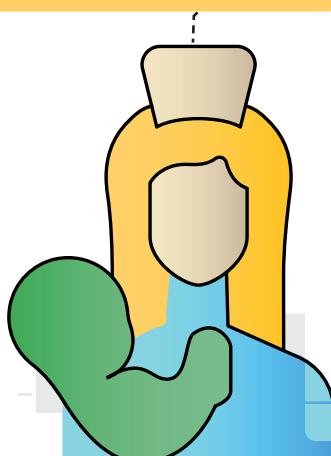
The iPIMS (Integrated Patient Information Management System) ceased to work for all hospitals on May 14th, which impacted access to patient demographic details including their MRN (Medical Record Number) and date of birth, as well as access to appointment schedules and patient pathways. This meant that all admissions, discharges and transfer details had to be manually recorded. Due to the volume of patients in CUMH, it was particularly challenging to create an accurate Excel template to capture patient details for backloading purposes, as well as having a census check on patients currently in the hospital to hand, important for emergency evacuation situations. The MN-CMS initially shut down on May 14th, moving to read only access at the end of May thanks to the immense efforts by support staff both locally and nationally. While the digital patient records were inaccessible, CUMH had to transfer overnight to a paper based system – an incredibly complex task given that staff were used to the digital system for many years. Women were asked to bring any medical documents they might have to appointments, helping staff add to the paper charts being created

### **Impact on payroll**

Ensuring staff continued to get paid was a priority. Payroll teams had to work weekends to ensure people could still get paid despite the IT systems being down. For example, in Cork, payroll staff need to collate printed excel sheets of hours worked and shifts covered and translate this into data that the external payroll company can act upon to ensure everyone gets paid on time.

### **Impact on communications**

The cyberattack immediately halted digital communications in general. For example, communications were halted between GPs and public health nurses and multidisciplinary teams in all hospitals. It wasn't just email that ceased to work, the HealthLink system which facilitates online referrals from GPs also stopped working. As a result, referrals needed to be managed carefully and processes agreed with different groups to safely manage referrals throughout the system.



### **Impact on HSE IT teams**

The CUH IT department was supported by UCC IT department, the Army and Cerner (team that support MN-CMS) to assist in getting computers back in operation. These teams have had to go through each individual computer in CUMH to clean it of the virus.

### **Impact on staff**

The HSE cyberattack has not only had an enormous impact on the provision of health care to the public, it has also had an enormous impact on staff. The shutdown of important IT systems has brought significant additional workload and stress to a normal working day. As one midwife put it – "We've gone from COVID weary to cyber weary!" With many staff already working in stressful environments, the cyberattack meant that they had to make decisions without the usual supports such as access to lab results and radiology imaging. This is particularly noteworthy in our neonatal units, where staff care for the most vulnerable - premature babies. They have felt very exposed due to the increased risk posed by working in a critical care environment without the usual important information to hand. With this safety net pulled out from under them, they had to make decisions on care while carrying with them an unshakeable anxiety on risk areas outside of their control.



# DATA PROTECTION

TAKING ALL THE NECESSARY STEPS TO PROTECT PATIENT PRIVACY A HSE PRIORITY



Taking all the steps necessary to protect the privacy of our patients and service users is a HSE priority and the HSE's Data Protection team have just released a series of short, animated videos for HSE staff with useful tips and guidance on reducing the risk of a data breach. The videos are based on the most common breaches experienced in the HSE and they offer practical advice on good practices around data protection and information management, with the aim of reducing the risk of a data breach when processing personal data, such as while you are using paper records and sending emails. Each video is just two minutes long and you will find the new series of short animations on [www.healthservice.hse.ie/staff/news](http://www.healthservice.hse.ie/staff/news) and on HSELand. Keep an eye out also for links in our social media feeds! HSE's Head of Data Protection Jim O'Sullivan explained,

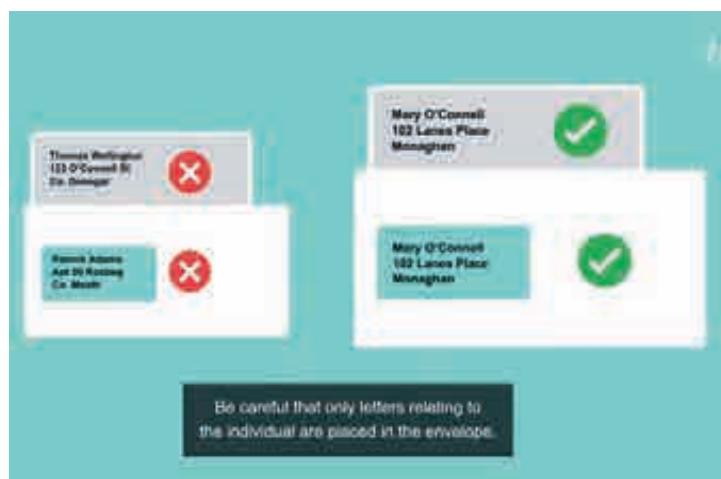
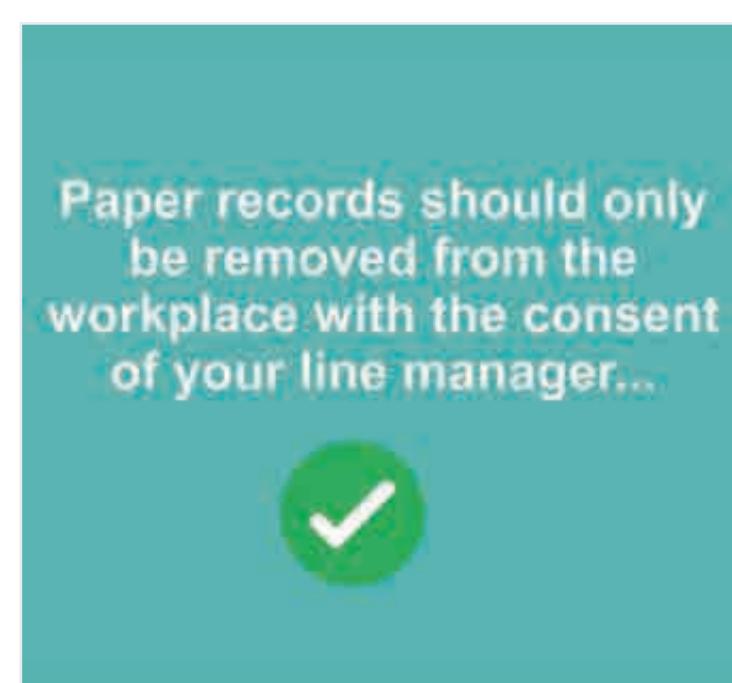


If you suspect a data breach has taken place or are ever in doubt Stop, Think and Ask for Help from your line manager and from your local data protection officer. You will find these details on [hse.ie/gdpr](http://hse.ie/gdpr)

"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. We have created this series of short video animations to help highlight how to reduce the risk of a data breach happening to you. We've tried to be really practical in terms of the advice and guidance included and we hope they're helpful to staff." HSE Deputy Data Protection



Officer (DDPO) in the South, Mary Deasy, who led the project, said that data protection is taken 'very seriously' by the HSE. "We take data protection very seriously in the HSE and our staff work very hard to uphold and protect all of the data protection rights that each of us has. This means ensuring that every individual in the care of the health service has their personal information protected, used in a fair and legal way, and made available to them when they ask for a copy," she said. "We are confident that these videos will be helpful to staff and will serve as a reminder to us that data protection in the HSE is everyone's responsibility. The videos illustrate through animation, how to avoid the most common data breaches, the root-cause of which is typically human error. We illustrate how to avoid simple mistakes with emails that can be the cause of a data breach, such as how to safely send an email containing personal data to a group of people using the BCC and CC functions; awareness of email threads and how to manage them safely; use of predicted email addresses; and having awareness of speech privacy when discussing personal information with service users and colleagues. "As many HSE staff are currently working remotely, we have developed a video on how to protect personal data when working remotely, including some practical tips to ensure personal data is kept safe and confidential whilst working in different environments." Each video outlines the steps to follow when a data breach happens. It's essential that staff familiarise themselves with these steps, including who to contact when a data breach happens and how to report a data breach. The Data Protection Team will continue to work with staff to ensure that all personal data is processed in a safe and secure manner which meets our obligations under the Data Protection Act and the GDPR.



# Strokes of genius

Artwork provides morale boost for healthcare workers

A 'morale boost' for HSE staff was how CEO Paul Reid and National HR Director Anne Marie Hoey described the artwork produced by fifth class pupils from Powerstown Educate Together NS who were invited to participate in a mini art competition featuring the theme of 'Dream Holidays for Healthcare Workers'.

Originally conceived by staff at the HSE Occupational Health Department in Dr Steevens', Dublin, Dr Grant Jeffrey explained, "We were keen to have art to display in the department here in Dr Steevens' - for healthcare workers to see, observe and enjoy. We decided on a mini art competition involving a local school

By Grace Keely



1

The winner was Grace Keely. "I painted and drew this piece to try to cheer up everyone as it has been very hard to stay positive. I want to show everyone that this will not last forever. I hope this makes a difference to encourage and brighten people's moods in the best way possible. I am thrilled to have been able to take part in this competition. I am so happy to feel that I can cheer someone up," she said.

Runner-up Nifemi Stephen Ojo said, "I chose a nice sunset mini beach for them to relax and enjoy their summer after all their

And finally, fellow joint third prize winner Joshua Estrada said, "My art is based off of a small house by the river in the African Savannah. I believe it would be a nice holiday home because of the hot, tropical climate and the many unique animals you can find. It would be a nice place to relax and enjoy your time."

Class teacher James Hawe added, "They strived to produce paintings that would bring cheer to the corridors of the Dr Steevens' building. The whole class were delighted with their work."

2



By Nifemi Stephen Ojo



By Joshua Estrada

3

By Lucas Sumichrast



3

that would be creative for the children and would provide us with artwork for our healthcare workers to enjoy."

"The care and thought you all put into each painting certainly brought us joy and brightened the day. We thoroughly enjoyed reviewing your work and know that the winning entries, which will go on display in the clinics where we assess healthcare workers who are injured or sick, will provide a huge morale boost for many of them," said the judges in a letter to the class.

hard work! I was trying to aim for a nice and warm sunny place that anyone could imagine living in."

Joint third place winner Lucas Sumichrast said, "I drew and painted what I did because I thought of a modern day villa or mansion and lots of people want one of those so I thought that it would be good if I made one of those. I was thinking of when I went to Howth one or two days before. I hope it is a place that people would like to rest and enjoy."

# FLYING THE FLAG

HSE Rainbow Badge initiative sends message of inclusion

**C**hildren's Health Ireland (CHI) have launched their HSE Rainbow Badge, an initiative that aims to make a positive difference by promoting a message of inclusion.

The Rainbow Badge, unveiled as the annual Dublin Pride festival was being celebrated, gives staff a way to show that their place of work offers open, non-judgmental and inclusive care for children, young people, families and staff who identify as LGBTI+ (lesbian, gay, bisexual, transgender, intersex; the + simply means inclusive of all identities, regardless of how people define themselves).

LGBTI+ young people are often exploring their own sense of self and identity. Despite improving social attitudes in general towards LGBTI+ people in Ireland, negative attitudes, such as homophobia, biphobia, transphobia, are still widely prevalent.

Mental health issues such as depression and anxiety are more common in young people who identify as LGBTI+, with figures showing that more than half of Irish LGBTI+ young people self-harm; two in three seriously consider suicide; and tragically one in three have attempted suicide. Many young people still feel afraid to disclose their sexual or gender identity and to 'come out' – being unable to do so limits our ability in providing the medical care they need.

Welcoming the initiative, Eilish Hardiman, Chief Executive, CHI, explained that simple visible symbols, such as the Rainbow Badge, can make a big difference for those unsure of both themselves and the reception they may receive if they disclose their sexuality and/or gender identity.

"Many young LGBTI+ people say they do not have an adult they can turn to or confide in. As advocates, staff who work across CHI can play a key role in making things better," she said.

Dani Hall, Consultant in Paediatric Emergency Medicine, CHI, and the Rainbow Badge Lead, said, "Visibility still matters; this badge shows that our staff are here to listen and help LGBTI+ young people and families. But the model is more than just the badge; it's a model that emphasises the substance behind the



At the launch of the Rainbow Badge initiative at CHI were (left to right): Eilish Hardiman, Chief Executive, CHI; Dr Dani Hall, Consultant in Paediatric Emergency Medicine and Rainbow Badge Clinical Lead; Warren O'Brien, CNM 3, Quality Department, CHI; and Tracey Wall, Acting Chief Director of Nursing, CHI.



symbol, with the emphasis on education for staff, responsibility and support.

"Wearing a badge is only one step towards overcoming healthcare inequalities but with increasing awareness and education we can start to overcome barriers to healthcare for LGBTI+ young people in Ireland."

CEO Paul Reid voiced his praise for the initiative. "We are committed to creating a positive working environment for all staff. I am constantly blown away by the compassion, care and resilience of the staff in our health service and as an organisation I feel it's critical that we show our staff compassion through our

inclusive actions. This rainbow badge initiative is a great example of the great compassion and care shown everyday by our staff.

"All employees inclusive of race, religion, ethnicity, gender, sexual orientation, responsibilities for dependents, age, disability, and geographic location should feel respected, valued and supported to reach their full potential.

"When we value the role that everyone plays, we deliver a better service for our patients and continue our goal to build the trust and confidence of our key stakeholders including the public, government and staff," he said.

# 'Without them I'd be six feet under'

Accident survivor 'in awe' of emergency service response

"He was in awe of them for saving his life and they were in awe of him for surviving." Tim Carroll was describing the meeting of his dad, 78-year-old Patrick Carroll and the group of individuals from the combined Emergency Services who came to his assistance on January 3rd last year when he was involved in a traffic accident.

They were all reunited a number of weeks ago to allow for Patrick and his family to make a special presentation following a fundraising venture. For Patrick, the special event was overwhelming.

"He broke down twice in tears and Dad is not one for tears. He knew they had given him a second chance at life and we knew they had given us a second chance as a family," Tim explained.

On January 3rd last year Patrick, as a pedestrian, was involved in an accident with a lorry. Tim, who was called to the scene, explained, "He ended up underneath the lorry. When I arrived it seemed the entire emergency services were there. The guards were there, the paramedics, the fire brigade and the air ambulance crew. And over the next two hours they used their combined experience, talent, intelligence, courage and brilliance to save his life and get him out and onwards to St James's Hospital. I just can't say enough about their professionalism, how they conducted themselves and how much calm and genius they used to save him."

Tim says he had been "assured immediately on arrival on speaking with Tomas Lawlor, Chief Fire Officer at the scene that everyone was doing their best. That calmed me down and allowed me to observe events. Everyone did everything to the best of their ability – over and above the call of duty."

"They were under the lorry. From my perspective it seemed they were putting themselves in danger. They were talking to Dad the whole time, reassuring him, keeping him calm, telling him everything was going to be all right. He was fully conscious during it all, yet now, he has no recollection of it.

"It really did seem to everyone at the scene that he wouldn't make it. And he only made it because of what they did and the strength they gave him. Everyone there performed to an incredible level – they all worked in the moment, reacting to the situation and the environment. The lorry wasn't moved until the paramedics gave the call. Dad was transferred into the awaiting ambulance and then brought to the park in Abbeyleix where the air ambulance was waiting.

He was airlifted by the NAS Air Ambulance crewed by Advanced Paramedic Brendan Whelan and Captain Stephen Cusack. They flew him to St James's Hospital and he was there within 15 minutes."

Sadly Patrick had to have his right leg amputated not long after admission and subsequently had to have the front of his left foot also amputated. "He was in St James's for six months. He had broken ribs, a broken collar bone, contusion on the brain and although they really tried to save his left foot, they had to amputate the front part. It's incredible that at 78 years of age, he survived all that."

Patrick was discharged in July last year and although there were plans for rehabilitation, they could only be acted upon in December due to the pressures of COVID restrictions at the National Rehabilitation Hospital (NRN) Dun Laoghaire. However, after two months in the NRH, Patrick was fitted with a prosthetic leg and walked out of hospital.

"He is able to walk around 50 metres at a time now which is amazing – the day of the presentation he got out of the car and walked over to the men gathered there to greet them and thank them. He's in great form now – so appreciative. He has a new perspective on life. As do we all as a family."

It was almost immediately after the accident that Tim decided that he wanted to give back – that his entire family wanted to reach out and express their deep appreciation and respect.

"I said if he gets through this I am going to do something to help raise funds and give back in some small way to the people and organisations that helped out on that day," said Tim.

And from that the Quest Fundraising Adventure was planned. An avid cyclist, racer and Quest enthusiast, Tim explains that the Quest Adventure series involves a combination of cycling, kayaking and mountain running. A Clinical Engineer working with the HSE in Mountmellick, Tim has been engaged in the activity since 2019.

For the special fundraising event, he teamed up with his sister-in-law Fiona Kelly and good friend Barry Donnelly, and in October last year they undertook a 113km cycling/kayaking/mountain running trip from his home in Shanahoe, Co Laois through the Slieve Bloom mountains, kayaking in Vicarstown and finally ending up at his mother-in-law's home in Portlaoise.

While for most, it would seem arduous, Tim stresses that it's really enjoyable. "It's all adventure stuff and we all get great pleasure out

*"I said if he gets through this I am going to do something to help raise funds and give back in some small way to the people and organisations that helped out on that day,"*



Patrick Carroll and his wife Phyllis and family along with National Ambulance Service personnel at rear. Left to right: Ronan Wall, Paramedic; Mateusz Musialski Advanced Paramedic; Noel Lynch, Operations Manager; and Pat Mooney, Chief Officer, Midlands Area.

of it.” They completed the trip in six hours. Through the Go Fund Me page they set up, they collected over €7,000.

“We decided to divide the monies in four and present it to the four organisations involved – Laois Fire Services, the National Ambulance Service, St James’s Hospital and the Air Ambulance Crew. We left it to each to decide how best to use the monies. But of course because of COVID we didn’t get a chance to hold the presentation until June 23rd this year.”

The family invited representatives from the four bodies to the event at Abbeyleix Fire Station where an emotional Patrick broke down in tears as he greeted and spoke with the men who had saved his life.

“He’s not one to cry but he broke down that day two or three times. He was in awe of these guys for saving his life and they were in awe of him for surviving. The paramedics kept telling us they were just doing their job, but they weren’t just doing their job – they saved Dad’s life and they gave us a second chance as a family. Because that day we thought he was gone, as did he, and we were preparing for the worst. I said that on the day – it was very important that they realised how much they had done for him. They were so humble – too humble.”

Tim says he has made friends for life from that day – among those he now counts as friends is Pat Mooney, Chief Operations Officer with the HSE National Ambulance Service Midlands Area. Pat explains that he was delighted to be invited to the presentation on behalf of the NAS.

“It was lovely to see Mr Carroll, witness his remarkable recovery and meet his family,” said Pat. Describing how the crew responded to the emergency on the day, Pat reflected that “hearing a lorry and pedestrian is always concerning as the outcome is normally not good.

“However on this occasion the outcome was exceptional. Crews mobilised immediately after arriving at the scene. Following the completion of a primary survey Mr Carroll was stabilised. The crew couldn’t move Mr Carroll because he was trapped. However, advanced training administered by the crew on scene provided Mr

*“He was in awe of these guys for saving his life and they were in awe of him for surviving. The paramedics kept telling us they were just doing their job, but they weren’t just doing their job – they saved Dad’s life and they gave us a second chance as a family. Because that day we thought he was gone, as did he, and we were preparing for the worst.”*

Carroll pain relief leaving him reassured and comforted.”

Pat also wished to acknowledge the “significant level of co-ordination with the primary response agencies (emergency services) that day – it was a credit to everyone. Our job was to ensure that Mr Carroll wasn’t compromised and was managed until the lorry was lifted (two hours later) then transferred to the Air Ambulance. At that stage he was obviously alive and while he was stable, he did require critical intervention.”

He added that we agreed to use the monies they raised as a contribution towards equipment for staff health and wellbeing locally.

Tim added, “My Dad is a tough resilient man – he’s only five foot five, yet when I was small I remember him carrying trees on his shoulder bigger than me.” Patrick himself summed matters up by saying, “I would be six foot under if it wasn’t for those heroes.”

The Carroll family – Patrick’s wife Phyllis and daughter Bridin, granddaughter Ava, along with Tim, wife Niamh and children Alisha and Aidan - are delighted and grateful and, while Patrick continues on his recovery journey, Tim continues on his Quest journey. The 151.91km Beara Peninsula Adventure was his next challenge. It would seem that resilience is something hardwired into the Carroll family along with the gift of gratitude and appreciation.



# NURSING INSIDE A COVID WARD

The first COVID ward in St James's Hospital in Dublin hospital opened on Private 2 in March of last year. Overnight, Private 2 changed from a busy surgical ward to a COVID ward.

In these early days, the Private 2 nursing team, which includes healthcare assistants (HCA) colleagues, became the first group of staff to look after COVID patients in the hospital. At a time when so much was unknown, the nursing team set a high standard in providing care to COVID patients which has been delivered consistently throughout the pandemic.

As we gradually emerge from the COVID pandemic, Bernie Waterhouse and Tony Galvin, both Clinical Nurses Managers (CNMs) on Bennett's ward, reflect on their experiences over the last year having moved into Private 2 in April 2020 and November 2020 respectively.

At the beginning of the pandemic, there was much anxiety around the transmission of COVID from all staff and these anxieties were heightened by the lack of available PPE and uncertainty over its effectiveness in protecting staff from the virus. In these early days, staff were limited to 15-minute exposure time to patients due to the risk of contracting COVID-19 from a patient who had tested positive.

In the first few weeks of the pandemic, many nursing staff contracted COVID. Some of these nurses remain unable to work to date due to long COVID symptoms.

Staff felt very isolated in the first wave, from home and work life, and from the wider campus. Sometimes we called this "the COVID bubble". We missed the more sociable nature of a regular ward with greater numbers of staff coming and going.

Out of necessity, the first wave saw many "remote patient reviews", as staff limited their exposure to the COVID area. As time passed and infection control procedures progressed, greater numbers of staff came to the COVID ward in person. We were grateful for this on behalf of the patients but also felt less alone ourselves.

Two staff nurses took over leading the Private 2 nursing team at this time, Joji Paul and Melissa O'Brien; who lead a fantastic nursing team providing high-quality care to COVID patients when so much was unknown, and when there were no established care pathways for these patients.

Many staff found working on a COVID ward both mentally and physically challenging. Once we entered the second wave in October-November 2020, Private 2 staff asked for a rotation out of COVID.

Bennett's ward staff volunteered to rotate into Private 2 from a surgical ward to a COVID ward in November. The team was excited for the challenge and the new learning opportunities this would bring to our team. Everyone was keen to learn a new way of nursing throughout a pandemic.



*"We are proud to have provided high quality nursing care to COVID patients. It has been a privilege to look after COVID patients and their families, throughout this pandemic. They have taught us so much."*

NURSING STAFF

*"I am happy to provide care to COVID patients, it makes me tear up when I see patients recovering from this virus. But I have cried when patients are dying from COVID and nothing can be done. We are proud as a team that we have given families as good a memory as possible in difficult situations – that's real compassion and caring."*

NURSING STAFF



The Bennett's ward team were also justifiably anxious about rotating into COVID care. We prepared for the transition from surgical to COVID care. Staff undertook PPE training before they transferred to the COVID wards. Not only did the hazardous nature of the work set some nerves on edge, but also our skillset lay in post-operative care not infectious disease or respiratory patients. Nevertheless, with great teamwork our united group approached the challenge with their customary mixture of compassion, competence and 'can do' attitude.

#### INNOVATING THROUGH CRISIS

If there is something to thank COVID for it is surely the chance to innovate. Initially some aspects of the ward environment proved to be incompatible with monitoring COVID patients while also limiting staff exposure. All the solid doors in single rooms had to be replaced with glass paned doors. Visibility strips were placed into the glass but the configuration of the room still made it hard to see our patients from the doorway. This problem was solved by installing a convex mirror onto the wall opposite the door allowing us to see our patients. Thanks to Christopher Soraghan, MPBE, for his help in delivering this initiative.

Our patients can be isolated on the ward for two weeks. Many find this a very lonely experience particularly when they are in a single room without other patients to speak to. Thanks to chaplaincy service we were able to secure a Netflix account on one of our tablets to help with this. This has been greatly appreciated by patients and their families.

