



2008

Annual Report

St. James's Hospital

MISSION STATEMENT

“St. James’s Hospital’s fundamental purpose is the delivery of health treatment, care and diagnosis as well as health promotion and preventative services”

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 philosophies/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 or 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.

OSPIDÉAL NAOMH SÉAMAS
ST. JAMES’S HOSPITAL



CONTENTS

ST. JAMES'S HOSPITAL

Governance and Executive

Hospital Board	5
Executive Management Group	5
Consultant Staff	6
Retirements 2008	7
Legal and Banking	7

Corporate Reports

Introduction from the Chairman	9
Report from the Chief Executive	12

Performance Highlights

Key Activity Volumes	16
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Corporate Division Reports

Financial Statements and Report	21
Materials Management	23
Human Resources	26
Internal Audit	29
Information Management Services	30

Services Division Reports

Clinical Directorates

CResT Directorate

Cardiology, Respiratory Medicine, Cardio-Thoracic Surgery	35
--	----

HOPe Directorate

Haematology, Bone Marrow Transplantation Programme, Cancer Clinical Trials Consortium, National Centre for Hereditary Coagulation Disorders, Palliative Care	39
--	----

MedEL Directorate

Medicine for the Elderly, Falls and Blackout Unit, Bone Protection and Osteoporosis Unit, Mercer Institute for Research on Ageing, Dementia Services Information and Development Centre	42
---	----

SaMS Directorate

Dermatology, Endocrinology, Ear, Nose and Throat, Genital Urinary and Infectious Diseases (GUIDe) Clinic, Gynaecology, Neurology, Ophthalmology, Rheumatology	46
---	----

GEMS Directorate

Breast Care Services, Acute Medical Admissions Unit, Hepatology Centre, Endoscopy Service, GI Function Unit, Colorectal Service, Renal Services	50
--	----

Emergency Directorate

Emergency Medicine, Chest Pain Assessment Unit, Observation Ward	56
---	----

Omega Directorate

National Adult Burns Unit, National Maxillofacial Surgery Unit, Plastic and Reconstructive Surgery, Orthopaedic Surgery, Orthodontic and Cleft Unit	60
--	----

Specialities

Department of Vascular and Endovascular Surgery	63
--	----

Psychiatry	65
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Clinical Service Directorates

LabMed Directorate

Haematology, Biochemistry,
Immunology, Transfusion Medicine,
Histopathology, Cytopathology,
Microbiology, Phlebotomy, Coagulation
Laboratory and National Centre for
Hereditary Coagulation Diseases,
Cryobiology Laboratory, the Irish
Mycobacteria Reference Laboratory,
National MRSA Reference Laboratory 68

DiagIm Directorate

Diagnostic Imaging (X-ray),
PaRIS/EPR, Radiology 76

ORIAN Directorate

Theatre, Day Surgery, Intensive
Care Unit, High Dependency Unit,
Hospital Sterile Services,
Anaesthetic Services, Pain Medicine 79

Clinical Support Services

SCOPE Management Unit

Speech and Language Therapy,
Medical Social Work, Clinical Nutrition,
Occupational Therapy, Physiotherapy 84

Pharmacy Department

Clinical Pharmacy Service,
Dispensary and Distribution Services,
Aseptic/Compounding Services,
National Medicines Information
Centre (NMIC), Centre for Advances
Clinical Therapeutics 89

Medical Physics and Bioengineering

Medical Physics, Clinical Engineering 93

General Support Services

General Support Services

Catering, Housekeeping, Laundry,
Security, Portering, Tele-communications,
Environmental and Chaplaincy 96

Nursing Services

Nursing Administration, Nursing
Practice Development Unit 98

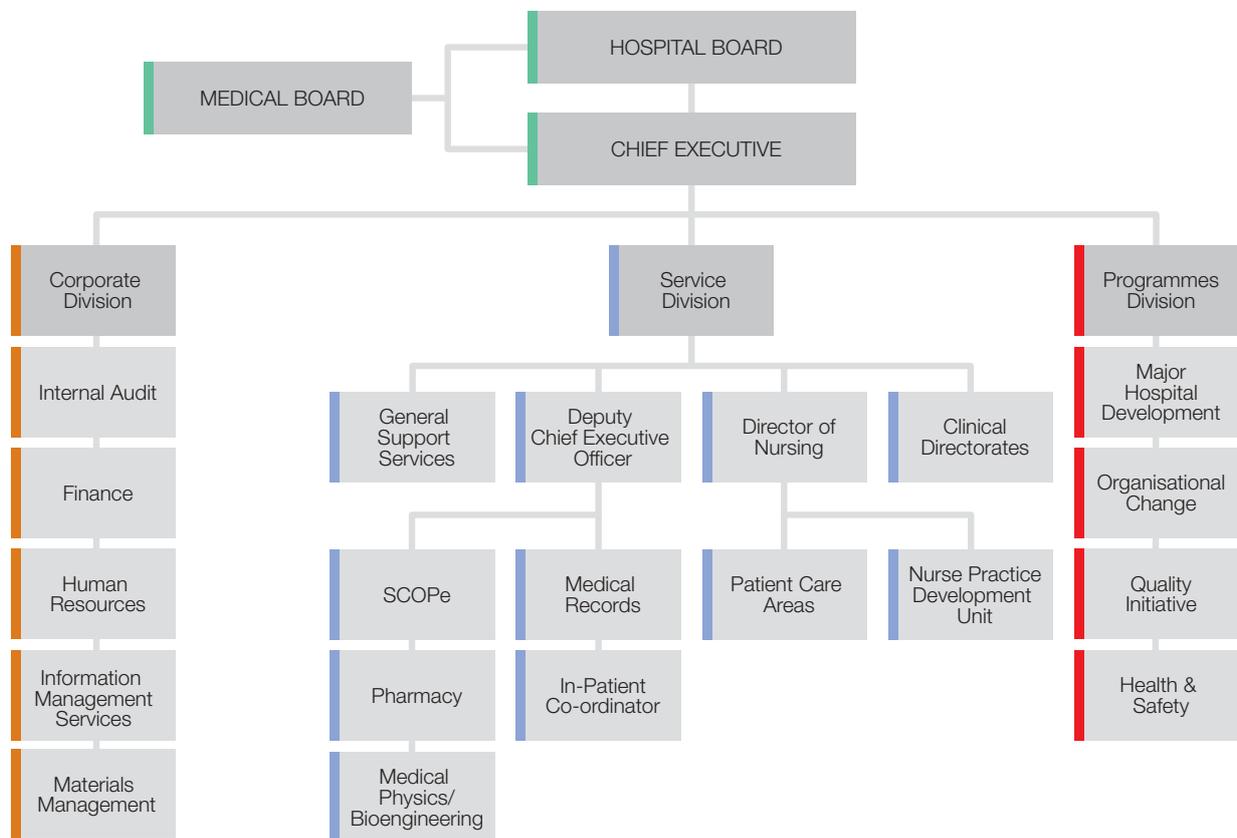
Educational Activities

William Stokes Postgraduate Centre 101
The Haughton Institute 102
Regional Oncology Programme Office 102
St. James's Hospital Foundation 105

Programmes Division Reports

Quality Programme 109
Planning and Commissioning Department 112
Technical Services Department 114

Corporate Structure



Hospital Board Membership 2008

Prof. T. Mitchell
Chairman of the Hospital Board

Cllr. M. Ardagh
Dublin City Council

Prof. R. Byrne
Trinity College

Ald. M. Donnelly
Dublin City Council

Mr. J. Kelly
Staff Representative

Ms. M. MacGuinness
Staff Representative

Dr. J. Moriarty
Nominee of the Medical Board

Ms. C. Murphy
Ministerial Appointment

Prof. C. Normand
Trinity College

Prof. J. Scott
Trinity College

Ms. K. O' Neill
Ministerial Appointment

Mr. P. O' Reilly
Ministerial Appointment

Ms. C. Noughton
Ministerial Appointment

Ms. E. Hardiman
Deputy CEO/Operations Manager

Mr. P. Gallagher
Director of Nursing

Mr. B. Fitzgerald
Director of Finance

Prof. L. Barnes
Nominee of the Medical Board

Dr. F. O' Kelly
GP Representative

Dr. P. Browne
Chairman of the Medical Board

Prof. D. Kelleher
Trinity College

Executive Management Group 2008

Mr. I. Carter
Chief Executive

Ms. E. Hardiman
Deputy CEO/Operations Manager

Mr. B. Fitzgerald
Director of Finance

Mr. P. Gallagher
Director of Nursing

Mr. K. Hardy
Director of Human Resources

Mr. Niall McElwee
Manager, Planning and Technical Services

Mr. M. Buckley
Manager, Information Management

Mr. C. Robertson
Manager, General Support Services

Ms. M. Kenny
Materials Manager

Dr. C. Bergin
Clinical Director, SaMS Directorate

Prof. D. Coakley
Clinical Director, MedEL Directorate

Dr. K. O' Byrne
Clinical Director, HOPe Directorate

Dr. F. O' Connell
Clinical Director, CResT Directorate

Mr. P. Plunkett
Clinical Director, Emergency Department

Dr. P.W.N. Keeling
Clinical Director, GEMs Directorate

Dr. J. Moriarty
Clinical Director, ORIAN Directorate

Dr. M. Keoghan
Clinical Director, DiagIm Directorate

Dr. B. O' Connell
Clinical Director, LabMed Directorate

St. James's Hospital Consultants

Dr. Mark Abrahams	Consultant Anaesthetist	Dr. Marie Louise Healy	Consultant Endocrinologist
Dr. Mary Anglim	Consultant Gynaecologist/ Obstetrician	Dr. Niall Hughes	Consultant Anaesthetist
Dr. Louise Barnes	Consultant Dermatologist	Dr. Joseph Keane	Consultant Respiratory Medicine
Mr. Eamonn Beausang	Consultant Plastics & Reconstructive Surgeon	Dr. John Kennedy	Consultant Clinical Oncologist
Dr. Colm Bergin	Consultant in Infectious Diseases	Prof. Rose Anne Kenny	Consultant Geriatrician
Mr. David Borton	Consultant Orthopaedic Surgeon	Dr. Mary Keoghan	Consultant Radiologist
Mr. Terence Boyle	Consultant General Surgeon	Mr. John Kinsella	Consultant Otolaryngologist
Dr. Breida Boyle	Consultant Microbiologist	Prof. Brian Lawlor	Consultant Psychiatrist
Mr. Frank Brady	Consultant Orla & Maxillofacial Surgeon	Mr. Thomas Lynch	Consultant Urologist
Dr. Paul Browne	Consultant Haematologist	Dr. Fionnuala Lyons	Consultant Anaesthetist
Dr. Miriam Casey	Consultant Geriatrician	Dr. Fiona Lyons	Consultant in Genito Urinary Medicine
Dr. Susan Clarke	Consultant in Infectious Diseases	Mr. Prakash Madhavan	Consultant Vascular Surgeon
Prof. Davis Coakley	Consultant Geriatrician	Dr. Nasir Mahmud	Consultant Gastroenterologist
Dr. Daniel Collins	Consultant Anaesthetist	Prof. Shaun McCann	Consultant Haematologist
Mr. Brendan Conlon	Consultant Otolaryngologist	Dr. Connail McCrory	Consultant Anaesthetist
Dr. Eibhlin Conneally	Consultant Haematologist	Dr. Ronan McDermott	Consultant Radiologist
Dr. Elizabeth Connolly	Consultant Anaesthetist	Dr. Niall McEniff	Consultant Radiologist
Dr. Elizabeth Connolly	Consultant General Surgeon	Ms. Eilis McGovern	Consultant Cardiothoracic Surgeon
Dr. John Cooney	Consultant Liaison Psychiatrist	Mr. Eamonn McGuinness	Consultant Gynaecologist/ Obstetrician
Dr. Brendan Crowley	Consultant Microbiologist	Dr. Susan McKiernan	Consultant Gastroenterologist
Dr. Vivion Crowley	Consultant Chemical Pathologist	Dr. Geraldine McMahan	Consultant Emergency Physician
Dr. Gaye Cunnane	Consultant Rheumatologist	Dr. Mairin McMenamin	Consultant Histopathologist
Dr. Conal Cunningham	Consultant Geriatrician	Dr. James Meaney	Consultant Radiologist
Dr. Colin Doherty	Consultant Neurologist	Mr. Brian Mehigan	Consultant General Surgeon
Dr. Michele Doran	Consultant Rheumatologist	Dr. George Mellotte	Consultant Nephrologist
Dr. Noreen Dowd	Consultant Anaesthetist	Mr. Dermot Moore	Consultant Vascular Surgeon
Dr. Barbara Dunne	Consultant Histopathologist	Dr. Jeanne Moriarty	Consultant Anaesthetist
Ms. Patricia Eadie	Consultant Plastics & Reconstructive Surgeon	Prof. Fiona Mulcahy	Consultant in Genito Urinary Medicine
Dr. Carl Fagan	Consultant Anaesthetist	Dr. Cian Muldoon	Consultant Histopathologist
Dr. Ruairi Fahy	Consultant Respiratory Physician	Dr. Niall Mulvihill	Consultant Cardiologist
Prof. John Feely	Consultant in Clinical Pharmacology & Therapeutics	Dr. Ross Murphy	Consultant Cardiologist
Dr. Joseph Fitzgerald	Consultant Anaesthetist	Dr. Siobhan Nicholson	Consultant Histopathologist
Dr. Brendan Foley	Consultant Cardiologist	Prof. John Nolan	Consultant Endocrinologist
Dr. Patrick Freyne	Consultant Radiologist	Dr. Beatrice Nolan	Consultant Haematologist
Dr. Eoin Gaffney	Consultant Histopathologist	Prof. Suzanne Norris	Consultant Gastroenterologist
Dr. Una Geary	Consultant Emergency Physician	Dr. Sean O' Briain	Consultant Histopathologist
Dr. Elaine Greene	Consultant Psychiatrist	Prof. Kenneth O' Byrne	Consultant Clinical Oncologist
Dr. Mairead Griffin	Consultant Histopathologist	Dr. Finbarr O' Connell	Consultant Respiratory Physician
Dr. Michael Guiney	Consultant Radiologist	Dr. Brian O' Connell	Consultant Microbiologist
Dr. Joseph Harbison	Consultant Geriatrician	Dr. James O' Donnell	Consultant Clinical Haematologist
		Dr. Derbhaile O' Donnell	Consultant Clinical Oncologist

St. James's Hospital Consultants continued

Mr. David O' Donovan	Consultant Plastics & Reconstructive Surgeon
Dr. Ann Marie O' Dwyer	Consultant Psychiatrist
Dr. Deridre O' Mahony	Consultant Oncologist
Dr. Aisling O' Mahony	Consultant Orthodontist
Dr. Catherine O' Malley	Consultant Anaesthetist
Dr. Sean O' Neill	Consultant Vascular Surgeon
Dr. Deirdre O' Riordan	Consultant General Physician
Dr. Patrick Ormond	Consultant Dermatologist
Dr. Ellen O' Sullivan	Consultant Anaesthetist
Dr. Dermot O' Toole	Consultant Gastroenterologist
Mr. Patrick Plunkett	Consultant Emergency Physician
Dr. Jenny Porter	Consultant Anaesthetist
Dr. Janice Redmond	Consultant Neurologist
Dr. Thomas Ryan	Consultant Anaesthetist
Dr. Mark Ryan	Consultant Radiologist
Dr. Patrick Scanlon	Consultant Anaesthetist
Dr. Thomas Schnittger	Consultant Anaesthetist
Dr. Bernard Silke	Consultant General Physician
Mr. Hugh Smyth	Consultant Orthopaedic Surgeon
Mr. Richard Stephens	Consultant General Surgeon
Prof. Conrad Timon	Consultant Otolaryngologist
Mr. Michael Tolan	Consultant Cardiothoracic Surgeon
Dr. Elizabeth Vandenberghe	Consultant Haematologist
Dr. Peter Vaughan	Consultant Anaesthetist
Dr. Carmel Wall	Consultant Anaesthetist
Prof. James Bernard Walsh	Consultant Geriatrician
Dr. Michael Walsh	Consultant Cardiologist
Dr. Rosemarie Watson	Consultant Dermatologist
Dr. Barry White	Consultant Haematologist
Dr. Graham Wilson	Consultant Radiologist
Mr. Vincent Young	Consultant Cardiothoracic Surgeon

Legal and Banking 2008

Auditors

Controller and Auditor General Dublin Castle, Dublin 1

Bankers

Bank of Ireland, 85 James's Street, Dublin 8

Permanent TSB, 16-17 College Green, Dublin 2

Legal Advisors

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

Insurance Brokers

AON Ireland, 10/12 Lansdowne Road, Ballsbridge, Dublin 4

INTRODUCTION FROM THE CHAIRMAN



Prof. Thomas Mitchell

Chairman
Hospital Board



I mentioned in my introduction to the Annual Report for 2007 that these were challenging times for the Irish hospital sector. It was not then fully evident how serious an economic crisis was about to engulf the entire world, with Ireland suffering more than most. The challenges have certainly increased during 2008, and are likely to continue increasing for several years to come. The primary goal must now be to minimise

any adverse effects on patients and to maintain the levels of care in this the most crucial of all public services. I am delighted to be able to report that, despite the unfavourable financial conditions, the hospital has succeeded, for the eight year in a row, in exceeding all service obligations without incurring a deficit. In fact the hospital did far better than that. In anticipation of more stringent times ahead.



St. James's took measures early in the year to try to achieve a surplus as a cushion against future shortfalls in funding. As a result it ended the year with a cumulative surplus of almost €18m. This obviously required skilful management and a high level of cooperation from the entire staff of the hospital. On behalf of the Board I want to congratulate Ian Carter, who presided over this remarkable performance, and the Director of Finance, Brian Fitzgerald, who has again demonstrated his expertise in financial management. But our thanks are also due to the Clinical Directors and Corporate Managers, and to the entire staff, whose cooperation and commitment in difficult times are deeply appreciated.

There are many other positive features in the outcomes for the past year. There was another notable increase in the level of day case activity (up 46% on projections), a trend that is pointing the way to more cost-effective healthcare that is far less disruptive for the patient. The hospital is also continuing to improve its rating in the areas of hygiene and infectious disease control. I have also been impressed by the positive spirit that pervades industrial relations at the hospital. There is a concern for the welfare of all employees and a sense of common purpose that brings benefits to all sides.



While the level of capital funding has dropped significantly, a number of important projects were completed during the year. A PET/CT scanner was installed in Hospital 1 and became available for use in September. It is a vitally important facility and the first of its kind to be installed in a public hospital in Ireland. A new High Dependency Unit with 10 beds was completed and work began on the development of 6 additional Intensive Care beds. The need for these facilities has been growing and is now urgent, and it is hoped that they can be completed and brought into use as quickly as possible.

The year also brought some disappointments. No real progress has been made in confronting the urgent need for more community services and facilities for those no longer suffering from acute illness but in need of long-term care or short-term step-down accommodation. As a result large numbers of such patients have to be detained in hospital for longer than necessary. St James's still regularly has to provide up to 100 beds, sometimes more, for these patients. This is the main reason why those admitted through the Emergency Department sometimes have to spend long periods on trolleys, and why waiting lists for elective procedures continue to grow.

Ian Carter has now brought forward an innovative and comprehensive proposal to deal with this issue. It sets out an integrated model of care, very much in line with HSE policy, which would base more services in the community but align them with the acute services of the hospital. The integrated system would be managed by an overarching Steering Group drawn from all institutional groups concerned and working under the executive authority of the hospital. There has been a positive response to the proposal. It offers the possibility of rapid progress, and it is hoped that it will be advanced without delay.

Other developmental projects of the hospital are also suffering delays. The Centre of Excellence for Successful Ageing has not yet received state approval. This is a Centre which will complement in important ways the badly needed developments in primary and community care mentioned above, and will create a hub for the education, research and innovation which will be essential to meet the needs of a growing population of the elderly. It has private funding of \$20 million from Atlantic Philanthropies. It is led by an outstanding team of consultants of the highest international calibre and offers enormous benefits to Irish Healthcare. It would be tragic if it failed to receive the state support required to make it happen.

Progress on the proposed Academic Medical Centre has also slowed over the past year because of difficulties in achieving agreement between the parties. But the efforts to secure the benefits in medical education and research that such a Centre would deliver will continue as vigorously as ever, and I remain confident that they will eventually succeed.

But work on another large development is progressing well. The new building of 3700sq. metres, which will house Haemophilia and Hepatology facilities and a Clinical Research Centre, has been approved in the HSE Capital programme for 2008.

On the whole, the hospital is faring exceptionally well in troubled times. It will continue to concentrate on offering the maximum possible level of services during this recessionary period. But it will also continue to plan ahead and build its capacity to stay at the forefront of the discovery and application of the new knowledge that will guarantee the quality of Irish healthcare into the future.

Report from Chief Executive



Mr. Ian Carter
Chief Executive

The primary executive and operational focus identified for 2008 centred on the achievements of planned levels of service delivery within available finances and specific quality metrics combined with advancement of the major capital development programme. Once again performance outcomes for the year were highly commendable.

Clinical Activity

Overall patient volume targets across all key patient treatment groups were exceeded [and also activity exceeded previous years total output].

Key Patient Treatment Groupings	Planned 2008	Actual 2008	Planned 2008/Actual 2008
Inpatient	22,006	23,030	5%
Day Care	61,522	89,921	46%
Outpatient	166,751	196,403	18%

As well planned access/wait time performance metrics were secured

Emergency Department

- 93% new attendances were triaged <20 minutes [target 100%]
- average number of patients waiting for bed accommodation (08:00) – 8 [target <10]
- 89% of patients were admitted within 12 hours of bed requirement identification at 08:00 [target 100%]

• Inpatient

- Appropriateness Evaluation Protocol (AEP)¹ on admission
 - 93% compliance [ranked 3rd overall - demonstrating highest compliance value for the major academic teaching hospital² group]
- 54% of all emergency medical admissions admitted to AMAU within 6 hours [target 100%]
- 48% of all acute medical discharges were effected within 5 days [target 50%]
- Waiting List
 - 89% patients waiting <4 months – 31.12.08 [target 100%]

• Daycare

Day Surgery

- 95% of patients waiting <4 months – 31.12.08 [target 100%]

Endoscopy

- 100% of patients waiting <4 months – 31.12.08 [target 100%]

The hospital has continued to develop necessary day care capability with the result in 2008 - 74% of all patient treatment episodes were undertaken on a day care basis. This high performance is particularly evident within the specialties of Haematology/Oncology – where 93% of all treatments were undertaken on day care basis.

Within Surgical treatments – 61% of '25 Surgery Basket'³ procedures were undertaken on a day care basis. In terms of access comparison, the NTPF recently confirmed⁴ in relation to wait times for medical/surgical patients that SJH had the lowest median access wait time for the Major Academic Hospital Group and nationally was ranked 8th overall - with 6 of the hospitals ranked higher being single specialties/not having an Emergency Department/less than 200 beds.

- National wait time (months) medical/surgical patients
 - median wait time 2.6 months
- SJH wait time (months) medical/surgical patients – median wait time 1.8 months

1 Acute Hospital Bed Review 2008 – PA Consulting Group

2 Mater Misericordiae Hospital, St. Vincent's, St. James's, University Hospital Galway, Midwest Regional Hospital, Limerick Tallaght, Beaumont

3 British Association of Day Surgery – BADS 1999

4 NTPF National Treatment Patient Register 2009

Key Challenges

- Whilst overall clinical volume and access performance values, with the exception of outpatient access, have been generally satisfactory, there still remain certain external/internal factors presenting significant challenges.

• ED Attendances

- increasing presenting acuity/complexity with 21% of all new attendances triaged category 1/2.

• Inpatient

- increasing presenting acuity/complexity from both ED and tertiary referral particularly cancer/thoracic/vascular/ cardiology/Upper GI presentations
- curtailment of home support for fiscal reasons within the PCCC
- insufficient community bed provision

• Outpatient

- 4% increase in new referrals
- a significant volume increase in the volume of referrals received from outside designated and funded catchment area

Impact – Patient/Hospital

The impact of these challenges can be summarised as follows:

• ED

- capability of ED Directorate/AMAU to manage both volume and acuity increases has been significantly challenged
 - resulting in less than optimal patient processing

• Inpatient

- increasing volume/acuity/complexity of treatment requirement has routinely exceeded existing critical care capacity with resultant access delays particularly for patients requiring post operative critical care accommodation
- the long term care of particularly vulnerable patients, predominantly elderly within an inappropriate acute ward environment
 - and
 - significantly diminished access to acute bed base resulting in ED centred patient delays/wait time increases (17% of acute beds blocked)
- diminished access for tertiary transfers
- diminished access for elective patient cohort

- **OPD**

- referral demand particularly for Dermatology, Neurology, Endocrinology and Urology significantly exceeds existing capacity/capability, with resultant less than satisfactory access/wait times being effected

Key Change Requirements

There remains a clear and direct requirement to:

- increase OPD capacity/capability
 - ensure the provisions of appropriate community care placement
 - increase critical care capacity
 - increase ED/AMAU capability – particularly at Consultant grade
 - expand/mainstream chronic disease management programme
- **Increase OPD capacity/capability**
 - the hospital has continued to be supported by NTPF to develop and effect initiatives for three specialties Dermatology, Rheumatology, Urology effecting increase patient attendance/reduced wait times.
 - **Ensure the provision of appropriate community care placement capacity**
 - 07/08 hospital experienced
 - 14% reduction in provision of public community beds
 - 2% reduction in provision of DDI beds
 - **Increase Critical Care Capacity**
 - in 2007 the hospital received necessary capital allocation to commence the development of 11 critical care beds
 - this work was completed in 2008. In 2008 necessary funding to open these beds was not supplied and beds remain unused.
 - **Increase ED/AMAU Capability – particularly at Consultant Grade**
 - during 2007 SJH exceeded targets set by HSE 100+ - “Rewarding Hospital’s with High Performing Emergency Departments” initiative and received written confirmation through Network that the hospital would receive necessary funding for 6 additional Consultants
 - no funding was subsequently forthcoming in 2008 and accordingly posts were not advanced.

- **expand/mainstream chronic disease management programme**

- through the provisions of Innovation funding the hospital has been able to further expand/mainstream particular chronic disease programmes
- Chronic Obstructive Pulmonary Disease Management Programme
- Epilepsy Management Programme
- Warfarin Management Programme

Finances

The hospital secured a highly satisfactory financial outturn, returning a year on year surplus of €12.521m on an HSE allocation of €382.019m.

Outturn achieved purposefully by improving hospital operational efficiencies within a framework that continued to deliver on all clinical treatment targets, agreed with the HSE. This action was taken to ensure a level of cushioning from the impact anticipated of significant reduction to core funding identified for introduction in 2009/2010.

This year end position was made possible through effective local leadership by the Clinical Directors, enabled by appropriate central pan-hospital control.

Quality

- **Risk Management**

Further expansion and enhancement of this programme was secured particularly in relation to:

- Health & Safety Training
- Infection Control – Clostridium difficile/Meticillin-Resistant Staphylococcus Aureus (MRSA)
- Sterivigilance
- Pharmacovigilance

- **Patient Advocacy Programme**

During 2008, three Community Consultation Forums were held giving the community the opportunity to present their views to the Hospital. This initiative will continue in 2009.

• **Performance Indicator Programme**

This programme is now tracking 183 key performance metrics and is appropriately integrated within the hospital's monitoring/control system.

In 2008 indicators measuring cancer activity and access to all the diagnosis and treatment modalities were included in the hospital programme.

This Performance Indicator Programme has been recognised and endorsed both nationally and internationally.

Capital Development

A number of important capital developments were progressed/commenced within the hospital during 2008 including:

- Commencement of development of Radiation Oncology Facility
- Positron Emission Tomography (PET/CT) facility opened in Hospital 1
- 3T Magnetic Resonance Imaging (MRI) established (HRB funded)
- Design completed for Haemophilia & Hepatology Inpatient Facility
- Two storey extension to Pharmacy Department
- Clinical Research Facility (Wellcome Trust) design completed
- Clinical Skills Laboratory established
- Expanded intensive care facilities
- Completed 3 year phased replacement operating theatre instrumentation

Research and Education – Key Achievements

Commencement of the development of Clinical Research Facility on the campus.

A total of 246 peer review publications were published during the year by staff at the hospital.

Overall St. James's has successfully and fully delivered on all agreements with the HSE in service level, development and financial terms for 2008.

These achievements were achieved only through the continued exceptional response and commitment of staff at the Hospital. I thank them for their innovation, commitment and support in ensuring and advancing the status of St. James's both in Ireland and internationally.

I look forward to their continuing support in facing the challenges to be confronted in 2009.

Ian Carter
Chief Executive

Performance Highlights

Projected Activity Levels for 2008

Period January - December 2008	2008 Activity		2008 Projected Activity			
	In-Patient Discharges	Day Cases	In-patient Discharges	Daycases	% In-pts Variance	% Daycases Variance
Cardiology	3133	3682	1971	2425	59%	52%
Dermatology	24	5283	34	3257	-29%	62%
Emergency Dept	172		900		-81%	
Endocrinology DDC		9744		6913		41%
ENT	500	250	690	280	-28%	-11%
General Surgery	2325	5912	2220	4998	5%	18%
GUIDE	490	4705	276	1650	78%	185%
Gynaecology	583	500	681	238	-14%	110%
Haematology	945	10838	676	6971	40%	55%
Maxillo Facial	882	93	885	121	0%	-23%
Medicine	6222	18954	5798	12282	7%	54%
Medicine for the Elderly	984	7085	1023	6500	-4%	9%
Oncology	1196	12970	729	10383	64%	25%
Orthopaedics	1147	337	1320	211	-13%	60%
Plastic Surgery	1458	2718	1899	2854	-23%	-5%
Psychiatry	495		470		5%	
Rheumatology	626	5454	492	1500	27%	264%
Cardiac Surgery	406		512		-21%	
Thoracic Surgery	446		348		28%	
Urology	458	1362	501	879	-9%	55%
Vascular Surgery	538	34	581	60	-7%	-43%
Total	23030	89921	22006	61522	5%	46%
Out-Patient Activity					Variance	
	Actual		Projected		%	%
	New	Return	New	Return	New	Return
Attendances	51699	144082	50356	116395	3%	24%

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

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

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

Note 4: Haematology daycases includes haemophilia nchcd daycases.

Note 5: Outpatient activity excludes NTPF patients treated for Rheumatology & Dermatology.

