

GOVERNANCE & EXECUTIVE

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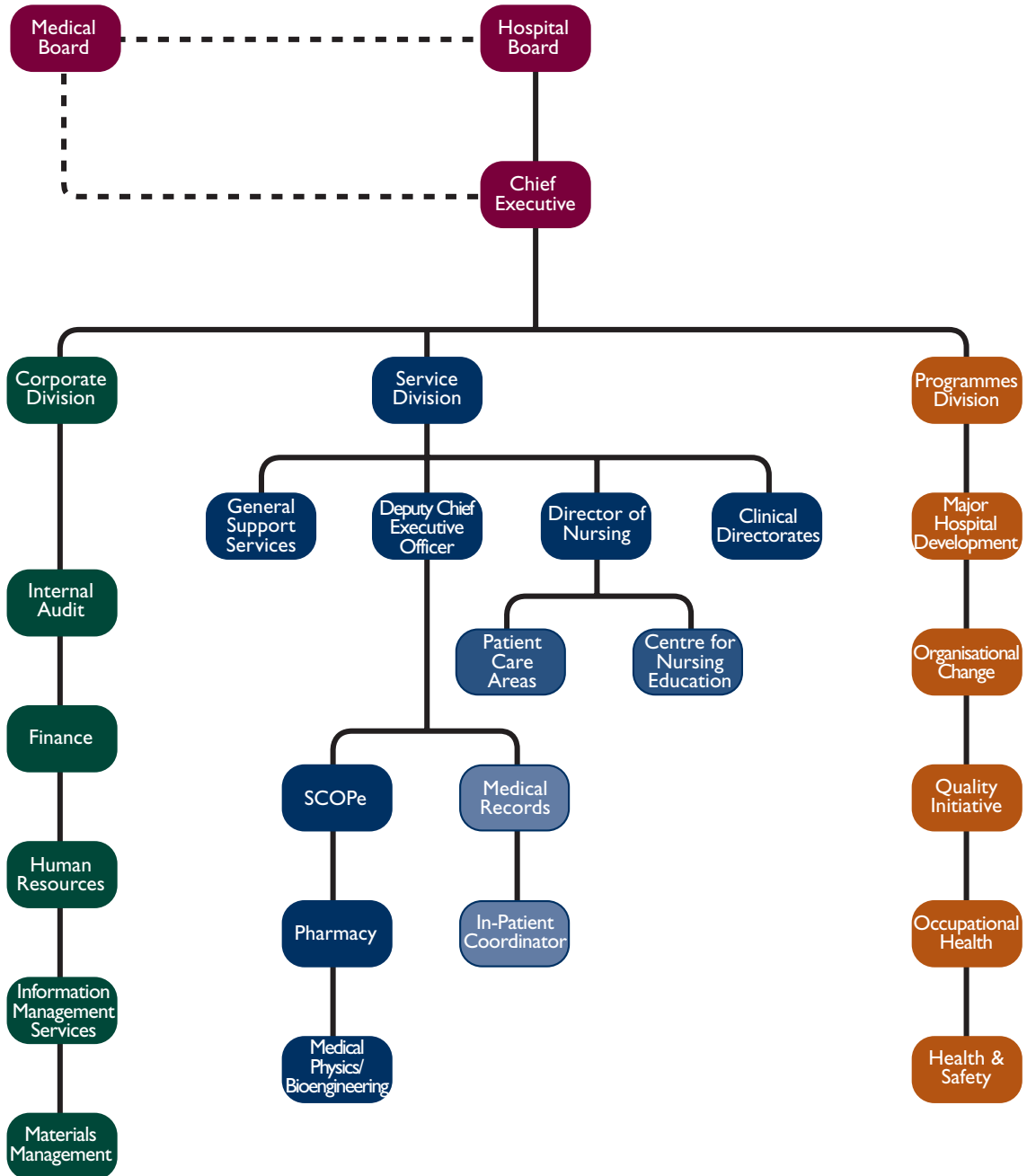
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HOSPITAL BOARD MEMBERSHIP

Professor D.I.D. Howie

Chairman of Hospital Board-Term of office ceased 31st March 2002

Replaced by Prof Tom Mitchell April 2002

Deputy S. Ardagh T.D.

Ms. A. Cuffe

Clinical Nurse Manager-Term of Office expired on 16th June 2002

Replaced by Ms M. MacGuinness
Clinical Nurse Manager

Alderman. M. Donnelly

Prof. J. Feely

Consultant General Physician

Dr. P.W.N. Keeling

Ministerial Appointment

Mr. J. Kelly

SIPTU

Deputy M. McGennis

T.D.

Dr. F. O'Kelly

General Practitioner

Prof. J. Murray,

Prof. Business Studies TCD

Dr. N. Mc Eniff

Consultant Radiologist-Term of Office expired on 16th June 2002

Replaced by Dr P. Browne, Consultant Haematologist

Counsellor G. Keegan

Prof. J. Scott

Trinity College

Dr. J.B Walsh

Consultant Geriatrician

Mr. S.G. Watson

Matheson Ormsby Prentice Solicitors

EXECUTIVE MANAGEMENT GROUP

Mr. J. O'Brien

Chief Executive (Chair)

Mr. I. Carter

Deputy Chief Executive / Operations Manager

Dr. L. Barnes

Clinical Director SaMS Directorate

Mr. D. Borton

Chairman Surgical Sub-Group-Term ceased on 19th Aug 02

Replaced by Dr. Prakash Madhavan

Dr. J. Kennedy

Chairman Physicians Sub-Group

Prof. R. O'Moore

Clinical Director, LabMed-Term ceased on 1st Sept 02

Replaced by Dr. Barry White on 18th Nov. 2002

Prof. L. Clancy

Clinical Director Crest Directorate

Dr. P. Freyne

Clinical Director Diaglm Directorate

Prof. S. McCann

Clinical Director Hope Directorate

Dr. E. O'Sullivan

Clinical Director ORIAN Directorate

Mr. M. O'Hagan

Medical Manpower Manager

Mr. B. Fitzgerald

Acting Financial Controller from Jan 1st 2002

Mr. V. Doherty

Financial Controller from 10th June 2002

Mr. P. Carolan

Materials Manager

Mr. J. Deegan

Manager General Support Services

Ms. E. Hardiman

Director Nursing Services

Dr. P.W.N. Keeling

Clinical Director GEMS Directorate

Mr. M. Buckley

IMS Manager

Mr. P. Plunkett

Clinical Director Emergency Directorate

Prof. M. Cullen

Chairman Medical Board

Mr D. Aberdeen

Head of Personnel

Dr. J. B. Walsh

Clinical Director MedEl Directorate

CONSULTANT STAFF

Dr M Abrahams, Anaesthetist
 Dr L Barnes, Dermatologist
 Dr M Barry, Clinical Pharmacologist
 Mr JC Beirne, Oral & Maxillofacial Surgeon
 Dr C Bergin, Infectious Diseases
 Mr D Borton, Orthopaedic Surgeon
 Mr T Boyle, Surgeon
 Mr F Brady, Oral & Maxillofacial Surgeon
 Dr F Brett, Neuropathologist
 Dr PV Browne, Haematologist
 Dr G Canny, Paediatrician
 Dr E Casey, Rheumatologist
 Mr H Cassidy, Ophthalmologist
 Prof L Clancy, Respiratory Physician
 Dr. E. Conneally, Haematologist
 Prof D Coakley, Geriatrician
 Dr S Connolly, Neurophysiologist
 Dr P Crean, Cardiologist
 Prof M Cullen, Endocrinologist
 Dr C Cunningham, Geriatrician
 Mr Aongus Curran, ENT Head & Neck Surgeon.
 Prof PA Daly, Medical Oncologist
 Dr N Dowd, Anaesthetist
 Ms P Eadie, Plastic Surgeon
 Dr C Fagan, Anaesthetist
 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
 Dr. A. Irvine, Dermatologist
 Dr PWN Keeling, Gastroenterologist
 Dr E Keenan, Psychiatrist
 Dr J Keane, Respiratory Physician
 Prof D Kelleher, Professor of Medicine.
 Dr J Kennedy, Medical Oncologist
 Dr M Keogan, Radiologist
 Dr B Kirby, Dermatologist
 Dr RJ 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
 Mr T Lynch, Urologist
 Dr M Mac Evilly, Anaesthetist
 Prof SR McCann, Haematologist
 Dr D McCoy, Anaesthetist
 Dr R McDermott, Radiologist
 Dr P McCormack, Physician
 Mr T McDermott, Urologist
 Dr N McEniff, Radiologist
 Ms E McGovern, Cardiothoracic Surgeon
 Dr E McGuinness, Consultant
 Obstetrician/Gynaecologist
 Mr M McHugh, Plastic Surgeon
 Mr E McKiernan, Orthodontist
 Dr S McKiernan, Gastroenterologist
 Ms G McMahan, Emergency Consultant
 Dr E McNamara, Microbiologist
 Dr M McMenamin, Histopathologist
 Mr DP McShane, ENT Surgeon
 Mr P Madhavan, Vascular Surgeon
 Dr JM Meaney, Radiologist.
 Dr G Mellotte, Nephrologist
 Dr C Merry, Infectious Diseases
 Dr STK Miller, Radiologist
 Dr MP Molloy, Radiologist
 Mr D Moore, Vascular Surgeon
 Dr J Moriarty, Anaesthetist
 Dr F Mulcahy, Genito-Urinary Physician
 Dr TE Mulvihill, Microbiologist
 Dr RP Murphy, Neurologist
 Dr S Nicholson, Histopathologist
 Dr B Nolan, Haematologist
 Mr J Nolan, Endocrinologist
 Dr S Norris, Gastroenterologist
 Dr DS O'Briain, Histopathologist
 Dr H O'Connor, Gynaecologist
 Mr M O'Connor, Ophthalmologist

Dr B O'Connell, Microbiologist
 Dr F O'Connell, Respiratory Physician
 Dr M O'Donnell, Plastic Surgeon
 Prof J O'Leary, Professor of Pathology
 Dr F O'Higgins, Anaesthetist
 Dr A O'Dwyer, Liaison Psychiatrist
 Dr A O'Marcaigh, Paediatric Haematologist
 Prof R O'Moore, Chemical Pathologist
 Dr D O'Riordan, General Physician
 Dr J O'Riordan, Haematologist
 Dr L O'Siorain, Physician
 Dr C O'Sullivan, Radiation Oncologist
 Dr E O'Sullivan, Anaesthetist
 Mr D Orr, Plastic Surgeon
 Mr PK Plunkett, Emergency Consultant
 Mr RD Quill, General Surgeon
 Dr JMT Redmond, Neurologist
 Prof J Reynolds, Professor of Surgery
 Dr T Ryan, Anaesthetist
 Dr P Scanlon, Anaesthetist
 Dr T Schnittger, Anaesthetist
 Dr P Scully, Psychiatrist

Dr D Shanley, Psychiatrist
 Dr B Silke, General Physician
 Dr OP Smith, Haematologist
 Mr H Smyth, Orthopaedic Surgeon
 Dr M Staines, Psychiatrist
 Mr R Stephens, General Surgeon
 Dr B Stuart, Gynaecologist
 Prof C Timon, ENT Surgeon
 Dr M Toner, Oral Pathologist
 Mr M Toolan, Cardiothoracic Surgeon
 Dr C Traynor, Anaesthetist
 Dr E Vandenberghe, Haematologist
 Dr P Vaughan, Anaesthetist
 Dr JB Walsh, Geriatrician
 Dr MJ Walsh, Cardiologist
 Dr R Watson, Dermatologist
 Prof DGW Weir, Gastroenterologist/Regius Professor of Physics
 Dr B White, Haematologist
 Dr GF Wilson, Radiologist
 Dr V Young, Cardiothoracic Surgeon

LEGAL BANKING

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.

Mc Cann Fitzgerald,
 2 Harbourmaster Place,
 Custom House Dock,
 Dublin 2.

Insurance Brokers

Marsh Ireland Ltd,
 10-11 South Leinster Street,
 Dublin 2.



Chairman
Professor
Tom Mitchell

INTRODUCTION FROM THE CHAIRMAN

This past year brought the retirement of Professor DID Howie as Chairman of the Board of the Hospital. For more than thirty years Professor Howie was at the centre of the remarkable redevelopment of the St James's site, helping shape the vision and providing continuity, drive, experience and wisdom. His tireless work for the Hospital in a voluntary capacity is an inspiring example of a generous civic spirit and of the importance of voluntarism to the effective working of our public services. The Hospital and the Country are in his debt.

My own first year as Chairman has coincided with the advent of more difficult times for the hospital sector and especially for the Dublin Academic Teaching Hospitals. Financial constraints, particularly in the latter part of 2002, made it exceedingly difficult for hospitals to maintain services and remain within budget. St James's successfully achieved this, ending the year in a breakeven position while meeting or exceeding all its service targets. It was therefore able to avoid the serious consequences that would have resulted from carrying a debt into 2003. The Board applauded the outcome, which was made possible by skilful financial management and the co-operation of the entire hospital community in implementing a judicious package of measures to contain expenditure. Great credit is due to the CEO, Mr John O'Brien, and to all the staff of the Hospital.

But even in difficult times the Hospital has continued over the past year its drive towards the creation of a teaching hospital of international standing, with the most modern facilities and with a staff equipped to transmit and extend medical knowledge and to lead in creating standards of patient care that rival the best in the world.

Details of developments are provided in the pages which follow, but particularly noteworthy is the rapid progress during 2002 towards the completion of phase 1H, which will provide a splendid main entrance through a spacious and beautifully designed concourse and which contains a large day treatment centre for medicine and surgery and an additional ward. This represents an important new trend towards avoidance of the need to admit patients through provision of improved day treatment facilities. The problem remains, of course, of finding the recurrent funding to enable the facilities to open, but it is our hope that the

Department of Health will not delay in bringing into use such a significant and innovative extension to our medical services.

The delivery of 74 additional beds with full operational funding was another major achievement of the year. Twelve of these will be dedicated to urgent needs in the areas of Intensive Care and Haematology/Oncology. Inadequate bed capacity remains a serious limitation on the ability of our hospitals to meet the demands being made on them, and the new beds at St. James's are an especially welcome development.

Also launched during the year was the Chest Pain Assessment Unit, designed to provide fast and accurate assessment of chest pain in patients attending the Emergency Department. This is a fine example of innovative thinking in confronting problems in emergency medicine and in relieving the notorious pressures that persistently afflict A & E Departments.

I also greatly welcome the valuable work that was done during the year in preparation for the Hospital's participation in an Accreditation Peer Review. Thirteen separate teams took part in an elaborate internal self assessment exercise. This form of wholehearted involvement by staff across the board, examining the quality of what they do, is a most effective way of raising standards and of strengthening the commitment to quality.

These examples illustrate that progress towards achieving the Hospital's goals continues. There are, however, many issues that are causing immediate concern, and there are urgent developmental needs that cannot wait.

Funding constraints continue and have been especially severe in the case of the Dublin Teaching Hospitals. Unless this is reversed there will be damaging consequences, the most obvious a reduction in services. But there will also be more long-term damage. Inadequate funding will mean deferred maintenance, deterioration of the equipment pool, suspension of needed physical developments and of the modernisation of critical systems such as information technology. It will also mean a threat to the recruitment of the best qualified staff and a halting of the whole momentum towards the development of front edge medical services and research that has been generated at St James's in recent times.

The creation of such serious long-term problems for short-term savings does not seem a prudent policy. It is short-termism at its most myopic. It is to be hoped that the evident value of investment in developing the potential of premier teaching hospitals will soon bring an easing of the recent financial stringency.

The ongoing development of the Hospital site must suffer no interruption. Projects such as the extension of the A & E Department and the replacement of the seriously dilapidated buildings which house services such as catering and physiotherapy cannot wait, and every possible means of funding these developments must be pursued.

Maintaining the equipment base is an equally urgent priority. Designated money for equipment, and for areas such as IT and patient records, where regular modernisation is required, must be reintroduced into the funding system. Without it the standard of care will deteriorate, with unacceptable risk to patients.

The lack of adequate rehabilitation and long-term care facilities is another difficulty that cries out for solution. It is keeping many patients in hospital far beyond the point where they need acute care, and is adding significantly to the bed shortages for the acutely ill. We must press for a radical review of this whole area.

On a more positive note, the important and innovative proposals for the reorganisation of the Hospital sector emerging from reviews commissioned by Minister Martin hold out the hope of improved and more efficient hospital services, and the Minister and his Department are to be congratulated on the strong leadership they are giving at this critical time for the Health Services.

There are also some important possibilities developing for St James's to strengthen and extend its specialist services and its capacity in research. The Hospital has already developed leading centres in a number of specialities, but now has a particular capacity to advance the services available in Ireland in the two crucial areas of Cancer Care and Care of the Elderly.

The Hospital has the tradition and experience and the evolving critical mass of experts necessary to create Centres of international calibre in these specialities, and the achievement of these Centres should be an immediate priority.

The Hospital's capacity in research is also expanding and will grow further as more Centres of Excellences emerge. The advancement of medical science is a major responsibility of a teaching hospital such as St James's and must be seen as central to its mission. The Hospital's traditionally close relationship with a strong research university, the splendid new facilities for research in molecular medicine recently completed on the St James's campus, together with the extensive new resources for research that emerged in the National Plan, all offer promising opportunities for a new era of advances in medical knowledge that can offer new hope for better health. The Hospital will be eager to support the research function and to maximise the synergy between hospital and university.

The Board is committed to all of this agenda and I believe that the skills and dedication exist at all levels in the Hospital to make it achievable.



Chief Executive
John O'Brien

REPORT OF THE CHIEF EXECUTIVE

I am happy to furnish this overview report on the Hospital's performance and development during the year 2002.

CORPORATE ISSUES

As in previous years, the primary Executive management and operations focus for 2002 centred on achievement of planned levels of service delivery within the framework of financial and quality parameters set out in the Hospital's Provider Plan. Once again, performance outturn for the year was highly creditable.

Activity over the key range of services exceeded planned and previous year outcomes in all instances. Baseline inpatient activity exceeded projected levels by some 4%. The Hospital's inpatient casemix index, which measures activity complexity levels also increased during 2002. Average length of stay for the year was 9.68 days. The pattern of excessive overall occupancy levels registered in previous years continued into 2002 with a related rate of 97.6% recorded for the year. This position negatively impacts on patient services in several respects including cancellation of urgent elective admissions and creation of unacceptable delays in transferring patients awaiting access from the Emergency Department to in-patient beds. As previously reported, this latter position seriously impacts quality in patient safety and care terms and is unsustainable into the future. In this general context however, the Hospital was delighted to benefit from the first stage Government sponsored rollout of in-patient capacity expansion effected over the course of 2002. This constitutes some advancement of a key element of the Hospital's overall strategy for addressing in-patient difficulties at St. James's. An additional 74 beds were provided for at the Hospital under the aegis of this initiative. Included in this provision were 12 critically needed high quality specialist beds in Haematology/Oncology (6 beds) and Intensive Care (6 beds) specialities together with 62 general bed units. Additional general beds provided are to be dedicated to supporting the Emergency function at the Hospital and operated as an Acute Medical Assessment Unit (AMAU) to assure optimal utilisation and patient benefit return. Construction work on the additional general beds was completed in December 2002 with handover of specialist beds targeted for early 2003. Significant further in-patient bed capacity expansion is required at St. James's to facilitate it in adequately meeting related known patient need requirements.

However, the acute capacity diminishing impact of patients who have completed their acute episode of care and require residential accommodation in a more appropriate community setting but cannot be discharged due to inadequacy or non-availability of such facilities remains and has indeed worsened in 2002. This issue has now emerged as the single biggest consideration inhibiting ordered functioning of the Hospital. In addition to it being the most significant contributing factor to excessive in-patient bed waits in the Emergency Department, elective in and day patient cancellations and waiting list expansion, there are now worrying indications that it is giving rise to nurse de-skilling in specialised wards and marginal cost inefficiencies (in addition to fixed opportunity cost losses) of in excess of €1m per annum. It is considered essential that the matter be aggressively addressed and resolved into 2002 if long-term debilitating dysfunction is to be avoided.

The Hospital also completed a highly successful inpatient waiting list initiative in 2002. The exercised resulted in:

- Treatment of 1827 cases at St. James's
- Treatment of 236 cases in the Private Sector under the aegis of the National Treatment Purchase Fund (NTPF)
- Reduction in overall numbers waiting from 1407 to 1089 (23%)
- Removal of all patients waiting in excess of one year from the in-patient waiting list (a proxy for waiting times)

Achievement of the Hospital's and Government policy target of zero in-patients waiting in excess of one year for treatment by end 2002 was highly satisfactory. Establishment of and contributions from the NTPF supported accomplishment of this position. It is again emphasised however that the Hospital's success in this area over the years has been overwhelmingly dependent on availability of targeted funding provided directly to St. James's under successive annual waiting list initiatives and highly focused application and management of these funds. The virtual assurance of continued funding for this purpose over the past 5/6 years has made it possible for the Hospital to create the service infrastructure necessary to successfully accomplish the programmes. It is crucially important for the Hospital that future continuation of these funding arrangements is assured. Failure to do so would result in an exponential and rapid reversal of the recent trend and re-emergence of substantial inpatient waiting lists.

Day case activity exceeded planned levels by some 34% in 2002. The related year on year increase was 11%. These outcomes reflect the continuing roll out of the Hospital's policy whereby as much as is possible of bed based intervention and care is transferred from overnight inpatient to single day settings. Clinical Haematology/Oncology and Cardiology specialties were particularly active in this respect during 2002.

Introduction of outpatient waiting time measurement in late 2001 facilitated focused monitoring of related patterns into 2002. Notwithstanding increases in outpatient activity at the Hospital during the year, wait times in this area continued to grow. The position has thus emerged as a matter of concern. The Hospital accordingly proposes to introduce an outpatient waiting list initiative in 2003 designed to ameliorate matters.

Overall outcomes testify to the extreme busyness of the Hospital. While this translates well in efficiency and VFM terms, it is only achievable through placement of extreme pressure on facilities and staff resources at the Hospital and at the expense of quality of service in certain areas.

Against this service backdrop, the Hospital again returned a commendable financial performance at the operational level, recording a minor deficit of €0.376m on an allocation of €254.9m. This resulted in a final net carried forward deficit of €0.204m at year end. In order to achieve this position, it was necessary for the Hospital to implement extensive efficiency and cost-reduction measures during the second half of the year. It is testament to the commitment and ingenuity of Hospital staff at all levels that this was accomplished with minimal impact on patient services. This situation is however not sustainable into the medium to long term. Urgent consolidation of the Hospital's baseline funding position is now essential.

Considerable effort was expended over the course of the year in concluding a Provider Plan Agreement with the ERHA. The primary area of difficulty in this regard centred on securing an agreed basis for reflecting funding provisions in the plan. While matters were eventually mutually concluded, underlying baseline funding difficulties remained unresolved at year end. As already indicated, satisfactory resolution of this baseline issue is critically essential for the Hospital moving into 2003. Uncertainty regarding baseline and

development funding levels and adequacy thereof render service planning and delivery in the manner required and deserved by the Hospital's stakeholders infeasible. The Hospital in concert with its sister Academic Teaching Hospitals continues to work with the ERHA towards substantially improving matters in this crucial area.

A landmark event for the Hospital during 2002 was the retirement of Prof. Ian Howie from his position as Chairman of the Corporate Board. Prof. Howie has held Board Membership for in excess of 30 years, during almost all of which time he served as Chairman. The Hospital has developed enormously and beyond recognition under his guidance and leadership and is largely a testament to and legacy of his vision and uncompromising insistence on pursuing the highest possible standards of quality and innovation at all times. I am personally indebted and grateful to him for the guidance, wisdom, ready availability and personal support rendered over the years.

I also take the opportunity to wholeheartedly congratulate and welcome Prof. Thomas Mitchell on his appointment as new Chairman of the Corporate Board. The Hospital is hugely fortunate to have secured the services of a candidate with such experience, national status and prestige to this crucial role. I very much look forward to working with Prof. Mitchell in continuing to further the status and position of the Hospital over the coming years.

