

# 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.

Clinical Nurse Specialists

Oncology Liaison Team

Staff Nurses

Healthcare Assistants

Clinical Trials Lead

Director of Nursing

Nurse Practice Development Coordinator

Assistant Director of Nursing

Clinical Nurse Managers

Chief II Oncology Pharmacist

Senior Oncology Pharmacist

Senior Oncology Pharmacist

2 Pharmacy Technicians

1.5 Senior Pharmacist

Grade 5

Grade 4

Grade 3

Clerical

Pharmacy

Nursing



Services

Palliative Care Team

Pastoral Care

Dietetics / Catering

Cúnamh and Daffodil Centre

Physiotherapy

Occupational Therapy

Oncology Multidisciplinary Review Team Coordination (MDT)

Visiting Speech & Language Therapist

Medical

3x Oncology Consultants

3x Haematology Consultants

3x Radiotherapy Consultants

2 Oncology Registrars

3x Senior House Officers in Oncology

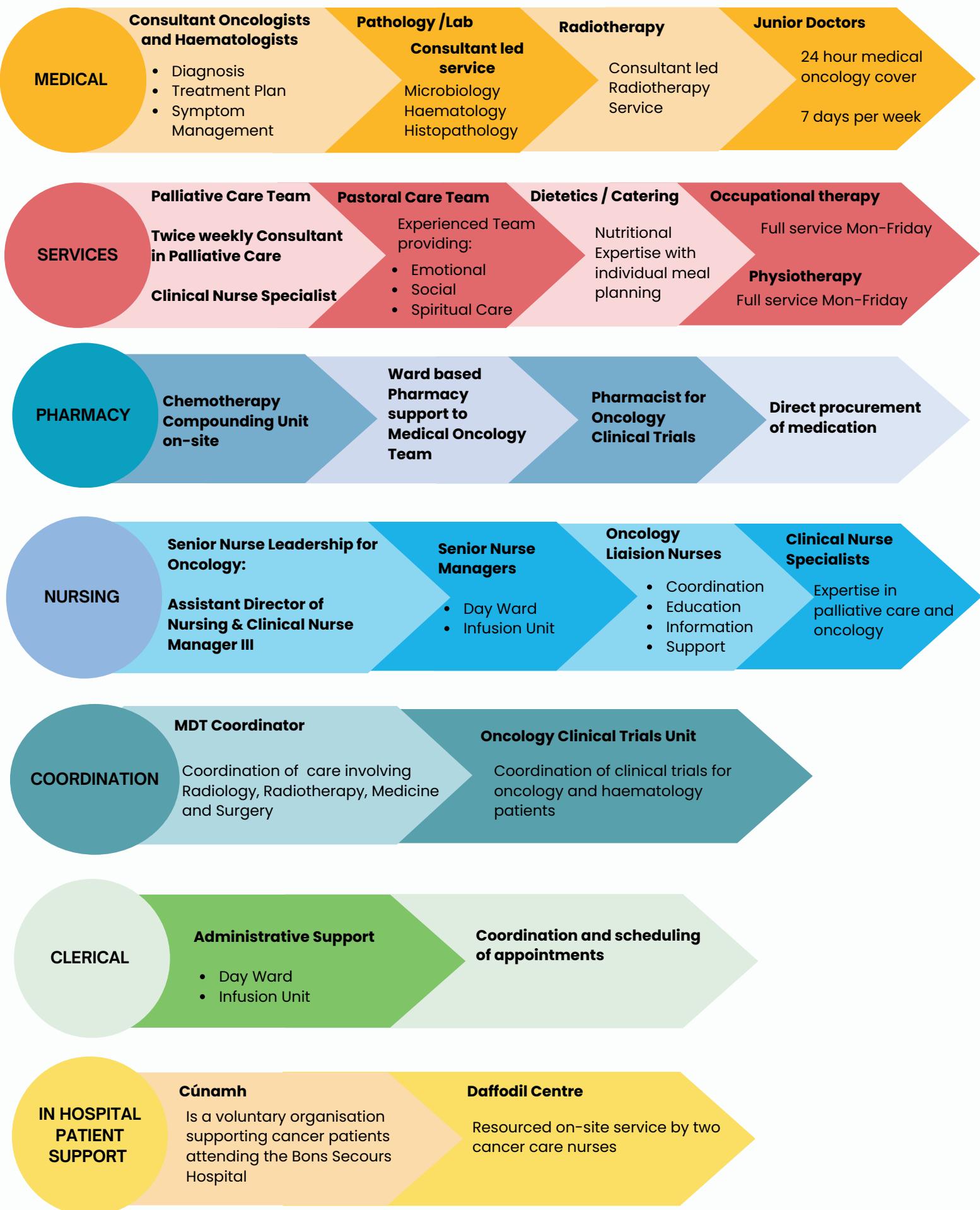
Pathology / Laboratory

Psychiatry (on consult)

Medical / Surgical Consultants in BSHC

Radiology

# 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

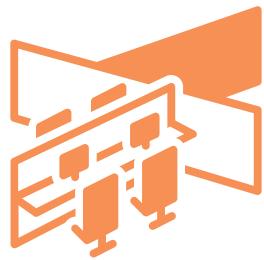
Mindful Eating

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.



## 07

### SCOPE



## 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 Accrediation 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

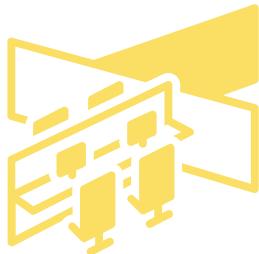
- Inpatient
- Specialist dietitians covers medical, surgical oncology, radiology, and haematology
- Inpatient, Day case and a new remote/virtual Dietetic clinic once a week for pts and carers
- New head and neck Radiotherapy clinic once a week



### 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



## 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



## 03 SERVICES

### 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



## 05

## 04

### AUDITS



## 06

### RESEARCH



## 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



## 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



Katie Holly

