

LUH GYNAE SERVICES

DATES 2021

Join Zoom Meeting

<https://zoom.us/j/93085410155?pwd=VUZOSUkyc3k1aThFR2xWaVBFVXdRZz09>

Meeting ID: 930 8541 0155

Passcode: 9104627

Wed 27th Jan

Wed 10th Feb

Wed 24th Feb

Wed 10th March

Wed 24th March

Wed 7th April

Wed 14th April

Wed 21st April

Wed 28th April

Wed 5th May

Wed 12th May

Wed 2nd June

Wed 16th June

Wed 30th June

Wed 14th July

Wed 28th July

Wed 11th Aug

Wed 6th Oct

Wed 20th Oct

Wed 3rd Nov

Wed 17th Nov

Wed 1st Dec

Wed 15th Dec

Agenda for meeting:

1. Ambulatory Gynaecology:
 - Equipment
 - Camera Stack
 - Hysteroscopes
 - Scanner
 - Viewpoint
 - Hysteroscopic tissue removal system (Myosure / Trueclear)
 - Location
 - Start date
 - Staffing
 - Standards letters

2. MDM
 - Identification of patients
 - CPD points

3. GOPD
 - NP bookings, cancellation rebooking, DNAs, recalls
 - Admin staff appointment
 - Line management
 - Training

4. Maternity Theatre
 - Increasing activity – plan and timelines

5. New gynae lists
 - Theatre schedule – maternity, inpatients, daycase
 - Plan and timeline

6. Day services:
 - Saturday DSU lists – Who, When start
 - NTPF – MOU
 - Pre-assessment in GOPD, pathway to Day services and ERU

7. Triage

8. Ward Attenders
 - Review of pathway

9. Workplan 5th consultant

10. KPI dashboard / NSSBH self-assessment and QIPs

11. Urodynamics / urogynaecology

12. Education, GP training, MDM education, audit

13. Regular meeting schedule

LUH Gynae Services

Date and Time: 27th January 2021
Location: Education Room and Zoom

In Attendance :

Attendees:
Marion Doogan ADON
DrM Mc Kernan
Dr Una fahy
Shelley Gillespie CNM2
Tina Porter Quality & Patient care

Apologies:
Evelyn Smith DOM
Breada Sandilands
Colleen Reynolds
Imelda Mc Brearty

Issue	Decisions taken / Actions
1. Ambulatory Gynae	<p>a. We will meet on Tuesday 2nd Feb at 1pm to discuss the Amb Gynae SOP which will include discussions on location, start date and how we will organise the first couple of weeks, consumables, engagement with CSSD, management of unwell patient, staffing etc. ACTION – Elaine to send out zoom link and circulate draft SOP in advance of the meeting</p> <p>b. Equipment is in process of being ordered. Final detail on clinician chairs needs to be given to Caroline. ACTION Shelley to send Elaine details of chairs bought for PMB room</p> <p>c. To review patients on OP / DSU / IP waiting lists that may be suitable for Ambulatory gynaecology instead – for further discussion on Tuesday</p>
2. MDM	<p>a. Still no Radiology involvement. [REDACTED] [REDACTED] [REDACTED] Discussions have taken place with Radiology CD – no solution at present.</p> <p>b. Radiological images have not been available at MDM to date. To check next meeting that Dr. Koruncev is in attendance if IT issue has been resolved – Shelley / Marion</p>
3. GOPD	<p>a. Clinics being reduced by consultants to essential patients only</p> <p>b. PMB clinic continuing but several patients declining to attend</p> <p>c. Waiting list numbers remaining constant at present</p>

