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Mission Statement

St. James's is primarily a key shaper and instrument of public policy in the health system, established through a fusion of a number of voluntary hospitals and a single municipal hospital. The hospital's mission derives from its core philosophies/values and is defined as follows:

The hospital's fundamental purpose is the delivery of health treatment, care and diagnosis as well as health promotion and preventative services at catchment, regional, supra-regional and national levels. Its services remit ranges in complexity from secondary to tertiary level.

St. James's is also an academic teaching hospital. It is thus committed to the creation of an environment and the circumstances in which education and research in the health sciences and allied areas is possible and flourishes.

The hospital is increasingly required to operate in an environment of vertical and lateral collaboration in the ultimate interests of the patients. It advocates and pursues the promotion and participation of the hospital in services and academic health networks both nationally and internationally in this context.

While preserving the primacy of its patients in all respects, the hospital recognises and accepts its responsibilities to a broader set of stakeholders that include government, the public/community generally, key purchasers of its many associated institutions in the health and education sectors.

In the discharge of these remits, the hospital aspires to meet highest possible standards and levels of efficiency, effectiveness and quality in all its endeavours. It is also driven by criteria of excellence, continuous improvement and innovation. Its services are made available equitably on the basis of need. Finally, the hospital is fully accountable to its patients and other stakeholders with respect to its performance over the entire range of its remit.

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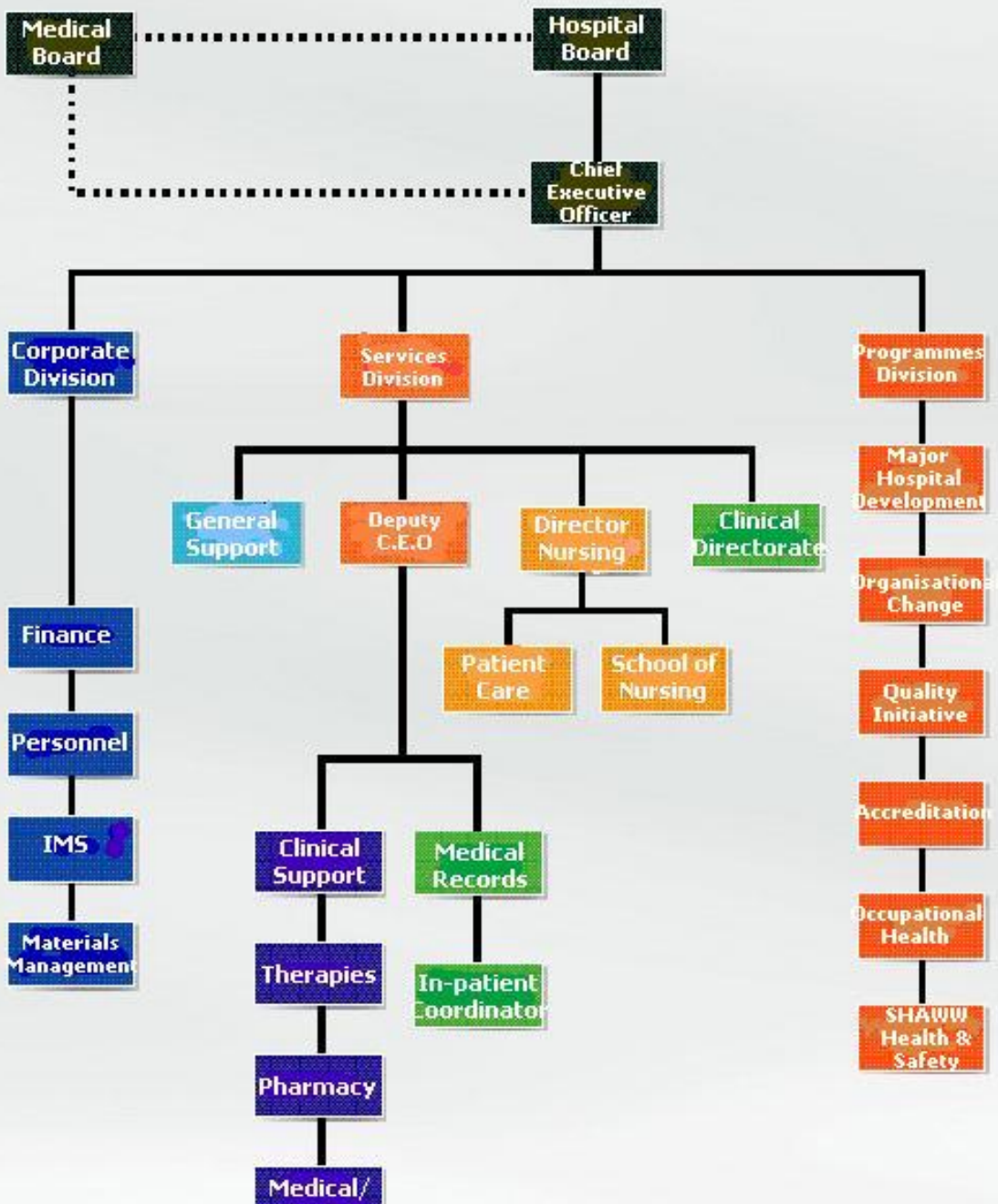
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governance and executive



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Hospital Board Membership

From: 01/07/1999

Professor D.I.D. Howie, Chairman

Deputy S. Ardagh, T.D.

Ms A. Cuffe

Alderman. M. Donnelly

Professor J. Feely

Dr. P.W.N. Keeling

Mr. J. Kelly

Deputy M. McGennis, T.D.

Dr. F. O'Kelly

Mr. P.K. Plunkett

Deputy E. Ryan, T.D.

Prof. J. Scott

Dr. J.B Walsh

Mr. S.G. Watson

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Executive Management Group

Mr. John O'Brien
Chief Executive (Chair)

Mr. Ian Carter.
Deputy Chief Executive/ Operations Manager

Mr. Dermot Moore
Chairman Medical Board

Dr. Louise Barnes
Clinical Director
SaMS Directorate

Mr. Cliff Beirne
Chairman
Surgical Sub-Group

Dr. Michael Barry
Chairman
Physicians Sub-Group

Professor R. O'Moore
Clinical Director
Labmed Directorate

Dr. L. Clancy
Clinical Director
Crest Directorate

Dr. P. Freyne
Clinical Director

Diaglm Directorate

Prof. S. McCann
Clinical Director
Hope Directorate

Dr. T. Ryan
Clinical Director
ORIAN Directorate

Dr. J. Bernard Walsh
Clinical Director
MedEl Directorate

Mr. Michael O'Hagan
Personnel Officer

Mr. E. Fleming
Financial Controller

Mr P. Carolan
Materials Manager

Mr J. Deegan
Manager
General Support Services

Ms Rosemary Ryan
Director of Nursing Services

Dr. M. Buckley
Clinical Director
GEMS Directorate

Mr. Martin Buckley
IMS Manager

Dr. P. Vaughan
Clinical Director
Orian Directorate

Prof. C. Timon

Chairman
Surgical Sub-Group

Dr. P. Browne
Chairman Physicians Sub-Group

Mr. K. Molloy
Project Manager

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Consultant Staff

Dr. M Abrahams Anaesthetist

Dr L Barnes Dermatologist

Dr M Barry Clinical Pharmacologist

Mr JC Beirne Oral & Maxillofacial Surgeon

Professor J Bonnar Gynaecologist

Mr D Borton Orthopaedic Surgeon

Mr F Brady Orol & Maxillo facial Surgeon

Dr F Brett Neuropathologist

Dr PV Browne Haematologist

Dr M Buckley General Physician

Dr G Canny Paediatrician

Dr E Casey Rheumatologist

Mr H Cassidy Ophthalmologist

Dr L Clancy Respiratory Physician

Prof D Coakley Geriatrician



Dr S Connolly Neurophysiologist

Dr P Crean Cardiologist

Prof M Cullen Endocrinologist

Prof PA Daly Medical Oncologist

Dr T Dinan Psychiatrist

Ms P Eadie Plastic Surgeon

Dr M Ennis Radiologist

Prof J Feely General Physician

Prof C Feighery Immunologist

Mr G Fenelon Orthopaedic Surgeon

Dr JB Foley Cardiologist

Dr L Fox Anaesthetist

Dr PJ Freyne Radiologist

Dr E Gaffney Histopathologist

Dr M Gill Psychiatrist

Dr N Gleeson Gynaecologist

Mr R Grainger Urologist

Dr M Griffin Histopathologist/Cytopathologist

Prof D Hollywood Radiotherapist

Dr N Hughes Anaesthetist

Prof D O'B Hourihane Histopathologist

Dr WS Jagoe General Physician

Prof CT Keane Microbiologist

Dr PWN Keeling Gastroenterologist

Dr E Keenan Psychiatrist

Prof D Kelleher Gastroenterologist

Dr J Kennedy Medical Oncologist

Dr. R.J. Kirkham Anaesthetist

Mr G Kronn Dental Surgeon

Dr B Lawless Anaesthetist

Dr B Lawlor Psycho-geriatrician

Mr D Lawlor Plastic Surgeon

Dr E Lawlor Haematologist

Dr W Clayton-Love Biochemist

Mr D Luke Cardiothoracic Surgeon

Dr M MacEvilly Anaesthetist


Prof SR McCann Haematologist

Dr P McCormack Physician

Mr T McDermott Urologist

Dr N McEniff Radiologist

Ms E McGovern Cardiothoracic Surgeon



Mr M McHugh Plastic Surgeon

Mr E McKiernan Orthodontist

Ms G McMahan Emergency Consultant

Prof J McNulty Radiologist

Mr DP McShane ENT Surgeon

Dr G Mellotte Nephrologist

Dr STK Miller Radiologist

Dr MP Molloy Radiologist

Dr J Moriarty Anaesthetist

Dr F Mulcahy Genito-Urinary Physician

Dr G Mullett Psychiatrist

Dr TE Mulvihill Microbiologist

Dr RP Murphy Neurologist

Mr J Nolan Endocrinologist

Dr DS O'Briain Histopathologist

Dr H O'Connor Gynaecologist

Mr M O'Connor Ophthalmologist

Dr F O'Connell Respiratory Physician

Dr M O'Donnell Plastic Surgeon

Dr F O'Higgins Anaesthetist

Mr F O'Loughran ENT Surgeon

Dr A O'Marcaigh Paediatric Haematologist

Prof R O'Moore Chemical Pathologist

Dr D O'Neill Geriatrician

Mr S O'Riain Plastic Surgeon

Dr J O'Riordan Haematologist

Dr L O'Siorain Physician

Dr L O'Sullivan Anaesthetist

Mr D Orr Plastic Surgeon

Mr PK Plunkett Emergency Consultant

Mr RD Quill General Surgeon

Dr JMT Redmond Neurologist

Mr J Reynolds General Surgeon

Dr T Ryan Anaesthetist

Dr P Scanlon Anaesthetist

Dr T Schnittger Anaesthetist

Prof G Shanley Psychiatrist

Dr OP Smith Haematologist

Mr H Smyth Orthopaedic Surgeon

Dr M Staines Psychiatrist

Mr R Stephens General Surgeon

Dr B Stuart Gynaecologist

Prof E Sweeney Histopathologist

Prof C Timon ENT Surgeon

Dr M Toner Oral Pathologist

Mr M Toolan Cardiothoracic Surgeon

Dr C Traynor Anaesthetist

Dr P Vaughan Anaesthetist

Dr JB Walsh Geriatrician

Prof MJ Walsh Cardiologist

Dr R Watson Dermatologist

Prof M Webb Psychiatrist

Prof DGW Weir Gastroenterologist/Regius Professor of Physic

Dr GF Wilson Radiologist

Dr M Young Dermatologist

Dr V Young Cardiothoracic Surgeon

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AUDITORS

Controller & Auditor General

Dublin Castle

Dublin 1.

BANKERS

Bank of Ireland

85 James's Street

Dublin 2

Trustee Savings Bank

Thomas Street

Dublin 8

LEGAL ADVISORS

A & L Goodbody Solicitors

International Financial Services Centre

North Wall Quay

Dublin 1

McCann Fitzgerald Solicitors

2 Harbourmaster Place

Custom House Dock

Dublin 2

INSURANCE BROKERS

Marsh Ireland Ltd

10-11 South Leinster Street

Dublin 2

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1999 Annual Report

Introduction from the Chairman

In 1999, as in recent years, hospital management, clinicians, nurses and indeed all the staff have combined effectively to achieve the activity and financial targets set in the approved service plan. Whatever the difficulties and challenges the hospital has to face, and they are many, it is of immense importance that the Board and the hospital can proceed with confidence in the knowledge that the hospital's basic commitments will be met.



Professor Ian Howie

It is appropriate that I should pay tribute to the CEO and his immediate colleagues in the Executive, that the Board and, I believe the principle stakeholder, the Department of Health and Children, share this confidence. The details of the hospital's performance are given in the Chief Executive's Report and the Financial Report which follow. Despite these good data, there are real causes for concern at St James's. The year 1999 saw the full impact of the geographic change in the hospital's catchment area which arose from the closure of the Meath and Adelaide Hospitals and their transfer to the new hospital at Tallaght. The centre city population which now dominates our catchment area has a significantly higher age profile than the population served by the hospital heretofore. This has served to exacerbate a set of interrelated and intractable problems frequently discussed by the Board. An increasing proportion of very ill elderly patients leads to increasing average lengths of stay in hospital and difficulties in placing dependent patients in the community once their acute care has been completed. The result has been nothing more nor less than saturation bed occupancy in the hospital which feeds back into the long delays experienced by patients awaiting a bed in the emergency department and to cancellations of day procedures and of

elective admissions for operations. A suite of initiatives was pursued with varying degrees of success in 1999 which were focused on the underlying causes of these problems. Essentially these centred on the provision of appropriate space and facilities to relieve pressure on what is an overcrowded hospital. Urgent representations were made to the Eastern Health Board on the provision of places for long term care and the hospital conceived the idea of a transition unit in Hospital 5 with 20 beds to facilitate the transfer of mainly elderly patients from acute beds back into the community. Every effort was made to get the next phase (1H) of the major hospital capital development programme on site. This phase includes a major day treatment centre for both medicine and surgery and an additional ward. These would relieve pressure on existing hospital theatres and treatment facilities. Perhaps most important from the public perception of the quality of the hospital's services, a scheme was evolved for reconstruction and extension of the Emergency Department to provide more space coupled with the provision of an adjacent emergency ward to be manned by consultant staff and their teams. While issues of staffing, practice and management are important also, it is self evident that improvement in the space and facilities in the Emergency Department for patients and staff would be the first step in reducing significantly the waiting time for admission to beds. The only one of these projects for which the hospital had space was the Transition Unit and that was opened in December 1999. A look back to the Annual Report for 1997 shows that the CEO reported that Phase 1H was already overdue but that planning and design work would be completed in mid 1998. In 1999 it was hoped to go to tender and commence construction in the second half of the year but in fact construction will not begin until well into the year 2000. I believe that all those responsible for policy making and for funding these projects are convinced about the contribution that they will make to the quality of service which the hospital can offer.

The facilities to which I have just referred relate mainly to the basic services provided for our catchment area. In contrast, admittedly smaller units, related to specific specialties (examples are listed in the CEO's report) may be the subject of more ad hoc decisions and are constructed much more quickly.

I wish to draw special attention to the section of the Chief Executive's Report headed 'Service initiatives' which includes some very important medical developments and management initiatives. The agreement on the creation of the supraregional vascular surgery unit came after the most strenuous efforts and only after the exercise of ingenuity by both the clinicians and management in the centres involved. More will be said about the new cardiac surgery unit, opening in 2000, in the next report. The fact that Y2k was a non event so far as the hospital was concerned is a tribute to the staff involved in the Y2k exercise and the Board is proud of the contribution that the St James's team made to the national effort to ensure that the safety of patients was not prejudiced at the start of the new millennium.



There was something symbolic about the fact that in the last year of the century the last groups of nursing students completed the 'traditional' three year registration programme based entirely on courses provided by the St James's nursing school. At the annual presentation of certificates I spoke for the Board and everyone in the hospital

when I said that that the traditional programme has provided an excellent training which has served the hospital and its patients well and contributed to the high reputation which Irish nursing enjoys both at home and abroad. It is appropriate that I should pay tribute to successive generations of our nurse tutors and principal nurse tutors who since the foundation of the School in 1967 have contributed so much to these high standards of nurse education. Looking forward, the Board received a presentation of papers submitted by members of the nursing school to the Nursing Education forum established by the Minister which will determine the eventual shape of the forthcoming 4 year degree programme. These submissions sought to ensure an appropriate balance of theory and practical experience in the new courses. Meantime the professional scope of nursing practice continues to expand with, for example, the appointment of six cancer care co-ordinators. The section on nursing in this Annual Report describes the remit of these and the growing numbers of other specialist nurses who play important roles within a wide range of the hospital's services.

Nurses too have an important role to play in health promotion. Early in 1999 I attended a seminar in the hospital on Health Promoting Hospitals organised by Mr Martin McNamara of the nursing staff. The Health Strategy - "Shaping a Healthier Future" (1995) placed very great emphasis upon health promotion and health gain but there appeared to be little recognition that the major hospitals might have an important role to play therein. In fact, hospital nurses are probably the largest group of health professionals who come in contact with the public. It was therefore encouraging to learn about the Health Promoting Hospitals network and the active role played by nurses.

I join with the CEO in his favourable comments on the excellent spirit in the hospital displayed during the Nurses' strike. Management, Consultants, Non Consultant hospital doctors and indeed all categories of staff ensured the continuous care and safety of patients. The imperative of care was recognised by the nursing staff who provided cover for

emergencies during the stoppage.

In the last Annual Report I recorded the fact that the period of office of the previous Hospital Board (1992-1997) had been extended for a year until December 1998. During that time amendments to the Statutory Instrument which, inter alia defines Board membership were under consideration by the Department of Health and the Minister. The amendments which emerged were designed to retain within the membership what had proved to be a successful mix of public representatives along with nominees of voluntary, educational and hospital staff bodies. The effect of the changes was to reduce the size of the Board to 15 members but more importantly they provided for a process of consultation between the Chairman, the Chief Executive and the various nominating bodies. This was a conscious effort to enable the identification of potential members with the level of ability and experience to provide good governance for an institution of the scale and complexity of the largest acute hospital in the country. Needless to say recruitment of Board members of high calibre and prepared to give time and commitment on a voluntary basis is very difficult given the other calls on their time.

