

TEMPLE STREET CHILDREN'S UNIVERSITY HOSPITAL MAGAZINE

# THE PULSE

Issue 12 Summer 2014



CREATING A CENTRE OF EXCELLENCE TO CARE FOR CHILDRENS HEALTH



MONA BAKER  
CEO

PICTURED ON THE FRONT COVER: Dylan Doyle, aged four years with Dan Martin (Irish professional cyclist) cutting the red ribbon at the official re-opening of Top Flat Ward

# Welcome

Dear friend

I have great pleasure in presenting our first edition of the Pulse Magazine for 2014 which also contains my first CEO Connect newsletter.

The CEO Connect offers an update on how we have been driving our Statement of Intent and Development Agenda at Temple Street and how we are doing this through four interconnected areas. These are Strategy, Leadership, New Ways of Working and Transitions.

Strategically, we continue to position Temple Street as a catalyst for change in paediatrics in Ireland. In leadership, we are working to ensure that all our decisions and how we make them serve the needs of sick children and their families. In New Ways of Working, we continue to engage with the Children's Hospital Group (CHG) and the Development Board (and you can read all the news on the new children's hospital on page 3) and introduce new ways of working within our hospital structures through the lens of engagement. Finally in Transitions, we strive to work more closely with our paediatric colleagues around the country and focus on areas that will be critical to transitioning to the new hospital.

This Pulse magazine is also full of news and views relating to research developments, service developments, innovations in the way we look after our staff and the tremendous fundraising that supports our vital work. This should all of course be viewed in the context of our quest to create a culture of excellence to care for children's health in Temple Street.

I would like to especially draw your attention to Bryan Dobson's address to our 140th anniversary Medical Symposium in November 2013, on page 12 and 13. Mr Dobson gave a powerful overview and insight into the 140 years of exceptional care and service that Temple Street has provided to the children of Ireland and their families.

Speaking as a journalist, news presenter and parent of a child who had attended Temple Street, Mr Dobson made special reference to the power of listening to the voice of the child and providing truly child centred care which is a central component of our Statement of Intent.

He spoke about the importance of addressing the child directly when it is appropriate, asking them if they have questions about their treatment and explaining the procedures they will undergo.

He said and I quote 'that when we come through the doors of Temple Street Hospital with that which is most precious to us, our children, we are shown compassion, care and professionalism.'

I would like to thank my colleagues in every Department and Unit throughout the hospital. I know each one of you strives in difficult circumstances to continue to provide that compassion, care and professionalism that Temple Street is so proud of.

I also hope that the parents and families that read this Pulse Magazine enjoy it and get a better understanding of the environment we are endeavouring to create in Temple Street, and that is, to make your journey through our hospital as positive as it can be.

Mona Baker  
Chief Executive.

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## News from



## the new children's hospital

### The Children's Hospital Group

The Children's Hospital Group, led by CEO, Eilish Hardiman was established in September 2013 consisting of the three children's hospitals, with links to all academic institutions providing paediatric healthcare education and research.

The primary initial remit of the Children's Hospital Group is to fully integrate the three children's hospitals into a 'virtual' single hospital structure well before we move to the new children's hospital and satellite centres.

The process of integration has involved a number of developments recently and we are pleased to give you an update on these.

### Children's Hospital Group Executive Management Team

The HSE and Department of Health have approved four posts as part of the Children's Hospital Group Executive Management Team and an internal recruitment campaign for three of these posts commenced in February. These posts are as follows;

- Group Director of Nursing
- Group Chief Operations Officer
- Group Chief Finance Officer



We are delighted to confirm that Suzanne Dempsey, Director of Nursing, Temple Street has been appointed as Group Director of Nursing. One of the key remits of this Group post will be to develop a single and standardized Quality, Safety and Risk Management

framework and programme for the hospital group.

Suzanne will carry out this role in addition to her Director of Nursing role in Temple Street as the Directors of Nursing will continue to have responsibility for the management of nursing service and patient care in their individual hospitals.

Orla O'Brien, has been appointed to the post of

Group Chief Operations Officer as part of the Group Executive Management Team for the new hospital. Orla is currently on secondment from her role as Deputy Director of Nursing/Divisional Nurse Manager, OLCHC and is currently working as Project Manager to the Department of Health

To date, the Group Chief Finance Officer post has not been filled and the selection process is still in progress.

The successful integration of the three children's hospitals will require significant focus and effort to ensure the long history of providing high standards of treatment and care to children, young people and their families is maintained and enhanced across the three locations as a new single structure. The leadership team to drive this effort will require the support and collaboration of all staff to ensure successful integration. The assignment of key integration projects and hospital group remits to members of this leadership team is just the beginning of an integration process with the ultimate aim to enhance child health and wellbeing and successfully transition to a state-of-the-art children's hospital and satellite centres.

### The NCH Development Board

The Development Board of the new children's hospital has moved into the final selection phase for the design team, with the issue of tender documents to all shortlisted firms (short listed firms were announced on 10/03/14.)

### The shortlisted applicants are:

- IBI Nightingale and RKD Architects (IBI + RKD)
- BDP and O'Connell Mahon Architects
- Rogers Stirk Harbour + Partners (RSHP) with JCP and Henry J. Lyons
- HOK with Stanley Beaman & Sears (SBS), CCH Architects, and Bucholz McEvoy
- Scott Tallon Walker Architects and Shepley Bullfinch
- Stantec and Michael Collins Architects

The Board aims to appoint the full design team in June 2014 with the target of making

a planning submission in February 2015. Transition of services to the new hospital remains scheduled to commence at end 2018.

The Development Board had previously hoped to have a design team appointed by April with the target of submitting planning permission in the autumn. However, the process of design team procurement is now expected to be completed in June rather than April.

This reflects the need for very rigorous financial evaluation prior to finalising the shortlist. It also reflects a very robust and detailed approach to the preparation of the design tender documents in order to ensure that they build in value engineering, look at ways of delivering the project as quickly as possible, provide for a more collaborative approach and contain the required flexibility.

This process is time-consuming, in order to ensure the documentation is robust – it is also essential to get the detail right now at project planning stage, so as to minimise problems later in the project when it is on site (subject to planning permission).

Once the design team is in place, design development can begin in order to submit planning permission in February 2015.

Commenting on these developments John Pollock, Project Director for the new children's hospital said "One of our primary goals in this process is to deliver the best value for money for what is a vitally important public project. We are confident that by investing the maximum time possible in detailed project planning and by opting for the most appropriate procurement approach, we will reap the benefits as we move on site in August 2015 and work towards commencing transition of services at the end of 2018."

Please visit [www.newchildrenshospital.ie](http://www.newchildrenshospital.ie) for more information.





Issue No.1, May 2014

# ENACTING THE STRATEGY AT TEMPLE STREET

*Driving our Statement of Strategic Intent*

I last spoke to you in our Special 140th Anniversary Edition of the Pulse following the launch of our Statement of Intent on 8th May 2013. We are now one year on and I would like to share with you the wonderful work we are doing. So what has been happening? In 2013, while we focused on follow through on the Statement of Intent, we committed to a development process to enhance our capacity for making swift and informed decisions in a context of scarce resources. We call this our **Development Agenda**, which is about making progress in four interconnected areas all at the same time!



Mona Baker  
Chief Executive

Given constraints, it is not possible to do everything, so we prioritise actions that are part of our existing work commitments rather than putting additional requirements on ourselves. We do them in a way that allows us to maximise impact across all four areas that we are trying to progress. This has been working well for us as a way of responding to competing, and sometimes conflicting, demands we all experience in our work on a regular basis. What follows is an update on our progress in each of the four interconnected areas of our **Development Agenda**.



## STRATEGY

Our approach to strategy is to respond to our ever-changing environment in a flexible and adaptive way so that we continually position Temple Street as a catalyst for change in paediatrics in Ireland. The importance of having our **Statement of Intent** is that it gives us a critical first step and a tool for doing this. It articulates our criteria for making decisions and for choosing priority actions that are uniquely ours. As we disseminate it, I find, it also helps others to understand what we, in Temple Street, are actually all about. In a short time we have established ourselves as assertive, determined and ambitious and we are leading the way through our commitment to creating a culture of engagement in the hospital.

## LEADERSHIP

Leadership is all about undertaking a thorough analysis of all our options and making sure that our decisions serve the needs of sick children and their families. We also know that we are more likely to make wise and well informed decisions if we encourage engagement and look at issues from different angles. That is why we are developing our capacity for shared leadership and reviewing our structures. We need to get smarter around how we use our time in meetings and make decisions together. We are developing our leadership by reviewing our structures, how we run our meetings and how we make decisions. We are ensuring that our decision making processes are aligned with our **Statement of Intent** and that things are more streamlined and accountable. We are developing strategies to better align clinical and corporate decision-making. This work is ongoing with a recent review of the way the **Executive Management Committee** operates. Indeed a full review of all committee structures is currently underway and it is expected that this piece of work will be completed by the end of this month.

## NEW WAYS OF WORKING

While we continue to engage with the Children's Hospital Group (CHG) and the Development Board, we are continuously introducing new ways of working within our own hospital structures.

This work includes developing a **Strategic Advisory Group** whose role is to advise the CEO and the Executive. This forum provides us with a collective, cohesive and determined voice which makes us significant players in our contribution to the development of acute paediatrics in Ireland. The **Strategic Advisory Group** meets monthly and is made up of Board members, Executive Directors and external advisors. The current membership includes: Sean Sheehan (Board Chair); Phil Shovlin and Derek McGrath (Board Members); Dr Stephanie Ryan (Chairperson, Medical Board); myself as CEO, Suzanne Dempsey (Group Director of Nursing) and John Fitzpatrick (Finance Director) with some external assistance from Dr Liz Hayes (organisational culture and development specialist)

Some of the 'knotty' issues the **Strategic Advisory Group** has engaged with recently are about how Temple Street can take up a leadership role and position ourselves in the wider acute paediatrics arena. We are highly proactive in identifying and addressing key strategic issues as they emerge and are consistently seeking to positively influence the 3-into-1 change management process.

As you can see, the **Strategic Advisory Group** is performing an invaluable role and to date has advised and informed our thinking in relation to:

1. Making a bid to the HSE & DoH to actively influence the design and governance for a new satellite centre on Dublin's north side.
2. Continuing development work with our Board with a focus on strategy. Our Board strategy evening in October 2013 resulted in a position paper to the Children's Hospital Group Board that outlined many of our concerns regarding the process of change management.
3. Position paper on issues relating to how the Temple Street Executive Management Team and Group Executive team interface and communicate. On-going strategic conversations with relevant stakeholders that position Temple Street as a leader in acute paediatric care nationally and identify key issues such as: the relationship between paediatrics and acute adult care; change management and related issues of consultation, engagement and communication; governance and patient safety; the importance of culture; vision, values and mission; research and the evolving model of care.

