MERCY UNIVERSITY HOSPITAL, CORK LIMITED
mercy times
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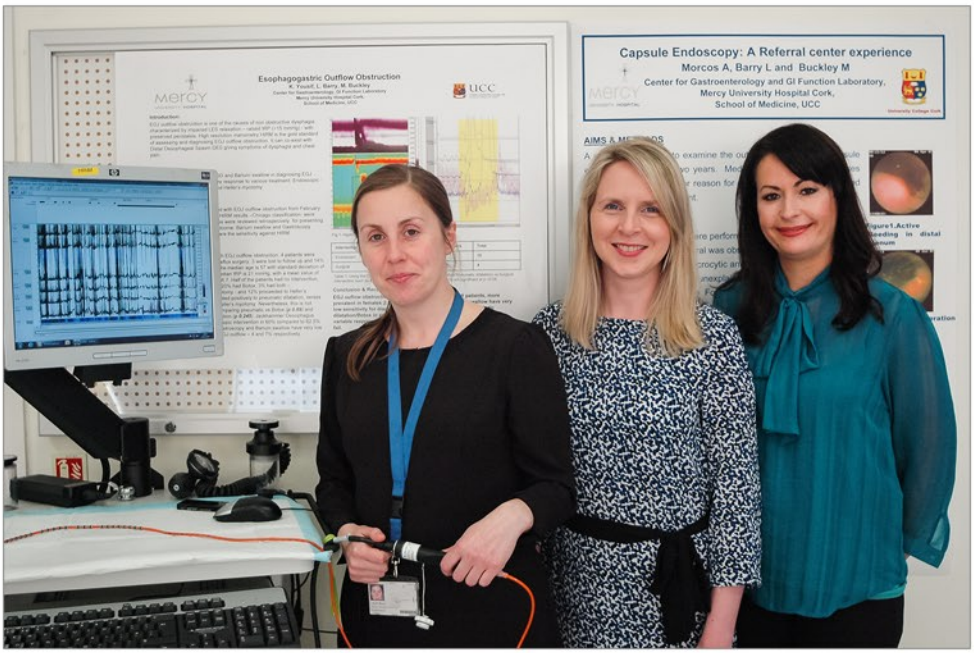
Excellence

The Gastrointestinal Function Laboratory (GI Lab) was established in Mercy University Hospital in 2006 by Dr. Martin Buckley, Consultant Gastroenterologist and Prof Eamonn Quigley. At that time there was no dedicated GI Physiology service outside of Dublin. Lillian Barry was subsequently appointed as clinical science technician to the service and, over the years that followed, the team have worked solidly to enhance the services available in the GI Lab. The Lab now offers the widest range of GI Physiological investigations in the country and performs investigations on more than 1000 patients annually. It is a national referral centre for specialised GI diagnostics.



(L- R) Lillian Barry, Lucy Quinlivan and Catherine Bennett.

The Team

The Department of Gastroenterology and the staff of the GI Lab were delighted to welcome a new member to the team with the arrival of Ms Lucy Quinlivan in September 2015 to take the post of Clinical Measurement Physiologist. Lucy has a wide range of clinical and scientific experience having worked in the past in the GI Lab in St James's Hospital and more recently in the pharmaceutical industry. Lucy is currently undergoing advanced clinical training in GI Physiology and already her addition to the lab is enhancing patient services.

The staff of the GI Lab has represented the hospital both at national and international meetings and work closely with colleagues in UCC from the Departments of Physiology and Electronic Engineering and with Teagasc on various projects. Both Lillian and Lucy value and continue to foster these external links. Lillian has also featured in the RTE science programme "10 things you need to know about...the Gut".

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Excellence (Continued from page 1)

Services & Tests

The GI Lab provides the following services:

- A national video capsule endoscopy service whereby a video recorder the size of a standard medication capsule is swallowed by the patient and an 8 hour video of the entire digestive tract is recorded. This is then downloaded onto a computer in the lab and analysed by the Gastroenterology team. Patients come to the GI lab from all over the country for this procedure.
- A high resolution manometry anorectal service for patients with faecal incontinence and other defecatory disorders.

A full suite of tests are also provided by the Lab including:

- A check for lactose and other disaccharide intolerances is available together with a breath test to assess the balance of gut bacteria and to exclude the overgrowth of harmful bacteria.
- Tests to assess flow through the oesophagus and the motility of the oesophagus in patients with heartburn, chest pain, difficulty in swallowing and unexplained respiratory/throat symptoms.

The Lab recently became the first GI Unit in Britain or Ireland to introduce a new breath test to assess pancreatic function.

Looking Forward

It is an exciting time in the GI Lab, with the development of and subsequent move to the new Centre for Gastroenterology and in particular the construction of the new GI lab that will allow the team to expand current collaborations with other Health Care professional colleagues.

The team work closely with their colleagues in Physiotherapy to deliver a programme of biofeedback for those with defecatory disorders. There is also scope, with the aid of the diagnostic technology already available in the GI lab, to develop, with colleagues from speech and language therapy & radiology, treatment programmes for those with swallowing difficulties/belching.

In addition to this, the team aim to consolidate the already large number of services that can be offered to upper & lower GI surgical colleagues both in MUH and nationally, in the assessment of patients with Gastro-oesophageal Reflux Disease and primary motility disorders in their oesophageal body as well as those suffering with defecatory disorders.

Centre of Excellence

In 10 short years the GI Lab at MUH has developed into an internationally recognised centre of excellence. This has been achieved because of the support of MUH hospital management and medical and surgical colleagues. Lillian and Lucy look forward to developing and expanding services in the years ahead.

The Circle of Mercy

Mount Mercy College Díograis Awards

The global family of Mercy further extended its sphere on December 7th, 2015 when MUH CEO Sandra Daly delivered the keynote address at the Annual Mount Mercy College Díograis Awards. The Ceremony which was also attended by Cllr. Chris O'Leary, Ardmhéara, Chorcaí saw over 140 students receive awards in a wide range of areas including Junior Certificate and Leaving Certificate Academic Awards, Gaisce President's Awards as well as awards for the Sporting, Cultural and Humanitarian achievements of students.



