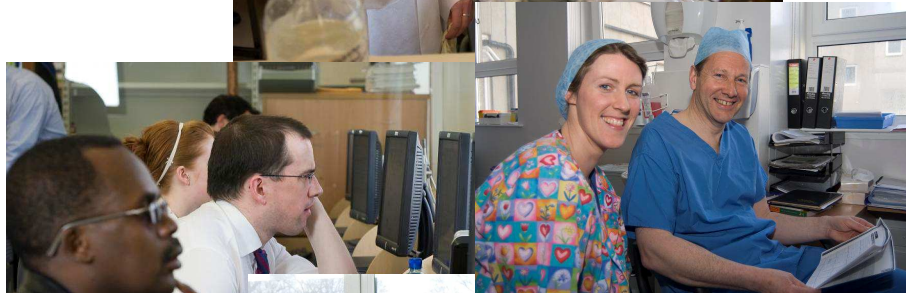


GP NEWSLETTER

MARCH 2009

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*Working with primary care to improve the lives of
our patients*

WELCOME FROM THE DIRECTOR OF OPERATIONS,

Welcome to the March edition of the GP Newsletter. In this edition, we will discuss, any breaking news, our new OPD waiting list initiative, estates updates and bring you up to date on the latest news from the GP Liaison Committee.

120 WARD BLOCK

On Friday the 23rd of January, we officially signed the contracts to appoint MCO Projects and Scott Tallon Walker for Stages (I) & (II) of the 120 Bedded ward block. Whilst there is still a number of formal approval procedures required, this remains a step in the right direction.

KPI'S

2008 OUTTURN

A report has been submitted to the Board outlining the position at the end of the year. We achieved the majority of indicators which given the financial constraints we operate within is an excellent performance. I would like to pass on my thanks to every member of staff for their help and support in achieving this.

2009 / 4 NEW KPI'S

Please see page 3 to see our latest report on our Key Performance Indicators

We have introduced four new indicators in 2009 to further improve quality and services for our patients.

1. Reducing DNA rates
2. Reducing bed occupancy rates- a key element in reducing infection/promoting



hygiene.

3. Reducing activity from outside our catchment area—a key part of our cost containment plan and reducing waiting lists.
4. Reducing the amount of cancelled elective in-patient activity.








These will be regularly monitored and reported throughout the year and your help in achieving them is much appreciated.

This month also saw the official launch of HealthStat. Now in the public domain the HSE performance management tool brings together transparency and accountability and allows public access to league table data across a range of indicators. For more see www.hse.ie

As always, we appreciate all feedback and suggestions we get in relation to the topics covered in this newsletter so if you would like any new areas or subjects covered, please contact our Communication's Executive Claire Finnan on 221 3541 or email c.finnan@svuh.ie and we will include it in the next edition.

*Mr. Bill Maher
Director of Operations, St. Vincent's
University Hospital*

SVUH Performance Summary - January 2009

Out-patient Waiting List	
Current	Future
Current Value	2,111
Trend: v	
Previous Month	
	
Target: Out-patient waiting to be reduced to less than 12 weeks by December 2009.	
A slight increase in OPD Waiting List of 3.3% compared to Dec 08. ENT highest contributor of WLL and represents 16.9% of total WLL. January saw 140 patients being removed from WLL through validation exercise.	
ED Waiting Times	
Current	Future
Current Value	27.83%
Trend: v	
Previous Month	
	
Target: To ensure by end of 2009 no patient waits greater than 6 hrs in ED from "Decision to admit" to admission	
Daily admits thru ED in Jan was 25. Severe pressure experienced during Jan with avg of 24 patients waiting at 8am for bed. 3 days during month this exceeded 40. Norovirus outbreak increased pressure for beds.	
Average Length of Stay (excl Psychiatry)	
Current	Future
Current Value	11.2
Trend: v	
Previous Month	
	
Target: 8 days to be the average stay achieved by December 2009	
There is an increase of 1.9 days in ALOS from Dec 08. This is significant considering the reduced no. of delayed discharges occupying beds. This can be accounted for by the Norovirus outbreak and patients with complex medical conditions.	
Staffing Levels	
Current	Future
Current Value	1.66%
Trend: v	
Previous Month	
	
