## Connect





Tallaght University Hospital Ospidéal Ollscoile Thamhlachta

An Academic Partner of Trinity College Dublin

**Quarterly Newsletter for GPs** 

**Spring 2019 - Issue 14** 



### **Dear Colleagues**

The arrival of spring has brought the longer days of light and I hope you are getting the opportunity to enjoy the recent good weather, in between hail showers!

In the winter edition of Connect we updated you on the ExWell exercise programme, in recent weeks we have seen it featured on RTE Radio on the Sean O'Rourke show and Nationwide on RTE Television, the prescribed exercise programme now has over 700 patients participating with the age of class participants ranging from 27-89. There are 10 services within the Hospital that have referred 80% of the patients with the remainder of the referrals coming from GPs in the community. It is an incredible initiative that is showing extremely positive outcomes for participating patients.

At a more local level we have had some management changes within the Hospital in recent months.

Dr. Orla Buckley



Dr. Orla Buckley



Dr. Johnny McHugh

and Dr. Johnny McHugh have recently been appointed to the Executive Management Team. Orla as the Clinical Director for the Radiology Directorate and Johnny as the new Clinical Director for the Laboratory Directive replacing Dr. Michael Jeffers. In other changes to the Executive Management Team John Kelly was appointed as Deputy Chief Executive, recruitment for the post of Chief Operations Officer has begun.

#### **Lucy Nugent**

Chief Executive Tallaght University Hospital

### **Introducing GEDI**

The Gerontological Emergency Department Intervention (GEDI) team is a novel interdisciplinary initiative which aims to meet the needs of a growing frail older population and to enhance patient access to the provision of Comprehensive Geriatric Assessment at TUH.

The team includes Specialist Nursing, Occupational Therapy, Physiotherapy, Social Work, Speech and Language Therapy, Dietetics along with a Geriatrics Registrar and with oversight from our Consultant Geriatrician Dr. Derek Hayden and Emergency Department Physician Dr. Jim Gray.

GEDI team members proactively screen patients aged 75 years and older presenting to the ED to achieve early identification and proactive management of their physical, functional and social care needs. The overarching aims of the service are to Gerontologically attune Acute Floor processes, to optimise and maintain physical and cognitive function of older adults whilst independence.



processes, to optimise and maintain physical and cognitive function of older adults whilst promoting wellness and maintain with the maintain physical and cognitive function of older adults whilst promoting wellness and the maintain physical and maintain physical and maintain physical and cognitive function and the maintain physical and maeyer function. Members of the team from left to right are Maeve Murphy, HSCP Manager; Louise Kelly, CNS; Orla Boyle, Speech & Language Therapist; Caitriona Whelan, Social Worker; Derek Hayden, Consultant Geriatrician; Paul McElwaine, Consultant Geriatrician; Ruth Wade, Physiotherapist; Sarah Mello, Registrar and Maeve Ryan, Occupational Therapist. Missing from the team from left to right are Maeve Murphy, HSCP Manager; Louise Kelly, CNS; Orla Boyle, Speech & Language Therapist; Caitriona Whelan, Social Worker; Derek Hayden, Consultant Geriatrician; Paul McElwaine, Consultant Geriatrician; Pau

#### Objectives and targeted Benefits from GEDI

- Early identification and comprehensive multidisciplinary assessment of frail older patients at risk of deconditioning
- ▶ Early access to Comprehensive Geriatric Assessment for frail older patients
- Holistic approach to facilitate patient centred care and enhanced patient experience
- Early initiation of MDT input in establishing care plans as well as timely discharge planning
- Working in partnership to achieve streamlined and integrated acute care services for frail older patients
- Support admission avoidance strategies and patient discharge to their own home with community follow up
- Support the development and acute floor implementation of clinical care pathways for frail older patients including falls/immobility, delirium, incontinence and polypharmacy
- Delivery of the National Frailty Education Programme

Since its introduction in mid-December 2018 the GEDI team has already seen over 130 patients in the ED with an average age of 82 years, over 40% of whom have been discharged home from ED. When all team members are in position the GEDI service aims to review approximately 2,500 ED patients during 2019.

### Let's Talk Health

TUH in partnership with our Patient Community Advisory Council (PCAC) have launched the Spring / Summer Series of Community Health talks. Building on last year's success the new series consists of nine community talks on a wide range of health issues from kidney disease from both a clinical and dietary perspective, to the chronic lung disease COPD and information we should all know on how to spot the signs of a stroke. The health topics were chosen following extensive engagement with services users and the local community that attended the talks last year. This year for the first time, the series will discuss the often taboo subject of men's health with a talk entitled "Men's Health under the bonnet".