Recipients of a Leaving Certificate Mathematics Award, Niamh O'Connor and Méabh Allen pictured with Padraigín Uí Riordáin, Principal, Ms. Ellen Van Walleghem, Deputy Principal, Ms. Mary Healy, Parents Association, Ms. Sandra Daly, CEO Mercy University Hospital, Cllr. Chris O'Leary, Ardmhéara, Chorcaí and Dr. Marie Griffin, CEO CEIST.

Care Bundles in MUH

What are Care Bundles?
Care bundles are "A small set of **evidence based** interventions (3 to 5) for a **defined patient population** and care setting, that when **implemented together will** result in significantly **better patient outcomes** than when implemented individually"(Institute for Healthcare Improvement - 2012). Dr. Peter Pronovost is accredited with introducing the first care bundle in the Keystone Initiative, a 2003 study by a collection of Michigan hospitals and health organizations, where the median rate of infections in central venous catheters at a typical Intensive Care Unit (ICU) dropped from 2.7 per 1,000 patients to zero after three months. Due to its success, the project became known as 'Matching Michigan' and has been adopted in many countries.

Training & Introduction to MUH
In late 2010 the Health Protection Surveillence Centre (HPSC) of Ireland provided training on the introduction of care bundles which was attended by Registered Nurses from Infection Prevention and Control, Nurse Practice Development and Intensive Care departments. This group of staff were supported by the then Director of Nursing, Ms. Bridie O'Sullivan, to complete a change management /quality initiative programme in 2011. This group of staff chose to introduce **Peripheral and Central Venous Catheter (CVC) Bundles** for the initiative.

Successful Outcome
Through the introduction of Care Bundles, MUH saw a drop to zero in our infection rates for CVC in ICU. This success was a result of the buy in from all staff across all disciplines. Since then infection prevention bundles for urethral catheters and Ventilatory Acquired Pneumonia (VAP) have been introduced.

Health Information & Quality Authority (HIQA)
In July 2015 MUH had an unannounced HIQA inspection in respect of the National Standards for the Prevention and Control of Healthcare Associated Infections. The HIQA team requested information regarding the implementation of care bundles for invasive devices in MUH. The final HIQA report stated that ***"Overall infection prevention and control bundles have been well advanced and embedded in the hospital which is commendable"***. The report was particularly complimentary regarding the implementation of the prevention of the VAP bundle in the ICU. The Authority found that there was evidence of multidisciplinary team involvement in the implementation of these bundles.

The Way Forward
Going forward, MUH have sourced an IT point of audit data collection programme which the hospital will begin to pilot in April 2016. This programme will produce individual clinical area reports and also global reports on all care bundles in MUH.

The excellent report from HIQA would not have been possible without the hard work and commitment of everyone in the clinical areas.

- Kay O'Mahony, CNM2, NPDU



Kay O'Mahony together with Staff on St. Joseph's Ward discussing Care Bundles

A Dementia Care Room at Mercy University Hospital

Hospital is a very difficult place for a person with dementia; they do not always find adjustment easy, particularly when in hospital with an illness. They can forget where they are and why they are in hospital and it can be a very distressing and frightening experience.

At MUH 30% of older patients (≥70) have Dementia

As part of the Cork IDEAS (Integrated Dementia Care Across Settings) Project, there have been a number of environmental changes in St. Mary's Ward to reduce the challenges that patients with dementia are faced with in hospital and help to maintain their independence.

A dedicated Occupational Therapist was appointed, part-time, to firstly research and ensure best practice and to work with the various different teams to ensure a dementia friendly environment, including:

- **Uniform Flooring** –to enable patients to navigate easily and reduce falls.
- **Orientation** – introducing clocks and calendars, theming the rooms with flowers and making each bed-side unique using different colour & pictures to help patients find their way.
- **Signage** – using black on yellow (for best contrast) with a picture and bigger print makes it easier to follow.
- **Colour & Contrast** - Ensuring items needed are visible and accessible e.g. contrasting grab rails & toilet seats. By using colour and contrast in the opposite way this can hide certain areas e.g. staff areas.
- **Sitting Room** – this is now a space that is homely for patients to relax and enjoy.

A hugely positive outcome of this project has been the mutual learning between the various departments involved in the project. There was an overwhelming positive response from MUH staff who engaged and assisted in bringing the project to fruition. Donations were kindly received from local businesses and suppliers and the valuable gift of time and expertise was donated from students at third level institutes.

Integral to the success of this project was the support of the public through the Mercy Foundation's annual raffle. In 2015, 1,200 loyal donors raised over €27,000. The raffle monies were immediately put towards this upgrade and therefore, it was more than fitting to welcome Mr. Mark Barrett from Shanakiel, who was the lucky winner of the first prize (€2,000) and Ms Eilish Larkin from Bantry who won second prize (€500) and present them with their cheques in the beautiful surroundings of the new Room in St. Mary's Ward. Mr. Barrett and Ms. Larkin were thrilled to see the new Room and felt very proud to be part of its realization.

Indeed at the official opening of the Dementia Care Room in early December, MUH CEO, Sandra Daly gratefully acknowledged everyone who contributed and reflected why days like this are possible. *"They are possible because of all of you individually and collectively coming together for the benefit of patients. It takes the perfect mix of professional skills, education and research, patient advocacy together with the generosity of the public and the wider community that enables us to respond compassionately to the needs of dementia care patients".*



L-R Sharon Maher, CNM2, St. Mary's Ward, Anne O'Hea, Occupational Therapist, Mary Mannix, Dementia Nurse Specialist, Dr. Suzanne Timmons Consultant Physician in Geriatric Medicine and Martina Hughes, Assistant Director of Nursing.



Micheal Sheridan, Chief Executive, MUH Foundation presenting the first prize for this year's raffle to Mr. Barrett.

