

CT Opening

On April 4th Mercy University Hospital welcomed Simon Coveney, TD, Minister for Agriculture, Food & the Marine, to open the newly refurbished CT Suite in our Department of Radiology. This new purpose built facility was jointly supported by the HSE and Mercy Foundation, who provided the funding for two state-of-the-art Toshiba 128 slice and 16 slice CT (CAT) scanners. These replace the existing 4 slice scanner which was installed in 2000, and which had served the hospital well for 13 years.

Dr. Martin O'Driscoll, Radiologist, reflected on what this development means to the Department of Radiology and more importantly to the patients of Mercy University Hospital.....

"Our new CT scanners allow us to scan patients faster, with shorter breath-hold times, in more pleasant surroundings. Despite giving images of higher resolution than previously, the scanners do so with less radiation dose to the patient, and the new Vitrea workstation allows us to perform virtual bronchoscopy and colonoscopy. The new facility provides a customised climate-controlled superior working environment for staff, with new dedicated waiting and recovery areas for patients.

Radiology staff, clerical, health care assistants, nurses, radiographers and radiologists, are delighted to be able to care for, and image, both in and out-patients in the new suite. We are very grateful to all the donors and collectors who helped fund the purchase of the scanners, the staff and Board of the Foundation, especially CEO Micheal Sheridan, TOSHMED Ireland (Toshiba), the design and project team led by Lorraine O'Sullivan, our IT and PACS Departments, AGFA our PACS vendor, our CEO Sandra Daly and the HSE."



Stroke Unit Opening

Mercy University Hospital welcomed Kathleen Lynch TD, Minister of State at the Department of Health and Department of Justice, Equality and Defence to officiate at the opening of our newly refurbished Acute Stroke Unit on May 2nd.

Cork city's first acute stroke unit became operational in February 2012 and this five bedded designated unit is located on St Joseph's Ward. This unit is the hub of the comprehensive stroke service provided from Mercy University Hospital. The unit provides a co-ordinated high-quality multidisciplinary care including physiological monitoring, neurological monitoring and rapid treatment of stroke. All stroke associated complications are treated within the unit. The multi-disciplinary team initiate early rehabilitation and secondary stroke prevention measures for all patients.

(Continued on Page 2)



Stroke Unit Opening *(continued from page 1)*

Our Stroke Unit is part of the city-wide service for stroke. The hospital works closely with, and co-ordinates, the "Stroke Rehabilitation Unit" in St Finbarr's Hospital and the Acute Stroke Unit in the Cork University Hospital.

MUH chief executive, Ms. Sandra Daly said that the formal opening of the Acute Stroke Unit "reinforces MUH's commitment to ensuring that patients across the South/South West Hospital Group receive the highest standard of care and that MUH remains true to the ethos and values espoused by the Congregation of the Sisters of Mercy".

Ms. Sandra Daly also "thanked everyone who donated toward the Stroke Unit through the Mercy Miracle Appeal in conjunction with C103 under the leadership of the CEO, Mr Kieran McCreary. The funds raised by the Mercy University Hospital Foundation have been used to refurbish the two Shower Rooms on the Ward to the highest possible standard".

Important aspects of the Acute Stroke Unit care at Mercy University Hospital include:

- **Immediate access to Consultants.**
- **Co-ordinated Medical, Nursing and Therapy Care.**
- **Early and Sustained Rehabilitation.**
- **Individualised Plan of Care.**
- **Prevention and early treatment of complications.**
- **Secondary Stroke Prevention.**
- **Health Promotion.**
- **Post Discharge follow up.**
- **Formal links with Patient & Carer organisations (provision of information).**
- **Continuing Education Programmes for Staff.**
- **Regular Clinical Audit.**
- **Working closely with the Irish Heart Foundation.**

Endoscopy Study Day for Nurses

On Saturday 12th of April 2014, the staff of the MUH Endoscopy Unit held their inaugural Endoscopy Study Day for Nurses. The course was facilitated in the Centre of Nurse Education, co-ordinated by Neasa Walsh CNM2 with the help of all her staff and supported by Boston Scientific.

The aim of the study day was to facilitate all interdisciplinary healthcare staff involved in Endoscopy, enhancing their knowledge, practical skills, confidence and overall competence. The study day was attended by Nurses from Endoscopy Units throughout Munster.

Opening the day was Ms. Carol Hunter Assistant Director of Nursing. Speakers were all "home grown" including Dr. Martin Buckley, Dr. Jane McCarthy, Mr Tom Murphy and Mr Michéal Ó'Riordáin, all sharing their vast knowledge on subjects such as how to Optimize Endoscopy, The National Quality Assurance Information System, Barrett's Oesophagus and Anticoagulation in Endoscopy. The hot topic of the month, Bowel Cancer Awareness, was discussed by Ms. Mary Ryan, Clinical Nurse Specialist, from the National Cancer Screening Service.

Ms. Bridget MacAuley gave a very informative talk on Radiology Safety in Endoscopy and the delegates received great insight into the remarkable work of Lillian Barry in the GI Function Lab and the day was closed with a very inspiring presentation from MUH's very first Nurse Endoscopist, Mary Lucey.

The Study Day proved very informative and inspiring, reminding all the staff of the Mercy University Hospital Endoscopy Unit of the bright and exciting future that lies ahead.



Outpatient Parenteral Antimicrobial Therapy (OPAT) the first 9 Months

Introduction

Outpatient Parenteral Antimicrobial Therapy (OPAT), via the National OPAT Program, became available in the Cork region officially on July 1st, 2013. There was also a successful pilot phase in the preceding months.

What is OPAT?