St. James's Hospital Inpatient Waiting List as on 31st December 2008

SUMMARY	30	60	90	120	150	182	210	240	365	>365	TOTAL
Waiting List as on 31/12/2007	245	179	177	229	9	31	0	0	0	0	870
Waiting List as on 31/12/2008	235	214	156	257	50	53	0	0	0	0	965
Variance	-4%	20%	-12%	12%	>100%	71%	0%	0%	0%	0%	11%

SPECIALTY	Current Status As On 31/12/2008										
	30	60	90	120	150	182	210	240	365	> 365	TOTAL
E.N.T.	35	23	13	22	0	0	0	0	0	0	93
GYNAECOLOGY	28	11	9	13	0	0	0	0	0	0	61
MAXILLO FACIAL	16	15	28	19	0	0	0	0	0	0	78
ORTHOPAEDICS	14	13	8	17	0	0	0	0	0	0	52
PAIN MANAGEMENT	0	0	0	9	0	0	0	0	0	0	9
PLASTICS	17	46	24	41	0	0	0	0	0	0	128
SURGERY	50	31	19	34	15	17	0	0	0	0	166
THORACIC SURG	16	15	18	24	32	35	0	0	0	0	140
UROLOGY	22	13	15	35	2	0	0	0	0	0	87
VASCULAR	37	47	22	43	1	1	0	0	0	0	151
Grand Total	235	214	156	257	50	53	0	0	0	0	965

St. James's Hospital Day Surgery Unit Waiting List as on 31st December 2008

SUMMARY	30	60	90	120	150	182	210	240	365	>365	TOTAL
DSU Waiting List as on 31/12/2007	397	436	216	175	9	0	0	0	0	0	1233
DSU Waiting List as on 31/12/2008	489	338	243	181	19	24	19	1	1	0	1315
Variance	23%	-22%	13%	3%	>100%	0%	0%	0%	0%	0%	7%

SPECIALTY	Current Status As On 31/12/2008										
	30	60	90	120	150	182	210	240	365	> 365	TOTAL
CARDIOLOGY	3	4	0	0	0	0	0	0	0	0	7
DERMATOLOGY	57	52	33	34	4	0	0	0	0	0	180
E.N.T.	22	5	1	0	0	0	0	0	0	0	28
GYNAECOLOGY	24	18	8	0	0	0	0	0	0	0	50
MAXILLO FACIAL	23	21	31	4	0	0	0	0	0	0	79
ORTHOPAEDICS	31	7	4	2	0	0	0	0	0	0	44
PAIN MANAGEMENT	88	90	67	42	15	24	19	1	1	0	347
PLASTICS	127	92	60	57	0	0	0	0	0	0	336
SURGERY	79	34	28	19	0	0	0	0	0	0	160
UROLOGY	35	15	11	23	0	0	0	0	0	0	84
Total	489	338	243	181	19	24	19	1	1	0	1315

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

St. James's Hospital Endoscopy Unit Waiting List as on 31st December 2008

SUMMARY	30	60	90	120	150	182	210	240	365	>365	TOTAL
Waiting List as on 31/12/2007	123	330	122	0	0	0	0	0	0	0	575
Waiting List as on 31/12/2008	199	293	138	80	2	0	0	0	0	0	712
Variance	62%	-11%	13%	0%	0%	0%	0%	0%	0%	0%	24%

SPECIALTY	Current Status As On 31/12/2008										
	30	60	90	120	150	182	210	240	365	> 365	TOTAL
GASTRO-ENTEROLOGY	118	236	132	80	2	0	0	0	0	0	568
SURGERY	46	48	6	0	0	0	0	0	0	0	100
UROLOGY	35	9	0	0	0	0	0	0	0	0	44
Total	199	293	138	80	2	0	0	0	0	0	712



Corporate Division Reports

Finance Department

Income and Expenditure Account for the reporting period 1st
January 2008 to 31st December 2008 (subject to final audit report)

	2008 €'000	2007 €'000
Opening Deficit/(Surplus)	-5,384	-1,724
Pay Expenditure	264,534	252,165
Non Pay Expenditure	158,159	156,917
Gross Expenditure including deficit	417,309	407,358
Income	-53,195	-47,802
Net Expenditure for the year	364,114	359,556
Determination for the year	382,019	364,940
Closing Deficit/(Surplus)	-17,905	-5,384

Balance Sheet as at 31st December

	2007 €'000	2006 €'000
Fixed Assets		
Tangible Assets	217,938	215,883
Current Assets		
Debtors	115,647	59,899
Stocks	10,638	9,493
Bank and Cash balances	221	13,241
	<u>126,506</u>	<u>82,633</u>
Creditors-less than one year		
Creditors	-82,355	-73,957
Bank Overdraft	-23,446	0
	<u>-105,801</u>	<u>-73,957</u>
Net Current Assets	<u>20,705</u>	<u>8,676</u>
Total Assets	<u>238,643</u>	<u>224,559</u>
Creditors - more than one year		
Bank Loans	0	-1,793
Net Total Assets	<u>238,643</u>	<u>222,766</u>
Capital and Reserves		
Non Capital Income & Expenditure Account Surplus/(Deficit)	17,905	5,384
Capital Income & Expenditure Account Deficit	2,800	1,499
Capitalisation Account	217,938	215,883
	<u>238,643</u>	<u>222,766</u>



Mr. Brian Fitzgerald
Director of Finance

The Financial Statements for the reporting period 1st January 2008 to 31st December 2008 (subject to final audit report) resulted in a surplus of €12.521m. Hospital gross expenditure was €422.693m, while income and exchequer funding amounted to €435.214m. In addition to the 2008 surplus the hospital had an opening surplus of €5.384m carried forward from 2007 and prior years. Therefore the cumulative carried forward surplus at 31st December 2008 was €17.905m.

Expenditure and Income overview

Net expenditure increased by €4.558m (1.3%) when compared with the previous year, of which pay expenditure increased by €12.369m (4.9%), non-pay expenditure increased by €1.242m (0.08%) and Income increased by €5.393m (11.28%).

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 towards 2016	10.732m
Pay increments	2.138m
Current and prior year service developments	1.742m
Overtime/agency staff/and other payroll premiums	0.414m
Increased pensions and gratuities	0.639m
Various efficiency initiatives	3.296m
Sub total payroll	12.369m
Non-pay related	
Drugs and medicines	0.243m
Blood/blood products	3.293m
Medical and surgical consumables	0.233m
Laboratory consumables etc.	1.238m
Medical equipment and equipment maintenance	1.636m
Cleaning	0.157m
Radiology	0.401m
Professional, insurance, audit & legal services	0.838m
Various efficiency initiatives	3.367m
Sub total non-pay related	1.242m
Income related	
Patient accommodation income including Government levies	3.495m
Superannuation – increased employee pension contributions	0.571m
Pathology/pharmacy/retail units/car parking/other	1.327m
Sub total income related	5.164m

Commentary

The hospital exceeded service delivery targets for the year, while management were very mindful of the economic backdrop facing the economy. At the outset of the year, management implemented strategies to further improve overall hospital operational efficiency, while deliberately planning to deliver a financial surplus which could cushion the hospital in the event of future reductions to core funding. The strategy proved successful and the hospital carries forward a financial surplus of €17.905m, which should in some part offset the affect of the constrained public financial environment going forward.

The funding/service delivery monitoring and negotiation framework conducted by the Health Services Executive was in its fourth year of operation and further moved to an emphasis on reduced hospital funding in order to provide investment in community care services.

The clinical directors, corporate managers and respective management teams are to be commended on their financial management performance.

Casemix Funding Model *(Result published in late 2008).*

The hospital received a minor funding increase of €870,000 as a result of the casemix funding model for activity and related expenditure for the year 2007.

Capital/Infrastructure Expenditure

Expenditure on major capital projects amounted to €12.466m in 2008 compared with €7.777m in 2007. Additionally, the hospital invested €7.206m from revenue funding sources on improvements to infrastructure and the replacement of equipment.

Materials Management



Mr. Vincent Callan
Acting Materials Manager

Mr. Conor Buckley
Acting Operations Manager

The Materials Management Department has corporate responsibility for the procurement of goods and services for the Hospital and continues to provide end-to-end supply chain services incorporating procurement, logistics, e-commerce, clinical user and supplier support.

The role of the Materials Management Department is to:

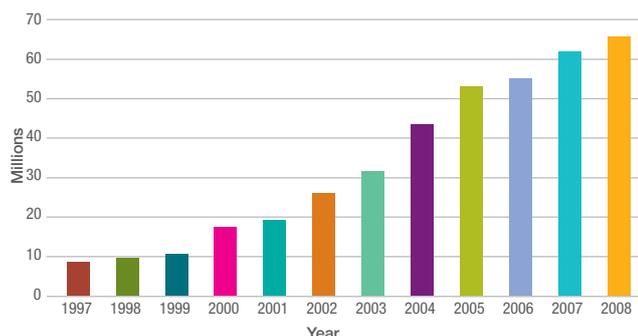
- Ensure compliance with national and EU guidelines and regulations by establishing and maintaining policies pertaining to procurement law
- Employ best commercial practice in procurement thus ensuring that the basic principle of lowest ultimate cost with minimum risk is applied to all purchasing decisions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

Key Developments

- Implementations of digital capture and retrieval of delivery documentation
- Extension of related functionality to include contract documents
- Exploration regarding the incorporation of External Services Management into the Hospital's process flow
- Continuous development and improvement of the Hospitals ERP system
- Roll out of consignment contracts for Drug Eluting Stents and Implantable Cardiac Defibrillators
- New Contract developments in the areas of Reusable Theatre Packs, Pain Management and Endo Mechanical Products
- Total Receipt value for 2008 was €65,474,764.00 comprising of 10,000 products from 1,000 Vendors
- Stock turnover improved from 14 to 19 times year on year

The department's activity continued to grow in 2008, engaging in new contract developments and providing inventory management for a portfolio of 10,000 products which were supplied to 184 departments.

Euro Activity 1997-2008



Operations Management Function

The Operations Management function of the Department focuses on the design and implementation of all supply chain processes concerned with the flow of goods and services from external agencies through the organisation until they are ultimately consumed. Product variety reduction and

standardisation continued to be a key focus for 2008. The total stock receipt value for 2008 was €11,017,066 which comprised of 2,000 product lines from 138 vendors. The department processed over 28,000 stock orders to 184 departments, in addition the department continued to provide a logistics service for Pharmacy Department and Linen. The department inventory performance was further improved by achieving a stock turnover of 19 times a year, in comparison to previous year's rate of 14 times.

The number of products managed on consignment increased significantly during the year, in particular drug eluting stents and implantable cardiac defibrillators. Consignment inventory value increased to 3.5 million, this has proven beneficial by reducing risk to the hospital, reducing investment in inventory while offering better choice of product.

The purchasing function continued to expand its product portfolio and managed key vendor accounts. Both product aggregations for off contract purchases and rationalisation of the supply base were key focuses for the function in 2008. The purchasing team continued to work closely with the contracts function on a number of contracts initiatives.

Operations Activity Summary

Product lines	13,000
Purchase orders Generated	26,869
Deliveries Received	46,652
Stock orders processed	28,330
Vendors	1,011

End of year stock take 2008

The Materials Management Department carried out end of year stock take on 28th and 29th November. This comprised of identifying, counting and recording of in excess 8,000 products across five Inventory Managed areas and 73 clinical areas. The Closing Inventory value was reduced on the 2007 figure, this was achieved by implementing improved Inventory controls and achieving further cost reductions through the tendering process.

End of year stock take 2008 results	Value
Inventory Managed value	€ 991,767.59
Non Inventory Managed value	€2,312,187.28

Contracts Function

The Contracts Function, which consists of two Contracts Managers and one Clinical Procurement Manager, increased the number of formal contracts implemented through consultation with end users and the tendering process.

The Contracts Function engaged in the tendering process for all non-pay expenditure (excluding Pharmaceuticals and Medical Equipment), which included but was not limited to:

- Medical devices
- General consumables
- Information technology systems
- Construction and associated services
- Manned services
- Maintenance services
- Laboratory equipment and associated consumables
- Consultancy services
- Professional services

The remit of the Contracts function is to minimise risk to the Hospital, risks can be categorised as Clinical, Legal and Commercial Risk.

Clinical Risk: The Clinical Procurement Manager vets new products been introduced to the Hospital. Decisions taken on procurement of new products/product ranges or replacement of existing are undertaken by multi disciplinary steering groups.

Legal Risk: The Contracts Function ensures compliances with EU and National procurement legislation and provides advice to all users engaged in procurement activities.

Commercial Risk: The Contracts Function ensures that all costs associated with procurement are considered, thus ensuring Value for Money is achieved. The function also drafts and implements robust Commercial agreements.

The number of products and services captured under formal contract continues to expand. Supply markets are continuously analysed to identify new opportunities and ensure best value for money is achieved.

IT enabled initiatives SAP/Materials Management 2008

The department continued to collaborate with the hospital's SAP Finance/Materials Management team on a number of initiatives.

Development of a number of localised reports that facilitated the business needs of the Hospital.

- Replacement of 5 standard SAP Requisition reports with a single report that
 - simplifies the user interface
 - consolidates data onto a single screen
 - designed for ease of export to desktop systems
- Improved tracking of serial managed high value items
- Parked Invoice report that assists the integrated tracking and management of problematic invoices by indexing the nature of the issue associated with each invoice
- Creation of new inventory query report that provides rapid visibility of all stocks held in inventory managed areas. This report is used to drive perpetual inventory monitoring
- Assistance in material master clean up that removed obsolete or slow moving items from the database. This delivered two main benefits. Reduction in errors relating to the attempted procurement of displaced products and improved database performance
- Automation of the foreign vendor's payment system
- Implementations of digital capture and retrieval of delivery documentation. Extension of related functionality to include contract documents

Human Resources



Mr. Ken Hardy

Director of Human Resources

Mr. Gerry Heffernan

Deputy Director of Human Resources

Key developments during 2008

During 2008 Human Resources continued with its restructuring programme and general improvements to managers and staff of the Hospital. Some of the main features are as identified below:

- Development of Human Resources Business Partners model to provide a more accessible and personalised HR service to Departments and Directorates
- Completion of the Workforce Planning and Information Unit incorporating SAP HR Systems management, Salary Administration, Superannuation and Workforce Information services
- Continued Roll Out of Objective Setting and Review process incorporating Team Based Performance Management
- Building on the success of the National SKILL Critical Mass Project for support staff in the hospital
- Development of the Regional Clinical Skills Centre
- Work on the implementation of the new consultants contract
- Enhancing the services of the Occupational Health Department to the Hospital and its staff

Centre for Learning & Development (CLD)

The CLD has evolved through the streamlining and merging of the Centre for Nurse Education and the Learning and Development Unit into an integrated and multidisciplinary learning and development centre within the HR directorate structure.

The CLD has maintained overall responsibility for the post graduate nurse education programmes in specialist nursing in conjunction with the School of Nursing and Midwifery, Trinity College, Dublin (TCD) and works closely with key hospital personnel and across disciplines in facilitating and co-ordinating short nursing courses, study days, as well as facilitating further education and training awards council (FETAC) certificate courses for Health Care Assistants.

The fundamental aim of the centre is to provide high quality education and training that is readily accessible and responsive to the needs of all members of the multidisciplinary team. An annual Learning and Development Prospectus was developed in 2008 based on identified learning and development needs of all multidisciplinary staff and continued to be the primary means of prioritising learning over each following twelve month period.

In 2008 the CLD provided partial funding for a number of training and development programmes for staff to include third level courses in line with the Education, Funding and Study Leave Policy and budget allowance. Access to education and funding was based on a fair and consistent approach with priority given to education, training and development which was strongly work related and envisaged as bringing clear benefits to enhancing the quality of the service and patient care.

A wide range of programmes were provided by the centre in 2008 to include:

- Corporate Induction – a total of 26 programmes were delivered
- Mandatory Training to include:
 - Patient and Inanimate Manual Handling
 - Non Violent Crisis Intervention
 - Basic and Advanced Cardiac Life Support
- Staff/Management Development Programmes
 - Communication and Motivation to include Communication training for International Staff
 - Objective Setting and Review Training
 - Team Based Performance Management
 - Supervisory/Management Development Programmes
 - Competency Based Interview Training
 - Absence Management Training
 - Investigator Training
 - Minute Taking and Report Writing

- Best Practice in the Management of Health Care Records
- Dementia Care
- Cultural Competence Training
- IT and SAP training
- Stress Awareness/Management
- Postgraduate Diplomas in Specialist Nursing and other short nursing courses (e.g. Cannulation and Venepuncture Palliative Care and Endoscopy)
- CNM/Staff Nurses Study Days
- Retirement Planning

FETAC [Further Education and Training Awards Council] and SKILL [Securing Knowledge Intra Lifelong Learning]

The HSE SKILL FETAC Critical Mass Project commenced in St. James's Hospital in January 2007, led by a Project Manager in the CLD and supported by the SKILL Project Steering Group. The Primary aim of the project is to develop Health Care Assistants and all Support Staff by ensuring that they are provided with every opportunity to access further learning in enhancing their role and ultimately developing the necessary skills to contribute as effectively as possible to the organisation's objectives and patient care.

FETAC Classes were provided in the CLD and in the VEC Colleges and offered at Levels 3, 4, 5 and Level 6 (Supervisors). A total of 90 staff undertook FETAC Courses at level 3-6 in 2007/2008 with a further 112 currently engaged in the 2008/2009 programmes. Work continued in 2008 towards enhancing and evaluating application of learning from the FETAC Programme with relevant CLD staff supporting the process at clinical and departmental level. Additionally three staff were successful in obtaining grants from the prestigious JFK Foundation.

HR/Personnel Services Unit

Restructuring

During 2008, the HR/Personnel Services Unit continued in its strategic direction to move towards the implementation of the 'business partner' model where named individuals were assigned to work with an identified number of directorates/ departments to help them achieve their business objectives. The HR Business Partners worked in close partnership with directorate/department management teams and individual managers and staff to proactively identify areas where HR can add value, and ensure effective solutions are delivered. Phase two of the restructuring will be progressed in 2009, which will ultimately see the General Personnel and Recruitment sections reformed into service teams, working under the direction of each of the HR Business Partners.

Recruitment & Selection

Recruitment activity remained consistent throughout the first three quarters of 2008 with a slight reduction in activity in the final quarter, reflective of the economic climate. Approximately 400 competitions were processed during the year. The Vacancy Approval Committee continued to apply stringent criteria to the filling of all vacancies, in particular prioritising clinical requirements within posts to ensure continuity of services across the hospital.

The Competency Based Recruitment Framework was implemented successfully in respect of the four job families, Nursing, Clerical/Administration (grades up to and including Grade VII), Catering and the SCOPE Directorate. Work has commenced on a roll-out of the framework across additional job families. The Framework was devised to ensure a fair and transparent approach to recruitment and to ensure the hospital is compliant with all equality based legislation.

Cultural Diversity

A number of cultural diversity awareness sessions were held in the Centre for Learning and Development to increase employee awareness of diversity and equality issues. In addition, the hospital's mandatory induction programme continued to provide information on cultural diversity, dignity at work and equal opportunities in 2008.

To ensure the hospital complied with legislation requiring all public bodies to achieve a target of 3% of staff with disabilities, a comprehensive hospital-wide disability survey was conducted in early 2008. Following the circulation of the definition of a disability, as set out in the legislation, all staff members were requested to self-declare their status and, in conjunction with the Occupational Health Department, the hospital returned a level of 3.35%.

General Personnel

Work continued throughout the year on the review and update of existing policies and procedures. A streamlined process, with significant changes, was introduced for the payment of salary during sick leave for permanent officers who qualified for illness benefit from the Department of Social and Family Affairs.

Employee Relations

The employee relations climate in 2008 was generally good. During this period the Hospital worked through a national work to rule by nursing staff relating to pay and working hours. Following on from this, and as required by the national agreement, a 37.5 hour week for nursing staff in all areas was introduced on 1st June 2008. A report was submitted to the Performance Verification Group during 2008 outlining activities

in the areas of change and modernisation, as required under the Sustaining Progress agreement, resulting in the approval in full of pay awards. Team Based Performance Management continued to be rolled out.

Medical Workforce Unit

The Medical Workforce Unit has responsibility for medical staff including the recruitment, payroll activities and related administrative work. During 2008 the review of the structure of the Unit was finalised and has in the main been implemented, with the final components to be implemented during 2009.

Some new initiatives undertaken in 2008 included:

- Enhancement of the Induction programme for NCHD staff including the scheduling of a repeat programme of Induction for NCHD starters over a two day period which enabled clinical service requirements to be met. In 2008, new Consultant staff were also included in the mandatory five-day induction programme for all new employees
- The process for the submission and completion of time returns for junior doctors was also reviewed in conjunction with Clinical Directorates and this initiative is continuing with further refinements being introduced for monitoring and review of attendance hours
- The NCHD Committee continues to help strengthen and foster links between the Unit and the NCHD's and provides a useful forum for engagement of NCHD's on key hospital issues

Internal Audit



Mr. Cathal Blake
Head of Department



Introduction

The Internal Audit Department plays a key role in the systems of Corporate Governance and Control throughout St. James's Hospital. This is done by providing independent and objective analysis of the policies, procedures and practices carried out in the hospital and by making appropriate recommendations for change or improvement as necessary.

This clear demarcation of roles and responsibilities between Internal Audit and the areas audited prevents any confusion regarding responsibility and accountability within the hospital and at hospital board level. This also enhances the independent role of the internal audit function which is a core value for any Internal Audit Department.

Developments in 2008

Apart from carrying out scheduled audits the most significant activity in 2008 was the programme of follow up audits carried out. This was a process whereby the Internal Audit Department followed up on previous audit reports and recommendations. The purpose was to review the level of implementation or non implementation of recommendations as the case may be. The follow up process is more focussed but it does involve the testing and evaluation of the area or process in question in order to confirm the application of recommendations.

Follow up audits were carried out on the following:

- Nursing Payroll Audit Report of 23rd January 2007
- LabMed Payroll Audit of 2nd February 2007
- TSD Payroll Audit of 8th March 2007
- 2006 End of Year Stock take Audit of 15th June 2007
- 2006 Car Park Income Audit of 9th July 2007
- A1 Officers Claims and refunds Audit of 9th August 2007
- Medical Manpower Payroll Audit of 31st October 2007

Reports were issued to the CEO and summary information was presented to the Audit Committee, which is a sub committee of the hospital board.

The follow up on audit reports is an important and necessary part of the Internal Audit Function. It provides information to the CEO and the Audit Committee with regard to the operation of controls and procedures on the ground. However it has to be recognised that it is resource dependent and will have an impact on any annual audit programme.

The routine and scheduled audit work was carried out in tandem with the follow up audit work. The audit reports produced are as follows:

- Staff Census Audit
- 2007 End of year Stock take
- A1 Officers Sick benefit Claims and Refunds
- Patient Property Account Review

Information & Management Services (IMS) Department



Mr. Martin Buckley
IMS Manager

Ms. Marie Sinnott
ICT Operations Manager

Ms. Annemarie Dooley
ICT Projects Manager

Mr. Finian Lynam
Management Information (MIS)

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 2008

• PACS/EPR Upgrade

A major upgrade was carried out to bring the Cerner software up to date and take advantage of new functionality. This included Clinical Documentation which enabled the introduction of:

- An integrated Discharge Summary
- Electronic Referral Forms for - Neurology, Cardiology, Infectious Diseases, Psych Elderly assessment and Diabetes Clinic
- Angio Referrals and reporting
- Neurology/Epilepsy form
- Pharmacy – Warfarin Education documentation

Speech Recognition

This replaces the tape dictation method and reduces transcription. Pilot areas include:

- Maxillo facial
- Infectious Diseases (GUIDE)
- Plastics
- Cardiology
- Rheumatology

Electronic Time Capture (Coretime)

This enables staff to self-manage their attendance times using their staff ID badge. The system was extended to the following areas;

- MedEL
- HOPE
- Human Resources
- Finance
- Materials Management

Electronic PHN referral – This was extended to all wards in 2008

Telecommunications

- In conjunction with General Support Services there were further enhancements to the new Internet Protocol (IP) telephone system that was introduced in 2007
- Implementation of new software (ARC) for switchboard operators
- Implementation of Agent Desktop – IMS Helpdesk

Diamond

- There was an upgrade to the Diabetic Patient Management system (Diamond)

Data Protection Audit March 2008

- This carried out by the Data Protection Commissioner's office. The overall report was positive and a number of recommendations are being pursued

ICT Infrastructure:

Network

The IMS Technical Support team continued to support and manage the hospital's extensive integrated voice/ data network.

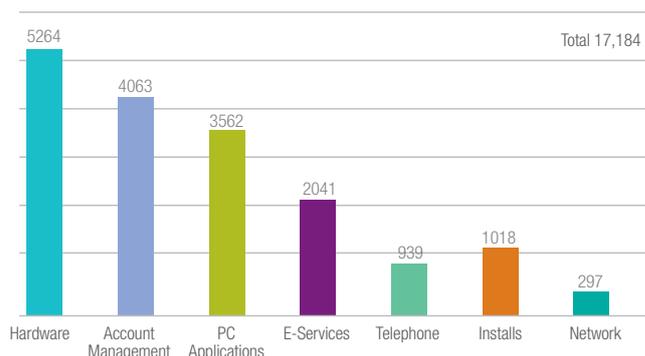
Server Management

Virtualisation continues to be a great success. There are now fifty one servers on this infrastructure which lets one computer do the job of multiple computers thus freeing IMS from physical and geographical limitations.

Helpdesk

There were over 17,184 calls logged in 2008. This represents a 15% decrease on calls received in 2007 due mainly to the bedding-in of the IP Telephony system. A breakdown of these calls can be seen in the graph below.

Category of Helpdesk Calls 2008



Desktop

As part of our continuing desktop hardware refresh 270 PCs and 67 printers were installed.

Web Services

IMS has kept pace with web technology developments and has established an efficient, stable web platform. Work commenced in 2008 to redesign the Hospital's Website to be more responsive to key audiences of patients, visitors and GPs/Health professionals. Current usage on the website is:

- 445,216 visits to the website, an average of 1,378 visits to the site per day
- 223,002 individual visitors to the site, an average 690 per day. Of those 36,951 visited more than once
- Total number of pages viewed 1,517,239 an average of 4,529 views per day

Top 10 Topics

- Contact us; Hospital Grounds Map; Site Map/Website Structure; Consultants by Specialty; Careers
- Rapid growth in online form requests continued in 2008 as departments are adopting transacting business on-line. All existing forms generate over 450 transactions per day

Email

The increase in the spread of viruses and the huge volume of Spam has required considerable investment in security mechanisms and application of anti-virus software to ensure continuity of services. Encryption software was researched and tested with implementation planned for 2009.



Facts & Figures:

- In 2008 we received more than 1.6 million valid messages and increase of 25% on last year
- 95% of all emails are classified as Spam these nuisance emails were not received by the end user due to the success of our to Ironport security infrastructure
- No serious infringements of the network and no loss of service occurred as a result of SPAM or viruses. This can be attributed to robust security mechanisms proactively managed by staff

Management Information Services

There was a significant increase throughout 2008 for the provision of Management Information. A substantial number of new reporting requirements both internally and externally were met. New enterprise metrics and performance indicators for the purposes of planning and service monitoring were added. The online MIS Reporting Service was rebuilt utilising the latest technologies. This allows for the distribution of both standard reports and also offers an online analytic facility.

The data warehouse that underpins all of corporate reporting and services was extended to include information from developments in the EPR and other systems. This complex data warehouse platform is dependent on over 25 interfaces which continuously update this dynamic information environment. It also provides an integration framework to enable system to system integration. In 2008 discharge summary, microbiology, public health and text messaging interfaces were implemented.

Clinical coding of all Inpatient and Daycare episodes remains at 100%. Increased use of all clinical documentation has led to a 30% increase in secondary diagnosis capture.

The implementation of the electronic discharge summary within the EPR has also been a benefit. In 2008 a significant review and audit of coded information was conducted, this led to improvements both in clinical coding process and information capture.



Services Division Reports



Dr. Finbarr O' Connell
Clinical Director

Ms. Patricia Malone
Business Manager

Ms. Mary Foley
Nurse Manager

Introduction

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

Cardiology

The Cardiology Department continues to provide a wide range of services and interventional procedures to inpatients, the local community and to referring hospitals.

The overall activity in the cath lab continues to increase year on year. Increasingly more complex cases are being performed on patients which is apparent in the increase in numbers of patients attending for PCI procedures.

Trans-Catheter Valve Procedure

2008 saw the introduction of the Trans-Catheter Valve procedure at St. James's. The Trans-Catheter Heart Valve is a bioprosthesis designed to be implanted by transluminal access using cardiac catheter techniques or by minimally invasive trasapical surgical approach.

It is intended for use in symptomatic patients with critical semile degenerative calified aortic stenosis who require aortic valve replacement. With this innovative procedure, the patient stays one or two nights in hospital, compared to eight to twelve days for routine aortic valve replacement surgery.

This is an innovative and efficient way to manage patient care the patient benefits significantly from having a less invasive procedure. This practice will have a considerably positive influence on the Cardio Thoracic waiting list in the future. The population is forever increasing in age so the number of patients with severe aortic stenosis will continue to rise. These increasingly elderly patients will have a higher surgical morbidity and mortality with longer hospital stays. This is a very strong driver for developing this procedure. We envisage that St. James's will become an expert centre for Trans-Catheter Valve.

Smoking Cessation Service

Smoking cessation service is offered to hospital patients and staff. The service provides individual inpatient and outpatient consultation and 6 week intensive stop smoking courses. During 2008, the smoking cessation nurse specialist provided brief intervention and literature to 451 smokers during hospitalisation. 63 smokers enrolled on the 6-week intensive stop smoking programme. 308 clients were followed up by phone post discharge. Referrals to the service continue to increase. The smoking cessation nurse took part in a 3 month national study 'Smoking cessation services in Ireland – an evaluation of availability and effectiveness'. This study was carried out by the research institute for a tobacco free society.

Cardiac Department

Dr. Gerard King, Chief 2, Cardiac Technician, took the top cardiology award at the Irish Journal Medical Science Doctor Awards in November 2008, for research that was published in the Heart Journal (50th anniversary edition) with an accompanying editorial. Dr. King's research evaluated the Myocardial stiffness and compliance in elite athletes.

Dr. King was also the recipient of two research awards one from the Royal City of Dublin Trust and the other was the Noel Hickey Bursary award from the Irish Heart Foundation.

Cardiac Rehabilitation

Cardiac Rehabilitation offers secondary prevention education and support to patients after a cardiac event. The service is nurse co-ordinated with a multi-disciplinary approach.

The programme co-ordinators visited 396 in-patients during 2008 to explore the concepts of cardiac rehabilitation with them.