"I could do without my Registrar, I could do without my Team but I could not do without my Secretary"



On the occasion of his retirement in 2012 these were the sentiments of Mr. Paul Harte, Consultant Vascular Surgeon on paying tribute to his secretary, Mary Byrnes - a sentiment that indeed reverberates strongly with many as the Medical Secretary is a pivotal member of every medical and clinical team.

The role of the Medical Secretariat has evolved considerably in Mercy University Hospital from its inception in the latter part of the 1970's to the present time. In 1977, the hospital had two secretaries who transcribed all of the inpatient dictation, took shorthand, assisted with filing of the healthcare records and dealt with all phone queries; and one secretary based in the Outpatient Department who was responsible for dictation and occasionally may have assisted with registering patients. In 1981, a new decade and a new era saw the role of the medical secretary move a significant stage forward when the Gastroenterology service was the first to introduce a dedicated secretary for its Consultant. The state of the art equipment of the time were manual typewriters, floppy discs, hand held microphone dictation system and cards to capture the patient's details. As technology revolutionised, these cumbersome typewriters and dictation equipment have given way to PC's and digital dictation services.

The role of the Medical Secretary has also evolved in the decades since and today encompasses a diverse range of responsibilities including, compiling discharge and outpatient summaries, scheduling diagnostic investigations, diary management, dealing with patient queries/concerns, prioritising workloads and balancing the busy schedule of their Consultant.

Medical Secretaries are very often the first person, either via telephone or face to face, that a patient coming to Mercy University Hospital encounters. A patient's journey is very often eased by the compassion, diplomacy and discretion of the Medical Secretary. Today, the Medical Secretary is recognised as a professional member of a Consultant's team and we are very privileged at MUH to have such a dedicated body of staff.

Welcome: Robert McGowan – Fire Prevention



Mercy University Hospital is delighted to welcome **Robert McGowan** who commenced in the role of Fire Prevention Officer at MUH in December 2015. Robert comes to MUH having completed a successful 28 year career with Cork City Fire Brigade.

The role of the Fire Prevention Officer is to ensure the hospitals compliance requirements with Fire Safety Regulations and is responsible for fire safety audits, staff training and continuous improvement in the fire safety management of the hospital. Robert brings to the post a wealth of knowledge and expertise at an operational level which we are looking forward to experiencing first hand!

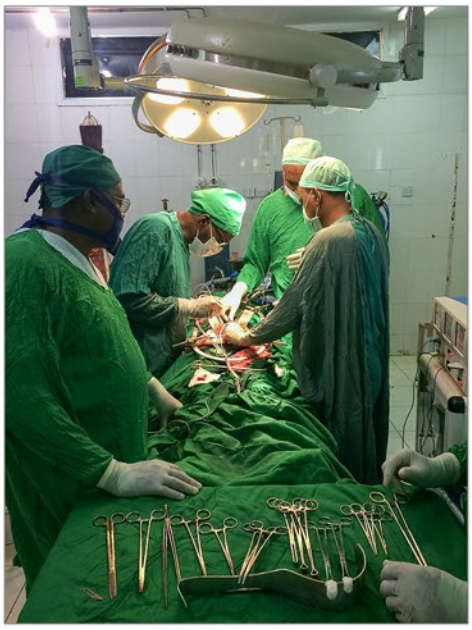
"Believe that further shore is reachable from here. Believe in miracle And cures and healing wells"

From The Cure at Troy (Sophocles' Philoctetes), Translated by Seamus Heaney

"In November 2015, I returned to Sudan on my third visit in as many years. On this occasion, two Sudanese nationals working at MUH accompanied me: Saif who has completed his urological training in Ireland and plans to return to Sudan soon, after completing a Fellowship in pelvic oncology; and Shawgi, who is training with me as a urological registrar.

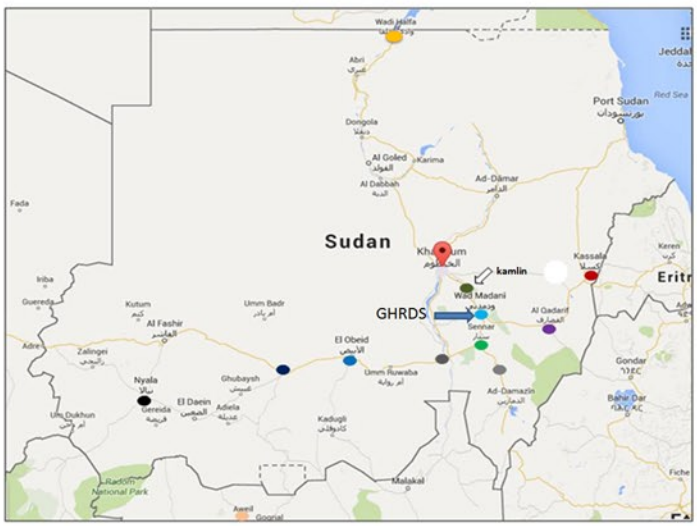
My visits to Sudan have been facilitated by the Société Internationale D'Urologie (SIU), which is a worldwide urological association that supports the establishment of urological programs in the developing world. On foot of my visits, the SIU has managed to raise significant funds, via a grant system, to support education programs and provide Surgical and Endoscopic equipment. Furthermore, another US based charity; International Volunteers in Urology has also engaged in providing support to the Wad Medani centre and recently provided surgeons to run workshops on the management of Urethral strictures and Vesico-vaginal fistulas.

During the most recent trip I performed surgery in two centers: Gezera Hospital of Renal Diseases and Surgery in Wad Medani and the Kuwaiti Specialist Hospital in Khartoum.



