



## Foreword from the Deputy CEO

Welcome to the latest addition of Connect.

As you can see from the contents of this newsletter the Hospital continues to develop new ways of working to improve the patient experience here in Tallaght Hospital. Further to myself and David Slevin, CEO, attendance at the ICGP Dublin West AGM meeting we are working with the GP representatives on the GP Liaison Committee (GPLC) to explore how we engage and work more collaboratively.

The GPLC have agreed to conduct a facilitated meeting with broader representatives from the Hospital and local GP fraternity to explore how a Local Integrated Community Care (LICC) system similar to that in Kilkenny could be developed. A meeting with Dr. Gary Courtenay, National Clinical lead for Acute Medicine and Consultant in St. Luke's Hospital, Kilkenny and Dr. Ronan Fawsitt, GP and Chair of the advisory group is being arranged for September.

The recent granting of planning permission for the New Children's Hospital and the two Satellite centres at Connolly and Tallaght Hospitals has been well received by Tallaght staff and the "turning of the sod" for the new hospital on the Rialto campus by Minister Simon Harris was a cause for celebration not only for staff but for patients and their families.

A free public WiFi service was launched in June and Tallaght is the first hospital to receive interdependent accreditation for family friendly WiFi. This development is part our ongoing commitment to enhancing services for both patients, families and the wider public visiting the hospital.

As always if you have any feedback please email us at [GPMConnect@amhch.ie](mailto:GPMConnect@amhch.ie).

Wishing you a pleasant and hopefully "warm" summer!

Lucy Nugent  
Deputy CEO

## GP Liaison Committee (GPLC)

**Just two items briefly discussed in this article in view of space:**

In keeping with Irish College of General Practitioners (ICGP) policy, the GPLC are advocating the development of a Local Integrated Community Care (LICC) system modelled on the success of LICC in Carlow / Kilkenny. Similar systems are being developed in other hospitals - Mater Misericordiae, St. Vincent's, St. Columcille, Midland Regional in Mullingar and Our Lady's in Navan.

LICC creates a single cohesive healthcare community which can affect change. The GPLC will continue to be pivotal within LICC to foster better links with Consultants / hospital clinicians and GPs and thereby improving patient care in the community. The ICGP is fully behind this and are partners in this process of developing local integrated care systems at all acute hospitals. Dr. Ronan Fawsitt, Chair of the advisory group, and Dr. Gary Courtney, Consultant in Kilkenny will attend our first meeting.

A recent proposal of a new pathway for lumbar spinal pain with the department of Orthopaedics advocates referral to physiotherapy in primary care (PCCC) prior to referral BPSC. Similarly patients with Orthopaedic issues maybe referred back to GP to arrange physiotherapy. This issue will be discussed at next GPLC meeting before protocol is formulated.

Please email the GP Representatives with any suggestions, comments or observations.

The honorary GP representatives are:

- > Dr. Brian Blake - [drbrianblake@gmail.com](mailto:drbrianblake@gmail.com),
- > Dr. Andy Jordan - [andyjordan@gmail.com](mailto:andyjordan@gmail.com) and
- > Dr. Deena Ramiah - [drramiah@yahoo.ie](mailto:drramiah@yahoo.ie).



Minister for Health Simon Harris and Minister Byrne with the CEO's from the various hospitals involved with the new Children's Hospital at St. James's Hospital as building works commenced on the site. Attending the commencement of construction works were paediatric users of the services.

# All public hospitals now receiving electronic referrals

GPs across the country can now refer patients into every acute hospital electronically following the completion of phase one of the HSE National eReferral Programme.

Over 10,550 e referrals were received in May, up significantly from the 2,289 received in August 2015 when the new process was initiated. Congratulating all those involved and pointing to the benefits for patients, HSE Director General Mr. Tony O'Brien said that "this project is allowing for rapid and secure electronic referrals for patients from their GPs to the appropriate Consultant and Hospital. It happens in real time with the GP receiving acknowledgement from the hospital of the referral, while the patient is there with them."

Speaking at Tallaght Hospital, Mr. O'Brien stressed that this new process has enabled patient data to be securely communicated between primary and secondary care, meaning the process is streamlined and standardised.

