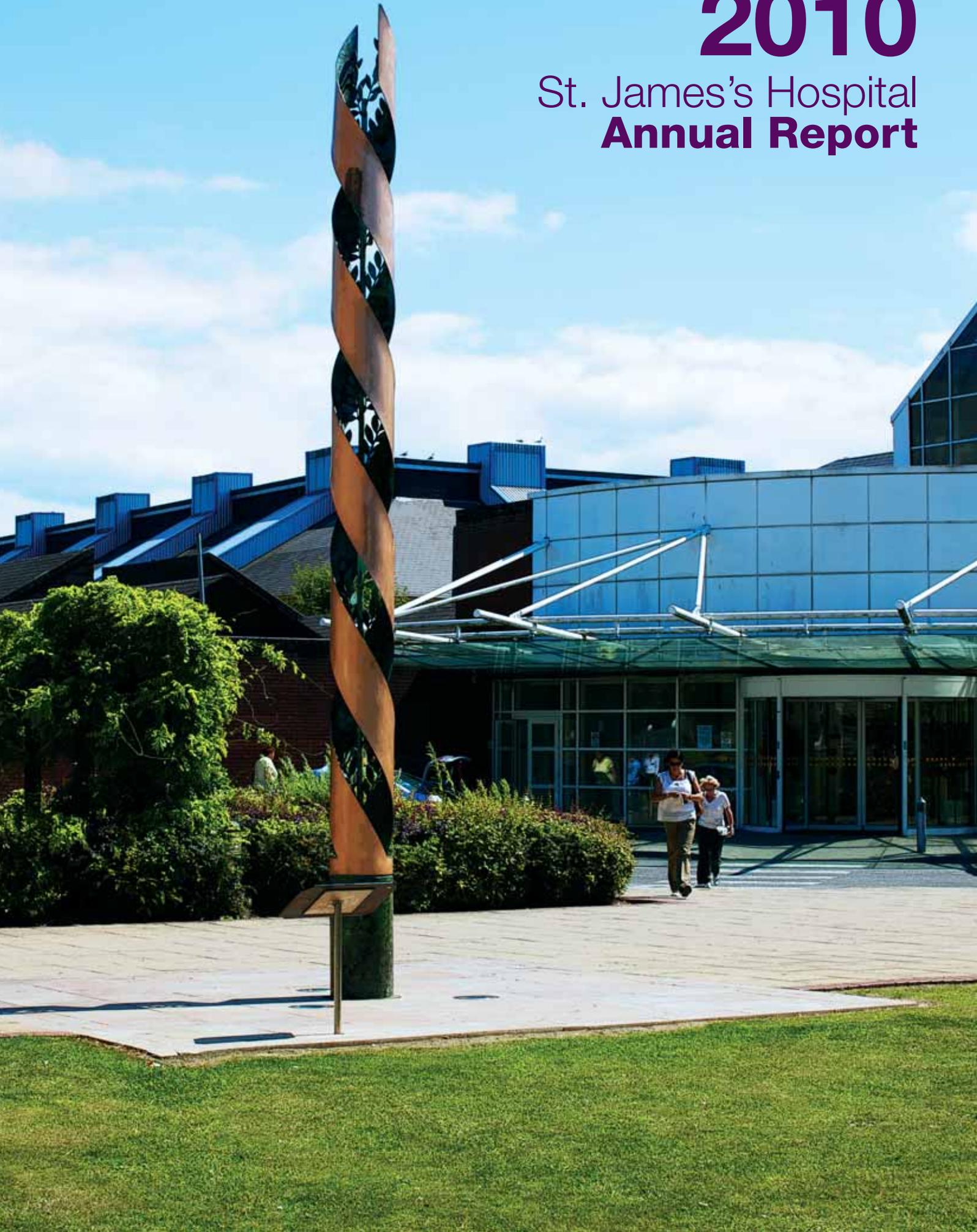


2010

St. James's Hospital **Annual Report**



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 or 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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st james's hospital

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Emergency Medicine, Chest Pain Assessment Unit, Observation Ward	63
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Haematology, Biochemistry,
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General Support Services

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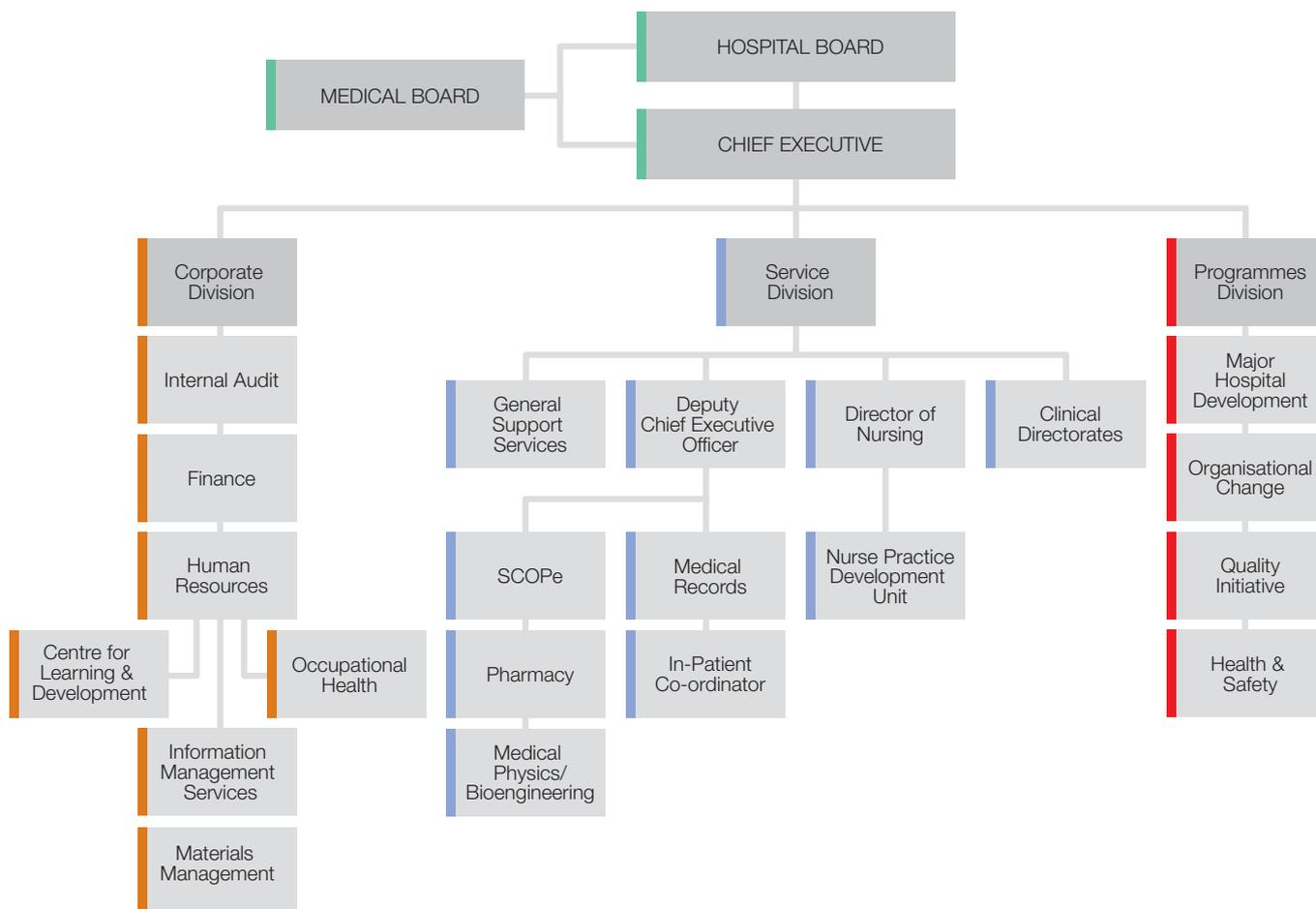
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Corporate Structure



Hospital Board 2010

Prof. T. Mitchell

Chairman of the Hospital Board

Mr. I. Carter

Chief Executive (in attendance)

Ms. J. Carmichael

Dublin City Council, Commenced September 2009

Mr. P. McCauliffe

Dublin City Council, Commenced September 2009

Mr. J. Kelly

Staff Representative

Ms. M. Mac Guinness

Staff Representative

Prof. C. Bergin

*Clinical Director, SAMS Directorate,
Commenced November 2009*

Ms. M. Lynott

Ministerial Appointment

Prof. C. Normand

Trinity College

Prof. J. Scott

Trinity College

Ms. K. O' Neill

Ministerial Appointment

Mr. P. O' Reilly

Ministerial Appointment

Ms. C. Naughton

Ministerial Appointment

Ms. A. Fitzgerald

*Deputy CEO/Operations Manager
(in attendance)*

Mr. P. Gallagher

Director of Nursing (in attendance)

Mr. B. Fitzgerald

Director of Finance (in attendance)

Hospital Board 2010 continued

Prof. L. Barnes

Representative of Medical Board

Prof. F. O' Kelly

GP Representative

Dr. J. Kennedy

*Chairman of the Medical Board
Commenced November 2009*

Prof. D. Kelleher

Trinity College

Executive Management Group 2010

Mr. I. Carter

Chief Executive

Mr. B. Fitzgerald

Director of Finance

Prof. C. Bergin

Clinical Director, SaMS Directorate

Prof. J.B. Walsh

Clinical Director, MedEL Directorate

Prof. K. O' Byrne

Clinical Director, HOPe Directorate

Dr. F. O' Connell

Clinical Director, CResT Directorate

Mr. P. Plunkett

Clinical Director, Emergency Department

Dr. P. Eadie

Clinical Director, Omega Directorate

Dr. P.W.N. Keeling

Clinical Director, GEMs Directorate

Dr. C. Fagan

Clinical Director, ORIAN Directorate

Dr. M. Keoghan

Clinical Director, DiagIm Directorate

Dr. B. O' Connell

Clinical Director, LabMed Directorate

Executive Management Group contd.

Ms. A. Fitzgerald
Deputy CEO/Operations Manager

Mr. P. Gallagher
Director of Nursing

Mr. K. Hardy
Director of Human Resources

Mr. Niall McElwee
Manager, Planning and Technical Services

Executive Management Group contd.

Mr. M. Buckley
Manager, Information Management

Mr. C. Callan
General Support Services Mgr (A)

Ms. G. Rothwell
General Support Services Mgr (A)

St. James's Hospital Consultants

Dr. Jeanne Moriarty	Consultant Anaesthetist	Dr. Una M Kennedy	Consultant Accident & Emergency
Dr. Mark Abrahams	Consultant Anaesthetist	Mr. Narayanasamy Ravi	Consultant Surgeon/ Senior Lecturer
Dr. Ellen O'Sullivan	Consultant Anaesthetist	Mr. Terence Boyle	Consultant Surgeon (Breast)
Dr. Nikolay Nikolov	Consultant Anaesthetist	Mr. Elizabeth Connolly	Consultant Surgeon (Breast)
Dr. Thomas Schnittger	Consultant Anaesthetist	Mr. Paul McCormick	Consultant Surgery (Colorectal)
Dr. Noreen Dowd	Consultant Anaesthetist	Mr. Brian Mehigan	Consultant Surgery (Colorectal)
Dr. Thomas Ryan	Consultant Anaesthetist	Mr. Prakash Madhavan	Consultant Vascular Surgeon
Dr. Patrick Scanlon	Consultant Anaesthetist	Mr. Dermot Moore	Consultant Vascular Surgeon
Dr. Niall Hughes	Consultant Anaesthetist	Mr. Sean O'Neill	Consultant Vascular Surgeon
Dr. Peter Vaughan	Consultant Anaesthetist	Dr. Barry White	Consultant Haematologist
Dr. Fionnuala Lyons	Consultant Anaesthetist	Dr. Paul-Vincent Browne	Consultant Haematologist
Dr. Connail McCrory	Consultant Anaesthetist	Dr. Niamh O'Connell	Consultant Haematologist
Dr. Carl Fagan	Consultant Anaesthetist	Dr. Catherine Flynn	Consultant Haematologist
Dr. Catherine O'Malley	Consultant Anaesthetist	Dr. Patrick Hayden	Consultant Haematologist
Dr. Jenny Porter	Consultant Anaesthetist	Dr. Eibhlin Conneally	Consultant Haematologist
Dr. Daniel Collins	Consultant Anaesthetist	Dr. Elizabeth Vandenberghe	Consultant Haematologist
Dr. Joseph Fitzgerald	Consultant Anaesthetist	Dr. James Stewart O'Donnell	Consultant Haematologist
Dr. Carmel Wall	Consultant Anaesthetist	Dr. Donal Sean O'Briain	Consultant/Histopathologist
Dr. Christoph Kemps	Consultant Anaesthetist	Dr. Mairead Griffin	Consultant/Histopathologist
Dr. Niall Mulvihill	Consultant Cardiologist	Dr. Eoin Gaffney	Consultant/Histopathologist
Dr. Ross Murphy	Consultant Cardiologist	Dr. Mairin McMenamin	Consultant/Histopathologist
Dr. Jerome-Brendan Foley	Consultant Cardiologist	Dr. Siobhan Nicholson	Consultant/Histopathologist
Dr. Peter Crean	Consultant Cardiologist	Dr. Barbara Dunne	Consultant/Histopathologist
Dr. Caroline Daly	Consultant Echocardiologist	Dr. Cian Muldoon	Consultant/Histopathologist
Dr. Noel Boyle	Consultant Echocardiologist	Dr. John Nolan	Consultant Endocrinologist
Mr. Vincent Young	Cardio Thoracic Surgeon	Dr. Marie Louise Healy	Consultant Endocrinologist
Mr. Michael Tolan	Cardio Thoracic Surgeon	Prof. Fiona Mulcahy	Consultant Genito- Urinary Medicine
Mr. Eilis McGovern	Cardio Thoracic Surgeon	Dr. Fiona Lyons	Consultant Genito- Urinary Medicine
Mr. Ronan Ryan	Cardio Thoracic Surgeon	Dr. Patrick Davis Coakley	Consultant Geriatrician
Prof. Louise Barnes	Professor of Dermatology	Dr. James Bernard Walsh	Consultant Geriatrician
Dr. Rosemarie Watson	Consultant Dermatologist	Dr. Miriam Casey	Consultant Geriatrician
Dr. Patrick Ormond	Consultant Dermatologist	Dr. Joseph Harbison	Consultant/Geriatrician/ Snr Lecturer
Dr. Bairbre Wynne	Consultant Dermatologist	Dr. Conal Cunningham	Consultant Geriatrician
Dr. Nasir Mahmud	Consultant Gastro-Enterologist	Dr. Rose Anne Kenny	Prof. of Geriatric Medicine/Consultant
Dr. Susan McKiernan	Consultant Gastro-Enterologist	Prof. Colm Bergin	Consultant Infectious Diseases
Prof. Suzanne Norris	Consultant Gastro-Enterologist	Dr. Susan Clarke	Consultant Infectious Diseases
Dr. Dermot O'Toole	Consultant Gastro-Enterologist	Prof. Kenneth O'Byrne	Consultant Oncologist
Dr. Ann Marie O'Dwyer	Consultant Psychiatrist	Dr. Michael John Kennedy	Consultant Oncologist
Dr. John M Cooney	Consultant Psychiatrist	Dr. Deirdre O'Mahony	Consultant Oncologist
Dr. Elaine Greene	Consultant Psychiatrist	Dr. Dearbhaile O'Donnell	Consultant Oncologist
Dr. Bernard Silke	Consultant Physician	Dr. Brian O'Connell	Consultant Microbiologist
Dr. Deirdre O'Riordan	Consultant Physician	Dr. Breida Boyle	Consultant Microbiologist
Prof. John Reynolds	Professor of Surgery	Dr. Brendan Crowley	Consultant Microbiologist
Dr. Thomas Rogers	Consultant Microbiologist	Dr. George Mellotte	Consultant Nephrologist
Dr. Geraldine McMahon	Consultant Accident & Emergency		
Dr. Patrick Plunkett	Consultant Accident & Emergency		
Dr. Una Geary	Consultant Accident & Emergency		

St. James's Hospital Consultants continued

Dr. Janice Redmond	Consultant Neurologist	Dr. Noirin Noonan	Occupational Health Physician
Dr. Yvonne Langan	Consultant Neurophysiologist	Dr. Eleanor McNamara	Consultant Microbiologist
Dr. Colin Doherty	Consultant Neurologist	Dr. Alan Irvine	Consultant Dermatologist
Dr. Mary B Anglim	Consultant Gynaecologist	Mr. Amir Siddiqui	Consultant Surgeon
Dr. Noreen Gleeson	Consultant Gynaecologist	Prof. Donal Hollywood	Consultant Radiotherapist
Dr. Tom Darcy	Consultant Gynaecologist	Dr. Charles Gilham	Consultant Radiotherapist
Dr. Hugh O'Connor	Consultant Gynaecologist	Dr. Aidan Corvin	Consultant Psychiatrist
Mr. Pdraig O'Ceallaigh	Consultant Maxillo Facial Surgeon	Dr. Michael Gill	Consultant Psychiatrist
Prof. Leo Stassen	Consultant Maxillo Facial Surgeon	Ms. Alison Dougal	Consultant Dental Surgeon
Mr. Gerard Kearns	Consultant Maxillo Facial Surgeon	Dr. Con Feighery	Consultant Immunologist
Dr. Aisling O'Mahony	Consultant in Restorative Dentistry	Dr. Michael Barry	Consultant Pharmacologist
Dr. Eamonn McKiernan	Consultant Orthodontist	Dr. John O'Leary	Professor of Pathology
Mr. Hugh Smyth	Consultant Orthopaedic Surgeon	Dr. Parnell Keeling	Consultant Gastroenterologist
Mr. Thomas McCarthy	Consultant Orthopaedic Surgeon	Dr. Martina Hennessey	Consultant General Physician
Mr. John McKenna	Consultant Orthopaedic Surgeon		
Mr. Niall Hogan	Consultant Orthopaedic Surgeon		
Prof. Conrad Timon	Consultant ENT		
Dr. Brendan Conlon	Consultant ENT		
Dr. John Kinsella	Consultant ENT		
Dr. Mark Anthony Rafferty	Consultant ENT		
Ms. Patricia Eadie	Consultant Plastic Surgeon		
Mr. Eamon Beausang	Consultant Plastic Surgeon		
Mr. David O'Donovan	Consultant Plastic Surgeon		
Dr. Brian Lawlor	Consultant Psychiatrist/Geriatrics		
Dr. Mary Keogan	Consultant Radiologist		
Dr. Patrick Freyne	Consultant Radiologist		
Dr. Niall Sheehy	Consultant Radiologist		
Dr. Sylvia O'Keeffe	Consultant Radiologist		
Dr. Ciaran Johnston	Consultant Radiologist PET CT		
Dr. Michael Guiney	Consultant Radiologist		
Dr. Stanley Miller	Consultant Radiologist		
Dr. Ronan McDermott	Consultant Radiologist		
Dr. Niall McEniff	Consultant Radiologist		
Dr. Graham Wilson	Consultant Radiologist		
Dr. Mark J Ryan	Consultant Radiologist		
Dr. James Meaney	Consultant Radiologist(MRI)		
Dr. Finbarr O'Connell	Consultant Respiratory Physician		
Dr. Joseph Keane	Consultant Respiratory Physician		
Dr. Rory A O'Donnell	Consultant Respiratory Physician		
Dr. Ruairi Fahy	Consultant Respiratory Physician		
Dr. Finbar O'Shea	Consultant Rheumatology		
Dr. Michele Doran	Consultant Rheumatology		
Prof. Gaye Cunnane	Consultant Rheumatology		
Mr. Thomas Hugh Lynch	Consultant Urologist		
Dr. Vivion Crowley	Consultant Chemical Pathologist		

Legal and Banking 2010

Auditors

Comptroller and Auditor General, Dublin Castle, Dublin 1

Bankers

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

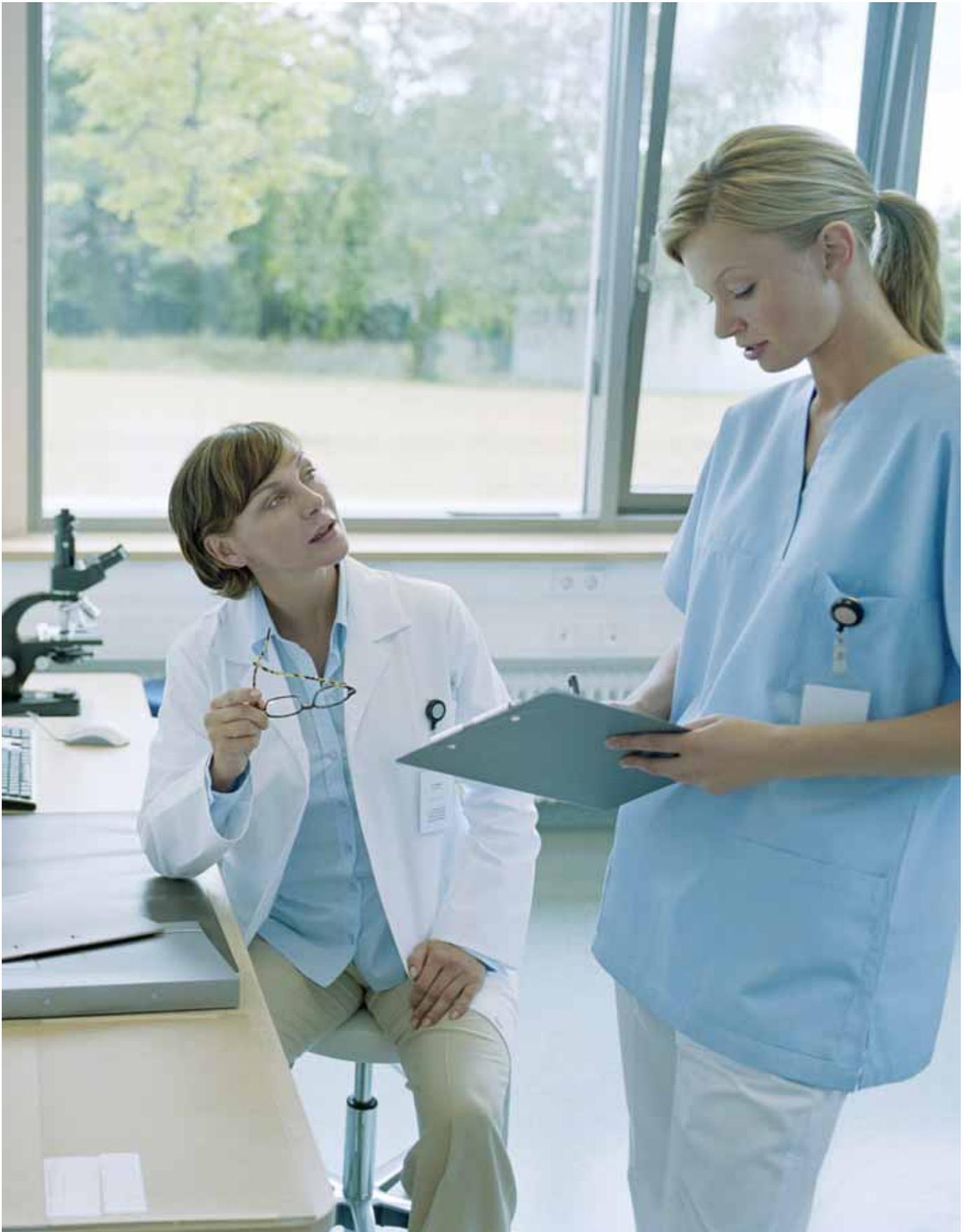
Permanent TSB, 16-17 College Green, Dublin 2

Legal Advisors

A&L Goodbodies Solicitors, International Financial Services Centre, North Wall Quay, Dublin 1

Insurance Brokers

AON Ireland, Metropolitan Building, James Joyce Street, Dublin 1



introduction from the chairman



Prof. Thomas Mitchell
Chairman
Hospital Board

The challenging times for the Irish hospital sector to which I have referred in previous reports, continued in 2010 and show no signs of abating. The hospital's funding dropped by almost €26.5M. The management at St. James's had been preparing for this in co-operation with the Board, and have achieved another remarkable financial outcome for this year. The hospital continued to exceed its service delivery targets and still managed to end the year with a small surplus of €0.277M. This required careful and skilful planning and the co-operation

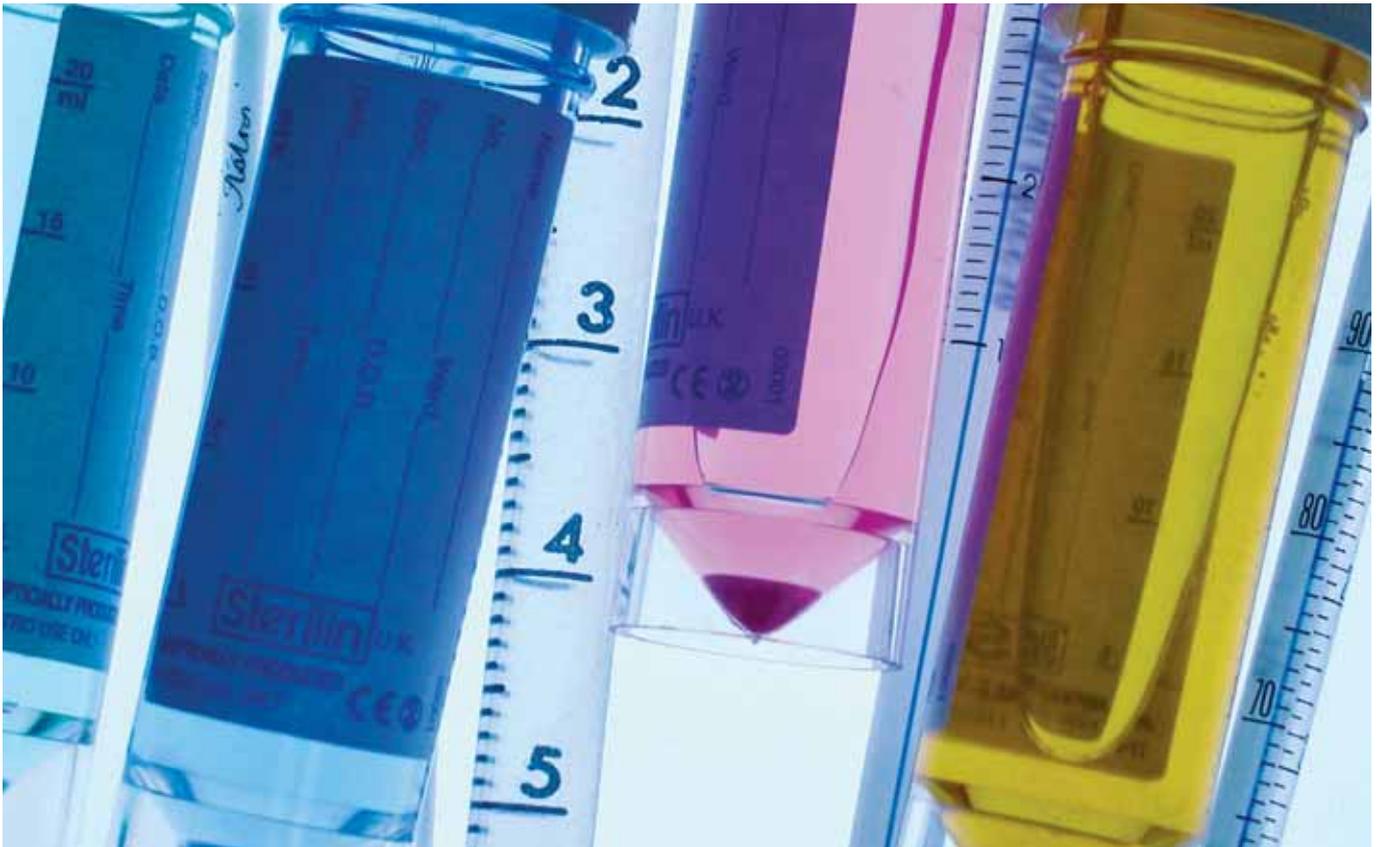
of the entire staff of the hospital. On behalf of the Board I want to congratulate all concerned, especially the CEO Ian Carter, the Director of Finance, Brian Fitzgerald and all the Clinical Directors and Corporate Managers. The performance of St. James's has won wide commendation, and gives confidence that it can continue, even in hard times, to pursue its goal of achieving the highest international standards in its clinical services, and in teaching and research.



Many of the projects that are a necessary part of that goal continued to make progress over the year. The Academic Medical Centre, Trinity Health, has the potential to raise the standards of clinical services and medical education and research to new heights in Ireland, and to make Trinity and its teaching hospitals an internationally competitive Centre of Excellence in healthcare and in the search for new treatments. It is now fully under way and deserves every support.

The hospital is also progressing towards becoming a major cancer centre across a range of specialities. The Radiation Oncology Centre, which is about to open, will contribute significantly to this.

There are other developments in the area of care of the elderly that are rapidly moving ahead. The Mercer's Institute for Successful Ageing will provide a model of the advanced teaching, research and clinical services that will be required to cope with the increasing ageing population. The Longitudinal Study on Ageing, a groundbreaking research project headed by Rose Anne Kenny, will throw further light on the problems related to ageing and will point the way to their solution. Advances in developing and advanced Stroke service over the past year represent another important step in combating diseases that commonly afflict the elderly.



Allied to these developments is the innovative proposal put forward by Ian Carter for an integrated system of care of the elderly and the management of chronic disease. The proposal would link primary, community, long-term care and acute hospital services in a coordinated and comprehensive care system. It offers an effective remedy for the longstanding misuse of acute hospitals for the care of elderly patients who need the customised services of a nursing home or step-down facility rather than acute care. It is hoped that the proposal can be quickly implemented.

There are many other ideas and developments that keep emerging and that shows the vitality of the institution and its culture of advancing knowledge and new solutions alongside its services. St. James's offers abundant evidence that an Irish hospital can match the best in the world.

This is my last Chairman's introduction to the Annual Report. My second term as Chairman ends in early 2011. I am very grateful that I had the privilege of chairing the Board of the hospital over past nine years. It has been a stimulating learning experience that has greatly increased my respect

for the quality and dedication of those who work in the hospital sector. I have had the privilege of working with two outstanding CEO's, John O'Brien and Ian Carter.

I want to thank them, and all the members of the Board who have served with me and have generously, and in a most constructive spirit, given their time and talent to help guide the work of the hospital. I also want to thank the entire staff of the hospital who, even in difficult times, have shown an inspiring esprit de corps and a concern to put care of patients ahead of all else. I owe a special word of thanks to Therese O'Connor, who in addition to her other duties, has acted as my personal assistant. She is a special person of high ability and dedication.

I am particularly happy as I end my term that my successor will be Professor Derry Shanley. He is admirably qualified as a former Dean of the Dental School and of the Faculty of Health Sciences. I have had firsthand experience of his effectiveness as a leader and of his dedication to public service and to the advancement of healthcare. I wish him well.

Report from the Chief Executive



Mr. Ian Carter
Chief Executive

As in previous years, primary executive and operations focus for 2010 centred on 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 satisfactory.

Clinical

Overall patient volume targets across all key treatment groupings were exceeded.

	Actual 2010	Planned 2010	Planned/ Actual 2010 % variance
Inpatient	24,556	22,006	12%
Day Care	93,774	61,552	52%
Outpatient	215,503	166,751	29%

Access

In terms of performance in relation to national/local access targets:

- Emergency Department
Patient volume waiting for admission < 10 @ 08.00 (Local Target)
– SJH performance average 5
 - Inpatient
All patients waiting for elective admission < 6 months @ 31.12.10 (National Target)
– SJH performance 100% compliant
- All patients waiting for elective admission < 4 months @ 31.12.10 (Local Target)
– SJH performance 100% compliant

- Day Care
All patients waiting for elective attendance < 6 months @ 31.12.10 (National Target)
– SJH performance 100% compliant

All patients waiting for elective attendance < 4 months @ 31.12.10 (Local Target)
– SJH performance 100% compliant
- Outpatient
All patients waiting for appointment < 6 months booking - 31.12.10 (National Target)
– SJH performance 99% compliant

SJH has continued to expand range and volume of day care treatments, and in 2010 79% of (day care/inpatient) treatments were undertaken on a day care basis – particularly specialties of Medical Oncology/Haematology, where 91% of treatments were undertaken as day attendances.

Within Surgery, 75% of '25 Surgical Basket of Procedures'¹ was undertaken on a day attendance basis.

The Hospital has also significantly advanced capability to effect same day admission - treatment. This combined with patient processing improvements within the Emergency Department, continuing AMAU² high value capability in relation to timely discharge (50% discharged within 5 days of admission), successful collaboration with the NTPF, the introduction of the Fair Deal initiative, increased OPD clinics/initiatives to reduce non attendance and ongoing appropriate pan-hospital control provisions, has enabled not only treatment volume/range increases, but as well access improvements to be secured.

The NTPF identified a national median wait time of 2.5 months for 2010, with SJH, having a median wait time of 1.3 months - the lowest wait time for the Major Academic Hospital Group³, and nationally ranked 3rd – the other 2 hospitals ranked higher, being either single specialty providers/not having an emergency department or being less than 200 beds.

Key Challenge Factors

Whilst overall clinical volume and access performance 2010 outcome values have generally been satisfactory, there remain certain presenting external factors that present significant challenges for existing hospital capacity and capability provisions:

- ED attendances
– increasing presenting acuity/complexity with 28% of new attendances triaged category 1/2
- Admissions
– increase in number of patients requiring emergency admission – reflecting both presenting volume and complexity value increases

– increasing tertiary complex (predominantly) surgical treatment demand particularly relating to cancer. A recent internal study identified for 2010 a 29% increase in cancer diagnosis/treatments predominately surgical.
- Discharge
– curtailment of home support necessary to effect timely discharge

– curtailment of community accommodation for frail highly dependent patients.
- Outpatient Referral
– 6% increase in new referrals (09/10) including significant referrals from geographical areas where SJH is not the responsible provider

Impact of these Factors

The impact of these external challenges are as follows:

- capability of ED directorate/AMAU⁴ to manage significant and increasing patient volume/acuity, has been challenged in terms of ability to ensure full adherence to ED centred clinical protocols/pathways and has resulted in less than optimal patient processing
- capability of General Medicine consultant cohort/associated interdisciplinary teams to manage within current construct, presenting ED generated patient cohort/inpatient work and outpatient demand in terms of timely response to ED, securement of optimum inpatient pathway including prompt discharge and necessary out patient access has been significantly challenged
- increasing emergency admission acuity/tertiary transfer volume of patients requiring complex surgery has routinely exceeded existing critical care capacity - leading to patient treatment delay, particularly for those patients requiring post operative critical care accommodation

Note¹: British Association of Day Surgery

Note²: Acute Medical Admissions Unit

Note³: MATH's comprising: St. James's Hospital, Beaumont Hospital, Tallaght Hospital, St. Vincent's hospital, The Mater Hospital, University Hospital Galway, Limerick Regional Hospital and Cork University Hospital



- whilst introduction of Fair Deal initiative is welcomed, as it represents the first structured initiative by HSE to tackle this significant problem, it should be noted that on average in 2010, there were 73 patients inappropriately occupying acute beds representing 13% of total general bed availability
- existing outpatient demand in terms of new referrals exceeds existing capacity and capability particularly for the specialties of Rheumatology, Dermatology and Endocrinology with resultant less than satisfactory wait times for new referrals

Change Requirements - 2011

There is a clear an immediate requirement to:

- **Increase ED and General Medicine Consultant/interdisciplinary team capability**

SJH has developed and agreed with HSE a revised specialty on-take based construct for introduction in 2010. This new model will reduce admission requirement and shorten length of stay for attending medical patients. It remains essential that agreement is reached with HSE to progress this model directly

- **Increase critical care capacity**

In 2007 SJH received necessary capital allocation for a significant critical care bed expansion (11 beds), this development was completed in 2008, regrettably no revenue allocation has been provided and beds currently remain unutilised. This decision requires to be reconsidered by HSE in 2011

- **Expand/mainstream development of a local chronic disease management programme**

SJH has developed a proposed new local integrated construct, partially based on successful trials achieved through Innovation funding. Model has been largely accepted by HSE as the appropriate method forward and SJH is hoping to progress in 2011

- **Increase discharge to community bed facilities**

With the implementation of Fair Deal, ensure timely and appropriate volume of discharges to community beds

- **Increase outpatient capacity**

SJH will be commencing creation of additional OPD capacity in 2011

Finances

The Hospital demonstrated a commendable fiscal performance, returning an in year surplus of €0.3m on a HSE allocation of €340m. Achievement of this position was made possible only through vigorous cost growth containment and effective local service management by the Clinical Directors.

Hospital net expenditure decreased by 6.9% year on year and the key inpatient activity/financial measure of the economic bed day dropped from €1,025 in 2009 to €1,003 in 2010 – representing a 2.1% reduction.



Quality

SJH progressed 5 key developments in 2010

- Pharmacovigilance
- Sterivigilance
- Infection control
- Community consultation programme
- Preparation for recommencement of Accreditation cycle

Capital Development

Important capital development, equipment replacement/additionality and infrastructural improvement provisions were effected in 2010, most notably:

- radiation therapy provision on the hospital campus
- development of a combined Clinical Research Facility/ Inpatient Haemophilia & Herpetology Facility
- mammography/ultrasound/imaging additionality
- ward upgrades
- theatre infrastructural upgrade
- fire preventative work
- Medical Gases upgrade

Research and Education - Key Achievements

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

Progression of the Academic Medical Centre successfully integrating Trinity Medical school, St. James's Hospital and Tallaght Hospital.

A total of 200 peer review publications during the year from staff of the hospital.

Overall St. James's has successfully and fully delivered on all agreements with the HSE in relation to service provision, development and financial terms for 2010.