Wad Medani - Gezera Hospital of Renal Diseases and Surgery
This hospital serves very large rural based populations many of whom are impoverished and live in remote areas far from any organized urology services. Furthermore, patients from neighboring countries where there are no urology services (Eritrea, Ethiopia and South Sudan) are also crossing the border to seek specialist urology care in the Medani centre. Transport from rural areas in Sudan and beyond is extremely challenging and often involves complex journeys along unpaved roads using both motorized and non-motorized transport. Very few people have independent transport. It is difficult to envisage the challenges that this represents but I have illustrated on a map of Sudan the home locations of the patients that I operated on. Whilst a diverse range of urology conditions are encountered, the most common presentations include renal stone disease, renal failure with the need for renal replacement therapy (dialysis/transplantation), vesico-vaginal fistula (obstetric aetiology) urethral strictures, and cancer (bladder – bilharzia, renal). Considering my own area of expertise I focused on the provision of surgical cancer services, particularly for bladder and renal cancer.

On my previous visits I have personally performed the vast majority of the surgical cases instructing the staff urologists and residents in the performance of the procedures. On this occasion my role has changed from one of exclusive lead surgeon to that of a supervisor for a number of the cases. This change has been facilitated by up skilling of the staff urologists. Considering these developments I do now believe that we are witnessing the beginning of a cystectomy program for bladder cancer in Medani and that this program will flourish with the appropriate supports. Indeed the next challenge will be to have the program achieve a status of self-sustainability where local urologists can be trained and knowledge disseminated by them to peripheral centres where services are greatly needed.



Since my last visit to the Wad Medani Centre, in December 2013, a number of changes and improvements have occurred. The most important developments have been that the number of Staff Urologists in the unit has now increased to four and four operating theatres are now available. New surgical equipment has been delivered and a number of additional surgical instruments are pending. In addition, upgrades to the operating theatre include new ceiling mounted lights and operating tables. The centre also has a fully operational academic unit with classrooms, meeting and conference facilities etc. and is used extensively.

At present, there are 5 to 6 urological trainees based in Medani. I have met them and conducted some teaching sessions with them. They are a very enthusiastic bunch and I hope to bring some of these trainees to Cork, for one year secondments beginning in 2016 and continuing on a yearly basis thereafter. It is also planned to bring 10 nurses from Wad Medani/Khartoum to Cork to run a hands on peri-operative care program for them. This program will focus on Urology: pre-operative preparation, stoma care, anesthesia, post-operative monitoring, intensive care management, pain relief and analgesia post-op.

For the most part the surgical cases I have dealt with have tended to present late with locally advanced disease. There are no health screening programs and public awareness and educational programs are underdeveloped. I understand there are some awareness campaigns directed at agricultural workers in the schistosomiasis endemic areas and that the local Ministries of Health are running Bilharzial eradication programs.

Kuwaiti Specialist Hospital (Khartoum)



The Kuwaiti Specialist Hospital Khartoum is run by a Non-Governmental Organization (NGO). The hospital provides surgical services to the people of Khartoum and beyond. Ninety percent of the workload is urology with orthopaedic surgery making up the remainder. The hospital receives charitable support from The Patients Helping Fund, Kuwaiti People's Committee and the Kuwaiti Patients Support Fund. As an NGO, the Kuwaiti Specialist Hospital charges patients a fee for their service, which is just above the cost of the service provision. The profit generated is then channeled into 3 paediatric hospitals in rural Sudan (Kassala, Obeid and Darfur) which provide nutrition and infectious disease/vaccination services to children in extremely underprivileged areas. These three hospitals are funded exclusively by the small profit generated from the Kuwaiti Specialist Hospital. The Kuwaiti Specialist Hospital NGO provides substantial and necessary support to some of the most underprivileged and impoverished children in Sudan by funds generated through their urology center in Khartoum.

In Summation

Since my first visit in October 2012, I have noted very significant developments in the provision of Urology services in Sudan. The number of Urologists has increased from approximately 50 in 2012 to almost 70 in 2015, serving a population of 35 million. Furthermore subspecialty practices (including laparoscopic, oncological, urethral reconstruction and paediatrics) are being developed. Liaisons with overseas training centres in Ireland, Egypt, UK and Germany have been established and Sudanese trainees are acquiring high-level complex skills at these centers.

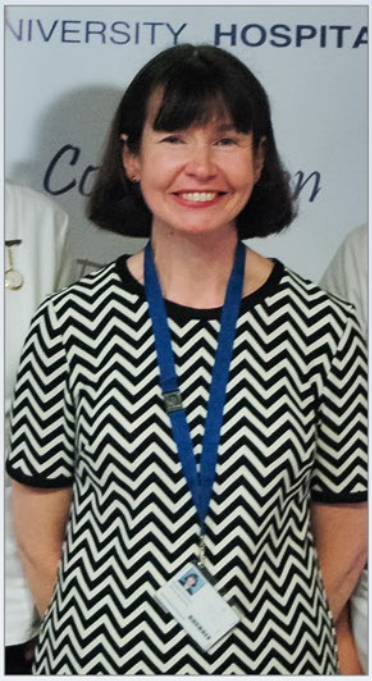
The Medani centre continues to go from strength to strength acquiring additional urologists with specific skill sets to meet the needs of the region, i.e. cancer, urethral reconstruction, management of stone disease. The infrastructure is improving also with the upgrading of the operating theatres and provision of newer surgical equipment.

One of the challenges I faced at the outset was overcoming the cultural reluctance to accept ileal conduits and the logistical problems with providing urostomy appliances, which are not readily available in Sudan. I think that there has been a gradual change in this situation and many of the local urologists are now happy to counsel and recommend this form of reconstruction to their patients.



Finally, I want to thank my host institutions for their continued kindness hospitality and support during my visits. On this occasion, I met with a lady who had a cystectomy during my first visit in 2012 and it was heartwarming to see her doing so well. At the outset of this project I stated that it would be ambitious to achieve an independent cystectomy service in Medani, but I can now state unequivocally that this is happening. The future of Sudanese urology is bright. On a personal level I have been enriched by my visits to Sudan and I plan another trip in late 2016 when I will accompany the Secretary General of the SIU Dr Simon Tanguay. "

- Mr. Paul Sweeney, Consultant Urologist, MUH



Congratulations:
Margaret McKiernan, Director of Nursing

Following a successful interview process, Mercy University Hospital is delighted to announce the appointment of **Ms. Margaret McKiernan** as **Director of Nursing**. Margaret has over 20 years experience in the acute hospital setting in Ireland and the UK. This includes clinical and managerial nursing roles in intensive care and more recently as an Assistant Director of Nursing with responsibility for Nurse Practice Development at MUH.

