

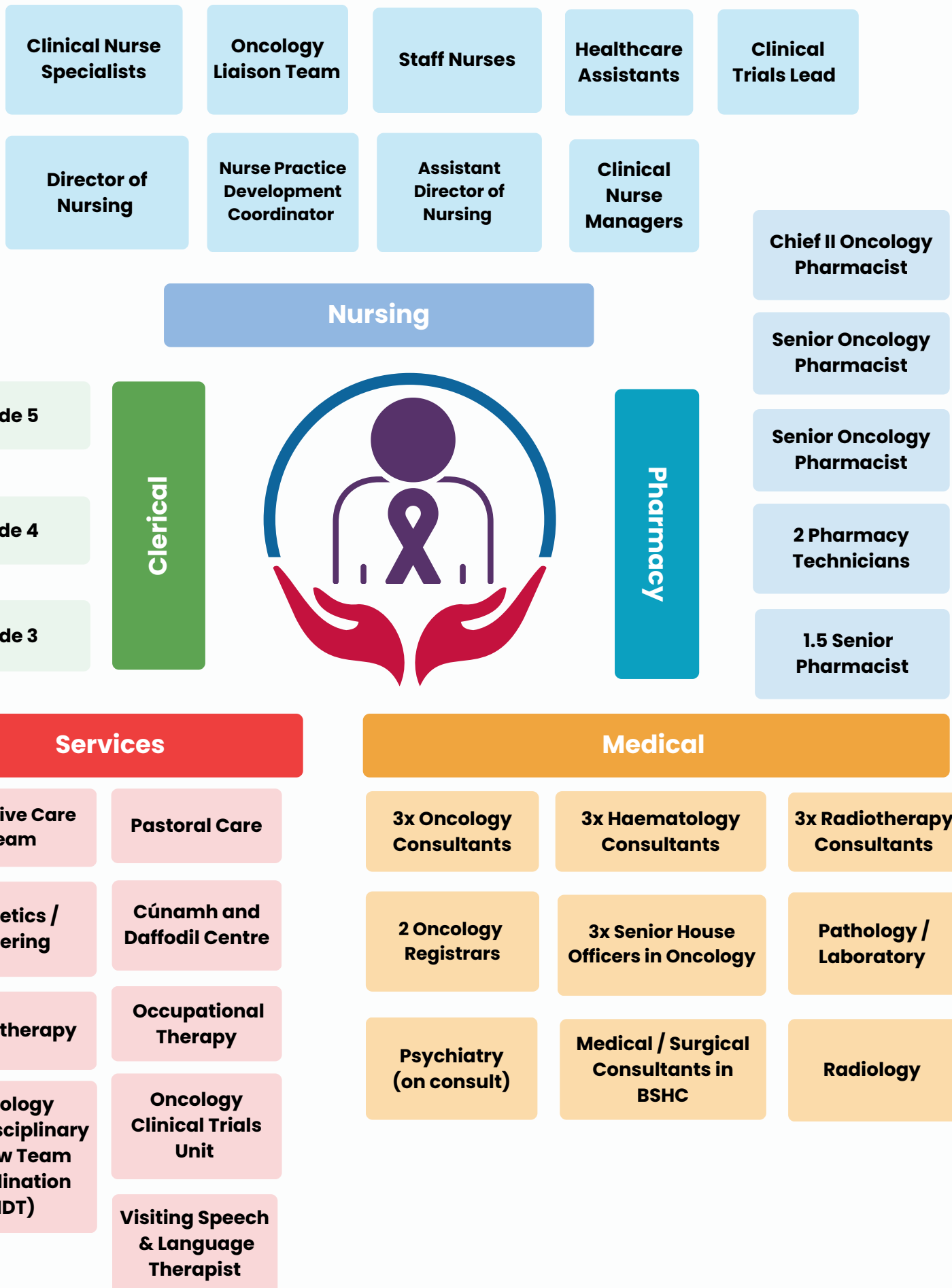
A dark blue banner with white text, featuring a double-headed arrow shape on the left and right sides.