SERVICE INITIATIVES

A number of important developments in key clinical areas proceeded at the Hospital during 2002, primarily as follows:

- The Hospital's highly successful Breast Cancer Service was further advanced during 2002 through appointment of additional clinical and support personnel and further improving diagnostic facilities in the area. Unit performance and patient satisfaction with the service are high
- The Hospital continued to participate with Our Lady's Hospital for Sick Children and Adelaide & Meath Hospital incorporating the National Children's Hospital in progressing provisions for rationalisation of Paediatric Haematology and Haemophilia Services around Crumlin and St. James's. Implementation of agreed arrangements progressed considerably during 2002

- Further development of the Hospital's highly successful Molecular Diagnostics service proceeded in 2002. Advancements included transfer of the service to a purpose built facility in a newly constructed Molecular Medicine Research Centre on the campus
- Full opening of a new Endovascular Suite at the Hospital was effected during the year. The unit will facilitate a less interventional/shorter length of stay approach to treatment and care for a significant number of patients requiring Vascular surgical attention
- The Hospital was happy to introduce an Epidermolysis Bullosa Service at St. James's during 2002. This service is provided for persons suffering from severe disabling blistering disorders and is organised and delivered in conjunction with Our Lady's Hospital for Sick Children, Crumlin
- Provision was also made in 2002 for establishment of Radio-Iodine Therapy services at the Hospital. It is anticipated that this service, which eliminates the necessity for a particular cohort of endocrinology patients to travel abroad for treatment, will commence operations in 2003
- In addition, further general advancement and development of Haematology / Oncology, Haemophilia, Renal, Prostodontic and Warfarin services proceeded in 2002
- Finally, a large number of highly welcomed and needed new Consultant appointments in Histopathology, Microbiology, Radiology, Anaesthetics, Clinical Haematology, Infectious Diseases, Respiratory Medicine, G.I. Medicine, Radiation Oncology, Psychiatry, Dermatology, Urology and General Surgery specialities proceeded in 2002

Other important advances registered at the Hospital during 2002 included:

- Further consolidation of the Hospital's Quality Initiative. Key focus in this regard centred on:
- Full completion of the self-assessment component of the Hospital's application for Accreditation. The Peer Review visit element of the process is scheduled to take place in January, 2003

- Expansion of the Hospital's Performance Indicator Programme through commencement of benchmarking exercises with comparably sized UK based Hospitals
- Commencement of implementation of Phase II of the PPARS Project
- Approval to proceed with implementation of the SAP suite of Finance and Materials Management Systems at the Hospital. When combined with the PPARS installation, St. James's will operate benchmark/state of the art Corporate business systems comparable with best available Nationally and Internationally
- Important developments in Health and Safety provisions. Included in this area were advances in Haemovigilance, Steri-Vigilance and Traceability systems

FACILITIES INITIATIVES

A number of agreed facilities development initiatives were considerably progressed during 2002. Key related provisions comprised the following:

- Extensive progression of Phase 1H of the Major Hospital Development programme. This new facility is in effect a standalone ambulatory care unit, which includes capacity for an expansive range of one-day services in Outpatient, Endoscopy /Manometry, Haematology/Oncology, and discrete Day Surgery etc. areas. Also included in the development are a new underground car park and the Hospital's New Main Concourse entrance. Handover of the new building is scheduled for early 2003
- Construction of the new Mortuary/Post Mortem suite at the Hospital was completed in 2002. While the post mortem component of the building was fully opened in 2002, operation of the Mortuary facility will be deferred to coincide with introduction of the new LUAS service which forms an integral part of the related site
- Continuation of design work on the Emergency Department expansion project. This provision will result in a doubling in size of the Emergency Department. Related construction work is due to commence in 2003

- Fast-track creation of an additional 74 beds at the Hospital under the aegis of capacity expansion initiatives pursued by the Minister during 2002. The development included provision of high quality specialised beds in Haematology/Oncology and ICU. The primary utilisation focus for these facilities will be on patients accessing the Hospital through the Emergency Department. The new beds will largely be operated as a Medical Admissions Unit in this context
- Substantial advancement of the John Durkan Leukaemia Laboratories facility. The unit, which will provide the Hospital with a comprehensive and contemporary facility for research in Leukaemia, was developed with funds raised by the Family of the late John Durkan in whose memory the Centre is dedicated. The Hospital is grateful to the Durkan Family and their supporters for rendering the provision of this superb facility possible
- Replacement of the Cardiac Catheterisation Bi-Plane Laboratory at the Hospital

An issue of considerable concern for the Hospital during 2002 as in 2001 was, with the notable welcome and necessary exception of the Cardiac Catheterisation Laboratory, the non-provision of any capital funding for medical equipment replacement.

The Hospital estimates its requirements in this regard as ranging from €6m to €10m annually. Difficulties in this area are exacerbated by a continuously reducing life cycle for such equipment brought about by burdgeoning usage levels and the increasing pace of technological change. At present, a significant amount of major and minor medical equipment, much of which is in excess of 10 years old, requires immediate replacement.

Failure to respond to this requirement creates a major potential risk for patient safety and service continuation into the future. The Hospital has argued over the past nine/ten years for introduction of a depreciation accounting approach to plant and equipment replacement and currency maintenance as applies in the private sector. Continuation of a system, which relies on sporadic, variable, verifiably under, and more recently emerging no investment in medical equipment is untenable. An immediate one time significant investment in replacement medical

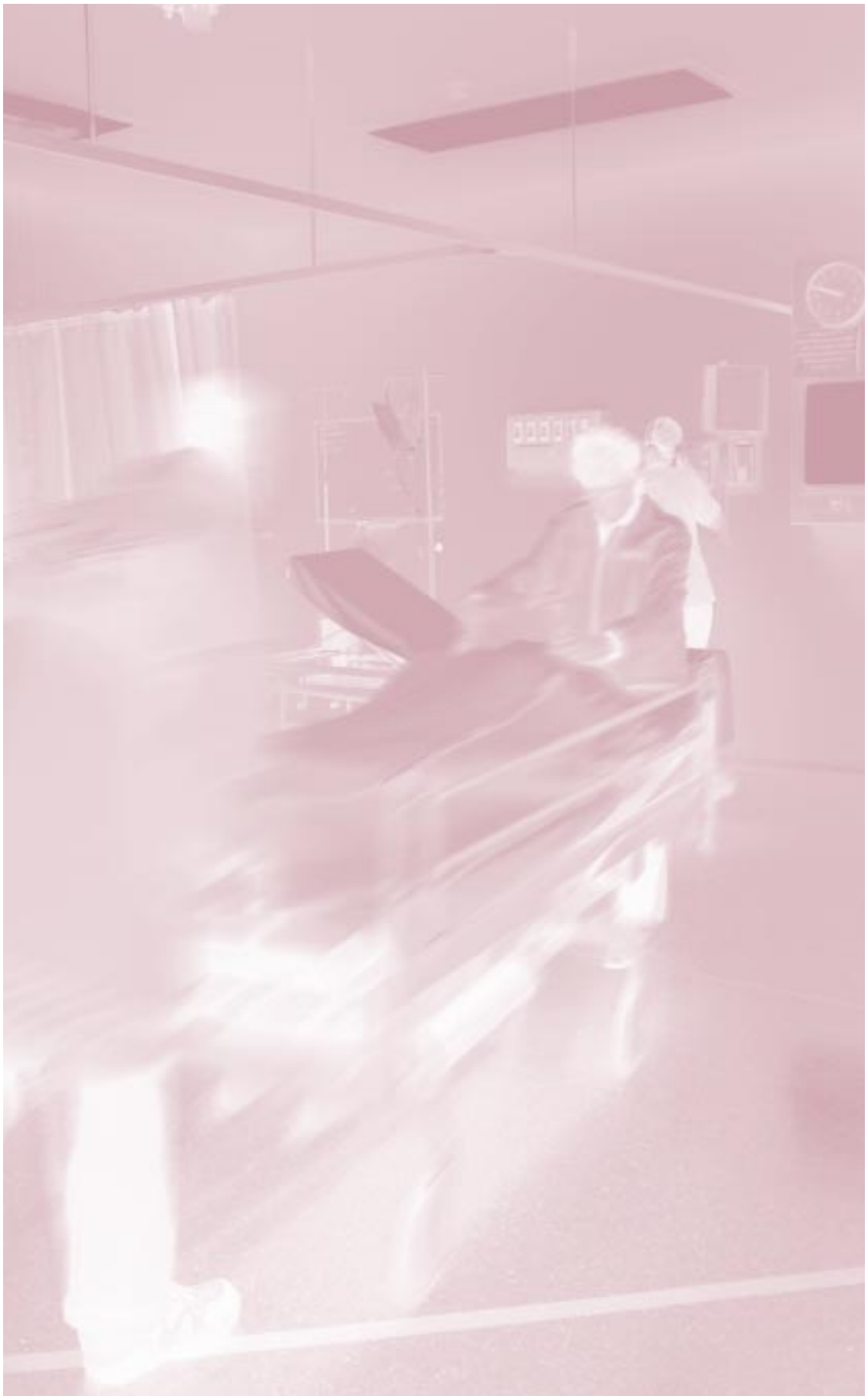
equipment designed to remedy existing worrisome accumulated deficits is now essential. This should be coupled with commencement of creation of a depreciation fund to be developed over four/five years and utilised exclusively for this purpose.

CONCLUSION

The Hospital happily fully delivered on its Provider Plan remit in service level, development and financial terms in 2002. Significant progression or completion of highly important facilities developments also proceeded on target during the year. This position was and could only have been achieved through exceptionally high and in some instances excessive usage of facilities and creation of enormous pressure on staff and infrastructure. Deficits in the quality of patient services – mainly access, processing and rudimentary comforts based - inevitably ensued. Key physical developments in progress at the Hospital together with those being actively pursued and promoted with the ERHA/DOH&C are all focused on expanding capacity in a manner which will lead to pressure relief and improved service quality for patients. It is anticipated that many of these will come to fruition in 2003. In addition, medical equipment replacement has now emerged as a major issue and threat for the Hospital.

Finally, workforce responses across the entire staff spectrum have been exceptional in the circumstances, particularly over the latter half of the year. Their continued commitment to and focus on maintaining and expanding services and their quality for patients accessing the Hospital is acknowledged, recognised and highly appreciated. I thank them for their continued loyalty in and dedication to maintaining St. James's at the forefront of acute service, education and research pursuit both at home and internationally. I look forward to their continued support into 2003, which is once more likely to prove highly demanding.

Performance Highlights



Total Day Care Attendances by Specialty (2002)

Specialty	Attendance
Cardiology	2461
Neuro-physiology	286
Dermatology	3090
Diabetic Day Centre	8581
E.N.T.	223
G.U.M.	2062
General Surgery	3171
Genito-Urinary	623
Gynaecology	172
Haematology	5437
Immunology	43
Maxillofacial	121
Medicine	8708
Oncology	7753
Orthopaedic Surgery	153
Pain Relief	111
Plastic Surgery	2854
Rheumatology Day Centre	2334
Vascular Surgery	0
Total	48183

Inpatient Activity -Discharges by Specialty 2002 *

Specialty	Total
Emergency Medicine	1399
Cardiology	2150
Dermatology	34
E.N.T.	793
Genito-Urinary	471
Medicine for the Elderly	1065
Guide	321
Gynaecology	704
Haematology	676
Immunology	3
Maxillofacial	845
Medicine	5433
Nephrology	60
Neurology	79
Oncology	733
Orthopaedics	1353
Plastics	2038
Psychiatry	637
Rheumatology	591
Surgery	2482
Thoracic surgery	881
Vascular	765
Total	23513

* Includes Waiting List Initiative Activity

Admissions by Age Group (2002)

<16	% of Total Admissions	16-65	% of Total Admissions	66-75	% of Total Admissions	76+	% of Total Admissions	Total
135	<1%	15031	65%	3899	17%	4212	18%	23277

Age of New Emergency Department Attendances (2002)

<16	%of Total New Attn	16-65	%of Total New Attn	66-75	% of Total New Attn	76-80	% of Total New Attn	>80	% of Total New Attn	Total
311	1%	35636	79%	4061	9%	1741	4%	3553	8%	45302

Emergency Department Attendances (2002)

Total New Attendances	45302
Total Follow Up Attendances	3142
Total	48444

Total Outpatient Attendances by Specialty (2002)

Specialty	New	Return	Total
Cardiology	2047	14453	16500
Dermatology	2455	2471	4926
Endocrinology	648	2530	3178
Otolaryngology	2267	2726	4993
Gastro-Enterology	3621	5618	9239
G.U.M.	7836	11857	19693
Geriatric Medicine	1433	1070	2503
Haematology	248	1439	1687
Haemophilia	1066	4495	5561
Neurology	886	1117	2003
Gynaecology	1612	2320	3932
Oncology	171	1778	1949
Ophthalmology	905	1061	1966
Orthopaedics	3806	6422	10228
Plastic Surgery	4004	7993	11997
Psychiatry	1377	5943	7320
Nephrology	423	767	1190
Respiratory Medicine	1544	4576	6120
Rheumatology	603	2644	3247
General Surgery	5044	4080	9124
Vascular Surgery	2648	2070	4718
Accident & Emergency	698	0	698
General Medicine	2648	6190	8838
Palliative Medicine	0	0	
Cardio-Thoracic Surgery	548	684	1232
Radiotherapy	199	159	358
Urology	743	1268	2011
Clinical Immunology	427	353	780
Anaesthetics	74	111	185
Pain Relief	59	84	143
Gold	35	708	743
Warfarin	469	14269	14738
Maxillofacial	4151	1335	5486
Totals	54695	112591	167286

2002 Service Plan Projections/2002 Out Turn

Activity		2002 Projected Activity	2002 Actual	Variance	
				Value	%
Inpatient	Discharges	20814	21715	901	4%
	Waiting List Initiative Discharges	1798	1798	0	-
	Total Discharges	22612	23513	901	4%
Day care Attendances		35872	48183	12311	34%
Outpatient	New	38121	54695	16574	43%
	Follow Up	103271	112591	9320	9%
	Total	141392	167286	25894	18%

Waiting List Status 31/12/01-31/12/02 for waiting list initiative targeted specialties

Specialty	Period	30	60	90	180	365	>365	Total
ENT	31/12/01	18	23	20	40	50	0	151
	31/12/02	23	26	9	25	48	0	131
	%var	28%	13%	-55%	-38%	-4%		-13%
GU	31/12/01	16	26	27	23	47	44	183
	31/12/02	7	23	14	12	9	0	65
	%var	-56%	-12%	-48%	-48%	-81%	-100%	-64%
Gynaecology	31/12/01	18	39	9	15	10	0	91
	31/12/02	19	15	11	11	5	0	61
	%var	6%	-62%	22%	-27%	-50%		-33%
Maxillofacial	31/12/01	4	6	4	10	15	1	40
	31/12/02	3	1	7	9	7	0	27
	%var	-25%	-83%	75%	-10%	-53%	-100%	-33%
Orthopaedic	31/12/01	4	10	7	21	20	1	63
	31/12/02	9	20	9	20	2	0	60
	%var	125%	100%	29%	-5%	-90%	-100%	-5%
Plastic Surgery	31/12/01	41	47	46	78	99	47	358
	31/12/02	17	61	44	72	69	0	263
	%var	-59%	30%	-4%	-8%	-30%	-100%	-27%
General Surgery	31/12/01	27	37	26	56	35	6	187
	31/12/02	24	28	28	36	26	0	142
	%var	-11%	-24%	8%	-36%	-26%	-100%	-24%
Vascular Surgery	31/12/01	4	27	17	50	59	41	198
	31/12/02	18	24	35	26	65	0	168
	%var	350%	-11%	106%	-48%	10%	-100%	-15%
All	31/12/01	132	215	156	293	335	140	1271
	31/12/02	120	198	157	211	231	0	917
	%var	-9%	-8%	1%	-28%	-31%	-100%	-28%

Waiting List Comparison 2001/2002

Summary	30	60	90	180	365	>365	TOTAL
Waiting List as on 31/12/2001	158	242	179	353	335	140	1407
Waiting List as on 31/12/2002	153	234	182	275	245	0	1089
Variance	-3%	-3%	2%	-22%	-27%	-100%	-23%

Inpatient Waiting List by Specialty as on 31st December 2002

Specialty	Current Status As on 31/12/2002						Total
	30	60	90	180	365	>365	
Cardiology	1	8	0	26	12	0	47
Cardiac Surgery	25	28	25	34	0	0	112
E.N.T.	23	26	9	25	48	0	131
Genito-Urinary	7	23	14	12	9	0	65
Gynaecology	19	15	11	11	5	0	61
Maxillofacial	3	1	7	9	7	0	27
Orthopaedics	9	20	9	20	2	0	60
Plastics	17	61	44	72	69	0	263
Surgery	24	28	28	36	26	0	142
Thoracic Surgery	7	0	0	4	2	0	13
Vascular	18	24	35	26	65	0	168
Totals	153	234	182	275	245	0	1089



Financial Statements (Unaudited Accounts)

Income and Expenditure Account Year Ended 31st December 2002

	2002 Ir£ 000	2001 Ir£ 000	2002 Euro	2001 Euro
Opening Deficit	-135	1,493	-172	1,896
Pay Expenditure	120,048	104,791	152,430	133,057
Non Pay Expenditure	105,879	87,700	134,439	111,355
Gross Expenditure including deficit	225,792	193,984	286,697	246,308
Income	-24,878	-21,013	-31,589	-26,681
Net Expenditure for the year	200,914	172,971	255,108	219,627
Determination for the year	200,765	173,106	254,919	219,799
Closing Deficit (Surplus)	149	-135	189	-172
Balance Sheet as at 31st December 2002				
Fixed Assets				
Land and Buildings	129,064	111,319	163,878	141,346
Plant and Machinery	17,215	12,343	21,859	15,672
	146,280	123,662	185,737	157,018
Current Assets				
Debtors	35,192	27,662	44,685	35,123
Stocks	4,490	3,845	5,701	4,882
Bank and Cash balances	3,332	186	4,231	236
	43,014	31,692	54,617	40,241
Creditors- less than one year				
Creditors	-25,122	-22,099	-31,898	-28,060
Bank Overdraft	-18,041	-9,458	-22,907	-12,009
	-43,162	-31,557	-54,805	-40,069
Net Current Assets	-148	135	-188	172
Total Assets Less Current Liabilities	146,131	123,797	185,549	157,190
Creditors - more than one year				
Bank Loans	-5,659	-5,255	-7,185	-6,672
Net Assets	140,473	118,542	178,364	150,518
Capital and Reserves				
Non Capital Income & Expenditure Account Deficit	-149	135	-189	172
Capital Income & Expenditure Account Deficit	-5,659	-5,255	-7,185	-6,672
Capitalisation Account	146,280	123,662	185,738	157,018
	140,472	118,542	178,364	150,518

Financial Report

Financial Controller

Vincent Doherty

The draft Financial Statements for the year ended 31st December 2002 show a deficit of €361,000 in the year on an allocation of €254.919m. This is offset by a surplus of €172,000 carried forward from 2001, resulting in a carried forward net deficit of €189,000 at 31st December 2002.

Expenditure and Income overview

Net expenditure increased by €35.481m (16.2%) over 2001, of which pay increased by €19,373m (14.6%) and non-pay by €23,084m (20.7%). Income increased by €4.908m (18.4%) over 2001.

The principle elements of the increased expenditure for the year are shown in the table below.

Expenditure description	m
National Pay Awards (PPF)	€ 8.583
Approved specific pay awards:	€ 1.485
Changes in PRSI	€ 1.903
Service developments & continuation of prior year developments	€ 7.026
Recombinant blood products	€16.550

In terms of the case mix funding model, the hospital incurred a reduction of €0.545m (2001 reduction €0.220m). This brings the cumulative funding reduction to €2.818m.

The hospital has reported a small deficit in the year and brought forward, representing a very significant achievement in a period of unprecedented patient demand and throughput, which in turn has created major financial pressures. The hospital has more than achieved its projected activity target for the year and exceeded waiting list targets. The overall waiting list reflects a 23% decrease in the year, with no patients waiting more than one year for treatment. The hospital has also continued to experience financial pressures through technological improvements in healthcare, the under funding of national pay awards and medical inflation. In addition, the requirement to save €0.330m on staff costs was introduced mid-year as its contribution to Department of Health and Children (DoHC) savings plans.

This creditable financial position has been achieved through the implementation of a number of actions to review and constrain expenditure throughout the hospital. During the second half of the year, directorates and departments actively reviewed all pay and non-pay expenditures. This has included a review on the use of overtime and agency staffing across the hospital, the agreed delaying of service developments and a curtailment of expenditure on infrastructure investment, such as maintenance and information technology. The combination of these measures enabled the expenditure trend to be curtailed in the later half of the year so that expenditure was brought back to budget.

The audit of the accounts is not yet finalised. It should be noted that the results reported are unaudited, but are not expected to change materially. A brief analysis of the main areas of expenditure and income is presented below.

Pay Expenditure

As well as the increased pay costs, the hospital has incurred additional staffing costs due to the implementation of new and continuing service developments.

The main increases on pay spend are on consultant hospital doctors which increased by €2.451m (21.8%), para-medical staffing costs which increased by €3.695m (20%) and nursing staff costs which increased by €6.952m (15.5%). The para-medical staffing cost increase was mainly attributed to the implementation of the expert group pay recommendations during the year.

Non-pay Expenditure

For non-pay spend, the main direct patient treatment costs that have continued to increase, as in previous years, were: -

- Blood and blood products with an increase of €16.550m (46.7%),
- Medical and surgical consumables, which increased by €1.910m (16.6%)
- Drugs and medicines, which increased by €2.959m (14.7%).

Blood and blood product spend now represents 39% of the non-pay spend of the hospital.

These increases have been driven by increased treatments in oncology and haematology as well as the increased patient throughput in the hospital.

The main cost increases for support and other services related to laboratory services and insurance costs which rose by €1.621m and €1.170m respectively.

It should be noted that spending on maintenance fell by €0.661m (13.7%) in the year. Similarly, spending on equipment replacement, including medical, laboratory and information technology equipment fell by €3.100m (57.7%) in the year. This was a direct result of the financial pressures experienced by the hospital and the fact that no recurrent funding for equipment replacement was received in the hospital's determination.

Income

Gross income increased by €4.908m (18.4%). This mainly reflects services to external agencies, which increased by €2.316m (43.9%) pharmacy in particular. Income from private and semi-private charges have risen by €1.122m (14.3%), reflecting the increased level of charges.

Capital Expenditure

Expenditure on capital projects amounted to €26.5m in 2002. This compared to €13.6m in 2001. Work continued on the improvement and redevelopment of the hospital through Phase 1H and increasing bed capacity in the development of the Acute Medical Admission Unit, ICU and the Haematology/Oncology facilities.

Although there was no funding available in 2002 for minor capital projects or equipment replacement, the hospital did receive funding of €1.8m for replacement of a bi-plane room, which became necessary during the course of the year. Funding was also received for a number of ICT projects, in particular, as a pilot site for the implementation of SAP technology for integrating financial and materials management information.

Organisational Development

The Finance and Personnel departments have continued to make good progress with the implementation of the SAP HR system (PPARS-Personnel, Payroll and Related Systems). Phase I of the project was successfully completed and Phase II of the project, which involves the implementation of the payroll system and the processing of time management modules, is on course to go live in November 2003.

The hospital has also received approval to progress with the implementation of 'SAP Financials' to replace the

current finance ledger system and the integration of the SAP materials management module. This is a key pilot project for the DoHC. A project manager and team were appointed in 2002 to develop the new system, which will become operational in January 2004.

The implementation of this suite of management information systems will allow St James's Hospital to have access to real time management information across all services. This will have significant benefits in terms of the effective management of human resources, procurement, financial control and value for money for the hospital into the future.

Internal Audit

Head of Internal Audit

Cathal Blake

The most significant development in 2002 was the adoption of a Code of Practice in line with mandatory "Code of Practice for the Governance of State Bodies".

The new hospital "Charter for the Internal Audit Department" and "Code for the Internal Audit Department" clearly outline the role, responsibility, status and authority of Internal Audit within the hospital. The internal audit team will contribute to the development and promotion of corporate governance throughout the hospital in line with this new code and charter.

