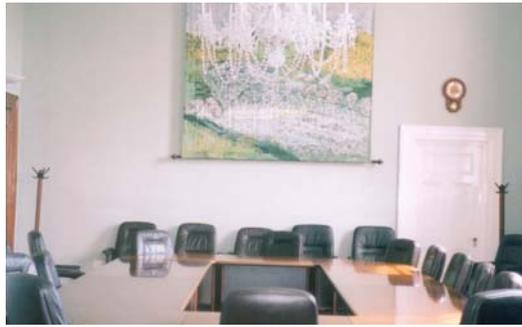




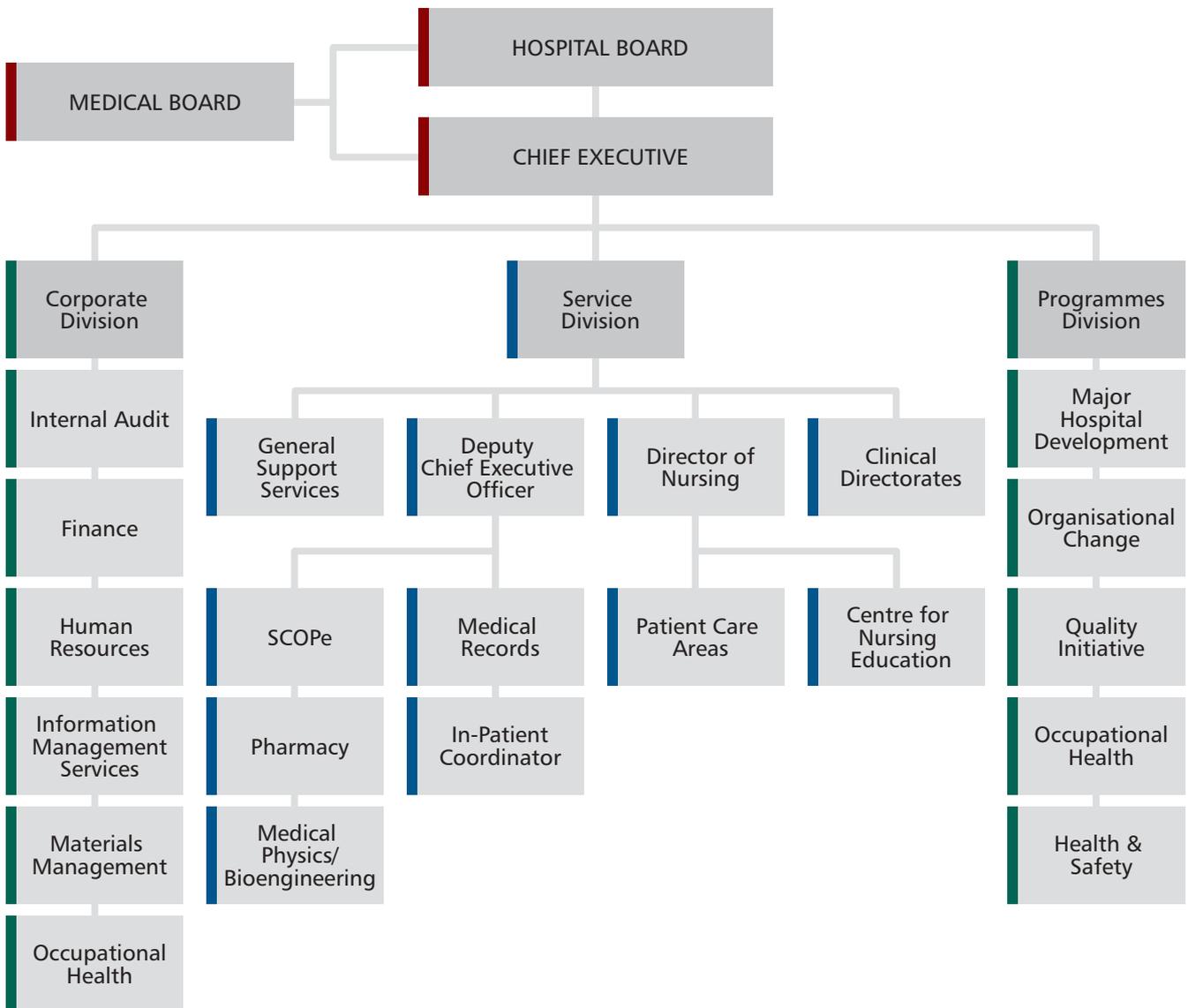
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GOVERNANCE AND EXECUTIVE



CORPORATE CHART



HOSPITAL BOARD MEMBERSHIP 2005**Professor Tom Mitchell**

Chairman of the Hospital Board since 2002

Cllr. M. Ardagh

(from September 2005)

Cllr. Sean Ardagh

TD. (until June 2005)

Dr. L. Barnes

Dermatologist (from September 2005)

Prof. R. Byrne

Trinity College (from November 2005)

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

Consultant General Physician (until June 2005)

Dr. P.W.N. Keating

Ministerial appointment (until June 2005)

Cllr. G. Keegan

(until June 2005)

Prof. D. Kelleher

Gastroenterologist

Mr. J. Kelly

Staff representative

Ms. M. MacGuinness

Clinical Nurse Manager

Dr. J. Moriarty

Consultant Anaesthetist (from August 2005)

Ms. C. Murphy

(from August 2005)

Professor J. Murray

Professor Business Studies, TCD (until June 2005)

Prof C. Normand

Edward Kennedy Professor of Health Policy and Management

(From September 2005)

Dr. F. O'Kelly

General Practitioner

Professor J. Scott

Trinity College

Dr. J.B. Walsh

Consultant Geriatrician (until June 2005)

Mr. S.G. Watson

Matheson Ormsby Prentice Solicitors (until June 2005)

EXECUTIVE MANAGEMENT GROUP 2005**Mr. J. O'Brien**

Chief Executive Officer (Chair)

Mr. I. Carter

Deputy Chief Executive Officer and Operations Manager

Ms. E. Hardiman

Director of Nursing

Mr. P. Carolan

Manager, General Support Services

Mr. M. O'Hagan

Acting Head of Human Resources

Mr. G. Heffernan

Deputy Director of Human Resources

Mr. B. Fitzgerald

Financial Controller

Dr. L. Barnes

Clinical Director, SaMS Directorate (until October 2005)

Dr. Colm Bergin

Clinical Director, SaMS Directorate (From November 2005)

Professor D. Coakley

Clinical Director, MedEl Directorate

Professor M. Cullen

Chairman, Medical Board

Dr. P. Freyne

Clinical Director, DiagIm

Dr. J. Moriarty

Clinical Director, ORIAN Directorate

Dr. P. W. N. Keeling

Clinical Director, GEMS Directorate

Ms. M. Kenny

Materials Manager

Dr. K. O'Byrne

Clinical Director, HOPE Directorate

Mr. P. Plunkett

Clinical Director, Emergency Directorate

Professor M. Walsh

Clinical Director, CResT Directorate

Dr. B. White

Clinical Director, LabMed

Mr. M. Buckley

Head of IMS

GOVERNANCE AND EXECUTIVE



LIST OF CONSULTANTS, ST. JAMES'S HOSPITAL 2005

Dr. M. Abrahams, Anaesthetist
Dr. C. Adida, Histopathologist
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
Dr. S. Clarke, Infectious Diseases
Prof. D. Coakley, Geriatrician
Mr. B. Conlon, Otolaryngologist
Dr. E. Conneally, Haematologist
Dr. E. Connolly, Anaesthetist
Dr. S. Connolly, Neurophysiologist
Dr. J. Cooney, Psychiatrist
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. C. Doherty, Neurologist
Dr. M. Doran, Rheumatologist
Dr. N. Dowd, Anaesthetist and Cardiothoracic
Dr. A. Doyle, Ophthalmologist
Dr. B. Dunne, Histopathologist
Ms. P. Eadie, Plastic Surgeon
Dr. C. Fagan, Anaesthetist
Dr. R. J. Fahy, Respiratory Physician
Prof. J. Feely, Physician/Clinical Pharmacology and Therapeutics

Prof. C. Feighery, Immunologist
Mr. G. Fenelon, Orthopaedic Surgeon
Dr. J. Fitzgerald, Anaesthetist
Dr. J. B. Foley, Cardiologist
Dr. P. Freyne, Radiologist
Dr. S. Froese, Anaesthetist
Dr. E. Gaffney, Histopathologist
Dr. U. Geary, Accident & Medicine
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
Prof. R.A. Kenny, Geriatrician
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. McMahon, Haematologist

Dr. G. McMahon, Accident & Emergency
 Dr. M. McMenamin, 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. R. Murphy, Cardiologist
 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, Oncology
 Dr. B. O'Connell, Microbiologist
 Dr. F. O'Connell, Respiratory Physician
 Dr. H. O'Connor, Obstetrics and Gynaecology
 Mr. M. O'Connor, Ophthalmologist
 Dr. D. O'Donnell, Medical Oncologist
 Dr. J. O'Donnell, Haematologist
 Ms. M. O'Donnell, Plastic Surgeon
 Mr. D. O'Donovan, Plastic Surgeon
 Dr. A. M. O'Dwyer, Liaison Psychiatrist
 Dr. F. O'Higgins, Anaesthetist
 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
 Dr. J. Porter, Anaesthetist
 Dr. P. Ormond, Dermatologist
 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. D. Shanley, Psychiatrist
 Dr. B. Silke, General Physician
 Mr. H. Smyth, Orthopaedic Surgeon
 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. 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 2005

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



INTRODUCTION FROM THE CHAIRMAN



Prof. Tom Mitchell
CHAIRMAN

It is a great pleasure to be able to introduce the Annual Report for 2005 by saying that once again the Hospital has been able to continue to provide high quality, patient-centred medical care across its range of specialties, and to meet or exceed all its obligations under the Provider Plan, doing so without incurring any deficits.

The credit for this goes to a fine management team, led by John O'Brien and to the skills, professionalism, community spirit and dedication of the entire Hospital staff. On behalf of the Board, I want to extend thanks and appreciation to everyone for this highly satisfactory outcome.

On the negative side, many of the old problems linger and are placing increasing strains on the entire hospital system. The overall shortage of beds is creating a variety of access problems. These are aggravated by steadily increasing numbers of late discharges and by an increase in the numbers being admitted through the Emergency Department.

The resulting strains on in-patient capacity disrupts the working of the entire Hospital and make it particularly difficult to accommodate and manage elective procedures. A growing population and a larger aging cohort are adding further to the pressure on acute hospitals. Only minimal progress was made in 2005 in the reform programme needed to ameliorate these conditions.

Funding difficulties also remain. Negotiations in this area still tend to drag on into the latter part of the year. There is no sign of adequate, dedicated budgets for equipment and routine maintenance. Restrictions on staffing levels are causing high expenditure on agency staff.

There was however, a strong positive side to 2005 in regard to the advancement of the Hospital's main strategic objectives. Towards the end of the year, an international design team was appointed to provide an Outline Development Control Plan for the entire site. The work will be finished by the autumn of next year. It will ensure the most effective and coordinated development of the Hospital campus.

St. James's Hospital holds a leading place in the Irish health system in the provision of a range of tertiary and fourth-level specialties. The development of these specialties into 'centres of excellence' of international quality to ensure leading-edge treatments for patients is a primary objective of the Hospital.

The selection of St. James's Hospital as one of four leading centres for the development of Radiation Oncology services was a powerful boost to this objective. It will enable the Hospital to develop one of the key specialties in which it already has an especially broad service base, and to create a world-class integrated and comprehensive cross-disciplinary range of services spanning all areas of cancer care. The submission which brought this successful outcome was directed by

Professor Donal Hollywood. He and his team deserve our deepest thanks.

Front-edge services such as the Cancer Care Centre cannot be achieved without the backing of high-quality medical education and research. In recognition of this, the Hospital has for some time been engaged in discussion with Trinity College about new structures to enhance teaching and research. Considerable progress was made in these discussions in 2005. Models from around the world were studied and a consensus emerged that there should be a high level of integration between the Hospital and the Trinity Medical School to align more closely the teaching and research missions of the two institutions. It is hoped to bring the discussions to finality over the coming year.

An illustration of the importance of the integration of the work of the Hospital and the medical school was provided during the year when a team of consultants from the Hospital, led by Dr. James Meaney, joined with scientists from Trinity College and won a major grant from the Health Research Board to establish a Centre for Advanced Medical Imaging. This alliance of clinical research and basic science is the surest route to new breakthroughs in medicine.

In many respects, 2005 could be described as an annus mirabilis for the Hospital. We hope that the march towards excellence will continue apace.

Thomas N. Mitchell
Chairman



REPORT OF THE CHIEF EXECUTIVE



Mr. John O'Brien
CHIEF EXECUTIVE

It gives me great pleasure to preface this report on the performance of the Hospital for 2005.

As in previous years, the primary executive management and operational focus for 2005 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:

	2004	Planned 2005	Actual 2005	% EXCESS	
				2004 / 05	Planned vs Actual / 05
Inpatients	23,816	22,006	23,388	(< 2%)	6%
Daycare patients	57,230	42,775	62,492	9%	46%
Outpatients	165,968	166,307	167,453	1%	1%

While considerable patient flow improvements were experienced over significant periods of the year due primarily to the success of the Acute Medical Admissions Unit (AMAU), a combination of continuously increasing numbers of delayed discharges and admission rates through the Emergency Department resulted in the re-emergence of access difficulties for inpatients – both elective and emergency – in the latter parts of 2005.

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 2005 were to continue going forward, the dimensions of the impatient capacity difficulties confronting the Hospital would worsen considerably.

Day patient performance continued to advance during 2005, and is likely to be further boosted with increased capacity in this area to be provided with bringing Phase 1H new facilities to full functioning in 2006. Once again, a highly successful waiting list initiative substantially augmented by the National Treatment Purchase Fund (NTPF), and covering impatient and daycare services assured maintenance of the Hospital's status with respect to national target provisions in these areas. Outpatient wait times remain a matter of concern and require increased attention during 2006.

Against this backdrop, the Hospital again returned a commendable operational financial performance, recording an in year minor surplus of €0.367m on a Health Services Executive (HSE) allocation of €319.387m. In parallel, the Hospital efficiently and effectively progressed capital projects with expenditure/funding totalling €10.770m. Achievement of this position was made possible only through intensive and evidence based pursuance of finance needs with external payer 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 2005 primarily as follows:

Opening of the remaining services within the phase 1 h development, namely

- Day surgery and outpatient unit
- Day endoscopy and outpatient unit
- Day haematology/oncology and outpatient unit
- 31-bed inpatient ward

Opening of expanded Emergency Department including the following services:

- Chest pain assessment unit
- Observation unit
- Critical care unit
- General emergency unit

The development of an Interim TB facility based in Hospital 5 Important equipment replacement/improvement provisions, most notably:

- Medical surgical and X-ray equipment
- General infrastructure replacement
- Haemophilia blood tracking system
- Laboratory equipment
- Cardiology equipment
- Catering equipment
- Ambulance vehicle replacement
- Cryobiology equipment
- Electrical infrastructure
- General practitioner IT Messaging system
- SARI service Infrastructure

Progressive implementation of the Integrated Image Management System (including PACS) during 2005 with full go-live targeted for early 2006.

Continued development of PPAR's and SAP Financial/Materials Management Systems at the Hospital

Commencement of renewed Outline Development Control Plan for the campus

Advancement of service developments in the following areas:

- A&E 10-point plan developments
- Additional inpatient capacity (27 beds)
- Increased scale in psychiatry services
- Interim TB services
- Symptomatic Breast Service
- Services to Older People
- Risk Management Development Programme
- GP developments - Centre for Pharmacoeconomics
- Cardiovascular Health Strategy - appointment of a fifth Cardiologist
- Occupational health and safety provisions
- Enhancements in Diabetes services
- Consultant appointments in the context of Phase 1H Development for:
 - Anaesthetics
 - Endoscopy
 - Surgery
- Cryopreservation Services
- Cancer Services
- Regional Psycho-Oncology Services

In general, the Hospital has successfully and fully delivered on its Provider Plan agreement with the HSE in service level, development and financial terms for 2005.

Finally, achievements in 2005 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 2006 and beyond.

John O'Brien,
Chief Executive.

PERFORMANCE HIGHLIGHTS



Total Outpatient Attendances by Speciality 2005

Speciality	New	Return	Total
Accident & Emergency	706	88	794
Anaesthesiology	210	200	410
Cardiology	2,144	6,487	8,631
Dermatology	2,531	2,740	5,271
E.N.T.	1,939	2,021	3,960
Endocrinology	833	2,314	3,147
Gastro-enterology	2,301	6,642	8,943
GUIDe	7,102	9,622	16,724
Gynaecology	1,197	2,268	3,465
Haematology	233	1,362	1,595
Haemophilia	1,026	4,898	5,924
Immunology	287	363	650
Maxillofacial	3,686	4,933	8,619
Medicine	2,179	5,549	7,728
Medicine for the Elderly	1,650	1,873	3,523
Nephrology	189	821	1,010
Neurology	676	829	1,505
Oncology	241	2,779	3,020
Ophthalmology	735	1,532	2,267
Orthopaedic Surgery	3,546	6,296	9,842
Pain Relief	74	79	153
Palliative Care	28	22	50
Plastic Surgery	4,126	5,455	9,581
Psychiatry	916	7,966	8,882
Radiotherapy	254	192	446
Respiratory	1,498	4,301	5,799
Rheumatology	821	3,249	4,070
General Surgery	4,699	4,376	9,075
Thoracic Surgery	477	816	1,293
Urology	1,172	1,153	2,325
Vascular Surgery	3,137	1,851	4,988
Warfarin Clinic	576	23,187	23,763
Total	51,189	116,264	167,453

Waiting List Status 31/12/04 – 31/12/05 for waiting list initiative targeted specialties

Speciality	Period	30	60	90	120	150	182	210	240	365	> 365	Total
ENT	31/12/2004	25	15	9	7	0	0	0	0	0	0	56
	31/12/2005	15	16	17	14	11	8	3	5	5	0	94
	%var	-40%	7%	89%	100%	0%	0%	0%	0%	0%	0%	68%
Urology	31/12/2004	14	25	18	5	5	1	0	0	0	0	68
	31/12/2005	29	6	13	9	1	2	3	3	14	1	81
	%var	107%	-76%	-28%	80%	-80%	100%	0%	0%	0%	0%	19%
Gynaecology	31/12/2004	19	14	3	5	0	0	0	0	0	0	41
	31/12/2005	18	15	10	9	10	6	4	2	2	0	76
	%var	-5%	7%	233%	80%	0%	0%	0%	0%	0%	0%	85%
Maxillofacial	31/12/2004	4	15	9	7	0	0	0	0	0	0	35
	31/12/2005	17	10	3	2	9	7	6	4	20	0	78
	%var	0%	-33%	-67%	-71%	0%	0%	0%	0%	0%	0%	123%
Orthopaedic	31/12/2004	17	24	21	14	0	0	0	0	0	0	76
	31/12/2005	4	6	9	8	10	3	4	4	8	0	56
	%var	-76%	-75%	-57%	-43%	0%	0%	0%	0%	0%	0%	-26%
Plastic Surgery	31/12/2004	37	44	17	8	2	3	0	0	0	0	111
	31/12/2005	21	35	23	25	14	15	10	15	21	0	179
	%var	-43%	-20%	35%	213%	600%	400%	0%	0%	0%	0%	61%
General Surgery	31/12/2004	44	23	24	31	9	8	0	0	0	0	139
	31/12/2005	32	21	27	29	27	17	21	17	26	0	217
	%var	-27%	-9%	13%	-6%	200%	113%	0%	0%	0%	0%	56%
Vascular Surgery	31/12/2004	47	44	60	43	0	0	0	0	0	0	194
	31/12/2005	17	27	36	16	16	21	6	6	20	0	165
	%var	-64%	-39%	-40%	-63%	0%	0%	0%	0%	0%	0%	-15%
Cardio Thoracic Surgery	31/12/2004	17	35	29	23	0	0	0	0	0	0	104
	31/12/2005	13	14	18	12	14	12	4	5	7	1	100
	%var	-24%	-60%	-38%	-48%	0%	0%	0%	0%	0%	0%	-4%
Gastroenterology	31/12/2004	0	0	0	0	0	0	0	0	0	0	0
	31/12/2005	1	1	0	0	0	0	0	0	1	0	3
	%var	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
All	31/12/2004	224	239	190	143	16	12	0	0	0	0	824
	31/12/2005	167	151	156	124	112	91	61	61	124	2	1049
	%var	-25%	-37%	-18%	-13%	600%	658%	0%	0%	0%	0%	27%

2006 Service Plan Projections/2005 Out Turn

Activity	2005		Variance Value	0%
	Projected Activity	2005 Actual		
Inpatient				
Total Discharges	22,006	23,388	1,382	6%
Total Day Care				
Attendances	42,775	62,492	19,717	46%
Outpatient				
New	51,542	51,189	-353	-1%
Follow Up	114,765	116,264	1,499	1%
Total Outpatient	166,307	167,453	1,146	1%

Admissions by Age Group (2005)

Age	% of Total Admissions	Total
<16	< 1%	58
16-65	64%	15,318
66-75	16%	3,886
76+	19%	4,505
Grand Total		23,767

*Includes NTPF activity

Age of New Emergency Department Attendances (2005)

Age	% of Total Admissions	Total
<16	< 1%	182
16-65	79%	32,552
66-75	9%	3,630
>76	12%	4,960
Grand Total		41,324

*Includes NTPF activity

St. James's Hospital Day Surgery Waiting list as on 31st December 2005

Summary	30	60	90	120	150	182	210	240	365	>365	Total
DSU Waiting List as on 31/12/2004	263	173	74	33	19	10	2	1	2	0	577
DSU Waiting List as on 31/12/2005	181	215	154	104	96	69	76	85	218	17	1,215
Variance	-31%	24%	108%	215%	405%	590%	3700%	8400%	10800%	0%	111%

Summary	30	60	90	120	150	182	210	240	365	>365	Total
Anaesthesiology	18	28	16	8	12	4	0	2	2	0	90
Dermatology	2	15	8	6	1	6	2	0	0	0	40
E.N.T.	6	9	13	3	2	0	2	2	4	0	41
Gynaecology	8	9	2	5	5	1	5	2	6	0	43
Maxillofacial	10	27	20	12	14	10	18	18	86	14	229
Orthopaedics	11	6	10	4	4	3	1	3	0	0	42
Pain Therapy	1	0	2	1	0	0	0	1	0	0	5
Plastic Surgery	77	82	53	44	40	38	40	52	56	1	483
General Surgery	33	29	19	14	11	6	3	2	3	0	120
Urology	15	10	11	7	7	1	5	3	61	2	122
Total	181	215	154	104	96	69	76	85	218	17	1,215

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

Total Day Care Attendances 2005

Specialty	Attendances
Cardiology	3,192
Dermatology	4,082
Diabetic Day Centre	10,898
E.N.T.	192
General Surgery	3,868
GUIDe	3,111
Gynaecology	194
Haematology	7,400
Immunology	267
Maxillofacial	42
Medicine	11,558
Neurophysiology	916
Oncology	9,892
Orthopaedic Surgery	156
Pain Relief	222
Plastic Surgery	2,839
Rheumatology Day Centre	3,090
Urology	900
Grand Total	62,819

* Includes NTPF Activity

Emergency Department Attendances (2005)

Total New Attendances	41,324
Total Follow up Attendances	2,395
Total	43,719

* Includes NTPF Activity

Inpatient Activity - Discharges by speciality 2005

Specialty	Total
Cardiology	2,713
Dermatology	30
E.N.T.	591
Emergency Department	1,162
GUIDe	381
Gynaecology	595
Haematology	782
Immunology	5
Maxillofacial	1,119
Medicine	6,264
Medicine For The Elderly	821
Nephrology	70
Neurology	104
Oncology	1,180
Orthopaedic Surgery	1,161
Plastic Surgery	1,528
Psychiatry	602
Rheumatology	570
General Surgery	2,023
Thoracic Surgery	910
Urology	485
Vascular Surgery	628
Grand Total	23,724