These achievements identified were attainable only through the continued exceptional response and commitment of staff at the Hospital.

I thank them for their oncoming support, loyalty, innovation and dedication in ensuring and advancing the status of the hospital both in Ireland and internationally.

Performance Highlights

Projected Activity Levels for 2010

Period January - December 2010	2010 Activity		2010 Projected Activity			
	In-Patient Discharges ²	Day Cases	In-patient Discharges	Day cases	% In-patients Variance	% Day cases Variance
Cardiology	3141	3579	1971	2425	59%	48%
Dermatology	20	5761	34	3257	-41%	77%
Emergency Department	94	0	900	0	-90%	0%
Endocrinology DDC	0	6896	0	6913	0	0%
ENT	480	308	690	280	-30%	10%
General Surgery	2619	6879	2220	4998	18%	38%
GUIDE	400	4041	276	1650	45%	145%
Gynaecology	829	495	681	238	22%	108%
Haematology	932	11917	676	6971	38%	71%
Maxillo Facial	1052	215	885	121	19%	78%
Medicine ^{1,2}	6587	22175	5798	12282	14%	81%
Medicine for the Elderly	1088	7792	1023	6500	6%	20%
Oncology	1272	13581	729	10383	74%	31%
Orthopaedics	1280	390	1320	211	-3%	85%
Plastic Surgery	1345	2677	1899	2854	-29%	-6%
Psychiatry	697	0	470	0	48%	0%
Rheumatology	725	5063	492	1500	47%	238%
Cardiac Surgery	434	0	512	0	-15%	0%
Thoracic Surgery	508	25	348	0	3%	0%
Urology	549	1898	501	879	10%	116%
Vascular Surgery	504	82	581	60	-13%	37%
Total	24556	93774	22006	61522	12%	52%
	Out-Patient Activity				Variance	
	Actual		Projected		%	%
	New	Return	New	Return	New	Return
Attendances ⁴	57520	157983	50356	116395	14%	36%

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

Note 2: All In-patient discharges activity excludes NTPF patients treated.

Note 3: Medicine Day cases includes: Respiratory/Gastroenterology/Hepatology/Neurology/Nephrology/Immunology/Neurophysiology/Pain Management.

Note 4: Outpatient activity excludes NTPF patients.

St. James's Hospital Inpatient Waiting List as on 31st December 2010

SUMMARY	30	60	90	120	150	182	210	240	365	>365	TOTAL
Waiting List as on 31/12/2009	164	174	162	220	0	0	0	0	0	0	720
Waiting List as on 31/12/2010	169	194	129	264	0	0	0	0	0	0	756
Variance	3%	11%	-20%	20%	0%	0%	0%	0%	0%	0%	5%

SPECIALITY	Current Status as on 31/12/2010										
	30	60	90	120	150	182	210	240	365	> 365	TOTAL
E.N.T.	27	28	21	32	0	0	0	0	0	0	108
GASTRO-ENTEROLOGY	1	0	0	0	0	0	0	0	0	0	1
GYNAECOLOGY	26	27	12	15	0	0	0	0	0	0	80
MAXILLO FACIAL	7	10	11	25	0	0	0	0	0	0	53
PAIN MANAGEMENT	8	14	8	13	0	0	0	0	0	0	43
PLASTICS	39	30	19	65	0	0	0	0	0	0	153
SURGERY	21	33	19	14	0	0	0	0	0	0	87
THORACIC SURG	12	26	25	68	0	0	0	0	0	0	131
UROLOGY	20	16	9	22	0	0	0	0	0	0	67
VASCULAR	8	10	5	9	0	0	0	0	0	0	32
Grand Total	169	194	129	264	0	0	0	0	0	0	756

St. James's Hospital Day Surgery Unit Waiting List as on 31st December 2010

SUMMARY	30	60	90	120	150	182	210	240	365	>365	TOTAL
Waiting List as on 31/12/2009	687	431	318	202	0	0	0	0	0	0	1638
Waiting List as on 31/12/2010	549	685	562	526	0	0	0	0	0	0	2322
Variance	-20%	59%	77%	>100%	0%	0%	0%	0%	0%	0%	42%

SPECIALITY	Current Status as on 31/12/2010										
	30	60	90	120	150	182	210	240	365	> 365	TOTAL
CARDIOLOGY	2	2	1	0	0	0	0	0	0	0	5
DERMATOLOGY	49	53	66	26	0	0	0	0	0	0	194
E.N.T.	20	23	12	19	0	0	0	0	0	0	74
GYNAECOLOGY	38	32	30	23	0	0	0	0	0	0	123
MAXILLO FACIAL	23	37	38	45	0	0	0	0	0	0	143
ORTHOPAEDICS	19	43	25	26	0	0	0	0	0	0	113
PAIN MANAGEMENT	101	106	93	80	0	0	0	1	1	0	380
PLASTICS	112	199	133	136	0	0	0	0	0	0	580
SURGERY	112	95	63	72	0	0	0	0	0	0	342
UROLOGY	36	41	40	43	0	0	0	0	0	0	160
VASCULAR	37	54	61	56	0	0	0	0	0	0	208
Total	549	685	562	526	0	0	0	0	0	0	2322

*Please note Day Surgery Unit Waiting List reflects only Public patients waiting.

St. James's Hospital Endoscopy Unit Waiting List as on 31st December 2010

SUMMARY	30	60	90	120	150	182	210	240	365	>365	TOTAL
Waiting List as on 31/12/2009	389	282	222	0	0	0	0	0	0	0	893
Waiting List as on 31/12/2010	324	177	171	12	0	0	0	0	0	0	684
Variance	-17%	-37%	-23%	>100%	0%	0%	0%	0%	0%	0%	-23%

SPECIALITY	Current Status as on 31/12/2010										
	30	60	90	120	150	182	210	240	365	> 365	TOTAL
GASTRO-ENTEROLOGY*	296	150	171	12	0	0	0	0	0	0	629
SURGERY*	24	24	0	0	0	0	0	0	0	0	48
UROLOGY	4	3	0	0	0	0	0	0	0	0	7
Total	324	177	171	12	0	0	0	0	0	0	684

COLONOSCOPY	Current Status as on 31/12/2009										
	30	60	90	120	150	182	210	240	365	> 365	TOTAL
GASTRO-ENTEROLOGY	165	65	79	0	0	0	0	0	0	0	309
SURGERY	21	22	0	0	0	0	0	0	0	0	43
Total	186	87	79	0	0	0	0	0	0	0	352

Please note: colonoscopy breakdown is included in above gastroenterology/surgery by speciality

St. James's Hospital Outpatient Waiting List as on 31st December 2010

SUMMARY	30	60	90	120	150	182	210	240	365	545	730	>730	TOTAL
Waiting List as on 31/12/2009	3579	2847	1220	704	0	0	0	0	0	0	0	0	8350
Waiting List as on 31/12/2010	3302	2530	1279	821	380	152	58	29	9	0	0	0	8560
Variance	-8%	-11%	5%	17%	>100%	>100%	>100%	>100%	>100%	0%	0%	0%	3%

SPECIALITY	Current Status as on 31/12/2010												TOTAL
	30	60	90	120	150	182	210	240	365	545	730	>730	
BREAST CARE SERVICES	332	4	4	1	45	40	0	2	0	0	0	0	428
CARDIOLOGY	78	97	65	42	18	5	0	0	1	0	0	0	306
DERMATOLOGY	334	301	233	161	95	54	24	15	2	0	0	0	1219
DIABETIC/ENDOCRINOLOGY	36	54	23	14	6	0	0	0	0	0	0	0	133
E.N.T.	108	130	40	48	0	0	0	0	0	0	0	0	326
GASTRO-ENTEROLOGY	74	154	109	81	51	8	0	2	0	0	0	0	479
GERIATRIC	41	38	13	2	0	0	0	0	0	0	0	0	94
GUIDE	83	0	0	1	0	0	0	0	0	0	0	0	84
GYNAECOLOGY	101	59	36	0	0	0	0	0	0	0	0	0	196
HAEMATOLOGY	85	93	24	7	4	2	0	0	0	0	0	0	215
HEPATOLOGY	184	285	65	16	1	1	0	0	0	0	0	0	552
IMMUNOLOGY	63	24	24	8	9	0	0	0	0	0	0	0	128
MAXILLO FACIAL	135	65	37	4	0	0	0	0	0	0	0	0	241
MEDICINE	29	2	0	0	0	0	0	0	0	0	0	0	31
NEPHROLOGY	10	25	0	0	1	0	0	0	0	0	0	0	36
NEUROLOGY	100	77	37	57	0	0	0	0	0	0	0	0	271
ONCOLOGY	22	3	1	3	2	2	0	0	0	0	0	0	33
OPHTHALMOLOGY	42	50	18	14	9	5	7	2	3	0	0	0	150
ORTHOPAEDICS	169	114	55	31	0	0	0	0	0	0	0	0	369
OSTEOPOROSIS & BONE PROTECTION	113	104	73	105	2	24	13	0	1	0	0	0	435
PAIN MANAGEMENT	56	58	23	0	0	0	0	0	0	0	0	0	137
PALLIATIVE CARE	7	0	0	0	0	0	0	0	0	0	0	0	7
PLASTICS	219	286	152	50	5	2	2	0	0	0	0	0	716
PSYCHIATRY	46	21	27	4	0	0	0	0	0	0	0	0	98
RADIOTHERAPY	18	2	0	0	0	0	0	0	0	0	0	0	20
RESPIRATORY	83	55	24	28	3	1	0	0	0	0	0	0	194
RHEUMATOLOGY	51	35	54	37	49	5	9	3	2	0	0	0	245
SURGERY	226	88	33	19	0	0	1	0	0	0	0	0	367
THORACIC SURG	56	8	1	0	0	0	0	0	0	0	0	0	65
UROLOGY	207	176	23	20	22	1	2	5	0	0	0	0	456
VASCULAR	187	122	85	68	58	2	0	0	0	0	0	0	522
WARFARIN CLINIC	7	0	0	0	0	0	0	0	0	0	0	0	7
Total	3302	2530	1279	821	380	152	58	29	9	0	0	0	8560

Note: This report shows the length of time patients are waiting from date booked to report date ie. 31ST DECEMBER 2010.





Corporate Division Reports

Finance Department

Income and Expenditure Account for the reporting period 1st
January 2010 to 31st December 2010 (subject to final audit report)

	2010 €'000	2009 €'000
Opening Deficit/(Surplus)	-28,034	-17,905
Pay Expenditure	256,706	272,581
Non-Pay Expenditure	157,339	156,418
Gross Expenditure including deficit	386,011	411,094
Income	-60,618	-61,685
Net Expenditure for the year	325,393	349,409
Public Sector Pension Levy (Introduced in March 2009)	14,165	11,516
Determination for the year	339,539	365,927
Closing Deficit/(Surplus)	-28,311	-28,034

Balance Sheet as at 31st December 2010

	2010 €'000	2009 €'000
Fixed Assets		
Tangible Assets	212,069	216,009
Current Assets		
Debtors	77,304	112,103
Stocks	5,786	7,787
Bank and Cash balances	21,660	221
	104,750	120,111
Creditors-less than one year		
Creditors	-74,220	-79,466
Bank Overdraft		-9,785
	-74,220	-89,251
Net Current Assets	30,530	30,860
Total Assets	242,599	246,869
Creditors - more than one year		
Net Total Assets	242,599	246,869
Capital and Reserves		
Non Capital Income & Expenditure Account Surplus/(Deficit)	28,311	28,034
Capital Income & Expenditure Account Deficit	2,219	2,826
Capitalisation Account	212,069	216,009
	242,599	246,869



Mr. Brian Fitzgerald
Director of Finance

The Financial Statements for the reporting period 1st January 2010 to 31st December 2010 resulted in a surplus of €0.277m. Hospital gross expenditure was €414.045m, while income and exchequer funding amounted to €414.322m. In addition to the 2010 surplus the hospital had an opening surplus of €28.034m carried forward from 2009 and prior years. Therefore the cumulative carried forward surplus at 31st December 2010 was €28.311m.

Expenditure and Income overview

Net expenditure decreased by €13.886m (3.9%) when compared with the previous year, of which pay and pensions expenditure decreased by €15.875m (5.8%), non-pay expenditure increased by €0.922m (0.5%) and Income decreased by €1.067m (1.7%).

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

Expenditure/Income description	€'000
Payroll related	
Public sector pay reduction	(€18.126m)
Staffing, overtime and related reductions	(€4.646m)
Pensions, lump sums and gratuities	€4.399m
Increments	€1.896m
Additional staffing - cancer control programme	€0.602m
Sub total payroll	(€15.875m)
Non-pay related	
Drugs and medicines	(€0.277m)
Blood/blood products	(€1.812)
Medical and surgical consumables	€0.712m
Laboratory consumables	€0.409m
Medical equipment and equipment maintenance	€0.050m
Cleaning/Laundry etc.	(€0.042m)
Radiology	€0.559m
Professional, insurance, audit & legal services	€0.100m
Office expenses	(€0.256m)
Bad debts	€3.475m
Maintenance equipment and materials	(€0.710m)
Heat power light	€0.019m
Computer equipment/supplies	(€0.863)
Other misc issues	(€0.442m)
Sub total non-pay related	€0.922m
Income related	
Patient accommodation income including Government levies	€1.113m
Superannuation (increased employee pension contributions)	(€1.696m)

Expenditure description continued	€'000
Pathology/pharmacy/retail units/car parking/other	(€0.484m)
Sub total income related	(€1.067m)

Commentary

The hospital again exceeded service delivery targets for the year, while absorbing a funding reduction of approximately €26.5m. Most of this reduction was offset by the introduction of a public sector pay cut on average across all staff grades of 7% or €18m. However management needed to find additional efficiencies amounting to approximately €16.3m within the year to bridge the funding reduction and to offset inflationary pressures, additional service demand, increased costs of pay increments, pensions and pension lump sums. Overall, the hospital finished the year with a minor surplus of €0.277m.

Management remained very mindful of the economic backdrop facing the economy. At the outset of the year strategies aimed at a continued improvement on efficiency were further imbedded within all services throughout the hospital, while at the same time deliberately planning to deliver a financial surplus which could cushion the hospital in the event of future reductions to core funding. The strategy proved successful and the hospital carries forward a financial surplus of €28.311m, which should in some part offset the affect of the constrained public financial environment going forward.

The funding/service delivery monitoring and negotiation framework conducted by the Health Services Executive was in its sixth year of operation and further moves to transfer resources from hospitals to community services were the core to the process.

The Clinical Directors, Corporate Managers and Respective Management Teams are to be commended on their financial management performance.

Casemix Funding Model *(Result published in late 2009)*

The hospital received a minor funding increase/efficiency award of €1.525m as a result of the casemix funding model of activity and related expenditure for the year 2009.

Capital/Infrastructure Expenditure

Expenditure on major capital projects amounted to €2.987m in 2010 compared with €4.012m in 2009. This reflects the severe decrease in the availability of capital funding to address infrastructure replacement.

Materials Management



Miriam Kenny
Materials Manager (pictured)

Conor Buckley
Acting Operations Manager

Brian Fitzgerald
Corporate Responsibility

Introduction

The Materials Management Department has corporate responsibility for the procurement of goods and services for the Hospital and the provision of end-to-end supply chain services incorporating procurement, logistics, e-commerce, clinical user and supplier support.

The role of the Department is to:

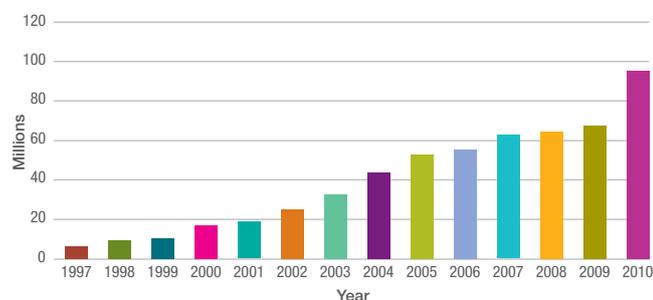
- Ensure compliance with national and EU procurement guidelines and regulations by establishing and maintaining policies pertaining to procurement law
- Employ best commercial practice in procurement thus ensuring that the basic principle of lowest ultimate cost with minimum risk is applied to all purchasing decisions
- Develop and maintain appropriate inventory management practices and procedures
- Provide a customer-orientated purchasing and supply service to users
- Engage in performance monitoring of all key elements of the supply chain including taking corrective action where appropriate

Activity 2010

The Department's activity continued to grow in 2010, engaging in new contract developments and providing a materials management service for a portfolio of 26,000 product lines to 133 internal customers. The Materials Management Department has continued to work closely with key suppliers on areas such as vendor performance, value for money initiatives and consignment management.

Materials management department overview	2010
Total value of goods and services procured by the MM Department	€96,249,007.91

Euro Activity 1997-2010



Operations Management Function

The Operations Management function of the Department focuses on the design and implementation of all supply chain 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 2010 was €11,293,49 which comprised of 2194 active product lines from 135 vendors. The Department processed 29,148 stock orders to 133 Departments, in addition the Department continued to provide a logistics service for the Pharmacy Department.

Operations Activity 2010	€
Stock Receipt Value	11,293,49
Product Lines	2194
Vendors	135
Stock Orders processed	29,148
Deliveries received	41,682
Documents Digitally Archived	45,395
Purchase orders generated	26,547

End of year stock take 2010

The Department is charged with the responsibility of procuring non fixed assets for the Hospital and safeguarding such assets, with the exception of Pharmacy and Blood products. The annual stock take was carried out on 25th, 26th and 27th of November, representatives from the Materials Management Department, Finance Department, Internal Audit, clinical users and the Comptroller and Auditor General were present.

The stock take comprised of identifying, counting and recording in excess of 8,000 products across five inventory managed areas and 73 non inventory managed areas. The Department inventory manages its stocks from four locations in the Hospital: Main Warehouse, Distribution Centre (Phase 1C), Technical Services Warehouse, Cardiac Angio.

End of year stock take 2010 results	Value
	€3,173,974.33
Inventory Managed Value	€907,452.54
Non Inventory Managed Value	€2,266,521.79

The total value of inventory managed stock @ 31.12.2010 was €907,452.54. This is €179,838.22 or 16.54% lower than 2009.

The value of blood in stock as at 31st December 2010 was €1,229,460.65. This is €960,291.29 or 43.85% less than 2009. The blood stock turnover for 2010 was €47m therefore; the stock on hand at the end of year equates to 1.36 weeks supply.

Inventory managed areas are monitored continuously during the year and the department constantly reviews these areas and endeavours to achieve further efficiencies. The Department commenced planning for a RFID (Radio Frequency Identification) project for some high value inventory managed areas in 2010 which will allow the Department to track products right through from delivery to consumption with minimal intervention.

Procurement

The procurement and contractual function has continued to increase the number of formal contracts implemented through the tendering process in consultation with key stakeholders and end users. The remit of the procurement function is to minimise financial, clinical and legal risk through the establishment of formal contracts in the following areas:

- Medical and Surgical Products
- Laboratory Products and Services
- Technical and General Support Services
- Blood Products
- Capital Projects and all other products and services excluding Pharmacy product

The Procurement Unit has continued to improved efficiencies of its business processes by the utilisation of best practice and IT enablement.

Contracts Overview 2010	
Goods/Services under formal contract in 2010	€92,174,461
Total Number of contracts in place	164

The increase in Goods/Services under formal contract is due to increase in the product/services categories now under the remit of the procurement function.

In 2010 goods/services under formal contract represented 91% of the overall spend under the remit of the Department. The number of products and services captured under formal contract continues to expand. Supply markets are continuously analysed to identify new opportunities and ensure best value for money is achieved.

A number of new contracts which were advertised and analysed in 2010 include:

Medical Devices

- Critical Care Respiratory and Anaesthetic Contract (circa €1.2m)
- General Theatre and Hospital Sterile Supplies Products (circa €1.1M)

Medical Equipment

- MRI scans
- Interventional Radiology System

Support Services

- Health Care Assistants (circa €4m)

Laboratory

- Endocrine Workload

Other Service

- Cold Chain Services

The Procurement also engaged with HSE Procurement on key Contracts such as Interventional Cardiology, yielded savings have been achieved offering better value for existing business.

The number of purchase orders generated was 26,547 in 2010.

IT enabled initiatives SAP/Materials Management 2010

The department continued to collaborate with the Hospital's SAP Finance/Materials Management team on a number of initiatives.

- Information and training for the incorporation of external services management into the Hospital's process flow
- Design, configuration and implementation of invoice reconciliation workflow in order to automate this process, eliminate paper and improve communication between materials management and accounts payable
- Continued enhancement of customised reports to meet the business needs of the Hospital
- Processes mapped and optimised to allow the extension of Hospital procurement procedures on SAP to Blood, blood products and HLA tests. This means that all procurement with the exception of Pharmacy is channelled through the Hospital's Enterprise Resource Planning (ERP) system
- Commenced Electronic Data Interchange project with key vendor to completely automate the purchase order, goods receipt and invoice transactions between both organisations
- Completed Technical upgrade & Unicode conversion of the SAP software including migration to new hardware, thus ensuring continued stability and currency of the system for the immediate future

Materials Management Department Review

In December 2010, the Materials Management Department was split into two distinctive functions as part of an ongoing programme for improvement.

The Procurement Unit is now a sub set of the Finance Department and the Logistic unit has transferred to General Support Services.

Human Resources



Mr. Ken Hardy

Director of Human Resources

Mr. Gerry Heffernan

Deputy Head of Human Resources

Key developments during 2010

During 2010 the Human Resources Department continued with general improvements in its services to managers and staff of the Hospital. Some of the main features are identified below as identified below:

- Following the introduction of the Human Resources Business Partners, work was undertaken to ensure the ongoing provision of a more accessible and personalised HR service to Departments and Directorates
- Further access to e learning programmes continued to be developed including the Fire Training module. Also the e learning library facilities were extended
- Continuing the work of the National SKILL Critical Mass Project for support staff in the hospital
- Developing the curriculum for learning activities provided by the Clinical Skills Centre
- Continuing the work toward EWTD compliance within the NHCD staff
- Enhancing the services of the Occupational Health Department to Hospital Staff

Centre for Learning & Development (CLD)

In 2010, the CLD continued to provide high quality education and training in response to the needs of all members of the multidisciplinary team and patient/service need. An annual Learning and Development Prospectus was developed based on identified learning and development needs of all hospital staff and was the primary means of prioritising learning over the twelve month period.

Underpinned by the hospital's ethos of providing high quality education and training that is readily accessible and responsive to the needs of all members of the multidisciplinary team, the e Learning platform was further developed and as part of our vision in adapting a number of our programmes to the learner's needs. The following online learning programmes were launched via CLD in 2010: In the Line of Fire; Medication Administration Safety (in conjunction with NPDU and Medication Safety Facilitator); Venepuncture & Cannulation; Disability Awareness; Mechanical Ventilation; Safer Manual Handling (pilot); Managing Violence and Aggression (pilot).

The SJH Learning Hub was launched on HSELand in April 2010. The hub is a website, specifically designed for SJH staff, where they can access interactive online learning programmes, reference learning support material and resources, and collaborate with other hub users on projects and initiatives. Other key deliverables in relation to 'On Line Resources' included the provision of access to a wide variety of online journals through Ovid, Medline and other well known databases.

Mandatory Training

Mandatory training programmes form part of the hospital's suite of 'Key Performance Indicators' and include Corporate Induction, Manual Handling (patient, non-patient), Fire, Non-Violent Crisis Intervention, Basic Life Support (BLS) and Advanced Cardiac Life Support (ACLS). Key Performance Targets were met in relation to staff mandatory training in ensuring the Hospital's compliance with accreditation and legislative requirements.

Clinical Education Programmes to include Nurses/ Health Care Assistants (HCA)

In 2010 The CLD continued to work closely with the School of Nursing and Midwifery, TCD and Clinical Facilitators, Nurse Managers, DON and colleagues in AMNCH in the delivery and evaluation of the postgraduate courses in specialist nursing. Work involved reviewing programmes in context of patient/service need and 'value for money' and entailed the initiation of a curriculum review process as a number of these courses which need to be revalidated with An Bord Altranais (ABA) in 2010. The CLD Team also worked with the Nursing Practice

Development Unit and across disciplines in facilitating and co-ordinating short clinical based courses, study days, as well as facilitating further education and training awards council (FETAC) certificate courses for Health Care Assistants.

The Head of Learning & Development was closely involved with colleagues at national level, the Office of the Nursing Services Director and ABA in the development and overview of several Nurse Education initiatives such as Nurse Prescribing of Ionizing Radiation (X- ray prescribing), Review of Mandatory and Statutory Education for Nurses, Nurse led integrated Discharge Planning, National Dementia Education/training and development of the Leadership and Innovation Centre.

FETAC [Further Education and Training Awards Council] and SKILL [Securing Knowledge Intra Lifelong Learning]

The HSE SKILL FETAC Critical Mass Project continued in St. James's Hospital in 2010 led by a Project Manager and Education Facilitators in the CLD and supported by the SKILL Project Steering Group. The Primary aim of the project is to develop all support staff by ensuring that they are provided with every opportunity to access and apply 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.

A total of 109 SJH support staff completed FETAC Programmes over the academic year 2009/2010 at Level 3, 4, 5 and Level 6. These programmes were facilitated both in VEC Colleges (non HCA Staff) and in the CLD (HCA Staff).

The Project Manager (supported by CLD Education Facilitators) continued to actively promote the programme hospital wide through the provision of staff information sessions and informal briefing sessions to potential candidates.

Relevant CLD staff also continued to work closely with managers in enhancing the application of learning and skills to practice through supporting several initiatives at local level e.g. 'The Change Together Programme' and the 'FETAC Link Nurse Programme'.

The CLD is an Accredited FETAC provider having agreed its Quality Assurance Policies and Procedures with FETAC in 2007 – ongoing evaluation and monitoring processes are in place at CLD level and is an ongoing expectation from FETAC in ensuring Quality Assurance and Accreditation is maintained.

General Staff/Management Development Programmes

A wide range of Staff/Management Development Programmes were facilitated through the centre in 2010 such as Customer Care; Absence Management; Competency Based Interview Training; Team Based Performance Management; Minute Taking, IT Training etc. See CLD Intranet link for full prospectus/programme of learning opportunities provided in the CLD.

Academic Accreditation of Ongoing Professional Development Programmes

In 2010, work commenced with School of Nursing TCD, and colleagues in AMNCH in the development of curricula for short nursing programmes (Foundation Programme in Critical Care Nursing).

Funding for Further Education

Based on a limited central Education/Training budget held in the CLD a number of staff education, training and development programmes were processed for funding/partial funding during 2010. Access to education and funding is based on a fair and consistent approach with priority given to education, training and development which is strongly work related and brings clear benefits to enhancing the quality of the service and patient care.

HR/Personnel Services Unit

Following on from the establishment of the Business Partner model within HR last year work has been ongoing to embed the new roles to ensure a successful positive support is given to the directorates. Each team is assigned a specified number of Directorates/Departments in achieving their business objectives.

Stringent controls were maintained by the Vacancy Approval Committee to ensure that only the most critical positions were filled and this was achieved with the overall year end position of a 3% reduction in staffing numbers (WTE's).

Further work was undertaken in providing a Competency Based Recruitment Framework. The system was introduced into the admin & clerical, nursing and the professions staff areas and rolled out to further areas and staff categories throughout 2010. It is expected that the Competency Framework will be fully implemented across all areas and staff disciplines by the end of 2011.

A project commenced in early 2010 to introduce an e-recruitment system to support the administration of the recruitment process for Applicants, Managers & back office HR staff. A Project Steering Group, chaired by the Director of HR was set up with representatives across HR, IT, Finance, Nursing & the Directorates. Core International provided the latest technology to meet the hospital's internal requirements initially and the implementation phase commenced in June 2010. Core E-Recruitment is being rolled out across the hospital with facilities such as online vacancy approval, online competition management, online applications etc. It is planned to expand the system to the external environment in the future.

In late 2010, the Government introduced a targeted Voluntary Early Retirement and Redundancy Scheme to achieve a permanent reduction in the numbers employed in the public health sector and to facilitate public health reform. Both schemes were open to employees in the 'Management and Administration' and 'General Support' staff categories. A total of 10 staff left under the Voluntary Early Retirement Scheme and 46 staff left under the Voluntary Redundancy Scheme. Additionally a further 50 staff retired under the normal retirement schemes.

Dignity at Work and Cultural Diversity presentations were delivered to various employee cohorts as part of their structured learning programmes. These presentations focused on equal treatment in the workplace and equal access when providing services. A number of tools for providing services to patients from a wide variety of cultural and ethnic backgrounds were highlighted during these sessions.

Under Part 5 of the Disability Act 2005 the hospital reported to the monitoring committee of DoHC on the level of employees with a disability. The Hospital returned a rate of 3.49% which is higher than the 3% target set for public bodies in the legislation. The report also highlighted the measures the hospital takes to promote and support the employment of people with disabilities.

A disability awareness eLearning module was developed and made available to all employees. The module is subject to minor changes before wider promotion across the hospital in 2011.

In accordance with section 26(2) of the Disability Act 2005, the hospital identified an Access Officer to arrange and co-ordinate the provision of assistance and guidance to people with disabilities in accessing services. This person also fulfils the equality remit in the Human Resources Directorate.

Workforce Planning & Information Unit

2010 was another very busy year for the unit due to the reduction in the hospital's funding and the need to continue providing high quality, cost effective patient services with less staff.

The external factors continued to play a significant role in the workload with the continuation of the Government initiative to reduce the Management & Administration grades by 3% and the Moratorium on Recruitment. The hospital again achieved and surpassed this Government target of 3% while maintaining full services within the hospital and staying within the guidelines of the Moratorium on Recruitment.

Other initiatives undertaken in 2010 included the ongoing work in the HR scanning solution with the historical records having now been replaced and work now commencing on current HR hard copy files.

Employee Relations

In the context of general discontent relating to the downturn of the national economy, industrial action and a reduction in rates of pay and allowances, the employee relations climate during 2010 has been extremely challenging. However, good working relationships with staff and trade union representatives have been maintained throughout the year and the Public Services Agreement 2010-2014, has been accepted as providing the framework for working together to continue to provide excellent service to patients in the context of reduced numbers and increased productivity and flexibility in work practices.

Absence management continued to be focused upon and by working in partnership with individual employees, HR staff, managers, trade union representatives and occupational health professionals. The hospital has met its target of 3.5% for 2010.

Medical Workforce Unit

The Medical Workforce Unit is responsible for the delivery of a suite of HR and administrative functions relating to Consultant and Non-Consultant Hospital Doctor, (NCHD), staff within the hospital.

2010 represented a very busy year for the Unit on foot of the introduction of a new contract for NCHD's and the continued implementation of a framework to support implementation of the Consultant Common Contract.

Consultant Contract Independent Review

The hospital was chosen as a pilot site for a HSE-commissioned independent review and assessment of compliance with the key terms and conditions relating to the new Consultant Contract. The independent review was undertaken in the 1st quarter of 2010 by PricewaterhouseCoopers and required comprehensive administrative support from the Unit. The independent review concluded exemplary compliance by the hospital and it's Consultant staffing with the terms of the contract.

Medical Recruitment

There was increased Consultant recruitment activity in 2010 due largely to a number of retirements and the approval of a number of new positions linked primarily to cancer service initiatives.

NCHD recruitment proved challenging particularly in the area of short term locum requirements, against a background of some 300-400 vacancies at national level which were precipitated by external factors, notably, amendments to the Medical Practitioners Act and the downturn in the economic climate. Notwithstanding same, the Medical Workforce Unit was successful in recruiting it's full compliment of NCHD's in advance of the annual July changeover.

European Working Time Directive

The MWU consolidated progress made in 2009 in relation to reduction in the average working hours of it's NCHD's in the context of it's legal obligations under the terms of the European Working Time Directive, (EWTD). Initial exploratory work was also undertaken in relation to the potential benefits of implementing a time and attendance system for NCHD's.

Occupational Health

The Occupational Health Department (OHD) offers a comprehensive service to more than 3,800 staff members in St. James's Hospital and takes 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 and 3 Admin Staff, are active in all aspects of Health & Safety with a focus on infection control, moving and handling, risk management, radiation protection and health promotion.

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
- Counselling services linked with our 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, nursing students)
- VDU related eyesight screening
- Varicella, Measles, Mumps and Rubella screening and vaccination
- Travel Vaccinations for occupational purposes only
- In-post medical examinations
- Management Referrals for assessment of fitness to work

Developments in 2010

- The total attendance at OHD/Clinics was 3,994 which is a decrease from 5,139 in 2009 – a drop of 22%. This is predominantly due to a reduction in attendance at the Nurses' clinic because of the decline in recruitment and the fact that more items are screened at each visit, i.e. screening for TB, immunity to various infections and phlebotomy making the visits more efficient. Attendance at the Occupational Health Consultant's clinic increased by 3%
- There has also been a change in the method of screening for TB following the introduction of new National Guidelines in 2010 and as a result, there has been a drop of approximately 600 visits for TB screening since 2009. Influenza vaccination also dropped significantly although many people were already protected from the dominant 'Flu' strain as a result of last year's vaccination programme
- The H1N1 pandemic re-emerged as a problem much later in 2010 than in 2009 and the combined influenza vaccine of types A (85% of "Flu" cases) made vaccination more efficient. Most vaccination was carried out in the OHD although trained vaccinators carried out vaccinations in several areas such as E.D./ICU/ORIAN etc and they also assisted with the "Fit testing" of face masks. This means that a significant number of frontline staff (over 1000) are ready for any future outbreaks of other infectious diseases. OHD held extra clinics again to increase the uptake which was not as good as the previous year at about half the level.

Straightforward cases were vaccinated in the external areas but if there were any potential problems, they then attended the OHD. The ongoing target is to have 30% of all staff vaccinated which is the level where decrease in sickness absence and transmission to patient, occurs

- A new initiative was introduced whereby all staff members who had adverse incidents in the hospital were contacted by one of the 2 CNS's and were referred if appropriate, to the Occupational Health Consultant
- It is now possible to validate and follow up on all blood results on the EPR system with a direct link to the Viral Reference Laboratory, saving valuable time by cutting out phone calls and helping to make the department "paper-light"
- The OHD targeted evidence of immunity to Varicella (chicken pox) in doctors; though the vast majority (over 90%) is immune, there is no documented evidence of this in 48% of doctors and therefore this will be the focus of another audit for 2011

Internal Audit



Mr. Cathal Blake
Head of Department



The Internal Audit Department assists the Board, the Audit Committee and Management in the achievement of Corporate and Operational objectives and responsibilities by examining, evaluating and testing systems of internal control. Reports are produced which make recommendations as necessary, to improve and enhance the system of internal controls. Reports are produced which make recommendations as necessary, to improve and enhance the system of internal controls.

The Internal Audit Department also takes account of such factors as the economy, efficiency and effectiveness of the operations and systems under review, compliance with regulations and legislation as well as value for money.

The majority of the Internal Audit work centres around four main areas. These are payroll, income, non payroll expenditure and Human Resource areas.

On an annual basis the Head of Internal Audit consults with the CEO and the Audit Committee to discuss the work plan for the year ahead. The Internal Audit Department also liaises with the C&AG in regard to the audit plan as well. Other factors such as the outcome of previous audits, recent legislation or national issues may also influence the content of the Internal Audit Plan.

During 2010 Mr. Michael Donnelly retired as Chair of the Audit Committee and Mr. Pat O'Reilly has taken up this position.

2010 Audit Work

The main audit work undertaken in 2010 includes the following:

- Catering and cashless system audit
- LabMed Income audit
- Patient Income Audit
- Purchasing and accounts payable audit
- End of year stocktake 2009 audit
- Vending Machines Income audit
- Nurse Bank Audit
- Management Administration Payroll Audit

Follow up audits on the following reports:

- Catering cashless system report
- Absence management report
- Catering Payroll report
- End of year stocktake report 2009
- Taxi service report
- Vending machine income report

Information & Management Services (IMS) Department



Mr. Martin Buckley
IMS Manager
(retired during 2010)

Ms. Marie Sinnott
ICT Operations Manager

Ms. Annemarie Dooley
ICT Projects Manager
(commenced during 2010)

Mr. Finian Lynam
Management Information (MIS)

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.

Information Systems

St. James's continued to enhance its information, communication and technology framework throughout 2010. The implementation of electronic integrated systems and functionality is a key element in achieving efficient and effective services.

Enterprise Wide System major developments:

PAS-Clinicom

New module was implemented to integrate the emergency and inpatient admission functions. Enables a single seamless workflow between both functions providing a single view of the patients' journey, allowing it to be managed and measured.

EPR/PACS-Cerner Millennium

Hardware and software upgrade to PACS. This included a system architecture reconfiguration resulting in a further storage being made available for imaging.

Message centre functionality streamlined and enhanced, allowing for site wide availability of results to endorse this has allowed for the cessation of printed laboratory reports.

Additional clinical service referrals and orders implemented. Allowing one clinical service electronically order another service i.e. consultant referral, diagnostic, allied health etc. These are a main cornerstone of the EPR.

Clinical documentation capture and tracking was expanded some examples MDT's within oncology service; Fair Deal clinical document and tracking module; clinical documentation of telephone logs.

Laboratory-Telepath

Full server and database upgrade. Unsolicited results integrated into the EPR, giving visibility of both ordered and unsolicited laboratory results via the EPR.

Digital Dictation & Speech Recognition-G2

The system is continuously been rolled out, major area of adoption was within the OMEGA Directorate.

Document Imaging-Therefore

Large volume of historic patient records scanned into Therefore with full integration into the Cerner EPR thus allowing enterprise wide access as part of the patient clinical record.

SAP HR, SAP FI, SAP MM-SAP

Full client upgrade.

Electronic Time Capture-CORE

Full software systems upgrade allowing for expansion and additional functionality.

