Connect

Tallaght University Hospital | Ospidéal Ollscoile Thamhlachta

An Academic Partner of Trinity College Dublin

Quarterly Newsletter for GPs | Winter 2020 - Issue 20

Dear Colleauges

As this Winter Edition of Connect arrives with you, we are in the midst of our second lockdown of the year. Unlike the first lockdown all activity is continuing at the Hospital with no marked decrease in those attending the ED, with high levels of admissions. Elective activity whilst continuing is reduced and outpatient appointments also continue.

As you will see in the following newsletter the TUH team continue to innovate with the services we are providing all the time focussing on improving access to care. I hope you find the updates on the new services helpful.

As you know, this year has brought many obstacles and our capacity in ICU to care for the most vulnerable patients has been a particular challenge. The Hospital has been working towards the development of an expanded ICU for some time and we are delighted that the building of the extended Unit has finally commenced. The new extension will be to the benefit of both patients and the Hospital. It will see us no longer operating at 100% and at times over 100% capacity in this critical care area. When it opens the Post Anaesthesia Care Unit will not be used as an overflow area so elective major surgeries will no longer have to be rescheduled.

I would like to acknowledge the support of the Dublin Midlands Hospital Group and HSE Estates who have supported the design, planning and now build process of this long awaited and much needed extension.

With the aging demographic and advances in medicine we have been vulnerable in our preparedness for more acute presentations and admissions. We are currently using a footprint in our operating theatres to accommodate non-covid ICU cases. The completion of the extension will put us in a better position to care for the greater number of acute patients presenting and strengthen our position as a trauma site for Dublin.

As yet we do not know what restrictions will be in place for the month of December or Christmas, whatever they may be I hope you get a well-deserved break with your loved ones, with every best wish for a happy and healthy 2021.

Best wishes

Lucy Nugent
Chief Executive
Tallaght University Hospital

Integrated Community Chest Pain Clinic (ICCPC)

TUH has a high-level of ED use by residents in the area with 40% of household's surveyed indicating use of the adult ED in the previous 12 months, twenty six percent of ED attendances are admitted and this is a key driver of sustained emergency access pressure.

Approximately 1,400 patients a year are referred to the TUH ED by their GP with chest pain. Another circa 900 self-refer. The vast majority are very low risk and therefore are subjected to lengthy waiting times in the ED.

As a result of a successful application to the Slaintecare Integration Fund, the new 'Integrated Community Chest Pain Clinic' commenced in the Russell Centre on September 7th. This clinic builds on the existing best practice in chest pain assessment already provided by the nurse-led chest pain service in TUH, aiming to shift the focus of care from the Emergency Dept. to the community.

This ANP led clinic will provide an alternative avenue for non-acute chest pain assessment in the community setting, thus avoiding attendance at the ED.

The service can be accessed by all GPs in the TUH catchment, and is not linked to a particular GP practice. This project builds on the eight year expertise of the TUH chest pain service in assessment and diagnosis of this patient group and expands this novel service model to the community, in a truly integrated fashion.

There are no similar clinics in Ireland.

How to refer:

1. Healthlink via TUH marked for the attention of Integrated Community Chest Pain Clinic
2. Healthmail only to CPintegratedCare@tuh.ie

For more information contact us on Tel: 01414 2681or email CPIntegratedCare@tuh.ie

Pictured from left to right outside of the Russell Centre are Shirley Ingram ANP Cardiology and Maeve Kane clinic administrator

New Renal Unit Opens

The October Bank Holiday weekend was a busy one for our renal team with the opening of the new Vartry Renal Unit. The Unit is called after the reservoir in Wicklow where the water supply for the dialysis service is sourced. TUH supervises over 30,000 haemodialysis sessions a year.