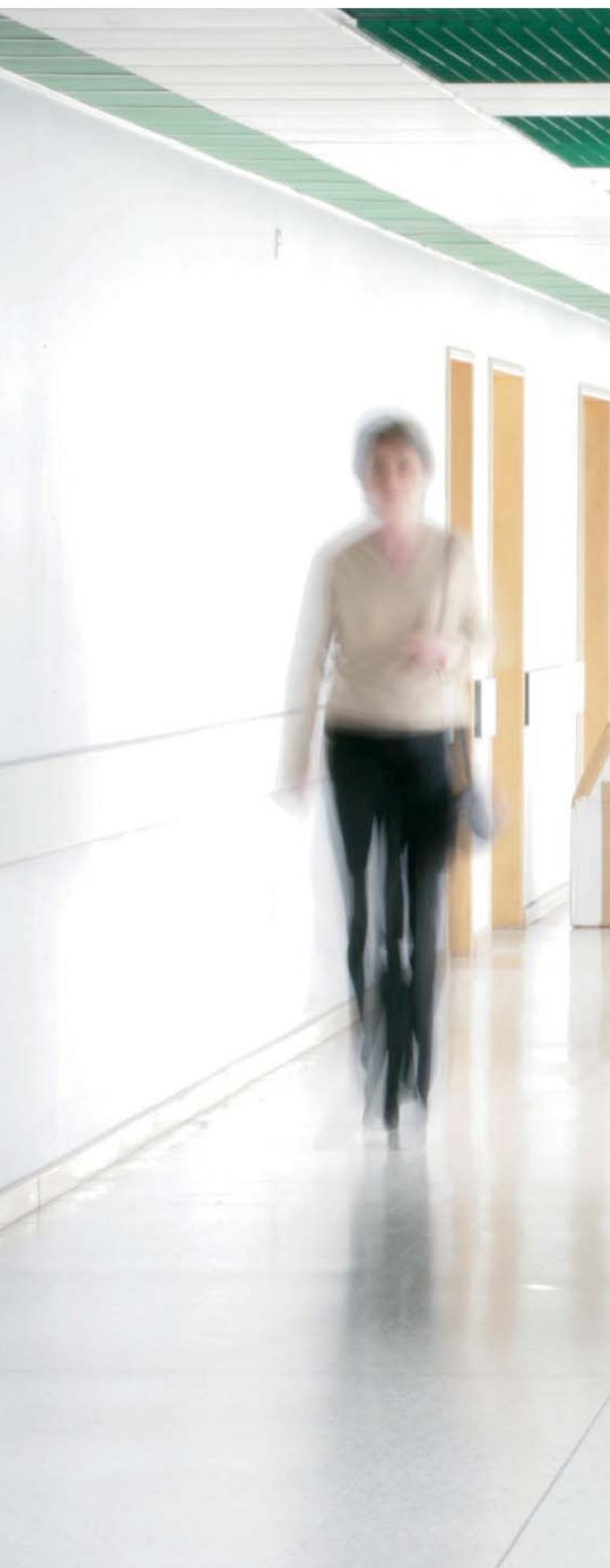
* Includes NTPF activity

St. James's Hospital Outpatient Waiting List as on the 31st December 2005

Summary	30	60	90	180	365	> 365	Total
OPD Waiting List as on 31/12/2004	2,053	1,585	673	1,273	623	3	6,210
OPD Waiting List as on 31/12/2005	1,870	1,773	846	1,234	728	12	6,463
Variance	-9%	12%	26%	-3%	17%	300%	4%

Summary	30	60	90	180	365	> 365	Total
Anaesthesiology	42	34	13	16	0	0	105
Cardiology	155	44	20	4	1	0	224
Dermatology	178	273	49	43	14	0	557
Diabetic Service	15	26	52	75	110	0	278
Diabetic/Endocrinology	3	3	3	6	0	0	15
E.N.T.	188	109	27	63	69	0	456
Endocrinology	49	40	39	27	0	0	155
Gastro-enterology	83	124	42	67	0	0	316
Medicine For The Elderly	80	16	4	0	0	0	100
GUIDe	32	4	0	0	1	0	37
Gynaecology	67	27	3	14	1	0	112
Haematology	27	30	2	0	0	0	59
Hepatology	28	35	12	3	0	0	78
Immunology	39	17	4	39	0	0	99
Maxillofacial	67	57	58	28	23	0	233
Medicine	43	6	0	0	0	0	49
Nephrology	6	11	10	2	0	0	29
Neurology	59	85	24	57	0	0	225
Oncology	6	1	1	0	0	0	8
Ophthalmology	13	12	2	1	0	0	28
Orthopaedics	58	74	52	225	139	0	548
Palliative Care	11	0	0	0	0	0	11
Plastic Surgery	133	194	128	218	324	0	997
Psychiatry	17	22	4	0	0	0	43
Psychological Medicine	6	3	0	0	0	0	9
Radiotherapy	4	0	0	0	0	0	4
Respiratory	44	81	38	11	0	0	174
Rheumatology	49	64	132	202	0	0	447
General Surgery	165	209	46	57	0	0	477
Thoracic Surgery	31	5	0	1	0	0	37
Urology	94	79	43	75	46	12	349
Vascular Surgery	71	88	38	0	0	0	197
Warfarin Clinic	7	0	0	0	0	0	7
Grand Total	1,870	1,773	846	1,234	728	12	6,463

Note: This report shows the length of time patients are waiting from date booked to report date i.e 31st December 2005





FINANCIAL STATEMENTS

FINANCIAL STATEMENTS

Income and Expenditure Account for the reporting period 1st January 2005 to 31st December 2005

	2005	2004
	Draft Unaudited	Final
	€'000	€'000
Opening Deficit / (Surplus)	-1,299	-185
Pay Expenditure	215,414	191,035
Non Pay Expenditure	143,964	135,848
Gross Expenditure	358,079	326,698
Income	-40,358	-36,467
Net Expenditure for the year	317,721	290,231
Determination for the year	319,387	291,530
Closing Deficit / (Surplus)	-1,666	-1,299

Balance Sheet as at 31st December

	2005	2004
	Draft Unaudited	Final
	€'000	€'000
Fixed Assets		
Land and Buildings	177,496	176,699
Equipment and Vehicles	32,609	30,596
	210,105	207,295
Current Assets		
Debtors	47,981	47,001
Stocks	8,519	7,814
Bank and Cash balances	222	207
	56,722	55,022
Creditors- less than one year		
Creditors	-47,600	-49,757
Bank Overdraft	-7,456	-3,967
	-55,056	-53,724
Net Current Assets	1,666	1,299
Total Assets	211,771	208,594
Creditors - more than one year		
Bank Loans	-4,875	-6,405
Net Total Assets	206,896	202,189
Capital and Reserves		
Non Capital Income & Expenditure Account Surplus / (Deficit)	1,666	1,299
Capital Income & Expenditure Account Deficit	-4,875	-6,405
Capitalisation Account	210,105	207,295
	206,896	202,189



Mr. Brian Fitzgerald
FINANCIAL CONTROLLER

Ms. Laura Richardson
DEPUTY FINANCIAL CONTROLLER/MANAGEMENT ACCOUNTANT

Ms. Yvonne Mooney
FINANCIAL ACCOUNTANT (ACTING)

The draft Financial Statements for the reporting period 1st January 2005 to 31st December 2005 result in a surplus of €367,000. Hospital gross expenditure was €358.079m, while income and exchequer funding amounted to €359.745m. In addition to the 2005 surplus, the Hospital had an opening surplus of €1.299m carried forward from 2004, therefore the resulting carried forward net surplus at 31st December 2005 is €1.666m.

EXPENDITURE AND INCOME OVERVIEW

Net expenditure has increased by €27.490m (9.5%) compared with 2004, of which pay expenditure increased by €24.379m (12.8%), non-pay expenditure increased by €8.116m (6%) and Income increased by €3.891m (10.7%).

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

EXPENDITURE DESCRIPTION

Payroll related	
National pay awards (Sustaining progress & Benchmarking)	€10.402m
Pay increments	€1.875m
Payroll impact of service developments & continuation of prior year developments	€10.935m
Overtime/agency/and other payroll additions	€0.829m
Increased pensions/gratuities and lump sums	€0.338m
Sub total payroll	€24.379m
Non pay related	
Drugs and medicines	€3.118m
Blood/blood products	€3.573m
Medical and surgical consumables	€2.441m
Insurance costs (decrease)	(€0.664m)
Doubtful debt provision	(€0.689m)
Increases in various categories re patient treatment and activity driven, technical & general inflation	€0.337m
Sub total non-pay related	€8.116m

Income related

Patient accommodation income increases	€3.408m
Superannuation – increased employee pension contributions	€0.963m
External income increase - pathology/drugs/medicines/other	(€0.480m)
Sub total income related	(€3.891m)

COMMENTARY

The year end surplus of €367,000 was an excellent outcome given pay and overhead inflationary pressures and patient service demand challenges presented in 2005; e.g. cost growth associated with oncology/haematology drug treatments, diagnostic services, interventional radiology & cardiology, agency attendant and nursing costs associated with delayed discharge patients because of the unavailability of nursing home beds.

The Health Services Executive replaced the legacy Health Board structure on January 1st 2005, accordingly Hospital management needed to adapt to a changed service commissioning and funding process. Funding negotiations proved to be more complex than in previous years and were not concluded until late December.

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 they are not expected to change materially.

CASEMIX FUNDING MODEL

The result of casemix funding model which represented activity and cost for the calendar year 2005 was a negative 2005 funding adjustment of €829,000 compared to €560,000 in 2004.

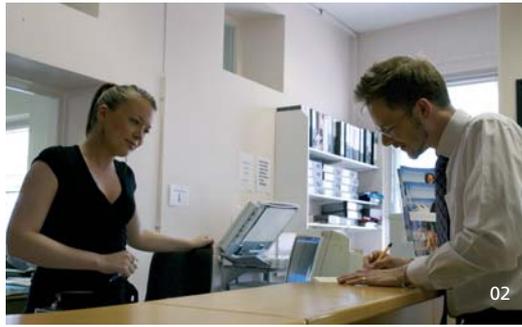


CAPITAL/INFRASTRUCTURE EXPENDITURE

Expenditure on major and minor capital projects amounted to €10.770m in 2004 compared with €15.440m in 2004. Additionally, the Hospital invested approximately €5.968m from revenue funding sources on improvements to infrastructure and the replacement of equipment. The main capital projects pursued in 2005 were the redevelopment and expansion of the Emergency Department and the refurbishment of Hospital 5.

FINANCIAL ORGANISATIONAL DEVELOPMENT

A review of the financial organisational structure began in 2005. The process involved a review of the existing finance department organisational structure and work practices in the context of benchmarking contemporary organisational models. Following the review process a number of organisational changes were recommended and two of the changes were implemented, namely the establishment of a dedicated financial accounting compliance unit and the re configuration of the management accounting unit into a clinical directorate financial information support unit.



HUMAN RESOURCES

Mr. Michael O'Hagan

ACTING HEAD OF HUMAN RESOURCES

Mr. Gerry Heffernan

DEPUTY DIRECTOR OF HUMAN RESOURCES

01/03

ST. JAMES'S HOSPITAL CULTURAL DIVERSITY PROGRAMME IS CELEBRATED AT AN INTERCULTURAL EXCHANGE EVENT HELD IN DECEMBER 2005

02

THE HUMAN RESOURCES DEPARTMENT RECEPTION DESK PROVIDES FACE-TO-FACE SERVICE FOR HOSPITAL STAFF

HUMAN RESOURCES

The Human Resources Department provides a comprehensive service to staff and management to support the Hospital in achieving its objectives and ensure that the interests of staff are served. Strong relationships are maintained with other agencies and HR participates in a number of working groups formed to develop national and regional policy for the health sector.

LEARNING & DEVELOPMENT

Programmes organised and run at the Learning and Development Centre continued to support staff learning and development needs. Under the Action Plan for People Management, the HSE – Eastern Region sponsored the following activities:

- Communications Skills
- Clinical Supervision
- Coaching
- Competencies
- Team Building
- Customer Care
- Medical Terminology
- Personal Development Planning
- Management Development

During 2005, the Centre ran its programme of staff orientation and induction, and training in computing, moving and handling, CPR, ACLS, Cancer Registry and nursing related topics. Partnership funding was secured to train 80 frontline managers and union representatives in Good Management - Trade Union Relationships. A total of 25 support staff attended a Return to Learning Programme funded by the S.K.I.L.L. Project.

EMPLOYEE RELATIONS

An Absence Management Policy was launched in September to enable line managers identify and address the causes of absenteeism in their areas following an analysis which revealed Hospital levels to be marginally higher than the national average. To augment this, monthly absenteeism targets were agreed with each department to ensure that all areas were working towards the overall Hospital target of a 3.5% absenteeism.

Two reports were submitted to the Performance Verification Group during 2005 outlining activities in the area of change and modernisation, as required under the Sustaining Progress agreement. As a result, all pay increases under Sustaining Progress and Benchmarking were approved in full for all staff categories.



RECRUITMENT

During 2005, a total of 460 recruitment competitions were processed, 28 at senior level. In addition, 126 employees were converted from temporary to permanent status in accordance with the provisions of the Protection of Employees (Fixed Term Work) Act 2003. A major project was also undertaken to update all existing temporary contracts with a focus on the continued monthly monitoring of contract end dates.

Following an evaluation of the pilot scheme for on-line Vacancy Approval Forms (VAFs), the process was further rolled out to Directorates during the year. The ability to track a VAF through the system was thought the biggest advantage for users.

An external audit, under the Equal at Work project, was initiated to assess the Hospital's compliance with best practice in recruitment and promotion procedures. The auditors conducted an analysis of existing practices, convened focus groups with those recruited and promoted over the previous 12 months, and analysed the results of over 700 questionnaires sent to those who have been through selection competitions. The final report is due in 2006, following which an action plan will be developed to address any issues identified.

MEDICAL PERSONNEL

In April 2005, a two week Hospital Activity Analysis study of NCHD work activities over 24 hour continuous periods was conducted under the auspices of the St. James's Hospital Local Implementation Group. The study, which was the first of its kind conducted in the Irish Health Service, was one of nine studies undertaken nationally to provide detailed information on NCHD clinical activities. An independent report was commissioned and subsequently published in August. The findings contained within the report have established an information base to aid the Hospital's Local Implementation Group address ongoing challenges posed by the provisions of the European Working Time Directive for NCHD medical staff.



INFORMATION AND MANAGEMENT SERVICES (IMS)



Mr. Martin Buckley
IMS MANAGER

Ms. Marie Sinnott
ICT OPERATIONS MANAGER

Ms. Annemarie Dooley
ICT PROJECTS MANAGER

Mr. Finian Lynam
MANAGEMENT INFORMATION (MIS)

Mr. Gerry Sullivan
LABORATORY ICT MANAGER

01/02

THE CAREVUE SYSTEM IN OPERATION IN THE WARD AND AT THE BEDSIDE

03

THE THEATRE IT SYSTEM IN OPERATION

INTRODUCTION

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

During 2005, the Department continued to participate in the Data Quality Group established at the Hospital and worked to prepare for the Information Management team submission for Accreditation. The Department organised the submission of Hospital waiting lists for the launch of the National Treatment Purchase Fund (NTPF) Patient Treatment Register. Monthly PAS training sessions were established for Nurses.

ICT PROJECTS

Table of ICT Projects Undertaken

January - March 2005

PaRIS/EPR	Team preparation and three weeks of intensive training for implementation.
Digital Dictation	Rollout to National Centre of Hereditary Coagulation Disorders
OHYSS	Occupational Health System Phase I implementation
ADOS	Document imaging software is extended to Speech and Language Therapy

April - June 2005

ADAM	Roll out of the Endoscopy System to the new Endoscopy Rooms in Phase IH
Special Diets	Automation of the ordering of special diets, replacing the manual process
Safetrack	System upgrade and wireless project completed in Haematology/ Oncology Centre
OrderComms	Extended to the Respiratory Assessment Unit
SCOPE	Generation of statistics from PAS replacing manually compiled statistics for Occupational Therapy and Clinical Nutrition
Electronic Discharge Summary	Rollout to all areas of the Hospital

July - September 2005

Clinical Audit Tracking	(PATS) extended to Urology, implemented in Hepatology and extended to the Cardiology Unit
Diamond	Phase II of the Diabetes System (Clinical Audit /Reporting)
Haemophilia System	Bar-coding of coagulation factor concentrates
Theatre System	Sapphire was extended to all Theatres and the Day Surgery Unit
OrderComms	Extended to Occupational Health
Retinal Screening	System went live in the Diabetic DayCentre
Carevue	Bedside monitoring was extended to General ICU

INFORMATION AND MANAGEMENT SERVICES (IMS)

Patient Treatment Register	Launched by the NTPF – software enhancement to facilitate St. James's Hospital's participation
Healthlink	GP Messaging Phase 1. Electronic delivery of HL7 Laboratory result messages to GPs
October - December 2005	
Digital Dictation	Histopathology Phase II
Clinical Audit Tracking	(PATS) extended to the GUIDe Clinic
Quasar	Technology assisted audit tool was implemented in the Nurse Practice Development Unit

ICT INFRASTRUCTURE

The IMS Department went through a number of technical upgrades during 2005. These upgrades ensured the maximum advantage from emerging technologies and adhered to best practices in the ICT Industry.

Installation and configuration of dual Data Centres for the PaRIS/EPR project was carried out. This included 31 servers spread across two locations to ensure high availability. To cater for this increase a major power upgrade was undertaken in August. Included was an improved UPS capacity.

MS-Active Directory was implemented in July giving centralised management of user accounts, mailboxes and hardware. The Hospital's mail server was upgraded to Exchange 2003 which enhanced security, performance and provided extra functionality. This led to significant improvements in interfacing with other systems and incorporated a new version of web mail.

Approximately 1.5 million mail messages were received during the year. Of these, 52% were detected as Spam. In addition, there were 120,000 blocked virus attacks. Ensuring that the Hospital environment is Spam and virus free is crucial and IMS continually develop backend systems to improve detection.

The technical team were involved in the opening of the GEMS Endoscopy Unit and the Day Surgery Unit as well as the extension of Carevue Phase II to general ICU.

Table of IMS Helpdesk Response Times

Year	No. of Calls	0-2 hours	2-4 hours	4-24 hours	3 days
2004	13,491	55%	7%	10%	27%
2005	14,255	50%	9%	14%	26%

System Availability

2005	% System Availability
Jan - Dec	99.99%

WEB SERVICES

St. James's Hospital Internet site received an average of 16,000 visitors per month. During 2005, 417 documents were added to the Internet site and 1,625 documents were added to the Intranet site. Inactive content was purged, resulting in 5,530 pages on both websites.

In September, the Web Content Management system was upgraded. The performance in relation to speed of adding and modifying content was greatly improved with new functionality incorporated. There were 100 trained content contributors responsible for maintaining their area of responsibility.

Three further touch-screen kiosks were installed at the CPL Canteen, the ICU/CCU corridor and the Catering Department. These booths allow staff to have access to the St. James's Hospital Intranet and email. Patients and visitors can also view relevant information on the Hospital internet site.

A number of online interactive forms were developed to improve information processes within the Hospital. These include proformas for the Oncology Multidisciplinary Team and an online Medication Safety Event Form.



MANAGEMENT INFORMATION SYSTEMS (MIS) & STATISTICS

Management information requirements continued to grow in volume and complexity during 2005, particularly in support of service planning, waiting list management, Clinical Directorates and HSE/DOHC requirements. In addition to scheduled corporate reporting of statistics, the Helpdesk recorded an average of 25 requests for ad-hoc reports per month, 99% of which were resolved in three working days.

Registered users of the MIS Intranet facility grew to 80. This facility utilises the corporate data warehouse architecture and empowers business users to access their information via a dynamic web based environment, allowing drill and slice of data. The data warehouse framework architecture was extended and re-modelled to support the changing organisations business information requirements; this included the addition of new metrics and business attributes. Several new data sources were also incorporated extending the frameworks capability to support additional functions.

Clinical coding of Hospital activity remained at 100%. A new national clinical coding scheme ICD10 was adopted and successfully implemented. This new coding scheme allows for a more accurate reflection of the clinical events and is integral to the improved Casemix model. Evolving electronic patient information systems were of great benefit to the coding process, especially the electronic discharge summary form. This and other systems have allowed for clinical coding to be more timely and accurate. To ensure accuracy and quality there is an ongoing programme of education and awareness for both business and clinical staff. Electronic reconciliation between systems was also included in the quality assurance programme.



MATERIALS MANAGEMENT DEPARTMENT

INTRODUCTION

The Materials Management Department is responsible for the procurement of goods and services for the Hospital¹ in accordance with National and EU procurement directives, internal policies and procedures. The role of the Materials Management Department is to:

- Provide a customer orientated purchasing and supply service to all users
- Ensure compliance with National and EU regulations by establishing and monitoring policies/procedures that pertain to procurement law
- Employ best commercial practice in procurement and thus ensuring that the value for money is achieved
- Develop and maintain appropriate inventory management practices and procedures
- Engage in performance monitoring of all key elements of Materials Management



Ms. Miriam Kenny
MATERIALS MANAGER

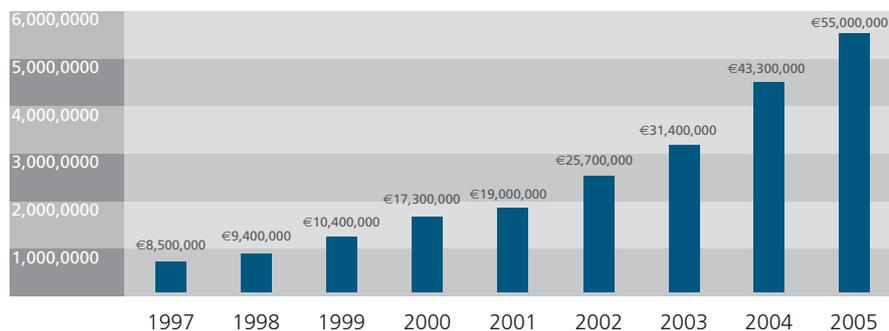
Ms. Donna McSorley
CONTRACTS MANAGER

Mr. Edward Grahame
CUSTOMER SERVICE AND DISTRIBUTION MANAGER

DEPARTMENT OVERVIEW 2005

Non Pay Managed Spend	€55,000,000
Goods/Services Under Formal Contract	€30,541,198
Savings Achieved	€1,068,886

Materials Management Activity



The Materials Management Department over the last number of years has increasingly become involved in procurement in most areas in the Hospital. This contributed to a significant rise in the non-pay expenditure managed by the Department in 2005.

¹ Excludes Planning & Commissioning, Pharmacy, Blood and Blood Products and Medical Physics & Bioengineering Departments

CONTRACTS

The contracting function of the Department is involved in a cross functional manner throughout the Hospital and continued to expand. A number of new contracts were undertaken, including IP telephony, cashless system, photocopiers, endomechanical devices etc.. The contracting team also began working on a number of contracts with the LabMed Directorate: e.g. biochemistry analyser, co-agulation analysers and is working closely with all the key stakeholders in this process.

Contracts	Number	Value
Contracts Awarded end 2005	69	€30,541,198 ²
Contracts in Progress end 2005	16	€4,485,428 approx
Contracts pending	6	€7,100,000 approx
Total Cumulative Value	91	€42,126,626 approx

OPERATIONS MANAGEMENT

The Operations Management function of the Department focuses on the design and implementation of all processes concerned with the flow of goods and services from external agencies through the organisation until they are ultimately consumed. Variety reduction and product standardisation has continued to be a key focus for the Department ensuring product specification, quality and quantity match clinical users requirements. KanBan³ system was introduced into Cardiac Angio and DID in 2005 which has increased inventory visibility in both areas.

The Materials Management Department services 130 internal customers in total, including the 48 clinical areas that receive a top-up service for surgical/medical and disposable stock items. The Department also continues to provide a logistics service for the Laundry and Pharmacy Departments.

Materials Management inventory manages its stock from four locations on the Hospital campus

- Main Warehouse
- Warehouse/Distribution Centre in the Main Hospital
- Technical Services Warehouse
- Cardiac Angio

The inventory value held collectively at the end of the year stock-take 2005 was €1,110,104.28.

DEVELOPMENTS IN 2005

KanBan Installation

The Department completed the Kan Ban installation project that commenced in March 2004 with 40 areas in total being installed with the Kan Ban Inventory System.

Wireless Project

The Department in association with the SAP Genesis team successfully piloted the Wireless System and it is now in use in all areas located on the middle floor in the New Hospital. The Department uses world standard methods to replenish inventory in all clinical areas. This involves the use of wireless technology in combination with a particular type of storage infrastructure. The wireless pocket computers are small, rugged and lightweight and have an on-board barcode scanning facility.

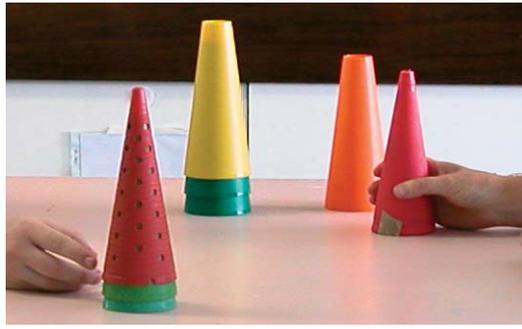
The intention is to extend the system to the top and bottom floors in the new Hospital and will also extend its function to warehousing.

OTHER PROJECTS

- Extension of scope of Immunology
- Development of on-line NSV request form.
- Creation of a database of Biochemistry items in anticipation of further scope extension.

² Please note that value of contracts awarded and pending etc., are based on historical usage figures.

³ Kan Ban is a Japanese inventory system that "pulls" inventory based on demand into an area by sending a signal to a warehouse facility. Safety stock levels are built into the system.



OCCUPATIONAL HEALTH

INTRODUCTION

The Occupational Health Department team includes a full-time Occupational Health Physician, two Clinical Nurse Specialists, two secretary/receptionists and a data manager. All are active in every aspect of health and safety with a focus on infection control, moving and handling, risk management, radiation protection and health promotion.

SERVICES PROVIDED

The Department provided a comprehensive service to 5,177 members of staff who attended during 2005 an increase of 45% over the previous year. The major change in the ethnicity of the Hospital staff continued and this added to the diversity of the caseload.

Counselling services linked with the Social Work Department were provided until April 2005, following which an EAP (Employee Assistance Programme) was set up and provided by ABATE. This was regarded as a great success as it was very client focused providing a choice of in-house (80%) or outside attendance

Screening and vaccination for Varicella, Measles, Mumps and Rubella in the Department continued to increase due to the rising number of health care workers born outside Ireland who are not immune and are susceptible to these infections.

The Influenza Vaccination Programme continued in 2005 with over 750 staff vaccinated. This year nurses were vaccinated on-site for the convenience of staff.