The **Development & Design Group** was set up to ensure an overview of the **Development Agenda** and to lead out on the design of its implementation in ways that anticipate opportunities and are highly responsive to context and conditions. The Development & Design Group is made up of myself, Suzanne Dempsey (Group Director of Nursing), John Fitzpatrick (Finance Director) and again we are consciously including external support from Dr Liz Hayes and Susan Coughlan of Corporate Community – an organisation development practice that has been consistently supporting us with our change work over the past three years. Depending on the issue we sometimes invite other members of staff to attend meetings. We meet regularly to review our progress on the **Development Agenda** and plan the next steps of how to progress it. One of the main ways we do this is through the **Resource Group** so a key part of our role is to sustain and support this group.

The **Resource Group** was set up to involve and engage staff from all parts of the organisation and at all levels and grades in the **Development Agenda**. I was delighted that 50 staff members signed up to be part of the process when they got the invitation last August. Since then the **Resource Group** has met every five to six weeks and the date for our next session is Wednesday 28th of May. If you would like to know more, talk to those who are involved in the Resource Group to find out about their experience. You can access the names of the Resource Group on the hospital's intranet.

The role of the **Resource Group** is to contribute to designing and implementing the **Development Agenda** and to ensure that this is done in a manner that models engagement. Some of the ways we do this are: designing sessions to be interactive and participative; ensuring we have a diversity of perspectives to inform what supports are beneficial (e.g. clinical and corporate staff, across different grades, including our views as parents, inviting colleagues from outside the hospital) and having external facilitation. So far there have been seven sessions.

**The outcomes from each have directly informed our thinking and action in a variety of ways. Each session was documented and this is available on the staff intranet.**

Over the course of 2012/13 we used engagement as an approach to creating our shared **Statement of Intent**. Some of you will be familiar with this through your participation in what we called the **Strategy Corner**. We continue to use engagement as a way of working on all of our new initiatives. For example, using a similar approach and methodology we are now engaged with the CHG (Children's Hospital Group) CEO, Eilish Hardiman, around developing values, mission and vision for the new children's hospital.



Some of the features of engagement in Temple Street that we have discovered work very well for us are →



Photograph from *Pushing the Boundaries*, Engagement Event, March 2012.



Diagram by Pauline Ackerman — notes from a *Resource Group* meeting.

Another example is the newly titled **Family Advisory Committee Temple Street** (FACTS) which is set up to ensure parents and children’s advocates are engaged in decision-making in the hospital. The Family Advisory Committee has seven parents on it and meets every six weeks. The Committee provides invaluable feedback regarding the ‘voice of the parent’ on many strategic initiatives. The committee recently completed a review of their first 18 months of activity and produced an action plan for the next phase where the key objectives for 2014 is to ensure parents and children’s voices are integral to the design of the national children’s hospital.

TRANSITIONS

It is clear that health services in Ireland are going through a period of major change and upheaval. In our hospital, we have the added challenge of combining the three Dublin children’s hospitals and working more closely with our paediatric colleagues around the country. Alongside this, we are all anxious to see the first sod turned for the long awaited new children’s hospital. As staff we know that we have to remain hopeful, resilient and open to change through

**Emergent codesign** of events with staff getting involved and/or undertaking a role in presentation and facilitation of sessions.

**Time and space to stand back and reflect** on dilemmas, changes in context, relationships and practice.

**Addressing key issues by asking challenging questions** and getting fresh insights into what is happening across the system.

**Organisation ‘slices’** involving the diversity of the organisation to inform planning and implementation.

**Emphasis on creativity and story-telling** to make meaning accessible and fun.

**Creation of artifacts and records** to enable sharing of insights and learning.

**Focus on whole system engagement** from which individual development arises (the opposite to more usual individualistic approaches).

**Appreciation and confidence building** from engagement.

**Boundary-spanning** top down/bottom up, internal/external, theory/practice

**Use of cutting edge organisation development practices** such as dialogue, appreciative inquiry and arts-based methodologies

**Moment by moment design and interaction** always adjusting to new information and changes in context and engaging with uncertainty

**Learn by doing** through an action learning approach – act, review, learn, next action

all these transitions. The focus of **Resource Group** meetings over recent months has specifically targeted areas critical to the context of transitioning to the new hospital and these have been identified as **The Voice of the Child** and **Change Management through a Culture of Engagement**. Despite being overstretched, Temple Street staff has contributed generously and richly to both, generating excellent thinking and debate. Our staff continue to make a significant contribution to the **Development Agenda** in this way and I am heartened and pleased to see this.

Voice of the Child

Those working on the **Voice of the Child** have gone one step further and have moved away from the traditional paternalistic approach, towards a more contemporary understanding of the **Voice of the Child** – one that is based more on the idea of **partnership**. Given the enormity of the area we wisely decided to focus our explorations of what we mean by the **Voice of the Child** by choosing three different contexts to consider it from.

- **Social & cultural** context by which we mean how children, siblings and parents experience the hospital socially and culturally. It includes hospitality, social media and spaces, how we respond to and relate to difference, special needs and so on.
- **Physical context** by which we mean the building, environment, smells, colours etc
- **Clinical context** by which we mean treatment and decisions relating to treatment.

At our **Resource Group** session on the 19th March, two excellent presentations were given by internal staff teams along with one external expert, Richard Mazuch – a UK based architect and research specialist in design that positively impacts the psychological and physiological wellbeing of patients. The presentations gave us extremely valuable insight into our current challenges regarding the physical, social and cultural environment at Temple Street. We invited members of the Development Board to the presentations, and their observations about what we are doing in Temple Street and the way we are doing it were extremely positive.

We concluded that while we have made a lot of progress in engaging with parents, particularly as a result of the **Engagement Advisory Group** (now called the **Family Advisory Committee Temple Street**, mentioned earlier), now the challenge is to explore how we can involve and engage with children more systematically and consistently. In our various workshops and conversations over the last few months, we’ve discovered that if we are serious about a genuine engagement with children, then we need to be age-appropriate in the way we look after children and involve them in their treatment and care. We also found that the physical facilities and the general ambience or ‘socio/cultural environment’ needs to be considered too. Therefore we are intending to launch an initiative that will help us to develop this thinking into a series of actions that can be sustained over time. Our hope is that later in the year, we will organise an event within the wider paediatric services and share the outcomes of our learning and practice.

So, in order to maintain momentum on the **Voice of the Child**, we intend to design and run a hospital-wide campaign called **50 Ideas for the Voice of the Child in Temple Street** that will be led by volunteers. We are looking for the involvement of all staff in identifying ideas or (small tests of change) and I would encourage anyone with an interest to participate in this exciting initiative. Ideas should have no or minimal cost implications. I have however set aside a small sum to realise actions where a small cost is necessary.

Some sample ideas identified at our last **Resource Group** meeting are: auditing the speech and language room to find out how small changes in its design and layout might better meet children’s needs; the HR team meeting to discuss how this partnership view of the the **Voice of the Child** can be integrated into its work and a Department choosing to reconfigure service provision so it can open through lunch to better serve parents and children’s needs. The campaign will help to ensure we are active and that everyone has an opportunity to play a part. The **Resource Group** will advise us about how best to design and implement this campaign at our next session on **Wed 28th May** and I will be back with further information in the next **CEO Connect**.

In addition to this bottom-up approach, we will also commit to a number of key organisation-wide initiatives on the **Voice of the Child** to be achieved by year-end as part of our KPI’s.

Change Management through a Culture of Engagement

- The objective here is staff engagement across the three hospital sites (Temple Street, Our Lady’s Hospital Crumlin and NCH, Tallaght)
- To create opportunities to discuss vision, values and ethos for staff across the three hospitals using our engagement approach

We met with the CHG CEO, Ms. Eilish Hardiman, who is very keen to work with us around change management and how our engagement approach might facilitate and assist in the integration process leading to the new children’s hospital.

Across both strands of inquiry and exploration in Temple Street we are opening ourselves up to new learning, fresh ideas and the influence of others. The feedback from staff who are participating in the **Resource Group** is positive as staff members both enjoy and benefit from having conversations with their colleagues across clinical and corporate areas as well as across different functions, responsibilities and grades.

A further outcome of the **Resource Group’s** work on change through a culture of engagement is highlighting the importance of open, relevant and regular communication with all staff in order to provide reassurance in what are challenging times for us all.



It is my intention to honour this by communicating with all staff through this new **CEO Connect** communication to update you on key issues and developments.

As almost one year has passed in progressing the Development Agenda, I feel it is timely to launch the **CEO Connect**. It is important that I share the detail of what we are working on around the Development Agenda, so as to complement the cutting edge work that is also a major part of Temple Street’s vision of creating a culture of excellence in caring for children’s health.





# Radiology Department News & Views



Martina Bonner, Senior Radiographer and Colm Sadlier, Chief Physicist travelled to the European Congress on Radiology last March, to present their poster *'Iterative Reconstruction & Paediatric CT Dose Reduction'*. We are thrilled for Temple Street to be represented at this international level.

Congratulations to Niamh O'Connell on achieving her Masters qualification in CT Imaging – Well Done Niamh!



Senior Radiographer Mary Therese Walsh, travelled to Africa in April with the Mercy Ships Organisation, which delivers free, world-class healthcare services in developing nations. Currently the ship 'African Hope' (an ex-military hospital ship) is docked in Pointe Noire, Republic of Congo. During her time there Mary will perform pre- and post-operative plain film radiography, and CT scans of tumours & growths for removal. She will also take part in an on-call service. Please visit <http://mercyships-us.donorpages.com/crewmates/MaryWalsh/> to find out more.



The radiology department would like to thank most sincerely everyone in the Projects Department for their tireless work during the refurbishment of the radiology waiting areas – we think everyone will agree their efforts were not in vain. We are delighted with the newly decorated department!

The radiology department is planning to implement a radiography 'Red Dot' system in Temple Street. This initiative involves the radiographer indicating that they have spotted specified fractures/pathologies on certain trauma radiographs, in order to assist ED staff and to expand their own role. We are very excited about this venture and hope to start 'red-dotting' in April/May 2014.