TUH is the second largest centre in the country for Haemodialysis management. As the numbers of patients requiring this essential treatment increased, the provision of this treatment in the current 12 bed unit was no longer suitable. The Vartry Unit will provide a patient centred environment with larger capacity, a Home Therapies Unit and a self-care Haemodialysis Unit. The 2,700m2 Unit built over two floors has 28 Haemodialysis Treatment Bays, six single haemodialysis rooms for immunocompromised / acutely ill patients, four home dialysis training (Peritoneal & Haemodialysis) rooms and for the first time in Ireland, four self-care haemodialysis bays. There are also 14 offices which for the first time will bring all the different medical and allied health care professionals that are involved in the care of renal patients together.

Commenting following the opening of the new Unit Prof. George Mellotte Consultant Nephrologist & HSE National Clinical Lead in Nephrology said "This is a landmark day for patient care in TUH and could not have come at a better time as Ireland has seen a 3% increase in the number of patients requiring dialysis every year for the last 10 years. Following the arrival of COVID-19, there has been an increase in dialysis patient numbers nationally by 6%. I and the Renal Team are looking forward to caring for our patients in this new state of the art facility. Our patients attend for dialysis three times a week for up to four hours at a time, some have attended for over 1,000 sessions. I have no doubt our patients receiving their life saving treatment in this brighter modern facility will be of great comfort to them." A virtual tour of the new unit is available via this link.

The Vartry Renal Unit

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The importance of water in this life preserving treatment

Water is an essential component in providing dialysis. This water has to be ultra-pure. The average dialysis patient is exposed to more water in a week than most patients are in a year.

It requires that ordinary tap water (Raw water) taken from municipal sources (in this case South Dublin County Council) is purified to dialysis quality water.

The water is then processed through a complex series of **filters, water softeners** and **reverse osmosis units** to remove metal ions and chemical impurities to produce ultra pure water at the TUH Dialysis Water Treatment Plant.

Each dialysis session requires approximately
500 litres of raw water
It is vitally important that this water is sufficient quantity and quality for patient safety.

TUH engineers monitor water quality on a regular basis to make sure there are no contaminants that could injure our renal patients.

Initially the new unit will use approx.
10M litres of water a year, increasing to 20M
over the next few years as the number of patients increase

Vartry is a reservoir and river in nearby Co. Wicklow. The name reflects the importance of water in the haemodialysis service.

The journey of the water

1. Municipal sources
2. Pumped out of the source
3. The water is cleaned and purified
4. Tap water available
5. Tap water is converted to dialysate water at TUH
6. Water ready for patient use

Some members of the Renal Team at TUH before the arrival of the first patients on Unit before it opened

TUH Functional Gastrointestinal Disorders (FGID) Programme

TUH has now put over 200 patients through the Irritable Bowel Syndrome pathway. The initiative, funded by the Hospital, is a result of collaboration between the Depts. of Gastroenterology and Nutrition & Dietetics, along with colleagues from the executive management team, quality improvement, ICT, clerical, biochemistry and nursing staff.

The new Dietetic led Programme provides timely, quality care to patients with FGID. Patients access the new programme via the Chronic Diarrhoea Pathway (CDP). GP referrals to TUH with chronic diarrhoea are managed by Dr. Anthony O Connor, Consultant Gastroenterologist. The CDP is used to identify and fast track those aged 18-45 years with diarrhoea predominant IBS in need of Dietetic attention. Patients are sent screening packs to rule out other conditions including coeliac disease, inflammatory bowel disease, and thyroid dysfunction. Any positive findings or other red flags are investigated. Those with negative screens are referred directly to the dietitian-led programme where appointments are within two weeks. Patients with other types of FGID are also referred from Gastroenterology clinics. It is expected that this pathway will help reduce Gastroenterology outpatient return waiting lists and prevent unnecessary investigations.

Patients attend either group or 1:1 sessions on evidenced based diet and lifestyle treatments led by clinical specialist dietitians trained in behaviour change management. First line strategies include addressing eating patterns, hydration, fibre intake, pre and probiotics and stress management. Patients set personal targets and progress is reviewed by phone after 12 weeks. The programme has been well received by patients, with 100% recommending the programme and 97% said they gained useful and practical information.