Within the Department, a second clinic room and a chart room were provided as a result of reorganisation of office space. Funds were secured to refurbish the Occupational Health building, all of which improve services to staff. This work is scheduled for spring 2006.

OTHER OCCUPATIONAL HEALTH SERVICES

- Assessing occupational hazards - 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
- Staff education and training for Nurses, Doctors, Care Attendants, Medical and Dental students
- VDU related eyesight screening
- Work related travel vaccinations
- Cervical screening programme
- In-post medical examinations

Dr. Noirin Noonan
HEAD OF DEPARTMENT



INTERNAL AUDIT DEPARTMENT



Mr. Cathal Blake
HEAD OF DEPARTMENT

2005 was a year of diversification of the traditional, financial objective role of the Internal Audit Department inside and outside the Hospital to give more priority to sick leave management and a greater emphasis on Value-for-Money reviews.

These areas have always formed part of the Internal Audit remit and will be factored into future internal audit programmes where possible, depending on priorities, demands and available resources.

Work on sick leave management in conjunction with the HR Department resulted in the greater use and appreciation of the SAP/PPARS system and its value in recording, monitoring and managing sick leave within the Hospital.

Satisfactory progress was made on reducing the financial and operational impacts of sick leave and more work is needed. This will be a continuous effort by local management supported by HR specialists, in order to maximise the outcome of management processes while ensuring that staff obtain the benefits and support that they need and are entitled to.

Also in 2005, greater collaboration between the Internal Auditors of the five DATH hospitals resulted in a report identifying areas where Value-for-Money efficiencies may be achieved. This report will provide the foundation for work on St. James's Hospital's Value-for-Money areas in 2006 and beyond.

Work was also undertaken to ensure follow-up reviews and reports become a standard feature of the annual Audit Programme. This will give Hospital management and the Internal Audit Department a chance to take stock of the situation post audit and will keep senior management and the Hospital Board informed on progress, developments and controls.

Internal Audit reports 2005

- TSD Stocktake
- VFM Report- DATH's Internal Audit Group
- Follow up to the Taxi Service Audit Report
- A1 Officers Sick Benefit Claims and Refunds



CResT DIRECTORATE

INTRODUCTION

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

CARDIOLOGY

In 2005, the second annual Live Course was held in St. James's Hospital. Live images from the Cardiac Catheterisation Laboratory were transmitted to an audience in the Trinity Medical School Building. A formal link with EURO PCR, the main teaching organisation, was established. The Course Directors participated and this event has become an established event at the Hospital.

The Cardiology Service

The Cardiology Service provided its service to local and hospital-referred patients from all over Ireland and the number of patients undergoing coronary angiography and angioplasty continued to rise steadily with excellent results achieved.

Angioplasties were performed on more complex multivessel disease or in cases of acute coronary syndromes. A total of 4,700 cases were performed in the Cath Lab this year of which 1,104 were angioplasties. The number of patients receiving drug-eluting stents rose to greater than 90% by December 2005. A total of 59 patients received an Implantable Cardioverter Defibrillator (ICD) this year. The first ICD Support Day in St. James's Hospital was held in October and very positive feedback was received from the patients.

Smoking Cessation Service

Smoking cessation service is offered to Hospital patients, staff and the community. The service provides individual inpatient and outpatient consultation and six-week intensive stop smoking courses. During 2005, the smoking cessation Nurse Specialist provided brief intervention and literature to 595 smokers during hospitalisation. 83 smokers enrolled on the intensive stop smoking programme. The smoking cessation Nurse Specialist facilitated a one-day training course in brief intervention in November. The aim of this course was to provide health professionals with the basis skills necessary to promote the effects of smoking and the idea of cessation with smokers.



Prof. Michael Walsh
CLINICAL DIRECTOR

Ms. Mary Foley
NURSE MANAGER

Ms. Jo-Ann Campbell
BUSINESS MANAGER

Ms. Mary Murphy
DEPUTY BUSINESS MANAGER

The Heart Failure Service

Funding from Merck Pharmaceuticals assisted further growth in this service during 2005. It is a physician-directed, nurse-led programme where patients with heart failure were enrolled in a three-month, self-care education programme. Further development of the Heart Failure Programme is envisaged for 2006 when a Consultant Cardiologist who has a special interest in Heart Failure and ECHO will commence work.

PATS (Patient Analysis and Tracking System) in Cardiology

Funding was received in January 2005 from AstraZeneca Pharmaceuticals to help employ a Data Entry Clerk, who was appointed in July, to capture clinical data in the Cath Lab. With the introduction of a National Cardiovascular Information System (NCIS) in the foreseeable future the Cardiology Audit and Registration Data Standard (CARDS) Dataset has been introduced to capture clinical data on PCI, ICD, Pacemaker, Ablation and Acute Coronary Syndrome/Coronary Care Unit. The PATS Database has been modified to capture clinical data from CARDS. As a result the PATS database was rolled out to the Cath Lab in September 2005 to capture clinical data on PCI, ICD, Pacemaker and Ablation procedures and to help comply with the first phase of the NCIS project.

Cardiac Department

Gerard King, Chief Cardiac Technician was conferred with Ireland's first Clinical Science PhD in Echocardiography for his investigation into ways to identify athletes who may be at risk of Sudden Adult Death Syndrome.

Dr. King was presented with his award at Dublin Institute of Technology (DIT) for his work, titled 'Cardiac relaxation dynamics investigated by Doppler tissue imaging' which looks at different ultrasound modalities that may detect increased risk of the condition, thought to have caused the deaths of otherwise completely healthy individuals.

The PhD is also an honour for the Irish Cardiac Technician's Society as this is the first Doctorate associated with the Society. Prof. Michael Walsh was internal supervisor and the main supervisor was Dr. Matt Hussey, Director of the Faculty of Science, DIT.

Dr. Brendan Foley helped with advice and critique on the subject of hypertrophic cardiomyopathy and the athletic heart. Drs. Neil O'Hare and Gerard Boyle of the Medical Physics Department also provided help with the design and development of a calibration box used in the experiments.

Cardiac Rehabilitation

Cardiac Rehabilitation continued to expand in 2005 when 282 people were recruited to the phase-3 six or eight week programme, and 247 attending. Of these, 182 completed the programme, having completed at least 65% of the course.

Mary Kerins, Cardiac Rehabilitation Manager, was awarded a bursary from the HSE to commence a study to examine why patients did not attend the programme having been recruited and why they dropped out after it has commenced.

The Irish Association of Cardiac Rehabilitation meeting was held in November. The Hospital's Cardiac Rehabilitation Team was represented in the poster competition with two posters. One addressing the waiting time from discharge to commencing a phase III programme at St. James's Hospital, 77% of patients commenced a programme within the recommended time frame of six to 12 weeks. The average waiting time from discharge to commencing a programme is six to nine weeks (55% of patients). The other poster examined the outcomes following a programme of resistance training in a cardiac rehabilitation group. Measures of strength increased by 21% and measures of blood pressure decreased by 6% after three weeks of resistance training.

CPR continues to be offered to clients and their families but there was a decline of 55% in the uptake for 2005 when just 44 people attended.

Clinical Nurse Specialists

Marie Ryan, CNS in Heart Failure and Mary Kerins, CNS Cardiac Rehabilitation both have been successful in HSE Eastern Region Heart Health Research Bursaries.

Cardiology Research and Education

The CResT research programme can be grouped under the following headings of Inflammation and metabolism, Invasive cardiology and electrophysiology, Imaging and physiology measurement and Clinical trials.

Work in these areas continued with collaborations with other Departments in the University and within the Hospital. Seven students graduated from the Trinity Medical School with an MSc in Cardiology.

RESPIRATORY MEDICINE

In early 2005 St. James's Hospital was designated the Dublin centre for a supra-regional tuberculosis (TB) service. The lung cancer service continued to grow, in close collaboration with HOPE Directorate, with over 20% of Irish lung cancer patients attending St. James's Hospital.

These two respiratory subspecialty interests complemented those of the other DATHs hospitals and it is now certain that the Hospital will continue to lead in these two areas into the future. The two hubs of the COPD service, the Respiratory Assessment Unit (RAU) and John Houston Ward, continued to expand the volume and complexity of services for inpatients and outpatients with COPD and other chronic respiratory illnesses.

Supra-regional TB Unit

TB services at Peamount Hospital closed in 2004. In early 2005, the HSE designated St James's Hospital as the centre for development of a supra-regional TB unit. This will have 16 negative pressure rooms for in-patient management of difficult TB, including multi-drug resistant (MDR) TB. The unit will also have its own outpatient facility with dedicated medical, nursing and extensive support staff to ensure effective management of TB in the community in close collaboration with public health services. This unit is to act as the hub of a comprehensive service penetrating deep into the community to address the difficult challenge of TB in 21st century Ireland.

Lung Cancer Service

St. James's Hospital saw over 300 lung cancer patients in 2005, representing 20% of the national caseload. The Hospital has developed a true multidisciplinary team (MDT) approach to the management of lung cancer with dedicated input from many specialties, co-ordinated by specialist senior nursing staff, across the CResT and HOPE Directorates. A new MDT coordinator was appointed in 2005, significantly improving MDT meetings with increased tele-linking with centres in the Midlands. The Irish Lung Cancer Nurses Group, chaired by Rita Luddy, Respiratory Oncology Coordinator at St James's Hospital, held its first annual conference in May.

COPD Services

Chronic Obstructive Pulmonary Disease (COPD) represents the greatest burden of respiratory disease in Ireland, accounting for 25% of respiratory admissions and 5% of all medical admissions to the Hospital. John Houston Ward has consolidated its role as the hub for inpatient respiratory services, with over 150 patients undergoing non-invasive ventilation (NIV) on the ward in 2005. Extensive outpatient services for COPD are provided by the RAU and detailed proposals for development of a formal NIV unit on John Houston Ward were put forward.

Respiratory Assessment Unit (RAU)

The RAU team comprising of two respiratory clinical nurse specialists and a specialist respiratory physiotherapist took part in staff education, policy development, audit and research, clinical trials, conference presentations and also continued to evolve and develop programmes to manage respiratory diseases.

During 2005, 85 early discharges took place on the COPD Early Discharge programme, reducing patients' average stay in hospital from 10.5 days to 1.5 days through the provision of "hospital at home care". 40% of patients were suitable for self-management plans, resulting in a 77% reduction in their readmission rates at six months.

Four eight-week Pulmonary Rehabilitation Programmes were run with 80 participants. Statistically significant improvements were seen in the six-minute walk test, three-minute step test, breathlessness scores, activity levels and patients satisfaction following participation in the programme.

A total of 2,717 patients were reviewed during 2005 at the Nurse/Physiotherapist led clinics and education provision programme for inpatients with respiratory conditions.

New developments commenced in 2005 included the acceptance of direct referrals from GP's for COPD outreach and pulmonary rehabilitation and the provision of COPD outreach service & staff education to Meath Community Hospital.

A pulmonary rehabilitation patient information & exercise video was also produced, and surveys on staff awareness and patient satisfaction carried out. Osteoporosis public lectures took place in conjunction with the Physiotherapy Department and there were asthma education sessions in local schools.

An in-patient self medication programme and an audit of asthma patients' bone health were carried out as was data collection on respiratory illness among the homeless.

THE RESPIRATORY LABORATORY AND SLEEP SERVICE

About 5,000 patient visits took place in the Respiratory Laboratory in 2005, which provides a comprehensive range of services at supra-regional level. The Laboratory also 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. Michelle Agnew, Chief Respiratory Technician won Best Poster at the Irish Thoracic Society (ITS) meeting in Galway in November 2005 with results of this study.

The sleep service for patients with Obstructive Sleep Apnoea (OSA) and other respiratory sleep disorders continued to grow. In addition to full sleep studies carried out in the Sleep Lab, the Lab also carried out limited studies at home on endocrinology patients with the Metabolic Syndrome who are suspected of having OSA.

Respiratory Research and Education

Bench-to-bedside research continued in a number of areas in respiratory medicine, led by the consultant staff and funded by the Health Research Board, Science Foundation Ireland, the HEA and funding from pharmaceutical companies.

Three experienced scientists continued work at the Institute of Molecular Medicine are studying host immune response to Tuberculosis.

In collaboration with Boston University, the Respiratory Department is profiling the genetic transcriptome of patients with lung cancer and is engaged in a collaboration with our psychiatry colleagues, that seeks to establish the frequency and mechanisms of depression in COPD.

The respiratory department continues to take a lead role in education through the running of its weekly respiratory grand rounds meeting.

CARDIO-THORACIC SURGERY

During 2005, 451 patients had cardiac surgery operations. This is in line with initial target levels of 450 cases per annum. A further 71 patients from the elective waiting list had procedures in private hospitals under National Treatment Purchase Fund (NTPF) agreements.

A slight decrease in total activity levels as compared to 2004 is representative of increased patient length of stay, particularly in ICU. This reflected the fact that patients having cardiac surgery this year were older and had greater co-morbidity.

The average waiting time for all patients who underwent cardiac surgery in 2005 was just over a month (35.9) days. An in-depth analysis and audit will be available in the

Cardiothoracic Surgery Report 2005 due for publication in Summer 2006.

Three Nurse Practitioners in the Department were accredited as Advanced Nurse Practitioners.

Telecardiology

Initially linking Sligo General Hospital and St. James's Hospital. This service was further extended to the midlands area in December 2005 providing an invaluable link for both Tullamore and Portlaoise Hospitals. The main patient benefit of this system is that it continued to allow speedy access to an Interventional Cardiologist and a Cardiac Surgeon. Discussions with other referring Hospitals were ongoing to further roll out this system.

Thoracic Surgery

St. James's Hospital has the largest Thoracic Surgery Unit in the Republic of Ireland with referrals on a national basis. More than a fifth of Ireland's Lung Cancer cases pass through the Hospital each year. The Unit also deals with a wide range of benign pleural diseases and more rare intra-thoracic malignancies. In 2005 there were 31% curative resections compared to 23% in 2004, an 8% increase.

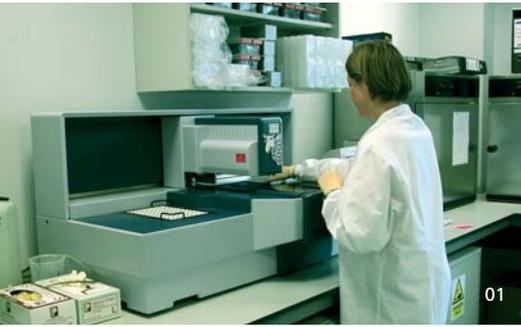
A weekly multidisciplinary conference takes place linking-in Mullingar and Tullamore hospitals. This conference allows for simultaneous viewing of pathology studies and radiology images (PET scans, CT scans, CXR) at the three sites.

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

THE PALLIATIVE CARE SERVICE

The Palliative Care Service team provides an inpatient consultation service and over 90% of referrals had a cancer diagnosis. The average annual increase in total patient referrals between 1997 to 2003 is 19.3%. The most common reason for referral was symptom control. There appeared to be a steady increase in referrals, with a view to establishing a link with palliative home care.

Following an audit of Palliative Care Service activity, projected demographics, future Hospital development and a needs assessment survey, two outpatient clinics per week commenced in mid-2005. It is envisaged that the future demands for outpatient clinics will be considerable, especially with the provision of palliative care to patients with non-malignant end-of-life care needs.



HOPe DIRECTORATE

INTRODUCTION

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

Activity in 2005 included the development and roll out of cancer multidisciplinary teams, involvement of the Directorate in the successful bid to provide Radiation Oncology Services on the St. James's Hospital site.



Dr. Kenneth O'Byrne
CLINICAL DIRECTOR

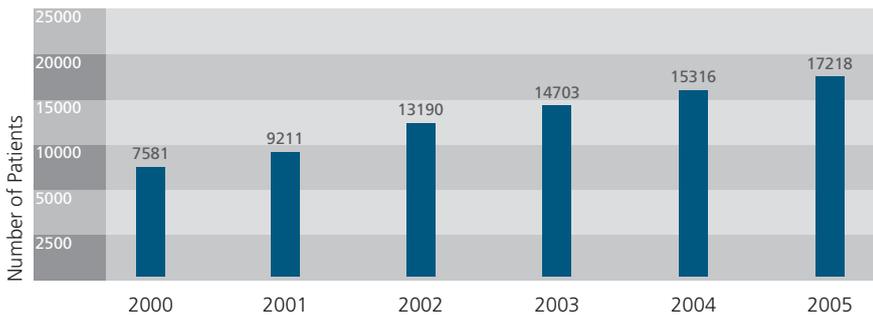
Ms. Mary Day
NURSE MANAGER

Ms. Suzanne Roy
BUSINESS MANAGER

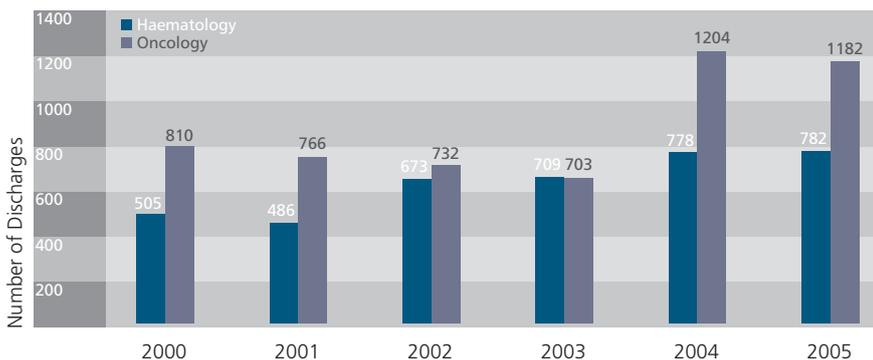
HAEMATOLOGY ONCOLOGY DAYCARE

The new Haematology Oncology Daycare Centre commenced its first full year of operation in 2005. The increase in numbers of patients undergoing treatment with the Directorate's specialities was particularly apparent in the day care environment, as shown in the graph showing attendances.

Number of Daycare Attendances 2000-2005



Discharges by Speciality



01

A LABORATORY IN THE HOPe DIRECTORATE

INPATIENT ACTIVITY

In terms of in-patient activity, Haematology and Oncology discharges remained stable in 2005.

HAEMATOLOGY: BONE MARROW TRANSPLANTATION PROGRAMME

Activity for 2005 is summarised in the graphs 1-4.

Figure 1 St. James's Hospital Haematopoietic Stem Cell Transplantation Programme 1984-2005

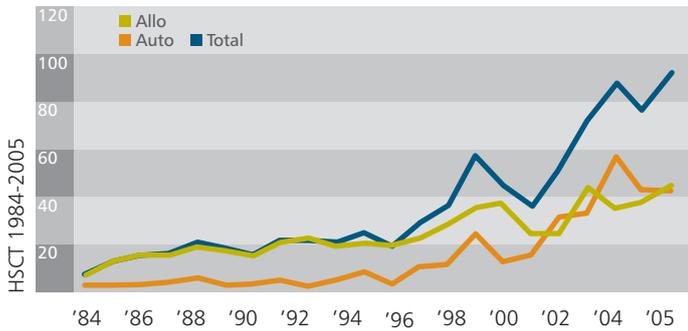


Figure 2 Standard Allogeneic Bone Marrow Transplants in 2005 by Disease Indication

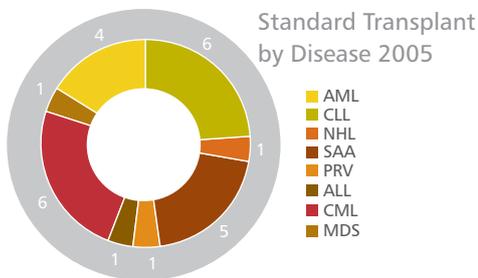


Figure 3 Reduced Intensity Transplants in 2005 by Disease Indication

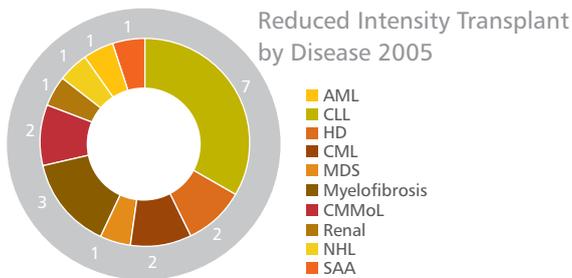
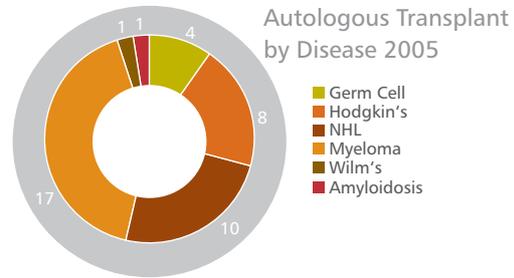


Figure 4 Autologous Bone Marrow Transplants in 2005 by Disease Indication



MEDICAL ONCOLOGY

Dr. Dearbhaile O'Donnell was appointed as the Directorate's fourth Medical Oncologist. Dr. O'Donnell joined St. James's Hospital from The Leeds Teaching Hospitals NHS Trust and her sub-specialisation within Medical Oncology is Gynaecology and Urology. Prof. Peter Daly continued his activities as National Director of Higher Training for Medical Oncology.

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

Programme Director Dr. John Kennedy
Scientific Director Prof. John Reynolds
Programme Manager Ms. Jennifer Feighan

The Cancer Clinical Trials Office (CCTO) administers clinical trials at St. James's Hospital, liaises with the Irish Clinical Oncology Research Group (ICORG), the HRB and the Irish Medicines Board. It carries out audits, training, research and dissemination of resulting information and, during 2005, secured a further three year's funding from the HRB.

The office expanded in 2005 with the appointment of a third Data Manager and a Research Nurse, bringing the total to six full-time equivalents.

New European-wide legislation governing clinical trials created new challenges for the Cancer Clinical Trials Programme, but 155 patients were recruited onto clinical trials compared to 77 patients in 2004. A total of 139 patients took part in 18 solid tumour clinical trials, participating in phase II and III trials for lung, breast, colon, oesophageal and pancreatic cancers, in addition to expanded access programmes. A total of 16 patients took part in six haematology trials, including those for Acute Myeloid Leukaemia, Chronic Myeloid Leukaemia and the rare disease, Paroxysmal Nocturnal Haemoglobinuria.

Patients Recruited in 2005 – Solid Tumours

Disease Site	No. of Patients Recruited
Colon	32
Lung	58
Ovarian	4
Pancreatic	1
Oesophageal	13
Breast	30

Patients Recruited in 2005 – Haematology

Disease	No. of patients recruited
Acute Myeloid Leukaemia	1
Chronic Myeloid Leukaemia	10
Paroxysmal Nocturnal Haemoglobinuria	5

NATIONAL CENTRE FOR HEREDITARY COAGULATION DISORDERS (NCHCD)

Dr. Barry White
MEDICAL DIRECTOR

Ms. Jude Smith
NURSE MANAGER

Ms. Carol Finn
CENTRE MANAGER

The NCHCD continued the implementation of a new Information Technology (IT) system to support the management and treatment of patients with Hereditary Coagulation Disorders nationally, incorporating a full Electronic Patient Record (EPR). The first phase of the implementation took place in July. The system is used to schedule all outpatient appointments and capture haemophilia specific clinical information that will ultimately lead to the phasing out of paper medical records.

The Centre's Quality Assurance Programme continued to develop, ensuring continued compliance and implementation of national and international guidelines and participation in peer review audits i.e. NDSC guidelines on minimising the transmission of TSE's. Direct assessment of patients' needs and satisfaction with the service was also monitored.

A new biomechanics and orthotic service was introduced for patients under the NCHCD's physiotherapy service.

Warfarin Clinic

The Centre's Warfarin Clinic treated 398 new patients and there was a total return attendance of 21,569 patients to the end of 2005. More patients were trained under the Near Patient Testing (CoaguChek) pilot scheme, the results of which are awaited. A Patient Satisfaction Survey indicated was carried out to evaluate the changes made in the Clinic's service and results showed overwhelming satisfaction.

Dedicated Clinical Psychology Service

During 2005, it was possible to provide a timely response to psychological difficulties experienced by NCHCD patients through the Centre's dedicated clinical psychology service. A prioritisation system allowed rapid assessment and psychological therapy for patients presenting with severe and acute mental health problems. In addition, the clinical psychology service continued to provide psychological therapy for NCHCD patients experiencing more enduring mental health problems.

Molecular Diagnosis In Haemophilia

The molecular genetics laboratory in the NCHCD commenced detection of mutations underlying haemophilia in 2005 and was the only molecular service for analysis of haemophilia in the Republic of Ireland. The molecular diagnostic service was set up according to the guidelines of the UK Haemophilia Directors Organisation, and the Clinical Molecular Genetics Society (UK).

National Virology Lookback

The Lindsay Tribunal of inquiry recommended, "complete and accurate statistical records of viral infections associated with haemophilia be maintained by the National Centre (NCHCD)". To implement this recommendation a national comprehensive virology lookback was undertaken followed by a media campaign in June of this year with helpline support from the NCHCD.

Patients who received UK sourced factor concentrates and vCJD lookback

Following the publication of the NDSC guidelines at the end of 2004 the NCHCD carried out a comprehensive lookback to identify patients with inherited bleeding disorders who received UK-sourced factor concentrates between 1980-2001. A media campaign was launched supported by a helpline in the NCHCD. Public health measures have been put in place in St. James's Hospital in response to these guidelines.



