



2007

Annual Report 2007

St. James's Hospital

OSPIDÉAL NAOMH SÉAMAS
ST. JAMES'S HOSPITAL



MISSION STATEMENT

“St. James’s Hospital’s fundamental purpose is the delivery of health treatment, care and diagnosis as well as health promotion and preventative services.”

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

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

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

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

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

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

OSPIDÉAL NAOMH SÉAMAS
ST. JAMES’S HOSPITAL



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Clinical Service Directorates

LabMed

Haematology, Biochemistry,
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General Support Services

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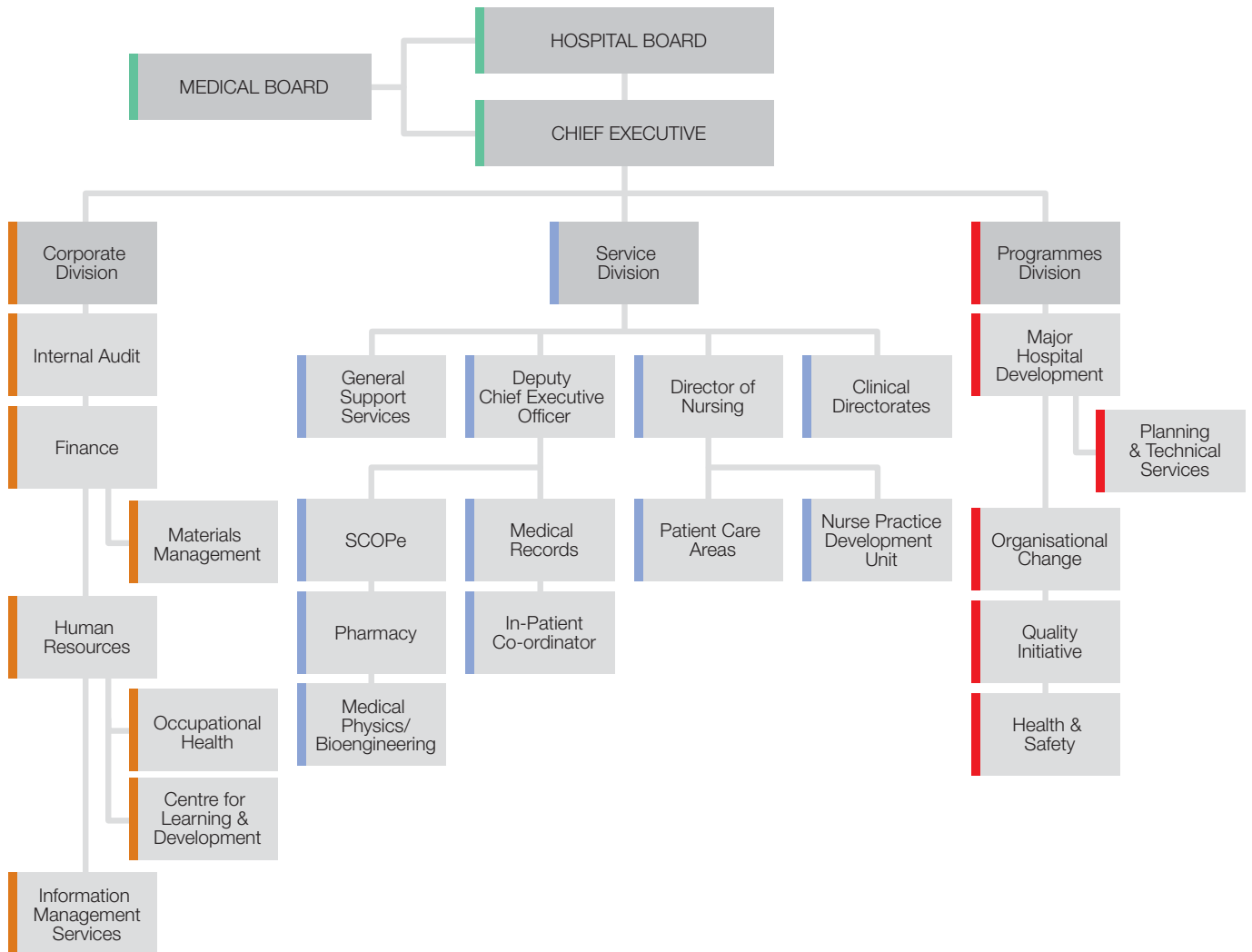
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Corporate Structure



Hospital Board Membership 2007

Prof. T. Mitchell

Chairman of the Hospital Board

Dr. L. Barnes

Consultant Dermatologist

Cllr. M. Ardagh

Board Member

Prof. R. Byrne

Trinity College

Cllr. M. Donnelly

Dublin City Council

Mr. J. Kelly

Staff Representative

Ms. M. MacGuinness

Staff Representative

Dr. J. Moriarty

Clinical Director, ORIAN Directorate

Ms. C. Murphy

Ministerial Appointment

Prof. C. Normand

Trinity College

Prof. F. O'Kelly

General Practitioner

Prof. J. Scott

Trinity College

Ms. K. O'Neill

Public Health Nurse

Ministerial Appointment

Mr. P. O'Reilly

Ministerial Appointment

Ms. C. Naughton

Ministerial Appointment

Executive Management Group 2007

Mr. I. Carter

Chief Executive Officer (Chair)

Ms. E. Hardiman

Deputy Chief Executive Officer/Operations Manager

Mr. P. Gallagher

Director of Nursing

Mr. K. Hardy

Director of Human Resources

Mr. B. Fitzgerald

Director of Finance

Mr. M. Buckley

Manager, Information Management

Mr. C. Robertson

Manager, General Support Services

Ms. M. Kenny

Materials Manager

Dr. C. Bergin

Clinical Director, SaMS Directorate

Prof. Davis Coakley

Clinical Director, MedEL Directorate

Dr. K. O'Byrne

Clinical Director, HOPe Directorate

Dr. F. O'Connell

Clinical Director, CResT Directorate

Dr. U. Geary

Clinical Director, Emergency Directorate

Dr. P. W. N. Keeling

Clinical Director, GEMS Directorate

Dr. J. Moriarty

Clinical Director, ORIAN Directorate

Dr. M. Keogan

Clinical Director, DiagIm

Dr. B. O'Connell

Clinical Director, LabMed

Consultants at St. James's Hospital, 2007

Dr. Mark Abrahams	Consultant Anaesthetist	Prof. John Feely	Consultant in Clinical Pharmacology & Therapeutics
Dr. Colette Adida	Consultant Anaesthetist	Prof. Conleth Feighery	Consultant Immunologist
Dr. Mary Anglim	Consultant Gynaecologist/ Obstetrician	Mr. Gary Fenelon	Consultant Orthopaedic Surgeon
Dr. Louise Barnes	Consultant Dermatologist	Dr. Joseph Fitzgerald	Consultant Anaesthetist
Dr. Michael Barry	Consultant General Physician/ Pharmacology & Therapeutics	Dr. Brendan Foley	Consultant Cardiologist
Mr. Eamon Beausang	Consultant Plastics & Reconstructive Surgeon	Dr. Patrick Freyne	Consultant Radiologist
Mr. Cliff Beirne	Consultant Oral & Maxillofacial Surgeon	Dr. Catherine Flynn	Consultant Haematologist
Dr. Colm Bergin	Consultant in Infectious Diseases	Dr. Stephen Froese	Consultant Anaesthetist
Mr. David Borton	Consultant Orthopaedic Surgeon	Dr. Eoin Gaffney	Consultant Anaesthetist
Mr. Terry Boyle	Consultant General Surgeon	Dr. Una Geary	Consultant Emergency Physician
Mr. Frank Brady	Consultant Oral & Maxillofacial Surgeon	Dr. Noreen Gleeson	Consultant Gynaecologist & Obstetrician
Dr. Francesca Brett	Consultant Neuropathologist	Mr. Ron Grainger	Consultant Urologist
Dr. Paul Browne	Consultant Haematologist	Dr. Elaine Greene	Consultant Psychiatrist
Dr. Michael Carey	Consultant Anaesthetist	Dr. Mairead Griffin	Consultant Histopathologist
Dr. Gerard Canny	Consultant Paediatrician/ Respiratory Medicine	Dr. Michael Guiney	Consultant Radiologist
Dr. Miriam Casey	Consultant Geriatrician	Dr. Joseph Harbison	Consultant Geriatrician
Dr. Susan Clarke	Consultant in Infectious Diseases	Dr. Marie Louise Healy	Consultant Endocrinologist
Prof. Davis Coakley	Consultant Geriatrician	Dr. Martina Hennessy	Consultant in Medical Education
Dr. Daniel Collins	Consultant Anaesthetist	Prof. Donal Hollywood	Consultant Radiotherapist
Mr. Brendan Conlon	Consultant Otolaryngologist	Dr. Niall Hughes	Consultant Anaesthetist
Dr. Eibhlin Conneally	Consultant Haematologist	Dr. Alan Irvine	Consultant Dermatologist
Dr. Elizabeth Connolly	Consultant Anaesthetist	Dr. Joseph Keane	Consultant Respiratory Physician
Dr. Maureen Connolly	Consultant Dermatologist	Dr. PWN Keeling	Consultant Gastroenterologist
Dr. Sean Connolly	Consultant Neurophysiologist	Prof. Dermot Kelleher	Consultant Gastroenterologist
Dr. John Cooney	Consultant Liaison Psychiatrist	Dr. John Kennedy	Consultant Clinical Oncologist
Dr. Peter Crean	Consultant Cardiologist	Prof. Roseanne Kenny	Consultant Geriatrician
Dr. Brendan Crowley	Consultant Microbiologist	Dr. Mary Keogan	Consultant Radiologist
Dr. Vivion Crowley	Consultant Chemical Pathologist	Mr. John Kinsella	Consultant Otolaryngologist
Dr. Gaye Cunnane	Consultant Rheumatologist	Dr. Eimear Lawlor	Consultant Haematologist
Dr. Conal Cunningham	Consultant Geriatrician	Prof. Brian Lawlor	Consultant Psychiatrist
Prof. Peter Daly	Consultant Medical Oncologist	Dr. Peter Lawlor	Consultant in Palliative Medicine
Mr. Tom D'Arcy	Consultant Gynaecologist/ Obstetrician	Mr. Thomas Lynch	Consultant Urologist
Dr. Colin Doherty	Consultant Neurologist	Dr. Fionnuala Lyons	Consultant Anaesthetist
Dr. Michele Doran	Consultant Rheumatologist	Dr. Fiona Lyons	Consultant in Genito Urinary Medicine
Dr. Aoife Doyle	Consultant Ophthalmologist	Prof. Shaun McCann	Consultant Haematologist
Dr. Noreen Dowd	Consultant Anaesthetist	Dr. Deirdre McCoy	Consultant Anaesthetist
Dr. Barbara Dunne	Consultant Histopathologist	Dr. Connail McCrory	Consultant Anaesthetist
Dr. Patricia Eadie	Consultant Plastics & Reconstructive Surgeon	Dr. Ronan McDermott	Consultant Radiologist
Dr. Carl Fagan	Consultant Anaesthetist	Dr. Raymond McDermott	Consultant Clinical Oncologist
Dr. Ruairi Fahy	Consultant Respiratory Physician	Mr. TED McDermott	Consultant Urologist
		Dr. Niall McEniff	Consultant Radiologist
		Dr. Eilis McGovern	Consultant Cardiothoracic Surgeon
		Dr. Eamon McKiernan	Consultant Orthodontist
		Dr. Susan McKiernan	Consultant Gastroenterologist
		Dr. Corrina McMahan	Consultant Haematologist

Consultants at St. James's Hospital, 2007

Dr. Geraldine McMahon	Consultant Emergency Physician	Dr. Patrick Ormond	Consultant Dermatologist
Dr. Mairin McMenamin	Consultant Histopathologist	Mr. David Orr	Consultant Plastics & Reconstructive Surgeon
Dr. Eleanor McNamara	Consultant Microbiologist	Mr. Patrick Plunkett	Consultant Emergency Physician
Mr. Prakash Madhavan	Consultant Vascular Surgeon	Dr. Jenny Porter	Consultant Anaesthetist
Dr. Nasr Mahmud	Consultant Gastroenterologist	Dr. Janice Redmond	Consultant Neurologist
Dr. James Meaney	Consultant Radiologist	Prof. John Reynolds	Consultant General Surgeon
Mr. Brian Mehigan	Consultant General Surgeon	Prof. Thomas Rogers	Consultant Microbiologist
Dr. George Mellotte	Consultant Nephrologist	Dr. Mark Ryan	Consultant Radiologist
Dr. Stanley Miller	Consultant Radiologist	Dr. Thomas Ryan	Consultant Anaesthetist
Mr. Dermot Moore	Consultant Vascular Surgeon	Dr. Patrick Scanlon	Consultant Anaesthetist
Dr. Jeanne Moriarty	Consultant Anaesthetist	Dr. Thomas Schnittger	Consultant Anaesthetist
Prof. Fiona Mulcahy	Consultant in Genito Urinary Medicine	Dr. Paul Scully	Consultant Psychiatrist
Dr. Cian Muldoon	Consultant Histopathologist	Prof. Gregor Shanik	Consultant Vascular Surgeon
Dr. Raymond Murphy	Consultant Neurologist	Dr. Bernard Silke	Consultant General Physician
Dr. Ross Murphy	Consultant Cardiologist	Mr. Hugh Smyth	Consultant Orthopaedic Surgeon
Dr. Siobhan NicholSEN	Consultant Histopathologist	Dr. Owen Smith	Consultant Haematologist
Dr. Beatrice Nolan	Consultant Haematologist	Dr. Mary Staines	Consultant Psychiatrist
Prof. John Nolan	Consultant Endocrinologist	Prof. Leo Stassen	Consultant Oral & Maxillofacial Surgeon
Dr. Suzanne Norris	Consultant Gastroenterologist	Mr. Richard Stephens	Consultant General Surgeon
Prof. Sean O'Briain	Consultant Histopathologist	Prof. Con Timon	Consultant Otolaryngologist
Dr. Kenneth O'Byrne	Consultant Clinical Oncologist	Mr. Sean Tierney	Consultant Vascular Surgeon
Dr. Brian O'Connell	Consultant Microbiologist	Dr. Mary Toner	Consultant Histopathologist
Dr. Finbarr O'Connell	Consultant Respiratory Physician	Mr. Michael Tolan	Consultant Cardiothoracic Surgeon
Dr. Hugh O'Connor	Consultant Gynaecologist & Obstetrician	Dr. Celine Traynor	Consultant Anaesthetist
Dr. Dearbhaile O'Donnell	Consultant Clinical Oncologist	Dr. Elisabeth Vandenberghe	Consultant Haematologist
Dr. James O'Donnell	Consultant Haematologist	Dr. Peter Vaughan	Consultant Anaesthetist
Dr. Margaret O'Donnell	Consultant Plastics & Reconstructive Surgeon	Dr. Carmel Wall	Consultant Anaesthetist
Mr. David O'Donovan	Consultant Plastics & Reconstructive Surgeon	Dr. Catherine Wall	Consultant Nephrologist
Dr. Anne Marie O'Dwyer	Consultant Psychiatrist	Prof. James Bernard Walsh	Consultant Geriatrician
Dr. Fiona O'Higgins	Consultant Anaesthetist	Dr. Rosemarie Watson	Consultant Dermatologist
Prof. John O'Leary	Consultant Histopathologist	Dr. Graham Wilson	Consultant Radiologist
Dr. Aisling O'Mahony	Consultant Orthodontist	Dr. Barry White	Consultant Haematologist
Dr. Catherine O'Malley	Consultant Anaesthetist	Mr. Vincent Young	Consultant Cardiothoracic Surgeon
Dr. Aongus O'Marcaigh	Consultant Paediatric Haematologist		
Dr. Colm O'Morain	Consultant Gastroenterologist	Retirements 2007	
Mr. Sean O'Neill	Consultant Vascular Surgeon	Prof. Michael Cullen	Consultant Endocrinologist
Dr. Deirdre O'Riordan	Consultant General Physician	Dr. Eamon McGuinness	Consultant Obstetrician & Gynaecologist
Dr. Joan O'Riordan	Consultant Haematologist	Prof. Luke Clancy	Consultant Respiratory Physician
Dr. Liam O'Siorain	Consultant in Palliative Medicine	Prof. Michael Walsh	Consultant Cardiologist
Dr. Caitriona O'Sullivan	Consultant Radiation Oncologist		
Dr. Ellen O'Sullivan	Consultant Anaesthetis		
Dr. Dermot O'Toole	Consultant Gastroenterologist		

Legal and Banking 2007

Auditors

Controller and Auditor General Dublin Castle, Dublin 1

Bankers

Bank of Ireland, 85 James's Street, Dublin 8

Permanent TSB, 16-17 College Green, Dublin 2

Legal Advisors

A&L Goodbody Solicitors, International Financial Services

Centre, North Wall Quay, Dublin 1

Insurance Brokers

AON Ireland, 10/12 Lansdowne Road, Ballsbridge, Dublin 4

INTRODUCTION

FROM THE CHAIRMAN



Prof. Tom Mitchell
Chairman



There are especially challenging times for the Irish hospital sector. Rising demand, unacceptably high bed occupancy levels, waiting lists that have serious adverse effects on patients, continuing pressure on Emergency Departments, inadequate step-down and long-term care facilities in the Communities, increasing costs and shrinking resources – these are some of the serious problems facing the sector and making it increasingly difficult to provide the level of service to which the public are entitled. But despite this gloomy picture, St. James's Hospital has succeeded once again in 2007 in ending the year with a modest surplus and exceeding all service obligations.



This is an outstanding achievement in a difficult year, and it is due to the dedication of the entire hospital staff and to the careful management of the system of Clinical Directorates and the senior management team led by Ian Carter. On behalf of the Board of the Hospital I want to acknowledge the remarkable work which is done in this Hospital at all levels, and to assure all the staff that it is well recognised and appreciated.

Of particular note in the last year was the fact that the hospital exceeded day care service projections by 42%. Expanding the capacity for daycare treatments is a crucially important development both to ease the pressure on inpatient beds and to provide more efficient and less disruptive care for patients. St. James's is showing the benefits of investment in this area.

Another noteworthy development was the signing in December of a Memorandum of Understanding between Trinity, St. James's and AMNCH to move ahead with the establishment of the Academic Medical Centre. The initiative will merge the Trinity Medical School and the hospitals in a new, single, large-scale, Comprehensive Centre, which will combine high-level medical education and research with secondary, tertiary and fourth level clinical services of the highest international standard. The expanded capacity and concentration of expertise which will result will ensure for the Irish public all the benefits of interdisciplinary medicine of the outcomes of advanced research.

There is still a long way to go, but the signing of the Memorandum represents a real hope that this vitally important project can be brought to fruition.

The Hospital's Outline Development Control Plan was finally completed and endorsed by the Board towards the end of 2007. It was a lengthy but valuable exercise and it provides the data which will guide the capital development of the site for many years to come.

Even in the difficult financial conditions that we are now experiencing it will be important to press ahead with the Hospital's Strategic Development Programme. There is a number of priorities whose progression cannot be delayed.

One of the most urgent of these is the Hospital's long-term goal to develop a comprehensive, integrated cross-disciplinary Cancer Care Services. St. James's has now been designated a Centre of Excellence for cancer care, which should greatly assist the achievement of the Hospital's goal. The National Cancer Strategy Control Plan, now led by Professor Keane, offers a real opportunity to raise the level of cancer care in Ireland to world standards. St. James's fully supports the strategy and will fully co-operate with it. Specifically, it wants to work with Professor Keane and his associates to develop on the St. James's site the planned medication oncology facility and to create in conjunction with it a comprehensive Centre for cancer care built around the extensive range of facilities, expertise and research capacity that the Hospital has been putting in place over many years.

A second priority that should now be rapidly advanced is the Centre of Excellence for Successful Ageing. Ireland, like other developed countries, is experiencing major demographic changes, which will result in higher percentages of older people in the population. It is estimated that by 2036, one in four people in Ireland will be over 65. This has obvious implications for the health services, and means that care of the elderly will become one of the most important areas of healthcare. St. James's has a long tradition on this area and has a team of specialists in geriatric medicine that is second to none and is well recognised internationally for distinguished clinical and research achievements. They have produced a proposal for an innovative Centre that will confront many of the most serious challenges surrounding Ageing. The proposal has attracted large-scale private funding of €20 million from Atlantic Philanthropies.

The state must now do its part to ensure that this exceptional opportunity to strengthen the healthcare services in a vital area is not lost.

Related to the problems associated with Ageing is, of course, the inadequacy of existing community facilities for those in need of step-down rehabilitation and long-term

care accommodation. The HSE has recently declared that its priority is to create an integrated model of care which would base more services in the community and allow acute hospitals to concentrate on dealing with acute illness. The idea, of course, makes sense, but little has been done to make it a reality. I believe St. James's is well placed to help alleviate this problem.

It has already shown its capacity to manage with efficiency community-based facilities and to co-ordinate in an integrated way the use of these facilities with the services of the Hospital itself. We look forward to discussing with the HSE ways by which community facilities can be increased and how this operation can most effectively be managed and co-ordinated with the operations of the Hospital.

The other urgent priority is to continue developing the research and educational capability of the Hospital. There is no tertiary hospital of the first rank in the world that does not have a high level of advanced research activity. Specialist care at the highest level simply cannot be sustained unless it is backed by advanced research and continuing education. St. James's already has on its campus an extraordinary range of research facilities and research personnel, and also has the benefit of extensive collaboration with Trinity's outstanding specialists in molecular biology.

The Hospital's capacity in research will receive another major boost with the completion of the Clinical Research Centre, an initiative led by Dermot Kelleher, which has won funding of €20 million from the Wellcome Foundation and the Health Research Board. The new facility will raise translational research to a new level in Ireland, as it tests and translates new discoveries into new treatments in areas such as cancer, cardiovascular disease, infectious diseases, haematology and hepatology. The new building will be located alongside another major recent addition to the research network, the National Centre for Advanced Imaging, directed by James Meaney. There must be no delay in completing the Clinical Research building. These are the types of development that can offer new hope to patients affected by serious complex disease.

There is no scarcity of talent and ideas in the staff of St. James's, and the opportunities are there to achieve far-reaching improvements in Irish healthcare. We hope that all the stakeholders will combine to ensure that the opportunities are not lost.

Report from the Chief Executive



Mr. Ian Carter
Chief Executive

The primary executive and operational focus identified for 2007 centred on the achievement of planned levels of service delivery, within available finances and specified quality parameters, combined with advancement of capital development programme. Once again performance outcomes for the year were highly commendable.

Clinical Activity

Overall patient volume targets across all key treatment groups were exceeded (and in fact also exceeded previous year's total output).

Key Patient Treatment Groupings	Planned 2007	Actual 2007	Planned 2007/Actual 2007
Inpatient	22006	23923	9%
Day Care	61522	87225	42%
Outpatient	166751	181443	9%

As well planned access/wait time performance metrics were secured.

- **Emergency Department**

- 93% of new attendances were triaged within 20 minutes average number of patients waiting (08.00) – 6 (target < 10), within this fixed time metric - 87% of patients were admitted within 12 hours of bed requirement identification (target 100%).

- **Inpatient**

- Appropriateness Evaluation Protocol (AEP) on admission - 92% compliance (HSE Acute Hospital Bed Review)
- 58% of all acute medical admissions admitted to Acute Medical Admission Unit within 4 hours of bed requirement identification (target 75%)
- 76% of all acute admissions were discharged within 5 days (target 70%)

Waiting List

- 95% patients waiting < 4 months - 31.12.07 (target 100%)

- **Day Care**

Day Surgery – waiting list

- 99% patients waiting < 4 months - 31.12.07 (target 100%)

Endoscopy – Waiting List

- 100% patients waiting < 4 months - 31.12.07 (target 100%). The Hospital has continued to develop necessary day care capability, with the result in 2007 73% of all patient treatment episodes were undertaken on a day care basis. This high performance is particularly evident within the specialties of Haematology/Oncology where 92% of treatments were undertaken on a day care basis in 2007.

- **Outpatient**

- 68% of patients waiting < 3 months - 31.12.07 (target 100%)
- 1:2.05 New : Follow-up ratio achieved

Key Challenges

Whilst overall clinical volume and access performance values, with exception of outpatient access, have been generally satisfactory, there remain certain external and internal factors presenting significant challenges to the Hospital:

- **ED attendances**

- 5% increase in new attendances
- increasing presenting acuity/complexity with 22% of new attendances triaged category 1/2

- **Inpatient**

- increasing presenting acuity/complexity arising from both ED and tertiary referral particularly cancer/thoracic/vascular/cardiology presentations
- arising from significantly insufficient community bed provision and curtailment of home support for fiscal reasons within the PCCC, approximately 18% of the hospital's acute bed compliment was blocked as a result of patients, who having completed acute episode of care, inappropriately remained in hospital
- increased diagnostic demand particularly: C.T, MRI, Ultrasound, Mammography

- **Outpatient referrals**

- 6% increase in new referrals
- a significant increase in the volume of referrals received from outside of designated and funded catchment area

Impact – Patient/Hospital

The impact of these challenges can be summarised as follows:

- capability of ED Directorate/Acute Medical Function to manage both volume/acuity increases has been significantly challenged - resulting in less than optimal patient processing
- increasing presenting acuity/complexity has routinely exceeded existing critical care capacity with resultant access delays particularly for patients requiring complex cancer surgery and post operative critical care accommodation
- OPD referral demand particularly for Dermatology, Neurology, Endocrinology and Urology significantly exceeds existing capacity/capability of hospital OPD service, with resultant less than satisfactory access/wait times being effected

- requirement for hospital to reject outpatient referrals from outside of designated and funded catchment area
- significantly diminished access particularly for tertiary transfer and elective patient cohorts
- long term accommodation of particularly vulnerable patients, predominantly elderly, within an inappropriate acute hospital ward environment
- less than optimal areas to diagnostics particularly CT/MRI/ Ultrasound/Mammography
- during 2007 the hospital received funding from the NTPF to tackle the less than satisfactory access wait times for Rheumatology (outpatient services)
- 31.12.06 - average wait for elective referrals – 52 weeks
- 31.12.07 - 89% of referrals waiting < 60 days
- the development of additional community beds on the Cherry Orchard Hospital campus, particularly important, given the ongoing run-down/bed value reduction of other local community facilities

Key Change Requirements

There remains a clear and immediate requirement to:

- increase ED/Medical Acute function capability – particularly at consultant grade
- increase critical care capacity
- increase outpatient capacity
- expand and mainstream existing hospital chronic disease management programmes
- ensure community care placement capacity is based on proactive assessment of need, rather than current delayed and very limited responsiveness

Progress

It is particularly welcomed that the following Service initiatives have proved possible to commence

- during 2007 St. James's satisfied targets set within 100+ Initiative - Rewarding Hospitals with High Performing Emergency Departments and received confirmation from HSE in September 2007 that hospital would receive necessary funding to recruit an additional 6 consultant posts specifically to further enhance patient processing capacity/capability
- the hospital received necessary capital allocation to commence the build of additional critical care capacity - this project will be completed within a 12 - 14 month time-span
- It obviously remains vital that necessary associated revenue streams are confirmed for these two major initiatives directly

Finances

The Hospital secured a highly satisfactory financial outcome, returning a year on year surplus of €3.160m on an HSE allocation of €364.940m. This year end position was made possible through effective local leadership by the Clinical Directors, enabled by appropriate central pan-hospital controls including the adoption and progress of an effective cost containment programme. The Hospital would also recognise the important working relationship developed with the central HSE Finance Directorate

Quality

In 2006 St. James's was awarded Accreditation Level III by the Irish Health Service Accreditation Board and in 2007 as part of the 18 Month Continuous Assessment Report IHSAB confirmed again Accreditation status and a general level of high satisfaction with the hospital overall quality improvement programme and robustness of necessary monitoring and evaluation systems in place.