Over 90% of patients who see the dietitians are discharged with satisfactory control of symptoms. Compared to practice before the introduction of the IBS pathway there is a 58% reduction of patients requiring colonoscopy in this group and for every 100 patients that enter into the pathway upwards of 170 appointments are saved compared to usual practice. We encourage all our colleagues in primary care to refer in suitable patients who may benefit from this programme.

The team running the FGID Programme are Dietitians Elaine Neary and Sarah Gill with Consultant Gastroenterologist Dr. Anthony O'Connor.

New Care Bundle

It is estimated that there are 500,000 people in Ireland with Chronic Obstructive Pulmonary Disease (COPD) and is the 4th leading cause of death in Ireland. Acute exacerbations of COPD (AECOPD) are associated with decreased quality of life, a more rapid rate of decline of lung function and with subsequent hospitalisations and death.

For the health system, AECOPD places a considerable burden due to high admission rates and long lengths of stay. On average over 700 patients present with acute exacerbations of COPD each year to the Hospital. As you might expect, there is a marked increase in presentations of acute respiratory illness, including acute exacerbations of COPD (AECOPD), during the winter months. In the last year, 73% of acute floor patients in TUH who had a diagnosis of AECOPD were admitted. These patients were older (mean age 67) and 70% self-referred themselves to the ED.

Recently, a group of TUH emergency and acute medicine physicians and nurses as well as the COPD multidisciplinary outreach team including respiratory physiotherapists and clinical nurse specialists have collaborated to develop and roll out an acute floor AECOPD care bundle. The bundle aims to ensure all the patients with AECOPD on the acute floor receive the entire set of recommended care processes (bronchodilators, steroids, antibiotics, and oxygen) in a timely manner. The bundle also initiates discharge planning through use of the DECAF score, a risk stratification tool that assists the clinician in determining patient disposition i.e. early supported discharge or admission.

Clinicians are also prompted to link in with various support services such as COPD Outreach and smoking cessation. The COPD Outreach service is an invaluable service that has been shown to significantly reduce length-of-stay for COPD patients, and prevent readmission, by providing early community follow-up support.

The ICGP quality in practice committee has advised that the frequency and severity of exacerbations may be reduced using the following strategies, patient education, smoking cessation, influenza and pneumococcal immunisation and pulmonary rehabilitation. The AECOPD bundle triggers the attending emergency doctor to discuss smoking cessation and furnish discharged patients with a patient centred management plan and patient information pack.

A COPD Discharge Booklet has also been developed for patients which contains important information to enable the patient to better self-manage at home. An educational video is being developed to complement this. As a team, we are proud to introduce these initiatives which we hope will optimise the management of COPD patients presenting to the ED and AMAU.

Pictured from left to right are the ED COPD Pathway Team, Sarah Cunneen, Respiratory Physiotherapy Coordinator; Dr. Victoria Meighan, ED Consultant; Ciara Scallan, Physiotherapist COPD Outreach; Yvonne Kerins, Nursing Clinical Facilitator ED; Sherin Varghese, Respiratory CNS COPD Outreach; Dr. John Cullen, Consultant in Respiratory & General Medicine and Dr. Aileen McCabe, ED Consultant

Sláintecare Initiative for TUH Urology Team

Urology referrals have significantly increased in recent years and with our aging population they will likely continue to increase in the future. The TUH Urology Department currently provides over 70% of the activity within the Dublin Midlands Hospital Group (DMHG). This has resulted in an increase of approximately 80% in urology waiting lists in recent years. Generally the patients waiting the longest are those with routine benign conditions such as men with Lower Urinary Tract Symptoms (LUTS).