Nursing service in the NCHCD

2005 saw the nursing service within the NCHCD advance to provide two autonomous nurse-led clinics, the Carrier Testing Clinic and the New Referral Clinic.

The annual two-day Coagulation Course was held in April this year in the Trinity Health Sciences Centre. 78 health care professionals from a range of disciplines attended the course from all over Ireland.

The Global Haemophilia Nurses Symposium was held in Dublin this year. There were 250 delegates from all corners of the globe. Abstracts were accepted and the following clinical nurse specialists gave oral presentations:

- Gillian Farrell, *'Hepatitis C and HIV infection in patients with haemophilia'*.
- Victoria Graham, *'The development of nurse led clinics in haemophilia'*.
- Eadaoin O'Shea, *'The use of AV fistula's in patients with haemophilia'*.
- Dr. James O'Donnell, *Consultant Haematologist, commenced his position in June 2005.*

NURSING REPORT

Three new nurses to the Directorate, Ms. Anne Campbell, Oncology Liaison Nurse, Ms. Loraine Brennan, Clinical Nurse Specialist in Haematology and Ms. Majella Moran, Clinical Support Nurse. After 34 years exceptional service to patient care, Ms. Sheila Clarke, CNM3 in the Day Care Centre retired.

Education

Nationally, A five-day, An Bord Altranais approved Oncology Course was introduced for all nurses working within Oncology

A chemotherapy module was developed to allow nurses who are not in a position to undertake a postgraduate course to further develop their skills and knowledge in this discipline was also introduced and a Foundation Programme for Haematology Nurses commenced with the aim of providing registered general nurses who have no previous haematology experience with the knowledge and skills necessary to function safely in the haematology setting.



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02



03

MedEl DIRECTORATE

The Medicine for the Elderly (MedEl) Directorate 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 Outpatient Department and provides a range of specialised ambulatory care clinics. Research of national and international importance continued this year in collaboration with the Mercers Institute for Research on Ageing.

St. James's Hospital plans the development of a 'Centre of Excellence for Successful Ageing', to be a well-resourced facility, multidisciplinary in focus, leading by example as well as through formal teaching and practical training and research in all aspects of health care of the elderly.

FALLS AND SYNCOPE UNIT

A new Falls and Syncope (blackout) Unit, officially opened by the Tanaiste and Minister for Health and Children in December, commenced operation this year. It provides rapid, expert, dedicated assessment and treatment to falls and blackouts together with assessment of bone strength and delivers a 'One Site – One Stop' rapid access service. Patients are seen promptly when they present either to the Emergency Department or if referred by GPs or consultants. All investigations take place and treatments are prescribed during the first visit. This aims to significantly improve emergency attendances and acute hospital admissions.

The appointment of Professor Rose Anne Kenny as a full-time Trinity College Professor in Geriatric Medicine during September 2005 was instrumental in the setting up of this unit. Prof. Kenny is a world expert in the area of falls and blackouts and is to be the Director for the Centre of Excellence for Successful Ageing.

BONE PROTECTION AND OSTEOPOROSIS TREATMENT SERVICE

The dedicated Bone Protection Clinic for the management of patients with bone disease was further enhanced in 2005. The Nurse-led, Specialist Bone Protection and Osteoporosis pre-assessment Clinic was further developed and expanded in 2005. This clinic is led by Professor J. Bernard Walsh and Dr. Miriam Casey together with bone research fellows and clinical specialist registrars.



Professor Davis Coakley
CLINICAL DIRECTOR

Nuala Kennedy
NURSE MANAGER

Carol Murphy
BUSINESS MANAGER

01

THE ENTRANCE TO MEDEL'S HOSPITAL 4 PREMISES, HOUSING WARDS AND THE MERCERS INSTITUTE FOR RESEARCH ON AGING.

02

WARDS IN HOSPITAL 4 ENDEAVOUR TO CREATE A HOME-FROM-HOME ATMOSPHERE FOR PATIENTS

03

THE ROBERT MAINE DAY HOSPITAL PROVIDES A RANGE OF THERAPIES AND TREATMENTS ON A DAYCARE BASIS FOR ELDERLY PATIENTS

DELAYED DISCHARGED INITIATIVES

The joint management initiatives in Bru MedEl and the Aspen unit in Cherry Orchard continued to play an integral role in assisting the discharge process from acute hospital beds.

The Community Reablement unit in Our Lady's Hospice continued to provide a pre-assessment service where frail elderly patients who have mobility problems are reviewed in the MedEl Outpatients Department and are admitted to the Hospice as appropriate.

Increased Bed Capacity Phase 1

As part of the HSE's Delayed Discharge Initiative Programme for the Dublin Academic Teaching Hospitals (DATHs), publicly funded private nursing home beds were allocated to St. James's Hospital to facilitate discharge from acute hospital beds. This was a much welcomed initiative from both the patients' and hospital's perspectives, ensuring that acute hospital beds are not inappropriately occupied. Elderly patients who had completed their acute phase of treatment could be discharged to a more suitable environment which meeting their on-going medical and nursing needs.

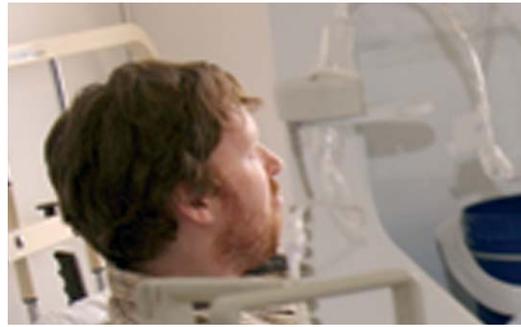
THE MERCER'S INSTITUTE FOR RESEARCH ON AGEING (MIRA)

The Mercer's Institute for Research on Ageing had another successful year in 2005, capped by a special function in December 2005 at Trinity College to celebrate the announcement of the Watts Clinical Research Fellowship which will be based in the MIRA.

Dr. J. Bernard Walsh was awarded a Professorship in the Department of Medical Gerontology by Trinity College, Dublin.

MEMORY CLINIC

By the end of 2005, more than 3,000 patient assessments had been carried out in the Memory Clinic since it was opened. This service has gained a national and international reputation for its work in the areas of cognition and behavioural management for patients who have impaired memory as a result of conditions including mini-strokes, Alzheimers and Parkinsons diseases and Lewy body dementia.



SaMS DIRECTORATE

The SaMS Directorate encompasses nine specialities, including Endocrinology, Gynaecology, ENT, Ophthalmology, Dermatology, Rheumatology, Neurology, Clinical Neurophysiology and the Department of Genito-urinary Medicine and Infectious Diseases (GUIDe). It also includes the Discharge Lounge, the St. Johns, Victor Syngé and Hospital 5 Unit 3 in-patient wards, and ambulatory day centres at the GUIDe Clinic, Health Care Centre, Diabetic Day Centre and the Rheumatology Day Centre.

The Directorate aims to ensure that clinical, managerial and policy decisions are based on best practice and that staff receive continuous professional development, which will translate into effective, efficient and appropriate patient care.

Dr. Colm Bergin was appointed Clinical Director in November, replacing Dr. Louise Barnes who had been Clinical Director from the inception of the Directorate almost six years ago. Dr. Barnes has since been appointed to the Hospital Board. During 2005 the Directorate participated in a number of Hospital-wide initiatives including:

- The progression of plans to consolidate of a large portion of the Directorate's services in Hospital 5,
- Piloting of a new appointment card for the Hospital,
- Preliminary work to trial an SMS texting system for appointment reminders.

Nursing services within the Directorate focused on continued staff development and the further enhancement of specialist nursing services. A key initiative in 2005 included a clinical support programme on St. John's Ward, which provides care to patients of the Directorate's E.N.T. and Gynaecological departments, designed to develop the specialised surgical nursing skills required and to provide a structured framework for ongoing staff development. Ms. Claire Noonan was appointed Clinical Support Nurse on the ward for five months.

OUTPATIENT SERVICES

The SaMS Directorate provided 47 consultant-led outpatient clinics per week. The attendances per department were:

SaMS Outpatients	Total 2004	Total 2005
Dermatology	4,782	5,271
Endocrinology	6,919	6,643
E.N.T.	4,148	3,960
GUIDe	17,313	16,724
Gynaecology	3,777	3,465



Dr. Louise Barnes
CLINICAL DIRECTOR (TILL AUGUST 2005)

Dr. Colm Bergin
CLINICAL DIRECTOR (FROM NOVEMBER 2005)

Mr. Ray Bonar
BUSINESS MANAGER

Ms. Margaret Codd
NURSE MANAGER

SaMS Outpatients	Total 2004	Total 2005
Neurology	1,415	1,505
Ophthalmology	2,198	2,267
Rheumatology	3,623	4,070
Total	40,468	43,905

DAY WARD SERVICES

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

The attendances per department were:

SaMS Day Case	Total 2004	Total 2005
Dermatology	2,895	4,082
Diabetic/Endocrinology	10,378	10,898
E.N.T.	189	192
GUIDe	3,013	3,111
Gynaecology	160	194
Neurology	108	106
Neurophysiology	877	916
Rheumatology	2,829	3,090
Total	20,449	22,589

DISCHARGE LOUNGE

In 2005, the Discharge Lounge hosted 4,527 patients on the day of their discharge from the Hospital. The Lounge aims to reduce waiting times and to facilitate and streamline admissions for patients in the Emergency Department.

DERMATOLOGY

2,531 new patients and 2,750 return patients were seen in the outpatients department. Over 3,000 patient visits were recorded at the Phototherapy Daycare Unit and in addition, over 1,000 patients were treated at the nurse-led treatment clinic.

Dr. Louise Barnes initiated a consultant-delivered clinic where patients with psoriasis and mycosis fungoides on complex systemic therapy were reviewed. The clinic structure allows for a comprehensive review of patients with extensive disease.

St. James's Hospital has the only established multi-disciplinary team (MDT) for skin cancer. The databases for NMSC and melanoma were reviewed and updated in 2005. A skin cancer data manager is still a significant deficit for the skin cancer service. Ms. Olyvia Harney was appointed as a full-time CNS in Dermatology.

In September, Dr. Patrick Ormond was appointed Consultant Dermatologist and Dermatologic surgeon with funding secured to establish the first Mohs' Micrographic

Surgery Department in the Republic of Ireland. This initiative will enable patients who have recurrent and complicated skin cancers to receive their surgery at St. James's Hospital instead of having to travel to the UK. The opportunity was afforded to use the comprehensive facilities of the minor theatre at the Day Surgery Centre and most dermatologic surgery was performed there.

ENDOCRINOLOGY

The Endocrinology service provides a clinical service for patients with diabetes and endocrine and metabolic disorders and it continued its rapid expansion this year.

A total of 13,529 patients were seen at the Diabetes Day Centre. In addition, 3,497 outpatients visited the bi-weekly diabetes outpatient clinics. A nurse-led triage system was introduced at the Centre as well as a group education programme for newly diagnosed diabetic patients.

A total of 2,607 outpatients visited the general endocrinology outpatient clinics, significantly more than in 2004. The thyroid cancer service expanded rapidly with 34 newly diagnosed patients attending for treatment, about half of all new cases in the country. A licence was granted this year to accommodate increased numbers of patients requiring radioactive targeted therapies in the Radioactive Iodine Suite on Victor Synge Ward. A dedicated multi-disciplinary Thyroid Cancer Clinic was also established. Endocrinologist, Prof. Michael Cullen led the development and management of this project.

In October, a Diabetic Retinal Screening Clinic was established by the Endocrinology and Ophthalmology Departments to help detect the early signs of diabetic eye disease. Endocrinologist, Prof. John Nolan and Ophthalmologist, Dr. Susan Mullaney led this project's management and development. The new clinic allows the number of patients being screened annually to increase from 690 to 1,380.

St. James's Hospital is a lead centre for insulin pump therapy. A total of 17 new patients were commenced on pump therapy in 2005. This service cared for a total of 62 patients during 2005.

EAR, NOSE AND THROAT (E.N.T.)

E.N.T. Head and Neck Surgery provides care for patients with benign and malignant conditions affecting the ears, nose and throat.

A total of 1,939 new patients and 2,021 return patients were seen during 2005 at the four outpatient clinics held weekly.

Workload for this Department has increased 66% in the last 10 years. Approximately three patients per week are diagnosed with head and neck cancer at the Hospital. In 2005, it made up more than 7% of the Hospital's cancer workload and accounted for one third of all cases being treated nationally. Ms. Sinead Connors was appointed Head and Neck Cancer Nurse Coordinator.

The Tracheostomy Safety Project became a Hospital-wide quality initiative in 2005. This project significantly improved the quality of patient care and reduced risks associated with managing Tracheostomy. Key to its success was the appointment of Joanne Johnson as Tracheostomy Safety Facilitator.

The Department also submitted a plan in 2005 to develop vestibular testing in its audiology suites next year. The lead Otolaryngologist developing and managing this project is Mr. Brendan Conlon.

GUIDe

The Department of Genito-Urinary Medicine and Infectious Diseases (GUIDe) incorporates services managing sexually transmitted infections, HIV infection, general infectious disease care and a Hospital-wide inpatient consult service. In 2005 outpatient attendances grew to 24,158.

Description	New	Return	Total
HIV service attendances	193	4,135	4,328
STI service attendances	6,548	4,182	10,730
Infectious Diseases outpatient attendances	51	291	342
Young Person's service attendances	297	267	564
HIV-Hep C outpatient attendances		691	691
NEWFILL attendances	15	24	39
Day Ward attendances	328	1,105	1,433
Results / Nurses Clinics attendances		4,335	4,335
Vaccination attendances	443	1,196	1,639
Phlebotomy service attendances*	49		49
Post Hospitalisation Assessment Attendances*	8	8	
Total Outpatient Activity	7,936	16,222	24,158

* Established at the end of 2005.

Dr. Susan Clarke was appointed Consultant in Infectious Diseases. Dr. Concepta Merry remained on sabbatical undertaking clinical and research work in HIV Medicine in Uganda.

Dr. Colm Bergin was appointed Clinical Director, SaMS Directorate and re-elected National Specialty Director (NSD) for Infectious Diseases, Royal College of Physicians, Ireland (RCPI).

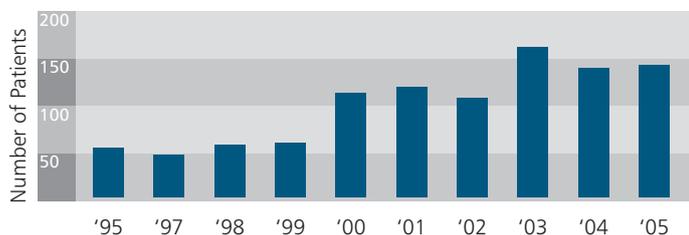
Prof. Fiona Mulcahy was the Chairperson of the Organising Committee of the European AIDS Clinical Society Meeting held in Dublin in November. Professor Mulcahy remained the NSD for GU Medicine, RCPI.

Ms. Deborah Ward was appointed HIV Liaison Nurse and Ms. Sandra Delamere, Advanced Nurse Practitioner in sexual health, was included in the national nurse prescribing project by the National Council for Nursing and Midwifery.

INITIATIVES AND PROJECTS IN 2005 INCLUDED:

- A designated website www.guide2guide.ie, was launched in December in partnership with the National College of Art and Design. This website aims to give advice and information to people concerned about sexual health.
- The establishment of a walk-in service for sexual health clinics.
- Review of OPD processes to facilitate the increasing numbers of patients attending the department.
- The establishment of a clinic for the administration of NEWFILL for patients with facial lipoatrophy.
- The submission of a plan for the development of a home antibiotic service.
- The securing of funding for medicinal French classes to improve communication between staff and patients attending the clinic for whom English was not their first language. The clinic translated a number of patient information booklets into six languages to accommodate the growing number of non-national patients attending services.
- The submission of an application for the appointment of a Consultant GU Physician.

Number of new Gynaecology Cancer Patients



GYNAECOLOGY

The Gynaecology Service at St. James's Hospital provides care and treatment to patients both from the local catchment area and from the wider eastern seaboard region. Conditions treated ranged from general gynaecological conditions, oncology, bladder incontinence and gynaecological endocrinology (infertility and menopause).

The Gynaecology Oncology Service provides a local, regional and supra-regional service for patients with gynaecological cancer. There has been a 35% increase in new referrals over the last three years, making up more than 8% of the national gynaecology oncology workload. In 2005, a third of referrals were tertiary in nature, with 12% originating from the HSE midlands area. The complexity of individual cases was demonstrated by the many different types of treatment required.

There were eight gynaecology operating theatre sessions per week. A total of 504 procedures were carried out in 2005. There were also four gynaecology outpatient clinics per week, treating 1,197 new and 2,268 return patients.

The Gynaecology Department gained recognition as a Gynaecology Oncology Sub Specialist Registrar Training Centre in 2005.

CLINICAL NEUROPHYSIOLOGY

The Department of Clinical Neurophysiology is part of the South Dublin Clinical Neurophysiology Service in which a range of investigative/diagnostic services, including 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). Some of these are carried out at St. James's Hospital.

Education and research activities are led by Dr. Connolly, who conducts group sessions for Neurophysiology Measurement Technicians, with the aim of improving methods and standards for neurophysiological investigations undertaken.

NEUROLOGY

The Neurology Department provides an inpatient consultation service to all Hospital Departments. 676 new and 829 return patients attended the four outpatient clinics held per week during 2005. These clinics managed a variety of neurological complaints, providing services for the Hospital's immediate catchment area, as well as referrals from areas with no service. The Department reviewed approximately 430 inpatient consults.

In 2005 the Neurology Department expanded with the appointment of its second consultant, Dr. Colin Doherty and its first Clinical Nurse Manager, Ms. Margaret Fitzgerald. Dr. Doherty, previously of Harvard University and Beaumont Hospital, plans to develop an epilepsy service at the Hospital.

OPHTHALMOLOGY

The Ophthalmology Department provides a diagnostic service for inpatients and outpatients from the Hospital's immediate catchment area. In 2005, 735 new and 1,532 return patients were seen in outpatient and day clinics. Patients requiring advanced ophthalmic diagnostic imaging, surgery or laser treatment are treated in the Royal Victoria Eye and Ear Hospital under the care of the referring doctor, providing continuity of care and access to the full range of ophthalmic diagnostic and treatment facilities.

Mr. Hugh Cassidy retired in 2005 after many years of providing an expert and experienced service. Ms. Aoife Doyle, whose special interest is glaucoma, has been appointed in his place.

In October, a Diabetic Retinal Screening Clinic was established by the Endocrinology and Ophthalmology Departments to help detect the early signs of diabetic eye disease. Dr. Susan Mullaney is the lead Ophthalmologist for this project's management and development. The new clinic allows the number of patients being screened annually to increase from 690 to 1,380.

RHEUMATOLOGY

The Rheumatology Service incorporates three outpatient clinics per week, one weekly procedure clinic, participation in the general medical on-call rota on a one-in-nine basis, a daily in-Hospital consultant-delivered consult service, the Rheumatology Day Centre, currently used to monitor disease-modifying therapy and administer intramuscular methotrexate therapy, and educational activities. This includes a multi-disciplinary consultant-led rheumatology teaching programme and weekly radiology conference. Outpatient attendance grew through new referrals to more than 4,000 this year.

In January, Ms. Christine Doyle was appointed as the first Rheumatology CNS at the Hospital. Her presence has made an enormous difference to the service, facilitating patient education, liaison with patients and staff, development of disease and drug protocols, in addition to overseeing the monitoring and safety of disease-modifying agents for patients with inflammatory arthritis / vasculitis.

The Annual General Meeting of the Irish Society for Rheumatology was hosted by Dr. M. Doran and Dr. G. Cunnane in St. James's Hospital in October. An Tanaiste, Mary Harney, gave the keynote address, emphasising the importance of funding for early arthritis clinics. More than 200 attended to hear guest speakers Prof. Sherine Gabriel of the Mayo Clinic, and Prof. David Wofsy from the University of California, San Francisco.

The Hospital was represented on a Rheumatology Delegation attending the Oireachtas meeting of the Committee for Health and Children to highlight the need to increase funding for basic rheumatology services in Ireland. Enhancement of the services at St. James's Hospital was considered a priority.

In conjunction with the interest in teaching at the Department of Rheumatology, Dr. Cunnane was elected National Specialty Director for Rheumatology. In collaboration with Occupational Therapy and Physiotherapy Departments, a new initiative for patients with early inflammatory arthritis (RAISE – Rheumatoid Arthritis Informed Support and Education) was commenced on a pilot basis, with funding from Arthritis Ireland.

Partial refurbishment of the Rheumatology Day Centre was carried out enabling greater efficiency in the use of existing space, including provision of offices for CNS and SpR, using external funding.

The ongoing funding of the additional registrar post, recommended by the ICHMT, made an enormous difference to the teaching and training of the Rheumatology team and the provision of both GIM and specialist services.

The direct access Rheumatology-Physiotherapy initiative continued. This facilitates GPs from the local catchment area in referring patients directly for physiotherapy rather than enduring an unnecessary wait on the Rheumatology OPD list. This initiative was funded by Arthritis Ireland.



GEMS DIRECTORATE



Dr. P. W. N. Keeling
CLINICAL DIRECTOR

Ms. Catherine Carey
NURSE MANAGER

Ms. Patricia Malone
BUSINESS MANAGER

01
ENTRANCE TO THE DAY SURGERY CENTRE

02
CAPTION FOR PHOTOGRAPH NUMBER 2.

03
THE NEW DAY SURGERY CENTRE

INTRODUCTION

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

January 2005 saw the opening of the GEMS Outpatient facilities in Phase 1H. This facility incorporates two outpatient suites of four examination rooms each. The facility also houses the Stoma Care nursing service, a Dressing Clinic and the GI Function Laboratory. The GEMS Directorate Offices and Consultant offices also amalgamated, along with the Consultant secretaries. New processes to streamline day services for patients attending the outpatient clinics were initiated to improve accessibility and quality for our service users.

RENAL SERVICE

St. James's Hospital's Dialysis Unit participated in the ongoing HSE Renal Strategy-Working group during 2005. Acting Clinical Nurse Manager Anna Marie Murray represented the unit on the Pre Dialysis Sub-Group. This Sub-Group worked on recommendations for Low Creatinine Clearance Services in Ireland, and in particular on necessity of a CNS involvement in Multidisciplinary team clinics.

Pre Dialysis Service

The Dialysis Unit strives to provide a quality pre-dialysis service for Renal Patients with existing resources until a dedicated CNS is appointed who would work as part of a multidisciplinary team.

All patients attending this service are offered Pre-Dialysis education, to help them make an informed choice about treatment modality; hep-B vaccination and post vaccination follow-up as per national guidelines; peritoneal or vascular access in the form of arteriovenous fistula and dialysis transplant work-up.

The Dialysis Unit facilitated staff to attend conferences in order to keep up to date with current practices worldwide. Staff Nurse Marie Owens attended the ANNA – American Nephrology Nurses Association Conference in Las Vegas America in March 2005.

A Multidisciplinary Pre-Dialysis Education evening was held in 2005, attended by 12 patients and their next of kin who heard about dialysis modality choices. This enabled patients to make an informed decision about their treatment, best suiting their lifestyle. There was positive feedback from evaluation questionnaires distributed at the meeting.

HEPATOLOGY CENTRE

The Hepatology Centre has a patient centred focus with consultant delivered service. Nursing staff continued to develop the Nurse Led Treatment clinics with activity in these clinics consistently growing during 2005.

An off-site treatment clinic was set up in 2005 and is a combined Hepatology and Castle Street Addiction Services initiative. Patients are assessed both in the community and in the Hospital setting and treatment is monitored through both facilities. This was a positive development to link primary care within the community led by Marie McGrath, who gave various presentations to members of the nursing staff in the Addiction Services and in Dublin prisons.

A Liaison Transplant Nurse co-ordinator post for both St. James's Hospital's Hepatology and St. Vincent's Hospital Transplant Unit was established in 2005.

The nursing staff at the centre held awareness-raising presentations and health promotion initiatives for the local community. This ran in addition to their commitment to professional development and raising awareness of liver disease, its related consequences and treatments available.

Several staff at the Centre commenced academic courses during the year. Sharon Keating (Certificate in Counselling, NUI Maynooth), Anne Grogan (Masters degree in Nursing Science Degree, Trinity College), and Jenifer Smith (Diploma in Alcohol & Addiction studies, A.T.I. Kildare Street). Nicola Foley completed the Hospital's HIV/AIDS course, and Helena Irish, Jenifer Smith and Marie McGrath completed an the Alcohol Awareness Course.

All Staff nurses working in the Hepatology Centre are members of the Irish Hepatology Nurses Association and attend regular meetings. The organisation continued to improve communication and build liaisons between Hepatology Centres around Ireland.

Both consultants and nursing representatives from the Hepatology Centre at St. James's Hospital worked on a HCV regional policy in collaboration with the HSE which awaits publication. Communication with patient representative groups continued to strengthen during the year. The unit has representation on the HSE Regional Hepatitis C Forum.

BREAST CLINIC

The Breast Clinic is part of cancer services at St. James's Hospital and offers a rapid-access, triple-assessment facility where patients receive clinical examination, diagnostic investigations, diagnosis and counselling in a single visit. Demand for the Clinic's service has grown 500% since it opened in 1997 and continued to grow during 2005, when 87% of patients had a same-day diagnosis, with 81% of breast cancers diagnosed the same day.