A significant number of audits were also carried out on key corporate programmes including:-

- Agency nursing
- End of year stock take for 2001
- Value for money audit on recruitment
- Blood and Blood Products
- Pharmacy
- External contractors and tendering procedures
- Follow up audit on cash management and income audit

Throughout the year, stronger emphasis was also put on communication and interaction between Internal Audit, the Audit Committee and Senior Management. Value for money and systems development were highlighted as issues of key importance.

Human Resources

In 2002 the Human Resources Department consolidated a number of initiatives, which prompted a range of new strategies aimed at enhancing and streamlining the departments activities for the future. Realigning staffing levels within budgetary limits was of particular importance - a challenge that was achieved with the committed co-operation of managers and staff in both corporate and service delivery areas of the organisation.

Recruitment

Recruitment activity continued at a consistently busy level with the introduction of a new advertising format and careers web page, the number of applications received increasing by more than 150%. Vacancy levels in nursing, para-medical and support categories were consequently reduced and maintained at substantially lower levels.

A 40% reduction in the cost of advertising was achieved through the strategic repositioning of advertising placements in print and other media.

PPARS – Personnel, Payroll and Related Systems

Activity focussed on data integrity, reporting and the reconciliation of the hospital organisation structure. As a result of the standards achieved in these areas, the hospital was selected as the first site in this national project to progress to the next phase, which involves payroll, time management, training records and expenses processing. The functionality offered by these additional features will ensure that the hospital acquires measurable benefits from the significant investment in this initiative. During the year the system was also further integrated into staff management activities, in particular recruitment, performance indicator measurement and budgeting. It is anticipated that it will become a critical planning and monitoring resource in the future.

Learning and Development

The process of establishing a multidisciplinary Learning and Development Unit to replace the existing Training and Development Unit commenced with the appointment of a Learning and Development Manager. The aim of the Unit is to develop a comprehensive corporate learning and development programme that complements the Hospital's corporate plan to support on-going organisational change.

Pending the development of a Hospital wide Learning and Development strategy, the existing training programmes continued to be supported pending further evaluation and review. External and internal trainers carried out a range of developmental courses throughout the year, and the unit continued to support further education for staff at external institutions.

General

International demand for healthcare professionals has focused the department on staff retention issues. As a precursor to the development of retention strategies, an exit survey program was researched, developed and implemented. From the several hundred responses gathered, initial results indicate that the hospital is regarded as a good employer and an organisation where a substantial majority of previous employees would work again if the right opportunity arose.

A review of hospital personnel policies was undertaken during the year to ensure they remained consistent with evolving employment legislation. Updated policies are now made available to managers and staff via the hospital intranet. A new 'link' system means that relevant forms associated with policies are now accessible via a 'link' within the document. As well as supporting the accreditation process, this initiative decreased the administrative processing of routine staff conditions of employment.



Human Resources Manager
David Aberdeen





**Materials Management Manager
Padraic Carolan**

Materials Management

The Materials Management Department plays a fundamental role to ensure that the hospital delivers on service provision. This involves the management and control of more than 20,000 product lines, which are necessary to support the everyday requirements of quality patient care. The adoption of integrated Materials Management processes optimises the hospital's use of resources whilst leveraging the purchasing position in a fair and transparent manner. In implementing policies, the hospital complies with EU directives, DoHC guidelines and Government guidelines.

In 2002, the department undertook several notable projects: -

1. A Medical/Surgical tender with 15 categories being awarded with a 1year/3 year duration: -

Theatre	Medical General
Cath Lab	Cardiac Theatre
DID	Endoscopy
Procedure Packs	Breast Care
Maxillofacial	Orthopaedics
Dialysis	HSSU
Urology	Respiratory
Physio/OT	
2. Enhancement of systems to monitor supplier performance and internal service fill levels.

3. Securing funding for an Enterprise IT System (SAP) and establishment of the project management team.
4. Development and implementation of other service and supply contracts in partnership with Technical Services Department, IMS Department, Medical Physics and Bioengineering, Clinical Directorates, General Support Services and the LabMed Directorate.
5. Implementation of Partnership agreements with major suppliers.
6. Continued centralisation of procurement activity.
7. Development of e-commerce initiatives with key suppliers.

Staff from Materials Management also participated in other major hospital initiatives including Accreditation, Partnership, Code of Practice, Phase 1H development, Risk Management and the Medical Device Steering Committee.

The Department has developed a number of key performance indicators including:

- Non-pay managed by Materials Management
- Formal supplies and service contracts in place
- Customer service fill levels
- Savings targets

SAP Financial/Materials Management Project

Project plans commenced for the implementation of a new technology system to support financial and material management systems. The proposed system, called SAP R/3 will replace the current General Ledger, Management Accounting, Accounts payable, Accounts receivable and Materials Management systems. It will form part of the organisation's enterprise system incorporating Human Resources/Payroll and Time Management, which is in the process of being implemented.



Information and Management Services

As well as maintaining high quality Information and Communications Technology (ICT) services throughout the hospital, the IMS department continues to develop services based on three main objectives: -

- To deliver comprehensive patient information at the point of care.
- To develop a standards-based ICT framework capable of sustaining the on-going information needs of St. James's and integrating with information systems in the broader healthcare sector.
- To provide resource planning, monitoring and management information systems at all levels.

Projects that 'went live' in 2002

- Data on Cleft Palate patients in Crumlin, Temple Street and St James's Hospital is now collected on the Patient Analysis and Tracking System (PATS) since May 2002.
- Laboratory ORD/COMS (Order Entry/Results Reporting) was introduced in the GUIDE clinic for HIV patients and to a number of clinics in Suite 1 of OPD. ORD/COMS for Occupational Health, Physiotherapy and Social Work were also rolled out to OPD and day case areas.
- Laboratory ORD/COMS saw the rollout of the new sub-department (Microbiology) completed throughout the Hospital for all in-patients.
- Links to the community were developed further with the implementation of the pilot phase of the Public Health Nurse e-referrals project.
- Many enhancements to the Patient Administration System were carried out, including changes to the Emergency Department module.
- Under the Haemovigilance programme, a fridge monitoring system was installed to ensure viability of blood products. A pilot was carried out in the HOPE directorate and the Keith Shaw Intensive Care Unit on a blood tracking and administration system. This demonstrated that, with the use of barcode and scanning technology, audit of the transfusion process could be carried out to best international standards.

- In the Laboratory, three new analysers were interfaced to the Laboratory Information System.

IMS 10TH Anniversary

The IMS Department celebrated its 10th Anniversary in April 2002. The table below indicates the growth in the hospital information services since 1992. The data network now extends to over 1500 on-line workstations supporting the hospital's day-to-day activities on a 24/7 basis. Large databases of information have been accumulated and form the basis for valuable statistical data and longitudinal studies. In the last three years, the most dramatic growth has occurred in Web-based services and E-Mail.

10 Years growth of IMS services

	1992	2002
Hardware:		
Database Servers	4	38
PC's	80	1030
Laptops	0	92
Terminals	200	466
Disk Storage	50Gb	1500Gb
Network:		
Network Outlets	350	2100
Email/Internet Users	0	1400
Hosp. Info. System Users	200	1500
Helpdesk:		
No. of End-User Support Calls	4800 p.a.	9600p.a.

Network

The campus data network is centred around a triangular design of three core hubs based in IMS, Central Pathology Laboratory (CPL) and Diagnostic Imaging Department (DID). New installations in 2002 included the installation over 500 data points and 21 switches. Enhanced network equipment in these areas and the introduction of Virtual LAN's has significantly improved network resilience, bandwidth and performance.

During the year, 400 new e-mail accounts were set-up and more than 4,500 e-mail messages are now being sent and received per day. As e-mail and web access become a critical service throughout the hospital, a new checkpoint firewall was installed to provide a secure, stable platform. This will form a central part of the ICT infrastructure in the future, supporting E-Health applications with potential to link to the Government public services VPN (Virtual Private Network) for voice and data services, which is planned for 2003.



Information & Management Services (IMS) Manager
Martin Buckley

World Wide Web

At the end of 2002, 1400 users, (40% of hospital staff) had access to internet/intranet and e-mail facilities. The St. James's Internet website launched in June 1997, targets a worldwide audience and now contains more than 1,350 pages of up-to-date information on all aspects of the hospital.

The intranet site, launched in October 2001, has grown rapidly from 50 to over 750 pages. This is targeted at hospital staff, and has been particularly beneficial for disseminating staff information.

In 2002, as part of on-going development, both sites were enhanced to become more user friendly and quicker to download. Keeping the on-line information up-to-date is a critical success factor and the introduction of content management tools means that end-users manage and update their own web pages directly.

Helpdesk

This year the helpdesk dealt with 9,600 calls. More than 75% of all calls logged were resolved within one hour and 95% within one working day. Overall systems availability averaged 99% for the year.

Management Information systems (MIS) and Statistics

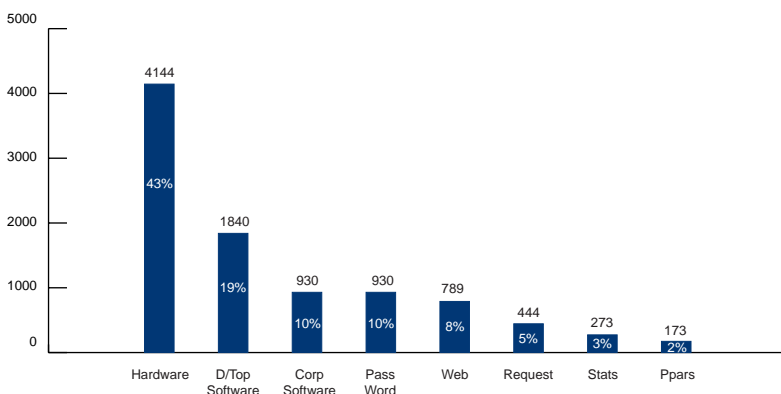
The demand for management information has continued to grow particularly in support of service planning, waiting list and ERHA requirements. A helpdesk system was implemented to give increased customer support and identify reporting requirements. An average of 50 calls per month were recorded with 99% resolved within three working days.

Directorates now have access to the MIS intranet, which allows staff to access their management information and also provides the ability to drill down into the information to obtain the required detail. This facility is being enhanced continually and is seen as a pivotal tool in the support of the organization's management information requirements.

The data warehouse framework has continued to evolve with the inclusion of laboratory, speech and language therapy, physiotherapy and pharmacy. Existing modules were also enhanced with many new indicators added. Currently this framework supports all management activity reporting.

Data collection of casemix activity remains at 100%. To ensure data accuracy and quality there is an ongoing programme of education and awareness for both coding staff and medical staff. Clinical Audits are also undertaken to support the Quality Assurance process.

No. of Calls Jan - Dec 2002



Data Storage

A new Storage Area Network (SAN) was installed to cope with the need for a dynamic pool of reserve storage space with added benefits of speed of access, plug in capacity and a more automated backup process.



Crest Directorate

Cardiology, Respiratory Medicine, Cardiothoracic Surgery, Palliative Care, Pharmacology and Therapeutics and Vascular Surgery (in transition).

CARDIOLOGY

The Cardiology Department continues to provide a service to both local and hospital-referred patients from all parts of the country. The number of patients undergoing simple and complex coronary angioplasty and stenting continues to rise with excellent results.

Work commenced in 2002 to equip the bi-plane room in the Cardiac Catheterisation Laboratory with up-to-date angiography and electrophysiological equipment.

Service Developments

A major new development in stenting became available mid 2002. It is a drug-coated stent, which reduces the need for repeat angioplasty. There has been a move to provide a service for more acute treatment for patients with unstable coronary syndromes, both within this hospital and referring centres. Markers can identify patients who benefit from this early treatment.

A telecardiology project was initiated which aims to provide a facility for transferring digital angiography images and data from Regional Hospitals to St. James's and facilitates interactive teleconferencing using this data. This means that diagnostic quality cardiac images of patients for discussion/referral can be reviewed and discussed simultaneously by experts in two different locations. The introduction of this system between St. James's and Sligo General Hospital has already had many benefits for patients, which include: -

- Support for healthcare over a distance,
- Improved speed of access to referral pathways,
- Rapid transfer of images in emergency cases.

The Cardiology co-ordinator provides risk factor assessment, education and appropriate referrals for all angioplasty patients. The number of angioplasty patients increased this year to just over 800.

A new educational programme has been developed for patients with ICD's (Implantable Cardioverter Defibrillators). A total of 82 ICDs have been inserted since 1996, with 26 of these inserted during 2002.

All smokers attending the cardiovascular units are offered smoking cessation advice and literature from the Smoking Cessation Nurse Specialist. The 6-week support programme is proving successful and had a 'quit rate' of 29% at the end of the first year. The winner of the National Nicorette "Quit Smoking Award 2002" acknowledged the smoking cessation programme at the hospital as the main key to their success.

The Angio Day Ward is now managed as a 'nurse-run' unit, where patients are seen prior to their procedure, consented, cannulated and are followed from time of their procedure through to discharge. Coronary risk factors are also assessed. The new clinical nurse specialist has also developed skills in performing arterial sheath insertion and closure devices in the cardiac catheterisation laboratory.

During the year a Cardiology Registry for the Coronary Care Unit (CCU) was initiated and training provided for the nursing staff.

Dr Kathleen Bennett, continued research on cardiovascular disease and has provided statistical consultancy and training for several projects within the CRest Directorate. In 2002 research included: -

- Examining patterns of prescribing in patients with established coronary heart disease.
- Patient compliance with medications.
- Trends in prescribing over time in relation to mortality.
- The relationship between socio-economic status and geographical region.

A Clinical Nurse Specialist for heart failure was appointed during 2002. This position is funded by Roche Pharmaceuticals. Development of the heart failure service is being progressed to: -



Clinical Director
Professor Luke Clancy

Nurse Manager
Ms. Mary Foley

Business Manager
Vanessa Clarke



Marketing Manager, Nicorette, Mr. David Bathe - Winner of "The Quit Smoking Award 2002" and Ms. Carmel Doherty, Smoking Cessation Nurse Specialist at St. James

- Improve the post-discharge management of patients with chronic heart failure.
- Improve the quality of life of patients with chronic heart failure.
- Avoid unnecessary hospital readmissions.
- Provide seamless care between primary and secondary care.

Cardiac Rehabilitation

Cardiac Rehabilitation continues to provide a comprehensive service to inpatients, outpatients and their families via the multidisciplinary team. In 2002, 199 patients completed an outpatient's programme. A new initiative this year was the introduction of "CPR for family and friends". This proved very popular and successful, with 78 people participating in the 11 courses held throughout the year.

RESPIRATORY MEDICINE

In 2002, Dr. Joseph Keane took up the post of Consultant Respiratory Physician. During the year, an essential dataset, demonstrating the extent of lung cancer was expanded and developed by the new Lung Cancer Data Manager.

New areas of interest in the laboratory included cardio-pulmonary exercise testing on thoracic surgery patients to assess post-operative prognosis. Patients with lung cancers who are being assessed for surgery are exercised to assess VO₂max along with routine lung function studies. The results were closely monitored.

CPAP Patient Assessment and Review.

A database of patients currently on CPAP therapy has been set up and laboratory staff carry out a technical review. Results are sent to relevant Consultants, and patients are advised accordingly.

Technicians from St. James's were involved in the establishment of the new Irish Association for Pulmonary rehabilitation.

The Respiratory Nurse continues to work closely with the multidisciplinary team to provide the highest standard of care possible. Respiratory patients are provided with essential education and advice on inhaler technique, nebuliser and home oxygen advice, disease process and asthma self-management plans in addition to support. Advice is also given to patients on smoking cessation in the form of brief intervention. Patients also have the option of returning on a weekly basis for one to one counselling and support.

Lung cancer service

There were 268 patients diagnosed with lung cancer in St. James's Hospital in 2002. Patient care was enhanced as communication between all teams involved in the care of lung cancer patients was improved and developed during the year. This was facilitated by the roles of the Lung Cancer Co-ordinator and the Clinical Nurse Specialist. Regular in-service education for staff is now in place.

Non Invasive Ventilation (NIV)

Frequent in-service training sessions for the nurses on John Houston Ward developed a high level of expertise, which enhanced the NIV service in 2002.

A total of 66 patients were ventilated non-invasively, which is an increase of 35 on 2001. This released intensive care beds and reduced the length of stay for patients in Type 2 Respiratory Failure. Non-invasive monitoring of Carbon Dioxide levels has begun on the ward with the use of capnographs.

Respiratory Assessment Unit

This unit was opened in November 2002 and during the first two months staff treated 53 patients and carried out 61 home visits. This new scheme means that patients with COPD are discharged two or three days after admission and are then monitored at home for up to fourteen days post discharge. It is hoped that this will reduce the length of stay from 10.5 days (2000) to less than five days. International data has shown that caring for patients in this way costs 62% of the cost of inpatient care. The scheme is proving very successful with both patients and their families.

CARDIO-THORACIC SURGERY

In 2002, 566 cardiac surgery procedures were performed. This was 25% above the target set in 2000. Since 2001, no patient has waited longer than 12 months for surgery. Approximately two out of three patients were operated on within one month and only a small number of patients (approx 1/10) waited more than 6 months. This demonstrates a continued, dramatic improvement in the provision of cardiac services.

St. James's Hospital receives referrals to the thoracic surgery unit from all over Ireland. It is estimated that more than a fifth of Ireland's lung cancer cases are seen here each year, in addition to dealing with a wide range of benign pleural disease and more rare intra thoracic malignancies.

Since the commencement of cardiac surgery, four Nurse Practitioners have been appointed to the service and participate in all aspects of patient care including assisting in cardiac and thoracic surgical procedures. The nurse led pre-admission clinic registered 200 patients in 2002, which represents 73.4% of elective cases. The clinic has had a positive impact ensuring maximum usage of beds and theatre time.

Patient Analysis and Tracking System (PATS)

Information about waiting lists, details of the patients' medical condition, operation and post-operative course is captured and analysed by PATS, which is a powerful audit tool. Clinical information captured and analysed on the PATS provided the basis for a comprehensive annual report for cardiothoracic surgery, which was published during the year.

CareVue

The CareVue Clinical Information System provides computerised clinical documentation in the Keith Shaw Intensive Care Unit and in the two cardiac theatres. An evaluation and survey of this system during the year indicated user satisfaction and demonstrated key benefits including the value of computerised prescriptions system compared to the paper based process. Clinicians are using the database of clinical data for research and audit purposes.

PALLIATIVE CARE

St. James's Hospital is at the forefront of the development of specialist palliative care in Ireland. The specialist palliative care team offers an advisory service and critical support to the principal team with the aim of maximising the quality of life at all times. Support and reassurance is provided to patients and families who are concerned about caring for patients at home. A link is made available to other elements of specialist palliative care services nationwide (specialist inpatient hospice care, daycare and homecare teams).

Education

An 'Introduction to Palliative Care' course was introduced for staff nurses in St. James's Hospital and to date 160 staff nurses have completed the course. Two specialist registrars are currently training in the specialty.

Specialist Palliative Care Activities:	Number
Total Number of patients seen	531
New referrals	425
Family meetings	219
Referrals to community palliative care services	135
Average waiting Time for Hospice Bed (in days)	8.99
Transfers to Our Lady's Hospice	52
Patients who died in St James's Hospital	215

Research

Based on previous research, an integrated care pathway for the dying patient was piloted on the respiratory ward over an 8-month period. The evaluation of this pilot study is very positive.

Audit

An organizational audit is conducted annually providing statistical evidence of service activity, team activity, patient outcomes and service trends.

Quality

Quality measures are an integral part of clinical practice and future developments of the service in line with national policy objectives and the Service Plans of St. James's Hospital. Efforts continued during the year to improve equity and accessibility of the service across the range of specialties. The service currently cares for one in every four deaths within the hospital.

PHARMACOLOGY AND THERAPEUTICS

The Department has a number of critical roles within the hospital: -

- It contributes to Acute General Medical Services.
- It provides specialist assessment and management of patients with hypertension and lipid abnormalities.
- It has a proactive involvement in the National Centres for Medicines, Information, Pharmacoeconomics and the Centre for Advanced Clinical Therapeutics.

In 2002, the demand for the acute medical services continued. This was also impacted by the growth of an older age patient population.

The rapid access hypertension assessment service is now established with a nurse led home monitoring

service. The addition of the arterial wave analysis had enhanced the risk stratification of patients, particularly those with hypertension and heart disease. The Centre for advanced Clinical Therapeutics initiated a series of courses for health care personnel.

The department provides the only Higher Specialty training Clinical Pharmacology and Therapeutics in Ireland. It provides essential statistical support to the St. James's Hospital contribution to the Cardiovascular Health Strategy.

The Department continued to have an active involvement in research, which is reflected in the publications section.

VASCULAR SURGERY

The vascular surgery specialty plays three pivotal roles within the hospital:-

- Assessment and management for patients with arterial disease, both cerebro-vascular and peripheral.
- A comprehensive venous service
- Non-invasive vascular assessment for all departments within the hospital and for many external hospitals.

One of the highlights of the year was the opening of the new endovascular suite. Work is in progress to upgrade the suite to theatre specifications. The consultants have

over the years pioneered endovascular techniques with excellent results. In 2001, 63 infrainguinal bypasses were performed and 66 infrainguinal angioplasties. In contrast, the number of bypasses had fallen to 41 while angioplasties had increased to 85. Stent grafts were used to manage aortic aneurysms and aorto-iliac disease in high-risk surgical patients and carotid angioplasty with cerebral protection in a carefully selected group of patients.

The number of leg ulcers treated in the Veins Unit continues to increase with excellent healing rates. 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 on a new compression dressing concluded and results are awaited. The department was chosen as a partner in an EU CRAFT project and work will continue on this next year.

A very successful varicose vein waiting list initiative continued with a reduction in waiting times to six months.

The vascular laboratory remains extremely busy with expansion of the role of peripheral duplex imaging in selecting patients for endovascular management. Three new trainees joined the unit and two vascular technologists submitted theses to Trinity College for M.Sc. degrees. Two further theses are in progress.

HOPE Directorate

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

Service Trends

The Directorate concluded a successful year with the largest number of patients treated, a significant increase in Consultant appointments and the development of new services. A further six beds were obtained, facilitating an increased capacity to treat high-grade haematological malignancies and solid tumours, in addition to the development of a specialised oncology service in Walter Stevenson Ward. These developments will come on stream in 2003.

HAEMATOLOGY

- The UK/Ireland Chronic Myeloid Leukaemia Forum meeting was held in St. James's with 50 Haematologists attending from the UK and Ireland. The event was extremely successful and supported by the Irish Cancer Society, the Bone Marrow for Leukaemia Trust Fund, Amgen, Schering-Plough and Novartis.
- During the year Dr. Paul Browne became a member of the European Blood and Bone Marrow Transplant Group Working Party for Multiple Myeloma.

- Dr Beatrice Nolan, special interest in Coagulation, former Specialist Registrar in Sheffield Trust Hospitals.

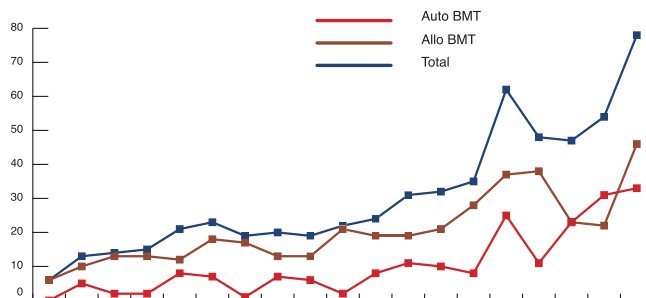
Following an all Ireland clinical trial with the new anti leukaemic drug Glivec, patients are receiving this drug as initial therapy. Glivec has already had an impact on the numbers of bone marrow transplants being carried out for chronic myeloid leukaemia. Further research is required however, to learn more about long-term efficacy and impact on transplant numbers.

To facilitate this research, a National database for CML has been established, in association with the Haematology Association of Ireland. The goal is that all diagnostic and therapeutic information will be entered on every newly diagnosed CML patient in Ireland from January 2003. The Bone Marrow for Leukaemia Trust has agreed to provide funding for a research nurse until October 2004 to underpin this work.