This is an issue which will have to be addressed in the further development of the governance debate to which I refer below.

The fact that the amended order was not available until the month on which the previous Board retired from office meant that the process whereby the Minister selected his own appointees and the process of consultation with various nominating bodies had to take place in the early months of 1999. As a result the new Board did not meet until July but the outcome in membership/governance terms was very satisfactory. The public representatives, drawn from the St James's catchment area can be expected to take a strong interest in patient advocacy and their CV's include personal professional qualifications of value in the deliberations of the Board and committees. The University nominees have strong academic and research backgrounds and have contributed in diverse ways to the development of St James's. My own, the Chairman's nominees, are a General Practitioner from within the catchment area who is a founding member of DUBDOC, and a Professor of Business Studies who has been a facilitator of the recent Governance debate on behalf of the Department of Health. The St James's Foundation nominated a leading solicitor who is also active in the John Durkin Leukaemia Trust. The members of the hospital staff who are nominated by the Medical Board, nursing, and the St James's group of unions provide a vital insight into the diverse work of the hospital and the views of the staff as stakeholders.

The foregoing resulted in a radical change in personnel only four out of the eighteen members of the previous Board remained. Substantial documentation was provided for the new Board for induction purposes. Early attention was given to the Department of Health's discussion document on 'Governance and Hospital Boards' to which a response was prepared by the relevant Board Committee. The Board raised important questions, for example, about the extent to which it is empowered, under the Statutory Instrument to

undertake all the responsibilities implied in the document. However, with few exceptions it was felt that "the Hospital Board already conforms to and accepts the listed responsibilities and values (in the document) and appropriate procedures are in place to ensure good governance."

Professor Ian Howie

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Report of the Chief Executive

I am happy to furnish this report on the Hospital's overall performance and development for the Calendar year 1999.

CORPORATE ISSUES

Once again, the primary management and operational focus for the period centred on accomplishment of planned levels of service delivery within agreed financial

parameters and of acceptable quality standards. Against these benchmarks, the Hospital's performance was highly creditable. Activity over the spectrum of key patient services was broadly at or above planned target levels. Baseline in-patient numbers were marginally below planned output levels. Associated casemix indices remained largely unchanged relative to preceding years. This was achieved against a backdrop of a continuous increase in the length of stay (8.87days in 1999 vs 8.44 days in 1998) and a considerable increase in the average age of patients attending and admitted to the Hospital. These factors are clearly positively correlated and arise primarily as a consequence of closure of two South City Centre Hospitals and their move to Tallaght in mid 1998. These considerations have significant implications in the Hospital for the future as the cumulative impact of the changed local catchment demography of St. James's takes full effect. The Hospital caters for virtually the oldest and most socially deprived catchment area population in the Country, with all the well documented health related issues. In-patient activity was also negatively impacted to a marginal extent by the Nurses stoppage in October. Day case activity registered a minor increase of 0.6% over the 1998 outcome and was significantly ahead of planned output levels by some 11%. The pattern of planned increases in new out-patient attendances coupled with a reduction in return visits which, commenced in 1998, continued successfully into 1999 and was reflected in related performance outcomes. New



JOHN O'BRIEN, CHIEF EXECUTIVE

patient numbers attending the Emergency Department fell marginally in 1999 (1.26%). Attendees were however on average significantly older and sicker with a consequential heavier demand on time and the resources of the Department.

The Hospital again completed a highly successful in-patient waiting list initiative in 1999. The exercise resulted in the Hospital undertaking 1640 cases in specific specialties (excluding Cardiac surgery) with reductions of 15% and 26% being registered in overall numbers waiting and those waiting in excess of one year respectively. In addition, a further 117 procedures were undertaken as part of a separate Cardiac Surgery waiting list initiative. Forty six of these procedures were completed at St. James's as part of the introductory programme associated with establishment of the Hospital's new Cardiac Surgery Unit. The balance of cases was undertaken at a Private Hospital under contract. It is worthwhile reflecting on the huge success of waiting list initiatives at St. James's over the years in terms of overall volume, patients waiting in excess of one year and waiting times. By reference to these parameters, the position over the period 1996 - 1999 (utilising Department of Health & Children measurement criteria) is as follows:

Numbers of procedures completed 5408

Reduction in numbers waiting 3011 to 1508 (50%)

Reduction in numbers waiting in excess of one year 1983 to 788 (60%)

Numbers waiting in excess of one year as a proportion of total numbers waiting (a surrogate for waiting times):

December, 1995 65.9%

December, 1999 52.3 %

Reduction 20.6%

By reference to any objective criteria set, investment in waiting list exercises at the Hospital has been effectively employed, beneficial to patients and has constituted exceptional value for money.

The activity performance achieved in 1999 was again rendered possible only through maintenance of in-patient bed occupancy levels approaching and in some instances exceeding 100% over the course of the year. It is simply not feasible for a Hospital of St. James's type, size and complexity to maintain this level of facilities utilisation indefinitely. While the outcome is highly efficient in macro resource utilisation terms, it inevitably impacts negatively on the effectiveness of patient service. This was reflected in 1999 in

increasing cancellations at short notice of admissions for in and day patients, further extension of waiting times in the Emergency Department, even longer periods of waiting in the Emergency Department for patients requiring access to in-patient beds etc. Overcrowding thus seriously compromised the quality of patient services at the Hospital in 1999 and if not corrected is likely to give rise ultimately to the emergence of potential patient safety issues - particularly in in-patient and Emergency Department areas. The Hospital continued its pursuit of the Department of Health & Children and the Eastern Health Board over the year regarding the need to proceed with developments considered essential to address these matters as follows:

- Placement of all patients designated for long-term care and the chronically ill who occupy acute beds at the Hospital (up to in excess of two ward equivalents at certain periods in 1999)
- Progress to construction of the next phase of the Major Hospital Development Programme
- Progress with development proposals for the Emergency function at the Hospital involving, inter alia, a significant expansion of the Emergency Department and the provision of an additional 29 beds

Against this activity backdrop, the Hospital registered a highly commendable financial performance for the year. A £0.017m deficit was recorded on a revenue funding level of £116.760m. A loan facility secured in 1994 for provision of a Private Wing was finally discharged. Further advances in development and implementation of control systems and responsibility structures at the Hospital facilitated this out-turn considerably.

The Executive of the Hospital welcomed appointments to the newly restructured Board during the year. The new Board is designed to reflect and promote contemporary Governance provisions and practices at the Hospital. I and my fellow members of the Hospital's workforce very much look forward to working with and under the policy direction of the new Board.

The Hospital's Corporate Strategy Plan was completed during the year. The Plan will guide and direct maintenance and development for the entire range of Hospital endeavour over the next 4/5 years. A related three phase Implementation Plan is to be completed covering periods to end 2000, end 2001 and end 2003 respectively.

The Hospital as with the Health System generally and the Public, greatly regretted the nurses stoppage in the latter part of the year. The response of all staff at the Hospital to the very difficult surrounding circumstances was exemplary. They managed with great tact and sensitivity to provide fully for patient needs with the support of and without alienating their nursing colleagues. Nursing staff responded constructively and highly responsibly to all demands in a positive, participative and committed patient centred manner. It is a reflection of the strength and depth of cross-disciplinary relationships at the Hospital that this

extremely difficult occurrence was effectively dealt with. My personal and sincere thanks is extended to all personnel for their loyalty and concerted effort over the course and in the aftermath of the event. Collaborative arrangements with the other main Dublin Academic Teaching Hospitals (DATH's) continued to expand in 1999. The Chief Executives of these Hospitals initiated and contributed to a range of policy debates and issues at National and Regional level. Preparation for planned organisational changes in the region involving establishment of the Eastern Regional Health Authority and Area Health Boards also proceeded in a collaborative context over the year.

SERVICE INITIATIVES

A number of significant developments in key clinical areas of the Hospital took place in 1999, primarily as follows:

Construction and commissioning provisions associated with establishment of the Hospital's new Cardiac Surgery Programme. All key staff members, including two new Cardiothoracic Surgeons and two additional Anaesthetists were appointed by year end. Facilities advancement, equipping, operational procedures, quality provisions etc. necessary to accommodate full implementation of the programme on schedule in early 2000 were completed to target.

The Hospital welcomed agreement to proceed with development of a Liaison Psychiatry service. This will significantly advance and enhance services provided for patients requiring this support, both in-house and at the Emergency Department.

Agreement on establishment of a Supra-Regional Vascular Surgery Unit to serve the population of the South West Area and Midland Health Boards was fully concluded in 1999. Services will be distributed over four sites at St. James's, AMNCH, Naas and Tullamore Hospitals and will be delivered under the aegis of a Co-ordinating Committee representative of these entities. Significant development of an already well established service in a fully co-ordinated manner is anticipated over the next two years.

The Hospital was delighted to proceed with early stage establishment of a Molecular Diagnostics laboratory for Leukaemia and related disorders. The Unit which will associate closely with the National Genetics Centre at Our Lady's Hospital, Crumlin.

Five new Oncology Nurse Specialist posts were established at St. James's in 1999. Nurses were assigned to Gynaecology, Head & Neck Surgery, Lung Cancer, Gastro Intestinal Surgery and Breast Cancer areas. These provisions will significantly enhance professional services for and communications with patients in these specialties. Linkages with General Practitioners and the community services will also be considerably improved.

Funding was allocated for establishment of an MRSA Reference Laboratory. Construction

work on a new unit which will accommodate the service was substantially advanced and it is anticipated that the facility will commence operations in late 2000.

Advances were made in a number of other key clinical areas at the Hospital including Emergency services, Cardiology (Cardioverter Services), Vascular Stenting, Interventional Radiology, Palliative Care (additional staff support), Haemovigilance Services etc. A number of other important service initiatives were progressed in 1999.

The Y2K exercise at the Hospital was successfully pursued and concluded over the course of the year. It is a testament to the organisation, commitment and capability of all personnel concerned that the Millennium event passed without incident - both technically and in service preparedness and delivery terms. The Y2K team at the Hospital also supported the National endeavour through provision of planning and advisory support to the Department of Health & Children and training and service assistance to a number of other health agencies.

The Hospital successfully completed its FOI preparatory exercise and was in full preparedness to meet the requirements of extension of the terms of the Act to St. James's in 1999. The Hospital also began to establish a Quality Initiative during the year. Primary focus of the programme was on the early stages of Risk Management, Patient Advocacy, Performance Indicator and Accreditation initiatives. Quality initiative developments will become a central element of Hospital focus in the coming years.

FACILITIES INITIATIVES

A number of important developments were substantially advanced during 1999. Construction work on the proposed Cardiac Surgery Unit commenced in the year. It is anticipated that the facility will be fully complete and operational in early 2000. In the light of emerging site limitations, a third shelled-out floor was added to the Unit for future designation and use. Work also began on the Centre for Hereditary Coagulation Disorders in late 1999. This Unit will accommodate the existing Haemophilia Centre, services for Thrombophilia patients and associated diagnostic and research laboratory facilities. The Unit will become available and operational in third quarter 2000.

Construction work on the Blood Transfusion Services Board's new Centre reached virtual completion stage in late 1999 and is likely to open in mid to late 2000. Preliminary planning and design work on site clearance and replacement provisions necessary to facilitate execution of the LUAS Light Rail transport system development on the Hospital campus also proceeded. The primary focus of facilities expansion and improvement however centred on progression to tender stage of the Phase 1H element of the Major Hospital Development Programme and vigorous pursuit with the Department of Health & Children of proposals to enlarge facilities for Emergency Medicine. It is considered imperative that both these projects proceed to construction in 2000 if baseline services at the Hospital are to

be maintained at acceptable activity and quality levels in the immediate future.

EDUCATION AND RESEARCH

Progress has been made, in conjunction with the University of Dublin, for further development of the Trinity Teaching Centre on site and on securing funding for establishment of a Major Research Centre at the James's Street perimeter of the campus. The Hospital, in liaison with the University, through the Haughton Institute has begun planning to exploit the many emerging opportunities for research development offered by HRB, HEA and Technology Foresight initiatives. It is intended that a joint Hospital/ University Strategy in this area be developed and instituted in 2000. The Hospital also further facilitated and participated in the gradual transition of Nurse undergraduate education to University status during the year.

It is intended that the Hospital/ University linkage will be further promoted and strengthened in the coming years in areas which deliver mutual benefit.

CONCLUSION

Overall, 1999 was a successful year in the context of achieving service and financial targets and advancement in a number of key areas. Substantial reappraisal of investment in and expansion of key baseline services and initiatives is however deemed critical if this position is to be even maintained at existing levels. The support of friends and constituencies of the Hospital in particular the Department of Health & Children has been crucial and it is vital that the relationship and understanding enjoyed by the Hospital with the Department of Health & Children will extend to the ERHA on its establishment in 2000. Centrally however, achievements for the year would not have been possible without the commitment and dedication shown by staff at all levels throughout the Hospital. Their exceptional effort and input compensated for staff shortages and high turnover which became evident over the course of the year. I thank them for their support and loyalty to the Hospital and look forward to their continued assistance in providing and delivering high quality and beneficial services to our patients.

JOHN O'BRIEN, CHIEF EXECUTIVE

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1999 Service plan projections/1999 outrun

Activity		1999	1999	Variance	
		Projected Activity	Actual Activity	Value	%
Inpatient	Discharges	20155	20001	-154	<1%
	Waiting List Initiative Discharges	1640	1640	0	-
Total Discharges		21795	21641	-154	<1%
Day Attendances		31437	34905	3468	11%
Outpatient		36302	39556	3254	9%
Follow up		105670	98874	6796	-6%
Total		141972	138430	3542	-2%

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Total outpatient attendances by specialty [1999]

Specialty	New	Return	Total
Anaesthesiology	27	11	38
Asthma	25	446	471
Cardiology	1605	4641	6246
Dermatology	2077	2638	4715
Diabetic	763	2906	3669
E.N.T	1584	3015	4599
Endocrinology	610	2315	2925
G.U.M	4334	13196	17530
Gastro-Enterology	2606	7351	9957
Genito-Urinary	503	934	1437
Gold		2235	2235
Gynaecology	1243	2433	3676
Haematology	592	1726	2318
Haemophilia	139	258	397
Immunology	240	365	605
Infertility	14	35	49
Lipid	108	893	1001
Maxillo Facial	2517	3609	6126
Medicine for the Elderly	946	734	1680
Nephrology	119	699	818
Neurology	596	1207	1803
Oesophageal	85	258	343
Oncology	225	1361	1586
Ophthalmology	684	896	1580
Orthopaedics	3528	6019	9547

Pain Therapy	187	246	433
Plastics	4336	7238	11574
Psychiatry	455	6469	6927
Radiotherapy	189	183	372
Respiratory	925	3821	4746
Rheumatology	598	2448	3046
S.L.E Clinic	47	277	324
Surgery	3302	4291	7593
T.B Clinic	561	420	981
Thoracic Surgery	622	641	1263
Varicose Veins	742	650	1392
Vascular	1244	1270	2514
Warfarin		7486	7486
Totals	39556	98874	138430

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Inpatient activity [discharges] by speciality [1999]

Specialty	Discharges
Anaesthesiology	1
Emergency Medicine	223
Cardiology	2083
Dermatology	46
E.N.T	913
G.U.M	239
Genito-Urinary	579
Gynaecology	690
Haematology	646
Immunology	6
Maxillo Facial Surgery	1091
Medicine	4748
Medicine for the Elderly	1019
Nephrology	100
Neurology	246
Oncology	915
Orthopaedic Surgery	1276
Plastic Surgery	2222
Psychiatry	578
Rheumatology	494
General Surgery	2280
Thoracic Surgery	343
Vascular Surgery	720
Total	21458

[\(Includes Waiting List Initiative Activity\)](#)

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Total day care attendances by speciality [1999]

Specialty	Attendance
Cardiology	2745
E.N.T	288
G.U.M	978
Genito-Urinary	445
Gynaecology	283
Haematology	2865
Maxillo Facial	176
Medicine	7590
Oncology	4339
Orthopaedic Surgery	187
Plastic Surgery	3351
General Surgery	3212
Thoracic Surgery	6
Vascular Surgery	25
Diabetic Day Centre	8415
Total	34906

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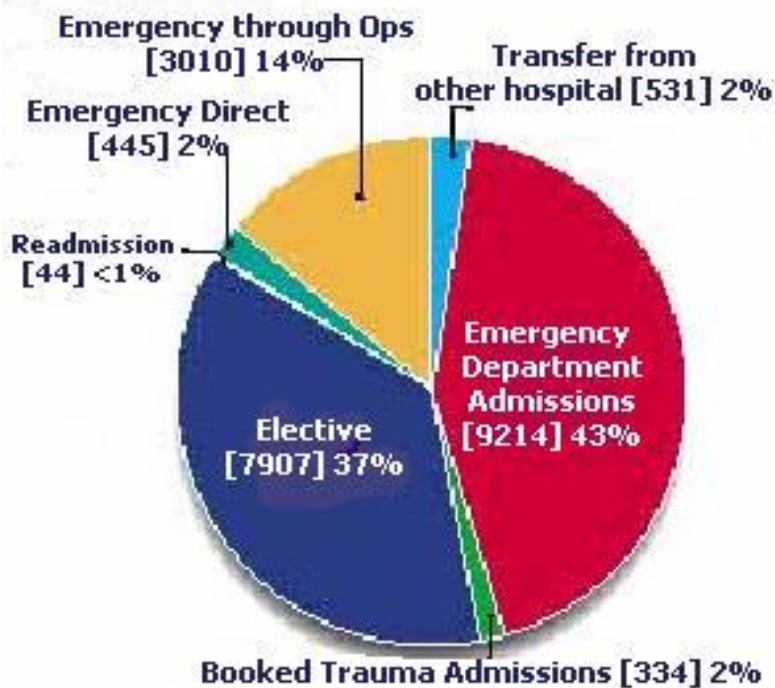
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Admission source



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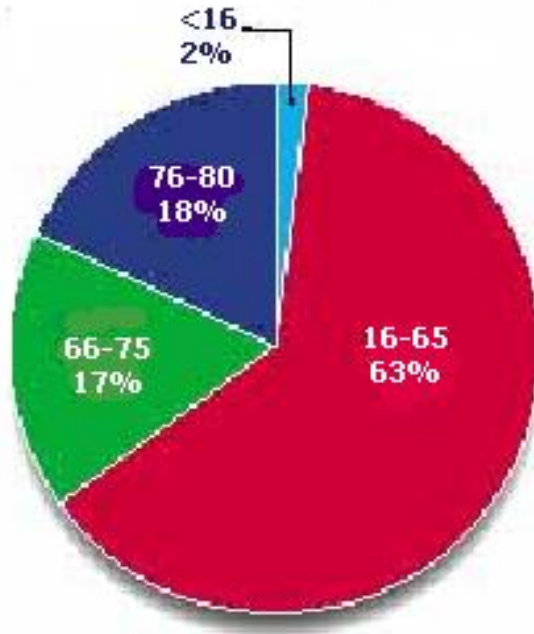
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Admissions by age group



