

thePulse

The official newsletter of Temple Street Children's University Hospital

Issue 9 Winter 2012



Foreword from CEO – December 2012

Welcome

Welcome to the Christmas edition of the Pulse 2012. It is difficult to imagine that we are at the end of another year. As Christmas approaches I would like to take this opportunity to thank each of you for your continued support and dedication over the past year.

2012 was a very challenging year with reduced resources and reduced funding.

Earlier in the year staff was encouraged to volunteer to be part of an action inquiry around the meaning of a 'culture of engagement and shared leadership in a contemporary acute paediatric service environment'. All the ideas and experiments used to explore a culture of engagement were imagined as a series of beads on a necklace. Between February and August 2012, a "strategy corner" was set up in St. Phil's Ward which is temporarily closed due to having to make tough decisions about managing with less funding. Staff from all over the hospital got together with colleagues from different departments and contributed their 'best strategic thinking' around why Temple Street is known for 'going the extra mile' when it comes to meeting the needs of sick children and their families. We have listened to what you have said during the process, we are working on what is important to you, and we are designing the next steps to support staff to enact the statement into action. The Statement of Strategic Intent is an ambitious document which will shape the future and direction of Temple Street for the next number of years, it is our road map, it replaces all other strategic plans and reflects Temple Street Hospital as an ambitious, outward facing proactive hospital that is shaping its own destiny in spite of the complex and uncertain national healthcare context. "Engaging Power, Engaging Passion, Engaging People - We are doing it now" reflects our new ambition going forward and one that will influence the shape of paediatric services for our new hospital.

We are presently working on each of the six themes:

- The Experience and Voice of the Child
- Foster the Commitment, Energy and Expertise of Staff appropriate to the needs of a Complex Health Service.
- Continuous Quality Improvement to ensure high quality, effective and safe patient care.
- Develop the role of teaching and research through a commitment to being a Learning Organisation
- Support Creative, Cutting Edge, and Interdisciplinary Decision Making and build on our reputation for Clinical Excellence.
- Collaborative approach to positively influence the development of acute paediatric services.

We are continuing to work on the other quadrants of our Development Agenda - Strategy (Statement of Strategic Intent) Leadership, New Ways of Working and Transitions. The Board of Directors are looking forward to leading out on some strategic changes over the next year and have formed a strategic group to explore this further. There needs to be more alignment around the roles and functions of the CMT and Consultative Management Forum and this is an area I will be looking at in the New Year. In relation to New Ways of Working, we intend to review our work over the past two years in the area of Engagement. This review will inform the next steps in Temple Street's core commitment to building a culture of engagement which is one of the key principles underpinning our Statement of Strategic Intent. The current management programme run by Human Resources will be developed and enhanced to support staff to meet the practical day to day realities particularly when working with merger partners. Staff will be supported to use an action learning approach. This is about learning by doing and reflecting on outcomes to decide on next steps. Transitions - In particular Temple Street will engage with merger partners in 2013 on the following



above themes: The Voice of the Child & Building staff capacity to work collaboratively. The first event will involve a cross hospital working group to design and deliver an interactive event that explores one of the above themes. The next steps are that the completed Statement of Strategic Intent will go before the Board of Directors on the 19th December, 2012 for final sign off. To celebrate the work to date, I am delighted to advise that we have received sponsorship to develop 1,000 bookmarks which will be given out to each member of staff and will act to brand our new direction going forward.

Finally, I would like to take this opportunity to wish you and your families a very Happy and peaceful Christmas & New Year. I look forward to working together in facing the challenges ahead over the next year.

Kind regards

Mona Baker
Chief Executive Officer





It all began in 1872...

Our story begins on this day 140 years ago, when Temple Street Children's University Hospital first opened its doors with 18 beds, 4 doctors, 3 nurses, 1 matron and Willie, our very first patient. From small beginnings to the world-class hospital we are today, one thing is for sure, we couldn't have done it without your generous support.

In 2011, Temple Street saw 133,000 children with everything from bumps and bruises to serious and life-threatening illnesses. Thankfully, we've also seen major advances in medicine over the years but to find new treatments, buy essential equipment and build specialist facilities requires significant investment.

So you see, we need your help more than ever. And, there's lots of ways you can get involved. From a single donation to organising a fundraising event of your own, every contribution helps to raise the life-saving funds we need to care for our brave and wonderful patients and their families.

Help us write the next chapter

Visit **www.templestreet.ie** for lots of ideas on how you can make a difference



Kindly
supported by



Temple Street Events Calendar 2013

Celebrating 140 Years

SPRING

January

Metabolic Month

W82go Official Launch - w/c 21/01/13

Recycling Appeal - Bring A Phone To Work Day

February

Nursing Research Seminar

Medical Symposium

UCD Business & Law Day

March

Rare Diseases Research Day - 01/03/13

Lindt Gold Bunny Campaign

Radiothon

April

The Experience and Voice of the Child Campaign in partnership with OLHC and NCH, Tallaght

Aer Aran Half Marathon

Break it to Make it Campaign

London Marathon

SUMMER

May

Recognising Past and Present Employees Event (including Long Service Awards Event)

Global Diversity Day - 21/05/13

Fundraising Awareness Day (for hospital staff)

June

Celebrating 10 Years of Renal Transplantation - 29/06/13

ICT Development / Internal Communications Campaign

Volunteer Recognition Event

Women's Mini Marathon

Kiss Them Better Midsummer Ball

Laugh Out Loud Campaign

July

THE PULSE

Special Edition Celebrating 140 Years

AUTUMN

August

Patient Safety Campaign

A&L Goodbody Tag Rugby Tournament

September

Celebrating Five Years of Neurosurgery

Temple Street Staff Party

Berlin Marathon

October

Hygiene Week Campaign

Trick or Treat

Dublin Marathon

WINTER

November

Paediatric Healthcare Symposium - 08/11/12

New York Marathon

The Great Irish Bake

Thanksgiving Event

December

Christmas Raffle

Light Up a Child's Life Campaign

Christmas Cards

Engagement Advisory Group

In the lead up to the 140th anniversary, Temple Street Children's University Hospital is committed to ensuring that the knowledge and experience of our staff and service users is respected, valued and drawn upon to influence and shape the quality of care and service we deliver within and outside of the hospital environment. As part of the Engagement Initiative within the organisation, an Engagement Advisory Group was established in May 2012 incorporating parents, advocacy group representatives and staff.