The OPAT programme is divided into two groups: S-OPAT and H-OPAT:

S-OPAT: The patient themselves or a nominated relative/carer administer the antimicrobials.

H-OPAT: The administration of antimicrobials may be performed by a healthcare professional in the patients home, community healthcare facility or hospital clinic, termed healthcare professional OPAT

In its first 9 months the service has allowed for the care of **67** patients in a controlled and supervised/monitored outpatient setting, with a combined total of **1,312** bed days saved across both CUH and MUH.

The OPAT programme has proven itself to be safe with no serious adverse events leading to disability or death. Outcomes have been extremely positive with the vast majority of cases having a completely successful outcome, although there have been some late re-admissions of cases for symptom management, alternate pathology and very rarely, treatment failure. Patient satisfaction is extremely high with an almost universal positive patient experience.

Who is it suitable for OPAT?

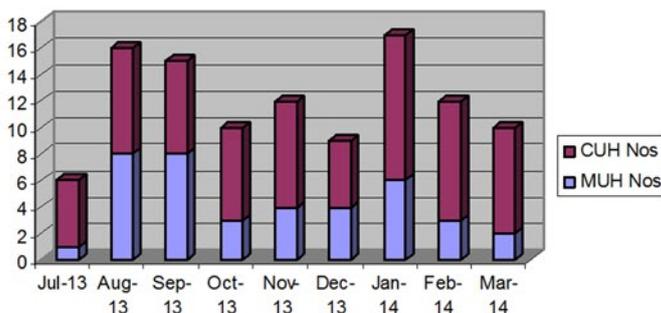
The OPAT service is best suited to patients with a definite management plan, for whom the natural history of the infection is well established; hence it is less useful for patients in the Emergency Department for whom a clinical trajectory of improvement versus deterioration cannot yet be seen.

There is usually an 18-36 hour delay between patient enrollment and the delivery of antibiotics to the patient's home. This time is usually the minimum time required for patient training in proficiency by the OPAT nurse. Plans for weekend discharges are already commonplace once the OPAT prescription has been written. There is no formal on-call cover by the OPAT nurse or OPAT team to facilitate OPAT enrollment/registration over weekends, but given the requirements for patient training and safety, it is unlikely that a Monday discharge would be suitable for such patients in any case. On occasions, due to capacity issues at the compounding factory for the antibiotics, the delay in waiting on antibiotics has been longer. The longest such delay was up to 6 days. Fortunately these delays have been rare.

What are the Results?

37% patients reviewed by our OPAT nurse specialist for consideration have not been suitable for discharge on the OPAT service, the reasons for which are outlined in the results section. These often require significant input and assessment time, and the patient often benefits from an ID consult. Those patients who are deemed unsuitable, due to not requiring IV antibiotics, could also be considered as contributing to Bed Days Saved as well, although this data is not recorded. The high rate of patients unsuitable can be seen as a measure of our commitment to safety, with no patient allowed to enter the program if they do not fit strict national criteria for discharge and follow-up.

Numbers of referrals by site July 2013 to March 2014



Results for first 9 months in both MUH/CUH

Numbers of patients: **107** patients referred across both sites:
MUH: 40 referred: 21 unsuitable; 19 enrolled (74% S-OPAT, 26% H-OPAT)
CUH: 68 referred: 19 unsuitable; 48 enrolled (73% S-OPAT, 27% H-OPAT)

Bed Days Saved: CUH - 905, MUH - 407

Who are the OPAT Team?

The resources aligned to this Program are Dr Arthur Jackson, Regional Lead, Ms Fiona Guidera, Specialist Nurse MUH/CUH and Ms Geraldine Fitzgerald, Outpatient Nurse, MUH.

Working relationships have been fostered with Community Intervention Team (CIT) Cork via Southdoc, Temperature Controlled Pharmaceuticals (TCP) Nationwide via National OPAT Service and Antimicrobial Pharmacists in MUH/CUH.

The OPAT team tell us "Our experience working with CIT has been extremely positive with training sessions, home visits and coordination of patient care. We also use TCP homecare for patients outside the 20mile radius of Cork City in the surrounding county and neighbouring counties Kerry, Waterford, Limerick and Tipperary."

HSE National OPAT Service

O - Out
P - Patient
A - Antimicrobial
T - Therapy

S-OPAT is when the patient will be trained to self-administer their own intravenous antibiotics.

H-OPAT is where a specially trained nurse visits the patient's home to administer their treatment.

Contact:
The National OPAT Service
OPAT CNS Speed Dial 16-007
Fax referral to: 01 4276099
Register online at www.opat.ie

TCP HOMECARE Fannin

“Committed to Better Safer Healthcare”