Target: To operate within agreed employment levels.	
There is an increase in staffing levels over Dec due to the intake of student nurses. Mgmt still seeking adjustment in HSE ceiling. Recruitment continues thru ECC. HSE Employment Control Framework issued in Jan.	
DNA Rate	
Current	Future
Current Value	20.4%
Trend: v	
Previous Month	
Target: Reduce the number of patients who do not attend to 5% by December 2009	
Initiatives to raise awareness of DNA's are ongoing & include poster campaign, revised appointment cards and letters. DNA policy is under review and is due for sign off in March. Recent survey of patients indicated a need for a reminder system.	
In-patient Waiting List (incl Day Cases)	
Current	Future
Current Value	239
Trend: v	
Previous Month	
	
Target: No patient should wait > 26 weeks for admission by December 2009	
There was an increase of 44 patients on Dec 08. Pain Relief accounts for 105. Consultants will soon be alerted if a patient's waiting over 26 weeks on the WLL. An allocation of 800 was received from NTPF for 2009. Validation will continue.	
% Occupancy	
Current	Future
Current Value	103.3%
Trend: v	
Previous Month	
Target: To reduce % occupancy to 86% by December 2009	
% Occupancy stand at 103.3%. Due to the demand for beds it was necessary to open additional emergency beds and to use of 3 extra beds in ICU, which are not funded. This indicator shows that demand is far exceeding capacity.	
Financial Position	
Current	Future
Current Value	€17.5m
Trend: v	
Previous Month	
Target: To deliver financial breakeven by December 2009	
Deficit of €1m from 2008. Allocation for 2009 is a drop of 3% from 2008. Comprehensive cost containment plan been actioned and envisaged these measures will not affect care of patients within our catchment area.	
OPD Outside Catchment Area	
Current	Future
Current Value	30.5%
Trend: v	
Previous Month	
Target: Reduce the outside catchment area OPD referrals by to 10% by December 2009	
Med Exec agreed to deflection of referrals from outside area as no funding for this. A Subgroup has been established to roll this out in all specialties. 32 Pain Management deflected in Jan.	
Cancelled Elective Admissions	
Current	Future
Current Value	21.6%
Trend: v	
Previous Month	
Target: To reduce the numbers of cancelled elective admissions to less than 10%	
The pressure for beds from the ED and the restrictions due to the Norovirus outbreak caused some elective admissions to be cancelled.	
MRSA Rate	
Current	Future
Current Value	16
Trend: v	
Previous Month	
	
Target: colonisation rates to be reduced by 10% over 2008 figures by December 2009	
This represents an increase from December but must be considered in relation to the overall trend. No cluster of cases was noted.	
Delayed Discharges	
Current	Future
Current Value	21
Trend: v	
Previous Month	
	
Target: To reduce the numbers of patients medically fit for discharge but still occupying a bed to 0 by December 2009.	
The avg no. of daily discharges reported to HSE in Jan was 19. In Jan SVUH received 5 DDI beds and 5 other beds were available in Clonskeagh & Royal Hosp. Total hospital funded nursing home beds reduced from 30 to 18.	

DNA RATES

OPD Waiting List Initiative

You will be aware from the last GP newsletter that St Vincent's University Hospital is trying to address the unacceptably high rate of patients who do not attend (DNA) their OPD appointments. For 2008 this was 19.4%, or 2000 appointments per month and at a cost of €363,138 each month.

One of our initiatives is to introduce a text reminder system as an initial step in reducing this level of DNA. You can help by encouraging patients to cancel their appointments if they

cannot attend. Please enclose mobile telephone numbers with the referral letter.

We are also revising our hospital DNA policy. This will state any patient who misses 2 appointments will be referred back to their GP. They will need a new referral letter if they require a further appointment.

We will keep you updated on progress via the normal communication channels.

Thanks for your support

Liz Barnes

OPWL Project Manager

NEW THEATRE COMPLEX OPENS

I'm delighted to announce the successful opening of the new Theatre Complex in the Clinical Service's Building on Wednesday the 25th of February. Considerable planning and preparation has gone into this move and this is a major achievement for St. Vincent's University Hospital and something we are very proud of.

