



Dear Colleagues

Following Lucy Nugent's departure to lead Children's Health Ireland I have stepped into the role of Interim CEO. Having worked in the Hospital for 16 years in various roles during which time I have been a member of the Local Integrated Care Committee.

I am honoured to step into the role of Interim CEO during this important time, as we transition to our new Hospital strategy, which will be launched in April 2025 and I look forward to updating you on same in the next edition of Connect.

January is always an extremely busy month and this January is no different with large numbers presenting to the ED with high acuity, making it one of the busiest months on record for the Hospital.

I would like to ask to you to remember the alternative pathways that are available for patient referrals i.e. Chest Pain Clinic, Community Radiology, Local Injury Units, Integrated Care for Older People and the Chronic Disease Management Hub.

On a positive note the Hospital continues to perform strongly in three of the four waiting list groups. To put this in context in February 2021 the number of patients that exceeded 12 months was 18,468, today that number is 4,686. The Hospital has now had over 24 months of consecutive month on month improvements in the outpatient department waiting lists.

Following a lot of work last year the 2024 version of the Health Asset Needs Assessment report was launched on Thursday, March 13th in Tallaght Library. This was an opportunity to hear about the findings of the research undertaken in our community and hear about the plans for the future which will be based on the results of the report's findings.

Best wishes

John Kelly
Interim CEO
Tallaght University Hospital

A Step Closer to Blood Tests for Alzheimer's disease

Medicine is a step closer to a blood test detecting Alzheimer's disease (AD) following research undertaken by our colleagues in the Institute of Memory & Cognition, St. James's Hospital and Trinity College Dublin.

The test could potentially replace the current diagnostic method, a lumbar puncture/spinal tap (which is invasive and poses risks and challenges) in over half of patients with early symptoms, thus enabling more patients to be diagnosed more accurately and with greater efficiency.

In Ireland, over 60,000 people live with dementia, with AD accounting for about 70% of cases. In order to enable accurate diagnosis, biomarkers are currently measured in cerebrospinal fluid (CSF) obtained using a diagnostic lumbar puncture (LP) procedure. An accurate clinical biological diagnosis of AD is valued by patients and aids future medical care. Of those in Ireland currently living with AD, up to half do not have a formal diagnosis, highlighting the need for improved diagnostic methods which are accurate and can be used at scale.

The study is one of the first in Europe to examine the "real-world" performance of one of the leading automated blood tests for AD, plasma p-tau217, in patients with mild symptoms undergoing assessment in a specialist memory service. 148 patients attending TUH generously donated blood and CSF samples at the time of their LP, enabling researchers to directly compare new blood tests to established CSF biomarkers. Crucially, this was performed using fully-automated technology, which already exists in clinical diagnostic laboratories. The use of a fully-automated system increases reliability over time in the laboratory as well as reliability between different laboratories. The study was published in the journal [Alzheimer's & Dementia: Diagnosis, Assessment and Disease Monitoring](#).



HANA 2024 Published

The Health Assets Needs Assessment (HANA) report was first carried out in 2001 and again in 2014 and last week the results of the 2024 study were published.

The report which is supported and funded by the Adelaide Health Foundation and the Health Service Executive (HSE) takes an in-depth look at the health and wellbeing assets of the participating households. This study is an important one for the Hospital as it informs how we develop and plan our services.

The 2024 study reveals that over 90% of locals surveyed feel the Hospital is of benefit to the local community. The report also tells us that over 76% of those living in Tallaght are satisfied with the quality of care they have received at the Hospital while almost 78% would recommend TUH to a friend.

The 2024 HANA report also notes:

- ▶ **Healthier lifestyles:** Smoking rates have declined significantly, dropping from 69% in 2001 to 32% in 2024, reflecting the success of public health campaigns in the community and nationally.
- ▶ **More active residents:** Since 2014, strenuous exercise has more than doubled, rising from 2.7% to 5.8%, with increasing participation across all activity levels.
- ▶ **Greater use of community spaces:** 98% of residents value public recreational areas, and 84% use public transport, reflecting the impact of investments in parks, cycle lanes, and local infrastructure.
- ▶ **Educational gains:** The proportion of residents with a third-level qualification has grown from 6% in 2001 to 35% in 2024, helping them get better jobs and improve their lives.
- ▶ **Expanded healthcare facilities:** 47% of residents attended TUH for tests or treatment in the past year—more than double the 2014 rate.

