



2006

ANNUAL REPORT

OSPIDÉAL NAOMH SÉAMAS
ST. JAMES'S HOSPITAL



MISSION STATEMENT

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

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

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

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

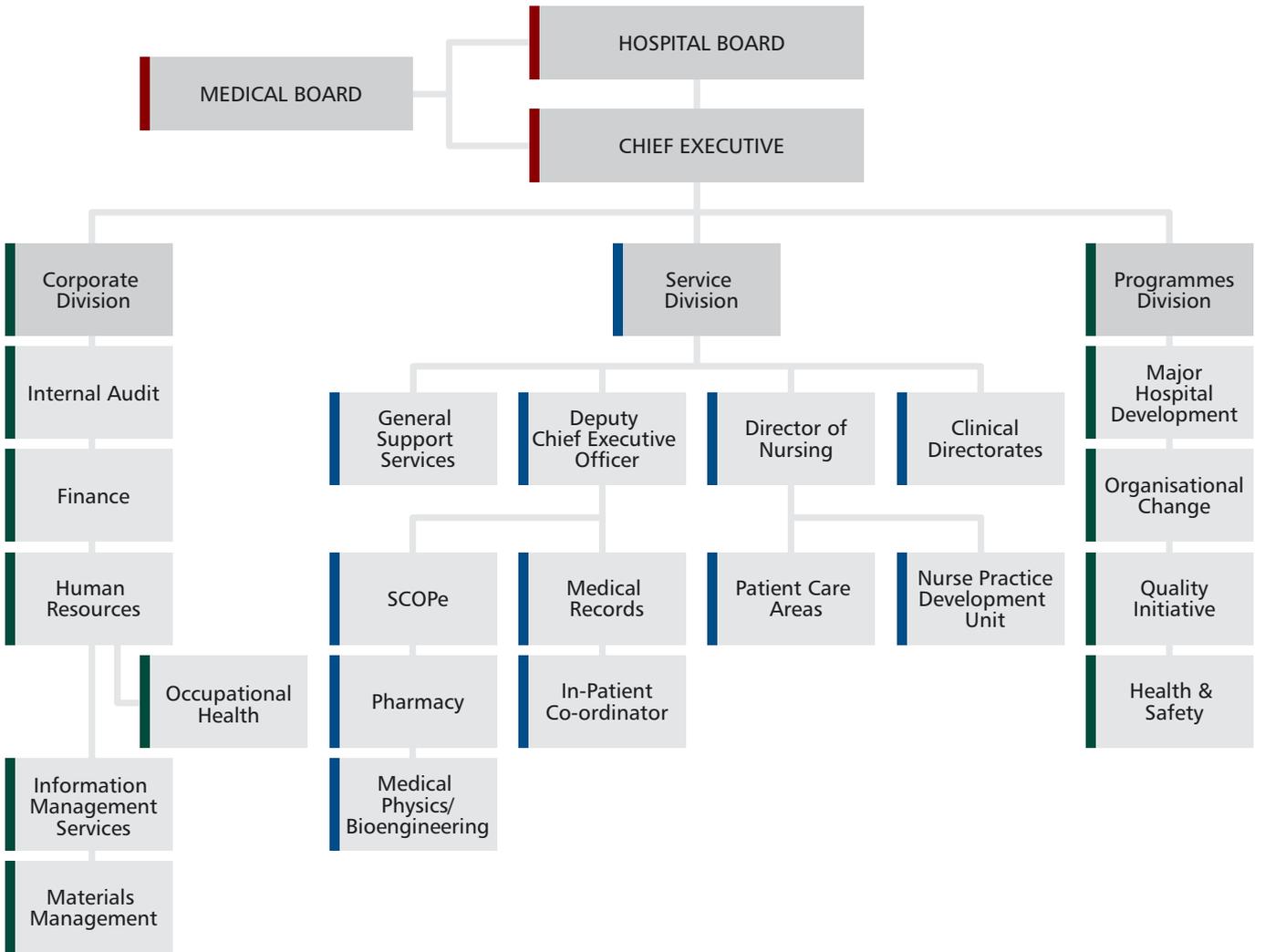
While preserving the primacy of patients in all respects, the Hospital recognises and accepts its responsibilities to a broader set of stakeholders that include government, the public and community generally, service key purchasers, staff and the many associated institutions in the health and education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

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

“ST JAMES’S HOSPITAL’S FUNDAMENTAL PURPOSE IS THE DELIVERY OF HEALTH TREATMENT, CARE AND DIAGNOSIS AS WELL AS HEALTH PROMOTION AND PREVENTATIVE SERVICES.”

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Hospital Board Membership 2006

Professor T Mitchell
Chairman of the Hospital Board

Dr L Barnes
Consultant Dermatologist

Professor R Byrne
Trinity College

Cllr M Donnelly
Dublin City Council

Professor D Kelleher
Trinity College

Mr J Kelly
Staff representative

Ms M MacGuinness
Staff Representative

Dr J Moriarty
Consultant Anaesthetist

Ms C Murphy
Ministerial Appointment

Professor C Normand
Trinity College

Professor F O'Kelly
General Practitioner

Professor J Scott
Trinity College

Ms K O'Neill
*Public Health Nurse,
Ministerial Appointment*

Mr P O'Reilly
Ministerial Appointment

Ms C Naughton
Ministerial Appointment

Executive Management Group 2006

Mr I Carter
Chief Executive Officer (Chair)

Ms E Hardiman
Deputy Chief Executive Officer / Operations Manager

Mr P Gallagher
Director of Nursing

Mr K Hardy
Director of Human Resources

Mr B Fitzgerald
Director of Finance

Mr M Buckley
Head of IMS

Mr C Robertson
Manager, General Support Services

Ms M Kenny
Materials Manager

Dr C Bergin
Clinical Director, SaMS Directorate

Dr K O'Byrne
Clinical Director, HOPe Directorate

Dr F O Connell
Clinical Director, CResT Directorate

Dr U Geary
Clinical Director, Emergency Directorate

Dr P Keeling
Clinical Director, GEMS Directorate

Dr J Moriarty
Clinical Director, ORIAN Directorate

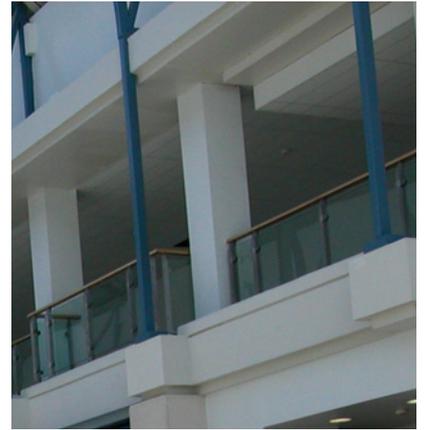
Dr M Keogan
Clinical Director, DiagIm

Dr B O'Connell
Clinical Director, LabMed

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| Dr Mark Abrahams | ANAESTHETIST | Mr Gary Fenelon | ORTHOPAEDIC SURGEON |
| Dr Mary Anglim | OBSTETRICIAN / GYNAECOLOGIST | Dr Joseph Fitzgerald | ANAESTHETIST |
| Dr Louise Barnes | DERMATOLOGIST | Dr Brendan Foley | CARDIOLOGIST |
| Dr Michael Barry | PHARMACOLOGY & THEREPEUTIC MEDICINE | Dr Patrick Freyne | RADIOLOGIST |
| Mr Eamon Beausang | PLASTIC & RECONSTRUCTIVE SURGEON | Dr Eoin Gaffney | HISTOPATHOLOGIST |
| Mr Cliff Beirne | ORAL & MAXILLOFACIAL SURGEON | Dr Una Geary | EMERGENCY MEDICINE |
| Dr Colm Bergin | INFECTIOUS DISEASES MEDICINE | Dr Noreen Gleeson | OBSTETRICIAN / GYNAECOLOGIST |
| Mr David Borton | ORTHOPAEDIC SURGEON | Mr Ron Grainger | UROLOGIST |
| Mr Terence Boyle | GENERAL SURGEON | Dr Elaine Greene | PSYCHIATRIST |
| Mr Frank Brady | ORAL & MAXILLOFACIAL SURGEON | Dr Mairead Griffin | HISTOPATHOLOGIST |
| Dr Paul Browne | HAEMATOLOGIST | Dr Michael Guiney | RADIOLOGIST |
| Dr Michael Carey | ANAESTHETIST | Dr Joseph Harbison | GERIATRICIAN |
| Dr Miriam Casey | GERIATRICIAN | Dr Marie Louise Healy | ENDOCRINOLOGIST |
| Prof Luke Clancy | RESPIRATORY PHYSICIAN | Prof Donal Hollywood | RADIATION ONCOLOGIST |
| Dr Susan Clarke | INFECTIOUS DISEASES MEDICINE | Dr Niall Hughes | ANAESTHETIST |
| Prof Davis Coakley | GERIATRICIAN | Dr Joseph Keane | RESPIRATORY PHYSICIAN |
| Dr Daniel Collins | ANAESTHETIST | Dr David Keane | CARDIOLOGIST |
| Mr Brendan Conlon | OTOLARYNGOLOGIST | Dr PWN Keeling | GASTROENTEROLOGIST |
| Dr Eibhlin Conneally | HAEMATOLOGIST | Prof Dermot Kelleher | GASTROENTEROLOGIST |
| Dr Elizabeth Connolly | ANAESTHETIST | Dr John Kennedy | MEDICAL ONCOLOGIST |
| Dr John Cooney | LIAISON PSYCHIATRIST | Prof Rose Anne Kenny | GERIATRICIAN |
| Dr Peter Crean | CARDIOLOGIST | Dr Mary Keogan | RADIOLOGIST |
| Dr Brendan Crowley | MICROBIOLOGIST | Mr John Kinsella | OTOLARYNGOLOGIST |
| Dr Vivion Crowley | CHEMICAL PATHOLOGIST | Prof Brian Lawlor | PSYCHIATRIST |
| Prof Michael Cullen | ENDOCRINOLOGIST | Mr Denis Lawlor | PLASTIC & RECONSTRUCTIVE SURGEON |
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| Dr Conal Cunningham | GERIATRICIAN | Dr Fionnuala Lyons | ANAESTHETIST |
| Prof Peter Daly | MEDICAL ONCOLOGIST | Mr Prakash Madhavan | VASCULAR SURGEON |
| Dr Tom D'Arcy | OBSTETRICIAN / GYNAECOLOGIST | Prof Shaun McCann | HAEMATOLOGIST |
| Dr Colin Doherty | NEUROLOGIST | Dr Deirdre McCoy | ANAESTHETIST |
| Dr Michele Doran | RHEUMATOLOGIST | Dr Conal McCrory | ANAESTHETIST |
| Dr Noreen Dowd | ANAESTHETIST | Dr Ronan McDermott | RADIOLOGIST |
| Dr Barbara Dunne | HISTOPATHOLOGIST | Mr Ted McDermott | UROLOGIST |
| Dr Patricia Eadie | PLASTIC & RECONSTRUCTIVE SURGEON | Dr Niall McEniff | RADIOLOGIST |
| Dr Carl Fagan | ANAESTHETIST | Dr Eilis McGovern | CARDIOTHORACIC SURGEON |
| Dr Ruairi Fahy | RESPIRATORY PHYSICIAN | Dr Eamonn McGuinness | OBSTETRICIAN / GYNAECOLOGIST |
| Prof John Feely | PHARMACOLOGY & THEREPEUTIC MEDICINE | Dr Susan McKiernan | GASTROENTEROLOGIST |
| | | Dr Eamonn McKiernan | ORTHODONTIST |
| | | Dr Geraldine McMahan | EMERGENCY MEDICINE |

| | | | |
|-------------------------|-------------------------------------|--|---------------------------------|
| Dr Mairin McMenamin | HISTOPATHOLOGIST | Dr Mark Ryan | RADIOLOGIST |
| Dr James Meaney | RADIOLOGIST | Dr Patrick Scanlon | ANAESTHETIST |
| Mr Brian Mehigan | GENERAL SURGEON | Dr Thomas Schnittger | ANAESTHETIST |
| Dr George Mellotte | NEPHROLOGIST | Prof Gregor Shanik | VASCULAR SURGEON |
| Dr Stanley Miller | RADIOLOGIST | Dr Bernard Silke | GENERAL PHYSICIAN |
| Mr Dermot Moore | VASCULAR SURGEON | Mr Hugh Smyth | ORTHOPAEDIC SURGEON |
| Dr Jeanne Moriarty | ANAESTHETIST | Prof Leo Stassen | ORAL & MAXILLOFACIAL SURGEON |
| Prof Fiona Mulcahy | GENITO-URINARY MEDICINE | Mr Richard Stephens | GENERAL SURGEON |
| Dr Cian Muldoon | HISTOPATHOLOGIST | Prof Conrad Timon | OTOLARYNGOLOGIST |
| Dr Eric Mulvihill | MICROBIOLOGIST | Mr Michael Tolan | CARDIOTHORACIC SURGEON |
| Dr Ross Murphy | CARDIOLOGIST | Dr Celine Traynor | ANAESTHETIST |
| Dr Siobhan Nicholson | HISTOPATHOLOGIST | Dr Elizabeth Vandenberghe | HAEMATOLOGIST |
| Prof John Nolan | ENDOCRINOLOGIST | Dr Peter Vaughan | ANAESTHETIST |
| Dr Beatrice Nolan | HAEMATOLOGIST | Dr Carmel Wall | ANAESTHETIST |
| Dr Suzanne Norris | GASTROENTEROLOGIST | Prof Michael Walsh | CARDIOLOGIST |
| Dr Sean O'Briain | HISTOPATHOLOGIST | Prof Bernard Walsh | GERIATRICIAN |
| Dr Kenneth O'Byrne | MEDICAL ONCOLOGIST | Dr Rosemarie Watson | DERMATOLOGIST |
| Dr Brian O'Connell | MICROBIOLOGIST | Dr Barry White | HAEMATOLOGIST |
| Dr Finbarr O'Connell | RESPIRATORY PHYSICIAN | Dr Graham Wilson | RADIOLOGIST |
| Dr Hugh O'Connor | OBSTETRICIAN / GYNAECOLOGIST | Mr Vincent Young | CARDIOTHORACIC SURGEON |
| Dr James O'Donnell | HAEMATOLOGIST | | |
| Dr Dearbhaile O'Donnell | MEDICAL ONCOLOGIST | | |
| Dr Margaret O'Donnell | PLASTIC & RECONSTRUCTIVE SURGEON | Legal and Banking 2005 | |
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| Dr Patrick Ormond | DERMATOLOGIST | Insurance Brokers | |
| Mr David Orr | PLASTIC & RECONSTRUCTIVE SURGEON | AON Ireland 10 / 12 Lansdowne Road, Ballsbridge, Dublin 4. | |
| Dr Ellen O'Sullivan | ANAESTHETIST | | |
| Mr Patrick Plunkett | EMERGENCY MEDICINE | | |
| Dr Jenny Porter | ANAESTHETIST | | |
| Dr Janice Redmond | NEUROLOGIST | | |
| Prof John Reynolds | GENERAL SURGEON | | |
| Dr Thomas Ryan | ANAESTHETIST | | |

INTRODUCTION FROM THE CHAIRMAN



Prof. Tom Mitchell
CHAIRMAN

The last year brought a major change in the senior management of the Hospital with the departure of John O'Brien on a five year secondment to the HSE. John has been associated with the hospital for more than twenty years. In 1992 he became Deputy CEO and in 1995 was appointed Chief Executive. He brought an unusually wide range of experience and skill to the post, and during the last ten years he has presided over a remarkable era of development at the hospital, which has brought an array of new facilities, major organisational changes, and the development of a range of specialities that has elevated St. James's to a leading position as a national provider of tertiary and fourth level services. I want to take this opportunity to thank him for his leadership and dedication, and to wish him well in his important new post.

The search for John's replacement began early in the year and resulted in the appointment of Ian Carter, the hospital's Deputy CEO. Ian was the Board's unanimous first choice and we all felt fortunate to have available a candidate of such wide experience and proven administrative ability. The post of Deputy CEO was subsequently filled by the appointment of Eilish Hardiman, former Director of Nursing at the Hospital. Once again we were fortunate to have an eminently qualified candidate with detailed knowledge of the operations of the hospital. The board is completely confident that the management of the hospital is now in secure hands.

The board itself received some new additions in 2006 with the appointment by Minister Harney of three new members; Carmel Naughton, Pat O'Reilly and Kitty O'Neill. Carmel is the former chairperson of the National Gallery and has contributed in a variety of ways to our cultural and educational heritage throughout the island. Pat O'Reilly is the former Head of the Educational Building Society and brings a wealth of business and management experience to the board. Kitty O'Neill is a Public Health nurse who works in the local area and has knowledge of the local communities and

of the health issues facing them which will be immensely valuable. We welcome our new members and value the wisdom and insight that they can bring to the board.

2006 was another good year for St. James's Hospital. The main developments are described in detail in the report, but I would like to mention a few that I think deserve to be highlighted. For the sixth year in a row, the hospital exceeded its service obligations and still managed to balance its books and, in fact, ended the year with a small surplus. This is no ordinary achievement at a time when the demands on services and the level of costs are constantly rising. Particular thanks are due to the Director of Finance, Brian Fitzgerald.

The overall quality of the hospital's services and management systems received several accolades during the year. The results of the Casemix review for 2006 rated the hospital the most efficient in the country, which brought with it a financial bonus of €1.8m.

In May the hospital celebrated the news that it had been awarded Accreditation by the Irish Health Services Accreditation Board. This came at the end of a long process of self-assessment/ peer review and involved staff right across the hospital who deserve high commendation for the commitment with which this important exercise was embraced. The pioneering work done in recent years under the leadership of Ian Carter in risk management and all aspects of quality assurance has paid rich dividends and the hospital's quality system is now one of its great strengths.

There are some lingering problems, common to the hospital system as a whole, which I find myself listing year after year and that still await an effective remedy. Foremost among them is the problem of bed capacity. St. James's, like most other hospitals, finds itself forced to operate with a bed occupancy of close to 100%, which goes against every principle of good practice and disrupts the workings of the entire hospital.

The bed crisis is partly the result of reductions in bed numbers in the eighties and increases in population and a changing age profile. But by far the most important cause is a major decline over recent years in the step-down, rehabilitation and long-term care facilities in the community. This has meant that large numbers of patients, who no longer require acute care, cannot be discharged and have to be left in hospital in most inappropriate conditions because they do not have available to them the form of ongoing care required.

This is the main reason why patients admitted through the Emergency Department often have to be kept on trolleys, why there are long waiting lists for elective procedures and why such procedures, even when scheduled, frequently have to be cancelled. It is also what makes the proper organisation of specialised care for the different forms of illness very difficult.

The ultimate solution to the bed shortage will undoubtedly require an increase in acute beds and greater efficiency in bed usage. But the most important part of the solution lies in

significantly expanding, as a matter of urgency, the supply of step-down and long-term care facilities. Some welcome efforts are now being made in that direction, but a great deal more is needed.

But despite these familiar difficulties I believe the outlook for St. James's is promising and exciting. It is on the cusp of another stage of major development that will greatly increase its service capacity, not only to the local community, but to the country as a whole. It will also strengthen its position as a centre of education and research and a provider of leading cross disciplinary specialist treatments for complex diseases.

An important achievement of 2006 has been the progression of the Outline Development Control Plan for the entire site, which will provide a blueprint for coordinated capital development for the years ahead.

Three projects are funded to proceed:

- The MedEl Directorate has developed plans for a Centre of Excellence for Successful Ageing, designed to build on the Hospital's long tradition in care of the elderly. This is a significant development which will create an innovative model centre, combining advanced services in the major areas of geriatric medicine with specialist training and front-edge research.

It can lead the way in establishing the new approaches to healthcare for the elderly, which will be necessary to confront the challenges that will come with longer life expectancy.

In December the project received a grant of almost \$20m from the International Foundation, Atlantic Philanthropies, towards the costs of the Centre. This is a huge vote of confidence in the merits of the proposal, and a great tribute to the team who have developed it, led by Professor Davis Coakley and Professor Rose Anne Kenny.

This initiative is a good example of the capacity of St. James's to create Centres of Excellence in key disciplines which can give the Irish public levels of care in crucial areas of medicine that are of true world standard. The Hospital must exploit this capacity in the interest of our healthcare services.

- A second project emerged in 2006, which further illustrates this point and the potential of many kinds growing within this hospital to advance medical knowledge and translate it into new methods of treatment. A team led by Professor Dermot Kelleher won an award of €22m in an international competition for a major Clinical Research Centre sponsored by the Wellcome Trust and the Health Research Board. The Centre will comprise a new building of 40,000 sq. ft and will also include the Institute of Cardiovascular Science and a Haemophilia/Hepatology in-patient facility.

It will make a comprehensive integrated programme of clinical research possible, especially in the areas of cancer, neuropsychiatric disease and immunology. The outcomes

will mean access for patients to the latest advances in diagnosis and treatment. This is a landmark development that means Irish clinical science is being recognised internationally as world class.

- The third project is the Cancer Care Centre and Radiation Oncology facilities awarded to St. James's after another competitive process in July 2005. Progress on this project has been slow, because the Government initially decided that it should be part of a PPP scheme. It is now scheduled for completion in 2013.

The model of cancer care represented by this development is widely recognised around the world as the superior way of treating the disease. It creates an integrated structure which brings together a concentration of experts from all the main disciplines involved in cancer treatment, who join forces in research, diagnosis and treatment to maximise the chances of conquering the disease. St. James's has been building its cancer resources for many years. The new facility will enable it to offer new hope to cancer patients.

All of these developments now in train clearly show that a key element of St. James's strategic plan must be to step up to international class as a creator, as well as a provider, of new and more effective methods of dealing with complex diseases.

To accomplish this, the hospital needs to combine with the resources of a university and a medical school so that research, advanced education and advanced services can all be made to work together to keep progress in medical care moving ahead. This is the thinking behind the proposal for the Trinity Academic Medical Centre, which I have mentioned at some length in previous Annual Reports.

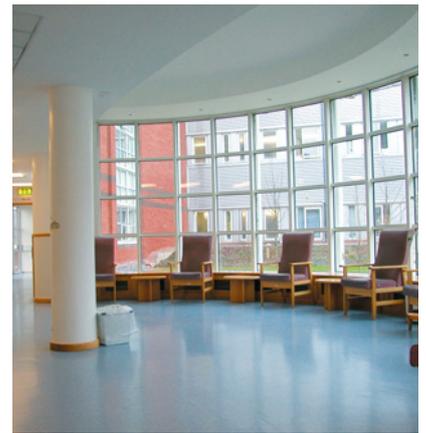
I believe totally in this union of education, research and service, and I am glad to report that important progress has been made over the past year, and there now seems to be a real chance that Trinity College, St. James's Hospital and the Adelaide & Meath Incorporating the National Children's Hospital will join in creating Ireland's first Academic Medical Centre.

Whatever the outcome, St. James's is fast becoming a vital resource for Irish health services, leading the way in clinical research and superior models of care. It must continue to meet its responsibility to keep building all of its many capacities.

Thomas N Mitchell

Chairman

REPORT FROM THE CHIEF EXECUTIVE



Mr. Ian Carter
CHIEF EXECUTIVE

I am happy to furnish this overview report on the Hospital's performance and development during the year 2006.

The primary executive and operational focus identified for 2006 centred on the achievement of planned levels of service delivery, within available finances and specified quality parameters. Once again performance outcomes for the year were highly commendable.

Overall patient volume targets across all key treatment groupings were met and, in fact, exceeded previous year outputs.

| | 2005 | Planned 2006 | Actual 2006 | 2005/2006 % Variance | Planned/Actual 2006 % Variance |
|------------|--------|--------------|-------------|----------------------|--------------------------------|
| Inpatient | 23388 | 22006 | 24355 | 4% | 11% |
| Day Care | 62492 | 48650 | 82406 | 32% | 69% |
| Outpatient | 167453 | 165872 | 171874 | 3% | 4% |

During 2006 full functionality of Phase 1H developments – Day Surgery, Endoscopy facilities and ward provision - was achieved. Continuing AMAU high value performance, successful collaboration with the NTPF and the transfer of patients inappropriately occupying acute beds, as well as ongoing appropriate pan-hospital control provisions, enabled noticeable treatment volume increases. Very necessary and significant access/wait time improvements were secured as a result of these achievements:

Inpatient

- 43% reduction in the average number of patients waiting in ED for bed accommodation (08:00hrs 2005:7 2006:4).
- 24% reduction in the total number of patients waiting for elective admission.
- 93% of all patient waiting < 4 months (31.12.06).
- Elective composition representing 26% of total admissions – April - November.

Day Surgery

- 16% reduction in the total number of patients waiting for treatment.
- 98% of all patients waiting < 4 months (31.12.06).

Endoscopy

- 120% increase in total number of patients waiting for treatment.
- 100% of all patients waiting < 4 months (31.12.06).

Identified additional day care treatment capacity/capability has also enabled significant treatment range/complexity increases. This is particularly evident within the specialties of Haematology and Oncology, where 91% of all treatments were undertaken on a day care basis during 2006.

Challenges

Whilst overall clinical volume and access performance outcome values have generally been very satisfactory, there remain certain external and internal factors that present significant challenges for existing hospital capacity and capability provisions.

ED attendances

- 6% increase in new attendances (05 / 06).

Admissions

- 5% increase in number of patients requiring emergency admission – reflecting both presenting volume and complexity value increases.
- Increasing ED complexity and complex surgical treatments undertaken particularly relating to cancer, have significantly increased requirement for critical care accommodation.

Outpatient Referrals

- 10% increase in new referrals (05 / 06).

Discharge

- 24% of available acute beds occupied by patients with a length of stay > 30 day - this patient group represented only 5% of total admissions for 2006.

Patients requiring community (bed) placement

- Approximately 30 patients each month complete acute episodes of care and require community bed placement, but due to the fact that routine placements in the community were not provided in a timely manner this resulted in an average wait time experienced in 2006 of two months.

Impact of these Factors

- Capability of ED Directorate to manage significant increasing patient volume/acuity, as well as directorate based initiatives – Chest Pain Assessment Unit and Observation ward – has been challenged in terms of ability to ensure full adherence to ED centred clinical protocols/ pathways and has resulted in less than optimal patient processing.
- Increasing emergency admission acuity/volume of patients requiring complex surgery routinely exceeded existing critical care capacity with resultant access delay.
- Capability of General Medicine consultant cohort and their associated interdisciplinary teams to manage presenting ED generated patient cohort, inpatient work and outpatient demand - in terms of optimal response to ED, inpatient pathway progression, including prompt discharge and out patient access - has been significantly challenged with resultant patient processing delays, extended length of inpatient stay and out patient wait times.
- Whilst community placements provided by the HSE particularly during the first quarter of 2006 were welcome, significant inappropriate bed occupancy/delays in securing community placement has become the norm, with 10% of acute bed days occupied by patients who had completed necessary acute treatment during 2006.
- Existing outpatient demand, in terms of new referrals, exceeds existing capacity, particularly for the specialties of Rheumatology, Dermatology, Endocrinology and Urology, with resultant less than satisfactory wait times for new referrals.

Change Requirements: Capability and Capacity

There is a clear and immediate requirement to:

- Increase particularly ED and General Medicine Consultant/ interdisciplinary team capacity and capability.
- Increase critical care capacity.
- Increase outpatient capacity and capability.
- Expand and mainstream chronic disease management and associated care/management programmes, exemplified by Respiratory Outreach Programme, Complex Discharge Unit and Bru Cois Ceim Reablement Unit.

- Ensure community placement capacity is based on proactive assessment of need, rather than current delayed reactive response to individual patient demand.

Detailed proposed initiatives to provide necessary focused and integrated capacity and capability have been articulated and are currently being progressed with the HSE.

Finances

The Hospital secured a commendable financial performance outcome, returning a year on year surplus of €128,000 on a HSE allocation of €338.5m. Achievement of this position was made possible only through vigorous cost growth containment - hospital net expenditure grew by a conservative 5.6% year on year.

