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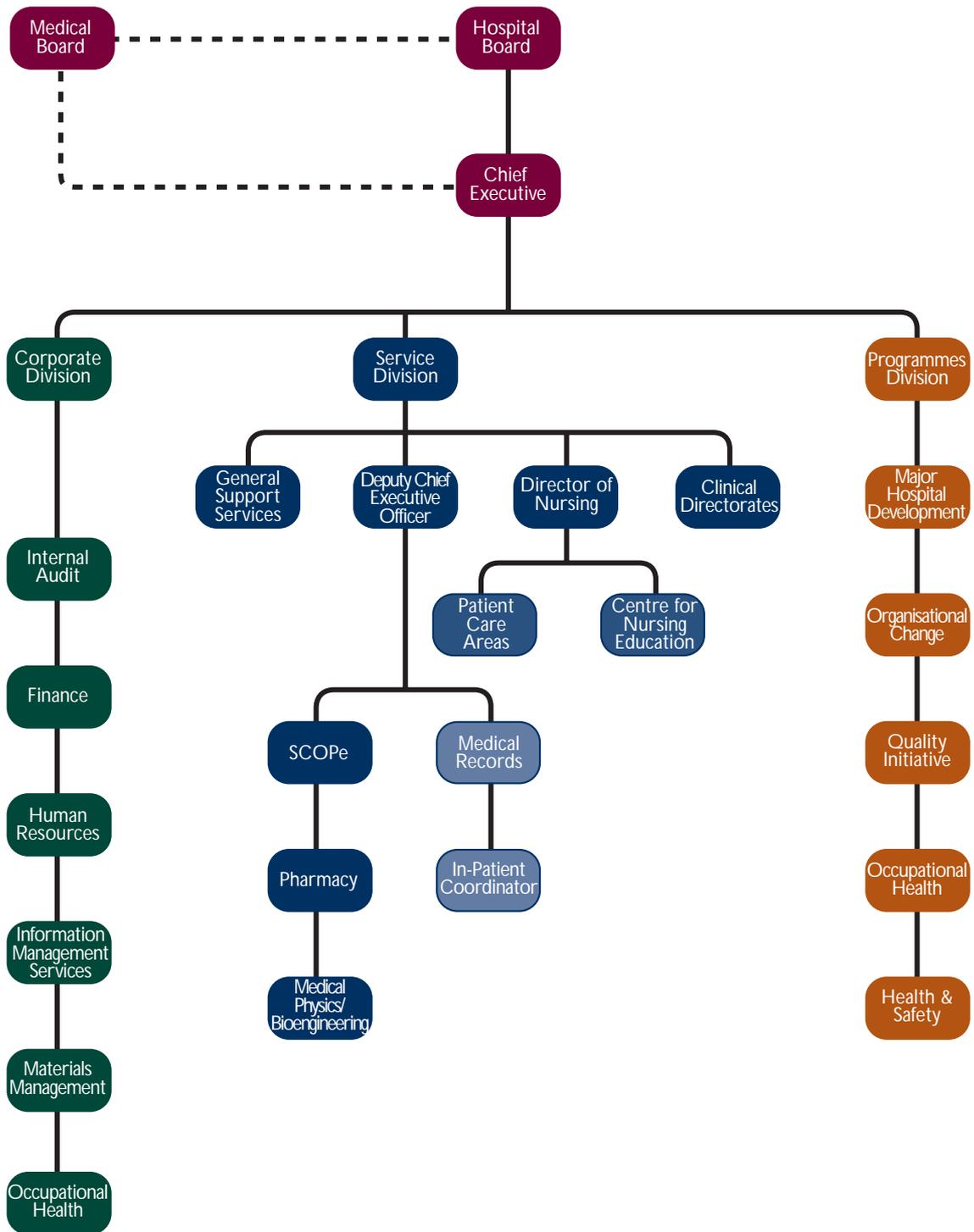
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Governance and Executive



HOSPITAL BOARD MEMBERSHIP

Professor Tom Mitchell

Chairman of Hospital Board since April 2002

Ms M MacGuinness

Clinical Nurse Manager

Alderman. M. Donnelly

Dr. F. O'Kelly

General practitioner

Mr. S.G Watson

Matheson Ormsby Prentice Solicitors

Professor J. Feeley

Consultant General Physician

Dr P.W.N Keeling

Ministerial Appointment

Deputy M. McGennis

T.D.

Dr. J.B. Walsh

Consultant Geriatrician

Dr P. Browne

Consultant Haematologist

Counsellor G. Keegan

Professor J. Scott

Trinity College

Professor J. Murray

Professor Business Studies, TCD

EXECUTIVE MANAGEMENT GROUP

Mr. I. Carter

Deputy Chief Executive/ Operations Manager

Dr. L. Barnes

Clinical Director, SaMS Directorate

Dr. Prakash Madhavan

Chairman Surgical Sub-Group

Dr. J. Kennedy

Chairman Physicians Sub-Group

Dr B. White

Clinical Director, LabMed

Dr. J.B Walsh

Clinical Director. MedEl Directorate

Mr. J. O'Brien

Chief Executive (Chair)

Dr. P. Freyne

Clinical Director, Diaglm Director

Professor S. McCann

Clinical Director, HOPE Directorate

Mr. M. O'Hagan

Medical Manpower Manager

Mr. B. Fitzgerald

Financial Controller

Mr P. Carolan

Materials Manager

Professor L. Clancy

Clinical Director, CRest Directorate

Dr. J. Moriarity

Clinical Director, ORIAN Directorate

Ms. E. Hardiman

Director, Nursing Services

Dr. P.W.N Keeling

Clinical Director, GEMS Directorate

Mr. P. Plunkett

Clinical Director, Emergency Directorate

Professor M. Cullen

Chairman, Medical Board

Mr. D. Aberdeen

Head of Personnel

Mr. J. Deegan

Manager, General Support Service

CONSULTANT STAFF

Dr. M Abrahams, Anaesthetist
 Dr. L Barnes, Dermatologist
 Dr. M Barry, Clinical Pharmacologist
 Mr JC Beirne, Oral & Maxillofacial Surgeon
 Dr. C Bergin, Infectious Diseases
 Mr. D Borton, Orthopaedic Surgeon
 Mr. T Boyle, Surgeon
 Mr. F Brady, Oral & Maxillofacial Surgeon
 Dr. F Brett, Neuropathologist
 Dr. PV Browne, Haematologist
 Dr. G Canny, Paediatrician
 Mr. H Cassidy, Ophthalmologist
 Prof. L Clancy, Respiratory Physician
 Dr. E Conneally, Haematologist
 Prof. D Coakley, Geriatrician
 Dr. S Connolly, Neurophysiologist
 Dr. P Crean, Cardiologist
 Dr. B Crowley, Microbiologist
 Prof. M Cullen, Endocrinologist
 Dr. C Cunnane, Rheumatologist
 Dr. C Cunningham, Geriatrician
 Prof. PA Daly, Medical Oncologist
 Dr. N Dowd, Anaesthetist
 Dr. M Doran, Rheumatologist
 Ms. P Eadie, Plastic Surgeon
 Dr. C Fagan, Anaesthetist
 Prof. J Feely, General Physician
 Prof. C Feighery, Immunologist
 Mr G Fenelon, Orthopaedic Surgeon
 Dr. JB Foley, Cardiologist
 Dr. L Fox, Anaesthetist
 Dr. PJ Freyne, Radiologist
 Dr. E Gaffney, Histopathologist
 Dr. U Geary, Emergency Consultant
 Dr. M Gill, Psychiatrist
 Mr. R Grainger, Urologist
 Dr. M Griffin, Histopathologist/Cytopathologist
 Prof. D Hollywood, Radiotherapist
 Dr. N Hughes, Anaesthetist
 Dr. A Irvine, Dermatologist
 Dr. PWN Keeling, Gastroenterologist
 Dr. E Keenan, Psychiatrist
 Dr. D Keane, Cardiologist
 Dr. J Keane, Respiratory Physician
 Prof. D Kelleher, Professor of Medicine
 Dr. J Kennedy, Medical Oncologist
 Dr. M Keogan, Radiologist
 Dr. B Kirby, Dermatologist
 Dr. RJ Kirkham, Anaesthetist
 Mr. G Kronn, Dental Surgeon
 Dr. B Lawless, Anaesthetist
 Dr. B Lawlor, Psycho-geriatrician
 Mr. D Lawlor, Plastic Surgeon
 Dr. E Lawlor, Haematologist
 Mr. T Lynch, Urologist
 Dr. M Mac Evilly, Anaesthetist
 Prof. SR McCann, Haematologist
 Dr. D McCoy, Anaesthetist
 Dr. C McCrory, Anaesthetist
 Dr. R McDermott, Radiologist
 Mr. T McDermott, Urologist
 Dr. N McEniff, Radiologist
 Ms. E McGovern, Cardiothoracic Surgeon
 Dr. E McGuinness, Consultant
 Obstetrician/Gynaecologist
 Mr. E McKiernan, Orthodontist
 Dr. S McKiernan, Gastroenterologist
 Ms. G McMahon, Emergency Consultant
 Dr. E McNamara, Microbiologist
 Dr. M McMennanin, Histopathologist
 Mr. DP McShane, ENT Surgeon
 Mr. P Madhavan, Vascular Surgeon
 Dr. JM Meaney, Radiologist
 Dr. G Mellotte, Nephrologist
 Dr. C Merry, Infectious Diseases
 Dr. STK Miller, Radiologist
 Dr. MP Molloy, Radiologist
 Mr. D Moore, Vascular Surgeon
 Dr. J Moriarty, Anaesthetist
 Dr. F Mulchay, Genito-Urinary Physician
 Dr. TE Mulvihill, Microbiologist
 Dr. RP Murphy, Neurologist
 Dr. S Nicholson, Histopathologist
 Dr. B Nolan, Haematologist
 Mr. J Nolan, Endocrinologist
 Dr. S Norris, Gastroenterologist
 Dr. DS O'Briain, Histopathologist
 Dr. K O'Byrne, Medical Oncologist

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

Dr. P Scully, Psychiatrist
 Dr. D Shanley, Psychiatrist
 Dr. B Silke, General Physician
 Dr. OP Smith, Haematologist
 Mr. H Smyth, Orthopaedic Surgeon
 Dr. M Staines, Psychiatrist
 Mr. R Stephens, General Surgeon
 Dr. B Stuart, Gynaecologist
 Prof. C Timon, ENT Surgeon
 Dr. M Toner, Oral Pathologist
 Mr. M Tolan, Cardiothoracic Surgeon
 Dr. C Traynor, Anaesthetist
 Dr. E Vandenberg, Haematologist
 Dr. P Vaughan, Anaesthetist
 Dr. JB Walsh, Geriatrician
 Dr. MJ Walsh, Cardiologist
 Dr. R Watson, Dermatologist
 Dr. B White, Haematologist
 Dr. GF Wilson, Radiologist
 Dr. V Young, Cardiothoracic Surgeon

LEGAL BANKING

Auditors

Controller & Auditor General
 Dublin Castle
 Dublin 1

Bankers

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

Permanent TSB
 16-17 College Green
 Dublin 2

Legal Advisors

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

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

Insurance Brokers

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



Chairman Professor Tom Mitchell

INTRODUCTION FROM THE CHAIRMAN

The past year has been another challenging one for Irish Hospitals due to the uncertainty surrounding funding and growing pressure on Hospital facilities. But despite a preliminary drop of 5.6% in real terms in the Hospital's grant, St James's ended 2003 without incurring a deficit and without closing any facilities or curtailing any services. This was not achieved without a lot of effort, and required skilful management and exceptional co-operation on the part of the entire Hospital community. On behalf of the Board I want to thank the management and staff for the dedication with which patient care was placed to the fore and added burdens assumed to ensure that the level and quality of services could be maintained.

But, even within the difficult conditions of 2003, there were some notable achievements that deserve to be highlighted. The Hospital's physical facilities and general infrastructure continue to advance. Phase 1H, with its extensive day treatment centre for surgery and medicine, was completed within budget and handed over in May. Negotiations for the funding to open the facilities have continued on an intensive basis and it is hoped that the opening will not now be long delayed.

The funding for the extension to the Emergency Department was finally secured during 2003 and the project is scheduled for completion in early 2005.

Detailed briefs were prepared for the building of major elements of Phase II of the Development Plan together with a specialised bed unit for the treatment of haemophilia and hepatitis C. These will be the foremost capital priorities for 2004.

The equipment pool, a source of serious concern in recent years because of the disappearance of any designated funding for equipment, also received a boost in 2003. Resources were secured for the purchase of a second CT scanner and for the installation

of the crucially important Integrated Image Management Service. Particular credit for securing the funds for these purchases is due to the patient negotiating skills of the CEO, John O'Brien.

A new Corporate Strategy for the years 2004-2009 was completed during the year. This was an elaborate exercise that involved wide consultation within the Hospital and with local communities. The report is an important document that sets out clearly the Hospital's values and priorities, its foremost emphasis on patient care, its commitment to local community needs and its dedication to using its exceptional resources as a major teaching and research Hospital to lead the way in generating new knowledge and treatments across a range of specialties.

The Hospital is already moving energetically and creatively to develop even stronger centres of international quality in areas such as Cancer Care, Ageing, Haematology and Cardiovascular Diseases and continues to explore possibilities for partnership that would facilitate the creation of a world-class Academic Health Centre with the facilities and critical mass of expert clinicians and researchers capable of providing advanced services of the highest international standard. As the government proceeds to create a knowledge society, its strategy should give a central place to medical science, where Ireland's human resources and research potential are second to none. A major centre of international stature, such as that envisaged by St James's, would then become a necessity.

In the meantime, there are more basic problems whose solution cannot be delayed. The uncertainty surrounding funding, largely derives from a failure to consolidate the Hospital's allocation base and take proper account of the main cost drivers led by volume and technology. This is not only causing hardship, but piling up problems that will lead to greater costs in the future. The failure to provide funds to open new accommodation, in which large capital sums have been

invested and which is urgently needed to ease the strain on overburdened facilities, illustrates the price being paid for policies that seek to limit unreasonably the level of services and costs.

But the most urgent problem facing the Hospital services is the system-wide shortage of beds, an enormous barrier to efficient high-quality patient care. The inadequate bed capacity is a major cause of the chronic overcrowding in Emergency Department, where patients needing hospitalisation cannot be moved out because there are no beds available in the wards. It is also the main cause of the delays and cancellations in elective surgery, which cause so much distress to so many.

The overall shortage of beds is greatly exacerbated by the additional shortage in rehabilitation and long-term care facilities, which means that many patients who are no longer in need of acute care must be kept in Hospital for longer than necessary. This lack of co-ordination in the provision of services for patients who need extended, but not acute care, is a particularly wasteful form of inefficiency that cries out for remedy.

There is reason to hope that this problem and the broader funding strictures will soon be confronted and that other needed reforms in the organisation of Hospital services will result from the recent reviews commissioned by the Minister. The coming years can be an exciting period for the Hospital as it focuses on new developments and heads towards celebrations in 2004/2005 of three centuries of health care services on the site.

Thomas N. Mitchell,
Chairman.



Chief Executive
John O'Brien

REPORT OF THE CHIEF EXECUTIVE

I am happy to furnish this overview report on the Hospital's performance and development during the year 2003.

CORPORATE ISSUES

As in previous years, the primary Executive management and operations focus for 2003 centred on achievement of planned levels of service delivery within the framework of financial and quality parameters set out in the Hospital's Provider Plan. Once again, performance out-turn for the year was highly creditable.

Activity over the key range of services again exceeded planned and previous year outcomes in all instances. Baseline inpatient activity exceeded projected levels by some 6%. The Hospital's inpatient casemix index, which measures activity complexity levels, also increased during 2003. Average length of stay for the year was 10.94 days. The pattern of excessive overall occupancy levels registered in previous years continued into 2003 with a related rate of 94.74% recorded for the year. This position negatively impacts on patient services in several respects, including cancellation of urgent elective admissions and creation of unacceptable delays in transferring patients awaiting access from the Emergency Department to in-patient beds. As previously reported, this latter position seriously impacts quality in patient safety and care terms. In this general context however, the Hospital was delighted to open an additional 74 beds during 2003 provided under the aegis of the preliminary phase of Government sponsored bed expansion in the Health System. Included in this provision was 12 critically needed high quality specialist beds in the Haematology/Oncology (6 beds) and Intensive Care (6 beds) specialities together with 62 general bed units. 59 of these additional general beds provided were dedicated to supporting the Emergency function at the Hospital and operate as an Acute Medical Admissions Unit (AMAU). This is designed to assure optimal utilisation and patient benefit return from increased bed stock. Significant

further in-patient bed capacity expansion is required at St. James's to facilitate it in adequately meeting related known patient need requirements. However, the acute capacity diminishing impact of patients who have completed their acute episode of care and require residential accommodation in a more appropriate setting but cannot be discharged due to inadequacy or non-availability of such facilities remains and has indeed worsened. In 2003, the number of delayed discharge patients at the Hospital exceeded 130 for a lengthy period with a related figure of 107 pertaining at year end. This issue is now established as the single biggest factor inhibiting ordered functioning of the Hospital. It is not sustainable into the future and requires aggressive remedy focused intervention. In addition to it being the most significant contributing factor to excessive in-patient bed waits in the Emergency Department, elective in and day patient cancellations and waiting list expansion, it seriously impacts staff morale and skill maintenance and creates enormous cost inefficiencies for the Hospital. It is considered essential that the matter be aggressively addressed and resolved into 2004.

The Hospital also completed a highly successful inpatient Waiting List Initiative in 2003. The exercise resulted in:

- treatment of 1730 cases at St. James's
- Treatment of 360 cases in the Private Sector under the aegis of the National Treatment Purchase Fund (NTPF)
- Treatment of 171 cases in St. James's under the aegis of the National Treatment Purchase Fund (NTPF)
- Reduction in overall numbers waiting from 1089 to 994 (9%)
- Removal of all patients waiting in excess of six months from the in-patient waiting list (a proxy for waiting times)

Achievement of the Hospital's and Government's policy target of zero in-patients waiting in excess of six months for treatment by end 2003 was highly satisfactory.

The NTPF contributed significantly to Hospital achievement of this position. The Hospital is clearly wholly dependent on continuation of receipt of waiting list funding from the Department of Health & Children to facilitate it in maintaining its position in this area.

Day case activity exceeded planned levels by some 27% in 2003. The related year on year increase was 12%. Major development provisions in train at the Hospital are designed to further substantially improve performance in this area in 2004. Out-patient appointment wait times for new patients remains a matter of some concern. Provisions designed to establish root cause understanding of these matters and options for their resolution will proceed in 2004.

Overall outcomes testify to the continuing busyness of the Hospital. This places extreme pressure on facilities and staff resources at the Hospital and adversely impacts safety and quality of service in certain areas.

Against this service backdrop, the Hospital again returned a commendable financial performance at the operational level, recording a minor surplus of €0.389m on an allocation of €273.432m. This resulted in a final net carried forward surplus of €0.185m at year end. In order to achieve this position, it was necessary for the Hospital to maintain the extensive efficiency and cost-reduction measures initiated during the second half of 2002. Staff responses in this area continued to be inventive and effective and facilitated full service continuity during 2003. These provisions are, however, sustainable only in the short term. Consolidation of the Hospital's baseline funding at realistic levels is now an urgent necessity.

As previously reported, uncertainty regarding

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

SERVICE INITIATIVES

A number of important developments in key clinical areas proceeded at the Hospital during 2003, primarily as follows:

- Significant development of Falls/Syncope and Osteoporosis Services in the MedEl Directorate
- Further development of the Home-from-Home facility in the Hospital's Long-Term Care Unit
- Development of a Radio-Iodine Service at the Hospital. This important advance will remove the necessity for patients requiring this service to travel abroad for related treatment
- Establishment of an Epidermolysis Bullosa Service in conjunction with Our Lady's Hospital for Sick Children
- Advancement of service developments already commenced in the following areas:
 - Molecular Diagnostics
 - Oral & Maxillofacial Surgery
 - Renal Medicine
 - Infectious Diseases
- Approval to proceed with further Consultant Appointments in Geriatric Medicine, General Surgery, Plastics and Reconstructive Surgery, Radiology, Histopathology, Oncology, Chemical Pathology and Palliative Care

- Innovative development of a Shared Care Initiative whereby Hospital staff directly support patients at home in the early aftermath of discharge, thus improving patient outcome and reducing length of stay at the Hospital
- Establishment of a joint management arrangement of a medium/long term care patient facility in Bru Chaoimhin with the South Western Area Health Board

Other important advances registered at the Hospital during 2003 included:

- Implementation of Phase 1 of the SAP Financial/Materials Management System (GENESIS). This significant development facilitates pursuance of much improved resource and financial control provisions at the Hospital in addition to considerably advancing budgetary information possibilities
- A highly welcome agreement from the Department of Health & Children to commence the process for procurement of an Integrated Image Management System (incorporating PACS) for the Hospital. This development will contribute enormously to streamlining Image management, radically improving efficiency and Value For Money (VFM) in this area, create the possibility for establishment of a paperless and filmless Imaging Department and significantly reduce risk thus improving safety for patients whose diagnosis, treatment and care are Image dependent

FACILITIES INITIATIVES

A number of agreed facilities development initiatives were considerably progressed during 2003. Key related provisions comprised the following:

- Handover of Phase 1H of the Major Hospital Development programme. This new facility

is a standalone ambulatory care unit which includes provision for an expansive range of day services in Out-patient, Endoscopy / Manometry, Haematology/Oncology, discrete Day Surgery etc. areas. Also included in the development is a new underground car park and the Hospital's New Main Concourse entrance. Opening of the facility will be pursued in 2004.

- Commencement of construction work on the Emergency Department expansion project. This provision will result in a doubling in size of the Emergency Department. Phased handover of the project will commence in 2004 with final completion of the exercise scheduled for 2005
- Opening of 74 additional beds under the aegis of capacity expansion initiatives pursued by the Minister during 2002. The development includes provision of high quality specialised beds in Haematology/Oncology and ICU. The primary utilisation focus for these facilities is on patients accessing the Hospital through the Emergency Department. The new beds operate as a Medical Admissions Unit in this context. Significant improvements in patient processing through the Emergency Department and length-of-stay for these patients have ensued
- Implementation of important infrastructural developments in the Breast Cancer Unit
- Implementation of an extensive and badly needed equipment replacement programme

While the Hospital made some important advances in effecting an equipment replacement programme in 2003, underlying difficulties remain in this regard. In the absence of a continuing investment programme in this area (requirement €10m per annum), matters are likely to remain

risk based in patient safety and service continuation terms. The Hospital again urges immediate adoption of a depreciation accounting approach for equipment replacement purposes.

CONCLUSION

In summary, the Hospital fully delivered on its Provider Plan remit in service level, development and financial terms in 2003. Significant progression or completion of highly important facilities development also proceeded on target during the year.