Some key objectives of the group include:

- To provide a forum for service users and

staff for creative thinking

- To respond to questions about services and raise issues as appropriate
- To influence future service planning and development.
- To be involved in discussions and make recommendations on ways in which improvements can be made to services
- To impact on information provision for parents - for example - what parents can expect from all levels of staff.

The Engagement Advisory Group (EAG) meets in the hospital every six weeks. The group is currently co-chaired by Marie Corbett and Gráinne Bauer, Divisional Nurse

Managers. We welcome your suggestions and encourage you to bring any items or issues that you would like to have input from this group. Please contact Marie Corbett, Gráinne Dowdall, Cait Tierney, Anne McGillivray or Gráinne Bauer.

On behalf of the newly formed Engagement Advisory Group we wish you a Happy and Healthy New Year and look forward to sharing further information in the future.

Gráinne Bauer, Co-Chair

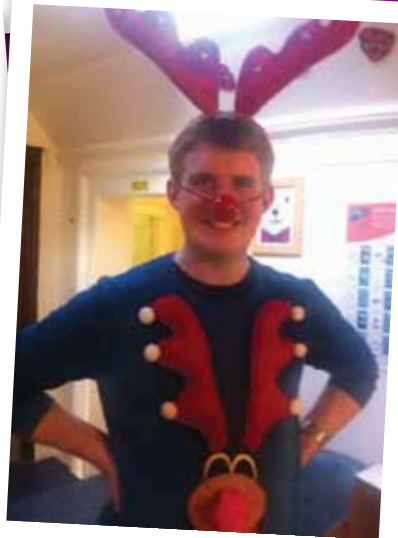
Neurology Christmas Jumper Clinic



Dr John Allen, Aoife Carey, Dr Eva Foreman,
Dr Brian Walsh, Dr Susan Byrne



Louise Scott, Dr James O'Byrne
and Siobhan O'Malley



Dr John Allen (AKA Rudolph)



Louise Scott, Dr John Allen, Dr Eva Foreman, Aoife Carey,
Dr Susan Byrne, Dr Bryan Lynch and Siobhan O'Malley

Hospital School



Congratulations to Liam Gannon on his wonderful Junior Certificate results. Liam has been a most diligent pupil of the Children's Hospital School and has attended hospital school at primary and post-primary level. He sat part of his Junior Certificate as an inpatient. Liam's family and hospital staff celebrated his remarkable achievement.



Pupils of the Children's Hospital School designed and created a tactile collage to celebrate the 140th Birthday of Temple Street. This is on display at the Hospital School.

Preparing for Christmas on St Michael's B Ward



Ivan and Oisín Nolan



Siobhan and Robert Coakley



Louise, Peter and Evan Ruigrok

Photo credit: Ronan Lang



Graduate overview - August 2012

The Children's University Hospital hosted the first combined presentation of badges and certificates to students from both the Mater Misericordiae University Hospital and CUH on the 31st August 2012.

The undergraduate group were the second class of integrated Children's and General Nursing students to qualify having commenced their training in 2007. This group completed the majority of their general experience in the Mater Misericordiae hospital, with a small number facilitated by James Connolly Memorial Hospital for their internship. Nineteen students were awarded their hospital badges and certificates either in person or in absentia having previously been awarded their degree in Nursing from Dublin City University.

The Post Registration group of students commenced their one year Higher Diploma in September 2010 in partnership with

Dublin City University. Thirty four students completed the course and were awarded their hospital badge and certificate on the day.

Each year the hospital recognises the outstanding clinical and academic achievements of one student from each group by awarding a gold hospital badge. The undergraduate recipient of the gold badge was Ms.Sinead Forde. The Post registration recipient was Ms. Sarah Dennedy.

We were honoured to have Ms. Emily Logan (Ombudsman for Children) as the key note speaker for the ceremony.

The ceremony was well attended by family, friends and colleagues of the graduating classes and was enjoyed by all. A special thank you was extended to all the staff who ensured this was a memorable occasion.

Upcoming Nursing Research Seminar

The nursing research committee is delighted to announce details of the 3rd Nursing Research Conference which will be held here in Temple St. Children's University Hospital in the conference room on Thursday 14th February 2013. This conference is entitled "Making life better for children: Nurse led innovations in Temple St. Children's University Hospital."

The nursing research committee would like to invite interested nursing staff to submit their related research or special projects focusing on nurse led initiatives which lead to benefits to children and improved patient outcomes.

The closing date for abstract submission is 14th January 2013.

Please consider sharing your successes and lessons learned. Abstracts will be selected by the nursing research committee and applicants will be notified by the 18th January 2013.

This conference is open to all healthcare professionals to attend. For further information please contact the committee by emailing nursingresearch@cuh.ie or contacting **Norma O'Keeffe** or **Anne-Marie Cullinane**.