The Multidisciplinary Breast Care Team engaged in collaborative care with weekly team meetings to ensure treatment decisions reflect protocol-based best practice guidelines. Staff of the unit continued work during 2005 to enhance the quality of the service, achieving the majority of the structure and personnel required to provide the service in a dedicated unit of the highest quality. This is hoped to be open in early 2006 and will include a reception and waiting area, clinical consultation rooms, aspiration room, patient counselling room and a prosthesis fitting room for patients following breast surgery. This will represent a significant improvement in the standard of care for this patient group.

Year	Patients Seen	Diagnosed/treated for Breast cancer
1997	304	67
2005	1,677	139

ENDOSCOPY SERVICE

The Endoscopy Service, previously located at the Health Care Centre, amalgamated in April with Surgical and Urological Endoscopy into a new Endoscopy Unit at Phase 1H. This nine-room, state-of-the art facility for inpatients and outpatients is the largest facility of its type in Ireland and is a tertiary referral centre for many therapeutic Endoscopy procedures.

last year, new innovations in endoscopic technology, including Double Balloon Enteroscopy and TRUS biopsy, were introduced and a major recruitment drive was initiated to recruit and train nurses in Endoscopy. Professional development of nursing staff continued with the expansion of their role to include IV cannulation and phlebotomy.

A new role for Health Care Assistants was introduced into the Endoscope reprocessing and decontamination room. The ADAM computerised Traceability and Reporting system was expanded to include endoscopic imaging. A multidisciplinary seminar room with high quality multi-media equipment facilitates education sessions for all staff and multidisciplinary case conferences.



The first Advanced Nurse Practitioner (Candidate) in Gastroenterology Nursing was recruited and the process of accreditation of the site and the post is ongoing. The aim of the Advanced Nurse Practitioner in Gastroenterology service is to provide a holistic, inclusive, high quality programme of care to patients. Their service has a heavy focus on health promotion and the management and expansion of cancer surveillance programmes.

The Endoscopy Unit in conjunction with the Centre for Nurse Education facilitated the Endoscopy Course for Nurses in October 2005. Eight nurses from hospitals around the country completed the course.

ACUTE MEDICAL ADMISSIONS UNIT (AMAU)

The Acute Medical Admissions Unit (AMAU) aims to facilitate 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 acute Hospital beds

The AMAU has 59 beds and is located close to the Emergency and Diagnostic Imaging Departments. The Unit continued to admit emergency medical patients 24 hours a day, seven days a week and operate its 'consultant of the day' system where the on-call consultant general physician takes responsibility for patients in the unit for a 24-hour period, with a senior nurse manager taking responsibility for day-to-day Unit activity. The Unit runs a 1-in-9 consultant rota with shared teams between consultants. The AMAU is overseen by a Director and Deputy Director, both of whom are consultant general physicians.

During 2005, approximately 400 patients per month were admitted to the Unit, with an across-the-board increase in the efficiency of the admission process and a continued reduction in the length of stay at the Hospital.



EMERGENCY

INTRODUCTION

The St. James's Hospital Emergency Department was in the middle of a major build project and refurbishment of its older accommodation at the start of 2005. The ED Project Nurse, assigned to the project at the beginning of the build, played an active role in the weekly site-meetings between the architects, builders and the Hospital's Planning Department.

Regular staff update sessions took place to outline the schedule and developments of the build project and feedback was received from staff members. Prior to the opening of the new building a dedicated multi-disciplinary team was assigned to commission the new areas.

Phases 3A, 3B, 4 and 5 were completed during the first quarter of the year and were finally opened in April. Accommodation provided included a five-bay critical care area, seven-bay majors area, two isolation rooms and a new ambulance entrance. The smooth transition from the old department went smoothly due to the multi-disciplinary team approach from the ED staff and the support staff within the Hospital. The Directorate congratulates all concerned in the development.

Clinical Director Patrick Plunkett took up the post as editor-in-chief of the European Journal of Emergency Medicine at the beginning of 2005.

Confirmation of revenue for the increase of staff numbers was received from the Department of Finance & the HSE early 2005. Some new staff grades and upgrades to existing grades took place.

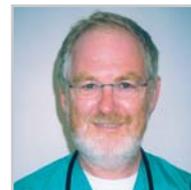
NURSE EDUCATION WITHIN THE EMERGENCY DIRECTORATE

The education and training of emergency nurses was complemented in 2005 with the introduction of a full time Clinical Support Nurse (CSN).

The CSN supports the transition of new nurses and staff to the clinical environment and support clinical learning in a practical and applied way. This includes the development of innovative practices to improve the quality of health delivery, assisting colleagues with the planning, implementing and evaluating of care and practices as required by:

The introduction of the role has led to the introduction of specific education sessions in non-invasive ventilation, trauma assessment, the role of the nurse in rapid sequence induction and the introduction of blood ketone monitoring.

In 2005 16 new nurses started in the department. Three nurses also commenced Masters Degrees with Trinity College and UCD.



Mr. P. K. Plunkett
CLINICAL DIRECTOR

Ms. Noelle Wallace
BUSINESS MANAGER

Ms. Joan Fitzgerald
NURSE MANAGER

01
TREATMENT BEDS IN THE EMERGENCY DEPARTMENT

02
A NEWLY EQUIPPED TREATMENT BAY

03
THE BUSY NURSES STATION IN THE EMERGENCY DEPARTMENT

EMERGENCY

ASSESSMENT NURSE

The role of Assessment Nurse has been developed to improve the quality and timeliness of the initial assessment of patients with serious but not immediately life threatening illness and injury.

This role provides further condition-specific prioritisation of patients, pain-management, fast-tracking of clinical investigations and the identification of patients requiring time-critical therapy.

The assessment role is undertaken by a team of level-1 Clinical Nurse Managers who have undergone a formal training programme, supervised practice and competency assessment. Evaluation of the effectiveness of the role is in progress.

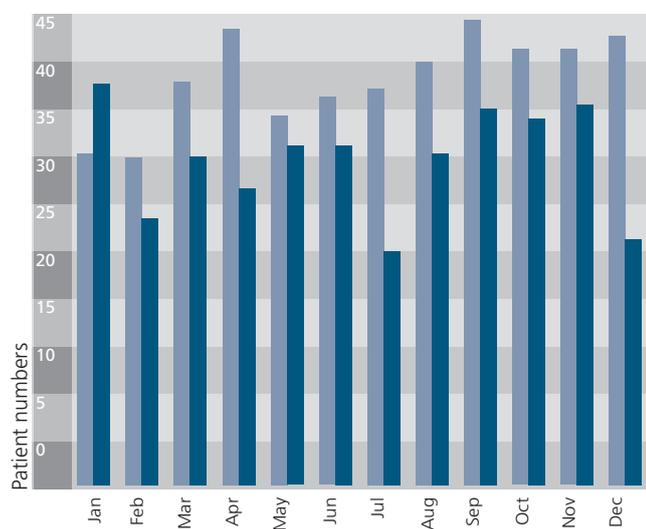
NURSING DEVELOPMENTS IN CHEST PAIN ASSESSMENT

Advances in the area of chest pain assessment in the emergency department included the development of a second Clinical Nurse specialist (CNS) and the first Advanced Nurse Practitioner (ANP) in Emergency Cardiology, accredited by the National Council for the Professional Development of Nursing and Midwifery, and is the first ANP in emergency cardiology in Ireland.

These innovative roles involve the acute management and health promotion for patients presenting with acute coronary syndrome to the emergency department, Chest pain assessment unit and the Chest pain review clinic.

The Chest Pain review clinic is a nurse-led clinic for patients following discharge from the Chest Pain Assessment Unit. The clinic incorporates symptom review, risk factor screening and modification, referral to specialist services and liaison back to GPs. In 2005 the clinic had a high attendance (94%) compared to other outpatient services, reflecting high demand and satisfaction with the service

CPAU Admissions 2005



CPAU admissions 2005 continued

	Male	Female	Total
Jan	31	38	69
Feb	30	23	53
Mar	38	30	68
Apr	43	27	70
May	34	27	61
Jun	36	32	68
Jul	37	20	57
Aug	40	31	71
Sep	44	35	79
Oct	42	33	75
Nov	42	36	78
Dec	43	22	65
Totals	460	354	814

NURSE-LED CHEST PAIN REVIEW CLINIC

Patient attendances in 2005

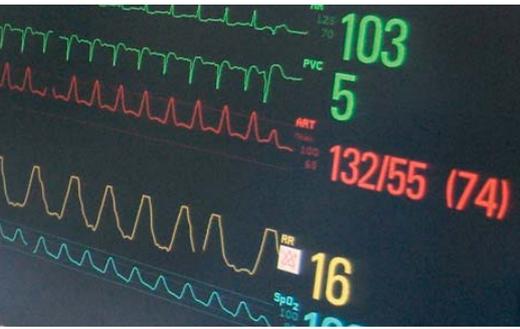
	Total Attended
Jan	54
Feb	60
Mar	56
Apr	59
May	58
June	57
Jul	37
Aug	54
Sep	67
Oct	68
Nov	61
Dec	58
Totals	689

ADVANCED NURSE PRACTITIONERS EMERGENCY SERVICE (ANP-(E))

The ANP (E) service is provided by a multi-disciplinary team in the designated 'Ambulatory Care Area' within the Department. It provides a dedicated service to patients presenting with specific injuries or conditions and streamlines patients presenting with non-life threatening conditions, making more efficient and effective use of both physician and nursing skills as well as increasing patient satisfaction.

Being located inside the Department ensures access to diagnostic and treatment services such as radiology, laboratory and clinical specialties. Patients receive better access to specialist services such as casting, physiotherapy, occupational therapy and a medical social worker as a result of improved collaborative working.

Satisfaction expressed by the service users during 2005, research outcomes and other quality performance indicators, such as the numbers of patients seen by the ANP service, all supported the rationale for the continued expansion of the service.



VASCULAR SURGERY

INTRODUCTION

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

ENDOVASCULAR SURGERY

The area of Endovascular Surgery continued to expand with excellent results. The use of stent grafts for the management of aortic aneurysms and aorto-iliac disease in high-risk surgical patients as well and carotid angioplasty with cerebral protection increased throughout the year. Several patients with thoracic aneurysms were also treated with stent grafts in a joint programme with the Cardio-Thoracic Department.

Mr. P. Madhavan
VASCULAR SURGEON

Prof. G. Shanik
VASCULAR SURGEON

Mr. D. Moore
VASCULAR SURGEON

VEINS UNIT

The number of leg ulcers seen in the Veins Unit continued to increase with excellent healing rates. The unit participated in several educational meetings to help promote the correct use of compression dressings. Work undertaken through an EU CRAFT grant was successfully completed. Local anaesthesia and day care for venous ablation using laser and foam sclerotherapy have been successfully introduced for the management of varicose veins. The waiting time for treatment of varicose veins is now running at approximately four months.

VASCULAR LABORATORY

The Vascular Laboratory remains extremely busy with expansion of the role of peripheral duplex imaging in selecting patients for endovascular management. Therese Fitzpatrick was awarded a M.Sc. for her work in the area of the natural history of asymptomatic carotid stenosis and Colette Choiseul submitted her M.Sc. thesis comparing MR angiography to duplex imaging in assessing the arteries of the lower extremity. Additionally Maria Grouden was awarded the British Vascular Foundation Prize for the best paper at the annual meeting of the Society of Vascular Technology of Great Britain and Ireland.



TRAUMA

INTRODUCTION

Trauma is a collection of specialties not yet formally resolved in a Directorate structure. Services grouped within it include Plastic and Reconstructive Surgery, the Burns Unit, Maxillofacial Surgery, Orthodontic and Cleft Unit and Orthopaedic Surgery.

Ms. Dympna St. John Coss
NURSE MANAGER

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. Again in 2005, approximately 60% of the workload was traumatic in nature and the majority of these related to hand injuries.

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 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.

Out-patients attended a bi-weekly Burns Clinic for follow-up after their discharge from the Hospital.

ORTHOPAEDIC SURGERY DEPARTMENT

The Orthopaedic Department continued to deal with a significant trauma workload, as well as the sub-specialist interest of complex hip revision work under the care of Mr. Gary 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.

During 2005, the Department awaited two more Orthopaedic Consultant posts, which are to have an elective attachment to St. Mary's Orthopaedic Hospital in Cappagh. Reciprocal relations with Cappagh Hospital should significantly improve throughput of elective orthopaedic surgical cases and will improve the service in our catchment area.

A new computerised X-ray service was introduced with marked benefits to patient care.

CLEFT ORTHODONTIC UNIT

The Cleft Orthodontic Unit acts as a tertiary referral service for the orthodontic management of patients born with cleft lip and palate and craniofacial anomalies.

The unit is staffed by a Consultant and a Specialist Orthodontist and operates a 'hub and spoke' model of care in conjunction with regional orthodontic units.

Regular multidisciplinary cleft clinics were held during 2005, co-ordinated by Laura Duggan, Cleft Palate co-ordinator. Treatment outcomes are audited in accordance with current best practise protocols.

Joint Orthognathic Clinics were held with Consultant Maxillofacial Surgery colleagues for patients who require corrective facial bone surgery. In addition, multidisciplinary clinics were held in Our Lady's Hospital for Sick Children Crumlin and the University Children's Hospital, Temple Street in the context of the unified Dublin Cleft Centre.

Technical support for the unit is provided by the Maxillofacial Laboratory, which adjoins the unit and provides a full range of Orthodontic laboratory services and appliances.

Following the recent redesignation of the Outpatient Department, the anticipated expansion of clinical facilities for Cleft Orthodontics and Maxillofacial Surgery should add greatly to improved integrated patient care.

CLEFT TERTIARY RESTORATIVE (PROSTHODONTIC) DENTAL SERVICE

All cleft lip and palate patients may avail of this tertiary prosthodontic dental service, 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.



PSYCHIATRY

Dr. Paul Scully
ACTING CLINICAL DIRECTOR

Oliver Claffey
NURSE MANAGER

Efion Williams
ACTING AREA MANAGER

INTRODUCTION

Within the Psychiatric Service at St. James's Hospital there are three main specialities:

- General Adult Community Psychiatry - comprising Camac (inner city), Drimnagh, and Owendoher (suburban) sectors, and serving a general population of 133,000 people
- Psychiatry of Old Age - serving a population of c.20,000 people age over 65 years old
- Consultation-Liaison Psychiatry (Psychological Medicine Service)

The first two comprise the Dublin South City Mental Health Service (DSCMHS) which is one of 32 such services nationally.

JONATHAN SWIFT CLINIC

The Jonathan Swift Clinic is an acute unit providing 51 beds for acutely ill patients, rehabilitation, and for older patients with mental health problems from the catchment area. The Clinic also supports the wider Hospital services and, from its own resources, provides services to patients from outside the area or who are of no fixed abode presenting to the Hospital with mental health problems. Of the total of 491 patients admitted in 2005, 35 were detained under the Mental Treatment Act 1945.

COMMUNITY PSYCHIATRY

This service aims, as far as possible and in line with best international evidence, to maintain people with mental illness in the community. Limited manpower and facilities in the community and the acuity of conditions experienced by patients of the service are ongoing challenges for the service. In 2005, progress was noted in addressing these challenges and more development was planned for 2006. The service is strongly involved in education and teaching of Psychiatry within the Hospital and Trinity College and, in the Dublin University Department of Psychiatry, active research programmes continued during the year.

Sectors in the Department's catchment were served by multidisciplinary teams. Day services were provided at the Jonathan Swift Clinic and at St. Martha's in Kilmainham. A supported workshop continued at St. Patrick's Hospital and a Clozapine Clinic was held weekly in the Jonathan Swift Clinic. Accommodation and various levels of support in the community were provided for 53 people with severe and/or enduring mental illness.

Dr. David Shanley, a long-serving consultant, retired in June 2005 and a replacement is expected during 2006.

PSYCHIATRY OF OLD AGE

This service continued to provide a comprehensive community-based care programme for an area with what is reckoned to be the highest density of older people suffering deprivation in all the eastern region.

A consultation-liaison service was also provided for patients aged over-65 in all the Hospital's wards - St. James's Hospital has 203 dedicated geriatric beds, more than any other Dublin Academic Teaching Hospital.

The service continued to collaborate with the Mercer's Institute for Research on Aging in an active research programme and contributed strongly to Hospital and University-based activities and teaching.

PSYCHOLOGICAL MEDICINE SERVICE

The involvement of consultation-liaison Psychiatry throughout the Hospital continued to expand in 2005. The development of an active Psycho-Oncology Service was led by Dr. Ann-Marie O'Dwyer. A second liaison consultant, Dr. John Cooney, and an additional Clinical Nurse Specialist were appointed.





LabMed Directorate



Dr. Barry White
CLINICAL DIRECTOR

Mr. Noel White
LABORATORY MANAGER

Mr. Philip Creevy
BUSINESS MANAGER

01/02/03

LABMED STAFF CARRYING OUT A VARIETY OF ASSAYS AND TEST PROCEDURES AT THE CENTRAL PATHOLOGY LABORATORY

INTRODUCTION

The LabMed Directorate comprises the Laboratory Departments of Clinical Biochemistry, Immunology, Haematology, Transfusion Medicine, Microbiology, Irish Mycobacteria Reference Laboratory (IMRL), the National MRSA Reference Laboratory (NMRSARL), Cancer Molecular Diagnostics (CMD), Cryobiology, and The National Centre for Hereditary Coagulation Disorders (NCHCD) and Phlebotomy.

The LabMed Directorate is responsible for the overall management and development of the Clinical Pathology Laboratory Services to St. James's Hospital, General Practitioners (GPs), other hospitals and external agencies and acts as a reference laboratory for many specialties throughout the country.

DEVELOPMENTS/PROJECTS

All Laboratory Departments prepared for medical laboratory accreditation in accordance with the ISO 15189 standards (Medical Laboratories: Requirements for quality and competence) or CPA (Clinical Pathology Accreditation, UK). The Haematology laboratories, including CMD and Coagulation, have had CPA accreditation since 2003. Cryobiology sought a specific type of international accreditation associated with its specialty.

Safety and security issues within the Directorate were highlighted and funds allocated to support improvements in this area. This included new windows and front doors, swipe card access to main doors and a personal alarm system for personnel.

The workload from GPs continued to rise, accounting for up to 30% of the workload figures for some Departments. The 2005-workload figures, based on laboratory requests, are outlined in Table 1 below.

Table 1 Analysis of Requests received by LabMed Directorate, Year Ending December 31st 2005

Department	SJH	AMiNCH	ERHA	GPs	Others	Totals Per Discipline 2005	Totals Per Discipline 2004	% +/- On 2004
Haematology	256,076	1,209	15,594	109,189	20,337	402,405	396,657	1%
Coagulation	131,638	1,020	5,997	4,945	7,666	151,266	145,819	4%
Blood Transfusion	28,613	0	2	655	825	30,095	28,414	6%
Biochemistry	368,308	2,187	15,855	186,412	45,780	618,542	532,001	16%
Microbiology	186,882	1,904	23,013	60,204	20,292	292,295	279,838	4%
Histo-Blockers	50,180	36	746	812	1,126	52,900	49,966	6%
Cytology	5,108	1,786	0	7,411	398	14,703	14,584	1%
Immunology	36,026	8,453	8,877	12,231	14,343	79,930	73,474	9%
Totals Per Hospital	806,755	15,386	54,490	272,670	90,430	1,642,136	1,520,753	8%

HAEMATOLOGY LABORATORY

The Haematology Department provides a comprehensive diagnostic laboratory service to St. James's Hospital, Dublin area hospitals and GPs. It also receives nationwide referrals for specialised investigations. Laboratory support for the work of the HOPE Directorate including the National Adult Blood and Bone Marrow Transplant Centre and the National Centre for Hereditary Coagulation Disorders (NCHCD) forms a core element of the Department's work. The Department is sited in three areas within the Hospital, Central Pathology Laboratory (CPL), Stat laboratory (OPD) and in the National Centre for Hereditary Coagulation Disorders (NCHCD). The Central Pathology Laboratory houses the main Diagnostic Laboratory, the Special Diagnostics Laboratory,

Nutritional Anaemia Laboratory and the Cryobiology Laboratory, which processes blood and bone marrow stem cells used in transplantation.

It has held CPA Accreditation since 2003 and worked towards forthcoming re-inspection under the more stringent, revised standards, due in 2007.

The Department's range of examinations provided and demand for services continued to grow, particularly in Special Diagnostics, where immunophenotyping, haemoglobinopathy and red cell enzyme examinations are carried out, both for St. James's Hospital and for referrals nationwide. The immunophenotyping examination service was expanded to hospitals at Tullamore, Mullingar, Limerick, Waterford, Letterkenny, Sligo, Portlaoise, Galway, Cork and Dublin.

EDUCATION & RESEARCH ACTIVITIES

The Department provided in-service training for students of the Biomedical Science degree course at Dublin Institute of Technology and provides work experience for school-leavers. Mr. Stuart Liptrot was awarded the Derek Cullen Gold Medal for achieving first place on the MSc in Molecular Pathology of Dublin Institute of Technology and Trinity College, Dublin, and completed a research project titled "Detection of Minimal Residual Disease in B Cell Chronic Lymphocytic Leukaemia by Flow Cytometry". Ms. Ciara McLoughlin embarked on the MSc course and graduates next year.

COAGULATION AND THE NATIONAL CENTRE FOR HEREDITARY COAGULATION DISEASES (NCHCD)

The laboratory at the NCHCD examines samples from patients within the Hospital and externally with suspected bleeding and thrombotic disorders. Diagnosis of inherited and acquired disorders, monitoring of therapy and screening for genetic disorders is part of the examination repertoire in the Centre. The Stat Laboratory supports the Warfarin Clinic where INR examinations are carried out on patients receiving Warfarin therapy. The NCHCD also acts as a referral centre for specialised testing. 50% of all work carried out in the diagnostic laboratory in 2005 was from external agencies. The majority of these samples are examined for functional and molecular defects associated with prothrombotic states.

There was continued expansion of the examination repertoire for the laboratory diagnosis of both bleeding and thrombotic disorders with the introduction of new diagnostic tests; i.e. Von Willebrand Factor Collagen Binding assay and Protein S functional assays. Within the molecular examination service, a new methodology was introduced for the identification of two genetic mutations associated with a prothrombotic disorder. The enhanced test repertoire ensured the continuance of a comprehensive diagnostic service. A major project undertaken in the laboratory was the re-establishment of reference ranges for all coagulation examinations. This involved the analysis of samples taken from a large number of normal donors for all tests in the laboratory. Both undergraduate and postgraduate scientists in areas of haemostasis undertook a number of research projects.

CRYOBIOLOGY LABORATORY SERVICE

The Cryobiology Laboratory supports the National Adult Stem Cell Transplant programme at St. James's Hospital and the Irish Unrelated Donor Bone Marrow Programme. The scope of the laboratory is to prepare, analyse, manipulate and cryopreserve safe and efficient cellular therapeutic stem cell products for transplant and donor lymphocytes for immunotherapy.

In 2005, the Cryobiology Laboratory worked to meet new regulatory requirements (current Good Manufacturing Practice) set out in EU Directive 2004/23/EC. Central to this has been the implementation of a quality management system (QMS). The QMS has been based on ISO 9001: 2000 standards. The technical guidelines followed for the implementation of the QMS are the International Standards for Cellular Therapy Product, Collection, Processing and Administration, edited by Joint Accreditation Committee ISCT-EBMT (JACIE).

Prof. S. McCann, Consultant Haematologist and Professor of Haematology at Trinity College was identified as Medical Laboratory Director in accordance with the EU Directive requirements. Two new posts were created – Dr. Nicola Gardiner PhD has been appointed as Chief Medical Scientist and Dr. Laura Forte MD, PhD as Quality Manager. The Laboratory began implementation of the transfer of the processing activity into a GMP clean room facility, furnished with ancillary services, in the Irish Blood Transfusion Service, National Blood Centre.

BIOCHEMISTRY DEPARTMENT

The Biochemistry Department experienced substantial increases in requests from within the Hospital and from the primary care sector during 2005. In collaboration with the Materials Management Department, the Laboratory began a process to procure new automated preanalytical and analytical platforms to ensure that a quality service is maintained into the future. The DataCare System to monitor POCT glucometers was introduced to bring better data management capability, quality control, audit and clinical risk management for this service. The Porphyrin Section within the Biochemistry Department, which acts as a National Porphyrin Diagnostic Reference Laboratory, developed and commenced piloting a number of mutation scanning assays for acute porphyries in 2005

Clinical Activities

The registrars within the Biochemistry Department continued to support specific clinical activities within the Hospital, including Diabetes, Endocrinology and Cardiovascular Risk outpatient services. During 2005, a Porphyrin Subspecialty Clinic, liaising directly with the Porphyrin Laboratory, was introduced within the Endocrinology Outpatient service to address issues surrounding adequate porphyria diagnosis, management and family follow-up studies.

The Registrars in Biochemistry successfully completed an audit on the Troponin T diagnostic test service. This was presented at Grand Rounds to increase awareness of the need for targeted and appropriate use of this test.

Education & Training

At undergraduate level, the Biochemistry Department continued its longstanding collaboration with Dublin Institute of Technology for training students undertaking the BSc in Medical Laboratory Science. The Consultant Chemical Pathologist is an Honorary Lecturer in Metabolic Disease at Trinity College (TCD) and provides lecture courses there in Clinical Biochemistry for 4th, 5th and final year medical students.

At postgraduate level, the Consultant Chemical Pathologist is one of the coordinators of a new MSc in Clinical Chemistry, offered by TCD since October 2005.

