



A Message from our Deputy CEO

This year marked the 10th anniversary of my appointment to Mercy University Hospital and I hope readers will allow me a certain indulgence in reviewing what has changed.

The hospital has changed drastically in the last ten years. We have seen both highs and lows. During the early part of the decade we had an unprecedentedly high budget and the numbers of staff employed also reached the highest ever. Of course since then we have experienced grave financial difficulties as a result of the National financial crisis. But the hospital and its staff have risen above it all. Such that despite the drastic reductions in our annual financial allocation the Mercy is still managing to treat the highest numbers of patients of all types in its history.

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The Acute Stroke Unit is Open For Business!



(L-R) Martina Hughes, Veena Jose, Clare Brennan, Triona Ryan, Finola Ferris, Dr. Kieran O'Connor, Majella Cahill, Carol Kennedy, Nan Kearney, (seated) Emer O'Brien, Dr. Carmel Curran.

"Stroke is the third most common cause of death and the most common cause of acquired major physical disability in Ireland". (Irish Heart Foundation: Council for Stroke, 2009).

The average age of stroke onset in Ireland is 73 years. With a continually ageing population, it is predicted that there will be a 50% increase in strokes in the next 10-15 years. Taking action now in the form of stroke prevention, and treating existing strokes in order to achieve good outcomes, is imperative.

Extensive world-wide research has identified that patients with acute Stroke/TIA achieve better outcomes (both long-term and short-term), if they receive focused multi-disciplinary care by staff with special expertise in Stroke management, in a designated Stroke Unit, following admission to hospital.

Following multiple clinical trials in the U.K, it was found that Stroke Unit care reduced the chance of death or serious disability following stroke by 22%, and reduced the likelihood of death following stroke by 16%.

Dr. Peter Kelly, joint clinical lead of the National Stroke Programme, agrees that the large-scale impact of Stroke Unit care on mortality, disability and reduction of hospital costs is likely to be substantial.

(continued on page 2)



We wish to express our thanks to everyone who submitted articles, information and / or photos for this edition. If you have something to submit for a subsequent issue, please contact any member of the Editorial Committee.

Current and previous issues of the Mercy Times can be found online at www.muh.ie and within the Hospital on the MUH Intranet – Sharepoint.

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Colin McKeon
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'Mercy Times'
 Editorial Committee

Acute Stroke Unit (ASU) Opening

Mercy University Hospital (MUH) has a record of providing thrombolysis to ischaemic stroke patients since 2009 with positive outcomes. This reputation has led to the MUH being chosen as the first hospital in Cork city to establish a designated Acute Stroke Unit. The ASU is a 5-bedded unit located in St. Finbarrs' Ward. It is led by Dr. Kieran O'Connor, Consultant Stroke Physician and has funding for a full-time Stroke Clinical Nurse Specialist (CNS) post and a 0.5 Occupational Therapist post.

The multi-disciplinary team includes dedicated nursing staff, medical team, pharmacy, radiology, dietician, speech and language therapist, physiotherapist, medical social worker, discharge co-ordinator.

Ethos

The ethos of the ASU is to provide high quality, standardised and individualised (person-centred) care to patients with Stroke/TIA, lead by evidence-based practice. Comprehensive assessment and management of the acute stroke patient is paramount.

The multi-disciplinary approach to patient care is a corner-stone of this ethos. There is an emphasis on follow-up care on discharge which the Stroke Team hopes to build on in the future. Particular emphasis is placed on patient education.

The ASU is part of the National Live Stroke Register for Stroke. All patients admitted to the MUH with confirmed Stroke/TIA are entered into the central database by the Stroke Team. This data is compiled nationally to generate statistics that are essential for future care and funding provision.