She is committed to providing professional clinical nursing leadership to ensure the delivery of safe quality person centred care. She is the clinical lead for the implementation of the National Early Warning Score and Sepsis Guidelines in MUH. Margaret, who has a particular interest in end of life care in acute hospitals, is the Chair of the End of Life Steering Committee at MUH and was also recently appointed Chair of the national body - Hospice Friendly Hospitals Network.

A Residence fit for a Doctor ....

In February 2016 the Doctor's Rest Room was renovated into a bright, modern and comfortable facility for our Non-Consultant Hospital Doctors (NCHD's). The funding to support this refurbishment was very generously donated by Dr. Liam Conroy, recently retired Anaesthetic Consultant, in loving memory of his parents, Rose and Nicholas. The Department of Development undertook the project in partnership with the MUH Foundation and with the assistance of Dr. Mortimer O'Connor (Lead NCHD) and the MUH Human Resources Department.

Some great improvements have been made to the aesthetics of the room with the flooring, kitchenette area, furniture and painting receiving a makeover. A dishwasher and coffee machine were also donated as part of the upgrade. The seating facilities have been improved immensely, with a modular seating option selected, thus offering far more available seating and a much greater use of the room space overall. New lockers are also included which allow the doctors to place their belongings in safe storage within the room.

We hope the facilities are restfully enjoyed by all of our doctors for many years to come.



Working Together: MUH personnel and representatives of the MUH Foundation join with Dr. Liam Conroy at the opening of the Doctor's Rest Room





Happy Retirement George

George Crowe recently retired from the Maintenance Department at MUH after many years service. He is pictured, second from left, with his family as colleagues and friends gathered to wish him well at a special celebration.

May the best of happiness, honour and fortune keep with you George!

Urology Centre/Mens Health Unit

The Department of Urology/Men's Health Unit have recently compiled their Annual Report and have been reflecting on another busy year for the Department with a total of 352 cancers diagnosed.



Urological Cancers

Organ	No. of cases MUH (% of national cases)	No. of cases nationally 2011-13 (NCRI)*
Prostate	235 (6.9%)	3400
Bladder	46 (10.5%)	440
Testes	29 (17.4%)	167
Renal	34 (6.0%)	570
Penile	8 (24.2%)	33
Total	352 (7.6%)	4610

*http://www.ncri.ie/sites/ncri/files/pubs/NCRReport_2015_final11122015.pdf
– this data includes all cases in the 26 counties including public and private hospitals

Rapid Access PSA Clinic

- Patients assessed 488
- Transrectal prostate biopises performed 422
- Prostate cancers diagnosed 235

(this represents 7% of national prostate cancer diagnoses)

81% of patients were assessed within the NCCP guidelines (20 working days) and this compares favourably with other centres nationally.

Renal Cancer

The number of renal cancer cases diagnosed were 34.
Surgical interventions were performed in 29 patients including 6 Open Radical Nephrectomy's , 19 Laparoscopic Radical Nephrectomy's and 2 Partial Nephrectomy's.

Diagnostic Haematuria Clinic

Same day assessments (renal imaging, flexible cystoscopy, urine cytology) were performed in 406 patients. This number is a little down on previous years as our Flexible cystoscopy suite was refurbished during the year. The median wait time for assessment was 5 weeks.

Rapid Access Diagnostic Testicular Clinic

A total of 112 patients were assessed in the Rapid Access Clinic with 29 new testes cancers diagnosed. This represents 17% of all testes cancers nationally. All patients had orchidectomies as primary treatment while 6 patients had chemotherapy and 5 retroperitoneal lymph node dissections (curative intent) for complex metastatic disease were performed.

Academia

The Department has a strong record for successfully training Irish and European Urologists in addition to Urologists from developing countries. The Department is also currently involved in collaborations with Tyndall National Institue and the Department of Bioengineering, UCC and have clinical trials open in advanced prostate and renal cancer.

Treatments for Prostate Cancer

Prostate Cancer Treatments	No. of cases (%)
Radical Prostatectomy	34 (14.4%)
Active Surveillance	73 (31.1%)
Hormones	23 (9.8%)
Radiation/Brachytherapy	93 (39.6%)
Watchful Waiting	6 (2.5%)
Other	6 (2.5%)

Complex Renal Surgery

Procedure	No. of cases
Open Radical Nephrectomy	6
Open Partial Nephrectomy	2
Laparoscopic Nephrectomy	19
Nephro-ureterectomy (Lap/Open)	2

St. John's Urology Ambulatory Unit – Studies and Treatments

Procedure	No. of cases
Uroflowmetery studies	752
TURP	81
Urodynamics	181
Flexible Cystoscopy	1542
ESWL	288

Mr. Paul Sweeney, Consultant Urologist
Mr. Ciaran Brady, Consultant Urologist

Foundation Features

Youghal Community help to purchase new recliners for St. Therese's Ward

St. Therese's Oncology Ward has undergone a major upgrade thanks to a commitment from the Mercy Hospital Foundation to contribute €55,000 towards the purchase of clinical and patient equipment; an upgrade of the facilities; with a further €6,000 set aside for a Patient Assistance Programme and towards supporting professional development of the oncology nursing team.



Amazingly, €23,000 of the total upgrade fund was raised by 19 year old Shannen Bulman Joyce from Youghal, along with her family and friends. Following the diagnosis in 2014 that she had Non-Hodgkin's Lymphoma, Shannen was successfully treated at The Mercy University Hospital. Funds raised through Shannen's campaign have been used to purchase ten new recliner chairs for the day ward in St. Therese's, as well as new seating for the waiting room.