Quality

St James's was awarded Accreditation Level III by the Irish Health Service Accreditation Board in May 2006. The IHSAB report noted the following;

- Staff who deliver high quality care/services throughout the hospital.
- Excellent governance structure that incorporates clinical engagement.
- High calibre Quality patient centred improvement programmes and development of performance measurement including international benchmarking.
- Proactive approach to further develop on site services and role as a leading tertiary referral centre.

The Hospital also participated in the National Acute Hospitals Hygiene Audit and scored the highest result in the major academic teaching hospitals group.

Service/Capital Developments

A number of important developments were progressed/commenced at the Hospital during 2006

- Day treatment facilities for Endoscopy and Day Surgery achieved full functionality.
- Development of a dedicated Breast Care Department.
- Development of a Falls and Blackout Unit.
- Redevelopment of existing decontamination facilities (HSSU) to enable additional capacity and capability.
- Refurbishment of the Dermatology department Health Care Centre, which contains a dedicated Dermatology, Neurology and Immunology outpatient facility.
- Development of the first Mohs Micrographic Surgery service in a public hospital in Ireland.
- Establishment of a joint project team for the development of Radiation Oncology on the hospital campus.
- Establishment of a Project Team for the development of a PET/CT scanner service on the hospital campus.

- Opening of ward based negative pressure rooms, precursor development of supra regional TB facility.
- Establishment of a Project Team for the development of a Centre of Excellence for Successful Ageing.
- Commencement of a joint exercise with the HSE to secure a Co-Located Private Hospital facility on the hospital campus.
- Important equipment replacement/improvement provisions, most notably the replacement of Cath Lab 1, replacement of the Barium Room and the commencement of Phase 1 of replacing surgical instrumentation in main theatres.

Research and Education

Hospital staff secured key important research grants during the year. The Clinical Research Centre, headed by Professor Dermot Kelleher, was awarded €22 million by the Wellcome Trust and the Health Research Board and the Prostate Cancer Research Consortium, led by Professor Mark Lawler, received a grant of €700,000 from the Irish Cancer Society.

A total of 129 peer review publications were published during the year by staff at the Hospital.

Important progress was also made on the establishment of the Trinity Academic Medical Centre, which will see the Hospital provide best practice in patient care alongside research and teaching with a single governance medical model.

Overall the Hospital has successfully and fully delivered on its agreements with the HSE in service level, development and financial terms for 2006.

These achievements were attainable only through the continued exceptional response and commitment of staff at the hospital. I thank them for their support, loyalty, innovation and dedication in ensuring and advancing the status of the hospital, both in Ireland and internationally. I look forward to their continuing support in facing the challenges to be confronted in 2007.

Ian Carter
Chief Executive

PERFORMANCE HIGHLIGHTS

Actual v Projected Activity levels for 2006

| Period January - December 2006 | 2006 Actual Activity | | 2006 Projected Activity | | | |
|--------------------------------|-----------------------|--------------|-------------------------|--------------|-------------------|----------------------|
| | In-Patient Discharges | Day Cases | In-Patient Discharges | Day Cases | % in-pts Variance | % Day Cases Variance |
| Cardiology | 2716 | 2675 | 1971 | 2425 | 38% | 10% |
| Dermatology | 27 | 4654 | 34 | 2606 | -21% | 79% |
| Emergency Dept | 1166 | | 900 | | 30% | |
| Endocrinology DDC | | 13185 | | 6913 | | 91% |
| ENT | 543 | 258 | 690 | 223 | -21% | 16% |
| General Surgery | 2268 | 5278 | 2220 | 3426 | 2% | 54% |
| GUIDE | 419 | 3311 | 276 | 1650 | 52% | 101% |
| Gynaecology | 538 | 377 | 681 | 172 | -21% | 119% |
| Haematology | 849 | 9605 | 676 | 5052 | 26% | 90% |
| Maxillo Facial | 1025 | 56 | 885 | 121 | 16% | -54% |
| Medicine | 6639 | 15632 | 5798 | 8176 | 15% | 91% |
| Medicine for the Elderly | 969 | 6386 | 1023 | 5440 | -5% | 17% |
| Oncology | 1267 | 11618 | 729 | 7524 | 74% | 54% |
| Orthopaedics | 1226 | 224 | 1320 | 153 | -7% | 46% |
| Plastic Surgery | 1570 | 2768 | 1899 | 2854 | -17% | -3% |
| Psychiatry | 563 | | 470 | | 20% | |
| Rheumatology | 626 | 5003 | 492 | 1500 | 27% | 234% |
| Cardiac Surgery | 447 | | 512 | | -13% | |
| Thoracic Surgery | 463 | | 348 | | -6% | |
| Urology | 509 | 1288 | 501 | 402 | 2% | 220% |
| Vascular Surgery | 525 | 88 | 581 | 13 | -10% | 577% |
| Total | 24355 | 82406 | 22006 | 48650 | 11% | 69% |
| Out-Patient Activity | | | | | | |
| | Actual | | Projected | | Variance | |
| | New | Return | New | Return | % New | % Return |
| Attendances | 45763 | 126890 | 51107 | 114765 | -10% | 11% |

Note 1: Medicine Inpatients includes Respiratory/Endocrine/Gastroenterology/Hepatology/Neurology/Nephrology/ Immunology/General Medical patients and Pain Management.

Note 2: All In-patient discharges activity excludes NTPF patients treated

Note 3: Medicine Daycases includes Respiratory/Gastroenterology/Hepatology/Neurology/Nephrology/ Immunology/ Neurophysiology/Pain Management.

Note 4: Daycases exclude NTPF patients treated

Note 6: Outpatient activity excludes Ntpf patients treated for Rheumatology for December 06.

Inpatient Waiting list as on 31st December 2006

| Summary | 30 | 60 | 90 | 120 | 150 | 182 | 210 | 240 | 365 | > 365 | Total |
|-------------------------------|-----|-----|-----|-----|------|------|------|------|------|-------|-------|
| Waiting List as on 31/12/2005 | 167 | 151 | 156 | 124 | 112 | 91 | 61 | 61 | 124 | 2 | 1049 |
| Waiting List as on 31/12/2006 | 163 | 234 | 186 | 160 | 22 | 16 | 10 | 2 | 7 | 0 | 800 |
| Variance | -2% | 55% | 19% | 29% | -80% | -82% | -84% | -97% | -94% | -100% | -24% |

| Specialty | Current Status As On 31/12/2006 | | | | | | | | | | Total |
|--------------------|---------------------------------|------------|------------|------------|-----------|-----------|-----------|----------|----------|----------|------------|
| | 30 | 60 | 90 | 120 | 150 | 182 | 210 | 240 | 365 | > 365 | |
| E.N.T. | 18 | 20 | 28 | 24 | 3 | 1 | 2 | 1 | 1 | 0 | 98 |
| Gynaecology | 16 | 15 | 18 | 14 | 3 | 0 | 0 | 0 | 1 | 0 | 67 |
| Maxillo Facial | 23 | 28 | 17 | 16 | 0 | 0 | 0 | 0 | 0 | 0 | 84 |
| Orthopaedics | 9 | 13 | 4 | 4 | 0 | 0 | 0 | 0 | 0 | 0 | 30 |
| Plastics | 21 | 33 | 22 | 27 | 12 | 8 | 6 | 1 | 5 | 0 | 135 |
| Surgery | 21 | 33 | 22 | 21 | 2 | 4 | 0 | 0 | 0 | 0 | 103 |
| Thoracic Surg | 7 | 27 | 32 | 27 | 1 | 0 | 1 | 0 | 0 | 0 | 95 |
| Urology | 13 | 13 | 13 | 6 | 0 | 1 | 1 | 0 | 0 | 0 | 47 |
| Vascular | 35 | 52 | 30 | 21 | 1 | 2 | 0 | 0 | 0 | 0 | 141 |
| Grand Total | 163 | 234 | 186 | 160 | 22 | 16 | 10 | 2 | 7 | 0 | 800 |

Day Surgery Unit Waiting List as on 31st December 2006

| Summary | 30 | 60 | 90 | 120 | 150 | 182 | 210 | 240 | 365 | >365 | Total |
|-----------------------------------|-------|-----|-----|-----|------|------|------|-------|------|-------|-------|
| DSU Waiting List as on 31/12/2005 | 181 | 215 | 154 | 104 | 96 | 69 | 76 | 85 | 218 | 17 | 1215 |
| DSU Waiting List as on 31/12/2006 | 403 | 299 | 168 | 134 | 4 | 3 | 2 | 0 | 7 | 0 | 1020 |
| Variance | >100% | 39% | 9% | 29% | -96% | -96% | -97% | -100% | -97% | -100% | -16% |

| Specialty | Current Status As On 31/12/2006 | | | | | | | | | | Total |
|-----------------|---------------------------------|------------|------------|------------|----------|----------|----------|----------|----------|----------|-------------|
| | 30 | 60 | 90 | 120 | 150 | 182 | 210 | 240 | 365 | > 365 | |
| Dermatology | 33 | 10 | 4 | 8 | 0 | 0 | 0 | 0 | 0 | 0 | 55 |
| E.N.T. | 14 | 12 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 26 |
| Gynaecology | 11 | 12 | 3 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 26 |
| Maxillo Facial | 79 | 59 | 40 | 58 | 4 | 3 | 1 | 0 | 6 | 0 | 250 |
| Orthopaedics | 5 | 2 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 8 |
| Pain Management | 54 | 73 | 41 | 7 | 0 | 0 | 0 | 0 | 0 | 0 | 175 |
| Plastics | 116 | 85 | 46 | 34 | 0 | 0 | 0 | 0 | 0 | 0 | 281 |
| Surgery | 57 | 24 | 14 | 14 | 0 | 0 | 0 | 0 | 0 | 0 | 109 |
| Urology | 34 | 22 | 19 | 13 | 0 | 0 | 1 | 0 | 1 | 0 | 90 |
| Total | 403 | 299 | 168 | 134 | 4 | 3 | 2 | 0 | 7 | 0 | 1020 |

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

Endoscopy Unit Waiting list as on 31st December 2006

| Summary | 30 | 60 | 90 | 120 | 150 | 182 | 210 | 240 | 365 | > 365 | Total |
|-------------------------------|-----|--------|----|-----|-----|-----|-----|-----|-----|-------|--------|
| Waiting List as on 31/12/2005 | 166 | 80 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 246 |
| Waiting List as on 31/12/2006 | 296 | 245 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 542 |
| Variance | 78% | > 100% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | > 100% |

| SPECIALTY | Current Status as on 31/12/2006 | | | | | | | | | | Total |
|--------------------|---------------------------------|------------|----------|----------|----------|----------|----------|----------|----------|----------|------------|
| | 30 | 60 | 90 | 120 | 150 | 182 | 210 | 240 | 365 | > 365 | |
| GASTRO-ENTEROLOGY | 219 | 171 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 390 |
| SURGERY | 72 | 62 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 135 |
| UROLOGY | 5 | 12 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 17 |
| GRAND TOTAL | 296 | 245 | 1 | 0 | 542 |

Outpatient Waiting List as on the 31st December 2006

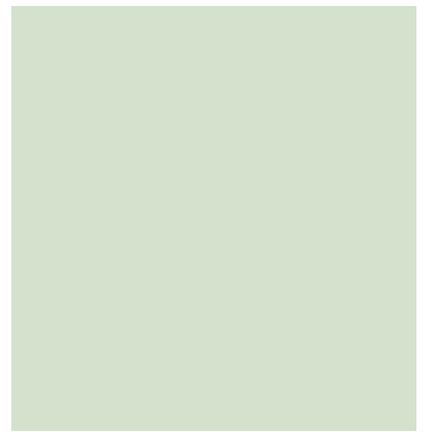
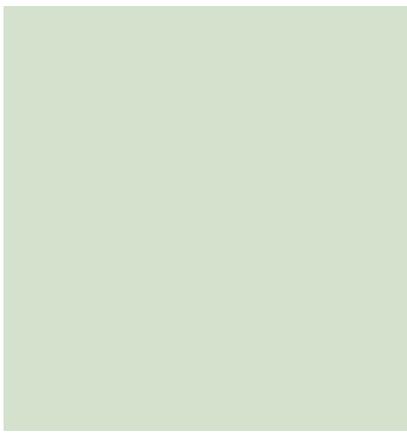
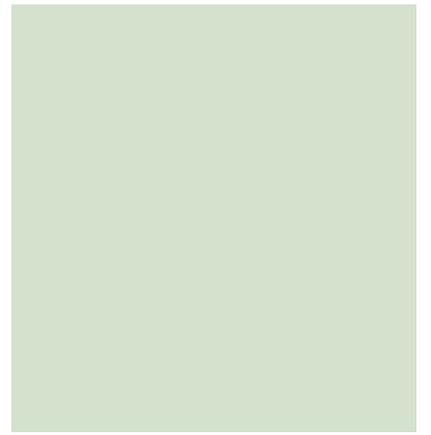
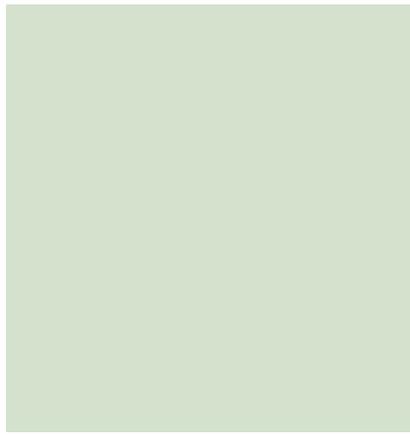
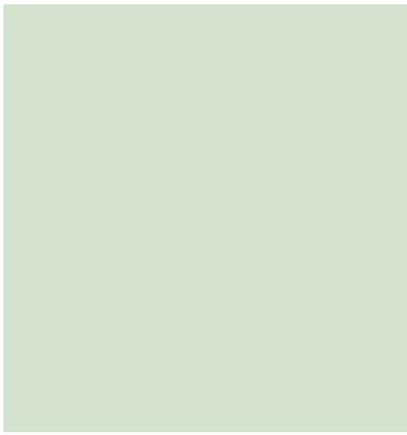
| Summary | 30 | 60 | 90 | 180 | 365 | > 365 | Total |
|-----------------------------------|-----------|-----------|------------|-----------|------------|--------------|------------|
| OPD Waiting List as on 31/12/2005 | 1870 | 1773 | 846 | 1234 | 728 | 12 | 6463 |
| OPD Waiting List as on 31/12/2006 | 1945 | 1899 | 1184 | 1273 | 839 | 0 | 7140 |
| Variance | 4% | 7% | 40% | 3% | 15% | -100% | 10% |

| Specialty | 30 | 60 | 90 | 180 | 365 | > 365 | Total |
|--------------------------------|-----|-----|-----|-----|-----|-------|-------|
| Cardiology | 113 | 62 | 15 | 4 | 0 | 0 | 194 |
| Dermatology | 230 | 380 | 198 | 145 | 28 | 0 | 981 |
| Diabetic/Endocrinology | 5 | 5 | 2 | 8 | 3 | 0 | 23 |
| E.N.T. | 126 | 79 | 58 | 103 | 151 | 0 | 517 |
| Endocrinology | 66 | 95 | 45 | 85 | 174 | 0 | 465 |
| Gastro-Enterology | 48 | 110 | 81 | 30 | 11 | 0 | 280 |
| Geriatric | 92 | 81 | 8 | 0 | 0 | 0 | 181 |
| Guid | 14 | 0 | 0 | 0 | 0 | 0 | 14 |
| Guide Clinic | 13 | 1 | 0 | 0 | 0 | 0 | 14 |
| Gynaecology | 45 | 27 | 2 | 7 | 1 | 0 | 82 |
| Haematology | 26 | 3 | 6 | 0 | 0 | 0 | 35 |
| Hepatology | 59 | 48 | 30 | 10 | 0 | 0 | 147 |
| Immunology | 16 | 40 | 20 | 48 | 0 | 0 | 124 |
| Maxillo Facial | 58 | 68 | 53 | 44 | 1 | 0 | 224 |
| Medicine | 45 | 18 | 1 | 2 | 0 | 0 | 66 |
| Nephrology | 3 | 6 | 1 | 4 | 0 | 0 | 14 |
| Neurology | 44 | 165 | 55 | 88 | 0 | 0 | 352 |
| Oncology | 10 | 1 | 0 | 0 | 0 | 0 | 11 |
| Ophthalmology | 20 | 13 | 6 | 4 | 2 | 0 | 45 |
| Orthopaedics | 96 | 88 | 133 | 215 | 157 | 0 | 689 |
| Osteoporosis & Bone Protection | 5 | 6 | 0 | 1 | 0 | 0 | 12 |
| Pain Management2 | 105 | 0 | 0 | 0 | 0 | 0 | 105 |
| Palliative Care | 6 | 0 | 0 | 0 | 0 | 0 | 6 |
| Plastics | 71 | 213 | 210 | 141 | 136 | 0 | 771 |
| Psychiatry | 30 | 14 | 13 | 0 | 0 | 0 | 57 |
| Psychological Medicine | 4 | 0 | 0 | 0 | 0 | 0 | 4 |
| Respiratory | 86 | 60 | 9 | 13 | 10 | 0 | 178 |

Outpatient Waiting List as on the 31st December 2006 (continued)

| Specialty | 30 | 60 | 90 | 180 | 365 | > 365 | Total |
|--------------------|-------------|-------------|-------------|-------------|------------|----------|-------------|
| Rheumatology | 57 | 56 | 69 | 141 | 115 | 0 | 438 |
| Surgery | 257 | 123 | 72 | 63 | 1 | 0 | 516 |
| Thoracic Surgery | 9 | 3 | 0 | 0 | 0 | 0 | 12 |
| Urology | 60 | 70 | 62 | 80 | 49 | 0 | 321 |
| Vascular | 114 | 64 | 35 | 37 | 0 | 0 | 250 |
| Warfarin Clinic | 12 | 0 | 0 | 0 | 0 | 0 | 12 |
| Grand Total | 1945 | 1899 | 1184 | 1273 | 839 | 0 | 7140 |

Note: This report shows the length of time patients are waiting from date booked to report date i.e. 31st December 2006



Corporate Division Reports

FINANCIAL STATEMENTS



Mr Brian Fitzgerald
DIRECTOR OF FINANCE

Ms Laura Richardson
FINANCIAL CONTROLLER

Income and Expenditure Account for the reporting period 1st January 2006 to 31st December 2006

| | 2006 €'000 | 2005 €'000 |
|-------------------------------------|---------------|---------------|
| Opening Deficit / (Surplus) | -1,596 | -1,299 |
| Pay Expenditure | 236,568 | 215,414 |
| Non Pay Expenditure | 144,529 | 143,964 |
| Gross Expenditure including deficit | 379,501 | 358,079 |
| Income | -42,638 | -40,288 |
| Net Expenditure for the year | 336,863 | 317,791 |
| Determination for the year | 338,587 | 319,387 |
| Closing Deficit / (Surplus) | -1,724 | -1,596 |

Balance Sheet as at 31st December 2006

| | | |
|--|---------|---------|
| Fixed Assets | | |
| Land and Buildings | 172,226 | 177,496 |
| Equipment and Vehicles | 45,061 | 32,609 |
| | 217,287 | 210,105 |
| Current Assets | | |
| Debtors | 67,036 | 47,910 |
| Stocks | 8,314 | 8,519 |
| Bank and Cash balances | 226 | 222 |
| | 75,576 | 56,651 |
| Creditors - Less Than One Year | | |
| Creditors | -61,003 | -47,600 |
| Bank Overdraft | -12,849 | -7,456 |
| | -73,852 | -55,056 |
| Net Current Assets | 1,724 | 1,596 |
| Total Assets | 219,011 | 211,701 |
| Creditors - More Than One Year | | |
| Bank Loans | -3,336 | -4,875 |
| Net Total Assets | 215,675 | 206,826 |
| Capital and Reserves | | |
| Non Capital Income & Expenditure Account Surplus / (Deficit) | 1,724 | 1,596 |
| Capital Income & Expenditure Account Deficit | -3,336 | -4,875 |
| Capitalisation Account | 217,287 | 210,105 |
| | 215,675 | 206,826 |

The Financial Statements for the reporting period 1st January 2006 to 31st December 2006 (awaiting final auditor certificate and management letter) reflected a surplus of €128,000. Hospital gross expenditure was €381.097m, while income and exchequer funding amounted to €381.225m. In addition to the 2006 surplus the hospital had an opening surplus of €1.596m carried forward from 2005, therefore the resulting carried forward net surplus at 31st December 2006 was €1.724m.

Expenditure and Income Overview

Net expenditure increased by €19.073m (6%) when compared with the previous year, of which pay expenditure increased by €21.154m (9.8%), non-pay expenditure increased by €0.565m (0.5%) and income increased by €2.35m (5.8%).

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

| Expenditure Description | €'000 |
|--|----------------|
| Payroll related | |
| National pay awards: | |
| Sustaining progress | 7.219m |
| Benchmarking | 2.582m |
| Towards 2016 | 0.522m |
| Pay increments | 1.923m |
| Payroll impact of service developments & continuation of prior year developments | 5.160m |
| Student nurse degree programme | 0.513m |
| Overtime / agency staff / and other payroll premiums | 0.415m |
| Increased pensions / gratuities and lump sums | 2.820m |
| Sub total payroll | 21.154m |
| Non pay related | |
| Drugs and medicines | 4.120m |
| Blood / blood products | (5.010)m |
| Medical and surgical consumables | 0.342m |
| Laboratory consumables etc. | 0.701 |
| Medical equipment and equipment maintenance | 2.044m |
| Reductions in various categories as part of VFM initiatives | (1.632)m |
| Sub total non-pay related | 0.565m |
| Income related | |
| Patient accommodation income including Government levies | 1.525m |
| Superannuation - increased employee pension contributions | 0.904m |
| External income decrease - pathology / drugs / medicines / other | (0.079)m |
| Sub total income related | 2.350m |

The year end surplus of €128,000 was again an excellent result and is the sixth consecutive year of financial break even underpinning a sustained prudent approach to the management of hospital finances.

This result was achieved against a back drop of unrelenting demand by patients for medical services and cost pressures associated with medical / general inflation, pay awards, cost of new treatments, particularly pain therapies, oncology & haematology drugs, and diagnostic services. Again, the hospital incurred material expenditure pressures and inefficiencies as a result of delayed discharge patients. These problems were correlated with the unavailability of nursing home beds and community support services.

The funding and service delivery monitoring and negotiation process conducted by the Health Services Executive was in its second year of operation and began to show signs of stability. However funding negotiations were again not concluded until December.

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

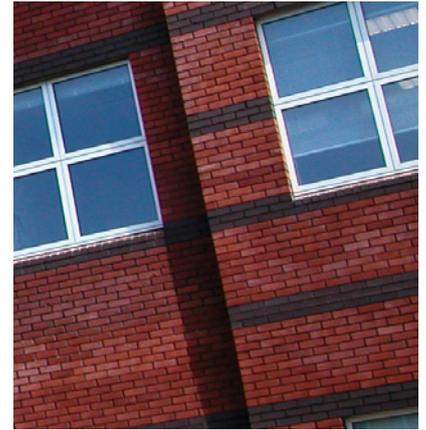
The audit of the Financial Statements was finalised and at the time of writing the hospital was awaiting the final audit certificate and management letter. However no change to the financial results was anticipated.

Casemix Funding Model

The result of the casemix funding model for activity and related expenditure for the year 2005, with results published in late 2006 was unprecedented. The hospital was awarded the accolade of being the most efficient hospital in the country and received a financial reward of €1.8m. The hospital had implemented measures over the last number of years to prudently reduce costs, while accurately reflecting the activity and acuity base of medical services. At this juncture the hospital is aiming to sustain this positive performance for the future.

Capital / Infrastructure Expenditure

Expenditure on major capital projects amounted to €12.832m in 2006 compared with €10.770m in 2005. Additionally, the hospital invested €10.766m from revenue and minor capital funding sources on improvements to infrastructure and the replacement of equipment.



Mr Cathal Blake
HEAD OF DEPARTMENT

Introduction

The role and function of the Internal Audit Department is to provide an independent analysis and evaluation of the hospital's policies, procedures and controls.

The work of the Department tends to be cyclical and can be directed by routine events and processes. In order to provide continuity from one year to the next, there is scope for change if the need arises or if in-depth work is required in an area of importance to the hospital. This allows the Department the flexibility to change from the scheduled programme in order to devote more time to areas deemed of high significance to the hospital or if something unexpected arises that requires immediate attention.

Developments in 2006

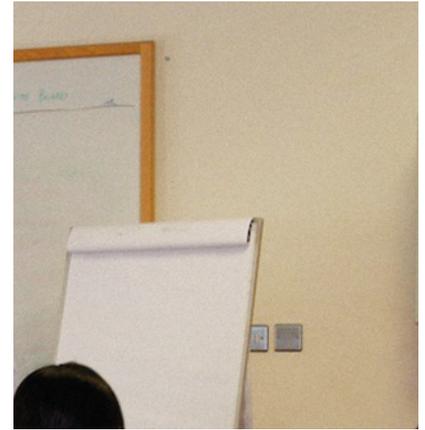
- In 2006 the main focus and concentration was on hospital payroll. This represents approximately two thirds of the hospital's expenditure.

Given the volume of work and analysis involved, this audit was broken down into distinct employee areas and the reports produced reflect this. The result is the generation of a number of reports in this whole area. These reflect the complexity and diversity of employment, agreements, terms and conditions that exist in a major hospital like St James's Hospital.

- The other area of audit responsibility is the end-of-year stock take. This is an annual event that takes place towards the end of December and is normally attended by the C&AG as well as the Internal Audit Department.
- A new initiative in 2006 is the cooperation and collaboration of the different Internal Audit Departments of the Dublin Academic Teaching Hospitals (DATH's) with regard to internal audit work and reports.

The Internal Audit Departments of the DATHS group of hospitals carried out a shared internal audit project on waste management in 2006. Expected outcomes include improved economies and efficiencies, a cleaner environment and promotion of inter hospital cooperation in areas of mutual benefit. It will also aim to provide better value for money and use of public finances.

HUMAN RESOURCES



Mr Ken Hardy
DIRECTOR OF HUMAN RESOURCES

Mr Gerry Heffernan
DEPUTY DIRECTOR OF HUMAN RESOURCES

Introduction

During 2006 Human Resources has continued to add value to the service to ensure that on going developments meet the HR support and advisory needs of the Directorates and their staff. Strong relationships have been maintained with other agencies and HR has played a major part, through membership of a number of working groups, to the continuous development of national and regional policy for the health sector.

The Human Resources Department consists of the following divisions:

- General Personnel and Recruitment.
- Employee Relations.
- Superannuation.
- Organisation Management and Salary Administration.
- Medical Workforce Unit.
- Centre for Learning and Development.
- Occupational Health.

Strategic Human Resource Challenges

The challenges presented by the changing service delivery needs of the Hospital have been met by Human Resources through its continued aim to be at the forefront of supporting the hospital and its staff in delivering high quality patient care. This has been reached by providing a framework for all people management strategies and ensuring that staff are recruited in the right numbers, at the right time, in the right place and with the right skills.

HR has achieved this by;

- a) **Ensuring the hospital becomes an exemplar employer** and is therefore seen as an employer of choice, with excellent employment practices, focussing on better working lives for staff, enabling the service to attract and retain staff with the right skills, to provide high quality and timely services to the public.
- b) **Providing an effective and recognisable career framework** to enable staff the opportunity to fulfill their potential through continuous learning and well designed, stimulating jobs.
- c) **Developing leadership and people management skills** to recognise that enlightened and progressive leadership and people management skills are vital to improving organisational performance. Also that the delivery of a high quality service requires all senior managers, including clinicians in management positions, to appreciate HR issues and the strategic role they play in enabling organisational effectiveness.

The HR Executive Group reports directly to, and supports, the Director of Human Resources. Each person has operational responsibility for his or her particular areas of management.

