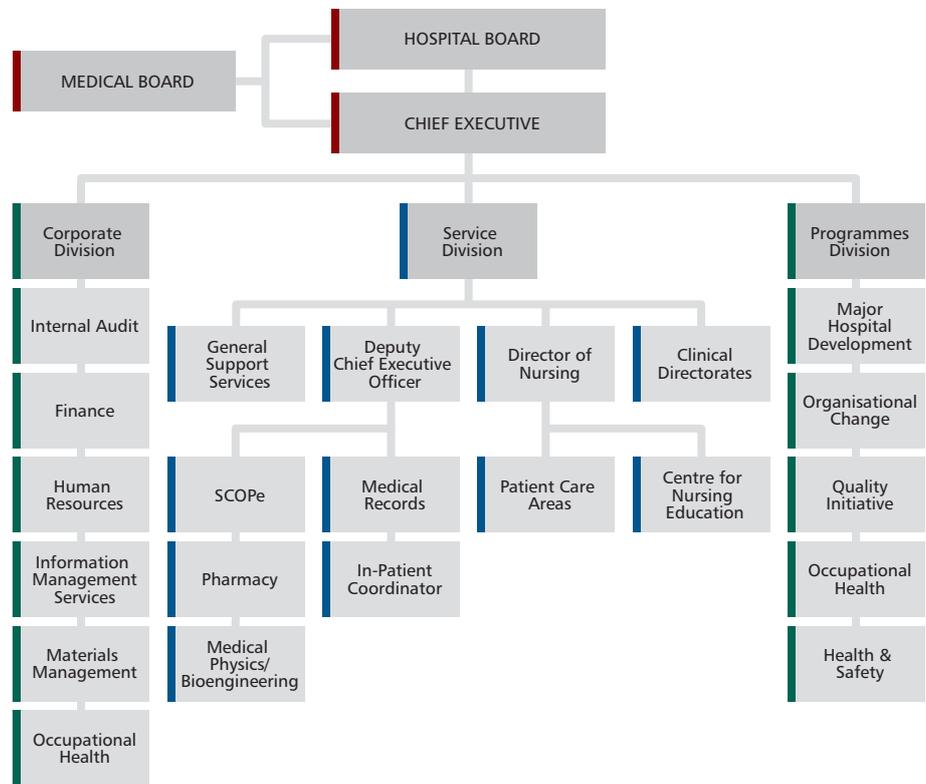


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GOVERNANCE AND EXECUTIVE  
Corporate Chart



**HOSPITAL BOARD MEMBERSHIP 2004****Professor Tom Mitchell**

Chairman of the Hospital Board since 2002

**Cllr. Sean Ardagh**

TD.

**Dr. P. Browne**

Consultant Haematologist

**Alderman M. Donnelly****Professor J. Feeley**

Consultant General Physician

**Dr. P.W.N. Keating**

Ministerial appointment

**Cllr. G. Keegan****Mr. Jack Kelly**

Staff representative

**Ms. M. MacGuinness**

Clinical Nurse Manager

**Deputy M. McGennis**

TD. (resigned June 2004)

**Professor J. Murray**

Professor Business Studies, TCD

**Dr. F. O'Kelly**

General Practitioner

**Professor J. Scott**

Trinity College

**Dr. J.B. Walsh**

Consultant Geriatrician

**Mr. S.G. Watson**

Matheson Ormsby Prentice Solicitors

**EXECUTIVE MANAGEMENT GROUP 2004****Mr. J. O'Brien**

Chief Executive (Chair)

**Mr. D. Aberdeen**

Head of Personnel (until February 2004)

**Dr. L. Barnes**

Clinical Director, SaMS Directorate

**Mr. P. Carolan**

Manager, General Support Services

**Mr. I. Carter**

Deputy Chief Executive / Operations Manager

**Professor D. Coakley**

Clinical Director, MedEl Directorate

**Professor M. Cullen**

Chairman, Medical Board

**Mr. J. Deegan**

Manager, General Support service (until March 2004)

**Mr. B. Fitzgerald**

Financial Controller

**Dr. P. Freyne**

Clinical Director, DiagIm

**Ms. E. Hardiman**

Director of Nursing

**Dr. J. Moriarty**

Clinical Director, ORIAN Directorate

**Dr. P.W.N. Keeling**

Clinical Director, GEMS Directorate

**Ms. M. Kenny**

Materials Manager (acting)

**Dr. K. O'Byrne**

Clinical Director, HOPe Directorate

**Mr. M. O'Hagan**

Human Resources Manager (acting)

**Mr. P. Plunkett**

Clinical Director, Emergency Directorate

**Professor M. Walsh**

Clinical Director, CResT Directorate

**Dr. B. White**

Clinical Director, LabMed

## GOVERNANCE AND EXECUTIVE

List of Consultants,  
St. James's Hospital 2004

- Dr. M. Abrahams, Anaesthetist  
 Dr. L. Barnes, Dermatologist  
 Dr. M. Barry Physician / Clinical Pharmacologist  
 Mr. E. Beausang, Plastic Surgeon  
 Mr. J. Cliff Beirne, Oral and Maxillofacial Surgeon  
 Dr. C. Bergin, Infectious Diseases  
 Mr. D. Borton, Orthopaedic Surgeon  
 Mr. T. Boyle, General Surgeon  
 Mr. F. Brady, Maxillofacial Surgeon  
 Dr. F. Brett, Neuro-Pathologist  
 Dr. D. Brophy, Radiologist  
 Dr. P. Browne, Haematologist  
 Dr. G. Canny, Paediatric and Respiratory Medicine  
 Dr. M. Carey, Anaesthetist  
 Dr. M. Casey, Geriatrician  
 Prof. D. Coakley, Geriatrician  
 Mr. B. Conlon, Otolaryngologist  
 Dr. E. Conneally, Haematologist  
 Dr. S. Connolly, Neurophysiologist  
 Dr. P. Crean, Cardiologist  
 Dr. B. Crowley, Microbiologist  
 Dr. V. Crowley, Chemical Pathologist  
 Dr. G. Cunnane, Rheumatologist  
 Prof. M. Cullen, Endocrinologist  
 Dr. C. Cunningham, Geriatrician  
 Prof. P. Daly, Oncologist  
 Mr. T. D'Arcy, Obstetrics and Gynaecology  
 Dr. M. Doran, Rheumatologist  
 Dr. N. Dowd, Anaesthetist and Cardiothoracic  
 Dr. B. Dunne, Histopathologist  
 Ms. P. Eadie, Plastic Surgeon  
 Dr. C. Fagan, Anaesthetist  
 Prof. J. Feely, Physician / Clinical Pharmacology  
 and Therapeutics  
 Prof. C. Feighery, Immunologist  
 Mr. G. Fenelon, Orthopaedic Surgeon  
 Dr. J. B. Foley, Cardiologist  
 Dr. P. Freyne, Radiologist  
 Dr. E. Gaffney, Histopathologist  
 Dr. U. Geary, Accident & Emergency  
 Dr. N. Gleeson, Obstetrics and Gynaecology  
 Dr. I. Graham, Cardiologist  
 Mr. R. Grainger, Urologist  
 Dr. M. Griffin, Histopathologist with an  
 interest in Cytology  
 Prof. D. Hollywood, Radiotherapist  
 Dr. N. Hughes, Anaesthetist  
 Dr. A. Irvine, Dermatologist  
 Dr. J. Keane, Respiratory Physician  
 Dr. D. Keane, Cardiologist  
 Dr. P. W. N. Keeling, Gastroenterologist  
 Prof. D. Kelleher, Gastroenterologist  
 Dr. J. Kennedy, Medical Oncologist  
 Dr. M. Keogan, Radiologist  
 Mr. J. Kinsella, ENT Surgeon  
 Dr. E. Lawlor, Haematologist  
 Dr. B. Lawlor, Psycho-Geriatrician  
 Mr. D. Lawlor, Plastic Surgeon  
 Dr. P. Lawlor, Palliative Medicine  
 Mr. T. Lynch, Urologist  
 Dr. F. Lyons, Anaesthetist  
 Prof. S. McCann, Haematologist  
 Dr. D. McCoy, Anaesthetist  
 Dr. C. McCrory, Anaesthetist  
 Dr. Ronan McDermott, Radiologist  
 Dr. Raymond McDermott, Medical Oncologist  
 Mr. T. McDermott, Urologist  
 Dr. N. McEniff, Radiologist  
 Dr. E. McGovern, Cardiothoracic Surgeon  
 Dr. E. McGuinness, Gynaecologist  
 Dr. S. McKiernan, Gastroenterologist  
 Dr. C. McMahan, Haematologist  
 Dr. G. McMahan, Accident & Emergency  
 Dr. M. McMennamin, Histopathologist  
 Dr. E. McNamara, Microbiologist  
 Mr. D. McShane, ENT Surgeon  
 Mr. P. Madhavan, Vascular Surgeon  
 Dr. B. Maurer, Cardiologist  
 Dr. J. M. Meaney, Radiologist MRI  
 Dr. G. Mellotte, Nephrologist

Dr. S. Millar, Radiologist  
 Mr. D. Moore, Vascular Surgeon  
 Dr. J. Moriarty, Anaesthetist  
 Dr. D. Mulcahy, Cardiologist  
 Dr. F. Mulcahy, Genito-Urinary Medicine  
 Dr. C. Muldoon, Histopathologist  
 Dr. E. Mulvihill, Microbiologist  
 Dr. R. Murphy, Neurologist  
 Dr. B. Nolan, Haematologist  
 Dr. S. Norris, Gastroenterologist  
 Dr. S. Nicholson, Histopathologist  
 Dr. J. Nolan, Endocrinologist  
 Dr. D. S. O'Briain, Histopathologist  
 Dr. K. O'Byrne, Oncologist  
 Dr. B. O'Connell, Microbiologist  
 Dr. F. O'Connell, Respiratory Physician  
 Dr. H. O'Connor, Obstetrics and Gynaecology  
 Mr. M. O'Connor, Ophthalmologist  
 Ms. M. O'Donnell, Plastic Surgeon  
 Mr. D. O'Donovan, Plastic Surgeon  
 Dr. A. M. O'Dwyer, Liaison Psychiatrist  
 Dr. F. O'Higgins, Anaesthetist  
 Prof. J. O'Leary, Histopathologist  
 Dr. C. O'Malley, Anaesthetist  
 Dr. A. O'Marcaigh, Paediatric Haematologist  
 Dr. C. A. O'Morain, Gastroenterologist  
 Dr. D. O'Riordan, General Physician  
 Dr. L. O'Siorain, Physician in Palliative Medicine  
 Dr. C. O'Sullivan, Radiation Oncologist  
 Dr. E. O'Sullivan, Anaesthetist  
 Mr. P. Plunkett, Accident & Emergency  
 Mr. D. Orr, Plastic Surgeon  
 Dr. P. Quigley, Cardiologist  
 Dr. J. Redmond, Neurologist  
 Prof. J. Reynolds, General Surgeon  
 Prof. T. Rogers, Microbiologist  
 Dr. J. Mark Ryan, Radiologist  
 Dr. T. Ryan, Anaesthetist  
 Dr. P. Scanlon, Anaesthetist  
 Dr. T. Schnittger, Anaesthetist

Dr. P. Scully, Psychiatrist  
 Prof. G. Shanik, Vascular Surgeon  
 Dr. B. Shanley, Psychiatrist  
 Dr. B. Silke, General Physician  
 Mr. H. Smyth, Orthopaedic Surgeons  
 Dr. O. Smith, Haematologist  
 Dr. M. Staines, Psychiatrist  
 Prof. L. Stassen, Oral and Maxillofacial Surgeon  
 Mr. R. Stephens, General Surgeon  
 Dr. B. Stuart, Obstetrics and Gynaecology  
 Prof. C. Timon, ENT Surgeon  
 Mr. S. Tierney, Vascular Surgeon  
 Dr. M. Toner, Oral Pathologist  
 Mr. M. Tolan, Cardiothoracic Surgeon  
 Dr. C. Traynor, Anaesthetist  
 Dr. E. Vandenberghe, Haematologist  
 Dr. P. Vaughan, Anaesthetist  
 Dr. J. B. Walsh, Geriatrician  
 Prof. M. Walsh, Cardiologist  
 Dr. R. Watson, Dermatologist  
 Dr. G. F. Wilson, Radiologist  
 Dr. B. White, Haematologist  
 Mr. V. Young, Cardiothoracic Surgeon

#### LEGAL AND BANKING 2004

##### Auditors

##### Controller and Auditor General

Dublin Castle, Dublin 1

##### Bankers

Bank of Ireland 85 James's Street, Dublin 8

Permanent TSB 16-17 College Green, Dublin 2

##### Legal Advisors

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

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

##### Insurance Brokers

##### Marsh Ireland Ltd.

10-11 South Leinster Street, Dublin 2



CORPORATE REPORTS



## CORPORATE REPORTS

Introduction  
from the Chairman

2004 was another year of tight budgets, but also of solid achievement at St. James's Hospital. Despite continuing financial stringency and uncertainty, the Hospital finished this year in the black and met all its obligations under the Provider Plan without any sacrifice of quality. Effective management and exceptional commitment at all levels of the Hospital deserve the credit and, on behalf of the Board, I want to thank the entire staff for the special brand of dedication that makes St. James's an exemplary centre of advanced healthcare.

There were several encouraging developments throughout the year that deserve mention. Phase 1H finally swung into action after an extended struggle to secure the recurrent funding. The Haematology/Oncology/Day Surgery and Endoscopy Units all opened in the first quarter, and the 31 bed ward opened in the final months of the year. The building is an impressive, state-of-the-art facility, creating a congenial ambiance and the most modern means of delivering high quality healthcare. It represents a major landmark on the long road to creating a Hospital of the first rank at St. James's.

Significant progress was also made in addressing other infrastructural and equipment needs. Despite the continuing absence of any designated equipment allocation in the grant, the Hospital was able to provide over €3.5m for general equipment needs. In addition, approval was secured from the Department of Health & Children, after persistent efforts by the CEO, for the PACS IT Digital Imaging Project at a cost of €5.3m. This was a major achievement, and a major step in the modernisation of the Hospital's operations.

In December, the visitation by the International Evaluation Panel to examine the Hospital's Radiation Oncology bid took place. It was an important day for St. James's, and the whole Hospital community rallied to make it as successful as possible. The effort was a notable example of the remarkable community spirit and of the pride and belief in the institution that are among the Hospital's most valuable assets.

There are, of course, familiar problems remaining. The general shortage of beds, greatly aggravated by the chronic problem of delayed discharges due to a lack of long-term care facilities, is having an adverse effect on the overall operations of the Hospital. This is by far the most urgent problem facing the hospital sector, and the Board is committed to highlighting the importance of this issue and working towards a solution. The uncertainties surrounding both capital and recurrent funding, the slowness in decision making, the caps on staffing numbers, which often result in higher costs and serious inefficiencies, are other significant impediments for the delivery of high quality, cost effective services.

But there are also many grounds for optimism as we look ahead. The quality of the human resources at the Hospital, its effective management systems and its carefully planned programme for development all point to an exciting future. The Hospital has already laid the foundation for the creation of a series of cross-disciplinary centres of excellence covering a range of specialties. It has an enormous capacity in research, which is now beginning to be exploited.

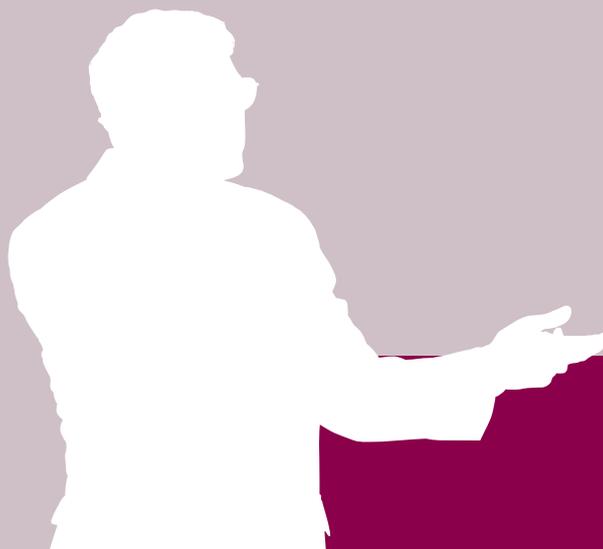


Prof. Tom Mitchell  
CHAIRMAN

Its ongoing exploration of a closer integration with the Health Sciences Faculty of Trinity College opens the possibility of realising to a fuller extent the potential of its clinical, educational and research expertise and of putting in place an Academic Medical Centre of high International quality. These many possibilities of enhancing Irish healthcare services and conquering disease will occupy much of the attention of the Hospital Board and of the whole Hospital community in the years ahead.

Thomas N. Mitchell  
Chairman.

## CORPORATE REPORTS

Report of  
the Chief Executive

It gives me great pleasure to preface this report on the performance of the Hospital for 2004.

As in previous years, the primary executive management and operational focus for 2004 centred on achieving planned levels of service delivery within available financial and specified quality parameters as outlined in the Hospital's Service Plan. Against these measures, outcomes for the year were again highly satisfactory.

Activity over the key range of patient services again met or exceeded planned and previous year output levels. Some examples are as follows:

	Outturn 2003	Planned 2003	Actual 2004	% Excess	
				Planned vs 2003/04	Actual/04
In-Patients	22014	22006	23816	8%	8%
Day-Patients	54043	42775	57230	6%	34%
Out-Patients	166,307	166,307	165,968	(<1%)	(<1%)

While considerable patient flow improvements were experienced over significant periods of the year due primarily to the success of the AMAU, a combination of continuously increasing numbers of delayed discharges and admission rates through the ED resulted in the re-emergence of access difficulties for in-patients – both elective and emergency – in the latter parts of 2004. In-patient bed capacity limitations resulting from and/or exacerbated by the prevalence of unsustainable numbers of delayed discharges, remain the single biggest structural factor inhibiting achievement of acceptable access provisions on a sustained basis at the Hospital. The steady increase in admission rates being experienced through the Emergency Department is also a matter requiring close monitoring and scrutiny. If patterns in 2004 were to continue going forward, the dimensions of the in-patient capacity difficulties confronting the Hospital would worsen considerably. Day patient performance continued to advance during 2004, and is likely to be further boosted with increased capacity in this area to be provided with the planned opening of Phase 1H facilities in 2005. Once again, a highly successful waiting list initiative substantially augmented by the NTPF, and covering in and day-patient services assured maintenance of the Hospital's status with respect to National target provisions in these areas. Out-patient wait times remain a matter of concern and require increased attention during 2005.



Mr. John O'Brien  
CHIEF EXECUTIVE

Against this backdrop, the Hospital again returned a commendable financial performance, recording an in year minor surplus of €1.114m on an ERHA allocation of €291.53m. Achievement of this position was made possible only through intensive and evidence based pursuance of finance needs with extern Payor Agencies and further development of the robust internal performance control system at the Hospital. A requirement to definitively resolve the continuing baseline funding impasse however remains.

Staff responses in assuring service volume and quality continuity in circumstances of extreme personal and resource pressure were highly inventive and effective.

A number of important developments progressed at the Hospital during 2004 primarily as follows:

- Opening of the main Concourse, underground car parking and Haematology/ Oncology Day Unit elements of the Phase 1H development at the Hospital. The remainder of this facility (Medical and Surgical Day Units) is scheduled to open in early 2005
- Continued advancement of the major Emergency Department expansion and redevelopment at the Hospital
- Completion/progression of other minor physical developments including:
  - Mortuary & Laundry Facilities
  - LUAS
  - ICU Extension
- Important equipment replacement/improvement provisions, most notably:
  - Haemophilia Blood Tracking System
  - Electrical Infrastructure
  - Extension of Carevue System to CCU
  - Mobile C-Arm
  - Mammography Services
  - Theatre Equipment (induction, monitoring and ventilation machines)
  - Fire Prevention Equipment
  - Radiology Equipment
- Advancement of the Integrated Image Management (including PACS) project to Partner company selection and contract stage. Implementation of the system will proceed through 2005 with full go-live targeted for early 2006
- Continued development of PPAR's and SAP Financial/Materials Management Systems at the Hospital
- Advancement of Service developments in the following areas:
  - Symptomatic Breast Service
  - Services to Older People – Rehabilitation/Home Support
  - Risk Management Development Programme
  - SpR post in Emergency Medicine
  - Cryopreservation Services
  - Cancer Services
  - Regional Psycho-Oncology Services
  - Outreach Residential Care Services (Bru Chaoimhin/Cherry Orchard)
- Approval to proceed with key new/replacement Consultant Appointments in Radiology, Rheumatology, Histopathology, Chemical Pathology, Oncology, ENT, Gynaecology, Plastic Surgery, Geriatric Medicine and Anaesthetic specialties
- Completion and submission to the Department of Health & Children of a comprehensive proposal for establishment of a Radiation Therapy Centre at St. James's in the context of Government policy in this area. This development is central to the rounding out of St. James's as a comprehensive Cancer Centre.

The Hospital also received a visit from a Group of National and International experts in the area charged with recommending the most appropriate host sites for Radiation Therapy to be located in North and South Dublin. A determination in the matter is anticipated in 2005

In general, the Hospital has successfully and fully delivered on its Provider Plan agreement with the ERHA in service level, development and financial terms for 2004.

The year broadly registered further and consistent advancement of the longer term evolution and development plan for the Hospital, commenced in the late 1990's. A new Corporate Strategy completed in 2004 and covering the years 2004 to 2009 however recognises a need, in addition to continued progression in this vein, for the Hospital to adjust radically – particularly at governance, organisation and functions focus levels – over this period if it is to maintain its established and desired status as a premier and world acknowledged Academic Teaching Hospital. Key requirements necessary to facilitate achievement of this position are identified as follows:

- Creation of a Single Governance entity which embraces the existing Hospital and its main Academic (University of Dublin Health Sciences Faculty) Partner
- Shift from a Clinical Business Unit to Clinical Programmes base for its key service and academic pursuits
- Significantly increased attention to the service and knowledge economy possibilities offered by an enhanced focus on research in the joint entity context

Significant advancement of strategies in these areas will be pursued over the coming year.

Finally, achievements in 2004 were attainable only through the continued exceptional responses and commitment of staff at the Hospital. I thank them for their sustained support, loyalty and dedication in maintaining and advancing the status of the Hospital both in Ireland and Internationally. I look forward to their continuing support in facing the undoubted challenges to be confronted in 2005 and beyond.

John O'Brien  
Chief Executive.