ONCOLOGY TEAM

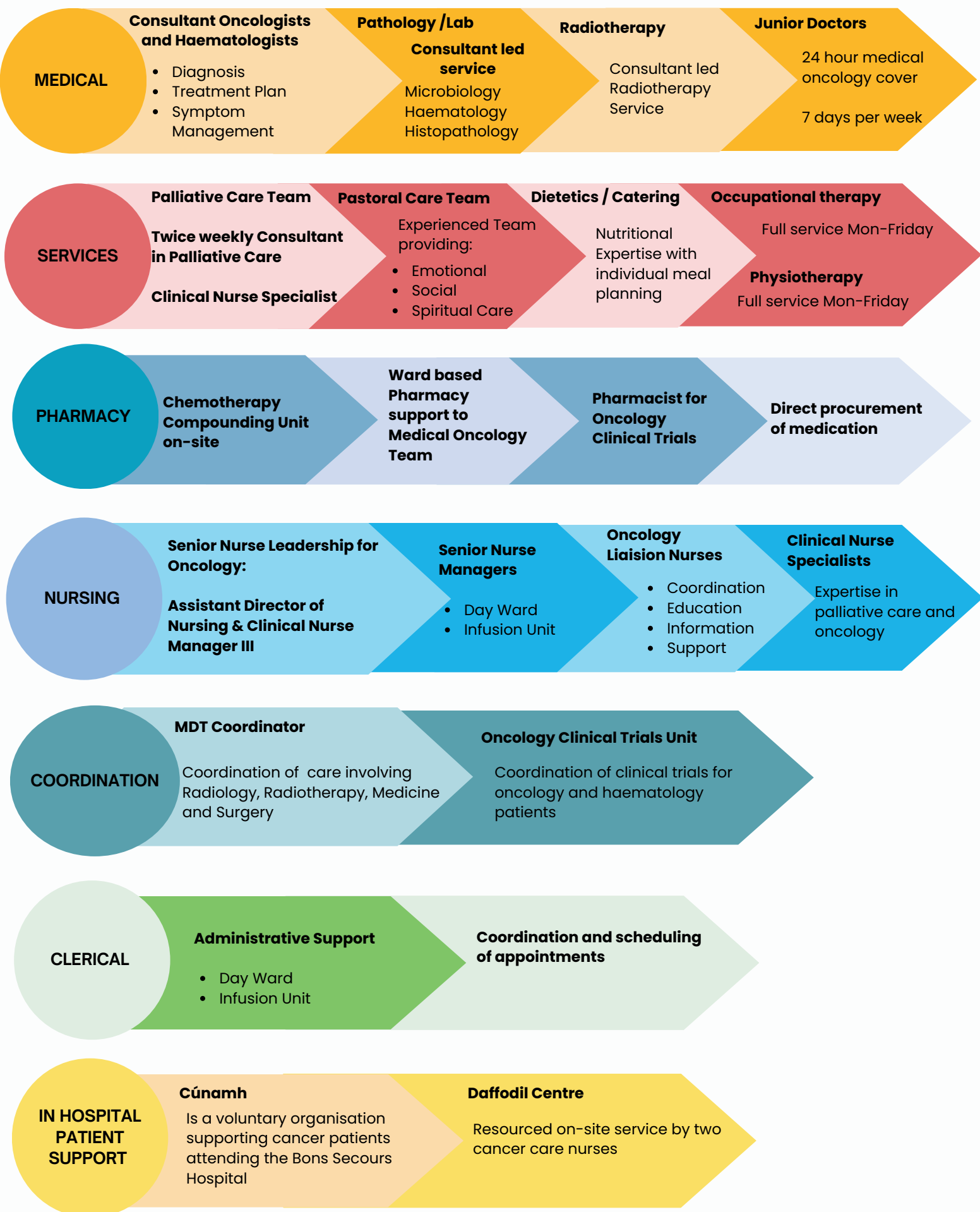
Bon Secours Hospital Cork

Team-Based Care: Care Team Members

Patient care is directed by a nominated Primary Consultant at all times. Multidisciplinary input is essential in providing a comprehensive service that aligns to complex patient requirements.



Team-Based Care: Care Team Members





01 HEAD OF DEPARTMENT

Thelma Farrelly



03 DATA GATHERED

- Risk Assessment
- Training Matrix
- HACCP Records (Full Food Traceability)
- Full Nutritional & Calories Analysis on all menus, to include Modified Diets.



