Welcome to our summer publication.
It has been an eventful 2014 to date culminating in February with the attainment of a significant historical milestone with the final migration of areas to a new €284 million development. Thanks to the hard work and professionalism of so many staff, cooperation of family members and the public, relocations occurred without incident. The final migration phase involved theatres, Intensive Care and High Dependency Units, National Centre for Cardiothoracic Surgery / Heart and Lung Transplantation and the National Spinal Injuries Unit in addition to remaining wards in the original Mater Misericordiae Wing moving to modern facilities within the Mater Whitty Wing. Mr Keith Synnott refers to exhilarating times ahead for spinal services and gives insight into the new facilities in his article. Relocation benefits and acknowledgment of the robust and successful transfer system initiated are captured by Eithne and June and the intensivists in their submissions. The completion of the Mater Whitty Wing and the contribution made by so many was recognised with aplomb with an invite from Sister Helena O’Donoghue, Chair of the Mater Campus Development Company to a special blessing. Read Sister Helena’s article to find out about this joyful gathering and special blessing performed by Archbishop Diarmuid Martin.

The three key drivers in 2014 for our hospital continue to be access, quality and finance. Access challenges prevailed in the first quarter of 2014 with a sustained rise in Emergency Department (ED) attendances with continued high acuity. In fact on January 7th the hospital enacted its Winter Capacity Plan when a significant surge of emergency admissions was experienced. Despite this surge it is worth noting that our average length of stay continues to improve. Sustaining ED metrics continues to prove very challenging given the increased complexity of our patients, medical bed capacity and discharge options. Implementation of appropriate pathways for patients and improving the time it takes for patients to access inpatient beds continues to be a priority in 2014. An Unscheduled / Scheduled Care Governance Group is up and running. Through the Mater Lean Academy a lean project pertaining to the Unscheduled Care Pathway is underway. The Integrated Discharge Planning Taskforce Group continue to plan and implement processes to support improvements in unscheduled care.

A message from the CEO...

continued on page 2 >
A message from the CEO (continued from page 1)

Thanks to significant work from clinical, administration and nursing teams the 2013 target for elective surgery and outpatients was achieved with no breaches reported. A Mater Outpatient’s Performance Improvement Committee (MOPI) was established to assess, improve and implement changes within the outpatient service. Key themes of an upcoming Scheduled Care Seminar on May 14th include service improvement initiatives, optimising therapy and surgical resource utilisation, waiting list management and patient engagement and patient satisfaction. Organised by the office of Suzanne Roy, Interim Chief Operating Officer this seminar promises to be informative and engaging.

From a quality perspective implementation of a new governance structure for Quality, Safety and Risk is underway. A successful collaboration between the Mater and the National Quality Office on a ‘Board on Board’ project is underway. The aim is to provide leadership at our hospital to drive improvement and hold the hospital to account for delivering safe and quality care.

Financially, January 1st 2014 saw the first phase of the ‘Money Follows the Patient’ (MFTP) approach to hospital funding initiated in 38 hospitals participating in Casemix. A steering group was instigated to oversee the ‘MFTP’ programme in our hospital. A 2014 budget allocation of €207.981m was received. This represents a reduction of €14.654m (6.5%) over the closing revenue allocation for 2013 of €222.635m. 70% of this budget will be ‘earmarked’ as MFTP. Your support of a wide ranging programme of cost containment and income generation projects aimed at bringing our hospital to a sustainable position which is an absolute requirement is appreciated. We must all work proactively to reduce our cost base while delivering a quality clinical service for patients.

The HSE set a National Target of 3.50% for overall absences rate. Our hospital continues to perform well, the absence rate for 2013 was 3.25%.

NCHDs are indeed embracing change find out more in a NCHD profile. Noreen’s article gives us an insight into the implementation a new inpatient management system. Mary Roach draws attention to establishing and developing acute and community links. A highlight in 2014 was the announcement by the National Centre for Cardiothoracic Surgery that all adult lung transplantation was reported back to our hospital from Newcastle; an overview is included in this publication. Coverage of the Lord Mayor of Dublin, Oisin Quinn’s visit, last November, to view the rapid HIV screening pathway is featured in Professor Sean Murphy’s piece. Check out Professor Brendan Kelly’s editorial to find out about the Mater’s involvement into happiness research in Ireland and across the globe. Professor Brendan Kelly’s editorial to find out about the Mater’s involvement into happiness research in Ireland and across the globe.

In conclusion have a wonderful summer and if you are going on holidays enjoy!

Mary Day
Chief Executive

The migration of the main and phase theatres to a new theatre complex (12 operating theatres) on Level 3 of the Mater Whitty Wing took place during the week commencing 17th February 2014. Each theatre comprises of:

- An operating room;
- An anaesthetic room;
- A scrub-up and gowning area;
- A preparation room;
- A shared exit bay; and
- A dirty utility room (a mixture of dedicated and shared facilities)

A modern spacious, recovery bay and a holding bay in addition to all that is cited above provides an improved patient journey and experience. The new theatre facility includes a hybrid operating theatre first of its kind in a public hospital in Ireland. Conference and staff catering facilities are also provided in the area.

We would like to take this opportunity to recognise the tireless efforts of staff involved directly and indirectly. Congratulations and sincere thanks to all concerned for enabling a relocation of this magnitude to take place without incident while the provision of top class patient care for emergency surgery continued without interruption.

Establishing And Developing Acute And Community Links

By Mary Roach, Community Liaison Nurse Specialist

The community liaison nurse specialist role was established initially to forge links and enhance communication interdepartmentally, the hospital and the community. In 2012 a database was developed examining options to reduce unwarranted lengths of stay which included the early notification of complex cases and delays with discharge planning. Such evidence based information secured additional HSE funding for past acute care services.

Key initiatives going forward include but are not limited to:

- Promotion of nurse to nurse communication between acute care and community relating to discharge planning;
- Earlier involvement and consultation from acute care with community services relating to discharge plans;
- Provision of discharge planning options to the admitting team for patients no longer requiring acute care support but cannot return home;
- Provision of collateral information at the time of presentation/admission for frequent presenters to acute care;
- Sharing of information with the HSE pertaining to delayed funding and home care packages approval.

My role continues to evolve to meet the acute demands at the time and to seek novel solutions to expedite delayed discharges by challenging conventional approaches and attitudes. 2014 is not without its challenges but I will continue to provide a service where the response meets the demands of acute care.

