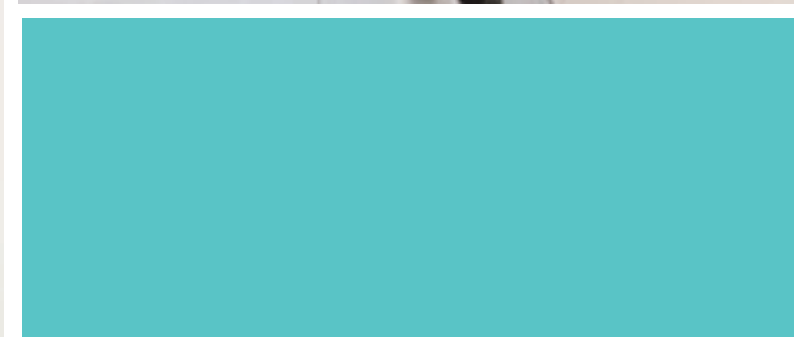


ST. JAMES'S HOSPITAL



ANNUAL REPORT

2015



St. James's Hospital's Vision, Purpose and Values

Vision

To be a leading healthcare organisation, nationally and internationally, improving health outcomes through collaboration and innovation.

Purpose

To provide the best care to every patient through our personal and shared commitment to excellence in clinical practice, education, research and innovation, while fostering our partnership with Trinity College Dublin.

Values

Patients matter most to us

We provide care that is safe, effective and accessible so that our patients achieve the best possible outcomes and experiences of care.

Respecting people

Being kind and honest, promoting diversity, collaboration, personal and professional development.

Innovating and sharing knowledge

We learn, teach, research and innovate to improve health and well-being.

Using resources wisely

Delivering value, working efficiently and protecting the environment.



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Haematology, Bone Marrow, Transplantation Programme, Cancer, Clinical Trials Consortium, National Centre for Hereditary Coagulation, Disorders, Palliative Care, Liaison Psychiatry

71 MedEl Directorate

The Mercer's Institute for Ageing Unit, Stroke Service, Bone Health and Osteoporosis, Unit, Falls and Blackout Unit, Local Asset Mapping Project, The Irish Longitudinal Study, on Ageing, Dementia Services Information and Development Centre

77 Medicine and Emergency Directorate – (MED)

Acute Floor (Accident & Emergency), Nurse Education, Clinical Placement, Advanced Nurse Practitioner Clinical Activity, Education Activity, Professional Development Activity and Representation, Emergency Department Activity, Cardiology, Dermatology, Endocrinology/ Diabetic Day Centre (DDC), Genito-Urinary Medicine and Infectious Diseases (GUIDe) Clinic, Hepatology Centre, Respiratory Medicine, Rheumatology, Neurology, Neurophysiology, Ophthalmology, Gastroenterology and Endoscopy Unit, Clinical Immunology, Nephrology and Dialysis.

87 Surgery, Anaesthesia and Critical Care Directorate SACC

Ear Nose and Throat Unit, Gynaecology, Ophthalmology, Breast Care Services, Acute Medical Colorectal Service, Renal Services, National Adult Burns Unit, National Maxillofacial Surgery Unit, Plastic and Reconstructive Surgery, Orthopaedic Surgery, Orthodontic and Cleft Unit, Department of Vascular and Endovascular, Surgery Psychiatry, Theatre, Day Surgery, Intensive Care Unit, High Dependency Unit, Hospital Sterile Services, Anaesthetic Services, Pain Medicine

93 LabMed Directorate

Haematology, Biochemistry, Immunology, Transfusion Medicine, Histopathology, Cytopathology, Microbiology, Phlebotomy, Coagulation Laboratory and National Centre for Hereditary Coagulation Diseases, Cryobiology Laboratory, the Irish Mycobacteria Reference Laboratory, National MRSA Reference Laboratory

107 DiagIm Directorate

Diagnostic Imaging (X-ray), PaRIS/EPR, Radiology

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113 SCOPE

Speech and Language Therapy, Medical Social Work, Clinical Nutrition, Occupational Therapy, Physiotherapy, Pharmacy Department, Clinical Pharmacy Service, Dispensary and Distribution Services, Aseptic/ Compounding Services, National Medicines Information Centre (NMIC), Centre for Advances

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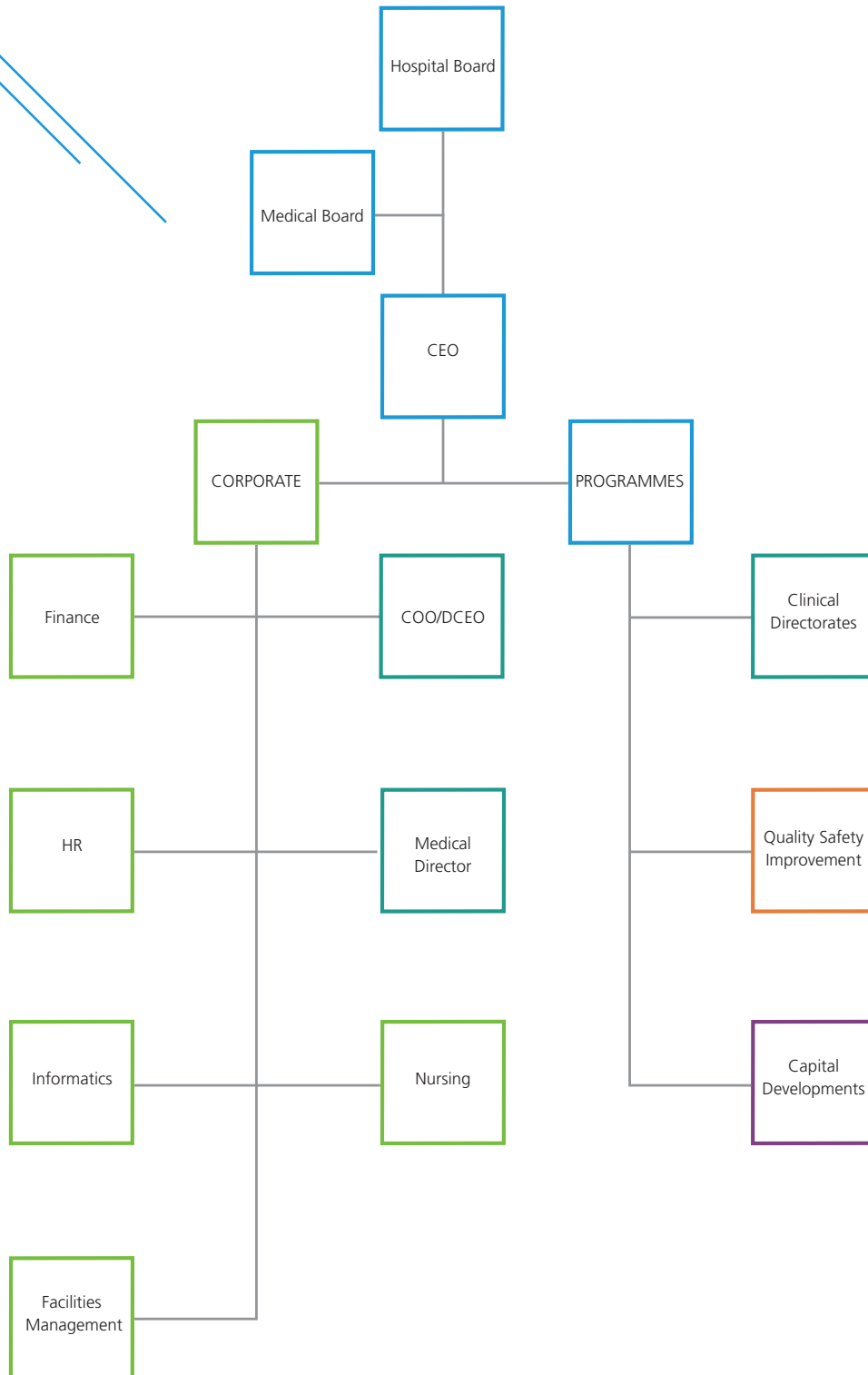
PUBLICATIONS

161 Publications



CORPORATE STRUCTURE

ST. JAMES'S HOSPITAL ORGANISATION STRUCTURE 2015





CORPORATE STRUCTURE

Board Members 2015

Mr. P Donnelly (Chairman)
Prof. C. Normand (Acting Chairman, until June 2015)
Mr. B Murray
Prof. V. Timonen
Dr. E. O'Higgins
Dr. K. Harkin
Mr. M. Keane
Mr. M. Gleeson
Dr. A.M. O'Dwyer
Mr. M. Collins
Dr. P. Smyth
Mr. P. Dingle
Cllr.R. Moynihan

EMG Membership – 2015

Mr. Brian Fitzgerald CEO – January
Prof. Patrick Plunkett – Interim CEO – February to June,
Mr. Lorcan BIRTHISTLE, CEO July
Ms. Ann Dalton, Deputy CEO/COO
Mr. Paul Gallagher, Director of Nursing
Mr. Simon Moores, Director of Finance
Mr. Vincent Callan, Director of Facilities
Mr. Niall McElwee, Director of Capital Project
Prof. Neil O'Hare, Director of Informatics
Mr. Ken Hardy, Director of HR
Dr. Una Geary, Director of Quality, Safety & Improvement
Dr. Finbarr O'Connell, Clinical Director, MED
Dr. Jeanne Moriarty, Clinical Director, SACC
Dr. Conal Cunningham, Clinical Director, MedEl
Dr. Niall Sheehy, Clinical Director, DiagIm
Dr. Brian O'Connell, Clinical Director, LabMed
Dr. Eibhlin Conneally, Clinical Director HOPE

Consultant Medical Staff

Dr Mark Abrahams	Anaesthetics/Intensive Care Medicine	Dr Finbar MacCarthy	Gastroenterology & General Medicine
Dr Michael Carey	Anaesthetics/Intensive Care Medicine	Prof Nasir Mahmud	Gastroenterology & General Medicine
Dr Daniel Collins	Anaesthetics/Intensive Care Medicine	Dr Susan McKiernan	Gastroenterology & General Medicine
Dr Elizabeth Connolly	Anaesthetics/Intensive Care Medicine	Prof Suzanne Norris	Gastroenterology & General Medicine
Dr Noreen Dowd	Anaesthetics/Intensive Care Medicine	Prof Dermot O'Toole	Gastroenterology & General Medicine
Dr Carl Fagan	Anaesthetics/Intensive Care Medicine	Dr Dhafir Alazawi	General Surgery
Dr Niall Fanning	Anaesthetics/Intensive Care Medicine	Dr Terence Boyle	General Surgery
Dr Joseph Fitzgerald	Anaesthetics/Intensive Care Medicine	Dr Elizabeth Connolly	General Surgery
Dr Mark Halligan	Anaesthetics/Intensive Care Medicine	Dr John Larkin	General Surgery
Dr Niall Hughes	Anaesthetics/Intensive Care Medicine	Dr Paul McCormick	General Surgery
Dr Christoph Kempf	Anaesthetics/Intensive Care Medicine	Dr Brian Mehigan	General Surgery
Dr Fionnuala Lyons	Anaesthetics/Intensive Care Medicine	Dr Narayanasamy Ravi	General Surgery
Dr Ignacio Martin-Loeches	Anaesthetics/Intensive Care Medicine	Prof John Reynolds	General Surgery
Dr Deirdre McCoy	Anaesthetics/Intensive Care Medicine	Dr Nadim Akasheh	General/Acute Medicine
Dr Connail McCrory	Anaesthetics/Intensive Care Medicine	Dr Declan Byrne	General/Acute Medicine
Dr Jeanne Moriarty	Anaesthetics/Intensive Care Medicine	Dr Rachael Kidney	General/Acute Medicine
Dr Nikolay Nikolov	Anaesthetics/Intensive Care Medicine	Dr Jennifer Kieran	General/Acute Medicine
Dr Enda O'Connor	Anaesthetics/Intensive Care Medicine	Dr Deirdre O'Riordan	General/Acute Medicine
Dr Catherine O'Malley	Anaesthetics/Intensive Care Medicine	Dr Fiona Lyons	Genito-Urinary Medicine
Dr Ellen O'Sullivan	Anaesthetics/Intensive Care Medicine	Prof Fiona Mulcahy	Genito-Urinary Medicine
Dr Jenny Porter	Anaesthetics/Intensive Care Medicine	Dr Mary B Anglim	Gynaecology
Dr Thomas Ryan	Anaesthetics/Intensive Care Medicine	Dr Thomas D'Arcy	Gynaecology
Dr Patrick Scanlon	Anaesthetics/Intensive Care Medicine	Dr Noreen Gleeson	Gynaecology
Dr Thomas Schnittger	Anaesthetics/Intensive Care Medicine	Dr Waseem Kamran	Gynaecology
Dr Peter Vaughan	Anaesthetics/Intensive Care Medicine	Dr Hugh O'Connor	Gynaecology
Dr Carmel Wall	Anaesthetics/Intensive Care Medicine	Dr Larry Bacon	Haematology
Dr Peter Crean	Cardiology	Prof Paul Browne	Haematology
Dr Caroline Daly	Cardiology	Dr Eibhlin Conneally	Haematology
Dr Jerome-Brendan Foley	Cardiology	Dr Catherine Flynn	Haematology
Dr Andrew Maree	Cardiology	Dr Patrick Hayden	Haematology
Dr Ross Murphy	Cardiology	Dr Niamh O'Connell	Haematology
Dr Sarah Early	Cardiothoracic Surgery	Dr James O'Donnell	Haematology
Dr Ronan Ryan	Cardiothoracic Surgery	Dr Kevin Ryan	Haematology
Dr Michael Tolan	Cardiothoracic Surgery	Dr Emma Tuohy	Haematology
Dr Vincent Young	Cardiothoracic Surgery	Dr Elizabeth Vandenberg	Haematology
Dr Vivion Crowley	Chemical Pathology	Dr Barry White	Haematology
Prof Louise Barnes	Dermatology	Dr Colette Adida	Histopathology
Dr Rupert Barry	Dermatology	Dr Barbara Dunne	Histopathology
Dr Patrick Ormond	Dermatology	Dr Stephen Finn	Histopathology
Dr Rosemarie Watson	Dermatology	Dr Richard Flavin	Histopathology
Dr Bairbre Wynne	Dermatology	Dr Mairead Griffin	Histopathology
Dr Una Geary	Emergency Medicine	Dr Niamh Leonard	Histopathology
Dr Una M Kennedy	Emergency Medicine	Dr Aoife Maguire	Histopathology
Dr Geraldine McMahon	Emergency Medicine	Dr Mairin McMenemy	Histopathology
Prof Patrick Plunkett	Emergency Medicine	Dr Cian Muldoon	Histopathology
Dr Darragh Shields	Emergency Medicine	Dr Siobhan Nicholson	Histopathology
Dr Marie Louise Healy	Endocrinology & Diabetes Mellitus	Prof John O'Leary	Histopathology
Dr Niamh Phelan	Endocrinology & Diabetes Mellitus	Dr Esther O'Regan	Histopathology
Dr David Kevans	Gastroenterology & General Medicine	Dr Ciaran O'Riain	Histopathology

Dr Mary Toner	Histopathology
Dr Niall Conlon	Immunology
Prof Colm Bergin	Infectious Diseases
Dr Susan Clarke	Infectious Diseases
Dr Concepta Merry	Infectious Diseases
Dr Miriam Casey	Medicine for the Elderly
Dr Conal Cunningham	Medicine for the Elderly
Prof Joseph Harbison	Medicine for the Elderly
Prof Rose Anne Kenny	Medicine for the Elderly
Dr Rosaleen Lannon	Medicine for the Elderly
Dr Kevin McCarroll	Medicine for the Elderly
Dr Clodagh O'Dwyer	Medicine for the Elderly
Dr David Robinson	Medicine for the Elderly
Dr Breida Boyle	Microbiology
Dr Brendan Crowley	Microbiology
Dr Eleanor McNamara	Microbiology
Dr Brian O'Connell	Microbiology
Prof Thomas Rogers	Microbiology
Dr George Mellotte	Nephrology
Dr David Bradley	Neurology
Dr Colin Doherty	Neurology
Dr Siobhan Hutchinson	Neurology
Dr Janice Redmond	Neurology
Dr Francesca Brett	Neuropathology
Dr Yvonne Langan	Neurophysiology
Dr Sinead Cuffe	Oncology
Dr David Gallagher	Oncology
Dr Cliona Grant	Oncology
Dr Michael John Kennedy	Oncology
Dr Dearbhaile O'Donnell	Oncology
Dr Conor Barry	Oral & Maxillofacial Surgery
Dr Gerard Kearns	Oral & Maxillofacial Surgery
Dr Padraig O'Ceallaigh	Oral & Maxillofacial Surgery
Prof Leo Stassen	Oral & Maxillofacial Surgery
Dr Eamonn McKiernan	Orthodontics
Dr Aisling O'Mahony	Orthodontics
Dr Catherine Bossut	Orthopaedic Surgery
Dr Niall Hogan	Orthopaedic Surgery
Dr Thomas McCarthy	Orthopaedic Surgery
Dr John McKenna	Orthopaedic Surgery
Dr Brendan Conlon	Otolaryngology
Dr John Kinsella	Otolaryngology
Prof Conrad Timon	Otolaryngology
Dr Lucy Balding	Palliative Care
Dr Norma O'Leary	Palliative Care
Prof Michael Gerard Barry	Pharmacology & Therapeutics
Prof Martina Hennessy	Pharmacology & Therapeutics
Dr Eamon Beausang	Plastic & Reconstructive Surgery
Dr Patricia Eadie	Plastic & Reconstructive Surgery

Dr Claragh Healy	Plastic & Reconstructive Surgery
Dr David O'Donovan	Plastic & Reconstructive Surgery
Dr David Orr	Plastic & Reconstructive Surgery
Dr Odhran Shelley	Plastic & Reconstructive Surgery
Dr John Cooney	Psychiatry
Dr Aidan Corvin	Psychiatry
Dr Grainne Flynn	Psychiatry
Prof Michael Gill	Psychiatry
Dr Paul Scully	Psychiatry
Dr Elaine Greene	Psychiatry
Dr Tara Kingston	Psychiatry
Prof Brian Lawlor	Psychiatry
Dr Ann Marie O'Dwyer	Psychiatry
Dr Sinead Brennan	Radiation Oncology
Dr Moya Cunningham	Radiation Oncology
Dr Patricia Daly	Radiation Oncology
Dr Charles Gillham	Radiation Oncology
Dr Caitriona O'Sullivan	Radiation Oncology
Dr Pierre Thirion	Radiation Oncology
Dr Peter Beddy	Radiology
Dr Ian Brennan	Radiology
Dr Grainne Govender	Radiology
Dr Michael Guiney	Radiology
Dr Susannah Harte	Radiology
Dr Ciaran Johnston	Radiology
Dr Mary Keogan	Radiology
Dr Ronan McDermott	Radiology
Dr Niall McEniff	Radiology
Prof James Meaney	Radiology
Dr Sylvia O'Keeffe	Radiology
Dr Mark Ryan	Radiology
Dr Niall Sheehy	Radiology
Dr Graham Wilson	Radiology
Dr Ruairi Fahy	Respiratory Medicine
Prof Joseph Keane	Respiratory Medicine
Dr Anne Marie McLaughlin	Respiratory Medicine
Dr Finbarr O'Connell	Respiratory Medicine
Dr Rory O'Donnell	Respiratory Medicine
Prof Gaye Cunnane	Rheumatology
Dr Michele Doran	Rheumatology
Dr Finbar O'Shea	Rheumatology
Dr Ronald Grainger	Urology
Dr Thomas Hugh Lynch	Urology
Dr Rustom Manecksha	Urology
Dr TED McDermott	Urology
Dr Prakash Madhavan	Vascular/General Surgery
Dr Zenia Martin	Vascular/General Surgery
Dr Adrian O'Callaghan	Vascular/General Surgery
Dr Sean O'Neill	Vascular/General Surgery



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SLOW

St. James's Hospital

LEGAL & BANKING 2015



Auditors

Controller and Auditor General,
Dublin Castle, Dublin 1

Bankers

Bank of Ireland, 85 James's Street, Dublin 8
Permanent TSB, 16 – 17 College Green, Dublin 2

Legal Advisors

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

Insurance Brokers

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





EXECUTIVE REPORT



CHAIRMAN'S INTRODUCTION

Since my appointment as Chairman of the St. James's Hospital Board in June 2015, I have begun to appreciate the scale and complexity of what it takes to run the largest acute hospital in Ireland. I have been particularly impressed by the can do attitude of staff coupled with their commitment to delivering the best possible service to patients. I would like to highlight certain developments in 2015 which perhaps best represent this attitude and commitment.

During the course of 2015, the hospital made significant progress improving bed utilisation. In particular, the reduction in the number of patients who were delayed discharge and the reduction in the number patients on trollies awaiting admission in our Emergency Department has enabled a significant improvement in elective admissions. The improvement in 2015 can be attributed to a combination of factors:

- The improved availability of Home Care Packages has been critical to earlier discharge.
- The medically-led initiatives regarding speciality take have been instrumental in saving bed days, thus facilitating elective and non-elective admissions.
- The embedding of the role of Patient Flow Managers has provided an essential focus on early discharge.

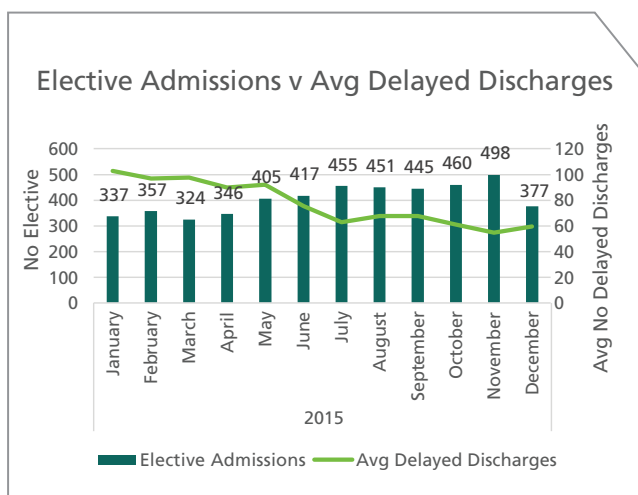
All of these improvements have been achieved in the context of both increased attendance to, and a corresponding increase in admissions from, our Emergency Department.

In 2015, we also commenced a major decant programme to facilitate the Children's Hospital build here on the St. James's healthcare campus. This included very significant building and refurbishment programmes, and, in order to prepare for the building programme, 2015 also saw the closure of up to 40 beds. In parallel, we kicked-off a move management programme which will ultimately impact hundreds of staff and a multitude of complex services before it is completed. The 'can do' attitude and commitment of staff made this possible whilst minimising the impact on patient services.

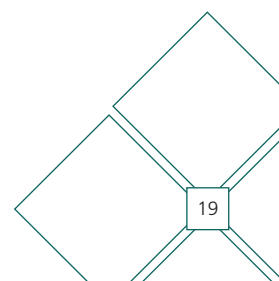
While we have made progress on elective admissions and delayed discharge, we continue to have challenges around access, staffing, and to an extent, space shortages. One area of particular concern to myself and the board is the ongoing clinical equipment needs of the hospital. It is essential that staff have adequate and safe equipment to diagnose, treat and care for our patients. All clinical equipment has a useable life and in a very high volume and high complexity environment such as St. James's this useable life may be shorter than in other less-intense clinical environments. The hospital estimates that an annual investment of approximately €5m is required simply to stand still, and the funding available to the hospital from the HSE falls far short of this amount. The consequence is increased risk and increased inefficiency. Either the necessary capital investment should be made up front or alternative funding models put in place to allow replenishment and improvement in our essential clinical equipment.

On a personal note, I am grateful to have gained the opportunity to chair this remarkable and complex organisation. My first year has been a stimulating learning experience that has greatly increased my respect for the quality and commitment of those who work in the hospital sector. I would like to thank the dedicated staff of St. James's Hospital for their inspiring team spirit, their hard work over the year, and their continued efforts to deliver the best possible service to our patients.

Paul Donnelly
Chairman



Paul Donnelly
Chairman





REPORT OF THE CHIEF EXECUTIVE

INTRODUCTION

2015 was another year of continuous change and challenge for St. James's Hospital. I was privileged to take up appointment as CEO in July. Since my appointment I have been enormously impressed but not surprised by the level of commitment St. James's staff have to providing the best possible care to our patients and their families.

Prior to my arrival, the hospital's Clinical Directorate structure had been reorganised during 2014 from twelve to six directorates. These changes continued to be bedded down in 2015 in the context of the continuing challenges of demand for patient services outweighing the hospital's capacity to provide the required services.



Lorcan Birthistle
Chief Executive Officer

SERVICE PRESSURES

During 2015, we experienced growing pressures on our Emergency and Elective services. We experienced a consistent challenge to meet both our tertiary and secondary care service demand. A very significant improvement in delayed discharge performance was achieved. This was the result of excellent management of patient flow by staff throughout the hospital and the availability of additional support packages within the community setting. This has most importantly benefited patients who no longer need to be in an acute hospital bed. It has also allowed appropriate patients to be admitted into those acute hospital beds.

During 2015 we also started to experience serious difficulties in attracting and retaining specialist nursing staff in Theatre and Intensive Care. This has been a challenge shared with our colleagues in the other Dublin acute hospitals. An extensive international recruitment programme commenced in 2015 to fill these vacancies. However, these recruitment programmes have a long lead in time. The result of the vacancies in 2015 has been the very regrettable reduction in operating hours and an intermittent reduction in ICU bed availability.

CHALLENGES AND OPPORTUNITIES AHEAD

The preparation for the building of the new children's hospital on the St. James's healthcare campus began in earnest in 2015. This involved detailed planning for decanting 12 acres of our site in order to hand it over to the HSE. We have worked closely with the HSE and the NPHDB (National Paediatric Hospital Development Board) to facilitate preparations for the building project which will probably be the largest single healthcare related build in the history of the state.

The development of the children's hospital on our campus together with the future transfer to our campus of the Coombe Women and Infants University Hospital, presents an opportunity to establish a healthcare campus of international standing. Critical to achieving this goal will be continued major investment in St. James's Hospital itself. This is currently represented in the development of the Mercer Institute for Successful Aging (MISA) which will be clinically operational in early 2016. MISA is the first seven storey building on our campus and as such represents our future direction of development. Further major capital investment in St. James's is essential if we are to safely meet our patients needs and if we are to build on the opportunities the tri-location of major adult, paediatric and maternity acute services presents.

CONCLUSION

I would like to thank my colleagues on the Executive Management team and all the staff of the hospital for their support and advice since I took up the role of CEO. I would also like to acknowledge the contribution of my predecessors Brian Fitzgerald and Prof Patrick Plunkett.

I have no doubt that the years ahead will remain challenging as we continue to deal with a demand for services which significantly outweighs our capacity to supply those services. We will continue to focus on using the resources we do have to the best benefit of our patients and to advocating clearly for the resources required to meet the needs of patients who are not receiving timely access to our hospital service.

Lorcan Birthistle,
Chief Executive Officer

Performance Highlights

	2015 Activity		2015 Projected activity			
Period Jan - Dec 2015	Acute Ward In-patient Discharges	Day Cases	In-patient Discharges	Daycases	% In-pts Variance	% Daycases Variance
Cardiology	2966	1871	1971	2425	50%	-23%
Dermatology	29	2438	34	1900	-15%	28%
Emergency Dept	2					
ENT	411	354	690	280	-40%	26%
General Surgery	2655	4164	2220	3632	20%	15%
GUIDE	406	4908	276	2555	47%	92%
Gynaecology	757	450	681	238	11%	89%
Haematology	1068	5193	676	4545	58%	14%
Maxillo Facial	1038	302	885	121	17%	150%
Medicine	6309	11237	5798	8004	9%	40%
Medicine for the Elderly	1540	2253	1023	1606	51%	40%
Oncology	983	8952	729	7925	35%	13%
Orthopaedics	1029	481	1320	211	-22%	128%
Plastic Surgery	1247	2452	1899	2854	-34%	-14%
Radiotherapy	136	4				
Rheumatology	593		492			
Psychiatry	5	4				
Cardio-Thoracic Surgery	968	52	860		13%	
Urology	622	1767	501	879	24%	101%
Vascular Surgery	418	412	581	100	-28%	312%
Total Acute Activity	23182	47294	20636	37275	12%	27%

Period Jan - Dec 2015	2015 Non Acute Ward In-patient Discharges
General Surgery	1
Dermatology	1
Medicine for the Elderly	978
Medicine	4
Psychiatry	477
Neurology	19
Total Non Acute Activity	1480

Out-Patient Activity					Variance	
	Actual		Projected		%	%
	New	Return	New	Return	New	Return
Attendances	65593	216032	50356	116395	30%	86%

Note 1:

Medicine Inpatients includes Respiratory/Endocrine/
Gastroenterology/Neurology/Nephrology/Immunology/
Pain Management/General Medical patients.

Note 2:

Medicine Daycases includes Respiratory/
Gastroenterology/Neurology/Nephrology/Pain Therapy/
Anaesthesiology/General Medicine

Note 3:

Oncology Daycases includes Clinical(Medical)
Genetics

Note 4:

Outpatient Consultant and Nurse Led Activity



A photograph of a hospital hallway. In the foreground, there is a blue and red recycling bin and a teal cart with a large stack of papers. The hallway leads to a room with a wooden door frame. A person in a light blue uniform is walking away in the distance. The wall on the right has several notices and a sign for 'SJH Oral Care'.

CORPORATE DIRECTORATE REPORTS



FINANCE DEPARTMENT ANNUAL REPORT 2015 FINANCIAL COMMENTARY EXTRACT

Financial Report 2015

The Financial Statements for the reporting period 1st January 2015 to 31st December 2015 resulted in a deficit of €4,392m. Hospital gross expenditure was €420,670m, while income and exchequer funding amounted to €416,277m.

The hospital had an opening surplus of €22,398m carried forward from 2014 and prior years. Therefore, the cumulative carried forward surplus at 31st December 2015 was €18,006m.



Simon Moores
Director of Finance

Expenditure and Income Overview

Net expenditure increased by €16.895m (4%) when compared with the previous year. Income for 2015 increased by €11.517m (3%) year-on-year.

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

PAY	2015
Management / Administration	(99)
Medical / Dental I (NCHDs)	69
Medical / Dental II (Consultants)	1,677
Nursing	(885)
Paramedical	(156)
Catering & Housekeeping / Support Services / Porters	1,866
Maintenance / Technical	(2)
Pensions & Refunds	444
Gratuities / Lump Sums	459
Total Pay Increase	€3,373

Commentary - PAY

2015 brought an increase in pay; this was due to a number of contributing factors. Key contributors include; increased demand for medical service resulting in higher staff volumes, new services and arrears in relation to the new merged scales. Specifically nine additional consultants joined the Hospital along with 12 new NCHD's.

NON PAY	2015
DIRECT PATIENT CARE	
Drugs & Medicines	1,318
Blood / Blood products	1,302
Medical Gases	13
Medical & Surgical Supplies	4,013
Other Medical Equipment	(190)
Other Medical Equipment Supplies / Contracts On	100
	6,556

SUPPORT SERVICES	
X-Ray / Imaging Supplies / Contracts On	192
Laboratory Equipment	142
Laboratory Supplies / Contracts On	433
Catering Equipment	1
Catering Provisions / Contracts On	267
Heat, Power & Light	34
Laundry, Cleaning & Washing Equipment	(16)
Laundry, Cleaning & Washing Supplies / Contracts on	657
Furniture, Crockery & Hardware	201
Bedding & Clothing	(21)
Maintenance Equipment	18
Maintenance Materials Supplies / Contracts On	(114)
Buildings	3,360
Travel & Subsistence	91
Transport of Patients	91
Vehicles Supplies / Contracts On	69
	5,404
FINANCIAL AND ADMINISTRATIVE	
Bank Charges	14
Overdraft	(11)
Audit	2
Legal	(119)
Office Expenses (Rent & Rates, Postage & Telephone, etc.)	200
Office Supplies / Contracts On	2
Computer Equipment	(312)
Computer Supplies / Contracts On	688
Professional Services	494
Bad Debts written off	2,386
Adjustment to Doubtful Debts Provision	(2,266)
Insurance	(109)
Miscellaneous Expenses	593
	1,562
Total Non-Pay Increase	€13,522

Commentary – NON-PAY

Non pay expenditure increased by approximately 8% in the year. This was due to unyielding demand by patients for medical services and the associated cost pressures. There was significant spend on the decant of the Children's Hospital during the year and also aspergillus related projects. Again, the hospital experienced material expenditure pressures and inefficiencies as a result of delayed discharge patients. There was an increase in the level of external tests performed as a result of extensive waiting lists. These problems were correlated with the unavailability of nursing home beds and community support services.

However, the increase in expenditure was offset by increased income in the region of €11.517m (3%) year-on-year. The main driver of this increase was down to a payment of €6.6m received from the VHI as part of the Memorandum of Understanding (MOU). As part of this agreement the Hospital are receiving 70% of VHI private patient invoices upfront allowing for a more effective mechanism for cash flow.

As in prior years, the strategy remained focused on continued improvement on efficiency across all services throughout the hospital. The strategy looks to provide a strong financial foundation for the hospital should future resource pressures be encountered. The strategy continues to be successful and the hospital carries forward a financial surplus of €18.006m, which should in some part offset the affect of the constrained public financial environment going forward.

Overall, achievement of this position was made possible only through vigorous cost growth containment and effective local service management by the Clinical Directors, Corporate Managers, Department Heads and all their teams.

Capital/Infrastructure Expenditure

Expenditure on major capital projects amounted to €34.148m in 2015 compared with €17.658m in 2014. Additionally, the hospital invested €1.096m from revenue funding sources on improvements to infrastructure and aspergillus related projects. In 2015, the hospital spent €1.6m on the decant of the National Children's Hospital out of a commitment of €11m.

€28m of the capital expenditure was attributable to the construction stage of the new Mercers Institute for Successful Aging. The new facility which was co-funded by The Atlantic Philanthropies and the HSE will be opened in May 2016.

Payroll Dept

Since 2008, the Payroll Department has overseen the consolidation of nine payroll frequencies into one fortnightly payroll with the processing of in excess of 5,000 staff and pensioners on a fortnightly basis.

The project undertaken to introduce electronic payslips and P60's for all staff has now been completed with the availability of all staff to access this data 365 days a year 24 hours a day. In line with this, we have rolled out both a dedicated helpline and electronic mail box to allow all staff to contact the Payroll Dept. 24/7

In line with this progression in 2015, the payment of all expenses were routed via a dedicated electronic post box with the seamless processing of all expenses in soft copy format and the payment of expenses through the SAP payroll module – this has proved most successful as staff now have immediate access to this information via the E-Payportel.

Also, the Payroll Dept. implemented the electronic post box for the processing of documentations for all staff both joining and leaving the hospital which has been cost effective and efficient in allowing staff access to this data via an electronic environment in a speedy manner.

In January 2015, the final phase was implemented to have all paperwork submitted in soft copy format for all areas throughout the hospital and this was achieved In October 2015 with the Payroll Dept. now working in a paperless environment for all data.

Accounts Payable

Accounts Payable is responsible for the timely and accurate processing of all non-payroll disbursements made by the hospital in line with the E.U. Late Payments in Commercial Transactions Regulations of 2012.

The Accounts Payable section is also responsible for maintaining the accuracy and integrity of the creditor's ledger. It ensures this through the monthly reconciliation of vendor statement of accounts. The AP section receives predominately euro invoices / credit notes, but may also receive foreign currency invoices / credit notes from time to time.

In 2015, Accounts Payable installed the new I.R.I.S. OCR technology automated invoice scanning system. The IRIS system receives invoices from suppliers on a daily basis and these are held within an email repository. Once invoices are received they are automatically analysed by the IRIS OCR software and ONLY invoices that present an error will require human validation. Once invoices are verified manually or automatically these invoices are sent to SAP for processing. The key benefits with IRIS is this automatically converts huge volume of invoices into fully searchable, structured - compressed documents adapted for editing and short or long-term archiving.

Tax clearance changes that came into effect in 2015 required that St. James's Hospital must before making any payments to suppliers, check to see if the supplier has tax clearance with the Revenue Commissioners (Revenue). If the supplier is not compliant then the account goes on total block.

To make this process more efficient for SJH, Accounts Payable has signed a data management agreement with the Revenue in order for SJH to become an authorised user of the Revenue ROS verification system.

In addition to the data management agreement, we have also implemented a secure CSV upload file facility with revenue so that we can run a report directly from SAP and upload this to revenue which receives back the tax clearance status for all our suppliers in one go.

Accounts Receivable

The Accounts Receivable Department is responsible for the raising of all hospital invoices and timely collection of income. The cash office records all cash received by the hospital. The Health Insurance and Assessment Office validates patient eligibility for treatment and ensures claims are submitted to health insurers in a timely manner.

In December 2015, the first long anticipated Memorandum of Understanding (MOU) prepayment file was received from VHI. The benefit to the hospital results in a more effective mechanism for cash flow due to the upfront payment of 70% of the value of the accommodation invoice before the claim is fully submitted or accessed by the insurer.

The whole process and control of receipting insurer payments has had to be revised to include the upfront payment and the tracking of same. This is something that we are looking to automate through IT solutions as we are now receiving weekly prepayment files from the VHI. Once an invoice is submitted for a 70% payment, there is a very tight deadline for submission of the fully collated claim to the VHI. If this deadline is not met the monies will be clawed back from VHI. The challenge that faces the Accounts Receivable Department going forward is ensuring that we have submitted all relevant details in the timeframe set.

Management Accounts

The Management Accounting Team within St. James's Hospital has a remit for supporting financial management decision making and promoting a culture of financial responsibility across the hospital through engagement with Directorates. The Business Partners supported by the Management Accountant, take a proactive role within the Directorate structure with a focus in 2015, on adding significant value in terms of management information, targeted value for money initiatives and gaining an understanding of the main cost drivers associated with the care pathways of patients. The challenges for 2016 include keeping a continued focus on value for money initiatives in the face of continuing inflation and cost pressures and supporting the role out of the Activity Based Funding (ABF) model across the hospital. The Clinical Funding Unit within Management Accounting is tasked to deliver on Patient Level Costing and the new ABF model. 2015 was a "Transition Year" where the new funding model was in place on a 'test' basis. This means that actual funding was allocated to the hospital on the basis of the old model, however an estimation of funding under the new rules will operate in the background.

The challenge for 2016 is that St. James's will be reimbursed on the basis of hospital activity grouped by patient diagnosis according to Diagnosis Related Groups (DRG) for inpatient and day case attendances i.e. the ABF model.

This is a fundamental change from the current system of awarding a block fund based on historical levels from previous years. OPD and ED attendances will continue to be block funded (date to convert to ABF model is currently unknown). As a result, there were a number of initiatives established:



- Installation of PPM (patient level costing system) in the Clinical Funding Unit.
- Operational dashboard went live which showed patient activity within the hospital, detailing patients' DRGs, estimated costs and revenue. This meant that ABF data was readily available to business managers and clinicians.

One of the main challenges for the Clinical Funding Unit is ensuring that patient attendances are being costed as accurately as possible. The main obstacle to this is obtaining patient level data from the various patient care areas within the hospital. This is something we are looking to automate through IT solutions in the coming years.

We also need to ensure that St. James's Hospital gets the appropriate funding for its level of patient activity and complexity. This will involve liaising directly with the HPO (Healthcare Pricing Office) with regard to DRG prices and also clinicians and business managers. Strategies to address these issues are currently being devised.

Conclusion

There have been significant developments in Finance during 2015. The impact on St. James's Hospital to accommodate the NPH is a noteworthy development affecting the hospital. The financial commitment given by the board of €11.3m is significant and requires a close level of monitoring which is being provided by the finance department.

It should be noted that a proportion (€1.6m) was expensed in 2015, with the balance expected to be expensed in 2016. The short-term impact this has had on all areas of finance has not been insurmountable yet we remain fully committed to the project and offer as much support as possible. The MOU agreement will also have a significant impact on the cash flow resources of the hospital. The roll out of the Activity Based Funding model will require a lot of input from the Clinical Funding Unit within Management Accounts but the hospital hope to lead the way on ABF in hospitals on both a national and international level.



Route 4
← Mary Mercers Ward
Denis Burkitt Ward



HUMAN RESOURCES DIRECTORATE

The elimination of the longstanding public service moratorium on appointments, which had been signaled in October 2014 by the Minister for Public Expenditure, resulted in a change in perspective on employment control measures during 2015. As a consequence, there was a gradual relaxation of employee ceiling targets as a key performance indicator for hospitals and change in emphasis towards a targeted pay bill management and control framework.



Ken Hardy
Director of Human Resources



Gerry Heffernan
Assistant Director of Human Resources

Employee turnover for St James's measured 5.7% for all staff categories. Of note, turnover within nursing grades, (8.9%), and allied healthcare professionals, (8.4%), remained high with a consequential increase in associated activity within the HR Directorate. Ongoing nurse retention challenges informed a decision on the establishment of a dedicated nurse recruitment unit within the HR Business teams to focus on a rebranded marketing and recruitment strategy. In September, the position of Assistant Director of Nursing in HR was reinstated to develop targeted strategies aimed at supporting nurse workforce planning and controls.

The final quarter of 2015 saw the re-location of our Superannuation and Workforce Information and Planning functions to Brickfield House, Drimnagh, in the context of the hospital decant strategy. This represented new ground for the hospital and was enabled by the cooperation and flexibility of all affected staff.

The HR function continues to strive to proactively support directorates and business units in the delivery of quality patient services. One such initiative will be the launch of a web-based learning environment which is planned for implementation early in the New Year.

What follows is a synopsis of key activities within the Directorate Service Teams.

HR Business Teams

The Business Teams are responsible for provision of the full suite of core HR services to hospital directorates and departments whilst ensuring compliance at all times with established policies & procedures, legislative requirements and best practice. Staff turnover levels in 2015 continued to drive much of the operational activity and resulted in an 88% increase in the number of competitions managed by the teams in comparison with 2014 levels.

Staff Turnover Trends – 2013-2015

Staff Category	2013	2014	2015
Clerical	1.2	0.7	1.3
Nursing	5.9	8.8	8.9
Allied Health	5.5	7.8	8.4
Support Services	1.6	3.7	1.8

In response to ongoing nurse recruitment and retention challenges, a rebranded and targeted recruitment strategy was developed in consultation with nurse management informed by the outcome of a series of focus groups. The strategy culminated in the successful sourcing of 85 applications from a Nurse Open Day in June.

Towards year end, the department commenced a stakeholder engagement process to review our competency recruitment framework with a view to aligning it to the renewed vision,

purpose and values statement which was agreed by the Hospital Board in December, 2014. The framework also required modification and enlargement to incorporate competencies applicable to staff appointments and will require further development during 2016.

Medical Workforce Unit

The Medical Workforce Unit is responsible for delivering the full suite of HR services with respect to medical staffing.

Early in 2015 the Labour Relations Commission issued its final proposals on a Consultants pay and career structure. The proposals which were implemented locally in February 2015, aimed to address the barrier caused by the variation in rates of pay between new entrant Consultants and their peers that had emerged since 2012 and also establish a more defined career pathway to attract Irish graduates from abroad.

EWTD compliance, which requires that Non-Consultant Hospital Doctors, (NCHDs), work a maximum average working week of 48 hours with appropriate rest, remained a key performance indicator for the hospital. Steady progress was sustained through the phased introduction of revised rosters resulting in an increase in full EWTD compliance to a level of 66% by year end.

A national shortage in the supply of suitably qualified Registrars in Emergency Medicine continued to pose challenges locally. A number of initiatives were introduced as 'pull' factors to increase our competitiveness in an increasingly constricted market for talent resulting in a full complement of Registrars being sourced without requirement for agency reliance.

The NCHD Committee, chaired by the Lead NCHD, continued to work collaboratively with hospital management on developing and implementing a continuous quality improvement plan to support the employment and post graduate education and training requirements of our NCHDs.

Employee Relations 2015

While conditions remained challenging for the hospital in the context of the greater economy, Industrial Relations were constructive and productive during 2015. We continued to work with the trade unions in line with the various agreements to achieve efficiencies whilst providing an excellent service to patients. As a result of the ongoing efforts of staff, local managers, Occupational Health, HR and partnership working with the trade unions, the Hospital Target of 3.5% sickness absence target was achieved.

We continue to promote and encourage Cultural Diversity and Disability Awareness. Bespoke e-learning modules were developed and made available to employees via the SJH Learning Hub. This was complemented by the Dignity at Work e-learning module which was incorporated within the hospital induction programme for new entrant employees. In parallel, Dignity at Work presentations were provided to departments and groups of employees during the course of the year. Dignity at Work information for front-line managers also featured as a module within the Leadership and Management course and was well attended.

Under Disability Awareness, the hospital reported to the Department of Health monitoring committee a rate of 9.2%

of employees with a disability for 2015 which was higher than the 3% target set for public bodies. The report also highlighted the measures the hospital continues to take to promote and support the employment of people with disabilities. Human Resources, in conjunction with Occupational Health, continued to provide advice and support to management with regard to accommodating the specific needs of employees.

Communications

Following the formal transition of the Communications function to the Human Resources Directorate in 2014, work began in 2015 on formalising the body of work to be undertaken by the Communications Office. Much of our activities concentrated on promoting staff awareness of developments across the hospital particularly in relation to the Hospital Decant Programme which represents the most significant change initiative for staff for some considerable time. The following is a brief outline of those activities:-

- A series of briefing sessions were provided to staff to update them on the range of decant projects which were underway or planned during the year. A number of these sessions were podcasted and made available on the intranet for all staff.
- The CEO and Project Director of the National Paediatric Hospital Development Board were invited to inform staff on the design of the proposed build and update them on developments in relation to planning permission for the New Children's Hospital
- Local residents were invited to a briefing session to update them on various hospital projects.
- A focus was put on driving engagement on the hospital's social media channels through increased postings aimed at patients, visitors and staff. As a result of these postings, both Facebook and Twitter saw a marked increase in activity and followers in 2015.
- Allied to our efforts to promote our social media presence, we began a collaborative relationship with Today FM in mid-2015. On three separate occasions, Consultants answered callers queries live on the Anton Savage Show in a feature named; 'Ask a Doc', in collaboration with IMS. Each of these sessions was followed by a 'Question & Answer' session live on the St. James's Hospital Facebook page which helped drive traffic to our page.
- Development and design of the 2014 Annual Report

Given the level of activity building in 2015, an advertisement was placed for a Communications Manager. An appointment was made in November 2015, and it is anticipated the role will be taken up in January 2016.

