## Bright Spark Awards Winners 2025

**Bright Spark National Innovation Awards** 



## CEO CHOICE INNOVATION AWARD Best Patient Access: Community Setting

#### The SitWell Pathway - Timely, Tailored Custom Seating for Children with Complex Needs

Led by Linda Keogh, the "Sit Well" project transformed custom seating services for children with physical disabilities in Longford's Children's Disability Network Team (CDNT). Previously, families faced long, costly journeys, up to 240 km round trips, to centralised clinics in Dublin, causing wait times of 6 to 12 months and adding financial and emotional strain. This delay risked secondary complications and limited children's participation.

Using a Design Thinking approach, local Occupational Therapists were trained to lead responsive, child-centred seating clinics within the community. This localised model reduced wait times dramatically to 8–10 weeks and eliminated travel burdens, improving family satisfaction and involvement. Custom seating focused not only on posture but also on enhancing daily participation, resulting in better patient outcomes.

The project saved 13–15 hours and €390–€585 per child compared to traditional care. Reduced travel also cut carbon emissions by at least sixfold, supporting environmental sustainability. Providers reported increased peer learning, job satisfaction, and sustainability. With minimal investment, the model has already expanded to Adult Disability Services. The team are currently developing an implementation guide for other CDNTs, detailing the steps, training, and partnerships needed to adopt the model, having the potential to enhancing equitable, timely access to vital supports for all children and families requiring custom seating, especially in rural areas.

#### Linda Keogh: Senior Occupational Therapist Children's Disability Network Team Longford, CHO8 Disability Services

## CEO CHOICE INNOVATION AWARD Best Patient Access: Hospital Setting

#### Virtual Obstructive Sleep Apnoea (OSA) Identifier Pathway: A Whole New World?

Obstructive sleep apnoea (OSA) prevalence has surged over the last two decades, with diagnosis traditionally delayed by lengthy referral and testing processes—often taking up to three years from referral to treatment. This lengthy pathway causes patient anxiety, prolonged symptoms, and strains healthcare resources.

With funding through the Spark Productivity Boost initiative, novel digital pathway was developed in Ireland to transform OSA identification and management. Patients receive an invitation to download the myPatientSpace app, where they complete symptom questionnaires digitally. Following this, a home sleep study kit is mailed directly to the patient. After completing the study, patients have a virtual consultation with a sleep specialist through the app, eliminating the need for multiple in-person visits.

Among the 112 patients served (97 new, 15 followups), the average time from referral to intervention dropped dramatically from three years to just 5.5 months. This acceleration improved patient experience and expedited treatment initiation, leading to better health outcomes. The approach also generated estimated cost savings of €1,000 per patient by reducing inpatient sleep studies and staffing demands. Additionally, fewer patient travels contribute to a lower carbon footprint, promoting sustainability. With clear benefits and scalability, this digital model holds promise for nationwide adoption in OSA care.

#### Dr Laura Piggott: Specialist Registrar in Respiratory Medicine

St James's Hospital, Dublin 8

## Best Digital Project Award

## InjuryNet - Transforming Patient Care through Digital Innovation

Over the past year, the Injury Unit at St. John's Hospital has successfully transitioned from handwritten notes to a bespoke, in-house digital clinical record system. This innovation has enhanced the accuracy and legibility of documentation, streamlined patient flow tracking, and enabled efficient e-referrals to GPs, physiotherapy, and the fracture clinic. By eliminating paper-based processes, the team has reduced clinician fatigue, accelerated patient care, and improved discharge coding and reporting.

Before this innovation, the IU faced challenges including illegible notes, delayed referrals, and inefficient patient tracking, which contributed to clinician fatigue and extended patient wait times. The new system automates data transfer from hospital records, allows real-time updates on patient injury type and discharge, and generates electronic GP letters and patient histories upon discharge.

Since implementation, the IU has seen faster, more accurate assessments, reduced clinician administrative burden, and improved patient throughput. Customisable reporting tools provide valuable insights into unit activity, supporting better resource allocation. Clinicians report enhanced focus on direct patient care due to decreased paperwork.