The Bone Marrow Transplantation Programme

The Blood and Bone Marrow Transplant Service had its' busiest year to date since it was established in 1984. (Figure 1) The drop in allogeneic transplant numbers in 2000 - 2001 was due to the closure of the ward for 8 months for reconstruction.

Figure 1. St. James's Hospital Transplant Program 1984-2002



	2001	2002	% Var
In-patients	1185	1349	13.8%
Out-patients:			
New	1008		
Return	4656		
Total	5664		
Day Case Activity:			
Haematology/			
Oncology Day Care	10,148	13,190	30%
NCHCD	4608	5561	20.68%

New appointments at Consultant Haematologist level included:-

- Dr. Eibhlin Conneally, PhD in Molecular Biology was an Attending Physician at Vancouver Hospital and British Columbia Cancer Agency.
- Dr Vandenberghe, PhD in Molecular Biology, former Director of the Blood and Bone Marrow programme in Sheffield Trust Hospitals.



Clinical Director
Professor Shaun McCann

Nurse Manager
Ms. Mary Day

Business Manager
Ms. Jennifer Feighan

Figure 2. Classical high dose Allogeneic Transplants 2002: By disease indication.

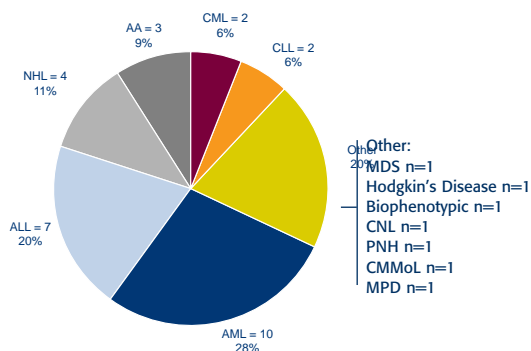


Figure 3. NST transplants 2002: Disease indication. NST = Non myeloablative transplants

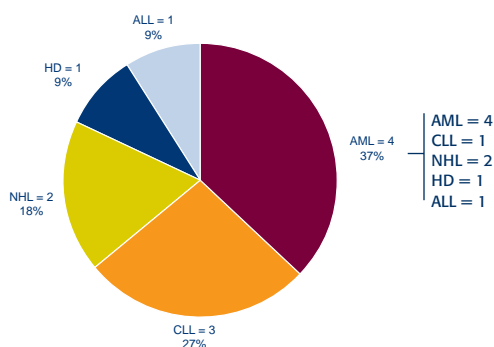
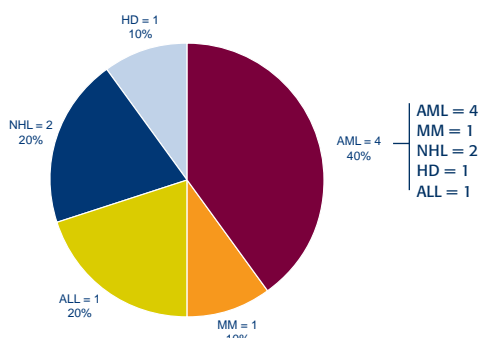


Figure 4. Autologous bone marrow harvests 2002: Disease indication



Bone Marrow for Leukaemia Trust

Founded in 1980 to support St James's bone marrow transplant and leukaemia unit, the Trust has provided more than €11.5m to the Hospital, patients suffering from leukaemia or requiring marrow transplantation and their relatives.

The Trust's aims are currently focused on providing assistance for patients, funding for research and staff support in the fields of leukaemia and marrow transplantation.

Key funding received in 2002 included:-

- €18,000 to refurbish the apartments originally bought by the Trust near St. James's as hostel accommodation.
- A Bone Marrow for Leukaemia Research Fellowship was established for young clinical staff interested in leukaemia research. It is intended that this will be an annual award of €50,000. Dr Amjad Hyatt was the first recipient of the research fellowship.
- €37,200 towards salaries associated with a chronic myeloid leukaemia research programme.
- €63,500 for the part purchase of a Flow Cytometer in conjunction with Our Lady's Hospital for Sick Children.

ONCOLOGY

Activity levels continued to increase in the Oncology service this year.

- The Walter Stevenson in-patient unit has now been open for more than a year and is functioning well with a highly skilled cohort of specialist oncology nurses providing patient care.
- Day treatment activity continues to increase and the day care facility is now operating at full capacity with the dedicated and committed efforts of the staff. The effectiveness of the day ward has been enhanced by the recent appointment of senior nursing staff.
- The Cancer Genetics programme was also boosted with the appointment of two Nurses. A counselling and testing programme for persons and their families suspected of harboring genetic predisposition to cancer is now operational.

While the clinical workload in medical oncology remains high, research and teaching commitments are also important. The First Specialist Registrar from the National Programme for Specialist Registrar training in

Medical Oncology commenced in July 2002. The ability to contribute to the specialist training of medical oncologists will be enhanced significantly by the appointment of a third medical oncologist with a specialist interest in lung cancer. As St James's treats over 20% of the lung cancers in the country and has one of the highest resection rates nationally for this disease, this appointment will be of critical importance to the development of the oncology programme in the next few years.

The Cancer Clinical Trials Consortium Programme

Programme Director **Dr John Kennedy**
 Scientific Director **Professor John Reynolds**
 Programme Manager **Jennifer Feighan**

The Cancer Clinical Trials Consortium Office (CCTO) was opened in November 2002. The project is supported by the Ireland/Northern Ireland/US National Cancer Institute Cancer Consortium, which was established following the signing of the Belfast Agreement in 1999. The goal of the NCI Consortium is to foster better prevention, early detection and treatment of cancer for all people on the island of Ireland.

The consortium includes Principal investigators from:

- St James's Hospital (Professor John Reynolds and Dr John Kennedy)
- St Luke's Hospital (Professor Donal Hollywood)
- The Midland Health Board, (Dr Gerard Crotty)
- The Coombe Women's Hospital (Dr Noreen Gleeson)
- Our Lady's Hospital for Sick Children, Crumlin (Dr Aengus O Marcaigh)

Clinical trials are an essential part of developing better cancer prevention and therapeutic strategies and are acknowledged worldwide as the best way to advance patient care at the bedside. Irish hospitals will be able to participate in world-class clinical trials involving the latest advances in cancer chemotherapy, radiotherapy, vaccine therapy and surgery, helping to ensure that these new and effective treatments are available more readily to patients in Ireland as a result of this funding. One of the strengths of the consortium will be the ability to co-ordinate trials of common malignancies that require therapy at the participating hospitals. The aim of the consortium is to ensure the availability of high quality cancer clinical trials for patients with a wide variety of malignant diseases.

The consortium will focus on adult cancers including common malignancies such as breast, colon, lung, as well as other tumours for which St James's Hospital has a large referral base; notably oesophageal cancer, lymphoma, leukaemia and myeloma. Gynaecologic malignancies such as cervical and ovarian cancer are diagnosed in the Coombe Women's Hospital. Clinical cancer research into childhood malignancies in Ireland will be greatly strengthened by the participation of Our Lady's Hospital for Sick Children in this programme, as this is the only institution providing care for children with solid tumours, in addition to many children with childhood leukaemia.

The Central Cancer Clinical Trials Office will administer clinical trials at SJH, liaise with the Irish Clinical Oncology Research Group (ICORG), the HRB and the Irish Medicines Board, conduct audits, disseminate information to consortium partners, train, develop and educate staff, engage in high quality research, monitor accrual to ICORG studies at all sites and report to the Consortium Steering group.

NATIONAL CENTRE FOR HEREDITARY COAGULATION DISORDERS (NCHCD)

The Year 2002 has brought many changes. There have been many additions to the staff at all levels including nursing, administration and new Consultant Haematologist, Dr Beatrice Nolan who commenced in August 2002. A new factor concentrate nurse co-ordinator was appointed to co-ordinate home delivery and home usage of factor concentrate.

The clinical activity continues to grow with an extra 27% activity in 2002 compared to 2001, showing an increase of 100% over a two-year period.

In 2002, the oral anticoagulant clinic (Warfarin Clinic) was transferred into the HOPE directorate, under Coagulation Medicine. A new computerised dosing system was selected and will be implemented in 2003.

A steering committee to oversee the transfer of Paediatric Haematology to Our Lady's Hospital for Sick Children (OLHSC) and St. James's Hospital was established in 2002. It is envisaged that the NCHCD will have a paediatric coagulation clinic once weekly, but all other care will be provided in OLHSC.

Detailed proposals were submitted for the development of a comprehensive quality-monitoring programme during the year.

Achievements

- Dr Owen Smith was promoted to Professor of Haematology with a special interest in Paediatrics.
- Dr. Barry White was appointed Clinical Director of the Central Pathology Laboratory (LabMed).

Nursing

In 2002, nursing services in the HOPE Directorate saw a number of new appointments, key achievements and developments through the year.

Links with Belfast City Hospital were strengthened through a research project on Nursing Leadership in collaboration with Ulster University. The underlying principle of this study is to develop patient focused nursing practice, through group processes and action research, based on principles of transformational leadership. Two symposiums involving oral presentations from representatives of the participants in this project have been presented at two International

Nursing Research Conferences in Exeter and in Keele. Another innovative nurse led research project currently undertaken in Hope is Wisecare (Workflow Information System for European Nursing Care). This is a patient focused project that aims to evaluate whether a systematic approach to cancer nursing, underpinned by evidence-based guidelines and supported by appropriate information technology, impacts positively on specific patient outcomes.

The education facilitator developed a successful Haematology programme, which is hosted twice a year and attracts nurses from all over Ireland.

Nursing Achievements

- The chemotherapy team secured second prize for their poster presentation on the development of nurse led PICC Insertion at the second conference held by the National Council for Professional Development, in Dublin.
- Victoria Graham, Nurse Specialist in NCHCD secured, "best oral presentation", prize, at the Haematology Association of Ireland.
- A number of nurses presented poster presentations at national and international conferences.

Regional Support for Cancer Services available to St. James's Hospital

The Cancer Clinical Research Unit, funded by a grant from the HRB to a consortium of investigators, opened earlier this year. The launch was a high-profile event and provided an opportunity to highlight the activities of the unit. Plotting optimal referral patterns and the patient's care pathway within a Regional Cancer Service, this project will help maximise current resources and aid the multi-disciplinary team to prioritise future strategic development.

MedEl Directorate

Medicine for the Elderly

Medicine for the Elderly has developed a modern service centred on high quality patient focused care. The comprehensive range of services for elderly patients spans acute admission wards, rehabilitation wards, continuing care wards, a day hospital, outpatient facilities, a research institute and well-structured links with community services.

MedEl also has a major teaching responsibility in medicine and nursing, as well as in areas of physiotherapy, occupational therapy and speech therapy.

In collaboration with the Mercers Institute for Research on Ageing, work continues at national and international levels to conduct research on ageing. The directorate also works closely with the Dementia Services Information and Development Centre, which provides information, education and training to professional care providers who work with people who have a dementia.

Bone Densitometry

This service has been underpinned by significant investment in both staff and equipment. The first Nursing Specialist post for Medicine for the Elderly was appointed to the unit during the year. The full time DEXA Radiographer works in the unit, which involves input from the Consultants and registrars within the Directorate.

Further expansion of Home from Home project

This year, staff were appointed to the extended care unit funded by the Home from Home Project. Improved treatment for the patients included; physiotherapy, occupational therapy, speech & language therapy, clinical nutrition, pastoral care and an arts/activity coordinator.

Centre for Excellence

The brief for the new Centre of Excellence for MedEl and MIRA has been submitted to the ERHA and on going discussions are taking place with regard to early implementation of these plans.

Staff movement

In December 2002, Dr. Bernard Walsh stood down as Clinical Director after 10 years in this role. During his time as Clinical Director he contributed greatly to service developments reflecting improvements for both patients and staff.

Education and Research Activities

The Diploma and Masters Courses in Clinical Gerontology continue to be extremely successful. Six Nurses attained the MSc in Gerontological Nursing in 2002.

THE MEMORY CLINIC

The Memory Clinic is part of the Department of Geriatrics and Psycho-geriatrics at St. James's Hospital. The main purpose of the Clinic is to help establish a diagnosis for patients with memory problems where diagnosis is unclear and to provide information to them and, if appropriate, their family members. At the Memory Clinic patients are assessed with a variety of diagnoses including Alzheimer's Disease, Vascular Dementia, Dementia of Lewy Bodies and Frontotemporal Dementia. The clinic also initiates treatment in patients with an established diagnosis of dementia.

To date there has been a considerable increase in the volume of patients treated at the Clinic and also the number of patients awaiting assessment.

NEW DEVELOPMENTS

The falls and osteoporosis unit

A combined assessment clinic for osteoporosis and falls was opened in December 2002. These two conditions often co-exist in the elderly and the clinic was established in response to an increased awareness that a comprehensive approach to the prevention, assessment and management of one of these conditions, would necessitate simultaneous screening for the other. The ultimate goal is the prevention of fractures.



Clinical Director
Dr. J. Bernard Walsh

Nurse Manager
Nuala Kennedy

Business Manager
Carol Murphy



The rate of new referrals has increased by 100% over the last 3 years since the introduction of new treatments.

Over the last year a number of new developments at the Memory Clinic have taken place. The time given over to feedback clinics and family meetings has expanded. Methods of clinical procedures and data collection and computer security systems have been updated. A standardised approach to research recruitment has been introduced and the referral process has been formalized to include a standardized letter with information for GPs. Staff are in the process of producing an induction manual for new staff and an information booklet for patients attending the Clinic.

Patient Assessment

Memory Clinic assessed 332 patients during the year. The clinic continues to receive an increasing number of referrals while maintaining its comprehensive follow-up of patients with cognitive impairment.

Intervention Clinic

This clinic was introduced on a bi-monthly basis in 1998 and now runs weekly in response to the increase in patient numbers. The aim is to provide patients starting acetylcholinesterase inhibitors, and their carers, with an opportunity to discuss treatment goals, as well as other aspects of therapy, such as dose escalation and side effects. Patients are reviewed after a six-month period to evaluate response to treatment. The clinic treated 27 new and 68 return patients in 2002.

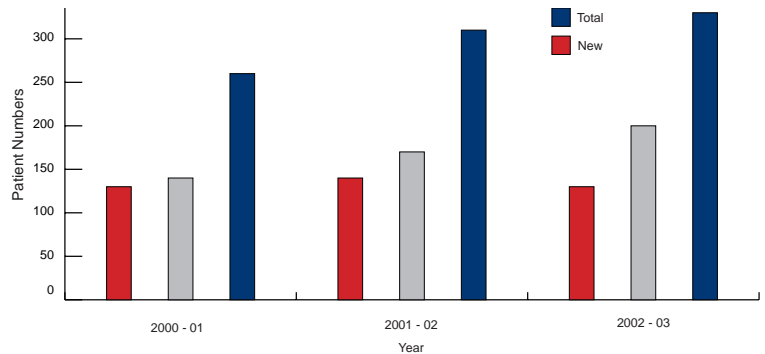
Memantine Clinic

Memantine is an NMDA antagonist licensed in November 2002 for use in moderate to severe Alzheimer's disease. A review of the available evidence was performed in December and a protocol for its use in clinical practice was completed. A survey of the patient population has identified 26 patients suitable for the clinic, which will commence in February 2003. Patients will be reviewed at three monthly intervals to monitor response. The data from the clinic will be analysed subsequently in the coming year.

Family meetings/feedback sessions

The Feedback clinic was introduced in July 2002 to meet with the needs of patients and carers. After an initial assessment, the family or carer is offered a meeting when appropriate with the multidisciplinary team. The patient's diagnosis and prognosis is discussed and explained fully to the family.

Table 1



Number of Patients seen at the Memory Clinic between January 2000-03

DEMENTIA SERVICES INFORMATION AND DEVELOPMENT CENTRE

Director

Suzanne Cahill

Professional activities in the centre continued to expand in 2002. Highlights included: -

- 44 workshops on person-centred dementia care delivered nationwide. The Health Board's Nursing Planning and Development units scheduled special study days focused on dementia as part of their 2002 calendar of professional educational events.
- Several journal clubs and extra-mural courses were provided to those seeking training outside of normal working hours.

Staff from the Centre also attended and participated at various local and international scientific meetings including the Irish Gerontological Society Conference, the Journal of Dementia Care Conference, the Gerontological Society of America conference and a national conference on older people and technology.

Education and Research

2002 also saw the launching of a new Fellowship scheme for post-graduate students interested in dementia studies, and the Centre's first MSc in Applied Research student, Nick Clarke, graduated with a first class honours degree.

Another highlight of 2002 was the successful completion of the Centre's own production of a training video entitled "Understanding Dementia". The video was made in direct response to requests from service providers and gives a broad overview of dementia.

Two research projects were completed during the year. The first, funded by the HRB and the Alzheimer Society of Ireland, explored the topic of architectural design and dementia and involved a national survey of nursing homes offering dementia care. The second project entitled *"the subjective experience of new patients attending a first appointment at a Memory Clinic"* was more local and was conducted within the hospital. Findings from this project have been used to design an information pamphlet for all new patients attending the Memory Clinic.

The year also saw the successful commencement of the fieldwork for ENABLE, a European funded project which investigates the role of assistive technology in promoting more independent living for persons with dementia.

Information services at DSIDC, supported by the rich library resources, continued to expand during the year and consultancy work has grown significantly during the last twelve months.

The Centre also worked closely with staff employed on some newly developed dementia-specific projects including the Case Management Project at the Alzheimer Society of Ireland and the new pilot project on dementia (aimed at preventing or delaying hospital admissions) in the South Eastern Health Board.

Partnerships were developed with service providers from both the MHB and NWHB where Task Forces on Dementia have recently been set up.

To keep up to date with developments visit the website www.dementia.ie or dementia-ireland.com.



SaMS Directorate

Dermatology, Endocrinology, Genito-Urinary Medicine and Infectious Diseases (GUIDE), Gynaecology, Neurology, Ophthalmology, Rheumatology, Clinical Neurophysiology and ENT.

The Directorate offices relocated to Hospital 5 in February. The transfer of the Urology Department from the SaMS Directorate to the GEMS Directorate and ENT from GEMS to SaMS took place early in the year. This transfer facilitated easier and more effective budgeting and planning, and a more streamlined approach to management of St. John's Ward.

During 2002 Anne Cuffe, was successful in her application for the Johnson and Johnson leadership programme with the Kings Fund London. Anne Brennan completed the Med School for Managers Programme run in conjunction with the Royal College of Surgeons and Beaumont Hospital.

Discharge Lounge

Use of the Discharge Lounge increased in 2002 with over 3,765 discharged from the facility. A satisfaction study conducted during the year revealed a large proportion of patients had positive views on this service.

DERMATOLOGY

The Dermatology Service is largely outpatient based with 4,926 patients seen in 2002. The ratio of new patient to return patient was 1:1007.

Two urgent referral clinics are held each month to assist in reducing new patient appointment waiting times.

The inpatient consultation service is active with a total of 332 inpatients assessed in 2002 by the dermatology team.

The Day Care Centre treated 2,818 patients in 2002. This is a nurse led service and is supervised by Dr. Louise Barnes. A UVL Users Group was established in 2001 in conjunction with the Medical Physics Department. This working group, representing dermatology nurses, physicists, physiotherapists and dermatologists from all over Ireland, met regularly during the year to discuss standards of practice.

Developments

Epidermolysis Bullosa

St. James's was designated to take care of adults with Epidermolysis Bullosa (EB). In February an EB Liaison Nurse was appointed to coordinate the care for these patients. A part-time multidisciplinary team has been established consisting of a secretary, psychologist, social worker, occupational therapist, nutritionist, and physiotherapist. This team will have very strong links with the community and the patient support group DEBRA, which has been very actively involved in setting up this national service. EB patients will benefit from the skills of many specialties within the hospital including Plastics & Reconstructive Surgery, General Surgery, Haematology, Endocrinology and Pain Therapy.

Education and Research Activities

Dr Bairbre Wynne, Registrar 2001/2002, successfully obtained a place on the ICHMT specialist registrar scheme in July 2002.

Dr Trevor Markham completed his SpR training in June 2002 and was successful in obtaining an MRC grant for studies in the Rheumatology Department, St. Vincent's Hospital.

The dermatology nurses in the Department have been active in setting up a new association called the Irish Dermatology Nurses Association. This is a 32 county association with their own constitution and has close links to the Irish Association of Dermatology.



Clinical Director
Dr. L. Barnes

Nurse Manager
Anne Cuffe

Business Manager
Anne Brennan



Consultant appointments included:-

- Dr. Alan Irvine who holds a joint contract between St. James's Hospital and Our Lady's Hospital Crumlin (8 sessions)
- Mr. Brian Kirby, Consultant Dermatologist who undertakes two clinics per month.

ENDOCRINOLOGY

The Endocrinology service encompassing the Diabetes Day Centre is primarily focused on the care of patients with Diabetes and Endocrine and Metabolic Disorders.

The service currently maintains four outpatient clinics per week. Sub-speciality clinics have been developed in the Diabetes Day Centre, including a Young Persons Clinic and an Insulin Pump Clinic. The Diabetes Day Centre had over 10,000 patient attendances in 2002.

Developments

Rapid change and development took place during the year including a large number of pioneering, patient focused initiatives:

- The development and installation of an integrated diabetes database and patient management system in conjunction with the Adelaide and Meath Hospitals, Tallaght.
- Initiation of an early morning clinic commencing at 7.30am, to accommodate patients who may have to travel to work etc.
- Introduction of an appointment system for the phlebotomy service within the Diabetes Day Centre, which will help to provide a better service for patients.

Preliminary work was initiated to develop and establish a 3-day course for professionals involved in CSII Therapy. Funding has also been received to establish a Radioiodine facility, which will be sited on the Victor Synge Ward. This will result in improved quality of life for patients by controlling the cancer and avoiding the stress and expense of travelling abroad for the treatment.

Since 1999, St James's has been a leader in the development of integrated shared care for Diabetes as part of the South Inner City partnership in Primary Care. The Unit continues to play an active role in the development of links with local GPs.

The Diabetes Education and Research Fund, in conjunction with the Lions Club and Servier Laboratories raised adequate funds to purchase, install

and operate a digital retinal camera in the Diabetes Day Centre. The camera will enable all new and return attendees to the Day Centre to avail of eye screening during their visit to the Centre. The images will be stored electronically and forwarded to Ophthalmologists in the Eye & Ear Hospital for grading, further investigation and treatment as appropriate.

The Endocrine Unit operates a very active research agenda with consultants actively involved in a number of clinical trials/research. The main research areas are as follows: -

- Clinical and basic Pathophysiology of Type 2 diabetes;
- Exercise, insulin signalling and insulin resistance;
- Nutritional Genomics in Type 2 Diabetes;
- Genetics of Type 2 diabetes, sub-phenotypes and complications;
- Relationship between Insulin Resistance and Atherosclerosis (EGIR);
- IT, bioengineering and mathematical approaches to diabetes (MEDILINK)

This research is funded from a wide range of sources including the EU Commission, the Health Research Board; grant support from the pharmaceutical industry and seed support from the biotech sector. Professor Nolan's research programme is co-ordinated by the Diabetes Education and Research Fund, a registered charity.

A new Diabetes Data Manger was appointed in 2002 with the primary responsibility to oversee the implementation of an electronic Diabetes Database and Patient Management System (DIAMOND).

GUIDE

The GUIDE service operates a combined Genito-Urinary medicine and Infectious Diseases (GUIDE clinic) service. This covers sexually transmitted diseases and sexual health in general, HIV medicine, general infectious disease care and the medical application of clinical microbiology. During 2002, the service continued to expand in response to increased demand.

Services provided include the operation of 14 outpatient clinics per week (7 general STI clinics, 2 syphilis clinics, 3 HIV clinics, 1 HIV-Hepatitis C co-infection clinic and 1 infectious disease clinic).