4. Maternity Theatre	<p>a. Discussions on-going re increasing activity – no agreement yet. Schedule agreed but Friday afternoon C Section list is scheduled for main theatre – needs further discussion</p> <p>b. Concerns that next two lists in maternity theatre have been cancelled by Theatre CNM. ACTION – Marion to liaise with Siobhan Kelly and meet with Sean Murphy to discuss</p>
5. Gynae lists	<p>a. Schedule agreed</p> <p>b. On-going discussions re timeline for starting lists – no agreement yet</p>
6. Day Services	<p>a. No lists currently – few PMB cases are being added to the Emergency list as possible and needed</p> <p>b. Directive from Colm Henry HSE CCO last week to cease all non-emergency activity for a two week period</p>
7. Triage	<p>a. Timelines are currently being met for most patients</p>
8. Ward Attenders	<p>a. New pathways need to be agreed. Work ongoing to establish a working Group with ED to discuss.</p> <p>b. Data available on ward attendees for Sept – Dec 2020</p> <p>c. To discuss further within department</p>
9. 5th Consultant work-plan	<p>a. Plan drafted but is dependent on new activity commencing</p> <p>b. Advert for permanent post to go out very shortly</p>
10. KPI Dashboard /NSSBH QIP	<p>a. Work ongoing with IT to provide reports on several gynae KPIs - Tina</p> <p>b. Work ongoing on NSSBH QIPS – no date yet from HIQA for site visit – Tina</p> <p>c. Data re radiology wait times reviewed (as attached). Tina meeting with PACS administrator next week. To arrange a meeting with Radiology to discuss wait times for urgent patients as patient are returning to clinics without having urgent scans completed and process to get an urgent scan is very cumbersome and not timely</p>
11. Urodynamics /Urology	<p>a. Urodynamics – all urodynamics patients on DSU waiting list now have an alternative plan of care and have been removed from DSU waiting list.</p> <p>b. Urogynaecology – Prof Morrison is reviewing a Group wide strategy for managing this cohort of patients. Need to consider LUH plan.</p>

<p>12. Education</p>	<p>a. Dr. Murray reverted to say a GP information / education session on new Gynae pathways, care etc would be very useful and would be keen for Nurse Specialist to be involved as well. She will revert with how best to deliver. ACTION – to devise a programme for session(probably Zoom)</p>
	<p>Next Meeting 10th Feb@ 12 noon.</p>

Signed: 

Date: _____

LUH Gynae Services

Date and Time : 10/2/2021
Location: Evelyn's office and Zoom

In Attendance :	
Evelyn Smith DOM (ES)	
Marion Doogan ADOM (MD)	
Zoom/Videoconference:	
Dr Mc Kernan Obs/Gynae Consultant (Mmck)	
Dr.Elamin Obs/Gynae Consultant (DE)	
Prof E Aboud Obs/Gynae Consultant(EA) Elaine Dobell General Manger W&CMCAN(ED)	
Colleen Reynolds Adm Manager (CR) Dr. Una Fahy Clinical Adviser (UF) Shelley Gillespie ANP (SG) Tina Porter Quality and Patient Safety Coordinator experienced technical issues trying to join	
Apologies: Breeda Sandilands Waiting list Imelda Mc Brearty OPD Manager	

Issue	Decisions taken / Actions

1. Ambulatory Gynae	Equipment – In process ordered by Caroline Mailey. Dental Syringes need to be added to the list. Need to find a syringe that works for all, older syringe is more user friendly. Action UF
Location	Modular building has been sanctioned and should be here by March. It is to be located in front of the Gatelodge. ES
Staffing	<p>Clerical officers Grade 4. HR states they are sanctioned as a grade 3 but ElaineD requested and requests again that they be a grade 4 as they need to phone patients and explain procedures. Grade 4 will report to Business Manager and Sean Murphy and be part of the Ambulatory and Gynae team. Dr.Mc Kernan requests that their role be clearly defined, create a team and have clear protocols. Martina Guertery to help with typing and is to be made available for Gynae.</p> <p>HCA- one available and a second to follow MD</p> <p>Nurse- Action MD to follow up</p> <p>CMM2 – Shelley's replacement for clinic. Action –ECC Denise</p> <p>ECC by Friday . Action CR</p>
Letters	Letter needs to be worded and approved Action : On-going to be completed by next week
2. MDM	Happy with process, real positive. Action : Get more Dr's involved
CPD points	Delay with Equipment. Action ES link in with Vanessa Need for Radiology to share screen and show images
3. GOPD	Funding for Medical Scientist. Action - ECC
Admin Staff	<p>Focus, scheduling, waiting list, recalls etc. Reports should be available if imaging is done. Waiting lists have slightly reduced. Ref from 2014 still waiting. Action CR. Aine working on Gynae waiting list letters, start on 2014 and work/clear 2015, 2016 etc.</p> <p>10 New patients every Gyane clinic. Consultants to ensure 10 new are booked every clinic but numbers were reduced during Covid. Back to normal on 1st March. (DrMcK). Some patients are waiting in cars, others are walking in which is unfair. Shelley not aware there was an issue. Action : Link in with Imelda Mc Brearty.</p>