New Temple Street Study Highlights Risk Factors for High Falls in Children and Leading Paediatrician Urges Preventative Safeguards in the Home

Key Findings at a Glance

- Study urges preventative safeguards for window falls in the home
- 45 high fall cases at Temple Street between January 2010 to September 2012
- 33 cases among young boys, 3:1 boy:girl ratio for high falls
- 80% in 1-5 year age group
- 31 falls occurred from under 3.68 metres
- 12 falls occurred from 3.66 – 7.35 metres

The study examined all cases of children admitted to Temple Street as a result of falls from windows during the period from January 2010 to September 2012. The study analysed the age and sex of the child, the month of presentation, injuries sustained, length of admission, injury severity score (ISS) and the clinical outcome.

A total of 45 high falls were recorded during the research period with a peak in admissions over the Spring and Summer months.

Significantly, there was a prevalence of cases among young boys, representing a 3:1 ratio over girls. 80% of patients were in the 1-5 year age group, four were aged between 5 to 10 years and eight were over 10 years of age.

Professor Alf Nicholson, consultant paediatrician and RCSI professor of paediatrics at Temple Street, says "Our research shows that the common risk factors for serious injuries as a result of high falls include young age, a fall from a height greater than two stories and a hard landing surface. Parents should be aware that the incidence of falls is particularly high among young boys. There are a number of simple measures that can be taken, however, to minimise the risks and safeguard children in the home."

According to the findings, the height of fall was directly associated with the injury severity score. Falls from a height under 3.68 metres accounted for 31 cases (22 male). 12 cases (10 male) were attributed to falls from a height between 3.66 – 7.35 metres. Eight children sustained limb fractures, four cases had skull vault fractures and one had a base skull fracture.

In two cases, falls from a height greater than 7.35 metres were recorded, both of which occurred from high rise apartment windows and both resulted in death. These children both had multiple injuries and significant brain contusions.

The study acknowledges the successful implementation of strategies to prevent the risk of injury due to window falls in other countries and calls for similar measures to be routinely introduced in Ireland.

"Prevention should focus on use of window guards and window locks as well as placement of furniture away from windows and softening of landing surfaces below. An urgent review of window locks in high rise apartments is also required," concludes Professor Nicholson.

First Ever Feeding Studies Consensus Watching Day For Temple Street and Crumlin Speech and Language Therapists

On the 15th of November, eleven Speech and Language Therapists (SLTs) drawn from the SLT departments in Temple Street and Our Lady's Hospital for Sick Children, met in Crumlin for a first of its kind in Ireland – a consensus watching day for feeding studies (X-ray of a moving swallow).

To set the scene, each department presented an overview of how the service to children who need feeding studies in their hospital, is organised. We discussed what is working well, and of course, the challenges we encounter as we strive with our Radiology colleagues to meet the seemingly ever-growing demand for this service.

The aim of the consensus watching part of the day was to review a number of feeding studies systematically over the course of the oral and pharyngeal stages of the swallow, for food and/or drink of different consistencies. On completion of watching each video there was discussion about the difficulties that were noted at each stage of the swallow, including the presence of penetration and/or aspiration. We then discussed what recommendations the SLTs present would have made if they had been involved with the case on the day. It was encouraging to see how much agreement there was between the therapists, despite the somewhat subjective nature of what is often described as an objective procedure.

We left Crumlin with a long list of to-do's. Apart from smaller points of learning in regard to technological and administrative issues which we will address separately back at our respective bases, our two departments agreed to move towards using a single rating framework when reviewing feeding studies (at present we use 4 forms between us). We will also work towards matching our feeding studies procedure as far as possible while recognising that at present we still work in two different organisations. It is hoped that when we meet again on the 16th of May 2013, for what we hope to be a bi-annual Consensus Watching session, we will have made considerable progress in standardising our clinical practice in regard to children who require feeding studies in Temple Street and Crumlin.

Thanks to Imogen Carter (Senior SLT/ Dysphagia Team Lead) for organising the day and to Clare Salley, Sharon Keogh, Noirin Carroll and Tanya Gilroy from the team for making the day so successful. We look forward to hosting our Crumlin colleagues in 2013.
Pauline Ackermann, SLT Manager



Clare Salley, Martin Cromb, Louise Keogh, Pauline Ackermann, Gillian McAlister

Central Auditory Processing Disorder Norming Project

You may recall that we were in touch a while ago to let you know that we were looking for typically developing children, with no significant medical history and who are between the ages of 7 years and 13.10 years, to get involved in our research. We are also inviting adults between the ages of 18-24.10 years without hearing, speech and/or language or learning difficulties to take part. This two-year project is on-going and we seek to enroll more participants after the holiday period. If you would like to learn more about what taking part would involve, contact us on

capdresearch@cuh.ie or ring extension 4287. Our information sheets will explain everything in detail but we would like to let you know that Saturday appointments will be available from January. We anticipate that they will be popular, so do contact us as soon as possible. You may know of other parents or college students who might like to hear about our research – please feel free to mention this project to them and pass on our contact details. With best wishes from the CAPD Research Team

Temple Street Cleft Palate Speech and Language Therapists hosts successful training session for therapists from across the country to assess and manage children with velopharyngeal dysfunction

Speech and Language Therapists (SLTs) from the Cleft Lip and Palate team of Temple Street recently hosted a successful training day for thirty three SLTs from across the country, focussed on assisting them in the management of children with velopharyngeal dysfunction.

Some children may present with speech that is made marked by resonance difficulties such as hyper- or hyponasality, and/or nasal airflow errors such as nasal emission, nasal turbulence or nasal fricatives. A number of these children already attend the Cleft Lip and Palate team here, while others may reach us via the Second Opinion service offered by the Cleft Palate Team under Prof. Michael J Earley.