Aim

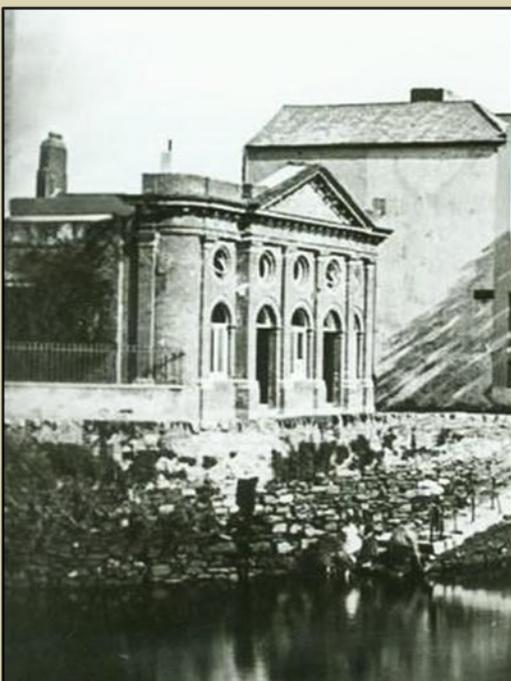
The **Acute Stroke Unit** aims to treat TIA's, atrial fibrillation and carotid stenosis with a view to prevention of recurring TIA's and stroke progression. The Stroke Team aims to ensure 24/7 access to thrombolysis for appropriate candidates with a confirmed diagnosis of ischaemic stroke. The ASU has 3 monitored beds which allows for the provision of care from the early acute stage of stroke to discharge if necessary.

Act FAST

The essence of successful acute Stroke care is time. Early admission to the ASU post stroke achieves the best outcomes for patients and even prevents need for long-term care. Rapid access is key!

Onset of symptoms – call emergency services – emergency department - confirmed acute stroke – admission to Coronary Care Unit if thrombolysed – rapid admission to ASU.

Remember – TIME IS BRAIN!!



STAFF QUIZ

WIN €50 Canteen Voucher

What is the address of this building?

What was its use at the time of photo?

What is its use now?

How to enter;

e-mail; mercytimes@muh.ie or written replies to Mercy Times Committee.

Entries by Sunday 30th September.

A message from our deputy CEO *(continued from page 1)*

We are certainly in a time of great change. Government reforms promise to change the governance arrangements for the Health Service quite significantly and the introduction of Hospital Licensing in 2014 with Universal Health Insurance coming in 2016 promise to be the most significant reforms in the funding and provision of health care in Ireland for two generations.

I wish to take this opportunity to pay a tribute to one person who perhaps more than almost anyone has helped usher the Mercy into a new era. Dr Colm Henry and I started work at the Hospital on the same day in 2002. Over that time we have become close colleagues and friends. Colm is always available to his colleagues, clinical and otherwise, to offer advice, support and encouragement. I have never found him to be wanting in this respect. Colm was also appointed as the Hospital's first Clinical Director and he has never wavered in taking tough and sometimes hard decisions, it is a mark of his skill and personality that he has managed to do this with unflinching good humour and without personal rancour. That is no small achievement! Unfortunately for us, but to the enormous benefit of the wider health service, Colm will shortly be standing down as Clinical Director as he has been appointed to a new National post to oversee the rolling out of the clinical director programme across all the hospitals of the State. However we will not miss him for long as he will be maintaining his clinical commitment at the Mercy whilst working in Dublin part-time. Colm deserves the thanks and gratitude of legions of patients and all of his colleagues here at 'Basecamp'.

Dr Arthur Jackson: An Introduction

I am a Trinity College Dublin graduate of 2001, but am proud to call Cork home, my family having moved here in 1995. During my specialist registrar training I also worked in this region, greatly enjoying my experiences at both Cork University Hospital in 2005/6 and Kerry General Hospital in 2006/7.

I developed an interest in Infectious Diseases while training as a SHO in Beaumont Hospital, through my exposure to the HIV clinic there. In early 2005, I completed the Diploma in Tropical Medicine and Hygiene at the world-famous Gorgas Course in Peru. This was an excellent opportunity to learn from experts in the field with didactic lectures, practical sessions and daily ward rounds of the tropical medicine hospital.

In 2008 I went to Lilongwe, Malawi, undertaking research for an MD. I spent 2 years conducting a clinical trial on the optimal management of cryptococcal meningitis, a devastating disease in such areas of high HIV prevalence. My responsibilities were both clinical and administrative. I also provided cover in the HIV clinic and on the medical wards in this extremely resource-limited setting. I was academically affiliated with Trinity College, Dublin, St George's Hospital, London, and the University of North Carolina, USA. Our research yielded important results and papers, with information on the benefits of addition of flucytosine to the standard of care therapies and the use of short-course amphotericin B. It is part of a large body of work aiming to improve management of this disease in these areas and has supported a larger phase III trial, now being undertaken by our group, which could lead to policy change on a large scale.