## Children with rare diseases to benefit from new genetic tests

UCD researchers at Temple Street Children's University Hospital have developed new genetic tests that will speed up diagnosis of rare diseases in children and help avoid the need for invasive procedures. The tests which will be available at the National Centre for Medical Genetics were launched on European Rare Disease Day on 28/02/14. The diagnostic tools include molecular genetic tests for 'Anophthalmia (absence of one or both eyes which occurs in around 1 in 100,000 births), and its sister conditions Microphthalmia (small eye) and Coloboma (malformed eye); a DNA repair disorder which results in debilitating endocrine and haematological illness; and Infantile Liver Failure Syndrome. The diagnostic tools emerged from three research collaborations involving a number of researchers associated with the National Centre for Medical Genetics (Our Lady's Children's Hospital Crumlin) and the UCD Academic Centre for Rare Diseases (ACoRD). The three projects were funded by Health Research Board and in partnership with the Medical Research Charities Group (including funds from National Children's Research Centre and the Children's Fund for Health, Temple Street Children's University Hospital.) The research team included Dr Sally Anne Lynch, UCD Senior Clinical Researcher and

Consultant Clinical Geneticist, Dr Jillian Casey (postdoctoral research fellow at Temple Street) and Dr Sean Ennis (UCD Academic Centre for Rare Diseases). "In the past, infants with these conditions may have had to undergo many months of complex investigations, all the while suffering a lot of ill health. The new, simple blood-based tests will speed up the time it takes investigating clinicians to make, or rule out, a diagnosis with results being available within four weeks. This will enable much earlier and more appropriate interventions. The gene tests, which are available from the Molecular Genetics Laboratory, National Centre for Medical Genetics based in Crumlin, will also avoid the need for invasive procedures, such as liver, muscle and skin biopsies. This will make a significant difference to the children and families affected, and will also save the health service money as the tests will eliminate the need for surgical investigations, especially in the case of those with infant liver failure," said Dr Lynch. Dr Mairead O'Driscoll, Director of Research Strategy and Funding at the Health Research Board, said, "This project demonstrates how research can be applied effectively in clinical practice and highlights how HRB funding is delivering tangible results which will benefit patients, influence service delivery and save money."

Dr Sean Ennis, UCD Lecturer and Director of the UCD Academic Centre for Rare Diseases said, "The collaborative effort which has led to these diagnostic tests, harnesses the skills and expertise of clinicians and the biomedical research community. We have the expertise in Ireland to make meaningful impact in rare genetic diseases. The research funding from the children's charities and the HRB are essential components as they allow us to bring this expertise together in focused research programmes which can, and are delivering a return on that investment. This is a strong example of how scientific endeavour can move relatively quickly from early stage work in the laboratory to clinical diagnosis and ultimately improve patient treatments."

**About European Rare Disease Day**  
Observed annually on the last day of February, Rare Disease Day is an international awareness campaign organized by the patient organization EURORDIS and supported by hundreds of other patient organizations around the world. EURORDIS is a non-governmental patient-driven alliance of patient organisations representing 614 rare disease patient organisations in 58 countries covering over 4,000 diseases.



Temple Street Nursing Executive Team (L-R) Grainne Baur, Marie Corbett, Suzanne Dempsey, Director of Nursing, Jenny Carey and Susan Mulrane.

## Inaugural Joint Nursing Executive Committee bulletin

We are delighted to launch the first edition of the Joint Nursing Executive Committee (JNEC) bulletin. We hope this will provide you with updates as we transition together as three paediatric hospitals across sites and ultimately into a new state of the art children's hospital.

The JNEC was established with a Memorandum of Understanding and Terms of Reference in September 2010 and comprises Directors' of Nursing, Assistant Directors' of Nursing, Practice Development Coordinators and the Director of Children's Nurse Education.

**The purpose of the JNEC is:**

- To provide strategic direction to the nursing service, taking account of the culture, philosophy and work of the individual hospitals.

- To ensure that all Paediatric Nursing resources are used in an effective and efficient manner which best serves the needs of our patients and their families across the three sites taking account of the various constraints and within agreed resources.

The committee meets on a six weekly basis in each hospital. We hope this newsletter will give you a flavour of the work nursing is engaged in over the coming months across the three sites.

## Children's Nursing Network Future Events

At a recent JNEC (Joint Nursing Executive Committee) meeting it was felt that we needed to forge greater links with the regional paediatric units. We were also keen to work more closely with the Paediatric Clinical Care Programmes. Hence, following a meeting with Ms Mary Murray, Paediatric Nurse Lead, Letterkenny Hospital and Ms Grace Turner Programme Manager, the concept of a Children's Nursing Network was born.

The inaugural meeting co-hosted by the JNEC and the Paediatric Care Programme was held on Thursday 27<sup>th</sup> February in Stewart's Hospital Palmerstown, Dublin.

Professor Alf Nicholson, Dr John Murphy, National Clinical Leads for Paediatrics and Neonatology, in conjunction with the lead nurses presented their work to date and outlined their future plans for this programme. In addition, Ms Elish Hardiman, NCH Group CEO gave an update on the work of the Children's Hospital Group Board and the plans for the new hospital and the recently announced satellite centres.

All regional paediatric units were represented. 'It was agreed to host such meetings yearly.

## Research: 4th Annual Nursing Research Seminar

The 4th Annual Nursing Research Seminar titled "Collaboration in care: Working together to advance children's nursing practice" took place on Wednesday 12th February 2014 in St. George's Hall, Temple Street. Over 60 nurses from around the country attended the day where a total of 10 presentations were delivered which showcased the excellent research and quality initiatives undertaken by a number of nurses working in this hospital along with our colleagues in Our Lady's Children's Hospital, Crumlin and the National Children's Hospital, Tallaght. The keynote speakers on the day were Dr Amre Shahwan (Consultant Neurophysiologist, Temple Street) whose presentation "When it all comes together" focused on multidisciplinary collaborative research, while Professor Eileen Savage (School of Nursing & Midwifery, UCC) presentation on "Parents and children as collaborators in chronic illness self-management" gave rise to much discussion and facilitated the exchange of ideas between participants.

The prize for best presentation on the day was awarded to Ms Mary Walsh, Gastrostomy/Stoma Care CNS for her excellent presentation titled 'Quality Improvement while building collaborative partnerships with patients and parents' and prize for best poster was awarded to Ms Jane Gunn, Cleft Nurse CNS. Ms. Gunn went on to win the poster prize at the Royal of College of Surgeons, Annual Research Conference. The Nursing Research Committee would like to thank all those supported, participated and attended this seminar.

**Our key priorities include:**

- Employment of a post-Doctoral Student to support nurse specialists embrace research.
- Development of a Nursing Research Strategy.

## Mindfulness

**Mindfulness can be brought into your life at anytime, anywhere by you.**

Whether it is deliberately bringing your attention to your breath and your senses, taking a mindful walk or while eating. It is about being present, in the now without being judgemental.

Developing an observing mind that watches your own daily experience, noticing your automatic patterns, and gently redirecting your attention back to the present moment.

This is the beginning of growing a 'mindfulness practice' to help you navigate through the winds of change and stresses in your life.

As Eckhart Tolle so eloquently said:  
*"Always say 'yes' to the present moment. Surrender to what is. Say 'Yes' to life - and see how life suddenly starts working for you rather than against you."*





# Identifying health and therapy needs of children in Ireland with Spina Bifida

An exciting research project is currently underway within the hospital regarding the health and therapy needs of children with Spina Bifida in Ireland. The Spina Bifida team at Temple Street has been providing care to all children with Spina Bifida born in Ireland in recent years. This group of children has very complex needs and the needs of the service are growing annually.

Sarah Governey (Senior Occupational Therapist), Eimear Culligan (Senior Physiotherapist) and Dr. Jane Leonard (Consultant Paediatrician) along with support from the Occupational Therapy, Physiotherapy and Fundraising Departments are completing this national study which aims to identify the current health and therapy needs of children in Ireland with Spina Bifida.

The study objectives are:

1. To identify the availability of current services for children with Spina Bifida from the perspectives of families and service providers nationally.
2. To gather the recommendations of service providers, expectations of parents / guardians, opinions of children with Spina Bifida regarding health and therapy needs.
3. To highlight the impact of Spina Bifida on the quality of life of children and their families in order to develop recommendations to support client-centred practice.
4. To conduct an up-to-date literature review

of international best practice in relation to the health and therapy needs of children with Spina Bifida.

5. To gather feedback regarding the Multidisciplinary Spina Bifida clinic in Temple Street and how this service compares with other international centres.

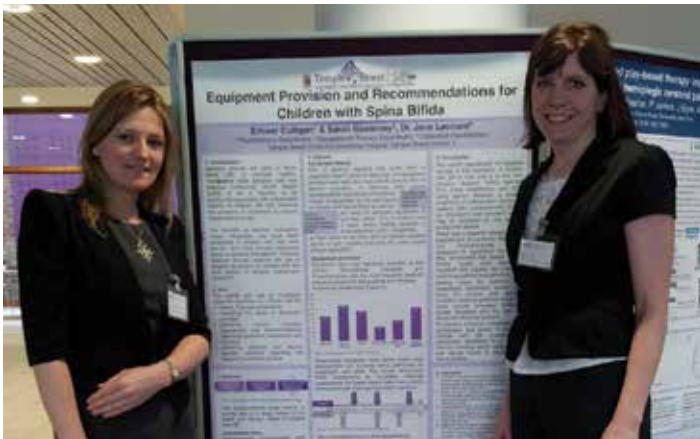
All data for this mixed-methods study has been collected from service providers and parents/ guardians and is now being analysed. Service providers (x 247) and parents/ guardians (x 155) completed self-developed questionnaires. Qualitative interviews were completed with 26 parent/guardians and 25 service providers as well as a focus group with children aged 8-18 years to gather their own perspectives of service needs.

A comprehensive report will be available at the end of this research, highlighting findings and recommendations that will assist with assist with future service planning and development. As part of the dissemination of the research

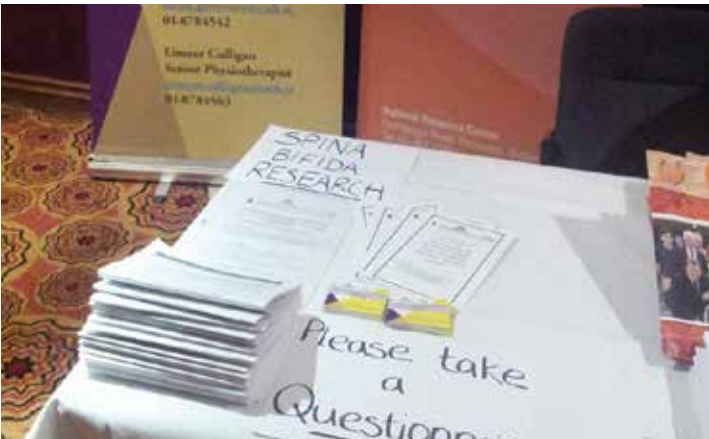
findings the researchers have presented (or plan to) posters and/or oral presentations at various national and international conferences including:

- The British Association of Childhood Disability (BACD) Annual Scientific Meeting in Birmingham, UK on 1st April 2014
- The Royal College of Paediatrics and Child Health (RCPCH) Annual Conference in Birmingham, UK on 9th April 2014
- The Association of Occupational Therapists of Ireland (AOTI) Annual Conference in Wexford on 10th May 2014
- The Society for Research into Hydrocephalus and Spina Bifida (SRHSB) Annual Meeting in Uppsala, Sweden on 25th-28th June 2014

Once the final report is collated the research team plans to present findings at a national launch to be held in September 2014. More information on this event will follow.