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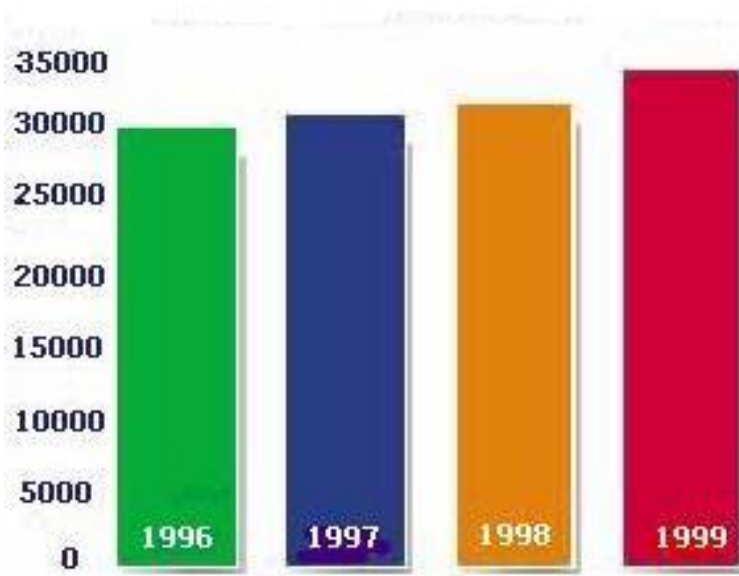
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Total day care attendances 1996-1999



	1996	1997	1998	1999
All attendancs	30808	32051	32613	34905
% Variance on 1996		4%	6%	13%

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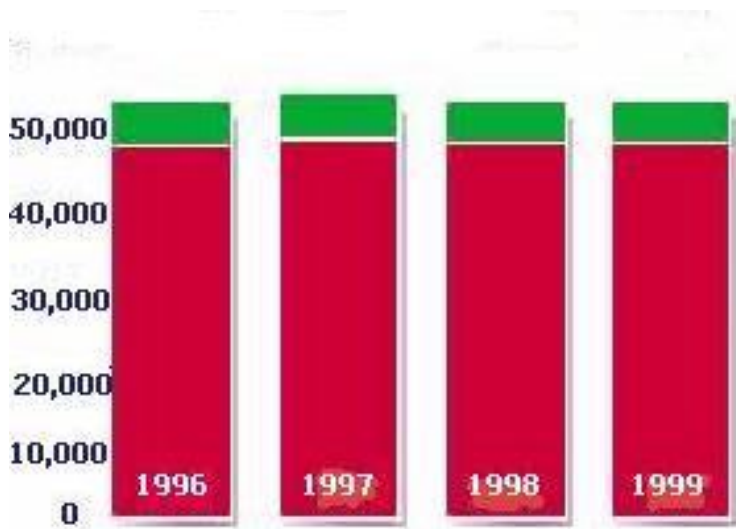
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Emergency department attendances



	1996	1997	1998	1999
■ New Patients	47536	48509	47943	47331
■ Return Patients	5914	5990	5368	4290
Total	53450	54499	53311	51621
New Patients				
% variance on 1996		2%	1%	(>1%)

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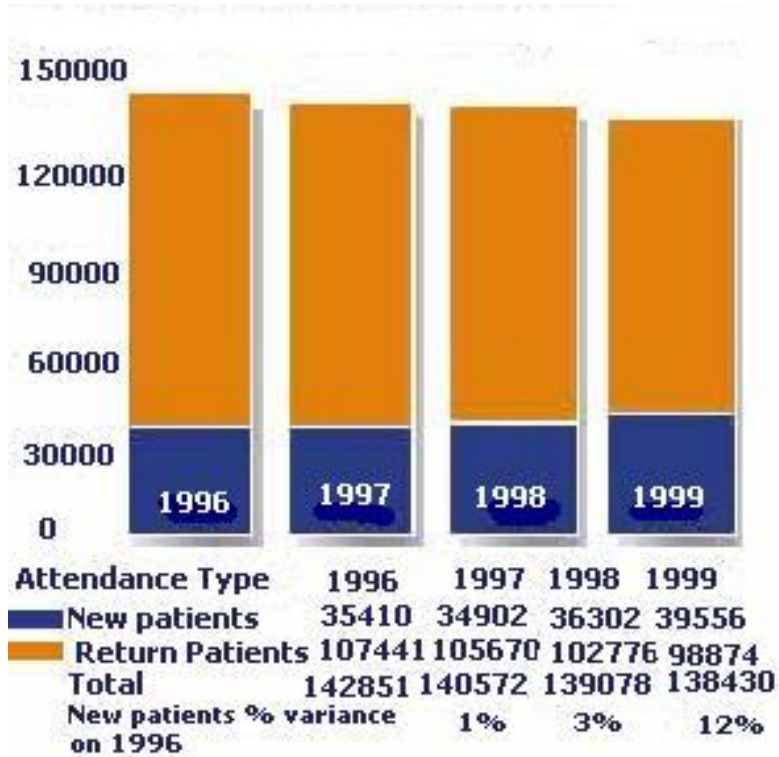
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Outpatient attendances 1996-1999



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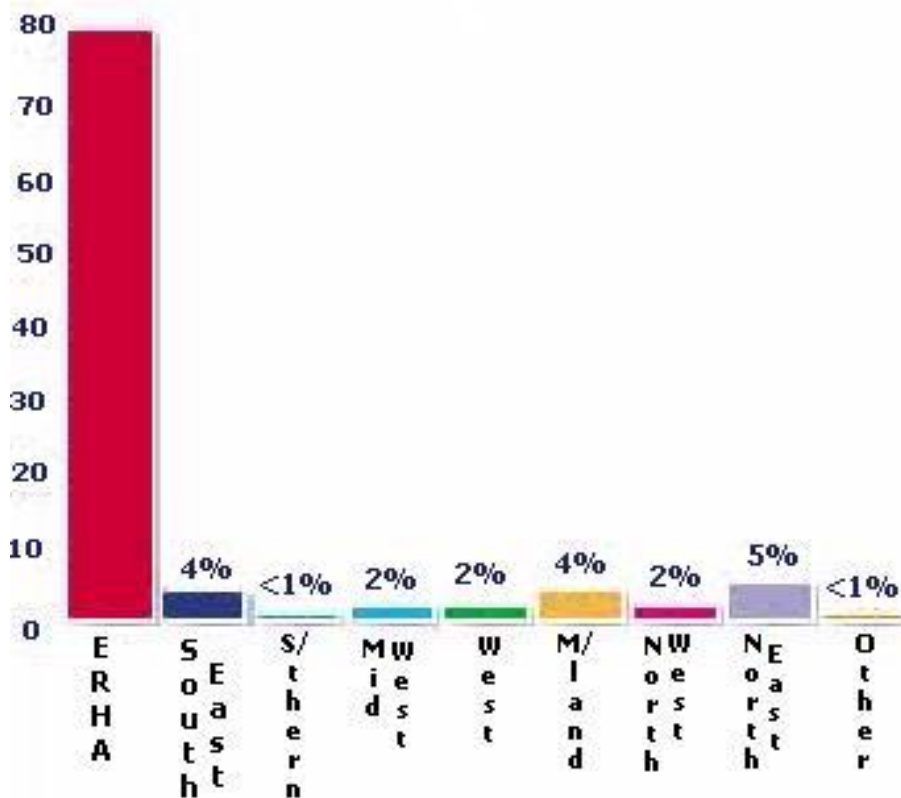
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Admissions by health board residence



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Inpatient Waiting List as on 31st December 1999 [all specialities]

Waiting Time by Days Current Status As On 31/12/99							
	30	60	90	180	365	366	Total
Cardiology	0	1	0	0	9	0	10
Dermatology	0	0	0	0	2	0	2
E.N.T	23	13	8	24	31	51	150
Gastro Enterology	0	0	0	1	0	0	1
Genito-Urinary	11	16	14	27	45	36	149
Gynaecology	12	7	1	6	6	2	34
Maxillo Facial	10	13	7	32	26	63	151
Nephrologh	1	0	0	2	0	0	3
Orthopaedics	12	14	8	18	11	1	64
Plastics	35	39	50	92	109	167	492
Surgery	36	30	5	20	34	7	132
Thoracic Surgery	14	25	14	45	51	71	220
Vascular	22	32	36	33	96	390	609
Totals	176	190	143	300	420	788	2017

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Inpatient Waiting List Comparison 31.12.1998/31.12.1999

Waiting Time by Days							
Summary (All Specialities)	30	60	90	180	365	>365	Total
Waiting List as on 31/12/1998	135	252	196	357	434	1205	2579
Waiting List as on 31/12/1999	176	190	143	300	420	788	2017
% Variance	30%	-25%	-27%	-16%	-3%	-35%	-22%

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Waiting List Status as at 31/12/1999

Specialty	Period	30	60	90	180	365	>365	Total
	31/12/98	14	27	23	49	81	99	293
E.N.T	31/12/99	23	13	8	24	31	51	150
	% Var	64%	-52%	-65%	-51%	-62%	-48%	-49%
	31/12/98	12	26	13	21	28	11	111
G.U.M	31/12/99	11	16	14	27	45	36	149
	% Var	-8%	-38%	8%	29%	61%	227%	35%
	31/12/98	16	19	8	6	3	0	52
Gynaecology	31/12/99	12	7	1	6	6	2	34
	% Var	-25%	-63%	-88%	0%	100%	0%	-35%
	31/12/98	7	27	12	26	17	112	201
Maxillo Facial	31/12/99	10	13	7	32	26	63	151
	% Var	43%	-53%	-42%	23%	53%	-44%	-25%
	31/12/98	10	15	7	21	22	2	77
Orthopaedic	31/12/99	12	14	8	18	11	1	64
	% Var	20%	-7%	-14%	-14%	-50%	-50%	-17%
	31/12/98	21	37	40	78	87	144	407
Plastic Surgery	31/12/99	35	39	50	92	109	167	492
	% Var	67%	5%	25%	18%	25%	16%	21%
	31/12/98	19	40	34	49	44	20	206
General Surgery	31/12/99	36	30	5	20	34	7	132
	% Var	89%	-25%	-85%	-59%	-23%	-65%	-36%
	31/12/98	16	36	33	28	56	579	748
Vascular Surgery	31/12/99	22	32	36	33	96	390	609
	% Var	38%	-11%	9%	18%	71%	-33%	-19%
	31/12/98	115	227	170	278	338	967	2095
All	31/12/99	161	164	129	252	358	717	1781
	% Var	40%	-28%	-24%	-9%	6%	-26%	-15%

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income and expenditure account year ended 31 december 1999

	1999	1998
	IR£000	IR£000
Pay expenditure	75,153	66,592
Non pay expenditure	55,171	40,993
Total gross expenditure	130,324	107,585
Total income	13,547	11,726
Net expenditure for the year	116,777	95,859
Approved allocation for the year	116,760	95,855
Deficit for the year	(17)	(4)
Cumulative revenue deficit from the previous year	(14)	(10)
Cumulative revenue at the end of the year	(31)	(14)

balance sheet as at 31 december 1999

	1999	1998
	IR£000	IR£000
FIXED ASSETS		
Land and buildings	94,536	91,769

Plant and Equipment	<u>9,735</u>	<u>6,518</u>
	<u>104,271</u>	<u>98,287</u>
CURRENT ASSETS		
Stocks	2,688	2,155
Debtors	18,626	13,104
Bank balance	<u>1,650</u>	<u>147</u>
	<u>22,964</u>	<u>15,406</u>
CURRENT LIABILITIES		
Creditors	22,295	10,868
Bank overdraft	559	4,414
Other	<u>141</u>	<u>138</u>
	<u>22,995</u>	<u>15,420</u>
Net current assets	<u>(31)</u>	<u>(14)</u>
Total capital employed	<u>104,240</u>	<u>98,273</u>
FINANCED BY:		
Reserves	104,271	97,787
Income and expenditure account	(31)	(14)
Medium/long term loans	<u>0</u>	<u>500</u>
	104,240	98,273

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1999 Annual Report

CORPORATE DIVISION REPORTS

Financial Report

The financial statements for year ended 31st December 1999 show a deficit of £0.017m (1998: deficit £0.004m) on an allocation of £116.760m (1998: £95.855m).

Expenditure increased by £20.918m (21.8%) over 1998 and, of which pay increased by £8.561m (12.8 %) and non-pay by £14.178m (34.6%). Income grew by £1.821m (15.5%) compared to 1998. The principal element of the substantial increase in expenditure related to nursing pay (£4.8m), blood & blood products (£7.1m), general pay awards and additional staff to support service developments (£3.7m), drugs & medicines (£1.5m) and equipment expenditure (£2.1m).

There was a gain of £0.145m in relation to case mix funding which was a welcome improvement after deductions for several successive years amounting to a cumulative deduction of £1.311m in funding prior to 1999. An allocation reduction of £0.270m was applied in respect of savings to be achieved under the Materials Management initiative and which we were able to achieve arising from the development of the Materials Management function.

The overall break-even result for the year represents the continuation of a trend established in 1994 and its achievement in 1999 was commendable in light of the various unfunded cost pressures which emerged during the year. While the audit is not completed, the reported results are expected to reflect the final audited accounts.

In addition to the summarised financial information, additional analysis of expenditure by clinical directorate area and by service component is presented in this report.

PAY EXPENDITURE

Of the £4.8m increase in nursing pay over 1998 referred to earlier, more than £3.2m related to the nurses pay award, while pay awards to medical staff including NCHD's

and consultant staff exceeded £0.800m. Besides the general pay awards under the Partnership 2000 National Pay Agreement of over £2.1m, the commencement of several service developments including the recruitment of staff for cardiac surgery accounted for the remainder of the increase in pay expenditure compared to the previous year.

NON-PAY EXPENDITURE

As indicated earlier blood and blood products expenditure increased by £7.1m over 1998. The introduction of recombinant blood products for haemophilia patients who are largely treated on a home treatment basis, arising from a Department of Health & Children policy decision, at a significant increased cost differential compared to plasma derived blood products accounted for the near doubling of expenditure. A smaller element of the increase is attributed to the prophylaxis element of the home treatment programme. Full funding was provided for this increased expenditure.

Drug expenditure relating to the treatment of haematology and oncology patients continued to grow rapidly and ahead of budget during 1999. In the case of oncology patients the increase was attributed to increasing numbers of patients treated. Medical & surgical supplies expenditure grew by £0.5m (8%) due to increased activity in the cardiac catheterisation laboratory in addition to an increased number of cardiac surgery procedures. Underlying this was the expenditure reductions generated by the Materials Management department through its revised procurement, storage and distribution policies.

Pathology expenditure increased marginally over 1998 against a background of reduced activity following the closure of the MANCH hospitals in mid-1998. However increasing volumes of hospital generated requests for more expensive, complex tests in biochemistry and haematology resulted in expenditure increases. As the laboratory is at the leading edge of development of new diagnostic tests, it continues to attract increasing volumes of work from other public sector agencies. In most cases these agencies are willing to pay for the cost of these tests but a minority are unwilling to pay for a service which is not funded from any other source. It is desirable that a more pragmatic approach is adopted by these agencies and the Department of Health & Children in relation to the issue.

Expenditure on support services was maintained close to 1998 levels except for increased maintenance of £2.5m representing a 30% increase and reflected in higher levels of maintenance throughout the site.

Medical indemnity insurance continues to rise at a significant rate while office expenditure, covering increased recruitment costs and reflecting the expansion of hospital services generally, also increased substantially. The balance of £0.5m relating to the loan for the development of the private wards (Phase IG) was repaid

during the year.

Savings generated during the year over budgeted expenditure were deployed towards equipment replacement as the capital funding made available of over £0.8m was inadequate to meet the hospitals requirements which would exceed £4m annually, if fully funded.

INCOME

Income increased by £1.0m (8%) over 1998 and was largely attributed to increased maintenance charges (£0.3m) for private and semi-private inpatients and increased volume of services provided to other agencies (£0.6m) in respect of compounded drugs and laboratory services as well as EHB funded services, of which, the psychiatric in-patient service is the largest element.

CAPITAL EXPENDITURE

In addition to the £0.8m relating to equipment replacement referred to above a further £4.7m was spent on buildings and infrastructural developments, of which, the cardiac surgery development was the largest component. Equipment expenditure on computerisation projects was £0.454m and a further £2.5m was expended on medical and other equipment. During the year funding was provided to meet the project staff and equipment replacement costs of the Y2K project.

CASH FLOW

Cash Flow increased significantly (£5.4m) in 1999 following the large decrease experienced (£3.6m) in 1998 arising from the introduction of the Prompt Payment of Accounts Act 1997. The benefit of the increased cash flow was that minimal overdraft facilities were used and a small amount of interest was earned on short term deposits.

ORGANISATIONAL DEVELOPMENTS

Having installed Year 2000 compliant financial systems in late 1998 and early 1999, staff provided significant commitment, in particular senior staff, in developing these systems to their full potential. Significant benefits have been obtained ranging from greater in-depth analysis and reporting of financial information to full compliance with the Prompt Payment of Accounts Act 1997. I take the opportunity to acknowledge and thank them for their support and commitment often under stress arising from increasing staff turnover and shortage levels. It should be noted that it is becoming increasingly difficult to attract suitable staff into the hospitals employment including the finance function because of the clearly superior remuneration available elsewhere. Staffing shortages have already, and continue to, impact on the ability of the finance department to deliver a consistent high quality of service.

During 1999 we commenced our involvement with and commitment to the introduction of SAP HR Software (P.P.A.R.S. Project) in 2000 and look forward to the benefits to be obtained therefrom.

The present structure of the finance department has been largely unchanged over the past decade while coping successfully with the increased demands placed on it over this period. The future structure of the department is currently under review with a view to delivery increased value in the continuing development of the hospital itself.

INTERNAL AUDIT

During 1999, Mr. Fergus Lawlor retired after long service as Accountant and latterly Head of Internal Audit for the hospital. We wish him well in his retirement.