In the Second Opinion service our SLT department accepts referrals from clinicians and SLTs across the country for children who require assessment of their speech and velopharyngeal function. In some of these cases, following assessment children may be referred back to their community SLT for articulation therapy. A number of them go on, after detailed speech assessment, for instrumental investigations such as an X-ray of their palate during speech (palatal study) and/or nasendoscopy during speech, performed by the SLT department. These findings are then reviewed by Prof. Earley at a combined clinic with the family and the SLT, to decide whether surgery may address any structural issues that have been

diagnosed over the course of these investigations. Our training day focussed on familiarising community SLTs with the care pathway for children with resonance concerns, and to upskill them in the identification and assessment of resonance issues, and appropriate onward referral if needed, in the context of the community clinic. The session also involved detailed presentation and discussion of speech therapy for children with cleft type speech errors.

The Paul Cunniffe conference room facilities enabled us to augment presentations with video material, which was deemed very useful by our attendees. Overall, the majority rated the training as 'excellent', and on review of the feedback forms, we are pleased that we achieved our aims for the day. Most attendees also asked to be added to our training mailing list, so that they don't miss any notices of training courses that we will be providing in 2013.

My thanks and appreciation goes to Dr Triona Sweeney (Clinical Specialist SLT), Noirin Carroll (Senior SLT), Roberta Fleming (Senior SLT) and Tanya Gilroy (Senior SLT) for presentations of a very high calibre. I would also like to extend my sincere thanks to John Doyle, Marie O'Keeffe and the catering team, Tommy Nolan, and Angela O'Toole, who all assisted us in providing a professional and high-quality training event here in Temple Street.

Awards

1. Central Decontamination Unit (CDU)

In September 2012, following a two day audit by the Notified Body SGS (UK) the hospitals Central Decontamination Unit (CDU) received re – Certification to ISO 13485 and Registration to Medical Device Directive (93/42 EEC). We continue to be the only hospital in Ireland (public or private) with CDU certification. This certification of CDU means that our CDU is fully compliant with national HSE Standards and Recommended Practices. Decontamination technology is a well recognised science based on safe validated processes for decontamination of reusable medical devices and which effectively minimises risks of healthcare associated infections.

The CDU Team comprise Health Care Assistants, CDU Operatives, Nursery Nurses, a Staff Nurse, Porter a Supervisor and a Deputy Manager. Caroline Conneely, the CDU Manager and Decontamination advisor has over all responsibility for the management of CDU as well as a role in advising and monitoring the hospital services in relation to the decontamination of reusable invasive Medical devices (RIMD)

This certification is as a result of the hard work and dedication of the staff who have embraced new technology, new standards and have undertaken training and education to ensure that they have required skills to provide safe and effective systems of

decontamination and provide quality assurances to all our patients.

2. M. Sc

2. Congratulations to Caroline Conneely who was recently conferred with M.Sc in Medical Device Decontamination

3. Safer Better Healthcare (national standards)

The National Standards for Safer Better Healthcare HIQA, were legally mandated by the Minister for Health on 16th May 2012. The standards are mandatory and are designed to be applicable to all healthcare services (excluding mental health under the Mental Health Commission). They set expectations for how Clinical care is delivered that is timely, evidenced based and reflect patients' needs.

The standards will place an onus on health services providers to plan better for demand and to monitor and evaluate the quality and safety of care. Service users must also be given clear information on the type of treatment that they can expect, based on up to date knowledge and is evidenced based in format that can be understood

Standards and Licensing:

These National standards will act as precursor to Licensing. The release of the standards will commence a 4 year cycle culminating in a licensing for healthcare facilities. However

there is not a direct relationship between Licensing and standards as each standard is not necessarily a regulatory standard. The initial requirement for healthcare service providers is to implement systems to demonstrate compliance with requirements of same.

The standards are grouped according to eighth themes as follows with the patient at the center:

Person–Centred Care and Support; Effective Care and Support, Safe Care and Support, Better Health and Wellbeing, Leadership, Governance and Management, Workforce, Use of Resources and Use of Information.

They focus on considering features of what is considered a safe, quality service. Themes 1- 4 are Quality Dimensions (Person–Centred Care and Support; Effective Care and Support, Safe Care and Support, Better Health and Wellbeing). Themes 5-8 are capacity and capability (Leadership, Governance and Management, Workforce, Use of Resources and Use of Information) underpinning the quality dimensions. The Quality Manager will be providing information sessions for staff in the new year. Details to follow

Eilis Murphy
Quality Standards and Service Planning

Occupational Therapy Renovation Celebrations!

Thank-you to all those in the surrounding work spaces who may have been affected by the works. We want to extend a big thank-you to everyone who supported us during the renovations, the Fundraising Department, Dr Colm Costigan and The Gresham Hotel. A special thanks to Kieran and Louise, The Projects Department for all their help, support and advice during the process. Clare, Laura, Martina, Colette, Amy, Nicola & Stephen. The Occupational Therapy Team



Feed Your Child Well

The third edition of Feed Your Child Well, written by Temple Street Dietitians Valerie Kelly, Therese Dunne and Phyllis Farrell is available to purchase from the Hospital's Dietetic Department at a special discounted price of €14.99. An ideal baby gift! If you would like to purchase a copy, please contact the Dietetic Department on extension 4442. It is also available in all good book shops (RRP €17.99). Divided into fourteen chapters it covers all aspects of nutrition from feeding a baby, by breast and bottle, food allergy and the different options for older children, including vegetarianism and preventing obesity and overweight.