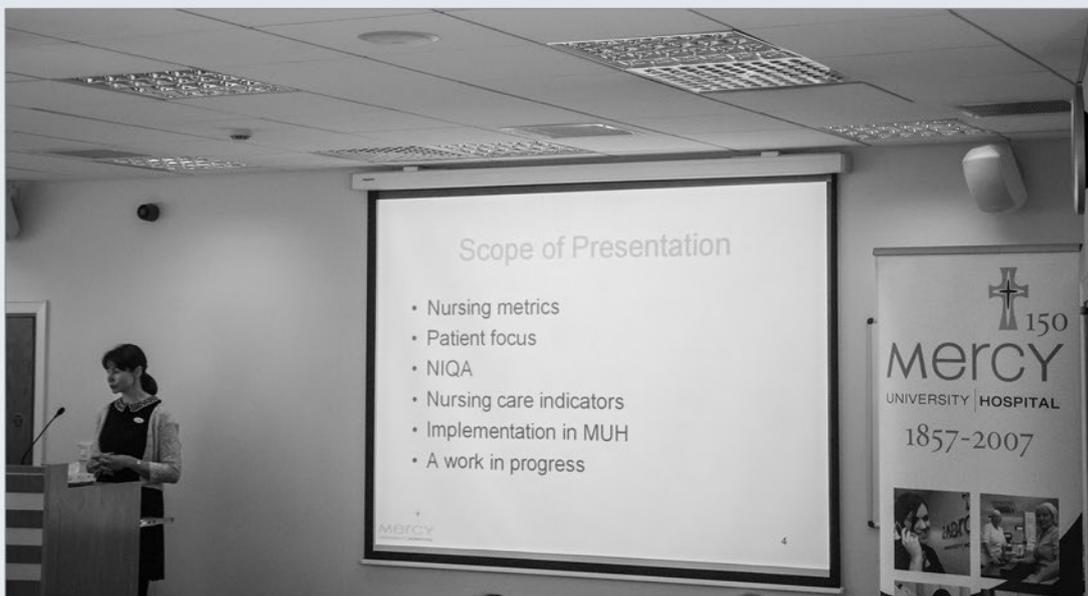
MUH hosted its first Research Conference – “Committed to Better Safer Healthcare” on March 28th with resounding success. There was considerable interest in the Conference which was open to all disciplines and advertised externally. This was reflected in the attendance of upwards of 70.

The purpose of the Conference, was to showcase the high calibre of work being undertaken at Mercy University Hospital by our Consultant body, Nursing staff, Allied Health Care, Pharmacy and further nurturing our external partnerships with UCC and the Clinical Research Facility.

Prof. Eileen Savage, Head of School of Nursing & Midwifery, UCC, chaired the morning session, welcoming Ms. Mary Dunion, Deputy Head of Regulation (Healthcare & Children’s Services), HIQA who set the tone for an outstanding morning of presentations, including - A Model for Frailty Assessment, Nursing Quality Metrics, Development of Sub Speciality Programmes in Urology, My Personal Health Passport etc.

Following a successful morning, Dr. Colm Henry, Consultant Geriatrician, MUH and National Clinical Director, presided over the afternoon session which did not disappoint, providing insight into the Medication Reconciliation Programme, Palliative Care research, Facilitating Patient Focused Research, to name but a few.

There was tremendous positive feedback on the informative presentations and the relevance to practice.



Assistant Director of Nursing, Margaret McKiernan presenting at the MUH Research Conference “Committed to Better Safer Healthcare”

HIQA/IHI Programme – Graduation Time

The MUH group that participated in the jointly run HIQA/IHI Programme, recently graduated at Farmleigh House. The “Mercy Group” are photographed with, with the Chairman of the Board of HIQA, Brian MacEnery, Ambrose McLoughlin, Secretary General of the Dept of Health, Tracey Cooper and Marie Keogh from HIQA.



MUH Strategic Plan: 'Delivering Better Outcomes for the South/South West Hospital Group 2014 – 2016'

Following the publication of the "The Establishment of Hospital Groups as a Transition to Independent Hospital Trusts" document in May 2013, Mercy University Hospital (MUH) undertook an exercise to evaluate its strategic objectives in the context of readying itself to be a proactive member of the South/South West hospital group and has developed a revised strategic plan namely 'Delivering Better Outcomes for the South/South West Hospital Group 2014 – 2016'. The work was led by the executive management team, was facilitated by Prospectus Consulting and overseen by the Board of Governors.

The rationale for undertaking this exercise was to enable MUH to communicate the perspective that it is a proactive member of the South/South West hospital group. This document will form the basis of the MUH submission to the development of the strategic plan for the Group. The hospital's strategic plan is a key element in demonstrating the board's commitment to the future of the hospital, its staff and its patients.

This strategy is framed within the context of the hospital's revised Mission which confirms MUH's commitment to ensuring that patients across the South/South West Hospital Group receive the highest standard of care and that MUH remains true to the ethos and values espoused by the Congregation of the Sisters of Mercy. Mercy University Hospital is committed to working for the benefit of patients within a single service network with integrated management and operating within a Group clinical directorate model.

MUH will also work closely with University College Cork in the delivery of the College of Medicine and Health Strategic Plan 2013 – 2017 in areas such as the development of an Academic Healthcare Centre, Life Long Learning & Continuous Professional Development and delivering the research agenda recognizing the potential to add to better long term patient outcomes.

As part of the strategic planning exercise MUH has identified the broad organisational outcomes it believes will significantly contribute to the successful establishment and operations of the South/South West Hospital Group. Six priority areas for MUH were identified. The priorities are broad focus areas that support the realisation of MUH's Mission and Vision, they include: clinical services, infrastructure, partnerships and alliances, quality, research and education and organisational effectiveness. MUH has identified 14 specific strategic objectives based on the six priority areas outlined above, which together define the focus of MUH for the next three years.

Mercy University Hospital has a long tradition of excellent patient care and the implementation of the revised Strategic Plan 2014 – 2016 will help prepare the hospital for the challenges and opportunities presented by the environment in which MUH operates.

MUH introduces Radiofrequency Technology for Varicose Veins

L-R: Mr. Gavin O'Brien, Consultant Vascular Surgeon, Dr. Marino, vascular trainee, Ms. Sinead McCluskey, Slainte Solutions pictured at the recent introduction of the Venefit Closure-Fast technology for varicose veins to the Mercy University Hospital.

The Venefit procedure uses radiofrequency energy to precisely and effectively treat patients suffering from chronic venous insufficiency (varicose veins) with less pain, less bruising and faster recovery than alternative varicose vein treatments.