	<p>Radiology- Very urgent done but urgent still waiting 6 months. Action : SG to follow up monthly and these could be sent to Afidiea. There is an insufficiently in Radiology which results in New Gynae patients needing a recall appointment as imaging not done for the new Gynae appointment. Radiology have big waiting numbers 118 Urgent, 400 waiting on Gynae scans. Afidiea can do the images/scan but there is a delay on reporting of such images. Sometimes Radiology appointments have been cancelled and Gynae don't know the reason. Action: CR to follow up with Lorraine. Accountability needed from Radiology.</p>
	<p>Oncology Patients – Require follow up every 6 months for 5 years. If Shelley doesn't chase this these patients are added to recall waiting list. We need an Icon alert for this so they are not missed. Action CR to talk to Imelda Mc Breaty to arrange an alert.</p> <p>Policy is 3 months for follow up appointment otherwise added to waiting list and if clinic is fully booked this poses a problem for recalls.</p>
4. Maternity Theatre	<p>Thursday morning list. Keep the pressure on regards another session in Theatre. If Maternity theatre is cancelled Sean Murphy to decide. Maybe 2 more sessions on a Tuesday morn. Action : ES to speak to Ken</p>
5. New Gynae lists	<p>Should be up and running by Elaine's calculations. From 1st March should have more dates.</p>
6. Day Services	<p>Saturday List – Dr.Mc Kernan can't envisage it happening. Action: Speak to Sean pressure/Payment etc. Payment nearly finalised. Action: ED to speak to Sean.</p> <p>NTPF – Solution @ Ballykelly. Issue of post op aftercare needs to be addresses prior to approval. Action : ED and CR to speak to Breeda Sandilands.</p> <p>Elaine to have a small meeting on Tuesday 17th @ 2pm to discuss pathway to DSU and ERU. Shelley will zoom in.</p> <p>Appears to working much better. Problem with two ladies. Action : ES will look at the letter sent to consultants.</p>
7. Triage	<p>Discussions ongoing.</p> <p>Some outcomes:</p>
8. Ward Attenders	<ul style="list-style-type: none"> • More modern update to Gynae Follow ups. • Need to work out the next step. • Meeting unproductive. • We need to work out what we want • Look at other hospitals • Areas of concern throughout hospital eg how E/D runs • Find a model of practice outside Soalta group

<p>9. Workplan 5th Consultant</p>	<ul style="list-style-type: none"> • Use the evidence we have, low triage status • All aware of near misses. <p>Guidance must come from co-located hospitals. Action: ED to meet with Leona Mc Laughlin Medical Director.</p> <p>Proposed : High Risk Diabetic clinic not another antenatal clinic. On reflection Dr. Elamin is continue with Diabetic Clinic . Diabetic clinic has huge numbers as it runs every second week maybe look at running it every week.. Dr Elamin says that would help greatly and is happy to continue.</p> <p>National IT have come back with a good plan. Data to go back to local MCAN meeting. Tina Porter</p>
<p>10.KPI Dashboard</p>	<p>Refers go to Urology . Dara the physio on Maternity also takes referrals. Dara and Gp's also does pessary rings in prolapse situations.</p> <p>Shelley working on it.</p>
<p>11.Urodynamics</p>	
<p>12.Education/ GP training</p>	<p>Happy with fortnightly meetings but might need Ambulatory on Tuesday's inbetween.</p>
<p>13.Regular meeting schedule</p>	

Signed: 

Date: _____

LUH Gynae Services

Date and Time 10th March 21
Location: Education Room

In Attendance :

Evelyn Smith DOM

Marion Doogan ADOM

Elaine Dobell GM W&CMCAN

Dr. Una Fahy

Dr. Mc kernan Gynae/Obs Consultant

Tina Porter


Zoom/Videoconference:

Shelley Gillespie ANP Ambulatory

Issue	Decisions taken / Actions
<p>1. Ambulatory Gynae</p>	<p>Equipment – Trueclear scan arriving on Friday 25th March STACK Ursula will do training with Engineering Wolf scopes – no response yet really needed by the 18th March Lights – Discussions around lighting. Action: Shelley and Dr. Mc Kernan to look at Sean Diver's. PMB movable light to be used for now. Viewpoint – Connect to Shelley's PC and another PC U/S probe decontamination – no funding yet but tender already exists within LUH. Action : Evelyn to talk to Sean Murphy re: funding. Location – PMB room or one of FAU rooms, start date is 25th March, first patient is to be seen week after training - 29th March. Elaine Dobell displayed a schedule running on 4th Consultant rota for now. Discussion's around Interim plan, query a locum who can do any consultants procedure's and then the designed consultant can do follow up. Staffing- Two HCA approved , one has started. Staff Nurses – One cleared to start but needs to give notice. Shelley starts her official post on Monday. Administrative staff commenced.</p>

	<p>Configuration: Look at all appointments as OPD not tackling the cancellation process. No more than 25 to be booked for any one clinic to improve policy of care. 2 slot to be kept for priority/urgent patients. Action Evelyn to discuss with Imelda</p>
2. MDM Gynae	No patients last Tuesday
3. GOPD	Imelda to oversee - Initiative clinics are for long waiters. All patients should be coming off waiting list process which will take another 3 weeks to click into place.
4. Maternity Theatre	Face many challenges. Theatre CNM to have a look at the Roster and come back with a solution. Maternity theatre 8.30 to 5 staff allocation hours were agreed. No staffing after 4.30. If Category 1 after 4 to 4.30 to go to Labour Ward theatre Elective lists will happen in Maternity Theatre
5. New Gynae lists	Running on 4 Consultants not 5. Starting tomorrow 11 th March Dr. Mustafa's list – will do any of the Consultants patients. Moving forward there is a need to do more major surgeries not just D&C's Gynae lists to be done well in advance Action: Shelley to link with Annemarie in ERU. Planning green pathways will update after Covid meeting tomorrow.
6. Day Services	Nothing happening for DSU list on Saturdays yet. Need a pathway criteria. No resolution until new management starts in DSU.
7. Triage	Cervical check have issued new guidelines which will have a knock on effect on Gynae OPD and waiting. There has been 15 referrals so far from Colposcopy and not all are for Ambulatory. Safer to be triaged onto Gynae lists. Action: Dr.Una to speak to Breeda.
8. Ward Attenders	Only for absolute emergencies when Ambulatory up & running. F/U bloods need to structured differently . Issues around unstable E/D patients attending Gynae ward as a ward attender.
9. Workplan 5 th Consultant	Maybe a Locum to cover Dr. King Action: Evelyn to f/u with Sean ref Dr. King

<p>10.KPI Dashboard</p>	<p>Collection of Data has made some progress. KPI still outstanding. Radiology showing many problems not feasible to do it manually. Maybe look at this from a National Level. Action: Evelyn to highlight all these risk factors at the HEB.</p>
<p>11.Urodynamics</p>	<p>60 patients have all been dealt with. Some managed as GOPD, some returned to GP. Urology are happy to take referrals from Consultants. Action: Evelyn to speak to Sean ECC replace Lorna maybe CNS needs discussion. Physio screening within their skill set.</p>
<p>12.ED/ Gp Training</p>	<p>27th April needs to be confirmed Action: Evelyn to confirm with Kathy</p>
<p>13.</p>	<p>Continue fortnightly</p>

Signed: 

Date: 27/4/2021

LUH Gynae Services

Date and Time 24th March @ 12
Location: Education Room and Zoom

In Attendance :

Evelyn Smith DOM
Marion Doogan ADOM
Dr.Mc Kernan Obs/Gynae
Dr. Una Fahy
Colleen Reynolds Admin Manager


Apologies:
Shelley Gillespie ANP
Breeda Sandilands Waiting list
Elaine Dobell GM W&CMCAN

Zoom/Videoconference:

Alice Mc Garrigle

Issue	Decisions taken / Actions
1. Ambulatory Gynae	STACK to be delivered tomorrow. 5 Hysteroscopes secured. Location: Shelley has moved to one of FAU scanning rooms. Monday 29 th is start date for Ambulatory Gynae and 9 patients have been identified. Process of Admissions DSU Gynae. Action : Alice to set up an Ambulatory Care Ward Census. Waiting lists require close observation with Ambulatory Administrative staff and Business Manager.
2. Maternity Theatre-	Discussions surrounding finishing time, meeting arranged on 31 st March to agree on a solution.
3. New Gynae lists	Thursday afternoons, Consultants to contact Shelley if any urgent patients are identified.
4. Day Services	No decision on Saturday list. Large waiting list. Funds needed. Appointment of Consultant is needed. This needs to be advertised.
5. Triage	Working well. No issues.
6. Ward Attenders	Issues surrounding other hospitals with Ward Attenders also. Ambulatory clinic may improve process. New Guidelines from Colposcopy may result in more referrals to the ward. At

	Dr. Mc kernan has real concerns about referral pathway. Action: Evelyn to look over the new guidelines.
7. Workplan 5th Consultant	Action: Evelyn to discuss with Aisling (HR) on her return.
8. KPI Dashboard	Action: Evelyn to speak to Elaine.
9. Urodynamics /Urogynaecology	Document read out by Evelyn from Sean Diver. Wait time is 15 months.
10. Education/ Training	Role of Ambulatory Administration staff for Ambulatory only. Delay in recruitment for Clerical staff. Staffing issues at OPD.
11.AOB	<p>Gynae clinics not to be overbooked (max 25 patients) Minimum of 2 slots to be kept for Consultants until the week before the clinic. Action: Colleen to speak to OPD.</p> <p>IPMS Ambulatory: Action: Una to email Alice the "Instructions letter".</p> <p>Secretaries: Discuss Ambulatory workload and look at impending office plan. Action: Evelyn/Colleen/Denise/Maria/Vancessa/Aine/Jacqui/Serena to meet.</p> <p>Dr Mc Kernan is the new ACD, he requested a designed secretary which will be Serena.</p> <p>Letters: Discussions surrounding letters, tick box letter was agreed.</p>

Signed: 

Date: _____

LUH Gynae Services

Date and Time: 14th April 2021
Location: Ed Room and Zoom

In Attendance :

<p>Evelyn Smith DOM Marion Doogan ADOM Dr. Una Fahy Elaine Dobell GM W&CMCAN Sean Murphy General Manager Dr. M Mc Kernan Obs/Gynae Consultant Shelley Gillespie ANP Tina Porter Colleen Reynolds Adm Manager</p>	<p>Apologies: Breeda Sandilands Waiting list Alice Mc Garrigle Imelda Mc Brearty</p>
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Issue	Decisions taken / Actions
	Standing Agenda needs to be revised
1. Equipment	Waiting on fluid Machine. Caroline will update. Standard letters have been updated. Drop down box would be beneficial. Action: Shelley
2. MDM	No issues. Dr Mc Kernan to request direct access to IMIS
3. GOPD	Going forward the patients need to be identified by LUH consultants not Dr. Una. Administrative side of Clinic needs better structure/organisation. Ambulatory Clinic - Mondays clinic clinically went very well but problems surrounding the admission of patients. Confirmed Denise and Alwida to do. Accounts to handle the finance(money) for now. Ambulatory Gynae administration staff require more training on pulling/filing notes from Medical Records. Action : Colleen to contact Bernard in Medical Records with regard to where responsibility lies to pulling notes for Ambulatory Clinic. Notes can be stored in Marion's locked office. Process map required for Caroline to ensure smooth running.