During the year the Hospital was inspected by the Hygiene Audit Peer Review Team and achieved the award classification 'Good'.

The Respiratory Assessment Unit (RAU) won the Irish Healthcare Award 'Best hospital Project' in recognition of the comprehensive COPD service provided by the Unit.

• Risk Management

Led by the Deputy Chief Executive considerable expansion/enhancement of this important programme has been secured in relation to :

- pharmacovigilance
- steriovigilance
- infection control
- mandatory health and safety related training
- sentinel event investigation/management

- **Patient Advocacy Programme – Community Consultations**

The hospital has continued its Community Consultation Programme, designed so the 'public' secure direct access to information, contribute to local 'health service' debate and participate in the hospital's development plans

- **Performance Indicator Programme**

This programme is now tracking 136 key performance metrics and is appropriately integrated within the hospital's monitoring/control system. The strength of this programme is recognised both locally and internationally

- **Clinical Audit Programme**

The Hospital has developed an appropriate pan hospital Clinical Audit Programme with full roll out in 2008

Capital Development

A number of important capital developments were progressed/commenced within the hospital during 2007 including:

- completion of the Outline Development Control Plan, which sets out a template for the hospital's development over the next decade
- commencement of a MRI 3 T Research Facility
- commencement of a PET Scan Facility
- appointment of a Design Team for:
 - Welcome Research/Inpatient Haemophilia/Hepatology inpatient facility
 - Supra Regional Tuberculosis Inpatient/Reference Laboratory Facilities
 - commencement of a Skills Laboratory
 - developed design brief for procurement of a design team for the National Centre of Excellence for successful ageing
 - development and procurement of a Co-Located Private Hospital
 - development of Radiation Oncology Facility

It remains essential to both local and national service delivery strategies that these capital projects continue to progress in 2008 in the timely manner evidenced this year.

Research and Education – Key Achievements

Commencement of the development of Clinical Research Facility on the campus.

Further progress was made on the establishment of the Trinity Academic Medical Centre, particularly with the development of an agreed Framework Memorandum for progression in December.

A total of 247 peer review publications were published during the year by staff at the hospital.

Overall St. James's has successfully and fully delivered on all agreements with the HSE in service level, development and financial terms for 2007.

These achievements were achieved only through the continued exceptional response and commitment of staff at the Hospital. I thank them for their innovation, commitment and support in ensuring and advancing the status of St. James's both in Ireland and internationally.

I look forward to their continuing support in facing the challenges to be confronted in 2008.

Ian Carter
Chief Executive

Performance Highlights

St. James's Hospital Projected Activity Levels for 2007

Period January - December 2007	2007 Activity			2007 Projected Activity		
	In-Patient Discharges	Day Cases	In-Patient Discharges	Daycases	% in-pts Variance	% Daycases Variance
Cardiology	2796	3421	1971	2425	42%	41%
Dermatology	39	4937	34	3257	15%	52%
Emergency Dept	357		900		-60%	
Endocrinology DDC		12996		6913		88%
ENT	479	270	690	280	-31%	-4%
General Surgery	2469	5795	2220	4998	11%	16%
GUIDE	507	3776	276	1650	84%	129%
Gynaecology	605	393	681	238	-11%	65%
Haematology	871	10352	676	6971	29%	49%
Maxillo Facial	969	107	885	121	9%	-12%
Medicine	6669	16890	5798	12282	15%	38%
Medicine for the Elderly	932	7566	1023	6500	-9%	16%
Oncology	1278	12109	729	10383	75%	17%
Orthopaedics	1208	212	1320	211	-8%	0%
Plastic Surgery	1552	3003	1899	2854	-18%	5%
Psychiatry	504		470		7%	
Rheumatology	673	5408	492	1500	37%	261%
Cardiac Surgery	462		512		-10%	
Thoracic Surgery	477		348		-3%	
Urology	556	1297	501	879	11%	48%
Vascular Surgery	515	83	581	60	-11%	38%
Total	23918	88615	22006	61522	9%	44%

	Out-Patient Activity				Variance	
	Actual		Projected		%	%
	New	Return	New	Return	New	Return
Attendances	49732	138252	50356	116395	-1%	19%

Note 1: Medicine Inpatients includes Respiratory/Endocrine/Gastroenterology/Hepatology/Neurology/Nephrology/Immunology/General Medical patients.

Note 3: Medicine Daycases includes Respiratory/Gastroenterology/Hepatology/Neurology/Nephrology/Immunology/Endocrinology/Medicine Neurophysiology/Pain Therapy

Inpatient Waiting List as on 31st December 2007

SUMMARY	30	60	90	120	150	182	210	240	365	>365	TOTAL
Waiting List as on 31/12/2006	163	234	186	160	22	16	10	2	7	0	800
Waiting List as on 31/12/2007	245	179	177	229	9	31	0	0	0	0	870
Variance	50%	-24%	-5%	43%	-59%	94%	-100%	-100%	-100%	0%	9%

SPECIALTY	Current Status As On 31/12/2007										
	30	60	90	120	150	182	210	240	365	> 365	TOTAL
E.N.T.	22	21	14	8	0	0	0	0	0	0	65
GASTRO-ENTEROLOGY	0	0	1	0	0	0	0	0	0	0	1
GYNAECOLOGY	23	23	16	9	0	0	0	0	0	0	71
MAXILLO FACIAL	37	11	25	34	0	0	0	0	0	0	107
ORTHOPAEDICS	11	6	10	10	0	0	0	0	0	0	37
PLASTICS	32	30	15	35	1	0	0	0	0	0	113
SURGERY	31	21	30	37	0	0	0	0	0	0	119
THORACIC SURG	13	31	24	22	8	31	0	0	0	0	129
UROLOGY	33	14	10	13	0	0	0	0	0	0	70
VASCULAR	43	22	32	61	0	0	0	0	0	0	158
Total	245	179	177	229	9	31	0	0	0	0	870

Day Surgery Unit Waiting List as on 31st December 2007

SUMMARY	30	60	90	120	150	182	210	240	365	>365	TOTAL
DSU Waiting List as on 31/12/2006	403	299	168	134	4	3	2	0	7	0	1020
DSU Waiting List as on 31/12/2007	397	436	216	175	9	0	0	0	0	0	1233
Variance	-1%	46%	29%	31%	>100%	-100%	-100%	0%	-100%	0%	21%

SPECIALTY	Current Status As On 31/12/2007										
	30	60	90	120	150	182	210	240	365	> 365	TOTAL
DERMATOLOGY	42	55	22	8	0	0	0	0	0	0	127
E.N.T.	12	2	0	0	0	0	0	0	0	0	14
GYNAECOLOGY	18	4	0	0	0	0	0	0	0	0	22
MAXILLO FACIAL	56	47	50	75	5	0	0	0	0	0	233
ORTHOPAEDICS	18	0	2	0	0	0	0	0	0	0	20
PAIN MANAGEMENT	58	91	40	36	0	0	0	0	0	0	225
PLASTICS	119	136	76	41	1	0	0	0	0	0	373
SURGERY	62	53	9	3	0	0	0	0	0	0	127
UROLOGY	12	48	17	12	3	0	0	0	0	0	92
Total	397	436	216	175	9	0	0	0	0	0	1233

Endoscopy Unit Waiting List as on 31st December 2007

SUMMARY	30	60	90	120	150	182	210	240	365	>365	TOTAL
Waiting List as on 31/12/2006	296	245	1	0	0	0	0	0	0	0	542
Waiting List as on 31/12/2007	123	330	122	0	0	0	0	0	0	0	575
Variance	-58%	35%	>100%	0%	0%	0%	0%	0%	0%	0%	6%

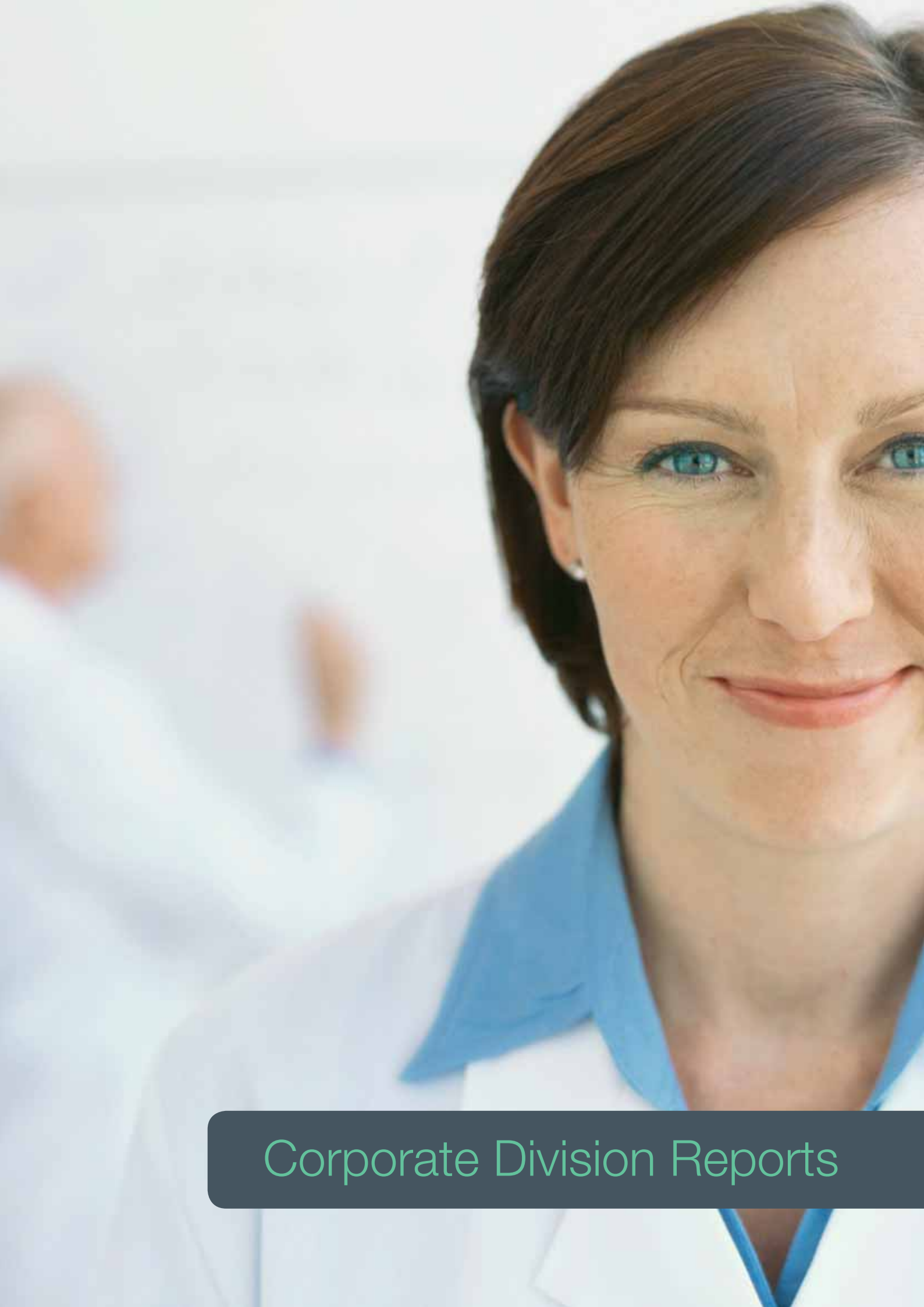
SPECIALTY	Current Status As On 31/12/2007										
	30	60	90	120	150	182	210	240	365	> 365	TOTAL
GASTRO-ENTEROLOGY	68	294	103	0	0	0	0	0	0	0	465
SURGERY	33	30	19	0	0	0	0	0	0	0	82
UROLOGY	22	6	0	0	0	0	0	0	0	0	28
Total	123	330	122	0	0	0	0	0	0	0	575

Outpatient Waiting List as on the 31st December 2007

SUMMARY	30	60	90	180	365	> 365	Total	240	365	>365	TOTAL
OPD Waiting List as on 31/12/2006	1945	1899	1184	1273	839	0	7140	0	0	0	542
OPD Waiting List as on 31/12/2007	2140	1930	1044	1476	944	14	7548	0	0	0	575
Variance	10%	2%	-12%	16%	13%	0%	6%	0%	0%	0%	6%

SPECIALTY	30	60	90	180	365	> 365	Total
CARDIOLOGY	81	93	5	4	0	0	183
DERMATOLOGY	254	257	185	349	208	0	1253
DIABETIC/ENDOCRINOLOGY	71	89	60	152	148	9	529
E.N.T.	65	126	67	104	156	0	518
GASTRO-ENTEROLOGY	116	105	92	40	0	0	353
GERIATRIC	67	27	3	1	0	0	98
GUIDE	32	1	1	0	0	0	34
GYNAECOLOGY	44	68	11	0	0	0	123
HAEMATOLOGY	26	19	13	2	0	0	60
HEPATOLOGY	88	54	40	11	0	0	193
IMMUNOLOGY	31	28	40	59	48	0	206
MAXILLO FACIAL	79	47	16	8	2	0	152
MEDICINE	26	3	7	4	4	0	44
NEPHROLOGY	7	1	7	0	1	0	16
NEUROLOGY	69	96	61	99	30	0	355
ONCOLOGY	8	2	1	2	3	0	16
OPHTHALMOLOGY	74	38	4	3	2	0	121
ORTHOPAEDICS	108	103	114	208	110	0	643
OSTEOPOROSIS & BONE PROTECTION	29	198	22	38	0	0	287
PAIN MANAGEMENT	51	46	20	0	0	0	117
PALLIATIVE CARE	5	0	0	0	0	0	5
PLASTICS	171	132	103	207	143	0	756
PSYCHIATRY	7	7	4	6	0	0	24
PSYCHOLOGICAL MEDICINE	5	0	0	0	0	0	5
RADIOTHERAPY	15	1	0	0	0	0	16
RESPIRATORY	65	51	31	15	0	0	162
RHEUMATOLOGY	51	44	8	1	3	0	107
SURGERY	201	82	35	29	1	0	348
THORACIC SURGERY	32	5	0	0	0	0	37
UROLOGY	87	90	53	130	85	5	450
VASCULAR	149	117	41	4	0	0	311
WARFARIN CLINIC	26	0	0	0	0	0	26
Total	2140	1930	1044	1476	944	14	7548

Note: This report shows the length of time patients are waiting from date booked to report date i.e. 31st December 2007.



Corporate Division Reports

Financial Statements

Income and Expenditure Account for the reporting period 1st January 2007 to 31st December 2007

	2007 €'000	2006 €'000
Opening Deficit/(Surplus)	-1,724	-1,596
Pay Expenditure	252,165	236,568
Non-Pay Expenditure	157,417	144,529
Gross Expenditure including deficit	407,858	379,501
Income	-47,802	-42,638
Net Expenditure for the year	360,056	336,863
Determination for the year	364,940	338,587
Closing Deficit/(Surplus)	-4,884	-1,724

Balance Sheet as at 31st December 2007

	2007 €'000	2006 €'000
Fixed Assets		
Land and Buildings	179,696	178,403
Equipment and Vehicles	39,979	38,884
	219,675	217,287
Current Assets		
Debtors	59,899	67,036
Stocks	9,493	8,314
Bank and Cash balances	13,241	226
	82,633	75,576
Creditors - less than one year		
Creditors	-77,749	-61,003
Bank Overdraft	0	-12,849
	-77,749	-73,852
Net Current Assets	4,884	1,724
Total Assets	224,559	219,011
Creditors - more than one year		
Bank Loans	-1,793	-3,336
Net Total Assets	222,766	215,675
Capital and Reserves		
Non Capital Income & Expenditure Account Surplus/ (Deficit)	4,884	1,724
Capital Income & Expenditure Account Deficit	-1,793	-3,336
Capitalisation Account	219,675	217,287
	222,766	215,675



Mr. Brian Fitzgerald
Director of Finance

Ms. Laura Richardson
Financial Controller

The Financial Statements for the reporting period 1st January 2007 to 31st December 2007 (subject to audit) resulted in a surplus of €3.160m. Hospital gross expenditure was €409.582m, while income and exchequer funding amounted to €412.742m. In addition to the 2007 surplus the hospital had an opening surplus of €1.724m carried forward from 2006. Therefore the cumulative carried forward surplus at 31st December 2007 is €4.884m.

Expenditure and Income Overview

Net expenditure increased by €23.321m (6.9%) when compared with the previous year, of which pay expenditure increased by €15.597m (6.6%), non-pay expenditure increased by €12.888m (8.9%) and Income increased by €5.164m (12.1%).

The principle elements of increases/decreases in expenditure and income for the year related to the following:

Expenditure description	€'000
Payroll related	
National pay awards:	
Sustaining progress	2.338m
Towards 2016	8.792m
Pay increments	1.839m
Current and prior year service developments	1.873m
Overtime/agency staff/and other payroll premiums	0.522m
Increased pensions and gratuities	0.033m
Skills project	0.200m
Sub total payroll	15.597m
Non-pay related	
Drugs and medicines	1.677m
Blood/blood products	1.856m
Medical and surgical consumables	2.325m
Laboratory consumables etc.	0.701m
Medical equipment and equipment maintenance	2.033m
Cleaning	0.531m
X-ray and pathology	0.306m
Professional & legal services	1.239m
Maintenance and minor infrastructure/other	2.220m
Sub total non-pay related	12.888m
Income related	
Patient accommodation income including Government levies	4.182m
Superannuation – increased employee pension contributions	0.971m
Pathology/pharmacy/retail units/car parking/other	0.011m
Sub total income related	5.164m

Commentary

The hospital exceeded service delivery targets for the year, while management maintained a prudent cost control strategy which was designed to deliver value for money and a financial surplus against a back drop of pessimistic macro economic conditions. The strategy proved successful and the hospital carries forward a financial surplus of €4.884m, which cushions the implications of the constrained public financial environment in 2008.

The funding/service delivery monitoring and negotiation framework conducted by the Health Services Executive was in its third year of operation and moved to an emphasis on reduced hospital funding in order to provide investment in community care services.

The Clinical Directors, Corporate Managers and respective management teams are to be commended on their financial management performance.

Casemix Funding Model

The hospital received a minor funding deduction of €281,000 as a result of the casemix funding model for activity and related expenditure for the year 2006.

Capital/Infrastructure Expenditure

Expenditure on major capital projects amounted to €8.369m in 2007 compared with €12.832m in 2006. Additionally, the hospital invested €11.275m from revenue and minor capital funding sources on improvements to infrastructure and the replacement of equipment.

Materials Management



Materials Manager

Ms. Miriam Kenny

Materials Operations Manager

Mr. Vincent Callan

Introduction

The Materials Management Department has corporate responsibility for the procurement of goods and services for the hospital and continues to source, purchase and provide inventory management for a portfolio of 20,000 products which are supplied to more than 150 departments.

Key Developments

- The Department continued to work closely with SAP Finance/Materials Management team (FI/MM) in 2007 and a number of IT enabled projects were completed
- Total stock receipt value for 2007 was €11.63 comprising of 2,000 product lines from 139 vendors
- Stock turnover improved from 13 to 14.8 times year on year
- A strong focus on the development of Laboratory contracts was initiated
- A web based National Supply Vocabulary (NSV) code request form was developed to replace the existing manual version

Materials Management Department Overview	2006	2007	% Increase
Total value of goods and services procured by the MM Department	€57.50	€61.70	7.3%
Goods/Services under formal contract	€41.16	€43.22	5.1%

Operations Management Function

The Operations Management function of the department focuses on the design and implementation of all processes concerned with the flow of goods and services from external agencies through the organisation until they are ultimately consumed.

The total stock receipt value for 2007 was €11,633,955 which comprised of 2,000 product lines from 139 vendors. While the 2007 value was 8% higher than previous year, the department achieved average stock holding costs in line with 2006 through a price stability strategy and improved inventory control measures. Further improvements in inventory efficiency were achieved by improving stock turnover from 13 to 14.8 times year on year.

Consignment Inventory value was €1,748,760 which comprised of auto suture products and pacemakers. Consignment agreements for high value critical products have proved beneficial by giving increased consumption visibility, zero obsolescence and accurate inventory control.

End Of Year Stock Take 2007

The Materials Management Department carried out end of year stock take on 28th and 29th December. This comprised of identifying, counting and recording of in excess 20,000 products across five Inventory Managed areas and 73 clinical areas.

End of year stock take 2007 results	Value
Inventory Managed value	€1.09
Non Inventory Managed value	€2.39

Contracts Function

In 2007 the receipt value of goods, services and capital on the SAP system was €61.70 and €43.20 million of this non-pay spend is currently on contract.

In the last quarter of 2007 a further €1.19 million of non-pay spend was deemed suitable to be placed on contract and the tendering process was commenced. There was also a strong focus on the development of Laboratory contracts and this will be a continued focus for 2008.

The department also continued to work in partnership with the Hospital Procurement Services Group (HPSG) on some contracts.

Contract Summary 2008	Number of Contracts	Value
St. James's Hospital	138 ¹	€30.68
Hospital Procurement Services Group Contracts	33	€12.54
Total Number of Contracts	171	€43.22

¹ The contracts function also engaged in contractual agreements for the procurement of gas and electricity to the value of €2,526,000 that is currently not channelled through the SAP system.

Clinical Procurement

The continual engagement of the end users and a multidisciplinary approach to the tendering process ensured that clinical and financial considerations were addressed from the tender design stage right through to contract award and ongoing contract monitoring.

The Clinical Procurement Manager continued to chair the hospital's Needle Stick Prevention Taskforce in 2007 which continued to audit practice, education, introduction of products and reduction of needlestick injuries.

Purchasing Function

The purchasing function continued to expand its product portfolio, with a strong value for money focus.

The further development of IT initiatives with the SAP FI/MM Team led to the development of the automailing of purchase orders in a portable document format to vendors. This is a more secure and efficient transmission method and has proven to be a very successful initiative.

IT Enabled Initiatives SAP/Materials Management 2007

The Materials Management Department continued to collaborate with the hospital's SAP FI/MM team on a number of initiatives i.e. automailing of purchase orders and a web based NSV code request form.

Document Management

The department processes in excess of 44,000 vendor advice notes per year. It is in the process of implementing a document management solution that will allow the department associate an electronic copy of the paperwork with each SAP transaction.

Human Resources



Mr. Ken Hardy

Director of Human Resources

Mr. Gerry Heffernan

Deputy Director of Human Resources

Key Developments

During 2007 the Human Resources department continued with its restructuring programme. The emphasis was placed on establishing the Workforce Information and Planning Unit. This unit provides and develops workforce information for the organisation and develops workforce planning expertise, to meet future demands of staffing implications related to service plans/change.

Centre for Learning and Development

The Centre for Learning and Development (CLD) has evolved through the streamlining and merging of the Centre for Nurse Education and the Learning and Development Unit into an integrated and multidisciplinary learning and development centre within the HR department structure. Nurse education posts within the new structure have retained professional reporting relationships to the Director of Nursing. The fundamental aim of the centre is to provide high quality education and training, which is readily accessible and responsive to the needs of all members of the multidisciplinary team. An annual Learning and Development Prospectus has been developed based on a Learning and Development needs analysis of all multidisciplinary staff and is the primary means of prioritising learning over each following twelve month period.

A wide range of programmes were provided by the centre in 2007 which included the following:

- Corporate Induction
- Mandatory Training
 - Manual Handling
 - Non-Violent Crisis Intervention
 - Basic Life Support (BLS)
 - Advanced Cardiac Life Support (ACLS)
- Staff /Management Development Programmes
 - Employment Law, Grievance, Discipline Procedures
 - Managing Team Performance
 - Investigator Training
 - Objective Setting and Review Training
 - Cultural Competence
 - Customer Care
 - Equality, Disability and Diversity Awareness
- IT Training
- Communication Skills for International Nurses.
- FETAC (Levels 3-6)
- Postgraduate Diplomas in Specialist Nursing and short nursing courses (Palliative Care and Endoscopy)
- Retirement Planning
- Stress Awareness/Management Programmes

SKILL (Securing Knowledge Intra Lifelong Learning)

The HSE SKILL FETAC Critical Mass Project was initiated in St. James's Hospital in January 2007, led by a Project Manager in CLD and supported by the SKILL Project Steering Group. The primary aim of the project is to develop all Support Workers by ensuring that they are provided with every opportunity to access further learning in enhancing their role and ultimately developing the necessary skills to contribute as effectively as possible to the organisation's objectives and patient care.

In 2007 the project team actively promoted the programme across the hospital through presentations and informal briefing sessions which resulted in 95 staff commencing a FETAC Course in September 2007.

Recruitment and Selection

Recruitment Activity

Recruitment activity levels were similar to that of 2006 with approximately 500 competitions being processed during the year. The Vacancy Approval Committee continued to apply stringent criteria to the filling of vacancies, including assessing the requirement of staffing levels, to ensure continuity of services across the hospital, when approving posts for recruitment activity.

Key Developments

As part of the Equal at Work Project, funded by the European Social Fund and in partnership with external consultants and organisational psychologists, the hospital undertook to develop and implement a competency-based approach to recruitment and/or promotion of staff within four job areas (nursing, clerical/administration, SCOPe and catering).

A St. James's Hospital centred framework was developed in conjunction with staff from each of the job areas which is currently being implemented.

Employee Relations

The employee relations climate in the hospital during 2007 was good. During this time there was a national period of 'work to rule' for all nursing staff. This was initiated by the nursing unions as part of a national dispute in relation to pay and working hours. Following on from this, and as required by the national agreement, mechanisms for the introduction of the 37.5 hour week for nursing staff in all areas are being developed in readiness for the national implementation target of June 2008. A report was submitted to the Performance Verification Group during 2007 outlining activities in the areas of change and modernisation, as required under the Sustaining Progress agreement, resulting in the approval in full of pay awards. Team Based Performance Management continued.

HR Integration Project

In 2007, the HR Integration Project Manager with responsibility for the establishment of the Workforce Information & Planning unit and the Pay & Organisation Management unit was appointed.

Phase 1 - the establishment of the Workforce Information & Planning Unit - was completed successfully. This unit incorporates the former PPARS, Salary Administration and Organisation Management units of the HR department. The purpose of this unit is to produce accurate reporting to assist managers in making informed decisions. It is also anticipated that the unit will produce information to help managers plan for future developments ensuring there is strategic alignment between HR plans and corporate objectives.

The second phase - the establishment of the Pay & Organisation Management unit - will combine elements of the Payroll department and Nursing Administration time entry department. This phase is currently a work-in-progress and is scheduled for completion in 2008. The establishment of this unit will provide for full HR, Pay and Time attendance centralised services for employees.

Medical Workforce Unit

The Medical Workforce Unit has responsibility for medical staff, including the recruitment, payroll activities and related administrative work. During 2007 the structure of the Unit was reviewed and this will be finalised during 2008.