Sarah Governey and Eimear Culligan presenting their poster at the BACD Annual Scientific Meeting in Birmingham in April 2014



Data Collection at the Spina Bifida Hydrocephalus Ireland (SBHI) AGM in Sligo in October 2013

## Temple Street's financial update

National media coverage in May 2014 referred to hospital costs which are currently running at unsustainable levels and actions which must be taken to bring such expenditure back in line with funds allocated by the HSE.

The initial Temple Street funding allocation for 2014 was €77.9 million. Whilst this represents a funding reduction of €2.6m (c. 3%), the financial challenge facing the Hospital is significantly greater than this amount. This is due to a range of factors, including, a significant reduction in income from private insurers, increases in certain pay and non-pay related expenditure (reflecting service developments, staff increments, increased pension costs etc.) and challenges re the practical realisation of savings sought under the Haddington Road Agreement. In order to reduce the current deficit, it was agreed by the Temple Street

Board of Directors on Friday 23rd May that target savings of c. €2.8m need to be sought from a range of internal pay and non-pay related areas. Measures proposed include:

- All vacant posts will be reviewed and re-prioritised as appropriate on the basis of risk and available funding. This may give rise to the deferment or ultimate non filling of certain posts.
- Non-pay savings will be targeted from a range of non direct patient care areas (reflecting deferral or cessation of respective expenditure).
- A comprehensive review will be undertaken in respect of pricing and processes re high cost drugs.
- HSE minor capital and related funding will be sought.

Realisation of the above measures will prove exceptionally challenging and unfortunately will only go some way towards addressing the Temple Street financial challenge. Notwithstanding, we believe that they are essential if we are to credibly demonstrate to the HSE that we are serious about addressing the financial situation and seek their engagement and support re the balance.

We are also all too well aware of the ever increasing service and operational pressures that we increasingly and collectively face. For these reasons, we believe that our approach to achieve the savings is balanced, measured and patient focussed.

John Fitzpatrick  
Finance Director

## Catherine's Time to Shine and Matthew and the Big Match

One of our parents, Ann-marie Kavanagh has written two books for children with CF looking at creon and physiotherapy treatments. The two books essentially cover the same topics but are gender specific. The CF team gave advice to Ann-marie, who has three children with CF, when she was researching and compiling the books. These books are recommended for children under aged ten years by Dr Zai Edworthy, Senior Clinical Psychologist, Temple Street Children's University Hospital Dublin. Below are brief tasters from the books and links for e and kindle versions.



### Matthew O'Brien: The Big Match

is the author's first book. It covers the same treatment for CF but the central character is male. The author intends to cover other CF treatments in subsequent books in the series.

#### An excerpt

There was a big football match coming up and I wanted to be well enough to be on the team. But I wasn't feeling well at all.

The countdown was on. In just three weeks we would be in the final. Every day Mam or Dad did some physiotherapy for my chest. On other days I'd jump on the trampoline for a while to break up the mucous in my chest. I was so determined to play my best that most days I did both. Matthew O'Brien, the fastest under-ten player in Dublin! That's what I was hoping to hear. The more football I played the easier it was for me to run around the pitch and I realised how much the exercise helped to keep my lungs healthy. ...A week before the game I had to go for a check-up at the hospital. I know the nurses and doctors, so I didn't mind going to the clinic. Besides, I always get a nice cake or treat afterwards. The doctor said I was doing great. I told her that the next time I visit the clinic I hope to bring the trophy with me! As soon as I got home I told Patrick what the doctor had said and we practised scoring and shooting at each other. Sometimes I am so busy playing with Patrick that I forget to take my Creon. When this happens I get pains in my tummy and I might have to stop playing for a while.

#### Links to e and kindle versions of these books

Google Play Store Matthew Link:  
[https://play.google.com/store/books/details/Ann\\_marie\\_Kavanagh\\_Matthew\\_O\\_Brien\\_The\\_Big\\_Match?id=3by4AgAAQBAJ](https://play.google.com/store/books/details/Ann_marie_Kavanagh_Matthew_O_Brien_The_Big_Match?id=3by4AgAAQBAJ)

Apple iBooks Store Catherine Link:  
<https://itunes.apple.com/ie/book/catherines-time-to-shine%21/id806807821?mt=11&ls=1http://tabworks.ie/wp/epublishing/>

Apple iBooks Store Matthew Link:  
<https://itunes.apple.com/ie/book/matthew-obrien-the-big-match/id806813693?mt=11&ls=1>

### Catherine's Time to Shine

is an exciting and easy-to-read book that cleverly puts Catherine at the centre of the story and at the same time explains in a child-friendly manner why she needs to take her Creon and have regular physiotherapy.

#### An excerpt

My favourite thing in the whole world to do is dance. I love it when the music plays and my body just starts to move to it. I go to ballet lessons twice a week and every two years all the classes join together to put on a Christmas show. Last year my teacher told us that we were going to perform Sleeping Beauty and I got SO excited! Our teacher had decided that we could audition for the part. She normally just picks a name from a hat! We were given two weeks to practise our routine and every day after my homework, I went to my room to practise. I was usually watched by my best friend, Erin. Erin helps me to correct my mistakes. Luckily, all that practice paid off and I got the part!

My ballet teacher reminded me what a big job I had now. I was the lead in the show and there would have to be a lot more practice for us all before December. ...It was only a few weeks to the ballet show and we had an important rehearsal in a few days' time. I started to feel a bit sorry for myself because I was feeling tired from the infection. I also thought that I might not be able to put in enough practice as I was coughing so much. When your weight is good and you eat well, your body can fight infection easier and quicker. I was lucky that I had taken my Creon tablets and eaten well. Erin was the first person to ask about it. She was over at my house for dinner and saw my Mam give me some Creon tablets with my dinner. She asked me, "What are you taking them for?" My Mam explained to her that the tablets were called Creon and that I had to take them with fatty foods, so that my body could use the food properly and give me energy.

Amazon (US) Catherine Link: <http://amzn.com/B00I2Y6N6G>

Amazon (US) Matthew Link: <http://amzn.com/B00I328PCW>

Google Play Store Catherine Link:  
[https://play.google.com/store/books/details/Ann\\_marie\\_Kavanagh\\_Catherine\\_s\\_Time\\_to\\_Shine?id=0YnBAGAAQBAJ](https://play.google.com/store/books/details/Ann_marie_Kavanagh_Catherine_s_Time_to_Shine?id=0YnBAGAAQBAJ)







*Opening address by Bryan Dobson  
RTE News Presenter and Journalist*

to the Temple Street 140th Anniversary  
Medical Symposium  
Friday 11th November 2013

Thank you for the invitation to deliver the opening address at your symposium. You are celebrating 140 years of what we now know as Temple Street Children's Hospital; 140 years of exceptional care and service to the children of the city of Dublin and to their families. Of course the challenges you face today are very different to those which confronted the women and men who founded St Joseph's Infirmary in 1872.

In Victorian Dublin TB was widespread and a common killer; poor sanitation was a major factor in ill health; diseases which are now well under control then claimed scores of, often young, lives. For example a measles epidemic in Dublin in 1899 resulted in 568 deaths. Shocking in itself but consider this – the infant mortality rate that year was not abnormally high in consequence. The medical officer for health, Sir Charles Cameron observed:

*"If the infants had not died from measles it would appear that the majority would have succumbed to some other disease." Many of those other diseases would have been caused, or aggravated, by hunger and starvation. One of the early volunteers who cared for these first tiny patients left this account: They were often so weak that they could not stand on their feet because their parents were so poor that they could not give them food...a poor mother might take them up on her knee and cry over them for a little while, but she had soon to put them down again and shut them up alone, and go away to her work.*

They were there when a friend went in, sitting on the earthen floor perhaps or among the cinders by a small spark of fire, or lying on some straw in a corner, all grimy, with their hair matted and rough, and red feverish spots burning on their wasted little cheeks. Sometimes they were coughing and crying for their mothers, sometimes quite quiet and patient, not expecting anything good to happen to them. How many of those children arrived in the hospital "not expecting anything good to happen to them"? They can have had few expectations of the adult world. But of course something good did happen, they received treatment and loving care,

and on a scale that stretched the financial resources of the Hospital's founding Directors. In the first three and half years there were 500 admissions and 10,000 dispensary prescriptions. So even though the money was running out the hospital could not be allowed to close. And its future was eventually secured when the Sisters of Charity took over in 1876 bringing with them their – even then – long experience in providing medical care. Today Temple Street cares for some 150,000 children each year, 45,000 of them passing through its Emergency Departments, making it one of the busiest in Europe. But the statistics don't really tell the story. The real story is told in homes and communities up and down the country, by children and parents and families with their own personal experience of time spent in Temple Street, in the care of its staff, in the company of other families. A kind of national conversation. It's because I am one of those parents, part of that conversation, that I am so pleased to join you today. Our daughter Hannah was born with a condition called craniosynostosis or flat head syndrome – not in her case life-threatening, in fact of no medical significance at all, but causing a very marked distortion in the shape of her skull and forehead. However we were told the condition could be rectified by surgery. So on a summers day in 1993 my wife Crea and I found ourselves sitting, with Hannah just a few months old, in a room in Temple Street with plastic surgeon Michael Early and neurosurgeon David Alcott. It's a long time ago now but I have one enduring memory – and that is of calm. The was no hurry, the options were considered and our questions answered. What did the operation involve? Reshaping Hannah's forehead, said Mr Early. And how is that

done we asked? By reconstructing the bone. Crea would have left it at that but maybe because of my job – asking questions – I ploughed on. And how do you do that? At which point I could almost hear Crea thinking "Too much information". Well, replied Michael Early, we make an incision across the top of her head, peel back her skin, break up the flattened bone and reset it in the correct shape using various pins to hold it all together. And because she is still a small baby the bone will knit together in the new shape. And are there risks? Well there are always risks with surgery but no greater than in any other surgical procedure. I don't know if it was the atmosphere of calm in that room or the clarity with which our questions were answered, or something else entirely, but

we felt very confident in entrusting our tiny baby to the care of these two surgeons and to the entire team in Temple Street. Well the operation was carried out, successfully. Hannah was returned to the ward, Saint Michael's B I seem to recall, where for three days she lay in her cot, very still and very white. She slept a lot, opened her eyes occasionally, but there was almost no response from her. And then on the third day she smiled. And as you might expect, we smiled to, hugely relieved.