This position was achievable only through the continuing exceptional responses and commitment of staff at the Hospital in highly demanding circumstances. I thank them for their continued loyalty in and dedication to maintaining St. James's position as a leading Academic Health Agency both at home and internationally. I look forward to their continued support into 2004, which will doubtless again prove to be a highly challenging year.

John O'Brien,
Chief Executive.

Performance Highlights



Total Day Care Attendances by Specialty (2003)

Specialty	Attendance
Cardiology	2820
Dermatology	3446
Diabetic Day Centre	8686
E.N.T.	201
GUIDE	2567
Haematology	6473
Gynaecology	168
Oncology	8230
Orthopaedic Surgery	165
Plastic Surgery	2958
Rheumatology Day Centre	2560
General Surgery	3744
Vascular Surgery	1
Medicine*	10044
Neurophysiology	879
Cardio-thoracic Surgery	1
Urology	691
Immunology	189
Pain Relief	105
Maxillofacial	134
Total	54062

* includes NTPF activity

Inpatient Activity -Discharges by Specialty 2003 *

Specialty	Total
Cardiology	2400
Dermatology	20
E.N.T.	762
Emergency Department	1332
Medicine for the Elderly	956
GUIDE	317
Gynaecology	746
Haematology	711
Immunology	10
Maxillofacial	869
Medicine	6064
Nephrology	66
Neurology	122
Oncology	703
Orthopaedic Surgery	1310
Plastic Surgery	1844
Psychiatry	589
Rheumatology	616
Surgery	2286
Thoracic Surgery	977
Urology	528
Vascular	817
Grand Total	24045

* Includes Waiting List Initiative & NTPF Activity

Admissions by Age Group (2003)

<16	% of Total Admissions	16-65	% of Total Admissions	66-75	% of Total Admissions	76+	% of Total Admissions	Total
118	-1%	15226	64%	4088	17%	4472	19%	23904

Age of New Emergency Department Attendances (2003)

<16	%of Total New Attn	16-65	%of Total New Attn	66-75	% of Total New Attn	76-80	% of Total New Attn	>80	% of Total New Attn	Total
293	1%	33031	78%	3851	9%	2036	5%	3099	7%	42310

Emergency Department Attendances (2003)

Total New Attendances	42310
Total Follow Up Attendances	3099
Total	45409

Total Outpatient Attendances by Specialty (2003)

Specialty	New	Return	Total
Cardiology	2191	6830	9021
Dermatology	2387	1885	4272
Endocrinology	832	2484	3316
Otolaryngology	1769	2548	4317
Gastro-Enterology	3858	5826	9684
GUIDe	7498	9840	17338
Medicine for Elderly	967	1498	2465
Haematology	289	1169	1458
Haemophilia	1063	4886	5949
Neurology	728	1049	1777
Gynaecology	1368	2312	3680
Oncology	191	1771	1962
Ophthalmology	862	1356	2218
Orthopaedic Surgery	3523	7081	10604
Plastic Surgery	3885	7115	11000
Psychiatry	683	6247	6930
Nephrology	326	754	1080
Respiratory Medicine	1574	3994	5568
Rheumatology	741	2352	3093
General Surgery	4450	4415	8865
Vascular Surgery	3048	1742	4790
Accident & Emergency	660		660
General Medicine	2564	5306	7870
Radiotherapy	218	145	363
Cardio-thoracic Surgery	577	708	1285
Urology	974	1334	2308
Clinical Immunology	267	435	702
Anaesthetics	46	98	144
Pain Relief	66	66	132
Gold	69	543	612
Warfarin	348	26334	26682
Maxillofacial	3520	2642	6162
Total	51542	114765	166307

2003 Service Plan Projections/2003 Out Turn

Activity		2003 Projected Activity	2003 Actual	Variance	
				Value	%
Inpatient	Discharges	20795	22014	1219	6%
	Waiting List Initiative Discharges	1860	1860	0	-
	NTPF	-	171	-	-
	Total Discharges	22655	24045	1390	6%
Day care Attendances		42525	54043	11518	27%
	NTPF	-	171	-	-
	Total	42525	54062	11537	27%
Outpatient	New	53601	51542	2059	-4%
	Follow Up	110339	114765	4426	4%
	Total	163940	166307	2367	1%

Waiting List Status 31/12/02-31/12/03 for waiting list initiative targeted specialties

Specialty	Period	30	60	90	180	365	>365	Total
Cardiology	31/12/2002	1	8	0	26	12	0	47
	31/12/2003	1	0	0	4	0	0	5
	%var	0%	-100%	0%	-85%	-100%	0%	-89%
E.N.T.	31/12/2002	23	26	9	25	48	0	131
	31/12/2003	19	25	21	24	0	0	89
	%var	-17%	-4%	133%	-4%	-100%	0%	-32%
GUIDe	31/12/2002	7	23	14	12	9	0	65
	31/12/2003	15	20	22	18	0	0	75
	%var	114%	-13%	57%	50%	-100%	0%	15%
Gynaecology	31/12/2002	19	15	11	11	5	0	61
	31/12/2003	11	21	15	12	0	0	59
	%var	-42%	40%	36%	9%	-100%	0%	-3%
Maxillofacial	31/12/2002	3	1	7	9	7	0	27
	31/12/2003	0	2	1	19	0	0	22
	%var	-100%	100%	-86%	111%	-100%	0%	-19%
Orthopaedic Surgery	31/12/2002	9	20	9	20	2	0	60
	31/12/2003	11	17	18	24	0	0	70
	%var	22%	-15%	100%	20%	-100%	0%	17%
Plastic Surgery	31/12/2002	17	61	44	72	69	0	263
	31/12/2003	54	44	28	92	0	0	218
	%var	218%	-28%	-36%	28%	-100%	0%	-17%
General Surgery	31/12/2002	24	28	28	36	26	0	142
	31/12/2003	34	38	32	71	0	0	175
	%var	42%	36%	14%	97%	-100%	0%	23%
Vascular Surgery	31/12/2002	18	24	35	26	65	0	168
	31/12/2003	24	44	29	65	0	0	162
	%var	33%	83%	-17%	150%	-100%	0%	-4%
All	31/12/2002	121	206	157	237	243	0	964
	31/12/2003	169	211	166	329	0	0	875
	%var	40%	2%	6%	39%	-100%	0%	-9%

Waiting List Comparison 2002/2003

Summary	30	60	90	180	365	>365	TOTAL
Waiting List as on 31/12/2002	153	234	182	275	245	0	1089
Waiting List as on 31/12/2003	188	248	181	377	0	0	994
Variance	23%	6%	-1%	37%	-100%	0%	-9%

Inpatient Waiting List by specialty as on 31st December 2003

Specialty	Current Status As On 31/12/2002						Total
	30	60	90	180	365	>365	
Cardiology	1	0	0	4	0	0	5
Cardiac Surgery	17	36	13	43	0	0	109
E.N.T	19	25	21	24	0	0	89
GUIDe	15	20	22	18	0	0	75
Gynaecology	11	21	15	12	0	0	59
Maxillofacial	0	2	1	19	0	0	22
Orthopaedic Surgery	11	17	18	24	0	0	70
Plastic Surgery	54	44	28	92	0	0	218
Surgery	34	38	32	71	0	0	175
Thoracic surgery	2	1	2	5	0	0	10
Vascular	24	44	29	65	0	0	162
Totals	188	248	181	377	0	0	994



Financial Statements

Income and Expenditure Account Year Ended 31st December 2002

	2003	2002
	€'000	€'000
Opening Deficit / Surplus	204	-172
Pay Expenditure	170,701	152,430
Non Pay Expenditure	139,507	134,455
Gross Expenditure including deficit	310,412	286,713
Income	-37,165	-31,589
Net Expenditure for the year	273,247	255,124
Determination for the year	273,432	254,920
Closing Deficit / Surplus	-185	204
Balance Sheet as at 31st December 2003		
Fixed Assets		
Land and Buildings	175,564	172,529
Plant and Machinery	22,916	15,302
	198,480	187,831
Current Assets		
Debtors	47,155	46,373
Stocks	6,567	5,700
Bank and Cash balances	207	201
	53,929	52,274
Creditors- less than one year		
Creditors	-40,952	-40,894
Bank Overdraft	-12,792	-11,585
	-53,744	-52,479
Net Current Assets	185	-205
Total Assets Less Current Liabilities	198,665	187,626
Creditors - more than one year		
Bank Loans	-7,616	-7,185
	191,049	180,441
Capital and Reserves		
Non Capital Income & Expenditure Account Surplus / Deficit	185	-204
Capital Income & Expenditure Account Deficit	-7,616	-7,186
Capitalisation Account	198,480	187,831
	191,049	180,441

Financial Report

The audited Financial Statements for the reporting period 1st January 2003 to 31st December 2003 result in a surplus of €0.389m on an allocation of €273.432m. The surplus is offset by a deficit of €0.204m carried forward from 2002, resulting in a carried forward net surplus of €0.185 as at 31st December 2003.

The break even financial position represents a significant achievement in a period of unprecedented patient demand and throughput, as well as economic uncertainty. The financial position was achieved against a backdrop of reductions to baseline funding, the increasing cost of patient treatments associated with medical and general inflation and increased staff costs as a result of national pay-awards.

The Hospital maintained an ongoing commitment to review and constrain expenditure in line with measures introduced in 2002. An estimated €12m was saved in 2003, with the active co-operation of Clinical Directorates and Corporate Departments in line with cost containment measures.

The Hospital exceeded its projected activity and waiting list targets for the year - the overall waiting list reflects a 9% decrease year on year.

Revenue Income and Expenditure Overview

Net expenditure has increased by €18.123m (7%) over 2003, whilst payroll expenditure increased by €18.271m (12%), non-pay expenditure increased by €5.052m (3.75%) and income increased by €5.576m (17.65%).

The principal elements of increased expenditure for the year are as follows:

Expenditure description	€m
National Pay Awards	
(PPF & Benchmarking)	€11.433
Approved specific pay awards, increments, changes in PRSI & increased pension costs	€ 2.090
Service developments & continuation of prior year developments	€ 3.842
Increased agency nurse costs due to imposition of VAT on fees	€0.900
Equipment & infrastructure expenditure	€4.057
Activity driven, health, technical & general inflation	€7.010

The increases outlined above were significantly offset by Value For Money and cost containment initiatives, while increased income contributed considerably to a break even financial position.

Capital Expenditure

Expenditure on major and minor capital projects amounted to €13.5m in 2003 - compared to €26.5m in 2002. Work was completed on the Phase 1H development of the Hospital and work commenced on the new Emergency Department.

Minor capital funding of approximately €6m was made available late 2003, which provided essential monetary support for vital equipment replacement and minor infrastructure works.

ICT (Information and Communication Technology) capital funding amounted to approximately €2m, which supported the continued roll out of the Hospital's ICT strategy.

Funding Deductions

During the year the Hospital was required to manage a baseline funding reduction of €8.34m in response to policy and system changes implemented by the Department of Health and Children (DoHC). These included:

- Specific savings of €1.499m regarding a value for money target and a reduction in staff costs as a contribution to DoHC savings plans
- Reduction in hospital funding of:
 - €3.5m (total including 2002 €4.5m) related to increased patient charges
 - €0.675m (total including 2002 €1.3m) to centralise the medical indemnity scheme for non consultant Hospital doctors
 - €2m for anticipated reduction in blood and blood products cost
 - €0.667 (total including 2002 €1.022m) to transfer the localised nursing diploma programme to an University degree course

Infrastructure Expenditure & Loan Repayments

Prudent management and the need to resolve a number of service deficits lead to an investment of €10m from revenue and minor capital funding sources on the replacement of front line equipment and infrastructure. Loan commitments relating to the development of the new concourse were reduced by €1.2m.

Financial
Controller
Brian Fitzgerald

Casemix Funding

The application of casemix funding penalties/gains changed from a recurring funding basis to a one time funding basis. The Hospital incurred a reduction of €0.355m one time funding in 2003 (2002 reduction €0.545m recurring).

A brief analysis of the main areas of expenditure and income are as follows:

Pay Expenditure Heading	Total 2003	Variance V 2002	Variance V 2002
	€m	€m	%
Nursing	59.6	7.9	15%
Consultants and Non Consultant Hospital Doctors	36.7	3.5	10%
Administration/Management	17.9	1.9	12%
Paramedical	23.7	1.7	8%
Support services & Allied grades	21.9	3.2	17%
Pensions/Gratuities and Lump sums	7.14	0.07	1%

Non Pay Expenditure Heading	Total 2003	Variance V 2002	Variance V 2002
	€m	€m	%
Drugs and medicine	25.3	3.5	16%
Blood & blood products	47.8	(4.2)	(8%)
Medical and surgical supplies	16.3	2.4	17%
Equipment and vehicles	6.640	5.009	307%

Income Heading	Total 2003	Variance V 2002	Variance V 2002
	€m	€m	%
Superannuation	6.3	1.2	25%
Patient charges	10.8	1.8	17%
Agency services	18.2	3.2	21%
Catering, Car parking and sundry income	2.6	0.2	8%

Other Key Developments

- In November 2003 St. James's Hospital was the first health agency to go live with Phase II of the National HR and Payroll system (SAP PPARS). The system will eventually be rolled out to the majority of health agencies in the country
- The PPARS implementation was conducted in parallel with introduction of SAP Financials and Materials Management Systems (GENESIS) at the Hospital. The GENESIS project will go live on 5th January 2004. These systems will underpin the opportunity for devolved budgetary management within the Clinical Directorate model and provide strategic advantages for the management of overall Hospital resources
- The Hospital Board produced and adopted a Code of Practice for the Corporate Governance of State Bodies at the Hospital in line with Government requirements. It clearly outlines controls and accountability for Hospital governance, finance and operations. It also includes codes of behaviour for employees (in draft) and Board members
- A new concourse incorporating an underground car park and retail unit facilities were commissioned at the end of 2003. The retail unit development is seen as a "first of its kind" in the Irish health system and is a welcome amenity for staff, patients and visitors.

Internal Audit

Head of Internal Audit

Cathal Blake

Internal Audit is becoming an integral part of the Control and Corporate Governance process at the Hospital following the development and implementation of the Code of Practice in 2002. Corporate Governance, Value for Money and Quality Assurance are now central to all Internal Audit activity.

As our work environment and resultant expectation levels are ever evolving, there is a real need to adapt accordingly. The Internal Audit department actively assists departments with change and reports the reality of practices on the ground, independently to senior management and the Hospital Board.

The Internal Audit service is gaining momentum, which indicates genuine acceptance and enthusiasm for the achievement of best practice and Quality Assurance throughout the Hospital. The increased demand for the service and complexity of individual cases meant that services were prioritised in terms of significance, importance and benefit to the Hospital.

The areas audited during 2003 included:

- Hospital Income
- Taxi Service
- Patient Property Account
- TSD Stores Operations and Management
- End of year stock take

Internal Audit is also participating in the review and analysis of the new SAP Financial/Materials Management and PPARS (HR and Payroll) Systems, which has proven essential and worthwhile to date. As these Systems now underpin key operational activities in relation to Hospital resources, this will be an ongoing audit process.

Human Resources

The Human Resources Department provides a comprehensive suite of employment related advice, services and planning to staff throughout the Hospital. Strong relations are maintained with other agencies within the Health sector and staff regularly participate in working groups formed to develop national and regional policy and/or practices for the sector. This ensures that the Hospital's interests are effectively represented.

Developments in 2003

St. James's was the first site nationally to 'go live' with **Phase II of PPARS**. This system supports best practice in HR/Payroll processes, ensuring greater accuracy and timeliness of payments. This project was achieved on time, within budget and with sustained effort from staff.

The recruitment strategy continued to be refined and the department received a Derek Dockery Award for Innovation in recruitment. Web-based recruitment advertising became a core part of the Hospital's ongoing efforts to attract quality staff. In 2003, 50% of applicants were sourced through the Internet.

Quality standards were a key focus in the preparation for Accreditation. Clear evidence was documented to demonstrate that services were appropriate to the organisation's needs and met contemporary standards. Internal performance indicators were established for a number of the department's key deliverables and an ongoing monitoring system was put in place.

Other Service Developments

- The **Vacancy Control** process was developed into a simple workforce management tool - enabling the Hospital to achieve the externally imposed staff 'ceiling'. This helped to contribute to the Hospital's positive budgetary outcome
- Applying the **Sustaining Progress** and **Benchmarking National Wage Agreements** led to the establishment of local groups to devise, consult upon and implement modernisation agendas across the organisation. Measurable progress is reported to central authorities in order to secure available wage increases for Hospital staff. The first report was submitted to the Health sector Performance Verification Group and was widely and publicly commended as being of a benchmark standard



Human Resources
Manager
David Aberdeen

- Funds were secured from the National Health Service Partnership Forum to support the appointment of a **Cultural Diversity Officer** and to initiate an Employee Assistance Service
- Data from an **Exit Interview Survey** was collated with the results leading to the introduction of a new process and methodology for data collection - this will significantly inform a broader staff satisfaction survey commencing in 2004
- Supplementary funds were secured to conduct a **collaborative management development programme** with other DATH Hospitals (Dublin Academic Teaching Hospitals) for the first time
- A new, **modular induction programme** was introduced along with Hospital-level performance indicators to measure its effectiveness.



HR team rewarded for innovation (Left - Right) Alderman Joe Doyle, David Aberdeen - HR Manager, Breda Butler - Recruitment manager, Ronan Doherty, Sarah Cuinnea - HR Receptionist, An Taoiseach Bertie Ahern, Paula Phillips -HR Manager (Nursing), Nathan Gray - TMP Worldwide (Designer), Joan Treacy - Recruitment Officer, Michael Lyons - Chief Executive (ERHA)

INFORMATION & MANAGEMENT SERVICES (IMS) DEPARTMENT

The IMS department aims to provide a framework of Information Services to underpin all aspects of the Hospital's business and provide the necessary expertise to sustain the system over time and in line with emerging technologies and best practice. The end goal is an empowerment of end-users and an effective internal catalyst for change and continuous improvement.

ICT (Information and Communication Technology) Projects

The framework is constantly being enhanced with updates and new components. This year, key developments included:

- **January 2003: The Tele-Cardiology link to Sligo General Hospital** - allows cardiac angiograms to be transmitted from Sligo General to St. James's, enabling on-line clinical case conferences between Cardiology teams in both locations
- **February 2003: The DIAMOND Diabetes System** - now an integral part of diabetes management, which interfaces to the PAS and ORD/COMS. This went live in the Diabetic Day Care Centre in February and was later extended to the Outpatients Department
- **July 2003: The Electronic Discharge Summary Form** - went live in the Discharge Lounge and enables NCHDs to complete forms on-line on the Intranet. The AMAU and Victor Synge Ward also went on-line during the year
- **September 2003: Pilot Flexible Working Time System** - IMS provided support for the introduction of the system in Technical Services Dept
- **October 2003: The DAWN Anticoagulation Management System** - was implemented in the Warfarin Clinic to enable computerised dosing and assignment of next appointments. The introduction has allowed the Clinic to deal with increasing numbers of patients in an efficient way and will provide valuable Clinical Audit data in the future
- **October 2003: Connection to the Government VPN (virtual private network)** - now provides high-speed, broadband services and will enable access to E-Health applications including the planned Health Portal
- **November 2003: Phase II of PPARS (time**

management and payroll) - IT advice and support was provided for the project's implementation in 2003. Further support was provided for the new SAP GENESIS Financial and Materials Management System, which will come on stream in 2004

- **November 2003: ADAM, traceability system for endoscopes** - was implemented in the Health Care Centre and is interfaced to the 'scope washers and the PAS system. This means all 'scopes can be traced through washer cycles, their use on patients and any repairs - enabling complete traceability. Procedure reports can also be generated following procedures

Other developments include:

- Clinical Audit data on cardiology patients in CCU is now collected on the Patient Analysis and Tracking System (PATS). Other new areas using PATS include the Health Care Centre, Cancer Clinical Trials Office and the Respiratory Assessment Unit
- Many enhancements to the PAS were implemented, including modifications to the Waiting List module
- The St James's Hospital/GP Extranet Project was piloted by nine GPs. The extranet allows users to view radiology reports, new OPD appointments and E-referrals of elderly patients to Public Health Nurses
- Transmission of electronic laboratory results was extended to Mount Carmel and AMNCH Tallaght, using the Medibridge System

ICT Infrastructure

New technologies introduced this year that best enable and support the Hospital's needs included:

- **Citrix** - provided centralised access to applications and enables IT staff to deliver, manage, monitor and upgrade these applications without the need for desktop visits
- **Windows 2000 Cluster** - ensures enabled groups of independent servers can now be managed as a single system for higher availability, easier manageability and greater scalability. This ensured 99.99% availability of vital data
- The campus **Data Network** is centred around three core hubs. The core network switches were upgraded to Cisco 4500 switches to provide higher throughput at a reduced cost
- New installations required approximately **900 data point additions** across the site



Information & Management Services (IMS) Manager
Martin Buckley

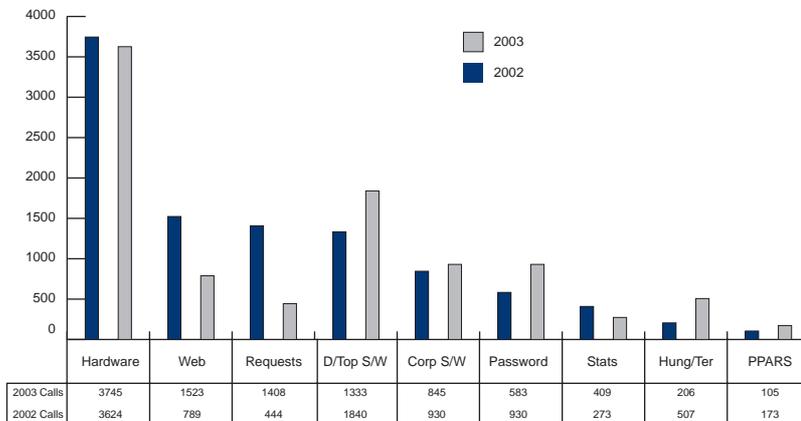
- The network was extended to **Crumlin, Temple St, Coombe, St Martha's and Tullamore Hospitals** to allow St James's staff working in these locations to access specific applications
- The emerging technologies of **IP Telephony and Wireless networking** have been assessed in 2003 and will continue throughout the coming year

Helpdesk

This year the Helpdesk dealt with 10,157 calls - an increase of 4% on 2002 - with 85% of all calls logged resolved within one working day.

System availability averaged 99.9% during the year. Password application and call logging forms were made available online via the Intranet. Customer satisfaction is reviewed regularly and remains high. A number of useful suggestions made in response to user surveys have now been implemented.

Fig 1. No. of Calls 2002 - 2003



Web Services

Websites

The Internet and Intranet continue to provide staff and the public with relevant information about St James's Hospital. The introduction of online forms has made the Intranet more convenient and interactive for staff. In addition to this, new software was introduced, which means that the updating of information has been devolved to trained end users - 80 members of staff were trained in 2003.