For further information:
Telephone: 803 4209 Email: mroach@mater.ie

To all our MaterNews contributors - thank you! Plus a special word of mention and gratitude to our Photography Department team for their continued provision of fantastic pictures. This is your newsletter therefore we endeavour to cover items of interest to you. Your comments and feedback are welcome yourvoice@mater.ie

We want features to continue to engage you so if you wish to contribute please contact Nanci Bannan, Internal Communications Manager Email: nbannan@mater.ie

Cover photo: Our inaugural Compassion Award Ceremony took place on Thursday December 12th 2013 in the Freeman Auditorium. This event recognises and acknowledges the outstanding care provided by our staff on a daily basis and provides an opportunity for us to celebrate and share all that is best in our hospital. The overall winner Abha Kelly, runner up Jo McLean, Tomas Mooney and Nuala King, nominees and judges celebrate in style! (See full article on page 15). Mb
A HIV screening programme based in our hospital revealed that nearly three in every thousand people tested who participated in the testing programme were diagnosed with HIV infection, rates regarded as high by international standards.

Dublin is leading the way in international HIV research through the Mater-Bronx Rapid HIV Testing Project or ‘M-BRiHT’, a collaboration between researchers at the Mater and the Jacobi Medical Centre in the Bronx in New York. In the M-BRiHT Project, routine attenders to the Mater Emergency Department are offered a confidential, rapid HIV test combined with novel video based counselling and information.

The results demonstrate a prevalence of HIV of 2.85 cases in every thousand taking the test, higher than the 1 in 1000 prevalence for which widespread screening is recommended. The preliminary results of the M-BRiHT Study were released as part of the 2013 European HIV Testing week, which ran last November and culminated in a visit to the hospital by Dublin Lord Mayor Oisin Quinn on Friday 29th November. The Lord Mayor’s support coincided with international events marking the 2013 World AIDS Day.

“We started the M-BRiHT project in late 2012 and since then over 6000 people have participated, 4,900 have tested with 14 people returning positive results,” said Dr Ger O’Connor, an Emergency Medicine physician and project leader on the M-BRiHT Study. “The results show a high HIV prevalence and also that the Emergency Department is an ideal setting for HIV screening if implemented in the right way, 82% of those offered a test accepted. We want people to know their HIV status - diagnosing HIV early helps the person with HIV to get the full benefits from treatment and also can prevent unintended onward transmission.”

“Patients who choose to participate in the project watch a novel interactive counselling video, complete an on-screen survey that assesses risk behaviour, and are offered an oral swab HIV test, with the results available after approximately 30 minutes. It’s obvious from this study that offering HIV screening in this format is acceptable to the wider population and the people of Dublin want to know their HIV status,” said Dr O’Connor.

“Dublin Knows Its Status” is the motto of the M-BRiHT Study. “The people of Dublin have offered unprecedented support to this exciting initiative,” said Dublin Lord Mayor Oisin Quinn. “The results show the need for increased HIV screening within mainstream healthcare. Everyone should know their HIV status - just like knowing your blood pressure or cholesterol. Dublin Knows!”

There has been an upsurge in interest in HIV screening research since the recognition that early identification of HIV infection not only improves the outlook of those with infection but, with effective treatment, this can also prevent onward transmission of HIV. “This has been a real ground breaking advance in HIV research and one that the whole population can help with,” said Dr Mallon, Consultant in Infectious Diseases at the Mater and the principal investigator on the M-BRiHT Study. “If we can identify those with undiagnosed HIV and help prevent them from passing on the infection, we can stop this epidemic in its tracks. The importance of the need for increased HIV testing was reflected in the first European HIV Testing Week – everyone should know their HIV status.”

Advances in the treatment and management of HIV now mean that those diagnosed early who receive appropriate treatment can realistically stay healthy and expect a normal lifespan.

“The message from this project is clear: the prevalence of undiagnosed HIV in Dublin is high. It’s in everybody’s best interests to test and know their HIV status,” said Dr O’Connor.

The M-BRiHT Project is part of a three year research project coordinated through University College Dublin. Based on the results, the investigators hope the project will translate into health policy.

“The screening is both acceptable and effective in detecting HIV early in those who may otherwise not avail of HIV testing” said Dr Mallon, who is Associate Dean for Research in UCD’s School of Medicine and Medical Science. “In M-BRiHT, the rate of new diagnoses is almost seven times the rate seen in the antenatal HIV screening programme. This definitely supports expanding Emergency Department screening for HIV as a routine part of healthcare delivery.”

“This project also proves that if you offer people testing in the proper fashion, they will overwhelmingly opt to be tested,” said Dr O’Connor. “We know that in our programme, we are reaching people at the early and symptom-free stage of HIV, so that they can get the most benefit from treatment and monitoring.”
**Exhilarating Times Ahead For Spinal Services**

by Mr Keith Synnott, Consultant Orthopaedic Surgeon

In February 2014, the National Spinal Injuries Unit moved to the new Mater Whitty Wing. This is an extremely exciting move in that the new state-of-the-art facility will allow further development of the service that has been provided in the Mater since 1988. The facilities available in the new unit account for the extremely dependent nature of some of the patients that are cared for in a way that was just not possible within the constraints of the previous unit. There are large individual bays for patients with room for their beds and wheelchairs and where their privacy, comfort and safety were not possible before. The new state-of-the-art facility will allow the delivery of high quality, people centred care. These principles have been identified through a review of national and international patient charter, and what they can do to help Irish health services to deliver care that is evidence-led, safer, more effective and safe services. It is based on eight principles which are:

1. A compassionate approach
2. A patient-centred approach
3. Clinical excellence
4. Equitable access
5. Patient safety
6. Staff wellbeing
7. Environmental sustainability
8. Empowerment

The National Healthcare Charter is a Statement of Commitment for the Mater Hospital. This charter is posted on MaterNet and Q-Pulse for staff and on the Mater website for members of the public. 

This initiative is just one of a number of initiatives ensuring our hospital’s compliance to HSE standards pertaining to recommended practices for post mortem - watch out for updates.

It is important that staff read this leaflet as it will aid informed responses to queries that may arise. I would like to express my most sincere thanks to all those who helped bring this project to fruition; it has been great to work with them as a team.

**Aiding Informed Responses**

By William Robertson, Chief Medical Scientist

A working group of the Mater’s Hospice Standing Committee undertook to publish a Mater specific leaflet to help family members understand and address some questions they may have about a coroner’s past mortality. This leaflet titled ‘Coroner’s Past Mortem Examination - A Brief Guide’ is posted on MaterNet for staff to view and www.mater.ie for the public.

Please contact the Chaplains Department if you would like hard copies of this leaflet for your area.