Mr. James Foreman was appointed to the ensuing vacancy and we look forward to the further development of the Internal Audit service initially established by Mr. Lawlor.

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Personnel

RECRUITMENT

The national trend in recruitment difficulties was reflected in the hospital throughout the year with efforts focused on alternative methods of recruitment and retention of staff. In this regard, initiatives to recruit staff from overseas were explored.

EMPLOYEE RELATIONS

Industrial unrest throughout the public sector led to the nurses strike which impacted on services in St James's. Notwithstanding this, the hospital has continued to work in partnership with the respective bodies in pursuing on-going developments and activities.

PERSONNEL PAYROLL AND RELATED SYSTEMS (PPARS)

Preparation continued apace for the introduction of the SAP Human Resource Management System (SAP/HR). In partnership with the Health Boards, St James's participated in the Common Conceptual Design stage for Phase 1 of the Project in the National Acceptance Testing. September saw our local Project Team established who started work on the myriad of tasks associated with Implementation, which is planned for June 2000.

TRAINING & DEVELOPMENT

The Training & Development Department has continued its commitment to encourage and foster the self-development of staff members throughout the hospital. Work continued on the expansion of the IT Desktop Training Programmes and other developmental programmes.

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Information & Management Services

Information and Management Services (IMS) plays a vital role in the hospital's operational infrastructure, providing information and data communications facilities to support the everyday business of patient care.

The IMS department is constantly challenged to deal with on-going change, both in information technology (IT). and by the continuous development of new initiatives in hospital services. IMS seeks to identify and provide, those facilities offered by IT that best enable and support these service developments.

PROJECTS

During the year, several major projects were undertaken, most notably the following:

The year 2000 (Y2K) project took first priority during 1999. This project was addressed very much in a national context with strong co-operation between all health agencies. It has been a very successful project, achieving Y2K compliance across the hospital's IT systems, and providing value-added benefits in terms of inventory control, platform stability and major emergency planning.

The millennium date change at 31st December 1999 was handled smoothly and without disruption to hospital services.

The PPARS Project (Payroll, Personnel and Related Systems), continued it's development during the year. This project offers the hospital a unique opportunity to enhance our current Personnel function, and to establish a contemporary Human

Resources function which will be devolved hospital-wide, in line with the Clinical Directorate organisational structure. Phase 1 of the project will go live in June 2000.

The [St. James's Website](#) , has been very successful in promoting the hospital on the Internet, winning a top quality '5-shamrock ' Award from Doras, the leading Irish website directory. The demand for E - mail and Internet access within the hospital has continued to grow, reaching some 350 end-users by the end of 1999. Given the rapid growth in world-wide usage of web technology, the provision of communications facilities to enable everyday transactions be conducted on-line is likely to become a fundamental element of the hospital's IT strategy.

The first phase of a new facilities management system was installed in the Technical Services department in June, with the implementation of the helpdesk module. This has enabled an enhanced customer-service focus and contributed significantly to the efficiency of the department.

Several enhancements to Patient Management systems were carried out, including the introduction of bar-coded wrist bands. new interfaces to radiology equipment and laboratory analysers; improved waiting list management and A&E functions.

HELPDESK

The IMS Helpdesk received over 7,000 calls in 1999. Helpdesk staff logs and assigns all calls to the appropriate technical support group. Service level agreements are in place to ensure high quality service. Approx. 50% of calls are resolved immediately, with 85% resolved within 24 hours. System availability across the hospital network averaged 99% for the year.

STATISTICS/CASEMIX

Demand for statistics has continued to grow, particularly to support increasing complexity in the range and depth of analysis being applied to service planning, waiting lists, A&E, clinical directorates, and casemix.

Data collection of Casemix activity data remains at 100% and the high level of accuracy and quality is being maintained. This is supported by an on-going programme of education and awareness for medical staff, together with regular clinical audits.

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Materials Management

The Materials Management Department commitment to enhanced customer services has seen further changes in both structure and systems. These changes have been made possible by the hard work of a dedicated team of staff. The alignment of Inventory, Purchasing & Contracting, Customer Service & Distribution and Warehousing resulted in many improvements.

These were in the areas of efficiencies, cost reductions / containment, inventory investments, warehousing and service fill levels. The commitment is to add quality processes and is driven from a patient focus, supported by:

- Materials Management Training Programme.
- Projects addressing supply chain issues.
- Focus group meetings on clinical / commercial requirements.

A major initiative in the inclusion of Materials Management is the implementation of SAP / R3, a corporate enterprise system. With Materials Management responsible for almost £20 million of non-pay spend it will offer the foundation for improved corporate controls. Furthermore the extent of data capture will enable improved integrated information. This will help Materials Management in contracting and communications on such matters as aggregation, price trends, commodity baskets and supplier evaluation.

A third phase of the project is the integration of the supply base. Trading relationships are of paramount importance to the end result. The combined knowledge and support of the above actions will enhance the expectation for a lowest cost outcome. This will be measured against professional criteria across each facet of the supply chain. A closed loop approach from patient to patient will demand

improved information in its collection, analysis and dissemination in an integrated supply chain context. Materials Management is committed to this objective with patient care as the focus.

Our commitment is to ensure that our customer is involved in the decision making process in a culture of teamwork.

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CResT

CARDIOLOGY, RESPIRATORY MEDICINE AND THORACIC SURGERY.

Clinical Director:

Dr. Luke Clancy

Nurse Manager:

Ms Mary Foley

Business Manager:

Ms Vanessa Clarke.

The ward areas and departments directly managed by CResT include Robert Adams Ward, John Houston Ward, Coronary Care Unit, the Angio Day Ward, the Cardiac Catheterisation Laboratory, the Cardiac Department and the Respiratory Laboratory. Invasive respiratory investigations are performed in the Health Care Centre which is shared with other specialities. Full responsibility for the management of the CResT outpatient clinics is devolved to directorate level with dedicated clerical and nursing staff being assigned to the CResT clinics.

The Cardiology Department in St James's serves as a tertiary referral centre for cardiac patients in addition to providing an acute cardiac service for its local catchment area. The Cardiothoracic Surgery Department also serves as a tertiary referral centre for cardiothoracic patients, with thoracic surgery undertaken in St James's Hospital. The Cardiac Surgery Unit where 450 open heart cases will be performed annually is scheduled to be opened in January 2000.

The Respiratory department provides a tertiary referral service for respiratory patients as well as an acute respiratory and general medical service for the local catchment area. The pulmonary function laboratory continues to provide a service to Trinity Medical School, the School of Physiotherapy and the School of Nursing in lecturing and demonstrating pulmonary function testing techniques.

There was a 2% decrease in in patient admission levels in the Directorate. Length of stay for the directorate showed a small decrease. The number of day cases in the angio day ward fell by 7% however cath lab activity showed a 5% increase. The number of PTCA/Stents performed increased by 54% while numbers of PTCA procedures decreased by 27%. Sleep studies in the form of full polysomnography and overnight oximetry increased by 6.8% and 46% respectively with significant increase in the number of patients initiated on Continuous Positive Airways Pressure (CPAP) ventilatory therapy.

SERVICE DEVELOPMENTS

CARDIOLOGY

1999 saw the expansion of the implantable cardioverter defibrillator service. These devices are used to treat patients with malignant ventricular arrhythmias. In 1999 patients were treated with implantable defibrillators.

Prof Michael Walsh continued his work as a member of the Cardiovascular Health Strategy Group. "Building Healthier Hearts", The Report of the Cardiovascular Health Strategy Group was launched in July 1999. The CResT directorate commenced work to formulate a cardiology development plan for St James's Hospital, in response to the document.

CARDIOTHORACIC SURGERY

A cardiac surgery waiting list initiative took place in 1999 with 89 patients being treated as part of the initiative. 30 patients had surgery in St James's Hospital and a

further 59 patients had surgery in private hospitals in Dublin.

Planning for the new cardiac surgery programme began in earnest in 1999. Building of the 6 bed Cardiac ICU and 15 bed ward began in 1999. Structural renovations also took place in theatres. The new unit will undertake to perform 450 cardiac surgery cases per year.

Recruitment began for the 101 staff associated with the programme of which almost half are nursing staff. Key appointments included two nurse practitioners for the cardiac surgery unit and 5 sisters for the Cardiac ICU and ward. Two consultant cardiothoracic surgeons were appointed along with two consultant anaesthetists.

RESPIRATORY SERVICES AND ACTIVITIES

Dr. Clancy continues as President of IUATLD (European Region), Chairman TB Group ERS, Council Member ERS, and Chairman of ASH Ireland.

In July 1999 the Respiratory Day Centre opened in Hospital 7. The centre offers a "drop in service" for respiratory patients. The respiratory liaison nurse offers education, advice and support to patients and their families. The centre also provides support for patients wanting to quit smoking.

Under the Y2K equipment replacement plan, much of the equipment in the respiratory laboratory was replaced. This will allow for an improved service to be offered to patients. In May 1999 two new student technicians took up post in the respiratory laboratory.

The sleep study service has been overhauled and now offers a fuller range of tests for patients diagnosed with obstructive sleep apnoea. The availability of portable oximeters allows for testing of patients in their own homes as an initial assessment, with selective progression to full sleep study.

STAFF MOVEMENT

Mr David Luke resigned from his position as Cardio-Thoracic Surgeon in St James's Hospital in July 1999.

Ms Breda Cagney resigned as Chief Respiratory Technician to take up a post in the

Eastern Health.

ROYAL CITY OF DUBLIN HOSPITAL RESEARCH & EDUCATION INSTITUTE

1999 saw further advances in the activities of the RCDH Research & Education Institute with numerous presentations and published articles emanating from research workers. Several papers were presented at the 50th Annual Scientific Sessions of the Irish Cardiac Society and Dr. Gearty presented a history of the society to participants. The 2nd Annual Scientific Meeting held in May proved a great success. Prof. Donald Weir gave the invited lecture entitled "Clinical Significance of Hyperhomocysteinaemia" and Dr. Nitin Ghaisas received the Young Research Workers Award for his work on adhesion molecules in cardiovascular disease.

In terms of respiratory research several papers were presented at the Irish Thoracic Society Annual Meeting in Belfast and the European Respiratory Society Meeting in Madrid as well as the American Thoracic Society Annual Meeting.

Towards the end of 1999 two new Cardiothoracic Surgeons, Mr. Vincent Young and Mr. Michael Tolan were appointed and no doubt will have a significant impact on research output.

The thrust of research in the last several years has been in the area of inflammation in ischaemic heart disease and in particular in the expression of cell adhesion molecules and their potential prognostic value. We have been developing a number of lines of interest in this regard in particular in the prognostic value of sVCAM-1 in patients with acute coronary syndromes. Secondly we have been continuing our analysis of the role of cell adhesion of regulation in the context of valvular heart disease and thirdly we have an ongoing interest in the role of anti-oxidants as potential anti-inflammatories in patients with acute coronary syndromes. This has lead to presentations at the Irish Cardiac Society, European Society of Cardiology, American Heart Association and American College of Cardiology Meeting in 1999. We are also continuing our close collaboration with Prof. Desmond Fitzgerald of the Department of Clinical Pharmacology, Royal College of Surgeons in Ireland in a study of platelet receptors and the role of the new GP IIb/IIIa antagonists in angioplasty. Finally we are continuing our well established links with industry and our partners in the important field of Phase III Clinical Trials.

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HOPE

Haematology, Medical and Radiation Oncology, The National Centre for Adult Bone Marrow Transplantation and the National Centre for Hereditary Coagulation Disorders.

Clinical Director

Professor Shaun R. McCann

Business Manager

Ms Jennifer Feighan

Nurse Manager

Ms Mary Day

HAEMATOLOGY

The main thrust of the Haematology Department continues to be the diagnosis and treatment of malignant disease of the blood, with a large emphasis on bone marrow and peripheral blood stem cell transplantation, and peripheral blood stem cell and bone marrow auto-grafting. Thirty-five allogeneic transplants were carried out and bone marrow was used in thirty of these patients, and mobilised peripheral blood stem cells in five.

A significant change in the transplant program has been the number of matched unrelated transplants carried out. In 1999 seven of these were carried out and donors were from Germany, UK, North America and Ireland. One patient was referred from Belfast for matched unrelated transplant. One Irish donor donated peripheral blood stem cells which were sent to a patient in Spain for transplantation. Thirty-three harvests of peripheral blood stem cells were undertaken in 1999 and eleven patients received autologous stem cell infusion. Ten of these were peripheral blood stem cells and five had been selected for CD 34 stem cells using the Isolex 300 I, supplied by the Bone Marrow for Leukaemia Trust. Six patients received donor lymphocyte

infusions for relapsed chronic myeloid leukaemia or acute myeloid leukaemia.

The major change in the program in 1999 was the introduction of the so called non-myeloablative transplant program (NST). The introduction of this type of transplantation in conjunction with colleagues in Israel, Europe and North America, is an attempt to widen the spectrum and age group of patients in whom peripheral blood stem cells or bone marrow transplantation might be effective. Three patients received non-myeloablative stem cell transplants from their siblings in 1999. This type of transplantation differs from the classical allogeneic transplant in that the conditioning therapy is significantly reduced and the establishment of the donor graft relies on heavy immuno-suppression. Primarily results world wide are very promising, however this new system must be tested and compared rigorously with classical transplantation which has been undertaken for the last sixteen years in St. James's Hospital.

The Bone Marrow Transplant unit received accreditation of the European Bone Marrow Transplant Association for allografting and autografting procedures.

ONCOLOGY

The cancer care load continued to rise during 1999 with a greatly increased need for medical oncology input and integration of care with surgery and radiation therapy. The medical oncology department continues to be extremely busy with an increase of 40% in day cases.

Major areas of combined activity were in the care of breast and oesophageal cancer. The lack of radiation therapy facilities made the delivery of such care much more difficult and this needs to be remedied. Despite these and other difficulties there has been a sharp increase in the number of patients entered on clinical trials and a clinical trials nurse has been appointed to co- ordinate this activity.

Many members of staff participated in the NCI/All Ireland Cancer Conference held in Belfast in early October. The conference provided a marvellous learning experience and an opportunity to forge links and establish contacts and friendships with colleagues in the USA and Northern Ireland. There are huge expectations that many benefits will flow from this important initiative and St James has every intention of building on progress to date. There is a particular wish to develop areas in clinical trials, informatics and exchange programmes.

Early results were emerging from the HRB funded study of inherited breast cancer susceptibility and the clinical services to support this required that a second research nurse in Cancer genetics be employed. The availability of the Haughton Institute for this and other research initiatives was very welcome.

Two major retirements occurred among the night staff nurses. Staff Nurses Claire McConnell and Catherine Simpson retired during the year. They had both given sterling service to the Haematology/ Oncology services for many years. Sincere appreciation of their efforts and good luck in their retirement is recorded. Against that background it is sad to record that, as with other specialities and other hospitals there are major difficulties with recruitment and maintaining staff particularly nurses. We fervently hope that this will not continue. The resolution to the industrial action taken in October will hopefully bring improved conditions which will resolve many of these difficulties.

Dr Owen Smith. National Haemophilia Director

The new Centre for Inherited Coagulation disorders is nearing completion. This centre will deliver comprehensive care for patients. It will provide treatment and support for patients with Haemophilia and coagulation disorders and will engage in continuing education and research. The services will be provided by a multidisciplinary team of doctors, dentists, nurses, social workers, physiotherapists and counsellors all in the one location. There will be also be a team of technologists, biochemists, laboratory and administrative staff on site. We feel that this will greatly enhance the service we provide to our patients.

HAEMATOLOGY RESEARCH LABORATORY

Dr Mark Lawlor has been appointed as Chief Molecular Genentist at St James's with a brief to develop Molecular diagnostics for Leukaemia and other cancers. He will be working closely with our colleges at Crumlin. The 4th annual molecular medicine meeting will be held at St James's in November 2000.



The Molecular Haematology Oncology Laboratory under the direction of Dr Mark Lawler continued its work in 1999. Research focused on the Minimal Residual Disease, antisense approaches in Leukaemia, antigene approaches in breast cancer and the investigation of molecular events in suicide gene therapy protocols as part of a EU Collaboration. In addition work commenced on the molecular biology of prostate cancer as part of a HRB/St Lukes Institute of Cancer Research co-funded project with Prof Donal Hollywood. A Cancer Research Advanced Board Grant on molecular and cellular approaches to target cancer cells was commenced Dr Lawler was awarded an MRC Path on the basis of published works in the field of molecular haematology and transplantation biology. A number of grants were secured by the research group, including the development of microarray technology which will allow gene expression profiling to be performed here at St James's.

Dr Lawler and Prof McCann in association with Prof Dermot Kelleher (Clinical Medicine) organised the 4th Annual Meeting of the Institute of Molecular Medicine which was a great success with a mix of Irish and international speakers including the state of the Art Lecture from Prof Kari Steffanson (Decode Genetics Iceland) and the John Durkan Memorial Leukaemia Lecture from Prof Ron McCaffrey (Boston Childrens Hospital USA).

Dr Lawler was an invited speaker at the Annual Irish Association of Cancer Research Meeting, the Pilgrims meeting (which was held in Dublin this year), the European School of Haematology Meeting on Bone Marrow Transplantation and once again was invited as guest lecturer to the Department of Genetics in Chieti University Italy.

The MSc in Molecular Medicine (of which Dr Lawler is one of the co-ordinators) continues to thrive and attract an extremely high level of interest among both clinicians and scientists.

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MEDICINE FOR THE ELDERLY

Clinical Director

Dr. J Bernard Walsh

Business Manager

Ms Carol Murphy

Nurse Manager

Ms Nuala Kennedy

1999 was an eventful year for MedEL Directorate with significant developments in the service, education and research areas, in particular the continuation of the Diploma and MSc courses in nursing, as well as developments in the Mercer's Institute. The Department of Clinical Gerontology is now fully established as a separate Department in Trinity College Dublin. The brief for the new Centre of excellence is being finalised and is nearing development phase.

With the rising elderly population, 1999 was a challenging year with increased pressures on the service, reflecting a 25% increase in admissions for the over 75 age group, and an 11% increase in admissions for the over 65 age group to the hospital. There was a 7% increase in the number of patients treated in our acute admission ward and a 9% increase in the number of patients treated for rehabilitation compared with the previous year. Approximately 1,700 were seen at the department's out patients service in 1999 reflecting a 22% increase in the new patient referrals compared with the previous year.

The refurbishment of Hospital 4 was completed in 1999 and the day ward opened early in the year helping to improve significantly the care environment for the extended care patients.