We are just one of thousands of families who have experienced the compassion, the care, the professionalism of Temple Street over the years. Many children present with much more serious, life-threatening conditions but just because a procedure is routine, doesn't mean a family is free of anxiety and concern, and enormously relieved when everything goes well.

That is something we felt was understood

by everyone we dealt with in Temple Street, the porters, the nurses, the administrative staff, the junior doctors, the surgical team. And I am sure we are not alone – many other families would tell a similar story. Of course the story you hear would most often be that recounted, not by the child, but by their parents. We don't know what Hannah felt and Hannah herself, 20 years later, doesn't know what she felt. If the past is a foreign country, then childhood – for those of us who are adults – must be another planet. It's almost impossible to recapture the joys, fears, excitement, wonder, anxiety, all the multiple threads of emotions and thoughts that compose the tapestry of childhood. Those who get closest are those who have the imagination to recreate the childhood experience. The late Seamus Heaney is his poem Half Term:

Whispers informed strangers I was the eldest,  
Away at school, as my mother held my hand  
In hers and coughed out angry tearless sighs.

They understand that the world of the child is full of details that adults sometime miss. For some, the passing of time seems, if anything, to intensify the memories. In a Christmas Childhood Patrick Kavanagh recaptures the excitement many of us felt on that most exciting of mornings: As I pulled on my trousers in a hurry I knew some strange thing had happened. And later recalls those telling details that a child absorbs:

I hid in the doorway  
And tightened the belt of my box-pleated coat.  
I nicked six nicks on the door-post  
With my penknife's big blade—  
There was a little one for cutting tobacco,  
And I was six Christmases of age.

But we have heard other children's voices in recent years – voices of pain, and anger and sadness. We have heard them not from children but from adults whose treatment as children was so abusive and violent that the very painfulness of those memories keeps them vivid and alive. We heard those voices in the Ryan Report, the Murphy Report, in the words of Christina Buckley, Marie Collins, Michael O'Brien and many others.

The tragedy is their voices were silent – or I should say silenced – at the time the abuse was taking place. When, as children, they tried to speak out they were disbelieved, ignored or punished.

And so to their suffering is added society's shame for its failure to protect these most vulnerable. And worst, the deliberate covering up of abuse to protect powerful institutions.

The result of this terrible period in our recent history has been a historic shift in the way our laws protect and vindicate the rights of children.

The very concept of children having distinct rights is itself a relatively recent principle. I grew up in an era when the phrase 'children should be seen and not heard' was occasionally quoted approvingly even if it was rarely enforced.

But today we actively seek out the voices of children. The principle lies at the heart of all the recent developments in the area of child protection: the Office of the Ombudsman for Children, the creation of a full cabinet Minister for Children and Young People, the Children's Referendum, the recently established Child and Family Agency.

As the Chairperson of the new Agency, Norah Gibbons has put it:

"Listening to children can never remain a theoretical proposition...we are obliged to listen, see and hear if we believe in protecting children".

The recently published Statement of Intent by Temple Street Hospital incorporates the same principle. The first of its six strategic themes declares:

The Voice of the Child  
Put the experience and voice of the child at the center of how services are designed and delivered.

The objective, according to the Statement, is to "develop a renewed interpretation of child-centered care". With admirable frankness it also says the first action is to: "Figure out what the voice of the child means through internal staff engagement".

Mind you a child, in this context, can be just a few months old to a teenager on the cusp of adulthood. So it's a complex issue to tackle.

But there is recognised good practice; addressing the child directly where that's appropriate – asking them have they questions about their treatment – explaining the procedures they'll undergo – using play to communicate with younger children.

As an aside, there are 40 Play Specialists employed in Great Ormond Street Hospital in London. We have twenty for the whole of Ireland.

For some clinicians the ability to communicate, whether to children or adults, comes easily and naturally. Others need help and training, and will welcome that training.

What used to be called 'a good bedside manner' is now recognised as a crucial part of treating the whole patient, and that applies to children as well.

Unlike those first child patients, today's families have the highest of expectations of the hospital. That includes an expectation that not only will their children get the best available medical treatment, but everything humanly possible will be done to minimise the potential for distress and alarm.

I spoke about my own experiences as a parent in Temple Street. We come through your doors with that which is most precious to us – our children. We entrust them to you, and do so in the hope, the belief, that the care they receive here will be everything we would want for them.

I want to conclude with a poem by Richard Murphy. It's called Natural Son and at first it seems to be about birth but in fact it's as much about what it is to be parent.

Before the spectacled professor snipped  
The cord, I heard your birth-cry fill  
the ward,  
And lowered your mother's tortured  
head, and wept,  
The house you'd left would need  
to be restored.

No worse pain could be borne, to bear  
the joy  
Of seeing you come in a slow dive  
from the womb,  
Pushed from your fluid home, p  
ronounced 'a boy'.  
You'll never find so well equipped a room.

No house we build could hope to satisfy  
Every small need, now that you've made  
this move. To share our loneliness, much  
as we try. Our vocal skill to wall you round  
with love.

This day you crave so little, we so much  
For you to live, who need our merest touch.

Thank you.







Robert Coakley from Partree, Co Mayo is now twenty one months old and made a surprise appearance when mum Siobhan was only 30 weeks pregnant.

Siobhan remembers that when she was twenty five weeks into her pregnancy, Robert went very quiet in her tummy and after some initial tests the doctors thought he had had a brain haemorrhage or had developed a brain tumour. It was then arranged that Siobhan would attend Temple Street for a foetal MRI scan, and then Robert made his early appearance on the 4th September 2012 in Mayo General Hospital when Siobhan had an emergency C-section. On his arrival into the world, Robert wasn't breathing, had to be resuscitated, and was transferred to Temple Street with incredibly concerned parents Siobhan and Sean the day after his birth.

Robert spent the first four weeks of his life in the Intensive Care Unit, and while he was there he was diagnosed with cystic fibrosis (CF). It was also then discovered that Robert had had a brain haemorrhage and for a while his prognosis was very bleak and Siobhan thought that he may not see Christmas 2012 but then he began to miraculously improve.

The Coakley family arrived home from Temple Street with little Robert on 10th January 2013 and Robert has thrived since.

In mum's words.....

The staff at the hospital have since told us that no one really knew how Robert would do at home and initially we had to travel back to the hospital every week for check-ups.

As the weeks past the CF team started to move the check-ups to fortnightly and then monthly. Robert continued to grow and thrive and we started to move from being a family with a very sick tiny baby to a family that had a healthy bouncy baby who just happened to have CF. That isn't a transition that happens overnight,

# Robert – a small man with a BIG personality



but all the staff in Temple Street (along with our amazing Jack and Jill nurse, Karen, who also once worked in Temple Street) were there to help us make that journey, with words of encouragement and practical advice for Sean and I every step of the way.

Robert's 'family' in Temple Street are still only a phone call away from us and that is a great source of reassurance. Never once when we have called Sharon, Joan, Mary or any other member of staff in Temple Street have we been put on hold so they can pull Robert's file to remind themselves of him before continuing the conversation which we feel is testimony to the genuine care and interest the staff in Temple Street take in each individual child they look after.

Even now when we meet doctors, therapists or nurses from ICU or St Michaels B on the street outside the hospital they remember Robert and us by name. That is a level of caring you simply can't fake.

In June 2013, as a result of Robert's brain injury and his 'stormy neonatal period' as his doctors so eloquently describe his initial stay in Temple Street, Robert was diagnosed with cerebral palsy (CP).

Honestly it was no surprise to Sean or I. In fact in fact it came as a relief that we had a simple term to tie up in a neat bow all the consequences of Robert's dramatic beginning. When friends and colleagues ask about what is wrong we now could rattle off CF and CP like they are simple illnesses such as cough and a cold. Everyone in Ireland is aware of CF and CP and have their own understanding, right or wrong, of what each condition entails. Neither term bothers Sean and I, because Robert is our happy little man who just happens to have these conditions. He isn't the condition. People have said to me 'awh isn't it a shame he is CF, he is such a lovely little fella', to which I reply, "Robert has CF, he isn't CF, he is simply Robert".

We want Robert to grow up and not be defined



by his disabilities. Given he is a small man with a big personality we are already a long way there to achieving that goal - he was the size of a kitten, but back then and now, always braver than a lion.

Every day is amazing with Robert, and though I would be lying if I say there hasn't been tough days since we left Temple Street, we honestly wouldn't change a thing. Robert is achieving milestones we never thought he would. He has received a lot of physiotherapy from two amazing ladies, Nicola and Pat, through early intervention services here in Mayo and is now bombing about our kitchen in his little walker opening and closing the doors on our kitchen cabinets like any other nosey toddler does! Every week we see more progress. He is constantly on the go and doesn't like to sit still for very long. He always has his new best friend Onni, our golden lab by his side...although Onni is always rewarded by Robert for his friendship and loyalty with little treats thrown from his bowl or plate. Indeed there have been occasions when he has been thrown the bowl or plate along with the food! Because of his CF he has to do all the usual inhalers, nebulisers and chest physiotherapy everyday also but even now at twenty months old, Robert likes to be involved insisting on holding his aerochamber or neb mask to his own face while Sean or I count out his breaths... And he is very aware that we are done when we reach ten! He also loves to wash his hands to 'help keep the boo-hoos away'- another simple but very important lesson for someone with CF that was instilled in Sean and I by Dr Fiona Healy very early on in our CF journey.

We will never be able to thank all the staff in Temple Street for giving Robert such good care and love all the way through his life this far. Even now as I type the word 'thanks' it just doesn't seem enough. A nurse once said to me when Robert was very sick to keep believing that someday he would run down the long corridor of Michaels B ward to greet all his ladies in the HDU...we know now that day is almost here. Thank you.

# THEIR LIVES IN OUR HANDS



At Temple Street we strive to deliver safe care for all patients and strive to achieve hand hygiene compliance rates as set by the HSE but at the moment we are falling somewhat short of this.

In a national hand hygiene audit carried out in October 2013, clinical staff at Temple Street was found to comply with hand hygiene during clinical encounters with patients 69% of the time, compared to an overall national average of 86.2%.

The hospital Board of Directors, Executive Management Committee and the Clinical Governance Committee have therefore identified improvement in hand hygiene compliance as a critical patient safety requirement for the hospital and a hospital wide hand hygiene strategy is being rolled out at the moment and all staff are being asked to take personal responsibility for it.