Evidence has shown that LUTS can effect up to 70% of men over the age of 40 years with ranging severity of symptoms. The impact on quality of life for men experiencing LUTS can be profound. A vast amount of these men can be managed locally by an ANP in close collaboration with GPs.

Sláintecare have funded an ANP post to develop an integrated referral pathway for male LUTS and develop a secondary care nurse led clinic for benign urological symptoms. The aim is to deliver an increasing volume of urological care in the primary care setting and to address outpatient waiting list targets. Advanced Nurse Practitioner Candidate, Lynn Casey has taken up the post and started to address the long waiting patients awaiting a return appointment. To date 300 patients have been assessed via telephone and have safely been able to discharge around 65% back to the GP.

Approximately 25% have been given education / lifestyle advice and will get a further telephone follow-up, the remaining men require face to face consultation. Work will now start on the assessment of long waiting new patients.

Going forward the aim is to provide education, support and collaboration with GPs to successfully manage this cohort of patients in the community through the introduction of the Outpatient Services Performance Improvement Program integrated referral pathway for male LUTS. In doing this the service will achieve an improvement in quality of life as well as decreasing unnecessary referrals and number of visits to the acute hospital setting.

Candidate Advanced Nurse Practitioner Lynn Casey

An Innovative Model of Care

The Otolaryngology (ENT) service has the second highest out-patient waiting list nationally, at a local level 'routine' referrals can be waiting up to three years to access an appointment. One of the proposed solutions to manage these high healthcare demands and improve patient services, is to use Speech & Language Therapists (SLTs) working at specialist or advanced capacity in expanded scope of practice roles. SLTs with advanced clinical skills can support the service demand on medical specialists, by delivering a first point of patient contact service, with referrals for ENT triaged directly to SLT.

To address the challenge of patients waiting, the SLT department developed a proposal, in collaboration with the ENT Department and Peri-Operative Directorate to establish a new Specialist SLT–led ENT clinic. This is the first clinic of its kind to be introduced in Ireland with funding provided by the National Treatment Purchase Fund.

The SLT-led clinic provides an alternative assessment and treatment pathway for 'low-medium' priority patients on the ENT outpatient waiting list who present with suspected voice and/ or swallowing concerns. The ENT consultant triages clinically suitable referrals on the waiting list directly to this specialist SLT clinic for assessment and management. Referrals are seen in the SLT clinic within two weeks with receipt of referral. Triaged referrals present with complaints of:

- Dysphonia (including reports of throat irritation, chronic cough, suspected paradoxical vocal cord dysfunction)
- Dysphagia (including globus)

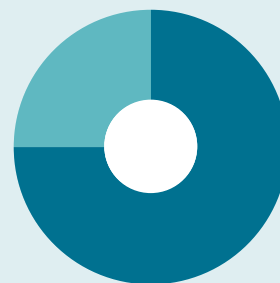
A comprehensive clinical and instrumental assessment and examination is carried out by the Clinical Specialist SLT. At a designated case review meeting diagnostic decisions are made jointly with the ENT consultant following a review of the laryngeal image and case discussion of the assessment findings. This model of service delivery requires expert clinical practice and a philosophy of multidisciplinary team working which is integral to this service.

The clinic has presented a successful and viable model of service modernisation, achieved faster access time to support patient care without compromising service quality or professional expertise. It has achieved safe, effective, and cost effective changes to ENT service delivery using the advanced clinical skills of the SLT and close multidisciplinary working.

Figures to Date: October 2019-November 2020

228 patients removed from ENT waiting list to date

75% of patients to date have been directly managed by SLT and/ or discharged from ENT



Earlier patient access to treatment

Optimised consultant time for more complex/ urgent patients on ENT waitlist

Clinical Specialist SLT, Eanna Horan and ENT Consultant, Mr Shawkat Abdulrahman review the laryngeal image from a patient's nasendoscopy exam

Musculoskeletal Triage Services

Musculoskeletal (MSK) diseases are the leading cause of disability in Ireland, with an estimated 1.2M Irish citizens affected. This rising prevalence has led to increased waiting times to see orthopaedic and rheumatology consultants.