Centre for Learning and Development (CLD)

During 2015, the Centre for Learning and Development continued to work in partnership with all our stakeholders in meeting the diverse learning and development needs of staff by providing a broad programme of high quality blended learning and development opportunities to include mandatory training, clinical based programmes and general staff development programmes. The Centre also provided accredited 3rd level programmes in collaboration with awarding bodies and third level institutions such as FETAC - Quality Qualifications Ireland (QQI)), and the School of Nursing and Midwifery, Trinity College Dublin. The following is a summary outline of activities for 2015:-

- Initiation of a very exciting, and challenging project to design, build and implement a Learning Management System, 'LearnPath'. The system is due for launch in 2016 and will offer a wide range of features to support organisational development through employee development planning.
- Academic accreditation of a number of our Nursing Foundation Programmes ensured training was provided and assessed at a Level 8 on the National Qualifications Authority of Ireland (NQA) Framework and will carry Continuous Educational Units (CEU's) in supporting individual portfolio development and maintenance.
- Commencement of preparatory and configuration works on a pilot Corporate Induction Programme on LearnPath for subsequent implementation in 2016.
- The Centre continued to deliver a suite of clinical and non-clinical educational programmes as outlined below.

Programme	Attendees
Corporate Induction	355
Mandatory Training	5,619
General (non-clinical) Staff Development Programmes	853
General Clinical Staff Development Programmes	1,782

E-Learning Programme	Completions
In The Line Of fire	1,512
Violence and Aggression at Work	848
Hand Hygiene for Non Clinical Staff	332
Hand Hygiene for Clinical Staff	1,541
Medication Safety	93
Infection control	568

As the Centre for Learning and Development is an evolving structure, on-going development will continue to be a feature of its role and function in 2016 and beyond. CLD will continue to look at more creative ways of delivering learning and supporting education & training at local level. We believe that any organisation's greatest asset is its people and the CLD Team in partnership with hospital colleagues will continue to play an active role in developing St James's Hospital staff to ensure excellence in the delivery of patient care and services.

Workforce Information & Planning Unit

The Workforce Information Unit continued to deliver on a number of projects in 2015 whilst also maintaining stability over the daily business support operations. While the projects were not on the same scale as previous years, the cumulative effect will bring significant benefits and improvements for the staff and end users.

The National SAP Team have spent considerable time and resources building a Business Intelligence Warehouse over the last number of years for the HSE Corporate Management Team. The Workforce Information Unit started working with the National Team in 2015 to carry out extensive data validations which were completed mid-2016. We are now in the position to begin roll-out to the Hospital corporate management team which will provide them with a user-friendly, graphical and analytical reporting tool.

The Centre & Learning Department started work on implementing a new LMS system in 2015 and the Workforce Unit also participated with certain aspects of the implementation. A new employee to line manager relationship for all staff was required to maximise the functionality of the LMS and this was created on the SAP HR system. These relationships will also be used in future projects including the anticipated e-Rostering/Time & Attendance project.

The Hospital Directorate restructuring continued and proved complex from a system perspective to ensure organisation, cost centre and staff transfers were completed in a consistent and timely manner in conjunction with Financial accounting timelines.

In addition to the above, the unit continued to provide consultancy support and assistance to all users of the SAP HR system over a wide range of areas including, amongst others, system technical support, absenteeism queries, reports and staff compliment queries. This level of support extends to our clients in Our Lady's Hospice and Our Lady's Children's Hospital Crumlin. All system upgrades, budget changes, legislative changes and policy changes were successfully tested and implemented on the system.

Occupational Health

The Occupational Health Department, now situated in our now well established purpose-built home in the Brookfield Clinic, provides a broad range of services to our staff including Health Care Worker screening for several infectious diseases with subsequent appropriate vaccination. During the year, we had 4,109 visits from staff and received 9,163 phone calls relating to very varied occupational issues. The high level of employee turnover across certain staff categories generated a proportionate and significant increase in our activities.

Activities & Developments

- We continue to promote awareness of, provide advice on, and manage, needlestick/sharps and splash exposures and were pleased to see a continued drop, (10%), in the total number of these incidences.
- The number of staff members vaccinated against influenza continued to rise from less than 20% several years ago to 33%. Medical and dental healthcare workers continue to have the highest uptake at 57% so our efforts will focus on bringing remaining staff disciplines into closer alignment throughout 2016.
- The requirement for Occupational Health support arising from adverse incidents led to a review of 863 reports and associated staff consultations.
- Ergonomic assessments doubled compared to previous years as we find that Health Care Workers, (HCWs), benefit from often even minor adjustments in their work stations and advice on appropriate posture for work tasks.



- The potential risks associated with the Ebola outbreak required implementation of a targeted strategy to protect staff members and though the threat did not materialise as an actual issue, overall we are all better prepared for any future, similar outbreak.
- In 2015 we commenced a fit testing programme to ensure that all HCWs who need them, were tested and shown the correct method for donning of masks. The department coordinated a programme of testing for over 500 staff.
- In September 2015, a joint initiative was introduced in

- partnership with the Immunology Department to provide Interferon Gamma Radioimmunoassay, (IGRA), testing to streamline screening for TB and referral to the Latent TB Clinic. The service is going very well and has cut the referral rate to the Latent TB Clinic by 66% so is very cost-effective.
- Towards year end we started a programme to configure our Electronic Patient Record (EPR) with a view to moving towards a 'paperless' system of record retention and retrieval. An initial focus has been placed on HCW screening and vaccination. This will be expanded in 2016.





NURSING SERVICES

Nursing Administration is responsible for the professional development and education of nursing staff and works closely with clinically based nurses in promoting best practices in many aspects of patient care. This is achieved by leading and co-ordinating nursing initiatives and communicating new developments in nursing.

This year raised many opportunities and challenges for Nursing and Healthcare Assistant (HCA) staff throughout the hospital. I would like to take this opportunity to sincerely thank the nursing staff for their continued dedication and professionalism that has been demonstrated and for ensuring the delivery of safe care to our patients and their families.



Paul Gallagher
Director of Nursing
Associate Professor, School of Nursing and Midwifery, Trinity College Dublin
Fellow of the Faculty of Nursing and Midwifery, RCSI

Nursing and HCA teams participated in a number of projects and quality initiatives during the year and included the following:-

Staffing and Recruitment Commentary

The overall whole time equivalent count for nursing as at December 2015 measured 1,433.5. Recruitment and retention of nursing staff continued to provide a significant challenge throughout the hospital in the context of a staff turnover rate of 8.9%. That notwithstanding, the Dublin Academic Teaching Hospital's (DATH's) commenced an international recruitment campaign in July and this was enabled with input from two recruitment agencies. Interviews were conducted in Europe, Philippines and India throughout the year. The HR Directorate, in collaboration with nursing management, co-ordinated a very successful "Open Day" in June 2015 resulting in 85 applications. As a consequence of this initiative, the hospital facilitated a 'Back to Acute Care' education programme to support nursing staff that were recruited from the Nursing Home sector. Funding was approved for two additional Assistant Director of Nursing (ADON) positions as follows:

- ADON - Human Resources
- ADON – MedEI (Ambulatory Care).

Falls Prevention Programme

The Hospital's Falls Management Group commenced a pilot project in three clinical areas in February. The purpose of the pilot was to establish the benefit of introducing an enhanced risk assessment process and multidisciplinary documentation for patients at risk of falling in the clinical setting. Following this pilot the group agreed an assessment document that would continue to be reviewed on an on-going basis.

Productive Ward™

The Productive Ward™ program seeks to give patients more time with nurses by empowering front line staff to improve the way their ward is organised. The team working on Edward Halloran Bennett Ward commenced a pilot project in July that was led by Tony Galvin (Productive Ward Project Lead) in partnership with CNM's Bernie Waterhouse and Stephanie Keating.

Since July 2015, the ward team have achieved significant success in a number of areas including:

- I. Introduction of the "Knowing How We Are Doing board" which is used to display nursing metrics and audit data to all staff, patients and visitors.
- II. Reorganising the ward environment and processes has resulted in optimising the use of the team's time to provide care.
- III. 736 hours of nursing time have been reinvested into direct patient care with improvements made to the medicine round process.
- IV. Improvements to the shift handover process have seen staff and patients benefit from an additional 588 hours of nursing time per year released back into direct care.

Future initiatives will focus on streamlining communications on the ward and improving the patient admission process.

Management of Challenging Behaviour

The volume of patients requiring 1:1 care continued to pose significant concerns in the clinical areas and the associated risks of not providing a nurse/HCA were monitored. Staff were allocated to provide 1:1 care based on priority of clinical need following risk assessment by senior nursing and medical staff. A pilot project commenced in Hospital 5, Unit 2, and in the Margaret Kehoe Ward to focus on the use of the Support Worker (non-clinical) for a designated cohort of patients. This initiative was progressed in partnership with Facilities Management and the Human Resources Directorate.

Clinical Chair – Professor of Nursing

The Director of Nursing has worked in partnership with AMNCH, HSE and the School of Nursing and Midwifery, Trinity College, to establish funding for the first Clinical Chair – Professor of Nursing. Funding has been generated by TCD and the HSE to support this position for a five year period. Following approval of a Service Level Agreement, the position will be advertised both nationally and internationally in 2016.

Transfer of Residential Care Wards

Following a HIQA inspection of the three residential care units located at St. James's Hospital the Regulator acknowledged the very high standard of care delivered but reported that the care environment did not meet the required regulation standards for a residential care facility. As a consequence, the hospital applied to HIQA for registration of Hollybrook Lodge as a Residential Care Centre and this was approved. Following registration approval, nursing management actively engaged with ward teams to establish and negotiate the safe transfer and movement of staff from Hospital 4 to Hollybrook Lodge.

Management of Controlled Drugs (MDA's)

A review was conducted between the Medication Safety Officer and the Nursing and Pharmacy staff relating to the management of controlled drugs (MDA's). Process mapping of the stages in the management of MDA's has been conducted including ordering, dispensing, collection, storage, record keeping and administration. Additional action and controls relating to the management of MDA's were identified. The Nursing Practice Development Co-ordinator (NPDC) and the Medication Safety Officer introduced hospital wide changes in relation to this issue. Evaluation of these actions will be conducted via audit by the NPDC.

End of Life Care

Nine hundred and fifty one patients died in St. James's Hospital during 2015 and End of Life Care (EOLC) continues to be an important part of the day-to-day business of the hospital, which is strategically led by the EOLC Committee.

While Palliative Care and EOLC have become part of the hospitals fabric with many initiatives having become standard practice, some key achievements in 2015 are noteworthy:

- The EOLC Committee continued to identify and address the need for improvements hospital wide and a number of clinical areas and professional groups have included EOLC into their quality improvement plans.
- 2015 saw the introduction of a new Mortuary Manager, who will lead the established team of staff in the hospital mortuary.
- In response to feedback from staff that experienced bereavement themselves a working group was established to identify and implement support for bereaved staff including guidance for colleagues and managers on how to provide appropriate supports.
- The EOLC Committee established formal links with the St. James's Hospital Foundation, resulting in designated fundraising campaigns.
- The National policy in the form of the Rapid Discharge Protocol was adopted for terminally ill patients wishing to die at home.
- Considerable work has been done in the area of Advance Care Planning in the residential care settings of MedEI, where this aspect of care planning is now mandatory.
- ICU staff trialled and introduced information packs for bereaved children (Butterfly Project).
- A joint research collaboration entitled VOICES MaJam (Views of Informal Carers Evaluation of Services; Mater and St. James) commenced with TCD, UCD and the Mater Hospital eliciting the views of bereaved relatives on the care they and their deceased relative received in our hospitals. Findings from this study are expected to be published in 2016.

Time and Attendance /eRostering Project.

Nursing Management commenced a project in partnership with the Human Resources Directorate, Finance Department and IMS in relation to the introduction of a Time and Attendance/eRostering system throughout the hospital. The tendering process commenced and site visits to centres in Ireland and the UK were conducted with a view to commencing rollout in 2016.

Nursing Midwifery Board of Ireland (NMBI) site inspection

The NMBI conducted an accreditation inspection of the Epilepsy Nursing Service on 8th October; to establish the suitability of St. James's Hospital as a site, and to support the introduction of an Advanced Nurse Practitioner for Epilepsy. Approval was granted by the Board of the NMBI in December.

IV Practice Steering Committee

In April 2015, the IV Practice Steering Committee, on behalf of the hospital, participated in the One Million Global Catheters: Peripheral Intravenous Cannula Worldwide Prevalence Study (OMG PIVC Study). This audit was carried out over a 5 day period from 13th to the 17th of April 2015. A total of 36 wards were included in the audit. Of this, there were 192 patients identified with 208 PIVCs during this time. Participation in this study enabled St. James's Hospital to examine current practice in PIVC practice and care across the organisation and address any areas of concern identified as a result of the study findings. A similar audit is planned once the new PIVC protocol has been introduced across the hospital at the beginning of Q4, 2016.

In August 2015, the NPDU co-ordinated the introduction of the BD PosiFlush™ SP Single-Use Pre-filled Syringes, for flushing of PVC's and CVAD's on a phased basis across the hospital site. The introduction of this product has shown increased time efficiencies due to the reduction in time spent assembling equipment and drawing up saline flushes manually. In addition, they also reduce the risk of cross contamination.

Nursing Metrics in 2015

The Nursing Metrics audit process continued to take place every quarter. A random sample of five patients in each of the 34 inpatient areas were measured giving a total sample of 170 episodes of care per quarter and the results are summarised as follows:

Nursing Metrics Report 2015										
Phase	Month	Falls	Pressure Ulcers	PVC	Documentation	EWS	Nutrition	Medication	CVAD	U. Catheter
Phase 11	Jan	86%	81%	88%	81%	81%	75%	NA	NA	NA
Phase 12	Apr	88%	79%	86%	84%	79%	70%	90%	NA	NA
Phase 13	July	82%	77%	85%	83%	77%	80%	94%	NA	NA
Phase 14	Oct	84%	84%	88%	84%	84%	78%	97%	92%	84%
Summary		↓2%	↑3%	↔	↑3%	↑3%	↑3%	↑7%	NA	NA

Undergraduate Students	2015
1st Year Nursing Students	70
2nd Year Nursing Students	67
3rd Year Nursing Students	59
4th Year Nursing Students	68
External TCD Students	42
Erasmus Students	3
International Students	21
Total	330

Specialist Strand	Number of candidates
ICU	8
ED	3
CCU /CVC	8
Peri-op	3
Cancer/Haem	6
Gerontology	4
Renal	1
Tissue Viability	2
Infection Control	3
Advanced Practice	1
Dementia	1
Cognitive Psychotherapy	1
Health Care Management	4
Msc Nursing	13
Total	58

The Nursing Quality Co-ordinator, Julie O' Grady, has been actively progressing the Nursing Metrics Programme in compliance with HSE Service Plan and the National Standards for Safer Better Healthcare, with indicators/questions added as required.

An evaluation of the St. James's Hospital Nursing Metrics Programme took place in 2015. This was conducted in partnership between the NPDU and TCD and the findings of the evaluation have identified further opportunities for improvement.

Undergraduate and Postgraduate Education data

The NPDU team continued to work with the Nursing and Midwifery Board and TCD to maintain and uphold the standards of an effective clinical learning environment.

14. External funding received for quality initiatives

Project	Funding
Productive Ward Project	€24,162
Continuation of Research Post for Research capacity building for CNS's and ANP's	€31,205
Liaison Nurse Blood Borne Virus CNM 2 (1 year)	€54,488
Conferences and Seminars	€3,065
End of life Research	€8,230
Nursing EPR project	€35,597
TOTAL	€156,732



Room 1 ↑ Room 2
John Deane Office ↑ City John Deane
Institute of Molecular Biotechnology ↑ Institute of Molecular Biotechnology
Labs 4-10 ↑ Labs 11-15 ↑ Labs 16-20



INTERNAL AUDIT DEPARTMENT REPORT FOR 2015

The Internal Audit Department is an intrinsic part of the system of 'internal control' that provides independent reports based on the evaluation and analysis, of defined and selected operations and functions, carried out in the hospital. These reports are the result of assessments and tests of the policies, procedures and systems of control that operate within the area selected in the Annual Internal Audit Programme. The Head of the Internal Audit Department is purposely not a member of any management team or executive management group. This enhances independent and objective analysis without any possible conflict of interest that may otherwise arise.



Cathal Blake
Head of Internal Audit

The Head of Internal Audit reports to the Chairperson of the Audit and Risk Committee, a subcommittee of the Hospital Board on all operational matters. This ensures independence and direct access to the Hospital Chairman and Board if necessary. The Head of Internal Audit reports to the CEO on all functional matters e.g. leave, budget etc.

The Annual Internal Audit Programme is a vital document as it determines the internal audit work for the year ahead. This programme is informed by previous audits and outcomes, items identified by the Office of the Comptroller and Auditor General (C&AG) or the HSE and local and national issues. Based on the above factors and other issues of concern or importance to the Audit and Risk Committee, the Internal Audit function, in conjunction with the Audit and Risk Committee, the Hospital Board Chairman, the CEO and senior hospital management devised the Internal Audit Programme for 2015. In future years, it is expected that this programme will be part of a three year audit planning process where the draft audit programme for the next three years will be included in the determination of the annual programme.

The following audits were reported to the Audit and Risk Committee by the SJH Internal Audit Department in 2015:

- Property acquisition and disposal
- Risk register
- Water charges
- Accounts payable
- Write off
- Clinical gas management
- Compensation
- Blood and blood products
- LabMed contracts
- Patient income
- 2014 end of year stocktake
- Financial budgeting, IT procurement
- Follow up audits.

In 2016, the Audit and Risk Committee expects to commission external firms with specific expertise to carry out certain audit work.



INFORMATICS DIRECTORATE

The Informatics Directorate constitutes a number of areas that all have a strong focus on the use and quality of technology, innovation and information in the care and treatment of patients, as well as supporting the corporate needs of the hospital. These areas involved include:

- Information Management Systems
- Medical Chart Coding (HIPE)
- Clinical Photography
- Medical Physics & Bioengineering



Prof. Neil O'Hare
Director of Informatics

Mr. Finian Lynam
IMS Manager

Ms. Marie Sinnott
ICT Operations Manager

Mr. Feargal McGroarty
National Haemophilia System Manager

Informatics Directorate

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 / Applications

St. James's Hospital continued to enhance its information, communication and technology framework throughout 2015. A strategy for the improvement of the hospital's core clinical IT systems was drafted in 2013, and a number of developments / initiatives were progressed in 2015. These include:

- Progression of the implementation of the National Integrated Medical Imaging System (NIMIS).
- Establishment of a social media presence via the hospital's Facebook and Twitter pages. This saw the start of an 'Ask a Doc' session on Facebook in May of this year, in partnership with the Communications Office.
- Further development of initiatives around the direct digital capture of clinical notes in areas such as Clinical Nutrition, Physiotherapy, and Speech and Language Therapy.
- Upgrading of our ICU clinical information system.
- Local configuration of a large number of projects to enhance the functionality of our Electronic Patient Record.

ICT Infrastructure 2015

The following sets out the main points and developments in the ICT infrastructure area that occurred during 2015.

Network

The IMS Network team continued to manage the hospital's extensive integrated network infrastructure, which now includes; Voice; Data; CCTV; Intercoms and Analogue Cabling, serving over 3,000 end-users. The hospital's decant project involved the network team assessing the new areas and providing connectivity. Outlying areas that came on stream in 2015 included Brickfield and Bow Lane. During the year the hospital got approval from the HSE for first phase of the replacement and upgrading of its core network system. This project, along with subsequent phases, is expected to last until 2017.

Email

In 2015, unsolicited email continued to be a problem. Over 21 million e-mails were received with just 2.5m of these being valid. During the year, 1.5m emails were sent from St. James's Hospital.

Security:

While the risk of attack of the hospital's IT systems by external cyberware or ransomware is increasing substantially, there was no loss of service due to security threats. This success can be attributed to robust security mechanisms proactively managed by staff.

Helpdesk:

In 2015, the hospital IT helpdesk dealt with over 22,000 calls across a range of areas. This represented an approximate 6% increase in calls over the previous year.

Web:

The Hospital's Public Website (www.stjames.ie) continues to be a source of information for its key audiences focusing on patients, visitors, GPs/Healthcare professionals, job seekers and other major stakeholders. We increased the usability by providing online forms for customer feedback, booking forms for courses and allowing patients to pay their bills securely online. In March we also launched both a specific site for Cancer information & Research activities and the hospital's social media sites; Facebook, Twitter & LinkedIn.

Public website stats

- 766,304 individual visitors to the site – an average of 2,099 per day a 36.2% increase in visitors since 2014. 53.4% of the overall total were new visitors
- Total number of pages viewed 2,036,986 – an average of 5,581 per day.

Cancer website stats

- 18,959 individual visitors to the site.
- Total number of pages viewed 65,093 – an average of 238 per day

The Hospital's intranet continues to be a key source of up-to-date information and a communication portal for staff. In total, there were over 13 million page views - an average of over 35,000 per day. The interactive element of the site also continues to grow, going live with over 10 new Forms and increasing the overall online submissions to 222,929.

Management Information Services (MIS):

Data-Warehouse Reporting "BI"

Throughout 2015 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, ABF. 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 BI suite. Client dashboards and report modules were deployed over an integrated web based platform. These provide a real-time view of operational KPI's and associated information. This suite of dashboards will be continuously added to over 2016 and beyond, as existing and new business information becomes available.

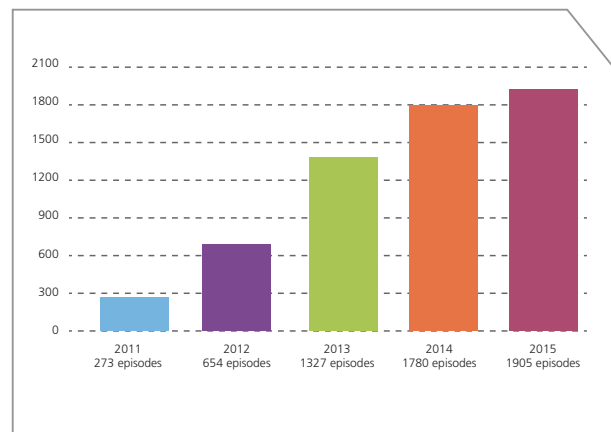
Clinical Coding

The Clinical Coding service continued its programme to improve

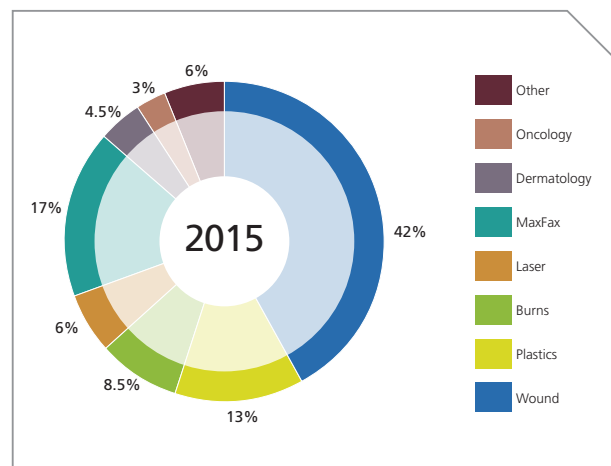
accuracy, quality and timeliness. These changes were focused on several key clinical areas and as a result, the quality measured by accuracy and completeness have increased significantly. This was achieved by continuous audit and clinical engagement. Timeliness remain at 100% completed within three months 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.

Clinical Photography

The clinical photography department continues to experience a steady increase in demand for services across all areas of the hospital. 2015 had the highest ever number of photography episodes recorded in St. James's Hospital. In total there were 1,905 patient encounters resulting in almost 22,000 clinical images being archived to patient records. This was up 7% on 2014 and up more than 1000% from 2005. There were a further 70 incomplete requests in 2015 with DNA (30) and request cancelled (22) the most common reasons why requests were not carried out.



Wound management (42%) was again the most common reason for clinical photography with 800 episodes, up from 717 in 2014, giving an increase in excess of 10% year-on-year. MaxFax 327 episodes (17%), Plastics 249 (13%), Burns 160 (8.5%), and Laser unit 115 (6%), remain the principle users with increases in requests from Max Fax ^10% and Burns ^20% off set by a fall in requests from Plastics 12% and the Laser unit 9%.



Department of Medical Physics & Bioengineering

Head of Department: Dr. Geraldine O'Reilly
Chief Technologist: Mr. John O'Meara

Introduction

The Department of Medical Physics and Bioengineering (MPBE) supports the application of technology in the provision of care at St. James's Hospital. The Department provides scientific/engineering consultancy services and healthcare technology management services to clinical facilities and users of technology at St. James's. Technologies within the Department's remit include imaging systems, life support, physiological monitoring, lasers, endoscopic systems and surgical technology.

Services are provided by MPBE through five working groups: Clinical Engineering, Imaging, Endoscopy & Optical Systems, Sterilisation Services and External Services. The External Services Group provides Radiation Protection, Quality Assurance and Sterile Services advice to other hospitals and dental services.

Services & Activities 2015

- MPBE currently supports over 4,300 assets with a capital value of approximately €55m and an annual support cost of almost €3m.
- MPBE has been involved in numerous decant projects around the site in advance of building works for the new Children's Hospital and this will continue for 2016. Support for the various decant projects presents many technical and logistical challenges. Provision of this support while at the same time supporting the routine clinical service presents considerable challenges but is essential to ensure safe patient care.
- MPBE provided technical and scientific support in the delivery of over 20,000 endoscopy procedures.
- Following last year's extensive work (by MPBE and Endoscopy) to map clinical data from the ADAM System to the RCPI led NIQUAS system, quality data for 2015 has been uploaded successfully
- MPBE has been centrally involved in a project that will oversee the reconstruction of endoscopy decontamination services, with the proposal currently under discussion at national HSE level.
- MPBE continues to participate in national equipment technical groups, and provides the current chair of the National Endoscopy Technical Management Committee.
- MPBE provided technical support for the introduction of NIMIS into SJH.
- MPBE provided consultancy services to external entities for both UV QA and LASER protection advice.
- MPBE provided Radiation Protection Advisory (RPA) services to 19 external HSE hospitals and 114 dental practices through its External Services group. This included advising on 7 new HSE hospital based building projects (including a novel sliding CT in an A&E resus area) & 7 new HSE dental building projects. In addition, 9 radiology and 15 dental systems were commissioned, including a 128 slice CT scanner and 2 digital mammo/tomosynthesis units.
- Preparatory work for occupation of the new MISA building in 2016 was a major activity for MPBE during the year.

MPBE Highlights in 2015

In advance of the opening of the MISA building in 2016, MPBE continued to build expertise and capacity in this area with a view to providing scientific and technical support that will help M.I.S.A. develop its position as the national centre of excellence in the care of older people. As well as leading the medical device planning and procurement process, MPBE led on a number of projects in support of MISA. These included evaluation of an electronic system that uses bedside vital signs data to detect deterioration in health status, a review of falls prevention technologies suited to the new single occupancy MISA inpatient rooms, and a review of technologies to equip a state of the art Falls and Syncope Unit.

MPBE conceived and implemented "SJH Design Week " in 2015, in collaboration with the Medical Device Design M.Sc. class at the National College of Art and Design (NCAD). During Design Week, design problems from SJH staff are put forward for intense design input by the students. The objectives of Design Week are to support 'design thinking' in day to day hospital work, and to help individual staff members advance good ideas they may have for improving patient care.

Grants/Awards

- The ocular microtremor project, led by Dr.Gerard Boyle, was awarded an Enterprise Ireland Commercialisation grant for €200,000 to bring the eye tremor measurement technology developed at MIRA to a commercial stage.
- Claire Dolan in Occupational Therapy and Dr. Chris Soraghan of MPBE were awarded a joint grant in 2015 of €1,413 by the SJH Foundation to purchase technology for the multiple sclerosis service in OT.
- Dr. Tim Foran was awarded a PhD for his research on the variability in gait in older adults

Contributions to International & National Bodies

MPBE personnel contributed to a number of national and international advisory bodies and groups including:

- As a member of joint Standards Group 7 of the ISO (International Standards Organisation) and the IEC (International Electrotechnical Commission). This group is devising standards for securely placing medical devices on an IT network.
- As a group member of the IEC TC 62 Software & Network Advisory Group.
- As one of two Irish experts on the advisory group to the European Commission on radiation safety. This group drafted the revised and recast European Directives on radiation safety for workers, patients and members of the public.
- As members of the eye dose working group of EURADOS (European Radiation Dosimetry Group, a network of 50 institutions and 250 scientists). This working group is looking at the issue of patient and staff eye doses during interventional radiology.
- As Adviser to the International Atomic Energy Agency (IAEA)



FACILITIES MANAGEMENT (FM) DIRECTORATE

The FM Directorate provides the full range of non-clinical services in an integrated manner that both enhance the patients experience and supports the hospitals clinical staff in treating our patients.



Vincent Callan
Director of Facilities
Management



Aidan Turley
Business Manager



Alan Buckley
Security Manager

The FM Directorate comprises of the following disciplines:

- Patient Hygiene Services including; Housekeeping & Cleaning, Waste Management & Sharps, Linen, Laundry & Scrub Suits, Gardening & Grounds, Pest Control and other miscellaneous hygiene services
- Concourse
- Chaplaincy
- Catering
- Portering
- Telecommunications
- Facilities Management Administration
- Security & Car Parking
- Logistics
- Fire Safety Services
- Medical Records Management
- Health & Safety
- TSD/FM Engineering
- Support Services Contracts

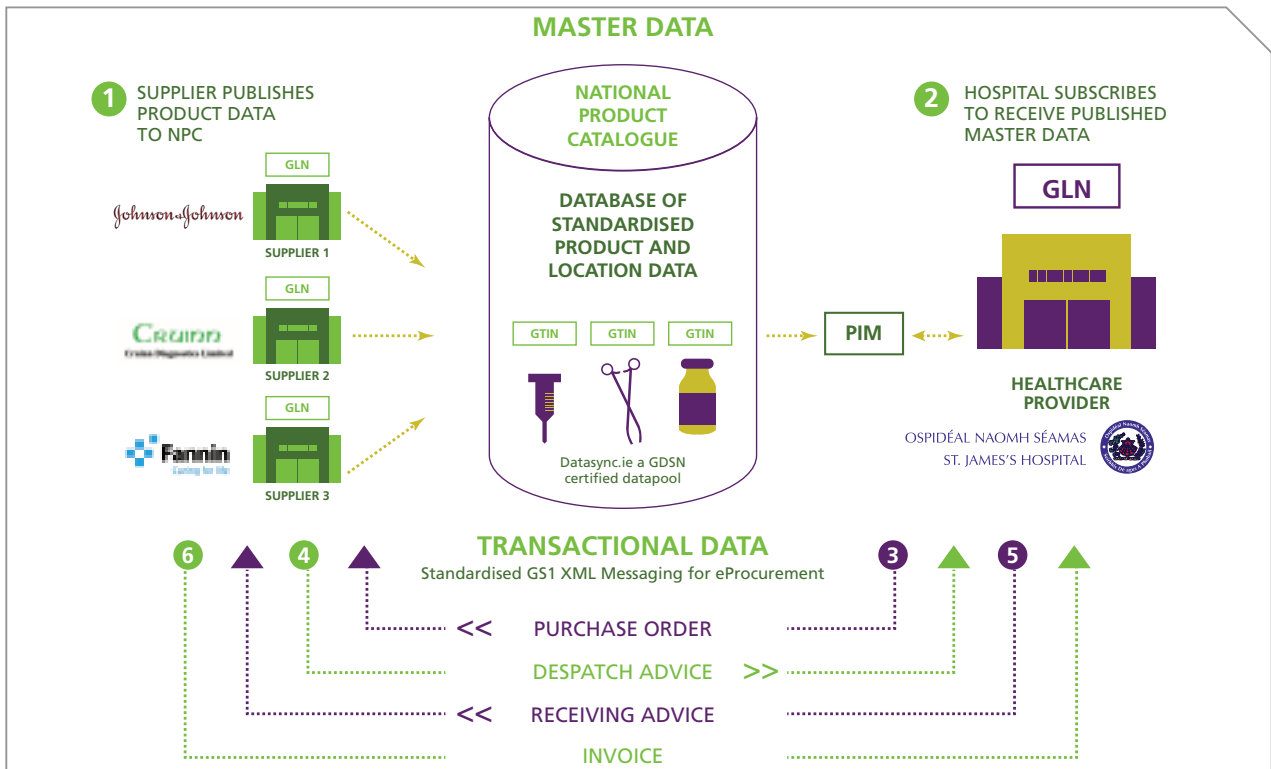
Developments in 2015

- Significant progress was made in terms of the adoption of GS1 standards for E Procurement. This project has placed St. James's as the leading hospital for such adoption nationally, and gained International recognition.

Key achievements include:

- Winner of National Procurement Award for best E Procurement solution.
- Development of a Proof of Concept for full Track and Trace of 'Precious Samples' using RFID technology.
- On boarding of key suppliers for Electronic Data Interface (EDI) project, eliminating all paper based transaction.
- In conjunction with GS1 Ireland, a Product information Manager tool was developed to enable data exchange from GS1 National Product Catalogue.





- Successful development and approval of business case for new pneumatic tube delivery system.
- Introduction of new signage design into the main hospital. Design and rollout will continue into 2016.
- Upgrade to underground car parking facilities to present a more aesthetic, pleasing and safe environment.
- Introduction of a new Reusable Sharp system which is more cost effective and environmentally sustainable.
- Introduction of new Security Patient Support Service to support clinical staff in dealing with patients with challenging behaviour.

Retirements/New Appointments/Promotions

The FM Directorate would like to thank the following staff for their service who retired or moved on to new opportunities during 2015; John Cleary, Lorraine Moorehouse, Brian Fallon, Eileen Mulhall, Irene McCarthy, Jennifer Coogan, John Blakemore, Lisa Shannon, Rosaleen Redmond, Edward Grahame, Margaret Carthy, Mary Prior, Valerie Cullen, Declan Maguire, Edward Kevlin, Kathleen Adams, Rita O'Hare, Ann Barry, Pauline Fitzgerald, Hong Xia Wang, Victoria Slattery, Bernadette Lynam, Georgina Farrell, Mary Prior, Patricia Wynne

The following staff were promoted in the FM Directorate during 2015; Aidan Turley, (Deputy Director FM), Alan Buckley, (FM Operations Manager), Denis Daly, (Production Manager), Joanne Reilly, (Ward Manager), Mary Doherty, (Deputy Catering Manager), Nuala McArdle, (Catering Manager), Ross Fagan, (FM Admin), Sharon McCormack, (Head of Housekeeping & Compliance).

Richard Hammond sadly passed away during service, RIP.

Patient Hygiene Services

The focus in 2015 centred on identifying and implementing quality improvement initiatives, ensuring efficient use of resources and compliance with specified quality parameters.

All members of the patient hygiene services teams attended refresher training for both cleaning and infection control protocols. This ensures staff are up to date with all processes, and changes in practices are formally communicated and documented.

All patient hygiene services were subject to on-going review in 2015 and progress was further affected in terms of staff mobility and the implementation of quality initiatives.

The Hygiene Services Operational Group meets on a quarterly basis (this was supported by the new FM Directorate monthly management meeting). Its purpose is to deliver patient hygiene services on an organisation wide basis in compliance with infection prevention and control guidelines. This group has hospital wide membership and feeds into the Prevention and Control of Healthcare Associated Infections (PCHCAI).

Hygiene assessment processes also continued in 2015, with both weekly ward assessments and monthly local assessments completed.

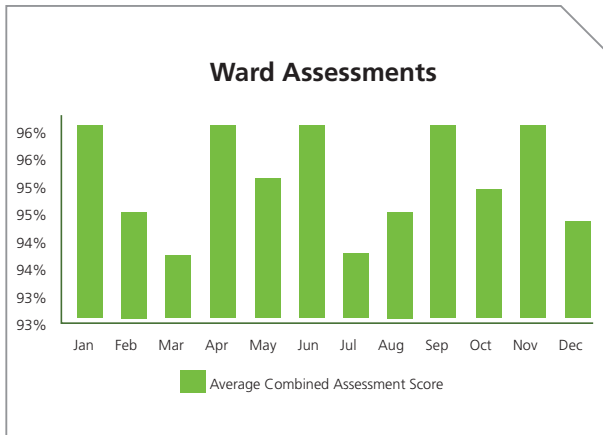
The Hospital has two forms of assessments in place:

1. Ward self-assessments are carried out by the FM Quality Assurance Officer on a monthly basis and all clinical and non-clinical areas are assessed. The current scoring system in use is a traffic light system which looks like this:

GREEN ≥86%, **AMBER** 70 – 85%, **RED** ≤69%

Please see chart for performance indicators for local assessments (based on average monthly scores from the following elements:

- Environmental Hygiene
- Patient equipment
- Waste management
- Linen and Laundry
- Hand Hygiene facilities
- Repair and refurbishment



2. The 'ward assessment process' enables a composite view of standards at ward / department level. The resulting report enables the sharing of good practices and the reviewed and enhanced process continues to further encourage and promote awareness of hygiene and infection prevention in accordance to control standards at ward and departmental level. It also highlights consistency in standards and validation, as average scores for 2015 were consistent with 2014.

In 2016, it is envisaged that both weekly ward and monthly local assessments will move from a percentage scoring system to a risk rating system where categories of non-compliance will be rated as critical, high, moderate and low risk. We also hope to move to an electronic audited system to increase speed and accuracy of the assessment process.

Compliance

In 2015, the Facilities Management Directorate officially introduced the role of Compliance Manager. This role has many different aspects, principally being:

- Liaising with and assisting all managers within the directorate to ensure all staff have attended Mandatory Training
- Liaising with and assisting all managers to ensure that absence management processes are being effected
- Reporting on and ensuring all adverse incidents have been addressed and closed off.
- Ensuring all formal complaints have been addressed and closed off.

Environmental Services

The Environmental Department ensures the safe removal of all hospital waste in accordance with national guidelines and legislation.

Objectives 2015

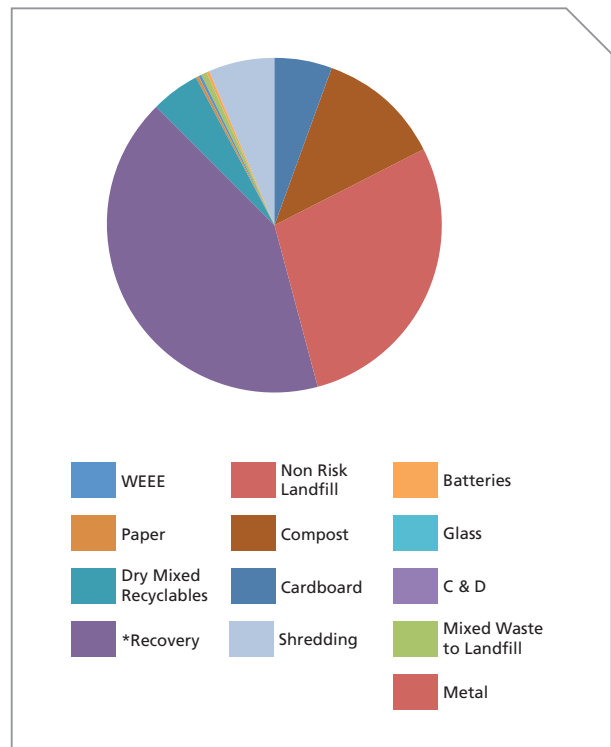
A full review of the role of the Environmental Services Department commenced with a focus on its completion to set objectives to deal with the problem of waste disposal at several levels. These objectives are based on the premise that not all waste should be treated equally. A practical and useful waste management system is one that takes all of the related factors, such as differences in wastes and dangers of waste, into consideration. At St. James's Hospital, the overall goals or objectives for 2015 and beyond include:

- reducing risks and liabilities
- controlling costs
- planning for the future; and
- co-ordinating with the respective industry partners, government bodies for better waste management practices.

While reviewing the department, the waste management strategies at St. James's Hospital remain grounded in a process chain that includes many steps, including generation, segregation (removing hazardous wastes for treatment), collection, storage, processing transport, treatment, and disposal. An increased focus on educating management and staff, emphasising concepts such as reuse, recycle, and segregate were on-going throughout 2015.

Non Risk Waste

Fig 1 identifies the non-risk waste categories and recycling percentage for 2015:



The Recycling / Recovery rate for 2015 was 71% which is consistent with previous years.

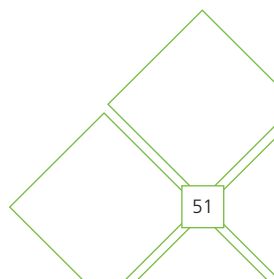
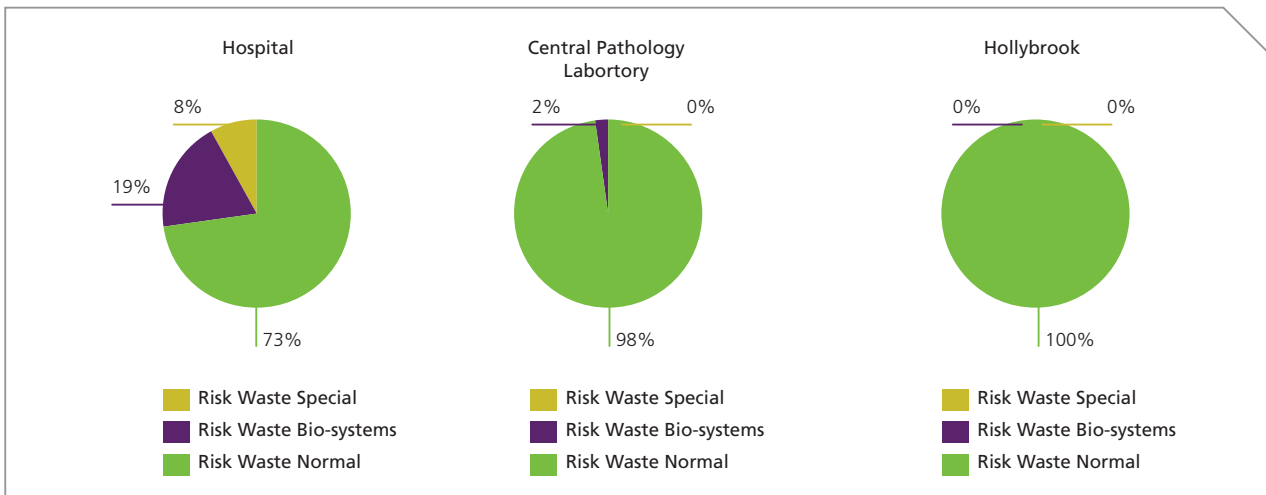
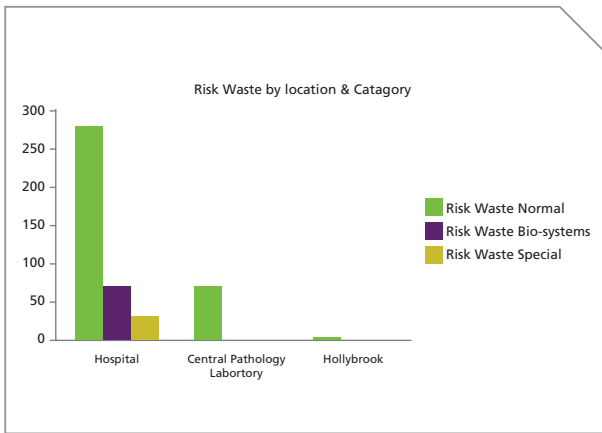


Fig 2 identifies risk waste categories, tonnage and percentage tonnage per area for 2015:



In November 2015 a fully managed Reusable Sharps System named 'Bio System' was launched in the Central Pathology Laboratory.

The project consisted of:

Analysis Current Costs:

- Purchase price of disposable single use containers and absorbents versus bio systems containers.
- Disposal costs of (empty) weight of single use containers that are replaced by bio systems containers
- Proposed Costs

Analysis of proposed bio systems costs:

- Based on substituting the annualised volumetric capacity of single use containers with bio systems reusable containers.

Concourse

The Concourse Reception provides the first impression of St. James's Hospital. Regardless of whether the customer ever reaches a ward or department, the Concourse acts as the face of St. James's Hospital. It is with that in mind that the Concourse

Receptionists ensure the smooth and efficient movement of customers throughout the hospital, showing professionalism, conscientiousness and empathy, which are paramount.

In 2015, the Concourse hosted many charity information and fund raising events throughout the year, and this has proven to be extremely beneficial to the charities involved.

Recently renovated commercial and retail units providing catering, pharmacy and banking facilities provided a positive visual impact on the area. The reception is manned 24 hours, 365 days per year by the reception team and supported by the Portering Services and Security teams. All team members act in unison to provide a continued excellent service and safe environment for patients, staff and visitors.

Chaplaincy Services

When patients are admitted to hospital in need of healing for a physical or emotional illness, they often bring with them other concerns that range over the psychological and spiritual dimensions of their lives. The Chaplaincy Department whose members belong to the main Christian Churches are aware of



OPENING OF CAMINO REST & CLOSING OF HOSPITAL CHAPEL

On the 16th September, the Hospital Chapel closed and a new multi faith/Non Faith facility which was named the Camino Rest was opened. To mark the closing of the old Hospital Chapel, a mass was held celebrating all that it had meant to patients, staff, local residents and visitors over the years. This was followed by a procession to the 'Camino Rest' in the Main Hospital for the official opening by the Chairman of the Hospital Board and Religious Dignitaries.