The demands on the outpatient service continued to grow in 2002, with over 19,000 outpatient attendances. (see table overleaf)

Description	New	Return	Total
General STI Service	6,677	7,142	13,819
Young Persons Service	225	225	450
Syphilis Service	220	743	963
Infectious Diseases Outpatient Attendances	91	146	237
Hep C Outpatient Attendances	50	314	364
HIV Attendances	226	3,353	3,579
Total Outpatient Activity	7,489	11,923	19,412

Developments

The exponential rise in attendances at the STI clinic resulted in the introduction of a waiting list and an appointment schedule for these clinics. The significant increase in the number of non-EU nationals entering Ireland has resulted in a dramatic shift in the demographic profile of patients seen at the STI clinics. The impact of this change, both in terms of numbers and demographic profile is reflected not only in the number of STI attendances, but also in the spectrum of disease presentation as a result of differing prevalence and manifestation of disease in the countries of origin.

A total of 225 new patients were referred to the HIV clinic since 1st January 2002 with a total HIV-positive cohort now exceeding 1,500 patients.

The clinic has been pivotal in the development of national guidelines for the treatment and management of HIV infection in pregnancy. Furthermore, the introduction of routine HIV screening at the general STI clinics and the expanded drug services within the community continue to identify a significant number of new patients.

In addition to a hospital-wide consult Infectious Disease (ID) service, a weekly general Infectious Disease Clinic is also provided for follow up of consult patients and direct GP referrals.

Collaboration with the Department of Microbiology, Pharmacy Service and medical and surgical colleagues in developing the Revised Empirical Conditions for Antibiotics is ongoing.

Funding received from the ERHA facilitated the installation of a portocabin incorporating clinic and office space and the approval for the appointment of Liaison nursing posts in HIV Medicine, International Health and Infectious Diseases.

Major advances took place in the computerisation of the Unit's activities. All HIV/ID and Hepatitis C activity is now captured on the hospital system, allowing for more accurate statistical analysis and streamlining of clinics. The STD clinics will be incorporated into this system in early 2003.

The first ever Irish Sexual Health Nurse Practitioner was appointed during the year and a second Consultant in Infectious Diseases, Dr. Concepta Merry also joined the team.

GYNAECOLOGY

The Gynaecology Service continues to deal with a wide range of gynaecological cases seeing almost 4,000 outpatients throughout 2002, more than 1,600 of these were new referrals.

Oncology referrals to the service continued to increase with 122 new referrals received in 2002. This places increased demands on the service for day surgery, inpatient beds and access to MRI and CT scans.

Developments

In early 2002, a part-time Gynaecology Cancer Data manager was appointed. The primary function of this post has been to support the Patient Analysis and Tracking System [PATS] to update and verify current data. This bridged an important link for data collection between St James's Hospital and the Coombe Women's Hospital.

Given the increasing demands for Colposcopy from within the Gynaecology service, the GUIDE clinic, and GP's, a proposal for the expansion of the current Colposcopy service has been submitted for funding.

NEUROLOGY

The prime function of the Neurology service is to provide diagnostic service for inpatients in St James's and its immediate catchment area.

Three outpatient clinics are scheduled per week, managing a variety of neurological complaints. Neurological practice is becoming increasingly outpatient based and the demand for the service is expanding. In 2002, the service dealt with over 2,000 outpatient attendances, 886 of these were new referrals and there were 200 admissions during the year.

A hospital wide Neurology consult service is currently provided to meet the size and multi-disciplinary approach at St James's. Approximately 500 consults are requested from other specialities within the hospital.

OPHTHALMOLOGY

The ophthalmology service provides a diagnostic service for inpatients of St James and its immediate catchment area.

In 2002, the workload increased with more than 1,900 attendances and 900 new patient referrals. The existing service will be enhanced with the availability of laser treatment and diabetic eye screening via camera, which is planned for the future.

RHEUMATOLOGY

The Rheumatology specialty provides outpatient and inpatient services for patients attending with Rheumatic and allied conditions.

The Rheumatology Day Centre operates three nurse led clinics per week. In 2002, three weekly outpatient clinics recorded more than 3,900 patients visits. In late 2002, a twice-monthly aspiration clinic was introduced and the opening hours of the Rheumatology Day Centre were extended by an additional morning per week. Total attendances for the Day Centre for 2002 totalled 2,334, an increase of 91% over 2001 attendances.

During 2002, a second Consultant Rheumatologist, Dr. Cunne and Specialist Registrar Dr. Barry O'Shea were appointed to the Rheumatology Team.

CLINICAL NEUROPHYSIOLOGY

Clinical Neurophysiology provides a range of investigative/diagnostic services including routine Nerve Conduction Studies (NCS), Electromyography (EMG), Quantitative Sensory Testing (QST), Electroencephalography (EEG) and Somatosensory Evoked Potentials (SSEPs), Brainstem Auditory Evoked Responses (BAERs) and Visual Evoked Responses (VERs).

Education and Research Activities

Group sessions for neurophysiology measurement are conducted each month for technicians from Cork, Limerick and Dublin. The aim is to teach and improve methods and standards of neurophysiological investigations carried out within the service.

ENT

The ENT/ Head and Neck Surgery Service provides care for patients with both benign and malignant conditions affecting the ears, nose and throat and has links with the AMNCH, Tallaght.

The service recorded 584 inpatient admissions in 2001. The Surgical Day Ward was also utilized for minor procedures and 223 patients requiring ENT procedures attended the Day Ward during the year. In 2002, almost 5,000 outpatients were treated by the outpatient service, which provides four outpatient clinics a week, 2,200 of these patients were new referrals.

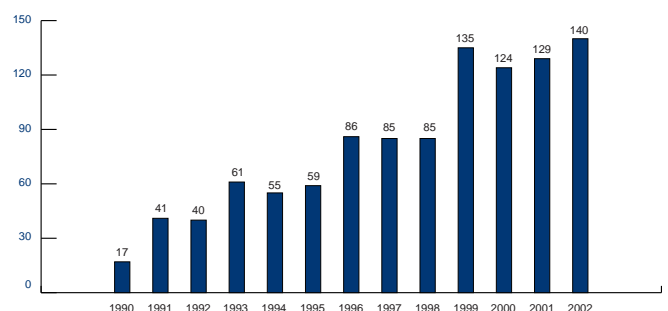
ENT deals with and is supported by an audiology service providing testing and measurement of hearing functions for diagnostic purposes.

HEAD AND NECK CANCER SERVICE

St. James's Hospital is a National Tertiary Referral Centre for head and neck cancer. This form of cancer now represents over 9% of St. James's total cancer workload, with 140 newly diagnosed head and neck cancer patients treated here in 2002.

The service was successful in obtaining oxygen and suction facilities for all beds in St. John's Ward during the year.

Head & Neck Cancers SJH



GEMS Directorate

Gastro Intestinal Medicine and Surgery, General Medicine including; Hepatology, Renal Medicine, Urology, General Surgery and Immunology.

New additions to the management team helped to support a series of important developments for the Directorate in its' third year of operation. The ENT specialty transferred to the SaMS Directorate and the Urology specialty became part of GEMS, increasing the scope of services.

Nursing

The successful introduction of team nursing throughout GEMS was embraced by nursing staff and continues to develop on all wards. Nurse vacancy levels have fallen significantly since 2001, and the focus for 2003 is to develop the existing staff and strengthen the skill mix.

GASTRO-INTESTINAL MEDICINE (GI)

A comprehensive audit of upper GI cancer was conducted in 2002. This study examined, in detail, the numbers and profile of patients presenting for care, the treatments provided and the 12-month survival rate of both oesophageal and stomach cancers. This auditing process is ongoing and has proven valuable for both the surgeons and the physicians specialising in GI Medicine.

A multi-disciplinary team, lead by St James's, developed a quality initiative on integrated Care Pathway for upper gastrointestinal patients. It aims to streamline the multi-disciplinary Care Pathway for patients with upper GI cancer to enhance the existing service.

GI FUNCTION UNIT

The GI Function unit provides a diagnostic service aimed at highlighting problems in a patient's gastrointestinal function to both GI physicians and surgeons.

HEALTH CARE CENTRE

The Health Care Centre in St James's continues to be the largest endoscopic unit in Ireland providing the only endoscopy postgraduate training programme for nurses.

Trials for new equipment took place during 2002 involving Medical Physics, Planning and Commissioning and the medical team in the Health Care Centre. The evaluation of this equipment is almost complete.

GENERAL MEDICINE

The key focus during the year was preparation for the opening of the Acute Medical Admission Unit (AMAU), a high intensity, short-stay area with emphasis on rapid diagnosis, prompt investigation and treatment. All medical patients requiring emergency admission will be admitted through the AMAU.

A discharge process manager has been appointed to ensure that planned discharge is a priority and to contribute to the goal of reduced length of stay. A steering group has agreed specific performance indicators for the AMAU, measuring the time it takes to admit patients from the Emergency Department and monitoring their length of stay in the unit.

HEPATOLOGY

The purpose-built Hepatology Centre provides integrated services for the treatment of all forms of liver disease. Services offered to patients expanded with the introduction of a new clinic timetable to ensure the most appropriate care is given to patients.

A new service specifically for Haemochromatosis patients has been established and a clinic takes place each week in the Hepatology centre. The nursing team continue their work with the community by meeting with different groups on health education and information on liver disease.



Clinical Director
Dr. PWN Keeling

Nurse Manager
Catherine Carey

Business Manager
Patricia Malone



RENAL MEDICINE

An acute dialysis service is provided in St Kevin's ward and ICU. In early 2002, renovations to the existing dialysis unit were carried out to provide two separate dialysis bays within the unit.

In May 2002, the dialysis nursing staff held the 4th Annual Renal Study Day here in St James's. It was very well attended by nursing staff from all over Ireland and feedback was very positive.

A Renal Education Program at the Renal Anaemia and Low Creatinine Clearance Clinic takes place once a month. A Clinic has also been established for renal patients who require I/V Venofer Injection.

GENERAL SURGERY

The General Surgery Unit provides emergency and elective services with 58% of admissions coming through the Emergency Department.

By 2002, activity in the breast clinic has risen by 75% since 1998, the first fully operational year for the clinic. An average of 10% of the patients attending the clinic are diagnosed with breast cancer.

The appointment of a data manager in 2002 has ensured complete data collection for all colorectal cancers treated in St James's Hospital. An audit of the first year has now been completed.

IMMUNOLOGY

A home therapy immunology service is in operation for patients who have been diagnosed as having Hypogammaglobulinaemia and require regular replacement therapy with immunoglobulin.

The number of patients now being treated at home has grown significantly since the introduction of this service in 1999. It is anticipated that this service will continue to expand allowing more patients to be treated at home.

TRAUMA

This directorate was in the early stages of formation in 2002 and includes Plastic and Reconstructive surgery, The Burns Unit, Maxillofacial Surgery, Orthodontic and Cleft Unit and Orthopaedic Surgery.

PLASTIC AND RECONSTRUCTIVE SURGERY

The National Plastic & Reconstructive Surgery Unit provides an essential referral service for Consultants within St. James's, GPs and Consultants of many specialties nationwide. A broad variety of Plastic Surgery problems are managed including hand surgery, skin cancers, cleft lip and palate, vascular malformations and reconstruction following surgery for cancer. Two specialised areas of expertise are the management of burn injuries and laser treatment for congenital and acquired pigmentary conditions of the skin. Plastic Surgeons work closely with other specialties in the hospital, including ENT, Maxillofacial, Orthodontics and Dermatology.

In 2002, a significant amount of the workload continued to be of traumatic nature, particularly as a major tertiary referral service for major burns and severely injured hands. There is close liaison with many of the support services of the hospital, especially the Physiotherapy and Occupational Therapy departments who attend all clinics. This facilitates the early rehabilitation for those with major injuries.

Mr. Matt McHugh. Plastic Surgery Consultant retired in 2002. He contributed enormously to the department of Plastic Surgery over many years and was instrumental in establishing the Laser Unit, now an integral part of the department.



*Mr Denis Lawlor, Ms Patricia Eadie and Mr Matt McHugh
Plastic Surgery*

BURNS UNIT

The National Burns Unit treated 186 in-patients in 2002. The Unit consists of a 14-bedded self-contained ward, which includes its own operating theatre. A multi-disciplinary approach is used, with the occupational therapists, physiotherapists, dietician, social worker, psychologist, microbiologist and intensivists all playing an integral part in treating the burns patient, along with the surgical and nursing staff.

A burns patient can require treatment for up to 2 years after discharge. Physical treatment in the form of scar management, and in many cases, psychological management, was provided in a dedicated Burns Clinic, held on a fortnightly basis. Two further training courses in the Emergency Management Of Severe Burns (EMSB) were undertaken during 2002.

MAXILLOFACIAL SURGERY

The National Maxillofacial unit is based at St. James's and is the tertiary referral centre for patients with facial trauma, correction of jaw deformities (orthognathic surgery), dento-alveolar, orofacial oncology and maxillofacial congenital abnormalities of the oral tissues.

Work continued in close collaboration with the National Neurosurgical Unit in Beaumont Hospital, where major cranio-facial cases of skull base trauma and tumours are managed. The Maxillofacial laboratory provided essential support to surgeons concerned with the reconstruction of facial features, bone structure damaged by injury or disease.

ORTHODONTIC/CLEFT UNIT

The Orthodontic/Cleft Unit acts as a tertiary referral centre for the orthodontic management of patients born with cleft lip and palate.

As part of the policy of centralizing cleft services, existing links with the Children's Hospital Temple Street and Our Lady's Hospital for Sick Children Crumlin have been formalised with the establishment of a single multidisciplinary Dublin Cleft Team.

The unit continues to actively participate in the EUROCLEFT project, commissioned by the European Commission to promote optimal levels of care for children with clefts of the lip and palate throughout Europe.

Multidisciplinary clinics were ongoing during the year with colleagues in Maxillofacial, Plastics, Speech and Language Therapy and Audiology. Education and research links have been maintained with the School of Dental Science TCD.

Developments

The Dublin Cleft Team was involved in a collaborative study: The Irish Genetic Study of Cleft Lip and/or Palate, with the Health Research Board, Trinity College Dublin, and the National Institutes of Health (NIH) of the USA.

Dr Aisling O Mahony was appointed Consultant Prosthodontist in July 2002. This is a new post dedicated to the Prosthodontic management of cleft patients and also patients who have had ablative surgery.

ORTHOPAEDIC SURGERY

The Orthopaedic Department continued to offer a high quality service to St. James's catchment area, as well as providing tertiary referral center for various specialist areas. This involved complex hip revisions and periprosthetic fractures, complex upper limb work, haemophilia care, reconstruction of foot and ankle problems and sports injuries.

During 2002, first-rate junior staff maintained a high Orthopaedic and training standard, which was underpinned by the revamping of the Orthopaedic Department and reorganization of the Orthopaedic

Library and online computer systems. A more streamlined network means all staff can access the audit. An excellent standard of care was maintained in the Abraham Colles Ward throughout the year, supported by nursing staff.

In order to further strengthen the Orthopaedic care provided for patients, a new alliance is being established with St Mary's Orthopaedic Hospital in Cappagh.

All the Orthopaedic Registrars and Consultants have presented original papers at local, national and international meetings. These meetings included, the Irish Orthopaedic Association Annual meeting, Ireland, the American Foot and Ankle meeting, US, the International Society for Technology in Arthroplasty, UK and the Sir Peter Freyer Memorial meeting, Ireland.

Papers were published in Leukaemia and Lymphoma Journal, the Irish Journal of Medical Science and the European Journal of Traumatology.

Psychiatry

The Jonathan Swift Psychiatry facility, based in the hospital, provides acute in-patient facilities for Dublin South City Mental Health Service, catering for a population of circa 97,000 people.

A total of 557 people were admitted for treatment this year, of this total, 51 were admitted under the Mental Health Act, 1945. In the same period 566 patients were discharged from the unit.

Key challenges faced included step down facilities, especially for the older population, lack of facilities for patients with 'challenging' behaviour and the change in demographic profile of attendees.

The report from the Inspector of mental hospitals during the year was favourable, citing minor improvements, which will need to be addressed in the coming year.

Dr. Paul Scully was appointed Consultant Psychiatrist

Emergency Directorate

The Emergency Directorate comprises the Emergency Department, Emergency Observation Ward and Chest Pain Assessment Unit (CPAU).

The Emergency department operates a 24-hour, 365-day service to deal with emergency needs of the local population. It allows emergency access to the specialist services offered by St James's Hospital for patients who require resuscitation prior to admission.

The Chest Pain Assessment Unit operates within a critical care pathway for the evaluation and treatment of patients who arrive in Emergency Department with chest pain. The CPAU operates 24 hours a day, 7 days a week.

Developments

In 2002, there were a number of initiatives to improve the quality of care for patients awaiting placement in a hospital bed. Clinicians and senior nursing staff worked closely with management to improve the efficiency of transfers to wards and this is expected to have a positive impact on departmental operations.

In 2002, Mr P Plunkett and Ms G McMahon were both certified pilot phase collaborators in the CRASH trial. Mr Plunkett was Ireland's National Coordinator for the trial.

Workload Statistics 2002

Attendances	48,443
New	45,301
Return	3,142

Admissions

To EM Consultants	1,618
To EM Consultants (CPAU)	840

Advanced Nurse Practitioners

Major advances in continuing professional development have taken place in the past year for the Advanced Nurse Practitioners. The National Council for the Professional Development of Nursing and Midwifery granted site approval for three Advanced Nurse Practitioner posts in the Emergency Directorate. This highlights a milestone in the professional development of nursing in Ireland, as the first Clinical Career Pathways for advanced practice outlined by the Commission on Nursing (1998) have been implemented. Approval of the initial designated posts, was followed by the Accreditation of Valerie Small as the first Advanced Nurse Practitioner in Ireland (May

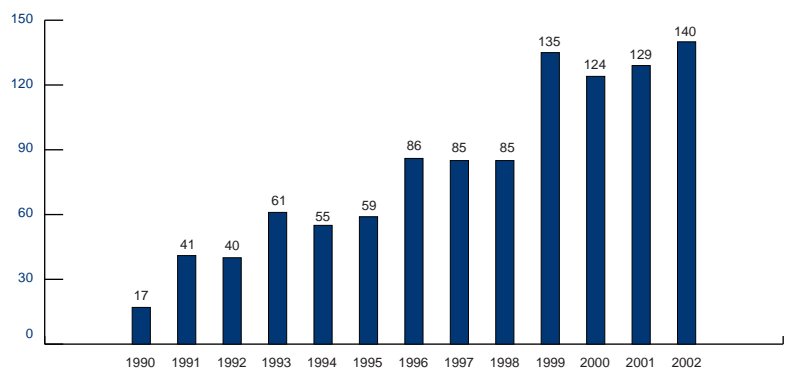
2002) followed by Olivia Smith and Gabrielle Dunne in September 2002.

Preparations for site approval of 4 posts are currently underway (three posts in Acute Ambulatory Care and one in Chest Pain Assessment). The Advanced Nurse Practitioner service in Ambulatory Care continues to expand the range and scope of practice to include greater numbers of patients with a broader range of complaints and injuries. This expansion is reflected in the numbers of patients seen by nurse practitioners over the past year.

Medical Personnel

In 2002, the Comhairle Report on Emergency Services was published. St James' Hospital immediately reactivated the application for a 3rd permanent Consultant appointment in Emergency Medicine. Ms Una Geary, formerly a Consultant in Emergency Medicine in the Royal Liverpool Hospital was appointed and will take up her post early 2003.

No. of Patients Treated by ENP 2002



The Joint Committee on Higher Training in Accident & Emergency Medicine visited the Emergency Department in July 2002. St James's was one of six sites in Ireland who were granted educational approval for SpR training in Emergency Medicine.

Three registrar posts now have formal recognition as tutor posts. This has enhanced the role for the post holders and optimized the formal contribution of Emergency Medicine to undergraduate education.



Clinical Director
Mr. Patrick Plunkett

Nurse Manager
Joanna Fitzgerald

Business Manager
Noelle Wallace

Training

The Medical Council now formally recognises Emergency Medicine as a suitable post for intern training. A Consultant led protected training programme for senior house officers and interns was conducted on a weekly basis. This was preceded by a formal Induction Programme in Emergency Medicine, which was delivered daily for the first 2 weeks of the 6-month rotation to ensure the core basic skills are taught early.

The general professional training rotation continued for senior house officers wishing to pursue a career in Emergency Medicine. These posts offer clinical training requirements for trainees taking examination for the MRCS (Ed) in Accident & Emergency Medicine and Surgery and have proved very popular, receiving highly competitive applications.

There are two posts rotating through 6 months blocks of Emergency Medicine, General Medicine, Orthopaedic surgery and then back to emergency medicine. This is followed by 12 months in Anaesthesia and Intensive Care. Two trainees successfully completed the exam in May 2002.

Chest Pain Assessment Unit

The Minister for Health and Children, Mr. Micháel Martin officially opened the CPAU in October 2002.

Since the Unit became operational in 2002, 840 patients were processed through the unit. A 12-hour discharge policy is maintained for patients cleared of acute coronary syndromes. To date the model has delivered on a 100% safety in early discharge decisions. Over 85% of patients are discharged directly from the unit and do not require further intervention by Cardiology.

In October, the department delivered its first presentation of operational effectiveness of the CPAU at a seminar on Chest Pain Assessment organized by the ERHA.

Acute Respiratory Unit

The management of acute exacerbations of Chronic Obstructive Pulmonary Disease has been enhanced as a result of a new Acute Respiratory Unit. This initiative is located adjacent to the Emergency Observation ward and facilitates an intensive assessment and management period of certain patients presenting with exacerbations of COPD after which they are discharged home with domiciliary follow up arranged within 24hours by the respiratory team.

LabMed Directorate

Histopathology, Haematology (including Cancer Molecular Diagnostics and Blood transfusion), Microbiology (including the MRSA and TB reference Laboratories), Immunology and Clinical Chemistry.

Introduction

The LabMed Directorate is responsible for the overall management and development of the Central Pathology Laboratory. The laboratory is open 24 hours a day, seven days a week providing, in addition to the normal working service, a comprehensive out-of-hours service to the hospital.

The Central Pathology Laboratory has five departments, which are fully computerised using CDS Telepath software. Most of the laboratory analysers interface with the laboratory computer system, which is linked to the Hospital Information System. This enables on-line ordering of requests at ward level and electronic reporting of results to point of request.

Key Developments in 2002 include: -

- The Central Pathology Laboratory currently supplies services to more than 40 external agencies. To develop client service during the year options were sought to secure electronic transfer of reports to the requesting sources.
- Further progress was made on the absorption of the laboratory purchasing systems into the Materials Management structure. When the process is complete it will provide a comprehensive database of materials purchased, their cost and usage.
- The laboratory service to GPs constituted 21% of the total workload.
- Decentralization of Phlebotomy service.
- Work continued in preparation for accreditation inspection, particularly in Haematology, Transfusion Science and Cancer Molecular Diagnostics. Accreditation will be essential to the future development and recognition of the Pathology Laboratory.
- Working together with colleagues in the Mater Hospital Laboratory, rapid progress was made on sourcing a replacement Laboratory Information System for both hospitals.

- New grades for staff were signed into legislation with Medical Laboratory Technologists and Technicians now replaced by the new grades of Medical Scientists.
- The operation of the Pneumatic Tube Transport System (PTTS) linking the laboratory with the wards/units in the hospital rapidly gained acceptance during the year and has become an essential part of the specimen transport infrastructure in the hospital.
- Mr. Noel White, Chief Medical Scientist in the LabMed Directorate, was elected a Life Member of the Academy of Medical Laboratory Science in recognition of his involvement in the development of the profession both nationally and internationally. He was also elected President of the International Federation of Biomedical Laboratory Science and will serve as President until 2004.



Clinical Director
**Prof.
Rory O'Moore**

Chief Medical
Scientist
Noel White

Business Manager
Philip Creevy



Mr Noel White
Chief Medical Scientist

DEPARTMENT OF HISTOPATHOLOGY

Histopathology is the study of tissues. It is the technique by which most cancers, and many inflammatory conditions, are conclusively diagnosed and is an important component of the hospitals cancer strategy.

