



## Dear Colleagues

**I am delighted to say that we are hopefully coming out of Wave 3 of COVID-19. The third wave saw the largest number of patients of the Pandemic requiring inpatient stays in TUH.**

As the weather improves and the country faces a lifting of restrictions our services are returning to the new 'normal' with a focus on getting elective procedures back up and running. The opening of the Reeves Day Surgery Centre last December contributed greatly in ensuring our most urgent day case elective cases could continue during Wave 3 as the Hospital was at full capacity. I would again, like to acknowledge the support of the GP practices and our own hospital staff in the ongoing rollout of the vaccination programme.

Other good news announced recently was the establishment of a €5m Women's Health Fund by the Minister for Health, Stephen Donnelly TD.

Part of this funding will enable us to expand our endometriosis service and deliver a specialist endometriosis centre for the management and treatment of all forms of endometriosis, with particular focus on advanced and complex cases for which there is no ready access in Ireland

Endometriosis is estimated to affect one in 10 women and represents one of the top four categories of symptoms that comprise approximately 80% of gynaecology referrals. The provision of a secure, supported, expanded and specialist service in TUH will help to improve both clinical outcomes and overall care experience for women suffering from this debilitating condition.

In recent days we have also welcome the announcement by Minister Donnelly that TUH will become a Trauma Unit for Dublin. Ensuring an integrated care approach across the continuum of Trauma Care is vital from a patient perspective to ensure timely care and intensive rehabilitation to return a patient to the best possible quality of life.

The Hospital admits over 1,500 Trauma patients per year of varying severity levels. Circa 400 of these patients are classified as major trauma cases.

The appointment of the Hospital as a Trauma Unit is, I believe an acknowledgement of our existing trauma expertise. We look forward to working with the HSE to further develop our infrastructure, which will combine with our commitment to continuous reorientation of models of care towards a patient perspective.

The greatest challenge we face as a hospital is to improve patient access in the face of increasing service demands. In the following newsletter there are a number of updates on how different services are adapting and evolving to improve access.

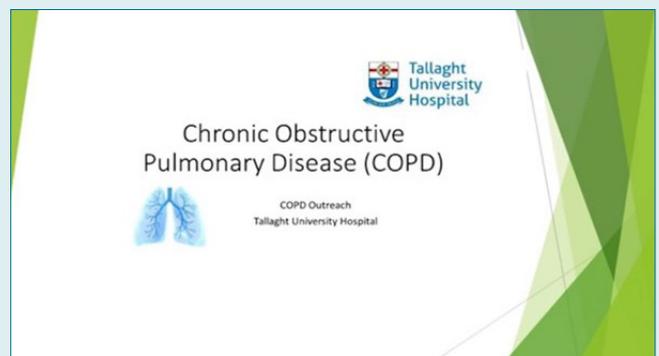
Best wishes

**Lucy Nugent**  
**Chief Executive**  
**Tallaght University Hospital**

## COPD Educational Materials

**It is estimated that there are 500,000 people in Ireland with Chronic Obstructive Pulmonary Disease (COPD) and it is the fourth leading cause of death in Ireland.**

COPD causes considerable impairment to the quality of life of patients. Current research suggests that patients need more information to help them self-manage their COPD due to the reduced accessibility to specialist care. Self-management supports are proven to reduce respiratory-related and all-cause admissions, reduce dyspnoea and improve quality of life. The COPD Outreach team in TUH have developed an education video for COPD patients and additional links for resources that will help patients learn more about their condition and how to help to manage it.



The materials are available via this link if you wish to have a look and if you could reference the new resources on the website to help spread the word it would be appreciated.

<https://www.youtube.com/watch?v=9-KG0pDuPIA&feature=youtu.be>

# Integrated Leg Ulcer Clinic – One Year On

**In March 2019 a collaborative service was established between TUH and CHO Dublin South, Kildare and West Wicklow. The Sláintecare project was established with the aim of reducing outpatient lists and attendances by improved management of leg ulcer patients in the community.**

As with all integrated care the focus is on the right care at the right time in the right place. The needs of the patient are paramount with a strong focus placed on prevention and public health. The aim of the Leg Ulcer Clinic is to reduce referrals to the vascular outpatient waiting lists and avoid ED attendances thereby reducing potential admissions to the Hospital.

Patients are referred internally from the Out Patient Department, Wards and externally from GPs and Public Health Nurses. Prior to the clinic starting patients with leg ulcers accounted for 22% of referrals to the outpatients department.

This new clinic reduces the number of referrals significantly, reducing the length of time a patient waits to be treated and frees up time for other patients to attend the Out Patient Department.

