



Dear Colleagues

We are heading into a busy autumn with little respite of the number of patients presenting

over the summer months. The team at TUH have adapted to the changing requirements for social distancing with outpatient clinics continuing to run through a combination of physical and virtual clinics.

The Hospital has also published the 2019 Annual Report a summary of which is below, suffice to say that the number of Adult ED attendances continues to increase (up 3% on 2018 figures) there were 17,886 inpatient admissions, with admissions from every county in Ireland. The number of patients over 75 years also increased by 3%. Year on year the inpatient and daycase waiting lists are down by 3% and 14% respectively. This reduction is a result of a combination of targeted insourcing and outsourcing initiatives.

The report demonstrates the many achievements of our staff working collectively as teams and as individuals, all working together towards the shared goal of people caring for people to live better lives. This year the report is structured to reflect the five year strategy that the Hospital is collectively working towards achieving. The arrival of a global pandemic has certainly presented a new unique set of challenges and whilst we are still adjusting to the implications of the pandemic I am proud and humbled at the amazing and professional response of all the staff of TUH.

I would also like to take this opportunity to acknowledge the incredible support we have received from the local community in recent months. The Hospital remains focussed on delivering on our strategy with the overarching objective to improve access to our services with two large projects being set to complete later this year – the opening of the new Renal Unit which will be called the Vartry Renal Unit (Vartry is a reservoir in Co. Wicklow and reflects the importance of water in the haemodialysis service) and the new day

surgery centre which will be called the Reeves Day Surgery Centre at Tallaght Cross West. The name was chosen for two reasons the majority of the beds in the Alice Reeves Day Ward in TUH will transfer over to the new Centre and as it is the International Year of the Nurse & Midwife it is a homage to Alice Reeves whom the Ward is named after, she was a founding member of An Board Altranais.

The full report can be accessed via this [link](#).

Kind regards

Lucy Nugent
Chief Executive
Tallaght University Hospital



New Health and Rehabilitation Guide for patients who have had COVID-19

The Psychology and Health and Social Care Professions of TUH have created an evidence-based, whole-person care initiative to support patients following discharge from hospital with COVID-19.

COVID-19 is a new virus. We are still learning about the effect it has on the body, however we know that for some people recovery can resemble that of recovering from a severe and critical illness. With this in mind, a guide has been created to empower patients and families to be actively involved in their own recovery and support them with information on physical and psychological health, including what they themselves may notice or experience during the process of recovery following COVID-19.

Topics include managing fatigue, safe swallow, communication, enhancing sleep, re-establishing routines, optimising nutrition and managing breathlessness. This practical guide with a focus on active recovery information and strategies for mind and body, will be available on the TUH website and hospital app.

The e-book can also be accessed from this [link](#).



LInCC Update

The Local Integrated Care Committee has continued to meet remotely during the pandemic. The LInCC is composed of representatives from HSE community services, TUH clinicians and executives, and local GPs. Each group has their own specific issues resulting from COVID-19, but some difficulties are common to us all.

The LInCC has been a very helpful platform for communication, to discuss how best to deliver services to the local community in these changed times. While recognising the current significant challenges and increased administrative burden of clinical care, and the particular difficulties of remote assessments, it is hoped that we can use our good relationships to develop innovative responses to these problems.

One example is to build on the success of a previous LInCC project which obtained NTPF funding for a Gynaecology-GP waiting list initiative. Local GPs have been contracted to provide care (in their practices) for suitable patients on the Gynaecology outpatient waiting list. This project stalled when the pandemic hit, but it is planned to restart it now, with a view to looking at other suitable areas for collaboration, where NTPF funding could be sought. While previous GP-hospital collaborations have attracted NTPF funding for GPs to come into hospitals and work on-site, to our knowledge this is the first project in the country to attract funding for GPs to provide care to hospital patients in their own practices.

Another relatively simple proposal is to develop dedicated departmental email contacts, to allow GPs to seek informal advice on clinical issues. It is hoped that this will reduce OPD and ED referrals, and create a more efficient way of resolving clinical queries about mutual patients.

GPs who would like to undertake some Emergency Department (ED) work may be facilitated under a new scheme which is being considered to develop a GP presence in the ED. This is a well-established practice in other hospital EDs, and is popular as a special interest among GPs (e.g. for those working with sports teams, or who volunteer as first responders, who wish to maintain their emergency medicine skills). There is some evidence to suggest that GPs working in EDs use less hospital resources in terms of investigations and onward referral to on-call teams, as they are used to having to work without immediate access to these supports in their practices.

LInCC meetings are open to all, and if you have an idea / project that you think may improve services and be of benefit to local patients, please bring it to your committee representative.

Best Wishes



Dr. Aisling Ni Shuilleabhain
Tallaght-Clondalkin LInCC.



Dr. Darach Ó Ciardha
Tallaght-Clondalkin LInCC.

Integrated Heart Failure Service

In 2019 Sláintecare announced the support for an Integrated Care Heart Failure Service project which has now been established since the start of the year.

