



Dear Colleagues,

In this final of our quarterly updates for 2025, I want to extend my sincere thanks to you all for the support you have given the Hospital throughout 2025. Your partnership is vital in ensuring that patients receive the right care, at the right time, and in the right place.

This winter, we are already seeing outbreaks of flu among some of our patients. I would encourage you to continue to look after your own health & wellbeing, and to ensure, as best you can, that the most vulnerable patients in our community are vaccinated. These efforts make a real difference in protecting patients and reducing the pressures on our services.

Looking to 2026, we are committed to building on the strong relationships we have with you. Together, I hope we can continue to innovate and develop pathways that deliver better outcomes and experiences for our patients. Collaboration between the Hospital and community care is central to achieving this. I greatly value the role you and your practice colleagues play.

Thank you once again for your dedication and partnership. I wish you a healthy and peaceful New Year, and I look forward to working with you in 2026.

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Barbara Keogh Dunne
Chief Executive Officer
Tallaght University Hospital

SPOTLIGHT

Spotlight on AHOS: Five Years of Impactful Cancer Care

This year marks five years since the national launch of the Acute Haematology Oncology Service (AHOS), a milestone celebrated at a recent NCCP conference. At TUH, the AHOS telephone triage nursing service continues to play a vital role in supporting cancer patients undergoing systemic anti-cancer therapy.

Through the dedicated SOS Hotline, patients who become unwell can speak directly with a Clinical Nurse Specialist (CNS), bypassing the Emergency Department and gaining rapid access to their specialist team on the dayward. This model offers a safe, responsive route to unscheduled care - tailored to the unique needs of patients in active treatment.

Joanne Diggins AHOS CNS, brings over 18 years of experience across Haematology, Oncology, Radiotherapy and Palliative Care. She took over the service from Dawn Whelan in 2023 and has overseen continued growth. With new NCCP funding secured, Kathriona Coogan will join the team next month, extending hotline hours to 8am-6pm.

The service's development has been shaped by the patient voice, with the NCCP and Patient Advisory Group working together to ensure accessibility. Resources including alert cards and information leaflets are now available in 10 languages, braille and sign language via the HSE website.



Pictured from left to right at the AHOS Conference Kathriona Coogan; AHOS CNS; Joanne Diggins, AHOS CNS; Terry Hanan, National Clinical Lead for Cancer Nursing, National Cancer Control Programme and Mary Jane Hally; TUH ADON

2024 Activity



852

calls received in total

- ▶ 200 enquiries resolved over the phone
- ▶ 197 calls followed up within 24 hours
- ▶ 369 urgent medical assessments undertaken
- ▶ 86 calls were redirected to the appropriate service

2024 ED Avoidances



151

Patients reviewed and admitted directly from ODW/HDW

155

Patients reviewed and discharged from dayward

Ask yourself – Could it be MF?

Dr. Kevin Molloy, Consultant Dermatologist at TUH, is a key figure behind a new memory aid designed to help medics recognise Mycosis Fungoides (MF) and Sézary Syndrome (SS).

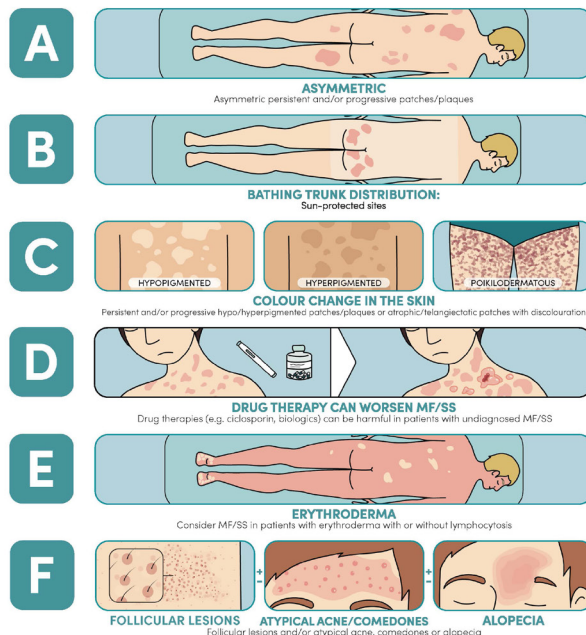
These rare cancers are often mistaken for common skin conditions, leading to delayed diagnosis and inappropriate treatment. To address this, the “A–F Think MF” clinical memory aid was introduced. This simple acronym helps clinicians’ spot potential signs of MF and SS, encouraging earlier consideration of these rare conditions.

Cutaneous T-cell lymphoma (CTCL), which includes MF and SS, originates in the immune system but often first appears as a skin problem. Its symptoms closely resemble more common inflammatory diseases like eczema or psoriasis, making early diagnosis challenging. Though CTCL is rare, with about 23 new cases per year in Ireland (0.44 per 100,000 people) early detection is crucial. It can reduce delays, prevent inappropriate treatments, and speed up referrals to specialists, improving patient outcomes.