Our goal is a simple one – to achieve increasing compliance between now and the end of 2014 – 80% by the end of July and 90% by the end of December.

A hospital acquired or healthcare associated infection (HCAI) means an infection that is not present when a patient is admitted to a hospital or healthcare facility. If the infection develops 48 hours or more after admission, the infection is referred to as a HCAI. Each year, hundreds of millions of patients around the world are affected by HCAI.

In Ireland it is currently estimated that one in 20 patients will get a HCAI at some stage during their treatment in hospital. 3.7% of those

affected by a HCAI will die as a result of their infection. There are many other consequences of HCAI; including the impact on the patient and family with longer recovery times and longer hospital stays being a major feature and also consequences for the hospital in terms of the increased cost of care for a patient with HCAI and the implications for their care on discharge.

Most HCAI are preventable through good hand hygiene – cleaning hands at the right times and in the right way. Essentially this means decontamination of the hands before and after every contact with a patient or with their

immediate environment. This presents the single most effective way to prevent the spread of infection either to patients or to the healthcare worker.

We will report again on this critical action programme and on how we are faring in terms of achieving these compliance rates in the next edition of Pulse.

# Temple Street's teens took Cloudlands to the hospital on Wednesday 30<sup>th</sup> April

The Cloudlands Project for teenagers in hospital has been in Temple Street since November 2012. Artist, Rachel Tynan, visits the hospital every Wednesday to work with teenagers on a variety of exciting and highly interactive arts and technology projects.

On Wednesday, 30th April, Rachel was joined by the two other Cloudlands artists – Emma Fisher from Galway and Eszter Nemethi from Cork to share some of this unique work with Temple Street staff for what was called the Cloudlands Creative Exchange Day

The Exchange Day comprised a variety of fun and interesting activities;

- Look out for our story badges – teenagers have been developing incredible stories through the Cloudlands project so button badges were decorated with lines from these stories and handed around to staff. Staff were delighted to wear the badges and carry the stories when they left the hospital.
- Balloon launch – Teenagers and artists have been working on balloon avatars through the Cloudlands project and these avatars are essentially versions of themselves that will carry their stories beyond the hospital walls. The balloons were launched outside the front entrance of the hospital at lunchtime on the Creative

Exchange Day.

- Meet our artists – Emma, Rachel and Eszter were available to answer any questions from staff on the Creative Exchange Day and there was a display of Cloudlands work in the Play Department for all to enjoy.

Cloudlands is the first national arts project designed specifically for teenagers in hospital it is produced by Helium, the arts and health company for children and young people and funded by BNP Paribas Foundation, the Arts Council and Dublin City Council.

For further information check out [www.helium.ie](http://www.helium.ie)



Lauren McCullough, aged 13 years from Louth, a Cloudlands participant with her balloon 'avatar'



Aimee Louise Fenton, aged 12 years from Cork, a Cloudlands participant, with her balloon 'avatar'



Artist Rachel Tynan from the Cloudlands project working in the renal dialysis unit



Artist Rachel Tynan (centre) with artists Emma Fisher (left) and Eszter Nemethi who are working on the Cloudlands project in Galway





# The Hungry Hippos Programme

### MESSAGE FOR OUR REFERRERS

The Hungry Hippos Programme is delighted to announce that from April 2014 we shall be operating a waiting list system. This means that we can accept referrals at any time throughout the year. Referrals are accepted from consultants or clinicians, if it is co-signed by the medical consultant.

The Hungry Hippos programme is a Temple Street resource for children attending Temple Street on an on-going basis. Please be aware that we have the capacity to run only two groups per year for children that are connected with Temple Street as a result of a medical condition. Community teams are funded to provide clinical services to children and those local teams should also be addressing feeding.

Groups are run for two age bands: 2 years – 3 years 11 months and 4 years – 5 years 11 months. The programme is designed for children who are selective eaters as a result of SENSORY FOOD AVERSION and/or ORAL MOTOR DELAY. The programme is not appropriate for children whose issues with food are primarily behavioural or related to reduced appetites.

The intervention demands that children need to be able to understand verbal concepts and follow commands; therefore those children with moderate intellectual disabilities would unfortunately not benefit from the programme. Children attending the sessions also need to have experience of, and be able to cope with a busy noisy group setting.

### Exclusion criteria

- Children that have very strict dietary requirements due to medical reasons

- Children already attending their local Early Intervention Team
- Children receiving clinical services from a specialist centre e.g. St Michael's House, St Vincent's centre, or Beechpark services

The Hungry Hippos Programme evolved from joint Occupational Therapy and Speech & Language Therapy 'messy food play groups' which started in 2009. The Hungry Hippos Programme was then launched in 2011 with support from Kizzy Moroney, Dietician. In 2014 we have commenced research into the benefits of this multidisciplinary group intervention. Your continued support as referrers is very gratefully received.

Many thanks,

Colette & Sharon  
Occupational Therapy and Speech & Language Therapy

# Diabetes groups for children and young teenagers and their parents

Two afternoon groups (one for children with diabetes and one for younger teens with diabetes) were organised by the Psychology and Mental Health Social Work Departments at Temple Street with input from the Dietetics Department during February 2014.

13 children came to the younger group (which definitely kept us on our toes!) and six teenagers attended the older group. The focus of the groups was on fun and the afternoon consisted of ice-breakers to get to know each other, art activities and a quiz for the

older group. Congratulations to "The Three Musketeers" who won the quiz and we hope you enjoyed your prize.

Four sessions were also organised for 20 mums and dads of children and teenagers with diabetes during March 2014. The first evening started with presentations by the Diabetes Nurse Specialist and Dietician about new treatments and managing your child's food and insulin requirements.

Psychology and Social Work presentations covered the impact of a diagnosis of diabetes

on families, the role of the psychosocial service in diabetes and the importance of parents looking after themselves. We also had a brief presentation from the Diabetes Ireland about the services they provide. Finally thanks to the Stack family for sharing their experience of living with diabetes.

Please see [www.diabetes.ie](http://www.diabetes.ie) for more information

# 3rd year for 'Come and Cook and Dine with Me'!

James Fox (teacher to trainee chefs in DIT and Head Chef with experience in some of the top restaurants in Dublin and Sydney, Australia) treated the teens this year to a cookery demonstration and allowed us to sample his delicious meals afterwards!

It was a great opportunity for the group to meet other teens with diabetes and learn some useful tips and cooking skills on the day. We hope they practice the three simple healthy meals with their families at home!

### Many thanks to:

- The Catering Department at the Faculty of Travel and Tourism, DITCathal Brugha Street for their generosity in organising the event

for us this year, particularly Frank Cullen and James Fox.

- The teenagers with type 1 diabetes that participated in the event.
- Mairead Dempsey, Cathy Monaghan, Andree Carthy and Andrea Ward for organising and taking part in the event.

Fiona Ward  
Acting Dietitian Manager



3rd March 2014

# ICT continues to connect us

### Patient Entertainment is the Best Medicine

As part of its new refurbishment Top Flat installed Patient Entertainment Units at the bedside. There is significant evidence regarding the role of distraction techniques in improving the hospital experience for children so Temple Street was keen to expand what we are already doing in this area direct to the bedside. The effect has been transformational for the children, families and staff on the ward.

### The new units currently deliver:

- TV
- Radio
- In-built games
- Ability to connect games consoles to the units
- Movies (choice of 40)

### There are plans to use the units to provide:

- Internet access
- Information and education at the bedside
- A platform to the voice of the child through surveys and feedback

In the future, clinical staff will have access to patient information at the bedside (e.g. x-rays, lab results etc.) For further Information please contact: Dairín Hines, Clinical Informatics Manager, ICT Department E: [dairin.hines@cuh.ie](mailto:dairin.hines@cuh.ie)

### Online Data Protection Training

To make it easier for staff to receive training, the ICT Department has made the Data Protection training available online. The training

takes from 20-30 minutes and can be carried out in work or at home. The training features video and sound, so trainees will need to use a PC with sound enabled and headphones would also be a good idea. Any Temple Street staff member who collects stores or processes data for or on behalf of patients, their family members or hospital staff must make themselves aware of their data protection responsibilities. The hospital provides Data Protection training to ensure staff are aware of their responsibilities around data. The feedback on the training has been very positive so far, with trainees finding it a convenient way to complete mandatory training. Due to the success of this training, the ICT Department will be rolling out more online ICT training in the future.

For further Information please contact: Judith Doherty, ICT Trainer, ICT Department [judith.doherty@cuh.ie](mailto:judith.doherty@cuh.ie)

### Speech Recognition & Digital Dictation

This project will move our clinical teams and secretaries from analogue tapes (which break, can be unclear and get misplaced) to a digital solution which will enable more efficient and effective clinical documentation. The procurement phase is due to be completed within the next month. The project will be implemented on a phased basis throughout the hospital over the next 18 – 24 months with Endocrinology, Respiratory, and Neurophysiology Departments going live first.

For further Information please contact: Alison Wallace, Deputy Patient Services Manager, Patient Services Department [alison.wallace@cuh.ie](mailto:alison.wallace@cuh.ie)

### e-Rostering

Temple Street intends to implement a "best of class" e-Rostering system. It will assist in the utilisation of staff given coverage needs, skill mix requirements and rules or staff preferences for various patterns of shifts and work hours. Managers can then plan ahead and arrange cover for the service needs of a department or ward area and respond quickly to unplanned changes resulting in a consistent delivery of high standard patient care. The procurement phase is due to be completed within the two months. The project will then be implemented on a phased basis throughout the hospital over the next 18 – 24 months

For further Information please contact: Aoife Rafferty, ERP Project Manager, HR Department. E: [aoife.rafferty@cuh.ie](mailto:aoife.rafferty@cuh.ie)

### Therapy Management System

As part of the Hospital's commitment to enabling improved patient care with the use of ICT we are procuring elements of a therapy management system to be used in conjunction with existing hospital systems for use by the HSCPs. We are also going to implement a standalone therapy management system for St. Clare's. The procurement phase is due to be completed within the two months. The project will then be implemented on a phased basis throughout the hospital over the next 12 – 24 months.