Clinical Specialist Physiotherapists (CSPs) are trained in diagnosing and triaging patients with MSK disorders, selecting the most appropriate care pathway for patients on orthopaedic and rheumatology waiting lists. Patients not requiring highly specialised consultant services can be more rapidly diagnosed and treated. Those requiring specialist services can be identified and triaged more rapidly to the most appropriate specialist service.

The Back Pain Screening Clinic in TUH was the first CSP-led MSK triage clinic in Ireland (2001) under the governance of Mr. Frank Dowling. TUH also developed the first national rheumatology triage clinic (2006) and further orthopaedic services to encompass peripheral joint triage (2010).

Since 2011, the National Clinical Programmes for Rheumatology (NCPR) and for Trauma and Orthopaedics (NCPTOS) have collaborated in the development of a national MSK physiotherapy triage initiative in order to manage the orthopaedic and rheumatology outpatient waiting lists. They used the CSP MSK Triage clinics that had been established in TUH as a model to roll out the service nationally. Professor David Kane, consultant Rheumatologist and Aisling Brennan, MSK CSP in TUH have recently published the positive impact of the National Musculoskeletal Physiotherapy Triage Initiative: http://imj.ie/irish-medical-journal-september-2020-vol-113-no-8/.

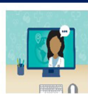
In 2012, 24 MSK Clinical Specialist Physiotherapists (CSPs) were recruited across 18 hospital sites nationally, with a further six CSPs recruited in 2016. From 2012-2018, 125,852 patients were removed from Orthopaedic and Rheumatology waiting lists nationally. Over 70% of all new patients were discharged following assessment and treatment. 19% who attended an orthopaedic CSP clinic were referred for orthopaedic consultant review and 10% who attended a rheumatology CSP clinic were referred for consultant rheumatologist review. The MSK physiotherapy triage initiative successfully reduced national Orthopaedic and Rheumatology waiting lists and is ongoing with a planned integrated care service in 2021. The NCPR and NCPTOS has proposed that the next phase of the national triage programme should focus on establishing integrated clinics between primary and secondary care services. TUH hopes to be a pilot site for the introduction of this initiative.

Pictured from left to right Aine O'Brien, Deputy Physiotherapy Manager; Prof. John Quinlan Orthopaedic Consultant; Prof. David Kane, Rheumatology Consultant; Aisling Brennan, CSP; June Lanigan, CSP; Louise Bernard, CSP; Elaine Hughes, CSP; Sarah O'Driscoll, Senior Physiotherapist in Rheumatology; Grainne Wall, CSP; Elaine Barker, Physiotherapy Manager and Antoinette Curley CSP

Speech & Language Therapy Service

The second set of advice from our Speech & Language / Communications service on how to mind your voice waring masks and using telehealth.

Voice Care – Wearing Masks & Using Telehealth



Wearing a mask or using Telehealth may mean you need to speak louder when talking to your patients or colleagues. You may use your voice in a way that could damage it e.g. straining your voice, achieving loudness incorrectly. As a result, you might notice your voice tiring or aching more than usual.

Look after your voice by ensuring that you:

- Drink plenty of fluids
- Have adequate posture for breath support
- Breathe from the abdomen
- Take a breath before speaking
- Take opportunities to rest your voice during the day
- Reduce background noise when using Telehealth and ask patients, or colleagues to find a quiet space, with good signal so they can hear you well
- Use a headset when using telehealth. This will avoid straining your voice

Try to avoid:

- Irritants (e.g. smoking, alcohol, dusty environments can all irritate the vocal folds)
- Whispering – instead use your voice gently to avoid strain
- Throat clearing – sip water instead
- Please contact the Speech & Language Therapy (SLT) Department for further advice

Advice from the TUH SLT Team