05 QUALITY & SAFETY PROGRAMMES

- Q-Mark Accreditation
- €700k Capital Investment in the Catering Department in 2022. New Floors, New Refrigeration
- EHO Compliance
- Electronic Menu System
- Allergen & Calories on Menu's, QR Codes, IT Link on Serving Trays

Mindful Eating

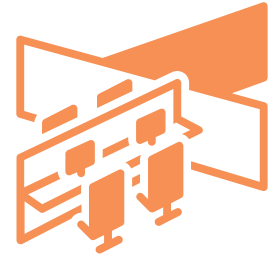
Eating a nutritious Diet is essential during illness especially during Oncology treatment. Food is medicine. Nutritious food compliments your wellbeing and aids the healing process.



02

STAFF STRUCTURE

- Head of Department
- Head Chef
- Operations Support & Catering Co-ordinator
- Supervisors
- Staff



04

AUDITS

- Gold Award Irish Heart Foundation, Health Eating
- Joint Commission International.
- KeepWell Accreditation for Healthy Eating
- EIQA, Q Mark (Emerald Standard) Food Safety & Hygiene
- Food Safety Company Audit
- Environmental Health Audit



06

STAFF

- Head Chef - Paul McInnes
- 2x Grade 1 Chefs
- 10x Grade 2 Chefs
- Operations Support - Sarah O'Donovan
- 3x Ward Catering Supervisors
- 70 Ward Catering Staff
- Restaurant Supervisors 1x & 8x Restaurant Staff
- Kitchen Porters x 10 Staff
- Laundry x3 Staff
- Cafe x3 Staff
- Shop x4 Staff
- Catering Co-Ordinator x1





01 HEAD OF DEPARTMENT

Diarmuid Duggan



03 ONCOLOGY INPATIENT, OUTPATIENT & REMOTE SERVICES

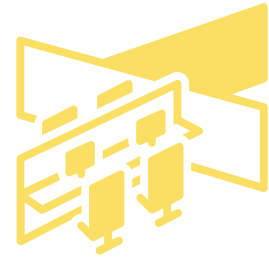
- Inpatient
- Specialist dietitians covers medical, surgical oncology, radiology, and haematology
- Inpatient, Day case and a new remote/virtual Dietetic clinic once a week for pts and carers
- New head and neck Radiotherapy clinic once a week



AUDIT/QUALITY IMPROVEMENT INITIATIVES

05

- TPN
- Usage per discipline/ diagnosis, appropriate usage, refeeding risk, demographics, length of time, reason for discontinuation
- Fortified Food and Fluid Project – Food Fortification treatment of Malnutrition
- Food based approach
- High energy high protein diet
- Use of fortified soups and desserts



02 STAFF STRUCTURE

- 1 Manager
- 1 Clerical Officer 0.6 WTE
- 3.6 WTE Senior Dietitians
- 2 WTE Basic Grade Dietitian



04 OTHER DIETETIC SPECIALITIES

- Bariatric Surgery – Obesity Disease Clinic
- 80% virtual/ 20% in person
- Gastroenterology – IBS/IBD clinic
- Paediatric Allergy Clinic
- Type 1 Diabetes Clinic



06 STUDENT TRAINING

- BSc. Nutritional Science
- MSc in Dietetics University College Cork
- MSc in Dietetics University of Limerick





01 HEAD OF DEPARTMENT Mary Kelly

- Phlebotomy Service
- Biochemistry
- Haematology
- Blood Bank
- Serology
- Histopathology
- Immunology
- Microbiology
- Haemovigilance Service
- Point of Care/ Near Patient Testing Service
- Consultant Advisory Services



05 QUALITY & SAFETY PROGRAMMES

- Customer Feedback
- Planning Staff Training & Development Programmes
- Staff Suggestions
- Review of Non-Conformances / Complaints
- Departmental Reviews of EQA & Test Around Time Data
- Critical Supplier Reviews
- Clinical Management Review
- Risk Assessment Data
- Results of Audit & Quality Indicator Programmes



07 WHAT COLLECTED MEASURES ARE SPECIFIC TO YOUR DEPARTMENT

- Pre Testing - 'Review of Specimen / Form Issues'
- Testing - 'Review of Turnaround Time'
- Haematology, Microbiology Including Serology
- Histopathology, Immunology, Biochemistry
- Post Testing - 'Communication of Critical Results'
- Traceability Monitor for the Fasting of Blood Products / Components
- Monitor for the Standard of Prescriptions for Blood Components Transfused & Blood Products Administered