For further Information please contact: David Wall, ICT Manager, ICT Department [david.wall@cuh.ie](mailto:david.wall@cuh.ie)

# Innovations at Temple Street's Library

### Our Library Services is delighted to announce some innovations to the suite of services currently on offer.

These innovations are part of an expanded portfolio of services and commenced in May with the introduction of the 'Weekly Highlights' and 'Weekly Web Roundup'. These alerts notify staff of the latest research in the Library's journals as well as relevant, reputable information on the web. The overwhelmingly positive response has led to greater Library footfall as well as demand for article requests, literature searches and has helped visibility of the important work of Library Services within the hospital. In order to meet the growing demand for quality healthcare research, Evidence-Based Medicine and Evidence-Based Nursing, Library Services has introduced a new literature search form which includes a feedback section and list of sites and portals

searched, number of searches performed and links and articles retrieved. In addition to this, Searching Made Simple – a manual assisting staff in performing their own searches, was added to the list of Library Resources on the Library Services page of the staff intranet. This document provides straightforward guidance on how to approach Google, Google Scholar, Library databases ('Library A-Z'), CINAHL, Pubmed and Cochrane. Meanwhile, Athens and 1-2-1 sessions continue to be popular services offered: Athens allows remote access to the Library's online catalogue of e-books and e-journals, and 1-2-1 sessions educate staff in tips and tricks to assist them navigating the online resources as well as open access portals. Even in times of austerity with staff and budget shortages, healthcare libraries continue to offer value-added services unique within any healthcare setting. In fact, a recent independent Australian report, Worth Every Cent and More, calculated

that healthcare libraries contribute \$9 return for every \$1 of funding received.

The Medical Library is located on the ground floor beside the Consultants' Room. It is open 24/7 to staff and students with swipe cards and is staffed between 8am and 4pm, Monday to Friday.

Browse the Searching Made Simple manual located on the staff intranet at: [http://10.53.224.7/tl\\_files/Library/Searching-made-Simple.pdf](http://10.53.224.7/tl_files/Library/Searching-made-Simple.pdf)

See the Literature search request form at: [http://10.53.224.7/tl\\_files/Library/Literature-Search-Request.pdf](http://10.53.224.7/tl_files/Library/Literature-Search-Request.pdf)

Contact [bernadette.colley@cuh.ie](mailto:bernadette.colley@cuh.ie), Tel.: 878 4323 if you have any queries.





# Temple Street unveils €2 million upgrade of hospital ward thanks to generous donations



Dylan Doyle, aged four years, with Dan Martin (Irish professional cyclist) at the re-opening of Top Flat Ward



Dan Martin with Elaine McDonald (staff nurse) and Hayley Mwende, aged two years



Dan Martin with Bernie Priestly (from the Parents Advisory Group) in one of the newly refurbished four bedded rooms in Top Flat Ward

# Dan Martin, Irish Professional Cyclist, opens new high tech ward



Dan Martin with Hrishikesh Shenoy, aged six years



Denise Fitzgerald, CEO, Temple Street Fundraising, Fionnuala Mee (Nurse Manager), Susan Mulrane (Divisional Nurse Manager), Dan Martin and Dylan Doyle, aged four years, cutting the ribbon at the re-opening of Top Flat Ward

Dan Martin, Irish Professional Cyclist, officially opened the significantly upgraded 22 bedded St Joseph's/ Top Flat Ward at Temple Street Children's University Hospital on 22nd January 2014. Over 1,900 children are admitted to the Top Flat Ward every year. This upgrade was carried out at a cost of €2 million, with almost €1.65 million coming from charitable donations.

The newly refurbished ward which had not seen any significant improvements since the 1930's, when hospital services and patient care were very different to today, has been redeveloped into a mix of four and two bedded units with four single isolation rooms. The four isolation rooms have been fitted with an air-pressurised controlled environment, essential for the treatment of patients vulnerable to infection, especially cystic fibrosis patients. One of the single rooms is also fitted out to monitor children with uncontrolled epilepsy so that their Consultant Neurologist can decide on the best course of treatment.

The Top Flat refurbishment included the installation of a Patient Entertainment System fitted at each bed space. A satellite schoolroom was also added to the new Ward which facilitates patient from other wards in the hospital who cannot access the hospital's main schoolroom.

Speaking about the complete refurbishment of the Top Flat Ward at the official opening, Denise Fitzgerald, CEO, Temple Street's Fundraising

Charity said, "It is only with the support of our donors that this has been made possible. Every single donation and every fundraising event makes life better for sick children and their families in Temple Street. I want to sincerely thank all of our donors for everything they do for us, whether it's supporting our appeals, selling raffle tickets or running marathons." Also speaking at the official opening, Dan Martin, World Number 6 Irish Professional Cyclist and DID Cycle4Life Ambassador said, "I have had the privilege of visiting the patients in Temple Street on a few occasions and last year got to see 'Top Flat' before it was refurbished. Temple Street is such a unique hospital that is now in its 141st year, so considering how old and dated some of the wards are, the continued dedication of the staff to these children, for me, is truly inspirational."

"As you can imagine, seeing the newly refurbished Top Flat after only being here last year makes me so proud to be an ambassador for DID Cycle4Life. Special thanks of course to the team that managed to deliver such a world leading, state of the art facility. Together, with the support of the corporate sponsors, the volunteers and all those that have donated and partaken in the annual DIDCycle4Life, we have raised in excess of €350,000 for Temple Street. Seeing what has been achieved today, shows me that we all have the ability to make a real and lasting difference and makes all of us at DIDCycle4Life even more determined to raise the bar at our next event on June 7th this year" continued Mr Martin.

# You don't have to be a doctor to make a difference



Ireland rugby stars Brian O'Driscoll and Jack McGrath pictured with Aimee Louise Fenton (Renal Dialysis), Middleton, Co Cork and the RBS Six Nations cup



Ireland rugby star Brian O'Driscoll pictured with the nurses from the renal ward



Conor Murray (Ireland and Munster rugby star) visits little Cian Smith, aged three years from Newbridge, Co. Kildare



Jedward popped into the hospital for the Ireland AM Outside Broadcast and made a special visit to Lisa Kinlin, age 16, from Dublin



Little Amber O'Rourke, age six, Co Carlow pictured with Snow White



Euro Giant donated over €3,000 of Christmas decorations that were distributed throughout the hospital and €1,000 towards the lighting of the hospital for Christmas



Muireann O'Flaherty's dad, Declan and his supporters at the start of Marathons for Muireann



Sam Donohoe, age six years, Raheny, Co Dublin pictured with Nicky Byrne and Jenny Greene from The Nicky Byrne show



## Marathons for Muireann

Running the equivalent of four marathons in two days is a huge undertaking, but solicitor Declan O'Flaherty had the best inspiration in the world – his daughter Muireann. Muireann is three years old. She is unable to walk, talk or feed herself and needs 24-hour monitoring and care. Declan and his wife Gina, along with their friends, family and colleagues, wanted to give something back. Their ambitious plan was to raise €100K for Temple Street, as well as the Jack & Jill Foundation and the Brothers of Charity. Declan explains: "Disabled children can't vote, they can't march on the Dáil, they can't even lobby their local councillor or mayor. But we, as their families – and also as friends of their families – can make a difference by supporting those who provide

services for these amazingly beautiful and courageous children." Marathons 4 Muireann was born. Declan would lead a group run from Athlone to Dublin – the equivalent of three marathons – finishing up at our hospital. Declan would then run the Dublin Marathon the very next day! Declan says that when the going got tough, he would think of Muireann and how lucky he was just to be able to run. "Running is a gift. My daughter Muireann doesn't have that gift. It's very easy to run long distances when you have that sort of motivation." Marathons 4 Muireann raised over €60,000 for each charity. What an amazing achievement!



Aoife Finn, Susan Bradley, David Finn, baby Ava Finn and St Brigid's staff nurse.

Aoife Finn is pictured presenting a cheque to Susan Bradley (Fundraising) along with her husband David Finn and their gorgeous daughter Ava. Ava suffers from a rare metabolic condition and travels to Temple Street every Monday from Tubbercurry in Co Sligo. Aoife's sister, Fiona rallied a team of mainly first time 'marathoners' to fundraise for Temple Street and this wonderful group of ladies raised over €41,000.



# BLOOD BIKE EAST

### Staff news at OT

After a year of having two posts vacant, the OT Dept is delighted to announce two new members of the team. Ms Eithne Walsh has joined the Paediatric Liaison Service in SFC and Ms Trish Wilmot is the newest member of the Early Assessment Team in SFC. We would

For further information please contact  
Colette Slevin, Occupational Therapy  
Manager, Temple Street Children's  
University Hospital, Dublin 1.  
Tel.: (01) 878 4748



*Emer Aldridge, CNM ICU Temple Street receives a sample from Pat McCabe Chairman and Volunteer Blood Bike.*

### How Does It Work?

Every time an item needs to go from one hospital to another, outside of normal operating

hours, it has to pay for a taxi, courier or ask the ambulance service to take it. Since we launched in April 2013, we have already completed over 500 successful runs for the hospitals, saving them thousands of euro. Our organisation provides this service free of charge. To estimate how much we could save the hospitals is difficult, it depends on a lot of factors, we could be saving them somewhere in the region of €100,000 a year, but hope to surpass that amount. Our riders are highly trained and can, quickly and safely negotiate the traffic where as a larger vehicle would be un-able to do so, unless an emergency blue light vehicle is taken off an already overstretched service.

**Mission statement:**  
Our Mission is to act as an Emergency Rider  
Voluntary Service which aims to relieve sickness  
and protect health by the provision of transport  
of urgently needed blood, blood products, breast  
milk, patient records, urgent medical equipment  
and other medical requirements, between  
hospitals in Dublin & the Greater Leinster area,  
FREE of charge

We operate from 7pm - 7am Mon -Thurs and 7pm Fri - 7am Mon. We also supply 24 hour cover on Bank Holidays, Christmas and New Year. For further information please contact us on 089 4076868 or visit our website [www.bloodbikeeast.ie](http://www.bloodbikeeast.ie)

## WELLNESS CORNER

Following on from the 2013 Musculoskeletal Wellbeing programme there's lots of emphasis on physical activity in 2014. The range of activities (listed below) are designed to support you in making healthy lifestyle choices by bringing fitness programmes closer to you!

Day & Time	Activity	Venue
Mondays at 5:30	Beginner Pilates	St George's Hall
Tuesdays at 5:30	Exercise Class	St George's Hall
Tuesdays at 5:30	Running Club	Griffith Park
Wednesdays at 5:30	Intermediate Pilates	OPD
Thursdays at 5:30	Flexibility Programme	St George's Hall
Everyday	Swimming	Belvedere Pool

2014 welcomed a new addition mental wellbeing programme: weekly meditation sessions which take place on Thursday lunchtimes in the hospital chapel. Sharon Denver, from HR, has kindly donated her time and expertise to the programme by sharing a different type of meditation technique with her colleagues every week.