Mercy University Hospital Board of Governors

Mercy University Hospital was founded in 1857 by the Sisters of Mercy and has expanded substantially since its opening. Mercy University Hospital is a public voluntary hospital owned by Sisters of Mercy and was subsumed into a limited Company in 2003. The hospital is a registered charity and operates as a not for profit entity.

Under the Memorandum and Articles of Association, the governance of the hospital is devolved to a non- executive Board who are appointed by the Members of the Company. The primary role of the Board of Governors is to set the organisation's strategic aims, having regard to the financial and human resources available to Mercy University Hospital to meet its objectives, and to conduct oversight of management performance whilst upholding the values of the hospital. It does so within a framework of prudent and effective controls which enables risk to be assessed, mitigated, and managed. The Board of Governors is also responsible for overseeing Mercy University Hospital's corporate governance framework.

The Board comprises of up to fourteen non-executive Governors and currently there are twelve members. The term of office for each Governor is three years and a Governor may be appointed for two further terms of three years (Chairman is limited to one further term). Governors are nominated and appointed annually at the Annual General Meeting (AGM) and typically remain in office for a six year period. The term of office of the Board Chairperson and Vice Chairperson is set by the Members of the Company at the AGM.

Board membership is based on skills, experience, knowledge and independence supported by the recommendations of the Nominations Committee. Governors are expected to have the requisite corporate governance competencies such as an appropriate range of skills, experience and expertise in the governance of Corporate entities, a good understanding of, and competence to deal with, current and emerging issues relating to ethos and mission of Mercy University Hospital and an ability to effectively conduct oversight of the performance of management and exercise independent judgement

A number of sub committees of the Board, were established in accordance with the Mercy University Hospital's Articles of Association and company law generally, in order to delegate the consideration of certain issues and functions in more detail. Each sub committee has responsibility to formulate policy and conduct oversight of its mandate as defined by its terms of reference approved by the Board of Governors. No decision or recommendation of any subcommittee is deemed valid until approved by the Board of Governors as a whole. The following sub committees are in place with defined terms of reference:

Audit - Clinical Oversight - Corporate Governance - Ethics - Finance - Human Resources and Nominations

The Governors of Mercy University Hospital give their time voluntarily to the hospital and do not receive any remuneration for their role.

Meet the Board



Mr. Michael O'Sullivan – Chairman

Michael is a Civil Engineer, Chartered Management Accountant and holds an MBA from UCC. With significant experience at the level of Executive Director in a variety of Finance, Regulation and Business Planning roles, he is presently the non executive Director of a number of companies and trusts and provides consultancy advice to clients in the Utilities sector. Michael was formerly the Group Commercial Director of Bord Gais Eireann.

Prof. Colin Bradley – Vice Chairman

Colin graduated from Trinity College Dublin with degrees in Medicine and Physiology. In 1997 he was appointed as the first professor of general practice in UCC Medical School. He also works part-time as a GP in the medical practice of Dr Paul McDonald in Cobh. He was formerly a senior lecturer in general practice in the University of Birmingham and a lecturer in general practice in the University of Manchester. His doctoral research thesis was on decision making of GPs about prescribing medicines and this has remained a major theme in his research.



Mr. Mortimer Kelleher

Mortimer is a BCL graduate of the National University of Ireland and practises as a Solicitor in Cork City in the firm of Barry Turnbull & Co. In 2008/2009 he served as President of the Southern Law Association and has been a Council member of the Law Society of Ireland serving on its Regulation of Practice Committee. In recent years he has become a CEDR- accredited Mediator and a member of the Law Society of England and Wales. Mortimer also holds a Diploma in Property Tax from the Law Society.



Mr. Joe O'Shea

Joe is a Chartered Accountant and worked for 37 years with PricewaterhouseCoopers (PwC) until his retirement from the firm in 2012. He became a partner in PwC in 1990 and was Managing Partner of the firm's Cork office from 1995 to 2012. Joe is currently a part time lecturer in Accountancy and Auditing at UCC and is a director of a number of voluntary organizations and private companies.





Mr. Tim McCarthy

Tim worked in banking for 36 years. In addition to qualifications in banking and finance he also has a BSc. in Government and Public Policy. He was awarded his PhD in 2011 for his thesis on The Role of Ideas in delivering Economic and Political Transformation. For the past two years Tim has been a part-time lecturer in the Department of Government in UCC.

Sr. Veronica Mangan

Sr. Veronica entered the Sisters of Mercy in Dungarvan with a dream of working on the Mission in Nigeria. Following her initial religious formation she trained as general nurse in Mercy Hospital Cork and midwife in Our Lady of Lourdes Drogheda before leaving to work in an outstation clinic in Nigeria. Upon her return to Ireland Sr. Veronica retrained as an addiction counsellor and worked in Aiseiri Addiction Centre for adults before setting up the Aislinn Adolescent Addiction Treatment Centre in Ballyragget. Sr. Veronica answered a new call six years ago and since then has served as a member of the Mercy Provincial Leadership Team in the Southern Province.



Ms. Margaret Lane

Margaret is Head of Human Resources and Organisation Development for Bord Gais Eireann. An accountant by profession Margaret has been a member of the MUH board since 2008 and is the chair of the HR Sub-Committee.

Ms. Irene O'Donovan

Irene is a Partner with O'Flynn Exhams, where her primary focus is Corporate/Commercial Law, with particular expertise in advising energy and natural resource companies on mergers, acquisitions and disposals, joint ventures, stock exchange listings, financings and regulatory affairs. Irene is a graduate of UCC.



Dr. Michelle Dillon

Michelle is a UCC graduate, who qualified from medicine in 1994 and followed a career in General Practice. Michelle did part of her GP training in Paediatrics and Medicine - MUH. She has been working as a GP in Bishopstown since 1999.