Patients are seen in the community, assessed, can access diagnostics and prompt aftercare. Run by Elizabeth O'Neill a Clinical Nurse Specialist in Veins & Vascular Health she works autonomously negating the need for patients to attend the Hospital. If a patient required a different service level they can be scheduled an appointment quickly. The new clinic was invaluable during COVID-19 when patients who would have needed assessment or treatment would have needed to attend the ED and in some cases might have been reluctant to do so. The success of the clinic highlights how bringing care closer to the patient in the community improves service delivery, meeting the patients' needs and at the same time reducing the demand on acute hospital services.

Patients currently being referred to the Vascular Department at TUH are triaged to determine if they are appropriate for the Leg Ulcer Clinic. Public Health Nurses can also refer directly to the clinic using the Healthlink system. Patients are typically seen within two to three weeks of the referral being received.

## Progress so far



**>210**

Patients have been seen so far in the clinic or at ward/ED level



ED Avoidance and Admission Avoidance **(25)**



**>600**

Both Face-face/ telephone/ ward sessions



**10** Patients required onward referral to hospital services



All patients seen in **less than three weeks**



**140** Discharged Patients



*Elizabeth O'Neill, Clinical Nurse Specialist in Veins & Vascular health that runs the Ulcer Clinic in the TLC premises across the road from the main entrance to the Hospital*

## TUH 2021 GP Study Day

Due to the current restrictions and limitations created by COVID-19 our GP Study Day which was originally planned for the 27th February 2021 is now planned to take place on Saturday 25th September 2021.

Specialities scheduled to be included are: Rheumatology, Radiology, Sláintecare, Psychiatry, Gastroenterology, Neurology, Age Related Healthcare/Stroke, Vascular Surgery, Respiratory, Paediatrics, Integrated Care "GEDI" Service and Urology.



**Saturday 25th September 2021**

This will most likely be a virtual study day. An invitation and programme will be emailed (to all GPs on our current distribution list) closer to the date. For further information or any queries on this contact Sandra Daly at [postgraduatecentre@tuh.ie](mailto:postgraduatecentre@tuh.ie)

# Nutrition Tip



## Tips to Increase Fruit & Vegetable Intake

Fruit and vegetables are rich in nutrients such as fibre, vitamins, minerals and antioxidants, they are also low in calories and fat. Eating plenty of fruit and vegetables can lower your risk of obesity, heart disease, hypertension and some cancers.

- ▶ Aim for 5-7 servings per day, the more the better!
- ▶ Cover half your plate with vegetables/salad/fruit.
- ▶ Aim for a variety of colours. Purple and blue foods (beetroot, blueberries, grapes, aubergine) are a good source of vitamins C and K, while green foods (broccoli, spinach, cucumber, kiwis), provide vitamins A, B, C, folate and potassium.
- ▶ Whole fruits and vegetables are best as they contain more fibre than juices and smoothies. Fibre keeps us fuller for longer and therefore helps to reduce overeating.

**Breakfast** - include chopped fruit in your cereal, berries in overnight oats, slice a banana on toast or grab a piece of fruit or smoothie if you're on the go.

**Lunch** - add tomatoes, cucumber, peppers, avocado etc. to your wrap or sandwich, have a bowl of vegetable soup or small salad on the side.

**Dinner** - ensure half your plate is covered by vegetables/salad/fruit, add vegetables to soups/stews and blend afterwards if desired (frozen vegetables are a quick and easy option to add to any meal e.g. Bolognese/Stir-fry)

**Snacks** - carrots, pepper and cucumber sticks with hummus, berries/fruit salad with natural yoghurt, apple/banana with nut butter, handful of dried fruit.

# Postgraduate Diploma in Health Innovation



Applications for the Health Innovation Hum Ireland one year Postgraduate Diploma in Health Innovation at TCD is open for enrolment with limited HSE scholarships available. Starting in September applications close on June 16th for HSE scholarships and June 30 for general applications.

Through the one year course, [TCD Postgraduate Diploma in Healthcare Innovation](#) students are supported to develop a personal innovation framework for leadership. Uniquely the course is clinician designed and led by Professor Seamas Donnelly. Students are usually a mix of health industry, health sector and health policy, forming an action focused learning community focused on accelerating change within their organisations.

Over the 12-month programme, students complete eight modules, have access to workshops, resources and events to share challenges and experience, learn from expert guest lecturers. Focusing on new health solutions, students gain a practical understanding of applying new technologies in healthcare. Examining the role of health economics, quality improvement and the principles of governance in leading effective, innovative health services is a key learning. The postgraduate course culminates with modules seven and eight focusing on a practical project comprising two phases.