You can read a summary of the report via this [link](#) or the full report via this [link](#).

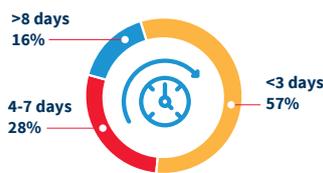


Pictured at the launch of the HANA report in Tallaght Library were from left to right Dr. Catherine Darker, Associate Professor Trinity College Dublin; Niamh Gavin, CEO of the Adelaide Health Foundation; Orlagh Claffey, Integrated Healthcare Area Manager and John Kelly, Interim CEO of TUH

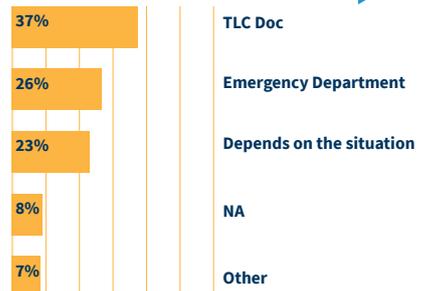
General practice, 'out-of-hours' services and social prescribing



Time to get an appointment



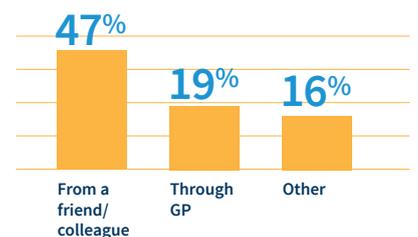
Where do you go 'out-of-hours'?



What might stop you from using social prescribing?



How did they hear about social prescribing?



New Member to the TUH Team

The Hospital is pleased to announce the appointment of Ms Gillian O'Loughlin as the new HSCP lead & Integrated Care Manager.

As we move towards working in a more integrated way with the development of the Regional Health Areas and Integrated Health Areas, providing the right care to patients at the right time in the right place. In her role she will build on existing pathways between the Hospital and the community to improve patient care.

Gillian has experience from 26 years in the acute sector, most recently working in the community setting up and operationally managing the Integrated Care Chronic Disease Hub. This provides services to Respiratory, Cardiology and Diabetes patients in the Tallaght catchment area.

She will be leading the HSCPs in the Hospital and helping to progress integrated care pathways within all multidisciplinary teams in TUH and Community.

Gillian qualified with a BSc (Hons) in Human Nutrition & Dietetics and holds a Research MSc from DCU.



Ms Gillian O'Loughlin, HSCP lead & Integrated Care Manager

Conduction System Pacing

The first pacemaker was implanted by Senning and Ilmqvist in Sweden in 1958, with significant progress since in both hardware and software, making modern day pacemakers nearly unrecognisable in comparison.

However, one near constant over the years was how they delivered a paced heart beat – by pacing heart muscle. While often immediately lifesaving, over time this type of heart muscle pacing can result in heart failure, making the heart's pump much less effective.

Conduction system pacing (CSP) differs from conventional heart pacing, in that it paces the heart's own wiring, rather than the heart muscle. It requires very accurate positioning of leads deep into the heart muscle, reaching the conduction system (usually the left bundle branch), which when paced, creates a nearly physiological 'normal' paced heartbeat.

The refurbishment of the Cardiac Catheterisation Laboratory (Cath lab) laid the groundwork for CSP being introduced in the Hospital. The project management was led by Senior Physiologist Aoife Duffy to adapt the new Cath lab for CSP. With clinical support from Dr. Zain Sharif, the team ran their CSP pacing days in the autumn of 2024, achieving independent implantation in the winter of 2024.