Directorate\Clinical System major developments:

National Haemophilia Clinical EPR-Clintech

System was expanded to Cork University Hospital. Enabling full access to the National Haemophilia EPR.

Vascular Clinical Information System-Vascubase

System upgrade. Included a full server\application upgrade with database migration.

Warfarin Clinical Information System-Dawn

System upgrade. Included a full server\application upgrade with database migration. Application is now totally web based with general practitioner access.

Quality Assurance System-QPulse

System upgrade. Included a full server\application upgrade with database migration.

Security Access System-ACT

System upgrade. Included a full server\application upgrade with database migration.

Catering System-Delegate

A replacement of an old system. Allows for full patient menu recording, service and planning. As it is fully mobile it allows the recording of the patients' menu choice on a mobile device at the bedside giving instant availability to the kitchen and clinical nutrition.

ICT Infrastructure

Network

The IMS Network team continued to enhance and manage the hospital's extensive integrated voice/data network, serving over 3,000 end-users.

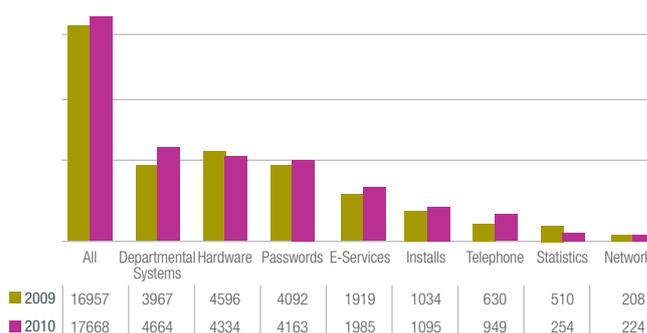
The wireless network was further enhanced with additional devices including handheld devices and mobile carts being deployed throughout the hospital. We expanded and upgraded the extensive fibre backbone across the campus adding extra resilience and improved bandwidth to key areas.

The IPT ARC console was upgraded (hardware and software) improving the efficiency of the switchboard. The voicemail system was also upgraded, again hardware and software. This allowed additional IVR's to be deployed across the hospital improving communications.

Server Management

Continued investment in the ICT server infrastructure including expansion on the virtual server, data storage SANs and the IT Communication rooms. Ongoing improvements are being applied to provide increased security and protection for the data.

Helpdesk – There were over 17,668 calls logged in 2010 in comparison to 16,957 in 2009 a slight increase in calls. A breakdown of these calls can be seen in the graph below.



Response time to IMS Helpdesk Calls 2010

Year	No. Calls	0-2hrs	2-4hrs	4-24hrs	24-72	72hrs+
2010	17668	13745	444	1777	870	832
2009	16957	13280	386	1669	907	715

Departmental Server System availability

2010	% System Availability
	99.99%

Email – In 2010 unsolicited email was managed very successfully by our Ironport security infrastructure. 95% of email sent to St. James’s Hospital was SPAM. Our valid email count was 1.4 million.

Security

In 2010 the Hospital had no loss of service due to security threats. This success can be attributed to robust security mechanisms proactively managed by staff.

Web

The Hospital’s Website (www.stjames.ie) continues to provide up to date information targeted to its key audiences. This information has steadily grown throughout 2010 and aims to benefit all its stakeholders. The current usage of the website is:

- 238,482 individual visitors to the site – an average of 653 per day with 62% of those being new visitors
- Total number of pages viewed 1,039,114 – an average of 2,847 per day

The Top 5 Pages viewed throughout the year were as follows:

- Careers – Career Opportunities
- Getting here
- Maps & Directions
- Visiting Hours
- Hospital Appointments

The Hospital’s intranet continues to be a key source of up-to-date information & communication portal for staff, with over 27,000 page views per day. The interactive element of the site also continues to grow with new forms developed and 66,521 online submissions completed during the year a 19.3% increase on 2009.

Management Information Services (MIS)

Data-Warehouse Reporting – Throughout 2010 the management information service provided key support to many operational and strategic initiatives, including: Waiting lists; ED utilisation; OPD capacity planning; HSE-BIU, Patient Level Costing, HSE-Healthstat; Casemix.

The increasing requirement to measure performance and outcomes for both, internal management and external agencies, both on an ad-hoc and scheduled basis, has led to an amplified dependency on both the core data warehouse and its client delivery portal. The data warehouse framework is constantly being extended and now encompasses data covering all major aspects of hospital activity, major inclusions were, an emergency-bed management workflow module, an allied health workload measurement module and an integrated radiology data mart.

The MIS information portal has been a key resource to manage this demand. This portal provides easy-to-use functionality, and enables the authorised end-user to access the data warehouse and analyse the latest information in real-time. The inclusion of information alerts based on key parameters, has enabled timely delivery of key business information.

Systems Integration – The integration service continues to manage and develop a wide range of operational interfaces for key systems as they are implemented, such as the EPR, PAS, Laboratory, HealthLink, G2-Digital Dictation, Carevue, Diamond, Dawn, Adam, Claims, etc. Many of these were enhanced throughout 2010. Additional new key interfaces added through the year were Catering System and HealthLink GP referrals for certain clinical services. This integration service is key, in the development and maintenance of the Data Warehouse. New information captured by operational systems, which was feasible to be integrated, was interfaced to enable data to be extracted and loaded into the central warehouse.

Clinical Coding – The Clinical Coding service continued its programme to improve accuracy, quality and timeliness. These changes were focused on several key clinical areas and as a result the quality measured by accuracy and completeness have increased significantly. This was achieved by continuous audit and clinical engagement. Timeliness remains at 100% completed within three months and 95% complete within 6 weeks. As this service underpins many performance, planning and research programmes, the on-going process of quality improvement and efficiency will continue.



Services Division Reports

CResT



Dr. Finbarr O' Connell
Clinical Director

Ms. Catherine Tobin
Nurse Manager

Ms. Patricia Malone
Business Manager

Introduction

The CResT Directorate was one of the first directorates established at St. James's and comprised of three specialities, Respiratory Medicine, Cardiology and Cardio Thoracic Surgery.

The three specialities closely interlink to provide a comprehensive services to patients with heart and lung disease.

The directorate continued to expand during 2010 with a number of key appointments and service developments which have contributed to the process of continuous improvement and expansion of the patient centred care programs delivered within the directorate.

Nursing

The Assistant Director of Nursing (ADON) in CResT Mary Foley retired in September 2010, Mary worked at St. James's for 20 years, during that time she introduced many innovative nursing programs and worked tirelessly to develop nursing strategies within the directorate.

3 annual nursing conferences were facilitated by CResT during 2010:

- National Cardiothoracic Study day-Innovations in Heart Valve Surgery
- National COPD conference
- 8th Live PCI conference



Cardiology

- The cardiology speciality at St. James's provides and interventional and non-interventional service. There are 5 full time consultant cardiologists at St. James's providing services on an outpatient, inpatient and day case basis
- Cardiology services are provided on a supra-regional service to patients from South Dublin, mid-Leinster and North West region
- St. James's Hospital has 2 cath labs and during 2010, 4870 procedures were carried out which translates into a 3% increase on 2009
- The total number of cases includes 43 Transcather Valve procedures, this is the second year of this program where patients who are deemed high risk surgical candidates have their valve procedure performed percutaneously in the cath lab

- Health promotion is an integral part of the cardiology services at St. James's and two key elements of this are the Smoking cessation service and the Cardiac Rehab programme
- The Smoking Cessation service provide education and training to clinical staff throughout the hospital as well as patients. The service has a six week programme which is focussed on patients who have presented at St. James's during 2010, 88 patients attended the programme

The Cardiac Rehab programme

The Cardiac Rehab programme at St. James's offers secondary prevention education and support to patients after a cardiac event. The service is nurse coordinated with a multi-disciplinary approach.

Their programme consists of 3 phases, in the first phase the Co-ordinators visit and educate post cardiac episode

patients, 526 patients were seen in phase 1 of the programme in 2010. The second phase of the programme takes place post discharge where patients are reviewed at a cardiac rehabilitation outpatient clinic.

The third phase of the programme consists of an exercise programme designed specifically for patients who are post cardiac episode. There are a number of different types of programme aimed at specific patient cohorts.

Cardio Thoracic Surgery

The Cardio Thoracic surgical unit at St. James's opened in 2000 has four Cardio Thoracic surgeons and an experienced dedicated multi-disciplinary team delivering expert surgical care both pre and post procedure to patients from throughout Ireland.

Mr. Ronan Ryan was appointed as the fourth permanent Cardio Thoracic surgeon. Mr. Ryan's sub-speciality is Thoracic Surgery.

The unit experienced a significant growth in the numbers of patient attending for Thoracic surgery in the last number of years, this is the principle curative treatment for patients with lung cancer.

In 2010, 199 lung resection were carried out in the unit, this is approximately 50% of the national caseload. In total 474 surgical thoracic procedures were carried out at St. James's.

St. James's Hospital lung cancer programme has developed in line with the National Cancer Control Programme's development strategy for cancer treatment nationally. As St. James's is now one of the dedicated centres for lung cancer, a strategic link has been established with Beaumont Hospital in Dublin. A Cardio Thoracic surgeon from St. James's attends the multi-disciplinary team meeting at Beaumont Hospital. Patients referred for surgery have their surgical care carried out at St. James's and following this are referred back to Beaumont for their follow on treatment.

The Keith Shaw Unit at St. James's remains one of four cardiac surgical centres in Ireland. In 2010, 412 Cardiac Surgical procedures were carried out at St. James's on both elective and non-elective cases.

Cardiac surgeons from St. James' accept referrals from a supra-regional catchment area and attend cardiology conferences in a number of referring hospitals including Adelaide Meath and National Children's Hospital (AMNCH).

Respiratory Medicine

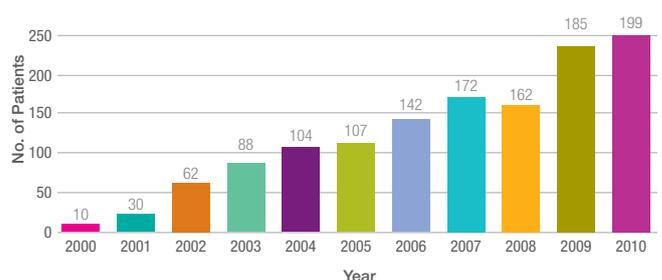
- The Respiratory Medical speciality provides services to patients presenting to St. James's with a wide spectrum of Respiratory related illnesses
- The speciality has five specialist consultants four full-time clinical posts and one dedicated research position
- Dr. Joseph Keane is currently directing a clinical research programme at Trinity College, this programme is at the forefront of research into study of Tuberculosis and Lung Cancer staging. The department and patients benefit significantly from this direct access to the most up to date research presenting the opportunity to translate the findings into clinical practice
- The Respiratory Consultant group have a team approach to patient care and work within the respiratory multi-disciplinary framework. The outpatient, day case and inpatient caseload is managed by the Consultant team to ensure quick and appropriate access and treatment for patients
- The Respiratory speciality has an innovative approach to patient care which is evident in a number of initiatives including the Respiratory Assessment Unit (RAU) and the NIV programme on John Houston ward
- John Houston ward is the inpatient respiratory ward at St. James's. The ward provides a non-invasive ventilation service for patients with COPD, heart failure and a various respiratory illness. This service which is now in its 10 year was established as a pilot project. The graph below demonstrates the growth in the numbers of patients receiving this treatment

Non-Invasive Ventilation at St. James's Hospital

Pilot Data 2000–2010

Numbers are increasing steadily each year (Figure 1).

Non Invasive Ventilation





The Respiratory Assessment Unit

The Respiratory Assessment Unit (RAU) continued to provide a comprehensive service to patients with non-malignant lung diseases in 2010. While the staff maintained provision of established programmes, areas of service development for 2010 include:

- Two community pulmonary rehabilitation programme run jointly with PCCC colleagues
- Long Term Oxygen Therapy (LTOT) follow up home visits
- Capacity development of supportive care programme for patients with advanced disease including direct referral to Our Lady's Hospice & Care Services through the establishment of formal links between the services
- There was an increase in patients seen in the Clinical Physiotherapy Specialist clinic (35%), Clinical Nurse Specialist clinic (24), LTOT clinic (26%) and Mantoux clinic (46%) compared to 2009
- Initiation of a Pneumovax vaccine clinic
- RAU services information leaflets were developed in order to highlight the unit's activities to GPs, hospital staff and patients

In line with the Respiratory Medicine's departmental commitment to research the team's research program continued with a poster presentation at ERS in Barcelona, one oral presentation and three poster presentations at ITS in Cork, winner of best nursing poster presentation at ITS 2010, runner up prize for best poster presentation at NCNM 2010 Dublin & the organisation of National COPD Conference October 2010.

TB Program

The TB service at St. James's Hospital was established in 2004 upon the closure of the TB services in Peamount Hospital. Since 2004 an interim service has been in operation pending the construction of a dedicated clinical Tuberculosis National Unit. The TB multi-disciplinary team treat inpatients and outpatients. The number of patients treated with TB remained unchanged in 2010. The service has access to 3 protected isolation rooms in Hospital 5 Unit 2 for infectious patients.

The directorate team continue to work with the CEO to improve the service for patients with TB. The provision of the specialised TB unit will improve the services available to patients and impact on national TB outcomes. The directorate is looking forward to the next stages of the planning and commissioning process.



Prof. Kenneth O'Byrne
Clinical Director

Ms. Suzanne Roy
Business Manager

Ms. Margaret Codd
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.

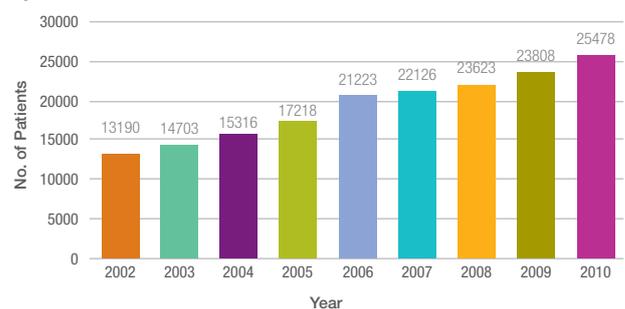
Service Trends

During 2010, the Directorate activity increased in both the inpatient and daycare setting.

Haematology Oncology Daycare

The Haematology Oncology Daycare Centre experienced a 7% increase in attendances. This majority of this increase was in the haematology service, as a result of the increase in transplant activity. This is detailed in the graph below.

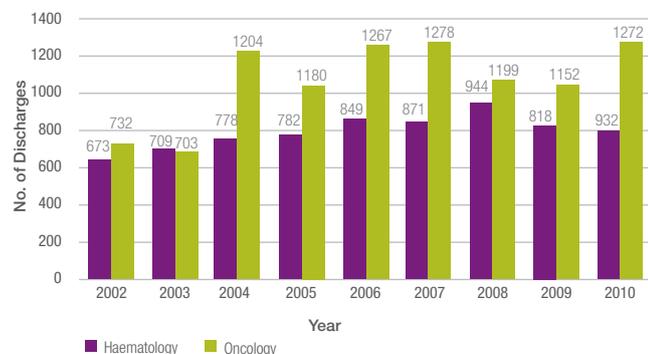
Daycare Attendances 2002-2010



Inpatient Activity

In terms of in-patient activity, activity returned to levels seen in previous years. This is demonstrated in graph below.

Discharges by Speciality 2002-2010



Haematology

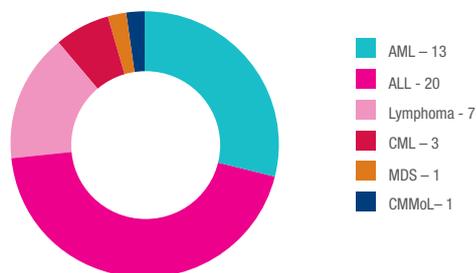
Dr. Paul Browne was appointed to the post of Professor of Haematology, at Trinity College, Dublin. Dr. Patrick Hayden joined the consultant staff in June 2010. Dr. Hayden worked both internationally and nationally during his medical training and brings a wealth of experience to the consultant team. Dr. Hayden's area of special interest is Multiple Myeloma. He is also the medical director of the Stem Cell Programme. During 2010 the transplant team successfully completed the first double cord transplant.

The Bone Marrow Transplantation Programme

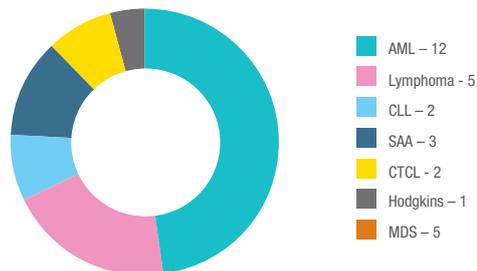
Activity for 2010 is outlined in the following graphs and charts:

St. James's Hospital total transplant programme 1990 - 2010

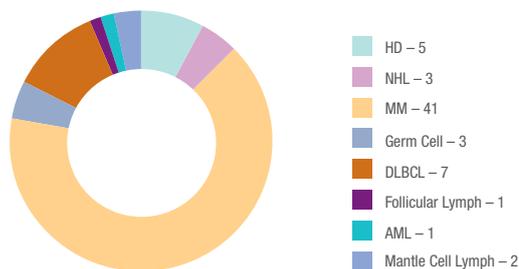
Standard Haematopoietic Stem Cell Transplants in 2010 by Disease Indication



Reduced Intensity Bone Marrow Transplants in 2010 by Disease Indication



Autologous Bone Marrow Transplants in 2010 by Disease Indication



Medical Oncology

Dr. John Kennedy was appointed Chair of the Medical Board in St. James's Hospital. Dr. Deirdre O Mahony was appointed chair of the Head and Neck clinical study group at ICORG and clinically led a successful trial in the use of ambulatory pumps for combination chemotherapy. Professor Kenneth O'Byrne continued his chairmanship of the highly successful British Thoracic Oncology Group (BTOG). Dr. Dearbhaile O'Donnell took over the post of programme director in the Cancer Clinical Trials Unit.

Palliative Care

Mr. Rory Wilkinson continued to progress with nurse prescribing within Palliative Care and was clinically supervised by Dr. Liam O Siorain, Consultant in Palliative Care Medicine.

Radiation Oncology

Building work and the clinical integration of the Radiation Oncology facility on site continued in 2010 with a proposed opening date of April 2011.

Cancer Clinical Trials Consortium

Dr. Dearbhaile O'Donnell Programme Director
Professor John Reynolds Scientific Director

Ingrid Kiernan
 Clinical Trials Manager

The Cancer Clinical Trials Office (CCTO) administers clinical trials at SJH, 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.

Staff at the Cancer Clinical Trials Consortium Office

The office currently employs 3.0 WTE data managers, 1.0 WTE Clinical trials pharmacist, 1.0 Clinical Trials Manager and 5.75 WTE research nurses.

Cancer Clinical Trials Programme 2010

2010 was a very productive year for the clinical trials office at the hospital. 62 patients were recruited onto oncology/haematology clinical trials and 139 patients onto translational research studies. Trials continue 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, ovarian cancer, lymphoma and chronic myeloid leukaemia.

National Centre for Hereditary Coagulation Disorders (NCHCD)

Molecular Biology Laboratory

In addition to the mutation and carrier analysis of factor VIII deficiency and factor IX deficiency, in 2010 the Molecular Biology Laboratory of the NCHCD continued to expand its profile of laboratory tests to include the full analysis of the complex VWF gene for patients with von Willebrand Disease (VWD). The laboratory also participated in drawing up European Guidelines in Genetic testing of VWD, as part of a number of publications.

Psychology

Sarah Jamieson, Clinical Psychologist moved to pastures new and was replaced by Patricia Byrne. Ms. Jamieson contributed enormously to the service and was a valued member of the haemophilia team.

Dental

The dental service continues to function effectively, especially with the addition of relevant consult requests from Haem/Onc on EPR. There is a weekly dental hygienist service, which is instrumental in preventative treatment. The sedation clinic covered by both Dr. Alison Dougall and Prof. Leo Stassen has prevented admissions for dental procedures. These procedures are now performed as daycases in the NCHCD.

Nursing Report

A number of new nursing appointments occurred in HOPE Directorate during 2010. Ms. Karen Boyle was appointed CNM2 on Walter Stevenson's Ward and Ms. Julie Benson as CNM1. Ms. Lynda Irwin was appointed Clinical Facilitator for the post graduate Diploma programmes in Haematology and Oncology Nursing. During her time Ms. Irwin.

In 2010 the nursing service within the NCHCD advanced to provide a new Nurse Led Out Patient Clinic for Management of Patients with DVT's. There was a successful pilot program in the use of hand held devices for our home treatment patients, allowing us to ensure safe and effective use of factor concentrate.

Evelyn Singleton successfully completed a Masters Degree in Quality & Safety in Healthcare. Alison Dargan represented the NCHCD at the World Federation of Haemophilia in Buenos Aires with an oral presentation on 'Self-Management in Chronic Illness'. Catherine Reilly set up the near patient testing program for anticoagulation patients, with over 200 patients now testing their INR blood levels at home.

Ruth Hunter Nolan commenced her position as Quality Assurance Officer and continues to evolve her role on a National basis with the Coagulation Centre, Cork University Hospital and Our Lady's Children's Hospital, Crumlin.

Nurse Prescribing

As part on the nurse prescribing initiative within the hospital, seven nurses in the HOPE Directorate have either completed or are in training to become a nurse prescriber.

Nurse Education

Many programmes have been established over the past few years and continued through 2010

- The two day Coagulation Course
- The four day Haematology Course
- The four day Oncology Course
- Post Graduate Diploma in Haematology and Oncology Nursing

MedEL Directorate



Prof. Davis Coakley

Clinical Director
(retired August 2010)

Professor J. Bernard Walsh

Clinical Director
(commenced August 2010)

Ms. Carol Murphy

Business Manager

Ms. Nuala Kennedy

Nurse Manager
Retired Feb 2010

Michelle Carrigy (acting)

Nurse Manager
(commenced February 2010)

Introduction

The Department of Medicine for the Elderly has admission, rehabilitation and continuing care wards and a day hospital which provides medical and rehabilitation services to patients on a day attendance basis. It has a busy and comprehensive out-patients department and also provides a range of specialised ambulatory care clinics.

Research of national and international importance in the field of ageing continued this year in the Mercers Institute for Successful Ageing.

Developments in 2010

2010 was a very eventful year for the Medicine for the Elderly Department:

- The planned new Centre of Excellence for Successful Ageing has seen significant further developments
- The development and launch of a new web site for Mercer's Institute for Successful Ageing (MISA)
- Professor Davis Coakley finished his term as clinical director and Professor J. Bernard Walsh commenced his second term in September 2010
- Assistant Director of Nursing, Nuala Kennedy retired in February 2010. The Directorate would like to pay tribute to her phenomenal contribution and commitment to patients, staff and to the hospital
- The Directorate continues to grow in activity with all services including, bone health, stroke, memory, falls and syncope

- Major research projects continue to expand and develop with new research grants being awarded
- Dementia Services Information and Development Centre continued to expand and develop during the year

New Centre of Excellence for Successful Ageing

The Department of Health & Children and Atlantic Philanthropies both confirmed their commitment to building our new Centre. Ms. Mary Harney, Minister for Health & Children made the official announcement of the development of the New Centre at a ceremony in the Hospital Board Room on May 17th 2010. The new proposed centre has been renamed The Mercer's Institute for Successful Ageing.

When the New Centre is completed it will contain the current in patient wards, the outpatient department and ambulatory clinics of the Department of Medicine for the Elderly.

The plan for this new innovative Centre will confront many of the most serious challenges surrounding ageing. Apart from providing state of the art clinical facilities, the Centre will also incorporate research, training and educational facilities.

MISA web page development

2010 saw the development and launch of a new web site for the Mercer's Institute for Successful Ageing (MISA). The site will encompass the clinical, research, training and creative strands of the Institute's remit. (www.misa.ie)

Professor Davis Coakley's Festschrift

During the year Professor Davis Coakley took early retirement from his hospital consultant post but is continuing his Trinity College position and remains Chairman of the Steering Group of the Mercer's Institute for Research on Ageing. A Festschrift was held on September 17th 2010 to pay tribute to the phenomenal contribution he has made to patients, to staff, and to the hospital over the period of his tenure at St. James's Hospital. There was special emphasis on his outstanding commitment to the establishment and evolution of the Mercers Institute for Research on Ageing and to the development of the Centre of Excellence for Successful Ageing at St. James's Hospital.

Clinical Service Developments

Stroke Service

The stroke service has seen continuing developments in its clinical and research activity in 2010. The stroke service cared for 275 in-patients in 2010 and 1200 outpatients who presented with early stroke symptoms. Dr. Joe Harbison has been appointed the National Lead on Stroke Services.

2010 has been an exciting year for stroke research in St. James's Hospital. This year has seen the commencement of a 3 year HRB funded project which will investigate a relationship between infarction in the borderzone regions of the brain and neurocardiovascular instability.

Bone Protection and Osteoporosis Treatment Unit

The Unit continued to be very active in both the diagnosis and clinical management of patients with osteoporosis. In 2010, a total of 973 patients were seen in these clinics, which is a 20% increase from the previous year. A comprehensive assessment on all patients is performed which includes risk factors for osteoporosis, risk factors for falls and advice on diet, lifestyle modifications and education on treatment.

We were also involved in local, national and European studies on bone health and osteoporosis.

Falls and Blackout Unit

The Falls and Blackout Unit has seen the number of patients treated increase for 1259 in 2006 to almost 3000 in 2010. All patients who attend St. James's Hospital with unexplained blackouts are seen in the Unit which also provides an ambulatory 24hr blood pressure and ECG monitoring service. The Falls and Blackout unit allows for a detailed investigative work-up of patients negating the need for admission to hospital. The Unit has a very close working relationship with the Medical Physics and Bioengineering Unit and with Technology Research and Independent Living clinics.

In 2010 a remote monitoring system for Implantable Loop recorders was established. This service provides a facility where patients can send heart recording via a telephone line for immediate review by nursing and medical staff, thereby reducing the number for hospital visits for these patients.

Mercers Institute for Research On Ageing (MIRA)

Research of national and international importance in the field of ageing continued this year in the Mercers Institute for Successful Ageing.

Memory Clinic

The Memory Clinic has been very active in 2010 with more patients being seen earlier in their illness. This increases the possibility of identifying treatable causes of a patient's cognitive deficit. In the clinic on going work is being undertaken to look at best methods of family support in patients with dementia. We are also studying younger patients with early onset neurodegeneration and continuing our work on autobiographical memory.

Technology Research for Independent Living (TRIL)

The IDA and Intel Technology Research for Independent Living Project has its main clinical centre based in the Mercer's Institute for Research on Ageing. TRIL's mission is to discover and deliver technology solution which will support independent living. There were 314 clinical and home assessments in 2010 and over 400 telephone interviews as part of the longitudinal follow up to the original 600 participants.

In 2010 TRIL moved to a paperless gathering of clinical data using rugged medical touch screen tapper computers.

TUDA Study

TUDA is a large collaborative study involving Mercer's Institute for Research on Ageing, Trinity College Departments of Gerontology, Old Age Psychiatry and Biochemistry. To date over 1700 patients have participated in the study. The aim is to create a national genotype/phenotype database with certain age related disease.

The Irish Longitudinal Study on Ageing (TILDA)

The Irish Longitudinal Study on Ageing (TILDA) is a major initiative which will provide high quality research relating to older people and ageing in Ireland. A nationally representative sample of 8,000 to 10,000 adults aged 50 and over, resident in Ireland are being selected for the study. Prof. Rose Anne Kenny is the driving force behind this study from the beginning. By the end of 2010 7,828 of the 8,000 respondents had been recruited, Centres are based both in Dublin and Cork. A TILDA report was published in 2010 detailing its study objectives as well as study design. This document is available on the TILDA website (www.tcd.ie/TILDA).

The Dementia Services Information and Development Centre (DSIDC)

Introduction

In 2010 the Centre continued to make progress with its first three-year strategic plan. Now in the second year of the plan the Centre is operating over and beyond its projected targets. The year saw a number of important achievements particularly in the areas of promotion, awareness, education and research.

Promotion of awareness of dementia

Our Spring Synapse Research Seminar was attended by 108 participants and started with the official launch by Minister Aine Brady of the Living with Dementia Programme.

The Autumn Conference was attended by 130 participants. The theme for the conference was design and dementia. It brought together many expert speakers who provided a deeper understanding of pertinent issues in relation to the environment and dementia.

"A Practical Guide to Daily Living for Family Caregivers" a publication developed by Dr. Suzanne Cahill and Vanessa Moore was launched at the conference by Mr. Noel Mulvihill, Assistant National Director for Older Persons Services, HSE. This booklet provides practical information for family caregivers of people living at home with a cognitive impairment or a dementia to help them to better cope with the day-to-day choices and dilemmas they may confront.

DSIDC staff also participated in national and international networks including:

- The Ageing Well Network
- The National Dementia Strategy Group
- The DSDC network
- The Social Workers Special Interest group on Ageing
- The National Educational Dementia Group
- The Dementia Strategy Planning Group Laois/Offaly

Education

- The DSIDC Education Service expanded its modules and during 2010 offered a diversified range of courses. Earlier in the year a new Education Brochure was produced and widely disseminated through our e-contacts database and is also available to download from our website.
- In 2010, 160 separate dementia specific education or information sessions were provided and a total of 1887 individuals attended these sessions throughout the country during the year. This was achieved despite a shortage of resources in many institutions, which limited funding for participants to travel to attend courses.
- During 2010 three new courses were developed and delivered namely (i) "Communicating with the Person with a Dementia", (ii) "Management and Leadership in Dementia Care" and (iii) "Caring for the Person with Dementia in the Acute Care Sector".

Research

During 2010, the Living with Dementia Programme (LiD) funded by The Atlantic Philanthropies continued to deliver on its research commitment in the area of the psycho-social aspects of dementia. A total of 20 scientific research papers were presented by LiD students and staff during 2010 at national and overseas conferences and seminars.

During the year, two Masters students whose internships took place at LiD, completed their dissertations on dementia-related topics.

The fieldwork for the CARDI funded (North-South) project on the topic of end of life care and dementia was completed during 2010. A report containing guidelines for end of life care for people with dementia living in nursing homes has been produced and can be downloaded from our websites.

During 2010, LiD in collaboration with the Centre for Social Gerontology in Galway was successful in being awarded a grant through the Atlantic Philanthropies to undertake the evidence-based research required to identify the key priorities to be included in the Government's development of an Irish National Dementia Strategy.

SaMS Directorate



Prof. Colm Bergin
Clinical Director

**Ms. Sharon Morrow/
Ms. Jennifer Fehigan**
Business Manager

Ms. Sharon Slattery
Nurse Manager

Introduction

The SaMS Directorate encompasses nine specialties, including 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.

Directorate Developments in 2010

The Directorate continues to grow in activity with all services reaching their activity targets for 2009.

- Ms. Sharon Morrow was seconded to the HSE as Programme Manager for the development of the National Clinical Programmes. Professor Louise Barnes, Dr. Colin Doherty and Professor Colm Bergin, were selected as the Clinical leads for the National Clinical Care Programme related to their specialties
- Focussed exercise to update SOP's and standardise practices across the Directorate was successful, this also included the creation of KPI's
- Initiative to capture CNS activity on EPR was successfully implemented
- Voice recognition continued its roll out

Staff Developments

- Ms. Jennifer Feighan was appointed Business Manager in August 2010

Directorate Activity

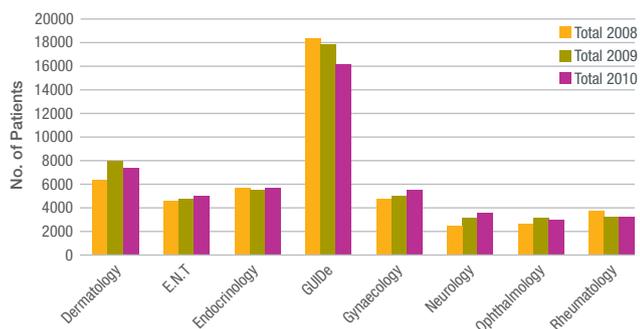
Outpatient Services

The total attendance rate for SaMS Directorate Out-patients services:

SaMS Directorate Activity	2008	2009	2010
Dermatology	6309	7927	7366
E.N.T.	4562	4702	5023
Endocrinology	5621	5465	5724
Guide	18461	17894	16267*
Gynaecology	4982	5290	5738
Neurology	2530	3291	3698
Ophthalmology	2732	3268	3080
Rheumatology	3838	3352	3339
SaMS Total	49035	51189	50235

* Drop in activity reflective of improved work practices and a reduction in the number of return patients seen.

Total number of Patients Attending OPD



In-patient Services

St. John's Ward, Victor Synge Ward and Hospital 5 Unit 3 provide in-patient care. The 'red apron' project, as part of the organisational safe medication administration programme was successfully rolled out across the Directorate. St. John's Ward is the SJH surgical clinical lead for HfH (Hospice Friendly Hospital) initiative, which promotes standards of excellence in end of life care.

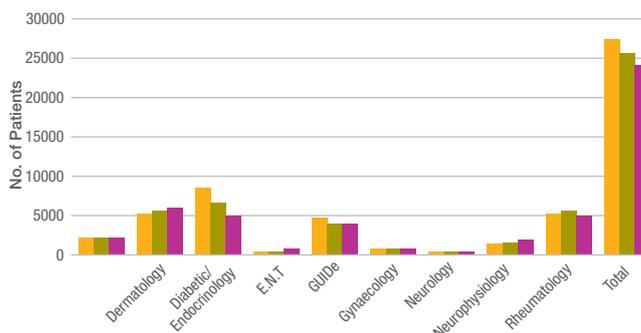
Victor Synge was facilitated by the Clinical Support Nurse in the development of clinical competencies for the management of Dermatology, Endocrinology and Rheumatology patients.

Day Ward Services

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

The day/ward clinic attendances per department were:

Speciality	Total 2008	Total 2009	Total 2010
Dermatology	5283	5671	5761
Diabetic/endocrinology	8566	6435	5064
ENT	250	269	308
Guide	4705	4036	4041
Gynaecology	500	461	495
Neurology	144	150	180
Neurophysiology	1,286	1,535	1,614
Rheumatology	5,454	5,672	5,063
Total	27,354	25,773	24,330



Discharge Lounge

The Discharge Lounge supports the provision of a timely discharge facility, thereby ensuring an expedient admission process for the clinical areas. 30% of appropriate discharges utilised the Discharge Lounge.

Dermatology

Professor L. Barnes was appointed Dermatology Clinical lead to the Directorate of Quality and Clinical Care, HSE.

The Dermatology Department continues to provide an excellent service across a range of services, including Mohs Micrographic Surgery (MMS), which is led by Dr. P Ormond. In 2010, 2197 patients attended Dr. Ormond of which 118 were MMS.

The EB team, led by Dr. R Watson, continues to provide dedicated individualized care to adult patients with Epidermolysis Bullosa.

Endocrinology

The diabetic service continued to expand and provide highly specialised care for a growing cohort of patients. The service continues to provide specialised and tertiary services in areas such as insulin pump therapy and retinal screening. Dr. Siobhán McQuaid was replaced by Dr. Mansud Hatunic as Locum Endocrinologist in August as Professor Nolan continued his research programme. Professor Nolan resigned

in December following fifteen years of service to become CEO and Head of the Steno Diabetes Centre in Denmark. The MDT Diabetic Foot clinic commenced, leading to a reduction in length of stay and admission avoidance for many Diabetic patients. Dr. Marie Louise Healy, in collaboration with the ENT Surgical Services, continues to provide a comprehensive and committed thyroid oncology service. This service provides care for approximately 70% of patients diagnosed with thyroid cancer in the Republic of Ireland.

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

The E.N.T Service provides a local, regional and supra-regional service for patients with head and neck cancer.

Dr. Mark Rafferty resigned as E.N.T consultant in December.

There were 224 new head and neck cancer diagnoses.

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.

Initiatives undertaken, included the expansion of community links for sexual health services, integrated training and service provision with primary care and the development of a departmental Quality Initiative in partnership with Abbott. The commencement of an EPR programme to include electronic prescribing, which will be the beginning of a pan hospital e-prescribing initiative.

Professor Bergin and Dr. Clarke were appointed as National and Regional Leads respectively for HSE Outpatient Parenteral Antimicrobial Therapy (OPAT) programme.

Prof. Fiona Mulcahy and Prof. Colm Bergin continued as National Specialty Directors, RCPI for their respective specialties; Genito-Urinary Medicine and Infectious Disease.

Sile Dooley, and Grainne Kelly were successful in obtaining registered nurse prescribing certificates.

GUIDe Outpatient Activity

Description	New	Return	Total
HIV service attendances	178	3,888	4,066
STI service attendances	6,236	2,722	8,958
Infectious Diseases outpatient attendances	101	568	669
Young Persons service attendances	236	237	473
HIV-Hep C outpatient attendances	5	1,175	1,180
New Fill attendances	3	58	61

Description Contd.	New	Return	Total
Day Ward attendances	316	820	1,136
Results/Nurses Clinics attendances			1,346
Vaccination attendances	663	2,254	2,905
Phlebotomy service attendances	206	618	824
Total Outpatient Activity	7944	12,340	21,618

Gynaecology

Gynaecological Oncology Service provides a local, regional and supra-regional service for patients with gynaecological cancer. There were 280 new gynaecological cancer diagnoses in 2010. 1,090 patients reviewed through MDT.

Dr. Katherine Astbury resigned in December to move to Galway University Hospital.

Margaret Walsh (Urodynamics CNS) retired following many years of dedicated service, The Directorate would like to thank Margaret for her contribution and commitment and wish her every success in her future endeavours.

