CREATING A CENTRE OF EXCELLENCE TO CARE FOR CHILDREN'S HEALTH
The Pulse
Flat Ward

Issuing the strategy at Temple Street

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 specially 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
CEO

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The Children’s Hospital Group

The Children’s Hospital Group, led by CEO, Edish Hardman 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 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 standardised 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, DLRH 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 (shortlisted firms were announced on 10/02/14).

The shortlisted applicants are:

• IBI Nightingale and RKD Architects (IBI + RKD)

•脫其中 (O’Connell Mahon Architects

• Rogers Stirk Harboor + Partners (RSHP) with JCP and Henry J. Lyons

• HOK with Stanley Beaman & Sears (SBS), CHC Architects, and Buzacott McEvoy

• Scott Tallon Walker Architects and Shepley Bulfinch

• 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 for more information.
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 the development of national acute paediatric services in ways that ensure that children and their families are at the heart of service provision, we have established ourselves as assertive, determined and ambitious and we are a 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 Shortlin (Consultant, McGrath (Board Member); 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 specialist 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 Strategic Advisory Group has been set up to ensure an overview of the Development Agenda and to lead 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 as 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 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.

The Development 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 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.
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

- 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 Mazucchi – 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 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 Voice of the Child can be integrated into its work and a Department choosing to reconfigure service provisions 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 KPIs.

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.
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 ‘Anophaemia’ (absence of one or both eyes which occur in around 1 in 100,000 births), and its sister conditions Microphthalmia (small eye) and Coloboma (malfomed eye); a DNA repair disorder which results in debilitating dermatology and haematological illnesses; 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 (UCARD). 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, UCD, 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 healthcare service money as the tests will reduce the need for surgical investigations, especially in the case of those with infant liver failure,” said Dr Lynch. Dr Mairead O’discoll, Director of Research Strategy and Funding at the Health Research Board, said “The prize for best presentation on the day was awarded to Ms Mary Walsh, Gastrostomy/ Stoma Care CNS for her excellent presentation titled ‘Gastrostomy management’ while building collaborative partnerships with patients and parents’ and prize for best poster was awarded to Ms Jane Ginn, Clifft Nurse CNS. Ms. Ginn went on to win the poster prize at the Royal College of Nursing Annual 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 embark research.
• Development of a Nursing Research Strategy.

Children with rare diseases to benefit from new genetic tests

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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 Cardiac 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 27th February in St. John's Hospital Palmerston, Dublin.

Children's Nursing Network 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, Portfolio 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 that 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 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.

Inaugural Joint Nursing Executive Committee bulletin

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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 recently. This group of children has very complex needs and the needs of the services they use are growing annually. One of our aims is to identify the current and future health and therapy needs of children with Spina Bifida.

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 for 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 provision for children with Spina Bifida (n=147) and their parents/guardians (n=155) completed self-developed qualitative questionnaires. Qualitative interviews were completed with 26 parents/guardians and 25 service providers as well as a focus group with 18-18 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 will be developed in conjunction with future service planning and development. As part of the dissemination of the research findings the researchers have presented (or plan to) posters and oral presentations at various national and international conferences:

- The British Association of Childhood Disability (BACD) Annual Scientific Meeting, 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 completed the research team plans to present findings at a national launch to be held in September 2014. More information on this event will follow.

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 €772.9 million. Whilst this represents a funding reduction of €2.6 million (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, increased income in 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:

- All vacant posts will be reviewed and re-optimised as appropriate on the basis of risk and available funding. This may give rise to the determination or ultimate non filling of certain posts.
- Non-pay savings will be targeted from a range of non direct patient care areas.
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We are also all too well aware of the ever increasing service and operational pressures that we increasingly carry and collectively face. For these reasons, we believe that our approach to achieve the savings is balanced, measured and patient focussed.

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 for 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.
Opening address by Bryan Dobson RTÉ 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 56 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 legs were so thin, and their skin so loose that they were often broke. One of the early volunteers who cared for these first tiny patients left this account:

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 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 rapidly and ruthlessly applied to them. Today we actively seek out the voices of children. The principle lies at the heart of all the recent developments in the area of children’s protection. In the Murphy Report, in the words of the most venerable. And worst, the deliberation was not the place to be parent.