Professor Davis Coakley completed his term as Dean of the Faculty of Health Sciences in Trinity College Dublin. Dr. J. Bernard Walsh continued as Treasurer of the Irish Medical Association. Dr. Conal Cunningham was appointed as the new Consultant Physician in Medicine for the Elderly and Dr. Clare Fallon was appointed as Clinical Lecturer in the Department of Clinical Gerontology.

During the year Susan Batterbury resigned as Nurse Manager and the Directorate would like to acknowledge her tremendous contribution. We would like to express our appreciation to Sheila Doyle who resigned her post as Clinical Facilitator during the year and Marie Therese Cooney was appointed to that post.

The Diploma and MSc in Gerontological Nursing continued in Trinity College in association with St. James's Hospital and S/N Annemarie Maguire and S/N Margaret Fallon received their Diplomas in 1999. The Annual Nursing Seminar on Stroke Care and Prevention took place in October 1999 and Professor Susan Murphy from the Dept. of Physical Medicine and Rehabilitation in the University of Texas delivered a lecture on Advances in Stroke Rehabilitation. Postgraduate in-service training continues to be a major priority in the Directorate.

MERCER'S INSTITUTE FOR RESEARCH IN AGEING

The Mercer's Institute for Research on Ageing has continued to produce high quality research into diseases affecting the elderly population. Its personnel has increased to 19 and it has strengthened its collaborative links with the Department of Psychology, Trinity College and the Dementia Services Information & Development Centre. Dr. Conal Cunningham was awarded the Presidential Medal at the Irish Gerontological Society for his research into oestrogen metabolism in Alzheimer's disease. This is the second time receiving this prize.

The Memory Clinic has seen a significant increase in new referrals and has continued its in depth follow up and review of patients with cognitive deficits. The clinic specialises in the causes and treatment of dementia and this has led to further research into inter alia the development of new diagnostic techniques such as the use of computerised tomography in the diagnosis of Alzheimer's disease. Links with neuropsychology have been strengthened and there now is an established post mortem service for patients with a diagnosis of dementia.

The study into psychiatric illnesses prevalent in the community-dwelling elderly is ongoing. Throughout the past year 200 people have been revisited in their homes and a further 200 have been assessed for the first time. Associated with this study is new research involving the unrecognised cases of dementia in the community.

Other projects include research into infectious illnesses amongst the elderly which

has led to a better understanding of diseases such as Clostridium Difficile. The management of patient medication has also been addressed and a detailed studies have been completed on both the quality of life and testamentary capacity of patients with Alzheimer's disease.

DEMENTIA SERVICES INFORMATION AND DEVELOPMENT CENTRE (DSIDC) 2000

The Centre, which is funded by the Department of Health, was first established at St. James Hospital in 1998. It is a National Centre, which serves to facilitate best practice in all aspects of dementia care across Ireland. The Centre aims to promote an awareness of dementia, improve and expand services for persons with dementia, provide education and training to practitioners working in the field, conduct and support local and international research and provide a consultancy service to practitioners working in the statutory voluntary or private sectors. The Centre currently employs three full time staff members, a Director, Dr. Suzanne Cahill, and Education officer, Ms Mary Drury and an Administrator, Ms Judy Oxley. All professional activities are guided by a Management Committee and overseen by a national Advisory Committee. Staff at the Centre subscribe to a philosophy of care that is person-centred; dementia is viewed as a disability with a focus being placed on preserving at all times the dignity and independence of the individual diagnosed. Located at the Centre is a well-resourced library holding a collection of books, government reports and journals focusing on practice, policy, research and clinical issues relating to dementia and care of the elderly. The library has on-line access to a number of databases. Several clinical journals are also available electronically. The library is open to service providers and students undertaking gerontological or dementia-specific research. The Centre is part of a network of UK and other overseas Centres. It promotes the sharing of knowledge and fosters collaboration with practitioners from other allied aged care and dementia-specific organisations. It is currently engaged in a joint research project with the Alzheimer's Society of Ireland. This study investigates, from a professional and family caregiver perspective, the topic of day care design and dementia. Last year the Centre participated in a collaborative European study addressing the issue of the interface between family caregivers and institutional care for people with Alzheimer's disease and related disorders. Based on this work, training materials including a videotape have recently been produced. The Centre's own education/training programme has also developed significantly in the last year. Several workshops have now taken place at the Centre and plans are underway for training programmes to be delivered to staff employed in other health board regions outside of Dublin.

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PHARMACOLOGY & THERAPEUTICS

NATIONAL MEDICINES INFORMATION CENTRE

Since the Minister for Health opened the National Medicines Information Centre at St. James's Hospital in September 1994 the demand on the Centre is rapidly increasing. The purpose of the Centre is to provide health care professionals, particularly general practitioners and pharmacists, with information on the use of medicines.

Specifically, the Centre provides information on indications for certain drugs, contra-indications and dosage in disease states, drug interactions and adverse effects, drug use in pregnancy, the identification of medical preparations on the basis of physical characteristics and current reviews.

It carries a wide range of source textbooks, summaries of some 20,000 articles and has access to computerised medical literature retrieval systems. It is staffed by three pharmacists, a medical advisor and a secretary. An extra rotation Pharmacist has been approved for the centre.

A bi-monthly drug bulletin is published and circulated to all hospital doctors, general practitioners and pharmacists in the country. Prof. J. Feely is the Medical Director, and Prof. K. Sabra is the pharmaceutical director for the centre.

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NATIONAL PHARMACO-ECONOMIC CENTRE

The Centre was established during 1998 and has a number of varied specialists. The Centre has a Chief II Pharmacist to help and assist the team in what will prove to be a very valuable addition to the hospital and the country in general. The Centre is housed in the same building as the National Medicine Information Centre and the Course co-ordinators office for the MSc in Hospital Pharmacy near the Rialto Gate.

DEPARTMENT OF PSYCHIATRY

INTRODUCTION:

The activities of the Department of Psychiatry stretch across the hospital and community. Assessment and care in hospital covers in-patient and day-patient care in the Jonathan Swift Clinic, with out-patient and consultation - liaison care in the general hospital. In the community the service provides an extensive network of home-visiting, day-care and residential care in hostels and individual units in the community. These tasks are carried out in association with St. Patrick's Hospital and the Eastern Health Board. In addition many members of the Department are closely involved with undergraduate, postgraduate teaching and with research.

DEVELOPMENTS

During 1999 in-patient and out-patient services maintained their level of activity, while the number of patients in residential care in the community rose to 43. These patients, mainly living in family-sized units, need extensive, on-going supervision, but they experience an enhanced quality of life away from long-term hospital residence.

Planning permission was obtained in 1999 to develop two new high-support hostels of ten places each in Kenilworth and in Inchicore. A further 5 individual units are being sought from the corporation. The Conolly Norman Unit, a nine bed acute admission unit for the elderly within the Jonathan Swift Clinic was opened in June, while a carers' support group and a Snoezelen room were set up to provide a high standard of support.

STAFF

Breda O'Connor and Oliver Mernagh were appointed deputy-nursing officers. Dr.

Elaine Greene was appointed Clinical Lecturer in the Psychiatry of the Elderly, and Jane Byrne commenced at St. James's in September as Psychiatric Social Worker. A serious oversight in last years report was in failing to high-light the retirement of Fionnuala Ward, who worked in the Department for fifteen years, latterly in the Old Age psychiatry service and as Senior Psychiatric Social Worker. Fionnuala was always compassionate and entirely dedicated to her work. In fact she continues to work in other areas of social work since her retirement from our service. We wish her very well.

EDUCATION AND RESEARCH ACTIVITY

Our Clinical Psychologists have maintained a high level of teaching and therapy, particularly employing cognitive psychotherapy. Their work in developing group strategies for social anxiety disorder is showing remarkable success, while Dr. Tony Bates' book on self help for depression has reached number three in the best seller list in Ireland. Dr. Michael Gill and Prof. Brian Lawlor continue to attract major funding from the Wellcome Trust for studies in psychiatric genetics, and a healthy research endeavour surrounds the heavy clinical load, which the staff cheerfully undertake.

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DEPARTMENT OF VASCULAR SURGERY

The department of vascular surgery plays three pivotal roles within the hospital. It provides assessment and management for patients with arterial disease; both cerebrovascular and peripheral. It also provides a comprehensive venous service and thirdly it provides non-invasive vascular assessment for all departments within the hospital and for many external hospitals.

The strengthening association between vascular surgery and radiology continued last year. The use of stent grafts for the management of aortic aneurysms and aorto-iliac disease in high risk surgical patients increased throughout the year with excellent results and a significant reduction in mortality, morbidity and hospital stay. The role of endovascular techniques continued to be expanded. The first Irish cases of carotid angioplasty with cerebral protection were also performed with encouraging results. This technique will continue with very careful patient selection and with close follow-up.

The number of leg ulcers seen in the Veins Unit continues to increase with excellent healing rates. The staff nurses within the unit have run several workshops and participated in educational meetings to help promote the correct use of compression dressings. Research work continues on several new dressing regimes. A very successful varicose vein waiting list initiative was run in 1993/4 however since then

the waiting list was once again grown and a second waiting list initiative was run during the year with a significant number of patients treated. The collaboration with The South Inner City of Dublin, Partnership in Primary Care continues forging a closer alliance between primary and specialist care.

The vascular laboratory remains extremely busy with expansion of the role of peripheral duplex imaging in selecting patients for angioplasty. A study of a new form of treatment for pseudo-aneurysms is also under way with very good early results. If successful this technique will lead to a significant reduction in hospital stay.

Mr. Sherif Sultan completed a Diploma in Management for Medical Doctors.

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LABMED Directorate

Clinical Director

Professor Rory O Moore

Chief Technologist

Mr. Noel White.

Business Manager

Ms.Sadhbh Lyons

INTRODUCTION

The LabMed Directorate was formed in September 1999 and is responsible for the overall management and development of the Central Pathology Laboratory. Its brief includes the disbursement and monitoring of the laboratory budget, taking cognisance of the need for best use of resources. This is within the framework of the Department of Health and Children, "Value for Money" programme.

In liaison with the Personnel Department and the individual laboratory departments, the Directorate is responsible for the recruitment of all laboratory and phlebotomy staff.

The Central Pathology Laboratory, which dates from the beginning of the 1980s, is divided into six departments, all of which are fully computerised, using CDS Telepath software. Most of the laboratory analysers have either uni- or bi-directional interfaces to the laboratory computer system. This system is linked to the Hospital Information System, allowing for on-line ordering of requests at ward level and electronic reporting of results to their point of request.

The laboratory is open 24 hours per day, seven days a week, providing, in addition to the normal working service, a comprehensive out-of-hours service to the hospital.

DEVELOPMENTS

Installation of a Pneumatic Tube Transport System commenced in October 1999, linking the laboratory with the wards/units in the hospital. Operation will commence in early 2000. This will speed up the transport of samples to the laboratory and markedly decrease the turn-around-time of the analytical process.

The formation of an Accreditation sub-committee has taken place. This will allow the necessary structures to be put in place for the laboratory to seek accreditation. It is anticipated that this process will take at least two years. The Directorate places a high level of importance on achieving accreditation, believing that being accredited will be essential to the future development and recognition of the CPL.

The Central Pathology Laboratory currently supplies services to 40 outside agencies. At present reports are either telephoned or returned in paper copy format. In conjunction with the IMS department the Directorate has begun to explore options for the secure electronic transfer of reports to the requesting sources.

Progress was made during the year on the refurbishment of the Central Specimen Reception and Sorting area of the laboratory. The procedures for the reception of specimens are being re-evaluated in the light of the introduction of the pneumatic tube transport system.

In August 1999 the Materials Management Department commenced the absorption of the laboratory purchasing systems into the Materials Management structure. Due to the very large variety and number of items used in the laboratory, this will be a long term project involving the coding of every single item. When complete it will provide a comprehensive database of materials purchased, their cost and usage.

The workload in Phlebotomy continued to expand. Computerisation of the phlebotomy service in the Warfarin Clinic commenced and it is hoped to go-live early in 2000. It is proposed to extend the training programme in line with national accreditation standards. Following discussions with Our Lady's Hospital for Sick Children, Crumlin, it was agreed to establish a training programme in paediatric phlebotomy for all St. James's phlebotomists.

DEPARTMENT OF TRANSFUSION MEDICINE

The Department of Transfusion Medicine provides a service to St. James's Hospital on a 24 hr., seven day week basis. All blood, blood components and blood derivatives are supplied by the Department for patients in the Medical, Surgical, Burns, A&E and Bone Marrow Transplantation Departments.

The Department orders, stocks and issues all the coagulation products used by haemophiliacs either as in-patients or as home-treatment patients. Since July 1999 all haemophiliacs are supplied with recombinant coagulation products.

Specialised tests are performed for investigation of patients with Auto-Immune Haemolytic Anaemias and for patients with Idiopathic Thrombocytopenia.

In line with current transfusion practice two haemovigilance officers have been recently appointed. Their main function will be to monitor and evaluate abnormal reactions by patients to the transfusion of blood and or blood components.

The plan to transfer the Department to a site in Phase 1C has been deferred for the present. To improve the delivery of blood and blood components for urgent use for patients in Phase 1C it is intended to use the Pneumatic Tube Transport System to transport blood / blood components when it becomes operational.

Automated blood grouping equipment, which is being currently evaluated, will improve the safety of transfusion practice and also improve the speed of release of blood / blood components.

With laboratory accreditation in mind progress has been made with the completion of approximately 25% of Standard Operating Procedure documents.

The Department is involved in teaching and examining medical laboratory science undergraduates and in supervising projects at 3rd and 5th year level. As part of a project towards an MSc, LABMED intends to evaluate current diagnostic tests for ITP. We are also involved in training medical staff who are preparing to sit the MRCPATH. Examination.

DEPARTMENT OF CLINICAL MICROBIOLOGY

The Clinical Microbiology Department provides a service which incorporates the diagnosis and management of infectious diseases. Advice is given on the interpretation of laboratory results. Although the bulk of the work relates to hospital infection some 30% of samples come from general practitioners. A whole range of micro-organisms are involved, including bacteria, viruses, fungi and parasites. Due to the complex nature of the clinical service, infection control has become a major part of the service. Advice is given on outbreaks of infection in the community. Our Infection Control Sisters, Eleanor Devitt, Aileen O'Brien and Catherine O'Reilly are deeply involved.

Despite the opening of Tallaght Hospital there was only a small drop in specimen

numbers. In some areas there was a continuous rise in numbers, namely in gastroenteritis where *Clostridium difficile* is a particular problem, blood cultures to detect bloodstream infections, antibiotic assays and genito-urinary specimens.

In 1999 the Department completed the first all Ireland M.R.S.A. Study. This was a Department of Health and Children initiative. The project entailed the introduction of Phage typing and Molecular typing. The results were an important landmark in the understanding of the distribution of different molecular types causing disease. Collaborative links have been established with the M.R.S.A. reference laboratories in England, Scotland and Perth, Australia.

There is widespread concern about the spread of resistant micro-organisms. St. James's laboratory is the designated centre for the European Antimicrobial Resistance Surveillance Study. The project investigates the basis of resistance in M.R.S.A., particularly to Aminoglycosides, Vancomycin and Mupirocin. These studies will extend when the new National M.R.S.A. Reference Laboratory is completed in St. James's Hospital.

Dr. Breida Boyle and Dr. Susan Knowles successfully passed the M.R.C.Path. Part I. Dr. Chantal Migone came to work in this Department. Dr. Knowles took up an appointment in the Children's Hospital in Perth, Australia thus maintaining our strong link with the Academic Department of Microbiology in the University of Western Australia.

DEPARTMENT OF IMMUNOLOGY

The Department of Immunology provides a diagnostic and clinical service in the medical speciality of Immunology and is also very active in areas of research and education.

Because of an increasing recognition of the diagnostic value of immunology tests, the workload of the department continues to grow annually. The number of specimens for 1999 was over 56,000, a further 12% increase on the previous year. Certain autoantibody tests in particular showed sharp increases: these included assays for the anti-endomysial antibody (a highly specific test for coeliac disease) and the C-ANCA test (for Wegener's granulomatosis). Because of the urgency of starting therapy, it is important to diagnose Wegener's granulomatosis rapidly and the laboratory now provides a 24 hour service for this investigation. Of the samples analysed in the laboratory, over half come from outside institutions, with St. James's Hospital and general practitioners contributing 35% and 13% of samples respectively.

A weekly Immunology out-patient clinic is held and in the past year some 500 new

patients attended. Immunodeficiency, connective tissue diseases (including the Antiphospholipid syndrome and Wegener's granulomatosis) and allergy are particular interest of this clinic. These disorders are closely allied to the research and development efforts of the department. Immunology is a partner in two EU funded projects: on treatment protocols for Wegener's granulomatosis and the association between coeliac disease and lymphoma. With the appointment of an immunology home therapy nurse, a cohort of immunoglobulin deficient patients has recently started on a home infusion programme.

The 9th Annual Meeting of the Irish Society for Immunology was held in St. James's in September and Ms. Jean Dunne was awarded the prize for Best Paper (on NK cell deficiency). Dr. Mohamed Abuzakouk was awarded the George Greene Medal by the Royal College of Pathologists for the best published paper by a trainee pathologist. Professor Con Feighery was an invited speaker at the 8th International Coeliac Symposium in Naples and the German Coeliac Society 25th Anniversary meeting. He was also elected President of the Royal Academy of Medicine (Section of Medicine) and the Irish Society for Immunology. Liam O'Mahoney was awarded a PhD for his research on cytokines and malignancy. Professor Dr. Alex Whelan co-authored (with P. Lydyard and M. Fanger) a textbook entitled "Instant notes in Immunology".

BIOCHEMISTRY DEPARTMENT

Since the transfer of the FDVH hospitals to Tallaght there has been a reduction in the total number of samples processed in Biochemistry. However, growth continues from all other sources of our workload. This is especially so with regard to St. James's hospital itself and from the many GPs who continue to use our services to an increasing degree each year. Thus our workload is now only 10% less than at the closing of the MANCH hospitals.

Three new blood-gas/ISE instruments were purchased in preparation for the introduction of the new Cardiac Surgery service in SJH. These have been located in the theatre and Keith Shaw ICU areas. They will be used to monitor cardiac patients both during and after surgery. The maintenance and calibration of these instruments will be performed by members of the Biochemistry staff. This is an addition to the similar service already provided to the ICU and A/E departments.