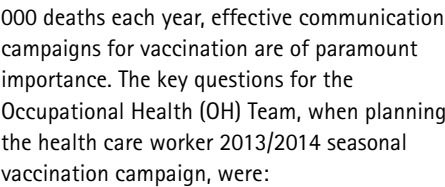
Paul Marsden continues the monthly lunchtime seminars which began during the summer last year. Topics such as Goal Setting, Dealing with Difficult & Traumatic Situations at Work, and Personality & Conflict at Work have been presented to date with more to be delivered in the coming months.

As always, your suggestions relating to the Well of Wellbeing programme are welcome. Please contact me on extension 4398 or via email, [roisin.thurstan@cuh.ie](mailto:roisin.thurstan@cuh.ie) with any queries or comments. Thanks for your support.

Warm regards,  
Roisin Thurstan

Walking through the corridors of Temple Street there's a sense of a friendly helping hand that strives to support our patients and their families as they journey through the hospital. A microcosm of Irish society, the staff bring their colourful and diverse personalities to work every day and embrace the challenges with witty banter enveloped in compassionate care. Jovial and understanding, skilled and responsive, extending one hundred thousand welcomes to those who arrive in need of care, advice and support. The corridors, the canteen, the nurses stations provide opportunities for sharing, guiding, supporting and laughing. Learning something new from each patient their family, a respectful exchange of ideas takes place on a variety of levels. Eager to meet the ever changing patient needs in a fast paced world, we encourage this old building to come with us into the future and embrace the new communications of the 21st century.

*Compiled by Roisin Thurstan, Health Promotion Coordinator, Temple Street*



- How best to communicate the importance of the vaccine?
- How can the intended target group be reached efficiently?
- What can we do differently to improve ease of access to vaccination for all staff?

Messages can be spread in many different forms. Take Sierra Leone for example, one of the world's lowest income countries. Most people cannot read or write so the Influenza control campaign was run using town criers and local singers in the market place to chant information relating to the local vaccination programme. Not to be beaten, despite offering our vocal and musical talents, the OH team opted for traditional western methods of communicating for the launch and delivery of this health protection programme. We may not be so coy next time. Ideas for delivering the 2014/2015 seasonal influenza vaccine will be gratefully received.

When you consider that, according to the World Health Organization (WHO), seasonal influenza is responsible for three to five million cases of severe illness and between 250 000 and 500



# HAPPY 1ST BIRTHDAY TO TEMPLE STREET'S SMOKE FREE CAMPUS

Our Smoke Free Campus celebrated its first birthday earlier this year on February 13th. Becoming a Smoke Free Campus is an important strategic action within the Tobacco Control Framework as outlined by the HSE.

A big thank you to staff, parents and visitors for supporting the policy and helping to make Temple Street Children's University Hospital a cleaner, safer and healthier environment for all who work, visit and stay here.

For information and support on quitting smoking contact Roisin Thurstan on ext. 4786 or the National Smokers Quitline on 1850 201 203.

Let's 'stub out' electronic cigarettes too

Further to an update from the HSE in early April, the use of Electronic Cigarettes (e-cigarettes) is now not permitted within HSE facilities or on HSE campuses.

New signage has been installed in the Emergency Department laneway to reflect this update. The signage states that "Smoking is not permitted on Temple Street hospital grounds and this includes E-Cigarettes and all other Electronic Smoking Devices".

## NEW THEATRE RECOVERY ROOM AT TEMPLE STREET



Take a look at our new Theatre Recovery Room – refurbished in 2013

# WHAT'S BEEN HAPPENING IN THEATRE

What's been happening in theatre? In 2013, over 6000 patients passed through the doors of the Operating Department despite the fact that one theatre was closed for the majority of the year for cost containment purposes. The Operating Department has been working to full capacity since January 2014 with four theatres opened from Monday to Friday and continues to provide an emergency service outside normal working hours. Last year the multidisciplinary team embraced the new Operating Room Information Management System (ORMIS) which provides an electronic patient record of procedures and assists in providing up-to-date data to analyse efficiencies and other relevant information. Over the past year, the Department has been involved in some quality improvement projects. One key project involved a multidisciplinary team looking at improving the experience of the Surgical Day Ward patient by streamlining the admission process and ensuring operating theatres start on time while initially focusing on one day per week. This project is currently being rolled out to other days in the week. Members of the team included Ms Eilis Murphy, Quality, Standards & Service Planning, Dr Kay O'Brien, Consultant Anaesthetist, Ms Denise Traynor, Clinical Nurse Manager, Day Ward and Ms Anne O'Brien, Theatre Manager. A poster representing this project was recently accepted and presented at a quality conference in Paris. Another exciting initiative currently underway in the Department is the expansion of the practice of 'Huddling'. A 'Huddle' is recognised internationally as providing a quick staff meeting which improves communication by ensuring staff are aware of plans and possible issues for the day. It has been found to reduce risks thereby promoting a culture where questions can be raised and also promotes teamwork in an area. Currently the nursing staff huddle at least three times a day, first thing in the morning, when the on-call staff come on duty around midday and late in the afternoon. The Department Manager regularly huddles with the multidisciplinary team as required. It is hoped that by introducing this practice into each operating room for every

list that any potential risks will be identified and will also increase efficiencies. Over the past few months the Clinical Educational Facilitators from from the two Operating Departments at Temple Street and Our Lady's Children's Hospital Crumlin have been collaborating on the creation of specialist modules within the existing perioperative course. While these modules are designed for the students participating on the course involvement in this process by our own staff will be both motivating and exciting, and will enhance the personal and professional development of all staff. It is hoped that this course will commence in September 2014. Last November Anne O'Brien was seconded to the post of Scheduled Care Planner (the three children's hospitals) and Siobhan Mc Kiernan was appointed as the acting CNM 3. Unfortunately Siobhan is currently unwell and we all wish her a speedy recovery. The project that Anne is working on is to increase theatre utilisation rates, contribute to the development of cross site team working, communication, governance and developing a patient centred quality improvement culture across the three children's hospitals. The Department is about to open a brand new six bay recovery room. This work has been on-going for some time now and we are all looking forward to our new state of the art purpose built area that will provide extra space for our post-operative patients, as well as much needed storage for the large amount of equipment that is needed. Thanks to the Project Team who worked around the day to day business of the Department and managed to keep the disruption to a minimum. We have only given you the key areas that the theatre multidisciplinary team has been involved in and together we strive to ensure that we continue to provide a safe, quality and efficient service to our patients, and we look forward to the challenges ahead.

Anne O'Brien  
Operating Theatre Manager  
Temple Street

# Fundraising events galore for everyone 2014 – 2015

For more information please visit [www.templestreet.ie](http://www.templestreet.ie) or email [info@templestreet.ie](mailto:info@templestreet.ie)



20th of September 2014  
Support Your Colours Ball



21st September 2014



28th September 2014

23rd – 31st October 2014



27th of October 2014



2nd of November 2014



23rd – 31st October 2014



December 2014  
Get Your Christmas Cards

December 2014  
Christmas Raffle

April 2015



April 2015  
Lindt Easter Bunny campaign



April 2015  
Aer Arann Half Marathon



June 2015



May 2015  
Laugh Out Loud Comedy Night



7th June 2015  
DID Electrical Cycle for Life



# THE BUZZ

**NEW BABES ON THE BLOCK**  
Clinical Specialist Radiographer, Tracey Moriarty welcomed her new baby girl, Suin, into the world on the November 1st 2013. Congratulations to Tracey and her husband Danny!

Congratulations also to Ewa Sculz from ED on the birth of her baby Zoe and to Marion Kearney from ED on the birth of her baby Eoin in March. The baby boom is expected to continue in the coming months as Elaine O'Rourke, Sinead Twomey, Fiona O'Doherty and Andrea Fitzgearld are all preparing for the arrival of new additions to their families.

**NEW RINGS ON FINGERS**  
Congratulations to Fionnuala Mee, CNM2, Top Flat on her recent engagement.

**NEW LOOKS IN ED**  
New looks for ED as they don very smart new uniforms. The ED consultants are keeping up appearances looking very dashing in their grey

scrubs while staff nurses and CNM's are hoping to follow suit in late April.

**UP-SKILLING**  
Well done to Marie Ryan and Noelle Burke from the ED nursing staff who have successfully completed their Graduate Diploma from UCD in Children's Emergency Nursing.

Also a big congrats to Debbie Cullen on completion of the Nurse Prescribing Cert in UCD and Niamh Whyte on achieving THE APLS cert. A lot of study and time was put in so great achievement ladies.

Staff from the ED have been travelling both near and far to deliver presentations at various conferences. Fiona O'Doherty and Andrea Fitzgerald both travelled to Birmingham while Annemarie Dowling CNMIII presented at the RCSI International Nursing Research Conference.

**NEW COLLEAGUES**  
We are delighted to welcome some new colleagues who joined us recently

Brigitta Joyce,  
CEF, Emergency Department

Dunlaith Ward,  
Medical Administration Department

Dr Sophia Morgan,  
Consultant Psychiatrist

Dr Richard Drew,  
Consultant Microbiologist

Sharon Ryan,  
CNM3, Bed Management



# YOU MAKE OUR WORK POSSIBLE



## WAYS TO GIVE



## HOW TO DONATE



### IN PERSON

Visit our fundraising office located in the hospital with your donation.



### BY PHONE

Contact us on (01) 878 4344 and your donation will be processed over the phone by a member of our staff.



### ONLINE

Visit [www.templestreet.ie](http://www.templestreet.ie) or email us on [info@templestreet.ie](mailto:info@templestreet.ie)



### BY POST

Send your donation by post to;  
The Fundraising Office  
Temple Street Children's University Hospital  
Temple Street  
Dublin 1

We hope you don't mind paying for the cost of a stamp. It will save us money.



### GET SOCIAL & FOLLOW US

Keep up to date on our events, patient and supporter stories on our social media channels.  
Follow us on;  
Facebook: [TempleStreetCUH](https://www.facebook.com/TempleStreetCUH)  
Twitter: [@temple\\_street](https://twitter.com/temple_street)



### BECOME A MONTHLY DONOR & JOIN THE MIRACLE CLUB

There is no better feeling that helping a sick child. When you become a monthly donor you will join our Miracle Club.

You can donate directly from your bank account on a regular basis by standing order or direct debit. Regular donations help us save on administration and postage and ensure we can plan into the future, knowing your gift is on its way.

Contact us on (01) 878 4344 or email [info@templestreet.ie](mailto:info@templestreet.ie) for further information.

### THANK YOU FOR SUPPORTING US

## THE PULSE MAGAZINE EDITORIAL TEAM

Please send any articles, dates for diary or suggestions for the next Pulse Magazine to Jane Curtin, Communications Manager, Temple Street Children's University Hospital. Email: [jane.curtin@cuh.ie](mailto:jane.curtin@cuh.ie)