



**St. James's Hospital  
annual report**

20  
00

# Mission Statement

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

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

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

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

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

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

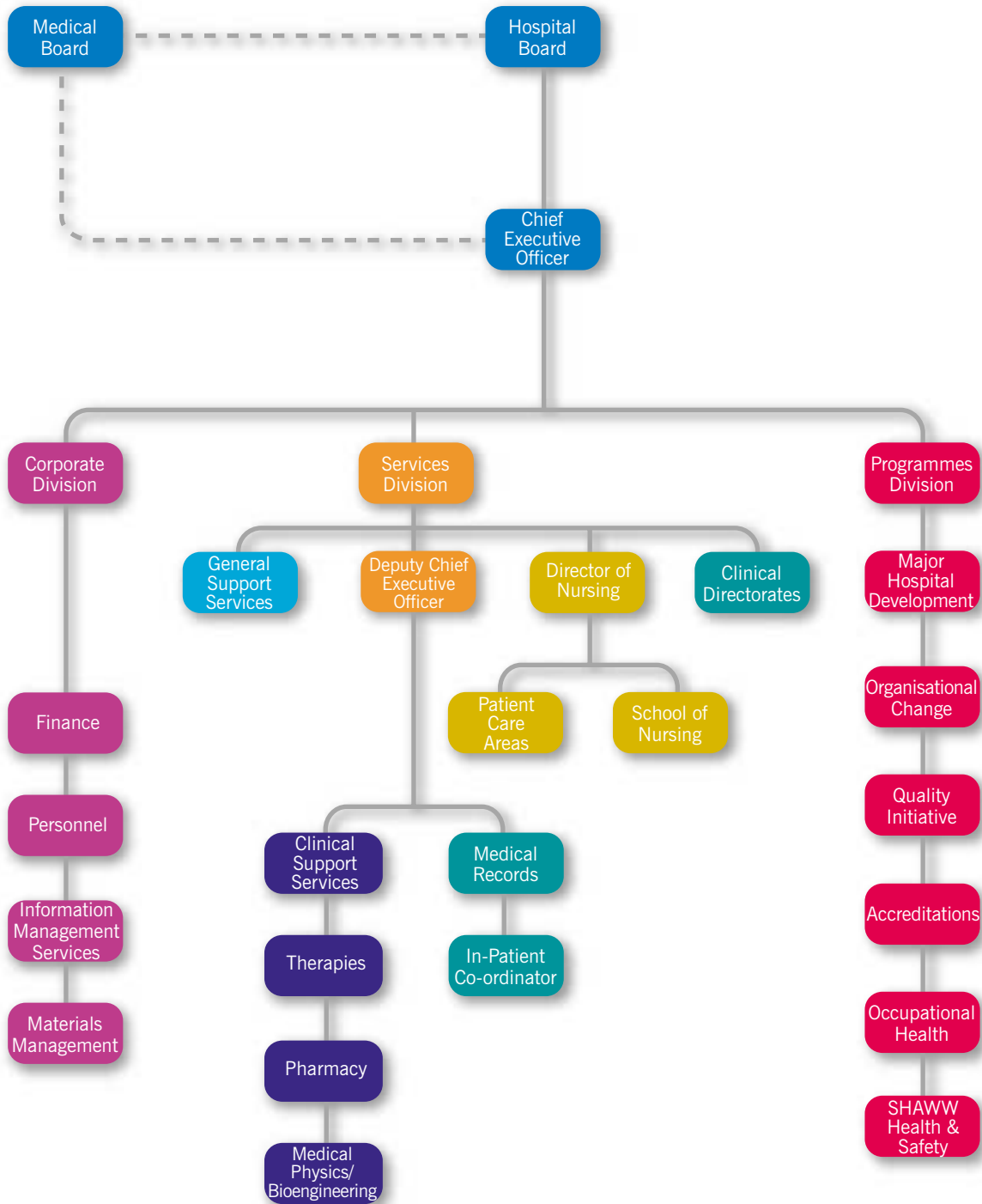
# Contents

<b>Mission Statement</b>	
<b>Governance &amp; Executive</b>	3
Hospital Board .....	4
Executive Management Group .....	4
<b>Consultant Staff</b>	5
<b>Legal &amp; Banking</b>	6
Auditors/Bankers .....	6
Legal Advisors/Insurance Brokers .....	6
<b>Corporate Reports</b>	7
Introduction from the Chairman .....	8
Report of the Chief Executive .....	11
<b>Performance Highlights</b>	17
Key Activity Volumes .....	18
Financial Statements .....	24
<b>CORPORATE DIVISION REPORTS</b>	25
<b>Financial Report</b> .....	26
<b>Internal Audit Department</b> .....	29
<b>Personnel</b> .....	29
<b>Information &amp; Management Services</b> .....	30
<b>Materials Management</b> .....	32
<b>SERVICES DIVISION REPORTS</b>	33
<b>Clinical Directorates</b> .....	34
<b>CreST</b> .....	34
Cardiology, Respiratory Medicine and Cardio-Thoracic Surgery, Palliative Care Research & Educational Institute	
<b>HOPE</b> .....	41
Haematology, Medical and Radiation Oncology, National Centre for Bone Marrow Transplantation National Centre For Hereditary Coagulation Disorders.	
<b>MedEL</b> .....	46
Medicine for the Elderly	
<b>SaMS</b> .....	49
Dermatology, Rheumatology, Ophthalmology, Urology, Genito Urinary Medicine, Gynaecology, Endocrinology, Neurology	
<b>GEMS</b> .....	55
Gastro-Intestinal Medicine and Surgery, ENT, General Medicine including Hepatology and Nephrology, General Surgery	
Plastic & Reconstructive Surgery, Burns Unit, .....	60
Maxillofacial Orthodontic / Cleft Unit Orthopaedics	
<b>Emergency Directorate</b> .....	62
Accident & Emergency Medicine	
<b>Other Specialities</b> .....	65
Pharmacology & Therapeutics Psychiatry Vascular Surgery	
<b>Clinical Service Directorates</b> .....	67
LabMed Directorate .....	67
Clinical Microbiology, Immunology Biochemistry Haematology Histopathology/Cytopathology	
<b>DiagIm</b> .....	75
Diagnostic Imaging	
<b>ORIAN</b> .....	77
Operating Theatres, Intensive Care Unit, High Dependency Unit, Surgical Day Ward, Hospital Sterile Supplies Unit	
<b>Clinical Support Services</b> .....	79
Occupational Therapy Physiotherapy Speech and Language Therapy Clinical Nutrition Medical Social Work	
Pharmacy .....	85
Medical Physics & Bioengineering .....	87

# Contents

<b>General Support Services</b> .....	<b>90</b>
Catering	
Security	
Portering	
Technical Services	
Energy Centre	
<b>Nursing Report</b> .....	<b>93</b>
<b>St. James's Hospital Foundation</b> .....	<b>95</b>
<b>The Haughton Institute</b> .....	<b>95</b>
<b>Educational Activities</b> .....	<b>96</b>
<b>William Stokes Postgraduate Centre</b> .....	<b>96</b>
<b>PROGRAMMES DIVISION REPORT</b>	<b>97</b>
<hr/>	
<b>Occupational Health</b> .....	<b>98</b>
<b>Commissioning Department</b> .....	<b>98</b>
<b>Health &amp; Safety</b> .....	<b>100</b>
<b>DubDoc</b> .....	<b>100</b>
<b>Quality Initiative Programme</b> .....	<b>102</b>
Accreditation	
Risk Management	
Patient Advocacy Committee	
Performance Indicators	
<b>Distinctions/Prizes/Awards</b>	<b>105</b>
<b>Publications</b>	<b>106</b>
<hr/>	

# Governance and Executive



# Governance and Executive

## Hospital Board Membership

Professor D.I.D. Howie,  
Chairman of Hospital Board

Deputy S. Ardagh, T.D.

Ms A. Cuffe  
Clinical Nurse Manager

Alderman. M. Donnelly

Professor J. Feely  
Consultant General Physician

Dr. P.W.N. Keeling  
Consultant Gastroenterologist

Mr. J. Kelly  
SIPTU

Deputy M. McGennis, T.D.

Dr. F. O'Kelly  
General Practitioner

Mr. P.K. Plunkett  
Emergency Consultant

Deputy E. Ryan, T.D.  
(resigned Feb 2000)

Counsellor G. Keegan  
(appointed July 2000)

Prof. J. Scott  
Professor of Experimental Nutrition

Dr. J.B Walsh  
Consultant Geriatrician

Mr. S.G. Watson  
Matheson, Ormsby Practice Solicitors

## Executive Management Group

Mr. J. O'Brien  
Chief Executive (Chair)

Mr. I. Carter  
Deputy Chief Executive/Operations Manager

Dr. L. Barnes  
Clinical Director, SaMS Directorate

Mr. C. Beirne  
Clinical Chairman, Surgical Sub-Group

Dr. M. Barry  
Chairman, Physicians Sub-Group

Professor R. O'Moore  
Clinical Director, LabMed Directorate

Dr. L. Clancy  
Clinical Director, Crest Directorate

Dr. P. Freyne  
Clinical Director, Diaglm Directorate

Prof. S. McCann  
Clinical Director, Hope Directorate

Dr. T. Ryan resigned  
Dr. E. O'Sullivan  
Clinical Director, ORIAN Directorate

Dr. J. Bernard Walsh  
Clinical Director, MedEI Directorate

Mr. M. O'Hagan  
Personnel Officer

Mr.E.Fleming  
Financial Controller

Mr P. Carolan  
Materials Manager

Mr J. Deegan  
Manager, General Support Services

Ms R. Ryan resigned June 2000  
Ms E. Hardiman appointed August 2000  
Director of Nursing Services

Dr. PWN Keeling  
Clinical Director, GEMS Directorate

Mr. M. Buckley  
IMS Manager

Mr. P. Plunkett  
Clinical Director, Emergency Directorate

Mr. R. Stephens  
Chairman, Medical Board

## Consultant Staff

Dr. M. Abrahams, Anaesthetist	Dr. W.S. Jagoe, General Physician	Dr. M. O'Donnell, Plastic Surgeon
Dr. L. Barnes, Dermatologist	Prof. C.T. Keane, Microbiologist	Dr. F. O'Higgins, Anaesthetist
Dr. M. Barry, Clinical Pharmacologist	Dr. P.W.N. Keeling, Gastroenterologist	Dr. A. O'Dwyer, Liaison Psychiatrist
Mr. J.C. Beirne, Oral & Maxillofacial Surgeon	Prof. D. Kelleher, Gastroenterologist	Mr. F. O'Loughran, ENT Surgeon
Dr. C. Bergin, Infectious Diseases	Dr. J. Kennedy, Medical Oncologist	Dr. A. O'Marcaigh, Paediatric Haematologist
Mr. D. Borton, Orthopaedic Surgeon	Dr. R.J. Kirkham, Anaesthetist	Prof R. O'Moore, Chemical Pathologist
Mr. F. Brady, Oral & Maxillo facial Surgeon	Mr. G. Kronn, Dental Surgeon	Dr. J. O'Riordan, Haematologist
Dr. F. Brett, Neuropathologist	Dr. B. Lawless, Anaesthetist	Dr. L. O'Siorain, Physician
Dr. P.V. Browne, Haematologist	Dr. B. Lawlor, Psycho-geriatrician	Dr. L. O'Sullivan, Anaesthetist
Dr. M. Buckley, General Physician	Mr. D. Lawlor, Plastic Surgeon	Mr. D. Orr, Plastic Surgeon
Dr. G. Canny, Paediatrician	Dr. E. Lawlor, Haematologist	Mr. P.K. Plunkett, Emergency Consultant
Dr. E. Casey, Rheumatologist	Dr. M. Mac Evilly, Anaesthetist	Mr. R.D. Quill, General Surgeon
Mr. H. Cassidy, Ophthalmologist	Prof. S.R. McCann, Haematologist	Dr. J.M.T. Redmond, Neurologist
Dr. L. Clancy, Respiratory Physician	Dr. P. McCormack, Physician	Mr. J. Reynolds, General Surgeon
Prof. D. Coakley, Geriatrician	Mr. T. McDermott, Urologist	Dr. T. Ryan, Anaesthetist
Dr. S. Connolly, Neurophysiologist	Dr. N. McEniff, Radiologist	Dr. P. Scanlon, Anaesthetist
Dr. P. Crean, Cardiologist	Ms. E. McGovern, Cardiothoracic Surgeon	Dr. T. Schnittger, Anaesthetist
Prof. M. Cullen, Endocrinologist	Dr. E. McGuinness, Gynaecologist	Prof. D. Shanley, Psychiatrist
Dr. C. Cunningham, Consultant Geriatrician	Mr. M. McHugh, Plastic Surgeon	Dr. O.P. Smith, Haematologist
Prof. P.A. Daly, Medical Oncologist	Mr. E. McKiernan, Orthodontist	Mr. H. Smyth, Orthopaedic Surgeon
Dr. N. Dowd, Anaesthetist	Ms. G. McMahon, Emergency Consultant	Dr. M. Staines, Psychiatrist
Ms. P. Eadie, Plastic Surgeon	Prof. J. McNulty, Radiologist	Mr. R. Stephens, General Surgeon
Dr. M. Ennis, Radiologist	Mr. D.P. McShane, ENT Surgeon	Dr. B. Stuart, Gynaecologist
Prof. J. Feely, General Physician	Mr. P. Madhavan, Vascular Surgeon	Prof. E. Sweeney, Histopathologist
Prof. C. Feighery, Immunologist	Dr. G. Mellotte, Nephrologist	Prof. C. Timon, ENT Surgeon
Mr. G. Fenelon, Orthopaedic Surgeon	Dr. S.T.K. Miller, Radiologist	Dr. M. Toner, Oral Pathologist
Dr. J.B. Foley, Cardiologist	Dr. M.P. Molloy, Radiologist	Mr. M. Tolan, Cardiothoracic Surgeon
Dr. L. Fox, Anaesthetist	Dr. J. Moriarty Anaesthetist	Dr. C. Traynor, Anaesthetist
Dr. P.J. Freyne, Radiologist	Dr. F. Mulcahy, Genito-Urinary Physician	Dr. P. Vaughan, Anaesthetist
Dr. E. Gaffney, Histopathologist	Dr. G. Mullett, Psychiatrist, R.I.P. 12/6/00	Dr. J.B. Walsh, Geriatrician
Dr. M. Gill, Psychiatrist	Dr. T.E. Mulvihill, Microbiologist	Dr. M.J. Walsh, Cardiologist
Dr. N. Gleeson, Gynaecologist	Dr. J. Murphy, Radiologist	Dr. R. Watson, Dermatologist
Mr. R. Grainger, Urologist	Dr. R.P. Murphy, Neurologist	Prof. M. Webb, Psychiatrist
Dr. M. Griffin, Histopathologist/Cytopathologist	Mr. J. Nolan, Endocrinologist	Dr. G.F. Wilson, Radiologist
Prof. D. Hollywood, Radiotherapist	Dr. D.S. O'Briain, Histopathologist	Dr. M. Young, Dermatologist
Dr. N. Hughes, Anaesthetist	Dr.H. O'Connor, Gynaecologist	Dr. V. Young, Cardiothoracic Surgeon
	Mr. M. O'Connor, Ophthalmologist	
	Dr. F. O'Connell, Respiratory Physician	

# Legal & Banking

## Auditors

Controller & Auditor General  
Dublin Castle  
Dublin 1

## Bankers

Bank of Ireland  
85 James's Street,  
Dublin 2.

Trustee Savings Bank,  
Thomas Street,  
Dublin 8.

6

## Legal Advisors

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

McCann Fitzgerald Solicitors,  
2 Harbourmaster Place,  
Custom House Dock,  
Dublin 2.

## Insurance Brokers

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



# Corporate Reports

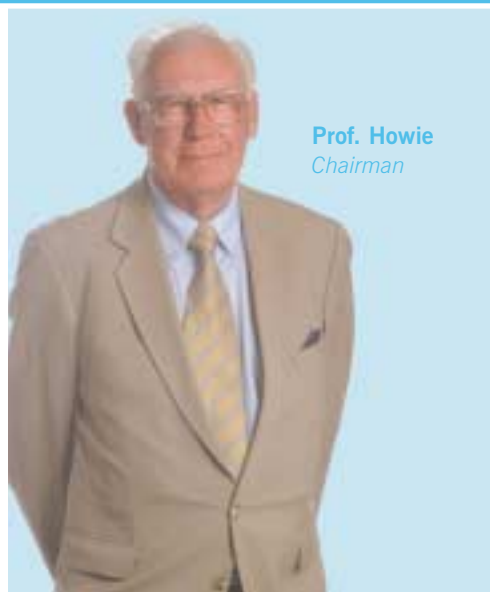
annual report  
20  
00

## Corporate Reports

### Chairman's Introduction

I am glad that I can continue to express my confidence in the hospital and specifically in the care and treatment delivered by the staff. This confidence is shared by my colleagues on the Board. It is bred by the persistent efforts of doctors, nurses, support staff and management to introduce new methodologies and new expertise to deal with both the medical problems that traditionally have been presented by patients and by new problems that arise from travel and changing demographics. Details of service developments are presented in the Chief Executive's overview and in the reports from individual directorates and departments.

Despite the foregoing expression of confidence in the clinical work of the hospital one cannot ignore the many difficulties which have emerged during the year. The most signal of these was the closure of the Burkitt ward arising from a VRE infection which resulted in the suspension of the Bone Marrow Transplant service and the need to redistribute oncology patients elsewhere in the hospital. This incident and the measures taken to overcome it, which I greatly commend, are dealt with in detail in the body of this annual report. However, the knock-on effect of the ward closure was to greatly exacerbate inherent problems apparent in St. James's for some time. It is self evident to the most casual observer that the hospital becomes busier and more crowded with every year that passes. The widespread perception that hospitals, generally, deliver a poor service results from anecdotal experience of long waiting times in Emergency Departments and from long waiting lists for outpatient appointments and subsequent long



Prof. Howie  
Chairman

waits for an elective bed. In St. James's all of this starts with an unrealistically high bed occupancy and increased average length stay due in the main to elderly patients who have completed treatment for the acute phase of their illness but are awaiting accommodation in nursing homes. The effect is simply to block the admission of new patients. None of this is new and the closure of Burkitt ward simply exaggerated the problem.

The response of the staff has been constructive. Rather than simply resort to complaints about lack of resources the difficulties have given added impetus to plans for the reorganisation and reconstruction of the Emergency Department and new thinking about the management of emergency admissions, especially medical admissions. The Chairman of the Medical Board has led a task force examining staffing and ways and means of improving the response of diagnostic services and other clinical support services for the Emergency Department. There also has been a concerted effort to identify short-term options to increase the bed capacity of the hospital.

It is already well recognised that a lack of bed capacity is at the core of the alleged crisis in the hospital service. This is often ascribed accurately but superficially, to bed closures in

the 1980's. It is important to understand more fully the course of events. In the case of St. James's, subsequent to the decision to amalgamate the services of a number of the old voluntary hospitals and build a new hospital on the St. James's site, a brief was written and approved – in 1977. To provide for the catchment area service and assigned specialities the brief proposed a total of 728 acute beds together with retention of a substantial number of long stay beds. While in the intervening period phases of the new hospital have been constructed, the number of acute beds has never reached the planned figure. There is always some flux of hospital beds but the number of acute beds today in St. James's is about 600 some of them still in old hospital buildings. Of this number about 50 are in special units not envisaged in 1977 such as the bone marrow transplant unit and the new cardiac surgery unit. Thus of the base line planned figure of 728 only about 550 are presently available, i.e. about 170 short, and of course the demand for hospital services has grown in the intervening period.

The plan for the new St. James's also included a second phase comprising departments for the clinical support services such as physiotherapy, occupational therapy and pharmacy and the general support services including catering and supplies. Again this has not been built and all these services are housed in scattered, often old, or temporary, buildings. The hospital and its staff cannot be expected to operate efficiently or deliver a quality service to patients in these circumstances. The problem with today's hospital(s) is not, as is so often claimed poor management but rather a lack of investment over a quarter of a century, not only in beds but also in infrastructure. The whole of this shortfall cannot be redressed in a few

months or even in a year or two and it may be that investment through public/ private partnerships can accelerate development especially of infrastructure projects.

Despite the lack of investment the policy of hospital amalgamation adopted in the 1970's and carried out in the 1980's, and subsequently with closure of the small hospitals was correct. Acute medical specialities, especially those just emerging, can only be properly staffed and furnished with state of the art equipment if they serve large catchment populations. Even our present teaching hospitals are, by international standards, too small as tertiary referral hospitals. If now there is a decision to invest in the hospital service a development policy is required which will build on the expertise and resources of the major hospitals already in existence. St. James's has embarked on an investigation of the best means of maximising the potential of the site and will play its part in providing a hospital service appropriate for the 21st century. A new hospital development policy to replace that of the 1970's is an essential. St. James's will willingly participate in its formulation if opportunity is offered by the Department of Health and Children and the Eastern Regional Health Authority.

The problems set out here and elsewhere in the report, which arise from lack of capacity and the need for investment have been of great concern to the Board of the hospital in recent times. It is a primary responsibility of the Board to secure adequate resources to fulfil the objectives of the hospital and its various stakeholders. It is for this reason that I have dwelt so heavily on these issues in this introduction to the annual report. The Board, however, has endeavoured to focus on governance issues, generally, and has

prioritised Board business accordingly.

In concert with the other Dublin teaching hospitals a report has been commissioned on *'Compliance with Legal and General Accountability Obligations – Dublin Academic Teaching Hospitals (DATH's)'* and this has provided essential guidance in relation to the exercise of the Board's responsibilities for the operation of the hospital as a whole. The Board welcomes the initiative of the Chief Executive in leading the evolution of a structure for hospital accreditation.

Finally, I wish to express the Board's admiration of the work of the hospital's vast and diverse staff, often in difficult circumstances, such as staff shortages. Within nursing these shortages are being addressed by active recruitment initiatives undertaken by the Director of Nursing and colleagues. On the management side there also have been staff shortages, for example in Finance, but the quality of this and other essential services has been maintained.

I began and will now finish on a note of confidence about the hospital and its future.

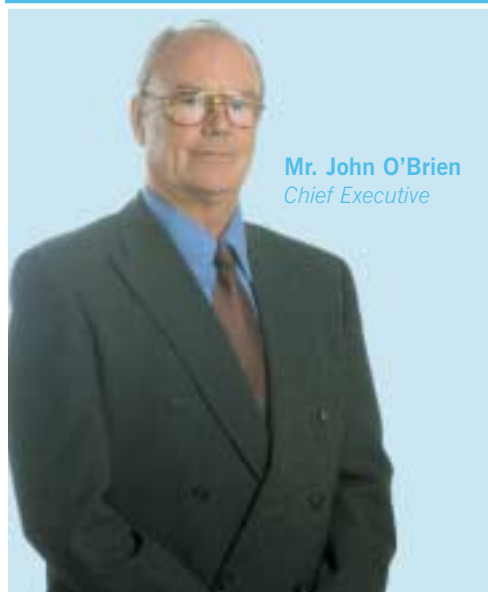
## Report of the Chief Executive

I am happy to furnish this overview report on the Hospital's performance and development during the year 2000.

### Corporate Report

The primary management and operational focus for the year centred on achievement of planned levels of service delivery within the framework of agreed financial parameters and at acceptable quality levels as provided for in the Hospital's Service Plan for 2000. Once again, the Hospital in general performed creditably against set targets.

Activity over the range of key patient services was broadly in line with or above target levels. Baseline in-patient activity was marginally below planned output levels (<1%), but some 2% in excess of the previous year outcome. Related casemix indices increased marginally reflecting greater workload complexity. Average length of stay at 9.67 days also marginally exceeded the 1999 outcome. This in-patient position was achieved against a backdrop of unprecedented levels of bed occupancy in first and second quarters by patients awaiting long term care placement. Overall bed occupancy at 95.53%, on average, was also excessive and rendered unavoidable cancellation of elective patient admissions and delays in the transfer of attendees in the Emergency Department who required admission. These high occupancy levels also impact negatively on service quality because they undermine the capacity of the Emergency Department to function effectively and create conditions which may prejudice patient safety. They are simply not sustainable into the future and require immediate remedy. It is now generally accepted that the fundamental consideration giving rise to these reflected difficulties is lack of capacity.



Mr. John O'Brien  
Chief Executive

Significant enhancement of in-patient, diagnostic and treatment facilities and services is now essential if the Hospital is to be adequately positioned to discharge its patient remit.

Day case activity exceeded planned levels by some 6%. More significantly, day patient numbers now represent approximately 62% of total bed based activity at the Hospital. This places St. James's on par with benchmark Hospitals that positively promote day case work as a basis for improving intervention efficiency, effectiveness and appropriateness. The position will be further advanced with the completion and opening of Phase 1H of the Major Hospital Development now under construction (see below). Out-patient activity also increased substantially in 2000. New patient numbers increased by 6.2% on the prior year outcome.

The Hospital completed another highly successful in-patient waiting list initiative in 2000. Total numbers of in-patients awaiting admission fell by some 18% year-on-year. More importantly, those waiting in excess of one year for treatment fell by a highly significant 47% constituting a marked reduction in-patient waiting time – conventionally acknowledged as the truly relevant measure in this area. In addition to general provisions in this regard, a specifically

funded and highly effective Cardiac Surgery waiting list initiative proceeded in 2000.

Overall outcomes clearly reflect hugely efficient utilisation of the hospital's facilities but, as already noted, due to excessive occupancy levels, this is likely to have been accomplished at the expense of quality of service for individual patients.

Against this service backdrop, the Hospital returned a commendable financial performance, at the operational level, despite registering a deficit of £1.4m approximately for the year. As highlighted in the report of the Financial Controller, the recorded deficit is entirely attributable to policy determinations made at National level, on pay and blood products, which were outside the control of the Hospital. Operational financial performance was in line with target and the budgeted allocation. The Hospital is pursuing and fully anticipates reimbursement of the year 2000 deficit in 2001.

The principal occurrence impacting the Hospital at Corporate level in 2000 was the establishment of the Eastern Regional Health Authority (ERHA) in March. From the establishment date, responsibility for service agreements with the Hospital and funding therefor shifted from the Department of Health & Children to the new Authority. The year was accordingly characterised by adjustment to the new relationships demanded by these organisational changes and by management of the transition. I take the opportunity to express my personal thanks and appreciation to colleagues in the Department of Health & Children who, over the years of my term as Chief Executive at St. James's have always demonstrated professionalism, understanding and support in their direct dealings with the Hospital. I look forward to establishing equally

agreeable and effective relationships with staff members of the Authority.

## Service Initiatives

A number of important developments in key clinical areas of the Hospital proceeded in 2000, primarily as follows:

- The new Cardiac Surgery Unit opened at the Hospital in February. It progressed to full operation over a highly concentrated three week period. The unit achieved or outperformed on all targets set for its first full year of operation within a 10 month timeframe. Thus,
- Cases treated 468 (target 450)
- Waiting time for surgery reduced to 10 months (target 12 months)

Quality programmes and monitoring provisions also reveal that the unit met or exceeded International best-practice performance standards in all key benchmark areas and recorded high levels of patient satisfaction with the service. The unit stands as a powerful example of the capacity of the system to produce exceptional returns for targeted investment. It is also testament to the high level of drive, commitment and responsiveness achievable from Health Professionals in response to focused and structured service development.

- The decision to proceed with the installation of a MRI facility at St. James's in 2000 was greatly welcomed. Procurement and installation of the unit, together with recruitment of advance operational staff proceeded during the year. It is anticipated that the facility will commence operation in early 2001. The unit will add significantly to diagnostic and treatment capability at the

Hospital and considerably enhance patient comfort and processing by removal of the need to refer those requiring MRI scans to off-site locations.

- The new National Centre for Hereditary Coagulation Disorders facility was completed and opened in August, 2000. The unit provides for delivery of the full range of laboratory diagnostic and treatment services to persons with Haemophilia and other coagulation disorders in a contemporary and comprehensive setting. The Hospital also participated in an extensive review of the existing organisation and delivery of services for Paediatric Haematology with Our Lady's Hospital, Crumlin and the National Children's Hospital at Tallaght. It is anticipated that rationalisation of these services will proceed in 2001 which will see delivery of paediatric outpatient and day based clinics for children with Haemophilia, transfer to the new facility at St. James's. This will be likely to significantly enhance comfort, convenience and general service quality for this client cohort and further align the service with best International practice.
- Further development of the Supra-Regional Vascular Surgery Unit based between St. James's, the new Hospital at Tallaght and South Western Area and Midland Health Boards proceeded in 2000.

Highlights included the appointment of two new Consultants in Vascular Surgery – one each based primarily at St. James's and AMNCH – and the agreement to proceed with procurement and installation of a dedicated Endovascular Suite at St. James's. This facility will open in 2001 and considerably enhance patient care through introduction of substantially less invasive

treatment for certain ailments coupled with a considerably shorter length of in-patient stay.

- A large number of new Consultant posts were established and progressed in 2000. Appointments were made during the year to positions in Liaison Psychiatry, ENT Surgery, Intensive Care, Infectious Diseases, Vascular Surgery, Histopathology and Emergency Medicine plus the Chairs in Medicine, Surgery and Pathology,
- Advances were made in a number of other Clinical services during the year including Cardiac Stenting and Defibrillation, Anaesthesia, Molecular Diagnostics, Cancer Services and Oral & Maxillofacial Surgery.
- A highly significant occurrence for patients and staff of the Hospital was the temporary closure of Denis Burkitt Ward and the discontinuation of the National Bone Marrow Transplant Programme located there due to an exceptional outbreak of VRE in the Unit in September 2000. The incident highlighted the, by current standards, inappropriate design of the open/multi-bedded ward for the treatment of highly immuno-compromised patients, the critical importance of continuous availability of the necessary complement and mix of staff to care for such patients and the central position of cleaning and hygiene. Alternative arrangements for the treatment and care of patients requiring bone marrow transplants were made with the Royal Free Hospital in London for the duration of the closure. It is testament to the commitment and dedication of the staff that all services for other patients normally treated in the unit continued to be provided elsewhere in the Hospital. This was rendered possible by the readily offered support afforded by colleagues in other Hospitals – particularly AMNCH and

Beaumont. The Minister and his Department officials and the Eastern Regional Health Authority also responded rapidly and effectively to the difficulty. Funding was immediately forthcoming to fast-track the conversion of the Burkitt unit into a suite of single, highly engineered isolation rooms and provide a new medium dependency unit to compensate for associated bed losses. Provision was also made to considerably enhance cleaning, hygiene, staffing and practice requirements in the area. It is anticipated that these services will revert to normal in early 2001. Our sincere thanks is extended to all concerned for their willing assistance given to the hospital over this extremely difficult period.

Having regard to the considerable and continuing increase in the range and intensity of multi-resistant organisms in Hospital environments, the treatment of critically ill and compromised patients in open ward areas – particularly in ICU, HDU, Cancer, Burns etc. settings – is increasingly untenable. The recent experience of St. James's highlights an immediate need to review not just numbers, but the quality of beds in the Hospital system generally.

A number of other important initiatives proceeded in 2000. These included the following.

- Advances in the Hospital's Quality Programme – mainly in respect of Performance Indicators and Accreditation initiatives. The Hospital participated extensively in the establishment of a National Accreditation Scheme. This involved development and review of standards and piloting these and the non-standards components of the model. The Hospital looks forward to fully participating in the roll-out of the Scheme in 2001.
- Enhancement of environmental safety provisions and services at the Hospital. In this regard, the Hospital instituted physical improvements in fire alerting and spread control facilities. An appointment was made to the newly established post of Fire Services Manager. An increasing focus on this area is important.
- Continued pursuit of developments in Governance and Management. Initiatives in these areas included commissioning of a Legal and Accountability Compliance report in association with the other Dublin Academic Teaching Hospitals and further roll-out of the Clinicians in Management/ Organisation Change programme

### Facilities Initiatives

A number of highly significant developments progressed in 2000. Construction began on Phase 1H of the Major Redevelopment Programme. This phase provides for an extensive expansion of day treatment and care services – mainly in GI and Respiratory endoscopy, Manometry, Haematology/Oncology and surgery plus an additional in-patient ward (31 beds), a new Concourse and Entrance to the Hospital and an underground Car Park facility.

Agreement to proceed with a significant development of the Hospital's Emergency service was also secured in late 2000. This development will double the size of the Emergency Department to incorporate arrangements for separate streaming of patients with critical and minor presentations and an additional in-patient ward (29 beds). The development will also enable introduction of significantly altered arrangements for the organisation and delivery of Emergency Department services and the on-take/emergency (mainly medical) admissions.



These developments, together with further planned expansions, are central to the provision of the additional capacity necessary to facilitate the Hospital in meeting its service remit to its catchment population and are greatly welcomed. It is anticipated that they will come into operation in late 2002/early 2003. A number of minor physical developments (in addition to those already referenced) also proceeded during 2000 including expansion of the Social Work and Endocrinology Departments.