PERFORMANCE HIGHLIGHTS



## PERFORMANCE HIGHLIGHTS

## Performance Highlights



## Total Daycare Attendances 2004

Specialty	Total
Cardiology	3,291
Dermatology	3,645
Diabetic Day Centre	10,381
ENT	189
GUIDe	3,013
Gynaecology	160
Haematology	6,601
Maxillo Facial	162
Medicine	9,985
Clinical Immunology	183
Neurophysiology	877
Pain Relief	132
Oncology	8,715
Orthopaedic Surgery	161
Plastic Surgery	2,914
Rheumatology Day Centre	2,829
General Surgery	3,732
Urology	686
<b>Grand Total</b>	<b>57,656</b>

\*Includes NTPF Activity

## Inpatient Discharges 2004

Specialty	Total
Cardiology	2,600
Dermatology	22
ENT	735
Emergency Department	1,209
Medicine For The Elderly	881
GUIDe	367
Gynaecology	792
Haematology	779
Maxillo Facial	1,036
Medicine	5,803
Nephrology	76
Neurology	109
Immunology	8
Oncology	1,204
Orthopaedic Surgery	1,231
Plastic Surgery	1,996
Psychiatry	516
Rheumatology	582
Surgery	2,340
Thoracic Surgery	974
Urology	558
Vascular Surgery	840
<b>Grand Total</b>	<b>24,658</b>

\*Includes NTPF Activity

## Admissions By Age Group 2004

Age	% of Total Admissions	Total
<16	<1%	110
16-65	64%	15,895
66-75	18%	4,125
76+	17%	4,546
<b>Grand Total</b>		<b>24,676</b>

\*Includes NTPF Activity

## Age Of New Emergency Department Attendances 2004

Age	% of New Attendances	Total
<16	1%	229
16-65	78%	32,541
66-75	9%	3,945
76+	12%	5,131
<b>Grand Total</b>		<b>41,846</b>

\*Includes NTPF Activity

## Total Outpatient Attendances By Specialty 2004

Specialty	New	Return	Total
Accident & Emergency	622	13	635
Anaesthetics	101	128	229
Cardiology	1,963	6,504	8,467
Dermatology	2,161	2,621	4,782
ENT	2,078	2,070	4,148
Endocrinology	849	2,363	3,212
Gastro-Enterology	3,108	6,692	9,800
Medicine For The Elderly	1,168	1,688	2,856
GUIDe	6,900	10,413	17,313
Gynaecology	1,467	2,310	3,777
Haematology	256	1,275	1,531
Haemophilia	995	5,095	6,090
Clinical Immunology	301	441	742
Maxillo Facial	3,576	3,670	7,246
General Medicine	2,246	5,960	8,206
Nephrology	210	800	1,010
Neurology	550	865	1,415
Oncology	296	2,123	2,419
Ophthalmology	753	1,445	2,198
Orthopaedic Surgery	3,752	6,331	10,083
Pain Relief	84	99	183
Plastic Surgery	3,707	6,759	10,466
Psychiatry	922	6,985	7,907
Radiotherapy	205	150	355
Respiratory Medicine	1,471	3,815	5,286
Rheumatology	781	2,023	2,804
Gold Clinic	28	791	819
General Surgery	5,031	3,373	8,404
Cardio Thoracic Surgery	574	818	1,392
Urology	880	1,307	2,187
Vascular Surgery	3,051	2,254	5,305
Warfarin Clinic	560	24,141	24,701
<b>Grand Total</b>	<b>50,646</b>	<b>115,322</b>	<b>165,968</b>

\*Includes NTPF Activity

## Emergency Departures Attendances 2004

New	41,846
Follow Up	2,636
<b>Total</b>	<b>44,482</b>

\*Includes NTPF Activity

## 2005 Service Plan Projections/2004 Out Turn

Activity	2004 Projected Activity	2004 Actual	Variance Value	%
<b>Inpatient</b>				
Discharges	22,006	23,816	1,810	8%
<b>Daycare</b>				
Attendances	42,775	57,230	14,455	34%
<b>Outpatient</b>				
New	51,542	50,646	(896)	(2%)
Follow Up	114,765	115,322	557	0%
<b>Total</b>	<b>166,307</b>	<b>165,968</b>	<b>339</b>	<b>0%</b>

## Waiting List Status 31/12/03 - 31/12/04 For Waiting List Initiative Targeted Specialties

Speciality	Period	30	60	90	120	150	182	210	240	365	>365	Total
Cardiology	31/12/03	1	0	0	1	0	3	0	0	0	0	5
	31/12/04	0	0	0	0	0	0	0	0	0	0	0
	% Var	-100%	0%	0%	-100%	0%	-100%	0%	0%	0%	0%	-100%
ENT	31/12/03	19	25	21	10	4	10	0	0	0	0	89
	31/12/04	25	15	9	7	0	0	0	0	0	0	56
	% Var	32%	-40%	-57%	-30%	-100%	-100%	0%	0%	0%	0%	-37%
GUIDe	31/12/03	15	20	22	9	6	3	0	0	0	0	75
	31/12/04	14	25	18	5	5	1	0	0	0	0	68
	% Var	-7%	25%	-18%	-44%	-17%	-67%	0%	0%	0%	0%	-9%
Gynaecology	31/12/03	11	21	15	8	2	2	0	0	0	0	59
	31/12/04	19	14	3	5	0	0	0	0	0	0	41
	% Var	73%	-33%	-80%	-38%	-100%	-100%	0%	0%	0%	0%	-31%
Maxillo Facial	31/12/03	0	2	1	7	5	7	0	0	0	0	22
	31/12/04	4	15	9	7	0	0	0	0	0	0	35
	% Var	0%	650%	800%	0%	-100%	-100%	0%	0%	0%	0%	59%
Orthopaedic	31/12/03	11	17	18	5	11	8	0	0	0	0	70
	31/12/04	17	24	21	14	0	0	0	0	0	0	76
	% Var	55%	41%	17%	180%	-100%	-100%	0%	0%	0%	0%	9%
Plastic Surgery	31/12/03	54	44	28	36	20	36	0	0	0	0	218
	31/12/04	37	44	17	8	2	3	0	0	0	0	111
	% Var	-31%	0%	-39%	-78%	-90%	-92%	0%	0%	0%	0%	-49%
General Surgery	31/12/03	34	38	32	24	19	28	0	0	0	0	175
	31/12/04	44	23	24	31	9	8	0	0	0	0	139
	% Var	29%	-39%	-25%	29%	-53%	-71%	0%	0%	0%	0%	-21%
Vascular Surgery	31/12/03	24	44	29	33	19	13	0	0	0	0	162
	31/12/04	47	44	60	43	0	0	0	0	0	0	194
	% Var	96%	0%	107%	30%	-100%	-100%	0%	0%	0%	0%	20%
All	31/12/03	169	211	166	133	86	110	0	0	0	0	875
	31/12/04	207	204	161	120	16	12	0	0	0	0	720
	% Var	22%	-3%	-3%	-10%	-81%	-89%	0%	0%	0%	0%	-18%

## Waiting List Comparison 2003 / 2004

Summary	30	60	90	120	150	182	210	240	365	>365	Total
Waiting List as at 31/12/03	188	248	181	149	108	120	0	0	0	0	994
Waiting List as at 31/12/04	224	239	190	143	16	12	0	0	0	0	824
Variance	19%	-4%	5%	-4%	-85%	-90%	0%	0%	0%	0%	-17%

## Inpatient Waiting List By Speciality As On 31st December 2004

Specialty	Current Status as on 31/12/2004										
	30	60	90	120	150	182	210	240	365	>365	Total
ENT	25	15	9	7	0	0	0	0	0	0	56
Gynaecology	19	14	3	5	0	0	0	0	0	0	41
Maxillo Facial	4	15	9	7	0	0	0	0	0	0	35
Orthopaedics	17	24	21	14	0	0	0	0	0	0	76
Plastics	37	44	17	8	2	3	0	0	0	0	111
Surgery	44	23	24	31	9	8	0	0	0	0	139
Cardio Thoracic Surgery	17	35	29	23	0	0	0	0	0	0	104
Urology	14	25	18	5	5	1	0	0	0	0	68
Vascular Surgery	47	44	60	43	0	0	0	0	0	0	194
<b>Grand Total</b>	<b>224</b>	<b>239</b>	<b>190</b>	<b>143</b>	<b>16</b>	<b>12</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>824</b>

## Surgical Day Ward Waiting List By Speciality As On 31st December 2004

Summary	30	60	90	180	365	>365	Total
SDW Waiting List as on 31/12/2003	59	195	167	219	238	0	878
SDW Waiting List as on 31/12/2004	263	173	74	61	6	0	577
<b>VARIANCE</b>	<b>346%</b>	<b>-11%</b>	<b>-56%</b>	<b>-72%</b>	<b>-97%</b>	<b>0%</b>	<b>-34%</b>

Specialty	30	60	90	180	365	>365	Total
Anaesthetics	1	1	0	0	0	0	2
ENT	4	1	0	1	0	0	6
Gynaecology	9	8	2	4	0	0	23
Maxillofacial	43	23	18	15	0	0	99
Orthopaedics	8	8	0	3	0	0	19
Plastics	64	60	12	10	2	0	148
Surgery	104	62	40	28	4	0	238
Urology	30	10	2	0	0	0	42
<b>Total</b>	<b>263</b>	<b>173</b>	<b>74</b>	<b>61</b>	<b>6</b>	<b>0</b>	<b>577</b>

\*Please note Surgical Day Ward Waiting List reflects only Public patients waiting

#### Outpatient Waiting List As On The 31st December 2004

Summary	30	60	90	180	365	>365	Total
OPD Waiting List as at 31/12/2003	1,414	830	547	795	551	19	4,156
OPD Waiting List as at 31/12/2004	2,053	1,585	673	1,273	623	3	6,210
Variance	45%	91%	23%	60%	13%	-84%	49%

Specialty	30	60	90	180	365	>365	Total
Anaesthetics	17	2	0	0	0	0	19
Cardiology	100	61	25	4	0	0	190
Dermatology	81	71	98	120	0	0	370
Diabetic	45	44	38	85	48	0	260
E.N.T.	88	81	39	124	94	0	426
Endocrinology	28	44	17	1	0	0	90
Gastroenterology	50	14	5	0	0	0	69
Medicine for the Elderly	23	14	3	0	0	0	40
Gynaecology	68	21	3	12	0	0	104
Haematology	18	8	8	0	1	0	35
Immunology	21	12	10	0	0	0	43
Maxillofacial	64	42	37	29	22	0	194
Medicine	32	35	0	0	0	0	67
Nephrology	5	3	3	2	0	0	13
Neurology	38	61	34	102	31	0	266
Oncology	5	0	1	0	0	0	6
Orthopaedics	118	92	34	177	150	0	571
Plastics	217	151	136	282	58	0	844
Psychiatry	27	19	1	0	0	0	47
Psychological Medicine	5	16	4	0	0	0	25
Radiotherapy	2	0	0	0	0	0	2
Respiratory	44	21	0	0	0	0	65
Rheumatology	88	103	21	175	171	0	558
General Surgery	202	57	22	40	5	0	326
Thoracic Surgery	16	0	0	0	0	0	16
Urology	108	108	28	50	35	3	332
Vascular Surgery	63	59	49	6	0	0	177
Warfarin Clinic	9	0	0	0	0	0	9
GUIDe	379	378	4	1	0	0	762
Ophthalmology	54	37	36	57	8	0	192
Hepatology	38	31	17	6	0	0	92
<b>Grand Total</b>	<b>2,053</b>	<b>1,585</b>	<b>673</b>	<b>1,273</b>	<b>623</b>	<b>3</b>	<b>6,210</b>

Note: This report shows the length of time patients are waiting from date booked to report date i.e. 31st December 2004

CORPORATE DIVISION REPORTS



## CORPORATE DIVISION REPORTS

## Financial Statements



Income and Expenditure Account for the Reporting Period 1st January 2004 to 31st December 2004	2004 €'000	2003 €'000
Opening Deficit / (Surplus)	-185	204
Pay Expenditure	191,012	170,701
Non Pay Expenditure	136,066	139,507
Gross Expenditure Including Deficit	326,893	310,412
Income	-36,466	-37,165
Net Expenditure for the Year	290,427	273,247
Determination for the Year	291,530	273,432
Closing Deficit / (Surplus)	-1,103	-185
<b>Balance Sheet as at 31st December 2004</b>		
<b>Fixed Assets</b>		
Land and Buildings	176,317	170,460
Plant and Machinery	43,186	28,020
	219,503	198,480
<b>Current Assets</b>		
Debtors	46,891	47,155
Stocks	7,818	6,567
Bank and Cash Balances	207	207
	54,916	53,929
<b>Creditors – Less Than One Year</b>		
Creditors	-51,949	-40,952
Bank Overdraft	-1,864	-12,792
	-53,813	-53,744
<b>Net Current Assets</b>		
	1,103	185
Total Assets Less Current Liabilities	220,606	198,665
<b>Creditors - More Than One Year</b>		
Bank Loans	-6,405	-7,616
	214,201	191,049
<b>Capital and Reserves</b>		
Non Capital Income & Expenditure Account Surplus / (Deficit)	1,103	185
Capital Income & Expenditure Account Deficit	-6,405	-7,616
Capitalisation Account	219,503	198,480
	214,201	191,049



Mr. Brian Fitzgerald  
FINANCIAL CONTROLLER

The draft Financial Statements for the period 1st January 2004 to 31st December 2004 show a surplus of €918,000 on an allocation of €291,530m. The Hospital also had an opening surplus of €185,000 from 2003, and the resulting carried forward net surplus at 31st December 2004 is €1,103,000.

#### EXPENDITURE AND INCOME OVERVIEW

Net expenditure increased by €17,180m (6.3%) over 2003, of which pay expenditure increased by €20,331m (11.9%), non-pay expenditure decreased\* by €3,441m (-2.5%) and income decreased\* by €0,699m (-1.9%).

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

Expenditure Description	€'000
<b>Payroll Related</b>	
National Pay Awards (Sustaining Progress & Benchmarking)	10,983
Pay Increments	1,325
Payroll Impact of Service Developments & Continuation of Prior Year Developments	5,108
Overtime / Agency / and Other Payroll Additions	1,283
Increased Pensions / Gratuities and Lump Sums	1,344
<b>Sub Total Payroll</b>	<b>20,187</b>
<b>Non Pay Related</b>	
Drugs and Medicines Decrease Re Change in Accounting Policy *	(8,000)
Blood / Blood Products Decrease Re: Reduced Demand for Haemophilia Blood Products and a VFM Initiative	(0,638)
Medical Indemnity Insurance Decrease – Transfer of Expenditure to National Clinical Indemnity Scheme	(2,468)
General Insurance – VFM Reduction Negotiated Insurance Premium Reduction	(0,588)
Increases in Various Categories Re Patient treatment and Activity Driven, Technical & General Inflation	
<b>Sub Total Non Pay Related</b>	<b>(3,441)</b>
<b>Income Related</b>	
Patient Accommodation Income Increase	2,133
Superannuation – Increased Employee Pension Contributions	1,184
External Income Decrease – Pathology / Drugs / Medicines / Other	(4,016)
<b>Sub Total Income Related</b>	<b>(0,699)</b>

\*The reason for the non-pay expenditure and income decreases related to a change in the accounting policy for recording income associated with external sales of drugs and medicines. The change in policy saw income and expenditure recorded at net profit, rather than gross sales values as had been the practice in previous years.

### COMMENTARY

The year end surplus of €918,000 was a very satisfactory outcome given the complex expenditure challenges of 2004, e.g. growth in complex oncology drug treatments, PET scanning, agency attendant and nursing costs, and particularly the costs associated with interventional cardiology. The tight financial control methods introduced in 2002 continued during 2004 and the SAP enterprise system implementations (PPARS and FICO) introduced at the beginning of 2004 proved to be significant expenditure control tools, whilst providing unprecedented financial information.

From a funding process standpoint, 2004 was more challenging than other recent years. The final allocation and securing of additional funding was not concluded until the 21st December. The changing health management landscape, due to the introduction of the Health Services Executive impacted on the year-end process and from a funding process viewpoint the Hospital will need to position itself quickly within the new structure in 2005.

The final revenue allocation represented a 98.2% recurring base line funding balance going into 2005 and the Hospital can be more confident of its 2005 budget base position. This good financial outcome was achieved despite funding deductions of €6.1m re. Value For Money and raised income targets.

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

The audit of the accounts is not yet finalised and it should be noted that these reported results are unaudited, although no material change is expected.

#### Casemix Funding Model

The casemix funding process has been in place for over ten years and enables the Department of Health

& Children to measure the Hospital's financial performance against a peer group of hospitals. The Hospital has continually experienced negative outcomes from the model and 2004 was no different. The Hospital experienced a one time funding deduction of €560,000 (deduction of €355,000 in 2003). The perennial negative performance is a challenge for the Hospital, given the significance placed on the model by the Department as a vehicle for funding hospitals. In response the Hospital has sought expert advice and implemented an audit/costing tool, which will enable patient level costing, allowing finite analysis of reasons for negative performance, whilst enabling the Hospital to focus on areas for improvement.

#### Capital/Infrastructure Expenditure

Expenditure on major and minor capital projects amounted to €15.440m in 2004. This compared with €15.599m in 2003. The Hospital also invested approximately €5.9m from revenue funding sources, on improvements to infrastructure and replacement of equipment. The main capital project of 2004 was the redevelopment and expansion of the Accident & Emergency facility. This project is due to be completed in 2005.

#### Cash flow/Working Capital/Indebtedness

The Hospital's net cash flow increased by €12.127m 2004 over 2003, closing with a carried forward increase in cash in hand and bank balances of €10.928m. The Hospital experienced a significant cash inflow from operating activities due to the management of debtor & creditor accounts.

The Hospital saw a reduction in interest payments on loan facilities from €266,000 in 2003 to €214,000 in 2004, while interest received increased from €48,000 in 2003 to €55,000 in 2004. Overall, the long term borrowing facility was reduced from €7.616m in 2003 to €6.405m in 2004.

### Financial Information Development

As mentioned above, the Hospital implemented SAP enterprise systems at the beginning of 2004. The systems disseminated online budget and actual information to all budget holders, Hospital wide, for the first time. This will provide a solid foundation for the continued roll-out of devolved budget management.

In parallel, the Hospital has piloted a patient costing/audit software tool (mentioned above under casemix) using 2002 and 2003 financial and patient activity data, spanning all patient activity categories e.g. inpatients, daycase, emergency and outpatients. The results are considered highly accurate it is intended that this information will become a routine feature of management information.

### INTERNAL AUDIT DEPARTMENT.

2004 saw further consolidation of the work and integration of the Internal Audit function throughout the Hospital and externally. Generally, the work of Internal Audit is a continuation on the previous year, taking account of previous audit findings and areas important to the Hospital management, its Board and the Controller and Auditor General. Equally the Department has the freedom and independence to choose areas for audit following research, evaluation and consultation with interested stakeholders.

The amount of work has increased considerably. Apart from the traditional evaluation, compliance and Value For Money work done, the Department increasingly provided timely advice and consultancy on request. This is done while maintaining the independence and autonomy of the Internal Audit function, but ensured that managers of the other functions remained accountable and responsible. The Department respects, supports and upholds the role and function of all managers at whatever level while assisting efficiency and effectiveness.

2004 was dominated by work on the SAP/PPARS system, a core and business critical system to St. James's Hospital. This year we concentrated on the Human Resources section of the system. All its other functions rely on this bedrock database. Because of its importance, we will review and test various aspects annually into the future.

Control and Corporate Governance, including the Code of Practice, are core to the way the Hospital operates. Because the importance of these principals to the Hospital and the taxpayer is appreciated, they are automatically built into every audit and review. This year on year process takes account of changes in personnel and public demands as well as underlying principals of best practice and good governance.

The Internal Audit departments of the Mater Hospital, Beaumont Hospital, St. Vincent's Hospital, AMNCH Hospital Tallaght and St. James's Hospital formed a group called the DATH'S Internal Auditors Group under the auspices of the DATH'S CEO's group.

This initiative is aimed at improving the service provided to each hospital without compromising individuality or confidentiality. Audit work programmes are shared, current information and trends are monitored and new techniques and insights are passed on. It is hoped there will be improvement in the value-added aspect of our service, maintaining and improving standards and ultimately providing a more efficient and effective service.



Cathal Blake  
HEAD OF INTERNAL AUDIT

## CORPORATE DIVISION REPORTS

## Human Resources



### Introduction

The Human Resources Department provides a comprehensive service to staff and management to support Hospital objectives and ensure that staff interests are met.

Strong relationships are fostered with other agencies and the Department is involved in several working groups to develop the health sector's national and regional HR policy.

During February 2004, Michael O'Hagan returned as interim Head of HR following the departure of David Aberdeen.

### DEVELOPMENTS IN 2004

A hospital-wide Complement Review Exercise resulted in about 500 temporary employees becoming permanent staff. This exercise brought staffing levels within budgetary limits and should result in a decrease in vacancies.

Nursing and paramedical staff were sought from the EU and beyond following the completion of the Phase 1H facility. This should permit day care facilities in Haematology / Oncology, Endoscopy and Day Surgery to open on time and in-budget.

The Hospital's HR policies were amended as a result of the Protection of Employees (Fixed-Term Work) Act. The amendments that terms and conditions of employment for temporary staff are the same as those of their permanent colleagues.

Steps were taken to implement, publish and distribute the Dignity at Work policy, now officially adopted by the Hospital. Twelve volunteer staff were trained as Support Contact Persons and advisers to employees who believe their dignity at work has been violated and for those against whom allegations have been made. Three staff also trained as mediators/facilitators to informally resolve grievances, if appropriate.

An Equal Opportunities committee was established to ensure that equality and equal status legislation, which tackles bias and discrimination, applies in all policies and services.

PPARS – the health sector's HR information system – completed its first full year at the Hospital in 2004. PPARS has been an essential building block in moving from complex personnel administration to modern HR management. It is enabling HR and Payroll departments to integrate and facilitates standard data, policies and procedures.

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**Mr. Michael O'Hagan**  
ACTING HEAD OF  
HUMAN RESOURCES

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## LEARNING & DEVELOPMENT

Staff learning needs and the Hospital's Corporate Strategic Plan were supported by programmes run by the Learning and Development Centre. Under the Action Plan for People Management, the ERHA sponsored the following activities:

- a) Multidisciplinary Management Development Programme. 180 Staff attended three, one-day sessions over a period of 30 days between August and November.
- b) Management Development Programme for the SCOPE Departments. The following modules took place:
  - Professional Clinical Supervision Training Programme
  - Team Building for Staff
  - Management Competencies Training
  - Staff Supervision

During 2004, the centre also ran training courses on Staff Orientation/Induction, Computer Training, Moving and Handling, CPR, Cancer Registry, Patient Administration System, Financial Systems (SAP) and nursing related topics.

## CORPORATE DIVISION REPORTS

Information and  
Management Services (IMS)

## Introduction

The IMS Department provides a framework of Information Services to support all aspects of the Hospital's business.

## ICT PROJECTS

This year key developments included:

January 2004: the enterprise wide business system SAP - Financials and Materials Management went live.

February 2004: Porphyria Database - This is a national genetics database for the collection of data on sufferers of porphyria including a full family tree functionality.

February 2004: "Epinet" system - is a system for recording needlestick/sharps injuries and this went live in Occupational Health.

March 2004: Stars system - this is the National Database used in Risk Management. Information is collected for the clinical indemnity scheme. It also collates St. James's Hospital information on Employers Liability and Public Liability.

March 2004: OrderComms - a facility to book consultant referrals on-line went live.

April 2004: CORE System - the electronic time capture system (CORE) was introduced successfully in TSD in 2003 and was further extended to IMS Department staff.

June 2004: OrderComms - functionality rolled-out to Suite 1, Suite 2, the Dialysis unit and NCHCD.

October 2004: Sapphire Theatre Management system - commenced in Theatre 8 and 9. This system provides a booking and scheduling facility for patients requiring surgery and will enhance the management of theatre lists. There is also a facility for documentation of procedures, which will contribute towards an Electronic Patient Record. A web-based version of the system allows the wards to view a patient's progress through theatre and view a continually updated theatre list.

Nov - Dec 2004: Sapphire Theatre Management system - By December 2004 this was extended to Theatres 10, 11, 6 and 7 and all Theatres are planned to go live by April 2005.

December 2004: Diabetes Diamond System - this system now includes an audit tool for reporting on Diabetes statistical data.

December 2004: Quantum System - Phase 1 of a new Occupational Health system from Quantum was introduced. This phase includes diaries and appointments. Phase II will see the introduction of blood screening and staff medical information.

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**Martin Buckley**  
IMS MANAGER

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Maire Sinnott  
ICT OPERATIONS MANAGER

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Annemarie Dooley  
ICT PROJECTS MANAGER

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Finian Lynam  
MANAGEMENT INFORMATION  
(MIS)

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#### Other Developments include:

Contracts were signed in 2004 for a National Haemophilia database and a cold-chain supply company. The cold-chain project will also develop a software package to track and trace the products through the supply chain to the patient's home using EAN bar coding.

The extension of the Hospital-wide Patient Analysis and Tracking system (PATS) continued and two new registries went live in 2004:

- 1: Heart Failure Registry
- 2: Liver information registry (LIR)

Digital Dictation was introduced to Hospital I Ground Floor and Histopathology.

ADOS Document Imaging System was upgraded in the Emergency Department and extended to Medical Administration and Clinical Photography.

The Patient Administration system had the following changes applied:

- Consultant referrals transaction lists.
- Amendments to capture and display Long term facilities.
- HIPE changes.
- Outpatient/Day-case appointment to attendance linking.

#### ICT INFRASTRUCTURE

New technologies this year included:

- An upgrade of hospital servers to Microsoft Server 2000.
- Desktop client 'Windows' 2000 upgrade, keeping user functionality up to date.
- PAS Server upgraded to model DS 25 to support

increased workload and provide extra capacity. (Average of 250 end-users on-line 24x7)

- Initial implementation of Wireless Network Technology to be used by Materials Management staff for inventory control.

#### HELPDESK

13,491 calls were received by the helpdesk in 2004, an increase of 3% from 2003.

84% of calls are resolved within one working day. User satisfaction was measured through a feedback survey of 150 users showing a 96% satisfaction rate.

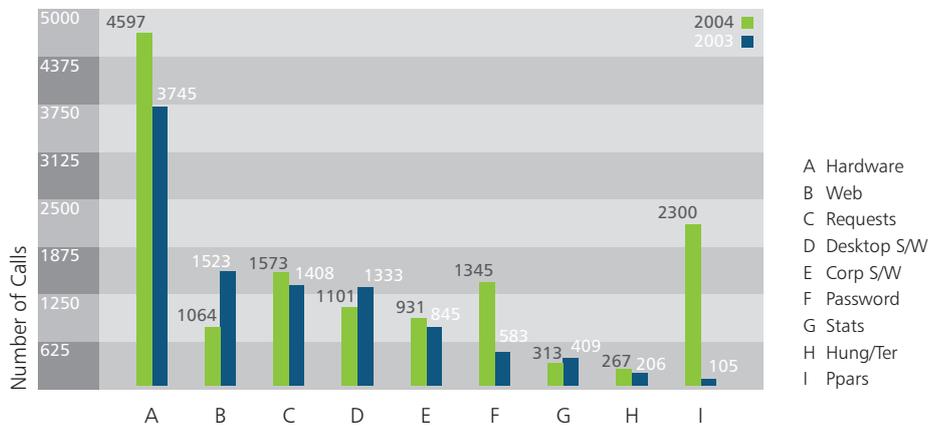
#### WEB SERVICES

In 2004, 1,475 documents have been added to Internet and 2,000 documents have been added to intranet. There are currently about 9,000 pages of content on both sites. There are approximately 50 active content contributors. In March 2004 following Hospital wide consultation, the Intranet was redesigned with excellent results.