Clinical Neurophysiology

The Department of Clinical Neurophysiology offers a range of electrodiagnostic investigations. These include Nerve Conduction Studies (NCS), Electromyography (EMG), Electroencephalography (EEG), Somatosensory Evoked Potentials (SSEPs), Brainstem Auditory Evoked Responses (BAERs) and Visual Evoked Responses (VERs) and botulinum toxin injection. Dr. Yvonne Langan joined the team as Consultant Clinical Neurophysiologist in February 2009 and has since established an ambulatory EEG and a short video telemetry service. Dr. Aoife Laffan joined the department as research fellow in 2010 and is conducting research into baoreflex sensitivity in those with epilepsy and its role in sudden unexpected death in epilepsy. This work is sponsored by Brainwave.

Neurology

The epilepsy service continues to provide a widely recognised innovated service for epilepsy patients, encompassing new technology such as health link. Dr. Doherty was appointed the National Clinical lead for Epilepsy within the Directorate of Clinical Strategy & Programmes, HSE. St. James's Hospital will be the regional epilepsy centre for the Dublin Min-Leinster region. It is planned that a team of five clinicians will deliver care throughout this region as part of the National Epilepsy care programme.

The Neurology Department continues with its ongoing research in Epilepsy, Multiple Sclerosis, bone disease and immunomodulators including: Bone disease follow up in MS and a case controlled study of bone density in Parkinson's disease.



Ophthalmology

The Ophthalmology Department continues to provide an interdisciplinary service that supports all the specialties in St. James's Hospital. The collaborative approach to patient care by the Endocrinology and Ophthalmology service allows for the early detection of diabetic eye disease. The digital Diabetic Screening Service provides an appropriate review of all diabetic patients attending the hospital and also some from the surrounding area and constitutes a large proportion of work for the ophthalmology service. All diabetic patients attend annually for screening.

Rheumatology

The Rheumatology service incorporates:

- a specialised arthritis out-patient based service
- a tertiary referral connective tissue service in collaboration with Immunology and Dermatology
- a weekly early arthritis clinic
- a procedure clinic in the Rheumatology Day Centre
- a daily in-patient consult service
- a specialised physiotherapy/occupational therapy service
- a specialised consultant-delivered teaching programme in rheumatology
- a dedicated research programme

In January 2010, Dr. Barry O'Shea started work as Consultant Rheumatologist/General Physician, job-sharing with Dr. Doran. The Department showed an increase in activity for both new and return patients, NTPF excluded. Dr. Kidney provided support on the Internal Medicine service for Dr. Cunnane who continued in her national roles as President of the Irish Society for Rheumatology and National Specialty Director for Rheumatology. Dr. Cunnane also maintained her role as Intern Tutor and Director of the Post-graduate Centre at St. James's Hospital. Dr. O'Shea took on the position of representative of the Dublin-Mid-Leinster area on the newly formed HSE Rheumatology Advisory Group. He continued to be an active member of the Assessment in Ankylosing Spondylitis (ASAS) Group, an international society of researchers in the field of spondyloarthritis.

The Rheumatology Research Programme continued its strong programme with further publications and presentations at national and international meetings. Dr. Laura Durcan joined the department as research SpR studying the role of exercise in inflammatory arthritis, while Dr. Barry Sheane started the analysis and write-up of his PhD work before returning to full-time clinical duties.

GEMS Directorate



Dr. P.W.N. Keeling
Clinical Director

Ms. Siobhán Donnelly
Nurse Manager (acting)

Mr. Kevin Burke
Business Manager

Introduction

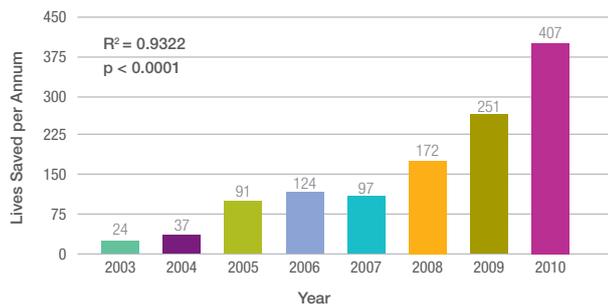
The GEMS Directorate comprises Gastro-intestinal Medicine and Surgery, General Medicine including Hepatology, Renal Medicine, Urology, and General Surgery.

Acute Medical Admission Unit (AMAU)

The Acute Medical Admission Unit (AMAU) is a designated area which receives acutely ill medical patients 24/7. The objective of the AMAU is to facilitate a high quality admission process, it is staffed by a dedicated team who take a proactive approach to patient management from the point of entry into clinical care emphasis is on early diagnosis backed by prompt investigation and treatment, supported by early discharge planning.

Since its establishment in 2003, there has been a 60% reduction in the risk of a hospital death associated with an emergency medical admission. Early readmissions within one month, another quality marker, have also approximately halved over the period to 2010.

Mortality 2002 – 10



The graph above shows an estimate of the annual number of lives saved, based on audit of our emergency admissions to medicine database.

Breast Care Department

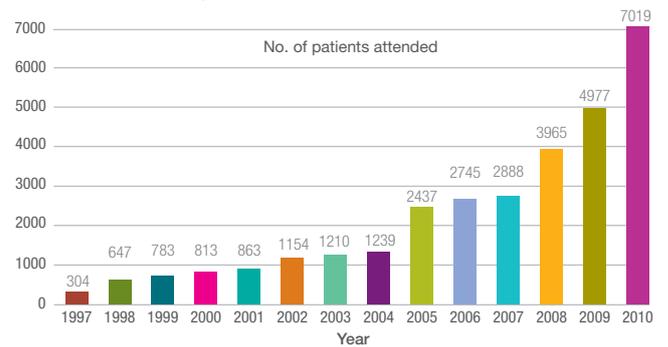
St. James’s Hospital Breast Unit was designated as one of the eight specialist centres for Symptomatic Breast Disease Services in Ireland by the NCCP in 2007. This has led to an increase in our catchment area and resulted in a large increase in referrals for the service over the past number of years. The number of new symptomatic patients seen in 2010 was 21% more than 2009. To accommodate the additional demand for services, the number of symptomatic Breast Care’s clinics held during the year was 197.

During the year St. James’s Hospital was asked to provide a Family Risk Breast Service to former patients of Tallaght Hospital. In conjunction with the normal on going St. James’s Hospital Family Risk service a total of 1002 patients were seen in addition to the symptomatic service.

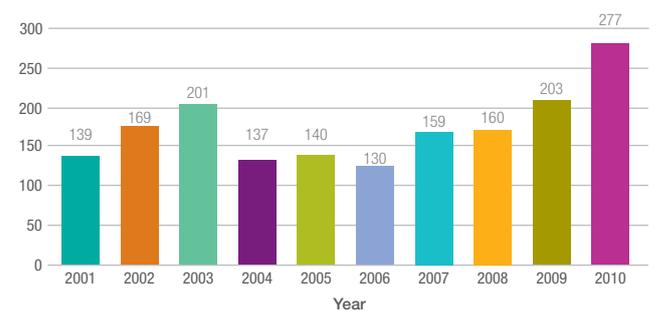
Despite the increase in clinic attendances and activity levels within the unit Nursing has continued to develop and maintain in-service education and training for all nursing staff. Staff education ethos has been extended to include education within the community for health care professionals involved in follow up care of Breast Cancer patients. The service regularly audits standards by means of Patient Clinical Audits and annual Patient Satisfaction Surveys.

The tables/graphs below show how clinic activity symptomatic & family risk has increased since the Breast Clinic was established in 1997.

Breast Care Activity



Number of Breast Cancers Treated



Colorectal Surgery

The colorectal surgery service is part of the General Surgery Service. The Colorectal service continued to develop in 2010. St. James’s is a designated cancer centre under the National Cancer Control Programme. The number of colorectal cancers referred to St. James’s hospital in 2010 was 200*. There were 110 tumour resection surgeries and 70 non resection surgeries carried out. In the case of 4% of patient’s, primary treatment was not surgery, a further 4% of patients had colonic stents to alleviate symptoms, and 7% of patient’s primary treatment was endoscopic. Almost 25% of patients presented with advanced (inoperable) or metastatic disease.

Mr. Paul McCormick, Consultant Surgeon, joined Mr. B. Mehigan and the colorectal team in March 2010 following the retirement of Mr. R. Stephens. Consultant Surgeon from Tullamore, Mr. Dermot Hehir, performed rectal resections on 9 of his cancer patients in St. James’s.

The GI oncology Multidisciplinary team meeting takes place weekly and in 2010 over 467 patients were discussed at this conference. There was an increase of 43% in the workload of the MDT meeting since 2009. Many patients were discussed on multiple occasions.

The Colorectal unit provides the highest level specialist registrar training in Coloproctology accredited by the association of Coloproctology of Great Britain and Ireland.



St. James's continues to submit data for inclusion in the association of Coloproctology of Great Britain and Ireland's bowel cancer audit. Data from 2009/2010 will be included in their next report due to be published in 2011.

The availability of expertise in colorectal stenting in the emergency setting has allowed patients with large bowel obstruction to avoid a colostomy using stenting as a bridge to surgery.

The colorectal cancer nurses Delia Flannery and Katrina O'Connor (Acting) continue to provide patient focused care from diagnosis, through treatment and onwards to nurse led surveillance. The follow up clinic workload continued to increase in 2010; 252 patients were seen in the clinic which is almost a 25% increase since 2009. A patient satisfaction survey report was completed in 2010 to assess patient's opinion of the nurse led clinic.

Stoma Nursing Department

The Stoma nursing Department in St. James's Hospital provides a responsive, supportive and comprehensive nursing service to patients who have existing stomas or who require stoma formation, or reconstructive bowel and bladder surgery and management of enterocutaneous fistulae.

The stoma care department has two full time nurse specialists positions; AnneMarie Stuart, Siobhan Mc Govern (-5) and Anna Fearon (-5) who provide pre and post operative counselling, care and education to all patients who may potentially require stoma formation. The department received 235 new referrals in 2010. The number of patients seen in their daily nurse led OPD clinics was 509.

Renal Dialysis Unit

Since Oct 2008 St. James's Hospital now provide patients with an improved treatment called Online Haemodiafiltration.

The benefits of Online Haemodiafiltration versus standard haemodialysis are:

- Online HDF stabilises blood pressure using the process pre dilution. This creates better cardiac stability- therefore suited to the unstable hypotensive, hypervolaemic/pulmonary oedema patient, or patient in ICU
- Online HDF allows greater blood clearances of Urea and Creatinine due to convective transport in HDF in comparison to diffusion transport in haemodialysis

- Online HDF is proven to remove Beta 2 micro globulin, which is proven to eliminate/reduce carpal tunnel syndrome and amyloidosis in CRF patients

Decreases complement activation- has been proven patients on HDF therapy require reduced amounts of EPO therapy in comparison to Haemodialysis

Online HDF Activity:

Dialysis treatment sessions for 2010 were 497.

No of patients treated was 90.

Pre Dialysis education – newly diagnosed ESRF- 33.

Renal patients for transplant work up- 9. Pre Dialysis Vaccination sessions – 74.

Renal Anaemia Jan – July 2010 – 116.

Ongoing Education of Staff:

Nursing Staff represented St. James's Hospital at National Conferences to ensure Continued Professional Development with regard to clinical practice. Staff Nurse Vincente Ecalnir attended the ANNA – The American Nephrology Nurses Association in Texas and CNS Colm Fox attended the EDTNA – The European Dialysis/Transplant Nephrology Association in the UK.

Pre Dialysis Education

The Renal dialysis Nursing Staff strive to provide the highest quality pre dialysis service for Pre Dialysis Renal Patients. Patients are identified to enter this programme based on e GFR (estimated glomerular filtration rate) i.e. stage 3-5 End Stage Renal Failure.

These patients are offered pre-dialysis education to allow them to make an informed choice regarding the type of dialysis treatment best suited to them i.e. Haemodialysis or Peritoneal dialysis. 172 patients were newly diagnosed with End Stage Renal Failure in 2010 that required counselling and education. We continue to vaccinate our CKD patients and monitor response levels annually as per National Guidelines. Renal Patients are worked up for Renal Transplantation and all necessary screening and tests are organised.

Anaemia Co-Ordinator

In July 2009 a Renal Anaemia Clinical Nurse Specialist was appointed. The appointment of a CNS in Renal anaemia allows for the comprehensive follow up of all patients on Erythropoiesis Stimulating Agents (ESA's), thereby reducing the chance of patients developing too high an Hb level and minimising associated clinical risks.

A live list of patient receiving ESA therapy has been compiled on the EPR system to facilitate the monitoring and management CKD patients.

A total of 116 patients attended the anaemia management clinic in 2010.

Ongoing Education of Staff:

Nursing Staff represented St. James's Hospital at National Conferences to ensure Continued Professional Development with regard to clinical practice. Staff Nurse Vincente Ecalnir attended the ANNA – The American Nephrology Nurses Association in Texas and CNS Colm Fox attended the EDTNA – The European Dialysis/Transplant Nephrology Association in the UK.

Hepatology

The Hepatology Centre provides a comprehensive service to patients with viral & non viral liver disease and gastroenterological disease. The unit is patient centred with consultant delivered services provided to in-patients & out-patients. The services & clinics provided have been developed to meet the specific needs of the various client groups who use them.

There were over 10,000 attendances to the Hepatology clinics for 2010. This includes gastroenterology, hepatology, haemochromatosis, consultant and nurse led clinics.

The nursing & consultant staff continue to develop treatment clinics with continuous growth in activity in these areas. Treatment compliance & patient outcomes are excellent. The success of outreach services to our addiction and hepatitis cohort groups continues to increase. In 2010 treatment services to Wheatfield and Mountjoy Prisons is ongoing.

The Nurse liaison link with St. Vincent's Hospital continues to develop. It is a very important link for patients who are transferring to St.Vincent's Hospital for liver transplant. In 2010 twenty five patients were assessed for suitability for liver transplant/liver resection for HCC. Presently eleven patients are awaiting liver transplants.

In 2010 a third Fibroscan clinic was set up in the unit. Fibroscanning is used for the non-invasive assessment of the liver. This can be particularly helpful when the patient is not suitable for liver biopsy.

Statistics 2010

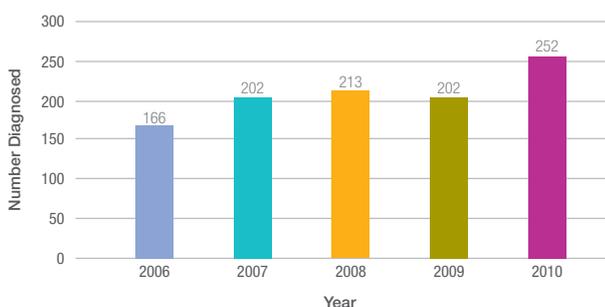
Description	New	Return	Total
Virology Clinics (C)	517	1921	2438
Virology Clinics (B)	137	721	858
General	700	2808	3508
Haemochromatosis	148	514	662
Urea Breath Tests	24	164	188
Nurse Led HCV	62	1917	1979
Nurse Led Prison Clinic	31	37	68
Blood Testing Clinic	231	869	1100
Pre Liver Biopsy Cln	17	196	213
Counselling Clinic	38	247	285
Nurse Led HBV	14	355	369
Fibroscanning Clinics	22	14	36
Totals	1941	9763	11704

Upper Gastrointestinal Surgery

The incidence of Upper Gastrointestinal cancers in Ireland continues to increase. The escalation in service demand for Upper Gastrointestinal cancers is highlighted by the growing number of patients entering the service, an increase of 25% from 2009 to 2010 alone.

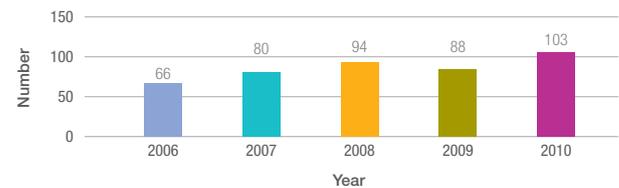
The table below represents how service activity has increased over the last 5 years, verifying the continuing upward trend of Upper Gastrointestinal malignancies.

Oesophageal/Gastric Cancer SJH 2006 – 2010



- 70% of all referrals to SJH were tertiary referrals, therein an acknowledgment of SJH as a centre of excellence for the comprehensive investigation, discussion and treatment of Oesophageal and Gastric cancer
- The Upper GI Rapid Access clinics take place on Wednesdays and Thursdays, with major surgery performed on Mondays and Fridays
- The number of major surgeries carried out in 2010 is 103
- Of these, 54 were Oesophagectomies, and 46 Gastrectomies
- 84% of the service users were discussed at the weekly Multi Disciplinary Team meeting, with most patients being discussed at multiple stages throughout their treatment pathway

Major Surgeries



Recognition of the ever increasing demands on the service has allowed for the allocation of additional and much needed radiological and endoscopy diagnostic slots. This facilitates the safeguarding of wait time targets for urgent referrals, despite a significant increase in the number and type of diagnostic investigations necessary for comprehensive patient work up and the monitoring of patient's response to treatment interventions.

An integral part of the team, facilitating patients through this comprehensive, though complex care pathway are the Upper Gastrointestinal Cancer Co-ordinator Nurse, Jennifer Moore, and the Upper Gastrointestinal Research Nurse, Zeita Claxton. These specialist nurses oversee the care of the Upper Gastrointestinal cancer patient, providing patient and family support at diagnosis, during treatment and in the post treatment phase, and are always accessible to the patients. A new Data Manager, Sinéad King, has been appointed to maintain accurate records of service demands, facilitating audit of the department and further research into Upper Gastrointestinal cancer and its treatment.

In 2010, there were in all 26 Upper Gastrointestinal research papers published by the team, in various national and international journals.

Barrett's Oesophagus

Professor John Reynolds has been successful in securing funding from the Oesophageal Cancer Fund to establish an all Ireland collaboration targeting prevention and early diagnosis of oesophageal cancer through registration of patients with Barrett's Oesophagus for three years. A Data Manager was appointed at St. James's Hospital in 2008. Data Managers at Beaumont Hospital, Mercy Hospital Cork and St. Luke's Kilkenny were recruited in 2010. The aim is to establish a National Registry with St. James's Hospital taking the lead role in its development. This registry will facilitate surveillance, education and research. The IMS Department have installed Cache 2010 database environment and the relevant Windows Operating System for the National Server which will be located at St. James's Hospital. The St. James's Hospital Registry will be upgraded to the web version and all retrospective data will be uploaded. The National Registry will be rolled out to the other sites in 2011.



The Barrett's Multi-disciplinary Group met on a regular basis during 2010 to review and improve the treatment for Barrett's Patients under the direction of Professor John Reynolds, Dr. Dermot O'Toole and Mr. Ravi Narayanasamy.

The Barrett's Clinic is held on a fortnightly basis on Tuesday morning. 124 new patients and 110 return patients attended the clinic in 2010.

Fourteen patients received their first treatment for radiofrequency ablation. This procedure is for patients with low grade dysplasia, high grade dysplasia and intra-mucosal carcinoma. This treatment is cost effective as (1) the patient does not require major surgery and (2) it is carried out as a day case patient procedure. St. James's Hospital is now a well established centre of excellence for the treatment of Barrett's Oesophagus.

The St. James's Hospital Foundation kindly provided funding for the printing of an information leaflet on Barrett's Oesophagus for patients. We have received positive feedback from our patients.

Endoscopy Unit

Endoscopy referral and activity figures for all specialities continue to increase year on year, just under 6,000 colonoscopies were carried out within the unit during 2010. Despite a significant increase in the number of procedures being carried out wait time targets are maintained. The Endoscopy Unit has participated in a nationwide weekly audit of wait times for Colonoscopies carried out by the HSE

from November 2009 onwards and continues to maintain compliant with national targets.

Clinical developments to improve patient care in 2010 saw the implementation of the "Spyglass system" during ERCP procedures. This system potentially offers significant procedural and clinical advantages over conventional ERCP as it enables the endoscopist to accelerate diagnostic accuracy during the procedure and reduces the need for exploratory surgery in the Pancreato-biliary system/hepatic ducts.

During 2010, Ms.Sharon Hough, Advanced Nurse Practitioner completed 198 oesophagoduodenoscopies (OGD) and 227 colonoscopies. Sharon continues her involvement in Nurse Prescribing, Training and education of medical and nursing staff, and Audit and research.

The Role of the Clinical Nurse Specialist in Inflammatory Bowel Disease continues to expand and develop. This Specialist Nurse oversees the care and education of patients with Inflammatory Bowel disease, providing patient support at diagnosis, during treatment and in the post treatment phase. To date just under 600 patients have been seen, assessed and treated. The GEMS Directorate would envisage that this service will experience significant growth and expansion in the near future given the projected referral numbers expected.

In 2010 The Endoscopy Unit took part in a National audit process on behalf of the National Cancer Screening Service for consideration to become a National Colorectal Cancer Screening Centre.



The following procedures were carried out in the unit in 2010

Procedure	Number
Colonoscopy	5,583
Cystoscopy	1,068
ERCP	458
Trus biopsy	487
Sigmoidoscopy	296
Bronchoscopy	1,131
OGD	7,291
Ileoscopy	26

The following procedures were carried out in the unit in 2009

Procedure	Number
Colonoscopy	5,003
Cystoscopy	970
ERCP	471
Trus biopsy	363
Sigmoidoscopy	287
Bronchoscopy	968
OGD	6,576
Ileoscopy	28

GI Function Unit

A total of 3,287 GI Physiology studies were carried out in 2010, 65% of which were outside referrals. There has been a dramatic increase in the number of referrals, particularly from outside St. James Hospital, leading to an increased waiting list, up to 10 months for some procedures. The unit is still staffed by only 3 GI Technicians, and received an extension of the basic grade post for another year. There are no routine GI

Physiology investigations available to other General hospitals or Paediatric Hospitals; the Unit is the only provider of a national referral service.

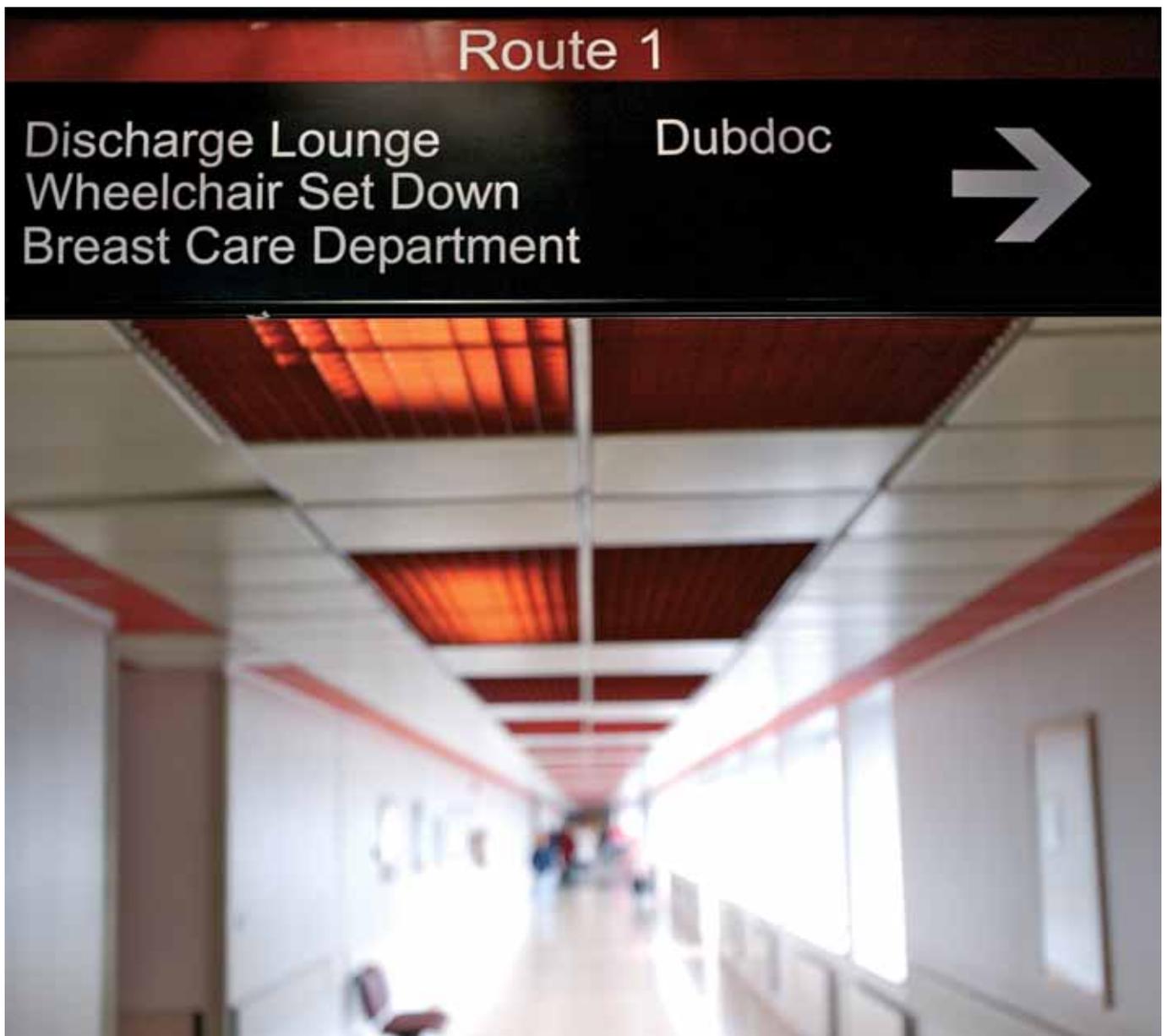
The unit has introduced an extended day in the past 6 months that gives longer investigation time, in an effort to reduce waiting lists, for specialised investigations. This change has allowed us to reduce the waiting list for some specialised investigations by 48%.

The Unit is the only investigation unit that has full Accreditation as both a Service and Training Unit in Ireland, and both permanent Technicians have full Accreditation as GI Physiologists.

Urology

The urology department continued to expand in 2010 with the addition of Tanya Conroy our fourth Clinical Nurse Specialist. The number of admissions increased to 538 and there was marked increase in the number of surgical procedures performed in 2010 with over 130 oncological operations. In addition to main theatre there are 9 day surgery and 12 endoscopy lists per month.

As part of the National Cancer Control Programme St. James's urology department is a tertiary referral centre for prostate cancer and is also the only centre in Ireland to offer laparoscopic partial nephrectomy. The Rapid Access Prostate Clinic (RAPC) was opened in 2009, which allows GPs to directly refer patients with an abnormal prostate or raised PSA to a specialised one-stop clinic. 500 patients have been seen



with 92% proceeding to a prostate biopsy. The urology Multi-Disciplinary Team meeting takes place weekly where complex cancer patients can be discussed to have a collaborated structured treatment plan implemented.

The number of patients attending general urology outpatients has also dramatically increased by 22.8% over the last year to a total of 5539 patients seen last year. All patients receive information leaflets on planned procedures prior to discharge from clinic and newly diagnosed cancer patients have the opportunity to meet one of our urology clinical nurse specialists. The urology nurses provide a unique service to the urology department ranging from investigative and therapeutic procedures, patient education both pre- and post operatively and patient support.

The department is extensively involved in both clinical and science based research and there are 2 full time clinical urology research fellows. The science research is focused on prostate cancer and based in the Trinity centre under the Supervision of Professor Thomas Lynch and Professor Donal Hollywood (Radiation Oncology). Papers have been submitted to both national and International meetings including the Irish Society of Urology, European Association of Urology, American Association of Urology and the Irish Association of Urology Nurses.

Emergency Directorate



Prof. Patrick Plunkett
Clinical Director

Ms. Noelle Wallace
Business Manager

Ms. Caitriona McHale
Nurse Manager

Introduction

The Emergency Directorate (ED) comprises the Emergency Department and Chest Pain Assessment Unit (CPAU).

The mission of the Directorate is to provide the optimum care for patients presenting to the department in an efficient and effective manner within those resources made available to us. Our roles include direct patient care, support services, administrative functions and academic and training activities.

Challenges

The continuing shift from minor presentations to much more ill patients, with a high proportion requiring admission to hospital, has meant that our focus has swung heavily into medical management of critically ill patients. This had been predicted, based on population demographics, which underpinned our departmental expansion some years ago. Were it not for this, our patient cohort would be seriously underserved.

The teamwork within the ED by our ICU colleagues has worked to the advantage of the patients, as well as to the advantage of the smoother management of such difficult clinical cases.

Access block also affects our ability to ensure prompt evaluation and institution of treatment in less critically ill patients, extending both our overall length of stay and, more

importantly, the duration to first diagnosis and therapy. This is due to the inability to access space to deal with patients efficiently and in privacy. Strenuous personal effort by many individual members of our team has kept this negative burden moderately under control.

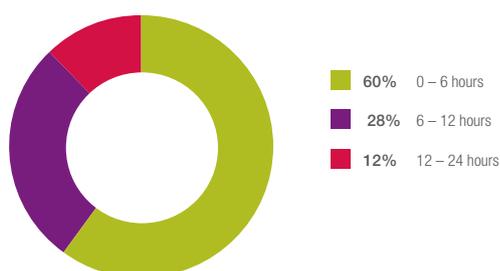
With the “Flu” epidemic, we instituted a policy of restricting visitors within the clinical area of the ED. Whilst we appreciate that this is a stressful time for families, the burden of visitors had become so great that they outnumbered patients and destroyed any semblance of privacy for ill people. After some initial teething problems of communication, we have found this has improved patient comfort. We have fine-tuned our process and have now implemented the use of a colour-coded “visitor pass” for critically-ill and less-ill patients.

We were delighted to welcome Dr. Una Kennedy as our fourth Consultant in Emergency Medicine in January 2010. Unfortunately, shortly before that, we lost our long-standing Associate Emergency Physician, Mr. Linus Offiah, as he was, happily, appointed to a Consultant post in Cavan. This means we have had four “senior clinical decision makers” since 2001, with no sign of expansion, despite the ED Taskforce report and the HSE 100+ Initiative, both of which had advocated increases.

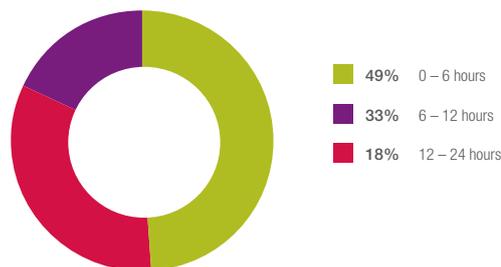
Emergency Patients Attendance

Year	Attendances	Discharges	Admissions	New	Return
2010	45230	43648	12746	43655	1575

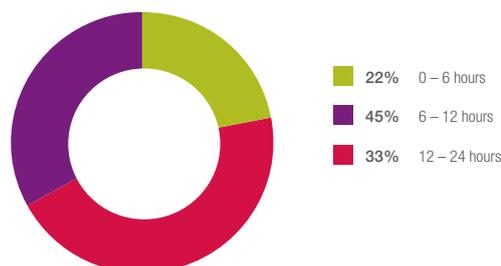
Total Time for Patients Discharged from ED



Total time for all patients in ED



Total time for patients admitted through ED 2010



Chest Pain Assessment Unit 2010

556 patients were admitted to the chest pain assessment unit (CPAU) in 2010. 59% of these were assessed and discharged within 24 hours. Less than 5% were admitted for over 72 hours. 60% of patients had a negative assessment of acute coronary syndrome. The remainder required further diagnostic assessment with diagnostic angiography or CT coronary angiography. 167 patients required diagnostic angiography of which 59% were abnormal, requiring percutaneous coronary artery intervention and/or medical management. CT coronary angiography was undertaken in 94 patients, to determine the need for further diagnostic angiography or medical management.

Following discharge from CPAU, all patients are reviewed in a nurse led CPAU review clinic, where the primary focus is risk factor assessment and modification. There was a 96% attendance rate.

The CNS’s and ANP in Emergency Cardiology role in the ED:

In 2010 they were responsible for reviewing 1770 patients in the ED. Additional responsibilities include training in ECG interpretation and BLS for both nursing and medical staff. Running the CPAU review clinic, organisation of patients undergoing CTCA and audit.

Audit of Reperfusion for ST segment Myocardial Infarcts

In conjunction with the cardiology department we have an ongoing audit of 'time critical' interventions for ST segment elevation MIs. In 2010, a total of 107 patients presented to the ED with acute STEMI. This represents a 52% increase on 2009. The majority of patients were male (74%). The age range was 27yrs to 90yrs with a mean age of 60yrs. Over half (52%) of patients presented out of normal working hours. The time to first ECG was within international practice guidelines of 9 minutes. Despite the prevalence of out of hour's presentations, the time to transfer to the Cath Lab was within international best practice guidelines in 96% of patients (<90mins). The median transfer time was 67minutes. Ongoing audit with feedback to the multi-disciplinary team is in place, together with ongoing educational initiatives to support ongoing improvements in process and performance in this area.

Advanced Nurse Practitioners

Clinical Activity

The Advanced Nurse Practitioner service continues to provide focused clinical care to a discreet caseload of patients attending the emergency department with medium to low acuity clinical conditions.

The hours of service and expanded caseload are driven by the needs of the service users and in response to target times for triage and consultation to discharge times as set out by the Health Service Executive. Although the acuity of patients within the caseload of the ANP has increased, concerted efforts are made to manage a full episode of care in the most efficient and effective manner possible. Almost six thousand patients were managed by the ANP's in 2010.

Clinical Audit

Specific clinical audit is currently being undertaken by the ANP's to review the practice of Nurse Prescribing Ionising Radiation by Advanced Nurse Practitioners. This audit involves members of the multidisciplinary team in emergency and diagnostic imaging. It is anticipated that the results of this audit will support the future development of nurse prescribing ionising radiation in St. James's Hospital.

Education Activity

Education and training for the multidisciplinary team is ongoing and the Advanced Nurse Practitioners lead and teach on a number of in-service education programs for all grades of nursing, medical and allied professionals.

The Advanced Clinical Skills in Emergency Nursing module continues to be delivered as a stand alone course and as part of the MSc in Nursing in Trinity College Dublin.

This year there were three ANP candidates from emergency departments in Ennis, Kerry and Cavan bringing to 35 the number of candidates that have been educated to Advanced Practice level through this programme.

The ANP's continue to review the service need and make relevant changes to the scope of practice in order to deliver an optimal level of service to their ED patient caseload.

Nurse Education

The Emergency Department continues to facilitate all nurses who wish to progress their professional and academic development. The Higher Diploma in Emergency Department Nursing was successfully completed by all candidates with one candidate gaining a distinction. There was continued collaboration with our nursing colleagues in the Adelaide and Meath, and Connolly hospitals with Clinical Facilitators from both sites providing specialist lectures at both campuses.

The resuscitation skills training course was ran throughout the year with the emphasis being on helping new staff develop the knowledge and skills necessary to effectively care for patients with life and limb threatening illnesses and injuries. This runs in conjunction with the Emergency Department Foundation course which was developed in 2008 and regains An Board Altranais category 1 approval. The Neonatal Resuscitation programme continues in conjunction with the Coombe Hospital with forty two members of nursing staff completing the neonatal resuscitation programme.

We continue to forge links with our colleagues in the National Ambulance Service of Ireland with the Advanced Paramedics participating in lectures and presenting joint case reviews with members of nursing staff within the Emergency Department.

We provide placement for members of the Dublin fire brigade who have commenced their paramedic training and have also facilitated training and placement for members of St. Johns Ambulance service.

Health Care Assistant Education

The Emergency Department continues to run and facilitate the Fetac Emergency module. Two health care assistants are in the process of completing FETAC level five. With a third completing level three. HCA education and development continues to be a core principal within the department with HCAs developing and practicing the skills of plaster application, taking ECGs and spinal board log rolling.

Omega



Ms. Patricia Eadie
Clinical Director

Ms. Shona Schneemann
Business Manager

Ms. Dympna St. John Coss
Nurse Manager

Introduction

The Omega Directorate comprises of the following specialities

- Plastic and Reconstructive Surgery
- National Burns Unit (Adult)
- Orthopaedic Surgery
- Maxillo Facial Surgery Unit
- Cleft Orthodontic/Prosthodontic unit

The directorate includes Anne Young ward, Abraham Colles ward, Plastic Surgery out patients department incorporating minor surgery, Orthopaedic out patients department incorporating a dedicated plaster suite, Maxillofacial and Cleft Orthodontic unit incorporating Maxillofacial/Cleft Orthodontic/Prosthodontic procedure rooms and the Maxillofacial laboratory.