#### QI LEARNING JOURNEY



Early into the pandemic, St James' Hospital was sent a box of knitted hearts by Angie Fennell, an outpatient of the hospital. Each heart knitted by Angie had an identical match. When a patient was dying, a heart would be placed in their hand and a matching heart was given to their family. This gesture brought families closer to their loved ones when they were dying and could not be physically by their side. Angie kept knitting throughout the pandemic and only recently took a break. The staff of St James' would like to thank Angie for all the love she knitted into every stitch. It has meant so much to families, the patients, and the staff who care for them. They asked Angie if she would mind her being mentioned by name. Her reply was: "It would be a great honour for me as I have been so happy to be able to help in these circumstances. I really appreciate you taking on my request back then. Through this time it kept me busy when I didn't think I would be and, for that, I am truly grateful."



## WAVE TWO AND THREE

The third wave which started at the end of December proved to be the most challenging of the whole pandemic, and we didn't expect it to last as long as it did. The arrival of the vaccine at the end of December brought great positivity to our team, but unfortunately ward outbreaks continued, which were very challenging and many deaths occurred.

If wards consisted of all single rooms and a better infrastructure for isolating patients this may have helped us better contain the transmission of the virus within the hospital. We also saw multiple members of the same family admitted to the ward which did not happen in the first wave.

While the first wave saw quite limited treatment options for patients (and many received end-of-life care), we became able to more actively treat patients from the second phase onwards with steroids, high flow oxygen therapy, antiviral medications, and patient positioning (proning).

In the first wave, patients who required some of these new treatments were cared for in an ICU setting, from the second wave on, these patients were nursed on the ward where the nursing ratio changed from 1:1 in ICU to 1:8 on the ward.

The acuity of the patients on the ward was very high in the third phase. We had a high percentage of patients transferred to ICU and combined with a great number of deaths, this was a very challenging time.

Our patients deteriorated so quickly and often did not recover. Their deaths were, at times, particularly distressing for our staff. Patients often died very quickly without any warning and were sometimes awake and frightened. The unpredictable nature of COVID made it harder to plan to have family present and sometimes family members wanted to attend but were too vulnerable to do so. As a result, some people died alone.

Of all the events during the pandemic a solitary death for a patient saddened staff most intensely.

Staff became very fatigued in the third phase due to the enormity of the care these patients required but they soldiered on in supporting their patients and colleagues. The burden was also felt by our families and friends who helped to carry us through this difficult time.

Our staff had to show the highest levels of resilience, endurance and dedication, all whilst providing delicate and attentive care to patients and each other. They were adaptable and showed such compassion and dedication to our patients and their colleagues by working on their days off, cancelling their planned leave and sacrificing family/ home life in order to help out the ward at difficult times.

Our nurses were always putting patients before themselves to help out. Many of our staff were isolated at home, often living in their bedroom for months when living with vulnerable parents, or unable to live in their current accommodation as a result of working on a COVID ward.

## STRONGER TOGETHER

Strange as it may seem, we have a lot to thank COVID for and we have all learned so much from our experience. COVID has been the steepest learning curve in all of our careers to date.

Along with a dose of siege mentality, there was great fellowship and teamwork on the ward. Adversity brought our team ever closer and never before have we experienced such fruitful and close working relationships with the wider multi-disciplinary team; which provides best practice care for patients. This was a hugely positive aspect of COVID care.

Kindness and mutual respect for each other at the coalface was amplified by our common bonds in fighting this new disease. The ways of working closely with each other will serve as a template for whatever version of normality we return to.

If the dark cloud of COVID has a silver lining it is knowing that we can succeed in the most difficult circumstances. We will never forget our COVID experience and how it has made us a better, more compassionate, and united nursing team.

*"The care I received was second to none. You are all amazing I would not be here today only for you. To the nurses who took time to chat to me and who came in to me in the middle of the night when I couldn't sleep – thank you."*

PATIENTS & FAMILIES

## END-OF-LIFE CARE

Providing end of life care in this environment was challenging but proved to be a productive space for innovation. We needed to find new ways to connect with our patients and their loved ones when distance was a constant but necessary obstacle for us all. Some changes felt strange at first but we quickly realised that breaking with tradition was necessary to give people some sense of solace.

We used tablets for video calls sometimes right up to the point of death and unfortunately also after their relative had died. It was important to us to dress people in their own clothes after they had died. As each patient had to be placed in a body bag and as closed coffins were mandatory, we occasionally took photographs of patients (on request) after they had died to share with relatives who could not visit their dying loved ones.

Our nurses and HCAs were frequently the last people to be with a patient when their families could not be with them, at a time when patients need their families most. Many of our students had never seen a patient die but had to learn how to care for patients until their last breath.

Caring for so many dying patients took its toll on all of us but providing good end-of-life care comforted not just our patients, but also gave satisfaction and consolation to staff.

# Get connected

Café and peer connectors a boost for Galway mental health

**G**alway Community Café is a newly established HSE out-of-hours mental health service. The café is staffed by a team of people with lived experience of mental health difficulties. The community café is an early example of one of the recommendations in 'Sharing the Vision' – the recently published new national mental health policy – being put into practice!

Because of current COVID-19 restrictions, the café is open at present on a virtual basis. Anyone wishing to have a chat or learn more about the café is welcome to make an appointment through the website for a phone call or video chat with a peer connector.

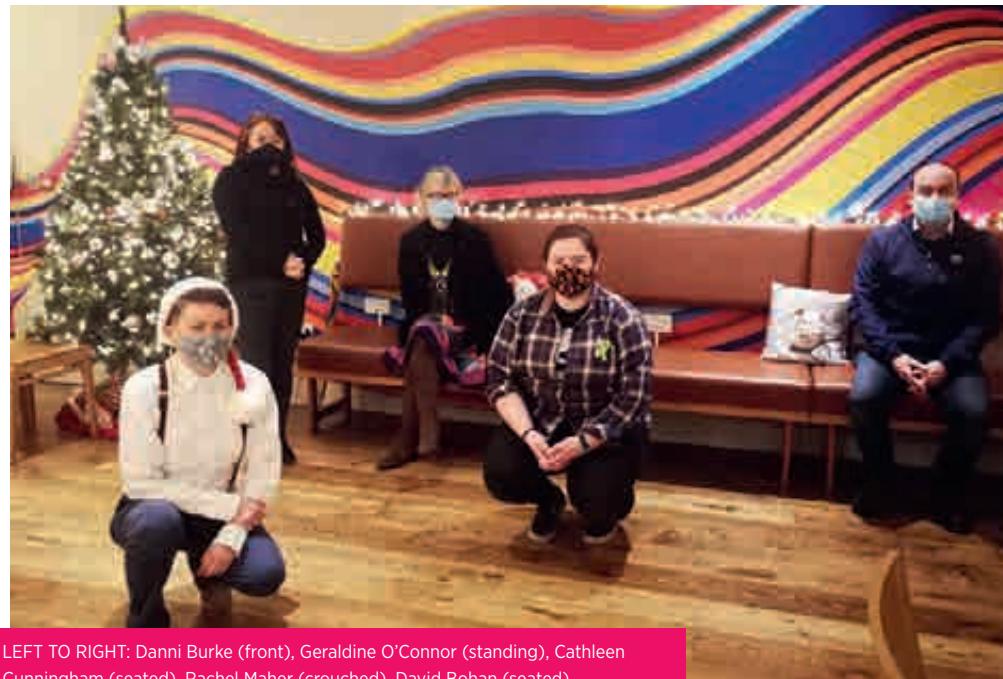
Danni Burke and Rachel Maher are both Peer Connectors at the Galway Community Café.

"I grew up in Galway city and have lived here most of my life. I live by the sea with my dog, Lexi. I became involved in the café project a few years ago through the local forum and later joined the operational group. The café was conceptualised by local people with mental health difficulties before I even became involved," said Danni.

The project gained traction eventually thanks to Thom Stewart from An Áit Eile, the local forum, Niall Ó Tuathail, Mental Health Engagement and Recovery, Cosáin CLG and others working in the background. Local business owner Kevin Nugent kindly offered his premises, Mr Waffle, as a venue for the café in response to a tweet from Niall Ó Tuathail about the need for a community mental health café in Galway."

After many long meetings, late nights and workshopping service design with the local forum, the café opened its doors in early December 2020.

"I am so proud of everyone involved



LEFT TO RIGHT: Danni Burke (front), Geraldine O'Connor (standing), Cathleen Cunningham (seated), Rachel Maher (crouched), David Bohan (seated).

in making the café a reality and the passionate café team members. We are here for a chat by video or phone for anyone interested in learning more about the café or wishing to speak to a peer. Please don't hesitate to book an appointment because you may feel you're not in enough distress or taking space from someone else.

"We all need support and particularly during these uncertain times so please whatever your experience is, it is just as valid as someone else's. Good news can be helpful to share so please don't hesitate to book an appointment with a Peer Connector."

Galway girl Rachel said she was 'instantly blown away by the innovative, non-clinical approach' of the café.

"It has been made a reality from the

ideas of those with lived experience and a personal passion to create a space and a service for others, and this passion and ethos has remained from initial conceptualisation right through to the present day," she said.

"Having experience of my own mental health journey, and supporting others on theirs, I felt that this was a service and support that I would have loved to have availed of, and I was determined to support it anyway I could. I was delighted to be brought onto - as a Peer Connector - the amazing team and was excited for our official first day open in December 2020, where we could finally meet and say 'hello' to the people of Galway."

"We have had to change things up because of COVID-19 restrictions, but that doesn't mean we are less present or dedicated to anyone who wants to use our service. Through finding new ways to connect and engage with individuals, we are aiming to make sure the space is here for those who may need us, and even those who may not."

They can be contacted by phone or video call and aim to be available for people from all over Galway County, and not just those in the city.

FOR MORE INFORMATION, CHECK OUT THE WEBSITE AND SOCIAL MEDIA.

Website: [www.galwaycommunitycafe.ie](http://www.galwaycommunitycafe.ie)  
Facebook: [www.facebook.com/galwaycommunitycafe/](https://www.facebook.com/galwaycommunitycafe/)  
Twitter: [@CommunityGalway](https://twitter.com/CommunityGalway)  
<https://twitter.com/CommunityGalway>

# ANNUAL REPORT

The Health Service Executive Annual Report and Financial Statements 2020 was published in July. The report describes the exceptionally challenging context in which services were delivered in 2020 and outlines our longer-term vision and direction.

It also describes how services were delivered during the year, summarises performance against our National Service Plan 2020, and elaborates on the key enablers for making change happen. It provides an overview of key governance and accountability arrangements within the HSE, including a Board Members' Report and Risk Management Report for 2020. The report also provides detailed financial information about our organisation through the Annual Financial Statements.

The HSE is responsible for providing healthcare to the population of Ireland. The population is growing across all regions and age groups, with the most significant growth seen in the older age groups. Life expectancy in Ireland is now above the EU average, demonstrating the success achieved in supporting people to maintain good health as well as providing access to effective healthcare services during illness. In 2020, despite the necessary focus on responding to the COVID-19 pandemic, work continued to ensure a balance between responding to illness and enabling good health and disease prevention.

## COVID-19 pandemic and HSE response

The emergence of COVID-19 changed the focus of healthcare systems in Ireland. Due to the novel nature of the virus and the scale of the pandemic, the HSE, like many other public health systems, has been on a steep learning curve. However, we have some of the best-trained staff in the world and this, together with high levels of motivation right across the organisation, has helped us, particularly during the more acute phases of this pandemic. We mobilised a public health response following the confirmation of the first positive case in Ireland, with the first death related to COVID-19 reported on March 11th 2020. Very sadly, the pandemic claimed the lives of over 2,200 people in Ireland in 2020 – fellow citizens who will always be remembered.

The pandemic necessitated a range of new services and new ways of working to be introduced at pace to respond to the health needs of the population and to protect staff.

## Key Activity in 2020

		
Almost 1.6m people with a medical card	Almost 530,000 people with a GP visit card	91.6% of children aged 24 months received the measles, mumps, rubella vaccine
		
984 people admitted to homeless emergency accommodation hostels/facilities had their health needs assessed within two weeks	Over 17.5m home support hours (excluding hours from intensive home care packages) delivered to almost 53,000 people	75 people with a disability transitioned from congregated settings
		
10,456 children / adolescents seen by child and adolescent mental health services (CAMHS)	Almost 24,000 adults seen by mental health services	Over 3,200 people accessed specialist palliative inpatient beds within seven days



If you would like further information on the HSE's Annual Report, please contact the team in the Planning Unit, Office of the National Director, Strategy and Research at [planning.ddg@hse.ie](mailto:planning.ddg@hse.ie) or telephone 021-4923549. A PowerPoint presentation, that includes slides on the infographics for healthcare activity in 2020 has been prepared as a resource for staff to use in presentations and reports and this is also available from the Planning Unit.

- Elective and non-essential services were restricted and staff were redeployed from all areas of the health service
- Key technology initiatives were developed to enable and support the COVID-19 model of care including development of the COVID-19 mobile tracker app
- COVID-19 Response Teams were established to support public health outbreak teams covering residential services and home support settings
- A sustainable and flexible National Testing and Tracing Operating Model was developed with a laboratory capacity of 25,000 tests per day and 440,000 contact tracing calls completed in 2020
- Expenditure on personal protective equipment (PPE) rose to over €900m.

With the support of Government and our health stakeholders, we implemented new pathways of care for COVID-19 and non-COVID-19 services, built hospital capacity, resourced community services to treat people closer to home, and developed and adopted eHealth technology at an unprecedented rate.

The COVID-19 vaccination programme is a key component in the response to the pandemic and is operating in a continually evolving environment. In December the EMA approved the use of the Pfizer vaccine and the HSE took its first delivery of this vaccine on December 26th and the first person in Ireland received their vaccine on December 29th. The HSE continues to work with the Government's High-Level Task Force, the Department of Health and other stakeholders in delivery of the vaccination programme, taking the lead role.

#### **Looking forward**

The development of a new Corporate Plan was finalised and submitted to the Minister for Health in September 2020 and approved in early 2021. The plan outlines six objectives consistent with Sláintecare and our vision for a healthier Ireland, with the right care, at the right time and in the right place.

The pandemic has demonstrated how our country and health system can work together as one team towards one goal and our Corporate Plan 2021-2024 sets out how we aim to emerge stronger with better health and health services. In addition, following the departure of the UK from the EU in January 2020, the HSE worked closely with the Department of Health and other agencies as part of the Brexit readiness programme.

#### **Service delivery during 2020**

COVID-19 had a significant impact on our ability to achieve the objectives and targets set out in our National Service Plan 2020.

#### **ACUTE SERVICES**



The most significant impact was felt with the pausing of all non-urgent care in March. A phased reintroduction of elective activity began in early May in line with national and international clinical guidance. The volumes of patients who can be seen are lower because of the necessary additional infection control measures including patient screening, PPE measures and additional cleaning of rooms and equipment

Despite the disruption caused by COVID-19, we made progress on a number of strategic and operational developments, some of which are set out below.

Sharing the Vision – A mental health Policy for Everyone was launched, focusing on providing wider access for all patients at primary care level and support for greater

usage of digital health interventions. Over 100 actions, consolidated in an Implementation Roadmap, were progressed. A number of new models of care were launched, putting the patient at the centre of treatment, such as the establishment of specialist teams for the chronic disease management of key conditions (asthma, heart failure and diabetes), virtual community centres for people with a disability and COVID-19 models of care to ensure there was an agile and responsive approach to dealing with the pandemic

The HSE's CervicalCheck programme successfully changed to HPV cervical screening as planned in March. When the programme resumed after the pandemic pause, all CervicalCheck screening tests were now HPV cervical screening with follow-up cytology as required. Based on significant improvements in science, and research, HPV cervical screening is now the best available primary screening test.

Many capital projects were progressed in 2020 including the National Forensic Mental Health Service Portrane, a new bed block at UHL, the National Rehabilitation Hospital and continuing work on the National Children's Hospital. Work also continued on the Connolly Outpatient and Urgent Care Centre unit throughout 2020.

The Corporate Centre Review was commissioned in order to put in place more effective structures to support service delivery and to ensure our resources are invested in frontline health services as far as possible. The work commenced in January 2020 and we are now moving forward with the implementation phase.

#### **Improving financial management**

During 2020, work continued to improve financial planning and management, to enhance financial controls and to meet budget expectations. Enhanced tracking and reporting in place to account for the significant investment in health services in 2020 as a result of COVID-19. Regular engagements were held with the Department of Health and Department of Public Expenditure and Reform, including through the Health Budget Oversight Group, as part of our efforts to ensure robust oversight of funding, its application to the intended purposes and to emerging spending trends.

#### **FURTHER READING:**

##### **Health Service Executive (Governance) Act 2019**

<http://www.legislation.ie/eli/2019/act/17/section/19/enacted/en/html>

##### **National Service Plan 2020**

<https://www.hse.ie/eng/services/publications/serviceplans/>



# Going the extra mile for breastfeeding mums

“We can’t encourage women to breastfeed and not be there for them when they need help. And that is even more true during such a difficult period as the COVID-19 pandemic,” insists lactation consultant Claire Fitzpatrick.



The theme of the upcoming National Breastfeeding Week (October 1st to 7th) is ‘Feeding the future: Supporting breastfeeding through a pandemic and beyond’.

Claire and her colleagues in the lactation department of Midland Regional Hospital Portlaoise (MRHP) have had to innovate and evolve over the last 18 months as COVID-19 restrictions made their traditional way of delivering education and support to breastfeeding mums all but impossible.

“We needed to reflect, refocus and renew our approach to providing safe antenatal education on breastfeeding to women. It was incredibly important to find new ways to engage in order to impart knowledge and support women,” she explains.

Traditionally women attend face-to-face breastfeeding education classes at

MRHP, which are held fortnightly. Due to COVID-19, breastfeeding and antenatal classes were cancelled.

“The lactation department at MRHP adapted and changed the education pathway to meet the needs of women in a different way. Education needed to be delivered remotely in an efficient, accessible and convenient format,” says Claire.

Despite COVID-19 restrictions, if a mum has an urgent problem, they continue to have access to a face-to-face consultation.

Technology has played a massive role in fixing the lines of communication that were broken by the restrictions on face-to-face classes.

A laptop and smartphone were secured to allow ease of access to email in order to promptly reply to women. The lactation. mrhp@hse.ie email was generated to allow women to email the service directly.

“The lactation department is

contactable and available for phone consultations should a woman need individual support in the antenatal period when preparing to breastfeed. And our mums can send me an email or WhatsApp message whenever they have a problem or a question,” says Claire.

“In one way, the pandemic has made us more accessible to the mums when they need us. Previously a mum might have a query but she only got to see the lactation team at one of our breastfeeding groups. Now they have a direct line to us and can get an answer to their question almost straight away.”

Women who contacted the service were automatically sent an information email with links to useful breastfeeding sites and videos to read and watch in the antenatal period.

A weekly Preparing to Breastfeed class was commenced via Webex in early May 2020. A survey was sent to all women who attended the virtual class and the feedback was extremely positive. One hundred percent of women surveyed said they would recommend the workshop to a friend and found the technology easy to use.

“It was a fantastic session and really helpful. Obviously would have prepared to have a face-to-face sessions but given the current restrictions, it was really good,” said one mum-to-be.

Another said, “I learned loads. I now feel much more comfortable leading up to the start of my breastfeeding journey.”

Claire highlights the importance of the role of the lactation team – it was confirmed in May that there would be a doubling of hospital lactation consultant posts – but says that it is also vital to continue to train staff on the wards.

“The lactation consultants can’t be around 24 hours a day so it is important that the breastfeeding advice is consistent and that everyone is on the same page. We have a quick turnaround in doctors in obstetrics and paediatrics



so we want them to have access to the most up-to-date information regarding breastfeeding," she says.

"If women go home breastfeeding having gotten over the first few days and have a contact point for support, they are much more likely to continue. If they choose to breastfeed it is because they really want to. The system must ensure that it does not let them down.

"And when more women successfully breastfeed, they pass on that expertise to their sisters, their cousins, their nieces, and the breastfeeding rate in society will naturally increase. The key is giving them support through our lactation teams."

She points to the case of one mum whose baby had difficulty with breastfeeding and was eventually diagnosed with a cardiac condition and had surgery in Crumlin. Thanks to the constant support of Claire and her team, and access to their loan pump system, that mum was able to pump breast milk for her ill baby and is still continuing to breastfeed six months on.

"It was such a difficult time for that

mum but she felt completely supported and was able to continue her breastfeeding journey," she says.

Claire insists that the pandemic has helped to evolve and improve the lactation service for the mums of the locality.

"There can be no doubt that the pandemic has been extremely stressful for us all but it has also been a thoroughly enjoyable learning experience. The women using the service now have easier access to the lactation consultant should they need breastfeeding support. The feedback from the classes is very positive. Women obtain more information via this platform," she says.

"Going forward, post COVID-19, the lactation department envisage a service where an in-person antenatal breastfeeding education class is offered alongside a virtual class to women who prefer this option. The department will continue to advance the services along with the technology available while striving to continue offering a personal, women-centred, individual approach to antenatal breastfeeding education."



#### MUMS SHARE THEIR BREASTFEEDING DURING A PANDEMIC STORIES

"My girl Laura is 33 months old and still breastfed to get as much comfort, protection and nutrition as long as she can. Ladies, stay calm and keep latching."

**Lucia**

"For me, it's been a very rewarding journey knowing my baby has gained the best nutrition and it has given us both comfort during isolating times while on lockdown. It has definitely boosted my confidence as a first-time mum. Once established, breastfeeding with my baby and the bond we share has grown so strongly"

**Noelle and baby Finn.**

"I would never have continued if you all hadn't helped me to believe I could do it. I have stood up to many people telling me to give up but I knew we would get there. The best moment so far was when something clicked and it all became easy and pain-free, fat rolls started appearing on her thighs, and one day while feeding she smiled up at me as if to say 'Thank you Mummy for the yummy milk, I love you.' Best feeling ever. We did it."

**Anonymous**

"Living through the pandemic creates huge anxiety for mothers but in terms of breastfeeding, it has its advantages. Having no visitors in the hospital and very few at home meant that I had the space, time and privacy to get breastfeeding established and for me and my baby to get to know each other."

**Paula and baby Harlow.**



# More quitters than smokers



The success of the HSE Quit programme over the past decade has meant there are now more quitters than smokers in our midst.

**W**hile the pandemic has wrought such devastating consequences and impacted on every aspect of our lives, hundreds of individuals and many HSE staff are positively looking to make the break and quit smoking for good.

Having someone as empathetic, knowledgeable and positive as Cork-based Smoking Cessation Officer Miriam O'Shea there to provide assistance is a welcome bonus. Offering tailored support to both HSE staff as well as the general public, Miriam says the last 18 months have seen continuing referrals to the service.

"It has been constant. Obviously at the start of the pandemic we had to cease physical face to face interactions, so we had to re-organise how we deliver our service. But we were already well placed to do that and so now we are offering virtual appointments through Attend Anywhere, the secure platform video link. We offer telephone support as well – for a lot of people, that phone access is sufficient. And so the reality for us is that we are actually reaching more people at the moment because of the new way of working," said Miriam.

"Some people are particularly delighted that in the middle of the pandemic they can have this service brought right into their living room. I have one client whom I ring at 11.30am every week for her follow up appointment. That's the time her baby has gone to sleep. She can chat, we talk through everything and most importantly it means

she doesn't have to take her baby out of the house, or find a sitter. It means I am working around her and her daily routine which suits her best."

Miriam said her referrals come from a variety of sources.

"They come from across the spectrum – self-referral, GP referral, hospitals, community based health professionals like dieticians. Self-referrals are more likely to be coming through the National Quit team but they can re-direct

people back into the local services for clients who are looking for face-to-face support or group support. It's never quiet," she said.

The focus on encouraging people to quit for 28 days is based on international research and evidence. The process of supporting them in person and with products like Nicotine Replacement Therapy provides increases their chances of success.

"When you get support in quitting, you are doubling your chances of succeeding. When

## 5 TOP TIPS TO QUIT SMOKING:

- 1 Prepare to quit:** write down your reasons for quitting. Keep them close or stick them on your fridge as a reminder to stay strong.
- 2 Change your routine and habits** - do you normally have a cigarette with a coffee or tea? Then change your routine – have a cup of water instead or hold your cup in the other hand.
- 3 Keep check on cravings** – your craving for nicotine will peak at 3-5 minutes and will pass if you deal with it.
- 4 Get by with a little help from your friends** – supportive friends, family and even work colleagues could make all the difference to you on your QUIT journey.
- 5 The single best advice is to help yourself QUIT by getting support from the QUIT Team.** Our service is available to everyone and is free of charge. By using a support service like ours makes you twice as likely to succeed. Find details of your local free HSE stop smoking supports.



### Have your heard of the 4Ds?

- 1. Delay** at least 3 – 5 minutes and the urge will pass
- 2. Drink** a glass of water or fruit juice
- 3. Distract** yourself, move away from the situation
- 4. Deep** breathe – breathe slowly and deeply.



you use products such as NRT (under advisement) you are also doubling your chances. So, all taken together, you are four times more like to succeed if you have support and use products including NRT."