Some new initiatives undertaken in 2007 included:

- Enhancement of the Induction programme for NCHD staff including the scheduling of a repeat programme of Induction for NCHD starters over a two day period which enabled clinical service requirements to be met. In 2007, new Consultant staff were also included in the mandatory five-day induction programme for all new employees
- The process for the submission and completion of time returns for junior doctors was also reviewed in conjunction with Clinical Directorates and this initiative is continuing, with further refinements being introduced for monitoring and review of attendance hours
- Dedicated on-call specialty bleeps were introduced in an effort to enhance communications within the hospital. The on-call bleeps have helped to establish continuity and responsiveness to patient care assessments during on-call periods
- The establishment of the NCHD Committee helped to strengthen and foster links between the Unit and the NCHD's and provided a useful forum for engagement of NCHD's on key hospital issues

Partnership at St. James's Hospital

The Hospital's approach to joint working, through the Partnership Working Committee is aimed at promoting a climate of active co-operation between staff representatives and management to achieve real service improvement and best practice.

The Hospital is committed to:

- Developing a clear set of values to promote a culture of involvement
- Having arrangements in place to meet the Hospital's obligations under the Employee (Provision of Information and Consultation) Act 2006
- Developing a framework for change in behaviour and practice
- Developing a process for formal business

- Having a register of Trade Unions and Staff Organisations recognised for formal consultation/bargaining
- A commitment to joint training

The Hospital and the trade unions are committed to the concept of partnership working, to achieve health gain within the population served and in the delivery of real service improvement across the range of service provision.

The Partnership Committee mechanism is in place to underpin the values and principles existing within the hospital in the promotion of exemplary practice in the employment and treatment of staff, as it is how staff are treated in the workplace that is fundamental to the maintenance of a healthy employment climate and the development of an organisational culture within which staff feel genuinely involved in achieving real service improvements, and that their contribution is recognised and valued.

Partnership Working requires effective leadership within a climate where diversity is valued, openness is encouraged and performance is managed. The Hospital is committed to engendering a culture and set of values that represents a jointly agreed charter for change, setting out the Hospital's commitment and making clear what staff can expect and also where they should be:

- Involved in decision making
- Treated fairly and with respect
- Professionally developed and are able to use their talent to full potential
- Appropriately rewarded for their skills, efforts and contribution
- Well informed and appropriately supported

The key principles underpinning the hospital's Partnership Working arrangements are having:

- An empowered management team that works jointly with staff to provide a real focus for the development of a range of human resource strategies aimed at improving working lives.
- A Partnership Working Committee structure that acts as a catalyst to drive up standards across the organisation through effective knowledge transfer and shared good practice in the management and treatment of staff.

- Parties that are committed to openness in the sharing of information, to ensure informed decision making and effective consultation to achieve real improvement to services and employment practice
- Staff organisations that are committed to this framework and are recognised for formal consultation on employment issues, as determined by employment law and good employment practice
- Partners that recognise the importance of working together in the effective management of change

The following staff organisations have members employed by the Hospital and are consequently recognised for the purposes of formal consultation in accordance with good employment practice and employment law:

- SIPTU
- IMPACT
- Irish Nurses Organisation (INO)
- Irish Medical Organisation (IMO)
- TSD
- Irish Hospital Consultants Association (IHCA)
- Medical Laboratory Scientists Association (MLSA)
- Psychiatric Nurses Association (PNA)
- BATU
- AMICUS
- TEEU
- UCATT

Occupational Health



Dr. Noirin Noonan
Head of Department

The Occupational Health department offered a comprehensive service to more than 4,500 staff in St. James's Hospital and took a proactive stance in relation to supporting the health and safety of all staff. The team - which includes a fulltime Occupational Physician, 2 Clinical Nurse Specialists, 2 secretary/receptionists and a Data Manager – is active in all aspects of health & safety with a focus on infection control, moving and handling, risk management, radiation protection and health promotion. The department continued to play a major role in the hospital Induction Course which is mandatory for all new staff. More than 500 health care workers attended for pre-employment screening. The total attendance at the department decreased by 165, from 5,661 to 4,752, the first decrease for 7 years. The reason for this is because more items are screened at each visit, i.e. screening for TB, immunity to various infections, phlebotomy. The major change

in the ethnicity of the hospital staff continues which also adds to the diversity of the caseload.

Key services provided by the Department include:

- 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 and splash exposure injuries
- Counseling services linked with the EAP (Employee Assistance Programme) were provided throughout the year. This continued to be very successful and well received by staff. It is very client focused, providing a choice of in-house (80% of attendees) or outside attendance
- Staff education and training (nurses, doctors, care attendants, medical and dental students)
- VDU related eyesight screening
- Varicella, Measles, Mumps and Rubella screening and vaccination. This element of the workload has increased hugely because greater numbers of people born outside Ireland are not immune and are therefore susceptible to these infections
- Travel Vaccinations for occupational purposes only
- In-post medical examinations
- Management Referrals for assessment of fitness to work

The Influenza Vaccination Programme continued and 436 health care workers were vaccinated, an increase of 14%, reflecting a drive to increase vaccinations among staff. The department is working towards achieving a target of 30% of staff vaccinated over the coming years. Clinical Nurse Specialists continued to go to numerous sites, vaccinating on-site for the convenience of staff. The Epinet (Exposure Prevention Information Network), which aims to profile the nature, occurrence and location of needlestick, skin and mucous exposures to blood borne diseases, continued to provide valuable information to the department in the drive to reduce the number of needlestick injuries and splash exposures.

Internal Audit



Mr. Cathal Blake
Head of Department



Introduction

The role and function of the Internal Audit Department is to provide an independent analysis and evaluation of the hospital's policies, procedures and controls.

Internal Audit assists in the promotion and assessment of good corporate governance through the tests and evaluations that it carries out on various activities within the hospital. These can range from strategic to operational and ultimately compliance obligations.

Developments in 2007

In 2007 a variety of different audits were carried out. The three broad areas of focus were payroll, income and areas where economy, efficiency and effectiveness could be improved.

The audit reports completed and published in 2007 were as follows:

- Nursing Payroll
- LabMed Directorate Payroll
- TSD Payroll
- Medical Manpower Payroll
- Car Park Income
- A1 Officer Sick Benefit Claims and Refunds
- End of Year Stocktake

Given the significance of payroll to the overall budget of the hospital this area is always high on the list of the annual internal audit programme. This was evidenced by the fact that the majority of the audits carried out in 2007 were payroll related.

The generation and accounting for income was taken account of in the assessment of the department work programme for 2007 and the resources available to the department. The generation and collection of income involves the interaction of the hospital with various external stakeholders both individuals and corporate. This requires that policies and procedures are well defined, documented and implemented. The role of the department is to test and evaluate the various controls in place and to make appropriate recommendations for improvement where necessary.

During the year, all audits and encounters with members of staff were taken as an opportunity for the department to promote economy, efficiency and effectiveness. These assessments were carried out with good corporate governance in mind and the acceptance that all hospital employees provide a patient centred service no matter how removed they are from the patient in their daily work. The proper and efficient use of resources helps to maximise the benefits to those in the care of the hospital.

Information and Management Services (IMS)



Mr. Martin Buckley
IMS Manager

Ms. Marie Sinnott
ICT Operations Manager

Ms. Annemarie Dooley
ICT Projects Manager

Mr. Finian Lynam
Management Information (MIS)

Mr. Gerry Sullivan
Laboratory ICT Manager

Mr. Feargal McGroarty
Haemophilia/Haemovigilance ICT Manager

The mission of the IMS department is to provide an innovative and resilient framework of Information Services to support all aspects of the hospital's business.

Developments in 2007

• New Telephone System – May 2007

This was a strategic telecommunications project managed jointly by General Support Services (GSS) and IMS. The new system uses Internet Protocol (IP) Telephony supplied by Cisco and replaces the Siemens Analogue PABX system in place since 1992.

The new system was introduced in a single operation on 27th May 2007 and involved 2,500 IP phones and 500 other circuits serving faxes, paging, alarms, lifts, etc.

Key features of the system include computerised consoles for switchboard operators, unified voice messaging, call routing, on-line internal directory, and conferencing. Improved reporting on performance and usage also enables more effective management and improved customer service.

- **PaRIS/EPR Electronic Patient Record**

This system, installed in June 2006, was further extended to include:

- HOPE Pharmacy interventions
- New orders and order sets
- Studies from Cardio-angiograph suite now viewable in PACS/EPR
- Preparation for major upgrade to 2007 version of application software

The total number of Imaging Series recorded on PACS for 2007 was 323,000 using approximately 4 Terabytes of storage.

- **Speech Recognition pilot**

Replacement of tape dictation methods and the introduction of Server based speech recognition software. The pilot is being conducted in selected outpatient clinics

- **Cashless payment system**

Use of the Staff ID card as an 'electronic purse' in order to eliminate cash transactions in catering outlets i.e. Staff Restaurant, Laboratory Canteen and CEO building

- **Haemophilia home monitoring**

Piloted smart-phones in four patients' homes

- **SMS Texting pilot**

The reminder system for patients' out-patient appointments was extended to 660 clinics and the number of messages sent averaged 4,000 per month

- **E-Health**

Electronic transfers of Laboratory and Radiology results and outpatient appointments extended to over 220 GPs

- **Outpatient Registration Function**

New Pre-OPD (POP) registration to facilitate clinical investigations

- **Training and data quality**

Continuous provision of training for employees on clinical systems and continuous monitoring of data quality

ICT Infrastructure

The hospital network (LAN) was significantly upgraded in 2007 to support the IP Telephony (IPT) project. Over 90 switches were replaced to provide Power over Ethernet (PoE) which is essential to IP phones. Two new core switches were installed to provide better resilience and the entire network was upgraded to Gigabit transmission speed.

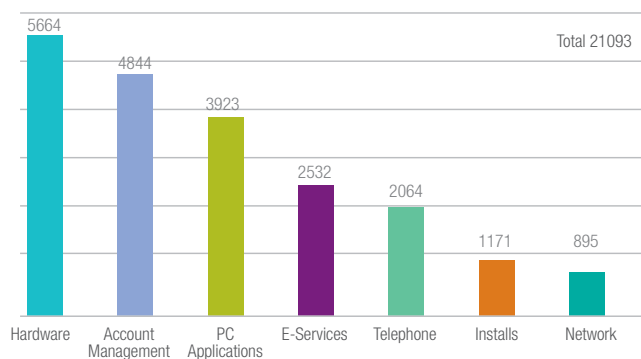
Virtualisation

After a successful pilot in 2006 a full VMWare infrastructure platform was implemented. There are now 39 servers on this platform. VMWare essentially lets one computer do the job of multiple computers thus freeing IMS from physical and geographical limitations. Other advantages are energy savings and more efficient use of hardware.

Helpdesk

The helpdesk team played a major role in the IPT go-live. This involved a steep learning curve and extensive troubleshooting on phone, fax and other related issues. There were more than 20,000 calls logged in 2007. Interactive Voice Response (IVR) was introduced towards the end of the year, enabling calls received by the helpdesk to be managed more effectively.

Helpdesk Calls 2007



As part of the continuing improvement of ICT hardware, more than 300 PCs and 200 printers were installed during 2007.

Web Services

IMS has kept pace with web technology developments and has established an efficient, stable web platform. Both Internet and Intranet sites continue to be commended for the high standard of information available. There has been a rapid growth in online form requests as departments are adapting to transacting business online. Seven new online forms were developed in 2007. Currently, online forms generate over 300 transactions per day.

Web facts and figures for 2007

- 530,651 visits to the website, an average of 1,524 visits to the site per day. A 58% increase on last year's figure
- 227,804 individual visitors to the site, an average 633 per day. A 29% increase on last year's figure. Of those 43,852 visited more than once



- Total number of pages viewed was 2,812.602, an average of 8,082 views per day, again up 30% on last year.
- Top 5 Topics:
 1. Patients & Visitors
 2. GP Information
 3. About the Hospital
 4. Clinical Information/Education Research
 5. Consultant by Speciality

Email

Email continues to be the dominant form of business communication within St. James's Hospital. Email management is a constant challenge. In 2007 IMS received more than 1.2 million valid messages. Due to the effectiveness of the new Ironport filtering system, 95% of all incoming emails are now classified as Spam. Consequently, nuisance emails have been virtually eliminated.

Management Information Systems (MIS)

Throughout 2007 provision of management information remained a key focus with an increased demand for accurate and timely information from both internal departments and external agencies. In addition to services monitoring and planning, complex performance indicators and 'dashboards' are becoming critical requirements. The MIS online reporting facility on the Intranet continues to be enhanced to provide distributed access to statistical data and operational decision-support.

A complex and large-scale data warehouse and integration architecture has been developed to underpin the MIS function. This is a dynamic data platform which is continuously updated with real-time patient activity data drawn from several front-line applications. This enables detailed and immediate cross-sectional views and statistical analysis of hospital activity. The platform also acts as an integration repository to provide over 20 interfaces to specialist or departmental systems. This year, more key interfaces were added to support external communication to GP's and the health insurance claims process.

Using the same platform, a bed management system was implemented in 2007 to enable a more accurate reflection of bed utilisation, tracking of patient length of stay and to support proactive discharge planning.

Clinical coding of hospital activity remains at 100%. 95% of clinical coding is now completed within six weeks of discharge in line with best practice. This has meant that Casemix data is now available in a timely fashion for current operational use. A new audit process (HCAT) was implemented to ensure the accuracy of the clinical coded information. This will be an ongoing process that will also involve a review of clinical documentation.



Services Division Reports

CResT



Dr. Finbar O'Connell
Clinical Director

Ms. Mary Foley
Nurse Manager

Ms. Jo-Ann Campbell
Business Manager

Introduction

The CResT Directorate comprises the following specialities: Cardiology, Respiratory Medicine, and Cardio-Thoracic Surgery.

Developments in 2007

- The first live interoperative 3-dimensional Transoesophageal echocardiogram in Ireland was performed at the Advanced Imaging Course was held at St. James's in November
- Dr. Emily Ho was appointed as Senior Echo Research Fellow, working with the Oncology service to refine Left Ventricular function measurement by echo
- The Respiratory Assessment Unit (RAU) won the Irish Healthcare Awards "Best Hospital Project" Award in recognition of the comprehensive COPD service provided by the unit
- Michele Agnew, Chief Respiratory Scientist was elected to the Assembly of the European Respiratory Society with responsibility for Allied Health Professionals

Cardiology

In 2007, the fourth annual Live Intervention Course was held in St. James's Hospital. Live images from the Cardiac Catheterisation Laboratory were transmitted to an audience

in the Trinity Medical School Building and there was a live link to an audience in Columbia University, New York. This event has become an established tradition at the hospital, with an international guest panel from five countries. The opening ceremony was attended by Minister for Health and Children, Ms. Mary Harney, TD.

Cardiology Service

The Cardiology Department continues to provide a wide range of services and interventional procedures to inpatients, the local community and to referring regional hospitals.

The overall activity levels in Cardiology continue to increase on a yearly basis. More complex procedures are being performed such as left main stem disease and multi vessel disease that previously would have required Coronary Artery Bypass surgery. There has been an increase in the number of Primary Angioplasties (PCI) and Rescue PCI's performed. The number of PCI procedures done radially has increased which often adds to the comfort of the patients and reduces the time they spend in the Cath Lab.

Cardiology Co-ordinator

The Cardiology Co-ordinator provides post procedural advice and education about risk factor modification to PCI patients following their procedure. Education and follow up care is also provided for Implantable Cardioverter Defibrillator (ICD) patients.

A total of 1,280 PCI's were performed in 2007 and 67 ICDs were implanted. Over 800 patients were referred to a Cardiac Rehabilitation course in their local hospitals. The 6 bedded ward specifically allocated to PCI patients in Robert Adams Ward has enhanced the delivery of care and management of PCI patients and allows a more rapid transfer to the discharge lounge.

Smoking Cessation Service

Smoking cessation service is offered to hospital patients and staff. The service provides individual inpatient and outpatient consultation and 6 week intensive stop smoking courses. During 2007, the smoking cessation nurse specialist provided brief intervention and literature to 607 smokers during hospitalisation. 94 smokers enrolled on the 6-week intensive stop smoking programme. 456 clients were followed up by phone post discharge. The smoking cessation nurse specialist facilitated a one-day training course in brief intervention in November. The aim of this course is to provide health professionals with the basis skills necessary to raise the issue of smoking with smokers.

The Echocardiography Service

A comprehensive physician-directed, transoesophageal echocardiographic, Dobutamine Stress Echos and exercise echo service was developed with the co-operation of the ORIAN Directorate and the Surgical Day Ward. The inpatient service takes place in Coronary Care Unit (CCU) with the collaboration of the nursing staff. Contrast Echo was also introduced to the Department. A highly successful advanced imaging course was held at St. James's in November 2007, with 140 delegates attending. It incorporated live case Intra Vascular Ultrasound and live case Mitral Valve Surgery with the first live interoperative 3-dimensional Transoesophageal echocardiogram in Ireland.

Two new lines of substantial research in Cardiology commenced in 2007. Dr. Emily Ho was appointed as Senior Echo Research Fellow, working with the Oncology service to refine Left Ventricular function measurement by echo and secondly Dr. Kunal Patel will be examining the role of mRNA expression of the IL17-23 axis in acute coronary syndromes.

Cardiac Department

In October 2007 Gerard King, Chief Cardiac Technologist was nominated for the Doctors Prize for Cardiac Research for his article on Myocardial stiffness and the timing difference between tissue Doppler imaging Ea peak mitral valve opening can distinguish physiological hypertrophy in athletes from hypertrophic cardiomyopathy.

The Cardiac Department activity continues to increase. Electrocardiograms (ECGs) have increased in 2007 with a total number of 14,280 performed. This has increased by 3223 from 2006. Pacemaker checks have also increased by 206 to 1204 in 2007.

Cardiac Rehabilitation

Cardiac rehabilitation offers secondary prevention multi-disciplinary education and support to patients following a cardiac event.

- The Cardiac Rehabilitation Co-ordinators visited and educated 400 inpatients providing Phase 1 education and advice
- Four to six weeks post discharge 370 patients were reviewed at the Phase II Cardiac Rehabilitation outpatient's clinic. Appropriate referrals to other disciplines are made at this clinic



Pictured At The Irish Healthcare Awards were, (L-R): back row: Dr. Joe Keane, Consultant Respiratory Physician; Bettina Korn, Respiratory CNS; Eilish Hardiman, Deputy CEO; Dr. Barry O'Connell, Consultant Respiratory Physician; Michele Agnew, Chief Respiratory Technician; Dr. Pat Manning, Consultant Respiratory Physician. Front row: Maria Lawlor, Respiratory CNM3, CResT; Jaye Farran, Respiratory Assessment Unit Co-Ordinator; Sinead Glennon, Physiotherapy Manager, CUH; Mary Foley, Nurse Manager, Crest; Clare Bailey, Specialist Respiratory Physiotherapist.

- 15 Phase III programmes were run over the course of the year. 8 of those were of six weeks duration and 6 were of eight weeks duration. There was one special programme of 6 weeks duration for the elder patients
- 263 patients were offered a Phase III programme. Of those 224 took up the offer and 40 did not attend. 172 patients completed the programme and 52 dropped out
- Three Phase IV reviews were held in 2007. This afternoon session is offered to the patients who have completed a Phase III programme. The patients are invited back six months following their programme for an education update. 90 patients attended
- As St. James's Hospital is a referral centre for Percutaneous Coronary Interventions (PCIs), a large proportion of patients treated are from outside the catchment area. The cardiac rehabilitation co-ordinators refer these patients to their nearest cardiac rehabilitation centre. The total number of referrals to other centres was 742
- In addition, 53 patients were referred to St. James's Hospital for cardiac rehabilitation

Respiratory Medicine

Lung Cancer

The number of lung cancer cases diagnosed and/or treated in St. James's Hospital has risen by approximately 7% every year. There were 408 newly diagnosed patients in 2007. This represents an increase of 19% when comparing 2007 data to 2006, where the number was 342 patients. St. James's Hospital is diagnosing and/or treating almost

one-quarter (22%) of the national workload in lung cancer. Curative surgery was the primary treatment for almost 30% per year of lung patients in the hospital over the last four years. It is estimated that in 2007, the St. James's Hospital Cardio thoracic team performed over 50% of the national workload in curative surgery for lung cancer. (*Cancer in Ireland 1994 – 2005, National Cancer Registry*).

Supra-Regional TB Unit

A new nurse-led mantoux clinic was set up in January 2007 to facilitate skin testing for patients attending St. James's Hospital. A total of 243 patients attended between January and December, each patient attending twice: day 1 for placement of the skin test and day 2 for reading of the result.

A Registrar in Respiratory Medicine with responsibility for TB was appointed on 1st January 2007 and the appointment of a Senior Pharmacist 0.5WTE started in August 07.

Non-Invasive Ventilation

John Houston Ward has continued its role as the hub for inpatient acute respiratory services. The patients on bi-pap continued to increase in 2007. At total of 172 patients were on bi-pap. This increased by 21% compared to 2006.

Respiratory Assessment Unit (RAU)

The RAU further consolidated its role as the hub of chronic respiratory disease management for the hospital and its catchment community. RAU staff review patient lists in both the AMAU and Emergency Department on a daily basis and 80 patients were accepted onto the early discharge programme. This represents a 66% increase on 2006 figures.

The RAU won the Irish Healthcare Awards “Best Hospital Project” Award. The award was in recognition of the comprehensive COPD service provided by the Unit. Since 2002, the Unit has run a successful COPD Early Discharge Programme which has proved effective in reducing the length of stay and re-admission rate of patients with COPD. RAU services have evolved since this time and the unit now provides a range of services from telephone support to nurse/physiotherapist led clinics to pulmonary rehabilitation. The unit includes a Clinical Specialist Physiotherapist, two Clinical Nurse Specialists, Clinical Nurse Manager III, Respiratory Registrar, Respiratory Consultant (Dr. Barry O’Connell) and administrator.

In 2007 a joint initiative between the RAU and Community Intervention Team (CIT), Dublin South, was established with the aim of providing out-of-hours and weekend coverage to RAU patients by the CIT. To facilitate this, the RAU provided two multidisciplinary study days for CIT staff and subsequent induction home visits.

The Pulmonary Rehabilitation Programme

In 2007 three eight-week pulmonary rehabilitation programmes were held. 70 patients were enrolled on the programme between the RAU and senior physiotherapists, with approximately 50 patients completing the programme. A programme for bronchiectasis patients ran in August 2007. Noninvasive ventilation (NIV) home visits increased from one in 2006 to 14 in 2007.

Supportive Care Visits

A pilot project of palliative /supportive home visits was commenced in 2007. Eight patients were referred for supportive visits which resulted in a total of 20 visits.

The Respiratory Laboratory

The Respiratory Laboratory continued to provide a comprehensive range of services at regional and supra-regional level. Michele Agnew, Chief Respiratory Scientist was elected to the Assembly of the European Respiratory Society with responsibility for Allied Health Professionals. Michele was awarded her M Phil thesis (Research Masters from DIT Kevin Street) on Respiratory Health of Dublin Bar-workers in the context of the smoking ban.

Cardio-Thoracic Surgery

The total number of patients treated in 2007 was 401. Since 2000 the Keith Shaw cardiac surgery Unit has performed between 400 and 500 adult cardiac surgery cases per year. Over the years there has been a significant change in the patient profile:

- Increasing number of urgent in-patient transfers from referring hospitals requiring emergency surgery on the same hospital admission
- Increasing complexity of cases performed

Following the attendance of St. James’s Hospital staff at a training programme in the UK for Cardiothoracic Advanced Life Support (CALS) trainers, a team from Middlesborough Hospital, UK, attended St. James’s Hospital to deliver the first CALS program in Ireland. This was attended by both medical and nursing staff.

Over 200 patients were assessed at the Pre Admissions Clinic in 2007. Led by the Advanced Nurse Practitioners and attended by a registrar, an anaesthetist, a pharmacist, a dietician and a member of the cardiac rehabilitation team, the patient has pre-operative investigations performed. These include chest X-ray and ECG as well as full blood count, cross match, coagulation screen, biochemistry screen.

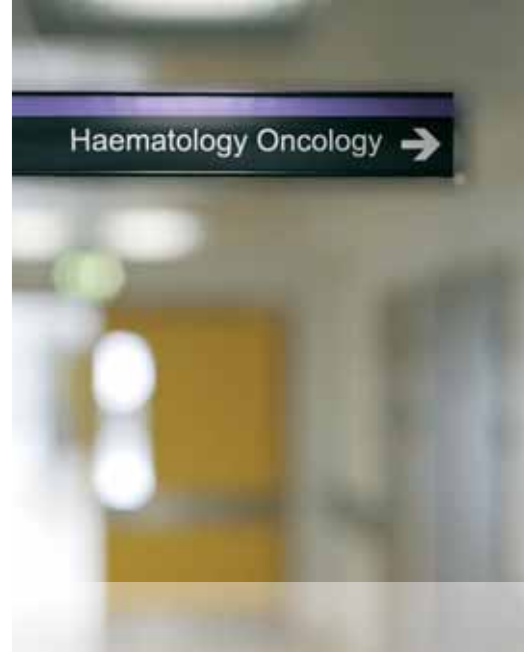
Telecardiology

This service continued its expansion in the Midlands area, following the initial link with Sligo General Hospital and St. James’s Hospital, providing an invaluable link for both Tullamore and Portlaoise Hospitals. The main patient benefit of this system is that it continued to allow speedy access to an Interventional Cardiologist and a Cardiac Surgeon. Discussions with other referring Hospitals were ongoing to further roll out this system.

Thoracic Surgery

St. James’s Hospital has the largest Thoracic Surgery Unit in the Republic of Ireland with referrals on a national basis. More than a fifth of Ireland’s Lung Cancer patients pass through the hospital each year. The unit also deals with a wide range of benign pleural diseases and more rare intra-thoracic malignancies.

HOPe



Dr. Kenneth O'Byrne
Clinical Director

Ms. Suzanne Roy
Business Manager

Ms. Geraldine Reynolds
Nurse Manager

Introduction

The HOPe Directorate specialities are Haematology, Medical and Radiation Oncology and Palliative Care. These specialities incorporate the National Centre for Adult Bone Marrow Transplantation and National Centre for Hereditary Coagulation Studies, which includes the Warfarin Clinic. The HOPe Directorate has strong links with the Cancer Clinical Trials Consortium Programme and the Bone Marrow for Leukaemia Trust.

Key Developments

- Appointment of Dr. Catherine Flynn, Consultant Haematologist, in December 2007
- Over 80 patients were recruited onto oncology/haematology clinical trials and 260 patients onto translational research studies
- In the National Centre for Hereditary Coagulation Disorders outpatient Did Not Attend (DNA) rates were reduced from 26% to 12% following introduction of a new process improvement method

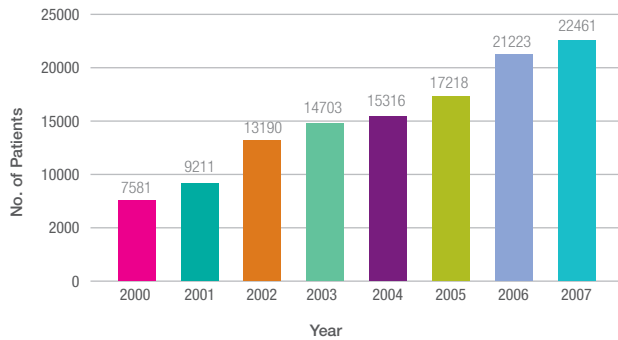
Service Trends

During 2007, the Directorate had another busy year with further increases in the number of patients undergoing treatment

Haematology Oncology Daycare

The Haematology Oncology Daycare Centre continued to experience an increase in numbers of patients undergoing treatment in 2007.