HR News

ESS Leave Management is Coming in January 2013

The Human Resources Department is pleased to announce that ESS (Employee Self Service) has been further developed to now include Leave Management. Effective from the 7th January 2013, employees will now apply for all paid leave directly through ESS. It couldn't be simpler! Just follows these easy steps.

1. Apply for the time off by submitting your request through the 'Request Time Off' link on the ESS home page.
2. An email will be automatically generated from the system directly to your Manager.
3. Your Manager will then approve or deny the leave in the system.
4. A confirmation email will be sent back to you from ESS informing you if your leave was Approved or Denied.
5. You can view a full history of your leave taken and requested on your ESS leave page. Annual leave entitlement will also be available to you and will be displayed in hours.

Return sheets will continue to be returned to Human Resources by Managers for all unpaid leave and all sick leave. Training sessions for managers and employees will be carried out by Human Resources staff during November and December. ESS will be driven by an employees work email therefore we would appreciate if you could validate your work email address on the 'My Details' page in ESS and edit accordingly.

If you have any questions please do not hesitate to contact a member of the Human Resources Team.



Temple Street's Thin Blue Line

A blue line will appear around the hospital grounds from February 13th to signify our campus boundary. This is to help people identify where they will and will not be able to smoke. The blue line has been used in other hospitals for the same reason, with the aim of creating an association between the blue line and the smoke free campus policy.



So by obeying the thin blue line, you're helping to keep Temple Street a cleaner, safer and healthier hospital for all who use it!

Wellness Corner, Hello Everyone!

With The Party Season In Full Swing, The Cocktail Of Excitement, Stress, Tiredness And Alcohol Can Lead To Accidents In The Home. Here Are Some Tips To Help Keep Your Home As Safe As Possible This Christmas.

Decorating

Every year A&E see an increase in admissions due to ingested fairy lights, cuts from shattered baubles and electrical burns. Always use a step ladder when decorating rather than balancing on a chair and invest in decorations that are both safe and ornamental. Check fairy lights annually to ensure they're safe to use. Never leave burning candles unattended and ensure that they are fully extinguished before going to bed.

Stairs

Keep the stairs well lit and free from clutter as tiredness, alcohol and obstacles can cause dangerous falls.

Kitchen

The hustle & bustle of preparing big meals over the Christmas period can lead to accidents involving boiling water, hot fat, and sharp knives. Try to keep small children out of the kitchen while cooking and clean up spills immediately to avoid slipping.

Indigestion & Food Poisoning

Follow cooking instructions carefully on all recipes and food packets. Eat slowly and really enjoy the festive flavours. Have a little of everything and stop eating when you're full!

Alcohol

As well as the risks to individual health, alcohol can be the chief mischief maker

when it comes to accidents so drink responsibly over the festive season.

Presents

Have a screwdriver at the ready to tackle toy assembly instead of using a knife or scissors. Clear up wrapping paper and packaging as you go along to avoid tripping up and remember to recycle!

Source: www.nhs.uk



▲ Temple Street Children's University Hospital Route 66 Motorcycle Challenge - It takes people to make a dream a reality

You don't have to be a doctor to save a life and you don't have to be a nurse to make a difference. That is what 75 fundraisers for Temple Street proved when they made their 6th trip down "the mother of all mother roads" Route 66 in September of this year. As they took on this iconic, wild and wonderful challenge, they were focused on raising a quarter of a million between them in support of Temple Street's latest re-development project, Top Flat, a ward where some of Ireland's sickest children are cared for.

Over the past 12 years they have collectively travelled 1.6 million miles and raised in excess of €2.2 million, never losing sight of why they commit to fundraise all year. Every Irish Route 66er believes in the magic of Temple Street and understand that fundraising is a vital part of the life saving team in Temple Street. You do not have to be a doctor to save a life.

People from all over the country and all walks of life support Temple Street by taking part in this amazing challenge and experience the joy of helping sick and injured children. This year Temple Street's wish is to give patients and families state of the art care at a time when they need it most. Angela McNulty, Special Events Manager, Temple Street said, "We desperately need to raise €2 million for

our ambitious redevelopment programme. Although the care in Temple Street Children's University Hospital is second to none, our busiest ward, known to many as Top Flat, is in urgent need of extensive refurbishment and redevelopment in order to keep up with medical standards. We would like to thank all participants, their family, friends and supporters for endeavoring to make this dream a reality."

If you feel you are up for this challenge contact us on **01 878 4344** or visit **www.route66.ie** and you could be a part of Temple Street Children's University Hospital Route 66 Motorcycle Challenge 2014.



▲ Thousands of sparkling lights will make Christmas magical in Temple Street Children's Hospital

On Thursday 6th December Temple Street turned on its Christmas lights, to brighten the lives of those children who are too sick to go home for Christmas. For the many children who find themselves in our care this festive season, Temple Street has been decorated with hundreds of sparkling lights and magic is in the air.

Michaela Morley (aged 8) switched on Temple Street's Christmas lights with Ireland AM, TV3 Presenter, Anna Daly. Michaela's best Christmas present last year wasn't wrapped in shiny paper and tied with a pretty bow but it was the most important thing she has ever been given, the gift of life in the form of a new kidney.

Lights! Action! Michaela and Anna have officially kicked off Christmas in Temple

Street, joined by the hospital staff, patients and special guests including Santa and his reindeer. Anna, a Temple Street Ambassador said, "I am honoured to be part of 'Light Up a Child's Life', a special campaign that will help brighten the lives of the many Irish children that Temple Street looks after. Supporting this campaign is a wonderful way to show these special children you care and also raise vital funds so Temple Street can continue to save lives. I really hope everyone gets behind this special hospital."