Design briefs for Phase II of the Major Redevelopment Programme, a Centre for the treatment and Care of the Elderly and a Cancer Centre (designed to centralise cancer services at the Hospital) were significantly progressed. It is intended that they be finalised and furnished to the ERHA for rapid progression in 2001.

Finally, the Hospital made some progress in replacing important and necessary items of medical equipment during the year. Investment here however falls considerably short of requirements. The Hospital estimates that between £3.5m and £4m per annum is required merely to maintain the current status. The actual provision in this regard has been considerably short of requirements over the years resulting in an accumulation of a significant backlog of unmet need. St. James's has for some time advocated the need for a radical rethink of the means whereby equipment replacement is provided in Major Hospitals. Such provision must have regard to the essential dependence of Major Hospitals upon front line contemporary technology. The introduction of depreciation accounting techniques, mandatory in the Private Sector, has been advocated as a mechanism for resolving related inadequacies.

## Education and Research

Appointments to the Chairs in Medicine, Surgery and Pathology during 2000 offer an unprecedented opportunity to the Hospital and its associated University (University of Dublin, Trinity College) in the areas of education and research. Appointees are due to take up position in 2001.

A major Research Centre development proceeded to construction stage on the University site located on the Hospital Campus. The Centre will house the Institute of Molecular Medicine and the Durkan Institute for Research on Leukaemia. Execution of the latter component of the development was made possible through a donation of £2.5m from the John Durkan Leukaemia Trust. Opening of the facility is scheduled for late 2002/early 2003. Development of a Joint Strategy for Research involving the Hospital and University was also further advanced in 2000. Construction work on new facilities for Physiotherapy, Speech & Language Therapy and Pharmacology Schools also commenced in 2000.

Finally, the Hospital facilitated and participated in planning for the transition of Nurse Under-Graduate education to University degree status during the year.

## Conclusion

Overall, the Hospital delivered on its Service Plan remit in service and financial terms in 2000 and progressed highly important developments towards a successful conclusion. Having regard to the exceptionally high usage of facilities and the associated capacity limitations, achievement of this position exerted enormous pressures on staff and infrastructure – mainly in the Hospitals A&E Department – and resulted in quality of service deficits for patients reflected primarily in access

and queuing difficulties. Put simply, existing Hospital capacity and infrastructure is inadequate to meet current and ever increasing levels of patient demand and expectations. This position has prevailed and gradually escalated in recent years and is not now sustainable even in the short term. While the developments, alluded to above, will significantly alleviate matters in the medium term, near term increases in capacity – mainly in bed numbers – are urgently required. Related requirements will be articulated and vigorously pursued in 2001. Personnel responses in the circumstances have been exceptional. Their continued commitment, dedication and contribution to assuring quality diagnostic, treatment and care services for patients who gain access to the Hospital is commendable and appreciated. I thank them for their continued support and loyalty.

# Performance Highlights

annual report  
2000

## Performance Highlights

### Key Activity Volumes

#### 2000 Service Plan Projections/2000 Out-Turn

Activity		2000 projected activity	2000 actual	Variance	
				Value	%
Inpatient	Discharges	20455	20434	(21)	(0.1%)
	Waiting List Initiative Discharges	1600	1600	0	–
	Total Discharges	22055	22034	(21)	(0.1%)
Daycare Attendances	32000	33938	1938	+6%	
Outpatient	New	37000	42026	5026	+14%
Follow Up	100103	105252	5149	+5%	
<b>Total</b>	<b>137103</b>	<b>147278</b>	<b>10175</b>	<b>+7%</b>	

18

#### Total Day Care Attendances by Specialty (2000)

Specialty	Attendances
Cardiology	2425
E.N.T.	281
G.U.M.	1190
Genito-Urinary	479
Gynaecology	191
Haematology	2847
Maxillo Facial	87
Medicine	7278
Oncology	4737
Orthopaedic Surgery	150
Plastic Surgery	2852
General Surgery	3394
Dermatology	218
Vascular Surgery	11
Diabetic Day Centre	7798
<b>Total</b>	<b>33938</b>

## Total Outpatient Attendances by Specialty (2000)

Specialty	New	Return	Total
Cardiology	1835	4405	6240
Dermatology	2330	2427	4757
Endocrinology	1228	5816	7044
Otolaryngology	2165	2811	4976
Gastro-Enterology	2689	6965	9654
G.U.M.	4505	12421	16926
Geriatric Medicine	780	1084	1864
Haematology	673	2357	3030
Neurology	623	1211	1834
Gynaecology	1172	2063	3235
Oncology	142	1625	1767
Ophthalmology	958	622	1580
Orthopaedics	3153	5915	9068
Plastic Surgery	3864	7054	10918
Psychiatry	544	6513	7057
Nephrology	145	695	840
Respiratory Medicine	1293	4256	5549
Rheumatology	634	2991	3625
General Surgery	3368	4522	7890
Vascular Surgery	2660	1449	4109
Accident & Emergency	1	0	1
General Medicine	984	4201	5185
Palliative Medicine	17	89	106
Cardio-Thoracic Surgery	139	164	303
Radiotherapy	456	773	1229
Urology	549	1024	1573
Clinical Immunology	237	367	604
Anaesthetics	277	163	440
Pain Relief	60	119	179
Gold	0	2123	2123
Warfarin	1034	16765	17799
Maxillo Facial	3511	2262	5773
<b>Totals</b>	<b>42026</b>	<b>105252</b>	<b>147278</b>

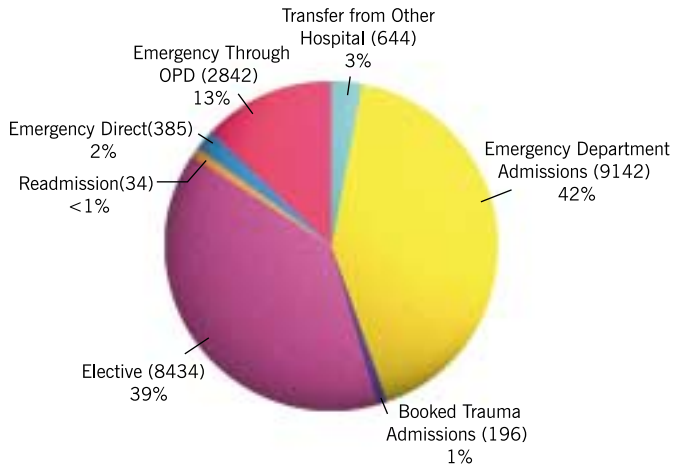
## Inpatient Activity

## (Discharges) by Specialty (2000)

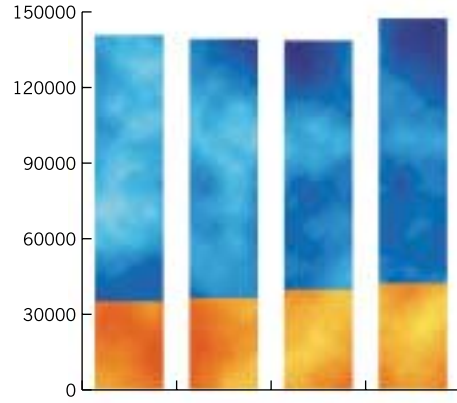
Specialty	Discharges
Emergency Medicine	339
Cardiology	1871
Dermatology	35
E.N.T.	901
G.U.M.	274
Genito-Urinary	528
Gynaecology	722
Haematology	516
Maxillo Facial Surgery	1021
Medicine	5081
Medicine for the Elderly	1254
Nephrology	99
Neurology	198
Oncology	811
Orthopaedic Surgery	1276
Plastic Surgery	2267
Psychiatry	448
Rheumatology	530
General Surgery	2315
Thoracic Surgery	790
Vascular Surgery	758
<b>Total</b>	<b>22034</b>

(Includes Waiting List Initiative Activity)

### Admission Source 2000

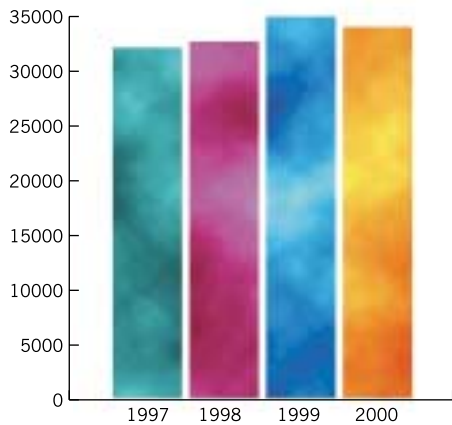


### Outpatient Attendances 1997 – 2000



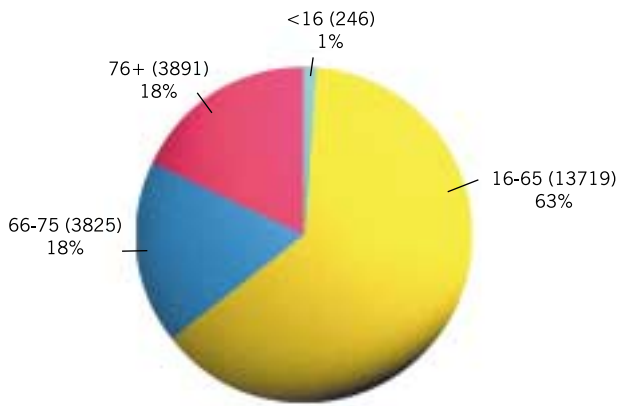
Attendance Type	1997	1998	1999	2000
New Patients	34902	36302	39556	42026
Return Patients	105670	102776	98874	105252
<b>Total</b>	<b>140572</b>	<b>139078</b>	<b>138430</b>	<b>147278</b>
<b>New % variance</b>				
1997	-	4%	13%	20%

### Total Day Care Attendances 1997 – 2000

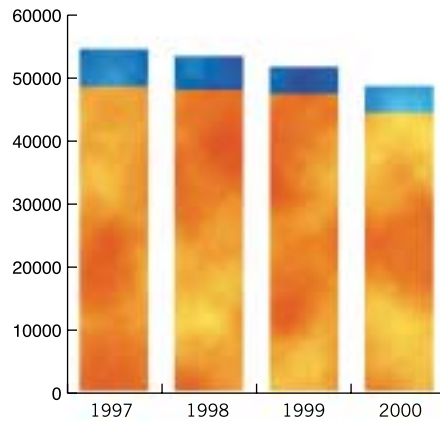


	1997	1998	1999	2000
All Attendances	32051	32613	34905	33938
% Variance on 1997	-	2%	9%	6%

### Admission by Age Group 2000

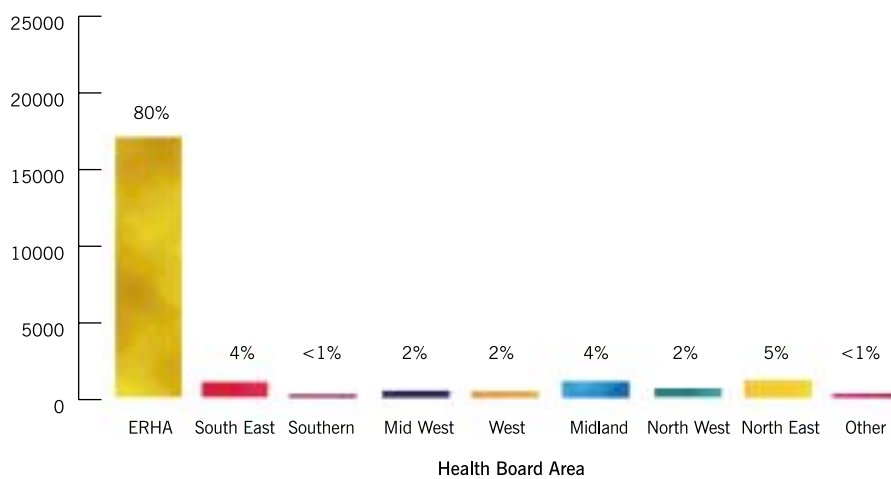


### Emergency Department Attendances 1997 – 2000



	1997	1998	1999	2000
New Patients	48509	47943	47331	44705
Return Patients	5990	5368	4290	4225
Total	54499	53311	51621	48930

### Admissions by Health Board Residence 2000



St. James's Hospital Inpatient Waiting List as on 31st December, 2000  
(All Specialties)

Specialty	Waiting Time by Days						Total
	30	60	90	180	365	366	
Cardiology	1	0	0	2	0	0	3
Dermatology	1	0	0	0	0	0	1
E.n.t.	26	28	20	35	22	8	139
Endocrinology	1	0	0	0	0	0	1
Genito-urinary	15	9	11	18	45	47	145
Gynaecology	17	21	13	10	7	0	68
Maxillo facial	17	10	11	30	29	21	118
Medicine	0	1	0	0	0	0	1
Orthopaedics	21	22	3	9	13	1	69
Plastics	24	43	19	70	83	91	330
Surgery	41	47	26	57	78	5	254
Thoracic surg	24	21	16	42	38	0	141
Vascular	24	33	8	24	47	245	381
<b>Totals</b>	<b>212</b>	<b>235</b>	<b>127</b>	<b>297</b>	<b>362</b>	<b>418</b>	<b>1651</b>

22

Inpatient Waiting List Comparison 31/12/1999 – 31/12/2000

Summary (All Specialties)	Waiting Time by Days						Total
	30	60	90	180	365	>365	
Waiting List as at 31/12/1999	176	190	143	300	420	788	2017
Waiting List as at 31/12/2000	212	235	127	297	362	418	1651
Variance	20%	24%	-11%	-1%	-14%	-47%	-18%



Waiting List Status 31/12/99 – 31/12/00 for waiting list  
initiative targetted specialities

Speciality	Waiting Time by Days							Total
	Period	30	60	90	180	365	>365	
ENT	31/12/99	23	13	8	24	31	51	150
	31/12/00	26	28	20	35	22	8	139
	%var	13%	115%	150%	46%	-29%	-84%	-7%
GU	31/12/99	11	16	14	27	45	36	149
	31/12/00	15	9	11	18	45	47	145
	%var	36%	-44%	-21%	-33%	0%	31%	-3%
Gynaecology	31/12/99	12	7	1	6	6	2	34
	31/12/00	17	21	13	10	7	0	68
	%var	42%	200%	1200%	67%	17%	100%	100%
Maxillo Facial	31/12/99	10	13	7	32	26	63	151
	31/12/00	17	10	11	30	29	21	118
	%var	70%	-23%	57%	-6%	12%	-67%	-22%
Orthopaedic	31/12/99	12	14	8	18	11	1	64
	31/12/00	21	22	3	9	13	1	69
	%var	75%	57%	-63%	-50%	18%	0%	8%
Plastic Surgery	31/12/99	35	39	50	92	109	167	492
	31/12/00	24	43	19	70	83	91	330
	%var	-31%	10%	-62%	-24%	-24%	-46%	-33%
General Surgery	31/12/99	36	30	5	20	34	7	132
	31/12/00	41	47	26	57	78	5	254
	%var	14%	57%	420%	185%	129%	-29%	92%
Vascular Surgery	31/12/99	22	32	36	33	96	390	609
	31/12/00	24	33	8	24	47	245	381
	%var	9%	3%	-78%	-27%	-51%	-37%	-37%
All	31/12/99	161	164	129	252	358	717	1781
	31/12/00	185	213	111	253	324	418	1504
	%var	15%	30%	-14%	0%	-9%	-42%	-16%

## Financial Statements

## Income and Expenditure Account Year Ended 31st December 2000

	2000 Ir £ 000	1999 Ir £ 000	2000 Euro '000	1999 Euro '000
Opening deficit	31	14	39	18
Pay Expenditure	86,667	75,153	110,045	95,425
Non Pay Expenditure	72,620	55,751	92,209	70,789
Gross Expenditure including deficit	159,318	130,918	202,293	166,232
Income	18,690	14,127	23,731	17,938
Net Expenditure for the year	140,628	116,791	178,562	148,294
Determination notified for the year	139,222	116,760	176,775	148,255
Closing Deficit	1,406	31	1,787	39

## Balance Sheet as at 31st December 2000

	2000 Ir £ 000	1999 Ir £ 000	2000 Euro '000	1999 Euro '000
<b>Fixed Assets</b>				
Land and Buildings	101,705	94,536	129,139	120,040
Plant and Machinery	12,215	9,735	15,510	12,357
	113,920	104,271	144,649	132,397
<b>Current Assets</b>				
Debtors	28,665	18,626	36,397	23,650
Stocks	2,858	2,688	3,629	3,413
Bank and Cash Balances	159	1,650	202	2,095
	31,682	22,964	40,228	29,158
<b>Creditors – less than one year</b>				
Creditors	(26,043)	(22,436)	(33,068)	(28,488)
Bank Overdraft	(4,813)	(559)	(6,111)	(710)
	(30,856)	(22,995)	(39,179)	(29,198)
<b>Net Current Assets</b>	826	(31)	1,049	(40)
<b>Total Assets Less Current Liabilities</b>	114,746	104,240	145,698	132,357
<b>Creditors – more than one year</b>				
Bank Loans	(2,232)	0	(2,834)	0
	112,514	104,240	142,864	132,357
<b>Capital and Reserves</b>				
Deficit	(1,406)	(31)	(1,785)	(39)
Capitalisation Account	113,920	104,271	144,649	132,397
	112,514	104,240	142,864	132,358

# Corporate Division Reports

annual report  
2000

## Corporate Division Reports

### Financial Report

The financial statements for the year ended 31st December 2000 show a cumulative deficit of £1.406m (1999: deficit £0.031m) on an allocation of £139.222m (1999: £116.760m).

The deficit is attributed to the under funding of approved pay awards and also blood product costs resulting from Department of Health & Children policy decisions.

Net expenditure increased by £23.837m (20.3%) over 1999 and, of which, pay increased by £11.514m (15.3%) and non-pay by £16.869m (30.2%). Income increased by £4.563m (32.2%) over 1999.

The principal elements of the increased expenditure for the year related to National Pay Awards (£3.2m), approved specific pay awards (£3.5m), Medical Indemnity/increased PRSI (£0.5m), commencement of Cardiac Surgery activity (£5.5m), blood products (£6.2m) and bone marrow transplant and oncology costs (£1.5m).

In relation to case-mix funding the hospital incurred a loss of £0.306m (1998 – gain £0.145m) which increased the cumulative funding loss to £1.617m. A larger than anticipated funding deduction of £0.781m (cumulative £1.266m) was made in respect of savings to be made under the Materials Management Initiative.

The deficit for the year, after six consecutive years of virtual breakeven, is a disappointment but relates to an unanticipated funding shortfall as opposed to expenditure overruns.

While the audit is not yet completed, the reported results are expected to reflect the final audited accounts.



In addition, to the summarised financial information additional analysis of expenditure and income is presented below.

### Pay Expenditure

In addition to the increased pay costs referred to above and the employment of approximately one hundred staff to approved posts associated with the Cardiac Surgery development, the hospital incurred additional costs in relation to overtime premia in most staff categories, regradings, together with extra portering, catering, ward attendant and environmental operative posts to deal with service pressures while savings resulted from historically high vacancy levels across all staff groupings.

In particular, the hospital was forced to utilise increased numbers of agency nurses, which resulted in higher basic pay costs.

### Non-pay Expenditure

The financial effect of the high vacancy rates and increased staff turn-over rates was an overspend of £0.3m on agency nursing fees and vacancy advertising costs.

In direct patient care, continuing growth was experienced in drug expenditure for haematology patients and also on account of increased oncology activity. As indicated earlier expenditure on recombinant blood products continued to grow in line with projections for

the prophylaxis home treatment programme for haemophilias and also accelerated by increased unit costs and exceptional expenditures in respect of a small number of in-patient episodes. Full year blood costs increased by £6.0m to £21.5m, of which, £19m represents recombinant blood products.

In support services, major cost pressures emerged and are continuing in relation to services related to cleaning (£0.3m), security (£0.3m) resulting from increased labour rates and increased service levels contracted.

Medical indemnity and corporate insurance premia costs increased by £0.4m in response to the increasing cost of settling claims. Legal costs of £0.3m were incurred in relation to the Lindsay Tribunal.

### Income

Gross Income increased significantly in respect of laboratory services (£0.4m), and the supply of chemotherapy and other drugs (£1.9m), to other public health care agencies in Ireland. Both areas continue to develop their expertise and capacity to deliver quality, cost effective services to external agencies. Other areas providing external services to the healthcare sector include Planning & Commissioning and Medical Physics & Bio-Engineering departments.

Other income increases related to private patient income, which was offset by a corresponding reduction in the Department of Health & Children allocation, superannuation deductions, psychiatric and sub-acute services funded by the Eastern Health Board/South West Area Health Board.

### Capital Expenditure

Expenditure on capital projects amounted to £12.8m during 2000. The commencement of the Phase 1H construction contract to complete the main hospital project commenced during the year. Together with the completion of the Centre for Hereditary Coagulation Disorders, the installation of the MRI facility these projects accounted for the substantial part of the capital expenditures.

Various specific minor capital projects were undertaken with funds provided while a number of the necessary projects were required to be funded out of non-capital funds.

Capital funding for equipment replacement was £0.920m, which, while welcomed, falls far short of the hospitals minimum annual requirements. At this stage the hospital has an immediate requirement for £15m to replace equipment at or near the end of its useful life.

As part of the Department of Health & Children approved and funded Phase 1H project, the hospital has undertaken, with Department of Health & Children approval to construct a 380 unit underground Car Park and to add a 700sm mezzanine facility in the concourse area of the development. A loan facility of up to £7.1m has been arranged for the purpose which will be repaid out of income generated by these facilities.

There was a shortfall in the receipt of funding for approved expenditure in relation to matured liabilities at year end amounting to £4.1m. In order to meet our commitment to our suppliers, it was necessary to utilise revenue funds for this purpose.

### Cash Flow & Working Capital

Cash Flow disimproved by £7.977m during 2000. As indicated above the payment of capital creditors before receipt of funding (£1.1m) together with loan draw-down of £2.2m, increased patient and agency debtors of £3.1m, revenue funding deficit of £1.9m less increased creditors balances accounted for most of the disimprovement in cash balances.

Interest on bank overdraft increased to £0.046m (1999 – £0.030m) while interest earned on surplus funds also increased to £0.093m (1999 – £0.080m).

Interest paid on late payments to creditors increased to £0.048m from £0.023m in the previous year. Staffing shortages in Finance and elsewhere in the hospital contributed to the increased expenditure.

### Accounting Standards

The introduction of new Department of Health & Children accounting standards came into effect on 1st January 2000. Most of the previously adopted standards apply while changes in relation to the thresholds for the capitalisation of expenditures and the standardisation of the presentation format of the annual financial statements are the most significant changes arising. We took a lead with the DATH Group in reviewing the draft accounting standards and offering recommendations thereto. Furthermore we provided considerable input to DOHC into the testing phase for the development of a computerised template for the production of the Annual Financial Statements.

### Funding and Service Planning

The establishment of the Eastern Regional Health Authority (ERHA) on 1 March 2000 resulted in funding for the hospital being

negotiated through the ERHA from that date. The new arrangements operated satisfactorily, in general, during 2000 and we look forward to developing and strengthening relationships in future years.

### Organisational Developments

Staffing shortages and increased staff turn-over rate, noted in the 1999 report, became more acute during 2000. Increased opportunities within the healthcare sector and generally higher grading and pay levels for comparable roles are major contributors to our difficulties. We have submitted a restructuring plan for the Finance Department to the Eastern Regional Health Authority and we await their sanction, which will then enable us to bring the department to a contemporary position and to deliver an enhanced finance service.

During 2000 Mr. Gavin Maguire, Management Accounting resigned to take up a promotional opportunity within the E.R.H.A. The hospital is indebted to Gavin for his contribution in developing and leading the Management Accounting function over an eight-year period, which included the development of the Clinical Directorate budgeting.

The first phase of the SAP HR software (P.P.A.R.S.) project went live in mid-2000. Both Finance and Personnel departments have worked closely in ensuring that the new system supports improved administrative controls, financial control and budgeting and management reporting in relation to more than half of the hospitals annual gross recurring expenditures. The next phase of the project will involve installing the SAP Payroll module.

During the year we set out proposals with ERHA to implement enterprise software incorporating Financials, Materials Management modules as well as Payroll and H.R.

## Internal Audit Department

### Introduction

The Internal Audit service is an independent appraisal and review function established within the Hospital, reporting to the Chief Executive. The work internal audit involves the evaluation of internal financial, management and administration of controls. It provides an independent, objective assurance and consulting service which adds value and improves the Hospitals operations. The Department helps staff, management and the hospital accomplish set objectives by bringing a systematic, disciplined approach to evaluate and improve control and governance processes. Including the appraisal and review of the following areas:

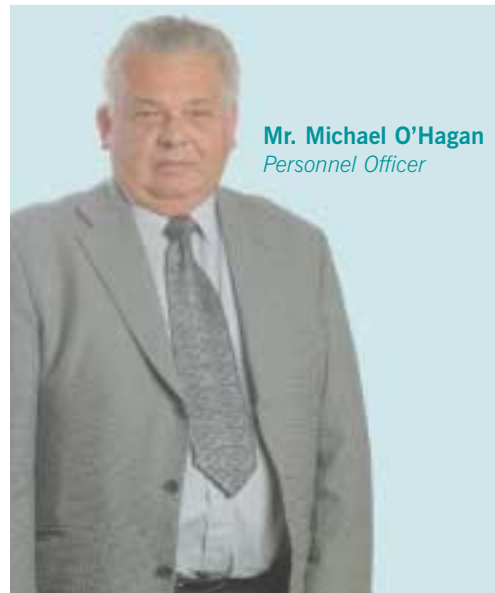
- The completeness, reliability and integrity of information, both financial and operational.
- The systems established to ensure compliance with policies, plans, procedures, laws and regulations.
- The means of safeguarding assets.
- The economy, efficiency and effectiveness with which resources are employed.
- Whether operations are being carried out as planned and objectives and goals are being met.

### Developments

Work on the strategic audit plan continued during 2000 and will be further advanced in line with Hospital and corporate developments in the future.

### Staff Movement

During the year the post of Head of Internal Audit became vacant, the filling of this post was being actively pursued at the latter end of 2000.



**Mr. Michael O'Hagan**  
*Personnel Officer*

## Personnel

### Recruitment & Selection

During 2000, the Recruitment & Selection Division continued its international recruitment initiative. Nurses were recruited from South Africa, the Philippines and a small number from other EU countries. The hospital was represented at International Recruitment Fairs in Liverpool, Manchester and Scotland. On a national level, Recruitment Open Days proved to be extremely successful and were organised to target Clerical Administrative and Support staff

Additional resources, including a Recruitment Specialist and support staff, were employed and a training programme has been put in place to support this initiative.

A new advertising strategy was devised in response to a changing employment market. Future developments include the emergence of an embryonic e-strategy that will bring the hospital to the forefront of current recruitment technology and methodology.

### PPARS – Personnel Payroll Attendance Recruitment System

St. James's Hospital has been identified as the first major hospital site to effect the implementation of a fully integrated SAP Human Resource system including Personnel

Administration, Absence/Attendance Recording, Shift Planning, Time Management, Payroll, Training Administration, Employment Control and Recruitment.

St. James's Hospital went live with Phase I of SAP HR (PPARS) in June 2000.

The first phase included the introduction of the following modules:

- Personnel Administration
- Organisation Management
- Absence Recording

This has been extended to include:

- Localised Reporting
- Training and Events Module.

### Training & Development

The Training and Development Department aims to support the Hospital's vision of developing the potential of employees through the promotion of a learning culture and a strong commitment to training and development. Throughout the past year, staff were enabled to develop their skills and knowledge through attendance at appropriate courses e.g. Presentation Skills, Lifting and Handling, I.T. Skills.

With its continued commitment to encourage and foster the development of staff members, a 3-day multidisciplinary Induction Programme is planned. This programme will be held on a monthly basis in the first instance. The IT Desktop Training has expanded and work is progressing on a number of developmental programmes, including aligning a Management Development Programme to the corporate objectives of the Hospital.

### Information Management Services

The Information and Management Services Department (IMS) is concerned with providing



information and data communications facilities to support the delivery of patient care. The fast pace of change in the hospital and the development of its care delivery processes raise constant challenges for IMS in its provision of appropriate Information Systems solutions.

### Projects

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

- In addition to resolving date-related software problems, the Year 2000 (Y2K) project gave the value-added benefits of inventory control, platform stability and major emergency planning.
- The PPARS Project (Payroll, Personnel and Related Systems) continued its development during the year. Phase 1 was successfully implemented in June and progress is being made towards the implementation of Phase 2 early in 2002. This project offers the hospital a unique opportunity to enhance our current Personnel function, and to establish a contemporary Human Resource function that will be devolved hospital-wide.
- The hospital Order Entry/Results Reporting System continued to be rolled out and was implemented in the first Outpatient area in May 2000 commencing with the Warfarin Clinic.



- The Cancer Strategy in St. James's Hospital will be underpinned by the collection of detailed clinical information for all cancer types across 16 medical specialties. Progress is ongoing in the development of minimum data sets for each type and the development of procedures for information capture.
- Several enhancements of Patient Management systems were carried out including the introduction of new interfaces to laboratory analysers.

### World-wide Web

St. James's Website has been very successful in promoting the hospital on the Internet. The demand for e-mail and Internet access within the hospital has continued to grow, reaching 500 end-users by the end of 2000. The installation and migration to Microsoft Exchange Server provides the hospital with a secure storage area, restricted mailboxes and detailed usage analysis. Attention is now growing on the future development of on-line health transactions and E-Commerce in line with the Government's Information Society Action Plan. The hospital has commenced a pilot project in e-commerce.

### Helpdesk

Over 6,452 calls were dealt with by the IMS helpdesk during the year. Calls are dealt with on a priority basis. 60 % of all calls were resolved within 30 minutes and overall 80% of all calls were resolved within 24 hours. System availability at St. James's Hospital averaged 99% for the year.

### Network

During the year considerable developments in the Local Area Network have increased the network bandwidth and improved the level of resilience.

### Desktop

Demand for Office Automation has continued with 150 PC installations taking place during the year. Upgrading to Office 2000 commenced in the autumn and will be on-going.

### Statistics/Casemix

Demand for statistics has continued to grow, particularly in support of service planning, waiting lists and the Emergency Department. The increase in the volume and type of statistical returns required by the monitoring and planning unit of the Eastern Regional Health Authority has been challenging and has generated the need for more comprehensive data warehousing and management information systems.

Collection of Casemix activity data remains at 100% and the results for 2000 show a casemix index of 1.36, up from the 1999 result of 1.30. There are ongoing programmes of education and awareness for medical staff and regular audits to ensure accuracy of data.



## Materials Management Department

The integration of Materials Management Hospital wide is a new concept and continues to be developed.

As part of a three phased programme, it requires the adoption of a new systems and procedures by the Materials Department, then by all of its 157 internal customers and ultimately the supply base. Progress has been made in all areas with more work to follow over the coming two years.

Achievements to date include the following:

- Materials Management Department now fully integrated and structured to meet the demands of the Hospital. This involves the management and control of 17,000 product lines, 500 suppliers and a £30m spend.
- A dedicated team was set up to ensure highest customer service levels are met in a value for money context service.
- Complementing the internal improvements all key suppliers are now working and measured to the same high service levels.

The materials department is at an advanced stage of planning towards an electronic method of procurement. Subject to adequate funding being made available the introduction of an enterprise system (SAP) with a Materials Management module will see the introduction of:

- Improved information and communications.
- Online stock replenishments with hand held scanners.
- e-procurement.
- e-commerce.

St. James's Hospital has been selected as one of the pilot sites for an e-procurement initiative under the Government Action Plan "Implementing the Information Society in Ireland"

These advances will ensure Materials Management in St. James's Hospital operates best practice and contribute to enhanced patient care.

### Staff Appointments

Ms. Miriam Kenny was appointed Clinical Co-ordinator for Medical/Surgical Contract.

Ms. Donna Mc Sorley was appointed Contracts Manager.

# Services Division Reports

annual report  
2000

## CResT Directorate

Cardiology, Respiratory Medicine and Cardiothoracic Surgery.

**Clinical Director – Prof. Luke Clancy**

**Nurse Manager – Ms. Mary Foley**

**Business Manager – Ms. Vanessa Clarke**

The Wards and Departments directly managed by CResT include Robert Adams Ward, John Houston Ward, Coronary Care Unit, Keith Shaw Ward and Keith Shaw Intensive Care Unit, Cardiac Rehabilitation, Palliative Care, the Angio Day Ward, the Cardiac Catheterisation Laboratory, the Cardiac Department and the Respiratory Laboratory.

### Cardiothoracic Surgery

The Keith Shaw Cardiac Surgery Unit at St. James's Hospital opened on the 8th February 2000 with an aim of performing 450 adult cardiac procedures per year. By the end of December 2000 the unit had performed 468 adult cardiac procedures in 10 months.