Mr. Neil O'Carroll

Neil has over 40 years experience in the oil industry and was responsible for managing the Irish business of Phillips 66, Whitegate Refinery and Bantry Bay storage terminal. He currently chairs the Energy Policy Committee of IBEC, is Chairman of Energy Cork and is also a Committee member of the Energy Institute. He holds a degree in Chemical Engineering from UCD and is a Fellow of the Institute of Engineers in Ireland. Neil also holds a Diploma in Corporate Management and Direction from UCC.



Cllr. John Buttimer

John is a Senior Clinical Psychologist with COPE Foundation. He has served on the Diploma Management Committee of the Psychological Society of Ireland (PSI) as well as holding various positions with the PSI Learning Disability Special Interest Group. He is a Director of the Bishopstown Community Association and of the Togher Family Centre. John is an elected member of Cork City Council and served as Lord Mayor from 2012 to 2013.

Prof. Mary Horgan

Mary is the Dean of the School of Medicine at University College Cork. A specialist in infectious diseases, she is a graduate of University College Dublin (UCD) and undertook her specialist training at Washington University School of Medicine in St Louis, US. She assumes her three-year role as Dean having been overseeing the Graduate Entry Programme, which saw its first graduates in 2012.



See You Soon

Retirement of Elizabeth Barron, Chief Pharmacist, MUH

MUH marked the recent retirement of Elizabeth Barron, from her role as Chief Pharmacist in Mercy University Hospital with a very special celebration of fond remembrances and reflections with staff, past and present, friends and colleagues.

During a career at MUH that spanned 23 years, Liz proved herself a strong asset to this organisation, building the pharmacy function from humble beginnings with just 2 staff to now a team of over 20. Today, the Pharmacy service, at Mercy University Hospital, offers a wide range of high quality clinical services not least to the Oncology unit and Mental Health services and Liz played a significant role in these endeavours.

Such achievements are not trivial and are often lost in a health system forever focused on the challenging balancing act of patient safety, financial pressure and improved outcomes. Liz's retirement provided time to reflect on the contribution of one person, who built and lead a motivated team to make a significant contribution to our collective effort to improve public health.

Liz's professionalism, pragmatism and integrity were honoured in fitting style and in the words of Ms. Sandra Daly, CEO ... "We won't say goodbye but rather see you soon!"



With Compliments

We at Mercy University Hospital are very grateful to receive feedback from our patients and their relatives. It is particularly uplifting for staff when we receive compliments to the various services we provide. We always appreciate such kind words and sentiments.

Recently, Mr. Ciarán Delaney took some time to share his thoughts on our services and he was happy for us to share his experience with all the staff.

Thank you Ciarán.

I am writing to you regarding the excellent care that I received from the team in MUH Urgent Care Centre, based in St Mary's, last Wednesday afternoon.

From the minute I arrived, the receptionist was very efficient and had me booked into the system in under a minute. The CNM, came out and updated us as to what was happening as regards waiting time (which to be fair, was negligible).

I was seen by the Doctor who referred me down to Radiology. The Radiologist was a gentleman as was the Nurse who organised my sling and splint. The CNM was hovering around, making sure that everything was running smoothly. Total time was less than 60 minutes!

I am autistic (I have Aspergers) and the team were brilliant, compassionate and empathetic. People are fast enough to complain when things go wrong, but slow enough to praise when things go right. I was totally relaxed throughout my visit and the receptionist's manner was the precursor to the whole experience, a lovely manner, which continued with everyone I came in contact with.

Can you please leave the DON and CEO know, what a fantastic team MUH have in the MUH UCC.

*Kind Regards,
Ciarán Delaney*

Healthy Eating and a Healthy Lifestyle

We are all familiar with the words “Healthy Eating”, but what does that mean? Healthy eating is taking a variety of important nutrients every day to maintain health, feel good and have energy. Most people are recommended to follow a healthy eating plan for life. This has proven health benefits over other faddy diets, health plans and crash diets you may hear about. The food pyramid is designed as a guide to healthy eating. Choose more foods from the lower shelves and less from the upper shelves.

To achieve a balanced diet, you need to eat a variety of foods in the right amounts from each shelf of the food pyramid every day. For an exercise, write down what you had to eat yesterday and compare to the food pyramid