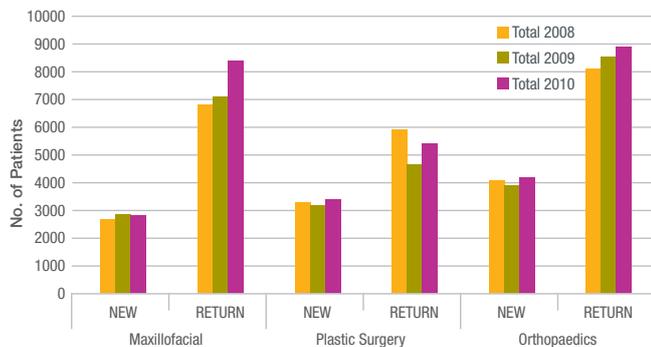
Directorate Activity

The Omega Directorate provides the following services for patients:

- Plastic Surgery – Supra regional rapid access trauma service and a supra regional plastic and reconstructive surgery service
- Maxillofacial/Cleft Orthodontic – Supra regional rapid access trauma service and a supra regional maxillofacial and cleft orthodontic service
- Orthopaedic regional trauma and elective service

The total outpatient attendance rate for the Omega Directorate increased in 2010 with an increase in new and return patients. During 2010 the directorate reviewed patient processing, clinic schedules, and implemented revised referral criteria to reduce the waiting times for patients attending each speciality

Outpatient Attendance



Developments in 2010

- Establishment of Omega Health & Safety Committee
- Roll out of Speech recognition and digital dictation across the directorate
- Electronic patient referral(EPR) for fracture referrals from Emergency Department
- Consultant Developments
- The Consultants and staff of the Omega Directorate would like to acknowledge the contribution made to Orthopaedic Surgery and the National Centre for Hereditary Coagulation Disorders (NCHCD) by Mr. Hugh Smyth and wish him a happy retirement. Mr. Pdraig O Ceallaigh has taken up his position as Consultant Maxillofacial Surgeon

Maxillofacial Surgery

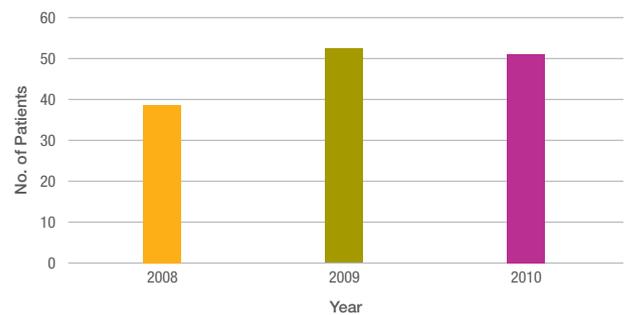
The National Maxillofacial unit is a tertiary referral centre dealing with:

- Facial trauma
- Correction of congenital and acquired facial and jaw deformities
- Oral cancer and reconstructive surgery
- Salivary gland disease
- Dentoalveolar and orofacial pathology
- Congenital abnormalities
- Implantology

Oral Maxillofacial Cancer

Patients are referred from dentists, GP's and the Dublin Dental Hospital for investigation, treatment and surgery for oral maxillofacial cancer. A multidisciplinary team comprising of Consultant Oral Maxillofacial Surgeon, Cancer Co-Ordinator, Nursing staff, Clinical Nutritionist and Speech and Language therapist provide treatment and care for patients.

Maxillofacial Cancer Newly Diagnosed



Preliminary data for 2010 – awaiting verification July 2011

Cleft Orthodontic Unit

The cleft Orthodontic Unit is a tertiary referral service for orthodontic management of children and adults born with cleft lip and palate and craniofacial anomalies.

Regular multi-disciplinary cleft clinics are held in St. James's Hospital, Temple Street Children's University Hospital and Our Lady's Hospital for sick Children as part of the wider Dublin Cleft Centre. Joint clinics are also held with colleagues in, Plastic Surgery, Maxillofacial Surgery and Restorative dentistry.

The Cleft Co-Ordinator maintains the cleft database and co-ordinates the patient's individual care pathway.

Prosthodontic Unit

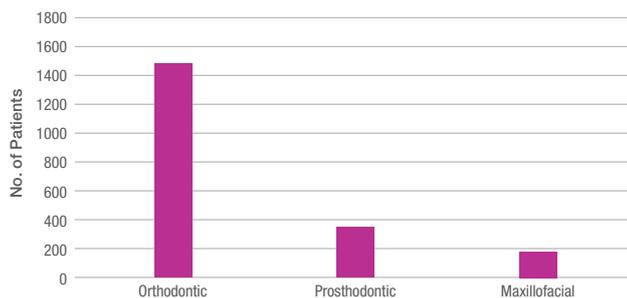
The Prosthodontic Unit acts as a tertiary referral centre primarily for the Prosthodontic management of patients with cleft lip and palate needs and includes a limited service for the prosthetic intraoral rehabilitation of head and neck cancer patients from St. James's Hospital and Our Lady's Hospital for Sick Children, Crumlin.

Out Patient Procedures

The Maxillofacial/Orthodontic and Prosthodontic Unit provides an outpatient procedure and treatment service for patients requiring a wide range of procedures including:

- Dentoalveolar surgery
- Biopsy of oral and cavity, lip and skin lesions
- Bracket application and removal
- Plate, screw and islet wire application/removal
- Impressions/study models
- Arch wire/bands/brackets
- Veneers/crowns
- Implants
- Tooth extraction

Outpatient Procedures 2010



Maxillofacial Laboratory

The Maxillofacial laboratory provides highly specialised services for the Maxillofacial, Orthodontic and Prosthodontic Consultants including:

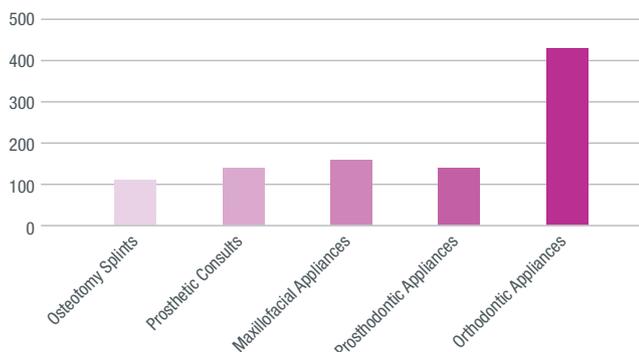
- Orthognathic Planning & Model Surgery
- Maxillofacial Prosthetics
- Technical Support for Cleft/Craniofacial deformities
- Pressure Masks for Patients with facial burns

The Maxillofacial Laboratory also provides Prosthetic Restoration for all patients who require specialised treatment. This specialised service requires both clinical and technical expertise.

The Laboratory provides patients with cheek, ear, eye, nose and finger prosthesis as well as a lifetime commitment for replacement prosthetics.

Prof. L Stassen, Dr. T Garvey and Mr. N Murphy – winners of Smile Awards 2010 for facial reconstruction www.smileawards.co.uk

Maxillofacial Laboratory 2010



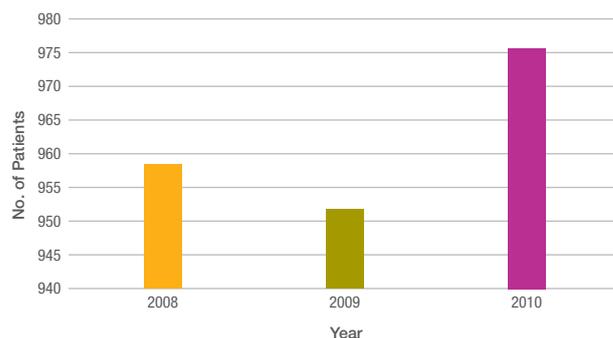
Orthopaedic Surgery

The Orthopaedic department deals with a significant trauma workload as well as specialising in the following:

- Orthopaedic service for Hemophiliacs
- Complex foot and ankle surgery

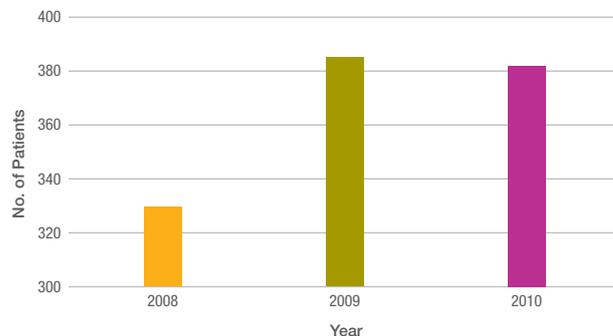
There were 2,623 new patient trauma referrals to the Orthopaedic service in 2010. 1764 new patients were referred to the Orthopaedic Nurse Specialist and the plaster technician with 1198 patients attending for return appointments. A physiotherapy led treatment clinic has been established for foot and ankle patients. This service will be expanded to all Orthopaedic out patient fracture clinics in 2011.

Orthopaedic Theatre



The increase in Orthopaedic theatre cases maybe attributed to the adverse weather conditions in January and December 2010.

Orthopaedic Day Surgery



Plastic and Reconstructive Surgery

The Plastic and Reconstructive Surgery department continues to provide general plastic and reconstructive surgery with consultants specialising in the following:

- Hand Surgery
- Facial Surgery
- Burns
- Skin Cancer
- Head and Neck reconstruction
- Breast surgery and reconstruction
- Ear Surgery
- Cleft lip & palate

The department offers a multi-disciplinary approach with clinics being attended by Physiotherapy and Occupational therapy providing treatment and rehabilitation for patients. The department has a dedicated nursing staff providing treatment and dressing clinics for patients. A Clinical photography service is also available for record keeping.

Minor Operations

Minor operations are performed in the out patients department and include the following:

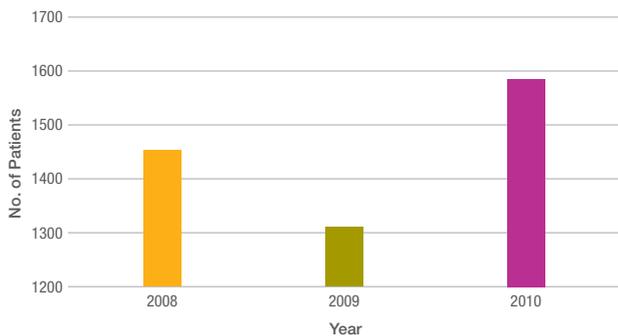
- Biopsies
- Wound debridement
- Suturing
- Minor hand surgery

There were 374 Minor Operations performed in Plastic Surgery outpatients in 2010

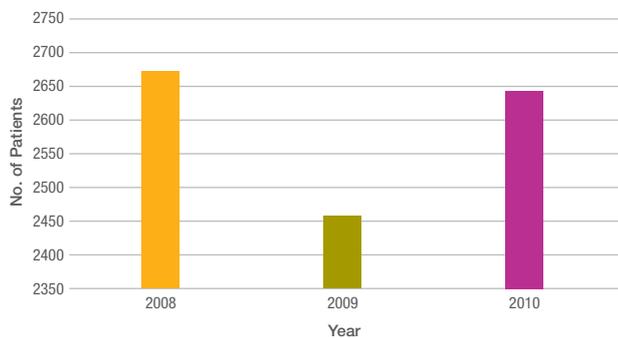
Developments in 2010

- Establishment of a regular Hand Clinic
- St. James’s Hospital Cleft Team have taken responsibility for the Cleft service in University Hospital Galway and travel to Galway to assess patients in multidisciplinary out patient clinics. Surgery for these patients is provided in St. James’s Hospital and Our Lady’s Hospital, Crumlin
- Publications and research into areas including cleft, burns and hand injury

Plastic Surgery – Main Theatre



Plastic Surgery – Day Surgery



Micro pigmentation service

Development of a nurse led micro pigmentation service providing patients with the opportunity to treat problematic scars and provide an areolar tattoo service for patients following breast reconstruction. 35 patients were treated during 2010.

National Burns Unit

The unit continues to provide optimal care for burn-injured patients and utilises the skills of a multidisciplinary team from the acute to the rehabilitative phase of burn injury. There was an increase in the number of patients admitted to the burns unit. 137 patients were admitted with 19 patients placed on a ventilator.

The multidisciplinary team is dedicated to improving the quality of care delivered to patients and promotes the best management of burn injured patients by educating nursing staff in other acute hospitals. Nursing staff have also expanded their role to provide care for patients requiring dialysis.

The multidisciplinary team in conjunction with the patient and the family aim to preserve life and with equal importance promote quality of life by maximising long-term physical, vocational and psychosocial functioning.

The Consultants and staff of the Omega Directorate would like to acknowledge the contribution made to the National Burns Unit by Ms. Christine Kelly and wish her a happy retirement.

Department Of Vascular & Endovascular Surgery



Mr. Dermot Moore
Department Head

Mr. Prakash Madhavan
Vascular Surgeon

Dr. Mary Paula Colgan
Senior Lecturer

Dr. Sean O' Neill
Vascular Surgeon

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 also provides a comprehensive venous service and thirdly it provides non-invasive vascular assessment for all departments within the hospital and for many external hospitals.

The area of endovascular surgery continues to expand with excellent results. The use of stent grafts for the management of abdominal and thoracic aneurysms and aorto-iliac disease in high-risk surgical patients continues to expand with excellent results. Links with the cardio-thoracic department continue to strengthen with several patients with thoracic aneurysms undergoing endovascular repair.

The department has once again invited leading clinicians to be part of courses run in St. James's Hospital. Prof. Marco Manzi, who has pioneered certain endovascular techniques was a guest in 2010. Prof. J Clerici visited the department in April 2011 and was part of a live course which we conducted for a visiting group of surgeons from China.

Sheila Guinan who took over the role of Aneurysm screening Co-ordinator continues to expand the service recruiting more practices to be part of the program.



A major upgrade of the Veins Unit took place leading to a much safer and more comfortable patient environment. A new rapid-access ulcer clinic was commenced to ensure ulcers are seen and treated as early as possible. Nurse-led dressing clinics continue and excellent healing rates are achieved. The management of venous disease is seeing a rapid change with endovenous laser ablation being offered to patients with excellent results. The department has well advanced plans to move varicose vein treatment to an outpatient setting which will allow the freeing up hospital beds and scarce theatre resources.

The vascular laboratory remains extremely busy with expansion of the role of peripheral duplex imaging in selecting patients for endovascular management. The laboratory works extremely closely with the stroke service to provide rapid access to diagnostic facilities for patient presenting with symptoms of stroke. It has also seen a rapid increase in its DVT services with St. James's being one of the largest cancer centres.

The department has obtained funding to replace out of date x-ray equipment and a state of the art C-arm is being delivered in September.

The unit continues to attract clinicians from other countries for endovascular training and the department continues to provide vascular surgical training at the highest level. It was a good year for research and two abstracts were accepted for presentation at the Annual Society of Vascular Surgery Meeting in the United States, one of the most prestigious vascular meeting and Adrian O'Callaghan SpR got to the finals of the poster presentations.

Psychiatry



Prof. Brian Lawlor
Clinical Director

Mr. Oliver Claffey
Director of Nursing

Ray Bonar
Business Manger

Introduction

Psychiatry provides a service to a population of approximately 134,700 people.

Services include:

- Inpatient care in the Jonathan Swift Clinic consisting of 51 beds approved under the Mental Health Act 2001
- Community Psychiatry which is sector based and divided between the inner city (Camac and Drimnagh) and the suburban Owendoher sector
- Old Age Psychiatry which provides acute care in the Conolly Norman Unit in Jonathan Swift, a liaison service to the general hospital for patients over 65 years with mental health problems and a community service to a population of approximately 20,000
- A service to the homeless mentally ill is provided by a consultant led team from Parkgate Hall in Parkgate Street
- The Psychological Medicine Service based in the General Hospital provides a liaison service to the Emergency Dept and to the wider hospital



- Disciplines include Medical, nursing, Occupational Therapy, Social Work and Psychology. Care is provided using a multidisciplinary team approach. The service also works closely with voluntary and statutory groups providing social support to people with mental health problems

There were 445 admissions to Jonathan Swift Clinic in 2010. 140 were new admissions and 50 patients were detained under the Mental Health Act 2001. In General Adult Psychiatry, there were 223 new assessments. In Old Age Psychiatry, there were 258 new assessments and approximately 700 new liaison assessments.

Developments in 2010

The service continued to implement changes under the Mental Health strategy document, "Vision for Change". Prof. Brian Lawlor stepped down as Clinical Director and Dr. Ian Daly took over responsibility for the Clinic as Executive Clinical Director. He will also oversee the amalgamation of Dublin South City and Dublin West/South West catchment areas into a new extended Mental Health catchment area as envisaged in "Vision for Change". The service would like to acknowledge the special contribution that Prof. Lawlor made to the service as Clinical Director.



The successful relocation of the Day Support Services from St. Patrick's Hospital to Bru Chaoimhin campus was completed. Plans to relocate the Martha Whiteway Day Hospital continued to be explored in 2010.

There were significant changes in personnel during 2010. Dr. Veronica O'Keane and Dr. Sean O'Domhnaill vacated their consultant psychiatrist posts and Dr. Niall Crumlish and Dr. Gerry Connolly took up Locum Psychiatrist positions. 2 permanent consultant posts will be filled in 2011. Noel O'Driscoll was appointed Principal Social Worker.

A generous donation from Trinity Med Day in 2010 has enabled the mental health service in St. James's Hospital to introduce a range of new initiatives which would not otherwise have been possible in the current economic climate. These included providing new psychotherapeutic programmes, purchasing new art supplies and equipment, and supporting special activities organised by the service, such as parties, barbeques and day trips.

Social Work Annual Report 2010

A new principal social worker was appointed and also two new staff commenced work in the department. Also within the A.C.C.E.S. team (Assertive Community Care Evaluation Services) a new social work team leader was appointed. This team provides a mental health service to the homeless population. A review has taken place of the social work group work interventions with clients and also with staff. Out of this it has been decided to continue with the social group and the carer's group, with some minor changes in both. Further to this we have developed a practical discharge group for inpatients in conjunction with our colleagues in occupational therapy. A rehab group also has been developed for the clients of the day support service in Bru Caoimhin. The department have recommenced offering social work student placements to students attending accredited Irish Universities. We hope to be in a position next year to take American social work students.

Psychological Medicine Service

Continued support of and working with the emergency department has led to significant involvement in the development of the emergency medicine programme nationally. There is regular review of practice and close liaison of both senior medical and nursing interfaces. Regular teaching with junior staff occurs both on a formal and informal basis in the emergency department. Incorporation into the intern teaching occurred this year and there is continuation of a national lead in psycho-oncology training with a number of week long courses taking place. Changes have taken place in the staffing of the psychological medicine services

with negotiations undertaken to set up the first intern post in psychiatry nationally. Similarly, the possibility of developing an alliance with general practice training is underway. A major initiative was undertaken with respect to cancer related fatigue. A DVD and booklet have been developed with a strong cognitive behavioural theoretical basis. The service has contributed to peer review journals and continues with to collaborate in research projects in the hospital. Current work includes developing an approach to chronic pain and ongoing work in respect of relationship between trauma and post stroke fatigue.



LabMed Directorate



Dr. Brian O'Connell
Clinical Director

Mr. John Gibbons
Laboratory Manager

Introduction

The Laboratory Medicine (LabMed) Directorate comprises the clinical laboratory departments of Biochemistry (including Point of Care Testing), Cancer Molecular Diagnostics, Haematology (incorporating Coagulation and Cryobiology), Histopathology (incorporating Cytopathology), Immunology, the Irish Mycobacteria Reference Laboratory (IMRL), Microbiology (incorporating Virology and Infection Control and Prevention), the National MRSA Reference Laboratory (NMRSARL), Phlebotomy and Transfusion Medicine (incorporating Haemovigilance).

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 throughout the country. The laboratory also acts as a reference laboratory, nationally, for many specialties in laboratory medicine.

Accreditation/License

All laboratory medicine disciplines, as outlined below, are accredited. The following are accredited to Clinical Pathology Accreditation (CPA) standards (incorporating ISO 15189) and have retained their accreditation status in 2010:

- Biochemistry (including POCT and Phlebotomy)
- Cancer Molecular Diagnostics



- Haematology (including the Coagulation Laboratory of the National Centre for Hereditary Coagulation Disorders (NCHCD))
- Histopathology (incorporating Cytopathology)
- Immunology
- The Irish Mycobacteria Reference Laboratory (IMRL)
- Microbiology
- The National MRSA Reference Laboratory (NMRSARL)

Transfusion Medicine, incorporating Haemovigilance, is accredited to standards ISO 15189 and AML-BB (SI 360 of 2005) from the Irish National Accreditation Board (INAB).

St. James's Hospital Tissue Establishment incorporating the Cryobiology Laboratory has received their license to operate as a Tissue Establishment from the Irish Medicine Board (IMB) following inspection in accordance with EU Directives 2004/23/EC; 2006/17/EC and 2006/86/EC (SI 598 of 2007 and SI 158 of 2006).

Developments/Projects

Infrastructural Developments

The development of a core laboratory facility for total automated laboratory systems for high volume assays in biochemistry, haematology and immunology began in

2009. This facility was completed in 2010, and included a reconfiguration of these services comprising a consolidation of testing on new analytical platforms with pre-analytical robotics and centralisation of specimen reception to enhance the processing of clinical specimens in accordance with Lean principles and best laboratory practice. This is the first of its kind in the academic teaching hospitals in Ireland and it is designed to enable the laboratory to deal with an expanding workload more easily. This is particularly important as the laboratory positions itself to meet the challenges in the external environment, particularly in regard to HSE'S plans for modernisation of Laboratory Medicine Services in the State.

The photograph below shows the core haematology and the biochemistry laboratory together, now termed the Blood Sciences core laboratory facility.





Information Technology projects

The development and introduction of the GP order communications (OCM) module of Healthlink occurred in June 2009. By December 2009, 50% of GPs were using the system successfully. Further enhancements are progressing, particularly in the interfacing of the module to GP practice management systems. The aim is for 90% usage by GPs by the 4th quarter of 2011.

At the end of 2010 a number of projects were initiated for laboratory to laboratory electronic links for test requesting and reporting. This will be completed in first quarter of 2011 and will link the midland hospitals and Drogheda hospital with St. James's Hospital laboratory. The electronic link between AMiNCH, Tallaght and St. James's Hospital was also initiated in 2010 and completed in February 2011.

New Equipment

A tender for the acquisition of new immunoassay equipment, mainly in endocrinology, was issued in 2009 and completed in early 2010. New and updated equipment in haematology has also been purchased. This was part of the overall development plan for total automated systems in the core laboratory facility.

Workload

The workload generated within the hospital increased by 6% levels overall, with the main increase in Histopathology resulting from the designation of the hospital as a cancer centre. Work from GPs was down by 3% on 2009 levels. The total number of specimen requests received was just over 2.1 million, accounting for 6.8 million reportable tests results. St. James's Hospital contribution to the workload is 65% and GPs is 26%, the remainder coming from other hospitals around the country as well as in Dublin. The 2010-workload figures, based on laboratory requests, are outlined in Table 1.

LabMed Directorate Requests 2010

Department	2009 Accum. Total	2010 Accum. Total	% Incr/decr 10/09
Haematology	528,031	563,788	7
Coagulation	180,118	195,427	8
Bl. Transfusion	32,647	33,020	1
Biochemistry	734,715	705,565	-4*
Microbiology	350,282	367,910	5
Histo - blocks	78,940	87,229	11
Cytology	4,513	5,652	25
Immunology	134,574	155,247	15
Cmd	4,438	4,883	10
Totals per hospital	2,048,258	2,118,721	3.4

* Biochemistry workload appears reduced due the consolidation of tests into requests as part of its modernisation programme. However in terms of tests carried out there is in fact a 15% increase. This increase is not reflected in the above workload measurement system for biochemistry. The measurement system will revert to tests carried out in 2011.

Education and Training

The Laboratory is a centre for education for the MRCPATH, BSc and MSc in Biomedical Science and Molecular Pathology. It is actively engaged in research and development projects leading to under graduate and postgraduate qualifications up to MD and PhD level and many are published in peer review journals. There is a tremendous commitment from all professional staff to learning and development and many are engaged in continuous professional development programmes and involved in teaching in Universities and Institutes of Technology. A core role of the clinical laboratory service is to actively engage in translational research, which can lead to improved markers and treatment regimes for the management of patients with specific diseases and also to participate in multidisciplinary teams to maximise the effective management of patients.

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. The Department is sited in three areas within the hospital, the Central Pathology Laboratory (CPL), the National Centre for Hereditary Coagulation Disorders (NCHCD) and the Cryobiology Stem Cell Facility located in a leased clean-room facility in the IBTS building. The Central Pathology Laboratory houses the cell counting and morphology laboratory, routine coagulation laboratory, clinical cytometry and haemoglobinopathy laboratory, and the haematinics & transplant drug-monitoring laboratory.

Developments

The Clinical Cytometry society Laboratory guidelines for the diagnosis of Paroxysmal Nocturnal haemoglobinuria (PNH) using flow cytometry was introduced and validated in the Clinical Cytometry & Haemoglobinopathy laboratory in 2010. To date the Laboratory has detected 37 individuals with this rare haematological disease.

A DNA based method for the diagnosis of alpha Thalassaemia in co-operation with the Haemostasis Molecular Biology Laboratory has been developed as part of an MSc project. Another MSc project has studied the characterisation of Haemoglobin variants using mass spectroscopy in cooperation with the Biochemistry department. The project

findings were presented at the Haematology Association of Ireland annual meeting in Galway where it won 1st prize for best scientific poster. At the invitation of the chief medical scientist the Euroflow consortium (an advanced European flow cytometry network) were invited to St. James's Hospital to present their work. Medical scientists from clinical cytometry laboratories throughout the State, Northern Ireland and abroad attended the workshop.

Cell counting and morphology laboratory

This laboratory section, which handles high-volume, rapid-turnaround tests, saw a 2.7% increase in FBC requests and 5.1% in blood film examinations in 2010. A new digital morphology system, the Cellvision DM96, was fully introduced into routine use and interfaced to the Laboratory Information system, having been purchased following a trial period the previous year. St. James's was the first Irish hospital to acquire this state-of-the-art, labour-saving analyser as a valuable aide to blood cell morphology reporting. The section secured funding to acquire further automation in preparation for transfer to the new core automated laboratory, which includes a TS500 sample sorter, upgrade to the FBC analysis system and full automation of ESR testing.

Clinical Cytometry & Haemoglobinopathies

Clinical Cytometry had its busiest year so far in 2010 with 2,017 immunophenotyping investigations performed. Interfacing the Clinical cytometer with the LIS and reporting of Immunophenotyping reports was completed in 2010. This development has significantly improved turn around times for this test with the additional benefit of providing clinicians with an Immunophenotyping report contemporaneous with morphological and clinical findings. Over 1,200 Bone aspirate samples were processed for morphological assessment in the unit in 2010.

The workload in Haemoglobinopathies remained high in 2010 with 6,200 screens processed. Some equipment including two bench top centrifuges and a 370 C were replaced at the end of 2010. Mass spectroscopy project for Hb. variant identification was completed in 2010 and will be introduced into the routine service in 2011.

The Haematinics and Transplant drug monitoring service

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 Kyrgyzstan.

Coagulation Laboratory and the National Centre for Hereditary Coagulation Disorders (NCHCD)

The Coagulation department in the Central Pathology Laboratory provides a laboratory investigation service for coagulation disorders for hospital inpatients and outpatients as well as to General Practitioners and external hospitals. The laboratory at the NCHCD examines samples from patients within the hospital and also from referrals nationally with suspected disorders associated with both bleeding and thrombosis. Diagnosis of inherited and acquired disorders, monitoring of therapy and screening for genetic disorders is part of the examination repertoire in this laboratory.

Service developments in Coagulation 2010

The routine coagulation laboratory underwent a successful transition from its previous location within CPL to the core automated laboratory in 2010. There was a 9% increase in workload in this laboratory. Within the laboratory in the NCHCD there was also an increase in workload, notably within the molecular testing service for prothrombotic disorders.

A number of undergraduate and postgraduate research projects were undertaken including the evaluation of new test systems for the automated analysers as well as the laboratory investigation of antithrombin deficiency in a particular cohort of patients. The analysis of the complex VWF gene for patients with von Willebrand Disease was introduced.

Dr. Niamh O Connell was appointed Consultant Haematologist at the NCHCD in 2010.

Cryobiology Laboratory Service 2010

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

The cryobiology laboratory is situated in a GMP clean room facility leased from the Irish Blood Transfusion Service in the National Blood centre. It contributes the laboratory component to the Tissue Establishment, which supports the National Adult Stem Cell Transplant Programme in the Hospital.

The Cryobiology Laboratory as part of the Tissue Establishment holds a tissue licence from the Irish Medicines Board to process and store allogeneic stem cells from bone

marrow and mobilised peripheral blood stem cells, autologous stem cells from mobilised peripheral blood or bone marrow and donor lymphocytes. All stem cell products are processed in the cryobiology laboratory clean room facility for immediate usage (allogeneic) or cryopreserved and stored in vapour phase liquid nitrogen (autologous) for directed usage.

Eight Medical Scientists, a Quality Manager and a Medical Director staff the laboratory. A total of 216 bone marrow and apheresis products units were harvested and processed in 2010. The total number of products processed and infused was 294, this is a 12% increase on 2009. This increase is due to the increase in the Allogeneic transplant numbers. In 2010, sixty nine allogeneic transplants were performed. 30% (n=37) of all transplants were from volunteer unrelated donors. Collection of donated bone marrow or mobilised peripheral blood is made possible by staff travelling to International Collection Centres to collect the stem cells.

In 2010, the first adult double cord transplant was performed in St. James Hospital. The Tissue Establishment will be applying to the IMB for a change of licence to include cord transplantation as a therapeutic option in 2011.

The transfer of some of the cryopreserved product stock to a licensed offsite storage facility was undertaken in 2010 and the closure of the central pathology liquid nitrogen store room was completed.

In 2010 Dr. Patrick Hayden was appointed as Medical Director and responsible person of the Tissue Establishment and Ms. Marie Foley retired as Quality Manager for the Tissue Establishment.

Cancer Molecular Diagnostics

The Cancer Molecular Diagnostics (CMD) department provides a molecular testing service for the identification of acquired genetic aberrations in cancer, particularly leukaemia and lymphoma and, where appropriate, performs assessment of minimal residual disease aiding the management of patients with selected haematological malignancies. The laboratory also provides testing support for both the national adult and paediatric bone marrow transplant centres at St. James's Hospital and Our Lady's Children's Hospital respectively.

Laboratory service

A total of 4883 test requests were received by the CMD laboratory in 2010, an overall increase of 10% as compared to 2009. Requests from clinical centres external to St. James's contributed to 68% of the workload, highlighting the national role of the laboratory.

CMD is the central molecular laboratory for two All Ireland Cooperative Oncology Research Group (ICORG) international clinical trials monitoring response to new drugs and drug combinations used in the treatment of Chronic Myeloid Leukaemia and Chronic Lymphocytic Leukaemia.

Research and development

Several new molecular tests were developed in 2010 that directly contribute to therapeutic decision making in patients with acute myeloid leukaemia, chronic myeloid leukaemia and lymphoma.

The laboratory maintains its international profile and quality of translational research evidenced by numerous peer-reviewed publications and presentations at national and international meetings.

The provision of new tests, allied to the existing comprehensive repertoire, is crucial to the multidisciplinary management of patients with haematological malignancies.

Biochemistry Department

The Biochemistry Department provides a comprehensive diagnostic support service for St. James's Hospital, a number of external healthcare institutions and an extensive primary care base. The laboratory medical staff also participates in the management of metabolic diseases including Diabetes, Endocrine disorders, CVD risk factor management, Osteoporosis and operates specialist clinics for Acute Porphyrias and Familial Hypercholesterolaemia. The laboratory is the de facto national reference centre for the diagnosis of disorders of porphyrin metabolism. The department has an ethos, which supports research & development, education and learning both within St. James's Hospital and in allied academic institutions.

2010 saw the implementation of liquid chromatography tandem mass spectrometry into the Biochemistry Department. The St. James's biochemistry laboratory was the first in the country to acquire this sophisticated technology. It is currently being used for cost-effective vitamin D analysis and allows the department to differentiate between supplemental and physiological forms of the vitamin. Other tests (e.g. testosterone, metanephrine and immunosuppressive drugs) will be added in the future.

The laboratory continued to develop its porphyria molecular diagnostic services, with the validation of an FECH gene assay for the diagnosis and cascade screening of affected families with Erythropoietic Protoporphyrin (EPP). Work has also continued on developing a LDLR gene mutation-

scanning assay to support cascade screening for Familial Hypercholesterolaemia in the Dr. Crowley's Metabolic Clinic and Prof. Feely and Dr. Barry's CVD Risk Factor Clinic.

Research activities continued within the department, with collaborative projects involving Endocrinology and Diabetes SJH, Department of Surgery TCD, Bone Protection Clinic SJH. The department is also a stakeholder in the newly refurbished Phase 1 SPD Laboratories. Staff in the department have contributed to a number of publications in 2010 and also presented work at national and international meetings in both poster and oral format.

The department continues to take part in educational and training activities both in terms of co-ordinating the teaching of undergraduate and postgraduate scientific and medical staff, and in relation to participation in CME and CPD.

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 a dramatic increase in workload. In consultation with the Lab-Med Directorate, the department is engaged in the core laboratory concept, which will allow them to manage this increase in workload in a more efficient manner. These will largely centre on the acquisition of more automated technologies for workload management.

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

The department has a substantial postgraduate learning programme with three students currently pursuing postgraduate degrees by research. The department contributes to several postgraduate taught MSc programmes and other postgraduate medical programmes. It has recently established a programme in immunology for medical specialist registrars. In addition, it contributes significantly to undergraduate teaching in Medicine, Biomedical Science, Clinical Microbiology, Sports Medicine and Research.

Furthermore, the department has several students in in-service training in Biomedical Science. It also contributes to several clinical-pathology conferences and the St. James's Hospital "Grand Rounds".

The Immunology department continues to play an active role in research with major projects in coeliac disease and the regulation of inflammatory pathways. The research programmes are well integrated with the clinical and teaching services. Through these projects, the department also contributes to our general understanding of several diseases involving the immune system. The department continued to contribute to international meetings and the peer reviewed international literature last year.

Transfusion Medicine Department

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.

There were 2,246 patients transfused with blood components during 2010. 11,814 units of red cells were transfused, a decrease of 2% on 2009, however the usage by surgical patients increased by 7%. There were 4,926 units of platelets transfused (down 18% on 2009) and 3,631 units of plasma transfused (up 23% on 2009). The biggest users were haematology/oncology and cardio-thoracic surgery.

The department maintained its ISO 15189 Accreditation in 2010 and this entailed auditing every area of the quality system and monthly vertical audits of laboratory procedures, clinical processes and traceability. The Blood and Blood Product Usage Committee meets regularly and reviews the audit finding in addition to serious non conformances and advises on hospital transfusion practice.

An electronic system to manage the storage and movement of red cells which was implemented in 2008 and embedded across the campus in 2009 was interfaced with the Laboratory Information System in 2010 which allows for real time tracking of blood throughout the hospital. Its use, in conjunction with a paper based system whereby clinical staff return confirmation of each transfusion to the laboratory, provides full traceability for blood in compliance with the requirements of EU Blood Directive 2002/98/EC.

Clinical staff reported 80 suspected transfusion reactions (78 in 2009). Following investigation, 37 of these were confirmed as transfusion reactions. Serious transfusion reactions and

events must be reported to the National Haemovigilance Office. Twenty six reactions and 14 events fulfilled the criteria for reporting in 2010.

Regular audit informs training needs and the haemovigilance office continued a programme to demonstrate evidence of competence in transfusion practice for both medical and nursing staff during the year, with 85% of the nurses and 90% of the interns having evidence of competency recorded. As part of the training program an e-learning module for blood transfusion, is available for all staff.

Posters

Poster presented at the International Society of Blood Transfusion conference in Berlin titled 'Red cell usage for Iron Deficiency Anaemia in a University Teaching Hospital'.

Poster presented at the National haemovigilance Conference in Dublin titled 'Our experience in setting up a system for undertaking Root Cause Analysis in a University Teaching Hospital from 2008 to 2010'.

Microbiology Laboratory Services

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

The Microbiology Laboratory has continued its' work in consolidation and maximising efficiencies through the adoption of technology. In addition, the laboratory has continued developmental work and is now in a position to introduce new assays for virological diagnosis. The laboratory introduced the Previ Isola for automated specimen inoculation. A molecular assay replaced the routine culture for GC. This has improved throughput, TAT and sensitivity.

Mycology development work has continued and the laboratory is also in a position to introduce improved identification and susceptibility testing for common fungal pathogens. Antimicrobial resistance surveillance data, compiled by the laboratory's surveillance scientist, was used comprehensively in the production of empiric antimicrobial guidelines for the hospital. The laboratory also contributes significantly to national surveillance data and is involved with a number of national surveillance projects.

Education and Research

There has been significant research work carried out in the department, predominantly relating to antimicrobial resistance among Gram-negative bacteria, infection caused by meticillin-

resistant *Staphylococcus aureus*, GC and Chlamydia, as well as CMV and influenzae viruses. The department has a substantial commitment to education and learning with a number of staff involved in the pursuit of higher degrees including MSc and MDs.

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 2010 to implement programmes to embrace new National initiatives and reduce healthcare associated infection rates. There were a number of very significant challenges in 2010 that posed considerable workload and implementation challenges for the hospital. These challenges, including pandemic influenza and other national directives were successfully dealt with by the Infection Control and Prevention team.

The key initiatives in 2010 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, and breast surgical site surveillance
- Involvement of IPCS with National Health care associated standards
- Targeted clinical practice audits
- Involvement of the Sterilisation committee with national Decontamination audit

Histopathology Services

The histopathology and cytopathology department provides diagnostic services to St. James's Hospital, GPs in the greater Dublin area, the Dublin Dental Hospital and provides second review of pathology of patients referred to St. James's from all over Ireland as well as consultation opinions to other pathologists.

Subspecialty reporting, a unique feature of the St. James's Histopathology department, was maintained despite turnover in consultant staff throughout the year. Some issues of note for 2010 include:

- The workload of the department increased by 14% in surgical pathology and by 30% in cytopathology in 2010
- The lead pathologists in each subspecialty area participated in 10 weekly and 4 fortnightly hospital MDT meetings

- The department maintained its CPA-UK accreditation status following their surveillance visit
- The Faculty of Pathology Quality Assurance program was integrated into day to day practice
- FISH testing for Her2 in breast cancer expanded in 2010
- A consultant histopathologist with an interest in molecular pathology was appointed with a role to develop solid tumour molecular testing
- The first Mohs micrographic surgery (MMS) unit in the Irish public health service is at St. James's Hospital. Mohs surgery continues to require the support of 2 histology medical scientists in the Mohs surgery suite for approximately 6 hours per week. A consultant dermatopathologist supported diagnostically difficult cases, supported the diagnosis of the 'slow Mohs' permanent sections, reviewed outside referred cases and participated in a retrospective audit of the first 100 cases to ensure quality of service
- Prof. Eoin Gaffney directed the activity of the St. James's Hospital Cancer Biobank with Dr. Blaniad Mee and Kevin O Flynn. Biobank Ireland Trust's Irish Biobank Network won a Commendation for Best Hospital Project at the Irish Healthcare Awards in October 2010

Sir Patrick's Dun's Translational Research Laboratory

The Translational Laboratory in the Sir Patrick Duns research Laboratory has recently been refurbished with the benefit of funding by the HEA. The need for this resource was perceived by both clinicians participating in early phase drug development clinical trials, novel diagnostic and prognostic markers, as well as basic scientists with an interest in assessing the clinical relevance of their research topics.