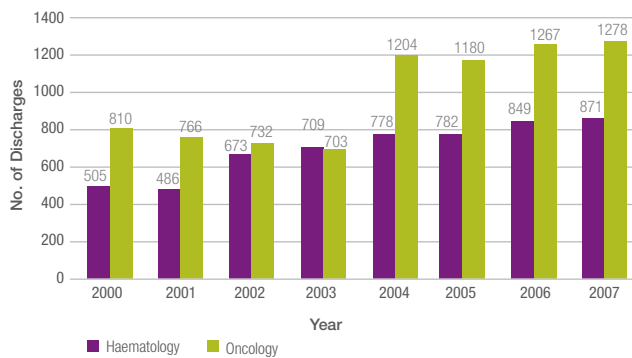
Daycare Attendances 2000 - 2007



Inpatient Activity

In terms of in-patient activity, Haematology and Oncology discharges increased in 2007.

Discharges by Speciality 2000 - 2007

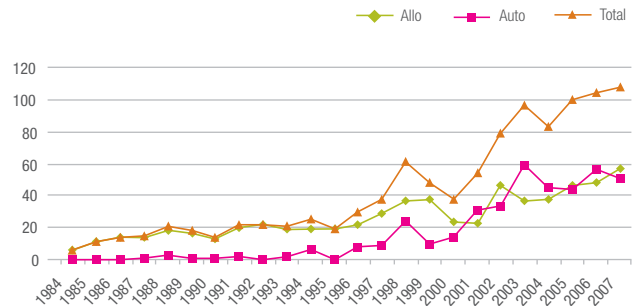


Haematology

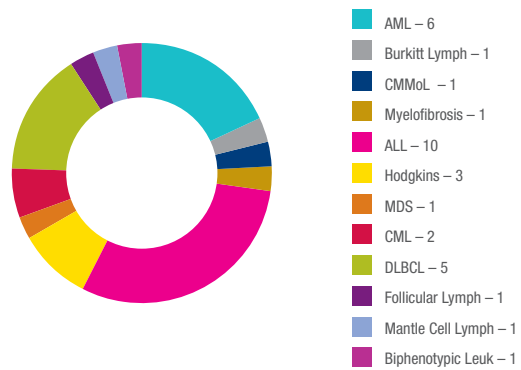
Dr. Catherine Flynn joined the consultant staff in December 2007. Dr. Flynn has worked internationally during her medical training and therefore brings a wealth of experience to the consultant team.

The Bone Marrow Transplantation Programme

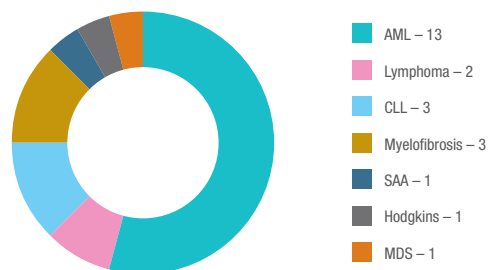
St. James's Hospital Total Transplant Programme 1984 - 2007



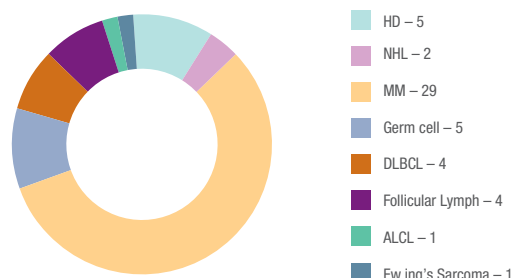
Standard Haematopoietic Stem Cell Transplants (HSCT) in 2007 by Disease Indication



Reduced Intensity Transplants in 2007 by Disease Indication



Autologous Bone Marrow Transplants in 2007 by Disease Indication



Cancer Clinical Trials Consortium Office at St. James's Hospital

Dr. John Kennedy
Programme Director

Professor John Reynolds
Scientific Director

Ms. Ingrid Kiernan
Programme Manager

The Cancer Clinical Trials Office (CCTO) administers clinical trials at St. James's Hospital and liaises with the Irish Clinical Oncology Research Group (ICORG), the HRB and the Irish Medicines Board. Audits, training, research and dissemination of resulting information form the core of the group's activities.

The office currently employs 3 data managers, 7 research nurses, 1 secretary, 2 research fellows and 1 clinical trials pharmacist.

Cancer Clinical Trials Programme 2007

2007 was a very productive year for the clinical trials office at the hospital. Over 80 patients were recruited onto oncology/haematology clinical trials and 260 patients onto translational research studies. Trials continued to be conducted with most of the major pharmaceutical companies and international co-operative groups in the areas of breast cancer, lung cancer, colorectal cancer, head & neck cancer, lymphoma and chronic myeloid leukaemia.

National Centre for Hereditary Coagulation Disorders (NCHCD)

During 2007 the nursing service within the NCHCD continued to audit and monitor the quality of the service provided in areas such as genetic counselling and home treatment. Results from the audit demonstrated that patient satisfaction rates continue to be high. Additionally, in 2007 Lean Sigma, a process improvement method, was introduced to support the quality assurance programme. Results of this initiative include a reduction in Outpatient DNA rates from 26% to 12% and 100% of new patient referrals seen within 6 weeks.

The annual two day Coagulation Course was held in April 2007 in the Trinity Health Sciences building with over 100 health care professionals from all over Ireland attending.

Nursing Report

Funding was obtained from the Bone Marrow for Leukaemia Trust to facilitate the development of a Clinical Nurse Specialist (CNS) post in Bone Marrow Transplantation Transitional Care. Ms. Kathleen Beston commenced her appointment on 23rd April 2007.

Team Based Performance Management was provided for the HOPE Clinical Nurse Specialist team in October. The team will take the information gained forward to assess issues identified and further evolve the role of the Clinical Nurse Specialist in HOPE.

Ms. Evelyn Singleton, CNM2 Transfusion Surveillance Nurse, NCHCD, was one of the group of three successful Nurse Prescribing candidates from St. James's Hospital who completed the first training course in the Royal College of Surgeons for Nurse Prescribing. Ms. Norma Daly succeeded Colette Healy as Clinical Facilitator in November 2007. Ms. Anne Grogan joined the NCHCD as CNM 3 team in November.

Education

The education programmes established in recent years continued through 2007 including:

- two day Coagulation Course
- five day Haematology Course
- five day Oncology Course



Professor Davis Coakley

Clinical Director

Ms. Nuala Kennedy

Nurse Manager

Ms. Carol Murphy

Business Manager

The Department of Medicine for the Elderly provides specialist services for older patients. The department contains admission, rehabilitation and continuing care wards and a day hospital which provides medical and rehabilitation services to patients. has a busy and comprehensive out patients department and also provides a range of specialised ambulatory care clinics. Research of national and international standing in the field of ageing is conducted in the department under the auspices of the Mercers Institute for Research on Ageing.

Developments in 2007

2007 has seen a major expansion in the clinical and research work of the Directorate:

- The planned new Centre of Excellence for Successful Ageing has seen significant further development
- Expansion of clinical services and research in Stroke Disease. Appointment of Dr. Joe Harbison as Senior Lecturer and Consultant to St. James's Hospital and MIRA
- Falls and Blackout service continued to expand and develop

- Bone protection and osteoporosis experienced further expansion and increasing demand for all aspects of the service
- Major research projects continue to expand and develop with new research grants being awarded

Centre of Excellence for Successful Ageing

The planned Centre of Excellence gained further momentum this year. An International Advisory Group for the Centre was established and a major presentation was made to the new advisory group in St. James's Hospital at the review of the project in December. The International Advisory Group will act as a best practice advisory group for the centre.

The Directorate completed a cost benefit analysis exercise which was commissioned by the Health Services Executive (HSE) to look in-depth at the development plan for the centre and to assess its overall benefit to the health service and the community from a socio-economic point of view. The final report was extremely positive and strongly supported the development of the centre.

The HSE instructed the hospital to proceed with the selection and appointment of the Design Team for this project.

Stroke Service

The appointment of Dr. Joe Harbison as Senior Lecturer and Consultant to St. James's Hospital and MIRA has given a major boost to clinical services and research in stroke disease.

The MedEL acute stroke service now performs daily ward rounds reviewing all stroke patients admitted to the hospital. A full time Clinical Nurse Specialist in Stroke Medicine, Ms. Suzanne Walsh, has been appointed who coordinates training of staff across the hospital in aspects of stroke care and assists in the running of Neurovascular and Stroke clinics.

A Transient Cerebral Ischaemic (TIA) clinic has been expanded to run daily, permitting the review of patients with TIA or Stroke within one working day of stroke onset. A stroke thrombolysis protocol is in operation and the Stroke service organised the first national Thrombolysis Education day in The Royal college of Physicians in October to try to increase use of the therapy across Ireland.

The service is involved in the development of a new Diploma in Cerebrovascular Medicine with the Royal College of Physicians of Ireland.

Falls and Blackout Service

The Falls and Blackout unit provides rapid expert assessment in the treatment of patients who suffer from falls, dizziness and blackouts. In 2007 there was a 48% increase in the number of patients treated compared to the previous year.

The presence of a nurse-led falls prevention and review service has added greatly to the prevention and reduction of falls, reflecting the lowest number of fallers recorded since the service started in 2003. This reduction in recorded fallers and recurrent fallers was reflected across acute, rehabilitation and extended care wards.

Bone Protection and Osteoporosis Service

In 2007 there was a further expansion in the bone protection and osteoporosis service, representing a 20% increase in patients assessed and treated compared to the previous year. Additional nurse-led pre-assessment clinics were introduced during the year, enabling initial assessment and diagnostic workup for patient with severe osteoporosis. These patients are subsequently reviewed in the bone health and osteoporosis treatment clinic.

A number of major hip fracture studies began during the year looking at the histomorphometry, densitometry, biochemical, and bioengineering properties of fractured hips in patients admitted to St. James's hospital. The Clinical Nurse Specialist in Bone Health and Falls, Niamh Maher, was recently awarded a major Health Research Board (HRB) grant to undertake a study on hip fractures leading to a PhD.

Mercers Institute for Research On Ageing (MIRA)

2007 has seen further major expansion in the clinical and research work of the Mercer's Institute for Research on Ageing.

Professor Rose Anne Kenny has been particularly successful and has become a prime mover in achieving major grant awards such as the TRIL programme (IDA/Intel), TILDA, and Roskamp studies and the HRB translational research award described below.

Joint Management Initiatives with the Health Services Executive

The department of Medicine for the Elderly continues to work closely with the HSE, jointly managing the Cois Ceim Unit at Brú Chaoimhin and the Aspen Unit in Cherry Orchard Hospital. Both units have been instrumental in facilitating acute discharges from the hospital for patients who require further rehabilitation and extended care placement.

Also the department continues to work in collaboration with the Community Reablement Unit (CRU) at Our Lady's Hospice, Harold's Cross. Patients who develop mobility problems in the community are promptly assessed at our out-patient department and then receive intensive rehabilitation in the CRU Unit thus preventing hospital admissions.

The awarding of an IDA/Intel grant has enabled the establishment of a Technology Research for Independent Living (TRIL) programme. TRIL is not a single project, but a centre of excellence, which delivers a range of focused research projects by combining the skills and expertise of multi-disciplinary teams of scientists from the third-level sector, clinical specialists and industrial researchers and testing these innovations in a controlled and focused patient setting. The project continued to expand and develop in 2007 with establishment of weekly clinics for patient assessment.

The Irish Longitudinal Study on Ageing (TILDA) study is being undertaken by a cross institutional, multidisciplinary team of experts and its central office is based in Trinity College Dublin. In June 2007 the Paul Beeson Fellowship was awarded to Dr. Patricia Kearney who is developing research from the TILDA study on the cardiovascular risk factors of ageing and development of memory problems and dementia. Professor Brendan Whelan was also appointed as research director.

Memory Clinic:

Since its inception, the Memory clinic has acquired considerable expertise in diagnosing cognitive disorders with over 3,600 patients assessed. The memory clinic continued to be active in various research projects including collaboration with other departments and institutions.

Ongoing Memory Clinic Research Projects

- The Dublin Healthy Ageing Study
- Development of a novel measure of autobiographical memory
- The Utility of MMSE, Clock Drawing and the Delayed Word Recall (DWR) test in screening for Early Stage Alzheimer's disease (AD)
- Awareness in Traumatic Brain Injury and Frontotemporal dementia
- Medical Physics and Bioengineering – Eye Tremor Research and Locator System

- Roskamp Study on Alzheimer's Disease – This is an open label evaluation of the safety and efficacy of Nilvadipine in mild to moderate Alzheimer's dementia.
- HRB translational research in neurovascular instability

Dementia Services Information And Development Centre

Introduction

The Dementia Services Information and Development Centre (DSIDC) is a national centre for excellence in dementia and is committed to best practice in all aspects of dementia care.

It offers three core professional services: education and Training, Information, Research.

This year an increased number of courses and training days were made available to staff providing services to people with dementia in many different care settings around the country. The Centre responded to individual and organisational requests for information and contributed to many networks and working groups.

Research activities were strengthened with funding for a programme of social research on dementia. This initiative will contribute to the development of timely, responsive and accessible interventions for people with dementia, it will impact on policy development and contribute to the design of best practice models for those affected by dementia.

Events during the year included work with the Health Education Quality Authority (HIQA) on the development of standards of care in residential care settings and the launching of the Northern Ireland Dementia Centre.

Developments in 2007

Education and Training

The education function of the DSIDC continued to develop in 2007. The provision of a total of 80 separate courses or sessions meant that 113 education-training days were delivered to 1,274 participants in many venues around the country. This is the equivalent of 1,818 person days of education/training.



Information

Queries ranging from staff training needs to advice on standards and from design to best practice in dementia care were handled. The expertise of DSIDC staff was sought on many policy and standards issues and led to membership on a variety of advisory groups, committees and networks.

The website continued to be an important source of information for dementia practitioners and was widely used, receiving 17, 244 visits during the year or an average of 1,437 visits per month.

Over 2,000 copies of the DSIDC service manual, 'Dementia, a Positive Guide' were printed and made available to dementia practitioners and individuals. There was also keen interest in DSIDC produced training Videos/DVDs including 'Understanding Dementia' and 'Understanding Challenging Behaviours in Dementia'.

DSIDC staff participated in the following: Ageing Well Network, Dementia Services Development Centres (DSDC) Network, HIQA Advisory group on Dementia and Standards in Residential Care Settings, HSE National Dementia Sub-Committee, Mallow Partnership Group, North Dublin Private Nursing Homes' Challenging Behaviour Group, North Sea Group, Northern Ireland Dementia Centre Advisory Board, Social Workers Special Interest Group on Ageing, Trinity Consortium on Ageing, Working group on Specialist Palliative Care for the person with dementia.

DSIDC staff spoke at the following events:

- 1st International Conference, University of Stirling, Scotland, April, 2007.
- Launch of Northern Ireland's Dementia Services Centre, Stormont Hotel, May, 2007.
- 17th Alzheimer's Europe Conference, Portugal, May, 2007.
- Dementia and Technology, Northumbria University, Newcastle on Tyne. October, 2007.

Research and Publications

A grant of €1.2m was approved by Atlantic Philanthropies to support social research on dementia. This, with additional resources from The Alzheimers Society of Ireland and Trinity College, will allow the funding of 5 PhD students and a Research Fellow in Trinity College.

Steering Committee

After long years of service, Professor Brian Lawlor and Professor Des O'Neill resigned from the Steering Committee. New members who joined Professor Bernard Walsh and Professor Davis Coakley on the committee included Professor Rose Anne Kenny who took over as Chairperson, Dr. Robert Coen, Dr. Elaine Green, Professor Robbie Gilligan and Dr. Greg Swanwick.



Dr. Colm Bergin
Clinical Director

Ms. Margaret Codd
Nurse Manager

Ms. Sharon Morrow
Business Manager

Introduction

The SaMS Directorate encompasses nine specialties; the Department of Genitourinary Medicine and Infectious Diseases (GUIDe), Dermatology, Endocrinology, ENT, Gynaecology, Neurology, Clinical Neurophysiology, Ophthalmology, and Rheumatology. It includes St. John's, Victor Syngé and Hospital 5 Unit 3 in-patient wards, the Discharge Lounge, and the ambulatory day centres at the GUIDe Clinic, Health Care Centre, Diabetic Day Centre and the Rheumatology Day Centre.

Key Developments in 2007

- The Minister for Health and Children, Ms. Mary Harney, TD, officially launched the Mohs Micrographic Surgery service, provided by Dr. Patrick Ormond
- The neurology service initiated the first specialist behavioural clinic in the country specialising in cognitive behavioural disorders in adults including dementia and epilepsy
- The Rheumatology multi-disciplinary team won the coveted Bernard Connor Award for the RAISE project (Rheumatoid Arthritis Informed Support and Education)
- The Rheumatology Department successfully continued with their OPD NTPF programme and it continues to demonstrate a positive impact on wait times

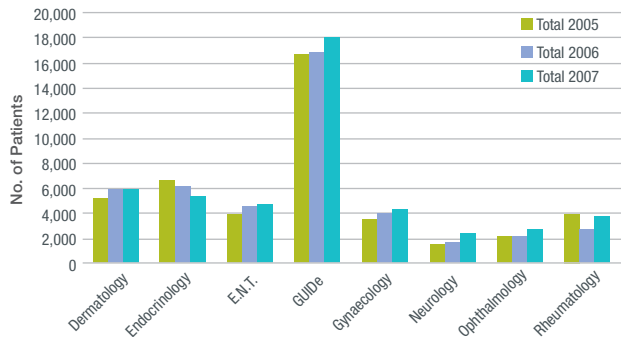
Staff Developments

- Professor Cassidy, Consultant Ophthalmologist, retired in 2007 after many years of distinguished and dedicated service
- Dr A. Irvine was appointed Professor of Dermatology in 2007
- Ms. Sharon Morrow was appointed Business Manager in June
- The restructuring of the administrative service led to the appointment of Mr. Damien Kavanagh as Operations Co-ordinator for the Directorate
- Ms. Audrey Donnelly resigned as Deputy Business Manager after 25 years of service to the organisation

Outpatient Services

The total attendance rate for SaMS Directorate Outpatient services continued to increase during 2007. The Directorate introduced initiatives to assist in the management of new to return patient ratios.

SaMs Directorate Outpatient Activity 2005 - 2007



Day Ward Services

The SaMS Directorate provides day ward services (medical and surgical) across eight specialties.

The attendances per department were:

Day Cases	Total 2005	Total 2006	Total 2007
Dermatology	4,082	4,654	4,937
Endocrinology	10,898	13,185	12,996
E.N.T.	192	258	270
GUIDe	3,111	3,311	3,776
Gynaecology	194	378	393
Neurology	106	38	146
Neurophysiology	916	1,115	1,176
Rheumatology	3,090	5,003	5,408
Total	22,589	27,942	29,102

Discharge Lounge

The purpose of Discharge Lounge is to reduce the waiting time for patients requiring admission to an in-patient bed by providing a comfortable area for patients who have been discharged that day. The effectiveness of the Discharge Lounge is an important performance indicator for the Directorate and the organisation. 43% of patient discharges were accommodated in the Discharge Lounge in 2007.

MONTHLY DISCHARGES THROUGH DISCHARGE LOUNGE								
	2000	2001	2002	2003	2004	2005	2006	2007
JAN		175	202	259	273	338	445	404
FEB		275	267	306	320	333	440	438
MAR		261	316	279	385	296	488	506
APRIL		203	317	362	400	332	421	343
MAY		246	312	310	363	322	468	298
JUNE		255	328	259	410	327	444	319
JULY		333	363	369	439	355	490	463
AUG		352	369	286	408	378	479	457
SEPT		310	337	339	385	490	483	442
OCT	16	359	351	386	377	425	467	442
NOV	126	303	335	267	418	480	521	390
DEC	136	232	250	257	401	453	301	336
TOTAL	278	3304	3747	3679	4579	4529	5447	4838
Cumulative Total	278	3582	7329	11008	15587	20116	25563	30401

Dermatology

The Minister for Health and Children, Ms. Mary Harney, TD, officially launched the Mohs Micrographic Surgery (MMS) service located in the Health Care Centre, established by Dr. Patrick Ormond. 114 patients had MMS surgery conducted during 2007, which prevented these patients having to travel to the UK for their treatment.

Dr. A. Irvine was appointed Professor of Dermatology in 2007. The EB team, led by Dr. R Watson, continued to provide dedicated individualised care to adult patients with Epidermolysis Bullosa.

Endocrinology

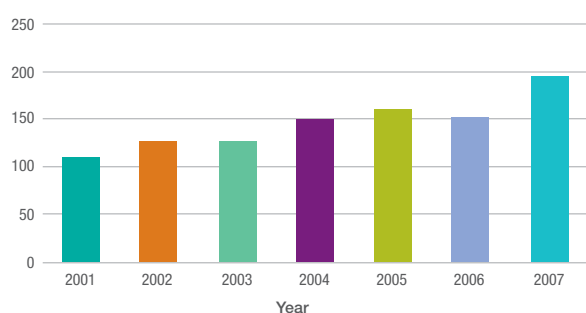
The diabetic service continues to expand and provide highly specialised care for a growing cohort of patients in areas such as insulin pump therapy and retinal screening. The implementation of a 6 Sigma process improvement methodology resulted in the transfer of phlebotomy services to the main hospital outpatient department.

Dr. Marie Louise Healy, in collaboration with the ENT Surgical Services, continues to provide a comprehensive thyroid oncology service. This service provides care for approximately 70% of patients diagnosed with thyroid cancer in the Republic of Ireland.

Ear, Nose and Throat (E.N.T.)

Latest figures show that St. James's Hospital now treats approximately 47% of the national Head and Neck Cancer workload. In 2007, the nursing component of the service expanded with the appointment of a Clinical Nurse Specialist post between St. James's and the Royal Victoria Eye and Ear Hospitals.

Head and Neck Cancer Activity 2001 - 2007



The Tracheostomy Safety Programme continued throughout 2007. This service aims to highlight and eliminate the risk management issues associated with tracheostomy care. It incorporates quarterly tracheostomy study days that are attended by both hospital and outside health care providers.

GUIDe

The Department of Genito-Urinary Medicine and Infectious Diseases (GUIDe) incorporates services managing sexual health, HIV infection, general infectious disease care and a hospital-wide inpatient consult service.

The development of weekly consultant delivered GU/HIV clinics in Cloverhill and Wheatfield prisons by Dr. Fiona Lyons has been successful, and demonstrated significant cost savings during 2007. In 2007 two members of the nursing team successfully completed the first National Nurse Prescribing programme, and a Clinical Nurse Specialist in HIV/Hepatology nursing was appointed.

The Department successfully piloted an Outpatient or Home Parenteral Anti-infective Therapy (OHPAT) programme in 2006, this programme continued in 2007 under the Hospital In The Home initiative. Professor Fiona Mulcahy and Dr. Colm Bergin continued as National Specialty Directors, RCPI for their respective specialties; Genito-Urinary Medicine and Infectious Disease.

GUIDe Outpatient Activity 2007

Description	New	Return	Total
HIV service attendances	143	3,925	4,068
STI service attendances	6,907	3,750	10,657
Infectious Diseases outpatient attendances	76	501	577
Young Persons service attendances	236	316	552
HIV-Hep C outpatient attendances	22	997	1,019
New Fill attendances	24	59	83
Day Ward attendances	356	1,343	1,699
Results/Nurses Clinics attendances		3,216	3,216
Vaccination attendances	505	1,536	2,041
Phlebotomy service attendances	373	498	871
Total Outpatient Activity	8,642	16,217	24,859

Gynaecology

The Gynaecological Oncology Service provides a local, regional and supra-regional service for patients with gynaecological cancer. The Gynaecology Service at St. James's Hospital provides care to patients with conditions ranging from general gynaecological conditions, oncology, bladder incontinence and gynaecological endocrinology (infertility and menopause).

In 2007, 408 patients were referred for review at the weekly Gynaecological Oncology Multidisciplinary meeting. Gynaecology services were consolidated by movement of the consultant and nursing offices to the outpatient department in the main hospital.

Clinical Neurophysiology

The Department of Clinical Neurophysiology is part of the South Dublin Clinical Neurophysiology Service, which offers a range of investigative and diagnostic services. These include Nerve Conduction Studies (NCS), Electromyography (EMG), and Quantitative Sensory Testing (QST), Electroencephalography (EEG), Somatosensory Evoked Potentials (SSEPs), Brainstem Auditory Evoked Responses (BAERs) and Visual Evoked Responses (VERs).

Neurology

The Neurology Department continues to provide subspecialty clinics in Epilepsy and Cognitive Behavioural neurology. An audit of seizure related admissions to the emergency department showed that this patient group accounted for 8% of all medical admissions. It also demonstrated that up to 1/3 of patients could be discharged from the Emergency Department (ED) with adequate specialist advice and early follow-up. This led to the development of a direct early referral service to expedite safe discharge of patients from the ED and wards with early OPD follow-up.

The neurology service initiated the first specialist behavioural clinic in the country specialising in cognitive behavioural disorders in adults including dementia and epilepsy. The Neurology Department continues with its ongoing research in Multiple Sclerosis, bone disease and immunomodulators. The neurological services' Neurological Nursing Programme continued through 2007.

Ophthalmology

The Diabetic Retinal Screening Clinic programme, introduced in 2005, continues to grow with a total of 957 patients attending the service in 2007. This collaborative approach to patient care by the Endocrinology and Ophthalmology service allows for the early detection of diabetic eye disease, and constitutes a large proportion of work for the ophthalmology service. All diabetic patients attend annually for screening. A recent audit (May – August 2007) demonstrated that 79.3% of diabetic patients had been assessed in the previous year.

Rheumatology

The Rheumatology service incorporates; specialised arthritis out-patient based service, tertiary referral connective tissue service in collaboration with Immunology and Dermatology, an injection/assessment service in the Rheumatology Day Centre, daily inpatient consult service, specialised physiotherapy/ occupational therapy service, specialised consultant-delivered teaching programme in rheumatology, dedicated research programme, major contribution to the acute medicine on-call rota for the Emergency Department.

Additional resources from the National Treatment Purchase Fund (NTPF) in 2007 facilitated the operation of a 3 consultant team which successfully reduced clinic wait times from >18 months to <5 months, resulting in >1000 new and >3500 return patient assessments.

Approximately 5,500 patients attended the Rheumatology Day Centre clinics. Dr. Cunnane continued in her role as National Specialty Director for Rheumatology training in Ireland and oversaw the creation of a website for the teaching of musculoskeletal examination, the first of its kind in the country (www.managingarthritis.ie). The Rheumatology multi-disciplinary team won the coveted Bernard Connor Award for the RAISE project (Rheumatoid Arthritis Informed Support and Education).



Pictured at the formal opening of the Mohs micrographic surgery facility at SJH were, (l-r): back row: Nancy Zyed, Eileen Jones, Orliath Ashe, Anne Maher. Front row: Sarah Gore, Patrick Ormond, Liz Jenkins, Mary Harney, TD, Minister for Health and Children; Deirdre Kennedy, Mai Mcmanus and Joan Colleran.



Dr. P.W.N. Keeling
Clinical Director

Ms. Catherine Carey
Nurse Manager

Mr. Kevin Burke
Business Manager

Introduction

The GEMS Directorate comprises Gastro-intestinal Medicine and Surgery, General Medicine including Hepatology, Renal Medicine, Urology, and General Surgery.