On 1st September this year the General Synod of the Church of Ireland passed an historic Statement of Intent. The recently published Statement of Intent by Temple Street Hospital incorporates the principle of the first action 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 as much about what it is to be parent in Temple Street. We come through this day you crave so little, we so much need for you to live, who need our utmost touch.

Thank you.
The Pulse

That isn’t a transition that happens overnight, bouncy baby who just happened to have CF. Start to move from being a family with a very bleak and Siobhan thought that he was 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 fetal 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 might 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 word…..

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 baby boy to a family that had a healthy bouncy baby who just happened to have CF. That isn’t a transition that happens overnight, 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 to St Michael’s 8th on the street outside the hospital they remember Robert and us by name. That is a level of care you simply can’t fake.

In June, 2013, as a result of Robert’s brain injury and his ‘stomach 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 specific term to use in a neat bow all the consequences of Robert’s dramatic beginning. When friends and colleagues asked all about what was wrong we now rattled off CP and CF like they are simple illnesses such as cough and 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 concept. People have said to me ‘you know it’s 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 bouncing about our kitchen in his little walker opening and closing the doors on our kitchen cabinets like any other nosy 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, Omni, our golden lab by his side… although Omni 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 inhalets, nebulisers and chest physiotherapy everyday also but even now at twenty months old, Robert likes to be involved insisting on holding his aerosol can or nebuliser mask in his own hands or 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 boohoos 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 somehow 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.

Lauren McCullough, aged 13 years from Lough, a Cloudlands participant with her balloon ‘Iserver’

Aine Louise Fenlon, aged 12 years from Cork, a Cloudlands participant with her balloon ‘Iserver’

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 Dublin 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 incredible activities:

• Look out for our story badges – teenagers have been developing incredible stories through the Cloudlands project No button badges were decorated with lines from these stories and handed around to staff.

• Ballon launch – Teenagers and artists have been working on helium balloons to carry the stories when they left the hospital.

• 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 BPNP Paribas Foundation, the Arts Council and Dublin City Council.

For further information check out www.helium.ie

At Temple Street we strive to deliver safe care for all patients and strive to achieve high 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 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 HCAIs 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.
The Hungry Hippos Programme

MESSAGE FOR OUR REFERREES

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 and is co-signed by the medical consultant.

The Hungry Hippos Programme in a Temple Street resource for children attending Temple Street on an ongoing basis, to ensure 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 these local teams should also be addressing feeding.

The Hungry Hippos Programme evolved from the multidisciplinary group's involvement in Speech & Language Therapy, 'Hearty 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

The Hungry Hippos Programme

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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 Catering 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, arts and activities and a quiz for the

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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 10 The Pulse

ICT continues to connect us

Patient Entertainment is the
Best Medicine
As part of its new refurbishment Top flat meets with Temple Street
at the bedside. There is significant evidence regarding the
role of distraction techniques in improving
the hospital experience for children at 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
• 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: Darin Hines, Clinical Informatics Manager, ICT Department: darin.hines@cuh.ie

Online Data Protection Training
To make it easier for staff to receive training, the
Department has Data Protection training available online. The training takes from 20-30 minutes and can be
returned in work or at home. The training features video and sound, so trainers will need to use a PC with audio and sound enabled and
way units at the bedside.

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 ‘Worley
Highlights’ and ‘Weekly Web Roundup’. These alerts notify staff of the latest research in the
Library Journal and 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 the growing demand for quality healthcare research, Evidence-Based Medicine and Evidence-Based Nursing, staff have requested a new literature search function 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 databases. 1-2 and 1-2 sessions continue to be popular services offered: Athens allows remote access to the Library’s online resources on a phased basis throughout the next 18 – 24 months with Endocrinology, Respiratory, and Neurophysiology Departments.

For further information please contact: Alison Wallace, Deputy Patient Services Manager, Patient Services Department: Alison.wallace@cuh.ie

ICT continues to connect us

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.


See the Literature search request form at: http://10.53.224.70/files/Library/Literature-Search-Request.pdf

Contact bernadette.colley@cuh.ie
Tel: 878 4323 if you have any queries.

Engaging Passion
Issue 12 Summer 2014

Engaging Passion
Dan Martin, Irish Professional Cyclist, opens new high tech 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 1,300 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-pressure 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 towards 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 make all of us at DIDCycle4Life even more determined to raise the bar at our next event on June 7th this year” continued Mr Martin.