A large amount of work and effort went into ensuring that as far as possible biochemistry instruments and services were not adversely effected at the turn of the millennium. Where necessary upgraded hardware and software was installed ready for the 'big event'. Our confidence that all would run smoothly was justified. Thanks are due to the computer application controllers for a job very well done.

A new HbA1c automated analyser was installed during the year. This allows us provide a much more rapid turn-round of results than was possible by the use of a labour intensive manual system. Another advantage is that this new method is calibrated using DCCT material thereby allowing results comparison of results on an international basis.

Three very long standing members of staff retired during 1999. These were Dr. W. Clayton-Love, Consultant Biochemist, Mr. John Mc Sweeney, Principal Biochemist and Mr. John Stafford, Senior Biochemist. All three served not only in the CPL since its opening in 1981 but also for many years in the Biochemistry department of the FDVH located in Sir Patrick Dun's hospital, where they started working in the late 1960s. We wish them all the best and thank them for the major contribution that they have made to the development of the Biochemistry department in St. James's Hospital.

HAEMATOLOGY DEPARTMENT

INTRODUCTION

The Haematology Department provides a comprehensive diagnostic laboratory service to St James's Hospital, Eastern Health Board Hospitals and General Practitioners. It also provides a service to AMINCH Hospital, Tallaght, and regularly receives nation-wide referrals for specialised investigations. Laboratory support for the work of the HOPE Directorate including the National Centre for Inherited Coagulation Disorders forms a core element of the department's work.

SERVICES & TRENDS

The number of routine tests carried out in 1999, although decreased compared to 1998 due to the opening of Tallaght Hospital, returned to 1997 levels reflecting a general upward trend. The number of blood films examined remained constant which is a reflection of an increased level of case complexity.

The numbers of specialised tests carried out expanded considerably. The increasing ethnic diversity of the patient population has led to a dramatic increase in requests for investigation of abnormal haemoglobin variants since 1997 (illustrated in Figure 1). There was also an increase in malaria screen requests. The Nutritional Anaemia laboratory continued to experience a steady workload increase due to increased clinical interest in this area. Similarly, the Haemostasis and Thrombosis Laboratory experienced a continuing increase in testing for Thrombophilia, while work related to diagnosis and treatment of Haemophilia was increased on 1997.

Figure 1. Trend in investigations for abnormal haemoglobins, 1997 to 1999.

Haemostasis & Thrombosis Laboratory workload trend, 1997 to 1999.

Cryobiology Laboratory Workload trend 1998-1999.

The workload in the Cryobiology (Bone Marrow Transplant) Laboratory expanded with a total of 308 procedures in 1999 compared to 188 in 1998 (Figure 3). The main increase is in the analysis of peripheral blood CD34 stem cell content following mobilisation for PBSC harvest. The analysis of PB CD34 predicts the CD34 stem cell content in the harvest and has allowed optimal timing of harvesting. Specialist testing of CD34 stem cell content of cord blood for the Blood Transfusion Service Board and progenitor colony assessment for external hospitals is also being performed.

DEVELOPMENTS

The department continued preparations for application for CPA Accreditation initiated in the previous year. The cryobiology lab is also preparing for JACIE (specific stem cell processing) accreditation.

In preparation for the introduction of a more patient-focused, nurse-led, computerised outpatient anticoagulant clinic, the department acquired a new automated coagulation analyser and contributed to the development of the required computer software. This clinic will be the first application of the Order Communications Module (OCM) to an outpatient area and will bring many benefits including reduced patient waiting time and improved record keeping.

There was a continuing expansion in the application of immunophenotyping to the diagnosis of lymphoma, in collaboration with the Histopathology department. New tests introduced included coagulation assays to monitor levels of recombinant Factor VIII in Haemophiliacs and also for treatment with Danaparoid.

Towards the end of the year the department received approval for replacement of its core cell counter analysers. A new blood cell processor was purchased for the Cryobiology Laboratory.

STAFF APPOINTMENTS

Dr Nicola Gardiner was appointed Medical Laboratory Technologist in charge of the Cryobiology laboratory.

EDUCATION & RESEARCH ACTIVITIES

The department provides in-service training for students of the Biomedical Science degree course at Dublin Institute of Technology and provides work experience for school-leavers. A final year undergraduate project undertaken by Mr. Stuart Liptrot under the supervision of Dr. Owen Smith and Mr. Dave O'Brien, Senior Technician, titled "The development of a screening strategy for the diagnosis of hereditary cytochrome b5 reductase deficiency", was selected for presentation at the annual meeting of the Academy of Medical Laboratory Sciences in Kilkenny.

DEPARTMENT OF HISTOPATHOLOGY AND CYTOPATHOLOGY

INTRODUCTION

Histopathology refers to the diagnosis and investigation of disease in human tissues, their cells and molecular constituents, including DNA. Approximately 95% of the diagnostic service relates to examination of small (biopsy), large (surgical operation) specimens, and cytopathology specimens. Cytopathology includes, i) cervical screening, ii) diagnostic cytology, and fine needle aspiration cytology, with immediate diagnosis e.g. the rapid access breast clinic. Autopsies (Post-mortem examinations) account for the rest of the service work. The Department is the largest postgraduate centre for Histopathology training in Ireland, and staff participate in teaching various TCD and DIT courses. Histopathology forms a bridge between the basic and clinical sciences, and is of central importance in clinical and molecular research.

DEVELOPMENTS

- Thin Prep cytology
- diagnostic molecular pathology (malignant lymphoma and viruses)
- molecular prognostic indices for breast cancer (hormone receptors and Her2-Neu assays)
- increasing use of digital images for clinical /pathological speciality conferences
- the planned installation of a new Histopathology computer reporting system is a top priority

STAFF

The Department was saddened at the tragic death in September of Lorraine, our youngest secretary, who had only been with us for four months.

The work of the clerical staff continues to be demanding and labour-intensive. A new computer reporting system will allow much greater versatility and efficiency with the

use of voice-activated software to replace long complicated dictations, etc.

Mr. Ronan Ward became Chief Technologist, and senior grade technical staff and enthusiastic new basic grade technicians were also appointed. A new Consultant Histopathologist with an interest in Cytopathology and a registrar in Cytopathology were approved for the hospital. There was formal approval to fill the vacant Professor of Pathology position. Professor Hourihane continues as part-time locum.

EDUCATION

Ms. Orla Sheils had a successful viva for her PhD thesis

Professor Eamon Sweeney was president of the International Academy of Pathology (British Division)

Drs B Tripathi and M O Donovan passed the MRCPPath (part 1)

Laser Capture Microdissection System (Multidepartmental HEA grant)

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Clinical Director

Dr Patrick Freyne

Radiographic Services Manager

Ms. Bernadette Moran

Business Manager

Ms Jo Coyle

The comparative activity analysis with 1998 reflects the 1999 increase in volume terms, only. It does not adequately reflect the complexity associated with the specialised diagnostic imaging modalities.

1999 has seen rapid developments in Interventional Radiology with regard to both therapeutic and diagnostic imaging procedures. As a sub-speciality, Interventional Radiology embraces Ultrasound and C.T. guided I.R. procedures in addition to Interventional radiological procedures comes from a range of clinical specialities, however, the high users currently are the Haematology, Oncology, Gastro-Enterology/Hepatology and Vascular specialities.

Consolidation and development of the Nuclear Medicine Service.

Further development of the Interventional Radiology Service.

Development of an MRI Service at St. James's Hospital

Development of a 2nd. Chest Radiographic Unit

Implementation of Phase 1 of a Filmless Hospital

Consolidation of staffing resources - recruitment of those posts flagged as priority 1.

1999 has seen the replacement of our C.T. Scanner. The implementation of a Spiral C.T. Service is in progress. Implementation of the new Chest Radiographic Unit took place this has resulted in improved diagnostic quality chest radiographs. The Mammography Unit was replaced in January 1999.

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O.R.I.A.N Directorate

OPERATING THEATRES, INTENSIVE CARE UNIT, HIGH DEPENDENCY UNIT, SURGICAL DAY WARD, HOSPITAL STERILE SUPPLIES UNIT.

Clinical Director

Dr. Tom Ryan

Nurse Manager

Ms. Joanna Fitzgerald

Business Manager

Ms. Angela Keegan

The O.R.I.A.N Directorate comprises of the Operating Rooms, General Intensive Care Unit, High Dependency Unit, Surgical Day Ward, Sterile Supplies Unit and the Department of Anaesthesia. The Department of Anaesthesia also provides a service to outlying areas such as the Burns Unit, the Cardiac ICU, the Laser Unit, the out-patient pain clinic, the psychiatry unit as well as the pre-operative assessment clinics.

THEATRES

Reviewing theatre activity data collated in 1999, 10,135 cases were carried out demonstrating an increase in activity of 3% on 1998 figures. A further break down of this figure shows that 8236 elective procedures and 1899 emergency cases were carried out. The Surgical Day Ward handled 5013 cases. Waiting list initiatives that took place during the year, involving the O.R.I.A.N Directorate were in the areas of Maxillo-facial and Vascular Surgery. The new cardiac surgery specialty commenced its service by performing one coronary artery bypass per week throughout the year. This was increased in December when two coronary artery bypasses were performed per week. This service will be expanded further in the year 2000. The successful integration of cardiac surgery with the overall theatre service, is due to the dedication and hard work that various staff groups have demonstrated during its

implementation.

ICU

The General Intensive Care Unit treated 586 patients during 1999. Average length of stay was 6 days. Bed occupancy for the year was 92%. 551 patients were treated in High Dependency Unit with a bed occupancy of 3.5 days. The Higher Diploma for Specialist Nursing in Cardiac Care and intensive care, recognised by the University of Dublin in 1998, took in 8 candidates in 1998-1999, its first year of accreditation. A further six candidates are presently undertaking the 1999-2000 programme. The General ICU provided orientation, education and training for the Cardiac Surgery nursing staff. Staff nurse Nuala Carthy began a clinical audit on nursing practices in ICU. Her starting point was the nursing aspect of charting and patient records. The audit is continuing into 2000.

Clinical practitioner Oonagh Power compiled an information booklet for patients in ICU and their families.

The Sterile Supplies Unit continues to provide a comprehensive decontamination, repackaging, processing and delivery service of re-usable and disposable equipment for the whole hospital. The service will be further enhanced as the unit was granted a Bar-coding/Product Traceability System which will facilitate full traceability of all items entering and leaving the unit. St. James's Hospital is the first Irish hospital to implement such a system for sterile supplies.

Ms. Angela Keegan took up the appointment as O.R.I.A.N Directorate Business Manager to replace Ms. Michelle Guerin who has moved to Personnel to work as an implementation co-ordinator on the P.P.A.R.S. project.

Within the Department of Anesthesia Dr. Fionnula Lyons and Dr. Noreen Dowd took up their appointments as Consultant Anesthetists. Junior sisters Carolyn Tracey-Conroy and Monica Kennedy were appointed to co-ordinate the central line service.

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Clinical Support Services

This group of services comprises of the following departments:

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- [SPEECH & LANGUAGE THERAPY](#)
- [PHARMACY](#)
- [CLINICAL NUTRITION](#)
- [MEDICAL SOCIAL WORK](#)
- [MEDICAL PHYSICS & BIOENGINEERING](#)

The mission statement of the clinical services group is:

- To establish and maintain the highest standard and quality of patient care
- To enhance the delivery to patients of the services involved
- To create a forum for the management of those services in the most cost effective manner

The group consists of 107 staff who focus on the provision of specialist services to in-patients, out-patients and their families throughout the hospital. The group budget of IR£2,400.000 was invested in the provision of just 120 000 treatments/interventions in 1999.

The heads of the five services have met together on a regular basis since July 1996 to discuss issues of mutual interest. In 1999 the group took on a management unit structure and it was agreed as an interim measure to have two functional managers for the group until a more formal structure is put in place next year.



The group (above) was co-chaired by Philomena Flood (Clinical Nutrition Service Manager) and Mary Kennedy (Manager of Medical Social Work Service). Mary Kennedy stepped down in November and was replaced by Bernie McNally (Occupational Therapy Services Manager).

During 1999 the Group submitted a number of reports, which included a 5 year service plan for each service involved, a joint service plan for 2000, a Regional Strategy Plan for CSG Services for Cancer Care with colleagues within the South Western Region of ERHA. A strategic plan and a review of the management structure of these services was also completed and it is hoped to present this document to the CEO early in 2000.

OCCUPATIONAL THERAPY

The aim of Occupational Therapy is to facilitate a patient's return to maximum functional independence in order to achieve speedy, safe and effective discharge back to independent, community living. The interface between hospital and community Occupational Therapy services is essential in achieving this goal. In 1999 2797 inpatient's were treated in Occupational Therapy as compared to 2379 in 1998. An outpatient service is only available to Burns / Plastics and Rheumatology patients. In 1999 3274 outpatients were treated in Occupational Therapy as compared to 2731 in 1998. These figures represent an overall increase of 19% in total patients treated.

A number of developments have occurred within Occupational Therapy in 1999. Following a successful 8 week discharge facilitation research project, commenced

in February, an additional Occupational Therapist was sanctioned for 6 months in August. The purpose of this post was to facilitate prompt and effective discharges from Houston and Wilde wards. The outcome of this Occupational Therapist's intervention was the discharging home of 76 of 85 patients assessed and treated. 33 (36%) of these patients were on a waiting list for transfer to Medel, but were discharged directly home from the acute wards through early and intensive Occupational Therapy.

In December staff were appointed to work alongside the multi-disciplinary team in the new Transition Unit. Occupational Therapy is playing an important role there, both treating patients while in the unit but also facilitating a faster processing of patients to the unit from the acute wards.

In October a 0.5 Occupational Therapist was appointed to work in the new Rheumatology Day Unit. It is hoped that this service will develop and expand over the next two years resulting in a quality and comprehensive on-site service for patients with arthritis.

A proposal was submitted to the EHB regarding the development of dedicated Occupational Therapy posts in the Community to provide a service specifically to St James's Hospital. This would facilitate quicker and more effective discharges. This proposal is awaiting sanctioning from the Eastern Health Board.

There is a strong, ongoing commitment to education for Medical, Nursing, Occupational Therapy and Physiotherapy students at undergraduate and postgraduate level. In addition:-

Edwina Dunne lectured on the Msc for Health Services Management in TCD and the MBA course in the RCSI.

Sinead Fitzpatrick and Oriel Corcoran lectured at the Annual conference of the Association of Occupational Therapist's of Ireland.

Michelle O'Donnell, Sinead Fitzpatrick, and Louise Norris, as part of the committee for the Irish Association of Hand Therapist's, organised a Level II BAHT Hand Trauma course in St James's Hospital which played host to an International delegation.

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PHYSIOTHERAPY

Currently there are thirty three physiotherapists, eight assistants and three clerical staff providing physiotherapy services in St. James's Hospital and to GPs in Dublin 8,10 and 12.

In 1999 the department delivered nearly 70,000 patient treatments.



The demand for physiotherapy services has been growing due to the increased physical and respiratory morbidity of our more aged patient population, advances in medicine which has reduced mortality but increased chronicity and therefore disability, the higher levels of acuity and disability per bed, greater demand for out-patient services and the increasing awareness that early intervention by physiotherapists results in better functional outcomes for the patient.

Physiotherapists core skills are in the prevention, diagnosis and treatment of physical and respiratory disability and impairment through non-pharmacological interventions, the aim of these interventions is to reduce pain and optimise the patient's independence and function.

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NEW APPOINTMENTS

Noreen O'Shea was appointed as physiotherapy manager in September 1999. She had previously managed the physiotherapy department at the Blackrock Clinic.

Marie Byrne was appointed senior physiotherapist in cardiac surgery on the 14th of December 1999.

DEVELOPMENTS

This early intervention for whiplashes and acute low back pain has been found to reduce the overall number of treatments required by these patients by 35 % and has contributed to a reduction in our waiting list from six months to four weeks.

In conjunction with Crest Directorate, the physiotherapy department has contributed to the expansion of the programme. The goal is to offer an exercise class to patients and have the capacity to admit the extra patients generated by the new cardiac surgery unit.

Two physiotherapists have been recruited to provide respiratory care for the 450 cardiac surgery patients planned for 2000.

Noreen O'Shea negotiated a contract for access to the hydrotherapy pool in the St. John Of God Centre at Islandbridge. Currently out-patients attend the session for exercise in water. It is particularly suitable for rheumatology and chronic orthopaedic patients. The goal is to teach them how to carry out customised exercise programmes, which they can continue in their local pool.

In June 1999 the department was allocated a physiotherapist for three sessions per week with specialist incontinence training. Between June and December Mairead Byrne treated 55 patients for urinary and faecal incontinence.

The Oncology & Palliative Care Service was re-structured to improve the rehabilitation and respiratory care for medical oncology patients. This restructuring also facilitates the development of a more specialist service. Services include an out-patient lymphoedema management programme in conjunction with nursing. A class to provide a circuit tailored to each patients rehabilitation needs is proposed for Burkitt Ward.

A physiotherapist was appointed in March to meet the needs of the extra Orthopaedic patients generated by Mr. Borton's appointment. This initiative has contributed significantly to the waiting time reduction for orthopaedic out-patients from 26 to 4 weeks.

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EDUCATION

Physiotherapy Undergraduate: The department provided clinical education for 46 physiotherapy students from Trinity College Dublin.

Physiotherapy Post-graduate: The Physiotherapy staff have organised, lectured on and hosted post-graduate training courses in Respiratory Care, Manual Therapy, Exercise Prescription and Hand Therapy.

Nursing Post-graduate: Senior physiotherapists in Respiratory care lectured on the post graduate diploma in specialist nursing: Intensive and Coronary Care.

Open Days: The physiotherapy department hosted two open days for secondary school students interested in pursuing a career in physiotherapy and qualified physiotherapists interested in working in St. James's Hospital.

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OBJECTIVES

The department hopes to carry out a patient and referrer satisfaction questionnaire to identify areas which need to be developed from the service user perspective.

Develop the research programme with-in physiotherapy.

Differentiation of Occupational Health Service. Strengthen health promotion and prevention elements of injured worker service.

Differentiation Of the Service to Cancer Patients, provision of a specialist senior physiotherapist in Oncology and Palliative care. Improvement of the service to lymphoedema and surgical cancer patients.

Differentiation of the Orthotic and Biomechanical Assessment & Treatment Service for rheumatology and orthopaedic patients.

Clinical Audit of Incontinence Service at 1 Year.