Members of the Cath Lab team in the back row left to right: Hannah Lyons, Cardiac Physiologist; Katrina Crotty, Staff nurse; Aoife O'Brien, Radiographer; Aoife Duffy, Cardiac Physiologist; Dr Abdul Hakim Jilani, Cardiac Registrar in the front row left to right Rebekah Moore, Cardiac Physiologist; Carmel O Callaghan, Cath Lab CNM2; Dr Peter Wheen, Consultant Cardiologist and Jodi Richardson, Cath Lab administrator

Endometriosis Awareness Month



March is Awareness Month for Endometriosis, an important opportunity given that one in 10 women are impacted by this condition in Ireland. This chronic condition can affect a person physically, psychologically and financially. It can alter a patient's quality of life.

The Hospital hosts one of two National Specialist Tertiary Referral Centres for Complex Endometriosis patients. In the past year over 800 patients have been seen in the Endometriosis Clinics. Early diagnosis and collaborative care planning is paramount in achieving best patient outcomes.

The team in Women's Health take a multidisciplinary approach for patients is provided. Under the guidance of Dr. Aoife O'Neill and Dr. Alison DeMaio, the team consists of an enthusiastic team of NCHD's, Endometriosis Clinical Nurse Specialists and colleagues in colorectal, urology, dietetics, physiotherapy, pain management and radiology, all providing additional support. The team aim to provide the highest standard of care and ongoing support to our patients in an inpatient and outpatient capacity.

Increasing awareness and speaking about the condition that affects so many, is encouraging for future generations to help lift the taboo on gynaecological wellbeing.

Myths & Facts about Endometriosis

Myth: Endometriosis is rare

Fact: Endometriosis is a common chronic disease affecting approx. one in 10 women and those assigned the female gender at birth. It is as common as diabetes in women.

Myth: Painful periods are normal

Fact: It is NOT normal to have pain that is debilitating and affects your quality of life.

Myth: Teenagers are too young to have endometriosis

Fact: Endometriosis can affect women at all stages of their reproductive life.

Myth: My Mum had endometriosis, so that means I must have endometriosis.

Fact: Endometriosis does not automatically occur in an inherited way; however, if daughters of women with endometriosis have period pain that disrupts their school life, this diagnosis should be considered and medical advice should be sought.

Myth: More pain means more advanced endometriosis

Fact: The degree of pain does not correlate well with the stage of endometriosis. Some women with mild endometriosis disease have severe pain, and some women with advanced endometriosis disease have minimal pain.

Myth: I have endometriosis so I must be infertile

Fact: Even though endometriosis can be associated with difficulty getting pregnant, many women with endometriosis conceive naturally.

Myth: Women with endometriosis cannot get pregnant

Fact: Endometriosis is a cause for approx. 30% of women investigated for infertility. However, many women with endometriosis have a successful pregnancy with or without fertility treatment.

Myth: Pregnancy is a cure for endometriosis

Fact: Pregnancy is NOT a cure for endometriosis. While symptoms may improve during pregnancy, endometriosis symptoms will persist after the pregnancy.

Myth: Endometriosis only occurs in the pelvis

Fact: Endometriosis is predominantly found in the pelvis however it has been found in other parts of the body.

Myth: Removing the uterus is a cure for endometriosis

Fact: A hysterectomy is NOT a cure for endometriosis as it is not solely a uterine disorder. Removal of ovaries may require consideration

Social Work in the ED

In the last few weeks, Shannon Carey, Medical Social Worker in the Emergency Department (ED) working closely with her colleagues in the ED and the communications team has led out on an initiative to collate a number of patient information leaflets including a local counselling services pack, local domestic violence services pack, local addiction supports pack and a pack for international protection applicants. These packs contain details of local and national support services.

The medical social work team working in the Hospital has seen a significant increase in referrals over the past year, addressing over 800 cases. Of these, one-third were categorised as Priority 1 cases. These are critical cases including domestic violence and child protection concerns. These cases often require immediate and specialised intervention including linking with external agencies such Tusla and An Garda Síochána. The social work team works alongside medical professionals to provide support and ensure the safety and wellbeing of vulnerable patients.

The resources are now available on the [Hospital website](#) on the ED and Social Work pages.

The information provides patients with easy access to information on how to seek help in times of crisis.

In an era where the role of social workers in hospitals is more critical than ever, our social work team continue to demonstrate its commitment to patient care, ensuring that vulnerable individuals can access the support they need during their most difficult moments.



Shannon Carey, Medical Social Worker in ED with some of the leaflets introduced recently



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

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