The support that Miriam provides is vital. "The value for us is that our clients commit to not having a puff of a cigarette, for them to know that they are not trying to stop smoking, they are either smoking or not smoking. We try to tease out critical dangerous times, trigger situations, and help them work through those so that they come at it and they have thought those times through and are prepared for them. Preparation is the key to success. The value of spending time planning and preparing before they reach their quit date is critical."

Although Miriam stresses that Quit is not a reduction programme, they do take a client centred approach and work with people.

"While our focus is on smoking, you do get to know the person really well. Of course it's a stop smoking programme, we are very clear on that but our clients will have been smoking for loads of different reasons and it is an addiction so we meet them where they are at and support them as best and in as holistic a way as possible," said Miriam.

"Any positive change any client makes we affirm it, we build them up. I had a client who had gone from 30 to six cigarettes a day and we worked out how many minutes a day she was gaining back by reducing in that way. I would point out that there are lots of the times of the day that she would have smoked that she isn't now, so her confidence around quitting is greater."

The Quit plan allows for Miriam to work with the client and prepare for their quit date and aiming to get to 28 days smoke free.

"Looking four weeks in advance can seem a very far away and I know they are just trying to get through the here and now. So we try to break it down to each day, to where they are at - get through the morning, then get through the day. But if they do find they can get through the day and not have one puff of a cigarette for four weeks then they are five times more likely to not smoke again."

The impact of the service is often not just specific to quitting.

"It can act as a catalyst. If the person succeeds in quitting, then they often think there are loads of other things they can now do in their lives. It can be anything from learning to drive or maybe using the positive experience to reach out further and maybe

address other issues or challenges in their lives," she said.

"It's reassuring for people to know that when they come to me, they probably have several attempts behind them, and so their chances of success now are greater because they have learned what works and what doesn't work.

"I had a girl with MS who came into the group one day. She had been referred on to me through her MS Support Group. She came into our group here and on the very first day she said 'I'm here now but I am not going to quit smoking'. She said she just wanted to see what it was all about. By the end of the six week programme, the other group members were looking to her because of how good a client she was. She quit smoking and has been smoke free for two years now.

"When she arrived there was no pressure, no expectation, I often say to people, let's just see what happens, let's do the assessment and by the end of the assessment, they know more about their smoking. We weigh up the pros and cons of smoking versus quitting."

The support is personalised for each individual.

"Each person is coming with their own background and story. One client I am supporting is now a guardian for her grandchild. She had a heart attack this past Christmas but is doing well. But for her, the big motivator is that as his guardian she does

not want to smoke around her grandchild and equally she wants to ensure she can live a long life to be able to look after him."

A recent client Miriam supported was spending €120 a week on cigarettes and once she quit, she calculated that she would be saving about €6700 a year. While the financial element wasn't the sole reason for quitting for her, it was one of the very real benefits that would accrue.

Ultimately Miriam stresses, "It's about giving people hope, then giving them a plan and supporting them to implement it. Lots of people have come back over the years and said 'you never gave up hope on me', 'you always believed I could do it'."

It's easy to see how the support Miriam provides impacts on lives and improves them.



You can free call QUIT on 1800 201 203 to get the support you need to quit or visit [www.quit.ie](http://www.quit.ie) for stop smoking tips and resources, a free Quit Kit, and to create a quit plan or read other people's stories. Peer-to-peer support is available on the QUIT Facebook page [www.facebook.com/HSEQUIT](https://www.facebook.com/HSEQUIT) or on Twitter at HSE QUIT @ HSEQuitTeam.

# HOUSING MATTERS FOR MENTAL HEALTH

## INNOVATIVE PROJECT SHOWS CLEAR RESULTS



At the 'My Home Project' launch were (left to right): Valerie Quinn, Galway Simon; Patricia Cassidy, Roscommon County Council; Angela Thomson, HSE Mental Health Services; Ciaran Lynch HSE Mental Health Services; Gerry Bosquette, Service User; Charlie Meehan, Head of Mental Health Services, Community Healthcare West; Lorraine Kelly, HSE Mental Health Services; Olga Kenny, Galway Simon; Mary Logue, Service User; Andrea Fitzgerald, Galway Simon Service Manager

Karen Feeney, Head of Client Services, Galway Simon Community, was speaking at the launch of the Evaluation Report of the 'My Home Project' - a Sláintecare Integration Funded partnership project between Mental Health Services, HSE Community Healthcare West and Galway Simon Community, working closely with Galway and Roscommon County Councils. The 'My Home Project' is a housing-focused service that works in close partnership with Galway Simon and County Councils. The 'My Home Project' works with individuals that are expressing a desire to move on to independent living.

"The results of the evaluation of the 'My Home Project' indicate that the provision of on-going mental health support, social care support and appropriate housing enables persons with mental health conditions to live independent lives in their communities in line with National Policy guidelines and the United Nations Convention on the Rights of People with Disabilities," explained Ann O'Kelly, researcher and report author.

### WHAT IS THE 'MY HOME PROJECT'?

The project uses an integrated approach between services, with the housing and support needs and preferences of each individual person at its centre. The 'My Home Project' is a HSE Mental Health Service-led, housing-focused service that works in close partnership with Galway Simon and County Councils. It works with individuals that are expressing a desire to move on to independent living. Referrals are taken directly from Mental Health Teams, who continue to provide ongoing support to the individuals in the community in their new tenancies. The project provides the person with a Mental Health Housing Support Worker to provide pre and post 'move in' support when they have been allocated a tenancy. It commenced in East County Galway and County Roscommon in January 2020, working closely with the county councils. The project lead is a Senior Mental Health Social Worker, employed as a Housing Coordinator for Mental Health, who works in partnership with a Galway Simon Service Manager. The project has supported 30 individuals, aged from 28 to 74 years, and the direct transition of 17 service users who had lived from four to 40 years in mental health residences to their own tenancies with the council or an AHB. Six mental health service users transitioned to secure tenancies from either living with their parents or from insecure to secure tenancies; and one service user living transitioned from a nursing home to a secure tenancy. One service user returned to their own home from hostel, three service users were supported in existing tenancies that were at risk, and one was supported to transition from hospital to council housing.



## EARLY STAGES

### Appropriate resources at an early stage have positive outcomes

The evaluation demonstrates that providing social care support in addition to mental health support to persons moving from HSE mental health residences to independent living settling into a tenancy. Support can include helping the person with setting up home, independent living skills and discovering community activities they might like to get involved in.



Lorraine Kelly, Housing Coordinator in Mental Health, Community Healthcare West and My Home Project Lead, highlighted the benefits of the project.

"When health, social care and housing services work together in genuine partnership, with the quality of life of the individual accessing the service as our focus, we can better support people with mental health needs on their recovery journey. The Sláintecare 'My Home Project' helps people move from shared congregated residential services when they chose to live independently," she said.

Charlie Meehan, Head of Mental Health Services, Community Healthcare West, said, "The partnership working between services in this project is something we want to replicate across Community Healthcare West."

Both Roscommon County Council and Galway County Council said they were delighted to be part of the project.

"Galway County Council has had a great engagement with the 'My Home Project'. The support and understanding needed to ensure tenants are placed in the appropriate own

### Flexible approaches are the 'missing pieces' of the jigsaw

Social care floating support provided by Galway Simon Community working in partnership with HSE Mental Health teams and working closely with County Councils as housing providers were identified in East Galway and Roscommon as the 'missing pieces' of the jigsaw to support individuals living in mental health residences to progress to independent living.

"The tenancy support worker helped me. I am on top of it all now. It takes a bit of getting used to managing all those things you had not done in 20 years."

"Before I moved into this house I did not know where anything was in the shop or how to get a trolley out, put money in the trolley and take it out I had never done that before. My MHHSW showed me how to do all that and where everything is in the shop."

"In time I should be able to manage on my own but at present, my tenancy support worker is very welcome. When I get the house sorted out and the finances as well, I think not so much support needed then - people would need support for a year or so."

door accommodation has been superb and as a Council, we have gained a new cohort of welcome and enthusiastic tenants," said Liam Hanrahan, Director of Services, Housing, Economy/Rural & Community Development, Galway County Council.

"Roscommon County Council is delighted to have played its part along with all the other stakeholders in ensuring the success of this element of the project," said Martin Lydon, Director of Housing in Roscommon County Council.

### 'THE PROOF IS IN THE PUDDING'

The project has to date supported 30 individuals, ranging in age from 28 to 74 years, including the direct transition of 17 individuals who had lived from 4 to 40 years in mental health residences to their own tenancies with the council or an AHB.

**"I wanted to be independent, have a cup of tea whenever I wanted. The hostel living was kind of like a hospital setup certain jobs during the day and only open certain times and things like that. Plus the fact you had**

**someone looking over your shoulder the whole time. I now have an address other than a health board address - it is my own, which is a huge thing."**

SERVICE USER PARTICIPANT.

**"By demonstrating through the 'My Home Project' that this person can function quite well independently forces the system to change how it treats and forces a change in work practice". MEMBER OF THE SENIOR MANAGEMENT TEAM**

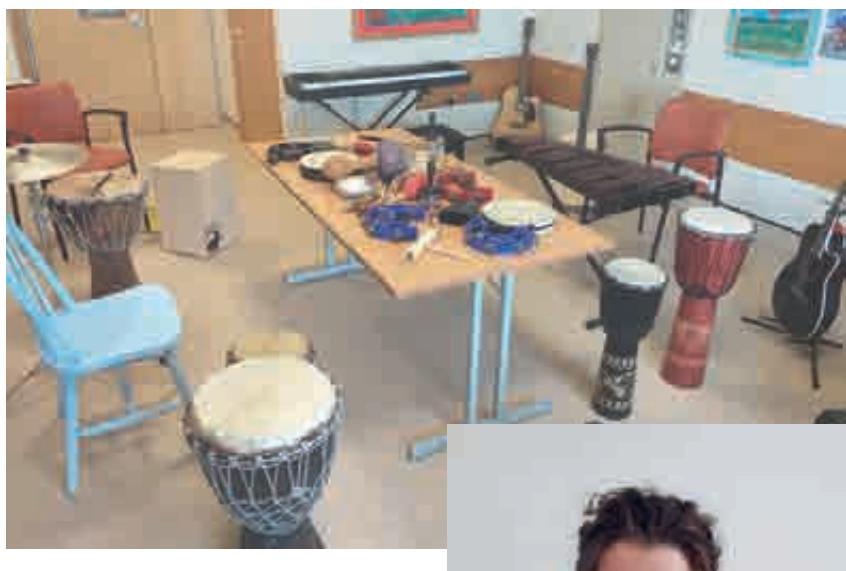


### THE 'MY HOME PROJECT' RECOMMENDS:

- The 'My Home Project' should be continued in East Galway and Roscommon and expanded to Mayo and Galway City.
- Staffing of Rehabilitation and Recovery Mental Health Teams should be increased to the levels recommended in 'A Vision for Change' to provide an assertive outreach model.
- Given the risks of institutionalisation, that local authorities consider earlier access to secure tenure housing for people living in HSE residences or hospital, even if they may not have made a timely housing application.

# 'WHEN WORDS FAIL, MUSIC SPEAKS'

This well-known quote was proven very apt in a Harvard study that found that music is, indeed, a universal language.



ACAT is the accrediting body for the creative arts therapies - art, dance movement, drama and music - in Ireland. Music therapy is a psychological intervention that uses music interventions for achieving therapeutic goals with a qualified and IACAT-registered music therapist.

Edel Loughran (right) is a music therapist working in the Acute Psychiatric Unit at Cavan General Hospital. Edel first introduced music therapy into the unit in 2017 on a pilot basis for 12 weeks and has since become an ongoing and integral part of the weekly therapeutic programme.

Music therapy added to treatment as usual (TAU) has been found to improve depressive symptoms, anxiety and functioning in people with depression. Furthermore, in addition to standard care, growing evidence has shown that engaging in music therapy improves global and mental state, social functioning, and quality of life of people with schizophrenia or schizophrenia-like disorders.

"Patients often comment on finding meaning where not found in other groups. This is reflected by the occupational therapist who has noticeably recognised how some patients are able to attend music therapy when otherwise failing to attend

other groups," explained Edel.

"Staff often observe enhanced motivation and mood post sessions. The engagement in music therapy often helps a patient develop or reignite a desire to learn an instrument and incorporate music into their life following discharge. Staff also note how they are often provided with different insight into a patient's mental state.

"In the area of psychiatry, music is used to support and help individuals with emotional expression, interpersonal relationships, motivation and concentration. The unique element of music therapy is that it offers a non-verbal way to explore feelings, enhance self-awareness and connect with others in a non-judgemental space. A wide variety of instruments both tuned and untuned percussion, guitars and a piano are all set up in the room each week. Regardless of cultural background and ethnicity, the accessible nature of music allows anyone to participate without having

any musical knowledge or training."

The nature of this setting and the short stay of patients has invited more therapist direction, often structured active music making and focus on single sessions. The prominent music methods used in the sessions are; live instrumental and vocal improvisation and the use of pre-composed songs for singing, verbal discussion and reminiscence.

"Music therapy facilitates a space for patients to transfer their negative energy into something creative. An example of this in one session was a patient who expressed feeling a strong desire to go home and feeling fed up with her ongoing mental health struggles. She used her voice to engage in an improvisation singing 'going home... no more anxiety'. The group was able to acknowledge and relate to her frustrations by engaging in a group improvisation. The improvisation invited a motivated verbal discussion from fellow patients on their own individual journeys," said the music therapist.

Music improvisation allows for thoughts and feelings both conscious and unconscious, to become audible. The role of the therapist is to facilitate interaction and insight into patient's behaviour and emotional difficulties primarily through live music improvisation using musical components such as rhythm, pitch, tonality and expression. The therapist's aim is to help bring shape and structure to the music whilst acknowledging the patients' state of mind through the use of improvisational techniques.

"Song discussions can often lead to titled themes for an improvisation which often helps patients make sense of their own mental state. One theme we had recently was 'finding freedom' when a patient reflected on her desire to feel inner peace. Other group members present were able to relate to this feeling and one by one, everyone chose an instrument and engaged in a group improvisation. Through the use of music, patients were provided with a space to connect, share, reflect and create through a nonverbal means," she said.

# KINDNESS CAUSES RIPPLE EFFECT

Spreading kindness is the aim of a new initiative set up by SCOPe staff in St James's Hospital.

"We, the kindness champions, make it our business to model, cultivate and encourage kindness in our everyday work in the hospital. Being kind in the workplace creates a ripple effect, it impacts the general level of positivity, boosts morale, and is contagious as the good feelings it promotes make people likely to pay it forward," explained Laura Kehoe, Medical Social Worker, St James's Hospital.

The Kindness Project began in 2018 when four SCOPe representatives attended a 'Leading Care I programme' through the HSE Leadership Academy.

As part of that programme they were asked to demonstrate their ability to create the right conditions for frontline staff, irrespective of their background, to deliver good quality, patient-centred, co-ordinated and cost effective care. The four SCOPe representatives felt that the learning goal from this programme was to develop a joint initiative across the SCOPe team with the hope of cultivating kindness.

Laura explained the thinking behind the project.

"Every morning on my way to work, I pass the same bin man on the street outside my apartment. Every morning without fail we smile and say good morning. Same time, same place. Rain, hail or shine. We do not say anything more, I do not know his name, nor he mine, we know nothing about each other," she said.

"I doubt that many people would acknowledge him, let alone interact with him, and I would like to think that he takes as much satisfaction from this interaction as I do. He makes me smile, and not just that, but every morning, his kind gesture



restores my faith in humanity and gives me the strength to face the day. This to me is kindness.

"I am by no means a saint. I simply believe that we should treat others as we ourselves want to be treated. Saying please and thank you goes a long way. Smile, say hello, hold a door for someone, give up your seat, and let someone ahead of you in the queue. We are all human and we all deserve to be treated with respect and kindness.

"It is of this premise  
that the Kindness  
Project was  
born."  
The four

SCOPe representatives held a workshop with 40 other SCOPe members with the ultimate aim of determining what behaviours staff felt constituted kindness.

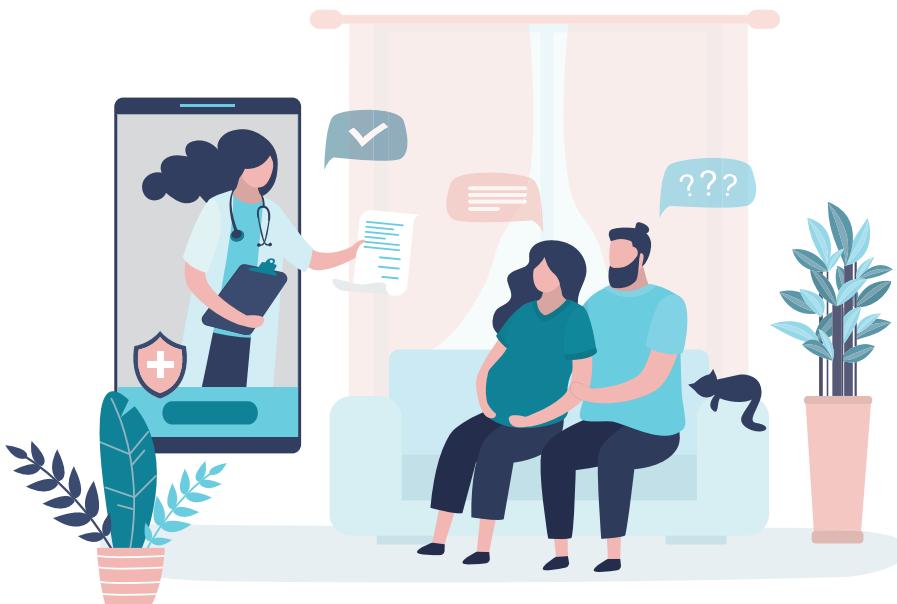
"The feedback from that workshop was that SCOPe staff believed that; introducing yourself and using your name, smiling and saying hello, actively listening and being present, practicing kindness to self and practicing gratitude were the pillars that constitute kindness. And thus we have the 'kindness bundle'. The kindness bundle was first introduced at a Research & Innovation breakfast in 2019. A committee was established to drive this project forward and to keep the kindness bundle active," said Laura.

The committee is comprised of representatives from each of the SCOPe disciplines that act as kindness champions. The current committee driving the SCOPe Kindness Project forward is: Emer Foley (Speech and Language Therapy), Laura Muldoon (Clinical Nutrition), Kat Clancy (Occupational Therapy), Sheila McCarthy and Sheila Roche (Physiotherapy Services), and, Laura Kehoe (Medical Social Work) is the chairperson.



# Online Antenatal

## EDUCATION



**A**ntenatal education is the cornerstone to empowering pregnant women and their partners to improve their own health and wellbeing.

Abby Acheson, CMM2 Parent Craft Department, and Mary Rowland ADOM, Maternity Department, Cavan General Hospital (CGH), presented their blended approach to antenatal education at the recent Annual Quality and Patient Safety Conference, RCSI Hospital Group.

The aim was to provide women and their partners with an online platform to access antenatal education whilst also maintaining participant-led discussions.

"Prior to COVID-19, face-to-face antenatal classes in CGH facilitated small group work and participant led interactive discussions. With COVID-19, it was necessary to move away from face-to-face

antenatal education and move towards a blended online approach to antenatal education," Mary explained.

As part of the RCSI Hospital Group, the team were able to access online prerecorded Antenatal

Education videos developed by the Rotunda Hospital and make them available to women booked to CGH.

Cognisant of the importance of participant led discussions, additional resources was put in place using the IT platform Attend Anywhere, live Q&A sessions as well as one-to-one telephone consultants as required.

As tours of the Maternity Unit were suspended, they collaborated with whatsupmum.ie and developed a virtual tour of the Maternity Unit which will be available to women via email and online.

"As part of antenatal education, we have

**"ANTENATAL EDUCATION IS FUNDAMENTAL IN THE PREPARATION FOR PARENTHOOD AND EMPOWERS PREGNANT WOMEN AND THEIR PARTNERS TO IMPROVE THEIR OWN HEALTH AND WELLBEING AND THAT OF THEIR CHILDREN."**

introduced Labour Hopscotch – a tool to promote optimal fetal positioning in pregnancy in preparation for birth. To date, we have over 65% of midwives and obstetricians trained in its use and are promoting it at each antenatal visit – making every contact count. From women's feedback, we are developing a booklet for women to refer to when using the Labour Hopscotch tool," said Abby.

Although face-to-face antenatal education classes for expectant women and their partners is seen as the optimum platform, a blended approach to antenatal education ensured that women have access to the knowledge about the social, emotional and psychological aspects of parenthood, labour and childbirth. From women's feedback, it is evident that the live Q&A sessions help alleviate their anxiety and promotes active participation in the decision-making process during labour and birth.

The maternity team continue to respond to women's feedback which has led to a 50% increase in the uptake of the live Q&A sessions.

Audit results indicate that 83% of women found that the online classes were very beneficial and 60% of partners joined the online classes. Women report the interactive sessions to be helpful, informative and reassuring when speaking to a midwife from the hospital.

"Antenatal education is fundamental in the preparation for parenthood and empowers pregnant women and their partners to improve their own health and wellbeing and that of their children. While the provision of this service has been challenging, we are committed to providing a quality education programme that is accessible to women and their partners. Ongoing audit ensures that we respond to the needs of expectant women and their partners," said Mary.

They also intend to develop specific online antenatal classes for women opting for a Vaginal Birth after Caesarean (VBAC) as well as a refresher class for women.

# SPARKING GENIUS

Two healthcare innovations from HSE staff have been named the national winners of the HSE-Health Innovation Hub Ireland (HIHI) Spark Ignite innovation competition and will receive special funding.

**H**IHI and the HSE's Spark Innovation Programme this week concluded the innovation competition, open to all HSE staff across all disciplines and departments, with a national final where the two winning projects were unveiled.

The goal of Spark Ignite Innovation is to help staff from within the health service with a solution to a problem, challenge, or unmet need in healthcare, to validate the need, and determine if a market exists for their proposed solution, product, or service. It is a unique opportunity for HSE staff, supported by the commercial and industrial experience of the HIHI team to develop and to promote their ideas.

The best individual overall winner was Aoife Collins, a senior physiotherapist and co-ordinator of Active Back Care Program in the Physiotherapy Department, Cork South Lee PCC, HSE. Aoife won for her 'Rapid-Access Online Active Back Care (ABC) Programme'. Aoife plans to adapt and deliver her existing award-winning, evidence-based, group-rehabilitation program online via a customisable platform, provided by Salaso Health Solutions.

The team prize went to Dr Kevin Deasy, respiratory special registrar, and Dr Marcus Kennedy, consultant respiratory physician and interventional pulmonologist, with their 'Remote Learning in Bronchoscopy using a Low-Fidelity Airway Simulator' at Cork University Hospital.

They plan to develop a low cost flat-pack bronchoscopy and pleural ultrasound kit for home assembly and remote learning. Their ultimate goal is to develop a formal, well-researched simulation program encompassing real world and distance learning through remote video platforms using this flat pack simulator.

Over 180 applications with innovative ideas in healthcare were received from HSE staff nationwide. Following a rigorous review, 36 finalists were chosen to go forward to a bespoke HIHI innovation workshop delivered by Donncha Hughes (Start-up Hughes) and supported by the Local Enterprise Office Galway. All winners will receive continued mentorship and guidance from HIHI to develop their idea further and avail of the bespoke HIHI Innovation pathway ([www.hih.ie](http://www.hih.ie)).



The 36 finalists received mentorship from the HIHI mentor panel to bring their innovative ideas and solutions towards reality, and to prepare them for the regional pitching competitions.

Each regional final awarded five prizes: Best Individual Applicant Overall, Best Team Applicant Overall, both winning €3,000, and then three €1,000 runner-up prizes. The best individual applicant overall and best team applicant overall from each region qualified for the National Final.

The winner of the national final for the individual and team category received a further €2,000 toward their innovation.

The Spark Ignite initiative is funded by the HSE's Spark Innovation Programme, a collaboration between the Office of the Nursing and Midwifery Services Director (ONMSD), National Doctor Training and Planning (NDTP), the Health and Social Care Professionals Office (HSCP) and the Quality Improvement Team (QIT) to support frontline innovation and quality improvement across the HSE. The annual HSE-HIHI Spark Ignite competition is one of the key initiatives of the HSE's Spark Innovation Programme ([www.hse.ie/spark](http://www.hse.ie/spark)).