The website has an average of 4,554 hits per day. The most frequently visited sites in 2003 were Patient Services, NMIC Bulletins, New items and Healthcare

links.

Internet & Email

The increase in the spread of viruses and the huge volume of Spam has required considerable investment in security mechanisms and application of anti-virus software to ensure continuity of services. The table below demonstrates clearly how the problem has escalated.

	December 2002	December 2003
Email	51,332	210,000
Spam	2,865	180,000
% of Spam	6%	86%

No serious infringements of the network and no loss of service occurred as a result of SPAM or viruses. This can be attributed to robust security mechanisms proactively managed by staff.

Management Information Systems (MIS) & Statistics

The demand for management information has continued to grow particularly in support of service planning, waiting list management, Clinical Directorates and ERHA/DOHC requirements. In addition to scheduled corporate reporting of statistics, the Helpdesk recorded an average of 60 requests per month, with 99% resolved in three working days.

The MIS Intranet facility has now more than fifty registered users. This facility has empowered the business users to access their information via a dynamic environment, allowing drill and slice of data. Many additions have been continuously made to this environment to further support the evolving business requirements of the organisation.

Further information was added to the data warehouse framework, which continues to underpin the MIS function. This included extending currently loaded modules with additional metrics and the implementation of new data marts.

Clinical coding of Hospital activity remains at 100%. This process was improved to have all activity coded within four weeks of the completion of the episode. To ensure accuracy and quality there is an ongoing programme of education and awareness for both business and clinical staff. The Quality Assurance programme was extended with a substantial increase in the number of audits completed. The analysis of Casemix continues with an increased input from the Clinical Directorates, to ensure the optimisation of the model for the organisation.

MATERIALS MANAGEMENT

Materials Management continued to source, purchase and provide inventory management for a portfolio of 20,000 products supplied to more than 150 internal departments.

Key performance indicators included:

- Non-pay items managed by the Materials Management Department
- Format supplies & services contracts in place
- Customer service
- Savings targets

The contracting team actively formalised and established contracts in the area of consumables and services.

The GENESIS project team was formed to design and implement integrated processes for Finance & Materials Management. The focus for 2003 was to prepare for the introduction of a new system and process launching on 5th January 2004 - using SAP as the technology enabler and NSV coding (proposed codes) as the cataloging system.

The successful implementation will enable on-line requisitioning and budgetary approval, procurement/accounts payable functions and inventory management functions. The financial scope also includes agency income billing, budgetary variance analysis/reporting and will accommodate the monthly and yearly financial close activities. The system will integrate with the PPARS HR system to allow for complete expense analysis that will support Directorate and corporate management structures.

More than 300 staff undertook an extensive training programme during the fourth quarter to increase understanding about the technology solution and develop skills to implement the business/operational change process.



Materials
Management
Manager
Padraic Carolan

OCCUPATIONAL HEALTH

Occupational Health offered a comprehensive service to more than 4000 staff in St. James's and took a proactive stance in relation to supporting the health and safety of all staff. The team - which includes a full-time Occupational Physician, a clinical nurse specialist and two secretaries – are active in all aspects of Health & Safety with a focus on Infection Control, Moving and Handling, Risk Management, Radiation Protection and Health Promotion.

Additional nursing staff and a Database Manager have now been sanctioned, reflecting St James's commitment to meet the increased demands on the service.

A total of 3,676 staff attended the service - an increase of 14% from the previous year. This reflects a continued rise over the last four years - up by 66% since 1999. There has also been a major change in the ethnicity of the Hospital staff, which also adds to the diversity of the caseload.

Key services provided by the Department include:

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

- In-post medical examinations

The Influenza Vaccination Programme continued its success in 2003, with more than 700 people benefiting from the scheme this year. In addition to this, an Epinet-Exposure Prevention Information Network was installed, which aims to profile the nature, occurrence and location of needlestick, skin and mucous exposures to blood borne diseases. The profile identifies trends that will assist in reducing the occurrence of these exposures.





Clinical Director
**Professor
Luke Clancy**

Nurse Manager
Ms. Mary Foley

Business Manager
Jo-Ann Campbell

CResT Directorate

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

CARDIOLOGY

Professor Luke Clancy resigned as Clinical Director on 31st December 2003, after 11 years of expert direction. Professor Michael Walsh has now been appointed to take on this role from 1st January 2004.

2003 marked a continuation of the Cardiology Department service to both local and Hospital referred patients, from all parts of Ireland. The number of patients undergoing simple and complex coronary angioplasty and stenting continues to rise steadily with excellent results.

The overall activity level in the Cardiology Department continues to increase. The number of angioplasty patients reached just over 900 this year, an increase of 13%. A total of 215 patients received the new drug eluting stents in 2003 - an increase of 264% from the previous year when they were first used in May 2002. Risk factor assessment and appropriate referrals continue for all angioplasty patients.

The **Bi-plane Room** in the Cardiac Catheterisation Laboratory was updated, with both angiography and electrophysiological equipment. Work commenced on development plans for Cardiology, with a view to ensuring that the department remains at the leading edge of innovation and patient service.

Dr David Keane took up the post of Consultant Cardiologist in September 2003, and was at the forefront of the recent development of new catheter ablation techniques for the treatment of atrial fibrillation. Dr Keane is an interventional cardiac electrophysiologist and prior to his return from the United States, he held a post of Director of Interventional Cardiac Electrophysiology. It is intended that St James's Hospital will be the first Hospital in Ireland to develop a laboratory dedicated exclusively for cardiac electrophysiology procedures.

Drug Eluting Stents - which became available in mid 2002 - have become more commonly used and it is envisaged that 80% of Angioplasty work in 2004 will now incorporate them.

The **Telecardiology Project** - linking Sligo General

Hospital and St James's Hospital - completed its first year of successful operation. The system allows two parties in geographically separate locations to simultaneously review diagnostic quality cardiac images of patients for discussion/referral via a teleconferencing process. By December 2003 a total of 185 patients had been referred for discussion at the weekly St James's Hospital conference. 70% of these patients were discussed within 24 hours of the angiogram being performed at Sligo General Hospital. The main patient benefit of the new system is that it allows speedy access to an interventional cardiologist and a cardiac surgeon. An Open Day was held in November to raise awareness and introduce potential new users to the system.

Dr Kathleen Bennett continues to research in the area of cardiovascular prescribing, making use of the large GMS prescribing databases, (medical card numbers) with publications on:

- Under prescribing of secondary preventative therapies in those with diabetes in Ireland
- Inequalities in prescribing

Future research will examine factors associated with the decline in cardiovascular mortality since 1985, including changes in major risk factors (e.g. smoking, cholesterol and blood pressure) and the uptake of CHD (Chronic Heart Disease) treatments (both pharmacological and surgical).

A total of 43 ICD's (Implantable Cardioverter Defibrillators) were inserted this year, ten of which were replacement ICD's. This brings the total number of ICD's inserted in St. James's Hospital to 120 since 1996. A follow-up programme is in place to assist patients adjusting to life with an ICD.

Ms Carmel Doherty, Smoking Cessation Nurse Specialist, provided brief intervention and literature to smokers with more intensive support available through a six-week programme. During 2003, 411 referrals were made to the smoking cessation service, 99 smokers started the six-week programme and the Smoking Cessation Nurse saw 489 smokers during their Hospital stay. 31 smokers were referred to smoking cessation services around the country.

A further initiative this year was the introduction of "Developing skills to facilitate change in smoking behaviour". The one-day training is aimed at providing health professionals with the basic skills necessary to raise the issue of smoking cessation with smokers and make the appropriate referral.

The **Heart Failure Service** continued to grow over the course of 2003, with funding from Roche Pharmaceuticals. The Physician-directed, Nurse-led Heart Failure Programme continued to develop. During 2003, 53 patients with heart failure were enrolled in the three-month self-care education program – the initial phase of this service has had favourable outcomes in terms of improved quality of life for patients and reduced Hospital readmission rates.

The end of the 2003 marked the following milestones:

- 53 patients participated in the new three-month Heart Failure Programme
- One-month readmission rates for CCF (Congestive Cardiac Failure) stood at 4.5%, instead of the anticipated 20%
- Three-month readmission rates stood at 12.5%, instead of the anticipated 37%

Further development of the Heart Failure Programme is being progressed to:

- Improve the post-discharge management of patients with chronic heart failure
- Improve the quality of life for patients with chronic heart failure
- Reduce avoidable Hospital readmissions
- Reduce length of stay for necessary readmissions
- Provide seamless care between primary and secondary care.

PATS (Patient Analysis and Tracking System) in Cardiology

The first phase of the PATS database was implemented in the Coronary Care Unit in November. In total, 126 patients' clinical data was recorded for November and December. The PATS database will be extended to the other phases of Cardiology throughout 2004.

Cardiac Rehabilitation

There has been a great response to the new initiatives of providing CPR (Cardio Pulmonary Rehabilitation) training and Phase 2 talks - consisting of two education talks, lasting two hours, over two weeks. These talks are specifically for patients who were not able to attend a Phase 3 programme.

Lastly, the Directorate would like to congratulate Mr Donal O'Dea, Senior Cardiac Technician, who passed the NASP (North American Pacing society for pacing and electrophysiology) exam in 2003.

Table 1 Cardiac Rehabilitation Activity 2003

Cardiac Rehabilitation	Jan-June	July -Dec
Total Invited to Phase 2 OPD	184	171
Attended Phase 2 OPD	135	136
DNA (Did Not Attend) to OPD	47	35
Information Talk Invitation	18	70
Attended Talk	6	23
CPR Training	6	44
Referrals to other Centres	341	368
Invited to Phase 3 Programme	110	98
Attended Phase 3 Programme	100	76
Dropped out of Programme	23	11
DNA to Phase 3 programme	10	12
Completed Phase 3 Programme	79	65

The decrease in the Phase 3 programme for the period July to December 2003 activity was because of the good summer and holiday period. Despite this, 69% of patients completed a Cardiac Rehabilitation programme in the year 2003.



The new Telecardiology system in operation

RESPIRATORY MEDICINE

Respiratory Assessment Unit (RAU)

Since its opening in November 2002, the Respiratory Assessment Unit has continued to develop the service for patients with respiratory diseases. The team consists of Specialist Registrar in Respiratory Medicine, Clinical Nurse Specialists, Physiotherapy Specialist and a Coordinator. It now plays a major role in freeing up Hospital beds. To date, the Unit has screened 728 COPD (Chronic Obstructive Pulmonary Disease) patients after admission, with 165 early discharges. This has brought

the length of stay for most patients with COPD from 10.5 days to 4 days. The Respiratory Assessment team also carried out 462 Home Visits. Patients with exacerbations can now contact the Unit directly, avoiding Hospital admission in many cases.

Dedicated COPD outpatient clinics have been created, offering patients a general assessment of their respiratory problems, with a particular focus on smoking cessation and quality of life. In addition to this, the Asthma Nurse who works in collaboration with the RAU - reviewed 1,000 patients in 2003.

Non-invasive Ventilation (NIV)

The year saw further development of the NIV service. Ninety patients were ventilated on the respiratory ward (John Houston Ward) and were seen by members of the RAU who have a high level of expertise in this area. The team is also currently co-ordinating a research study on the haemodynamic effects of NIV. This is a joint venture between the Respiratory and Cardiology Departments.

Other significant developments include:

- A **Ward Ventilation Committee** was set up to ensure a high standard of care and promote on-going training
- A delegation from the ward - consisting of the Ward Sisters, Clinical Nurse Manager and Specialist Registrar - travelled to the Royal College of Physicians in London to begin the **benchmarking process**
- Monthly **Nursing Journal Clubs** have been enthusiastically attended by the staff of John Houston Ward ensuring continuing education
- **Length of stay** for ventilated patients was reduced from 17.5 days in 2002, to 13 days in 2003
- **In-Hospital survival** rose from 73% in 2002 to 95% in 2003, a figure well above international figures
- To facilitate patient follow-up, a **monthly NIV Clinic** was set up. In addition to this, the Respiratory Outreach team set up a domiciliary ventilation service so that a specialist nurse or doctor can visit relevant patients at home

LUNG CANCER SERVICE

There were approximately 276 patients diagnosed with or treated for Lung Cancer in St. James's in 2003. Many

of these patients were from outside the catchment area of the Hospital, which is testimony to the role we now play as a diagnostic and treatment centre for Lung Cancer.

The Hospital welcomes the appointment of **Dr. Ken O'Byrne**, an experienced Medical Oncologist with special interest in Lung Cancer, to the service. We wish him every success in St. James's and anticipate a great enhancement of the oncology services to lung cancer patients.

A **Data Manager** has also been recently appointed to support and manage the Lung Cancer Registry in the Patient Analysis and Tracking System (PATS), acquired to support the Cancer Service in St. James's Hospital in 1998. The Registry is an important source of data for all members of the team who treat and care for patients with Lung Cancer.

Members of the team attended the **Irish Thoracic Society** meeting in Belfast in late 2003. An audit of Lung Cancer Activity for 2002 was presented at the meeting.

Research/Education

Dr Joseph Keane continued basic bench scientific research into tuberculosis. Dr Mary O'Sullivan, took up post as a full-time PhD Respiratory Research Associate in the Molecular Basis of Respiratory Disease laboratory. A new project looking at the genetic basis of Lung Cancer commenced in 2003.



CARDIO-THORACIC SURGERY

The Keith Shaw cardiac surgery Unit performed a total of 570 procedures in 2003. This represents an increase of 120 cases on baseline figures (450 v 570). Waiting list times and numbers were further reduced, with 60% of patients experiencing a waiting time of only one month.

Also, by December 2003, no patient was waiting longer than six months for surgery.

St. James's Hospital has the largest Thoracic Surgery Unit in the Republic of Ireland, with referrals on a national basis. More than a fifth of Ireland's Lung Cancer cases pass through St. James's each year. As well as lung cancer, the Unit dealt with a wide range of benign pleural diseases and more rare intra thoracic malignancies.

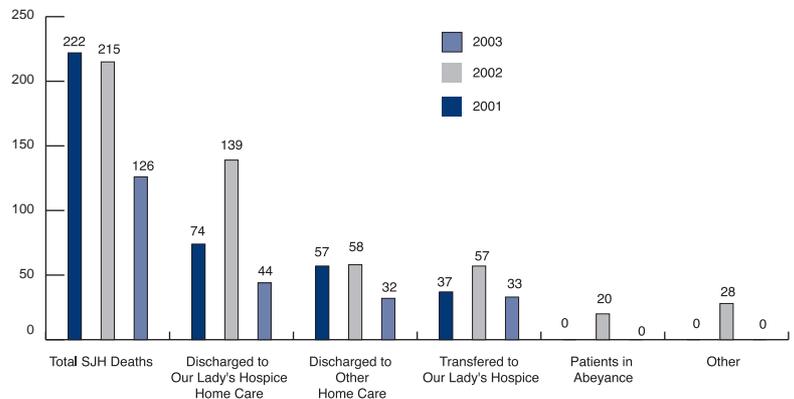
Key achievements and developments

- Currently developing a thoracic integrated care pathway
- A Nurse Practitioner was appointed in October
- The process of developing the curriculum for a postgraduate diploma in Cardio thoracic nursing is in progress

PALLIATIVE CARE

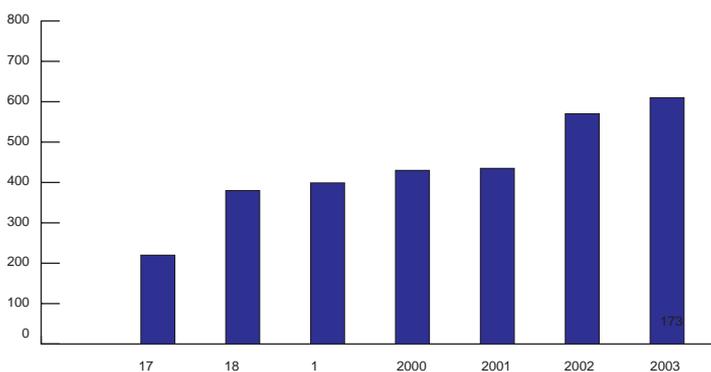
St. James's Hospital has been at the forefront of the development of Hospital based, specialist Palliative Care service in Ireland.

Figure 2. St James's Palliative Care Outcomes



- Planned, co-ordinated and facilitated effective patient outcomes in conjunction with Public Health Nurses and GPs (See figure 2 for outcomes)
- A comprehensive social work/counselling service for inpatients and their families, as well as follow-up of families in their bereavement

Figure 1. St James's Palliative Care Referral Patterns



The specialist Palliative Care service also assumes responsibility for formal and informal education of medical and nursing staff, research and research utilisation.

Core activities of the service include:

- Expert advice on pain and symptom management in a consultative/advisory capacity to the principal team in complement of existing care
- Psychological, social and spiritual support to patients and families

HOPe Directorate

The HOPe Directorate comprises Haematology, including the Warfarin Clinic and Medical and Radiation Oncology. These specialties incorporate the National Centre for Adult Bone Marrow Transplantation and the National Centre for Hereditary Coagulation Studies. The Directorate has developed strong links with the Cancer Clinical Trials Consortium Programme and the Bone Marrow for Leukaemia Trust.

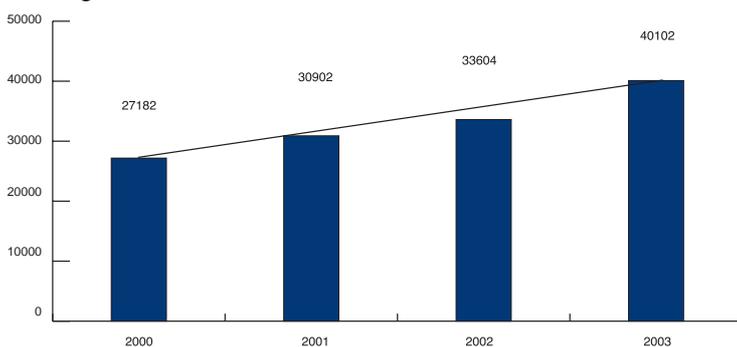
Developments in 2003

- Opening six new air-conditioned beds in the Denis Burkitt Ward
- The appointment of a third Medical Oncologist
- Opening the John Durkan Laboratories and lecture theatre
- Dr Kenneth O' Byrne, the new Medical Oncologist, was appointed Clinical Director. He took over from Professor Shaun McCann, whose commitment in this role over the past seven years has ensured the development of an unrivalled service for patients with haematology-oncology malignancies.

Service Trends

There was a further increase in the number of patients treated in 2003, as the graph below demonstrates.

Fig 3. Number of Patient attendances 2000 - 2003



Day care showed a sustained increase during the year and outpatient activity remained stable. Haematology continued to experience an increase in discharges relating to inpatient activity year on year, while oncology demonstrated a slight decrease in inpatient activity. This was an expected trend as the oncology service delivery migrates to a day care setting. In keeping with this, the greatest increase in day care activity was seen in Medical Oncology.

HAEMATOLOGY

The main event was the opening and staffing of the six new beds in Denis Burkitt Ward. This has facilitated the **National Blood and Bone Marrow Transplant Programme** by providing 21 air-conditioned, en suite rooms for the treatment of leukaemia and related diseases. Other developments included:

- Work commenced on a national database for chronic myeloid leukaemia
- An existing SpR (Specialist Registrar) was appointed as a research fellow with a special interest in Acute Myeloid Leukaemia
- The John Durkan Leukaemia Research Laboratories, Offices and Lecture Theatre were opened and supported generously by the Durkan Family
- The Institute of Molecular Medicine held their annual meeting at St. James's.

The Bone Marrow Transplantation Programme

The Bone Marrow Transplantation Programme continued to expand. The number of patients treated far outstretched previous years as depicted below:

Fig 4. St James's Hospital Total Transplant Programme 1984 - 2003

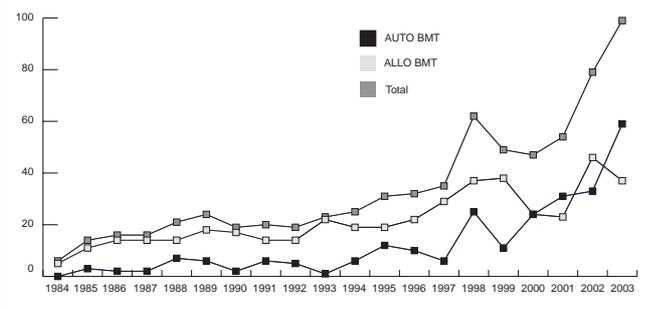


Fig 5. Allogeneic Bone Marrow Transplants in 2003 by disease indication

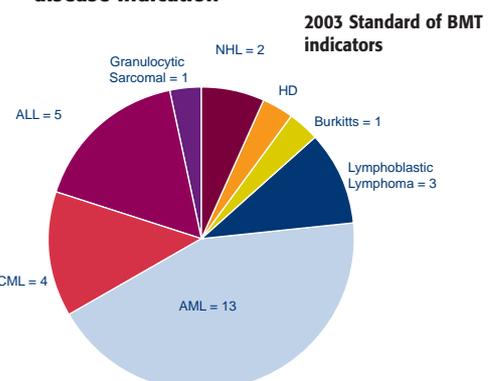


Fig 3. Autologous Bone Marrow Transplants in 2003 by disease indication

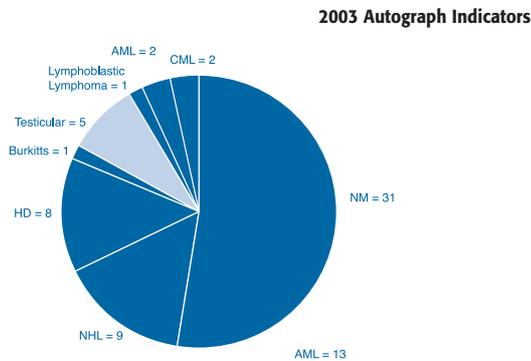
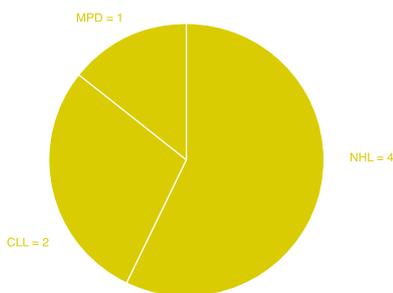


Fig 7. NST transplants by disease indication



Bone Marrow for Leukaemia Trust

The Bone Marrow for Leukaemia Trust (BMLT) continues to provide significant funding to support Leukaemia patients and their relatives.

Resultant funding in 2003 supported:

- Two fellowships for young Haematologists in training. Recipients conducted research into Chronic Lymphocytic Leukaemia and Acute Myeloid Leukaemia
- €4,000 fundraised to refurbish the relatives room on Denis Burkitt Ward

ONCOLOGY

Oncology had its busiest year on record as activity levels continued to increase.