Shannen said "*The support, care and understanding that I received from the staff at "The Mercy", on what was the toughest journey of my life, was phenomenal. I was looked after so well in St. Therese's Ward, but it wasn't just me they looked after, they also helped my family through it. The staff always made me as comfortable as possible, but there's always a way to make things better and that's why we decided to undertake a big fundraising campaign for the upgrade of the ward.*"

Former patient, Shannen Bulman Joyce, pictured with Carol Hunter, Assistant Director of Nursing, and Una Dineen Acting CNM II St. Therese's Ward , trying out one of the new recliner chairs.

Decembeard: Congratulations to MUH staff **Kieran Coughlan, Dave Kelly, Jim Corbett, Andy Owen, Mark Killaars, and Gavin Keogh** for ditching the razor for December and growing their beards to raise funds for bowel cancer projects here in Mercy University Hospital.

Strictly Clon Dancing: saw Clonakilty residents don their dancing shoes and in the process raise €1,848 for St. Anne's Ward, amongst other deserving causes. Congratulations to Kate O'Sullivan, MUH Radiology Department and her dancing partner who were crowned the winning duo at the Final.

Fore: Mercy Cancer CARE Centre Golf Classic: The annual Golf Classic takes place on Thursday, 21st and Friday 22nd April at the beautiful Fota Island Resort. Teams of 4 cost €400 (Includes access to the driving range, green fees and a delicious meal in the Fota Island Golf Clubhouse following your round). A limited number of places are still available. Please get in touch with Michelle on 021 4223132 to secure your tee-off time!

Introducing: Electronic Payslips

The Finance Department at Mercy University is delighted to announce the introduction of electronic payslips for all employees. The "roll out" will be implemented over the coming weeks and Finance will be issuing detailed information to all staff.

The benefits of this initiative are numerous, including speed of delivery, ease of access and storage. Additionally this method is also more secure, as access to the payslip is only by means of a personal password.

Electronic payslips are environmentally friendly, not to mention cost effective, as MUH will no longer use paper to print payslips, thus reducing the hospitals carbon footprint.

A smooth transition to electronic payslips is envisaged and I'm sure everyone will agree it is a very positive development for Mercy University Hospital.

The Move to a Greener Hospital

Energy Efficient Lighting

A key priority for MUH during 2016 is to convert all conventional lighting fixtures to LEDs (light emitting diodes). Work in this regard already commenced in 2015 with most of the Lee View Block converted.

The benefits to introducing LED lighting are twofold:

- Achieve substantial cost savings, and
- Reduce CO2 emissions substantially.

The benefits of LEDs are numerous:

- LED lights will last 5 times longer than fluorescent tubes.
- LED lamps do not contain any toxins such as mercury and produce no UV radiation.
- LED lamps are instant and non flicker.
- LED lamps meet all CE, EN and ROHS standards.
- LED's have a range of colour temperatures - 2,700 to 6,500K.



Staff of MUH attending the first Green Healthcare Training and Awareness Session.

Green Healthcare Programme

The Green Healthcare Programme, an initiative of the Irish Environmental Protection Agency (EPA) under the National Waste Prevention Programme (NWPP), is a collaborative and cooperative set of activities by three main stakeholders:

- **Irish healthcare facilities**, who are the main target group.
- **The Environmental Protection Agency** (EPA), the agency that protects the Irish environment, who has commissioned the programme.
- **Clean Technology Centre, CIT**, who are leading experts in resource efficiency and who are working with the healthcare facilities.

The aim of the Green Healthcare Programme (GHCP) is to prevent waste and reduce costs in Irish hospitals. GHCP has been supporting healthcare facilities in Ireland since an initial pilot project in 2009. GHCP provides direct advice and assistance to the many hospitals that have joined the programme.

These hospitals have benefited from:

- detailed waste surveys (99 surveys across 30 facilities)
- follow-up reports,
- recommendations and customised advice

Through these surveys, and the follow-up work directly with the hospitals, GHCP has developed proven methodologies to undertake food waste, clinical waste, recyclable waste and mixed residual waste characterisation analyses. The programme also aims to allow hospitals themselves to become more resource efficient through the provision of guidance documents that staff can use on a day-to-day basis in their work, to prevent waste and reduce costs.

Mercy University Hospital hosted its first Green Healthcare Training and Awareness session in February and the session focused on:

- Food Waste Reduction:
- Reducing food waste in Irish hospitals
- Recommendations from the Green Healthcare programme

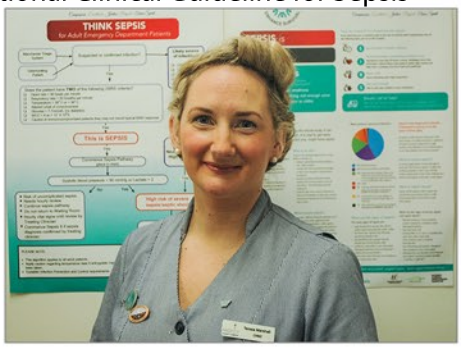
Whilst the session was aimed at catering staff it will be beneficial to all staff.

Introducing: Sepsis Project Lead at MUH

In December 2015, **Teresa Marshall** was appointed to the role of **Sepsis Project Lead CNM2** at Mercy University Hospital. As an Intensive Care nurse with thirteen years experience and as a manager of the Intensive Care Unit (ICU) at MUH for the last seven years, Teresa brings experience and enthusiasm to this vital role. Teresa shared some of her knowledge and the plans for MUH.

"At home and abroad I have experienced first-hand the devastating effects of failure to recognise Sepsis early on. Sepsis is very common, but, as it is often labelled just 'infection', there is a vast lack of awareness and understanding of this deadly syndrome. In fact more people die of Sepsis than lung cancer, breast cancer and HIV/AIDS combined.

Further to the untimely death of Savita Halappananavar (RIP) in 2012 and in response to the HIQA Patient Safety Investigation Report into Services at University Hospital Galway (2013), The National Clinical Guideline for Sepsis Management was developed, amongst others.



Multiple studies have shown that programs aimed at early identification and treatment of patients with Sepsis leads to reduced:

- Mortality,
- Admission to ICU
- Length of stay in ICU, and
- Length of stay in hospital

There is no doubt that Sepsis is a time critical emergency.