Developments in 2007

- Double Balloon Endoscopy (DBE), a new Endoscopic technique, was made available in Ireland for the first time in the Endoscopy Unit following the appointment of Dr. Nasir Mahmud, Senior Lecturer in Clinical Medicine and Consultant Gastroenterologist
- Pre dialysis activity increased by 72% since 2006
- Clinical Nurse Manager, Nuala Doyle, established an integrated care pathway for renal dialysis in patients and also for pre dialysis and renal transplant patients
- Dr. Dermot O'Toole was appointed as Consultant Gastroenterologist in St. James's and Senior lecturer in Trinity College Dublin

Breast Care Services

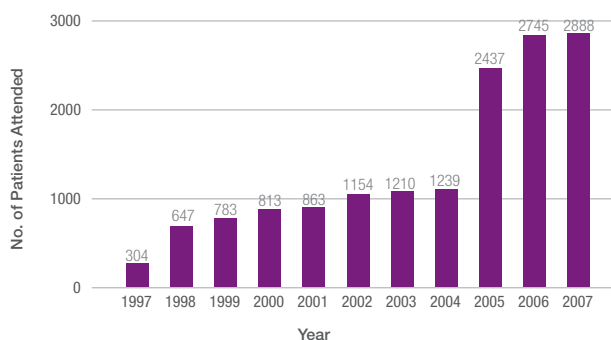
From 1997 to 2004 Breast Clinic activity at St. James's has increased by over 300%. 2007 saw the establishment of the National Cancer Control Programme (NCCP) and the decision that St. James's Hospital Breast Unit would be one of eight designated Symptomatic Breast Services in Ireland. This led to an increase in catchment area and referrals. In 2007, 96.8% of urgently referred patients were offered an appointment with two weeks of referral. The Rapid Access Triple Assessment Breast clinic offers patients same day surgical review by a Consultant Surgeon, Radiology (Mammogram/ Ultrasound), Cytology (Fine Needle Biopsy) as well as diagnosis and counselling all in a single visit. The aim of this clinic is to establish a definitive diagnosis where possible at the initial consultation.

In 2007, 97% of new patients received their diagnosis at their first visit. The clinical service is consultant-delivered, with three general surgeons attending the clinic on a rotational basis. A dedicated mammography session is available to the clinic, and breast ultrasonography as required. A Consultant Radiologist immediately provides a formal report on all imaging. Fine needle aspiration for cytology (FNAC) is then performed and reported on immediately by the Consultant Cytopathologist.

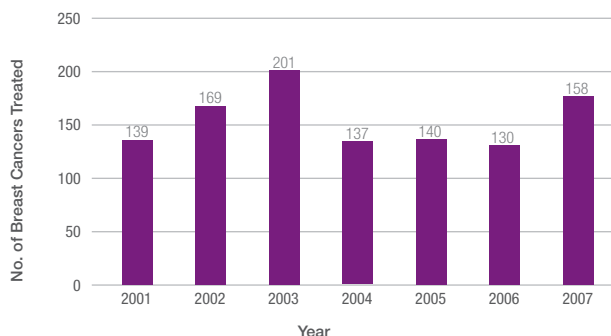
Following triple assessment, patients are reviewed with their results by the Consultant Surgeon and counselled appropriately by the Clinical Nurse Specialist. There is an emphasis on collaborative multidisciplinary care at the unit and weekly team meetings ensure that all treatment decisions reflect protocol based best practise guidelines. These include the indications for breast conservation, adjuvant therapies and reconstruction. 'Real time' data collection is performed at the clinic and all aspects of care are captured and audited, including timeliness and accuracy of detection.

The Team includes 3 surgeons, a Medical Oncologist (with a special interest in breast cancer), a Radiation Oncologist, 2 Cytopathologists, 3 Radiologists, 2 Plastic surgeons, a Breast Care Nurse Co-ordinator, a Breast care Nurse, a Breast Data Manager and a dedicated breast radiographer.

Breast Care Activity



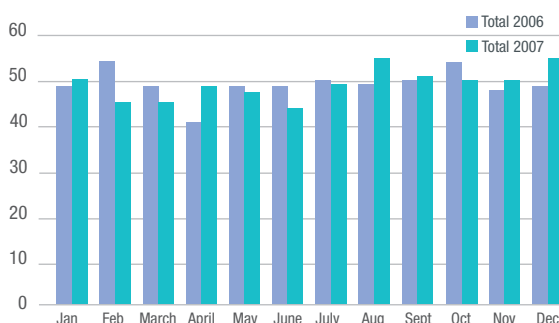
Number of Breast Cancers Treated



Acute Medical Admissions Unit (AMAU)

The Acute Medical Admissions Unit (AMAU) provides a high quality, efficient admission process by concentrating manpower and technological resources at the point of entry to clinical care. Early diagnosis with prompt investigation and treatment facilitates early discharge, optimising the availability of acute hospital beds. The AMAU has 59 beds and is located close to the Emergency and Diagnostic Imaging Departments. The Unit continues to admit emergency medical patients 24 hours a day, seven days a week and operates a 'Consultant of the day' system where the on-call Consultant General Physician takes responsibility for patients in the Unit for a 24 hour period, with a senior nurse manager taking responsibility for the day to day Unit Activity. The Unit runs a 1 in 9 Consultant rota with shared teams between consultants. The AMAU is overseen by a Director and Deputy Director, both of whom are Consultant General Physicians.

AMAU: % Overall Medicine Non Elective Discharges Within 5 Days - 2006 - 2007



Urology

A one stop TRUS biopsy clinic has been set up. This clinic allows patients, once referred by their GP, to be assessed and given a biopsy on the same day. The patient is then asked to return two weeks later for results.

There have also been significant advances in the one stop Haematuria clinic. These patients, once referred by their GP, see the Clinical Nurse Specialist who assesses them; they then have urinalysis followed by relevant X-rays followed by a flexible cystoscopy. The patients will have their diagnosis that same morning.

Hepatology Centre

The Hepatology Centre provides a comprehensive service to patients with both liver and gastroenterological diseases.

The success of the CNS treatment clinics for chronic HCV and HBV continues, making this the largest treatment centre for viral hepatitis in Ireland. Treatment compliance and patient outcomes remain excellent. The nursing staff continue to develop the Nurse Led Treatment clinics with activity in these clinics consistently growing. Education and health promotion initiatives continue to be a focus of the staff, integrating with both the addiction services and local community groups.

The unit participates in basic science research, especially in the fields of chronic HCV, chronic HBV and haemochromatosis. Audit of the treatment pathways in chronic HCV has led to patient-centred treatment delivery and improved outcomes. A nursing liaison post with the Liver Unit in St. Vincents University Hospital commenced in 2007 due to the increasing number of patients being referred for liver transplantation due to hepatocellular carcinoma or decompensated liver disease.

Endoscopy Service

There were two new appointments in the endoscopy unit; Dr. Dermot O'Toole was appointed as Consultant Gastroenterologist in St. James's and Senior lecturer in Trinity College Dublin and Dr. Nasir Mahmud was also appointed as Consultant Gastroenterologist in St. James's and Senior Lecturer in Clinical Medicine in Trinity College.

Double Balloon Enteroscopy - Imaging the entire small bowel

In 2007 Double Balloon Endoscopy (DBE) was made available in Ireland for the first time at St. James's Hospital. This is a new Endoscopic technique that allows a specially trained clinician to navigate the entire small bowel from either an oral or rectal approach. The minimally invasive DBE method is

a milestone in the diagnosis and therapeutic management of small bowel disease without the need of an open surgical procedure. This new technique is currently available in Ireland only at St. James's Hospital, Dublin under the clinical lead of Dr. Nasir Mahmud, Senior Lecturer in Clinical Medicine and Consultant Gastroenterologist.

Endoscopic Ultrasound (EUS)

Endoscopic Ultrasound combines two modalities: Endoscopic visualisation and high frequency ultrasound. The ability to image the wall of the GI tract as a series of definable layers corresponding to histology, rather than, as a single entity is the basis for most indications of EUS. Currently EUS is operational on Monday and Thursday in a dedicated room in the Endoscopic Unit with state of the art facilities. Dr. Dermot O'Toole specialises in the use of EUS.

The following number of endoscopy procedures was carried out in the unit;

Procedure	Number
Colonoscopy	4251
Cystoscopy	860
ERCP	601
Ileoscopy	37
Sigmoidoscopy	360
Bronchoscopy	942
Upper GI	5683
Total	12734

Gastrointestinal Function Unit (GIFU)

During 2007 the GIFU reintroduced a hydrogen breath testing service on a trial basis. 124 investigations were carried out in 2007. The service is available to hospital consultants.

Hydrogen breath tests are simple and safe (non-radioactive) alternatives to more invasive investigation strategies for many gastrointestinal conditions. Glucose, lactulose, fructose, sucrose and lactose tests are available. Demand for oesophageal motility and 24 hour pH monitoring studies continued at previous levels in 2007. There were 1538 patients investigated during 2007, 32% of which were outside referrals.



For in-house referrals 12% came from the respiratory service and 8% were ENT referrals. Gastro-oesophageal reflux disease (GORD) patients accounted for 80% of the workload. Laryngopharyngeal reflux (LPR) testing is now a routine investigation. Ano-rectal function testing continues to expand with the appointment of an additional consultant surgeon.

Colorectal Service

The Colorectal service has continued with the implementation of a team approach to the management of colorectal patients, with Mr. Stephens and Mr. Mehigan sharing junior staff, joint ward rounds and joint consultation on many aspects of patient care.

Renal Services

Since 2006, Dialysis Activity has increased considerably, with a 72% increase in pre dialysis activity and also an increase in renal transplant work up on patients.

Staff Nurse Sally Casey and Tracey Beirne attended the British Renal Symposium in Birmingham. Clinical Nurse Manager Nuala Doyle attended the European Dialysis/Transplant Nephrology Association conference in Florence in September. Both Nuala Doyle and Marie Owens attended a two day conference in Hammersmith Hospital London on Renal Palliative Care. Nursing staff represented St. James's Hospital at the Irish Nephrology Nurses Association meeting in Dublin also.

Nuala Doyle, Clinical Nurse Manager, established an integrated care pathway for renal dialysis in patients and also for pre dialysis and renal transplant patients.

Emergency



Ms. Una Geary
Clinical Director

Ms. Noelle Wallace
Business Manager

Ms. Caitriona McHale
Nurse Manager

Introduction

The Emergency Directorate comprises the Emergency Department, Emergency Observation ward and Chest Pain Assessment Unit. The ED's mission is to provide optimum care for patients who are victims of sudden illness within the resources available, by maximising the effectiveness and efficiency of all aspects of the service. This includes direct patient care, support services, administrative function and academic and training activities.

Developments in 2007

- Increased use of non-invasive ventilation
- Thrombolysis for stroke patients through close collaboration with Dr. Joe Harbison and Dr. Colin Doherty
- Introduction of direct access for ED patients to the Falls and Blackout service
- Higher Specialty training expanded to three Specialist Registrars (SpRs)
- The Directorate actively participated in all continuous quality improvement initiatives, including the Accreditation and National Hygiene Audits

Achievements

In April 2007, the Lord Mayor of Dublin, Councillor Vincent Jackson, presented Mr. Patrick Plunkett, Consultant in Emergency Medicine, with the Lord Mayor's Award 2007.

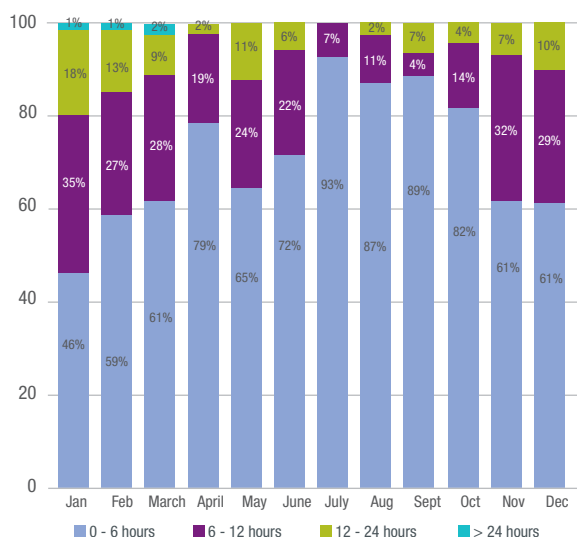
Service Activity Volume and Acuity

A total of 48,038 patients attended the Emergency Department in 2007. This represents a 5% increase on 2006. There was a continued increase in new patient activity, with a further fall in review patients, in keeping with the targets sought. Review patients now represent only 4% of activity in the ED.

As in previous years, the proportion of new attenders admitted as emergencies to hospital beds via the ED remained at 28%, a surrogate marker of a very sick population. This may be explained in part by the age distribution of the patients, with those over 75 years representing fully 25% of admissions via the emergency department.

Whilst the most acutely ill and the least injured remained relatively static, there were significant swings in those with moderate illness and injury. Given the proportion of patients represented, and the amount of work needed to stabilise this patient cohort led to periods when the department was under strain. At certain times, this led to increases in waiting for beds, particularly in the last quarter of the year.

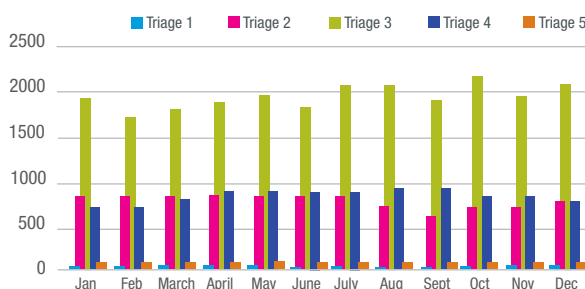
ED Wait Time Composition



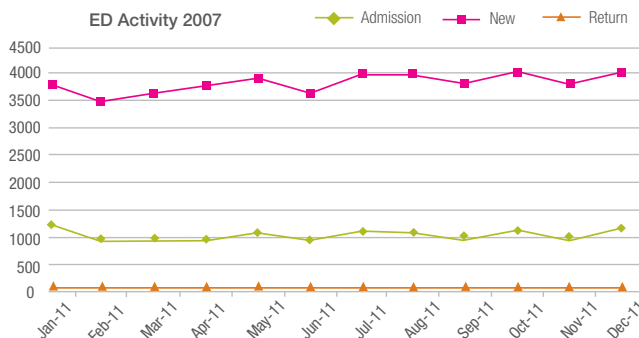
Admissions and Age Profile

Admissions from ED	Total Admission to SJH	% overall admission from ED	<65yrs	65 -74yrs	75 +
12698	24000	53%	7856	1711	3141

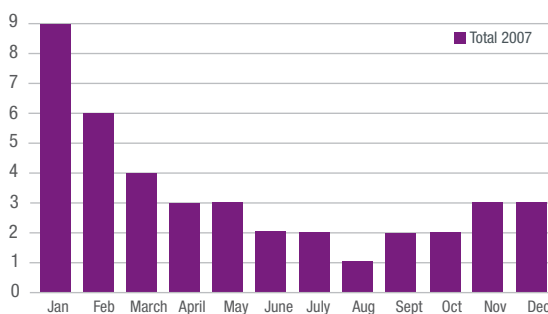
Triage Categories



2007 Attendances



Average Number of Patients Waiting At 8am Emergency Department



Non Consultant Hospital Doctors (NCHDs)

During 2007, a further redistribution of medical posts allowed for increased seniority over the 24 hours, but predominantly in times of predicted high patient load. This led to improvements in the time taken from booking in to first being seen by a doctor. It also enabled the utilization of the increased space within the expanded department.

A number of posters were shown at international conferences by the Specialist registrars, and a prize was awarded to Dr. Gabby O'Connor for her presentation to the annual meeting of the Irish Association for Emergency Medicine.

Chest Pain Unit

This specialised unit continues to provide a safe and maximally efficient approach to medium and low risk patients. With a Critical Pathway Process driving the patient's care, the average length of stay remains low, at 1.36 days. As previously, as many as 1 in 6 patients "fail protocol", leading to urgent angiography, with a significant proportion of those requiring percutaneous intervention. It is this close collaboration with the Department of Cardiology which makes the CPAU model unique.

Emergency Cardiology

The role of the Advanced Nurse Practitioner (ANP) is to work in collaboration with the Emergency Team in the identification and management of patients with symptoms of acute coronary syndrome (ACS) and to provide the expert management, intervention, support and follow up to patients who are admitted to the Chest Pain Assessment Unit.

The expanded area of practice of the ANP includes comprehensive assessment and management of patients with ACS. The overall contribution that this role offers is to improve the management of patients presenting to the Emergency Department with symptoms of acute coronary syndrome by:

- Early identification and management of myocardial ischaemia (door to reperfusion therapy)
- Admission of low-moderate risk patients to the CPAU

Advanced Nurse Practitioner Attendances 2007

Month	ED Attendances	ANP Attendances	% Overall Attendance
Jan	3917	569	15%
Feb	3705	518	14%
Mar	3848	530	14%
Apr	3933	550	14%
May	4080	573	14%
Jun	3839	502	13%
Jul	4191	550	13%
Aug	4262	540	13%
Sep	3961	520	13%

Oct	4164	556	13%
Nov	3984	567	14%
Dec	4154	509	12%
Totals	48038	6484	13%

Data Management

The Emergency Data Management Team carries out regular audits and evaluations of data. This data is supplied for the hospital Performance Indicator programme, weekly HSE statistics and ad hoc reporting. These figures are used in planning and forecasting the service needs of the Directorate.

Key Developments in Training

- During 2007 the Resuscitation Refresher Training programme for Nurses was introduced. Twelve staff nurses successfully completed the programme this year
- 15 nursing and 5 medical staff completed the Neonatal Resuscitation Training programme in the Coombe Hospital. This enables us to provide emergency care for the uncommon, but exciting, delivery of a newborn child in an adult environment
- Seven nurses completed the Higher Diploma in Emergency Nursing
- Two Health Care assistants completed the FETAC level 5 course

Advanced Nurse Practitioner (ANP) Service

This service continues to provide care to patients who would otherwise, by virtue of their acuity, probably have prolonged waits, given the pressure on medical staff to deal with the most severely ill first. Given the focus on a limited range of presentations, we can ensure a quality personal approach to this cohort of patients, with nearly 20 patients per day being seen solely by the ANPs, with direct access to consultant advice whenever needed.

Trauma



Ms. Dympna St. John Coss
Nurse Manager

Introduction

Trauma is a collection of specialties which is in the process of being formally resolved in a Directorate structure. Services grouped within it include;

- Plastic and Reconstructive Surgery
- National Burns Unit
- Maxillofacial Surgery
- Orthodontic and Cleft Unit
- Orthopaedic Surgery

Plastic and Reconstructive Surgery

The Plastic and Reconstructive Surgery Department incorporates the National Adult Burns Unit and is staffed by six consultants, each with a sub specialty interest. Mr. Eamon Beausang has a special interest in head & neck reconstruction and skin cancer. Dr. Patricia Eadie focuses on a significant proportion of patients with hand problems. She also has an interest in breast surgery. Dr. Catriona Lawlor has a sub specialty interest in Burns, Mr. David O'Donovan has a special interest in skin cancer, breast reconstruction and ear surgery and Mr. David Orr has a special interest in cleft lip and palate patients. Mr. Humuyan Khan is a general plastic surgeon.

The multi disciplinary team manages patients with a wide variety of problems including skin cancer, hand injuries, major burns and breast disease from both the local catchment area and also from a wide area of the country. Referrals are received from all around the country and patient rehabilitation is coordinated at local level.

National Adult Burns Unit

The 14 bed, self-contained National Adult Burns Unit is based at St. James's Hospital, for patients aged over 14.

The Unit had 208 admissions in 2007. Inpatients in the burns unit are cared for by a multi disciplinary team which includes Plastic Surgeons, Burns Nurses, Physiotherapists, Occupational Therapists, Clinical Nutritionist, Psychologist and Microbiologists. The weekly multi disciplinary team meeting devises a programme and treatment plan for every patient. Out-patients attended a bi-monthly Burns Clinic following their discharge from the Hospital.

Orthopaedic Surgery Department

The Orthopaedic Department continued to deal with a significant trauma workload, as well as the sub-specialist interest of complex hip revision work under the care of Mr. Gary Fenelon, complex foot and ankle work under the care of Mr. David Borton and complex upper limb work and haemophilic orthopaedic service under the care of Mr. Hugh Smyth.

Cleft Orthodontic Unit

The Cleft Orthodontic unit is tertiary referral service for the Orthodontic management of children and adults born with cleft lip and palate and Craniofacial anomalies.

The unit is staffed by a full time Consultant Orthodontist and a full time Specialist Orthodontist. A hub and spoke model of treatment operates with regional Consultant Orthodontic colleagues which reduces the burden of care for patients.

Regular multidisciplinary cleft clinics are held in St. James's Hospital, Temple Street Children's University Hospital and Our Lady's Hospital for Sick Children, Crumlin as part of the wider Dublin Cleft Centre.

Joint clinics are also held with colleagues in Maxillofacial surgery, Plastics and Restorative Dentistry for patients with developmental jaw anomalies.

The cleft co-ordinator, Ms. Laura Duggan maintains the cleft database and co-ordinates the patients individual care pathway. Treatment outcomes are regularly audited in line with international best practice protocols.

A comprehensive range of technical and audit support is provided by the Maxillofacial laboratory which provides a National service in relation to Maxillofacial Surgery and Cleft orthodontics.

Cleft Tertiary Restorative (Prosthodontic) Dental Service

All cleft lip and palate patients may avail of this tertiary prosthodontic dental service, which involves the replacement of missing teeth and associated structures with either a fixed, removable or implant supported prosthesis.

Patients are referred from the National Maxillofacial Unit, Plastics, Crumlin Childrens Hospital, Temple Street Children's Hospital, and Dublin Dental School (and Hospital).

Joint Clinics are held with Plastics, Oral and Maxillofacial Surgery and Orthodontics. The service provides theatre support for head and neck cancer patients and for Trauma patients with injuries too severe to be restored by a general dentist.

Vascular and Endovascular Surgery



Prof. G. Shanik
Vascular Surgeon

Mr. D Moore
Vascular Surgeon

Mr. P. Madhavan
Vascular Surgeon

Dr. M. P. Colgin
Senior Lecturer

Introduction

The department of vascular surgery plays three pivotal roles within the hospital:

- It provides assessment and management for patients with arterial disease; both cerebro-vascular and peripheral
- It provides a comprehensive venous service
- It provides non-invasive vascular assessment for all departments within the hospital and for many external hospitals

Developments in 2007

- Links between Endovascular surgery and the Cardiology, Cardio-thoracic and Radiology departments were strengthened with the setting up of a joint National Aortic Treatment Centre
- The Aneurysm Screening Programme screened 750 males aged 65 years in its first year
- In September Mr. Sean O'Neill joined the department as a Consultant Surgeon. Mr. O'Neill previously worked in the Cleveland Clinic in their endovascular programme and brings a wealth of experience to the department to allow development and advancement of this area of treatment



Endovascular Surgery

The area of endovascular surgery continues to expand with excellent results. The use of stent grafts for the management of aortic aneurysms and aorto-iliac disease continued throughout the year with a significant reduction in mortality compared to open repair.

The department was once again part of the live course in St. James's Hospital. Professor Stephan Haulon from Lille was the visiting clinician. The two cases performed were a Thoracic Stent Graft for a penetrating Aortic Ulcer and an Iliac Branched graft.

The Aneurysm Screening Programme had a very successful first year in 2007. More than 750 males aged 65 years were screened. Five clinically significant aneurysms were detected and successfully treated, while a further three aneurysms were detected and these are being followed up in the Out-patients Department. The programme was also rolled out to the hospital's catchment area of Dublin.

Veins Unit

Nurse-led dressing clinics in the Veins Unit continue to grow and excellent healing rates are achieved. The unit has participated in several educational meetings to help promote the correct use of compression dressings.

The unit continues to be involved in clinical trials. Venous ablation using laser and foam sclerotherapy is now very much part of the daily workload. This allows treatment in an out-patient setting thus freeing up hospital beds.

Vascular Laboratory

The vascular laboratory remains extremely busy with the expansion of the role of peripheral duplex imaging in selecting patients for endovascular management.

The laboratory has also been involved in running Doppler workshops on a monthly basis. Colette Choiseul compared MR angiography to duplex imaging in assessing the arteries of the lower extremity and was awarded a M.Sc. for her work.

Psychiatry



Professor Brian Lawlor
Liaison Psychiatry Clinical Director

Mr. Oliver Claffey
Psychiatric Director of Nursing

Mr. Gerry O'Neill
Mental Health Services Manager

Introduction

Within Psychiatry there are several distinct services.

Services include;

- Inpatient care at Jonathan Swift Clinic
- Community Psychiatry, which is sector-based and divided between inner city (Camac and Drimnagh) and suburban (Owendoher) areas
- Old Age Psychiatry
- The Psychological Medicine Service, based in the general hospital, provides a Consultation-Liaison service to the general hospital and liaises closely with community services at the Jonathan Swift Clinic

Disciplines within the Dublin South City Mental Health Service include medical, nursing, psychology, occupational therapy and social work. Multidisciplinary teams deliver care using individualized treatment plans.

There were 463 admissions to the Jonathan Swift Clinic in 2007. 175 were new admissions and 43 patients were detained under the 2001 Mental Health Acts.



Developments in 2007

- Dr. Veronica O'Keane was appointed as Consultant Psychiatrist to replace Dr. Shanley
- Dr. Bernadette Cullen was appointed to a new position in the Camac Sector

Old Age Psychiatry

In 2007 research activity continued to grow with new funding obtained through a programme to accelerate Alzheimer's disease research in collaboration with Trinity College Institute of Neuroscience (TCIN) and GlaxoSmithKline (GSK). A new clinical trial research unit will be developed in St. James's Hospital as part of this research initiative.

Psychological Medicine Service

The service continues to develop multi-disciplinary team care throughout the hospital, including the Emergency Department and all medical and surgical specialities.

The service continues to collaborate in research programmes both with hospital clinicians at St. James's and with the Trinity College Institute of Neuroscience.

Occupational Therapy

Occupational Therapy in this service is primarily located in three centres, Jonathan Swift Clinic St. James's Hospital; St. Martha's Day Service South Circular Road and Martha Whiteway Day Hospital St. Patrick's Hospital.

There are a total of eight occupational therapist posts for the Adult and Old Age In-patient, Day Hospitals and Out Patient Mental Health Services.

Psychology

The Department of Psychology has grown and developed to encompass both Psychology and Psychotherapy broadening its range of psychotherapeutic interventions at individual and group level to include Family Therapy, Cognitive Behavioural Therapy, Integrative and Humanistic Psychotherapy, Biosynthesis, and Dialectical Behaviour Therapy. The Department of Psychology & Psychotherapy, under the management of Dr. Linda Finnegan, Clinical Psychologist & Psychotherapist is actively targeting waiting times for services users and staffing levels.

LabMed



Dr. Brian O'Connell
Clinical Director

Mr. John Gibbons
Laboratory Manager

Introduction

The Laboratory Medicine (LabMed) Directorate comprises the clinical laboratory departments of Biochemistry, Immunology, Haematology, Transfusion Medicine, Histopathology, Cytopathology, Microbiology, Cancer Molecular Diagnostics (CMD), Coagulation and the National Centre for Hereditary Coagulation Disorders (NCHCD), the Cryobiology Stem Cell Facility, the Irish Mycobacteria Reference Laboratory (IMRL), the National MRSA Reference Laboratory (NMRSARL), and Phlebotomy.