**What Service Users Can Expect…**

The hospital has developed a version of this charter specific to our organisation and it is widely displayed across the campus in clinical and nonclinical areas.

The charter is posted on MaterNet and Q-Pulse for staff and on www.mater.ie for members of the public.

**Great Care And Meticulous Planning Enabled Successful Relocation**

By The Intensivists

The new Intensive Care Unit (ICU) and High Dependency Unit (HDU) is located on Level 3 of the Mater Whitty Wing, directly adjacent to the new operating theatres. This 36 bed facility (18 ICU rooms and 18 HDU rooms) is an increase from the previous 29 beds in the old hospital and provides each patient with their own space consistent with both the dignity of the patient and Strategy for the Control of Antimicrobial Resistance in Ireland guidelines. The isolation facility comprises of five ICU and six HDU cubicles with environmental and pressure control suitable for critical care transplant patients, isolation of critically ill patients at risk of infection e.g. neutropenic patients and those patients requiring infection control isolation. The unit is integrated to new information technology systems, including state-of-the-art patient monitoring and is wireless enabled. Within the new department there is training, education and multidisciplinary conferencing facilities.

Amongst the 3000 patients treated in the unit for a wide case mix including spinal cord injury and obstetric critical care, this enhanced unit allows for the continuum of the Mater’s National Extracorporeal Life Support Programme providing comprehensive short-term support for adult patients with very advanced heart and lung failure. Once the expanded capacity is resourced it should increase from the previous 29 beds in the old hospital and provide for so many patients in these not fit for purpose yet endearing facilities.

This, in combination with new surgeons coming on board, the further development of nursing skills and the potential for a national development of spine services make this a very exciting time in the evolution of the spinal service.

Sincere thanks to everyone for their flexibility and dedicated work in facilitating our relocation enabling us to continue the delivery of excellent professional care in a superb facility.

**Reflection…**

By Martin Igoe, Mater Veteran

Walking through the vacated Intensive Care Unit / High Dependency Unit and theatres on the Friday afternoon after the ‘big move’ was eerie and nostalgic. The deserted village came to mind ‘with’ the bed-banging orderlies trampling to trace the day’s disasters in his morning face’. A comment on the whiteboard in the recovery area in the theatres stated ‘goodbye old theatre’. I always marvelled at the amazing work carried on here over the years from simple surgery to the innovative and pioneering work carried out since the first cardiac bypass, first heart transplant, first heart / lung transplant, first double lung transplant, the most complex and intricate spinal surgery, along with so much general surgery activity.

The countless staff who worked here, many now moving to new surrounds in our new building, many more retired and many more having moved to their eternal reward. Miraculous is the word that comes to my mind for the work done and the successful outcomes for so many patients in these not fit for purpose yet endearing facilities. Looking back for a brief moment is warm and nostalgic but looking forward to our new facilities, state-of-the-art theatres and patient accommodation ensues single rooms is exciting and rewarding for patients and staff.

Here’s wishing the very best to staff in the new facilities and to even better outcomes for our patients into the future. I wonder can someone arrange a blog for personal memories of the ‘old place’?
Enhancing End-of-Life Care Across The Campus

By Diarmuid Ó Coimín, End-of-Life Care Coordinator

On average two people will die in our care each day. Each one of us has an important role in providing good end-of-life (EOL) care. Our latest report highlights that thanks to the hard work and commitment of all staff good practices continue to thrive in the Mater.

A national audit of EOL care in hospitals (2010) cited that 45% of deaths in our hospital occurred in single rooms. To date in 2014, a significant milestone was achieved with 70% of patients who died having been cared for in single rooms. Single rooms ensure better care outcomes for persons receiving EOL care and continuing to meet this objective will be further enhanced by 120 one bed ensuite rooms in the Mater Whitty Wing.

Have you attended ‘Final Journeys’ or ‘Dealing with Bad News’ staff development programmes? According to surveys, the majority of attendees have found them helpful. We are planning a campaign called ‘Go Purple’ to raise funds to enhance EOL care across the hospital campus. We are extremely grateful to the Mater Foundation for their support. We are very conscious of the benefits that will result for patients and their families through this campaign. Keep an eye out on the Mater Foundation website for the launch of this exciting fundraising campaign.

Finally, a Mater Foundation grant enabled the purchase of 5 Siesta sleepover sofas for family rooms. The sleepover sofa doubles up as a comfortable sofa for use by patients and families by day whilst also facilitating a family member to stay overnight at short notice.

Any queries or ideas contact Diarmuid Ó Coimín, End-of-Life Care Coordinator, Hospice Friendly Hospitals Programme. Telephone: 803 2117 Email: docoimin@mater.ie

The Quality Of Mercy Must Imbue All Our Service

By Sister Helena O’Donoghue RSM, Chair of the Mater Campus Development Company

The development story should never be forgotten. MCHD was established by Sisters of Mercy in 2000 at the request of the then Minister for Health. Its remit was to take responsibility for managing, building and equipping an extension to the Mater and a replacement for Temple Street Children’s Hospital. Thus the busy tertiary hospitals would be relieved of the development burden. Over the last twelve to thirteen years there were significant changes to the plan. Along the journey we lost Temple Street, the National Paediatric Hospital and a new site for Mater. Through fundraising, Trust funds and other efforts a further €35m was sourced to provide 120 single rooms, a hybrid theatre, a second MRI machine and an optimal information technology system.

The new development is named after Sr. Vincent Whitty who acquired the site in 1851, fundraised in the decade after the famine and built the original building which opened in 1861. She then left for Brisbane to found a Mercy convent there and eventually a Mater Hospital. The new Whitty Wing is an eight storey, T-shaped, state-of-the-art building. It is an intelligent, green and beautiful facility, a cause for celebration, joy and gratitude.

On Friday 28th February 2014 we gathered to mark the completion of The Mater Whitty Wing. This significant milestone in the hospital’s illustrious history was celebrated with the formal handover from the Development Company (MCHD) to the Operating Hospital (MMUH). The event culminated with a blessing of the new building by the guest of honour, Archbishop Diarmuid Martin, which included the active participation of an inpatient and a long serving staff member.

The new development is named after Sr. Vincent Whitty who acquired the site in 1851, fundraised in the decade after the famine and built the original building which opened in 1861. She then left for Brisbane to found a Mercy convent there and eventually a Mater Hospital. The new Whitty Wing is an eight storey, T-shaped, state-of-the-art building. It is an intelligent, green and beautiful facility, a cause for celebration, joy and gratitude.