The innovative projects submitted to the HSE-HIHI Spark Ignite competition included a variety of new products and services with commercial appeal, and healthcare service

or process improvements applicable to any hospital or team, home and abroad. All of which have the patient and the care teams at the heart and seek to improve healthcare for everyone.

HSE CEO Paul Reid congratulated the winners. "Our health service has encountered great challenges in recent times but throughout it all, HSE workers have demonstrated tremendous determination and navigated great obstacles via creativity and innovation. It is more important now than ever before that this approach is encouraged and championed, and I believe that the HSE-HIHI Spark Ignite Innovation competition is the perfect opportunity to discover new and better ways of service delivery," he said.

In addition to this year's prizes, special recognition was given by Bank of Ireland to two projects in the form of the Best Innovation in Healthcare Award (Individual) and the Best Innovation in Healthcare Award (Team). The recipients of the special recognition went to Claire Ahern, a senior radiographer at BreastCheck West, Galway with 'AniMammo', and Edel Siney, occupational therapist; Andy Byrne, physiotherapist; and Brian O'Ceallaigh, senior physiotherapist, with 'Upper Limb Rehab App', HSE - University Hospital Galway, respectively.

# Innovation in Tallaght

TUH are first hospital to create dedicated innovation centre



**T**allaght University Hospital (TUH) has announced the appointment of Dr Natalie Cole as Head of Innovation. Dr Cole will lead on the establishment of the new Innovation Centre at TUH. Dr Cole is also joined by Dr Hannah O'Keeffe, Innovation NCHD, who will support the establishment of the Centre and lead on the delivery of the clinical innovation portfolio for TUH.

With COVID-19 as the impetus, this year has been a flagship year for healthcare innovation worldwide. While technologies like telehealth played a key role in changing the way healthcare is delivered, the year also brought a shift in overarching strategies and approaches to innovation.

"At TUH we are assessing how innovation can not only address the COVID-19 crisis but also build a more effective, efficient, and equitable healthcare system in the future. Leadership in research & innovation are central to delivering better care and is one of the key pillars of the Hospital's current corporate strategy," said a Tallaght hospital

spokesperson.

The Innovation Centre will provide an opportunity for partners to test healthcare innovation projects across clinical and non-clinical departments (eg human resources, finance, facilities etc). The newly established Innovation Hub is a one of a kind dedicated physical space in the main atrium of the Hospital. This space will support the provision of 'idea clinics' for the development of ideas from a problem solving stage through to development and implementation.

The establishment of the new Centre and Innovation Hub will build on the already high-calibre innovative projects underway throughout the Hospital with links established with academia, HSE Digital Transformation and HIHI. The appointments of Dr Cole and Dr O'Keeffe (both pictured above) are the first steps in enhancing the Hospital's reputation and track record in this area with a view to becoming a recognised leader in Innovation. The appointment of Dr Cole is supported by the Meath Foundation.

Lucy Nugent, Chief Executive, TUH, said, "We appreciate and recognise the value of innovation and whilst TUH has a long and very proud history of innovation we need to ensure that we are building a sustainable approach to innovation building on our capabilities. Successful innovation enables the hospital to be more effective, efficient and competitive. These appointments and the creation of the Innovation Hub, a physical space in our hospital, will help to nurture and develop a culture of innovation creating a system for innovation that continually scans for new ideas and takes them through to widespread use."

Dr Cole said she was 'incredibly energised by this opportunity'.

"To deliver real advances in healthcare you need commitment and enthusiasm from staff, strong relationships with academia and industry. TUH has all of these elements. We are looking forward to nurturing and developing innovation capability with the clear aim of delivering benefits for patients," she said.

# GET THE FLU VACCINE PROTECT YOURSELF, PROTECT OTHERS

**A**s COVID-19 vaccines continue to be rolled out in Ireland and worldwide, it is still important healthcare workers get the flu vaccine this autumn/winter to protect themselves and others from flu, says Dr Aparna Keegan, Specialist in Public Health Medicine at the HSE National Immunisation Office.

"Flu is a very infectious and unpredictable virus. It can have serious and sometimes life threatening consequences for those who get it," said Dr Keegan.

Flu occurs most years during autumn and winter, but it is not possible to know whether there will be a mild or a severe season in each year. Typically in Ireland, up to 500 people die from flu each winter.

"Healthcare workers are 10 times more likely to get the flu. This year, we should continue practicing hand hygiene, cough etiquette and do everything we can to prevent the spread of flu. If you work in healthcare, that means getting the flu vaccine."

Most people with flu are sick for 5-7 days with a high temperature, sore throat, muscle pains, fatigue and headache. But some people won't

develop symptoms and can then spread it to other people, like vulnerable patients, or their own families, without knowing they have it.

It may be difficult to tell the symptoms of flu apart from the symptoms of COVID-19. Flu and COVID-19 can both cause serious illness. The flu vaccine does not protect against COVID-19 because they are caused by different viruses.

"If you had the COVID-19 vaccine, you should still get the flu vaccine. The flu vaccine gives protection to people who get the vaccine and may also protect people around you," she said.

If it is offered to you, you can get a COVID-19 vaccine at the same time as the flu vaccine.

This flu season, the Fluad Tetra flu vaccine will be offered to those aged 65 years and over. For people aged 65 years and over, this is a more effective flu vaccine. If you are aged 65 and over you can get it through your GP or pharmacy.

"As we get older our immune system may not respond to vaccines to the same extent. The Fluad Tetra flu vaccine contains an adjuvant or ingredient that will make it more

effective. That is why it is being offered to people aged 65 years and over this year."

Last flu season, the children's flu vaccine was introduced for children aged between 2-17 years and it will be available this year also. Young children in particular are more likely than adults to get severe complications of flu, such as pneumonia. Vaccinating children against flu protects them, and the people they come into contact with like their siblings, parents or grandparents. It comes in the form of a nasal spray and is available from your GP or pharmacist.

"In the last 10 years, almost 5000 children were admitted to hospital with complications of flu. If your child has had the flu vaccine and they come into contact with the flu virus, the vaccine can stop them from getting sick. If enough children are vaccinated fewer people will need treatment in hospital. This is very important for our health services, especially this flu season," said Dr Keegan.

"The flu vaccine is your best shot to protect yourself and those around you."

Contact occupational health for details about flu vaccine clinics in your area. The flu vaccine is also available for free from your GP or pharmacist.

There are e-learning modules available on [www.hseland.ie](http://www.hseland.ie) from September 2021, including a new module on the Quadrivalent Influenza Vaccine and Fluad Tetra vaccines, in addition to the updated module on children's flu vaccine (Live Attenuated Influenza Vaccine, LAIV) released last year. We would encourage everyone to complete them to get the facts about why it's important to get the children's flu vaccine.



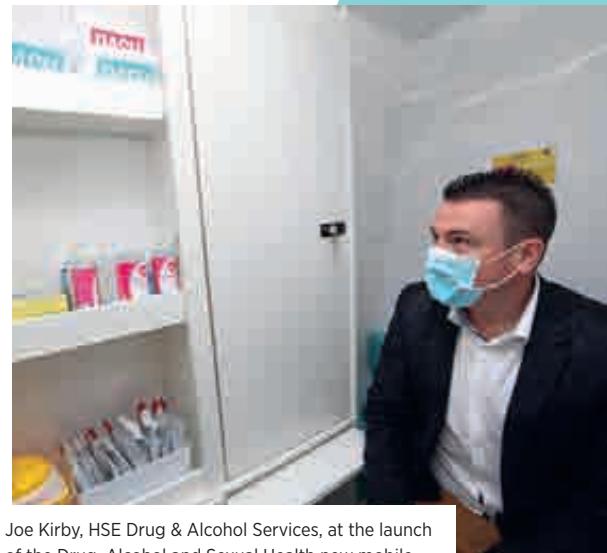
Visit [www.hse.ie/flu](http://www.hse.ie/flu) for more information.

# Advice on the DASH

Mobile service to offer support and information on drugs, alcohol and sexual health



Olivia Teahan and Konrad Im, both Sexual Health Centre, happy despite the rain, at the launch of the Drug, Alcohol and Sexual Health new mobile unit for Cork and Kerry, at St. Finbarrs Campus, Cork.



Joe Kirby, HSE Drug & Alcohol Services, at the launch of the Drug, Alcohol and Sexual Health new mobile unit for Cork and Kerry

**A**new mobile health service will travel to all parts of Cork and Kerry in order to make support, information and interventions around sexual health and drug and alcohol services available to all. The 'DASH' (Drugs, Alcohol and Sexual Health) mobile unit is the first of its kind in Ireland, providing community-wide mobile services such as rapid HIV testing, condom provision, drug and alcohol assessments and support from trained health promotion professionals.

Delivered on a partnership basis and supported by the HSE through Cork Kerry Community Healthcare, DASH will bring opportunities for informal interventions in every village and town across Cork and Kerry, meeting people in their own communities and making sure they have information and support around their health and wellbeing in a friendly and welcoming environment.

Head of Primary Care with Cork Kerry Community Healthcare Priscilla Lynch said CKCH is delighted to fund the initiative.

"It's very unique, it's the first of its kind that we know in the country. We are absolutely thrilled to support it. This will be a fantastic resource that will be available for individuals right across the two counties."

Dr Martin Davoren of the Sexual Health Centre said that the centre is delighted to see services becoming mobile, going out into communities and ensuring equity of access for all.

"For far too long, I think we've expected people to come to urban

environments to meet their services and now DASH means that we can go and let their service find them," he said.

Emily Barret is the project worker with DASH and she described the service as bridging a gap for all people in Cork and Kerry.

"DASH mobile unit will bring informal interventions to all villages and towns through Cork and Kerry. Our aim is to invite people into to speak with us in a friendly and welcoming environment and we look forward to meeting with everybody," she said, adding that she's looking forward to getting out on the road and meeting people.

"It will bring communities together and we look so forward to having everybody come on board to us and have a welcoming chat and help everyone that we can along the way," she added.

Joe Kirby, Co-Ordinator of the Cork Local Areas Drug Task Force explained that the project lead will co-ordinate the mobile unit, which is staffed by drug and alcohol workers and Sexual Health workers, with each of those workers offering screening, brief interventions, onward referral and rapid HIV testing.

"Drugs, alcohol and sexual health impact everyone at some point in their lives. The client groups of each of our organisations can all benefit from the ease of access and diverse expertise at the helm of the DASH project. Importantly, DASH will be available to members of the wider community, who may not have the opportunity or encouragement to consider their own needs around drugs, alcohol and sexual health until the DASH van arrives in their local area."



Lord Mayor Cllr Colm Kelleher and Priscilla Lynch,  
Head of Service Primary Care Cork & Kerry HSE



Sexual Health Centre team members, Aishling McCormack and Elinor O'Donovan

The service is free of charge, and anyone with question can visit [sexualhealthcentre.ie](http://sexualhealthcentre.ie) or contact Emily Barrett DASH project worker at the Sexual Health Centre on 083-0132250 or [dash@sexualhealthcentre.com](mailto:dash@sexualhealthcentre.com)

FIND  
OUT MORE



Muire O'Farrell and Aishling McCormack

# NEW STUDY FINDS DIFFERENCES IN LGBT+ SCREENING EXPERIENCES AND PARTICIPATION

Study examines knowledge, attitudes, participation and experiences of lesbian and bisexual women, trans men, non-binary and intersex people with a cervix in cervical screening

Lynn Swinburne, Senior Health Promotion Officer, Public Health Department, National Screening Service.



**A** study of the LGBT+ community's interaction with cervical screening shows that negative screening experiences can have an effect on uptake in that community. Issues faced included assumptions by some sample takers that the person being screened was heterosexual.

While many LGBT+ people reported positive experiences of cervical screening, the report found that the community's participation in screening could be encouraged by inclusive and targeted campaigns, specialist LGBT+ clinics, and through LGBT+-friendly GP practise environments, explained Lynn Swinburne, Senior Health Promotion Officer, Public Health Department, National Screening Service.

The study was undertaken by the National Screening Service's Health Promotion team in collaboration with LINC (Cork) in 2020 and 2021. A steering group made up of stakeholder and community representatives oversaw the implementation of the study, which was conducted by Dr Maria Power of Community Consultants in Co Waterford.

The aim of the study was to examine the knowledge, attitudes, participation and experiences of lesbian and bisexual women, trans men, non-binary and intersex people with a cervix in cervical screening in Ireland.

Approximately 450 people who identify as LGBT+ took part in the study, which was carried-out using an online survey, focus groups and stakeholder interviews.

The study found that people in the LGBT+ community face a number of barriers to attending cervical screening and they are also subject to a higher degree of misinformation than other groups.

The main barriers to attending cervical screening were identified as:

- assumptions by healthcare professionals that the person being screened was heterosexual, and questions asked that

were based on those assumptions

- fear of the test procedure
- embarrassment
- bad experience of cervical screening in the past.

Over 62% of respondents had not stated their gender/sexual identity when engaging with their healthcare professional in cervical screening. Many expressed a need to feel welcomed, safe, and free to be out in clinical settings where they see themselves reflected in the environment.

Many respondents reported that basic consultation practices were not followed, e.g. not being informed about the procedure they were about to undergo, or being told what their test results would mean, or what might make the procedure more acceptable for them.

Many respondents pointed to a high level of misinformation communicated to the LGBT+ community, both by healthcare professionals and by the LGBT+ community itself, on the need for cervical screening for LGBT+ people.

While many in the study reported positive experiences of cervical screening, only 66.5% said they attend screening regularly, which compares to 80% in the general population.

The report's recommendations included: LGBT+ training for sample takers, and the promotion of screening directly to the community using culturally-appropriate images and language.



The LGBT+ Cervical Screening Study can be viewed on [www.screeningservice.ie/news/index.php](http://www.screeningservice.ie/news/index.php)

# SERVICE ENSURES ACCESS TO EARLIER TREATMENT

Slaintecare-funded Integrated Heart Failure Service in Donegal allows GPs to directly refer patients they suspect of having heart failure



**L**etterkenny University Hospital (LUH) and Community Healthcare Organisation Area 1 (CHO1) have established a new Heart Failure Service to support earlier access to diagnosis and treatment. Funding for the new service and a portable echocardiography machine was secured as part of Slaintecare Integration Funding.

The new service allows GPs to directly refer patients they suspect of having heart failure to the dedicated heart failure clinics in community locations where they can get their echocardiogram and full assessment to confirm or rule out the diagnosis, which will then guide the treatment plan. It also allows patients who have been admitted to LUH with heart failure to have their follow up in community locations reducing the need to travel to Letterkenny for many.

Speaking of the new service Cathy Farrell, Advanced Nurse Practitioner, said, "I have worked in LUH as a heart failure nurse for 15 years now and the number of people attending the clinic has more than doubled in that time. I am delighted to see this new service which will allow earlier diagnosis and therefore treatment of heart failure. We know through

Donegal Heart Failure team members (left to right) are: Karen McCafferty, Clinical Nurse Specialist, Heart Failure Integrated Care; Cathy Farrell, Heart Failure Advanced Nurse Practitioner; and Eoin Sheehy, Chief Cardiac Physiologist, Heart Failure Integrated Care.

appropriate education of self-management and self-monitoring we can improve quality of life and reduce hospitalisations and this service will allow us to see more people in a more timely manner."

Mandy Doyle, Primary Care General Manager for CHO1, said the integrated service for heart failure demonstrates the 'potential and further possibilities' of what can be achieved through the Slaintecare principles of 'right care, right place, right time' and the integration of primary and secondary care.

"The Slaintecare vision for healthcare is one where care is seamless and integrated and is provided at the most appropriate service level. This new integrated heart failure service is a fine example of this, a service that seeks to improve the quality of care for individual patients by ensuring that services are well co-ordinated around their needs. This

collaboration between Primary Care Donegal and LUH enables primary and secondary care to be aligned in one system closer to the local community. This also supports a more efficient and coordinated transfer of care and improved experience for people accessing our services. Keeping the patient central is most important for all of the healthcare workers involved," she said.

Heart failure is one of the major chronic diseases in Ireland and quality of life can be improved with appropriate medication and lifestyle changes. It affects around 2% of the

## DID YOU KNOW?

HEART FAILURE AFFECTS AROUND 2% OF THE GENERAL POPULATION BUT THIS RISES TO 10% TO THOSE OVER 70

general population but this rises to 10% to those over 70 and is the leading cause of admission to hospital in those aged over 65. It is one of the major chronic diseases in Ireland and quality of life can be improved with appropriate medication and lifestyle changes.

Seán Murphy, Hospital Manager, Letterkenny University Hospital, said the hospital and the cardiology service in particular are delighted to be part of this innovative service development for patients with heart failure.

"As Cathy highlighted, cardiac illness is unfortunately increasing in Donegal. This Slaintecare project delivers a service to those patients with heart failure across the County, integrated with the acute hospital based service. This approach which provides easier access for patients will also be the future for other services and I congratulate all those who have been involved in realising this vision for the care of patients with heart failure," he said.

Ciaran O'Fearraigh, GP in Millbrae Surgery Stranorlar, expressed his own delight.

"It's great to see investment in community services and better access to diagnostics in primary care. The existing heart failure service in LUH has been a great support to those with heart failure in Donegal and to General Practice. This new service builds on that, with timely access to high quality diagnostics and care in the community setting, and will hopefully provide a model for further projects going forward."

# Nurses to lead way as advocates for the child and family in delivering rights-based care

Children's Health Ireland and the HSE publish strategy for the future of children's nursing



At the launch of Leading the Way; A National Strategy for the Future of Children's Nursing in Ireland 2021 – 2031 is Theo Garvey (1) from Co Meath with his mother Julieanne, and Rachel Kenna, Chief Director of Nursing, Department of Health.

The role of the children's nurse is as an advocate for the child and family in delivering rights-based care, a new strategy on the future of children's nursing recommends.

Other recommendations in Leading the Way: A National Strategy for the Future of Children's Nursing in Ireland 2021–2031

include ensuring children and family are equal partners and participating in the design planning and delivery of care, raising awareness of the unique care needs of children and their families across all services and increasing diversity in the profession.

The strategy was launched recently by Children's Health Ireland and the Office of the Nursing and Midwifery Services Director.

## THE VALUES SHOWN IN CHILDREN'S NURSING



Chief Nurse, Department of Health, Rachel Kenna, welcomed the report. "I am delighted to launch this important strategy for the future of children's nursing in Ireland. There is already a very positive transformative health services environment for children currently underway and this strategy is a key enabler for the implementation of the Model of Care for Paediatric Healthcare services and the opening of the new children's hospital."

Acting Chief Director of Nursing, Children's Health Ireland, Tracey Wall, said, "A central focus in the development of this report was the consultative process. The future nursing needs of children and their families depends on their voices being championed. Quality community engagement will allow us

PHOTO: MARK STEDMAN PHOTOGRAPHY

## A CHILD'S JOURNEY THROUGH THE SYSTEM

I am seven years old and I have global developmental delay with complex neurodisabilities. Throughout my childhood I've been well known to the early intervention services and local paediatric ward and I have a long medical history and have been involved with the health and social care services since birth. I have had many interventions from the multi-disciplinary team including physiotherapy, occupational therapy, social workers, speech and language therapy and community disability nursing.

When I was five, my behaviour changed and I became prone to episodes of self-injurious behaviours. I suffered with issues around wind reflux and wind and had a PEG inserted for feeding. I then developed urinary retention and my mum now performs intermittent catheterisation to relieve this.

As I've grown up my condition has deteriorated and I'm now supported by the coordinator for children with

understand our patients' needs and provide a high quality and safe service that is responsive to their needs."

Office of the Nursing and Midwifery Services Director, HSE, Dr Geraldine Shaw, added, "We had a very positive engagement process which allowed for many stakeholders, from a wide variety of disciplines and organisations, to collaborate on the future needs and is an important building block towards integrated care and implementation of Sláintecare in the children's services."

The report established that the advancement of excellence in professional leadership, scholarship, clinical practice and innovation in children's nursing is critical to making a difference in the health and well-being of children, their families and communities in Ireland. Development of the strategy involved significant examination of the role of the Registered Children's Nurse and areas of interdependencies with the other nursing and midwifery professions, following identification by the Senior Children's Nursing Network of the potential that children's nurses have to contribute to children's healthcare and wellbeing service development overall.



life-limiting conditions.

I have a home care package so I can be cared for at home and my family receive some respite from Jack and Jill, Laura Lynn and Suzanne House.

A part of my disease trajectory I suffer with wind, constipation and venting issues and have a lot of pain.

I have been admitted to hospital for long periods of time. Following my most recent admission my home care package was increased to support my care at home. Since my discharge my home is a very busy place and I see a large number of nurses as well as other health care professionals.

#### The nurses I meet include:

- Public Health Nurses for developmental checks and equipment
- Disability Liaison early intervention team nurse – psychosocial support and disability related issues • Jack and Jill Liaison Nurse
- Jack and Jill Home Nurses x3 - who provide direct care
- Home care agency nurse clinical nurse manager who plans the care I need and the governance around that care.
- Home Care Nurses x3 - who provide direct care
- Coordinator for children with life limiting illness
- Complex Care Coordinator -home care package
- LauraLynn clinical nurse's specialist's x 2 - specialist input
- LauraLynn @Home clinical nurse's manager and nurse - who provide direct care
- Clinical nurse specialist, gastrostomy – PEG related issues
- Clinical nurse specialist, pain management
- Clinical nurse specialist neurology, epilepsy management
- Clinical nurse specialist urology, intermittent catheterisation support and education
- The other professionals I meet:
- Consultant paediatrician – local hospital
- Consultants - Laura Lyn services
- Consultant tertiary centre, Neurology/Gen Paeds/Urology/ Gastro/Palliative/
- Neuro-disability/Pain management Care/Anaesthetics
- Early Intervention Team (Social worker, physiotherapy, nursing, medicine, occupational therapy)



# Innovation a key tool in COVID battle

Respirasense remotely monitors respiration rate to allow for early detection of the deterioration in patient's condition



For Yvonne Whelan and her colleagues on the packed COVID ward of Beaumont Hospital back in March 2020, the new virus taking a foothold was an unpredictable enemy. But an innovative piece of technology gave them a vital boost in their COVID battle.

Respirasense is a monitoring device that measures Respiration Rate (RR) through an electric sensor and allows for early detection of the deterioration in a patient's condition.

Respirasense sends patient data via Bluetooth to an iPad on the nurses' or doctors' desk. During COVID, patients were placed in isolation rooms and bays, to minimise staff exposure, however this has had the effect of reducing patient visibility. As an addition to traditional patients monitoring using INNEWS, the introduction of Respirascence has allowed for early alert of deteriorating respiratory rate.

Early medical intervention before a patient deteriorates can often mean a greatly improved outcome.

Yvonne, ADON in the Beaumont Respiratory Service, explained that the 35-bed COVID ward in Beaumont was the

first setting to trial the new technology. It has been a major success and is now being used in most hospitals across the country, in both COVID and non-COVID patients.

"We began to use the Respirasense monitors on our COVID patients as they were our highest acuity patients. It is a simple, non-invasive way of monitoring the respiration rate and, from our perspective, it enhances our monitoring of patients and reduces staff exposure to COVID. We were learning so much about the virus all the time and the extra monitoring was a great support," said Yvonne.

A nurse or doctor can attend to a patient from a safe distance to review RR and trends. This allows for a more rapid intervention. Patients who are physically not close to the desk can be monitored and an alarm will trigger if a patient's respiratory rate deteriorates. "The device is placed on the patient and we can continuously track the patient's respiratory rate via the iPad. Any change in respiration rate is immediately flagged and we can respond quickly. It can spot even the most subtle of changes. And in a tracheotomy patient, it can flag early signs of an obstructed airway."





Staff at University Hospital Limerick with the Respirasense devices

She stressed that the new monitoring device does not mean that nursing staff reduce the attention and time given to sick patients.

"This is an additional support but we are still at a patient's bedside when they need us," she said.

Respiratory rate is a central part of Early Warning Scoring and is the earliest non-invasive measure of patient deterioration. Traditionally and before this tech solution was used clinical staff manually recorded patients' breaths which was a less accurate way to record a patient's respiratory rate.

However, the RR is typically manually counted with more than 80% of measurements being inaccurate leading to over 41% of Early Warning Scores not accurately representing the patient's true status.

Des O'Toole, Digital Clinical Innovation Lead, HSE Digital Transformation and Innovation, highlighted the importance of the respiratory rate as a vital sign.

"It is estimated when calculating a patient's respiratory rate – where a clinician stands and physically watches the patient breathing, counting the breaths. But, of course, lots of behavioural things can affect how you breathe when you are being assessed so it's not always accurate. This is how Respirasense can have an immediate impact. It has the potential to detect deterioration in a patient's condition 10 or 12 hours earlier than traditional monitoring and every second can be vital," said Des.