The unit consists of 6 intensive care beds and 15 ward beds of which 4 are high dependency beds, as well as two dedicated Cardiothoracic operating theatres. The unit is staffed by 3 Consultant Cardio-thoracic surgeons, 15 theatre nursing staff, 3.5 perfusionists, 41 ward and intensive care staff, 2 Consultant Cardiac anaesthetists with full support staff. Part of the nursing complement includes 4 Nurse Practitioners, who perform duties which might in the past have been carried out by Non Consultant Hospital Doctors, for example vein harvesting and harvesting of other conduits including radial arteries in theatre.

There are 4 higher surgical trainees in Cardio-thoracic surgery. As far as possible care is consultant delivered. In addition the unit provides supervised training for nurses in theatre and medical students from Trinity College Dublin.



When the Keith Shaw Cardiac Unit opened in St. James's Hospital it took over much of the waiting list of patients awaiting surgery in other centres. In February 2000 the longest patient on the waiting list was more than 5 years. By December 2000 the longest waiting time had been reduced to 10 months. In addition to this 56% of patients operated had surgery carried out within 3 months of diagnosis.

A full report of outcomes of procedures was published for the year ending December 2000 – "Cardiac Surgery Audit Report 2000". Detailed analysis was made of mortality and morbidity rates in the unit. Results were shown to be equal to or better than the best published figures.

Approximately 300 thoracic surgery cases are operated on at St. James's Hospital per year. Many of these are curative procedures for lung cancer. There is a particular emphasis on preserving normal lung but with an aggressive approach to potentially curable tumours involving the chest wall. In addition a wide range of other procedures for pneumothorax, pleural effusion and benign tumours are carried out.

### Pats System

The Cardiac Surgery Unit uses a clinical audit tool – PATS system (Patient Analysis and Tracking System) which is used to analyse patient data and activity outcomes. Data is collected and entered on the PATS system throughout the year by surgeons, perfusionists,



*The Keith Shaw Cardiac Unit opened on 8/2/00*

nurses and clerical staff working within the cardiac surgery programme. The data entered into the system has been correlated, checked for clarity and analysed appropriately by our Clinical Audit Manager. Risk stratification has been provided using the Parsonnet Score. This score is used to risk assess patients prior to surgery, providing some expectations of what the outcome of the surgery will be.

### Cardiac Rehabilitation

Ms. Mary Kerins, was appointed Cardiac Rehabilitation Manager in the year 2000 and is responsible for the overall management of the service. Cardiac Rehabilitation plays an important part of the patients care programme and commences on the patient's admission to the cardiac surgery ward. The rehabilitation co-ordinator visits patients post cardiac event providing education, advise and support. Patients attending the Cardiac Rehabilitation programme are also supported by a team comprising of a Cardiac Rehab Co-Ordinator Nurse Specialist, Physiotherapists, Clinical Nutritionists, Social Worker, Pharmacist, Cardiologist and Senior Cardiac Registrars.

The cardiac rehabilitation programme aims:

- To improve the patients level of cardiovascular fitness
- To educate the patient to recognise their own limitations
- To develop individual guidelines of activity.
- Prompt awareness of risk factors for cardiovascular disease and advise re: lifestyle changes.

Cardiac Rehab has recently come on the PATS System for Audit purposes and research.

Plans to teach basic life support to patients and relatives are underway.

### Cardiology

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

Funding from the Cardio Vascular Health Strategy has allowed the appointment of a specialist nurse to advance the treatment and education of patients undergoing cardiological procedures. A new laser service has been introduced. This aids the application of coronary artery angioplasty and is also used in patients with complications requiring for example removal of pacing leads.

In response to the report of the Cardiovascular Health Strategy Group launched by the Department of Health in 1999, St. James's Hospital submitted a proposal in February 2000 to develop cardiovascular services here in St. James's. Approval was given in 2000 for a number of service developments to be implemented in St. James's these included,

- Increase in the number of cardiac interventional procedures
- IT Strategy
- Smoking cessation and risk assessment
- Development to the Pharmacoepidemiology Centre.

### Cardiology Research

The main focus of the cardiology research over the last several years has been the role of inflammation in pathogenesis of arteriosclerosis and particularly expression of cell adhesion molecules in coronary artery disease, atrial fibrillation and valvular heart disease and their prognostic value.

Work has continued on regarding antioxidant and potentially anti-inflammatory role of Vitamin E in acute coronary syndromes and aortic stenosis, and also have been developing a number of lines of interest regarding anti-inflammatory properties of statins in endothelial dysfunction and Ischaemic heart disease. This has led to presentations at the Irish Cardiac Society, European Society of Cardiology, British Cardiac Society, and American College of Cardiology meetings in 2000.

### Waiting List Review

In the year 2000 a review/follow up took place on the patients who had procedures carried out as part of the waiting list initiatives for 1996, 1997 and 1998. A total of 199 patients attended for review.

### Respiratory Services

**Pulmonary Rehab Pilot** – A pilot study was carried out in St. James hospital, under the guidance of Dr. O 'Connell, Maria Lawlor (CNS Respiratory Medicine) and Marie Ryan (Physio). The respiratory laboratory carried out cardio-pulmonary exercise testing on the patients before and after their six weeks in the scheme. It was a very successful study, with positive results in all but one of the patients. Patients felt that they had improved quality of life and exercise tolerance following a vigorous programme of physio, counselling and self help. It is hoped to introduce Pulmonary rehab to the services of the Respiratory Department in the near future.

**Diabetic Study** – The Respiratory Laboratory is participating in a study of diabetic patients of Dr. Nolan. Cardio-pulmonary exercise testing is carried out on all patients at the commencement of their inclusion in the study. They are interested in noting the patients Max VO<sub>2</sub> and this is measured during the 10-minute exercise test.

### Commencement of BiPAP service for COPD

**patient.** In 2000 the Respiratory Laboratory, in conjunction with the Senior Respiratory Registrar, undertook to provide a BiPAP service for respiratory patients who were suffering from COAD or were in respiratory failure. This is a non-invasive form of ventilatory assistance that reduces the need to intubate patients and thus reduces the need to admit them to ICU and shortens their length of stay in hospital. Patients wear a nasal or full face mask and two levels of support pressure are delivered via a small machine at the bedside. A high inspiratory pressure and low expiratory pressure provides assistance for the patients at risk and thus maintains adequate oxygen levels during breathing. Staff on the respiratory ward have been trained by the Respiratory lab/ Registrar to deal with this equipment and this training will be ongoing.

**PTCA v. CABG** – review of lung function after both procedures. This study was carried out during the year with Dr. Gordon Pate, Senior Cardiac Registrar, to assess the effects of PTCA (Cardiac angiography) / CABG (surgical bypass grafting) on patient's lung function. It involved carrying out routine lung function testing on patients prior to and six weeks, and six months post both procedures. It has been submitted for publication by Dr. Brendan Foley.

### Future Developments

The Respiratory laboratory plans to become involved in the proposed **Respiratory HDU** – monitoring equipment and training nursing staff in BiPAP. This proposal has been submitted and hopefully will come on line in the near future.

**Pulmonary Rehabilitation** – This is a worthwhile and beneficial service, and should be available to the large COPD population we have in St. James. It has been available elsewhere and has proved to be cost effective and of great benefit to the patient.

**Sleep Clinic** – we are proposing to start up a once-a-week Sleep clinic to accept referrals for assessment for sleep-related disorders such as Obstructive Sleep Apnoea, and for patients being referred by ENT surgeons. There is a need for this service to monitor the patients who are referred for assessment, and also for follow-up CPAP titration and therapy. This should be in place in the next month or two.

**Cardio-Thoracic Surgery** – We propose to carry out Cardio-pulmonary exercise testing on the majority of patients being sent for surgery (this has not yet been sanctioned). Many published papers outline the value of this test, stressing the importance of its use for diagnosing and for predicting the post operative prognosis.

## Palliative Care Services

Clinical Director – Dr. Liam Ó Sioráin

Nurse Manager – Ms. Morna Hogan

### Introduction

St. James's Hospital has been at the forefront of the development of specialist palliative care in Ireland. The specialist palliative care service was first developed in 1995 with the appointment of Dr. Liam Ó Sioráin. He was the third consultant appointment in the speciality in Ireland. He is based principally in Our Lady's Hospice, Harold's Cross with sessional commitments in St. James's Hospital and St. Luke's Hospital.

Ms. Morna Hogan was appointed in 1996 as hospital based clinical nurse specialist in palliative care. The team has grown on an incremental basis in the intervening years. It now incorporates:

Consultant

Dr. Liam Ó Sioráin (*4 sessions per week*)

Specialist Registrars

Dr. Doiminic Ó Brannagáin (*3 sessions per week*)

Dr. Marie Twomey (*2 sessions per week*)

CNM II

Ms. Morna Hogan (*Full time*)

CNM I

Ms. Joanne McElhinney (*Full time*)

Medical Social Worker

Ms. Joanna Lee (*Full time*)

Secretary

Ms. Antoinette Lynham (*Part time*)

## Philosophy

Reiterates the principles of palliative care:

- Continuing active care of patients
- Multidisciplinary team approach concentrating on physical, psychological, social and spiritual care of patient and family extending to bereavement support when necessary.
- Concerned primarily with the quality of life of patients and families.
- Not limited to certain types of illnesses.
- Not exclusively limited to those in the terminal phase of their illness.
- Patients are enabled and encouraged to express where they wish to be cared for and where they wish to die.

The specialist palliative care team strives for these principles by offering our advisory service to the principle team at a critical time for patients and their families. We aim to focus on maximising the quality of life at all times. We provide support to patients and families (through family meetings) to return home with reassurance to families who may have fears for caring for patients at home. We provide a



## Specialist Palliative Care Activities

Inpatient	Number (n)	Percentage %
New referrals	411	
First consultant assessment	411	100
Follow-up assessment	252	61.3
Specialist nurse assessment	Total of 1203 visits, averaging 3 visits per patient.	
Family meetings	203	49
Average new referrals per month	34	
Outpatient	Patient Number	Visits per patient
New patients	79	
Return patients	81	
Total	160	

linking service with all other elements of specialist palliative care services nationwide (specialist inpatient care, daycare and homecare teams) to support patients and families at this critical time.

### Outcomes year 2000

41 patients – (10%) referred for inpatient at Our Lady's Hospice.

164 patients – (40.2%) patients died in St. James's Hospital.

98 patients – (23.92%) referred for home care at our Lady's Hospice.

50 patients – (12.17%) referred for other home care services.

33 patients – (8.02%) referred home – no palliative care follow up

25 patients – (6.08%) referred in abeyance.

### Education

Education is felt to be one of the core areas of activity of the speciality. We co-operate with the Schools of Medicine and Nursing in Trinity

College, the School of Nursing in St. James's Hospital, the Education Department in Our Lady's Hospital and the Royal College of Physicians in Ireland to provide teaching from the undergraduate level through to higher specialist training in the speciality.

The nursing service runs a weekly biannual 'Introduction to Palliative Care' course for the staff nurses in St. James's Hospital, to date 120 staff nurses have completed the course. We currently have two specialist registrars in training in the speciality.

### Research

Last year the Irish Hospice foundation funded a major piece of research on behalf of the Specialist Palliative care Service in St. James's Hospital called 'Care for the Dying – Experiences and Challenges'. It was conducted by the Health Services Centre at the Royal College of Surgeons of Ireland and co-ordinated by Ms. Orla Keegan.

This was one of the first pieces of qualitative research looking at outcome measures of a

specialist palliative care service in Ireland.

The findings of the study were presented to the hospital on the 2nd December 1999. Marion Finucane hosted the evening.

We are currently implementing some of the findings of this study so as to improve care of the dying patients and their families in St. James's Hospital.

### Audit

An organisational audit is done annually giving statistical evidence of our service activity, team activity, patient outcomes and service trends. Specific areas of clinical interest are

- Symptom control in the dying patient (the last 48 hours).
- Factors precipitating acute hospital admission in the last year of life in patients under Our Lady's Hospice Home Care Team.
- Compliance with specialist palliative care team advice by hospital based doctors.

### Quality

Quality measures are an integral core of our clinical practice and future developments of the service in line with national policy objectives and the service plans of St. James's hospital. We are looking at ways to improve equity and accessibility of the service across the range of specialities, irrespective of diagnosis (malignant and non-malignant) and throughout the disease trajectory. The service currently cares for one in every four deaths within the hospital.

With the established liaisons with other elements of specialist palliative care nationally and internationally we aim to provide a seamless service to the patient and family in a way and a place that is acceptable to patient and carers.

### Bereavement

In January 2001 a Social Worker will be appointed to the team with a special remit for bereavement follow-up. This will be a welcome development for the service.

We are currently looking at models of follow-up of families whose relatives die in St. James's Hospital with the aim of implementing a cohesive service in the near future.

### Staffing Developments/Appointments

Dr. Luke Clancy, was appointed Associate Professor (Respiratory) in the Department of Clinical Medicine TCD.

The post of Respiratory Liaison Nurse Specialist was approved as a permanent Clinical Nurse Specialist post, Maria Lawlor appointed as CNM II.

The following appointments were made as part of the Cardiovascular Health Strategy.

Carmel Doherty Health Promotion Specialist, CNM II

James Davidson, Clinical Nurse Specialist, Cath Lab, CNM II

Ms. Paula Blake resigned as Cardio-thoracic Surgery Co-ordinator, Ms. Rosaleen Boyle appointed as replacement.

Ms. Deborah Matthews Appointed as Deputy Business Manager.

### Retirements

Ms. Eilish McAteer, Secretary to Prof. Clancy

Ms. Agnes Mitchell, Secretary to Dr. Foley

The directorate would like to thank them for their dedication and commitment over the last number of years.

## Hope Directorate

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

**Clinical Director – Professor Shaun R. McCann**

**Business Manager – Ms. Jennifer Feighan**

**Nurse Manager – Ms. Mary Day**

### Service Trends

	1999	2000	%var
Inpatients	1561	1219	
Outpatients:			
New	1145	837	
Return	3528	4097	
Total	4673	4934	
Day Case Activity:			
Haemophilia			
Treatment Centre	2559	2728	
Haematology/ Oncology Day Care	7204	8452	

*National Centre for Hereditary Coagulation Disorders*



## Haematology

The year 2000 proved to be one of mixed blessings for the HOPE Directorate. The first half of the year saw increased activity both in the bone marrow transplant and oncology services. Unfortunately in the Summer of 2000 the appearance of vancomycin resistant enterococcus in the Denis Burkitt ward necessitated the complete closure of the unit. A meeting took place with the ERHA and subsequently with the Minister for Health, Mr. Micheál Martin who agreed to refurbish the unit immediately. As a result the unit was closed with a view to reconstruction and provision of single en-suite rooms with HEPA-filtration for all patients undergoing transplantation or intensive chemotherapy.

Following discussions with Prof. Grant Prentice of the Royal Free Hospital, London, it was agreed that patients needing transplantation during the period of closure would be transferred to the Royal Free. Undoubtedly this was a very generous offer but it still entailed added stress for patients undergoing transplantation. A planning team from the Royal Free Hospital visited St. James's and with Mr. D'Alton and Mr. McKenna devised a scheme for the refurbishment of the unit which it is hoped will be open in the early part of 2001.

The first All-Ireland clinical trial with a new exciting drug for chronic myeloid leukaemia commenced in October with Professor McCann as the Principal Investigator.

Dr Owen Smith has been appointed to the Editorial Board of the British Journal of Haematology. It is understood that Dr Smith is the first Irish haematologist to become a member of this board.



The Graves Lecture was bestowed upon Dr. Smith by the Royal Academy of Medicine in Ireland & the Health Research Board in March of this year for his unit's pioneering work into sepsis/septic shock.

## Oncology

Activity, continued to increase in the context of serving an aging population, many of whom returned to Ireland for retirement, and large areas of social deprivation with high cancer incidence within the region we serve. Outpatients too continued to cater for large numbers of return patients on long-term follow-up posing logistical difficulties in accommodating new patient referrals. The delivery of true multidisciplinary care, including Radiation Therapy on site and a core cancer care unit remains an aspiration.

Despite difficulties the quality of service was maintained and a large number of patients were treated. The excellent functioning of the re-organised day care facility greatly underpinned this. The departure of the Haemophilia Centre to the new National Centre for Hereditary Coagulation Disorders provided welcome additional space. More patients were entered on clinical trials especially those with breast cancer, colorectal cancer and genetic predisposition to breast and other cancers.

A major boost to patient care was provided by the newly established liaison psychiatry service delivered by Dr. Anne-Marie O'Dwyer and her colleague in clinical psychology Dr. Sonya Collier. Further structured links were developed with the palliative care service and these have helped to deliver better care in this area especially in the home care setting. Support from other key services continued and remained critical to cancer care delivery. These included social work services, pharmacy and intensive care. Patient support services underwent further development with the establishment of the HOPE Cancer Support Group offering relaxation and stress management classes and a bi-annual programme on Living With Cancer run by the cancer nursing liaison staff. Dr. Paula Calvert took up her position as medical oncologist to the Midland Health Board with a sessional link to St. James's Hospital. Further links were forged with Belfast City Hospital and joint meetings were held in Belfast and Dublin to identify areas of mutual interest and to plan interactions for the future. The National Cancer Ireland/Northern Ireland Initiative will be important in developing and supporting further links with our colleagues in Northern Ireland.

For the future we look forward to changes in nursing care delivery with the establishment of new grades and an expansion in numbers of specialist nurses. A major development will be the appointment of clinical nurse specialists in our area. Efficient modern cancer care can only be delivered with the establishment of a purpose-built, cancer-care facility at St. James's Hospital which is truly multidisciplinary. Palliative care services also need to be enhanced in terms of structures and staffing. The reports on Radiation Therapy Services and Palliative Care Services are

eagerly awaited. Applications for two further medical oncologists were formulated with specialist interests in head and neck/lung cancer and gastrointestinal cancers. Cancer will remain a major clinical problem and exposure to cancer care in the context of general professional training for non-consultant doctors is essential. Restructuring of training at SHO level within the hospital is underway and we look forward to playing our part in this initiative. We look forward too to the development of a specialist training programme in medical oncology and hope that by 2002 this programme will be underway with St. James's playing an important part in the provision of training.

### Achievements

Prof. Donal Hollywood delivered the prestigious 2000 St Luke's Lecture at the Royal College of Physicians in a talk titled "Radiation Oncology - A Molecular Renaissance in the 21st Century". Prof. Hollywood highlighted the future role of molecular biology and genetics in the development of cancer care and the immediate relevance of this to patients receiving radiation therapy. The talk included a detailed discussion of the contribution to this work by Prof. Donal Hollywood's Molecular Oncology Research Group at the Sir Patrick Duns Research Laboratory. Professor Hollywood was appointed as Chairman of the National Expert Working Group on Radiotherapy Services and was re-appointed as Director of the ESTRO training course on Molecular Oncology.

## National Centre for Hereditary Coagulation Disorders

The National Centre for Hereditary Coagulation Disorders was handed over to the Medical Director, Dr. Owen Smith on the 21st August 2000.

The first and second phases of the opening are now complete. The first phase involved the transfer of all clinical services that were held in Hospital 1 Ground Floor and also the Wednesday Haemophilia Clinic (held in the Outpatient Suites) transferred into the New Centre in late August 2000. The second phase will be completed in January 2001 with the transfer of specialised coagulation testing from the Central Pathology Laboratory at St. James's into the first floor of the New Centre. The third phase will be transfer of Paediatric Outpatient Haemophilia and related bleeding and thrombotic disorders into the New Centre hopefully in late summer of 2001.

2001 will see for the first time in this Country a fully operational comprehensive haemophilia care programme under one roof. A new appointment in infectious diseases will be made in the early New Year and this person will have a specific component of their job description to oversee HIV practice at the New Centre. In other words it is hoped that by early New Year all aspects of haemophilia care such as, Orthopaedics, Dentistry, Physiotherapy, Genetic Counselling, HIV and Hepatitis C medicine will all be delivered in the National Centre.

### Laboratory Research 2000 Haematology St. James's Hospital

#### Molecular Haematology/Oncology

The Molecular Haematology/Oncology Laboratory under the direction of Dr Mark



Dr. Owen Smith

Lawler continued its work in 2000. Established research programs in minimal residual disease in leukaemia, molecular and cellular approaches to target leukaemia cells and molecular approaches in prostate cancer and breast cancer (in collaboration with Prof Donal Hollywood) continued to progress. Results were presented at a number of national and international meetings including the American Society for Haematology, the European Haematology Association, the European Blood and Marrow transplant group, the Haematology Association of Ireland and the Irish Association for Cancer Research. In addition results were published in international peer reviewed journals. Two major grants were obtained during the year. The first, supported by the Childrens' Leukaemia Research Project in collaboration with Our Lady's Hospital for Sick Children Crumlin, a nationwide study of the molecular changes involved in childhood leukaemia. This project, which will also involve collaborations with Great Ormonde Street and The Royal London Hospital and the European Biomed Consortium. It is the first study of its kind in this country and will bring together immunophenotypic and molecular approaches to study childhood leukaemia and provide information that will be useful in patient management. The second grant was given by The Health Research Board North South Grants initiative and is a collaborative grant for

St. James's Hospital/TCD and the University of Ulster at Coleraine, on molecular approaches in prostate cancer. This was secured in a very competitive grant scheme.

Dr Lawler and Prof. McCann were invited speakers at the European School of Haematology Meeting on Bone Marrow Transplantation in Portugal and Dr. Lawler once again was invited as guest lecturer to the Department of Genetics in Chieti University Italy. Dr Suzanne McElwaine received her PhD thesis for her work on antisense approaches in leukaemia.

### Institute of Molecular Medicine

Dr Lawler and Prof McCann in association with Prof Dermot Kelleher (Clinical Medicine) organised the 5th Annual Meeting of the Institute of Molecular Medicine which was a great success with a mix of Irish and international speakers including the state of the Art Lecture from Prof Keneth Chien (University of San Diego USA) and the John Durkan Memorial Leukaemia Lecture from Prof Ton Hagenbeek (University of Utrecht the Netherlands). The Institute of Molecular Medicine achieved competitive funding of £25million in association with the Conway Institute UCD which will allow the development of a State of the Art Research buildings at St. James's hospital and at UCD. The research themes of this new Institute which is due to be completed in September 2002 include genomics and proteomics particularly in the field of cancer and inflammation. The John Durkan Leukaemia Laboratories will also be located in the new Institute of Molecular Medicine.



### Molecular Diagnostics

A new laboratory initiative under the direction of Dr Lawler has been commenced in Cancer Molecular Diagnostics which will be operational in 2001. This will provide a framework for an integrated laboratory for the development and application of tests for the molecular diagnosis of cancer and the use of molecular approaches to determine the significance of minimal residual disease in patient management, particularly for haematological malignancies.



## MedEL Directorate

### Medicine for the Elderly

Clinical Director – Dr. J. Bernard Walsh

Business Manager – Carol Murphy

Nurse Manager – Nuala Kennedy

2000 was an eventful year for the MedEL Directorate with significant developments in the service, education and research areas. The Diploma and MSc in Gerontological Nursing continued in Trinity College in association with St. James's Hospital. Sixteen students graduated in November with Postgraduate Diplomas including those who participated in the Outreach Programme. The Department of Medical Gerontology is now fully established as a separate Department in Trinity College

Dublin. The brief for the new Centre of excellence was finalised and submitted to ERHA.

During the year one of the Directorate's main objectives was to upgrade the 3 rehabilitation/stroke wards and foyer area in Hospital 2. The newly refurbished unit has significantly improved the care environment for patients, relatives and staff.

With the 40% increase in A & E attendances and 25% increase in admissions for the over 75 age group, there is an urgent need to further develop our emergency procedures and resources to respond to the requirements of those patients who present as acute emergencies. In response to this increase in demand on the services, and as part of the



winter initiative for 2000/2001, a rehabilitation ward was re-designated to an acute/admission and assessment ward, while an extended care unit was re-designated as a rehabilitation unit.

### Staff Appointments

The Directorate welcomed the appointment of Dr. Conal Cunningham as Consultant Geriatrician who commenced this year. Dr. Cunningham spent the previous year working in the Diagnostic Falls Clinic in the University of Newcastle-upon-Tyne.

Sr. Carmel Donnellan took up a new position of Discharge Planning Sister for the Directorate. The purpose of this role is to facilitate and co-ordinate patient discharges, ensuring best practice is adhered to in the timely, effective discharge planning process. This person plays an integral role liaising with the Medical Teams, Ward Managers, Social Workers, In-Patient Co-Ordinators in the management of patient discharges to extended care facilities off campus.

### Mercer's Institute for Research on Ageing

#### Achievements

The Mercer's Institute for Research on Ageing has had a remarkable year in terms of academic awards and research achievements. Six doctors who carried out their doctoral research at the Mercer's Institute were appointed to Consultant posts in Ireland and the UK with Dr. Conal Cunningham being appointed Consultant Geriatrician at St. James's Hospital in October 2000. Dr. Robert Coen, neuropsychologist, was awarded a PhD for his work on 'Burden, Well-Being, and Individual Quality of Life in Dementia Patients and Their Caregivers'. Drs. Conal Cunningham

and Conor Maguire were awarded Medical Doctorates for their theses on various biological markers of Alzheimer's disease and psychology graduates Alberto Blanco and Gareth Steen were awarded MSc degrees in Psychology.

The Memory Clinic continues to see an increasing number of new referrals and it has maintained its in depth follow up of patients of all ages with cognitive deficits including those receiving cholinesterase inhibitor therapy. The intervention clinic enables us to study what effects, if any, this new generation of treatments for Alzheimer's disease has on Irish patients suffering from this condition.

The Mercer's Institute has initiated a large-scale, multi-centre study into the genetic precursors of late-onset Alzheimer's disease and is working in collaboration with several groups in the U.K. and with the Department of Psychiatry, TCD.

Trials investigating the benefits of novel pharmacological agents in mild cognitive impairment and dementia are ongoing while other studies have focused on the prevalence, progression and correlates of weight loss in dementia. A collaborative study between the Mercer's Institute, St. Patrick's Hospital and the departments of Medical Physics and Diagnostic Imaging is looking at the role of SPECT brain scanning in the diagnosis of dementia and mild cognitive impairment.

Other areas of research interest include the driving practices of cognitively impaired patients, homocysteine in Alzheimer's disease, coronary prevention risk factors in the elderly and bone protection and fracture reduction in osteoporotic older patients.

## Dementia Services Information & Development Centre

The Dementia Services Information & Development Centre (DSIDC) continues to experience growth in all aspects of its remit. Two significant research projects were awarded funding this year. One to investigate quality issues within residential care for people with dementia. This is a collaborative project with The Alzheimer's Society and is partially funded by the Health Research Board. The second is a pilot project which will examine the feasibility of providing an 'In home Respite Service' to people with dementia and their families. This project is part of the ERHA "Home First" initiative.

Education in good practice in dementia care has been sought from a range of different care settings across the country. Twenty workshops were facilitated for both multidisciplinary groups and specialist groups such as general practitioners.

DSIDC continues to participate in a number of joint research initiatives, two of which are investigating the efficacy of assistive technologies for people with dementia.

Expertise on designing for people with dementia has also become one of the Centre's strengths. This year saw the completion of a project which examined Day Centre Design. In November, DSIDC held a "Design and Dementia" seminar in conjunction with the Royal Institute of Architects of Ireland. The objective of the seminar was to raise awareness and up-skill architects about the special design needs of people with dementia. Seminar proceedings will be published in the coming year.

Our web site address is [www.dementia.ie](http://www.dementia.ie)

## SaMS Directorate

Clinical Director – Dr. Louise Barnes

Business Manager – Ms. Elaine Murphy

Nurse Manager – Ms. Anne Cuffe

The departments directly managed by SaMS are as follows:

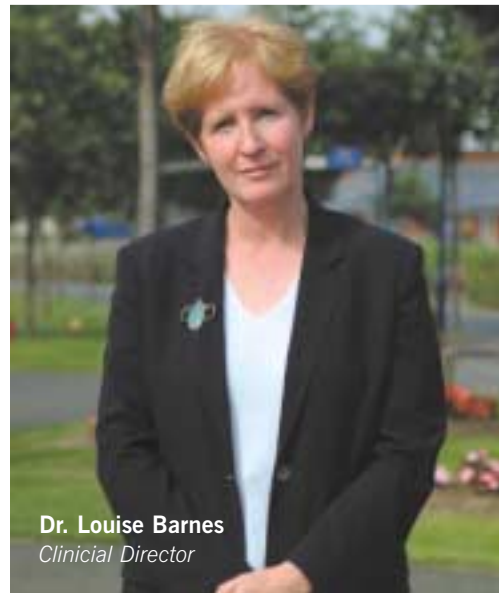
Dermatology, Rheumatology, Urology, Endocrinology, G.U.I.D.E., Ophthalmology, Neurology and Gynaecology. The ward areas are St. John's, Victor Synge, and Hospital 5 Unit 3. The year 2000 also saw the opening of the Discharge Lounge where Patients discharged from wards could be accommodated while they await transport home, therefore, making their beds available to other patients. Here they are given refreshments, return appointments and prescriptions if necessary.

SaMS Directorate celebrated it's 1st Birthday in style with a Christmas Party in December 2000. The Directorate Team expanded with the introduction of a Deputy Business Manager post to be taken up by Audrey Donnelly in January 2001.

### Department of Dermatology

In the Department of Dermatology the aim is to provide a comprehensive service for patients with skin disorders. The majority of patients are seen at the outpatients department, some are referred for nurse led treatment clinics, others for minor surgery or patch testing.

Since the introduction of narrowband UVB at the Dermatology Day Care Centre in Hospital 7 in 1998 there has been a significant increase in the numbers of patients with psoriasis treated. Patients have their minimum erythema dose assessed prior to commencement of treatment. A second TL-O1 narrowband UVB unit was procured and commissioned in early



**Dr. Louise Barnes**  
*Clinical Director*

2000 while an MPD tester for commencement of UVA-Therapy is due to be commissioned.

An increasing number of patients who attend the Outpatients are concerned about skin lesions. Many of these patients have benign skin lesions and thus require clinical expertise and reassurance. However due to an expanding aged population and perhaps due to life style more and more pre-malignant and malignant skin tumours are seen. Almost 30% of all tumours seen in St. James's Hospital are skin tumours. We work in conjunction with colleagues in Plastic and Reconstructive Surgery to deal with this problem. Through the Cancer Strategy it is hoped to work out an integrated team approach so that patients will be seen promptly and treated according to agreed protocols. Dr Louise Barnes has commenced a Skin Lesion Clinic each Wednesday afternoon, which should facilitate a cohesive approach.

Demand also continues to increase for Laser treatments. Dr. R. Watson treats vascular lesions and hirsutism in conjunction with the department of Plastic and Reconstructive Surgery.

### Staff Appointments

Dr Patsy Lenane was specialist registrar from July 2000. Ms. Miriam O'Sullivan,

Dermatology Secretary, who has been with the department for 14 years, was promoted to a Grade IV supervisory role.

### Department of Rheumatology

The role of the Rheumatology Department is to provide Clinical and In-patient services for patients attending with Rheumatic and allied conditions.

The Rheumatology Day Centre expanded its activity in 2000. As well as Patients attending for Occupational Therapy assessment, a Nurse led clinic for patients attending for Methotrexate, Gold and Arava therapy commenced. The Official opening is planned for mid 2001 and the centre plans to extend its services to include a Podiatry service, Educational seminars/talks and specialised Nursing Care.

Over 3,625 patient visits were recorded at Out patients. There are three Outpatient clinics per week and there is a general medical on call commitment 1 in 9. On the second Tuesday of every month a multi disciplinary approach to patients with collagen vascular disorders is provided in the Lupus Clinic, which Dr. Rosemarie Watson, Consultant Dermatologist, and Professor Conleth Feighery, Consultant Immunologist, also attend. The Aspiration clinic, which is held every Wednesday, is proving beneficial to patients who require steroid injections and joint aspirations.

### Patient activity for 2000

Out patients	
General Clinic	
599 New Patients	2,727 Return Patients
Lupus Clinic	
45 New Patients	264 Return Patients

The Annual General Meeting of the Irish Society of Rheumatologists was held in St. James's Hospital on the 6th of October 2000. It proved to be a great success with Rheumatologists and Health Professionals attending from all over Ireland and England.

### Department of Urology

The role of the Urology Department in St. James's Hospital is to provide urological services for patients attending the Accident & Emergency Department, patients from the local catchment area and for patients referred from other hospitals. The service provides inpatient, outpatient facilities and at present on-call seven days per week. Over 80 % of urology inpatients are emergency referrals.

The staffing consists of 2 par-time Consultants who have commitments in two other hospitals each. A further Consultant Urologist with a full-time commitment to St. James's has been in place since 1998. Two Registrars are also employed fulltime. This has been an added improvement facilitating the on-call commitment.

### Department of Endocrinology

#### Introduction

The Dept of Endocrinology provides clinical service to patients with diabetes, endocrine and metabolic disorders. This service continues to be predominantly another outpatient and day-care service. Inpatients with diabetes and other endocrine disease are also cared for primarily by the Department of Endocrinology in consultation with other clinical teams.