#### INTERNET & EMAIL

Email has rapidly become the primary method of communication within the organization and a mission critical application. For the IMS Department ensuring a virus free and Spam free environment is crucial. Countermeasures have been very successful in this regard. IMS are continually improving the 'backend' systems to improve Spam detection. Mail has increased again this year with approximately 2.5million messages processed and 59% Spam detection rate on incoming mail.

### Helpdesk Enquiries



### 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 Department of Health & Children requirements.

The MIS Intranet facility has now more than seventy registered users. This facility has empowered the business users to access their information within a 'user-friendly' environment, allowing 'drill and slice' of data. Many additions have been continually 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.



## CORPORATE DIVISION REPORTS

# Materials Management Department

### Introduction

The Materials Management Department is responsible for the procurement of goods and services for the Hospital. The Department's function encompasses purchasing, contracts, coding and logistics. In 2004 the Department continued to source, purchase and provide inventory management for a portfolio of 20,000 products to more than 150 internal customers.

### OVERVIEW

Description	Value
Non Pay Managed Spend	€41,000,000
Goods/Services Under Formal Contract	€27,122,268
Savings Achieved	€1,783,716

### CONTRACTS

The contracting function of the Department continued to expand in 2004 as the requirement for adherence to National/EU Procurement Laws remained a focus for the Hospital as a public body. These laws ensure that openness, fairness and transparency are maintained in the contracting process. The placing of goods and services under formal contract ensures that value for money is achieved.

A number of contracts were awarded in 2004, for example Interventional Radiology, Urology, which required working in a collaborative manner with cross-functional teams at the Hospital, thus ensuring that all medical devices involved in these contracts were suitable for purpose and suited the clinical requirements of the end users involved.

The Department continued to work with the Hospital Procurement Services Group on a number of contracts e.g. Drug Eluting Stents, ICDs/Pacemakers.

### DEVELOPMENTS IN 2004

#### SAP Genesis Project

The SAP System was introduced by the Hospital in 2004 to help support the finance and materials management operations so that they can be executed in a more streamlined, efficient manner. The SAP Genesis project went live on the 5th January 2004 and resulted in 139 cost centres utilising the system. Three hundred 'requisitioners' were trained and assisted in the utilisation of the system. Haematology and Immunology have gone live since the initial launch date, with Biochemistry due to go live in 2005.



**Ms. Miriam Kenny**  
ACTING MATERIALS MANAGER

#### Benefits of SAP

- Integrated Materials and Finance System.
- Accurate up to date view of the business.
- Instant access to information across the Departments.
- Standardisation of critical business processes.
- Budgetary Control and Stock Control.
- Accountability.

#### KAN BAN SYSTEM

The Kan Ban installation project commenced on 25th March 2004. The Kan Ban system is a just in time system which maintains an orderly and efficient flow of products. 38 areas in total were installed with the Kan Ban inventory system, with nine specialised areas (e.g. Theatre) and 29 standard areas (e.g. general ward).

#### Benefits of the Kan Ban System

- Standard lay-out in all general wards.
- Overstocking is now prevented.
- Forecasting and planning will now be more accurate.
- Reduction in the risk of obsolescence due to the dual bin system.
- Risk of stock outs is greatly reduced.
- Storage trays are all fully autoclavable.

The Kan Ban system will be installed in further areas in 2005 with the translocation of areas to Phase 1H.



## CORPORATE DIVISION REPORTS

# Occupational Health

### Introduction

Occupational Health offered a comprehensive service to more than 4,000 staff in St. James's Hospital and took a proactive stance in relation to supporting the health and safety of all staff. The team - which includes a fulltime Occupational Physician, two Clinical Nurse Specialists, a Secretary/Receptionist and a Data Manager - are active in all aspects of health & safety with a focus on infection control, moving and handling, risk management, radiation protection and health promotion.

The second Clinical Nurse Specialist started work in December 2004. Our Data Manager had already worked in the Department and was therefore very experienced in the area, having already set up several different databases.

A total of 3,524 staff attended the service - a slight decrease of 4% from the previous year. There has been a major change in the ethnicity of the Hospital staff, which also adds to the diversity of the caseload.

### KEY SERVICES:

- 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 2004. The Epinet system-(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. Several reports have been produced so far which have been informative and useful to the Needlestick Prevention Taskforce.

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**Dr Noreen Noonan**  
OCCUPATIONAL HEALTH

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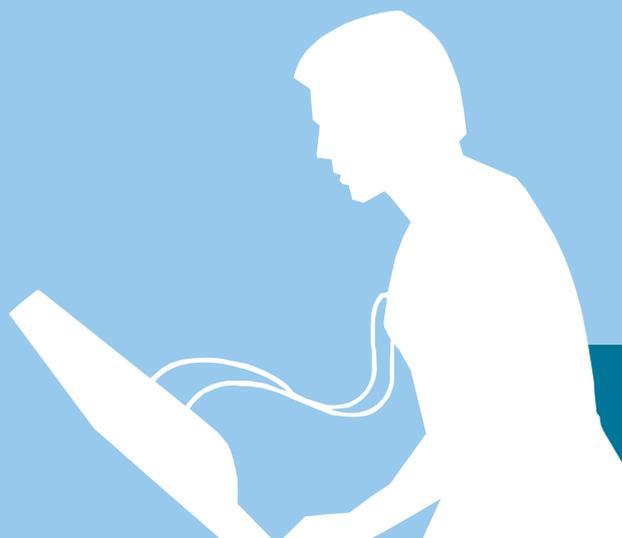


# SERVICE DIVISION REPORTS



## CLINICAL DIRECTORATES

## CResT Directorate



### Introduction

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

In January 2004 Professor Michael J. Walsh, took up the role of Clinical Director for CResT.

### CARDIOLOGY

In 2004 the First Annual Live Course on Complex Percutaneous Coronary Intervention was held in St. James's Hospital. Speakers and Delegates from all of the interventional Centres North and South contributed. The course featured four live teaching cases supported by presentations on up-to-date Clinical research and practice. Dr. Crean and Dr. Mulvihill are to establish the course as an Annual Event with Delegates from European Centres expected to attend next year.

### The Cardiology Service

In 2004 the Cardiology Service continued to grow, servicing both local and Hospital referred patients from all over Ireland. The number of patients undergoing coronary angiography and angioplasty continues to rise steadily with excellent results being achieved.

The number of angioplasty patients rose to over 1,100 in 2004, an increase of 28% from 2003. The number of patients receiving drug-eluting stents rose to approximately 80% by December 2004.

A Total of 60 ICDs (Implantable Cardioverter Defibrillators) were inserted this year, seven of which were replacement ICDs. 50% of the patients receiving ICDs were in the 60-80 age group. This year four people from the 18-30 age group had an ICD implanted. These were people with family histories of sudden cardiac death, Long Q-T intervals and newly diagnosed Hypertrophic Cardiomyopathy. Many of these patients were diagnosed as a direct result of screening relatives after incidences of collapse.

The Electro physiology activity has increased in both numbers and complexity. Dr. David Keane has introduced a number of new systems to the Cardiac Cath Labs, including the Carto XP.

The Telecardiology which links Sligo General Hospital with St. James's Hospital continues to provide an invaluable link for referring hospitals. The main patient benefit of the new system is that it allows speedy access to an Interventional Cardiologist and a Cardiac Surgeon. Discussions with other referring hospitals are underway to rollout this system.

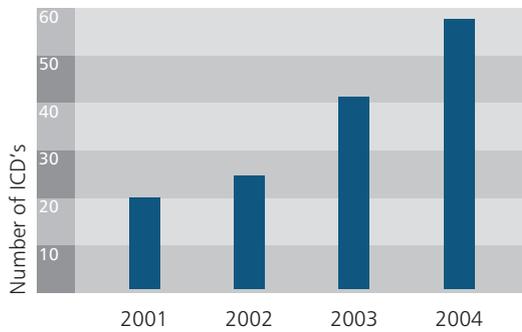


**Prof. Michael J Walsh**  
CLINICAL DIRECTOR

Ms. Jo-Ann Campbell  
BUSINESS MANAGER

Ms. Mary Foley  
NURSE MANAGER

Number of ICD's Inserted 2001-2004



### Smoking Cessation Service

Carmel Doherty, Smoking Cessation Nurse Specialist, provided brief intervention and literature to 563 smokers during hospitalisation. A more intensive support programme is available through a six week programme. During 2004, 481 referrals were made to the smoking cessation service, a 17% increase on last year. 118 smokers started the six-week smoking cessation programme. 43 smokers were referred to smoking cessation services around the country. A staff six-week stop smoking course was held in January.

The Smoking Cessation Nurse facilitated a one-day training course in brief intervention in February. The aim of this course was to provide health professionals with the basic skills necessary to raise the issue of smoking cessation with smokers.

The Heart Failure Service continued to grow in 2004, with the help of funding from Merck Pharmaceuticals. This is a Physician-directed, Nurse-led programme. Patients with heart failure were enrolled in the three-month self-care education program.

### PATS (Patient Analysis and Tracking System) in Cardiology

The roll out of PATS continued in 2004 covering areas such as CCU, the Robert Adams Ward and the Cath Lab. In late 2004 finance was secured to fund the appointment of a data base administrator next year.

### Cardiac Rehabilitation

Cardiac Rehabilitation continues to provide a comprehensive service to inpatients, outpatients and their families. By the year's end 2004, a total of 553 inpatients had been seen and provided with information/education about cardiac rehabilitation.

197 patients attended the six to eight week Cardiac Rehabilitation Programme run by the multidisciplinary team. An Information Talk invitation was extended to a further one hundred patients who were either be unable or unsuitable to attend the Programme.

CPR training is also offered to families and friends of patients who have completed the Programme. This has again proved very popular with 88 people availing of these courses.

### CARDIOLOGY RESEARCH AND EDUCATION

Our research programme is grouped under the following headings:

- Inflammation and metabolism.
- Invasive cardiology and electrophysiology.
- Imaging and physiology measurement.
- Clinical trials.

Work in these areas continues in collaboration with other Departments in the University and within the Hospital.

The first live Coronary Angioplasty course to be held in Ireland was successfully introduced by Dr. Peter Crean and Dr. Niall Mulvihill, with participation of other staff members from St. James's Hospital and with an international faculty and attendance.

#### TOE Service

In late 2004, Comhairle na nOispedeal approved the appointment of a fifth Consultant Cardiologist to perform TOE with a special interest in Heart Failure. It is anticipated that this appointment will be made by mid 2005.

### RESPIRATORY MEDICINE

Key recent developments in respiratory medicine have included the Respiratory Assessment Unit (RAU) and the provision of Non-Invasive Ventilation (NIV) on John Houston Ward. A new Respiratory Nurse Specialist and a new Clinical Specialist in Respiratory Physiotherapy were appointed in 2004 and the Respiratory Laboratory and Sleep service continue to grow. The Lung Cancer service is supra-regional, providing services for 20% of patients with lung cancer in Ireland.

#### Respiratory Assessment Unit (RAU)

The RAU treated 120 patients with acute COPD in 2004, with a hospital-at-home approach, reducing length of stay from 10.5 to 2 days and the re-admission rate by over 20%. These patients, through education, self-management and smoking cessation, also enjoy a reduced number and severity of COPD exacerbations. Pulmonary Rehabilitation commenced in 2004 and it is hoped to develop this service to appropriate capacity in 2005. Other RAU services include:

- Long term Oxygen Therapy assessment.
- Self management plans for Asthma and COPD.
- Phone support.

- Drop in service.
- Nurse/Physiotherapy led Clinics.
- GP Referrals – for patients known to the service.
- Osteoporosis assessment.

#### Non-Invasive Ventilation Service (NIV)

Over 100 patients with severe acute COPD were treated with NIV on John Houston ward in 2004, dramatically reducing mortality and the need for ICU admission, with reduced length of stay and reduced overall costs for acute COPD. NIV is currently provided on the John Houston's general ward.

#### Respiratory Nurse Specialist

Bettina Korn took over the role of Respiratory Nurse Specialist within St. James's in November 2004, providing detailed one to one respiratory assessment for 120 patients with asthma and COPD in her first two months. She has also commenced an education programme on Asthma and COPD in the community and plans an extensive clinical, education and research programme going forward, including:

- In-service education sessions for nursing students, nurses, junior medical staff and pharmacists.
- Self Medication Policy and self management plans for patients.
- Nebuliser Policy.
- Bone Health in Asthma patients.
- Asthma and COPD awareness programme in the community for GPs and Community nursing staff.
- Audit of Respiratory Health/Illness within the homeless population.

### Clinical Specialist in Respiratory Physiotherapy

Hope Fisher was appointed as Clinical Specialist in Respiratory Physiotherapy in October 2004 with overall responsibility for respiratory physiotherapy at St. James's Hospital. Hope has commenced new initiatives for inpatient education and rehabilitation for patients recovering from COPD and for patients with dyspnoea due to lung cancer.

### The Respiratory Laboratory

Michele Agnew, Chief Respiratory Technician, has been elected Irish Delegate for the European Respiratory Society for a three-year term, a notable achievement. The laboratory staff have also been proactive in setting up the Irish Institute for Clinical Measurement Science and the Irish Sleep Society. Clinical attachments continue in the lab for DIT students taking the degree course in Clinical Measurement.

Activity in the Respiratory Laboratory remains high, with over 5,000 patient visits per year, providing a comprehensive range of services at supra-regional level. A new test (SNIP) was introduced in 2004 to measure respiratory muscle strength and detailed functional assessments are provided for patients attending the pulmonary rehabilitation programme. The laboratory has an active research programme including an important study, recently completed, on the respiratory health of bar workers 'pre and post' introduction of the smoking ban in Ireland.

### Sleep Service

The sleep service for patients with Obstructive Sleep Apnea and other respiratory sleep disorders continues to grow. An important new development is the provision of home titration of CPAP for patients diagnosed with Sleep Apnea. Accordingly, most patients no longer require admission for titration and are established on appropriate treatment more quickly after diagnosis.

### Lung Cancer Service

St. James's Hospital remains the foremost Irish centre for lung cancer with over 300 lung cancer patients attending in 2004, representing 20% of the national disease burden. St. James's Hospital has developed a true multidisciplinary team approach to the management of lung cancer with dedicated input from many specialties, co-ordinated by specialist senior nursing staff. Important recent developments include the appointment of a medical oncologist with a special interest in lung cancer and the commencement of regular tele-linking with centres in the Midlands. In 2004, the Irish Lung Cancer Nurse's Group was established with key input from Rita Luddy, Respiratory Oncology Coordinator at St. James's Hospital, who has been elected first chairperson of this group.

### Respiratory Research and Education

A number of 'bench-to-bedside' research projects are underway in the Respiratory Department, led by the consultant staff and funded by the Health Research Board, Science Foundation Ireland, the HEA and funding from Pharma. All research is presented and written up for publication. Specifically, the Department has presented at international meetings such as the American Thoracic Society, the Keystone meetings and locally, at the Irish Thoracic Society.

- 1 The Immune Response to Tuberculosis: The Respiratory Department has funding for five full time postdoctoral PhD scientists. Currently, three experienced scientists, working in the Institute of Molecular Medicine, are studying host immune response to Tuberculosis. They focus on the basic immune mechanism of macrophage apoptosis in the setting of infection with *M. Tuberculosis*. In addition to normal bench work, bio safety level three work using virulent bacteria is also underway.

- 2 Lung Cancer Genetics: In keeping with the large volume of lung cancer seen in the Department, the consultant staff have engaged in a number of new research initiatives to study this often lethal disease, in collaboration with our multi-disciplinary team colleagues. In collaboration with Boston University, the Respiratory Department is profiling the genetic transcriptome of patients with lung cancer. By doing DNA microarray experiments on material derived at bronchoscopy, it is hoped to reveal the genetic basis of this important disease.
- 3 Lung Cancer Staging: The Respiratory Department has commenced recruiting patients for a study that seeks to establish the role of 'whole body MRI' in the staging of lung cancer and comparing it to available new modalities, such as PET scanning.
- 4 COPD: The Respiratory Department is engaged in a collaboration with our psychiatry colleagues that seeks to establish the frequency and mechanisms of depression in COPD.
- 5 Education: The Respiratory Department continues to take a lead role in education through the running of its weekly respiratory grand rounds meeting. In this setting SpRs and other NCHDs as well as medical students receive didactic teaching through interactions with consultants, during presentations of interesting cases and background information.
- 6 Membership Tutorials: The Respiratory Department continues to take part in frequent dedicated Membership tutorials for postgraduate students in medicine.

#### Undergraduate Teaching & Examination

The Respiratory Department consultant body continues to give dedicated weekly final medical tutorials in addition to bedside teaching of all other medical years. The Department is also involved in the TCD clinical and scientific examinations including final clinical medical examinations.

#### Dr. Alison Byrne Travelling Fellowship

Alison Byrne was a remarkable young doctor who completed most of her respiratory SpR training and her MSc in respiratory microbiology at St. James's Hospital. Alison died suddenly and unexpectedly in July 2000. In her memory, Wyeth Medical provide an annual bursary for research in respiratory medicine or microbiology. In 2004, this was awarded to Dr. David Breen, SpR in Respiratory Medicine.

#### CARDIO-THORACIC SURGERY

The Keith Shaw Unit continued to maintain high activity levels performing a total of 528 procedures by 'year-end' December 2004. This represents an increase of 78 cases on agreed activity levels.

A slight decrease in total activity levels as compared to 2003 is representative of increased patient length of stay, most particularly in ICU. This reflects the changing demographics of patients having cardiac surgery. Patients are getting older with greater co-morbidity.

Waiting list times have been further reduced in 2004 with elective patients experiencing an average waiting time of one month for cardiac surgery. The Unit also achieved its target of no patient waiting longer than four months for surgery by the end of December 2004 (as compared to a six month waiting time in previous years).

An in depth analysis and audit will be available in the Cardiothoracic Surgery Report 2004 due for publication in Summer 2005.

### THORACIC SURGERY

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

A multidisciplinary conference takes place on Monday mornings which links with both Mullingar and Tullamore hospitals. This conference allows for simultaneous viewing of pathology studies and radiology images (PET scans, CT scans, CXR) at the three sites.

This facilitates treatment plans and streamlines patient's access to referrals for further investigations and/or treatment.

### THE PALLIATIVE CARE SERVICE

In 2004, a second Palliative Care Consultant, Dr. Peter Lawlor, was appointed.

The team currently provides an inpatient consultation service. Over 90% of referrals have a cancer diagnosis. The average annual increase in total patient referrals from 1997 to 2003 is 19.3%. The most common reason for referral is symptom control.

In late 2004, a needs assessment survey regarding an outpatient clinic in palliative care was carried out. The response rate was very positive and all respondents supported the idea. It is envisaged that the future demand for an outpatient clinic would be considerable, especially with the provision of palliative care to patients with non-malignant end of life care needs.

## CLINICAL DIRECTORATES

## HOPe Directorate



### Introduction

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

### Developments in 2004

This was one of the most important years in the development of the HOPe Directorate. The dayward now occupies a new unit (the Haematology Oncology Day Care Centre) and consequently can offer the delivery of patient care in state-of-the-art facilities. To compliment these new facilities, there was an appropriate expansion of nursing, pharmacy, ancillary specialty and clerical staff to meet the increasing workload in the Department, which continues to increase year-on-year. Furthermore the funding for a fourth Medical Oncology consultant was approved.

As part of the successful cancer services bid, funding is also being provided for the development of cancer multi-disciplinary teams (MDTs), associated with the provision of dedicated MDT co-ordinators. The radiation oncology bid review was also undertaken towards the end of the year, involving all cancer service resources in a unified effort to be successful.

Finally the Oncology and Haematology clinical trials unit has been significantly expanded over the past year with an increase in the numbers of patients being inducted into straightforward clinical and translational research.

### SERVICE TRENDS

During 2004, the Directorate had another busy year with a further increase in the number of patients undergoing treatment.

#### Haematology Oncology Day Care

The increase in activity was particularly apparent in the day care environment. The table titled 'Number of Day Care Attendances 2000-2004' overleaf demonstrates the continual increase in day Care.

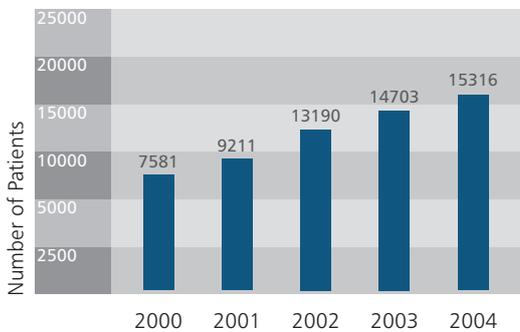


**Dr. Kenneth O'Byrne**  
CLINICAL DIRECTOR

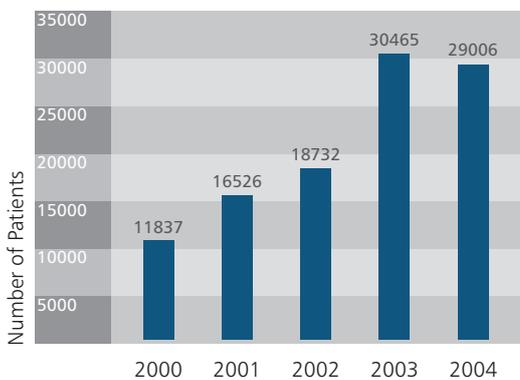
Ms. Mary Day  
NURSE MANAGER

Ms. Suzanne Roy  
BUSINESS MANAGER

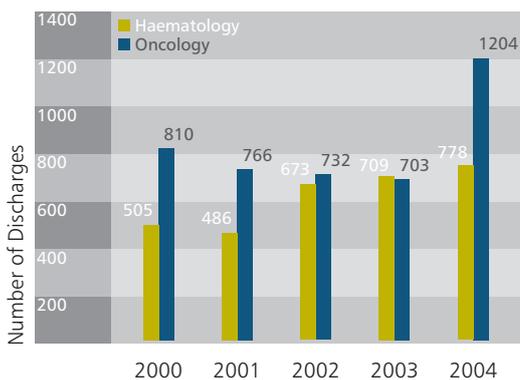
Number of Day Care Attendances 2000-2004



Number of Outpatient Attendances 2000-2004



Discharges by Specialty



### Outpatient Service

In Haematology, Medical Oncology and Radiation Oncology, outpatient activity remained stable in 2004 and activity levels were achieved in line with expected Provider Plan levels. It is noted from the table titled 'Number of Outpatient Attendances 2000-2004' that there was a slight decrease in overall outpatient activity. This figure includes the Warfarin Clinic and the decrease can be attributed to fewer return patients to the Clinic. This has been achieved through the introduction of new software that reduces the requirement for patients to attend the Clinic.

### Inpatient Activity

In terms of inpatient activity, Haematology continued to experience an increase in discharges in 2004. In 2004 Medical Oncology demonstrated a sizable increase in inpatient activity, as a result of the appointment of a new consultant at the latter end of 2003. This is clearly demonstrated in table titled 'Discharges by Specialty'.

### HAEMATOLOGY

2004 marked the 20th anniversary of the first successful Bone Marrow Transplant for Leukaemia carried out at St. James's Hospital.

The Open Window project, a novel intervention supplying artistic images, film and music to patients rooms while undergoing stem cell transplantation in the Denis Burkitt Unit were funded for three years by the Irish Cancer Society. A curator, Denis Roche and a research Fellow, Catherine McCabe, Lecturer in Nursing, Trinity College Dublin was appointed. Mr. Fran Hegarty, Physicist, St. James's Hospital is programme manager. The intervention will be evaluated in a prospective fashion with supervision from Dr. Cecily Begley, Dean, Nursing School TCD, Dr. Brian Maguire, Director, National College of Art and Design. It is hoped the intervention will have a

major impact on patients and reduce their levels of anxiety and isolation while undergoing stem cell transplantation. The project is under the direction of Professor Shaun McCann.

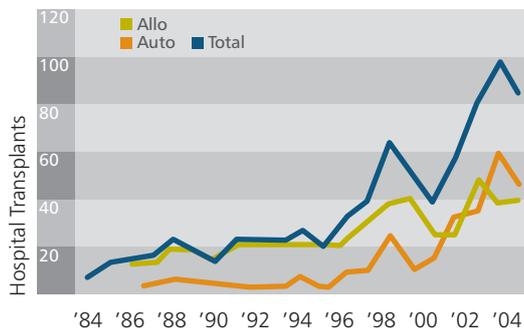
Professor McCann presented the project to the Art and Health conference, Dublin Castle in June and to the South African Lymphoma Study Group 11th biennial congress, Cape Town, October 2004.