Phase II of the programme was attended by 305 patients during which each patient is reviewed at an outpatient service where their risk factors are assessed and discussed with them. The third phase of the programme involves participants

attending a course of either a six or an eight week duration 163 patients successfully completed this phase of the programme in 2008.

Respiratory

Non-Invasive Ventilation

John Houston ward has continued to provide a non-invasive ventilation service to patients throughout the hospital. This ward provides services to patients with acute respiratory disease and has developed into a centralised clinical area with expertise managing patients who require bi-pap. In 2008, 162 patients were treated on bi-pap in John Houston Ward.

TB

St. James's Hospital provides a supra-regional TB service. The elements of this include an inpatient review service, liaison with Public Health Medical and Nursing staff and referral and monitoring of Direct Observed Therapy (DOT's) administration in the community. The service provides a nationwide on call consultant delivered service for TB for phone advice and referral from Public Health and from Hospital. A separate clinic for LTBI (Latent Tuberculosis) was initiated in 2008. This clinic accommodates 10 patients with Latent TB and is attended by the TB Consultant, TB Registrar and TB Pharmacist.

Respiratory Assessment Unit (RAU)

The Respiratory Assessment Unit was established in 2002 to facilitate the early discharge from hospital of patients suffering from Chronic Obstructive Pulmonary Disease (COPD). This initiative has progressively evolved towards a more comprehensive programme, managing all aspects of COPD in the community. The programme has been successful in reducing the length of stay of patients with COPD and reduced readmission rates for patients with stable disease.

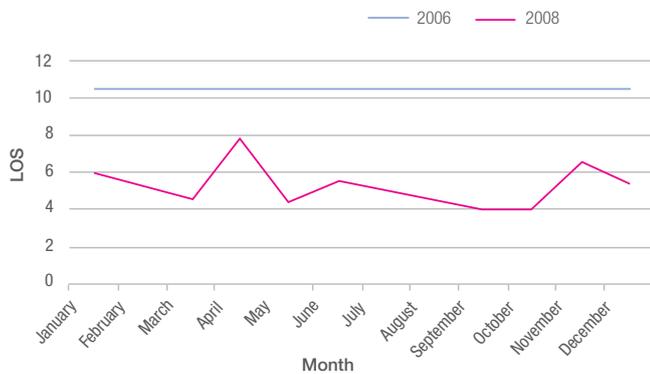
St. James's Hospital successfully applied for funding to expand the programme in 2008 and a service development strategy was agreed in late 2008 to run until the end of 2009. A number of key posts were identified as required to appropriately expand the service in a co-ordinated manner. The recruitment process began in 2008. The expansion of the team has allowed the RAU team to develop formal communication structures with Bed Management, the AMAU and the Emergency Department. As part of this project, the team now take referrals directly from the ED, thus preventing admission to hospital.

The expansion has allowed the team to accept patients who are suffering from exacerbations of Asthma and is now structured to capture patients who have a diagnosis of other respiratory diseases including pneumonia and bronchiectasis.

Length of Stay

The length of stay for patients with COPD has reduced from 10.5 days in 2006 to 5.2 days in 2008. (ARDRG E65B source of data IMS).

Average LOS COPD



The project has progressed significantly since expansion funds were received in late 2008. The recruitment process has been successful and appointments made to the key posts identified. The necessary infrastructure changes have been progressed and essential equipment purchased.

The team has raised the profile of the service within the hospital using a number of different internal communication structures and, as demonstrated, have significantly increased the numbers of patients benefiting from the service. It is anticipated that further expansion of the personnel on the team will lead to an further increase in the numbers and range of patients on the programme.

Cardio-Thoracic Surgery

The total number of patients treated continued to increase in 2008 with 374 patients undergoing Cardiac Surgery at St. James's.

Keith Shaw Ward

Keith Shaw Ward is a dedicated facility for Cardio Thoracic Surgery. It comprises of a 15 bedded ward, a GDU and a Cardiac ICU. This year, two new isolation rooms for cardiac surgery patients in need of intensive care were built and equipped in the hospital's Keith Shaw Cardiac Surgery Unit. These were part-funded by a generous gift to St. James's Hospital from the Cardiac Surgical Foundation – a group who raised funds for the development of cardiac surgery in Ireland.

As part of continued programme of professional development two Cardiothoracic Advanced Nurse Practitioners have attended the Registered Nurse Prescribing course in the RCSI and will commence prescribing for the service shortly.

Over the years there has been a significant change in the patient profile with an increasing number of urgent in-patient transfers from referring hospitals requiring emergency surgery and a significant increase in the complexity of the cases performed.

Lung Cancer

St. James's Hospital currently provides lung cancer services within a multi-disciplinary framework. Those attending St. James's Hospital have their diagnosis established and their treatment planned by a site specific multi-disciplinary team.

Cancer services are provided by teams of doctors, nurses allied health professionals and administrative staff who work together to ensure the highest quality diagnosis, treatment and care.

In 2007, according to the National Cancer Registry approximately 1,800 patients required treatment for Lung Cancer. In excess of 50% (138) of the surgical resections (the principal curative treatment) for this cohort were carried out at St. James's Hospital, furthermore over 24.4% of the total national caseload received their diagnosis and/or treatment at St. James's Hospital.

The surgical activity is carried out by two cardiothoracic surgeons with a total equivalent of eight thoracic sessions, 26 hours, who operate from two dedicated cardiac thoracic theatres. There are four Respiratory Consultants who presently accept referrals from GPs and referring hospitals throughout the country. St. James's provides a rapid access diagnostic bronchoscopy service, including fluoroscopic transbronchial biopsy for peripheral lung lesions, and endobronchial ultrasound (EBUS) for "one-stop" diagnosis and staging.



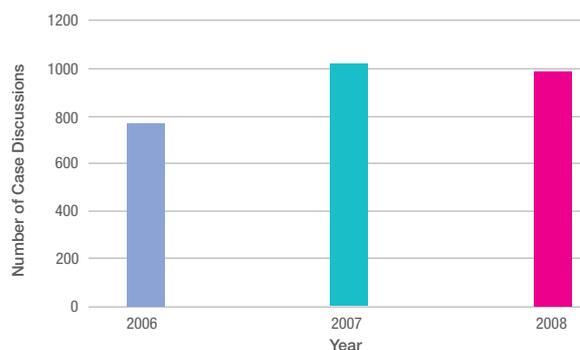
	2003	2004	2005	2006	2007
% of National Workload	17	18.2	19.4	20.8	24.4

Table 1. Percentage of National Workload Undertaken at St. James's Hospital (Cancer Registry)

It is unanimously agreed that the best patient outcomes are obtained through an integrated multi-disciplinary approach to patient care. All patients with possible lung cancer are discussed at the weekly MDT conference, attended by all core MDT members, including Respiratory Medicine, Thoracic Surgery, Medical Oncology, Radiation Oncology, Cytohistopathology, Radiology, the Nurse Coordinator and Data Manager.

This conference provides a real focus for lung cancer care by operating a weekly schedule ensures a prompt progression of patient care. The discussion is genuinely multidisciplinary to determine the most appropriate way forward in timely fashion for the individual patient. Activity at the MDT conference has grown steadily in recent years. In 2007, there were 1100 case discussions which was a significant increase on 2006 case number that of 821, the number for 2008 is in line with 2007 activity level.

Case Discussions





Dr. Kenneth O'Byrne
Clinical Director

Ms. Suzanne Roy
Business Manager

Ms. Geraldine Reynolds
Nurse Manager

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.

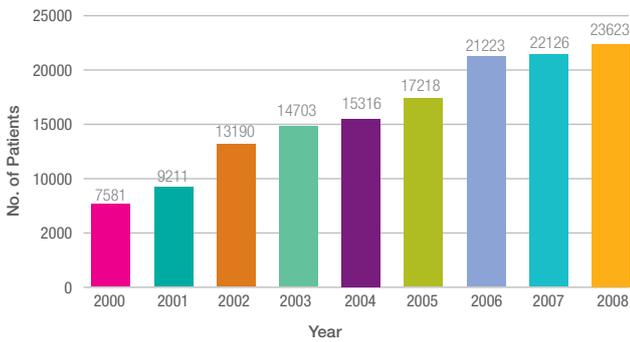
Service Trends

During 2008, 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 2008.

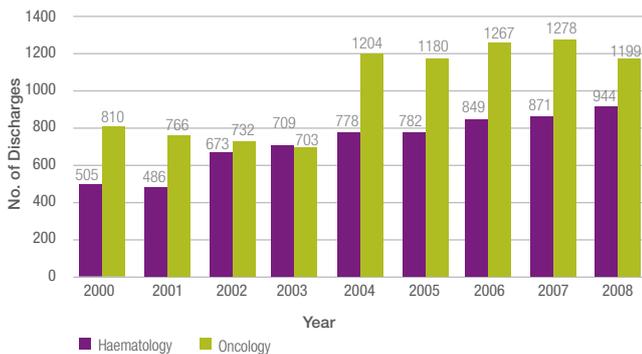
Daycare Attendances 2000 - 2008



Inpatient Activity

In terms of in-patient activity, Haematology discharges increased in 2008. Oncology experienced a decrease of 6.5% in discharges.

Discharges by Speciality 2000 - 2008



Haematology

In collaboration with the Labmed directorate, the Tissue Establishment within the haematology department was successful in obtaining a licence for stem cell transplantation from the Irish Medicines Board. This is the only establishment licensed for stem cell transplantation in Ireland.

The Bone Marrow Transplantation Programme

Activity for 2008

Fig 1. St. James's Hospital total transplant programme 1984-2008

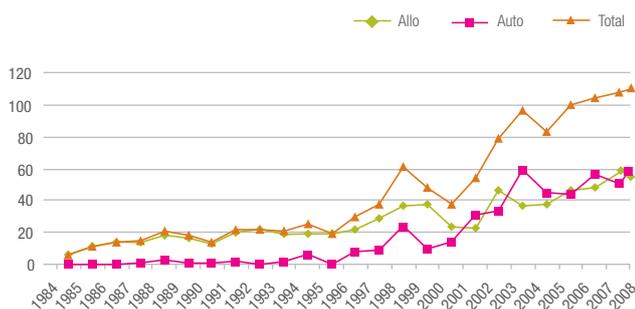


Fig 2. Standard Haematopoietic Stem Cell Transplants in 2008 by disease indication

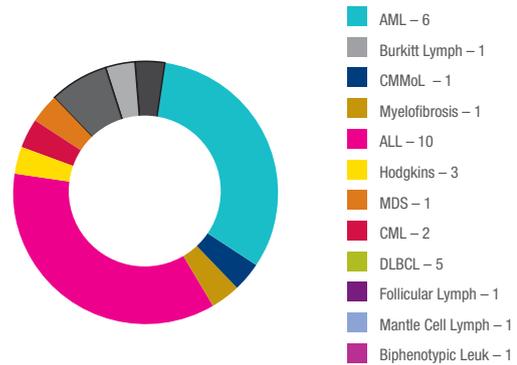


Fig 3. Reduced Intensity transplants in 2008 by disease indication

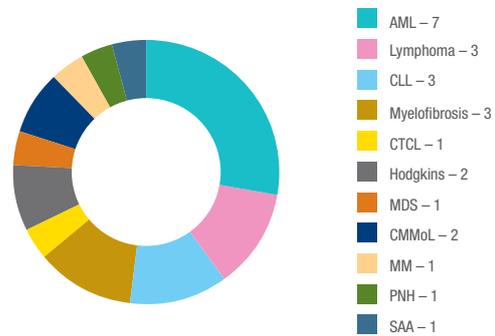
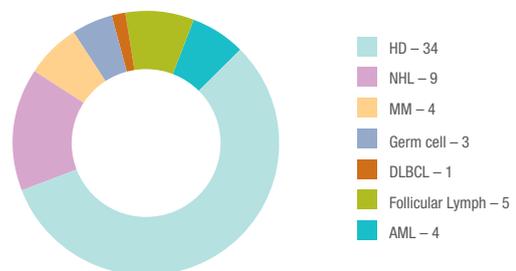


Fig 4. Autologous Bone Marrow Transplants in 2008 by disease indication



Medical Oncology

Dr. Deirdre O'Mahony joined the consultant staff in August 2008. Dr. O'Mahony worked internationally during her medical training and brings a wealth of experience to the consultant team. Dr. O'Mahony's area of special interest is lymphoma.

Ms. Julie Walsh, Senior Physiotherapist was successful in obtaining a Health Research Board Fellowship for 3 years, funded full-time to research the area of cancer and physical activity. The research will be carried out jointly between the HOPe Directorate (supervised by Dr. Dearbhaile O'Donnell, Consultant Oncologist and Trinity College Dublin).

Radiation Oncology

During 2008, Dr. Charles Gilham was jointly appointed between St. Luke's Hospital and St. James's Hospital as Consultant Radiation Oncologist. Dr. Gilham's areas of special interest are gynaecological and colorectal cancers and Lymphoma.

Cancer Clinical Trials Consortium

Dr. John Kennedy
Programme Director

Professor John Reynolds
Scientific Director

Ingrid Kiernan

Clinical Trials Manager

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

Staff at the Cancer Clinical Trials Consortium Office

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

Cancer Clinical Trials Programme 2008

During 2008 323 patients were recruited onto clinical trials in 2008. 112 patients were enrolled in Breast Cancer trials, 89 in Colorectal trials, 52 in Lung cancer trials, 53 in Oesophageal trials, 4 in Head & Neck Cancer trials and 7 in Haematology trials. The Clinical Trials Programme opened 10 new trials in 2008 in the areas of breast cancer, colorectal cancer, lung cancer, CLL and CML. Agreements were signed for a number of new vaccine-based trials for lung cancer and malignant melanoma. These trials are due to open in the 1st quarter of 2009 and will be a first for the clinical trials programme.

National Centre for Hereditary Coagulation Disorders (NCHCD)

Following CPA Accreditation of the Haematology Department it was recommended that the molecular genetics were facilitated in larger laboratory space. Through reorganisation of the unit this was achieved enabling full accreditation to this laboratory. Dr. Vincent Jenkins, Chief Medical Scientist and Dr. J O'Donnell, Consultant Haematologist – Opening of new Molecular Genetics Laboratory.



Dr. Vincent Jenkins, Chief Medical Scientist and Dr. J O'Donnell, Consultant Haematologist – Opening of new Molecular Genetics Laboratory.

Warfarin Clinic

Following the CPA Accreditation of the Haematology Laboratory, restructuring of the Warfarin Clinic occurred to meet the proper standards set by the Accreditation Team. In conjunction with the LabMed Directorate the Nurses area of the Warfarin clinic was relocated to the site of the old stat laboratory. This left room for the Phlebotomy area in the Warfarin clinic to be redesigned to meet the standards recommended by the Accreditation Team. The Warfarin clinics computerised DAWN system has been benchmarked with hospitals in the UK and we have increased our efficiency and results in time in range and are now among one of the top hospitals for time in range.

Nursing Report

A number of new nursing appointments occurred in the Haematology Oncology Daycare Unit. Ms. Jenny Kerlin was appointed as CNM 3, Ms. Amy Nolan as CNM 2 (Oncology) and Ms. Margaret McGrath as CNM 2 (Haematology).

Nurse Education

Many programmes have been established over the past few years and continued through 2008

- The two day Coagulation Course
- The foundation Programme for Haematology Nursing
- The five day Haematology Course
- The five day Oncology Course
- Post Graduate Diploma in Haematology Nursing

Ms. Geraldine Scully, Ms. Linda Irwin and Ms. Annemarie Beggs, haematology staff nurses, completed the Post Graduate Diploma in Haematology. Ms. Beggs achieved the best overall mark in the course which is run in conjunction with Trinity College. In addition, Ms. Scully had a poster accepted by the Haematology Association of Ireland for their annual conference in November 2008. Ms. Eilish Duignan, Oncology Staff Nurse, completed the Post Graduate Diploma in Oncology.

MedEL Directorate



Professor Davis Coakley, O.B.E.

Clinical Director

Carol Murphy

Business Manager

Nuala Kennedy

Nurse Manager

Introduction

The Department of Medicine for the Elderly incorporates admission, rehabilitation, 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 the Mercers Institute for Research on Ageing.

Developments in 2008

2008 has seen a major expansion in the clinical and research work of the Directorate:

- The planned new Centre of Excellence for Successful Ageing has seen significant further developments
- The expansion of clinical services and research in Stroke Disease
- The Falls and Blackout Service continued to expand and develop
- The Bone Protection and Osteoporosis Service has been developed and there is an increasing demand for all aspects of the service

- Major research projects continue to expand and develop with new research grants being awarded. The Centre currently has a portfolio of research projects totalling several million euro

New Centre of Excellence for Successful Ageing

The new Centre gained further momentum this year and is at an advanced stage of planning. The plan for this new innovative Centre will confront many of the most serious challenges surrounding ageing. This project has received grants of over €20 million from the international foundation, Atlantic Philanthropies. Apart from providing state of the art clinical facilities, the Centre will also incorporate training and educational facilities and the Mercer's Institute for Research on Ageing.

Stroke Service

The Stroke Service has continued to progress over the last year assessing and treating over 400 inpatients and over 1000 out-patients. Development of the Stroke Service has resulted in a reduction in mortality of one-third and a reduction in average length of stay of more than one week. An intravenous thrombolysis service is now in place and a nurse led secondary prevention clinic and daily Transient Cerebral Ischemic Attack service.

Continued progress has been made in the development of an Acute Stroke Unit in collaboration with the GEMS and Scope Directorates. This enables the delivery of specialist, protocol based medical, nursing and therapy care and assessment to all patients admitted to St. James's Hospital.

The Trinity Medical Students raised funds on Med Day to support the further development of the Stroke Unit. Specialised equipment will be purchased which will contribute greatly to the delivery of specialist care to stroke patients. A special thanks is due to the medical students who fundraised for the unit.

Falls and Blackouts, Bone Protection and Osteoporosis Service

The Bone Protection and Osteoporosis Unit incorporates several clinical and research areas. It runs an inpatient Falls and Fracture Prevention Service, a DXA Service, a Clinical Nurse Led Pre Assessment Service, An Orthogeriatric Service and Specialised Bone Treatment Clinics.

Falls and Blackout Unit

This is an out-patient assessment clinic that runs five days a week where patients with unexplained falls and blackouts are investigated using state of the art cardiovascular technology. Activity continues to increase significantly with an 18% increase in patient throughput in 2008. It provides the largest syncope clinic nationally with referrals coming from the Emergency Department, inpatient referrals, GP's, Cardiology and Neurology services.

The presence of a nurse led falls prevention and review service has added greatly to the prevention and reduction of falls, reflecting the lowest number of fallers recorded since the service started in 2003. This reduction in recorded fallers and recurrent fallers was reflected across acute, rehabilitation and extended care wards.

Bone Protection and Osteoporosis Service

There was a further expansion in the Bone Protection and Osteoporosis Service in 2008 representing a 20% increase in patients assessed and treated compared to the previous year. Additional nurse led pre-assessment clinics were introduced during the year, enabling initial assessment and diagnostic workup for patients with severe osteoporosis. These patients are subsequently reviewed in the bone health and osteoporosis treatment clinic. 2008 has been an exceptionally busy year for DXA scanning including both community and inpatient referrals.

In patient Falls and Fracture Prevention Service continued to expand in 2008

In patients at high risk for falls are targeted for fall injury prevention once they are admitted under the care of the MedEl Department. High- risk patients are thus identified and managed appropriately. The services provided by the team include balance and strength improvement classes, falls educational programmes for staff and patients, hip protector compliance programmes, and management strategy programmes for agitated confused patients.

Mercers Institute for Research On Ageing (MIRA)

2008 marked the 20th Anniversary of the founding of the Mercer's Institute for Research on Ageing. This year has seen further expansion in the clinical and research work of the Mercer's Institute for Research on Ageing.

Technology Research for Independent Living (TRIL)

The TRIL clinic was launched in February 2008 by the Minister for Older Persons, Ms. Maire Hctor. The clinic is based in MIRA since August 2007 and to date 480 patients have undergone comprehensive assessments. The strands within the TRIL centre address the three key domains in ageing: physical, cognition and social connectivity.

The TRIL clinic was recognised for its use of technology in health screening for older people and was awarded the first prize in the technology category in the Irish Healthcare Award in October 2008.



The Irish Longitudinal Study on Ageing (TILDA)

The Irish Longitudinal Study on Ageing (TILDA) is a major initiative which will provide high quality research relating to older people and ageing in Ireland. A nationally representative sample of 8,000 to 10,000 adults aged 50 and over, resident in Ireland are being selected for the study. The TILDA Health in Ageing Conference, which was opened by The Minister for Health, Mary Harney was held in May 2008 in association with Trinity College Dublin.



Memory Clinic

Since its inception the Memory Clinic has acquired considerable expertise in diagnosing cognitive disorders with over 4,000 patients assessed. The Memory Clinic continued to be active in various research projects including collaboration with other departments and institutions.

Ongoing Memory Clinic Research Projects

- Enhancing Care in Alzheimer's Disease Study (ECAD study)
- The Dublin Healthy Ageing Study
- Development of a novel measure of autobiographical memory
- Awareness in Traumatic Brain Injury and Frontotemporal dementia
- Medical Physics and Bioengineering – Eye Tremor and Brain Injury Research and a Locator System to benefit older people with cognitive behaviour
- Roskamp Study on Alzheimer's Disease - This is an open label evaluation of the safety and efficacy of Nilvadipine in mild to moderate Alzheimer's dementia
- HRB translational research in neurovascular instability
- Awareness in Traumatic Brain Injury and Frontotemporal dementia
- Efficacy of a Cognitive Stimulation Programme

Dementia Services Information And Development Centre

Ms. Patricia Hallahan

Head of Department

Introduction

The Dementia Services Information and Development Centre (DSIDC) is a national centre for excellence in dementia and is committed to best practice in all aspects of dementia care. It offers three core professional services: Education, Information & Consultancy, Research.

2008 was a significant year for DSIDC. It marked the 10 year anniversary of the centre which was founded in 1998 and also saw the arrival of four new staff, including a new director. Despite the challenges of HSE budget restrictions, which affected demand for education, and staff changes, much was achieved during the year. New Terms of Reference were developed and agreed for governance structures and towards the end of the year work was done on developing a three year strategic plan for the period 2009 - 2011.

An international conference was hosted at Trinity College in April 2008, bringing together an inter-disciplinary group of 31 European practitioners and researchers committed to best practice in dementia care.

Developments in 2008

Education

The education service at DSIDC continued to improve and diversify during 2008. The provision of a total of 54 separate dementia specific courses/sessions meant that a total of 86 education-training days were delivered to 667 participants in venues nationwide, including Dublin, Cork, Kerry, Meath, Waterford and Kilkenny. This is the equivalent of 1,177 person days of education/training. In a new partnership with the Centre for Learning and Development in the hospital, DSIDC ran a number of education days, which were included in the CLD prospectus. These were well attended and provided an opportunity for hospital staff to avail of dementia specific education.

DSIDC staff also fulfilled a variety of other educational needs identified by health care staff. These included the delivery of bespoke training sessions to private nursing homes and public facilities. Facilitator-training courses were provided to individuals with extensive knowledge and experience of dementia. These newly trained facilitators are now able to provide dementia specific training to staff in their own organisations, thus significantly extending the effective reach of the DSIDC education service. Contributions to the MSc. in Gerontological Nursing in Trinity College also continued during 2008. Towards the end of the year a comprehensive review of the DSIDC education programme was undertaken, resulting in the development of the first education and training brochure, which will be published and distributed early in the new year.

Information & Consultancy

In 2008, a data-base for logging and managing queries was established. 41% of queries related to requests for information on education, resources, tools and techniques of dementia care. 23% related to clinical issues (from Down Syndrome to palliative care) while 16% related broadly to research. 14% of queries related to issues of design, while legal and ethical issues (from disclosure of diagnosis to advocacy) accounted for some 7%. The diversity of enquiry sources included private nursing homes, hospitals, the Health Service Executive, voluntary and private organizations, academic institutions, architectural firms and private individuals. Newsletters were produced in the spring and autumn and circulated to members of the email and postal databases. A downloadable version was accessed by many on the DSIDC website www.dementia.ie

The website continued to be an important source of information for dementia practitioners. Work was undertaken late in 2008 to upgrade it and improve functionality and this will be launched in early 2009.

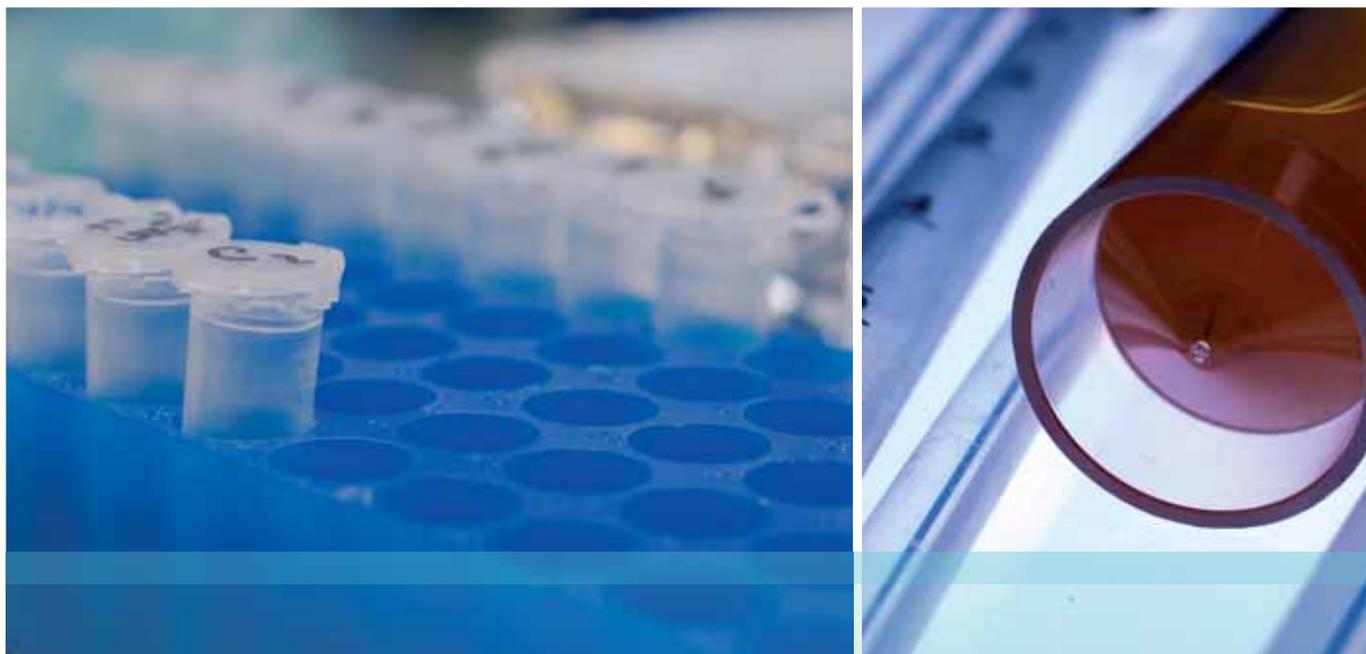
The library and resource centre continued to attract many visitors and increased its stock of ageing and dementia specific reference materials, books and journals. A total of 85 DSIDC-produced education resources, i.e. DVD's and books, were sold during 2008.

Research and Publications

In 2008 DSIDC had an involvement in a total of 11 pieces of research. One new piece of research in relation to care path-ways for younger people with dementia was proposed for funding to the National Disability Authority. Three pieces of research were further progressed and four presentations were made at conferences. Three papers were published in peer reviewed journals and 2 were published in non-peer reviewed journals.

The Living with Dementia Programme funded by Atlantic Philanthropies and others continued to be the most significant aspect of DSIDC's research programme. It aims to contribute to the development of interventions for individuals diagnosed with dementia and their family caregivers, to impact on policy development and to contribute to the design of best practice models for those affected by dementia. In addition to the two Ph.D. students being funded on this programme, other post-graduate students working on dementia-related topics were also supported in 2008.

SaMS Directorate



Dr. Colm Bergin
Clinical Director

Ms. Sharon Morrow
Business Manager

Ms. Margaret Codd
Nurse Manager

Introduction

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

Directorate Developments in 2008

The Directorate Team conducted a project in August to review the capturing of casemix data for patients admitted under the Infectious Diseases specialty. The project demonstrated the benefits of Senior Clinician input into discharge information. DNA's across the Directorate Out-patient departments were reviewed using a 6 Sigma methodology.

The implementation of the project outcomes continues. The continuation of staff bi-monthly meetings has been successful in providing a forum for improving two-way communication across the Directorate.

Staff Developments

Ms. Margaret Codd resigned as Nurse Manager after 4 years in the position and 9 years working in the SaMS Directorate. The Directorate would like to thank Margaret for her contribution and commitment and wish her every success in her future endeavours.

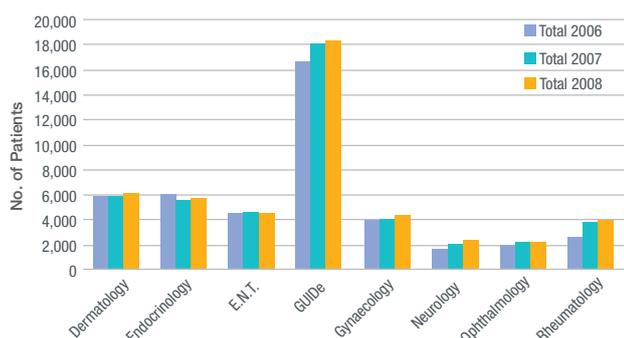
Restructuring of the administrative service led to the appointment of Ms. Pauline Lynch as Senior Administrator for the Directorate. Dr. Louise Barnes was appointed Professor of Dermatology in 2008.

Directorate Activity

Outpatient Services

The total attendance rate for SaMS Directorate Outpatient services continued to increase during 2008. The Directorate continues to actively manage new to return patient ratios.

SaMs Directorate Outpatient Activity 2006-2008



In-patient Services

St John’s Ward, Victor Synge Ward and Hospital 5 Unit 3 provide in-patient care. St John’s Ward engaged in the successful practice change of caring for patients with Epidurals post-operatively.

Day Ward Services

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

The day ward attendances per department were:

Day Cases	Total 2006	Total 2007	Total 2008
Dermatology	4,654	4,937	5,268
Endocrinology	13,185	12,996	9,729
E.N.T.	258	270	250
GUIDe	3,311	3,776	2,101
Gynaecology	378	393	500
Neurology	38	146	157
Neurophysiology	1,115	1,176	1,286
Rheumatology	5,003	5,408	5,460
Total	27,942	29,097	24, 751

Discharge Lounge

The purpose of 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. The effectiveness of the Discharge Lounge is an important performance indicator for the Directorate and the hospital. 29% of patients discharged where accommodated in the Discharge Lounge in 2008.