Aligned with Ireland's "Digital for Care 2030" framework, this system places the unit at the forefront of digital healthcare transformation. With real-time data analytics and improved resource visibility, it supports better-informed clinical and operational decisions. As development continues, this scalable solution holds significant promise for wider implementation across the health service, driving a more connected, efficient, and patientcentred care experience.

#### Mairead O'Donoghue; Registered Advanced Nurse Practitioner (RANP) Emergency

St. Johns Hospital, Limerick.

## Best Hospital Avoidance Award

## Introduction of point of care blood testing for Letterkenny Pathfinder patients.

The Letterkenny Pathfinder project, led by Catherine Kelly and Gary Gardiner, introduced point-of-care blood testing (POCBT) to reduce unnecessary Emergency Department (ED) visits by older adults in Donegal. With nearly half of National Ambulance Service users over 65 and increasing ED overcrowding, the initiative aimed to manage low-acuity conditions such as mild dehydration or uncomplicated infections within the community.

Advanced Paramedics used ISTAT analyser was used alongside CHEM8+ and CG4 cartridges to perform real-time blood tests during home visits, guiding safe, timely interventions in collaboration with GPs and using previous hospital lab data. Supported by the HSE Spark Impact fund, the pilot focused on patients over 65, applying strict criteria to ensure safety.

86% of 50 patients were managed safely at home, with 88% remaining there after seven days and no adverse events reported. The approach improved patient experience by avoiding hospital-related harms and promoting autonomy. In addition, it has a significant positive impact on the health system freeing up ambulance resources by avoiding long-duration ED transfer and reducing the burden on EDs, while delivering faster, more person-centred care.

Given its success and alignment with strategic goals, the project presents a scalable solution for transforming pre-hospital care for older adults across Ireland.

Catherine Kelly & Gary Gardiner, Clinical Specialist Physiotherapist & Principal Paramedicine Tutor

Letterkenny Pathfinder Team

## Best Nursing & Midwifery-Led Project

#### Changing the Lens - Transforming Care for Survivors of Sexual Violence

This innovative project revolutionised forensic photography within the Sexual Assault Treatment Unit (SATU) at the Rotunda Hospital, aiming to enhance patient experience, shorten examination times, and improve the accuracy of forensic evidence. Traditionally, forensic examiners relied on written notes and diagrams, a method that was not only time-consuming but often heightened patient distress. Photography responsibilities rested solely with An Garda Síochána, which limited immediacy and integration in care.

In response, two core forensic examiners were trained in professional-grade forensic photography, allowing images to be taken sensitively within SATU, during the examination, by trusted clinicians. Supported by the HSE Spark Innovation Programme and guided by human-centred design, the project placed dignity, choice, and trauma-informed care at the heart of the solution.

Early results showed significant impact: improved patient experience through less stress during examinations; stronger visual evidence, enhancing legal and clinical outcomes; improved operational efficiency, and improved collaboration with An Garda Síochána. With promising outcomes, this model holds strong potential for national adoption, demonstrating how trauma-sensitive care and targeted technology can work hand in hand to advance justice, support survivors, and strengthen healthcare delivery in one of the most sensitive clinical contexts.

Christine Pucillo, Deirdra Richardson; Clinical Nurse specialist/Clinical Midwifery Specialist, Forensic Examiners. Catherine Marsh, National Nursing and Midwifery Fellow for Innovation, HSE Spark Innovation Programme

SATU Rotunda Hospital, Dublin

## Best Use of Innovative Technology Award

## Patch Me If You Can - Augmented Reality for Procedure Pain

In the Midwest, augmented reality (AR) was piloted during ANP-led Qutenza patch treatments to tackle procedural pain and anxiety, major challenges in neuropathic pain management. Chronic pain affects 20–40% of Ireland's population, often leading to disability and emotional distress. While Qutenza patches effectively target neuropathic pain, their application causes heightened pain and heat responses, reducing treatment tolerance and sometimes requiring opioid analgesia.