Catering Department

The Catering team is constantly striving to improve what they do, from efficient and sustainable ways of sourcing products, to maintaining and enhancing best practice standards. This gives our patients and customers greater choice and the highest level of service.

The Catering Department buys from a single source supplier which gives them greater buying power and is more economical, as they source locally and nationally. All suppliers undergo a robust quality assurance process to ensure the ingredients we use are of the highest quality. All products can be traced through each stage of the supply chain, using our H.A.C.C.P guidelines. Further validation is ensured by our Environmental Health Officer. The Department continues to perform weekly audits as part of their own quality control measure.

Food Safety and Health and Safety are key operational priorities and the Catering Department is committed to providing the highest standard of food hygiene and safe working practices. All staff are trained on an ongoing basis to provide them with the skills they need to deliver quality food to our patients in a consistently efficient and safe manner.

It is an exciting time for the Catering Department as many changes have, and continue to take place. From a new catering management structure, to projects which will restructure the department. A new coffee bar has opened in Brickfield House, providing staff facilities, and a new staff restaurant with a sandwich bar, and also a new coffee bar for the CPL are planned. This will give St. James staff a more enhanced area for their break time with longer opening hours to facilitate them. The Catering Department is progressing plans for a new Food Distribution Unit with up-to-date facilities and technology. This will allow them to deliver a better service to our patients and staff, especially in the context of the opening of the MISA building in 2016 and our Residential Unit in Hollybrook Lodge, where the Catering Department will be providing on site services for our residents.

The Catering Department are also in the process of changing the main meal time to the evening period following a successful pilot. This has been seen to benefit our patients and work is taking place on a new lunch menu to support this initiative. Calorie posting in the staff restaurant will also commence shortly.

During the continuous refurbishment of the wards pantries air conditioning units were installed during the renovations.

Without all the Catering Department staff, efficient services could not operate and work will continue on new initiatives to improve work-life balance.

these concerns and responds at different levels:

- in the administration of the sacraments.
- through spiritual care and counselling, especially at times of great anxiety and, above all, with the terminally ill.

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

The Chaplaincy Department continues to provide a twenty-four hour service to the hospital. The Chaplains Office is situated in the concourse. The team consists of Ordained and Religious along with Church of Ireland Chaplains. The Department is very fortunate to have over 20 volunteers who serve as Ministers of Eucharist and assist in bringing communion to patients on a daily basis.

During the past year, the chaplains attended over 700 deaths and made 175 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.

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

SERVICES

- The Chaplains provide liturgical services during the week in the hospital chapel, on the wards and in the mortuary and the oratory during advent, lent and special occasions.
- This year saw an increase in special services to mark the death or anniversary of staff that died.
- A Special Mass of Remembrance was held in November for deceased members of staff, their families and friends. This gave the bereaved staff and their families and friends an opportunity to come together and remember their loved ones in a 'Candle Ceremony of Remembrance'.
- In December we were delighted to have as our guests the Guinness Choir who sang at our Carol Service which was held in the Concourse.

Portering Services

Portering Services are responsible for the transfer of patients from critical care beds to their respective wards, delivery and collection of blood and blood products to and from the Central Pathology Laboratory, servicing patient transport both internal and external to outpatient departments and clinical procedure areas, delivery of pharmacy goods to each ward daily as well as compounding deliveries and services to the Oncology Unit in St. Luke's centres on-site.

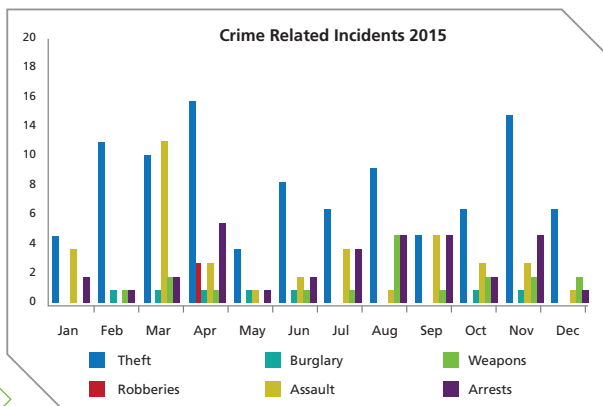
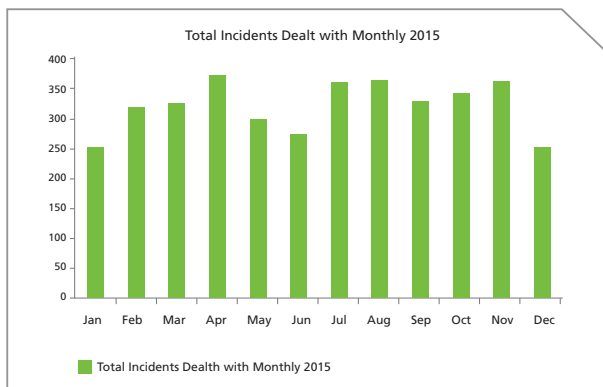
The Portering functions are as follows:

- Post Room services all collections and delivery of post each day throughout the campus and ensuring the internal service links to the national postal service.
- The Internal Patient Transport Vehicle transfers patients within the campus of St. James's in a safe and cost effective way. This allows for flexibility in scheduling patients for clinics as their needs change. This leads to a flexibility in regards to bed management and ensures that the patient is allocated to an area within St. James's Hospital that meets their needs.
- The Messenger Service provides a fast and effective transport service of specimens, medical records and urgent hospital correspondence in a cost effective way, omitting the use of other external services and limiting time delays due to them being present on site.

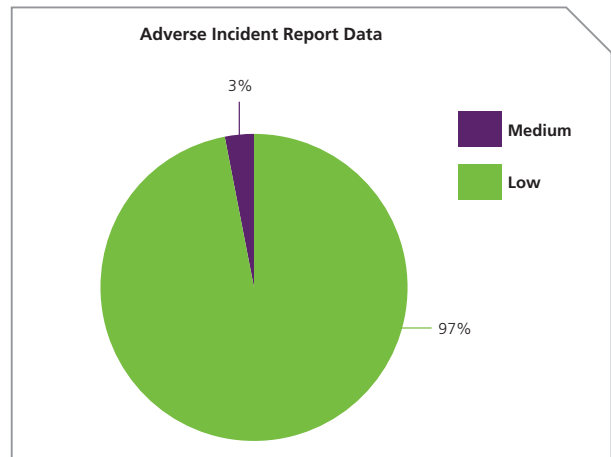
Security Department

The Facilities Management Security Department has responsibility for the effective management of all aspects of physical and electrical security of the hospital; its buildings, grounds and other associated properties as well as the protection of its assets, staff and visitors against loss or damage.

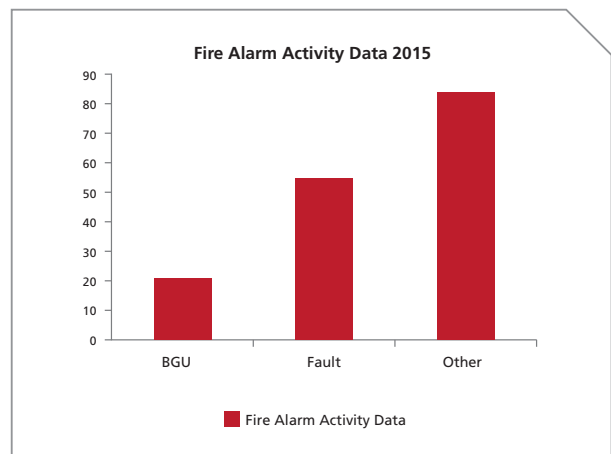
In 2015, the Security Department dealt with 3,859 security related incidents:



751 Adverse incident Reports were replied to, of which 727 were risk rated as Low and 24 as Medium:



The Security team is assigned as Fire Alarm activation and Fire Incident first responders and responded to 160 Fire Alarm incidents in 2015:



The Security Department appointed a Site Contract Manager with responsibility for the co-ordination and management of all security activity on the campus and its ancillary sites with responsibilities including, but not limited to; guarding, procedural review and compliance. This role is service focused with a strong emphasis on high quality delivery. The Site Contract Manager will be a strong operational manager who can influence and motivate colleagues and stakeholders.

In addition, a dedicated Security Manager was appointed in conjunction with our Security Services Provider SAR Security Group. The strategy for this function is to; ensure effective delivery of security services within the requirements of agreed service levels; and to establish and maintain relationships with the Site Contract Manager, Facilities Management Operations Manager and the Director of Facilities Management in an open and transparent environment.

In October 2015, a Patient support programme was piloted, the objective being to ensure the safety, health and welfare of employees and patients in compliance with legislations through the provision of the safe place of work and safe systems.

There is a role for a security presence in exceptional circumstances to provide protection for staff in undertaking their duties, and for the protection of staff, patients and visitors from violent and aggressive behaviour from other persons as well as anti-social behaviour.

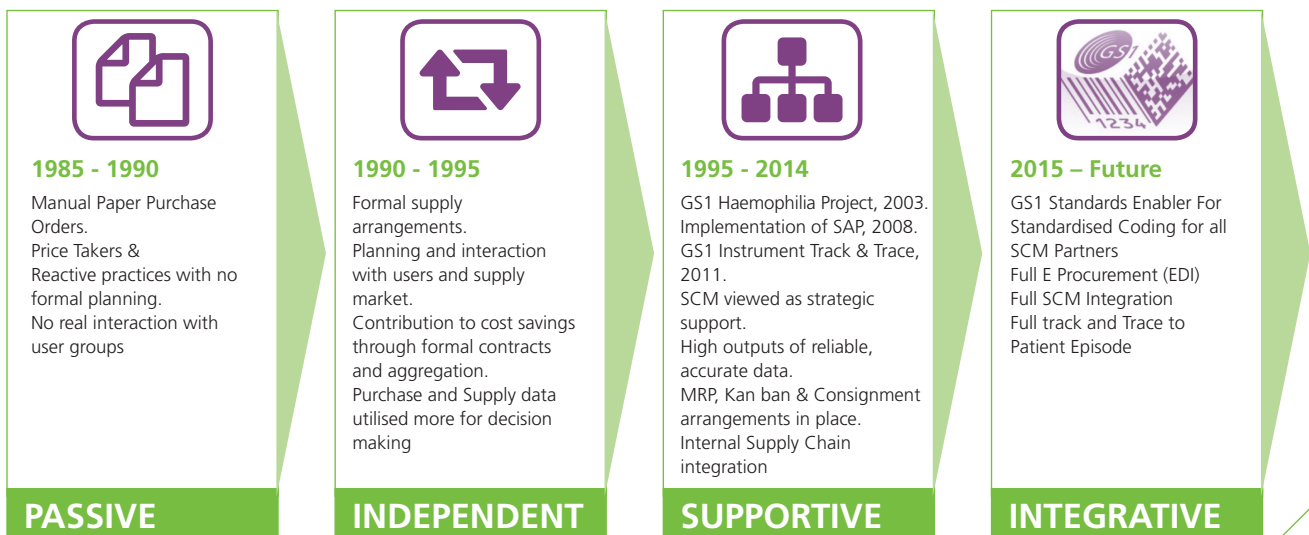
Electronic Security and ICT systems continued to develop in 2015, with a focus on the Design Strategy for the MISA Building, Brickfield Facility and Bow Lane Facility.

Logistics Department

The Logistics Department focuses on the design and implementation of supply chain processes concerned with the flow of goods, services and information from external agencies through the organisation until they are ultimately consumed. The department's activity continued to grow in 2015 and they continued to work closely with key suppliers on areas such as vendor performance, value for money initiatives and consignment management.

Supply chain activities for 32,065 product lines to 191 internal customers were fully managed while supplying a logistics service to the Pharmacy Department for the delivery of all products. Stock turn also remained at 26 times a year for 2015.

Evolution of Supply Chain and Procurement at St. James's Hospital



Operational Activity 2015

Total Receipt Value Goods & Services	€153,235,497.10
Stock Receipt Value	€10,455,835.26
Consignment Issue Value	€6,282,543.23
Stock Issue Value	€16,417,610.34
Stock Product Lines Managed	7374
Stock Vendors	122
Stock P/O's	5376
Stock Orders Processed	29,733

End of Year Stock Take 2015

The Department is charged with the responsibility of managing non fixed assets for the Hospital and safeguarding such assets, with the exception of Pharmacy and Blood products. The annual stocktake was carried out on 27th November. Representatives from the Logistics Department, Finance Department, Internal Audit, Clinical Users and the Comptroller and Auditor General were present.

Inventory Valuation 2015

Inventory Managed Value	€889,701.75
Non Inventory Managed Value	€3,551,174.40

GS1 Standards Adoption

The Department continued its pursuance in terms of the adoption of GS1 Standards, which is the next logical step in the evolution of St. James's Hospital Supply Chain. Significant focus was placed on suppliers publishing data to a national data pool in order for the hospital to use same for process automation and E-Procurement initiatives. This project will provide significant benefits in terms of inventory visibility, product certainty, price certainty and elimination of non-value paper based systems. The below graph illustrates the evolution and future model for Logistics:

FM Engineering (Technical Services Department)

The department's key focus is to ensure that all hospital buildings and associated plant is maintained to the appropriate standard, to ensure they are safe and legislatively compliant for the welfare of patients, public and staff.

2015 was another very busy year for FM Engineering with a number of new initiatives, efficiency campaigns and schemes commencing and developing. Our maintenance activity increased overall, and the on-going drive towards planned preventive maintenance and away from inefficient, expensive and reactive maintenance continues.

More than 6,000 Planned Preventive Maintenance (PPM) tasks were completed by FM Engineering crafts during 2015. These works improve reliability and uptime of services. PPM has played a significant part in reducing the volume of Helpdesk requests from more than 14,000 in 2014, to approximately 12,300 in 2015. Further, more significant reductions in Helpdesk request numbers are expected going forward.

The work of the 'Rapid Response Team' which was set up in 2014 to address minor maintenance works in a planned fashion, has also assisted reduce the volume of reactive maintenance helpdesk requests in 2015. The team spend up to a week at a time in each ward, completing a schedule of routine planned maintenance tasks and responding to reports and audits completed beforehand by the hospitals multidisciplinary Hygiene Audit group. The communications between ward staff and FM Engineering has also improved as a result of the RRT works, and complimentary and congratulatory emails and memos were received on a regular basis throughout the year, from clinical ward staff.

Initial plans for a second 'Rapid Response Team' were discussed late in 2015 and these will be developed further during 2016.

The Medical Gases Safety Committee was set up at the end of 2015. The committee, which is chaired and organised by FM Engineering, includes representatives from Pharmacy, Fire Safety, Medical Physics and several other relevant departments. The committee aims to increase medical gas safety levels and training standards for all relevant staff. A number of quality improvement initiatives are planned 2016, the most significant of which will be the pilot project to replace outdated type E oxygen cylinders with more modern CD cylinders in ICU. CD cylinders are safer to use and should realise significant cost savings going forward.

FM Engineering re-established the Water Quality Safety Committee this year. This committee, which is also chaired and organised by FM Engineering, includes representatives from Public Health, Infection Control, Medical Physics, HSSU and Nursing. The committee is developing a Water Safety Plan for St. James's, which will ensure that the Hospital is in compliance with the requirements of the new Guidelines for the Prevention and Control of Infection from Water Systems, published in August 2015.

FM Engineering has been regularly sampling the water systems at St. James's for several years. These samples are forwarded to the Public Health Labs in Cherry Orchard, where they are tested for the presence of Legionella bacteria. 176 samples were

submitted for testing in 2015, only two of which yielded positive results. The relevant systems were immediately disinfected by the Hospitals external specialists and further samples submitted by FM Engineering for Public Health Lab testing, and negative results were returned.

The FM Engineering Department have a significant role in all projects relating to site decant to enable the development of the National Children's Hospital, advising design teams, providing drawings, advising and attending on contractors.

A number of new initiatives and developments were instigated by FM Engineering during the year including;

- Heating control valves for the Burns Unit, Operating Theatres and Out-Patients department were replaced with energy efficient versions, tied into the Building Management System.
- A new anti-slip surface which can be applied to existing metal surfaces using heat has been applied to the covers outside the Central Pathology Labs building where a number of slips and falls have occurred historically.
- As part of the refurbishment works in Victor Synge Ward, MRSA resistant White Rock Panels have been fitted to walls in six bed wards and in side rooms, up to bedhead level, to test their durability against scuffing and marking, and their ease of cleaning.
- A new shower head and hose arrangement was successfully trialled in the patient rooms in the Burns Unit and in two side rooms in Victor Synge Ward in the Autumn/Winter of 2015.
- A New Works Request database and process was added to the Hospital Intranet in March, to provide a single, central location where requests by staff to have works request to be stored, approved, prioritised and scheduled in an efficient manner. As a result of this initiative, the hospital has a robust mechanism to make informed decisions based on risk rating and available funds. FM Engineering now has a clearer view of all works required by Directorates and can schedule works accordingly.
- A safety inspection of 23 lift installations throughout the St. James's campus was carried out by our insurance surveyors in February/March of 2015. Repairs and remedial works were carried out by our own staff and by our lift maintenance specialists.
- An extensive validation exercise of the air pressure regime throughout the Clinical Research Facility in the Haemophilia and Hepatology building, and in a number of the Negative Pressure Rooms was completed in April. Monitoring connections to the Hospitals Building Management System were also tested and commissioned.
- The condition survey of all steam traps across the campus was completed in August for an approximate cost of €5,000.00. Using the survey results, a number of traps were repaired or replaced and the efficiency of the steam system has been significantly improved, generating estimated annual savings in excess of €60,000 on the hospital's gas bills.

Minor Projects/Refurbishments:

FM Engineering carried out a number of minor projects and refurbishments in 2015, examples of which are set out below:

- The installation of a replacement Chemical Dosing system which treats the feed water to the CHP steam generator and the main steam boilers in the energy centre was replaced in May 2015. The previous system which was more than twenty years old and used old versions of computer technology had become unreliable and unserviceable. The lack of proper

treatment was a significant factor in the corrosion and recent failure of several boiler tubes.

- The Electrical and Mechanical Services Installations associated with the new Endovascular lab were installed, tested and commissioned in the spring of 2015.
- In June 2015, the six main Chilled Water Pumps for the Phase 1C Acute Hospital were replaced at a cost of €37,000.00. The original pumps were more than 25 years old. They were leaking, inefficient and had come to the end of their useful service life.

The new pumps which were arranged in three sets of two, each weighed approximately 800kg, had to be manhandled into the rooftop plant space to be installed, tested and commissioned before the original pumps could be removed.

- Two large Uninterruptible Power Supply (UPS) units to supply life critical equipment at ICU/CCU beds were installed and commissioned in August 2015 at a total cost of almost €70,000.00. This new system replaced existing equipment which had reached end of service life and become unreliable. The new system had to be installed in a number of phases, in order to protect and keep the existing supplies in operation during the course of the works. The new system is in compliance with the current recommendations of the HTM (Hospital Technical Memoranda). FM Engineering carried out a full test on the new units by failing the main electrical supply at the local distribution centre and watching the UPS take up the load to the ICU/CCU patient's beds.
- A separate project to refurbish and redecorate the ICU and ICU extensions to meet HIQA requirements was also carried out during the summer of 2015. This included the painting and white-rocking of all areas.
- Refurbishment works to the Echo/ECG suite in DID were completed in October 2015.
- The first phase of refurbishment works in the main X-ray department in Phase 1C were also completed in October 2015.
- Significant repair work was undertaken to the Hospital's Water and Steam infrastructure, resulting in cost avoidance and better use of both resources.

We wish to acknowledge the support and professionalism of each member of our team in the FM Engineering Department and we look forward to the challenges ahead in 2016.

Emerging Challenges/Themes for 2016

1. Budget constraints will continue to be a challenge moving into 2016. The particular areas of concern are delivery of quality services due to reduced resources, replacement of vital equipment at end of life and failing infrastructures.
2. The increased level of National Regulation, Audit and Compliance with a backdrop of reduced resources, will place increased pressure on existing resources.
3. The decanting of the site to enable the construction of the National Children's Hospital will require significant input from the FM Directorate on the following projects and initiatives:
 - New Food Distribution Unit
 - New Therapeutic Diet Unit in Hollybrook Lodge

- New staff restaurant
- Relocation of FM Admin & Warehouse to Brickfield
- Relocation of all Patient Charts to Bow Lane Medical Record Centre and development of new process
- Introduction of Mobility Management Plan and management of displacing car park spaces
- Utilities interfaces for all Decant Projects
- Move Management to support decant and aspergillus works
- Relocation of Security Admin to the Main Concourse
- New linen model due to elimination of on-site hub

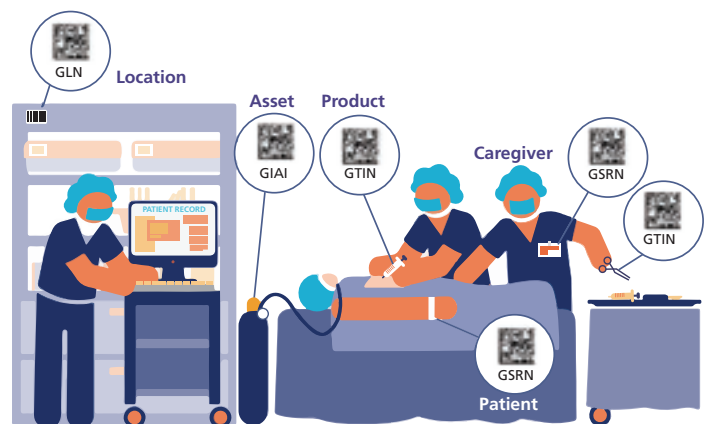
4. The opening of the MISA building will require significant support and input from FM in terms of commissioning and testing all systems prior to building occupancy and move management of all existing services into the new building.

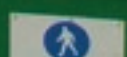
5. The continued adoption of GS1 standards will be a key initiative for 2016 with focus moving to data capture for medical devices at the point of use. Building on the success achieved in 2015, a 'Scan4Surgery' project will be developed as the next stage of adoption. This will involve the capture of data relating to medical/surgical consumables at the patient episode. The capture of critical information relating to product batch number, expiry date and cost will enable efficient product recall and support activity based funding model. Additionally, the model will also capture the location, caregiver and time of the clinical episode all based on GS1 standards.

6. The Hospital will be working on a number of sustainability initiatives in 2016 to reduce both costs and carbon emissions. Additionally, plans to progress demand capacity for the resell of electricity will present significant revenue for the Hospital.

The Vision for Patient Safety

- Recall
- Inventory
- Payment





CAPITAL PROJECTS OFFICE

The Capital Projects Office controls and guides all stages of capital funded developments from initial concept and design to construction and project completion. It provides professional management and advice to the Board of St. James's Hospital in the oversight of all capital programmes and also assistance to local management teams in developing robust business cases for the purpose securing capital grant funding from the Health Services Executive. The Projects Office also continued to manage the construction, and upgrade, of all new or renovated facilities on campus whilst ensuring the delivery of optimum patient services in appropriate accommodation.



Niall McElwee
Director of Capital Projects

The key developments undertaken by the Capital Projects Office in 2015 included:-

- Planning for the Anticipated New Children's Hospital
- The Hospital Decant Programme & Associated Works
- Mercers Institute for Successful Ageing, (MISA)

Planning for the Anticipated New Children's Hospital

Throughout 2015, the Capital Project Office assisted in the drafting and execution of the legal documentation which would form the basis of the site transfer from the Board of St. James's Hospital to the Health Service Executive. This was a complex undertaking which involved several legal entities to agree on the transfer of existing long-term leaseholds on terms which would provide for continuity of services while the site was transferred. A framework of policies and protocol agreements were established and involved cooperation between all parties to ensure a smooth transfer of title. The regularisation of historical documentation including leaseholds, licences and freehold titles is an ongoing process and will continue through 2016 and 2017.

The Capital Projects Office was involved in various NPHDB committees to explore a shared services and/or combined campus approach to the development of the new children's hospital. Arising from this, a joint proposal with the Facilities Management Directorate was submitted through the Chief Executive Office to the NPHDB and Health Services Executive for inclusion as a principle of the design brief for the new Children's Hospital.

Hospital Decant Programme & Associated Works

During the first quarter of 2015, the procurement of professional design teams was completed for the relocation developments of the Hospital decant programme. This allowed for tender documentation to be completed and issued for these developments. The contracts included 33 decant projects which were incorporated into 10 various contract 'bundles'.

A decant project execution plan was used as the control model for each development project. This agreed structure set out the key principles required as the projects moved through their respective planning, tendering and construction phases. The Decant Strategy Programme incorporated the following developments within a capital investment totalling almost €43m from the various stakeholders:

- **Veins and Vascular services** to be merged into one location – Hospital 2 Ground Floor.
- **Plastics and Laser treatment and minor theatre and outpatient services** to be located together in one building with administrative support facilities – Hospital 2, First Floor
- **New private consultant's suites** with radiology, cardiology, haematology services located in one building – Hospital 2 second floor
- **Physiotherapy (SCOPE) outpatient services** to be located into one building – Hospital 4, Ground floor
- **Surgical, Anaesthetic and Critical Care directorate (SACC) and Medical directorate administration** offices relocated – Hospital 4, Top floor
- **Semi-Acute ward accommodation** to be transferred to Hospital 4, Middle Floor.



- **Finance and Human Resources** to share the Top Floor of Hospital 1
- **Medical Physics Bioengineering, Informatics, Pharma Economics** to share the middle floor of Hospital 1.
- New two storey extension development of the **Central Pathology Laboratory** for the relocation of the Haematology Laboratory
- New vertical extension of the **Haematology & Hepatology (H&H)** building to create new centre for hereditary coagulation disorders on third level.
- **Relocation of the medical charts** – archive and retrieval store, to Bow Lane – creating location for the new pharmacy dispensing facility.
- **Relocation of all materials and dry goods supplies** area to Brickfield warehouse to create location for the new food dispensing facility.
- **New IMS server hub** in the centre of the campus, located at the telephone exchange and communications building.
- **New Aseptic Compounding Unit (ACU)** into internal courtyard to provide manufacturing and testing of high risk pharmaceutical medicines.
- Local and **major electrical infrastructure works** to provide for the decant developments and **aspergillus prevention works** at ward levels.
- **New central changing and locker facilities** for staff.
- Several minor projects to **maintain clinical and patient services** during the decant programme.

The onus to deliver this Decant Programme within key milestone dates, while maintaining continuity of hospital business and within a complex stakeholder approval processes was a major challenge. A Steering Group was established which included representatives from corporate and clinical directorate service teams to inform and agree on strategy.

The programme also offered several opportunities to improve building facilities for the campus, however it was also met with various challenges as the formation of new directorate structures was also underway with appointments of new clinical directors to lead these reconfigured and merged directorates.

In parallel to these developments, aspergillus prevention works were conducted in clinical and in-patient ward areas adjacent to the MISA development and within the framework of the Decant Programme and NPHDB development. This included the upgrade of air filtration units and cooling units into older buildings not designed for these services. In total, over 15 ward areas were included in the aspergillus prevention works which was funded jointly by the hospital and the NPHDB.

The completion of the St James's Hospital Master Plan review was also included and had the updated high level analysis of the existing Outline Development Control Plan (ODCP) which had formed the basis of capital programme developments on the campus since 2008. The ODCP provided the strategy for the development of a series of major capital developments, including the National Programme for Radiation Oncology – St Luke's Radiation Oncology Therapy Centre (Phase One), The Mercer Institute for Successful Ageing (MISA), the co-location of a Private Hospital and a new Facilities & Energy Centre.

Mercers Institute for Successful Ageing

The Mercer Institute for Successful Ageing, (MISA), is well underway with the completion of this 13,500 sq. m. seven storey building planned for early 2016. The Capital Projects Office, in conjunction with the Medicine for the Elderly, (MedEl), Directorate, continues to manage the progress of the design works and on site activities to deliver this project. MISA will provide four main pillars of service within its facilities i.e. clinical, research & technology, education and creative life. It will also facilitate the transfer of 116 medical beds to a new contemporary and purpose built facility.

Future Developments

As we approach 2016, much of our focus will be on implementing the Decant Programme, however a number of parallel projects are due to be progressed including:

- A shared Facilities and Energy Management Centre in conjunction with the development of the new Children's Hospital.
- Development of a new Clinical Strategy which will prescribe the requirements for the next major developments on the campus.
- A Cancer Institute, in collaboration with Trinity College and the National Cancer Control Programme. This development proposal will provide an internationally recognised research and treatment centre for Cancer alongside the TCD Medical School and St. James's Hospital Cancer Services programme.
- The development of a new Ambulatory Care Centre on the campus
- Progression of a Tuberculosis Regional Facility and Laboratory Facility in conjunction with the Health Services Executive.

The challenges and opportunities ahead in 2016 are outlined above and the most significant challenge for the campus is to provide input to the NPHDB planning process whilst maintaining continuity of services during initial site preparation. Niall McElwee, Director of Capital Projects and Estates, would like to acknowledge the support and professionalism of each team member in the Capital Projects Office and looks forward to working through these challenges and opportunities in the year ahead.



KOMATSU

PC138LC-6
KOMATSU

WARNING
SITE
KEEP OUT
Authorized Personnel
Only



A photograph of an operating room. In the foreground, a person is seen from the back, wearing a blue surgical cap and a green surgical gown. In the background, another person in blue scrubs and a blue surgical cap is looking at a clipboard. A large surgical light is visible in the upper right corner, and a white overhead light fixture is in the upper left. A blue door is visible in the background.

CLINICAL DIRECTORATE REPORTS



HOPE DIRECTORATE

The HOPE Directorate encompasses the specialities of Haematology, Medical Oncology including Cancer Genetics, Palliative Care, Psychological Medicine and Radiation Oncology. The Haematology Department incorporates national specialities as follows: National Centre for Adult Bone Marrow Transplantation and the National Centre for Hereditary Coagulation Disorders.



Dr. Eibhlin Conneally
Clinical Director



Ms. Jacqueline Robinson
Operations Manager



Ms. Margaret Codd
Nurse Manager

The HOPE Directorate provides integrated care with St. Luke's Radiation Oncology Network and the Cancer Clinical Trials Programme. The HOPE Directorate is supported by the Bone Marrow for Leukaemia Trust, the Irish Cancer Society and Daffodil Centre. Significant work was undertaken during the year to facilitate bed alignment for all HOPE in-patients, this sub specialisation of inpatient beds has led to greater efficiency in terms of patient management and monitoring.

Patient Activity (outpatient including attendances at Haematology Oncology Day Ward) 2015

	New	Return	Total
Medical Oncology	1216	9769	10985
Cancer Genetics	373	376	749
Haematology	1046	9168	10214
Coagulation	808	4401	5209

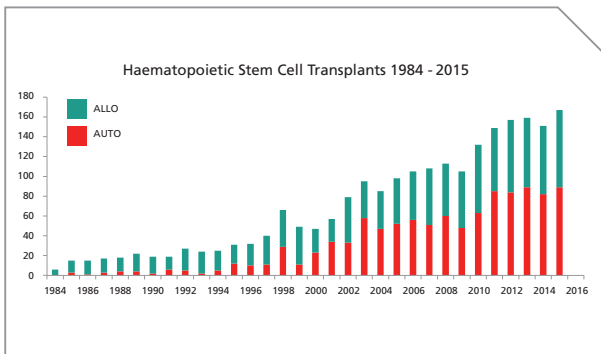
Discharges by Speciality 2015

Haematology	1068
Oncology	962
Cancer Genetics	21

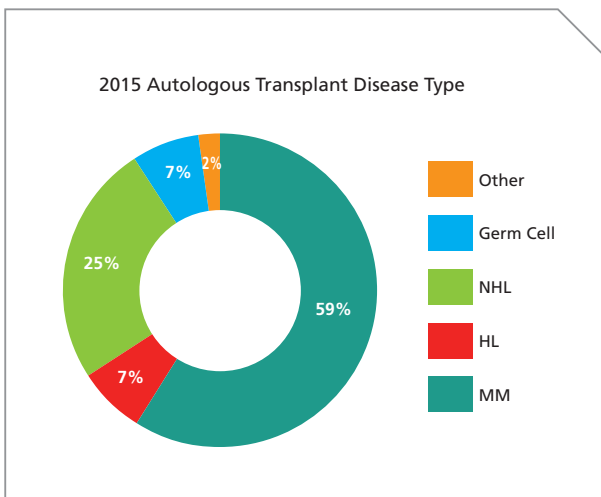
Haematology

The Haematology Service continues to provide care for patients with general and malignant haematological disorders including Leukaemia, Myeloma and Lymphoma. As the National Adult Haematopoietic Stem Cell Transplant Unit, the service carried out 89 autologous and 78 allogeneic stem cell transplants in 2015.

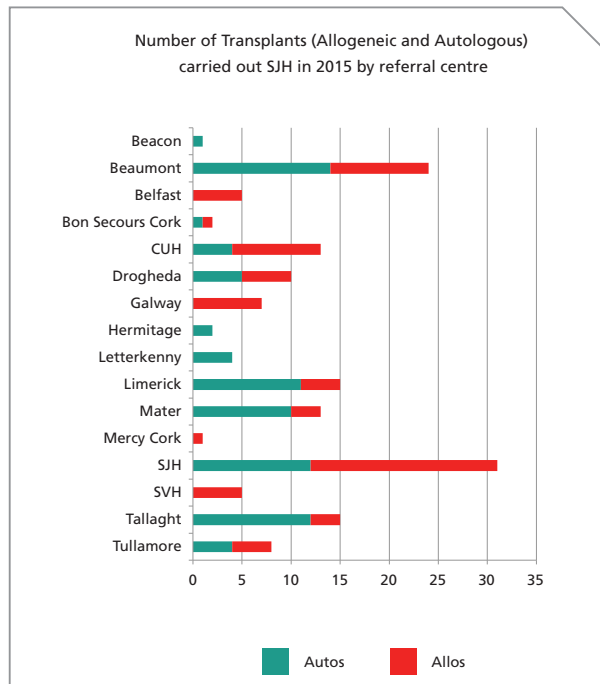
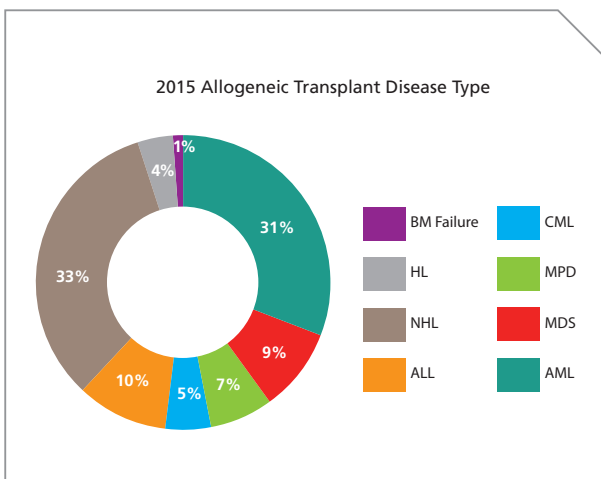




The department carries out Autologous and Allogeneic stem cell transplants for a wide range of Haematological malignancies. 2015 Autologous Transplant Disease Type



St. James's Hospital is the national centre for allogeneic stem cell transplants. Patients are referred from a large number of centres for both autologous and allogeneic transplants. A shared and cooperative approach to the management of treatment is taken and some elements of care can be delivered locally to patients with the more intensive elements delivered in St. James's Hospital.



Haemoglobinopathies

Towards the end of 2014, St. James's acquired the management of adult patients with haemoglobinopathies in conjunction with Our Lady's Children's Hospital, who provide the paediatric service, and the HSE. The service was initiated early in 2015 and plans are in place to develop a comprehensive adult programme based on the needs of the service. In 2015, over 176 patients were seen by the service. The service is supported by a Consultant Haematologist with expertise in Sickle Cell / Thalassaemia with nursing and other supports. This is a rapidly growing service in the Irish setting with increasing numbers of people affected, due to population migration, as this is a disease that typically is prevalent in Afro-Caribbean, Asian and Mediterranean communities.

Coagulation Services

The National Centre for Hereditary Coagulation Disorders (NCHCD) provides multi-disciplinary comprehensive care and services to patients with coagulation disorders. There is close liaison with the other recognised Haemophilia centres in Ireland to promote the provision of high quality Haemophilia care nationally. The mission of the NCHCD is to promote healthy and successful living as well as providing optimal standards of medical care for people and their families living with Haemophilia and other coagulation disorders. The Centre provides a hub of clinical services, research, training and education on a national basis that will enhance the medical and all other aspects of care for this service user group. There are three WTE Consultant Haematologist posts at the NCHCD with one Specialist Registrar (participating in the National Specialist Training scheme in Haematology) and one Senior House Officer (participating in the Royal College of Physicians General Medicine Training scheme at St. James's and associated hospitals). There is a full-time Physiotherapist, a full-time Medical Social Worker and a part time Clinical Psychologist (with support from the Psychological Medicine MDT) assigned to the centre. A specialised Dental service is provided by a Consultant Dentist and there is also a

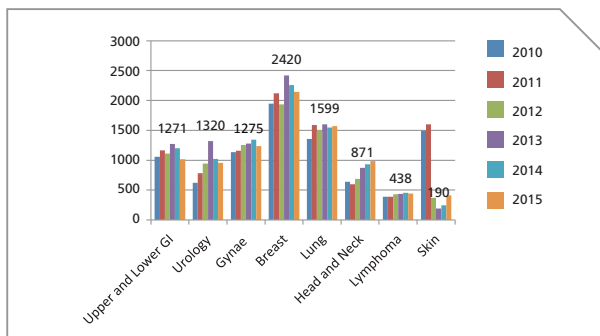
regular clinic provided by a Maxillo-facial Surgeon for surgical procedures under sedation. This year saw the full implementation of the Integrated Care Pathway with the SICP Anticoagulation Clinic with patients having the option to transfer to their GP for INR monitoring. There was continued focus on key performance indicators around patient access, patient safety and patient experience

Medical Oncology

The Medical Oncology Service in St. James's Hospital continues to deliver care to patients with solid tumours and Lymphomas. The service strives to improve the quality of life for patients and reduce cancer-related deaths by advancing cancer therapies through research. Patients continue to benefit from the improved integration of services with the St. Luke's Radiation Oncology Unit. Dr. Kennedy was appointed Chairperson of the Cancer Strategy Working Group and the publication of the Cancer Strategy is now awaited. Dr. Sue Sukor was appointed Associate Specialist in Oncology, and works in supporting the delivery of cancer services.

Multidisciplinary Cancer Team Conferences (MDT)

There are eight cancer multidisciplinary team conferences held weekly to establish consensus diagnosis and treatment plans for all cancer patients. These are supported by a MDT Co-ordinator team who liaises with specialties within St. James's and other hospitals nationally and internationally. Work continues on capturing referrals and outcomes in the patients' electronic records.



Number of cases discussed at MDT meetings 2010-2015

	2010	2011	2012	2013	2014	2015
Upper and Lower GI	1059	1167	1109	1271	1203	1017
Urology	623	781	942	1320	1022	958
Gynae	1136	1158	1256	1275	1343	1238
Breast	1947	2122	1935	2420	2256	2143
Lung	1357	1587	1504	1599	1548	1573
Head and Neck	638	599	689	871	934	985
Lymphoma	388	387	429	438	453	444
Skin	1491	1599	369	190	243	411

Cancer Genetics

In May 2015, Dr. Gallagher, Consultant Medical Oncologist with a special interest in Cancer Genetics, became a permanent consultant treatment decision making based on genetic test results is rapidly becoming an international standard of care. This is a rapidly growing and evolving service and the demand for genetic testing is increasing. In the years ahead, therapeutic decisions for Irish patients will increasingly depend upon their genetic information. In 2015 there were 373 New and 376 return patients seen in the Cancer Genetics clinics.

Palliative Care

Palliative Care is an approach that improves the quality of life of patients and their families facing the problems associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual.

Palliative care is an essential element of modern medicine provided by a modern healthcare system and is therefore an essential medical specialty in St. James's Hospital.

Main developments in 2015:

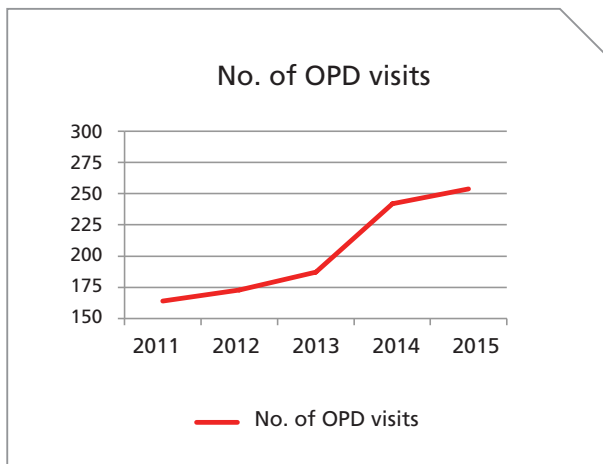
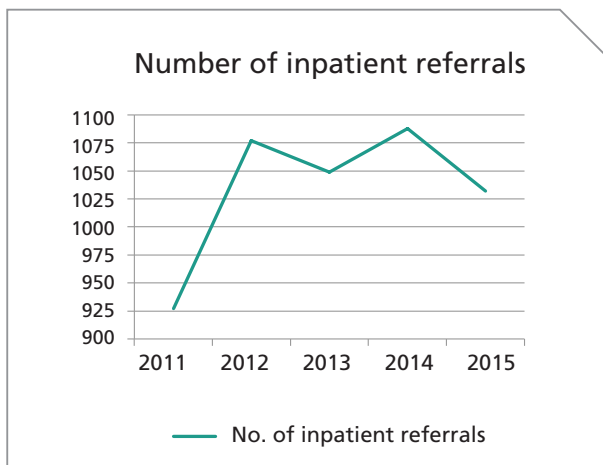
- An Advanced Nurse Practitioner role in Specialist Palliative Care is being developed. This exciting initiative should hopefully allow expansion of specialist palliative care into the Haematology Oncology Day Ward
- Funding has been awarded by The Nursing and Midwifery Innovation Initiative Funding 2015 for a CNS in palliative care
- With thanks to funding from Trinity Med Day the bi-annual Remembrance Service took place in April and November jointly organised by the Medical Social Worker and Palliative Care Teams. 181 family members attended representing 73 patients who died in St. James's Hospital. The bereavement support evenings were extremely positively evaluated by families.
- A small stock of books for bereaved children and adults has been established and held by the Palliative Care Senior Medical Social Worker, through a Small Grants Foundation Award.

- The team has been actively involved in the launch and implementation of resources from the National Clinical Programme for Palliative Care
 - Palliative Care Needs Assessment Guidance (Ms. Denise Breen, CNS in Palliative Care and Ms. Bettina Korn, End of Life Co-ordinator, facilitated workshops introducing the document to over 100 staff from different disciplines across the hospital)
 - Rapid Discharge for People who wish to die at home
 - Pharmacological Management of Cancer Pain in Adults
 - Management of Constipation in Adult Palliative Care Patients

Key Metrics:

- The service remains one of the busiest hospital based specialist palliative care teams in the country.
- Demand for the service continues to rise.
- 1027 referrals were made for inpatient consultation in 2015.
- One third of all patients seen had a diagnosis other than cancer.
- Of all inpatient referrals one third died in hospital, one third were discharged home with the support of the Community Specialist Palliative Care team and one quarter were transferred to a Specialist Palliative Care Unit.

254 patients were seen in outpatients in 2015.



Retirements/new appointments

Ms. Paula Ward, CNS in Palliative Care, left the team to work in Africa. Ms. Martina Thuillier, CNS in Palliative Care, joined the team in September having previously worked on P1.

Emerging Challenges

There is robust evidence that specialist palliative care improves outcomes (symptoms, quality of life, patient satisfaction, reduced caregiver burden) for patients with malignant and non-malignant disease. There is also strong evidence that specialist palliative care can help reduce healthcare costs by avoiding use of inappropriate medical interventions at the end of life and by avoiding inappropriate hospitalisation and easing transition to hospice care. To achieve these outcomes in St. James's Hospital a strong palliative care infrastructure needs to be built.

Radiation Oncology

Radiotherapy refers to the use of ionising radiation to treat disease. It is most commonly used in the treatment of cancer. It can be used alone, but is more frequently given in combination with other treatment modalities (e.g. surgery and/or Chemotherapy). It may be given as a single treatment or daily (Monday – Friday) over several weeks.

Since the commencement of service in April 2011, there has been a steady increase in the number of patients attending the centre. In 2012 there were 823 new treatment initiations (19,303 fractions delivered), in 2013 there were 1,160 new treatment initiations (23,127 fractions delivered), and in 2014 there were 1,450 new treatment initiations (26,322 fractions delivered). Of these, 10% in 2012, 27% in 2013 and 30% in 2014 received VMAT (rotational arc intensity modulated radiotherapy) treatment. In 2015 there was a small drop in number of new treatment initiations at 1,407 (24,887 fractions delivered) but there was an increase in complexity of the treatments delivered with 50.8% of patients receiving VMAT, a large jump from 2014.

Patients attending St. James's Hospital who require radiotherapy are seen by the Radiation Oncologist in SJH and attend St. Luke's Radiation Oncology Network (either at St James's or St Luke's Hospital) for treatment.

Developments in 2015

The National Stereotactic Body Radiotherapy programme was launched at the centre in St. James's Hospital in March 2014. This major development has seen the treatment of 2-3 patients per week with early (usually medically inoperable) lung cancer. In 2014 there were 35 patients treated (156 fractions delivered) and this increased to 56 patients (259 fractions delivered) in 2015. During this year, work was completed to reduce the timeline from CT planning to treatment start for this group of patients, reducing the pathway by two days with the experience gained.

4DCT scanning of patients with lung tumours continues and is now the standard for patients receiving radical treatment in SJC. This permits greater accuracy when delivering radiotherapy by integrating respiratory motion to target volume delineation and treatment delivery.

Total body irradiation continues and in 2015 18 patients were treated with predominantly fractionated techniques (103 fractions delivered).



There is now a dedicated radiation therapist working on site in the clinical trials unit with responsibility for implanting and rolling out new trial protocols and follow up of previously enrolled patients and there are several trials that are planned to go live in 2016.