### The Bone Marrow Transplantation Programme

The following activity was completed in 2004:

- Total Transplant Programme (Figure 1).
- Allogeneic Transplants (Figure 2).
- Autologous Transplants (Figure 3).
- Non-myeloablative stem (NST) cell transplants (Figure 4).

Figure 1 St. James's Hospital Transplant



### Programme 1984-2004

43 patients received autologous stem cell infusions. There were 45 transplants performed. One patient received three transplants as treatment for testicular carcinoma.

- MDS / MPD: Myeloproliferative Disease
- NHL: Non Hodgkin Lymphoma
- AML: Acute Myeloid Leukaemia
- CML: Chronic Myeloid Leukaemia
- ALL: Acute Lymphoblastic Leukaemia
- HD: Hodgkins Diseases
- WS: Waldenstroms
- LL: Lymphoblastic Lymphoma
- MM: Multiple Myeloma
- TC: Testicular Cancer

Figure 2 Allogeneic Bone Marrow Transplants in 2004 by Disease Indication

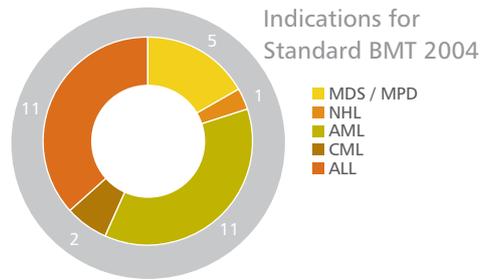


Figure 3 Autologous Bone Marrow Transplants in 2004 by disease indication

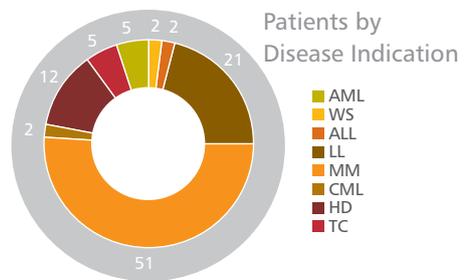
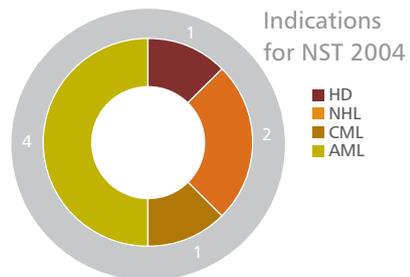


Figure 4 NST Transplants in 2004 by Disease Indication



### Bone Marrow for Leukaemia Trust

The Bone Marrow for Leukaemia Trust (BMLT), founded in 1980, continues to provide significant funding to St. James's Hospital for patients suffering from leukaemia or requiring marrow transplantation and their relatives.

Key funding in 2004 included:

- Two fellowships for young Haematologists in training.
- Educational fund for nurses.

The Trust hopes to raise funds to complete purpose built accommodation on or in close proximity to the Hospital campus. It is hoped that this new facility will provide space for up to ten families as the requirement for transplantation increases.

The Trust will continue to support research in the New John Durkan Research Leukaemia Memorial Laboratories and to take an interest in supporting patients and their families through the difficult times ahead.

### ONCOLOGY

The appointment of Dr. K O'Byrne at the end of 2003 has had a significant effect on activity levels in the inpatient setting.

- Day care experienced the most growth in activity within Oncology.
- Patients continue to benefit from the excellent service provided by the Cancer Genetics team. The Genetics team received funding for an additional specialist nurse, to complement the existing nurse establishment.

### CANCER CLINICAL TRIALS CONSORTIUM OFFICE AT ST. JAMES'S HOSPITAL

Programme Director    John Kennedy  
Scientific Director    Professor John Reynolds  
Programme Manager    Jennifer Feighan

In 2002 a consortium of hospitals within the South Western Area Health Board and the Midland Health Board, under the leadership of St. James's Hospital applied for funding from the Health Research Board (HRB) to strengthen infrastructure for cancer clinical trials within the participating institutions.

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

The Cancer Clinical Trials Consortium is managed by the CCTO steering group, which consists of the Principal Investigators from each site and is chaired by Dr. John Kennedy. This group meets regularly and receives reports from the Programme Manager. The consortium holds regular steering group meetings. The Scientific Group has been chaired by Professor John Reynolds. The main objective of these two groups was to develop a clinical trial programme encompassing all of the consortium sites.

The Cancer Clinical Trials Consortium has an active Scientific Programme. The Scientific Advisory Committee meets regularly. There are members from each consortium site with Professor Owen Smith (Professor of Haematology) and Professor Dermot Kelleher (Professor of Clinical Medicine, at Trinity College Dublin) as advisors. There are two research fellows attached to the scientific programme, one researching neo-adjuvant therapy for rectal cancer and the other based in the laboratory. The main

objective of the Scientific Programme is to identify opportunities to perform translational research. This 'bench to bedside' approach is a unique feature of the programme and is integrated with the genetics and molecular research programmes in the participating hospitals.

#### Staff at the Cancer Clinical Trials Consortium Office

Since the CCTO opened in 2003 it has recruited medical, nursing and data management staff and over 40 people have been trained in associated Good Clinical Practice.

The research nurses are the primary contact for all patients recruited to clinical trials. They also support patients undergoing clinical trials and their families to understand the treatments undertaken and the implications. They are available and approachable to enable patients to make informed decisions about their care.

The Cancer Clinical Trials Central Office has three data managers from medical and clinical trials backgrounds who look after the regulatory affairs for the Office and engage in protocol development in conjunction with the Principal investigators for investigator led studies.

Three research fellows are attached to the Oncology Scientific Programme. Their primary objective is to conduct an original research project under the supervision of a Consultant Surgeon or Oncologist.

Every study has a dedicated pharmacist and senior technician to manage drug accountability procedures and maintain the clinical trial drug supply. They ensure that good clinical practice guidelines are followed and adhere to the principals of Good Manufacturing Practice (GMP). The Hospital's pharmacy is the only hospital pharmacy in Ireland to hold a GMP licence.

## QUALITY AND AUDIT

### Standard Operating Procedures

The CCTO developed a quality programme as a priority in February 2003. The first draft of Standard Operating Procedures (SOPs) was generated in early 2003 and revised and implemented in September 2003. These SOPs govern the quality of all the research conducted by Cancer Clinical Trials office in all sites and are fully GCP compliant.

### Audit

The Cancer Clinical Trials programme office in St. James's Hospital has been inspected by the Irish Medicines Board for Good Clinical Practice. The audits concluded with minor findings and were an important independent validation of the standard of good clinical practice that we adhere to.

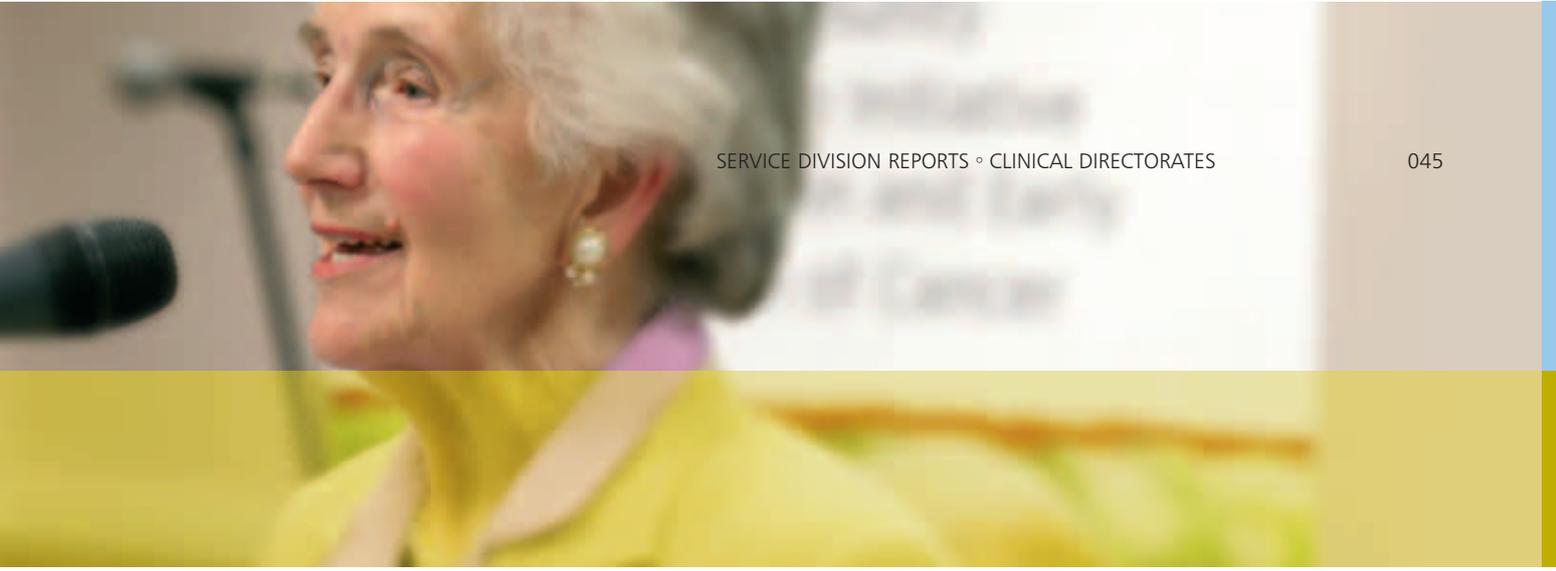
A number of pharmaceutical companies have conducted audits of various studies and all of have been very satisfactory.

### Cancer Clinical Trials Programme 2003-2004

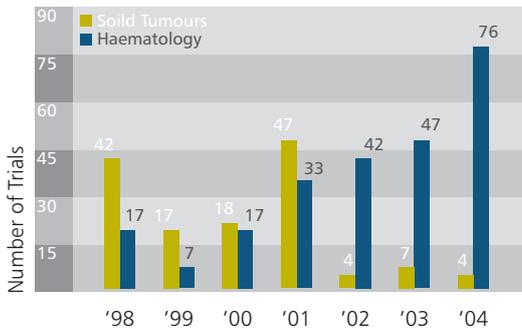
There are fifty on-going studies and there are trials available for main disease groups: breast, colon, and lung cancer (both adjuvant and metastatic). The office has participated in, and facilitated the development of Phase II and III studies for lung, colon and breast cancer patients and expanded access programmes for patients with malignant mesothelioma and colon cancers.

Studies are also available for patients with gynaecological malignancies and the establishment of the scientific program has generated translational studies in oesophageal, rectal and lung cancers.

A programme for less common malignancies such as pancreatic and gallbladder cancers has also been developed and we have numerous haematology studies including those for Chronic Myeloid Leukaemia, Acute Lymphoblastic Leukaemia, Lymphoma and Multiple Myeloma.



Clinical Trials St. James’s Hospital 1998-2004  
Patients Accrued at St. James’s Hospital  
Since the Office Opened



	2003	2004
Breast	37	19
Haematology	7	5
Mesothelioma	3	10
Lung	0	15
Gynaecology	0	11
Colon	0	9
Upper G I	0	11
Other	7	
<b>Total</b>	<b>54</b>	<b>80</b>

**NATIONAL CENTRE FOR HEREDITARY COAGULATION DISORDERS (NCHCD)**

A Co-Infection Haemophilia Nurse was appointed in May 2004. The role of the HIV/HCV Haemophilia Nurse brings a level of expertise, which is necessary in caring for this population, and the role contributes to the co-infection clinic by providing much needed support and education. The collaborative practice between the departments

allows for improved patient care, and ensures an efficient and effective service

A Principal Grade Psychologist was appointed in August 2004. The service provided by the Clinical Psychologist includes the delivery of specialist psychological assessment and psychological therapy to patients and their families within the NCHCD. The service also provides support to health professionals in the psychological management of patients by providing clinical consultancy, education and training.

A Clinical Specialist Physiotherapist was appointed in August 2004. The purpose of this service is the physiotherapy assessment and treatment of musculo-skeletal complications affecting people with haemophilia who attend the centre. The total attendance of patients attending this service has increased by almost 50%. Hydrotherapy sessions are proving instrumental with patients reporting much improved quality of life.

A Molecular Biologist was appointed in September 2004. The Molecular Analysis Laboratory at the National Centre for Hereditary Coagulation Disorders is developing a national service for detection of underlying mutations giving rise to haemophilia and related bleeding disorders. This will allow molecular diagnosis of carriers of haemophilia for relatives of affected patients. The laboratory continues to diagnose inherited prothrombotic risk factors, with 1,288 genotype results issued in 2004.

A Quality Assurance Officer was appointed in October 2004. This service will be an integral part of the service in the NCHCD providing essential audits and ensuring best practice is adhered to.

### Clinics

A Nurse Led Clinic was set up to review all new patients attending the service.

A monthly adolescent clinic was developed to track the patients transferred from the paediatric service to St. James's Hospital. This has improved the attendance figure for this cohort of patients who had a bad attendance rate.

### National Haemophilia Project

- Comprises of National Haemophilia Database and Cold Chain delivery service for Coagulation Factor Concentrates (CFC's).
- National Haemophilia Database contract signed November 2004. Phase 1 implementation is expected in April/May 2005.
- Cold Chain delivery service to transport CFC's in a temperature controlled environment, contract signed August 2004, service commenced in August 2004.

### Anticoagulation Clinic

Patient satisfaction surveys carried out in the Anticoagulation Clinic demonstrate a definite improvement in patient satisfaction. Patients no longer wait for the INR books, which are posted directly, resulting in reduced patient waiting time. During 2004, an 18% rise in the total of patients attending the service was recorded.

The nurses from the anticoagulation clinics now carry out ward based education sessions for new patients, prior to their being discharged from the hospital. Near Patient Testing (Coagucheck) has been introduced to the Warfarin Clinic. This is a home monitoring device for checking INR. Nine patients have been trained in the use of this device to date.

### NURSING REPORT

There have been a number of changes within the daycare service to streamline the delivery of care to patients. One of the primary changes is the reorganisation of the nursing structure into two separate teams, Haematology and Oncology. This change has resulted in the appointment of two new CNM 2s roles for Oncology and Haematology respectively.

The continued development of the Clinical Nurse Specialist grade within this area was evident this year, with the introduction of a new Nurse Specialist role in Haematology and Genetics.

### Education

In response to the growing need for nurses working in a haematology setting to possess a separate qualification specific to their area of practice, the first Post Graduate Diploma in Haematology Nursing has been developed in partnership with the University of Dublin, Trinity College and St. James's Hospital. The Clinical Education Facilitator has facilitated the specialist clinical component of this course within the HOPe Directorate. This new postgraduate diploma aims to integrate the theoretical and practical elements of haematology nursing and to offer an appropriate academically accredited course of study to nurses.

## CLINICAL DIRECTORATES

# MedEl Directorate

### Introduction

The Department of Medicine for the Elderly has admission, rehabilitation and continuing care wards and a Day Hospital, which provides medical and rehabilitation services to patients. It has a busy and comprehensive Out Patients Department and also provides a range of specialised ambulatory care clinics.

### CENTRE OF EXCELLENCE FOR SUCCESSFUL AGEING

St. James's Hospital is currently planning the development of a Centre of Excellence for Successful Ageing. This will be a fully resourced facility, multidisciplinary in focus. It will lead by example and through formal teaching and practical training in all aspects of health care of the elderly. The Directorate concluded a successful year, securing funding for a Chair of Geriatric Medicine and also a Senior Lecturer. These professorial appointments will be instrumental in the strategic planning and the development of the new Centre.

### FURTHER DEVELOPMENT OF EXISTING AND NEW SERVICES

#### Joint Management Initiatives with South Western Area Health Board

- The Brú/MedEl Unit continues to play an integral role in discharge planning to assist the acute bed management in the hospital. Based in Brú Chaoimhín, Cork Street, this multidisciplinary unit treated 97 patients this year for a further period of rehabilitation prior to discharge home or to community extended care beds.
- The Aspen/MedEl Unit in Cherry Orchard Hospital opened in September 2004 to facilitate the long-term care needs of 19 patients from acute wards in St. James's Hospital. This is the second jointly managed unit to open.
- Ambulatory Care – further expansion.  
In 2004 two additional Clinical Nurse Specialists were approved to support the ongoing expansion and development of the Falls/Syncope and Osteoporosis and Bone Protection unit.

### OSTEOPOROSIS AND BONE PROTECTION CLINIC

The Directorate has a comprehensive Osteoporosis treatment and fracture protection unit which is managed by a multidisciplinary team. The principal activities of this Unit in 2004 were to broaden our screening for Osteoporosis to include more patients at potential risk for this disease. In addition to those attending the Orthopaedic service with a recent wrist fracture, (upper arm or humeral), fracture patients are now being invited to attend for a DEXA scan and Clinical Nurse Specialist assessment of their risk of falling, prior to their referral to our twice weekly Specialist Bone Protection Clinics.

Almost 100 severely osteoporotic elderly patients have shown dramatic responses to the newly available injection Parathyroid Hormone (PTH), which stimulates bone building. The rate of bone



**Prof. Davis Coakley**  
CLINICAL DIRECTOR

**Ms. Nuala Kennedy**  
NURSE MANAGER

**Ms. Carol Murphy**  
BUSINESS MANAGER

formation increased by 300-400% and in older patients these gains are much greater than those reported for the younger adult on such treatment.

Over 1,000 DEXA scans were performed this year and a new bone ultrasound machine was purchased, which has greatly improved the accuracy of ultrasound results.

The Osteoporosis Unit has been strengthened by the recent appointment of a fourth consultant, Dr. Miriam Casey, with an academic background from the University of Keele and who has a special interest in Osteoporosis treatment and research.

#### Falls and Syncope Unit

The Directorate has a dedicated Falls and Syncope Clinic specifically geared towards investigating patients with recurrent unexplained falls and blackouts.

The new initiatives taken by the Falls & Injury Service in 2004 include:

- Continuing education in-service programme for falls education and prevention for nursing staff.
- Training programme for nurses in falls risk screening tool.
- In-Patient Hip Protector programme in promoting acceptance and compliance.
- Post-fall assessments by Clinical Nurse Specialists.
- Advice on appropriate use of bed-rails.

One in three older people over the age of 65 years falls at least once a year. Half of them are adversely affected by the event. The aims of the Falls & Injury Prevention Service are to raise awareness of the burden of falls on both patients and health care professionals and to educate and rehabilitate the older 'fallers' back to independent living. The Falls & Injury Prevention Service works within a

multidisciplinary team. Fallers are assessed and advised on strategy, to prevent future falls of those at risk.

#### MEMORY CLINIC

Since its inception, over 2,800 patient assessments have been carried out at the Memory Clinic and the Clinic continues to receive an increasing number of referrals while maintaining appropriate follow-up of patients with cognitive impairment.

327 patients were seen at the Memory Clinic in the period 2003-04. Approximately one third of patients seen were new referrals. A comprehensive collateral history, medical assessment, nursing assessment and in-depth neuropsychological testing are undertaken at each initial visit, which takes approximately 2.5 hours. Further haematological, cardiovascular or radiological investigations are organised if required.

Each case is then discussed in detail at a weekly consensus meeting and a treatment plan including therapeutic options, management of secondary risk factors, as well as control of psychiatric and behavioural disturbances is put in place. New patients requiring treatment with acetylcholinesterase inhibitors are seen at the intervention clinic. Family meetings and feedback sessions are also offered on a regular basis where appropriate.

#### Education and Research

There is a long tradition of multidisciplinary teaching on the problems of old age in St. James's Hospital including medical, nursing, paramedical and postgraduate teaching. The Department developed the first MSc in nursing for the elderly in the country and was also instrumental in setting up the first postgraduate diploma in Geriatric Nursing. Eighteen nurses successfully attained a Diploma in Gerontological Nursing and two were successful in attaining the MSc in 2004.

### MERCER'S INSTITUTE FOR RESEARCH ON AGEING (M.I.R.A.)

Research of national and international importance in the field of ageing has been conducted at the Institute. The Dublin Healthy Ageing Study project is a large population based study investigating the physical, psychological, social as well as cognitive correlates of health in older Irish people living in the community using a comprehensive battery of physical, social, psychological, biological and cognitive measures. It is the only study of its kind being carried out in Ireland at present and once completed will have far reaching implications.

The clinical work and research of the Institute is fully integrated, to allow for a focused input and service to the population that we serve. At all times the aim has been to build on the previous year's achievements and to push new frontiers in each of the major clinical service and research areas of the Institute.

Neuroscience research forms a major part of the research activities in the Institute. Projects include research on a number of agents to treat Alzheimer's disease, the genetics of late onset Alzheimer's disease, sleep disturbance in the elderly, electro physiological research on brain function, and techniques to diagnose early phase of Alzheimer's disease.

Research from the Osteoporosis Unit was presented at highly esteemed international gatherings in the field of Bone Disease in the USA, Europe and the UK (American Society for Bone and Mineral Research, European Calcified Tissue Society, British Geriatric Society, Bone and Tooth Society).

The Falls & Syncope Clinic carried out a postal questionnaire survey of 220 delegates of an international syncope conference. The topic of research was on the use of sleeping in a head up position for treatment of orthostatic hypotension in clinical practice. The conference provided a unique opportunity to gather the opinion of experts in the

area of the management of orthostatic hypotension. The results will be presented in the British Geriatric Society meeting in April 2005.

### DEMENTIA SERVICES INFORMATION AND DEVELOPMENT CENTRE 2004 REPORT

Two new staff members joined the Centre in 2004. Cecilia Craig was appointed as Education Officer and Orla Fagan as Administrator. Maeve Clark was also appointed as Assistant Education Officer.

Requests for training were plentiful throughout 2004. Approximately two to three workshops per week were facilitated around the country. While the basic education day is very popular, increasingly there is interest in more specialised workshops aimed at developing dementia care further.

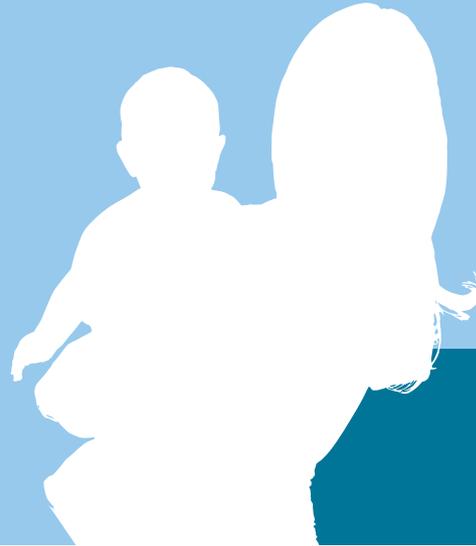
The Centre provided three six-week extra-mural courses for Nursing Home Care Assistants. These were very popular and 56 participants received certificates. A number of allied health care staff study days were provided, for example Social Work and Occupational Therapy. These days focused specifically on dementia care and the role of the individual profession.

The Enable Project, a European study on technology and dementia, was completed in 2004. The overall objective of Eable was to investigate whether it is possible to facilitate independent living for people with early dementia and to promote their well being through access to technological systems and products. A total of 32 Irish families participated in the project.

A GP study was also completed, which was undertaken in collaboration with the Irish College of General Practitioners. Questionnaires were mailed to 600 GPs. Findings demonstrated that the mean number of new cases of dementia diagnosed annually was four per GP. Data analysis also indicated that most GPs (83%) expressed a strong desire for specialist dementia training.

## CLINICAL DIRECTORATES

## SaMS Directorate



## Introduction

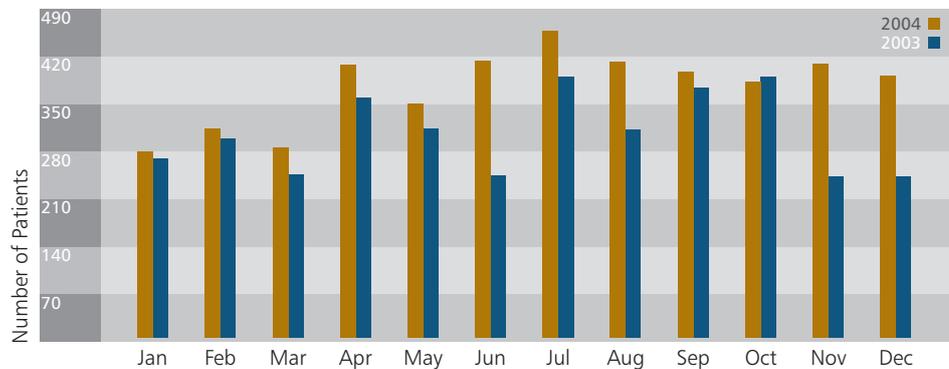
The SaMS Directorate encompasses the specialities of Dermatology, Endocrinology, ENT, Genito-Urinary Medicine and Infectious Diseases (GUIDe), Gynaecology, Clinical Neurophysiology, Neurology, Ophthalmology and Rheumatology. It also includes the Discharge Lounge and three wards, St. John's, Victor Synge and Hospital 5 Unit 3.