#### Service Trends

Diabetes: The diabetes service continues to grow rapidly, reflecting national and international trends for increase in prevalence

of the disease. Approximately 10,000 patient visits per annum occur at the Diabetes Day Centre. New patient referrals for diabetes continue to increase, currently 500-600 new patients per annum.

## Developments

### New Facilities for the Diabetes Day Centre

A new Diabetes Day Centre is currently under construction in renovated space on the first floor of Hospital 5. This will be accessed through a newly constructed ground floor entrance, with adjacent drop-off parking space and a new lift. The new Day Centre will provide a doubling of current space and will incorporate computer networking to the other components of the Department.

### Sub-specialty Clinics

Two new Clinics are being set up for sub-specialty diabetes management: a clinic for Type 1 diabetes (under 30 yrs of age) and young Type 2 diabetes will start in August 2001 and a clinic for insulin pump users (Pump Clinic) will start in September 2001.

### Staff Appointments

Cynthia Mannion has been appointed as Administrative Assistant at the Diabetes Day Centre. Roisin Moran and Sharon McCarthy have joined the Unit as Diabetes Nurse Specialists. Jean Doyle has been appointed as Liaison Nurse Specialist to facilitate integrated care with the South Inner City Partnership in Primary Care.

The Metabolic Research Unit has grown, and is staffed by (in addition to Dr. Nolan and Prof. Cullen):

Donal O'Gorman (Exercise Physiology and mechanisms of insulin resistance)

Geraldine Neary (Nurse Co-ordinator)  
Ann Barron (Nurse Co-ordinator)  
Marianne McDermott (Nurse Co-ordinator)  
Dr. Obada Yousif, Dr Diarmuid O'Donghaile,  
Dr Siobhan McQuaid, Dr Yusof Rahman  
(Research Fellows).

Research Activity is currently focused on the following main areas:

Pathophysiology of Type 2 diabetes  
Molecular genetics of Type 2 diabetes  
Mechanisms of insulin resistance in man,  
including early onset Type 2 diabetes  
Mathematical modeling of glucose metabolism  
Novel drug treatments for Type 2 diabetes

Application of information technology to  
medical diagnosis and treatments

Grant support is from the Health Research Board, HEA, the Diabetes Federation, the EU (5th Framework) and industry. The St. James's Metabolic Research Unit is one of the lead partners in the EU-RISC programme, due to start at the end of 2001, and in the MEDILINK program, funded by the HEA. MEDILINK is an engineering and computer science consortium focusing on electronic methods to improve diagnosis and management of medical illness.

### Department of Genitourinary Medicine & Infectious Diseases

The department of genitourinary medicine (GUM) changed its name to the department of genitourinary medicine and infectious diseases (GUIDE) in 2000 with the appointment of Dr. Colm Bergin as Consultant in Infectious Diseases. Both specialities are now incorporated into a designated in-patient and out-patient service in Hospital 5 in addition to providing a general infectious disease consultation service to the hospital.

The year saw a continued increase in the number of patients attending all services – STI clinics, HIV clinics and the recently-opened general ID clinic. More than 22,000 patient visits were recorded for the STI service and the previous significant increase in the number of new cases of HIV infection seen in 1999 continued throughout 2000 with 194 new patients presenting to the HIV services. The total HIV cohort is now approximately 1300. There were approximately 1400 patient attendances at the day ward. The in-patient ward unit, within the department, operated throughout the year at a 97% occupancy rate.

Additional clinics have been developed during the year which include a HIV-HCV coinfection assessment and treatment clinic, two additional syphilis clinics (given the outbreak of syphilis which was identified during 2000), a diagnostic evaluation clinic (DEC) for new HIV+ attendees, a designated Young Person's Sexual Health Clinic, the development of parallel sexual health clinics with the HIV clinics and the commencement of a general ID outpatient clinic. Currently there are 15 outpatient clinics in operation with numerous paralleled sessions. Additionally a proposal for the development of a vaccination clinic has been submitted and approved.

Issues of migrant health continued to have a significant impact on all services (STI, HIV, ID) with a changing spectrum of disease identified including the specific issues of HIV and syphilis in pregnancy amongst others. During 2000, a significant outbreak of syphilis has been identified in Dublin, currently representing the largest single outbreak reported.

The in-patient consultation service for infectious diseases has been developed during the year.

### Staff Appointments

New staff appointments in 2000 included Dr Grainne Courtney as Associate Specialist in Genitourinary Medicine, Ms. S. Delamere as a nurse practitioner in genitourinary medicine, additional health advisors (1 designated for the syphilis outbreak and another staff member appointed to support existing staff), 1 research nurse for the clinical studies unit (CSU) and both a registrar and senior house officer in Infectious Diseases. Additionally Dr. O. Lessens has joined the department as a visiting postgraduate primarily to research the epidemiological outcome of staphylococcal bacteraemia, in conjunction with the Department of Clinical Microbiology.

The department has maintained an active research commitment during the year. Dr. Susan Clarke has completed her Doctoral Thesis on Antiretroviral Therapy in Injection Drug Users, Dr. Susan Hopkins has commenced her thesis on HIV-HCV Coinfection, Dr. Forkin is completing her thesis on the pharmaco-economic aspects of non-national care within the department in addition to completing a MBA programme and Dr Fiona Lyons has commenced her thesis on HIV Infection in Women.

The department has continued to collaborate with the University of Liverpool on pharmacokinetic interactions of antiretroviral therapies with methadone and other prescribed medications and the Department of Pharmacoeconomics in St. James' Hospital on HIV infection and HIV-HCV Coinfection.

Collaborative work with the Departments of Hepatology, Endocrinology and Clinical Microbiology continue.

The unit remains an active site for Clinical Antiretroviral Studies.

During the year the group published National Guidelines on the Management of HIV Infection in Pregnancy under the auspices of the Irish Infection Society.

Dr. Mulcahy and Dr. Bergin are the National Specialty Directors for Genitourinary Medicine and Infectious Diseases respectively.

In December 2000, Comhairle approval was given for the appointment of an additional Consultant in Infectious Diseases.

### Ophthalmology

An Ophthalmology Out-patients service is provided twice weekly by Mr. Hugh Cassidy, and Mr. Martin O'Connor. The on-going development of this service is towards more effective screening and treatment on site, with proposals for the availability of Laser treatment, and Diabetic Eye screening via camera.

### The Department of Neurology

The prime function of the department of Neurology is to provide diagnostic service for inpatients in St. James's and its immediate catchment area. This role is fulfilled by three outpatient clinics per week, two of which are provided by Dr. Janice Redmond and one of which is provided by Dr. Ray Murphy. There is in addition a busy Neurology consultation service for other specialities within the hospital.

Dr. Sean Connolly, Consultant Neurophysiologist is in charge of the Neurophysiology Department.

Dr. Frances Brett, Consultant Pathologist provides an expertise in Neuropathology.

A part time MS nurse has been appointed and this has enhanced patient care. We hope to expand this nursing role within the department in the future.

### Presentations

#### 1. Stiff Persons Syndrome:

At the American Academy of Neurology, San Diego

#### 2. Cerebral Ataxia and Peripheral Neuropathy

At the Irish Neurological Association and the British Association of neurology meetings (London)

### Department of Clinical Neurophysiology

Consultant: Dr Sean Connolly

Senior Technician: Martina Healion

The department of Clinical Neurophysiology is part of the South Dublin Clinical Neurophysiology Service, includes units at St. James's Hospital and the Meath & Adelaide Hospitals, incorporating the National Children's' Hospital at Tallaght.

The range of investigative/diagnostic services provided include routine Nerve Conduction Studies (NCS), Electromyography (EMG), Quantitative Sensory Testing (QST), Electroencephalography (EEG) and Visual Evoked Responses (VERs).

New senior technician and student technician appointments have been made at the Tallaght department. An additional senior technician post will be shared between the Tallaght and St. James's Departments, to begin in the summer of 2001. These additions will result in a wider range of neurophysiological studies being carried out, particularly at the Tallaght department. Particular emphasis will be placed on developing the Video-EEG service at that department.

Completed applications for 2 additional consultant posts have been submitted to the ERHA and to Comhairle na nOspideal, one to be based at the Tallaght department, and one to run and develop the service at St. James's Hospital.

Dr Connolly conducts group sessions for the South Dublin neurophysiology technicians approximately monthly, with the aim of teaching, and improving methods and standards of the neurophysiological investigations carried out within the service. He also organises regular 30-minute Clinical Neurophysiology sessions that are incorporated into the schedule of the weekly Neuroscience conference at Beaumont Hospital.

### Research

Research projects include neurophysiological evaluation of the Post-Polio syndrome. Other projects that involve the other departments of the service, include evaluation of genetically-proven Friedreich's Ataxia.



## GEMS Directorate

Gastro - Intestinal Medicine and Surgery, ENT, General Medicine including Hepatology and Nephrology, General Surgery.

Dr. PWN Keeling – Clinical Director

Ms. Catherine Carey – Nurse Manager

Ms. Rachel Downes – Business Manager

2000 was the first year of operation for the GEMS Directorate. Much time was spent during the year in establishing this new organisational structure, in defining the Directorate in terms of functions, staffing and budgets and in promoting the purpose and role of the Directorate to staff. To assist in clarifying the Directorate's priorities and direction a Directorate Service Plan was drawn up for the forthcoming year and forms the basis for the Directorate planning and service development activities.

### Gastro-Intestinal Medicine

Consultants:

Dr PWN Keeling – Gastroenterologist

Prof D Kelleher – Gastroenterologist

Prof D Weir – Gastroenterologist

The Department of Gastro-Intestinal Medicine specialises in the treatment of diseases of the stomach and intestine. During the year working links were strengthened with the gastro-intestinal surgeons to facilitate a seamless service to be provided to patients. The link will be further strengthened in 2001 as the Directorate seeks to confirm the appointment of the Professor in Surgery.

### Gastro-Oesophageal Reflux Disease (GORD)

Professor D Weir and Dr.Zahid Mahmood introduced a ground breaking new procedure for the treatment of Gastro-Oesophageal Reflux Disease (GORD) called Transoesophageal Endoscopic Gastroplication (TEG). GORD is



characterised by reflux of gastric contents into the oesophagus. In Western countries, 20-40 % of the adult population experiences heartburn, which is the most common reported symptom of GORD, followed by regurgitation and dysphagia. The technique requires the passing of an overtube, the Bard endoscopic suturing system, a knot pusher, a suture cutter and two videoendoscopes for the visualisation by operating personnel. Over 20 procedures were carried out in the Year 2000 in St. James's Hospital and patients receiving TEG treatment have demonstrated significant improvement in symptomatology, acid reflux and quality of life.

St. James's Hospital has become an international training centre for this new technique and has already trained teams of gastroenterologists and endoscopy staff from Galway, Scotland, England, Italy and Greece.

### The Health Care Centre

The Health Care Centre is the largest endoscopic unit in Ireland providing over 7000 day case procedures a year for diagnostic and treatment of gastro-intestinal and respiratory conditions. With the building of the day care centre in Phase 1H in progress, the provision of a new Endoscopy Unit will provide an improved environment for patients to be treated using state of the art Endoscopy equipment.

### Staff Appointments

The appointment of Ann Dalton (Clinical Nurse Manager II ) and Lucy Glasgow Clinical Nurse Manager I) has strengthened the management of the Unit and allowed a greater focus to be placed on improving Endoscopy waiting times, streamlining administrative and nursing processes and recruitment, retention and training of Staff.

The establishment of a nursing link Ms. Liz Ellis with the GI Function Unit to facilitate rectal manometry commenced in 2000. In addition the Unit introduced a Urea Breath Test for the detection of Helicobacter Pylori, a bacterial infection which left untreated can cause ulcers in the stomach. The Urea Breath Test is a quick and simple diagnostic test and since its introduction the Centre has already experienced a reduction in the waiting times as these tests are undertaken in place of Gastrosopies. It is planned to introduce a direct GP access service for this test in the near future.

### The GI Function Unit

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

In 2000 the Unit treated 1197 patients providing this service to assist consultants in many specialities including surgery, general and respiratory medicine and ENT.

The GI Function Unit has been approved as a training unit for BSc (Clinical Physiology) course for gastro-intestinal physiology in association with the DIT and Department of Health & Children and has been designated as an accredited service and training unit for the British Isles by the Association of GI Physiologists of the British Society of Gastroenterology.

### ENT

Consultants  
Mr F O'Loughran  
Prof C Timon  
Mr A Curran  
Mr C Shah (locum)

The Department of ENT deals with the treatment of conditions affecting the ears, nose and throat and is supported by an audiology service consisting of hearing testing and the measurement of hearing functions for diagnostic purposes. Increasingly the Department is treating patients with head and neck cancer and is a recognised regional centre for such patients.

Head and Neck Cancer activity in St. James's Hospital has continued to increase with the incidence of patients with newly diagnosed head and neck cancers increasing by 12% to 127 in 2000.

The Directorate was pleased to appoint a new Head and Neck Surgeon Mr. Aongus Curran who will take up his position in 2001.

As part of the planned expansion of ENT Services between St. James's Hospital and Adelaide and Meath Hospital, the Department is anticipating the appointment of a 4th Consultant as part of the consultant expansion plan in ENT Services.

### Launch of Tracheostomy and Clinical Guidelines

A patient information booklet for tracheostomy patients, the first of its kind in Ireland or in the UK, was launched on the 12th October 2000 at St. James's Hospital by the Minister for Health and Children, Mr. Michael Martin.

The booklet is part of an information campaign in response to the increasing number of people undergoing tracheostomies (involving the insertion of a tube into the windpipe). The

campaign, a nursing initiative developed by St. James's Hospital in conjunction with the Royal Victoria Eye and Ear Hospital, includes the publication of a patient information booklet and also clinical guidelines for healthcare professionals.

There were 106 tracheostomies performed at St. James's Hospital last year. In addition clinical guidelines for healthcare professionals were also developed and cover all aspects of clinical care and provide educational support for healthcare professionals in clinical settings.

### General Medicine

Consultants:

Dr. WS Jagoe – General Physician

(retired in 2000)

Dr. M. Buckley – General Physician (locum)

Dr. N. Mahmud – Locum General Physician

(from July 2000)

The Department of General Medicine provides a predominantly emergency service covering all aspects of adult medicine which do not require secondary referral to medical organ or system sub-specialities.

During the year 2000 saw the retirement of Dr. Jagoe after a 13 years service in St. James's Hospital having previously worked in Baggot Street Hospital since 1974.

Dr. N. Mahmud took over the position as locum.

### Hepatology

Consultant:

Prof. D. Kelleher – Gastroenterologist

The purpose-built Hepatology Centre provides integrated services for the treatment of all forms of liver disease. It also provides a focus for research into the various manifestations of viral and other liver diseases.

The Hepatology Centre has seen 433% increase in the number of patient attendances since the Centre opened in 1994. In 2000 the Centre saw 4185 patient attendances in the following categories:

Anti D	423
General/Gastro	1739
IVD/others	840
Haemophilic	427
Vaccination	756
Total	4185

Intravenous drug users infected with Hepatitis C is the fastest growing category of patients attending the Centre. Due to the number of IVDUs in the City it is expected that increasing numbers in this patient category will continue to be seen. A proposal for a second Consultant Hepatologist was developed in 2000 and submitted to the ERHA in response to the increased demands being placed on the Service.

The Centre has experienced an increase in patient attendances, with a particular increase among asylum seekers and refugees many of whom require interpreting services. The needs of such patients have been addressed and access to appropriate interpreting services are made available.

Progress has been made on a new Hepatology Database based on the Cancer PATS system. Presently there is a Project Team set up to implement the database, which will be used as a statistical and audit tool for Hepatology

There have been major advances in the treatment of Hepatitis C with the development of a new formulation of interferon alpha that is joined to a compound called PEG which stands for Polyethyleneglycol. PEG interferon will offer a simple dose regimen and a therapeutic

approach for Hepatitis C patients. This will have a major impact on the service delivery to patients in the future. The Centre is currently writing up plans to provide this service.

The combination therapy PEG interferon and Rebetal will be licensed for Ireland in March 2001.

### Renal Medicine

Consultant:

Dr. G. Mellotte – Nephrologist

Department of Renal Medicine specialises in the treatment of kidney disease and the provision of a dialysis service in St. James's Hospital. Acute dialysis is provided in St. Kevin's Ward and in the Intensive Care Unit.

In-patient demand for renal support continued to increase with dialysis activity in 2000, double that compared to 1998 (425 dialysis sessions compared to 218) The main factors driving this are the introduction of a cardiac surgery service in St. James's Hospital and the increased number of elderly patients being admitted through the Emergency Department.

The current resources are being stretched to meet the demands placed on the service.

The Directorate has identified the need to enhance staffing levels in 2001. An expansion to the dialysis services in ICU is also planned for 2001, subject to enhanced staff levels.

### Education & Research

The annual renal study day was again well attended. There is also a series of ongoing lectures to nursing and medical staff as part of in-service training staff. Dr. Mellotte is involved in collaborative research with the Dept of Renal Medicine, Adelaide & Meath Hospital, Tallaght.

### General Surgery

Consultants:

Mr. R. Quill – General Surgeon

Mr. J. Reynolds – General Surgeon

Mr. R. Stephens – General Surgeon

Mr. T. Boyle – General Surgeon (Locum)

The General Surgery Department provides emergency and elective services. A high percentage of admissions are from the Emergency Department. There has been a 3% increase in the day surgery activity in 2000.

### Breast Care

The aim of the Breast Care Service is to ensure that women with symptomatic breast disease have prompt access to high multidisciplinary care.

The Rapid Access Triple Assessment Breast Clinic was established at St. James's Hospital in April 1997. This weekly Consultant delivered clinic provides women who have worrying breast symptoms with an urgent appointment to a clinic, where they can have immediate Triple Assessment. This comprises clinical examination, mammographic evaluation and fine needle aspiration for cytology (FNAC). These tests are performed and immediately reported on. The aim is to establish a definitive diagnosis where possible at the initial consultation. The Multidisciplinary Breast case conference takes place weekly in accordance with recommended best practice. This enables the team members to discuss the findings together and to reach a consensus on each patient management.

In 2000: 768 new patients attended the clinic, 70% received their diagnosis the same day and 154 new Breast Cancers were diagnosed. This represents an increase of over 160% since the introduction of the clinic 4 years ago.

The clinic has been acknowledged as one of 13 national Breast Units by the "Report of the sub-group of The National Cancer Forum"

Activities of the department are co-ordinated by Pauline Murphy, Breast Care Co-ordinator.

Support and information are provided for all patients by the Breast Care Nurses.

A prosthesis fitting service is also available.

The lymphoedema clinic is jointly run with the physiotherapy department.

The Breast Care Team is currently undertaking a validation study in Sentinel node mapping.

There is also a new programme available to patients for immediate reconstruction post mastectomy.

### The Multidisciplinary Breast Care Team

**Surgeons** – Mr. J.V. Reynolds, Mr. R.D. Quill, M. R.B. Stephens, Mr. T. Boyle

**Radiologists** – Dr. G. Wilson, Dr. J. Murphy, Dr. M. Molloy, Dr. N. McEniff

**Cytopathologist** – Dr. M. Griffin, Prof. E. Sweeney

**Medical Oncologist** – Dr. J. Kennedy, Prof. P. Daly

**Radiation Oncologist** – Prof. D. Hollywood

**Plastic Surgeon** – Ms. P Eadie, Mr. D Orr

**Breast Radiographer** – Ms. Marian Duggan.

### Development of Cancer Database Managers

The Cancer Strategy Group within St. James's Hospital has identified the need for additional Cancer Database Managers to further develop the Cancer Patient Administration Tracking System project that is ongoing in St. James's Hospital. The GEMS Directorate has appointed a GI Cancer Database Manager who will be in post for June 2001.

### Stoma Care

The Stoma Care Team has developed a high level of clinical experience in stoma care with the appointment of a second clinical nurse specialist incorporating teaching, counselling and good communication skills. In the year 2000, 355 outpatients and 382 inpatients were treated.

### Upper Gastro-Intestinal Cancer Co-ordinator

In 2000, Treatment of Upper Gastro-Intestinal Cancer in St. James's has continued to increase. This year the incidence of patients with newly diagnosed upper GI cancers rose to 136 i.e. 20% increase on 1999. Jenny Moore the Upper GI Cancer Nurse co-ordinator has developed along with Mr. Reynolds a Rapid Access Oesophageal Cancer Clinic held once a month for patients with oesophageal cancer and the aim is to enhance the care of the patient and improve the quality of life for Upper GI patients.

## Plastic & Reconstructive Surgery

### Maxillo Facial Surgery

### Orthodontic Cleft Unit

#### Plastic & Reconstructive Surgery

The National Plastic & Reconstructive Surgery Unit provides a referral service for General Practitioners, Consultants within St. James's and Consultants of many different specialties around Ireland. A wide variety of Plastic Surgery problems are managed including hand surgery, skin cancers, cleft lip and palate, vascular malformations and reconstruction following surgery for cancer. Two specialised areas of expertise are the management of burn injuries and laser treatment for congenital and acquired pigmentary conditions of the skin. There are close associations between the Plastic Surgeons and other specialties within the hospital, in particular, the ENT service, the Maxillo Facial and Orthodontic service and the Dermatological service.

The majority of the workload of the Plastic Surgery Unit continues to be of a traumatic nature and in particular it serves as the major tertiary referral service for severely injured hands. There is close liaison with many of the clinical support services. For the rehabilitation of these patients with devastating injuries, the help of the occupational therapist and physiotherapist is invaluable in restoring function to these patients. A welcome addition to the multi-disciplinary team for these patients and many others, has been the appointment of Dr. Anne-Marie O'Dwyer, Consultant Liaison Psychiatrist to the hospital. Both her and the clinical Psychologist, Sonya Collier, have helped many of our patients cope with the psychological trauma of mutilating and debilitating injuries.



In June 2000, FOREX International ran a very successful fund raising golf outing for the Burns Unit. Their contact with the Unit came via Mr. Denis Lawlor. The money raised, along with previously raised funds is going towards equipment to help the control of burn scarring and towards teaching aids. The Unit and St. James's Hospital as a whole are very grateful for their efforts.

#### National Maxillofacial Unit

The National Maxillofacial Unit is based at St. James's and is a tertiary referral centre dealing with facial trauma, correction of jaw deformities (orthognathic surgery) dento-alveolar, oro-facial pathology, oro-facial oncology and Maxillofacial congenital abnormalities of the oral tissues.

A major review of Oral and Maxillofacial Services in the Eastern Health Board region was undertaken and published in 1999.

The National Maxillofacial Unit is anxious that the recommendations in the report should be implemented. Principally this will involve the provision of a dedicated day centre for referred patients within the grounds of St. James's Hospital. There will also be an appointment of a Professor in Oral and Maxillofacial Surgery whose principle base will be at Dublin Dental Hospital with fixed sessions at St. James's

Hospital. Following this appointment it is hoped that a fourth Consultant appointment can be processed quickly. The junior staffing levels have increased to five Registrars now based at St. James's and close collaboration continues with the National Neurosurgical Unit in Beaumont Hospital where major cranio-facial cases of skull base trauma and tumours are managed. The 2 Consultant Maxillofacial Surgeons have received honorary attachments to Our Lady's Hospital for Sick Children, Crumlin.

### Orthodontic Unit

The Unit acts a tertiary referral centre for the Orthodontic management of patients with cleft lip and palate. Clinical services are provided as part of a multidisciplinary team approach. Regular clinics are held with colleagues in Maxillofacial and Plastic Surgery, Speech & Language Therapy and Audiology. Existing links with Our Lady's Hospital for Sick Children, Crumlin and the Children's Hospital Temple Street have been expanded as part of a rationalization of the Dublin cleft services generally.

The Dublin cleft unit has participated in the recent Eurocleft study and is recognized centre on the European cleft register. Educational and training links have been maintained with the School of Dental Science TCD and the unit remains an SAC approved training centre for Specialist and Consultant Orthodontists. In addition to the prosthetic rehabilitation of the oncological surgical patients

Recent developments include the approval of a Consultant in Restorative Dentistry to join the multidisciplinary cleft team based in St. James's. This is a very welcome development and will ensure a comprehensive service is available for cleft patients, in addition to

providing prosthetic rehabilitation of oncological surgical patients.

### Orthopaedics

The Orthopaedic Department continues to be the busiest Orthopaedic Trauma Unit in Dublin and covers an adult population of over 230,000 patients and in an area with an increasingly elderly population. The department deals with primary trauma and accidents as well as cases of poly trauma referred from other units because of the need for plastic surgical or maxillo facial treatment.

### Staffing

The Orthopaedic Unit is staffed by three Orthopaedic Consultants and it is hoped to increase this number to four in 2001. The Consultants have a specialist interest in complex hip reconstruction, upper limb reconstruction, sports injuries and reconstruction of the knee foot and ankle.

In the year 2000 digital cameras, a video projector and a laptop computer have been purchased facilitate the academic and teaching service which has increased substantially over the last year, both to under graduates and post graduates. The Consultants give lectures to General Practitioners and staff, both in Trinity College Dublin and University College Dublin.

### Research

The department is involved in a study of patello femoral resurfacing and further research has been developed on chondrocyte and cartilage repair and transplantation. Another study is ongoing on the long term outcome of orthopaedic injuries sustained as a result of gunshot wounds.

## Emergency Directorate

Clinical Director – Mr. P. K. Plunkett

Nurse Manager – Ms. Joanna Fitzgerald

Business Manager – Ms. Noelle Wallace

The numbers of patients attending this department have climbed from 25,000 new per annum in the early 1980's to 50,000 new per annum in the current year. In addition there has been a major swing in the age distribution of patients, especially in the last 2 years. There are now a greater proportion of elderly and extremely elderly patients attending. These patients often have multiple problems, both medical and social. At times individual problems would not require hospital admission, but the combination of problems means they cannot be handled as outpatients.

- 85% of patients attending the Emergency Department are self-referred, some with minor problems, but many with major illnesses
- 80% of new attendees are treated in the department, and discharged the same day, usually without the immediate involvement of other specialities

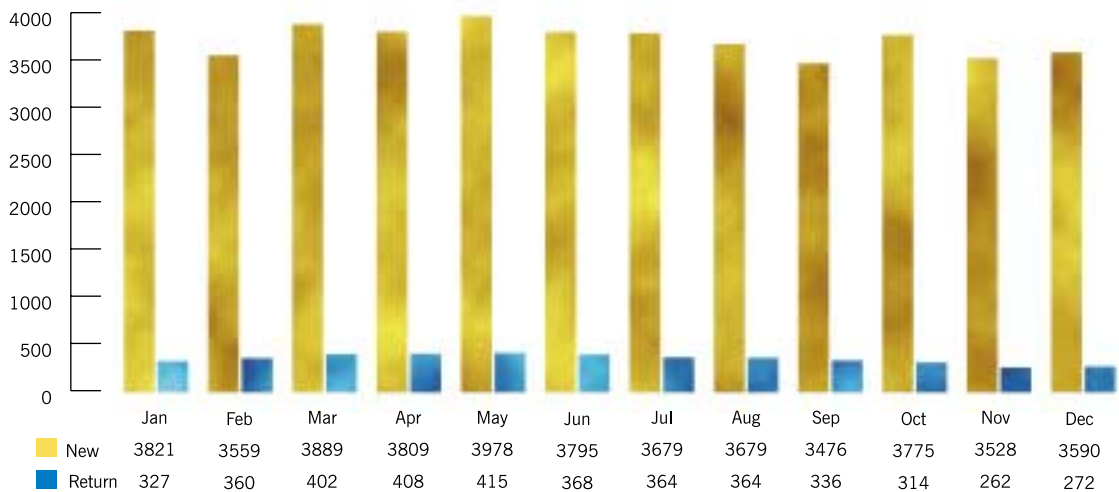
- 10% require onward referral to outpatients, mainly to the Fracture Clinic
- From 18% to 28% of patients are admitted, often after extensive work-up by the Emergency Medicine team, and one or more admitting doctors. Once the % admitted exceeds 23%, difficulty in patient flow becomes very pronounced, giving the false impression of inefficiency.
- Of particular note, although GP referred patients have a 30% likelihood of admission, versus a 16% likelihood for self-referred patients, self-referred patients lead to twice as many admissions

The Emergency Department was formally set-up as a Directorate in July 2000

### Resuscitation

Our primary function is the resuscitation of critically ill and injured patients. We currently have 2 Resuscitation bays for this purpose but the burden of such work has increased to the extent that we require further expansion. Work on this as an interim measure, pending the development of the new department, will take place in the Year 2001.

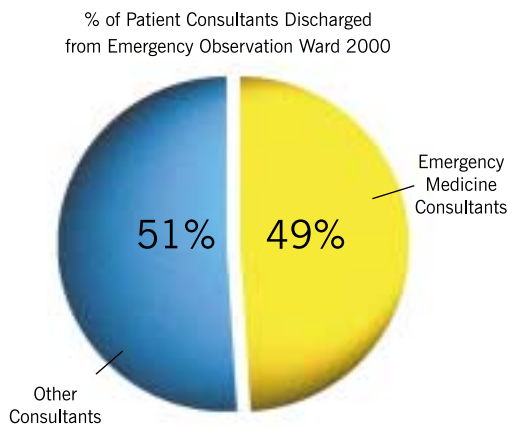
### Emergency Attendances





### Observation Medicine

The Consultants in Emergency Medicine have steadily increased the spectrum and complexity of admission under their care. This has led to an increase in the average length of stay, but has facilitated the management of patients whose problems do not clearly fall under other speciality groupings.



A major, and novel, feature of our practice this year was the outbreak of "Severe Unexplained Illness in Injecting Drug Users", which surfaced in May/ June primarily in Glasgow and in Dublin, with smaller outbreaks elsewhere. The majority of the cases were handled in the Observation Ward at St. James's Hospital, with a multi-disciplinary team from Emergency Medicine, Infectious Diseases, Surgery, and Addiction Psychiatry, with support from the Microbiology and Histopathology Consultants.

We co-operated with regional, national and international authorities in the investigation of this deadly disease entity, altering our approach to the patients in such a way that the disease management process for the latter patients was both shortened and improved.

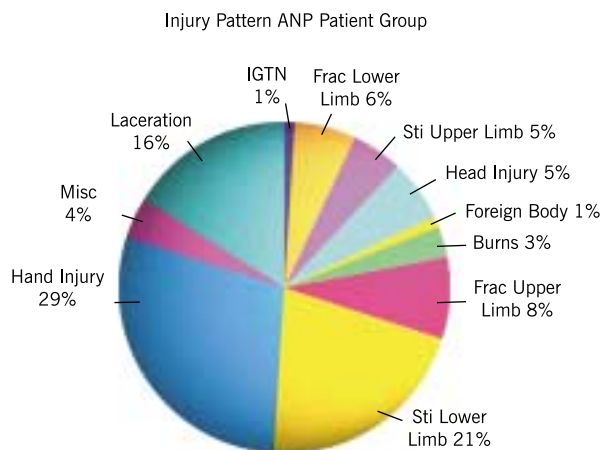
### Nurse Practitioners

The role of the Emergency Nurse Practitioner/Advanced Nurse Practitioner in

Emergency Nursing incorporates all aspects of nursing care in this new service provision for the Emergency Department patient. The nurse practitioner operates within agreed protocols and guidelines in a structured approach to the care and treatment of patients with minor injuries. Our lead nurse practitioner is a member of The National Council for Professional Development of Nursing and Midwifery. There are currently two qualified Advanced Nurse Practitioners and six students (three internal and three external) at various stages of training on the program in the department

Cover has now been extended to 7 days a week from 9am to 10pm.

4,500 (approx) patients were seen by the nurse practitioners during 2000.



### Research & Training

The joint committee for higher training approved us for Specialist Registrar training in Emergency Medicine at a visit in June. The post in St. James's will rotate with a similar post in Cork University Hospital beginning in 2001.

### Chest Pain Assessment Unit Initiative

As part of an initiative to improve the care of patients presenting to the Emergency

Department with acute coronary syndromes a proposal for the establishment of a Chest Pain Assessment Unit was developed and submitted to the Cardiovascular Health Strategy Group by Ms Geraldine McMahon (Consultant in Emergency Medicine) in collaboration with Dr. Peter Crean from the Cardiology Department. This project received funding approval and is to be established in 2001 as a National Pilot project.

This project is designed to introduce a structured approach to the clinical assessment and management of patients presenting with acute coronary syndromes. The objectives include:

- A reduction in door-to-needle times for reperfusion of patient with acute myocardial infarction.
- More appropriate assessment and management of patients with low risk chest pain. Thereby prevent many unnecessary hospital admissions and affording more appropriate patient care and improved cost-effectiveness.

The project will be subjected to close clinical audit utilising the Patient Access Tracking System (PATS).

### Staffing

Dr. Emily O'Connor was appointed as our second Associate Emergency Physician in November, we welcome, and look forward to working with, her.

The turnover of staff within the department has been very high. This has led to difficulties in ensuring delivery of a quality service, but we applaud the efforts made by all staff, both new and old, to support the team approach to our patients. The majority of people leaving were going to promotional posts elsewhere and we congratulate them.