The diagnostic capability in the department was enhanced by the introduction of new automated immunostainers which allow the development of in-situ

Analysis of Requests received by LabMed Directorate Year Ending December 31st 2002

Department	SJH	AMNCH	ERHA	GPS	Others	Totals Per Discipline 2002	Totals Per Discipline 2001	% +/- on 2001
Haematology	345,518	4,674	22,456	80,153	27,487	480,288	445,701	8%
Transfusion Medicine	27,790	3	38	546	1,326	29,703	24,311	22%
Biochemistry	247,331	2,042	23,549	133,881	43,100	449,903	422,114	7%
Microbiology	148,442	1,217	22,427	39,099	22,828	234,013	227,648	3%
Histopathology	10,791	47	1,425	728	512	13,503	13,576	-1%
Cytology	6,121	1,327	406	6,827	465	15,146	15,041	-4%
Immunology	25,382	7,347	8,664	9,635	20,203	71,231	69,890	2%
Totals Per Hospital	811,375	16,657	78,965	270,869	115,921	1,293,787	1,234,226	6%
% Per Hospital			63%	1%	6%	21%	9%	

hybridisation techniques in addition to developing a wider range of immunostaining antibodies.

A new specialist registrar training scheme was introduced this year involving a rotation with the major south Dublin teaching hospitals and enhanced training of junior pathology staff.

There were 14 autopsies during the year compared to 30, 47 and 59 in the three preceding years. This is a result of the delays in the commissioning of the new mortuary and autopsy room, which were rebuilt as a result of the Luas works. The overall number of autopsies fell only slightly however as the number of autopsies ordered by the coroner remained constant (300 this year compared to 274 last year).

Dr. Mairin McMenamin was appointed consultant and has a special interest in dermatopathology.

DEPARTMENT OF HAEMATOLOGY

The Haematology Department provides a comprehensive diagnostic laboratory service to St James's Hospital, ERHA area hospitals and GPs. It also receives nationwide referrals for specialised investigations. Laboratory support for the work of the HOPE Directorate, including the National Adult Blood and Bone Marrow Transplant Centre and the National Centre for Hereditary Coagulation Disorders (NCHCD), forms a core element of the department's work. Service demands related to the increase in the immigrant population and foreign travel increasingly impacted on the department's workload.

Key developments

Activity levels increased significantly compared with previous years, in almost every laboratory area (illustrated in table 1 (right) and in figures 1 to 3). This trend was seen in both routine, high volume tests and in more specialised investigations.

In the main routine laboratory there was a further 9% activity increase compared with the year 2001, continuing the trend of previous years. This section receives requests from all clinical areas within the hospital, outpatient clinics and GPs and activity increase reflects increased patient activity in these areas. Investigations into malaria infection have seen a significant increase in demand for testing as a result of a growing immigrant population and higher levels of travel to endemic areas.

Activity in the coagulation laboratories increased by 0.5% on the previous year and was 27.1% higher than the activity in 1999. There has been a 16% increase in patients attending the Warfarin clinic in 2002. The Haematology Stat laboratory supports this clinic and over 25,000 samples were tested in 2002 in the laboratory for the Warfarin clinic.

The Haematology Special Diagnostics laboratory carried out 34.4% more tests than in the previous year and activity has increased by 148% since 1999. This is mainly due to a consistent increase in the demand for investigation of abnormal haemoglobin variants in recent years. This is one of the main demands related to the healthcare needs of the increasing immigrant population. This lab also provided services for other hospitals in the ERHA region and beyond. There has

Table 1.

Comparison in activity levels within the Haematology department, 2002 vs. 2001, 2000 and 1999, by test or procedure numbers.

	1999	2000	2001	2002	%Change 99 to 02	%Change 01 to 02
Main Laboratory	222392	233694	245736	267397	+20.2	+8.8
Nutritional Anaemia Laboratory	32961	38984	38693	40843	+23.9	+5.6
Coagulation & NCHCD	72316	85880	91426	91883	+27.1	+0.5
Special Diagnostics	2950	3802	5445	7318	+148.1	+34.4
Anticoagulant Clinic	N/A	N/A	22402	25942	N/A	+15.8
Cryobiology Laboratory	347	318	348	473	+36.3	+35.9
Thrombophilia Mutation Analysis		135	1198	925		

Figure 1. Comparison in activity levels within the Haematology department (Main Laboratory, Nutritional Anaemia, Coagulation & NCHCD), 2002 vs. 2001, 2000 and 1999.

Workload Totals in Test Numbers by Lab Area, 1999 to 2002

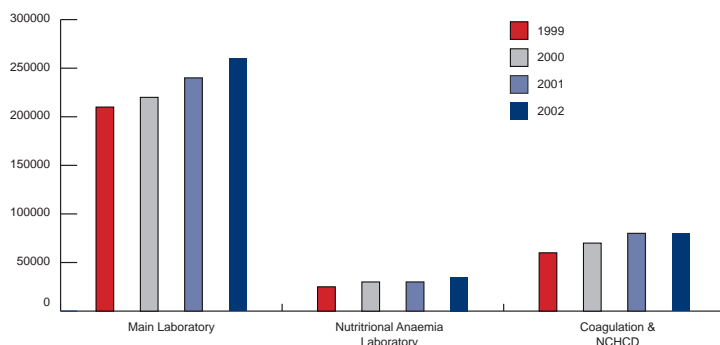


Figure 2. Comparison in activity levels within the Haematology department (Special Diagnostics and Anticoagulant Clinic), 2002 vs. 2001, 2000 and 1999.

Workloads in Test Numbers by Lab Area Developments

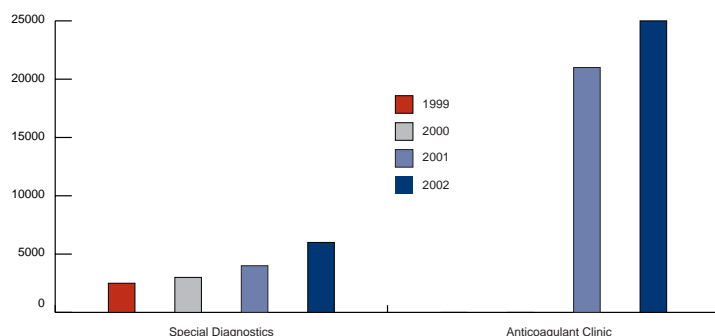
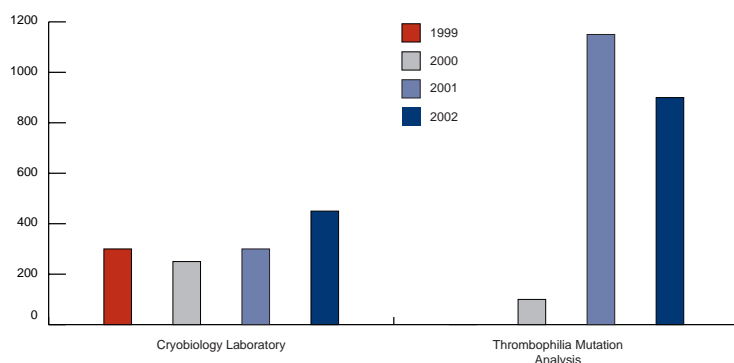


Figure 3. Comparison in activity levels within the Haematology department (Cryobiology Laboratory and Thrombophilia Mutation Analysis), 2002 vs. 2001, 2000 and 1999.

Workloads in Procedure or Test Numbers by Lab Area



also been an increase in demand for Red Cell enzyme assays and an expanding immunophenotyping and cytochemistry service for diagnosis of leukaemia, lymphoma and other malignancies.

The Nutritional Anaemia laboratory activity was 5.6% higher than in 2001, an increase of 24% on 1999. There has been a continuing growth in clinical interest in this area, which has driven an increase in requests from all clinical areas as well as GPs. This laboratory also undertook to provide a monitoring service for Cyclosporin and FK506, which are immunosuppressive agents used in the management of Haematology-Oncology patients on the Bone Marrow Transplant Programme. It is vital that the levels of these compounds are closely monitored to ensure patient safety; this means the laboratory must provide a same-day, rapid-turnaround assay service.

The department's Cryobiology laboratory carried out 36% more procedures in 2002 than in any of the three previous years. This area is involved in all aspects of harvesting, processing and cryo-preservation of bone marrow and stem cell products used in autologous and allogeneic transplant.

Developments

Preparations for inspection by CPA included a substantial refurbishment of the department's facilities in the CPL building (see image right). An electronic temperature monitoring system was also installed to monitor fridges and freezers used in specimen and reagent storage, on a 24-hour basis. The inspection is anticipated during 2003.

An audit of laboratory turnaround times for provision of results to the Emergency Department is now carried out on a monthly basis and an audit of the department's activities is being expanded in line with Accreditation requirements. There has also been close liaison with the Phlebotomy staff in relation to update of documentation to accreditation standards.



A comprehensive User Guide for Clinicians was posted on the Hospital Intranet in July 2002 and arrangements are being made to have a printed copy available.

Plans were also initiated to provide additional storage Cryogenic capacity for cryo-preserved stem cell products used in treatment of Haematological malignancies by stem cell transplant. The existing storage capacity reached its limit during 2002. As an interim measure, additional capacity was obtained in the adjacent Irish Blood Transfusion Service (IBTS) building, for which an additional liquid nitrogen vat was procured by the hospital. An agreement was reached with the IBTS to re-locate the entire Cryobiology laboratory and cryogenic storage facility to the IBTS building in 2003.

Education and Research Activities

The department continues to provide in-service training for students of the Biomedical Science degree course at Dublin Institute of Technology and provides work experience for school-leavers.

Two staff members successfully completed the MSc in Molecular Pathology. Ms Heather Baker was awarded the Derek Cullen Memorial Prize for attainment of the highest marks overall during completion of the course.

Senior laboratory scientists contributed to research projects, which led to publication in peer-reviewed journals.

• CANCER MOLECULAR DIAGNOSTICS LABORATORY

The Cancer Molecular Diagnostics Laboratory (CMD), the first of its kind in this country, was established under the directorship of Dr Mark Lawler. The new laboratory provides vital laboratory data on cancer patients, which is critical to the improved diagnosis of patients. It will allow the effectiveness of current treatment strategies such as chemotherapy, radiotherapy, surgery and allogeneic stem cell transplantation to be critically defined using molecular technology, which is the "gold standard" technology. These results can be used to significantly improve patient care. Molecular tests have been launched initially in the area of haematological malignancy. This development outlines the commitment of St James's Hospital to comprehensive care for cancer patients.

A EUROCHIMERISM network was established with the first meeting in St James's Hospital allowing the development of standardised procedures for chimerism testing across Europe. Subsequent developments, as part of the 3 year plan to establish the laboratory, are focusing on the provision of a molecular lymphoma service and a molecular service for selected solid tumours.

• HAEMATOLOGY AND ONCOLOGY RESEARCH LAB

Research in Sir Patrick Duns Research Lab resulted in a number of publications in international peer review journals (see publications). Many laboratories worldwide now routinely use chimerism studies, using short term repeat polymorphisms, pioneered under the direction of Dr. Mark Lawler and Prof. Shaun McCann. Work on minimal residual disease (MRD) and molecular pathology allowed a more precise understanding of disease relapse and disease resistance in haematological malignancy.

Research grants were obtained from the Health Research Board, Enterprise Ireland, the European Union and Cancer Research Ireland. Work on the molecular basis of cancer and the role of molecular and cellular agents as anti-cancer agents was presented at international meetings in Italy and France.

Achievements

- Dr Lawler was invited to give a state of the art lecture on Chimerism at the European Blood and Marrow Transplant meeting in Montreux, Switzerland.
- Dr Kathy Gately, a postdoctoral fellow in the laboratory received the Haematology Association of Ireland award for best oral presentation for her work on molecular response to STI 571 in Chronic Myeloid Leukaemia.
- Dr Mireille Crampe received best poster prize for her work on minimal residual disease.
- Dr Fiona Quinn was awarded a travel grant for her work on the molecular analysis of MRD.
- Dr Lawler was invited to sit on the NCI All Ireland Implementation Group.

• TRANSFUSION MEDICINE

Transfusion Medicine provides a comprehensive blood transfusion service to St James's Hospital. Blood, blood components and blood derivatives are supplied for elective and emergency use along with a serological diagnostic service. Coagulation products for the treatment of Haemophilia are supplied for in-patient and home-treatment patients.



Key developments in 2002 included: -

- Updating and circulation of the Maximum Surgical Blood Ordering Schedule (MSBOS) to all clinical users.
- The introduction of an automated Blood Group Analyser for routine blood. This will improve the safety of the transfusion process and facilitate the introduction of electronic blood issuing, leading to the speedier release of blood in emergencies.
- Circulation of a new leaflet about Blood Transfusion Information for Patients.
- Audits of blood usage and transfusion practice continued with policy development and education in response to audit findings.
- A pilot study was completed on computerising the issuing and transfusion of blood and blood components and the implementation of the blood issuing module hospital-wide has been recommended. The implementation of a bedside administration module is a much more complex issue and evaluation of systems will continue in 2003.

Teaching and training was provided for laboratory science undergraduates and a number of undergraduate and postgraduate research projects were supervised. The department is also involved in teaching medical undergraduates and in training postgraduate medical staff who are preparing to sit the MRCPATH examinations.

One member of staff completed, and another started, an MSc in Molecular Pathology during 2002.

DEPARTMENT OF MICROBIOLOGY

The Microbiology Department provides a diagnostic, infection control and clinical service to the hospital, outside institutions and GPs in South West Dublin. The Department actively participates in research and education.

Activity in the laboratory increased significantly in 2002 with record numbers of specimens received in many sections of the laboratory. Workload related to sexually transmitted infections continues to increase and now accounts for almost 40% of all requests to the laboratory.

The department purchased the *Best 2000* in 2002. This is an automated system with multiple assay applications designed to process specimens in a continuous flow from sample through to results. It has enabled a more efficient throughput in the serology department.

Staff movements

Prof. Conor Keane, Director, NMRSARL and Mr. Liam English, Chief Medical Scientist retired in 2002. They have both made an exceptional contribution to the development of Clinical Microbiology both in St James's and throughout Ireland.

Dr. Brian O'Connell was appointed as Consultant Microbiologist and Dr. Brendan Crowley was appointed Consultant Microbiologist/Virologist.

Training and Education

Celine Herra successfully completed her PhD and Colette Faherty successfully completed her MSc.

Research and development

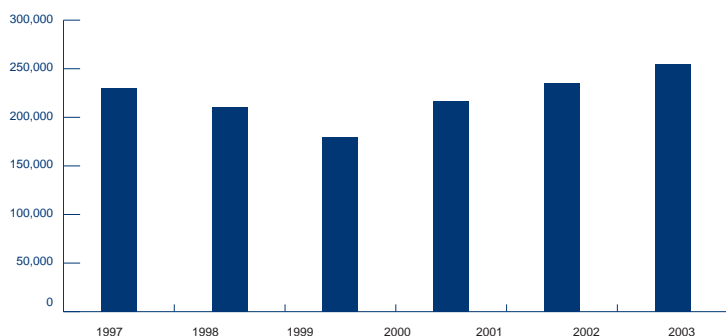
Current research involves the development and standardisation of antimicrobial susceptibility testing and the design of rapid real-time sequence-specific amplification assays for the molecular detection of infections including Chlamydia, syphilis, candidaemia and aspergillosis using the light cycler analytical platform.

- **NATIONAL METHICILLIN-RESISTANT STAPHYLOCOCCUS AUREUS REFERENCE LABORATORY**

The National Methicillin-Resistant Staphylococcus aureus (MRSA) Reference Laboratory (NMRSARL) was officially opened in 2002.

It provides epidemiological typing of MRSA to assist in outbreak confirmation/investigation. As part of the service advice is provided on treatment of patients with MRSA through its medical director and advice on infection control is provided through St. James's Hospital's infection control team.

Microbiology Workload



Service Division Reports

A major part of NMRSARL's current work is provision of routine monitoring of blood culture MRSA isolates from hospitals that participate in the European Antimicrobial Resistance Surveillance System (EARSS). Rates of resistance to clinically useful antibiotics are reported to National Disease Surveillance Centre (NDSC) and epidemiological typing results are reported individually to each participating hospital. Two NMRSARL staff members are members of the Irish EARSS Steering Committee.



Prof. Ian Howie (Chairman Hospital Board), Mr. Micheál Martin TD, Minister for Health and Children and Prof. Conor Keane at the official opening of the NMRSARL Laboratory

During 2002, 426 isolates were submitted under the EARSS scheme from 23 hospitals. (These isolates required >10,000 disk diffusion susceptibility determinations and 921 MICs). NMRSARL received 33 requests for information regarding MRSA and 31 requests for isolate investigation.

NMRSARL received a HRB grant to evaluate typing methods and investigate the extent to which blood culture isolates are representative of an institution's total MRSA population. NMRSARL is also participating in a collaborative project with Trinity College in a project investigating a new strain of MRSA recognised during the North / South Study in 1999.

• TB REFERENCE LABORATORY

The Clinical Microbiology Laboratory continues to process specimens for the diagnosis of tuberculosis from practitioners within St. James's Hospital and from local GPs. Approximately 5000 specimens were

processed during 2002. It is envisaged that this routine service will be undertaken by the Irish Mycobacteria Reference Laboratory (IRML), which is due to be established at St. James's Hospital. Plans to implement an interim national reference laboratory service are still under discussion.

DEPARTMENT OF IMMUNOLOGY

Immunology provides a clinical and diagnostic service and is also very active in areas of research and education.

The service continues to grow and the number of specimens analysed has increased by 11% since 2000. The specialised nature and extensive range of tests performed means the demand for this service from other hospitals and institutions accounts for 50% of the immunology workload. The service is also used extensively by GPs from all over Ireland, which represented 15% of the workload in 2002.

More than 600 patients attended the weekly Immunology outpatient clinic during the year. A special allergy nurse was appointed to the Day Centre. This has assisted the initial investigation and management of patients with allergic disorders. This nurse also plays a central role in the organization and running of the bi-monthly Coeliac clinic.

Research and Development

Immunodeficiency, connective tissue diseases (including the antiphospholipid syndrome and Wegener's granulomatosis) and allergy are the focus of the research and development. Immunology is a partner in two EU funded projects:-

- treatment protocols for Wegener's granulomatosis
- the association between coeliac disease and lymphoma.

Findings of these studies have been reported at international meetings and accepted for publication.

A self-education booklet for patients with Wegener's was distributed internationally. It is available online at: www.stjames.ie/intranet/Departments/Labmed/ Collaboration with a wide range of International peers in the USA, Sweden, Holland, Norway, the UK, Germany, Israel, the Czech Republic and Georgia has assisted in the development of newer techniques in the diagnostic laboratory as well as improving the academic excellence of the department.

Education

The department had an active teaching role at Trinity College and the Dublin Institute of Technology. This association helps to foster research and academic development.

During the year three of the diagnostic laboratory staff were awarded higher degrees:-

- Ms Jean Dunne was awarded a PhD for her thesis "Deficiency of Natural Killer Cells in Haemophagocytic Lymphohistiocytosis".
- Ms Rena Willoughby-MSc for studies in Health Service Management.
- Ms Caroline Liddy-MSc for studies in Informatics.

DEPARTMENT OF CLINICAL CHEMISTRY**Workload**

In 2002, the number of patient samples processed reached 449,903. This was an increase of 6.5% on 2001. During the year samples from GPs accounted for 133,881, an increase of 16% on 2001. The Endocrinology section processed almost 100,000 of these samples- 45% were from GPs.

New Developments

- Tumour Marker service tests were consolidated onto one instrument in the department. It is hoped that this will lead to better use of these tests and a faster and more streamlined reporting system.
- Cyclosporin assays reverted to the Haematology department as most patients needing this test are being treated by the Haematology medical staff.
- Calcitonin testing commenced in Endocrinology having previously been provided by external laboratories.
- Blood-gas analysers were introduced into two new hospital locations. One instrument was located in Hospital 5 GUM clinic to monitor patients on new drug therapies whose Lactate levels are critical. A second machine was installed in John Houston Ward to check patients of the CREST Directorate. Staff in Biochemistry provided maintenance, training and management of these and the other four similar instruments.
- A new PCR method was launched for the detection of genetic defects used in the identification of patients susceptible to developing Haemochromatosis.

Awards

Ms Irene Leydon was awarded an MSc in Biomedical Science by D.I.T.

DiagIm Directorate

Diagnostic Imaging (X-Ray)

The DiagIm Directorate provides a diagnostic imaging service to the patients and clinicians of St. James's Hospital. A service is also provided to GP's in the catchment area as well as tertiary care to hospitals outside the catchment area.

Services

A complete imaging service across 11 modalities as identified in the table below.

Service Trends

Comparable Activity Analysis by Modalities

Imaging Modality	2001	2002	% Variance
General Radiology	91,628	90,749	-1%
Maxillofacial	8,077	7,442	-8%
G.I.	2,790	2,552	-9%
I.V.P	481	499	+ 4%
Mammography	2,514	2,568	+ 2%
Ultrasound	9,239	9,324	+ 1%
C.T.	11,163	12,327	+ 10%
Interventional Radiology: Therapeutic	1,044	1,358	+ 30%
Interventional Radiology: Diagnostic	924	632	-32%
Nuclear Medicine	2,557	3,175	+ 24%
M.R.I	2,223	3,841	+ 73%
Coronary Angiography	3,278	3,397	+ 4%
Total	135,918	137,864	+1.5%

There was a large increase in the number of MRI and CT scans performed in 2002, as a result of the Directorates commitment to increase the level of services available for patients and clinicians. A new Radio Frequency Ablation Service was introduced at the end of the year to augment the Interventional Radiology Service. This is ultimately for the treatment of primary and secondary liver tumours, but can also be used in the treatment of Renal, Lung and Bone tumours.

Developments

The European Medical Exposure Directive EURATOM 97/43 was translated in to Irish Law (SI 478) on the 15th October 2002. This directive deals with protection of the patient against the dangers of ionising radiation in relation to medical exposures. The new legislation has direct implications for all users of ionising radiation throughout the hospital.

The Directorate appointed two new Consultant Radiologists, Dr. Mary Keogan and Dr. Ronan McDermott.

Education and Research

A review of training and education requirements took place in 2002. DiagIm is committed to providing on-going training and development opportunities to staff within the Department and to other hospital staff.

The Postgraduate Diploma in MRI and Nuclear Medicine began in October 2002. Students from the Postgraduate course will now have the opportunity to progress to an MSc in Medical Imaging. This is an area that requires considerable expertise and specific training. The large volume of interest shown by radiographers throughout the country in these courses reflects the need for training in specialised modalities.

Short radiation protection courses continued throughout the year to train hospital staff who work with ionising radiation.

In September 2002, St James's Hospital welcomed its first intake of undergraduate radiographic students from the UCD School of Diagnostic Imaging. The students will complete their second and third year clinical Radiographic training at St. James's Hospital.

In 2002, Dr. Mary Keogan received the prestigious Visiting Professor Award, from the Society of Gastrointestinal Radiologists. Dr. Keogan lectured extensively in Radiology Departments in the United States and Europe.

An in-service education programme was implemented for the dedicated nursing team. Radiologists from the department gave lectures and demonstrations to provide the Radiology nurses with a better understanding of the complexities of both new and routine Intervention Radiological procedures.

Within the department, research is actively encouraged and a number of small projects are ongoing. These include studies in reject image analysis, radiology report turnaround times and patient dose audits.

Information was provided to patients regarding the diverse range of diagnostic procedures performed within the department. These procedure guidelines are available on the hospital web site www.stjames.ie.



Clinical Director
Dr. Patrick J Freyne

Radiographic Services Manager
Ms. Bernadette Moran

Business Manager
Ms. Hazel Shanahan



Clinical Director
**Dr. Ellen
O'Sullivan**

Nurse Manager
Ms. Jane Mahon

Business Manager
Ms. Cora Keary

ORIAN Directorate

The ORIAN Directorate comprises Operating Rooms, General Intensive Care Unit, High Dependency Unit, Day Surgical Unit, Laser Unit, Endovascular Unit, Sterile Supplies Unit and Anaesthetics.

The Department of Anaesthesia provides a service to outlying areas such as the Burns Unit, the Cardiac ICU, the Outpatient Pain Clinic, the Psychiatry Unit and the Pre-Operative Assessment Clinics.

Theatres

All theatres remained open throughout the year. Theatre activity for 2002 totalled 10,413 cases. Of this total, 8,845 were elective procedure and 1,568 were emergencies procedures. There were also 186 procedures carried out in Burns Theatre.