We are continuing to improve the environment for patients and families by enhancing family rooms. Lynn Fox and Sr John’s ward staff extend their gratitude to everyone who supported a recent cake sale fundraiser in aid of their family room. To reach their target fundraising initiatives are ongoing - watch out for updates!
The Mater – A True Landmark Of Care In Dublin

“This afternoon we stand here in this spacious atrium which is in its way a hub leading to the varied activities and the goings and comings of one of Dublin’s most modern hospitals. It is a hospital which ticks all the boxes of modern jargon: ‘state-of-the-art’, ‘best practice’, ‘medical excellence’ and others,” said Most Reverend Dr Diarmuid Martin, Archbishop of Dublin. “We have come to celebrate a new step in the modern history of the Mater Misericordiae University Hospital, with the blessing of the new Whitty Wing. We celebrate also with an eye on the past and on the roots and the history of this hospital. What has that history to teach us? If I were asked why the Church should remain engaged in the public health sector and what are its credentials for doing so, I would answer with two words: Catherine McAuley. Where did this hospital emerge from? What are its roots and origins? They come from the Christian idealism of a remarkable woman whose entire life was dedicated to seeing that the poor of Dublin, especially girls, would get proper access to education and health care. She formed around her a group of equally remarkable women who set out to turn an insight and a dream into a reality. If I were to be asked today how I would evaluate the success or failure of our health care system, I would answer probably with the same answers that Catherine McAuley and her friends would have answered with in their time. What is the level of access of the poorest in our society to adequate health care? How long do they have to wait? What is the human experience for the poor in their interaction with services? What does health care cost in terms of the percentage of their earnings of a poorer person? I would judge the quality of a modern hospital obviously by it being state-of-the-art and reflecting medical excellence and being efficient. But I would judge it overall by the human experience of interaction with personnel who care and who take time and treat me as the person that I am in the entirety of my individuality. Technical excellence is vital but on its own it is not enough. Technology can even de-humanise. We need both: technology but we also need the simple signs of humanity which need neither words nor technology. The Mater Hospital has indeed been connected with Archdiocese of Dublin over these years since its foundation. My predecessors from the time of Archbishop Daniel Murray have been true friends and supporters of this hospital. My prayer is that this Mater Misericordiae University Hospital will continue to be a landmark of care in this city of Dublin and further abroad and that it will witness in changed times unscrupulously and unashamedly to the loving kindness of God revealed in Jesus Christ, and permit its faith based origins to bring an added quality to all the work of healing and caring that takes place here, especially that hidden generosity and gratuitousness which must be the mark and the real contribution of the voluntary sector.”
**How To Be Happy - Happiness Research At The Mater**

By Professor Brendan Kelly, Associate Clinical Professor of Psychiatry

Recent years have seen increased research into happiness and population wellbeing worldwide. At the Mater, in the UCD Department of Adult Psychiatry, we’ve been researching happiness in Ireland and across Europe over the past number of years, through the European Social Survey (ESS).

The ESS is a collaborative international study which involves over 44,000 individuals in 23 European countries, including Ireland. Dr Anne Doñate, Dr Richard Duffy and I have studied happiness in Ireland and the rest of Europe from 2003 onward, with particular interest in the past ten years of economic turbulence in Ireland.

The ESS assesses happiness by asking: ‘Taking all things together, how happy would you say you are?’ (where 0 means ‘extremely unhappy’ and 10 means ‘extremely happy’). While questions such as this undoubtedly miss certain subtleties, they are simple and direct, and achieve a very high response rate: people seem to understand the question.

Areas under the scope of the audit include but were not limited to general condition and appearance of the environment, overall cleanliness, hand hygiene, waste management, equipment and laundry. Other areas audited were public toilets, cleaner’s storeroom and public areas leading to the GI Unit from the Mater Whitby Wing including the newly opened Capa + Eaba Café.

This is a fantastic achievement, congratulations and well done to Sean Connolly CNUM and staff, Noonan services and everyone involved.

By Mary Mulligan, Household Services Supervisor

On Saturday 25th January 2014 at the Irish Accommodation Services Institute (IASI) award ceremony in the Carlton Hotel, the Gastrointestinal (GI) Unit (Level 4 Mater Whitby Wing) won the Gold Standard Award with the Mater hospital the Supreme Winner.

The IASI hosts accommodation awards annually and primarily focuses on the healthcare and hotel sectors. This prestigious accolade was bestowed on the GI unit only after the IASI undertook a very comprehensive audit, last December.

What about Ireland over the past decade? In 2003 and 2005, we Irish rated our happiness at 7.9 out of 10, which is very high. Moreover, despite Ireland’s economic challenges, happiness in Ireland only dipped slightly to 7.7 in 2007 and to 7.5 in 2009. This research, performed here at the Mater and UCD, was published in International Psychiatry last year.

This dip in happiness was substantially less than might have been expected, given that Ireland’s unemployment rate rose dramatically from 4% to 14% over this period. The unemployment rate is strongly associated with everyone’s happiness (employed and unemployed alike) so it is very significant that, by 2012, with an unemployment rate of 14%, happiness in Ireland remained relatively resilient, at 6.8. In recent months, the unemployment rate has dropped, which also bodes very well for happiness.

What is the take-home message? Throughout our studies, health is the factor most strongly and consistently associated with happiness. On this basis, maintaining physical and mental health is critical for maintaining happiness. Community trust is also associated with happiness, suggesting that involvement in voluntary community groups may increase everyone’s happiness. Other factors include participating in the democratic process, voting and religious observance.

Attending to these factors should help increase happiness and wellbeing. Even so, of course, elements of happiness cannot be planned for, and must be simply let happen. In words commonly attributed to American philosopher Henry David Thoreau (1817-1862) ‘happiness is like a butterfly: the more you chase it, the more it will elude you, but if you turn your attention to other things, it will come and sit softly on your shoulder.’

**Continuing Education For Nurses**

By Elaine Hanley, Director of Clinical Nursing Education and Professional Development

Congratulations to the recent cohort of Bachelor of Science nursing graduates who celebrated this special occasion with staff, family and friends. The guest speaker Dr Sibbhun O’Halloran, Chief Nurse Department of Health and Children, presented an inspiring speech to all present in the auditorium. Two staff nurses received ‘Preceptor of the Year Awards’ in recognition for their support given throughout the clinical learning placements.

The redesigned 2014 CNE Course Prospectus is posted for you to view on MaterNet. It is also available in hard copy and in an eBook format. Recently, the CNE commenced the HSE’s National Dementia programme: ‘Enhancing and enabling wellbeing for the person with Dementia’. Over 41,000 people in Ireland have dementia and caring for the person with dementia and their families is now a common occurrence in both acute and residential care settings. This inter professional course aims to develop a person centred approach to care and to improve quality of life for the person with dementia and their carers. Further course dates are listed in the CNE Course Prospectus.