Integrating gamified AR during the one-hour patch application led to a 48.22% reduction in pain scores, with patients reporting decreased anxiety, enhanced engagement, and greater treatment tolerance. Patients reported an average baseline pain score of 4.3, which initially increased to 5.6 following Qutenza application. However, with AR, pain scores dropped to 2.9 at 45 minutes and 2.33 upon treatment completion. In contrast, patients not using AR experienced a pain increase from 4.39 at baseline to 5.9 at treatment completion, demonstrating the significant impact of AR on immediate pain perception. 100% of AR users maintained full treatment durations without additional analgesia. Patient feedback highlighted increased satisfaction, improved mood, and a sense of empowerment, shifting attitudes toward selfmanagement and non-pharmacological pain strategies.

Dedicated to the iterative process of innovation and in an attempt to address the financial cost of AR solutions, Ann Marie secured funding through the Spark Impact Fund to enable 400 chronic pain patients' trial mobile VR platforms at home, aiming to extend digital reality's benefits for ongoing pain management and enable scaling of the project. This innovation not only improves procedural experiences but also fosters patient empowerment and opens new avenues in community-based chronic pain care.

#### Ann Marie Kiernan; ANP Pain Management

Pain Excellence Centre, Croom Orthopaedic Hospital, Midwest Region

## **Best Doctor-Led Project**

#### Development of a Single Visit Clinic for Assessment and Management of Metabolic Associated Fatty Liver Disease

Metabolic liver disease represents a significant burden on Ireland's healthcare system, accounting for 30% of gastroenterology referrals. Traditionally, patients attending Midland Regional Hospital Tullamore, had to travel to Dublin for Fibroscan investigations, facing prolonged waiting times and long journeys, creating fragmented care and missed opportunities for early intervention.

Committed to addressing this challenge, Dr Mairead McNally identified the opportunity to tackle this problem through the use of the Fibroscan locally in the clinic in Tullamore. Utilising the Fibroscan funded through the Spark Productivity Boost for "long waiters," eliminating long delays and travel to Dublin, this innovation enabled 65% of patients to be discharged on the day of their scan, while the remaining 35% benefited from earlier diagnosis and treatment. The initiative also strengthened hospital collaborations and increased provider satisfaction.

As a result patients avoid multiple trips to Dublin, which each round trip spanning approximately 200 km, reducing burden and improving health equity and access, especially for rural populations. This reduced travel significantly reduces carbon emissions, estimated at 45 kilograms of CO<sub>2</sub> per trip.

This project illustrates how adopting an existing solution in a different healthcare setting can significantly increase value in healthcare in all its forms.

### Mairead McNally, Consultant Gastroenterologist Midland Regional Hospital, Tullamore

## **Best HSCP-Led Project**

#### Occupational Therapy Led Reablement -Promoting Patient Flow

A pioneering reablement service led by Occupational Therapy (OT) at University Hospital Waterford with funding provided through the Spark Impact Fund is transforming subacute care by enabling earlier discharge and reducing hospital length of stay (LOS). This innovative partnership with the HSE Home Support Office retrains healthcare assistants to deliver targeted, home-based rehabilitation under senior OT supervision, empowering patients to regain independence in their own homes.

Over six months, the service reduced LOS by an average of 4 days, with some cohorts seeing reductions up to 9 days, equivalent to 172 saved acute bed days and approximately €206,400 in cost savings (based on €1,200 per bed day). Additionally, it decreased reliance on inpatient rehabilitation and step-down beds by about 500 bed days, potentially saving €500,000. Impressively, 95% of patients did not require ongoing home support post-discharge, preserving scarce home support resources for chronic care patients.

Patient satisfaction remains high, with 95% receiving home visits within a day of discharge and reporting improved quality of life and functional outcomes. Healthcare assistants and Occupational Therapists also report increased job satisfaction and team collaboration. This scalable, cost-effective model addresses nationwide challenges of delayed discharges and bed shortages. The project exemplifies how integrated community-based care can optimise healthcare efficiency while improving patient-centred outcomes.