Dermatology

The Dermatology Department commenced a NPTF initiative in 2008 with the aim of reducing clinic wait times. The programme has enabled to the recruitment of an additional Dermatologist and support staff.

Dr. Patrick Ormond established the Mohs Micrographic Surgery (MMS) service in the Health Care Centre. In 2008, 151 patients had MMS surgery conducted, which prevented these patients having to travel to the UK for their treatment. Dr. L. Barnes was appointed Professor of Dermatology in 2008. The EB team, led by Dr. Rosemarie Watson, continues to provide dedicated individualised care to adult patients with Epidermolysis Bullosa.

Endocrinology

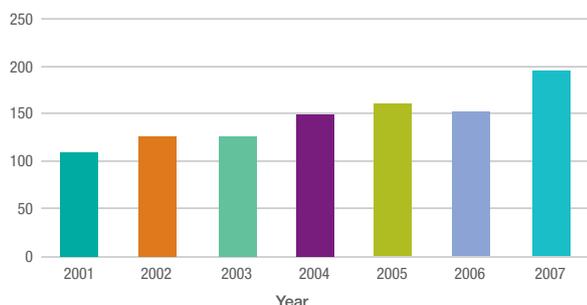
The diabetic service continues to expand and provide highly specialised care for a growing cohort of patients. The service continues to provide specialized and tertiary services in areas such as insulin pump therapy and retinal screening. A full time Senior Podiatrist, Ms. Pauline Wilson, joined the service in December 2008. A new Young Person’s Clinic was established for patients diagnosed with diabetes below the age of 30.

Dr. Marie Louise 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. Developments within the nursing service include the commencement of an electronic referral system for the Diabetic Clinical Nurse Specialists.

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

Latest figures show that St. James's Hospital now treats approximately 47% of the national Head and Neck Cancer workload.

Head and Neck Cancer Activity 2001-2007



The Tracheostomy Safety Programme continued throughout 2008. This service aims to highlight and eliminate the risk management issues associated with tracheostomy care. It incorporates quarterly tracheostomy study days that are very well attended by both hospital and outside health care providers. A second Audiologist, Fiona McHugh, was recruited in September 2008.

GUIDe

The Department of Genito-Urinary Medicine and Infectious Diseases (GUIDe) incorporates services managing sexual health, HIV infection, general infectious disease care and a Hospital-wide inpatient consult service.

The development of weekly consultant delivered GU/HIV clinics in Cloverhill and Wheatfield prisons by Dr. Fiona Lyons has been successful, and demonstrated significant cost savings during 2008.

In 2008, two members of the nursing team successfully completed the first National Nurse Prescribing programme and a third nurse is currently completing the programme. A nurse-led clinic was established for newly diagnosed HIV patients, and patients cirrhotic liver disease secondary to co-infection.

The Infectious Diseases service, in collaboration with the Community Intervention Team, continues to facilitate early discharge and admission avoidance for patients through the administration of IV antibiotic therapy at home.

Prof. Fiona Mulcahy and Dr. Colm Bergin continued as National Specialty Directors, RCPI for their respective specialties; Genito-Urinary Medicine and Infectious Disease.

GUIDe Outpatient Activity 2008

Description	New	Return	Total
HIV service attendances	207	4,107	4,314
STI service attendances	6,792	3,815	10,067
Infectious Diseases outpatient attendances	77	581	658
Young Persons service attendances	255	316	571
HIV-Hep C outpatient attendances	9	1,123	1,132
New Fill attendances	20	70	90
Day Ward attendances	452	1,649	2,101
Results/Nurses Clinics attendances		1,119	1,119
Vaccination attendances	667	1,933	2,600
Phlebotomy service attendances	257	468	725
Total Outpatient Activity	8,736	15,181	23,917

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. In 2008, 757 patients were reviewed at the weekly Gynaecological Oncology Multidisciplinary meeting.

The Gynaecology Department purchased an ultrasound machine to facilitate the management of patients in the Emergency Department and reduce the wait time for patients scheduled for ultrasound.

Clinical Neurophysiology

The Department of Clinical Neurophysiology 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). Dr. Yvonne Langan secured the position of Clinical Neurophysiologist in late 2008 and is due to commence in February 2009.

Neurology

The Department received Innovation funding in 2008 for the Epilepsy Management Programme. The purpose of the programme is to reduce or remove the need for admission of epileptic patients. The programme has demonstrated a positive impact on in-patient admissions since its commencement and the introduction of a rapid access clinic has reduced the number of patients attending the Emergency Department significantly. The programme incorporates a rapid



access clinic and a comprehensive education and advisory programme including an e-mail address for patients to communicate electronically with the team members.

The Neurology Department continues with its ongoing research in Multiple Sclerosis, bone disease and immunomodulators including: Bone disease follow up in MS and a case controlled study of bone density in Parkinson's disease.

Dr. G O Connor won the SpR research prize jointly (case report section) for a review on a patient with Alagille syndrome. The department has a number of projects ongoing during 2008. They include: Bone disease follow up in MS and a case controlled study of bone density in Parkinson's disease.

Ophthalmology

The Diabetic Retinal Screening Clinic programme was introduced in 2005, and continues to grow with a total of 1165 patients attending the service in 2008. This collaborative approach to patient care by the Endocrinology and Ophthalmology service allows for the early detection of diabetic eye disease, and constitutes a large proportion of work for the ophthalmology service. All diabetic patients attend annually for screening.

Rheumatology

The Rheumatology service incorporates:

- a specialised arthritis out-patient based service
- a tertiary referral connective tissue service in collaboration with Immunology and Dermatology
- an injection/assessment service in the Rheumatology Day Centre
- a daily in-patient consult service
- a specialised consultant-delivered teaching programme in rheumatology
- a dedicated research programme
- a major contribution to the acute medicine on-call rota for the Emergency Department

With the aid of NTPF resources, the Department continued to operate as a three consultant team and the increased OPD activity was reflected in a significant shortening of the waiting lists for rheumatology, physiotherapy and occupational therapy assessments.

St. James's Hospital was well-represented at the European Rheumatology Masterclass, held in the RCPI in May 2008, where Dr. Michelle Doran gave a lecture on Safety Issues and Biologic Therapies and Dr. Gaye Cunnane chaired a session on Evolving Immunologic Therapies. At the Irish Society for Rheumatology AGM, Dr. Gaye Cunnane was voted in as the Society's first female President. Her role as National Specialty Director was endorsed for a 2nd 3 year term. The research programme continued strongly, with 8 peer-reviewed publications in international journals, 2 book chapters and 6 abstracts.

GEMS Directorate 2008



Dr. P.W.N. Keeling
Clinical Director

Mr. Kevin Burke
Business Manager

Ms. Catherine Carey
Nurse Manager

Introduction

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

Developments in 2008

- A Breast Care Family Risk Assessment Clinic was introduced
- A second Triple Assessment Breast Clinic to deal with increased demand was introduced
- Dr. Suzanne Norris was appointed Professor of Gastroenterology and Hepatology in Trinity College Dublin
- A Fibroscanner was introduced to the Hepatology department. This equipment allows assessment of the liver in a less invasive manner than Liver biopsy
- The development of the Endoscopic Ultrasound (EUS) Service continued with over 400 EUS examinations being carried out in the first full year
- Halo Ablation Equipment for treatment of Barrett's Oesophagus was purchased and training in usage carried out by Medical and Nursing staff

- A data base manager was recruited to manage data on Barrett's Oesophagus
- A fortnightly Barrett's Oesophagus clinic was set up as part of a joint effort between the Upper Gastrointestinal Surgery Team and the Medical Gastroenterology team
- The first Online Haemodiafiltration treatment session in the hospital was carried out in October
- Mr. Thomas Lynch introduced the male Perineal Sling Procedure to the hospital to treat incontinence post Radical Retro Pubic Prostatectomy
- The extension to Hospital 7, Unit 6 was opened in November increasing the number of beds in the ward from 21 to 32

Symptomatic Breast Care Service

In 2007, the National Cancer Control Programme (NCCP) designated St. James's Hospital Breast Unit as one of eight specialist centres for Symptomatic Breast Disease Services in Ireland. This led to an increase in the Unit's catchment area and resulted in a large increase in referrals for the service. To accommodate the additional demand for services, the Breast Care's clinic capacity was increased and two new clinics were established. Additional Triple Assessment Clinics and a Family Risk Assessment clinic were set up in June 2008. Over 2,000 new patients attended Breast Care in 2008. This represents an increase of 38% on 2007.

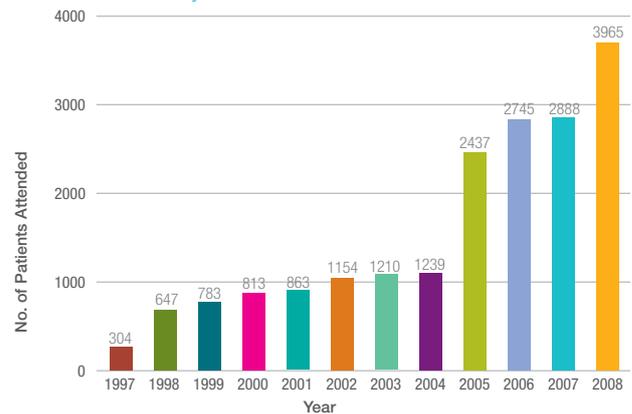
One of the successful features of the Triple Assessment Clinic, where patients have access to same day Surgical Review by a Consultant Surgeon, Radiology (Mammogram/Ultrasound) and Cytology (Fine Needle Biopsy), is that most patients receive same day diagnosis. This reduces the amount of time patients have to wait for results, which can be extremely stressful; this also reduces the time taken before treatment can start. In 2008 85% of new patients received their diagnosis at their first visit.

In April 2008, HIQA requested hospitals providing Breast Services to take part in a self-assessment audit. This audit looked at many features of Breast Services including wait time for appointments, same day diagnosis, access to diagnostics and treatment provided. Overall, our Self assessment showed Breast Services at St. James's Hospital were over 90% compliant with the standards outlined by HIQA. In September 2008, HIQA visited St. James's to carry out a validation of our self-assessment. Feedback from this visit was very positive. They complimented the success of our data capture,

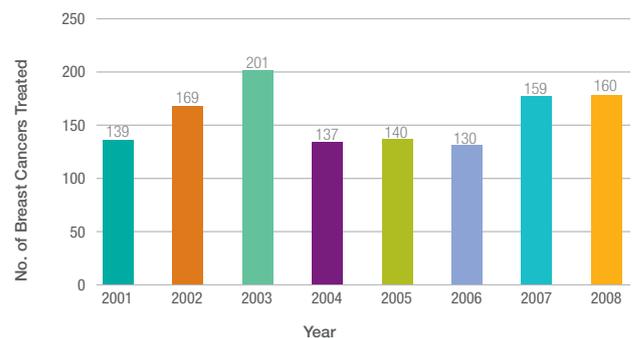
performance indicator programme and monthly monitoring of clinic activity. Areas that were highlighted for improvement are now being addressed by our Quality Improvement Group.

Tables/graphs show how clinic activity has increased by over 1200% since the Breast Clinic was established in 1997.

Breast Care Activity



Number of Breast Cancers Treated



General Medical Service

Acute Medical Admissions Unit (AMAU)

The Acute Medical Admission Unit receives all emergency medical admissions (approx. 6000 per annum) and is the designated area where the focus is delivery of high quality care to acutely ill medical patients. The reference mortality for such urgent cases, from international comparators, is usually in the range 8 – 10%. In 2003, two of the modern centrally located medical wards, with close proximity to the Emergency Department (ED) and Diagnostic Imaging Department, were re-configured to function as an AMAU. Any patient requiring hospitalisation was admitted directly to the AMAU from the ED. The 59-bed AMAU capacity was such that, with an average of 15 admissions each day, up to 70% of all admissions would be predicted to receive their entire hospital care within the unit (maximum permitted stay in AMAU - 5 days). Those patients requiring a longer stay were transferred from the AMAU to an appropriate speciality or general medical bed.

The principle innovation introduced in this novel system was that all acutely ill medical patients were now admitted from the ED to a single location. The outcome of this initiative was assessed from a patient database; this was created, by linking the computerized patient administration system (PAS), to the Hospital In-Patient Enquiry (HIPE) scheme. Data relating to emergency medical patients admitted to SJH between 2002 and 2008 were recorded.

The outcome for over 25000 unselected acute medical patients admitted via the ED of a busy teaching hospital, was a more than 50% reduction in all-cause annual and 30-day hospital mortality, despite significant increases in workload, co-morbidity and acute illness severity over time. With 6,000 episodes annually in approx 4,375 patients, this translates into nearly 350 lives saved annually. Changes in structure may be associated with dramatic improvements in important health care outcomes. This work also demonstrates the ability of the Irish Healthcare system to develop novel concepts; we have compared our data with international benchmarks. Our outcome data exceed international best practice for Acute Medicine.

Hepatology Service

The Hepatology Centre provides a comprehensive service to patients with viral & non viral liver disease and gastroenterological diseases. The unit has a patient centred focus with consultant delivered services provided to in-patients & out-patients. The services & clinics provided have been developed to meet the specific needs of the various client groups who use these services.

Developments in 2008:

- Dr. Suzanne Norris was appointed Professor of Gastroenterology and Hepatology
- Dr. Susan McKiernan set up a monthly Hepatitis B clinic
- A Clinical Nurse Manager II was appointed Liaison Nurse for Liver Transplant Candidates. This service co-ordinates patients between St. James's Hospital, St. Vincent's Hospital Dublin & Kings College Hospital London
- A fibro scanner was introduced to the unit, for the non-invasive assessment of the liver
- Education and health promotion initiatives are a focus of the staff, integrating with both the addiction services and local community groups

- The success of the CNS treatment clinics for chronic HCV and HBV continues, making this the largest treatment centre for viral hepatitis in Ireland. Treatment compliance and patient outcomes remain excellent
- The nursing staff continue to develop the Nurse Led Treatment clinics with activity in these clinics consistently growing

Activity 2008

Description	New	Return	Total
Virology Clinics	277	1307	1584
General	776	2781	3557
Haemochromatosis	87	330	417
Urea Breath Tests	15	137	152
Nurse Led HCV	34	2199	2233
Blood Testing Clinic	162	698	860
Pre Liver Biopsy Clinic	7	249	256
Counselling Clinic	63	251	314
Nurse Led HBV	24	355	379
Totals	1445	8307	9752

Endoscopy Service

The Endoscopic Ultrasound (EUS) service has grown significantly throughout 2008 after its initial set up at the end of the previous year. This development has been lead by Dr. Dermot O'Toole with a dedicated EUS room. Four sessions of EUS per week are currently provided. EUS is mandatory in assessing the suitability of therapy (staging) in patients with oesophageal and gastric cancers and malignancies of the bile ducts. It also has a valuable role in staging pancreatic cancer and offers the opportunity of obtaining a fine-needle biopsy through direct needle passage into the target lesion (e.g., pancreatic tumour, lymph nodes lying close to the gastrointestinal lumen). In addition, the combination of EUS with Endoscopic Retrograde Cholangiopancreatography (ERCP) as a one-stage procedure has proven very useful as a diagnostic and therapeutic option. Here, patients first undergo EUS followed by therapeutic ERCP during the same conscious sedation – this has obvious advantages for both the patient and hospital.

Examples of a one-stage procedure include:

- suspected stones in the common bile duct where standard imaging has failed to reveal a stone; if at EUS a stone is found in the Biliary system then ERCP with stone extraction can be immediately performed; in the event of no stone then ERCP can be avoided

- a patient with cancer of the head of the pancreas requiring staging and histological diagnosis - here EUS can provide staging and allow the direct passage of a fine-bore needle under direct vision into the mass for cytology or histology confirmation; if the cancer is not deemed suitable for resection then a stent can be inserted into the bile duct during the same procedure

There are many other indications of EUS including staging of lung cancer patients, distinguishing benign from malignant lesions of the gastrointestinal tract, staging the suitability of endoscopic resection of early cancers of the oesophagus, stomach and colon (use of flexible mini-probes passed through a regular colonoscopy can be employed in the colon and these instruments give reliable high-definition images of the depth of tumour invasion). Endoscopic resection of early cancer (using Endoscopic Mucosal Resection techniques) is becoming more and more advanced and proves effective with minimal morbidity compared to surgery. In total, over 400 EUS examinations have been performed over the past 12 months.

The Hospital purchased a Halo 360 System for the treatment of Barrett's oesophagus with radio frequency ablation. This is a well tolerated endoscopic procedure that offers active treatment, in addition to standard surveillance, for patients with intestinal metaplasia (low-grade dysplasia, high grade dysplasia and early intra-mucosal carcinoma). Mr. N. Ravi, Dr. Dermot O'Toole, Dr. Cian Muldoon and endoscopy nurse Carla Flanagan have all received training in this technique as part of an accredited course organised by the Amsterdam Academic Medical Centre.

The following endoscopy procedures were carried out in the unit

Procedure	Number
Colonoscopy	4393
Cystoscopy	864
ERCP	443
Trus biopsy	251
Sigmoidoscopy	285
Bronchoscopy	940
OGD	6199
ileoscopy	23

Gastrointestinal (GI) Function unit

The Gastrointestinal (GI) Function Unit has undergone dramatic changes in personnel this year. A new GI Technician was appointed to the unit, thus bringing the technical staffing level to 3 full time technicians. Dr. Patrick Byrne retired as unit director in December 2008 after many years service.

The Unit is the only investigation unit that has full accreditation, as both a service and training unit in Ireland, as accredited by the British Society of Gastroenterology (BSG).

Demand for Upper GI Physiology studies continued to expand with an increase of 31% above 2007 levels. There were 2017 patients investigated during 2008, 48.6% of which were external referrals. Gastro-oesophageal reflux disease (GORD) patients accounted for over 80% of the workload. Ano-rectal function testing continues to expand with our referrals increasing by 22%. GIFU reintroduced a Hydrogen Breath Testing service in 2007 and this service has expanded significantly 2008. There has been a 200% increase in the number of referrals to this service in 2008.

Upper Gastrointestinal (GI) Surgery

The Upper Gastrointestinal (GI) surgery service is part of the general surgery service. The provision of an Endoscopic Mucosal Resection (EMR) has developed greatly in 2008 after its introduction at the end of the previous year. EMR allows the treatment of early cancers as a day procedure. This allows treatment of patients that would previously have to undergo open surgery, involving the use of scarce theatre and intensive care resources, and a prolonged post operative inpatient stay to be treated as a day case.

In collaboration with the gastroenterology department a Barrett's oesophagus registry was set up in 2008. Barretts oesophagus is a condition in which the normal squamous epithelium lining of the oesophagus is replaced by columnar epithelium because of damage caused by gastro-oesophageal reflux. The epithelium has an abnormally high likelihood of undergoing malignant change. A data base manager has been recruited to manage the registry and all data associated with Barrett's oesophagus.

A fortnightly Barrett's outpatient clinic was set up in autumn of 2008. This is cross- disciplinary effort established by Mr. N.Ravi of the upper GI surgical team and Dr. Dermot O'Toole of the Gastroenterology team collaborating to provide this service.

Colorectal Surgery

The colorectal surgery service is part of the General Surgery Service. The Colorectal service continued to develop in 2008. More importantly St. James's Hospital has been designated a cancer centre under the National Cancer Control Programme. The number of colorectal cancers diagnoses for 2008 was 152¹. The purchase of an upgraded laparoscopic stack for theatre 11 has improved the laparoscopic imaging and facilitated our continued role in teaching laparoscopic colorectal cancer surgery through live surgery and through

¹this figure remains provisional as of 04/03/09

the production of operative videos. Our multidisciplinary team link with Tullamore Hospital has been strengthened with Mr. Dermot Hehir now performing rectal resections for Tullamore patients in St. James's thereby increasing the colorectal consultant cohort to three. The team based care for colorectal patients pioneered in St. James's has facilitated this process. The Colorectal unit has been approved for the highest level specialist registrar training in Coloproctology by the association of Coloproctology of Great Britain and Ireland. St. James's continues to submit to the association of Coloproctology of Great Britain and Ireland's bowel cancer audit and is one of the only ACPGI accredited units to do so. The availability of expertise in colorectal stenting in the emerging setting has allowed patients with large bowel obstruction to avoid a colostomy using stenting as a bridge to surgery. The colorectal cancer nurse, Delia Flannery, continues to provide patient focused care from diagnosis, through surgery and chemotherapy and onwards to nurse led cancer follow up clinics. The genetics nurse, Michael Farrell, provides a genetic counselling service and the recent introduction of routine testing for the molecular markers of hereditary Non Polyposis Colorectal cancer on our resection specimens has facilitated this.

Renal Service

Online Haemodiafiltration (HDF)

The Department of Nephrology purchased 5 Gambro AK 200 Ultra machines. These had additional capabilities to the previous dialysis machines including online Haemodiafiltration, and an integrated computer database for data collection. St. James's Dialysis Unit is the first Gambro Online HDF unit in the Republic of Ireland.

An integrated care pathway for Renal Dialysis patients works in conjunction with this computer system. Online treatment records and prescription details of each treatment is available offering a trend analysis of each treatment.

The dialysis Nursing and Medical staff commenced theory and practical training for Online Haemodiafiltration with Gambro International and our first treatment online HDF treatment went live on Tuesday 21st October 2008. Online HDF allows each treatment to deliver 50 litres or more of sterile online fluid to the patient – this sterile fluid is ultra-pure sterile water from the existing dialysis water treatment plant that allows the natural convection process to take place. In standard Haemodialysis the dialysis process was done by diffusion.

The benefits of Online Haemodiafiltration versus standard haemodialysis are as follows:

- Online HDF stabilises blood pressure using the process pre dilution- i.e. delivering online fluid to the patient continuously before the dialyser. This creates better cardiac stability- therefore suited to the unstable hypotensive, hypervolaemic/ pulmonary oedema patient, or patient in ICU. A process of post dilution is used in the more stable cardiovascular patient. In standard Haemodialysis this process was not available, i.e. the fluid was removed by the diffusion process and cardiac stability was less stable
- It allows greater blood clearances of Urea and Creatinine due to convective transport in HDF in comparison to diffusion transport in haemodialysis
- Removal of Beta 2 micro globulin which is proven to eliminate/reduce carpal tunnel syndrome and amyloidosis in CRF
- Decreases complement activation- has been proven patients on HDF therapy require reduced amounts of EPO therapy in comparison to Haemodialysis
- Eliminates the use of NaCl 0.9% and other intravenous replacement fluid to the patient that would have been used in haemodialysis

Pre Dialysis Education

The Renal dialysis Nursing Staff strive to provide the highest quality pre dialysis service for Pre Dialysis Renal Patients. Patients are identified to enter this programme based on e GFR (estimated glomerular filtration rate) i.e. stage 3-5 End Stage Renal Failure.

These patients are offered pre-dialysis education to allow them to make an informed choice regarding the type of dialysis treatment best suited to them i.e. Haemodialysis or Peritoneal dialysis. Hepatitis B vaccination, pre-emptive arteriovenous fistula formation and pre dialysis transplant work up, as per National Guidelines. There are 252 currently on this Pre Dialysis and Transplant programme.

Dialysis Activity

In 2008 97 patients were dialysed and a total of 456 acute haemodialysis treatments were performed. There were 138 Online Haemodiafiltration treatments.



Education/Training

RGN, Mairead Murphy Doyle attended the European Dialysis/Transplant Nephrology Association conference in Prague in September 2008.

RGN, Tatiana Castro attended the American Nephrology Nurses Association Conference in Chicago in April 2008.

Anaemia Co-Ordinator

In December 2008 funding was granted to facilitate the recruitment of a Clinical Nurse Specialist to fulfil the role of Anaemia co-ordinator. The appointment of a Clinical Nurse Specialist in renal anaemia will allow the comprehensive follow up of all patients on Erythropoiesis Stimulating Agents (ESA's), thereby reducing the chance of patients developing too high an Hb level and minimising associated clinical risks.

Urology Service

Mr. Thomas Lynch and a visiting Consultant Dr. Rehder undertook a Male Perineal Sling procedure in St. James's Hospital for patients with incontinence post Radical Retro Pubic Prostatectomy.

Stress urinary incontinence after prostate surgery can seriously affect the quality of life of the patient. The Male Perineal Sling consists of a synthetic mesh attached to the

pubic rami. The Male Sling has been shown to have a good success rate clinically with minimal complications. Its main advantage over the previous treatment is that it is only a single procedure and does not have to be repeated, as was often the case with the previous treatment.

Ms. Lynne Casey, Urology Clinical Nurse Specialist joined the Urology team in May 2008.

Marion O' Brien, Urology Clinical Nurse Specialist, provided a number of educational programmes with her colleagues in Community nursing on the routine change of Urethral and Supra Pubic catheters. This has reduced the number of patients attending our out patients department for catheter changes. This has also had the effect of improving patient care in the community and reducing financial and transport difficulties for the elderly by allowing them to be cared for at home, or closer to home. Lynn Casey has devised protocols for the use of Urethral Balloon Dilatation Catheters and also administration of Mitomycin C.

Extension of Hospital 7 unit 6 (H7U6)

A new extension to the existing Hospital 7 unit 6 was opened in the autumn.

Emergency Directorate



Mr. Patrick Plunkett
Clinical Director

Ms. Noelle Wallace
Business Manager

Ms. Caitriona McHale
Nurse Manager

Introduction

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

The mission of the ED is to provide the optimum care for patients presenting to the department in an efficient and effective manner within the resources available. The care includes direct patient care, support services, administrative functions and academic and training activities.

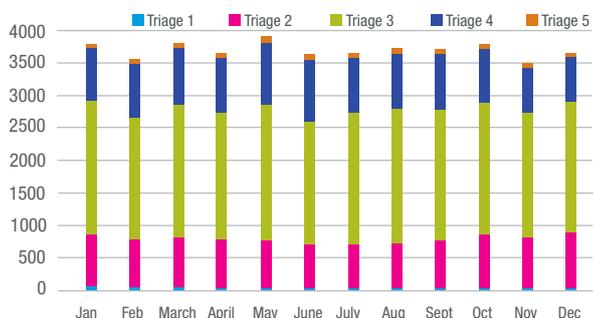
Service Activity in Emergency Department

Admission and Age Profile 2008				
Total Admissions from ED	U65	65 - 74	75 +	Total Admission to SJH
12342	7587(61%)	1577(13%)	3178 (26%)	54%

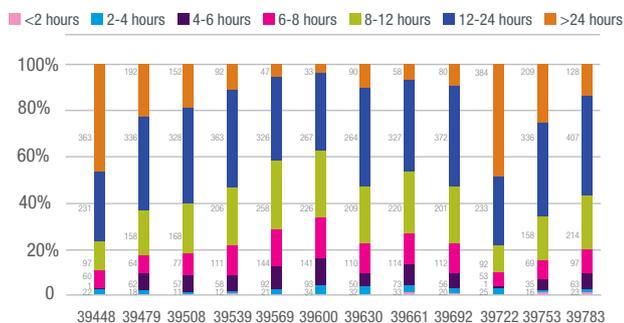
Attendances and Admissions per month 2008



New attendances per triage category per month 2008



Admission time profile per month 2008



Patient processing

In keeping with best practice guidelines, the department responds to the increase in the acuity of presentations to the Emergency Department by attending to the more critical patients first.

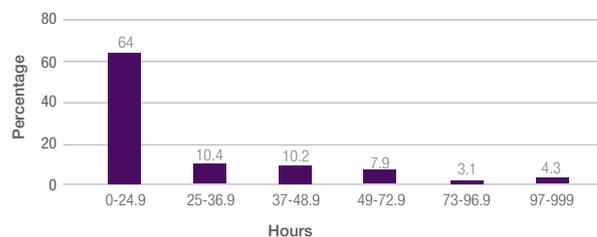
Ambulatory patients, who following triage are considered to be stable and whose condition is not covered by the scope of practice of Advanced Nurse Practitioner's, frequently incur protracted delays awaiting examination and treatment.

Conscious of the pressure that this places on the department and the staff, a designated multidisciplinary team approach has been adopted, to rapidly assess, diagnose, treat and either safely discharge or admit this patient cohort.

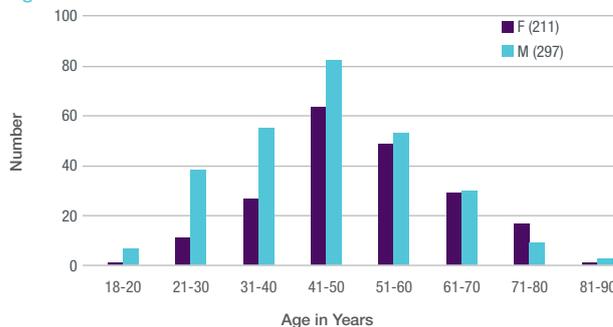
As a result of a review of working practices which was undertaken with the administrative support team, the patient journey is actively managed through a multi-disciplinary team approach. This ensures that the patient's journey through the department is as efficient and effective as possible. The administrative team continues to ensure that the highest quality of data is capture and maintain in the patients records. This data is vital for producing the information required for the Performance Indicator Programme of the hospital and the Health Services Executive. The data also allows for the planning and forecasting of the service needs of the Directorate.

Chest Pain Assessment Unit

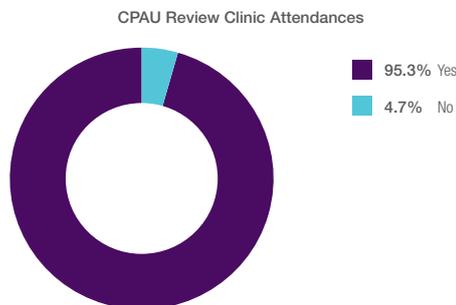
Average length of stay in CPAU (hours)



Age/Gender of admissions to CPAU 2008



CPAU review clinic attendances



The Chest Pain Assessment Unit (CPAU) has continued to operate a 24/7 structured assessment for patients presenting to the Emergency Department with chest pain of possible cardiac origin. The service is operated collaboratively between the Departments of Emergency Medicine and of Cardiology. Patients undergo serial cardiac enzymes, ST segment & arrhythmia monitoring with early exercise stress test and they benefit from early discharge if all of these investigations are normal. 64% of patients were discharged within 24 hours. Patients with abnormal assessments have longer overall admission times, but benefit from early diagnostic angiography and definitive care. It should be remembered that, prior to the inception of this service, the ALOS for patients admitted to St. James's Hospital, via the Emergency Department, with Chest Pain was 4.7 days.