Research - Cancer Clinical Trials Office

Programme Director – Dr. Dearbhaile O’Donnell
Scientific Director – Professor John Reynolds
Clinical Trials Manager – Ms Ingrid Kiernan

The Cancer Clinical Trials Office administers clinical trials at St. James’s Hospital and liaises with the Cancer Trials Ireland (formerly ICORG), the HRB and the HPRA. Audits, training, research and dissemination of resulting information form the core of the group’s activities.

In 2015, 13 new trials opened and recruited 207 patients in total. 61 patients were recruited into Oncology/ Haematology clinical trials and 146 patients onto translational research and QOL studies. Trials continue to be conducted with many major pharmaceutical companies and international co-operative groups in the areas of Breast cancer, Oesophageal cancer, Lung cancer, Colorectal cancer, Ovarian cancer, Melanoma, Lymphoma and chronic Myeloid Leukaemia.





MEDICINE FOR THE ELDERLY DIRECTORATE (MedEI)

The Department of Medicine for the Elderly provides a very comprehensive range of services for our elderly patients and has acute, rehabilitation, transitional and residential care wards, day hospital and outpatient facilities.

Research of national and international importance in the field of ageing is conducted in the Mercer's Institute for Research on Ageing.

Directorate Management Team



Dr. Conal Cunningham
Clinical Director

Ms Carol Murphy
Operations Manager

Ms Josephine Donlon
Assistant Director of Nursing

Key Directorate developments in 2015

2015 proved to be another busy and dynamic year for the Directorate and the staff within it.

- MISA capital project – the new Institute continues to undergo rapid construction and is scheduled for completion in the spring of 2016. MISA will be providing the four main pillars of services within the facilities including Clinical, Research & Technology, Education and Creative Life along with the transfer of 116 beds to this new contemporary designed facility.
- Hospital 4, Residential Unit transferred to Hollybrook Lodge Care Centre in Inchicore. This was a very complex and sensitive move for the residents, relatives and staff.
- The clinical activity continues to grow including: in patient activity, ambulatory care clinics for bone health, stroke, memory, falls and syncope.



MISA Capital Project

The new Mercer's Institute for Successful Ageing at St. James's Hospital will promote health and well-being by raising the standard for healthcare delivery. The Institute will be a state-of-the-art-facility for integrated clinical services and a hub for world-leading research in ageing. The Institute will promote coordinated patient care, coupled with far-reaching educational and training programmes to ensure the seamless integration of hospital and community services.

The MISA building is due for completion at the close of 2015 with occupancy planned for the first quarter of 2016.

MISA is a seven-storey, purpose built facility spanning 13,500m² which will house 116 inpatient beds and ambulatory care services that are fully integrated with state of the art research and training facilities.

MISA in-patient and ambulatory care wing

- The Institute will provide early diagnostic and rapid access care clinics, along with inpatient acute assessment and stroke and rehabilitation units to improve patient experiences and outcomes;
- Deliver innovative research and develop technologies with partners to advance healthy life-years;
- Integrate with the surrounding community and serve as a national resource for advancing education and training opportunities;
- Provide training for healthcare practitioners, clinical researchers, students, patients and carers to advance successful ageing in Ireland.

MISA rests on four pillars:

- **Clinical Care** – Ensures excellence in care and an integrated patient-centred pathway by locating clinical facilities in one area.
- **Research & Development** – Fosters a vibrant environment that produces high-quality research that is rapidly translated into effective clinical care, pioneering technologies, and age-friendly policies.
- **Education & Training** – Promotes professional training, care-giver supports, and empowers patients to advocate for their health and well-being.
- **Creative Life Programme** – Advances creativity and wellbeing, enabling adults to express themselves through art, music, literature and drama, while also providing intergenerational programmes that advance skills.

Hollybrook Lodge Care Centre

One of the key challenges in 2015 for the Directorate was the re-designation of Hollybrook Lodge from transitional to residential care. Nursing management actively engaged with ward teams to establish and negotiate the transfer and movement of staff to support care. The management team worked closely with residents and their relatives to ensure the transfer of the residential services were as seamless as possible. The successful move commenced in August 2015 and was completed mid- September. The centre was registered as a designated centre for the provision of residential care services following two HIQA inspections- one was carried out pre transfer of services in June 2015 and another inspection was completed post transfer of services in November 2015. No significant risks were identified and areas of good practice were acknowledged.

Clinical Service Activity and Developments

The MedEl Directorate has always had a role in the assessment and treatment of frail elderly patients presenting in the Emergency Department. However in 2014 MedEl made significant changes to its acute take system, admitting four additional admissions per day directly to the geriatric service.

In 2015, the new specialty take model for accepting frail elderly directly from the Emergency Department has continued to reflect a significantly reduced length of stay and savings of 18,000 bed days in the over 75 age group admitted. The number of acute patients admitted directly by MedEl, through the Emergency Department, has doubled in the last year as a result of this initiative.



Neurovascular

The St. James's Hospital Stroke Service is led by Prof Joe Harbison - who works closely with his other geriatrician colleagues and with Dr. David Bradley, Consultant Neurologist, to provide a 24 hour, seven day a week, on call Thrombolysis service for patients who develop an acute stroke when presenting to the hospital.

In 2015, there were over 350 new strokes admitted to St James's Hospital. Prof Harbison is ably supported by three stroke clinical nurse specialists who follow up all new strokes from their moment of admission to after their discharge. The Stroke service also provides a proactive and follow-up service to all patients with Transient Cerebral Ischemic Attack (TIA) i.e. mini strokes who present to the Emergency Department. Innovations in this service include the development of new protocols for admission and urgent CT scanning.

The National Clinical Audit of Stroke Care was published in January 2015 and showed that in the last eight years' mortality for stroke dropped by one quarter and the rate of discharge to nursing homes of stroke patients decreased by 40%. Stroke mortality in St James's reduced by more than 60%. Professor Joe Harbison remains the HSE Joint National Clinical Lead in Stroke.

Falls & Syncope

Activity continues to increase significantly year on year with the main source of referrals coming from the Emergency Department, Inpatient Referrals within St James's, GPs, Cardiology services, Neurology Services, MedEl services and Peripheral Hospitals from all around the country. It provides the largest syncope clinic service in Ireland.

The Falls and Syncope Unit continues to expand as an internationally recognised unit of expertise in the diagnosis and treatment of patients with falls, syncope and blackouts.

Prof. Rose Anne Kenny and Dr. Conal Cunningham are the lead Consultants working in the unit which delivers a 'One Site – One Stop' rapid access service. It makes use of an increasing range of complex ambulatory diagnostics including: internal loop recorders, seven day cardiac event monitors and ambulatory BP



measurements. These ambulatory records are downloaded and reviewed by the clinical staff.

2015 saw the advancement of Syncope and Related Disorders – a joint collaboration between the Royal College of Physicians of Ireland and the Falls and Syncope service. This diploma is the first of its kind world- wide and is designed to equip doctors and clinical nurse specialists with the skills to effectively diagnose, treat and manage syncope and related disorders in a range of clinical settings.

Bone Health

The Bone Health and Osteoporosis Unit, in keeping with previous years, has seen a consistent increase in its activities of assessment, diagnosis and management of patients with osteoporosis and fractures showing a growth to nearly 7,000 attendances a year. In addition, the Unit also sees patients with hyperparathyroidism and other conditions relating to bone metabolism. 2015 saw the expansion of existing services and the role out of new initiatives. The Bone Health and Osteoporosis Unit have a close working relationship with the main department of Radiology and with senior radiography staff. The senior radiographer performs over 3,000 DXA's a year including Lateral Morphometry on all patients. Dr. James Mahon is our Clinical Bone Fellow and his doctorate is on a major study of all hip fractures admitted to St James's Hospital.

Memory

In 2015, the Memory Clinic continued to provide a busy clinical and research service. The clinical service provides assessments of multiple and complex cognitive presentations. Referrals were received from multiple sources and the age at presentation continues to be varied, with a mean age of 67.8years (range 34-88years). Approximately one third of patients assessed were aged 64 years or under.

In 2015, 497 patients were assessed in the Memory Clinic, with 292 new patients and 205 returns seen in the last twelve months. Many were diagnosed with early dementia however approximately 46% of patients received a diagnosis of Mild Cognitive Impairment reflecting greater public awareness of early memory difficulties and a desire to have this assessed.

The Lumbar Puncture Clinic is a joint initiative with the Neurology service set up in 2015. This service was developed for Memory Clinic patients with Dr. Siobhan Hutchinson, Consultant Neurologist and the nursing staff from the memory service and is run as a monthly clinic. Lumbar punctures are performed on patients for the purpose of obtaining CSF for biomarkers to aid diagnosis of dementia.

The National Memory Clinic Conference (2015), now in its 5th year, again provoked much interest among those involved in the area of memory and cognition. The audience, a mixture of doctors, nursing staff, allied health professionals and others enjoyed a variety of presentations from expert speakers hailing from both Ireland and abroad.



Memory Clinic Conference 2015
Presenters (L-R) Professor Sarah Lamb, Dr. Anne-Marie Miller, Mr John Costello, Dr. Geraldine McMahon, Professor Brian Lawlor, Dr. Suzanne Timmons, Dr. Aisling Denihan and Dr. Siobhan Kennelly



MISA – research wing

Research, Education & Training

The Local Asset Mapping Project (LAMP)

LAMP expanded its scope further in 2015, mapping the remainder of St James's catchment to include every business, service or amenity. Over 700 kms of streets have been mapped, covering a population of 195,000. In total over 6600 assets were recorded and classified for their potential benefits to health, of which approximately 600 are involved directly in the provision of health and wellbeing services. The website has been developed further as a tool to provide social prescriptions for patients attending St James' to address the social and environmental determinants of health. New links were forged with local voluntary organisations who are excited about using the LAMP database for their clients. Dr. Robinson was invited to a Wellcome Trust funded event in London to establish a network of social prescribers in the UK and Ireland. Evaluations of social prescribing in the UK have demonstrated a 20% reduction in attendance at general practice and emergency departments for patients linked into local services. LAMP was presented at the Irish Public Health Conference. The next steps will include creating a formal network across tertiary, primary and voluntary sectors to create the first social prescribing network in Dublin.

DemPath

The DemPath Project (development of an integrated care pathway for people with dementia in the acute hospital setting) led by Prof. Brian Lawlor encompasses three core work streams Education, ICP, and Environmental Design.

The bedrock of the creation of an ICP for dementia is the training and education of all staff in dementia. The results of DemPath surveys at the beginning of the year highlighted that 71% of 1182 staff surveyed had not received any training in dementia. Over the past year the DemPath education team led by Cecilia Craig, Mary Bell and Dr. Kevin Mc Carroll have been working hard to improve these numbers. 1,006 SJH staff members have received Level 1 dementia awareness training.

To establish sustainability of the education the DemPath Education team has developed a two day Dementia Facilitators Course to train staff to train their peers. To date, we have 13 Dementia Facilitators from allied health, nursing, health care assistants and facilities and two nursing home managers from the catchment who are now training their peers/staff. The Irish Longitudinal Study on Ageing (TILDA) TILDA is a large-scale national multi-center study with 8,500 patients aged over 50 years and is one of the most ambitious longitudinal studies being undertaken in the World today.

It has become an international reference study on how best to undertake longitudinal studies. It already has accumulated an extensive database of the ageing process and of the social and economic characteristics of older people in Ireland.

It is establishing a comprehensive and accurate picture of the ageing process including the prevalence and incidence of disease. TILDA studies physical, mental, cognitive behavioural and biological health, socio-economic determinants of health and well-being, and the underlying genetic factors which influence or are influenced by the ageing process.

MIRA - Ocular Microtremor Research

The Ocular Microtremor project was awarded an Enterprise Ireland Commercialisation grant to bring the eye tremor measurement technology developed at MIRA to a commercial stage. Dr. Mindaugas Norkus is the postdoctoral engineer on the project and Dr. Gerard Boyle the Principal Investigator.

MIRA- Innovation Activity – App Development

Dr. Chris Soraghan, working in collaboration with Claire Dolan in Occupational Therapy (OT), was awarded an SJH Foundation grant to purchase technology to support app development for the OT multiple sclerosis service. An external developer, engaged through MPBE, continues the development of an app for MS patient use. Chris and Anthony Edwards (Clinical Photography) have completed the design of an app intended to assist patients navigate the SJH campus. Implementation of the navigation app will be contracted externally. Geoprocessing Support (Geographic Data Processing).

Global Brain Health Institute at Trinity College Dublin – GBHI In 2015, Atlantic Philanthropies awarded a major grant to fund the Global Brain Health Institute an ambitious inter-disciplinary training programme in brain health and dementia prevention, to UCFS and Trinity College Dublin. The award was made to these two universities in recognition of the significant programmes that both Institutions have in brain, ageing and neuroscience.

GBHI aims to train 600 work leaders in brain health and dementia prevention over the next fifteen years. MISA will be an important clinical and training location for these scholars and fellows.

Events 2015

- Falls & Syncope 4th Annual Syncope Training Day
- Diploma in Syncope and Related Disorders (RCPI/FASU)
- National Memory Clinic Conference
- Stroke Study Day
- Department of Gerontology National Research Day
- National Gerontology Nursing Conference

Awards:

Tim Foran (MPBE) successfully defended his PhD research in November, and presented his work to an open audience prior to his viva. The title of his thesis was 'Measurement of variability in gait with application to older adults'.

Appointments:

Dr. Rosaleen Lannon, Consultant Physician in Geriatric Medicine

Retirements:

Ms. Michelle Carrigy, Assistant Director of Nursing



A photograph of a hospital's Emergency Department sign. The sign is a dark red horizontal bar with the words "Emergency Department" in white, sans-serif font. It is supported by a black vertical post. In the background, a yellow ambulance is parked on a road, and a multi-story hospital building is visible under a clear blue sky. There are green trees and a grassy area in the foreground. A teal triangular graphic element is in the top right corner, and another teal triangular graphic element is in the bottom left corner.

Emergency Department

MED (MEDICINE AND EMERGENCY DIRECTORATE)

Mission – To provide Best Care for all patients based on Safety, Clinical excellence and the Patient experience

MED includes all Internal Medicine specialties and the Emergency Department, organised into four administrative pillars –

- The Acute Floor
- Inpatient Care
- Day Procedures
- Ambulatory Care



Finbarr O'Connell
Clinical Director



Paula Corby
Operations Manager

2015 was a challenging year for MED with continuing increase in activity across all specialties in the face of continuous reduction in resources since 2008. All departments performed extremely well notwithstanding severe challenges with staff levels and equipment. The directorate has continued to develop quality improvement initiatives in liaison with the Quality and Safety Improvement Directorate (QSID), including focussed projects on echocardiography, stroke, dialysis, diabetes blood ordering, telemetry, sleep, lung cancer and many others.

MED Specialties –

- Emergency Medicine
- Acute and Internal Medicine
- Cardiology
- Dermatology
- Endocrinology
- Endoscopy, Gastroenterology and Hepatology
- Clinical Immunology
- GU Medicine and Infectious Diseases
- Ophthalmology
- Nephrology
- Neurology and Clinical Neurophysiology
- Respiratory Medicine and the Respiratory Assessment Unit
- Rheumatology

Emergency Department (ED)

The ED provides safe effective patient-centred care to the local population. It is our aim to continue to improve the safety and quality of care and reduce waiting times for both admitted and discharged patients in our emergency department.

Performance Highlights

2015 Summary	
Total Attendance	47062
Total Admission	13259 (28%)
RIP	114
No. of New Patient	45338
No. of Returns	1724

Resuscitation	518	1%
Very Urgent	13927	30%
Urgent	20618	44%
Standard	9428	20%
Non Emergency	545	1%

- Achieved the national key performance indicator of 95% of ambulance turnarounds undertaken in <60 minutes

Main Developments and Initiatives

- Emergency Department blood borne viral screening has now become standard of care after the successful research study was completed in January 2015. Linkage to follow-up care is provided by the Genito-Urinary and Infectious Diseases team
- The Medicine for the Elderly service is currently involved in acute call and accepts four acute medical referrals per day
- Outpatient pathways for Haematuria and Acute Urinary Retention have been developed in collaboration with the Urology service
- Hip fracture admission pathway has been established with the Orthopaedic service
- COPD outpatient pathway has been developed in collaboration with the Respiratory Assessment Unit
- Outpatient Seizure pathway has been revised and updated with the Seizure service

Emerging Challenges and Themes for 2016

- To trial a novel data analytics-driven system which facilitates work flow and patient flow in the Emergency Department of St. James Hospital
- Development of Dementia Friendly cubicles in Zone 3
- Reconfiguration of Zone 3 workspace to improve patient flow within the department
- Working towards establishing a Medical Assessment Unit
- Staffing – retaining and recruiting medical and nursing staff in a continually competitive market

Internal and Acute Medicine

The division of internal medicine at St. James' Hospital is primarily focused on the care of acute emergency medical admissions. We are aligned with the objectives of the acute medicine programme and as well as having a busy clinical service we have a vibrant research function and contribute to undergraduate and postgraduate clinical education.

Performance Highlights

- 2,500 admissions treated
- New system delivered 20% reduction in in-patient bed requirement for admitted patients despite 5% increase in activity
- 10 academic papers published in 2015

Main developments and Initiatives

- Group established and drove the implementation of the specialty take model in collaboration with colleagues from respiratory medicine and medicine for the elderly
- Reconfigured our model of working to optimise flow.

Emerging challenges and Themes for 2016

- Resourcing and launching a new medical assessment unit
- Recruiting and retaining high quality staff remains a challenge for the Irish health service but it is particularly challenging in a busy metropolitan hospital with high levels of social deprivation adding to the clinical complexity of the client base.
- Creating robust and evidence based pathways for the frail and the socially vulnerable will be a key focus of the group over the next two years.
- Innovating in the delivery of care to build on our initiatives to get the right patient to the right specialist in a timely manner



will remain a key theme. Building capacity in the near patient testing and ambulatory care space will enable us to deliver in this space. Some investment in staff and equipment will be required to help in this regard.

Cardiology

Since its inception the Cardiology department at St. James' Hospital has developed into a leading Irish cardiology centre that influences policy and practice by way of innovation and example. The Cardiology department demonstrates excellence in the treatment and prevention of the acute and chronic sequelae of cardiovascular disease across clinical, educational and research streams at local and national levels.

This excellence has prevailed and grown from the first major infrastructural expansion initiative in 1989 with the installation of two cardiac catheterisation laboratories and the opening of the current coronary care unit, to the opening of the Keith Shaw cardio thoracic surgery unit in 1999 and on to the current day. In 2015, opening of the Institute of Cardiovascular Science, an academic centre supported by the Royal City of Dublin Hospital offers the physical space and infrastructure to accommodate researchers to build on the culture of academic industry and achievement nurtured over decades of clinical and scientific research conducted in partnership with Trinity College Dublin, The Royal College of Surgeons, and with collaborators from the pharma and device industries. The next phase in the development in this institute is the establishment of Professorial Unit in Cardiovascular medicine with Trinity to lead the growth of academic excellence.

A wide range of elective and emergency cardiology procedures are currently performed as part of Acute Management of Cardiology, the National Acute Coronary Syndrome (ACS) programme and Supra-regional Procedural Cardiology services provided by Cardiology. These activities are performed in two digital Cardiology Catheterisation laboratories (1 x single plane;



1 x biplane) one of which supports Electrophysiological and Ablation studies.

The Catheterisation Lab activities are provided by a multidisciplinary team of full-time and part-time consultant cardiologists, specialist Cath Lab nurses, radiographers, cardiac physiologists, health care assistants (HCA) and clerical staff. An interventional fellow is appointed each year, supported through research funding to support the work of the cath lab and gain experience in interventional procedures. Other registrars and specialist registrars rotate through the cath lab to acquire the necessary skills to work as a cardiologist. The cath lab team works closely with other clinical areas and support services at SJH as part of established integrated clinical pathways. Elective and scheduled urgent procedures are typically performed on a 9am-5pm schedule, with on call and weekend cover providing 24/7 care for additional emergency procedures.

Key procedures conducted in SJH Cath Labs include 1) invasive angiography; 2) PCI and stent insertion; 3) temporary and permanent pacemaker insertion 4) ICD insertion; 5) Electrophysiological studies and ablation; 6) Balloon Valvuloplasty; 7) Percutaneous Aortic Valve implantation; 8) Percutaneous ASD/PFO closure 9) placement of LAA occlusion devices; 8) Implantation/explantation of loop recorders.

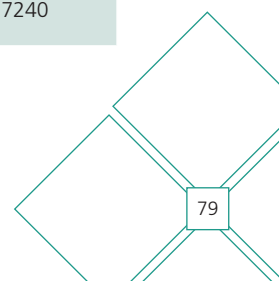
Patients attending for key high volume procedures are managed through structured care pathways and nursing care plans in accordance with international best practice.

The total number of interventional cardiology procedures performed in the Catheterisation Laboratory in 2015 was 5,846. A total of 3,020 patients had angiogram procedures and a total of 1,588 patients had percutaneous coronary interventional procedures (PCI). Ninety-five per cent of the Cath Lab activity is represented by 10 procedures (Angiograms, PCI/Stents, Pacemakers, Total FFRs, Graft studies, ICD's, Reveal insertions, Total IVUS, Failed PCI's, Reveal Removals). As one would expect for a highly specialised supra-regional service, the majority of Cath Lab activity is referred from outside the SJH hospital catchment area and includes both hospitals within and outside the Dublin Midlands Hospital group. These pathways of referral have been established over a long time, and are built on the confidence of referring clinicians of rapid response to emergency and excellence of clinical service regardless of provenance which has long characterised St James.

In 2015, a total of 404 patients presented as an emergency ACS (STEMI) to the SJH Cardiology service. This represents a 41% increase from the numbers recorded in 2014. In the first 6 months of 2016 we have treated 243 ACS patients, annual projected figure 486. Over half of these patients presented outside of normal working hours. Patients from SJH emergency department accounted for 17%, from ambulance transfer from the field 38 % and from other hospitals 45%.

In non-invasive cardiology, we had our busiest year yet, with total activity topping 27,000 monitors, ECH and echos (see below).

2015	In pt Ecg	Out pts	GP	Pace makers	BP Mon	Holter	Stress	Echo	Total
Total	6946	7207	1248	1586	474	1384	1997	6398	27240



Dermatology

The dermatology service is broadly though not exclusively divided into a medical dermatology service and a dermatologic surgery. The department is incredibly busy due primarily to the volume of skin cancers being diagnosed and treated. Also on the medical side the demands from other tertiary specialties such as haematology/oncology presents a complex case mix of inpatient consultations.

Performance highlights

- Publications and presentations at the Irish Association of Dermatologists annual meetings, the British Association of Dermatologists, the Royal Society of Medicine and the EADV
- Delivery of a "See and Treat" weekly clinic for suspected melanomas

Main developments and initiatives

- Three Mohs nurses provide perioperative care and outpatient care. Mohs nurses Carmel Tierney completed her Skin Surgery skills course, Edel MC Grath has commenced same in the University of Hertfordshire, U.K, while Carol Day will commence training in due course. On-going one to one training sessions with Dermatology consultants are continuing. SOP's, guidelines and Policies relevant to nurse led clinics have been accepted by NPDU and currently guide the practice of Nurse-led surgery.
- 2015 saw the development of protocols and implementation of nurse led dermatology minor surgical lists as well as the stable psoriasis nurse led clinic.
- Biologic Intervention Register (BADBIR) a UK and Ireland patient register. To date we have recruited 160 patients. CNS involvement is key to this success.

Emerging challenging and themes for 2016

- Increasing numbers of referrals of which >70% are suspected skin cancer lesions
- Keeping triage and wait time for new outpatient referrals within acceptable and safe time frames
- Waiting lists for skin surgery are stretching out to unacceptable time frames
- Inadequate clerical, medical and nursing staffing for current and projected clinical activity
- The physical infra- structure of Hospital 5

Retirements/new appointments

- Dr Watson reduced her working commitments to part-time; she now exclusively works in Our Lady's Hospital for Sick Children, Crumlin.
- We were most fortunate to have Dr. Fiona Browne take over the adult Epidermolysis Bullosa (EB), service.
- There was also a change of nursing personnel on the dermatology /EB team as Katherine Sweeney reduced her working hours and Eadaoin Redmond joined the department from St Vincent's University Hospital
- Noeleen Flynn left the Mohs nursing team and was replaced by Carol Day.

Endocrinology

The department of endocrinology at St. James's Hospital provides a comprehensive range of endocrinology and diabetes services to

the local population, as well as accepting secondary and tertiary referrals from county and regional hospitals. There are currently 2 full time Consultant Endocrinologists whose special interests are thyroid cancer and reproductive endocrinology.

Performance highlights

- 50% increase in activity for diabetes outpatient attendance for the last quarter of 2015 in comparison to 2014
- Significant improvement in new patient appointment times for new patient referred with type 2 diabetes

Main developments/initiatives

- Reconfiguration of acute medicine within St James's has allowed the endocrinology service to focus on improved access to speciality endocrine care for patients in an outpatient setting
- Establishment of a new direct admission pathway through the Diabetes Day Centre for the admission of patients under the endocrine service for management of complications resulting from their diabetes
- Our previously suspended structured education programmes for patients with both Type I and Type II diabetes have been re-established
- Development of a dedicated Thyroid nodule MDT

Retirements/New appointments

- Dr Joakim Lidgren joined the department in August 2015 as a Temporary Consultant Endocrinologist
- Diabetes nurse specialist Catherine Flynn retired in October 2015 after 35 years of dedicated service

Targets for 2016

- Focus on the provision of dedicated diabetes care to inpatients with diabetes (20% of all inpatients) in an effort to improve clinical outcomes and avoid delayed discharge.
- Hospital wide initiative for the education of nursing and medical staff involved in the delivery of patient care to inpatients with diabetes.
- Consolidation of Endocrinology support to the Haematology/Oncology day ward. With the appointment of a new Diabetes Nurse Specialist to the team, we will be able increase consult support to those patients developing steroid induced diabetes during their treatment.
- Development of a structured programme for patients with late endocrine effects of bone marrow transplant. We will introduce a new clinic run in conjunction with our colleagues in Haematology/Oncology with systemised protocols to address each endocrine issue impacting on patient wellbeing

Endoscopy

In the ten years since the current endoscopy department opened the original target of performing 12,000 procedures per year has been far surpassed and continues to increase annually. Multiple specialties are represented including medical and surgical gastroenterology, respiratory medicine and urology. The unit provides the most efficient endoscopy service in the country to our local population, in addition to providing tertiary and national referral endoscopy services.



Performance highlights:

- >18,000 procedures performed
- Maintenance of JAG accreditation
- Introduction of digital cholangioscopy service

Main developments and initiatives:

- Increasing focus on efficiency to optimise use of available procedure time. Directed patient contact and a designated specialist nurse have significantly reduced non-attendance and the need for repeat attendances due to non-diagnostic procedures.
- Establishment of robust systems in cooperation with laboratory and I.T. services to ensure no histology reports are missed and are dispatched to referring clinicians in a useful timespan

Emerging challenges and themes for 2016

- Staffing: retention of experienced highly trained nursing staff is becoming more difficult.
- Decontamination: An essential prerequisite to the safe performance of all forms of endoscopy. The current facility is inadequate to current and future demands. As a result of regulation changes this facility will not pass accreditation criteria, and the equipment will be officially obsolete as of early 2017.
- Endoscopic equipment: the endoscope stock is severely depleted. Much of the remaining devices are approaching end of life.
- Significant capital investment is required to allow the current level of function to be maintained. Future therapies which will be shortly standard of care will require expansion of current services and regular provision of endoscopy under general anaesthesia.

Gastroenterology and Hepatology

In addition to the endoscopy service outlined above, the departments of Gastroenterology and Hepatology provide a comprehensive range of services for patients with the entire spectrum of GI and hepatic disease.

Performance highlights

- continued increase in outpatient and day-patient/infusion attendances for patients with inflammatory bowel disease
- continued provision of the comprehensive range of services required for patients with Hepatitis, including the Early Access Programme, Compassionate Access Programme and nurse-led hepatitis clinics
- close liaison with the liver unit at St Vincent's for patients with liver cancer and liver transplantation
- In-reach prison service
- Continued expansion of the liver fibroscan service
- Continued contribution to the general medical on-call rota (1:9 for gastroenterology)

Emerging Challenges and Themes for 2016

- Resource requirement for the expansion of the Hepatitis C programme
- Resources for an ever-increasing inflammatory bowel disease service
- Staffing challenges across the service

Clinical Immunology

The Clinical Immunology Service at St. James's Hospital provides a full clinical, translational and diagnostic clinical and laboratory

service for patients with immunological and allergic disease from across the country. In response to steadily increasing referral rates 2015 has focussed on expansion of the capacity of the existing out-patient service in an effort to deliver immunology and allergy care in a timely and efficient manner.

Performance Highlights

- 58% increase in new patient assessments year-on-year
- 78% increase in review patient assessments year-on-year
- 92% increase in day ward activity year-on-year

Main developments and Initiatives

- Launch of a dedicated clinic to manage chronic spontaneous urticaria
- Development of Straight-to-Home initiative to permit early discharge of immunoglobulin replacement therapy patients with improved quality of life for patients
- Re-vitalisation of the allergy advice email service for primary care users offering a portal to engage with consultant immunology staff for testing and management of simple allergic disease

Emerging challenges and Themes for 2016

- Resourcing a regional/supraregional service – St. James's Hospital Immunology receives referrals from public and private hospitals and primary care practitioners across the country. This demands allocated budgeting in line with other regional services
- Resourcing new and existing treatments – new biological therapies have revolutionised the treatment of some immunological disorders. Such treatments are expensive and novel approaches to deliver treatments efficiently through nominated centres of expertise are required
- Staffing – the delivery of care to immunodeficiency, vasculitis and allergy patient cohorts with an additional commitment to laboratory quality is at present provided by a single full time consultant. Additional staff at medical and nursing level are required to ensure the sustainability of an expanding service

GU Medicine & Infectious Diseases

In 2015, 28,273 patients attended our outpatient services including 260 patients newly diagnosed with HIV infection, there were 411 HIV and infection-related in-patient episodes and 622 in-patient ID consults were undertaken.

Performance highlights

- Maintenance of service provision through significant reconfiguration of infrastructure including the relocation of in-patient ward area.
- Securing recurring funds for the establishment of the Emergency Department Viral Screening Programme to maintain the routine testing of all patients attending the ED for HIV, Hepatitis B and hepatitis C infection (pilot project 2014-2015)
- Continuation of outreach nurse-led sexual health clinics

Main developments/initiatives

- Dr Grainne Courtney appointed as Chief Information Officer, St James's Hospital
- Dr Fiona Lyons appointed as National Lead to the HSE National

Sexual Health Programme

- Professor Fiona Mulcahy appointed as Vice-President, European AIDS Clinical Society
- Professor Colm Bergin appointed as Vice President, Royal College of Physicians of Ireland
- Quality improvement processes expanded to include better access for patients to services
- Reconfiguration of ambulatory care department to expand number of clinical rooms, to establish parallel-running clinics in sexual health, HIV medicine and Infectious Diseases and to enable expansion of nurse-led services
- Extension of outreach programme to include assuming governance and management of sexual health services in Portlaoise Hospital

Retirements/New appointments

- Dr Saloni Surah, Dr Aisling Loy and Dr Dominic Rowley appointed as Locum Consultants
- Dr Jenny Kieran appointed as Consultant Physician in Internal Medicine and Infectious Diseases
- Ms Nora Moore retired as ward nurse manager to the in-patient services.

Emerging challenges/themes for 2016

- Meeting the increasing volume of service provision requirements across all elements of service whilst maintaining quality within present resource allocation
- Staff retention, promotion
- Increasing number of nurse-led services
- Partnership with initiatives arising from the National Sexual Health Programme
- Partnership with the National Hepatitis C Treatment Programme
- Extending outreach sexual health services
- Expanding clinic capacity in Gay Mens Health Programme
- Participation in national response group to address increase in HIV and STIs in MSM
- Strengthening of quality improvement processes in all domains of service provision within the department
- Development of Social Inclusion Care Model partnered with Internal Medicine Programme
- Expansion of Antimicrobial Stewardship Programme partnered with Clinical Microbiology and Hospital Pharmacy services
- Development of a Sexual Health communications module for RCPI SPR trainees

Ophthalmology

The ophthalmology service continues to provide a comprehensive service for St. James's inpatients and outpatients attending a broad range of medical and surgical services.

Nephrology

The speciality of Nephrology in St. James' Hospital is primarily focused on providing an inpatient acute consultative service for patients with kidney disease and acute or chronic kidney injury. It provides an acute inpatient haemodialysis service and an outpatient clinical service. The service has a multi-disciplinary team based approach to patient care to minimise the complications of kidney disease and prepare patients who develop kidney failure for dialysis or transplantation.



Performance Highlights

- There was a 20% growth in dialysis treatments delivered – 640 treatments and a 5% growth in OPD attendances.
- Inpatient consultations grew by an unprecedented 28% in 2015.

Main developments and Initiatives

- Development of a patient centred medical information smartphone application “MiKidney”
- Approval for the appointment of a second Nephrology consultant
- The formation of Trinity Health Kidney Centre: an academic health science centre comprising the academic department of Nephrology in Trinity College Dublin and the clinical nephrology units in St James’s and Tallaght Hospitals.

Emerging challenges and Themes for 2016

- The demand for inpatient dialysis treatments has been consistently greater than capacity in 2015. There is a need to double inpatient dialysis capacity.
- Ongoing development of the MiKidney application.
- Expanding outpatient clinic to include dual speciality clinics in allied specialities such as cardiology, endocrinology, and immunology.

Neurology

The neurology department diagnoses and treats patients with the entire range of neurological disorders. We provide a busy outpatient and day ward service, a focused inpatient service and a busy consult service to advise on neurological issues across all medical and surgical specialities. The department has a particular interest in teaching and an active research staff.

Performance Highlights

- 5,600 patients seen in clinic (27% new, 73% return); 26% increase in patients seen over 3 years.

- 90% of new outpatient referrals seen within 120 days, 100% within 180 days.
- Multiple publications, international research conference presentations.

Main developments and Initiatives

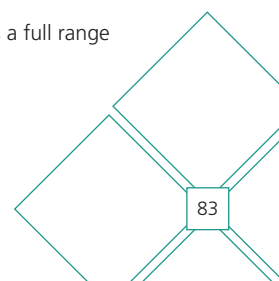
- Consultant-provided neurology teaching programme for NCHDs.
- Development of physiotherapist-provided therapeutic botulinum toxin therapy service.
- Further development of subspecialty clinic services.

Emerging challenges and Themes for 2016

- **Resourcing a regional service:** The Neurology service at St James’s Hospital is funded to provide clinical care to the local catchment. At present, of 50% of our referrals come from outside this area and investment is required to ensure safe and equitable access.
- **Specialist Nursing:** Good outcomes in neurological disorders require expert medical and nursing care. At present, the service needs to add a Parkinson’s disease nurse specialist to our team to provide care in line with international standards. In addition, support is required to the Multiple Sclerosis nursing service.
- **Multidisciplinary Team:** Patients with neurological illnesses benefit hugely from appropriate and timely access to therapy services. These improve outcomes, and prevent unnecessary emergency department visits and admissions, and require expansion at SJH.
- **Medications:** The ongoing development of new medications to treat neurological illnesses is extremely positive for patients with significant illness – the department requires support in order to be able to provide the best and most appropriate medications to the patients who will most benefit from them, and funding of this remains an issue.

Clinical Neurophysiology

The Department of Clinical Neurophysiology provides a full range



of Electroencephalography (EEG), Electromyography (EMG) and Evoked Potential (EP) testing. The department is staffed by Dr Yvonne Langan, Consultant Clinical Neurophysiologist and Senior Neurophysiology technicians Aine Sweeney and Ciara McGrane. Laura Whittle provides secretarial support.

Performance highlights

- Approximately 1600 patients were seen in the department in 2015.
- Over 90% of outpatients were seen within five minutes of their appointment time.
- Aine Sweeney completed a Diploma in Syncope and Related Disorders.
- A second year medical student completed a project on epilepsy mortality, the results of which were presented at the Irish Neurological Association meeting in Limerick in May 2015.
- In 2015 the department hosted the annual meeting of the Irish Society of Clinical Neurophysiology which was a great success. The guest speaker was Dr Peter Fawcett, retired Consultant Clinical Neurophysiologist from Newcastle upon Tyne. Dr Fawcett is recognised as a world expert in the neurophysiology of the neuromuscular junction.

Main developments

- The St James's Department of Clinical Neurophysiology is the only department in the country to offer 24 hour ambulatory EEG and it is hoped to expand this service in the near future to include home video- telemetry.
- Unfortunately the EP service was suspended due to electromagnetic interference in the department.

Challenges

- The problem of unacceptable electromagnetic interference needs to be resolved.
- The physical environment in which Clinical Neurophysiology operates is suboptimal and limits our ability to provide a timely inpatient EEG service.
- The increasing demand for EMG has resulted in an unacceptable waiting time for outpatients which can only be addressed with increased space, staff and equipment.
- There is demand for a prolonged EEG and evoked potential service in the Intensive Care Unit which cannot be supplied without increased resources.

Respiratory Medicine

The respiratory service continued to provide a regional and supra-regional service for patients with a broad range of respiratory diseases.

Performance highlights

- Continued provision of national referral centre for inpatient management of multi-drug resistant TB
- Continued growth of Lung cancer service. In conjunction with SACC directorate, diagnosis and management of >650 new patients with lung cancer.
- Continued increase in activity of acute respiratory medicine inpatient activity, with 220 patients treated by NIV on John Houston ward
- Continued increase in activity in the Respiratory (Pulmonary Function) Laboratory, with >12,000 PFTs and regional

- provision of cardio-pulmonary exercise testing
- Continued provision of comprehensive COPD Outreach service (see Respiratory Assessment Unit below)

Developments and initiatives

- Significant expansion of Sleep service with sleep clinics now provided by 5 respiratory consultant teams, supported by the Respiratory Laboratory
- Dr Judith Lyons completed her MD thesis on Molecular Markers in Cytology specimens in Lung cancer

Emerging challenges for 2016

- Adequate Staffing for expanding NIV service on John Houston ward
- Staffing and resourcing of the respiratory sleep service
- Engagement with HSE to provide overdue resource agreed to provide the National TB inpatient service

Respiratory Assessment Unit (RAU)

The RAU continue to offer comprehensive and holistic care for respiratory patients attending St. James' Hospital. The RAU have a busy inpatient service. At the very backbone of the service is the COPD/Asthma outreach programme. This programme continues to treat and care for patients in their home environment reducing their need for a prolonged admission and often the need to attend the emergency department.

Performance Highlights

95 patients were accepted to our outreach programme (15 more than in 2014). The average length of stay for patients accepted on the programme was 1.2 days compared to 6.44 days for patients not accepted to the outreach programme.

228 Long-Term Oxygen Therapy (LTOT) assessments were carried out (36 more than last year). This increase is partly due to the RAU carrying out the best practice guideline of reassessing patients 3 weeks after their initial oxygen assessment.





RAU staff had poster presentations at the Irish Thoracic Society (ITS). Home oxygen compliance was a theme investigated by the RAU staff.

RAU staff completed the Dublin city marathon and fundraised over €800 towards a much needed new treadmill for the pulmonary rehabilitation programme which was purchased later in 2015. 86 patients attended this 8 week programme in 2015.

Main developments and initiatives

RAU staff played a significant role in the development of the national guideline for LTOT.

Emerging challenges and themes for 2016

The RAU continue to strive towards providing a patient-centred, all-encompassing and effective model of care by continuously reviewing our service and adapting to our patients' needs. The RAU have demonstrated this by partaking in the Quality Improvement (QI) Initiative. Our QI initiative is centred on increasing our patient numbers enrolled on our outreach programme.

Rheumatology

The Rheumatology service at St. James's Hospital provides a comprehensive, holistic approach to patients with musculoskeletal and inflammatory rheumatic diseases, including connective tissue diseases and vasculitis. Due to the multi-system nature of these conditions, there is considerable collaboration with other medical specialities in the care of these patients.

The Rheumatology team also contributes to the Acute Internal Medicine service on a 1 in 9 basis with an average of 24 in-patients at any given time.

Performance highlights

The number of patients seen in Rheumatology continued its year on year increase. Almost 8000 patients were assessed in 2015, of which 3500 were seen in doctor-led clinics, 4277 in nurse-led clinics / infusions / monitoring clinics, while 217 received medical reviews by our senior physiotherapist under the supervision of a consultant. The early arthritis clinic continued to see patients with new presentations of inflammatory arthritis and urgent referrals were also reviewed as soon as possible in the general clinics. Dr O'Shea's ankylosing spondylitis clinic noted an increase in new referrals to the service. The in-patient consult activity remained very busy with an average of 1-2 consults per day.

Main developments and initiatives

- The newly established Rheumatology-Dermatology clinic ran successfully as a collaboration between Dr O'Shea and Dr Wynne.
- Senior physiotherapist, Jennie Cronin, continued the new musculoskeletal clinic, set up to review patients with mechanical joint and soft tissue symptoms.
- SJH is the home of ASRI – the national ankylosing spondylitis registry, under the supervision of Dr O'Shea. Over 400 patients had been seen and entered in ASRI by the end of 2015.
- Six abstracts and three papers were published in 2015.

Emerging challenges and themes

- The continued increase in the number of new referrals to the service proved challenging as clinics ran at capacity.
- Staffing and resourcing
- With plans to build the new National Children's Hospital on the site of the RDC, the search for an alternative location took place.



SURGERY, ANAESTHESIA AND CRITICAL CARE DIRECTORATE (SACC)

The Surgery, Anaesthesia and Critical Care Directorate (SACC) focuses on the surgical patient process from outpatients through to discharge. Core principles are based around delivering a safe, personal, clinically effective and high quality service to all patients, with clear accountability for all staff members.



Dr. Jeanne Moriarty
Clinical Director

Suzanne Corcoran
Operations Manager

The Directorate houses a wide range of surgical services at a local, regional and national level. There are 13 specialties in total; these are Urology, Gynaecology, General Surgery, Otolaryngology, Breast Care, Oral and Maxillofacial Surgery, Vascular Surgery, Plastic and Reconstructive Surgery, Orthopaedic Surgery, Cardiothoracic Surgery, Pain Management, Anaesthesia and Critical Care.

The Directorate Management Team is led by a Clinical Director, Operations Manager and Assistant Directors of Nursing. Regular engagement with clinical teams was facilitated through the establishment of recurring monthly meetings with nominated Specialty Consultant Leads during 2015. The meetings facilitated improved communications, analysis and exploration of operational issues and, at a strategic level, the development of service plans.

Main Developments / Initiatives 2015

The main service developments and initiatives from 2015 can be summarised under three broad categories as follows:-

SACC Organisational Structure

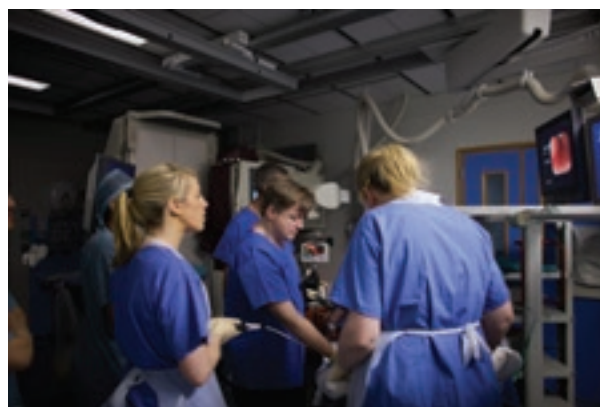
- Development of specialty meeting structure
- Roll out of Specialty Clinical Leads
- Re-organisation of operational meetings with key stakeholder engagement
- Development of service plans for priority areas

Pre-Assessment / DOSA

- Development of model of care for pre-assessment clinics
- Infrastructural changes in Day Surgery for clinic commencement
- Development of electronic referral for theatre booking and pre-assessment (pilot specialties tested)
- Development of an Electronic Patient Record for in-patient pre-assessment

Other Directorate Initiatives

- Endovascular Theatre upgrade to category 5 standard
- Decant design plans for site moves from Hospital 7 and Veins Unit
- Laser Veins Procedures as an Outpatient Initiative resulting in a National Healthcare Award



Performance Highlights – Key Metrics

OPD Activity

SACC OPD 2015	Consultant LED			Nurse LED			Overall Total OPD Attendances
	New	Return	Total	New	Return	Total	
Anaesthesiology	1751	40	1791	48	2	50	1841
E.N.T.	1597	3466	5063	0	0	0	5063
Gynaecology	1065	3810	4875	0	0	0	4875
Maxillo Facial	2609	10123	12732	0	0	0	12732
Orthopaedics	3618	8616	12234	316	1130	1446	13680
Pain Management	748	770	1518	13	68	81	1599
Plastics	3465	5728	9193	19	3222	3241	12434
General Surgery	7588	10247	17835	4485	7944	12429	30264
Thoracic Surgery	704	1462	2166	158	282	440	2606
Urology	884	3009	3893	1819	323	2142	6035
Vascular	1679	3969	5648	37	2458	2495	8143
Grand Total	25708	51240	76948	6895	15429	22324	99,272

OPD activity continues to rise across the Directorate with 99,272 attendances for appointments in 2015. Figures for 2014 showed 94,027 overall attendances compared with 99,272 in 2015 – a total increase year on year of 6%.

In parallel, development projects were ongoing in SACC OPD in relation to compliance with national policy, triage and booking of patients and management of non-attendances. In addition, an electronic check-in kiosk system was rolled out in the main Outpatients Department to help improve the efficiency of clinic registration. Further developments in relation to electronic communication with GP practices for referral and discharge letters were progressed through the Healthlink System.

Theatre Department

The Surgical Department has 4 locations for theatre procedures to be carried out. These include Main Theatre (11 Theatres), Day Surgery (2 Major and 1 Minor Theatre), the Endovascular Suite (1 Theatre) and the Burns Unit (1 Theatre). There are also minor procedures carried out in the Plastic Surgery, Veins and Maxillofacial Surgery OPD areas.

