



Good Help to those in Need

The Hospital

Bon Secours Hospital Cork is an independent charity that has a proud tradition of providing patient-centered acute medical care for the people of Munster since its foundation by the Sisters of Bon Secours in 1915.

It is a major Teaching Hospital of the College of Medicine and Health of University College Cork.

It is one of the largest independent Catholic hospitals in Europe with 342 beds and employs 1170 staff. The Hospital is has international quality accreditation by JCI International.

The Hospital, with its very modern facilities, provides a significant portion of the total acute medical and surgical care needs of the Cork region.

As a proportion of total hospital activity in Cork, Bon Secours provides:

- 19% of all acute hospital beds
- 25% of all in-patient activity
- 15% of all day cases
- 16% of all acute in-patient admissions
- 35% of elective in-patient admissions.

Bon Secours Hospital Cork provides comprehensive expert care in most major medical specialities:

Adult Medicine Specialities in Bon Secours Cork

- General Internal Medicine
- Cardiology
- Dermatology
- Endocrinology and Diabetes
- Gastroenterology
- Medical Oncology
- Neurology
- Respiratory Medicine
- Rheumatology,

The Hospital also provides extensive services in surgery, paediatric medicine and anaesthesia.

Other Clinical Specialities in Bon Secours Cork

Surgery:

- General
- Bariatric
- ENT
- Endocrine
- Gynaecological
- Oncology
- Ophthalmic
- Orthopaedic,
- Oral
- Thoracic
- Plastic
- Urology

Paediatrics

Anaesthesia

The clinical specialities are strongly resourced by a comprehensive range of supporting specialist facilities.

Diagnostic Imaging (Radiology) Department

Major Imaging Modalities

- Plain x-rays
- Digital angiography
- Ultrasound
- Mammography,
- CT spiral 64-multislice
- MRI. procedures

Interventional

- Imaging-guided biopsy
- Trans-jugular liver biopsy
- Stent placement (biliary, renal, gut)
- Selective venous sampling
- Selective embolisation

Pathology Department

- Blood Transfusion
- Clinical Biochemistry,
- Haematology
- Histopathology,
- Immunology
- Microbiology.

First Pathology Department in Ireland to achieve international accreditation under ISO-15189

First in Europe to be accredited under the EU Blood and Tissues Directive.

Support Departments

- Dietetics
- Pharmacy.
- Physiotherapy
- Occupational therapy

Other Facilities

Intensive and coronary care in nine-bed combined ICU/CCU.

Medical HDU

Surgical HDU.

Endoscopy: three dedicated suites.

Out-Patient Department with 13 treatment rooms

Six operating theatres.

MOHS Skin cancer clinic

Dermatological Laser

Ophthalmology: fundus photography, laser, slit lamp

The SHO jobs.

All SHO's participate in a general medicine on call rota since this is an acute hospital.

SHO'S will have exposure to patients with the full range of emergencies in all acute medical specialities.

Consultant supervision is provided at all times by three separate on-call consultant rotas; general medicine, cardiology and oncology.

There are about:

- 4000 acute medical admissions per annum.
- 300 per month.
- 75 per week.

Acute Admissions Quarter-1 2009

Specialty

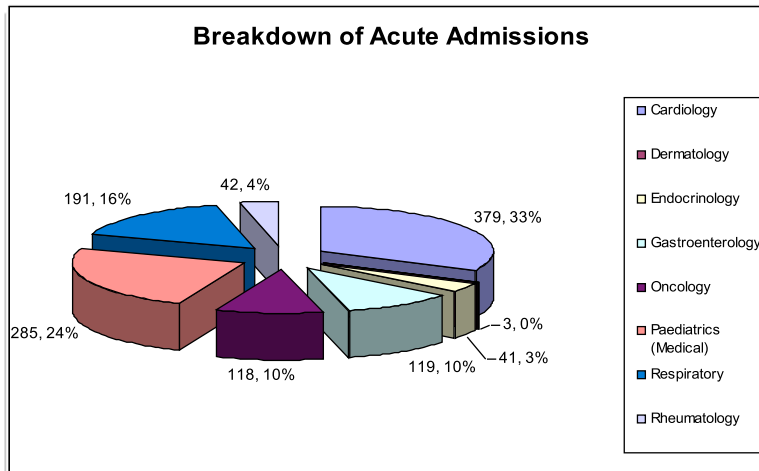
Cardiology	379
Dermatology	3
Endocrinology	41
Gastroenterology	119
Oncology	118
Respiratory	285
Rheumatology	42
Total	987