Using the e referral solution, a GP can submit a referral electronically, directly from their practice management system to the hospital in question using the HIQA approved referral form and immediately receive an acknowledgement confirming receipt. The system also enables the hospital to send a response message to the GP once the patient has been triaged.

According to Mr. David Slevin, CEO Tallaght Hospital: "This is an example of the many innovations adopted by our hospital where we are focused on providing a better service for our patients. This project illustrates how primary care and acute care can work together to improve the overall service for patients."

Also acknowledging the significance of today's milestone, Dr. David Hanlon Kildare based GP and Clinical Advisor with the HSE Primary Care Division said "this is a very important development for GPs across the country. We are continually looking to improve services for our patients and this project in particular provides real value and makes a real difference." E referral is one of the strategic programmes of the HSE's Chief Information Office. Mr. Richard Corbridge, Chief Information Officer, HSE concluded: "This is a great achievement for the project, where patients can be referred for care to the acute setting through electronic communication. We are looking forward to the next phases of the project, and want to thank the GP community and the hospital groups for their commitment and energy which has helped us reach this milestone today."



*Pictured at the event hosted by Tallaght Hospital were Pat O'Dowd, Dr. David Hanlan, GP, both from National Primary Care, Tony O'Brien, CEO HSE, Mr. Ciaran Ryan, Irish College, General Practitioners and Richard Corbridge, Chief Information Officer HSE.*

## COMMUNICATIONS FROM INFECTION PREVENTION CONTROL

**You may, on occasion receive a letter from our Infection Prevention Control (IPC) advising you that "a patient under your care has tested positive for MRSA/VRE/CRE. The patient was discharged prior to the result being available."**

We send these letters to inform, the result will also have been communicated to the patient's consultant – they are expected to deal with the result not you. If any treatment changes are needed the consultant should organise this. If the patient needs to be informed of their result the consultant should organise this.

By providing this information to you as the patient's GP we expect you to consider the result as part of the patient's medical history the next time you need to prescribe an antibiotic.

So, for example, if we have told you they have an ESBL positive organism in urine then you should not prescribe amoxicillin empirically if they present to you with a suspected UTI in the future. Similarly a skin infection in a patient colonised with MRSA may be better treated with doxycycline or co-trimoxazole (if susceptible) rather than flucloxacillin. Both the Clinical Microbiology and the IPC team are available if you need to speak with us. We do also welcome any other suggestions you may have about how we communicate with you.

## Care Pathway for Lumbar Spine Pain

**A new care pathway for patients presenting to primary community and continuing care (PCCC) with lumbar spine pain has been developed within the Department of Orthopaedics. The Back Pain Screening Clinic (BPSC) is a spinal clinic using physiotherapists to triage referrals to the spinal Orthopaedic surgeons to fast track patients with spinal pain to appropriate management in a timely manner.**

This pathway is being set up by the BPSC with the following aims:

- To streamline the care pathway for the patient between primary care and the acute services.
- To improve access for patients who require further investigations or a specialist opinion.
- To provide timely access to physiotherapy intervention for patients as appropriate

Patients presenting to their General Practitioner with mechanical back pain or radiculopathy should be referred to physiotherapy in PCCC prior to referral to BPSC. Patients who respond to physiotherapy are discharged to their respective GP. Any patients presenting to general practice with lower limb neurological impairment or predominant leg pain of greater than eight weeks duration should be referred directly to BPSC. Following PCCC physiotherapy, patients who have not responded to rehabilitation are then referred to BPSC and will be placed on the waiting list as per their original date of referral to physiotherapy.

This pathway will be trialled within PCCC Dublin South West. The BPSC Service have met with our physiotherapy colleagues in PCCC Dublin South West over the last few months to ensure a collaborative approach towards optimising the processes involved in the care pathway. Physiotherapists from the BPSC and PCCC have also presented the pathway to the Tallaght Hospital GP Liaison committee on the 13/05/2016.

We would greatly appreciate your collaboration with this pathway to help us ensure we can deliver the most appropriate care to your patients in a timely manner and in the appropriate location. If you have any questions or feedback please contact [Antoinette Curley](#), Senior Physiotherapist.