The Operating Theatres in the Clinical Services Building are now open and all emergency surgery will be carried out here. These theatres are numbered 1 to 8. All emergency surgery will be arranged through the nursing and anaesthetic

co-ordinators in the Operating Theatres in the Clinical Services Building.

The Operating Theatres in the ward block will be numbered 9, 10, 11 and 12. Surgery to be carried out in the ward block theatres will be non-emergency urology, gynaecology, plastic, ophthalmic, dental and pain management.

The main contact number for theatres will be 4438 and 4338. After 4.30 pm and at weekends, the nurse



co-ordinator will carry a bleep, no 199.

Looking to the future, we will continue to work with the HSE in planning the building of the further four theatres in the Clinical Service Building to bring the compliment up to twelve. I will keep all advised of progress.

ESTATES UPDATES

Improvements to Patient Facilities

2008 was a very productive year in terms of Estates development.

A wide range of development projects mainly focused on improvements to patient related facilities were delivered on time and within budget.

Given the worsening exchequer position it looks like 2009 will be a difficult year for capital funding.

Notwithstanding this we have requested minor capital funding of almost €4.5m from the HSE to cover a list of 18 key projects. This includes the next phase of the toilets & showers and the ward kitchens upgrade along with much needed hygiene related improvements.

In addition to this we are working with the HSE to progress a number of major capital projects such as the new 120 bed ward block, 4 additional theatres, haematology day-care unit, stroke unit and neurophysiology.

Care of the Elderly

Our Lady's ward reopened in early January following a major upgrade which saw the installation of new flooring, ceilings, mechanical and electrical services such as lighting, medical gases, heating and bed head electrics. In addition the ward also benefited from new bathrooms and a new kitchen.

Bathrooms

The first phase of the bathroom upgrade involving seven wards was completed in December. Existing toilets and showers were completely stripped out and new units installed. The programme is being carried out over a number of phases. A funding application for the next phase is currently with the HSE.

Ward Kitchens

A similar programme to upgrade our ward kitchens was also completed in December. Similar to the bathrooms phase one involved seven kitchens being completely refurbished. Work commenced in February on the second phase which involves the kitchens on St. Michael's, St. Luke's, St. Laurence's and St. John's wards.

I will keep you advised during 2009 on developments to further improve our facilities.

Frank Smyth

General Services Manager



SPEECH AND LANGUAGE UPDATES

GENERAL INFORMATION

The Speech and Language Therapy Department is staffed by seven fulltime Speech and Language Therapists who specialise in the assessment, diagnosis and management of adult communication and swallowing disorders.

The department provides both an inpatient and outpatient service to over 60 consultants, 23 wards and St. Michael's Hospital. The department offers both individual and group sessions.

In the acute care setting we treat a wide variety of patient groups including progressive neurological disorders, stroke, traumatic brain injury, post neurosurgery, ENT (voice, tracheostomy tubes), head and neck surgery, care of the elderly, post general surgery, post radiation therapy etc.

Currently within our region, there is a very limited community based adult speech and language therapy service. Therefore, many of our patients attend our outpatient service for follow-up.



SPEECH AND LANGUAGE THERAPY SERVICES

- Assessment, diagnosis and treatment of patients with disorders of speech, language, voice and swallowing
- Digital fluoroscopic assessment of swallowing disorders
- Fiberoptic Endoscopic Evaluation of Swallowing (FEES) disorders
- Digital stroboscopy assessment of voice disorders
- Weekly adult communication groups
- Group therapy and Lee Silverman Voice Therapy (LSVT) programmes for patients with Parkinson's disease
- Swallowing and communication management of patients with tracheostomy tubes
- Management of patients post laryngectomy
- Augmentative and alternative communication systems
- Lectures to other health professionals
- Education of Speech and Language students and clinical research

SPEECH AND LANGUAGE UPDATES

SPECIALISED CLINICS

A twice-weekly digitalfluoroscopy clinic is held in the X-Ray department (Fluoroscopy Suite, 2nd floor) to assess swallowing function in patients with oropharyngeal swallowing disorders. This occurs every Wednesday from 9.00 - 10.00am and Friday from 11.30am - 1.00pm.