The *National Clinical Guideline No. 6: Sepsis Management* was published in November 2014 and in 2015 the National Sepsis Programme embarked on a series of hospital visits and organized two National Sepsis Summits. The aim of the Programme is to ensure and advance awareness both of Sepsis and the clinical decision tools that have been created to support adherence with the guideline.

In MUH an implementation working group has been assembled and an inaugural Sepsis Committee Meeting has been convened. The Committee has a broad and experienced representation from across the hospital. The Emergency Department and Acute Medical Assessment Unit of MUH are presently involved in the formation of education programmes and the roll-out of the clinical decision support tools, including the Sepsis screening forms.

The next goal for MUH is to roll-out the clinical decision support tools in St. Therese's Oncology ward and in one medical ward and one surgical ward in response to National Early Warning Score (NEWS) alerts due to infection. This will be followed by a roll-out of the clinical decision support tools to all wards.

National Sepsis Lead, Dr. Vida Hamilton, is scheduled to visit MUH in late March. Dr. Hamilton has been invited to address the Grand Rounds meeting and will also carry out a number of Sepsis awareness talks, to which all disciplines are welcome to attend.

Nationally, 2016 is a year for audit and will culminate with the production of the **National Sepsis Outcome Report** which will include incidence, mortality rates, average length of stay, and critical care admission rates for all acute hospitals. The findings of these audits will be fed back to each hospitals Sepsis implementation working group to support their roll-out programme. It is not anticipated that adherence to the Sepsis pathway will be 100% compliant overnight. These audits will likely demonstrate how difficult it can be to achieve behavioural change and how much ongoing support and encouragement the implementation group will need in order to be successful.

Key functions of my role will be related to:

- Staff training,
- Implementation of best practices across the hospital in the management of Sepsis diagnosis and treatment, and
- The capturing of process and outcome metrics to track the adoption of best practices and impact.

Our collective goal is to ensure our patients are given the best opportunity to survive Sepsis by timely recognition, prompt appropriate treatment and referral.

Secondary aims include correct classification and coding to ensure an accurate reflection of the acuity of the patient in the HIPE database. Also increasing efficiencies by reducing average length of stay and ICU admission rates.

Great strides have already been made with the formation of the Mercy Sepsis Committee, in-hospital education programmes and the roll-out of the clinical decision support tools, including the Sepsis Screening Forms.

My new role certainly has required a change in perspective and approach based on the broader outlook of the project. That being said, I am enjoying it, and look forward to the challenges that lie ahead over the coming year."

Improved Health and Wellbeing

In the spirit of the Sisters of Mercy, Mercy University Hospital (MUH) provides excellent patient services to maintain and improve the health and wellbeing of those we serve, and does so as a health promoting hospital. A health promoting hospital is one in which health promotion is integral to the ethos of the institution, its structure and culture, and the way in which it is managed.

Mercy University Hospital is already engaged in many health promoting activities and its aim is to continue to help all people within its reach to achieve their highest possible level of health and wellbeing. This is in line with national policy and the *Healthy Ireland Framework* (2013-2025). Strategic priorities of this framework include action plans, supports and tools to involve and empower our staff, service users and their communities to enjoy health and wellbeing to their full potential.



We will work with our patients, as service users of our hospital, and support them in improving their health and wellbeing. Advice, information and support are available to help make choices for a healthier lifestyle and to improve health and well being. Opportunities are also available to participate in specific programmes/initiatives for example stopping smoking and healthy eating.

Mercy University Hospital also recognises that staff health and wellbeing need to be supported in order to deliver a high standard of care. The Occupational Health department and Employee Assistance Programme provide access to confidential counselling for staff as well as health screening and support to staff returning to work after periods of illness.

Promoting awareness of healthier food and drink choices for our staff and the public will be achieved in part through the adoption of calorie posting in our canteen. We have established links with mental health services in MUH to develop a programme of self care and mindfulness training for front line staff. Corporate membership rates offer discounts to staff for local leisure centres/gyms and fitness classes are available on site at lunch time to staff members.

The staff of Mercy University Hospital play a vital role in being positive role models and champions for the promotion of health and wellbeing messages in their working environment and also in the wider community. We will work with the South /South West Hospital Group (SSWHG) structure in developing a group strategy and policy for health promotion and wellbeing across the region.

Ms Donna Peyton is the health promotion and wellbeing co-ordinator in MUH.

Healthy Ireland at the Mercy

Healthy Ireland is a government led initiative, for action, to improve the health and wellbeing of our country over the coming generation. As part of this initiative, the Catering Department at MUH are introducing *Calorie Posting* in both canteens, whereby calorie information is displayed on our products, to all customers at the "point of choice".

This has the benefit of making you - the customer - more aware of the calories in the foods that you regularly eat, and assists in making choices to become a healthier you. Calorie posting commenced mid February, here in MUH, with the breakfast menu initially. All menus will be incorporated over the coming weeks and months.



(L- R) Margo Lynch, Ann Hogan, Marie Cronin.

For a third year running, MUH has actively participated in the Operation Transformation promotion, whereby one of the two main meals in the canteen each day is prepared to an "OT" recipe. This initiative is hugely successful and continues to go from strength to strength.

In addition, we have extended our breakfast range with a selection of accompaniments including hot porridge.

The Catering Team would like to take this opportunity to thank all our customers for their continued and valued support, and look forward to serving you in the future.

REMINDER ON GP ELECTRONIC REFERRAL :

The success of the GP electronic referral continues to grow in relation to OPD and Radiology referrals.

If you have not signed up to date and are interested, please contact Healthlink directly.

Details can be found on www.healthlink.ie

Thought for the Day

Excellence means giving of our very best within the resources available to us.