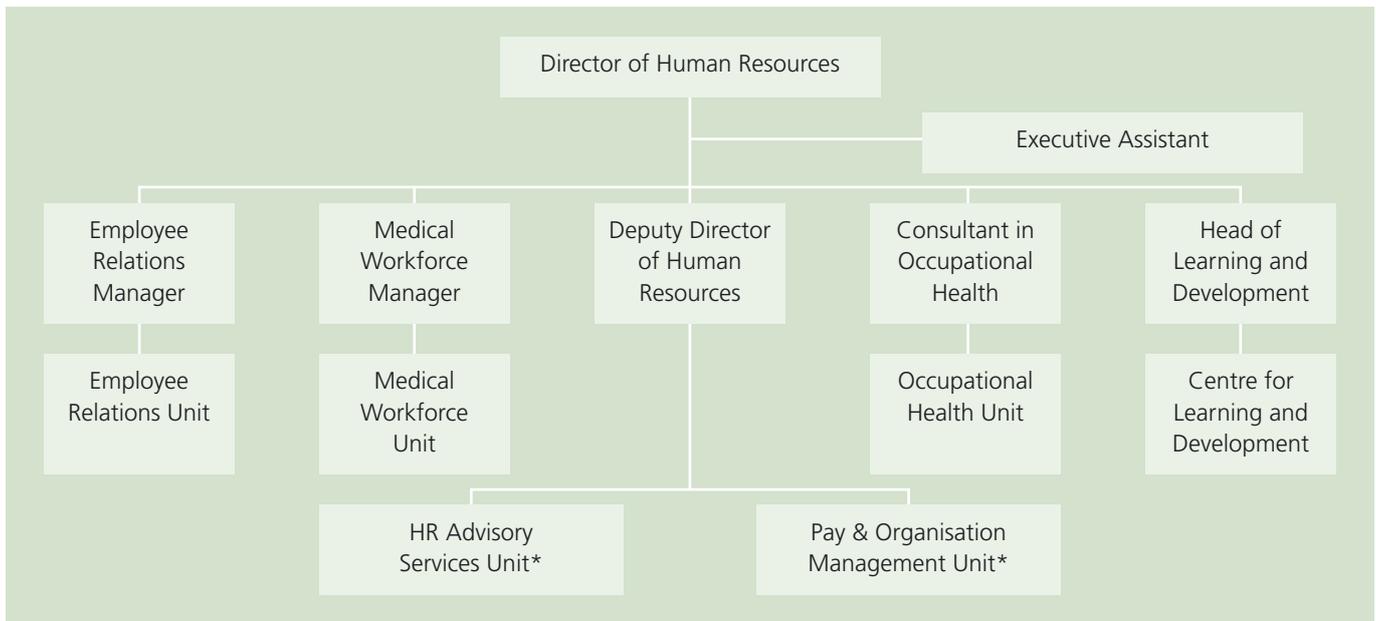
Members are:

- Deputy Director of Human Resources.
- Employee Relations Manager.
- Head of Learning and Development.
- Consultant in Occupational Health.
- Medical Workforce Manager.
- HR / Payroll Integration Project Manager.

The following provides an overview of the restructured HR Department:

Human Resources – Structure Overview

* These Units will be developed during 2007/8



- d) **Improving staff morale and involvement**, which is vital and will be achieved by enabling individuals to believe they are working for a high quality, supportive, well respected, and effective organisation.

Key Development in 2006

During 2006 the Human Resources Department commenced a restructuring programme. This will continue during 2007. Under the new framework the post of Director of Human Resources was established with responsibility for leading the strategic HR direction for the Hospital. This is to ensure that the HR strategy, and supporting policy framework, is pivotal in enabling the Hospital deliver its objectives of providing a high quality, responsive and timely services to the patient population that it serves.

Centre for Learning and Development

This centre has evolved through the streamlining and merging of the separate Nurse Education Centre and the Learning and Development Department into an integrated multi disciplinary Centre for Learning and Development, within HR. The centre is managed by the Head of Learning and Development although all nurse education posts within the new structure have retained a professional reporting relationship to the Director of Nursing.

The fundamental aim of the centre is to develop the skills and framework that will enable the Directorates establish a twelve month programme of clearly identified and prioritised learning and development needs for their staff.

The hospital Learning and Development Prospectus of all training and development activity for the year was established in 2006. This will continue throughout 2007 to enable a Hospital Learning and Development Steering Group be formed. This will ultimately be the forum that identifies the prioritised learning and development activities to be undertaken through the centre over each following twelve months period.

A wide range of programmes were provided by the Centre during 2006, including the following:

- Postgraduate Diploma Programmes in Nursing.
- Short courses and study days for nurses including the 3 week Endoscopy Course.
- FETAC (Level 5) Healthcare Support Certificate for Healthcare Assistants.
- FETAC (Level 3 and 4) Return to Learning.
- Management Development training including the following modules:
 - Communications.
 - Recruitment and Interviewing.
 - Managing Team Performance.
- Objective Setting and Review Training.
- Customer Care Training.
- Investigator Training.
- Information Technology Training.
- Cultural Competence Training.
- Communications for overseas Staff Training.

Induction Programme

Another new development in 2006 included the commencement of a new mandatory Induction Programme for all new staff in the organisation.

Mandatory Training

Mandatory training in Basic Life Support, Advanced Cardiac Life Support, Manual Handling, Non-Violent Crisis Intervention and Equality and Diversity training have all been integrated into the Centre, with the transfer of the trainers into the Centre.

General Personnel, Superannuation and Recruitment

During 2006 new work practices undertaken included:

- The monitoring of sick leave to ensure that regulations were being adhered to and to help prevent any over / under payment of salary to staff.
- The monitoring of career breaks and job sharing to act as a reminder to managers on cover arrangements.

- Updating of a number of HR Policies to include the extension of entitlements for maternity leave, carers leave and force majeure leave etc.
- The Vacancy Approval (VAF) online process was further rolled out to more directorates during the year. This further enhanced the ability to track VAF's through the system generating more advantages for users.

Recruitment activity continued at a consistent busy level with just under 500 competitions being processed during the year.

To externally audit the effectiveness of the recruitment and selection procedures against equality legislation an external organisation was engaged under an 'Equal at Work Project', funded by the European Social Fund. Overall results were positive and have allowed HR develop action plans focussing on those areas identified as requiring further development. This included the development and introduction of Competency Based Interviewing, to be introduced during 2007.

Within the Superannuation area, following a number of changes in legislation, a project team was set up to implement Circular 23/2005 'Revised Arrangements for Part Time Public Health Service Employees'. The circular allows for wider eligibility to the pension scheme for part time staff and changes the terms and conditions governing previous service and payments.

Employee Relations

The industrial relations climate during 2006 was good, with the unit taking the lead on a number of projects including:

- Team Based Performance Management.
- Absence Monitoring support, following the introduction of the revised Absence Management Policy generally to the Departments and Directorates, with specific projects being developed within some departments.
- Management and monitoring of the agreed monthly absence targets in the directorates / departments to ensure all areas were working towards the overall Hospital target of 3.5%.
- Two reports were submitted to the Performance Verification Group during 2006 outlining activities in the areas of change and modernisation, as required under the Sustaining Progress agreement. As a result pay increases under Sustaining Progress and Benchmarking (with the exception of INO / PNA nurses for the December 2006 award) were approved in full.

Medical Workforce Unit

The Medical Workforce Unit was formally amalgamated within the newly restructured Human Resources Department in 2006. In addition to recruitment, rostering and payroll activities, the Unit engaged in a number of developments over the course of the year, including:

- Substantial modifications to the existing induction programmes for Consultant and Non Consultant Hospital Doctors (NCHD's) and the establishment of web based induction material alternatives. The induction programme for NCHD's will undergo further development in 2007.
- Roll out of the Vacancy Approval online process for all medical posts.
- Creation of a comprehensive database on working hour trends for NCHD's within speciality directorates and communication of outcomes to speciality and directorate management.

St James's Hospital also acts as one of the nine national pilot sites charged with responsibility for identifying potential implementation plans to achieve compliance with the European Working Time Directive for NCHD's. In this regard, a comprehensive pilot programme was submitted by the Hospital to the National Implementation Group for approval. It is anticipated that the pilot, which involves expansion of multi disciplinary roles among designated in patient wards, will progress in mid 2007.

OCCUPATIONAL HEALTH



Dr Noirin Noonan
HEAD OF DEPARTMENT

Introduction

Occupational Health offered a comprehensive service to more than 4,500 staff in St. James's Hospital and took a proactive stance in relation to supporting the health and safety of all staff. The team - which includes a fulltime Occupational Physician, 2 Clinical Nurse Specialists, 2 secretary / receptionists and a Data Manager – is active in all aspects of health & safety with a focus on infection control, moving and handling, risk management, radiation protection and health promotion.

During the year, Stephanie Kirwan, who had been in Occupational Health for 19 years, left and Laura Caffrey took up the position. Ruth Mc Loughlin was appointed the new CNM II.

Total attendance at the Department increased by 9% to 5,661, the 7th consecutive annual increase.

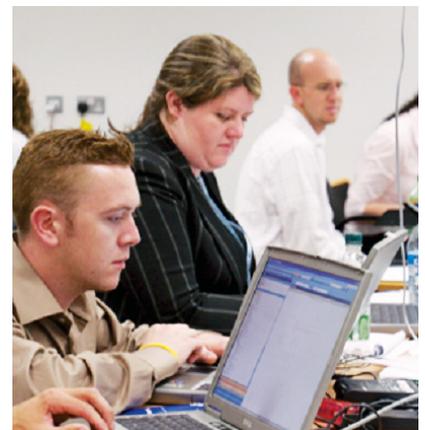
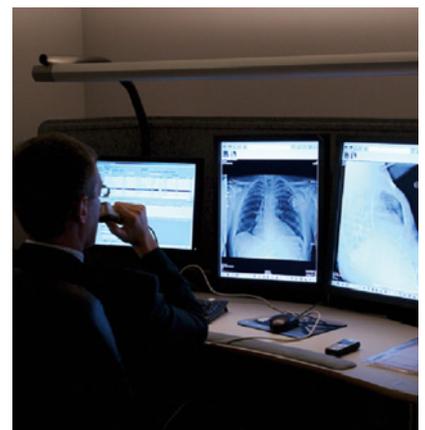
Key services provided by Occupational Health include:

- Assessing occupational hazards - which can be physical, biological (blood borne pathogens), chemical or psychosocial.
- Vaccination programme for Hepatitis B.
- TB screening and contact tracing after exposure to TB.
- Care of staff post percutaneous and splash exposure injuries.
- Counselling services linked with the EAP (Employee Assistance Programme) were provided throughout the year. This continued to be very successful and well received by staff. It is very client focused, providing a choice of in-house (80% of attendees) or outside attendance.
- Staff education and training (nurses, doctors, care attendants, medical and dental students).
- VDU related eyesight screening.
- Varicella, Measles, Mumps and Rubella screening and vaccination. This has increased hugely because people born outside Ireland have a much greater number of health care workers who are not immune and are therefore susceptible to these infections.
- Travel Vaccinations for occupational purposes only.
- Cervical screening programme.
- In-post medical examinations.

The Influenza Vaccination Programme continued and 333 staff members availed of it. The nurses continued to vaccinate on-site for the convenience of staff.

The Epinet (Exposure Prevention Information Network), which aims to profile the nature, occurrence and location of needlestick, skin and mucous exposures to blood borne diseases, continued to provide valuable information to the department in the drive to reduce the number of these needlestick injuries and splash exposures.

INFORMATION & 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

The mission of the IMS department is to provide an innovative and resilient framework of Information Services to support all aspects of the hospital's business.

Developments in 2006

- PaRIS / EPR Electronic Patient Record - June 13th 2006: This system is distributed hospital-wide, covering all patient episodes and includes:
 - Picture Archiving Communication System (PACS) – on-line radiology imaging.
 - A new Radiology Information System (RIS).
 - Voice Recognition Reporting for radiology.
 - Scheduling of radiology examinations.
 - Laboratory ordering and results look up.
 - Clinical Workstation for point-of-care access.
 - Clinical event history database.
- SMS Texting pilot – reminders for patients re their out-patient appointment in the SaMS directorate.
- Patient treatment register - this is a national project to automate the provision of patients' details waiting over 3 months for a procedure being sent to the NTPF.
- E-Health – Healthlink GP messaging. At the end of December 2006, 140 GPs were registered to receive secure electronic messages from St. James's in relation to Laboratory results, Radiology reports and OPD clinic appointments.
- PATS Clinical Audit - Poisons database; ED Assessment Nurse; CPAU; Deep Vein Thrombosis.

- Adam system – Enhanced to include the capture and storage of video clips for Endoscopy procedures.
- Genetic screening – New database for Haemachromatosis.
- Outpatient Registration Function – New Single Registration.
- Physiotherapy – Electronic Discharge Letters.
- Consultant Census – Special Register.
- Vascubase – Vascular Surgery system major upgrade.

End-User Training

Enhanced Induction training for NCHDs and regular weekly training sessions established for PAS / EPR in the Centre for Learning and Development.

Data Quality Group

Continued monitoring and enhancement of quality of patient data.

Accreditation

The 2006 Accreditation survey report on Information Management highlighted the following:

Areas of Excellence

Project management skills (e.g. PaRIS / EPR and SAP projects)

Management Information / Statistics

Awareness of ICT potential

Opportunities for Improvement:

Pursue Electronic Patient Record (EPR) agenda

Improve HIPE / Casemix coding timeliness

Continue integration of systems

ICT Infrastructure

The ICT infrastructure was significantly enhanced during 2006 to support the new PaRIS / EPR system. This included the expansion of the network and bandwidth capacity to distribute radiology images and the establishment of a second resilient data centre in DIAGIM.

Technical upgrades were also implemented to ensure maximum advantage is achieved from emerging technologies and to ensure adherence to best practices in the ICT Industry.

Data Domain

The Data Domain installation has enabled IMS build reliable, efficient, and cost-effective data protection architecture. Backup costs are reduced by replacing daily and weekly tapes with low cost disk storage, and simplified data recovery.

VMWare - Pilot

This Windows infrastructure allowed a number of virtual servers to be run independently of each other on one physical

host server. It enables a low cost “high availability” failsafe structure by installing multiple hosts in multiple locations using shared storage. Due to the success of this pilot IMS has targeted a number of servers to virtualise in the ratio of 8:1 (8 virtual servers running on 1 physical host). A project plan has been drawn up for the roll out in 2007.

Helpdesk

Service portal

IMS developed a Helpdesk Service Portal in 2006. The Portal allows users to log and track calls to the helpdesk. Self help documents, frequently asked questions and other relevant information was also made available through the Portal. By the end of 2006 over 20% of helpdesk calls were logged through the portal.

Response times:

| Year | No. of Calls | 0-2 hours | 2-4 hours | 4-24 hours | 3 days |
|------|--------------|-----------|-----------|------------|--------|
| 2005 | 13,043 | 53% | 9% | 15% | 24% |
| 2006 | 14,103 | 57% | 8% | 21% | 14% |

System availability:

| 2006 | % System Availability |
|-----------|-----------------------|
| Jan - Dec | 99.99% |

Web Services

In 2006, the St. James's Hospital Internet website received 177,000 visitors. The Internet site now has a total of 5,000 pages of content, with the hospital Intranet site containing 7,000 pages.

There are 150 Web Liaisons trained on the Web Content Management software which allows each department to upload its own content to the website following a strict process. All content is approved via the Website Editor before appearing on the Website, ensuring quality and standards are maintained.

The development of online interactive forms increased significantly with approximately 30 separate online forms now live. e.g. VAF; MDT; Medication Safety.

Email

Email has become the dominant form of business communication within St James's. Email also attracts a large and growing number of security threats – spam, fraud, viruses, regulatory violations and intellectual property theft. In 2006 threat detection was a high priority.

The number of mails sent to and from the hospital has doubled within a 12 month period to almost 3 million messages per annum. Spam accounts for a large proportion

of this total. In December a Spam-blocking product, Ironport, was introduced which uses reputation based filters to determine threats by examining content, structure and sender identity. By the end of 2006 an average of 88% of all mail processed was classified as Spam and blocked from reaching user mailboxes.

Management Information Systems (MIS)

Throughout 2006 provision of high-quality management information remained a key focus. In addition to scheduled and ad-hoc corporate reporting, the department managed an increased need for accurate and timely information from both internal and external agencies. Within this period data quality monitoring, performance indicators and waiting list initiatives were all supported. The helpdesk, which records new requirements, averaged 30 per month with a noted shift towards more service planning and forecasting.

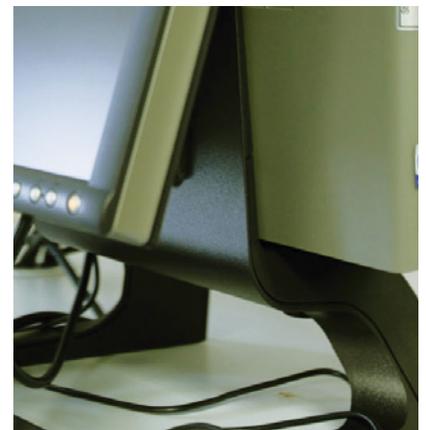
The data warehouse architecture which underpins the function was totally redesigned and implemented on the latest technology. This will allow for increased flexibility in information delivery and provide scalability for future requirements to be met.

The intranet MIS facility now encompasses several products all of which allow for dynamic access to information utilising drilldown and drag-drop technology to empower end user analysis. This facility has eighty such registered users across all areas of the hospital. New data sources, attributes and metrics were also modelled and implemented to meet the organisation's information requirement.

Clinical coding of Hospital activity remains at 100%. A concerted effort was made, including process re-engineering, to improve the timeliness of coding, which stood at over five months at the beginning of the year. As a result, by year-end, a position of a constant 98% coded within a month of discharge was achieved.

The continued implementation of the electronic patient record has contributed significantly to increased accuracy and reconciliation of the clinical coding. Other QA initiatives are on-going together with advanced educational programmes for coding staff. It is expected that these measures will contribute to a more comprehensive representation of the hospital's Casemix activity.

MATERIALS MANAGEMENT



Ms Miriam Kenny
MATERIALS MANAGER

Mr Vincent Callan
OPERATIONS MANAGER

Introduction

The Materials Management Department is responsible for the procurement of goods and services for the Hospital and the department's role is to:

- Provide a customer-orientated purchasing and supply service.
- Employ best commercial practice in procurement thus ensuring that the basic principle of lowest ultimate cost with minimum risk is applied to all purchasing decisions.
- Ensure compliance with national and EU regulations by establishing / maintaining policies that pertain to procurement law.
- Develop and maintain appropriate stock management practices and procedures.
- Engage in performance monitoring of all key elements of materials management including taking corrective action where appropriate.

Key Developments

- In 2006 the Department serviced 147 internal customers, this included the 63 clinical areas that received a top-up service for Surgical / Medical and Disposable stock items.
- The Department dealt with 962 vendors and managed all associated activities. The Materials Management Department has continued to work closely with key suppliers on areas such as vendor performance and consignment stocking.

| Materials Management Department Overview | 2005 | 2006 | % Increase |
|---|-------------|-------------|------------|
| Total value of goods and services procured by the MM Department | €55,000,000 | €57,500,000 | 4.5% |
| Goods / Services under formal contract | €30,541,198 | €41,115,573 | 34.6% |
| Goods / Services under formal contract as percentage of total managed spend by the MM Department. | 55% | 72% | 17% |

- The Department extended its contracting and procurement functions further in conjunction with the stabilisation of the SAP ERP system.

Operations Management Function

The Operations Management function of the Department continued to focus on the design and implementation of all processes concerned with the flow of goods and services from external agencies through the organisation until they were 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 in 2006. The KanBan system is now fully operational in all clinical areas in the main hospital.

End of Year Stock Take 2006

The Materials Management Department carried out end of year stock take on 29th and 30th December. The Department inventory manages its stocks from four locations in the Hospital campus: Main Warehouse, Warehouse / Distribution Centre Phase 1C, Technical Services Warehouse, Cardiac Angio.

Inventory Statistics End of Year 2006

| Stock turnover | 12.69 times |
|--------------------------------------|----------------|
| Total value stock receipts | €10,949,829.44 |
| Total value stock issues | €12,486,082.87 |
| The total value of inventory on hand | €1,063,304.65. |

Contracts Function

In 2006 goods / services under formal contract represented 72% of the non pay spend managed by the Department, which is a 17% increase on last year. A number of new contracts were undertaken e.g. laboratory consumables, debt collection services, printed stationery, provision of cleaning services and others. The contracting function acted also in an advisory capacity on a number of projects for the IMS, Human Resources and Planning Departments. The Department also continued to work with the Hospital Procurement Services Group on some contracts.

Contracts Overview 2006

| Goods / Services under formal contract | €41,115,573 |
|--|-------------|
| Value of contracts pending | €3,475,711 |
| Value of contracts in progress | €3,299,428 |
| Total value | €47,820,712 |

Ms Betty Murphy was appointed as the Department's Clinical Procurement Manager in April 2006.

The Clinical Procurement Manager continued to be the chairperson of the Hospital's Needle Stick Prevention Taskforce and a member of the Risk Management, Tissue Viability and I / V committees.

The Needle Stick Prevention Taskforce continued to audit compliance issues in relation to the disposal of sharps, reinforcing what actions were required and reviewing the requirement for the introduction of safety products as appropriate, policy compliance and education and training initiatives.

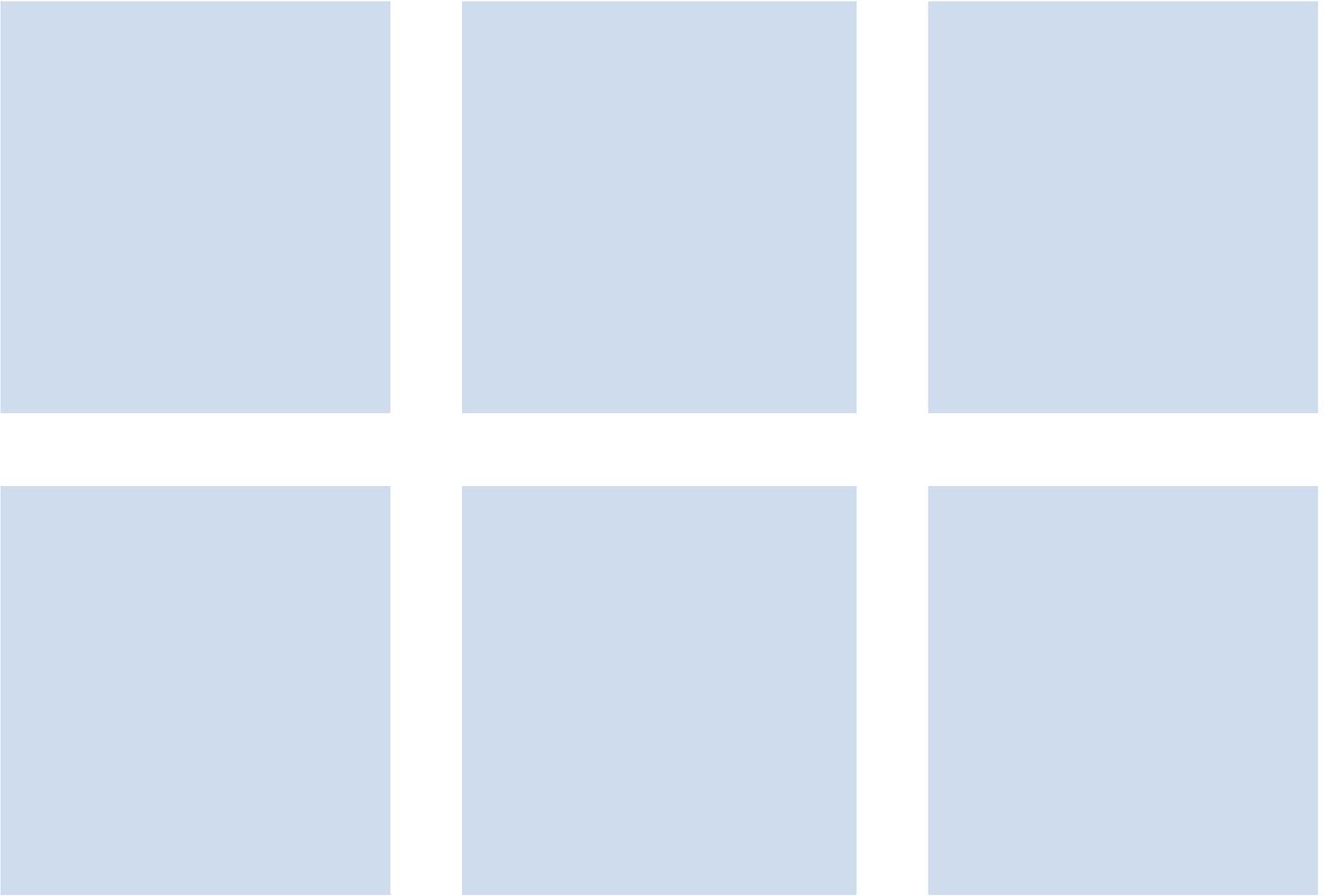
Purchasing Function

All purchasing activity in or on behalf of St James's Hospital is undertaken in accordance with public procurement regulations. Purchasing is based on the achievement of value for money and the fulfillment of end user requirements. All purchases for the hospital are conducted via the SAP ERP system. The department employs six purchasing officers who have a variety of different product portfolios i.e. medical surgical, services, goods etc.

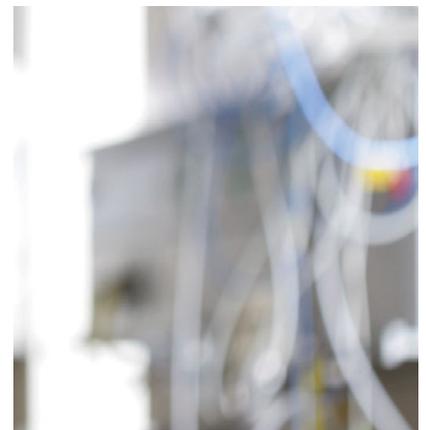
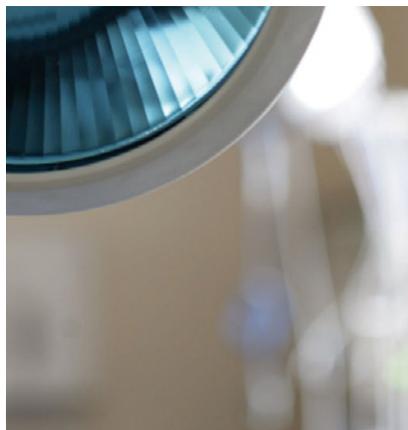
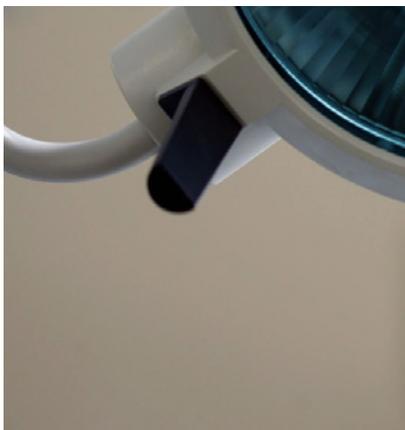
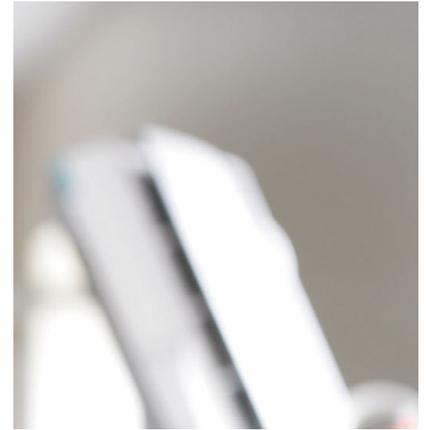
Following completion of the installation of the SAP ERP project in the LabMed Directorate, the purchasing function continues to expand its product portfolio. Contracting initiatives were also undertaken in 2006 in consultation with the end users in the LabMed Directorate.

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

2 Kan Ban is a Japanese inventory System that "pulls" inventory based on demand into an area by sending a signal to a warehouse facility.



Service Division Reports



Dr Finbar O'Connell
CLINICAL DIRECTOR

Ms Mary Foley
NURSE MANAGER

Ms Jo-Ann Campbell
BUSINESS MANAGER

Introduction

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

Developments in 2006

- In January 2006 Dr Finbar O'Connell, Consultant In Respiratory Medicine, took up the role of Clinical Director for CResT.
- Dr Ross Murphy was appointed Consultant Cardiologist.
- A comprehensive physician-directed Transoesophageal Ehcocardiographic Service was established.
- Approval to proceed with development of a supra-regional TB unit was secured in 2006.