If you spend a day on the wards you will realise Temple Street is far from a depressing place, but a place of hope and determination, filled with lots of little fighters! Many children will find themselves inside the walls of Temple Street this festive season battling for life, but the staff work extra hard to make sure

Christmas is magical, and Santa never forgets to stop and visit.

This year we're asking you to think about these children coping with serious illness or injury. By supporting "Light Up a Child's Life" this Christmas you will help make our hospital a better place and allow it to continue provide state of the art care to our wonderful patients and their families at a time when they need it most.

Temple Street Children's University Hospital needs to raise €5 million every year to re-develop wards and purchase vital life saving equipment. To help Light Up a Child's Life this Christmas please make a donation or purchase festive Christmas cards by logging onto **www.templestreet.ie** or call **01 878 4344** and help us today.

Our Big House

The Story of Buckingham Street Infirmary

By Barry Kennerk



Temple Street Children's University Hospital, now one of Ireland's most recognised institutions, had the most humble of beginnings. In an early nineteenth-century city characterised by a stark contrast between rich and poor; elegant Victorian townhouses stood adjacent to over-crowded tenement buildings and even upmarket streets were littered with horse manure. Out of a population of a quarter of a million, 21,000 families lived in cramped, single-room tenement apartments, often just streets away from their wealthy neighbours and disease and malnutrition were rife. It was into such an environment that St. Joseph's Infirmary for Children opened its doors in November 1872.

Founded by a group of charitable people, the infirmary or 'Big House' was an early forerunner of Temple Street and was typical in a city dominated by a large number of small, charitably-run institutions. Unlike these however, it served a specific and long-standing need – the care of sick children in a special environment of their own. The committee established to oversee the project met for the first time in 1871. It was led by 61-year-old Ellen Woodlock, a widow from Cork and 49-year-old Sarah Atkinson from Roscommon, two strong women with excellent track records in charity work. Mrs Woodlock had spent some time as a novitiate with the Sisters

of St Louis at Juilly during the 1840s but left before she completed her training. She subsequently returned to Ireland where she threw herself into a number of philanthropic endeavours including St. Joseph's Industrial Institute on Richmond Road, Fairview, which she co-founded with Sarah Atkinson in 1855. The aim of the institute was to save young workhouse girls from misery and six years later, Woodlock was the only woman to give evidence at a House of Commons select committee on poor relief in Ireland.

The house they chose for their new infirmary was No. 9, Upper Buckingham Street, a large

three-bay house of exceptional size. Built by Irish statesman John Beresford in 1792, it boasted massive first floor windows and an upstairs view of the hill of Howth. Beresford's son Claudius, who lived there during the early nineteenth century, bankrupted the family with the social gatherings and lavish entertainments he hosted there. Thereafter, the house passed into a succession of hands. These included Archdeacon, Thomas Percival Magee who lived there up until the 1850s and a Mrs Alexander – its final owner before the infirmary opened.

During the summer of 1872, a group of painters and carpenters set to work. Eighteen

beds were brought in and a wooden recess was installed at the top of the grand staircase for milk, fruit and other items. The hospital committee, which rotated on an annual basis, included two secretaries and a treasurer, the first of whom was Thomas Woodlock of Uplands, Monkstown. He appealed for donations, including gifts of clothes, books and toys in order to defray the infirmary's running costs. On glancing through this list, we find pots of jam, story books, cakes, homemade baby clothes as well as a music box from Mr Bianconi, proprietor of the famous coach company.

On 7 November 1872, the Buckingham Street infirmary was finally ready to open its doors. Matron, Anne Hayes presided over a little coterie of nurses but in general, management was 'carried on by women who were mothers in their own homes, and girls with the glamour of youth'. They came at dinner hour to serve the food and Mrs Atkinson, spurred into charitable work by the death of her only son, aged four, also attended for several hours every day.

Only patients under the age of ten were eligible for admission. The first was a child with spinal disease known simply to all as 'Willie'. In May 1873 the following account of his care was reported in the hospital's newly-published Tiny Bulletin:

He had been living in a wretched and crowded home, where five persons slept in one straw bed, and where his little brother used to kick his poor back while asleep. His first request was to be so laid in bed that he could see the beautiful statue and the flowers beside it.

In keeping with the religious ethos of the hospital, (although all were accepted, regardless of denomination), a large statue of the Sacred Heart stood in the main ward and sacred pictures hung on the walls. The beds had white coverlets, each trimmed with a strip of red. One of the volunteers later recalled that:

They [the patients] 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.

Apart from its inpatient work, St. Joseph's also maintained a little dispensary for outpatients which opened on 21 November 1872. It ran every Tuesday, Thursday and Saturday for one hour in the morning but this later extended to a daily service. The entrance was in Bailey's Row, a narrow lane to the rear of the building. Applicants were asked to bring a ticket or note of recommendation from a subscriber or member of the clergy.

Another interesting feature of the infirmary was that it housed a lending library for the poor of the North inner city. Sometimes this was a source of comfort for those whose children could not be admitted on the basis of age:

It is sad to see the poor mother turning away disappointed, with the sick child in her arms, and beautiful to observe how she will sometimes rejoice at the success of her neighbour, when her own request has been denied...she carries away with her from the library...a story book for the comfort of poor big Johnny at home. In this way, we can sometimes give a little out-door relief. Of the four doctors associated with the infirmary in its early years, the foremost was obstetrician and gynaecologist, Thomas More Madden. In September 1872, he had been elected as a member of the Dublin Sanitary Association whose object was the provision of better housing conditions in the city. His involvement with the infirmary served to broaden that interest and in 1873, his children sent gifts of books, illustrated papers and toys. When fundraising concerts were held, the Madden home acted as a ticket outlet.