Other foods

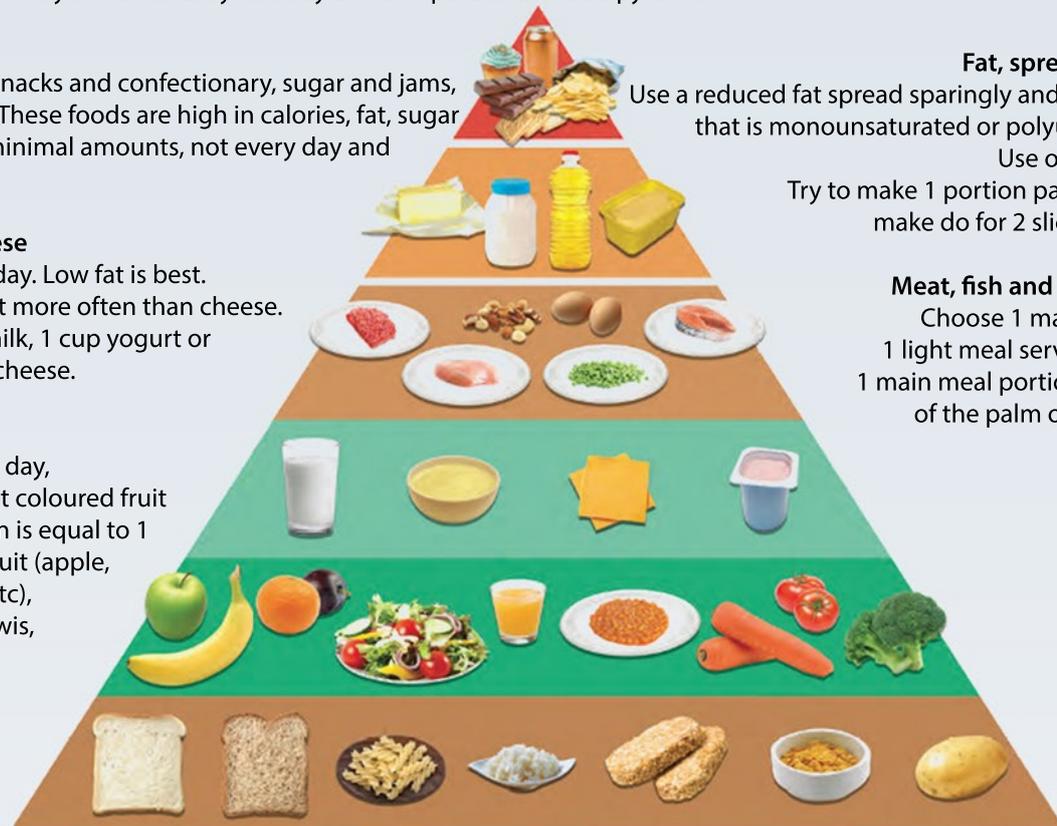
Cakes, biscuits, savoury snacks and confectionary, sugar and jams, marmalades and honey. These foods are high in calories, fat, sugar and salt. You can enjoy minimal amounts, not every day and not too much.

Milk, yoghurts and cheese

Choose 3 servings each day. Low fat is best. Choose milk and yoghurt more often than cheese. 1 portion equals 1 cup milk, 1 cup yogurt or 1 matchbox size slice of cheese.

Fruit and vegetables

Take at least 5 portions a day, a wide variety of different coloured fruit and vegetables. 1 portion is equal to 1 medium sized piece of fruit (apple, orange, banana, peach etc), 2 small pieces of fruit (kiwis, mandarins, plums etc), 2/3 - 1 cup of berries, 1/2 cup of vegetables, 1 cup salad.



Fat, spreads and oils

Use a reduced fat spread sparingly and choose one that is monounsaturated or polyunsaturated. Use oils sparingly. Try to make 1 portion pack of spread make do for 2 slices of bread.

Meat, fish and alternatives

Choose 1 main meal and 1 light meal serving per day. 1 main meal portion is the size of the palm of your hand.

Bottom Shelf: Starchy Carbohydrates

These foods provide energy which is released gradually over the day. Take some foods from this shelf at each of your 3 main meals. Choose wholemeal or wholegrain rather than refined “white” varieties of bread, rice and cereals. These foods are generally low in fat, but we tend to add fats to them. So choose low fat spread rather than butter, choose tomato based sauces for pasta rather than cheese or cream based sauces and choose low fat milk for cereals.

As these foods are high in energy, if we eat too much energy we can gain weight or have difficulty losing weight. Look at the amount you are taking each day. We should generally take 6 portions daily (3-7 servings). The more active you are, the more servings you need. If you are not active eat fewer servings. 1 portion equals 2 regular slices of pan bread, 1 slice soda bread, 1 medium bread roll, 1 medium sized potato, 8 baby potatoes, 1 cup cooked rice or pasta.

How to encourage Healthy Eating for all the family

- Do not buy snacks and convenience foods that you do not want you or your child to eat.
- Fill up plates with at least half vegetables or salad.
- Keep healthy snacks in the cupboard and a fruit bowl visible, offering children a choice of healthy snacks when suitable.
- Encourage and praise healthy eating, leading by example. Your children will copy your behaviour.
- Encourage family meals times, avoiding distractions at the table such as television, phones or computers.
- A healthy lifestyle includes healthy eating and being physically active. Enjoy some exercise with the family.

Central Appointments Office – Cutting out the Middle Man!

Our Central Appointments Office now deals with all referrals from GP’s for Out-Patient appointments. Upon receipt, the referral is immediately entered on the out-patient waiting list and sent to the consultant for triage.

Once the GP has reviewed the patient, there are several people handling the referral from the time of dictation to receipt in our Central Referrals Office. To stream line the process and cut out the men in the middle, why not use the GP electronic referral. On receipt you receive an electronic acknowledgement, so you know that your referral has arrived safely. If you have not already signed up for this please contact: Ms Laura Cullinane: laura.cullinane@hse.ie or 021/4920747

KEEPING OUR HOSPITAL CLEAN

Keeping MUH clean and combating the spread of infections are some of the hospital's highest priorities. The Health Information and Quality Authority (HIQA) define 'hygiene' as follows:

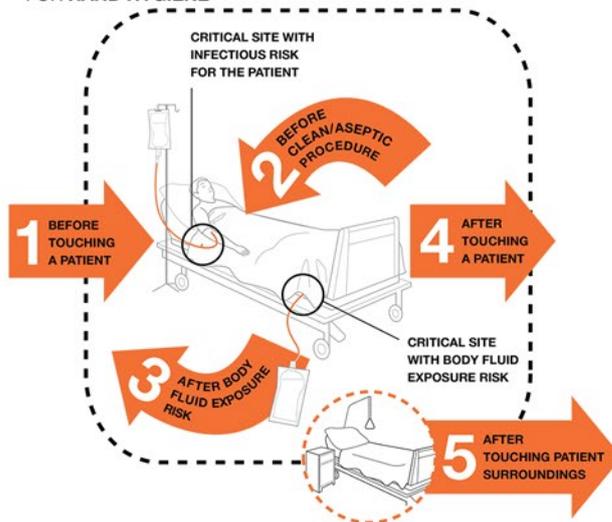
"The practice that serves to keep people and environments clean and prevent infection. It involves the study of preserving ones health, preventing the spread of disease, and recognising, evaluating and controlling health hazards. In the Healthcare setting it incorporates the following key areas: environment and facilities, hand hygiene, catering, management of laundry, waste and sharps, and equipment" (HIQA)

At MUH this function is overseen by the Hospital's Deputy Chief Executive Officer, Jim Corbett and the Hygiene Services Committee (HSC).