**01**  
HEAD OF  
DEPARTMENT



**03**  
QUALITY & SAFETY  
PROGRAMMES

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

**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

## COMMUNICATION WITH THE TEAM

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

**05**

**DATA GATHERED**

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

**06**  
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

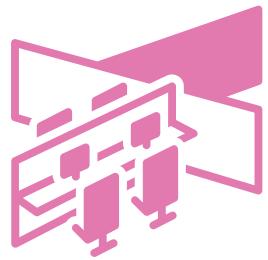


**Helen Murphy ADON**  
**Dona Jose CNM**

## 01 HEAD OF DEPARTMENT

## 02

### STAFF STRUCTURE



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



## 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



## AUDIT/QUALITY

## 07

### IMPROVEMENT INITIATIVES

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

## 04

### 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

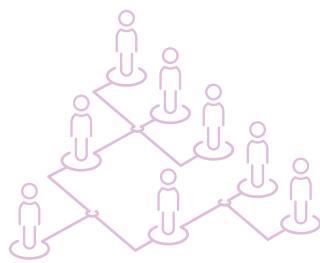
### HEAD OF DEPARTMENT



- 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



- 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

## 05

### STAFF





## 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

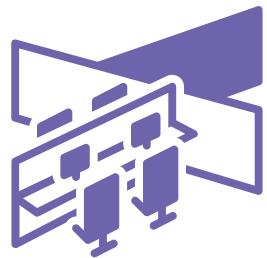


## 01 HEAD OF DEPARTMENT

Ciarán Walsh



## 02 STAFF STRUCTURE



## 03 IMAGING MODALITIES

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



## 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.

## 05 EXTERNAL OVERSIGHT & ACCREDITATION

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



## 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



## 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



## 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



## 04 EDUCATION & TRAINING

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

## 05 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