- Day-care activity experienced the most growth and with support from a dedicated team, the Unit continued to provide high quality care to patients receiving treatment for cancer related diseases
- The new six beds on Denis Burkitt ward meant oncology released additional in-patient capacity on the Walter Stevenson Ward

- Patients continued to benefit from the excellent service provided by the Cancer Genetics team. Referrals to this service reached an all time high and the team are now functioning at full capacity

A third medical oncologist was appointed, Dr Ken O' Byrne MD, who has a special interest in thoracic oncology.

Professor P.A Daly continued his involvement with the National Programme for Specialist Registrar Training. He was appointed the National Specialty Director for Medical Oncology, as part of the Irish Committee on Higher Medical Training.

Radiation Oncology Services

A number of very significant developments in the TCD/St James's Hospital based radiation oncology services have taken place, including the expansion of the clinical service, the opening of the TCD Academic Unit of Clinical and Molecular Oncology (AUCMO), the relocation of the new National School of Radiation Therapy to the Faculty of Health Sciences on the St James's Campus and the unique development within the AUCMO of the Telesynergy system.

The clinical radiation oncology services coordinated between St James's and St Luke's Hospital continue to expand. The recent addition of Dr Catriona O' Sullivan as a Consultant Radiation Oncologist (also attending Our Lady's Hospital for Sick Children) has facilitated the development of the clinical lung cancer service and multi-disciplinary team. Dr O' Sullivan has also been involved in the development of the Adult Total Body Irradiation Programme that is a key component of the National Allogeneic Bone Marrow Transplantation Programme. Dr Charles Gilham has also joined the department as a lecturer, via a joint appointment with the new Academic Unit of Clinical and Molecular Oncology (AUCMO).

Academic Unit of Clinical and Molecular Oncology

The newly formed Academic Unit of Clinical and Molecular Oncology (AUCMO) - headed by Professor Donal Hollywood - is the first multidisciplinary academic oncology department in the Republic of Ireland.

The establishment of the Unit reflects the important multidisciplinary nature of modern cancer treatment and the significant investment in oncology education and research within the university and its associated Hospitals. The AUCMO comprises a critical mass of

cancer specialists together with the necessary educational and research support to ensure that the patients, clinical staff, undergraduate and postgraduate students derive the maximum benefit from a unified research and clinical department on the same campus.

In addition to this, the AUCMO is the first university programme in the Republic of Ireland to commission the **NIH Telesynergy® system** - creating a unique link between TCD, the NIH and the NCI in Washington DC, the NCI /EORTC office in Brussels, St. Luke's in Dublin, Queens University, Belfast, Belfast City Hospital and the Cancer Clinical Trials Unit in St James's. Fundamentally it enables scientists and clinicians at multiple laboratories and Hospitals to interact simultaneously with one another - enhancing communication between cancer professionals in Northern Ireland, the Republic of Ireland and the United States, with the added benefit of minimising travel needs for both patients and providers. On a larger scale, it promotes national and international expertise in cancer research and treatment, enhancing the adoption of uniform standards of care. It is anticipated that this system will enable an enhanced relationship with a larger network of Hospitals involved in shared cancer care programmes and multidisciplinary team meetings with St James's Hospital.

The School of Radiation Therapy

The TCD School of Radiation Therapy has recently relocated to the Faculty of Health Science/Institute of Molecular Medicine on the St James Hospital Campus under the direction Ms Mary Coffey. The School has developed significant international links over many years, including the Radiation Oncology Branch (ROB) and Radiation Oncology Sciences Programme (ROSP) at the National Institute of Health (NIH) in Washington DC, the European Society for Therapeutic Radiology and Oncology (ESTRO) and the Dresden Centre for Radiation Research in Oncology (ZIK Dresden). The relocation and integration has facilitated the realisation of the wider vision of an Academic Unit of Clinical and Molecular Oncology (AUCMO), which in itself represents a major step forward in the approach to cancer education and management in Ireland.

NATIONAL CENTRE FOR HEREDITARY COAGULATION DISORDERS (NCHCD)

The service provided in the NCHCD saw some notable achievements in 2003.

Patient attendances remained stable and all patients attending clinics were seen by a Coagulation

Consultant. A series of patient satisfaction surveys conducted show that waiting times have been reduced and the patient experience with the service provided remains excellent.

For the first time the Centre was involved in an external audit carried out by the UK Haemophilia Centre Directors Organisation (UKHCDO). The areas audited included:

- Patient population/demographics
- Patient services provided
- Factor concentrate control, usage and storage
- Treatment delivery/patient medical records review
- Clinical governance
- Teaching and research
- Haemostasis lab facilities

The provisional report on the visit was very positive, highlighting specifically the high standard of cohesive teamwork and the excellent teaching programmes in place.

Anticoagulation Clinic

Consultants at the NCHCD assumed responsibility for the anticoagulation service in 2003.

- A computerised dosing programme, **DAWN** - automatically calculates Warfarin doses required according to validated algorithms - was implemented.
- **New patient processes** were introduced in parallel with the introduction of the 'DAWN' system. These changes had a significant impact on the patient experience by reducing waiting times. Statistics demonstrate a definite decrease in return appointments
- A **CNM II grade nurse** was appointed to undertake audit, risk management, staff and patient education

Haemostasis and Thrombosis Database

Financial approval was secured for the development of a new information system to replace the current haemophilia database and extend its functionality. This project will commence in 2004.

NURSING

The nursing service has continued to evolve and expand with a number of new appointments, achievements and developments. The nursing team was also expanded this year to support extension to the Denis Burkitt Ward.

The nursing leadership project with Belfast City Hospital and Ulster University was completed during the year. The primary aim of this programme was to evaluate the quality of care delivered.

The development of the **Wisecare** (Workflow Information System for European Nursing Care) project in Ireland was lead by a day-care nurse at St. James's. This patient focused project aims to establish the relationship between patient self-care guidelines and evidence-based practice on specific patient outcomes. It is also designed to enhance shared knowledge and experience about adult cancer nursing, both nationally and internationally.

The continued development of the Clinical Nurse Specialist grade within HOPE was evident with the introduction of a new nurse specialist role for the Autologous Transplants.

Nurse led research and education is pivotal to the continuing development of cancer nursing. Achievements in this area included:

- A high level of participation in the Higher Diploma in Oncology Nursing
- The five-day haematology programme and chemotherapy short courses were attended by large numbers of nurses from the directorate and other centres nationally
- Work began with Trinity College to develop a Post Graduate Diploma in Haematology Nursing
- Additional nurses in HOPE have undertaken training to facilitate the Living with Cancer Programme, which has received very positive

feedback from patients and their families

RESEARCH

There was a significant focus on research front with the Durkan Research Laboratories providing excellent facilities for research into haematological malignancies.

Competitive grants were awarded for research in a number of areas including:

- Development of new therapeutic approaches for haematological malignancy
- Identification of new biomarkers in multiple myeloma
- Development of research networks in cancer cell death research

Members of the research laboratory also received a number of awards. Full listing in Table 1.

The Institute of Molecular Medicine was opened, which will allow the development of translational research at St James's Hospital - converting research discoveries at the bench into new diagnostics and new drugs to aid in patient care. This has facilitated the establishment of a **prostate cancer research network** in collaboration with lead researchers in St James's and the Mater Hospitals, funded through a significant grant from the Irish Cancer Society.

Cancer research is one of the key strengths of the new Institute of Molecular Medicine and the "bench to bedside" approach will provide new solutions for disease diagnosis, help identify which patients respond best to particular cancer therapies and identify new potential targets and pathways for cancer therapeutics.

Title	Granting body	Duration	Principal Investigator/s
Molecular Biology of Chronic Lymphocytic Leukaemia	HRB	2003-2005	Prof M. Lawler, Dr E. Vandenberghe
Molecular Biology of Prostate Cancer	IRCSET	2003-2006	Prof M. Lawler
ONCODEATH Research Training Network	EU	2003-2006	Prof M. Lawler
Molecular approaches to kill cancer cells	Cancer Research Ireland	2003-2006	Prof M. Lawler
Molecular epidemiology of Multiple Myeloma	Cancer Research Ireland	2003-2006	Prof M. Lawler, Dr. P. Browne
Prostate Cancer Research Initiative	Cancer Research Ireland	2003-2006	Prof M. Lawler, Prof. Hollywood
Investigating novel Naphthalamides as anti cancer agents	Bioresearch Ireland		Prof M. Lawler Dr. T. Gunnlaugsson
EU biomarker study for early lung cancer detection	EU 5th Framework programme	2003- 2006	Dr. K. O'Byrne, Prof. M. Lawler
Prognostic significance of phosphorylated EGFR in NSCLC	British Lung Foundation	2003- 2005	Dr. K. O'Byrne
Mesothelioma and radical surgery	CTAAC Grant	2003-2005	Dr K. O'Byrne, co-investigator MARS committee
Mesothelioma and radical surgery	British Lung Foundation	2003- 2005	Dr K. O'Byrne, co-investigator MARS committee

Clinical Director
Professor Davis Coakley

Nurse Manager
Nuala Kennedy

Business Manager
Carol Murphy

MedEl Directorate

Medicine for the Elderly (MedEl) provides a comprehensive range of services for elderly patients including inpatient, outpatient, day Hospital facilities, a research institute and well-structured links with community services. It has a major teaching responsibility in medicine and nursing, as well as physiotherapy, occupational therapy and speech therapy.

Significant national and international research is conducted in collaboration with the Mercers Institute for Research on Ageing and the Directorate also works closely with the Dementia Services Information and Development Centre, which provides information, education and training to professionals and formal care providers working with people who have a dementia.

DEVELOPMENTS IN 2003

- The **'Home from Home'** concept remains the goal of an extended care Unit. Further expansion took place with the refurbishment of the remaining two ward areas, pantries, staff changing rooms and foyer area. The newly refurbished Units have significantly improved the care environment for patients, relatives and staff
- In December, twelve beds opened in a newly refurbished Unit in **Bru Chaoimhin**. This development is a joint St. James's Hospital and South Western Area Health Board management initiative to re-open existing beds in order to further accommodate patients currently listed for extended care placement
- **Nurse Education** - the Diploma and Master Courses in Clinical Gerontology continue to be extremely successful and four students graduated in the Postgraduate Diploma with one student awarded a Masters.

MEMORY CLINIC

The Clinic continues to see an increasing number of new referrals and has maintained in-depth follow up with patients of all ages who have cognitive deficits. The ongoing expansion of clinical and research activity is reflected in new developments, which include:

- The establishment of the Memantine Clinic to treat moderate to severe Alzheimer's disease
- The production of an induction manual for new

staff

- The production of a new Patient Information booklet.

THE FALLS AND OSTEOPOROSIS UNIT

The focus for the Unit in 2003 was screening individuals in 'high risk' groups for osteoporosis. The benefits of the DEXA scanner - introduced in 2002 - became evident as almost 50% of the 800 scans performed indicated the presence of osteoporosis. Other achievements included:

- The introduction of two new clinics for osteoporosis treatment and bone protection
- The development of an extensive program to investigate and manage Colles fracture patients attending the Orthopaedic Clinic

Falls Prevention Service

A multidisciplinary team approach has been taken to assess patients who fall and to help prevent future falls for patients identified at risk. In partnership with MIRA, the Directorate introduced a dedicated Falls and Syncope Clinic in July, specifically to investigate patients who had recurrent, unexplained falls and blackouts.

DEMENTIA SERVICES INFORMATION AND DEVELOPMENT CENTRE

Awareness of the professional services offered by the Dementia Services Information and Development Centre (DSIDC) continued to spread, leading to a busy and demanding year.

Key activities included:

- Provision of specialist dementia training, study days and extra mural training for a wide variety of groups – the demand led to the appointment of a **New Assistant Education Officer**
- The introduction of a **new educational video** - "Understanding Dementia", launched in September
- The Centre co-hosted **the First National Dementia Care Conference**, which attracted a large number of interested health service providers keen to up skill in quality dementia care.

Research programme

Research continued to develop and expand.

- In September, the DSIDC hosted its first **European ENABLE** project meeting attended by

- 17 partners across four countries - UK, Lithuania, Finland and Norway
- A new research study, in collaboration with the Irish College of General Practitioners, was designed to investigate GP's attitudes and practices in relation to dementia screening and diagnosis and received a high response rate (60%)
- The Centre's new Fellowship Award for post-graduate studies in dementia was launched. The student availing of the bursary was awarded a first class honours Masters degree from Trinity College for research into 'recreational/therapeutic activity programmes in voluntary and private nursing homes offering dementia care in Ireland'

Information and consultancy

Staff advised several private and Health Board nursing homes on customising environments to make them more dementia-friendly

- The website www.dementia.ie was redeveloped to make it more informative and user-friendly
- More practitioners, post-graduate students and researchers visited the library and availed of its new electronic journal service. Library services were available 10am - 12pm and 2pm and 4pm daily





Clinical Director
Dr. L. Barnes

Nurse Manager
Anne Cuffe

Business Manager
Anne Brennan

SaMS Directorate

SaMS directorate encompasses the specialties of Dermatology, Endocrinology, ENT, Genito-Urinary Medicine and Infectious Diseases Departments (GUIDe), Gynaecology, Clinical Neurophysiology, Neurology, Ophthalmology and Rheumatology.

The Directorate aims to ensure that clinical, managerial and policy decisions are based on best practice and that staff receive ongoing development, which translates into effective, efficient and appropriate patient services.

Developments in 2003

- Waiting list validation exercises were undertaken in Rheumatology, Dermatology and Ophthalmology, which reduced waiting lists by up to 25%. This was followed by waiting list initiative clinics, which effected a further reduction
- Some items of vital equipment were secured throughout the year. Purchases were made possible via funding from external support and an allocation of a specified equipment budget from the Hospital in November
- The number of patients using the Discharge Lounge continued to increase with 3,763 patients availing of the service. The lounge provides a venue for patients who no longer need beds, but are waiting to be collected. Plans were drafted for the introduction of a new Discharge Lounge, with increased capacity and new facilities, which will become operational in 2004
- The introduction of the 'DIAMOND' system – an electronic record database for Diabetes patients
- Two new Consultants were appointed to the Rheumatology Department.

DERMATOLOGY

The Dermatology team deliver dedicated, quality care to patients in the Hospital and the outpatient department. A total of 4,272 patients were seen at the outpatient department and the new patient to return patient ratio was 1:1007. The team also assessed a total of 352 inpatients.

Developments

An additional clinic was introduced at end of the year by Dr Irvine, which will increase the number of patients that can be treated in 2004. Dr. Irvine also established a minor surgery session that provides a valuable teaching resource for registrars.

Dr. Rosemarie Watson continued to profile the needs of patients with Epidermolysis Bullosa (EB) at a national level. These patients benefited from the skills of many consultants and a multidisciplinary team (psychologist, social worker, occupational therapist, nutritionist and physiotherapist) within the Hospital.

A number of patients were referred to specialists abroad to receive Mohs micrographic surgery for excision of certain skin cancers. A proposal is in place to appoint a dermatologic surgeon to establish this service in St. James's to meet the needs of our patients.

ENDOCRINOLOGY

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

This is predominantly an outpatient based service and 7,201 patients were seen via outpatient clinics. The Diabetes Day Centre provided support for 5,664 patients.

Developments

In November the new Radioiodine treatment room was opened on Victor Synge Ward for the treatment of thyroid cancer.

'DIAMOND' - St. James's Hospital in conjunction with AMNCH developed a shared care project to create the 'DIAMOND' system. This electronic record database, specifically designed for Diabetes Patients, was successfully launched in the Diabetes Day Centre in February and in the Outpatients Department in June. The benefits of 'DIAMOND' include:

- Increased availability of patient information at the point of care
- Improved patient monitoring to prevent or delay onset of disease
- Development and maintenance of evidence based protocols and improved epidemiological studies

'DIAMOND' enables all members of the Diabetes multi-disciplinary team to access and record information. The aim is to extend this service to other relevant departments throughout 2004.

Funding was provided by the Lions Club for a Retinal Camera, which will be used with the assistance of the Eye & Ear Hospital to diagnose Diabetic Retinopathy. This is an important development, as early detection of

sight threatening retinopathy and treatment by laser therapy may prevent the onset of visual impairment.

Funding was also secured for a one-year nursing position to manage patients receiving insulin pump therapy. Thirty-six patients currently receive the therapy and a waiting list was established for other patients wishing to avail of the service. Based on the success of this project, plans were put in place to develop this service further in 2004.

Other Developments

- Podiatry educational group sessions were held for groups of 15 patients every six weeks
- Group sessions continued in the Diabetic Day Centre with support from Clinical Nutrition
- The number of GP practices involved in the Shared Care in Diabetes increased from 10 to 16
- Almost 100 patients attended the Young Person Clinic each month
- A Transitional Clinic was established for patients who are transferred from Crumlin to St. James's Hospital

ENT

ENT/Head and Neck Surgery provides care for patients with benign and malignant conditions affecting the ears, nose and throat. It is a joint service between St James's Hospital and AMNCH. A total of 4,317 outpatients attended the service and 785 operations were carried out during the year.

Approximately three patients per week are diagnosed with Head and Neck cancer in St. James's Hospital. Overall the number of patients has increased by 66% since 1994, and now represents over 7% of the St. James's Hospital cancer workload and 33% of the National Head and Neck Cancer workload. (ref. National Cancer Registry)

Developments

- ENT Nurse Practice Development in the St. John's Ward focused on best nursing practice regarding tracheostomy care and management of enteral feeding tubes
- St. John's Ward staff, patient families and friends took part in a sponsored cycle in September and raised more than €10,000 for the development of database services for Head/Neck and Gynaecological cancers

Description	New	Return	Total
STI/HIV service	6417	7946	14,363
Infectious Diseases Outpatient Attendances	52	175	227
Young Persons' Service	318	301	619
Hepatitis C Outpatient Attendances	40	497	537
GUIDe Day Clinic	99	329	428
Day Ward	217	876	1093
Results / Nurses Clinics	60	2583	2643
Vaccination	694	257	951
Total Outpatient Activity	7,489	11,923	19,412

GUIDe

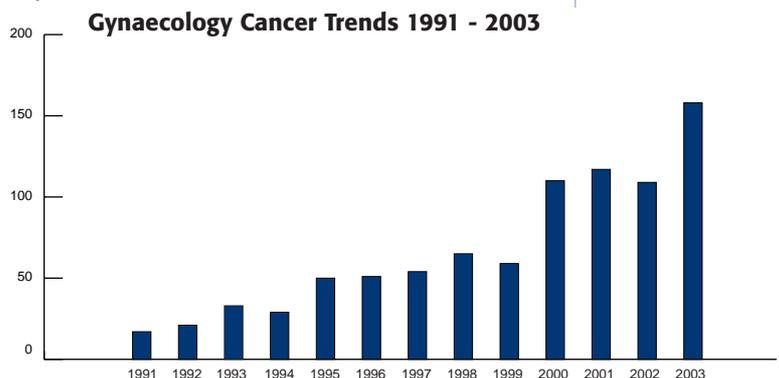
The GUIDe service operates a combined Genito-Urinary Medicine and Infectious Diseases service, covering sexually transmitted diseases, HIV medicine, general infectious disease care and the medical application of clinical microbiology. Demands on the outpatient service continued to grow with over 20,861 outpatient attendances

Clinic Developments

- A new extension to the clinic provided a location for the designated vaccination programme (established in June), additional clinic rooms, and administrative facilities
- In February, the PAS and OCM systems went 'live' and are now part of operational practice
- Work began to develop a model of competencies to ensure that the services provided are patient focused and direct national standards

GYNAECOLOGY

The Gynaecology Service deals with a wide range of gynaecological cases and strong links were maintained between St James's and the Coombe Women's Hospitals.



Oncology referrals continued to rise, placing increased demands on the service for day surgery, in-patient beds and access to MRI and CT scans.

The team attended to 3,678 outpatients and carried out 788 operation procedures.

CLINICAL NEUROPHYSIOLOGY

Clinical Neurophysiology is part of the South Dublin Clinical Neurophysiology Service, which also has Units at AMNCH and St Vincent's University Hospitals. The range of investigative/diagnostic services provided included routine Nerve Conduction Studies (NCS), Electromyography (EMG), Quantitative Sensory Testing (QST), Electroencephalography (EEG) and Somatosensory Evoked Potentials (SSEPs), Brainstem Auditory Evoked Responses (BAERs) and Visual Evoked Responses (VERs).

NEUROLOGY



The demand on the Neurology outpatient clinic continued to expand during the year. The team dealt with 1,806 appointments and managed a wide variety of neurological complaints, providing services for the immediate catchment area, as well as referrals from rural areas with no neurological service provision currently.

The Neurology service also provided an inpatient diagnostic service in the assessment of complex cases in response to increasing demands from every Unit throughout the Hospital. Plans continued to be developed with regard to the expansion of the Unit to meet continued demands on this vital service.

OPHTHALMOLOGY

The Ophthalmology service provides a diagnostic service for inpatients of St. James's and its immediate catchment area. In 2003 alone, 2,218 patients were seen at the outpatient and day clinics. Groundwork preparation progressed throughout the year for the introduction of a Humphrey Field Analyser in the first quarter 2004, which will enable more effective screening and treatment on site.

RHEUMATOLOGY

The primary function of Rheumatology is to provide early diagnosis and treatment for patients with rheumatic diseases and prevention of the complications of chronic inflammation - heart disease, cancer, osteoporosis, renal failure, infection.

Arthritis is the most common type of disease in Rheumatology but treatment extends to serious and potentially life-threatening conditions like vasculitis - inflammation of blood vessels - systemic lupus erythematosus and connective tissue diseases, all of which may cause serious damage to internal organs, including the brain, liver, kidney, bowels.

Two new Consultants were appointed, Dr Gaye Cunnane and Dr Michele Doran, with Dr Doran replacing Dr Eoin Casey who retired after nearly 30 years of dedicated service.

Developments

- The out-patient waiting list for both new and return patients was validated. Numbers attending the clinics are now strictly controlled and a discharge policy for patients not requiring regular follow-up is now in place. A total of 3,084 patients attended outpatient clinics and there are an increasing number of new referrals
- There were 3,153 patients seen at the Day Centre and the number of patients attending the nurse-led clinics has continued to grow. Plans were proposed to modernise the Unit and make it more efficient for patient care in 2004
- A daily consultation service for in-patients has been introduced. This will provide better Rheumatology patient care, reduce the need for outpatient Rheumatology attendance, increase teaching and to improve awareness of Rheumatology disease management.
- The consultant-led teaching session each week addressed all aspects of registrar's core curriculum training. The Radiology conference provided opportunities to examine interesting and complex x-rays from wards or clinics
- A new registrar post was created in order to reduce the number of overtime hours worked by the junior doctors and to facilitate teaching and training.

GEMS Directorate

The GEMS directorate encompasses Gastro-Intestinal Medicine and Surgery and General Medicine including: Hepatology, Renal Medicine, Urology, General Surgery and Immunology.