Watch out for upcoming consultations posted on the following websites and circulated via internal emails:

- HSE ie - NEWS pertaining to upcoming developments;
- www.nursingboard.ie Nursing and Midwifery Board of Ireland in regards to maintenance of competency.

**Ambassador Designate Of The Republic Of Macedonia Visits The Mater**

On Thursday 6th March 2014 the Ambassador Designate of the Republic of Macedonia to the United Kingdom Jovan Donev visited our hospital.

From Left to Right Front Row: Professor Tim Lynch, Advisor to the Prime Minister of Macedonia on Healthcare and Healthcare System Anita Minova, Mary Day, Nikola Pupaski incumbent Minister of Foreign Affairs of the Republic of Macedonia and Mr Swamus Morris

From Left to Right Back Row: Dr Gerard Sheehan, Dr Brian Marsh and the Ambassador Designate of the Republic of Macedonia to the United Kingdom Jovan Donev.
Hospital Chaplains Commissioned For Ministry  By Myriam Massabo, Director of Clinical Pastoral Education

Last December 2nd 2013, twelve newly certified Catholic chaplains were commissioned by Bishop Raymond Field, Auxiliary Bishop in the Archdiocese of Dublin.

The Eucharistic celebration, in All Hallows College, celebrated in a warm, joyful and prayerful atmosphere culminated in a ‘Ceremony of Commission’, in the presence of families, friends, chaplains and clinical pastoral education supervisors. Bishop Field and Fr Brendan Mc Keever, Chairperson of the Healthcare Chaplaincy Board, had words of appreciation for the hard work and commitment of the new chaplains in reaching this achievement and they wished them a fruitful ministry on behalf of the Church, in the service of the sick.

As a clinical pastoral education supervisor in the Mater I was so proud that eight out of eleven newly certified chaplains had trained in our hospital. This short overview pays tribute to Mater staff that contributed directly or indirectly to make their training possible - thank you sincerely.

The Compassion Award - Caring At Its Best in The Mater

Our inaugural Compassion Award Ceremony took place on Thursday December 12th 2013 in the Freeman Auditorium. The first inklings of a ‘Compassion Award’ event emanated from a suggestion from Dr. Karen Ryan, Consultant Physician in Palliative Medicine, during her presentation at our 2012 Conference on Compassion. The concept was taken up by the Office of Mission Effectiveness, supported by the CEO and Chair of the Board of Directors and evolved as a most joyful and happy staff event. The award was created to give special recognition to staff who consistently demonstrate high quality care, displaying ‘caring at its best’. Staff were invited to nominate colleagues whose work inspires them, who live out the Mater’s Mission Statement and who demonstrate the following characteristics and values in their daily work:

- Commitment to the hospital’s mission and core values
- Display effort and dedication over and above the call of duty
- Continuously strive to improve performance in their area of work
- Go the extra mile in helping patients, visitors and colleagues
- Portray a positive ‘can do’ attitude and are friendly, thoughtful, and considerate
- Communicate effectively and are caring, compassionate, courteous and professional at all times

A public announcement was posted on www.mater.ie facilitating the public to vote for any member of staff who helped them in a way that made a difference.

For Ministry

By Myriam Massabo, Director of Clinical Pastoral Education

NCHD’s Embracing Change Management  By NCHD Committee

While it’s been a challenging year for Irish NCHDs, the Mater still remains one of the most attractive places to work in this country. The NCHD Committee is working with NCHDs, Hospital Management, Consultants and Clinical Directors in areas such as training, compliance with the European Working Time Directive, rosters, quality improvement, audit and management. The committee collaborated with the Postgraduate Medical Education Centre and the Dean Professor Tim Lynch to establish a formal SHO / Registrar teaching programme. A weekly forum (Wednesday at 1pm) is growing from strength to strength.

In December, in excess of €800 was raised by the fundraising wing of our committee for St Vincent de Paul. We would like to thank everyone for donating so generously.

Finally, the NCHD committee has a social wing! We were delighted to help with the organisation of the successful Mater Ball this year. In the summer months we have a few athletie endeavours. We will once again be challenging in the Soccer Hospitals’ Cup this April / May. After a disappointing semi-final exit last year, the team will be hoping to bounce back. Also, on May 22nd NCHDs will be entering teams in the Dublin Staff Relay, 5 runners, doing a 5k leg each. We entered two teams last year and after a nail biting finish just squeezed past the radiology department’s best runners! All welcome this year, no previous running experience required!

If interested, please email NCHDCommittee@mater.ie

By Sr. Margherita Rock, Director of Mission Effectiveness

Thirty - four nominees received a Compassion Award Certificate and a specially commissioned mug. The overall winner Abina Raill and runners up Jo McConnell, Tomas Mooney and Nuala King received additional monetary prizes.
**The Irish Heart Valve Bank Celebrates 20 Years!**

By Mr Lars Nölke, Cardiothoracic Surgeon

In August 1993, the Irish Heart Valve Bank (IHVB) was founded by Professor A. E. Wood. Initially, heart valves were retrieved from donors and stored in antibiotic solution until they were implanted a few days or weeks later. The IHVB has changed significantly since these early valve retrievals and implants.

The IHVB is licenced by the Irish Medicines Board as a Tissue Establishment under Irish and European legislation. Heart valves are retrieved from three sources: heart transplant recipients who donate their own heart valves, multi-organ donors whose hearts are not suitable for transplantation and newborns who cannot survive due to conditions such as anencephaly. The heart valves are retrieved by the Mater’s Cardiothoracic Surgical Team and stored in the Irish Blood Transfusion Service in liquid nitrogen for up to five years.

The heart valves are used in children and adults for operations such as the Norwood Operation, Tricuspid Repair, Neonatal or Adult Ross, Tetralogy Repair, Aortic Root replacement.

All would not be possible but for the precious gift of donors and their families and the work and dedication of all individuals involved in all stages of retrieval, processing, storage and implantation. There is a Quality Management System in place governing all of the above processes in relation to quality and safety of the heart valves.

2014 objectives include:

- Transferring our Quality Management System to the Q Pulse System;
- Expanding the Quality Management System to cover heart lung transplantation to comply with Irish and European legislation and achieve a licence for Solid Organ Transplantation from the Irish Medicines Board.

Watch out for updates!