Cardiology

In 2006, Prof Michael Walsh retired from St James's Hospital after a long and successful career. He is continuing to support the unit in an active clinical and management role.

Dr Ross Murphy was appointed Consultant Cardiologist. Dr Murphy returned to CResT following several years working in the USA and the UK. He has a special interest in Cardiac Imaging and Heart Failure.

In 2006, the third annual Live Intervention 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

premier teaching forum for Intervention in the EU, was established. The Course Directors participated and this event has become an established tradition at the hospital, with an international guest panel from five countries, an opening ceremony by the Tánaiste and Minister for Health and Children, Ms Mary Harney, TD, and a major link with Enterprise Ireland, showcasing St James's and the advances in the Irish technology sector.

The Cardiology Service

The Cardiology Service provided services 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. The St James's Left Main Stem Registry was presented at the Irish Cardiac Society in October 2006.

Angioplasties were performed on more complex multi-vessel disease or in cases of acute coronary syndromes. The second ICD Support Day in St. James's Hospital was held in October.

Smoking Cessation Service

During 2006, the smoking cessation Nurse Specialist provided brief intervention and literature to 573 smokers during hospitalisation. 65 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 Echocardiography Service

A comprehensive physician-directed transoesophageal echocardiographic service has now been set up at St James's and performed > 300 cases in the first year of its service. Transport of patients to Tallaght Hospital for TOE has now ceased. The outpatient TOE service takes place in the Day Surgical Unit in a new collaboration with the ORIAN Directorate. The inpatient service takes place in CCU with the collaboration of the nursing staff in CCU. There has been a 40% increase in transthoracic echocardiographs performed at a monthly average of 292 vs 403 studies. Detailed business plans to digitize the echo laboratory and integrate it with the hospital PACS system have been formulated and presented to the HSE. The department also ran the Irish Cardiac Echo Society annual meeting in May 2006 with a large audience and an international panel of speakers.

PATS (Patient Analysis and Tracking System) in Cardiology

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. A report will be available in early 2007 to show a detailed analysis for the CARDS clinical data for 2006.

Cardiac Rehabilitation

- The Cardiac Rehabilitation co-ordinators met with and reviewed 445 patients in Keith Shaw ward, Robert Adams ward and the Coronary Care Unit in 2006 providing Phase I education and advice.
- There were 806 referrals sent to other cardiac rehabilitation centres around the country.
- The Phase II Cardiac Rehabilitation clinic was attended by 249 patients.
- 290 patients were offered a Phase III programme in 2006. Of those, 264 took up the offer and were recruited to do a programme (91%). 34 patients did not attend after enrolment (14%). 230 patients actually attended the programme between January and December 2006 (87%). 186 patients completed the programme (80%). 44 dropped out (19%).

While the numbers of patients recruited and those who attended a programme are down on the 2005 figures, the numbers of those completing a programme are slightly up in 2006. The "did not attend" and the "drop out" rate has also reduced marginally.

The new initiative for 2006 was the introduction of a programme for the elder person over seventy. This consists of low intensity exercise and education sessions once a week on Tuesday afternoons to suit the needs of those patients. Two of these programmes were provided in 2006.

Respiratory Medicine

In May 2006, Professor Luke Clancy retired from clinical practice at St James's Hospital, after a long and distinguished career. Dr Ruairi Fahy was appointed as Consultant Respiratory Physician in mid 2005.

The department continued to provide a broad range of respiratory services for the catchment population, with an added supra-regional dimension in lung cancer and TB.

Lung Cancer

In 2006, 310 lung cancer patients attended St. James's Hospital representing over 20% of the national caseload. Supra-regional referrals for advanced bronchoscopy continued to grow and a new endo-bronchial ultrasound (EBUS) service commenced. The Lung Cancer MDT meeting has proliferated and a new telelink with Letterkenny was established as well as continued telelinking with the Midlands.

Supra-regional TB Unit

Approval to proceed with development of a supra-regional TB unit was secured in 2006 and the project team for this initiative commenced work with a target opening date in 2009. This unit will have facilities for in-patient management of difficult TB, including multi-drug resistant (MDR) and highly drug resistant (XDR) TB. It 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. Maria Lawlor, who was previously involved in the development of the Respiratory Assessment Unit, took up her new role as Clinical Nurse Manager for TB.

COPD Services

John Houston Ward has continued its role as the hub for inpatient acute respiratory services, with over 150 patients undergoing non-invasive ventilation (NIV) on the ward in 2006. This service has proved crucial in providing relief from overcrowding pressures in the ICU. 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.

Respiratory Assessment Unit (RAU)

The RAU further consolidated its role as the hub of chronic respiratory disease management for the hospital and its catchment community, particularly for COPD, but also a range of other respiratory conditions. The success of the early discharge programme for acute COPD was maintained and the benefits of running this through the same unit which provides chronic respiratory disease management have now been shown, with a 77% reduction in readmission rates. Proposals to expand this have been submitted to the HSE.

The Pulmonary Rehabilitation Programme expanded considerably in 2006 with substantial increase in patient numbers completing the programme.

A range of other services were provided at the unit including Nurse / Physiotherapist led clinics, in-patient education for patients with chronic respiratory disease, direct referrals from GP's for COPD outreach and pulmonary rehabilitation and the provision of COPD outreach service & staff education to Meath Community Hospital. Jennifer Quinn (Clinical Nurse Specialist) and Ciara Cassidy (Clinical Specialist Physiotherapist) joined the team in 2006.

The Respiratory Laboratory

The Respiratory Laboratory continued to provide a comprehensive range of services at regional and supra-regional level with overall increase in activity of 10% compared to 2005. This service provides essential information for assessment and monitoring of all patients with chronic respiratory disease. Dynamic exercise assessment of lung cancer patients prior to surgical resection increased substantially as did the numbers of patients undergoing both

domiciliary and hospital-based sleep studies.

Michele Agnew, Chief Respiratory Scientist was elected to the Assembly of the European Respiratory Society with responsibility for Allied Health Professionals.

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

In collaboration with Boston University, the Respiratory Department published a sentinel paper in Nature Medicine on the genetic transcriptome of patients with lung cancer. The respiratory department continues to take a lead role in education through the running of its weekly respiratory grand rounds meeting.

Cardio-Thoracic Surgery

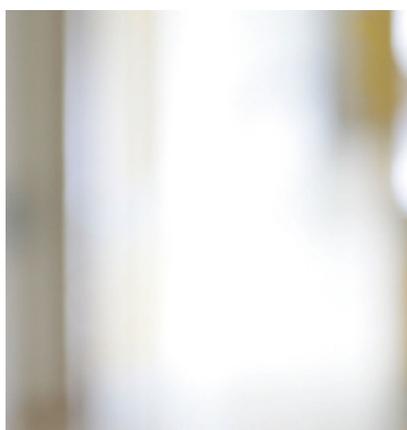
During 2006, 413 patients had cardiac surgery operations. The average waiting time for all patients who underwent cardiac surgery in 2006 was just over a month. An in-depth analysis and audit will be available in the Cardiothoracic Surgery Report 2006 due for publication in Summer 2007.

Telecardiology

Initially linking Sligo General Hospital and St. James's Hospital, this service was further extended to the Midlands area 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 patients pass through the hospital each year. The unit also deals with a wide range of benign pleural diseases and more rare intra-thoracic malignancies.



Dr Kenneth O'Byrne
CLINICAL DIRECTOR

Ms Geraldine Reynolds
NURSE MANAGER

Ms Suzanne Roy
BUSINESS MANAGER

Dr James O'Donnell – NCHCD, St James's Hospital and Trinity College Dublin is pictured here with President Mary McAleese receiving his Young Researcher Award in Arás an Uachtaráin.

Introduction

The HOPe Directorate specialities are Haematology, Medical and Radiation Oncology and Palliative Care. These specialities 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.

Developments in 2006

- The Palliative Care Service was welcomed into the directorate during 2006.
- President Mary McAleese presented a President of Ireland Young Researcher Award from Science Foundation Ireland to Dr James O'Donnell.
- Appointment of Professor Shaun McCann as Director of the Cryopreservation / Tissue Establishment.
- Appointment of Dr Alison Dougall as Dental Consultant.

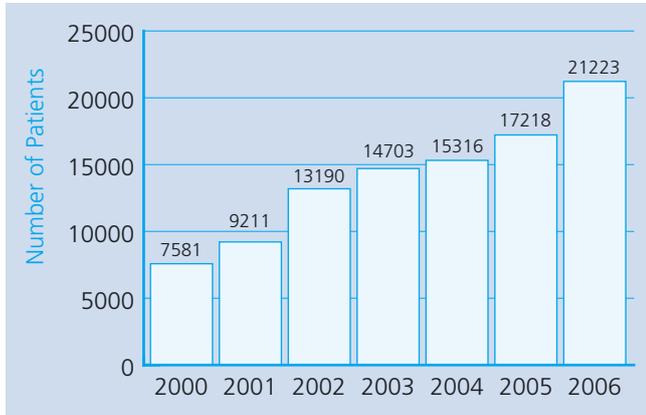
Service Trends

During 2006, the Directorate had another busy year with further increases in the number of patients undergoing treatment.

Haematology Oncology Daycare

The Haematology Oncology Daycare Centre continued to experience an increase in numbers of patients undergoing treatment in 2006.

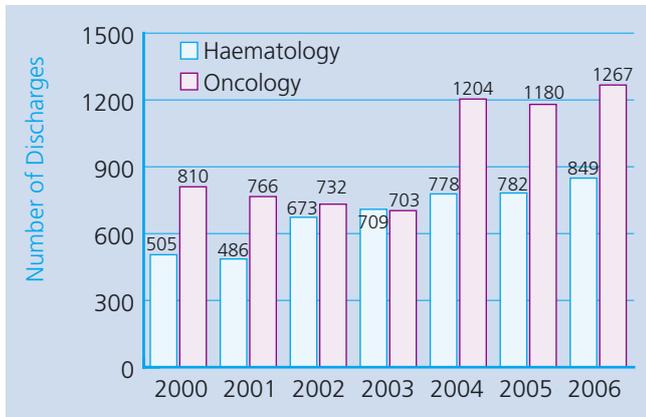
Daycare Attendances 2000 – 2006



Inpatient Activity

In terms of in-patient activity, Haematology and Oncology discharges increased in 2006.

Discharges by Speciality

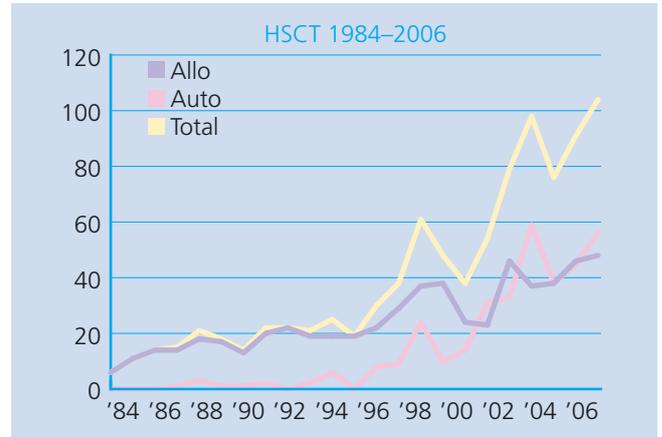


Haematology

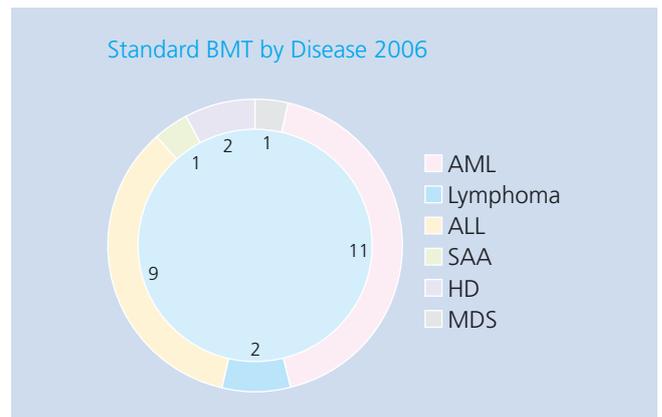
Professor Shaun McCann was appointed Medical Director of the Cryopreservation / Tissue Establishment in St James's Hospital, located in the Irish Blood Transfusion Service building.

The Bone Marrow Transplantation Programme

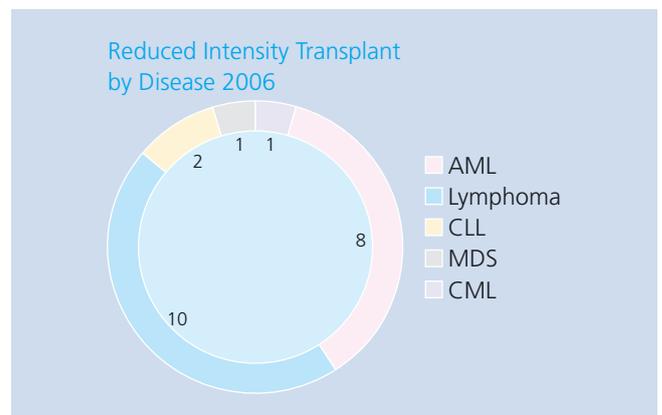
St. James's Hospital total transplant programme 1984-2006



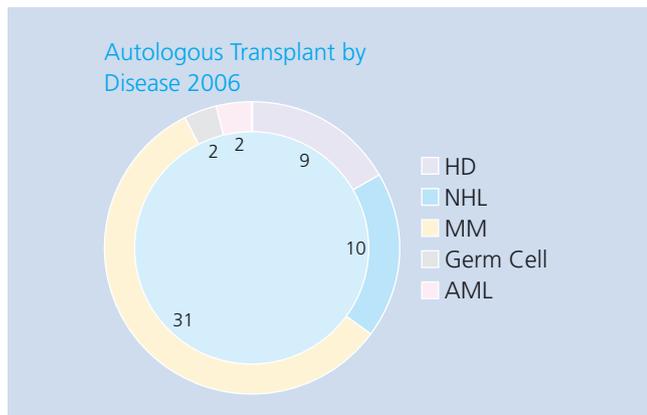
Standard Allogeneic Bone Marrow Transplants in 2006 by disease indication



Reduced Intensity transplants in 2006 by disease indication



Autologous Bone Marrow Transplants in 2006 by disease indication



Cancer Clinical Trials Consortium Office at St. James's Hospital

Dr John Kennedy

PROGRAMME DIRECTOR

Professor John Reynolds

SCIENTIFIC DIRECTOR

Ms Ingrid Kiernan

PROGRAMME MANAGER

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

The office currently employs 3 data managers, 7 research nurses, 1 secretary, 2 research fellows and 1 clinical trials pharmacist.

Cancer Clinical Trials Programme 2006

2006 was a very productive year for the clinical trials office at St James's Hospital. 123 patients were recruited onto oncology and haematology clinical trials and 178 patients were recruited onto translational research studies. The portfolio was broadened and the office is now participating in all phases of clinical trials, from Phase 1 – Phase IV in lung cancer, breast cancer, colorectal cancer, mesothelioma and chronic myeloid leukaemia. There are plans to further expand the portfolio in 2007 by participating in head & neck cancer trials and gynaecological cancer trials.

National Centre for Hereditary Coagulation Disorders (NCHCD)

Electronic Patient Record (EPR)

The implementation of the validated cold chain delivery service along with medication bar coding now allows for full electronic traceability of medication through the supply chain to the patients home and within the hospital. This implementation was completed during 2006.

Young Researcher Awards (PIYRA)

President Mary McAleese announced the award of three President of Ireland Young Researcher Awards (PIYRA) by Science Foundation Ireland (SFI) at a ceremony in Áras an Uachtaráin. The award is SFI's most prestigious honour and recognises outstanding engineers and scientists from Ireland and abroad who, early in their careers, have already demonstrated exceptional potential for leadership at the frontiers of knowledge.

Dr James O'Donnell was successful in securing this award. His research will aim to improve understanding of the role of Von Willebrand disease in common vascular diseases. This work may have important implications for the design and development of future therapeutic agents.

Nursing Service

The annual two-day Coagulation Course was held in April this year in the Trinity Health Sciences Centre. 98 health care professionals from a range of disciplines attended the course from all over Ireland.

Dental Service

Dr Alison Dougall, Dental Consultant, commenced her position in the National Centre for Hereditary Coagulation Disorders following the retirement of Dr Barry Harrington.

Nursing Report

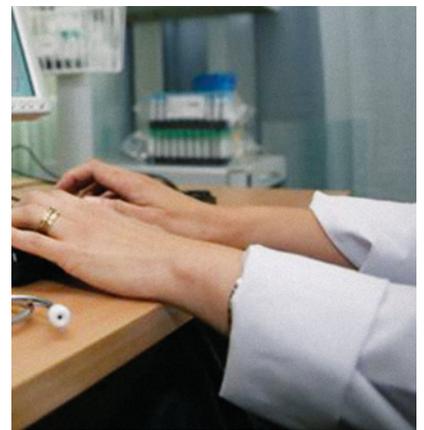
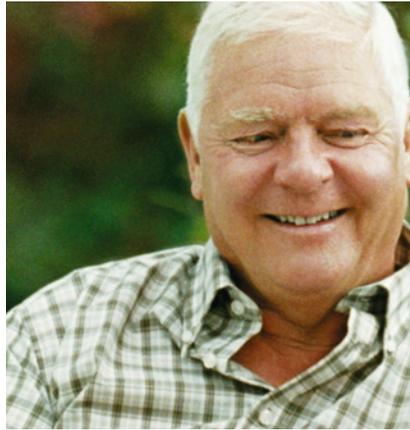
Ms Mary Day, Directorate Nurse Manager left the hospital to take up a position in the Department of Health and was replaced by Ms Geraldine Reynolds, appointed in July 2006.

Ms Nuala Hannon joined the Chemotherapy team as Clinical Nurse Specialist. The Bone Marrow Transplant Survivorship services received funding from the Irish Cancer Society and Ms Anne Marie Kenny was appointed as the Clinical Nurse Specialist for the service. Mr Rory Wilkinson joined the Palliative Care team as Clinical Nurse Specialist and Ms Eileen O'Donovan joined the Oncology Nursing Team in Daycare as CNM 2.

Education

Many programmes have been established over the past few years and continued through 2006.

- The two day Coagulation Course.
- The foundation Programme for Haematology Nursing.
- The five day Haematology Course.
- The five day Oncology Course.



Prof Davis Coakley
CLINICAL DIRECTOR

Nuala Kennedy
NURSE MANAGER

Carol Murphy
BUSINESS MANAGER

The Department of Medicine for the Elderly has admission, rehabilitation and continuing care wards and a day hospital which provides medical and rehabilitation services to patients. It has a busy and comprehensive out patients department and also provides a range of specialised ambulatory care clinics. Research of national and international importance in the field of ageing continued this year in collaboration with the Mercers Institute for Research on Ageing.

Developments in 2006

- The Centre of Excellence for Successful Ageing gained further momentum; it was prioritised by the Department of Health and received a firm commitment from The Atlantic Philanthropies for funding.
- Appointment of Dr Joe Harbison as Senior Lecturer in Medical Gerontology.
- Transfer of Falls & Blackouts Unit to new unit next to Emergency Department.
- Development of dedicated Hip Fracture Assessment Clinic.
- Significant expansion in numbers attending the Bone Protection Clinic.
- Launch of major Irish longitudinal study on ageing, TILDA.
- Awarding of major Industrial Development Agency and Intel grant for TRIL research.

Centre of Excellence for Successful Ageing

The planning for the new Centre of Excellence for Successful Ageing gained further momentum with a firm commitment by Atlantic Philanthropies to financially support the project. The development of the Centre within St. James's Hospital has now been prioritised by the Department of Health and Children, the Health Services Executive

and Atlantic Philanthropies. The Centre will provide 'state of the art' health care for older people through innovative practice models that will allow easy and rapid access to specialist multidisciplinary assessment and treatment clinics. It is envisaged that the Centre will become fully integrated with the surrounding community allowing new models of health and social care to be developed and tested in collaboration with primary care.

New Consultant Appointment

Dr Joe Harbison was appointed as Senior Lecturer in Medical Gerontology with a special interest in stroke. He has experience in establishing and running successful Acute Stroke Units in Newcastle upon Tyne and York and in developing and working with community stroke teams.

Falls and Blackout Unit - FABU

The Falls area saw significant expansion with the appointment of new clinical nurse specialists and the transfer from Hospital 4 of the Falls and Blackout clinical diagnostic facility to a new unit in the main hospital close to the Emergency Department. The Falls and Blackout Unit provides rapid expert assessment and treatment for patients who suffer from falls, dizziness and blackouts. An in-patient Falls and Injury Prevention Programme is run by an expanded clinical nurse specialist team.

Activity

The Falls and Blackout Unit has seen its activity increase almost 1000% since its inception in the year 2003 when 72 patients were assessed. The extra staffing and clinic allocation allowed facilitated the treatment of over 1100 new patients from all over the country in 2006. On average 45 patients were assessed each week since July 2006.

Bone Protection and Osteoporosis Unit

During 2006 further expansion and increase in demands for all aspects of the service was experienced. This included increased clinical and research links with other departments, such as Nephrology, Haematology and Rheumatology, and with clinicians dealing with patients with inflammatory bowel and respiratory diseases. Dedicated Hip Fracture Assessment Clinics were developed this year in addition to the existing Colles Fracture and general osteoporosis pre-assessment clinics. All new patients who had fractures were comprehensively assessed with Dual-Emission X-ray Absorptiometry (DXA), bone markers and osteoporosis risk assessment questionnaires and were subsequently reviewed in a consultant led bone clinic. This area has become a central part of both the clinical and research activity of the department.

Two national courses were organised in St. James's Hospital for staff working in clinical Densitometry from hospitals and community units throughout Ireland in October 2006. One of these courses included members of an international advisory group drawn from different European countries.

Activity

In 2006 the activity of the DXA service increased significantly with 1660 scans performed: over 50% of these demonstrated osteoporosis. A significant expansion in the number of patients attending the Bone Protection Clinic was also experienced. This was facilitated through a further increase in the work of the nurse led Specialist Bone Protection and Osteoporosis Pre-assessment clinics.

A total of 275 new patients with fractures were comprehensively assessed and subsequently reviewed in a specialised consultant led bone clinic. Also 320 new and 350 return patients were seen in the bone treatment clinics. These clinics provide a comprehensive bone health service and a valuable training facility for medical and nursing personnel in the area of fracture prevention and osteoporosis management.

The Mercer's Institute for Research on Ageing

The Mercer's Institute for Research on Ageing saw further major changes and new developments in 2006.

Memory Clinic

The memory clinic, which was established in 1991, has acquired considerable expertise in assessing and diagnosing cognitive disorders. In 2006 there were 306 individual assessments. This included 168 new patients and 140 return patients. The majority of referrals were from the catchment area of the hospital but a significant number are also referred by hospital consultants and general practitioners throughout Ireland. Over the past twelve months referrals to the memory clinic have become increasingly challenging and complex with early cognitive deficits resulting in greater demands on the service.

The memory clinic continues to be active in various research projects including collaborations with other departments and institutions, such as the Dublin Healthy Ageing Study project. The second wave of this study commenced in August 2006

Alzheimer Study

A new study of patients with Alzheimer's disease started in 2006. This study will review the effects of calcium channel locking agents in patients with mild to moderate Alzheimers. This study will be carried out in close collaboration with the Roskamp Institute in Florida.

Irish Longitudinal Study of Ageing (TILDA)

A major longitudinal study on ageing in Ireland was launched in 2006 (TILDA Study). This is a very important development both nationally and internationally and has received major significant funding from Irish Life and Permanent. Professor Rose Anne Kenny is the principal investigator for this study.

Technology Research for Independent Living (TRIL)

The awarding of a major IDA and Intel Grant for Technology Research and Independent Living in the community based

older people was confirmed in 2006. This is another key development and the Mercer's Institute has been identified as a major centre in Ireland for a new international division of technology in clinical research.

The Dementia Services Information and Development Centre (DSIDC)

The Dementia Services Information and Development Centre is a national centre for excellence in dementia in Ireland and is committed to best practice in all aspects of dementia care.

It offers three core professional services namely

- (i) education and training,
- (ii) research and development
- (iii) information.

Key Activities in 2006

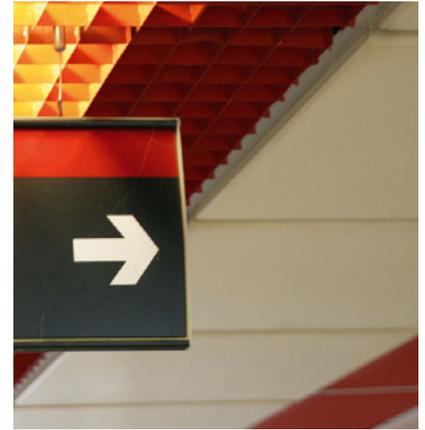
- Requests for training, research and consultancy services continue to grow.
- The employment of an additional part-time Education Officer, Deirdre O'Connor, in the latter part of the year, meant that capacity to respond to invitations for training was increased.
- Key training activities have included; Foundation Workshops, Train the Trainer programme, a number of six week Extra-Mural Courses covering a broad educational curriculum. As in other years, the main bulk of training and education was delivered to nurses and Care Attendants. Guest lectures were also delivered to undergraduates including Medical, Nursing Social Policy / Social Work and Sociology students from Trinity College Dublin.

There was also in-put by staff from the Centre on specialist advisory committees such as those set up by the HSE (Advancing the National Agenda for Older People and the National Dementia Working Group), The Northern Ireland Dementia Centre, and a national Advisory Committee on Dementia Care Mapping. In April, the Centre co-hosted with MIRA a mini- symposium on dementia which covered a broad range of topics both medical, legal and psycho-social. Later in the year it hosted a second symposium on promoting quality of life in people with dementia who are resident in different dementia settings. In November, a group of Swedish dementia care experts keen to establish their own national Centre visited the DSIDC and undertook Dublin based site visits.

Other Developments

Other major developments during the year included;

- the awarding of a grant from The Atlantic Philanthropies to support post-graduate research, investigating the psycho-social aspects of dementia.
- a new training manual on dementia care, entitled: "Dementia: A Positive Guide for Health Care Professionals and Family Caregivers", co-authored by Mary Drury and Aine Farrell was published.
- Professor Brian Lawlor stood down as Chairperson of the Steering and Advisory Committees and his position was taken up by Professor Rose Anne Kenny.
- Dr Greg Swanick, Dr Elaine Greene, Professor Robbie Gilligan and Dr Robert Coen also took up positions on the Steering Committee.



Dr Colm Bergin
CLINICAL DIRECTOR

Ms Margaret Codd
NURSE MANAGER

Ms Trudy Duffy
BUSINESS MANAGER

Introduction

The SaMS Directorate encompasses nine specialties, including Endocrinology, Gynaecology, ENT, Ophthalmology, Dermatology, Rheumatology, Neurology, Clinical Neurophysiology and the Department of Genito – Urinary Medicine and Infectious Diseases (GUIDe).

The aim of the directorate is to ensure that all patients receive effective, efficient, and appropriate care. This is achieved through the continuous professional development of staff, the use of best practice to inform clinical, managerial and policy decisions and by ensuring the patient is at the centre of the care delivery process.

Developments in 2006

- Establishment of first Mohs Micrographic Surgery department in Ireland and the relocation of the Dermatology department to Hospital 5.
- The SMS texting system for appointment reminders was successfully piloted and has subsequently been implemented throughout the organisation.
- A portion of the directorate's services were transferred to and consolidated in Hospital 5.

Professor Cullen, Consultant Endocrinologist and Dr McGuinness, Consultant Gynaecologist, retired after many years of distinguished and dedicated service. Ms Trudy Duffy was appointed Business Manager in September, replacing Mr. Ray Bonar.

In 2006, the nursing service focused on the further development of hospital wide educational programmes in keeping with directorate specialties. i.e. including the

Tracheostomy Safety Programme, the Neurological Nursing Programme, Diabetes, HIV and STI educational programmes.