Des is part of the Digital Transformation team within the HSE that is responsible for the 'innovation pipeline' that has become even more timely with the onset

of the pandemic and the need for reduced physical interactions and social distancing. COVID-19 has led to a massive increase in the use of the technology across the health service as in-person appointments and care are replaced by virtual interactions.

Respirasense was just one of the many technologies that the team had been working on. The technology was invented by PMD Solutions, a Cork biomedical company led by Myles Murray. Its potential to help COVID patients meant it was swiftly rolled out to Beaumont in March 2020.

"We approached Beaumont and made the pitch to them about the device. We provided all the devices and provided the training and supports. The staff have been very open and welcoming to the new way of working and have embraced the

technological change. They could see the benefits that it was bringing to them and their patients," said Des.

Since June 2020, Cork University Hospital (CUH) under the direction of Dr Desmond Murphy, National Clinical Lead for Respiratory, began evaluating the technology in applications for non-COVID respiratory-compromised patients in addition to COVID patients there.

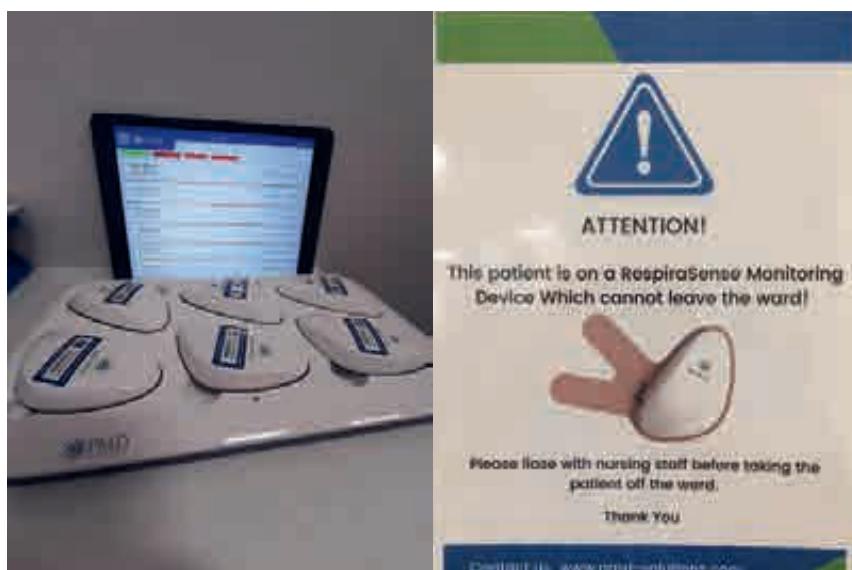
The decision to extend the use of Respirasense to three wards in both CUH and Beaumont was based on the positive impressions by consultant and nursing staff alike on ease of use and insight for clinical decision making.

Dr Murphy said the benefits in the third COVID wave were immediate with the decreased need for PPE and the freeing up of nursing time with so much of the clinical staff missing through COVID leave.

"We were under pressure due to the number of our nursing staff who were out on COVID leave so it was helpful in freeing up some nursing time while continuing to monitor the patient's respiratory rate," he said.

He said that the data that has been collected since the introduction of Respirasense across the various hospitals will provide invaluable insight into the treatment of respiratory patients.

Research is in progress as part of the Living Lab in CUH, and the clinical feedback to date, reviewed from more than 200 patients, is positive, said Dr Murphy. Research is on-going to evaluate if less Arterial Blood Gas analysis could be done by using Respirasense to indicate, in a non-invasive and patient friendlier way, whether the treatment is effective or not.



# BE SUN SMART

UL Hospitals Dermatology Department launches sun awareness campaign



Evelyn Power, Skin Cancer Clinical Nurse Specialist, Dermatology Department, UL Hospitals Group, with Dr Sinead Field, Consultant Dermatologist, UL Hospitals Group, and Dr Emma Porter, Registrar Dermatology Department UL Hospitals Group.



The Dermatology Department of University of Limerick Hospital Group (ULHG) launched a new sun awareness campaign for staff.

The focus of the campaign centred on digital communication channels across the group.

The Irish Skin Foundation (ISF), normally provides skin cancer literature which is used in ULHG. This year, in association with the Dermatology Department and funded by National Cancer Control Programme, this literature was converted to awareness videos.

The Healthy Ireland (HI) SunSmart messages were used to create five animated versions of the ISF's 'Everyone Under the Sun' sun awareness literature. This is part of a wider research study aimed at the staff in ULHG.

Following production of the videos it was decided to immediately launch them nationally as part of the Healthy Ireland SunSmart National Campaign.

Dr Sinead Field, Consultant Dermatologist at University Hospital Limerick, said of the video animation series, "Traditional health promotion campaigns have had to be reimagined in light of COVID-19 public health restrictions. Our aim in developing these animations was to bring the SunSmart messaging to life by creating a novel skin cancer awareness campaign in response to these changed circumstances and explore how digital health promotion initiatives can support all of us in adopting healthy sun protective behaviours."

The messaging in the series highlights key skin cancer preventative behaviours and focuses primarily on the four priority groups identified in the National Skin Cancer Prevention Plan 2019-2022; children and young people, outdoor workers, those who participate in outdoor leisure activities and sunbed users. The videos encourage people to follow the SunSmart 5 S's: Slip-on clothing that covers your skin, Slap on sunscreen, Slap on a wide-brimmed hat, Seek shade, and Slide on sunglasses.

Skin cancer is the most common form of cancer in Ireland, with over 13,000 cases diagnosed annually. This is twice the number compared to 10 years ago and is projected to more than double again by 2045. Yet, most skin cancers could be prevented.

"The team understand how important it is for patients to be able to leave hospital, return to the comfort of their home, while still receiving regular tailored care," said Gemma Foley, Senior Physiotherapist in Stroke Early Supported Discharge.

The St James's Hospital ESD programme involves rehabilitation for patients who have had a stroke. Members of the ESD team visit patients in their homes to deliver physiotherapy, occupational therapy, speech and language therapy and social work support. This work is well established in New Zealand and the UK, and St James's Hospital is the latest Irish hospital to advance this initiative.

"St James's Hospital ESD launched in March 2021, with the team consisting of physiotherapist Gemma Foley, social worker Juliet Herbst, occupational therapist Conor Keady, speech therapist Laura Murray - who has been succeeded by Kelly Doherty - and therapy assistant Christy Kelly. The team visit patients in ones and twos to deliver the specified treatment and as some visits permit travel by foot or bicycle, it's a health winner all round," she said.

"In the first two months of the service the team facilitated discharge for 18 patients, many of whom would otherwise have required several weeks more inpatient rehabilitation. The response from the patients and their families so far has been overwhelmingly positive."

Initial feedback certainly bears out, with one patient saying, "I cannot express how important this service is for us", while another commented "we're so grateful for all the input we're receiving. It is making a huge difference".

BACK ROW, LEFT TO RIGHT: Christy Kelly, therapy assistant; Kelly O'Doherty, speech therapist; Conor Keady, occupational therapist. FRONT ROW, LEFT TO RIGHT: Juliet Herbst, social worker; Gemma Foley, physiotherapist.

# EARLY SUPPORTED DISCHARGE FOR STROKE PATIENTS

**Home is where the heart is, that is why the new outreach team in St James's Hospital have set up a new Early Supported Discharge (ESD) programme.**



**IRELAND'S NATIONAL STROKE STRATEGY**

There is substantial evidence that ESD programmes are associated with reduced hospital costs, fewer bed-days used and greater patient satisfaction. Ireland's National Stroke Strategy envisions a big expansion of such programmes, and plans a rollout of ESD to cover 75% of the population. ESD teams will operate from 15 hospitals nationally; hospitals which have the greatest number of stroke patients. Professor Ronan Collins, clinical lead with the HSE Stroke Clinical Programme, said money saved on hospital beds could amount to €4.6m over three years, whereas the costs of the ESD rollout are less than €1.6 million. The St James's Hospital new ESD team meets daily to discuss patients' progress. Care will continue in the home for up to six weeks for each patient. The HSE and the National Stroke Clinical Care Programme view this as 'best practice' care; and both are planning to increase the amount of ESD teams nationwide. The team has been funded by the National Treatment Purchase Fund for one year; after which they hope for the programme to become permanent in the hospital.

# CROOM ORTHOPAEDIC HOSPITAL OPENS ITS NEW €15M THEATRE SUITE

Long-established Limerick hospital made another great leap forward in service quality this summer, when the doors of Ireland's most modern operating theatre suite were opened, increasing its surgical capacity by 100%

The new €15m theatre suite has four operating theatres, increasing the hospital's surgical capacity volume by 100%, a new Sterile Services Department, a reception area, a first stage recovery room and other ancillary support spaces.

It is a key part of the effort to rejuvenate and develop Croom Orthopaedic Hospital as a beacon of surgical and nursing excellence and professional advancement, with major benefits for patient experience in the Mid-West.

The new complex is situated on the first floor of the hospital's state-of-the-art Maigue Unit, which has been developed as part of the nationally-funded UL Hospitals Group response to the COVID-19 pandemic in the region, and with funding from the Mid-Western Hospitals Development Trust. The Trust acknowledged the significant contribution from the JP McManus Pro-Am, without whose assistance this new complex would not have been completed.

An appropriately high-spec complement to the 24 en-suite single rooms on the ground floor of the Maigue Unit, the new theatre complex benefits not just from architectural and construction excellence, but also from the attention to detail in the design and build, which took account of inputs from a multidisciplinary blend of stakeholders, including nursing and theatre staff, nurse management, surgeons, infection prevention and control, and operational services.

"This is a hugely important day in the history of Croom Orthopaedic Hospital, which is one of the most venerable hospitals in this part of Ireland. Now, thanks to the efforts and input of so many stakeholders, and the great work of HSE Capital & Estates, the design team, and the main contractor Clancy Construction, it stands proudly among the finest hospitals in the country. It's a facility that is worthy of our excellent



Margaret Deely, Theatre Staff Nurse, preparing for duty in the new operating theatre suite at Croom Orthopaedic Hospital.

staff and nothing less than the patients of this region deserve. I wish everyone well as they begin to work in the new facility and write new and ever more exciting chapters in the ongoing success story of Croom Orthopaedic Hospital," said Colette Cowan, Chief Executive Officer of UL Hospitals Group.

Chief Clinical Director of UL Hospitals Group, Professor Brian Lenahan, is an orthopaedic surgeon at the hospital and said he was immensely proud not just of the new suite and what it represents, but also of everyone involved in the design and build.

"This is the premier operating theatre suite in Ireland. Up until now, the facilities here have been very dated, with only two theatres and a very small Sterile Services Department to cater for the high volume of orthopaedic procedures. Now, we have a very large theatre complex with which we will be able to expand our outputs by 100%, and a Sterile Services Department that is

now fit for purpose and future-proofed," Prof Lenahan said.

Every part of the new complex has been designed and built to the most modern standards, inspired by and improving upon the most recent developments in the country. The spacious recovery room in the suite has eight patient bays, including two full isolation rooms. There are cameras within the lighting systems in each theatre that can video-stream the activity in one theatre onto screens in another. The Sterile Services Department alone is a long-sought improvement that is an exponential advance in workspace quality and spaciousness.

Opening on a phased basis, the new suite, when fully operational, will take Croom from a hospital with five operating surgeons in two theatres, to 10 surgeons in four theatres catering for a range of orthopaedic disciplines including hips, knees, spine, foot, ankle, shoulder, sports knee, and ambulatory trauma, as well as general surgery, including



LEFT: Katie Sheehan, outgoing Assistant Director of Nursing, Croom Orthopaedic Hospital (from) with, from left: Eimear Breen, CNM2; Aideen Barrow, A/CNM; and Mary Russell, CNM3, Croom Orthopaedic Hospital. RIGHT: Katie Sheehan, Assistant Director of Nursing, Croom Orthopaedic Hospital: "It has been a privilege to witness the recent transformation of Croom hospital and experience the incredible spirit of rejuvenation among the staff."



LEFT: Mr Cian Kennedy, Orthopaedic Surgeon, pictured in the new theatre suite at Croom Orthopaedic Hospital. RIGHT: Prof Brian Lenehan, Orthopaedic Surgeon and Chief Clinical Director, UL Hospitals Group: "This is the premier operating theatre suite in Ireland."



vascular, ENT and maxillofacial.

"There won't be a hospital like this built in Ireland in the next five years," Prof Lenehan said.

While the developments were initiated in spring 2020 as part of the national pandemic response, they also mark the coming to fruition of plans developed over many years, and championed and pursued by the UL Hospitals Group CEO Colette Cowan and her Executive Management Team, working together with the Assistant National Director of HSE Estates, Joe Hoare.

For Katie Sheehan, Assistant Director of Nursing at the hospital, the development of the Maigue Unit and the theatre suites are

an investment of faith in the dedication and commitment of staff at the hospital. Ms Sheehan started her career in this hospital in 1980, and, after spells in numerous other hospitals, returned in 2016 as Assistant Director of Nursing. Fittingly for someone whose first job was in this hospital, these forward-looking developments will be the final project she oversees before her retirement.

"It has been a privilege to witness the recent transformation of Croom hospital and experience the incredible spirit of rejuvenation among the staff, especially during the transfer from the old theatres into the new block. I know that the

incredibly caring essence that defines our entire workforce in this hospital will filter throughout the new facilities and into future developments," she said.

"The past 18 months or so have been extraordinarily challenging but also very exciting for staff, who have been absolutely terrific. Again and again, they've excelled in the face of every new challenge. This hospital has always been a special place for staff and patients; it has achieved great feedback in national patient satisfaction surveys over recent years, and the new developments will provide Croom with standard-setting facilities for staff and patients, for many years to come."

## CLARE CLINIC TO SET NEW LYMPHOEDEMA TREATMENT BLUEPRINT

Clare is providing a blueprint for the roll out of Lymphoedema Specialist Clinics across the country with the first service of its kind in primary care being piloted in Ennis.



LEFT TO RIGHT: Grainne Ryan, Project Lead Lymphoedema Services and Director of Public Health Nursing Clare; Kay Morris, Project Manager Lymphoedema Services, Primary Care Strategy & Planning; Tracey McEntee, Lymphoedema Assistant; Noelle McMahon, Lymphoedema Nurse Practitioner; Patricia O'Rourke, Senior Executive Officer, HSE MidWest Primary Care Service; Sinéad Slattery, Physiotherapist; Ina Crowley, National Project Officer for Public Health Nursing Services; Kathryn Considine, Physiotherapy Manager; Sarah Thompson, Primary Lymphoedema Patient Representative.

**A** new Lymphoedema Specialist Clinic in Clare recently opened to support people living with this progressive, disabling chronic condition. Lymphoedema can severely impact quality of life and lead to complications if not diagnosed early and managed correctly.

The new clinic brings together a nurse, physiotherapist and multi-task attendant to offer lymphoedema assessments, treatment and supported self-care. The clinic will also provide treatment for lipoedema, which requires similar management to lymphoedema.

This first-of-its-kind service is open to people living in Clare and if there is capacity, the criteria will be extended to include North Tipperary. Children and young people with lymphoedema are also able to access the new service. The service is based in an out-patient setting but includes home visits when necessary. The service is taking referrals from consultants, GPs, HSCP and nursing

and is linking with the UL Hospital Group for people with lymphoedema diagnosed in hospital. There is a direct referral pathway from the new lymphoedema early detection project in the oncology services. Education is also available for local GPs, primary care teams and acute services to ensure early, appropriate referrals.

Kay Morris, Project Manager Lymphoedema Services, Primary Care Strategy & Planning, said, "People with lymphoedema do find it difficult to get service; this is a great addition to our primary care services in Clare and fits into the Sláintecare model. Clare will be a blue print for rolling out and further developing Lymphoedema Specialist Clinics across the country. It is exciting to now have a dedicated lymphoedema clinic, it will help the HSE focus on early detection and enable us to provide services for cancer related and non-cancer related lymphoedema."

The integrated pathways between acute and primary care means that

people with lymphoedema and lipoedema are diagnosed early and referred for treatment. This will help limit disease progression and reduce the need for time consuming and costly intense treatment. Although lymphoedema is not curable, it can be successfully managed with an emphasis on education, prevention, early detection and up to date effective standardised treatment. This will lead to improved quality of life for patients and efficiency for the HSE.

Grainne Ryan, Project Lead Implementation of Lymphoedema Services, and Director of Public Health Nursing, Clare, said, "It is a huge responsibility rolling out the first specialist clinic, we are lucky in Clare we have a great team to get this off the ground. Previously we could only go so far with patients and have nowhere to send them, some would have to travel abroad, it is wonderful now we can take referrals and treat people in their own community in Clare."

# MIDWIFERY-LED CLINIC

## LAUNCHED ON INTERNATIONAL DAY OF THE MIDWIFE

A new Midwifery-Led Clinic within maternity services at Midland Regional Hospital (MRH) Portlaoise has been launched. The clinic was officially launched on International Day of the Midwife by Angela Dunne, Director of Midwifery for the HSE National Women and Infants Health Programme. Susan O'Callaghan, Advanced Midwife Practitioner Candidate is leading on the new initiative. The new Midwifery-Led Clinic in the Maternity Department at the hospital aims to provide high-quality, safe care for all women, babies and their families that attend the service. Midwives provide up-to-date evidence-based care and information for women, supporting them throughout pregnancy, preparing them for labour, birth and caring for themselves and their newborn baby in the first few weeks after delivery.

Maureen Revilles Director of Midwifery at the MRH Portlaoise, said the new clinic was a massive boost. "Pregnancy labour and birth are considered a normal physiological life event. The majority of women who avail of our maternity service are healthy and well. Midwifery-led services offer the majority of women a woman-centred safe alternative to consultant led care, which is cost effective. We are delighted to offer this new service where our midwives can offer more time to women to monitor the progress of the pregnancy, discuss birth preferences and any fears or concerns the woman may have about pregnancy and birth," she said.

On choosing midwifery as a career, Claire Fitzpatrick, Clinical Midwife Specialist in Lactation, said, "A midwife is central to preparing women and their families for the delivery of their new baby and is a vital presence during all stage of pregnancy, labour and the early postnatal period. As a career, midwifery is diverse and progressive, with options available in clinical, management, education and research roles. Throughout their training, midwives can gain experience and skills across different specialist areas."



Marking this year's International Day of the Midwife, the Midland Regional Hospital Portlaoise also released a video encouraging people to consider midwifery as a career. Claire Fitzpatrick, Clinical Midwife Specialist in Lactation tells us why she chose midwifery as a career, what she loves about her role and how she has developed her career in Midland Regional Hospital Portlaoise. Please view and share this video: <https://youtu.be/L-yTohvJ6aA>



More information on courses and education opportunities see [www.nmbi.ie/education](http://www.nmbi.ie/education)

Maternity Services at Midland Regional Hospital Portlaoise also release International Day of the Midwife video to encourage people to consider midwifery as a career



LEFT TO RIGHT: Ita Kinsella, Assistant Director of Midwifery, MRHP; Michael Knowles General Manager, MRHP; Susan O'Callaghan, AMP (candidate) Angela Dunne, Director of Midwifery for the HSE National Women and Infants Health Programme; Emma Mullins CMM3, MRHP; Anne Kelly, CMM2, MRHP; and Maureen Revilles, Director of Midwifery, MRHP at the launch of the new Midwifery-Led Clinic within maternity services at Midland Regional Hospital Portlaoise on International Day of the Midwife.



ABOVE: A new Midwifery-Led Clinic within maternity services at Midland Regional Hospital Portlaoise was launched last week by Angela Dunne, Director of Midwifery for the HSE National Women and Infants Health Programme Maureen Revilles, Director of Midwifery; Susan O'Callaghan, Advanced Midwife Practitioner (candidate) leading on the new initiative; and in attendance were hospital management and staff of the maternity services department.



Midland Regional Hospital Portlaoise is currently hiring midwives.

More information: <https://bit.ly/2SlpmnM> or Email:[mrhpmidwiferyandnursingjobs@hse.ie](mailto:mrhpmidwiferyandnursingjobs@hse.ie) to discuss the opportunities



# SELECTIVE MUTISM

Online training on anxiety disorder provides help for parents and school-based staff



*'When a flower doesn't bloom you fix the environment in which it grows, not the flower'*



Selective Mutism is an anxiety disorder, a diagnosis given to children, adolescents or sometimes adults who talk freely to certain people, usually their family, and are unable to speak in certain situations or with certain people present. It occurs in approximately seven children per 1,000. Selective Mutism is not shyness or quietness; it is a phobia of talking to people outside their comfort zone and can make school, the outside world a very scary place.

Speech and Language Therapists (SLTs) working in CAMHS in Cork noticed an increase in the number of Selective Mutism cases presenting to the service in recent months. Due to COVID-19 guidelines, the SLTs working with these cases needed to think innovatively to deliver training and support with teachers and with parents as face to face coaching was not possible.

For the children with Selective Mutism, their routine with socialisation was upended due to COVID-19 and a consistent approach and daily routine was very difficult for schools, parents and clinicians working together to provide intervention for the children.

The SLTs needed to think outside the box to still deliver intervention for these anxious children. Seven Speech and Language Therapists from Child and Adolescent Mental Health Services (CAMHS) in Cork formed a working group and brainstormed solutions, identifying an opportunity to deliver telemedicine to help their selective mutism cases despite the COVID-19 restrictions. They innovatively developed an online live workshop to provide training for parents,

## FEEDBACK

Feedback from parents and school staff show a perceived increase in knowledge in term of understanding Selective Mutism. Attendees praised the workshop:

"Great webinar, very informative"

"I wouldn't change a thing";  
"I learned to take all pressure to talk off the child and build an important trusting relationship with no pressure, Trust is key".

Special Needs Assistants and Teachers and invited relevant attendees from their caseload.

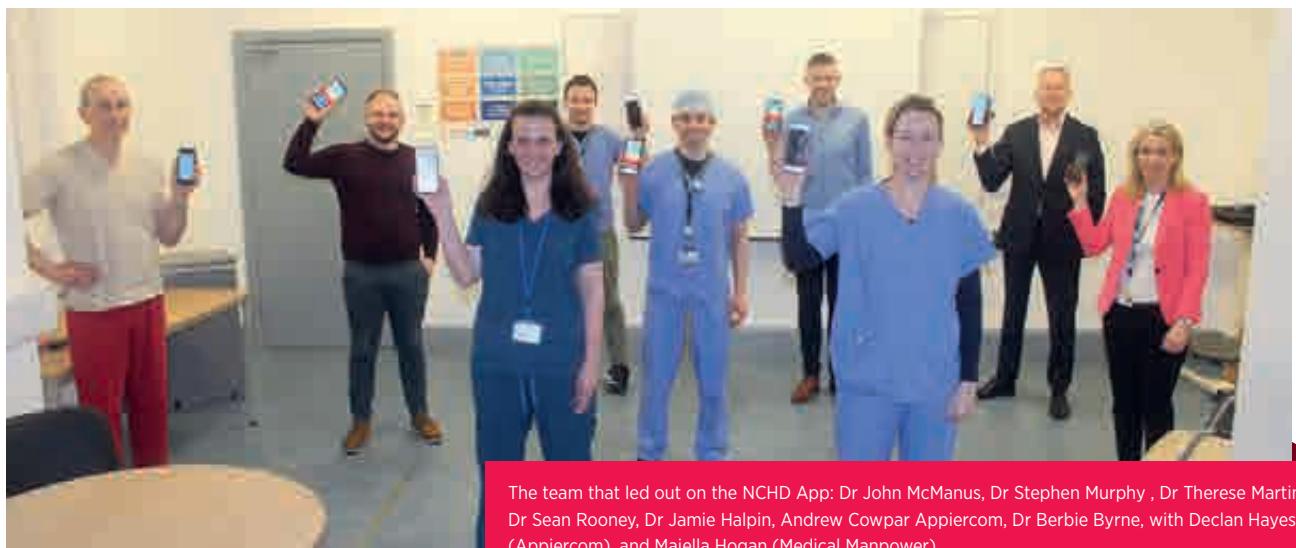
The interactive online workshop took place during March, and there was a high demand for places - attendance was 100% of those invited. Sixty parents, teachers and SNAs from across Co Cork attended using the CISCO WebEx platform. The training workshop had seven speakers covering topics such as understanding the nature of Selective Mutism, common myths and evidence based techniques to help. The training also gave real life examples of what to do in certain situations incorporating classroom management strategies and how to supporting peers to help the child. Useful parent and classroom resources were shared. Parents and schools asked many questions and problem-solved with the clinicians how the strategies could be implemented in their home or school.

## Updates

The initiative and teamwork the CAMHS SLTs in Cork showed with use of WebEx to deliver this programme helped both parents and school staff to develop the knowledge and skills needed to support the children in everyday life. As a result of the workshop 25 children attending CAMHS with selective mutism accessed SLT input through their parents, SNAs and teachers and did not miss out on intervention despite the obstacles that Covid-19 posed.