Running the equivalent of four marathons in two days is a huge undertaking, but solicitor Declan O’Hare 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 £10,000 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 Dail, 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 then ran 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 £41,000 for each charity. What an amazing achievement!
Occupational Therapy (OT) launches new Referral Form

The Occupational Therapy (OT) Department has launched a new referral form which will replace the green referral form traditionally used for in-patients and out-patients. The new form includes an expanded Reason for Referral section, which aims to assist us to triage and respond to referrals faster. The new form can be downloaded and printed from the hospital intranet, via the Department Info section. Please ensure that all sections are completed in full and that the Referral Form arrives to the Occupational Therapy Dept by 11am. OT is located at the back of St Frances’ Clinic (SFC).

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 like to extend a very warm welcome to them both. A big welcome back also to Laura Parkes (Orthopaedics, Bums & Plastics OT) who rejoined the team again after her maternity leave. Little baby Conor and his big sister Amelia have been keeping their mummy very busy.

OT equipment news

Thank you to the Fundraising Department who kindly granted the OT Department funds to purchase a variety of comfort and supportive chains for use with children with life-limiting conditions. This brand new service development means that we now have suitable and comfortable equipment to support the children in the hospital at home.

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

BLOOD BIKE EAST

Who Are We?

We are an enthusiastic group of motorcyclists keen to make a difference. We are all advanced riders and we aim to use our skills, time and enthusiasm to help the hospitals in Ireland. We are all experienced riders and are Garda vetted. We are the only blood group to have agreements in place with the main Dublin hospitals.

What Do We Do?

We transport blood, blood products, breast milk, x-rays, tests etc between hospitals.

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 over-stretched 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 089-4070968 or visit our website www.bloodbikeeast.ie

WELLNESS CORNER

Hello everyone!

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
Mon 05:30
Beginner Pilates
St George’s Hall
Mon 05:30
Exercize Class
St George’s Hall
Mon 05:30
Running Club
Griffith Park
Wed 05:30
Intermediate Pilates
OPD
Thurs 05:30
Flexibility Programme
St George’s Hall
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 43598 or via email, roisin.thurstan@osluh.ie with any queries or comments. Thanks for your support.

Warm regards, Roisin Thurstan

FOOTPRINTS THROUGH TEMPLE STREET

Walking through the corridors of Temple Street there’s a sense of a friendly helpful hand that strives to support our patients and their families as they journey through the hospital. As microcosm of Irish society, the staff bring their colourful and diverse personalities to work every day and embrace the challenges with wry 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 up with new ideas to embrace the new communications of the 21st century.

Compiled by Roisin Thurstan, Health Promotion Coordinator, Temple Street

SPREADING THE WORD…… ABOUT SEASONAL INFLUENZA VACCINE

The largest uptake for influenza vaccine amongst staff so far! A fantastic 44% of you (Temple Street staff) availed of this health protection programme. Thank you so much for protecting yourselves, your patients and families.

000 deaths each year, effective communication campaigns for vaccination are of paramount importance. The key questions for the Occupational Health (OH) Team, when planning the health care worker 2013/2014 seasonal vaccination campaign, were:

• 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

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

Pat McCabe, Volunteer and Chairman Blood Bike East arrives at Temple Street with precious cargo
WHAT’S BEEN HAPPENING IN THEATRE

What’s being happen 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 introducing holistic care to the patients both pre and post surgery 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 Beren Konyor, 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 the two Operating Departments on 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 this 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 McKiernan was appointed as the acting CMN3. Unfortunately Siobhan is currently unwell and we will all wish her a speedy recovery. The project that Anne is working on is to increase theatre utilisation and 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 build 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

THE BUZZ

NEW BABIES ON THE BLOCK

Clinical Specialist Radiographer, Tracey Moriarty welcomed her new baby girl, Síne, into the world on the November 1st 2013. Congratulations to Tracey and her husband Danny!

Congratulations also to Ewa Szule 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 Fitzgerald are all preparing for the arrival of new additions to their families.

NEW RINGS ON FINGERS

Congratulations to Fionaulawa Mme, CMN2, 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 CMNs 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 Annmarie Dowling CMNII presented at the RCSLI 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, CMN3, Bed Management

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