The translational laboratory is focussed on assays geared at early diagnosis and clearer triage of patients into cohorts amenable to current or novel therapies. The aim is to provide a resource centre to serve as a liaison between investigators and industry. The Translational Laboratory supports investigators seeking to set up novel assays and trials and potentially give patients greater access to industry-developed therapies.

In addition, the laboratory has close ties with the Molecular Diagnostic lab (Cancer Molecular Diagnostics) at St. James's and develops and optimises assays for translation to the clinical laboratory. Recognizing the nationwide shortage of clinical and translational investigators, the centre also concerns itself with training, mentoring and ensuring ongoing support for the next generation of investigators.

National Meticillin-Resistant Staphylococcus aureus Reference Laboratory

The National Meticillin-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 meticillin/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 Network (EARS-Net)
- 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 2010, major developments in NMRSARL included:

- Characterization of selected MRSA isolates by staphylococcal protein A (spa) typing
- 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)
- Investigation of meticillin susceptible S.aureus by pulsed field gel electrophoresis and spa typing

In 2010, NMRSARL processed:

- 280 isolates submitted under the EARS-Net scheme (this figure is provisional until all isolates recovered in 2010 are submitted to NMRSARL)
- 15 requests for laboratory information regarding MRSA
- 185 requests for isolate investigation (on 409 isolates which included 17 outbreak investigation requests)

Irish Mycobacteria Reference Laboratory (IMRL)

Introduction

The IMRL performed a specimen and culture referral service for TB culture to 15 hospitals throughout the country. This is an increase of 3 over 2009.

Workload

2010 specimen workload remained constant with previous years with approximately 6,000 specimens cultured. There were 246 cultures referred to the laboratory for identification and susceptibility testing. This is an increase of 17% on 2009 and 65% increase on 2008. There were 225 isolates of M.tuberculosis typed by 24 MIRU/VNTR typing.

Service Developments

- The Waterford Regional Hospital microbiology department became a service user of the IMRL for identification, susceptibility testing and typing of M.tuberculosis isolates along with identification of Non Tuberculous Mycobacteria
- Galway University hospital submitted "Difficult" isolates of M.tuberculosis for confirmatory susceptibility testing
- Negotiations with Becton Dickinson were concluded for the introduction of the MGIT 960 Growth Detection system for Mycobacteria spp. into the IMRL. Validation will begin in early 2011
- Training in molecular "Automated Fragment Analysis" for the performance of 24 MIRU/VNTR typing of M.tuberculosis isolates, was performed in early 2010 by Dr. Philip Supply
- Consequently, 80% of the isolates of M.tuberculosis, received on a routine basis in the laboratory, were typed using 24 MIRU/VNTR typing. In addition there were many requests for cluster analysis of isolates from particular patients by Departments of Public Health and instances of potential laboratory cross contamination were examined
- The IMRL performed all the TB workload for the Sligo General Hospital for 3 months while its own laboratory underwent re-development
- The IMRL prepared for and received a renewal of its Accreditation status by CPA UK Ltd
- A lean exercise was completed on the workflow of positive cultures through the laboratory and the findings were adopted
- A new panel of Quality Controls was introduced via INSTAND and the ERLN



Research and Developments in 2010

- Mr. Ian Fitzgerald submitted his MSc based on the Investigation of two independent Interferon Gamma assays in the detection of latent tuberculosis in immuno-suppressed and immuno-competent individuals
- In January 2010 the IMRL was present and participated in the inaugural European Reference Laboratory Network for Tuberculosis (ERLN-TB) meeting held in Stockholm Sweden
- Dr. Margaret Fitzgibbon was nominated and accepted as a “Support Expert” in the European Reference Laboratory Network and attended several training programmes held in London and Milan throughout the year
- Review work on the role of Non Tuberculous Mycobacteria in collaboration with the Cork Institute of technology concluded
- The IMRL together with Prof. Tom Rogers jointly organised the “Focus on Infection” symposium on Tuberculosis held in the Royal College of Physicians of Ireland and two staff members gave presentations
- Multi-disciplinary meetings on Tuberculosis between various staff from the CREST, GUIDE and DiagIM directorates, along with staff from the IMRL, Microbiology, Pharmacy and Public Health continued on a monthly basis

DiagIm Directorate



Dr. Mary Keogan
Clinical Director

Ms. Suzanne Dennan
Radiographic Services Manager

Ms. Paula Corby
Business Manager

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.

Developments in 2010

Nuclear Medicine

This year saw a significant advance in the Nuclear Medicine department with the successful installation of a new SPECT/CT scanner. This scanner, a Philip's CXT, combines a dual head gamma camera, which can perform 3D nuclear imaging with a CT scanner, which gives precise anatomical localization. This combined scanner brings the diagnostic capabilities already present in PET/CT to all other areas of diagnostic nuclear medicine and make St. James's hospital the best equipped public nuclear medicine department in the country.

Interventional Radiology

2010 was yet another busy year for the Interventional Radiology Service. There was an expansion in service at all levels particularly in support of the Oncology, Gastroenterology, Hepatology, Gynaecology, Stroke and General Surgical services. There has also been an increase in the complexity of the cases performed due to the increasingly complex surgeries and treatments being performed by the referring services and also due to technological advances

in imaging and medical devices. The IR room saw a very welcome and complete refurbishment in 2010 with replacement of the existing equipment with a state of the art Siemens Artis Zee system which has advanced imaging capabilities, including 3D. This will further enhance the capabilities of IR to support the referring services in 2011.



Interventional radiology suite

PACS/RIS/EPR

In 2010 a PACS Upgrade project was started. Phase I upgraded the processing power, and enterprise wide viewing software enabling the faster distribution throughout the hospital. The first phase of the project has been a success resulting in increased end user satisfaction. Phase II, upgrading the Radiology Viewing software platform is due to be completed by the end of Q1 2011.

A new workflow for the reporting of Clinical Trial studies was developed and introduced. This has resulted in standardised reporting of these studies, using a set of rules published by an International collaboration and which the National Cancer Institute (NCI) recommends.

In 2010, there were 2 presentations given at International conferences by Diaglm staff.

Based on the success of the introduction of the CTPA Advisor in St. James' 2009, Dr. Gillian Murphy, SpR Radiology, gave an excellent presentation at the, highly respected, Radiological Society of Northern America (RSNA) conference in November. Clinical Decision Support is a rapidly growing area in Medicine, one which we are proud to be part of.

Áine Quinn, PACS Manger, presented at the Cerner Health Conference (CHC) outlining the benefits realised by St. James's since the Implementation of the new viewing platform, in conjunction with advanced 3D visualisation software. Benefits included an increase of 12.4% in Radiologist productivity.

In the PACS section of Diaglm, we are committed to continued development and refining of the functional aspects of both the RIS and PACS, thus allowing for more streamlined workflows and increased efficiencies.

Breast Service

Activity in Breast Care continued to increase in 2010 and the breast radiology service responded to demand. 2010 again saw remarkable increases in activity across the spectrum of breast imaging and intervention.

5,392 mammograms were carried out in 2010 compared to 4,067 in 2009, representing an increase of 33%. Breast biopsies carried out in 2010 amounted to 655 compared to 360 in 2009, an increase of 82% and Breast Ultrasound procedures including FNA, wire localisation and aspiration increased by 36% in 2010 (2,802 in 2009 and 3,812 in 2010).

The department was delighted to welcome Dr. Sylvia O'Keeffe, a consultant radiologist with a specialist interest in breast imaging. Dr. O'Keeffe is a graduate of Trinity College Dublin and completed her radiology specialist registrar training here in SJH. She completed fellowship training in breast radiology in the renowned Cambridge unit. Dr. O'Keeffe's appointment has enabled the provision of 8 dedicated breast radiology sessions and has been instrumental in accommodating the increasing demand.

2010 also saw the appointment of a nurse dedicated to the needs of breast radiology patients. Staff Nurse Maeve Stenson plays a vital and unique role liaising between breast radiology and breast care and helps to enhance the patient experience within the unit.

The department footprint has undergone a significant change with new dedicated patient waiting and changing areas. Imaging capacity was doubled with the purchase and installation of a new Hologic digital mammography suite and a new Hitachi dedicated breast ultrasound unit.



Radiography

On-going clinical training of undergraduate radiography students by the Radiographers is undertaken within the Directorate.

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

- CT courses for Radiographers
- MRI in Practice course
- Radiation awareness and clinical audit study day for Radiographers
- Radiation protection study days for Nurses
- Radiation protection for Non-Radiology Medical Practitioners and Hospital Personnel
- Medico-legal course for Radiographers
- IV skills training for Radiographers

The MSc in Medical Imaging with programmes in either Nuclear Medicine including PET (Positron Emission Tomography) or Magnetic Resonance Imaging is organised by the Department of Clinical Medicine, Trinity College in conjunction with St. James's Hospital. In 2010, the MSc in Medical Imaging was further developed to include a third strand in Radiation Safety.

In 2010, Suzanne Dennan was permanently appointed to the position of Radiographic Services Manager. Suzanne completed her undergraduate training at University College Dublin and was awarded an MSc in Nuclear Medicine through Trinity College Dublin. Currently, Suzanne is the course Co-ordinator of the MSc in Medical Imaging at Trinity College Dublin.

Comparable Activity Analysis by Modalities

Imaging modality	2009	2010	Variance
General radiology + max fax	114,163	116,214	2%
G.I. (Including IVP)	1,574	1,532	-3%
Mammography	4,067	5,392	33%
Ultrasound	14,814	16,888	14%
C.T.	23,792	25,442	7%
Interventional radiology: therapeutic	2,641	2,821	7%
Interventional radiology: diagnostic	515	458	-11%
Nuclear medicine	2,604	4,065	56%
M.R.I	4,904	5,156	5%
PET/CT	5,113**	9,488	86%
Totals	174,187	187,456	8%

** This is a weighted figure, actual raw number of PET/CT's = 2282

ORIAN Directorate



Dr. Carl Fagan
Clinical Director

Ms. Cora Keary
Business Manager

Ms. Fiona Murphy
Nurse Manager

Introduction

The ORIAN Directorate comprises Operating Rooms, Anaesthesia, the Intensive Care Unit (ICU), the High Dependency Unit (HDU), the Pain Medicine Service, the Day Surgery Unit, Endovascular and LASER Units and Sterile Supplies, providing anaesthesia, theatre, critical care, pain medicine and sterilisation services for the hospital.

Developments in 2010

At the start of 2010 Dr. Carl Fagan took over from Dr. Jeanne Moriarty as clinical director. Dr. Carmel Wall commenced as the new chairman of department from Dr. Peter Vaughan.

Dr. Mark Halligan commenced as a consultant anaesthetist with a shared post between The Eye and Ear hospital and St. James. Dr. Elizabeth Connolly remains on long term leave and Dr. Enda O'Connor has filled her position. Dr. Danny Collins has taken over from Dr. Tom Ryan as Director of ICU.

- 482 people completed the ALERT course
- 12 people completed the foundation course in Intensive Care Nursing
- 5-candidates completed the Higher Diploma Course

Structural Developments 2010

There was considerable structural work during 2010. In January the theatres in the main complex were sequentially closed to facilitate rewiring and the installation of more up to date power back up supplies. This took approximately 6-weeks and occurred with minimum impact on patient services.

The main ICU floor was closed for a well deserved overhaul, and looks the better for this. A new door was inserted behind the nurses station to allow access to the new 4-bed ICU area (known by the staff as the courtyard).

4-new beds were officially opened and are isolation room format which takes pressure of having patients on the open floor and facilitates patient isolation.

The patient waiting area outside the main ICU has been entirely refurbished and is much improved.

Theatre

All surgical specialties, pain medicine, gastroenterology, Hepatology and cardiology use the theatre facilities and services. The theatre provides an Endoscopy service for elective and emergency procedures with 2,086 endoscope reprocessing episodes. In 2010 there were 8,655 procedures performed in the main theatre suite, 6,708 elective and 1,952 emergencies. This represents a 6% increase on the throughput in 2009.

147 procedures were performed in the Burns Theatre and 214 procedures in the Endovascular theatre.

Day Surgery Centre

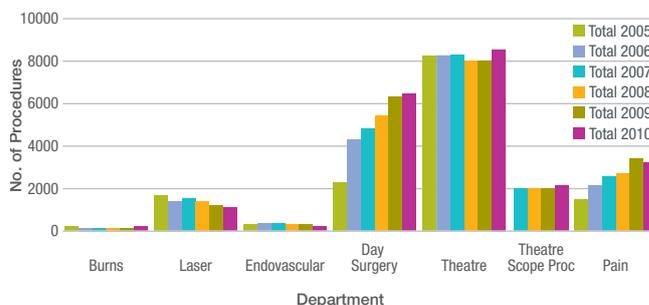
The Day Surgery Centre is a stand-alone unit with 18 day pre/post operative patient trolleys. The Centre has two general theatres, one minor surgery theatre, recovery, an anaesthetic pre-assessment service, and a pre discharge lounge.

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 Dermatology and Bone Marrow Donation. A limited service is also provided for patients undergoing procedures in Main Theatre and Diagnostic Imaging Department.

The anaesthetic pre-assessment service is Clinical Nurse Specialist lead under the direction of a Consultant Anaesthetist. Patients requiring General Anaesthesia are Pre-Assessed, ensuring appropriate medically optimised patients for ambulatory surgery, reducing cancellations on the day of surgery.

There were 6,516 attendances in the Day Surgery Centre during 2010. This is a 2% increase on the throughput in 2009. The graph below shows the growing activity in the procedures being undertaken by the various theatre departments in the Orian Directorate.

Orian Activity



ICU and HDU

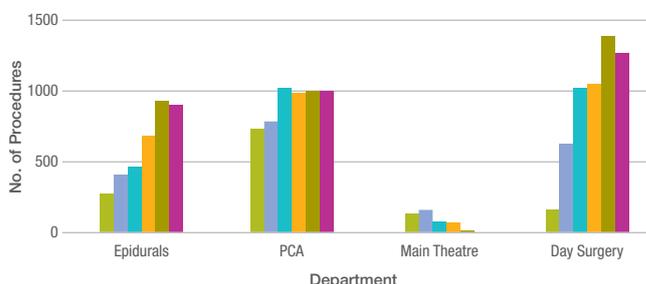
The 15 beds in ICU were fully operational in 2010 and a 16th Bed was opened in September 2010. Bed occupancy was 97%. There were 790 admissions (AVLOS 6.64). The 4 bed HDU had 608 admissions. The department strives to roster 2-consultants in intensive care daily.

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

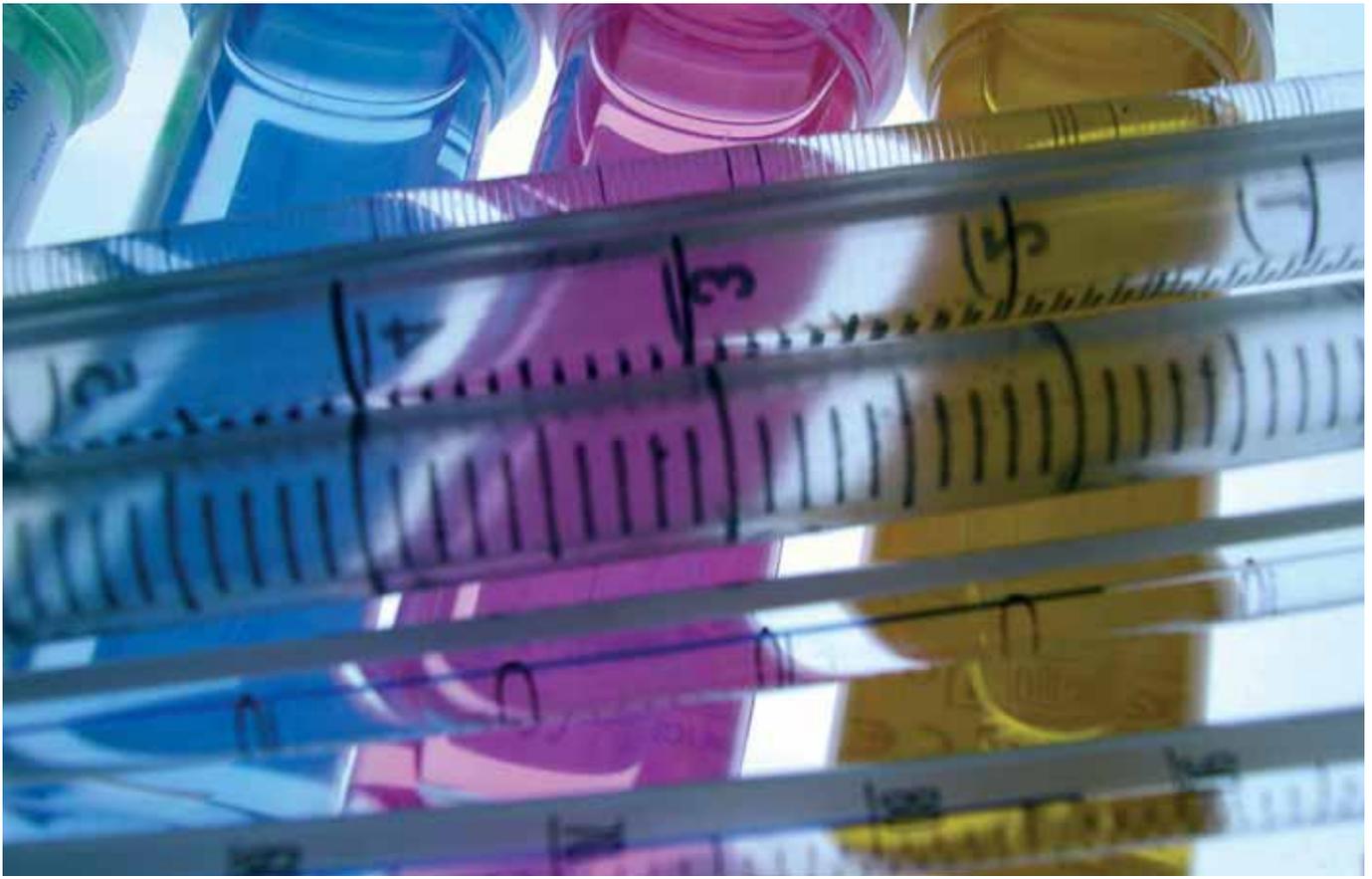
Pain Medicine

Since Interventional Pain Medicine was established at St. James's Hospital in 2004 in-patient referrals have increased from 116 in 2004 to 1,725 in 2010. Activity is expected to increase further with the reconfiguration of cancer services.

Activity Pain Management



The service 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, in addition to epidural and PCA therapy, interventional pain therapies, consultant outpatient clinics, a mindfulness clinic and a nurse-led education clinic.



Laser Unit

The Laser unit is an outpatient service coordinated by a CNS for Plastic Surgery and Dermatology consultants and provided 1,100 treatments in 2010.

It houses five laser machines for the treatment of certain skin conditions.

During 2010 a new laser was purchased to replace the ruby laser machine. The new machine is a Q-switched, frequency doubled Nd:YAG for dermatological applications.

The various laser machines were used to treat the following conditions

- Birthmarks, port wine stains, vascular lesions and keloid scars – (pulsed Dye Lasers)
- Hemangiomas, pigmented lesions and hair (Alexandrite Gentlelase)
- Keratotic lesions and basal cell carcinomas and Bowen's Disease (CO2 Laser)
- Post Traumatic and Post Radiation Tattoos – (Q Switched Ruby Laser)

Hospital Sterile Services

The HSSU experienced its fourth year of Skillvec-enrolled students, a programme which includes specialised modules in the Decontamination process. A further six members of staff graduated during the year and four technicians commenced Level 6 of the programme. In May, another technician, Leslie Lockhart a graduate of Fetac Level 6, was promoted to a supervisory position.

The HSSU reprocessed 27,834 sets of instruments for its clinical colleagues during the year, an increase of 5% on 2009.

Project work also continued on the HSE-funded national medical device tracking and traceability system for which the HSSU is the pilot site.

SCOPe



Ms. Philomena Flood
Manager

Ms. Patricia Reilly
Administrator

Ms. Gina O'Donohue
Speech and Language Therapy Manager

Ms. Siobhán Nunn
Medical Social Work Manager

Ms. Sandra Brady
Clinical Nutrition Manager

Ms. Aoife O'Gorman
Occupational Therapy Manager

Ms. Niamh Murphy
Physiotherapy Manager

Introduction

SCOPe encompasses Speech and Language Therapy, Medical Social Work, Clinical Nutrition, Occupational Therapy and Physiotherapy and e for excellence.

New Developments/Quality Initiatives

- An 'Introduction to Research' study day was held in November 2010 for SCOPe staff, with presentations on research activities by SCOPe staff
- Electronic activity recording using EPR was introduced across SCOPe in 2010

Clinical Nutrition

Service Trends

Outpatient activity increased by 6%, while the level of inpatient activity remained unchanged. Rates of non-attendance in outpatients continued to improve.

New Developments/Quality Initiatives

- Clinical Nutrition staff contributed to the development and roll-out of a multidisciplinary parenteral nutrition protocol for St. James's Hospital, in conjunction with members of the TPN Subgroup
- The Department participated in Nutrition Screening Week in January 2010. This initiative is organised annually by

the British Association for Parenteral and Enteral Nutrition (BAPEN) to identify the prevalence of patients nutritionally 'at risk' in adult hospitals. In total 27 Irish hospitals participated, and the overall prevalence of malnutrition was reported as 32% (24% high risk, 8% medium risk)

- Training in CODE (structured education for patients with type 2 diabetes) was completed by staff from Clinical Nutrition and the Diabetic Day Centre and the programme was introduced for patients attending St. James's Hospital

Education/Continuous Professional Development

- 3 undergraduate students of BSc (Hons) Human Nutrition & Dietetics completed their clinical practice placement. The department provided a placement for a second undergraduate student from the University of Ulster
- Training in Myers Briggs Type Indicators (MBTI®) was provided for all staff to enhance team-working and interpersonal skills

Medical Social Work

New Developments/Quality Initiatives

- The department raised awareness about the need to protect vulnerable adults and children. This resulted in an increase in liaison between the Medical Social Work Department, Community Care Teams, and Senior Case Workers for Elder Abuse in the Community
- Two members of the Medical Social Work team participated in a pilot project on RAPID HIV testing in Wheatfield Prison, with the medical consultant
- Social Workers successfully ran a six week Bereavement Support Group for relatives who experienced the sudden death of a family member
- A Patient Information Leaflet "Coping with Amputation" was developed and completed
- The department was involved with the establishment of a residents' Representation Group and a relatives' Focus Group in 2010 for the benefit of residents in Hospital 4
- Clerical staff streamlined processes within the Department in order to provide enhanced administrative support to Social Workers

Education/Continuous Professional Development

- Staff attended training in the following areas: Dementia Care, Addiction, ASIST training, Suicide and Self Harm, as well as a number of Irish Association of Social Workers Conferences
- Three Medical Social Workers completed the two day Practice Teachers Training course at Trinity College Dublin

Occupational Therapy

Service Trends

Occupational therapy activity remained high with 15, 751 inpatient contacts and 5, 169 out-patient contacts provided to over 9, 000 individuals. Overall out-patient activity increased by 5 %.

New Developments/Quality Initiatives

- Working with community occupational therapy colleagues in Dublin South City, Dublin South West and Dublin West, 132 patients were provided with enabling equipment in order to facilitate a seamless discharge home from hospital in a timely manner, representing a 36% increase on 2009
- Greater links were developed with community services by rolling out a hospital and community staff grade rotation between St. James's Hospital and Local Health Office 3 in Dublin South City. This highly successful initiative will be developed further
- Occupational therapists working in the Emergency Department commenced an initiative to pilot the provision of extended hours until 6 pm every day
- Representatives from occupational therapy and nursing convened a working group to improve practice with regard to provision of specialised seating equipment at ward level, handover of seating instructions as well as education and training. The group aims to initiate a pilot project in 2011 at ward level
- Therapeutic horticultural groups continued to be facilitated by occupational therapists in the MedEl gardening polytunnel throughout 2010
- Occupational Therapy staff in Burns and Plastics continued ongoing projects to audit extensor tendon and flexor tendon protocols. Occupational therapy was centrally involved in a study with medical colleagues investigating hand clubbing and peripheral nerve injury. With participation from the multi-disciplinary team, occupational therapy

coordinated the compilation of a patient information booklet for Burns patients

Education & Training

- A number of occupational therapists completed the British Association of Hand Therapy Level 1 and 2 courses
- A senior occupational therapist completed an EXTEND training course and is now an accredited EXTEND instructor
- Burns and plastics occupational therapists attended the Philadelphia Hand Conference
- The Fetac Skills Course was successfully completed by one occupational attendant

Physiotherapy

Service Trends

Physiotherapy maintained a very high level of activity providing 100,000 patient treatments to 5,522 outpatients and 7,948 inpatients despite budget constraints.

New Developments/Quality Initiatives

- Winner of the ISCP (Irish Society of Chartered Physiotherapists) Conference Innovation Prize for a second year in 2010 for its outpatient project -Service capacity versus demand: the management of a sudden increase in referrals to outpatient physiotherapy due to adverse weather conditions
- A Multiple Sclerosis (MS) physiotherapist was funded by an educational grant from Merck Serono for one year
- Community physiotherapy integration remained a priority within the department:
 - 3 pilot community based pulmonary rehabilitation programmes for St. James's patients were held
 - Staff grade rotations between community and St. James's
 - Team Based Performance Management and manager meetings has increased referrals to community to on average 70 referrals a month

Education/Continuous Professional Development

- 75 undergraduate physiotherapy placements were provided
- 5 physiotherapy staff undertook or completed MSc
- 2 physiotherapy assistants participated in top up modules in order to fulfil the requirements to study physiotherapy
- Staff was involved in lectures to undergraduate and post graduate physiotherapists, Nursing Courses, Medical Students and FETAC Skills Programme

Speech and Language Therapy

Service Trends

Referrals to the Speech and Language Therapy Department were up 18% in 2010. Overall departmental activity was up 4%.

New Developments/Quality Initiatives

- Speech & Language Therapy facilitated timelier in-patient to out-patient discharge by updating their data base of community based therapists both locally and nationally. This allowed an increasing number of patients to be seen for follow up with out-patient therapy locally
- A Cleft Lip and Palate resource pack was developed by the Special Interest Group which was very favourably received by therapists' nationally
- Provision of Communication Stations on all wards within the Medicine for the Elderly directorate began in 2010. The roll out of this project to all MedEl wards is planned for the coming year and the department plans to expand this initiative to other areas
- Establishment of a pureed modified diet consistency for patients presenting with oropharyngeal dysphagia. This is a collaborative project between Catering, Speech and Language Therapy and Clinical Nutrition departments

Education/Continuous Development

- Continued involvement in ongoing staff and student education at undergraduate and post graduate levels
- A senior therapist completed her Masters project Communication training with Physiotherapy assistants: participatory action research
- In MedEL therapists developed a multidisciplinary profession specific “Communicating with Confidence” training programme aimed at facilitating improved communication between healthcare professionals and communication impaired patients. This will be expanded during 2011
- Speech and language therapy department commenced training in Sonas a multi-sensory stimulation approach focused on improving interactions for people with dementia and other cognitive impairments
- The department successfully organised and hosted a two day national dysphagia seminar in May attended by 70 delegates, with guest speaker from University of Pittsburgh, Dr. Roxann Diez Gross

Pharmacy Department



Mrs. Veronica Treacy
Director of Pharmacy Services

Ms. Gail Melanophy
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 provides all pharmaceutical services to both St. Luke's Hospital and Our Lady's Hospice. Each pharmacy department is now registered with the Pharmaceutical Society of Ireland, under the Pharmacy Act requirements of 2007.

All areas experienced an increase in activity during 2010.

Summary of Developments in 2010

- Completion of the relocation and upgrade of GUIDE satellite pharmacy
- Garda Certification and enhanced secure storage of controlled drugs within the main pharmacy
- Completion and occupation of new accommodation for the pharmacy in Our Lady's Hospice
- Supply of all medications to Jonathan Swift inpatients

Dispensary and Distribution Services

The Dispensary continued to provide the top-up service to the Hospital in 2010.

In 2010 a labelling system for oral liquids to highlight expiry once opened was introduced.

An in-house medication safety event reporting system was launched with a view to highlighting any staff training or education gaps.

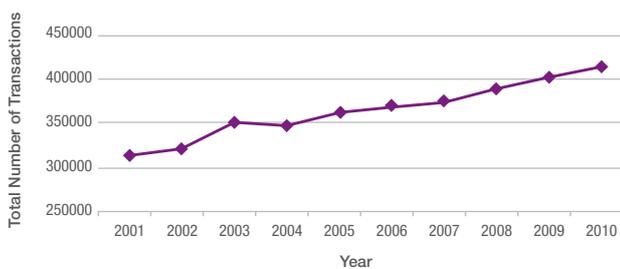
Regular ward audits have been taking place with a view to decreasing over-ordering/drug wastage.

A pilot for on-line pharmacy non-drug ordering has been commenced with the aim that this will be expanded hospital wide in 2011.

A new security system, including swipe and pin access, a new controlled drug room, and separate staff/patient counselling areas has been installed to aid compliance with the Pharmacy Act.

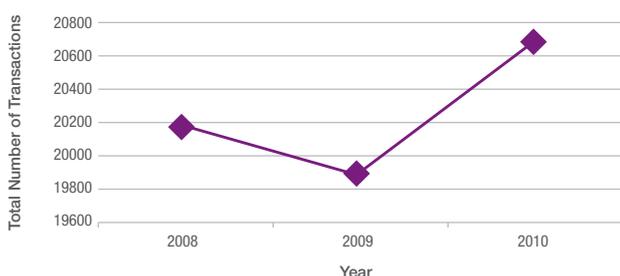
The Hospital's drugs spend was down 2% from 2009 due to current procurement strategy, while the volume of dispensing increased by 3.5% over 2009.

Cumulative Total Number of Transactions 2001 – 2010



The Emergency Duty Pharmacy Service – available for urgent, out-of-hours supply of medication or information to staff at this hospital – continues to be busy. In 2010, similar to 2009, it represented 5% of the total activity of 416,672 transactions.

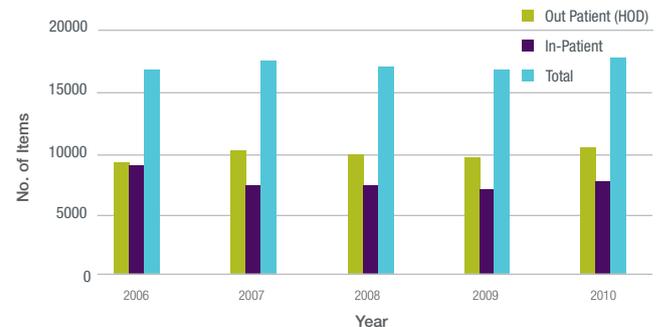
Number of weekend transactions 2008 – 2010



Aseptic Compounding Services

The Aseptic Compounding Unit (ACU) manufactures a broad range of cytotoxic and other sterile products for both in-patients and out-patients. The graph below shows the ACU production figures, year on year, for the last 5 years.

ACU production 2006–2010



There has been an overall increase in the number of items made, with the day ward contributing to the majority of this increase.

The Process Deviation and the Quality Control working groups, established in 2008, continued to play a pivotal role within the ACU quality management programme.

Clinical Pharmacy Services 2010

Pharmacy involvement at ward level is aimed at promoting the safe, effective and economic use of drugs. Clinical Pharmacy Services in 2010 included:

- Involvement in consultant-led ward rounds in some specialist areas
- Conducting daily patient visits to ensure drug supply and prescription review
- Further development of the Medicines Reconciliation process continued in 2010 and with the support of the Pharmacy and Therapeutics Committee a presentation on the Medicines Reconciliation process was given at Grand Rounds in January 2010. The redesign of the SJH inpatient drug kardex incorporates a specific section for the documentation of Medicines Reconciliation at admission
- Educating inpatients (and outpatients when appropriate) about medication prior to discharge
- Strategies to enhance VTE prophylaxis prescribing continued in 2010. The Pharmacy Department led the development of a pilot inpatient drug chart with preprinted alert and guidelines for VTE medical prophylaxis. The impact of the preprinted guidelines on the drug chart was audited by Dr.

Julian Loh with the support of Dr. O 'Riordan. Appropriate prescribing of VTE prophylaxis increased significantly from 39% to 57%. The preprinted alerts will be incorporated into the new hospital inpatient prescription kardex

- Provision of medication record cards and patient information leaflets to enhance compliance with complex medication regimens. Liaising with Community Pharmacists to ensure that supply problems do not arise on discharge
- Updated intravenous drug administration monographs were also added over the course of the year

HOPe Clinical Pharmacy Services

- Work on medication safety continued throughout 2010, with the introduction of:
 - enhanced training for new registrars,
 - total overhaul of the intranet site for protocol retrieval,
 - review of preprinted chemotherapy prescriptions.
- Ongoing work for updating chemotherapy protocols continues
- Clinical trial activity continues with new drug entities and treatments. These are part of a national and international cancer clinical trial programme

GUIDe SERVICES

The GUIDe pharmacy, an onsite satellite pharmacy, is the largest provider of medications to HIV positive patients in the Irish Republic. The pharmacy team play a pivotal role in the provision of both a pharmaceutical supply and clinical pharmacy service to all HIV positive inpatients, and greater than 2000 HIV positive outpatients. This involves educating both patients and physicians on new drug therapies and interactions, managing multi-drug resistant viral infections and compliance issues. The team also provides timely and essential guidance on toxicities including cardiovascular and renal complications.

The significant reduction in morbidity and mortality now associated with HIV treatment, coupled with the increasing numbers of newly diagnosed HIV positive patients annually and the international guidance to initiate HIV-infected patients on anti-retrovirals(ART) earlier in the natural history of infection have resulted in a significantly larger number of patients now receiving ART and other related HIV medications from the

GUIDe pharmacy. A pharmacy service is also provided to the sexual health outpatient clinics, HIV/TB co-infected patients and extra Pulmonary TB patients.

In addition the team provide a medicines information service and are involved in the management of clinical trials.

MSc. in Hospital Pharmacy

The M.Sc. in Hospital Pharmacy is a practice-based course designed to optimise the knowledge and skills of hospital pharmacists, enabling them to contribute positively to patient care in all aspects of medicines management. The course is provided by the School of Pharmacy & Pharmaceutical Sciences TCD, in collaboration with several teaching hospitals and is coordinated from St. James's hospital.

Education and Research Activities

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



National Medicines Information Centre (NMIC)

Claudine Hughes
Chief II Pharmacist

Dr. Mary Teeling/Dr. Mary Jo MacAvin
Medical Advisers

Dr. Michael Barry
Medical Director

The NMIC provides information on any aspect of drug therapy to healthcare practitioners in Ireland.

In 2010, over 70% of enquiries to the NMIC enquiry answering service originated from primary care, with information in relation to administration/dose of medicines, drug interactions, adverse drug reactions, and choice of therapy the most common types of information sought.

In addition, the centre proactively provided medicines information through its two publications, a monthly current awareness newsletter "Therapeutics Today" and a bimonthly therapeutics bulletin. Topics covered in 2010 (Vol.16) included Prescribing in the Elderly, Hormonal Contraception and Pharmacotherapy of Depression. All NMIC publications are circulated to doctors and pharmacists nationwide and are available on www.nmic.ie

The NMIC has continued to provide information support to agencies such as the HSE and to work with the Royal College of Physicians in Ireland in delivering training on safe prescribing, as part of the NCHD general professional training programme. In 2010 the Centre was also invited to participate in the Medication Safety Forum led by the Department of Health and Children. In addition, a number of educational meetings on therapeutics and safe prescribing were delivered throughout the year to General Practitioners, General Practitioner trainees, NCHDs, undergraduate medical students and Pharmacists.

Medical Physics & Bioengineering



Prof. Neil O'Hare
Head of Dept.

Dr. Geraldine O' Reilly
Deputy Head of Dept.

Mr. John O'Meara
Chief Technician

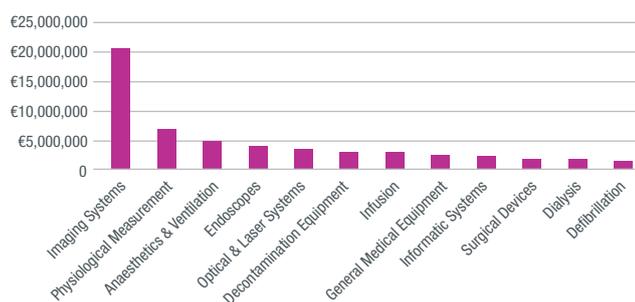
Introduction

The Medical Physics and Bioengineering Department's team of physicists, technicians and engineers draw on a broad skill base to provide St. James's with services in equipment management, clinical support, project management and safety. Operationally the department works in groups specialising in imaging technology, sterile services, optical/endoscopic systems, and critical care and general medical equipment. The Department also provides Quality Assurance and Radiation Protection Advisory services to a large number of external institutions.