The LabMed Directorate is responsible for the overall management and development of the Clinical Pathology Laboratory Services in support of St. James's Hospital, General Practitioners (GPs), other hospitals and external agencies and acts as a referral laboratory for many specialties throughout the country.

Key Developments

- All Laboratory Departments are in preparation for Medical Laboratory Accreditation in accordance with the ISO 15189 standards -*Medical Laboratories: Particular Requirements for Quality and Competence*. The Cryobiology Stem Cell Facility is seeking a licence to operate under EU Directive 2002/98/EC and this involves inspection by the Irish Medicine Board's (IMB). A preliminary inspection took place in November 2007 and a final inspection is due in June 2008
- The workload from within the hospital and from GPs continued to rise in 2007. The total number of specimen received was just under 1.95 million, accounting for over 7 million reportable tests results. The increase on 2006 represents a 4% increase in specimen numbers (see footnote in Service Request Trends. St. James's Hospital's contribution to the workload is 66% and GPs contribute 22%, the remainder coming from other hospitals around the country as well as in Dublin

Service Request Trends 2007

Department	2006 Accum. Total	2007 Accum. Total	% Incr/decr 06/07
Haematology	429,543	477,645	11%
Coagulation	168,562	171,806	2%
Bl. Transfusion	31,572	33,610	6%
Biochemistry	761,806	724,884	-5%
Microbiology	315,608	340,960	8%
Histo - Blocks	62,626	67,129	7%
Cytology	17,311	16,622	-4%
Immunology	92,509	114,022	23%
Totals per hospital	1,879,537	1,946,678	4%

Changes in the compilation of biochemistry workload statistics masks true activity levels which were higher than 2006.

Haematology Laboratory

The Haematology Department provides a comprehensive diagnostic laboratory service to St. James's Hospital, Dublin area hospitals and General Practitioners.

It 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.

Developments

- The haematinics & transplant drug-monitoring laboratory continued to have a representative on the UK NEQAS (haematinics) scientific/steering committee. This laboratory also continues its collaboration with the Centers for Disease Control (CDC), Atlanta and with the World Health Organisation. It provided laboratory training as part of collaboration with WHO and the Pan-American Health Organisation (PAHO) for a study of folate status in Peru, and has been invited by UNICEF to participate as advisor in an international study in Kyrgystan

Coagulation Laboratory and the National Centre for Hereditary Coagulation Diseases

The routine coagulation laboratory provides a clinical and diagnostic service to inpatient and outpatient facilities as well as General Practitioners.

Diagnosis of inherited and acquired disorders, monitoring of therapy and screening for genetic disorders is part of the examination repertoire in the Centre. 45% of all work carried out in 2007 in the diagnostic laboratory was from external agencies. The majority of these samples are examined for functional and molecular defects associated with prothrombotic states.

Cryobiology Laboratory Service

The Cryobiology Laboratory supports the National Adult Stem Cell Transplant programme at St. James's Hospital and the Irish Unrelated Donor Bone Marrow Programme.

An application was made to the Irish Medicines Board (IMB) for a tissue establishment license under the EU Directive and an initial licensing inspection took place in November 2007. A final licensing inspection is anticipated in June 2008.

Cancer Molecular Diagnostics

The Cancer Molecular Diagnostics (CMD) Laboratory, the only one of its type in the country, provides a molecular testing service for the identification of acquired genetic aberrations in cancer.

The CMD laboratory continued to expand its test repertoire during 2006/2007. An important development was the provision of a quantitative PCR test to detect the bcr-abl target in patients with Chronic Myeloid Leukemia (CML).

A second development was the introduction of mutation screening for the JAK2 V617F mutation. Wild-type JAK2 is a cytoplasmic tyrosine kinase. The JAK2 V617F represents the most common genetic aberration in patients with chronic myeloproliferative disorders.

Biochemistry Department

The overall workload of the Biochemistry Department from both external sources and within St. James's Hospital continued to increase in 2007.

The detailed review for the process of procuring analytical and pre-analytical platforms, instigated in 2004, was completed in 2007, and Roche Diagnostics was selected as the favoured provider. The new instrumentation will be installed by summer 2008.

The laboratory continued to develop its porphyria molecular diagnostic services, with the validation of an FECH gene assay for family studies in Erythropoietic Protoporphyrinemia (EPP). Work also continued on developing a LDLR gene mutation scanning assay to support cascade screening for Familial Hypercholesterolaemia in the CVD Risk Factor Clinic.

Immunology Laboratory Service

The Immunology Department is a centre for the investigation, management and treatment of patients with disorders of the immune system. In addition, the department seeks to foster and promote an understanding of the immune system and its role in health and disease among patients, clinicians, scientists and the general public.

Laboratory Service

The laboratory continues to experience an increase in workload. This amounted to an increase of 27% in sample numbers in 2007. 2007 also saw considerable progress being made toward laboratory accreditation.

Clinical Service

The major categories of patients seen at outpatient clinics and in-patient consults are patients with inflammatory disease, allergy and immune deficiency. The department continues to participate in a number of multi-centre international studies of patients with a variety of disorders of the immune system.

Education and Learning

Dr. Derek Doherty was appointed a Lecturer in Clinical Immunology. Dr. Greg Byrne was awarded his PhD for a thesis on coeliac disease. The department established a programme in immunology for medical specialist registrars and it has several students in in-service training in Biomedical Science.

Transfusion Medicine Service

The Transfusion Medicine department offers a comprehensive transfusion service to St. James's Hospital, which includes the National Adult Stem Cell Transplant Service, the National Centre for Hereditary Coagulation Disorders and a cardio thoracic surgery unit.

Requests increased by 3% and blood component usage increased. Red cell usage increased by 1% and platelets by 15%. The biggest users were haematology/oncology and cardio-thoracic surgery.

The "Bag and Tag" blood component traceability system was implemented in 2007 to comply with the traceability requirements of EU Blood Directive 2002/98/EC.

75 suspected transfusion reactions were investigated in 2007 of which 36 were confirmed as transfusion related reactions, a reaction rate of 0.16% of the blood components transfused. 18 serious adverse transfusions reactions and event reports were made to the National Haemovigilance Office in 2007, 14 serious adverse reactions and four serious adverse events. No patient harm occurred as a consequence of the reactions or events. Blood transfusion practice information was made available on line in 2007.

Microbiology Laboratory Services

The Microbiology laboratory provides a diagnostic, infection control and clinical service to the hospital, GPs of South West Dublin and to external agencies.

Activity in the laboratory increased significantly in 2007. The laboratory processed over 340,000 patient requests. There was a 12% increase in workload from the hospital. GP and external requested workload increased by 6%. There was an overall increase in workload of 8% over 2006, (36% increase over 2003) and 12% increase in GP requested over 2006, (74% over 2003) and 7% increase in SJH requested over 2006, (34% over 2003). Significant areas of increase included MRSA, HBV, CMV and STI related requests.

There has been significant research work carried out in the department, predominantly relating to antimicrobial resistance among Gram-negative bacteria, infection caused by methicillin-resistant *Staphylococcus aureus*, *Aspergillus* infection, Herpes viruses, gastrointestinal and respiratory viruses.

Infection Prevention and Control Services

The Infection Prevention and Control Services (IPCS) is part of the Clinical Microbiology department, which is under the remit of the Lab Med Directorate.

The Infection Prevention and Control Services continued in 2007 to implement programmes to embrace new National initiatives and reduce healthcare associated infection rates.

The key initiatives in 2007 were:

- Audit of hand hygiene compliance
- Hand hygiene awareness campaigns
- Involvement of IPCS with hygiene services assessment scheme
- Continuation of Catheter related blood stream surveillance and expansion of surveillance to include sternal surgical site surveillance
- Development of standard operational procedures for sterility and audit of out of hours scopes

Histopathology Services

Subspecialty reporting was further developed during 2007 and was integrated with multidisciplinary team conferences. Review of material for these conferences resulted in a substantial increase in workload, particularly in review of external diagnostic material.

The Histopathology department supported the new Mohs Micrographic Surgical Service.

National Methicillin-Resistant *Staphylococcus aureus* Reference Laboratory (NMRSARL)

The National Methicillin-Resistant *Staphylococcus aureus* (MRSA) Reference Laboratory (NMRSARL) provides a national service for:

- Epidemiological typing of MRSA isolates (to assist in outbreak investigation)
- Antibiotic resistance detection (especially confirmation of methicillin/oxacillin resistance and investigation of possible glycopeptide (vancomycin) resistance)
- Routine monitoring of blood culture MRSA isolates from Irish hospitals that participate in the European Antimicrobial Resistance Surveillance System (EARSS)
- Advice on treatment of patients with MRSA through its medical director
- Advice on infection control through St. James's Hospital's infection control team
- Advice on laboratory aspects of MRSA through NMRSARL's scientific staff

During 2007, major developments in NMRSARL included:

- Participation in a European project investigating staphylococcal protein A (spa) gene sequence typing in invasive *S. aureus* (in conjunction with EARSS)
- Collaboration in an MRSA Translation Research project with Professors David Coleman (Trinity College Dublin) and Hilary Humphreys (Royal College of Surgeons in Ireland and Beaumont Hospital)
- Evaluation of the Xpert-MRSA™ kit for rapid molecular detection of MRSA

- Recognition of an emerging problem with high-level mupirocin resistance in Ireland
- Hosting NMRSARL's very successful first international scientific meeting in collaboration with Professor Hilary Humphreys (with sponsorship from Novartis Ireland Ltd.)

In 2007, NMRSARL processed:

- 466 isolates (from 440 patients) submitted under the EARSS scheme
- 45 requests for laboratory information regarding MRSA
- 144 requests for isolate investigation (on 390 isolates which included 21 outbreak investigation requests)

Irish Mycobacteria Reference Laboratory (IMRL)

The IMRL performed a specimen referral service for TB culture to a number of hospitals throughout the country. In 2007 more than 6,000 specimens were cultured.

The IMRL performed identification and susceptibility tests on 166 patients with Tuberculosis, 50% of which were referred to the IMRL by the other major hospitals in the Dublin region. A further 112 patients with infection due to Non-tuberculous infection were identified. This is the largest number of patients isolates identified in any year to date and represents an approximate increase of 50% on 2006 and a 95% increase on 2005.

New Service Developments in 2007

- The post of Molecular Scientist was filled
- A new molecular system called GenoType Mycobacterium (HAIN LifeScience) was introduced. This system allows for an increases range of tests at the IMRL
- Refurbishment of the TB laboratory began in November 2007. An additional room and lobby were allocated to the IMRL. The molecular work has been moved to the Sir Patrick Duns research laboratory

Research and Developments in 2007

A joint typing project between the IMRL and the Veterinary Research Laboratory in Back Weston was begun. Spoligotyping and MIRU/VNTR techniques were used to compare *M.bovis* isolates recovered from humans to those isolates recovered from animal species.

A grant of over €40,000 was obtained from the Health Protection Surveillance Centre in order to carry out a study, in collaboration with the GUIDE directorate, on two Interferon Gamma Release Assays for the detection of latent tuberculosis in immuno-suppressed and healthy individuals.



Dr. Mary Keogan
Clinical Director

Ms. Paula Corby
Business Manager

Ms. Suzanne Dennan
Radiographic Services Manager (A)

Introduction

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

The Diagnostic Imaging Department provides a complete imaging service across 10 modalities – General Radiology, Maxillo-Facial, Gastro-Intestinal, IVP, Mammography, Ultrasound, C.T., Interventional Radiology (Therapeutic and Diagnostic), Nuclear Medicine and MRI. A radiographic service is also supplied to Coronary Angio Lab, Endovascular Suite, Theatres and the Endoscopy Fluoroscopy Unit.

Services Trends

Comparable Activity Analysis by Modalities.

Imaging Modality	2006	2007	Variance
General Radiology	98,886	107,632	9 %
Maxillo Facial	6,125	5,724	-7%
G.I.	1,941	1,474	-24%
I.V.P	188	123	-35%
Mammography	2,765	2,926	6%
Ultrasound	10,629	11,373	7%
C.T.	16,593	20,941	26%
Interventional Radiology: Therapeutic	2,195	2,560	17%
Interventional Radiology: Diagnostic	576	447	-22%
Nuclear Medicine	3,275	3,274	0%
M.R.I	4,827	4,934	2%
Coronary Angiography	4,567	4,415	-3%
Total	152,567	165,823	9%

Developments In 2007

In April 2007, the HSE established a Task Force to consider and make recommendations in relation to the implementation of Statutory Instrument 478, which deals with radiation protection of the patient. Bernadette Moran, Radiographic Services Manager at St. James's Hospital was appointed to the Task Force committee.

PaRis/EPR

The PACS/RIS/EPR project continues to deliver major improvements to the deliver of the radiology service. The system comprises of a number of components which are radiology centric: (PACS, RIS, Scheduler, Voice Recognition) these applications are managed/administered by the Radiology PACS/RIS team, in close co-operation with the hospital IT dept, IMS.

There are currently over 14 million images stored on the PACS system composed of 250,000 studies with over 75,000 individual patients being examined since June 2006.

Over 230,000 exams have been reported by DiagIm Radiologists utilising Voice Recognition functionality in this period.

The two Cardiac Angiography suites commenced sending their image studies to the PACS archive in November 2007 and these images are now viewable via EPR throughout the Hospital.

The PACS/RIS/EPR system is currently undergoing major upgrades to deliver improved functionality to system users. The upgrades are due for completion by end July 2008.

St. James's Hospital is engaged in an ongoing developmental partnership approach with the PAC/RIS/EPR vendor The Cerner Corporation US and Radiology is playing a major role in this process via its place on the Corporation's Radiology Steering Group. The hospital is currently designated as Cerner's official European Reference site for integrated PACS/RIS/EPR and has hosted numerous successful site visits.

Nuclear Medicine

An increased number of radioisotope scans were performed compared to 2006. Once again it is noted that there was a change in focus on the services provided.

The number of patients undergoing surveillance scans for metastatic thyroid carcinomas has increased steadily as a result of the very successful radiation therapy service provided in the radioiodine ablation suite (located in Victor Synge Ward). These patients require regular annual diagnostic scans as part of their follow-up treatment.

The department has extended the use of sentinel node mapping to the plastic surgery teams with an increased number of patients undergoing this procedure just prior to surgery. Similarly the neurology and geriatric services also availed of DaTSCAN imaging for Parkinsonian Syndrome, with at least 2-3 examinations per week.

2007 involved much planning and organisation in preparation for the launch of the first public PET CT scanning facility in Ireland, which is planned to commence service mid 2008.

Interventional Radiology

2007 saw a further expansion and demand for Interventional Radiology services from both within the hospital and from hospitals within the catchment area. The clinical workload remains heavily weighted towards the provision of cancer-related services. Research within the Interventional Radiology group was also cancer-related, with the group taking the role as Primary Investigator in a pan-European study on the use of chemotherapeutic drug-eluting embolic particles in the treatment of primary and secondary liver cancer.



New Developments were in the area of musculo-skeletal interventions, including the further development of the vertebroplasty and kyphoplasty services, in addition to the new development of a nucleoplasty service for the treatment of acute disc herniation.

Intervention Radiology is also the lead center in a multi center international study into the optimum embolic agent selection in uterine fibroid embolisation.

Radiography Education and Research

There was ongoing development and delivery of national Postgraduate Diploma courses in Nuclear Medicine including PET (Positron Emission Tomography), and Magnetic Resonance Imaging for Radiographers, organised by the Department of Clinical Medicine, Trinity College in conjunction with St. James's Hospital. Ms. Bernadette Moran, Radiographic Services Manager is course coordinator of both programmes.

In August 2007, 10 Radiographers from all over the country successfully completed the Postgraduate Diploma in Nuclear Medicine. In October 2007, 14 Radiographers commenced a new Postgraduate Diploma/MSc in Magnetic Resonance Imaging.

As part of its external work, the Radiographic Educational Group at St. James's Hospital also facilitated the following skills courses:

- Red Dot course
- PET/CT course for Radiographers
- Radiation protection study days for Nurses
- Radiation protection for Non-Radiology Medical Practitioners and Hospital Personnel
- Radiation Safety Officers Course
- IV skills training for Radiographers

On-going clinical training of undergraduate radiography students is undertaken within the Directorate. In 2007, a clinical practice tutor in radiography was appointed at St. James's Hospital to supervise and coordinate the clinical training of undergraduate radiography students.

ORIAN



Dr. Jeanne Moriarty
Clinical Director

Ms. Cora Keary
Business Manager

Ms. Fiona Murphy
Nurse Manager

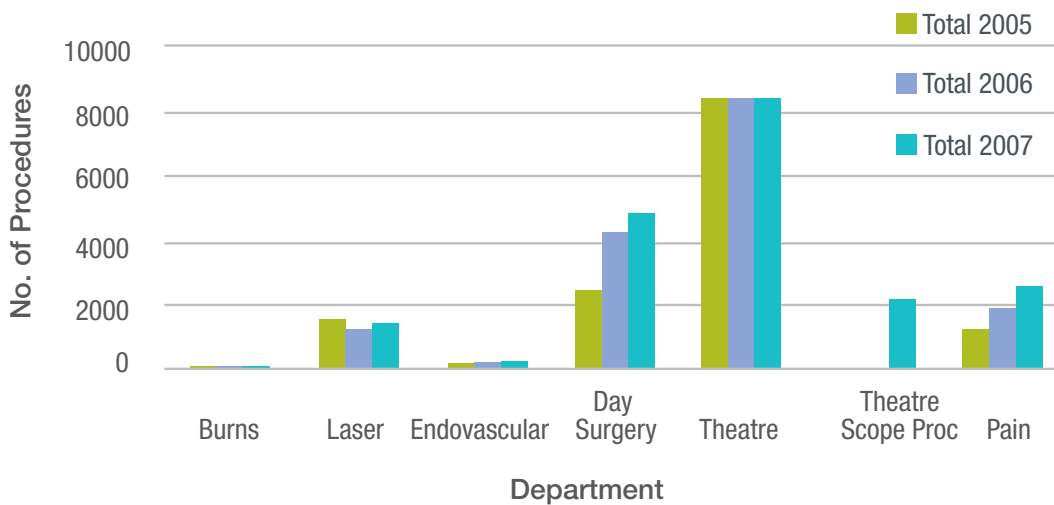
Introduction

The ORIAN Directorate comprises Operating Rooms, Intensive Care Unit (ICU), Pain Medicine Service, High Dependency Unit (HDU), Endovascular Unit, Sterile Supplies Unit and Anaesthetics. It provides theatre, critical care, anaesthesia and sterilisation services for a range of specialties across the hospital.

Developments in 2007

- St. James's Hospital was assessed and accredited as the first satellite training centre for the Acute Life Threatening Events Recognition and Treatment (ALERT) course in Ireland
- An additional high frequency oscillator was purchased following the success of the introduction of high frequency oscillatory ventilation as a patient therapy in 2006
- New treatment initiatives included Molecular Absorbent Recirculation System (MARS) and Abdominal Compartment Pressure Monitoring
- The 4 bedded High Dependency Unit relocated to a newly refurbished facility on Edward Halloran Bennett Ward without any loss of bed days
- Building and refurbishment of 4 additional Intensive Care Unit (ICU) and 3 HDU beds was undertaken

ORIAN Procedures Activity



Theatre

The hospital's facility comprises an 11-Theatre Suite, a Burns Theatre, a stand alone Endovascular Suite and 2 laser procedure rooms. Specialities utilising the theatre facility include all surgical specialities, gastroenterology, interventional radiology and pain medicine.

During 2007, there were 6,675 elective procedures and 1,672 emergency procedures, making a total of 8,347. In the Burns Theatre 24 procedures were performed on Tuesdays and Fridays. The Endovascular Theatre performed 250 procedures.

Following a gap in 2006/2007 the Postgraduate Diploma in Peri-operative Nursing recommenced in September 2007 in collaboration with AMNCH (Tallaght).

The theatre provides an endoscopy service for elective and emergency procedures for Theatre and the General ICU. There were 2,157 scopes processed in 2007. There were approximately 181 central lines inserted in 2007. Anaesthesia was provided for 7 TIPS procedures in Interventional radiology. Ms. Monica Griffin was appointed as Theatre Manager in July 07.

Day Surgery Centre

The Day Surgery Centre is a stand-alone unit with 18 day beds. The Centre has two general theatres, one Minor Surgery theatre, recovery, an anaesthetic pre-assessment service, and a pre-discharge lounge.

The Day Surgery Centre provides services for patients undergoing day surgery procedures under general, regional or local anaesthesia for General Surgery, Plastic Surgery, Gynaecology, Urology, E.N.T., Orthopaedics, Maxillo/Facial, Vascular Surgery, Pain Management, Cardiology and Dermatology and Bone Marrow donation. There were 4,916 surgical procedures performed in the Day Surgery Centre during 2007.

Intensive Care Unit (ICU) and High Dependency Unit (HDU)

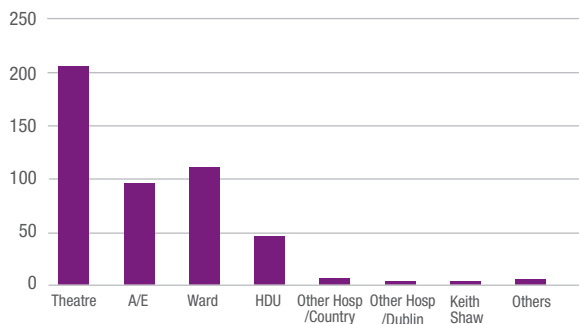
The 15 beds in ICU were fully operational in 2007. Bed occupancy remained high at over 100%. There were 570 patients treated in the ICU (AVLOS of 9.7).

Both ICU and HDU provide medical care for critically ill patients with potentially reversible conditions requiring organ support.

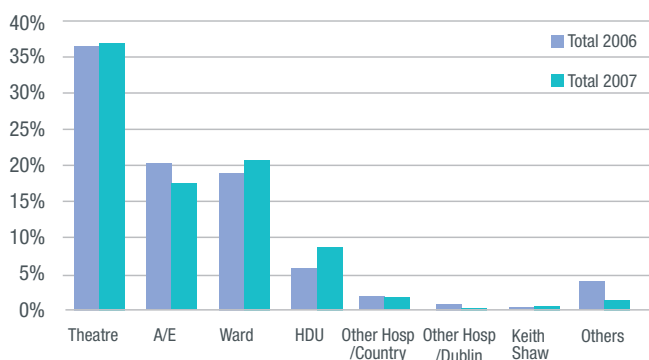
High frequency oscillatory ventilation was introduced into the unit in 2006 and its success as a patient therapy resulted in the purchase of an additional oscillator in 2007. New treatment initiatives included Molecular Absorbent Recirculation System (MARS) and Abdominal Compartment Pressure Monitoring.

The high level of bed occupancy in the ICU resulted in a requirement for HDU to accept individual ICU patients who required mechanical ventilation and/or vasopressor infusions. This resulted in the cancellation of some elective cases requiring ICU or HDU beds following surgery. Capital funding was secured to increase ICU/HDU bed capacity to address critical care demands.

Admission Sources for Patients in ICU 2007



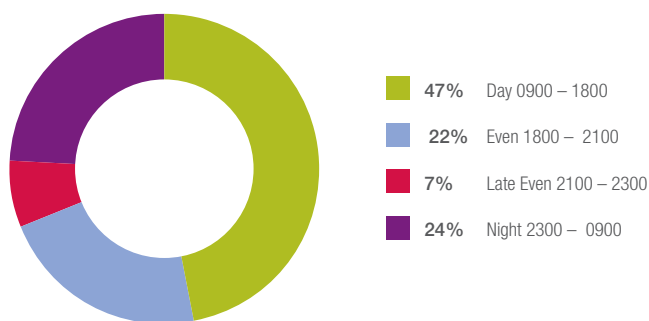
Comparison of Admission Sources 2006 and 2007



ICU % Bed Usage 2007

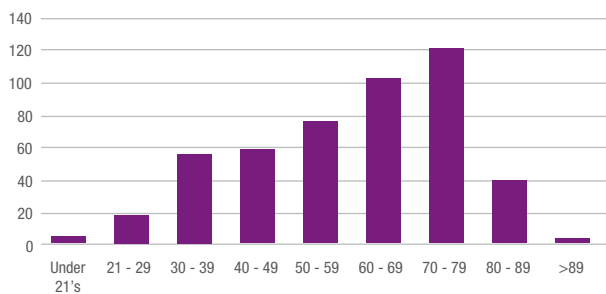


Out Times from ICU 2007



This data shows the extreme pressure on ICU beds, with 53% of patients being discharged between 1800 and 0900 and 24% after 2300.

Age Group ICU 2007



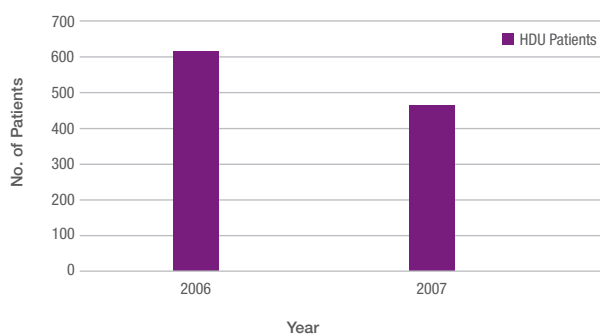
The mortality rate was 22% for 2007. There were 570 patients treated, 555 ventilated, 333 required inotropic support, 150 tracheostomies (occupying 45% of all available bed days), 145 requiring CRRT. 40% of the available bed days were required for isolation patients.

During 2007 there were 116 patients ventilated in the HDU and 56 patients ventilated in the theatre Recovery area.

High Dependency Unit

The four-bedded HDU had 464 admissions (AVLOS 2.98). There were 116 patients ventilated in the HDU during 2007 which lead to an increase in the length of stay from 2.22 in 2006 to 2.98 in 2007.

HDU Patient Admissions



The 4 bedded High Dependency Unit relocated to a newly refurbished facility on Edward Halloran Bennett Ward without any loss of bed days. The vacated area was then redesigned to create an additional 3 bedded unit to be used to increase the critical care bed capacity.

ICU/HDU Training and Research

12 participants successfully completed the HDU Competency Development Programme.

The Higher Diploma in Intensive Care Nursing ran with 6 participants. The Foundation Certificate course in Intensive Care Nursing continues for new entrants to the critical care area and has proven to be successful.

The hospital was assessed and accredited as a satellite training centre for the ALERT course, which is the first in Ireland. This multi-disciplinary course is aimed at Staff Nurses, doctors and other members of the multi-disciplinary team in the early years of training to focus on early recognition and initial treatment of critically ill patients on the wards.

Two of the managers from within the Directorate are participating in a major collaborative project on patient safety undertaken by the Health Information and Quality authority (HIQA) in partnership with the WHO World Alliance for Patient Safety.

Hospital Sterile Services

Mr. Andrew Smith was appointed HSSU Manager in October 2007. The Department experienced its second year of Skillvec-enrolled students, a programme which includes specialised modules in the Decontamination process.

The Department was chosen to be the pilot site for an HSE-funded medical device tracking and traceability system which will be rolled out in 2008.