"When we began this initiative three years ago it was very much a 'toe in the water' approach to get health information out into our community. The growing number of people attending the events and groups looking to host talks really demonstrate the role people want to play in learning about and looking after their own and family member's health. I have no doubt that this year we will build on that success given that service users and the local community had been so engaged in shaping the series and ensuring clinicians talk about health issues that they feel strongly about. This series is bringing both the local community together but also further integrating the Hospital and local community," concluded Catherine Heaney Chair of the PCAC and Coordinator of the Fettercairn Community Health Project.

The events are free to attend. If you would like posters / leaflets detailing the series of talks please send an email with your request to <a href="mailto:GPConnect@tuh.ie">GPConnect@tuh.ie</a> and they will be posted to your practice.

### Remaining talks in the series are as follows:

DATE	COURSE DETAILS	CONTACT
25th April @ 11am	Stroke: Causes, Symptoms, Diagnosis, and Treatment	Prof Rónán Collins National Clinical Lead for Stroke
	Kilnamanagh Family Recreation Centre	
16th May @ 6pm	How to look after your Liver	Dr. Anthony O'Connor
	Conference Room, Tallaght Library	Consultant Gastroenterologist

# Bringing **Equity in Brain Health**to Brussels

The Global Brain Health Institute (GBHI) is a leader in the global community dedicated to protecting the world's ageing populations from threats to brain health. The Institute was established with two cofounding sites Trinity College Dublin and the University of California.



Prof Sean Kennelly presenting in Brussels with Jane Bentley from the GBHI in the background

As part of the faculty Prof. Sean Kennelly, Consultant Gerontologist at TUH was part of a team that made a recent trip to the European Parliament. The event was organised for MEPs to highlight how and why equity in brain health should be brought to the top of the European agenda.

Prof. Kennelly presented on Brain Health & Dementia in the EU – breaking down the complexity, highlighting the societal challenges faced by people with dementia and their families, the potential of preventative approaches addressing the social determinants of brain health and highlighting the importance of multi-disciplinary and cross sectoral approaches.

Attendees went away with three clear messages. The need:

- for coordinated health promotion across the EU focusing on brain health and dementia prevention
- for increased investment in prevention approaches addressing the social determinants of health and how this will lead to considerable reduction in the impact and burden of dementia in Europe
- for improved accessibility of diagnosis, care and support services for people with cognitive impairment which will in turn bring large gains in the health and wellbeing of staff.

# TUH **Functional Gastrointestinal Disorders**(**FGID**) Programme

TUH is marking six months since the launch of its new service for patients with FGID.

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.

Patients with FGID, including irritable bowel syndrome (IBS) account for up to 50% of a gastroenterologist's caseload. Previously there was no clinical pathway for patients with IBS, leading to a revolving door of appointments and investigations, long waiting lists and poor patient outcomes. Diet and lifestyle measures are accepted as the primary treatment of IBS however despite 77% of patients surveyed wanting access to a Dietitian only 4% had seen one.

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



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

reduce Gastroenterology outpatient return waiting lists and prevent unnecessary investigations. Since the programme started six months ago, 192 patients have been referred with 80 of these being removed from or avoiding gastroenterology waiting lists.

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. To date 19% of patients have had a significant reduction in their IBS symptom severity score after 1st line advice alone with 11% achieving symptom satisfaction. Of those that have not achieved symptom satisfaction 93% have chosen to continue with the programme.

These patients may now progress to the low FODMAP diet which has been shown to be effective in up to 75% of patients. GPs and consultants are notified of patient progress throughout and non-responders are referred back to Dr. O'Connor for consideration of medical management.

### Be Loud...Not Proud

There are times when we all need help. Circumstances and events in our personal lives or at work can be challenging or difficult or linger in our minds for longer than they should. At times, we can struggle to cope.

Mostly, we get over these ups and downs relatively quickly. We move on to the next thing, we distract ourselves with other activities, or we take a break. These are all good coping mechanisms that help get us through each day. However working in healthcare can be especially challenging. Alongside the stories of recovery and wellness, we also see great suffering. These are additional stresses that can sometimes seem too much and can sometimes seem overwhelming.

There are, however, supports available. But the biggest step is asking for help in the first place. Acknowledging to yourself that you are stressed or not coping can be very difficult. And telling other people can be even harder. Asking for help is the first step towards a solution. That is why 'Be Loud... Not Proud', a poem by Oliver Fitzgerald, a member of our own staff, is so powerful. It is a wake-up call, an encouragement, a helping hand offered to us when we need it most. Help is there. All we need to do is ask.

### Be Loud.....Not Proud

By Oliver Fitzgerald

Men don't talk, to clear their heads, They go for a walk sometimes instead. Some are too macho, some too proud, To even contemplate talking their problems out loud...WHY??