It has been recognised by the Directorate that demand outweighs capacity with an increase in Theatre facilities urgently required. The Directorate is reviewing options to increase capacity.

Access to theatres was restricted in 2015 during the period August-December with rolling theatre closures, predominantly due to nursing shortages. This affected all theatre areas with the exception of the National Burns Unit.

Day Surgery

SACC Day Surgery Procedures 2015	Total
Cardio-Thoracic Surgery	52
General Surgery	4164
Gynaecology	450
Maxillo Facial	302
Orthopaedics	481
Otolaryngology	354
Pain Relief	1070
Plastic Surgery	2452
Urology	1767
Vascular Surgery	412
Grand Total	11,504

In total there were 11,504 Procedures carried out in the Day Surgery Centre in 2015 which, in comparison with 2014 activity, represented a 9% decrease with 1188 less procedures undertaken. Overall activity was impacted for a significant period early in the year by the overflow of emergency in-patient admissions to the ward area and also Theatre closures.

Main Theatre (inclusive of Endovascular and Burns Unit)

SACC Main Theatre Activity 2015	Emergency/Trauma	Elective	TOTAL
Total Theatre Cases	9107	2374	11,481
SACC Main Theatre Activity 2015	Emergency/Trauma	Elective	TOTAL
Total Theatre Cases	9107	2374	11,481

Main Theatre activity decreased very slightly on 2015 with 84 less cases carried out. This represented a reduction in activity of 0.8%. Again, overall activity was impacted somewhat by Theatre closures and restrictions in elective bed capacity. To this end, a Theatre Operational Group was established to monitor and manage the utilisation of Theatre sessions, annual Leave and waiting lists. The group continues to meet weekly focusing on optimisation of Theatre utilisation and performance.

Critical Care Units - General ICU and HDU

Bed Capacity within the ICU Department in 2015 was as follows:

- General ICU (18)
- HDU (7) - (Duns 3) (Bennetts 4)
- Keith Shaw ICU (6)
- Keith Shaw HDU (4)

Activity Summary

ICU Department Total Admissions 2015			
Month	General ICU	HDU	KSICU
Jan	67	57	33
Feb	58	38	39
Mar	77	37	39
Apr	69	34	41
May	76	32	44
June	67	41	41
July	74	32	42
Aug	74	25	44
Sep	62	28	34
Oct	66	32	39
Nov	67	25	21
Dec	81	1	34
Total	838	382	451

Activity Summary

Bed capacity in the general ICU and Keith Shaw ICU remains an issue. There has been difficulty with recruiting and retaining ICU Staff in all critical care areas however some progress was made in 2015. There are still 2 beds in the Keith Shaw ICU which remain unfunded and continues to negatively impact cardiac surgery and the general ICU.

Inpatient Activity / SACC Ward Areas

SACC Ward Activity 2015	NON ACUTE	ACUTE	TOTAL
Anaesthetics	0	2	2
Cardio-Thoracic Surgery	0	968	968
General Surgery	1	2655	2656
Gynaecology	0	757	757
Maxillo Facial	0	1038	1038
Orthopaedics	0	1029	1029
Otolaryngology	0	411	411
Pain Relief	0	20	20
Plastic Surgery	0	1247	1247
Urology	0	622	622
Vascular Surgery	0	418	418
Grand Total	1	9167	9168

In total there were 9,168 admissions to surgical wards in 2015. In comparison to 2014 activity decreased by 0.5% with 51 less admissions year on year.

Ward Areas

The Directorate is responsible for 9 in-patient wards in addition to the Discharge Lounge. Developments at ward level in 2015 included:

- Upgrading the air handling to address aspergillus risks.
- Ward upgrades in certain areas within the decant programme.
- Bennetts ward was nominated as the first hospital ward to undertake the Quality Improvement Project – 'The Productive Ward'
- The Skills Project was also initiated in Ann Young Ward.

Retirements / new appointments:

New Appointments

Medical – Appointments

- Dr Conor Barry, Consultant Oral & Maxillofacial Surgeon
- Mr Christopher Theopold, Consultant Plastic & Reconstructive Surgeon

Medical - Retirements

- Dr Patrick Scanlon, Consultant Anaesthetist

Nursing - Appointments

- Ms Emily Naylor, National ICU Audit Nurse

Emerging challenges / themes for 2016

- Commencing roll out of Inpatient Pre-assessment and re-design of Day Surgery assessment.
- DOSA – developing the pathway for pre-assessment – dependent on a suitable location being found for same.
- Theatre capacity with closures continuing into 2016.
- Staff retention and recruitment.
- Continuing rise in capacity – need for activity and catchment review.
- Activity based funding as the hospital moves towards a new financial model. The Surgical Directorate would see this as an opportunity to show cases that can generate revenue for the hospital.

SACC Management and Clinical Lead Structure

Name	Title	Department
Dr. Jeanne Moriarty	Clinical Director	Overall Clinical Directorate
Ms. Suzanne Corcoran	Operations Manager	Overall Operations Directorate
Ms. Fiona Murphy	ADON	Theatres, Day Surgery Centre, HSSU.
Ms. Catherine Molumby	ADON	In-patient Wards
Ms. Catherine Tobin	ADON	Critical Care Services
Ms. Dympna St John Coss	ADON	OPD, Discharge Lounge, Abraham Colles & Ann Young Wards
Ms. Martina Kelly	Directorate Services Manager	Maxillofacial, Orthopaedics, Plastics and Vascular.
Ms. Carol Finn	Directorate Services Manager	Theatres, Critical Care Services, Wards, Pain and Cardiothoracic.
Ms. Michelle Maher	Directorate Services Manager	Gynaecology, Breast Care, General Surgery, Urology and ENT.
Mr. Paul McCormick	Clinical Lead	General Surgery
Mr. Terence Boyle	Clinical Lead	Breast Service
Dr. Noreen Gleeson	Clinical Lead	Gynaecology
Mr. Rustom Manecksha	Clinical Lead	Urology
Mr. Odhran Shelly	Clinical Lead	Plastic
Mr. Prakash Madhavan	Clinical Lead	Vascular
Mr. Vincent Young	Clinical Lead	Cardiothoracic Surgery
Dr. Noreen Dowd	Clinical Lead	Anaesthesia
Dr. Elizabeth Connolly	Clinical Lead	Critical Care Services
Dr. Joseph Fitzgerald / Mr. Conail McCrory	Clinical Lead	Pain Medicine
Mr. Niall Hogan	Clinical Lead	Orthopaedic
Mr. Gerard Kearns	Clinical Lead	Oral and Maxillofacial





LABORATORY MEDICINE DIRECTORATE

LabMed is responsible for the overall management and development of the Clinical Pathology and Laboratory Medicine Services in support of St. James's Hospital and general practitioners. It also provides routine, supra-regional and national referral services to hospitals and general practitioners across the State. There are service level agreements with about forty laboratories and hospitals across the State for this purpose. LabMed has two national reference laboratories- the Irish Mycobacteria Reference Laboratory (IMRL) and the National MRSA Reference Laboratory (NMRSARL)



Dr. Brian O Connell
Clinical Director



John Gibbons
Laboratory Manager

Introduction

The Laboratory Medicine (LabMed) Directorate is a fully accredited service and comprises the clinical laboratory disciplines 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 Prevention and Control)
- The National MRSA Reference Laboratory (NMRSARL)
- Phlebotomy
- Transfusion Medicine (incorporating Haemovigilance).

Accreditation/License

All laboratory medicine services are accredited, with over 1,000 tests within the scope of accreditation. The laboratory disciplines, outlined below, were accredited to the updated international standard ISO 15189:2012 in 2014 and maintained that status based on annual inspections in 2015, and include:

- Biochemistry (including Point of Care Testing-POCT)
- Cancer Molecular Diagnostics
- Haematology (including the Coagulation Laboratory of the National Centre for Hereditary Coagulation Disorders (NCHCD) and Phlebotomy)
- Histopathology (incorporating Cytopathology)
- Immunology
- The Irish Mycobacteria Reference Laboratory (IMRL)
- Microbiology (including virology)
- The National MRSA Reference Laboratory (NMRSARL)

The Transfusion Medicine Department, incorporating Haemovigilance, is accredited to standards ISO 15189 and AML-BB (SI 360 of 2005) from the Irish National Accreditation Board (INAB) and retained its accreditation status in 2015.

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). It has retained its license in 2015.



Developments/Projects 2015

A number of key projects were successfully completed 2015, while others began and include:

- The design and layout of the new Coagulation Laboratory to be located annexed to the main Laboratory Medicine Department at the Central Pathology Laboratory. This was part of the Decant programme for the National Children's Hospital (NCH) and is due for completion in September 2016
- The planning and design of the relocation of new canteen facilities and administration services as part of the above programme was completed in Q4 2015
- The planning and design of the interim facilities for canteen and administration facilities during the building programme was completed Q1 2016
- The ongoing collaboration between St. James's Hospital's laboratory management and the Dublin Midlands Hospital Group regarding laboratory medicine services re-organisation within the group with a focus on a proposed campus laboratory on the St. James's Hospital site. This new campus laboratory proposed the consolidation of all existing laboratories on the St. James's Hospital campus, the new Children's hospital laboratory services, the Genetics Laboratory currently residing in the grounds Our Lady's Children's Hospital Crumlin, with provision to accommodate the Maternity Hospital Laboratory services from the Coombe, when it transfers at a future date. The Department of Health requested that the original business case submitted by the "The Acute Hospitals Laboratory Modernisation Programme National Oversight Group" be reviewed and enhanced.
- Laboratory management is represented on the National Project Board for the National Medical Laboratory Information System (MedLIS) project. The selection process of a successful vendor was completed in 2014 and contract negotiations were completed in 2015. The national build began in September 2015. There are four national leads from St. James's Hospital laboratory on the national team and others were co-opted from specific specialist areas, such as the Cryobiology Stem Cell Laboratory and Cancer Molecular Diagnostics'. St. James's Hospital laboratory will be the first pilot site for implementation together with the Dublin Midlands Hospital laboratories in Tullamore and Portlaoise, which is planned for December 2016.
- The tendering for new automated equipment with robotics for high test volume areas was planned and executed in 2015. The implementation will take place in 2016.

Major On-going Service Developments -a continuum

In recent years, there has been a tremendous progress in the development of targeted therapies for the treatment of human cancers. More recently the emergence of immunotherapy has necessitated new predictive biomarkers to predict response to immunotherapy. These developments have further advanced the era of personalised medicine. We now aim to target specific weak spots in the tumour's armoury with the great benefit of treating only those patients who will respond and in a way that minimises other toxic adverse effects for that patient. In addition, we have the capacity to harness the immune system to target cancer and spare the patient from aggressive and deleterious chemotherapy. This applies to many cancers including some of the most common malignancies such as lung, breast, colorectal, gastric and aggressive skin cancers. Among these, inhibitors of the epidermal

growth factor receptor (EGFR) and HER2/neu pathways now play a major role in the management of gastrointestinal cancers and breast cancers and indeed other solid malignancies.

In lung cancer we have multiple new therapies specifically targeted at EGFR, ALK and ROS-1, RET, NTRK1-3 and Her 2 mutated cancers. The latest developments include single broad panel assessments rather than sequential individual biomarker assays with more information available up front for clinical application. Secondly, the major growth area will be seen in the introduction of laboratory assays to monitor resistance as it develops in real time and allowing change of therapy to overcome resistance. Such a service has already been introduced at St. James's using state of the art circulating DNA assays for EGFR resistance mutations.

As a result of these developments the role of laboratory medicine, particularly tissue pathology services, has changed radically. We are no longer required to just diagnose and give a prognosis using age-old tried and tested techniques. Nowadays, laboratory testing is required to assess the specific vulnerabilities of the tumour by delving into the specific molecular drivers of the disease to select patients for cancer therapy and also to assess the potential responsiveness to immunotherapy. To understand the specific molecular pathways and driver mutations critical to cancer cell growth has necessitated introduction of new cutting edge technologies involving a steep learning curve for laboratories. In fact we are only seeing the tip of the iceberg with many more promising targeted treatments in the pipeline most of which will require sophisticated laboratory testing.

The laboratory medicine department has been at the forefront of new developments and provides the largest repertoire of such biomarkers. It is one of two selected laboratories by the NCCP for provision of such biomarkers nationally. These developments have also opened up significant opportunities for the histopathology laboratory and CMD to provide leadership and horizon scanning capacity in molecular diagnostics primarily through interaction with the LUNGSCAPE biomarker clinical trials led by the European Thoracic Oncology Platform and the participation in the LOXO basket trial for NTRK rearranged cancers. The next challenge will be the requirement to integrate formal biostatistics and data mining capacities allied to significant information storage capacity into the laboratory skillset and this will for the first time introduce a new genre of medical scientist to our labs, the medical bio-informatician, working closely with IMS.

Workload

Table 1 is a run-graph of activity levels over the months of 2015 compared to 2014. The graph shows a definite increase in activity across all months. Table 2 gives us the numerical detail for 2015 by laboratory discipline and also charts the numerical increase over the past five years for each of these disciplines. In Table 3, we see the growth in laboratory activity referrals from the different sources. The workload generated within St. James's Hospital increased by 9% over 2014 levels. GP referrals were up by 13% and work referred from AMNCH was up by 4% on 2014 levels and other external hospitals by 7%. The total number of test requests carried out was 8.94 million.

It is important to understand when examining workload figures that the volume alone does not reflect complexity and resource consumption in processing and reporting these investigations/ tests.

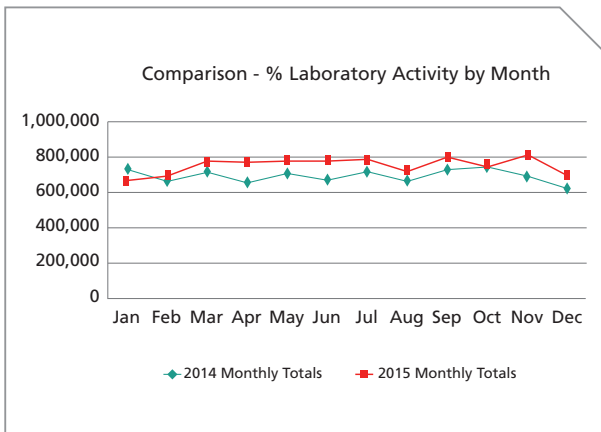


Table 1: Workload trend over 2015



Department	2010	2011	2012	2013	2014	2015	% increase 2015/2014	% increase 2010 /2015
HAEMATOLOGY	563,788	591,272	614,882	638,080	653,763	701,205	7	24.4
COAGULATION	195,427	189,817	182,347	182,557	174,654	171,446	-2	-12.3
BL. TRANSFUSION	61,696	58,539	58,943	59,822	57,593	60,483	5	-2.0
BIOCHEMISTRY	5,168,631	5,417,229	5,670,696	6,250,639	6,569,704	7,213,617	10	39.6
MICROBIOLOGY	367,910	377,244	385,112	383,069	454,649	473,416	4	28.7
HISTO -BLOCKS	87,229	89,985	93,174	99,295	98,156	99,766	2	14.4
CYTOLOGY	5,652	5,975	6,291	6,349	5,891	5,751	-2	1.8
IMMUNOLOGY	292,225	311,491	256,596	188,522	197,942	207,098	5	-29.1
CMD	4,889	5,243	5,970	6,453	6,502	7,216	11	47.6
TOTAL	6,747,447	7,046,795	7,274,011	7,814,786	8,219,154	8,939,998	9	32.5

Table 2: Workload trends 2010-2015

SOURCE	2010	2011	2012	2013	2014	2015	% INCR/ DECR 2015/2014	% of Total Workload 2015
SJH	4,436,862	4,631,077	4,759,881	5,017,967	5,255,483	5,611,936	7%	63%
AMNCH	43,244	45,509	55,349	57,546	61,631	64,234	4%	1.00%
HSE East	113,392	93,319	89,206	101,093	129,186	149,969	16%	2.00%
GPs	1,861,285	2,019,968	2,136,618	2,380,683	2,540,930	2,864,919	13%	32.00%
Others	287,775	251,679	232,937	257,426	231,878	248,940	7%	3.00%
Total	6,742,558	7,041,552	7,273,991	7,814,715	8,219,108	8,939,998	9%	100%

Table 3: Workload by Source 2010-2015

Education and Learning

The Laboratory is a centre for education for the FRCPath, BSc in Medical Science and MSc in Biomedical Science/ Molecular Pathology/ Clinical Chemistry and Microbiology. It is actively engaged in research and development projects leading to undergraduate 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.

St. James's Hospital GP Phlebotomy Clinic - Project

Introduction:

In 2015, St. James's Hospital GP Phlebotomy Clinic introduced online appointments for GP blood tests eliminating onsite waiting times, improving clinic efficiencies and patient communication. Historically, the GP Phlebotomy Clinic operated as a walk in service to cater for as many patients that would attend on a given day. As a result of on-going demand, 30,000 per year, daily volumes had increased and excessive waiting times were frequently experienced. In response, St. James's Hospital GP Phlebotomy Clinic initiated a project, in conjunction with swiftQueue Technologies, to provide online appointments to improve the patient experience and deliver greater efficiencies for the clinic.

The project objectives were:

- Improve the service experience for our patients
- Enhance management of phlebotomy appointments
- Increase operational efficiency and reduced waiting times
- Reduce DNA (Did Not Attend) rate to < 5%
- Support reduction in manual overheads, e.g. patient data capture and written reports.
- Enhance patient ownership by providing a specific time of their choosing.

swiftQueue - GP Phlebotomy Appointment System:

swiftQueue provides a robust, secure and easy to use online healthcare appointment system. From the Phlebotomy Clinic's perspective, swiftQueue allows full clinic management providing real-time controlled visibility of appointments and an efficient booking process. Patients can view available times for the clinic and in three easy steps can select their appointment date and time. This online service is available on a 24/7 basis.

Online adoption rates have risen steadily since project commencement. Analysis on uptake and usage found that the online appointment channel is being used across a broad range of ages and demographics. Email and SMS confirmations and reminders are also employed to create a feedback loop between the clinic and the patient.

Patient feedback has been excellent as the patient feels engaged with the booking process and therefore is more likely to attend at their allocated appointment time having confidence that they will be seen on time for every clinic visit.

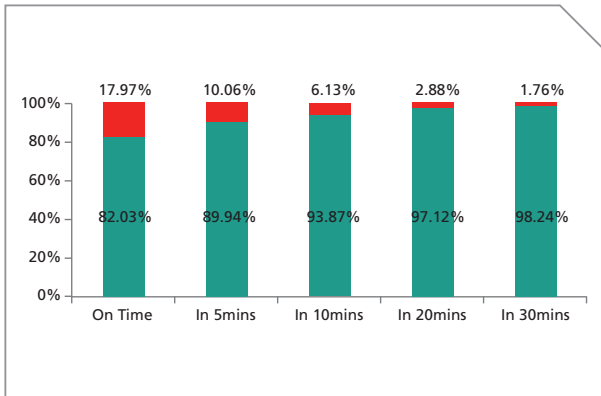


Figure 1: Patients who attend On Time for their appointment for 2015

Key Metrics:

Throughout 2015 St. James's Hospital GP Phlebotomy Clinic has received excellent patient feedback when benchmarked with other swiftQueue clinics and consistently receives the best results for overall clinic performance. The following charts demonstrate the consistent performance of the GP Phlebotomy Clinic. The significance of the 'Arrival On Time', figure 1, and 'Seen On Time', figure 2, for appointments is the foundation of the consistent reduced patient visiting times.

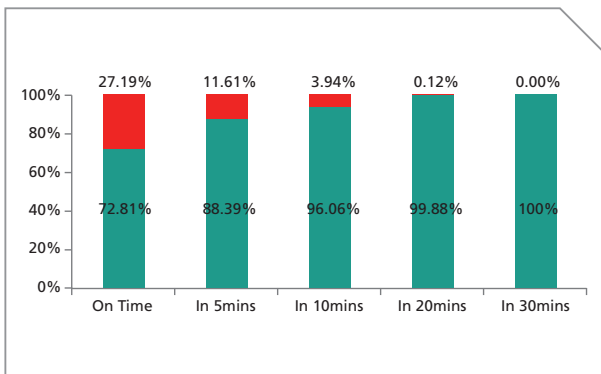


Figure 2: Patients who were seen On Time for their appointment for 2015

Average of Start to End Visit	Average Waiting Time	Average Bleed Time
00:12:33	00:10:05	00:02:29

Figure 3: Patients waiting time analysis for 2015

Figure 3 represents the average process times from patient registering on arrival to leaving the clinic.

Biochemistry Department

The Biochemistry Department provides a comprehensive and expanding diagnostic support service for St. James's Hospital, an increasing number of external healthcare institutions and one of the largest primary care bases in the country. It receives many specialised referral tests in Endocrinology, Vitamins, Porphyrins and Haemochromatosis from other acute hospitals across the country it is one of the few remaining Radioimmunoassay sites licenced by the EPA. The laboratory medical staff participates in the management of metabolic diseases including Diabetes, Endocrine disorders, CVD risk factor management and Osteoporosis, and operate specialist clinics for Acute Porphyrias and Familial Hypercholesterolemia. The laboratory is the de facto national reference centre for the diagnosis of disorders of porphyrin metabolism. The department's ethos is to support research & development, education and learning both within St. James's Hospital and in allied academic institutions.

In 2015, INAB accreditation was retained under ISO 15189:2012 standards along with all the other laboratory disciplines. The department supports all members of staff in advancing their careers with a number of staff undertaking MSc courses and providing thesis projects under the guidance of the Chemical Pathologist Dr. Crowley and senior scientific staff.

In 2015, there were many meetings with our main supplier in the Core Lab, with a view to a major upgrade of our pre-analytics and reconfigurations of the three analytical lines. This is to future proof the department's workload and builds in resilience where we will have three lines that can all provide chemistry and immunoassay. This will also require an upgrade to the air-conditioning system in the Core Biochemistry laboratory as it is not adequate to cope with the new upgrade. Agreement was made to proceed with this reconfiguration in the second quarter 2016.

The Biochemistry Laboratory has also tendered for a second Mass Spectrometer with a view to measuring steroids and moving Androstendione and 17-Hydroxy-Progesterone from the RIA platform. We also intend to look at metanephrines with this method. This is scheduled for Q42016.

In 2015, Faecal Calprotectin was introduced as a new assay for the Gastroenterology department to aid decisions in distinguishing Inflammatory Bowel Disease (IBD) vs. Irritable Bowel Syndrome (IBS) and whether to scope or not.

Biochemistry is involved in the preparation for the National Medical Laboratory Information System (MedLIS) in which St James's is the pilot site for major acute hospitals and is due to go live first in December 2016. Application controllers will lead our department through this major change.

In conjunction with laboratory management the Biochemistry Department was able to fill the two vacant Chief Medical Scientist posts and the vacant Senior Biochemist post in 2015 which was crucial in having a strong management team in Biochemistry to lead on the aforementioned projects.

The department is working to ensure that a comprehensive, efficient, centralised and consolidated service is provided from this single location. The Biochemistry Department is ready and willing to facilitate inter-hospital pathology network developments and is at the forefront of scientific and clinical laboratory medicine in this country both in equipment and methodologies and test repertoire and in trained scientific and medical staff.

The Biochemistry Department continues to take a lead role in POCT monitoring and management across the hospital site, especially in the hospital wards and clinics. This role will increase in the future with the installation of fully connected ketone and creatinine meters in 2016. Posters outlining the POCT accreditation process were presented at the IFCC (International Federation of Clinical Chemistry and Laboratory Medicine) conference in Paris and also at Focus 2015, a scientific meeting in Cardiff in June. Several POCT clinical audits were carried out during the year in cooperation with the Clinical Chemistry Specialist Registrar. Presentations were also given at several scientific meetings throughout the year.

The Biochemistry Department is a major stakeholder in the academic department of Clinical Biochemistry, Trinity College Dublin (TCD). Participation in both education and research & development are intrinsic elements of the laboratory ethos and practice. Substantive contributions continue to be made to both undergraduate and postgraduate courses in both medicine and related health sciences by the department staff. In terms of research, collaboration with multiple partners both within St James's Hospital/TCD and further afield, continues despite the extensive service workload and is seen as an integral part in leading progression in new tests and technologies in Biochemistry and Endocrinology.

Cancer Molecular Diagnostics

The Cancer Molecular Diagnostics (CMD) Department provides a molecular testing service for the identification of acquired genetic aberrations in cancer, and, where appropriate, performs assessment of minimal residual disease aiding the management of patients with selected leukaemias, lymphomas and solid tumours. 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. In addition, and in concert with Histopathology, the laboratory provides a local and national service for assessment of predictive biomarkers in relation to solid tumours (lung, melanoma, colorectal, GI stromal tumours).

CMD Laboratory service

Requests from clinical centres external to St. James's Hospital contributed to 67% 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. CMD and Histopathology provide reference laboratory services to the European Thoracic Oncology Platform, specifically the LUNGSCAPE project.

CMD migrated a number of assays to next generation sequencing (NGS) in 2015 by first implementing mutation testing for colorectal cancer, melanoma and GI stromal tumour in early



2015 and lung adenocarcinoma in Q4 2015. The laboratory has expanded upon its original NGS panel to add gene fusion detection; also by NGS. This new combined mutation and fusion panel will be implemented as a frontline assay for all solid tumour analyses commencing Q1, 2016. Building upon NGS capabilities of the department, the CMD laboratory has tested and commenced validation of assays for both TP53 and BRCA somatic mutation analysis with both assays being earmarked for clinical use in 2016. The laboratory also designed and validated an assay for the detection of CALR mutations in myeloproliferative neoplasms which will enter into clinical service Q2 2016.

CMD Research and Development

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 malignancies. In support of this, the laboratory is currently developing or testing assays for the identification of TP53 mutations in haematological malignancy, cell free DNA analysis for the detection of treatment guiding mutations in lung cancer and assays for the treatment stratification of patients



with diffuse large B cell lymphoma. Early investigations are also underway to determine the clinical role of broad coverage NGS based analyses in the diagnosis and prognosis of myeloid malignancy.

The laboratory has also led the development of educational frameworks and inter-laboratory networking for other sister labs in the country and members of laboratory staff had operated as peer-assessors for the UKNEQAS and EMQN external quality assurance schemes. Two MSc students and one BSc student completed research projects through CMD in 2015.

Cryobiology Laboratory Service

The Cryobiology Laboratory Stem Cell Facility supports the National Allogeneic 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 is the laboratory component of the Tissue Establishment, which supports the National Allogeneic Adult Stem Cell Transplant Programme in the hospital.

The Cryobiology Laboratory, as part of the Tissue Establishment,

holds a tissue licence from the Health Products Regulatory Authority (HPRA) 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. 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. The Laboratory provides an extended day service: 8am to 8pm, with out of hours work to process products arriving from international collection centres. The Cryobiology Laboratory performed a total of 1072 procedures in 2015. 78 Allogeneic transplants and 89 autologous transplants were performed in St James hospital in 2015. The total number of transplants for 2015 was 167, a 13% increase on 2014. A total of 225 bone marrow and apheresis products units were harvested, labelled and processed in 2015. A total of 88 fresh products and 121 cryopreserved products were infused in 2015. The transplant service at St James Hospital has carried out 2,217 transplants since its formation in 1984.

Immunology Laboratory Service

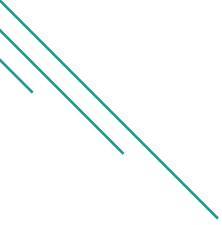
The Immunology Department provides a comprehensive fully centralised diagnostic laboratory service in tandem with an expanding clinical service for patients with immune system problems. Immunology laboratory services provide essential diagnostic support to specialists in a range of disciplines in St. James's Hospital and to a range of other hospitals and to primary care. The immunology clinicians, including a newly appointed consultant, continue to deliver high quality in-patient, day case and out-patient care for patients with diseases including primary and secondary immunodeficiency disorders, vasculitis, chronic urticaria and allergy, receiving referrals from across the country. The Department also maintains a commitment to translational research with involvement in several high profile publications in 2015.

Immunology Laboratory Service

The Immunology Laboratory in St. James's Hospital is the largest diagnostic immunology unit in the country, and achieved accreditation to ISO 15189:2012 from the Irish National Accreditation Board (INAB) in 2014 and 2015, following many years accredited to CPA (UK) Lt. standards that were also benchmarked to the ISO 15189 international standards.

The department's highly skilled scientists carry out a diverse repertoire of tests encompassing a variety of flow cytometric, immunochemical and immunofluorescence techniques. The clinical immunology team provides direct support for test selection and result interpretation including an email advice service for primary care doctors focusing on allergy test ordering and interpretation.

The laboratory processed 300,370 tests in 2015, representing an increase in workload of 5% compared to 2014. Further analysis of these workload figures highlights flow cytometry for primary and secondary immunodeficiency diagnosis and monitoring, and indirect immunofluorescence for diagnosis of vasculitis and connective tissue disease as particular areas of expansion. The highly specialized test repertoire, and high quality output attracts work from across Ireland.



The Immunology Laboratory continues to be a focus for the translation of research innovations into diagnostic processes that can provide direct benefits to patients. In 2015, significant work was carried out on a range of assays for use in disparate diagnostic settings. Extended lymphocyte phenotyping panels for the in-depth characterization of immunodeficiency disorders have been developed. These tests support the status of the immunology laboratory as a de facto national reference laboratory for primary immunodeficiency disease. Extensive validation work has also been carried out on a series of assays for Alzheimer's disease as part of a major international project examining early biomarkers in neurodegenerative syndromes. In addition, a novel assay for the assessment of renal involvement in vasculitis has been brought to the point of clinical evaluation. This offers a non-invasive way of diagnosing kidney involvement in these devastating disorders. Underpinning these innovations are collaborations with the clinicians and scientists of the Mercer's Institute for Successful Aging (MISA) the department of Renal Medicine in AMNCH Tallaght and OLHSC Crumlin. These collaborations and developments continue to highlight the Immunology Laboratory in St. James's Hospital as a leading centre for immunology diagnostics.

Immunology Clinical Service

The Clinical Immunology service has undergone a rapid expansion in activity in 2015 in an effort to deal effectively with increased referral demands. The service in St. James's Hospital, one of only three clinical immunology teams nationally, accepts referrals from across Ireland. A new Immunology Clinical Service with a focus on chronic urticaria, the first of its kind in Ireland, was launched which brings a more streamlined management approach to this challenging patient group. New patient assessments increased by 58% in 2015 in comparison with the previous year. Review activity increased by 78% and day ward activity has increased by 92% from 2014. This rapid workload expansion has posed significant challenges yet there are clear and measurable benefits to the core patient groups.

The Immunology Day Ward continues to operate at full capacity delivering management and review for an expanding cohort of patients with immunodeficiency diseases and vasculitis. Use of the day ward facility acts as a management hub for these patient groups facilitating home therapy programs and reducing the requirement for unplanned medical attendances and hospital admissions. The Day Ward also provides a limited service for allergy provocation challenges. In addition, the clinical team provides in-patient consultation cover for review of patients with suspected allergy, immunodeficiency and autoimmune disorders.

The clinical service contributes to a number of national and international collaborative projects including UKIVAS, the National Vasculitis Registry for UK and Ireland and the ESID database, a European database of primary immunodeficiency diseases. These collaborations highlight the ongoing involvement of the Immunology Department in the development of the knowledge base for these challenging disorders.

Research and Learning

The department has a substantial commitment to undergraduate and postgraduate education in partnership with Trinity College Dublin. Clinicians and scientists contribute to a variety of curricula including undergraduate medicine, and several taught MSc. programs. In 2015 six students were undertook PhD studies in the department. Research is carried out in the Institute for

Molecular Medicine in the St. James's Campus and in the Diagnostic Immunology Laboratory. Research interests include: the pathogenesis of coeliac disease and the roles of NK cells and innate T cell subsets in immunodeficiency diseases, systemic vasculitis and HIV. Translational research projects initiated in 2015 included urinary CD163 testing for ANCA associated vasculitis flares.

The department contributed to 14 peer reviewed publications in 2015 and presented data at a number of national and international conferences. The Immunology Department in collaboration with partners in Trinity College Dublin continues to be an important hub for genuine translational research.

Haematology Laboratory

The Haematology Department provides a comprehensive diagnostic laboratory service to St. James's Hospital, other hospitals in Dublin and throughout Ireland and also to general practitioners.

The laboratory receives nationwide referrals for specialised investigations. The laboratory supports 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) and forms a core element of the department's work. The Cell Counting and Morphology Laboratory handles high-volume, rapid-turnaround tests and operates an extended working day 8am to 8pm. It processed almost 375,000 FBC requests in 2015, an increase of almost 5% on 2014. The Clinical Cytometry & Haemoglobinopathy laboratory saw a workload increase of 10.6% on 2014 activity levels in the flow cytometry service, which is concerned with the diagnosis and monitoring of haematological malignancy. This was partly due to an increase in tests for assessment of Minimal residual Disease (MRD) in Acute Lymphoblastic Leukaemia (ALL) and for plasma cells in Multiple Myeloma. There were 1,388 bone aspirate samples processed for morphological assessment, an increase of 9.4% on 2014. A comprehensive laboratory screening service for haemoglobinopathy continues to be provided. This now supports the National Adult Haemoglobinopathy service at St James's Hospital.

The Haematinics and transplant drug monitoring laboratory saw an overall workload increase of 13% overall in 2015 compared to 2014, with similar increases in vitamin B12, Folate and Ferritin requests, the majority of which are provided for General Practitioners.

In 2015, INAB accreditation was retained under ISO 15189:2012 standards along with all the other laboratory disciplines.

Developments in Haematology 2015

A major new clinical service whereby St. James's Hospital was designated a national specialist centre for the management of adult patients with Haemoglobinopathies commenced in August 2015 with a dedicated outpatient clinic led by Dr. Emma Tuohy. This development facilitates the transition of patients from a paediatric to an adult service. Laboratory support for this service is provided by the clinical cytometry and haemoglobinopathy laboratory, currently from existing resources; however a submission is being made for additional laboratory staff resource to support this important development.

The clinical cytometry and haemoglobinopathy laboratory

completed validation of and fully introduced a Sebia capillary electrophoresis (CE) analyser to test for haemoglobinopathies in new-borns and adults. This allowed several obsolete tests to be discontinued. A staff member completed an MSc project to set up a test to investigate intra epithelial lymphocytes in refractory coeliac disease using flow cytometry.

The laboratory was part of a multi-disciplinary initiative along with the haematology clinical team, LabMed IT manager, the central reception/biochemistry department, laboratory management and the Histopathology and Cancer Molecular Diagnostics laboratories to introduce integrated reporting for bone marrow samples. This was successfully launched in October 2015 and has led to a single, integrated report summary for bone marrow samples that incorporates the bone marrow aspirate and trephine sample morphology reports, flow cytometry report and molecular diagnostics reports in one, where previously these reports were issued separately at different times. This development has had a positive impact on patient diagnosis and management by resulting in an integrated report allowing clinical decisions to be made earlier rather than waiting for outstanding elements of the report to be completed.

The department completed a competitive tender in conjunction with the hospital procurement department for replacement of its main cell counter analytical system. This provides full blood count (FBC) results to all clinical areas of the hospital on a 365 day, 24/7 basis and thus is vital to the hospital's mission.

Education and Research

The department supports all members of staff in advancing their careers with a number of staff undertaking MSc courses at Dublin Institute of Technology and at the University of Ulster, Coleraine. Staff is supported in their CPD activities both in attendance at external scientific meetings, participation in an international online digital morphology CPD scheme, and internal lunchtime seminars.

The department's Chief Medical Scientist completed 10 years as Chair of the Haematology Advisory Body of the Academy of Clinical Science and Laboratory Medicine which organises educational events and advises on scientific developments. In 2015, these events included a blood cell morphology workshop at Dublin Institute of Technology co-presented by one of the department's Senior Medical Scientists. At a national level, the department's staff is part of the National Laboratory Handbook group for Ireland and co-organised the Laboratory Haematology session at the Haematology Association of Ireland (HAI), held in Galway, October 2015. Several lectures were given at Master of Science courses at Dublin Institute of Technology and in support of the Trinity College Postgraduate Diploma in Specialist Nursing (Haematology).

At an international level, the department's scientific staff are members of, or involved with, the International Council for Standardisation in Haematology (ICSH); the European Research Initiative on CLL (ERIC) and the UK National External Quality Assurance Scheme (NEQAS) expert panel on blood cell morphology.

Both oral and poster presentations were made at the HAI, where one of the department's MSc graduates was awarded first prize for a short oral presentation, and at the European Society for Clinical Cell Analysis (ESCCA) meeting in Lisbon and at the American Society of Haematology (ASH) in Orlando, Florida, December 2015.

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

The Coagulation Department in the Central Pathology Laboratory provides a laboratory testing service for hospital in-patients and out-patients as well as for General Practitioners and external hospitals. The laboratory at the NCHCD is part of the overall multidisciplinary team at the centre and provides an extensive and comprehensive diagnostic laboratory service for patients attending the NCHCD, for other patients within the hospital and also for hospitals at a local and a national level. Diagnosis of inherited and acquired disorders of haemostasis, monitoring of therapy and genetic analysis of inherited prothrombotic and inherited bleeding disorders are all part of the examination repertoire in the laboratory.

Service developments in Coagulation 2015

The laboratory performed 174,000 tests in 2015 across both laboratories (154,000 tests in routine coagulation and 20,000 tests in NCHCD). The Haemostasis Molecular Biology (HMB) laboratory processed 201 samples for mutation analysis in 2015.

The Department provided a specialist clinical laboratory service for 61 different locations throughout Ireland as well as for the NCHCD and St James's Hospital. Sample referrals from external agencies accounted for 72% of the investigations carried out for thrombophilia disorders and 29% of the investigations for bleeding disorders. 29% of mutation analysis investigations were referred from three external national haemophilia centres.

An assay for the newly licenced anticoagulant therapy, Apixaban was introduced in 2015, expanding the test profile of Direct Oral Anticoagulant therapies that can be measured in the laboratory.

The laboratory supports the education and training of its staff through post graduate education and attendance at meetings. Research projects undertaken during the year include the validation of a method for the molecular diagnosis of May Hegglin Disease (MYH9 gene). Staff attended meetings such as the Haematology Association of Ireland's annual meeting, the ISTH Annual Congress in Toronto, Canada, the U.K. Haemophilia Centres Doctors' Organisation (UKHCDO) Genetics Laboratory Network (GLN) biannual meetings, the annual Irish Molecular Diagnostic Network (IMDN) meeting, and the 5th Annual Irish Next Generation Sequencing (NGS) meeting.

The maintenance and continued development of the Coagulation Laboratory Quality Management System to ensure compliance with ISO 15189:2012 was evident in 2015 by the award of accreditation by INAB to this standard following their annual surveillance visit. This is maintained by continued audit, training, competency assessment, setting and achievement of quality objectives and by regular measurement of performance indicators within the laboratory.

As part of the project for the building of the new Children's Hospital at St James's Hospital, there is a requirement for the laboratory at the NCHCD to be relocated to the Central Pathology Laboratory and an extension built to the laboratory. The project was initiated in 2015 and the design and specification for the new building agreed between all parties. This significant project will continue in 2016 with a planned handover date of September 2016.

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.

The department maintained ISO 15189 and AMLBB Accreditation in 2015 and this entailed auditing every area of the quality system and regular vertical audits of laboratory procedures, clinical processes and traceability.

Red cell usage increased by 4.7%, platelet use increased by 2.5% and plasma use decreased by 8.6% on 2014 levels.

Red cell outdating remained at 0.4% and platelet outdating at 3.1%.

Blood traceability continues at 100%.

The Hospital Transfusion Committee meets regularly and reviews the audit findings in addition to serious non-conformances and advises on hospital transfusion practice. The aim of the Transfusion Committee is to play a central role in promoting and monitoring the safe, effective and efficient use of blood, blood components and blood products and to identify key indicators to monitor performance.

New initiatives in 2015 included (1) the implementation of BloodTrack Tx hospital wide. 95% was completed by end 2015 with 75% of transfusions started using the system and (2) blood transfusion reports were made available on the EPR.

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 76% of the nurses, 76% of the interns and 44% of senior house officers and registrars having evidence of transfusion practice competency recorded. As part of the training program an e-learning module for blood transfusion, is available for all staff.

Histopathology & Cytopathology

Introduction

The Histopathology and Cytopathology Department provided diagnostic services to St. James's Hospital, GPs in the greater Dublin area, the Dublin Dental Hospital and certain external hospitals with whom we have service level agreements. Sub-specialised reporting is a unique feature of the St. James's Histopathology department. The department's pathologists participated in 11 weekly and 2 fortnightly hospital MDT meetings.

The laboratory provided a second review of pathology of patients referred to SJH from all over Ireland as well as consultation second opinions to other pathologists from Ireland and the UK. Specific achievements in 2015 include:

- The department maintained ISO 15189 accreditation
- The workload in histopathology and cytopathology increased in 2015, this particularly reflected in the number of tests

- carried out by the department. In cytology the increased preparation of cell blocks, while time consuming, provided better use of material for diagnostic tests
- In addition to increased workload the range of diagnostic tests, provided by the department continues to grow in particular with the introduction of new immunocytochemistry markers and additional FISH and ISH tests
- In 2015, the department's LIS was upgraded to version 2 in preparation for the implementation of The Roche Vantage Workflow solution. Roche Vantage provides a complete chain of custody and lean-integrated processes that help eliminate paperwork, reduce the need for double entry of data, and allow the laboratory to be more efficient and improve patient safety. Vantage was successfully implemented in August
- In a combined project between the Haematology & Histopathology Departments integrated reporting for bone marrows was introduced, providing a single report for clinicians rather than the multiple reports previously issued
- Continued progress was made in electronic reporting to external locations as well as the introduction of a facility to scan external reports to the hospital EPR
- Six medical scientists attended tissue dissection courses in the UK. This reflects a change in role for medical scientists who now have a significant role in specimen dissection in the department, a role previously solely provided by NCHDs and consultants. Through in-house training and supervision as well as external courses this role will continue to expand in the future

Irish Mycobacteria Reference Laboratory

Introduction

The primary role of the Irish Mycobacteria Reference Laboratory (IMRL) is the provision of a timely reference and advice service in relation to the diagnosis and treatment of tuberculosis and other mycobacterial disease. In 2015, the IMRL continued to provide a high quality service to its users. The laboratory performs a specimen and culture referral service for hospitals throughout Ireland. Approximately 6,000 diagnostic specimens are processed annually and the laboratory receives almost 450 mycobacterial cultures per year for referral tests such as: identification, susceptibility tests to first line anti-tuberculous drugs and epidemiological typing using specialised molecular techniques. The annual report for 2015 shows in detail the achievements and the workload of the laboratory throughout the year along with the involvement of laboratory and clinical staff in education and research aspects of mycobacteria.

The main achievements of IMRL in 2015 were:

- Provision of a diagnostic service. There was a 5% reduction in the specimen workload compared with previous years with 4,988 specimens cultured. There was a 55% increase in the number of rapid diagnostic molecular tests (GeneXpert system) performed compared to 2012
- Provision of a timely reference and advice service. There was a 21% increase (compared to 2014 figures) in the number of cultures referred to the IMRL for identification and/or susceptibility testing and/or epidemiological typing
- Monitoring resistance of M. tuberculosis complex isolates to anti-tuberculous drugs. There is a need for continued vigilance in this area to detect emerging resistance

- Continued surveillance of the epidemiological types of *M. tuberculosis* complex isolates circulating in the population. Epidemiological typing was performed on 175 *M. tuberculosis* complex isolates identified in 2015. These figures are in-line with previous years. Typing results were reported weekly to Public Health through the CIDR (computerised infectious disease reporting) system. Retrospective MIRU-VNTR typing was performed on an additional 86 isolates as part of continued surveillance and research interests in the IMRL
- In 2015, INAB accreditation was maintained under ISO 15189:2012 standards along with all the other laboratory disciplines
- Continued strengthening of academic links between the IMRL and the Dept. of Clinical Microbiology, Trinity College Dublin (TCD). A number of research projects continued through 2015:
 - PhD study on “Molecular epidemiology and drug resistance in *Mycobacterium tuberculosis* in Ireland” - Emma Roycroft
 - MSc study on *M. chimaera* Isolates identified at the IMRL –Simone Mok
 - MSc study on *M. avium/ M. intracellulare* cases identified at the IMRL between 2003 and 2014- Siobhan Crilly
- Continued collaboration between IMRL and Respiratory team, SJH and Public Health Medicine. A number of research projects continued through 2015:
 - Investigation of recurrent TB cases from 1998 to date
 - Investigation of Resuscitation promoter factor (Rpf) study on viable but non-culturable bacteria (VBNC)
- The IMRL performed a specimen and culture referral service for TB culture to 18 hospitals throughout the country.

Service Developments

Achieved

- Validation of second line susceptibility testing for *M. tuberculosis* isolates
- Validation of 16S and ITS gene sequencing for identification of NTM
- Introduction of NTM susceptibility testing
- Continued surveillance of the epidemiological types of *M. tuberculosis* complex isolates circulating in the population

Education

The IMRL plays a prominent role in the education of laboratory staff and clinical staff including public health physicians throughout Ireland and this is achieved by regular feedback, presentations and reports.

In particular, IMRL staff gave lectures to undergraduate and postgraduate students in the Dept. of Clinical Microbiology, TCD and the Dublin Institute of Technology. Scientific staff shared techniques used in the IMRL with staff from other hospital laboratories, research facilities, undergraduate students, transition year students and provided expert knowledge to students of other laboratories completing higher degrees. The laboratory facilitated an undergraduate student from DIT, Kevin St. who completed a six month work placement as part of the BSc Pharmaceutical Healthcare course. The IMRL accommodated a TCD Microbiology student who wished to learn and gain experience in the Microbiology Department during the summer months.

IMRL staff completed internal training courses in areas such as: fire safety, chemical safety, manual handling, hand hygiene, waste management, computer skills, management skills, the quality

management system and attended journal clubs organised within St. James's Hospital.