Working alongside Madden was Dr John Francis McVeagh. The son of an excise official, McVeagh was physician to St Mary's asylum and the Government female reformatory in Drumcondra. Among his achievements, he had carried out some novel experiments for the treatment of asthma.

Typical presentations to Buckingham Street included children with scrofula, gastric

disease or orthopaedic problems but a good many were simple cases of starvation. Two toddlers were so malnourished that they hardly any bigger than babies. Another 'cried at the sight of food, or any vessel which might be supposed to contain it'. When these children were well enough, they were dressed from a press full of donated clothes and brought out to convalesce in the garden. In many cases, they were sent home in the same outfits as a protection against the cold.

The infirmary offered a brief, but welcome respite from dismal tenement conditions but in order to ensure that only the very poorest were received, ladies of the management committee took it in turns to visit the surrounding slums. There, they could assess whether a sick child lived in comfort or poverty.

Healthy children of the middle classes were encouraged to visit the hospital on Sundays. Some were members of the 'Busy Bee Brigade' who arrived with little barrel-shaped money boxes full of pennies for the sick patients. Afterwards, they listened to a sermon given by the local priest, Father Naughton who reminded them: "One day poor Willie, who is lying upstairs so sick will open the door of heaven to every one of you".

When a little party of children visited in 1876, their chaperone left a charming pen portrait. 'The place did not look dismal at all', she wrote. 'The sun was shining in pleasantly through the chinks of cool blinds, and a number of little heads were propped up from the pillows to gaze at the visitors'. One of the visitors, a girl named Sylvia, ventured over shyly to a group of patients who were playing in a corner by the window. After a few moments, they warmed to her:

One girl, taking courage, explained to the little lady that they were playing "hospital". They had a number of tiny wooden dolls in a box, all laid up on little heaps of rags, and tucked around, and supposed to be in bed...Sylvia was soon busily engaged in this play, having added a pretty doll, who made so large a patient that she had to get a separate box of her own for a bed. "Oh, but her cheeks is too rosy!" lisped a pale-faced little sprite, who was gazing rapturously at the waxen beauty. "She isn't sick at all, but lovely and well, I'm sure". "That is the high fever," explained Sylvia. "I know when people have fever their cheeks get very red".

Fundraising was integral to Buckingham Street's success. When the infirmary first opened, it was only able to admit patients to a downstairs room. That left the entire upper part of the house vacant. Regular advertisements appeared in the Freeman's Journal, helped in part by the fact that the Journal's joint proprietor was married to Sarah Atkinson. Other appeals were printed in the Irish Times. It reminded its readers that all those who supported a bed or subscribed £20 or more were eligible to be elected a governor for life.

Unsurprisingly, the number of children who attended the Buckingham Street infirmary increased dramatically. During its first three and a half years up to December 1876, 10,000 dispensary prescriptions had been filled with over 500 admissions. Such demand put pressure on the governors who began to run out of funds – a problem that had bedevilled some of Woodlock and Atkinson's previous endeavours.

Fortunately, the two ladies had always maintained strong links with religious orders. Woodlock was successful in bringing the Sisters of St. Louis to County Monaghan in 1859 for instance and when Atkinson's school

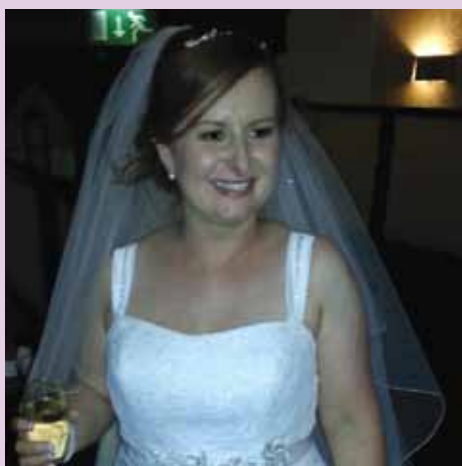
for girls in Drumcondra experienced financial difficulties, she managed to encourage the Sisters of Charity to take charge. Thus, on 2 July 1876, they handed over governance of the Buckingham Street infirmary to the Sisters of Charity which thereafter became the nineteenth house of the congregation. The sisters had a long track record in providing medical care, particularly in Dublin where they helped to treat the 1832 outbreak of Asiatic cholera. They renamed the infirmary '*St. Joseph's Hospital*' and began to admit acute cases.

The task they faced was not an easy one. The sisters started at Buckingham Street with a debt of £148 15s but shortly before Christmas 1877, they were able to attract a great deal of publicity for their new venture by encouraging the Lady Lieutenant to visit. She was led around the hospital by the new superioress, Mother Calasancthus Ingoldsby and took a great interest in each of the cases. Her visit, which set a long-standing annual precedent, included a gift of toys for the children.

On the streets outside, visitors could be met occasionally by children who had been treated in the hospital and by the end of the

1870s 'Big House' was even recalled in rhyme: There was a little baby that I heard tell, And right down-stairs this little baby fell – Right downstairs all on a winter's day, And there on the pavement poor little baby lay Did you never hear tell of the New Big Baby House, For makin' childher well, Where they cure their little pains, and mend their little bones, Go off with the child now, and stop your sighs and groans.