Outpatient Services

The total attendance rate for SaMS Directorate Outpatient services continued to increase during 2006. The directorate introduced initiatives to assist in the management of new to return patient ratios.

| SaMS Outpatients | Total 2005 | Total 2006 | Variance |
|------------------|---------------|---------------|------------|
| Dermatology | 5,271 | 6,059 | 788 |
| Endocrinology | 6,643 | 6,108 | -535 |
| E.N.T. | 3,960 | 4,582 | 622 |
| GUIDe | 16,724 | 16,800 | 76 |
| Gynaecology | 3,465 | 4,026 | 561 |
| Neurology | 1,505 | 1,707 | 202 |
| Ophthalmology | 2,267 | 2,239 | -28 |
| Rheumatology | 4,070 | 2,808 | -1,262 |
| Total | 43,905 | 44,329 | 424 |

Day Ward Services

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

The attendances per department were:

| SaMS Day Cases | Total 2005 | Total 2006 | Variance |
|-----------------|---------------|---------------|--------------|
| Dermatology | 4,082 | 4,654 | 572 |
| Endocrinology | 10,898 | 13,185 | 2,287 |
| E.N.T. | 192 | 258 | 66 |
| GUIDe | 3,111 | 3,311 | 200 |
| Gynaecology | 194 | 378 | 184 |
| Neurology | 106 | 38 | -68 |
| Neurophysiology | 916 | 1,115 | 199 |
| Rheumatology | 3,090 | 5,003 | 1,913 |
| Total | 22,589 | 27,942 | 5,353 |

Discharge Lounge

A repeat patient satisfaction survey undertaken during 2006 continued to illustrate high levels of patient satisfaction with the service. The purpose of the Discharge Lounge is to reduce the waiting time for patients requiring admission to an in-patient bed by providing a comfortable area for patients who have been discharged that day.

Dermatology

In 2006, the Dermatology Department relocated to Hospital 5. This consolidated existing services and provided the opportunity to establish the first Mohs Micrographic Surgery Department in the Republic of Ireland in April. This initiative enables patients who had recurrent and complicated skin cancers to receive their surgery at St James's Hospital rather than having to travel to the UK.

Dr A. Irvine published collaborative research on the common disorder, atopic dermatitis. It has been shown that loss of function of the barrier protein filaggrin is a major predisposing factor.

The EB team, led by Dr R Watson, continues to provide dedicated individualized care to patients with Epidermolysis Bullosa. In 2006, in collaboration with Debra Ireland, one long-term patient received an honorary degree from Trinity College Dublin in recognition of her contribution to EB services in Ireland.

Endocrinology

Dr Marie Louise Healy replaced Professor Cullen.

There was a 20% increase in the number of patients who received ambulatory care for diabetes in 2006. The service continues to provide specialized and tertiary services in areas such as insulin pump therapy and retinal screening.

Dr Healy, in collaboration with the ENT Surgical Services, continues to provide a comprehensive and committed thyroid – oncology service. This service provides care for approximately 70% of patients diagnosed with thyroid cancer in the Republic of Ireland.

In 2006, the service was successful in obtaining a St James's Hospital Foundation bursary to improve patient facilities in the Radio Active Iodine suite.

Ear, Nose & Throat (E.N.T.)

The Tracheostomy Safety Programme continued throughout 2006 following a positive evaluation in 2005. The aim of the programme is to highlight and eliminate the risk management issues associated with tracheostomy care and as a result improve the quality of care delivered to this patient group.

The upgrading of the decontamination service also continued during 2006 with further training to ensure improvements in the service delivery. This is part of the hospital wide sterigilance programme.

In keeping with service quality initiatives, the regular ENT Multi-Disciplinary Team (MDT) meetings were formalised in 2006.

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.

Outpatient Activity 2006

| Description | New | Return | Total |
|---|--------------|---------------|---------------|
| HIV service attendances | 136 | 3,829 | 3,962 |
| STI service attendances | 7,213 | 3,533 | 10,746 |
| Infectious Diseases outpatient attendances | 66 | 347 | 413 |
| Young Persons service attendances | 275 | 336 | 611 |
| HIV-Hep C outpatient attendances | 16 | 845 | 861 |
| New Fill attendances | 29 | 103 | 132 |
| Day Ward attendances | 423 | 1,450 | 1,873 |
| Results / Nurses Clinics attendances | | 3,257 | 3,257 |
| Vaccination attendances | 434 | 1,003 | 1,437 |
| Phlebotomy service attendances | 806 | | 806 |
| Post Hospitalisation Assessment attendances | 50 | | 50 |
| Total Outpatient Activity | 9,448 | 14,703 | 24,151 |

Dr Fiona Lyons was appointed Consultant in Genito-Urinary Medicine. The expanding practice saw the Advanced Nurse Practitioner in Sexual Health, Ms Sandra Delamere, successfully deliver and develop the NEWFILL Clinic.

A successful pilot for a Home Antibiotic Service was undertaken in 2006, with a proposal for this initiative to roll out in 2007.

Gynaecology

The Gynaecology Service at St. James's Hospital provides care to patients with conditions ranging from general gynaecological conditions, oncology, bladder incontinence and gynaecological endocrinology (infertility and menopause).

The Gynaecological Oncology Service provides a local, regional and supra-regional service for patients with gynaecological cancer.

Dr Eamonn McGuinness retired and Dr Mary Anglim took up appointment as Consultant Gynaecologist during 2006. The first Specialist Registrar in Gynaecology Oncology started on the first July 2006 following recognition of the Gynaecology Department as a Gynaecology Oncology Sub Specialist Training Centre in 2005.

Clinical Neurophysiology

The Department of Clinical Neurophysiology, under the direction of Dr Connolly, is part of the South Dublin Clinical Neurophysiology Service which offers a range of investigative and diagnostic services. These include Nerve Conduction Studies (NCS), Electromyography (EMG), and Quantitative Sensory Testing (QST), Electroencephalography (EEG), Somatosensory Evoked Potentials (SSEPs), Brainstem Auditory Evoked Responses (BAERs) and Visual Evoked Responses (VERs).

Neurology

The Neurology Department was relocated to Hospital 5 during 2006 and a Senior House Officer post was assigned to Dr Colin Doherty.

The department expanded during 2006 with the development of subspecialty clinics in epilepsy and cognitive behavioural neurology. The Epilepsy Clinic is run in conjunction with Brainwave, the Irish Epilepsy Association, which provides counselling services at the clinic. There is also an electronic service for General Practitioners and patient advice and appointments.

The Neurology Department continues with its ongoing research in Multiple Sclerosis, bone disease and immunomodulators.

The nursing service introduced a Neurological Nursing Programme. The aim of this education programme was to identify the key competencies in caring for patients with a neurological illness and to provide training and education for nursing staff.

Ophthalmology

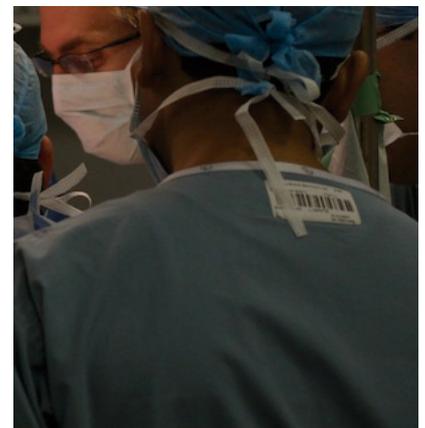
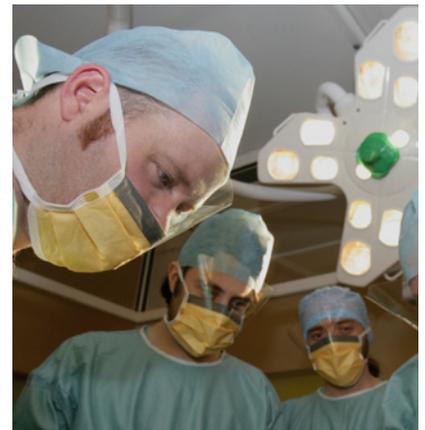
In 2006, the Ophthalmology Administration Offices were established, with the appointment of designated administration staff.

The Diabetic Retinal Screening Clinic activity continues to grow since its introduction in 2005. This collaborative approach to patient care by the Endocrinology and Ophthalmology service allows the early detection of diabetic eye disease.

Rheumatology

The Rheumatology administration function and day services relocated to the Rheumatology Day Centre in 2006. The centre is currently used to monitor disease modifying therapy, administer intramuscular methotrexate therapy, and for educational activities. The Rheumatology Department continues to develop its biological therapies programme.

Following a successful pilot, the RAISE (Rheumatoid Arthritis Informed Support and Education) programme has been continued in collaboration with the Occupational and Physiotherapy Departments and with funding from Arthritis Ireland.



Dr P.W.N. Keeling
CLINICAL DIRECTOR

Ms Catherine Carey
NURSE MANAGER

Ms Patricia Malone
BUSINESS MANAGER

Introduction

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

Developments in 2006

- Opening of new Breast Care Department by An Taoiseach Mr Bertie Ahern TD.
- An evaluation of the effect of AMAU on all causes of death showed significant decrease in the number of deaths, with results showing estimates of 340 'lives a day' saved.
- Establishment of medical led clinic specifically for Hepatitis B patients.
- Introduction of Laparoscopic Colorectal surgery due to appointment of Mr Brian Mehigan as Consultant Surgeon.
- Appointment of Dr George Mellotte to President of Irish Nephrology Society.

Breast Care Department

May 2006 saw the opening of the new Breast Care Department, situated beside the Discharge Lounge, by An Taoiseach, Mr Bertie Ahern TD. The Rapid Access Triple Assessment Breast clinic offers patients clinical examination, diagnostic investigations, diagnosis and counselling in a single visit.

New Facilities at the unit include a comfortable reception and waiting area, clinical consultation rooms, an aspiration room, a patient counselling room, and a prosthesis fitting room for patients following breast surgery. The unit overlooks a landscaped garden, which was sponsored by the Marie Keating Foundation.

The team, led by Mr Terence Boyle, General Surgeon, includes three surgeons each now operating on approximately 200 breast cancer cases annually, a Medical Oncologist, Dr John Kennedy (with a special interest in breast cancer), a Radiation Oncologist, two Cytopathologists, three Radiologists, two Plastic surgeons, a Breast Care Nurse Co-ordinator, a Breast care Nurse, a Breast Data Manager, a dedicated breast radiographer and a breast Physiotherapist and Lymphoedema therapist.

Demand for the clinic's service has grown 500% since it opened in 1997 and continued to grow during 2006, when 91.3% of patients had same day diagnosis.

Acute Medical Admissions Unit (AMAU)

The Acute Medical Admissions Unit (AMAU) has 59 beds and aims to facilitate a high quality, efficient admission process by concentrating manpower and technological resources at the point of entry to clinical care.

The Unit continued to admit emergency medical patients 24 hours a day, seven days a week and operate a '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 the day to day Unit Activity. The Unit runs a one in nine Consultant rota with shared teams between consultants. The AMAU is overseen by Dr Bernard Silke, Director and Dr Deirdre O Riordan, Deputy Director, both of whom are Consultant General Physicians.

An evaluation was conducted on the impact of the introduction of an acute medical admissions unit (AMAU) on all cause in-patient hospital mortality by prospective analysis of all emergency medical patients admitted to St. James's Hospital between 1st January 2002 and 31st December 2006, using the hospital in-patient enquiry (HIPE) system and a record of all hospital deaths among emergency medical admissions.

The AMAU process reduced overall hospital length of stay (LOS) from 7 days in 2002, to 5 days in 2003-06. The most common number of patients waiting in the emergency room at peak waiting time (7.00am) was 12 in 2003; this was reduced to 1 in the last 6 months of 2006. In-patient all cause hospital mortality decreased from 12.6% in 2002 to 6.9% in 2006.

In 2003 an emergency medical admission was twice as likely to suffer a hospital death as in 2006. The numbers of emergency medical admissions associated with one life saved is 17.5. This, with the volume of patients going through St. James's Hospital, approximates to 'a life a day saved'. In 2006 the estimate of lives saved among emergency medical admissions, compared with 2003, was 340.

Hepatology Centre

The Hepatology Centre provides a comprehensive service to patients with chronic liver disease. The nursing staff continued to develop the Nurse Led Treatment clinics with activity in these clinics consistently growing. Activity in the Hepatology Centre out patient clinics has steadily increased since 1998. From 2000 to 2006 there has been an average increase of 19.5% per year.

The Hepatology Centre initiated a pilot project in November 2006 to flag HAA cardholders within the hospital service, in conjunction with the HSE, in their development of a Home Nursing Service for this particular patient cohort. Anne Grogan & Helena Irish represented St. James's Hospital on the HSE Home Nursing Forum.

In 2006 a Hepatitis B nurse specialist was introduced to the service to develop a nurse led treatment service & education for hepatitis B patients similar to clinics existing for hepatitis C patients. The introduction of this post has enabled the establishment of a medical-led clinic specifically for Hepatitis B patients.

Endoscopy Service

New processes to streamline day services for patients attending the outpatient clinics continue to be reviewed to improve accessibility and quality for the service users.

Early morning appointments are now available at the dressing clinic and for Haemochromatosis treatment. Same day breath testing following gastroscopy procedure reduces the number of visits to the Unit. Same day access to endoscopy procedures for suitable patients referred from GEMS Outpatients is also provided.

New innovations in endoscopic technology were introduced to St. James's Hospital such as double balloon enteroscopy, trus biopsy and endobronchial ultrasound. Attendances for 2006 were 12,299.

The clinical facilitator facilitated the annual Endoscopy Courses for Nurses in October 2006. Ten nurses from hospitals around the country completed the course.

The role of the Health Care Assistant, entitled Washroom Technicians, who work in the endoscopy and reprocessing room continues to develop with two washroom technicians attending Fetac training in 2006.

The first advance nurse practitioner (candidate) in Gastroenterology Nursing continued to further develop during 2006. The site was accredited by the National Council for Nursing and Midwifery in 2006.

Gastrointestinal (GI) Function Unit

The GI function unit is the only accredited physiology service laboratory in the Republic of Ireland, providing a full range of functional gastrointestinal investigations.

Demand for GI function studies continued at previous levels in 2006. There were 1545 patients investigated during 2006, 30% were external referrals. For in-house referrals 14% came from the respiratory service and 8% were ENT referrals. Gastro-oesophageal reflux disease (GORD) patients accounted for 80% of the workload.

Many initiatives were undertaken during 2006 to measure treatment outcome. These findings are now being used to facilitate better patient selection & treatment.

Laryngopharyngeal reflux (LPR) was a new area of investigation during 2006. LPR is caused by gastro-oesophageal reflux breaching the upper oesophageal sphincter sometimes causing laryngeal symptoms and chronic cough. A high incidence of 'silent LPR' was identified in patients presenting with gastro-oesophageal reflux using a modified 24 hour dual channel pH monitor.

Colorectal Service

The appointment of Mr Brian Mehigan as Consultant Surgeon has resulted in the introduction of Laparoscopic Colorectal Surgery. This appointment has allowed for a team approach to the management of colorectal patients with Mr Stephens.

Renal Services

Dialysis Activity in 2006 increased by 50% from 2005, activity in pre dialysis education; transplant work up also considerably increased.

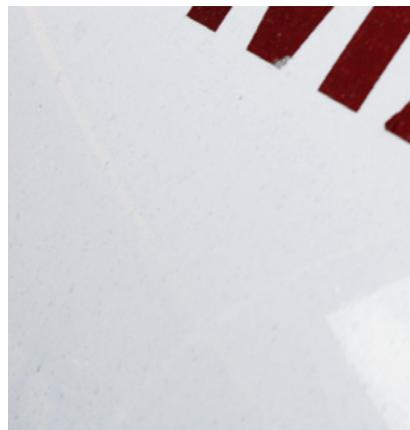
An internal audit of patients under going cardiothoracic surgery and the prevalence of Renal Disease and outcomes was presented to the National Angiology Society by the Nephrology Medical Team.

Dr George Mellotte Consultant Nephrologist was appointed President of the Irish Nephrology Society.



Celebrating the official opening of the Rapid Access Breast Care Department: (L-R) Eleanor Moran, Laura Keenan, Aisling O'Gorman, An Taoiseach Bertie Ahern TD, Adele Henderson, Department Manager, Pauline Murphy, Breast Care Nurse Co-ordinator and Ireneus Shortt, Breast Care Clinical Nurse Specialist.

EMERGENCY DEPARTMENT



Dr Una Geary
CLINICAL DIRECTOR

Ms Joan Fitzgerald
NURSE MANAGER

Ms Noelle Wallace
BUSINESS MANAGER

The Emergency Directorate comprises the Emergency Department, Emergency Observation ward and Chest Pain Assessment Unit.

Developments in 2006

- Major refurbishment of old Emergency Department.
- Survival to admission for resuscitation patients increased from 1:3 in 1999 to 1:2 in 2006.
- Publication of CPAU Care Pathway.

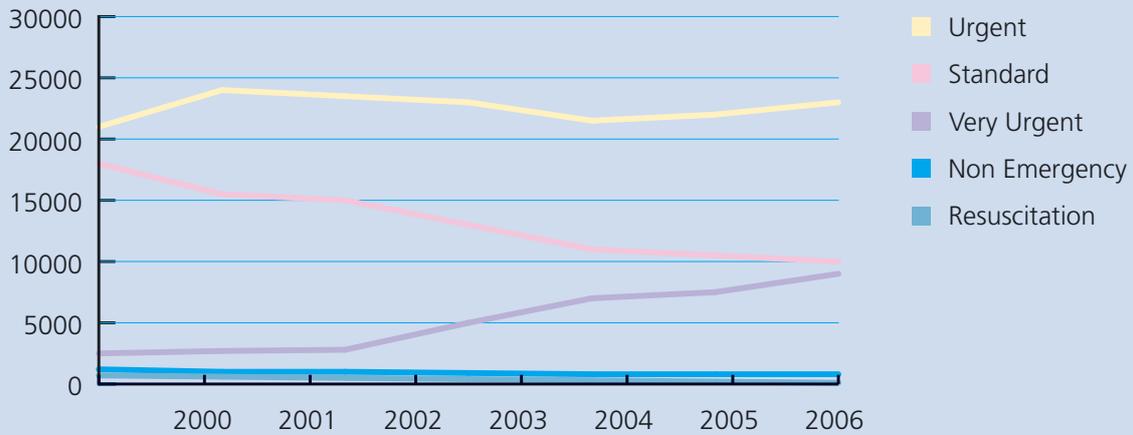
Ms Joanna Fitzgerald, Nurse Manager, retired in October 2006, following 28 years of service in St James's Hospital.

Patient Activity

A total of 45,819 patients attended the newly built Emergency Department (Zone 1 & Zone 2) in 2006. During the year major refurbishment was undertaken in the old Emergency Department (Zone 3), although clinical activity continued during this refurbishment.

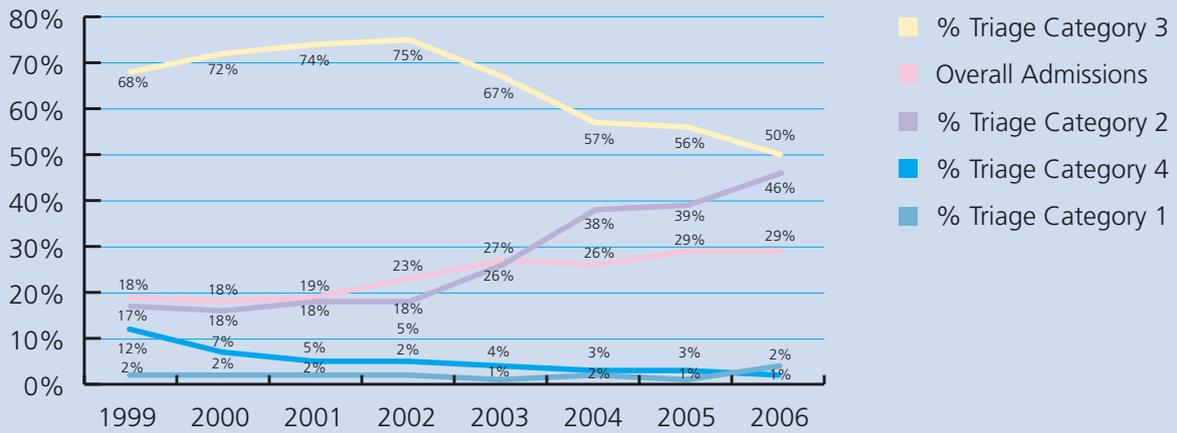
In the last quarter of the year due to the combination of a rising acuity (admission rate) of triage categories and an increase in attendances, additional Registrars were rostered to work during identified peak periods thus helping to reduce delays within the department.

Attendances per Triage Category 2000 – 2006

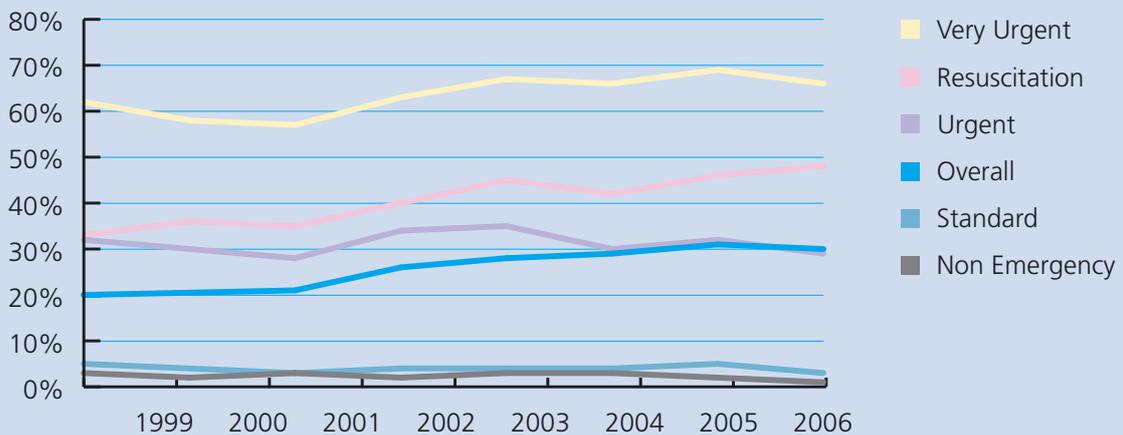


Acuity = Admission rate

Overall Admissions per Triage Category 1999 – 2006



Percentage of Each Triage Category Admitted per Year 1999 – 2006



Over the past five years the proportion of patients being admitted has steadily increased. Furthermore the most significant aspect of this has been the marked increase in the proportion of those critically ill who require resuscitation. The individual admission percentage for each triage category indicates that this marked rise in acuity is real and not caused by alternation in the triage process.

The survival to admission for resuscitation patients has increased from 1:3 in 1999 to 1:2 in 2006 in a steady incremental fashion. As the numbers are relatively speaking low, this had not been obvious before.

Service Development

The Advanced Nurse Practitioner (ANP) Service has expanded as predicted in response to the changing service demands. In June 2006 the National Council for the Professional Development of Nursing and Midwifery approved the site preparation and job description for an ANP (Emergency) post.

The hours of service have increased, running from 7.30am until 9.00pm. This continues to contribute to the goal of delivering a quality-driven efficient service which meets the challenging demands of healthcare for a specific client group.

Professional Development & Provision of Education

While the ANP service in the Emergency Department has continued to expand the range of clinical conditions and extend the hours of service, there is also a continued commitment to provide clinical and theoretical education to nurses who wish to develop a career in advanced practice nursing through the education module. To date, twenty-one ANP / ANP candidates have been educated and trained through the provision of the education module entitled 'Clinical Diagnostic Skills for Advanced Nurse Practitioners in Emergency Nursing'.

| Year | Total No of ED Attendances | No of Patients seen by ANP | % of Patients seen by ANP |
|------|----------------------------|----------------------------|---------------------------|
| 2000 | 48,922 | 4,016 | 8.2% |
| 2001 | 50,934 | 4,715 | 9.3% |
| 2002 | 48,444 | 6,132 | 12.7% |
| 2003 | 45,409 | 6,480 | 14.3% |
| 2004 | 44,488 | 5,962 | 13.4% |
| 2005 | 43,719 | 5,915 | 13.5% |
| 2006 | 45,816 | 5,880 | 12.8% |

Chest Pain Assessment Unit

The total number of patients admitted to the CPAU under the care of the Emergency Consultants was 793. Patients admitted to this unit follow a specific integrated clinical care pathway that was developed by the Emergency Consultants in collaboration with the Cardiology Consultants and specialised staff in the unit. This multidisciplinary approach to care has been supported by a growing number of Allied Health Professional throughout the organisation.

The National Council for the Professional Development of Nursing and Midwifery published the CPAU care pathway as an example of a comprehensive integrated care pathway in their publication 'Improving the patient journey: Understanding Integrated Care Pathways' September 2006.

Patients admitted to the unit attend a 48hour review clinic after discharge, led by the Advanced Nurse Practitioner (Cardiac) and the Clinical Nurse Specialists.

Emergency Observation Ward

| Speciality | No of patients admitted |
|-----------------------|-------------------------|
| Emergency Consultants | 383 |
| Other specialities | 418 |

Nurse Education

A pilot Resuscitation Training programme was introduced to allow new staff to gain the knowledge and skills necessary to effectively care for patients with life and limb threatening illnesses and injuries.

Due to strengthened links with colleagues in other hospitals, all nursing staff were given the option of availing of the Neonatal Resuscitation Training programme, offered by the Coombe hospital.

The directorate also hosted a national study day for nurses on 'The Introduction of the 2nd Edition of the Manchester Triage system'. Three nurses also completed nursing degrees at Master's level and seven undertook a Higher Diploma in Emergency Nursing.

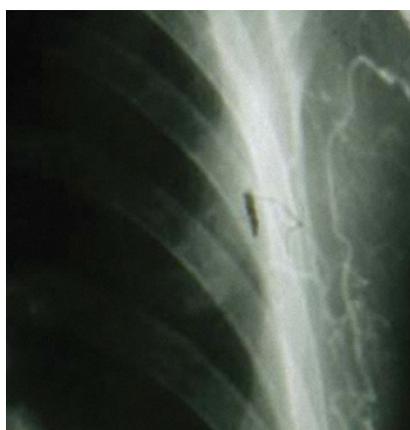
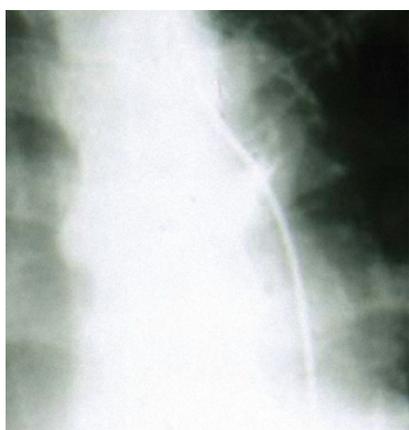
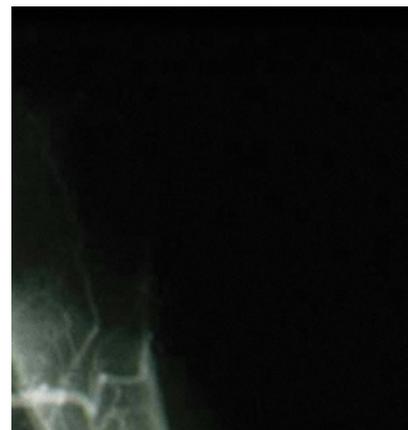
Work commenced on a review of patient processing from an administrative perspective. A workshop was held in SIPTU headquarters which was facilitated by a member of Partnership and was attended by Clerical Admin staff, an IMPACT representative and a Consultant in Emergency Medicine. Work is ongoing in the area; with the initial focus on patient processing through the department.

Data Management

The Emergency Database Team carries out regular audits and evaluations of data. Data is supplied for the hospital Performance Indicator programme, weekly HSE statistics and also for ad hoc reporting. A business case has been submitted to the HSE to secure the resources necessary to obtain and implement an appropriate, modern, Emergency Department Information System suitable for both clinical, business planning and management. The system will provide the department with a paperless alternative that is integrated with all hospital systems.