In 2010/11, back in Dublin, I worked as a lecturer in Tropical Medicine in the Royal College of Surgeons in Ireland, as well as completing clinical commitments for specialist training in Beaumont hospital. Since 2011, after completing specialist training in Ireland, I have been doing a supplemental fellowship year at University of North Carolina at Chapel Hill where I had an opportunity to work with some of the leading researchers and clinicians in the HIV/Infectious Diseases field. I took a special interest in antimicrobial stewardship while there and did formal attachments and projects at the nearby Wake Forest Baptist Medical Center in Winston Salem, a large tertiary referral center with a strong antimicrobial stewardship service.

I am looking forward to my future role, seeing the development of Infectious Diseases services in the Mercy University Hospital as important. I hope to add to currently existing services and collaborations and bring my experiences to the optimal management of antimicrobial therapy, both in inpatient and outpatient settings. I will also be providing an Infectious Diseases consult service for difficult-to-treat, tropical, and atypical infections. I also strongly identify with the role of a consultant in General Medicine, and will be joining the on-call rota for acute unselected general medical take.



Marking 10 Years of Excellence



(L-R) Aoife Kennedy, Catriona O'Connell, Karen Lappin Mackey, Anne Quirke, Nan Kearney and Ita O'Donoghue.

On May 1st, 2012 the Occupational Therapy Department celebrated the 10th Anniversary of its service opening and MUH shared with them in this milestone celebration.

The Journey

The Occupational Therapy Service (OT) at MUH opened for business in 2002. Dr. Colm Henry was instrumental in ensuring the establishment of an OT service at MUH and this came to bear in May of 2002. MUH welcomed Anne Quirke as the Manager of the Department and she quickly set about the task of establishing and promoting OT within the hospital whilst developing and expanding a service that has gone from strength to strength in the last decade.

Whilst initial demand was primarily from the Care of the Elderly, the demand gradually spread to all other specialities within the hospital. New referrals continue to rise and is steadily heading towards the 1,000 mark per year!

Portering Staff Complete FETAC Level 5



Front Row L to R; Bertie Kelleher, Craig Whittington, A/Head Porter, Brian Murphy.

Middle Row L to R; Gerard Mc Carthy, James Murphy, Deputy Head Porter.

Back Row; Eugene Murphy.

Pictured above are some of the MUH Portering staff who successfully completed FETAC Level 5 training. Other members of the Portering Team who attained Level 5 this year are;

James Mc Carthy, John Meskill, Ross Kelleher, Gordon Mc Gregor, Finbarr O'Leary and Graham O'Reilly.

This training is part of the hospital's ongoing commitment to staff training and improvement of standards.

Staff & Students

The Department has facilitated many staff and students throughout the years. Staff have joined the department from as far away as Japan whilst students are facilitated from the UCC Degree Programme and UL Post Graduate Masters Programme. It is hoped that these placements have been instrumental in their career pathway. Placements are also facilitated for local OT's from UK colleges and transition year students. The promotion of Occupational Therapy as a preferred choice of career is always uppermost within the Department.

Bigger Picture

The Department forms part of the Clinical Support Services Group within the hospital, and are aligned with their colleagues in the delivery of an allied health service to the patients of MUH. A number of years ago interdisciplinary in service sessions were developed together with Speech & Language Therapy and Dietetics for continuous professional development and a social element attached as well!

Strong links have been forged with community services in the role of facilitating patient discharge and these links include community occupational therapists, the community equipment stores and public health nurses to name just a few.

Work is based within the Department and throughout the wards. Latest developments include the appointment of dedicated O/T's to both the Prosthetic Orthotic Limb Rehabilitation (POLAR) Unit and Stroke Units.

- Occupational Therapy

Launch of the Hospice Friendly Hospitals (HFH) Programme at Mercy University Hospital on July 12th, 2012

During the critical times of bad news, dying, death and bereavement, the quality of interactions between end of life patients, their families and hospital staff has a long-term impact on all concerned. Many studies have also shown that hospital staff experience frustration and stress in effectively supporting patients and families at these difficult and emotional times.