Research and Developments

Translational Research Projects

- A staff member (Emma Roycroft) continued with a PhD study on “Molecular epidemiology and drug resistance in *Mycobacterium tuberculosis* in Ireland” in the IMRL. This project involves using whole genome sequencing technology to interrogate
 - resistance mutations among multi-drug resistant-TB strains
 - clusters of *M. tuberculosis* isolates (as identified by MIRU-VNTR typing)
 - newly positive cultures- to determine species identification, resistance profile, relatedness to other mycobacterial species.

A staff member (Siobhan Crilly) started an MSc study on *M. avium/ M. intracellulare* cases identified at the IMRL between 2003 and 2014. The project involves investigating 85 MAC cases using the following methodologies:

- Susceptibility testing/ MIC distribution
- Re-identification in some cases
- Epidemiological analysis.
- A TCD student (Simone Mok) started an MSc study on *M. chimaera* Isolates identified at the IMRL The project involves:
 - Prospective testing of *M. intracellulare/M. chimaera* isolates from patients and environmental samples
 - Retrospective testing of archival *Mycobacterium avium* complex (MAC) isolates recovered from clinical specimens to identify *M. chimaera* using 16S and ITS gene sequencing.
 - WGS will be performed on selected *M. chimaera* isolates.
- A collaborative project entitled ‘Retrospective MIRU-VNTR typing of recurrent cases of tuberculosis-new infection or re-activation?’ between the IMRL and the clinical respiratory team (SJH) began in 2014. This project led by the IMRL laboratory team-Professor Tom Rogers, Dr. Margaret Fitzgibbon and Philomena Raftery in collaboration with Dr. Laura Gleeson and Professor Joe Keane (Respiratory Medicine, SJH) and Dr. Mary O Meara (Public Health Medicine) continued through 2015.
- A collaborative project between the IMRL and the SJH clinical respiratory team led by Prof. Keane investigating viable but non-culturable bacteria using resuscitation promoter factors (Rpf) started in 2014. A pilot study was performed by Philomena Raftery in 2015 and work will continue through 2016.

National Collaborative Work

IMRL maintains contacts with researchers and colleagues in other laboratories. Throughout the second half of 2015, the IMRL worked closely with colleagues in the Public Health Laboratory, Cherry Orchard in response to a national incident investigating *M. chimaera* NTM isolates. This national investigation will continue through 2016.

National Committees

Prof. Tom Rogers and Dr. Margaret Fitzgibbon continue to represent the IMRL at the National TB Advisory Committee meeting.

International Forum

In May 2015, the IMRL was present (Prof. Tom Rogers and Dr. Margaret Fitzgibbon attended) and participated in the annual European Reference Laboratory Network for Tuberculosis in Vilnius, Lithuania. The IMRL was represented by Martina Kelly at the Annual European Society for Mycobacteria (ESM) meeting in Riga, Latvia. In 2015, Philomena Raftery graduated as a European Laboratory Support Expert. The IMRL participates in the ongoing ECDC project on the molecular surveillance of multi-drug resistant tuberculosis (MDR TB) strains in Europe. The IMRL and Dept. of Clinical Microbiology, TCD, participated in an international collaboration, led and co-ordinated by Oxford, to validate Next Generation Sequencing (NGS) as a diagnostic technique that could decrease turnaround times to identification and susceptibility testing of mycobacteria.

Microbiology Laboratory 2015

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.

Workload

There was a 3.4% increase in workload in 2015 over 2014. Areas of particular growth in demand were screening for sexually transmitted infections which accounted for 45% of this increase. 2015 also saw more complex testing performed around Antimicrobial Susceptibility testing (ASTX) with particular increase testing for CRE's, ESML. Amp C. The only way that this could be managed was by improving efficiency in the laboratory.

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, along with the Infection Control Team, plays a key role in the collection of data regarding clinical infections. This role has contributed significantly to the reduction of healthcare infections among patients attending St. James's Hospital. The laboratory also contributes significantly to national surveillance data by the addition of information on blood stream infections, C difficile rates, multi drug resistant Klebsiella pneumoniae and infectious diseases to the national database. The laboratory is also involved with a number of national surveillance projects.

Accreditation

The Department maintained INAB ISO 15189 accreditation status for its quality management system – maintained through continuous auditing of processes, maintaining a high standard in quality assurance, and ensuring continuous training and education of all staff.

Organisational

Refurbishment of the ore lab to incorporate media rooms helped to maintain LEAN practices around central put up. The Serology department has also increased in size with a second location on the ground floor of the building to allow for the addition of a second Architect Analyser which runs all blood borne assays.

Service developments included the introduction of liquid swabs to replace existing trans- swabs across the hospital and GPs. This enabled samples to be processed by automation thereby improving the workflow within the core laboratory.

Virology:

The Virology Laboratory introduced the LGV real time PCR assay for serovars L1, L2 & L3 of Chlamydia trachomati which corresponded with outbreaks resulting in faster TAT assisting with hospital bed management. At end of 2015, a new m2000 analyser was introduced to help with the increasing workload around CT/NG and improve TAT for these assays.

In Serology, the role out of the EVDS project as standard care was introduced in July 2015, this has had an impact on the workload within the Serology department.

Education

The department maintains a continuous and comprehensive training & education programme for laboratory and clinical staff and this is achieved by regular feedback, presentations and reports. Presentations and attendance at national & international conferences were achieved, frequent in-house presentations were held where staff attended and were encouraged to provide feedback and discussion around the topics. There were a number of translational projects and publications across Microbiology during 2015.

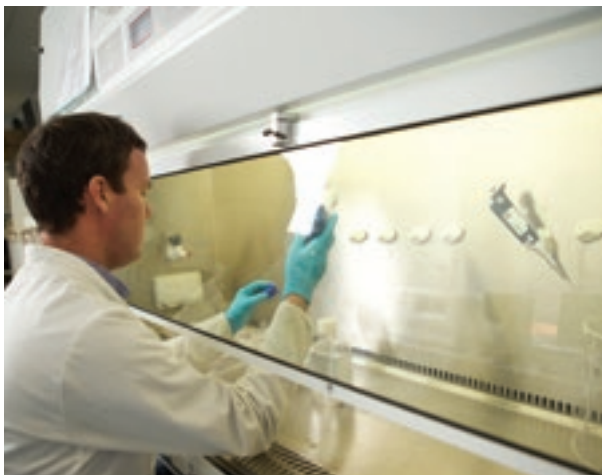
The department participated in the education of students for the BSc in Medical Science and MSc in Biomedical Science & FRCPath. Student clinical placement were also given to Transition year students (28 students), students from Pharmaceutical Healthcare, Students participating in the Pathways to Membership, for the Academy of Clinical Science and Laboratory Medicine, & post Leaving Cert students.

Translational Research:

MSc thesis: detection of Azithromycin resistance and typing of T. palladium positive samples from centres across Europe (POETS Study): In progress
Molecular characterisation of the lymphogranuloma venereum (LGV) serotype of C. trachomatis (serovar L1-L3) – for publication
Real-time PCR assay and WGS of Norovirus
Molecular Analysis of N. gonorrhoeae using WGS: Published
Molecular typing of strains of T. pallidum- on-going
Piperacillin/Tazobactam resistance phenotypic and molecular mechanisms; on-going
Molecular characterisation of Ceftazidime/Cefepime ESBL strains: on-going
Evaluation of microarray for CPGNB/ESBL/AMPC: on-going

National Meticillin-Resistant Staphylococcus aureus Reference Laboratory

The National MRSA Reference Laboratory (NMRSARL) supports efforts to prevent and control MRSA in Ireland by providing expertise to laboratories in the correct identification of Staphylococcus aureus isolates, by tracking circulating strains as part of infection control, by detecting the emergence of new mechanisms of resistance to antibiotics, by screening for the presence of novel virulence factors or toxins, and by participation in research and development initiatives at home and abroad.



Activities in 2015 included:

- Characterisation of MRSA isolates recovered from blood culture isolates (EARS-Net isolates) and provision of resistance rates to the Health Protection Surveillance Centre. As the rates of MRSA recovered in Irish hospitals decline, so do the number of these isolates submitted for investigation. However one particular strain ST22-MRSA-IV continues to predominate
- Characterisation of non-hospital associated strains of MRSA submitted to the lab using spa typing
- Investigation of *S. aureus* isolates for virulence toxins including Panton-Valentine Leucocidin (PVL) and exfoliative toxins ETA, ETB and ETD and mec resistance genes
- Laboratory investigation of 25 clusters of MRSA in healthcare facilities in Ireland
- Minimum inhibitory concentration of isolates against newer antibiotics in the treatment of MRSA including ceftaroline, tigecycline and synergicid.
- Investigation of emerging resistance among *S. epidermidis* and other coagulase negative Staphylococci isolates.

Training & Education

During 2015, the NMRSARL successfully hosted the Fifth National MRSA Scientific Meeting on 'Emerging Challenges in Staphylococcal disease'. This one day event held the Royal College of Physicians included national and international speakers and was well attended by both scientific and clinical staff from Irish hospitals.

Staff of the laboratory also gave lectures to undergraduate and postgraduate microbiology students in the Moyne Institute, TCD, the Department of Clinical Microbiology, TCD, and Dublin Institute of Technology and also made oral presentations at SJH Grand Rounds and Microbiology Journal Clubs in several different hospitals. Furthermore, scientific staff shared techniques used in the NMRSARL with staff from other hospital laboratories, research facilities, undergraduate students, transition year students and provided expert knowledge to students of other laboratories completing higher degrees.

In addition to fulfilling all mandatory training requirements of fire safety, manual handling and hand hygiene staff of the NMRSARL attended lectures, conferences and workshops throughout the year including:

- ECCMID, Copenhagen
- Trinseq Whole Genome Sequencing Workshop, TCD

- Focus on Infection, Royal College of Physicians
- Journal clubs on various topics in microbiology
- In-house training in waste management, chemical safety, the quality management system, risk management and the transport of patient specimens.

Research

- A staff member continued a PhD study on the molecular epidemiological typing of emerging methicillin-resistant and susceptible *Staphylococcus aureus* strains in the community, among livestock and in healthcare facilities in Ireland, 2010-2014. The study involves characterisation of sporadically occurring strains recovered from blood stream infections and skin and soft tissue infections using DNA microarray technology. Further analysis of a selection of isolates also involved whole genome sequencing for the identification of novel resistance mechanisms.
- Two students (registered with Dublin Institute of Technology and Trinity College Dublin) continued their research projects in part fulfilment of their MSc. The projects relate to *S. aureus* isolates recovered from inmates in an Irish Prison. While one project focuses on the carriage of *S. aureus*, the associated clinical presentation, infection control and the spread of *S. aureus* within the prison the other project focuses on the molecular characterisation of the isolates, particularly due to the diverse population within the prison environment. Both students expect to complete their MSc in the summer of 2016.
- The laboratory continued to collaborate with Professor David Coleman, Dr. Anna Shore and their team at the Dublin Dental University Hospital, TCD. Ongoing collaborations include the following:
 - Investigation of the genetic mechanism of fusidic acid resistance in MRSA in Ireland
 - Investigation of the usefulness of a *S. aureus* DNA microarray for genotyping MRSA isolates in Ireland and for enhancing discrimination and tracking of MRSA
 - Characterisation of the genotypes, virulence and antimicrobial resistance genes of pvl-positive MRSA in Ireland
 - Investigation of MRSA from animal populations for the presence of mecC in order to determine if isolates harboring this gene are a significant problem among MRSA isolates from animals in Ireland, or if the zoonotic spread of MRSA with this mecC are contributing to the burden of MRSA among humans
 - Monitoring of the characteristics of novel and potentially emerging MRSA clones e.g. ST772-MRSA-V, and the evolution of existing MRSA clones in Irish hospitals and communities, such as subpopulations of ST22-MRSA-IV with enhanced virulence or extended antimicrobial resistance potential
 - Investigating the role whole genome sequencing plays in the control of an MRSA or MSSA outbreak
 - Investigating the genotypes, virulence and antimicrobial resistance potential of MSSA isolates associated with blood stream infections (BSI) and MRSA from BSIs in order to investigate why MSSA BSIs are increasing in Ireland while MRSA BSIs are decreasing.

The laboratory also collaborated with the School of Veterinary Medicine, University College Dublin in order to characterise the livestock associated strain ST398-MRSA and ST398-MSSA recovered from pigs and humans in Ireland. This strain has previously been reported in mainland Europe since the early 2000's, however the first report in Ireland was not until 2010 and since then, there have been a number of cases identified in both animals and humans.



DIAGIM DIRECTORATE

The DiagIm Directorate provides a diagnostic imaging service to the patients and clinicians of St. James's hospital. Imaging services provided include CT, MRI, ultrasound, breast imaging, nuclear medicine, PET/CT, interventional radiology and general X-ray. A service is also provided to GP's in the catchment area as well as tertiary care to hospitals outside the catchment area.

Dr. Niall Sheehy
Clinical Director

Ms. Suzanne Dennen
Radiographic Services Manager

Ms. Sandra Dobrei
Clinical Nurse Manager

DEVELOPMENTS / INITIATIVES IN 2015

- National Integrated Medical Imaging System (NIMIS)

PERFORMANCE HIGHLIGHTS – KEY METRICS

There was a continued focus on improving our wait times for all procedures in 2015. The overall activity of the department increased with a significant increase in mammography, interventional radiology and PET/CT.

Comparable Activity Analysis by Modalities

Imaging Modality	2014	2015	Variance
General Radiology + Max Fax	117,643	116,610	-1%
G.I. (including IVP)	1,137	1,081	-5%
Mammography	6,670	7,468	12%
Ultrasound	19,987	20,583	3%
C.T.	33,318	32,622	-2%
Interventional Radiology: Therapeutic	3,359	3,208	-4%
Interventional Radiology: Diagnostic	341	408	20%
Nuclear Medicine	5,810	5,667	-2%
M.R.I	11,991	12,339	3%
PET/CT *	12,519	13,839	11%
TOTALS	212,775	213,825	0.49%

* This is a weighted figure, actual raw number of PET/CT's = 3,249

DIVISIONAL/SUB SPECIALITY REPORTS:

PACS

The National Integrated Medical Imaging System (NIMIS) is now live in the majority of acute hospitals in Ireland. This system provides a single national solution for the capture, storage, management and reporting of radiology examinations allowing such data to be shared appropriately for more efficient patient care. The system also aids in the development of hospital group wide service delivery in imaging services and has extended functionality outside of Radiology bringing digital imaging solutions to areas such as vascular imaging, Respiratory assessment and Bone Mineral (DEXA) scanning.

In 2013, St. James's Hospital requested to be included in the NIMIS roll-out, to replace our aging PACS system and to integrate NIMIS with the hospital's existing Electronic Patient Record solution. Approval to be included was received from the HSE in 2014, with the project starting towards the end of that year. In Oct 2015, St. James's Hospital became the 52nd facility to join NIMIS, providing a range of benefits to both the department, the hospital physicians and the patient. The implementation process drew heavily on the staff in the Diagnostic Imaging and Information Management Services departments, but has resulted in a solution in which many hospitals nationally are now interested.

Radiography

Nationally, the transition period for radiographers who qualified as existing practitioners in Ireland to apply for CORU registration, ended on October 31, 2015. All radiographers (new entrants and existing practitioners) must now be registered in the Radiographers Register before they can practice at St. James's hospital.

On-going clinical training of undergraduate and postgraduate radiography students by the radiographers is undertaken within the Directorate. In 2015, the first class of radiographers from the joint one year honours degree course in diagnostic radiography at Trinity College Dublin and Singapore Institute of Technology graduated. This programme was co-ordinated by radiographers at St. James's Hospital. The Directorate facilitated the clinical placements of students during the overseas immersion programme in Dublin.

As part of its external work, the St. James's Radiographers' Education Group also facilitated the following skills courses:

- Red dot with comments course for radiographers.
- Radiation protection for Non-Radiology Medical Practitioners and hospital personnel.
- IV skills training for radiographers.

RETIREMENTS / NEW APPOINTMENTS

New appointments:

Alison O'Sullivan was appointed to the position of Clinical Specialist Radiographer in MR in the Centre for Advanced Medical Imaging.

Dr Ian Brennan joined the Diaglm Department in April 2015.

Ian graduated with honours from UCD Medical School in 2000. Following four years of basic surgical training and research in Dublin and Cork, he commenced his Radiology specialty training at St. James's Hospital in 2006. In 2012, following completion of two years of specialist Fellowship training in Boston, he was appointed staff interventional and diagnostic radiologist at Beth Israel Deaconess Medical Centre, with a faculty appointment to Harvard Medical School. In 2015, he returned home to Ireland to take up a consultant appointment at St James's Hospital Dublin, specialising in interventional radiology, interventional oncology and abdominal diagnostic imaging.

EMERGING CHALLENGES / THEMES FOR 2016

Expansion of CT services

The demand for CT services is increasing at an average rate of approximately 8% per annum. There is an urgent requirement to create additional CT scan capacity to meet this increasing demand and reduce the waiting times for CT. A business case for the installation of an additional CT scanner in the Emergency Department has been submitted to the HSE. A review of other potential options for the creation of additional capacity in CT will be undertaken during 2016.

Breast imaging expansion

The demand for routine breast imaging (mammography and ultrasound) has also risen significantly. The installation of additional breast imaging equipment is urgently required to meet this increasing demand and achieve national waiting time targets. A business case for the installation of additional breast imaging equipment and reconfiguration of the existing breast unit has been submitted and is awaiting approval.







CLINICAL SUPPORT SERVICES



SCOPE HEALTH & SOCIAL CARE PROFESSIONS' (HSCPS) MANAGEMENT UNIT

SCOPE Health and Social Care Professions' Directorate comprises of Speech & Language Therapy, Medical Social Work, Clinical Nutrition, Occupational Therapy and Physiotherapy. Currently there are 167.35wte Health & Social Care Professionals, 10.45wte Clerical/Admin and 10.70wte Attendants.



Ms Niamh Murphy
SCOPE Manager

SCOPE services are involved with the patient from their earliest contact with the hospital, right through to the time of their discharge and beyond when necessary. SCOPE will see patients as in-patients or outpatients and will liaise with family members/ carers as appropriate.

SCOPE will liaise with their professional colleagues in the community to ensure more effective referral and assessment initially, and after discharge, to ensure that the patients return to the community meets the highest standards of care and communication.

Performance Highlights- Key Metrics:

In 2015, Health Social Care Professions provided a service to:

2015	New patient contacts	Return patient contacts	Totals
Inpatients	22,871	109,513	132,384
Outpatients / outreach	12,195	31,807	44,002
Totals	35,066	141,320	176,386

- 1.9% overall sick leave for 2015 just under the SCOPE target of 2%.

Main Developments/Quality Initiatives:

- The ICT Project Co-ordinator progresses and manages the implementation of electronic clinical documentation. Speech and Language Therapy and Clinical Nutrition Departments are now completing all documentation for in-patients and outpatients electronically, Physiotherapy are approximately 60% paperless, Occupational Therapy commenced rollout in selected OPD areas, and Medical Social Work have completed preparatory work and are commencing roll out on a phased basis by directorate.
- SCOPE departments inputted into the Stroke Pathway review work and commenced providing a service to the new Hyper Acute Stroke Unit (HASU).
- Speech and Language Therapy, Physiotherapy and Clinical Nutrition carried out an evaluation of patient empathy within SCOPE using the CARE Measure.
- SCOPE Research & Innovation (R&I) Group organised their Annual R&I presentations in February 2015, an in-service on social media in healthcare and in-service on CORU registration.
- 35 MSW staff members were the first group to register with CORU in 2015.
- SCOPE Local Health & Safety Group met 6 times in 2015. They organised an in-service for staff working on Safeguarding Vulnerable Adults.
- SCOPE organised another 8 week health and fitness programme in 2015 for 10 of St. James's Hospital staff.

Resignations/New appointments:

- In November 2015, Siobhan Nunn resigned as SCOPE Manager to take up a post in HSE.

Emerging challenges/themes for 2016:

- Continuing care for patients while decant takes place.
- Providing service to new consultants and newly developed services within the same staffing resources.
- Limited community services for some disciplines for patient discharged from acute services.
- Staff turnover was high in 2015 and this trend is expected to continue in 2016.
- Managing increased annual leave quota allowances in 2016 and in the future.
- Managing with the same non-pay budget while there is an increase in activity and services.
- Managing with no additional clerical support during times of leave.
- Environmental issues with some of the buildings.
- Insufficient funding for equipment replacement.

Clinical Nutrition

Performance Highlights- Key Metrics:

2015	New patient contacts	Return patient contacts	Totals
Inpatients	5,145	29,050	34,195
Outpatients	2,227	4,209	6,436
Other	63	275	338
Totals:	7,435	33,534	40,969

Service Trends:

Significant increases were noted in activity and complexity, particularly in cancer-related specialities, including upper and lower gastrointestinal cancer surgery, head and neck cancer surgery, gynae-oncology surgery and medical oncology.

New Developments/Quality Initiatives:

- Clinical Nutrition was actively involved in the St. James's Hospital's Nutrition and Hydration self-assessment on HIQA nutrition and hydration standards.
- Ongoing participation in the St. James's Nutrition Steering Committee. Nutrition metrics were analysed and reported in collaboration with Nurse Practice Development, with results used to guide action plans and education.
- Recruitment to a follow up on the clinical trial investigating the effects of prolonged EPA-enriched enteral nutrition on

body composition, physical activity, immune function and quality of life in oesophagectomy patients was completed.

- A joint dietitian and consultant surgeon malabsorption clinic continued in 2015. This clinic facilitates the systematic investigation and management of symptoms of malabsorption after gastric and oesophageal cancer surgery, an emerging demand with increased activity, heightened awareness and improved survivorship.
- A pilot project of the Nutrition Care Process Model was rolled out and expanded to capture additional parameters in 2015. This is an internationally recognised structured process describing nutritional care using standardised terminology and four inter-related steps: nutrition assessment, nutrition diagnosis, nutrition intervention and nutrition monitoring and evaluation.
- Clinical Nutrition records moved to paperless EPR recording in 2015.
- Clinical Nutrition staff members in medical oncology, gynae-oncology surgery and upper gastrointestinal cancer surgery, were actively involved in facilitating safe, timely discharge for patients discharged on home parenteral nutrition.
- Staff contributed to 'Eating Well with Swallowing Difficulties in Cancer' texture- modified recipe book.
- The senior renal dietitian, with the renal multidisciplinary team, developed an app "MiKidney" for chronic kidney disease patients to be piloted in 2016.
- Rationalisation of diabetes services and modification of referral criteria reduced waiting times and improved access for those patients with diabetes most in need of intensive nutrition intervention. Diet is fundamental to the effective management of Type 1 and Type 2 diabetes. Nutrition interventions are cost effective in people with diabetes and are associated with 23.5% fewer physician visits and 9.5% reduction in use of health services. Long-term improvements in glycaemic control are reported when regular nutrition education (monthly to three times/year) is provided by a dietician.

Emerging challenges/themes 2016:

- Continuous quality improvements to identify opportunities to ensure all patients have access to high quality nutrition care in line with HIQA nutrition and hydration standards.
- Challenges to meet emerging needs of young adults transitioning from paediatric services requiring specialist dietetic services (e.g. ketogenic, intestinal failure).
- Ongoing increase in demands from growth in activity and complexity of patients with cancer presenting to surgical and medical specialities in St. James's Hospital

Medical Social Work (MSW)

Performance Highlights- Key Metrics:

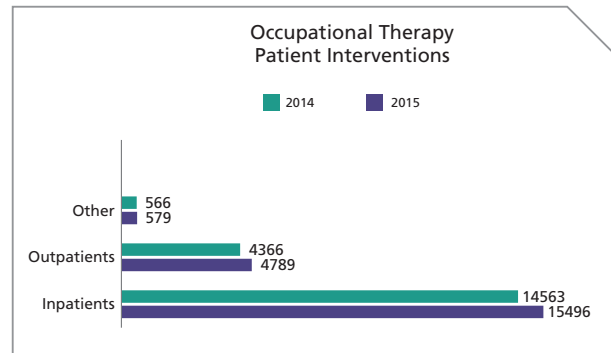
2015	New	Return	Totals
Out-patients seen	2,289	1,687	3,976
In-patients seen	3,685	5,432	9,117
Total patients seen	5,974	7,119	13,093



Occupational Therapy (OT)

Performance Highlights- Key Metrics:

In 2015 Occupational Therapy activity increased by 7% as compared with 2014. A total of 81 inpatients were provided with assistive enabling equipment to facilitate discharge home from hospital.



New Developments/Quality Initiatives:

- In May 2015, MSW commenced weekly meetings with Home Care Mangers, to prioritise and discuss applications for Home Care Packages.
- MSW developed policies in relation to:
 - Homelessness (in partnership with Safety net Committee)
 - Care Planning and working with vulnerable adults.
- Senior MSW participated in DemPath 'Train the trainer' programme for staff.
- A medical social worker position was funded to provide service for patients discharged with transitional funding to Nursing Homes also Ward of Court applicants, preventing delays in discharge and reducing length of stay.
- Medical social worker allocated to Transitional Unit in Hospital 4 focusing on discharge planning.
- Twice yearly Remembrance Service now in place organized jointly with Palliative care service with 181 families and friends attending.
- Oncology Social Work team participated in CLIMB (Children's Lives Include Moments of Bravery) a programme for children aged 5-11 where a parent or significant adult has a diagnosis of cancer.
- Research was completed; 'Introducing a Social Work service to a Multi-disciplinary team; Lessons from a Hospital-led TB care programme.'

Retirements/new appointments:

- September 2015, Siobhan Nunn resigned as Principal Social Worker.
- November 2015, Paula Markey appointed as Principal Social Worker.
- December 2015, Shauna Impey appointed Deputy Head Social Worker.

Emerging challenges/themes 2016:

- Availability of HSE funding to provide home care is a current challenge in the health service which greatly impacts on patients, families and the hospital.
- Lack of suitable housing/accommodation for homeless patients is a current challenge for the hospital and wider community.
- Assisted capacity legislation introduced in December 2015 will bring changes to our practice in terms of working with patients who need assistance in the area of decision making.
- HSE Safeguarding Vulnerable Adults Policy will increase our activity in responding to concerns or allegations of abuse.
- Opening of MISA building will be a great opportunity for improved care for the elderly.

Main Developments/Quality Initiatives:

- Senior OT in Neurology initiated a specialist service for Parkinson's out-patients, developed care pathways for vocational rehabilitation for people with Multiple Sclerosis and facilitated FACETS fatigue management courses for MS out-patients. Outreach visits were also initiated with MS out-patients to assist community colleagues in preventing deteriorating function and preventing hospital admission.
- Senior OT in Burns and Plastics completed a Diploma in Skin Camouflage with the British Association of Skin Camouflage, with the aim of providing an integrated scar management programme for Burns and Plastics patients.
- St. James's Hospital Foundation funded Teorema upper limb rehabilitation equipment for the National Burns Unit.
- OT implemented clinical pathways for MedEl rehabilitation and long term care.
- MedEl OT initiated a weekly specialist posture and seating clinic for residential care patients.
- OT completed an audit of rehabilitation outcomes for stroke patients using the standardised Functional Independence Measure (FIM).
- A group activity programme was implemented in MedEl and an outdoor gardening programme initiated at Hollybrook Nursing Home. Community outings with Home from Home residents were facilitated to Collin's Barracks, Guinness Storehouse, city centre shopping, Clery's Tea Rooms and a Christ Church choral recital.
- A fatigue self-management patient education programme was initiated with Oncology and Haematology out-patients in collaboration with the School of Occupational Therapy, Trinity College Dublin.
- OT participated in an MDT pain management patient education programme in collaboration with the Pain service.
- The Clinical Specialist in Burns and Plastics lectured on the plastics registrars programme at the Royal College of Surgeons and taught an applied anatomy module on the Trinity undergraduate Occupational Therapy programme.
- The OT Manager presented outcomes from a National OT Workforce Planning pilot project at the Association of Occupational Therapists in Ireland (AOTI) Annual Conference.

OT presented posters at the AOTI Conference 1) Discharge Facilitation- the Role of the Multidisciplinary Team in the Emergency Department and 2) Impact of a Fatigue and Activity Management Education (FAME) programme for individuals with Systemic Lupus Erythematosus (SLE).

- Occupational Therapists are engaged in postgraduate courses in advanced healthcare practice and older person rehabilitation. Occupational Therapists completed courses in hand therapy, specialised seating, cognitive rehabilitation, housing and access.

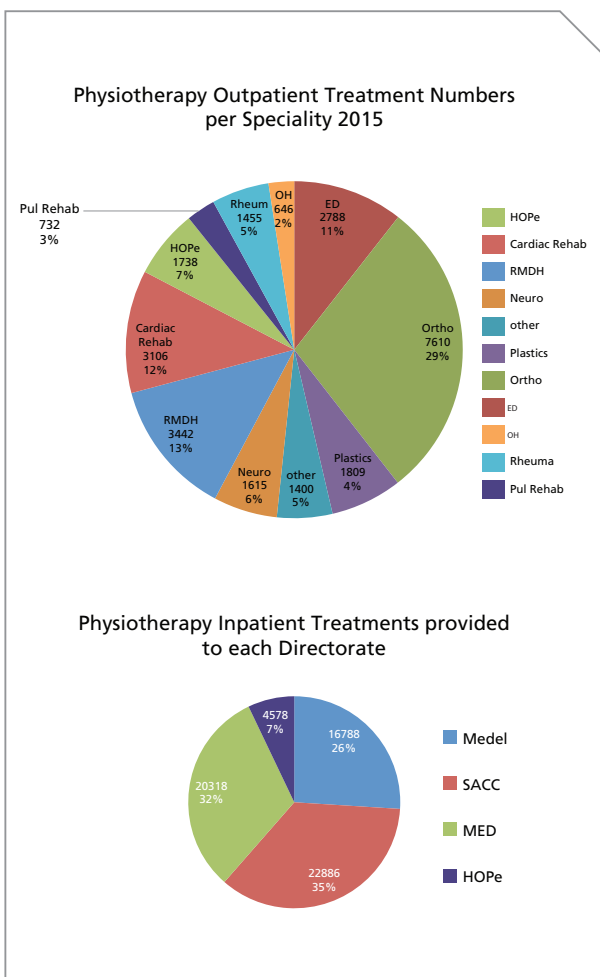
Emerging challenges/themes 2016:

- Departmental accommodation in need of upgrading remains an on-going challenge.
- Planned roll out of the Functional Independence Measure across disciplines to record rehabilitation outcomes.

Physiotherapy

Performance Highlights- Key Metrics:

In 2015, 26,578 out-patient and 65,381 physiotherapy inpatient treatments were delivered by 51 wte physiotherapists and 8 wte physiotherapy assistants, supported by 2 wte clerical staff.



New Developments/ Quality Initiatives:

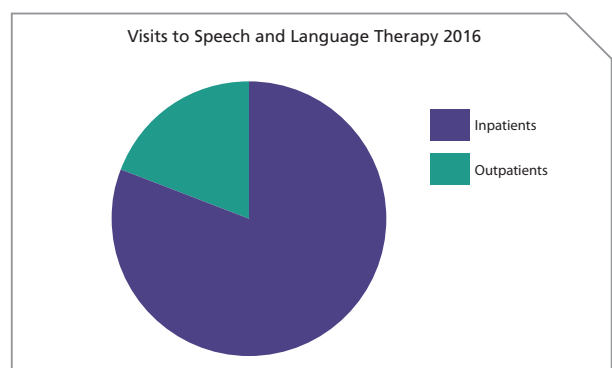
- In July 2015, 6,000 outpatient records went paperless from the point of referral, through to triage and clinical documentation. A project team in Physiotherapy led the initiative; developing new workflows; designing 36 forms and outcome measures; testing hardware options; and project-managing the transition. The outpatient department is now 100% paperless and the patient record is fully electronic.
- A Saturday orthopaedic service was piloted for 6 months to:
 - Mobilise patients that otherwise would have been remained immobile post-operatively and to
 - Expedite patient discharge at the weekend where possible.
- A 6-bed hyper-acute stroke unit (HASU) opened with specialised nursing staff and a dedicated multi-disciplinary team. The lack of an allocated gym space has been raised with relevant stakeholders.
- The senior physiotherapist stroke post was upgraded to Clinical Specialist physiotherapist in acute stroke – the first of its kind nationally.
- Two physiotherapists, an MS physiotherapist and a MedEl physiotherapist, underwent training to become Botox injectors under the supervision of Dr. Bradley in SJH. A Physiotherapy Botulinum Toxin injection protocol was accepted by Hospital board and approved by the Medical Board.
- An OPD referrer satisfaction survey was carried out in January 2015 and action plan completed.
- Development of physiotherapy content for breast care, renal and RA patient apps.
- Physiotherapy leadership programme was developed with physiotherapy teams completing two change projects.
- Staff grade quality training was delivered, resulting in 13 QI projects being completed, including a patient education video in RMDH and move to aluminium walking sticks to eliminate time wasted/occupational injuries cutting wooden sticks.

Speech & Language Therapy (SLT)

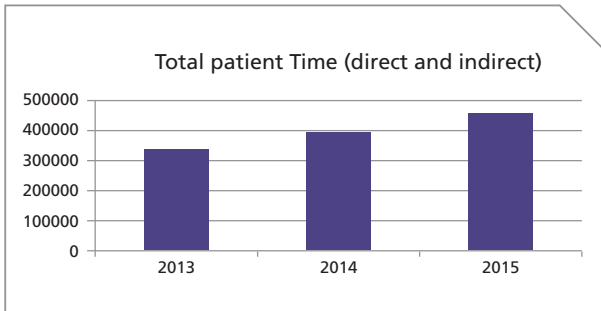
Performance Highlights- Key Metrics:

The Speech and Language Therapy Department with 14.5wte Speech and Language Therapy staff and half-time Clerical post provide in-patient and out-patients across a wide range of speciality areas.

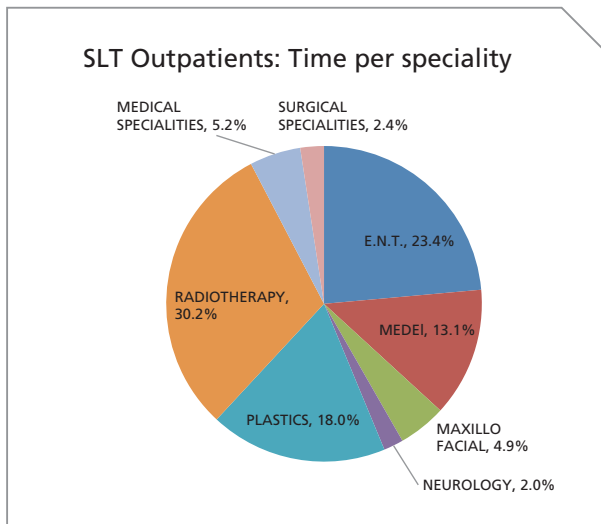
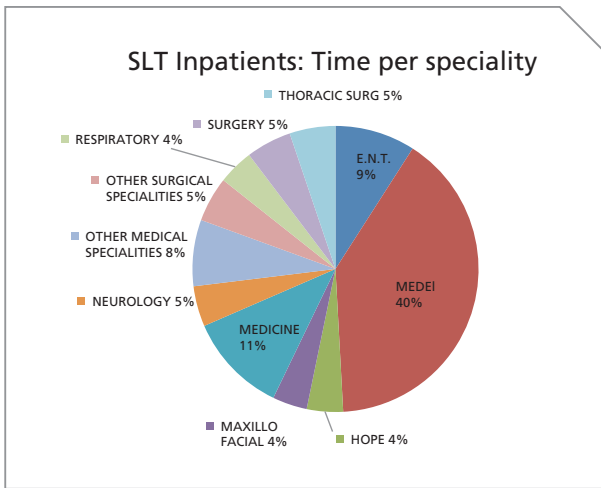
2015 Visits to SLT	New Patient Visits	Return Patient Visits	Total Patient Visits
	2,304	9,004	11,308



SLT overall patient activity time continued to increase in 2015, up 12% compared to 2014.



Breakdown of SLT activity:



Main Developments/Quality Initiatives:

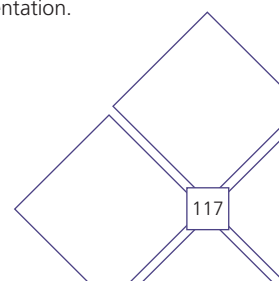
- To improve efficiencies, SLT developed an electronic referral form for transfer of patients to the community.
- SLT Videofluoroscopy reports moved to NIMIS, and a new reporting template was devised.



- SLT Head and Neck Cancer Senior Therapist was upgraded to Clinical Specialist post.
- The SLTs working in Head and Neck Oncology collaborated with the Psycho-oncology service for commencement of counselling skills training for use with patients undergoing treatment for head and neck cancer.
- Cleft/Lip and Palate SLT team were involved in planning a Changing Faces training course for MDT staff, which focuses on the psychological impacts of Cleft Lip and Palate.
- Three senior staff completed Endoscopy competencies for the purpose of Fibre-optic Endoscopic Examination of Swallow (FEES).
- Commencement of a pilot project focusing on implementing goal setting sticker for use in rehab case conferences in MedEI.
- An audit of SLT staff's relational empathy, as perceived by patients, through use of the CARE Measure was conducted.
- SLT were involved in a multidisciplinary mealtime initiative on Mercer's ward entitled 'Mealtimes & Me'. Its aim to aid communication of individual mealtime preferences for patients with dementia on an acute ward setting, by summarising food/drink preferences, environmental needs and communication difficulties.
- Stroke swallow screening using the Toronto Bedside Swallow Screening Test has been successfully rolled out in 2015. Stroke Clinical Nurse Specialists and MedEI Registrars have been trained to screen all new stroke admissions and refer to SLT where dysphagia is indicated.

Emerging challenges/themes 2016:

- SLT current access to complete FEES assessment is limited to once fortnightly SLT require weekly access to perform FEES in order to facilitate more timely completion of this dynamic assessment to enhance patient care/treatment intervention.
- Challenges with streamlining our Videofluoroscopy reporting and the development /integration of electronic clinical documentation for nursing and physician documentation.





PHARMACY DEPARTMENT

The Pharmacy Department sources, purchases, reviews, dispenses and distributes pharmaceutical and para-pharmaceutical products within the hospital. A full suite of pharmacy services are provided. These include Pharmacy Procurement, Medicines Management, Clinical Pharmacy Services including specialist HOPE and GUIDe Clinical Pharmacy Services and Aseptic Compounding services (ACU). The Pharmacy Department also supply pharmaceutical services, both products and staff, to St. Luke's Hospital, Rathgar. Both pharmacies located in Hospital 7 and GUIDe are registered with the Pharmaceutical Society of Ireland, under the Pharmacy Act requirements of 2007.

Ms. Gail Melanophy
Director of Pharmacy Services

Activity in 2015 continued to grow and pharmacy service adapted to same. The focus of the Pharmacy Department in 2015 was to review its current service and plan for the future.

Summary of the main developments in 2015

- Successful tender completion and award for Automated Dispensing System and new ACU build and isolators.
- Decant design work for both the Dispensary and ACU was commenced.
- Introduction of internal Pharmacy Quality poster competition.
- Metrics work for clinical services commenced.
- Hospital wide Medication Safety Audits introduced in December 2015.
- Prescriber's Guide capsule was launched on the intranet.
- Service review with senior managers and strategy development.

Medicines Management Services

The Medicines Management team consists of 22 staff including pharmaceutical technicians, clerical and stores staff. The team work closely with pharmacy and hospital partners to purchase, supply, dispense and distribute drug and non-drug items for both St. James's and St. Luke's Hospitals. Activity increased in 2015. The cost of medication issued increased by 7% in 2015, to a total of €34,141,056.95. Transactions showed a small increase of 1.8% to 406,455.

The Emergency Duty Pharmacy Service, available for urgent, out-of-hours supply of medication or information to staff at the hospital, continues to be busy. In 2015, it represented 5.1% of the total activity of transactions.

Drug shortages were a continuing problem this year. Purchasing staff managed to source alternative licensed or unlicensed products in most cases without causing delay to patient treatment, however these alternatives often had cost implications.

Projects undertaken during 2015 included:

- A tender for an automatic dispensing system was completed in 2015. Installation will take place in 2016.
- Designs for the new pharmacy dispensary were completed. Building will take place in 2016.

Aseptic Compounding Services

The Aseptic Compounding Unit (ACU) Pharmacy team consists of Chief 2 Pharmacist, two Senior Pharmacists, one Basic Grade Pharmacist, six Senior technicians, seven Basic Grade Technicians. The ACU aseptically compounds hazardous medicinal products (mainly cytotoxic chemotherapy and monoclonal antibody therapy), including clinical trial products, for administration to individual patients. For the most part products including clinical trial drugs are reconstituted and/or prepared aseptically to provide ready-to-use, individualised doses for named patients. During 2015, the department saw a 9% growth in products manufactured/dispensed from ACU (see Fig. 1). The majority (65%) of all items were for patients treated on the Haematology-Oncology Day Ward. The unit also saw a growth of ACU products in non-oncology cohorts e.g. Rheumatology, Immunology, Gastroenterology.

List of achievements/awards

- Eleanor Muir, Senior Technician represented the ACU at the All-Ireland Pharmacy Healthcare Conference, presenting her poster entitled; 'A Review of the Technician Reaccreditation Programme in the ACU'.

Clinical Pharmacy Services

The General Clinical Pharmacy Services team consists of a Chief 2 Pharmacist, 8.5 Senior Pharmacists, 7.5 Basic Grade Pharmacist and 2 Pharmacy interns.

Clinical pharmacists provide medicines reconciliation on admission, a clinical review of medication for inpatients, medicines information, promote cost effective use of medication and patient medication education. This service is provided on a Monday to Friday basis.

Service improvements in 2015 included:

- Prescriber's Capsule Intranet launch
A new platform 'Prescriber's Capsule' for the intranet version of the SJH Prescriber's Guidelines was launched March 2015. This new format allows faster updates of content and an easier search and navigation tool.
- Prescriber's Capsule clinical content updates:
Updated sections included:
 - a) Epilepsy in women of child bearing age
 - b) Antimicrobial surgical prophylaxis
 - c) Updated opioid conversion chart for cancer pain
 - d) Novel oral anticoagulant guidelines
 - e) Drug choices in liver disease
- Updated SJH Drug Misuser's medication guidelines
- IV Drug Administration Guidelines updated
- Novel Oral anticoagulants(NOACs)
'Preferred drug review' of NOAC therapy was completed by the Pharmacy Department in liaison with the HSE, Medicines Management Programme. SJH Prescriber's guidance updated to reflect this.
- Medication safety Audits
Introduction of Medication Safety Audits in collaboration with the medication safety facilitator.
- Venous thromboembolism prophylaxis audit of medical patients
Audit completed March 2015 identified 79% compliance rate with VTE thromboembolism prophylaxis guidelines for medical patients in SJH.

HOPE Clinical Pharmacy Services

The HOPE Clinical Pharmacy team consists of a Chief 2 Pharmacist, seven Senior Pharmacists, one Basic Grade Pharmacist and 0.6 WTE basic grade pharmacist clinical trials.

A number of compassionate access programmes were opened to enable the treatment of cancer patients on new moieties e.g. nivolumab in melanoma, non-small cell lung cancer and Hodgkins disease; daratumumab in multiple myeloma and palbociclib in metastatic breast cancer.

An audit of the Quality and Safety of Opioid Prescribing was completed with Palliative Care and presented to the Directorate Medication Safety meeting. Caoimhe O' Leary successfully completed a pilot of dose banding of chemotherapy in HOPE.

The programme for the development of a chemotherapy prescribing protocols for haematology patients under Bone Marrow and Stem Cell transplant continued.

The HOPE Clinical Pharmacy Service worked with Palliative Care to update the Palliative Care section of Prescriber's Capsule. This work was presented as an MDT at SJH Grand Rounds.

GUIDe Pharmacy SERVICES

The Guide Pharmacy team consists of a Chief 2 Pharmacist, two Senior Pharmacists, one Basic Grade Pharmacist and one Basic Grade Technician.

The GUIDe Pharmacy is an onsite pharmacy registered under the Pharmacy Act 2007. It is located in the Department of Genito-Urinary Medicine (GUM) and Infectious Diseases (ID).

The GUIDe Pharmacy team is responsible for the outpatient supply of HIV, STD and ID medication and is the largest provider of these services in the ROI. Outpatient services are also provided to the Coombe Hospital, The National Centre for Hereditary Coagulation Disorders, Prison Services, and National Drug Treatment Centre.

The GUIDe Pharmacy team are also responsible for inpatient clinical pharmacy services to this patient cohort. The clinical pharmacists support the safe and effective use of medications to maximise benefit, minimise adverse effects, avoid drug interactions, reduce the emergence of antimicrobial resistance and prevent avoidable wastage.

There was a small decrease in the number of HIV inpatients reviewed by the GUIDe Clinical Pharmacy service (245 in Jan-Dec 2014 vs. 240 in Jan-Dec 2015), and also by the ID Clinical Pharmacy service (185 in 2014 vs. 171 in 2015) with the number of ID patient consults remaining constant (622 in 2014 vs. 622 in 2015).

The total number of patients who were individually dispensed medicines by GUIDe pharmacy in 2015 was 2,770, there were 11,509 dispensing episodes and a total of 23,873 items dispensed.

GUIDe pharmacists continued to be involved in clinical trials and practice research within the department.

Outpatient activity to co-infected and mono infected Hepatitis C patients also increased in 2015, from 108 patients treated in 2014 to 149 patients treated in 2015. Those treated represent the patients with the most advanced liver disease, who required close monitoring throughout treatment.

Achievements:

- The quality improvement initiative introduced in 2013 to reduce the amount of preventable wastage of antiretrovirals by avoiding excessive supply at out-patient appointments, continued to be successful in 2015 with savings of €373,862.27.