**Digitising The Patient Flow Process**

By Noreen Keane, Strategic Project Manager and Capacity Planner

Reform in how health services are being provided is inevitable. The relationship between ‘real time’ service delivery and the use of better information management systems cannot be underestimated. Hence in November 2013, our hospital agreed to procure the Immix Inpatient Management System from the vendor Aura.

Immediately, a steering committee and working committees were established with the appointment of myself as the project lead.

Implementation of the Immix system hospital wide will yield the following benefits, where staff will:

- View ‘Real Live Time Data’ enabling managers make bed capacity decisions;
- Review patient discharge status, provide key performance indicators on an electronic white board at ward level;
- Enhance communication and minimise interruptions;
- Facilitate multidisciplinary team input and feedback;
- Engage in digitising the patient flow process (Immix Flow) and ultimately provide medical staff with the ability to enter tasks / notes on ward rounds.

Shorthly, training programmes will commence for ‘superusers’ (train the trainer) and end users (staff using the system at ward / unit level).

Sincere appreciation is extended to the staff on all working committees and pilot wards i.e. St. Mal’s, St. Raphael’s and Our Lady’s Wards, with the activities relating to implementation of the first phase in April 2014 and subsequent rollout hospital wide. Watch out for updates!

**Transformation Office - Facilitating Successful Organisational Change**

By Una Cunningham, Chair of Health and Social Care Professions Directorate and Head of Transformation

Over the coming year, the newly established Transformation Office located in the old MRI Department will be busy supporting a number of change initiatives across the organisation.

The Transformation Office Strategy is currently being developed and as part of this, I will continue to hold responsibility for overseeing and supporting the implementation of the Clinical Care Programmes, the majority of which are already devolved to the directorate management teams. In conjunction with the Elective Surgery Programme and The Productive Operating Theatre programme, work will shortly commence on implementing the Acute Surgery Model of Care which will help enhance quality of care and access to surgical services. Ruth Greene, Surgery Programmes Lead will drive implementation of these programmes over the coming year.

We were delighted that the Mater Lean Academy was nominated as a finalist for the Large Teaching Hospital Change Initiative of the Year at the Irish Healthcare Awards. Sean Paul Teeling, Lean Six Sigma Co-ordinator runs the Lean Academy White Belt Programmes and hosts Lean workshops weekly. In April, twenty staff members undertook the inaugural Mater / UCD Green Belt Programme. The Mater Lean Academy and the UCD School of Nursing, Midwifery and Health Systems were also delighted to host a Master Class with Lean guru, Professor Peter Hines, a recognised leader in Lean thinking for the last twenty years. Having undertaken Professor Hines’ Discover Excellence course, Sean Paul and I are now certified Shingo Practitioners.

For more information on Mater Lean Academy programmes check out MaterNet Telephone: 809 7463 Email: lean six sigma@mater.ie

In conjunction with the Lean Six Sigma methodologies Anne Horgan, Project Manager will facilitate PRINCE2 (Projects In Controlled Environment) service improvement methodology. PRINCE2 enables users to have clarity with measurable objectives and end results. Get this step right and the rest of your project will fall into place! In her part time role Anne will reinvigorate the use of Q Pulse for document control, audit and continuous improvement initiatives.

Sianbhan Manning, Research Practice and Innovation Co-ordinator also in a part time role in the office is responsible for developing collaborative relationships and research networks with universities and other healthcare institutions. Sianbhan will explore potential funding streams and develop online tools, workshops and courses to support staff members in developing their skills to actively engage in research.

Over 2014, the transformation team will also provide support to the AURA IMMIX project, the Executive Leadership Programme and the Lean Unscheduled Care Project.

As an evolving office, we welcome your views on how we can support you in your work. Contact Michelle McGuirk, Transformation Office Administrator with your comments and suggestions Telephone: 809 7463 Email: mmcguirk@mater.ie
Lung Transplantation Repatriated To
The National Centre For Cardiothoracic Surgery
At The Mater

In January 2014, the National Centre for Cardiothoracic Surgery at the Mater announced that all adult lung transplantations were repatriated back to Ireland from Newcastle in the United Kingdom. The contract to perform some lung transplants in Newcastle for Irish patients ceased on Sunday January 26th, 2014. While the vast majority of lung transplants have been performed by specialists at the Mater since the first lung transplant in 2005, some of the more complex cases have been referred to Newcastle.

Repatriating lung transplantation to Ireland is now possible as the Mater programme has demonstrated its ability to provide care for even the most critically ill and complex patients requiring lung transplants. This is especially the case for Cystic Fibrosis (CF) patients who may be too frail to travel and require more complex transplantation, such as a lobar transplant, where a lobe of each lung is sectioned off in order to fit the patient. Preoperatively ventilated and thereby high risk in-patients have benefited from transplantation in Ireland in recent months. These types of complex cases are often done by pairs of surgeons, with different skills sets, which offers improved outcomes for the patient.

A further benefit to the repatriation of transplant services from the UK back to Ireland is the delivery of significant cost savings to the HSE, as patients and their families will no longer need to be transported and cared for outside of the State.

Mr. Jim McCarthy, Director at the National Centre for Cardiothoracic Surgery, who performed the first lung transplant with Mr. Freddie Wood in 2005 commented: “We will, in the next year, be celebrating ten years of performing lung transplants in Ireland. We have a very skilled and extremely busy surgical team undertaking complex cases. Part of the strength of the unit is the spectrum of surgery that is carried out. This includes all forms of specialized heart and lung surgery such as transplantation, ventricular assist device implantation for patients with a failing heart who cannot wait for heart transplantation, coronary bypass surgery, valve surgery and adult congenital surgery and the full range of thoracic surgery. The number of thoracic procedures has increased by approximately 300% over the past 2 to 3 years. This is important in a unit that is now doing a significant amount of lung transplants. We have established a long and valuable relationship with Newcastle and we will continue to consult with them on a case by case basis, as we do with other transplantation facilities around the world. I would like to take this opportunity to express our gratitude to our Newcastle colleagues and, most importantly, to the donors who have given the greatest gift in the most difficult of circumstances.”

Mr. Lars Nolke, Cardiothoracic Surgeon at the Mater added: “The relationship we established with Newcastle in 2000, on behalf of the Department of Health, was structured to facilitate the Mater Hospital to commence lung transplant surgery with little to no learning curve. The Mater has been successful in developing a highly skilled team of surgeons and support staff, who have successfully carried out some of the most complex lung transplants right here in Ireland. Since the first single lung transplant in Ireland was performed in May in 2005 the range and complexity of transplant surgeries has increased year on year, while maintaining the excellent survival results as published in the British Medical Journal (BMJ) in 2012. (BMJ Open 2012, Mar 28, 2(1)) In January 2006 the first double lung transplant on an emphysema patient and in 2007 the first double lung CF patient transplant was done. Alternative transplantation strategies such as the use of extra-corporeal life support (ECLS) and lobar lung transplantation have been successfully used in the Mater to support and transplant small or complex patients. ECLS is being used before, during and after surgery to support the sickest patients who could not survive without this type of support.”