01

03 SERVICES

05

07

02

STAFF STRUCTURE 110 Staff



The Pathology department team consists of:- • Laboratory Services Manager • Clinical Directorate • Consultant Pathologists • Consultant Chemical Pathologist • Consultant Microbiologists • Consultant Haematologists • Consultant Immunologist • Scientific/ Non Scientific Heads of Department • Laboratory Scientific Staff • Phlebotomists

Support Services - Specimen Reception - Information Technology - Validation Technician - Phlebotomy - Haemovigilance Officers – Clerical Officers - Point of Care Nurse Specialists - Lab Quality Assurance - Point of Care/ Near Patient Manager

04

AUDITS



- Annual Internal Audit
- Annual External Audit by INAB Assessors
- Customer Satisfaction Survey

06

RESEARCH



" The verification of the Optilite Analyser for the measurement of serum free light chains in the diagnosis of Multiple Myeloma"

08

DATA GATHERED

- Workload
- Antimicrobial Susceptibility Data
- Histology QA Programme Data
- Blood Product Usage



09

COMMUNICATION WITH THE TEAM

- Consultants (and medical scientists when required) participate in MDT meetings
- Consultant microbiologist chairs the IPC Committee/ Antimicrobial Stewardship Committee. A representative from Microbiology sits on this committee
- Involvement in amending/ implementing/ designing clinical pathways
- Clinical management of the POC/NPT testing process through the POC/NPT meetings
- Attendance/ participation at scheduled CNM2 meetings



01 HEAD OF DEPARTMENT

Katie Holly



03 QUALITY & SAFETY PROGRAMMES

- Prioritisation and screening guidelines
- Pressure relief audit
- Seating audit
- Documentation audit
- Supervision structures
- Rented equipment flowcharts

COMMUNICATION WITH THE TEAM

- Occupational Therapy team prioritisation meetings
- Attendance at morning multidisciplinary team huddles/handovers
- Multidisciplinary team meetings
- Family meetings

06

DATA GATHERED

- Audits on waiting time from referral to being seen by occupational therapy
- Audit on inappropriate and discharge before seen patients

02

STAFF



- 1 WTE Occupational Therapist Manager
- 1 WTE Senior Occupational Therapist
- 2 WTE Staff grade Occupational Therapists
- Therapy Assistant (x10 hours/week)



04

SERVICES

- Specialised Seating
- Pressure relief
- Activities of daily living including personal care, feeding and meal preparation
- Cognition
- Symptom Management including fatigue, anxiety and breathlessness
- Falls prevention
- Discharge Planning
- Equipment needs
- Hand Therapy and Rheumatology
- Onward referral as required

07

MEASURES

- Prioritisation and screening guidelines
- Equipment flowcharts
- Documentation audit tool
- Pressure relief audit tool
- Memory Mistake questionnaire for Memory Group
- Group feedback forms (non-standardised)
- Functional Assessments
- Standardised Cognitive Assessments
- Interdisciplinary Frailty Assessment being trialled



01 HEAD OF DEPARTMENT

Helen Murphy ADON
Dona Jose CNM



03 PATIENT TRAINING

- New patient education & change of treatment educations for all SACTS

05 SERVICES

- Inpatient & Outpatient Oncology/Haematology Patients
- Oral Clinic
- Phone Triage
- New patient education & change of treatment educations for all SACTS



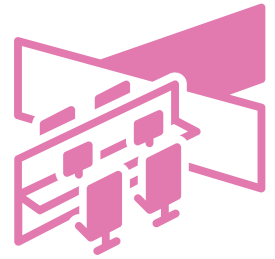
07 AUDIT/QUALITY IMPROVEMENT INITIATIVES

- New treatment time of diagnosis to starting treatment database
- OAM database
- Central line database
- Weekly stats
- Transplant database

02

STAFF STRUCTURE

- 2.6 WE Oncology/Haematology Liaison Nurses
- Fiona Hennerty
- Una Fouhy
- Mairead Murphy



04

TRIAGE

- Phone Triage



06

OTHER SPECIALITIES

- MDT's
- Planning Meetings
- Family Meetings
- Blood result follow up
- Nursing service referrals
- Liaising the stem cell & cart T cell transplants

08

STUDENT TRAINING

- Chemo study day
- UCC immunotherapy lecture to post grad
- Post grad oncology nursing students
- BSC Nurse Internship Year