All patients are referred to the Nurse Led CPAU review clinic where one to one risk factor assessment and education regarding risk factor reduction is undertaken, together with symptom review. The DNA rate for this review service is currently less than 5%.

Enhancement of CPAU service in 2008

CT coronary angiography was introduced for selective patients led by Dr. Ross Murphy, Consultant Cardiologist, in collaboration with Emergency Medicine and the Department of Diagnostic Imaging in 2008. This has resulted in a significant reduction in the number of invasive angiography procedures required for this patient cohort.

Speciality training for Non-Consultant Hospital Doctors

St. James's Hospital SHO rotation in Emergency Medicine is a three year training programme for NCHDs intending to pursue specialty training in Emergency Medicine. This rotation involves posts in Emergency Medicine at St. James's Hospital, Trauma and Orthopaedics at Waterford Regional Hospital and Anaesthesia at St. James's Hospital. The rotation was further strengthened this year by the addition of a Paediatric Emergency Medicine training post at Our Lady's Hospital for Children, Crumlin. It prepares trainees to sit the Membership examination of the College of Emergency Medicine, which is now the entry qualification for Higher Specialist training in Emergency Medicine. One of the first entrants to this rotation, Dr. Jean O'Sullivan, has recently been appointed as a Consultant in Emergency Medicine to our sister hospital at Tallaght.

Nurse Education

The Emergency Department Foundation Course was developed in 2008 and is available to all new staff nurses who commence employment in the department. The course received An Bord Altranais, Category 1 approval in 2008.

The Resuscitation Skills Training programme continued throughout 2008. The programme has been aimed at new and existing staff, to develop knowledge and skills necessary to effectively care for patients with life and limb threatening illnesses and injuries. All staff nurses in the department who do not possess the Post Graduate Diploma in specialist nursing have successfully completed the programme this year.

Neonatal education with the Coombe Hospital continues with 18 nursing staff completing the Neonatal Resuscitation Training programme.

The Higher Diploma in Accident & Emergency Nursing was successfully completed this year. Links with colleagues in The Adelaide & Meath Hospital and Connolly Hospital were continued this year with collaboration over the two sites for the Post Graduate Diploma. St. James's educational and clinical facilitators provided specialist lectures at both campuses.

Health Care Assistants Education

Three Health Care Assistants completed the FETAC level 5 course and the FETAC Emergency Module was successfully completed in September 2008. It is the first emergency module to be implemented in Ireland. Four Health Care Assistants completed this module and were awarded marks of distinction and merit.

Team Based Performance Management

The Emergency Directorate in association with colleagues in Scope participated in Team Based performance Management project. The three main performance areas were identified. The first was to reduce the unnecessary repetition for the patient during initial assessment by members of the multidisciplinary team and also utilise professional time more effectively with the patient. It was proposed to pilot a joint assessment form and audit its effectiveness after a three - month period. In addition to this a second area of performance was to increase the profile of the MDT with staff in the Directorate. Work is in progress to develop the intranet site and an information booklet. As the Directorate is committed to teaching and education the group have participated in the In-service training programme for the MDT on a regular basis throughout the year. The aim is to inform members of specific roles in ED and to educate staff on treatment programmes or assessments that are relevant to their practice.

Advanced Nurse Practitioner Service

The Advanced Nurse Practitioner service continues to provide focused clinical care to a discreet caseload of patients attending the emergency department with medium to low acuity clinical conditions.

Although the acuity of patients within the caseload of the ANP has increased, concerted efforts are made to manage a full episode of care in the most efficient and effective manner possible.

The ANP service has increased liaison with community-based teams such as Community Intervention Team, General Practitioners, Public Health Nurses and agencies such as Homeless and Drug Treatment Centres.

Specific audit is currently being undertaken by the ANP's to investigate key factors associated with patients presenting to the department with occupational injury and assault.

Education and training for the multidisciplinary team is ongoing and the Advanced Nurse Practitioners lead and teach on a number of in-service education programs for all grades of nursing, medical and allied professionals.

The program 'Clinical Diagnostic Skills for Advanced Nurse Practitioner (Emergency)' is a module on the MSc in Nursing at Trinity College, Dublin and is led by Valerie Small (ANP). Both theoretical and clinical education continue to be delivered exclusively in the Emergency Department, where supervised clinical practice is facilitated by the ANP's and multidisciplinary team.

This year there were three ANP candidates from emergency departments in Tullamore, Cork and Blanchardstown, bringing to 28 the number of candidates that have been educated and trained to practice at ANP level within emergency departments throughout the country.

Patient Activity for ANP service 2008

Jan	Feb	Mar	Apr	May	Jun	Jul
558	548	481	531	581	568	519
Aug	Sep	Oct	Nov	Dec	Totals	
577	561	538	488	419	6369	

National input to Emergency Medicine

Dr. Geary is Treasurer of the Irish Association for Emergency Medicine, and was a key member of the organising committee for the Autumn Scientific Meeting of the College of Emergency Medicine, which was a joint meeting of the College with the Irish Association for Emergency Medicine and the Association for Paediatric Emergency Medicine. Conference themes included technology in Emergency Medicine, Humanitarian Emergency Medicine and Critical Care. Over 400 delegates attended the three-day conference, which was held at Trinity College Dublin from 23rd to 25th September 2008, the largest attendance at such a conference so far. Feedback from the delegates was extremely positive.

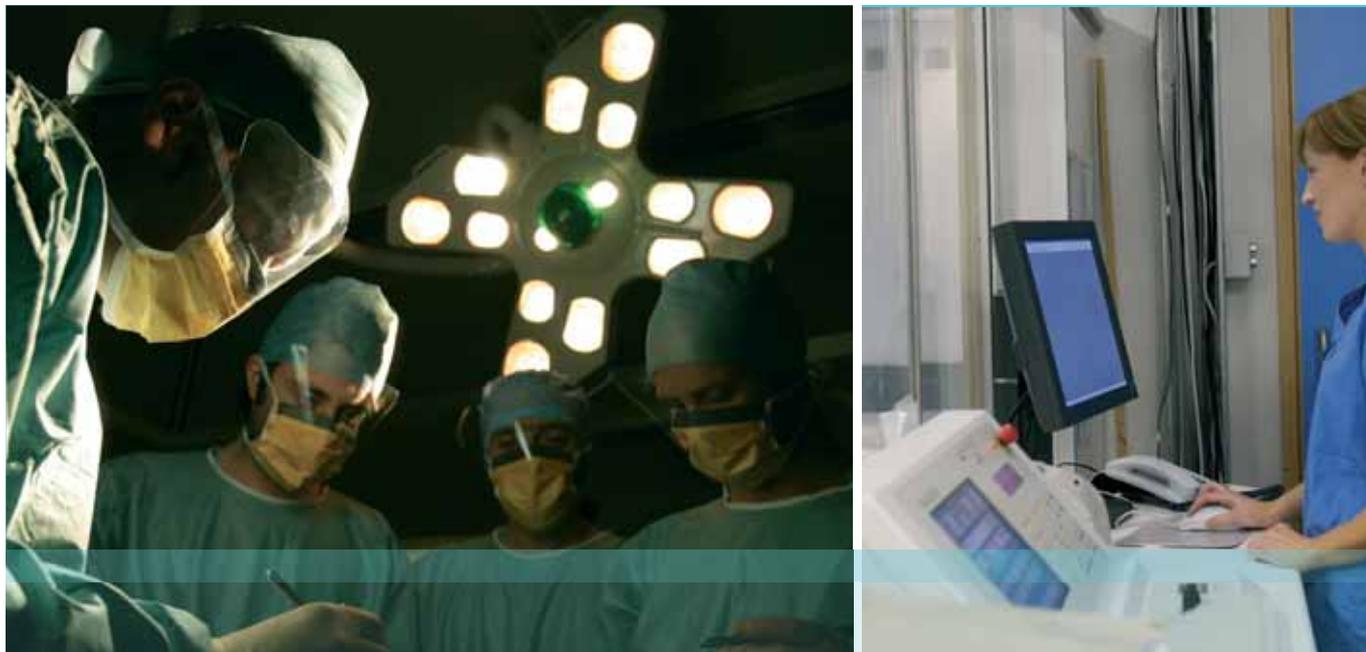
Mr. Plunkett had the honour of presenting the David Williams Lecture entitled "If Emergency Medicine didn't already exist, it would have to be invented" which was very well received, particularly by the Founding President of the (former) Faculty of Accident and Emergency Medicine, Dr. David Williams himself, who was in the audience.

The International Federation for Emergency Medicine holds an international conference every two years. Since its beginning in 1986, this conference has rotated between the four founding countries of the Federation, namely the United Kingdom, USA, Australia and Canada. ICEM 2010, to be held in Singapore in June 2010 will be the first time it has gone to a bidding process. Dublin will be the venue for the ICEM 2012, and we anticipate a heavy involvement in its planning and delivery.

Mr. Plunkett was elected chair of the National Board for Ireland at the College of Emergency Medicine. He is a member of the Council of the College Of Emergency Medicine, which was granted its Royal Charter this year. He was Editor-in-chief of the European Journal of Emergency Medicine for his fourth year, during which time the journal achieved admission to the Science Citation Index.

Having been a volunteer member of the St. John Ambulance Brigade of Ireland since 1966, Mr. Plunkett was appointed as its Commissioner in July. He is now responsible for leading this organisation of volunteers, who wear a well-recognised black and white uniform. The Brigade has been providing First Aid cover to many public events in Dublin since its inception in 1903, and will host the Regional Meeting of the Venerable Order of the Hospital of St. John of Jerusalem in May of 2009 in Dublin.

Omega Directorate



Ms. Patricia Eadie
Clinical Director

Ms. Shona Schneemann
Business Manager

Ms. Dympna St. John Coss
Nurse Manager

Introduction

The Omega Directorate includes the following specialities

- Plastic and Reconstructive Surgery
- National Burns Unit
- Orthopaedic Surgery
- Maxillofacial Surgery
- Cleft Orthodontic/Prosthetic Unit
- Maxillofacial Laboratory

Key Developments in 2008

- Decision to setup a new Directorate which will incorporate the previous trauma specialities
- Appointment of Business Manager
- Decentralisation/transfer of secretarial staff (from Medical Records) to the new directorate

Plastic and Reconstructive Surgery

The Plastic and Reconstructive Surgery department continues to provide general plastic and reconstructive surgery with consultants specialising in the following:

- Burns
- Skin Cancer
- Head and Neck reconstruction
- Breast surgery and reconstruction
- Hand problems
- Ear Surgery
- Cleft lip & palate

The department offers a multi-disciplinary approach with clinics being attended by Physiotherapy and Occupational therapy providing treatment and rehabilitation for patients.

The department has a dedicated nursing staff providing treatment and dressing clinic for patients. A Clinical photography service is also available for record keeping.

National Burns Unit

The National Burns Unit is a purpose built facility, located beside the Emergency Department which facilitates quick and efficient transfer of patients. The unit has 14 beds, 4 of which are dedicated ICU beds, 8 isolation rooms and a 6 bedded ward.

The unit has an onsite theatre designated for burn surgery with dedicated theatre days Tuesdays and Fridays. The burns unit follows many of the standards and guidelines set by the National Burn Care review committee and forms part of the national burn bed bureau for the Republic of Ireland and the British Isles. The role of the burn bed bureau is to provide immediate information on the nearest available beds in the event of a major incident.

The unit provides a national service for patients aged over 14 yrs of age. In 2008 the burns unit had 150 admissions ranging from minor to life threatening injuries. The aim of the unit is to preserve life and maintain a quality service which is sensitive to the needs of each individual patient not only for the acute injury but the entire process of recovery and rehabilitation in which the contribution of each member of the multidisciplinary team is valued and respected. The multidisciplinary team is made up of disciplines that are specialised in and dedicated to improving burn care. Multidisciplinary meetings are held weekly, during which the specialist burn care delivered to each individual patient is assessed, planned, and evaluated. The support needed for the patient to make a full recovery in terms wound healing, functional ability and psychological recovery.

The multidisciplinary team is dedicated to improving the quality of care delivered to patients and in 2008 members of the multidisciplinary team attended the 41st British Burns Association annual meeting which was hosted in Bristol. The aim of the meeting is to promote knowledge on the best treatment and rehabilitation available following a burn injury. The unit also participated in the prospectus National review of adult critical care services in the Republic of Ireland.

Post discharge patients are followed up in fortnightly burns clinics, in which they are assessed in relation to their functional and psychological recovery, wound healing and aesthetic characteristics of the skin in relation to skin colour, texture and colouration.

Orthopaedic Surgery

The Orthopaedic department deals with a significant trauma workload as well as specialising in the following:

- Haemophilia orthopaedic service
- Complex foot and ankle surgery

The out patient orthopaedic department incorporates a plaster and treatment room managed by a specialist Nurse Manager assisted by a plaster technician providing a range of out patient treatments for patients.

Foundation Course in Orthopaedic Nursing

The course aims to enable registered nurses currently working in Orthopaedic Nursing to examine the fundamental theories and concepts that underpin the management of the patient requiring Orthopaedic treatment and/or surgical intervention. The course is divided into a theoretical and clinical component. Four Nurses successfully completed our first foundation course in Orthopaedic Nursing.

Maxillofacial Surgery

The National Maxillofacial unit is a secondary/tertiary/national referral centre dealing with:

- Facial trauma
- Correction of congenital and acquired facial and jaw deformities
- Oral cancer and reconstructive surgery
- Salivary gland disease, implantology
- Dentoalveolar and orofacial pathology
- Congenital abnormalities

Maxillofacial, Orthodontic, Prosthodontic Consultants and specialists provide individual procedure and review clinics as well as providing joint procedure and implant clinics for patients.

Prosthodontic Unit

The Prosthodontic Unit acts as a tertiary referral centre primarily for the Prosthodontic management of patients with cleft lip and palate needs and includes a limited service for the prosthetic intraoral rehabilitation of head and neck cancer patients from St. James's Hospital and Our Lady's Hospital for Sick Children, Crumlin. The service is currently provided solely by one Consultant in Restorative Dentistry.

Cleft Orthodontic Unit

The Cleft Orthodontic Unit is a tertiary referral service for orthodontic management of children and adults born with cleft lip and palate and craniofacial anomalies.

Regular multi-disciplinary cleft clinics are held in St. James's Hospital, Temple Street Children's University Hospital and Our Lady's Children's Hospital as part of the wider Dublin cleft centre. Joint clinics are also held with colleagues in Maxillofacial Surgery, Plastics and Restorative dentistry.

The Cleft Coordinator maintains the cleft database and co-ordinates the patient's individual care pathway.

Out Patient Services

Specialities within the Omega Directorate offer a wide range of out patient services to patients on a national level. These include 5 day trauma clinics ensuring a rapid service for patients with Orthopaedic, Plastic Surgery and Maxillofacial Trauma. Patients are referred directly from other hospitals within the various catchment areas. Trauma patients are seen and treated by the relevant specialities on the same day if clinically indicated. Procedures are carried out in the out patients department and the directorate is currently applying for dedicated day-care areas for Maxillofacial, Orthodontic and Prosthodontic procedures.

Maxillofacial Laboratory

The Maxillofacial Laboratory provides highly specialised services for the Maxillofacial Consultants including:

- Orthognathic Planning & Model Surgery
- Maxillofacial Prosthetics
- Prosthetic Restoration
- Technical Support for Cleft/Craniofacial deformities
- Pressure Masks for Patients with facial burns

Cleft Orthodontics/Paediatric Service

The laboratory provides technical support to a Consultant Orthodontist, a visiting orthodontist from the Dublin Dental Hospital and a specialist orthodontist for the treatment of cleft patients.

Orthognathic Surgery

The maxillofacial laboratory provides a highly specialised service to the Maxillofacial Consultants in Orthognathic planning and model surgery for patients requiring an osteotomy operation. The laboratory receives face bows, impressions and plans for splint fabrication on an ongoing basis and provides the following:

- Model surgery and surgical splint construction
- Orthopaedic appliances; occlusal splints for cranio-mandibular disorders, used in treatment of temperomandibular joint pain, facial pain and headaches
- Pre and post surgical stents
- Prosthodontic rehabilitation and obturators
- Facial moulages, pre and post surgery

Prosthetic Restoration

The Maxillofacial Lab provides Prosthetic Restoration for all patients who require such specialised treatment. This specialised service requires both clinical and technical expertise. The Lab provides patients with ear, eye, nose and finger prosthesis as well as on-going care over many years.

Department of Vascular & Endovascular Surgery



Mr. Dermot Moore
Department Head

Mr. Prakash Madhavan
Vascular Surgeon

Dr. Mary Paula Colgan
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 also provides a comprehensive venous service and thirdly it provides non-invasive vascular assessment for all departments within the hospital and for many external hospitals.

2008 was a sad year for the department with the retirement of Professor Gregor Shanik who worked tirelessly to develop the department since its inception in 1977. Professor Shanik was the first person to introduce a vascular laboratory to Ireland and also with his colleagues opened the first endovascular operating suite in the country. His drive, enthusiasm and leadership will be sadly missed but Mr. Dermot Moore as department head has ably filled his shoes.



The use of stent grafts for the management of aortic aneurysms and aorto-iliac disease continued throughout the year with a significant reduction in mortality compared to open repair. Links with the cardiology, cardio-thoracic and radiology departments were strengthened with the setting up of a joint Aortic Treatment Centre. Patients with thoracic aneurysms were successfully treated with endovascular techniques. Additionally, Mr. Sean O’Neill was involved in performing the first percutaneous valve replacement procedures in Ireland with cardiology and cardiac surgery.

The aneurysm screening programme run by Nicola Fay had a very successful second year and expanded from the Midlands to our catchment area in Dublin. A total of 1030 patients have been screened and 85 aneurysms detected; the vast majority simply require surveillance with annual or bi-annual scans. Seven patients had significant aneurysms requiring intervention and all were successfully repaired. Screening is also offered to the family of all patients admitted to St. James’s with aneurysms and to date 36 “sibling scans” have been performed.

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. 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.

The vascular laboratory remains extremely busy with expansion of the role of peripheral duplex imaging in selecting patients for endovascular management and also in the follow-up of endovascular aneurysm repair, thus reducing the need for CT follow-up with its high radiation dose. Colette Choiseul was conferred with a M.Sc. and Joanne Boyce successfully completed her AVT exams. Doppler workshops for public health nurses, practice nurses and podiatrists were run monthly.

2008 was an excellent year for research with a presentation at two of the most prestigious vascular meetings. Mr. Brian Manning presented a paper at the annual Society for Vascular Surgery Meeting while Mr. Neil Cloete presented a paper at the annual Society of Vascular Technology Meeting, both of which were held in San Diego in June. Paul Carroll presented a paper at The Freyer Meeting and Drs. Hanley, Ali Alsaleh and Attah all presented papers at the Trinity Meeting. Several further abstracts have already been accepted for presentation at meetings in 2009.

Psychiatry



Professor Brian Lawlor
Clinical Director

Oliver Claffey
Director of Nursing

Introduction

Psychiatry at St. James's Hospital has a number of distinct components. The community service is part of the Dublin South City Mental Health Services.

Services include;

- Inpatient care at Jonathan Swift Clinic
- Community Psychiatry, which is sector-based and divided between inner city (Camac and Drimnagh) and suburban (Owendoher) 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.

There were 461 admissions to the Jonathan Swift Clinic in 2008. 193 were new admissions and 45 patients were detained under the 2001 Mental Health Act. In General Adult Psychiatry, there were 334 new outpatient assessments and 4021 return OPD attendances. In Old Age Psychiatry, there were 328 new outpatient assessments and 584 new Liaison referrals.

Developments in 2008

- Dr. Veronica O' Keane took up her post as Consultant in General Adult Psychiatry to the CAMAC sector in January 2008. This was a replacement post for Dr. Shanley who retired in 2005
- Dr. Bernadette Cullen took up her post as General Adult Psychiatrist in September 2008 in the CAMAC sector. This was a new post
- The sector boundaries were redrawn to rebalance work loads for the different sector teams. Activity levels are being monitored on an ongoing basis and sector boundaries will be revised as necessary depending on activity statistics
- Dr. Veronica O' Keane was promoted to Clinical Professor of Psychiatry as a mark of her teaching and academic output
- The transfer of undertakings from St. Patrick's Hospital to The HSE was completed in 2008 and all staff in the service are employed either by the HSE or St. James's Hospital
- The Co-operation Leadership in Mental Health initiative with DCU which has tripartite involvement of carer, service user and service provider continued in 2008. The goal of the Leadership programme is to strengthen service user involvement in service planning. In 2008, this programme resulted in the development and administration of a satisfaction questionnaire to service users and staff. The results of this survey will be used to inform changes in how the service is delivered to patients

Old Age Psychiatry

Old Age Psychiatry has another busy year in 2008. The Psych EL electronic referral system went live in St. James's Hospital and this has assisted in streamlining the Liaison service.

Dr. Trudy Meehan, Psychologist, joined the old age multidisciplinary team in April 08.

Research activity continued to grow in 2008 with an active publication record and expansion of the Memory, Brain Health and Cognitive Studies Clinics. The TRIL Research Clinic received an innovation award. Further grant support for a cost of care study in Alzheimer's disease (ECAD study) was awarded to the Memory Disorders research group.

Psychology

The Department of Psychology & Psychotherapy has continued to expand and develop, providing a range of psychological assessment and psychotherapeutic interventions at individual and group levels to include Personality, Cognitive & Neuropsychological Assessments, Family Therapy, Cognitive Behavioural Therapy, Biosynthesis, Dialectical Behaviour Therapy, Integrative and Humanistic Psychotherapy. A waiting list strategy was implemented which had the effect of considerably reducing the wait list time for service users; however, during the same time period, referrals to the Department were up by 67% compared to the previous year with no resource allocation. Other achievements included overseeing, in association with Occupational Therapy, the completion of the Therapeutic garden at St. Martha's (grant aided by the Dormant Accounts Fund) and the development and delivery of an Introductory Training Course in Psychotherapy for multidisciplinary team members.



Academic Department of Psychiatry

The Department of Psychiatry under the leadership of Professor Michael Gill increased its research activity throughout 2008 with over 50 papers published involving full time members of the department and many more involving part-time members. In terms of research income and output per FTE the Department ranks highest within the School of Medicine. The Department is involved in research in Neuropsychiatric Genetics, Aging, Alzheimer's disease, Depression, ECT, Neuroimaging, Autism, Forensic Psychiatry and Neuropsychology. Several highlights from 2008 include publications in high impact journals such as New England Journal of Medicine and Nature, ongoing major grant support and the approval of a new MSc in Cognitive Behavioural Therapy which will have its first class input in 2009.

Psychological Medicine Service

The Psychological Medicine Service provides psychological and psychiatric assessment and care to patients seen in the general hospital. The service is based in the general hospital and sees patients with complex medical and psychological problems including depression, post-traumatic stress disorder and deliberate self-harm. It provides a service to all areas of the general hospital, including medical and surgical wards and the Emergency Department.

The service provides multi-disciplinary care - clinical psychology, psychiatric nursing and psychiatry. Key skills include rapid assessment and on-going psychological interventions such as cognitive-behavioural and cognitive analytical psychotherapy. In addition to providing clinical care, the service is developing a role in staff education and training to develop skills of medical and surgical staff in the rapid assessment and management of psychological distress.

In 2008, a trial of mindfulness based group cognitive-behavioural therapy was conducted in the service led by Doctors Sonya Collier & Tara Kingston. The Psycho-Oncology service has expanded a programme of post-graduate training in psycho-oncology for senior clinical staff. Current projects include studies on cancer-related fatigue; the psychological impact of head and neck surgery and the impact of care-delivery.

Joint training in the delivery of brief interventions for alcohol problems was held with the social work department. This has led to a stratification of alcohol problems based on severity and delivery of evidence based brief interventions as appropriate to patients attending St. James's Hospital.

LabMed Directorate



Dr. Brian O'Connell
Clinical Director

Mr. John Gibbons
Laboratory Manager

Introduction

The Laboratory Medicine (LabMed) Directorate comprises of the clinical laboratory departments of Biochemistry, Haematology (incorporating Coagulation and Cryobiology) Transfusion Medicine, Histopathology (incorporating Cytopathology), Microbiology (incorporating Virology and Infection Control and Prevention), Immunology, Cancer Molecular Diagnostics, 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 reference laboratory for many specialties throughout the country.

Accreditation/License

All disciplines within the laboratory underwent successful accreditation inspection during 2008. This required a huge amount of effort and professionalism on the part of laboratory staff. The following laboratories have achieved full Clinical Pathology Accreditation (CPA, UK) benchmarked to ISO 15189 (Medical Laboratories: Particular Requirements for Quality and Competence) in 2008:

- Microbiology
- The National MRSA Reference Laboratory (NMRSARL)
- The Irish Mycobacteria Reference Laboratory (IMRL)
- Histopathology (incorporating Cytopathology)
- Haematology (including the Coagulation Laboratory of the National Centre for Hereditary Coagulation Disorders (NCHCD))
- Immunology
- Biochemistry
- Cancer Molecular Diagnostics
- Phlebotomy

Transfusion Medicine, incorporating Haemovigilance, has achieved full accreditation status to standards ISO 15189 and AML-BB (SI 360 of 2005) from the Irish National Accreditation Board (INAB).

St. James's Hospital Tissue Establishment, incorporating the Cryobiology Laboratory, has received their license to operate as a Tissue Establishment from the Irish Medicine Board (IMB) following inspection in accordance with EU Directives 2004/23/EC; 2006/17/EC and 2006/86/EC (SI 598 of 2007 and SI 158 of 2006). This is the only hospital in the country, currently, with a license to collect and process haemopoietic stem cells.

Developments/Projects

New Instrumentation:

The laboratory purchased the Roche total automated analytical system for Biochemistry. This will automate many pre-analytical processes and increase capacity to deal with the ever-increasing workload.

The laboratory purchased a Tandem Mass Spectrometer for Vitamin D metabolites and steroid analyses (Biochemistry). This will improve the service the laboratory provides in support of the Falls and Osteoporosis as well as the Endocrinology clinics in the hospital and similar services nationally.

Other instrumentation purchased included High Performance Liquid Chromatography for Haematology, Immunocytochemistry processors for Histopathology and a computerised image-analysis system for blood cell morphology for Haematology.

Infrastructural Developments:

A number of departments underwent refurbishment in 2008 and this programme will continue incrementally over the next number of years.

Strategic Plan:

The LabMed Directorate produced its Strategic Plan for service development over the next 3-5 years. Hospital Management approved the plan. The principle objectives include:

- The provision of a total automated laboratory system for biochemistry immunoassay, immunology and some microbial serology systems
- The development and consolidation of a molecular pathology laboratory
- Redesign of Laboratory Reception
- Relocation of General Haematology and Coagulation alongside Biochemistry and Immunoassay
- Building of an extension within the courtyards to accommodate the Biochemistry, Immunoassay and Haematology and Coagulation laboratories
- Development of a single database for the Blood Science (Biochemistry, Haematology and Immunology) from the current three
- Development of the Healthlink OCM for GPs. This will mean GPs can request laboratory tests electronically. The additional benefits are that all GP patients will be allocated a MRN from the hospital's PAS system and consultants can review all previous results, while the patient was under their GP

The achievement of these objectives will put the LabMed Directorate in a strong position to meet the future challenges of an expanding workload and enhance our ability to introduce new molecular tests to support the treatment of patients in a cost effective manner.

Workload:

The workload from within the hospital and from GPs continued to rise in 2008. The total number of specimen received was just under 2.1 million, accounting for just over 7 million reportable tests results. The increase on 2008 represents a 7% increase in specimen numbers. St. James's Hospital contribution to the workload is 64% and GPs is 26%, the remainder coming from other hospitals around the country as well as in Dublin. The 2008-workload figures, based on laboratory requests, are outlined in Table 1.

Education and Training:

The Laboratory is a centre for education for the MRCPath and BSc in Biomedical Science. It is actively engaged in research and development projects leading to under graduate and postgraduate qualifications up to MD and PhD level and many are published in peer review journals. There is a tremendous commitment from all professional staff to learning and development and many are engaged in continuous professional development programmes and involved in teaching in Universities and Institutes of Technology. A core role of the clinical laboratory service is to actively engage in translational research, which can lead to improved markers and treatment regimes for the management of patients with specific diseases and also to participate in multidisciplinary teams to maximise the effective management of patients.

LabMed Directorate Requests 2008

Department	2007 Accum. Total	2008 Accum. Total	% Incr/ Decr 07/08
Haematology	477,645	516,613	8%
Coagulation	171,806	177,441	3%
Bl. Transfusion	33,610	34,948	4%
Biochemistry	724,884	768,446	6%
Microbiology	340,960	361,794	6%
Histo - blocks *	67,129	71640	7%
Cytology	16,622	15119	-9%
Immunology	114,022	134,737	18%
CMD	3934	4226	7%
Totals per hospital	1,950,612	2,084,964	7%

TABLE 1 * Histo-Blocks is a measure of Histopathology workload activity

Haematology Laboratory

The Haematology Department provides a comprehensive diagnostic laboratory service to St. James's Hospital, Dublin area hospitals and General Practitioners.

It receives nationwide referrals for specialised investigations. Laboratory support for the work of the HOPE Directorate including the National Adult Blood and Bone Marrow Transplant Centre and the National Centre for Hereditary

Coagulation Disorders (NCHCD) forms a core element of the department's work. The Department is sited in three areas within the hospital, the Central Pathology Laboratory (CPL), the National Centre for Hereditary Coagulation Disorders (NCHCD) and the Cryobiology Stem Cell Facility located in a leased clean-room facility in the IBTS building. The Central Pathology Laboratory houses the main diagnostic laboratory, special diagnostics laboratory, and the haematinics & transplant drug-monitoring laboratory.

The overall Haematology workload in terms of specimen numbers increased on 2007 by 8%, however in certain specialised areas of the department the increase was greater. For example, there was an increase of 24% in Haemoglobinopathy testing and of 30% in immunophenotyping for leukaemia and lymphoma; both areas where the laboratory provides a national as well as regional service. The haematinics & transplant drug-monitoring laboratory similarly showed an activity increase of 14% on 2007.

Developments in 2008:

A new immunophenotyping method for myelodysplastic syndromes has been developed as part of an MSc project and will be integrated into the routine service. Another MSc project will study platelet Glycoprotein expression in macrothrombocytopenia. During 2008, a number of new centres signed service level agreements with the Laboratory and are now availing of our Immunophenotyping service. The six-colour minimal residual disease (MRD) detection method for Chronic Lymphocytic Leukaemia (CLL) has become an integral part of an ICORG (All Ireland Co-operative Oncology Research Group) national CLL trial, with MRD assessment centralised in St. James's Hospital. This development was presented in a prize-winning paper at the 2008 Haematology association of Ireland (HAI) meeting.