Joint voice/digitalstroboscopy clinics are held in the outpatient department in conjunction with the ENT team every Tuesday, Thursday and Friday mornings to examine patients with voice and head & neck disorders.



LOCATION OF SPEECH & LANGUAGE THERAPY DEPARTMENT

The speech & language therapy department is now based in the Allied Therapy Suite, on the first floor.

CONTACT DETAILS

- Hours of service 8.30am -5.00pm
- Main department number 2214859 or 2214000 bleep 201
- Fax number: 2213454
- St. Michael's Hospital - 2806901 ext 3712, bleep 57
- Contact person: Fionnuala Duffy, Speech & Language Therapy Manager, bleep 201

DERMATOLOGY UPDATES

List Of Services

Consultant Dermatologist Outpatient Consultations:

- Professor Sarah Rogers
- Dr Paul Collins
- Dr Brian Kirby

Systemic Clinic - held Thursday mornings

Joint consult clinic - For difficult cases held 2nd and 4th Wednesday each month

Cutaneous Skin Surgery - Dr Collins (Wednesday pm) .Dr Kirby (Tuesday Am)

Skin Biopsy Lists



Other treatments

- Contact Dermatitis Investigations (Patch Testing)
- Cryotherapy (Liquid Nitrogen Therapy)
- Intense Pulsed Light
- Iontophoresis,
- Light Cautery
- Photochemotherapy (PUVA)
- Phototherapy (Narrow band UVB)
- Photodynamic Therapy (PDT)
- Scalp Management
- Short Contact Dithranol
- Wet Wrapping

Nurse Specialist patient education clinics

Nurse Specialist disease management clinics

Wound management clinics

DERMATOLOGY CONTINUED

Contact Details

Contact details for department

Department Secretary 01 2214189
Fax 01 2213717
CMN2 01 2213257
Dermatology Day Care 01 2213688
Dermatology CNS - Sheila Ryan - bleep 394
Nicola Mahon Ext 3258

For information on dermatology conditions and professional guidelines see

www.bad.org.uk	British Association of dermatologists website
www.dermnet.org.nz	New Zealand dermatological Society website
www.eczemaireland.org	Irish Eczema Society
www.psoriasisireland.ie	Psoriasis Association
www.irishcancer.ie/sunsmart/	Irish Cancer Society

Patient Information Leaflets are available on the following conditions.

1. Information on the use of Tar Tomade
2. Dithranol Information for patients
3. Intense Light Therapy
4. Photodynamic therapy
5. PUVA light
6. UVB/TLO1 Therapy
7. Iontophoresis
8. Liquid Nitrogen
9. Safe handling of liquid nitrogen
10. Contact Dermatitis Investigations

PATHOLOGY UPDATES

Transport of Specimens to Pathology

This briefing concerns all staff who package diagnostic specimens from, GP surgeries/ external hospitals/ clinics to the Pathology Laboratory for analysis (including postal delivery).

Statutory legislation exists that requires diagnostic specimens be carried in packages that meet a United Nations test criteria called Packaging instruction 650 (P650). This standard is to safeguard the drivers of vehicles carrying diagnostic specimens on the road between sites and provides protection to passers by and/or the emergency services in the event the vehicle is involved in a road traffic accident.

What you must do?

To meet the requirements of P650, there are 3 levels of packaging for diagnostic liquid and solid samples.

- The primary receptacle - containing the sample.
- This will contain the primary (ies) and sufficient absorbent material to soak up any spillage that occurs.
- The outer packaging ie. that is seen by delivery or postal staff.

The outer packaging must be marked with UN 3373 and Biological substances, Category B marked adjacent to the diamond shaped mark.



BIOLOGICAL SUBSTANCE, CATEGORY B.

Please note that jiffy bags do not meet the criterion in relation to the outer packaging. Any queries regarding the above should be directed to the Laboratory Manager.

Yours sincerely,

Donal Murphy

Laboratory Manager

Department of Pathology and Laboratory Medicine Telephone 353 1 2214510 Fax 353 1 2213198 Email:

d.murphy@st-vincent.s.ie

GP STUDY DAY



Professor Walter Mc Nicholas and Dr. Morgan Crowe

St. Vincent's University Hospital Annual GP Study Day successfully took place on Saturday 7th March 2009 in the Education and Research Centre and was chaired by Prof. Walter McNicholas, Co-Ordinator of Postgraduate Education.