The **Quality Standards for End-of-Life Care** in Hospitals were launched by the Minister of Health in May 2010. The cornerstones of the Quality Standards are the Hospital, the Staff, the Patient and the Family.

In January, 2011, a **Memorandum of Understanding** was signed by the Irish Hospice Foundation and Mercy University Hospital to promote, progress and refine End of Life care in our hospital. The multidisciplinary **MUH End of Life Care Committee** commenced its work in March, 2011 and the fruit of this work was brought to bear on July 12th of this year, when the **Hospice Friendly Hospitals Programme** was successfully launched.

Mercy University Hospital is now part of the **Network of Hospice Friendly Hospitals (HFH)** which has been developed over the last five years and includes 25 acute and over 30 community hospitals.

The **HFH Programme** itself relates to all care, clinical, administrative and support provided by hospital staff on all aspects of end of life care and aims to build on a tradition of excellence and caring for patients and their families at end of life. This is underpinned by our existing values of providing care and support for the sick, suffering and grieving without prejudice.

Developments to date at MUH include the introduction of the **Final Journey's Programme** for all hospital staff focusing on awareness and communication at End of Life, resources including the introduction of a patient property handover bag, information leaflets, a sympathy card and the use of a mortuary trolley drape. All of these initiatives will enhance the care for patients and their families at this difficult time and were formally presented by MUH staff at the Launch. Many of these items were secured through the support of the Mercy University Hospital Foundation for which the committee is very thankful.

The Launch programme included the sharing of the end of life experience by a patient's relative and speakers included, Professor Cillian Twomey, outgoing Chairman of the **Hospice Friendly Hospitals Programme** and Ms. Sharon Foley, CEO of the Irish Hospice Foundation. Contributions from MUH staff included; Ms. Sandra Daly, CEO, Ms. Bridie O'Sullivan, Director of Nursing and Ms. Margaret McKiernan, Nurse Practice Development Co-ordinator and Fr. Pierce Cormac, Pastoral Care.

The End of Life Symbol is inspired by ancient Irish history and is not associated with any one religion or denomination. The three standard white spirals represent the interconnected cycle of life-birth, life and death. The white outer circle represents continuity, infinity and completion. Purple as a background colour is associated with solemnity, nobility and spirituality. The symbol is found on many of the end of life resources and used in Mercy University Hospital and aims to add respect and solemnity following the death of a patient in our hospital.

- Department of Nursing



Sandra Daly, Bridie O'Sullivan and Margaret McKiernan showcasing the end of life symbol. (Photo: Ger McCarthy)



Evelyn Barry and Professor Cillian Twomey formally unveiling the end of life symbol.

CAMBODIA CALLING



Louise Buckley, an MUH nurse, based in ICU, decided to share a year of her life with VSO [Volunteer Services Overseas] in Cambodia. Living in the upper room of a log house on stilts, she is the first white person many have seen and is becoming accustomed to being stared at wherever she goes.

She is based in Angkor Chum, a tiny hospital 1½ hours from the city of Siem Reap. It caters for the populace of a vast desert like region of poor farmland, prone to floods and dire poverty, terribly dry and with temperatures in the 40s. The hospital itself is chronically under stocked with infrequent electricity and running water.

Louise finds that she is training staff in the most basic of nursing practice, and often feels she is battling ingrained and outmoded practice, and lack of motivation where the life of the poor is little valued. During the rainy season, the hospital itself is knee deep in water and she recounts the tale of a little boy fishing by the front door and selling his catch to the doctors as they leave.

Her blog:

www.vso.ie/volunteerlinking/louise-buckley/
Is well worth a read, you will surely marvel why in the face of all this adversity she is in love with the place, the people and especially the children, and has extended her stay for another year.

Well done Louise & Hurry Home

Reconfiguration of Acute Services, Cork & Kerry

Based on recommendations of the Reconfiguration Roadmap, published in 2010, the reorganisation of acute hospital services in Cork and Kerry is currently underway. The overarching goal of reconfiguration is that the people of Cork and Kerry benefit from having an integrated university hospital network that:

Achieves the best possible health outcomes for the people it serves, within available resources.

Realises for the people of the Cork and Kerry Region the economic and other benefits that flow from leading edge health research, technology and innovation.

Delivers value for money within available resources.