SPEECH AND LANGUAGE THERAPY DEPARTMENT

A team of 7 (equivalent to 6 full time posts) speech and language therapists are responsible for the assessment and management of patients with communication and/or swallowing disorders resulting from acquired/progressive neurological disorders or following head and neck surgery. Therapists continue to be involved in assessment, diagnosis and treatment of paediatric patients seen at joint cleft lip and palate clinics. Services are provided on both an inpatient and outpatient basis. Joint clinics with ENT and Cleft teams continue to run successfully. The appointment of an acting senior for cleft lip and palate speciality in October was significant as it will allow this service to further develop in order to continue to improve quality of the service in line with the CSAG (Clinical Standards Advisory Committee UK 96) recommendations.

The demand for speech and language therapy service continues to increase across all the major hospital specialities with a 5% increase evident in the number of new referrals to our service. Of particular note is the 28% rise from medical specialities over the past 3 years.

The delivery of our videofluoroscopy assessment service for dysphagic clients was

enhanced significantly with the purchase of a special wheelchair, and the provision of a second weekly time slot in D.I.D.

Staff continue to play a key role in the education of speech and language therapy students from Trinity and in ongoing inservice training needs for both undergraduate and post graduate students from a wide range of disciplines across the hospital.

Therapists attended a number of professionally relevant courses further developing their expertise in their main speciality areas. One member of staff completed an MSc degree during the year.

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PHARMACY DEPARTMENT

The department purchases and supplies pharmaceutical and para-pharmaceutical products within the hospital, provides information on all these products and answers queries which may arise through their use.

Since its introduction in 1990, the Pharmacy has extended its top-up service to include all ward areas in the hospital. This system of drug distribution ensures that the pharmacy has control over ordering, storage and supply of drugs to the wards. Stock levels of drugs are agreed with the nursing staff and pharmacy technicians visit the wards regularly to top-up ward stocks to the required quantities.

A clinical pharmacist has been assigned to each clinical speciality in the hospital. Pharmacy involvement at ward level is aimed at promoting the safe, effective and economic use of drugs. The clinical pharmacists provide valuable information on drug usage to the medical nursing and para-medical staff. Pharmacists participate in several ward rounds on a regular basis throughout the hospital. They also perform a valuable liaison role on behalf of patients before discharge, ensuring that no problems arise with the supply of medication, thus no interruption of treatment occurs. In most cases, each patient is visited at least once a day by a pharmacist to ensure drug supply compliance and patient counselling.

The Compounding Units are responsible for the compounding of total parenteral nutrition (TPN) bags and the reconstitution of cytotoxics, antibiotics and sterile products. All preparations are carried out in isolators, situated in a specially controlled and monitored environment. The work is undertaken by pharmacy staff trained in aseptic techniques.

The Compounding Unit holds a manufacturing licence and accordingly supplies other hospitals and general practitioners around the country with their requirement of sterile

products. The Unit also supplies a number of home patients with their intravenous drugs in a ready to use format. This contributes to improving patient's quality of life by facilitating treatment in the community. St. James's Pharmacy is the only Pharmacy in Ireland that holds such a licence.

The Satellite Oncology and Haematology Compounding Unit based on Burkitt's Ward has also been granted a manufacturing licence by the Irish Medicines Board. This Unit supplies chemotherapy and reconstituted intravenous antibiotics to Burkitts in- patients and Hospital 1 Ground Floor.

The work load in Oncology/ Haematology for both in-patients and out patients has been increasing by 20% approx per annum, which creates huge demands on the two Compounding Units.

For the first time in Ireland, a hospital and the pharmaceutical industry have announced a joint venture, the St. James's Central Compounding Unit. The Unit has a more business-like approach to all aspects of pharmaceutical services supplied to outside agents.

The drugs used in an increasing number of clinical trials are now being dispensed by the Pharmacy Department. This involves dispensing, counselling patients and keeping strict records.

The Department is involved in the teaching of undergraduate and postgraduate pharmacy students, nurses and medical students on an on-going basis.

The development of the Q.C. Laboratory continues. The availability of modern testing equipment enables the chemical assessment of pharmaceutical products used in the hospital setting. This also helps to develop research in the Department.

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PHARMACEUTICAL SERVICES TO OUR LADY'S HOSPICE, HAROLDS CROSS, ST. LUKES HOSPITAL AND CAPPAGH HOSPITAL.

St. James's Hospital signed an agreement with the management of Our Lady's Hospice, Harolds Cross, to take over the pharmaceutical services and also to introduce both clinical pharmacy services and pharmaceutical technician top-up services to the ward areas. All drugs are delivered from St. James's Hospital to the hospice on a daily basis.

A similar arrangement has been made with St. Luke's Hospital, Rathgar.

An agreement was reached to co-operate with the Pharmacy Department in Cappagh Hospital in order to develop Clinical Pharmacy Services in Cappagh, and to introduce a full 'top-up' service to the ward areas.

MSC IN HOSPITAL PHARMACY

On December 1999 five pharmacists were awarded their Master degrees in Hospital Pharmacy from TCD. Five new students have been enrolled for the next course in January 2000.

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DEPARTMENT OF CLINICAL NUTRITION

During 1999 the Department of Clinical Nutrition provided a nutrition and dietetic service to 24 specialities within St. James's and also to Mountjoy Prison with a staff of 14.75 Clinical Nutritionists and 0.5 Clerical-Grade 3. Throughout the year we participated in and attended ward conferences and team rounds. Our primary objective is to provide a high quality efficient service to all areas of the hospital and with this aim in mind we are working towards achieving the resources needed to improve the service to Diabetology, Nephrology, Hepatology, Respiratory Medicine, Cancer, Cardiology, MedEl and Psychiatry.

Throughout 1999 there were 30,357 patient contacts which was a 4% increase in activity over 1998.

The Department of Clinical Nutrition had cause to celebrate this year as we transferred to new premises. We are now the proud occupiers of our own red brick house which originally housed the Finance Department. The move has boosted staff morale tremendously as we are now in bright, fresh surroundings. The building was nicely refurbished and some interesting features restored such as the original fire places and the tiled floor in the entrance hall.

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NEW DEVELOPMENTS

In the newly established Transition Unit the Clinical Nutritionist is providing input as part of the multi-disciplinary team.

The work of the Clinical Nutritionist in this unit also involves working closely with other departments such as the Catering and Pharmacy Departments regarding the provision of

therapeutic diets and nutritional products for the unit.

A Clinical Nutritionist was appointed to a new post in Cardiac Surgery in December '99 to carry out the preparatory work prior to the unit becoming operational in January 2000. A full service covering all aspects of nutritional support, dietary intervention, secondary prevention and health promotion will be provided to the Keith Shaw Ward, Keith Shaw ICU. The Clinical Nutritionist will participate fully in the Cardiac Rehabilitation Programme as part of the multi - disciplinary team. The nutrition service to the Cardiac Surgery out-patients will be developed to coincide with the Consultants clinics.

Coeliac Education Pack and Coeliac Clinic

An education pack for patients suffering from coeliac disease was developed and evaluated over a two year period as part of a masters degree by research. The evaluation showed a significant improvement in patient knowledge and compliance. The dietary information in the pack is currently being updated and it is hoped to start using the education pack routinely in the Coeliac Clinic during 2000.

Due to the number of new coeliacs attending the Gastroenterology Coeliac Clinic held every 2nd Friday, it was proving impossible for the Clinical Nutritionist to see return patients. In order to maximise the education and follow up received by this patient group an additional Clinical Nutritionist run clinic for return coeliac patients was introduced every other week. All patients with the coeliac condition are now channelled to the Clinical Nutritionist specialising in this area.

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APPOINTMENTS

A senior Clinical Nutritionist position was approved by the Department of Health for Burns/Plastic Surgery and Sandra Brady was appointed to this position.

Eva Copeland was appointed to a senior post in Surgery in August 1999

Gillian Ryan was appointed to the new post in Cardiac Surgery.

Margo Doyle was appointed to a permanent post in the MedEl Directorate

EDUCATION AND AWARDS

Aoifa Ryan, a 1999 graduate of the BSc.(Hons) Human Nutrition and Dietetics course in

Trinity College /DIT has joined the staff in the department of clinical nutrition. Aoifa who did her final year placement at St. James's has won a number of awards. Her greatest achievement was to win a Trinity College GOLD MEDAL.

- Mary Flanagan Senior Clinical Nutritionist assigned to the Bone Marrow Transplantation team along with her colleagues celebrated their European Accreditation on the 10th September 1999.
- Sarah McEvoy Acting Senior Clinical Nutritionist in Endocrinology undertook a research masters at Trinity College looking at the effect of functional foods on plasma triacylglycerol (TAG) levels. TAG is an independent risk factor for coronary heart disease (CHD).
- The Department of Clinical Nutrition took 8 BSc. Human Nutrition and Dietetic students for their 6 month hospital placement during 1999 out of a class of 21 undergraduates.

The two clinical training co-ordinators in the department undertook a major review of the methods used to evaluate students in training with their colleagues in other Dublin training hospitals and Trinity College. The revised methods developed by this group as a result of this review process will be introduced next year.

Standards for auditing record cards maintained by Clinical Nutritionists and a process for monitoring these records was drawn up and agreed by the clinical nutrition staff. It is planned to introduce a regular audit of record cards during the year 2000.


During the year clinical nutrition staff provided nutrition education on a number of undergraduate and postgraduate courses for other health professionals e.g. Accelerated Oncology, Endoscopy, CCU and ICU postgraduate courses for nurses. Other talks and lectures included the Irish Society for Crohn's Disease and Ulcerative Colitis, the Ward Attendants course, the Coeliac Society, Nutrition and Burns Seminar for final year BSc. Hum. Nut. students, ENT course for postgraduate nurses and to the BMT support group.

Clinical Nutrition staff attended a number of national and international nutrition conferences and seminars throughout the year.

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MEDICAL SOCIAL WORK DEPARTMENT

The Medical Social Work Department continues to offer help to individuals and



groups of patients and their families who experience psychosocial or practical difficulties as a result of illness. This involves counselling, information-giving, facilitating aftercare plans and making representations and referrals to statutory and voluntary bodies where appropriate. The counselling offered by the Social Work Department is largely concerned with bereavement or loss, since all patients experience some loss, whether of good health, independence or future hopes.

The introduction of the Order Communications System of referral has been further delayed because of the Year 2000 contingency work and this in turn has impacted on the introduction of a comprehensive social work computer system which will provide an accurate profile and quantify the work being undertaken.

In September 1999 a Senior Medical Social Worker was appointed to the Emergency Department. As a result of this together with the appointment of an extra medical social worker for Cardiac Surgery and Cardiac Rehabilitation, two posts were re-allocated to the Medical and Surgical teams. As in other years there was a large number of referrals related to homelessness, domestic violence, parasuicide and post traumatic stress. Group and individual work continued with patients in the Cardiac Rehabilitation programme.

The workload of Medical Social Workers attached to Medel continued to increase following the transfer of the Meath Adelaide Hospitals to Tallaght and because of demographic changes. The growing elderly population has put increased demand for services on all parts of the social work service to the hospital. In December 1999 Transition Unit opened, bringing a part-time social work post. The Unit was well utilised by all medical and surgical teams for those patients not quite ready for discharge home. The Social Work Team at the Department of Genito-Urinary Medicine met increased demands as the number of newly diagnosed HIV positive patients continued to rise.

Social work staff participated in the contingency planning for the millennium period. The department now has Internet access with the email address. medsocwork@stjames.ie.

During the year staff members attended social work conferences and made presentations in this country and Eastern Europe.

The Social Work Department continued to provide teaching to doctors, nurses and students undertaking professional social work training. Training was provided for a wide range of multidisciplinary groups and topics included domestic violence, communication skills and HIV/AIDS. The plan to expand the number of staff trained in Critical Incident Stress Debriefing continued and this technique was used in

response to critical incidents in the hospital during the year.

The Head Medical Social Worker continues her teaching function in Trinity College Dublin and was a member of the Board of Management at the Merchant's Quay Project. She also continued her role within the European Hospital Social Workers' association, AEASHS.

The Deputy Head Medical Social Worker continues to be the alternate Human Rights Delegate for the European section of the International Federation of Social Workers.

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MEDICAL PHYSICS AND BIO ENGINEERING

A range of sophisticated technology and scientific techniques for patient care are available to doctors, nurses and other medical staff. The Medical Physics and Bioengineering Department supports this science and technology by utilising our expertise in scientific and engineering principals, electronics and instrumentation. The department provides a comprehensive management service for the equipment, gives user support on the operation of this equipment, undertakes scientific investigations to optimise it's function, and to develop new instruments or medical procedures.

The year saw a number of major developments within the department. One of the most significant developments was the appointment of the Head of Department and Chief Physicist, Prof. Jim Malone as Dean of the Faculty of Health Sciences, TCD. This is an unprecedented development for Medical Physics and Clinical Engineering within Ireland and all the department wish him the greatest of success with this venture. As a result of his appointment, two senior members of the department, Dr. Neil O'Hare and Dr. Geraldine O'Reilly were appointed as Assistant Heads of Department.

The Year 2000 project gained in momentum during 1999 under the management of Dr. Neil O'Hare, the Y2K project manager. The year saw extensive work in determining compliance of all susceptible equipment within St. James's, the upgrading or replacement of non-Y2K compliant devices and systems and the development of comprehensive contingency plans covering both technical and service aspects of the work of the hospital. The success of the project was evident in the fact that there were no disruptions to service as a result of the Y2K problem. In addition, the Centralised Testing Agency for Y2K problems which was set up by the Department of Health & Children, based in St. James's Hospital and under the

guidance of Dr. O'Hare, proved to be extremely effective in offering assistance and guidance on Y2K related issues throughout the country.

During 1999 the Department extended its role with the B.T.S.B to include involvement in planning and commissioning for their new premises on the campus at St. James's Hospital. The department provides engineering and physics support for tender preparation, equipment selection, installation and commissioning. This work will assist the B.T.S.B in ensuring all its laboratory and process equipment meets the stringent standards of Good Manufacture of Medicinal Products.

While continuing to contribute strongly to new developments within St. James's Hospital, the department further developed its external services under the guidance of Ms. Anita Dowling, a senior physicist within the department. The group further expanded its work in the provision of Radiation Protection services and in the commissioning of new radiology and dental installations throughout the country. The group organised and ran a number of courses, via the Haughton Institute, including an EU workshop on Dose and Image Quality in Digital Imaging and Interventional Radiology. They also organised and ran a seminar on the new EU Medical Exposures Directive and Consequent Irish Legislation.

This year saw the first intake into the new Diploma in Clinical Engineering (Equipment Management), TCD, which was driven and co-ordinated by Mr. Fran Hegarty. Fran was appointed as a Senior Physicist during the year, vacating his position of Chief Clinical Engineering Technician, a role in which he made very considerable achievements both in the development of the service and the department.

During the year the Endoscopy and Optical System group ran a very successful course via the Haughton institute in "The technology and management of Flexible Endoscopes" with participants coming from the U.K. and Europe. In addition the group played a key role in developing a research link with C.R. Bard in Boston to carry out clinical trials on a new endoscopic suturing device for the treatment of Gastro-esophageal reflux disease. Also during the year the General Bioengineering Group, in conjunction with the School of Nursing, developed a "Workbook on Intravenous Infusion Devices Training". This workbook is used during the monthly IV Study Days. These study days are dedicated to raising awareness of the importance of correct use and management of Infusion Devices.

The year saw the successful completion of a number of postgraduate degrees within the department including Aoife Gallagher, Jacinta Browne and Dr. Noirin Sheahan who all completed MSc degrees, and David Marsh and Gerry Boyle who were both awarded their Ph.D.

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CATERING

The service of food to patients is under the direct control of the Catering Department. The Cook-Chill production method is used whereby food is cooked, portioned, then rapidly chilled and stored in temperature controlled conditions in the Central Production Unit, and subsequently distributed to the ward pantries.



The Department provides a selective menu for patients, offering a range of dishes which are also suitable for patients on modified diets. Separate meals are produced for those patients on less common modified diets and for patients with eating disorders. The Staff Restaurant menu is also provided using the Cook-Chill system and is supplemented by conventionally produced items. It operates on a free flow counter assistance system offering a full range of hot and cold meals and beverages. Theme days and special dishes are a regular feature of the service. The facility may also be used by bona fide visitors to the Hospital.

The Catering Department operates the Concourse Coffee Bar located at the main entrance to the hospital, the Rialto Coffee Bar adjacent to the Staff Restaurant and additional units located in the Central Pathology Laboratory and Chief Executive Office Buildings. There are numerous vending sites strategically located throughout the campus operated on behalf of the department which provides customers and staff with a 24 hour service.

Hospitality catering is also a feature of the departments activities providing services for the numerous conferences, meetings, training courses that regularly take place throughout the hospital and catering for visiting dignitaries.

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SECURITY

During the year 1999 there was a significant reduction of crime within St. James's Hospital. The most obvious was a reduction of 50% in the larceny of vehicles and cash stolen from all areas. There were only three thefts of handbags none of which involved a level of violence. During July the incumbent contracted security company became Prestbury Security Services Ltd and an improvement was experienced in percentage of attendance and efficiency.

New closed circuit cameras were installed in specific areas and as a result there was a 95% drop in reported crime. New initiatives were taken with regard to violent behaviour particularly in the Emergency Department and results to date would indicate that the measures have been successful. 50 arrests were made for crimes resulting in prosecution. Illegal parking continued to be a problem and some 697 vehicles were clamped and 10,000 parking violation stickers attached to vehicles. 252 items of found property were processed and 349 requisitions for keys and locking mechanisms.

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PORTERING

The primary role of the Porter is to respond to all service users to ensure that, (a) Patients, (b) Specimens, bloods, charts, X-rays, (c) general deliveries are transported throughout the hospital as quickly and efficiently as possible. The service incorporates the internal ambulance service which is responsible for the movement of patients throughout the campus. There are currently fifty porters employed on a 24hr per day / 7 days per week roster.

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TECHNICAL SERVICES

The Technical Services Department has responsibility for the provision of maintenance to over fifty buildings located on the Hospital site together with the mechanical and electrical services infrastructure within the Hospital. There are seventy five staff working within the department from technical, clerical, foremen, craftsmen, operatives and drivers.

In June 1999 the Technical Services Department initiated the first phase of it's project to implement a comprehensive Computerised Maintenance Management System; a Helpdesk service to facilitate Customers reporting routine breakdown maintenance requests to the Department. In November 1999 the Technical Services Department entered the Helpdesk project into the annual Maintenance Awards held by MEETA (the Irish Maintenance Society) and subsequently received the award from Mr. Noel Dempsey, T.D. for the best Maintenance Project in the Service Industry sector. The competition was held on a national basis and also included some fine projects from the private sector.