During the year a number of initiatives were put in place, which will lead to improved patient care. Highlights included opening an Acute Medical Admission Unit, the appointment of new Consultants in Hepatology and Urology and the introduction of a variety of new computerised systems in the Health Care Centre that will enhance an efficient provision of services.

GENERAL MEDICINE

The AMAU was officially opened in March. This short stay, high intensity Unit is one of the first of its kind and is currently also the largest Unit of its type in the country.

The primary aim of the Unit is to proactively facilitate early diagnosis, treatment and discharge of acute medical patients admitted via the Emergency Department at the Hospital, in addition to:

- Facilitating a high quality admission process
- Concentrating manpower and technological resources at point of entry
- Reducing average length of stay, if necessary, with supported discharge
- Protecting planned admissions and specialty activity
- Reducing waiting list time for elective procedures

HEPATOLOGY

Hepatology Services within St. James's continue to develop and this was supported by the arrival of a second Consultant to the speciality, Dr. Susan McKiernan.

Successful Initiatives

- **Nurse lead clinics** continued to develop in the Unit, specifically covering vaccination clinics and a bloods clinic. The appointment of a second Clinical Nurse Specialist has allowed four nurse led treatment clinics to take place each week
- **Day case liver biopsy procedures** were introduced in September. It is anticipated that the availability and use of day case liver biopsy slots will lead to a reduction in waiting time for patients

- Nursing staff continued to develop **links with other liver Units** nationally and internationally to increase/share knowledge and skills on all aspects of liver disease. Links were developed with the Royal Victoria Hospital - Belfast, St. Vincent's Transplant Unit - Dublin and the Liver Unit in Kings College Hospital - London
- Medical & nursing staff actively participated in **community initiatives** with a focus on the Hepatitis C virus, prevention and treatment. Community links included participation in a workshop with the HIV & AIDS alliance services, developing frameworks for treatment of Hepatitis C in the community, involvement in the Hepatitis C Canal Communities Day and active participation on the Blood Borne Virus Group. Staff also maintained links with Patient Support Groups and took part in the Hepatitis C Forum
- A **National Hepatitis C database** for 'state infected' Hepatitis C sufferers was initiated in co-operation with the National Disease Surveillance Centre and the Consultative Council for Hepatitis C. Funding was also secured for a dedicated PATS Hepatology Registry
- **Research** was again a priority with five projects commencing and a Health Research Board grant was received to investigate HCV genetics of liver fibrosis - a post-doctoral fellow has been appointed
- A **computer link** was established with the Virus Reference Laboratory in UCD.

RENAL MEDICINE

The acute dialysis service continued for patients in St Kevin's Ward and ICU. The Renal Unit also took a proactive approach to research and education. Events organised included:

- The **5th Annual Renal Study Day** in May, which was attended by more than 120 people. Key presentations were delivered from Barts Hospital London, St. James's Hospital and Belfast City Hospital. Positive feedback from participants indicated the overall benefits of the Study Day for participants
- A **Patient Information Evening** was held for patients with 'End Stage' Renal Failure and their partners/family members, in order to provide a greater understanding of their condition and the treatment choices available. The success of the evening has led to a decision to host similar events on a regular basis in the future.

Clinical Director
Dr. Nap Keeling

Nurse Manager
Catherine Carey

Business Manager
Patricia Malone

UROLOGY

The Urology service continued to develop and activity levels have grown significantly during the year following the appointment of Mr Thomas Lynch as Consultant Urologist. This has led to an increase in day case activity, which had a positive impact on waiting times. Development of interdepartmental links with the Oncology and Radiology services continues to enhance patient care.

GENERAL SURGERY

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

The Breast Care Department is an integral part of the General Surgery Unit. It aims to provide a multi-disciplinary centre of diagnostic and clinical excellence, where women with symptoms of breast disease can be speedily assessed and diagnosed and a treatment plan drawn up consistent with international best practice. Same day diagnosis was provided for 89.4% of patients in 2003. Individualised support for every patient throughout the diagnostic treatment process is central to our service.

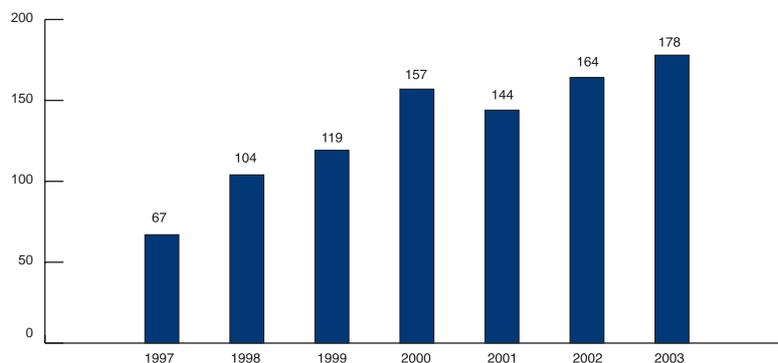
HEALTH CARE CENTRE

The Health Care Centre is the largest endoscopic Unit in Ireland providing the only endoscopy postgraduate training programme for Nurses.

A number of patient centred initiatives were introduced in 2003.

- **Computerised reporting** is now in place, which enables reports to be printed in real time. Previous endoscopy history is now also available online
- As a **patient safety initiative**, a new computerised traceability system has been installed, which permits tracking of all scopes from washing, to use on patient and repairs
- The introduction of a **new confirmation system** and a short notice waiting list significantly reduced the 'did not attend' rate.

Breast Cancers SJH 1997 - 2003



TRAUMA

This Directorate includes Plastic and Reconstructive Surgery, the Burns Unit, Maxillofacial Surgery, Orthodontic and Cleft Unit, Orthopaedic Surgery and Vascular Surgery.

PLASTIC AND RECONSTRUCTIVE SURGERY

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

In 2003, a significant amount of the workload continued to be of traumatic nature, due to the Directorate's role as a tertiary referral service for major burns and severely injured hands. Underpinning the department is close liaison with many of the support services of the Hospital, especially members of the Physiotherapy and Occupational Therapy departments, who attend all clinics. This facilitates the early rehabilitation of those with major injuries.

BURNS UNIT

The National Burns Unit treated 180 in-patients in 2003. The Unit consists of a 14-bed self-contained ward, which includes its own operating theatre. A multi-disciplinary approach has been adopted, with Occupational Therapists, Physiotherapists, a Dietician, Social Worker, Psychologist, Microbiologist and Intensivists all playing an integral role in treating the burns patient, alongside the surgical and nursing staff.

A burns patient can require treatment for up to two years after discharge. Physical treatment in the form of scar management and in many cases, psychological management was provided in a dedicated Burns Clinic, held on a fortnightly basis.

MAXILLOFACIAL SURGERY

This national specialty provided ongoing dental surgery, oral surgery and facial surgery to treat patients with

diseases and defects of the face and oral region. The laboratory also provided essential support to surgeons concerned with the reconstruction of facial features, bone structure damaged by injury or disease. In addition to this, work continued in close collaboration with the National Neurosurgical Unit in Beaumont Hospital, where major cranio-facial cases of skull base trauma and tumours are managed.

In November, Professor Leo F.A. Strassen, Oral and Maxillofacial Consultant, was appointed to the National Maxillofacial Unit, St. James's Hospital, Dublin Dental School and Hospital, and Trinity College, Dublin.

VASCULAR SURGERY

The department performs three pivotal roles within the Hospital:

- Assessment and management for patients with arterial disease - both cerebro-vascular and peripheral
- The provision of a comprehensive venous service
- The provision of non-invasive vascular assessment for all departments within the Hospital and for many external Hospitals.

The number of patients with 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 a number of educational meetings to help promote the correct use of compression dressings. During the course of the year, the varicose vein waiting list was successfully reduced to less than six months. The vascular laboratory remains extremely busy with expansion of the role of peripheral duplex imaging in selecting patients for endovascular management.

ORTHOPAEDIC SURGERY

The Orthopaedic Department at the present time has three Consultants and deals with Orthopaedic trauma encompassing a population of approximately 300,000 people. Mr Garry Fenelon has a special interest in complex hip revisions while Mr David Borton specialises in complex foot and ankle and knee reconstruction. The Department also cares for the Orthopaedic requirements of the Haemophilic population under the care of Mr Hugh Smyth, who also has a special interest in upper limb surgery.

The Consultants are supported by a staff of four

Nurse Manager
Dympna St John Coss

registrars - one SHO and three interns – with plans in place to expand the Consultant complement to five in the near future. The increase in staffing is timed to coincide with the opening of the new day care surgical Unit. The new Consultant posts will have an elective orthopaedic link with Cappagh Hospital and the department looks forward to forging close relationships between the two Hospitals.

Research into chronic ankle instability is ongoing and is due to be completed in 2004. The department continued to work closely with the Plastic Surgical and Maxillofacial teams where combined surgery is regularly required as these two specialities receive a lot of tertiary referrals from around the country.

ORTHODONTIC/CLEFT UNIT

The Orthodontic/Cleft Unit acts as a tertiary referral service for the management of patients born with cleft

lip, palate and developmental jaw deformities. Multidisciplinary clinics are held with colleagues from Maxillofacial, Plastic, ENT surgery, Speech and Language Therapy and Audiology. A new specialist Orthodontist was appointed to the Unit during the year, which will contribute greatly to service development in the cleft area.

Regular Audit clinics continued to facilitate comparative analysis of our cleft outcomes with the standards of other international centres. Participation in the EUROCLEFT AND EUROCRAN projects continued.

Strong links were also maintained with related cleft specialists in Our Lady's Hospital for Sick Children Crumlin, and the Children's University Hospital, Temple St, which collectively constitute the Dublin Cleft Centre.

Psychiatry

The Jonathan Swift Clinic, based at St. James's, provides the acute in-patient facility for Dublin South City Mental Health Service, catering for a population of circa 97,000. Agreement was reached with the South Western Area Health Board in 2003 for the transfer of between 30,000 and 36,000 extra population from AMNCH Mental Health Service to the St. James's service. Dr. Mairead Condren was appointed as consultant psychiatrist with responsibility for this sector.

Sectorisation of the existing catchment area was completed in 2003, resulting in

- Owendoher – an outer sector with a population of circa 60,000 population
- Camac - an inner sector, with a population of circa 37,000

Dr. Paul Scully and Professor Michael Gill have responsibility for the Owendoher sector and Dr. David Shanley and locum Consultant Dr. Brian FitzMaurice for the Camac sector.

Developments at Health Board level have seen the establishment of a team for the homeless mentally ill at Parkgate Hall, headed by Consultant Psychiatrist Joanne Fenton. Whilst there is no direct contact with St. James's Hospital, it is envisaged that this team will be an onward referral service for the treatment of homeless patients, who present with mental illness to the Emergency Department and to the Jonathan Swift Clinic.

Challenges, as identified by the accreditation process, are the lack of properly resourced pharmacy services. It also recommended improvements to the physical environment, particularly in patient areas, whilst generally commending the teams on their caring and dedicated working relationships.

There were 552 admissions to the Jonathan Swift Clinic in 2003, 44 of these were patients detained under the Mental Treatment Act 1945.

Emergency Directorate

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

- A team of approximately 165 staff provide a 24-hour, 365-day service to the local population
- The ED has ten examination cubicles, three resuscitation bays and two consultation rooms that provide review clinics, an Advanced Nurse Practitioner service and a Dressing Clinic
- The Emergency Observation Ward has a six-bedded ward area and three side rooms for patients who are admitted under the care of the three Consultants in Emergency Medicine
- The CPAU is a four-bedded ward that operates a critical care pathway for the evaluation and treatment of patients who arrive at the Emergency Department with chest pain

Developments

- Building work commenced on the new Emergency Department
- A third full time Consultant, Dr Una Geary, was appointed to the team in March
- Mr Abel Wakai joined the team as the 2nd Specialist Registrar in July, expanding the middle grade team to five doctors

Workload Statistics 2003

Attendances	45,409
New	42,310
Return	3,099

Admissions	23,841
Via ED	12,007
To EM Consultant	1,545

Hours of attendance		
Time	No of Patients	% Total
00:00 – 08:00	7636	16.82%
08:00 – 16:00	23286	51.28%
16:00 – 00:00	14487	31.90%
TOTAL	45409	100.00%

Chest Pain Assessment Unit	
Total No of patients admitted to CPAU	775
Patients found positive & transferred to Cardiology	15%

Triage Categories

On arrival, patients are triaged according to the acuity of their condition. The table below indicates that the level of acuity of illness has increased steadily for the past five years. Each of the patients in Triage categories 1, 2 & 3 require much greater clinical input.

The ED Triage categorisation was externally validated by a UK based nursing consultancy. As the level of admissions remains at approximately 20% for the past decade, the proportion of patients that are too ill to be discharged home has now reached the level of the most acute Emergency Departments internationally. This has implications for space within the Department, but staff have continued to provide an exceptional and professional service with minimal junior staff increases.

YEAR	Total Attn'd. To ED	Returns	New	Adm. via ED	% of New Admitted via ED
1999	51615	4288	47327	9182	19.40%
2000	48922	4225	44697	8860	19.82%
2001	50934	4479	46455	9728	20.94%
2002	48444	3142	45302	11190	24.70%

YEAR	New Attn'd with Triage Acuity	% New Attn'd Acuity 1,2 & 3	Acuity 1,2&3 admitted	% Triage Acuity 1,2&3 admitted	% Total Admis. With activity 1,2 & 3 via ED
1999	22383	47.29%	8001	37.75%	87.14%
2000	24381	54.55%	8127	33.33%	91.73%
2001	28263	60.84%	9106	32.22%	93.66%
2002	28145	62.13%	10540	37.45%	93.37%
2003	28127	66.48%	11457	40.73%	95.42%

Expansion of the Emergency Department

Building work for the expansion of New Emergency Department began in October. The work programme is scheduled to take approximately 18 months. Once complete it will enable the facilities to be segregated to treat critically ill, major and minor cases in defined areas. A Project Nurse was appointed in December to manage the project and ensure it is delivered on time, within budget.

An essential part of the brief for the construction team has been to retain the existing Emergency Department without impacting on its operational capability throughout the build.



Clinical Director
Mr. Patrick Plunkett

Nurse Manager
Joanna Fitzgerald

Business Manager
Noelle Wallace

New facilities are summarised below:

- Five resuscitation bays
- Seven major treatment cubicles
- Mortuary and relatives sub waiting area
- Two secure rooms
- Two isolation rooms for the initial management of infectious diseases
- One decontamination room
- 'Dirty' utility room
- Consultant and staff offices, with secretarial support and staff training facility

The existing facilities will be reconstructed to provide the following:

- An enlarged public waiting area
- A minors waiting area
- A reception area
- Two triage rooms
- One assessment room
- Dressing Clinic
- Pantry area
- Additional storage



Clinical Director
Dr. Barry WhiteChief Medical
Scientist
Noel WhiteBusiness Manager
Philip Creevy

LabMed Directorate

The LabMed Directorate encompasses the laboratory departments of Histopathology, Cytology, Microbiology, IMRL, MRSA, Biochemistry, Immunology, Haematology, Transfusion Medicine, NCHCD, CMD and Phlebotomy.

The Directorate is responsible for the overall management and development of the Pathology Laboratory. Its brief includes the disbursement and monitoring of the Laboratory budget, taking account of the need for best use of resources. The Laboratory is open 24 hours per day, seven days a week, providing, in addition to the normal working service, a comprehensive out-of-hours service to the Hospital.

Developments in 2003:

The Directorate is very pleased to report that that Haematology, NCHCD and CMD laboratories received CPA accreditation.

As part of the Partnership Programme, the HSEA funded five laboratory pilot projects during 2003. The LabMed Directorate was successful in attracting two of these, one in Microbiology and the other in Coagulation. These commenced in September and are scheduled to run until March 2004, when they will be reviewed.

The provision of services to numerous outside agencies continued during the year and considerable progress was made in the rationalization of this work. Following a pilot programme carried out this year, it is hoped to provide GPs with a detailed analysis of their work patterns.

Safety and Security within the Directorate are a major concern. In September, in cooperation with the Hospital Fire Services Manager, 12 members of staff underwent Fire Warden training. Following this a very successful fire evacuation drill took place. Arising out of the Hospital Accreditation process, funding was made available for the installation of a swipe-card security system in the Pathology Laboratory. Work commenced on this late in 2003, and it is hoped that it will be operational early in 2004.

Further work continued during 2003, on the absorption of the Laboratory purchasing systems into the Materials Management structure and the Directorate was very pleased that with the cooperation of all of the staff, it achieved its budget targets during 2003.

HISTOPATHOLOGY

Histopathology is the study of tissues, which can come from biopsies, surgical resections, cytology smears, fine needle aspirates or from autopsies. It is the technique by which most cancers and many inflammatory conditions are definitively diagnosed, making it an important component of the Hospital's cancer strategy.

The new autopsy facility, built as a result of the LUAS works, was opened, but the new mortuary has not yet been commissioned. The total number of autopsies (277) remains similar to the previous two years but these are mainly Coroner's autopsies. The number of Hospital autopsies continued to be very low with only 18 last year.

Dr. M. McMenamin, who commenced as a Consultant Histopathologist at St. James's Hospital in March 2002, has been responsible for significant developments in the Histopathology Department during 2003.

Towards the end of the year, the use of the pneumatic tube system was piloted for the delivery of frozen sections to the department. Although there are times when it is busy, it has reduced the transport time by more than 50% for many cases.

In other developments, **Dr. Esther Regan** received a major HRB grant for a second year project titled "Genome wide analysis of head and neck cancer in young patients". **Dr. John O'Leary**, the new Professor of Pathology, has taken up his position and **Dr. Seán O'Briain**, Head of the Department, was appointed Dean of the Faculty of Pathology and Associate Professor of Pathology at TCD.

HAEMATOLOGY

The department provides a comprehensive diagnostic laboratory service to St James's Hospital, ERHA area Hospitals 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 (NCHCD) - forms a core element of the department's work.

Services & Trends

Workload activity in 2003, compared with the four previous years back to 1999, for each area of the

Haematology department, is illustrated in the attached graphs. The main points are as follows:

- An increase **in activity in all areas since 2002** - from 4.1% in Special Diagnostics to 19% in Cryobiology Procedures. Workload in other Laboratory areas increased by approximately 12% year on year
- The **workload increase in all areas** back to 1999 is much greater, ranging from 33.6% in Nutritional Anaemias, to 158% in Special Diagnostics - where large increases in Haemoglobinopathy, Red Cell Enzyme, and Immunophenotyping requests were recorded
- **Coagulation activity** during 2003, compared with two previous years, is illustrated below.

There has been an overall increase in activity in Coagulation since 2001. This includes a 13.3% increase in the routine coagulation laboratory and a 25.8% increase in laboratory tests carried out in the NCHCD. Since 2001 there has been a 22.2% increase in tests to monitor oral anticoagulant therapy in the Stat laboratory (29,137 samples were tested in the laboratory in 2003)

- 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 19% more procedures year on year.

Table 1. Workload Statistics for Main Laboratory, Nutritional Anaemia & Special Diagnostics, 1999 to 2003 inclusive (illustrated in figures 1 and 2).

	1999	2000	2001	2002	2003	%Change 99 to 03	%Change 02 to 03
Main Laboratory	222392	233694	245736	267397	297046	33.6	11.1
Nutritional Anaemia	32961	38984	38693	40843	45727	38.7	12
Special Diagnostics	2950	3802	5445	7318	7621	158.3	4.1

Table 2. Workload Statistics for Coagulation, 2001 to 2003

	2001	2002	2003	% change 01 to 02	% change 02 to 03	%change 01 to 03
Thrombophilia	1522	1743	1721	14.5	-1.3	13.1
Lupus Anticoagulant	1719	1817	1632	5.7	-10.2	-5.1
VW screen	1299	1506	1833	15.9	21.7	41.1
Others	3118	3666	4561	17.6	24.4	46.3
Molecular analysis	2130	2551	2569	19.8	0.7	20.6
Routine	89668	91234	99804	1.7	9.4	11.3
INR	22402	25942	29137	15.8	12.3	30.1

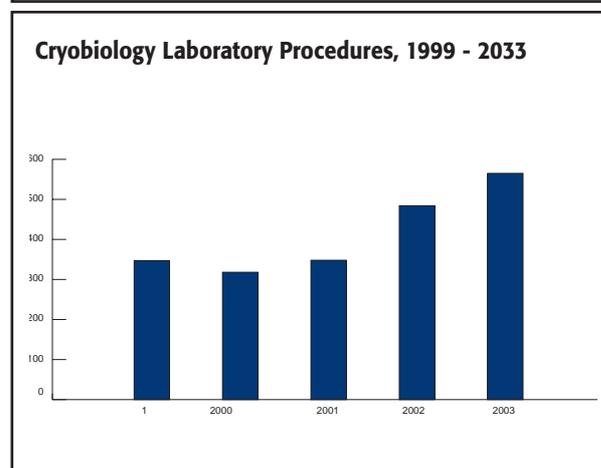
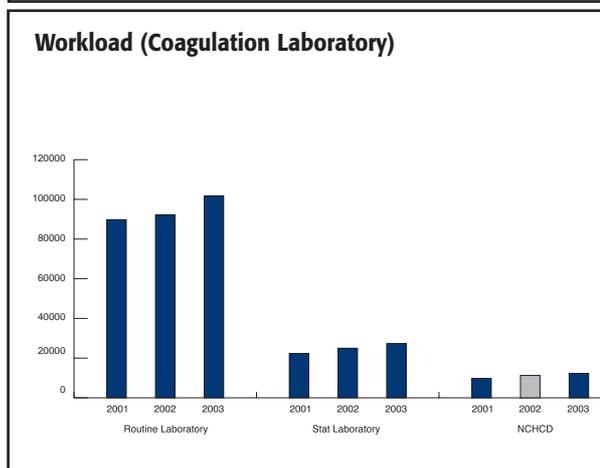
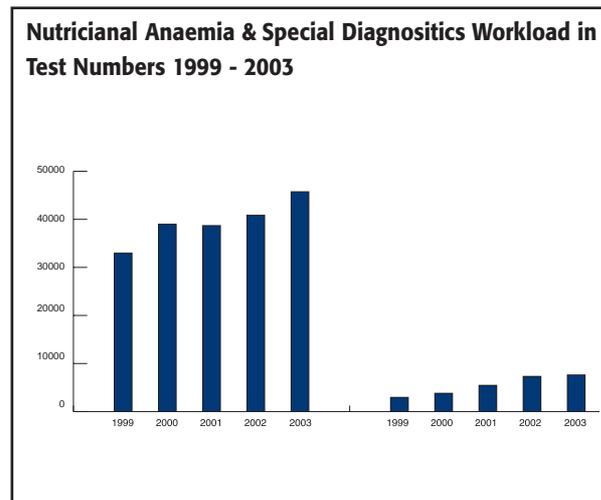
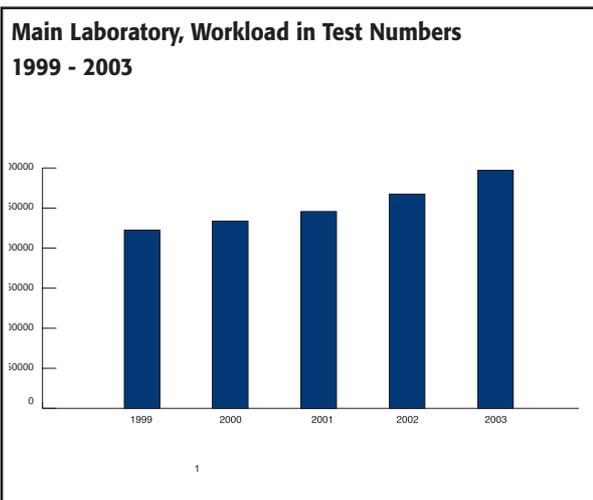


Table 3. Cryobiology Laboratory Procedures, 1999 to 2003 (illustrated in figure 4).