Admissions to Bon Secours Hospital Cork

Are referred from

- General Practitioners
- South Doc
- Swiftcare Clinic
- Consultants
- Other hospitals
- Chest Pain Clinic
- Diabetes Clinic

Breakdown of Acute Admissions



RESPIRATORY MEDICINE ROTATION – 1 POST

Staff

Two Consultants in Respiratory and General (Internal) Medicine

Dr. Maire Nolan and Dr. Liam Doherty

Three Pulmonary Technicians

Routine Procedures and Facilities

- Daily bronchoscopy sessions (incorporating bronchial lavage, trans-bronchial biopsies, trans-carinal needle aspirations).
- Rapid Access Lung Cancer Clinic
- Full lung function testing including body box measurements of lung volumes, methacholine challenge, exercise spirometry, cardio-pulmonary exercise testing.
- Full polysomnography, limited sleep studies, multiple sleep latency testing.

Respiratory Pathology

SHOs will be trained in:

- Lung cancer
- Infective pulmonary disease
- Obstructive and Restrictive lung diseases
- Pleural disease (effusions, pneumothorax)
- Sleep disorders – obstructive sleep apnoea, hypoventilation disorders, narcolepsy, restless legs syndrome.

Teaching

- Daily consultant led ward rounds
- Weekly respiratory tutorials on the interpretation of lung function tests, sleep studies, and chest radiology.
- Weekly tutorial session on the management of common respiratory problems
- Opportunities for publication and research

ENDOCRINOLOGY and RHEUMATOLOGY ROTATION

(1 POST)

Staff

Consultants: Endocrinology: Prof. Brendan Buckley

Rheumatology: Dr. John McCarthy

Two Diabetes Nurse Specialists
Full Physiotherapy Service
Dedicated Hand Occupational Therapist

Endocrinology & Diabetes Pathology

SHO's will have training in:

Diabetes mellitus Types 1 & 2

Thyroid disease

Pituitary disorders

Adrenal diseases

Neuroendocrine neoplasia

Reproductive endocrinology

Rheumatology Pathology

SHO's will have training in:

A wide range of acute and chronic rheumatological conditions;

Acute and chronic rheumatoid arthritis;

Acute and chronic pain investigation and control;

Septic arthritis;

Discitis;

Polymyalgia rheumatica; Giant Cell Arteritis;

Acute and chronic gout and pseudogout;

Active psoriatic arthritis;

Complications of ankylosing spondylitis;

Reactive arthritis;

Sarcoid arthritis

Osteoarthritis

Training

- Intensive training in the use and interpretation of endocrine tests including dynamic tests, and imaging.
- Attendance at diabetes clinic and will be expected to gain experience in adjustment of insulin therapy and use of continuous insulin pump therapy
- Training on thyroid fine needle aspiration.

Training

- Intensive training in the use and interpretation of tests including autoantibody screen, x-rays and scans.
- Attendance at a once weekly injection clinic and would be expected to gain a personal experience in shoulder and knee aspiration and injection.
- Education on the management of vasculitis syndromes.