"Take short, careful steps, not great strides"

– Catherine McAuley

Time to remember …

It was with great sadness that MUH learned of the passing of our former colleagues, **Mr. Paddy Canniffe** and **Dr. Ray Fielding**. Both men embodied the Mercy values of Compassion, Excellence, Justice, Respect and Team Spirit and as we bear witness to the legacy of their careers each day within the walls of MUH, it is appropriate and timely to pay tribute to them. Assistant Director of Nursing, Noreen O'Sullivan and Dr. Eddie Fitzgerald, Consultant Radiologist shared their memories …..

Mr. Paddy Canniffe (RIP)

A gifted tradesman, Paddy was initially a carpenter with Sisks and later a Foreman. His first project in MUH was his involvement in the building of the Sheares Street Block in the mid 70's, working with the late Sr De Pazzi, the Matron of the time. He was subsequently incorporated into the Mercy Family as Maintenance Supervisor. However, our gain was the music world's loss as Paddy was also a very talented musician with a particular penchant for Jazz. He was part of the "showband scene" in the late 60's and early 70's when he played Tenor Sax with the "The Diplomats" showband.

Paddy built a strong effective team around him and was well respected by all. He had a great work ethic and it was not unusual for him to pop in at weekends to ensure that everything was alright. If a job needed to be done, then the job got done! Paddy's skills stretched across all aspects of maintenance, carpentry, plumbing and electrical.



Aside from his daily duties Paddy was always approachable and willing to assist staff at any time. A story goes that a Nurse who was doing a specialised training course in Dublin had to submit a project which required sketches around a specific process. She went to Paddy for some advice, who on going home that evening, sat down and sketched out the whole process for her.
This nurse went on to receive a commendation for the project.

In the current climate, we hear a lot of talk about 'Standards' - keeping and maintaining standards. Paddy was one of the great individuals who set those standards.

For so many people at MUH, it was a great privilege and honour to know, and work with Paddy and on the occasion of his memorial mass here at MUH, sincere gratitude was extended to his wife Lillian and his family for sharing him with us. May he Rest in Peace.

Dr Raymond (Ray) Fielding (RIP)

Dr. Raymond (Ray) Fielding was born in Cork in 1935 and following his schooling with the Christian Brothers he went to UCC and qualified as a Doctor in 1958. During his student days he travelled around the district with the midwives from the Erinville hospital by bike and remembers delivering a twelfth baby for a lady living in Anglesea Street whose only bed was a pile of straw, not uncommon for the time. Anaesthesia was often with Chloroform onto a mask put over the patients face at that time also.



Following an internship in the North Infirmary (which at that time was the principal teaching hospital in Cork) he went to Liverpool to train in Radiology and then onto Tufts University in Boston to further his education. The sudden death of his father prompted his return to Ireland and he was appointed Radiologist to the North Infirmary in succession to his father. He channelled his energies into modernising that department and his lobbying of ministers such as Brendan Corish, the then Minister for Health, was so successful that some of the equipment he acquired was in use in MUH until the early 2000s.

When the North Infirmary closed its doors in 1987, he transferred to MUH and embraced the field of Ultrasound and CT with great vigour and enthusiasm. He was a valued and popular member of staff of the Radiology community and the hospital in general until his retirement.

Throughout his career and retirement he was supported by his wife Christine. They both enjoyed sailing and Ray was an expert and competitive sailor. Following Christine's untimely death he was greatly supported by his many friends. The high esteem in which he was held was evidenced by the numbers attending his funeral and subsequently at a moving ceremony in Union Hall where his ashes were scattered into the harbour.

His legacy reflects his life and passions and includes generous donations to Marymount, the MUH Foundation and the purchase of a new inshore lifeboat for the lifeboat station in Union Hall. We can only pray that he is now sailing through calm waters in heaven with Christine. May he Rest in Peace

LEMON DIZZLE CAKE



You will need:
175g (6oz) butter, at room temperature
175g (6oz) caster sugar
Finely grated zest and juice of 2 lemons
3 eggs
175g (6oz) self-raising flour
50g (2oz) ground almonds
50g (2oz) extra caster sugar for the lemon juice

Use a greased sandwich tin, 20.5-21.5cm (8-8 1/2in) in diameter, and line the base of the tin with baking parchment. Preheat the oven to 190 C, 375 F, Gas 5.
Beat the butter, then add caster sugar and the finely grated lemon zest and beat until soft. Beat in the eggs one at a time. Then stir in the remaining self-raising flour and the ground almonds. Put the mixture into the tin and spread it out evenly. Bake the cake until it is cooked through -- about 25 minutes. A skewer inserted into the cake should come out clean.
Heat the lemon juice and dissolve into it the 50g of extra caster sugar. Allow to cool. When it is baked, partly cool the cake in the tin, then turn it out on to a wire tray. While it's still warm, put the cake on a plate. Using a skewer, pierce lots of little holes into the top. Drizzle the sweetened lemon juice all over it.
For the crunchy lemon icing:
50g (2 oz) granulated sugar Juice of ½ lemon
While the cake is still warm, make the lemon drizzle topping. Mix together the sugar and lemon juice, and pour over the warm cake.

Who are they???

These 8 little ones are all grown up now and work among you every day in MUH.
Can you tell from the clues who they are? If you can – then a prize of €50 awaits you!

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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.

Mercy Times is distributed to Cork/Kerry GPs, Houses of the Oireachtas, Third Level Faculty Partners, Local and national political representatives, HSE bodies and An Garda Siochana, amongst others.

Mary Twohig – Chairperson
Siobhán Kenny – Editor
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Colin McKeon
Edel Coakley
Clare Horgan
Cleo Davies

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

'Mercy Times'
Editorial Committee

1. The true genius of his work is in your hands!
2. With his expertise a gastronomic experience will not leave you in a state of flux!
3. This Egyptian Queen keeps us fit and healthy!
4. His developed skills will direct you timpeall an ospideal!
5. This receptive smile greets us morning and evening!
6. This chap won't leave you "out for a duck" …. he will spur you on!
7. Her future was written in the stars……. the Orion Constellation!
8. This Mercy Songstress will keep you in line but won't make you sing for your supper!

NB: the deadline for submission is April 30th, 2016. Please place your entry in the designated box in the Post Room with your name and contact details!