“This work tackles one of the biggest challenges in cutaneous lymphoma care – the long delay to diagnosis,” said Dr. Molloy. “By offering a simple, memorable tool, we hope to change how doctors approach persistent skin rashes and reduce diagnostic delays, ensuring patients get the right diagnosis sooner.” Stay tuned for more on the “A–F Think MF” tool and its role in clinical decision-making.

A–F THINK MF!

A MEMORY AID FOR THE EARLY RECOGNITION OF CUTANEOUS T-CELL LYMPHOMA: MYCOSIS FUNGOIDES / SEZARY SYNDROME



A quick-reference guide to aid early recognition of Cutaneous T-Cell Lymphoma (CTCL) Mycosis Fungoides/Sézary Syndrome. Key visual cues, mnemonic aids, and differential diagnosis tips to help clinicians identify MF/SS indicators and distinguish it from inflammatory dermatoses.

DO A BIOPSY!

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New Study Highlights Benefits of Telemedicine

A recent study at the Hospital has demonstrated the effectiveness of telemedicine and at-home testing in diagnosing *Helicobacter pylori* (*H. pylori*) infection.

The research highlights how virtual Urea Breath Test (UBT) provides a faster, more convenient, and highly accurate alternative to in-clinic testing, enabling earlier diagnosis and reducing hospital visits.

The non-invasive breath test, typically recommended for patients with stomach pain, bloating, nausea, vomiting, or acid reflux, was performed by patients at home using C13 urea breath test kits. Participants completed the test during an online video appointment with a member of the Gastrointestinal (GI) lab technician, then returned samples for analysis via post, GP, or hospital drop-off.

Led by the GI Laboratory Team and Dr. Conor Costigan, the study reviewed 423 virtual appointments. Of these, 32% were male (mean age 42), with a test positivity rate of 22%— closely matching in-person results. There were no missed appointments and only two cancellations, showing higher attendance than traditional clinics.

The virtual model also delivered significant environmental and time-saving benefits, reducing travel by nearly 10,000 km, saving 254 hours, and cutting carbon emissions by over a tonne. Patient feedback was overwhelmingly positive, with 92% rating the experience as “good” or “excellent.”

This innovative approach reflects the Hospital's ongoing commitment to sustainable, patient-centered care and marks a promising step forward in the use of telemedicine in gastroenterology. The full study, “Virtual Urea Breath Testing for *H. pylori* Infection: A Telemedicine Innovation in Gastroenterology”, is available in the Journal of Clinical Medicine. Click [here](#) to read the new research.



9,943.5km of travel,
equivalent to



254 hours
of travel time and



1.24 metric tonnes
of CO2 emissions

Team Publishes Study on Nurse-Led Emergency Care

The nursing team from our Emergency Department (ED) have published their work describing the design and evaluation of a novel Advanced Nurse Practitioner led service in the Department. The Emergency Rapid Assessment and Treatment (ERAT) service was designed in the ED in line with service needs. The target patient cohort was low acuity and non-injury related emergency presentations associated with high ED patient contact hours such as abdominal pain and chest pain.

The results are impressive. Over 2,300 patients since the commencement of service in 2022 were treated with no major adverse events, and nearly 75% were safely discharged in line with national ED key performance metrics. Patients in the ERAT pathway experienced shorter wait times and high levels of satisfaction, with over 94% surveyed saying the care met their expectations.

The findings show that ANP-led services like ERAT are not only safe and efficient, but also improve patient experience and help ease pressure on Emergency Departments. This publication is a proud moment for the TUH team and a strong endorsement of the evolving role of Advanced Nurse Practitioners in delivering high-quality, patient-centred care.

The paper published in the International Emergency Nursing Journal was authored Advanced Nurse Practitioners, Orla O'Keeffe and Doireann Deay; Mary Byrne, Assistant

Director of Nursing; Barry McBrien TUH ANP and Assistant Professor in General Nursing at the School of Nursing & Midwifery, TCD and Dr. Aileen McCabe, Consultant in Emergency Medicine.



Scan to read a copy of the published paper



Pictured from left to right members of the team Dr. Aileen McCabe, Consultant in Emergency Medicine; Orla O'Keeffe & Doireann Deay Advanced Nurse Practitioners and Mary Byrne, Assistant Director of Nursing

National Award for Hip Fracture Care Improvements

The Hospital has been recognised with the inaugural Most Improved Performance Award in relation to the Irish Hip Fracture Standards, presented by the National Office of Clinical Audit.

This award highlights the dedication and collaboration of the hospital's multidisciplinary hip fracture team, which includes colleagues from the Emergency Department team, orthopaedic surgery, orthogeriatrics, nursing, physiotherapy, patient flow, occupational therapy, dietetics and anaesthetics. Together, the team has refined processes to improve the patient journey from admission to recovery.