The Hospital, having gone through an exhaustive internal process, applied formally for two additional Full-time Consultants in Emergency Medicine in October. We are awaiting the review of the service nationally by Comhairle.

## Other Medical & Surgical Specialities

Pharmacology & Therapeutics

Vascular Surgery, Psychiatry

### Pharmacology & Therapeutics

#### Consultants

Professor J. Feely, General Physician

Dr. M. Barry, Clinical Pharmacologist

#### Introduction

The Department of Therapeutics plays a number of important roles within the hospital. Firstly it contributes to the Acute General Medical Services. Secondly it provides specialist assessment and management of patients with hypertension and lipid abnormalities. Thirdly it is involved in the National Centres for Medicines Information and the National Pharmacoeconomics.

#### Services

The demands of the Acute Medical Services continue to expand and the complexity of an older age patient population has increased.

#### Developments

A rapid access Hypertension Service is coming on stream. The addition of arterial wave analysis has enhanced the risk stratification of patients particularly with hypertension and heart disease. It is hoped that this may be expanded more generally within the hospital.

#### Education and Research

The Department provides the only Higher Specialty Training in Clinical Pharmacology & Therapeutics in Ireland. It continues to be actively involved in research (see publications).

## Vascular Surgery

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

One of the highlights of the year was the appointment of a third vascular surgeon, Mr. Prakash Madhavan and the consolidation of collaboration between St. James's and the Midland Health Board in the provision of vascular surgical services. In addition a combined on-call rota between St. James's and Tallaght was established as part of the ongoing rationalisation of vascular services.

The strengthening association between vascular surgery and radiology continued last year.

The use of stent grafts for the management of aortic aneurysms and aorto-iliac disease in high-risk surgical patients increased throughout the year. The role of endovascular techniques continues to be expanded. Carotid angioplasty with cerebral protection was also performed in a small number of cases with encouraging results. This technique will continue with very careful patient selection and with close follow-up. Additionally mini-laparotomy surgery in the management of aortic aneurysms was introduced with good early results.

The number of leg ulcers seen in the Veins Unit continues to increase with excellent healing rates. The staff nurses within the unit have run several workshops and participated in educational meetings to help promote the correct use of compression dressings. Research work continues on several new dressing and

bandage regimes. A very successful varicose vein waiting list initiative was run throughout the year with a significant reduction in the number of patients awaiting varicose vein surgery. This will continue for a second year.

The vascular laboratory remains extremely busy with expansion of the role of peripheral duplex imaging in selecting patients for endovascular management. A prospective study of ultrasound-guided thrombin injection in the treatment of pseudo-aneurysms is under way with high success and low complication rates. If successful this technique will lead to a significant reduction in hospital stay. Four of the vascular technologists were accepted by Trinity College for M.Sc. degrees.

### Department of Psychiatry

This busy year was overshadowed by the sad death of Dr. George Mullett. Dr. Mullett had worked in the service for many years, having returned to Dublin from Canada to take up his consultant post. Dr. Mullett was universally liked and respected. He had a deep knowledge of clinical psychiatry, and patients, trainee doctors and his colleagues remember his kindness, his careful, thoughtful approach to his work and his flashes of gentle humour.

Dr. Mullett has been a great loss to the service, but his place is assured in the fond memories of very many people.

The department took part in an extensive accreditation process, which is to pave the way for a regular programme of quality planning and assessment in the coming years. The department was one of three in the hospital which piloted the assessment statements and made an initial self assessment of the health services. This was followed by a trial accreditation visit from outside assessors, based on a Canadian model of accreditation. While this was a time consuming exercise for the several

staff members involved, it became clear in the event that resources need to be provided to develop adequate planning and monitoring of the activities of this service, but that valuable knowledge will accumulate and steady improvement in our service should result. Funds were provided from central government sources to upgrade the physical environment of the Jonathan Swift Clinic for patients and staff. Already this has produced a palpable improvement in morale for all those who work, stay in or visit the clinic.

Large stirrings have also been occurring in the new Easton Regional Health Authority (ERHA). The hospital and psychiatric service are financially dependent on its South Western Area Health Board, and we are beginning to meet the relevant personnel of the Health Board whose influence on the development of our service in the next few years will be highly significant.

Finally, the service welcomed Dr. Fionnuala O'Loughlin as temporary consultant, carrying on the work of Dr. Mullett's team, and Dr. Martelo Camprubi as Lecturer/Senior Registrar. Dr. O'Loughlin is a graduate of the St. Patrick's/St. James's psychiatric scheme, and Dr. Camprubi comes to us from Chile, via London.

The year 2000 saw the appointment of Dr. Ann-Marie O'Dwyer to establish and develop the liaison and psychiatry service to the general hospital. Dr. O'Dwyer returned from London, where she was consultant at the Bethlem and Royal Maudsley Hospital to take up this new post. Even within the first year, her work is proving very successful, and Dr. O'Dwyer has been able to appoint a Clinical Psychologist and Nurse Therapist in addition to a secretary and two registrars. The team are extremely busy and the service is highly appreciated by physicians and surgeons and their teams.

## Clinical Services Directorates

### LabMed Directorate

Clinical Director – Prof. R. O'Moore

Business Manager – Sadhbh Lyons

Chief Technologist – Noel White

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

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

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

#### Developments

Progress was made during the year on the refurbishment of the Central Specimen Reception and Sorting area of the laboratory.

The Directorate places a high level of importance on achieving accreditation, believing that this is for the future development and recognition of the CPL, and this has commenced. The Central Pathology



Laboratory currently supplies services to 40 outside agencies. At present, reports are either telephoned or returned in paper copy format. In conjunction with the IMS department the Directorate began to explore options for the secure electronic transfer of reports to the requesting sources. Further progress was made during the year and the Medibridge system was chosen as the best option. It is planned to "go live" early in 2001.

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

Progress continued during 2000 with the absorption of the Microbiology purchasing programme into the new structure.

Considerable time energy and finance, were expended during 1999 in anticipation of Y2K problems. The start of the year was awaited with some trepidation. A major effort in CPL was co-ordinated by the Chief Technologists, Mr. Gerry Sullivan, the directorate IT coordinator, and the laboratory Application

Controllers. Happily everything went as planned and no breakdowns in the service occurred.

Since its inception, the Central Pathology Laboratory (CPL) has provided a comprehensive laboratory service to an ever-increasing number of GPs. This now constitutes almost 20% of total workload. The workload in Phlebotomy continued to expand.

Computerisation of the phlebotomy service in the Warfarin Clinic commenced and went live in mid 2000.

At the end of August 2000 Ms. Sadbh Lyons resigned as Business Manager in order to take up a post in the Mid Western Health Board. The directorate is very appreciative of the role played by Ms. Lyons during her year in the position.

### Year ending December 31st 2000

Analysis of Requests received by LabMed Directorate

Department	St. James's	Tallaght	ERHA	GPs	Others	Total per	Total per	% +/-
							on	
						Discipline	Discipline	Prev.
						Year		
						2000	1999	
Haematology	290,353	15,484	8,918	59,897	27,453	402,105	355,861	13%
Blood Transfusion	23,027	5	8	7	322	23,369	21,566	8%
Clinical Chemistry	213,751	2,998	24,255	90,761	54,169	385,934	347,361	11%
Microbiology	144,970	3,092	9,349	30,419	31,354	219,184	197,922	11%
Histopathology	10,553	48	830	550	1,077	13,058	14,488	-10%
Cytology	6,231	841	234	4,060	1,322	12,688	11,152	14%
Immunology	23,421	6,856	2,970	7,745	21,405	62,397	53,886	16%
Totals per Hospital	712,306	29,324	46,564	193,439	137,102	1,118,735	1,002,236	12%
Percentage	63.7%	2.6%	4.2%	17.3%	12.3%			

## Department of Immunology 2000

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

Because of an increasing recognition of the diagnostic value of immunology tests, the workload of the department continues to grow annually. The number of specimens for 2000 was over 64,000, a further 12% increase on the previous year. This is a continuing trend and a similar increase is expected in 2001.

Since Immunology is a specialized subject and because of the nature and extensive range of tests performed in the Immunology Laboratory, this service is continuously used by other hospitals and outside institutions apart from St. James's. In fact these hospitals and institutions account for 50% of the immunology workload. The service is also extensively used by GPs and by its nature it includes GPs both within and outside the catchment area of the hospital; this workload accounts for 13% of the total.

Samples are sent to the Immunology laboratory from as far away as Kerry in the South and Donegal in the North.

Certain autoantibody tests in particular showed sharp increases: these included assays for the anti-endomysial antibody (a highly specific test for coeliac disease). This test has been complimented by the addition of a test for antibodies to tissue transglutaminase (tTG) which is in fact the target antigen in the endomysial test. Tests for allergic conditions are also on the increase. The increase in allergy is a worldwide phenomenon and as yet there is no explanation as to why this should be so. Newer tests in Immunology will be a continuing trend and newer tests are continuously coming on-board. Already certain

tests are becoming available that, for example, will help to differentiate Crohn's disease from ulcerative colitis.

A weekly Immunology outpatient clinic is held and each year some 500 new patients attend. Immunodeficiency, connective tissue diseases (including the Antiphospholipid syndrome and Wegener's granulomatosis) and allergy are particular interest of this clinic. These disorders are closely allied to the research and development efforts of the department.

Immunology is a partner in two EU funded projects: on treatment protocols for Wegener's granulomatosis and the association between coeliac disease and lymphoma. Following the appointment of an immunology home therapy nurse some two years ago, an increasing number of immunoglobulin deficient patients are being self administer their immunoglobulin replacement therapy at home.

The Immunology department is engaged with a wide range of International collaborators including those in the USA, Sweden, UK, Germany, Israel, Czech Republic and Georgia. These collaborations have helped both the diagnostic laboratory in the development of newer techniques as well as improving the academic excellence of the department. This has been recognized by visits of distinguished guests including Peter Doherty, the Nobel laureate who visited the department and spoke about his work to the technical and graduate students. The department also contributes actively to the teaching of many undergraduate and post-graduate courses in Trinity College and the Dublin Institute of Technology.

During the past year, two members of the technical staff were awarded a MSc in Immunology, based on work carried out in the laboratory: Ms. Anne Clooney and Ms. Linda Feighery.

## Department of Biochemistry

A major feature of the year 2000 has been the rise in the number of specimens originating from GPs. During the year specimens from this source continued at an accelerated rate. Of concern is the very wide catchment area from which GP samples are received. This includes most of counties Wicklow and Kildare as well as Dublin. The computer database presently contains approx. 1800 entries for GPs who use the services. The wide dispersal of users complicates effective communication with them and delays the timely delivery of specimens to the CPL. Total specimen numbers from all sources increased to 385,934 – up from 347,361 in 1999 (11%). Of these 213,751 were from within SJH – up 11% from the previous year's 209,780. Our endocrine section continues to process an expanding workload.

### Appointments

Dr. Martin Healy was appointed as Principal Biochemist in replacement for Mr. John McSweeney who retired in 1999.

### New Equipment

A new chemistry analyser was purchased during the year. This was to replace an instrument that had passed its twelfth birthday. The new instrument will be used to provide much-needed backup to our main chemical analyser and operate as our twenty-four hour emergency testing system.

### Conferences

During the year two members of staff, Maureen Meyler and Liam Blake were invited to make a keynote presentation on laboratory safety awareness at the 24th World Congress of Medical Laboratory Technology held in Vancouver, Canada. This was based on their

prize winning "Safety Awareness Week" endeavours held in this laboratory.

## Department of Microbiology

The workload of the Department increased again this year with all time record numbers of specimens received in many sections of the laboratory. Samples for diagnosis of Sexually Transmitted Diseases continue to increase and now constitute a disproportionate amount of our workload.

These increases together with staff shortages continue to place severe pressures on the Department and the contribution of all staff is recognised and appreciated. Efforts have been made to improve recruitment and retention of staff, but significant difficulties still remain.

The building of the new National MRSA Reference Laboratory, which will be managed through this Department, was completed and the formal opening is expected in 2001. The following staff have been appointed:

Chief Technologist – Dr. Angela Rossney  
Molecular Microbiologist – Dr. Pamela Morgan  
Laboratory Technician – Ms. Tanya Curran

Among the many particular projects carried out by the Department is a study on microbiological quality of piped water. This study has contributed significantly to control of infection in Endoscopy and Bone Marrow Transplantation. Infection Control personnel have also studied environmental contamination and an induction programme for new hospital staff has been established.

The Department continues to assist the National Disease Surveillance Centre with their study of antibiotic resistance and also with formulation of national policies on infection problems. The Department made a major contribution towards the publication in 2000 of



the "North/South Study of MRSA in Ireland 1999".

Dr. Niamh O'Sullivan left the Department on being appointed Consultant Microbiologist at Our Lady's Hospital for Sick Children, Crumlin. Dr. Marianne Nolan successfully completed Part I of the M.R.C.Path. The Department welcomes Dr. Breida Boyle to her new post of Lecturer in Clinical Microbiology, TCD. Ms. Celine Herra visited Creighton University, Omaha, Nebraska, to study resistance mechanisms of *Serratia marcescens*.

In July 2000 the Department was saddened at the untimely death of Dr. Alison Byrne, who was very successfully investigating *Serratia marcescens* infections for the M.D. degree. We sympathise with her family and relations in their huge loss.

## Department of Transfusion Medicine

The Department of Transfusion Medicine provides a comprehensive blood transfusion service. Blood, blood components and blood derivatives are supplied for elective and emergency use in Medical, Surgical, Burns, A&E and Haematology/Oncology units including the National Bone Marrow Transplant Centre. Coagulation products for the treatment of Haemophilia are supplied for in-patient and home-treatment patients.

A diagnostic service for auto-immune conditions involving red cells and platelets is provided.

A suitable automated blood group analyser has been identified and should be operational in 2001. This will improve the safety of the transfusion process and allow for the speedier release of blood in emergencies.

In line with current transfusion practice the department has three Haemovigilance Officers.

Their functions include monitoring and evaluating adverse reactions to blood transfusions, auditing blood and blood component usage and ensuring that best blood transfusion practice is followed. Blood Transfusion Information for Patients leaflet, version 2, was adopted. This version followed an audit of the patient's opinions on version 1 which was used to maximise the leaflet's impact. The information leaflet is also available on the hospital website. The Haemovigilance section provides a hospital-wide plasma exchange program, which has expanded by comparison to previous years and is projected to expand further in future years.

Approval has been received for a pilot study to computerise the issuing and transfusion of blood and blood components. This pilot study will be completed in 2001 and if successful may be implemented hospital wide.

The department is involved in teaching and examining laboratory science undergraduates and in supervising undergraduate and postgraduate research projects. The department is also involved in teaching medical undergraduates and in training postgraduate medical staff who are preparing to sit the MRCPPath examinations.

## Staff Retirement and Appointments

Mr. Paul Lynam, who had been Chief Technologist since the opening of the Central Pathology Laboratory in 1981, retired in March of this year. Mr Brian Graham was appointed Chief Technologist and Ms. Anne Geaney filled the vacant Technologist position created.

## Department of Haematology

The Haematology Department provides a comprehensive diagnostic laboratory service to St. James's Hospital, ERHA area hospitals

including Tallaght and General Practitioners. It also receives nationwide referrals for specialised investigations. Laboratory support for the work of the HOPE Directorate including the National Adult Blood and Bone Marrow Transplant Centre and the National Centre for Hereditary Coagulation Disorders forms a core element of the department's work.

Activity levels in four out of five main areas in the department significantly increased in 2000 compared with 1999 (table 1 and figures 1 and 2). This increase occurred in both routine, high volume, tests and in more specialised investigations.

In the main routine laboratory there was a 5% activity increase primarily in Full Blood Count (FBC) requests, however blood film examinations showed a lesser increase of 0.8% which is a reflection of the improved analytical ability of the new cell counter technology introduced during the year. There was a greater increase of 18% in routine coagulation screens compared to 1999, the largest contributor to which was the Emergency Department, and an overall activity increase of 19% in the Haemostasis and Thrombosis laboratory.

The laboratory areas concerned with more specialised investigations were also busier during the year 2000. The Nutritional Anaemia laboratory continued to experience a steady

workload increase due to increased clinical interest in this area. Substantially more tests were carried out for all main investigations, the sharpest increase of 33% being in serum Ferritin tests which are used in the diagnosis of iron deficiency and disorders of iron metabolism. Overall activity increased by 18% in this laboratory, the sharpest increase in requests being from GPs which were 39% higher than in 1999 and contributed a third of the increase overall. The dramatic increase in requests for investigation of abnormal haemoglobin variants since 1997, related to the increasing ethnic diversity of the patient population, continued during 2000 with a 133% increase on 1999. Overall activity in the Special Diagnostics laboratory, where the former and other investigations essential in leukaemia diagnosis are carried out, increased by 29%.

The department's Cryobiology laboratory, which is involved in all aspects of harvesting, processing and cryo-preservation of bone marrow and stem cell products used in autologous and allogeneic transplant, carried out slightly fewer procedures during 2000, however this was due to the temporary closure of the Hospital's Transplant Unit for major refurbishment in the latter part of the year. Otherwise there is an upward activity trend in this area.

Laboratory Area	1999	2000	% Change
Main Laboratory	222392	233694	+5.1
Haemostasis & Thrombosis	72316	85880	+18.8
Nutritional Anaemia Laboratory	32961	38984	+18.3
Special Diagnostics	2950	3802	+28.9
Cryobiology Laboratory	347	318	-8.4

Table 1. Comparison in activity levels within the Haematology department, 2000 vs. 1999, by test or procedure numbers.

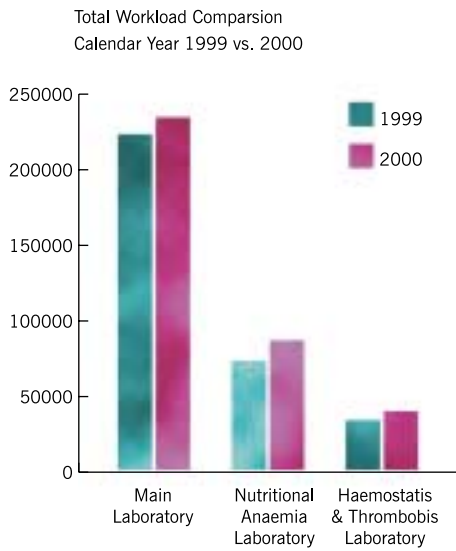


Figure 1. Comparison in activity levels within the Haematology department (Main Laboratory, Nutritional Anaemias, Haemostasis & Thrombosis), 2000 vs. 1999.

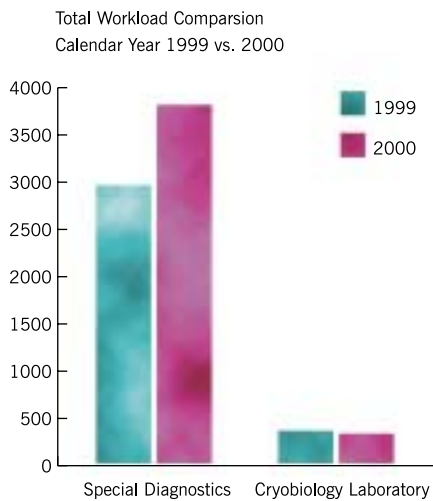


Figure 2. Comparison in activity levels within the Haematology department (Special Diagnostics and Cryobiology), 2000 vs. 1999.

### Developments

The department was heavily involved in the development of a newly designed nurse-led, computerised outpatient anticoagulant clinic.

This involved a multi-disciplinary effort, involving medical, nursing, laboratory, information technology and medical records staff. The newly organised clinic, which was the first application of the Order Communications Module (OCM) to an outpatient area at St. James's, is patient-focused and has brought many benefits to patients and staff. Patient waiting times have been shortened and their attendance simplified with the removal of the need to visit the laboratory to collect results. Medical staff have been freed from routine patient dosage duties while the nurses who have taken on this role, using prescribed guidelines, have benefited from greater involvement in patient care. Sample analysis in the laboratory has been streamlined and interfaced to the I.T. system, allowing for greater analytical capacity and improved record keeping.

A new main blood cell counter and analysis system, the Sysmex HST / XE 2100, was commissioned and installed in April 2000. This was the first installation of this state-of-the-art system in the Republic of Ireland. Its latest generation technology has brought benefits to the main diagnostic laboratory, which includes faster sample throughput and automated analysis of nucleated red blood cells and reticulocytes. This will help the laboratory to keep pace with its expanding workload while minimising the need for manual blood film examination.

During the year, the new Diagnostic Coagulation and Molecular Haemostasis and Thrombosis laboratories at the new National Centre for Hereditary Coagulation Disorders building were designed and commissioned, in conjunction with the Planning and Commissioning department, in preparation for their opening in 2001. The vacated

Coagulation laboratory in the Central Pathology Laboratories building will be developed into the Cancer Molecular Diagnostics laboratory under Dr Mark Lawler.

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

### Staff Appointments and Retirements

Ms Nuala Horner retired from her post as Technologist in Haematology in May 2000, having given many years of service both to St. James's Hospital and to the practice of Medical Laboratory Sciences in Ireland throughout her long and full career. The occasion was marked by a reception attended by colleagues and friends from the hospital and from around the country.

As part of the development of the National Centre for Hereditary Coagulation Disorders, Ms Mary Byrne was appointed Chief Technologist in charge of the Coagulation laboratories both at the new centre and at the Central Pathology Laboratories, while Ms Wendy Livingstone was appointed Chief Molecular Scientist at the new centre, to oversee and develop the provision of molecular assays relevant to hereditary coagulation disorders.

Mr Feargal McGroarty was promoted to Technologist in charge of the main diagnostic laboratory and Ms Monica Nolan was promoted to Senior Technician.

### Education & Research Activities

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

leavers. Two of the department's staff members embarked on the part-time MSc in Molecular Pathology run by the Dublin Institute of Technology in conjunction with the University of Dublin (Trinity College). Senior scientific and technical staff contributed to research projects, which led to publication in peer-reviewed journals.

## DiagIm (Diagnostic Imaging Service)

Clinical Director – Dr. Patrick Freyne

Radiographer Services Manager –

Ms. Bernadette Moran.

Business Manager – Ms. Jo Coyle.

### Introduction

The DiagIm Directorate is responsible for providing a diagnostic imaging service to all of the St. James's Hospital patients and those G.P.'s in the catchment area as well as supplying tertiary care to hospitals outside the catchment.

The Diagnostic Imaging Department provides an imaging service across 10 modalities – General Radiology, Maxillo-Facial, Gastro-Intestinal, IVP, Mammography, Ultrasound, C.T. Interventional Radiology Therapeutic and Diagnostic, Nuclear Medicine and Coronary



Angiography. This will increase to 11 modalities in 2001 with the opening of MRI services.

The Diagnostic Imaging Department is linked to the Hospital Information System and runs an Order Communications System – on line requests and results for all patients attending the department. This facility allows for on line ordering of radiology requests at ward level and electronic reporting of results.

### Service Trends

Comparable Activity Analysis by Modalities

Imaging Modality	2000	1999	% VARIANCE
General Radiology	88948	88329	1%
Maxillo Facial	7537	7929	-5%
G.I.	3118	3010	4%
I.V.P.	501	486	3%
Mammography	2080	2021	3%
Ultrasound	8060	7448	8%
C.T.	9446	8119	16%
Interventional Radiology: Therapeutic	899	790	14%
Interventional Radiology: Diagnostic	606	590	3%
Nuclear Medicine	2401	1991	21%
Coronary Angiography	2437	3055	-20%
TOTAL	126033	123178	2%

2000 saw the continued development of Interventional Radiology for both therapeutic and diagnostic imaging procedures. Interventional Radiology embraces Ultrasound and C.T. guided I.R. procedures in addition to Interventional Radiology procedures.

## Developments

In 2000 work on the new MRI and Interventional Radiology Suites began with opening scheduled for 2001

## Staff

Dr. Joseph Murphy, Consultant Radiologist joined the staff in July 2000

His appointment has brought valuable expertise and experience in Mammography and Sectional Imaging.

## Education & Research

The first intake of students for the Post Graduate Diploma in Magnetic Resonance Imaging Technology was received in October 1999. The course was organised by staff of Trinity College, Dublin in conjunction with Radiographers from St. James's Hospital and Beaumont Hospital and also medical physics staff from both centres.

This is the first course of its kind in Ireland and is available to all qualified Radiographers who are interested in specialising in MRI. Two Radiographers completed the first Diploma, Laura Kenny and Mary Ahern.

Elizabeth Sheils completed The Diploma in Ultrasound.

Four Radiographers completed a Certificate in Intravenous injections – Mary Ahern, Paula Walsh, Oliver Doolan and Lisa Hanrahan.

The Diagnostic Imaging Department website is being compiled and will give a comprehensive list of examinations and all aspects of Diagnostic Imaging, developed by Senior Radiographer Suzanne Dennon in conjunction with the I.M.S. Department.

## Orian Directorate

Clinical Director: Dr Ellen O'Sullivan

Nurse Manager: Ms Jane Mahon

Business Manager: Ms Cora Keary

(This position was not filled until 2001)

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

### Theatres

Theatre activity for 2000 totalled 10,026 cases. 8,486 of these were elective procedures and 1,540 were emergency procedures. Waiting list initiatives during 2000 included Vascular, Plastic and E.N.T. Surgery.

The service delivered by the cardiac theatres increased further with 3 cardiac cases per day being performed over 4 days.

### Education

The Peri-Operative Nursing course continued with 8 places in the year 2000. Twelve South African nurses started work in St.James's in May. As a result theatre activity was maintained when lack of nurses was causing theatre closures in other hospitals.

### Day Surgery Unit

The function of this unit is to provide care, and treatment for patients whose clinical complaint can be treated in single day. These patients are admitted and discharged on the same day and require a bed/trolley for a period of recovery



prior to discharge. The philosophy of the unit is to provide safe effective and efficient Nursing and Medical care for day surgery patients. The following services are provided:

- Procedures under General Anaesthetic for the Gynaecology, Ear Nose & Throat, Orthopaedic, General Surgery, Plastics and Maxillo Facial, Urology and Pain specialities.
- Endoscopy procedures i.e. Gastroscopy, Colonoscopy, Sigmondoscopy, Proctoscopy, Cystoscopy.
- Minor Operations involving local anaesthetics i.e. Plastics, General Surgery, Urology.

Work is underway on the construction of a new Day Surgery Unit.

### Education

Ms Margaret MacGuinness was appointed as a CMN1 in the Day Unit. Staff training and development within the unit continued with 20% of staff attending 3 or more training sessions including Resuscitation, Critical Care, Clinical Nursing and Management courses.

### ICU/HDU

There are 10 Intensive care beds and 4 High Dependency beds currently available in the

Intensive Care provides a service for all patients with potentially recoverable conditions

who require detailed monitoring and invasive therapy – usually these patients have threatened or established organ failure. All surgical and medical disciplines avail of these facilities. The High Dependency unit caters for patients requiring close observation and treatment but who do not need advanced respiratory support. The bed occupancy for the unit during 2000 was in the region of 96% often reaching 100%. Two extra beds in the Burns Unit were commissioned to ICU standard in order to help with workload over the winter period. Lack of staff prevented full use of these facilities.

### HSSU

The Hospital Sterile Supplies Unit continues to provide a comprehensive decontamination, repackaging, processing and delivery service of re-usable and disposable equipment for the whole hospital. The service provided by this department was further enhanced by the successful implementation of the SSD Man Computerised Traceability System. This system has greatly enhanced stock control and provides a computerised record of instrumentation at each stage of the decontamination and sterilisation process in HSSU.

### Anaesthetic Department

The year 2000 was a busy year for the Department with over 12,000 anaesthetics given in the general and burns theatres. A further 3,500 anaesthetics were given by consultant staff to children undergoing dental extractions in the Eastern Health Board Dental Clinic which is based on the St. James's Hospital campus.

### Staff

The cardiac anaesthetic service was enhanced by the appointment of Dr. Noreen Dowd as Consultant Anaesthetist.

The appointment of Dr Shakeel Kazmi as Locum Consultant facilitated the Waiting List Initiative, thereby reducing the numbers of patients awaiting plastic and vascular surgery.

In October 2000, Dr. Michael Carey took over as Chairman of the Department from Dr. Tom Ryan.



## Clinical Support Services

Throughout the year 2000, work continued to progress on formalising Clinical Services into a Unit of Management. The Unit is called SCOPe and is comprised of the following Departments:

- Speech & Language Therapy
- Social Work
- Clinical Nutrition
- Occupational Therapy

Ms Bernie Mc Nally, Occupational Therapy Services Manager, was successful in her application for SCOPe Manager and is to take up her post on January 1st 2001. An administrator at Grade V will also be appointed to support the role of the SCOPe Manager.

The establishment of the SCOPe Unit of Management is a positive development in terms of improving services for patients and utilising resources in the most effective manner possible. SCOPe will enable the group to develop and execute a Business Plan. The Plan will identify a strategy for the accomplishment of the agreed mission, goals and objectives together with the resource implications involved.

The mission statement of SCOPe is

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

### Department of Clinical Nutrition

#### Introduction

The department of clinical nutrition provides a comprehensive service for both inpatients and outpatients including the assessment of

nutritional status, nutrition counselling for therapeutic diets and the provision of nutrition support, both enteral and parenteral. During 2000 this service was provided for 27 specialities within St. James's with a staff of 19 clinical nutritionists and 0.5 grade 4 clerical posts. We strive to provide a high quality, efficient service to all areas of the hospital, by participation in multidisciplinary ward rounds, team meetings and educational activities.

During 2000 there were 37,237 patient contacts representing a 22.66% increase in activity compared to 1999.

#### Services

During 2000 a clinical nutritionist educated staff on the role of the clinical nutritionist in the new Cardiac Surgery Unit and devised nutrition protocols for this area. 468 patients in this unit and 477 patients in the cardiac rehabilitation programme were seen by a clinical nutritionist.

Due to the closure of Denis Burkitt Ward the clinical nutritionist assigned to haematology was able to allocate time to devise protocols for the new Burkitt unit, to produce a new booklet "Nutritional Support of the Transplant Patient" and to design diet sheets for immunosuppressed patients. Considerable time was also given to attending the user group meetings and to identifying and agreeing the catering requirements for the new unit.

Group education sessions were introduced for patients with newly diagnosed diabetes awaiting individual appointments with our service. This was an attempt by the department to address the increase in the waiting list for outpatient appointments for these patients within the current resources.

There was a 26% increase in inpatient activity in diabetes and endocrinology in 2000.

## Developments

The clinical nutrition service to MedEI expanded and greatly improved in the course of 2000 with the appointment of a second and then a third clinical nutritionist. (The latter is a temporary post funded from the Winter Rehabilitation Initiative). This facilitated the provision of a high standard of service to inpatients by the allocation of one clinical nutritionist to each consultant in this area. It also allowed the introduction of two outpatient clinics per week to run concurrently with the consultants' clinics where previously very little outpatient access was possible.

In addition a screening tool was devised and evaluated in September 2000 as part of an undergraduate student project and this has been introduced on to both acute wards as a means of standardising the nutritional screening of newly admitted elderly patients. Planned developments for this area include the establishment of a multidisciplinary PEG clinic for the review of home enteral nutrition patients, participation in the MedEI Stroke Rehab Group held for inpatients in Hospital 2 and an expansion in the number and scope of talks given to staff working in this area.

It is planned to expand the use and audit of nutritional screening tools into other areas of the hospital in particular Gastroenterology, Oncology, and GUIDE.

The haematology and oncology clinical nutritionists set up the Irish Nutrition and Dietetic Institute's interest group in haematology and oncology to act as a national resource for education and support of clinical nutritionists working in these areas throughout Ireland.

## Education and Research

Eight B.Sc.(Hons.) Human Nutrition and Dietetics students undertook their clinical

internship in this department, with one of our students going on to receive the prize for the best overall clinical exam result and a first class honours degree.

The department participates in educational activities for its own staff, other hospital staff, for patients and carers groups and on request for external institutions.

During 2000 the department continued to participate in a study conducted by Prof. Feighery which examines the effect of gluten free diet on bone density in patients with Dermatitis Herpetiformis.

## Medical Social Work

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

During the year the most important development was in relation to the Organ Retention issue and the setting up of a Help Line in March to respond to enquiries from the public. The Senior staff of the Social Work Department undertook the very delicate work involved for the initial stages. Following discussion with hospital management it was decided to recruit 2 Medical Social Workers with clerical support to initiate a pro-active system of dealing with deaths in the hospital, particularly where a Post Mortem examination was necessary. Towards the end of the year it proved necessary to increase the staffing by 1

Medical Social Worker and 0.5 clerical support in order to deal with retrospective work. It is beneficial that a bereavement service can now be offered to those who need it without depleting the social work service to in-patients and their families.

A Medical Social Worker has been appointed for Palliative Care and for the MedEL Winter Initiative.

There is now a team of 6 Medical Social Workers in MedEI and of a team of 5 Medical Social Workers in the GUIDE Clinic.