MSc. in Hospital Pharmacy

The M.Sc. in Hospital Pharmacy, Trinity College Dublin (TCD), is the only hospital pharmacy course of its kind in the Ireland. It consists of a two year practice-based teaching programme,



complemented by both face-to-face and online lectures, tutorials and workshops from clinical experts and hospital managers. The course is unique in that it provides students with the knowledge and skills necessary to undertake a wide variety of roles within hospital pharmacy and contribute positively to patient care through all aspects of medicines management, and not just clinical pharmacy.

Subjects covered include medical and surgical therapeutics, medicines information, pharmacoeconomics, purchasing skills, good manufacturing practice, aseptics, immunology and biotechnology. Management issues as they relate to hospital pharmacy and the broader context of healthcare systems are also addressed. Coursework is underpinned by a comprehensive practice-based element where students rotate through a variety of specialist areas, under the expert tuition of a hospital-based tutor, to ensure that broad, practical experience is obtained in such areas as medicines information, dispensary, aseptic compounding and clinical specialties.

Assessment is on a continual basis through formal examinations, written assignments, oral presentations and competency-based assessments. Students are required to undertake a 20,000 word research project in either a clinical or non-clinical area. Publication of research work is actively encouraged and supported. The course is provided by the School of Pharmacy & Pharmaceutical Sciences TCD, in collaboration with the participating accredited hospitals and is co-ordinated from St. James's hospital/TCD. Seven students across six hospitals are currently enrolled on the M.Sc. programme.

Medication Safety

In 2015, 861 medication safety events were submitted. All events were investigated and trend analysis was undertaken to determine the focus for safety initiatives.

Medication safety improvement projects completed/underway in 2015 included:

- the design and piloting of a heparin prescribing and administration document for the cardiothoracic unit;
- the development of a protocol for the management of botulinum toxin;
- the design of a warfarin patient information leaflet;

and in conjunction with the pharmacy department;

- launch of an audit programme to monitor medication safety metrics in SJH;
- production of an opiate conversion guide for cancer patients.

Pharmacy Department - Education and Research Activities

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

Successful pharmacy post-graduates in 2015

Gerry Hughes, MSc Clinical Pharmacy, awarded by UCC.
Caoimhe O'Leary, MSc Hospital Pharmacy, awarded by TCD.
Aisling Hickey, Postgraduate Certificate in Psychiatric Therapeutics, awarded by Aston University.

Emerging Challenges for 2016

- Construction, commissioning and validation of a new aseptic unit at Courtyard 10 of the main hospital by year end.
- Change in work practices due to introduction of Automated Dispensing System.
- Decant from current facility to new facility in Q4 2016.
- Maintaining current standard of service to all our patients whilst preparing for and during decant process.
- Managing increased demand for medication supply and pharmacy services.
- Managing continuing drug shortages to ensure maximal patient care.

RETIREMENTS / New Appointments

- Ms. Veronica Tracey retired as Director of Pharmacy on 31/12/2014
- Ms. Gail Melanophy was appointed Director of Pharmacy on 01/01/15
- Ms. Aisling Collins was appointed Chief 2 Pharmacist – Pharmacy Operations and Deputy Director of Pharmacy
- Ms. Emily Aherne was appointed Chief 2 Pharmacist Aseptic Services



NATIONAL MEDICINES INFORMATION CENTRE (NMIC)

For over 20 years, the National Medicines Information Centre (NMIC) has been providing independent, evidence-based information and advice to healthcare professionals throughout Ireland. The aim of the NMIC service is to promote the safe, effective and efficient use of medicines through information provision, mainly by means of a clinical enquiry answering service, proactive information provision through our publications, and education.



Ms. Claudine Hughes
Chief II Pharmacist

Dr. Mary Teeling
Medical Advisers



Dr. Mary Jo MacAvin
Medical Adviser



Professor Michael Barry
Medical Director

Main developments and performance highlights in 2015:

Clinical Enquiry Answering Service

A paperless system was introduced to record enquiries to our clinical enquiry answering service. This system ensures a clear audit trail for each enquiry, enhances the quality of documentation, and provides advanced search functions. In addition, we now have the ability to upload supporting material, all of which contributes to a comprehensive database

A review of activity demonstrated that;

- 94% of enquiries received by the clinical enquiry answering service were patient-centred
- Nearly 80% of the enquiries received originated from primary care
- 91% of respondents to the NMIC clinical enquiry answering service user questionnaire reported that the information provided by the NMIC contributed to patient care
- 95% of clinical enquiries were answered within the specified time.
- Nearly one quarter of all enquiries received related to choice of therapy. These therapeutic dilemmas can be difficult to manage and may reflect the increasing number of medicines available, greater prevalence of polypharmacy and increasing complexity of managing patients with multiple co-morbidities. Information on administration/dose of medications and drug interactions was also frequently requested.

Publications

Topics covered in the NMIC bulletin 2015 (Vol.21) included Contraception, Ulcerative Colitis, Crohn's Disease, Irritable Bowel Syndrome, Biosimilars and Drug-induced QT prolongation.

Twelve editions of our current awareness newsletter; 'Therapeutics Today' were published.

All NMIC publications are circulated to doctors and pharmacists nationwide and are available on www.nmic.ie

Educational Role

The NMIC continues to provide information support to agencies such as the HSE and the National Medicines Management Programme. We work with the Royal College of Physicians in Ireland in delivering training on safe prescribing as part of the NCHD basic specialty training (BST) programme.

Following a successful pilot study in 2014, the NMIC provides an external quality assurance process for pharmacist education modules developed by the Irish Pharmacy Union Academy. In addition, a number of educational meetings on therapeutics and safe prescribing were delivered throughout the year to general practitioners, general practitioner trainees, NCHDs, pharmacists and undergraduate medical, pharmacy and dental students.

The NMIC continues to contribute to the work of the St. James's Hospital Pharmacy & Therapeutics, Medication Safety and New Drugs Committees, the Department of Health Medication Safety Forum and the Health Products Regulatory Authority Herbal Sub-committee.

A photograph of a waiting area with a glass wall and red chairs, overlaid with the text 'Breast Care'. The image shows a modern, clean environment with a white ceiling and recessed lighting. The glass wall is slightly reflective, and the red chairs are visible in the foreground. The text 'Breast Care' is written in a large, bold, blue font across the middle of the image.

Breast Care

REGIONAL ONCOLOGY PROGRAMME OFFICE (ROPO)

Regional networking of services was one of the key recommendations in the National Cancer Strategy. It states that in order for patients to have the optimum care, the streamlining of cancer services on a regional basis is essential.



Professor John Reynolds
Regional Oncology Programme Director



Ms. Hilary Craig
Regional Oncology Communications & Health Promotions Officer



Ms. Suzanne Rowley
Cancer Audit Manager

Aim and Purpose

The aim of the Regional Oncology Programme Office is to coordinate and consolidate the efforts among cancer care professionals on the ground and to optimise resources. The purpose of this office is to be used as a resource to enable and mobilise efforts in cancer care services among the institutions in the area of:

- Communications
- Health education
- Service improvement
- Audit
- Advocacy

Aiding in the management educational/health promotion/communication initiatives and information systems, it functions as a focal point for building strong collaborative relationships with regional and national bodies.

Progress in 2015

The development of the Regional Oncology Programme Office (ROPO) has provided many useful examples of how to develop initiatives that enable successful regional cancer projects. These include:

- Patient information on cancers i.e. First thyroid patient pathway
- Cancer Institute at St. James's Hospital website
- Patient Education and Information System (PEIS)
- Cancer Audit: Outcome data provides information to patients, enables audit and continuous quality improving of services.

Main Developments

Thyroid Patient Pathway Booklet

Communication and education is a vital component of health care provision. The development of patient information leaflets improves patient's knowledge on the services available. These leaflets can reinforce information on the service that the health professionals have already provided and can be referred to by the patient so they know what is available. It is generally accepted that patient information leaflets are seen as an essential tool to educate and inform the patient about services.

This is the first patient pathway health promotion booklet for patients who are undergoing radioiodine treatment for thyroid cancer. It describes each step that has to be taken during the patient's journey as they prepare for radioiodine therapy from before treatment has begun, to what to bring to hospital, treatment timetable, discharge instructions as well as thyroid cancer surveillance and follow-up.

The thyroid gland is a small gland located in the front of the neck and manages how your body uses energy and ensures your body works normally. Thyroid cancer is one of the more treatable cancers and as such is often overlooked as a service, however patient's receiving radioactive iodine for thyroid cancer need a lot of information as after treatment there are precautions they must take to protect their families and close contacts. Isolation in the hospital is usually required and then once discharged they must follow a series of instructions about certain things they can do and can't do for a few weeks.



This patient pathway written by the Endocrinology Team; Dr. Marie-Louise Healy, Dr. Niamh Phelan and Ms. Carolyn Conroy at St. James's Hospital outlines exactly the steps the patient will go through before, during and after treatment. It is highly informative and it is hoped it will give a clear understanding of the various settings and processes for those receiving radioactive iodine treatment.

Cancer Institute at St. James's Hospital Website

The development of the cancer website is a huge ongoing project running across multiple departments, personnel and services. This new cancer website was specifically designed to inform patients and their families about the Cancer Institute at St. James's Hospital, including cancer services and cancer research to enhance patients' and families' awareness of what services are available in our hospital.

The website was created with the help, direction and input of the task force representatives who were experts of each area in cancer. With their help we were able to gather information on each cancer section so that the website was reflecting information coming from the experts providing the service.

Again, coordinating across the teams, each area designated a content representative to manage the content for each area so that the teams had control on their own information regarding their own service. Both groups should be acknowledged for their support, work and ongoing engagement to ensure the cancer website is as up-to-date as possible and that our patients are getting the latest information on cancer services.

The website's goal is to improve communication and information to our patients and families, informing everyone of treatment and research available, and providing up-to-date information on different cancer types. Creating videos with patients who described their experience was essential to ensure patients and families who view the site have a first-hand account of what the service is about.

The site went live March 2015 and we were able to begin to collect data from May 2015 onwards as described below.



PEIS System (PEIS)

The Patient Education and Information System is a system that allows patients to access TV, the internet, admissions information and films. It is an information and educational tool utilised for patients who are a long time in hospital. This system will be able to access the new cancer website providing patients with up-to-date information on different cancers from our consultants and videos featuring patients who describe their experiences.

Working with the Facilities Management team, we have already developed the system in Denis Burkitt's Ward and are supporting the further development and expansion of this system to the Edward Halloran Bennett's Ward.

CANCER AUDIT

Cancer Audit Programme (CAP)

The aim of cancer audit within St. James's Hospital is to provide comprehensive prospective data on the structures, processes and outcomes of cancer care provided by the many national, supra-regional and regional cancer programmes in the Hospital.

The rate of new cancer diagnoses continues to increase on



Summary of Cancer Site Statistics from May 1st – December 31st, 2015	
Site Usage	
300 pages were viewed a total of 47, 657 times this period	
16,370 visitors in this period	
11,941 visited the website once	
4,429 visited more than once	
2.91 pages were viewed on average per visit	
1 minute 34 seconds – average time spent viewing the site.	
New Visitors 70.0% and Returning Visitors 30.0%	
Top Pages Viewed	
Bone Marrow Transplant Service	
Patient Stories	
Cancer Research	
Cancer Clinical Trials	
Medical Oncology	
Vulval Cancer Team	
Patient Areas – Haematology Day Care Centre	
Patient Areas – Donal Hollywood Ward	
Clinic Times	
About Page	

average of 5% across all cancers this year. In 2015, the CAP provided comprehensive Key Performance Indicators (KPI) in many cancers including breast, lung, prostate, oesopagogastric and rectal for the National Cancer Control Programme (NCCP). Gynaecological cancer and melanoma KPI's are currently being piloted in the Hospital. This allows us to evaluate the quality of our cancer service and compare our performance against other cancer centres. The programme seeks to develop a framework for and to foster a culture of continuous quality improvement in the delivery of cancer care.

In 2016, the CAP is piloting the upgrade of their current IT system within breast cancer with the hope to roll out the upgrade to the remaining tumour sites if the pilot programme is successful. These enhanced data capture mechanisms aim to ensure more efficient and real time data capture of cancer information.







EDUCATION AND RESEARCH



William Stokes Postgraduate Centre

g, Guidance, Teaching, Teacher Mentorship

Minister Varadkar presenting
Professor Joe Harbison with the
William Stokes Award 2015V

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to

WILLIAM STOKES POST-GRADUATE CENTRE

The William Stokes Post-Graduate Centre provides support for a wide range of educational activities linked to St. James's Hospital, Trinity College Dublin (TCD) and the wider local medical community. The facilities include weekly scheduled teaching events, such as Grand Rounds (8am each Friday), Medical Update (1pm each Wednesday), Intern Teaching (1pm each Tuesday and Thursday) and GP Teaching (1pm each Friday). Several other teams also hold their weekly educational sessions in the centre. In addition, there are regular events, such as the popular annual GP Study day (each January), Intern Induction course (each July), ACLS courses, MRCPI clinical teaching throughout the year and SpR study days in many specialities. Formal annual Intern reviews, under TCD supervision, take place in Autumn each year, while SHO assessments take place in November and December in conjunction with the Royal College of Physicians (RCPI).



Professor Gaye Cunnane
Director

The Trinity Basic Specialist Training (BST) Programme, the largest training scheme of its kind in Ireland, is administered through the centre and now oversees the medical education and requirements of approximately 120 Senior House Officers across 11 affiliate hospital sites. During 2015, changes in RCPI core training requirements resulted in an extensive restructuring of all rotations and the amalgamation of the former South Dublin Mid-Leinster Scheme under the governance of the Post Graduate Centre.

Major events for the Post-Graduate Centre in 2015 included the annual GP Study Day in January, which hosted approximately 200 GPs. The 4th annual Eoin B Casey Medal took place in May 2015, the winners of which were Dr Hannah Smyth and Dr Aoife Cooney. Drs Kunal Mohan, Ciara Kelly and Anna Tierney were awarded the annual Intern Medals which recognise clinical or scientific research performed by Interns at our institution.

In October, we were delighted to welcome the Minister for Health, Dr Leo Varadkar, a St. James's Hospital alumnus, to present the 5th Annual William Stokes Award at a ceremony to Prof Joseph Harbison, Senior Lecturer & Consultant Geriatrician, for his work on stroke medicine.

The Medical Teacher of the Year Award was introduced in 2014 to give formal recognition to those who have committed their time, over and above expectations, to support the educational activities of the Post Graduate Centre. The Award was very deservedly won by Dr Declan Byrne.

During the course of the year, we introduced 'SHOWtime', a series of monthly evening lectures delivered by Consultants to SHOs on contemporary topics across the subspecialties of medicine. The programme also serves as a source of encouragement, guidance and mentorship to our trainees.

In addition, and in order to provide greater accessibility to our educational programmes, we also launched a new podcasting facility. Podcasts are housed on the post graduate centre website www.williamstokespostgrad.ie and can now be viewed by hospital staff and our trainees in off-site hospital locations through secure login details.

The post-graduate centre would particularly like to acknowledge Dr Elaine Burke who ran the bi-weekly medical and surgical Intern Teaching Programme, Dr Barry O'Shea who organised the weekly Medical Update meeting and also Frances Hoolahan and Patricia O'Brien who provided essential support in the daily running of the Post-Graduate Centre.



Drs Dr Kunal Mohan, Dr Ciara Kelly and Dr Anna Tierney winners of the intern medals 2015 / Drs Dr Kunal Mohan, Dr Ciara Kelly and Dr Anna Tierney winners of the intern medals 2015 pictured with Director of Post-Graduate Education at St. James's Hospital, Professor Gaye Cunnane,



Dr Declan Byrne was recipient of the Medical Teacher of the Year Award 2015-2016



CLINICAL RESEARCH FACILITY

The Wellcome Trust HRB Clinical Research Facility (CRF) is a purpose built research facility located on the second floor of the H&H building. The facility is governed by a partnership between Trinity College Dublin and St James's Hospital and is funded by the Wellcome Trust and Health Research Board (HRB). The unit was officially opened by the Taoiseach on 30th May 2013 and registered its first patient in October 2013.



Professor Michael Gill
Clinical Director of CRF

The CRF provides a dedicated space for conducting research; specialised nurses for carrying out the research; regulatory affairs support including - advice on ethics and HPRA submissions; pharmacy support and advice regarding costings of studies.

The CRF has the facilities and resources to accommodate a broad range of clinical research. Facilities include clinic rooms, a six bed day-ward, an exercise physiology room, two positive pressure isolation rooms, a pre-analytical sample processing laboratory and a research pharmacy with a cleanroom/compounding unit for handling novel therapeutics including cytotoxic compounds.

CRF staff consist of a Director, Professor Michael Gill; an Associate Director, Professor Colm Bergin; Assistant Director of Nursing, Derval Reidy; a research pharmacist, Ruth McHugh; a quality and regulatory affairs manager, Fergal Seeballuck; a programme manager, Jeremy Towns; a team of specialist research nurses; a data manager and administrative staff.

Main developments / initiatives 2015

During 2015, there were a number of key operational and strategic developments for the CRF.

Key Strategic Developments:

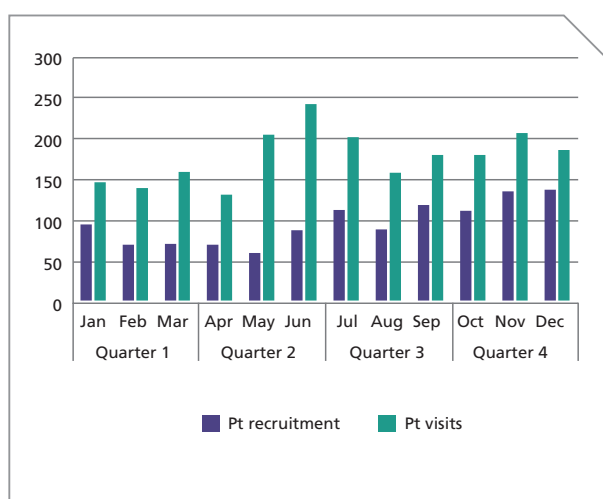
1. The CRF entered into a partnership with St. James's Hospital to establish the Research & Development Hub to serve investigators located on the St. James's Hospital Campus. A Programme Manager is in place since 1st August 2015.
2. The CRF signed an MOU (memorandum of understanding) with St James's Hospital to plan for a Research Pharmacy Service jointly provided by the CRF and the hospital, relocating operation of clinical trials to the CRF.
3. The CRF developed a sponsorship policy document that has been adopted by TCD and is in the process of operational implementation allowing TCD to become a formal sponsor of clinical trials.
4. The CRF reached agreement with the State Claims Agency that the CRF will become a designated entity under the Clinical Indemnity Scheme. Under the new arrangement, the Clinical Indemnity Scheme will extend to clinical research activities undertaken or governed by the CRF whether the patients are seen in the CRF or elsewhere. Activities of all staff of the CRF are covered by the State Claims Agency for medical negligence arising out of studies that take place in the CRF, the Hospital or in the wider (non hospital) community.

Key Operational Developments include:

1. Successful mock HPRA site audit.
2. Completion of first industry sponsored clinical trials.
3. Initiation of first Phase I Clinical Trial (PEACHI) with Prof Bergin.
4. Governance Board Meetings on 28th January, 22nd April, 24th June and 7th October.
5. Clean Room/Aseptic Compounding Unit (ACU) construction issues resolved with agreement to commence remedial works in March 2016 – this is a very significant achievement requiring considerable input from our programme manager, Jeremy Towns, () and other senior TCD personnel.
6. Aseptic Compounding Unit Isolators selected and ordered.
7. Overall growth in the number of studies supported and the number of patient study visits with 1050 patients were recruited to the studies with 2709 patient visits in 2015.

Performance Highlights – Key Metrics

Target/Key Performance Indicator	Target 2015	Actual 2015
Number of Clinical Trials		8
Number of Investigator Led Studies		27
Number of supported grant applications	30	34
Number of applications to CRF	40	33
Percentage of applications reviewed within a week	80%	90%
Number of specialties participating	20	29
Number of feasibility assessments carried out	6	12
Number of Participants recruited into studies	850	1149
Number of participants visits to studies	1200	2136



Retirements / new appointments

Clinical Nurse Manager II Vincent O'Mahony appointed in December 2015.



Emerging challenges / themes for 2016

In late 2016, the CRF will submit a report on its progress to the HRB and a request for a further period of core funding. The decision is expected in mid-2017 with the new period of funding commencing in January 2018.

List of achievements/awards/publications/accreditations/grants

The CRF has been key to the provision of biological samples (lung epithelial cells from BAL fluid) to Professor Joes Keane's laboratory and these have supported a body of research that has led to high impact publications demonstrating how smoking makes people more vulnerable to TB. Full lists of publications are presented in the metrics sheet, but a notable example includes:

Palsson-McDermott, E., Curtis, A., Goel, G., Lauterbach, M.,



Sheedy, F., Gleeson, L., van den Bosch, M., Quinn, S., Domingo-Fernandez, R., Johnston, D., Jiang, J., Israelsen, W., Keane, J., Thomas, C., Clish, C., Vander Heiden, M., Xavier, R. and O'Neill, L. (2015). Pyruvate Kinase M2 Regulates Hif-1 Activity and IL-1 Induction and Is a Critical Determinant of the Warburg Effect in LPS-Activated Macrophages. *Cell Metabolism*, 21(1), pp.65-80. PMID: 25565206

Similarly Professor Mark Little has used samples collected by CRF staff to validate a biomarker (CD163) of crescentic glomerulonephritis. Data from a pilot study involving the CRF was used to successfully support Prof. Little's HRA application to the HRB.

Dr Antoinette Perry has used samples collected by CRF staff to validate biomarkers of prostate cancer and early findings were used to support a successful grant application to the SFI TIDI Programme

Since 2013 Dr Jessie Elliott has used the CRF to support a programme of clinical research involving St. James's Hospital

Oesophageal Cancer patients. This work has resulted in numerous publications including:

Elliott, J., Jackson, S., King, S., McHugh, R., Docherty, N., Reynolds, J. and le Roux, C. (2015). Gut Hormone Suppression Increases Food Intake After Esophagectomy With Gastric Conduit Reconstruction. *Annals of Surgery*, 262(5), pp.824-830. PubMed PMID: 26583672.

In 2015, Dr. Elliott was successful in securing an HRB Fellowship.

Dr Suzanne Doyle gave a presentation in January at the Irish Nutrition & Dietetic Institute Research Symposium on Incorporating Research into Practice. The title of presentation was "Optimising Outcomes in Oesophageal Cancer Patients" and she spoke about the ReStOre Trial and how it relies on the CRF.

Dr Emer Guinan presented the RESTORE feasibility study at the inaugural ASCO Cancer Survivorship Conference in San Francisco in January 2016 and subsequently presented the work in February at the IACR conference in Cork.



ST. JAMES'S HOSPITAL RESEARCH AND DEVELOPMENT HUB

The St. James's Hospital R&D Hub was established this year to increase centralised research oversight and support, building on the strong existing research culture on campus. This is the first hospital-based division of its kind in the country, and is a joint venture between St. James's Hospital and the Wellcome Trust - HRB Clinical Research Facility.

Ann Dalton
Joint R&D Hub & Chair,
SJH DCEO / COO



Prof. Michael Gill
Joint R&D Hub Chair,
Professor of Psychiatry, CRF Director



Declan O'Hanlon
R&D Hub Programme Manager



Anna Burdzanowska
R&D Hub and CRF Executive Officer

The initial objectives were to streamline internal operations, simplify the existing in-house research application approval process, in addition to promoting best practice to reduce research related risk. This will help to ensure that quality, safety, regulatory matters and confidentiality are kept to the forefront.

Longer-term objectives aim to build research capabilities by supporting researchers further in their pursuit of grants and ethical approval, through to publication. This will be supported by continuing to focus on the promotion of hospital-wide research activity, showcasing research output, and by further fostering research-based relationships, collaborations and partnerships.

Divisional report

The establishment of the St. James's Hospital R&D Hub was based on a proposal developed in 2014. The activities of the Hub commenced in August with the appointment of a Programme Manager; Declan O'Hanlon, and a part-time Executive Officer; Anna Burdzanowska. It was formally launched by the hospital CEO and the Director of the Clinical Research Facility in October 2015 with an event that outlined the plans for the next 12 months.

A Steering Group has been formed to oversee activity, which is jointly chaired by Ann Dalton (SJH DCEO / COO) and Prof. Michael Gill (Professor of Psychiatry and CRF Director). An Operations Group has also been established, responsible for actioning workstreams agreed by the Steering Group.

Both committees addressed a number of issues including the in-house research application approval process, ethics, data protection, Principal Investigator responsibilities, research opportunities and barriers to research. One of the primary objectives is to merge the main research application form processed by the Risk and Legal Office (the DRAP - Designated Research Application Proposal form), with the forms and processes of the Clinical Research Facility and the Nursing Research Access Committee. The outcome sought is a clearer and faster application process, leading to collective oversight that could be used for tracking, shared learning and promotion.

Main developments / initiatives 2015

- Appointment of R&D Hub Programme Manager, August 2015.
- R&D Hub launch event, October 2015.
- Press pack preparation and press release, October 2015.
- Production of an R&D Hub leaflet.
- Set up of an R&D Hub email account: r&dhub@stjames.ie
- Set up of an R&D Hub webpage on the hospital intra- and internet site, and the CRF website, hosting information on the hospital research application process, in addition to a number of documents including Site Specific Agreements, Indemnity for Clinical Trials, Ethics Application Form and Guidance Manual, and the Nursing Research Access Protocol.
- Condensing of research application forms and processes in preparation for piloting in 2016.

Performance Highlights

- The Steering group has met monthly since being established (five times).
- The Operational group has met weekly since being established (12 times).



- The Operational group reviewed 21 background documents in preparation for the piloting of a condensed research application form.
- 124 research applications were received by the Hospital in 2015 (a similar volume to the year before).
- 25 research submissions (20%) were for clinical trials.

Emerging challenges / themes for 2016

- The main focus for the first quarter of 2016 will be on the piloting of a single research application approval process, initially using a Word-based form. The focus for the second quarter will be on transitioning to an online 'Research and Development Application and Registration Form', to be completed before conducting all type of research. Development will be in-house, by IMS, with a target launch date of June 2016. The system will improve the administrative management of submission approval, streamlining internal hospital research pathways and processes. An associated back-menu database will allow applications and studies to be tracked.
- Q1 and Q2 of 2016 will also focus on the development of a research guidance document, providing information on how to fill out the online research application form, and making recommendations on best practice.
- A researcher questionnaire will be circulated to all SJH staff in January 2016 to establish Principal Investigator research activity and plans, in addition to recent research related experiences within the hospital, including opportunities and barriers. This information will assist with future hospital planning, and the identification of research priorities.
- A dedicated internet webpage will be developed to address recommendations regarding data protection in research.
- The R&D Hub will engage, participate with and present to the Hospital NERD group (Nurses and Non-Nurses Engaged in Research and Development).
- There are changes in Good Clinical Practice and EU regulations regarding clinical trials expected, which will be reviewed.
- A research strategy review for the hospital and the R&D Hub will be conducted in Q3, to identify future work streams of importance.







GENERAL SERVICES

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ST. JAMES
HOSPITAL

CHARTERED
ACCOUNTANT



BONE MARROW FOR LEUKAEMIA TRUST (BMLT)

The Bone Marrow for Leukaemia Trust, (BMLT), is a registered charity which was formed in 1980 to establish and assist in all matters pertaining to the National Bone Marrow Transplant Unit in St James's Hospital. Our service is dedicated to supporting people in Ireland who have leukaemia, lymphoma or myeloma and have had or may need a stem cell transplant. We provide direct support for patients and their relatives and also support the running of the Haematology Department in St. James's Hospital, in the national allogeneic transplant centre. It is the only location where an adult can receive a sibling or matched unrelated donor stem cell transplant.



Shaun McCann
Chairperson of BMLT

BMLT meets on a monthly basis, excluding the summer, and its board members and secretary work on a voluntary basis. The BMLT is supported by two paid members of the office staff who organise fund raising activities and oversee all matters relating to the office in St. James's Hospital in addition to the smooth running of the apartments in the Chocolate Factory, Kilmainham. Members of the board in 2015 are:

- Professor Shaun McCann, Chairman
- Edward Fleming, Secretary
- Dr Emer Lawlor, Consultant Haematologist
- Professor Paul Browne, Professor of Haematology
- Mr Alan Tate
- Ms Sheila Sugrue, National Lead Midwife, HSE
- Mr Michael Cronin, FCCA and CPA.
- Mr Cedric Christie, Solicitor

Activities

Patient and Relatives Accommodation

The Trust owns seven apartments close to the hospital, which have proved invaluable for patients and their families, specifically post allogeneic stem cell transplantation. The apartments available are allocated to patients who are coming from outside Dublin and do not have any family or relatives in Dublin with whom they can stay. During 2015, these apartments in the Chocolate Factory, Kilmainham which are fully furnished and serviced gratis, continued to be very popular with patients and their families with high levels of occupancy.

Fund Raising

Much of our income generation derives from charitable donations and fundraising activities. Fundraising remains difficult and targets were not reached due to the scandals involving other charities. The scale of this impact on our funding based is difficult to determine but will no doubt remain a challenge in the coming year. Volunteer fundraising continues to run at satisfactory levels.

We are constantly funding different projects. The major project in recent years has been income generation to support both Trinity College Dublin and St. James's Hospital in strengthening cancer care and research. In this regard, the Trust, in conjunction with Trinity College Dublin, advertised for a new Research Professor in Haematology to work in St. James's Hospital. We have committed to €250,000 annually for three years to support this.

Other activities during the year included a fund raising walk took place in September in The Amalfi Coast and the Isle of Capri. The net income for the BMLT was over €35,000. A raffle was organised for a Mercedes Benz leading to a net profit of €22,000. The Ladies Mini Marathon also raised €17,600 for the Trust. Much of this income was invested in approximately €50,000 as cash grants to patients 'in need'.



Group picture: Back row from L to R: Mr Edward Fleming, Secretary, Professor Shaun McCann, Chair BMLT, Mr Michael Cronin, Mr Cedric Christie, Me Alan Tate, Professor Paul Browne, board members. Seated: Ms Sheila Sugrue, board member, Ms Maureen Sheridan, office manager, Dr Patrick Prendergast, Provost TCD, Dr Emer Lawlor, board member and Ms Kathryn Johnson, fundraiser. Guests of the Povost of TCD to acknowledge the funding of the new Research Professorship.



Professor McCann presenting the car keys to the lucky winner

Developments

Mr Brian Fitzgerald was invited to join the board following Cedric Christie's resignation due to work pressures. Mr Fitzgerald is currently Deputy CEO of the Beacon Hospital and was formerly Chief Executive and Director of Finance at St. James's Hospital. He is a fellow of the Association of Chartered Certified Accountants and holds an MBA from UCD Michael Smurfit Graduate Business School. He also holds the position of Adjunct Assistant Professor at the Centre of

Health Policy and Management at Trinity College Dublin's School of Medicine

In April 2015, at a ceremony in Milan, Italy, our Chairman Prof Shaun McCann, was conferred with Honorary Life Membership by the European Group for Blood and Bone Marrow Transplantation for his achievements in the advancement of his field and his enormous contributions not only in Ireland, but also to the global field of transplantation. This well-deserved honour has been bestowed on fewer than 30 people internationally.



LIBERTIES
OF JAMES'S HOSPITAL

OF JAMES'S HOSPITAL
2019



#RunTheLiberties

ST. JAMES'S HOSPITAL FOUNDATION

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

In 2015, the foundation welcomed new staff members. Clodagh Memery came on board as Director of Philanthropy, followed by Jamie Conway, Events and Community Manager.

We were also delighted that Prof. Donald Weir accepted the board's invitation to become the Patron of St. James's Hospital Foundation and we are very honoured to have his continued support.



Professor James FM Meaney
Chairman



Fiachra O' Riordan
Chief Executive

Supporting St. James's Hospital

During 2015, the foundation supported a range of projects, and we highlight some here.

Family Rooms

The sum of €45,000 was contributed to the first phase of the construction of the Family Rooms project, providing space to enable families to meet privately with doctors and nurses to discuss private matters in relation to patient welfare.

Denis Burkitt Ward

As a leading Cancer Centre, optimal levels of equipment are needed to ensure patient care and comfort. The Denis Burkitt Ward manages patients with leukaemia, lymphoma or myeloma who have had or may need stem cell transplant. The Foundation provided over €15,000 towards hoists and leg trainers, in addition to physiotherapy equipment which aid rehabilitation post-Bone Marrow Transplant.

The Stroke Unit

The Foundation funded over €30,000 towards the provision of equipment including Hyper Acute Stroke Units to assist patient monitoring. An ECG Event Recorder and a hoist and weighing scales were also sourced with these funds to ensure optimum patient positioning.

Keith Shaw Unit

The cardiac unit received over €13,000 of funding from the Foundation for the provision of minimally cardiothoracic surgical instruments designed to reduce post-operative morbidity and length of stay.

Small Grants Competition

Over €50,000 of funding was awarded in the Small Grants Competition primarily on items of equipment and initiatives to improve the care of patients and to benefit staff in their work. These range from specialist beds and wheelchairs to the provision of camouflage skincare for burns patients.

Med Day 2015

The Thoracic Oncology Research Group at St. James's Hospital was the major recipient of Med Day funding of €18,000 to Target Lung Cancer, specifically to support lung cancer biobanking.

As the area of molecular diagnostics is rapidly increasing and is central to identifying new target therapies for lung cancer patients, the participation of patients in the biobanking process and translation of science to personalized medicine, is of important significance.



Research at St. James's Hospital

In 2015, the Foundation actively managed 91 research funds on behalf of members of staff at St. James's Hospital. €1.8M was disbursed from these funds during the year. These funds were used to invest in research infrastructure through the purchase of research consumables, and in some cases the employment of laboratory and clinical research staff. Our research funding continues to largely focus on cancer and ageing research as well as neurological disorders and infectious diseases.

Events

During 2015, the foundation ran several events, as well as supporting our fundraisers who participated in events such as the VHI Women's Mini-Marathon.

- **The 2015 Liberties Fun Run on July 16th:** Over €30,000 was raised for our Target Lung Cancer Appeal. Our thanks to all the staff, patients and friends who took part in the race and fundraised. A special thanks to all our volunteers also.
- **St. James's Golf Classic in September 2015:** The event attracted substantial corporate sponsorship and raised €35,000. Proceeds went to prostate cancer services.
- **VHI Women's Mini Marathon 2015:** 70 people signed up to walk, jog or run in support of St. James's Hospital. The event generated in excess of €8,099 for departments and specialties throughout the hospital, including breast care, ovarian cancer and diabetes.
- **SSE Airtricity Dublin Marathon 2015:** Thank you to all those who ran on behalf of the Brain Disease Centre Appeal, which raised €44,000. Particular recognition too for our Patient Ambassador, Katie Cooke (18) who ran with her consultant Dr. Colin Doherty, as she dealt with several seizures on the way.

- **Med Day 2015:** In November, over 600 medical students from Trinity College Dublin took to the streets of Dublin for a day of fundraising in aid of worthy causes in a number of Dublin hospitals, including St. James's. This year's event was launched by Leo Varadkar, T.D. and celebrity chef Neven Maguire. Our Target Lung Cancer campaign was the lead recipient for Med Day and received €18,000
- **Community Fundraisers:** Once again friends and staff of St. James's were out and about fundraising on our behalf. 2015 saw the launch of the Joanne McMahon Thanksgiving Fundraising for the National Burns Unit, which culminated in the biggest community gift received by the foundation in 2016.

Major Appeals in 2015

In 2015, we started the development of major appeals that have a clear need for investment and philanthropic donations. These appeals emerged due to a combination of need and commitment by the staff involved. The appeals were all characterised by having defined and significant needs and leaders from within the SJH staff.





Each appeal has its own section on our website and brochures. In some cases there are ambassadors in place and specific logos and branding. We worked with the communications team at SJH to secure excellent PR coverage to promote these causes, and we will grow this in 2016. The appeals give a greater focus to our efforts to secure sufficient donations to meet the needs of patient care and research, and we are raising awareness around these appeals to attract significant gifts.

Projects include;

- Target Lung Cancer campaign with Neven Maguire as Ambassador
- A new Brain Disease Centre with Katie Cooke as our Patient Ambassador
- National Burns Unit with Joanne McMahon as our leading fundraiser
- Sexual Health Services / GUIDE
- Urology Cancer Services

In 2016, we will add further appeals in relation to Head and Heart; Gynaecological Cancer Services; and BRAVE – Challenging the Future of Family Breast Cancer.

Investing in our online and social media presence

The foundation undertook a complete overhaul of its web presence, building a new website at www.supportstjames.ie. This website allows us to clearly communicate with the public, and presents a constantly up-dated balance between the promotion of the work of the hospital, ways to donate and the marketing of our events and activities.

It is an active space and a key benefit is the ability to donate directly through our website in a secure manner. Our website is integrated into our new fundraising database and enhances our capability to engage with our donors and other interested parties.

Our social media presence has grown significantly through 2015. We have a social media strategy to enhance our digital presence and to allow an amplification of our messages through active engagement with our followers. This is a key platform to inform people about our work here at St. James's and how people can engage with us, whether that is through donations, volunteering, etc.

Other New Initiatives in 2015

Legacy Giving

The Foundation became a member of mylegacy.ie, allowing access to expertise, shared advice and information on legacies, and most importantly being part of a major media campaign to encourage people to make a will, and leave a gift to charity.





We developed our own legacy information leaflet with further information on our website, and participated in Best Will Week 2015.

In Memory Giving

Many individual gifts come to the Foundation as an in memory gift. It is very important to the family and friends of the deceased that they have an easy and effective interaction with the Foundation at such a difficult time for them. We now provide very clear information on our website about giving 'in memory', and we have available a range of envelopes for people to use at home or in the church to encourage donations in lieu of flowers.

Looking Forward into 2016

Our objective for 2016 is to substantially grow donations received through major gifts, events, companies and individual giving. To enable this growth, we are increasing the levels of communication both through printed materials as well as online, making it as easy as possible for people to give to their particular cause at St. James's.

We are developing key appeals to allow a better focus for some of our fundraising and build attractive investment opportunities. We will provide more events for people to participate in and assist more people who want to go out and fundraise or participate in other events such as the VHI Women's Mini Marathon. Much

of this new engagement is driven through greater awareness throughout the hospital, through our website, and our social media activity and content.

Planned events 2016

- **February 2016:** National Hunt Finale at the Leopardstown Races. Proceeds to a New Brain Disease Centre at SJH.
- **April 2016:** Cycle for St. James's. Proceeds to Physiotherapy Department.
- **July 2016:** Liberties Fun Run. Proceeds to GUIDe refurbishment.
- **August 2016:** Jump for James's. Participants directed their funds.
- **September 2016:** Neven Maguire's Food Festival for Target Lung Cancer
- **September 2016:** St. James's – BAM Golf Classic. Proceeds to Occupational Therapy.
- **September 2016:** Camino Way. Participants directed their funds.
- **March 2017:** National Hunt Finale. A Day at the Leopardstown Races.

We would like to say a 'thank you' to all the staff at St. James's Hospital who have worked with us throughout 2015. Without the fantastic work of the hospital staff, we would not be in this position to grow our donations and investment in the hospital. We also send our deepest gratitude to all of those people who have donated to the foundation in 2015.



Med
Day



Target Lung Cancer



St. James's Hospital



A photograph showing three healthcare professionals—two men and one woman—gathered around a wooden table, intently reviewing a large document. The man on the left is wearing a white shirt, a dark tie, and glasses, with a blue lanyard around his neck. The man in the center is wearing blue scrubs. The woman on the right is wearing a black top and a purple lanyard. The background shows a typical office or hospital hallway with a drop ceiling and a vent. A semi-transparent white banner with the text 'PROGRAMME DIVISION REPORTS' is overlaid across the middle of the image.

PROGRAMME DIVISION REPORTS



QUALITY AND SAFETY IMPROVEMENT DIRECTORATE

The Quality and Safety Improvement Directorate (QSID) works to support front-line patient care that is reliably safe, high-quality and person-centred. In 2015, the directorate focused on improving the effectiveness of its core functions of safety & risk management, quality assurance and person-centred care. It defined a quality and safety improvement strategy for the hospital, developed new initiatives and prepared foundational programmes to enable implementation of the strategy.



Una Geary
QSID Manager

Patient safety is the directorate's highest priority and the hospital's Safety and Risk programme managed safety reporting and promoted learning from safety events and concerns in keeping with best national and international practice. This year, high-levels of staff engagement in safety reporting were sustained. Safety events were investigated through systems analysis and learning was shared from the clinical front-line to the hospital executive management team and externally through the HSE Safety Incident Management Team and the State Claims Agency. The Hospital's Safety Management team was expanded with the appointment of a second Clinical Safety Manager. The Safety Managers worked closely with patients, families and staff in reviewing safety events and identifying areas for improvement. The team's work included:

- Responding to staff reports of safety risks, concerns and events
- Triggering safety notices to prompt urgent notification and action of serious risks
- Supporting effective safety governance through the hospital's Safety Committee
- Training staff in risk management, providing safety workshops, contributing to staff induction and leadership development programmes in the Centre for Learning and Development (CDL) and to post graduate MSc programmes in Pharmacology and Medical Imaging
- Coordinating the hospital's Safety Alert management in response to product recalls and safety notifications
- Contributing to the work of external safety and risk management groups
- Facilitating external safety inspections, including a Medical Exposure to Radiation Unit/Radiation Protection Institute of Ireland inspection.
- Collaborating with the Medical Physics and Bio-engineering Department and the National College of Art and Design (NCAD) in the Design Week initiative that saw design students partner with front-line clinicians to co-develop solutions in relation to design challenges within the hospital.

Quality Assurance

The hospital continued to integrate the National Standards for Safer Better Healthcare in the work of the hospital and build a governance framework to assure and improve the quality and safety of clinical services across the hospital. QSID reported to the Hospital Executive Management Group, the Quality, Safety and Risk Steering Committee and the Hospital Board on matters relating to healthcare quality including patient safety. The directorate undertook a review of the hospital's quality and safety committees to promote effective governance and enhance the impact of the committees' work on the quality of patient care. Key events relating to quality assurance in the hospital:

- The hospital participated in two quality assurance exercises required by the Health Information & Quality Authority (HIQA) as part of its Thematic Inspection Programme against the National Standards for Safer Better Healthcare. The Antimicrobial Stewardship Programme completed a self-assessment against best-practice standards, which was followed by an announced HIQA inspection. The Hospital Clinical Nutrition & Hydration Committee completed a self-assessment exercise on behalf of the hospital. HIQA reports on these reviews will be published in 2016. The hospital did not have an external inspection in 2015, in relation to the Prevention and Control of Healthcare Acquired Infection but the hospital strengthened its internal quality-assurance programme for environmental hygiene



- Hollybrook Lodge, SJH's transitional care unit, under the direction of the Medicine for the Elderly Directorate (MEDEL) on behalf of the hospital, was registered as a designated centre for older persons' residential care following a regulatory inspection by HIQA in November 2015
- St. James's Hospital Endoscopy Unit maintained their Joint Advisory Group (JAG) accreditation status following submission of their 2015 Annual Report Card
- The LabMed Directorate retained their accreditation status following an announced inspection undertaken by Irish National Accreditation Board (INAB) in April 2015.

Person-Centred Care:

Patient and family engagement in the hospital was enhanced through the development of a new role within QSID dedicated to promoting person-centred care. This remit involves supporting the formation and fostering of therapeutic relationships between all care provider, patients and other people who are significant to them in their lives, to deliver healthcare through an approach that is underpinned by the values of respect for people, the individual's right to self-determination, mutual respect and understanding. In the spirit of a person-centred approach the Complaints Office was re-named the Patient Experience Office, to reflect a focus on patients' broader experiences of care. In 2015, the Office received and managed almost 1,000 items of information relating to complaints and concerns, approximately 400 of which were formally investigated. Meetings with patients and their families were facilitated in response to complaints, concerns and requests for information.

Work commenced on the customisation and implementation of an updated electronic data management system to capture

positive feedback, as well as complaints and concerns and support rapid and effective responses to all forms of feedback. The Patient Advocacy Committee was renewed and the recruitment of new members commenced to prepare the Committee for an expanded and more prominent role in the Hospital in the coming years. QSID and a number of multi-disciplinary patient services in St James's Hospital commenced a collaborative partnership with the Safetynet Primary Care Network for homeless people to enhance the coordination, quality and experiences of care of people who are homeless who attend the hospital, as a person-centred Care initiative for this vulnerable patient group.



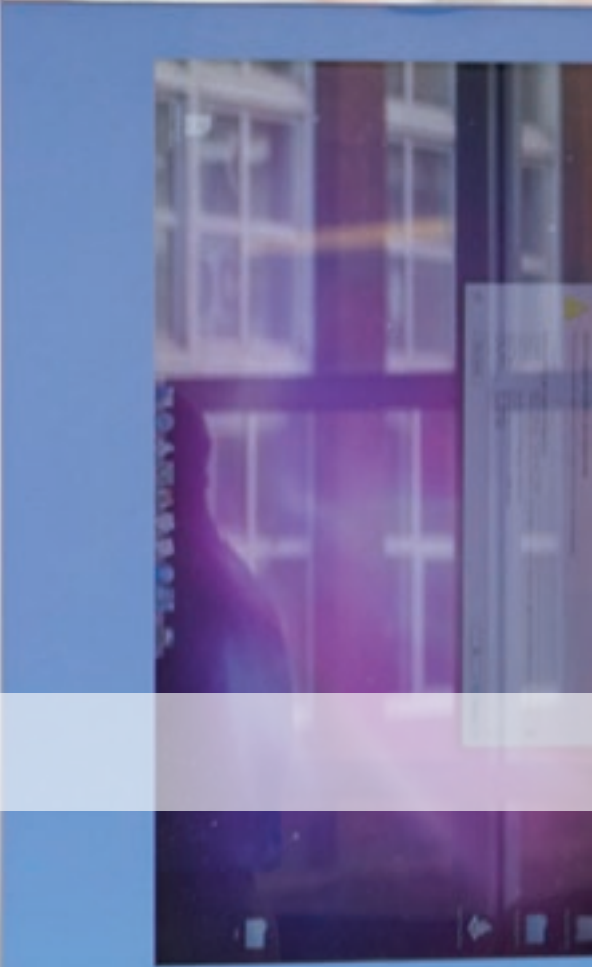




PUBLICATIONS



The flyer contains a small photograph of a group of people at the top. Below the image is a list of bullet points, followed by a section titled "WILL YOU BE AWARE OF THE SIGNS?" and a barcode at the bottom.