	1999	2000	2001	2002	2003	%Change 99 to 03	%Change 02 to 03
Cryobiology Laboratory	347	318	348	484	576	66	19

Developments in 2003

The undoubted highlight of 2003, was the Department's success in securing unconditional **Clinical Pathology Accreditation (CPA)** at the first attempt in September. This achievement was the culmination of several years preparation, which began in 1998 and continued up to our application for inspection by CPA(UK) in December 2001 and beyond.

The CPA standards are specific to clinical laboratories and are internationally recognised - covering all aspects of laboratory operation, including documentation of procedures and records, facilities and equipment, staff training and development, safety and quality of service to users and patients. The Department is the first clinical laboratory at St James's to secure such an international

accreditation and among the first wave of Irish medical laboratories to do so. The project was undertaken in conjunction with the Cancer Molecular Diagnostics and Blood Transfusion Departments, who were awarded conditional accreditation and are awaiting inspection in 2004. The success is also owed to other staff groups in the Hospital, including the Technical Services department - who completed a major refurbishment to modernise the laboratories - the Phlebotomy staff, whose facilities and procedures were also inspected, IMS who provided IT support and the domestic staff. The Cryobiology laboratory is currently also preparing for JACIE (specific stem cell processing) accreditation.

The Department received capital funding for several items of new and replacement equipment at the end of

the year, the largest amount being for a replacement of the Flow Cytometer analyser, which is vital for diagnosis and monitoring of Haematological and other malignancies. Funding was also used to introduce three further interfaces of automated equipment to the laboratory computer system.

The Cryobiology laboratory staff continued work to secure storage capacity for cryopreserved stem cells into the future, by commissioning of further storage vessels in the adjacent Irish Blood Transfusion Service Building. Preparations to transfer the Cryobiology laboratory to this building also, where there will be sufficient space to satisfy the required highest standards for this work, continued throughout 2003.

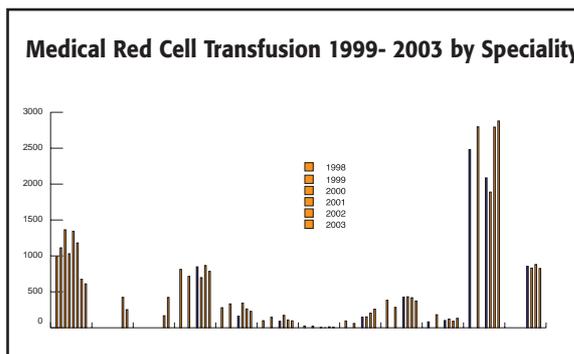
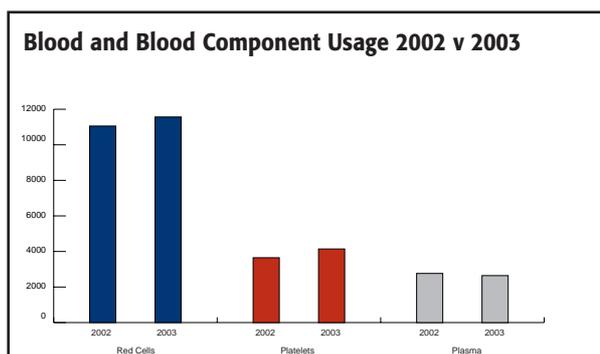
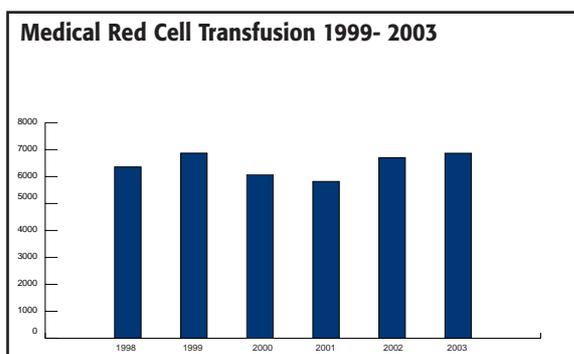
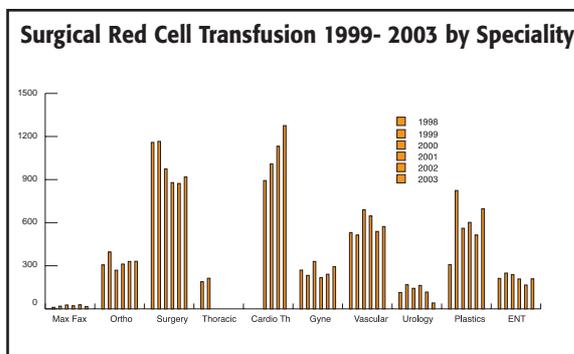
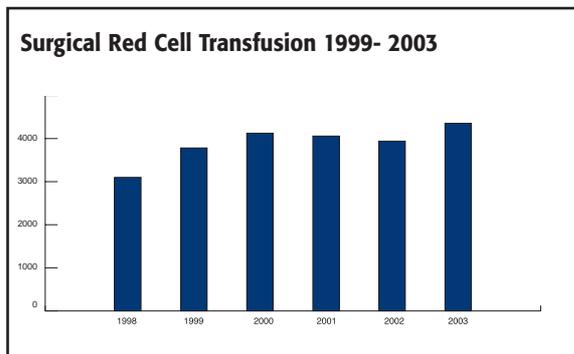
Education & Research Activities

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. Senior scientific staff contributed to research projects, which led to publication in peer-reviewed journals.

TRANSFUSION MEDICINE

Transfusion Medicine provides a comprehensive blood transfusion service to St James's Hospital. Blood, blood components and blood derivatives are supplied for elective and emergency use in Medical, Surgical, Burns, Emergency and Haematology/Oncology Units including the National Bone Marrow Transplant Centre, along with a serological diagnostic service. Coagulation products for the treatment of Haemophilia are supplied for in-patient and home-treatment patients.

The use of Red Cells and Platelet Concentrate increased on 2002 by 4.5% and 13.5% respectively. The use of Frozen Plasma decreased slightly. These figures indicate increased activity year on year.



Funding for a second automated **Blood Group Analyser** was agreed and this will act as a back up for the first instrument and also allow processes, which are currently manual to be automated - improving the safety of the transfusion process.

Developments in 2003:

St James's Hospital is the largest consumer of blood components in the country, with a total of 18,345 blood components transfused in 2003 - an increase of 3% on the 2002 transfusion level.

The **Haemovigilance Program** in conjunction with the Blood and Blood Product Usage Committee monitor transfusion practice, responding to both issues emerging locally and internationally. Hospital transfusion issues are identified from audit investigation of untoward incidences and analysis of 'near miss' events. The investigation of 'near miss' events is a pilot project, in which St James's is participating alongside the Irish Blood Transfusion Service.

A **Massive Transfusion Policy** addressing the speed of response to acute blood loss and massive transfusion from a Hospital-wide, multidisciplinary perspective has been developed. This policy development is a result of analysis of transfusion untoward incidents and from the findings of an Audit of Massive Transfusions. The audit results were presented as a poster - Audit of Acute Massive Blood Loss - at the National Haemovigilance Conference and the Haematology Association of Ireland Conference.

Electronic forms of patient and blood component/product identification are now available and are recommended by the SHOT UK and Irish National Haemovigilance Office as they provide the highest degree of security. St James's is currently piloting one of these systems. This system can be interfaced with the Hospital laboratory computer system, thus providing confirmation of the transfusion and blood component traceability - a major requirement of EU Blood Directive 2002/98 due to come into force in February 2005.

Education and Research

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 MRCPath

examinations. Academic activity included the following presentations:

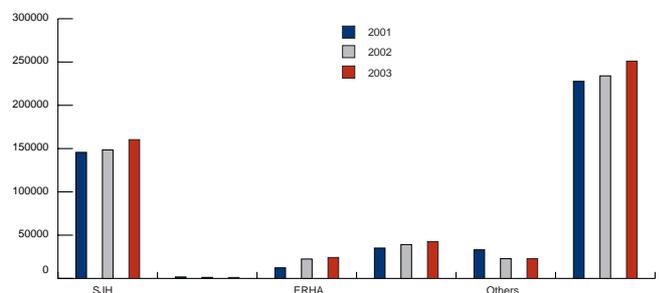
- **Audit of Acute Massive Blood Loss:** a poster presentation at the National Haemovigilance Conference and the Haematology Association of Ireland Conference 2003 Mc Cormick J; Gough D; Mc Cann AM; Lawlor E
- **Basic Blood Transfusion:** National Haemovigilance Conference and the Haematology Association of Ireland Conference 2003
- **Major Incident Plan:** – Laboratory Perspective: Academy of Medical Laboratory Science Annual Conference 2003

MICROBIOLOGY

The Microbiology Department provides a diagnostic, infection control and clinical service to the Hospital, outside institutions and GPs in South West Dublin and is active in areas of research and education. The Laboratory is divided into five sections: Routine Bacteriology, TB, Serology/Virology, Molecular Diagnostics and media production.

Activity in the laboratory increased significantly in 2003, with a record number of specimens received in many sections of the laboratory. These originate mostly from the GUIDe and HOPE directorates. Workload related to sexually transmitted infections (STIs) continues to increase and now accounts for over 30% of all requests to the laboratory.

Microbiology Requests



Developments in 2003

There were a number of developments in **antimicrobial surveillance**. The SARI committee (Strategy for the Control of Antimicrobial Resistance) was established. SARI is a national strategy and the committee aims to further the national objectives within the Hospital

setting. The Laboratory initiated the implementation of the national recommendations on antimicrobial susceptibility testing, with considerable investment. The laboratory purchased a zone reader and susceptibility testing instrumentation in 2003.

The laboratory undertook a pilot project to improve the on site laboratory service at the STI clinic. Funding was secured from the HSEA through the Medical Laboratory Service Review Group.

In 2003, the Department set up a Hospital intranet web page giving details of the service and advice on correct specimen procurement. Two new user guides complement the web page - Clinical Microbiology User's Manual and Laboratory Diagnosis of Viral Infection. These manuals will be distributed in early 2004. In addition, a Newsletter for users of the service in General Practice was developed. This contains relevant data on infections from specimens received from General Practice. The first edition will be distributed with the Microbiology User Manual in early 2004. A quarterly report was also developed for the feedback of data to the Hospital clinicians and will also be distributed in early 2004.

A pilot scheme for catheter related blood stream infection (CRBSI) surveillance in HOPe patients was begun in March. Surveillance of the accumulated microbiological data over several years is constantly being used to re-evaluate the service being provided and to make adjustments where appropriate.

The laboratory began the process towards accreditation in 2003. A quality management group was set up to review the quality system, to improve auditing and to establish a continuous quality improvement programme.

Training and education

The laboratory is a training centre for MRCPATH and BSc in Biomedical Science. The laboratory provides structured training and education programmes for staff and holds regular journal clubs.

CLINICAL CHEMISTRY

Total sample numbers reached 473,083 during the year. This was an increase of 5.2% on the previous year. A very significant feature again this year was the large number of samples processed from GPs. These contributed 139,575 samples to the overall total and represent an extremely high labour element of our

service.

Staff

Our long-time Departmental Head, Dr. Rory O'Moore retired during the year. Rory has a long association with FDVH and St. James's, spanning over four decades.

IMMUNOLOGY

The Immunology Department provides a diagnostic service for St. James's Hospital and a wide range of other institutions. Of the samples analysed, 41% derive from St. James's, 12% from General Practitioners and 47% from outside institutions, across Ireland. This reflects the specialised nature of many of the tests performed, in particular those used for measuring auto-antibodies. In certain instances, auto-antibody tests can give highly specific information about a patient's diagnosis. Examples of these include the C-ANCA test for Wegener's granulomatosis and the EMA test in coeliac disease. In the latter condition, it has become evident that this disease is much more common than was previously realised and patients can present to doctors with quite non-specific symptoms. Thus, it has become common practice to test for this condition in many clinical situations and currently, almost 20% of the tests carried out in the laboratory are specifically for this disorder.

Clinical Immunology

The department is actively involved in the clinical management of patients. Several patient groups are cared for including those with primary immunodeficiency disorders, connective tissue diseases, vasculitis and allergic disorders. More than 600 outpatient visits are catered for annually. The patients with immunodeficiency states are treated either in the Hospital Day Ward facility or alternatively through a Home Care Programme, which was established several years ago.

Research and Development

Active research programmes are undertaken in the above clinical disorders. This work is based on collaboration between St. James's, Trinity College Dublin and the Dublin Institute of Technology. A particular focus of these studies is investigation of the immunological and molecular basis of coeliac disease.

Education

The department continues its active involvement in the teaching of immunology at both undergraduate and postgraduate level. The student groups include those



training in medical laboratory technology, scientists and medical students.

Staff

After over 30 years at the helm as Chief Laboratory Scientist, Dr. Alex Whelan retired from his post. Dr. Whelan played a very influential part in the establishment and development of the laboratory, which was the first immunology diagnostic laboratory in the country. He was also the first medical laboratory technician to be awarded a PhD and this was based on his original research into lymphocyte subsets in chronic lymphocytic leukaemia. He also published extensively and thereby helped establish a strong tradition of research in the department.

Jean Dunne PhD also retired from the diagnostic immunology laboratory but happily has taken up a post as research scientist in the department. Eleanor Wallace PhD returned to take up a post in the diagnostic laboratory, having been awarded her doctorate some years earlier, based on studies performed in the laboratory.

DiagIm Directorate

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

Services

A complete imaging service is provided across 11 areas including: General Radiology, Maxillofacial, Gastro-Intestinal, IVP, Mammography, Ultrasound, C.T., Interventional Radiology Therapeutic and Diagnostic, Nuclear Medicine, Coronary Angio and MRI. A radiographic service is also supplied to Coronary Angio Lab, Endovascular Suite, Theatres & Health Care Center Screening Unit.

Developments in 2003

- **PACS** - funding was made available via the DoHC for the installation of a fully integrated Pictures, Archiving and Communications System (PACS). This will allow the acquisition, storage, display and distribution of digital radiological images, which will have significant benefits for both patients and operational activity
- **2nd CT Scanner** - funding was secured for the purchase and installation of a second CT Scanner, significantly increasing the Hospital's capacity to perform CT scans

Service Trends

Comparable Activity Analysis by Modalities

Imaging Modality	2002	2003	% Variance
General Radiology	90,749	94,558	4
Maxillo Facial	7,442	7,533	1
Gastro-intestinal	2,552	2,836	11
Intra-Veinous Pyelogram	499	386	-23
Mammography	2,568	2,764	8
Ultrasound	9,324	9,817	5
Computed Tomography	12,327	14,379	17
Interventional Radiology: Therapeutic	1,358	1,659	22
Interventional Radiology: Diagnostic	632	654	3
Nuclear Medicine	3,175	3,354	6
Magnetic Resonance Imaging	3,841	4,754	24
Coronary Angiography	3,397	3,563	5
Total	137,864	146,257	6

- **Digital Radiographic Systems** - were installed in the general x-ray rooms. These systems produce high quality images in a digital format and will integrate directly with the new PACS. The major advantage of these systems is the potential to increase patient throughput and produce exceptional quality images
- **Education** - DiagIm co-ordinates two successful postgraduate courses in Nuclear Medicine and MRI imaging. Conducted with Trinity College Dublin, the courses provide a unique training opportunity for radiographers throughout the country. In 2003, nine radiographers completed the Nuclear Medicine imaging course and 17 radiographers completed the MRI course



Clinical Director
Dr. Patrick J Freyne

Radiographic Services Manager
Ms. Bernadette Moran

Business Manager
Ms. Hazel Shanahan



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

Nurse Manager
Ms. Jane Mahon

Business Manager
Ms. Cora Keary

ORIAN Directorate

The ORIAN directorate provides theatre, critical care, sterilisation and anaesthetic services for a range of specialties across the Hospital. It comprises of the Operating Rooms, Intensive Care Unit, High Dependency Unit, Endovascular Unit, Sterile Supplies Unit and the Department of Anaesthesia.

Key developments for the Directorate included a 50% increase in total capacity for the ICU, new plans for the implementation of a theatre scheduling system, plans to commission a new Day Surgery suite and the appointment of a new consultant for the Pain Service. Dr Jeanne Moriarty was appointed the new Clinical Director, replacing Dr. Ellen O'Sullivan who played a strategic part in the development in the Directorate over the past three years.

Theatres

All Theatres remained open throughout the year.

Theatre	Number of cases
Theatre total	10240
Elective	5985
Emergency	4255
Burns Theatre	205
Endovascular Suite	138

New initiatives included:

- Refurbishment began to upgrade the Endovascular Suite to Operating Theatre status
- A new project began to implement a Theatre Scheduling System on a phased basis

Ten nurses participated in the Postgraduate Diploma in Perioperative Nursing.

SURGICAL DAY UNIT

The Unit provides care and treatment for patients admitted for planned surgical procedures performed under both local and general anaesthesia and for patients requiring surgical endoscopy procedures.

In March, plans commenced to commission a new Day Surgery suite. When it opens all current services will transfer to this suite with the exception of endoscopy. This initiative will mean a significant increase in the number of procedures performed.

LASER UNIT

A total of 1,742 treatments were carried out in 2003. An ongoing outpatient service was provided to treat a wide range of conditions including:

- Vascular malformations i.e. birthmarks and port wine stains
- Pigmented lesions and hair removal
- Removal of keratotic lesions and basal cell carcinomas

Work continued with the Plastics and Dermatology Consultants to outline patient care plans.

ANAESTHESIA SERVICES

More than 10,000 anaesthetics were administered in the General and Burns Theatres in what marked a busy year for the department. A general anaesthesia service was extended to other areas in the Hospital including Diagnostic Imaging and Psychiatric department. A further 3,500 anaesthetics were given to children undergoing dental extractions in the Eastern Regional Health Authority Dental Clinic, based on the Hospital campus.

PAIN SERVICE

The pain service benefited from a variety of developments during the year:

- Dr. McCrory was appointed Lead Clinician
- New equipment was purchased which will be of direct benefit to patients
- In November, the first patients with epidurals were accepted to specified wards and ambulatory epidural analgesia was achieved with all patients meeting 'target pain scores'

INTENSIVE CARE UNIT /HIGH DEPENDENCY UNIT

The intensive care team provide cover to all critical care Units in parallel with the relevant teams, in addition to intra and inter-Hospital transfers of critically ill patients. The general ICU received 615 admissions and 561 patients were admitted to the HDU.

Developments in 2003

- The opening the **new five-bedded Unit** was a significant achievement, representing a 50% capacity increase - making the ICU in the largest in Ireland when combined with the other critical care areas. The new isolation rooms have been

equipped to the highest standards. The main benefits to the Hospital are an increased capacity to admit patients and the ability to isolate patients who pose a cross infection risk, which in turn, reduces the incidence of Hospital acquired infections

- The ICU is now well placed to benefit from **new computerised technologies**, which are being introduced in the Hospital. This will substantially increase the efficiency in the Unit, as well as facilitating a comprehensive audit on activity and an accurate costing on drugs and other procedures
- In July the Hospital appointed **two full-time ICU Registrars**, which is a first in Ireland. In line with the expansion in beds, a second registrar/SHO 'on call' was also funded, proving very beneficial to the service

Intensive Care has also acquired a **Transoesophageal ECHO machine** and we are currently offering a limited service to patients in the Intensive Care Unit. It is hoped that an increase in staffing will contribute to the development of this useful diagnostic bedside technique.

Expertise continued to develop in performing percutaneous tracheostomies and 30 procedures were carried out in 2003. The dual benefits of this procedure are that it avoids using expensive theatre space and prevents a delay in doing the procedure if theatre is busy. It is also a less invasive procedure that avoids transferring a critically ill patient unnecessarily.

The HDU competency development course for ward based nurse continues. This three-month programme enables ward based staff nurses to care for acutely ill patients in the general surgical/medical wards. In addition to this, September marked the completion of the Higher Diploma in Critical Care Nursing (ICU/CCU) for eight of our nurses.

HOSPITAL STERILE SUPPLIES UNIT

The Hospital Sterile Supplies Unit continued to provide a comprehensive decontamination, repacking, processing and delivery service of re-usable equipment for the entire Hospital. The provision of sterile services was enhanced via on-going developments and in line with 'best practice' found in research.





Manager
Bernie McNally

SCOPE

SCOPE encompasses Speech and Language Therapy, Medical Social Work, Occupational Therapy, Physiotherapy and Clinical Nutrition. SCOPE concluded a successful year with 177,686 patient contacts across the disciplines.

Developments in 2003

- Providing additional multidisciplinary services to meet the needs of the AMAU which opened in March
- Involvement in the opening of 12 bedded Unit in Bru Chaoimhin in December
- Establishment of Shared Care Discharge project in August
- A Therapy Led Clinic was established by Occupational Therapy and Physiotherapy within Burns and Plastic Surgery
- PEG Feeding Clinic in MedEL – a joint Speech & Language and Clinical Nutrition project.
- Education sessions for Ward Catering staff were run in collaboration with Clinical Nutrition and Speech & Language Therapy
- A key role for all services in the EB multi-disciplinary OPD Clinic
- Proactive participation in the newly established DATH's Allied Health Professions Manager Group.

CLINICAL NUTRITION

The Clinical Nutrition team provided nutritional assessment, nutritional support and monitoring, therapeutic intervention and dietary counselling to 28 specialities. The referral rate was 34.5 % across all specialities. An area which requires more attention is nutrition health promotion and health maintenance activities.

Developments

A number of audits were carried out during 2003.

- In January, a **weight reduction audit** recorded the impact of dietetic input on patients trying to lose weight in the period April - September 2002. The results indicated a poor success rate so work began on methods to improve dietetic effectiveness. The team is now auditing the success of Cognitive Behaviour Therapy (C.B.T.) in other organisations and assessing how a similar programme could be implemented to improve success rates
- The number and type of patient who **failed to**

attend outpatient appointments was audited in January and November. The results will be analysed in 2004.