In the Haemoglobinopathy service, we have taken delivery of a new HPLC analyser, which is undergoing on-site validation and will be ready for routine service shortly. A number of rare Haemoglobin variants were found during 2008 and were presented in a paper at the HAI annual meeting held in Armagh. A collaboration with the Cancer Molecular Diagnostics laboratory resulted in another paper presented at HAI on Paroxysmal nocturnal haemoglobinuria (PNH).

The haematinics & transplant drug-monitoring laboratory continued to have a representative on the UK NEQAS (haematinics) scientific/steering committee. This laboratory also continues its collaboration with the Centers for Disease Control (CDC), Atlanta and with the World Health Organisation. It provided laboratory training as part of

collaboration with WHO and the Pan-American Health Organisation (PAHO) for a study of folate status in Peru, and has been invited by UNICEF to participate as advisor in an international study in Kyrgyzstan.

Coagulation Laboratory and the National Centre for Hereditary Coagulation Disorders (NCHCD)

The Coagulation department in the Central Pathology Laboratory provides a laboratory examination service for coagulation disorders for hospital inpatients and outpatients as well as to General Practitioners. The laboratory at the NCHCD examines samples from patients within the hospital and also from referrals nationally with suspected disorders associated with both bleeding and thrombosis. Diagnosis of inherited and acquired disorders, monitoring of therapy and screening for genetic disorders is part of the examination repertoire in this laboratory.

The workload continues to increase each year with a twenty-one percent increase in total work over the last five years. The increase in this five-year period is seen particularly in the investigation of bleeding (46% increase) and thrombosis (34% increase) disorders and also in the number of routine tests received (19% increase). Fifty two percent of all work carried out in 2008 in the diagnostic laboratory was from external agencies. The majority of these samples from external agencies are examined for functional and molecular defects associated with thrombosis states.

There was continued expansion of the test repertoire for both phenotype and genetic laboratory diagnosis of bleeding and thrombosis disorders. This has ensured the expansion and continuation of a comprehensive diagnostic service.

There was expansion in the molecular laboratory in 2008 whereby the molecular examination service was relocated to larger refurbished facilities within the NCHCD. The UK Haemophilia Genetic Laboratories Network also audited the laboratory.

Cryobiology Laboratory Service

The Cryobiology Laboratory supports the National Adult Stem Cell Transplant programme at St. James's Hospital and the Irish Unrelated Donor Bone Marrow Programme.

The cryobiology laboratory is situated in a GMP facility leased from the National Blood Centre. It contributes the laboratory component to the Tissue Establishment, which supports the National Stem Cell Transplant Program (adults) in the Hospital.

Over 1000 stem cell transplants have been carried out since the inception of the program in 1984.

In 2008 the Cryobiology Laboratory as part of the Tissue Establishment received a GMP licence from the Irish Medicines Board to provide allogeneic sibling Stem Cells from Bone Marrow and mobilised Peripheral Blood, Autologous Stem cells from mobilised peripheral blood or bone marrow, Donor Lymphocytes and Unrelated Stem Cells from Bone marrow or mobilised peripheral blood. The unrelated program includes Northern Ireland. The Laboratory works in close association with the tissue typing service laboratory and the Irish Unrelated Donor Bone Marrow Programme in the IBTS.

Eight medical scientists, a quality manager and a Medical Director staff the laboratory. Fifty-three allogeneic and 68 autologous stem cell transplants were carried out in 2008. The number of unrelated stem cell transplants has increased and 17 were carried out in 2008. Collection of donated bone marrow or mobilised peripheral blood is made possible by scientific staff from the cryobiology travelling to European countries, USA and South East Asia to collect the stem cells.

All stem cell products are processed in the cryobiology laboratory for immediate usage (allogeneic) or cryopreserved in liquid nitrogen. The entire laboratory programme is an integral part of a quality management system in place in the Tissue Establishment.

Cancer Molecular Diagnostics

The Cancer Molecular Diagnostics (CMD) laboratory, the only one of its type in the country, is part of the LabMed Directorate at St. James's Hospital. CMD provides a molecular testing service for the identification of acquired genetic aberrations in cancer, particularly leukaemia and lymphoma. If appropriate, repeat testing is performed to assess minimal residual disease (MRD), which can aid in the management of patients with selected haematological malignancies.

The gold standard prognostic tests in Chronic Lymphocytic Leukaemia (CLL) remain FISH analysis and evaluation of somatic hypermutation status. The latter is a complex molecular test provided on selected patients in CMD and has become an integral part of an ICORG (All Ireland Co-operative Oncology Research Group) national CLL trial. The indications for clonality testing for both pathology and haematology samples continues to be clarified, both in the area of celiac disease, celiac associated lymphoma and skin lymphoma, an area led by Dr. M McMenamin, Consultant Dermatopathologist. An ABI 3130 Genetic Analyser was installed in January 2009 and is currently being integrated

into routine use for chimerism testing following bone marrow transplantation and for clonality assays.

In 2008 the CMD laboratory acquired International Standardisation for monitoring the BCR-ABL gene associated with Chronic Myeloid Leukaemia (CML) and subsequently became the central laboratory for an ICORG international clinical trial monitoring response to a new drug used in the treatment of this disease. The laboratory continues to maintain an international profile by participation in quality control schemes and in the development of a worldwide reference material for molecular genetic testing in CML. Research and development is an integral role of the laboratory, evidenced by publications and numerous presentations at national and international conferences.

Biochemistry Department

The Biochemistry Department provides a comprehensive diagnostic support service for St. James's Hospital, a number of external healthcare institutions and an extensive primary care base. The laboratory medical staff also participate in the management of metabolic diseases including Diabetes, Endocrine disorders, CVD risk factor management, Osteoporosis and operate specialist clinics for Acute Porphyrias and Familial Hypercholesterolaemia. The laboratory is the de facto national reference centre for the diagnosis of disorders of porphyrin metabolism. The department has an ethos, which supports research & development, education and learning both within St. James's Hospital and in allied academic institutions.

One of the key developments in the Biochemistry Department in 2008 was the installation of an automated pre-analytical and analytical system. This provides the laboratory with an opportunity to consolidate much of the test repertoire, to increase the overall efficiency of the laboratory service, as well as enhance the capacity to manage the perpetual increase in workload received by the department. Overall, this should contribute to improved clinical effectiveness of the laboratory medicine service.

Another important technological advance involves the acquisition of Tandem Mass Spectrometer, which is currently being installed and which should be in operation by April 2009. This instrument will initially be used to provide a comprehensive and cost effective Vitamin D analytical service, and will subsequently be developed to encompass the analysis of a number of other analytes, including testosterone, metanephrines, and possibly immunosuppressive drugs.

The Point of Care Testing (POCT) programme is continuing and was assessed by CPA during their inspection of the Biochemistry services in November 2008, with very positive comments. While focus has been on improving the Glucose and Blood Gas and Electrolyte/metabolite devices in terms of quality assurance, other areas are being pursued with the same vigour, namely; pregnancy testing, urinalysis and ketone analysis, to ensure they conform to the Hospital's POCT Policy. Staff members in the department have made a significant contribution to the development of both directorate and corporate POCT committees, which are now firmly established and which will oversee POCT governance in the hospital.

Research activities continued within the department, with collaborative projects involving Endocrinology and Diabetes SJH, Department of Surgery TCD, Bone Protection Clinic SJH. The department is also a stakeholder in the newly refurbished Phase 1 SPD Laboratories. Staff in the department have contributed to a number of publications in 2008 and also presented work at national and international meetings in both poster and oral format. In addition, participation in clinical audit with Dr. Silke, AMAU, SJH continued in 2008 with a major focus on the clinical and prognostic value of NT-proBNP.

Immunology Laboratory Service

The Immunology Department is a centre for the investigation, management and treatment of patients with disorders of the immune system. In addition, the department seeks to foster and promote an understanding of the immune system and its role in health and disease among patients, clinicians, scientists and the general public.

Laboratory Service

The laboratory continues to experience a dramatic increase in workload. This amounted to an increase of 18% in sample numbers in 2008 over 2007. In consultation with the Lab-Med Directorate, the department is in the process of developing plans, which will allow them to manage this increase in workload in a more efficient manner. These will largely centre around the acquisition of more automated technologies for workload management.

Clinical Service

The major categories of patients seen at outpatient clinics and in-patient consults are patients with inflammatory disease, allergy and immune deficiency. The department continues to participate in a number of multi-centre international studies of patients with a variety of disorders of the immune system.

Education and Learning

The Department is pleased to announce the appointment of Dr. Derek Doherty as Lecturer in Clinical Immunology. Derek took up the post in July 2008 and will bring considerable research and teaching skills to the department. Derek has particular interests in T cell biology and global health. The department has a substantial postgraduate learning programme with three students currently pursuing postgraduate degrees by research. The department contributes to several postgraduate taught MSc programmes and other postgraduate medical programmes. It has recently established a programme in immunology for medical specialist registrars. In addition, it contributes significantly to undergraduate teaching in Medicine, Biomedical Science, Clinical Microbiology, Sports Medicine and Research. Furthermore, the department has several students in in-service training in Biomedical Science. It also contributes to several clinical-pathology conferences and the St. James's Hospital "Grand Rounds".

The Immunology department continues to play an active role in research with major projects in coeliac disease and the regulation of inflammatory pathways. The research programmes are well integrated with the clinical and teaching services. Through these projects, the department also contributes to our general understanding of several diseases involving the immune system. Dr. Niall Conlon currently in specialist training in Immunology has been awarded a PhD Training Fellowship and he will take up this post in the Immunology Department in July 2008. The department continued to contribute to international meetings and the peer reviewed international literature last year.

Transfusion Medicine Department including Haemovigilance

The Transfusion Medicine department offers a comprehensive transfusion service to St. James's Hospital, which includes the National Adult Stem Cell Transplant Service, the National Centre for Hereditary Coagulation Disorders and a cardio thoracic surgery unit. The department was awarded accreditation to ISO 15189 Standards in 2008.

There was a further increase in workload in the blood transfusion laboratory in 2008. Requests increased by 3% and blood component usage increased. Red cell usage increased by 1.5% and platelets by 18%. The biggest users were haematology/oncology and cardio-thoracic surgery.

An electronic system to manage the storage and movement of red cells was implemented in 2008. Its use, in conjunction with a paper based system whereby clinical staff return

confirmation of each transfusion to the laboratory, provides full traceability for blood in compliance with the requirements of EU Blood Directive 2002/98/EC.

Clinical staff reported 65 suspected transfusion reactions. Following investigation, 23 of these were confirmed as transfusion reactions (0.1%) of the blood components transfused in St. James's. Serious transfusion reactions and events were reported to the National Haemovigilance Office. Seventeen reactions and 10 events fulfilled the criteria for reporting in 2008.

The haemovigilance office commenced a programme to demonstrate evidence of competence in transfusion practice for clinical staff during the year and as part of this programme, the ORASGold E Learning module for blood transfusion www.learnbloodtransfusion.org.uk, developed by the Scottish National Blood Transfusion Service and distributed by the Irish Blood Transfusion Service was made available for all staff.

Microbiology Laboratory Services

The Microbiology laboratory provides a diagnostic, infection control and clinical service to the hospital, GPs of South Inner City Partnership and Dublin South West and to external agencies.

There was a 6% increase in workload in 2008. This increase was supported by the acquisition of two new analysers - Architect i2000SR and Abbott M2000.

The laboratory has continued development work throughout the laboratory with a number of postgraduate degrees and is now in a position to introduce new assays for virological diagnosis. Mycology development work has continued and the laboratory is also in a position to introduce improved identification and susceptibility testing for common fungal pathogens. Bacteriology development has concentrated on the investigation of molecular methods for the diagnosis of serious infection among critically ill patients. Antimicrobial resistance surveillance data, compiled by the laboratory's surveillance scientist, was used comprehensively in the production of empiric antimicrobial guidelines for the hospital.

There has been significant research work carried out in the department, predominantly relating to antimicrobial resistance among Gram-negative bacteria, infection caused by methicillin-resistant *Staphylococcus aureus*, *C. difficile*, Chlamydia and *Aspergillus* infection as well as Herpes viruses, gastrointestinal and respiratory viruses.

Infection Prevention and Control Services

The Infection Prevention and Control Services (IPCS) is part of the Clinical Microbiology department, which is under the remit of the Lab Med Directorate. The Infection Prevention and Control Services continued in 2008 to implement programmes to embrace new National initiatives and reduce healthcare associated infection rates.

The key initiatives in 2008 were:

- Audit of hand hygiene compliance
- Hand hygiene awareness campaigns
- Involvement of IPCS with hygiene services assessment scheme
- Continuation of Catheter related blood stream surveillance and expansion of surveillance to include sternal surgical site surveillance
- Development of standard operational procedures for sterility and audit of “out of hours” scopes

Histopathology Services

Subspecialty Reporting

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

Subspecialty reporting was further developed during 2007 and 2008 and was integrated with multidisciplinary team conferences. Review of material for these conferences resulted in a substantial increase in workload, particularly in review of external diagnostic material.

Service Development:

The Histopathology department supported the new Mohs Micrographic Surgical Service, which started in July 2006 and has become a great success. Medical scientist input to this day care service is exacting, time consuming and involves cutting large numbers of microscopic tissue sections to confirm that tumour tissue has been totally removed by the surgeon.

The St. James's Hospital Cancer Biobank

Professor Eoin Gaffney and Dr. Blanaid Mee from the Histopathology department established the St. James's Hospital Cancer Biobank in August 2008, with the help of awards from Vodafone Ireland Foundation, Biobank Ireland Trust and the St. James's Hospital Foundation.

The biobank is an ultra-low temperature freezer for research. Cancer tissue, normal tissue and blood samples are coded for confidentiality and data protection, and entered in the Biobank database. Frozen samples preserve the tumour's genes and proteins, which hold the key to our understanding how cancers grow and spread. For further details visit: www.biobankireland.ie

The new hospital facility uses the international guidelines of NCI and ISBER and incorporates the patient-focused principles contained in the Expert Group Report to Mary Harney, Minister for Health and Children, published in November 2008.

The biobank depends on the full co-operation of nurses, surgeons, researchers, porters, medical scientists, pathologists, and IMS personnel. The development is strongly endorsed by the CEO, Mr. Ian Carter. The SJH cancer biobank shares the same “honest broker” policy and SOPs as Beaumont and Galway and these three, all collecting breast and colon cancer samples with consent, constitute the first phase of an all-Ireland Cancer Biobank Network. An online database will give researchers fair access to restricted sample and clinical data, if projects with a collaborative bias have ethical and scientific approval. Maximising Ireland's expertise and resources will transform translational cancer research capacity, enabling large (international) collaborations and more academic-industry partnerships.

The St. James's cancer biobank benefits researchers (sampling logistics, sample quality, multiple aliquots and common bio-informatics platform), and will enhance cancer clinical trials. As an essential part of the Irish cancer biobank network, it will contribute to greater efficiency in biomarker evaluation and accelerate the long process of translating relevant research into new more effective treatments for those with cancer.

National Meticillin-Resistant Staphylococcus aureus Reference Laboratory

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

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

During 2008, major developments in NMRSARL included:

- Achieving Clinical Pathology Associates (CPA) accreditation
- Characterisation of selected MRSA isolates by staphylococcal protein A (spa) typing
- Collaboration in an MRSA Translation Research project with Professors David Coleman (Trinity College Dublin) and Hilary Humphreys (Royal College of Surgeons in Ireland and Beaumont Hospital) including investigation of a new molecular epidemiological typing method and a clinical evaluation of the Xpert-MRSA™ kit for rapid detection of MRSA. Hosting NMRSARL's second international scientific meeting in collaboration with Professor Hilary Humphreys

In 2008, NMRSARL processed:

- 383 isolates submitted under the EARSS scheme (this figure is provisional until all isolates recovered in 2008 are submitted to NMRSARL)
- 32 requests for laboratory information regarding MRSA
- 177 requests for isolate investigation (on 432 isolates which included 20 outbreak investigation requests)

Irish Mycobacteria Reference Laboratory (IMRL)

Introduction

The IMRL performed a specimen referral service for TB culture to a number of hospitals throughout the country.

Workload

2008 was a busy year for the IMRL with more than 6,000 specimens cultured. The IMRL performed identification and susceptibility tests on 166 patients with tuberculosis 50% of which were referred to the IMRL by the other major hospitals in the Dublin region. A further 112 patients with infection due to Non-tuberculosis infection were identified. This is the largest number of patients isolates identified in any year to date and represents an approximate increase of 50% on 2006 and a 95% increase on 2005.

New Service Developments in 2008:

- A Direct Molecular Test (on respiratory specimens) to detect the presence of M. tuberculosis and mutations causing resistance to the anti-tuberculosis drugs, isoniazid and rifampicin.
- CREST and the IMRL directorates prepared a submission for the HSE regarding the interim provision of improved services for the delivery of TB services. Principle requirements was funding for the post of senior medical scientist and funding for the provision of Interferon gamma Release Assay.

Research and Developments in 2008:

- A joint typing project between the IMRL and the Veterinary Research Laboratory in Back Weston was begun. Spoligotyping and MIRU/VNTR techniques were used to compare M. bovis isolates recovered from humans to those isolates recovered from animal species. Philomena Rafferty, as part fulfilment of her MSc course, carried out the project.
- A grant was obtained from the Health Protection Surveillance Centre in order to carry out a study, in collaboration with the GUIDE directorate, on two Interferon Gamma Release Assays for the detection of latent tuberculosis in immunosuppressed and healthy individuals. A member of staff from each directorate will carry out the work.
- Work began with on the design requirements for the new TB reference centre including the National TB Laboratory with the appointed architects Moloney O Beirne. A visit was undertaken with the architects to the newly built Veterinary Research Laboratory in BacWeston, Lucan.
- Multi-disciplinary meetings between various staff from the CREST, GUIDE and DiagIM directorates, along with staff from the IMRL and Public Health began on a monthly basis in the John Houston seminar room.

DiagIm Directorate



Dr. M. Keogan
Clinical Director

Ms. Suzanne Dennan
Radiographic Services Manager (A)

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 GP's in the catchment area as well as tertiary care to hospitals outside the catchment area.

Developments in 2008

PaRIS/EPR

The success of the PaRIS/EPR project is ongoing. The past year saw upgrades to the system. These upgrades will deliver the radiographic images to the desktop much faster than was previously possible, and therefore have reports for imaging with the least delay possible.

Images from the newly opened PET/CT scanner are now part of the PACS Archive and can be viewed throughout the Hospital via the ProVision Web.

In September, Keith Morrissey left his position as PACS Manager and has been seconded to the National NIMIS Project for the HSE. Áine Quinn has taken over his role as PACS Manager for St. James's.

PET/CT

The new HSE-funded PET/CT scanning project was completed in December 2008. The scanner is situated in the ground floor of Hospital 1. This former ward has been

refurbished extensively and now houses a GE Discovery VCT PET/CT camera which has 64-slice CT capability. This means that as well as providing accurate registration of the PET and CT images, patients are able to have full diagnostic CT scans at the same time. This combination of techniques reduces the total radiation dose to the patient.

The PET/CT unit is headed by Dr. Ciaran Johnston, Consultant Radiologist. Dr. Johnston studied for his Fellowship through the Radiology Training scheme here in St. James's Hospital and went on to posts in Boston, USA and St. Bartholomew's Hospital in London, UK. His return is very welcome and already his experience in the PET/CT field has extended the scope and intricacy of the scan parameters available. The Clinical Specialist Radiographer leading the PET/CT radiographic team is Ms. Helen Ryder.

The PET/CT service will extend beyond St. James's Hospital to the HSE hospitals. As the only publically funded PET/CT, this will provide great clinical benefit to cancer patients throughout Ireland.

Musculo-Skeletal Radiology

2008 saw the appointment of a dedicated musculo-skeletal radiologist. The service has further expanded with performance of diagnostic and therapeutic musculo-skeletal radiology procedures including dedicated magnetic resonance imaging, fluoroscopic and CT guided injection and biopsies. There has been further close collaboration with the interventional radiology service which has led to an increase in the number and complexity of vertebroplasty cases.

Interventional Radiology

2008 saw further expansion in Interventional Radiology services. The numbers of patients treated in Interventional Radiology (IR) was up by 10% on the previous year with services being provided not only to patients from within the catchment area but also to patients referred for tertiary Interventional Radiology care from all over Ireland. There was a successful expansion of the Acute Intraarterial Stroke Thrombolysis Service in conjunction with Drs. Harbison and Doherty, and the benefit to patients treated was clearly an indication that future demand and national expansion of this service is likely. Minimally invasive tumour therapies such as drug-eluting embolic particle embolisation liver tumours, in which Drs. Ryan, Guiney and McEniff were involved in early clinical trials, showed its continued success. The numbers of radiofrequency ablation treated tumours also increased during 2008, and the first primary lung cancer treated by RF ablation at St. James's Hospital was performed during 2008.

Expansion of Mammography/Breast Ultrasound/Bi-opsy Services

Breast Radiology continues to provide a high quality service to St. James's patients and plays a central role in the Multidisciplinary Breast Care team. 2008 has seen an increase in activity in all facets breast radiology.

The diagnosis, staging and preoperative localisation of breast lesions requires the use of many radiological modalities including mammography, dedicated breast ultrasound, MRI, CT and nuclear medicine. Activity in all these areas saw an increase in 2008 (see table), reflecting the increase in activity in the Breast Clinic. In addition, the adoption of image guided core biopsy as a preoperative standard in 2008 saw a threefold increase in this procedure when compared to 2007.

Symptomatic breast services nationwide were the first to be subject to audit by HIQA during 2008. The breast radiology service in St. James's was found to be wholly compliant with accepted international standards.

Breast radiology has an increasing role in the academic output of the Breast Service, and research on ultrasound guided biopsy of axillary nodes in breast cancer patients was presented at the prestigious San Antonio meeting in December.

MRI Research Scanner

CAMI, The Centre for Advanced Medical Imaging opened its doors on Oct 1st 2008. This €4M development, wholly funded by the Health Research Board (HRB) houses a dedicated research MRI scanner. It is the first full-time research imaging centre of its kind in Ireland. Research will initially focus on improving management of cardiovascular diseases, cancer and neurological disorders through improved diagnosis. The scanner operates at a very high magnetic strength (3T, twice the strength of routine diagnostic scanners) which affords the potential for more detailed imaging and improved diagnosis. Staff include Dr. Meaney, the clinical director, Dr. Gerard Boyle, Scientific Director, Dr. Andrew Fagan, Physicist in charge and Aiz Tacaks, Senior Radiographer.



SERVICE TRENDS

Comparable Activity Analysis by Modalities

Imaging Modality	2007	2008	Variance
General Radiology	107,632	109,229	8%
Maxillo Facial	5,724	4,766	-20%
G.I.	1,474	1,614 (incl IVP)	
I.V.P	123		
Mammography	2,926	3,429	15%
Ultrasound	11,373	13,094	13%
C.T.	20,941	22,595	7%
Interventional Radiology: Therapeutic	2,560	2,511	-2%
Interventional Radiology: Diagnostic	447	513	13%
Nuclear Medicine	3,274	2,770	-18%
M.R.I	4,934	4,952	0%
Coronary Angiography	4,415	4,483	2%
Total	165,823	169,956	2%

ORIAN Directorate



Dr. Jeanne Moriarty
Clinical Director

Ms. Cora Keary
Business Manager

Ms. Fiona Murphy
Nurse Manager

Introduction

The ORIAN Directorate comprises of Operating Rooms, Anaesthesia, the Intensive Care Unit (ICU), the High Dependency Unit (HDU), the Pain Medicine Service, Endovascular and LASER Unit and Sterile Supplies, providing anaesthesia, theatre, critical care, pain medicine and sterilisation services for the hospital.

Developments in 2008

- The Department of Anaesthesia, Intensive Care and Pain Medicine moved to a purpose-built area on the 2nd floor, comprising offices, an IT room and a seminar room to facilitate the development of the Intensive Care Unit and to accommodate the needs of 23 consultants and 28 trainees
- The ICU project, led by Ms. Una Healy, comprises an additional four isolation rooms on the sites vacated by Anaesthesia, Intensive Care and Coronary Care staff, an ancillary building on three levels for office and storage space for Intensive Care, a new Medical and Bio-engineering workshop and changing and rest facilities for ICU and CCU staff. The additional 3 HDU beds built in 2007 remain unfunded

- Theatre lights and theatre tables are being replaced, as part of the three year theatre re-equipping program. Additional endoscopic equipment was purchased, with a new Sterilox system to provide increased capacity and facilitate removal of the Steris system in compliance with best practice in sterilisation processes
- The WHO “Time Out” policy for safe surgery was introduced in July 2008
- The upgrading of the Hospital Sterile Supplies Unit continued, with the installation of 4 new washers, ancillary building and equipment to support these in May 2008, with no disruption to service
- Of the 21 technicians in HSSU, 5 completed the Fetac Skillvec Level 5 Course. 2 have progressed to the Level 6 course, while 6 others have commenced the Level 5 course
- The Pain Medicine service received a grant from the Foundation for equipping the Mindfulness program
- 232 candidates undertook the ALERT course, facilitated by Ms. Sacha Clifton, CNMII HDU, with 44 external candidates
- 6 nurses completed the Foundation course in Intensive Care Nursing
- 6 nurses completed the Postgraduate Diploma In Intensive Care Nursing
- 3 nurses are undertaking the Postgraduate Diploma in Peri-operative Nursing
- All courses are in conjunction with Trinity College Dublin
- The certified An Bord Altranais (category 1) Laser annual study day ran with 40 participants
- 2 staff nurses (from Theatre 5) completed the laser competency development program, a 6-week module, under the direction and supervision of Ms. Mary Kilmurray, Laser CNS
- The new consultant contract was taken up by 21 of 23 consultants in the Department of Anaesthesia and Intensive Care Medicine, facilitating ongoing service development

The Department of Anaesthesia, Intensive Care and Pain Medicine

The Consultants and trainee medical staff of ORIAN provide anaesthesia, intensive care and pain management services throughout the hospital. The Department is recognised for training in anaesthesia, intensive care medicine and pain medicine by all post-graduate colleges in Ireland and the Faculty of Intensive Care Medicine of Australia New Zealand. Dr. Peter Vaughan is the Chairman of the Department.

There are three designated College tutors and members of the Department are active participants in teaching throughout the hospital.

Theatre

All surgical specialties, pain medicine, gastroenterology, hepatology and cardiology use the theatre facilities and services. The theatre provides an endoscopy service for elective and emergency procedures, with 2,147 endoscope reprocessing episodes. 186 central venous access devices were placed for non-surgical patients. In 2008, there were 8,199 procedures in theatre, 6,338 elective and 1,861 emergencies.

109 procedures were performed in Burns Theatre 2008. There were 225 procedures in the Endovascular Theatre.

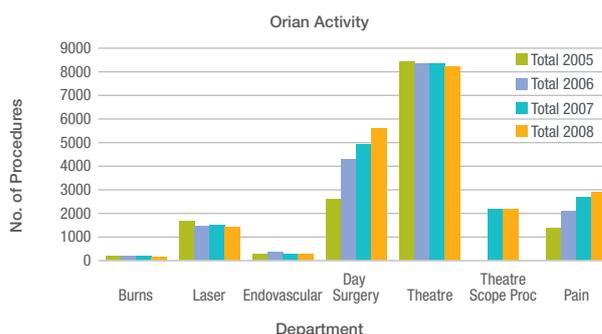
Mr. Norman Jones was appointed CNMII in Recovery, Ms. Florence Osiadi Acting Clinical Facilitator and Ms. Ann Murphy Fetac Facilitator (0.5).

Day Surgery Centre

Interventional radiology and vascular surgery were allocated beds in the Day Surgery Centre. Additional sessions were allocated to interventional Pain Medicine.

5,540 surgical procedures were performed in the Day Surgery Unit. 344 dermatology procedures were performed in the Moh’s clinic.

Activity



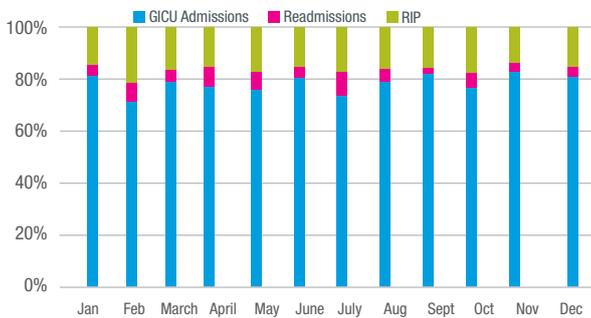
ICU and HDU

The 15 beds in ICU were fully operational in 2008. Bed occupancy was 98%. There were 699 admissions (AVLOS of 7.5) The four-bedded HDU had 616 admissions.

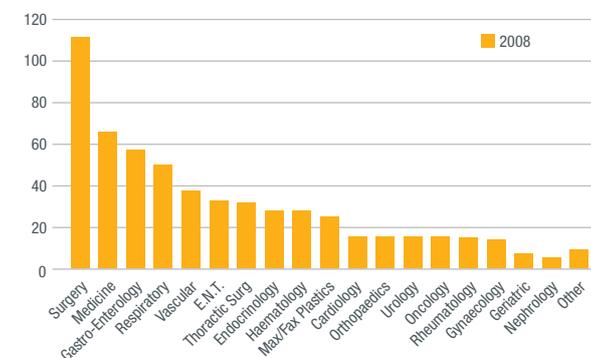
Both ICU and HDU provide medical care for critically ill patients with potentially reversible conditions requiring organ support. Due to pressure on beds an increasing number of critically ill patients are ventilated in HDU (67). This resulted in cancellations of elective surgeries requiring HDU post-operatively. In addition 45 ICU/HDU patients were treated in the theatre recovery area.

One patient was treated in ICU with the NovaLung, which is an external ventilatory assist device, reducing the risk of barotrauma from mechanical ventilation in severe lung injury. Dr. Jeanne Moriarty became the first Dean of the Conjoint Faculty of Intensive Care Medicine established in December 2008. Activity data for ICU is generated through CareVue®, by Ms. Mary O'Connell. The current system has reached full capacity and needs to be upgraded to incorporate the additional ICU and all HDU beds (not currently on the system).