Health Care Assistants

Two members of the Health Care Attendants (HCA) attended the FETAC level 5 training, which is funded by the national SKILLS project. This brings the total number of HCAs trained to five.



Prof G Shanik
VASCULAR SURGEON

Mr D Moore
VASCULAR SURGEON

Mr P Madhavan
VASCULAR SURGEON

Dr M.P. Colgin
SENIOR LECTURER

Introduction

The department of vascular surgery plays three pivotal roles within the hospital:

- It provides assessment and management for patients with arterial disease; both cerebro-vascular and peripheral.
- It provides a comprehensive venous service.
- It provides non-invasive vascular assessment for all departments within the hospital and for many external hospitals.

Developments in 2006

- Expansion of endovascular surgery
- Initial roll out of aneurysm screening programme

Endovascular Surgery

The area of endovascular surgery continues to expand with excellent results. The use of stent grafts for the management of aortic aneurysms and aorto-iliac disease has progressed to the extent that it is rapidly becoming the standard of care. In 2006 more endovascular aneurysms than open procedures were carried out. The unit has in conjunction with cardio-thoracic surgery carried out hybrid aortic arch reconstructions. Carotid angioplasty with cerebral protection has been increasingly used throughout the year.

Endovenous laser ablation continues to be applied in suitable patients with excellent results.

Professor Shanik was an invited lecturer at the annual meeting of the Vascular Surgical Society Great Britain and Ireland on carotid angioplasty.

The department was once again part of the live course in St. James's Hospital. Professor Mark Morasch from Northwestern University, Chicago was the visiting surgeon. The two live cases were for high-grade carotid artery stenosis and endovascular repair of a large thoracic aneurysm.

Nicola Fay was appointed as nurse co-ordinator of an aneurysm screening programme for the catchment area; Dublin and the Midlands. It is planned to offer all 65 year old males a simple ultrasound scan to measure their aortic diameter. The programme was rolled out first in the Midlands and will be rolled out in Dublin before year end. It has received support from GPs and patients.

Veins Unit

Nurse-led dressing clinics in the Veins Unit continue to grow and excellent healing rates are achieved. The unit has participated in several educational meetings to help promote the correct use of compression dressings. The unit continues to be involved in clinical trials. Venous ablation using laser and foam sclerotherapy is now very much part of the daily workload. This allows treatment in an out-patient setting thus freeing up hospital beds.

Vascular Laboratory

The vascular laboratory remains extremely busy with the expansion of the role of peripheral duplex imaging in selecting patients for endovascular management. Colette Choiseul compared MR angiography to duplex imaging in assessing the arteries of the lower extremity and was awarded a M.Sc. for her work.





Ms Dympna St John Coss
NURSE MANAGER

Introduction

Trauma is a collection of specialties not yet formally in a Directorate structure but scheduled for 2007. Services grouped within it include:

- National Adult Burns Unit.
- National Maxillofacial Surgery Unit.
- Plastics and Reconstructive Surgery.
- Orthodontic and Cleft Unit.
- Orthopaedic Surgery.

National Adult Burns Unit

The 14 bed, self-contained National Burns Unit is based at St. James's Hospital, for patients aged over 14. There were 188 admissions to the Unit in 2006.

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.

Five staff nurse successfully completed the Foundation course in Management of patients with Burns, which was funded by National Council of Nursing and Midwifery.

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

National Maxillofacial Surgery Unit

This national specialty provides ongoing dental surgery, oral surgery and facial surgery to treat patients with diseases and defects of the face and oral region.

The unit is the tertiary referral centre for patients with facial trauma, correction of jaw deformities (orthognathic surgery), dento-alveolar, orofacial oncology and maxillofacial congenital abnormalities of the oral tissues.

The Maxillofacial laboratory provided essential support to surgeons concerned with the reconstruction of facial features, bone structure damaged by injury or disease.

Work continued during 2006 in close collaboration with the National Neurosurgical Unit in Beaumont Hospital, where major cranio-facial cases of skull base trauma and tumours are managed.

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.

Mr Denis Lawlor, Consultant Plastic Surgeon, retired after many years service to 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 2006, two more Orthopaedic Consultant posts, which are to have an elective attachment to St Mary's Orthopaedic Hospital in Cappagh, were anticipated. Reciprocal relations with Cappagh Hospital should significantly improve throughput of elective orthopaedic surgical cases and will improve the service in the Hospital's catchment area.

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 2006, 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.

The anticipated expansion of clinical facilities for Cleft Orthodontics and Maxillofacial Surgery will add 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.



Prof Brian Lawlor
CLINICAL DIRECTOR

Mr Oliver Claffey
PSYCHIATRIC DIRECTOR OF NURSING

Mr Gerry O'Neill
MENTAL HEALTH SERVICES MANAGER

Introduction

Within Psychiatry at St. James's Hospital there are several distinct services. The community service is part of the Dublin South City Mental Health Services and provides a service to a catchment area of 134,700.

Services include:

- Inpatient care at Jonathan Swift Clinic.
- Community Psychiatry, which is sector-based and divided between inner city (Camac and Drimnagh) and suburban (Owendover) areas.
- Old Age Psychiatry.
- The Psychological Medicine Service, based in the general hospital, provides a Consultation-Liaison service to the general hospital and liaises closely with community services at the Jonathan Swift Clinic.

Disciplines within the Dublin South City Mental Health Service include medical, nursing, psychology, occupational therapy and social work. Multidisciplinary teams deliver care using individualized treatment plans.

There were 449 admissions to the Jonathan Swift Clinic in 2006. 196 were new admissions and 47 patients were detained under the 1945 and 2001 Mental Health Acts.

Developments in 2006

- In 2006, the corporate management structure for Psychiatry changed from a tripartite system, which had included St. Patrick's Hospital, to a bipartite structure

with the HSE and St. James's Hospital jointly managing the service.

- Funding was obtained from the HSE for the provision of a clinical pharmacy service to Psychiatry.

Professor Brian Lawlor took over as Clinical Director from Dr Paul Scully and Ray Bonar was appointed as Mental Health Services Manager with Yvonne Browne as Mental Act administrator. Dr Linda Finnegan was appointed as Principal Psychologist, taking over from Dr Tony Bates who had been with the service for over 25 years. Oliver Claffey was appointed as Psychiatric Director of Nursing and Shirley Guerin was appointed to the position of Clinical Pharmacist.

The new Mental Health Act (2001) was enacted in November 2006, increasing the administrative demands on the service. Additional funding was made available to the service as part of the implementation of the Act and this will add an additional consultant and part of a multidisciplinary team.

The additional consultant and team will necessitate the redrawing of the community sector boundaries as the move towards the recommendations of the Mental Health blueprint Vision for Change is undertaken. This recommends two Consultant-led multidisciplinary teams in each 50,000 sector.

Old Age Psychiatry

Dr Elaine Greene was appointed as the second Consultant in old age psychiatry at St. James's Hospital, with responsibility for Consultation / Liaison and community unit outreach.

Research activity continued to grow in 2006 with the award of €5.9 M for collaborative studies with Medical Gerontology and HRB on cognition and neurocardiovascular instability and Intel / IDA on the use of technology to enhance social connection.

Psychological Medicine Service

The service continues to develop multi-disciplinary team care throughout the hospital, including the Emergency Department and all medical and surgical specialties. Dr John Cooney commenced as a consultant in the service in January 2006.

The Psycho-Oncology service won a HSE Innovations Award for cancer-related service.

A five-day education and training course in Psycho-Oncology, accredited by An Bord Altranais, was launched and run successfully throughout 2006. Other 1 day work-shops and teaching sessions were held both within St James's Hospital and elsewhere. The service continues to collaborate in research programmes both with hospital clinicians at St James's and with the Trinity College Institute of Neuroscience.

Social Work

An extra post was established in 2006 to bring the number of social workers that operate on behalf of the Dublin South City Mental Health Service up to six full-time practitioners,

including the principal. The creation of the new post was facilitated by funding made available as part of the implementation of the Mental Health Act (2001).

Occupational Therapy

Occupational Therapy in this service is primarily located in three centres, Jonathan Swift Clinic St. James's Hospital; St. Martha's Day Service South Circular Road and Martha Whiteway Day Hospital St. Patrick's Hospital.

There are a total of eight occupational therapist posts for the Adult and Old Age In-patient, Day Hospitals and Out Patient Mental Health Services. In 2006 the opportunity was taken to increase the skill base of the staff with three staff members participating in an intensive AMPS (Assessment of Motor and Process Skills) assessment course in October, this assessment is now available in all three locations.

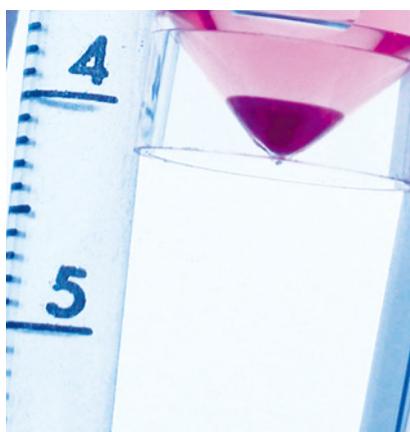
2006 was also the start of the second year of DBT (Dialectical Behaviour Therapy) training. An Occupational Therapist is a member of the inter-disciplinary group participating in the training.

Psychology

The Department of Psychology has grown and developed to encompass both Psychology and Psychotherapy broadening its range of psychotherapeutic interventions at individual and group level to include Family Therapy, Cognitive Behavioural Therapy, Integrative and Humanistic Psychotherapy, Biosynthesis, and Dialectical Behaviour Therapy. The Department of Psychology & Psychotherapy, under the management of Dr Linda Finnegan, Clinical Psychologist & Psychotherapist is actively targeting waiting times for services users and staffing levels. In pursuit of these goals 2006 saw the addition of the 2 new Senior Posts.

Academic Department of Psychiatry

Dr Aiden Corvin was appointed as Senior Lecturer in Psychiatry at St. James's Hospital and TCD in 2006, replacing Dr Brian Fitzmaurice who was in an acting capacity since 2002. Dr Corvin's main area of academic interest is in the field of Psychiatric Genetics and he also leads a clinical team in the Camac sector. The Academic Department of Psychiatry continued to show a high profile nationally and internationally in 2006 and hosted the World Psychiatric Genetics Conference in Dublin. Research activity was increasingly strong in 2006 with the award of €5M in association with UCD, as part of a large international multicentre collaboration on the genetics of Autism. Additional project grants, from HRB and SFI were awarded, as well as 2 HRB fellowships. The Postgraduate course in Cognitive Behavioural Psychotherapy was re-commenced in 2006 under the directorship of Dr Brian Fitzmaurice.



Dr Brian O Connell
CLINICAL DIRECTOR

Mr John Gibbons
LABORATORY MANAGER

Introduction

The Laboratory Medicine (LabMed) Directorate comprises the clinical laboratory departments of Biochemistry, Immunology, Haematology, Transfusion Medicine, Histopathology, Cytopathology, Microbiology, Cancer Molecular Diagnostics (CMD), Coagulation and the National Centre for Hereditary Coagulation Disorders (NCHCD), the Cryobiology Stem Cell Facility, the Irish Mycobacteria Reference Laboratory (IMRL), the National MRSA Reference Laboratory (NMRSARL), and Phlebotomy.

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

The LabMed Directorate would like to acknowledge the work and dedication of the late Philip Creevy to the work of the directorate, who died in April 2006.

Developments in 2006

- The laboratory was involved in the submission of a detailed questionnaire to Teamwork Management, the consultant body employed by the HSE to carry out the National Pathology Review, whose remit is to advise on the future re-organisation of the pathology services in the State. The report is due for publication in mid 2007.
- Two new immunophenotyping assays for disease monitoring were introduced.
- The haemoglobinopathy laboratory discovered a previously unreported molecular variant of haemoglobin, named "Haemoglobin Dublin".

The workload from within the hospital and from General Practitioners continued to rise in 2006:

- The total number of specimens received was just under 1.9 million, accounting for just over 7 million reportable tests results.
- The increase on 2005 represents a 14.5% increase in specimen numbers. St James's hospital contribution to the workload is 66% and GPs is 22%, the remainder coming from other hospitals around the country as well as in Dublin.

the establishment of a candidate international standard for serum vitamin B12 and folate. This evaluation involved 24 laboratories in seven countries including the USA. The World Health Organisation (WHO) have accepted the standard (03/178) in 2006 as the First international Standard for Vitamin B12 and Folate.

Coagulation Laboratory and the National Centre for Hereditary Coagulation Diseases

The laboratory at the NCHCD examines samples from patients within the Hospital and also from referrals nationwide with suspected bleeding and thrombotic disorders. 50% of all

| St James's Hospital | | | | | | | | | |
|-----------------------------|---------------|--------------|---------------|---------------|--------------|-----------------------|------------------|------------------|---------------------------------|
| LabMed Directorate Requests | | | | | | | | | |
| Dec 06 | | | | | | | | | |
| DEPARTMENT | SJH | AMINCH | HSE | GPS | Others | Totals per Discipline | 2005 Accum Total | 2006 Accum Total | % Incr / Decr 05/06 Accum Total |
| Haematology | 21,928 | 89 | 7,106 | 825 | 1,232 | 31,180 | 402,405 | 429,543 | 7% |
| Coagulation | 10,970 | 129 | 594 | 445 | 458 | 12,596 | 151,266 | 168,562 | 11% |
| Bl. Transfusion | 2,215 | 0 | 0 | 29 | 35 | 2,279 | 30,095 | 31,572 | 5% |
| Biochemistry | 38,848 | 183 | 968 | 12,673 | 2,872 | 55,544 | 618,542 | 761,806 | 23% |
| Microbiology | 15,479 | 164 | 1,624 | 4,745 | 1,299 | 23,311 | 292,295 | 315,608 | 8% |
| Histo - Blocks | 4,163 | 0 | 50 | 63 | 96 | 4,372 | 52,900 | 62,626 | 18% |
| Cytology | 397 | 95 | 0 | 536 | 27 | 1,055 | 14,703 | 17,311 | 18% |
| Immunology | 3,742 | 650 | 708 | 889 | 800 | 6,789 | 79,930 | 92,509 | 16% |
| Totals Per Hospital | 97,742 | 1,310 | 11,050 | 20,205 | 6,819 | 137,126 | 1,642,136 | 1,879,537 | 14% |

Haematology Laboratory

Two new immunophenotyping assays for disease monitoring were introduced: An assay for detecting minimal residual disease (MRD) in Chronic Lymphocytic Leukaemia (CLL) and an assay to detect MRD in Acute Lymphoblastic Leukaemia (ALL) of both T and B cell lineage.

The haemoglobinopathy laboratory discovered a previously unreported molecular variant of haemoglobin in an Irish patient, which was confirmed in collaboration with King's College Hospital, London and UCD, Belfield. It is scientific convention for such variants to be named after the place where they are first discovered and this variant has been entered in the International Database as "Haemoglobin Dublin".

The Nutrition Laboratory continues its collaboration with the CDC and NIST (USA) and NIBSC and UKNEQAS (UK) on assay standardisation. There was also collaboration on

work carried out in 2006 in the diagnostic laboratory was from external agencies. The UK Haemophilia Centre Doctors Organisation audited the coagulation laboratory and clinical service in the NCHCD.

Molecular services for the analysis of patients with haemophilia and their families were further developed in 2006. Mutation screening for both haemophilia A and haemophilia B was introduced, and determination of carrier status enhanced, with over sixty reports issued. An external expert inspected the service in 2006. The quality of the service was commended; however the report recommended the urgent establishment of dedicated laboratory facilities. The laboratory also registered with a pilot external quality assurance scheme, the first service of its kind, for the molecular analysis of haemophilia and is actively participating in the UK Haemophilia Centre Doctors Organisation (UKHCDO) Genetic Testing Network.

Cryobiology Laboratory Service

The Cryobiology Laboratory, which processes blood and bone marrow stem cells used in transplantation, moved to a Good Manufacturing Practice (GMP), facility in the National Blood Centre in the 1st quarter of 2006.

An application was made to the Irish Medicines Board (IMB) for a tissue establishment licence under the EU Directive and a primary inspection took place in September 2006. A formal licensing inspection is anticipated in 2007.

Biochemistry Department

The overall increase in workload in 2006 was 23%, which represented a 16% increase from primary care and an unprecedented 33% increase from within St James's Hospital.

A new service for Cholinesterase (BCHE) gene mutation scanning and genotyping has been introduced to replace the phenotyping service that required specific analytical conditions, which are no longer tenable within the laboratory. This genotyping service is now being piloted and offers the prospect of providing the first comprehensive review of the genetic basis of suxamethonium sensitivity in Ireland.

The department has also participated in an audit of NT-proBNP use within St James's Hospital, in collaboration with Dr Bernard Silke's team, in AMAU.

Clinical Activities

During 2006, a Porphyria Subspecialty Clinic, liaising directly with the Porphyria Laboratory, was introduced as an adjunct to the Endocrinology and Metabolism Outpatient service. It is operated by Dr Vivion Crowley, Consultant Chemical Pathologist.

Research

Research projects under the supervision of Dr Vivion Crowley were completed in 2006. Research work with the Diabetes and Endocrinology Service, the Bone Protection Clinic and Dr Tom Ryan, Intensive Care Unit in St James's Hospital were also continued.

Immunology Laboratory Service

The Immunology Department is a centre for the investigation, management and treatment of patients with disorders of the immune system.

Laboratory Service

The year 2006 saw the introduction of several new investigative assays: anti-cyclic citrullinated peptide (anti-CCP) antibodies which have a role in the diagnosis of patients with rheumatoid arthritis; glutamic acid decarboxylase antibodies (anti-GAD) antibodies used in the investigation of patients with type 1 diabetes and several assays useful in the investigation of patients with immune deficiency such as mannose binding lectin measurement. Several more assays are currently in development.

Clinical Service

The new Immunology Day Ward, located in Hospital 5, was opened. This new unit is shared with the neurology and dermatology services. The department continues to participate in a number of multi-centre international studies of patients with a variety of disorders of the immune system.

Research

The Immunology department continues to play an active role in research with major projects in coeliac disease and the regulation of inflammatory pathways. The department contributed to international meetings and the peer reviewed international literature. During the year considerable progress was made towards the establishment of a Trinity College Dublin Lecturer Post in Immunology.

Transfusion Medicine Service

Electronic solutions to address transfusion safety are at various stages of utilization hospital wide. An electronic system for ordering blood products, apart from red cells is now in routine use and will ensure an audit trail from ordering of product to issue.

The electronic transfusion administration system continues in routine use in the Haematology Oncology Day Centre. This system is used to ensure correct patient and blood pack identification and prevent transfusion errors. It is also used to ensure correct identity when taking blood for pre-transfusion samples and reduces the risk of human error.

The blood storage and tracking system is currently in use for Haematology Oncology Day Centre only. This system monitors the movement of blood from issuing to remote blood fridges and on to the patient ensuring proper storage and tracking throughout.

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. The Department targets the education of clinical users through a Hospital-wide transfusion education programme. In addition to clinical users; a training program for all staff involved in the transfusion process has been introduced and is provided in the induction programme. Issues identified from transfusion practice audit are addressed at education sessions.

Microbiology Laboratory Services:

The Microbiology laboratory provides a diagnostic, infection control and clinical service to the hospital, General Practitioners of South West Dublin and to external agencies.

Service Developments

The laboratory introduced a rapid method for the detection of Methicillin-Resistant Staphylococcus Aureus (MRSA). This quality improvement has reduced the turnaround time to results by 3 fold and has allowed the laboratory to process over 30,000 MRSA screens in 2006, representing almost twice as many as 2005.

Research and Developments

A wide range of research projects was carried out in 2006. The laboratory continues to publish Microbiology, Epidemiology and Infection Control newsletter to hospital users and the GP newsletter.

Histopathology Services

Subspecialty reporting was further developed during 2006 and was integrated with multidisciplinary team conferences.

The Histopathology department supported the new Mohs Micrographic Surgical Service, which started in July 2006.

National Methicillin-Resistant Staphylococcus aureus Reference Laboratory (NMRSARL)

The National MRSA Reference Laboratory provides a national service.

During 2006, major developments in NMRSARL included:

- The first report of glycopeptide-intermediate S. aureus (GISA) in Ireland.
- Completion of a project investigating Pantone-Valentine leucocidin (PVL) in MRSA in Ireland (PVL is a toxin thought to be associated with community-acquired MRSA).
- Recognition of the value of teicoplanin population analysis profiling in confirming hetero-glycopeptide resistance in MRSA.
- Participation in a European project investigating staphylococcal protein A (spa) gene sequence typing in invasive S. aureus (in conjunction with EARSS).
- Collaboration in a Health Research Board-funded MRSA Translation Research project with Professors David Coleman (Trinity College Dublin) and Hilary Humphreys (Royal College of Surgeons in Ireland and Beaumont Hospital).
- Evaluating the IDI-MRSA™ kit for the rapid molecular detection of MRSA.

Irish Mycobacteria Reference Laboratory (IMRL)

The IMRL provided a specimen referral and a reference service for TB cultures to ten 10 major hospitals throughout the State.

New Service Developments in 2006

- The hospital prepared a submission for the HSE regarding the future of TB services located at St James's hospital. This included details for a purpose built laboratory. The submission was accepted and preliminary plans prepared.
- A business case for the introduction of a new test for the diagnosis of tuberculosis and latent tuberculosis was submitted to the HSE.

DiagIm DIRECTORATE



Dr Mary Keogan
CLINICAL DIRECTOR

Ms Suzanne Dennan
RADIOGRAPHIC SERVICES MANAGER

Ms Paula Corby
BUSINESS MANAGER

Introduction

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

Services

The Diagnostic Imaging Department provides a complete imaging service across 10 modalities- General Radiology, Maxillo-Facial, Gastro-Intestinal, Intravenous Pyelogram (IVP), Mammography, Ultrasound, Computed Tomography (C.T.), Interventional Radiology Therapeutic and Diagnostic, Nuclear Medicine and Magnetic Resonance Imaging (MRI). A radiographic service is also supplied to Coronary Angio Lab, Endovascular Suite, Theatres & Health Care Center Screening Unit.

Service Trends

Comparable Activity Analysis by Modalities

| Imaging Modality | 2005 | 2006 |
|---------------------------------------|----------------|----------------|
| General Radiology | 100,005 | 98,886 |
| Maxillo Facial | 7,415 | 6,125 |
| G.I. | 2,474 | 1,941 |
| I.V.P | 204 | 188 |
| Mammography | 2,942 | 2,765 |
| Ultrasound | 10,300 | 10,629 |
| C.T. | 17,391 | 16,593 |
| Interventional Radiology: Therapeutic | 1,823 | 2,195 |
| Interventional Radiology: Diagnostic | 807 | 576 |
| Nuclear Medicine | 3,446 | 3,275 |
| M.R.I | 4,695 | 4,827 |
| Coronary Angiography | 4,331 | 4,567 |
| Total | 155,833 | 152,567 |

Developments In 2006

PaRis / EPR

The PACS / RIS / EPR project went live on June 13th 2006. The system comprises of a number of components which are radiology centric:

- PACS (Picture Archiving and Communication System) to acquire, store and distribute images, in a digital, i.e. electronic format.
- RIS (Radiology Information System) including Scheduling Module, to manage processing of radiology requests and final report composition by radiologists.
- Voice Recognition package (Powerscribe) enables Radiologists to utilize a Speech Recognition engine to dictate radiology reports in real time and sign off immediately without typist intervention.

The system has resulted in huge changes to work practices within DiagIm and major improvements in the service provided including:

- No more lost images. All images are available electronically to system users as soon as exam is completed and are permanently stored.
- Major reduction in radiology report turnaround times due to the Voice Recognition system thus radiology reports are available to clinicians sooner.
- Patient transit time within Radiology Department has reduced significantly due to more streamlined workflow.

There are currently over 8 million images stored on the PACS system composed of 127,000 studies with over 48,000 patients being examined since June 2006.

Over 110,000 exams have been reported by DiagIm Radiologists in this period.

The Radiology-Centric elements of the system (PACS, RIS, Scheduler, Voice Recognition) are managed / administered by the Radiology PACS / RIS team, comprising of the PACS Manager and Radiographic and Clerical RIS Managers in close co-operation with the hospital IT dept, IMS.

Nuclear Medicine

An increased number of radioisotope scans were performed compared to 2005. There was a change in the types of examinations being requested, with a drop in the numbers of Myocardial Perfusion Imaging scans, and an increase in Myocardial Ventriculograms for breast cancer patients who are undergoing extensive chemotherapy. Similarly the neurology and geriatric services also availed of DaTSCAN imaging for Parkinsonian Syndrome, with at least 2-3 examinations per week.

The Radiation therapy service has been working to maximum capacity in recent months, with the radio-iodine ablation suite (located in Victor Synge Ward) having been constantly in use. Other therapies including radio-labelled Zevalin and MIBG are also performed regularly. This department was the first in the state to employ Zevalin therapy in the treatment of refractory lymphoma.

Interventional Radiology

2006 saw a further expansion and demand for Interventional Radiology services from both within the hospital and from hospitals within the catchment area. The clinical workload remains heavily weighted towards the provision of cancer-related services. Research within the Interventional Radiology group was also cancer-related, with the group taking the role as Primary Investigator in a pan-European study on the use of chemotherapeutic drug-eluting embolic particles in the treatment of primary and secondary liver cancer.

Computed Tomography

New software for the new CT scanner improved 3D imaging of vascular, orthopaedic and maxillo-facial patients.

In addition to the advanced procedures now available to patients, the installation of a second CT scanner has significantly increased the throughput of patients in the CT department and has reduced the outpatient waiting times from 4-5 months to 4-5 weeks.

New appointment

Dr Michael Guiney took up position as Consultant Radiologist in 2006. His areas of interest include all aspects of Interventional Radiology, in particular endovascular radiology and targeted embolotherapy.

Seminar Room

The new Seminar room in DID was commissioned in 2006. It houses a state of the art teleconferencing facility.

Radiography Education & Research



There was ongoing development and delivery of national Postgraduate Diploma courses in Nuclear Medicine including PET (Positron Emission Tomography), and Magnetic Resonance Imaging for Radiographers, organised by the Department of Clinical Medicine, Trinity College in conjunction with St. James's Hospital. Ms Bernadette Moran, Radiographic Services Manager is course coordinator of both programmes.

In July 2006, 14 Radiographers from all over the country successfully completed the Postgraduate Diploma in Magnetic Resonance Imaging. In October 2006, 10 Radiographers commenced a new Postgraduate Diploma in Nuclear Medicine.

As part of its external work, the Radiographic Educational Group at St. James's Hospital also facilitated the following skills courses:

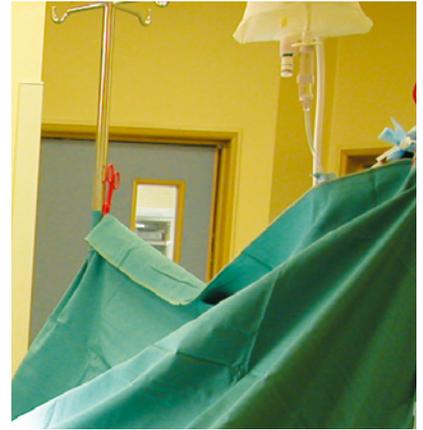
- DXA scanning course.
- Red Dot course.
- PET / CT course for Radiographers.
- Radiation protection and quality assurance course for Radiographers / Physicists.
- Radiation protection study days for Nurses.
- Radiation protection for Non-Radiology Medical Practitioners and Hospital Personnel.

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



Health Care Assistants

During 2006 17 Attendants / HCA's were completing the FETAC Course to add to their skill levels.



Dr Jeanne Moriarty
CLINICAL DIRECTOR

Ms Fiona Murphy
NURSE MANAGER

Ms Cora Keary
BUSINESS MANAGER

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.

Developments in 2006

- Establishment of Trans-oesophageal Echocardiography service in Day Surgery Centre (DSC) for out patients.
- Pain medicine was granted accreditation for the first time from the College of Anaesthetists.

Dr Joseph Fitzgerald (special interest Pain Medicine) joined the Department in April 2006, Dr Carmel Wall (special interest Cardiothoracic Anaesthesia), in September 2006 and Dr Daniel Collins (special interest Intensive Care Medicine) in November 2006. Dr Michael Carey was appointed to replace Dr Celine Traynor.