Sr Karen Kent

01 HEAD OF DEPARTMENT



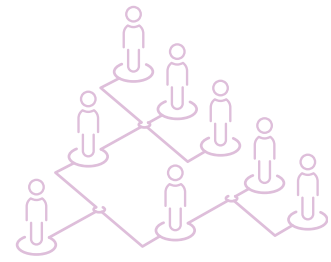
03 SERVICES

- Support at time of death
- Provide death notification form to families
- Daily Mass is streamed through the television in each room.
- Link families with the services offered by Bru Columbanus if they live some distance away.
- Assist with funeral preparation
- Link bereavement counselling and support services
- Support nursing/care staff in end of life care for patients.
- Link with ministers/leaders of other faiths
- Support for patients of other faiths
- Annual Mass of Remembrance



05 STAFF

- 1 Director of Pastoral Care
- 2 Permanent Part Time Healthcare Chaplains
- 1 Full Time Pastoral Carer
- 2 Locum Healthcare Chaplains
- 1 Priest Chaplain
- Church of Ireland Chaplain on Sundays & on Request
- All Other Faith Leaders Facilitated as Required / Requested



02

DEPARTMENT DESCRIPTION

As Members of the Multi-Disciplinary Team, We Offer Pastoral Care to Patients, Their Families & Staff



04

ROLE OF DEPARTMENT

- Daily pastoral care in a holistic manner to all patients, of all faiths and none
- Daily visits to each in-patient and to visit the day patients when they come to St Veronica's Ward
- Pastoral care team members are trained in helping patients to process their diagnosis, their treatment plan and as they progress through their illness.
- Priest Chaplains will offer sacrament of the sick to those who request same.
- To offer support to families as their loved one is receiving care
- To be alongside staff in these wards as support
- To be alongside patients and their families at end of life

01

**APPEL STUDENT
PHARMACISTS**

- Policy PHA0062
- Departmental Orientation Tool / Job Specification
- 2 Competency Assessments

02

**MEDICATION MANAGEMENT /
DEPARTMENTAL QUALITY MONITORS**

- Storage in Pharmacy / Ward
- Prescribing
- Medication Reconciliation
- Management of High Alert medications and SALADs
- Medication Errors / Near Misses / ADR's

03

**QUALITY & SAFETY
INITIATIVES**

- TPN
- Fluoroquinolones
- Aminoglycoside Patient Information
- Learn at Lunch

04

CLINICAL TRIALS

- COM0042
- GCP Certified Pharmacist

05

RISK REGISTERS

- Medication Management
- Dispensary
- Compounding
- Antimicrobial
- Warfarin Clinic

06

STAFF

- Head of Department - Susanne O'Shea
- Chief 11 Dispensary & Clinical Services - Michael White
- Chief 11 Oncology - Niamh Cooney
- 13.64 WTE Senior / Basic Pharmacist (of Which 2.5 WTE Oncology)
- 1.13 WTE Antimicrobial Pharmacist
- 0.53 WTE Medication Safety Pharmacist
- 17.68 WTE technicians (of which 4WTE Oncology/Aseptic Compounding)

07

DEPARTMENTAL MONITORS

- Baxter Delivery Performance
- Aseptic Manufacturing Cancellations

08

RISK ASSESSMENTS

- Emergency Medications
- Suitable Storage
- Storage of Concentrated Electrolytes Outside Pharmacy

09

ANTIMICROBIAL STEWARDSHIP KPI'S

- Consumption
- National PPS



01 HEAD OF DEPARTMENT

Nuala Reynolds



03 RESEARCH

Comparing Pre-Operative Patient & Surgeon Expectations of ACL Recovery to Inform Pre-Operative Education, A Cross Sectional Quantitative Survey Study



05 DATA GATHERED

- Results of Prioritisation Survey & Completed by Each New Physio for their 2 Month PRD
- Satisfaction Questionnaire for Patients - Were They Happy with Service? How Can we Improve?
- Chart Audit - Was Falls Screening Completed for Medical Inpatients > 65 Years?
- At PRD - Chart Reviews Done with Each Individual & Noted on PRD Form



02 STAFFING STRUCTURE

- 1 Head of Department
- 9.6 WTE Senior Physiotherapists in Orthopaedics, Oncology, Respiratory, Musculoskeletal, Elderly Care, Cardiac Rehab, Women's / Men's Health, Chronic Pain & Safer Handling
- 7 WTE Junior Physiotherapists
- 4 Weekend Physiotherapists Bank Staff
- 2 WTE Physiotherapy Assistants & 1 Therapy Assistant Shared with Occupational Therapy
- 1.4 Clerical Officers Shared with Occupational Therapy