It is envisaged that there will be more of a directorate team approach from the Social Work Department in the future with appropriate work allocation. In general, the department was very busy during 2000.

An upper storey is to be added to the department, which will give each social worker an individual office and telephone. The problems of sharing offices and telephones resulted in delays in the social work intervention with patients and families. The upper floor will be completed in 2001.

Work has continued towards the introduction of the Order Communications System of referral

The Social Work Department continued to provide teaching to doctors and nurses, but was unable to take social work students on placement because of lack of accommodation. This is particularly regrettable because of the shortage of qualified local social workers. Training was provided for a wide range of multidisciplinary groups and topics included domestic violence, communication skills and HIV/AIDS. The plan to expand the number of staff trained in Critical Incident Stress Debriefing continued and this technique was used in response to critical incidents in the hospital during the year.

## Physiotherapy

### Role and Function of the Physiotherapy Department

#### Introduction

81,000 patient treatments were delivered by physiotherapists in 2000, an increase of 15% on the previous year. Currently there are thirty-six physiotherapists, eight assistants and three clerical staff providing physiotherapy services to St. James's and to GPs in Dublin 8,10 and 12.

Physiotherapists prevent and diagnose physical and respiratory disability and impairment and treat these conditions by physical interventions, the goal of these interventions is to reduce pain and optimise the patient's independence and function.

### Service Developments

#### Respiratory Care

Staff participated in the development of guidelines for Tracheostomy Care and Manual Hyperinflation and in the development of a policy for Ventilator Weaning.

#### Orthopaedics

The Day Room in the Orthopaedic Ward has been converted as a gymnasium which provides a significant improvement in the rehab services available to orthopaedic patients.

A pilot study has been carried out in which a physiotherapist screens patients in the orthopaedic clinics. This has significantly reduced waiting times for out-patient physiotherapy, reduced waiting lists and the number of physiotherapy treatments required per patient.

#### Oncology

One physiotherapist in Oncology & Palliative Care, is now responsible for the care of mastectomy patients hospital wide. Anecdotally

this has resulted in a dramatic reduction in the incidence of patients presenting with shoulder problems at the out-patient clinic.

The lymphoedema clinic has been increased from once a month to once per week to ensure all patients with lymphoedema have rapid access to care.

### Haemophilia

There is now a joint clinic for haemophiliacs where they can attend the orthopaedic surgeon and physiotherapist simultaneously after a bleed into a joint. It is hoped this will reduce the incidence of severe joint dysfunction from recurrent bleeds.

### Care Of The Elderly

A protocol for group exercise to facilitate more efficient use of resources has been introduced in hospital 2. The sessions are divided into two streams of patients, those who score above 12 on the POAM and Elderly Mobility Scale and those who score less than 12. Both patients and staff have found this a very valuable change in practice.

### Research

Marie Ryan in conjunction with Crest produced a paper on the effects of "A period of out-patient pulmonary rehabilitation on eight COAD patients." The main outcomes in the small sample was improvement in quality of life and reduction in anxiety. This programme has been included in the service plan and it is hoped that funding will be forthcoming to develop this service for SJH's most common admission. There is evidence that pulmonary rehabilitation reduces hospital utilization by these patients.

The Senior in Respiratory care, Colette Smee is undertaking an audit of "The use of non-invasive ventilation as an adjunct to physiotherapy treatments."

The physiotherapists in Cardiac Surgery are running an audit on "The incidence and type of musculoskeletal complaints following cardiac surgery."

Hip Fractures and Physiotherapy:

Literature Review

This review was conducted by Mary Allis senior physiotherapist in orthopaedics to examine the impact of dementia, previous mobility and amount of physiotherapy in-put on the mobility outcome following fractured neck of femur. Amount of physiotherapy in-put and previous mobility status were found to be key factors in outcome. The presence of dementia did not preclude the recover of good functional mobility.

The Staff undertook the following Courses & Presentations:

#### European Health & Safety at Work Week

Advice on the prevention and management of musculoskeletal injuries in the workplace.

#### Thoracic Study Day

"The role of the physiotherapist in the management of the thoracic surgery patient"

#### Orthopaedics

Presentation to three orthopaedic teams on the biomechanics of the foot and lower limb.

#### Emergency Department

"Conservative management of whiplash, low back pain and soft tissue injuries."

#### Post-graduate Specialist Diploma (ICU/CCU nursing)

Lectures on respiratory care.

#### Physiotherapy Post-graduate Education & Development

An intensive respiratory training programme of 15 hours was organized to bring junior physiotherapists respiratory assessment and treatment competencies up to an excellent standard to prepare for on-call duties.

A course on the use of combined accessory and physiological movements in the rehabilitation of dysfunctional joints.

### Personal Development Planning

The department volunteered to be a pilot site for personal development planning in the health and social services. Ten senior physiotherapists participated. This study was run by the Office for Health Management.

### Department Structure

Following the expert review of the profession last year the departmental structure has changed significantly with eight basic grade posts up-graded to senior. This restructuring has allowed differentiation of the service to rheumatology, occupational health and acute in-patient rehabilitation and acknowledgement of the senior level contribution of previous basic grade staff in burns, women's health and cardiac rehabilitation.

### Occupational Therapy

The Occupational Therapy Department endeavours to assist patients to achieve return to maximum functional independence and quality of life. At the same time efficient and effective discharges, to home or other community based living environments, remains a core component of the service.

Community Occupational Therapy Discharge Facilitators in areas 3, 4 and 5 are working with the hospital to facilitate discharges.

The continued success of the Occupational Therapy Discharge Facilitation post in St. James's prompted the extension of this project to include Victor Synge Ward. 147 patients met the inclusion criteria for this project and received early intensive intervention. Of these 91% were discharged home directly from the acute hospital.



It is anticipated that the benefits of the above projects will include:

- increased efficiency and response time
- decreased patient length of stay
- reduction in re-admissions
- greater patient and carer satisfaction

The department continued its ongoing commitment to undergraduate Occupational Therapy Training and Research. A final year research project was undertaken in the Robert Mayne Day Hospital in relation to falls in a community dwelling elderly population. The initial findings of this research were presented in poster format at the Irish Gerontological Society Conference. Michelle O'Donnell presented Tendon Injuries – "A Problem Solving Approach" at the Irish Association of Hand

Surgeons Annual Meeting in Waterford. Links were strengthened with our colleagues in psychiatry through informal education sessions.

### Speech and Language Therapy Department

Therapists are responsible for the management of patients with communication and/or swallowing disorders following acquired and progressive neurological disorders, head and neck cancer surgery and speech/resonance disorders associated with cleft lip and palate anomalies. The staffing compliment increased to 7 WTE posts during this year, and we continued to provide a quality speech and language therapy service to patients in the hospital. Staff are involved with inpatients on a wide variety of multidisciplinary teams. The greatest input with outpatients is with ENT/Head and Neck Cancer and Cleft Lip and Palate Specialities where therapists successfully ran joint clinics throughout the year. The upgrading and subsequent appointment of a permanent speech and language therapist for cleft lip and palate service, together with the appointment of a cleft co-ordinator had a significant impact on the quality of the cleft service. A senior therapist in MedEI successfully initiated a dysphagia screening protocol for nurses and an additional post in MedEI has enabled service to this speciality to expand

Work with dysphagic clients across all specialities has been enhanced by the provision of a designated second videofluoroscopy assessment slot in Diagnostic Imaging Department and joint protocols for report writing with Diagnostic Imaging Department are being developed.

Staff continue to play a key role in provision of clinical education for speech and language

therapy students from Trinity College, Dublin. The demands for inservice training needs for both undergraduate and post-graduate students increased during the year. Therapists attended a variety of training courses relevant to our main areas of speciality.

## Pharmacy Department

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

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

The appointment of a Director for Pharmaceutical Services is an indication and recognition of the development of pharmaceutical services within the Hospital and also within the affiliated departments in St. Luke's Hospital and Our Lady's Hospice in Harolds Cross. Approval has been granted for the appointment of a Business Manager, to assist in the planning and delivery of service activities and preparation of business plans for new developments. The role will also involve management of human resource, preparation of budget statements and compilation of reports and statistics as required.

The hospital has also successfully raised funds to launch the Centre for Advanced Clinical Therapeutics. Such a centre is unique to the hospital and it is hoped that the centre will provide short and long term courses for Health Care Professionals.

### Clinical Pharmacy Services

A clinical pharmacist has been assigned to each clinical speciality in the hospital. Pharmacy



involvement at ward level is aimed at promoting the safe, effective and economic use of drugs. The clinical pharmacists provide valuable information on drug usage to patients, medical nursing and para-medical staff. Pharmacists participate in several ward rounds on a regular basis throughout the hospital. They also perform a valuable liaison role on behalf of patients before discharge, ensuring that no problems arise with the supply of medication, thus no interruption of treatment occurs.

### Compounding of Sterile Products

There are three Compounding Units, the main one based in Hospital One and two satellite compounding units on Burkett's ward and in St. Luke's Hospital.

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

The Compounding Unit holds a manufacturing licence and accordingly supplies other hospitals and general practitioners with sterile products. The Unit also supplies a number of home patients with their intravenous drugs in a ready to use format. This contributes to patient's

quality of life by facilitating treatment in the community. St. James's Pharmacy is the only hospital pharmacy in Ireland that holds such a licence.

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

The work load in Oncology/Haematology has been increasing by approx. 25% per annum. Also the separation of Haematology and Oncology wards required a restructuring in the Clinical Pharmacy Services and the employment of two Senior Clinical Pharmacists in the Hope Directorate.

The joint venture with Central Laboratories for the supply of CIVA services to hospitals and home health care patients across the country is proving to be very successful. The profit from the joint venture is contributing positively to the hospital budget and the net profit exceeded £120,000 Irish Pounds.

### Teaching and Research

Dr. Aisling O'Leary is the Course Co-ordinator and a teaching practitioner in St. James's Hospital based in the National Medicines Information Centre.

The Pharmacy Department is affiliated to the Department of Clinical Pharmacology and Therapeutics, Faculty of Health Science in Trinity College. The Department has five pharmacists participating in the MSc in Hospital Pharmacy programme organised jointly with TCD. This group will qualify in December 2001. The Department is involved in the teaching of undergraduate and postgraduate pharmacy students, nurses and medical students on an on-going basis.



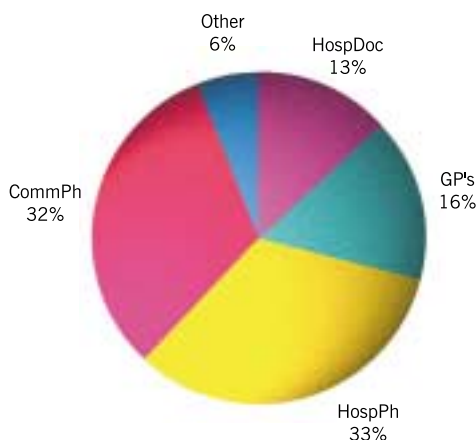
Pharmacy Compounding Unit

### Service Development

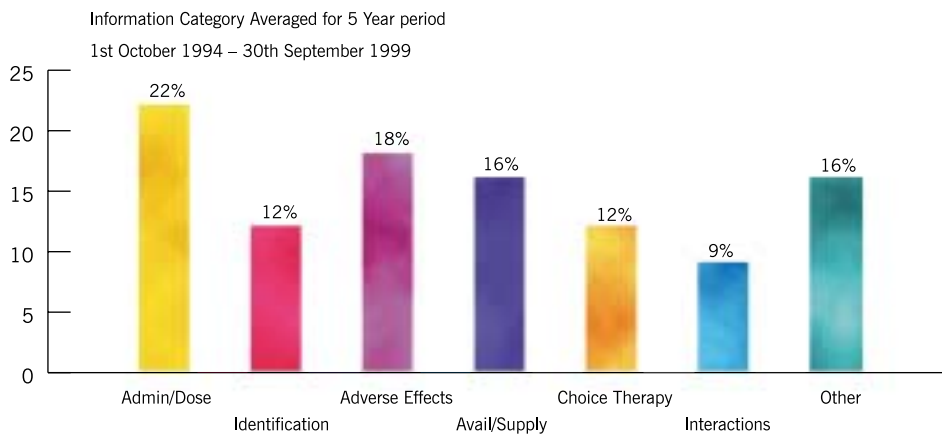
The development of the Q.C. Laboratory continues. The availability of modern testing equipment such as a Shimadzu high performance liquid chromatography system and Vankel dissolution apparatus enables the chemical assessment of pharmaceutical products used in the hospital setting. This also helps to develop research in the Department.

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

### National Medicines Information Service







The purpose of the Centre is to provide health care professionals, particularly general practitioners and pharmacists, with information on the use of medicines. Specifically, the Centre provides information on indications for certain drugs, contra-indications and dosage in disease states, drug interactions and adverse effects, drug use in pregnancy, the identification of medical preparations on the basis of physical characteristics and current reviews. It carries a wide range of source textbooks, summaries of some 20,000 articles and has access to computerised medical literature retrieval systems. It is staffed by three pharmacists, a medical advisor and a secretary. An extra rotation Pharmacist has been approved for the centre.

### GUIDE Pharmacy Services

There are currently two full time pharmacists (one Chief II and one Basic Grade) dedicated to the GUIDE services. The GUIDE pharmacy department is solely responsible for dispensing antiretroviral medications and other HIV related medications to all patients within our care. Staff dispenses medications and counsels all patients on their drugs when they attend the twice weekly HIV clinics. Currently 30 – 60 patients are seen during each clinic.

The GUIDE pharmacists also attend the Consultant Ward Rounds which occur three times a week and provide a daily clinical service to inpatients. A daily clinical service also extends to the day ward. Service is solely responsible for dispensing clinical trial drugs used within the HIV service. We also take a very active role in counselling these patients, and keeping up-to-date records of ongoing trials.

### Pharmacy On-Line

The Pharmacy Department is now on-line and can be reached at [pharmacy@stjames.ie](mailto:pharmacy@stjames.ie). The Pharmacy page has more information about all Pharmacy activities and all NMIC drug bulletins are also on line.

### Medical Physics & Bioengineering Department

The Medical Physics and Bioengineering (M.P.B.E.) Department provides support for the scientific and technical component of patient diagnosis, care and treatment. This is of ever-increasing importance in modern medicine. The M.P.B.E. Department is staffed by technician and graduate Physical Scientists (Physicists, Electrical, Electronic and Mechanical Engineers, and Computer Scientists) dedicated to seeking, exploring and

delivering solutions to technical and scientific problems in health care.

In conjunction with Trinity College the Department has, for almost two decades, conducted a Master's Degree course, MSc Physical Sciences in Medicine. To complement the MSc, we were delighted to be able to launch a new training course, the Diploma in Clinical Engineering (Equipment Management) during the 1999/00 academic year. The first students graduated from this in summer 2000. The course operates in conjunction with the Haughton Institute. It introduces students to the physics, technology, and clinical applications of a broad range of medical equipment, as well as state-of-the-art practise in the management of this equipment - quality assurance, risk management, commissioning, maintenance, patient and staff safety issues, financial management etc. The Diploma combines practical hands-on training with seminars, workshops and lectures, so students are exposed to both academic and practical foundations for clinical engineering. The course is the first of its kind in Europe and fills a very real need for the health services. The credit for developing and driving the course must go to its co-ordinator, a senior member of the Department, Fran Hegarty. Four members of the MPBE Department graduated from the course in 2000, Brian Lennon, Catherine Deegan, Josette Gallagher and Michael Towey. We are delighted to offer all of them our congratulations!

As mentioned above the Diploma incorporates a 'hands-on' training program. The Department has also developed a similar program for graduates studying for the TCD Physical Sciences in Medicine MSc. Ashling McMahon and Jacinta Browne completed their two-year training rotation during 2000.

Formal training is an essential element of all professional services. By offering the Masters and Diploma courses outlined above we can be certain that all new members to MPBE are introduced to the University and Hospital knowledge base which underlies health science and technology. However, training does not only apply to our initial years in post. For quality services, lifelong learning is required. Apart from an active research commitment, almost all MPBE staff are involved in the delivery the training courses – which ensures that their own knowledge is kept up-to-date and is challenged by a lively bunch of new recruits each year! Many of the seminars designed for the Clinical Engineering Diploma and the MSc course also serve as refresher course for members of our profession, both within the hospital and from other institutions. Running formal training courses guarantees the continued professional development of all staff in the Department. Thus the expertise of the MPBE Department is constantly renewed and invigorated by the challenge of educating a new generation of engineers/physicists/technicians. Patients and clinical staff at St. James's Hospital benefit from the continued professional development implied in an on-going commitment to education and training. During 2000 a large range of short education and training courses were run. A number of these were offered externally via the Haughton Institute.

As well as the substantial progress on the training front, the department also saw major developments in its work, both within the hospital and also to other health agencies throughout the country to which we supply services. The department was contracted to carry out major commissioning projects in the major hospitals in Limerick, Navan, Ennis, and

Nenagh. The department also continued to supply Radiation Protection and Medical Physics services to the AMNCH Hospital in Tallaght and the year also saw the beginning of a major contract to supply Medical Physics and Clinical Engineering services to the new development in Naas General Hospital.

As well as continuing to output a good number of research publications and presentations, the year also saw the start of the departments involvement in a major EU research project: DIMOND III. This project deals with Measures of optimising Radiological Information and Dose in Digital Imaging and Interventional Radiology and involves 13 European partners.

## General Support Services

### Catering Department

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

The department provides a selective menu for patients, offering a range of dishes, which are also suitable for patients on modified diets. Separate meals are produced for those patients on less common modified diets and for patients with eating disorders. The staff Restaurant menu is also provided using the Cook-Chill system and is supplemented by conventionally produced items.

The Catering Department operates the Concourse Coffee Bar located at the main entrance to the hospital, the Rialto Coffee Bar adjacent to the Staff Restaurant and additional units located in the Central Pathology Laboratory and Chief Executive Office buildings.

### Security

During the year 1999 there was a significant reduction of crime within St. James's Hospital. The most obvious was a reduction of 50% in the larceny of vehicles and cash stolen from all areas. There were only three thefts of handbags, none of which involved a level of violence. New closed circuit cameras were installed in specific areas. New initiatives were taken with regard to violent behaviour, particularly in the Emergency



Department, and results to date would indicate that the measures have been successful. 50 arrests were made for crimes resulting in prosecution. Illegal parking continued to be a problem and some 697 vehicles were clamped and 10,000 parking violation stickers attached to vehicles.

### Portering

The primary role of the porter is to respond to all service users to ensure that

- Patients
- Specimens, bloods, charts, x-rays
- General deliveries

are transported throughout the hospital as quickly and as efficiently as possible. The service incorporates the internal ambulance service, which is responsible for the movement of patients throughout the campus. There are currently fifty-five porters employed on a 24 hours per day/7 days a week roster

### Technical Services Department

The Technical Services Department provides engineering and building services to the hospital including, equipment management, project management, system design, system testing, commissioning and maintenance.

The maintenance programme has expanded in recent times to include the New Bone Marrow Unit, the Cardiac Surgery Unit, Oncology and MRSA Laboratory. Breakdown maintenance throughout the hospital is managed through the Helpdesk which has been a resounding success since its introduction in terms of its value as a data base to assist in task tracking and cost expenditure. The Helpdesk receives more than 10,000 requests for work per annum with a 90% completion rate within 24 hours. Priority one calls are allowed one hour for completion and have a 95% performance rating. The forthcoming year will see the computerised compilation of the assets managed by Technical Services. This is estimated as a two year project with the assets having an approximate value of £50 million. Congratulations to Mr Brendan Reilly who has been appointed as the Asset Data Collator and will give necessary assistance in this project.

Essential Services with the hospital that are managed by Technical Services include electric power, emergency power generation, uninterrupted power supplies, medical gases, emergency lighting, fire alarm systems, clean room air facilities, heating, air conditioning, hot and cold water, ionised water systems, ultra-violet water treatment unit, steam, condensate, and many other specialised building systems together with the fabric of more than 40 buildings.

The Technical Services Department comprises of approximately 60 personnel including, Electricians, Mechanical Fitters, Plumbers, Carpenters, Painters, Operatives, Technicians, Service Officers, Maintenance Officer, Engineering Officer and the indispensable clerical staff who provide invaluable support to the engineering activities. The Technical



Services Department fosters a team approach to task management and the integration and high morale of the workforce greatly enhance the performance of the department.

An important aspect of the service provided by Technical Services Department is the supply of equipment parts and materials. For this purpose the Technical Services Department has a dedicated Engineering Stores which hold up to £250,000 of replacement parts and materials. The Stores is operated as a subsidiary of the main Materials Management Department. A new computer software package identified to the Technical Services Department computer system assists the Stores personnel in their task and allows full integration between engineering and materials. It also provides additional facilities such as electronic requisitioning of materials, remote access to stock levels and the stock register, kit list and advance purchasing of materials for planned preventative maintenance.

## Energy Centre

### Energy Services

Energy Services is responsible for supplying the utility services to the site such as electricity, gas and water. These utilities, along with steam for heating, domestic hot

water and autoclaving are distributed from the Energy Centre. The majority of heating, chilling and air conditioning is controlled and monitored by a computerised Building Management Systems and an Energy Monitoring and Targeting System.

The challenge of controlling the spend on energy against a background of increasing site consumption and future increases in energy costs is difficult and requires further development of both the Building Management and the Energy Monitoring and Targeting Systems. The operation of the Combined Heat and Power Plant which supplies almost 50% of the site's electricity and a substantial portion of the heat demand will be adversely affected by rising natural gas prices. However, legislative changes as part of electricity de-regulation may afford an opportunity to increase the value of the output of this unit.

## Nursing Report

The function of Nursing Administration is to recruit and develop nurses and hospital attendants and manage the hospital site out of hours. The Director of Nursing is also responsible for the School of Nursing and the Nursing Practice Development Unit.

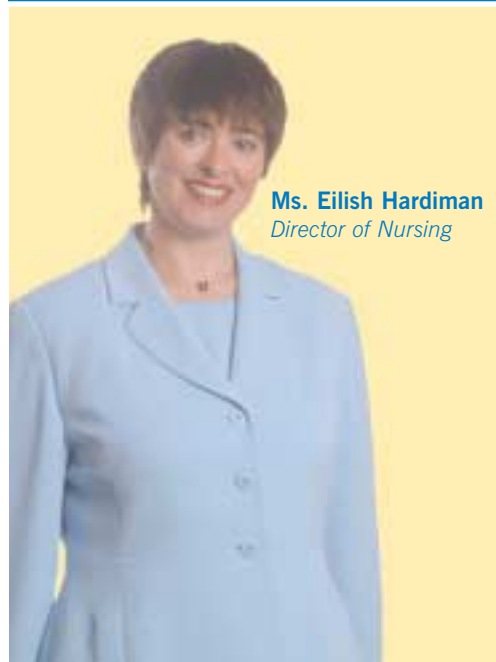
Nursing Managers at St. James's Hospital actively collaborated with the other Dublin Academic Teaching Hospitals in producing a report and action plan on nurse recruitment and retention. This action plan has initiated five working groups to actively plan nursing manpower needs, and retention strategies.

In 2000 the expansion of Advanced Nurse Practitioner Posts continued into new services, such as, Cardiothoracic Surgery and Haematology/Oncology. St. James's Hospital has led this nursing development in Ireland and continues to develop this innovative role to provide a patient focused service.

Nursing Developments recommended in the Report of the Commission on Nursing (1998) continued to be implemented in 2000. This included establishing 29 Clinical Nurse Manager 1 posts to support front line nursing management and focus on standards of nursing care and staff development.

Ms. Eilish Hardiman, was appointed Director of Nursing following Ms. Rosemary Ryan's move in clinical risk management.

St. James's Hospital secured the approval of 22 Clinical Nurse Specialist nurses with the National Council for the Professional Development of Nursing and Midwifery. This was an important development as many of these nurses were already undertaking a specialist role but it was not formally graded as a specialist post.



**Ms. Eilish Hardiman**  
*Director of Nursing*

The Nursing Practice Development Unit consists of the Nursing Practice Development Co-ordinator, Practice Development Nurse and 8 Clinical Placement Co-ordinators. It is based in Nursing Administration.

The aim of the Unit is to develop nurses and nursing by:

- Promoting the best possible practice in nursing care.
- Evaluating and supporting all nursing practice development initiatives.
- Co-ordinating a network of communication for all nursing practice developments
- Facilitating nursing staff development.
- Promoting nursing research in clinical practice.
- Fostering a clinical leaning environment for student nurse learning.
- Reviewing and updating protocols related to nursing practice in conjunction with clinical staff.

### Clinical Placement Co-ordinators

The Clinical Placement Co-ordinators are responsible for maximising the clinical learning environment and supporting student nurses in their clinical placements.

## Service Developments

During 2000 the Nursing Practice Development Unit played a pivotal role in several practice and staff development initiatives. These initiatives were developed in close liaison with clinically based nurses, Clinical Nurse Managers, Nurse Tutors, Directorate Nurse Managers and multidisciplinary staff.

The Nursing Practice Working Group creates a forum for the implementation of many nursing practice changes and working sub-groups evolved in 2000 to include:

- Medication Timing and Prescription Chart Review Group, who are presently reviewing the current prescription chart in line with survey results and service needs.
- Self-Medication Working Group, who have been involved in laying the groundwork for a self-medication programme to be piloted in Hospital 2 Gr. Floor in August/September 2001.
- Acute Pain Issues Working Group set up in December 2000 to review PCA management, epidural management, acute pain assessment and work with the Anaesthetic Department and the Director of Nursing toward establishing an Acute Pain Service. Education days and in-service training in acute pain management initiated.
- Core Working Group incorporating the Palliative care team established to develop a Integrated Care Pathway for the dying.

## School of Nursing Report

The School of Nursing provides a range of educational programmes for nurses at undergraduate and post-graduate level and is also involved in a variety of in-service education programmes. The school has a



*Registration/Diploma Students who commenced in 1997 & completed the programme in 2000*

strong relationship with the clinical services of the hospital and has a commitment to nursing educational developments which are responsive and relevant to nursing needs.

In the year 2000, 64 students successfully completed the Registration/Diploma Programme in Nursing in conjunction with T.C.D. Sixteen students achieved honours in the State Examinations and two achieved distinctions from T.C.D.

At post-graduate level twenty two students successfully completed the Post Graduate Diploma in Specialist Nursing (in conjunction with T.C.D.) in the following specialities areas

- Accident and Emergency Nursing,
- Intensive/Coronary Care Nursing,
- Peri-operative Nursing,

and eight students obtained a distinction.

Teaching staff in the school continued their involvement in the following programmes:

- The Post Graduate Diploma in Oncological Nursing (linked with St. Luke's Hospital and T.C.D.).
- The Diploma and Masters in Gerontological Nursing (linked with T.C.D.).
- The Post Graduate Diploma in E.N.T. Nursing (linked with the Royal Victoria Eye and Ear Hospital and R.C.S.I.).



A number of study days were provided for qualified nursing staff during the year. The demand for the three week Teaching and Assessing Course for Registered Nurses continued to be high and two courses were run during 2000. Nurse tutors continued their involvement in the provision of courses in

- Return to Nursing Practice
- HIV/AIDS Nursing
- Palliative Care Nursing
- Intravenous Policy Study Days
- Orientation for new staff and Manchester Triage
- Two, three week courses for attendants were also provided.

Student Nurses were facilitated for theory and practice placements from St. Patrick's Hospital, Eastern Health Board and Stewarts' Hospital. Students were also facilitated from Umea University, Sweden and Georgetown University, USA for clinical placements.

In order to comply with the "Requirements and Standards for Nurse Registration Education Programmes" (An Board Altranais 1999), an educational audit of the Clinical Learning Environment was carried out collaboratively by educational and clinical staff.

Teaching staff continued to promote nursing as a career in conjunction with the Careers Section, An Board Altranais and independently.

The presentation of Certificates and Badges to nurses was held in the Edmund Burke Lecture Theatre in T.C.D. and the Anne Young Memorial Lecture was delivered by Ms. Sheila O' Malley, President, An Board Altranais.

## St. James's Hospital Foundation

The St. James's Hospital Foundation is an independent voluntary organisation, established as a limited company with a Board and a number of distinguished patrons and members. Its function is to raise money for a variety of unfunded areas in the hospital which will improve the quality of patient care and the environment in which it is delivered.

As part of the planning a Corporate Committee was established. This Committee is chaired by Mr. Dermot Moore, a Consultant Vascular Surgeon at St. James's Hospital. The Committee includes people from the Hospital and a number of people from the corporate world who have very kindly agreed to assist us in our mission to raise much needed funds.

As always, we will continue to work with grateful patients and families who organise fund-raising event during the year for their own individual causes at the Hospital. This is very important part of the role of the Foundation.

The support of the staff at the Hospital is essential for our success and we take this opportunity to thank everyone who has helped us so far and ask for your continued support to ensure our success in raising funds for the future.

Donations made to the Foundation may be dedicated to support any of the Hospital's services.

## The Haughton Institute

The Haughton Institute is a company limited by guarantee, established in June 1998, and wholly owned by its three members – Trinity College, St. James's Hospital, and the Adelaide & Meath Hospital, Dublin (incorporating the National Children's Hospital) located at Tallaght.

The purpose of the Institute is to facilitate and develop to its full potential the capacity of its three constituent members to contribute through research, postgraduate education and training, and consultancy to the development of health sciences and health services in Ireland and in other countries.

The development and expansion of services provided was progressed steadily throughout the year with a significant increase in the number of research accounts being administered through Institute and the education and training programmes offered in health sciences.

Professor Jim Malone stepped down as Executive Director and Mr. Jerry O'Dwyer took up appointment in July 2000.

## Educational Activities

### William Stokes Postgraduate Centre

Medical Director – Dr Finbarr O'Connell

Administrator – Mr Michael O'Hagan

Secretary – Grainne Redican

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

The year's events opened with the annual GP study day which was highly successful and which this year was followed by a formal ceremony to mark the hand over of the centre from Trinity College to the Board of St James's hospital. Other events during the year included

the annual meeting of the Irish Society for Rheumatology, the Irish Society for Immediate Care conference and study days in Emergency Medicine, Oncology Nursing, Occupational Therapy, Laser Therapy, Ambulance Training, Cardiothoracic Surgery and Orientation for Interns.

A wide range of weekly meetings are held in the centre including Hospital Grand Rounds, meetings of the William Stokes GP faculty, meetings for trainee GPs, Medical Update, and courses, seminars and meetings in molecular medicine, Advanced Cardiac Life Support and most of the medical and surgical specialties.

# Programmes Division Report

annual report  
2000

## Programmes Division Report

### Occupational Health Department

The Occupational Health Department provides a comprehensive range of services for almost 3600 staff members (temporary & permanent). The aims and objectives of the Department are to enhance the health and safety of all the staff on the site in a pro-active way. There were 2734 attendances, an increase of 40% on last year's figures. We carried out an extensive 'flu vaccination campaign in the winter.

The services provided include:

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

It is anticipated that staff numbers will increase to reflect the increased screening and other demands.

### Planning & Commissioning

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



In the current year major developments were authorised by the ERHA and other Authorities as set out hereunder. A number of minor in-house developments were also undertaken and considerable new and replacement equipment functions were undertaken.

### Major Projects

#### Phase 1H of the new hospital development comprising the following:

- Day Surgery Centre
- Endoscopic Suite and associated facilities
- Day Oncology/Haematology facilities
- 30 place In-patient Bed Unit
- Concourse/Waiting Lounge and related landscaping

#### Emergency Department

- Provision of 29 bed 24 hour holding area
- Additional resuscitation and treatment cubicles for major trauma
- Minor emergency facilities
- General administration facilities
- Diagnostic Imaging Department
- Provision MRI screening facilities
- Provision of Special Procedures room and ancillary
- Provision of Endovascular Suite

**LUAS Development**

- Major infrastructure works, power, steam, water, telephones, IT etc.
- Construction of new Laundry facilities
- Alterations to Materials Management Department
- New Mortuary and related service accommodation
- Two tier Car Park
- Boundary security and landscaping works
- Ancillary works arising from the project

**Oncology/Haematology**

Following a serious outbreak of infection in the Transplant Unit a major upgrading of the facilities contained in the unit was undertaken, with particular emphasis on single room isolation, Hepa filtration to Class 100, and a series of other related modifications including the provision of automatic 'hands-free' staff and patient sanitary facilities. The scheme also involved the provision of a 16 bed Oncology Unit at the Keith Shaw block and extensive re-equipping for infection control purposes.