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 Diagnostic Imaging, DiagIm directorate).

During 2006, there were 6,966 elective procedures and 1,405 emergency procedures, making a total of 8,371.

Following the opening of the new Endoscopy Suite and Day Surgery Centre in 2005, 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 125 procedures were performed in 2006. The Endovascular Theatre performed 271 procedures during its four sessions each week.

Recruitment of qualified theatre, recovery and anaesthetic nurses continued during the year. Ms Geraldine Richardson was appointed as the CNMII for Theatres 3 and 4.

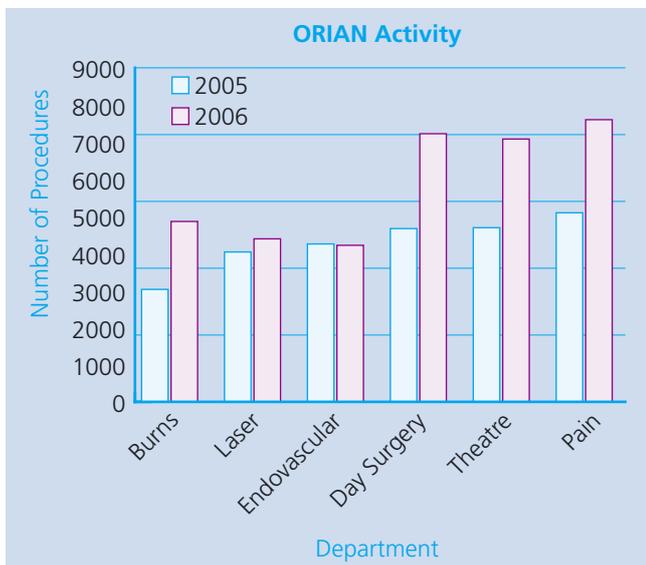
Day Surgery Centre

The Day Surgery Centre provides 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, Vascular Surgery, Pain Management, and Dermatology. In addition a Trans-oesophageal Echocardiography service provided by Drs Ross Murphy and Angie Browne has been established in the DSC for outpatients.

The anaesthesia pre-assessment service is lead by a clinical nurse specialist under the direction of a consultant anaesthetist. The pre-operative assessment is provided to all patients who require a general anaesthetic, with the aim of selecting appropriate and medically optimised patients for ambulatory surgery. A second CNS post has been established to help meet the demands of the Anaesthesia Pre-assessment Clinic. This will facilitate the roll-out of this service to all Day Surgery patients and ensure delivery of a more efficient service.

There were 4,229 surgical procedures performed in the Day Surgery Centre during 2006.

Activity in procedures being undertaken by the theatre departments



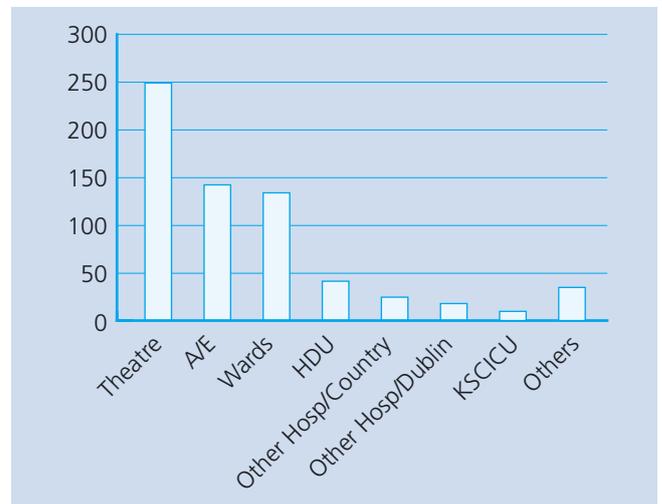
ICU and HDU

Bed occupancy remained high during 2006. There were 794 admissions (AVLOS of 6.10). The four-bedded HDU admitted 615 patients (AVLOS 2.22).

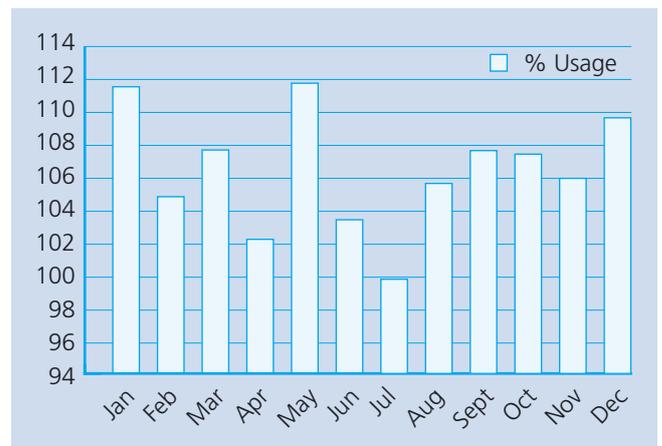
Both units provide medical care for critically ill patients with potentially reversible conditions requiring organ support. Renal replacement therapy (CRRT) and invasive mechanical ventilation are delivered in ICU only. High frequency oscillatory ventilation has been used successfully in the unit.

The high level of bed occupancy in the ICU resulted in a requirement for HDU to accept individual ICU patients who required mechanical ventilation or required vasopressor infusion for septic shock.

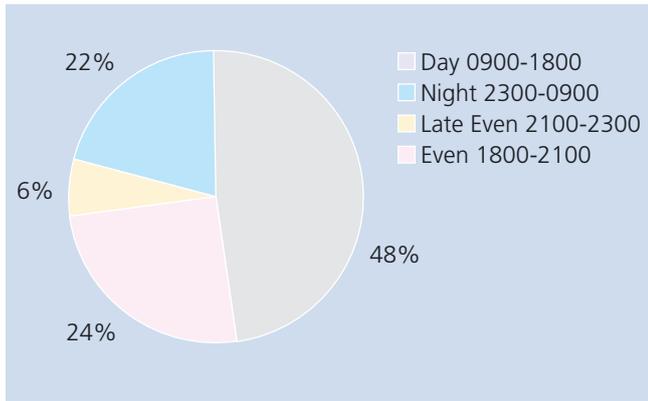
Admission Sources for Patients in ICU 2006



Monthly % Bed Usage 2006

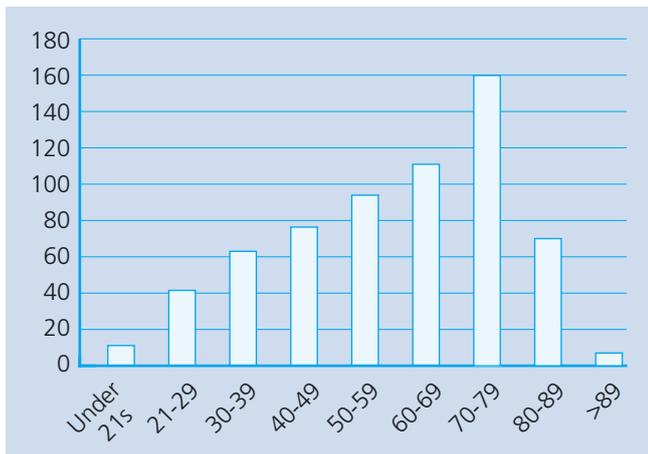


GICU Transfers / Discharges Out Times 2006 Data



This data shows the extreme pressure on ICU beds, with 52% of patients being discharged between 1800 and 0900 and 22% after 2300.

Age Profile of ICU pts 2006



The mortality rate is 21% for 2006. There were 704 patients admitted, 557 ventilated, 667 required inotropic support, 122 tracheostomies (occupying 32% of all available bed days), 126 requiring continuous renal replacement therapy (CRRT) and 190 requiring isolation.

2006 is the first year for which there is complete data. Ms Sacha Clifton was appointed as HDU competency Co-Ordinator and her programme recommenced in October with 4 students.

The ALERT course was also re-established at the end of the year by Ms Miriam Roche. This is a multi-disciplinary course aimed at Staff Nurses and doctors in the early years of training to focus on early recognition and initial treatment of critically ill patients on the wards.

The Higher Diploma in Intensive Care Nursing ran with 6 participants. The Foundation Certificate course in Intensive Care Nursing continues for new entrants to the critical care area and has proven to be successful.

Hospital Sterile Services

The programme of structural, equipping, procedural and educational developments which began in 2005 was completed in 2006.

The Directorate had 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 1,358 treatments in 2006 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).

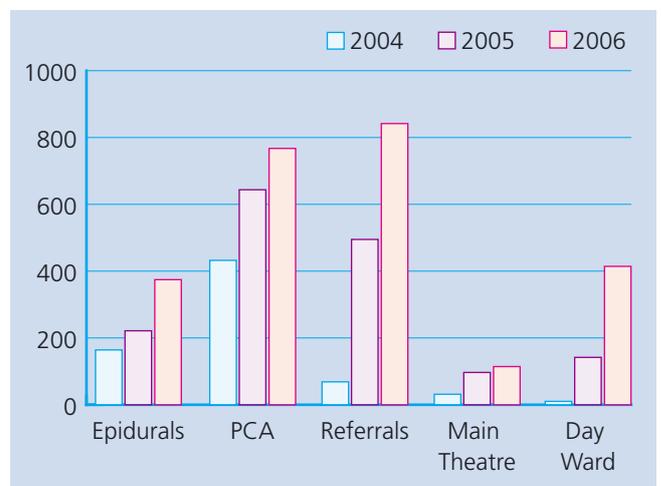
Anaesthetic Services

In 2006, 8,300 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 2006 and no patient was denied anaesthesia where required.

Pain Service

An Interventional Pain Medicine service was established at St James's Hospital in 2004 and since then referrals have increased from 116 in 2004 to 928 in 2006. The service has provided epidural, PCA and interventional procedures to patients since its inception.

Pain Service 2004 – 2006



The service also offers expertise in the following treatments: rhizotomy-cervical- thoracic-lumbar, spinal cord stimulation, pulsed radiofrequency nerve and nerve root therapy, trigeminal neuroablation, intrathecal therapy and interventional cancer pain management. Pain Management Programme commenced June 2007.

Staffing consists of two Consultants, Pain Fellow, Rotating Registrar, two Clinical Nurse Specialists and two secretaries.

Dr Connail McCrory was elected as the Irish Representative for the Neuromodulation Society of the UK & Ireland, International Neuromodulation Society.

Research and Teaching

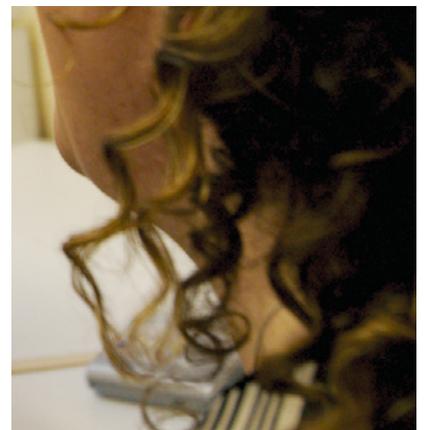
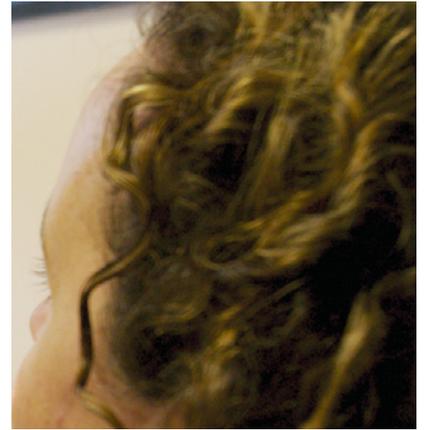
There are two on-going research programmes - the genetics of sepsis, led by Dr Tom Ryan in conjunction with the Institute of Molecular Medicine and Neuromodulation of Pain, in conjunction with the Conway Institute, led by Dr Connail McCrory. Dr McCrory has initiated a Fellowship in Pain Medicine.

The Intensive Care Unit was recognised by the Australia / New Zealand Faculty of Intensive Care Medicine for one year's training towards the Australian Fellowship in Intensive Care Medicine. The application to the Australian College was made in tandem with the Mater Hospital, which was also accredited for one year's recognition.

A one year rotation in Intensive Care Medicine has been initiated between St James's Hospital and the Mater Hospital. This is the first training rotation in Intensive Care Medicine in the Republic of Ireland.

The Department continued its involvement in post-graduate medical examinations, hosting the final Fellowship in Anaesthesia and the European Diploma in Intensive Care Medicine.

The Department was inspected by the College of Anaesthetists for training in Anaesthesia, Intensive Care and Pain Medicine. Accreditation continued for Anaesthesia and Intensive Care and was granted for the first time for Pain Medicine, as a result of Dr McCrory's establishment of the first dedicated training post in Pain Medicine. He was joined by Dr Joseph Fitzgerald and together with the Clinical Nurse Specialists in Pain Medicine, Ms Patricia Duff and Carmel Daly, they operate a multi-disciplinary Acute and Chronic Pain Service.



Ms Philomena Flood
MANAGER

Ms Patricia Reilly
ADMINISTRATOR

Introduction

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

Activities in 2006

- In 2006 following the very successful piloting of Team Based Performance Management (TBPM) the number of teams was increased from 3 to 7.
- Aoife Ryan, Clinical Nutrition, was awarded a Health Research Board - Research Fellowship for Therapy Professions of €140,000 to study "Central Obesity, metabolic syndrome, and cancer - impact on tumour stage, treatment, and disease free survival in breast, colorectal and oesophageal malignancy".
- A Staff Satisfaction Survey of Bed Holding Directorates was carried out in September 2006.
- The Acute Stroke TBPM Team gave a Poster Presentation at the Irish Heart Foundation Stroke Council Study Day and SCOPE departments presented their research projects at annual Research Seminar in November.
- Clerical/Administration staff undertook the 2nd part of Staff Competencies Development training in February 2006.

Clinical Nutrition

A multi-disciplinary Total Parenteral Nutrition (TPN) sub-group of the IV Steering Group was established. This resulted in the setting up of a pilot of new TPN procedures in surgery.

Clinical Nutrition staff worked with the Catering Department on coding and taste suitability testing of the new hospital menus. A quality initiative to review content and presentation of all diet sheets and education material was completed in 2006.

A number of audits on TPN usage, post-operative ENT nutritional support, record cards and referral rates were concluded in 2006.

European Under-Graduate Student Research

Two student theses were completed, one on the use of Oral Nutritional Supplements and one on the nutritional status of pulmonary rehabilitation patients.

Medical Social Work Department

Ms Angela Keane became Head Medical Social Worker following the retirement of Ms Mary Kennedy who retired in July 2006 after 29 years service.

The MSW team participated in a Review Day to identify specific goals aimed at streamlining services in 2007. Community Outreach links were further developed by MSWs working with a number of external agencies.

Policies and Procedures were updated on intervention protocols for high-risk groups and new caseload management strategies were developed, piloted and rolled out. A system for data collection of Indirect Social Work Interventions was implemented.

As part of a quality initiative a Patient Advocacy Group for patients at Cherry Orchard was established. The Medical Social service in the Emergency Department was extended from 7:30am -5pm and a Discharge Care Plan for patients attending the cardiac pre-admission clinic was developed. A protocol for referrals related to Deliberate Self-Harm/Suicide was also developed and a "Look Good, Feel Good" programme for oncology patients, jointly facilitated by the Multidisciplinary team, was initiated.

Four Practice Teachers were trained bringing to 11 the number supervising on average 13 students. Two oncology MSWs attended a course in DCU on Psycho-Social Oncology. GUIDE MSWs received training by PCI College on Counselling and Sexuality Issues and a Senior MSW completed a course entitled "Dynamics of Attachment in Adult Life".

Occupational Therapy Department

Activity increased in the department by 13% in 2006. In Burns and Plastics the third Therapy Led Clinic (TLC) was started.

A Rheumatology Arthritis Information Support and Education (RAISE) Group, a multidisciplinary team approach for patients newly diagnosed with rheumatoid arthritis, was formed.

The Flexor Tendon Audit was completed in Burns and Plastics to review all zone 2 flexor tendon repairs from 2004 to January 2006.

Provision of Enabling Equipment Essential for Discharge

In December 2006 LHO 4 provided the Occupational Therapy Department in St. James's hospital with non-pay funds of €10,000 per month for a three-month pilot initiative.

Electronic Referrals

Secure e-mail referral to community occupational therapy in LHO 3 commenced.

Fall Prevention

A multidisciplinary team fall prevention booklet was created. This will be given to in-patients and outpatients, as falls are the leading cause of injury in the elderly population.

SKILL Initiative

Two OT assistants commenced this course.

Practice Tutor

0.5 Occupational Therapy practice tutor for students was appointed. 16 students' clinical placements were facilitated in 2006.

Physiotherapy Department

An additional student practice tutor was appointed facilitating 67 student physiotherapy TCD placements in St James's Hospital during 2005-6.

The Did Not Attend (DNA) rate was reduced from 24 % to 10 % in the latter half of the year with the introduction of targeted initiatives.

Staff grade competency assessments with a DATH's physiotherapy CPD pack was introduced.

Two assistants completed the SKILL training project and senior physiotherapists undertook change projects, e.g. coaching programme, environment committee, statistics group and a communication committee. The Physiotherapy department continued its role in health promotion with public lectures on bone health, fitness testing of staff, training and sports injury prevention for staff participating.

Physiotherapy audits in 2006 included an audit of the treatment time for acute stroke patients. Research was

conducted into the effectiveness of sit to stand as a treatment, the use of the bobath treatment method, and the effectiveness of thoracic exercises in COPD patients.

Speech and Language Therapy Department

- The Department was awarded funding from Leárgas to be involved in a project with specialised institutions for adults with aphasia from all over Europe. Therapists travelled to Sweden and Holland to develop models of best practice for adults with aphasia, learning and teaching materials for staff.
- A pilot project involving group therapy for patients with chronic aphasia was completed and audited.
- Train the Trainers Model of therapy was further developed for supported and total conversation.
- Specialist Therapists ran the first Macmillan accredited surgical voice restoration course held in Ireland and developed a Head and Neck Data Base.
- A Communication Chart was developed specific to the needs of ICU patients.
- Referrals increased by 12.5%.
- Referrals from HOPE increased by 93% during 2006. Referrals were for a wide variety of patient diagnosis post chemotherapy, surgery and palliative care.

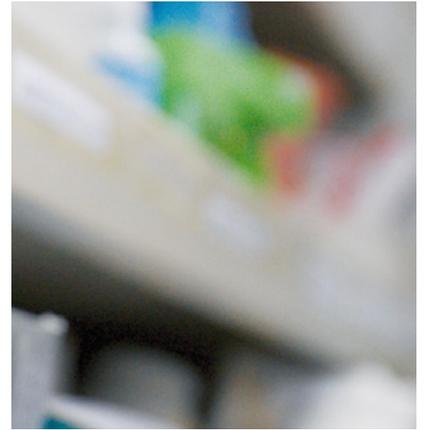
Education and Research

Professional Supervision Training was successfully rolled out for Basic Grade Staff and students.

Research Projects

Two collaborative Projects with Medical Physics Department in MIRA were ongoing in 2006.

PHARMACY DEPARTMENT



Ms Veronica Treacy
DIRECTOR OF PHARMACEUTICAL SERVICES

Mr Shaun Flanagan
CHIEF 1 PHARMACIST

Ms Sandra Conaty
BUSINESS MANAGER

Introduction

The Pharmacy Department purchases, dispenses and distributes pharmaceutical and para-pharmaceutical products within the Hospital. A clinical pharmacy service is provided to all wards and a number of specialist areas to ensure safe, effective and economic use of these products.

Other services include an aseptic compounding service, medicines 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 2006.

Developments in 2006

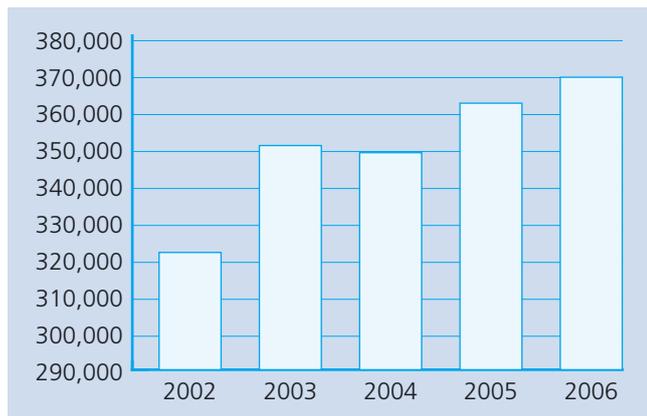
- The Emergency Duty Pharmacy Service – available for urgent, out-of-hours supply of medication or information to staff at this and affiliated hospitals – saw a continued rise in calls and in the emergency supply of items during weekend opening hours.
- The Pharmacy Department was listed as an area of excellence in the Accreditation Award Report 2006.
- During 2006 extensive work was undertaken on updating and adding to intravenous drug administration guidelines for all wards. 26 new drug monographs were produced. These were distributed in hard copy to all wards as well as being available on the hospital intranet.
- An inpatient clinical pharmacy service was initiated in Jonathan Swift (Hospital 6).

- Pharmacy has continued as an active member of a number of hospital working groups and committees including Pharmacy & Therapeutics, Infection Control, Medication Safety, Risk Management, Tissue Viability and Information Management.

Dispensary and Distribution Services

The Dispensary continued to provide the top-up service to the Hospital in 2006. The Hospital's drugs spend increased significantly (up 15%) in 2006 while number of items dispensed increased by 2%.

Number of Items Dispensed



The Pharmacy Department dispensed 3,660 different product lines in 2006, of these, 25 lines accounted for approximately 50% of the drug spend. Pharmacy tendering and price negotiations with suppliers were targeted at these high cost/high usage lines to achieve best value.

EU tender for Enteral Nutrition Sip Products was completed. The Pharmacy and Infection Control Departments were involved in the roll out of alcohol gel for hand hygiene across the Hospital in early 2006.

Aseptic/Compounding Services

The Aseptic Compounding Unit in Hospital 7 manufactures a broad range of cytotoxic and other sterile products for both in-patients and out-patients. 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:

- Involvement in consultant-led ward rounds in some specialist areas.
- Conducting daily patient visits to ensure drug supply and prescription review.
- Medication history review on admission.
- 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.
- Providing essential information about medicine usage to patients and staff on a daily basis.
- Continued support of rehabilitation session for respiratory and cardiac patients plus revision of patient information leaflets.
- In 2006, user audit of prescribers guide was carried out.
- Continued pharmacist support of self-administration scheme in MedEL.

Pharmacy Services

HOPe Pharmacy Services ensure the appropriate and effective review of all chemotherapy prescriptions generated by HOPe clinicians. An inpatient Clinical Pharmacy Service is provided to 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 continues at the Haematology / Oncology Day Care Unit. It carries out primary-secondary interface liaison and patient medication counselling.

In the 2004 - 2006 period, the GUIDe Pharmacy Department experienced a 25% growth in numbers of patients receiving antiretroviral and other HIV-related medications at the twice-weekly HIV Clinics and the once-weekly HIV Co-infection Clinic. This Department has sole responsibility for dispensing HIV medications to patients before and after discharge. All HIV patients are counselled about their drugs and their pharmacy records are maintained for drug regimens, side effects and resistance patterns when they become outpatients.

All clinical trial drugs used within the HIV service are dispensed. GUIDe Pharmacy staff play 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, managed the weekly Infectious Diseases Clinic, and undertook work on part of the AMSC.

MSc. in Hospital Pharmacy

The M.Sc. in Hospital Pharmacy is a biennial practice-based course with a research component, provided by the School of Pharmacy TCD, co-ordinated from St James's, in collaboration with several teaching hospitals. There was a new intake of students in January 2006. The course aims to provide experience in all aspects of hospital pharmacy including clinical

pharmacy, dispensary and drug distribution, administration and management, aseptic compounding, pharmacoconomics and medicines information.

Education and Research Activities

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

- The Servier Quality Award was presented to Audrey O'Reilly for her project - "An investigation of the Impact of an outpatient IV Antibiotic Service on Bed Occupancy and Patient Care in a Secondary Care Setting" at the Hospital Pharmacists Association of Ireland Annual Education Conference in April.
- Audrey O'Reilly and Eimear Ni Bheachain successfully completed the MSc in Clinical Pharmacy (UCC).
- Colm McDonald was awarded a Diploma in Clinical Pharmacy (Aberdeen).
- Aoife Lucey was awarded an MSc in Hospital Pharmacy (TCD).

National Medicines Information Centre (NMIC)

Chief II Pharmacist Ms Claudine Hughes
Medical Director Prof John Feely
Pharmaceutical Director Prof Kamal Sabra

The NMIC provides information through its enquiry answering service on any aspect of drug therapy including indications and contra-indications for medicines, dosage in disease states, drug interactions, adverse effects and drug use in pregnancy and lactation. Information in relation to administration/dose of medicines was the most common type of information sought in 2006.

The NMIC proactively provides medicines information through its two publications, a bi-monthly therapeutics bulletin and the monthly current awareness newsletter "Therapeutics Today". Topics covered in 2006 (vol.12) included Frequently Asked Questions on Use of Medicines in Pregnancy, Lipid-lowering Therapies, Atrial Fibrillation, Congestive Heart Failure and Management of Pain in Cancer.

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

Centre for Advanced Clinical Therapeutics (CACT)

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

The Centre provides continuing professional development (CPD) education courses to enable healthcare professionals and the pharmaceutical industry keep up-to-date with advances in the pharmaceutical area.

During 2006, the Centre celebrated the graduation of its first students from its postgraduate courses: MSc in Clinical Pharmacy (run in association with the School of Pharmacy, University College Cork) and Postgraduate diploma / MSc in Pharmaceutical Medicine (run in association with Trinity College).

Several short courses, including clinical research methods, interpretation of clinical studies, aseptic preparation and pharmacoconomics were held during the year. The Centre began collaborating with the Royal College of Physicians in Ireland in organising twice-yearly statistical courses for Specialist Registrars.



First graduates of MSc in Clinical Pharmacy (back row) with Faculty of the School of Pharmacy, UCC (front row).

National Centre for Pharmacoconomics (NCPE)

Clinical Director Dr Michael Barry

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

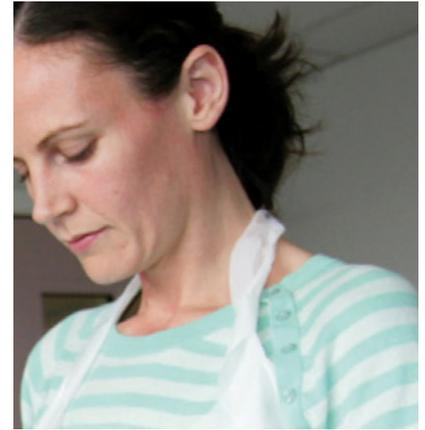
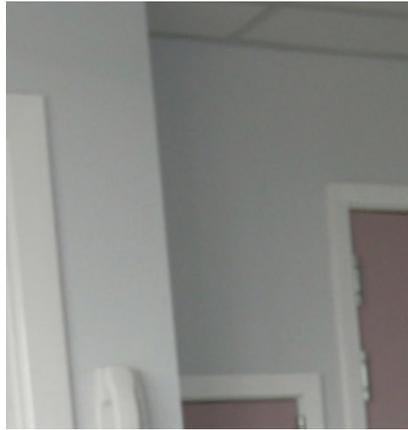
The Centre promotes expertise in Ireland for the advancement of the discipline of pharmacoconomics through practice, research and education. Activities include economic evaluation of pharmaceutical products and the development of cost effective prescribing.

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

The Centre submitted 18 reviews to the Department of Health & Children in 2006. These related to individual products and price modulation assessments.

The products assessed included Tadalafil (Cialis), Omalizumab (Xolair), Lanthanum Carbonate (Foznal), Duodopa intestinal gel, Inhaled Insulin (Exubera), Sunitinib (Sutent), Rimonabant (Acomplia) and Chondroitin Sulfate.

In addition the Centre conducted an economic evaluation of hepatitis B vaccination strategies for the National Immunisation Advisory Committee (NIAC) in September 2006. For more information: www.ncpe.ie.