# NCHD winners

UL Hospitals NCHD Leads take gold and silver in NCHD National Project Competition



The team that led out on the NCHD App: Dr John McManus, Dr Stephen Murphy , Dr Therese Martin, Dr Sean Rooney, Dr Jamie Halpin, Andrew Cowpar Appiercom, Dr Berbie Byrne, with Declan Hayes (Appiercom), and Majella Hogan (Medical Manpower).

CHD Leads at UL Hospitals Group almost swept the boards at the NCHD National Project Competition in June, taking first and second place.

Taking the top spot was the project submitted by Dr Therese Martin, 'Creation and Launch of the Staff Application for NCHDs working in UL Hospitals Group'.

In runner-up position was the project submitted by Dr Berbie Byrne, 'Establishment of the Inaugural NCHD Conference for UL Hospitals Group'.

Flying the flag for the Midlands Regional Hospital, Portlaoise, was third-placed Dr John McCormick, Lead NCHD, for his project, 'Completed audit cycle on ERT use in Portlaoise Hospital'.

Chief Academic Officer for UL Hospitals Group, Professor Paul Burke, extended his wholehearted congratulations to all NCHD leads in the Group, and particularly to Dr Martin and Dr Byrne for taking two of the top three prizes in the competition.

"This has been an extraordinary year of challenge for all healthcare workers, and the NCHDs have been at the forefront of these challenges on a daily basis. To have the resourcefulness and foresight to bring about the two outstanding initiatives that



The new NCHD App will become an invaluable source of information and support for NCHDs in UL Hospitals Group

led to these awards, is a huge testament to these individual award winners and all those who supported them," Prof Burke said.

He added that Dr John McManus, the Clinical Training Lead at UL Hospitals Group, deserved particular thanks for his strong encouragement of the development of the NCHD App.

"This is a huge advance and will serve to fulfil many of the support requirements outlined in the recent Medical Council review of our training structures in the Hospitals Group. John was also hugely encouraging when the idea of the conference was proposed to him by

Berbie and her colleagues. We are already looking forward to next year!" he said.

The virtual conference proposed by Dr Berbie Byrne aimed to help NCHDs enhance their research experience, and the event was held during May in the CERC building at University Hospital Limerick. It was the first such NCHD virtual conference nationally and provided NCHDs with the opportunity to present their research, audit and quality improvement projects from this training year. Due to physical distancing requirements, all presentations were in the form of virtual posters, in a cross-faculty conference incorporating Medicine, Surgery, Paediatrics, Anaesthetics, Obstetrics and Gynaecology, Radiology, Orthopaedics and Emergency Medicine, with prizes for best poster presentation in each department.

The new NCHD App was launched earlier this year, and 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.

# ANTIBIOTIC USAGE 'ABOVE AVERAGE'

Survey on antibiotic use in HSE Older Persons Residential Care Facilities 2020

In recent RESIST newsletters, you will have seen some of our announcements about new community senior antimicrobial pharmacists (AMPs). In winter 2020, a survey was carried out to examine antibiotic use. It was carried out in 86 HSE older persons residential care facilities (RCFs) in five of the nine Community Healthcare Organisations (CHOs). A total of 3,082 residents were included, approximately 70% of all HSE RCFs in Ireland. Here we outline some of the key findings from the report and focus on the quality and quantity of antimicrobial use.

Some 80% of the facilities surveyed had previously taken part in a European-wide surveys of 'Healthcare-Associated Infection and Antimicrobial Use in Long-Term Care Facilities'. This is known as the HALT study and was carried out in 2016. In the HALT study, residents in Irish residential care settings were found to be twice as likely to be on antibiotics therapy as the European average (9.8% vs 4.9%).

Undertaking this survey was a priority for the new pharmacists to identify any changes in practice from 2016 and provide a baseline from which to measure improvement. There findings from this survey can't be compared directly to the HALT 2016 findings and the reasons for this are outlined in the report.

Data was collected in person by pharmacists with the survey focused solely on antimicrobial use including:

- a 30-day review of antibiotics to give a richer dataset,
- how closely prescribing followed national prescribing guidelines available on [www.antibioticprescribing.ie](http://www.antibioticprescribing.ie)
- how long people were on antibiotic therapy and
- quality indicators of antibiotic use (such as documentation of allergy to antibiotic, reason for prescribing and if a stop date was given).

## KEY RECOMMENDATIONS

- The extent and duration of antimicrobial prescriptions for prophylaxis of urinary tract infection should be addressed. Every resident on urinary prophylaxis in excess of six months should be reviewed with a view to de-prescribing.
- The practice of routine use of dipstick urinalysis for asymptomatic residents (every resident on admission and/or every few months) to support diagnosis of a urinary tract infection should cease.
- Pneumococcal vaccination status should be determined, and appropriately documented, for any new or existing residents in HSE Older Persons facilities, with vaccination provided as necessary for residents aged greater than 65 years in line with National Immunisation Guidelines.
- Electronic access to relevant laboratory results should be available in all HSE Older Persons RCFs. This will support timely and well-informed decision-making and optimal use of antimicrobials.
- All clinical staff involved in prescribing, dispensing and administering antimicrobials in HSE Older Persons RCFs should be aware of and refer to [www.antibioticprescribing.ie](http://www.antibioticprescribing.ie) the national antimicrobial prescribing guidelines for community.
- New guidelines/content should be developed as appropriate at national level where absence of guidelines has been identified

### Quantity of antimicrobial use:

- The percentage of people on antibiotics was higher than the previously measured Irish or European average. 13% of residents were on antibiotics on the day of survey. The Irish prevalence in the HALT study was 9.8% and European average prevalence was 4.9% for long term care facilities (LTCFs) in 2016.
- The percentage of people on antibiotics for prophylaxis of infection was also higher than the previously measured European average. This accounted for 48% of total antimicrobial use, with 6.7% of all residents being on prophylactic therapy.

There is a lot more detail in the report if you would like to read more.

### Moving forward

The results of the survey show that there is an opportunity to improve antibiotic use in HSE Older Persons facilities. More targeted use of antibiotics will make antibiotic use safer for service users and reduce the risk of antimicrobial resistance. The results for every facility surveyed is being provided to each individual facility and a quality improvement plan is being developed to progress this.



# SUPPORTING MEN'S HEALTH

The annual Men's Health Week (MHW), which took place earlier in the summer, aims to heighten awareness of preventable health problems for males of all ages, support men and boys to make healthier lifestyle choices, and encourage the early detection and treatment of health difficulties in males.

In Ireland, the awareness week has grown in popularity over the last number of years, with many organisations and individuals lending their support in order to highlight the different topics discussed over the week.

HSE, Health & Wellbeing as a key funder of the Men's Health Forum in Ireland, the body who co-ordinate Men's Health Week, are proud to be associated with this initiative.

The chosen theme for Men's Health Week 2021 was '**Making the Connections**' and the call to action was:

- **CHECK IN** with yourself to see how you are coping / feeling, and to identify any health worries that you might have.
- **CHECK UP** on your family, friends, neighbours, colleagues to see how they're doing and to offer support.
- If you notice anything worrying or which needs medical attention, **CHECK IT OUT** and seek information / help / support / treatment as soon as possible.

The theme encouraged us all to take stock of our wellbeing. In particular to reach out to family, friends and colleagues and in our communities to simply rebuild our social connections following the impact of COVID-19.



## PLEDGE DAY MEN'S HEALTH WEEK 2021

Men's Health Week 2021 offered an ideal opportunity to do something positive and realistic to improve both your own health, and the health of men and boys across the island of Ireland. Indeed, Saturday, June 19th year was dedicated as men's health 'Pledge Day'

**Pledges can be as simple or complex as you like.**

**For example, I'm going to:**

- walk-and-talk with my kids at least once a week
- use the stairs to my office rather than take the lift
- only have chips once a week from now on
- avoid having a drink except on a Saturday
- seek support to help me stop smoking
- organise a regular kick-about for the lads at lunch break
- encourage my partner to check out that lump that's been bothering him
- offer free men's health checks to users of our pharmacy
- produce a men's health leaflet for my employees
- display a list of local helplines / support services for men in the canteen
- make time to go for a health MOT/ NCT



**Remember** there are different supports available, from online programmes like Minding Your Wellbeing or Stress Control, to QUIT.ie and AskAboutAlcohol.ie. There are also tips on getting healthy and eating healthier. In addition, HSE Health & Wellbeing have launched a series of exercise videos such as Pilates for Beginners and Yoga for Beginners. Further information on all these resources is available at [www.hse.ie/healthandwellbeing](http://www.hse.ie/healthandwellbeing)



# FAMILY PEER SUPPORT IN MENTAL HEALTH

**B**ealach Nua, which in Irish means ‘new way’, is the suitably titled name of an innovative service for families/friends of people with mental health difficulties. It has been in operation since 2015 and was originally funded by Genio and is now currently funded by the Service Reform Fund and co-managed by Mental Health Ireland and the Mayo Mental Health Services, Community Healthcare West.

This individualised recovery and person-centred support service provides family members and carers of adults with a mental health diagnosis ongoing emotional support, directing them towards community supports that may help families cope positively with the challenges they face. The service also concentrates on social support meaning it gives family members opportunities to meet up, build an informal network of support and share experiences with each other.

It hopes to increase awareness in the mental health services around the challenges families face when a loved one has a mental health difficulty and aims to build resources for family members so they themselves can go on and support others or get involved in organisational change if they so wish.

It has two Family Peer Supporters who availed of support and are now employed by the service itself. Bealach Nua has now been extended to the greater Community Healthcare West area covering Roscommon and Galway under the supervision of principal social worker Mary G Killion, and senior social workers Paula Street and Helen Kilgannon, having employed four new family peers, Sinead McDermott and Colette Downey from Roscommon, and Catherine Rice and Jess Hurrell, who are based in Galway.

For the past five years, Bealach Nua has worked with almost 400 families in Mayo and its longest serving family peer supporter, Maria McGoldrick among others has been involved in successfully supporting families from the beginning.

Maria has recently moved into a new role as Area Lead for

Mental Health Engagement and Recovery and said of her time working with Bealach Nua, “Working as a family peer supporter with Bealach Nua over the past five years, has been an absolute privilege and honour. There is no better medicine than having a cup of tea with someone who has had similar life experiences and teasing out the best path forward together, without fear of judgement or hidden agendas. The natural therapeutic relationship that peer support provides and that I have experienced over the last five years has greatly improved my recovery journey and I hope the recovery journeys of the families I have supported in the county.”

Family members of people with mental ill health tend to focus on their family member’s needs and are slow in getting support for themselves. When family members are supported and encouraged to focus on their own self-care, their family member with mental health difficulties also benefit.

One family member stated, “At first I didn’t realise how much I needed help. I had all these feelings from sadness to anger, grief, loss, anxiety and shame and finally I had someone I could talk to. My family peer support worker was a wonderful lady that made me realise it was ok to have all those feelings. It was when she shared some of her personal experiences and how she overcame them that I began to feel hope again. After some great support, encouragement, guidance and friendship I found myself again. I learned how important self-care was for my own mental health, when I looked after myself I was in a better position to support my family.”

As the role expands, Bealach Nua is delighted to welcome four new Family Peer Supporters who are currently providing this support service throughout Mayo. They are Fran MacKeever, Noel Hoare, Mary O’Connell Gannon, and Dymphna Folliard and are supervised in Mayo by Veronica Burke, senior social worker.

If you would like more information on the Bealach Nua Service, please contact Veronica Burke, Senior Social Worker on 0868533801.



# Brighter days

HSE partners with SilverCloud Health to roll out digital mental health initiative nationally, targeting depression and anxiety



In April, HSE Mental Health announced a partnership with digital health company, SilverCloud Health, the leading provider of evidence-based online mental health and behavioural healthcare solutions, to launch a national rollout of digital mental health therapy to address depression and anxiety in Ireland.

This online Cognitive Therapy (CBT) service is currently available to receive referrals from Primary Care Psychology, the National Counselling Service, Jigsaw and GPs across Ireland, enabling people to start accessing supports within 24 hours. Online CBT has been shown to have a positive impact on reducing demand for face-to-face services.

The HSE's primary care psychology service has been working with SilverCloud for over 18 months on a targeted pilot basis to deliver the SilverCloud Health platform and programmes for depression and anxiety treatments. As a result of making significant developments with uptake and acceptance in providing the treatments of this pilot, the HSE has now extended the service nationally and, in addition, commissioned SilverCloud Health clinical services to provide not just the platform and programmes but also the clinical support for people accessing the service.

As part of the HSE's digital mental health strategy and supported by trained clinical staff, the service user journey is quick and easy. Once referred, the

platform allows you access to either 'Space from Depression' or 'Space from Anxiety' programmes within 24 hours.

Assistant National Director – HSE Mental Health Operations Jim Ryan said "We have seen the positive impact digital mental health supports have had in the last 18 months, particularly in opening up access to services. Many people can receive effective treatment for mental health difficulties at Primary Care level and we know that early intervention can make a huge difference. Programmes like SilverCloud, with clinical oversight, will provide timely support to people who might otherwise have to wait for a face-to-face consultation, helping to ensure the right level of support is provided, at the right time. In line with our National Mental Health Policy, Sharing the Vision, we will continue to invest in these areas to improve accessibility for appropriate supports and make it easier for our Primary Care Psychologists, Counselling in Primary Care Teams and other primary care workers providing services on our behalf such as Jigsaw, to refer people on to another effective support option in a more efficient way."

Dr Brian Osborne, Assistant Medical Director, Irish College of General Practitioners, said "This new e-platform for Cognitive Behavioural Therapy is a welcome development. As GPs, we are at the frontline of mental health care in the community and in primary care. This platform offers another support for GPs

to offer to their patients, at a time when mental health services are in increasing demand. Face-to-face interaction with GPs has gradually returned as the COVID-19 pandemic recedes in Ireland. E-health platforms such as this work best with a mix of face-to-face guidance combined with online supports"

Speaking on the partnership Derek Richards, Chief Science Officer of SilverCloud Health, says "We know from research that digitally delivered therapy with clinical guidance works very well. We have been working closely with the HSE as they make the best evidence-based mental health supports available to people across Ireland, and SilverCloud's digitally-delivered therapy is one of these. On time and on demand access to evidence-based digital therapy will positively impact people across Ireland, especially now, as GPs and other health services are under pressure in their communities due to Covid-19".

The SilverCloud platform provides internet-based Cognitive Behavioural Therapy (iCBT) and other proven methods to help people manage mental health and wellbeing. Over 600,000 people have been helped through over 300 organisations using the platform's digital therapy programmes, equating to the delivery of over two million hours of online therapy.



# Video Enabled Healthcare - a robust evaluation

Highlights from 2020 National Patient-Clinician survey on Video Enabled Healthcare

**D**ue to the unprecedented challenges of the COVID-19 pandemic, there was an accelerated need for access to safe, distant healthcare and advice nationally. Patients and healthcare professionals rose to this challenge by adapting and adopting new ways to access healthcare in record time.

Video Enabled Care (VEC) quickly unfolded across health services in Ireland. A robust and systematic evaluation of this rapid introduction of VEC was undertaken between October and December 2020.

Quantitative and qualitative data were collected from 719 healthcare professionals (HCPs) and 696 patients. The HSE National Service Plan highlights, as a priority action, to 'involve patients in the design and evaluation of new models of care, clinical services and initiatives'.

**Involve patients in the design and evaluation of new models of care, clinical services and initiatives**  
**-Priority Action- National Service Plan (NSP) 2021**



- Over **80%** of patients found their experience to be as good as or better than face-to-face appointments
- **93%** of patients commented that VEC offered benefits over and above in-person consultations. Qualitative data showed that benefits included improvements in their comfort and well-being and in their ability to self-manage their condition
- **49%** of HCPs reported that VEC resulted in unanticipated benefits. Qualitative data showed video consultations allowed for increased access to care, facilitated improvements in the delivery of care and empowered patients and carers to take a more active role in their care

## ENHANCED EXPERIENCE



"It was warm and comfortable at home which is helpful when you're in pain." - Patient  
"I was able to take notes which I normally wouldn't do during a face to face conversation. This has helped me to have a future game plan clearer in my head. So I think generally very beneficial." - **Patient**

"Parents developing skills in implementing therapy themselves within home environment. For some cases it was easier to obtain a language sample when child in home environment." - **HCP**

"I can access families who normally have difficulty coming to the clinic. For parent only appointments, it fits into their working schedule when done remotely so they don't need to take time off work to attend." - **HCP**



'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



## EFFICIENT HEALTHCARE



- **95%** of patients reported that they were likely to recommend to a friend or colleague
- **29%** of HCPs reported that VEC enabled them to increase the number of appointments they could offer
- **32%** of HCPs reported that 'Do Not Attend' Rates were reduced and some commented on the increased flexibility around appointment times



"More efficient use of time; enables worker to work from home and more flexibility regarding appointment times as can offer early morning or late evening." - **HCP**

"Increased attendance due to not having to travel." - **HCP**

"Increase uptake to OPD (Outpatient department) reviews and convenience for parents and children."  
- **HCP**



**Retaining and maintaining some of the innovation which were implemented as part of the COVID responses will be a key enabler of timely service provision - Strategic Context, National Service Plan (NSP) 2021**



Dr Aoife Lane and Vanessa Clarke, Nursing and Midwifery Planning and Development, Principal Investigators

## CONNECTIVITY



- **40%** HCPs and **34%** of patients reported that at times they experienced technical difficulties which were largely related to connectivity
- **66%** of patients did not experience difficulty with technical issues
- Those living in the country or rural areas were **10%** more likely to report having technical problems than those living in a town or city



"Sometimes it is difficult to communicate on the video because of network." - **Patient**

"Video lagged/slow in image and sound at times and was distracting." - **HCP**

"Connectivity issues for staff and for service users in rural areas." - **HCP**



**"You are supported to live well and you feel connected with your community" - HSE Corporate Plan 2021, 'HSE vision'**

## ALLOWS FOR EFFECTIVE COMMUNICATION



- **91%** felt that they were able to communicate everything they wanted to their **HCP**



"The sessions were more structured than face-to-face appointments usually are, with built-in time for giving feedback which sometimes gets overlooked in real life."

- **Patient**

'Patients seemed much more relaxed and at ease during video consultations in their own homes compared to attending in clinic. Frequently they asked more questions than usually asked in clinic and overall have been very positive about the experience.' - **HCP**



**Focusing on patient experience and outcomes will also be a key priority for 2021 with key actions to address the multiple aspects of patient experience including transparency, openness, the use of data and patient safety**  
- **Strategic Context - National Service Plan (NSP) 2021**



## VEC MOVING INTO THE FUTURE

### NEXT STEPS

Our lifestyles are changing, altering our healthcare needs. New developments in technology and practice are opening up new opportunities to transform care delivery - Sláintecare action plan 2019

### CURRENT STATUS

The HSE has introduced a range of measures to improve connectivity. The National Broadband Plan is committed to removing the existing digital divide between urban and rural communities and increasing availability of high speed broadband to households nationwide. Measures are in place to increase usage of VEC by older persons either residing at home or in residential care settings

### FUTURE STEPS

Identify a clear process for determining appropriateness in accordance with preference, clinical need, connectivity, outcome, social inclusion/exclusion factors. In response to survey, improve access for both HCPs and patients. Explore the need for administration support to match VEC requirements. Phase 2 - National Patient-clinician survey to support the ongoing improvements of VEC

**We need your help to continue to develop the evidence base for VEC in Ireland, please tell us:**

- Your story
- How you use VEC
- Your learning

Email: [virtualhealth@hse.ie](mailto:virtualhealth@hse.ie)

\*The publication of the final report is pending where this piece reflects highlights of interest rather than a summary of the complete report

\*\*The survey was developed by the Nursing and Midwifery Telehealth Advisory Group in conjunction with healthcare professionals and patients



## ENGAGEMENT BARRIERS



- 18.2% of healthcare professionals commented that both staff and patients experienced barriers to engaging in VEC which included; lack of digital skills, limited access to technology and not feeling competent in engaging with VEC



"My clients do not all have mobile phones, phones are out of date, unable to use internet facility on phone." - **HCP**

"Clients with no access to IT were excluded, as were those with poor IT ability. Clients with health literacy issues struggled even more." - **HCP**

"This was a brilliant service, thank you. However, my dad would not have been able to operate the online consultation on his own but I was able to do it for him so it wasn't a problem." - **family of patient**



The delivery of high quality, safe, effective and accessible services is a priority for our healthcare system - Clinical, Quality and Patient Safety - **National Service Plan (NSP) 2021**



## CLINICAL APPROPRIATENESS

Although VEC allowed for continuity of care during the pandemic, some healthcare professionals raised concerns regarding its suitability for all consultations



"It was fantastic to have an opportunity and keep the exercises going with my son as he was starting to fall behind" - **Patient**

"Unable to feel the injury, range of movement or muscle strength has been a drawback most definitely"- **HCP**



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- '**HSE vision**'

# EUROPEAN REGIONAL DEVELOPMENT FUND PART-FUNDS PPE BILL



**COVID-19 pandemic led to a billion euro bill for PPE for the HSE but ERDF programmes funded almost one third of the outlay.**

The COVID-19 pandemic led to extraordinary challenges across the health service. From the moment the World Health Organization (WHO) declared the emergency, there was an immediate global surge in the demand for personal protective equipment (PPE)

PPE is vital during a pandemic because it helps to stop the spread of the virus. Before COVID-19, few workers needed to wear PPE and it was relatively straightforward to acquire. As the global pandemic was declared in March 2020, there was a worldwide demand for PPE and the HSE faced the challenge of competing globally to safeguard and secure steady supplies. The speed of this response was critical to support the provision of care required at multiple locations across the country including testing centres, assessment hubs, acute and primary care settings.

It was imperative that the HSE were aligned to the WHO guidelines and worked at an extreme pace, engaging with the markets to source PPE in an environment that was highly volatile, complex and uncertain. The challenges to be navigated included demand surging as China, which accounts for 65% of worldwide PPE manufacturing, introduced significant restrictions including the closure of manufacturing

plants and limitations to shipping channels due to port and airport closures. PPE pricing rose dramatically as the WHO reported requirements for PPE to be 100 times the usual demand with prices up to 10 times higher than normal.

All global healthcare systems became price takers in the context of PPE and it was not always possible to negotiate downward pricing. However, the immediate security of PPE supply lines was absolutely critical to the pandemic response. Added to the sudden and dramatic price hike, was the fact that supplies could take months to deliver and market manipulation was widespread, with stocks frequently sold to the highest bidder. In any given year, HSE spend on PPE was between €15m and €17m. In 2020, it was nearly €1 billion.

To assist with the purchasing of PPE in the HSE, the two European Regional Development Fund (ERDF) Programmes in Ireland responded to the COVID-19 pandemic by developing a Health Support Scheme. The objective of this scheme was to part-fund the HSE's efforts to secure and sustain continuity of access and supply of essential PPE.

In this regard, ERDF funding of €286,580,931 was made available for the procurement of essential PPE by the HSE in support of its COVID-19 response.

# QUALITY OF CARE BENCHMARKED

**Quality Care Indicator Boards have been introduced to clinical areas in Tallaght University Hospital (TUH).**

In 2009, TUH was the first hospital in the Republic of Ireland to develop and implement an evidenced-based standard for measuring the quality of nursing care, known as the Nursing Instrument Quality Assurance Framework. This was replaced by the national Quality Care Metrics (QCM) for acute care services in January 2020. QCM measure the fundamentals of nursing care and are aligned to evidenced based standards that indicate the safety and quality of nursing care. The national dashboard provides a

standardised system to benchmark the quality of nursing care within the hospital and with external healthcare organisations.

Clinical Nurse Managers manage QCM in their areas and allocate QCM auditors. Over 130 TUH nursing staff have received QCM Auditor training.

The purpose of the TUH Quality Care Indicator Boards is to facilitate the display of the metric results. The Clinical Nurse Manager will incorporate a 'Metric Minute' into the daily nursing huddles to discuss compliance.