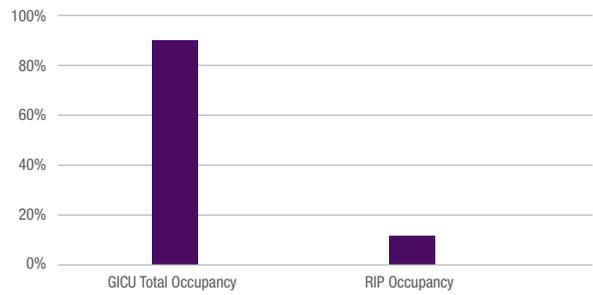
Activity data for ICU



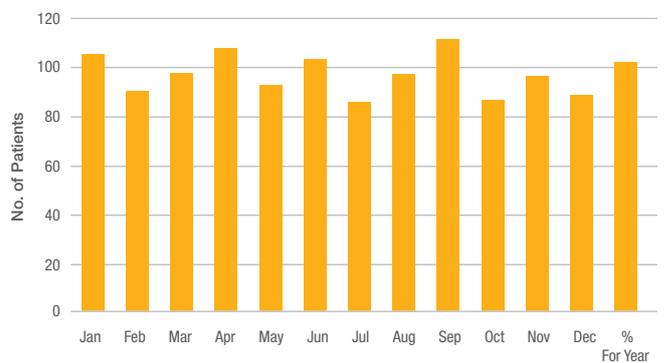
ICU Specialities treated in 2008



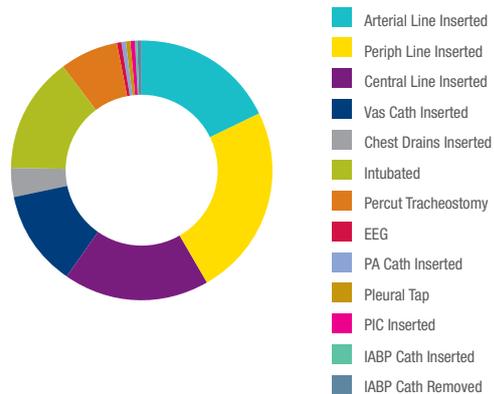
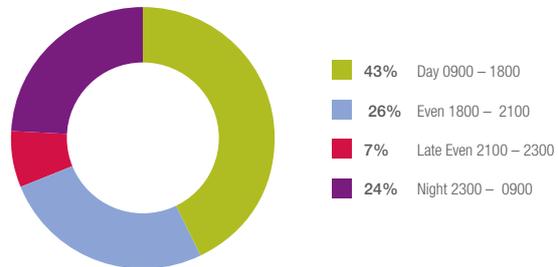
Total Occupancy



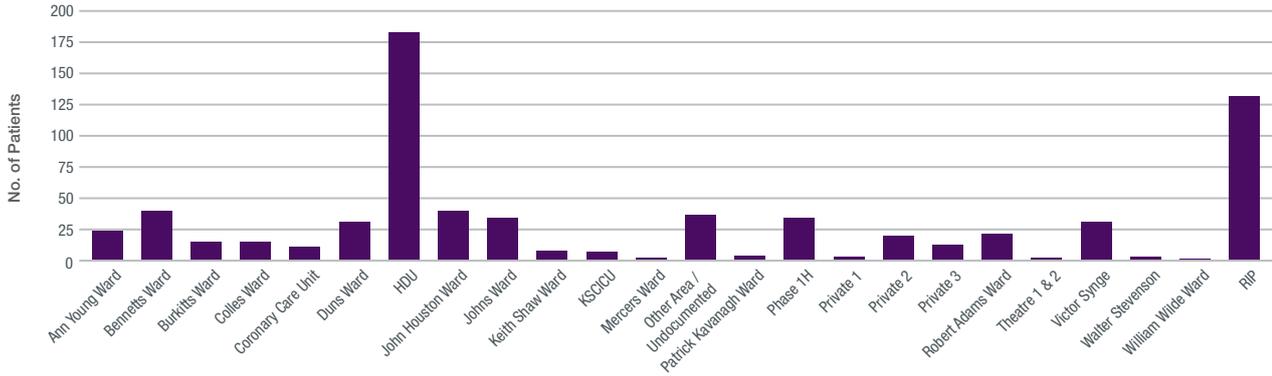
GICU % Bed Usage 2008



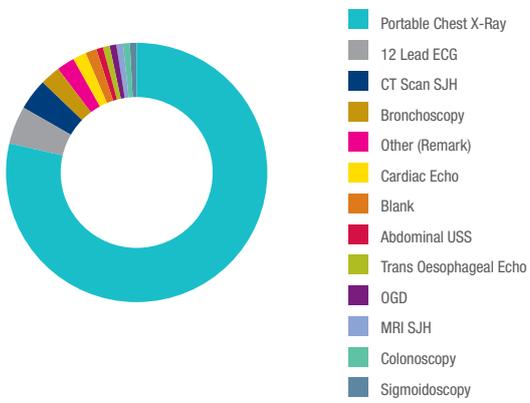
Discharge time of patients from ICU Jan 08 - Jan 09



Transfers out of GICU



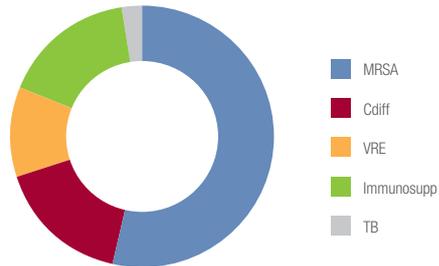
Nursing Interventions recorded in 2008



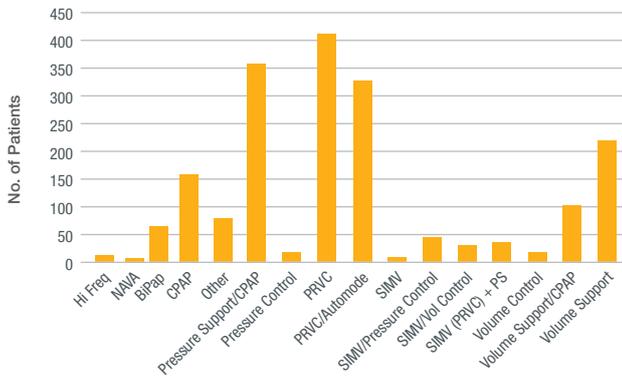
Requirement for Isolation

Isolation reason	No. of pts 2008	% of overall GICU occupancy	Bed Days occupied	No. RIP	% of group RIP
MRSA	108	15.5%	1468	28	26%
Cdiff	34	4.8%	813	14	41%
VRE	23	3.2%	383	8	35%
Immunosuppression	33	4.7%	505	17	51.5%
TB	5	0.7%	116	0	0%

GICU: Reason for Isolation 2008



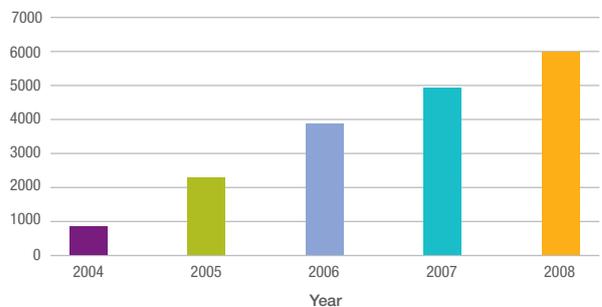
GICU Modes of Ventilation 2008



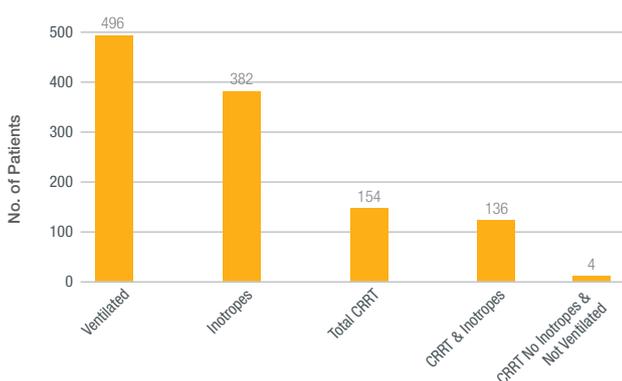
Pain Medicine

Since Interventional Pain Medicine was established at St. James's Hospital in 2004 in-patient referrals have increased from 116 in 2004 to 1499 in 2008. Activity is expected to increase further with the reconfiguration of cancer services.

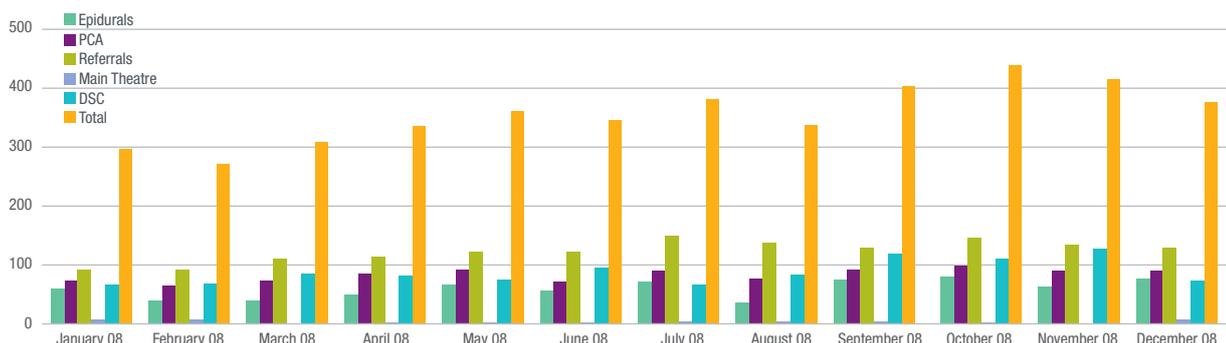
Annual Pain Service Activity



Ventilation and CRRT in GICU 2008



Pain Service Activity 2008



The service 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, in addition to epidural and PCA therapy, interventional pain therapies, consultant outpatient clinics, a mindfulness clinic and a nurse-led education clinic.

Ms. Lynn Robb was seconded to the Pain Team as locum for Ms. Carmel Daly.

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

Laser Unit

The Laser Suite is a stand-alone unit with 2 laser controlled treatment areas, waiting room and recovery room, with 5 Class IV laser machines and provides laser treatment with general or local anaesthesia for 1 Dermatology Consultant and 4 Plastic Surgery Consultants.

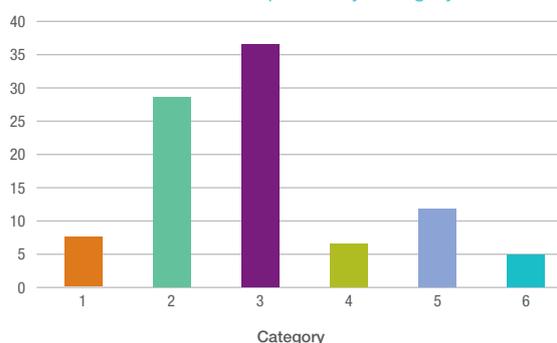
An accredited Laser Nurse Specialist (laser safety officer) manages the service and is primary operator of the laser machines. The Unit provided 1,385 treatments in 2008.

Hospital Sterile Services

The Hospital Sterile Services Unit continued to benefit from hospital investment in 2008.

The Department has also progressed its management and response to adverse incidents or complaints arising from the reprocessing of reusable invasive medical devices. The table below summarises the six types and quantities of incidents reported throughout 2008.

Risk Occurrence Forms Reported By Category



Category	Description	Quantity
1.	Instrument Sets reprocessed without Gallipots, Receivers, Jugs etc.	8
2.	Instrument Sets reprocessed without a required specific instrument within.	29
3.	Instrument Sets reprocessed with incorrectly assembled instruments.	37
4.	Instrument Sets reprocessed with query over integrity of set – post sterilisation.	7
5.	Instrument Sets reprocessed with inadequately cleaned and disinfected devices within.	12
6.	Instrument Sets reprocessed with extra instruments within.	5

The total number of risk occurrence forms submitted throughout 2008 was therefore 98.

The total throughput of reusable surgical instrument sets in 2008 was 16,308.

SCOPE Management Unit



Philomena Flood
Manager

Patricia Reilly
Administrator

Ms. Gina O'Donohue
Speech and Language Therapy Manager

Ms. Claire Browne
Clinical Nutrition Manager

Ms. Angela Keane
Social Work Manager

Ms. Niamh Merriman
Occupational Therapy Manager

Ms. Niamh Murphy
Physiotherapy Manager

Introduction

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

New Developments/Quality Initiatives 2008

- The SCOPE Mission Statement and Values was revised and a 5 year Strategy Plan was drawn up during 2008
- Five Team Based Performance Management (TBPM) teams met their goals aimed at improving the quality of service delivery to clients and embracing multidisciplinary working
- SCOPE staff working in the Burns multidisciplinary team was awarded a grant from the St. James's Hospital Foundation to enable them to attend the British Burns Association Annual conference in April 2008

Clinical Nutrition Department

Service Trends

- Inpatient activity increased by 1.5% in 2008 compared to 2007, while outpatient activity increased by 12%
- Further initiatives to improve attendance at outpatient clinics succeeded in reducing the DNA rate by almost 10% compared to 2007

New Developments/Quality Initiatives 2008

- Funding was received from SKILL to carry out a 12-month pilot project evaluating the role of the dietetic assistant in the acute hospital setting in Ireland
- A joint working group was set up between Clinical Nutrition and Speech & Language Therapy to improve interdepartmental communications and departments and implement joint initiatives
- Food models were purchased through the Foundation to provide visual teaching aids that enhance patient education. Clinical nutrition staff in cardiology also reviewed and updated dietary education sessions provided in cardiac rehabilitation
- The department is working with colleagues in the community to identify patients that are appropriate for dietetic review in the primary care setting
- Using the skills developed through behavioural change training, a 'brief intervention' was commenced with patients in the Chest Pain Assessment Unit resulting in a 12.8% improvement in the attendance rate at these clinical nutrition outpatient clinics
- A clinical nutrition outpatient satisfaction survey was completed, with 91% of respondents giving an overall service rating of "very good" or "good"
- A trial examining the safety and efficacy of an oral nutritional supplement is ongoing, with 38 patients completing the trial to date. Results are due in 2009
- Analysis is ongoing for the HRB study on obesity, metabolic syndrome and cancer. A paper on obesity and risk of postmenopausal breast cancer is pending publication in The Breast
- Ms. Aoife Ryan was awarded a PhD for her research into upper gastrointestinal cancer

Medical Social Work Department

New Developments/Quality Initiatives 2008

- Medical social work increased 'safe and timely discharges' for complex discharges by monitoring cases at an individual and departmental level and negotiating for resources on a needs assessment basis with Deputy Chief Executive Officer (DCEO) and Local Health Managers
- Social workers facilitated 1485 family meetings which provided a one-stop venue for patient/families and MDT teams to reach timely decisions about complex discharges. 140 Home Care Packages were organised, and 212 patients/families were assisted with transfers to nursing home care
- The team re-focussed the 'counselling' competency of hospital social work, in line with standards from Institute for Clinical Excellence (NICE) and the King's Fund report
- A patient satisfaction questionnaire was completed and piloted. The results showed a 93% satisfaction with social work services
- A 'Look Good Feel Better' programme, funded by Irish Cancer Society, for oncology patients was initiated. This programme addresses patient's physical and emotional issues and offers group support
- A 'Mindfulness-Based Stress Reduction (MBSR) programme was piloted for cardiac rehabilitation patients and is now an integral part of the rehabilitation programme
- Provided placements for 10 students and facilitated 'adaptation' placements for non-nationals seeking accreditation. An increase in the percentage of social workers from diverse cultures resulted in the department having fluency in English, Gaelic, French and Polish languages
- The GUIDE consultants and social workers initiated a pilot psychotherapy counselling service for patients who need in-depth therapeutic work
- Medical Social Workers provided lectures to post graduate nursing courses, medical students and to the FETAC skills programme

Occupational Therapy Department

Service Trends

Occupational Therapy outpatient contacts increased in 2008 by 4.4% and inpatient contacts by 7.5%.

New Developments/Quality Initiatives 2008

- Working with Community Occupational Therapy colleagues in LHO areas 3, 4, & 5, 165 patients requiring enabling equipment essential for discharge were facilitated without any delays
- Occupational Therapists in St. James's Hospital and LHO 3 are also in the process of developing a service in the community for patients who require follow up for non complex splinting post discharge
- The department achieved registration for custom made devices with the Irish Medicines Board in 2008
- A Falls Education Booklet was launched in 2008 in collaboration with our physiotherapy and medicine for the elderly colleagues. The booklet is now available for all patients throughout the hospital & community setting
- The Burns and Plastics service fundraised for an occupational therapy in order to facilitate a 3rd therapy led clinic. This post also increased therapy time provided to plastics inpatients by 28% and burns rehabilitation by 25.4%
- The new multi-disciplinary mobilisation protocols in plastics surgery were presented at a teaching seminar in November, 2008. In 2008 a qualitative audit was completed on the occupational therapy professional supervision programme

St. James's Hospital Foundation Provided

Funding for:

- A polytunnel for outdoor gardening for patients in Medicine for the Elderly Services to enable them to enjoy the sensory experience of gardening
- Outings for extended care patient's in Hospital 4 (Home from Home) in 2008. Trips to the Guinness Storehouse, Collin's Barracks, Dublinia Viking Tour and the Christmas pantomime were enjoyed by the residents

Physiotherapy Department

Service Trends

In 2008 patient activity increased by 7% due to continued efforts of all staff to improve processes and increase efficiency. The physiotherapy department provided 100,776 treatments to 6590 inpatients and 5090 outpatients.

New Developments/Quality Initiatives

- Julie Walsh, Clinical Tutor, was awarded one of the prestigious Therapy HRB fellowship grants. The title of her research project is; Novel Methods of Measuring Physical Activity in Patients with Cancer and the Role of Exercise Interventions. This research will be carried out in collaboration with the School of Physiotherapy and HOPE Directorate
- The provision of physiotherapy assessment and management of orthopaedic conditions in the outpatient fracture clinic commenced. This was introduced at Mr. Hanif's clinic with great success
- An outpatient hydrotherapy service in Islandbridge was expanded to include all musculo-skeletal patients and outpatient neurology patients
- A very successful head and neck and breast cancer musculo-skeletal physiotherapy outpatient service commenced in 2008
- MedEI service developments include a Slí Na Slainte walking programme for long stay patients in hospital 4. A strength training programme has been developed for patients in hospital 2. Greater flexibility in working hours by staff has increased clinical treatment time to patients
- Two Partnership change management projects lead by two senior staff grade teams were undertaken in 2008. The first project aims to identify staff grade on-call learning needs and the second project is introducing an improved communication and cross cover between specialities
- The department was awarded a number of bursaries to attend courses and to improve patient care from the St. James's Hospital Foundation
- Physiotherapists volunteered to provide physiotherapy to the mini-marathon participants after the race

Speech and Language Therapy Department Service Trends

In-patient referral rate and activity remains unchanged.

Out-patient referrals increased by 9% and activity increased by 3.5%.

New Developments/Quality Initiatives in 2008

- The practice tutor post was filled after remaining vacant for a year, this was a welcome development
- The implementation of a 'Communication Screening Programme' for patients in long term care settings
- Basic grade rotations were successfully rolled out during 2008
- Streamlining of out-patients services lead to reduced waiting lists/leaner provision of service across all speciality areas
- A collaborative ward based pilot education programme coordinated by speech and language therapists and clinical support nurses and delivered by speech and language therapists to staff on two wards on feeding, eating, drinking and swallowing for patients with dysphagia was successfully completed in 2008. Plan to roll this out to further wards in 2009
- Accessing the Arts programme was run for patients presenting with chronic Aphasia

SCOPe Education/Continuous Professional Development and Research Activities SCOPe

- SCOPe Administrator completed a 2 year NUI Diploma in Healthcare Management through the Institute of Public Administration
- SCOPe management and senior therapists took part in an Introduction to Lean Thinking
- Senior therapists attended the LEO Management Programme over 2008

Clinical Nutrition

- Seven BSc (Hons) Human Nutrition and Dietetic students were trained in 2008. The Department of Clinical Nutrition also facilitated the first Irish 'period of adaptation' for an overseas dietician, and supervised a student from the Netherlands for a 12-week research placement
- Three staff members received training in non-managerial clinical supervision, with additional follow-up training for a further 6 staff members
- Clinical Nutrition staff continued to participate in staff and patient education both within and outside St. James's Hospital. A working group was set up within the department to coordinate education sessions provided by clinical nutrition staff

Medical Social Work

- Staff training included Suicide Prevention, Elder Abuse, Mindfulness Stress Reduction and Cancer care
- Staff presented 5 posters at the national conference of the Irish Association of Social Workers, one of which (Autopsy & Bereavement Services) won an award and was later presented at the international conference on Bereavement in Healthcare in Scotland
- A study of a comparative review of Medical Social Work services in Emergency Departments in Ireland was completed by Dr. Una Kennedy, Ms. Sinead McGarry, Senior Social Worker, Dr. Una Geary and Rhian Hayes, Student Social Worker
- Four medical social workers participated in international conferences: British Burns Conference; Bereavement in Healthcare, Scotland; Haemophilia 2008 World Congress, Turkey; European Haemophilia Consortium Conference, Dublin; DEBRA International Conference, Belgium
- Further education: 1 MSW began a Counselling Diploma course from DCC; 1 MSW completed 2-month course at DCC funded by Irish Cancer Society; Clerical Grade IV began a 2 year Certificate in 1st Line Management



Occupational Therapy

- Health Care Assistant Fetac Skills Course completed by one OTA
- Five therapists completed the Bobath neurodevelopmental training programme

Occupational therapists participated in the following events:-

- Association of Occupational Therapists of Ireland annual conference in April 2008 - topics presented were Cognitive Stimulation Therapy and Professional Supervision
- Neurology Rehabilitation Conference in Southampton – topic presented “A study to explore the impact of caring for a person with a stroke on the primary carer” at the Burns and Plastics therapy presentation delivered at Irish Hand Surgery Annual Conference, 2008

Physiotherapy

- Three physiotherapy assistants have completed the FETEC level 5 award
- Several Masters are being undertaken. Topics include inspiratory muscle training (IMT) in thoracic surgery patients, IMT and COPD patients, activity levels in patients post hip fractures, physiotherapy intervention in patients 3 months post hip fracture, exercise and PAD to include

some. Physiotherapists are doing postgraduate courses in Lean and Quality Systems in Healthcare in addition to clinical masters

Speech and Language Therapy

- Staff were involved in running several training days for staff in the hospital and from outside including; Aphasia training day Communicating with Confidence for SCOPe staff working with patients with communication difficulties and a Surgical Voice Restoration course run by Seniors in Head/ Neck Cancer specialty
- One of the department's senior therapist's was appointed vice chair of the professional body (Irish Association of Speech and Language Therapists)

Pharmacy Department



Mrs. Veronica Treacy

Director of Pharmaceutical Services

Mr. Shaun Flanagan/Ms. Gail Melanophy

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 2008.

Developments in 2008

- Appointment of a permanent Director of Pharmacy, Mrs. Veronica Treacy and Chief 1 pharmacist, Ms. Gail Melanophy
- Completion of a new two storey storage and delivery area for pharmaceuticals which increased the overall floor area by one third. This temperature controlled environment has improved the supply chain management of pharmaceuticals in St. James's

- Expansion of pharmacy service to TB clinic with an increase in outpatient sessions, inpatient counselling and supply, consultant ward rounds, patient education and clinical advice to health professionals
- Registration of the St. James's Hospital Pharmacy Department, with the Pharmaceutical Society of Ireland under the Pharmacy Act 2007
- Appointment of a permanent anti-microbial pharmacist
- Establishment of a designated secure air conditioned area as a clinical trial facility for research, in compliance with Good Clinical Trial Practice

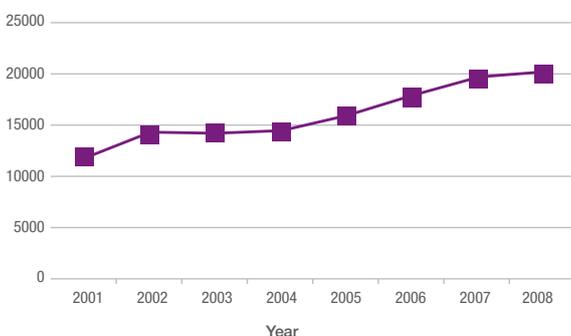
Dispensary and Distribution Services

The Dispensary continued to provide the top-up service to the Hospital in 2007. The Hospital's drugs spend increased significantly in 2008 while the volume of dispensing increased by 3%.

During 2008 the Pharmacy implemented an online ordering system for nursing staff to order new patient medicines on Saturday and Sunday mornings, linked into the emergency duty opening hours. The system has produced a major improvement in workflow in the dispensary. The length of time nursing staff spent contacting the pharmacy during emergency opening hours has reduced.

However, the Emergency Duty Pharmacy Service – available for urgent, out-of-hours supply of medication or information to staff at this hospital – has seen weekend dispensing increase by 60% since 2001. This presents significant challenges to the Pharmacy staff. In 2008, it represented 5% of the total activity of 391,862 transactions.

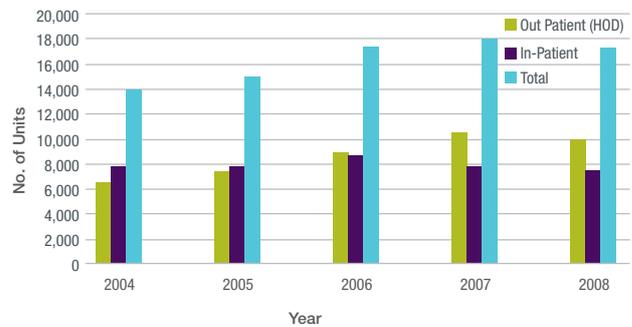
Number of weekend transactions



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 graph below shows the ACU production figures, year on year, for the last 5 years.

Aseptic Compounding Unit-Production Figures



In 2008 a process deviation working group was established. The aim of the working group is to review and trend, at regular intervals, all errors (or near misses) that occurred in the production process and to identify actions required to reduce the risk of errors. The working group has successfully targeted key areas in the manufacturing process with the error rates reduced over the 12 month period.

In 2008 a quality control (QC) working group was established to review the QC results, to identify trends and to assess the impact of any actions taken on the QC results.

Both of these initiatives have contributed to the development of the Quality Management System within the ACU.

Clinical Pharmacy Services 2008

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 Reconciliation review on admission. Continued development of standardised form for clinical pharmacists recording a patient's medication history. This has recently been endorsed by the Madden Report, 'Building a Culture of Patient Safety' which stated that in order to succeed, medication reconciliation must be a 'formal, standardised process that is built into the system of care'

- Educating inpatients (and outpatients when appropriate) about medication prior to discharge. In 2008 a revised warfarin booklet and new alert card for patients was introduced. This was developed in conjunction with the SJH Warfarin clinic and Clinical Nutrition. From 2008, a log of pharmacist patient education on warfarin is now maintained on the Electronic Patient Record (EPR)
- Provision of medication record cards and patient information leaflets to enhance compliance with complex medication regimens. Liaising with Community Pharmacists to ensure that supply problems do not arise on discharge
- Liaison with specialist medical and nursing staff to review prescribing guidelines for the Hospital. In November 2008 a prescription legibility review was conducted and results reported to Pharmacy and & Therapeutics Committee
- Continued involvement in clinical trials in MedEl directorate
- Full review of intravenous drug administration guidelines was undertaken in 2008, new folders will be issued to wards in early 2009
- Development of Prescribers Guide 2009 also commenced

GUIDe SERVICES

The GUIDe Pharmacy is an onsite satellite pharmacy responsible for the provision of both a pharmaceutical supply and clinical pharmacy service to all HIV inpatient and outpatients. This is similar to the service outlined in the general clinical pharmacy services. Pharmacy records are also maintained for each patient, recording specific drug regimens, compliance issues, drug resistance patterns and side effects of medications. The onsite facility aids in the provision of both prescribing advice and a medicines information service.

The GUIDe pharmacy experienced a continued growth in the number of patients receiving anti-retrovirals and other related HIV medications, in both the HIV and HIV-Co-infection clinics and in those receiving TB meds in the once weekly ID clinic. The temporary appointment of pharmaceutical technician support has alleviated the extra workload generated by expanding services.

MSc. in Hospital Pharmacy

The M.Sc. in Hospital Pharmacy is a biennial practice-based course with a research project. It is designed to optimise the knowledge and skills of hospital pharmacists, enabling them to contribute positively to patient care in all aspects of medicines management. An internationally validated

competency based assessment is incorporated into the MSc. The course is provided by the School of Pharmacy & Pharmaceutical Sciences TCD, in collaboration with several teaching hospitals and is co-ordinated from St. James's Hospital. Ten students have successfully completed the Year 1 of the two year programme.

Education and Research Activities

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

Successful post-graduates in 2008:

- MSc Clinical Pharmacy UCC-Sinead Kelly and Emer Fogarty

Centre for Advanced Clinical Therapeutics (CACT)

Dr. Mary Teeling

Director

Professor John Feely

Medical Director

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

Several short courses, including clinical research methods, pharmacovigilance/drug safety and "Introduction to Aseptic Preparation" (in association with the compounding unit staff in the pharmacy department) were organised during 2008. A short course on pharmacoeconomics was organised by the Centre in association with the National Centre for Pharmacoeconomics and experts from the University of York. The Centre continued to work with the Royal College of Physicians in Ireland in organising introductory and advanced statistical courses for Specialist Registrars.

During 2008, the Centre continued its collaboration with Trinity College Dublin (in the organisation of the Postgraduate Diploma/MSc in Pharmaceutical Medicine) and with the School of Pharmacy, University College Cork in the organisation of the MSc in Clinical Pharmacy (distance learning course).

National Medicines Information Centre (NMIC)

Claudine Hughes

Chief II Pharmacist

Dr. Mary Teeling/Dr. Mary Jo MacAvin

Medical Advisers

Professor John Feely

Medical Director

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. Over 70% of enquiries to the NMIC in 2008 originated in primary care, with information in relation to administration/dose of medicines, adverse drug reactions and choice of therapy the most common types of information sought.

The NMIC proactively provides medicines information through its two publications, a monthly current awareness newsletter "Therapeutics Today" and a bimonthly therapeutics bulletin. Topics covered in 2008 (Vol.14) included Acne vulgaris, Rheumatoid Arthritis, Parkinson's disease and Drug Interactions.