## DISCHARGE LOUNGE

## Developments in 2004

The Discharge Lounge moved to its new premises, on the site of the old concourse, in May 2004. The new purpose-built facility has allowed for an increase in its use. In 2004 a total of 4,579 patients used the Discharge Lounge. Since moving to its new premises there has been an average increase in use of 40% per month.

## Discharge Lounge Activity 2003-2004



**Dr. Louise Barnes**  
CLINICAL DIRECTOR

Ms. Katrina Seery  
BUSINESS MANAGER

Ms. Anne Cuffe /  
Ms. Margaret Codd  
NURSE MANAGER

## DERMATOLOGY

The Dermatology team deliver dedicated care to patients in the hospital, with the main emphasis being on delivery of quality outpatient care. Almost 5,500 patients attended the Dermatology Outpatients' Department. 2,500 patients attended Dermatology Daycare, most receiving ultraviolet light for psoriasis. The team consulted on 436 inpatients under the care of other specialties in 2004.

### Developments in 2004

- In April 2004 a weekly skin cancer multidisciplinary team meeting was established. Skin cancer accounts for almost a 25% of all cancers at this Hospital. This meeting is attended by a core group of Dermatologists, Histopathologists, Plastic surgeons and clinicians from Medical Oncology. The aim is to deliver best practice care to all patients. Dr. Louise Barnes is the lead clinician.
- Confirmation of funding for a new 11 session post for a Dermatologic surgeon was received. In 2005 a Mohs' micrographic service will be set up at St. James's Hospital and thus patients with complicated specific skin cancers will no longer have to travel to the U.K for treatment.
- A new Clinical Nurse Specialist, Olyvia Harney was appointed. Her post was made possible by two existing clinical nurse specialists job sharing. 2004 saw the introduction of nurse led clinics for eczema and other dry skin conditions. Ann Casserly successfully completed her nurse training in dermatologic surgery.

### ENDOCRINOLOGY

The Endocrinology service provides care for patients with Diabetes and Endocrine and Metabolic disorders. This service is continuing to grow rapidly. The majority of the clinical service is provided on an outpatient or day-case basis.

In 2004, 12,380 patients were seen at the Diabetes Day Centre, an increase of 19.5% on 2003. In addition to the Day Centre, a total of 3,388 diabetes outpatient visits were recorded at the weekly outpatient clinics (two clinics are held in OPD per week).

200 patients were referred from the Acute Medical Assessment Unit (AMAU), as well as a large number from the Chest Pain Assessment Unit (CPAU).

The Endocrinology service is also growing. A total of 2,898 endocrinology outpatient attendances were recorded in 2004. The thyroid cancer service is growing rapidly, and 31 newly diagnosed patients with thyroid cancer were treated in 2004, approximately 50% of all new cases countrywide.

### Developments in 2004

#### Electronic Record

The DIAMOND electronic record system for diabetes is now fully established as the main medical record for diabetes management in the Diabetes Day Centre, the outpatient clinics and recently in the AMAU. Approximately 6,000 patients are now enrolled in DIAMOND, and the Department is now engaged in a range of audits from this system. Research funding has recently been awarded by the Health Research Board for the development of a web-based repository to share DIAMOND data between St. James's Hospital, Tallaght Hospital and primary care clinics.

#### Thyroid Cancer

The thyroid cancer and inpatient radioiodine service is now fully established with a growing waiting list (a Thyroid Oncology clinic every three months). 50% of all new thyroid cancers nationally were treated at St. James's Hospital in 2004.

#### Retinal Camera

Funding for a digital retinal camera for diabetes retinopathy screening was presented to the Department at a special meeting of the Lions Club. The camera will shortly be installed in the Diabetes Day Centre.

#### Insulin Pump Therapy

St. James's Hospital is a leading centre for insulin pump therapy. A total of 56 patients have now been established on pump therapy.

## ENT

ENT/Head and Neck Surgery provides care for patients with benign and malignant conditions affecting the ears, nose and throat.

In 2004, 2,078 new patients and 2,070 return patients were seen.

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

### Developments in 2004

- ENT nursing team, in collaboration with the Nursing Practice Development team, led in the development of a quality initiative for tracheostomy care Hospital wide.
- 2004 saw the appointment of Mr. John Kinsella, Consultant Otolaryngologist/Head & Neck Surgeon who replaced Mr. Frank O'Loughran.
- 2004 saw the appointment of Andrea Duignan, part time Head & Neck Cancer Data Manager.
- 2004 saw the appointment of Paula Cahill, Head & Neck Cancer Co-ordinator.

## GUIDe (GENITO-URINARY MEDICINE AND INFECTIOUS DISEASES)

The GUIDe service operates a combined Genito-Urinary medicine and Infectious Diseases service, covering sexually transmitted infections, HIV medicine, general infectious disease care and the medical application of clinical microbiology.

The outpatient service continued to grow with over 22,981 outpatient attendances.

Description	New	Return	Total
STI/HIV service	6,366	8,738	15,104
Infectious Diseases			
Outpatient Attendances	57	260	317
Young Persons Service	297	301	598
Hep C			
Outpatient Attendances	29	742	771
GUIDe Day Clinic	149	368	517
Day Ward	370	1,067	1,437
Results / Nurses Clinics	0	2,664	2,664
Vaccination	509	1,064	1,573
<b>Total Outpatient Activity</b>	<b>7,777</b>	<b>15,204</b>	<b>22,981</b>

### Developments in 2004

- In March 2004 the GUIDe clinic was selected as a pilot site for An Bord Altranais and the National Council of Nursing and Midwifery's National Project on Nurse Prescribing. Sandra Delamere was appointed as nurse prescriber for the project, which began in practice in November 2004.

## GYNAECOLOGY

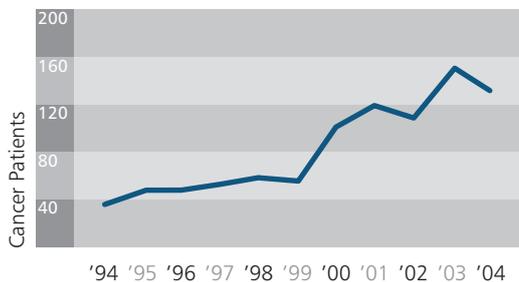
The primary aim of the Gynaecology Service in St. James's Hospital is to provide early diagnosis and treatment to patients with gynaecological conditions.

The Hospital provides a large regional service for patients with general gynaecological conditions, oncology, bladder incontinence and gynaecological endocrinology (infertility and menopause). Over 33% of oncology referrals are supra-regional or national in origin. In 2004, the number of new referrals to the Gynaecology Service was 1,271. Of these, 781 patients required admission for investigation and/or treatment of their condition.

### Cancer Statistics (Gynaecology)

The Gynaecology Oncology Service in St. James's Hospital provides a local, regional and supra-regional service for patients with gynaecological cancer. Activity continues to increase and there has been a 38% increase in new referrals over the last three years. This represents over 10% of the National Gynaecology Oncology workload. In 2004, 33% of referrals were tertiary in nature.

Number of New SJH Gynae Cancer Patients



### Out Patients Activity

There were four gynaecology clinics per week. 1,467 new patients and 2,310 returns were seen in 2004.

### CLINICAL NEUROPHYSIOLOGY

The Department of Clinical Neurophysiology is part of the South Dublin Clinical Neurophysiology Service.

The range of investigative/diagnostic services provided include 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).

### Education and research activities

Dr. Connolly conducts a number of group sessions for neurophysiology measurement technicians each year, with the aim of teaching and improving methods and standards of the neurophysiological investigations carried out within the service.

### NEUROLOGY

The Neurological service provides an inpatient diagnostic service in the assessment of complex cases to all units in the hospital. The outpatient clinics manage a variety of neurological complaints, providing services for the immediate catchment area as well as referrals from rural areas that have no neurological service provision.

In 2004, 549 new patients and 865 return patients were seen.

### OPHTHALMOLOGY

The Ophthalmology service provides a diagnostic service for inpatients of St. James's Hospital and its immediate catchment area.

During the year, 753 new patients and 1,445 return patients were seen.

### Developments in 2004

- A Humphrey Field Analyser was put in place in 2004, which enabled the Department to carry out more effective screening and treatment services on site.
- There was extensive research carried out and a working document produced with regard to the introduction of the Retinal Screening and Grading project by the Department.

## RHEUMATOLOGY

The Rheumatology Service incorporates:

- The Rheumatology Day Centre, currently used to monitor disease-modifying therapy;
- An Outpatient service,
- A daily in-hospital Consulting service;
- A Multi-disciplinary Rheumatology teaching programme;
- Participation in the general medical on-call rota.

### Developments in 2004

- The additional registrar post made an enormous difference to the teaching and training of the rheumatology team and allowed the number of overtime hours worked by the junior doctors to be significantly reduced.
- The first Rheumatology Nurse Specialist in St. James's Hospital (Christina Doyle) was appointed.
- In collaboration with Occupational Therapy and Physiotherapy Departments, a new initiative for patients with early inflammatory arthritis has been developed, with funding from Arthritis Ireland.
- The direct access Rheumatology-Physiotherapy initiative continued successfully. This facilitated GPs from the local catchment area in referring patients directly for physiotherapy rather than placement on the Rheumatology OPD list. This initiative has been funded by Arthritis Ireland.



## CLINICAL DIRECTORATES GEMS Directorate

### Introduction

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

### GENERAL MEDICINE

The Acute Medical Admissions Unit (AMAU) was opened in March 2003 in response to the growing number of acute medical admissions being dealt with by the Hospital, provide a high quality efficient admission process by concentrating manpower and technological resources at the point of entry to clinical care. Early diagnosis with prompt investigation and treatment facilitates early discharge, optimising the availability of an expensive and limited resource – an acute hospital bed.

The AMAU is a 59-bedded unit centrally located close to the Emergency and Diagnostic Imaging departments. The Unit admits emergency medical patients 24 hours a day, seven days a week. The Unit operates a 'consultant of the day' system whereby the Consultant General Physician on-call takes responsibility for patients in the Unit for a 24-hour period, with a Senior Nurse Manager taking responsibility for the day to day activity of the AMAU. The Unit runs a one in nine consultant rota with shared teams between the consultants. The AMAU is overseen by a Director and Deputy Director, both of whom are Consultant General Physicians.

Approximately 400 patients per month go through the Unit. There has been an across the board increase in the efficiency of the admission process, with a median reduction in the length of hospital stay from six days in 2002, to four days in 2004. Total bed days saved per annum are currently in excess of 5,000. The time spent in the Emergency Department, awaiting the identification of a hospital bed, has been reduced by 80%. Up to 70% of the medical patients admitted to the Unit spend their entire inpatient episode within the Unit and are discharged directly home within five days.

### HEPATOLOGY

#### Hepatology Centre

In St. James's Hospital the dedicated Hepatology service for patients celebrated its 10th anniversary during 2004.

2004 saw continued professional development of staff within the unit, through education, conference attendance etc. Staff in the unit visited the Liver Unit in Kings College Hospital, London and also participated in national and international conferences, enhancing their knowledge and expertise in relation to liver disease.

The unit strengthened links with local community groups and of the addiction services, giving presentations that involved raising awareness of liver disease and health promotion aspects of liver disease. Both consultants and a nurse representative started working with the HSE in 2004 in developing a HCV regional policy. Links with patient support groups continued through 2004 with meetings and participation by staff in the Eastern Regional Hep C Forum.

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**Dr. Nap Keeling**  
CLINICAL DIRECTOR

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Catherine Carey  
NURSE MANAGER

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Patricia Malone  
BUSINESS MANAGER

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Another highlight of 2004 was the 1st Annual St. James's Hospital Hepatology Study Day. The subject of the day was 'Hep C a major problem for Dublin City'. The Study Day aimed to highlight recent advances in therapy and discussed interaction between Hep C and alcohol and Hep C and HIV. This will become an annual event for St. James's Hospital & the Hepatology Centre.

The Hepatology database went live in December 2004. The Registry is called LIR (Liver Information Registry). This is a clinical audit and statistical system which will allow the unit to measure outcomes accurately and produce comprehensive statistical analysis of performance.

Of note in 2004, Hepatitis C & Hepatitis B became notifiable diseases under new infectious diseases legislation. The waiting list for liver biopsy has been significantly reduced in 2004. Many factors contributed to this achievement. The unit conducted an audit of the liver biopsy process, highlighting areas which required development. A patient information leaflet was developed and a pre-liver biopsy clinic was set up.

The appointment of a second Clinical Nurse Specialist in Hepatology has allowed the nurse led treatment clinics continue to develop, with activity in this area up by 100% in 2004. A research nurse joined the nursing team in March 2004, facilitating ongoing research in the area of HCV treatment and treatment outcomes. The unit also received approval in 2004 for a Clinical Nurse Manager post to develop off-site treatment clinics, working in consultation with the addiction services in the Hospital catchment area. Both the research and off-site treatment posts are currently facilitated through external funding.

#### GI FUNCTION UNIT

The GI function unit is the only accredited physiology service laboratory in the Republic

of Ireland providing a full range of functional gastrointestinal investigations. Demand for GI function studies continued at previous levels in 2004. There were 1,643 patients investigated during 2004 (30% from outside referrals). Regarding 'in-house', 13% came from the respiratory service and 7% were from ENT referrals. Gastro-oesophageal reflux disease (GORD) patients accounted for 80% of the workload.

The dramatic increase in the incidence of adenocarcinoma of the oesophagus and gastric cardia in Ireland during the past 10 years are thought to result from several modifiable and interrelated risk factors, including chronic gastro-oesophageal reflux disease, poor diet, and obesity. A recent study on patients undergoing oesophageal pH manometry at the unit, found that overweight subjects had 2.5 times more reflux than normal weight subjects.

It also revealed that surgery for reflux disease has an 88% patient satisfaction rate, irrespective of preoperative dysmotility. A favourable outcome depends on acid control documented by physiology studies.

It is expected that endotherapy for Gastro-oesophageal reflux disease will further increase in popularity in 2005. The gastroenterology & GI Function units in the Hospital have been leaders in development of this technology. To date more than 100 patients have been treated and physiological assessment is ongoing.

#### RENAL UNIT

##### Patient Education Service

St. James's Hospital currently provides an Acute Dialysis Service. The staffing levels are Clinical Nurse Manager 2 and three Nephrology/Haemodialysis Staff Nurses. The Dialysis Nursing Staff continue to monitor End Stage Renal Failure Patients and organise

transplant work-up, vascular access, pre-vaccination programmes in addition to providing an advisory service to patients and family members.

The statistics opposite for St. James's Hospital demonstrate that in 2004:

- 106 patients received education and vaccination monitoring,
- 29 Patients were prepared for Renal Transplant,
- 20 had organized pre-emptive arteriovenous fistulas and
- 522 dialysis treatments were performed.

#### DIALYSIS UNIT 2004

Dialysis Statistics 2004

Month	No of Treatments	No of Patients	Pts Renal	
			Educated Vaccinated	Transplant Work Up
January	40	10	4	2
February	48	8	6	0
March	49	8	7	1
April	24	5	3	1
May	42	6	8	3
June	49	8	12	5
July	44	6	12	5
August	60	9	10	3
September	61	7	15	5
October	32	8	7	1
November	48	8	13	2
December	25	5	9	1
<b>Total</b>	<b>522</b>	<b>88</b>	<b>106</b>	<b>29</b>

#### Dialysis Referrals

Referral Source	2003	2004
Respiratory Medicine	8 %	9%
Hepatology	10 %	6%
Cardiac Surgery	27 %	15%
Cardiac Medical	8%	6%
General Surgery	5 %	
Oncology	5 %	
Vascular	5 %	15%
Medical		6%
Urology	8 %	2%
Endocrinology	4%	6%
Nephrology	4 %	11%
A/E	4%	
Dermatology	2%	
Emergency Outside Hospital Referrals	10%	13%
Haematology	2%	
Gastroenterology	2%	
Plastics	2%	
Gynaecology	2%	

## UROLOGY

Plans are in progress to set up a Prostate Support Group to support patients and a Pre-op Assessment clinic to assess patients pre-operatively as an outpatient. This service aims to inform and support the Urology patient prior to admission to hospital but also to be a support post-operatively and following discharge.

## GENERAL SURGERY

General Surgery at St. James's Hospital is functionally divided into three units:

### Breast Care

Lead Clinician Mr. T Boyle

### Upper GI Surgery

Lead Clinician Prof. J Reynolds

### Lower GI Surgery

Lead Clinician Mr. R B Stephens

The workload in General Surgery comprises, in addition to the above specialist areas, a strong commitment to a wide range of elective and emergency General Surgical Patients.

The Breast Care Department provides comprehensive care for patients with symptomatic breast disease. The Rapid Access Triple Assessment Breast Clinic, established in 1997, provides these patients with rapid, same day access to Clinical, Radiological and Cytological assessment of their breast complaint.

Individualised Multidisciplinary Team support for every patient throughout the diagnostic and treatment process is central to the service. All patients diagnosed with Breast Cancer receive immediate counselling by the Breast Surgeon and by a member of the Breast Care Nursing Team. Where necessary, patients can be referred to the specialist Breast Physiotherapist, Psychological Medicine, Breast Cancer Genetics or Reconstructive Surgery.

# Emergency Directorate

## Introduction

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

The Emergency Directorate has a multi-disciplinary team of approximately 165 staff. During 2004 both the team and the patients were accommodated in a constantly changing environment due to the construction of a new two-story building and the renovation of the existing Department. The building project, which commenced in December 2003, is a five-phase project with phases 1 – 3 completed by December 2004.

### PHASE 1

Construction of a temporary ambulance entrance.  
Demolition of link corridor between main Hospital and Hospital 7.

### PHASE 2

Construction of a new two-story building, comprised of a five bay critical care area, a seven bay majors area, two isolation rooms, a decontamination area, a dirty utility on the ground floor with office accommodation, a seminar room and a staff rest room on the first floor.

### PHASE 2A

New reception area, refurbished mortuary, new pantry and two relatives' rooms.

### PHASE 3A & B

Refurbishment of part of the existing area to accommodate two triage bays, one assessment area and extensive work in the waiting rooms.

Phases 4 and 5 will be carried out in 2005, with an expected completion date of June 2005.



**Mr. P. K. Plunkett**  
CLINICAL DIRECTOR

Ms. Noelle Wallace  
BUSINESS MANAGER

Ms. Joan Fitzgerald  
NURSE MANAGER

### ATTENDANCES IN 2004

The number of patients who attended the Emergency Department in 2004 was 44,488 with Mondays seeing the largest amount of patients.

	Attds	Discharges	Adms	New	Return
Month	Total	Total	Total	Total	Total
1	3,609	3,417	1,030	3,412	197
2	3,462	3,189	920	3,204	258
3	3,844	3,607	1,029	3,588	256
4	3,717	3,463	1,007	3,491	226
5	3,937	3,649	1,012	3,669	268
6	3,575	3,399	963	3,360	215
7	3,704	3,507	959	3,484	220
8	3,902	3,665	997	3,699	203
9	3,782	3,609	932	3,589	193
10	3,791	3,588	944	3,595	196
11	3,505	3,292	958	3,306	199
12	3,660	3,484	955	3,455	205
<b>Total</b>	<b>44,488</b>	<b>41,869</b>	<b>11,706</b>	<b>41,852</b>	<b>2,636</b>

#### Chest Pain Assessment Unit Admissions

January	60
February	52
March	58
April	61
May	67
June	59
July	70
August	53
September	74
October	56
November	62
December	63
<b>Total</b>	<b>735</b>

**Admissions Under Care of ED Consultants** 1,355

#### Advanced Nurse Practitioner

Patients Seen in 2004	5,962
January	481
February	487
March	495
April	489
May	572
June	449
July	487
August	550
September	487
October	479
November	466
December	520

#### NATIONAL SUICIDE RESEARCH FOUNDATION

The Foundation is funding a post that now enables St. James's to contribute information to the National Para-suicide Registry Ireland. The statistics for 2004 have been submitted and will be published in their Annual Report 2004.

#### CHEST PAIN ASSESSMENT UNIT (CPAU)

Chest pain is the most common complaint seen in the Emergency Department. International figures show that up to 12% of these patients are inappropriately discharged. This is associated with a five-fold increase in mortality (26%). We have established the first designated Chest Pain Assessment Unit in Ireland, providing a consultant led multi-disciplinary service on a 24-hour basis for this potentially high risk patient cohort.

#### Aim

The objectives of this development are to provide:

- A patient centred, equitable, rapid access system to a structured assessment facility utilising best available evidence for diagnosis and early treatment of patients with chest pain of cardiac origin.



- A reproducible assessment model to allow for safe discharge in twelve hours compared to an average inpatient assessment of three to five days (resulting in significant bed-saving).
- Prompt diagnosis of patients requiring ‘reperfusion’ therapy in order to avoid preventable mortality and morbidity, associated with known weaknesses in the traditional models of assessment.
- Provide healthcare promotion to reduce risks of preventable sudden cardiac death.

#### Results

60% of patients presenting to the Emergency Department who require assessment for chest pain are now admitted to the CPAU. 85% of these patients are safely discharged within 12 hours of admission. Though discharged, all of these patients are recalled for review at 48 hours for symptom review, troponin testing and risk factor assessment and modification.

To date we have had no adverse events associated with early discharge and no patients had missed myocardial injury, as evidenced by a 100% negative 48 hours troponin assessment. Of patients who are referred for further invasive assessment (angiography), over 60% of these patients are identified as having significant underlying coronary artery disease. The relative percentage of abnormal angiography is similar in men and women in our cohort.

These patients are now benefiting from earlier access to disease modifying treatment, tailored according to their overall disease assessment. This development has significantly improved our ability to identify patients who require further invasive assessment and treatment. Many of these patients, who would be considered low risk of an acute event, would have been discharged without further assessment. A significant proportion of patients would have re-presented with subsequent acute myocardial infarction or sudden cardiac death.

#### Award for Innovation in Healthcare

The Chest Pain Assessment Unit received the Derek Dockery Award in the category ‘Innovation in Health Facilities to promote the principles of health strategy’ in October 2004. This awards programme – now in its second year – was created by the Eastern Regional Health Authority (ERHA) to recognise innovation across the health service. (Project leaders: Dr. McMahon, Dr. Crean).

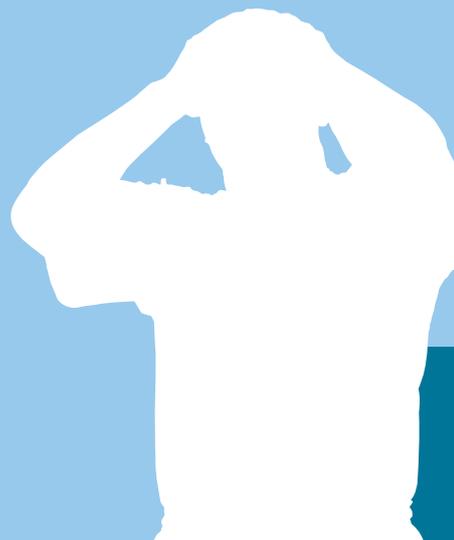
#### CRASH TRIAL

This was a multi-centre, double-blind, randomized, controlled trial of methyl-prednisolone in significant head injury. It was the largest of its kind by two orders of magnitude. It was particularly interesting as it was based on a “waiver of consent” ethical approval, given that, as a result of the inclusion criteria, each entrant was presumed to be incapable of providing informed consent. The trial was stopped at the halfway stage (10,000 patients), on the advice of the Monitoring Committee, as there was a clear answer to the research question.

St. James’s Hospital was the third highest recruitment centre in the UK and Ireland and in the top 20 in the world. We have the enviable record of having 100% Early Outcome Data and 98% six-month follow-up data on our enrolled patients. This vitally important piece of research was run on a shoe-string budget, with the committed input of many members of the ED multi-disciplinary team. The early outcome data was published in the Lancet in October 2004.

## NON DIRECTORATE SPECIALITIES

## Trauma



### Introduction

Trauma is a non-Directorate service area and includes Plastic and Reconstructive Surgery, the Burns Unit, Maxillofacial Surgery, Orthodontic & Cleft Unit, Orthopaedic Surgery & Vascular Surgery.

### PLASTIC AND RECONSTRUCTIVE SURGERY

The Plastic Surgery Unit at St. James's Hospital continued to provide a wide-ranging service to in-patients, the local community and to regional referrals. Sixty per cent of the workload was traumatic in nature and the majority of these were hand-injury related. To ease some of the burden on the Outpatient clinics, the physiotherapists and occupational therapists established a Therapy Led Clinic for the follow up of hand injury patients, who are seen by a doctor only if required. This has been an invaluable service and it is hoped more patients can be managed this way in future.

The Plastic Surgery Department welcomed two new Consultants. Mr. David O'Donovan was appointed as a replacement for Mr. Matt McHugh and has a special interest in the area of breast and ear reconstruction. He has a joint appointment with Our Lady's Hospital for Sick Children, Crumlin. Mr. Eamon Beausang was appointed as a full-time Consultant to the Hospital and has a special interest in skin cancer and head and neck reconstruction. The Unit and the Hospital as a whole will benefit greatly from their presence.