Over 500 staff, divided into 40 different multi-disciplinary team subgroups with cross-hospital representation were involved in making recommendations for each clinical specialty, following the principles of Reconfiguration, that:

All complex care, including cancer and trauma, should be consolidated in a single site, Cork University Hospital (CUH).

Elective and non-complex care will be delivered as close as possible to peoples homes.

Consultants will work in regional teams.

Reconfiguration of existing services must be carried out within existing resources.

Cognisance should be taken of best models of patient care.

Staff should see reconfiguration as an opportunity to enhance patient care.

From these subgroup recommendations, and following a 2-year consultative period with all stakeholders in the Reconfiguration Forum, the Roadmap was published, outlining a clear vision for acute hospital services in Cork and Kerry and a vital role for each acute hospital in an integrated hospital network.

In November and December 2011, over 650 staff were redeployed along with their clinical services, as the first phase of the reorganisation of services was completed. This involved the transfer of elective orthopaedics, pain and plastics from St. Mary's Orthopaedic Hospital (SMOH) to the South Infirmarary-Victoria University Hospital (SIVUH), the transfer of cardiology from SIVUH to CUH and the transfer of the medical rehabilitation unit from SIVUH to St. Finbarr's Hospital. Efficiencies gained through these transfers facilitated the opening of additional community nursing unit beds. Consolidation of services on one site, along with infrastructural improvements has resulted in improved quality of care for patients, and the development of subspecialty interests within larger teams of clinicians. In particular, the paediatric orthopaedic surgery service has recommenced in Cork after a 4-year absence.

The main involvement of Mercy University Hospital (MUH) in Reconfiguration to date has been the opening of the new Mercy Urgent Care Centre (M-UCC) on the grounds of the former St. Mary's Orthopaedic Hospital in Gurrabraher, Cork. Treating minor injuries, this service is a welcomed addition to the provision of emergency services, and has resulted in quality improvements for patients attending. In particular, patients are especially satisfied with the average turnaround time of only 65 minutes for minor injury presentations.

Phase 2 reorganisation of services includes:

Full closure of the emergency department at SIVUH.

Transfer of remaining acute medicine and emergency surgery to CUH and MUH.

Transfer of gynaecology from MUH to SIVUH.

Transfer of ophthalmology from MUH to SIVUH.

Cross-hospital, multi-disciplinary project teams have been established to progress this reorganisation, with Mercy University Hospital staff playing a key role in the implementation of these moves.

The Mercy looks forward to further involvement in other initiatives as Phase 2 and future phases of the Reconfiguration Programme progress.

- Sinead Glennon, Executive Lead for Reorganisation of Services Cork & Kerry.

Mercy staff turn on the glamour for the Foundation Ladies

A fantastic €17,000 was raised in aid of the Mercy at this year's Ladies Lunch, which was held at the Maryborough House Hotel on June 9th. With over 240 ladies in attendance a great day was had by all. The bubbly was flowing and there was an abundance of superb spot prizes! A big thank you to the committee who made this event such a resounding success!



(L- R) Ann Ryan, Elle-Marie O'Gorman (best dressed lady), Evelyn Flanagan, Lillian Barry & Kathleen Sugrue

The total for the "Giving for Living" Radiothon, 2012 was over **€391,000!** These funds are split equally between MUH, CUH and Marymount. And the giving goes on... Over **200** people took part in the recent **Cancer Walk** from the hospital to Fitzgerald Park, which celebrated survivors, remembered loved ones and raised **€5,000** on the day.

Join our Mercy Mini Marathon Team – Sunday 16th September 2012

Last year over 400 ladies joined the Mercy Mini Marathon team. This year we are hoping to beat that total. Every euro raised will help provide the very best support to those being treated here at our hospital. Register to run in aid of Mercy University Hospital at www.mercyhospitalfoundation.ie or ring us on (021)4274076 for your fundraising pack.

To find out more about any of these events or to register just go to www.mercyhospitalfoundation.ie or ring (021) 4274076

Dr. John Cahill retirement



Front and back view of the annual Dr. John Cahill medal for excellence in anaesthesia. The first of which was presented to Dr Michelle Walsh.



Dr. John Cahill retired recently after 28 years of dedicated service to the Mercy University Hospital. He will be greatly missed by his colleagues in the Dept. of Anaesthesia, Pain and Intensive Care but also by staff in every part of the hospital, many of whom he had built up a great rapport with over the years.