- The **accuracy of weighing scales** being used at the Hospital was assessed and compared to standard weighing scales
- **Current diet plans** were assessed against the draft National Nutritional Standards. Results and recommendations were fed back to the Catering Department.
- **Gastrostomy tubes** used in Head and Neck cancer patients were audited to investigate the increased incidence of problems involving their practical management. A multidisciplinary working group on this has been established in response to the results
- **Weight change** in Maxillofacial patients on modified consistency diets was audited
- **Total Parenteral Nutrition (TPN)** was audited to examine among other elements, the type of I.V. access used, number of patients per month on TPN and complication rates

Other initiatives taken with the Directorates included:

- A **communication system** was developed with the Catering staff to ensure the effective provision of therapeutic diets in the AMAU. This pilot was successful and has since been introduced on other Wards
- A **Clinical Nutrition outpatient** service for oesophagectomy and gastrectomy patients was streamlined to provide a more comprehensive service for this high priority group in conjunction with the surgical team
- The number of **group education sessions** for newly diagnosed patients with Type II Diabetes was increased from 9 to 15
- Plans were activated to **reduce the DNA** (Did Not Attend) rate in the Diabetes Clinic. Patients were phoned one week in advance of their appointments and the impact of this system is currently under review
- Ongoing **growth in ENT surgery** has had a considerable impact on the demand for clinical nutrition services
- A needs **assessment** was conducted in Hospital 4 to facilitate effective planning of future clinical nutrition services for both patients and staff

Links with the Catering Department

A catering committee was formed with representatives from Catering, Clinical Nutrition and Speech and

Language Therapy. In light of the pending "National Nutrition Standards in the Acute Hospitals" it is hoped to expand the committee to include other disciplines.

A number of projects were completed in 2003 or are in progress:

- Audit of semi-solid new meal options completed
- Expansion of the menu to include Kosher, Halal and Gluten-free diets
- Education programme for Ward Catering staff
- Therapeutic diet folders are being developed for use by Catering Staff on the wards

External Services

A service was provided to the Coombe Women's Hospital and to Mountjoy Prison

MEDICAL SOCIAL WORK

The department continued to provide a social work service to all patients and their families requiring psycho-social and practical support in relation to their diagnosis. Social workers are assigned to one or more consultant staff and fully participate in the multi-disciplinary team.

Developments

- The new **Epidermolysis Bullosa Service** commenced, with the half time Medical Social Worker undertaking regular visits to patients at their homes countrywide, assisting with matters such as arrangements for respite, support or care while continuing education
- A new Social Work Service to assist with the introduction of the '**Enhanced Subvention**' in respect of long term care was introduced in September
- Work commenced in the AMAU, continued in **Bereavement / Post Mortem** work and after a considerable gap, the service to **Palliative Care** received new energy with the appointment of a Senior Medical Social Worker in the Spring

OCCUPATIONAL THERAPY

An Occupational Therapy Service is provided to all areas of the Hospital. In 2003, 16,000 patient contacts were made.

Demand for the service has grown significantly in the last five years - from approximately 6,000 referrals in 1998 to 16,000 in 2003. This growth reflects a greater

understanding of the contribution Occupational Therapy can make to patient care and indeed to the multidisciplinary team.

Developments

- An **Occupational Therapy Service** was established in the AMAU facilitating direct discharge and providing essential treatment for patients awaiting transfer
- A **Shared Care Team** was established comprising of Occupational Therapy and Nursing Staff to facilitate discharge of Long Term Care patients home to the community. By December 31st, ten patients had been discharged successfully under the initiative
- The **Discharge Facilitation Service** offered a fast track discharge service to patients with less complex medical or rehabilitation needs - proving a cost effective and quality initiative by saving bed days for the Hospital
- Clinical specialists in Burns and Plastic Surgery established **Ireland's first Therapy Led Clinic** in conjunction with Physiotherapy
- The **Occupational Therapy Service to the Rheumatology Day Centre** continued to receive excellent patient feedback. Plans were made to develop the Rheumatology Service further in 2004 to enable more group work, preventative intervention and health promotion activity
- The **Home from Home** service was developed further to meet patient needs. The knowledge and experience gained in this area was used to plan for the new 12-bedded Bru Chaoimhin ward, which opened in December 2003.

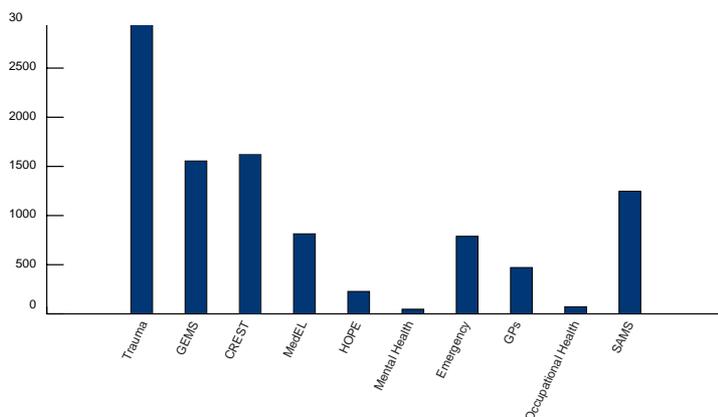
Ongoing reviews of the service showed that the majority of work focused on facilitating discharge rather than rehabilitation. Service developments planned over the next two/three years should help to redress this imbalance.



PHYSIOTHERAPY

Physiotherapy intervention aims to reduce pain and optimise a patient's independence and function by improving their ability to move and breathe. The department delivered more than 85,000 patient treatments and provided services to St James's and 90 General Practitioners.

Fig 20. Physiotherapy Referrals 2003



The number of patients waiting for outpatient physiotherapy fluctuated over the year. The average waiting time for consultant-referred patients was 19.4 weeks and for GPs 6.5 weeks.

Developments

Ongoing evaluation of practice in conjunction with research and education has led to continuous quality improvement. This is reflected in the variety of developments throughout the year.

- A **direct access Rheumatology Physiotherapy Clinic** was set up in November to provide a pathway of care to patients who would benefit
- **Physiotherapy services were extended** to the AMAU, Bru Chaoimhin, Breast Care and Lymphoedema, Haemophilia and in ICU to develop the existing service
- Trinity College Dublin funded a **part time Clinical Tutor post**. Links between the clinical and academic settings have improved greatly through this initiative in line with the corporate strategy's objectives
- **Staff "Fitness Testing"** was conducted as part of "Move for Health". The demand from staff to take part was overwhelming. Results showed that staff cardiovascular endurance is extremely good but

- 81% tested had either poor or very poor flexibility
- Participation in the **first Epidermolysis Bullosa multidisciplinary outpatients clinic**
- The establishment of a **Plastics Therapy led clinic** has reduced patient waiting times at the plastics clinics and made more efficient use of therapists time and skills
- **"PhysioTools"** was installed to update exercise sheets for patients
- The introduction day for **Cardiac Rehabilitation** was restructured. Local gyms were contacted with a view to offering discounted membership to patients post Cardiac Rehabilitation
- **Physiotherapy 'key worker'** roles were developed by the Senior Physiotherapists in Respiratory Care in the areas of Oesophageal Care, the CareVue System and the Tracheostomy Care group
- A balance class was established for patients in Hospital 2.

SPEECH AND LANGUAGE THERAPY

The Speech and Language Therapy Department provides an assessment, diagnostic and management service to patients with communication and swallowing difficulties. There was a 20% increase in new referrals to the department in 2003.

Developments

- A new Senior Speech and Language Therapist was appointed as part of the AMAU multidisciplinary team. More than 40% of new referrals to Speech and Language Therapy were admitted via the AMAU since it opened in March
- A dysphagia education and screening programme for Nursing staff from AMAU was developed for implementation in 2004
- A number of quality initiatives have been introduced to twice weekly videofluoroscopy clinics. Videofluoroscopy report forms have been revised to include more detailed information and a summary of results from videofluoroscopy is now available on the OCM/PAS system
- A group was formed to help patients living with aphasia which aims to maximise functional communication skills. Based on its success, it is hoped to expand this format for more groups of patients in 2004

- Services to patients presenting with Head and Neck cancers continued, with a 90% increase in referrals to the department from ENT. A number of policies and procedures for this client group were developed and support groups for patients and families post laryngectomy continued
- A Senior Therapist was involved in four multidisciplinary audit clinics in the Cleft Lip and Palate Service
- Departmental policies and procedures were completed for:
 - Tracheostomy
 - Acquired communication disorders
 - Laryngectomy
 - Head and Neck Oncology

Growth in staff numbers led to implementation of more formal mentoring systems and departmental in-service training sessions. Three members of staff completed postgraduate training in dysphagia

- Strategic links were developed with the three new schools of Speech and Language Therapy at University Colleges in Cork, Galway and Limerick. The department continued to provide placements for students from Trinity College Dublin.

Education

- Regular education sessions were introduced for nursing staff in Hospital 4 on swallow impairment
- The mealtime needs of patients presenting with dysphagia were highlighted at education sessions for Ward Catering Staff
- A number of National Study Days were co-ordinated for a variety of areas including dysphagia, acquired communication disorder, voice disorder and cleft lip and palate





Director of Pharmaceutical Services:
Professor Kamal Sabra

Chief 1 Pharmacist:
Ms. Veronica Treacy

Business Manager:
Ms. Sandra Conaty

Pharmacy

The Pharmacy department purchases and distributes pharmaceutical and para-pharmaceutical products within the Hospital. A clinical service is provided to ensure safe, effective and economic use of these products. Other services include an aseptic compounding service, drug information, outpatient dispensing to Hospital 5 and education and training for both patients and clinical staff.

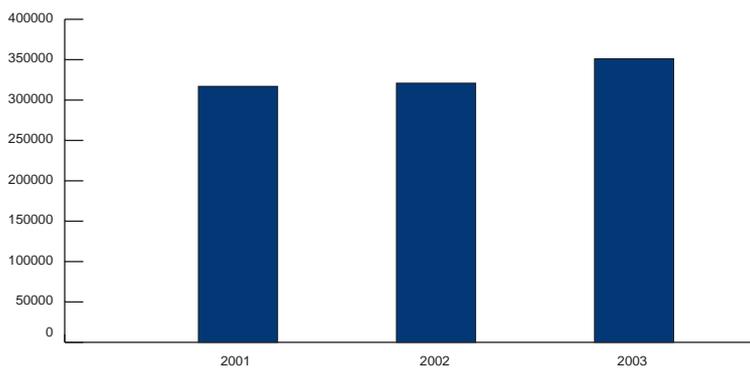
Developments

The Pharmacy department continued to provide core services and these were increased to reflect growth and developments at the Hospital. Other successes included:

- Publication of the Prescribers Guide 2003
- A remodelling of dispensing logistics
- An audit of the emergency duty service

DISPENSARY/DISTRIBUTION SERVICES

Pharmacy workload continued to increase in response to Hospital developments (e.g. the opening of the AMAU) and increased Hospital activity. Dispensing activity has increased by 12% over the last two years and purchasing requirements continued to rise significantly in response to this.



The Dispensary continued to provide the top-up service to all wards in the Hospital and increased the frequency to a number of the busier clinical wards, including the AMAU and ICU.

Large EU procurement tenders undertaken included:

- Intravenous Immunoglobulin
- Anti-neoplastics
- Low Molecular Weight Heparins
- Dressings
- Intravenous fluids

Re-modelling of dispensary and distribution logistics resulted in a reduction of problems relating to handling and delivery of the heavy pharmacy distribution boxes.

ASEPTIC/COMPOUNDING SERVICES

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

As St. James's has the only Hospital compounding Units with a Manufacturing and Wholesale Licence from the Irish Medicines Board, the Unit also supplies chemotherapy centres around the country with chemotherapy in a ready to use format. A direct service was provided for cystic fibrosis patients to receive antibiotics in a ready to use form. This contributes to the patients' quality of life by enabling treatment at home.

Demand for the service from Oncology/Haematology at St. James's increased by 30% in the year.

The joint venture for the supply of Centralised Intravenous Additives to Hospitals and home care patients continues to be successful, contributing positively to the Hospital budget.

GUIDe PHARMACY SERVICES

The GUIDe Pharmacy department has sole responsibility for dispensing of all antiretroviral medications and other HIV related medications to all patients within our care. This involves:

- Dispensing drugs and counselling patients on their medications when they attend clinics
- Providing pre-packed and individually dispensed medications and an information service to ensure safe and effective prescribing at the STI Clinic
- Providing a daily clinical service at Ward rounds
- Dispensing all clinical trial drugs used within the HIV service. Up-to-date records are kept of ongoing trials and a proactive approach is taken to counselling patients who participate in the trials

CLINICAL PHARMACY SERVICES

Pharmacy involvement at ward level is aimed at promoting the safe, effective and economic use of

drugs. Services include:

- Providing essential information about medicine usage to patients and staff on a daily basis. Liaising with community pharmacists to ensure that no problems arise with the supply of medication on discharge
- Educating patients about medication prior to discharge and in outpatients in appropriate settings
- Provision of education record cards and information leaflets to enhance compliance with complex medication regimens
- Conducting daily patient visits by a clinical pharmacist to ensure drug supply and prescription review
- Liaison with specialist Medical and Nursing staff to review prescribing guidelines for the Hospital
- A medicines information service for clinical Hospital staff during pharmacy opening hours

EXTERNAL PHARMACY SERVICES

Pharmacy provided all pharmaceutical services for St. Luke's Hospital and Our Lady's Hospice.

EMERGENCY DUTY PHARMACY SERVICE

An emergency duty pharmacist is available to respond to calls for supply of medication or information to the staff of St James's and its affiliated Hospitals outside regular hours. A pilot study was completed in conjunction with the site Nurse Managers and Night Superintendents and as a result there was a marked reduction in calls to the service, as many issues were able to be resolved at local ward level. The ongoing audit of service demands showed:

- An increase in the number of calls from external Hospitals who do not currently have similar facilities
- Workload has also increased for the service at weekends

Developments

- A Senior Clinical Pharmacist was assigned to the AMAU as part of the multidisciplinary team
- The Prescribers Guide was published in May to provide information on rational drug selection with recommendations based on evidence of clinical efficacy and the opinion of local

specialists. Copies were supplied to all doctors and pharmacists and to all ward areas. A series of presentations began in October to reinforce the information in the guide

- Valuable feedback was obtained from a survey in December to assess user satisfaction with the guide and this will be incorporated into an update of the guide during 2004.
- The 2nd Edition of Empiric Anti-biotic Guidelines were circulated and included in the 2003 edition of the Guide
- The multi-disciplinary medication safety committee focused on education and information initiatives with particular emphasis on identified 'high risk' areas such as insulins and anticoagulants. The Risk Manager has fed back directly to the Directorates on their adverse medication event reports.

Education and Research Activities

Professor Kamal Sabra was appointed Adjunct Professor in Clinical Pharmacy of the Medical Faculty, University College Cork. The Department is involved in teaching undergraduate and postgraduate pharmacy students, nurses and medical students on an on-going basis.

Chief II Pharmacist:
Claudine Hughes

Pharmaceutical Director:
Professor Kamal Sabra

Medical Director:
Professor John Feely

NATIONAL MEDICINES INFORMATION CENTRE:

The NMIC provides information on indications for certain drugs, including newly licensed preparations, contra-indications and dosage in disease states, drug interactions and adverse effects, drug use in pregnancy and lactation and the identification of medical preparations on the basis of physical characteristics.

Demand on the Centre increased both in terms of enquiry numbers and complexity of enquiry requests. Alternative or complementary therapies, in particular herbal medicines, again proved a particular challenge.

Fig. 21. Information Category (Sept 02-03)

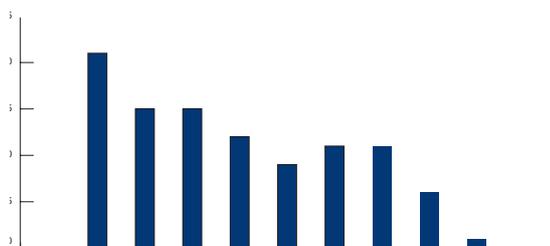
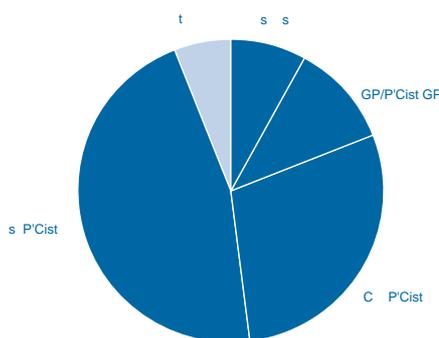


Fig. 22. Enquirer Status (Sept 02-03)



The NMIC distributed medicines information in two publications, the bi-monthly Therapeutics Bulletin and the monthly current awareness newsletter "Therapeutics Today". Topics covered in 2003 include:

- **Vol.9 No.1** Current Pharmacotherapy of Rheumatoid Arthritis
- **Vol.9 No.2** Prescribing for Children

- **Vol.9 No.3** Hormone Replacement Therapy
- **Vol.9 No.4** Diabetes Mellitus - Recent Therapeutic Developments
- **Vol.9 No.5** Introduction to Clinical Research and Critical Appraisal
- **Vol.9 No.6** Update on Osteoporosis

All NMIC publications are circulated to all Hospital doctors, GPs and pharmacists nationwide and are available on www.stjames.ie.

CENTRE FOR ADVANCED CLINICAL THERAPEUTICS

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

The centre provides education to enable healthcare professionals and the pharmaceutical industry keep up-to-date with advances in the pharmaceutical area. Courses organised during the year were:

- Aseptic Preparation
- Advanced Course in Statistics (SPSS)
- Introduction to Clinical Research Methods
- Introduction to Pharmacoeconomics.

A detailed plan was devised for courses during 2004 to include:

- Short courses in Oncology, Pharmaco-epidemiology and Aseptic Preparation
- A Postgraduate diploma/MSc in Pharmaceutical Medicine in association with the Department of Pharmacology and Therapeutics, Trinity College

The Centre was also involved in writing two reports for the National Advisory Committee on Drugs.

Full details of all courses are posted on the Centre's web page at www.stjames.ie/clinicalinformation

Medical Physics & Bioengineering Department

Medical Physics & BioEngineering (MPBE) is the Hospital's expert resource for medical equipment. The department's team of physicists, engineers and technicians provide a broad range of engineering and scientific services to support and advance the efficient and safe delivery of high tech healthcare.

Operationally the department works in groups focused on medical imaging, critical care, endoscopy and optical systems, sterile services and general medical equipment. Services include equipment management, clinical support and research on medical devices and technologies. The provision of knowledge based, value added services and activities is assured through a deep commitment to high quality education, training and research.

Developments

MPBE provided technical and scientific input to implement the following major new systems and services:

- A **new iodine radiotherapy suite** was opened in December 2003, allowing iodine thyroid ablation therapies to be carried out in the Hospital for the first time. MPBE had a strong input into the radiation safety aspects of the suite design and treatment protocol, and continues to support the day to day running of the treatments
- A major project was completed in conjunction with IMS and the Health Care Centre to implement a **new endoscope reprocessing (disinfection) system**. The system enables computerised tracking of the reprocessing history of individual endoscopes
- MPBE managed the implementation of a **digital cardiac imaging link between Sligo General Hospital and St. James's**. This innovative link allows interactive teleconferencing between the two sites which helps reduce the waiting time for decisions on treatment options
- In 2003, MPBE provided **external services to Naas General Hospital** in a major equipping project, covering a wide range of medical equipment, including a new Radiology Department and Pictures, archiving and

communications system. Services were also provided to Tullamore General Hospital in relation to a major radiology programme, to the AMNCH, Tallaght and as well as other Hospitals and dental clinics

- The St. James's **EPR/PaRIS** (Electronic Patient Record/ Patient Archiving and Radiological Information System) project was initiated in 2003. This is being project managed by MPBE
- Project management is also being provided for the **extension of the CareVue Clinical Information System** from Keith Shaw to ICU. Working with clinical staff, MPBE have designed novel bedside data interface and medical equipment configurations to allow for 'information centred' management of ICU patients. The department is also managing the installation of a new, networked anaesthetic/monitoring equipment base in Theatre
- Staff served on number of national and international committees and boards including:
 - Board of the Radiation Protection Institute of Ireland
 - DoHC Medical Exposure Directive Advisory Group
 - International Electrotechnical Commission committee 62B

Education

The department co-ordinates the MSc in Physical Sciences in Medicine at TCD. In 2003, eighteen students were registered on this two-year course, including five based at St. James's.

The department also co-ordinates the Diploma in Clinical Engineering at TCD. This course develops skills in the efficient, safe and cost effective management of medical equipment. Five current MPBE staff graduated from the course in 2003.

A seminar was hosted to mark the introduction of a European Directive on Radiation protection (the Medical Exposure Directive) into Irish law. Staff also presented to several seminars and training courses, including an International Atomic Energy Agency training programme in Tripoli, Libya.

MPBE made major contributions to postgraduate



Head of Department
Professor
Jim Malone

courses available for clinical staff at TCD, such as the Diploma in Magnetic Resonance Imaging and to the Fellowship of the Faculty of Radiology course at RCSI.

Staff Training

MPBE contributes to the delivery of safe, quality healthcare through its training role. Courses coordinated in 2003 included the annual Radiation Safety and Laser Safety courses and monthly training for Nurses on Infusion Devices.

Research Activities

Collaborative work on two major EU funded research programmes continued in 2003:

- **DIMOND III:** A major EU programme on optimisation of information and dose in digital radiology, involving 13 partners in 11 states. MPBE leads the partners in coordinated research on technical and clinical measures of image quality
- **MEDICASE:** Research on transport of temperature sensitive medical products such as high value pharmaceuticals and blood products

Research commenced or continued on:

- Fidelity of colour reproduction in video endoscopes
- Accuracy of Dose Area Product (DAP) meters in dose estimation
- Optimisation of Magnetic Resonance Angiography scans
- Safety and dose measurement in Ultraviolet therapy
- Anaesthetic machine test systems

Research leading to the award of MSc was completed by two MPBE staff members on:

- Statistical Parametric Mapping of nuclear medicine images in Alzheimer's disease
- Biophysics of blood pressure measurements on the brachial artery

Service Trends

- A more co-operative role in the validation of sterilisation services
- MPBE strengthened as a primary centre for training/education in its field
- The staff skillbase is diversifying in response to technological developments

- The need for innovative responses and partnerships to develop research opportunities has been identified
- The demand for high-end technical and scientific skills continues to grow as service provision and technology becomes increasingly complex and multifaceted.



General Support Services

General Support Services provide crucial support to underpin successful, safe and effective operation of activity across the Hospital. A number of developments took place during the year leading to the enhancement of services in key areas.

CHAPLAINCY

In response to the need of patients, the Chaplaincy team provides 24hr support through the administration of the sacraments, spiritual care and counselling. The team works closely with the other health care professionals and counselling was extended to carers for the sick when required. A number of seminars were provided for student nurses on pastoral care.