The Endovascular Suite opened as a procedure room in October 2002. The Peri-operative course continued with 10 nurses participating. Theatre schedules were revised and it is envisaged that an emergency theatre will be available on a daily basis in the near future.

Day Surgery Unit

The Unit provides care and treatment for patients admitted for planned day surgical procedures. These patients require a bed/trolley for a period of recovery prior to discharge and 4,617 patients were accommodated during the year.

The following services were provided: -

- Procedures under general anaesthetic for Plastics, Maxillofacial, General Surgery, Orthopaedics, Ear Nose & Throat, Gynaecology, Urology and the Pain Clinic.
- Minor operative procedures under local anaesthesia for Plastics, General Surgery, Urology and the Pain Clinic.
- Endoscopy procedures i.e. Gastroscopies, Colonoscopies, Sigmoidoscopies, Proctoscopies, Cystoscopies and Endoscopic Ultrasounds.

Intensive Care Unit / High Dependency Unit

There are currently 10 intensive care beds and 4 high dependency beds. Both units provide a service for all patients with potentially recoverable conditions who require detailed monitoring and invasive therapy. All surgical and medical disciplines avail of these facilities.

A review of the nursing skill-mix and the vacancy rate in the ICU/HDU was conducted during the year. As a result, an action plan was put in place and a new

recruitment drive took place.

From January 2002, as part of a revaluation of the orientation programme, all new recruits to ICU and HDU are assessed to identify their learning needs and the following steps are now taken:

- Staff commence training in the ICU.
- As part of an orientation programme, staff participate in a week's 'introductory block', addressing "Care of the critically ill patient", and a week's rotation to other critical care areas, such as Theatre, Burns, Critical Care Unit, or a surgical ward.
- New staff are supported by a senior member of the nursing staff to care for critically ill patients.
- All staff are rotated to HDU for at least three months experience to develop their managerial skills.
- The CNM's of ICU/HDU liaise with CNM'S of CCU to prepare staff to apply for Higher Diploma in Critical Care Nursing, this includes cross training in both areas.

Nurses from the Keith Shaw Ward, Coronary Care and Burns Unit have attended the ICU introductory block. The multidisciplinary team and nursing staff of ICU/HDU all contribute to this orientation process.

A pilot programme in HDU competency training was conducted from June - November 2002. This 6-month programme was to facilitate ward based staff nurses to care for acutely ill patients in the general surgical/medical ward area. Four nurses from the surgical wards completed the programme in 2002.

The ICU/HDU staff worked closely with other members of the multidisciplinary team in the ORIAN Directorate to prepare for Accreditation.

Three members of staff attended a conference in Torquay on Critical Care Outreach services. Following this conference the 'ALERT programme' was discussed and a link was formed with Portsmouth University to facilitate a joint 'Train the Trainer' course between Belfast City Hospital and St James's Hospital.

Endovascular Unit

This unit opened on in October 2002 and a total of 66 procedures were carried out.

The type of procedures performed were: S.F.A Angiogram, S.F.A Angioplasty, Iliac Angioplasty, Iliac stent, Iliac coverstent, Embolisation int iliac, Carotid Angio Peripheral Angiography, Pice line, Hickman line and Vascular Catheterisation.

Laser Unit

An ongoing outpatient service is provided for the treatment of a wide range of conditions including:

- Vascular malformations i.e. birthmarks and port wine stains using a Candela Laser.
- Pigmented lesions and hair removal using a Ruby Laser.
- Removal of keratotic lesions and basal cell carcinomas using a CO2 Laser.

Work continued with the Plastic and Dermatology Consultants to outline patient care plans. A total of 1,760 treatments were carried out in 2002.

Hospital Sterile Supplies Unit

The Hospital Sterile Supplies Unit continued to provide a comprehensive decontamination, repacking, processing and delivery service of re-usable equipment for the entire hospital. The unit is continuously striving to enhance the provision of sterile services through on-going developments in research and best practice.

Anaesthetic Services

Anaesthetic services were busy during 2002 with over 10,000 anaesthetics administered in the General and Burns Theatres. A general anaesthesia service was also supplied to other areas in the hospital including Diagnostic Imaging and the Psychiatric Department. A further 3,500 anaesthetics were given by consultant staff to children undergoing dental extractions in the Eastern Regional Health Authority Dental Clinic, which is based on the St James's Hospital campus.

The waiting list initiative continued to be facilitated by anaesthetic service.





Manager
Bernie McNally

SCOPE

SCOPE incorporates Speech and Language Therapy, Medical Social Work, Occupational Therapy, Physiotherapy and Clinical Nutrition. Activity for these clinical support services increased by 5% during the year, this is reflected in 177,485 patient contacts across the disciplines. Key highlights included: -

- A joint Occupational Therapy and Physiotherapy "Falls Prevention Programme".
- The introduction of a Clinical Nutrition Service for the Coombe Hospital.
- Refurbishment of the Medical Social Work Department.
- Expansion of Speech and Language Therapy Cleft Lip and Palate service.
- Staff involvement in the accreditation process through participation on accreditation teams.
- The production of the first edition of the SCOPE newsletter.

SPEECH AND LANGUAGE THERAPY

Staff continued to provide a service to patients with communication and or swallowing deficits. Several initiatives were progressed during a busy year.

attendant and nursing staff. This project completed by Nicole Morrissey was published in Speech and Language Therapy in Practice Publication in August.

The Cleft Lip and Palate service was strengthened during the year. Key developments included, four audit clinics in conjunction with the cleft co-ordinator, collaborative work with the cleft teams in Temple St. / Our Lady's Hospital Crumlin, joint monthly clinics in Our Lady's Hospital and ongoing participation in research projects with Dublin Dental Hospital.

The Order communication system for outpatients went live in April 2002 and improved the efficiency of the referral system. The development of the M.I.S. system progressed well during the year.

During November, a quality initiative was introduced in the department to look at outcome measures of intervention.

MEDICAL SOCIAL WORK

The Medical Social Work Department continued 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, provision of information, facilitating aftercare plans as well as making representations and referrals to statutory / voluntary bodies where appropriate.

Teaching was provided for doctors and nurses and training was extended to a wide range of multidisciplinary groups on topics including domestic violence, palliative care and HIV/AIDS.

OCCUPATIONAL THERAPY

The Occupational Therapy Department has continued with its efforts to help patients return to optimal levels of functional independence and maximize quality of life.

Developments

This service provides prompt occupational therapy input and helps prevent inappropriate bed days being used by patients requiring input for discharge home.

In October 2002, a therapist was appointed for the Epidermolysis Bullosa (EB) Service. The role of occupational therapy has been developed and established in this area.



In MedEl

- The monthly outpatient PEG (an alternative feeding regime) clinic continued successfully and the initiative was presented at the Irish Gerontological Society Annual Conference.
- Research continued with the Medical Institute for Research and Ageing (M.I.R.A.) investigating the link between cognition and aphasia.
- The results of a project involving, compliance with the use of thickeners, was beneficial in training of

In MedEI, a "Falls Prevention Programme" was set up in collaboration with physiotherapy. This programme assessed elderly patients at risk of falling and implemented strategies to address and combat these risks with the aim of preventing unnecessary readmissions caused by falls. A temporary position was also sanctioned for the recruitment of a new therapist to work on the "Home Away from Home Project" in MedEI.

The team supported the training and teaching of occupational therapy students through participation in curriculum development, hosting placements and presentations.

Bernie McNally and Dearbhla Birdy were awarded 'The Beechfield Healthcare Award' for their submissions to the Irish Journal of Occupational Therapy.

PHYSIOTHERAPY

Physiotherapists prevent, diagnose and treat musculoskeletal and respiratory impairments and disability. Physiotherapy intervention is both physical and educational. It aims to reduce pain and optimise patient's independence and function by improving their ability to move and breathe.

Activity

The Physiotherapy team provides services for St James's Hospital and 90 GPs. More than 90,000 patient treatments were performed during 2002, representing an increase of 3.4% on the previous year.

Waiting List

The number of patients waiting for outpatient physiotherapy fluctuated over the year. The average waiting time for patients referred by consultants was 12 weeks and for patients referred by GPs was 26 weeks.

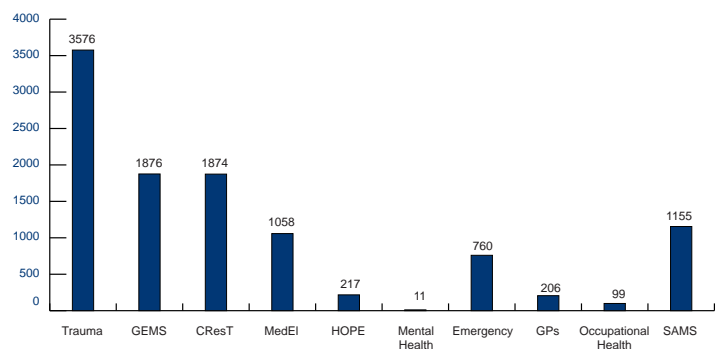
Service Developments

- Development of a new comprehensive Epidermolysis Bullosa (EB) service.
- A joint Occupational Therapy and Physiotherapy Falls Prevention Programme and the STRATIFY Risk Assessment tool was piloted to identify those at risk of falls.
- A number of education sessions for staff with regard to postural awareness/ ergonomics/injury prevention.
- Local standardisation of inpatient orthopaedic physiotherapy protocols has begun as part of an eastern regional physiotherapy working group

initiative.

- The senior physiotherapist in Rheumatology has incorporated useful and user-friendly outcome measures into clinical practice.
- Ongoing involvement in the development of local and national physiotherapy on-call competency guidelines.
- A physiotherapy burns protocol and a standardised assessment for scars, relevant to physiotherapy practice were developed.
- All staff involved in the care of orthopaedic patients attended orthopaedic education sessions to enhance communication and exchange of knowledge in this area.

Physiotherapy Referrals 2002



Research

Research is actively encouraged within the department. Key projects with excellent results included: -

- Research on Falls Prevention, carried out by Jennie Cronin, senior physiotherapist, was awarded the presidential gold medal for the best platform presentation at the Irish Gerontological Conference.
- A collaborative research group, Physiotherapists in Research of Older People (PROP), continued research on a number of initiatives.
- Ongoing involvement in recruitment of patients for the international study of robot mediated therapy of the upper limb following CVA.
- Staff participated in a PhD study to test the validity, reliability and usefulness of outcome measures designed to measure functional status of older people.
- In conjunction with the Irish Society of Chartered Physiotherapists Rheumatology Research Group, a multi-centre study has been proposed to determine the demographic profile of patients with rheumatoid arthritis attending eight

physiotherapy departments in Ireland. The study aims to collate information about the profile of RA patients and identify the use of services involved in rehabilitation at local and national levels as well as identifying areas of future research.

CLINICAL NUTRITION

The clinical nutrition team provides a service to inpatients and outpatients across many specialities in the hospital. Key activities include the assessment of nutritional status, dietary counselling, nutritional support, health promotion, nutritional screening and patient group work. Activity increased again during 2002, with average referral rates across the hospital at 34%.

Developments

Key development in 2002 included: -

- The introduction of a part time clinical nutrition service to the Coombe Hospital outpatient and inpatient services.
- The appointment of a Clinical Nutritionist Specialist to the Burns, Plastics, Maxillofacial and ENT Surgery Units. It is anticipated that this development will contribute significantly to the type and quality of services offered to this patient group.
- The introduction of a dedicated nutrition service for Epidermolysis Bullosa patients attending St James's Hospital. These patients require considerable support to maintain a nutritionally adequate dietary intake and an ideal body weight and at times require home enteral feeding.
- Provision of a nutrition service to the 'Home from Home' initiative in MedEl.

A multidisciplinary team approach was adopted to participate in, or contribute to, new developments in care and services.

- In surgery the clinical nutritionists worked on the development of an integrated care pathway for upper gastrointestinal cancer patients.
- Clinical nutritionists working in MedEl were involved in the Falls and Osteoporosis Prevention Group. Work continued on a rolling education programme on home enteral nutrition for patients discharged to the community.

- In the GUIDE service, new links were established with community groups and guidelines were drawn up for the prescription of nutritional supplements in the community. Nutritional screening was also introduced for all newly admitted patients in this area.
- A walk-in clinical nutrition service was provided for the new Young People's Diabetes Service, this includes a number of patients on insulin pump therapy. Group education sessions were introduced for newly diagnosed Type II Diabetes patients awaiting individual consultation with the clinical nutritionists. Feedback from patients involved has been excellent.
- A number of new diet sheets were introduced. A great deal of progress has also been made to develop standards of care for the nutritional management of a variety of patient types.

Education and Research

Eight B.Sc (Hons) Human Nutrition and Dietetics students undertook their six-month clinical placement in the department.

A series of articles were published in clinical nutrition for the World of Irish Nursing Journal.

Clinical Nutrition staff were involved in the organisation of two study days in 2002. "Practical Management and Follow-up of Patients Receiving Tube Feeding in the Community" was a multidisciplinary study day for public health nurses. The "Renal Nutrition study day", run in conjunction with AMNCH, was attended by a variety of health care professionals working with renal patients.

Both the number and variety of audits undertaken by the department increased in 2002. In addition to the hospital-wide audits already underway, a number of area-specific audits were also added in General Surgery, ENT, Oncology and MedEl.

An audit of the nutritional status in 134 Upper Gastrointestinal Cancer patients was undertaken by senior clinical nutritionists. Findings from this audit were included in a presentation given by Prof Reynolds at the Millan meeting in the RCSI in November.

Clinical Nutritionists working in MedEl presented two clinical audit/research projects at the annual meeting of the Irish Gerontological Society in August 2002.

Pharmacy

Pharmacy purchases and supplies pharmaceutical and para-pharmaceutical products within the hospital, provides information on all these products and answers queries that may arise in relation to their use.

Pharmacy continued to provide the top-up service to 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.

SERVICES

Compounding of Sterile Products:

There are three Compounding Units, the main one based in Hospital 7 and two satellite units based in Burkitt's Ward and in St. Luke's Hospital. Compounding Units are used to reconstitute cytotoxic drugs, antibiotics and sterile products using modern isolator and cleanroom technology.

St James's house the only hospital compounding units in the country that have both a Manufacturing and a Wholesale Licence from the Irish Medicines Board. As a result the Compounding Unit also supplies other chemotherapy centres around the country with chemotherapy in a ready to use format. The Compounding Unit also supplies cystic fibrosis patients with antibiotics in a ready to use form. This helps to improve the patient's quality of life by facilitating treatment at home.

The workload in relation to Oncology / Haematology within St James's Hospital has been increasing by approximately 25% per annum.

St James's General Compounding Unit

The joint venture with Central Laboratories for the supply of CIVA services to hospitals and home care patients continues to be successful, contributing positively to the hospital budget.

GUIDE Pharmacy Services

The GUIDE pharmacy department has sole responsibility for dispensing all antiretroviral medications and other HIV related medications to patients within their care. This includes: -

- Dispensing medications and counselling up to 120 patients about the use of the medication when they attend the weekly HIV clinics.
- Dispensing all medications and counselling all patients who attend the HIV/Hepatitis Co-infection clinic.
- Providing pre-packed and individually dispensed medications and an information service is an essential, ongoing support at the STD Clinic to ensure safe and effective prescribing.
- A daily service is provided for inpatients in the clinic and the pharmacists also support the ward rounds. A daily clinical service is also extended to the day ward.
- Dispensing all clinical trial drugs used within the HIV service. An active role is taken in counselling these patients and keeping up-to-date records of ongoing trials.

CLINICAL PHARMACY SERVICES

Pharmacy involvement at ward level aims to promote safe, effective and economic use of drugs. Information on drug usage is provided to patients, medical, nursing and para-medical staff on a daily basis. This is supported by formal training sessions. Pharmacists participate in several consultant led ward rounds throughout the hospital and liaise with community pharmacists to ensure that no problems arise with the supply of their medication on discharge.

The clinical pharmacists liaise closely with specialist medical and nursing staff to provide and review prescribing guidelines for the hospital. A drug



Director of Pharmaceutical Services:
Professor Kamal Sabra

Chief 1 Pharmacist:
Ms. Veronica Treacy

Business Manager:
Ms. Jean Mullin



information service is available for clinical hospital staff during pharmacy opening hours and an emergency on call drug information service is provided outside of opening hours.

Pharmaceutical Services

The Pharmacy Department continues to provide all pharmaceutical services for Our Lady's Hospice and St. Luke's Hospital on a daily basis.

NATIONAL MEDICINES INFORMATION CENTRE

Chief II Pharmacist: **Claudine Hughes**

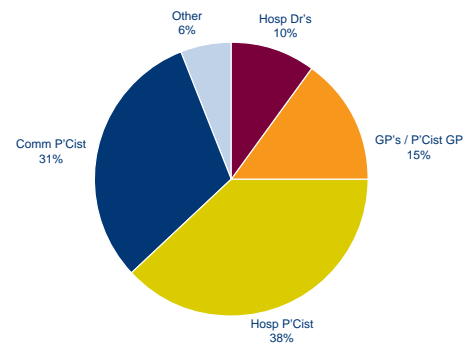
Pharmaceutical Director: **Professor Kamal Sabra**

Medical Director: **Professor John Feely**

The demand on the National Medicines Information Centre (NMIC) continues to increase both in terms of enquiry numbers and complexity of enquiry requests.



Enquirer Status Averaged for 5 year period 1998 - 2002



Teaching and research

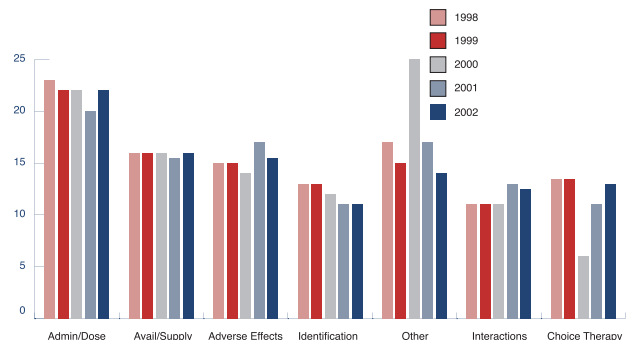
The Department has two pharmacists participating in the MSc in Hospital Pharmacy programme organised jointly with TCD. A number of other staff are undertaking their MSc and PhDs.

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

Helicobacter test Infai®

A GC-MS machine (Analytical Precision AP2003 analyser) was installed for a pilot study on the detection of *Helicobacter pylori*. This is a breath test for direct non-invasive detection of the bacterium *Helicobacter pylori*. The test is the most used ¹³C-urea breath test in the world and the pilot study will involve this hospital initially with the subsequent involvement of other institutions. Approximately 50 tests are performed each month.

Information Category for 5 year period 1998 - 2002



The Centre provides information on indications for certain drugs, including newly licensed preparations, contra-indications and dosage in disease states, drug interactions and adverse effects, drug use in pregnancy and lactation, and the identification of medical preparations on the basis of physical characteristics. The area of alternative or complementary therapies, in particular herbal medicines, has proved a particular challenge to the NMIC in the last number of years.

The NMIC continues to proactively provide medicines information by the distribution of two publications: the bi-monthly therapeutics bulletin and the monthly current awareness newsletter "Therapeutics Today". Topics covered in 2002 include: -

- Vol.8 No.1** Newer Atypical Antipsychotics in Special Patient Populations
- Vol.8 No.2** The Pharmacological Management of Obesity
- Vol.8 No.3** Adverse Drug Reactions
- Vol.8 No.4** Drugs in Lactation
- Vol.8 No.5** Pharmacoeconomics
- Vol.8 No.6** Secondary Prevention of Cardiovascular Disease

NMIC publications are circulated to all hospital doctors, general practitioners and pharmacists in the country and are also available on the NMIC homepage housed on the St. James's Hospital website. www.stjames.ie/ClinicalInformation/NationalMedicinesInformationCentre/

CENTRE FOR ADVANCED CLINICAL THERAPEUTICS

Director: **Dr. Mary Teeling**
 Medical Director: **Prof. John Feely**
 Executive Director: **Prof. Kamal Sabra**

Since the Centre began operations in August 2001, it has organized several continuing educational programmes designed to enable healthcare professionals and the pharmaceutical industry keep up-to-date with advances in the pharmaceutical area. During 2002, the following courses were organized: -

- Update on Cardiovascular Diseases,
- Several courses in medical statistics
- A contemporary review of Infectious Diseases and Clinical Microbiology.

During the year a report "Use of Buprenorphine as an intervention in the treatment of Opiate Dependence Syndrome" was written for the National Advisory Committee on Drugs.

For full details of future courses look at [www.stjames.ie/clinical Information/](http://www.stjames.ie/clinical%20Information/)

Developments

The emergency service changed to a non-resident emergency duty pharmacy service in January 2002. In addition to providing a weekend emergency supply service on Saturday, Sundays and Bank holidays, the emergency duty pharmacist is available to answer emergency calls for supply of medication or information to the staff of St James's and its affiliated hospitals. The introduction of this service was facilitated by the supply of a lap top computer, which allows remote access to the Pharmacy System and enables the user to identify possible source of supply of unusual medications. During the year, a pilot project with site nurse managers and night superintendents demonstrated a decrease in calls from 167 to 65 per month.

An Intra-venous Administration Guide was distributed to each ward area in 2002. This provides information, in the form of drug monographs, on the commonest drugs administered intra-venously within the hospital.

The Empiric Anti-biotic Guidelines were published and distributed to medical staff. This was followed through with a poster for A&E area to help advertise the information. A Generic/Brand guide was also issued to each ward area to improve drug recognition.

The annual pharmacist intervention audit was carried out in July. Results demonstrated a need for more focused patient counselling and a review of methodology to cope with increasing volume of data.

In 2002, a multi-disciplinary medication safety committee was formed and submitted a proposal for a dedicated medication safety team for the hospital.

Education and Research

Pharmacists gave lectures for the MSc in Hospital Pharmacy course based at St James's and contributed to Nurse education in the administration of drugs, chemotherapeutic agents, patient education, cardiac rehabilitation lectures and multi-disciplinary education on medication use in all areas.

In April 2002, Bernard Carr, senior pharmacist, and recipient of the Servier Award presented his findings on "Improving the Pharmaceutical Care of the Non-National Patient in a developing Multi-cultural Organisation", to the Annual Hospital Pharmacists Association Meeting.

A new initiative in 2002 was an antibiotic revision seminar to non-consultant hospital doctors.

Achievements

- Aisling O'Hagan presented a poster entitled 'HIV pharmacist interventions Improve Patient Care' at the 6th International Conference on Drug Therapy in HIV in Glasgow, November 2002.
- Clare O'Hanlon presented a talk and poster to the British Oncology Pharmacist Association, where she won a prize.
- Dr Mohamed Abdel El Latif and Dr. Michael Fahey were been awarded PhD degrees.



Medical Physics & Bioengineering Department

The Medical Physics and Bioengineering (MPBE) Department seeks to explore and deliver solutions to technical and scientific components of patient diagnosis, care and treatment which is of ever-increasing importance in modern medicine.

The department provides a comprehensive management service for the majority of the electro-medical equipment in the hospital. This includes maintenance, quality assurance, user support, education, training, research & development.

Service developments

Staff were involved in a variety of significant hospital projects during the year, including: -

- The new Vascular Interventional X-Ray room, which went into operation in 2002.
- Installation of the new Cardiac Biplane EP Lab.
- The extension to the Intensive Care Unit.
- Equipping phase of the Phase 1H development.

A new Sterile Services Group was formed within the department when the sterilisation and disinfection equipment from the Technical Services Department was transferred to MPBE. This is an innovative and unique move and the department will now bring some of its' expertise in equipment management and validation to help develop the service for end users.

This year saw the successful development, implementation and operation of the Telecardiology Project. This unique computer system performs the digital transfer of Cardiac Angios from Sligo General Hospital to St. James's Hospital for real-time consultation between clinical colleagues.

Prof. Jim Malone retired as Head of Department during the year. His commitment has underpinned the development of the range and diversity of the services in MPBE, which has resulted in it becoming the largest of its kind in the country. The department and profession have gained very substantially from his insight.