Dr Neil O'Hare
Dr Geraldine O'Reilly
ASSISTANT HEADS OF DEPT

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.

Developments in 2006

Equipping

A PET-CT system and a 3T MRI system were selected following tendering processes managed by MPBE. The site for the PET-CT was identified and some preliminary design work initiated. The 3T MRI is funded through the HRB for research purposes. A major upgrade of 350 infusion pumps was carried out.

PaRIS/EPR

MPBE completed project management of PaRIS/EPR, which went live this year.

External Services

MPBE provided RPA (Radiation Protection Adviser), UV and laser safety services to external hospitals and dental practices. The systems commissioned included 16 and 64 slice CTs, several mobile CTs on trailers, flat panel detector interventional cardiology systems, digital mammography systems and FPD radiology systems. The 1st paediatric UV phototherapy clinic in Ireland was commissioned and UV services were provided to several phototherapy centres.

MPBE members sat on the board of the Radiation Protection Institute of Ireland (RPII), on International Electrotechnical Commission (IEC) technical committees and on the European Commission Group of Experts on Radiation Protection. Three staff registered as Radiation Protection Advisers with the RPII. The RPII commissioned MPBE to draw up a publication on 'The design of diagnostic medical installations using ionising radiation'. An Institute of Physical Sciences in Medicine (IPEM) publication on the management of medical electrical safety in hospitals was part authored by MPBE staff.

Research Activities

E-Medi: MPBE continued involvement in the European Commission funded E-Medi e-learning project in collaboration with radiologists in Diagnostic Imaging. A prototype e-learning system developed by the consortium is now under test.

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. A meeting was held between SENTINEL and the IEC, to bring the SENTINEL research and user opinions to the IEC. A 3-day international workshop on ethical issues in radiology, under the auspices of SENTINEL was hosted by MPBE in Dublin. A 2-day international DXA (Dual X-Ray Absorptiometry) Radiation Protection Seminar was also hosted by MPBE under SENTINEL.

Other: An MBPE designed and built system for the measurement of eye tremor went into use as part of a clinical research project at Mercer's Institute. The system is being used in a programme of clinical research into the diagnostic uses and neurological origins of ocular tremor. Research is continuing in co-operation with the Falls & Blackout unit on measures of falls risk.

Education/Training

MPBE staff led the redesign of the syllabus of the MSc in Physical Sciences in Medicine at TCD. Subject to college approval, it is expected that the first students under the revised 1-year programme will register in 2007. Students at St. James's completed MSc theses on topics in Radiation Protection and MRI. One staff member completed an MSc in Clinical Engineering at the University of Cardiff.

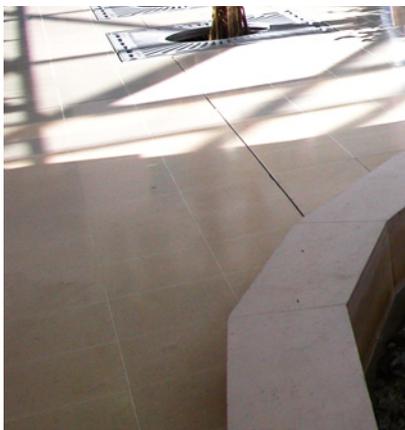
MPBE made major lecturing contributions to the Fellowship of the Faculty of Radiology at RCSI. MPBE also provided support to the MSc in Health Informatics at TCD and to the BSc in Environmental Sciences and Health at DCU.

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

Web pages on radiation protection in DXA and dental radiology for the International Atomic Energy Agency were completed by MPBE.

MPBE staff revised and edited several volumes of a 'Manual on Radiation Protection in Hospitals and General Practise' published by the International Atomic Energy Agency.

GENERAL SUPPORT SERVICES



Mr Padraig Carolan
GENERAL SUPPORT SERVICES MANAGER

Introduction

General Support Services (GSS) provides the services to support the function of the hospital across the site. Services include Catering, Housekeeping, Linen, Security, Portering, Communications, Environmental and Chaplaincy. All services are committed to providing a safe, clean and pleasant environment for patients, staff and visitors alike.

Housekeeping

The second National Hygiene Audit was completed in 2006 and St. James's Hospital scored 86% in both National Hygiene Audits.

Having achieved a 'good' classification in the 1st National Hygiene Audit, St. James's Hospital commissioned the services of an external consultancy firm to report on the status of housekeeping services at the hospital and make recommendations for quality initiatives and improvements accordingly.

The review led to a number of key service developments in in-house cleaning areas:

- Introduction of a flat mop system throughout the hospital.
- Replacement of cleaning equipment.
- Introduction of floor scrubbing machines.
- Reduction in buffing frequencies.
- Introduction of departmental induction and a training task list.
- Introduction of a designated trainer for the Denis Burkitt Ward.

Catering

The Catering Partnership Group is active and has been working well.

At ward service level, funding was obtained for a refurbishment programme of ward pantries, which commenced in 2006.

In conjunction with the Nutrition & Dietetics Department, a revised patient menu was developed and preliminary trials commenced in a number of wards. The production and packing staff were also greatly involved in the patient menu exercise.

Ward Catering staff received refresher training in technical skills.

At restaurant level, a revised opening time was introduced to facilitate customers in the afternoon. A new salad bar was implemented and a "grab and go" pre order sandwich service was introduced for customers of the coffee bars.

At production/packing level, a new chiller was installed, together with some minor equipment.

Environmental

Every effort is being made to increase the amount of waste being recycled rather than sent for land fill. The hospital has increased the capacity to recycle toner cartridges, batteries and the safe disposal of fluorescent tubes. Work has commenced on identifying and removing DMR (Dry Mixed Recyclables) from the waste stream.

Security

Progress continues in the development of the Security Control Room as an example of achievement and high standard in a health care environment. The closed circuit television systems have been upgraded from analogue to digital and are monitored 24 hours a day in the Security Control Room. External coverage has been increased by 20% and internal by 30%.

Statistically, crime reduced on the hospital campus and only four vehicles were reported stolen and four forcibly entered during 2006. The most proliferate item remained the mobile telephone: one being lost or stolen daily.

Federal Security Services continued to provide manned security services.

In accordance with new legislation, all security personnel are now appropriately trained and licensed.

Hospital Watch continues to be a success and relationships with An Garda Síochana remain at an all time high. Several significant arrests were made as a result of this co-operation and a higher level of visible presence has been observed.

Linen Services

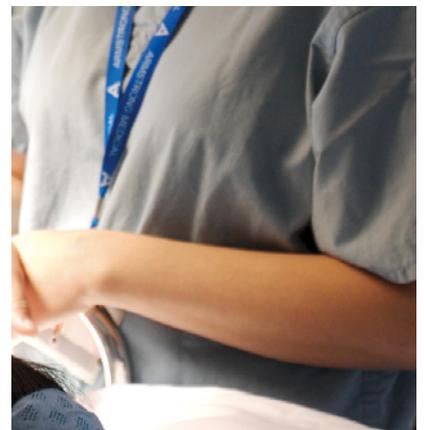
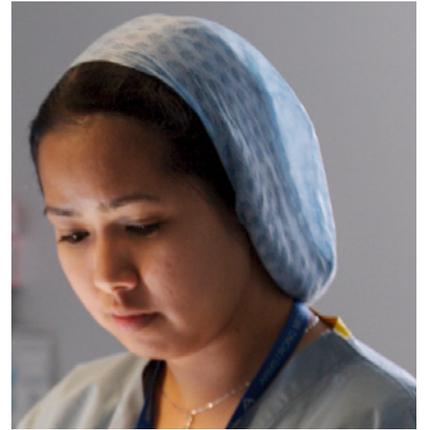
The Linen Services Department continues to provide an expanding comprehensive service for the supply and distribution of hospital linen and the processing on-site of a wide variety of products.

In October a new contract was agreed with Celtic Linen Limited. The contract includes not only the rental and processing of hospital linen but also the supply of dedicated linen trolleys to ensure that linen is distributed in a manner that meets best practice in the health care environment.

Portering

Porters provide a service to the hospital on a 24 hours/seven day basis. The service includes patients transfer within wards and departments and ambulance transfers on the hospital site, together with a comprehensive messenger services throughout the hospital and the city.

NURSING SERVICES



Mr Paul Gallagher
DIRECTOR OF NURSING

Ms Catherine Deegan
CO-ORDINATOR, NDPU

Ms Deirdre Ryan
CO-ORDINATOR, NDPU

Introduction

Nursing Administration is responsible for the professional development, education, recruitment and personnel administration of nurses and Healthcare Assistants. It is also responsible for the Nursing Practice Development Unit and the out-of-hours management of the hospital.

The nursing vacancy rate and recruitment of new staff continued to be a challenge. Nursing Services has continued to work closely with Dublin Academic Teaching Hospitals (DATH's) colleagues and the shared approach in international recruitment of nursing staff is ongoing.

Ms Patricia McDonnell (Night Sister), Ms Aileen Egan (ADON/Contract Cleaning Services Manager) and Ms Joanna Fitzgerald (Directorate Nurse Manager, Emergency Directorate) retired during 2006.

The first group of BSc Undergraduate Degree students commenced the staff nurse rotation programme in September.

Nursing Support Services.

There are 359 Healthcare Assistants employed in St. James's Hospital. 14 Healthcare Assistants undertook the FETAC Health Care Support Certificate Programme in 2005 – 2006.

During 2006 ongoing inservice education was also introduced for Healthcare Assistants and this was very well received and evaluated positively. An education programme was established in conjunction with the "Dementia Services Information and Development Centre" which enabled Healthcare Assistants to provide a

higher standard of custodial care to patients requiring 1:1 supervision.

Nursing Practice Development Unit (NPDU)

The NPDU aims to facilitate the implementation of evidence-based practice in nursing care in St James's Hospital. The Nursing Practice Development Co-ordinator (NPDC) is supported by a Practice Development Facilitator, 4 Clinical Support Nurses, an Audit & Research Co-ordinator, Tissue Viability Nurse Specialist, 9.5 Clinical Placement Co-ordinators and a Student Allocation Liaison 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.

Developments in 2006

Support for practice development continues to be channelled through a committee structure and/or short-term working sub-groups with cross-clinical areas representation. This approach enables nurses to constantly examine their practice, establish protocols, guidelines and competencies and provide staff education and assessment at clinical level.

The following committees, working groups and initiatives evolved or were further developed in 2006 and were instrumental in continuing to move practice forward through teamwork and the provision of study days and in-service training:

- Nursing In-Service Education Group.
- Insertion and management of Naso-gastric/feeding Tubes.
- Male Urethral Catheterisation.
- Self Medication Programme (MedEl Directorate).
- Promotion of best documentation practices (including ongoing clinical audit).
- Tissue Viability Practices.
- Competency development and streamlining of existing nursing competencies across the organisation.
- Tracheostomy Care (in close liaison with the Tracheostomy Safety Facilitator).
- Hospital-wide change in Thermometry Methods.
- Review and development of Nursing Procedures Policies Protocols and Guidelines.
- Staff/patient assessment, education and competency development in relation to inhaled medication.
- Development of a Bereavement Booklet.
- Medication Management (in close liaison with the Medication Safety Facilitator).
- Intravenous Practices.
- Venepuncture and Cannulation Education & Training.

- Evaluation and development of Rotation Programme for newly qualified nurses.

Clinical Support Nurses

The clinical support nurses continued to support CNMs in their role by focusing on the continuous development of all general surgical/medical nurses in St James's Hospital, and developing nursing practice in the clinical area.

Overseas Nurses - Adaptation Programmes

In 2006 a further 114 overseas nurses completed the induction and adaptation programme. A clinical support nurse co-ordinates the induction and adaptation programme for overseas nurse in St James's Hospital. This entails working closely with the Nursing Human Resources Manager and Nurse Managers/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.

BSc Undergraduate Degree Programme

The NPDU is responsible for coordinating the clinical components of the undergraduate degree programme.

St James's Hospital has an average annual intake of 85 nursing students and links closely with staff from the School of Nursing and Midwifery, TCD in the co-ordination, evaluation and ongoing development of the BSc Nursing undergraduate degree programme and promotion of an optimal clinical learning environment.

Audit & Research Coordinator

The post of Audit & Research Coordinator was developed in 2006 to promote the nursing quality agenda at St. James's Hospital and to enhance the existing overall quality programme. The role involves supporting nursing staff in the development and maintenance of a continuous quality improvement culture in the delivery of evidence based nursing care.

EDUCATIONAL ACTIVITIES



WILLIAM STOKES POSTGRADUATE CENTRE

Medical Director
Administrative Director
Administrators

Dr Finbarr O'Connell
Mr David Sweeney
Valerie Wilkinson
Emma McCabe

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 HSE, 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.
- MSc Cardiology Course.

- MSc Cognitive Therapy Course.
- ACLS Courses.
- Weekly educational meetings of the William Stokes Faculty of the Irish College of General Practitioners.
- Annual Orientation course for new Interns.
- Continuing education programme for Interns.
- Annual Intern Medal competition.
- Career Guidance Meetings.

The Centre also provides the administrative function for the Trinity Medical SHO scheme, the largest such scheme in Ireland with 72 SHOs in training in internal medicine. A broad range of educational activities for medical SHOs on this scheme are provided and coordinated by the centre.

In 2006, Mr David Sweeney took over the role of Administrative Director of the Centre.

REGIONAL ONCOLOGY PROGRAMME OFFICE

Regional Communications and Health Promotion Officer Ms Hilary Craig

The Regional Oncology Programme Office, Health Service Executive - South Western Area's main remit is the improvement/development of cancer services throughout the Region. Located in St. James's Hospital, this office endeavours to develop into a centre for streamlining the services throughout the Region.

Under the leadership of the Regional Cancer Director, the Programme Office encompasses cancer services in seven institutions:

- St James's Hospital
- Adelaide and Meath Hospital Incorporating the National Children's Hospital
- Naas General Hospital
- Our Lady's Hospital
- Our Lady's Hospital for Sick Children
- Peamount Hospital
- The Coombe Women's Hospital

The National Cancer Strategy identified that planning and delivery of services should be reshaped so that prevention, treatments and care are focused on improvements in health status and quality of life. It also placed increased emphasis on providing the most appropriate forms of care, i.e. evidence based medicine.

It is intended that the Regional Oncology Programme Office be used as a resource to enable and mobilise efforts in cancer care services among the institutions. Aiding in the management of educational initiatives and expansion of the cancer audit information system and community initiatives, it functions as a focal point for building strong collaborative relationships with regional and National bodies.

'Cancer 2006' – Cancer Conference

Cancer 2006, the annual two-day conference, was hosted by St James's Hospital in collaboration with the Regional Oncology Programme Office, HSE, at the Royal Hospital Kilmainham on Thursday May 4th and Friday May 5th, 2006. President Mary McAleese addressed the delegates about current progress and future developments in cancer.

Cancer 2006 included a series of national and international speakers who outlined how an increased understanding of this disease is leading to earlier disease detection, increased potential for cancer prevention and significant developments in cancer therapeutics. The theme of this conference was "Combating Cancer through Research and Partnership".

Dr Mark Clanton, Deputy Director, NCI, outlined the NCI Strategic plan, indicating the vision for how cancer researchers worldwide will address the perplexing challenges of cancer. Dr Joe Harford, Director of International Affairs at the NCI, indicated the progress that has been made in the last 5 years since the signing of the Ireland/ Northern Ireland/ NCI Memorandum of Understanding in Belfast, particularly in the areas of Cancer Clinical Trials, Education, Telesynergy and Cross Border Nursing Initiatives.

THE HAUGHTON INSTITUTE

Executive Director (Acting) Ms Dara O'Mahony
Financial Controller Ms Marion Bruce

The Haughton Institute is an independent corporate body wholly owned by its three members, Trinity College, St. James's Hospital and Tallaght Hospital. 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

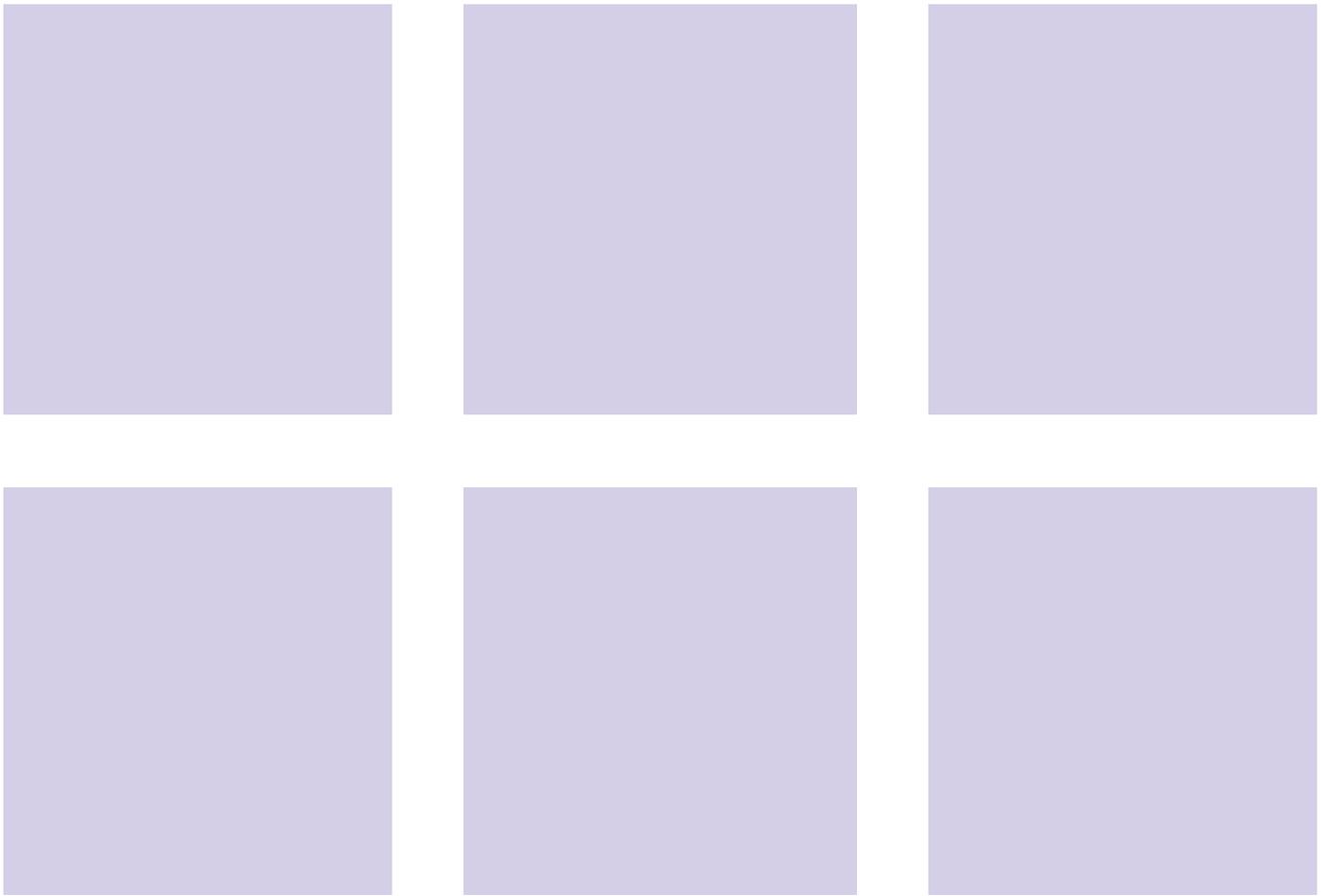
The institute offers a service in the management of research funds, complementary to the research policies of the hospitals and College, and aimed at their staff involved in research contracts and related activities.

Research accounts totalling approximately €6m were managed this year.

The Institute provides administration and support of research contracts for staff and the agencies where they work through the cultivation of skills in the management of 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. It may act as contract holder on behalf of individuals or group consortia in service development projects.

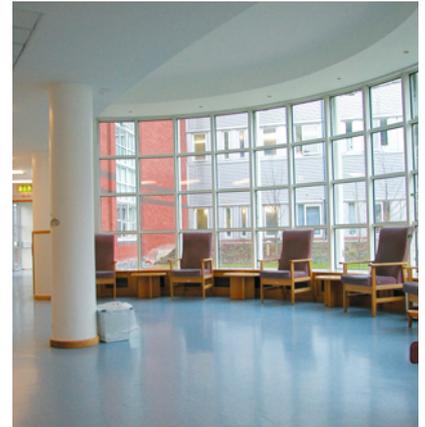
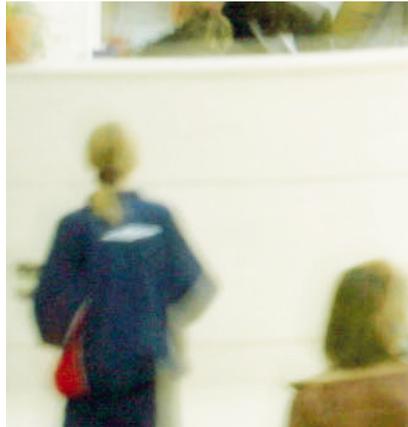


(L-R) President Mary McAleese, Professor Donal Hollywood, Professor John Reynolds at Cancer 2006 – Cancer Conference.



Programmes Division Reports

QUALITY INITIATIVE



Ms Eilish Hardiman
DEPUTY CHIEF EXECUTIVE OFFICER AND
OPERATIONS MANAGER

Accreditation

St James's Hospital was awarded Accreditation level three by the Irish Health Service Accreditation Board (IHSAB) in May 2006. This process involved a self-assessment and external peer review process to accurately assess the hospital's performance compared to internationally recognised standards.

The 13 multidisciplinary Accreditation teams consisted of four management teams (Leadership and Partnership; Human Resource Management; Information Management; and Environmental and Facilities Management) and nine Care/Service teams encompassing the hospital's Directorate and non-Directorate specialties structure. These teams engaged in an assessment of their services against standards and criteria set by the Irish Health Services Accreditation Board (IHSAB). They identified opportunities for improvement across the hospital and developed quality improvement plans (QIPs) to drive a continuous quality improvement culture throughout the hospital.

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.

The Medication Safety Facilitator analyses risks related to medication and provides quarterly reports and feedback to each Directorate.

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.

Following the success of the Tracheostomy Safety Facilitator pilot programme in 2005, the role continued during 2006. This resulted in detailed analysis and severity grading of tracheostomy-specific risks. The outcome of this analysis was a marked decrease in the number of critical care beds being utilized by this patient cohort.

The Sterivigilance programme also continued in 2006, leading to a significant improvement in the decontamination and sterilization processes for reusable medical devices in the Hospital.

Monthly Safety and Risk audits were carried out to identify 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.

In 2006 the Hospital began the first initiative in Ireland for transmissible spongiform encephalopathy (TSE/CJD) risk. All pre-operative patients were screened for TSE/CJD risk.

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 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 with membership made up of four community representatives and four Hospital representatives. The main focus of the committee 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.

Community Consultation Forum

By the end of 2006, 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 currently tracks 122 indicators on a monthly basis within four broad categories:

- Hospital Wide Indicators
- Speciality Specific Indicators
- Operational Performance Indicators
- Non-Clinical Indicators

Each performance indicator selected has been designed to assist in the ongoing assessment of clinical/non-clinical effectiveness and appropriateness.

Indicators introduced during 2006 include:

- Speciality Bed Designation
- Average Length of Stay on Extended Care Waiting List
- Absences Relating to Work Related Stress

The Performance Indicator Programme has also been recognised and endorsed nationally and internationally.

International Performance Indicator Benchmarking Initiative

The International Benchmarking Initiative is an informal network of eight European Academic Teaching Hospitals established in 2001.

The network is structured to:

- Share innovative developments in healthcare, teaching and research with partners.
- Consult, listen and explain to partners, other organisational approaches that have been successful in promoting and delivering clinical and organisational excellence.

- Develop benchmarking systems for both clinical and organisational excellence.
- Establish a collaborative network to share information and analyse indicators of clinical effectiveness.

Members of the network include:

- Cardiff and Vale NHS Trust University Hospital (Wales)
- Groningen University Hospital (Holland)
- Guy's & Thomas' Hospital NHS Trust (England)
- St Luke's Hospital (Malta)
- Belfast City Trust (Northern Ireland)
- AZ VUB Brussels (Belgium)
- St James's Hospital (Ireland)
- Timmins & District Hospital (Canada)

The seventh meeting of the International Benchmarking Initiative, led by St James's Hospital, was held in Cardiff and Vale NHS Trust in May 2006.

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

- Outpatient Non-Attendance (DNA) (2006)
- Inpatient Daycare (completed 2005)
- Acute AMI (2006)
- Emergency Admission Pathway
- Unplanned Re-Admission.

The Outpatient non-attendance (DNA) report was tabled at the meeting in Cardiff and was also presented to the St James's Hospital Board. This report guided all hospital initiatives aimed at addressing OPD waiting lists at St James's.

St James's Hospital also presented the 'Day Surgery Benchmarking Initiative' at the 22nd International Conference of the International Society for Quality in Health Care - Vancouver 2006.



At the formal presentation of the Accreditation award to St. James's Hospital (L-R), Mr. Paul Gallagher, Director of Nursing; Ms. Mary Harney TD., Minister for Health and Children; Mr. John Gallagher, Patient Advocacy Committee (PAC), Mr. Peter Hartnett, PAC; Ms. Pamela O'Reilly, PAC; Ms. Paula Kealy, PAC; Mr. Ian Carter, CEO; Dr. Fergus O'Kelly, Board member & chair of PAC; Ms. Eilish Hardiman, Deputy CEO.

PLANNING & COMMISSIONING DEPARTMENT



Mr Michael Quirey
PLANNING / TSD MANAGER

Ms Katrina Seery
COMMISSIONING OFFICER

Introduction

The Department is responsible for managing the development, construction, equipping and commissioning functions of all new or renovated facilities on the hospital's campus. The aim of the department is to enable the delivery of optimum patient services in appropriate accommodation and the strategic management of both minor and major development and infrastructure requirements.

The Department controls and guides capital funded projects through stages from concept, design, costing and approval to tender, contract award, construction, equipping and commissioning right through to project completion. Steering Committees and Working Groups comprising key stakeholders (Clinicians, Nursing, Patients and others) are established to ensure informed decisions are made in accordance with public procurement protocols and procedures.

Developments in 2006

- Developed a dedicated Breast Cancer Unit.
- Refurbishing wards to improve patient accommodation (en-suite facilities etc) and provide additional isolation rooms (Hospital 5).
- Converting former Surgical Day Ward treatment rooms into a Falls & Blackout Unit.
- Redeveloping decontamination facilities (HSSU) to provide additional capacity and improved service.
- Working with Design Team to develop an Outline Development Control Plan for the hospital site.
- Establishing dedicated Dermatology, Neurology and Immunology outpatient facility in the former Health Care Centre.

Technical Services Department

The department’s key focus is to ensure hospital building services - plant and equipment - that are fundamental to the delivery of clinical care continue to be available as and when required and that all sites remain safe, legislatively compliant and aesthetically pleasing for all site users.

Activity in TSD continued to increase during 2006, particularly at the department’s helpdesk where calls went up to 22,500 from 18,616 the year before.

The department also worked to carry out refurbishment throughout the hospital campus and undertook 1042 requests for new minor refurbishment work.

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 again passed the 50,000 running hour mark this year and provided in excess 28% 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 2006

The trend in rising costs continued with major increases for gas towards the end of 2006. 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, UPS provision and increased service demands throughout the site.

The costs of various services are shown in the below table.

| Utility Costs 2006 | |
|--------------------|------------|
| Electricity | €1,391,832 |
| Natural Gas | €1,662,540 |
| Water | €300,00 |
| Total | €3,354,372 |

Developments

2006 was the second year of the 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 option of buying credits.

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 – the department is preparing a pilot energy bid as part of an energy-code initiative for the hospital campus.

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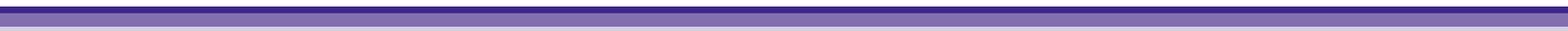
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The Hospital's fundamental purpose is the delivery of health treatment, care and diagnosis as well as health promotion and preventative services at catchment, regional, supra-regional and national levels.



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