Liturgical services are held during the week in the Hospital chapel, on the Wards and in the Mortuary and the oratory during Advent, Lent and on special occasions. Three special 'Candle Ceremonies of Remembrance', were held during the year. The Christmas Carol Service, this year with the support of the Guinness Choir, was a great event.

LINEN SERVICES

Key developments included enhancing the service to provide effective laundering for the new mopping system introduced across the Hospital. Work also continued in the following areas:

- Receipt and distribution of Hospital linen
- Laundry for the Care of the Elderly area
- Cleaning of curtains for the entire Hospital
- Laundry of white coats and certain staff uniforms
- Seamstress services

PORTERING SERVICES

The Portering service is available to the Hospital on a 24/7 basis. During the year the internal patient transfer service throughout the Hospital was extended to a 24 hr service. Sixty porters covered all areas of the campus and continued to:

- Transfer patients between ward areas and diagnosis departments e.g. Cardiac, Diagnostic Imaging and Outpatients
- Collect and deliver specimens, blood, blood

- products, charts, x-rays and pharmacy items
- Courier parcels and post throughout the city
- Provide an internal postal service

CATERING

The Catering Department prepared and distributed almost one million patient meals, provided a restaurant and coffee bar service for staff and catered for a wide variety of events throughout the Hospital.

The Staff Restaurant was redecorated as part of the refurbishment programme of staff dining facilities. This was achieved with minimum disruption to service and with the full co-operation from catering staff as services were temporarily relocated to the Rialto Coffee Room.



Manager:
Jim Deegan



COMMUNICATIONS

The Communications Department operates the switchboard and provides a vital service to both staff and patients – with more than 3.5 million calls taken and transferred by operators during the year. The department also operated the paging and emergency alarm systems, which underwent expansion during the year.

SECURITY

A dedicated service was provided to help ensure a safe environment for patients, visitors and staff. Key developments included:

- The installation of a Pinpoint P.A. system in the GUIDe clinic and Hospital 5, Unit 3
- An increase in CCTV coverage for GUIDe

- clinic, Central Pathology Laboratory and the Emergency Department
- The provision of a push button P.A. system in the Emergency Department
- Introduction of access control for the Emergency Department, GUIDe Clinic, Central Pathology Laboratory and Hospital 7
- A security control room was equipped with monitors and recording mechanisms
- Staff identification cards were integrated with the new car parking systems
- 180 staff received non-violent crisis intervention training

HOUSEKEEPING

Housekeeping provides essential cleaning services throughout the Hospital environment. The dedicated team strives to provide the highest standard of cleanliness to meet patient needs and promote public confidence.

In addition to providing a committed service, work commenced on the introduction of a new flat mop system plus two essential training programmes:

- An induction programme for all new employees
- Refresher training on Infection Control policies on a regular basis

ENVIRONMENTAL SERVICES

The team has introduced new systems to dispose of all waste safely and recycle relevant items effectively:

- Introduction of a new mill sized bailer
- A confidential / office paper collection and shredding system
- A system for sorting food waste for compost
- A new contract was issued for landfill waste and skips, which was maintained at last year's weights despite increase in collection points
- New collection points and containers were introduced for the disposal of fluorescent tubes and inkjets/cartridges

TECHNICAL SERVICES

The Department provides a comprehensive engineering and maintenance service throughout the Hospital.

- The helpdesk received 15,917 requests for

- support/maintenance - the department responded to 90% of helpdesk requests within 24hrs and completed 76% priority one emergencies within 30 minutes
- A total of 1,065 new minor works were completed, with a monetary value to St. James's Hospital of €567,066

Some major works, which were notable achievements for TSD included:

- Refurbishment of the Garden Hill Restaurant
- Completion of the 'Home from Home' project in Hospital 4. This special renovation programme demonstrated the value of a partnership approach between the clinical and engineering teams in the Hospital. The results of effective co-operation were reflected in the positive reaction from patients, staff and visitors in response to the refurbishment.



FIRE SERVICES

Fire Services continued to expand and develop their role. Ongoing services were provided in relation to fire safety training, prevention and awareness. New activity focused on:

- The development and implementation of a new fire warden evacuation programme, which is now in operation in the Central Pathology Laboratory
- Liaison with the Planning Department on the implementation of fire services in all new Hospital developments

ENERGY MANAGEMENT

Energy Services are responsible for the secure, safe and efficient supply of electricity, natural gas, water and steam services to the Hospital site.

Driven by the introduction of carbon tax and greenhouse gas emission trading by the end of 2004, participation in a Negotiated Energy Agreement Pilot project run by Sustainable Energy Ireland was a key focus.

Activity centred around:

- Managing the Combined Heat and Power Plant (CHP), which supplies almost 40% of the site's electricity demand and uses recovered waste heat to provide a substantial portion of the heat demand
- Operating the Building Management System (BMS), which controls and monitors virtually all the heating, chilling, air conditioning and domestic hot water plant on site
- Reporting on energy consumption based on the Monitoring and Targeting System, which is interfaced with the BMS

Nursing Function

The role and function of Nursing Administration is to recruit and develop nurses and Hospital attendants, provide payroll and personnel administration for nurses and attendants and provide "out of hours" Hospital management via Site Nurse Managers and Night Nurse Management team. The Director of Nursing is also responsible for the Nursing Practice Development Unit and the Centre for Nurse Education.

The Nursing vacancy rate in 2003 continued to reduce due to the combined efforts of Directorate Nurse Managers, Clinical Nurse Managers, personnel staff and the leadership provided by the HR Manager in Nursing Administration.

On a professional note, the accreditation of a further Advanced Nurse Practitioner (Emergency Nursing) by the National Council for the Professional Development of Nursing and Midwifery was achieved in 2003. St. James's Hospital continues to lead on the development of this innovative role in nursing in Ireland.

NURSING PRACTICE DEVELOPMENT UNIT (NPDU)

The primary aim of the NPDU is to facilitate the implementation of best practice in nursing care for all patients, their families and carers in St James's. To achieve this, the Unit fosters a clinical environment conducive to the development and learning of nursing students.

Developments in 2003

- **Practice Development Strategy** - in order to enhance the strong commitment to practice and professional development, a strategy was developed to engage nurses working at ward level, about nursing practice and care. This has led to the creation of local ward action plans with established timeframes and support systems to underpin practice and professional development
- **Portfolio Development** - helped nurses with personal and professional development planning
- **Glucose training analysis** - assisted ongoing nurse education/training
- The **in-service education team** delivered a monthly education programme reflecting topics, which were demanded by staff. The team also produced a database of all specialist/liaison nurses at the Hospital, which was disseminated

as a reference for all clinical staff

- **The 12-18 month rotation programme** allowed newly qualified nurses to consolidate education and training and ease the transition from student to staff nurse by spending set periods of time in three specific clinical areas - two general and one specialist
- **Research Activity** - 16 nurses successfully completed 'An introduction to research methods for Nurses' and gained credits in the research module if pursuing an undergraduate degree / higher diploma in nursing.

Working Groups

A variety of groups continued to establish protocol and policies, develop new practices, implement new practice at clinical level, develop resources, provide study days and assess the nursing role in particular areas including:

- Nursing Practice
- Insertion of Naso-gastric Tubes
- Male Urethral Catheterisation
- Sub-cutaneous Infusions
- Tracheostomy Care
- Self-Medication
- Percutaneous Endoscopic Gastrostomy (PEG)
- Intra venous care
- Nursing documentation practices.
- Tissue viability

CLINICAL SUPPORT NURSES

Clinical Support Nurses identify the learning needs of newly qualified or junior nurses and develop appropriate action plans and support structures to address deficits in knowledge/ skills. This group was actively involved in many of the practice development initiatives /ongoing education seminars outlined above.

Team Nursing continued to gain momentum with input from Clinical Support Nurses and a further seven ward areas introduced this system of patient care delivery.

A total of 112 overseas Nurses were lead through the 'induction' process, which ensures that non-European nurses are supported at clinical level to meet the assessment criteria required for registration with An Bord Altranais. A further 163 clinical nurses attended information sessions to learn about a new competency assessment tool for Non-European nurses.

Director of Nursing
Eilish Hardiman

STUDENT NURSE EDUCATION PROGRAMME

The NPDU continued to play a central role in clinical education of undergraduate nursing students including:

- Clinical placements in line with the level of theoretical knowledge and EU Directive/An Bord Altranais requirements
- Optimising a learning environment that ensured students met their learning outcomes during clinical placements in conjunction with the Centre for Nurse Education and Trinity College, Dublin
- Competency and preceptorship working-groups to equip nurses with the knowledge and expertise to support and assess students' competency at clinical level

CENTRE FOR NURSE EDUCATION

The Centre for Nurse Education provides education and training programmes at undergraduate and postgraduate level and a range of short courses and in-service study days.

In 2003, seventy students completed the Registration / Diploma Programme in Nursing in conjunction with Trinity College and four students obtained distinctions.

Thirty three students completed the Post-Graduate Diploma in Specialist Nursing (in conjunction with Trinity College) in the following specialty areas – Accident and Emergency Nursing, Intensive / Coronary Care Nursing, Perioperative Nursing and Burns, Plastic and Oro-maxillofacial Nursing. Three of these students obtained distinctions.

A new F.E.T.A.C. level 2 Healthcare Support Certificate for Hospital and community attendants commenced in November 2003.

THE HAUGHTON INSTITUTE**Executive Director:** Jerry O'Dwyer

The Haughton Institute - established and governed in partnership by Trinity College, St. James's and the Adelaide & Meath Hospital incorporating the National Children's Hospitals - was further developed during 2003.

The principal contribution during the year was in developing research strategies for both AMNCH and St. James's Hospital, with a view to enabling the delivery of an overall research agreement between the two Hospitals and Trinity College. Ongoing consultation is taking place with the Department of Health and Children and the Health Research Board regarding the development of these strategies. Work also continued on the proposals to establish research institutes in cardiovascular science, cancer prevention and healthy ageing, in addition to the establishment of a centre for hygiene and infection control.

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

The Institute enhanced the services available to research account holders and experienced a significant increase in the amount of research funds under management. The range of services available to researchers will increase with the appointment of a Biostatistician, Dr. Anthony Fitzgerald - who took up a post early in 2003.

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

Finally, the Institute provided support for the involvement in Eurolife of the School of Physics, in association with the two teaching Hospitals. Eurolife brings together representatives of seven of the oldest medical schools in Europe, providing considerable opportunities for collaboration and co-operation in both research and education.

WILLIAM STOKES POSTGRADUATE CENTRE**Medical Director:** Dr Finbarr O'Connell**Administrator:** Mr. Michael O'Hagan**Secretary:** Grainne Redican

The William Stokes Postgraduate Centre 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 the Robert Graves Postgraduate Centre at Tallaght Hospital, the centre provides facilities and resources for a wide range of postgraduate activities for doctors in South and Southwest Dublin.

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

CLINICAL TRIALS CONSORTIUM OFFICE 2003**Medical Director:** Dr. John Kennedy**Scientific Director:** Prof. John Reynolds**Programme Manager:** Jennifer Feighan

The development of the infrastructure to support the further development of clinical trial activity across all participating institutions of the Clinical Trials Consortium was facilitated through a grant awarded by the Health Research Board. The lynchpin was the creation of the first dedicated clinical trials building in Ireland, which houses the Cancer Clinical Trials Office (CCTO) and accommodates data management, research nursing and genetic research staff. The Office, based at St James's Hospital, also acts as the administrative nerve centre to provide clinical trials support for all the Institutions of the consortium.

Clinical Trials have been conducted at St James's Hospital and Our Lady's Hospital for Sick Children, Crumlin for many years, largely funded by philanthropic funds. The HRB grant has enabled both SJH and OLHSC to increase their research staff to facilitate the development of a more comprehensive clinical trials programme.

During the year, research staff have also been employed at two new sites, The Coombe Women's Hospital and the Midland Health Board at Tullamore Hospital, which

will aid the development of a research programme for gynaecological malignancies and increase local access to research programmes for the patients in the Midlands.

CANCER SERVICES AT ST. JAMES'S HOSPITAL

Chairman of the SJH

Cancer Strategy Group: Professor Mark Lawlor

St. James's Hospital, among all the acute hospitals in Ireland, is the largest provider of cancer care. There has been a trebling of cancer workload in the decade 1993-2003, and in that period almost 18,000 new cancer patients have been treated. St James's manages well over one fifth of the national treatment for leukaemia, lymphoma, and cancers of the oesophagus, stomach, lung, maxillofacial and head and neck. The Plastics and Reconstructive Unit is the dominant provider of surgery for advanced skin cancers nationally and is linked closely in this service with St. Lukes Hospital. The Breast and Colorectal Units provide a large regional service, managing over 150 new cases annually.

The structure for delivering cancer care has evolved rapidly in recent years at St. James's Hospital to a multidisciplinary team (MDT) model. This now exists for all cancer teams. The breast cancer structure, as one example, consists of a defined team of surgeons, oncologists, nurses, radiologists, cyto- and histopathologists, physiotherapists, clinical trials and laboratory research staff, a data-manager and administrative support. The structure functions through a weekly breast clinic and conference, where all cases of actual and suspected cancer are discussed by the team. All aspects of the patient journey through diagnosis and treatment - the process of care - and the outcomes of treatment are documented in an electronic prospective data-base. A similar model exists for other cancers. This enhanced structure for cancer services has enabled a more consistent and improved process of the patient through investigation and treatment. We know from an audit of our services that cancer outcomes at St. James's are on a par with benchmarks from major international cancer centres.

The MDT model is not Directorate-specific at St. James's Hospital and cancer strategy over the last decade has sought to define the cancer hospital - virtual at this time - within the campus to ensure cohesion within this model. A broad-based Cancer Strategy Group, with representation from all Directorates, has steered cancer

development in the last decade - with considerable support from senior administration at the hospital. In recent years both an expansion of the infrastructure for cancer clinical trials on this site, supported by the Health Research Board, and a real link between patient care and genetic and molecular research, enabled by The Dublin Molecular Medicine Centre and Trinity College facilities, have allowed our cancer patients access to new therapies through clinical trials. This in turn has created the opportunity for St. James's Hospital researchers to make scientific breakthroughs in cancer research.

2003 Highlights

There are several highlights, which merit mention. The inaugural St. James's Hospital International Cancer Conference was held in March and brought together opinion leaders from all over the world. A number of experts from the National Cancer Institute (NCI) in Washington attended and formal linkages with the NCI at many levels - including education, training and research - has created excellent opportunities for staff at St. James's.

The Academic Unit of Clinical and Molecular Oncology, headed by Professor Donal Hollywood, and the School of Radiation Therapy, led by Ms Mary Coffey, was established on-site under the auspices of Trinity College Dublin in September 2003. A Telesynergy/Telemedicine system is now housed in this Unit and links with the NCI, St.Lukes Hospital Dublin, and the Belfast City Hospital. It is anticipated that this facility will allow clinicians and scientists in Ireland to discuss and plan cases in real time with colleagues in the NCI, representing a quantum advance in patient care - particularly for patients with complex or rare cancers requiring radiation therapy. A further by-product of this technology already realised, is the ability for any hospital in the country with video-conferencing facilities to link with the cancer expertise at St. James's Hospital. This resource should impact on overall cancer care nationally.

Finally, a major development toward supporting psychological well-being of cancer patients, and treating cancer patients who develop psychiatric illness, has been developed. The Psycho-oncology Unit, headed by Dr. Anne-Marie O'Dwyer, is the first of its kind in Ireland and its remit is to develop a model, initially in this region, that will plug this heretofore significant gap in the holistic approach to the care of the patient and his or her family.

Cancer care represents close to 30 per cent of what St. James's Hospital delivers to patients. There is no dedicated cancer wing in the hospital, thus cancer patients are based in practically every ward in the hospital. Almost all hospital staff have contact with patients who are trying to cope with this most feared diagnosis. On behalf of the Cancer Strategy Group I would like to express sincere thanks to all staff for the empathy, kindness and care afforded our patients. I would particularly like to acknowledge the nursing staff, whose full-time commitment is in cancer care, an extraordinary dedication that defines the quality of cancer care at St. James's.



Prof Mike Richards (UK), Minister for Health and Children Mr Micheal Martin and Dr Manolo Morentes Centro Nacional de Investigaciones Oncológicas (CNIO), Madrid, Spain at the opening of Cancer 2003

CANCER CONFERENCE 2003

The inaugural Cancer Conference of the St James's Hospital Cancer Strategy Group took place in March 2003. The conference was a resounding success and the attendees heard state of the art lectures from renowned Irish, UK, Spanish and US speakers, including a significant presence from the National Cancer Institute in Washington. Topics covered in the conference included cancer strategy, updates on leukaemia, prostate cancer, molecular medicine and north-south partnerships in nursing between St. James's Hospital and Belfast City Hospital. The conference was facilitated by the Regional Oncology Programme Office.







Deputy Chief
Executive &
Operations
Manager
Ian Carter

Quality Initiative

The St. James's Quality Initiative identified three key objectives to be achieved over the five-year period 1998-2003:

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

These Quality Initiatives were progressed through Accreditation, Risk Management, Patient Advocacy and the Performance Indicator programmes.

ACCREDITATION

Accreditation is a self-assessment and external peer review process used by Hospitals to accurately assess level of performance in relation to internationally recognised standards with the aim of implementing ways to continually improve the services provided. Accreditation and the Hospital's thirteen multidisciplinary accreditation teams had a very active year

- A group of six peer reviewers visited the Hospital in late January to validate the Hospital's self-assessment scores and determine accreditation status
- The Hospital was awarded **Pre-Accreditation Advanced status** along with a report and recommendations
- Money was made available from the Irish Health Services Accreditation Board in December to address some of the recommendations in the report.
 - Security in GUIDe
 - Security in the Laboratory
 - Storage of flammable liquids
 - Security of medical records

The Hospital's accreditation teams continued to meet to progress patient focused, team specific and Hospital wide quality improvement plans. A **Quality Improvement Monitoring Group** was established to provide leadership, direction and coordination for these Quality Improvement Plans. The accreditation cycle continues and preparation began for a continuous assessment report.

RISK MANAGEMENT

The programme was further enhanced in 2003, with the development of a Risk Management Strategy. The strategy sets out the Hospital's commitment to management of risks and outlines the Safety and Risk Framework within which the identified risks will be managed. It was developed to support to the Hospital's Quality Programme, ensuring that risk and safety issues in the Hospital are managed in a cohesive and co-ordinated manner.

The importance of reporting risks has been highlighted Hospital wide throughout the year. St. James's has taken a proactive and positive approach in managing risk and creating a climate of openness with effective communication. Reporting is encouraged in a non-punitive environment, with staff encouraged to learn from their mistakes. The information collated identifies how improvements can be made to systems and processes, or where staff training and development is required.

The introduction of a **Risk Management Database** meant data could be analysed and recorded in a systematic manner. Directorates then received quarterly reports on trend analysis specific to their area. Performance indicators were identified in key risk areas - including moving & handling, infection control, induction/orientation, fire safety, medication errors, training rates in violence & aggression. These measures provide an effective monitoring mechanism, which is in turn reviewed at the Risk Management Steering Committee.

Two key initiatives in 2003 included:

- The establishment of the **Medication Safety Committee** with responsibility for the monitoring and overview of reported medication errors and 'near misses'. Preliminary analysis was carried out on medication error data collated and a detailed submission was made to the ERHA for funding for the further development of this initiative and the consolidation of a Hospital wide Medication Safety Programme
- Assessment of **risks to staff from Blood Borne Diseases** including Sharps and needlesticks. A comprehensive training programme for staff on use of personal protective equipment, use of needles and sharps including modes of transmission of bloodborne pathogens was initiated by the Infection Control Department.

PATIENT ADVOCACY COMMITTEE

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

During 2003, the Hospital continued to take action in addressing the key concerns identified by patients, in particular:

- Improving patient information through: -
 - A Patient Information Booklet
 - Diabetes Day Centre information leaflets
 - GUIDe Clinic information leaflets
 - AMAU posters
 - Epidermolysis Bullosa / Dystrophic Epidermolysis Bullosa information leaflets
- Measurement of patient satisfaction with the Hospital services via:
 - An Admission & Discharge Planning Working Group, set up to maximise the capacity and capability for the treatment of both emergency and elective patients. Key initiatives included:-
 - Patient satisfaction surveys / assessment studies developed and implemented with specific services – including Jonathan Swift Clinic, Clinical Nutrition, Medicine for the Elderly, Hepatology Centre, National Centre for Hereditary Coagulation Diseases.

During 2003, the first Community Consultation Forum was held giving the Community the opportunity to present their views to the Hospital. These forums will continue in 2004.

PERFORMANCE INDICATOR PROGRAMME

The Hospital currently tracks 75 performance indicators, including 12 national performance indicators for acute services within four broad categories:

- Hospital wide indicators e.g. unplanned readmission within 28 days of discharge
- Specialty specific indicators e.g. wound infection post Cardiac Surgery
- Operational performance indicators e.g. elective

Project/Technical Services Manager
Éamonn Ó Callanáin

inpatient waiting list

- Non-clinical indicators e.g. staff absenteeism/turnover/training.

During 2003

- The Deputy Chief Executive presented an oral presentation on 'Developing a Hospital Wide Performance Indicator Programme' at the annual International Society for Quality in Health Care conference
- The first two meetings of an International Performance Indicator Programme Benchmarking Initiative, led by St James's Hospital, were held.

Participating Hospitals include:

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

The key benefits for participating Hospitals include:

- The development of a benchmarking initiative in a non-competitive/non-statutory environment
- The provision of a facility to compare and identify differences in processes and share information on continuous quality initiatives in-cases where a Hospital has demonstrated tangible improvements in performance.

Benchmarking projects have been selected based on key areas/issues of common interest to participating Hospital. These include:

- Average length of stay
- Emergency admission pathway
- Theatre utilisation
- Treatment of a patient on a day care basis
- Unplanned readmission
- Patient satisfaction

The development of this initiative is of significant benefit to all benchmarking partners. This process enables Hospitals to elicit/examine best practise, consider alternative and potentially better options for doing something and the opportunity to reshape their own structures/services based on validated continuous quality initiatives.

PLANNING DEPARTMENT

The department manages the construction, commissioning, equipping and opening of all new or renovated facilities within the Hospital.

It is also responsible for the identification and implementation of all major infrastructure system overhauls with control and accountability for the capital funding of projects. The management of the major and minor projects on-site involves addressing the planning and design brief requirements to cost analysis, tendering and awarding the contracts in accordance with the public procurement protocols and procedures.

Progress/Developments

The most significant developments in 2003 included:

- The five single bed ICU extension was completed, opened and is now fully functional
- The completion and handover of the new Mortuary and Laundry facilities - reconstructed and relocated due to the LUAS having acquired the land for the swept path of the tram
- LUAS works through the Hospital campus are almost at completion, with trams due to be up and running by August 2004
- Approval was granted for the expansion and redevelopment of the Emergency Department and work is currently underway with completion expected April 2005

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Gallagher A, Dowling A, Kenny T, Walsh C, Malone JF

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