PICTURED ABOVE FROM LEFT TO RIGHT: Maria Carr, Interim Clinical Facilitator; Vivienne Dick, Clinical Facilitator; Bernadette Corrdigan, ADON Perioperative Directorate; Sinead Togher, CNM Gogarty Ward; Joy Barasona, CNM Lynn Ward; Evonne Healy, Medical Directotate Nurse Manager; Aoife Walker, Clinical Facilitator; Christina Lydon, ADON Nurse Practice Development; Áine Lynch, Director of Nursing & Integrated Care. Missing from picture were Flo Lambert, CNM Lynn Ward; Lorna Yeates, CNM Gogarty Ward; Kathy Doyle, CNM Crampton Ward; Gwen Stanley, CNM Ormsby Ward and Geraldine Hiney Nurse Informatics

## CONFIDENTIAL RECIPIENT



Leigh Gath has been acting as a voice for our most vulnerable for seven years in her role as Confidential Recipient. Her office provides an open door to any individuals or family members who wish to have their concerns examined in the strictest confidence and her role is to act as a voice for vulnerable adults with disabilities and/or older people and help them navigate the system. "It is my role to be a voice for people with disabilities and older people who receive services that are funded or partially funded by the HSE. This can include residential services, day services, home health, or PA services," Leigh explained. "If a person feels that they, or someone else receiving services have been potentially affected by abuse, neglect or sub-standard practice in their treatment or care, they can contact this office with their concerns. The concerns will then be sent to the appropriate person within the HSE. They will examine it and respond back to me in a timely manner. "If the person who sent in the concern is not satisfied with the response, then I'll ask for it to be re-examined. If the concerned person is satisfied then the concern is closed." She stressed that she welcomes anonymous concerns if someone does not wish to be identified. The confidential recipient office, first established in 2014, is a national service and she operates independently of the HSE. "I welcome calls, emails or regular mail from any member of the public if they have a concern," said Leigh.

You can contact Leigh on 061-482605 or 087-6657269, or by email [Leigh.gath@crhealth.ie](mailto:Leigh.gath@crhealth.ie)

# OPEN DISCLOSURE

## Training and resources to support staff with Open Disclosure

**O**pen Disclosure is defined as an open, consistent, compassionate and timely approach to communicating with patients and, where appropriate, their relevant person following patient safety incidents. It includes expressing regret for what has happened, keeping the patient informed, and providing reassurance in relation to on-going care and treatment, learning and the steps being taken by the health services provider to try to prevent a recurrence of the incident. The National Open Disclosure Programme supports the implementation of The HSE Open Disclosure Policy by guiding staff who are managing open disclosure meetings with patients/ service users and families. Open Disclosure Training is mandatory for all staff with refresher training three yearly. In-person training was suspended due to COVID-19 restrictions. This has been addressed by the provision of e-learning programmes on HSeLandD.

**Module 1 - Communicating Effectively** through Open Disclosure outlines the principles of open disclosure and the role of all healthcare staff in ensuring that honest and timely communication occurs when something goes wrong in the course of providing healthcare. This module launched in April 2020, meets the mandatory training requirements for staff. It has been awarded 2 external CPD points (RCPI) and 2 CEUs (NMBI). More than 51,000 staff have completed this module to date.

**Module 2 - Open Disclosure:** Applying Principles to Practice is a follow on module and is aimed at staff involved in formal open disclosure meetings. It includes a number of case scenarios in different healthcare settings and provides guidance on managing some of the complexities that may arise. This module has been awarded 3 external CPD points (RCPI) and 3 CEUs (NMBI) and has been completed by over 2,000 staff since it was launched in April 2021.

**These modules are currently available on the Interim version of HSeLandD.**

### YOUR SAY

Feedback on the e-learning modules from staff includes, "Excellent videos - I really felt they were just like real life scenarios"; "I will recommend this to others especially to my colleagues"; "Very well presented and easy to navigate online course."



The collage includes:  
1. **THE ASSIST MODEL OF COMMUNICATION**: A booklet from the National Open Disclosure Programme. It details the 'ASSIST' model: A (Acknowledge), S (Sorry), S (Story), I (Inquire), S (Solutions), T (Travel).  
2. **THE ASSIST ME MODEL - SUPPORTING STAFF FOLLOWING PATIENT SAFETY INCIDENTS**: A booklet from the National Open Disclosure Programme. It details the 'ASSIST' model: A (Acknowledge), S (Sorry), S (Story), I (Inquire), M (Information), S (Supports and Solutions), T (Travel), M (Monitor), E (End).  
3. **EMPLOYEE ASSISTANCE PROGRAMME (EAP)**: A booklet from the National Open Disclosure Programme. It details the EAP service and how to access it.

- **The Open Disclosure Quick Reference Guide and Tool Kit** which provides guidance for clinicians and teams who are participating in formal open disclosure meetings, meeting checklists, documentation template and sample language that may be used to support difficult conversations.
- **A Role Description and Checklist for the Designated Person** which supports staff who fulfil this key role which is essential in improving the experience of patients/ services users and their families during the incident management and open disclosure process.
- **The Assist Me booklet** and poster which provide practical information and guidance on the supports available for staff affected by patient safety incidents
- Guidance is also available on the Management of Open Disclosure and challenges arising during the COVID-19 Pandemic.



All of these resources and others (including information on the Open Disclosure Lead for your area) are available on the Open Disclosure website [www.hse.ie/opendisclosure](http://www.hse.ie/opendisclosure). Please contact the National Open Disclosure Team at email: [opendisclosure.office@hse.ie](mailto:opendisclosure.office@hse.ie) if you need any additional information, guidance or support.



# INTERNAL CONTROLS IMPROVEMENT PROGRAMME

The Internal Controls Improvement Programme is entering into its fifth month after being endorsed by the Chief Executive Officer and Executive Management Team earlier this year. The three-year programme involves a suite of improvements including:

- strengthening our internal controls and compliance levels
- improving staff awareness of the role they play in safeguarding our resources
- revising and revamping the National Financial Regulations (NFRs)
- delivering improved reporting and monitoring tools
- driving an enhanced training programme

The ultimate aim of the programme is to improve our system of internal control which provides trust and confidence in our financial information, encourages accountability and protects against fraud.

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.

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.

The programme team have been preparing a range of communications and training webinars on a series of important topics relating to internal controls and during August, features on both Travel & Subsistence and Payroll & Leave will be released. Each feature will consist of a broadcast email, updated website content and a training webinar. Ultimately these features will aim to improve staff awareness of key control areas and provide important information about how they can comply with the requirements.

Making the NFRs more user-friendly is also a key area of focus under the programme. With the support of key subject matter experts and an external consultancy firm, nine new NFR documents are currently in progress with a further two to commence shortly. Once approved, these regulations will be tested with the relevant staff who rely on them to carry out their daily responsibilities.

There has also been a significant recruitment drive to roll out additional compliance related positions across areas such as Finance, HR & Payroll, Procurement and Community Management Support Units.

To date, 23 additional staff have been hired and it's envisaged these roles will develop a 'second line of defence' against non-compliance and poor internal controls.



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](mailto:Govn.compliance@hse.ie)

# TOP TIPS FOR ONLINE SCHWARTZ ROUNDS

With the ongoing restrictions imposed by COVID-19 necessitating continued social distancing, and for some, remote-working, many sites that had adopted Schwartz Rounds pre-pandemic, were increasingly contemplating making the move from the traditional face to face setting to an online forum.

However, this switch from the familiar method to a virtual Round posed many questions and some concerns for the facilitators and clinical leads. How would they manage the online piece? What platform should be used? How can they manage the facilitated discussion? And how could they ensure the psychological safety of those present? These questions were a frequent topic of discussion between mentors and their sites, and also raised by the wider community at the Schwartz Rounds Community of Practice gatherings.

"As a mentor group, we could see that there was a great desire from many sites to continue running the Rounds, as colleagues were in need of the social and emotional support provided by them. Although the Team Time training provided by the Point of Care Foundation provided a solid foundation for introducing the concept of online Rounds, many sites were grappling with the practicalities involved in applying the practice within their own organisation," explained Amanda Vaughan and Irene Maguire, Schwartz Rounds Facilitators.

"With that in mind, the mentors felt some guidance around best practice might be helpful to build confidence and we discussed how we might produce a simple infographic to provide sites with a roadmap on how to prepare for and deliver an online Round or Team Time session. It was important for us to make the content engaging, user friendly and practical, building confidence in the Schwartz community. One of the key messages was the familiar saying from Benjamin Franklin "failing to prepare is preparing to fail" and a successful online Round was for many, the result of careful planning."

## THE ART OF

### Participating in an Online Schwartz Round



The need for self-care and psychological safety was also an important message for the facilitators, clinical leads, storytellers and the audience, both before and after the Round. This could be managed by grounding techniques such as the butterfly hug, taking time out to reflect pre and post Round and also by signposting other emotional and well-being supports available within the organisation.

"We also realised that the audience at the Round needed some guidelines around how to participate, as for many, the behaviors and skills required to benefit from an online Round were in some ways quite unfamiliar. So, although the intention was to develop one infographic, we actually ended up developing two and we hope that sites, both new and the more established, will find them helpful," they added.



The next Schwartz Rounds Community of Practice meeting is on September 23rd 2021.  
For further information contact [Caroline.Lennonally@hse.ie](mailto:Caroline.Lennonally@hse.ie)



# ENERGY EFFICIENT DESIGN TRAINING

New standard will ensure that design teams will minimise energy use and carbon emissions for the operating life cycles of any new facilities

## ROLL-OUT OF ACONEX SYSTEM PILOT

The Capital & Estates National Estates Information System (NEIS) Project, which commenced in February 2021, is delighted to be planning the roll-out of the pilot phase of managing construction projects through the contract document management system 'Aconex' in September 2021. The pilot phase will run for an initial three months in advance of the system going live for all HSE construction projects in 2022. NEIS will deliver an Integrated Workplace Management System (IWMS) and Common Data Environment (CDE), which will transform how Estates does business both internally with our colleagues and externally with third parties. Each of the 10 local Estates offices will have the opportunity to get hands-on experience with this leading edge system which will enable a standardised approach to managing contract documentation in line with the Contract Works Management Framework. It is also a key first step for HSE Capital & Estates on its BIM (Building Information Management) journey as the system facilitates a Common Data Environment for construction projects and will facilitate enhanced collaboration and communication between Estates, Service Teams involved in the design and construction of new facilities and the Design Teams and Works Contractors. Part of the roll out in September will include comprehensive training for all new users as well as the design teams and contractors involved.



There is also a support helpdesk available which can be contacted through [NEIS.support@hse.ie](mailto:NEIS.support@hse.ie)

**T**he HSE has incorporated Energy Efficient Design (EED) standard in accordance with IS 399 Energy Efficient Design Management into the Scope of Services for engagement of Design Teams.

The implementation of the IS 399 EED standard will ensure that each design team will establish a systematic approach to the design, construction and commissioning of new investment projects so as to minimise their energy use and carbon emissions for the operating lifecycles of the facility. It is also intended that by incorporating a systematic design philosophy to energy efficiency and energy performance that all new developments will be 'carbon zero ready' to facilitate the HSE's drive towards a 50% reduction in carbon emissions by 2030 and carbon neutral by 2050 to comply with the Governments Climate Action Plan, 2019 (amended 2020).

Therefore, the HSE Capital & Estates Energy Unit, in partnership with the Sustainable Energy Authority of Ireland, is currently delivering an EED Training module to our HSE Design Team Framework members (Architects, Engineering Consultants, Quantity Surveyors, Fire Safety Consultants and Project Supervisors) along with HSE Estates Project Managers and Energy Officers.

The training course is being run virtually over two half days and has been tailored to include HSE specific case studies. To date, training has been delivered to approximately 140 HSE Estates staff and Design Team Framework members with a further training sessions planned for late August and September. It is also planned to extend this training to Technical Services and Project Management staff in Section 38 and 39 Agencies.

FIND OUT MORE  
ABOUT ENERGY  
EFFICIENCY AND  
CLIMATE ACTION

To find out more  
about energy  
efficiency and  
climate action  
visit our website –  
<https://www.hse.ie/sustainability>

## POSITIVE FEEDBACK AT 73% IN NAAS GENERAL HOSPITAL SERVICE USER SURVEY

The hospital held a very successful awareness day for staff recently regarding service user feedback management.

**T**he emphasis was on enhancing service user engagement and promoting effective communication between healthcare workers, patients and their families. A staff survey was undertaken to assess knowledge in this area and to guide further training. The hospital promoted the ASSIST model of communication to help staff in the resolution of complaints. This model is also used for open disclosure conversations.

Mairead Holland, Quality and Patient Experience Manager and her team marked the day with a stand in the main Hospital foyer. The SLT Department promoted the 'Hello my name is...' campaign with reminders on coffee cups and ice creams. The Your Service Your Say Policy was discussed with staff, clarifying the different steps in the process and how staff can work to resolve complaints at point of contact. The hospital introduced a verbal complaints report form in 2020 and this assists staff in documenting first point of contact complaints management.

Many of Naas General Hospital's healthcare workers were surprised to hear that 73% of service user feedback in 2020 was positive and complimentary. As compliments tend to be under reported, the hospital also shared the Positive Feedback Report form with staff.

The main theme in 39% of formal complaints received in 2020 was communication and information (as per National Healthcare Charter). With this in mind the hospital shared information on how to communicate clearly and also promoted the 'Hello my name is...' campaign. Simple things like staff telling the patients their name can put patients at ease and positively influence their experiences in hospital. Patient engagement and compassion need to be at the centre of everything we do.



CLOCKWISE FROM ABOVE: The Speech and language therapy team; the Quality and Patient Experience team; and the coffee cups promoted by the SLT department.

### HOSPITAL CELEBRATES PRIDE MONTH IN JUNE



Staff at Naas General Hospital at the stand in the main reception to promote inclusiveness during Pride Week.

During Pride Month in June the Medical Social Work Team in Naas General Hospital facilitated a stand in the main reception area with flyers, posters, lanyards, literature, window stickers, and flags. The MSW Team encouraged all Departments and staff within Naas General Hospital to reflect on their work environments to make them more open and welcoming, so that LGBT people are visible and celebrated in our workplace. Staff attended the stand and showed their support. As a hospital, the staff are proud to show through the rainbow flag that we are striving to be an LGBT+ inclusive community for all patients, visitors and staff. When you see the rainbow colours in the Naas General Hospital you will know it is a safe space for any person to declare their sexual orientation or gender identity if they choose to do so.

# THE LONG-TERM PLAN FOR COMMUNITY CARE

Rolling out the Enhanced Community Care programme provides a realistic model to support older people and people with chronic conditions in their own home and community

**F**or many years people have talked about our need to reduce our over-dependence on the acute hospital system by investing in community based services.

In recognition of this, an unprecedented budget of €150 million is supporting the rollout of a new service model in 2021. This new model is about enhancing community care and enabling older people and people with chronic illnesses such as diabetes,

respiratory illness and cardiac illnesses to stay at home with more options, better support and more joined up care.

"What we are trying to achieve with the enhanced community care (ECC) model is to re-orientate our delivery of services from acute hospitals to the community. It's about delivering care in a person's home or their community, avoiding hospital admissions and improving outcomes for people as they age. Ultimately, we are making it easier for people to access services and to have them delivered locally," said Pat Healy, National Director for Community Strategy and Planning.

The ECC model will allow improved access to diagnostics in the community for GPs and the continued implementation of alternative pathways, including GP-led chronic disease management and community specialist teams for older people."

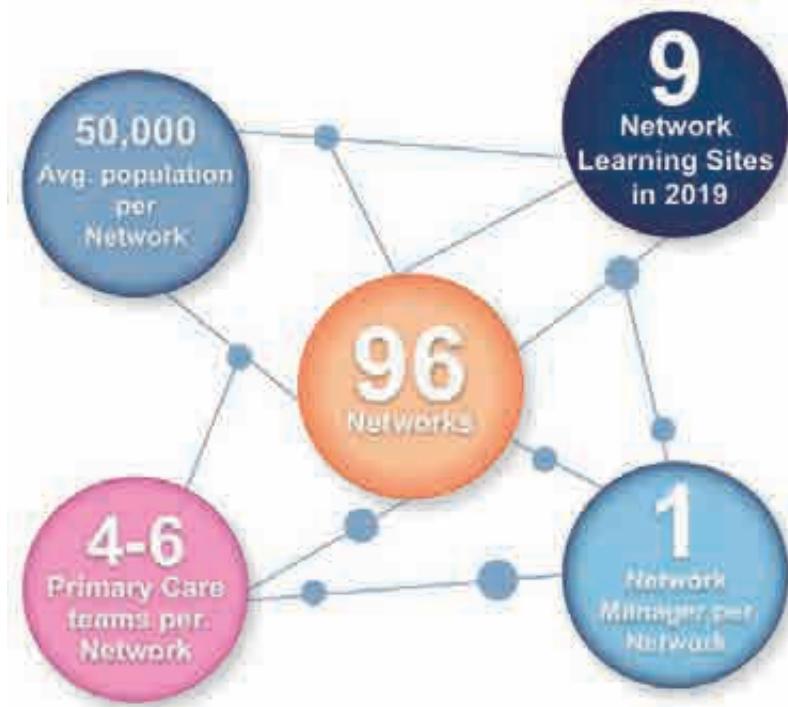
## Recruitment

Significant progress is being made to establish 96 Community Healthcare Networks and 32 community specialist teams for older people and people living with chronic disease / lifelong conditions by the end of the year. In the future, community health services will be delivered through these Community Healthcare Networks. As we work to set up these networks and teams, we are recruiting over 3,000 new frontline staff across a range of disciplines including nurses, occupational therapists, speech and language therapists, physiotherapists and other healthcare professionals.

## Challenges

Speaking about the challenges thrown up by COVID-19 and the recent cyber security incident, Pat said, "There are a range of people involved in the ECC programme right across the country and what I am seeing all the time is innovation, creativity and a willingness to overcome the challenges of the day. I would like to commend our staff for their continued hard work and dedication.

"While we will continue to grapple with the impact of COVID-19 and the cyber attack for some time, the ECC programme provide us with a real opportunity to work together to find solutions that make a real difference to people living in Ireland."



# SLÁINTECARE ‘RIGHT CARE, RIGHT PLACE, RIGHT TIME’ WEBINARS



Sláintecare will host its 13th ‘Right Care, Right Place, Right Time’ Webinar, in collaboration with the Royal College of Physicians of Ireland on October 21st 2021. This webinar will showcase Leadership by Community Healthcare Network teams across the country, which are based in primary care settings, with the theme of ‘Quality Person-Centred Care’. To register for this event, visit [gov.ie/slaintecare](http://gov.ie/slaintecare), or follow us on Twitter @Sláintecare for more information.

Since June 2020, Sláintecare has hosted 12 ‘Right Care, Right Place, Right Time’ Webinars to share the ongoing learnings from the Integration Fund projects for the implementation of Sláintecare. We have heard from key frontline healthcare staff, and from patients and service users themselves. These projects have shown that our health service is resilient, adaptable, creative and dedicated to achieving the Sláintecare vision of Right Care, Right Place, Right Time.

Prior to the COVID-19 pandemic, Sláintecare developed a learning network for the 100+ projects funded by the Sláintecare Integration Fund to share project progress, challenges, solutions and learnings, and to enable project teams to communicate with one another. The network moved online in June 2020 so that projects could continue to share their experiences and learnings during the pandemic.

All of the Sláintecare integration-funded projects adapted to delivering their care in innovative ways in the response to COVID-19.

The webinars have showcased stories from a variety of projects and services, grouped in themes such as Chronic Disease Management, eHealth, Improving Access

to Care, Health and Wellbeing, Enhanced Community Care, among others. These themes align with the fundamental principles of Sláintecare, ensuring that all care is planned and provided so that the patient/service user is paramount. Healthcare workers and staff at the front-line are often best placed to recognise issues and challenges in the system and to offer innovative solutions. During Covid-19, we have seen how front-line staff, healthcare workers, communities, policy makers, and other key stakeholders responded and were able to quickly adapt and innovate to the demands of the pandemic. Post-Covid, a key project in Sláintecare is to mainstream and scale and the innovation demonstrated by the Sláintecare Integration Fund projects.

For more visit: Website: [gov.ie/slaintecare](http://gov.ie/slaintecare) Twitter: @slaintecare

Youtube: <https://www.youtube.com/channel/UC4KiDgBtwOJnc31fJ8G5NSw>



# WELCOME TO THE NEW QUALITY AND PATIENT SAFETY DIRECTORATE

DR ORLA HEALY LEADS OUT NEW DIVISION AS NATIONAL CLINICAL DIRECTOR  
QUALITY AND PATIENT SAFETY WITHIN THE OFFICE OF CHIEF CLINCIAL OFFICER

Quality and Patient Safety (QPS) has been reconfigured following the Corporate Centre Review, with the establishment of a new Directorate under the leadership of Dr Orla Healy, National Clinical Director Quality and Patient Safety, within the Office of the Chief Clinical Officer. This includes the merging of a number of functions from the former Quality Assurance and Quality Improvement Teams.

This is a positive development with QPS accountable for ensuring services meet standards for quality and patient safety and implement improvements to minimise patient harm, reduce unwarranted variations in healthcare, and achieve high-quality patient-centred care. The new QPS function will take a leadership role in relation to the HSE's response to safety incidents and overall improvement in quality and patient safety through the implementation of the National Patient Safety Strategy 2019-2024.

The Strategy will underpin all our work and establishes six key commitments to patient safety and outlines actions required to address these commitments. This will form the basis for the priorities of the new function. These commitments are:

- Empowering and engaging patients to improve patient safety
- Empowering and engaging staff to improve patient safety

## SUBDIVISIONS

The HSE Centre Review set out a number of subdivisions of the QPS Directorate as follows:

**Patient Safety Programme:** Patient Safety Oversight Committee and Reporting; National Medication Safety Programme - Lead: Dr Cate Hartigan

**Quality Improvement:** QI Programmes and Initiatives; Clinical Audit Unit - Lead: Maria Lordan Dunphy

**Incident Management and Open Disclosure** - Lead: Lorraine Schwanberg

**QPS Intelligence:** Clinical risk; Systems & Analytical Intelligence – Lead: Dr Jennifer Martin

**Antimicrobial Resistance and Infection Prevention and Control (AMRIC)** - Lead: Prof Martin Cormican



- Anticipating and responding to risks to patient safety
- Reducing the common causes of harm
- Using information to improve patient safety
- Providing effective leadership and governance to improve patient safety

## DATE FOR YOUR DIARY

**WHO WORLD PATIENT SAFETY DAY TAKES PLACE ON SEPTEMBER 17TH 2021. THE THEME THIS YEAR IS 'SAFE MATERNAL AND NEWBORN CARE'.** World Patient Safety Day is an opportunity to promote health care safety, increase awareness about patient safety and recognise the work already under way. In collaboration with colleagues across the health system, we will run a number of lunchtime talks/learning events during the week leading up to Patient Safety Day. This will culminate in series of events on September 17th which may be accessed virtually over the course of Patient Safety Day. The daily events on September 13th to 16th will comprise elements of patient safety in maternal and infant healthcare, showcasing the work of the National Women and Infant Health Programme. In addition the new national QPS Directorate will showcase work already under way and introduce the new National QPS Directorate, structures and high-level plans. Links to a number of presentations/videos will be available on the Patient Safety Day media page. Staff across the HSE are encouraged to highlight and celebrate World Patient Safety Day in their own workplaces.



For more information, contact Dr Cate Hartigan: [cate.hartigan1@hse.ie](mailto:cate.hartigan1@hse.ie)

# GETTING STARTED ON YOUR QUALITY IMPROVEMENT JOURNEY

The Quality and Patient Safety (QPS) QI team has recently produced several quality improvement resources to support you on your QI Learning Journey.

Here we showcase what is currently on offer and what is coming soon.

## BEGINNING YOUR QI LEARNING JOURNEY

Quality improvement is an important part of everyone's job and we all have a role to play in improving the quality of the service we provide. Creating and sustaining improvement is not always easy but it can be greatly supported by taking a systematic approach. Learning about the QI methodologies and tools can greatly enhance the chances of your improvement idea getting implemented and, most importantly, being sustained.

## IDENTIFYING YOUR QI KNOWLEDGE AND SKILLS LEARNING NEEDS

A key step in any learning journey is to identify what you already know and what you can learn. The newly published Quality Improvement Knowledge and Skill Guide will assist you in assessing your knowledge and skills across three levels and will help you to identify your areas for development. The purpose of this Guide is to support health care services in their work to build their local Quality Improvement (QI) capacity and capability. This is a revision of the 2017 guide which includes new thinking and practices to strengthen our approach to QI education and learning. It articulates the six core competencies required for Quality improvement and the behaviours, knowledge and skills that align to these competencies. The core competencies reflect the six drivers for improvement in the HSE's Framework for improving Quality. Dr Mary Browne said, "This is a great resource to use when preparing for professional development planning meetings with your line manager."