## A novel communicative initiative for critical care patients

**Critically ill patients commonly require an artificial airway such as an endotracheal or tracheal tube and as a result cannot use their own natural speaking voice. Some patients with artificial airways are still able to communicate through mouthing words, gesturing, or writing, many are unable to do so effectively as a result of weakness, fatigue, or attachment to devices that restrict movement.**

These can be frustrating for patients, clinicians and families and can lead to communication breakdowns about care needs and wishes. Similarly communication breakdowns occur with non-English speaking patients.

Julia O'Rourke a speech therapist in our Speech & Language Dept and the Intensive Care Unit (ICU) nursing service wanted to give a voice to these critical care patients and empower them to communicate their care needs and wishes and identify their concerns during a very frightening time for them. In 2015, together with a team of ICU Nurse Managers and the Nurse Practice Development Co-ordinator, a technology enabled communication system for critical care patients was set up with funding from the Nursing and Midwifery Planning and Development Unit. Four iPads and assistive communication applications (Apps) specifically designed to meet the communication needs of patients in the ICU were purchased. The Apps enable patients to type out their message and the App speaks it aloud. The system can be used by conscious, non-verbal patients who wish to communicate with staff or family. ICU nursing staff worked closely with Julia on the initiative to identify patients to trial the communication aid with. Initial feedback from patients to this innovation is extremely positive, being able to ask questions of the medical team and communicate with their family members provides great comfort and puts them at ease as although they have no voice they can make themselves heard.

Through this initiative which has involved Speech & Language, Nursing and ICT our patients' dignity and autonomy has been restored. Frustration and time spent on failed interactions has been reduced and patients experience in the critical care phase of their care improved. Presently no such initiative utilising a technology enabled communication system to promote patient dignity and autonomy has been implemented in the critical care nursing environment in Ireland. The project was part of the most recent Clinical Audit & Quality Improvement initiative at Tallaght Hospital.



*Conor Culkin CNM2 and May Duazo ICU Staff Nurse who are currently training with Julia O'Rourke to become facilitators in using the new communication devices with patients in our ICU.*

## Cancer Trials at Tallaght Hospital

**The Cancer Clinical Trials Unit was established in 2004 in Tallaght Hospital, funded in the main by grants from the Health Research Board. It is one of 14 Cancer Trial units across the country and therefore 'part of an effective and efficient one stop shop network for investigator led studies and attracts cancer trials from around the world and from leading pharmaceutical companies'.**



*Members of the Clinical Trials Team: Ruth Mc Ginn Data/Translational Manager; Rhonda Mooney Data Manager; Maria Gillespie CMN 2; Prof Ray Mc Dermott Consultant Oncologist; Li Way Kyaw Tun Pharmacist and Ashley Bazin Team Leader*

The Unit consists of Oncology Consultants (2), Nurse Team Leader (1), Clinical Nurse Manager (2), Data Base Managers (2) and a dedicated Clinical Trials Pharmacist. The unit's portfolio has expanded over the years, to enable us to offer a range of therapeutic options to patients undergoing cancer treatment. The objectives of the Cancer Clinical Trials Unit are to provide quality patient care with patient safety being paramount, to provide early access to the latest treatments and to provide quality and accurate data. A wide ranging portfolio of Clinical Trials are run through the Unit, incorporating both Sponsor led trials and academic trials facilitated by Cancer Trials Ireland (formerly ICORG). To date over 80 clinical trials have been opened in the unit with over 700 patients participating. The main disease sites for these trials are Urological, Colorectal, Lung, Pancreaticobiliary, Upper GI and Haematological.

The clinical trials unit is involved in research activities ranging from Medical Oncology and Haematology Clinical Trials, international collaboration with cancer centres, including Eastern Cooperative Oncology Group and the National Surgical Adjuvant Breast and Bowel Project, and the designing, setting up and running of in-house translational studies.

All Clinical Trials are conducted according to the regulations of the Research Ethics Committee, Health Products Regulatory Authority (HPRA) and The Food and Drug agency and are regularly inspected. Participation in a clinical trial is only possible if the Hospital meets the standards of HPRA which is assuring Good Clinical Practical with clinical trials in Ireland. The standards for medication management are high and complex to achieve. Pharmacy is an essential element in the safe and efficient running of cancer trials, particularly when study drugs are cytotoxic, requiring special handling and carrying the potential of many drug interactions. Within pharmacy, the management of trials medications is now a specialised role for a senior pharmacist and a senior pharmaceutical technician. A recent in-house audit describing medication cost savings arising from our Hospital participating in cancer trials last year indicate savings of over €700,000 for medications we would otherwise have had to purchase, and potential savings to the HSE's Primary Care Reimbursement Service of over €700,000 on avoided costs of oral anti-cancer medication used by patients at home. If you would like further information on Cancer Trials at Tallaght Hospital please contact [Ashley Bazin](#).