This Committee has played a very productive role in the management of Hygiene since 2008 when it was first established. It is multidisciplinary and includes key medical, nursing, technical and support service managers plus a patient representative. The role of the HSC is to ensure, as far as practicable, the implementation of the HSE Cleaning Manual Standards throughout the Hospital.

WHEN?

YOUR 5 MOMENTS FOR HAND HYGIENE*



The HSC presents an annual report each year and prepares both an operational plan and a multi-year Hygiene Strategy. The current priorities of the Committee are to promote an effective hand washing regime and training process amongst all staff and the committee relies very heavily upon the expertise of MUH's Infection Control Nurses, in this respect, who undertake much of the training and record keeping. In recent months the hospital has also adopted an online handwashing training module provided by the HSE which has been well received. We have also extended the scope of training to include all staff not just clinical or 'patient facing' staff and we have created a unified central training record. This has proved very successful, as over 95% of hospital staff have now been trained in the past 2 years.

Undertaking and reviewing audits of cleanliness standards and dealing with issues which arise are a key focus of the work of the Committee.

There are three Audits:

- Management audits (unannounced) undertaken by specialist teams twice a year.
- Individual departmental audits, carried out by the staff of each department (at least every 2 months).
- Contractor audits carried out by our cleaning contractor, Noonans.

In 2013, the Management Audit process was reviewed by the HSC and the system was reformed. Audit teams are now organised into 5 functional areas

Waste & Linen; Patient Equipment; Hand Hygiene and Sharps; Catering; and Cleaning

The revised system quickly highlighted that lower scores were principally due to the poor standard of furniture and fixtures and fittings which were beyond the capability of departmental staff to rectify. Accordingly the Board of Governors agreed to an accelerated ward furniture replacement programme and during the course of the year new or refurbished equipment has been widely distributed. In addition a programme was begun to refurbish the ward bathrooms, kitchens and clean and dirty utilities. This will be continued throughout 2014 and 2015.

In a hospital, where some parts of the estate are over 250 years old, the permanent exclusion of Legionella colonisation relies upon constant vigilance. To mitigate this risk MUH was the first in the State to institute regular water flushing and water quality testing. There is also a chemical dosing system in part of the estate. The flushing process has now been passed to Noonans who have a contract to undertake routine flushing and report to the Hospital Engineering Officer. There is also an audit system of automatic sensors which detects flushing when it is undertaken. This system commenced in December 2013.

The latest water sample test report has showed no legionella or any other colonisation in the water system.

Approximately, every 2 years HIQA carry out unannounced inspections of hygiene practice in hospitals across the State. You will often see these reported in the press. MUH is always alert to the prospect of such an inspection. Alternatively HIQA carries out a smaller number of much more intensive inspection for which notice is given.

Mercy University Hospital takes its obligations to provide a clean and safe environment very seriously and we will continue to do so in the interests of all our patients.

Focus on HIPE (Hospital In-Patient Enquiry)

Introduction

HIPE is a health information system which collects clinical and administrative data on every hospital discharge, including day cases and deaths. It is the primary source of acute hospital activity for the health services and there are 56 hospitals nationally submitting HIPE data of which 38 are currently in the Money Follows the Patient group.

The HIPE unit within the Healthcare Pricing Office (HPO) formerly the Health Research and Information Division at the Economic and Social Research Institute (ESRI) manages the national HIPE database on behalf of the DOH/HSE. Clinical coders at each hospital collect HIPE data using the patient's healthcare record as the primary source of information. Administrative and demographic information are downloaded from the hospital's Patient Administration System (PAS). This downloaded information is verified by the HIPE coder who will also extract and code the clinical information from the healthcare record. The coded data (excluding the patient's name) is transferred each month to the HPO. All HIPE data from the hospital is available for reporting from the HIPE Portal which is data entry, reporting and data quality software developed and supported by the HPO.

Data Collation/Information

HIPE data comprises demographic data such as age, sex, marital status. Data such as date of admission/discharge, admitting consultant, admitting source, dates of procedures and discharge destination are all part of each HIPE discharge record. Clinical data such as the Principle Diagnosis, up to 29 secondary diagnoses and twenty procedures can be recorded for each episode of care. Information from the entire healthcare record, including the discharge summary is reviewed by the Clinical coder and is converted into clinical codes. The accurate extraction and coding of discharges from the healthcare record is the most important and skilled function in the operation of HIPE. Coders are trained to use a standard coding method based on the international ICD codes which is validated and updated regularly to reflect changing clinical practice. Currently Ireland uses the Australian Modification of the World Health Organization's classification, 10th Revision – ICD-10-AM for diagnoses and the Australian Classification of Health Interventions (ACHI) for procedures. All coding is supported by the Australian Coding Standards (ACS) and the Irish Coding Standards (ICS).

Operation of HIPE at hospital level.