Key changes introduced include the "Hip Bleep" alert system to notify trauma ward staff of incoming patients, a streamlined admission pathway prioritising early assessment and pain management, and the establishment of a seven day physiotherapy service. The launch of an orthogeriatric service has also ensured patients receive comprehensive assessments covering falls, bone health, and delirium prevention.

These improvements have addressed one of the major challenges faced by hospitals nationwide, the safe and timely transfer of patients from the Emergency Department to the trauma ward within four hours, the national target. Winning this award is a significant achievement for TUH and reflects the Hospital's commitment to continuous improvement. By consistently reviewing audit data, the team will continue to identify opportunities to enhance care and ensure that every hip fracture patient receives high quality, timely, and compassionate treatment.



Members of the multidisciplinary team led by Professor Tara Coughlan

Virtual ICU Tour to Support Patient Recovery Launches

The Hospital has launched a new Virtual ICU Tour to help survivors of critical illness and their families better understand and process their experience in intensive care. Funded by the Adelaide Health Foundation's New Initiatives Scheme, the project reflects our commitment to innovation, compassion, and patient centred care.

Each year, hundreds of patients are admitted to the Critical Care Service. Many experience fragmented memories or distressing hallucinations due to ICU delirium. The Virtual ICU Tour, available on the Hospital's YouTube channel offers a guided walkthrough of the unit, explaining the sights, sounds, and equipment patients may have encountered. The tour can be viewed on our intranet via this link.

The resource aims to support psychological recovery and reduce anxiety for families, especially those unable to be present during a loved one's ICU stay.

The patient voice played a central role in shaping the content, with ICU survivors providing valuable feedback throughout development. This initiative marks another step forward in delivering empathetic, innovative care. You can access the video via this [link](#).



Pictured from left to right at the official launch of the education resource were Lisa Dunne, CNMIII ICU; Emma Forde & Mark Vergara, CNMII's ICU; Niamh Gavin, CEO of the Adelaide Health Foundation; Dr. Melanie Ryberg, Clinical Psychologist, Critical Care; Dr. Arabella Fahy, ICU Consultant

CRY Department Achieves National First with Echo Quality Accreditation

The Cardiac Risk in the Young (CRY) Department at TUH has become the first public hospital in Ireland to achieve Echo Quality Accreditation from the British Society of Echocardiography.

This prestigious recognition reflects the Department's commitment to delivering the highest standards of patient care. The accreditation process was rigorous, involving a detailed review of clinical practices, safety standards, patient pathways, and quality improvement measures.

The achievement was driven by a dedicated team with Chief Cardiac Physiologist, Rachel Morgan leading the work, supported by Consultant Cardiologists Dr. Deirdre Ward and Dr. Habitha Sulaiman. The initiative was originally launched by Mark Russell, Chief II Cardiac Physiologist, with invaluable guidance from Mary Hickey, Quality Lead.

The CRY charity, under CEO Lucia Ebbs, generously funded the accreditation application, enabling the Department to pursue and secure this milestone.

For patients, the accreditation offers reassurance that care meets nationally recognised benchmarks of excellence. For staff, it validates their professionalism and supports ongoing development.

This recognition reinforces the reputation for the service provided and strengthens patient confidence in the CRY service. The accreditation marks a significant step forward for the Hospital and highlights the dedication of the CRY Department in advancing standards of cardiac care for young people nationwide.



Pictured from left to right Mae Marcojos; Clinical Nurse Specialist; Rachel Morgan, Chief 1 Cardiac Physiologist; Giedrius Michalaukas, Senior Cardiac Physiologist and Lucia Ebbs, CEO of CRY. Absent from picture Dr. Deirdre Ward, Consultant Cardiologist; Mary Hickey, Quality Lead and Mark Russell, Chief 2 Cardiac Physiologist

Dermatology Team Investigates Weight Gain in Atopic Dermatitis Treatment

The Dermatology Department at TUH has published new findings on the potential link between dupilumab, a widely used treatment for moderate to severe atopic dermatitis (AD), and weight gain in patients.

AD is a chronic skin condition driven by immune system dysfunction, particularly involving the cytokines IL-4 and IL-13. Dupilumab works by blocking the IL-4 receptor, helping to control symptoms. However, recent reports have raised questions about whether the drug may also influence metabolism and lead to weight changes.

To explore this, the TUH team reviewed medical charts of 30 patients treated with dupilumab between April 2018 and December 2023.

All patients had recorded weights before starting treatment and again after at least six months.

The study found that two-thirds of patients (67%) experienced weight gain, averaging 5.9 kg. Seven patients (23%) maintained their weight, while three (10%) lost an average of 3.7 kg. Overall, the group showed an average increase of 3.6 kg.

While the findings suggest a possible association between dupilumab and weight gain, the researchers emphasise that more studies are needed to understand the underlying mechanisms and the clinical significance of these changes. This work highlights TUH's commitment to advancing dermatology research and ensuring that patient care continues to be informed by the latest evidence.



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