The guide can be found on the website <https://www.hse.ie/eng/about/who/qid/improvement-knowledge-and-skillsguide>



**CONTACT THE TEAM** For further advice and support about QI education and learning, contact the School of QI Programme team.  
Email: [national.schoolofqi@hse.ie](mailto:national.schoolofqi@hse.ie);  
Website: [www.qualityimprovement.ie](http://www.qualityimprovement.ie);  
Twitter: @nationalqi

## QI LEARNING JOURNEY

This Guide sets out a QI Learning journey where knowledge and skills are incrementally built upon as people choose to progress through the three levels of Learning. Within each level, knowledge and skills are set out against the six core competencies aligned to the Framework for Improving Quality.

## LEVEL 1

### Foundation in Quality Improvement programme

This programme is aimed at those who wish to learn about the basic QI methodologies and tools to support quality improvement. The Level 1 – Foundation in Quality Improvement is a 3-hour e-learning programme hosted on HSeLaND under the Quality, Leadership and Management Catalogue. This e-learning includes interactive videos, presentations as well as reflective practice and extended learning opportunities. This programme will be available in autumn 2021 and has been submitted for college and regulators' CPD points.

## LEVEL 2

### Quality Improvement in Practice Programme

This level of learning is aimed at those who are working as part of a team who wish to implement a quality improvement initiative in their area. The Level 2 – QI in Practice programme uses a blended learning approach consisting of self-directed study, live virtual webinars, project clinics and extended learning activities. Participants consist of teams of 2-3 members who will work on an improvement project as part of their study. This programme which is currently under development will run over a period of 20 weeks commencing in Q4 2021.

## LEVEL 3

### Quality Improvement Leadership Programme

This programme is aimed at those who are in positions where they are responsible for influencing a culture of QI in their areas and who support, facilitate, mentor and enable others to implement and sustain improvements. The Level 3 learning programme has been co-designed and co-delivered in conjunction with the Royal College of Physicians of Ireland. This programme is delivered over 42 weeks using blended learning that combines online educational materials and opportunities for interaction online with traditional classroom methods and virtual classroom sessions. The programme is accredited by the RCPI and is awarded 72 CPD credits.

For more information, see <https://courses.rcpi.ie/product?catalog=Quality-Improvement-Leadership-Programme>

# Getting Wexford active

The HSE's Enniscorthy Activity Garden and Outdoor Gym Project on the St John's Community Hospital campus in the town has been unveiled.



The project at the hospital campus has been developed with support from the HSE's Health and Wellbeing Staff Fund, with the aim of re-imagining and ensuring greater use and enjoyment of the green space on the campus – thereby promoting physical activity in a more creative and stimulating environment.

The HSE, in addition to providing a wide range of community healthcare services at locations in Enniscorthy and to its and surrounding communities, is one of the biggest employers in the town. The St John's campus features:

- St John's Community Hospital (long stay older persons and extended care residential centre).
- Millbrook Disability Day Centre.
- An Tearmann mental health services respite unit
- Carn House community mental health day services centre
- Havenview mental health services residential centre
- Millview mental health services residential centre
- Tús Nua mental health services rehabilitation unit
- HSE and other Primary Care services located the old St John's Hospital building

The project on site also involves inter agency co-operation with and the active support of Waterford Institute of Technology (WIT), Age Friendly Ireland, Creative Ireland, Wexford Libraries and Wexford Sports Active/Wexford County Council, the Irish Architectural Foundation and the Men's Shed.

On hand to mark the latest development in a (limited and) socially distanced launch on of the outdoor gym on the campus was Wexford Senior Hurling Team Manager and RTE 'Ireland's Fittest Family' co-presenter Davy Fitzgerald.

For the HSE, Dr Derval Howley, Head of Service, Health and Wellbeing, South East Community Healthcare, and Dr Denise Rogers, Acting Principal Psychology Manager, Wexford Mental Health Services, both spoke about the development of plans regarding the Activity Garden and Outdoor Gym Project.

Welcoming the Chair of the Enniscorthy District of Wexford County Council Cllr Cathal Byrne and other guests to the launch, Mick Mahon, Clinical Nurse Manager, Havenview Mental Health Services Residential Centre, said, "Our outdoor gym signifies the start of an exciting development for a community here that has had a challenging time over the past year, so this positive development is really welcome."

"We are very grateful to Dr Derval Howley and the HSE Health and Wellbeing Division for recognising this as a need for the campus community and for supporting us to bring our initial idea to life through funding the outdoor gym. This would not have been possible without the commitment of Wexford Mental Health Service Management and staff, Evan Matthews and WIT and Fran Ronan of Wexford County Council/Sport Active Wexford.

"Last year, we established the St John's Healthy Campus Committee, which oversees all of the Health and Wellbeing initiatives onsite. These have included covered bicycle storage, seating, and the 'Keith's Closet' donated clothes for use for residents/patients, to name a few. Thanks to the wider HSE Management who have supported staff across divisions and services to be involved in this initiative. We are delighted to have Enniscorthy Men's Shed, Age Friendly Ireland and Sport Active Wexford as active members on this committee."

He revealed that the project has secured Creative Ireland funding – in partnership with Wexford County Council, Age Friendly Ireland, the Irish Architecture Foundation and Men's Sheds – to develop the space in collaboration with architects and artists into something really special. He confirmed that this will be designed in collaboration with people who use the campus over the next few months.

Davy Fitzpatrick is pictured below at the official opening.



# BRENDAN SHINES FOR RESIDENTS

## Summer musical treat at Castlebar hospital as favourite singer drops by for an outdoor performance

The legendary Brendan Shine was among the performers at a summer music outdoor event at Sacred Heart Hospital in Castlebar.

During lockdown last year, Garda Olive Lafferty and Deirdre Waldron, Manager Castlebar Voluntary Social Services, came up with the idea of socially distance music events for the elderly in the community as a way to try and alleviate loneliness and let older people know we were still thinking of them.

Being in contact with the client base through the meals on wheels service and telephone befriending service, highlighted the depths of fear and isolation the elderly were feeling.

Ms. Waldron approached Mayo County Council and applied for funding through 'Community Resilience Fund' and with the fantastic help of Henry McGlade, she was able to source the perfect entertainment for the elderly and planning commenced.

There was great enthusiasm when staff let the residents on the Ross and Carra Suites, Sacred Heart Hospital Castlebar know of the plans for the music event with special guest Brendan Shine. "I remember seeing him play before", "Oh, he's a great man, a great entertainer" were what some of the residents said.

They assembled around the beautiful, landscaped garden in the Sacred Heart. Some sat outside, some inside; some residents choose to listen to the talented musicians from the comfort of their rooms. The event was accessible to all.

MC Henry McGlade introduced the music event to everyone with a word of welcome from Carole King, Director of Nursing. Then the music started and it wasn't long before residents were tapping their feet, clapping their hands and singing along to familiar songs and melodies. A few could not resist the urge to dance, especially to the 'Old Bog Road', 'I Met her in the Galtymore' and the old favourite 'Shoe the Donkey'.



The staff recognised the obvious joy in the residents and it gave everyone great pleasure to be able to share in the enjoyment. It was wonderful for all to experience the music, the fun and the laughter once again.

One resident stated, "I am eternally grateful to ye. We could not have had a better day."

Both residents and staff felt the music event came at exactly the right time and it uplifted everyone's spirits after such a long, arduous year.

Special thanks to MC Henry McGlade from IMayo TV, Mick Mulhern, Patricia Redmond Redmond Academy of Irish Dance, Ballad Group Tony and The Ramblers, Yvonne Kilcullen Events, McDonald AV, The Connaught Telegraph, Mayo Mental Health Association and SVP - Society of St Vincent de Paul Ireland for their generous support, and, last but by no means least, Brendan Shine and his daughter Emily.



# Greening Cork

Staff in the Ireland South Hospital Group are hoping they can reduce the carbon footprint of their hospitals by working together.

"Working in maternity units where our next generation is born, we need to set a high standard in caring for the world the babies we help to deliver will grow up in," explained Dr Cathy Burke, consultant obstetrician, Cork University Maternity Hospital (CUMH), who is the Ireland South Green Group Lead. "By minimising the amount of waste we produce, by recycling, and by using both energy and water efficiently, we can achieve a lot. All that is required is the right information and some motivation." Ireland South Green Group was established in September 2020 with representation from all four maternity hospitals in the Ireland South Women & Infants Directorate. It comprises 20 committee members and currently has over 30 Green Advocates, with this number expected to increase in the coming year. It has been an energising first nine months for the Ireland South Green Group and they have identified so many things that can be changed for the better. They plan to continue to get the basics right in 2021 and will advance more ambitious plans in the years ahead. Here are a few of the key achievements in relation to CUMH.

## WASTE

- **Additional bins** for general waste, recycling, compost and glass, together with appropriate signage have been procured throughout the hospital.
- **A newly-purchased triple-compartment bin** allows waste segregation correct disposal of compostable coffee cups, lids and cutlery.
- **Bin locations and placement** comply with the EPA Waste Bin Provision and Placement guidance.
- **A waste management standard operating procedure (SOP)** generated for CUMH and awaits approval from the policy, procedures and guidelines group.
- **Waste disposal education** will be provided in clinical areas in the coming months and best-practice waste segregation will be phased in over the coming months.



ABOVE: Some members of the Ireland South Green Group: Dr Liam O'Connell, Consultant Neonatologist; Margaret Cotter, Staff Officer; Dr Cathy Burke, Consultant Obstetrician & Gynaecologist (also pictured left); Dr Laura Linehan, SpR; Pamela Lyons, Staff Officer; Claire Delaney, CME Administrator; Claire Everard, Quality and Patient Safety Manager. In front, Theo Linehan, son of Laura Linehan (and a symbol of our future generation!)

## PLASTIC

- **Paper bags** replaced plastic bags used in the provision of staff masks in CUMH.
- **Individual bins** removed from two of our secretarial offices and replaced by large bins, a change which is estimated will save around 1500 plastic bin bags annually.
- **New water dispensers** installed in meeting rooms at CUMH and no more plastic bottles at meetings.
- **Shorter Entonox** breathing circuits for use in the labour ward. It is estimated that it will save 3km of plastic tubing annually - the distance between CUMH and Cork city centre!
- **Elimination of single-use plastic** cups and cutlery from coffee shop.
- **Proposed new centralised waste disposal** for all non-clinical areas.
- **Researching a move to recycled plastic bags** for all waste disposal.

## PAPER

- **CUMH moved to recycled paper for general use.** It is estimated this will save 300 trees from being felled annually, an area of forest the size of Páirc Uí Chaoimh!
- **Double-sided printing** of all GP communications commenced.
- **Working to reduce wasted paper** from printed maternity discharge summaries.
- **Working towards eliminating printed laboratory reports** being sent to our outpatient departments and wards.
- **Consultant staff cancelled subscriptions** to non-essential medical publications.

## DID YOU KNOW?

BY REMOVING PERSONAL BINS IN THE CUMH GYNAE SECRETARIAT AND REPLACING THEM WITH LARGER BINS, THE HOSPITAL WILL SAVE OVER 1000 PLASTIC BAGS ANNUALLY IN THIS AREA ALONE.

## ENERGY

- **Messaging circulated** to staff via the hospital email system on an intermittent basis with regard to switching lights and electrical devices off after use
- **Stickers distributed** as reminders to staff of the above when leaving their offices
- **Exploring the possibility** of solar panel installation on the rooftop of CUMH to provide a portion of our energy use from a sustainable source.

## MUSICAL TREAT AT DUNGARVAN COMMUNITY HOSPITAL



**R**esidents at Dungarvan Community Hospital were treated to some top class musical entertainment as the 'Covid Care Concerts' series paid them a welcome visit. The recital, as a therapeutic intervention arranged in accordance with restrictions applicable at each healthcare facility, 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 the Blackwater Valley Opera Festival in conjunction with the HSE/South East Community Healthcare as the care provider.

Special guest at the open air concert on the green in Dungarvan Community Hospital was the Minister for State at the Department of Health for Older People and Mental Health Mary Butler. The minister also took the opportunity to visit the hospital and Dunabbey House residential nursing unit and Springmount mental health services residential centre on site.

The concerts are the brainchild of acclaimed Irish cellist Gerald Peregrine and

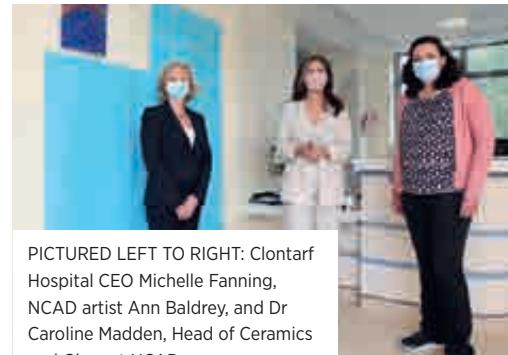
delivered by 'The Mobile Music Machine'. Gerard was joined in the line-up for Dungarvan by Carla Vedres on viola, Paul O'Hanlon on violin and singers soprano Sandra Oman and tenor Simon Morgan.

Recital pieces were put in context for the audience of residents and staff, ranging from instrumental pieces to songs such as the Dame Vera Lynn favourite 'We'll Meet Again'.

Speaking at the event, Paula French, Director of Nursing, Dungarvan Community Hospital/Dunabbey House, said, "We were delighted to host this recital in Dungarvan. It brings wonderful music and song into the lives of our residents and those often most affected by the impact of the COVID-19 pandemic. We were pleased that the Minister for Older People Mary Butler TD was here with us to enjoy it. The Mobile Music Machine impressed itself on everyone in Dungarvan."

"We look forward to the joy that was brought to us today being part of a long-lasting friendship between such musical initiatives and residents in this and other various other residential healthcare settings."

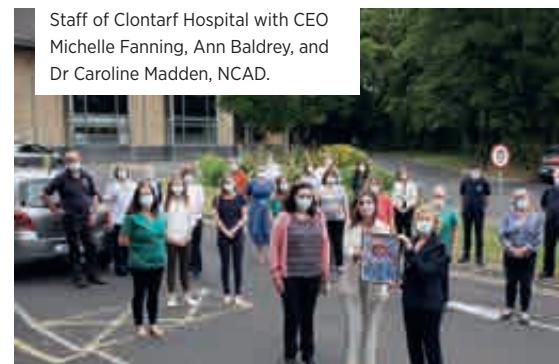
### ART IN THE COMMUNITY



PICTURED LEFT TO RIGHT: Clontarf Hospital CEO Michelle Fanning, NCAD artist Ann Baldrey, and Dr Caroline Madden, Head of Ceramics and Glass at NCAD.

Local artist Ann Baldrey unveiled her glass work dedicated to frontline healthcare workers in the reception area of Clontarf Hospital in Dublin recently. She was warmly welcomed by Michelle Fanning, Chief Executive Officer, on behalf of the hospital's Arts Committee. The piece, entitled 'Search for a Hero' was created by Ann as part of her fine art degree with the National College of Art and Design. The inspiration and concept for the piece centres on the need to 'Search for a Hero' in the hospital setting. Patients search for the hero inside themselves as they overcome the obstacles of ill health. Nurses, doctors, physiotherapists, social workers, occupational therapists, administration staff, maintenance staff, and support services personnel at the hospital are all heroes. We saw this clearly last year when staff at the hospital showed extraordinary courage to overcome the challenges that COVID-19 brought to our healthcare services. The unveiling at the hospital was attended by Dr Caroline Madden, Head of Ceramics and Glass, National College of Art and Design Dublin, Michelle Fanning, CEO Clontarf Hospital, artist Ann Baldrey, and staff from throughout the hospital.

Staff of Clontarf Hospital with CEO Michelle Fanning, Ann Baldrey, and Dr Caroline Madden, NCAD.



# 'Resilience, bravery and courage of children'

## ART PROJECT DONATED TO PAEDIATRIC UNIT

A unique art project has been unveiled at the Paediatric Unit in Midland Regional Hospital Portlaoise. The project is a series of artworks by the fourth class students of Portarlington Presentation Primary School, inspired by their classmate who has undergone treatment in the hospital. Each piece of art signifies the resilience, courage and bravery of the children attending the Paediatric Unit in Midland Regional Hospital Portlaoise.

Saoirse Ryan, a student in the class, recently underwent a bone marrow transplant in Childrens Health Ireland at Crumlin while the Paediatric Unit in Midland Regional Hospital Portlaoise supported her recovery.

On returning to school Saoirse proposed and developed an art project with her teacher Jenny Kelly and classmates. The project was inspired by the 'Beads of Courage' project. 'Beads of Courage' enables children to tell their story using colourful beads as meaningful symbols of courage that commemorate milestones along their unique treatment path. The children adapted the idea and displayed the philosophy of care and healing through the medium of art.

The art project was officially unveiled by Sandra McCarthy, Director of Nursing at Midland Regional Hospital Portlaoise, Saoirse Ryan, her mother Sinead Walsh, and her teacher Jenny Kelly, with the Paediatric Unit staff. The artworks are currently on display throughout the Paediatric Unit in Midland Regional Hospital Portlaoise.

Sandra McCarthy, Director of Nursing at Midland Regional Hospital Portlaoise, said, "We are so grateful to Saoirse and all her classmates for this wonderful art project that we are proudly displaying in our Paediatric Unit in Midland Regional Hospital Portlaoise. The collaboration which took place between Saoirse and the school is truly outstanding. It really shows the courage and determination displayed by Saoirse and her family to embrace the philosophy of 'Beads of Courage'."

Elaine O'Brien-Doyle, Acute Paediatric Link Nurse (CNSp), said the artwork was



ABOVE: 4th class students of Portarlington Presentation Primary School displaying their art project that they donated to the Paediatric Unit in Midland Regional Hospital Portlaoise.

humbling for hospital staff.

"Through Saoirse's leadership, she has won the support of her teacher and classmates to embrace a project which reflects the resilience, courage and bravery of the children that we see every day in our Paediatric Unit and it is humbling for it to also reflect gratitude from our community for the care that we provide," she said.

Saoirse paid tribute to the staff who made her hospital staff 'brighter'.

"I would like to say a big thank you to all of the staff in Midland Regional Hospital Portlaoise which feels like home when I'm there. I am very grateful to my teacher and all of my friends for putting this all together for such a wonderful place in the hope that it will make someone's stay in hospital a bit brighter," she said.

Her mum Sinead Walsh said Saoirse 'always felt very safe in Midland Regional Hospital Portlaoise'.

"The staff should be very proud of themselves as they always made my daughter feel secure. The aim of the project is to give something back to the Paediatric Unit that supported Saoirse through her journey. Saoirse and her class have underpinned their project with the 'Beads of



ABOVE: Saoirse Ryan admiring her own artwork on display with teacher Jenny Kelly. Saoirse's piece is a turtle which signifies protection and nurturing and a reminder that your home is always near.



Launching the art project donated to Paediatric Unit in Midland Regional Hospital Portlaoise by fourth students of Portarlington Presentation Primary School. From left to right: Sandra McCarthy, Director of Nursing, MRHP; Maura Rice, Assistant Director of Nursing, MRHP; Jenny Kelly, class teacher; Saoirse Ryan, Sinead Walsh; Elaine O'Brien-Doyle, Acute Paediatric Link Nurse(CNSp), MRHP; Dr Muhammad Tariq, Consultant Paediatrician, MRHP; Berna Keating, CNM2 Paediatric Unit, MRHP.



**ABOVE LEFT:** Viewing artworks on display donated to Paediatric Unit in Midland Regional Hospital Portlaoise by fourth class students of Portarlington Presentation Primary School. From left to right: Jenny Kelly, teacher, Saoirse Ryan, and Sinead Walsh. **ABOVE RIGHT:** From left to right: Nicola Smith, Staff Nurse; Dr Niall Vaughan, SHO; Dr Genoveva Balanica, Paediatric Consultant; and Lesly Livingston, Staff Nurse, all from Paediatric Unit, MRHP with Saoirse Ryan. **RIGHT:** Elaine O'Brien-Doyle, Acute Paediatric Link Nurse(CNSp), MRHP with Saoirse Ryan displaying an artwork that was a contribution of all fourth class students in Portarlington Presentation Primary School. This piece depicts 'Trees are strong, just like you!'

Courage' program where every time a bead is given: courage is honoured, suffering is alleviated, resilience is strengthened, and the experience of human caring is affirmed," she said.

"The ambition of the project is to reward those that have supported others through challenging times, to demystify medical centres and encourage children to be comfortable through hospital/ medical journeys. By providing this work and exploring children's experiences in their local hospital hopefully helping children not to be scared if they need to attend the Paediatric Unit at Midland Regional Hospital Portlaoise in particular. They also feel it is a way to celebrate Saoirse's journey through illness and return to normal life."

Her teacher Jenny Kelly added, "Instead of beads the children used different forms of colour and animals to express the philosophy of care and healing through the medium of art. This project taken on by fourth class has infused all students and families with excitement, care and love. We incorporated it as part of the curriculum this year and students diligently put in hours of school and leisure time into it."

# New and experienced swimmers dip their toes

Healthy Ireland swim distance marker buoys have been placed at 100 metre intervals to create a 1200-metre sea swimming circuit at Sandy Bay, Castlegregory in Co Kerry



ABOVE: Ailis Brosnan from Tralee, Senior Health Promotion Officer with the HSE, Cllr Breandán Fitzgerald, Philip Fitzgibbon Splash Sports and Deirdre O'Halloran Lifeguard Kerry County Council



LEFT: Cllr Breandán Fitzgerald, Ailis Brosnan from Tralee, Senior Health Promotion Officer with the HSE, Philip Fitzgibbon Splash Sports, Michael Fitzgerald Chief Officer Cork Kerry Community HSE and Gearoid O'Doherty Kerry Recreation and Sports Partnership Kerry County Council.



Sandy Bay is a popular and safe swimming destination with an east-facing aspect, providing shelter from the prevailing South West winds making it a safe choice in most weather conditions. Trained lifeguards are on duty there throughout the busy summer months.

Michael Fitzgerald, Chief Officer Cork Kerry Community Healthcare, launched the project and highlighted the importance of such initiatives, which facilitate physical activity and wellbeing.

"As a coastal county, we have an enormous asset available for everyone to enjoy. I am confident that the swim markers

will encourage existing and new users to get into the water and swim, an activity that is good for mind and body," he said.

Gabrielle O'Keeffe, Head of Service Health and Wellbeing, Cork Kerry Community Healthcare thanked Phillip Fitzgibbon, local lifeguards and the volunteers at Castlegregory Blueway for their support to bring the project to fruition and using their experience of swimming in the area to assist in the positioning of the marker buoys.

She also acknowledged the Irish Water Safety Association and Kerry County Council who worked closely to develop associated safety signage on the beach.

The implementation of the swim distance markers in Castlegregory supports the Keep Well campaign improving opportunities for safe and enjoyable physical activities.

The Keep Well campaign is aimed at showing people of all ages how we can mind our own physical and mental health

and wellbeing by adding healthy and helpful habits to our daily and weekly routines. The Healthy Ireland swim distance marker buoys will encourage safer swimming among novice and experienced open water swimmers making the healthy choice the easy and safe choice.

Phillip Fitzgibbon of Castlegregory Blueway said, "With hundreds of regular swimmers enjoying swimming here from dawn to dusk, these buoys are a fantastic addition to Kerry Sea swimming infrastructure. The swim distance markers provide certainty of distance so that people can incrementally and safely improve their sea swimming."

Maebh Úi Ainifeáin, Chairperson Irish Water Safety Kerry, encouraged beach users to be responsible at all times around water.

"Know your ability and take note of all safety information in advance of entering the water," she urged.

# Flu Vaccine for Healthcare Workers

**It takes just a few minutes to protect yourself and the people around you.**

**You are 10 times more likely to get flu**

**1 in 5 healthcare workers develop flu every year.**



**Flu is serious**

**Up to 500 people die from flu every year in Ireland.**

**Flu causes pneumonia and bronchitis and can make chronic health conditions worse.**



**You can spread flu without knowing it**

**Some people have no symptoms.**

**Your patients rely on you to protect them**

**People with weakened immune systems or who have underlying health conditions rely on you to be vaccinated to protect them against flu.**



**You can protect your family and those around you**

**Getting the flu vaccine also protects your family, your colleagues and the patients you care for.**

**Flu vaccine is safe**

**It's been given to millions of people for more than 60 years.**





# Your Opinion Counts

## Staff Survey 2021

**Open from 6<sup>th</sup> September 2021  
to 3<sup>rd</sup> October 2021**

We have gone through an extended period of rapid change across our health services and we want to get your feedback to identify opportunities to improve and develop our health services.

### Complete the survey

Go to [hse.ie/staffsurvey](https://hse.ie/staffsurvey) to complete the survey.  
Enter your health service email address to access the survey.

This is to verify that you are a health services employee.  
It will not connect you to your completed survey in any way.

All survey submissions are anonymous. If you don't have a health service email address you can still participate in the survey.

Call the survey helpline on 091 775953 for a single-use access code between the hours of 9 am - 5 pm Monday to Friday and 10 am - 1 pm Saturday and Sunday.