**National Centre for Hereditary Coagulation Disorders**

- Haematology Laboratory facilities
- Day Treatment facilities Haemophiliacs
- Out-patient facilities for Haemophiliacs and Hep 'C' patients.
- Research, Education and administration facilities

**Minor Capital Projects undertaken or commissioned:**

- MRSA Laboratories
- Relocation central Medical Records
- Materials Management and Disposal facilities
- Diabetic Day Centre refurbishment

- Professorial Unit in Psychiatry upgrading
- Care of the Elderly Hospitals 2 and 4 upgrading
- Major car parking and control protocols
- Social Work Department extension
- Occupational Therapy upgrading and extension
- Minor improvements infrastructure/ UPS systems

The Planning/Commissioning Department also provided a project management service in equipping and commissioning for external Health Agencies. Current contracts include:

- LUAS
- Naas General Hospital

Completion of Briefs for the following developments will dominate activity over the coming years:

**Phase 2 of the New Hospital comprising:**

- Central Pharmacy
- Physiotherapy, Occupational Therapy, Dietetics and Social Work
- Staff Dining / Central Production Kitchens
- Biophysics and Medical Engineering
- Chaplaincy
- NCHD On-call Accommodation
- Central Staff Changing
- Corporate Services – Personnel, Security, General Support Services, Finance, IT etc.
- Medical Illustration/Clinical Photography
- Wards
- Occupational Health

**Care of the Elderly development comprising:**

- 150 beds including acute Assessment wards, Rehabilitation wards, Extended Care accommodation and ambulatory care clinics.
- A 30 bed Rehabilitation Unit for younger adults is also included.

**Intensive Care Facilities**

- 18 bed Intensive Care Unit
- 6 bed High Dependency Unit
- Ancillary Accommodation

**Cancer Strategy Development**

- Linear acceleration facilities
- Hepa filtered In-patient bed accommodation (90 beds)
- Out-patient facilities and Rest areas
- Ancillary support accommodation

**Health & Safety**

During 2000 the Department continued efforts in making staff more aware of health and safety.

**First Aiders**

Staff from CPL, TSD, and Social Work received their national qualifications as first aiders from the Order of Malta.

**Manual Handling**

Back injuries pose a serious risk to all employees, but especially to those who work in patient care. Incompliance with Health and Safety legislation, the hospital has committed itself to further investment in the area of training in manual handling. The training programme is coordinated by the Training and Development Unit.

**Violence and Aggression**

During 2000 a number of staff passed the requirements for Non Violent Crisis Intervention Instructors course run by the Crisis Prevention Institute. The instructors will provide training in the various hospital departments.

**Theatre**

Four extra Steris System 1 Disinfectant machines were purchased and installed during 2000 thus helping to reduce the use of Gluteraldehyde

**Dubdoc****Introduction**

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

25 GPs started the service in October 1998 . These are GPs with well established practices from the Dublin south and south central areas .

Today 54 GPs are involved with the Dubdoc Service

**Dubdoc Annual Activity Report 2000**

Contact name	Number
Dubdoc attendance / phone	4572
Dubdoc attend. from Emergency dept	382
Advice	1027
Deputising agent	1458
Housecall	12
DNA (did not attend )	133
<b>TOTAL</b>	<b>7584</b>

**Development****The Steering Committee**

The Dubdoc steering committee meets on a quarterly basis to discuss activities of the service and any problems that may arise. The steering committee members are composed of:

- Four GPs from the Dubdoc team
- The Senior Dubdoc Nurse
- Deputy Chief Executive Officer for St.James's Hospital
- A member of the E.H.R.A.
- A/E Consultant
- A/E Nursing officer

### Goals

- Currently Dubdoc is in the process of purchasing the GP co-operative software system.
- To maintain the success of the existing service
- Assessment of service expansion
- Discuss strategies to further promote seamlessness between hospital and GP.

## Quality Initiative Programme

### Accreditation

During 2000, the hospital fully participated in the development of an Irish Accreditation Scheme including:

- Development of draft standards
- Development of self assessment process including self assessment record keeping
- Development of a rating scale

In August, a Pilot Peer Review Survey was undertaken across three standards at St. James's

- Leadership
- Cancer
- Mental Health Care

The review examined:

- Care teams organisation for and execution of pilot self assessment and peer review exercises
- Performance against criteria/standards

The survey team identified in their report:

- The evident commitment and enthusiasm of staff and their general willingness to take on this new initiative.
- The self assessment team's preparation and clear understanding of the requirements relating to pilot peer review and overall initiative.
- That best practice was being achieved in many clinical areas.

The hospital has now developed and implemented an Accreditation Scheme Work Plan to secure full accreditation status in 2002. It plans to apply for accreditation survey in 2001 and effect the full self assessment process during the year.



**Mr. Ian Carter**  
*Deputy CEO*

The Authority acknowledges and supports the need to progress these programmes. It also recognises that additional seed resource and funding – particularly for the Performance Indicator and Medical/Clinical Audit Programmes – is essential if these initiatives are to be successful and commits to supporting the Hospital in this respect, within available resources.

### Risk Management

The primary purpose of the Risk Management Programme is the enhancement of the quality of patient care through prevention and reduction of adverse incidents which pose a risk to patients, visitors and staff. The programme focuses on an early notification system, whereby adverse incidents are reported in a timely and complete manner, thus facilitating early investigation aimed at reducing or eliminating practices or procedures, which fall below the acceptable standard.

The risk management awareness programme continued throughout 2000 ensuring that staff fully understand the risk management process and their role in contributing to the overall quality of the services provided.

Through the "Carekey" Risk Management database, tracing of adverse incidents is



facilitated and systematic review of information to identify incident types, and trends is undertaken by the Risk Management Committee. Where necessary, remedial action is introduced.

A number of other initiatives undertaken in 2000 include the establishment of a data security and confidentiality review group, implementation of hospital wide policy for the management of aggression and violence, extension of use of needless systems throughout the Hospital, and extension of the manual handling training programme for staff.

The Hospital participated in the Dublin Hospitals Group Risk Management Forum where a wide range of risk management issues pertinent to all the group hospitals were considered and recommendations made with a view to implementing a best –practice approach for all hospitals.

### Patient Advocacy Initiative

A Patient Advocacy Committee, a sub-group of the Hospital Board, was established in April 2000. Its broad purpose is to direct, promote and develop a programme to improve patient satisfaction and develop, launch and direct an empowerment programme for the community.

It comprises of the Chief Executive Officer, the Deputy Chief Executive Officer, the Director of Nursing, a consultant nominated by the Medical Board, the Occupational Health Physician, the Head Medical Social Worker, the Risk Manager, the Complaints Manager, and the Quality Initiative Officer. The committee includes three independent representatives, two of whom are members of the Hospital Board (one being the Chair of the Committee) and a community representative from the local community group, SWICN – South Western Inner City Network.

During 2000, a comprehensive programme was undertaken to review current patient satisfaction within the Hospital. A programme to outline and implement immediate actions to address the key concerns identified by patients is in progress. The immediate focus of this initiative is to secure significant improvements at the hospital in relation to cancellations/ delays in out patient and inpatient attendance, delays in the Emergency Department and improving patient information about the hospital and planned procedures.

### Performance Indicators

#### Performance Indicator Programme

In 1999, a sub-group of the Medical Board was established to develop and implement a Performance Indicator Programme.

Key priorities underlying this programme are as follows:

- commitment to continuous quality improvement (CQI) in patient diagnosis, treatment and care
- recognition of a requirement for clinical accountability to patients at the Hospital and to the public generally
- that the objectives of such a programme are better achieved in a participative non statutory based environment
- recognition of the need to provide safe and effective practice within the hospital and assist in providing assurances for patient and public that such practices are as good as they can be.

The objective of the programme is to establish a system for ensuring that safe and effective clinical practice is provided for both patients and staff of the hospital.

During 2000, Indicators were developed within three broad categories:

**Hospital Wide Indicators**

**Specialty Specific Indicators**

**Operational Performance Indicators**

A total of 43 indicators are now included within this programme

it should be noted that the Hospital Programme includes all of the key performance indicators identified by the ERHA with exception of:

Ratio of patients receiving day care treatment compared to patients receiving inpatient treatment for the same procedure

This performance indicator will be introduced into the Programme I 2001

Ratio of relevant staff protection against Hepatitis B

- There is a well established vaccination programme within the hospital and this performance indicator will be included in the programme in 2001

Orthopaedic Surgery

- The ERHA performance indicators identified for Orthopaedic Surgery predominantly relate to elective surgical procedures, accordingly, it not planned to introduce these to the existing programme

During 2001, the Programme focus will be to secure:

- The development and adherence to best practice guidelines
- Secure meaningful improvement in current effectiveness performance

## Medical Clinical Audit Programme

During 2000 the hospital identified that although individual consultant/specialties have effected audit systems, there is clearly a need to develop a more patient focused hospital-wide approach to saving, presenting and evaluation of a relevant data – encompassing all specialties and Clinical Support Services.

In February 2001, a sub-group of the Hospital Board was established to progress the development of a Medical Clinical Audit Programme.

A paper setting out a framework within which the Programme is to be developed and implemented has been prepared and is currently being reviewed by the sub-group. It is intended that the programme be fully designed and commence implementation in 2001.

## Distinctions, Prizes, Grants and Awards

---

### Blaney Medal

1st Place in Medicine Dr. Fionnuala Ni Ainle

### Mc Carthy Medel

1ST Place in Surgery – Dr. Fionnuala Ni Ainle.

### Irish lung Foundation Award

Colette Smee

### British Pharmacological Prize

Dr. Martina Hennessy

### Burrow's Cup

Dr Emer Hanrahan

### Elizabeth Brown Prize

Dr. Rachael Doyle

### National Scientific Medical Meeting Poster Prize

Dr. D. Williams,

### Anne Young Memorial Lecture

Ms. Sheila O' Malley, President, An Board Altranais.

### St Luke's Lecture

Prof. Donal Hollywood

"Radiation Oncology - A Molecular

Dr. Andrew Eustace was awarded the prize for best poster presentation at the Joint UK Meeting of the International Psychogeriatric Association and Royal College of Psychiatrists' Faculty of Old Age in April for his work on depression in the community

Dr. PJ Byrne was elected to the Fellowship of Association of GI Physiologists.

Dr. Ann Gribbin working with Prof Donal Hollywood was successful in obtaining a HRB Clinical Research Training Fellowship in the area of clinical implementation of Intensity Modulated Radiation Therapy (IMRT).

At the World Congress of Medical Laboratory Technology in Vancouver in June 2000, Mr. Noel White, Chief Technologist, was voted to the position of President-Elect of The International Association of Medical Laboratory Technologists.

### Grants

*Title:* Selective activation of transgenes to enhance radiotherapy in prostate cancer

*Granting Body:* HRB North South Grant.

*Duration Of Grant:* 2000-2003.

*Principal Investigator:* Dr. M. Lawler, Prof. Donal Hollywood, Prof. David Hirst, Dr. Tracey Robson

*Total Value:* £120,000IR.

*Title:* Minimal residual disease in childhood leukaemia.

*Granting Body:* CLRP. Duration Of Grant: 2000-2003.

*Principal Investigator:* Dr M Lawler,

*Co investigators:* Dr Paul Browne, Dr Owen Smith, Prof SR McCann, Dr Ann O Meara, Dr Aengus O Marcaigh, Dr Ray Stallings

*Total Value:* £234,000IR.

The year 2000 saw 9 (1 oral presentation) research projects, being presented at the Irish Society of Rheumatology, 5 at the British Society of Rheumatology and 3 at the American Society of Rheumatology. A Research Grant of £60,000 a year for three years was awarded to Professor Luke O'Neill, Professor Dermot Kelleher and Dr. Eoin Casey.

## Publications

### CLINICAL SUPPORT SERVICES

#### Clinical Nutrition

An article on the evaluation of an under-nutrition risk score to identify surgical patients at risk from under-nutrition on admission was published by Margot Doyle, Senior Clinical Nutritionist, in *The Journal of Human Nutrition and Dietetics* in December 2000.

A further article, "Nutrition in Acute Hospitalised Elderly" is due to be published by Margot Doyle in *Medical News* in May 2001.

"Nutrition Management of Adult Burns Patients" written by Sandra Brady, Senior Clinical Nutritionist, is awaiting publication by *Modern Medicine of Ireland*.

McNamara EP, Flood P, Kennedy NP. Enteral tube feeding in the community: survey of adult patients discharged from a Dublin hospital. *Clin Nutr* 2000; 19(1): 15-22.

Corish C, Flood P, Kennedy NP. Nutritional status of the Irish elderly. *Ir J Med Sci* 2000; 169 Suppl. 2:33. (P27. NSMM 2000)

Corish C, Flood P, Reynolds JV, Kennedy NP. Nutritional status of surgical oncology patients.

*Ir J Med Sci* 2000; 169 Suppl. 2:33-4. (P28. NSMM 2000)

McNamara E, Flood P, Kennedy NP. The cost of home enteral tube feeding in Ireland. *Ir J Med Sci* 2000; 169 (1) Suppl. 2:34. (P31.NSMM 2000)

#### Occupational Therapy Publications

Bernie Mc Nally's article on the use of Support Personnel in Occupational Therapy in Ireland was published in the *Irish Journal of Occupational Therapy*. This was based on her Masters research dissertation.

#### Physiotherapy Publications

A paper entitled "The Effect of a Period of Rehabilitation in a Rheumatic Diseases Unit" by Karen Sayers and Ciara Cassidy was published in the *British Journal of Therapy and Rehabilitation* Vol 8 No 1

### CREST DIRECTORATE

#### Cardiology Publications:

Mulvihill N, Foley B, Murphy RT, Crean P, Walsh MJ. Evidence of prolonged inflammation inpatients with unstable angina and Non-Q wave Myocardial Infarction. *Journal of the American College of Cardiology* 2000; 36 4: 1210-6.

Ghaisas NK, Foley B, O'Briain S, Crean P, Kelleher D, Walsh MJ. Adhesion molecules in Non Rheumatic Aortic Valve Disease: Endothelial expression, serum levels and effect of valve replacement. *Journal of the American College of Cardiology* 2000; 36 7: 2257-2262.

Mulvihill N, Murphy RT, Foley B, Walsh M. Evidence of prolonged inflammation in patients with UA/SEMI. *Journal of the American College of Cardiology* 2000; 35 2: 274A.

Mulvihill N, Foley B, Pate G, Murphy RT, Crean P, Walsh M. Immediate and longterm endothelial activation in Diabetics with ACS. *Journal of the American College of Cardiology* 2000; 35 2: 366A.

Ghaisas NK, Foley B, O'Briain S, Crean P, Kelleher D, Walsh M. Evidence of ongoing inflammation in chronic rheumatic mitral valve disease. *Journal of the American College of Cardiology* 2000; 35: 527A.

Pate G, Ward D, Murphy RT, Crean P, Foley B, Walsh MJ. Audit of acute myocardial infarcts admitted to St. James's Hospital in 1998. *Irish Journal of Medical Science* 2000; 169 1: 53.

Murphy RT, Quinn M, Deering A, Fitzgerald D. Time course in platelet inhibition by Abciximab in patients undergoing Coronary Angioplasty. *Irish Journal of Medical Science* 2000; 169 1: 52.

Murphy RT, Foley B, Mulvihill N, Crean P, Walsh MJ. Sustained elevation of selectin and adhesion molecules expression in patients with ACS. *Heart* 2000; 83 1: 56.

Mulvihill N, Foley B, Murphy RT, Curtin R, Crean P, Walsh MJ. Inflammatory markers at presentation: Prognostic accuracy in Unstable Angina and Non Q wave myocardial infarction. *Heart* 2000; 83 1: 36.

Murphy RT, Dooly M, Quinn M, Kenny D, Fitzgerald D. Abciximab fails to fully inhibit internal pool of GPIIb/IIIa receptors in patients undergoing PTCA. *Circulation* 2000; 21: 165.

Murphy RT, King G, Walsh MJ. Mitral annular descent velocity as an index of left ventricular function. *Irish Journal of Medical Science* 2000; 169 (1) Suppl 2: 3.

Murphy RT, Mulvihill N, Foley B, Crean P, Walsh MJ. Statin therapy associated with low levels of Pselectin in patients with acute coronary syndromes.

*Irish Journal of Medical Science* 2000; 169 (1) Suppl 2: 23.

Pate G, Foley B, Ghaisas N, Murphy RT, Crean P, Walsh MJ. Elevated adhesion molecule levels in patients with chronic Aortic Stenosis. *Irish Journal of Medical Science* 2000; 170(1s): 122.

Curtin R, Pate G, Murphy RT, Crean P. Safety and accuracy of 6F angioseal closure device in day case angiography. *Irish Journal of Medical Science* 2000; 169 (1) Suppl 2: 31.

Brady A, Pate G, Agnew M, Walsh M. Spirometry before and after exercise stress testing in the evaluation of Ischaemic Heart Disease. *Irish Journal of Medical Science* 2000; 169 (1) Suppl 2 26: 65.

Pate G, Agnew M, O'Connell F, Foley B. Pulmonary Function test after percutaneous transluminal coronary angioplasty. *Irish Journal of Medical Science* 2000; 169 (1) Suppl 2 52: 82.

Pate G, Coakley P, Walsh MJ, Crean P, Foley B. Coronary Angioplasty and Stenting 1996-1999, St. James's Hospital. *Irish Journal of Medical Science* 2000; 169 (1) Suppl 2 53: 83.

Talbot A, Heery A, Pate G, Crean P, Foley B, Walsh M J, Feely J, Barry M. Audit of secondary prevention after Myocardial Infarction in a teaching hospital. *Irish Journal of Medical Science* 2000; 169 (1) Suppl 2 71: 132.

### Respiratory Publications

Irish asthma guidelines committee (Chairman: P. Manning). Irish Asthma Management and Prevention (GINA): Asthma guidelines for the Republic of Ireland. *Irish Medical Journal* 2000; Supplement July-August: 1-40.

Murtagh E, Yarnell J, McCrum E, Maguire S, MacMahon J, Shields M, Lawlor M, Kirby B, Clancy L, Manning P. Smoking patterns and respiratory symptoms in teenagers from the North and South of Ireland. *American Journal of Respiratory and Critical Care* 2000; 161 (3) A312.

Macfarlane AJ, Sun Jing, Smith SJ, Manning P, Ryan M, Pavord ID, Killfeather S, Taylor IK, Barnes NC, Kay AB. Inhibition of allergen-induced late phase reactions by Zafirlukast and beclomethasone may be mediated by attenuation of Eotaxin- and RANTES-mediated eosinophil recruitment. *American Journal of Respiratory and Critical Care Medicine* 2000; 161 (3) A834.

Clancy L.

Impact of asthma treatment in the new millennium *Asthma Society News, Spring* 2000; 58: 29.

Kiely J, Clancy L.

Gastroesophageal reflux in obstructive airways disease. *Modern Medicine of Ireland* 1999; 29: 57-60.

Goodman PG, Dockery DW, Clancy L.

Particulate air pollution and mortality: More than an acute effect. Evidence for a medium term accumulative exposure effect. *European Respiratory Journal* 2000; 43: 171.

Clancy L, Molineri M, Garrera G, Kristufek P, Thijs JP.

Linezolid eradicates streptococcus and staphylococcus aureus in patients hospitalised with community-acquired pneumonia. *European Respiratory Journal* 2000; 126: 1014.

### DIAGIM DIRECTORATE

CT Measurement of Medial Temporal Lobe Atrophy in Alzheimer's Disease, Vascular Dementia, Depression and Paraphrenia.

*Deniham, A., Wilson. G et al*

*Int. J. Geriatrics Psychiatry* 2000, 15: 306-12

### Emergency Directorate

Murphy AW, Plunkett PK, Bury G, Leonard C, Walsh J, Lynam F, Johnson Z.

Effect of patients seeing a general practitioner in accident and emergency on their subsequent re-attendance: cohort study. *BMJ.* 2000 Apr 1;320(7239):903-4.

### GEMS Directorate

#### GI Medicine/Surgery

TCD: 2000; Patricia MG Lawlor

MSc Thesis: Electrogastrography in Oesophageal Cancer

McCullough JA, Lawlor P, O'Connell F, Byrne PJ, Reynolds JV. Oesophageal manometry and pH monitoring in patients with chronic cough.

*Ir J Med Sci* 2000: 169; Supp 1

Lawlor P, McCullough JA, Moore JM, Byrne PJ, Reynolds JV. Gastric function following oesophageal surgery. *Brit Soc Gastroenterology*, Glasgow, 2001

Sweeney KJ, Rowe I, Lawlor P, Byrne PJ, Reynolds JV. The isolated hypertensive lower oesophageal sphincter. *Ir Med J* 2000; 93:232-232

Lawlor P, Byrne PJ, Sweeney K, Keeling PWN, Reynolds JV, Electrogastrography after oesophageal Surgery, *Gastroenterology* 2000; 118 (6); A 849

Mulligan ED, Purcell T, Lawlor P, Reynolds JV, Byrne PJ. Symptoms are poor indicator of severity of reflux in Barrett's oesophagus. *Brit J Surg* 2000; 87(3); 362-373

## ENT

Colreavy MP, Lacy PD, Hughes J, Bouchier-Hayes D, Brennan P, O'Dwyer AJ, Donnelly MJ, Gaffney R, Maguire A, O'Dwyer TP, Timon C, Walsh MA. Head and neck schwannomas – a 10 year review. *J. Laryngol Otol*, 114(2), 119-24-2000.

Skinner LJ, Curran AJ, Barnes C, Timon CI, Paraganglioma of the external auditory canal: and unusual case. *J Laryngol Otol* 114(5) 370-2,2000

Timon CI. Letter to the Editor, nerve monitoring thyroid surgery, is it worthwhile? *Clinical Otol* 25, 321,2000

Skinner LJ, Timon CI, Panendoscopy and bronchial washings: role and efficacy in detection of primary head and neck cancers. *J. Laryngol Otol* 114 (9) 690-3,2000

Madden C, Fenton, JE, Hughes J.P, Timon CI, Comparison between videofluoroscopy and milk-swallow endoscopy in assessment of swallowing function. *Clin Otolaryngology* 25(6) 504-6,2000.

Harney M, Hone, S, Timon C, Donnelly M. Laryngeal tuberculosis, an important diagnosis. *J Laryngol Otol* 114 (11) 878-80-2000.

## Gastroenterology

29: Farrell RJ, Ang Y, Kileen P, O'Briain DS, Kelleher D, Keeling PW, Weir DG.

Increased incidence of non-Hodgkin's lymphoma in inflammatory bowel disease patients on immunosuppressive therapy but overall risk is low.

*Gut*. 2000 Oct;47(4):514-9.

PMID: 10986211 [PubMed - indexed for MEDLINE]

:Ang YS, Mahmud N, White B, Byrne M, Kelly A, Lawler M, McDonald GS, Smith OP, Keeling PW.

Randomized comparison of unfractionated heparin with corticosteroids in severe active inflammatory bowel disease.

*Aliment Pharmacol Ther*. 2000 Aug;14(8):1015-22.

PMID: 10930895 [PubMed - indexed for MEDLINE]

:Ryan BM, McManus RO, Daly JS, Keeling PW, Weir DG, Lefort F, Kelleher D.

Serum mutant K-ras in the colorectal adenoma-to-carcinoma sequence. Implications for diagnosis, postoperative follow-up, and early detection of recurrent disease.

*Ann N Y Acad Sci*. 2000 Apr;906:29-30. No abstract

available. PMID: 10818592 [PubMed - indexed for MEDLINE]

:Carton E, Mulligan ED, Keeling PW, Tanner A, McDonald G, Reynolds JV.

Specialized intestinal metaplasia: analysis of prevalence, risk factors and association with gastro-oesophageal reflux disease  
*Br J Surg*. 2000 Mar;87(3):362-73.

PMID: 10718966 [PubMed - as supplied by publisher]

:Farrell RJ, Murphy A, Long A, Donnelly S, Chirikuri A, O'Toole D, Mahmud N, Keeling PW, Weir DG, Kelleher D.

High multidrug resistance (P-glycoprotein 170) expression in inflammatory bowel disease patients who fail medical therapy. *Gastroenterology*. 2000 Feb;118(2):279-88.

PMID: 10648456 [PubMed - indexed for MEDLINE]

:Murphy A, Long A, Volkov Y, Kelleher D.

Cross-linking of LFA-1 induces secretion of macrophage inflammatory protein (MIP)-1alpha and MIP-1beta with consequent directed migration of activated lymphocytes. *Eur J Immunol*. 2000 Oct;30(10):3006-11.

PMID: 11069084 [PubMed - indexed for MEDLINE]

:Ryan BM, Kelleher D.

Refractory celiac disease.

*Gastroenterology*. 2000 Jul;119(1):243-51. Review.

PMID: 10889175 [PubMed - indexed for MEDLINE]

McKiernan S, Kelleher D.

Immunogenetics of hepatitis C virus.

*J Viral Hepat*. 2000 May;7 Suppl 1:13-4. Review.

PMID: 10866840 [PubMed - indexed for MEDLINE]

:McKiernan S, Kelleher D.

Immunogenetics of hepatitis C virus.

*J Viral Hepat*. 2000 May;7 Suppl 1:13-4. Review.

PMID: 10866840 [PubMed - indexed for MEDLINE]

:Clarke S, Harrington P, Condon C, Kelleher D, Smith OP, Mulcahy F.

Late onset hepatitis and prolonged deterioration in hepatic function associated with nevirapine therapy.

*Int J STD AIDS*. 2000 May;11(5):336-7.

PMID: 10824944 [PubMed - indexed for MEDLINE]

:Ryan BM, McManus RO, Daly JS, Keeling PW, Weir DG, Lefort F, Kelleher D.

Serum mutant K-ras in the colorectal adenoma-to-carcinoma sequence. Implications for diagnosis, postoperative follow-up, and early detection of recurrent disease.

Ann N Y Acad Sci. 2000 Apr;906:29-30. No abstract available.

PMID: 10818592 [PubMed - indexed for MEDLINE]

:Satin B, Del Giudice G, Della Bianca V, Dusi S, Laudanna C, Tonello F, Kelleher D, Rappuoli R, Montecucco C, Rossi F.

The neutrophil-activating protein (HP-NAP) of *Helicobacter pylori* is a protective antigen and a major virulence factor.

J Exp Med. 2000 May 1;191(9):1467-76.

PMID: 10790422 [PubMed - indexed for MEDLINE]

:Ghaisas NK, Foley JB, O'Briain DS, Crean P, Kelleher D, Walsh M.

Adhesion molecules in nonrheumatic aortic valve disease: endothelial expression, serum levels and effects of valve replacement.

J Am Coll Cardiol. 2000 Dec;36(7):2257-62.

PMID: 11127470 [PubMed - indexed for MEDLINE]

#### General Surgery

Sweeney KJ, Rowe I, Lawlor P, Byrne P, Reynolds JV.

The isolated hypertensive lower oesophageal sphincter: audit in a specialist unit.

Ir Med J. 2000 Nov;93(8):232-4.

PMID: 11133054 [PubMed - indexed for MEDLINE]

Carton E, Mulligan ED, Keeling PW, Tanner A, McDonald G, Reynolds JV.

Specialized intestinal metaplasia: analysis of prevalence, risk factors and association with gastro-oesophageal reflux disease

Br J Surg. 2000 Mar;87(3):362-73.

PMID: 10718966 [PubMed - as supplied by publisher]

Mulligan ED, Purcell T, Lawlor P, Reynolds JV, Byrne PJ.

Symptoms are a poor indication of severity of reflux in Barrett's oesophagus

Br J Surg. 2000 Mar;87(3):362-73.

PMID: 10718956 [PubMed - as supplied by publisher]

: Kanwar S, Windsor AC, Welsh F, Barclay GR, Guillou PJ, Reynolds JV.

Lack of correlation between failure of gut barrier function and septic complications after major upper gastrointestinal surgery.

Ann Surg. 2000 Jan;231(1):88-95.

PMID: 10636107 [PubMed - indexed for MEDLINE]

: Sivaloganathan M, Stephens R, Grocott M.

Management of flail chest.

Hosp Med. 2000 Nov;61(11):811. Review. No abstract available.

PMID: 11198758 [PubMed - indexed for MEDLINE]

: Braybrooke JP, O'Byrne KJ, Propper DJ, Blann A, Saunders M, Dobbs N, Han C, Woodhull J, Mitchell K, Crew J, Smith K, Stephens R, Ganesan TS, Talbot DC, Harris AL.

A phase II study of razoxane, an antiangiogenic topoisomerase II inhibitor, in renal cell cancer with assessment of potential surrogate markers of angiogenesis.

Clin Cancer Res. 2000 Dec;6(12):4697-704.

PMID: 11156222 [PubMed - indexed for MEDLINE]

: Woods J, Rigby S, Brinsko S, Stephens R, Varner D, Blanchard T.

Effect of intrauterine treatment with prostaglandin E2 prior to insemination of mares in the uterine horn or body.

Theriogenology. 2000 Jun;53(9):1827-36.

PMID: 10968425 [PubMed - indexed for MEDLINE]

:Stephens D, Stephens R, von Eisenhart-Rothe A.

Attitudes toward hearing-impaired children in less developed countries: a pilot study.

Audiology. 2000 Jul-Aug;39(4):184-91.

PMID: 10963438 [PubMed - indexed for MEDLINE]

#### Nephrology

: Pate GE, Hogan MC, FitzSimon N, Mellotte GJ.

A review of the epidemiology of leptospirosis in the Republic of Ireland.

Ir Med J. 2000 Jun;93(4):114-7. Review. No abstract available.

PMID: 11037571 [PubMed - indexed for MEDLINE]

: Wall CA, Gaffney EF, Mellotte GJ.

Hypercalcaemia and acute interstitial nephritis associated with omeprazole therapy.

Nephrol Dial Transplant. 2000 Sep;15(9):1450-2. No abstract available.

PMID: 10978407 [PubMed - indexed for MEDLINE]

Wall CA, Mellotte CJ, Keogh JA.

Low-grade lymphoma in a cadaveric renal transplant donor following organ transplantation: recipient management and outcome.

Nephrol Dial Transplant. 2000 Jul;15(7): 1069-71

**HOPE DIRECTORATE**

Treatment of acquired aplastic anemia: bone marrow transplantation compared with immunosuppressive therapy. A Bacigalupo, R Brand, R Oneto, B Bruno, G Socie, J Passweg, A Locasciulli, MT Van Lint, A Tichelli, S McCann, J Marsh, J Hows, P Marin and H Schrezenmeier. *Seminars in Haematology*, 37, 1 (2000), 69-80.

B White, H O'Connor O.P. Smith  
Successful use of recombinant VIIa (Novoseven) and endometrial ablation in a patient with intractable menorrhagia secondary to FVII deficiency  
*Blood Coagulation and Fibrinolysis 2000; 11:155-157*

B White, M Cotter, M Byrne, E O' Shea, O.P. Smith  
High responding factor VIII inhibitors in mild haemophilia  
*Haemophilia 2000;6:113-115*

CP Engelfriet, HW Reesink, PM Mannucci, A Gringeri, J Ingerslev, DB Brettler, EP Mauser-Bunschoten, C Negrier, E Berntorp O.P. Smith, AD Shapiro  
The optimal treatment for haemophiliacs who have developed factor VIII or -IX antibodies  
*Vox Sanguinis 2000; 78:256-240*

B White W Livingstone, C Murphy, A Hodgson, M Rafferty O.P. Smith  
An open label study of the role of adjuvant haemostatic support with Protein C replacement therapy in purpura fulminans associated meningococcaemia  
*Blood; 2000:Dec 1,6:3719-3724*

M Schmidt-Supprian, C Murphy, B White, M Lawler, W Voelter. O.P. Smith, J Bernhagen  
Activated protein C inhibits tumour necrosis factor- $\alpha$  and macrophage migration inhibitory factor production in monocytes  
*Eur Cytokine Netw 2000:11,407-413*

C Mc Mahon, R, Pilkinton, D, Kellegher, E O'Shea, O.P. Smith  
The role of liver biopsy in hepatitis C-infected haemophilia patients: is there one?  
*Br J Haem 2000; 109:354-359*

C Mc Mahon, J Smith, K Khair, R Liesner, IM Hann O.P. Smith  
Central venous access devices in children with inherited coagulation disorders: complications and long term outcome.  
*Br J Haem 2000; 110:461-468*

B Nolan, J Smith, B White, C O'Reilly, B Fitzpatrick, O.P. Smith  
DDAVP: therapeutic limitations in children and adults with inherited coagulation disorders  
*Br J Haem 2000; 109:865-869*

B White, M Schmidt, C Murphy, W Livingstone, D O'Toole, M Lawler, L O' Neill, D Kelleher, Schwarz, O.P. Smith  
Activated protein C inhibits LPS induced nuclear translocation of NF $\kappa$ B and TNF- $\alpha$  production in the THP-1 monocyte cell line  
*Br J Haem 2000; 110:130-134*

S O'Broin, B Kelleher, J Mc Partlin, P O'Gorman M Browne, B White, O.P. Smith  
Optimisation of routine plasma homocysteine monitoring  
*Blood Coagulation and Fibrinolysis 2000; 11:367-369*

C Keenan, WJ Livingstone B White, L Mynett-Johnson, S Cusack, M Lawler O.P. Smith  
Prevalence of the prothrombin G20210A mutation in the Irish population: Use of a novel PCR approach  
*Blood Coagulation and Fibrinolysis 2000;11,669-672*

W Livingstone, C Keenan, B White, Lynett-Johnson, M Lawler, P Mayne O.P. Smith  
Prevalence of the Factor V R506Q mutation in Two Irish Control Populations: Use of a novel nested PCR approach  
*Br J Haem 2000; 11,559-561*

R Jung, O.P. Smith, et al  
Treatment of children with haemophilia in Europe: a survey of 20 centres in 16 countries  
*Haemophilia 2000,6,619-624*

SD O'Broin, B Kellegher, J Mc Partlin, O.P. Smith  
Optimisation of plasma homocysteine monitoring  
*Blood Coagulation & Fibrinolysis 2000; 367-369*

YS Ang, N Mahmud, B White, A Kelly, M Lawler, O.P. Smith PWN Keeling,  
Randomised comparison of unfractionated heparin with corticosteroids in severe active inflammatory bowel disease  
*Alimentary Clinical Pharmacology 2000; 14,1015-1022*

Recommendations on cancer screening in the European Union. *European Journal of Cancer* 36: (2000) 1473-1478. Advisory Committee on Cancer Prevention.