Students are supported to identify and implement an innovative solution suitable for their workplace that will have a positive impact in Irish healthcare. For further information, please email: Nina Holmes [holmesni@tcd.ie](mailto:holmesni@tcd.ie) or visit <https://www.tcd.ie/medicine/clinical-medicine/postgraduate/healthcare-innovation/>

# Grand Rounds

As you are no doubt aware, COVID-19 limitations have had an impact on many Educational Meetings.

Grand Rounds in TUH is now delivered on-line by live broadcast on Friday Mornings (8am-9am) and is available to GPs. If you are interested in accessing TUH Grand Rounds please e-mail [postgraduatecentre@tuh.ie](mailto:postgraduatecentre@tuh.ie) and on receipt of your email you will be sent a declaration form to complete with regard to confidentiality.

The case based discussion format of Grand Rounds is a highly valued component of training and continued professional development. For further information contact Sandra Daly at [postgraduatecentre@tuh.ie](mailto:postgraduatecentre@tuh.ie)



# Transperineal (TP) Ultrasound Guided Prostate Biopsies

**Almost 4,000 men are diagnosed with prostate cancer each year in Ireland. This means that one in seven men will be diagnosed with prostate cancer during their lifetime. The urology and pathology teams have recently introduced a new prostate biopsy service to TUH in order to aid detection of prostate cancer. Like all cancers early detection is key to better outcomes for patients.**

The technique is called “transperineal (TP) ultrasound guided prostate biopsies” and is an additional service to the current transrectal prostate biopsy service offered by the Urology Dept and the excellent MRI/Ultrasound fusion transrectal biopsy service provided by the Radiology team. The decision to perform TP biopsy is made through the MDT (multidisciplinary team meeting).

TP biopsies currently require a general anaesthetic (GA) for approximately 30 minutes and are performed as a daycase in the main theatre. The aim is to move towards sedation in the Reeves Day Surgery Centre and then finally local anaesthetic in the Urology Outpatient Department.

At the moment, most biopsies are done using the transrectal ultrasound-guided (TRUS) technique. This is where the needle goes through the wall of the back passage (rectum).

However, it is becoming more common for a transperineal (TP) technique to be used. This is where the needle goes through the perineum, which is the skin between the testicles and the back passage.

The main advantage of the TP techniques is the reduced risk of developing sepsis. More biopsies can also be taken via this route under anaesthesia enabling the surgeon to get more thorough sampling of larger prostates.

The procedure takes 30 minutes and is tolerated well. All patients go home the same day and are followed up in specialist clinics with the biopsy results. This new service will improve the quality of care to patients by improving prostate cancer diagnosis. Furthermore it will reduce the number of repeat procedures potentially required in some men by providing better targeting of abnormal areas in the prostate. Finally it will enable quicker access to prostate biopsies than currently exists through the dayward.



*Mr Rowan Casey on the far right, Consultant Urologist training Urology SpRs in the TP biopsy technique*

## Rethinking OT Patient Services

**When COVID-19 restrictions started last March, Occupational Therapy (OT) had to rethink the delivery of outpatient services within the context of the restrictions introduced.**

Prior to COVID-19, a large part of Rheumatology and Orthopaedic service for people with arthritis, centred around long established monthly education groups on Self-Management of Osteoarthritis and/or Inflammatory Arthritis. This was a one-off, face-to-face education session, lasting two hours, which was part of the OT intervention and was followed by individual treatment sessions as required.

The OT Department typically facilitated up to 25 patients each month and had a waiting list for places at the session.

As the pandemic unfolded, and with a growing list of patients waiting for appointments, focus was redirected towards providing online content that could be accessed by all. Scripts were developed and with the support of Medical Photography, three videos were filmed. Patients can now access these at a time that suits them. The patients are followed up with telehealth and/or face to face appointments as needed. The videos have enabled the team to share self-management content within the telehealth environment and continue to provide OT services to a large cohort of patients.

There are two videos currently available on the TUH YouTube channel and on the OT Department section of the Hospital Website entitled '[Looking after your hands when you have Osteoarthritis](#)' and '[Living with Arthritis: Protecting and Pacing](#)'.

The third video 'Lifestyle Management for Inflammatory Arthritis' is in its final editing stages.

The challenges the OT service have faced have brought about change and innovation in group delivery which would not have happened otherwise. It is hoped that these videos will be a useful resource for many into the future and will complement how we work as OT's within, and beyond the COVID-19 pandemic.

**“Great video, very clear and helpful”.**

**“I have accessed the videos and found them to be very informative”.**



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@tuh.ie](mailto:GPConnect@tuh.ie)

**Connect**