Megan Walsh, Senior Occupational Therapist University Hospital, Waterford

## **Best Productivity Award**

#### Trans-Nasal Endoscopy to Improve Patient Experience and Resource Utilisation

Led by Dr. John Campion at the Mater Misericordiae University Hospital, this project introduced transnasal endoscopy (TNE) as a safer, more patientfriendly, and sustainable alternative to traditional sedated gastroscopy. Standard oesophago-gastroduodenoscopy (OGD) often requires intravenous sedation, leading to prolonged hospital stays, increased clinical risk, high resource use, and patient inconvenience. TNE uses an ultra-slim scope via the nasal passage, bypassing the gag reflex and removing the need for sedation.

The pilot involved two groups: outpatients offered TNE as a first-line diagnostic option, and inpatients with low-risk gastrointestinal bleeding, enabling same-day diagnosis and discharge. Backed by funding from HSE Spark's Productivity Boost fund, the project began in March 2025 with trained staff and a comprehensive implementation framework.

Early outcomes were highly positive. Patients reported better comfort, less disruption to daily life, and no need for escorts or recovery time. Clinically, TNE maintained diagnostic accuracy while eliminating sedation-related risks. With patient contact time reduced by 44% it also reduced costs, staff workload, and environmental waste, supporting sustainable healthcare. By removing access barriers for socially or economically disadvantaged patients, the service also improved health equity.

With strong potential for outpatient and community-based expansion, TNE is strategically aligned and could transform gastrointestinal diagnostics across Ireland.

#### Dr John Campion, Consultant Gastroenterologist

Gastrointestinal Unit Mater Misericordiae, University Hospital Dublin.

## **Best MDT Award**

## Evaluation and implementation of an acute urinary retention ambulatory pathway

A multidisciplinary team, including urologists, urology clinical nurse specialists, emergency medicine physician, emergency nurse clinical facilitators, ED administration staff and clinical nurse manager community intervention team liaison led an innovative initiative at the Emergency Department (ED) that significantly enhanced care for male patients presenting with Acute Urinary Retention (AUR). Key issues identified included inefficient referral processes, inconsistent discharge communication, lack of equipment provision, and poor integration with community services. A multicomponent intervention was introduced between March 2023– 2024 to address these challenges.

Interventions included development of a clear ambulatory care pathway, electronic referrals via the ED IT system, streamlined discharge protocols, patient information leaflets, equipment provision, prescription templates, and embedded community referrals. Staff were trained to educate patients on catheter care, and eligible patients were discharged home with full support and clear follow-up plans.

Average ED Patient Experience Times dropped from 8.1 to 6.1 hours. Time to follow-up in the TWOC (Trial Without Catheter) clinic improved from 40 days to 25 days. The pathway improved continuity of care, reduced re-attendances, and empowered patients through better information and support. It also reduced pressure on inpatient beds by safely managing suitable patients in the community. This integrated, scalable model showcases how structured multidisciplinary collaboration can optimise patient flow and enhance outcomes for older men with AUR.

#### Aileen McCabe; Consultant Emergency Medicine Tallaght University Hospital

## Best Community Collaboration Award

#### Baby & Me: Baby Bonds & Beyond

The Baby & Me: Baby Bonds & Beyond programme is an innovative, cross-agency initiative addressing the needs of marginalised new mothers in one of Limerick's most disadvantaged areas. Delivered collaboratively by HSE Mid West and the local Early Years Service, this weekly group offers a culturally accessible, informal space where mothers and babies receive tailored health and well-being support.

The programme focuses on perinatal mental health, infant development (e.g. Weaning, Tummy time for baby, Talking to Your Baby) and maternal self-care, (e.g. Pelvic Floor Health) with local health professionals engaging through interactive discussions rather than formal presentations. The innovative component of this programme lies in it being co-designed in a local community centre, with local babies and mothers attending, and clinicians coming to the service. Food is provided for mothers and focus is given to building a network for social activities in addition to meeting health care needs.

By bringing services directly into the community facilitated in a familiar early years' baby room and timed to suit mothers' routines the programme reduces barriers to access and fosters trust. It has achieved strong engagement, with a 75% completion rate, a notable success given the area's challenges. Qualitative evaluations reveal improved maternal mood and well-being, encouraging extension beyond the initial 10-week pilot.