The project has a two pronged approach. Firstly working in collaboration with general practitioners in primary care in the CHO area 7 and establishing a hub in Naas General Hospital in collaboration with TUH. The service provides guideline-directed heart failure management for patients with established heart failure away from the acute care setting. It also provides GPs with access to the key investigations to diagnose patients suspected with heart failure.

The TUH Heart Failure Service was established in 2003 and is a physician-led, nurse-manged service which has successfully reduced readmission levels, reduced length of stay and improved both the quality of life and life expectancy for patients with heart failure. Sarah Fall, candidate Advanced Nurse Practitioner and Michelle Carey, Clinical Nurse Specialist, Heart Efficiency, will share their skills and expertise, providing for the first time local patient-centred to specialist heart failure management in Co. Kildare region and now direct access for General Practitioners to this new cardiology service. Dr. David Moore is the cardiology lead for this service and we delighted to welcome Donal O'Dea, senior physiologist to the Integrated Care team.

Friday June 26th, saw the launch of the Sláintecare Integrated Heart Failure Service in Naas General Hospital which will provide care for patients who have a diagnosis of heart failure. This is an exciting new service to Naas Hospital as it is the first time it will provide patient-centred local access to specialist heart failure management in Co. Kildare region and now direct access for GPs to this cardiology service. The service will introduce a seamless system of care that includes the hospital and community throughout the patients' journey. It will help care for patients with heart failure closer to home and avoid admission to hospital.



Members of the Integrated Heart Failure Service pictured outside Naas General Hospital

Acute Paediatric Services have returned to CHI at Tallaght



Patient safety is central to Children's Health Ireland's (CHI) decision making, both in the provision and development of services. Therefore, this was central to CHI's plan for the re-opening of acute services in CHI at Tallaght that were temporarily relocated in March 2020 to support adult services to deal with the initial COVID-19 surge.

CHI at Tallaght reopened on 3 September with a 24/7 Emergency Care Unit, medical inpatients, day case surgery and medicine, x-ray and outpatients. This re-opening of acute services in CHI at Tallaght has accelerated some service changes envisaged for CHI as it moves towards a new outpatient and urgent care centre facility opening there in 2021.

Every winter our paediatric service doubles its medical admissions, primarily due to respiratory illness, flu and other viral illnesses. This winter, this is the new unknown and additional challenge of COVID-19, which already has decreased CHI inpatient and day case capacity and patient flow through all areas by approximately 20%.

Having taken this into account, CHI need to manage their beds and services differently this winter across our services in CHI. They are accelerating some of their original plans to consolidate specific services (in-patient surgery, neurosurgery, day surgery) and to use a city-wide approach across Crumlin, Tallaght and Temple Street for other services, such as, access for medical admissions. As CHI at Tallaght transitions towards a new Urgent Care Centre at Tallaght they opened in September as a 24/7 Emergency Care Unit. The difference from a Paediatric Emergency Department is that they are re-directing critically ill and critically injured children to their CHI EDs at Crumlin and Temple Street.

A 24-hour single bed management system and process has been implemented across our four locations at Crumlin, Tallaght, Temple Street and at Connolly (Connolly Hospital, Blanchardstown) to best manage access to beds and services across CHI. This means, if a child needs to be admitted from one of CHI's Emergency Department/Unit or Urgent Care Centre they may be admitted to an in-patient bed in another hospital in the city. This is a change for the families CHI serve and for their staff.

CHI is a safe environment for our patients and staff to as we respond to the challenges of COVID-19 and we continue to adhere to public health guidance on infection prevention and control and social distancing.

Robotic Surgery Arrives at TUH

As Connect goes to print there was great excitement at TUH as it received delivery of a surgical robotic programme known as da Vinci Surgical System for the benefit of our patients and hospital.

Its arrival brings TUH in line with leading hospitals internationally. Christened 'Leona', its arrival is the result of a €2m investment by Tallaght University Hospital Foundation (TUHF).

TUH has a strong tradition of developing surgical techniques and services in Ireland, this tradition includes the pioneering of short stay and day case minimally invasive surgery, particularly in the areas of Urology, General Surgery and Orthopaedics. Initially Leona will be used for the busy Urology service at TUH, with Colorectal Surgery and Gynaecology also using the new robotic system. A massive thank you to TUHF and their donors and well done to the large team involved in getting her here.



Pictured from left to right with Leona in Theatre Angela Clayton Lea, Perioperative Business Manager; Douglas Collins, Chief Executive TUH Foundation; Mr Arun Thomas, Consultant Urologist; Isam Odwan, Theatre CNM and Lucy Nugent, Chief Executive of TUH

ICU Diary Initiative

Over the last number of years there has been increased awareness around the long-term survival and quality of life of patients following critical illness with a significant amount of patients suffering from psychological and emotional distress.

In November last year, the nurse-led ICU Patient Diary was introduced in the TUH Intensive Care Unit as a strategy to help patients in their emotional and psychological recovery following critical illness in reducing the incidence of Post-Traumatic Stress Disorder.