Staff continued to play a key role in a variety of national and European initiatives. A variety of prestigious roles during the year included: -

- External examiner for the MSc in Medical Physics and Engineering run by King's College Hospital, London.
- National representative on EU committees responsible for drafting directives on Medical Radiation exposures
- Board Member of the Radiological Protection Institute of Ireland.
- Secretary of the Irish Nuclear Medicine Association.
- Lecturer at the ESAT Young Scientists Exhibition
- Guest speakers at the Institute of Physics scientific meeting.

Research activities

Research and development was again a primary focus for MPBE, which was reflected in a number of publications and presentations. The research activities covered a broad range of topics: -

- New Quantitative Image Analysis techniques in Nuclear Medicine,
- Establishment of Radiation Dose reference levels,
- Radiation protection,
- Safety issues in Dermatology and Physiotherapy,
- Endoscopic reprocessing practices in Ireland.
- Two major EU Research projects were undertaken
 - DIMOND III - investigating Optimisation of Radiological Information and Dose in Digital Imaging and Interventional Radiology.
 - MEDICASE - investigating the issues surrounding the transport of temperature sensitive medical products such as blood products and some high value pharmaceuticals.

Education and training

Rapid changes in modern high-technology medicine demand a skilled, dedicated and responsible workforce. For this reason, MPBE continued to develop and deliver a broad range of in-service training courses, educational courses and seminars.

Highlights include: -

- Coordination of the TCD Physical Sciences in Medicine MSc degree course, providing the educational foundation for the majority of graduate physicists and engineers now working in Medical Physics / Engineering nationally.
- The MSc Physical Sciences in Medicine was re-accredited by the international accrediting body (IPEM).



Head of
Department
**Professor
Jim Malone**

- The Diploma in Clinical Engineering commenced in October 2002 for the third time with an intake of five new students. Clinical Engineering applies engineering and management expertise to increase the accuracy, safety, reliability and cost-effectiveness of medical technology.
- MPBE staff also contributed to post-graduate teaching offered by TCD courses for post-graduate and undergraduates in health care services.

The annual program of seminars covered topics like radiation protection for non-radiological staff and a radiation protection workshop for staff directly involved in Diagnostic Imaging, Infusion Device Technology and Laser Safety.

An in-service training programme took place, which facilitates transition for new recruits from theory to the realities of hospital services. All trainees who have passed through the program have remained in employment in the health services, many of them at St. James's Hospital.

The Department is now recognised for its training abilities and in 2002 training was provided for overseas personnel from Argentina, Syria, Kuwait and Germany.

EXTERNAL SERVICES

The department expanded the services it supplies to external health agencies during the year. These services range from radiation protection advice and quality assurance inspections of radiology equipment, to consultancy services relating to electro-medical equipment on new capital developments. The department saw its services to the new Hospital development in Naas grow substantially as the first phase of the new hospital opened. Similarly its involvement with the new Tullamore Hospital project increased substantially. Members of the department continue to provide radiation protection and quality assurance services to Radiology Department in AMNCH. The department also engaged in external work in the areas of sterilisation, equipment validation, MRI commissioning, and Laser Protection.

General Support Services

CATERING

The service demands on the Catering department extended again in 2002, with increased patient numbers as well as more customers at the hospital run restaurants and coffee bars. Throughout the year Catering provided a full service to wards and hospital restaurants as well as meeting additional service requirements when they arose. This was achieved with the dedicated support of staff.

A review was conducted during the year to examine catering services in the face of the ongoing growth and demands of the modern hospital. The final report recommended the refurbishment of the existing facilities and equipment to sustain the current activity level.

In response, the Rialto Coffee Bar was refurbished to a high standard by the Technical Services Department. Plans were developed to refurbish the Garden Hill Restaurant.

The report also identified the various alternatives for the most suitable model of catering service capable of meeting the future needs of the hospital and these are being reviewed.

CHAPLAINCY

The Chaplaincy department, whose members belong to the main Christian Churches, provide a twenty-four hour service of: -

- Spiritual care and counselling for patients and relatives, at times of great anxiety and emotional stress,
- Administration of sacraments.

During the past year the chaplains attended over one thousand deaths and responded to 136 pre-operation visits each week. The Chaplains also made informal visits to wards.

The members of the Chaplaincy department work closely with the other health care professionals. Should the need arise; counselling help is extended to other carers for the sick.

Liturgical services are provided every week in the hospital chapel, on the wards, in the mortuary and in the oratory during advent, lent and special occasions. A

Special Mass of Remembrance was held in November for deceased members of staff, their families and friends.

A member of the Chaplaincy team is currently chairperson to the boards of the National Association of Hospital Chaplains and the Healthcare Chaplaincy Board and is a member of the Catholic Healthcare Commission.

ENERGY MANAGEMENT

Energy Services is responsible for the secure, safe and efficient supply of utility services to the Hospital site. These utilities include electricity, natural gas, water and steam.

Innovative approaches to energy provision and conservation continued in 2002, with the Combined Heat and Power Plant (CHP) supplying around 50% of the site's electrical demand while utilising recovered excess energy to provide a substantial portion of the heat demand.

Information on energy consumption for buildings throughout the hospital was provided through the effective operation of the Energy Monitoring and Targeting System.



Manager:
Jim Deegan



ENVIRONMENTAL SERVICES

Environmental Services was set up with dedicated environmental operatives to undertake the implementation of a total waste management operation, cleaning and maintenance of roads, car parking areas and maintenance, upkeep and improvements of landscaping areas.



LINEN SERVICES

In 2002, the linen supply facility became fully operational at its new location at the rear of the supplies warehouse. Services provided now include: -

- Receipt and distribution of hospital linen
- Cleaning hospital curtains
- Laundering of patients' clothes and duvets for the Care of the Elderly Area
- Laundering of white coats and catering uniforms
- Laundering of mop heads for the Domestic Services Department, a developing service as the new mopping system is rolled out hospital wide
- Miscellaneous seamstress services

Planning took place for other new services, to be conducted from this new location.

SECURITY

There was a marked reduction of 33% in total crime figures in 2002 compared to 2001.

The installation of closed circuit television cameras expanded the retrospective viewing facilities in certain strategic areas of the Hospital including the Emergency Department. This has contributed to the successful identification of offenders on Hospital grounds.

The Emergency Department and GUIDE Clinic also benefited from new access control systems providing restricted access.

Car Parking permits were issued to 3,653 staff and 3,000 Identification Badges were produced.

Training was conducted for specific members of staff in relation to defusing violent situations under the auspices of Non-Violent Crises Intervention.



St James's Hospital is constantly examining their existing waste disposal procedures and is always seeking means to improve waste management efficiency.

A system has been introduced which means that all waste is collected at source. This has had a positive impact on Infection Control measures as well as improving Fire, Safety and Health risks.

St James's stands out as a leader in excellent waste management and recycling practices. All waste is categorised and a comprehensive recycling programme has been implemented for cardboard, paper, newspaper, theatre gowns, printer / photocopier cartridges and batteries.

HORTICULTURE

This year improvements have been carried out in all areas notably the Courtyard areas of the new Hospital, where displays of flowers and shrubbery are now evident. Planning began for other areas to be landscaped when the building programme ceases.

HOUSEKEEPING

A dedicated service was provided to meet the essential high standards required for cleanliness throughout the hospital environment. Ongoing work continued to meet the high standards of infection control and health and safety. Clean, tidy, hygienic surroundings have an essential role in patient well being and in developing public confidence in the hospital.

TECHNICAL SERVICES

The Technical Services Department (TSD) provides essential engineering and maintenance services throughout the hospital.

As the hospital expands the workload in the TSD has increased dramatically. During 2002 the Helpdesk received 14,412 breakdown calls. A completion rate of 93% within 24 hours was recorded for all Helpdesk requests with a 77% completion rate for priority 1 emergencies within 30 minutes. TSD completed 1,199 items of New Works during the year with a monetary value to St. James's Hospital of €624,700.

The Department has a dedicated Engineering Stores, which holds replacement parts and materials and is operated as a subsidiary of the Materials Management Department. A new computer software package was introduced which allows full integration between engineering and materials management. It also provides additional facilities such as electronic requisitioning of materials, remote access to stock levels and the stock register, kit list and advance purchasing of materials for planned preventative maintenance.

FIRE SERVICES MANAGEMENT

The Fire Services Division was restructured in 2002, with the new appointment of a Fire Services Manager and Fire Services Assistant.

The introduction of this new service is a reflection of the hospital's commitment to patient, staff and visitor safety and a number of significant changes have taken place, which include: -

- Improvements to the annual fire training and evacuation syllabus.
- A minimum of three Fire Training sessions every week.
- All fire alarm activations investigated to ensure the effectiveness of procedures and the reduction of false alarms.
- Assessment of Fire Safety requirements of new and existing developments.
- The Hospital now maintains a fire file containing important fire related information to be used by Dublin Fire Brigade.
- Fire teams "A" (Porters) and "B" (Security) are now in operation in accordance with the provisions in the Fire Safety Policy.

- A fire warden training programme has been developed and customised for the various departments and directorates throughout the Hospital.
- Coordination of regular fire safety visits and drills with Dublin Fire Brigade to improve awareness of the Hospital's ever-changing infrastructure.

Nursing Function

During 2002 St. James's Hospital again led on the development of innovative nursing in Ireland. This was reflected in a landmark achievement, when four advanced nurse practitioners were accredited by the National Council for the Professional Development of Nursing.

Clerical staff based in the SAP/HR Nursing Administration Offices, were restructured to accommodate efficiencies in processing payroll and personnel administration for nurses and attendants, according to their Clinical Directorate.

The nursing vacancy rate in 2002 continued to fall due to the combined efforts of nurse managers, and personnel staff under the leadership of the HR Manager in Nursing.

The transition of pre-registration nurse education to a four-year undergraduate degree programme commenced in October 2002. This resulted in significant changes at the School of Nursing and the preparation of staff in clinical areas to facilitate new assessment strategies for pre-registration degree nursing students on placement.

The Nursing Practice Development Coordinator and Clinical Placement coordinators worked closely with the staff in the School of Nursing and Midwifery, University of Dublin and Trinity College to ensure the successful transition of nurse education and training from a three-year diploma to a four-year degree programme. This was in line with the recommendations of the Report of the Commission of Nursing, 2002 and the Nursing Education Forum 2000 'A Strategy for a Pre-Registration Nursing Education Degree Programme'.

The Clinical Support Nurses had a key role in supporting newly recruited and newly qualified nurses in the generalist ward areas. Their role will continue to develop in relation to supporting both practice and professional development at clinical level.

A Tissue Viability Nurse Specialist was appointed in 2002 and is working in collaboration with all disciplines to develop a strategy for tissue viability. This specialist will address the educational and practice needs of staff in relation to pressure sore prevention and wound care management.

Service developments

During 2002, the Unit played a pivotal role in several practice and staff development initiatives. These initiatives were developed in line with the Scope of Nursing Practice Framework and in close liaison with clinically based nurses, Clinical Nurse Managers, Nurse Tutors, Directorate Nurse Managers and multidisciplinary staff.

Working groups were formed to develop hospital wide protocols and education sessions for male catheterisation by nurses as well as nurse insertion of naso-gastric/fine bore feeding tubes. Formal education and practice sessions were carried out in relation to cannulation and venepuncture, allowing nurses to gain competence in this expanded role.

Guidance was provided to nursing staff to assist in developing protocols/guidelines that support many expanded roles at local level in response to patient/service demands.

Monthly audits were conducted as part of the documentation link nurses' role and weekly ward audits were also carried out as part of a broader Risk Management Audit.

NURSING PRACTICE DEVELOPMENT UNIT

During 2002, this Unit continued to develop nurses and promote best practice in nursing care.



Director of Nursing
Eilish Hardiman



The Clinical Support Nurses had a major role in further developing and evaluating team nursing and in coordinating 'patient care planning workshops'. In conjunction with Clinical Nurse Managers/senior staff nurses, general medical and surgical nursing competencies were developed, which are vital to formalising orientation programmes for newly qualified/recruited staff, and addressing the continuous professional needs of all registered nurses.

Continuous Professional Development

Continuous improvement was characterized by: -

- Monthly Intravenous study days linked closely to an assessment process at clinical level. This ensures that registered nurses possess the necessary competence in all aspects of intravenous drug administration.
- Orientation programmes for overseas nurses.
- Rotation programme for newly qualified nurses to ease the transition from student nurse to staff nurse when preceded by three formalized study days.

Other study days included

- Nursing Documentation/Audit and Wound Care.
- A Research Methods Course for Nurses, which ran successfully over a 15-week period.

SCHOOL OF NURSING/CENTRE FOR NURSE EDUCATION

The School of Nursing provided education and training programmes for nurses at undergraduate and postgraduate level and a range of other in-service and continuing education programmes.

A major change took place during the year when the School of Nursing became the Centre for Nurse Education. In December an event was hosted to celebrate this transition and to acknowledge the achievements of the Schools of Nursing (and Midwifery) over the past 35 years.

Fifty students completed the Registration Diploma Programme in Nursing in conjunction with the University of Dublin, Trinity College and one student obtained a distinction.

Twenty-seven students completed the Post-Graduate Diploma in Specialist Nursing (in conjunction with the University of Dublin, Trinity College) in the following specialty areas – Accident and Emergency Nursing, Intensive/Coronary Care Nursing and Peri-operative

Nursing and five students obtained a distinction. Four students completed the Post-Registration Course in Burns Nursing.

Teaching staff in the School of Nursing continued their involvement in the Post-Graduate Diploma in Oncological Nursing (linked with St. Luke's Hospital and Trinity College Dublin), and the Post-Graduate Diploma in E.N.T. Nursing (linked with the Royal Victoria Eye and Ear Hospital and Royal College of Surgeons, Ireland).

An active in-service/continuing education programme focused on study days for clinical nurse managers and staff nurses. Courses were also provided in Palliative Care Nursing, Infectious Diseases/HIV AIDS/STI Nursing, Teaching and Assessing as well as a programme for Hospital Attendants and for those wishing to return to Nursing Practice. Nurse Tutors also continued to be involved in Intravenous Policy Study Days, orientation for new staff, Manchester Triage and preceptorship study days.

An Bord Altranais submitted a very positive report following a site visit in February, which involved a review of educational processes and included visits to clinical areas.

The first four year pre-registration degree programme commenced in Trinity College, Dublin in 2002 and 68 students undertaking the programme are linked with St. James's Hospital.

Educational Activities

THE HAUGHTON INSTITUTE

The Haughton Institute, established and governed in partnership by Trinity College, St. James's and the AMNCH, was further developed during 2002.

The principal contribution in 2002 was in development of research strategies for both AMNCH and St. James's Hospital, with a view to enabling the delivery of an overall research agreement between the two hospitals and Trinity College.

Ongoing consultation is taking place with the Department of Health and Children and the Health Research Board regarding the development of these strategies. Work also continued on the proposals to establish research institutes in cardiovascular science, cancer prevention and healthy ageing, and for the establishment of a centre for hygiene and infection control.

Following completion of the Project Biostart report, which looked at the role of the teaching hospital in the knowledge based economy, the Haughton Institute is working with State agencies, South Dublin County Council and the private sector to implement a number of its recommendations aimed at national, regional and local level.

The Institute enhanced the services available to research account holders and experienced a significant increase in the amount of research funds under management.

In the Graduate School of Health Sciences, administered by the Haughton Institute, the focus was on providing better support to course co-ordinators, developing new Masters and Diploma courses, and preparing proposals for the future management and development of the School.

The Institute provided support for the involvement in Eurolife of the School of Physics, in association with the two teaching hospitals. Eurolife brings together representatives of seven of the oldest medical schools in Europe and provides considerable opportunities for collaboration and cooperation in both research and education.

WILLIAM STOKES POSTGRADUATE CENTRE

Medical Director

Dr Finbarr O'Connell

Administrator

Mr. Michael O'Hagan

Secretary

Grainne Redican

The William Stokes Postgraduate Centre is a joint initiative between the Postgraduate Medical and Dental Board, St. James's Hospital, the Eastern Regional Health Authority, the William Stokes Faculty of the Irish College of General Practitioners and Trinity College. In conjunction with the Robert Graves Postgraduate Centre at Tallaght Hospital, the Centre provides facilities and resources for a wide range of postgraduate activities for doctors in South and Southwest Dublin.

A wide range of weekly meetings are held in the Centre including Hospital Grand Rounds, meeting of the William Stokes GP Faculty, meetings for trainee GPs, medical updated and courses, seminars and meetings in molecular medicine, advanced cardiac life support and other meetings of the medical and surgical specialties.



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Quality Initiative

St James's Quality Initiative identifies three key objectives to be achieved over a five-year period 1998 – 2003.

- Services fully effective by reference to contemporary international standards
- Services fully relevant to the needs of the population served
- Public served by the hospital is better empowered to interact with the hospital.

These are being progressed through Accreditation, Risk Management, Patient Advocacy and the Performance Indicator Programmes.

ACCREDITATION

Accreditation is a self-assessment and external peer review process used by the Hospital to accurately assess level of performance in relation to established standards and to implement ways to continuously improve the services we provide.

Having submitted an application to the Irish Health Services Accreditation Board (IHSAB) at the end of 2001, thirteen multi-disciplinary self-assessment teams were formed at the beginning of 2002. There were four management teams, which provided a forum to review standards that apply across the entire organisation. These consisted of Leadership and Partnership, Human Resources, Environmental and Information Management. The nine care teams provided a forum to review standards relating to assessment, evaluation, planning, developing and improving services relating to patient care. These care teams were formed around the Hospital's directorate structure.

Between March and October these teams met regularly to complete the self-assessment process, which was submitted to the IHSAB in November 2002. To support and validate the self-assessment submissions extensive documentary evidence was collated and indexed in preparation for the first peer review site visit in January 2003.

Following on from the self-assessment process each team prioritised at least five opportunities for improvement. These have been grouped together to form a hospital wide quality improvement plan and the changes are already in place.

RISK MANAGEMENT

Risk Management involves recognition and effective management of all the activities that pose a threat, or a challenge, to the Hospital in achieving its' objectives. This includes risk to patients, staff, other personnel, the hospital building and its reputation; or any issue which could impact on, or compromise the ability of, the hospital to carry out its work.

Objectives of the programme are to: -

- Deliver safe and effective health care to patients.
- Provide a safe and efficient environment for staff, patients, visitors and others.
- Identify practices or procedures, which may give rise to unacceptable risks in a timely, complete and structured manner.
- Minimise the number of untoward events by ensuring safe, appropriate and timely intervention.
- Facilitate the application of lessons learnt from adverse events.

Key Focus 2002

A Safety and Risk Framework was developed as an integral part of the Hospital's Quality Programme to ensure that Safety and Risk issues in the Hospital are managed in a cohesive and co-ordinated manner.

This Programme reflects the Hospital's commitment to delivery of quality patient care and service and provides a proactive approach to the management of safety and risk issues. The following initiatives were progressed in 2002:

- Development and introduction of Risk Occurrence Form and relevant guidelines for completion.
- Development of key risk performance indicators.
- Enhancement of existing reporting structures providing feedback to directorates/department heads.
- Analysis of trends, types, outcome, cause, level of acceptability.
- Development and implementation of Risk Audit Tool and risk improvement plans for clinical areas.



Deputy Chief
Executive &
Operations
Manager
Ian Carter

PATIENT ADVOCACY INITIATIVE

The Patient Advocacy Committee, established in 2000, aims to direct, promote and develop a programme to improve patient satisfaction and to create, launch and direct an empowerment programme for the Community.

During 2002, the hospital continued to take action to address the key concerns identified by patients, in particular:

- Improving patient information through: -
 - A GP Information Sheet
 - A 'Caring for an Elderly Relative' Information Poster
 - X-ray/Scan patient information leaflets
 - Registration information translated for Non-Nationals
 - Patient Information Booklet.

- Building on initiatives in relation to cancellations and delays in elective admission and emergency admission via the Emergency Department.
 - An Admission & Discharge Planning Working Group was set up to maximise the capacity and capability for the treatment of both emergency and elective patients. Key initiatives included:-
 - Revision of the Hospital's Admission and Discharge Policy
 - Establishment of a Discharge Processing Manager post
 - Initiatives to optimise timely and safe admission / discharge.

- Measurement of patient satisfaction with hospital services.
 - Patient satisfaction surveys/assessment studies were developed and implemented within specific services. The satisfaction rating is shown in brackets below
 - National Centre for Hereditary Coagulation Disorders (NCHCD) (88%)
 - Discharge Lounge (85%)
 - Chest Pain Assessment Unit (CPAU) (98%)
 - Keith Shaw Unit (97%)
 - The Hospital also participated in the ERHA ENT Outpatient Satisfaction Survey (81%)

PERFORMANCE INDICATOR PROGRAMME

In 1999, a sub-group of the Medical Board was established to develop and implement a Performance Indicator Programme in a participatory rather than statutory environment. It was established in recognition of the Hospital's requirement to: -

- Identify threats / opportunities related to performance
- Internally validate - against self / others
- Regularise structures / processes
- Effect change and validate change outcome.

Currently 62 Performance Indicators are tracked within four broad categories: -

- Hospital wide indicators e.g. unplanned re-admission within 28 days of discharge.
- Specialty specific indicators e.g. wound infection post Cardiac Surgery.
- Operational performance indicators e.g. elective inpatient waiting list.
- Non-clinical indicators e.g. Staff absenteeism/turnover/training.

During 2002, an international benchmarking initiative was established led by the Deputy Chief Executive. The objective of this collaborative programme is to provide a comparative framework whereby potential problems and/or opportunities at a speciality level can be identified and thereby provide a basis for commencing/assuring continuous quality improvements. Participants include: -

- Queens Medical Centre Nottingham, UK,
- Cardiff & Vale NHS Trust University, UK,
- Hospital of Wales, UK,
- Guy's & St Thomas' NHS Trust, UK,
- Belfast City Hospital, Northern Ireland,
- St Luke's Hospital, Malta,
- University Hospital Brussels, Belgium,
- Groningen University Hospital, The Netherlands,
- St Vincent's Hospital Sydney, Australia.

OCCUPATIONAL HEALTH DEPARTMENT

The aims and objectives of the Department are to enhance the health and safety of all the staff in a proactive way.

There were 3,224 attendances at the clinic, an increase of 50 (1.6%) from the previous year, and 1277 (66%) since 1999.

Ongoing services provided by the Department included:

- Assessing occupational hazards, which can be physical, biological (blood borne pathogens), chemical or psychosocial.
- Vaccination programme for Hepatitis B.
- TB screening and contact tracing after exposure (to TB).
- Care of staff post percutaneous exposure injuries.
- Counselling services linked with the Social Work Department.
- Staff education and training (nurses, doctors, attendants, medical and dental students).
- VDU related eyesight screening.
- Measles, Varicella and Rubella screening.
- Travel Vaccinations.
- Cervical screening programme.
- In-post medical examinations.

Occupational Health participate in all aspects of Health and Safety with Infection Control, Moving and Handling, Risk Management, Radiation Protection and Health Promotion.

A full time Occupational Physician is supported by a clinical nurse specialist and two secretaries to meet the growing demands on the service.

PLANNING & COMMISSIONING**Highlights**

Bed Accommodation Project was an ambitious initiative to improve hospital infrastructure and to add bed capacity to the Hospital. A total of 74 new beds were introduced through the development of the Acute Medical Admission Unit, ICU and Haematology and Oncology facilities.

The Hospital received authorization to proceed to first stage development to improve Emergency Department capabilities. Project goals include re-engineering the existing infrastructure and improving functional operability of the existing facility.

Work on the new Phase 1 H progressed and this facility is scheduled for completion in 2003. It provides a new "open air" modern concourse with services for staff and patients and an underground car park. This new facility also includes state of the art facilities to enhance procedures for day surgery, endoscopy, and haematology/oncology. The project will facilitate major infrastructure improvements for admission/administration, medical records control and additional ward accommodation.

HEALTH & SAFETY

During 2002, the Department continued to raise staff awareness of Health and Safety issues. St James's Hospital are committed to maintaining a safe and secure environment for patients, staff, visitors and other personnel who access this site. Health and Safety activities on site are coordinated and overseen by the Health and Safety Officer and monthly meetings are held of the Joint Hospital Safety Committee, which is representative of all disciplines, nominated by either Trade Unions or their respective Professional Bodies.

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