Is it because others will see us as weak, and turn the other cheek!?

See if they do, they are not the people that should be surrounded by you!!

Everybody has highs and lows, ups and downs,

But not everyone has the ability to turn things around,

Pick up the phone or talk to someone you love, Or maybe try talking to the man above.

Everybody struggles at some stage of their life, Whether son, daughter, husband or wife. So don't stare at that chair wishing they were there.

Tell them you love them and that you do care. Prevention is so much better than the cure, With loving arms wrapped around you, There's nothing more pure...

Because love is a gift we can all give for free, Trust me, I know this coz it was given to me, Your only dark place should be in the night, Just before you sleep and turn off the light.

Your mental health and your piece of mind, Are the greatest things that you'll ever find. So when you have them, please... please hold them tight,

So you can help others along the way that may be...Losing their light!

### **Nutrition Tip - Plant-based Diets**

Plant-based diets are becoming more popular. The principles of this diet are:

- Including foods derived from plants e.g. beans, nuts, seeds, fruit and vegetables and wholegrains
- Focusing on seasonal and local foods
- Reducing food waste
- Limiting red meat and highly-processed manufactured food products

Eating a plant-based diet can offer health benefits, such as diabetes and heart disease prevention. As meat and dairy products are some of the leading contributor to greenhouse gas emissions, reducing animal products and choosing plant foods can also be beneficial to our planet.

However, if you choose to avoid or limit animal products from your diet, there are a few nutrients that need your attention:

- √ Calcium is essential for bone health which is mainly found in dairy foods.

  Fortified plant-based dairy alternatives includes leafy green vegetables and tofu

  tofu
- V Omega 3 Fats are commonly found in oily fish. Plant sources of Omega 3 include walnuts, linseed, chia seeds, soya beans, and rapeseed oil
- ✓ Iodine is important for metabolism. It is found mainly in dairy products and fish. Iodised salt and seaweed provide iodine which is needed in moderation
- Vitamin B12 is only found in animal derived products. Non-animal source include fortified foods such as breakfast cereal, soya yoghurts, brewers yeast and non-dairy milks
- ✓ Iron Plant based sources of iron include dried fruits, wholegrains, nuts, green leafy vegetables, seeds and pulses
- √ Protein Plant based sources of protein include lentils, beans, chickpeas, seeds, nuts and nut butters and tofu

Follow this <u>link</u> to find more information about plant-based diets.



## **Cardiology**Day Ward

As the Hospital balances capacity challenges and the demands for its services a new innovative service has opened up. The Cardiac Catheterisation Laboratory have opened a Cardiology Day Ward. The Day Ward is in close proximity to the Cath Lab and will ensure that Cath Lab Day service will not be impacted by escalation of inpatients to the Day Ward on Level 2. The new Day Ward opened in January 16th and cares for Patients undergoing Cardiac procedures, Coronary Angiograms, Pacemaker and Implantable Defibrillators etc.

The new Cardiology Day Ward is currently on a phased opening of three days a week and will be fully operational five days a week when the full complement of staffing is in place. Until then patients will be treated on the other two days in the Day Ward on level 2. Since January the Ward has treated 87 patients, this is a 53% increase in activity on the same period in 2018.

This innovative use of the space that became available reduces the risk of cancellation due to lack of day beds and reversing the trend of growing waiting lists. Quicker access to appropriate care for our patients and enabling service development and growth for our Cardiology Service.

Date	Course Details	Booking Information
Every Friday	Grand Rounds Time: 8am – 9am Venue: Trinity Lecture Theatre, CLD Walk in – no booking required Weekly speaker & subject matter updates on Twitter – @CLDTallUniHosp	Enquiries to: Sandra.Daly@tuh.ie
30.04.19 18.06.19 22.08.19	Respiratory Masterclas  Target Audience: This two day programme is appropriate for anyone working in the health service.  Time: 10:30am  Venue: Two Rock Clinical Skills Lab Centre for Learning & Development at TUH  Cost: €50	www.hseland.ie (select TUH Catalogue to enrol on programme) or email: Learningstation@tuh.ie
10.02.2019 12.03.2019 26.03.2019 09.04.2019 14.05.2019	Venepuncture & Peripheral Venous Access Device (PVAD) Insertion Time: 10:30am-12:30pm Venue: Two Rock Clinical Skills Lab - CLD Cost: €50 fee (HSELanD eLearning programme to be completed prior to attending)	www.hseland.ie (select TUH Catalogue to enrol on programme)  or email: Learningstation@tuh.ie Enquiries to: Clodagh.Mcloughlin@tuh.ie

 $TUH\ regularly\ post\ programme\ \&\ event\ information\ on\ Twitter\ -\ @CLDTallUniHosp$ 