Teaching

- Daily Consultant-led ward rounds
- Tutorial sessions on the management of diabetes, common endocrine and rheumatological problems
- Involvement with the hospital Post Graduate training sessions with presentations on behalf of the endocrinology and rheumatology team.
- Opportunity for research and publication

ONCOLOGY ROTATION (2 POSTS)

Staff

- 2 Consultant Oncologists: Dr. Brian Bird (and a second consultant to be in post from July 2010)
- 2 Oncology Resident Medical Officers
- 1 Oncology Research Nurse

Routine Procedures and Facilities

- 2 Dedicated Hospital Wards
 - Oncology Day Ward – 12 beds, 5 days a week SHO's see stable patients receiving outpatient chemotherapy
 - Oncology Ward – 23 beds, 7 days a week. Opportunity to see complex cases requiring in-patient care and manage general medical and oncological emergencies.

Oncology Pathology Treated

Most forms of cancer are treated in the Unit cancers, including the four commonest:

- Breast
- Lymphoma
- Bowel

Teaching

- Consultant-led ward rounds
- Oncology meeting, SHO's present case and Literature review.
- Histology Conference – review of marrows and complicated cases
- Multidisciplinary meeting involving oncology team.
- Opportunity to attend Oncology Conference at MUH and CUH

Research

Several active trials, mainly breast cancer, are in progress in the Unit at present.

CARDIOLOGY ROTATION (2 POSITIONS)

Staff

3 Consultant Cardiologists - Dr. William Fennell, Dr. John Kenny, Dr. Conor O Shea
Cardiac Nurse
Cardiac Rehabilitation Service

Equipment and Procedures

- Dedicated Cardiac Catheter Lab with invasive facilities for coronary angiography, right heart catheterisation, temporary pacemaker implantation, pericardial aspiration and percutaneous coronary intervention.
- Cardiology Department (large non invasive department) which provides facilities for echocardiography, stress testing, holter monitoring and ambulatory blood pressure monitoring.
- Rapid access Chest Pain Clinic. Patients are referred in by their GP with recent or acute onset chest discomfort requiring evaluation and treatment.

Cardiology Pathology Treated

Urgent and acute admissions with:

Acute myocardial infarction;

Acute coronary syndromes;

Cardiomyopathies

Syncope and acute presentations of arrhythmias

Heart failure

Teaching

- Consultant-led ward rounds
- Interpretation of ECG's; Stress Tests; Holter monitors etc.,
- MDT meeting with Cardiac Surgeons and Cardiologists in CUH on Friday mornings.
- Opportunity for research and publication.

GASTROENTEROLOGY ROTATION (1 POSITION)

Staff

Dr. William Stack and Dr. Lucina Jackson
One Gastroenterology Nurse Specialist

Gastroenterology

SHO's will have exposure to

Acute and elective gastroenterology and general medical admissions.

At any one time, there are approximately 15 to 20 inpatients under the G.I service. 70% of these patients are admitted acutely as part of a non-selective take. There is also a busy day-case endoscopy service. The GI service covers both hollow organ Gastroenterology and Hepatology. The GI service is also on call for general medicine one day per week and one in four weekends.

Training on Procedures

- There is an Open Access clinic for some endoscopic procedures at which SHO's assess and present to Consultant Gastroenterologist
- SHO will attend Endoscopy and be familiar with all endoscopic procedures including upper GI endoscopy; colonoscopy and ERCP
- SHO will participate in the insertion of PEG tubes
- SHO instructed in 24 hour pH monitoring and Oesophageal manometry.
- Opportunity for other procedures i.e. insertion of paracentesis drains which are facilitated through the Radiology Department.
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- SHO's responsible under the supervision of the Consultant to co-ordinate investigations and treatment of patients.

Formal teaching in Gastroenterology /General Medicine.

- Weekly SHO presentations with appropriate literature research.
- Bi- monthly histopathology conferences.
- Weekly multi disciplinary cancer meeting including a significant proportion of GI cancer.
- Weekly journal club presentations where SHOs present a research paper in general medicine/ gastroenterology on a rotational basis with a literature search and critique of the paper.