# Irish Children's Triage System (ICTS) Launched

The National Emergency Medicine Programme (EMP) recently launched the Irish Children's Triage System (ICTS). The development of the ICTS was prompted by the triage experiences of front-line Emergency Department (ED) nurses and doctors caring for children and advanced by the Emergency Nursing Interest Group and Working Group of the EMP as a safety and quality improvement initiative. It is used for the prioritisation and assessment of paediatric patients presenting to EDs. The system supports safer, more effective, timely ED care and reflects the importance of child and family experiences of emergency care. It also makes a significant contribution to the suite of clinical tools developed by the EMP to drive improvement in the safety, quality and value of emergency care in Ireland. ICTS was piloted and audited in six hospitals across Ireland and will become the national standard for all children who present to Emergency Departments in Ireland.

The triage of children in EDs is an established standard of care in international and national practice. However, the triage of children can be difficult compared to adults and additional triage parameters are recommended in ICTS to reflect age-related physiological differences, children's presenting signs and symptoms, significant paediatric co-morbidities and common Paediatric Emergency Medicine diagnoses. Dr. Ciara Martin our Paediatric Clinical Director and a number of our nursing staff from the Children's Emergency Department participated in the development of the ICTS.



Dr. Ciara Martin Paediatric Emergency Department Consultant and Clinical Director of Paediatrics at Tallaght Hospital at the launch of the Irish Children's Triage System.

# Early Intervention in Diabetic Foot Disease

Diabetic foot ulceration still remains a leading cause for hospital admission and amputation in Ireland. The Podiatry Clinic in Tallaght Hospital is providing a vital support service for complex diabetic foot wounds endeavouring to provide hospital admission where possible. The Podiatry service links directly with the multi-disciplinary foot protection team in the hospital managing complex wounds. The team inputs into patient education and attempts to prevent future ulceration.

The Podiatry clinic in the Diabetes Day Centre in Tallaght Hospital is open Monday-Friday with rapid access available for patients presenting with active foot disease as defined in the National Model of Care for the Diabetic foot. The service offers a rapid referral process for GPs and Specialist Nurses to access care for their patients.

The clinic is located in the Diabetes Day Centre in Tallaght Hospital on the ground floor, the service for the moment is limited to patients presenting with diabetic foot disease.

To discuss patient referrals, the clinic can be contacted directly on: 01 414 2532 or you can leave a message with the Diabetes Day Centre reception team on: 01 414 3223, Faxes can be sent to 01 414 3224. The Clinic is staffed by: Christine Kiernan, Grace Giffney and Dawn Healy.



Grace Giffney and Christine Kiernan from the Podiatry Clinic in Tallaght Hospital



David Slevin CEO of Tallaght Hospital, Bill Archer CEO of Business and Conor at the launch of free WiFi at Tallaght Hospital

## New innovation as Tallaght Hospital installs safe, free Wi-Fi for all patients

As part of our ongoing commitment to technological innovation and ensuring the best experience for all patients, Tallaght Hospital has launched public WiFi which is safe for families and free for all to use. The new service is accredited by Friendly WiFi, meaning content that is not family friendly is filtered out. Tallaght Hospital is the first hospital in Ireland to get this accreditation.

## Upcoming education events available for GPs and Practice Nurses

DATE	DETAIL	CONTACT
11.08.2016	<b>Medication Protocols for the Schools Immunisation Programme</b> 8:30am-12:30pm Centre for Learning & Development. Facilitator : Geraldine Kyle, CLD. – No Fee	Sinead Fagan, 01 414 3170 <a href="mailto:sinead.fagan@amnch.ie">sinead.fagan@amnch.ie</a>



If you would like any more information about any articles in the Connect or have suggestions for future editions please do get in touch.

Email: [GPConnect@amnch.ie](mailto:GPConnect@amnch.ie)