Today, such verses have long since faded from memory but Buckingham Street's legacy remains. The infirmary catered exclusively for the poor children of Dublin, but the care and attention it bestowed set a precedent for the very best in Irish paediatric hospital care. Similarly, the small sums of money donated by the boys' brigade and young ladies' associations, their endless hours of assistance and their enthusiasm were crucial to the hospital's success. Written 140 years ago, their letters are still imbued with a sense of real human spirit: "*12 pennies for the sick children. Pray for mamma and for us*".



Caroline O'Connor, Nurse Practice Development Co-ordinator married Damien in early December 2012



Congratulations to Susan Bradley from the Fundraising Office on the birth of her baby Emma on 26th October 2012



Nathan Thomas Doyle born 9th September 2012 weighing 8lb 6oz

IPiMS Patient Administration System

Ipims Project continues to progress with the team currently working on configuration and migration phases. Department Heads will shortly receive notification of training dates and it is imperative that staff attend on the dates provided due to the large number of people involved.

Ipims Benefits

- Ipims is the recognised National Patient Administration System. This puts Temple Street Children's University Hospital in a strong position for future planning for the National Children's Hospital in terms of ICT Systems.
- Developing the management of out-patient clinics including the ability to book linked appointments, capture relevant timing points and offer an improved patient service.
- Patient Document Tracking allows for healthcare records to be requested and received by users ensuring a more transparent record of movement of healthcare records.
- Bed Management feature of Ipims ensures that a real time record of

in-patient movements is available at any time.

- Alerts functionality on Ipims will be developed to ensure that all relevant patient alerts are captured and reported electronically.
- In-patient billing functionality links into the bed management structure and begins building the patient invoice from the first night of admission instead of the current structure where bills are completed on patient discharge.
- Ipims will be directly interfaced to ORMIS ensuring that in-patient waiting lists and theatre lists are aligned. In addition the use of ICD-10-AM coding on both the waiting lists and Theatre Lists will open the door to a much improved system for capturing patient diagnoses and procedures which in turn supports the research ethos of Temple Street Children's University Hospital.

**For further information, please contact:
Alison Wallace IPiMS Project Manager,
Ext: 1854. Email: alison.wallace@cuh.ie**



ORMIS the Operating Room Management System is coming!

ORMIS Benefits include

- ORMIS provides accurate and up-to-date information to help make the best possible use of theatres, and provides managers and clinicians with high quality data analysis and reporting.
- The system enables the management of the theatre lists, ensuring the surgeon; staff and correct equipment are booked into the correct theatre.
- ORMIS provides the ability for Surgeons to record their post-operative notes once each procedure is complete.
- Touch screen technology means staff can update ORMIS as the patient is progressing through their theatre journey.
- The potential to reduce the amount of paperwork as information can be recorded electronically.
- ORMIS intelligence has the ability to learn the timings of procedures therefore assisting in reducing the overrunning of theatre schedules.
- ORMIS provides the ability for the coding of clinical procedures using the national coding system, ICD 10 AM.

**For further information, please contact:
Brenda Courtney, ORMIS Project Manager,
Ext: 1853 Email: brenda.courtney@cuh.ie**

ICIP GO LIVE SUCCESS

The PICU Unit in CUH had a very successful Go Live with ICIP their Clinical Information System on the 27th of November 2012 thanks to a very dedicated and hard working 'Project Steering Group' and staff members open to changing their way of working.

From admissions documents to vital signs to labs to consult notes, ICIP centralises and organises patient data, to put needed clinical information front and centre. The transition from paper to full automation was very smooth. In the first week the team were highly challenged with very critically ill children admitted very soon after going 'live' and it is testament to the tenacity and skills of all the staff in the unit that despite the huge work pressures the team embraced the new change and continue to do so.

Key outcomes for the Project, most importantly being that of supporting Patient care in a critical setting, are being realised. The unit is now "paper-lite" and this is bringing CUH one step closer down the path of an 'Electronic Patient Record' as one parent the week of Go Live commented;

"You are doing all of this in the PICU only to go back to paper on the wards!"

The PICU unit would like to thank the wider group of clinicians to whom the introduction of this system has resulted in a change in how clinician's notes are documented and viewed with all the associated challenges for those involved.

The PICU unit is now looking forward to realising even further potential with the system as it settles into being par for the course for patient care.



Kitchen Hero Donal Skehan drops in for the Great Irish Bake proudly supported by GEM Pack Foods in Temple Street in November

Recognition of Excellence



Mary Doyle, Household Assistant receives her award from Catherine Lee, Acting Human Resource Director



Anne O'Brien, OT Superintendent receives her award from Mona Baker, CEO



Marie Galvin, Staff Nurse, Outpatients Department receives her award from Catherine Lee, Acting Human Resource Director



Plaque unveiling at Buckingham Street to mark 140th anniversary

Pictured at the unveiling of a plaque to mark the 140th anniversary at No 9 Buckingham Street, the original site of the hospital when it first opened its doors in 1872 were (L-R)

Mona Baker, CEO, Temple Street Children's University Hospital
Donal Walsh, Chairman, Temple Street Children's University Hospital
Zoe Collins, Temple Street patient
Emily Logan, Ombudsman for Children
Emma Hunt-Duffy, Marketing Manager, EBS
Denise Fitzgerald, CEO, Children's Fund for Health, Temple Street

Preparing for Christmas at Temple Street



Children's author, Sarah Webb reads to children at the DFS Christmas Makeover of the Temple Street Radiology Department



Larry, Martina and Annie Keating meet Santa

The Editorial Team

Please send any articles, dates for the diary or suggestions for the next staff newsletter to:

Editorial Team: John Doyle, 01 878 4332, Barry Kennerk, 01 878 4254 or

Ervin Vujac on 01 878 4507. Photographer Tom Nolan.