The nurse-led ICU patient diary involves a daily entry from nursing staff, members of the multidisciplinary team and family members to fill in the gaps in a patient's memory following critical illness. To date there has been significant positive reports from both patient's and families who have received their ICU Patient Diary.

Patient feedback from the nurse-led ICU patient diaries has been extremely positive where patients have reported the diary to help them in their recovery and return to normal life following critical illness. It is hoped to also provide patients with a formal psychology service in conjunction with the nurse-led patient diaries to further improve patient's quality of life and reduce the incidence of psychological trauma following critical illness.



Pictured from left to right in ICU with the new patient diary are Mary Jane Tabago, Staff Nurse; Rene Garcia, Staff Nurse; Kateri De la Vega, Staff Nurse and Vongai Jachi, Staff Nurse

New National Clinic

Brain health and dementia are important topics for adults with an intellectual disability. Trinity research has shown that the risk of dementia is very high in people with an intellectual disability and especially those with Down syndrome.

By 65 years of age, 80% of people with Down syndrome will develop dementia with the average age of onset at 51 years of age. This compares to a prevalence of dementia in the general population of between 4.6% and 8.6% in people at 65 years and older.

People with an intellectual disability are now living to older age, a great success story of which health and social services, families and people with intellectual disabilities themselves, can be very proud. Despite these improvements, people with intellectual disabilities continue to experience greater and more complex health and social issues than their peers in the general population.

TUH led by Prof. Sean Kennelly have started a pilot clinic to address some of challenges outlined above by providing diagnosis, post-diagnostic support and promoting prevention strategies and brain health.

The Clinic, has developed with the support of the HSE National Dementia Office and funded through the Dormant Accounts Disbursement Fund, it will run on a part-time basis from the Simms Building. It runs in parallel with the mainstream Memory Assessment & Support Service and uses the expertise of nurses from the Daughters of Charity Disability Support Services. The Clinic can take referrals from GPs or psychiatrists who have a concern about someone with an intellectual disability. The service is guided by Prof Mary McCarron, a recognised global expert in dementia among this population.

Commenting on the launch of the clinic Prof Sean Kennelly said "TUH has developed over time as a centre of excellence for dementia care and cognitive research, we know from the mainstream memory assessment and support service that is running since 2016 that proper diagnosis is the vital first step towards providing the kinds of supports that people need. And the earlier we can diagnose, the better. Without diagnosis, health services cannot move forward with a patient.

Our specialist Clinic, the first of its kind in Ireland, is in keeping with TUH's aspiration to move thinking forward about dementia in this country. This clinic will influence the mainstream service and will benefit from what we have learned in TUH."



Pictured from left to right at the signing of the Memorandum of Understanding for the new clinic were Lucy Nugent, CEO, Tallaght University Hospital; Prof Mary McCarron, Executive Director, National Intellectual Disability Memory Service; Prof Orla Sheils, Dean of the Faculty of Health Sciences, Trinity College Dublin; Prof Sean Kennelly, Clinical Director, National Intellectual Disability Memory Service; Natalya Jackson, CEO, Daughters of Charity Disability Support Services

Talk Up

Now that we are all required to wear masks we are experiencing first-hand the challenges faced by many of our patients across hospital services.

The Speech & Language Therapy Team working with the Communications Dept have developed the following poster as a reminder on what we can do to improve communications with mask. This is the first of a two part series, the second will feature advice on how to mind your voice, wearing masks and using telehealth.

Communicating effectively with face masks

Here are some tips to help communication along...

- Be **face to face** with the person you are talking to
- Make **eye contact**
- Give them your **attention** and time
- Move to a **quiet place** if you can
- **Speak clearly** and naturally - sometimes you may need to slow down or speak a little louder
- **Introduce yourself**, have your name badge visible
- Consider a photo badge if you are wearing full PPE
- Use **body language**
 - Hand gestures
 - Point to things to show what you mean
 - Body movements e.g. shoulder shrug, eyebrow raise, smile with your eyes!

Wearing a face covering can make it harder for people to

- Recognise you
- Hear you
- Read your lips
- Work out how your feeling

This is challenging for all of us and especially for those with communication difficulties

Advice from the TUH Speech & Language Therapy Team

If communication is still challenging after trying the above i.e. a person is hard of hearing or has communication difficulties due to aphasia or dementia

- ▶ Use drawing or writing
- ▶ Gesture – enact the use of an object you are referring to
- ▶ Use voice recognition on phone- speech to text apps

Timeout Playlist

One of the victims of the recent lockdown was the temporary suspension of the popular music therapy programme for patients.

Music Therapist Clara Monahan found an alternative way to bring therapy to patients and staff. Relax with Me and Sing with Me short videos offer an important opportunity to relax, recharge and revive. They are available to you and your patients on the [TUH YouTube Channel](#) or the homepage of the TUH website.

Getting Here

Hospital Quicklinks

Tallaght University Hospital TV

Clean hands save lives... Are you in the circle? ZERO HARM Clean hands save lives.

Sing with me by TUH Music Therapist Clara Monahan

Relax with me - Relaxation Exercise by Clara Monahan

Access TUH YouTube Channel from www.tuh.ie



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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