The Department successfully renewed recognition for training by the Faculty of Pathology of the Royal College of Physicians of Ireland. A number of staff members were successful in completing an MSc, including Ms. Martina Doherty and Ms. Felicity Dempsey. Ms. Karen Denning successfully completed her project for MSc in Molecular Medicine in the Biochemistry Department.

Research

The Biochemistry Department is a constituent member of the Division of Laboratory Medicine at TCD's School of Medicine. The Consultant Chemical Pathologist is a member of the Diabetes, Endocrinology & Metabolism Research Group at the IMM, Trinity Centre for Health Sciences on the Hospital's campus. A number of projects under the supervision of Dr. Vivion Crowley were completed in 2005, enhancing the Department's research profile. Research work with the Diabetes and Endocrinology Service and the Bone Protection Clinic at the Hospital were also continued. The Department also contributed to conferences including ACBI, Focus'05, Irish Endocrine Society and Porphyrins & Porphyrin Conference, Cape Town, presenting on a variety of research topics.

IMMUNOLOGY LABORATORY SERVICE

The Immunology Laboratory made considerable progress towards the development of several new diagnostic assays this year and hopes to introduce these shortly.

Clinical Service

Patients seen at outpatient clinics and inpatient consults suffer mainly inflammatory disease, allergies and immune deficiency. This year an additional weekly allergy outpatient clinic was established to reduce waiting lists. Planning began to develop a new day ward, to be located in Hospital 5 and to be shared with the Neurology and Dermatology Services. It will be a major improvement on the old Immunology Day Ward. The Department continued to participate in multi-centre international studies of patients with a variety of disorders of the immune system.

Education/Professional development

The Immunology Department contributes significantly to undergraduate teaching in Medicine, Biomedical Science, Therapeutic Radiography, Clinical Microbiology, Sports Medicine, and Immunology/Biochemistry. It had, like all other Departments, several students completing in-service training in biomedical science. It also contributed to several clinical pathology conferences and the Grand Rounds.

This year, five students pursued postgraduate degrees by research. Suzanne Bracken was awarded her PhD for a thesis on celiac disease and the Department contributes to several postgraduate taught MSc programmes and other postgraduate medical programmes. A programme in Immunology for medical specialist Registrars was also established.

Projects

The Immunology Department progressed major projects analysing coeliac disease and the regulation of inflammatory pathways. The research programmes are well integrated with the clinical and teaching services. The Department participated in international meetings and peer-reviewed international literature during 2005.

TRANSFUSION MEDICINE SERVICE

The Department of Transfusion Medicine provides a comprehensive blood transfusion service to St. James's Hospital, which is a major consumer using 8% of the red cells and 22% of the platelets issued nationally during 2005.

Blood, blood components and blood derivatives are supplied for elective and emergency clinical use including support for the National Bone Marrow Transplant Centre along with a Serological Diagnostic Service. Coagulation products for the treatment of haemophilia are supplied for inpatient and some home-treatment patients. Rotation of coagulation products stock with other hospitals throughout the country to prevent these going out of date is also undertaken.

The initiative to introduce full electronic tracing of haemophilia products from receipt to transfusion for in patients and home treatment progressed well.

HAEMOVIGILANCE DEPARTMENT

The Haemovigilance Department in collaboration with the Blood Transfusion Laboratory staff and blood users through the Blood and Blood Usage Product Committee contributed to the delivery of a best practice transfusion service including the monitoring of blood component use.

Projects

The Department targets the education of clinical users through a Hospital-wide transfusion education programme and, during 2005, had Haemovigilance incorporated in the orientation for Registrars and SHOs. The Department also participated in a two-year Irish Blood Transfusion Service Transfusion Near-Miss Research project. This project contributed to evaluating the quality of systems in place and focused attention on change, which would improve the transfusion safety process. Electronic solutions to address transfusion errors including electronic ordering of blood components, an electronic transfusion administration system and a computerised blood storage system had reached various stages of implementation during 2005. The electronic transfusion system in use in Haematology /Oncology Day unit was successfully updated to a wireless system. All these systems aid compliance with the 2005 EU Blood Directive requiring all hospital blood transfusion laboratories to implement a quality system and be accredited to ISO 15189 Standards. Full traceability of blood components is also a requirement. Funding was requested for staff and computing resources needed to comply.

HISTOPATHOLOGY SERVICES

The Histopathology Department welcomed Dr. Colette Adida as a shared consultant with Coombe Hospital. After 30 years Laboratory service, Mary Stagg retired and Alison Malkin joined Dublin Institute of Technology.

Dr. Esther O'Regan obtained her PhD degree and won two research prizes, the Stowell Orbison Award at the United States and Canadian Academy of Pathology annual meeting Texas, and the Greene Medal of the Faculty of Pathology of the Royal College of Physicians of Ireland.

Also, Paul Glacken took an MSc in molecular pathology and Jan Walker obtained a Postgraduate Certificate in Medical Education.

Subspecialty Reporting

To allow greater subspecialty expertise and better continuity as well as facilitating participation in clinical conferences, the Department moved to subspecialty reporting during 2005. Individual consultant Histopathologists focus on a limited number of sub-specialist areas. This required the re-organisation of workload and changes in laboratory and NCHD assignments.

Multidisciplinary Team (MDT) Conferences

These weekly conferences assumed a larger role in the management of patients, in particular patients with cancer. There were 10 weekly formal MDT conferences in addition to a smaller number of regular clinicopathological conferences. Histopathology played a major part in these conferences. This was reflected in increasing amounts of referred diagnostic material from outside pathology departments, reviewed for conferences, and the increased requirements for review of internal material for presentation at the meetings.

Service Development: FISH/ISH

The department began to offer fluorescence in-situ hybridisation (FISH) and in-situ hybridisation (ISH) tests. These predominantly involved identification of Epstein Barr virus, but additional tests were piloted and it is hoped these can be delivered in the near future.

NATIONAL METICILLIN-RESISTANT STAPHYLOCOCCUS AUREUS REFERENCE LABORATORY (NMRSARL)

The National Meticillin-Resistant Staphylococcus aureus (MRSA) Reference Laboratory (NMRSARL) provides a national service for:

- Epidemiological typing of MRSA isolates (to assist in outbreak investigation)
- Antibiotic resistance detection (especially confirmation of meticillin/oxacillin resistance and investigation of possible glycopeptide (vancomycin) resistance)
- Routine monitoring of blood culture MRSA isolates from Irish hospitals that participate in the European Antimicrobial Resistance Surveillance System (EARSS)
- Advice on treatment of patients with MRSA through its Medical Director
- Advice on infection control through St. James's Hospital's Infection Control Team
- Advice on laboratory aspects of MRSA through NMRSARL's scientific and clinical staff.

Projects

During 2005, the work of the laboratory included the development of assays to study reduced susceptibility to glycopeptides in MRSA. The National Committee of the Strategy for the Control of Antimicrobial Resistance in Ireland (SARI) funded this work.

The NMSARL also investigated MRSA recovered from animals in Ireland in conjunction with UCD's Faculty of Veterinary Medicine.

It also conducted an evaluation of the prevalence of the Pantone-Valentine Leucocidin (PVL) toxin in MRSA in Ireland.

The laboratory completed a five-year study monitoring the changes that have occurred in the strains of MRSA recovered from blood culture specimens in Ireland.

The NMRSARL participated in a survey of paediatric bacteraemia organised by the British Paediatric Society; collaborated in a Health Research Board grant application with veterinary colleagues and was invited to participate in a joint European application for funding under the EU Sixth Framework Programme

Laboratory staff gave invited talks to Microbiology Department Journal Clubs in two hospitals; to a General Practitioner Study Day and to the Specialist Registrars in Microbiology Tutorial Group; one staff member participated in a collaborative evaluation of a new commercial system for the detection of hGISA.



THE IMRL LABORATORY SERVICE

The Irish Mycobacteria Reference Laboratory (IMRL) investigated 4,283 specimens for the presence of Mycobacteria sp. during 2005, 197 (3.7%) of which were positive either by microscopy, culture or both. A total of 157 specimens were culture positive from 67 patients, 53 of which represented infection with M.tuberculosis complex.

The Laboratory performed identification and susceptibility on 62 samples referred from other hospitals, 49 of which were M.tuberculosis complex. There were four instances of mono resistance to anti-mycobacterium drugs, one instance of two-drug resistance and two cases of multiple-drug resistant TB (MDRTB).

An 'on-call' system consisting of two sessions was introduced to enable safe work practices to occur over the weekend and to shorten the turnover time in processing isolates.

Significant renovations were carried out to the IMRL premises during 2005 with one room being refurbished according to best practise Containment Level 3 (CL3) guidelines. Further improvement is hoped for.

MICROBIOLOGY LABORATORY SERVICE

The Microbiology Laboratory provides a diagnostic, infection control and clinical service to the Hospital, South West Dublin GPs and external agencies.

Activity in the laboratory increased significantly in 2005. The Laboratory processed almost 300,000 patient requests in 2005. There was a 5% increase in workload from the Hospital,

however GP requests increased by 11%. There was a 19% increase in STI/ID related workload from GPs.

The Laboratory is a training centre for MRCPATH and BSc in Biomedical Science. It also trains postgraduate trainees for membership of the Academy of Medical Laboratory Science. In 2005 six medical scientists undertook research projects towards MSc.

Research projects commenced in 2005 included the molecular investigation of acute and chronic hepatitis B infection, investigation of HSV Types 1 & 11 in Ireland, an assay for the investigation of Chlamydia trachomatis Serovars and metapneumovirus, a molecular investigation of toxigenic strains of Clostridium difficile.

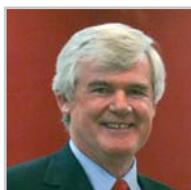
A programme of catheter related blood stream infection surveillance was commenced, as was a Hospital-wide audit of line care practices with feedback and education sessions.

An analysis of Hospital antimicrobial resistance data was carried out, which was used to inform the updating of the Hospital empiric antimicrobial guidelines. Two issues of the Microbiology, Epidemiology and Infection Control newsletter were issued to Hospital users and GP's received two newsletters.

Two posters were sent for display at the National SARI conference in Armagh. A "demand management" project, funded by the HSE was completed in 2005. This sought to reduce inappropriate requesting by laboratory users. This resulted in improvement in service utilisation with a consequent cost saving demonstrated.



DIAGIM DIRECTORATE



Dr. Patrick J. Freyne
CLINICAL DIRECTOR

Ms. Bernadette Moran
RADIOGRAPHIC SERVICES MANAGER

Ms. Hazel Shanahan
BUSINESS MANAGER (UNTIL MAY)

01
ADVANCED FULL-BODY SCANNING EQUIPMENT

02
X-RAY IMAGING – SHORTLY TO BE REPLACED WITH PARIS/EPR

INTRODUCTION

The DiagIm Directorate provides its services to the Hospital and to GP's in the local catchment area. Tertiary care is also provided to hospitals outside the catchment area.

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

PaRIS/EPR

Throughout 2005 work on the PaRIS/EPR continued towards its expected go-live date in 2006. This system grew from the procurement of a PACS for Radiology to incorporate greater integration of patient data and enhanced management of resources. The resulting PaRIS/EPR system is to feature a new Radiology Information System (RIS), a PACS (Picture Archiving and Communications System), the foundation for an electronic patient record (EPR) and electronic ordering of all pathology and radiology requests from within the Hospital.

RADIOGRAPHY EDUCATION AND RESEARCH

There was ongoing development and delivery of national Postgraduate Diploma courses in Nuclear Medicine and Magnetic Resonance Imaging for Radiographers, organised by the Department of Clinical Medicine, Trinity College in conjunction with St. James's Hospital.

In 2005, 13 Radiographers from all over the country successfully completed the Postgraduate Diploma in Nuclear Medicine. Two of the graduates of the course were Radiographers from St. James's Hospital, Rachel Pyper and Richard O'Neill. In October, 14 Radiographers commenced a new Postgraduate Diploma in Magnetic Resonance Imaging.

In March, a very successful DXA Scanning course was organised by the Radiographic Educational Group at St. James's Hospital in conjunction with Prof. J.B Walsh from the MedEl Directorate. This is part of the ongoing commitment within the Department to education and training for Radiographers.

As part of its external work, the Educational Group also facilitated training and skills courses in other areas, including the delivery of a Red Dot Course at Cavan General Hospital.

On-going clinical training of undergraduate Radiography students is undertaken within the Directorate.

The Directorate and Trinity College are also committed to providing on-going education and training in the rapidly changing areas of Magnetic Resonance technology and Nuclear Medicine including PET (Positron EMISSION Tomography), co-ordinated by Ms. Bernadette Moran, Radiographic Services Manager.

RADIOLOGY

Under the supervision of Ronan McDermott, Consultant Radiologist at St. James's Hospital, who is the Radiology Training Programme Coordinator, Faculty of Radiologists RCSI 2003-06, Radiologists participated actively in a growing number of clinical conferences and multi disciplinary teams. Consultants in the Department support its training programme with lectures and presentations.

As a result of the appointment of Dr. Mark Ryan the previous year, expansion of the Vertebroplasty Service took place in the Department during 2005.

SERVICE TRENDS

Comparable Activity Analysis by Modalities

Imaging Modality	2004	2005	% Variance
General Radiology	96,925	100,005	3%
Maxillofacial	8,019	7,415	-8%
G.I.	2,629	2,474	-6%
I.V.P	276	204	-26%
Mammography	2,687	2,942	9%
Ultrasound	9,545	10,300	8%
C.T.	16,010	17,391	9%
Interventional Radiology: Therapeutic	1,787	1,823	2%
Interventional Radiology: Diagnostic	752	807	7%
Nuclear Medicine	3,558	3,446	-3%
M.R.I	5,134	4,695	-9%
Coronary Angiography	4,344	4,331	0%
Total	147,322	151,502	3%





ORIAN



Dr. Jeanne Moriarty
CLINICAL DIRECTOR

Ms. Cora Keary
BUSINESS MANAGER

Ms. Jane Mahon (UNTIL NOVEMBER)
NURSE MANAGER

Ms. Fiona Murphy
NURSE MANAGER (FROM NOVEMBER)

01

STAFF AT THE HSSU CLEAN REUSABLE STERILE EQUIPMENT FOR USE IN THEATRES AND ELSEWHERE IN THE HOSPITAL

02

ST. JAMES'S HOSPITAL THEATRE SUITE

INTRODUCTION

The ORIAN 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.

Ms. Jane Mahon, the Directorate's Nurse Manager, retired in November after 27 years' dedicated service. Drs. Fox, Lawless, Kirkham, and MacEvilly retired in 2005 and were replaced by Drs. Porter, O'Malley, Connolly and Fitzgerald. The Directorate acknowledges the contribution of all retired staff members to the development of the Directorate, the Department of Anaesthesia, Intensive Care Medicine and the Hospital.

THEATRE

The Hospital's facility 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).

Specialities utilising the theatre facility include Cardio-thoracic, Orthopaedic, Oro-maxillo-facial, Plastic Surgery, General, Vascular, Gynaecology, Urology and Pain Service. During 2005, there were 6,688 elective procedures and 1,691 emergency procedures, making a total of 8,379.

With the opening of the new Endoscopy Suite and Day Surgery Centre, the acuity of the patients having surgery in main theatres has increased while the number of minor cases has reduced.

The Burns Theatre is open twice weekly and 163 procedures were performed in 2005. The Endovascular Theatre performed 201 procedures during its four sessions each week.

The implementation of the Theatre Management System was completed and went live in August 2005. All theatres are included in the system. Statistical information produced by the system proved useful and this is being developed further.

The Postgraduate Diploma in Peri-operative Nursing continued with 10 nurses participating.

A dedicated endoscope reprocessing room was commissioned. Mr. Aidan Levins was appointed as Theatre Endoscopic Assistant, with responsibility for decontamination, sterilisation and maintenance of endoscopes in theatre and intensive care.

Recruitment of qualified theatre, recovery and anaesthetic nurses continued during the year, which enabled all theatres to operate throughout the year. Ms. Mary Pentony, Clinical Nurse Manager, also retired after many years of service.

DAY SURGERY CENTRE

In April, the Surgical Day Unit moved to a self-contained, purpose-built Day Surgery Centre, increasing capacity to 18 bed spaces. The Centre has two fully equipped G.A. theatres, one Minor Ops theatre, five bay first-stage recovery, an anaesthesia pre-assessment service, and a discharge lounge.

The Day Surgery Centre provide services for patients undergoing day surgery procedures under general, regional or local anaesthesia for General Surgery, Plastic Surgery, Gynaecology, Urology, E.N.T., Orthopaedics, Maxillo/Facial, Pain Management, and Dermatology.

The new Endoscopy Unit now provides the surgical endoscopy service. The annual projected numbers when the unit is fully operational will be in the region of 10,000 cases.

The pre-assessment service is nurse-led where a Clinical Nurse Specialist and two staff nurses, with the back up of the Consultant Anaesthetist, provide a pre-operative assessment for patients having a general anaesthetic.

The new Centre now has in excess of 30 staff, a substantial increase over the old unit and includes Clinical Nurse Managers, Health Care Assistants, administrative, catering and janitorial positions.

Dr. Jennifer Porter was appointed as Lead Clinician in Day Care Anaesthesia and a total allocation of four whole-time equivalent Consultant Anaesthetic staff was provided for the two major theatres and the pre-assessment service. Interim appointment of two Locum Consultants facilitated partial opening of the service pending approval for these posts, received from Comhairle na nOispideal in December.

There were approximately 2,500 surgical procedures performed in the Day Surgery Centre during 2005.

ICU AND HDU

14 of the 15 beds in ICU were open in 2005. Bed occupancy remained high at 92%. There were 741 admissions (AVLOS of 5.63) The four-bedded HDU admitted 658 patients (AVLOS 93.36).

Both units provide medical care for critically ill patients with potentially reversible conditions requiring organ support. Renal replacement therapy (CRRT) and invasive mechanical

ventilation are delivered in ICU only. High frequency oscillatory ventilation has been used successfully during 2005. The CareVue® electronic patient data management system was implemented in September.

Dr. Elizabeth Connolly was appointed Consultant with an interest in Intensive Care Medicine, joining Drs. Moriarty, Ryan and Fagan. ICU trainees are mainly from Anaesthesia, but also from Emergency Medicine, Surgery and since July 2005 General Internal Medicine. The ICU remains the only unit in the Republic of Ireland with designated training posts in Intensive Care Medicine.

A dedicated Higher Diploma Course in Intensive Care Nursing commenced in September 2005, with nine participants. This is double the number accommodated on the previous combined ICU/CCU course. The six monthly Foundation Certificate Course in Intensive Care nursing continues. This is aimed at new entrants to Intensive Care nursing and is competency based.

HOSPITAL STERILE SERVICES

The highly specialised Hospital Sterile Supplies Unit processes re-usable instrumentation for the entire Hospital. Mr. Jason Unger was appointed as HSSU manager in January 2005. In benchmarking current practices in decontamination and sterilization processes an external audit was undertaken. A programme of structural, equipping, procedural and educational developments was commenced in 2005, continuing in 2006. These changes will ensure maintenance of standards in compliance with best current practice and ensure on-going staff development

The Directorate was pleased to have the ongoing input of the Sterivigilance and Infection Control Committees in these developments.

LASER UNIT

The outpatient service worked with Plastics and Dermatology consultants on patient care plans and provided 1,629 treatments in 2005 for many conditions, including removal of:

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

ANAESTHETIC SERVICES

In 2005, 8,600 anaesthetics were administered in the main theatre suite, Endovascular, Burns and Diagnostic imaging. The development of minimally invasive procedures is reflected in the increasing numbers of cases in Interventional Radiology



(IR). Dedicated sessions in IR are part of the job description for the joint consultant posts with the Royal Victoria Eye and Ear Hospital so, while no dedicated anaesthesia sessions are allocated in this area, every effort was made to ensure that requests for anaesthesia were met in 2005 and no patient was denied anaesthesia where required.

The Deio electronic patient record was piloted in 2005, with full implementation in 2006.

3,500 paediatric anaesthetics were given at the ERHA Dental Clinic by St. James's Hospital consultants.

RESEARCH AND TEACHING

The Department has an active research programme under the direction of Drs. Ryan and McCrory, with two Research Registrars. Drs. Dowd and O'Malley were appointed College Tutors by the College of Anaesthetists.



SCOpe

INTRODUCTION

SCOpe encompasses Speech and Language Therapy, Medical Social Work, Clinical Nutrition, Occupational Therapy and Physiotherapy. SCOpe concluded a successful year with 187,521 patient contacts across the five departments.

Emergency Department Initiatives

SCOpe Departments participated in several staffing initiatives funded by the Hospital's Emergency Department (ED), including:

- A 0.5 wte Speech Therapist position to enable the forging of links between the ED team and Speech Therapy service.
- The approval of a 0.5 wte Senior Clinical Nutritionist position in September, improving the service provided to all patients referred from ED, including the Observation unit and Chest Pain Assessment service.
- The placing of two senior Occupational Therapists in ED in November, aiming to prevent unnecessary admissions and enhance the safety of discharges from the ED. Working with Physiotherapy colleagues, they also assessed patients functioning in their own home environment. Working closely with Community Care they prescribed essential portable equipment to enable and support the discharge.
- The commencement of a three-month pilot scheme in December to extend Social Work cover for ED into the evening, to evaluate the benefit to patients.
- The senior Physiotherapist in ED was upgraded to Clinical Specialist providing early treatment for acute musculoskeletal injuries and developing the role of facilitating discharge.

Obesity Clinic

A pilot obesity clinic was set up this year by the Clinical Nutrition and Physiotherapy Departments to provide an alternative approach to the management of obesity. The first programme was completed in December and the service will be audited and reviewed in 2006

Head and Neck Cancer Service

An additional senior Clinical Nutritionist and Speech and Language Therapist were approved in July to address deficits in provision of these services to the Head and Neck Cancer Unit. This resulted in an increase of 100% in Clinical Nutrition activity and a much improved Speech and Language Service in Maxillo-Facial Oncology in latter half of 2005.



Philomena Flood
MANAGEMENT UNIT / CLINICAL DIRECTOR

Patricia Reilly
ADMINISTRATOR

01
COMPREHENSIVE SPEECH AND LANGUAGE THERAPY SERVICES ARE PROVIDED

02
PHYSIOTHERAPY STAFF HAVE A RANGE OF EQUIPMENT IN THE DEPARTMENT'S GYM TO HELP IMPROVE PATIENTS' MOBILITY.

Research, Study and PR

SCOPE hosted a successful Oncology Study Day when renowned speakers and delegates from all over Ireland working in various Health Service Agencies attended.

A research seminar was held in September at which each of the five Departments presented their research project. The SCOPE PR Group organised a number of events including lunchtime talks and fun events for staff, and the SCOPE Mission Statement was launched in December.

Service Planning, Change Management, Clinical Supervision and Clerical Staff Training were some of the courses undertaken by SCOPE staff, funded through the Action Plan for People Management. SCOPE also participated in Team Based Performance Management and implemented three pilot projects teams

CLINICAL NUTRITION

The Department of Clinical Nutrition provides an inpatient and outpatient service including nutritional assessment, nutritional support, nutrition /dietetic counselling for patients requiring medical nutrition therapy and education for carers, family members and hospital staff. Six BSc Human Nutrition and Dietetic students were trained in 2005.

Group education sessions were set up in 2005 in the Diabetes Day Centre to deal with the increasing number of patients newly diagnosed with type-2 diabetes awaiting their initial individual consultation with the clinical nutritionist and the clinical nurse specialist. Patients' satisfaction with the new service will be assessed in 2006.

Increased staffing in 2005 allowed provision of a nutrition service to all medical oncology/haematology patients in the HOPE Directorate and improved service to HODC oncology patients.

A Clinical Nutrition service to Cherry Orchard, Unit 5, run by the MedEl Directorate, commenced in January 2005 and outpatient clinics were held for Chest Pain Assessment Unit patients.

A computerised system for therapeutic diets was introduced with the Catering Department to improve delivery systems and ensures that patients receive prescribed diets and supplemental items ordered by the Clinical Nutritionist. The membership of the multidisciplinary catering committee also grew to include representatives from CNMs, nursing staff and ward catering staff.

A number of audits were also carried out over the year. These included an audit to review the calcium, phosphate, P.T.H., calcium phosphate product and alkaline phosphatase levels of patients with stages four and five C.R.F. in and compare the results with the K./D.O.Q.I. 'Clinical Practice Guidelines for

Bone Metabolism and Disease in Chronic Kidney Disease, 2003'. There was also an audit of labelling system for special diets and an audit of coeliac clinic to examine current service provision and identify the need for greater flexibility of access for patients.

MEDICAL SOCIAL WORK

The number of Senior/Team leaders grew by four within the Medical Social Work Department during 2005 as a result of new and upgraded posts in the ED, Outpatient Oncology for Phase 1H, NCHCD and MedEl. In addition, two Bereavement/ Organ Retention posts created in 2000, were made permanent, as was the post for long-term Temporary Bed Initiative. These developments greatly enhanced the Department's capacity.

The national ratification of Competencies Documentation for Medical Social Work grades early this year gave direction for the commencement of Continued Professional Development portfolios for each medical social worker.

In dealing with the transfer to long term care of patients at St. James's Hospital, the Department also experienced some of the greatest pressure in 20 years created by conflict between the rights of these patients, national issues surrounding the funding of their care and the need experienced by those awaiting admission.

Following the publication of the Madden Report on the Dunne inquiry into organ retention, an audit of the Social Work Department processes showed that compliance with all requirements and recommendations had been in existence since the inception of the Bereavement/ Organ Retention service in the Department in 2000.