Importantly, the programme exemplifies impactful community collaboration and innovative preventative approaches, uniting HSE, local health professionals, and early years practitioners to coproduce sustainable, person-centred care. Based on feedback from mothers attending the service plans for expansion include mindfulness sessions, traumainformed workshops, and locally sourced activities like swimming and walking clubs. Baby & Me is a vital, preventative model for embedding health equity in marginalised communities through partnership and accessible care.

#### Niamh Keane; Clinical Lead, Health and Well-being

HSE Mid-West Ennis, County Clare

## **Best Leadership Award**

#### Transforming Dementia Care: Co-Designed Nursing Model for Community Supports

Edel Carey has demonstrated visionary and collaborative leadership in developing a patientcentred dementia care service through Féileacán Bán, delivering comprehensive, innovative, community-based pathways that include clinics, home visits, crisis intervention, support groups, and virtual consultations.

Her inclusive approach actively involves patients and caregivers in co-designing services, ensuring responsive and compassionate care tailored to individual needs. Starting with a single pathway, she meticulously scoped needs, researched evidence, and deeply listened to patients and families, ensuring their voices shaped every step. This iterative approach led to the gradual embedding of five multi-element pathways by 2021, completing a robust service. Recognising the need for innovation, Edel partnered cross-border with the University of the West of England to adapt the LivDem programme, further enhancing the service's relevance and effectiveness in the Irish context. Her strategic advocacy secured essential staff, including an advanced nurse practitioner, healthcare assistants and administrative support, allowing for sustainable growth.

Under her guidance, the team expanded to five members, incorporating student nurses, volunteers, and community outreach programs such as a Saturday café, fostering education and social inclusion.

Since inception, Féileacán Bán has served 250 patients annually, with significant outcomes including fewer hospital admissions resulting in cost savings exceeding €860,000. This highlights the project's strong value-for-money impact alongside improved patient and caregiver well-being. Other outcomes include improved patient outcomes (increased confidence, mood and quality of life, and decreased anxiety. In addition, carers reported decreased burden and improved quality of life. Edel's strategic vision emphasises scalability through partnership-building, succession planning, and expanding virtual care. By fostering ongoing feedback and training, she ensures the service evolves with community needs, positioning Féileacán Bán as a model for sustainable, equitable dementia care across Ireland. Her work exemplifies leadership, innovation, partnership, and dedication to equitable, holistic care.

#### Edel Carey; Registered Advanced Nurse Practitioner, Older Adult Care with a specialist focus on Dementia, Delirium & NCSD

**Cherry Orchard Hospital and Community Healthcare** 

## **Best Design-Led Project**

#### Redesigning Children's Services: A Cross Care Group Approach

Supported by HSE Spark Innovation Programme this project successfully identified and addressed challenges within Children's Services by adopting a Human-Centred Design approach. Engaging 371 service users and staff from Disability, Mental Health, and Primary Care services across CH08 facilitated the co-design of solutions that improved experiences for children, parents, and healthcare professionals. These initiatives collectively aimed to streamline processes, enhance communication, augment collaborative working and improve service delivery within Children's Services.

Prototypes were co-designed and tested across care groups to address the following problem spaces:

- Redesigned Referral Process: Created a streamlined referral process that facilitated a single point of access to Children's Services
- Communication Resources: Developed a HSE Care Map, signposting website, digital form to standardise communication for families, infographic to visualise service pathways, and a communication journal to improve information accessibility.
- Streamlined Autism Diagnostic Pathway: Co-designed and tested neuro-affirmative assessment pathway with clinicians, managers, and service users.
- Learning and Development Framework: Established a cross-care group Share and Learn platform.

In addition to a streamlined autism assessment pathway for all children accessing Children's Services regardless of care group, the co-designed solutions led to a decrease in referral processing time from an average of 10 weeks to 4 weeks and a 40% reduction in primary care clinician time spent processing initial referrals. In addition, increased integrated working, improved service user experience and enhanced communication with families has been reported. This project demonstrates the effectiveness of Human-Centred Design in addressing complex healthcare challenges. The principles designed offer transferable models for other regions and services.

CH08 Children's Services Project Team, CH08

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