	<p>Discussions around Gynae census and admissions.</p> <p>Issue's surrounding patients needing directions to Ambulatory Gynae. Action: Evelyn to communicate via LUH group email to inform staff of new clinic and location.</p> <p>Staff issues surrounding Gynae Outpatients. 5 staff off sick. Action:</p> <p>With immediate effect all names and PCN's of Gynae patients who have cancelled their Gynae appointment are to be sent to General Managers office. This will ensure that their appointment can be allocated to another patient on the waiting list.</p> <p>Colleen to discuss same with Imelda to see if other measures can also be put into place.</p>
4. Maternity Theatre	<p>Tuesday and Thursdays no issues. Action: Mary Lynch to continue doing time lines on both sides for time lapses. Third list to start on a Friday in May.</p> <p>No trial of instruments.</p> <p>No emergencies in allocated Maternity Theatre time frame yet.</p>
5. Gynae List	<p>Monday all day and Thursday afternoon's. Discussions surrounding problems with the system, it's not a clinical triage issue, quite complex. Urgent can be stored in the "Black Box" for years. Need for urgent slots to be increased.</p> <p>Recall Gynae list needs validated. Action: Evelyn to ask Breeda.</p> <p>Staff shortages and Consultants rota discussed. One Consultant locum has been identified as suitable.</p>
6. KPI Dashboard	<p>Caroline to take over. Work still in process.</p>
7. HIQA	<p>Sean Murphy spoke at length about pending HIQA visit. On site inspection on 10th May. 7th, 14th June Governance meeting via zoom. 5th July future documentations. Sept final draft.</p>
8. Urodynamics	<p>Meeting to be arranged</p>
9. QIP	<p>Folder on Gynae ward with all information available to staff. Marion to meet Tina next week.</p>

	Next Meeting is Wednesday 21st April @ 12noon
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Signed: 

Date: 19th 4/2021

LUH Gynae Services

Date and Time 7th April 2021
Location: Education Room

In Attendance :

Evelyn Smith DOM
Marion Doogan ADOM
Dr. Una Fahy
Elaine Dobell GM W&CMCAN

Apologies:
Shelley Gillespie ANP
Breeda Sandilands Waiting list
Dr. M Mc Kernan Obs/Gynae Consultant
Alice Mc Garrigle

Issue	Decisions taken / Actions
1. Ambulatory Gynae	Waiting on scopes. Letters can be time consuming but the advantage is there is no need for a typist. The letter can be amended if any changes are identified. Staffing: [REDACTED] Clerical: No base until the end of May. Some issues surrounding contacting patients. Solution: Mobile phone and a laptop to be ordered asap.
2. MDM	Shelley still needs to be involved. MDM co-ordinators and new administrative Ambulatory staff to get involved.
3. GOPD	Strictly 10 New, 13 Recall, and two urgent for clinic. Needs to be controlled better as a lot of governance surrounding staff not following through. Needs set administrative staff. Action: A meeting to be arranged outside of Gynae services to address all these issues with Colleen, Imelda and Breeda.
4. Maternity Theatre	Time and Motion to be completed. Issues surrounding time spent transporting patients back to postnatal ward post theatre. Proposed date for Friday Maternity Theatre is end of May. Trial of Instruments agreed.

	Record of activity to be kept in Theatre for HIQA.
5. Gynae List	Thursday afternoons are posing a few problems. Pathway then to Medical 7. Registrars to be made aware of the importance of finishing on time in relation to the morning C/S list in Maternity Theatre.
6. Day Services	No Saturday lists. 100 Hysteroscopies to be completed in Ballykelly. Pathway working well with Shelley and Annemarie in ERU. Action: Elaine to pull data timeframe for non Hysteroscopies and non PMB patients.
7. Triage	Numbers discussed. 34 above recommended timeline. Action : Evelyn to discuss with Dr. Banni and follow up Triage pathway with Colleen and Imelda.
8. Ward Attenders	Change the name of ward attenders to Rapid Access Gynae Clinic. (Non pregnant patient to be referred by GP) GP referrals should be given a time to attend this clinic between 1 to 5, if urgent outside of this time they should attend E/D. Action: Evelyn to speak to Dr. Sally.
9. 5th Consultant	Aisling in HR looking into a Locum Consultant .
10. KPI Dashboard	Action: follow up with Tina and other issues.
11. Urodynamics	Waiting list of 15 months. Action : Evelyn to follow up with Sean ECC for Urology Nurse. Physio Clinical Specialist has been approved for triage and conservative treatment first.
12. Education	Training for GP's on Ambulatory Gynae service on 26 th April.
13. Regular Meetings	Meet weekly until HIQA visit.

Signed: 

Date: _____