Research and Audit

- The medical SHO attached to the GI unit will be expected to undertake an audit of practice in the aspect of gastroenterology during their attachment.
- Weekly radiology conference. The SHO is expected to present cases and follow up on cases already seen at these conferences.

Formal Combined Teaching Meetings in Medicine for Medical Staff.

SHOs have protected time for these unless on call

Mondays 08.00-09.00 Oncology Conference

Tuesdays 08.00 - 09.00: Medical Case Conference

Wednesdays: 13.00-14.00 Medical journal Club

Thursdays 08.00 - 09.00 Oncology MDT

Fridays 08.00 - 09.00 Radiology Conference

SHOs are encouraged to present for parts I and II of the MRCPI examinations

- Consultant staff are happy to help prepare candidates by mock examinations etc.
- Consultant staff regularly examine in the MRCPI Part II clinical examination.

Reference and Learning Facilities

- Potel Hospital Library (with librarian on site)
- Computer terminals with internet access for educational purposes in Doctors' Residence
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Clinical Audit

- SHOs are required to perform at least one clinical audit per six months.
- Supported by Hospital Clinical Audit Office, staffed full time by Audit Analyst

Clinical Research

- SHOs are encouraged to write up case reports for publication.
- SHOs are encouraged to participate in clinical research projects.

NCHD INDUCTION TRAINING

ATTENDANCE IS MANDATORY

Date and Times: Thursday 2 nd July 11.00 AM – 1.00 pm Friday 3 rd July 2009 1.00PM – 7.00 PM Saturday 4 th July 2009 9.00 AM – 2 .00 PM	Location: Education Centre
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AGENDA DAY 1 – Thursday 2nd July 2009

11.00 – 12. 00 pm Patient Care Workshops (Interns)

12.00 – 1.00 pm Patient Care Workshops (SHO's)

- Intravenous Peripheral Cannulation
- Venepuncture
- Care & management of Central Lines
- Administration of Intravenous Drug Therapies
- Management of Pumps for IV administration

AGENDA DAY 2 – Friday 3rd July 2009

- 1.00 pm Antibiotic Prescribing (Dr. Olive Murphy)
- 1.45 pm Medical Records
- 2.00 pm Best Practice
- 2.30 pm Health & Safety
- 3.00 pm Clinical Audit
- 3.15 pm Infection Control
- 3.45 pm Haemovigilance
- 4.30 pm PIMS (Hospital Patient Information System)
- 5.00 pm Pharmacy
- 5.30 pm Laboratory
- 6.00 pm Medication Safety

AGENDA DAY 3 – Saturday 4th July 2009

- 09.00 am Patient Handling
- 11.00 am CPR Training BCLS

Finish 2.00 p.m

Performance Review

SHOs will be have a performance review performed every 6 months,

Clinical Audits in Progress 2009

Clinical Audit Project	Audit Lead	Dept.	Policy No.	Start Date End Date Re-audit date	Comments
1) Birads Mammography Audit	Dr. Moran /Dr. Kidney/ Dr. Carmody	Oncology		Ongoing July '09 6 months/ 1 yr	Ongoing data cleaning
1) HIQA Breast Care Audit- audit of Histopathology results		Oncology/ Pathology			Pathology dept have agreed on new fields to be incorporated into Birads.
1) MDT Audit- Audit of outcomes	Prof. Buckley/ Mr. O'Boyle/Dr Almusawy	Oncology		Dec '09	New MDT proforma now on the intranet
1) Prostatectomy Audit	Mr Ryan/ Dr. Siddiqi	Oncology			Completed- presented at urology meeting oct 09