Localisation to Xq27 of susceptibility gene for testicular germ-cell tumours. *Nature Genetics* 24: (2000) 197-200. EA Rapley, GP Crockford, D Teare, P Biggs, S Seal, R Barfoot, S Edwards, R Hamoudi, K Heimdal, SD Fossa, K Tucker, J Donald, F Collins, M Friedlander, D Hogg, P Gossa, Heidenrich, W Ormiston, PA Daly, D Forman, TD Oliver, M Leahy, R Huddart, CS Cooper, JG Bodmer, DF Easton, MR Stratton, DT Bishop.



The pathology of familial breast cancer : histological features of cancer in families not due to mutations in BRCA1 or BRCA2. *Clinical Cancer Research* 6: (2000), 782-789. SR Lakhani, J Jacquemier, JP Sloane, BA Gusterson, TJ Anderson, J, M van de Vijver, LM Farid, D Venter, A Freeman, A Antoniou, A Storer Isser, E Smyth, CM Steel, N Haites, RJ Scott, D Goldgar, S Neuhausen, PA Daly, W Ormiston, R McManus, S Scherneck, BJ Ponder, PA Futreal, D Ford, J Peto, D Stoppa-Lyonnet, YJ Bignon, JP Streuwing, DT Bishop, JGM Klijn, P Devilee, C Cornelisse, C Lasset, G Lenoir, RB Barkardottir, V Egilsson, U Hamman, J Chang-Claude, H Sobol, B Weber, MR Stratton, DF Easton.

Management and outcome of an influenza – A outbreak in an oncology population. *Annals of Oncology* 11: (2000) 146. M Nolan, WW Hall, E Mulvihill, PV Browne, S McCann, J Kennedy, S Dooley, PA Daly.

Activated protein C inhibits lipopolysaccharide-induced nuclear translocation of nuclear factor kappaB (NF-kappaB) and tumour necrosis factor alpha (TNF-alpha) production in the THP-1 monocytic cell line. White B, Schmidt M, Murphy C, Livingstone W, O'Toole D, O'Neill L, Kelleher D, Schwarz HP, Lawler M, Smith OP. *Br J Haematol.* (2000) 110(1):130-134.

Randomized comparison of unfractionated heparin with corticosteroids in severe active inflammatory bowel disease. Ang YS, Mahmud N, White B, Byrne M, Kelly A, Lawler M, McDonald GS, Smith OP, Keeling PW. *Aliment Pharmacol Ther.* (2000) 14(8):1015-1022.

Cyclosporin A and short-term methotrexate versus cyclosporin A as graft versus host disease prophylaxis in patients with severe aplastic anemia given allogeneic bone marrow transplantation from an HLA-identical sibling: results of a GITMO/EBMT randomized trial . Locatelli F, Bruno B, Zecca M, Van-Lint MT, McCann SR, Arcese W, Dallorso S, Bartolomeo P, Franca Fagioli F, Anna Locasciulli A, Lawler M, and Bacigalupo A. *Blood* (2000) 96: 1690-1697.

Activated protein C inhibits tumor necrosis factor and macrophage migration inhibitory factor production in monocytes Schmidt-Supprian M, Murphy C, White B, M Lawler, Kapurniotu A, Voelter W, Smith O, Bernhagen J. *Eur Cytokine Netw.* (2000) 11:407-413.

Prevalence of the prothrombin G20210A mutation in the Irish populations: use of a novel polymerase chain reaction approach. Keenan C, Livingstone WJ, White B, Mynett-Johnson L, Cusack S, Lawler M, Smith OP. *Blood Coagul Fibrinolysis.* (2000) 11 669-72.

Prevalence of the Factor V R506Q mutation in 2 Irish control populations, use of a novel nested PCR approach Livingstone WJ., Keenan C., White B., Mynett Johnston L., Mayne P., Lawler M., Smith OP. *Br J Haem* (2000) 111 559-561

Engraftment of T-cell-depleted allogeneic haematopoietic stem cells using a reduced intensity conditioning regimen. Craddock C, Bardy P, Kreiter S, Johnston R, Apperley J, Marks D, Huber C, Kolbe K, Goulding R, Lawler M. Goldman J, Hughes T, Derigs G. *Br J Haematol.* (2000) 111: 797-800.

Myeloid and Lymphoid chimerism in long-term survivors post stem cell transplantation for chronic myeloid leukaemia: the presence of recipient hematopoiesis is not predictive of relapse and correlates with lower GvHD risk. *Blood* (2000) 96 11 479a 2060. Rezvani K., Lawler M., Goulding R., Kaedar J., Dazzi F., Domingo E., Pocock C., Johnston R., Gardiner N., McCann S.R., Craddock C., Apperley J., Goldman J.

Beta galactoside binding protein , a negative regulator of the cell cycle may have selective antiproliferative effects in CML cells. *Blood* (2000) 96 11 102a 436. Lawler M., McElwaine S., Spellacy N., Wells V., Mallucci L.

Suicide gene therapy approaches for prostate cancer, potential synergy with radiotherapy. *Cancer Gene Therapy* (2000) 7 12 S21 PD72 Foley R., Hollywood D., Lawler M.

In vitro treatment of CMI cells with antisense oligonucleotides against bcr-abl; requirement for an efficient delivery system. *Blood* (2000) 96 11 254b 4828. Gately K., McElwaine S., O Connor L., McCann SR., Hollywood D., Cotter T., Lawler M.

Prospective monitoring of lineage specific chimerism following non myeloablative stem cell transplantation for hemopoietic malignancies. *Blood* (2000) 96 11 304b 5058. McCann SR., Browne P., O Riordan J., Molloy K., Gardiner N., Duggan C., Caulfield N., Hollywood D Lawler M

## LABMED DIRECTORATE

### Professor C.T. Keane

Herra CM, Keane CT. Investigation of chromosomal? - lactamase expression in clinical isolates of *Serratia marcescens*. *Irish Journal of Medical Sciences* 2000, S1: P98.

O'Sullivan N and Keane CT. Risk factors for colonisation with Methicillin-resistant *Staphylococcus aureus* within *Nursing Homes*. *Journal of Hospital Infection* 2000; 44(2): 252-258.

O'Sullivan N and Keane CT. The prevalence of Methicillin-resistant *Staphylococcus aureus* among the residents of six elderly-care *Nursing Homes*. *Journal of Hospital Infection* 2000; 44(3): 156-160.

- Rossney, A.S., Keane C.T. Epidemiological typing of Irish Methicillin-resistant *Staphylococcus aureus* (MRSA). Irish Journal of Medical Sciences 2000, S1: P102.
- "Identification and purification of an antigen from *Clostridium difficile* which may induce a protective antibody response". Doyle RM, Windle H, Keane, CT, Coakley D, Walsh JB, Kelleher D. *Age and Ageing* 2000; September, 29 (supplement 2): 24,.
- "*Clostridium difficile* disease – is there a protective response?" Doyle RM, Windle H, Terres A, Kernan N, Keane CT, Coakley D, Walsh JB, Kelleher D. *Age and Ageing* 2000; July, 29 (supplement 1): 73.
- Browne PV, Weisdorf DJ, DeFor T, Miller WJ, Davies SM, Filipovich A, McGlave PB, Ramsay NKC, Wagner J and Enright H. Response to thalidomide therapy in refractory chronic graft-versus-host disease. *Bone Marrow Transplantation* 2000; 26: 865-869.
- Bacigalupo A, Brand R, Oneto R, Bruno B, Socie G, Passweg J, Locasciulli A, Van Lint MT, Tichell A, McCann S, Marsh J, Hows J, Marin P and Schrezenmeier H. Treatment of acquired aplastic anemia: bone marrow transplantation compared with immunosuppressive therapy. *Seminars in Haematology*, 37, 1 (2000), 69-80.
- White B, O'Connor H, Smith O.P. Successful use of recombinant VIIa (Novoseven) and endometrial ablation in a patient with intractable menorrhagia secondary to FVII deficiency *Blood Coagulation and Fibrinolysis* 2000; 11:155-157
- White B, Cotter M, Byrne M, O' Shea E, Smith O.P. High responding factor VIII inhibitors in mild haemophilia *Haemophilia* 2000; 6:113-115
- Engelfriet CP, Reesink HW, Mannucci PM, Gringeri A, Ingerslev J, Brettler DB, Mauser-Bunschoten EP, Negrier C, Berntorp E, Smith O.P., Shapiro AD. The optimal treatment for haemophiliacs who have developed factor VIII or -IX antibodies *Vox Sanguinis* 2000; 78:256-240
- White B, Livingstone W, Murphy C, Hodgson A, Rafferty M, Smith O.P. An open label study of the role of adjuvant haemostatic support with Protein C replacement therapy in purpura fulminans associated meningococcaemia *Blood* 2000; Dec 1,6:3719-3724
- Mc Mahon C, Pilkinton R, Kellegher D, O'Shea E, Smith O.P. The role of liver biopsy in hepatitis C-infected haemophilia patients: is there one? *Br J Haem* 2000; 109:354-359
- Mc Mahon C, Smith J, Khair K, Liesner R, Hann IM, Smith O.P. Central venous access devices in children with inherited coagulation disorders: complications and long-term outcome. *Br J Haem* 2000; 110:461-468
- Nolan B, Smith J, White B, O'Reilly C, Fitzpatrick B, Smith O.P. DDAVP: therapeutic limitations in children and adults with inherited coagulation disorders *Br J Haem* 2000; 109:865-869
- O'Broin S, Kelleher B, Mc Partlin J, O'Gorman P, Browne M, White B, Smith O.P. Optimisation of routine plasma homocysteine monitoring. *Blood Coagulation and Fibrinolysis* 2000; 11:367-369
- Jung R, Smith O.P., et al Treatment of children with haemophilia in Europe: a survey of 20 centres in 16 countries *Haemophilia* 2000; 6:619-624
- Nolan M, Hall WW, Mulvihill E, Browne PV, McCann S, Kennedy J, Dooley S, Daly PA. Management and outcome of an influenza A outbreak in an oncology population. *Annals of Oncology* 11: (2000) 146.
- White B, Schmidt M, Murphy C, Livingstone W, O'Toole D, O'Neill L, Kelleher D, Schwarz HP, Lawler M, Smith OP. Activated protein C inhibits lipopolysaccharide-induced nuclear translocation of nuclear factor kappaB (NF-kappaB) and tumour necrosis factor alpha (TNF-alpha) production in the THP-1 monocytic cell line. *Br J Haem* (2000) 110(1): 130-134.
- Ang YS, Mahmud N, White B, Byrne M, Kelly A, Lawler M, McDonald GS, Smith OP, Keeling PW. Randomised comparison of unfractionated heparin with corticosteroids in severe active inflammatory bowel disease. *Aliment Pharmacol Ther.* (2000) 14(8): 1015-1022.

Locatelli F, Bruno B, Zecca M, Van-Lint MT, McCann SR, Arcese W, Dallorso S, Bartolomeo P, Franca Fagioli F, Anna Locasciulli A, Lawler M, and Bacigalupo A. Cyclosporin A and short-term methotrexate versus cyclosporin A as graft versus host disease prophylaxis in patients with severe aplastic anemia given allogeneic bone marrow transplantation from an HLA-identical sibling: results of a GITMO/EBMT randomised trial.

Blood (2000) 96: 1690-1697.

Schmidt-Supprian M, Murphy C, While B, Lawler M, Kapurniotu A, Voelter W, Smith O, Bernhagen J. Activated protein C inhibits tumor necrosis factor and macrophage migration inhibitory factor production in monocytes.

Eur Cytokine Netw. (2000) 11:407-413.

Keenan C, Livingstone WJ, White B, Mynett-Johnson L, Cusack S, Lawler M, Smith OP. Prevalence of the prothrombin G20210A mutation in the Irish populations: use of a novel polymerase chain reaction approach.

Blood Coagulation and Fibrinolysis. (2000) 11: 669-72.

Livingstone WJ, Keenan C, White B, Mynett Johnston L, Mayne P, Lawler M,

Smith OP. Prevalence of the Factor V R506Q mutation in 2 Irish control populations, use of a novel nested PCR approach.

Br J Haem 2000; 111: 559-561

Craddock C, Barty P, Kreiter S, Johnston R, Apperley J, Marks D, Huber C, Kolbe K, Goulding R, Lawler M, Goldman J, Hughes T, Derigs G. Engraftment of T-cell-depleted allogeneic haematopoietic stem cells using a reduced intensity conditioning regimen. G. Br J Haem. 2000; 111: 797-800.

Rezvani K., Lawler M., Goulding R., Kaedar J., Dazzi F., Domingo E., Pocock C., Johnston R., Gardiner N., McCann S.R., Craddock C., Apperley J., Goldman J.

Myeloid and lymphoid chimerism in long-term survivors post stem cell transplantation for chronic myeloid leukaemia: the presence of recipient hematopoiesis is not predictive of relapse and correlates with lower GvHD risk. Blood (2000) 96 11 479a 2060.

Lawler M., McElwaine S., Spellacy N., Wells V., Mallucci L. Beta galactoside binding protein, a negative regulator of the cell cycle may have selective antiproliferative effects in CML cells.

Blood (2000) 96 11 102a 436.

Foley R., Hollywood D., Lawler M.

Suicide gene therapy approaches for prostate cancer, potential synergy with radiotherapy.

Cancer Gene Therapy (2000) 7 12 S21 PD72

Gately K, McElwaine S, O Connor L, McCann SR, Hollywood D, Cotter T, Lawler M.

In vitro treatment of CML cells with antisense oligonucleotides against bcr-abl; requirement for an efficient delivery system.

Blood (2000) 96 11 254b 4828.

McCann SR., Browne P, O Riordan J., Molloy K., Gardiner N., Duggan C., Caulfield N., Hollywood D., Lawler M.

Prospective monitoring of lineage specific chimerism following non-myeloablative stem cell transplantation for hemopoietic malignancies.

Blood (2000) 96 11 304b 5058.

#### MEDEL DIRECTORATE

Cunningham C., Horgan F, O'Neill D. Clinical assessment of rehabilitation potential of the older patient:- a pilot study.

Clinical Rehabilitation

2000;14:217-219

Maguire, C.P., Ryan, J., Kelly, A., O'Neill, D., Coakley, D., Walsh, J.B.

Do patient age and medical condition influence advice to stop smoking? Age and Ageing 2000;29(3): 264-6

Bolger C, Bojanic, S., Sheahan, N., Malone, J., Hutchinson, M., Coakley, D. Ocular microtremor (OMT): a new neurophysiological approach to multiple sclerosis Journal of Neurology, Neurosurgery & Psychiatry 2000;68(5):639-42

Denihan, A., Bruce, I., Cunningham, C., Coakley, D., Lawlor, B.A. Three year prognosis of depression in the community-dwelling elderly. British Journal of Psychiatry 2000;176:453-457

Walsh, J.B. To whom it may concern. BMJ 2000 Jun;320(7251):1712

Denihan A, Wilson G, Cunningham C, Coakley D, Lawlor BA. CT measurement of medial temporal lobe atrophy in Alzheimer's disease, vascular dementia, depression and paraphrenia. International Journal of Geriatric Psychiatry 2000;15(4):306-312

Coen, R. F. Dementia: The carer's burden. Irish Psychiatrist 2000;2:64-65.

Lawlor, B.A., Swanwick, G.R.G., Coen, R.F. Relationship between cognition and behavioural and psychological symptoms of dementia. *International Psychogeriatrics* 2000;12(Suppl 1),165-170.

Cunningham C, O'Neill D, Rowan M. Estrogen replacement therapy and cognitive decline. *Journal of the American Geriatric Society* 2000;48(3):345-6 (letter in response)

### Abstracts

Changes in Adequacy of Anticoagulation at a Warfarin Clinic - 1995 and 1998

Fallon C, O' Flaherty C, Walsh JB, Coakley D *Irish Journal of Medical Science* 2000;169(4):Suppl 4:112

Comparative Age Profile of Home Helps in the Liberties and Rialto Area - 1991 &1999

Fallon C, Molloy C, Coakley D, Walsh JB *Irish Journal of Medical Science* 2000;169(4):Suppl 4:113

"Identification and purification of an antigen from clostridium difficile which may induce a protective antibody response". *Age and Ageing*, vol.29, suppl.2, pg.24, September 2000. Doyle, R.M., Windle, H., Keane, C., Coakley, D., Walsh, J.B., Kellher, D.

"Should formalities be more informal?" *Age and Ageing*, vol.29, suppl.2, pg.29, September 2000. Doyle, R.M., Keenan, S., Gascun, D.E., Kennedy, C., Walsh, C., Walsh, J.B., Coakley, D.

"Oestrogen levels in vascular dementia" *Age and Ageing*, vol. 29, suppl.2, pg 51, September 2000. Cunningham, C., Signet, M., Rowan, M., Moore, R., Walsh, J.B., Lawlor, B.A., Coakley, D., O'Neill, D.

"Clostridium difficile disease – is there a protective response?" *Age and Ageing*, vol.29, suppl.1, pg.73, July 2000. Doyle, R.M., Windle, H., Terres, A., Kernan, N., Keane, C., Coakley, D., Walsh, J.B., Kelleher, D.

"Assessing testamentary capacity in Alzheimer's disease" *Age and Ageing*, vol.29, suppl.1, pg.76, July 2000. Kidd, N.R.C., Fahy, S., Coen, R.F., Cunningham, C., Bruce, I., Buggy, F., Walsh, J.B., Coakley, D., Lawlor, B.A.

"Sex steroids and disease progression in Alzheimer's disease" *Age and Ageing*, vol.29, suppl.1, pg.79, July 2000. Cunningham, C., Sinnott, M., Rowan, M., Moore, R., Walsh, J.B., Lawlor, B.A., Coakley, D., O'Neill, D.

### Medical Physics and Bioengineering Publications:

*Ocular microtremor (OMT): a new neurophysiological approach to multiple sclerosis*, *Journal of Neurology, Neurosurgery & Psychiatry*, 68,5 (2000) 639-42 [C. Bolger, S. Bojanic, N. Sheahan, J. Malone, M. Hutchinson and D. Coakley

*Thyroid Dosimetry in Europe Following the Chernobyl Accident*, N. O'Hare, D. Murphy, J.F. Malone, *BJR*, 73, 636-640, 2000.

*The Development of a Phantom to Determine Organ Doses from I-131 in the foetal Thyroid*. N. O'Hare, D. Murphy, J.F. Malone, *Phys. Med. Biol.*, 45, 9, 2583 - 2591, 2000

### ORIAN DIRECTORATE

Publication: Fagan C., Frizelle H.P., Laffey J., Hannon V., Carey M.

The Effect of Intra-Cuff Lidocaine on Endotracheal Tube-Induced Emergence Phenomena after General Anaesthesia. *Anaesth.Analg.* 2000; 91: 201-5.

### PHARMACY

Evaluating the Use of Antifungal Therapy In Intensive Care Patients in St. James's Hospital

MCU Staunton, P. Harrington, K. Sabra  
ASHP Midyear Clinical Meeting 35:INTL-70 (Dec) 2000

The Introduction of Safe Administration Practices for Intravenous Potassium in a Large Teaching Hospital

MCU Staunton, P. Harrington, K. Sabra  
ASHP Midyear Clinical Meeting 35:INTL-61 (Dec) 2000

Immunotherapy For Metastatic Renal Cell Carcinoma

Carr, B., O Leary, A., Sabra, K.  
ASHP Midyear Clinical Meeting 35:INTL-58 (Dec) 2000

The Hype About Hypericum

C. Hughes, N. MacCinna, K. Sabra.  
ASHP Midyear Clinical Meeting 35:INTL-67 (Dec) 2000

The Potential Role of a Pharmacist in the Outpatients' Department in St. James's Hospital.

E. Relihan, P. Harrington, M. Flattery, K. Sabra  
ASHP Midyear Clinical Meeting 35:INTL-59 (Dec) 2000

The cost of QC and QA for a licensed aseptic unit.

L. Doyle, G Lee, M. Flattery, K. Sabra.  
ASHP Midyear Clinical Meeting 35:INTL-60 (Dec) 2000

**A comparison of Digoxin dosing with Pharmacokinetic Prediction and Plasma Concentration**

Talbot, A., Coakley, P., Yeow, T-P, Grealis, M., Sabra, K., Barry, M., Feely, J.

ASHP Midyear Clinical Meeting 35:INTL-57 (Dec) 2000

**A Re-Evaluation Of The Management Of Opportunistic Infections In HIV/AIDS Patients With The Advent Of The Protease Inhibitors.**

Grealis, M., Ryan, M., Sabra, K.

ASHP Midyear Clinical Meeting 35:INTL-65 (Dec) 2000

**Prospective Audit Of Total Parenteral Nutrition (TPN) Use In St. James' Hospital.**

Cooney, N.; Flattery, M. and Sabra, K.

ASHP Midyear Clinical Meeting 35:INTL-63 (Dec) 2000

**A Decade of Changes: The Pharmacy Service to Haematology/Oncology in St. James's Hospital, 1989 - 1999.**

Grimes T., Murray M., Sabra K. and Staunton M.

ASHP Midyear Clinical Meeting 35:INTL-62 (Dec) 2000

**Validation of Cold Chain for Compounded Intra-venous Preparations**

Lee G, Doyle N, Doyle L, Gibson, L., Sabra K

ASHP Midyear Clinical Meeting 35:INTL-76 (Dec) 2000

**Stability of Morphine Sulphate in ready to use PCAs**

Lee G, Doyle, L, Doyle N., Sabra K.

ASHP Midyear Clinical Meeting 35:INTL-64 (Dec) 2000

**Evaluation of Microbiological validation of two aseptic units.**

Lee G, Doyle L, Flattery M, Melanophy G, Sabra K.

HPIA (April 2000), P35

**Stability and Compatibility of Morphine Sulphate and Haloperidol in Combination**

O Malley, G, Lee G, Sabra K and O Leary A.

ASHP Midyear Clinical Meeting 35:INTL-66 (Dec) 2000

**Proton Pump Inhibitor Prescribing in the Secondary Care Setting**

AJ Fitzpatrick, M. Hanlon, K. Sabra

HPIA (April 2000), P24

**Medication Errors in a Hospital Setting**

Hughes C, Feely J, Sabra K.

HPIA (April 2000), P32

**The Introduction of Pre-Printed Chemotherapy Prescriptions to an Oncology/Haematology Suite.**

Murray M, Kennedy J, Harrington P, Sabra K, Hughes C.

HPIA (April 2000), P52

**PHARMACOLOGY AND THERAPEUTICS**

Feely J, McGettigan P, Kelly A. Growth in use of statins after trials is not targeted to most appropriate patients. *Clinical Pharmacology and Therapeutics* 2000; 67:438-441.

Williams D, Kelly A, Feely J. Drug interactions avoided – a useful indicator of good prescribing practice. *British Journal of Clinical Pharmacology* 2000;49:438-41.

Sheehan O, Stinson JC, Feely J. Establishing a primary care based anticoagulation clinic. *Irish Medical Journal* 2000; 93:45-48.

Wen Y, Doyle MC, Cooke T, Feely J. Effect of menopause on low density lipoprotein oxidation: is oestrogen an important determinant ? *Maturitas* 2000; 34:233-238.

- McGettigan P, Kelly A, Carvahlo M, Feely J. Anti-depressants in Primary Care: Analysis of Treatment Discontinuations. *Pharmacoepidemiology and Drug Safety* 2000; 9:521-528.
- Williams D, Kelly A, Feely J. Association between SSRIs and upper gastrointestinal bleeding. *British Medical Journal* 2000; 320:1405.
- Williams D, Kelly A, Feely J. Preferential prescribing of oral corticosteroids to male asthmatic children. *British Journal of Clinical Pharmacology* 2000; 49:516.
- Kavanagh P, Feely J, Dunne J, Maguire R, Corrigan D, Burdett J. Amphetamine abuse: the Irish experience. *British Journal of Clinical Pharmacology* 2000; 49:508.
- Williams D, Kelly A, Feely J, O'Kelly P. High failure rate of proton pump inhibitor (PPI) and antibiotic combination therapy in general practice. *British Journal of Clinical Pharmacology* 2000; 49:494.
- Feely J, Kelly A, Williams D. Improved targeting of statin prescriptions. *Irish Journal of Medical Science* 2000; 169 (Suppl 2):46.
- Mahmud A, Hemeryck L, Feely J. Caffeine in coffee stiffens arteries. *Irish Journal of Medical Science* 2000; 169(Suppl 2):48.
- Mahmud A, Hennessy M, Feely J. Effect of sildenafil on blood pressure and arterial stiffness. *Irish Journal of Medical Science* 2000; 169(Suppl 2):49.
- Allman J, Sinnott M, Feely J. Prevalence of microalbuminuria in a hypertensive population. *Irish Journal of Medical Science* 2000; 169(Suppl 2):82.
- Cunney A, Williams D, Feely J. Prescription monitoring in an Irish hospital. *Irish Journal of Medical Science* 2000; 169(Suppl 2):83.
- Hennessy M, Feely J, Kelleher D, Barry M. Stability of peripheral blood lymphocyte glycoprotein expression. *Irish Journal of Medical Science* 2000; 169(Suppl 2):84.
- Hughes C, Feely J, Sabra K. A quantitative evaluation of prescribing errors detected by clinical pharmacist intervention. *Irish Journal of Medical Science* 2000; 169(Suppl 2):84.
- Kavanagh P, Kenny P, Scott K, Feely J. The inhibition of debrisoquine 4-hydroxylation by tramadol in liver microsomes. *Irish Journal of Medical Science* 2000; 169(Suppl 2):85.
- Mahmud A, Feely J. Effect of sildenafil on early wave reflection in treated hypertensive men. *Journal of Hypertension* 2000;18(Suppl 2): 193.
- Talbot A, Coakley P, Yeow TP, Grealis M, Sabra K, Barry M, Feely J. A comparison of digoxin dosing with pharmacokinetic prediction and plasma concentration. *Irish Journal of Medical Science* 2000; 169(Suppl 2):85.
- Williams D, Kelly A, Feely J. The prescribing patterns of trimethoprim and cotrimoxazole: influence of media and regulatory changes. *Irish Journal of Medical Science* 2000; 169(Suppl 2):87.
- Williams D, O'Kelly P, Feely J. High failure rate of helicobacter pylori regimens in general practice. *Irish Journal of Medical Science* 2000; 169(Suppl 2):87.
- Kavanagh P, Dunne J, Feely J. A quick and simple HPLC method for quantifying methadone in plasma. *Irish Journal of Medical Science* 2000; 169(Suppl 2):88.
- Kavanagh P, Kenny P, Feely J. The urinary excretion of gamma-hydroxybutyric acid in man. *Journal of Pharmacy and Pharmacology* 2000; 53:399-402.
- Mahmud A, Feely J. Favourable effects on arterial wave reflection and pulse pressure amplification of adding angiotensin II receptor blockade in resistant hypertension. *Journal of Human Hypertension* 2000; 14:541-546.
- Back D., Gibbons S., Khoo S., Merry C., Barry M & Mulcahy F. Therapeutic drug monitoring of antiretrovirals: Ready for the clinic ? *Journal of the International Association of Physicians in AIDS care* 2000; 6: 34 - 37.
- Barry M & Feely J. Pharmacoeconomics in Ireland. *Irish Journal of Medical Science* 2000; 169: 63 -64.
- Barry M., Heerey A & Feely J. Drug reimbursement in Ireland. *Irish Medical Journal* 2000; 90: 71 - 74.
- Barry M., Feely J., McCulloch D. The scientific evaluation of drugs - Pharmacoeconomics. *IPJ* 2000; 66 - 68.
- Hughes C., Barry M. Medication errors. *Irish Medical Journal* 2000; 93: 101 - 102.
- Grasela D., Stoltz R., Barry M., Bone M., Mangold B., O'Grady P, Raymond R., Haworth S. Pharmacokinetics of single-dose oral stavudine in subjects with renal impairment and in subjects requiring dialysis. *Antimicrob. Agents Chemother.* 2000; 44: 2149 - 2153.
- Back D.J., Khoo S., Gibbons S., Barry M., Merry C. Therapeutic drug monitoring of anti-retrovirals in human immunodeficiency virus infection. *Ther Drug Monit* 2000; 22 (1): 122 - 126.

McCulloch D., Barry M., Ryan M., Heerey A. Alternative approaches to the economic evaluation of a drug for patients with Alzheimers disease. *EHP* 2000; 6: 65 - 69.

Heerey A., Barry M., Ryan M., Kelly A. The potential for drug interactions with statin therapy in Ireland. *Irish Journal of Medical Science* 2000; 169: 176 - 179.

#### PSYCHIATRY PUBLICATIONS

Vascular Medicine. MP Colgan. *Hospital Doctor* 2000;5:41-44

Endovascular management of a rare sciatic artery aneurysm.

S Sultan, J Pacanowski, R McDermott, P Madhavan, MP Colgan, DJ Moore, DG Shanik. *J Endovasc Ther* 2000; 7:415-422

Suprarenal mycotic aneurysm exclusion using a stent with partial autologous covering. P Madhavan, C McDonnell, S Sultan, M Molloy, N McEniff, MP Colgan, D Moore, DG Shanik. *J Endovasc Ther* 2000; 7:405-409.

#### ABSTRACTS

Over-sizing of the covered stent graft and suprarenal spare-springs are important in diminishing the incidence of endoleak in transfemoral endoluminal aortic management (TEAM) for infra-renal abdominal aortic aneurysms. S Sultan, E Purcell, D Evoy, S Nicholls, MP Colgan, D Moore, G Shanik. *I J Med Sci* 2000; 169(supp 1): 21.

Ruptured abdominal aortic aneurysm: A 20-year experience. EM Purcell, D Evoy, SAH Sultan, MP Colgan, D Moore, G Shanik. *IJMed Sci* 2000; 169(supp 1): 8

The impact of percutaneous transluminal angioplasty on infra-inguinal bypass for critical limb ischaemia. D Evoy, T Cohen, E Purcell, SA Sultan, MP Colgan, DJ Moore, DG Shanik. *Ir J Med Sci* 2000; 169 (Suppl 2): 21.

Percutaneous, duplex, ultrasound-guided injection of thrombin: a new modality in the management of femoral artery pseudo-aneurysms. S Sultan, D Evoy, S Nicholls, MP Colgan, D Moore, DG Shanik. *Ir J Med Sci* 2000; 169 (Suppl 2): 35.

T-cell activation after endovascular repair of abdominal aortic aneurysms is diminished compared to open repair. KJ Sweeney, D Evoy, MR Kell, S Sultan, DJ Moore, DG Shanik, JV Reynolds. *Ir J Med Sci* 2000; 169 (Suppl 2): 30.

#### SAMS DIRECTORATE

1. Barnes L  
The Challenge of evaluating and treating HIV related cutaneous disease, *Irish Medical Journal*, Jan/Feb 2000; 93:6-7.
2. Barnes L, Altmeyer P, Forstrom L. Oral long term treatment of patients with Calcipotriol scalp Solution and Cream, *Eur J Dermatol* 2000; 10; No 3: 199-204.
3. Murphy M, Watson R, Sweeney E, Barnes L  
Seborrhoeic keratoses in a dermatology clinic; Reasons for presentation and accuracy of diagnosis, *Arch Dermatol* 2000; 136: 800-801.
4. Kirby B, Watson R. Pityriasis Rubra Pilaris treated with Acitretin and narrow band UVB (TL-01). *British Journal of Dermatology* 2000;142:376-377.

#### Recent Book Chapters Published:

E Murphy and JJ Nolan. Insulin sensitizer Drugs. In *Expert Opinion on Investigational Drugs* 9(6):1347-1361 (2000)

#### Neurophysiology Publications:

- 1 Tyagi A, Connolly S, Hutchinson M. Lambert-Eaton myaesthetic syndrome: A possible association with Hodgkin's Lymphoma. *Irish Medical Journal* 2000 (in Press)
- 2 McCabe DJ, Burke T, Connolly S, Hutchinson M. Amnesic syndrome with bilateral mesial temporal lobe involvement in Hashimoto's encephalopathy. *Neurology*. 2000 Feb 8;54(3):737-9