A new brochure on the Social Work Department was designed and published in the autumn. A new Standardised Initial Psycho-social Assessment Form was designed for piloting in 2006 and Department staff in the GUIDe service translated information leaflets into six languages to facilitate work with patients and their families.

New processes for intervention were introduced after a study assessing the rehabilitation of patients after bone marrow transplant showed that they could benefit more from the social work service following discharge than during their inpatient period.

Within SCOPE, the Medical Social Work made submissions on new developments proposed for the Burns, Radiotherapy, Nephrology and TB areas and contributed to the national Social Work Census Survey undertaken by the National Social Work Qualifications Board.



03

Education & Research

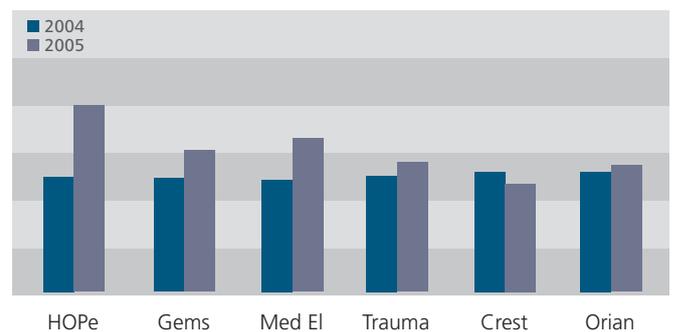
All professional staff in the Department undertook a specifically tailored course entitled Loss Counselling In The Acute Setting. St. James's Hospital participation was a pilot for a prospective national programme for all staff of Social Work Departments in hospitals.

A two-day intensive training course was undertaken by 10 social workers, principally the team in GUIDe in the Rape Crisis Centre. Two HIV Multidisciplinary Courses were given by members of the Medical Social Work team in conjunction with GUIDe nursing staff for participants outside the Hospital.

OCCUPATIONAL THERAPY DEPARTMENT

Occupational Therapy (OT) services enable those who are temporarily or permanently disabled to be as independent as possible in their everyday lives. Therapists in the acute setting work to minimise impairment and maximise independence with a significant focus on discharge planning and the patient's return to their home environment.

Referrals to Occupational Therapy



Activity increased by 27% on 2004. Referrals to OT rose 43% from the HOPE Directorate, 15% from GEMS, and 27% from MedEI.

A Practice Tutor post was created this year to enhance students' learning during their placement and to provide practical support to supervising clinicians.

A five-day Clinical Supervision Course was completed by all senior staff helping them provide support and learning as well as ensure accountability to all staff in the OT.

PHYSIOTHERAPY DEPARTMENT

The Physiotherapy service identifies and maximises a patient's movement potential through promotion, prevention, treatment and rehabilitation. Services are provided to patients of the Hospital and local GPs.

In 2005, a total of 44 physiotherapists, 10 assistants and four clerical staff received 7,151 inpatient referrals and provided 71,285 treatments. 20,558 treatments were provided to 6,740 outpatients. An additional Clinical Tutor post was approved for the Department.

Physiotherapy's Neurology outpatient service was expanded to four afternoons a week this year for patients suffering from neurological disorders. An MS class was also set up.

A new post was appointed to provide a physiotherapy service to the residents of Aspen ward/Ward 5 Cherry Orchard Hospital, aiming to improve residents' quality of life and maintain and maximise their level of mobility and functional ability for as long as possible.

A Parkinson's clinic ran regularly in the Robert Mayne Day Hospital in conjunction with the Multidisciplinary team. The benefits shown from exercise for this group of patients was encouraging and a proposal will be compiled in 2006 for a cardiovascular Parkinson's class which is intended to be the research component of Senior Physiotherapist Maura O'Sullivan's MSc in Sports Physiotherapy.

The Respiratory Assessment Unit (RAU) has continued to develop the Pulmonary Rehabilitation Programme, clearing a waiting list of RAU patients and enabling this service to be extended to all patients attending a respiratory consultant in St. James's Hospital. The RAU team also worked with Senior Clinical Photographer Anthony Edwards and Paul Quinlan from the Department of Surgery to develop a video for COPD patients. Designed as an alternative to written material, it is hoped that it will improve long-term compliance with the Pulmonary Rehabilitation Programme.

There was an implementation of a DNA policy in the Physiotherapy Department and a comment card was prepared for the general outpatient dept in an effort to improve efficiency and investigate patient satisfaction.

SPEECH AND LANGUAGE THERAPY DEPARTMENT

Overall Speech and Language Department activity increased by 2%, with an increase of 12% in outpatients treated.

Following involvement in a European Initiative, the Department further enhanced a Supported Conversation model of therapy was enhanced for MedEl's Aphasia patients and their carers.

The Parkinson's and PEG clinics continued to run smoothly as joint initiatives.

During 2005, it became clear that increased demand for Speech and Language Therapy services were outlined and will become apparent in the areas of Internal Medicine, ICU/HDU and Upper GI Cancer.

A joint Clinical tutor post between Trinity College and St. James's Hospital delivered more streamlined, quality clinical placements for students. Staff attended relevant courses throughout the year and arising from funding secured through the Action Plan for People Management will attend a Professional Supervision Training Course in 2006.



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. The Pharmacy Department provided all pharmaceutical services to both St. Luke's Hospital and Our Lady's Hospice. All areas experienced an increase in activity during 2005.

The Emergency Duty Pharmacy Service – available for urgent, out-of-hours supply of medication or information to staff at this and affiliated hospitals – saw a continued rise in calls from external hospitals without similar facilities and in the emergency supply of items during weekend opening hours.

The 2005 edition of the Hospital's Prescribers' Guide was published in July. Extensive work was undertaken on updating and adding to intra-venous drug administration guidelines for wards. 26 new drug monographs were produced. Quality assurance checks continued to facilitate publication of these on the intranet early in 2006.

A pilot project commenced looking at Clinical Pharmacists' workload and activity using PDAs and software designed to capture this data. The pilot will be completed is due for phase 1 completion next year.

Extra space was allocated to the Department this year, facilitating increased stock of some critical safety items and approval was given for an extension that will increase storage capacity.

DISPENSARY AND DISTRIBUTION SERVICES

The Dispensary continued to provide the top-up service to the Hospital in 2005. The Hospital's drugs spend increased significantly (up 15%) in 2005 while number of items dispensed increased by 4%.

The Pharmacy Department dispensed 3,530 different product lines in 2005. 100 lines accounted for approximately 71% of the drug spend. Pharmacy tendering and price negotiations with suppliers were targeted at these high cost / high usage lines to achieve best value.

Significant EU tenders including antineoplastic drugs, antibiotics and intravenous fluids were completed. The Pharmacy and Infection Control Departments were involved in a tender to select a suitable alcohol gel for hand hygiene, to be rolled out across the Hospital in early 2006.



Prof. Kamal Sabra
DIRECTOR OF PHARMACEUTICAL SERVICES

Ms. Veronica Treacy
CHIEF 1 PHARMACIST

Ms. Sandra Conaty
BUSINESS MANAGER

01

ST. JAMES'S HOSPITAL PROVIDES A VAST RANGE OF IMPORTANT MEDICATIONS FOR PATIENTS

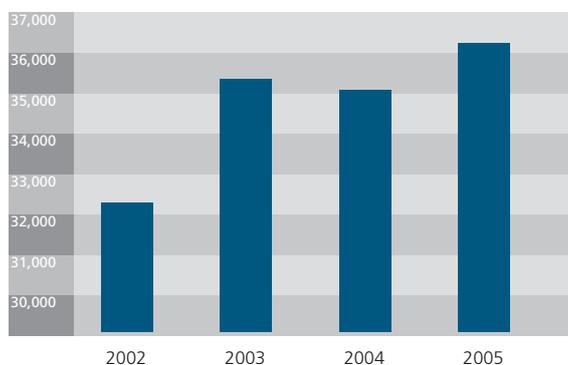
02

STAFF AT THE ASEPTIC COMPOUNDING UNIT PREPARE MEDICATION IN A STERILE ENVIRONMENT

03

ASSEMBLING MEDICATION REQUESTS AT THE HOSPITAL'S DISPENSARY

Number of Items Dispensed



ASEPTIC / COMPOUNDING SERVICES

Compounding Units reconstitute cytotoxic drugs, antibiotics and other sterile products using modern isolator and clean room technology, maximising health and safety measures for patients and staff. The Department manages three Compounding Units – one in the main Pharmacy Department in Hospital 7 – and satellite units on Denis Burkitt Ward and at St. Luke's Hospital.

The main Unit at Hospital 7 manufactures a broad range of cytotoxic and other sterile products for patients here and at St. Luke's Hospital. The demand for this service from Haematology/Oncology continued to rise. Increases in clinical trial activity also led to increased demand.

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 to ensure drug supply and prescription review.
- Involvement in consultant-led ward rounds in some specialist areas.
- Educating inpatients (and outpatients when appropriate) about medication prior to discharge.
- Provision of education record cards and patient information leaflets to enhance compliance with complex medication regimens.
- Liaising with Community Pharmacists to ensure that supply problems do not arise on discharge.
- Liaison with specialist medical and nursing staff to review prescribing guidelines for the Hospital.
- In-house medicines information service for clinical staff, accessed via Ward Pharmacists during Pharmacy opening hours.

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 for Walter Stevenson Ward, Burkitt Ward and Private 1 Ward. HOPE Pharmacists also review medications for the inpatients of HOPE clinicians on other wards.

A near-patient Clinical Pharmacy Service was developed at the Haematology/Oncology Day Care Unit. It carries out primary-secondary interface liaison and patient medication counselling.

The supply of chemotherapy to the Day Care Unit proved easier during 2005 following the reopening of the compounding unit at Denis Burkitt Ward in 2004.

GUIDe PHARMACY SERVICES

In the 2003 – 2005 period, the GUIDe Pharmacy Department experienced a 25% growth in numbers of patients receiving antiretroviral and other HIV-related medications at the three-weekly HIV Clinics and the once-weekly HIV Co-infection Clinic.

This Department has sole responsibility for dispensing these medications to patients before and after discharge. It also attends the Consultant HIV Ward Rounds and provides a daily clinical service. It also counsels HIV patients about their drugs and maintains their pharmacy records for drug regimens, side effects and resistance patterns when they become outpatients.

All clinical trial drugs used within the HIV service were also dispensed. GUIDe Pharmacy staff had an active role in counselling patients involved and in keeping up-to-date records of ongoing trials.

Pre-packed and individually dispensed medications and an information service were provided to ensure safe and effective prescribing at the STD Clinic. The Infectious Disease Pharmacist attended the Consultant ID ward rounds and managed the weekly Infectious Diseases Clinic.

EDUCATION AND RESEARCH ACTIVITIES

The Department is involved in ongoing teaching for undergraduate and postgraduate pharmacy students, nurses and medical students. The Servier Award presentation to Aoife Lucey for her project on "Developing a Database of all Hospital Pharmacy Practice Activities (published or otherwise) in the Republic of Ireland" took place in April at the Hospital Pharmacists Association of Ireland Annual Education Conference. She also successfully completed her MSc in Hospital Pharmacy (TCD) as did Norma Harnedy (Aberdeen) and Roisin Adams (Queen's University).

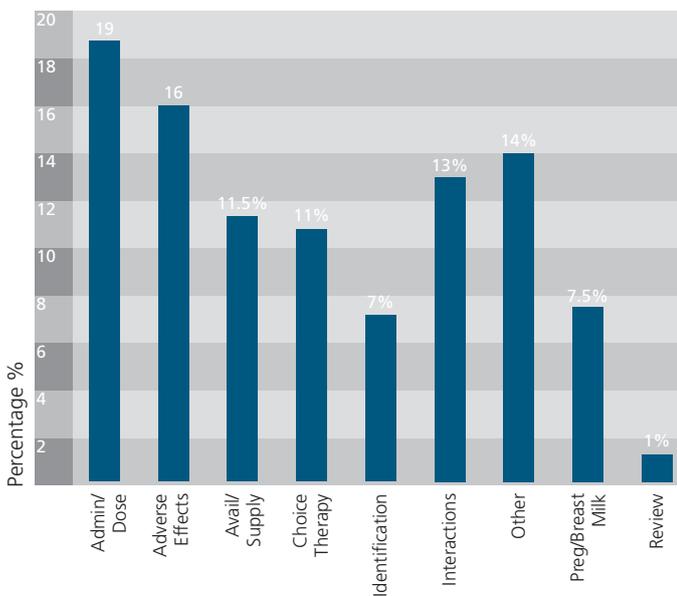
The Mary Harte Memorial Prize was awarded to Aoife Fleming for her pre-registration pharmacist's project entitled "Validation of Hand and Glove Sanitisation Procedures in the Aseptic Compounding Unit at St. James's Hospital."

NATIONAL MEDICINES INFORMATION CENTRE (NMIC)

Claudine Hughes | **Prof. John Feely** | **Prof. Kamal Sabra**
 CHIEF PHARMACIST | MEDICAL DIRECTOR | PHARMACEUTICAL DIRECTOR

The NMIC, which provides 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, noted an increase in information requests during 2005, particularly for the issues of administration/dose, adverse effects and drug interactions.

Information Category 2004-2005



The NMIC provided medicines information with its bi-monthly therapeutics bulletin and the monthly current awareness newsletter "Therapeutics Today". Topics covered in 2005 (vol.11) included Acute Coronary Syndrome, Attention Deficit Hyperactivity Disorder, Hormonal Contraception, Dementia and Pain. All NMIC publications are circulated to doctors and pharmacists nationwide and are available on www.nmic.ie/

CENTRE FOR ADVANCED CLINICAL THERAPEUTICS (CACT)

Dr. Mary Teeling | **Prof. John Feely** | **Prof. Kamal Sabra**
 DIRECTOR | MEDICAL DIRECTOR | PHARMACEUTICAL DIRECTOR

The CACT provides education to enable healthcare professionals and the pharmaceutical industry keep up-to-date with advances in the pharmaceutical area.

During 2005, the centre continued to work with the Department of Pharmacology and Therapeutics, Trinity College and the School of Pharmacy, University College Cork in the running of its two postgraduate courses – the Postgraduate diploma/MSc in Pharmaceutical Medicine and the Higher diploma/MSc in Clinical Pharmacy (by distance learning) respectively. The first intake of students for each course will graduate in 2006. Several short courses, including clinical research methods, interpretation of clinical studies, aseptic preparation, pharmacoconomics and an update on cardiovascular diseases were held in 2005.

Further details of the postgraduate courses and information on forthcoming short courses are available on the Centre's website at www.cact.ie

NATIONAL CENTRE FOR PHARMACOECONOMICS

Dr. Michael Barry
 CLINICAL DIRECTOR

The National Centre for Pharmacoeconomics (NCPE) was established in Ireland in 1998, is funded by the Dept. of Health and Children and is based at St. James's Hospital.

The Centre promotes expertise in Ireland for the advancement of the discipline of Pharmacoeconomics through practice, research and education. Its activities include economic evaluation of pharmaceutical products and the development of cost effective prescribing.

The NCPE also carries out research, focussing predominately on the economic analysis of high cost therapies, such as treatments for peptic ulcer disease, heart failure, HIV therapy and lipid lowering therapy. The Centre also contributes to the undergraduate pharmacology curriculum and post-graduate training.

This year, the NCPE published the European Pharmaceutical pricing and Reimbursement Strategies (2005) document, which is a comprehensive review of European pharmaceutical pricing and reimbursement policies.

This and a full list of other publications are available and can be seen on the Centre's website (www.ncpe.ie).



MEDICAL PHYSICS & BIOENGINEERING



Prof. Jim F. Malone
HEAD OF DEPARTMENT

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

01/02

ADVANCED TECHNIQUES DEVELOPED IN MPBE ASSIST IN DIAGNOSIS OF AND SUPPORT NEW TREATMENTS FOR CONDITIONS SUCH AS CANCER

03

THE NEW PET-CT SCANNER

INTRODUCTION

The Department of Medical Physics & Bioengineering (MPBE) is the Hospital's technical and scientific resource for medical equipment issues. The Department's activities include project management, system commissioning, safety functions, equipment management, quality assurance, education and research. The Department experienced increased demand in all these areas, reflecting the increasing complexity, range and quality of clinical procedures and services provided by the Hospital. Meeting these demands into the future requires the maintenance of a very strong, broad scientific and technical base within a culture of innovation. A new Chair of Medical Physics post was approved in 2005 which will underpin these activities and direct the Department into the future.

DEVELOPMENTS

Radiotherapy

131I MIBG therapy for the treatment of malignant neuroendocrine tumours was initiated, with MBPE providing physics support and radiation protection services. This is the first 131I MIBG therapy service in Ireland and was a further expansion of the existing radionuclide therapy service. Physics support was also provided for Radio iodine ablation therapy and for 90Y Zevalin therapy for non-Hodgkin's lymphoma, both of which showed strong clinical demand.

PET-CT

St. James's Hospital was chosen as the site for the first public PET-CT in Dublin, with MPBE contributing to site planning, radiation protection advice and system specification.

Commissioning

Major commissioning projects completed included Phase 1H and developments at the Emergency Department. A Clinical Engineering Technician is now assigned full time to the Emergency Department. The expansion of the Surgical Day Service saw an emphasis on the introduction of minimally invasive systems. In Diagnostic Imaging, MPBE commissioned a new 64-slice CT and a Digital mammography system.

MPBE project-managed the roll out of the CareVue clinical information system to ICU, and the DEIO clinical information system to theatre.

PaRIS / EPR

MPBE continued to project manage the PaRIS/EPR project. Major installation works were completed and testing started, with go-live scheduled for 2006.

External Services

MPBE provides an external service function, providing radiation protection advice, clinical engineering and medical physics services to 40 hospitals throughout the country and 250 dental practices. Quality assurance on 450 X-ray systems was carried out and 50 new systems were commissioned.

MPBE developed material for the International Atomic Energy Agency (IAEA) website on Dental Radiology and DEXA scanning. MPBE members sat on the Board of the Radiation Protection Institute of Ireland, on International Electrotechnical Commission (IEC) technical committees and the European Commission Group of Experts on Radiation Protection.

RESEARCH ACTIVITIES

E-Medi

MPBE's involvement in the European Commission funded E-Medi e-learning project continued in collaboration with radiologists in Diagnostic Imaging. This project will see the development of an on-line teaching tool in mammography.

SENTINEL

MPBE contributed to and co-ordinated working groups on SENTINEL, an action funded by the European Commission relating to dose, image quality and efficacy in Digital Imaging. MPBE input to SENTINEL has particular emphasis on mammography, interventional radiology and cardiology, DEXA, and dental radiology.

Ocular Microtemor

A programme of research in Ocular Microtemor was initiated in association with Mercer's Institute for Research on Aging (MIRA).

MSc

MSc level research was completed by MPBE trainees on Ultrasound Tissue Harmonic Imaging and Ultraviolet Therapy Unit Testing.

EDUCATION/TRAINING

The Department co-ordinates the MSc in Physical Sciences in Medicine in TCD, with two MPBE trainees graduating in 2005. MPBE have also driven the development of a national training scheme for medical physics.

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 to the BSc in Environmental Sciences and Health at DCU.

MPBE members contributed to new guidelines under development by the Institute of Physics and Engineering in Medicine on the Electrical Safety of medical systems, and to



International Electrotechnical Commission (IEC) publications on radiographic equipment standards.

For the second year running a cum laude award for an e-learning presentation by MPBE on MRI physics was received at the Radiological Society of North America in Chicago.

The Department also ran one-day courses in Laser Safety and in Radiation Protection for Non-Radiology Medical Practitioners and Hospital Personnel.



GENERAL SUPPORT SERVICES DEPARTMENT



Padraic Carolan
GENERAL SERVICES MANAGER

INTRODUCTION

General Support Services (GSS) provides crucial support to underpin successful, safe and effective operation of activity across the Hospital. Services include the Catering Department, Housekeeping Services, Linen Services, Security and Allied Services, Chaplaincy, Portering, Communications and Environmental Services.

CATERING DEPARTMENT

The Catering Department continued to review its services this year to meet the ongoing expansion of the Hospital, its specialties, the ethnic mix and an increasing throughput of staff and visitors. In parallel, the Catering Management /Staff Partnership Committee was formed with a joint agenda. Various matters within the Department have been addressed.

During the year and in conjunction with the Nutrition and Dietetics Department, a new dedicated diet label system was introduced for patients in need of special diets.

Trials commenced in three Hospital wards on a new patient menu enhancing the range of dishes available for selection and which are also suitable for patients on modified diets. The feedback from these trials will assist in the design of a revised menu for all wards.

A new fresh-made sandwich service commenced this year in the Rialto Room coffee bar – one of four coffee bars operated by the Department in addition to the Garden Hill Restaurant for staff.

HOUSEKEEPING SERVICES

All patients, visitors and staff have a right to and expect clean, tidy and hygienic Hospital surroundings. Cleanliness of the environment plays a role in controlling infection and enhancing patient well-being. Quality improvement and maintenance of high standards by Housekeeping Services staff were recognised externally in 2005 with the Hospital's second placing in the first National Hygiene Audit of healthcare facilities.

During the year a Cleaning Task Force was established to examine the structure of Housekeeping Services in all Hospital areas to evaluate the delivery of a clean Hospital with regard to the management of the Department, its resource requirement, standards, skills, quality control and development.

The in-house and contract cleaning services were amalgamated again this year under a single management structure, as existed prior to 1998.

The Department maintained its close relationship with the Infection Control Department in relation to the environment, protocols and procedures and training in Infection Control measures.

LINEN SERVICE

The Linen Services Department expanded its activities during 2005.

In addition to coordinating the receipt and distribution of the Hospital's linen the Department carries out various laundry services including personal clothing for long-stay patients in the Care of the Elderly area, laundering of curtains as part of a programmed service for the entire Hospital, a uniform laundry service for certain departments and an expanding service for the laundry of mop heads for the Housekeeping Department facilitating the rolling out of the new mopping system. Miscellaneous seamstress services are also provided.

SECURITY AND ALLIED SERVICES

The Department is delighted with the opening of the dedicated security control facility located within the new Hospital complex which now monitors 24 hours most CCTV throughout the Hospital and provides centralised communications for all security activity. The continued roll-out of CCTV and access control systems is further enhancing Hospital-wide security.

Hospital Watch, a hospital-based equivalent of Neighbourhood Watch, was launched in conjunction with An Garda Síochána in December.

Various members of staff benefited from training given under the auspices of Non Violent Crises Intervention which concentrates on defusing violent situations.

CHAPLAINCY SERVICE

Chaplaincy service staff belong to the main Christian Churches and respond to psychological and spiritual needs of patients and their families through both the in the administration of the Sacraments and through spiritual care and counselling, especially at times of anxiety, the terminally ill and with the bereaved.

The service operates 24-hours and has a 36-strong team of volunteers who serve as Ministers of Eucharist and assist in bringing communion to patients daily.

In 2005, the Chaplains attended over 900 deaths and made 120 pre-operation visits per week to patients who had requested it. Informal visits are made on wards by all

Chaplains. They work closely with the other health care professionals and should the need arise, counselling help is extended to other carers for the sick.

In addition to regular liturgical services at the Hospital Chapel, services are held on wards, in the mortuary and the Hospital Oratory during Advent, Lent and special occasions. Masses including a 'Candle Ceremony of Remembrance' ceremony were held during November for deceased patients' families. The same event was also celebrated for staff.

In December, the Guinness Choir were guests at the Carol Service held in the concourse.

A member of the Chaplaincy service chaired the Healthcare Chaplaincy Board and the National Association of Hospital Chaplains. The Chaplaincy also had a member on the Catholic Healthcare Commission.

PORTERING SERVICE

The Portering Service operates 24-hours, every day and works with all Hospital Departments. Services provided include the transfer of patients to and from wards and departments, a round the clock internal ambulance service for intra-Hospital movements including mortuary work, the collection and delivery of specimens, blood and blood products, charts, x-rays, pharmacy items and internal and external post.

Reception services are provided at various points on campus and porters operate acourier service throughout the city.

ENVIRONMENTAL SERVICES

The acquisition of a new roadsweeper in 2005 enabled the enhancement of the cleaning programme for the Hospital grounds.

During 2005, approximately 25 tonnes of domestic waste were produced at the Hospital every week and the Environmental Services Department worked to reduce the amount going to landfill. In partnership with the Hospital's contractors, recycling programmes were initiated for plastics and dry mixed recyclables (DMRs). It is hoped to expand this programme throughout the entire hospital during 2006.

Recycling of office and confidential paper increased in a three year period from four to 14 tonnes per month. Cardboard was recycled at the rate of 4.5 tonnes per week. There was a detailed study on improved segregation of clinical waste at source. Hospital food waste was composted and batteries and ink cartridges sent for recycling.



NURSING SERVICES



Ms. Eilish Hardiman
DIRECTOR OF NURSING

Ms. Catherine Deegan
COORDINATOR, NDPU

Ms. Deirdre Ryan
COORDINATOR, NDPU

Ms. Barbara Garrigan
DIRECTOR, CNE

01
NURSING STAFF AT THE ROBERT MAYNE DAY HOSPITAL

02
DEVELOPING SKILLS, NURSING STAFF PRACTICE THE CORRECT PROCEDURE TO TURN A PATIENT

03
A NURSE IN ICU CHECKING A SALINE DRIP

INTRODUCTION

Nursing Administration recruits, provides payroll, personnel administration, and professional development for Nurses and Health Care Assistants. It also provides out-of-hours Hospital management through Site Nurse Managers and the Night Nurse Management team. The Director of Nursing is Responsible for the Nursing Practice Development Unit (NPDU) and the Centre for Nurse Education (CNE).