Future modules of the Computerised Maintenance Management System planned for implementation in 2000 include Inventory, Asset Register and Preventative Maintenance.

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ENERGY CENTRE

Energy Services is responsible for supplying the utility services to the site such as electricity and water services and steam for heating, domestic hot water and autoclaving,. It also controls and monitors the energy and environmental services throughout the Hospital utilising computerised Building Management

Systems and an Energy Monitoring and Targeting System.

SERVICES:

Total utility cost was £847,000 of which £296,000 was for electricity, £445,000 for natural gas and £106,000 for water.

Despite overall site utility consumption's increasing, costs are being controlled by use of microprocessor control of the main boiler plant and operation of the Combined Heat and Power Plant which supplied 65% of the site's electricity demand as well as a substantial portion of the heat demand. These measures also have the effect of reducing the levels of emissions of green house gasses.

DEVELOPMENTS

Planned development includes, Upgrading of water level controls on Main Boiler Plant to high integrity, self monitoring type to improve performance and increase operating safety levels. Introduction of computerisation of daily log information and extension of Building Management System to Boiler hall floor.

AWARDS

Third place in Boiler Person of the year in the National Boiler Awards run by the Irish Energy Centre.

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OCCUPATIONAL HEALTH DEPARTMENT

The Occupational Health Department provides a comprehensive range of services catering for 2,800 permanent and temporary staff.

There were 1,947 attendances at the Department throughout 1999. The range of services provided include

Assessing occupational hazards which can be physical, psycho-social, chemical or biological (blood borne pathogens)

Vaccination programme for Hepatitis B

TB screening and contact tracing programme

Care of staff post percutaneous exposure injuries

Counselling services linked with the Social Work Department

Staff education and training (nurses, attendants, dental and medical students)

VDU related eyesight screening

Varicella, and Rubella screening

Travel vaccinations

Cervical screening programme

In-post medical examinations

The Occupational Health Department now has a full-time Occupational Physician whose focus will be a pro-active programme to enhance the health and safety of all staff on the site.



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PLANNING AND COMMISSIONING DEPARTMENT

This department project manages the equipping, commissioning and opening of all new or renovated facilities on the Hospital campus. It is also responsible for expending capital monies on replacement of major medical, diagnostic and other equipment.

In the current year four million pounds was spent on, among other items, the purchase of equipment for the new Keith Shaw Cardiac Surgery Unit, replacement Gamma Cameras, three ultrasound machines, endoscopy, laboratory and theatre equipment. The impact of Y2K necessitated the replacement or upgrading of a number of significant items of equipment.

The Commissioning Department also provides a project management service in Commissioning and Equipping to external health agencies. Current contracts include the Blood Transfusion Services Board, Limerick Regional Hospital, Portiuncula Hospital, University College Hospital Galway and Castlebar General Hospital. Group procurement of three MRI scanners, one each for the Adelaide Meath and National Children's Hospital, University College Hospital Galway and St. James's Hospital is being co-ordinated by this department.

The National Hospital Equipping System operated by the Department of Health & Children is maintained on their behalf by this Department.

Work within the department on the next phase (1H) of the major development at St. James's Hospital is ongoing and will dominate activity over the coming years. This phase includes:

- New entrance, concourse and patient administration facilities
- Day Surgery facilities
- Oncology/Haematology/ Haemophilia Day Care and outpatient facilities
- General Surgery/GI Medicine/Respiratory Medicine Day Care and outpatient facilities
- Ward area

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TRANSITION UNIT

The Transition Unit will open on 6th January 2000.

This is a 20 bedded facility for patients (regardless of age) who have completed the acute phase of their treatment within existing acute inpatient facilities and require short term (1-7 days max.) convalescence.

The patients are discharged from the care of their Consultants in St James's Hospital and medical supervision is provided by a group of local General Practitioners on a rota basis. The overall objective is to remove the prevailing process and structural impediments to bed utilisation optimisation at St James's.

Most patients stay 7 days during which time a multidisciplinary team have input in provision of care and services to enable them resume life in the community. These include physiotherapy, occupational therapy, medical social workers, nursing and clinical nutrition. The philosophy is to create confidence and independence prior to discharge home.

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HEALTH AND SAFETY

During 1999 the Department's continued efforts in making staff more aware of Health & Safety as follows:

FIRST AIDERS

Staff from CPL, Catering, TSD and Medical Records received their national qualifications as first aiders from Order of Malta.

MANUAL HANDLING

Back injuries pose a serious risk to all employees, but especially those who work in patient care. In compliance with Health & Safety legislation, the Hospital has committed itself to further investment in the area of training in manual handling. The instructors who provide the training work in various Hospital departments and the programme is co-ordinated by Sr. J. McNamara. An additional nine staff members received their national qualifications as training instructors, bringing the total number of qualified instructors to sixteen.

VIOLENCE AND AGGRESSION

During 1999 a series of training sessions were given by the Health and Safety officer on addressing violence and aggression in the workplace. These sessions focused on training staff to deal with aggression. The Health and Safety officer will endeavour to proceed with the initiative during the coming year.

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DUBDOC

In October 1998 'Dubdoc' an out of hours GP centre based at St.James's Hospital was established. The purpose of the centre is to provide a rapid assessment, diagnosis and treatment service for local patients.

25 GPs started the service in October 1998. These were GPs with well established practices from the Dublin south and south central areas. Today 40 GPs are involved and provide cover for an estimated 120,000 patients.

The aim of the Dubdoc service is to create a service that is local, accessible, and that enhances the quality of out of hours care. Creation of the Dubdoc service provided notable benefits:

Patient Benefits

Enhanced continuity of care by GP principals

Provision of a local accessible out of hours facility for rapid assessment, diagnosis and treatment. Appropriate referral with the patient being treated in the most appropriate setting for their presenting complaint.

GP benefits

Improved integration of primary and secondary health care services.

Significant reduction in demand for out of hours service.

Hospital benefits

Opportunity for category four A&E patients of participating practices to be offered a more appropriate level of care.

Enhanced understanding between hospital and GP.

STATISTICAL REPORTING NOVEMBER 1998 - NOVEMBER 1999

5171 CONTACTS WITHIN THE FIRST YEAR:

57% attendance at the Dubdoc clinic

10% from the A&E department

12% receiving telephone advice

20% received a deputising house-call

1% non attendees

PATIENT SATISFACTION SURVEY

ANALYSIS OF THE SURVEY DEMONSTRATED

95% Overall satisfaction

96% Stating that they would use the service again

GP SATISFACTION SURVEY

ANALYSIS OF THE SURVEY DEMONSTRATED

100% Satisfaction response

Significant reduction in out of hours calls noted by all GPs

Recently it was decided to form a Dubdoc Sub- Committee to direct attention towards future development and expansion of the existing service.

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QUALITY INITIATIVE PROGRAMME

As part of its commitment to improving the quality of patient care, St. James's Hospital commenced on a major quality programme co-ordinated by the Deputy CEO and supported by the Risk Manager, Complaints Manager and Quality Initiative Manager. The Initiative has focused on four main areas as follows:

- [ACCREDITATION](#)
- [RISK MANAGEMENT](#)
- [PATIENT ADVOCACY](#)
- [PERFORMANCE INDICATORS](#)

Ireland is in the process of developing an accreditation scheme. St. James's is participating in this process with the major academic teaching hospitals nation-wide.

Hospital accreditation is one of the most exciting developments in Irish health care. Accreditation is a self-assessment and a peer review process that measures an organisation's performance against a set of professionally agreed standards. The objective of the process is to encourage health agencies to focus on ways to continually improve health care and the delivery system.

There are nineteen standards of patient care excellence. St. James's Hospital assisted in the development of the Cancer Care, Leadership and Mental Health accreditation standards. The total nineteen standards will be complete, validated and endorsed by the independent Irish Accreditation Body by the end of 2000.

Accreditation schemes reflect both national and international health care aspirations. An internationally accepted accreditation system permits an individual country to view its health care system through an international perspective. As health care in the EU and North America grow closer together, these standards will become more important.

Ireland has joined in the process of developing an accreditation scheme. St. James's Hospital is pleased to participate with the other major academic teaching hospitals in this process.

Currently, nineteen standards of patient care excellence are under examination. St James's Hospital has focused on developing the standards in three areas in particular: cancer care, leadership and mental health. It has also participated in an exhaustive review of the other sixteen standards. All of the standards will be completed, validated and endorsed by the independent Irish accrediting body this year.

St. James's Hospital hopes to go forward for accreditation under these standards in 2001.

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RISK MANAGEMENT

A multidisciplinary Risk Management Committee was established in April 1999 to direct promote and develop a hospital wide Risk Management programme to significantly reduce existing risks incidents and litigation.

Representation on the Committee extends to include nursing, medical, surgical, infection control, laboratory, radiology, occupational health, health and safety and personnel. The primary purpose of the Risk Management Programme is the enhancement of the quality of patient care by preventing adverse incidents which pose a risk to patients/visitors/staff and other hospital facilities. The functional components of the Risk Management programme are patient related risks, employee related risks and other risks. Initiatives addressed by the Committee during the year included reviewing policies on safe handling and disposal of sharps, violence/aggression and moving and handling.

The hospital is a member of the Dublin Hospital Group Risk Management Forum which was set up to create a proactive approach to risk management within each member hospital through the exchange of information and the promotion and implementation of agreed risk management policies and procedures.

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PATIENT ADVOCACY INITIATIVE

A Patient Advocacy Committee has been established as a sub-group of the Hospital Board. It's broad purpose is to direct, promote and develop a programme to improve

patient satisfaction and develop, launch and direct an empowerment programme for the Community.

It comprises the Chairman of the Hospital Board, two members of the Hospital Board, the Chief Executive Officer, the Deputy Chief Executive Officer, the Director of Nursing, a Consultant nominated by the Medical Board, the Occupational Health Physician, a General Practitioner nominated by the Eastern Health Board's General Practitioner Unit, the Quality initiative Manager, the Risk Manager a nominee from the Medical Social Worker Department and the Complaints Manager.

The overall immediate objectives of the Committee is to review current patient satisfaction within the Hospital and assess and compare against contemporary international standards.

The Committee will also receive the public's knowledge of St. James's Hospital role and capability and identify and implement immediate actions to improve patient satisfaction. The immediate focus of this initiative is to secure significant improvements at the Hospital in-patient complaints, cancellations/delays in and out-patients attendance and delays in the Emergency Department.

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PERFORMANCE INDICATOR PROGRAMME

A sub-committee of the Medical Board was established to develop and implement a Hospital Clinical Indicator Programme. These indicators are designed to be flags which through the collection and analysis of data, can alert to possible problems to and /or opportunities for improving patient care.

The key principles underlying the programme are as follows:

- commitment to continuous quality improvement in patient diagnosis, treatment and care.
- recognition of a requirement for clinical accountability to patients of the Hospital and to the Public generally.
- that the objectives of the programme are better achieved in a participate non statutory based environment.
- recognition of the need to provide safe and effective practises within the Hospital and a system for providing assurances for patients and the public that such practises are as good as they can be.
- The overall object of the programme is to establish a system for ensuring that safe and effective medical practise is provided for patients and staff of the hospital.



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Nursing

During the calendar year of 1999 the nursing service at St. James's Hospital was involved directly with improvements and enhancement of health care delivery at national level which impacted directly on the delivery and quality of patient focused care within the hospital.

Implementation of the National Cancer Strategy led to the appointment of 6 cancer nurse co-ordinators each with specialist knowledge of site specific cancers with a brief to provide ongoing support advice and information to the cancer patient and to liaise with general practitioners and other community health professionals.

Preparation continued for the Cardiac Surgery Initiative and opening of the Unit in January 2000. Programmes in education and skill development in this speciality were provided throughout 1999 by the Mater Hospital and a major recruitment programme was undertaken both in Ireland and at international level to provide suitably qualified nursing staff with skills in this speciality.

A nurse led anticoagulant clinic opened in September 1999 in Out Patients Department. The nursing staff undertook an education programme to update their knowledge and skills on anticoagulant therapy and are authorised to titrate warfarin therapy within recommended protocols and guidelines. The benefit of this service is that it is patient focused with a core group of staff available to facilitate patient and family education in relation to warfarin treatment and overall health promotion. Links have also been established with a community based clinic in the South Inner City. At present three G.P. practices are involved in the project. A nurse from St. James's Hospital Out Patients Department attends each of these practices, performs INR's using coagucheck, titrates the warfarin dose and arranges return appointments thus providing "seamless care".

The Nursing Practice Development Unit continues to promote best possible practice in nursing care, evaluates and supports all nursing practice development issues, co-ordinates a network of communication for all nursing developments and promotes

research and development. In 1999 a documentation audit was carried out following recommendations from the Nursing Documentation Committee. Monitor 2000 a quality assurance nursing audit tool was chosen as its structure and design after some revision and adaptation was most suited to the needs of St. James's Hospital. Following analysis of the audit link nurses for documentation were established in each clinical area to educate other nursing staff and carry out monthly audits at ward level - Nursing Documentation Guidelines and an updated Authorised Nursing Abbreviation Policy have been established to aid nurses in their documentation of patient care and these were launched in June 1999 with the introduction of the new St. James's Hospital Folder.

Two new Directorates - [Surgical and Medical Specialities \(SAMS\)](#) and [General Surgery/General Medicine/Renal/ENT and Gastrointestinal Medicine \(GEMS\)](#) were established in October 1999. Ms. Anne Cuffe was appointed as Nurse Manager of SAMS and Ms. Catherine Carey as Nurse Manager of GEMS. Ms. Susan Batterberry Nurse Manager MedEL Directorate retired in the summer of 1999. Ms. Nuala Kennedy was appointed as the new Nurse Manager to this directorate.

Mr. Martin McNamara, Clinical Placement Co-Ordinator had a paper published in Emergency Nurse, a U.K. based magazine. It was titled "shaping the role of the Clinical Placement Co-Ordinator in an Irish Accident and Emergency Department" and in it Martin discussed the learning needs of nursing students in a busy Accident and Emergency Department and the role of the Clinical Placement Co-Ordinator to optimise the learning environment and harness the potential of this new programme for nurse education in Ireland.

The role of the Advanced Nurse Practitioner in our Accident and Emergency Department has been very successful with advanced practices such as intravenous cannulation and suturing skills being undertaken. Ms. Olivia Smith Clinical Nurse Manager 11 has been successful in gaining access to training as a Student Advanced Nurse Practitioner in Accident and Emergency Nursing and is undertaking an MSc in Nursing Course in T.C.D. School of Nursing Report

School of Nursing Report

This year marked the occasion when the last group of "traditional" students completed their Registration programme and the first group of Registration / Diploma students in conjunction with T.C.D completed the first Registration/Diploma programme. The publication of the "Requirements and Standards for Nurse Registration Education Programmes" by An Bord Altranais in July 1999 involved developments and changes for the curriculum for the Registration / Diploma group of students who commenced the programme in 1999.

The Post-Graduate Diploma in Specialist Nursing was validated by T.C.D and the first group of students completed this programme in 1999 in the specialities of Accident and Emergency Nursing, Intensive / Coronary Care Nursing and Peri-operative Nursing. A Post Registration Course in Burns Nursing was also provided.

A number of study days for qualified nursing staff were provided during the year. In addition the 3 week Teaching and Assessing course for Registered Nurses was held three times during the year and the demand for this course continues to be high. Nurse tutors continued their involvement in the provision of courses in Endoscopy Nursing, HIV/AIDS Nursing, Palliative Care Nursing, Return to Nursing Practice, Intravenous Policy Study Days and orientation for new staff. Support was also provided for the Diploma and MSc in Gerontological Nursing run by T.C.D in conjunction with St. James's Hospital and the Diploma in Ear, Nose and Throat Nursing run by the Eye and Ear Hospital.

The Presentation of Certificates and Badges to Nurses was held in the Edmund Burke Hall in T.C.D and the Anne Young Memorial Lecture was delivered by Ms. Yvonne O'Shea, Chief Education Officer, An Bord Altranais, formerly Nurse Manager and Nurse Tutor at St. James's Hospital.

The Forum on Nursing was established in 1999 to develop a strategy for the 4 year degree programme for nurses which is due to commence in 2002. An extensive submission was made by the School of Nursing to the Forum.

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Educational Activities

William Stokes Post Graduate Centre

The William Stokes Postgraduate Centre is an independent Centre based on the St. James's Hospital site and represents a joint initiative between the Postgraduate Medical Dental Board, St. James's, the Eastern Health Board, the William Stokes faculty of the Irish College of Practitioners and Trinity College Dublin. In conjunction with its sister, the Robert Graves Postgraduate Centre, it provides postgraduate facilities and resources for doctors in south and Southwest Dublin. Ongoing funding for staff comes from the Postgraduate Medical and Dental Board and the Federated Voluntary Hospitals.

A wide range of weekly meeting/seminars are held in the centre including Hospital Grand Rounds, Medical update meetings, Haematology/Oncology meetings, Department of Endocrinology meetings and various research meetings relating to clinical medicine, immunology and haematology activities.

Other ongoing activities in the Centre include training for participating in the Dublin Vocational Training Scheme in General Practice and postgraduate activities including weekly lunch time seminars of the William Stokes Faculty of the Irish College of General Practitioners.

Distinctions, Prizes and Fellowship Awards

BLANEY MEDAL

1st place in Medicine
Dr. Aoife Ryan

MCCARTHY MEDAL

1st place in Surgery
Dr. Ruth Corbally

ROBERT MAYNE MEMORIAL LECTURE

Professor Ian Robertson.

ANNE YOUNG MEMORIAL LECTURE

Ms. Yvonne O'Shea, Chief Education Officer, An Bord Altranais.

RAMI (PATHOLOGY) REGISTRAR'S PRIZE

Dr. Niamh Bermingham

PFIZER EDUCATION RESEARCH AWARD

Dr. Susan Clarke

AN IRISH LUNG FOUNDATION SCHOLARSHIP

Ann-Marie O'Grady

NORA FERRIS OCCUPATIONAL THERAPY SCHOLARSHIP

Bernie McNally

Mr Gerard King, was awarded a fellowship of the Society of Cardiological Science and Technology.

Professor Shaun McCann was elected as the first President of the Haematology Association of Ireland.

Dr.L. Clancy was elected President of IUATLD (European Region)



Dr. Aoife Ryan

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