Last year was a record year for lung transplantation at the unit with a total of 32 lung transplants, with excellent survival rates and outcomes comparable to national and international standards. The increase in lung transplants is multifactorial and would not be possible without the generosity of donor’s and their families, at an incredibly stressful time. In addition, with the advent of the HSE National Organ Donation and Transplantation Office there is an enhanced cohesive approach to organ donation and utilisation.

Philip Watt, CEO of Cystic Fibrosis Ireland and Chairperson of the Irish Donor Network said “We congratulate the Mater University Hospital lung transplantation team. 2013 has been an outstanding year for all lung transplantation, with the overall number of lung transplants increasing from 14 in 2012 to 32 in 2013 including the number of Cystic Fibrosis double lung transplants which increased from 4 in 2012 to 9 in 2013. We look forward to this excellent progress being sustained into 2014 and beyond. We also thank the Newcastle team for all their valued life-saving work and welcome the on-going cooperation between Ireland and other EU countries on transplant issues going forward.”

In a further underscoring of the rational for repatriation the unit and its team moved to new state-of-the-art facilities. That, along with increasing subspecialisation within the surgical team, will further ensure patients receive the highest possible levels of treatment.
Way Finding interactive kiosks came into use at the end of April 2014 providing visual displays and written directions to public accessible areas and departments in the Mater Campus. The kiosks are installed in the Mater White Wing (Level 1) and at the Mater McGivney Wing and Mater Misericordiae Wing entrances. Installation of the kiosks is the first stage of our Way Finding Strategy assisting patients, visitors and staff to find their way around the campus with ease. The next phase involves uploading of electronic maps on MaterNet and www.mater.ie and reviewing and improving all directional signage on the campus. Watch out for updates!

HearHere... All about Audiology!

By Roulla Katiri, Chief Audiologist and Teresa O’ Rouke, Audiologist

The newly refurbished Audiology Department is located in Clinic 8 Level 1 in the Mater White Wing. Our department is equipped with state-of-the-art hearing and balance testing equipment. Access to modern equipment allows us to perform sophisticated diagnostic investigations tailored to individual patient needs. We deliver services to all referred inpatients in addition to referrals from St Luke’s Hospital.

The Mater is one of the four National Bone Anchored Hearing Aid (Baha) adult implantation sites. In collaboration with the Ear, Nose and Throat Team we assess and choose appropriate candidates for implantation. The programme has been running successfully for over a year with brilliant outcomes. The Baha is designed for patients who are unable to wear conventional aids due to middle ear problems and consists of three parts:

1. A small (3 or 4mm) titanium implant (sits in the bone behind the ear),
2. An abutment (comes through the skin),
3. A sound processor.

The sound processor picks up sound waves similar to a conventional hearing aid and transmits them. Finally, bone conduction sends the sound directly to the inner ear bypassing the ear canal. Consequently vibrations travel directly to the inner ear bypassing outer and / or middle ear difficulties.

In conclusion we proactively participate in HSE Clinical Care Programme and the National Audiology Working Group. We play a key role in teaching and the ongoing provision of educational seminars to students and colleagues. We constantly endeavour to improve and review the quality of the patient’s journey accessing our department.

For further information: Telephone: 854 5437
Email: audiology@mater.ie

St Paul’s respite component in existence for eight years provides programmes in the community setting to families of children with autism resident in Dublin North and Dublin North Central. Currently respite is provided from 3 houses, located in the residential areas of Beaumont and Santry. The children attending range in age from 4 to 18 years. 4 to 12 year olds attend a Junior Respite House with 12 to 18 year olds attending a Senior Respite House. A third house provides an adolescent service (11 to 18 year olds) preparing them in regards to independent living, community living, use of public transport and money.

Development of respite programmes was initiated after staff recognised the need to support families struggling with the constant care of a child with autism unable to be sufficiently supported. The programme is supported and enabled a growth and wellbeing of other family members. A defined programme of fixed community respite was established following a review of earlier residential practice, exploring other respite programmes and listening to parental feedback. This reviews confirmed a success rate based on parent feedback and a reduction for shared or full time care in St Paul’s residential unit.

However with success came demand, as children are considered in order of referral, a waiting list exists. Within existing resources and budget allocation St Paul’s respite services endeavours to provide respite to as many families as possible – senior management continue to liaise proactively with the HSE. Watch out for updates.

Streamlined Acute Stroke Thrombolysis Pathway

By Professor Sean Murphy, Co-Director, Stroke Service

The treatment of acute ischaemic stroke has been revolutionised by two major advances, over the past fifteen years, namely treatment in an Acute Stroke Unit (suitable for all cases, reducing risk of death or disability by 25%) and by intravenous thrombolysis with recombinant tissue plasminogen activator (tPA) which dissolves the causative blood clot (suitable for 10 - 20% of all cases, reducing the disability rate by 30 - 40%).

The Acute Stroke Service at our hospital has been to the forefront in the provision of such treatment in Ireland. In 2002 the Mater opened the first stroke unit in Ireland. Intravenous thrombolysis was available here for many years and we were one of the first to offer this treatment on a 24 / 7 basis. To date, over 200 patients have been treated, approximately 15 - 20% of all admitted acute ischaemic stroke patients. Treatment rates are as good as the very best stroke centres of excellence internationally.

To be effective, intravenous thrombolytic therapy must be given within 4.5 hours of stroke symptom onset. The earlier the treatment is given the higher the chance of achieving a good clinical outcome. Two million brain cells die for each minute delay in treatment. Benefits are reduced by 50% for each 90 minute delay in initiating treatment. ‘Time is brain’. Clearly, there needs to be an efficient system of care immediately at hand when the acute stroke patient is admitted to the Emergency Department (ED).

As part of ongoing continuous quality control, tracking of Door to needle time (time from ED arrival to start of thrombolytic treatment) is an important key performance measure. Assisted by Dee Correy MCO Projects and supported by Sean Paul Teeling Lean Six Sigma Programme Coordinator, the Acute Stroke Service developed a new streamlined stroke thrombolysis pathway aiming to shorten ‘door to needle time’. bring this project to fruition required support from a wide array of players e.g. Medicine and Speciality Medicine Directorate, ambulance services, radiology, laboratory and administration personnel.