To recognise and commemorate his enormous contribution to the hospital his Anaesthetic colleagues had a medal cast in his honour, a copy of which will be awarded annually to the best Anaesthetic trainee of the previous year. The categories chosen to assess the trainees are those which we felt reflected best John's personal professional attributes and interests. They are clinical acumen, audit and research, attitude, empathy and performance under stress.

The recipient of the first Dr John Cahill medal for Clinical Excellence in Anaesthesia was Dr Michelle Walsh.

We wish John many long years of health and happiness in his retirement.

- Anaesthesia Department



Seamus O'Donoghue, RIP



I was delighted to be asked to write a tribute to Dr. Seamus O'Donoghue for the Mercy Times. Even before taking up medicine I knew Seamus by repute. In the late 60's the brother of a friend of mine was diagnosed with leukaemia, at that time this was an inevitable death sentence but luckily for him 'a brilliant new doctor' had taken up appointment in the Mercy Hospital in Cork and knew how to treat such a dreaded disease. Thanks to Seamus, Dr. Magner his pathologist colleague and Sister Fidelma this young man was successfully treated. In those days such a successful outcome was astounding so the setting up of the leukaemia unit with the help of Dr. Magner and Sister Fidelma was at that time absolutely ground breaking. Thankfully, it still continues its excellent work. This is probably the most striking testament to Dr. Seamus O'Donoghue's career.

There was much more to Seamus as a paediatrician, teacher and mentor than 'just' the leukaemia service. As students he treated us with great dignity and was a popular and superb teacher. Over the years he taught most of the general practitioners in the

southern region all they know about paediatrics and the number of his former SHO's and registrars who attended his funeral was a testament to his lasting popularity. As a consultant colleague he was exemplary. Before evidence based medicine was invented Seamus had all his leukemic patients entered into the latest British and Irish trials and all his treatment of these people was based on the latest trial findings. He treated everybody equally and was absolutely dedicated to obtaining the best treatment from everyone for his patients. As a paediatrician he had a great 'nose' and one knew when he called you and told you that something was urgent it certainly was. On the occasions he contacted you from his beloved Friday afternoon game of golf you knew it always was a life and death situation. He obviously had a full and happy life outside the Mercy with his beloved family and his high level golf. When he became ill he was an inspiration to us with the patience and courage with which he endured a long and debilitating illness.

We have lost an outstanding clinician and teacher who was an example to us all with his altruism, enthusiasm and knowledge. I have known Seamus for over forty years and can readily say that he is an example of what a good doctor and consultant should be. We at the Mercy are indebted to him and are very grateful for the time he spent with us.

We wish to extend our sincere sympathy to his beloved wife, Margaret and family but are happy in the knowledge that he will be remembered as an outstanding doctor who set a great example for future generations to follow.

- Edward Fitzgerald

Letter from a Patient

Dear Sir/Madam,

I am writing a letter of thanks to you with regards to a hospital outpatient's visit. I started with what was thought to be a prostate problem around a year ago. My GP treated me and because I was no better, sent me to your Urology Department. I had a very early appointment and had to drink lots of water. From the moment I came into the hospital I was treated very well by staff when I asked where to go, but then when I got to St. John's unit things got even better. I had no waiting around, and because I didn't have a full bladder I was asked to take more water. There were many in a similar situation as myself but all the time I was looked after, by one particular nurse, with the utmost decency, respect and a few jokes thrown in. I have to say that I was very stressed not knowing what the outcome would be but the nurse reassured me all the time. Then I saw the doctor with very little waiting time again.

Basically, I would like to thank you and all your staff for the way I was treated. The outcome is positive and I have to return in 3 months. I was impressed by how clean the Department was and how a well placed video screen explained various complaints related to me.

So, again, may I thank you so very much. Even with my short visit I feel no stress now and because I was treated so well I thought I should take the time to let you know this, because hospitals come under so much scrutiny and complaints, plus the country's financial problems add pressure to the running of the hospitals.

So in conclusion, from the porter who helped me and the nurse, who was so professional and kind, to the doctors, in fact I am sure all of your staff deserves praise for the way the hospital is run.

My sincere thanks and I wish you all the very best for the future in these difficult times.