- Medical staff complete a clinical summary on the patient's discharge.
- Healthcare Records are sent to the coders for review.
- Coders translate the clinical summary into codes.
- Codes are entered into the HIPE system.
- The software reads the codes and assigns every discharge into a DRG.
- Coded cases are exported monthly to the HPO.
- HPO review cases and may return queries.

HPO

The HIPE unit within the HPO manages the national HIPE database on behalf of the Department of Health. They are responsible for:

- Managing and processing the national database.
- Monitoring quality of data received.
- Training of medical coders.
- Fulfilling requests for statistics.

Uses of HIPE Data

HIPE data are used extensively in research and planning, for example:

- Epidemiological studies, i.e., hospital activity statistics related to diseases/procedures.
- Input to population health profiles at the Health Board/Health Region level Quality assurance studies
- Market Research
- Drugs trials etc
- Service Planning
- Funding

The MUH HIPE Team

Here at MUH we are very lucky to have a very experienced and dedicated team of coders. We face challenging times ahead to ensure we meet deadlines in order that the hospital is best placed for Money Follows the Patient. It is now more important than ever that we have 100% of the hospitals activity coded within the timeframe set out by HPO, whilst also ensuring that we capture complexity as incomplete coding will lead to incomplete funding. A coded case on HIPE will be akin to an invoice, going forward

It is also an exciting time for coders with the recent announcement of Coder training accreditation with Dublin Institute of Technology (DIT). An agreement has been signed with DIT and the HPO. HPO is now an accredited training body able to provide a certified training programme for coders working within the HIPE system. Following assessments and a final examination Irish Clinical Coders will achieve a professional level 6 certificate.



(L-R) Tina Petrassi, Catherine Barrett, Andrea Murphy, Jackie Naughton (HIPE Casemix Co-Ordinator), Mary O Reilly, Margaret Crowley.

Ber Gleeson Murray – A Tribute

On September 15th, 2013, a dear friend and respected colleague, Ber Gleeson Murray, sadly passed away. Ber had a long and distinguished career in nursing, and worked tirelessly for others. She trained at Mercy University Hospital and spent almost all of her nursing career here, working in various locations throughout.

She gave her last 13 years of dedicated service, to the Dressing Clinic in OPD, caring for patients with chronic wound conditions and worked diligently to achieve positive outcomes for her patients. On her own initiative, she went to Austria and gained the knowledge and expertise to establish a Lymphoedema Service. Over the last four years she developed this service with the support of the vascular team providing relief and treatment for patients who had very few options available to them. Her outstanding work and commitment to patients with lymphoedema will be something she will always be remembered for.

Ber dealt with her illness in the way she lived her life with strength and dignity. She made it easy for everyone and never allowed herself to be the focus of attention.

We speak about Ber often and feel her loss. She was a wonderful nurse, friend and colleague and will always be remembered.

May she Rest in Peace



Dr Pixie McKenna launches The Mercy Hospital Foundation's €3 million campaign!



Cork's own celebrity doctor, Dr Pixie McKenna, who is best known for her work on Channel 4's *Embarassing Bodies*, returned home to officially launch The Mercy Hospital Foundation's latest campaign that aims to raise €3 million for key areas of need at The Mercy University Hospital. The latest campaign will raise vital funds to enhance cardiology, stroke and cancer services, while also supporting the services for children and teenagers in the coming years.

Speaking at The Mercy University Foundation's €3 million campaign launch, Dr Pixie McKenna said *"I'm delighted to lend my support to this campaign which will change lives at a hospital that is so close to my own heart, having done some of my final year training at The Mercy. The four areas that the Foundation is focussing on are very different, but each is deserving of the public's support and generosity as they are important areas of treatment and services at the Hospital."*

To find out more about the Mercy Hospital Foundation's work and all our fundraising events just go to www.mercyfundraising.ie or ring us on 021 4274076

Beatitudes for the Aged

Blessed are those who understand my faltering steps and palsied hand.
Blessed are they who know that my ears today must strain to catch the things they say.
Blessed are they who seem to know that my eyes are dim and my wits are slow.
Blessed are they with a cheery smile who stop to chat for a little while.
Blessed are they who never say 'You've told that story twice before.'
Blessed are they who know the ways to bring back memories of yesterday.
Blessed are they who make it known that I am loved, respected and not alone.
Blessed are they who know I am at loss to find the strength to carry the cross.
Blessed are they who ease the days on my journey Home in loving ways.

It's summer time and (weather dependent) dining al fresco becomes a more popular choice during the coming months so here are some all important BBQ Tips and a new recipe to try:

BBQ Tips:

1. Temperature: If you can just change one thing about your bbq habits, make sure to always bring your meat to room temperature first.
2. Preheat Properly: If you are going to get a good crust on your food and that lovely bbq flavour you need your bbq to be hot before you start cooking.
3. Don't Poke and Prod: For red meat only, you need to turn once or twice and don't squash everything down as this forces the juices to run out and leave you with sad, dry meat. Don't pierce skin of sausages for the same reasons!

And to top it off:

Chermoula Sauce

This sauce is very versatile for meat or seafood, it can be used as marinade and if you keep some back you can drizzle over salad or vegetables (as a sauce)

- 1/2 cup parsley
- 1/2 cup fresh coriander
- 2 cloves garlic, chopped
- 1 teaspoon chilli flakes or fresh chilli
- 1 teaspoon cumin
- 1 teaspoon coriander
- 1/2 teaspoon tumeric
- 1 tablespoon lemon juice
- 1 tablespoon oil
- 1/2 cup greek style yoghurt- if you want to make a sauce.

Process herbs, garlic, chilli and ground spices until combined. Add juice and oil, process until smooth.