### BURNS UNIT

The 14 bed, self-contained National Burns Unit is based at St. James's Hospital, for patients aged over 14. The core staff comprises Plastic Surgeons, Burns Nurses, Physiotherapists, Occupational Therapists, Clinical Nutritionist, Psychologist Social Worker and Microbiologists, resulting in a truly multi-disciplinary ethos and with highly-skilled, professional input from all key staff. A weekly multi-disciplinary team meeting devises a weekly programme and treatment plan for every patient.

During 2004 and consistent with figures for previous years, 192 patients were treated in the Unit and 154 operations were undertaken in the Burns Theatre. Some patients at the Unit may require multiple surgical procedures while others, not in need of surgery, require intensive dressing regimes and other non-operative management. Out-patients attended a bi-weekly Burns Clinic for follow-up after their discharge from the Hospital. It is hoped a Liaison Nursing Service can be developed to co-ordinate the patient's reintegration into society.

The Hospital presented papers to the British Burn Association (BBA) meeting in Manchester during 2004, and we were honoured to be asked to host the first BBA meeting to be held outside the UK in 2006. Papers were also published in the International Journal of Burn Injury and the British Journal of Plastic Surgery.

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Ms. Dympna St. John Coss  
NURSE MANAGER

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### VASCULAR AND ENDOVASCULAR SURGERY

The Department of Vascular Surgery, led by Mr. Dermot Moore, has three pivotal roles. It provides assessment and management for patients with cerebro-vascular and peripheral arterial disease: It provides a comprehensive venous service: It provides non-invasive vascular assessment for all Departments for this and many other hospitals.

A highlight of 2004 was the opening of the endovascular suite, upgraded to theatre specifications. The consultants have been pioneering endovascular techniques with excellent results. The total number of endovascular procedures performed rose again by 54 per cent to 241 (156 in 2003). A total of 21 stent grafts were performed for the management of aortic aneurysms and aorto-iliac disease in high-risk surgical patients. The first thoracic endograft was also successfully implanted. 23 carefully-selected patients received carotid angioplasties with cerebral protection.

The number of leg ulcers seen in the Veins Unit continued to increase with excellent healing rates. The Unit's staff nurses ran several workshops and participated in educational meetings to help promote correct use of compression dressings. During 2004 the varicose vein waiting list was reduced to four months. The vascular laboratory remained extremely busy with more use of peripheral duplex imaging to select patients for endovascular management.

Research work on an ongoing EU CRAFT project was completed in September. Therese Fitzpatrick was awarded an M.Sc. for a twenty year natural history study of asymptomatic carotid stenosis.

### ORTHOPAEDIC SURGERY DEPARTMENT

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

Funding was secured for two more Orthopaedic Consultant posts, which will have an elective attachment to St. Mary's Orthopaedic Hospital in Cappagh. Reciprocal relations with Cappagh Hospital will significantly improve throughput of elective orthopaedic surgical cases and is likely to improve the service in our catchment area.

### ORTHODONTIC / CLEFT UNIT

The Orthodontic Cleft Unit is a tertiary referral centre for the orthodontic management of patients born with cleft lip and palate and jaw deformities.

Combined multidisciplinary clinics are held to provide an integrated cleft care approach in Maxillofacial, Plastic, Prosthodontic, Audiology and Speech and Language therapy. Patients also attended the joint clinics unit held with Temple Street and Crumlin Children's Hospitals.

Regular audit clinics are held for all cleft patients at age 5, 10 and 15 years attending the Unit. The data collected will facilitate comparison of our cleft outcomes with other centres of excellence in Europe and the UK.

Postgraduate teaching links were maintained with the School of Dental Science, Trinity College Dublin.

The Irish Genetic Study of Cleft Lip and Palate carried out by the Health Research Board in collaboration with the Dublin Cleft Team concluded in 2004. The genetic material collected will hopefully contribute to our understanding more about this condition.

#### Cleft Tertiary Restorative (Prosthodontic) Dental Service

All cleft lip and palate patients may avail of this new tertiary prosthodontic dental service led by Dr. Aisling O'Mahony, which involves the replacement of missing teeth and associated structures with either a fixed, removable or implant supported prosthesis. Patients are referred from the National Maxillofacial Unit, Plastics, Crumlin Childrens Hospital, Temple Street Children's Hospital, and Dublin Dental School (and Hospital). Joint Clinics are held with Plastics, Oral and Maxillofacial Surgery and Orthodontics. The service provides theatre support for head and neck cancer patients and for Trauma patients with injuries too severe to be restored by a general dentist.

## NON DIRECTORATE SPECIALITIES

# Psychiatry

### Introduction

The Dublin South City Mental Health Service is provided to a population of almost 133,000. During 2004, an agreed transfer of a further 36,000 into this catchment from that of the old Adelaide and Meath Hospital continued.

### JONATHAN SWIFT CLINIC

This acute unit provides 51 beds for acutely ill, rehabilitation and older persons with mental health problems. It has a catchment of 133,000. Day clinics for the service are provided in-house as well as at St. Martha's Building in Kilmainham with a sheltered workshop located at St. Patrick's Hospital. Accommodation and various levels of support are also provided for 53 patients in the community.

The Dublin South West Central Old Age Psychiatry service provides a comprehensive, community-based care programme in Dublin 8,12 and 14 for over-65s who have mental health problems. The Hospital is located in an area with the highest density of deprived older people in the eastern region and also provides a consultation/liaison service for all people aged over 65. 203 dedicated geriatric beds are provided – more than any other Dublin academic teaching hospital.

### The 2004 Activity Statistics are:

CPNS	New Patients	239
	Followup	1,908
Liaison	New Patients	402
	Followup	1,331
MWDH	Admissions	195
	Attendances	2,478
CNU	Admissions	44
OPD SJH	Attendances	1,112

The Department of Old Age Psychiatry collaborates with the Mercer's Institute for Research on Aging in an active research programme and contributes strongly to Hospital and university academic activities and teaching, with two research programmes conducted during 2004.

Of the 449 patients admitted to the Jonathan Swift Clinic in 2004, 51 were patients detained under the Mental Treatment Act 1945.

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**Dr. David Shanley**  
ACTING CLINICAL DIRECTOR

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**Ms. Antoinette Barry**  
ACTING AREA MANAGER

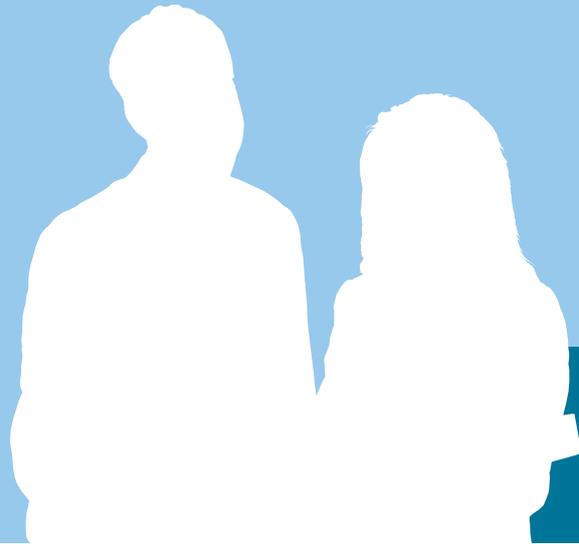
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**Mr. Oliver Claffey**  
NURSE MANGER

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## CLINICAL SERVICES DIRECTORATES

## LabMed Directorate



## Introduction

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

The LabMed 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 cognisance of the need for best use of resources. The laboratory is open 24 hours a day, seven days a week, providing, in addition to the normal working service, a comprehensive out-of-hours service to the Hospital.

## DEVELOPMENTS

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 2003 and ran until June 2004. Both pilots were very successful and it was recommended that they continue after the pilot project, although finance was not available to do this. The provision of services to numerous outside agencies continued during the year.

The programme for the accreditation of the Biochemistry, Histopathology, Immunology and Microbiology departments commenced in September.

Safety and Security within the Directorate are a major concern. In October, in cooperation with the hospital Fire Services Manager, 20 members of staff underwent Fire Warden training. An intensive two-day programme in Safety training was run in December 2004. Approximately 30 staff were facilitated on the programme. With the experience gained it is planned to develop an in-house safety-training programme that will be available to greater numbers of staff.

Arising out of the hospital accreditation process, funding was made available for the installation of a swipe-card security system in the pathology laboratory. This became operational in mid 2004.

Further work continued during 2004 on the absorption of the laboratory purchasing systems into the Materials Management structure.

Since its inception, the Central Pathology Laboratory (CPL) has provided a comprehensive laboratory service to an ever-increasing number of GPs. This work now constitutes almost 24% of our total workload.

sterilisation and anaesthetic services for a range of specialties across the hospital.



**Dr. Barry White**  
CLINICAL DIRECTOR

**Mr. Noel White**  
LABORATORY MANGER

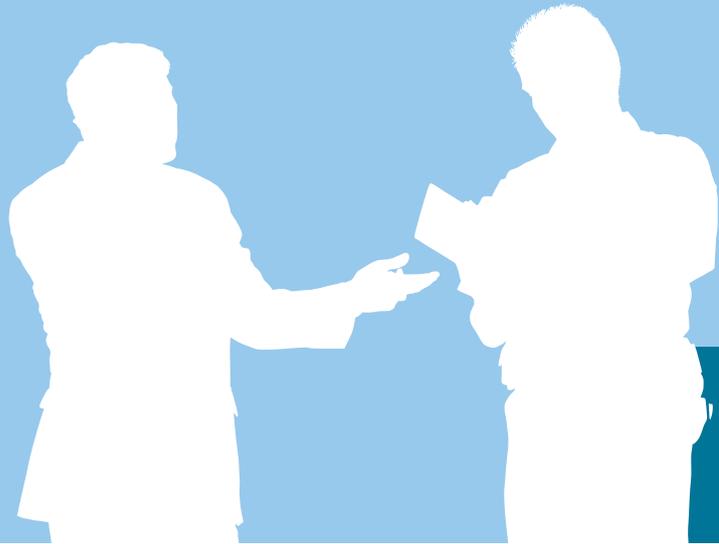
**Mr. Philip Creevy**  
BUSINESS MANGER

St. James's Hospital Analysis of Requests Received by LabMed Directorate  
Year Ending December 31st 2004

Department	SJH	AMiNCH	ERHA	GPs	Others	Totals per Discipline 2004	Totals per Discipline 2003	% +/- on 2003
Haematology	387,101	3,212	24,095	106,180	21,888	542,476	528,406	3%
Transfusion Medicine	26,793	0	2	653	966	28,414	27,753	2%
Biochemistry	298,147	2,475	15,492	171,771	44,116	532,001	473,084	12%
Microbiology	179,057	1,449	24,716	54,843	19,773	279,838	251,029	11%
Histopathology	11,263	39	627	698	363	12,990	12,350	5%
Cytology	5,379	1,840	0	6,879	486	14,584	14,679	-1%
Immunology	29,919	8,236	7,238	10,711	17,370	73,474	68,685	7%
<b>Totals per Hospital</b>	<b>937,659</b>	<b>17,251</b>	<b>72,170</b>	<b>351,735</b>	<b>104,962</b>	<b>1,483,777</b>	<b>1,375,986</b>	<b>8%</b>
<b>% Per Source</b>	<b>63%</b>	<b>1%</b>	<b>5%</b>	<b>24%</b>	<b>7%</b>			

## CLINICAL SERVICES DIRECTORATES

## DiagIm Directorate



### Introduction

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

### Services

The Diagnostic Imaging Department provides a complete imaging service across 11 modalities- General Radiology, Maxillo-Facial, Gastro-Intestinal, IVP, Mammography, Ultrasound, C.T., Interventional Radiology Therapeutic and Diagnostic, Nuclear Medicine, Coronary Angiography and MRI. A Radiographic service is also supplied to the Coronary Angiography Laboratory, Endovascular Suite, Theatres & Health Care Centre Screening Unit.

### PaRIS/EPR PROJECT

#### Developments in 2004

In December 2004, the Hospital signed the contract for a new IT system with Cerner Corporation. This system had its origins in procurement of a PACS for Radiology but now incorporates the need for greater integration of patient data and enhanced management of resources. The system that will be installed has a number of elements:

- New Radiology Information System (RIS)
- PACS (Picture Archiving and Communications System)
- Foundation for an Electronic Patient Record (EPR)
- Electronic Ordering of all Pathology and Radiology requests from within the Hospital



**Dr. Patrick Freyne**  
CLINICAL DIRECTOR

Ms. Bernadette Moran  
RADIOGRAPHIC  
SERVICES MANAGER

Ms. Hazel Shanahan  
BUSINESS MANAGER

## EDUCATION & RESEARCH

There is on-going development and delivery of Postgraduate Diploma courses in Nuclear Medicine and Magnetic Resonance Imaging (MRI) for Radiographers nationally. These courses are organised under the auspices of the Dept. of Clinical Medicine, Trinity College in conjunction with St. James's Hospital.

In 2004, 17 Radiographers from all over the country completed another successful Postgraduate diploma in MRI. Two of the graduates of the course were Radiographers from St. James's Hospital, Keith McGrath and Geraldine McNulty.

In October 2004, the Postgraduate Diploma in Nuclear Medicine commenced. There are 13 Radiographers currently undertaking this course.

The Hospital's Imaging Department and Trinity College are committed to providing on-going education and training in the rapidly changing areas of Magnetic Resonance technology and Nuclear Medicine. Both courses are co-ordinated by Ms. Bernadette Moran, Radiographic Services Manager.

Two Radiographers from St. James's Hospital, Suzanne Dennon and Patrick Maxwell, were awarded Postgraduate Diplomas in Clinical Radiographic Reporting at Salford University, Manchester, UK. This achievement marks a further development in 'role expansion' in radiography.

Another area of role development for Radiographers, initiated by St. James's Hospital Imaging Department, is the development of the Red Dot Course. The Red Dot system is an indicator system that alerts the Casualty Officer to abnormalities on the x-ray image. A Red Dot Study Day was held in April 2004, which facilitated 80 Radiographers from all around the country. The success of this Study Day has encouraged the system to be adopted in many hospitals nationally.

In the developing area of DXA Scanning, Eilish Thornton (Senior Radiographer), participated in Research in the Bone Protection Unit and displayed a poster presentation of her research at the International Society of Clinical Density Workshop, in Annecy, France in June 2004.

## RADIOLOGY

Ronan McDermott, Consultant Radiologist at St. James's Hospital is the Radiology Training Programme Coordinator, Faculty of Radiologists RCSI 2003-06. The Hospital's Diagnostic Imaging Department hosted a Practical Physics Seminar for Radiology trainees, and a Radiology Career Guidance Seminar. All Radiology trainees in St. James's Hospital have been successful in their professional exams over the period.

St. James's Hospital Radiologists have participated actively in a growing number of clinical conferences and MDT's. The consultant group has also lectured for the Radiology Training Programme and for the diploma in Nuclear Medicine and MRI.

## APPOINTMENTS

In October the DiagIm Directorate was delighted to welcome Dr. Mark Ryan, who replaced the recently retired Dr. Martin Molloy. Dr. Ryan was Assistant Professor of Radiology at the prestigious Duke University in North Carolina for seven years, having previously done his Fellowship in Interventional Radiology and Abdominal Imaging at Massachusetts General Hospital, Harvard Medical School, Boston. He specialises in Interventional Radiology and has a particular interest in the treatment of vascular malformations and is the only interventional radiologist in the Republic of Ireland with this expertise and interest. He also has clinical and research interests in Uterine Fibroid Embolisation and the treatment of gastrointestinal bleeding.

**SERVICE TRENDS**

## Comparable Activity Analysis by Modalities

<b>Imaging Modality</b>	<b>2003</b>	<b>2004</b>	<b>Variance</b>
General Radiology	94,558	96,925	3%
Maxillo Facial	7,533	8,019	6%
G.I.	2,836	2,629	-7%
I.V.P	386	276	-28%
Mammography	2,764	2,687	-3%
Ultrasound	9,817	9,545	-3%
C.T.	14,379	16,010	11%
<i>Interventional Radiology:</i>			
Therapeutic	1,659	1,787	8%
<i>Interventional Radiology:</i>			
Diagnostic	654	752	15%
Nuclear Medicine	3,354	3,558	6%
M.R.I	4,754	5,134	8%
Coronary Angiography	3,563	4,287	20%
<b>Total</b>	<b>146,257</b>	<b>151,609</b>	<b>4%</b>



## CLINICAL SERVICES DIRECTORATES

# ORIAN Directorate

### Introduction

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

### THEATRE

The Operating Theatre comprises an 11 Theatre Suite, a Burns Theatre (located in the Burns Unit) and a state of the art Endovascular Suite (located in the Radiology Department).

- The 11 Theatre Suite covers the surgical specialties which include Cardio-Thoracic, Orthopaedic, Oro-maxillo-facial, Plastic Surgery, General, Vascular, Gynaecology, Urology, Pain Service. During 2004, there were 8,340 elective procedures and 1,891 emergency procedures, making a total of 10,231.
- Burns Theatre is open twice weekly. 161 procedures were performed there in 2004.
- The Endovascular Unit was completely refurbished and upgraded to an Operating Theatre in 2004. 185 procedures were carried out during its four sessions each week.
- The Postgraduate Diploma in Peri-operative Nursing continued with five nurses participating.
- The phased implementation of the Theatre Management System continued. Eight theatres are already on the system with the remainder due to join by the end of March 2005.
- Recruitment of qualified theatre / recovery / anaesthetic nurses continued during the year, which enabled us to have all the theatres in operation for the year.

### SURGICAL DAY UNIT

During 2004, the Unit provided 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 2004, a project commenced involving the commissioning of a new Day Surgery Suite, to which all current services with the exception of endoscopy will transfer. The new Unit will have designated beds, a Pre-Assessment Clinic, two major surgical theatres and a minor-operations room. This initiative will mean a significant increase in procedures performed.

### ICU/HDU

ICU has 15 beds, six of which are isolation beds. The HDU has four beds. The total number of admissions to ICU for the year was 740 and for HDU, 650.

Both Units provide care for critically ill patients and those with potentially recoverable conditions, who require continuous haemodynamic monitoring and support. Therapies such as renal replacement therapy (CRRT) and invasive mechanical ventilation are delivered in ICU only.



**Dr. Jeanne Moriarty**  
CLINICAL DIRECTOR

**Ms. Cora Keary**  
BUSINESS MANAGER

**Ms. Jane Mahon**  
NURSE MANAGER

### STAFFING:

The development of a Consultant Anaesthetist post with a special interest in critical care medicine and recruitment is on-going. This person will add to the day-time sessions at ICU, already in place from Drs Moriarty, Ryan and Fagan. The bulk of the NCHD staffing is from the Department of Anaesthesia. There are two full-time ICU registrar posts, which are the first dedicated posts in the country and at all times two registrars are on call for ICU.

Efforts have been made to incorporate medical trainees in a specific training programme in the ICU. Recently the Royal College of Physicians in Ireland has recognised a post for training in General Internal Medicine (GIM) and from July we hope to have a GIM Specialist Registrar who will rotate between ICU and the AMAU. There is a surgical trainee who rotates on a 2-month basis and we wish to expand training to specialities outside anaesthesia.

### INFRASTRUCTURE

All new ICU rooms are in use and Carevue® is installed, meaning all bedside physiological parameters can instantly be collected electronically instead of by hand. All drugs can be prescribed via the system, which can provide laboratory results, along with Radiology images via PACS, directly to the bedside. Much information can be collected using the system and this will help prepare the discharge summary for patients leaving the Unit.

During 2004 all mechanical ventilators were upgraded to provide a broad range of ventilatory modes and non-invasive ventilation.

### HOSPITAL STERILE SUPPLIES UNIT (HSSU)

The Hospital Sterile Supplies Unit continued its comprehensive decontamination, repacking, processing and delivery service of re-usable equipment for the entire Hospital. The unit used

developments in research and best practice to continuously enhance the provision of sterile services.

### LASER UNIT

The outpatient service worked with Plastics and Dermatology consultants on patient care plans and provided 1,745 treatments in 2004 for many conditions, including removal of:

- Birthmarks and port wine stains (Cndela Laser).
- Pigmented lesions and hair (Ruby Laser)
- keratotic lesions and basal cell carcinomas (CO2 Laser)

### ANAESTHETIC SERVICES

In 2004, over 10,000 General and Burns Theatre anaesthetics were given and general anaesthesia services were provided to Diagnostic Imaging, Department of Psychiatry and others. 3,500 child anaesthetics were given at the ERHA Dental Clinic. The Anaesthetic service took part effectively in the waiting list initiative.

### PAIN SERVICE

The Pain Service continued to develop under lead clinician, Dr. C. McCrory. Ward-based Patient Controlled Epidural Analgesia pumps were introduced and Dorsal Column Stimulation is to follow in 2005.

For each month in 2004, there were an average of 108 outpatient referrals, 31 in-house referrals, 62 PCA pumps, 23 ward-based epidurals and 29 interventional procedures.

Detailed doctorate research into the pharmacokinetics of intrathecal opioids by Dr. R. Talbot also continued at the Pain Service in collaboration with the Conway Institute, UCD.

## CLINICAL SUPPORT SERVICES

# SCOPE

### Introduction

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

SCOPE concluded a successful year with 182,729 patient contacts across the five disciplines.

### KEY HIGHLIGHTS

SCOPE teamwork included the following:

- Services to the AMAU were improved during 2004 as a result of improved SCOPE staffing.
- Several SCOPE services assisted in opening a new 18-bed unit at Cherry Orchard Hospital.
- A multidisciplinary Parkinson's Disease Group was set up.
- The first Therapy (Occupational Therapy/Physiotherapy) Led Clinic in the Republic of Ireland led to the commencement of a second clinic for the Plastics Service.
- All SCOPE staff participated in a two-day team-building programme in 2004.
- The Social Work Team helped compile a national document on competencies required for the four grades in the social work structure.

The SCOPE disciplines undertook several audits during 2004. Physiotherapy carried out an audit in October on Physiotherapy OPD DNA's in order to set up a project to reduce patient non-attendance. Speech & Language started a needs analysis to help optimise the Speech & Language Therapist service at Cherry Orchard. Clinical Nutrition, in conjunction with one of the Endocrinology Registrars, audited the attendance rates of patients with Diabetes Mellitus at their clinics.

### CLINICAL NUTRITION

#### Introduction

Clinical Nutrition provides a comprehensive service across the hospital to both inpatients and outpatients encompassing nutritional assessment, nutritional support, dietary counselling for patients requiring therapeutic diets and education for carers, family members and hospital staff.

#### Endocrinology

In January 2004 an additional Clinical Nutritionist joined the diabetes service on a temporary basis to address waiting lists. This additional clinical time resulted in the average length of time from referral to appointment date being reduced from 40 weeks in December 2003 to 10 weeks in December 2004.

There was also a 57% increase in outpatient activity this year with 14 Diabetes clinics per week, compared to five per week in 2003. A walk-in dietetic service was provided at the monthly Young Persons Diabetes Clinic and at the three Insulin Pump clinics held. There were also 15 group



**Ms. Philomena Flood**  
DEPARTMENT HEAD /  
CLINICAL DIRECTOR

Ms. Patricia Reilly  
ADMINISTRATOR

education sessions for newly diagnosed patients with Type II diabetes to ensure patients received initial dietary advice while awaiting their individual consultation with the Clinical Nutritionist/Dietitian.

Eight BSc Human Nutrition and Dietetic students were taken in 2004.

#### Catering

Significant developments took place in the catering system throughout 2004, including the development of education resource material for ward catering assistants. White boards were placed in each ward kitchen outlining patients' therapeutic diets needs, with wall-mounted display files in each ward kitchen that describes each therapeutic diet according to the Hospital's menu. A project was also commenced with the Chefs to revise the menu and the MDT Catering Committee has reviewed the current menu card system.

#### Staff Rotation / Coaching Scheme

An entry-level rotation scheme supported by a mentoring system was introduced in May 2004.

#### MEDICAL SOCIAL WORK

The Social Work Department provides a direct service to patients of the Hospital and their families where psychosocial or practical difficulties arise or have arisen as a result of the patient's illness. The service is delivered by social workers of three grades and 2004 saw the first full year of assignment in teams to the Clinical Directorates.

#### Developments

The most significant development in the Department was the Supervision in Social Care training course for senior staff, funded through APPM.

As part of the delayed discharges initiative, a Senior Medical Social Worker commenced work with the patients and families at the MedEl unit at Brú Chaoimhin. Two senior staff members are now assigned to work with outpatients, to support families coping with very dependent people in the community who would otherwise need admission.

In SaMS, counselling is offered at the four Sexual Health Clinics, the Young Person's Clinic and the Infectious Diseases Clinic. The team in the HOPE Directorate ran a very successful Bereavement Group for spouses in the autumn. In the Trauma and Emergency Directorates the Social Work Team refined the best practice policies and procedures for bereavement and organ retention.