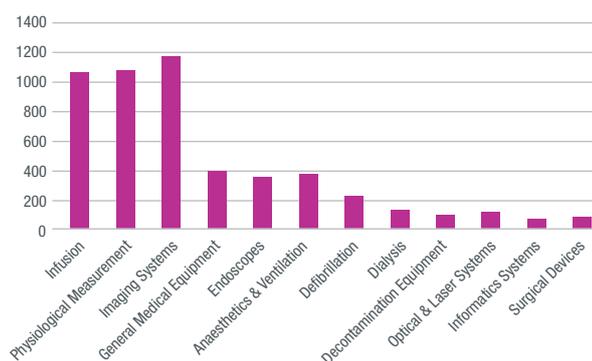
Developments

The department continued to develop its Equipment Management IT system with all areas utilising the system for both asset management and call logging. The department currently supports over 3,900 assets with a capital value of approx. €54m and an annual support budget of just over €2m. In 2010, approximately 5,100 calls were answered in relation to the support of this asset base.

Total Replacement Value by Asset Type



Number of Support Actions per Asset Type



The department provided key inputs in to a number of capital projects within the hospital. Examples of these included:

- Procurement, installation and commissioning of two new MRI scanners
- The upgrading and expansion of the Clinical Information System which supports the Critical Care areas within the hospital
- The replacement of the hospital wide analogue telemetry system with a new digital system
- Replacement of a large range of imaging systems including:
 - Single slice CT scanner replaced with a 64 slice
 - Acquisition and installation of Interventional Radiology imaging system comprising cone beam CT functionality
 - Single head gamma camera equipment replaced with SPECT CT system;
 - Trial and subsequent procurement of a novel Endoscopic Imaging system (SpyGlass) which allows direct visualization of the common bile duct during ERCP
- Breast imaging service expanded with new mammography imaging equipment installed in a dedicated room including

a stereotatic biopsy facility and in- room core biopsy imaging system

Departmental members continued to have involvements in many national and international committees and projects. Such involvement is strongly supported by the department. including:

- Project Lead – National Integrated Medical Imaging System (NIMIS) Project (HSE);
- Irish Expert on Article 31 Group, advisory group to the European Commission on radiation safety. Group has drafted the revised and recast Directives on radiation safety for workers, patients and members of the public;
- Member of Ionising Radiation Advisory Committee (IRAC) – advisory committee to Radiological Protection Institute of Ireland (RPII);
- Evaluator on European 7th Framework projects under Nuclear Fission and Radiation Protection theme;
- Consultant to International Atomic Energy Agency (IAEA) on development of Radiation Safety Guide on Justification;
- Two members on the Dental Radiology Audit Advisory Group of the Dublin North East/Dublin Mid-Leinster Dental Radiation Safety Committee;
- Member of the National Radiation Oncology Physics Residency Programme Committee that has established a national training programme for Medical Physicists;
- Project Board member on National Client Index Project (HSE);
- Input into revision of European Commission publication Radiation Protection 91;
- Two members on the HSE committee responsible for drafting Quality Assurance and Performance Criteria for Radiological and Nuclear Medicine Installations;
- Membership of HSE Medical Physics Expert in Dentistry Subgroup;
- Equipping advisor to the National Equipping Programme to deal with H1N1 Pandemic (HSE);
- Advisor to the National Framework for Procurement of Clinical Information Systems (HSE);

Education/Training Activities

Since its foundation MPBE has strongly valued education, training and research and considers these areas as being drivers to its success as a progressive, knowledge based Department.

- Co-ordinated and delivered the MSc Physical Sciences in Medicine (TCD)
- Provision of 2-month IAEA fellowship training to fellow from Sudan
- Co-ordinated & provided lecturers to the Physics programme for Part 1 Fellowship in Radiology, RCSI
- Co-ordinated & provided lecturers for Radiation Protection Module for Diploma in Nuclear Medicine, TCD
- Delivered modules in Medical Physics & Imaging to a number of academic institutions including Dublin City University, University College Dublin, Dublin Institute of Technology & Trinity College Dublin
- Facilitated a number of work experience placements including two six month placements of third year students from DIT
- Provision of lectures to National Endoscopy Nurses Course, coordinated by TCD, SJH & An Bord Altranais
- Provision of lectures to An Bord Altranais/HSE course - Nurse Authority to Prescribe Ionising Radiation
- Advanced Quality Assurance in PET-CT Training, European Association of Nuclear Medicine
- Coordination and delivery of Medical Imaging Module for MSc Health Informatics, TCD
- On going collaboration with Vascular Surgery on research project examining radiation dose issues associated with EVARs procedures
- **MPBE & Mercer's Institute for Successful Ageing (MISA):** A hub of clinical services, research, training and education activity related to the care of older people is consolidating around Mercer's Institute for Successful Ageing (MISA) at SJH. MPBE continued to support and shape this strategically important development through R&D engagement with MISA and its partners, and by building the skills and capacity to support future developments. At TRIL (Technology Research for Independent Living) MPBE staff helped support the development of technologies for older people
- **TILDA (The Irish Longitudinal Study of Ageing):** MPBE continues to provide scientific support in the collection, interpretation and analysis of physiological measurement data. Research by MPBE/MedEL in the area of Falls & Syncope led to the award of Ph.D. to Ciaran Finucane (MPBE), with other MPBE staff conducting Ph.D. level research on gait and balance in older people and on SFI funded research on eye tremor measurement. Capacity to develop relevant R&D engineering skills was expanded through the implementation of a Clinical Engineering strand developed by MPBE for the MSc in Physical Sciences in Medicine at TCD

Research Activities

- The department continues to supervise and support a range of MSc and PhD projects in areas such as Diagnostic Imaging, Radiation Protection, Device Development, Ultraviolet Radiation Dosimetry, and Magnetic Resonance Imaging
- **CAMI (Centre for Advanced Medical Imaging):** The HRB funded 3T research MRI system opened in 2008. MPBE continue to provide significant input to this facility with a full time research physicist positioned in the centre

General Support Services



Ms. Grace Rothwell
General Support Services Manager



Mr. Vincent Callan
General Support Services Manager

Introduction

The General Support Services Division is responsible for the delivery of cleaning, waste management, grounds, linen/laundry, catering, portering, security, communications, chaplain and concourse services throughout the hospital complex.

Hygiene Services (Cleaning, Waste Management, Linen & Laundry)

As in previous years the focus in 2010 centred on identifying and implementing quality improvement initiatives, ensuring efficient use of resources and compliance with specified quality parameters.

All hygiene services were reviewed in 2010 and significant progress was effected in terms of moving towards the multifunctional delivery of hygiene services in the patient environment.

Key initiatives implemented in 2010 included

- Implementation of ScrubEx vending solution for scrub suits, resulting in guaranteed availability of scrub suits and the elimination of costs associated with non-returns
- Amalgamation of hygiene services including cleaning, feminine hygiene, pest control and window cleaning, resulting in cost effective multifunctional delivery of services from a single provider

- The introduction of 24 hour cleaning and night cleaning in Theatre, resulting in optimum use of resources out of hours and increased support for bed management
- Greater flexibilities and mobility of hygiene services staff coupled with a reduction in the delineation of duties, resulting in increased efficiency of resources and clarity in terms of roles and responsibilities
- The development and roll-out of a robust 'Hygiene Assessment Tool' which incorporates hygiene, infection prevention and control and health and safety criteria and the development of a reporting template for issue to all areas post assessment, the report details both positive and negative findings and includes an action plan
- Upgrading and refurbishment of equipment and facilities, resulting in improved internal and external environment
- Development and issue of quarterly reports regarding 'hygiene complaints' and 'hygiene related risk occurrences'

'Hygiene Scores'/'Hygiene Performance Indicators' 2010

A robust hygiene assessment process is in place, departmental, local and executive management assessments are ongoing. Average scores in 2010 were as follows:

- Environment 90%
- Equipment 87%
- Ward Kitchens 92%
- Waste Management & Sharps 95%
- Linen & Laundry 95%
- Hand Hygiene Facilities 90%

Note: ≥86% required

Chaplaincy Department

The Chaplaincy Department provides a 24 hour service to the hospital. The team comprises Ordained and Religious along with Church of Ireland Chaplains. In addition the Department has over 30 volunteers who serve as Ministers of Eucharist and assist in bringing communion to patients on a daily basis.

In 2010 the chaplains attended over 1000 deaths and made 200 pre-operation visits per week to patients who had requested a visit. Added to these are the informal visits made on wards by all Chaplains.

A Special Mass of Remembrance was held in November for deceased members of Staff, their families and friends which allows bereaved Staff and their families and friends

an opportunity to come together and remember their loved ones in a 'Candle Ceremony of Remembrance'.

Concourse

The reception desk on Main Concourse is the initial interface for patients, visitors and staff entering the main hospital, and the team aspires to project an image that is efficient and reflective of a professional healthcare facility.

The primary function of Main Concourse is to ensure that access to the desired location in the main hospital is facilitated by means of effective signage and/or assistance from the team, and to provide commercial and catering facilities for patients, visitors and staff in an appropriate setting.

Catering Department

The Catering Department provides a varied menu for patients, offering a range of dishes including those which are suitable for patients on modified diets. It prepares and distributes almost one million patient meals a year.

The refurbishment programme for the ward pantries continued throughout 2010 with the upgrading of another four ward pantries and an upgrading of the central production unit, where improvements included the installation of a blast chiller and new flooring in the cold rooms, in addition a new disposal facility was constructed in the Central Production Unit to ensure compliance with Dublin City Council's waste management programme.

The exterior areas of the staff restaurant surrounding the new extension were upgraded and now compliment the building.

A new computerised patient menu ordering system was piloted on 4 wards in 2010 and was deemed successful in terms of efficient data capture and reduction in waste, a full roll out of this initiative is planned for 2011.

Comprehensive monitoring of the catering system, based on **Hazard Analysis Critical Control Point (HACCP)** principles, was continuously enforced so that operational procedures where systematically checked as a matter of routine.

Security

The security of patients, visitors and staff continued to be the key focus for Security Department in 2010. Continued investment in Security has enabled a modern and effective Control Room with security personnel having visibility on CCTV cameras, access control, intruder detection, panic alarms, fire alarms etc.

This enhanced technology, coupled with a highly trained security team supports the hospital in maintaining a safe environment for patients, visitors and staff and in ensuring prompt responsiveness to instances of anti social behaviour.

The Hospital Watch programme continued to be a success with increased liaison with An Garda Siochana and the dedication of the Garda Liaison Officers to assist security personnel.

In 2010 the Security Department recorded 2955 incidents that warranted immediate Security attention and as a result of the prompt and decisive action of the Security team 417 persons were removed from the site for Anti Social Behaviour, 126 persons were arrested by the Gardai for various offences, 246 Staff escorts were carried out and 167 Fire Alarms were responded to. Other responses related to Thefts, Missing patients, Patient Escorts, Lost and Found Property and recovery and removal of dangerous articles from Persons on site.

Key Initiatives in 2010

- Full ward access control project continued in 2010 to deliver a fully integrated access control solution to all inpatients wards. This will bring the Hospitals Access Control System to over 300 doors
- Ward CCTV project ensures each ward junction is now equipped with CCTV which transmits to the Security Control Room for both Monitoring and Recording
- Site wide patient wandering system project was initiated in 2010, this will result in the capability to monitor movement in real time of vulnerable patients on hospital site graphics maps with alarm triggers to notify security personnel
- Electronic traffic control barriers with additional CCTV were erected at both the James's and Rialto Gates in 2009. In 2010 both gates became fully automated with the introduction of an ANPR (Automatic Number Plate Recognition System), gate lodges were removed to improve visibility and enable safer access/egress for pedestrians and vehicles. All Gate Systems are now operated via the Security Control Room
- Security/Allied Services assumed responsibility for the re-setting of activated fire alarms

Telecommunications Department

The St. James's Hospital telephone network processes over 50,000 calls on a daily basis. In 2010, over 20 million calls (incoming & outgoing) went through the Hospital's phone network. The Telecommunications centre deals with over 2,000 calls per day both external and from within the hospital.

In addition to switchboard management, the telecommunications centre logs and tracks 500 bleeps. The centre also monitors various alarm systems including Fire, Nitrous Oxide Gases and electricity. The telecommunications department regularly carry out checks on emergency and back up contact and phone systems.

During 2010, the telecommunication's Arc system was upgraded. This has enabled more comprehensive monitoring and reporting of telecommunication activity. The ongoing successes of the Interactive Voice Response (IVR) system led to this being expanded and rolled out in many areas. It is expected to continue to roll out this further in 2011.

Portering Department

Portering provides a service to all clinical areas throughout the hospital campus on a 24 hour 7 day basis. Functions include patient transfer within wards and hospital site, the collection of specimens, blood and blood products and the collection and delivery of pharmacy items. The messenger service delivers a wide range of urgent post and other items throughout the City of Dublin.

David Graham and John Whittington, Manager and Deputy Manager, Portering Services retired, their joint contribution to the department spanning many years was invaluable. Alan Buckley Manager Security/Allied Services assumed responsibility for the management of the Portering services Department, his aims and objectives for department are to provide, organise and deliver efficient, effective and high quality services across the hospital campus in line with best, modern and contemporary practices, standards and guidelines.

Technical Services Department



Mr. Niall McElwee
Project & Technical Services Manager

Mr. Peter Ford
Maintenance Officer

Mr. Alan Sharp
Business Manager

Ms. Kim Featherstone
Energy Officer

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.

The activity in TSD during 2010 comprised of 18,265 helpdesk and 560 new work requests.

In addition to the above maintenance and new works, TSD undertook and managed 32 medium to large scale minor capital projects at a cost of €2.3 million. The following projects are a sample of the projects undertaken in 2010 moving into 2011.

- The final large segment of a three year rolling program to replace the fire alarm systems with a single open protocol strategy
- The design and upgrade of a replacement hot water system in the H4 plant room
- Significant investment was made in the external repair and upgrading of the physiotherapy building
- Replacement of the oil transformer in SS2
- Phase 1 of a planned repair and upgrade program was initiated on the Emergency lighting throughout the hospital

- A number of large scale painting programs were started in 2010 and concluded early 2011, this included the private wards and connecting stairwells, and an element of the external wall of hospital 7
- Installation of the replacement main distribution board in the Central Pathology Lab Substation
- Negotiations with ESB for an increase in capacity of electrical supply to the Hospital from 4.5Mega Watt to 5.2 Mega Watt
- The instigation of an immediate programme to replace much of the existing 10,000Volt cables between the energy centre and various substations across the site at an approximate cost of €760,000.00
- The 2nd phase of the fire door replacement program commenced late 2010 with a completion of mid 2011 for the installation of 24 new door sets
- Installation of fall protection in a number of locations, to complete this two year rolling program
- Phase 2 of the catering department upgrade program, delivering refurbished cold rooms, replace flooring, new central Utility Island and the replacement of a blast chillier
- Equipment & environment improvements as part of a minor capital spend includes:
 - The introduction of an upgrade program for the Building Management system
 - 5 pantry dishwashers in 2010
 - The pot washes in the main canteen
 - Shower replacements in Acute Medical Assessment Units
 - Replace 5 nurse call systems to be completed by mid 2011
 - Shower room and hand hygiene services, upgraded in 7 side rooms with 5 further rooms to be completed in 2010
 - 4 bedpan washers replaced as part of a rolling program
 - The third year of a rolling program to upgrade taps, the program will deliver another 100 taps installed in 2010/2011
 - Replacement of the CHP with a new unit capable of producing up to 8.76 million units of electricity per year

Energy Centre

Energy Services is responsible for the secure, safe and efficient supply of utility services to the Hospital site. These utilities include electricity, natural gas, water and steam. 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 operated for twelve years providing 25% of the Hospital's electrical requirement in an energy efficient manner during this period. In October 2010 the hospital invested in a new unit to replace the old unit, the new unit is expected to be fully operational during April 2011.

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. This system is currently undergoing the first phase in a replacement program to secure its reliability into the future.

Services

St. James Hospital took part in the combined HSE electrical tender, in 2009 and 2010. The benefits seen from the 2009 process have been effectively eroded in 2010 due to increasing energy costs.

Utility Costs 2010

Electricity	€1,500,860
Natural Gas	€1,373,152
Water	€247,370
Total	€3,121,382

Developments

Steam services repairs were carried out this year to manage recurring leaking services ducts and condensate loss. The network of the steam ducts are almost forty years old and the hospital is reliant upon this service 24hr/7 days for heating and hot water supplies over the majority of the campus. Additional repair programmes are to be scheduled with agreement on shutdowns of central sterile supplies areas and other associated critical services.

Further upgrading of the electrical distribution systems were 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.

The capital programmes for major developments require significant increase in network capacity of the main utility services; power, steam, hot & cold water services and fibre/data services. It is identified in the outline development control plan that as a principle these services provisions would be planned and be funded through each key development; however as the HSE capital development programme has reduced the smaller, local development projects are challenged to address the shortfall which poses real difficulties in grant funding. The downside is that the smaller projects may have limitations in services or overstretch existing services which can be vulnerable to risk of failure or downtime.

The essential requirement to provide increased volume of negative pressure isolation rooms to meet demand led services have been met with the introduction of replacement plant in selected areas only. The provision of single rooms in the intensive care unit has benefitted this service greatly to allow segregation of the vulnerable and high risk patients, however the demand for negative pressure rooms is constant due to increase in respiratory, airborne infection and further programmes to develop high standard isolation rooms is required. Proposals in this regard have been forwarded to HSE and the hospital continues to seek a medium and long term solution in this regard.

With the volatility in energy costs and the requirement to reduce our carbon emissions it is imperative that we actively control and manage our energy consumption. This will require all staff to take a proactive and responsible role in managing energy use within their area. We have established a pilot programme to educate staff in this regard and hope to roll it out site wide in the coming year. A successful pilot scheme to elect "Energy Champions" in each directorate and department is to be extended into high energy user areas of the hospital.

This year has permitted significant improvements to ward and patient shower and toilet accommodation and the objective is to continue these improvements locally with the patient environment key to these enhancements. The Intensive Care Unit was also refurbished within a strict timetable while maintaining the ever stringent infection control standards.

I wish to personally acknowledge the staff who have from the above schemes have left the departments and from their combined 100 years of service contributed significantly to the organisation; Katrina Seery (Commissioning Officer), Dermot Parnell (Technical Services Building Systems Technician), Bernadette Flannery (PA, Clerical Planning Department), Anthony Byrne (Carpenter), Joe Mulhall (GO) and Dave Doherty (GO). I wish them all well for the future and for those who chose to retire, I wish them a long and healthy retirement.

Nursing Services



Mr. Paul Gallagher
Director of Nursing

Introduction

The Nursing and Healthcare Assistant staff have continued to demonstrate their commitment to the delivery of quality driven and safe patient care throughout the year. 2010 has provided the profession with a number of challenges, the most significant of which related to the impact of the moratorium on recruitment of staff. This has impacted on our ability to consistently maintain a satisfactory level of skill mix in the clinical setting. Nursing and HCA staff have made very effort to ensure safe patient care and achieve the highest possible standards within the resources available. I would like to take this opportunity to once again acknowledge and thank the staff for their contribution in caring for our patients and their families.

I would like to welcome all our new members of staff that have joined the nursing team here at St. James's Hospital. I also wish every success to those who have left the organisation throughout the year to pursue their careers or retire, after a long dedicated service. The following senior members of nursing staff retired during 2010:

- Ms. Paula Phillips – HR Manager (Nursing)
- Ms. Nuala Kennedy – Nurse Manger (MedEL Directorate)
- Ms. Mary Foley – Nurse Manager (CreST Directorate)
- Ms. Christine Kelly – CNM 2 National Burns Unit
- Ms. Margaret MacGuinness – CNM 2 Day Surgery Centre

Ms. Rosemary Baxter – Nurse Tutor
(Centre for Learning and Development)
Ms. Margaret Walsh – Clinical Nurse Specialist
(SaMS Directorate)

On behalf of the Nursing Executive, I would like to acknowledge the dedicated service given to the hospital by our retired colleagues.

Recruitment Statistics

Total number of staff recruited	13.83 WTE
Breakdown by nationality	
Irish	12 WTE
EU	2 WTE
Non EU	0 WTE
Total number of resignations	83.51 WTE
Average monthly vacancy rate	62.91 WTE

Key Developments and Projects

Nurse Bank

The Nurse Bank was established in 2007 and continues to play a vital role in the support, co-ordination and allocation of nursing and HCA staff throughout the hospital. During the year the Nurse Bank was incorporated as part of the HR Directorate, the purpose of which was to merge the human resource management function of the Nurse Bank within a single HR governance framework. It must also be noted that Nursing Administration continues to hold professional responsibility for this essential office.

Nursing Research

The Nursing Research Access Committee (NRAC) operates in partnership with the Nursing Practice Development Unit, the School of Nursing and Midwifery – Trinity College Dublin, the Centre for Learning and Development and the clinical areas of the hospital. The purpose of this committee is to oversee and manage access by researchers to nursing and healthcare assistant staff. During 2010 twelve research students were granted access to the hospital. The NRAC also held a National Audit and Research Seminar in April 2010 which proved to be a tremendous success. This initiative will be progressed in 2011.

In partnership with the School of Nursing and Midwifery, Trinity College, the hospital was successful in obtaining a grant from the *National Council for Nursing and Midwifery* to fund a Healthcare Researcher to support and enhance the research function of Clinical Nurse Specialists and Advanced Nurse Practitioners. This position will be introduced in January 2011.

Healthcare Assistants

- The tender process for the supply of agency Healthcare Assistants was finalised in July 2010 and significant reductions in rates were established following implementation of this contract.
- The successful critical mass SKILL/FETAC education programme continued in 2009/2010. A group of 31 Health Care Assistants commenced this programme and the course is facilitated by the Centre for Learning and Development and at local VEC colleges. HCA's are practising newly acquired skills in the workplace which are measured by the SKILL Project Team.
- A Dementia Education Programme was coordinated by the NPDU for Health Care Assistant (HCA) staff in relation to the management of patients that require 1:1 support. The purpose of this programme is to increase the knowledge base of staff in relation to specific techniques that are required to manage these patients in the acute hospital setting.

Nurse Prescribing (Medicinal Products)

This initiative continued to develop in 2010. The hospital currently has 6 Registered Nurse Prescribers and a further 5 nurses have undertaken this education programme during the year. An Bord Altranais carried out a site inspection at the hospital in February 2009 and a report was subsequently submitted to the hospital. A follow-up action plan was established to further improve the practice relating to nurse prescribing. This practice is audited on a quarterly basis and St. James's Hospital has also initiated the national continuous education programme for Nurse Prescribers which has proven to be very successful. The work plan for this initiative for 2010 includes the development of a 'E audit' tool and this will be completed by year end.

Nurse Prescribing (Ionising Radiation)

The hospital is in the process of supporting the Advanced Nurse Practitioners working in the Emergency Department to have prescriptive authority for ionising radiation. This change in practice has been progressed in partnership with consultant staff (Emergency Department), the School of Nursing and Midwifery TCD and the Office of the Nursing Services Director (HSE).

Documentation Audit/Guideline review

The Nursing Practice Development Unit (NPDU) completed an annual audit of nursing documentation. An overall score of 93% was achieved and compliance with Hospital standards has been maintained. Subsequently, the hospitals Documentation Guidelines have been reviewed and updated for 2010.

Hospice Friendly Hospital (HfH) – End of Life Care Project

The hospital participated in an extensive national audit on End of Life Care in 2009. Data was collected at six levels involving the distribution of 461 questionnaires to staff and bereaved relatives. Both a national and a hospital report were published in May 2010 and following this the Director of Nursing established an End of Life Care Standing Committee in partnership with the Hospice Friendly Hospitals Programme in September 2010. The purpose of this committee is to implement the national standards that were launched by the Minister for Health and Children. The hospital is also participating in a national Nursing Practice Development Project that focuses on implementing evidence based practice relating to End of Life Care in the clinical setting. Funding has also been sourced by the HfH to allow the hospital to facilitate the recruitment of an End of Life Co-ordinator and this initiative will be progressed in 2011.

Trinity College External Nursing Review

The School of Nursing and Midwifery (TCD) invited the hospital to participate in a quality review conducted by an international panel of Professors of Nursing on Thursday 25th March, 2010. Meetings were held between the Director of Nursing and the quality review team followed by a site visit to the hospital to review the post-graduate and under-graduate education programme. The Department of Nursing received very positive feedback following this review.

Nursing and Midwives Bill 2010

Revised draft legislation governing Nursing and Midwifery was published by the Department of Health and Children. The proposed changes will include a specific focus on enhancing a nursing competency framework for the profession.

The Nursing Practice Development Unit (NPDU) has introduced a Nursing Competency Programme in preparation for the change in legislation. The purpose of this will be to ensure that nursing staff undergo a period of structured education followed by competency assessment in a number of clinically focussed areas of practice as follows:

- A Mandatory Medication Education E Learning Programme has been introduced in partnership with the Medication Safety Officer
- The NPDU and Nurse Bank are also in the process of further developing nursing competencies in relation to IV drug administration and safety within the clinical environment

Nursing Practice Development Unit

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 Tissue Viability Nurse Specialist.

The NPDU works to develop nurses and nursing practice by working closely with clinically based nurses, Clinical Nurse Managers (CNMs), Directorate Nurse Managers and the Centre for Learning and Development (CLD).

Developments in 2010

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. This approach enables nurses to constantly examine their practice, establish protocols, guidelines and competencies and provide staff education and assessment at clinical level. The following committees, working groups and initiatives evolved or further developed in 2010 and were instrumental in continuing to move practice forward through teamwork and the provision of study days and in-service training:

- Nursing In-Service Education Group – two Nursing Clinical Skills days were provided with an average of 50 attendees each day
- Promotion of best documentation practices through quarterly auditing of documentation, supporting documentation link nurses
- Tissue Viability Practices including and annual Tissue Viability Study Day with country wide attendees
- Nursing Competency development and management of existing competencies hospital wide
- Review and development of Nursing Procedures, Policies Protocols and Guidelines
- Staff/Patient assessment, education and competency development regarding inhaled medication
- Medication Management (in close liaison with the Medication Safety Facilitator and CLD) a mandatory medication management programme commenced with



two components for nurses to achieve an online competency module and a supervised competency assessment at ward level

- Intravenous Practices – Intravenous Medication study day continues monthly
- Venepuncture and Cannulation Education and Training

Clinical Support Nurses

The Clinical Support Nurses continued to support 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 2010 a further 28 nurses completed induction and adaptation programme. A part time clinical support nurse co-ordinates the programme for overseas nurses in St. James's Hospital. This entails working closely with the Nursing Human Resources Manager and Directorate Nurse Managers/CNMs/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.

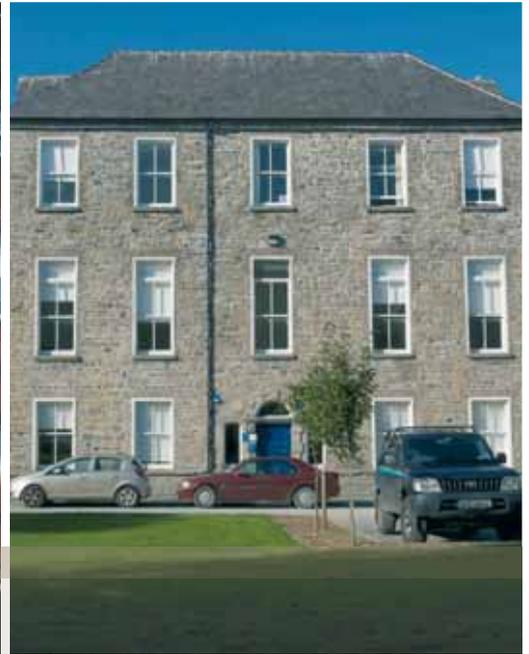
St. James's Hospital has an average annual intake of 73 nursing students and links closely with staff from the School of Nursing and Midwifery, TCD in the co-ordination, evaluation and ongoing development of the BSc Nursing undergraduate degree programme and promotion of an optimal clinical learning environment. An Bord Altranais are scheduled to conduct a site inspection in late 2011.

In December the fifth group of BSc Nursing undergraduate degree programme nurses were presented with St. James's Hospital badges and certificates. Mr. Michael Shannon, Area Director of Nursing/Planning & Development, Dublin/Mid Leinster delivered the annual Anne Young Memorial lecture at that ceremony.

Nurse Prescribing

Within 2010 St. James's Hospital has 6 registered nurse prescriber's (RNP) in a variety of settings and five nurses completed the certificate in nurse prescribing going forward for registration in 2011.

Educational Activities



Prof. Gaye Cunnane
Medical Director

William Stokes Postgraduate Centre

The William Stokes Post-Graduate Centre provides support for a wide range of educational activities linked to St. James's Hospital, Trinity College and the wider local medical community. The facilities include:

Scheduled teaching opportunities:

- Weekly Grand Rounds meeting: 8am each Friday
- Weekly Medical Update meeting for SHOs: 1pm each Wednesday
- Twice weekly Intern lectures: 1pm each Tuesday and Thursday
- Weekly Endocrinology teaching
- Weekly GP teaching: 1pm each Friday

Regular teaching events:

- Annual GP study day: 2nd Saturday in January each year
- SpR study days in many specialities throughout the year
- ACLS course: at regular intervals during the year
- Annual Intern Induction course: June each year
- Annual Intern Medal Award: for research conducted by Interns

Formal annual SHO assessments

- November/December each year

Administration of Trinity SHO scheme

- This is the largest scheme in the Republic of Ireland with 80 SHOs on 1 or 2 year rotations as part of their Basic Specialist Training

In 2010, Professor Gaye Cunnane took over the roles of Director of the Post-Graduate Centre and Intern Tutor from Dr. Barry O'Connell whose hard work and innovative style resulted in significant changes to the Centre over the preceding decade. Formal acknowledge of his role in the development of the centre was made at a Grand Rounds meeting in early 2010. Mr. David Sweeney and Ms. Emma O'Reilly, along with Ms. Patricia O'Brien and Ms. Jo Casserly continue to provide essential support in the daily running of the Post-Graduate Centre.

In addition to lectures and teaching facilities for doctors and nurses within the hospital, it also administers the Trinity College SHO scheme, in conjunction with the Royal College of Physicians. This is the largest scheme in the Republic of Ireland with 80 SHOs on 1 or 2 year rotations as part of their Basic Specialist Training.

The Haughton Institute

Ms. Dara O'Mahony

Executive Director (Acting)

Corporate Status/Governance

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 – three representatives from each of the partners.

Objectives/Purpose

The purpose of the Institute is to develop and help optimise 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. These include:

Postgraduate Education and Training

A major component of the Institute's activity involves facilitating the introduction and running of education and

training programmes. These include formally validated MSc's and Diplomas provided through Trinity College, but which frequently make extensive use of hospital staff and facilities.

Management and Funding of Research

The services involved under this heading are focused on hospital staff involved in research contracts and related activities. The Institute offers a service in the management of research funds that is complementary to the research policies adapted by the Hospitals and College. The Institute manages research accounts ranging in size from €1000 to €700,000 and has about €7 million under management. It has cultivated the skills involved in the management of research contracts with both commercial agencies and various International/ National Bodies such as the EU. This leaves a high level of user-friendly services in the administration and support of research contracts available to staff and the agencies with which they work.

Regional Oncology Programme

The Regional Oncology Programme Office's (ROPO), main remit is the improvement/development of cancer services throughout the Region. Located in St. James's Hospital this office has developed into a centre for streamlining the services throughout the Region. It is used as a resource to enable and mobilise efforts in cancer care services among the institutions and for providing much needed support managing projects on health communications involving health education and service improvement. Aiding in the management educational initiatives it helped develop the expansion of the cancer audit information system, community programmes, and patient informational programmes, it functions as a focal point for building strong collaborative relationships with Regional and National bodies.

Cancer Related Fatigue Project

The Regional Oncology Programme Office working with Drs. Ann Marie O'Dwyer and Sonya Collier, from the Regional Psycho-Oncology service helped produce the DVD and fund the manual for patients and their families called 'Understanding and Managing Persistent Cancer Related Fatigue'. In project managing the DVD and in bringing this programme to fruition it was clear to the Regional Office that it offered a model of how future actions addressing health and well-being through home based intervention might be organised.

The creation of this home-based programme in Cancer-related Fatigue endeavours to provide essential information to help patients with what is a well recognised but often



neglected problem which can have serious consequences for patients' physical and emotional well-being and quality of life.

Cancer treatment is best provided through integrated multi-disciplinary care involving surgical, medical and radiation oncologists, pathologists, radiologist, psychologists, psychiatrists, and specialist nurses. Aligned with recent diagnostic and treatment advances across the spectrum of cancer care, modern cancer programmes have resulted in improved outcomes in cancer care, in particular an increase in cure rates. An emerging focus with increasing survivorship is on short and long-term quality of life after cancer treatments. Cancer-related fatigue is one of the most common consequence of cancer treatment. This manual and DVD written by Dr. Collier was created for all fatigued cancer patients who have completed the active phase of treatment (i.e surgery and/or intensive chemotherapy and/ or radiotherapy).

The chapters deal with fatigue, mood, anxiety and fear of recurrence, sleep disturbance. A variety of celebrities volunteered their time to provide cameo appearances in order to lighten the content and engage patients.

Cancer Related Fatigue is a very difficult challenge but it's not insurmountable and the strategies laid out in this home-based programme can empower people back to a level of strength. It reflects the huge work and collaboration between those involved in oncology services, voluntary sector, former patients and well known individuals all providing their talents to present information in a light and easily digestible way.

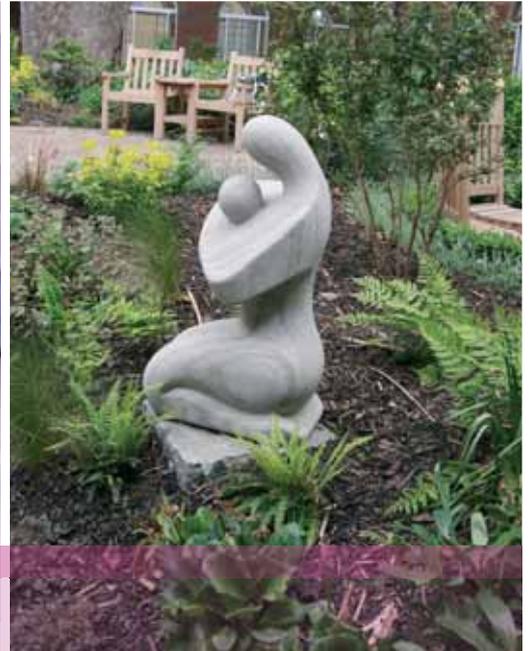
The Regional Oncology Programme Office would like to especially thank the Consultants, staff, former patients and well known celebrities for their agreement to assist the project and for providing their time and their support to it. Dr.(s) Ann-Marie O'Dwyer and Sonya Collier and their colleagues deserve great credit for their innovative approach to providing this information.





Programmes Division Reports

Quality Programme



Ms. Angela Fitzgerald
Deputy CEO/Operations Manager

Ms. Shannon Glynn
Risk Manager

Ms. Muireann O' Briain
Legal and Insurance Manager

Ms. Carol Hickey
Quality Initiative Officer

Ms. Mary Fogarty
Accreditation Manager

Mr. Dermot Daly
Health and Safety Officer

Mr. Neville Bradley
Fire Services Manager

Risk Management Programme

The Risk Management Programme within St. James's Hospital continues to promote a proactive risk management culture within the organisation. The Risk Management Committee receives information and reports from sub-groups in respect of all risk issues. Overall corporate governance of the programme lies with the Quality Safety and Risk Steering Group, which is a sub-committee of the Hospital Board.

The importance of reporting risks has been highlighted to staff at all levels of the organisation. This facilitates a culture of openness and a just and fair system of analysing risk is practiced.

Risks reported hospital wide are trended and analysed and reports issued to Directorates and Departments as well as to the Risk Management Committee by the Risk Manager.

Key Risk Initiatives in 2010

- More than 4800 adverse incidents were reported by St. James's Hospital staff in 2010. These are electronically submitted in almost all cases, some permissible exceptions exist where staff submit by hard copy which is then electronically uploaded. This allows immediate notification to the Risk Manager, Line Manager and relevant departments and safety groups responsible for the specific incidents.

- Risk Management provides data to departments for notifiable reporting i.e. Mental Health Commission, HIQA Residential Care and Radiation Protection Society of Ireland.
- Other initiatives undertaken within the Risk Management structure included updating the Absconding Policy, the Sentinel Event/High Risk Policy. The Hospital consent form was updated as part of the Quality and Risk initiative.
- The Risk and Safety Programme was expanded to include quality elements and the Terms of Reference were amended to reflect this.
- Risk Manager and Medication Safety Facilitator provided Systems Analysis training to line management within the organisation. This encourages proactive risk management at local level and equips managers with skills required to analyse, identify and manage risk issues.
- The hospital continued to participate in the WHO campaign 'Safe Surgery Saves Lives' aimed at prevention of wrong site surgery, wrong procedure and wrong person. A local working group continues to progress this initiative.
- Tracheostomy Safety Facilitator continues to provide detailed analysis of tracheostomy specific risks. Collaboration with all groups of healthcare staff involved in tracheostomy use has enabled several quality improvements to be devised and implemented.
- The Sterivigilance Programme has shown marked improvements in the area of pre operative assessment for Transmissible Spongiform Encephalopathies and in traceability of equipment used in invasive procedures.
- The Medication Safety Facilitator analyses medication errors and near misses submitted via an online internal reporting system with the aim of identifying and implementing quality improvement initiatives. Developments for 2010 included the introduction of a mandatory medication safety training programme for nursing staff, the launch of constraints on the prescribing of high alert medications by junior doctors and the development of a hospital protocol governing the quality and safety of prescribing in SJH.

Accreditation

St. James's Hospital was awarded Accreditation by the Irish Health Service Accreditation Board (IHSAB) now the Health Information and Quality Authority (HIQA) in May 2006. Following a Continuous Assessment visit in October 2007 the hospital received a very favorable report, recommending continuation of the award and commended the clear evidence of continuous quality improvement across the organisation.