Laser Unit

The outpatient service worked with Plastics and Dermatology consultants on patient care plans and provided 1,468 treatments in 2007 for many conditions, including removal of:

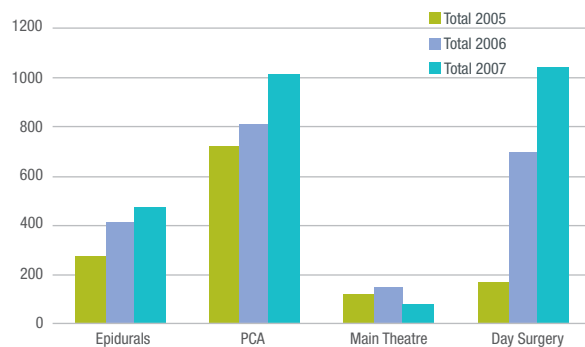
- Birthmarks and port wine stains (Pulsed Dye Lasers)
- Hemangiomas, pigmented lesions and hair (Alexandrite Gentlelase)
- Keratotic lesions and basal cell carcinomas (CO2 Laser)
- Post Traumatic Tattoos – (Ruby Laser)

Pain Service

An Interventional Pain Medicine service was established at St. James's Hospital in 2004 and since then referrals have increased from 116 in 2004 to 1179 in 2007.

The service has provided epidural, PCA and interventional procedures to patients.

Pain Service Activity 2005 - 2007



The service also offers expertise in the following treatments: rhizotomy-cervical-thoracic-lumbar, spinal cord stimulation, pulsed radiofrequency nerve and nerve root therapy, trigeminal neuroablation, intrathecal therapy and interventional cancer pain management.

The Pain Management programme commenced June 2007. A third CNS was appointed in 2007 and this has facilitated the roll out of a ward based epidural service. Staffing consists of two Consultants, Pain Fellow, Rotating Registrar, three Clinical Nurse Specialists and two secretaries.

SCOPE



Ms. Philomena Flood

SCOPE Manager/Clinical Nutrition Manager

Ms. Patricia Reilly

Administrator

Ms. Gina O'Donohue

Speech and Language Therapy Manager

Ms. Angela Keane

Social Work Manager

Ms. Niamh Merriman

Occupational Therapy Manager

Ms. Niamh Murphy

Physiotherapy Manager

Introduction

SCOPE encompasses Speech and Language Therapy, Medical Social Work, Clinical Nutrition, Occupational Therapy and Physiotherapy.

Key Activities in 2007

- Over 100 health professionals and students attended the second SCOPE unit multi-disciplinary study day 'Emerging in the Emergency Department' on Friday 11th May 2007
- From SCOPE 7 Team Based Performance Management (TBPM) teams presented their outcomes to hospital staff on key performance areas on 10th December 2007
- A Therapy Research Facilitator post was established
- SCOPE staff participated in establishing allied health professional competencies to facilitate competency interviewing

Clinical Nutrition

Service Trends

Overall activity increased by 6% in 2007.

Developments/Quality Initiatives

- Recruitment for the HRB Research Fellowship for Therapy Professions study on *"Investigation of the Incidence of Central Adiposity, Metabolic Syndrome, Insulin Resistance and Adipo-cytokine Secretion in Patients with Oesophageal, Colorectal and Breast Cancer"* commenced in 2007
- Ms. Aoife Ryan completed her research into nutrition and upper gastrointestinal cancer for her PhD thesis
- A double-blind randomised placebo-controlled study investigating the modulation of the immuno-inflammatory response to oesophagectomy using an enteral supplement enriched with eicosapentaenoic acid was completed
- A renal audit was undertaken by the Clinical Nutrition in nephrology of 50 stage 4 and stage 5 chronic renal failure outpatients attending our service
- New patients attending the Falls and Blackout Unit were screened by Clinical Nutrition for risk of malnutrition over a 4-week period. 14.8% of patients were identified as being at risk of malnutrition or underweight. In total 25.9% of patients screened were referred to Clinical Nutrition outpatient service. The project highlighted the significant rates of malnutrition in patients attending the Falls and Blackout Unit
- Clinical Nutrition, in conjunction with Pharmacy and IMS, introduced a new online TPN ordering facility
- Two additional Clinical Nutrition gastroenterology review clinics per month were introduced in October as a quality improvement initiative in response to lengthening waiting times for appointments for high priority review patients. An afternoon clinic for coeliac patients was also introduced to give greater flexibility to patients in relation to appointment times
- The catering committee piloted a new hospital menu from February 2007 for a period of one year aiming to increase variety at mealtimes and improve patient satisfaction

Medical Social Work Department

Developments/Quality Initiatives

- A weekly Homeless Persons' Clinic in ED unit was initiated by social work and staffed by the Homeless Person's Unit in James's Street. Working jointly with social workers, the team assesses and seeks appropriate discharge accommodation for vulnerable patients who are homeless
- The 'Citizen's Information Services' (CIS) began providing a weekly outreach stand in the hospital concourse, which addresses on the spot queries from families and staff concerning services and entitlements. The project is coordinated by social work and staffed by CIS. Queries per day average at 85
- An audit of the follow-up Autopsy and Bereavement Services confirmed that our current practices meet the key recommendations made by the Madden Report
- The GUIDe social workers used a patient questionnaire to evaluate the effectiveness of the 'New Person's Clinic'
- Nationally, all medical social workers participated in a research project that captured a one-week snapshot of the tasks and skills used by medical social workers throughout Ireland. The research is being incorporated into a document prepared by the Head Medical Social Workers' Group, which aims at positioning medical social work within the current healthcare reform
- In addition to providing regular training placements for twelve students, the department began providing 'Adaptation' placements for students from overseas, who are applying for approval of their qualifications through the National Social Work Qualifications Board
- Nationally, training was provided for such courses as, Sexually Transmitted Infections (national), HIV Multidisciplinary Training (national), Separated Children's Teams (HSE). A presentation was made on 'Services for Adolescence' at the Irish Haemophilia Society Conference, Killarney. Social workers now participate on the national campaign committee 'Stamp Out Stigma' and on the AIDs Strategy committee

Occupational Therapy Department

Overall Occupational Therapy in-patient and out-patients contacts have increased by 15% in 2007, with activity increasing by 12%. There was an 18% increase in burns and Plastics contacts. The department achieved 97% occupancy of posts during 2007.

Developments

- The senior Burns and Plastics Occupational Therapist post funded by Dr. Eadie (Plastics consultant) commenced in March 2007. The introduction of this post has assisted in implementing a 3rd Therapy Led Clinic (TLC) to run concurrently with consultant's clinics
- A Rheumatology Arthritis Information Support and Education (RAISE) delivered by Occupational Therapy, Physiotherapy and Clinical Nurse Specialist won the highly esteemed Bernard Conor bursary of €10,000 in 2007
- Provision of Enabling Equipment Essential for Discharge: Following on from the completion of a successful pilot in early 2007 with LHO 4. LHO 3 and 5 committed to providing a stock of enabling essential discharge equipment to assist with seamless discharge of patient into the community

Quality Initiatives

A St. James's Hospital foundation grant facilitated the development of relaxation CD's, the refurbishment of the occupational therapy treatment room and community outings with long term care patient from Hospital 4.

The introduction of a secure online barcoding and tagging system has allowed the department to barcode all of its equipment. This facilitates an accurate record and location of all of our wheelchairs, parts & accessories and ensures maximum usage for patients.

An audit has also been completed on professional supervision and the results will be presented at the AOTI conference in April 2008.

The Occupational Therapy Department, St. James's Hospital & Mercer's Institute of Research (MIRA) St. James Hospital, Psychology Department, Beaumont Hospital have completed a Cognitive Stimulation Therapy (CST) study. The study aims to determine the efficacy of evidence based cognitive stimulation therapy programme for people with cognitive impairments compared to participation in routine groups. Initial findings show orientation to person, time & place post completion of the group programme.

Physiotherapy Department

In 2007 patient activity increased by 12% without additional staffing through improved efficiencies and patient processing. The physiotherapy department provided a total of 94,408 physiotherapy treatments to 5,008 outpatients and 6,016 inpatients.

Developments/Quality Initiatives

- A student led OPD physiotherapy clinic commenced in April 2007. This has proven successful with excellent feedback provided by patients and assisted in reducing outpatient waiting lists
- Extended working hours continued in OPD. The ED physiotherapy service extended its hours from 8-6 and the physiotherapists in Hospital 2 also now provide an extended hours service
- Staff grade rotations periods were extended in cardio-respiratory and care of the elderly and has proved very beneficial. The use of clinical indicators in post op surgical patients were developed with a target that 80% of patients should walk 80m by post op day 3. A project looking at strength training in care of the elderly was commenced
- Links with our community colleagues were strengthened with a staff grade rotation being developed between LHO 5 and St. James's and a physiotherapy liaison post was developed with community LHO 4. This has facilitated hospital discharges from physiotherapy and faster community physiotherapy follow up on discharge
- A number of change management project continued in the department in 2007 with the roll out of a coaching programme for new seniors and staff grades. The department statistics collections mechanisms and recording was also reviewed. A building committee and communications committee were formed to improve our communication mechanisms and to improve our working environment

Awards

In November 2007, at an awards ceremony presented by Professor Brendan Drumm, Chief Executive Officer, HSE, the physiotherapy department in St. James's Hospital was awarded joint first prize in the Best Effort category for their project titled - 'A reduction in outpatient physiotherapy non-attendance' - in the Dublin Mid Leinster HSE Achievement Awards. The physiotherapy department non-attendance rate significantly dropped from a high of 23% (290) to a low of 10% (190) a month and waiting list times shortened by 2 months, with patients waiting no longer than 6-8 weeks for a physiotherapy appointment.

Speech and Language Therapy Department

Activity levels increased significantly in 2007 Overall inpatient activity increased by 15%.

Developments/Quality Initiatives

- Ongoing funding from Leárgas project enabled us to continue involvement this year with specialised institutions for adults with aphasia from all over Europe. Our department hosted a very successful meeting in March 2007 in Dublin. Our service to adult aphasic clients has been enriched as a result of this project.
- Standardised care pathways for all patients within MEDel were developed
- Our department successfully implemented rotations for basic grade therapists
- A new specialist seating system was purchased for patients undergoing videofluoroscopic examination of swallow
- A programme for the development of competencies for therapists working with tracheostomy patients was initiated
- Reorganisation and review of service provision for General Medical Speciality was successfully undertaken early in 2007, resulting in a more equitable and efficient service provision
- In order to meet the communication needs of patients in long term care settings, reminiscence groups were set up by the Speech and Language Therapy Department in Hospital 4 and Cherry Orchard Hospital

SCOPe Education and Research Activities

Clinical Nutrition

- Seven BSc (Hons.) Human Nutrition and Dietetic students were trained in 2007
- 24 Clinical Nutritionists attended a 2-day 'Stages of Change' lifestyle behaviour change training course in November 2007
- Clinical Nutrition staff continued to participate in staff and patient education both within and outside St. James's Hospital

Occupational Therapy

- The department facilitated the clinical placements of 12 students in 2007

Physiotherapy

- The physiotherapy department received a number of grants/bursaries from the Cancer society and St. James's Foundation which allowed attendance at various conferences and courses and allowed the purchase of a much needed department laptop and projector
- A number of staff undertook post graduate degrees and research. The staff have presented at several national and international conferences during the year, the highlight was that 2 staff from St. James's presented their projects on education and rheumatoid arthritis, and the role of a sit to stand exercise at the World physical therapy conference in Vancouver in June 2007

Speech and Language Therapy Department

- A senior therapist attended an International Dysphagia Research Society Meeting in March 2007 in Vancouver, Canada. Attendance at this course was funded by the Foundation Education Bursary
- HSE funding for a permanent 0.5 Practice Tutor post for Speech and Language Therapy was formalised
- Speech and Language Therapy staff continues to contribute to the education of Speech and Language Therapists at postgraduate level in TCD and UL. One staff member initiated a Master's Degree
- Speech and Language Therapists presented posters at Conferences organised by IASLT and the Irish Association of Rehabilitative Medicine

Pharmacy Department



Ms. Veronica Treacy

Director of Pharmaceutical Services (Acting)

Mr. Shaun Flanagan

Chief 1 Pharmacist

Ms. Sandra Conaty

Business Manager

Introduction

The Pharmacy Department purchases, dispenses and distributes pharmaceutical and para-pharmaceutical products within the hospital. A clinical pharmacy service is provided to all wards and a number of specialist areas to ensure safe, effective and economic use of these products.

Other services include an aseptic compounding service, medicines information, outpatient dispensing to Hospital 5 and education and training for both patients and clinical staff. The Pharmacy Department provided all pharmaceutical services to both St. Luke's Hospital and Our Lady's Hospice. All areas experienced an increase in activity during 2007.

Developments in 2007

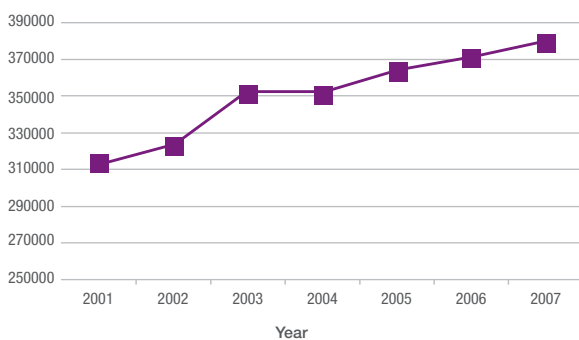
- The 2007 edition of the St. James' Prescribers Guide was published in July. This valuable resource was also made available via the intranet
- Guidelines for drug administration via enteral feeding tubes developed for intranet in 2007
- 0.5 WTE Senior pharmacist for TB commenced in September 2007. This role provides pharmacy services to outpatient TB clinic and inpatients with TB, including medication supply, patient education and clinical advice to health professionals

- Intravenous drug administration guidelines for ward areas were continuously updated through year
- The Emergency Duty Pharmacy Service – available for urgent, out-of-hours supply of medication or information to staff at this and affiliated hospitals – saw weekend dispensing increase by 10%
- Development of Clinical Trials Pharmacy Service with Medel Directorate
- Development of an electronic communication log for HOPE pharmacists which sits within the Electronic Patient Record

Dispensary and Distribution Services

The Dispensary continued to provide the top-up service to the hospital in 2007. The hospital's drugs spend increased significantly in 2007 while the volume of dispensing increased by 2.5%. During 2007 the Pharmacy implemented an online ordering system for ward-based pharmacy staff designed by IMS department.

Number of Transactions



Aseptic/Compounding Services

The Aseptic Compounding Unit in Hospital 7 manufactures a broad range of cytotoxic and other sterile products for both in-patients and out-patients. The demand for this service from Haematology/Oncology continued to rise. Increases in clinical trial activity also led to increased demand.

Clinical Pharmacy Services 2007

Pharmacy involvement at ward level is aimed at promoting the safe, effective and economic use of drugs. Services include:

- Involvement in consultant-led ward rounds in some specialist areas
- Conducting daily patient visits to ensure drug supply and prescription review

- Medication history review on admission. Assessment form developed for use by pharmacists in AMAU
- Educating inpatients (and outpatients when appropriate) about medication prior to discharge
- Provision of medication record cards and patient information leaflets to enhance compliance with complex medication regimens. The provision of medication record cards to patients was reviewed in 2007 to determine patient satisfaction and pharmacist feedback. The project highlighted high level of patient satisfaction and also suggested changes to format and distribution
- Liaising with Community Pharmacists to ensure that supply problems do not arise on discharge
- Liaison with specialist medical and nursing staff to review prescribing guidelines for the Hospital

HOPE directorate pharmacist involvement in multi-disciplinary team (MDT) education and training has included lecturing to the 5-day Oncology and Haematology courses, the Chemotherapy Study days for nurses levels I & II, both the UCC and TCD Masters in Clinical Oncology programmes as well as yearly Updates in Oncology and Haematology.

The GUIDe Pharmacy experienced a continued growth in numbers of patients receiving antiretroviral and other HIV-related medications at the twice-weekly HIV Clinics and the once-weekly HIV Co-infection Clinic.

MSc. in Hospital Pharmacy

The M.Sc. in Hospital Pharmacy is a biennial practice-based course with a research project. It is designed to optimise the knowledge and skills of hospital pharmacists. It is provided by the School of Pharmacy & Pharmaceutical Sciences TCD, in collaboration with several teaching hospitals and is co-ordinated from St. James's hospital. Ten students successfully completed the programme in December 2007.

Education and Research Activities

The Department is involved in ongoing teaching for undergraduate and postgraduate pharmacy students, nurses and medical students and interns.

Staff achievements in 2007 include:

- MSc Hospital Pharmacy TCD - David Walsh and Kate Dunn
- MSc Clinical Pharmacy UCC - Rebecca Breslin
- Nicola Henegan was awarded the Mary Harte Prize for best Pre-Registration Pharmacist Project, 2007 at the Hospital Pharmacists Association of Ireland Annual Conference
- Eileen Reilhan, Medication Safety Officer, was awarded the Servier Prize for an E- Learning Project for Nurses

National Medicines Information Centre (NMIC)

Claudine Hughes

Chief II Pharmacist

Professor John Feely

Medical Director

Professor Kamal Sabra

Pharmaceutical Director

The NMIC provides information through its enquiry answering service on any aspect of drug therapy including indications and contra-indications for medicines, dosage in disease states, drug interactions, adverse effects and drug use in pregnancy and lactation. Over 70% of enquiries to the NMIC in 2007 originated in primary care, with information in relation to administration/dose of medicines the most common type of information sought.

The NMIC proactively provides medicines information through its two publications, a monthly current awareness newsletter "Therapeutics Today" and a bi-monthly therapeutics bulletin. Topics covered in 2007 (vol.13) included Travel Medicine, Diabetes Mellitus, Obesity & the Metabolic Syndrome, Eczema & Psoriasis.

All NMIC publications are circulated to doctors and pharmacists nationwide and are available on <http://www.nmic.ie>

Centre for Advanced Clinical Therapeutics (CACT)

Dr. Mary Teeling

Director

Prof. John Feely

Medical Director

The Centre provides continuing professional development (CPD) education courses to enable healthcare professionals and the pharmaceutical industry keep up-to-date with advances in the pharmaceutical area.

During 2007, the Centre celebrated the graduation of its first students from the MSc in Pharmaceutical Medicine (run in association with Trinity College) and its second intake of students from the MSc in Clinical Pharmacy (run in association with the School of Pharmacy, University College Cork).

Several short courses, including clinical research methods, update on oncology, interpretation of clinical studies and pharmacovigilance and drug safety were held during the year. The Centre continued its collaboration with the Royal College of Physicians in Ireland in organising twice-yearly statistical courses for Specialist Registrars.



First graduates of MSc in Pharmaceutical Medicine with staff members of CACT]



National Centre for Pharmacoeconomics (NCPE)

Dr. Michael Barry
Clinical Director

The National Centre for Pharmacoeconomics (NCPE) which is based at St. James's Hospital Dublin was established in Ireland in 1998 with funding from the Department of Health and Children.

The Centre promotes expertise in Ireland for the advancement of the discipline of pharmacoeconomics through practice, research and education. Activities include economic evaluation of pharmaceutical products and the development of cost effective prescribing.

The NCPE carries out research, focussing predominately on the economic analysis of high cost areas, such as anti-TNF therapy for rheumatoid arthritis. NCPE also contributes to the undergraduate pharmacology curriculum and post graduate training.

The Centre submitted 13 reviews to the Health Service Executive since January 2007 and is conducting 3 health technology assessments at this point in time.

Recent assessments included: Pneumococcal vaccine, Natalizumab (Tysabri), Sublingual immunotherapy (Grazax), Suboxone, Lapatinib (Tyverb), Nilotinib (Tasigna) and HPV vaccination in reducing the risk of cervical cancer.

In October 2007 NCPE hosted the International Society for Pharmacoeconomics and Outcomes Research (ISPOR) meeting at the RDS. For more information: www.ncpe.ie.

Medical Physics and Bioengineering



Prof. Neil O'Hare

Assistant Head of Department



Dr. Geraldine O'Reilly

Assistant Head of Department

Introduction

The Department of Medical Physics and Bioengineering (MPBE) is the hospital's technical and scientific resource for medical equipment issues. The Department's activities include project management, system commissioning, safety functions, equipment management, quality assurance, education and research.

Developments in 2007

Equipping

- A major re-equipping of surgical drills and saws took place for the ORIAN directorate
- A new barium room and state of the art Cardiac Catheterization Laboratory were commissioned for Diagnostic Imaging
- Construction of a new building for the Health Research Board funded Centre for Advanced Imaging commenced
- Planning took place for the replacement of existing thermal disinfectors in CSSD in association with the Energy Centre. The new disinfector systems will save considerably on energy consumption and have a reduced carbon footprint
- In conjunction with GEMS and CResT, MPBE supported the equipping of a new ultrasonic endoscopic service, which included the introduction of the first endoscopic bronchial ultrasound facility in Ireland

Activities

- The St. James's radio iodine ablation service supported by MPBE had its highest annual throughput to date
- MPBE provided RPA (Radiation Protection Adviser), UV and laser safety services to St. James's and to external hospitals and dental practices
- External systems commissioned included multi slice CTs, mobile CTs on trailers, digital mammography systems and Flat Panel Detector (FPD) radiology systems
- MPBE members sat on the board of the International Electrotechnical Commission (IEC) technical committees and on the European Commission Group of Experts on Radiation Protection
- Prof. Neil O'Hare was seconded to the HSE to project manage the national PACS project

Research Activities

SENTINEL

MPBE contributed to and co-ordinated working groups in SENTINEL, an action funded by the European Commission relating to dose, image quality and efficacy in Digital Imaging.

A training CD developed by MPBE on DXA (Dual X-Ray Absorbimetry) was made available through the SENTINEL website.

SENTINEL concluded in 2007, with MPBE submitting the final report on its work and presenting concluding papers at the consortium meeting in Delft. A follow on project on criteria for acceptance of X-ray equipment has commenced.

EMITEL

MPBE contributed to the Leonardo Programme funded EMITEL project to develop an on-line Medical Physics encyclopaedia.

E-Medi

MPBE continued input to the European Commission funded E-Medi e-learning project in collaboration with radiologists in Diagnostic Imaging.

Other

In association with the Falls and Blackout Unit, MPBE received an Irish Heart Foundation Noel Hickey Bursary to research a diagnostic technique called Carotid Sinus Massage, which is used to assess potential causes of falling and syncope.

MPBE supported TRIL research on falls prevention in older people and helped establish a falls research clinic including 3D gait analysis and motion tracking systems. A Marie Curie Scholarship was awarded to MPBE to fund attendance at a seminar on "Mathematical Modelling and Cardiovascular Respiratory Control".

Clinical and technical research on eye tremor continued at MIRA using the eye movement measurement system developed by MPBE. Staff and students presented widely at national and international conferences.

Education/Training

Continual Professional Development (CPD) remains an essential element of Departmental activity and a computer based CPD tracking system was implemented to help ensure CPD targets are met.

Twelve students registered on the MSc in Physical Sciences in Medicine course at TCD, which is run from St. James's Hospital. This was the first intake to the redesigned course which can now be completed in one year.

MPBE made major lecturing contributions to the Fellowship of the Faculty of Radiology at RCSI. MPBE also provided support to the MSc in Health Informatics at TCD and to the BSc in Environmental Sciences and Health at DCU. A visiting IAEA (International Atomic Energy Agency) fellow from Malaysia was placed with MPBE to gain experience of European regulatory/QA practice in ionising radiation.

MPBE ran one day courses in Laser Safety and in Radiation Protection for Non-Radiology Medical Practitioners and Hospital Personnel. A one day course in Anaesthesia Technology was developed and delivered in conjunction with the Dept. of Anaesthesia. The first Double Balloon Endoscopy workshop was developed and delivered by the Department in conjunction with Fuji Japan and the GEMS directorate. Radiation safety experts within the Department delivered the final version of a publication commissioned by the RPII: *"The design of diagnostic medical installations using ionising radiation"*.

MPBE staff undertook training to authorised test person level for sterilisation systems. Dr. Neil O' Hare, Assistant Head of Department, was appointed adjunct Professor of Physics at Dublin City University (DCU).

Brian Lennon, Senior Clinical Engineering Technician was conferred with an MSc in Clinical Engineering from the University of Cardiff.

General Support Services



Mr. Craig Robertson
General Support Services Manager

Introduction

Services include, Catering, Housekeeping, Laundry, Security, Portering, Tele-communications, Environmental and Chaplaincy. All services are committed to providing a safe, clean and pleasant environment for patients, staff and visitors alike.

Key Developments

- At the beginning of the year, St. James's Hospital was identified as a site of 'Critical Mass Status' for the SKILL Project. This project encourages and facilitates support service staff to participate in a competency based training programme which will provide a FETAC accredited qualification. A significant number of GSS support service staff are now availing of this opportunity
- Craig Roberston was appointed General Support Services Manager in March 2007
- The hospital achieved a 'Good' classification in the Irish Health Services Accreditation Board Hygiene Assessment Scheme
- A cashless purchasing system was introduced in the Staff Restaurant and other hospital-managed catering outlets on the site

- 5,000 staff Identity/Access Control cards were upgraded to Mifare technology cards which enables staff use their Identity Cards as a form of identity, an Access Card and a Cashless Vending Card

Housekeeping Services Department

In February 2007, Grace Rothwell commenced as Head of Housekeeping Services. This appointment has facilitated the further integration of all housekeeping services throughout the hospital which is provided by a mix of in-house and contract services.

In July the hospital was inspected by the Hygiene Audit Peer Review Team under the auspices of the Irish Health Services Accreditation Board. The hospital achieved a 'Good' classification. In preparation for the next review a multidisciplinary approach has been adopted to developing policies, practices and procedures with significant involvement of the Housekeeping Services Department, in collaboration with other key staff including Nursing and Infection Control & Prevention.

Other developments during the year include the review of cleaning services and resources in a number of areas in the hospital, e.g. the provision of a long day cleaning service; the introduction and provision of a 'Discharge Team', from 6pm-10pm daily to assist in efficient bed management; the development of a Service Level Agreement for window cleaning services at St. James's Hospital.

Environmental Services Department

2007 saw the retirement of Frank Duffy, Manager Environmental Services, after many years service in the hospital. In conjunction with the hospital's waste contractor, Thorntons, work is continuing to identify all waste streams and to maximise segregation and recycling wherever possible, diverting as much as possible from landfill.

The establishment of DMR (Dry Mixed Recyclables) as a separate waste stream has had a positive impact on the hospital's efforts, with some 30% of waste now going to recycling.

Laundry Services

St. James's Hospital Laundry Services Department in partnership with Celtic Linen, the external service provider, provides a daily bed linen service for all wards and departments throughout the hospital site. Additionally it provides a laundry service for a number of different lines including clothes for long stay patients, uniforms and white coats, mops, curtains, and other miscellaneous items.

For the Laundry Services Department the self-assessment process, coupled with the recommendations of an Infection Prevention and Control Audit facilitated in early 2007, directed the work of the department for the year.

Catering Department

The Catering Department is responsible on an annual basis for the preparation and distribution of almost one million patient meals and the provision of a number of restaurant and coffee bar services on the complex. The catering department must comply with and enforce the current statutory regulations in respect to food safety and operational hygiene on a daily basis.

Comprehensive monitoring of the system, based on HACCP principles, is enforced so that all operational procedures are systematically monitored as a matter of routine.

To modernise the department, funding was obtained in 2007 to allow the commencement of a ward pantry refurbishment programme and to replace equipment in the production facility.