#### Education/Research

During 2004, members of the GUIDe Social Work Team provided training to the Bridge Project, The Tower Project and the Merchants' Quay Project. Presentations were also made to students in Palliative Care, students on the Diploma in Gerontology Nursing, nurses in CResT and in Trauma. A research project examining the needs of non-national patients was completed and the results presented at the HIV Services Network Conference.

#### OCCUPATIONAL THERAPY

The Department continues to provide an Occupational Therapy service to all patients who have functional difficulties with daily living activity. The aim of Occupational Therapy is to maximize functional independence, limit deformity and disability and enable a safe and effective discharge home to community living. In 2004, 17,191 patient contacts were made, and almost 400 home assessments were completed.

**Developments**

Developments in Occupational Therapy in 2004 included the opening of MedEL's Brú Chaoimhin unit, where the Occupational Therapist will work to maintain the patient's functional status, continue rehabilitation and prepare for discharge.

A total of 62 patients were successfully discharged under the Shared Care initiative, and the Parkinson's Disease Group began in the Robert Mayne Day Hospital.

**PHYSIOTHERAPY DEPARTMENT**

The Physiotherapy Department received 6,380 inpatient referrals and provided 68,378 inpatient treatments in 2004. We provided 22,424 outpatient treatments to 4,029 outpatients. Currently there are 44 Physiotherapists, 10 Physiotherapy attendants and four clerical officers providing physiotherapy services to the hospital and to over ninety Dublin General Practitioners, aiming to identify and maximise the patient's movement potential through promotion, prevention, treatment and rehabilitation.

**Physiotherapy Referrals 2004**

Developments in this Department in 2004 included the successful grant of funding for APPM

Management Training for Senior Physiotherapists.

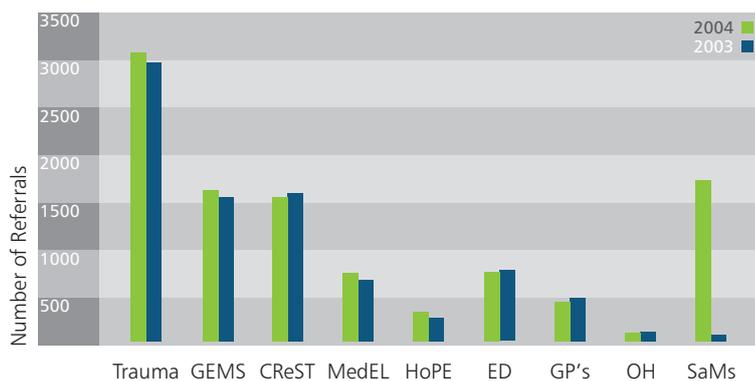
A pilot outpatient AMAU physiotherapy service commenced Brú Caoimhin and a another pilot outpatient service for lung cancer patients – the "Breathlessness Clinic" – commenced. This latter pilot is first of its kind in the Republic of Ireland.

Direct access for GP's to the Rheumatology Physiotherapy Clinic commenced this year and a walk-in Spirometry Screening Clinic opened once weekly for all outpatients attending the Physiotherapy Department screened for the symptoms or increased risk of obstructive airways disease.

The Respiratory Assessment Unit (RAU) Physiotherapist and nurse began an outpatient pulmonary rehabilitation service in the Physiotherapy Department. The Orthopaedics Physiotherapist worked on a multi-disciplinary care pathway for patients suffering fractured neck of femur. Exercise prescriptions were developed for patients on Cardiac Rehabilitation Programmes.

The Medneuro physiotherapy team was restructured in 2004 to provide inpatient physiotherapy to all stroke patients and patients with cerebellar disorders admitted to the general hospital.

Physiotherapy Referrals 2004



### SPEECH & LANGUAGE THERAPY

The Speech and Language Therapy Department had a 12% increase over 2003 in referrals for its assessment, diagnostic and management service to patients with communication and swallowing deficits.

The referrals increased by 34% in the AMAU for 2004 compared to the previous year and with a new senior therapist (0.25WTE) post for the ICU / HDU, significant service developments were achieved. These included the use of specialised Passey Muir speaking valves in ICU to assist speech for patients with tracheostomies on ventilators. The Speech and Language Therapist also conducted in-service education sessions for nursing staff and attended ward meetings.

A new joint multidisciplinary Parkinson's Disease Clinic, led by Speech and Language Therapy, was commenced within Medicine for the Elderly.

The Speech and Language Therapy service to the 'Home from Home' service was developed with the introduction of Speech and Language group therapy sessions for severely dysphasic patients.

Within the ENT and Head & Neck Maxillofacial Cancer specialities, demand for Speech and Language Therapy continued to increase, particularly within the maxillofacial speciality where there was an increase of 1,000% in referrals for 2004.

Within the Cleft Lip and Palate speciality, an ongoing audit of speech outcomes through audit clinics was achieved in accordance with Euro Cleft standards. Joint working with the consultant Prosthodontist began to construct palatal appliances for patients.

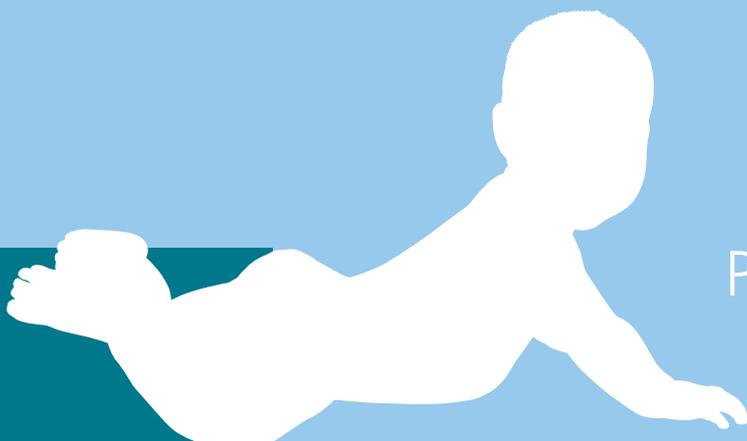
### Education

A new joint Senior Clinical Lecturer (0.5 TCD/SJH) post was commenced in December 2004 which will facilitate the co-ordination of clinical supervision training for undergraduate students from TCD.

The number of support meetings for patients and their families post stroke and laryngectomy were also increased this year.

## CLINICAL DIRECTORATES

## Pharmacy Department



### Introduction

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.

### KEY HIGHLIGHTS

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

- Developing resources for the in-house Medicines Information service.
- Increase in Clinical Trials activity particularly in the areas of Haematology & Oncology.
- Appointment on a pilot basis of a Medication Safety Facilitator.

### DISPENSARY / DISTRIBUTION SERVICES

The dispensary continued to provide the top-up service to all wards in the hospital in 2004. Although the numbers of items dispensed remained the same as in 2003, the drugs spend increased significantly.

Due to an increase in length of patient stay in some acute wards, items were dispensed to cover longer treatment periods than in previous years. This prevented unnecessary duplication of dispensing work.

The Pharmacy Department dispensed 3,350 different product lines in 2004. 100 lines accounted for approximately 75% of the drug spend. Pharmacy tendering and price negotiations with suppliers continues to be targeted at these high cost / high usage lines to continue to achieve best value for the hospital.

### Clinical Pharmacy Services

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

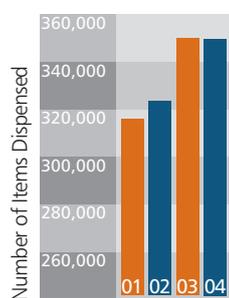
- Providing essential information about medicine usage to patients and staff on a daily basis.
- Medication history review on admission.
- Conducting daily patient visits by a Clinical Pharmacist to ensure drug supply and prescription review.
- Involvement in consultant-led ward rounds in some specialist areas.
- Educating inpatients about medication prior to discharge, as well as some outpatients in appropriate settings.
- Provision of education record cards and patient information leaflets to enhance compliance with complex medication regimens.



**Prof. Kamal Sabra**  
DIRECTOR OF  
PHARMACEUTICAL SERVICES

Ms. Veronica Treacy  
CHIEF 1 PHARMACIST

Ms. Sandra Conaty  
BUSINESS MANAGER



- Liaising with community Pharmacists to ensure that no problems arise with the supply of medication on discharge.
- Liaison with specialist medical and nursing staff to review prescribing guidelines for the Hospital.
- In-house medicines information service for clinical hospital staff can be accessed via ward Pharmacists during pharmacy opening hours.

#### Aseptic / Compounding Services

Compounding Units are used to reconstitute cytotoxic drugs, antibiotics and other sterile products utilising modern isolator and clean room technology, maximising patient and staff health and safety.

The Pharmacy Department manages three Compounding Units - one based within the main Pharmacy Department in Hospital 7 - and two satellite units, one on Denis Burkitt Ward and the other at St. Luke's Hospital.

The Aseptic Compounding Unit at Hospital 7 is the only one that holds a Manufacturing License from the Irish Medicines Board. It manufactures a broad range of cytotoxic and other sterile products for St. Luke's and St. James's Hospital patients.

The satellite unit on Denis Burkitt Ward manufactures chemotherapy for the Haematology/Oncology Day Care suite in St. James's Hospital. The unit in St. Luke's Hospital manufactures a range of chemotherapy for patients there.

The demand for the service from Oncology/Haematology at St. James's Hospital rises on average 20% annually. The largest recent increase took place during 2004 with more clinical trials activity.

#### HOPe PHARMACY SERVICES

HOPe Pharmacy Services ensure the appropriate and effective review of all chemotherapy prescriptions generated by HOPe clinicians. An inpatient clinical pharmacy service was provided to Walter Stevenson Ward, Burkitt Ward and Private One Ward. HOPe pharmacists also review medications for the in-patients of HOPe clinicians on other wards.

The pharmacy service has been extended to provide a near-patient clinical pharmacy service on the Haematology Oncology Day Care Unit. It carries out primary-secondary interface liaison and patient medication counselling.

The re-opening of the close-to-patients compounding unit in 2004 makes the supply of chemotherapy to the Day Care Unit easier.

#### GUIDe PHARMACY SERVICES

The GUIDe pharmacy Department is solely responsible for the dispensing of all antiretroviral and other HIV related medications to all patients within our care.

This involves dispensing medications and counselling all patients on their drugs when they attend the three weekly HIV clinics and the once weekly HIV Co-infection clinic. Clinical Pharmacists also attends the Consultant HIV Ward Rounds and provides a daily clinical service.

At the patient's discharge, the service dispenses all HIV and related medications and maintains up-to-date pharmacy records for all HIV outpatients. Information including drug regimens, side effects and resistance patterns are recorded.

All clinical trial drugs used within the HIV service are also dispensed by the service. Staff also take a very active role in counselling these patients and keeping up-to-date records of ongoing trials.

Pre-packed and individually dispensed medications and an information service are also provided to ensure safe and effective prescribing at the STD Clinic. The Infectious Disease Pharmacist attends the Consultant ID Ward Rounds and manages the weekly Infectious Diseases Clinic.

#### Medication Safety Services

A Medication Safety Facilitator (MSF) was appointed on a temporary basis to pilot a Medication Safety Event reporting system on selected wards over a five-month period. A total of 97 reports have been completed on the pilot wards.

As expected, the introduction of the programme resulted in a greatly increased level of reporting. A total of 311 reports have been completed for the entire Hospital for up to the end of November 2004, an increase of 44% on 2003,

Detailed trend analysis and severity grading of events reported on all wards has been possible since August 2004. This has clearly identified a number of critical medication safety issues. Several quality improvement measures have been agreed and implemented by the Medication Safety Committee.

#### 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 emergency supply of medication or information to staff at this Hospital and our affiliated hospitals outside regular hours.

The number of calls from external hospitals who do not have similar facilities continued to increase in 2004 as did the emergency supply of items during weekend opening hours.

#### Developments

Work continued this year on the Hospital's Prescriber's Guide 2005, due for publication next June. It will update information on rational drug selection, with recommendations based on evidence of clinical efficacy and the opinion of local specialists. The Guide will be launched at Grand Rounds. Copies will be supplied to all doctors and Pharmacists and to all ward areas. There are ongoing presentations to medical staff reinforcing the information contained in the Guide.

#### Education and Research Activities

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

The Servier Award was presented to Aoife Lucey for her project on "Developing a Database of all Hospital Pharmacy Practice Activities (published or otherwise) in the Republic of Ireland". The Mary Harte Memorial Prize was awarded to Rabab Mohammed for her pre-registration pharmacist's project entitled "A Clinical Audit of Patient Usage of the Current Steroid Treatment Card and Understanding of Steroid Treatment".

Two Pharmacists successfully completed the Diploma in Clinical Pharmacy and senior managers within the Department attended the HR management training programme.

#### NATIONAL MEDICINES INFORMATION CENTRE (NIMC)

Chief II Pharmacist: Claudine Hughes  
 Medical Director: Professor John Feely  
 Pharmaceutical Director: Professor Kamal Sabra

The NMIC continues to provide information on any aspect of drug therapy including indications and contra-indications for medicines, dosage in disease states, drug interactions, adverse effects, drug use in pregnancy and lactation.

Increases in requests for information, in particular, on adverse effects, choice of therapy and drug use during pregnancy and lactation were noted in 2004.

The NMIC continues to proactively provide medicines information in the form of the bi-monthly therapeutics bulletin and the monthly current awareness newsletter "Therapeutics Today".

Topics covered in 2004 (vol.10) included an UPDATE ON HYPERTENSION, THE ROLE OF ORAL NUTRITIONAL SUPPLEMENTS IN PRIMARY CARE, CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD), ASTHMA, CHILDHOOD ASTHMA and MEDICATION SAFETY.

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

### CENTRE FOR ADVANCED CLINICAL THERAPEUTICS

Director: Dr. Mary Teeling

Medical Director: Prof. John Feely

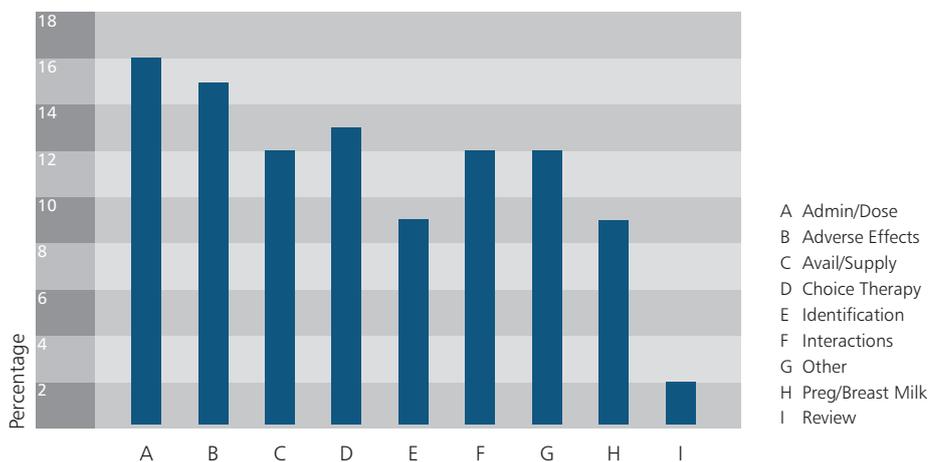
Executive Director: Prof. Kamal Sabra

The Centre provides education to enable healthcare professionals and the pharmaceutical industry to keep up-to-date with advances in the pharmaceutical area. In September 2004, the Centre commenced two postgraduate courses. These are a Postgraduate Diploma/MSc in Pharmaceutical Medicine in association with the Department of Pharmacology and Therapeutics, Trinity College, and a Higher diploma/MSc in Clinical Pharmacy (by distance learning) in association with the School of Pharmacy, University College Cork.

In addition, several short courses were organised during the year. These included sessions on Pharmacoepidemiology & drug safety, update in Oncology, advanced training in Haematology & Oncology and design & interpretation of clinical studies

Further details of the postgraduate courses and information on forthcoming short courses are available on the Centre's website at [www.cact.ie](http://www.cact.ie)

Information sought 2004 by category



## CLINICAL DIRECTORATES

# Medical Physics and Bioengineering

### Introduction

The Department of Medical Physics and Bioengineering (MPBE) reached a significant milestone in 2004 with the 21st anniversary of its foundation. From its origins in the then Federated Dublin Voluntary Hospitals the Department has grown to be the major Department of its type on a national scale and a significant contributor to international medical physics and clinical engineering activity.

The Department's teams of physicists, technicians and engineers draw on a broad skill base to provide the Hospital with services in equipment management, clinical support, project management and safety. Operationally the Department works in groups specialising in imaging technology, critical care equipment, general medical equipment, sterile services and optical/endoscopic systems. Since its foundation MPBE has strongly valued education, training and research and considers these areas as having been key to its success as a progressive, knowledge based Department.

### DEVELOPMENTS

#### Zevalin Therapy

Zevalin® cancer therapy for non-Hodgkin's lymphoma was introduced. This is a recently developed form of radiotherapy utilising a Yttrium-90 labelled immunoconjugate. MPBE prepares Zevalin for administration and provides related radiation safety advice. Coupled with a growing demand for the thyroid radio ablation service introduced last year, this constitutes a deeper MPBE involvement in radiotherapy.

#### Theatre Re-equipping

MPBE managed a major re-equipping of the ICU and theatres with new technology including ventilators, anaesthetic machines and monitoring systems. The re-equipped theatres and main ICU were designed to be compatible with a central database, bringing clinical information management to a new level. When completed this will allow central collection of physiological and other data from patients undergoing surgery and in ICU.

#### Phase 1H

A major equipping project is underway in preparation for the opening of Phase 1H. Extensive trials of medical equipment were carried out during the year to help inform equipping decisions in this process.

#### PaRIS/EPR

Medical Physics and Bioengineering managed the continuing PaRIS/EPR project. Towards the end of the year Cerner Ltd were chosen as the PACs contractor and installation will begin in 2005.

#### External Services

MPBE carries out an external service function, providing clinical engineering and medical physics services to health boards and hospitals throughout the country. Radiation Protection Adviser services were provided to a range of hospitals, dental clinics and health boards. Input continued into the development of a major new imaging facility in Tullamore General Hospital and four years of medical physics service provision in AMNCH were completed. An initiative with the Royal Victoria Eye and Ear Hospital will see MPBE provide services to that hospital, particularly in the areas of sterile services, laser safety and equipment management.



**Prof. Jim F Malone**  
HEAD OF DEPARTMENT

Dr. Neil O'Hare  
Dr. Geraldine O'Reilly  
ASSISTANT HEADS OF  
DEPARTMENT



*Prof. William Reville, Prof. Peter Busch, Prof. Jim Malone and Dr. Keith Kaulkner pictured at the MPBE 21st Anniversary Seminar "Exploring the Boundaries".*

### EDUCATION / TRAINING

The Department co-ordinates the MSc in Physical Sciences in Medicine in TCD. In 2004 sixteen students were enrolled on the course and three MPBE staff graduated.

MPBE made major contributions to teaching on the Fellowship of the Faculty of Radiology at RCSI. MPBE also provided support to the MSc in Health Informatics at TCD and initiated input to the BSc in Environmental Sciences and Health at DCU.

A cum laude award for an e-learning presentation by MPBE on MRI physics education was received at the Radiological Society of North America in Chicago.

### RESEARCH ACTIVITIES

**E-Medi:** E-Medi is a four country, six partner project which will see the development of new e-learning resources for radiology training. The project is funded by the European Commission's Leonardo da Vinci Programme, and brings together experts in radiology, e-learning, IT and multimedia. MPBE and the Department of Radiology are contributing to the project and manage one of seven project work packages.

**SENTINEL:** This is a 27month co-ordinating action funded by the European Commission. The project will consider dose, image quality and efficacy in Digital Imaging.

**DIMOND:** This large three year EU funded project was completed. Involving 13 partners in 11 member states, the project considered issues of dose and image quality in Digital Imaging. The project culminated in a conference in Leuven, at which MPBE presented findings on issues concerning physical measures of image quality.

**MEDICASE:** This EU funded work was completed, seeing the development of new technologies for transport of medical goods. MPBE was involved in validation and in development of related innovative software applications.

**OPEN WINDOWS:** The Open Windows project is an Art and Health project which brings video works by artists to the bedside of patients in the bone marrow unit. This project went live in 2004, with both technical and specific artistic input from MPBE staff to the Open Window group chaired by Prof. Shaun McCann. Grant funding to progress this work was awarded by the Cancer Society of Ireland.

Research was completed on:

- New measures of medical image quality.
- Optimisation of Magnetic Resonance Angiography scans.
- Hand doses to staff in interventional cardiology.

The 2004 Healthcare Informatics Society of Ireland best paper prize was awarded for "Towards and Information-centred Intensive Care Unit", presented jointly by MPBE and Keith Shaw clinical staff.

### INNOVATION

MPBE hosted a joint Enterprise Ireland/St. James's Hospital networking event in May, at which representatives from the medical device industry and hospital clinical/technical personnel were introduced. This meeting considered the innovative potential within the Hospital for technology development.

## GENERAL SUPPORT SERVICES

# General Support Services Department

### Introduction

At the beginning of 2004 Jim Deegan retired from the post of Manager General Support Services after many years service with the Hospital. He is replaced by Padraic Carolan.

### CHAPLAINCY DEPARTMENT

Head Chaplain	Fr. Brian Gough
Chaplains	Fr. Anthony Darragh, Fr. Brian O'Toole, Fr. Jim Stapleton and Canon David Pierpoint (Church of Ireland)
Sisters	Sr. Joyce Cullinane, Sr. Anne Kelly and Sr. Elizabeth Brennan

The Chaplaincy Department continues to provide a 24 hour service to the Hospital. The Department is very fortunate to have over 30 volunteers who serve as Ministers of the Eucharist and assist in bringing Communion to patients on a daily basis.

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

- In the administration of the Sacraments.
- Through spiritual care and counselling, especially at times of great anxiety and, above all, with the terminally ill.

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

During the past year the Chaplains attended over 950 deaths and made 130 pre-operation visits per week to patients who had requested a visit. Also there are numerous informal visits made on wards by all Chaplains.

### LINEN SERVICES

Linen Services Manageress      Margaret Quinn

The main elements of activity in the Linen Services Department include:

- Receipt and distribution of Hospital linen
- Laundry of some patient clothing
- Laundry of white coats
- Laundry of curtains
- Seamstress service



**Mr. Padraic Carolan**  
MANAGER  
GENERAL SUPPORT SERVICES

### PORTERING SERVICES DEPARTMENT

Portering Services Manager David Graham

Portering Services

Assistant Manager

Supervisors

John Whittington

Thomas Carey

James Long

Thomas O'Neill

Daniel Lyons

The portering service is available to the Hospital on a 24 hour/seven day basis. 57 porters cover all areas of the campus providing various services which include:

- The transfer of patients to and from wards and departments.
- A 24 hour internal ambulance service for patient movements on campus.
- The collection and delivery of specimens, blood and blood products, charts, x-rays and pharmacy items.
- A 24 hour reception services at various points.
- Providing a courier service throughout the city.
- Mortuary.
- Postal service.

### CATERING DEPARTMENT

Catering Manager Paul Byrne

Deputy Catering Manager Bernie Lynam

Ward Catering Manager Susan Shaw

It was another very busy year for the Catering Department and its staff, preparing and distributing almost one million patient meals, and also providing restaurant and coffee bar service.

The Catering Department undertook the followings projects:

- Reviewed the new "National Nutritional Standards for Hospitals" and introduced menu amendments where necessary.

- Organised training sessions for ward catering assistants based on the "Understanding and Provision of Special Diets."
- Reviewed the menu production system and created modified dishes to meet special needs.
- Addressed the issues associated with catering for ethnic minorities.
- Reviewed the menu delivery system and introduced a new format on a trial basis in three wards to provide increased options for customers.
- Created a new computerised diet patient menu request system in conjunction with IMS - due to go live early 2005.

Other matters achieved by the Catering Department during the year:

- A more user friendly and economical food packaging system.
- Introduction of Ethnic dishes on the staff restaurant menu.

### COMMUNICATIONS CENTRE

Manager Frank Hennelly

The Communications Centre provides a vital service to both staff and public. More than 3.5 million calls are taken and transferred by operators. The volume of internal traffic to the switchboard has grown by over 20% in 2004.

- In August 2004 a new hard disc and software were installed on the Siemens Hicom exchange. This was an upgrade and a backup to the system which was required.
- The operators also dealt with 1,306 telephone faults, 192 faulty pagers, 342 fire alarms and 192 cardiac arrest activations.
- In 2004 three members of the Communications staff retired. They were Pauline Lynam, Robert Watts and Barbara O'Brien.

## SECURITY/ALLIED SERVICES DEPARTMENT

Security Manager David F Lewington

Deputy Manager Alan Buckley

Duty Supervisors Graham O'Brien,  
Keith O'Brien, Paul Byrne

Security Assistants William McGuirk,  
Stephen Bartley

The Security/Allied Services Department of St. James's Hospital is responsible for the security, care and welfare of patients, visitors and staff who visit the Hospital on a daily basis as well as protecting the Hospital complex and its assets against criminal activity.