04 WHAT COLLECTED MEASURES ARE SPECIFIC TO YOUR DEPARTMENT

- Keeping Prioritisation Consistent Across the Physiotherapy Team
- Patient Satisfaction Survey for Patients Receiving Physiotherapy
- Physiotherapy Falls Screening for Medical Inpatients over 65 years



06 QUALITY & SAFETY PROGRAMMES

- Keeping Prioritisation Consistent Across the Physiotherapy Team
- Patient Satisfaction Survey for Patients Receiving Physiotherapy
- Physiotherapy Falls Screening for Medical Inpatients over 65 years



01 HEAD OF DEPARTMENT

Ciarán Walsh



03 IMAGING MODALITIES

- Cardiac Catheterisation
- Computed Tomography
- Densitometry
- Fluoroscopy
- General Radiography
- Interventional Radiology
- Mammography
- Magnetic Resonance Imaging
- Nuclear Medicine
- Ultrasound

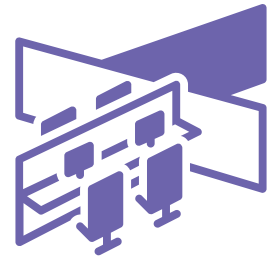


05 EXTERNAL OVERSIGHT & ACCREDITATION

- Environmental Protection Agency (EPA)
- Health Information and Quality Authority (HIQA)
- Joint Commission International (JCI)

02

STAFF STRUCTURE



- Consultant Radiologists – 8 WTE
- Radiology Services Manager: 1
- Deputy RSM: 1
- Clinical Specialist Radiographers – 11.4 WTE
- Senior Radiographers: 20.8 WTE
- Basic Grade Radiographers: 7.2 WTE
- Clerical Officers – 16.6 WTE
- Radiography Assistants: 8 WTE

04

QUALITY & AUDIT



- Extensive schedule of audits to comply with legislative requirements: 17 mandatory annual audits, 7 mandatory quarterly audits, other modality audits also conducted.
- Application for Euro Safe Imaging Accreditation submitted November 2024.

06

STUDENT TRAINING



- MSC in Diagnostic Radiography University College Cork

07

RADIOLOGY SERVICE

- Over 90,000 exams performed annually
- 77% of exams reported within 2 hours.
- 97% of exams reported within 24 hours.



01 MANAGEMENT STRUCTURE

Medical Director: Dr Paul Kelly
Operations Manager: Erica Bennett
Chief Physicist: Eoin Toomey
Quality Manager: Heather Ryan



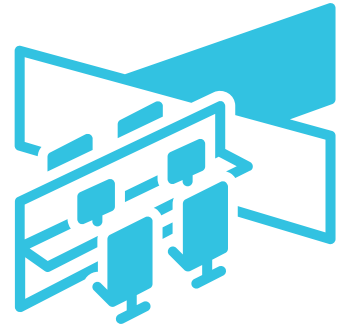
03 SERVICES

- Clinical consultations & MDT review
- Patient education, treatment and follow-up care
- State of the art radiotherapy treatment including Stereotactic Radiosurgery (SRS) and Stereotactic Ablative Radiotherapy (SABR)
- International collaborative clinical trials
- Head and Neck MDT clinic
- HSE collaboration: providing radiotherapy for public patients



05 EDUCATION & TRAINING

- Academic research supervision
- MSc Radiation therapy (UCC) teaching and student placement facilitation
- International presentations



02

MDT STAFF TEAM

- 3 Consultant Radiation Oncologists
- 1 Clinical Nurse Manager + 3 Clinical Nurse Specialists
- 1 Lead Radiation therapist + 10 Radiation therapists
- 2 Medical Physics experts + 2 Senior physicists
- 2 RMOS
- 1 Quality Clinical Specialist radiation therapist

04



QUALITY IMPROVEMENT & PATIENT SAFETY

- Successful JCI accreditation in November 2023
- Positive HIQA and EPA inspections q4 2024
- Weekly Continuous Quality Improvement meetings
- Monthly audits: Infection Control & Environmental; Medical record review; Patient identification & time out; Medication safety; Consent & justification of radiation exposures
- QIPs: Improving the consent process
- Streamlining the EMR (Radiotherapy ARIA platform)
- Anonymous patient feedback survey reviewed and actioned quarterly

Our Oncology Team