A digital display showing a purple-tinted image of a person's face, possibly a woman, with a grid pattern overlaid. The display is part of a larger blue interface.



A digital display showing a purple-tinted image of a person's face, possibly a woman, with a grid pattern overlaid. The display is part of a larger blue interface.



PUBLICATIONS

Nursing

Nursing Research Outputs

The Nursing Research Access Committee continued to meet throughout 2015. 19 nursing colleagues were granted access approval to conduct research at St. James's Hospital. In addition, the 9th Annual Multidisciplinary Audit, Quality Improvement & Research Seminar took place in May, 2015.

SJH/TCD Research Collaborative Project: Summary of research outputs (2015)

Teehan S., McKee G., Dempsey O. (2015)

Management of severe aortic stenosis. World of Irish Nursing. Dec 2014/Jan2015 Volume 22, 10, <http://www.inmo.ie/7981> (non-peer reviewed)

Fallon, N., Keirns, M., McKee, G. and Prizeman G. (2015)

Achieving blood pressure and LDL targets in cardiac rehabilitation centres in Ireland: how well are we meeting European Guidelines on cardiovascular disease prevention recommendations. European Journal of Cardiovascular Nursing. Vol 14: S105-S105 (June 2015)

McKee G, Codd M, Dempsey O, Comiskey C and Gallagher P (2015)

Developing clinical nurse led research, output and capacity among advanced clinical nursing staff: an evaluation of an innovative model. Under review Journal of Clinical Nursing.

1. Hanhauser, Y., Lynch A., Dempsey O. (2015)

Implementing the Breast Care Family Risk Algorithm. Cancer Professional. Awaiting Feedback

Dolan L., Kane M., Timmons F., Dempsey O. & Prizeman G. (2015)

'Exploring the Need for and Evaluation of the Development of a Patients Room for Recreational Usage'. Poster Presentation, 8th Annual Multi-Disciplinary Research, Clinical Audit & Quality Improvement Seminar, SJH (1st May 2015).

Fallon N., Kerins M., McKee G., Charles S., Finn C., Hannon B., Newton H., Stephenson J., Prizeman G. (2014)

'Achieving Blood Pressure and LDL targets in Cardiac Rehabilitation centres in Ireland: how well are we meeting European Guidelines on Cardiovascular Disease prevention recommendations?' Poster Presentation (2nd Prize). Irish Association of Cardiac Rehabilitation Annual Meeting 2015, Hilton Hotel Kilmainham, Dublin (28th February 2015).

Fallon N., Kerins M., McKee G., Charles S., Finn C., Hannon B., Newton H., Stephenson J., Prizeman G. (2014)

'Achieving Blood Pressure and LDL targets in Cardiac Rehabilitation centres in Ireland'. Poster presentation (1st Prize). INCA (Irish Nurses Cardiac Association) Spring Scientific Meeting 2015, Bewley's Hotel Leopardstown, Dublin (March 21st 2015).

Galvin A. (2015)

"Changing Oral Care Practice in St James Hospital". Poster Presentation at the TCD 15th Annual Healthcare Interdisciplinary Research Conference, Nov 2015 (First Prize); NMPDU Dublin South, Kildare and Wicklow Annual Practice Development Conference, Sept 2015 (First Prize); SJH MDT Research, Clinical Audit & Quality Improvement Seminar, April 2015(First Prize).

Stapleton D., Kane M., Hynes G., Prizeman G., Dempsey O., McDonald C., McLaughlin AM. & Keane J. (2015)

'Defining the social needs of Tuberculosis patients and the requirement for an outpatient Social Work service in St. James's Hospital'. Poster Presentation, ITS Annual Scientific Meeting, Radisson Hotel, Cork 14th November 2015

Stapleton D., Kane M., Hynes G., Prizeman G., Dempsey O., McDonald C., McLaughlin AM. & Keane J. (2015)

'Defining the social needs of Tuberculosis patients and the requirement for an outpatient Social Work service in St. James's Hospital'. Poster Presentation at the IPL Health & Social Care Interprofessional Learning Conference, Dublin Castle, October 6th, 2015

Stapleton D., Kane M., Hynes G., Prizeman G., Dempsey O., McDonald C., McLaughlin AM. & Keane J. (2015)

'Defining the social needs of Tuberculosis patients and the requirement for an outpatient Social Work service in St. James's Hospital'. Oral Presentation, 16th Healthcare Interdisciplinary Research Conference, School of Nursing and Midwifery, Trinity College Dublin, November 4th-5th, 2015

Informatics

MPBE Publications 2015

Jansen S, Frewen J, Finucane C, de Rooij S E, van der Velde N, Kenny R. (2015)

AF is associated with self-reported syncope and falls in a general population cohort., *Age Ageing*. 2015;44(4):598-603.

Hayakawa T, McGarrigle CA, Coen RF, Soraghan CJ, Foran T, Lawlor BA, Kenny RA (2015)

Orthostatic Blood Pressure Behavior in People with Mild Cognitive Impairment Predicts Conversion to Dementia *Journal of American Geriatric Society*, 63, (9), p1868 - 1873.

O'Regan C, Kenny RA, Cronin H, Finucane C, Kearney PM (2015)

Antidepressants strongly influence the relationship between depression and heart rate variability: findings from The Irish Longitudinal Study on Ageing (TILDA) *Psychological medicine*, 45 (03), 623-636.

Finucane C, O'Connell M, Richardson K, Donoghue O, Savva G, Kenny RA (2015)

Impaired orthostatic blood pressure stabilization is highly prevalent and a novel risk factor for unexplained falls in older adults: Findings from a prospective national cohort study. *EUROPEAN HEART JOURNAL* 36, 982-982.

O'Connor U, Walsh C, Gallagher A, Dowling A, Guiney M, Ryan JM (2015)

Occupational radiation dose to eyes from interventional radiology procedures in light of the new eye lens dose limit from the International Commission on Radiological Protection. *Br J Radiol* 88: 20140627.

Cournane, S., Byrne, D.G., Conway, R., O'Riordan, D., Coveney, S., Silke, B. (2015)

Social Deprivation and Hospital admissions rates, length of stay and readmissions in emergency medical admissions.' *European*

Journal of Internal Medicine , 26 (10), 766-771.

Conway, R., Byrne, D., O'Riordan, D., Cournane, S., Coveney, S., Silke, B. (2015)

Social Deprivation and Dependency Ratio are key determinants of emergency medical admissions.' *European Journal of Internal Medicine* 26 (9), 709-713

Cournane, S., Dalton, A., Byrne, D., O'Riordan, D., Coveney, S., Silke, B. (2015)

Social Deprivation, population, age structure and an extended hospital episode – insights from acute medicine' *European Journal of Internal Medicine* 26 (9), 714-719

Cournane, S., Byrne, D.G., O'Riordan, D., Sheehy, N., Silke, B. (2015)

Pattern of investigation reflects risk profile in emergency medical admission' *Clinical Medical Journal* 4, 1113-1125

Cournane, S., Creagh, D., Byrne D.G., N., Silke, B. (2015)

'Consultant duration in clinical practise as a cost determinant of an Emergency Medical Admission.' *Eur J Health Econ* 16:561-567

Cournane, S., Byrne, D.G., O'Riordan, D., Fitzgerald, B., Silke, B. (2015)

'Chronic Disabling Disease – Impact on outcomes and costs in emergency medical admissions' *QJM*; 108(5):387-96

Cournane, S., Byrne, D.G., O'Riordan, D., Silke, B. (2015)

'Factors determining the length of stay following an emergency medical admission' *EJIM*; 26(4):237-242

Conference Presentations

Cournane, S., Murphy D., Rowan M., O'Connor U., Costello, D., O'Hare N.,

'Experience and applications of Bayer Radimetrics.' United Kingdom Radiological Congress (UKRC), Liverpool, June 2015

Harte, B., Gorman, D., Cournane, S.,

'The use of the Log-Normal statistical distribution for the comparison of interventional radiography systems and procedures.' IAPM ASM Dublin February, 2015

Diarra, B., Browne, J. E., Cournane, S., Fagan, A. J.,

'Polyvinyl alcohol cryogel as a versatile tissue mimicking material for stiffness simulation in ultrasound elastography.' IAPM ASM Dublin February, 2015

Ivory, I., Walsh, C., Cournane, S.,

'Comparison of Noise Power Spectra of Clinical images and test phantoms in mammography.' IAPM ASM Dublin February, 2015

Browne, J. E., Cournane, S., Fagan, A. J.,

'Assessment of Colour Doppler sensitivity of a range of early pregnancy ultrasound systems' IAPM ASM Dublin February, 2015

Diarra, B., Fagan, A. J., Cournane, S., Browne, J. E.,

'Use of polyvinyl alcohol cryogel for mimicking tissue stiffness in ultrasound elastography.' Bioengineering in Ireland conference (BINI), Maynooth, January 2015.

Walsh C.

Explaining Stochastic Effects, IAMP/IRRS Symposium, 2015

D Murphy, M Rowan, S Cournane, D Costello, U O'Connor, C

Walsh, N O'Hare.

Optimising Technique using Dose Tracking Software – Tips & Tricks, ECR 2015

HOPE Directorate

Haematology /Oncology publications 2015

Evading Capture by Residual Disease Monitoring: Extramedullary Manifestation of JAK2 V617F-Positive Primary Myelofibrosis After Allogeneic Stem Cell Transplantation.

Langabeer SE, Nolan J, Haslam K, Clarke L, Flavin R, Conneally E. Case Rep Hematol. 2015; Epub 2015 Aug 9.

Burkitt leukaemia/lymphoma: R-CODOX-M/R-IVAC remains gold standard treatment in BL.

Smyth L, Browne PV, Conneally E, Flynn C, Hayden P, Jeffers M, O'Brien D, Quinn F, Kelly J, Perera M, Crotty GM, Leahy M, Hennessy B, Jackson F, Ryan M, Vandenberghe E. Ir J Med Sci. 2015 Apr 7.

Autologous hematopoietic stem cell transplantation for plasmablastic lymphoma: the European Society for Blood and Marrow Transplantation experience.

Cattaneo C, Finel H, McQuaker G, Vandenberghe E, Rossi G, Dreger P. Biol Blood Marrow Transplant. 2015 Jun; 21(6):1146-7.

The interaction between lived experiences of older patients and their family caregivers confronted with a cancer diagnosis and treatment: a qualitative study.

Senden C, Vandecasteele T, Vandenberghe E, Versluys K, Piers R, Grypdonck M, Van Den Noortgate N. Int J Nurs Stud. 2015 Jan; 52(1):197-206.

Allogeneic and autologous stem cell transplantation for hepatosplenic T-cell lymphoma: a retrospective study of the EBMT Lymphoma Working Party.

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Plastic Surgery

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Urology

Projects:

MaSHPC (Men and Sexual Health-Prostate Cancer) Study (R.P. Manecksha, P.I.)

A collaboration between St. James' & University of Queensland and Cancer Council Queensland assessing the psychosexual impact of prostate cancer diagnosis and treatments

Strive Clinic collaboration / pilot (R.P. Manecksha, P.I.)

A collaboration between St. James' and The Strive Clinic assessing the impact of prehabilitation and rehabilitation for patients undergoing radical prostatectomy (for prostate cancer) and radical cystectomy (for bladder cancer) on patients' outcome, length of hospital stay and readmission rate.

ExPecT trial (Stephen Finn, P.I.; collaborators: T.H. Lynch & R.P. Manecksha)

Study assessing the impact of exercise on circulating tumour cells in men with prostate cancer

Publications:

O'Kelly F, Manecksha RP, Quinlan DM, Reid A, Joyce A, O'Flynn K, Speakman M, Thornhill JA.

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LabMed

Haematology department Publications and Presentations List 2015

Publications:

Fiona M Quinn, Deirdre Waldron, David O’Brien, Johanna Kelly, Kathleen Scott, Amjad Hayat, Elizabeth A Vandenberghe. (2015)

Detection of Mutations in SF3B1 in Chronic Lymphocytic Leukaemia Patients by Reverse Transcription (Rt) Polymerase Chain reaction and High resolution melt curve analysis, an alternative approach to next generation sequencing for routine molecular diagnostic laboratories.

December 3, 2015; *Blood*: 126 (23).

Case Report

Stephen E. Langabeer,1 Karl Haslam,1 David O’Brien,2 Johanna Kelly,3 Claire Andrews,2 Ciara Ryan,4 Richard Flavin,4 Patrick J. Hayden,2 and Christopher L. Bacon ,2 .(2016)

Acute Lymphoblastic Leukemia Arising in CALR Mutated Essential Thrombocythemia

Case Reports in Haematology Volume 2016, Article ID 6545861, 5 pages. Available at: <http://dx.doi.org/10.1155/2016/654586>

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Burkitt leukaemia/lymphoma: R-CODOX-M/R-IVAC remains gold standard treatment in BL.

Ir J Med Sci. 2015 Apr 7. [Epub ahead of print]

C Gibbons, R Geoghegan, H Conroy, S Lippacott, D O’Brien, P Lynam, L Langabeer, M Cotter, O Smith, C McMahon (2015)

Sickle Cell Disease: Time for a Targeted Neonatal Screening Programme
Irish Medical Journal 108 (2)

AC Rawstron1, C Fazi2, A Agathangelidis2, N Villamor3, R Letestu4, J Nomdedeu5, C Palacio6, O Stehlikova7, K-A Kreuzer8, S Liptrot9,D O’Brien9, RM de Tute1, I Marinov10, M Hauwel11, M Spacek12, J Dobber13, AP Kater13, P Gambell14, A Soosapilla15, G Lozanski16,G Bracht17,18, K Lin19, J Boysen20, C Hanson20, JL Jorgensen21, M Stetler-Stevenson22, C Yuan22, HE Broome23, L Rassenti23, F Craig24, J Delgado3, C Moreno5, F Bosch6, A Egle17, M Doubek7, S Pospisilova7, S Mulligan25, D Westerman14,

CM Sanders26, R Emerson26,HS Robins26, I Kirsch26, T Shanafelt20, A Pettitt19, TJ Kipps23, WG Wierda21, F Cymbalista4, M Hallek8, P Hillmen27, E Montserrat3, and P Ghia2, 28 on behalf of ERIC (European Research Initiative on CLL) (2015)

A complementary role of multiparameter flow cytometry and high-throughput sequencing for minimal residual disease detection in chronic lymphocytic leukaemia: a European Research Initiative on CLL study
Leukemia (2015), 1–8, doi:10.1038/leu.2015.313

Presentations/Posters 2015:

McCafferty R. (2015)

Recommendation for Standardization of Haematology Reporting Units used in the Extended Blood Count. International Council for Standardization in Haematology (Chicago) May 2015

McCafferty R. (2015)

ICSH Guideline for Internal Quality Control Policy for Haematology Cell Counters. International Council for Standardization in Haematology (Shenzen China) October 2015

Browne E. (2015)

Insight into how the Centaur XP is used in Situ including information on the relevance of the assays run. Presentation to Industry (Siemens Ireland)

HAI meeting Galway October 2015 :

Winner of First Prize for Short Presentation at the Laboratory Science Session:

Laura A. Dempsey, Catriona Keenan, P. Vince Jenkins, Niamh M. O’Connell. (2015)

Mutation screening of MYH9 in Macrothrombocytopenia.
Haematology Association of Ireland Galway

Poster Presentations:

D O’Brien1, G Beattie2 R Cuthbert2 C Flynn1

1St James’ Hospital, Dublin, 2Belfast City Hospital, Belfast (2015)
PNH Screening in Ireland. Haematology Association of Ireland Galway

S Hyland1, D OBrien1, F. Quinn2, R. Flavin3, C. Muldoon3, E Vandenberghe1

1.Haematology Department, 2.Cancer and Molecular Diagnostics Department, 3.Department of Histology St James Hospital, Dublin (2015)

The Use Of Flow Cytometry For The Classification Of Refractory Coeliac Disease Haematology Association of Ireland Galway

A Al Zayed, K Awad, E El Skeikh, , C Gorry, M Ni Chonghaile, D O Brien, G Lee, N Gardiner, PV Browne, E Conneally, CM Flynn

St James’s Hospital, James’s Street, Dublin 8, Ireland (2015)
Allogeneic Transplantation in Aplastic Anaemia- a retrospective review of the last 15 years in Ireland. Haematology Association of Ireland Galway

Sarah Brophy1, PV Browne1,2, D O’Brien2, E Vandenberghe1,2, AM McElligott1 1

The John Durkan Leukaemia Laboratories, Institute of Molecular Medicine, Trinity College, Dublin, 2Department of Haematology, St.James’s Hospital, Dublin (2015)
Regulation Of L-Selectin By The Tumour Microenvironment In

Chronic Lymphocytic Leukaemia Haematology Association of Ireland Galway

European Society for Clinical Cell Analysis (ESCCA) meeting, Lisbon 2015

David Bloxham 1, Anthony Carter 2, Steve Couzens 3, Pam Holtom 4, Ulrika Johansson 5, Tim Milne 6, Alison Morilla 7, Ricardo Morilla 7, David O'Brien 8, Dan Payne 9 (2015)
1Cambridge University Hospital Nhs Foundation Trust, 2 Royal Liverpool University Hospital, 3 University Hospital Of Wales, 4 Birmingham Heartlands & Solihull Nhs Trust, 5 University Hospitals Bristol Nhs Foundation Trust, 6 King's College Hospital Nhs Foundation Trust, 7 Royal Marsden Nhs Foundation Trust, 8 St. James's Hospital, Dublin, 9 University Hospitals of Leicester Nhs Trust

Minimising the analytical variability of Paroxysmal Nocturnal Haemoglobinuria (PNH) testing through use of dried reagents. European Society for Clinical Cell Analysis (ESCCA) meeting, Lisbon 2015

G Beattie 1, D O'Brien 2, R Cuthbert 1, C Flynn 2

1 Dept of Haematology, Belfast City Hospital
2 Dept of Haematology, St James Hospital, Dublin
Application of Flow Cytometry Guidelines for PNH Investigation in Ireland
European Society for Clinical Cell Analysis (ESCCA) meeting, Lisbon 2015

American Society of Haematology (ASH) ORLANDO 2015

Sarah Brophy1*, Paul Browne, MD1,2, Elisabeth A. Vandenberghe, MB, PhD1,2, David O'Brien, FAMLs2* and Anthony M. McElligott, PhD1*

The John Durkan Leukaemia Laboratories, Institute of Molecular Medicine, Trinity College, Dublin, Ireland
2Department of Haematology, St James's Hospital, Dublin, Ireland. (2015)
Microenvironmental-Mediated Regulation of L-Selectin in Chronic Lymphocytic Leukaemia.
American Society of Haematology (ASH) ORLANDO 2015

BD Biosciences Irish Clinical Users Meeting

Dowling A . (2015)

An 8 colour single tube assay for the sensitive detection of minimal residual disease (MRD) in B-CLL. BD Biosciences Irish Clinical Users Meeting, University College Dublin

Other Educational Presentations Made:

Kinsella N.

Blood Cell Morphology workshops in Kenya and at DIT, Kevin Street

O'Brien D.

Presentation at Haematology meeting C UH Cork. November 2015.

O'Brien D.

Lecture to Haematology MSc course, DIT Dublin. November 2015.

O'Brien D.

Presentation at Haematology meeting Mater Dublin. December 2015.

McCafferty R.

The application of Flow Cytometry in malignancy diagnosis and MRD monitoring. Lecture given as part of: Post Graduate Diploma in Specialist Nursing (NU 7681 Nursing Care and Management of Haematological Conditions). April 2015

Immunology Presentations

National Meetings

- 'Coeliac Screening – New Trends', Coeliac Conference, Grand Hotel, Malahide, Dublin – Presenter Jean Dunne
- 'T and B cell immunophenotyping in the characterisation of Primary Immunodeficiency' Becton Dickinson Clinical Users Meeting, UCD, Dublin– Presenter Jean Dunne
- Secondary Antibody Deficiency – Current challenges and future perspectives. UK Primary Immunodeficiency Network, Belfast UK. - Presenter Niall Conlon
- IAACI International Association Allergy and Clinical Immunology, Meath, Ireland – Organiser Niall Conlon
- MSc in Immunology, DIT
- MSc in Molecular Medicine, TCD
- Senior Sophister Course-Clinical Immunology (under-graduate) TCD
- Immunology Seminars and Journal clubs

Publications

Adaptation of a Cell Based High Content Screening System for in-Depth Analysis of Celiac Biopsy Tissue in, editor(s) Anthony W Ryan, Celiac Disease Methods and Protocols, Humana Press, 2015, [Cooper S.Dunne J]Book Chapter, 2015 DOI

Turner GD Dunne MR Ryan AW.

Celiac Disease: Background and Historical Context Methods Mol Biol. 2015;1326:3-14. doi: 10.1007/978-1-4939-2839-2_1

Flow Cytometric Analysis of Human Small Intestinal Lymphoid Cells in, editor(s)Anthony W Ryan , Celiac Disease Methods and Protocols, Humana Press, 2015, [Dunne MR]Book Chapter, 2015 DOI

Doherty DG.

Immunity, tolerance and autoimmunity in the liver: A comprehensive review. Journal of Autoimmunity 66: 60-75, 2015.

Tyler CJ, Doherty DG, Moser B, Eberl M.

Human V 9V 2 T cells: innate adaptors of the immune system. Cellular Immunology 296: 10-21, 2015.

Leahy TR, McManus R, Doherty DG, Grealy R, Coulter T, Smyth P, Blackshields G, Sheils O, Carr MJ, Purandare N, Geary M, Hodemaekers HM, Janssen R, Bont L, Slattery D, Ryan T.

Interleukin-15 is associated with disease severity in viral bronchiolitis. European Respiratory Journal 47: 212-222, 2016.

Carolan E, Tobin LM, Mangan BA, Corrigan M, Gaoatswe G, Byrne G, Geoghegan J, Cody D, O'Connell J, Winter DC, Doherty DG, Lynch L, O'Shea D, Hogan AE.

Altered distribution and increased IL-17 production by mucosal-associated invariant T cells in adult and childhood obesity. Journal of Immunology 194:5775-5780, 2015.

Maher CO, Dunne K, Comerford R, O'Dea S, Loy A, Woo J, Rogers TR, Mulcahy F, Dunne PJ, Doherty DG.

Candida albicans stimulates IL-23 release by human dendritic cells and downstream IL-17 secretion by V δ 1 T cells. *Journal of Immunology* 194: 5953-5960, 2015.

Conroy MJ, Mac Nicholas R, Taylor M, O'Dea S, Mulcahy F, Norris S, Doherty DG.

Increased Frequencies of Circulating IFN- γ -Producing V δ 1+ and V δ 2+ $\gamma\delta$ T Cells in Patients with Asymptomatic Persistent Hepatitis B Virus Infection. *Viral Immunology* 28: 201-208, 2015.

Conroy MJ, Mac Nicholas R, Grealy R, Taylor M, Otegbayo JA, O'Dea S, Mulcahy F, Ryan T, Norris S, Doherty DG.

Circulating CD56dim natural killer cells and CD56+ T cells that produce interferon- γ or interleukin-10 are expanded in asymptomatic, E antigen-negative patients with persistent hepatitis B virus infection. *Journal of Viral Hepatitis* 22: 335-345, 2015.

Buggy DJ, Borgeat A, Cata J, Doherty DG, Doornebal CW, Forget P, Gottumukkala V, Gottschalk A, Gupta A, Gupta K, Hales TG, Hemmings HC, Hollmann MW, Kurz A, Ma D, Parat MO, Sessler DI, Shorten G, Singleton P.

Consensus statement from the BJA Workshop on Cancer and Anaesthesia. *British Journal of Anaesthesia* 114: 2-3, 2015.

Histopathology Publications 2015

Diagnostic performance on briefly presented digital pathology image.

Houghton JP, Smoller BR, Leonard N, Stevenson MR, Dornan T. J Pathol Inform 2015, 6:56

Cutaneous pseudolymphoma: A rare side effect of cyclosporine.

Foley C, Leonard N, Wynne B. J Am Acad Dermatol 2015, Mar; 72(3):e85-6.

Whole Body MRI in the Staging of Esophageal Cancer--A Prospective Comparison with Whole Body 18F-FDG PET-CT.

Malik V, Harmon M, Johnston C, Fagan AJ, Claxton Z, Ravi N, O'Toole D, Muldoon C, Keogan M, Reynolds JV, Meaney JF. Dig Surg. 2015;32(5):397-408.

Metachronous adenocarcinoma of the remnant oesophagus 15 years following multimodal therapy.

Croghan S, McCormack O, Muldoon C, Ravi N, Reynolds JV. Ir Med J. 2015 Jan;108(1):22-3.

Value of CT-PET after neoadjuvant chemoradiation in the prediction of histological tumour regression, nodal status and survival in oesophageal adenocarcinoma.

Elliott JA, O'Farrell NJ, King S, Halpenny D, Malik V, Muldoon C, Johnston C, Reynolds JV. Br J Surg. 2014 Dec;101(13):1702-11.

Outcomes in gastric and junctional cancer using neoadjuvant and adjuvant chemotherapy (epirubicin, oxaliplatin, and capecitabine) and radical surgery.

Mongan AM, Kalachand R, King S, O'Farrell NJ, Power D, Ravi N, Muldoon C, O'Byrne K, Reynolds JV. Ir J Med Sci. 2015 Jun;184(2):417-23.

Beware of Kinked Frontiers: A Systematic Review of the Choice of Comparator Strategies in Cost-Effectiveness Analyses of Human Papillomavirus Testing in Cervical Screening.

O'Mahony JF, Naber SK, Normand C, Sharp L, O'Leary JJ, de

Kok IM. Value Health. 2015 Dec;18(8):1138-51. Epub 2015 Nov 17. Review.

Endosomal gene expression: a new indicator for prostate cancer patient prognosis?

Johnson IR, Parkinson-Lawrence EJ, Keegan H, Spillane CD, Barry-O'Crowley J, Watson WR, Selemidis S, Butler LM, O'Leary JJ, Brooks DA. Oncotarget. 2015 Nov 10;6(35):37919-29.

Trends in, and predictors of, anxiety and specific worries following colposcopy: a 12-month longitudinal study.

O'Connor M, O'Leary E, Waller J, Gallagher P, D'arcy T, Flannelly G, Martin CM, McRae J, Prendiville W, Ruttle C, White C, Pilkington L, O'Leary JJ, Sharp L; Irish Cervical Screening Research Consortium (CERVIVA). Psychooncology. 2016 May;25(5):597-604. Epub 2015 Sep 22.

Identifying novel hypoxia-associated markers of chemoresistance in ovarian cancer.

McEvoy LM, O'Toole SA, Spillane CD, Martin CM, Gallagher MF, Stordal B, Blackshields G, Sheils O, O'Leary JJ. BMC Cancer. 2015 Jul 25;15:547.

Understanding Women's Differing Experiences of Distress after Colposcopy: A Qualitative Interview Study.

O'Connor M, Waller J, Gallagher P, Martin CM, O'Leary JJ, D'Arcy T, Prendiville W, Flannelly G, Sharp L; Irish Screening Research Consortium (CERVIVA). Womens Health Issues. 2015 Sep-Oct;25(5):528-34. Epub 2015 Jul 17.

Enhanced regulation of cell cycle and suppression of osteoblast differentiation molecular signatures by prostate cancer stem-like holoclones.

Gallagher MF, Salley Y, Spillane CD, Ffrench B, El Baruni S, Blackshields G, Smyth P, Martin C, Sheils O, Watson W, O'Leary JJ. J Clin Pathol. 2015 Sep;68(9):692-702. Epub 2015 Jun 2.

Carboplatin and taxol resistance develops more rapidly in functional BRCA1 compared to dysfunctional BRCA1 ovarian cancer cells.

Busschots S, O'Toole S, O'Leary JJ, Stordal B. Exp Cell Res. 2015 Aug 1;336(1):1-14. Epub 2014 Dec 12.

The use of MYBL2 as a novel candidate biomarker of cervical cancer.

Martin CM, Astbury K, Kehoe L, O'Crowley JB, O'Toole S, O'Leary JJ. Methods Mol Biol. 2015;1249:241-51.

Human papillomavirus DNA and mRNA prevalence and association with cervical cytological abnormalities in the Irish HIV population.

Loy A, McInerney J, Pilkington L, Keegan H, Delamere S, Martin CM, Sheils O, O'Leary JJ, Mulcahy F. Int J STD AIDS. 2015 Oct;26(11):789-95. Epub 2014 Sep 25.

Influences on human papillomavirus (HPV)-related information needs among women having HPV tests for follow-up of abnormal cervical cytology.

O'Connor M, Costello L, Murphy J, Prendiville W, Martin CM, O'Leary JJ, Sharp L; Irish Screening Research Consortium (CERVIVA). J Fam Plann Reprod Health Care. 2015 Apr;41(2):134-41. Epub 2014 Sep 23.

A Prospective Investigation of PTEN Loss and ERG Expression in Lethal Prostate Cancer.

Ahearn TU, Pettersson A, Ebot EM, Gerke T, Graff RE, Morais CL, Hicks JL, Wilson KM, Rider JR, Sesso HD, Fiorentino M, Flavin R, Finn S, Giovannucci EL, Loda M, Stampfer MJ, De Marzo AM, Mucci LA, Lotan TL. *J Natl Cancer Inst.* 2015 Nov 27;108(2). Print 2016 Feb.

Evading Capture by Residual Disease Monitoring: Extramedullary Manifestation of JAK2 V617F-Positive Primary Myelofibrosis After Allogeneic Stem Cell Transplantation.

Langabeer SE, Nolan J, Haslam K, Clarke L, Flavin R, Conneally E. *Case Rep Hematol.* 2015;2015:703457. Epub 2015 Aug 9.

Case Study: Diffuse Large B-Cell Lymphoma Arising in Ovarian Mature Cystic Teratoma.

Maguire A, Castriciano G, Walker J, Molloy K, Quinn F, Osman N, Vandenberghe E, Jeffers M, Gaffney E, Flavin R. *Int J Gynecol Pathol.* 2015 Sep;34(5):459-64.

Neoadjuvant crizotinib in advanced inflammatory myofibroblastic tumour with ALK gene rearrangement.

Rafee S, Elamin YY, Joyce E, Toner M, Flavin R, McDermott R, Sheehy N, Hennessy B, O'Byrne K, Gleeson N, Osman N. *Tumori.* 2015 Apr 28;101(2):e35-9.

Quinn L, Finn SP, Cuffe S, Gray SG.

Non-coding RNA repertoires in malignant pleural mesothelioma. *Lung Cancer.* 2015 Dec;90(3):417-26. Epub 2015 Nov 10. Review.

Cregan S, McDonagh L, Gao Y, Barr MP, O'Byrne KJ, Finn SP, Cuffe S, Gray SG.

KAT5 (Tip60) is a potential therapeutic target in malignant pleural mesothelioma. *Int J Oncol.* 2016 Mar;48(3):1290-6. Epub 2016 Jan 13.

Leon G, MacDonagh L, Finn SP, Cuffe S, Barr MP.

Cancer stem cells in drug resistant lung cancer: Targeting cell surface markers and signaling pathways. *Pharmacol Ther.* 2016 Feb;158:71-90. Epub 2015 Dec 17. Review.

Ahearn TU, Pettersson A, Ebot EM, Gerke T, Graff RE, Morais CL, Hicks JL, Wilson KM, Rider JR, Sesso HD, Fiorentino M, Flavin R, Finn S, Giovannucci EL, Loda M, Stampfer MJ, De Marzo AM, Mucci LA, Lotan TL.

A Prospective Investigation of PTEN Loss and ERG Expression in Lethal Prostate Cancer. *J Natl Cancer Inst.* 2015 Nov 27;108(2). Print 2016 Feb.

Byrne AM, Bekiaris S, Duggan G, Prichard D, Kirca M, Finn S, Reynolds JV, Kelleher D, Long A.

Golgi phosphoprotein 2 (GOLPH2) is a novel bile acid-responsive modulator of oesophageal cell migration and invasion. *Br J Cancer.* 2015 Nov 3;113(9):1332-42. Epub 2015 Oct 13.

Martin NE, Gerke T, Sinnott JA, Stack EC, Andr n O, Andersson SO, Johansson JE, Fiorentino M, Finn S, Fedele G, Stampfer M, Kantoff PW, Mucci LA, Loda M.

Measuring PI3K Activation: Clinicopathologic, Immunohistochemical, and RNA Expression Analysis in Prostate Cancer. *Mol Cancer Res.* 2015 Oct;13(10):1431-40. Epub 2015 Jun 29

Rider JR, Fiorentino M, Kelly R, Gerke T, Jordahl K, Sinnott JA, Giovannucci EL, Loda M, Mucci LA, Finn S;

Transdisciplinary Prostate Cancer Partnership (ToPCaP). Tumor expression of adiponectin receptor 2 and lethal prostate cancer. *Carcinogenesis.* 2015 Jun;36(6):639-47 Epub 2015 Apr 11.

van den Hurk K, Balint B, Toomey S, O'Leary PC, Unwin L, Sheahan K, McDermott EW, Murphy I, van den Oord JJ, Rafferty M, FitzGerald DM, Moran J, Cummins R, MacEaney O, Kay EW, O'Brien CP, Finn SP, Heffron CC, Murphy M, Yela R, Power DG, Regan PJ, McDermott CM, O'Keeffe A, Orosz Z, Donnellan PP, Crown JP, Hennessy BT, Gallagher WM.

High-throughput oncogene mutation profiling shows demographic differences in BRAF mutation rates among melanoma patients. *Melanoma Res.* 2015 Jun;25(3):189-99.

MacDonagh L, Gray SG, Finn SP, Cuffe S, O'Byrne KJ, Barr MP.

The emerging role of microRNAs in resistance to lung cancer treatments. *Cancer Treat Rev.* 2015 Feb;41(2):160-9. Epub 2014 Dec 23. Review.

Stahel R, Bogaerts J, Ciardiello F, de Ruyscher D, Dubsky P, Ducreux M, Finn S, Laurent-Puig P, Peters S, Piccart M, Smit E, Sotiriou C, Tejpar S, Van Cutsem E, Tabernero J.

Optimising translational oncology in clinical practice: strategies to accelerate progress in drug development. *Cancer Treat Rev.* 2015 Feb;41(2):129-35. Epub 2014 Dec 16. Review.

Microbiology Publications/ Presentations 2015

Publications

Molecular/Core Microbiology

Micheal MacAoghain, Brendan Crowley, Tom Rogers"

Molecular characterisation and whole genome sequencing of chromosomal AmpC in *P.mirabilis* isolates in Ireland" (published 2015). In association with Carmel Roche, Lisa Rose,

Yvonne Lynagh, Micheal MacAogain, Anne Walsh, Tom Rogers , Magnus Unemo, Brendan Crowley

"Detailed characterization of the first high-level azithromycin-resistant *Neisseria gonorrhoeae* cases in Ireland". *Journal of Antimicrobial Chemotherapy.* Feb 2015 Article DOI: dkv IMRL

Branagan, P, Moran, B; Fitzgibbon, M, Reid, V; McMenamin, M; Kane, M; Kelly, F; Barnes, L; McLaughlin, A; Keane, J.

"Inoculation site leprosy in a tattoo as a paradoxical reaction following tuberculosis treatment." *The International Journal of Tuberculosis and Lung Disease.* Accepted Nov 2015.

Mac Aog in M, Roycroft E, Raftery P, Mok S, Fitzgibbon M, Rogers TR.

Draft Genome Sequences of Three *Mycobacterium chimera* Respiratory Isolates. *Genome Announcements.* 2015 3 (6) e01409-15.

Pankhurst LJ, del Ojo Elias C, Votintseva AA, Walker TM, Cole K, Davies J, Fermont JM, Gascoyne-Binzi DM, Kohl TA, Kong C, Lemaitre N, Niemann S, Paul J, Rogers TR, Roycroft E, Smith EG, Supply P, Tang P, Wilcox MH, Wordsworth

S, Wyllie D, Xu L, Crook DW, for the COMPASS-TB Study Group.

Rapid, comprehensive, and affordable mycobacterial diagnosis with whole-genome sequencing: a prospective study. *Lancet Respir Med.* 2015. [http://dx.doi.org/10.1016/S2213-2600\(15\)00466-X](http://dx.doi.org/10.1016/S2213-2600(15)00466-X).

O'Driscoll C, Konjek J, Heym B., Fitzgibbon M.M, Plant B. J, Ní Chróinín M., Mullane D., Lynch-Healy M., Corcoran D.G, Schaffer K, Rogers T. R, Prentice M.B.

Molecular epidemiology of *Mycobacterium abscessus* complex isolates in Ireland. *J Cyst Fibros.* 2015 Jun 10. pii: S1569-1993(15)00122-8. doi: 10.1016/j.jcf.2015.05.007.

Presentations:

Presentations/Lectures

Niamh Murphy

'Fungal disease and Pathogenic Fungi'

Lisa Rose Biomerieux

"Implementation & Validation of Rapidec Carb NP.

Lisa Rose

"Laboratory detection of antimicrobial resistance "MSc.

Linda Dalby

presented at "Transformation Forum "sponsored by Abbott two day meeting 16-17 June attended by three staff members. A Laboratory perspective on the Implementation of a screening programme /study from the Emergency Department".

Mary Kelleher; ACSLM

"Surveillance-The future is BIG DATA."

Yvonne Lynagh;

Focus on Infection. Molecular Aspects of Sexually Transmitted Infections

Yvonne Lynagh;

MSc in Molecular Pathology, DIT

Yvonne Lynagh;

MSc in Healthcare Infection Management, TCD

Ian Fitzgerald;

ACSLM Annual Conference, EDVS study

Emma Roycroft/ Margaret Fitzgibbon;

Medical & Microbiology Journal Clubs

Margaret Fitzgibbon;

MSc Healthcare Management.

Margaret Fitzgibbon;

Senior Sophister Course- Clinical Microbiology (Under -graduate)

Emma Roycroft;

'TB: Current Concepts and Future Challenges' -; Serosep Microbiology Seminar, Red Cow Hotel

Emma Roycroft;

Poster and 'Two-minute Magic' presentations ; Public Health Winter Scientific Meeting, RCPI, Dublin

Helen Barry, Dr B O'Connell, Dr B Boyle, Dr B Crowley, Dr E McNamara, Dr A Talento, M Kelleher;

various

Antoinette Power:

Uncertainty of Measurement: Abbott User Group Meeting Course Demonstrators/Organiser

Niamh Murphy

organisation of Neqas Parasitology Course June 2015, TCD

Niamh Murphy, Course Demonstrator

"Identification of Pathogenic Moulds' Limerick University Hospital and TCD MSc Dublin

IMRL:

National Meetings

- 'TB: Current Concepts and Future Challenges' -; Serosep Microbiology Seminar, Red Cow Hotel
- Poster and 'Two-minute Magic' presentations ; Public Health Winter Scientific Meeting - RCPI, Kildare Street
- MSc in Molecular Pathology, DIT
- MSc in Healthcare Management, TCD
- Senior Sophister Course-Clinical Microbiology (under-graduate)
- Medical & Microbiology Journal clubs

CMD publications 2015

Clark JR, Scott SD, Jack AL, Lee H, Mason J, Carter GI, Pearce L, Jackson T, Clouston H, Sproul A, Keen L, Molloy K, Folarin N, Whitby L, Snowden JA, Reilly JT, Barnett D (2015)

Monitoring of chimerism following allogeneic haematopoietic stem cell transplantation (HSCT): technical recommendations for the use of short tandem repeat (STR) based techniques, on behalf of the United Kingdom National External Quality Assessment Service for Leucocyte Immunophenotyping Chimerism Working Group. *British Journal of Haematology*, 168, 26-37.

Crampe M & Langabeer SE (2015)

Comment on: Technical issues behind molecular monitoring in chronic myeloid leukemia. *Molecular Diagnosis & Therapy*, 19, 251-252.

Haslam K & Langabeer SE (2015)

Incidence of CALR mutations in patients with splanchnic vein thrombosis. *British Journal of Haematology*, 168, 459-460.

Haslam K & Langabeer SE (2015)

To screen for CALR mutations in patients with splanchnic vein thrombosis? *Clinical Laboratory*, 61, 441-442.

Langabeer SE (2015)

Standardized molecular monitoring for variant BCR-ABL1 transcripts in chronic myeloid leukemia. *Archives of Pathology & Laboratory Medicine*, 139, 969.

Langabeer SE (2015)

Lack of national consensus for the molecular investigation of myeloproliferative neoplasms. *Irish Medical Journal*, 108, 189-190.

Langabeer SE (2015)

The e1a3 BCR-ABL1 fusion transcript in Philadelphia chromosome-positive acute lymphoblastic leukemia. *Annals of Laboratory Medicine*, 35, 540-541.

Langabeer SE (2015)

Up-front screening for the JAK2 V617F mutation in patients presenting with thrombosis other than splanchnic vein thrombosis. *Clinical Laboratory*, 61, 1813-1814.

Langabeer SE (2015)

Getting hot under the CALR: what drives pediatric myeloproliferative neoplasms? *Pediatric Hematology & Oncology*, 32, 513-514.

Langabeer SE (2015)

Chronic neutrophilic leukaemia: a molecularly defined disease? *Journal of Clinical Pathology*, eLetter.

Langabeer SE (2015)

The JAK2 V617F mutation in plasma cell neoplasms with co-existing erythrocytosis. *Journal of Clinical & Diagnostic Research*, 9, EL01.

Langabeer SE, Andrikovics H, Asp J, Bellosillo B, Carillo S, Haslam K, Kjaer L, Lippert E, Mansier O, Oppliger Leibundgut E, Percy MJ, Porret N, Palmqvist L, Schwarz J, McMullin MF, Schnittger S, Pallisgaard N & Hermouet S (2015)

Molecular diagnostics of myeloproliferative neoplasms. *European Journal of Haematology*, 95, 270-279.

Langabeer SE & Haslam K (2015)

Lack of myeloproliferative neoplasm-associated CALR mutations in acute promyelocytic leukaemia. *Leukemia & Lymphoma*, 56, 1168-1169.

Langabeer SE, Haslam K & McMahon C (2015)

Distinct driver mutation profiles of childhood and adolescent essential thrombocythemia. *Pediatric Blood & Cancer*, 62, 175-176.

Langabeer SE, Nolan J, Haslam K, Clarke L, Flavin R & Conneally E (2015)

Evading capture by residual disease monitoring: extra-medullary manifestation of JAK2 V617F-positive primary myelofibrosis after allogeneic stem cell transplantation. *Case Reports in Hematology*, 2015, 703457.

Maguire A, Castriciano G, Walker J, Molloy K, Quinn F, Osman N, Vandenberghe E, Jeffers M, Gaffney E & Flavin R (2015)

Diffuse large B cell lymphoma arising in ovarian mature cystic teratoma. *International Journal of Gynecological Pathology*, 34, 459-464.

McCarron SL, Langabeer SE, Bolger K, Haslam K, Crampe M, Kelly J & Morrell R (2015)

Molecular response to imatinib in chronic myeloid leukemia with a variant e13a3 BCR-ABL1 fusion. *Medical Oncology*, 32, 452.

O'Brien CP (2015)

Bioinformatic analysis of antigenic proteins in celiac disease. *Methods in Molecular Biology*, 1326, 193-201.

Van der Hurk K, Balint B, Toomey S, O'Leary PC, Unwin L, Sheahan K, McDermott EW, Murphy I, van den Oord JJ, Rafferty M, Fitzgerald DM, Moran J, Cummins R, MacEaney O, Kay EW, O'Brien CP, Finn SP, Heffron CC, Murphy M, Yela R, Power DG, Regan PJ, McDermott CM, O'Keefe A, Orosz Z, Donnellan PP, Crown JP, Hennessy BT &

Gallagher WM (2015)

High-throughput oncogene mutation profiling shows demographic differences in BRAF mutation rates among melanoma patients. *Melanoma Research*, 25, 189-199.

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CMD presentations 2015**Langabeer SE (2015)**

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Langabeer SE, Haslam K, Clarke L, Flavin R, Hayat A & Conneally E (2015)

Evading capture by JAK2 V617F residual disease monitoring: an illustrative case report. MPN & MPN EuroNet 10th Meeting, Zagreb, Croatia.

Haslam K, Langabeer SE, Hayat A, Conneally E & Vandenberghe E (2015)

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Hyland S, O'Brien D, Quinn F, Flavin R, Muldoon C & Vandenberghe E (2015)

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IMRL Publications/ Presentations 2015**Presentations****National Meetings**

- 'TB: Current Concepts and Future Challenges' –; Serosep Microbiology Seminar, Red Cow Hotel
- Poster and 'Two-minute Magic' presentations ; Public Health Winter Scientific Meeting – RCPI, Kildare Street

- MSc in Molecular Pathology, DIT
- MSc in Healthcare Management, TCD
- Senior Sophister Course-Clinical Microbiology (undergraduate)
- Medical & Microbiology Journal clubs

Publications

Branagan, P, Moran, B; Fitzgibbon, M, Reid, V; McMenamin, M; Kane, M; Kelly, F; Barnes, L; McLaughlin, A; Keane, J. "Inoculation site leprosy in a tattoo as a paradoxical reaction following tuberculosis treatment." *The International Journal of Tuberculosis and Lung Disease*. 2016 May;20(5):706-8.

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Harrison E, Ludden C, Brodrick HJ, Blane B, Brennan GI, Morris D, Coll F, Reuter S, Brown NM, Holmes MA, O'Connell B, Parkhill J, Estee Török M, Cormican M, Peacock SJ.

Transmission of methicillin-resistant Staphylococcus aureus (MRSA) in long-term care facilities and their referral networks in England and Ireland revealed by whole genome sequencing (Submitted 2015)

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