### Services

Responsibilities and functions include:

- Providing a 24hr security service to the entire Hospital complex.
- Physical Security Patrols of the entire Hospital complex.
- Dedicated Security presence in the Emergency Medicine Directorate, GUIDe and Hepatology Clinics.
- Control and implementation of Swipe Card Access.
- Management and issue of Identification/Access Cards.
- Cash Transfers.
- Responsibilities, in liaison with the Fire Officer, in relation to Fire Prevention and Fire Alarm Activations.
- Processing requisitions for keys and locking mechanisms.
- Annual issue of Car Parking Permits.
- Management of traffic flow throughout the Hospital complex.
- Security of Car Parking areas.
- Supervision of Car Park Management Company.
- Supervision of site works and construction traffic.
- Management and Monitoring of CCTV, Access Control and Intruder Alarms.
- Training of Staff in Non Violent Crisis Intervention.
- Active consultation in the planning process of the Hospital.
- Providing escorts for staff throughout the complex when necessary.

### Progress/Developments

- During 2004, the Security Department in conjunction with the Emergency Medicine Directorate commenced the development of a dedicated Security Control facility for St. James's Hospital. Stages 1 & 2 were complete by the end of 2004. Currently this facility is manned 125.5 hours per week.
- The implementation of additional CCTV and recommendations regarding Intruder Alarms and Panic Alarms throughout St. James's Hospital is ongoing and proving an integral part of maintaining a secure environment.
- The Emergency Medicine Department, the GUIDe Clinic and the Central Pathology Laboratory have seen an increase in security technology during 2004 with the implementation of additional Swipe Card Access Control, CCTV and Panic Alarms. It is the intention that in 2005 all these systems can be integrated in the Control Room for round-the-clock monitoring.
- Car Parking has improved considerably following the opening of the Underground Car Park and the implementation of Access Control at the Staff Car Parking areas.
- Regular contact has been maintained between Gardai, Security /Allied Services and General

Support Services who combined, are in the process of developing a Hospital Watch programme specifically for St. James's Hospital, to be implemented in 2005.

#### HOUSEKEEPING SERVICES DEPARTMENT

Housekeeping Services Manager Sharon Weston  
 Housekeeping Services Supervisors Jackie McCarthy  
 Carol Burns  
 Mary Sammon  
 Carol Dolan

The Housekeeping Services Department is responsible for the cleaning and maintenance of standards in both clinical and ward areas. It strives to meet the daily challenges involved in providing a cleaner and safer environment for both patients and relatives.

- A new Orientation Program has been devised and implemented for all new starters – this program gives new staff an overview of their new working environment, protocols and procedures and also includes Infection Control Training.
- The flat mopping system is continuing to be rolled out to provide a more hygienic cleaning service.
- The supervisory team has been enhanced with the appointment of an evening supervisor.
- A monthly refresher course has been set up in conjunction with the Infection Control Department for all staff on hand washing.

#### ENVIRONMENTAL SERVICES DEPARTMENT

Environmental Services Manager Frank Duffy

With the opening of the New Concourse and Phase 1H in 2004, the services provided by the Department expanded, in regard to both the number of waste collection points and the amount of recycling material processed.

- Recycling – collection of paper for shredding/recycling has increased over 40% from a total of 96 tons in 2003 to 137 tons in 2004.
- Recycling of cardboard has increased on average by one ton per week.
- Arrangements for the safe disposal of food waste, which goes for composting, were finalized.
- A system has been put in place for the safe disposal of domestic appliances.
- Certificates of Destruction are supplied for all items sent from the hospital.
- The provision of two 'lock up' areas for both Clinical/Cytotoxic waste has helped us reach the criteria for safe storage of same.

## NURSING SERVICE

# Nursing Service

### Introduction

Nursing Administration recruits and develops nurses and care attendants, provides payroll and personnel administration for them. The Department also provides “out of hours” hospital management via Site Nurse Managers and the 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 remained a challenge throughout 2004 and was managed through the combined efforts of Directorate Nurse Managers, Clinical Nurse Managers, HR staff and leadership provided by the Nursing HR Manager in Nursing Administration.

Professionally, nurses in different clinical areas at St. James’s Hospital continued to expand their scope of nursing practice in line with the An Bord Altranais framework. The Nursing Practice Development Unit and the Centre for Nurse Education facilitated initiatives and continuous professional developments in 2004.

### NURSING PRACTICE DEVELOPMENT UNIT (NPDU)

Led by Coordinators Catherine Deegan and Deirdre Ryan, the NPDU aims to facilitate the implementation of evidence-based practice in nursing care for all patients, their families and carers in the Hospital. The Nursing Practice Development Co-ordinators (NPDC) are supported by an Education Co-ordinator, four Clinical Support Nurses, a Tissue Viability Nurse Specialist, eight Clinical Placement Co-ordinators and a Student Allocation Officer.

The NPDU works to develop nurses and nursing practice by working in close liaison with clinically based nurses, Clinical Nurse Managers, Nurse Tutors, Directorate Nurse Managers and multidisciplinary staff.

The NPDU also has responsibility for co-ordinating undergraduate Diploma and BSc (Nursing) Programmes with the Department of Nursing and Midwifery, Trinity College and the Centre for Nurse Education. Partnership working maintains a clinical environment where nursing students can learn and acquire learning outcomes while on practice placements.



**Eilish Hardiman**  
DIRECTOR OF NURSING

**Catherine Deegan**  
NURSING PRACTICE  
DEVELOPMENT COORDINATOR

**Deirdre Ryan**  
NURSING PRACTICE  
DEVELOPMENT COORDINATOR

### DEVELOPMENTS IN 2004

Practice development work continued through an existing committee structure and/or establishing short-term working NPDU sub-groups with cross-clinical area representation, including nurses and, where appropriate, multidisciplinary staff. This approach enables nurses to constantly examine their practice, establish protocols and guidelines (in order to inform new practices) and provide staff education and assessment at clinical level.

The following committees, working groups and structures were instrumental in moving practice forward in 2004 through teamwork and the provision of study days & in-service training, where appropriate.

- Documentation Practices (to include development of new documentation/policies).
- Intravenous Care (Administration of Intravenous Drugs and management of related practices).
- Venepuncture and Cannulation Education/training.
- Insertion of Naso-gastric tubes.
- Management of Gastrostomy/PEG tubes.
- Male Urethral Catheterisation.
- Review of Nursing Procedures.
- Review of Thermometry Methods.
- Review of IM Injection Techniques.
- Tracheostomy Care .
- Tissue Viability and Tissue Viability Link Nurse Programme.
- Self-Medication Programme.
- Competency Development.

- Co-ordination of Inservice Education (monthly sessions).
- Portfolio Development Pilot (in conjunction with Personal Professional Development Planning).
- Rotation Programme for newly qualified nurses.

### CLINICAL SUPPORT NURSES

In addition to supporting newly qualified /junior nurses and practice development locally, the Clinical Support Nurses continued to be involved in many of the above initiatives. This was achieved through the support of the NPDC, the NPDU team and CNMs/staff at clinical level.

The Clinical Support Nurse (overseas nurses) led a further 69 St. James's Hospital nurses and 80 external nurses through induction, providing support at clinical level to meet registration requirements with An Bord Altranais.

### STUDENT NURSE EDUCATION PROGRAMME

The Clinical Placement Co-ordinators, Student Allocation Officer, Education Co-ordinator through the guidance and support of the NPDC and clinical staff, continued to play a central role in the clinical education of nursing students.

They sourced and co-ordinated appropriate clinical placements for students, developed learning outcomes and the learning environment, and facilitated competency and preceptorship study days (in conjunction with TCD, Centre for Nurse Education staff) to equip nurses with the expertise to support and assess nursing students at clinical level.

### CENTRE FOR NURSE EDUCATION

The Centre for Nurse Education, under Director Barbara Garrigan, provides undergraduate and post-graduate education and training programmes and a range of short courses and in-service study days.

In 2004, 68 students completed the Registration / Diploma Programme in Nursing in conjunction with the University of Dublin, Trinity College. Three were awarded distinctions.

27 students completed the Post-Graduate Diploma in Specialist Nursing (in conjunction with the University of Dublin, Trinity College) in the following specialty areas – Accident and Emergency Nursing, Intensive/Coronary Care Nursing, Peri-operative Nursing and Burns, Plastic and Oro-maxillofacial Nursing. One student achieved a distinction.

Short courses were provided in Palliative Care Nursing and Endoscopy Nursing. Study days were provided for Clinical Nurse Managers and Staff Nurses. Preceptorship study days were provided to prepare registered nurses for their role as preceptors for undergraduate degree students. Staff were also involved in Intravenous Policy study days, Manchester Triage, orientation for new staff and providing teaching input on a variety of programmes.

On February 11th, 2004, Ms. Anne Carrigy, President of An Bord Altranais, delivered the Anne Young Memorial Lecture and nurses were presented with certificates and badges.

The first group of 26 students successfully completed the FETAC Healthcare Support Certificate Programme and feedback from external examiners was very positive. The second programme commenced in September 2004.

## EDUCATIONAL ACTIVITIES

## Educational Activities

**THE HAUGHTON INSTITUTE**

The Haughton Institute, established and governed in partnership by Trinity College, St. James's Hospital and the Adelaide & Meath Hospital, Dublin Incorporating the National Children's Hospital, contributed principally during 2004 to the Trinity College School of Research and Postgraduate Education, administered by the Haughton Institute. The School focussed on providing better support to course co-ordinators, developing new Masters and Diploma courses, and developing a dedicated graduate applications section for the Faculty of Health Sciences. In February, applications for four of the courses in the 2004/2005 intake were processed by the Institute under the The Graduate Applications pilot project. A dedicated Graduate Applications Section Office was established on the Hospital campus in July. The pilot scheme was further expanded in November 2004 to include processing applications for 16 of the taught postgraduate courses within the Faculty for the 2005/2006 intake.

The Institute took part in the establishment of the Institute of Cardiovascular Science, which will promote research in this area, and also improved services available to research account holders, experiencing a very significant increase in the amount of research funds under management.

The Institute provided support to the School of Physics for the involvement in Eurolife, in association with two teaching hospitals. Eurolife involves nine of the oldest medical schools in Europe and provides considerable opportunities for collaboration and co-operation in research and education.

**Research**

Research continued strongly in 2004 and the newly established Durkan Laboratories, under the direction of Prof. Shaun McCann and Prof. Mark Lawler in collaboration with Drs. Vandenberghe, Browne and Conneally, focussed on new approaches to diagnosing and treating haematological malignancies. Articles were published in peer review international journals and competitive funding was awarded (see grants and publications sections). Among other awards, Prof. Lawler was honoured with the Graves Medal for Research, presented by the Health Research Board and the Royal Academy for Medicine in Ireland. His paper was entitled "Identifying new biomarkers and novel therapeutic targets through molecular medicine".

The Institute of Molecular Medicine (IMM) provides a state of the art facility for molecular research. There are significant peer review funded research programmes within the IMM in haematological malignancy, oesophageal cancer (Reynolds, Kelleher), thoracic cancer (O'Byrne), gynaecological malignancy (O Leary, Sheils), and prostate cancer (Hollywood, Lawler, Lynch). This allows for an integrated approach to translational research.

The IMM won one of only two PhD programmes awarded by the Health Research Board. This prestigious PhD program in Molecular Medicine will attract high quality graduates.

## Education

The 2nd Cancer Conference of the St. James's Hospital Cancer Strategy Group (CANCER 2004) took place at the Hospital and was opened by the Minister for Health and Children, Mr. Micheál Martin. There was a significant presence from the National Cancer Institute (NCI) in Washington, highlighting the linkages that have been established between the Hospital and the NCI. Prof. Norman Coleman from the NCI gave a state of the art lecture on "Novel Concepts in Radiation Oncology: Linking Molecular Imaging, Therapy, and Biology". Prof. Don Coffey from the Johns Hopkins School of Medicine, USA, gave a superb lecture on 'New technologies and concepts to resolve the paradoxes observed in cancer biology'.

There were also excellent presentations on childhood leukemia, cancer survivorship, oesophageal cancer, cell death, methylation, genome stability and cancer strategy. Prof. John Reynolds St. James's Hospital spoke on the important issue of obesity and cancer while Prof. Donal Hollywood outlined the significant developments in radiation therapy and his vision for this discipline in Ireland. Over 200 individuals attended the conference from around the country.

In addition, the first St. James's Hospital - National Cancer Institute - Belfast City Hospital Workshop on Genomics in Cancer Diagnosis and Treatment (Opportunities and Challenges) took place in the Institute of Molecular Medicine, as a satellite to the CANCER 2004 meeting. It included talks on Biomarkers and Cancer by Dr. Sudhir Srivastava (NCI), Cancer Molecular Diagnostics by Prof. Mark Lawler (St. James's Hospital) and Hox genes and cancer by Prof. Terry Lappin (Belfast City Hospital).

## Awards

- Graves Medal Prof. Mark Lawler.
- Best Oral Presentation, Haematology Association of Ireland, 2004 (A Hayat).
- Best Oral Presentation, Irish Association for Cancer Research, 2004 (A McElligott).

## Grants

Title	Transect
Granting Body:	EU 6th Framework
Duration of Grant:	2004-2007
Principal Investigator:	Prof. M Lawler
Total value:	€2,500,000
<b>Title:</b>	<b>Molecular Pathology of Lymphoma</b>
Granting Body:	Cancer Research Ireland
Duration of Grant:	2004-2007
Principal Investigator:	Prof. M Lawler
Total value:	€123,000
<b>Title</b>	<b>Molecular Medicine PhD Training Site</b>
Granting Body:	Health Research Board
Duration of Grant:	2004-2009
Principal Investigator:	Prof. Dermot Kelleher
Co-investigators:	Prof. M Lawler, Prof. John Scott, Dr. Dan Bradley,
Total Value:	€1,000,000
<b>Title:</b>	<b>HRB Equipment Grant</b>
Granting Body:	HRB
Duration of Grant:	2004-2007
Principal Investigator:	Prof. Dermot Kelleher
Co-investigators:	Prof. M Lawler, Dr. Aideen Long, Dr. Yuri Volkov
Total Value:	€275,000

## CANCER SERVICES & EDUCATION

### Regional Psycho-Oncology Booklets/launch

The development of the first psycho-oncology booklets was one of the initiatives from the Regional Oncology Programme Office. Working with the Regional Psycho-oncology Service at St. James's Hospital we developed psycho-oncology information booklets for patients and families.

The Regional Psycho-oncology service in education and training was launched. This service was formally announced by Minister for Health and Children, Mr. Micheál Martin.

### WILLIAM STOKES POSTGRADUATE CENTRE

Medical Director	Dr. Finbarr O'Connell
Administrative Director	Mr. Michael O'Hagan
Conference Facilitator	Valerie Wilkinson

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

- Grand Rounds.
- Medical Update Meetings.
- Haematology/Oncology meetings.
- Endocrinology meetings.
- Medical Research Meetings.
- Medicine for the Elderly meetings.
- Meetings for Dublin Vocational Training Scheme in General Practice.

- MSc Cardiology Course.
- MSc Cognitive Therapy Course.
- ACLS Courses.
- Seminars of the William Stokes Faculty of the Irish College of General Practitioners.
- Annual Orientation course for new Interns.
- Continuing education programme for Interns.
- State-of-the-Art lecture series in Internal Medicine.
- Career Guidance Meetings.

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

# PROGRAMMES DIVISION REPORTS



## PROGRAMMES DIVISION REPORTS

## Quality Initiative

**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.

There are thirteen multidisciplinary accreditation teams in the Hospital, four management teams, which are Leadership and Partnership, Human Resource Management; Environmental and Facilities Management; and Information Management. Nine care teams provided a forum to review standards relating to assessment, evaluation, planning, developing and improving services relating to patient care. These care teams were formed around the Hospital's Directorate structure.

The accreditation teams continued to meet throughout 2004 with a focus on progressing and implementing team specific and Hospital wide quality improvement plans, examples being:

- Ratification by the Hospital Board of the Corporate Ethics and Compliance Programme.
- Resuscitation Guidelines updated and circulated.
- Development of Integrated Care Pathway for Thoracic Surgery.

The Quality Improvement Monitoring Group meets on a regular basis to provide leadership and guidance in progressing quality improvement initiatives.

In December, St. James's Hospital applied to the Irish Health Services Accreditation Board to undergo the accreditation process and the application was accepted.

2005 will see the commencement of the accreditation cycle, with hospital-wide involvement.

**RISK MANAGEMENT**

The Risk Management Programme within St. James's Hospital continues to enhance the quality of patient care by preventing and reducing adverse incidents, which pose a threat to patients, visitors and staff.

Key initiatives introduced in 2004 includes:

- The appointment of a Steri-vigilance Nurse to underpin the future development of the Steri-vigilance programme in line with best practice in the fields of decontamination and sterilisation.
- The need for a Tracheostomy Safety Programme was identified as a key initiative. Plans for a Tracheostomy Safety Pilot Project was devised and will commence in 2005 with the appointment of a facilitator. This provides the basis for the implementation of an effective hospital-wide Tracheostomy Safety Programme.
- In response to recommendations from the Medication Safety Committee, a full-time Medication Safety Facilitator was appointed in August 2004. Detailed analysis and severity grading of reported events has been possible since August 2004. Collaboration with all groups of healthcare



**Mr. Ian Carter**  
DEPUTY CHIEF EXECUTIVE AND  
OPERATIONS MANGER

staff involved in the medication use process has enabled several quality improvements to be devised and implemented in response to these issues. The Medication Safety Facilitator provides regular feedback on identified trends to all staff involved in the medication use process by means of alerts, bulletins and education sessions.

Since January 2004, all adverse incidents and 'near misses' reported to Risk Management have been recorded on the Clinical Indemnity Scheme's national web-based database, STARSWEB. This facilitates trend analysis of incidents by the Risk Management Committee and in turn enables the identification and development of possible solutions.

#### 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 2004 the Committee continued to expand with four patient representatives from the Community joining.

New initiatives developed in 2004 include:

- Patient Information Booklet – designed to provide information to help patients prepare for admission.
- Discharge advice following surgery patient information leaflet.

The measurement of patient satisfaction with Hospital services was achieved through patient satisfaction surveys assessments with the following services:

- ORIAN, ICU.
- HOPE, Haematology – Palliative Care within the bone marrow transplant setting.
- NCHCD – Dental Service.

- SCOPE, Speech and Language Therapy satisfaction survey.
- Clinical Pharmacy.
- HDU.
- Jonathan Swift Clinic.
- Health Care Centre.
- GUIDe Clinic.

During 2004, the fourth Community Consultation forum was held giving the Community the opportunity to present their views to the Hospital. This initiative will continue in 2005.

#### PERFORMANCE INDICATOR PROGRAMME

The hospital currently tracks 103 Performance Indicators, including 12 National performance indicators for acute services within four broad categories.

During 2004

- St. James's Hospital was awarded the Derek Dockery Health Innovation Award for category four: 'Innovations in Management and Administration of Services or Support including innovative use of technology/communications' for the Development of a Hospital Wide Performance Indicator Programme in November 2004.
- Deputy Chief Executive presented an oral presentation on 'Development of an International Performance Indicator Programme Benchmarking Initiative' at the 21st Annual International Society for Quality in Health Care Conference in Amsterdam.

The fourth meeting of the International Performance Indicator Programme Benchmarking Initiative, led by St. James's Hospital took place in Brussels, October 2004. It was agreed that the objectives of this initiative would be best achieved in a non-statutory

and non-competitive framework developed around group meetings. This enables hospitals to validate their own performance, review other hospitals' performance, and identify better practises that secure higher performance values than their own.

Benchmarking projects have been selected based on key areas and issues of common interest to participating hospital and these include:

- Average length of stay.
- Inpatient/Daycase.
- Emergency admission pathway.
- Theatre utilisation.
- Unplanned re-admission.

The results of this benchmarking initiative have presented participating hospitals with the opportunity to validate their own performance, identify best practises and share information on continuous quality initiatives. Subsequently this has enabled other participating hospitals to examine how 'best practise' is structured. This has facilitated higher performance values and the opportunity to reshape their structures and services based on identified best practise.

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.



## PROGRAMMES DIVISION REPORTS

# Planning & Commissioning Department

### Introduction

Planning & Commissioning also encompasses the Technical Services Department, Energy Service Department and Fire Services Department.

The Department project manages the construction, commissioning, equipping and opening of all new or renovated facilities on the Hospital campus. It is responsible for the identification and implementation of the major infrastructure systems overhaul within the campus. It controls and is accountable for all capital funding for these projects. The project management of the major and minor projects on the campus entails addressing the planning and design brief requirements to the costing analysis, and tendering and awarding contracts in accordance with public procurement protocols and procedures.

### Developments

Significant developments in 2004 include:

- Completion and opening of a five single bed ICU extension.
- The completion and handover of reconstructed mortuary and laundry facilities, relocated due to LUAS having acquired the land for its track. The LUAS installation was also completed with trams running since October.
- The Emergency Department extension and redevelopment neared completion. Most has already been handed over to the hospital.
- Commissioning began for the new Phase 1H Day Services facilities and occupation began on a phased basis.

### PLANNING & COMMISSIONING

'Planning & Commissioning carries out the project management work required for the construction, commissioning, equipping and opening all new or renovated facilities on the Hospital's campus. It is also responsible for managing development, change or replacement of all the major infrastructure systems provided on the campus. The Department controls and is accountable for all capital funding for its projects, which range from the largest to much smaller works. Staff develop each project from the planning and briefing phase, through to costing, tendering and the awarding of contracts, in accordance with requirements laid down in public procurement protocols and procedures.'

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**Eamonn O Callanáin**  
PROJECT MANAGER

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**Erc Kealy**  
ENERGY SERVICES OFFICER

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### TECHNICAL SERVICES DEPARTMENT (TSD) Engineering Department

The Engineering Department provides a maintenance facility to Hospital buildings and associated mechanical and electrical services. This includes electrical power, heating, lighting, hot and cold water supplies, air conditioning, medical gases and drainage.

During 2004 the Engineering Department's workload increased in line with Hospital activity. 90% of the 16,515 helpdesk repairs were completed within an eight-hour period. 70% of Priority-one calls were responded to within the 30-minute performance target. All these calls were completed within an hour. To compliment the helpdesk there are comprehensive planned maintenance and refurbishment programmes. Areas refurbished this year include Hospital 4, Hospital 5, Pharmacy, CResT and ORIAN Directorates, Colles, Bennetts and Annie Young Wards and the Physiotherapy Department.

Engineering personnel have dealt very successfully with challenges presented by new equipment and technologies installed in the new Hospital Concourse.

### ENERGY SERVICES DEPARTMENT:

The Department is responsible for the secure, safe and efficient supply of utility services to the Hospital site. These include electricity, natural gas, water and steam. Steam is used for space heating and humidification, domestic hot water and in autoclaves throughout the Hospital.

The Department manages the Combined Heat and Power Plant (CHP) at the Energy Centre, in operation for the past eight years. It provides 30% of the site's electrical demand and recovers waste heat to provide a substantial portion of the heat demand.

Energy Services operates a comprehensive Building Management System, which controls and monitors virtually all heating, chilling, air conditioning and domestic hot water plant on site.

It also operates an Energy Monitoring and Targeting System which, with the Building Management System, provides information on energy consumption for the buildings on site.

In recent years the Hospital's energy costs have risen substantially, rising oil prices being a major factor. Since 2000, electricity prices have risen by 168%, gas prices have more than doubled and water costs rose 58%. Over the same period the consumption of electricity and gas have risen by 44% and 11% respectively.

#### Utility Costs 2004

Electricity	€1,064,000
Natural Gas	€931,700
Water	€204,000
<b>Total</b>	<b>€2,199,700</b>

Substantial upgrading of the electrical standby systems and medium voltage distribution systems during 2004 has boosted the capacity and robustness of the Hospital's electrical systems.

A priority for 2005 will be managing site energy usage with technology and raising staff awareness of appropriate energy savings. This results from the coming into force of the EU Carbon Emissions Trading Directive.

## FIRE SERVICES

### Fire Training

A shorter, more focused Fire Training course was introduced for Catering and Housekeeping Services Departments that allowed more staff to attend in their Department with less disruption to services. Annual fire training for staff was reviewed to make it more accessible and relevant to staff generally.

### Performance Indicators

Every fire alarm activation is investigated to determine the cause. This investigation into activations led to 98 fewer nuisance alarms compared to the 2003 total of 314.

### Fire Prevention

The Hot Work Permit system for contractors has been reviewed and the possibility of introducing a permit to work scheme was evaluated in an effort to improve fire safety and further reduce the amount of unnecessary fire alarm activations caused during renovations.

### New Projects

The Fire Services Manager is actively involved with all new planning projects and renovations and aids design teams to incorporate the Hospital's fire safety policy and procedures into new projects in a timely manner.

### Continual Professional Development

The Fire Services Manager was recently awarded a postgraduate diploma in Fire Safety Practice from Trinity College with the support of the Training and Development Department.

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Indications for gastro-intestinal physiological measurement in Physiology of the gastro-intestinal tract, eds G Duthie and A Gardiner, *Whurr Publishers, 2004, 1-14*

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