Throughout 2010 Directorates, Departments and many Services across the Hospital continued the process of evaluating their performance through self-assessment against national and international validated standards and collecting the reported experiences of patients and staff in order to identify, implement and evaluate new quality improvements and initiatives. This enabled the hospital to meet its commitment to ensuring that all service development is underpinned by continuous improvement.

In January 2010, following a number of reviews and inspections undertaken by the Health Information and Quality Authority (HIQA) the Hospital's Breast Service was nominated as one of the eight national designated Symptomatic Breast Service centers.

HIQA also carried out their regulatory inspection of the Hospital's Residential Aged Care Units situated in the MedEL Directorate Hospital 4 in September/October 2010 in order to determine the Hospital's fitness to register the Units as a designated residential aged-care centre, the inspection assessed compliance with the requirements of the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2009, the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 and the National Quality Standards for Residential Care Settings for Older People in Ireland.





In June the National Cancer Screening Service carried out a base-line assessment of the Endoscopy service for the purpose of assessing the Unit's readiness for accreditation which is a requirement for the Unit to participate in the National Bowel Cancer screening programme. The inspection and report were extremely positive and recommended that the Unit be put forward for JAG accreditation (Joint Advisory Group on GI Endoscopy). This is scheduled to take place in 2011.

In 2010 the Hospital also undertook and reported on specific self-assessment and quality improvement initiative in the areas of Quality & Risk Management, Occupational Health & Safety, Healthcare Records Management, Hygiene, Infection Prevention & Control, Discharge Planning & Decontamination Practices as part of the Health Service Executive's Quality Clinical Care Directorate (QCCD) quality assurance programme.

Patient Advocacy Committee

The Patient Advocacy Committee (PAC) is a sub-group of the Hospital Board. Membership consists of representatives from the community and the Hospital. The main focus of the committee is to elicit the St. James's Hospital patient experience from the point of their initial contact through discharge and follow-up by evaluating their feedback on accessibility, provision of information, professionalism, convenience, environment and friendliness.

In 2010 the committee oversaw the undertaking of patient satisfaction surveys in

- Emergency Department
- Endoscopy Unit
- MedEl – Residential Unit
- Consent process / practice
- Breast Care Service
- CCU



The PAC produced two 'Welcome' Newsletters in 2010, which aimed to provide the surrounding community with information on the Hospital's activities, new initiative and achievements

In 2010, 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, away from the Hospital.

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 Performance Indicator Programme was further expanded in 2010. Currently 233 key performance indicators are tracked monthly 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.

In 2010 additional Indicators measuring cancer activity and access to diagnostic and treatment modalities were included in the hospital programme.

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

Planning & Commissioning



Mr. Niall McElwee

Project & Technical Services Manager

Introduction

The Planning Department is responsible for managing the 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 projects. Investment and research agencies also provide funding for key developments which are undertaken in line with the hospital development control strategy.

Project Teams are appointed to oversee these capital developments and these teams comprise of key stakeholders, patient groups, Health Service Executive, hospital clinical, nursing and hospital support services to ensure informed decisions are made throughout the course of the design development including:

- advising on advances in medical treatment procedures
- statutory requirements and recommendations
- in accordance with public procurement protocols and procedures

Developments in 2010

- Construction continued on National Programme for Radiation Oncology (Phase 1) Building – with commissioning stage beginning in December 2010. Funded by the Health Services Executive and National Cancer Control Programme
- Critical Care Upgrade project completion with refurbishment of Intensive Care Unit general 9 bed unit and single isolation room. Funded through the hospital fundraising entity St. James Hospital Foundation
- General ICU/CCU relatives waiting area. Funded through the hospital fundraising entity St. James Hospital Foundation and from funds raised from Medical students and staff of the critical care speciality
- Replacement and addition of new Magnetic Resonance Imaging equipment and associated clinical support areas, including renovation of diagnostic imaging patient waiting and staff rest areas. Funded through the hospital minor capital programme
- Replacement of the Intervention Radiology equipment and supporting clinical space. Funded through the hospital minor capital programme
- Outpatients' facilities expanded with creation of four new Examination & Consultation rooms and sub waiting and patient toilet area
- Expansion of Oncology patient treatment area to accommodate three additional bays including single room. Funded through hospital initiatives
- Upgrade continued of Clinical Information System for monitoring critical patients
- Endoscopy decontamination systems replacement programme continued
- Programme to upgrade, refurbish and expand Central Pathology Laboratory facilities completed
- Continuation of Legionella Preventative Measures phased works programme. Phase 1 completed Hospital 4 and Hospital 5
- Programme to upgrade Operating Theatre infrastructural works (Electrical; Mechanical & refurbishment) completed
- Phased replacement of Operating Theatre Lights completed
- Laboratory Sterilisers (Media & Discard) replaced in Central Pathology Laboratory
- Medical Gasses upgrade programme continued
- Ward en-suite facility upgrade programme continued
- Provision of UPS systems for interventional radiography rooms completed
- Ward Pantry upgrades continued
- Fire monitoring system upgrade, replacement and expansion hospital wide continued

Future Developments Include

- Haemophilia & Hepatology In-Patient Facility and Clinical Research Facility – Planning permission granted. Tender design completed. Tender issued to contractors from qualified panel
- Progress Centre of Excellence for Successful Ageing – to seek government approval
- Site preparatory works for National Programme for Radiation Oncology – Phase 2, to include:
 - Facilities Management building for admin and service support areas
 - Convert upper floors Hospital 1 for clinical support area use
 - Storage facility for medical slides and charts
 - Electrical substation relocation and upgrade
 - MV upgrade works for the Ring Main to facilitate NPRO
 - Expansion and replacement of MRI facilities
 - Replacement/Upgrade of Interventional radiography service provision
 - Expansion of out patient suite facilities (additional 4 Treatment & Consultation rooms)
 - Men Against Cancer development design development
 - Progression of TB Regional Facility and Laboratory facility with HSE
 - Expansion of Endoscopy Facilities
 - Renovation of ICU facilities
 - Upgrade of the visitor waiting room (funds donated by Student fundraising)



St. James's Hospital Foundation

St. James's Hospital Foundation



Prof. Donald Weir
(Emeritus Professor of Medicine, Trinity College Dublin)
Chairman

Ms. Edwina Hogan
Chief Executive



Bláthnaid Ní Chofaigh and Eva Van Den Bergh inspected the Christmas Raffle dolls' house in the window of James Adam & Sons.



Everyone was a winner at the second St. James's Hospital Liberties Fun Run.

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 and Research Funds, provides a secure and accountable way for hospital departments and members of staff to accept donations and grants to invest in facilities for the hospital and to employ research staff.

2005	2005	2006	2007	2008	2009
Donated income					
€67,456	€216,765	€581,815	€411,452	€570,260	€1,794,519
Disbursement of funds					
€0	€109,120	€138,975	€184,089	€709,138	€766,664

Donated funds in 2010 saw an increase over 2009. This was the result of generous individual donations and third-party fundraising carried out by generous supporters from all over the country and of Foundation fundraising and also of the development of a new area of activity – that of processing research grants on behalf of the hospital. In return for a fee the Foundation facilitates the receipt of grant funding and the employment of research staff and the purchasing of vital equipment.

€766,664 was disbursed from the Foundation during 2010.

Advancement for stroke patients

During last year the hospital made a significant investment in a full range of high-specification seating that will enable occupational therapists to assist patients' rehabilitation at all stages of their recovery. The hospital also made a major investment in a portable Fibre-optic Endoscope for bedside evaluation of patients' ability to swallow – this advanced technology provides for much faster and safer diagnosis of patients by the hospital's speech therapists. Both investments were made from funds raised specially for the stroke service.

Research at St. James's

During 2010, the Foundation established 15 funds for research on behalf of consultant members of staff at St. James's Hospital. Throughout the year, the Foundation has utilised these funds to invest in research infrastructure and to purchase research consumables. Funds have also been used to employ laboratory staff to work within the Institute of Molecular Medicine and clinical research staff to work alongside departments throughout the hospital; their research has focused, among other diseases, on cancer, HIV/Aids and neurology and rheumatology.

Major investment in mental health patients

A generous donation from Trinity's medical students enabled the St. Martha's Day Centre for mental health patients, an off-campus St. James's Hospital service, to innovate for these

patients in a major way during 2010. Among many initiatives, they carried out innovative intervention programmes for assessment of patients' needs, equipped art therapy groups and arranged social events.

Special focus on cancer

Donations received for cancer research were used throughout the year for a clinical trial in connection with breast cancer and, to improve the experience for current patients, the Haematology Oncology Day Ward was able to install an information screen for their waiting area from a donation received from a patient's family and a small internal waiting room was enhanced with a 'sky ceiling' to provide a comforting ambience for breast care patients.

New equipment for patient care

A range of small equipment was funded during the year that has enhanced care for patients. This has included small medical devices for the trauma section, to additional items for the Departments of Occupational Therapy and Physiotherapy, to new seating for patients participating in the cardiac rehabilitation programme, to specialised seating and bedding for patients of the Keith Shaw cardiac surgery unit and an innovative vein finding device that has benefited patients of the hospital's Phlebotomy department.

Improvement of patients' experience

A small grant was provided from general donations for the hospital's arts programme that facilitated a series of recitals for patients – these included classical, traditional and jazz performances. And during the year the Department of Occupational Therapy facilitated a programme of social gatherings and outings for long stay elderly patients. Excursions included visits to exhibitions and places of historical interest and were funded from generous general donations received.

Enhancement of the general environment for patients

A series of small improvements to the physical environment were funded during the year to render the hospital more conducive to patients' wellbeing. New seating was funded for the Bereavement Room at the Emergency Department, for the family room on one of the private wards and patient privacy screens were funded for the Haematology Oncology Day Ward and for the Haemophilia Centre, and funding was also provided from general donations received for the construction of a counselling room at the Department of Hepatology.

A debt of thanks is owed to all of the donors who have made these investments possible.

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McCarron SL, Langabeer SE, Kelly J, Carroll P, O'Dwyer M & Conneally E (2010)

Molecular response to front line nilotinib 300mg bd in e19a2 BCR-ABL chronic myeloid leukaemia. ESH 12th International Conference: Chronic Myeloid Leukemia: biological basis of therapy, Washington, DC, USA. P32.

McCarron SL, Kelly J, Coen N, McCabe S, Evans P, O'Dwyer M, Hayden PJ & Langabeer SE (2010)

Identification of a novel e8a2 BCR-ABL fusion transcript in a patient with relapsed Ph-positive acute lymphoblastic leukaemia. ESH 12th International Conference: Chronic Myeloid Leukemia: biological basis of therapy, Washington, DC, USA. P33.

O'Brien D, Haslam K, Goodyer M, Kelly J, Liptrot S, Young K, Langabeer S & Conneally E (2010)

Immunophenotype of NK-AML patients with NPM1 mutation. Haematology Association of Ireland, Galway. O2.

Haslam K & Langabeer SE (2010)

CRLF2 over-expression in adult acute lymphoblastic leukaemia. Haematology Association of Ireland, Galway. OP8.

Langabeer SE, Haslam K, Lynam P, Kirrane M, Kelly J, Betts DR, O'Marcaigh A & Smith OP (2010)

NPM1 and FLT3-ITD mutation analysis of cytogenetically characterised paediatric acute myeloid leukaemia: a five year retrospective study. Haematology Association of Ireland, Galway. OP11.

McCarron SL, Langabeer SE & Conneally E (2010)

The prognostic significance of molecular response to second generation tyrosine kinase inhibitors in imatinib resistant/intolerant chronic myeloid leukaemia. Haematology Association of Ireland, Galway. OP13.

Quinn F, McCarron S, McCarthy N, Hyatt A, Crotty G, Perera K, Ryan M, Jackson F, O'Dwyer M, Murray M, O'Keefe D, Enright H, Leahy M, Cahill M & Vandenberghe E (2010)

Molecular analysis of Irish CLL patients: findings from the ICORG 07-01 trial. Haematology Association of Ireland, Galway. P21.

McCarthy N, McCarron SL & Langabeer SE (2010)

Prevalence of the JAK2 V617F and MPL mutations in stroke, abdominal and peripheral venous thrombosis. Haematology Association of Ireland, Galway. P27.

McCarron SL, Kelly J, Coen N, McCabe S, O'Dwyer M, Hayden PJ & Langabeer SE (2010)

Characterisation of a novel e8a2 BCR-ABL fusion transcript with insertion of RALGPS1 exon 8 in a patient with relapsed Ph-positive acute lymphoblastic leukaemia. Haematology Association of Ireland, Galway. P39.

Haslam K, Langabeer SE, Kelly J, Coen N, O'Rafferty C, O'Connell N & Conneally E (2010)

Identification, treatment and monitoring of a t(8;22)/BCR-FGFR1 fusion in an atypical myeloproliferative disorder. Haematology Association of Ireland, Galway. P45.

Carroll P, Deegan P, McCarron SL, Langabeer SE & Conneally E (2010)

Management of pregnancy in chronic myeloid leukaemia in the imatinib era: a case series. Haematology Association of Ireland, Galway. P78.

Conneally E, Swords RT, Giles FJ, McMullin MF, Le Coutre P, Langabeer S, Wiczorkowska M, McDowell C, Moulton B, Egan K & O'Dwyer M (2010)

Nilotinib 300mg twice daily as first line treatment of Ph-positive

chronic myeloid leukemia in chronic phase: updated results of the ICORG 0802 phase 2 study with analysis of the GeneXpert system versus IS BCR-ABL RQ-PCR. American Society for Hematology Annual Meeting, Orlando, FL, USA, 3427.

Pharmacy

Publications and Posters, 2010

Fiona Kelly, MSc Hospital Pharmacy

The development of Therapeutic Drug Monitoring guidelines for digoxin, lithium, and phenytoin in St. James's Hospital

Orla Maguire, MSc Hospital Pharmacy, TCD

Audit of prescribing and administration of nebuliser therapy for COPD and asthma patients in St. James's Hospital. *Poster for HPAI conference-highly commended.*

Roisin O Connor, MSc Clinical Pharmacy, UCC

Promotion of the safe and effective use of insulin and oral hypoglycaemic agents in the inpatient setting through the development of a guideline for the management of hypoglycaemia. *Poster for HPAI conference, 2nd prize.*

Berry S, Muir E, Treacy V, Collins A.

"Impact of an Accredited Senior Pharmaceutical Technician on the Quality of Chemotherapy Prescribing in St. James's Hospital". *First Prize Winner Technician Category, HPAI Conference.*

Collins A. Lucey A.

"Impact of a Process Deviation Working Group in an Aseptic Compounding Unit", 2nd prize.

Moriarty M, Kelly S, Ni Suibhne S, O'Connor M, Treacy V, Hanlon M.

"An Audit of Clinical Interventions by Pharmacists in an Out-patients HIV Clinic".

Coughlan M, Lucey A, Treacy V, Collins A.

"Analysis of Cost Efficiencies within the Manufacturing Process of an Aseptic Compounding Unit".

Barth M, Gilligan N, Pope G, Reilhan E, Treacy V, Collins A.

"Introduction of an Electronic Chemotherapy Planner to an Aseptic Compounding Unit".

Kennedy M, Breslin R, Treacy V.

"A Review and update of an Emergency Duty Pharmacy Service in St. James's Hospital".

Higgins E, Carr B, Dunn K, Treacy V

"Audit of the Use of Medication Reconciliation Forms in the Acute Medical Admissions Unit in St. James's Hospital".

Ahern E, Treacy V, O'Connell B, Fogarty E, O'Reilly A.

"An Investigation into the use of Topical Mupirocin (Bactroban Ointment) at St. James's Hospital".

Moriarty, M., Kelly, S., Treacy, V., Bergin, C.

"An Investigation in to the Evolving Role of the Protease Inhibitor Darunavir in patients with HIV attending an Outpatient HIV Clinic in St. James's Hospital "

Fogarty E Treacy V Mcnamara E

"An Audit of Meropenem Usage: a Reserve List antibiotic in St. James's Hospital.

MPBE Publications and Presentations

Publications

F. Hegarty, C. McCabe, D.Roche and S.McCann. *Journal of Visual Communication in Medicine*, Volume 32 Issue 3, 72 Dec 2010.

Using Multimedia Technology to Help Combat the Negative Effects of Protective Isolation on Patients: The Open Window Project – An Engineering Challenge.

S Courmane, L Cannon, J E Browne and A J Fagan, *Phys. Med. Biol.* 55 (2010) 5965–5983.

Assessment of the accuracy of an ultrasound elastography liver scanning system using a PVA-cryogel phantom with optimal acoustic and mechanical properties.

Grimes D, Robbins C, O'Hare N. *Medical Physics*, Vol 37, No. 10, pp 5251-5257, 2010.

Dose modelling in Ultraviolet Phototherapy.

Romero-Ortuno R, Cogan L, Foran T, Fan CW, Kenny RA, *Blood Press Monit.* 2010 Feb;15(1):8-17.

Using the Finometer to examine sex differences in hemodynamic responses to orthostasis in older people.

Finucane C, Boyle G, Fan CW, Hade D., Byrne L., Kenny RA, *EP Europace*,12(2), 2010.

Mayer Wave Activity in Vasodepressor Carotid Sinus Hypersensitivity.

Presentations

L. Bowden, C. Clancy, R. Faulkner, A. Gallagher, D. Gorman, G. O'Reilly, A. Dowling International Conference on Radiation Protection in Medicine, Varna, Sept 1st – 3rd, 2010.

Doses under Automatic Exposure Control (AEC) for Direct Digital Radiographic (DDR) X-rays systems.

Publications

R. Faulkner, L. Bowden, C. Clancy, D. Gorman, A. Gallagher and A. Dowling. International Conference on Radiation Protection in Medicine, Varna, Sept 1st - 3rd, 2010.

Comparison of doses under Automatic Exposure Control (AEC) conditions for DDR X-ray systems using different protocols.

S Cournane, L Cannon, J E Browne and A J Fagan, IPEM Physics and Technology of Ultrasound, York 2011

Tissue-mimicking PVA-cryogel test phantoms for transient elastography ultrasound.

Walsh C, Cooke J, O Reilly G, European Association of Nuclear Medicine, Annual Congress, Vienna, 2010.

Overview of advances in imaging equipment in nuclear medicine and PET-CT.

A O'Callaghan, C Walsh, G O'Reilly, J Lee, MP Colgan, S Haider, N Cloete, SM O'Neill, P Madhavan, D Moore. Society for Vascular Surgery, Boston, 2010.

Radiation Dose Optimization for Endovascular Aneurysm Repair (EVAR).

Walsh C, Johnston C, Ryder Jeffares S., H, Murtagh C., Dennan S, O' Reilly G., Medical Physics and Engineering Conference, IPEM, Nottingham 2010.

Clinical Audit in PET/CT.

Kenny E., Coakley D, Boyle G SPIE Photonics Europe. Brussels. Proceedings Vol. 7715, 2010.

Non-contact measurement of ocular microtremor using laser speckle.

Kenny, E., D. Coakley, Boyle G., BioPhotonics and Imaging Conference (BioPIC) Meath, 2010.

Numerical model to simulate a laser speckle correlation method to record ocular microtremor.

Kenny, E., D. Coakley, Boyle G.,

BioPhotonics and Imaging Conference (BioPIC) Meath, 2010

Foran T, Setti A, Burke K, Fan CW, Cogan L, Romero-Ortuno R, Kenny R.A., Newell F.N., Washington 2010.

The Role Of Ageing On Efficient Spatial Navigation And Gait Velocity Presentation at Gait and Mental Function.

Foran, T., Fan, C.W., Cunningham, C., Kenny, R.A. IGS/EUGMS, Dublin, Sept 2010, Dublin.

Effect Of Aging And Falls On Step Length/Cadence Ratio In A Group Of Community-Living Older Women.

C W Fan, T Foran, CU Cunningham, C Walsh, RA Kenny. IGS/ EUGMS, Dublin, Sept 2010.

Circadian orthostatic blood pressure behaviour in older fallers and non-fallers in their homes: Influence of meals and medications.

Fan, C.W., Foran, T., Cunningham, C.U., Greene, BR, Ni Scannail, C., Kenny, RA, IGS/EUGMS, Dublin, Sept., 2010.

Orthostatic hypotension and postural sway: a possible cause for falls in the morning.

Finucane, C., Collins O, O Dwyer C, Hade D, Boyle G, Kenny RA. IGS/EUGMS, Dublin, September, 2010.

Baroreflex Latency: A Role in the Pathophysiology of Carotid Sinus Hypersensitivity?

Finucane, C., Colgan MP, O'Dwyer C, Fahy C, Collins O, Boyle G, Kenny RA., IGS/EUGMS, Dublin, Sept, 2010.

Accuracy of Anatomical Landmarks for Locating the Carotid Sinus.

Finucane C, Collins O, O Dwyer C, Hade D, Boyle G, Kenny RA, Cardiostim, Nice, 2010.

Pathological Modulation of Baroreflex Sensitivity and Latency in Carotid Sinus Hypersensitivity.

F.Hegarty *et al.* 3rd Annual Seminar on Research, Clinical Audit & Quality Improvement, May 2010, St. James's Hospital.

Medical Device Depot: A new Approach to Managing Medical Devices.

D. Grimes, N. O'Hare, APSM/IRPG Conference, Ireland, March, 2010.

UV Phototherapy and Dosimetry.

P Byrne, D Collins, F Hegarty, European Society for Intensive Care Medicine ASM, Barcelona, 2010.

Using the Murray Lung Injury Score to optimise High Frequency Oscillating Ventilation.

Emergency Department

Presentations

F Sharif, E Sadiq, B Foley, N Mulvihill, R Murphy, A Brown, M Lynch, G McMahon, P Crean Institution: Cardiology Department, CREST Directorate, ICS 2009.

Primary Percutaneous Coronary Intervention for ST Segment Elevated Myocardial Infarction: Experience from a Tertiary Hospital.

Shields D, Moore A, McMahon G. Scientific Conference of the College of Emergency Medicine, Brighton 20-22nd April 2009.

The Role of Catheter Directed Thrombolysis in the Management of Venous Thromboembolism.

Mc Cabe A, Yueng SJ, Billington K, Kennedy U.

"Paracetamol Overdose: Are we managing it right? A review of

compliance with current clinical standards within an Irish Emergency Department” Presented at Irish Association of Emergency Medicine Annual Scientific Meeting and Conference. Waterford. October 2010

Mc Cabe A.

Indication for Chest X-rays in the emergency department management of suspected aspiration of a tooth. www.bestbets.org

Publications

McMahon CG, Kenny R, Bennett K *et al.*

The effect of acute traumatic brain injury on the performance of shock index. *Journal of Trauma-Injury Infection & Critical Care* 2010;69:1169-75.

McEvoy S, Beddy P, Brennan I, McDermott R, McMahon G. Aortic dissection: An unexpected ultrasound finding. *European Journal of Radiology Extra*, Volume 72, Issue 1, p e33-e35

McCarthy F, De Bhladraithe S, Rice C, McMahon CG, Geary U, Plunkett PK, Crean P, Murphy R, Foley B, Mulvihill N, Kenny RA, Cunningham CJ.

Resource utilization for syncope presenting to an acute hospital Emergency Department. *Irish J Medical Science.*, 179, 4, 2010, 551 - 555

Miró OS, Burillo-Putze G, Plunkett PK, Brown AF.

Female representation on emergency medicine editorial teams. *EUROPEAN JOURNAL OF EMERGENCY MEDICINE*, 17, 2, 2010, 84 – 88.

O’Kelly FD, Teljeur C, Carter I, Plunkett PK.

The impact of a GP cooperative on lower-acuity Emergency Department attendances, *Emergency Medicine Journal*, 27, 10, 2010, 770 – 773.

McCarthy F, McMahon CG, Geary U, Plunkett PK, Kenny RA, Cunningham CJ.

Management of syncope in the Emergency Department: a single hospital observational case series based on the application of European Society of Cardiology Guidelines, *EUROPACE*, 11, 2, 2009, 216 - 224.

SCOPE

Publications, Posters and Presentations

Clinical Nutrition Publications

Healy LA, Ryan AM, Sutton E, Younger K, Mehigan B, Stephens R, Reynolds JV.

Impact of obesity on surgical and oncological outcomes in the management of colorectal cancer. *Int J Colorectal Dis.* 2010; 25(11): 1293-1299.

Healy LA, Ryan AM, Carroll P, Ennis D, Crowley V, Boyle T, Kennedy MJ, Connolly E, Reynolds JV.

Metabolic syndrome, central obesity and insulin resistance are associated with adverse pathological features in postmenopausal breast cancer. *Clin Oncol (R Coll Radiol).* 2010; 22(4): 281-8.

Healy LA, Ryan AM, Pidgeon G, Ravi N, Reynolds JV.

Lack of differential pattern in central adiposity and metabolic syndrome in Barrett’s esophagus and gastroesophageal reflux disease. *Dis Esophagus.* 2010; 23(5): 386-91.

Healy LA, Ryan AM, Connolly E, Boyle T, Rowley S, Kennedy MJ, Reynolds JV.

Obesity increases the risk of postmenopausal breast cancer and is associated with more advanced stage at presentation but no impact on survival. *Breast J.* 2010; 16(1): 95-7.

Clinical Nutrition Poster & Presentation Highlights

Two posters were presented at the British Association of Parenteral and Enteral Nutrition (BAPEN) annual conference:

- An assessment of nutritional status of orthopaedic fracture patients admitted to a large academic teaching hospital (Author: M. Coyle)
- A review of Percutaneous Endoscopic Gastrostomy (PEG) placements in a large academic teaching hospital (Author: A. McHugh)

Two posters were presented at the American Society for Parenteral and Enteral Nutrition (ASPEN) annual conference:

- Abstract of Distinction: Investigation of compliance with the renal diet, biochemical parameters and adequacy of nutrient intakes in a group of patients with Chronic Kidney Disease (Stages IV and V) (Author: L. Brennan)
- Nutrition Screening in Acute Elderly Wards (Author: M. Fanning)

In addition, L. Healy gave an oral presentation at this conference entitled “Is metabolic syndrome and central adiposity relevant to biology and progression of postmenopausal breast cancer?”

Medical Social Work

Staff presented two posters at the Changing Health Conference in UCD June 2010.

“Lost to Follow Up” research involving patients attending HIV services.

“Cardiac Pre Admission Clinic” research regarding preparation work with patients prior to surgery.

Staff gave presentations on:

- “HIV in a Medical Setting” to masters’ students attending UCD.
- “Role of Medical Social Work in HIV clinic” to nursing students from the USA
- “Motivational Interviewing” to Health Care professionals at an STI course

Publications

- “Nursing Home Support Scheme” to St. James’s nursing staff
- “Elder Protection” to staff in Hospital 4
- “Communication in Palliative Care” to participants in two Palliative Care Courses
- “The role of The Medical Social Worker” to NCHD and Haematology Nursing Course

Occupational Therapy

Two occupational therapists presented at the World Federation of Occupational Therapists international conference in Chile.

- Flexor Tendon audit presented at nursing study day on clinical audit and research. Facilitation of BAHT level I and II courses.

Physiotherapy

- Clinical Audit of critical care rehab presented as poster at RTRS (May 10) + St. James Clinical Audit course (May 10), Joanne Dowds.
- IST feedback article published ACPRC journal, Joanne Dowds 2010
- “Assessment of physical fitness for esophageal surgery, and targeting interventions to optimize outcomes” C. Feeney et al, 2010. Published in Diseases of the Esophagus Journal.
- “Pre-operative physical activity levels and post-operative pulmonary complications post esophagectomy” C. Feeney et al, 2010. Published in Diseases of the Esophagus journal.
- Stroke “Wiihabilitation”: Is the use of the Wii and Wii Fit associated with better rehabilitation outcomes in stroke patients?” A poster presentation of these results were presented at the IHF Stroke Study Day in March 2010 (Dublin) and at the European Stroke Conference in April 2010 (Barcelona), Sinead Coleman et al.
- Outcomes among older people in a post acute inpatient rehabilitation unit’ was presented at the European Union Geriatric Medicine Society Conference in Oct 2010 (Dublin).Sinead Coleman et al 2010.
- ‘The effects of cycle ergometry training on exercise tolerance, balance and quality of life in patients with Parkinson’s disease’ Paula Lauhoff.
- Poster presented at 6th European Union Geriatric Medicine Society Congress, Dublin Oct 2010.
- Team Based performance management: ‘A profiling study of referrals to community physiotherapy from acute hospital services.’
Authors: Lucinda Edge¹, Helen Flynn¹, Marie Spain¹, Anne Belton², Aine Byrne², Miriam Mullaney³, Conor McNally³ and Eimear Ring⁴.Affiliation: 1. St. James’s Hospital Physiotherapy Department, 2. Adelaide & Meath National Children’s Hospital Physiotherapy Department, 3. HSE Dublin South West Physiotherapy Department, 4. HSE Dublin West Physiotherapy Department. Poster Presentation at ISCP Conference November 2010.
- A community based pulmonary rehabilitation programme improves quality of life in COPD. C. Gleeson, S. Shelly and M.Sammin

- Oral presentation ITS 2010
- Moving with the times: Evolution from COPD Early Discharge to a ‘One stop shop’ for more Comprehensive Chronic Respiratory Care
B. Korn, C. Gleeson, R. O’Donnell, M. Kane, R. Kennedy, S. Shelly, P. Davis.
- Poster presentation ITS 2010 and NCM 2010.
- Runner up poster presentation prize at NCM 2010.

Speech & Language Therapy

- Walsh K. Interdisciplinary Learning in Practice Education at St. James’s Hospital. Irish Association of Speech and Language Therapy. Update Magazine. Summer 2010.

GUIDE

B. Kiely, D. O Mahony, C. Bergin, F. Mulcahy. Int J STD & AIDS 2010;21(5):332-6.

HIV-Related Malignancies pre and post HAART – a single centre’s experience.

C. Orkin, J. Wang, C. Bergin et al Pharmacogenetics and Genomics 2010; 20:307-314.

An Epidemiologic Study to Determine the Prevalence of HLA-B5701 Allele Among HIV Positive Patients in Europe.

S. Feeney, E. Muldoon, C. Dowling, D. O Flanagan, C. Bergin. Journal of Infection and Public Health 2010;3(3):106-112.
Varicella Infection and the Impact of Late entry into the Irish Healthcare System.

G. Brook, V. Soriano, C. Bergin Int J STD & AIDS 2010;21:669-678
European Guidelines for the Management of Hepatitis B and C Virus Infections, 2010.

Publications

Prof. Brian Lawlor

Gallagher D, Mhaolain AN, Coen R, Walsh C, Kilroy D, Belinski K, Bruce I, Coakley D, Walsh JB, Cunningham C, Lawlor BA. Int J Geriatr Psychiatry. 2010 Dec;25(12):1280-7. doi: 10.1002/gps.2480.
Detecting prodromal Alzheimer’s disease in mild cognitive impairment: utility of the CAMCOG and other neuropsychological predictors.

Jones L, Holmans PA, Hamshere ML, Harold D, Moskvina V, Ivanov D, Pocklington A, Abraham R, Hollingworth P, Sims R, Gerrish A, Pahwa JS, Jones N, Stretton A, Morgan AR, Lovestone S, Powell J, Proitsi P, Lupton MK, Brayne C, Rubinsztein DC, Gill M, Lawlor B, Lynch A, Morgan K, Brown KS, Passmore PA, Craig D, McGuinness B, Todd S, Holmes C, Mann D, Smith AD, Love S, Kehoe PG, Mead S, Fox N, Rossor M, Collinge J, Maier W, Jessen F, Schürmann B, Heun R, Kölsch H, van den Bussche H, Heuser I, Peters O, Kornhuber J, Wiltfang J, Dichgans M, Frölich L, Hampel H, Hüll M, Rujescu D, Goate AM, Kauwe JS, Cruchaga C, Nowotny

P, Morris JC, Mayo K, Livingston G, Bass NJ, Gurling H, McQuillin A, Gwilliam R, Deloukas P, Al-Chalabi A, Shaw CE, Singleton AB, Guerreiro R, Mühleisen TW, Nöthen MM, Moebus S, Jöckel KH, Klopp N, Wichmann HE, Ruther E, Carrasquillo MM, Pankratz VS, Younkin SG, Hardy J, O'Donovan MC, Owen MJ, Williams J. *PLoS One*. 2010 Nov 15;5(11):e13950. Erratum in: *PLoS One*. 2011;6(2). doi:10.1371/annotation/a0bb886d-d345-4a20-a82e-adce9b047798. Heun, Reinhard [added]; Kölsch, Heike [added]. Genetic evidence implicates the immune system and cholesterol metabolism in the aetiology of Alzheimer's disease.

Robinson DJ, O'Luanaigh C, Tehee E, O'Connell H, Hamilton F, Chin AV, Coen R, Molloy AM, Scott J, Lawlor BA, Cunningham CJ. *Ir J Med Sci*. 2011 Jun;180(2):451-5. Epub 2010 Nov 13. Vitamin B12 status, homocysteine and mortality amongst community-dwelling Irish elders.

Kennelly SP, Abdullah L, Paris D, Parish J, Mathura V, Mullan M, Crawford F, Lawlor BA, Kenny RA. *Int J Geriatr Psychiatry*. 2010 Oct 29. [Epub ahead of print]

Demonstration of safety in Alzheimer's patients for intervention with an anti-hypertensive drug Nilvadipine: results from a 6-week open label study.

Romero-Ortuno R, Walsh CD, Lawlor BA, Kenny RA. *BMC Geriatr*. 2010 Aug 24;10:57.

A frailty instrument for primary care: findings from the Survey of Health, Ageing and Retirement in Europe (SHARE).

Puhan MA, Chandra D, Mosenifar Z, Ries A, Make B, Hansel NN, Wise RA, Sciruba F; National Emphysema Treatment Trial (NETT) Research Group. *Eur Respir J*. 2011 Apr;37(4):784-90. Epub 2010 Aug 6.

The minimal important difference of exercise tests in severe COPD.

Proitsi P, Lupton MK, Reeves SJ, Hamilton G, Archer N, Martin BM, Iyegbe C, Hollingworth P, Lawlor B, Gill M, Brayne C, Rubinsztein DC, Owen MJ, Williams J, Lovestone S, Powell JF. *Neurobiol Aging*. 2010 Aug 2. [Epub ahead of print]

Association of serotonin and dopamine gene pathways with behavioral subphenotypes in dementia.

Robinson DJ, O'Luanaigh C, Tehee E, O'Connell H, Hamilton F, Chin AV, Coen R, Molloy AM, Scott J, Cunningham CJ, Lawlor BA. *Int J Geriatr Psychiatry*. 2011 Mar;26(3):307-13. doi: 10.1002/gps.2530.

Associations between holotranscobalamin, vitamin B12, homocysteine and depressive symptoms in community-dwelling elders.

Rheumatology

Murphy CL, Meaney JF, Rana H, McCarthy EM, Howard D, Cunnane G.

Giant iliopsoas bursitis as a complication of chronic arthritis. *J Clin Rheumatol* 2010; 16: 83 – 85

Murphy CL, McCarthy EM, Loong TB, Doran M, Cunnane G.

Localised osteoporosis and its consequences. *J Clin Rheumatol* 201; 16: 51

McCarthy EM, Cunnane G.

Treatment of relapsing polychondritis in the era of biological agents. *Rheumatol Int* 2010; 30: 827 – 8

Cunnane, G. Whipple disease. *Current Rheumatology Diagnosis and Treatment* 2010; O'Shea FD, Riarh R, Anton A, Inman RD. Assessing Back Pain: Does the Oswestry Disability Questionnaire Accurately Measure Function in Ankylosing Spondylitis? *J Rheumatol*. 2010 Jun;37(6):1211-3

O'Shea FD, Boyle E, Salonen D, Ammendolia C, Peterson C, Hsu W, Inman RD.

Sacroiliac Joint Inflammatory and Degenerative Changes in a Primary Back Pain Cohort: A Retrospective Study. *Arthritis Care Res (Hoboken)*. 2010 Apr;62(4):447-54

Passalent LA, Soever LJ, O'Shea FD, Inman RD.

Exercise in ankylosing spondylitis: Discrepancy between recommendations and reality. *J Rheumatol*. 2010 Apr;37(4):835-41

Haroon N, Tsui FWL, O'Shea FD, Tsui HW, Chiu B, Inman RD.

From gene expression to serum proteins: biomarker discovery in Ankylosing Spondylitis. *Ann Rheum Dis*. 2010 Jan;69(1):297-300. 9. O'Shea FD, Inman RD: *Ankylosing Spondylitis: Conn's Current Therapy* 2010. Ed. E Bope, R Rakel, R Kellerman. Saunders Elsevier, Philadelphia, PA, 990-992, 2010.

Publications

GUIDE

B. Kiely, D. O Mahony, C. Bergin, F. Mulcahy. *Int J STD & AIDS* 2010;21(5):332-6.

HIV-Related Malignancies pre and post HAART – a single centre's experience.

C. Orkin, J. Wang, C. Bergin *et al.*

An Epidemiologic Study to Determine the Prevalence of HLA-B5701 Allele Among HIV Positive Patients in Europe. *Pharmacogenetics and Genomics* 2010; 20:307-314.

S. Feeney, E. Muldoon, C. Dowling, D. O Flanagan, C. Bergin.

Journal of Infection and Public Health 2010;3(3):106-112

Varicella Infection and the Impact of Late entry into the Irish Healthcare System.

G. Brook, V. Soriano, C. Bergin. *Int J STD & AIDS* 2010;21:669-678.

European Guidelines for the Management of Hepatitis B and C Virus Infections, 2010.

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.

OSPIDÉAL NAOMH SÉAMAS
ST. JAMES'S HOSPITAL