1) Nutritional Support for Oesophageal & Gastric surgical cancer patients.	Caitriona Lordan Diarmuid Duggan	Oncology/Dietetics	EPSEN guideline on enteral nutrition	22 May '09 20 Jun '09 Dec '09	Completed- Policy to be developed
1) i) Aromatase Inhibitors and bone health ii) Treatment associated dermatological toxicity in oncology day unit patients	Dr. Bird Aine O'Reilly Dr. Sonu (CUH registrar)	Oncology		i) 22 nd May '09 19 th June ii) June-July	?
1) Number of lymph nodes and impact on treatment outcomes for Colorectal Ca	Dr. Bird/Dr. Janku Leah Byrne (NCR data)	Oncology		June '09	Being written up
1) Patient Satisfaction with Oncology Liaison Service	Audrey Baker	Oncology		Oct '09	
Clinical Audit Project	Audit Lead	Dept.	Policy No.	Start Date End Date Re-audit date	Comments

1) Orthopaedic quality improvement initiative for THR/THK patients	Mr Creedon/ Dr. Mulcahy / St. Colemans	Orthopaedics		Quarterly	Ongoing
1) Pain Management Audit, patient admission process	Maureen Dundas- Colemans St.	Orthopaedics		re-audit Oct 09	Completed-
11) Audit of critical lab results	Lab	Pathology NPD	BSC/ PATH/ SOP/060 (Version 3)	July '09 July '09	Completed
11) Audit of Intravenous peripheral cannulation by radiographers	Catherine Flanagan/ Claire Kiely	X-ray	NUR/78 JCI (COP3)	23/03/2009 08/05/2009 23/09/2009	Completed
11) Observational Audit of Medication Practice	Pharmacy/ St Bernadett	Nursing		Apr '09 Apr '09	Completed
11) CHAIR audit Coronary Heart Attack Ireland Register- audit of discharge meds for MI patients	Deirdre Filen	Cardiology		01-Apr-09 30 Jun '09	Data being analysed

15)	Prospective audit of appropriate use of IV paracetamol and costs	Dr. Aman/ Dr Doherty	SHO		Completed	Being updated to include 2009
16)	Audit of antimicrobial surgical prophylaxis	Dr. Hayder Shabana	SHO		Oct '09	
16)	Antimicrobial documentation audit	Dr. Nurul Afeeza	SHO		Oct '09	
16)	MEWS study	Dr. Eoin Fahy/Dr Nolan	SHO		Oct '09	

Quality Monitors – New Standards.

Below are the 20 Quality Monitors as per the JCI new standards.
Each monitor is reviewed, analysed and reported on monthly.

- .1 Falls Risk Re-assessments
- .2 Laboratory Services – verifying test reports.
- .3 Diagnostic Imaging – verifying test reports.
- .4 Unplanned Returns to Theatre
- .5 Antibiotic and other medication use.
- .6 Medication errors and near misses.
- .7 Anesthesia and sedation use – Theatre, Endoscopy, Angio
- .8 Use of blood components and blood products.
- .9 Availability, content and use of patient records.
- .10 Infection Control.
- .11 Clinical Research.
- .12 Procurement of routinely required supplies.
- .13 Health & Safety Authority reported incidents.
- .14 Risk Management.
- .15 Utilisation Management.
- .16 Patient and Family Expectations.
- .17 Staff Satisfaction Survey.
- .18 Patient Demographics and Clinical diagnosis – Day case to In-patients.
- .19 Staff hires, exits etc.
- .20 Patient Falls.

List of Additional Quality Indicators

1. Angio Study: Recording no. of angiograms per month
no. of interventions
no. of patients requiring
emergency transfer.
2. Cardiac Arrest per Month, number of respiratory arrests
per month, no. of 2222 calls
3. Cardiac Rehab Patient Survey
4. Critical Transfers to another hospital
5. Filing Errors.
6. Admission data entry errors
7. Documentation Quality Improvement plans
8. MDA (Controlled drugs) Register Audits
9. Delays to Theatre
10. Surgical Medical Record Review
11. Time Outs and Site Markings.
12. Weekly Patient Tracers (audits)
13. Readmission monitor
14. List of Medication on admission