The format of the day consisted of poster and interactive sessions which took place from 4:00pm until 6:00pm. Following this a Plenary Session took place from 6:30pm to 7:30pm. Approximately 90 GP's attended the study day and a reception and dinner took place afterwards in the Atrium of the Ambulatory Day Care Centre.



Poster presentations with Prof. A. Curran and Prof. A. Watson

The sessions and speakers were as follows:

Poster Presentations

Assessment and Management of Back Pain: **Dr. Ray Victory**

Current Approaches to Prevention of Stroke: **Dr. Morgan Crowe**

Assessment of Neck Lumps:

Prof. Aongus Curran

E-GFR in the Assessment of Renal Disease: **Prof. Alan Watson**



Interactive Session with Dr. B. Kirby and Dr. G. O'Toole

Interactive Sessions

Common Skin Problem: **Dr. Brian Kirby**

Lower Limb/Orthopaedic Problems/Assessment: **Mr. Gary O'Toole**

Plenary Session

Cancer Screening in 2009 : Evidence V Practice" :

Dr. Grainne Flannelly, Dr. Ann O'Doherty, Dr. David Mulvin and Prof. Diarmuid O'Donoghue



Plenary sessions

GP LIAISON COMMITTEE- SVUH

As you may be aware, St. Vincent's University Hospital recently reformed their GP Liaison Committee in July and had their third meeting in January.

The next meeting is due to take place on Wednesday the 8th of April at 08:00 in Conference Room 1 of the Corporate Affairs Portacabin, SVUH

Please see below a short synopsis of the topics discussed and actions that are planned as a result. At the January meeting, the following topics were discussed:



Topics Discussed

Welcome	Bill Maher
Key Performance Indicators	Bill Maher
• SVUH Approach	
• Latest position	
Estate Management Update	Frank Smyth
Smoke Free Campus	Dr. K. Doherty/ Ms. D. Comerford
Dermatology - an introduction	Dr. B Kirby
Any Other Business	Bill Maher

Mr. Bill Maher chaired the meeting and brought the group through SVUH's latest position. A copy of the nine KPI's were circulated and all areas discussed. Please see page 3 to see our latest position and our 4 new KPIs.

Mr. Frank Smyth gave a brief but concise estates update to the group on past, present and future projects.

Ms. Denise Comerford discussed the new smoke free campus initiative that was brought into action on January 01. Despite a few teething problems, the initiative appears to be a success and is being closely monitored. GP's were thanked for their support and advised to start any patients who smoked on NRT treatment prior to admission to SVUH and refer any patients to the Preventive Medicine Department for support if necessary.

Dr. Brian Kirby outlined the service available to patients in SVUH. He discussed at length with GP colleagues, ways that they could work together to try and decrease the outpatient dermatology waiting list. Dr. Donal Mc McCafferty volunteered to join the Dermatology Working Group and Dr. Kevin O'Doherty and Dr. Niall O'Cleirigh stated that they would raise awareness among their GP Colleagues of this growing list. Ms. Claire Finnan stated that she would include information about this issue in the next edition of the GP Newsletter. Dr. B. Kirby stated that dermatology have a designated fax number for emergency cases which he would publish in the next GP Newsletter.

Mr. B. Maher emphasised that 2009 would be full of challenges but he intended to work closely with primary care in order to make sure services were protected where possible and looked for primary care support in modernising services, streamlining pathways and improving efficiency.

Ms. C. Finnan stated that she would expand the remit of the GP Newsletter to include more information that would be relevant to both Consultants and GPs.

Ms. Catherine O'Loughlin discussed the new Physiotherapy Back Pain Programme that is commencing in 2009. She stated that she would circulate the names of the GP who have direct access to the back pain clinic with the minutes of this meeting.

Feedback

At St. Vincent's University Hospital, we are constantly looking for ways to improve the quality of our service.

If you have any suggestions or comments on how we can improve this newsletter, please let us know by emailing feedback@st-vincents.ie

or contacting our communication's Executive Claire Finnan on 221 3541.