Cashless Purchasing

During the year a cashless purchasing system was introduced in the Staff Restaurant and other hospital managed catering outlets on the site. This project was achieved through a multidisciplinary approach involving the Partnership Committee, the Catering Department, Finance Department and IMS Department.

Chaplaincy Department

When patients are admitted to hospital in need of healing for a physical or emotional illness, they often bring with them other concerns that range over the psychological and spiritual dimensions of their lives. The Chaplaincy Department, whose members belong to the main Christian churches, is aware of these concerns and responds at different levels; in the administration of the sacraments; through spiritual care and counselling, especially at times of great anxiety and, above all, with the terminally ill.

Much time is spent with families of patients, supporting those shattered by the experience of terminal illness in those closest to them and in consoling the bereaved.

The Chaplaincy Department continues to provide a 24 hour service to the hospital with its pastoral care team and also is very fortunate to have over 36 volunteers who serve as Ministers of the Eucharist and assist in bringing communion to patients on a daily basis.

A Special Mass of Remembrance was held in November for deceased members of Staff, their families and friends. In December the department was delighted to have as guests the Guinness Choir who sang at the Carol Service which was held in the concourse.

Tele-communications

In June 2007 a new IP Telephony system was installed throughout the hospital. This provides the hospital with a state of the art telephone system which will facilitate the further expansion of the hospital in future years. This major project was achieved in partnership with the IMS department and contract service providers Planet 21 and Cisco.

Security

In 2007 the Security/Allied Services Department continued to progress its development. The Control Room facility proved to be a major asset providing 24hr monitoring of systems such as CCTV, Panic Alarms, Intruder Alarms, Security Emergency Telephone and the Security Hotline from the Concourse Reception. The Control Room is manned 24/7 by both contracted security staff and hospital in-house security staff.

Electronic and IT based security systems continue to be developed to the highest standard. The Access Control system was upgraded from Swipe to Mifare Proximity Access Control, including the Staff Designated Car Parks. Access Control coverage was increased by 50% in 2007. 5,000 Identity/Access Cards were also upgraded to Mifare technology cards which allow staff use their Identity Cards as a form of identity, an Access Card and a Cashless Vending Card. This process was carried out with minimum disruption to the hospital.

A dedicated Security Emergency Telephone extension was launched in 2007. This is an uninterrupted dedicated telephone line for staff throughout the hospital to contact the Security Control Room in the event of an emergency. A Security Hotline was also placed at the Concourse Reception in 2007. This enables the reception staff to contact the Security Control Room in the event of an emergency by picking up the hot-phone handset and speaking. Both systems are proving to be successful.

Statistically, crime did not increase on the hospital campus during the year. The Hospital Watch programme continues to be a success, with increased liaison with An Garda Síochana and the dedication of the Garda Liaison Officer and his colleagues. The Security team continue to adopt a zero tolerance approach to anti social behaviour on the hospital campus, resulting in some significant arrests and prosecutions.

2007 saw the retirement of David F Lewington, Manager Security/Allied Services whose contribution to the Security/Allied Services Department was invaluable.

Portering

Porters provide a service to the hospital on a 24 hours/seven day basis. The service includes patients transfer within wards and departments and ambulance transfers on the hospital site, together with a comprehensive messenger services throughout the hospital and the city.



Mr. Paul Gallagher
Director of Nursing

Introduction

The Department of Nursing is responsible for the professional development, education, recruitment, personnel administration and to provide a payroll function for Nurses and Healthcare Assistants. The Department is also responsible for the Nursing Practice Development Unit.

One of the main challenges posed to both the profession and the hospital was the nursing dispute that commenced on the 2nd April, 2007 and lasted for a period of 51 days. The delivery of care to patients was appropriately maintained during this time and a positive working relationship was maintained between hospital management and relevant nursing unions.

Key Developments in 2007

Nurse Prescribing

During 2007 participation in the national project on nurse prescribing, started in 2006 in conjunction with the Health Service Executive, Department of Health and Children and the Royal College of Surgeons, continued. Experienced, clinically based nursing staff undertook a six month period of training in April and October. Each participant has received mentoring from senior medical staff during this period and following this process, a number of participants will progress to become Registered Nurse Prescribers in 2008.

Nurse Bank

This pilot project commenced in September, 2007, the main purpose of which was to centralise the bookings of all overtime and agency shifts required in the clinical setting. The ultimate aim of the project is to reduce overall spend and in particular, costs associated with agency nursing staff.

Nursing Research Access Committee

This initiative started in 2007 with the main aim of overseeing and managing access by researchers to nursing and healthcare assistant staff across the site. During the year 25 research proposals were reviewed by the committee.

Nursing Communication

Throughout 2007 a number of initiatives were implemented to improve communication to nursing and HCA staff and included the following:-

- “*Nursing Matters*” newsletter was launched and is published on a quarterly basis
- Director of Nursing meetings with promotional grades continued and takes place every three months
- Weekly Nursing Executive meetings, focused meetings between Director of Nursing and the following groups commenced: Advanced Nurse Practitioners, Clinical Nurse Specialists committee, Clinical Nurse Managers committee

37.5 Hour Working Week

Following the national nurses dispute, nursing staff commenced local discussions in preparation for the introduction of a 37.5 hour working week, scheduled to commence in June 2008. The hospital's nursing staff also participated in a national Feasibility Study where essential data was gathered which will be used in the preparation for the future implementation of a 35 hour working week for nurses.

Ionising Radiation Protocol

Following a review of nursing practice, guidelines were developed to support Advanced Nurse Practitioners (ANPs) and Nurse Specialists to request X-Rays/Ionising radiation on behalf of consultants. Approximately 86 clinically based nursing staff are actively involved in this process. It will be formally evaluated in 2008.

Electronic Public Health Nurse Referrals

2007 saw further expansion of this project in a number of areas throughout the hospital and by year end, this initiative was being rolled out across all ward areas.

Post Graduate Diploma Programmes

Post graduate diploma programmes were available for Accident and Emergency, Operating Theatre, Intensive Care and Haematology Nursing. Additional links were made with nursing colleagues in AMNCH/Tallaght Hospital so that resources and lecturers would be shared for certain aspects of relevant post graduate programmes. St. James's Hospital continues to actively support the undergraduate and post graduate nurse training programme, carried out in close liaison with Trinity College, Dublin.

Lecturer/Practitioner (Gerontological Nursing)

St. James's Hospital and Trinity College, Dublin, developed the position of Lecturer/Practitioner (Gerontological Nursing). Ms. Anna Watson began this new role in July 2007, which is a shared post between the MedEL Directorate and Trinity College, Dublin. The main purpose of this role is to provide direct support for course participants on the Masters Degree, Gerontological Nursing.

An Bord Altranais Site Inspection

The report of An Bord Altranais inspection of St. James's Hospital, carried out in November 2006, was furnished to the Director of Nursing in July 2007. Very positive feedback was provided, referring to areas of excellence. The report also made a number of recommendations that have been actioned by the Nursing Practice Development Unit.

Senior Nursing Retirements

Ms. Mary McKenna, Assistant Director of Nursing and Ms. Barbara Garrigan, Head of Centre for Learning and Development, retired from St. James's Hospital during 2007.

Recruitment

Total Number of Staff Recruited

= 276 whole time equivalents (wte).

Breakdown by Nationality:

– Irish = 151
– EU = 19
– Non EU = 106

Total Number of Resignations

= 254 wte

Average Monthly Vacancy Rate

= 69.04 wte

Nursing Practice Development Unit (NPDU)

The NPDU aims to facilitate the implantation of best nursing practice for all patients, their families and carers at St. James's Hospital. The Nursing Practice Development Co-ordinator (NPDC) is supported by a Practice Development Facilitator, an Audit and Research Facilitator, 4 Clinical Support Nurses, 9.5 Clinical Placement Co-ordinators, a Student Allocation Liaison Officer and a Tissue Viability Nurse Specialist. The NPDU works to develop nurses and nursing practice by working with clinically based nurses, Clinical Nurse Managers (CNMs), Directorate Nurse Managers and the Centre for Learning and Development.

Support for practice development continues to be channelled through a committee structure and/or short-term working sub-groups with cross clinical area and interdisciplinary representation as required. The following committees, working groups and initiatives evolved or further developed in 2007:

- Nursing In-Service Education Group
- Insertion and management of Naso-gastric feeding tubes
- Male Urethral Catheterisation
- Self Administration of Medication Programme (MedEI Directorate)
- Promotion of best documentation practices with commendation on nursing documentation standards from the Accreditation Body during their site visit
- Tissue Viability Practices including an annual Tissue Viability Study Day with country wide attendees
- Nursing Competency development and management of existing competencies hospital wide
- Tracheostomy Care (in liaison with the Tacheostomy Safety Facilitator) including a Traceostomy Care Study Day with country wide attendees
- Review and development of Nursing Procedures, Policies Protocols and Guidelines
- Staff/Patient assessment, education and competency development regarding inhaled medication
- Medication Management (in liaison with the Medication Safety Facilitator)
- Intravenous Practices
- Venepuncture and Cannulation Education and Training
- Rotation Programme for newly qualified nurses with the first BSc Nursing graduates completing the rotation programme
- Nursing Practice Audit Group

Clinical Support Nurses

The Clinical Support Nurses continued to support Clinical Nurse Managers (CNMs) in their role by focusing on the continuous development of all general medical/surgical nurses in St. James's Hospital, and developing nursing practice in the clinical area.

Overseas Nurses – Adaptation Programmes

In 2007 a further 72 nurses completed the induction and adaptation programme. A clinical support nurse co-ordinates the programme for overseas nurses in St. James's Hospital. This entails working with the Nursing Human Resources Manager and Directorate Nurse Managers, CNMs and clinical staff to ensure these nurses meet the necessary criteria and clinical competencies to register with An Bord Altranais and continue to develop further knowledge and skills to meet the changing needs of their patients.

BSc Undergraduate Degree Programme

The NPDU is responsible for co-ordinating the clinical components of the undergraduate degree programme. St. James's Hospital has an average annual intake of 85 nursing students and liaises with staff from the School of Nursing and Midwifery, Trinity College Dublin.

In December the second group of BSc Nursing undergraduate degree programme nurses were presented with St. James's Hospital badges and certificates. Ms. Siobhan O'Halloran, Director of Nursing Services, HSE delivered the annual Anne Young Memorial lecture at that ceremony.

Educational Activities



William Stokes Postgraduate Centre



Dr. Finbarr O'Connell

Medical Director

Mr. David Sweeney

Administrative Director

Ms. Valerie Wilkinson

Ms. Emma McCabe

Administrators

The William Stokes Post Graduate Centre is an independent post graduate centre based on the St. James's Hospital site and represents a joint initiative between the Postgraduate Medical and Dental Board, St. James's Hospital, the HSE, the William Stokes Faculty of the Irish college of General Practitioners and Trinity College, Dublin. It provides modern post graduate education facilities and resources for doctors in Trinity College, St. James's Hospital and the broader south and southwest Dublin area. A wide range of meetings/seminars were held in the centre, including:

- Grand Rounds
- Medical Update Meetings
- Haematology/Oncology Meetings
- Endocrinology Meetings
- Medical Research Meetings
- Medicine for the Elderly Meetings
- MSc Cardiology Course
- MSc Cognitive Therapy Course
- ACLS Courses
- Weekly educational meetings of the William Stokes Faculty of the Irish College of General Practitioners



- Annual Orientation course for new Interns
- Continuing education programme for Interns
- Annual Intern Medal competition
- Career Guidance Meetings

The Centre also provides the administrative function for the Trinity Medical SHO scheme, the largest such scheme in Ireland with 72 SHOs in training in internal medicine. A broad range of educational activities for medical SHOs on this scheme are provided and coordinated by the centre.

The Haughton Institute

Ms. Dara O'Mahony
Executive Director (Acting)

Ms. Marion Bruce
Financial Controller

The Haughton Institute is an independent corporate body wholly owned by its three members, Trinity College, St. James's Hospital and Tallaght Hospital. The Haughton Institute is a company limited by guarantee. It has charitable status and has a nine person Board consisting of three representatives from each of the partners.

The Institute develops and helps optimizes the potential of Trinity College, St. James's and Tallaght Hospitals together, to contribute to postgraduate education, research, service development and consultancy in the health sciences. The Institute enables its members to be more effective in achieving excellence in the activities in which they share common interest.

Postgraduate Education and Training

A major component of the Institute's activity is in facilitating the introduction and running of education and training programmes. These include formally validated MSc's and Diplomas provided through Trinity College, which make extensive use of hospital staff and facilities. In addition the Institute offers a wide range of short courses and skills training programmes in the areas which the college and hospitals have achieved excellence. In some cases such programmes will be custom designed for particular clients. A conference management service is also available at the request of members.

Management and Funding of Research

The Institute offers a service in the management of research funds, complementary to the research policies of the hospitals and college, and aimed at their staff involved in research contracts and related activities.

Research accounts ranging in size from €1,000 to €700,000 were managed this year, totalling approximately €7m. The Institute provides user-friendly administration and support of research contracts for staff and the agencies where they work through the cultivation of skills in the management of these contracts with both commercial agencies and various International/National Bodies such as the EU. The Institute may act as contract holder and, where appropriate, as an employer of staff. It may also act as contract holder on behalf of individuals or group consortia in service development projects.



Dr. Joe Harford (National Cancer Institute), Dr. Doug Weed (NCI), Ms. Mary Harney (Minister for Health and Children), Prof. Mark Lawler (Chairman Cancer Strategy Group St. James's Hospital)



Professor Peter Daly

Regional Oncology Programme Office

Prof. John Reynolds

Regional Director, Cancer Services

Ms. Hilary Craig

Regional Communications and Health Promotion Officer

Ms. Eileen Nolan

Regional Oncology Guidelines and Integrated Care Pathways Officer

The Regional Oncology Programme Office, Health Service Executive - South Western Area is located in St. James's Hospital. It's main remit is the improvement/ development of cancer services throughout the region.

The Regional Oncology Programme Office is a resource to enable and mobilise efforts in cancer care services among the institutions. Aiding in the management of educational initiatives such as Cancer 2007, the creation of GP referral guidelines for suspected cancer, community programmes such as 'Wise up-its my life too!', and the expansion of the cancer clinical audit system, it functions as a focal point for building strong collaborative relationships with regional and national bodies.

Cancer 2007 – Cancer Conference

CANCER 2007, the 5th International Cancer Conference of St. James's hospital, organised in collaboration with the Regional Oncology Programme Office, HSE, was held on May 3rd and 4th, 2007 in the Shelbourne Hotel, Dublin. The programme included internationally renowned clinical leaders coming together to highlight the latest developments and challenges faced in the delivery of 21st century medicine to cancer patients. The theme of this year's conference was Merging Science and Medicine to Secure Positive Patient Care.

At the conference, Professor Peter Daly, who had recently retired from St. James's hospital and Trinity College, was awarded the Cancer Strategic Development Award for his pivotal role in establishing adult genetic cancer services in Ireland. Professor Mark Lawler, Conference Organiser said, "Peter Daly was one of our earliest consultants in the field of cancer medicine and he has been to the forefront in developing medical oncology in Ireland. He is a deserved winner of this award".

St. James's Hospital Foundation



Mr. Dermot Moore

Consultant Vascular Surgeon
Chairman

Ms. Edwina Hogan

Chief Executive

The role of St. James's Hospital Foundation is to facilitate and attract private financial contribution to the hospital. The Foundation is established as a unique limited company and governed by a voluntary board.

On behalf of the hospital, the Foundation processes and disburses donations received and, through the establishment of Special Funds, provides a secure and accountable way for hospital departments and members of staff to accept donations.



Promoting the 2007 St. James's Hospital team for the Women's Mini Marathon: standing (L-R) Ms. Catherine Carey, Directorate Nurse Manager, Ms. Ita Cadwell, Concourse Manager, Ms. Patricia Eadie, Consultant Surgeon, Ms. Margaret Codd, Directorate Nurse Manager, Ms. Siobhan Donnelly, Nurse Manager and Ms. Nuala Kennedy, Directorate Nurse Manager and kneeling (L-R) Dr. Jeanne Moriarty, Consultant Anaesthetist, Dr. Miriam O'Connor, Senior Registrar, Ms. Catherine Tobin, Nurse Manager, Ms. Niamh Merriman, Occupational Therapy Manager and Ms. Fiona Murphy, Directorate Nurse Manager

	2007	2006	2005
Donated income	€581,815	€216,765	€67,456
Disbursement of funds	€138,975	€109,120	€0

Following an emphasis in 2005, 2006 and 2007 on governance, management and administration processes, donated income continued to increase in 2007. Donated income resulted from generous individual donations, third-party fundraising carried out by supporters all over the country and from Foundation fundraising.

Disbursement of funds increased in 2007 also and included:

- 17 small grants awarded through the Foundation's Small Grants Programme for initiatives that ranged from outings for elderly patients, musical events for patients and refurbishment of ward areas, to upgrading the Occupational Therapy treatment room and purchase of communications equipment for use in community health promotion activity
- 28 conference and education bursaries awarded to members of staff, who represented and presented the hospital at major international symposia
- Extensive supplementary occupational therapy for patients with severe burns and hand injuries, provided from a Special Fund set up for patients of the National Burns Unit and the Plastic Surgery Unit
- Studies into Bowel and Breast Cancer, funded from donations given for Cancer Research
- Re-furnishing and re-decorating the family room at the Intensive Care Unit (ICU), funded from donations given for the ICU
- Research into infection-related mortality of intensive care patients, funded from donations also given for the ICU
- With a vision of contributing at a significant level to the hospital, the Foundation aims in the coming year to identify key strategic projects for support





Programmes Division Reports

Quality Programme



Ms. Eilish Hardiman

Deputy Chief Executive Officer/Operations Manager

Ms. Shannon Glynn

Risk Manager

Ms. Muireann O' Briain

Legal and Insurance Manager

Ms. Eileen Relihan

Medication Safety Officer

Ms. Mary Fogarty

Accreditation Manager

Ms. Carol Hickey

Quality Initiative Officer

Mr. Dermot Daly

Health and Safety Officer

In 2007, IHSAB Surveyors undertook an 18 month revisit to ensure that Quality Improvement Plans were being progressed. The visit generated a very favourable report, recommending continuation of the Accreditation award received in 2006 and commended the clear evidence of continuous quality improvement across the organisation.

Risk Management Programme

The hospital's Risk Management Programme continued to promote and support a proactive risk management culture in the organisation. The process is managed by a Risk Management Committee, which receives information and reports from subgroups of the Hospital Board.

Ongoing work continued to highlight the importance of risk reporting to staff at all levels in order to extend the culture of openness and to ensure a just and fair system of risk analysis is practised.

Root Cause Analysis (RCA) training was provided by the Risk Manager and Medication Safety Facilitator to hospital line managers. This encouraged local level risk management and equipped managers with the skills required to analyse and identify risk issues.

The Medication Safety Facilitator analysed risks related to medication and provided quarterly reports and feedback to each Clinical Directorate.

The Sterivigilance programme also continued in 2007, leading to a significant improvement in the decontamination and sterilisation processes for reusable medical devices in the hospital. The hospital participated in the Decontamination Audit commissioned by the HSE in June 2007. The final report of this audit is awaited.

In 2007, a new initiative leading on Point of Care Testing was launched to ensure safe and effective management and use of diagnostic facilities located near the patient.

Monthly Safety and Risk audits were carried out to identify potential risks. Audits include documentation standards, infection control practices, health and safety issues, medication storage and administration, general cleanliness, information management, medical devices assessment and fire safety. Audit findings were communicated to the relevant departments and action taken to implement the quality improvements necessary to reduce safety and risk hazards.

Risks reported from all hospital areas were trended, analysed and quarterly reports provided to each Clinical Directorate and Department by the Risk Manager. Distribution of quarterly bulletins to clinical staff also helped identify factors which contribute to risk reporting and increased awareness of safety measures.

Patient Advocacy Committee

The Patient Advocacy Committee (PAC) is a sub-group of the Hospital Board with membership made up of four community representatives and four hospital representatives. The main focus of the committee is to elicit patient experience of care from point of initial contact to discharge by evaluating convenience, environment, speed, accessibility, friendliness, provision of information and complaints.

The PAC produced two 'Welcome' Newsletters in 2007, which focused on communications with the hospital's surrounding community.

In 2007, three community Consultations were held in local community settings. The purpose of these consultations is to provide an opportunity to meet with the people for whom the hospital provides services in their own areas.

The meetings are structured to ensure that those in attendance have access to information, can learn about developments at the hospital, contribute their views, debate ideas, participate in helping further develop services and give feedback to the hospital on areas where they believe improvements are needed.

Performance Indicator Programme

St. James's Hospital currently tracks 123 key performance indicators on a monthly basis within four broad categories:

- Hospital Wide Indicators
- Speciality Specific Indicators
- Operational Performance Indicators
- Non-Clinical indicators

Each performance indicator selected has been designed to assist in the ongoing assessment of clinical/non-clinical effectiveness and appropriateness.

Indicators introduced during 2007 include:

- Theatre cancellations due to lack of access to HDU/ICU beds

The Performance Indicator Programme has also been recognised and endorsed nationally and internationally.

International Performance Indicator Benchmarking Initiative

The International benchmarking Initiative is a network of eight European Academic Teaching Hospitals established in 2001.

The network is structured to:

- Share innovative developments in healthcare, teaching and research with partners
- Consult, listen and explain to partners, other organisational approaches that have been successful in promoting and delivering clinical and organisational excellence
- Develop benchmarking systems for both clinical and organisational excellence
- Establish a collaborative network to share information and analyse indicators of clinical effectiveness

Members of the network include:

- Cardiff and Vale NHS Trust University Hospital (Wales)
- Groningen university Hospital (Holland)
- Guy's & Thomas' Hospital NHS Trust (England)
- St. Luke's Hospital (Malta)
- Belfast City Trust (Northern Ireland)
- AZ VUB Brussels (Belgium)
- St. James's Hospital (Ireland)
- Timmins & District Hospital (Canada)

Benchmarking projects, selected on key areas and issues of common interest to participating hospitals, include:

- Outpatient Non-Attendance (DNA)
- Inpatient daycare
- Acute AMI
- Emergency Admission Pathway
- Unplanned Re-Admission

The Outpatient non-attendance (DNA) report was tabled at the meeting in Cardiff and was also presented to the St. James's Hospital Board. This report guided all hospital initiatives aimed at addressing OPD waiting lists at St. James's.

The Amicable Network of Academic Medical Centres in Europe (AMiCE) is currently chaired by Ian Carter, CEO, St. James's Hospital. AMiCE is an informal amicable network of 7 European Academic Teaching Hospitals established in 2001. The network is structured to facilitate general collaboration and work collectively to further understanding of healthcare, teaching and research and thereby achieve higher standards of healthcare outcomes.

Planning and Technical Services



Mr. Niall McElwee (from November '07)

Project and Technical Services Manager

Mr. Michael Quirey

Ms. Katrina Seery

Commissioning Officer

Introduction

The Planning & Commissioning Department is responsible for managing development, construction, equipping and commissioning functions of all new or renovated facilities on the hospital's campus. The aim of the department is to enable the delivery of optimum patient services in appropriate accommodation and the strategic management of both minor and major development and infrastructure requirements.

The Department controls and guides capital funded projects through stages from concept, design, costing and approval to tender, contract award, construction, equipping and commissioning right through to project completion.

Major Capital Developments of the hospital which are funded through the Health Services Executive are supported through various fundraising, investment and research agencies are undertaken in line with the hospital development control strategy.

Project Teams are appointed to oversee these capital developments and these teams comprise of patient groups, Health Service Executive, hospital clinical, nursing and hospital support services to ensure informed decisions are made in accordance with public procurement protocols and procedures.

Developments in 2007

- Completion of the Outline Development Control Plan which sets out the template for major developments planned for the hospital over the next two decades
- Commencement of two storage facility for Pharmacy Dept
- Commencement of MRI 3 T Research Facility (HRB funded)
- Appointment of Design Team for development of new Haemophilia & Hepatology In-patient Facility
- Appointment of Design Team for Development of Supra Regional Tuberculosis In-patient Facility with Laboratory Reference
- Commencement of Design for New Clinical Research Facility (Wellcome Trust)
- Upgraded Fluoroscopy System for Barium Procedures
- Installed New Cath Lab System (Aristos Artis DFC)
- Established Chest X-Ray Sub-Wait Area
- Refurbished and Renovated General X-Ray Waiting Area
- Renovated and Extended High Dependency Unit Facilities
- Appointment of Design Team for Development of Hospital 1 for Position Emission Tomography (Pet) CT Scanner
- Developed Design Brief for procurement of Design Team for National Centre of Excellence for Successful Ageing
- Progressed with HSE the development and procurement of Co-Located Private Hospital
- Clinical Skills Laboratory design and planning submissions

- Preparation and submission of Business Cases including projects such as;
 - National Radiation Oncology Programme
 - Enabling Works for Capital Developments
 - Refurbishment and expansion of Jonathan Swift Clinic to incorporate new Day Ward
 - Expansion of Out Patients Facilities
 - Upgrade of Standby Generator and High Tension Distribution System

Technical Services Department (TSD)

The department's key focus is to ensure hospital building services – plant and equipment – that are fundamental to the delivery of clinical care continue to be available as and when required and that all sites remain safe, legislatively compliant and aesthetically pleasing for all site users.

Activity in TSD continued to increase during 2007, particularly at the department's helpdesk where 19,536 calls were made and responded to.

The department also worked to carry out refurbishment throughout the hospital campus and undertook in excess of 1,200 requests for new minor refurbishment work.

Energy Centre

The Energy Services Centre 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. The steam is used for space heating and humidification, domestic hot water and to supply the various Autoclaves located throughout the hospital.

Energy Services manages the Combined Heat and Power Plant (CHP) which has been in operation for more than ten years and provides 30% of the hospital's electrical requirement in an energy efficient manner.

Energy Services operates a comprehensive Building Management System, which controls and monitors virtually all the heating, chilling, air conditioning and domestic hot water plant on site. It also operates an Energy Monitoring and Targeting System, which interfaces with the Building Management System to provide management information on energy consumption for the various buildings on site.



Services

Energy consumptions showed a 2.5% reduction in gas usage due to milder weather than the previous year, no real increase in electricity usage and a 30% reduction in water usage due to a successful leak detection programme. Overall gas prices decreased by 25% but showed sharp rises towards the year end. Electricity prices rose by an average of 19% and are likely to increase further due to the change to an ‘All Ireland Electricity Market’.

Utility Costs 2007

Electricity	€1,820,600
Natural Gas	€1,219,650
Water	€244,150
Total	€3,284,400

Developments

Further upgrading of the electrical distribution systems was carried out this year, with the emphasis on increasing reliability by replacing older equipment and providing more standby facilities. A rolling replacement of Building Management System Outstations is ongoing which achieves better functionality and allows more users to interface with the system.

This was the third and final year of Phase 1 of the Carbon Emissions Trading Scheme. Emissions over the three year period were 25,519 tonnes CO₂ against an allowance of 23,889 tonnes which meant the hospital had to purchase 1,630 tonnes to comply with EU Directive on Emissions Trading.

With the trend of rising energy costs, the anticipated reduction in allowable carbon emissions in the next phase of the CO₂ Directive and the likelihood of increased site energy consumption, there will be a major challenge in controlling the hospital energy bills over the coming years. This will require all staff to take a proactive and responsible role in managing energy use within their area.

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Irish Cardiac Society, October 2007

European Society of Echocardiography, December 2007

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