The nursing vacancy rate remained a challenge throughout 2005 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 many initiatives and continuous professional developments in 2005.

NURSING PRACTICE DEVELOPMENT UNIT (NPDU)

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 Coordinators are supported by an Education Co-ordinator, four Clinical Support Nurses, a Tissue Viability Nurse Specialist, eight Clinical Placement Coordinators 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 staff also recognise the interdisciplinary nature of modern healthcare, which is reflected in its mission statement and vision and actively fosters a culture of collaboration with other professions such as Medicine, Pharmacy, Clinical Nutrition, Social Work, Occupational Therapy and Physiotherapy in developing and promoting best practice.

Support for practice development continued to be channelled through a committee structure and / or short-term working sub-groups with cross-clinical areas representation during 2005. This approach enabled nurses to constantly examine their practice, establish protocols, guidelines and competencies (in order to inform new practices) and provide staff education and assessment at clinical level.

A total of 19 committees, working groups and initiatives evolved or were further developed in 2005 and were instrumental in continuing to move practice forward through teamwork and the provision of study days & in-service training, where appropriate (see table)

NPDU committees, initiatives and working groups 2005

Nursing In- Service Education Group
Insertion and management of Naso-gastric/feeding Tubes
Management of Percutaneous Gastrostomy Tubes (PEG)
Male Urethral Catheterisation
Self Medication Programme (Care of the Elderly Units)
Promotion of best documentation Practices (to include development of new documentation/policies)
Tissue Viability Practices (to include development of wound guidelines and ongoing development of the Tissue Viability Link Nurse Education Programme)
Competency Development and streamlining of existing nursing competencies across the organisation
Tracheostomy Care (in close liaison with the Tracheostomy Safety Facilitator)
Review of Thermometry Methods
Review of Clinical Procedures
Review of Clinical Policies/Protocols and Guidelines
Review of IM Injection Techniques
Staff /Patient Assessment, Education and competency development in relation to inhaled medication
Development of a Bereavement Booklet
Intravenous Practices (Administration of Intravenous Drugs and management of related practices)
Venepuncture and Cannulation Education/training
Evaluation and further development of Rotation Programme for newly qualified nurses
Further support for CNMs/staff in relation to clinical review and portfolio development

Clinical Support Nurses (CNS)

The clinical support nurses continued to support CNMs in their role by focusing on the continuous development of all general surgical and medical nurses in the Hospital. They acted as both an internal and external agent in changing and developing nursing practice in the clinical area. This was achieved through the support of the NPDC, the NPDU team and CNMs/staff at clinical level.

Overseas Nurses - Adaptation Programme

An induction and adaptation programme for overseas nurse in St James's Hospital is coordinated by a CNS. This entails working closely with the Nursing Human Resources Manager and CNMs /clinical staff to ensure that these nurses meet the necessary criteria and clinical competencies to register with An Bord Altranais and continue to develop further knowledge and skills to meet the changing needs of their patients at clinical level. In 2005, 220 overseas nurses completed this induction and adaptation programme.

BSc Undergraduate Degree Programme

In addition to ongoing practice development work, the NPDU is responsible for co-ordinating the clinical components of the Undergraduate Degree Nursing 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.

St. James's Hospital has an average annual intake of 85 students and links closely with relevant staff from the School of Nursing and Midwifery, Trinity College, in the co-ordination, evaluation and ongoing development of the BSc Nursing Undergraduate Degree programme and promotion of an optimal clinical learning environment. The process also involves sourcing and co-ordinating appropriate practice placements for students, developing learning outcomes and facilitating competency and preceptorship study days for clinical staff (in conjunction with Trinity College, Centre for Nurse Education staff).

The wide variety of practice settings ensures that nursing students receive a diverse training and education which enhances the knowledge and skills required to inform practice and contribute to the ongoing advancement of the nursing profession and the changing needs of society.

CENTRE FOR NURSE EDUCATION (CNE)

The CNE provides post graduate education and training programmes and a range of short courses and in-service study days for nurses. It is also responsible for the remaining students completing the Registration / Diploma Programme in Nursing.

In 2005, 19 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 and Peri-operative Nursing. One student achieved a distinction.

A three-week course in Endoscopy Nursing was provided. Study days were provided for Clinical Nurse Managers, Clinical Nurse Specialists 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, and provided teaching input on a variety of programmes.

On February 16th 2005 Dr. Gerard Fealy, Director of Undergraduate Studies, Department of Nursing, UCD, delivered the Anne Young Memorial Lecture and nurses were presented with certificates and badges.F.E.T.A.C Awards were presented to the candidates who completed the first Healthcare Support Certificate on 21st June 2005. The second group of candidates have successfully completed the programme and a third group commenced in September 2005.



01

THE TANAISTE MEETS SPEAKERS, DELEGATES AND REPRESENTATIVES OF THE HOSPITAL AT THE CANCER CONFERENCE, 2005

WILLIAM STOKES POSTGRADUATE CENTRE

Dr Finbarr O'Connell
MEDICAL DIRECTOR

Mr Michael O'Hagan
ADMINISTRATIVE DIRECTOR

The William Stokes Post Graduate Centre is an independent post graduate centre based on the St. James's 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, St. James's Hospital and the broader south and southwest Dublin area. A wide range of meetings/seminars were 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.

In late 2005, Michael O'Hagan retired from his position as Administrative Director of the Centre. He had been closely associated with the centre since its foundation and he will be

greatly missed, both personally and in his long standing role of Administrative Director. Also in 2005, Emma McCabe was appointed Administrator of the Centre.

RADIATION ONCOLOGY SERVICES IN THE EASTERN REGION

Ms. Hilary Craig
REGIONAL COMMUNICATIONS AND HEALTH PROMOTIONS OFFICER

All areas of St. James's Hospital received word in 2005 of a successful conclusion of the year long effort to prepare proposals for presentation to the Department of Health and Children on the development of Radiation Oncology Services in the Eastern Region.

The Hospital demonstrated that it was the best option for the provision of improved Radiation Oncology services, in effect making the Hospital the main provider for comprehensive cancer care in the Southern part of the Eastern Region once the new centre is developed.

At the start of 2005, the halfway stage had been reached in preparations to present an analysis of existing cancer services at St. James's Hospital, treatment facilities, resources on the site, site development plans and patient access.

The bid team continued to engage with the Hospital's partners in care and other institutions in an effort to supplement and enhance the quality of information provided to make the case for citing the treatment centre for the southern part of the Eastern Region on the St. James's Hospital site.

Professor Donal Hollywood, Head of the Academic Unit of Clinical and Molecular Oncology, Trinity College Dublin, Chairman of the Expert group that produced the Development of Radiation Oncology Services in Ireland report and a leading national expert on radiation oncology, led the team. It also included Mary Coffey, Director, Division of Radiation Therapy in the School of Medicine, Trinity College Dublin. Also involved were a core team of Consultant experts in Oncology who worked tirelessly on the bid along with Management team members from Finance and GSS.

The Regional Oncology Programme Office's, Communications and Health Promotions Officer, project managed the process of bid submission. A site visit from international evaluators was requested and all Directorates, Departments, the Hospital's Management Team and staff mobilized to ensure that services demonstrated the high standard of care provided.

On July 25th, the Department of Health and Children announced the national network for Radiation Oncology services. It was decided that there would be four large centres and in Dublin, St. James's Hospital was awarded 13 linear accelerators to manage the southern part of the Eastern Region.

This success builds on the Hospital's position as a leader in the development of cancer services in Ireland. Staff have attained a unique level of sub-specialisation, within component specialities located in the Hospital. These specialities include the National Adult Bone Marrow Transplant Centre, the centre of excellence for the treatment of the haematological malignancies, the extensive treatment of solid tumours, and the accepting of tertiary referrals from all parts of the country, which continued to grow in 2005.

The Trinity School of Health Sciences, the Institute of Molecular Medicine and the largest cancer clinical trials office (CCTO) in the country are all based on campus. The creation of the Academic Unit of Clinical and Molecular Oncology based in the Trinity School of Health Sciences is the first of its kind to bring together all of the disciplines directly involved in clinical and molecular oncology. The School of Radiation Therapy, as the largest academic component, is pivotal to the development. The Academic Unit is sited between the School and the Institute of Molecular Medicine drawing together the scientific and clinical elements of education and practice.

Your Health is your Wealth programme

The Regional Oncology Programme Office, based at St. James's Hospital, created an initiative with the Dublin City Development Board (DCDB) and the Irish Cancer Society (ICS) to hold a series of meetings in the community across the Eastern Region to provide information on prevention and early detection of cancer. This programme was called 'Your Health is Your Wealth'.

In a multi-agency approach, experience and expertise was gathered from the DCDB, Regional Oncology Programme Office, the Hospital and the ICS, making it available on the ground level to community leaders, voluntary groups and members of the local communities enabling them to participate in a discussion about how best to prevent cancers.

THE HAUGHTON CENTRE

Mr. Jerry O'Dwyer
EXECUTIVE DIRECTOR
(UNTIL SEPTEMBER 2005)

Ms. Dara O'Mahony
EXECUTIVE DIRECTOR (ACTING)
(FROM SEPTEMBER 2005)

Ms. Marion Bruce
FINANCIAL CONTROLLER

The Haughton Institute is an independent corporate body wholly owned by its three members, Trinity College, St. James's Hospital and Tallaght Hospital. The Haughton Institute is a company limited by guarantee. It has charitable status and has a nine person Board consisting of three representatives from each of the partners.

The Institute develops and helps optimise the potential of Trinity College, St. James's and Tallaght Hospitals together, to contribute to postgraduate education, research, service development and consultancy in the health sciences.

The Institute enables its members to be more effective in achieving excellence in the activities in which they share common interest.

Postgraduate Education and Training

A major component of the Institute's activity is in facilitating the introduction and running of education and training programmes. These include formally validated MSc's and Diplomas provided through Trinity College which make extensive use of Hospital staff and facilities. In addition the Institute offers a wide range of short courses and skills training programmes in the areas which the College and Hospitals have achieved excellence. In some cases such programmes will be custom designed for particular clients. A conference management service is also available at the request of members.

Management and Funding of Research

The Institute offers a service in the management of research funds, complementary to the research policies of the Hospitals and College, and aimed at their staff involved in research contracts and related activities.

Research accounts ranging in size from €1,000 to €700,000 were managed this year, totalling approximately €5m. The Institute provides user-friendly administration and support of research contracts for staff and the agencies where they work through the cultivation of skills in the management these contracts with both commercial agencies and various International/National Bodies such as the EU. The Institute may act as contract holder and, where appropriate, as an employer of staff.

The Institute will help source the consultancy and service development required for clients. It may act as contract holder on behalf of individuals or group consortia in service development projects.

In October 2005, Elaine Hand, Biostatistician joined the staff of the Institute to provide a statistical service to research staff of the member organisations; in particular to staff within the Hospitals.



QUALITY INITIATIVE



Mr. Ian Carter

DEPUTY CHIEF EXECUTIVE OFFICER AND OPERATIONS MANAGER

01

AN ACCREDITATION TEAM MEETS TO DISCUSS THE PEER-REVIEW PROCESS

ACCREDITATION

2005 was a busy year for the St. James's Hospital Accreditation process, the self-assessment and external peer review process which accurately assesses performance compared to internationally recognised standards.

The 13 multidisciplinary Accreditation teams, including four management teams - Leadership and Partnership, Human Resource Management, Information Management and Environmental and Facilities Management, plus nine Care/Service Teams encompassing the Hospital's Directorate and non-Directorate specialties structure, met every two to three weeks. They engaged in an assessment of their services against standards and criteria set by the Irish Health Services Accreditation Board (IHSAB), which has responsibility for the Accreditation process.

In addition, the teams also had to identify opportunities for improvement and develop quality improvement plans (QIPs) to address these as well as collecting documentation and completing the self-assessments. This latter process involved much work outside the meetings structure. When complete, the self-assessments for each team were entered on e-assessment system, a live database maintained by IHSAB.

IHSAB provided Education sessions for staff on the Accreditation Process and these were well attended. The Accreditation Office also provided information sessions throughout the hospital to keep staff informed of the process.

By November, the self-assessments had been submitted and the Hospital commenced final preparations for the Peer Survey scheduled for early February, 2006.

RISK MANAGEMENT PROGRAMME

The Hospital's Risk Management Programme continued to promote a proactive risk management culture in the organisation. The process is managed by a Risk Management Committee, chaired by the Deputy CEO, which receives information and reports from sub-groups in respect of all risk issues. Overall corporate governance of the programme lies with the Safety and Risk Steering Group, a sub-committee of the Hospital Board.

Ongoing work continued to highlight the importance of risk reporting to staff at all levels in order to extend the culture of openness and ensure a just and fair system of risk analysis is practiced.

Root Cause Analysis (RCA) training was provided by the Risk Manager and Medication Safety Facilitator to Hospital line managers. This encourages local-level risk management and equips managers with skills required to analyse and identify risk issues.

A Tracheostomy Safety Facilitator was appointed in April 2005, making possible detailed analysis and severity grading of tracheostomy-specific risks. Collaboration with all groups of healthcare staff involved in tracheostomy use has enabled several

quality improvements to be devised and implemented. The Tracheostomy Safety Facilitator provides regular education and feedback on identified trends to all staff involved in tracheostomy care.

Monthly Safety and Risk audits were carried out to identify and recognise potential risks. Audits include documentation standards, infection control practices, health and safety issues, medication storage and administration, general cleanliness, technical services, information management, medical devices assessment and fire safety. Audit findings are communicated to the relevant departments and action is then taken to implement quality improvements necessary to reduce safety and risk hazards.

Risks reported from all Hospital areas are trended, analysed and quarterly reports were provided to each Directorate and Department by the Risk Manager. Distribution of quarterly bulletins to clinical staff also helped identify factors which contribute to risk and increased awareness of safety measures. The Risk Management Committee received regular Hospital-wide risk management reports.

PATIENT ADVOCACY COMMITTEE

The Patient Advocacy programme was created in 2000 to improve patients' perception of, satisfaction with and experience of St. James's Hospital services, as well as to ensure public (patient) empowerment.

The Patient Advocacy Committee (PAC) is a subgroup of the Hospital Board and is made up of four community representatives and four from the Hospital. Its main focus is to elicit patient experience of care from point of initial contact to discharge by evaluating convenience, environment, speed, accessibility, friendliness, provision of information and complaints.

Progress to develop a new patient, visitor and community-focussed newsletter had reached an advanced stage by the end of 2005. This will be announced early in 2006 and comes about as a result of feedback received from the PAC which indicated the need for a newsletter aimed at the community.

Patient Satisfaction Surveys 2005

The PAC commissioned Hospital-wide patient satisfaction surveys to ascertain the patients' experience of and level of satisfaction with Inpatient, Daycare, Outpatient and Emergency Department services.

The surveys aimed to identify areas of particular satisfaction and dissatisfaction enabling consideration of existing delivery structures and processes that may need change or improvement as a result of the level of dissatisfaction recorded. Areas where there was marked satisfaction could also be highlighted and maintained.

Community Consultation forum

By the end of 2005, a total of five Community Consultations had been held in local community settings. The purpose of these consultations is to provide an opportunity to meet with the people for whom the Hospital provides services in their own areas, away from the Hospital.

The meetings are structured to ensure that those in attendance have access to information, can learn about developments at the Hospital, contribute their views, debate ideas, participate in helping further develop services and feedback to the Hospital on areas where they believe improvements are needed.

PERFORMANCE INDICATOR PROGRAMME

St. James's Hospital tracks 120 performance indicators (PIs) in its programme within four broad categories and they are:

- Hospital-wide indicators
- Specialty-specific indicators
- Operational performance indicators
- Non-clinical indicators

The fifth meeting of the International Performance Indicator Programme Benchmarking Initiative, led by St. James's Hospital, took place in November 2005.

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

- Inpatient/Daycare – report presented to the Hospital Board, November 2005
- Emergency Admission pathway
- Acute MI
- Outpatient non-attendance
- Theatre utilisation
- Unplanned re-admission

The results of this benchmarking initiative continued to present to participating hospitals the opportunity to validate their own performance, identify best practice and share information on continuous quality initiatives. Participants are enabled to examine how 'best-practice' is structured. Higher performance values are the outcome and participants have the opportunity to reshape their structures and services based on identified best practice.

In addition to St. James's Hospital, the participants are:

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

MEDICATION SAFETY SERVICES

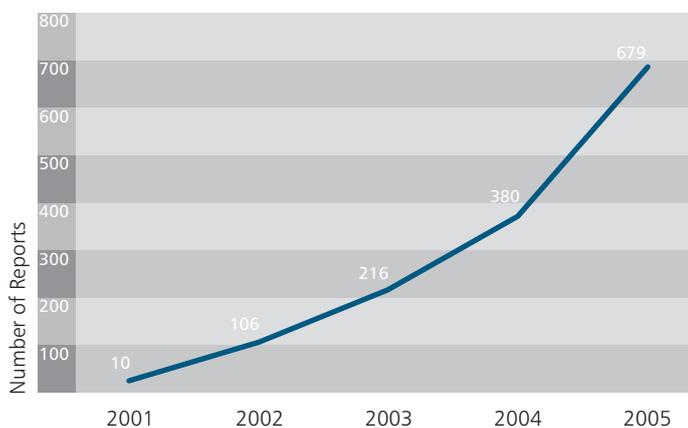
The permanent appointment of Chief II Pharmacist as designated Medication Safety Facilitator during 2005 confirmed the Hospital's pro-active approach to patient safety.

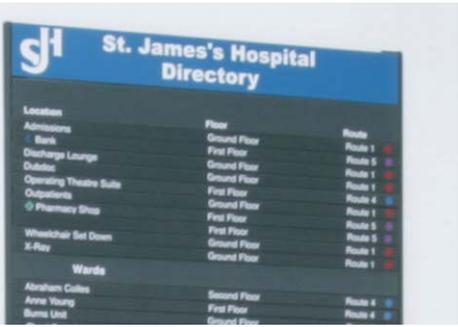
Trends in medication safety event reporting

The marked upward trend in reporting levels continued in 2005 with 679 medication safety events recorded, a rise of 79% on 2004 (Fig 1). The ongoing increase in reporting levels resulted from the development of targeted training and educational initiatives for clinical staff

The proportion of near-miss medication safety events reported has risen to an average of 28% of the total number, compared to 17% of events in 2004. A more open safety culture, where individuals saw the value of reporting issues which may affect patient safety in the future, was shown to be developing throughout the Hospital.

Figure 1 Number of Medication Safety Events Reported in St. James's Hospital 2001-2005





PLANNING & COMMISSIONING

INTRODUCTION

The Planning and Commissioning Department comprises the Technical Services, Energy Services and Fire services Departments.

It is responsible for managing the strategic development, construction, equipping and commissioning functions of all new or renovated facilities and infrastructure on the Hospital's campus, major and minor.

The Department controls and guides capital funded projects all stages from concept through to completion in accordance with public procurement protocols and procedures and does so in conjunction with steering committees and working groups comprising key stakeholders, including clinicians, nurses and patients.



Derek Russell-Hill
PLANNING & TSD MANAGER

Katrina Seery
COMMISSIONING OFFICER

Erc Kealy
ENERGY SERVICES OFFICER

PROJECT WORK

Developments in 2005 included the opening of new Day Centres for Endoscopy and Day Surgical Procedures in Phase 1H and the refurbishment of wards to improve patient accommodation (en-suite facilities etc.) and to provide additional isolation rooms in Hospital 5.

The conversion of part of the old Concourse and coffee dock area into the new Breast Care Centre and the redevelopment of decontamination facilities at the HSSU, to provide additional capacity and improved service, both reached an advanced stage in 2005.

The conversion of the former Surgical Day Ward treatment rooms into a Falls & Blackout Unit and establishment of a dedicated Dermatology, Neurology and Immunology outpatient facility in the former Health Care Centre were completed.

The appointment of a design team to develop an Outline Development Control Plan (ODCP) for the site was also completed.

ENERGY SERVICES

Energy Services is responsible for the secure, safe and efficient supply of utility services to the Hospital site. These utilities include electricity, natural gas, water and steam. The steam is used for space heating and humidification, domestic hot water and to supply the various Autoclaves located throughout the Hospital.

Energy Services manages the Combined Heat and Power Plant (CHP) which passed the 50,000 running hour mark this year and provided 30% of the Hospital's electrical requirement in an energy efficient manner.

Energy Services operates a comprehensive Building Management System, which controls and monitors virtually all the heating, chilling, air conditioning and domestic hot water plant on site. It also operates an Energy Monitoring and Targeting System, which interfaces with the Building Management System to provide management information on energy consumption for the various buildings on site.

Energy Costs 2005

The trend in rising costs continued with major increases for gas towards the end of 2005. Usage increased with gas and electrical consumption rising by 5% and 8% respectively. A major driver in the increase in electricity usage was the expansion of IT technology throughout the site, with the number of network points increasing from 2,100 in 2002 to 7,000 in 2005. The costs of various services are shown in the below table

Utility Costs 2005

Electricity	€1,180,500
Natural Gas	€1,500,500
Water	€322,000
Total	€3,003,000

Developments

The upgrading of the electrical distribution systems continued, with the emphasis on increasing reliability by replacing older equipment and providing more standby facilities. New developments were planned on the Building Management System to allow some local users to control their own environment using the main IT network system.

2005 was the first year of the onerous regulations brought about by the EU's Carbon Emissions Trading Directive. Hospital emissions for the year exceeded its licence but this is expected to be pulled back over the remaining two years of this phase of the CO2 Directive.

With the trend of rising energy costs, the anticipated reduction in allowable carbon emissions in the next phase of the CO2 Directive and the likelihood of increased site energy consumption, there is a major challenge in controlling energy bills over the coming years with corresponding expectations on staffs' responsibility to managing energy use.

TECHNICAL SERVICES DEPARTMENT (TSD)

Activity in TSD continued to increase during 2005, particularly at the Department's helpdesk where calls went up to 18,616 from 16,515 the year before.

Phase 1C of the St. James's Hospital building - itself approximately 20 years old - was the subject of a programme to install replacement heating equipment throughout plant rooms and to replace electrical equipment in the area's sub-stations. Similar replacement of heating equipment began in Hospitals 5 and 7.

The Department also worked to carry out refurbishment on the ground floor section of Hospital 1 and minor refurbishment works Kevins, Wilde and Victor Synge Wards.

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GEMS

Posters

Title: Peg-interferon in HCV infected haemophiliacs: HIV is not a negative prognostic indicator of response to antiviral therapy.

Authors: D Kevans, A Grogan, B Hynes, G Farrell, M Hannon, N Mahmud, B White, C Bergin, S Norris

Submitted: Irish Society of Gastroenterology Meeting, Croke Park, Dublin. (Nov 2005)

Title: Haematological supportive therapy enhances virologic outcomes to peg-interferon and ribavirin in HIV co-infected patients

Authors: D Kevans, A Qasim, A Grogan, B Hynes, G Farrell, N Mahmud, B White, C Bergin, S Norris

Submitted: Irish Society of Gastroenterology Meeting, Croke Park, Dublin. (Nov 2005).

Title: Hepatitis C in the Eastern Regional Health Authority: Results of a Multi Agency Consultation Event

Authors: S. Norris, S. McKiernan, H. Irish, et al

Submitted: Mainliners, Berlin November 2005

Oral Presentations

Helena Irish:

- 1 Presentation titled "HCV- The Irish Experience" at Mainliners Conference in Glasgow, Scotland. (Sep 2005)
- 2 Presentation titled "Hepatitis from A-G" Endoscopy Course SJH 2005
- 3 Member of Blood Borne Virus Forum: ongoing
- 4 Member of Hepatitis C Scientific Advisory Subgroup : ongoing
- 5 Member of Hepatitis C Forum HSE
- 6 Hepatitis C Regional Policy, SJH representative, awaiting publication

Anne Grogan: Presentation titled 'Hepatitis B – Where we are today' at the Irish Hepatology Nurses Association Meeting, ISG Conference, Limerick.

Barbara Hynes/Anne Grogan: Presentation titled 'Hepatitis and Treatment Options' to 30 staff members of Merchants Quay Open Access Services, Dublin. (Jan 2005)

Barbara Hynes/Anne Grogan: Presentation titled 'Hepatitis C Workshop' to the staff members of the 'Women's Health Project' and the East Coast Area of the Drugs and Aids service. (presented at Jury's Hotel, Ballsbridge).(May 2005)

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Research:

Assessment of the safety and usability of a new needle holder device. Tomas Breslin, Registrar in Emergency Medicine, Una Geary, Consultant in Emergency Medicine, Darragh Shields, Registrar in Emergency Medicine, Una Kennedy, Registrar in Emergency Medicine
A novel surgical instrument, for use in the suturing of simple wounds was evaluated in the Emergency Department setting by a team of doctors and Advanced Nurse Practitioners. Its use was also assessed using video analysis. The results of this evaluation were presented at two international emergency medicine conferences.

Presentations:

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U Geary, Presentation to the Irish Association of Emergency Medicine Meeting, Cork. October 2005

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- 2 The Introduction of Audit Software to St James's Hospital
- 3 A Very Good Muscle Route - Vento-Gluteal Site (prizewinner)
- 4 Inhaled Medication – Improving Knowledge Technique and Compliance

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