The updated acute stroke thrombolysis pathway came into effect on Monday March 10th, 2014. Key features include:

- Ambulance service paramedics identify a possible acute stroke case using the Face Arm Speech Test (FAST) and pre-notify the Mater ED of an incoming FAST positive patient which allows advanced notification of the ED, radiology and the Acute Stroke Team of the patient’s impending arrival
- Pre-notified FAST positive patients are pre-registered at PatientCentre, ahead of arrival in ED, using a pseudo-MRN which allows pre-ordering of CT scans to ensure quicker scanning
- During normal working hours, the FAST positive patient goes directly to CT upon arrival in ED resuscitation. The initial patient clinical assessment now takes place on the CT table
- Out of hours, the Stroke Consultant may choose to utilise the national Telemedicine Rapid Access for Stroke and Neurological Assessment (TRASNA) system to expedite offsite clinical assessment of the patient and to review the CT imaging on NIHMS. Wireless internet access to TeleDoc located in ED resuscitation and placed at the patient’s bedside allows live audiovisual communications between the patient / ED staff and the on call Stroke Consultant. We are the first hospital in Ireland set up on TRASNA to provide telemedicine support for stroke thrombolysis cases in Cavan General Hospital and now in the Mater ED

Check out MaterNet for further information plus copies of the pathway are prominently displayed in the ED.

Over the coming months audit of ‘door to needle’ times of acute stroke patients treated with intravenous thrombolytic therapy will be ongoing. Results will be displayed in the ED in Know How We Are Doing posters to encourage ongoing efforts by all healthcare staff at our hospital to minimise ‘door to needle time’ for stroke patients. Watch out for updates!
BMJ Case Reports

In addition to containing the largest online collection of case reports in all disciplines, providing you with peer reviewed, useful, and clinically important information on common and rare conditions, the library’s subscription provides you with the opportunity to have your work published without paying the annual Fellowship fee.

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- Comment on published cases through e-letters and blogs
- Rate cases

To submit a case to BMJ Case Reports, please contact the library for the Fellowship Code. To start reading articles simply visit http://casereports.bmj.com/

Library staff have received quite a few queries lately about searching for management topics that may not always be covered adequately in biomedical databases and journals. Emerald Management Plus (http://www.emeraldinsight.com), a comprehensive, cross-disciplinary collection of management journals, should help in searching for information on topics such as Lean processes, organisational change, leadership etc.

The collection includes journals such as:

- International Journal of Health Care Quality Assurance
- International Journal of Lean Six Sigma
- Journal of Organizational Change Management
- Leadership in Health Services

Just type your search term(s) into the search box or click on the advanced box for further search options. On the results page, this icon means that you have full access to the article. Individual journals may also be accessed via the Journals A-Z list on MaterNet.

There is a link to Emerald Management Plus on the Lean in Healthcare subject page on MaterNet and also on the databases page under the heading Management.

For more information about the library and accessing online resources, please check out the Library web page on MaterNet or contact Angela Rice, Head of Library and Information Service. Telephone: 803 2241 Email: arice@mater.ie

Spotlight On Library Resources
By Angela Rice, Head of Library and Information Service

Thanks To Public Support First Hybrid Theatre In A Public Hospital In Ireland Opens

The first quarter of this year was the busiest yet for the Mater Foundation as we opened the first hybrid theatre in a public hospital, launched our first Candlelight Walk in aid of the Mater’s Family Heart Screening Clinic and helped with one of the biggest events of the year: The Mater Charity Rugby Ball. Some key highlights include:

The Maurice Neligan Heart and Vascular Hybrid Theatre Opening: The Maurice Neligan Heart and Vascular Hybrid Theatre, the first hybrid theatre in a public hospital in Ireland and part funded through the Mater Foundation and The National Lottery, was formally opened by Minister for Health, Dr James Reilly in March.

This theatre will mean shorter waiting times, reduced hospital stays, less anaesthetics, fewer operations and less distress for patients. Cardiac radiologists, vascular surgeons and cardiac surgeons are now able to carry out different procedures on one patient in the same room. The theatre will mean better survival rates amongst patients, shorter hospital stays and a quicker return to normal for the patient.

To date we have raised €569,000 out of the €700,000 required to fund the Zeego-CArm which is the intrinsic piece of equipment. We will continue to fundraise throughout 2014 through various fundraising events including the inaugural Maurice Neligan Memorial Golf Classic. Watch out for updates!

Mater Charity Rugby Ball: The Mater Foundation was delighted to be part of this year’s Mater Charity Rugby Ball which honoured international sportsman Paul McInerney. It was a huge success with over €15,000 donated to St Vincent de Paul and the Mater Hospital Samaritan Fund. Read Dr Leo Lawler’s article in this publication to find out more!

First Candlelight Walk: In February we launched our annual Heart Appeal at our first Mater Candlelight Walk. This walk raised funds for the Mater Hospital’s Family Heart Screening Clinic while honouring and celebrating the lives of those affected by Sudden Adult Death Syndrome (SADS) and Sudden Cardiac Death (SCD).

The event started at St Stephens Green and finished at The Pillar Room at the Mater Hospital with an address from RTE’s Dermot Bannon. Next year we hope it will be just as good. We would like to thank Dermot Bannon for giving up his free time from his busy schedule and to everyone who came and made it a special day.

Make this Mini Marathon Mater!
If you have signed up to Flora Women’s Mini Marathon and are thinking of raising money for a charity why not join our Mater Foundation Women’s Team on June 2nd 2014. You can walk, jog or run for an area of the hospital that is special to you. If you think you might be interested in joining our team get in contact details below.

Don’t forget! To direct all donations you receive through the Mater Foundation, we are the registered official hospital charity responsible for all donations. We are a company limited by guarantee and lodge our annual financial accounts with the Companies Registration Office. We publish our audited accounts on our website. For more information contact the Mater Foundation Telephone: 830 3482 Website: www.materfoundation.ie Twitter: www.twitter.com/TheMaterFoundation Facebook: www.facebook.com/materfoundation
Farewell & Thanks!

"On behalf of the Board, Executive and staff, I would like to acknowledge and extend our good wishes to our following colleagues on their retirements. Thank you for your outstanding contributions to this hospital over the years. We wish you a relaxing retirement with continued happy and fulfilling days ahead."

John Brennan
Mary Eleanor Canning
Tina Galwey
Sheila Lawler
Josephine McCann
Philomena Nugent
Israel Omarajr
Maria Nagalyn Peñianco

(1st December 2013 to 1st May 2014 inclusive)