All NMIC publications are circulated to doctors and pharmacists nationwide and are available on www.nmic.ie

National Centre for Pharmacoeconomics (NCPE)

Dr. Michael Barry

Clinical Director

The National Centre for Pharmacoeconomics (NCPE, www.ncpe.ie), which is based at St. James's Hospital Dublin, was established in Ireland in 1998 with funding from the Department of Health and Children. The Centre promotes expertise in Ireland for the advancement of the discipline of pharmacoeconomics through practice, research and education. Activities include economic evaluation of pharmaceutical products and the development of cost effective prescribing. The NCPE carries out research, focussing predominately on the economic analysis of high cost areas, such as anti-TNF therapy for rheumatoid arthritis. NCPE also contributes to the undergraduate pharmacology curriculum and postgraduate training.

The Centre has completed more than 50 evaluations for the Health Service Executive and the Department of Health and Children. Recent assessments included: Rivaroxaban (Xarelto[®]), Dabigatran (Pradaxa[®]), Ambrisentan (Volibris[®]), Melatonin (Circadin[®]), Sapropterin (Kuvan[®]) and Glucosamine (Dona[®]).

The NCPE conducted the Health Technology Assessment of the role of HPV vaccination in reducing the risk of cervical cancer on behalf of the Health Information and Quality Authority. The Centre recently collaborated with the National Cancer Registry in the assessment of the cost-effectiveness of screening methods for colorectal cancer.

Dr. Barry, Clinical Director of NCPE, is the incoming president of the International Society for Pharmacoeconomics and Outcomes Research.

Medical Physics & Bioengineering



Prof. Neil O'Hare
Head of Department

Dr. Geraldine O'Reilly
Deputy Head of Department

Introduction

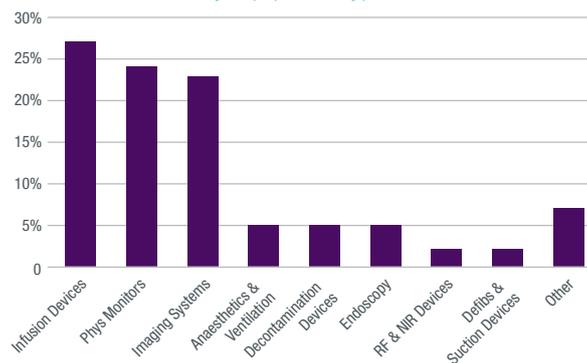
The Medical Physics and Bioengineering Department's teams of physicists, technicians and engineers draw on a broad skill base to provide St. James' with services in equipment management, clinical support, project management and safety. Operationally the department works in groups specialising in imaging technology, critical care and general medical equipment, sterile services and optical/endoscopic systems. The department also provides Radiation Protection Advisory services to a large number of external institutions.

Developments

- The appointment of the new head of department, Prof. Neil O'Hare and chief clinical engineering technician, Mr. John O'Meara
- Opening of PET/CT Centre. MPBE integrally involved in design and commissioning of the new centre which was completed in Summer 2008. New Principal Physicist post created and appointment made in September 2008

- Major equipment replacement project undertaken between September and December 2008. Key areas where equipment was replaced included ORIAN where a significant investment in instrumentation was made. In addition to replacement of instrumentation, the investment addressed some key recommendations from the decontamination report. Other areas where equipment was purchased included DiagIm where a new digital general x-ray room was installed along with vascular and general ultrasound systems
- Creation of six additional posts in co-operation with the HSE to support the external services function of the department which provides medical physics and clinical engineering services to external agencies
- Completed a Code of Practice on the 'Design of Diagnostic Medical Facilities Using Ionising Radiation' on behalf of the Radiological Protection Institute of Ireland (RPII)
- The department continued to develop its Equipment Management IT system with all areas utilising the system for both asset management and call logging by the end of 2008. The department currently supports over 3,400 assets with a capital cost of over €45M. In 2008, approximately 4,500 calls were answered in relation to the support of this asset base

Breakdown of Calls by Equipment Type



- Partner in European Contract to produce a document on 'Criteria of Acceptability for X-ray Equipment'. These criteria are required to support existing European & National legislation
- Awarded contract by the European Commission in the area of 'Medico Legal Exposures'. A major part of this contract will be the organisation of an international symposium that will be held in Dublin 2009

- Departmental members continued to have involvements in many national and international committees and projects. Such involvement is strongly supported by the department. Areas of involvement include:
 - Board Member – Radiological Protection Institute of Ireland
 - Project Lead – National Integrated Medical Imaging System (NIMIS) Project (HSE)
 - Chairperson – Association of Physical Sciences in Medicine
 - Committee Member – Article 31 Group of Experts, (EU)
 - Physics representative on the Dental Council

Education/Training Activities

Since its foundation MPBE has strongly valued education, training and research and considers these areas as being drivers to its success as a progressive, knowledge based Department.

- Co-ordinated and delivered the MSc Physical Sciences in Medicine (TCD)
- Co-ordinated & provided lecturers to the Physics programme for Part 1 Fellowship in Radiology, RCSI
- Co-ordinated & provided lecturers for Radiation Protection Module for Diploma in Nuclear Medicine, TCD
- Delivered modules in Medical Physics & Imaging to a number of academic institutions including Dublin City University, University College Dublin, Dublin Institute of Technology & Trinity College Dublin
- Members of the MPBE developed the International Atomic Energy Agency (IAEA) website information for health professionals and patients for dental and DXA radiology specialities (2007/2008)
- The Department ran a one day course in Radiation Protection for Dentists. A number of short radiation protection lectures were presented to non-radiology staff in external hospitals to which we provide radiation protection advisory services
- Facilitated a number of work experience placements including two six month placements of third year students from DIT
- MPBE in conjunction with two major suppliers organised the first double balloon endoscopy workshop in Ireland. This was attended by medical personnel from around the country



Research Activities

The department continues to supervise and support a range of MSc and PhD projects in areas such as Diagnostic Imaging, Radiation Protection, Device Development, Ultraviolet Radiation Dosimetry, and Magnetic Resonance Imaging.

E-Medi

This three year European Commission funded e-learning project in breast imaging concluded in 2008. MPBE and Diagnostic Imaging provided expertise on designing clinical teaching material to the project partners. The project has received a positive review from the funding agency and an extension is being sought.

EMITEL

MPBE contributed to the Leonardo Programme funded EMITEL project to develop an on-line Medical Physics encyclopaedia.

CAMI

(Centre for Advanced Medical Imaging): The HRB funded 3T research MRI system opened in 2008, with significant input from MPBE. A full time MPBE MRI research physicist was appointed to the centre.

Eye tremor research

Science Foundation Ireland awarded a €128,000 research Frontiers Grant to the MPBE/MIRA research group to fund the development of eye tremor measurement technology. The group progressed research on improving signal processing methods for eye tremor and the investigation of clinical changes in tremor. Two researchers from the group took part in a collaborative placement with the Martinez Conde Vision Laboratory in Arizona.

Medel/TRIL Research

The TRIL research clinic (MIRA) continued to assess older people during 2008 for falls risk factors, social connectivity and cognitive function. MPBE provided support for the assessment process and data analysis across a number of projects within TRIL. Several novel cross disciplinary projects on technology in the care of older people were carried out by MPBE in association with clinical staff. These projects stem from a long running collaboration with MedEL on applications of technology. Projects included the development of a new method of assessing balance, a study of biofeedback to improve gait in Parkinson's and the assessment of computer games in stroke rehabilitation. Postgraduate work to progress understanding of cardiovascular system behaviour in fallers using engineering methods and models continued in co-operation with the Falls and Blackout unit.

General Support Services



Mr. Craig Robertson
General Support Services
Manager

Ms. Grace Rothwell
Head of Hygiene Services

Mr. Paul Byrne
Catering Manager

Mr. Alan Buckley
Security and Allied Services
Manager

Mr. David Graham
Portering Services Manager

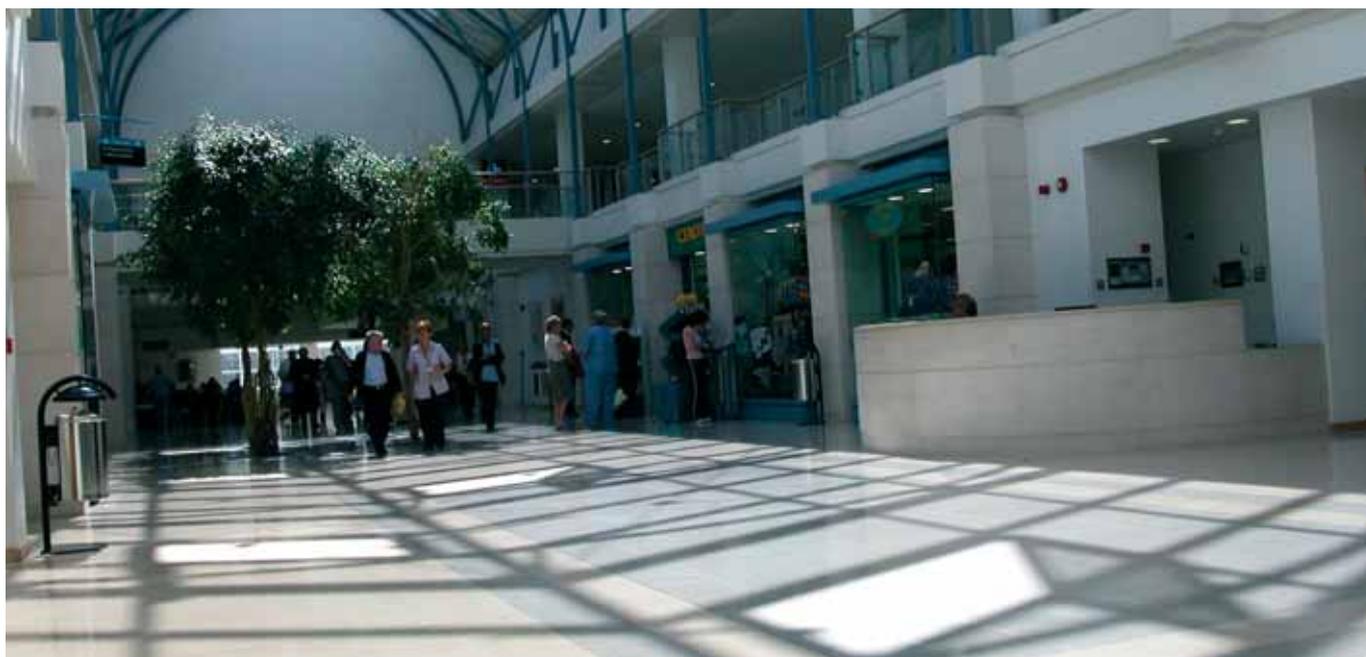
Fr. Brian Gough
Head of Chaplaincy

Introduction

General Support Services is the group of non-clinical support services comprising catering, cleaning, portering, security, chaplaincy, laundry, communications, and environmental services.

Key Developments

- St. James's Hospital achieved a 'Good' rating from the Health Information and Quality Authority. This rating demonstrated a significant improvement on 2007 given the number of 'A' ratings received in 2008
- Improvements in the recycling of various waste streams resulted in 19% of non-risk waste being diverted from landfill
- A new laundry policy which included colour coded segregation was developed as part of the Quality Improvement Programme
- The Rialto Coffee Shop was successfully decommissioned and relocated to temporary facilities adjacent the Garden Hill Restaurant to facilitate the extension of H7U6
- The refurbishment programme for ward pantries continues with a further 4 pantries completed in 2008



Telecommunications Department

In late 2008 Frank Hennelly, Department Supervisor, retired after 25 years service with the hospital. Continuing the development of IP (Internet Protocol) telephony within the hospital, the call management system was replaced by the Arc system which facilitates access to greater information for the telephone operators and managers.

Environmental Services

In addition to an increasing commitment to recycling, a 'Risk Waste Audit' was carried out and the results serve to support the development and improvement of ongoing segregation of the various waste streams. Regular meetings with service providers promotes good working relationships and ensures a broader perspective in the continued reduction of non-risk waste for landfill and the corresponding increase in waste for recycling.

Laundry Services

The Laundry Services Department manages the bed linen service for all wards and departments throughout the hospital. Additionally it provides a laundry service for a number of different lines including clothes for long stay patients, uniforms and white coats, mops, curtains and other miscellaneous items. Together with the launch of the new Laundry Policy, audits were facilitated to increase staff awareness of and compliance with the new policy.

Housekeeping Services

Arising from the report of the Health Information and Quality Authority in 2007, St. James's Hospital was committed to attaining the Hygiene Award in 2008. The Quality Improvement Programme was updated on a continuous basis during the year with significant initiatives undertaken by the various departments associated with hygiene services, all designed to assist the hospital in maintaining a standard of hygiene that safeguards the well-being of patients, staff and visitors alike. In order to ensure the proactive identification, development and implementation of quality improvement opportunities for the service delivery aspects of hygiene services the Head of Housekeeping assumed the additional responsibility of the Environmental Services and Laundry Services Departments and was appointed Head of Hygiene Services.

Catering Department

The Catering Department provides a selective menu for patients, offering a range of dishes which are also suitable for patients on modified diets. It prepares and distributes almost one millions patient meals a year and provides restaurant and coffee bar services to staff on site. Comprehensive monitoring of the catering system, based on HACCP principles, is enforced so that operational procedures are systematically checked as a matter.

Nursing Services



Mr. Paul Gallagher
Director of Nursing

Introduction

The Nursing and Healthcare staff have continued to demonstrate their commitment to the delivery of quality driven and safe patient care throughout the year. 2008 has provided the profession with a number of challenges including recruitment and retention of staff, and maintaining a good level of skill mix with the ultimate goal in achieving the highest possible standard in patient care.

Recruitment Statistics

Total number of Staff Recruited = 224

Breakdown by Nationality

- Irish = 156
- EU = 15
- Non EU = 53

Total Number of Resignations = 197

Average monthly vacancy rate = 66

Turnover = 9.48% (15.4% in 2007)

Key Developments 2008

Introduction of the 37.5 hour working week for nursing staff

St. James's Hospital was one of the first hospitals to introduce the 37.5 hour working week for nursing staff. A unified approach was adopted by all grades of nursing staff to ensure that this initiative was introduced. Nursing staff worked very closely with the nursing trade unions and the challenge was embraced in a supportive and positive manner.

Nurse Bank

The Nurse Bank was established in September 2007. The process of centralising the bookings of all additional hours required in the clinical setting was bedded down in 2008. Cost benefit analysis is carried out on a quarterly basis and this process has demonstrated the financial benefit of this project to the organisation.

Restructuring of Nurse Management (Non-Core Hours)

In December 2008, the Site Nurse Management function was changed from core hours to non core hours on a trial basis. The purpose of this initiative was to focus on providing senior nurse management support at the grade of Assistant Director of Nursing, to staff working throughout the hospital.

Nursing Research

The Nursing Research Access Committee (NRAC) was established in 2007 and it continues to oversee and manage the access by researchers to nursing and healthcare assistant staff across the site. Close links have been maintained with the School of Nursing and Midwifery, Trinity College Dublin by the NRAC in an effort to strengthen the support for nursing research at St. James's Hospital. In addition the NRAC held the first annual seminar in February 2007.

Education

Post Graduate Diploma programmes were available for Accident and Emergency, Operating Theatre, Intensive Care and Haematology Nursing.

- Undergraduate and post graduate nursing education programmes are carried out in close partnership with the School of Nursing and Midwifery, Trinity College, Dublin
- SKILL (Securing Knowledge Intra lifelong learning). St. James's Hospital has participated in this initiative since 2006. The programme provides an essential opportunity for support staff to return to learning. In 2008, twenty nine Healthcare Assistant staff completed this programme and another thirty six commenced it in September. The skills learned during this programme are applied in the clinical

setting as much as possible and this will be formally evaluated in 2009

Nursing Prescribing for Medicinal Products:

Significant achievements were made in 2008 to progress with this national project in conjunction with the Health Service Executive, Department of Health and Children and The Royal College of Surgeons. It is anticipated that a number of senior, clinically based nursing staff will become Registered Nurse Prescribers in March 2009.

Nursing Practice Development Unit

The NPDU aims to facilitate the implementation of evidence-based nursing practice for all patients, their families and carers at St. James's Hospital. The Nursing Practice Development Co-ordinator is supported by a Practice Development Facilitator, an Audit and Research Co-ordinator, 4 Clinical Support Nurses, 9.5 Clinical Placement Co-ordinators (CPCs), a Student Allocation Liaison Officer and a Tissue Viability Nurse Specialist.

The NPDU works to develop nurses and nursing practice by working closely with clinically based nurses, Clinical Nurse Managers (CNMs), Directorate Nurse Managers and the Centre for Learning and Development. Additionally, the NPDU works collaboratively with our Medical, Pharmacy, Clinical Nutrition, Speech and Language Therapy, Physiotherapy, Social Work and Occupational Therapy colleagues in promoting best practice in many aspects of patient care.

Developments in 2008

Support for practice development continues to be channelled through a committee structure and/or short-term working sub-groups with representation from inter disciplinary staff working in the clinical area. This team-based approach enables nurses to continuously examine and audit their practice and to implement and evaluate change where required in accordance with the best available evidence. The following committees, working groups and initiatives evolved or further developed in 2008 and were instrumental in continuing to move practice forward through establishing protocol, guideline and competency documents, the provision of study days and in-service training and through competency assessment at clinical level:

- Nursing In-Service Education Group – Two Nursing Clinical Skills Days were organised
- Insertion and management of naso-gastric feeding tubes
- Self Administration of Medication Programme (MedEI Directorate)

- Promotion of best documentation practices through quarterly auditing of documentation, supporting documentation link nurses and publishing of Multi-Disciplinary Abbreviation Guidelines
- Tissue Viability Practices which included revision of nursing documentation in relation to pressure ulcer risk and wound assessment and an annual Tissue Viability Study Day with country wide attendees
- Nursing competency development and updating of existing competencies hospital wide
- Review and development of Nursing Procedures, Policies, Protocols and Guidelines
- Medication Management (in close liaison with the Medication Safety Facilitator)
- Intravenous Practices including the development of a Multi-Disciplinary Protocol for the Management of Central Venous Access Devices
- Venepuncture and Cannulation Education and Training
- Nursing Practice Audit Group
- Compilation of resources for multi-disciplinary staff in preparing Posters and Abstracts to disseminate research and audit results
- Taped Nursing Handover was piloted successfully and continues to be rolled out across the hospital
- **Clinical Support Nurses**
The Clinical Support Nurses continued to support CNMs in their role by focusing on the continuous development of all general medical/surgical nurses in St. James's Hospital, and developing nursing practice in the clinical area
- **Non-EU Nurses – Adaptation Programmes**
In 2008 a further 54 nurses completed the induction and adaptation programme. A clinical support nurse co-ordinates the programme for non-EU nurses in St. James's Hospital. This entails working closely with the Nursing Human Resources Manager and Directorate Nurse Managers/CNMs/clinical staff to ensure 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 co-ordinating 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, Trinity College Dublin in the co-ordination, evaluation and ongoing development of the BSc Nursing undergraduate degree programme and promotion of an optimal clinical learning environment. Students' perceptions of the clinical learning environment are audited bi-annually and the CPCs work closely with CNMs and clinical staff in responding to any areas that require further development. In December the third group of BSc Nursing undergraduate degree programme nurses were presented with St. James's Hospital badges and certificates. Dr. Anne-Marie Ryan, Chief Education Officer at An Bord Altranais delivered the annual Anne Young Memorial lecture at that ceremony.

Educational Activities



William Stokes Postgraduate Centre



Dr. Finbarr O'Connell
Medical Director

The William Stokes Post Graduate Centre is an independent post graduate centre based on the St. James's Hospital site and represents a joint initiative between the Postgraduate Medical and Dental Board, St. James's Hospital, the 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.

The Haughton Institute

Ms. Dara O'Mahony

Executive Director (Acting)

Ms. Marion Bruce

Financial Controller

Ms. Samantha Windrum

Administrator

Ms. Joan Philips

Administrator

Corporate Status/Governance

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

Objectives/Purpose

The purpose of the Institute is to develop and help 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. These include;

Postgraduate Education and Training

A major component of the Institute's activity involves facilitating the introduction and running of education and training programmes. These include formally validated MSc's and Diplomas provided through Trinity College, but which frequently make extensive use of hospital staff and facilities.

Management and Funding of Research

The services involved under this heading are focused on hospital staff involved in research contracts and related activities. The Institute offers a service in the management of research funds that is complementary to the research policies

adapted by the Hospitals and College. The Institute manages research accounts ranging in size from €1000 to €700,000 and has about €7 million under management. It has cultivated the skills involved in the management of research contracts with both commercial agencies and various International/ National Bodies such as the EU. This leaves a high level of user-friendly services in the administration and support of research contracts available to staff and the agencies with which they work.

Regional Oncology Programme Office

6th International Cancer Conference – Cancer 2008

The 6th International Cancer Conference was held in Dublin Castle from Wednesday 7th to Friday 9th May. This three day conference was entitled 'Striving for Success in Cancer Care'.

On the opening day of the conference, a workshop focused primarily on the relevance of 'Cancer Clinical Trials in the 21st Century' and 'Integrating International Research' into clinical trials. This session included input from specialists such as: Professor Rick Kaplan from the UK, Professor Owen Smith from Crumlin Children's Hospital and Professor John Crown from St. Vincent's University Hospital, Dublin. On day two of the conference, the main focus was on the 'Strategic Directions in Cancer', 'Cancer Prevention' and 'Cancer Care'. Among the main contributors was Professor Donal Hollywood, St. Luke's Hospital and Institute of Molecular Medicine, St. James's Hospital, Dublin, - Professor John Reynolds, St. James's Hospital and Trinity College and Professor Patrick Johnston of Queens University Belfast who was the recipient of the 4th Cancer Strategic Development Award Lecture entitled "The Future of Cancer Medicine". The conference was be officially opened by the Minister for Health and Children, Mary Harney, T.D.

On day 3 of the conference, the focus was on "Defining Quality in Breast Cancer Care" and "Understanding Biology – Understanding Cancer". Also on Friday Dr. Scott Lippman of the USA delivered his keynote address on 'The dilemma and promise of Cancer Chemoprevention'.

Professor Mark Lawler of Trinity College and the conference organiser said "we had over 200 people at our conference all seeking an update on the latest developments and challenges on cancer prevention, treatment and care. The line-up of experts, from Ireland, US, UK and elsewhere, presented at the conference, ensure that all of us will learn from this event –



Professor John Reynolds, Regional Director, Cancer Services South West Dublin, Minister Mary Harney, Minister for Health and Children, Professor Donal Hollywood, Head of the Academic Unit for Oncology, TCD.



Professor Mark Lawler, Genetic Scientist and Conference Organiser, Professor Rick Kaplan, Leeds, UK, Minister Mary Harney, Minister for Health and Children, Professor Patrick Johnson, Queens University Hospital, Belfast winner of the Strategic Development Award.

and that our patients will ultimately benefit” The conference is organised in collaboration with St. James’s Hospital, Regional Oncology Programme Office, Health Services Executive, Irish Cancer Society and Trinity College, Dublin.

Your health is your wealth – community information evening on prevention and early detection.

Working with one of the RAPID (Revitalising Areas by Planning, Investment and Development) Co-ordinators for Dublin City Council the regional oncology programme office ran the community information evening in Camden Street. Short presentations were made on a variety of cancers, how to prevent them and how to recognise the early symptoms. It was a great success as many of the local community leaders were present and requests were made for more evenings.

These programmes have clearly demonstrated the benefit of close collaboration between seemingly disparate public agencies and the value of looking at the broader picture to identify the optimal approach when developing community information campaigns. Medical experts from the main centres working together with local government and the voluntary sector (ICS and MKF) to promote early detection.

A vision of a cancer network 5 years on

The Regional Oncology Programme Office produced and launched their 5 year report highlighting how so much can be achieved with very minimal resources through a central regional oncology programme office. It demonstrated experiences and lessons learned by developing a prototype cancer network model that embraced primary, secondary and tertiary care as well as community initiatives. Collaboration is the only way forward and optimum access and treatment outcomes for patients must remain the primary focus.

The report was launch by the Taoiseach at the time, Mr. Bertie Ahern, TD.

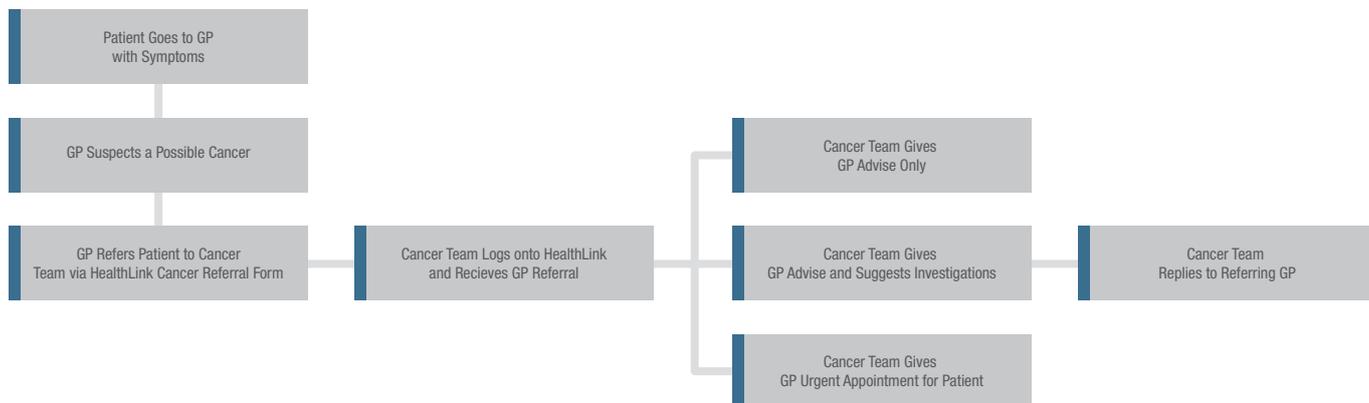
Development of electronic cancer referral forms with Healthlink

In 2008, the Regional Oncology Programme Office developed the first electronic cancer referral form in conjunction with Healthlink. We are delighted to announce that GPs in the St. James’s catchment area can now submit Gastroenterology referrals via HealthlinkOnline. The Upper GI Cancer referral will enable Professor John Reynolds, Consultant Surgeon, in St. James’s Hospital to have all the vital information needed prior to the patient attending the clinic. Work is currently underway to expand this facility to other cancer sites, in particular prostate cancer.



Professor Tom Keane, Interim Director, National Cancer Control Programme, Taoiseach Bertie Ahern, Dr. John Kennedy, Consultant Medical Oncologist and member of the Regional Oncology Strategy Group, Professor John Reynolds, Regional Director, Cancer Services South West Dublin.

The following algorithm gives an outline of the cancer referral process via healthlink



St. James's Hospital Foundation



Professor Donald Weir

(Emeritus Professor of Medicine, Trinity College Dublin)
Chairman

Ms. Edwina Hogan

Chief Executive



Liza Fitzgerald (Occupational Therapist) with Anne Slattery, a patient of the hospital, on a summer outing.

The role of St. James's Hospital Foundation is to facilitate and attract private financial contribution to the hospital. The Foundation is established as a unique limited company and governed by a voluntary Board.

The Foundation processes and disburses donations received and, through the establishment of Special Funds, provides a secure and accountable way for hospital departments and members of staff to accept donations.

	2008	2007	2006	2005
Donated income	€411,452	€581,815	€216,765	€67,456
Disbursement of funds	€184,089	€138,975	€109,120	€0

Donated income peaked in 2007 due to an exceptional donation given specially for the Cardiac Surgical Service. Donated funds in 2008 saw an actual and still satisfactory increase of €170,363 over 2006. Donated funds received during 2008 resulted from generous individual donations, third-party fundraising carried out by generous supporters from all over the country and from Foundation fundraising.

Disbursement of funds increased in 2008 also and included:

- 24 small grants awarded through the Foundation's Small Grants Programme for initiatives that ranged from upgrading the family room attached to the Acute Medical Admissions Unit, purchasing vital exercise equipment for long-stay patients of the National Burns Unit and providing a psychologist-led programme of education for cancer patients and their families to outings to the community for elderly patients and musical events for patients and staff. All of these initiatives were funded by donations given generously for the general benefit of the hospital
- The purchase and installation of a TV for each of the 21 isolation rooms within the Denis Burkitt Ward
- Investment in the National Maxillo-facial Unit funded from donations given for the benefit of head and neck cancer patients. New computer equipment was funded for development of a database of all patients presenting and for converting CT scans to 3D models for planning surgery and treatment programmes for patients
- Investment in the hospital's service for Stroke patients that has included the purchase of a special adjustable bed for Mary Mercer's Ward, the continuing education of a specialist physiotherapist and a study trip to the Stroke Unit at York University Hospital – all funded by donations given generously for the Stroke service
- The provision of more than 300 specialist facial reconstructive treatments for HIV patients funded most generously by third-party fundraising carried out especially for the Department of Genito-urinary Medicine and Infectious Diseases
- Extensive supplementary occupational therapy for patients with severe burns and hand injuries, provided from funds raised specially for patients of the National Burns Unit and the Plastic Surgery Unit
- Studies into Bowel and Lung Cancer, funded from donations given for Cancer Research
- Purchase and installation of a gardening tunnel in the grounds to facilitate a therapeutic gardening programme for long-stay elderly patients – funded by a grant generously given by the Community Foundation for Ireland





Programmes Division Reports

Quality Programme



Ms. Eilish Hardiman
Deputy CEO/Operations Manager

Ms. Carol Hickey
Quality Initiative Officer

Ms. Mary Fogarty
Accreditation Manager

Ms. Shannon Glynn
Risk Manager

Risk Management Programme

The Risk Management Programme within St. James's Hospital continues to promote a proactive risk management culture within the organisation. Risk Management Committee 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, which is a sub-committee of the Hospital Board.

The importance of reporting risks has been highlighted to staff at all levels of the organisation. This facilitates a culture of openness and a just and fair system of analysing risk is practiced.

Key Risk Initiatives in 2008

- More than 6,000 risk incidents were reported by St. James's Hospital staff in 2008 which is the highest number to date. Detailed analysis of incidents has allowed a number of improvements to be implemented thus increasing the safety of the organisation
- Risk Manager and Medication Safety Facilitator provided Systems Analysis training to line management within the organisation. This encourages risk management at local level and equips managers with the skills required to analyse and identify risk issues
- A Safety Culture survey was carried out in the Acute Medical Admissions Unit which measured safety against 7 international benchmarks. The AMAU scored highest in 5 of the 7 components. A number of safety measures were identified and implemented
- St. James's Hospital is participating in the WHO campaign 'Safe Surgery Saves Lives' and developed the Policy for the Prevention of Wrong Site, Wrong Procedure, Wrong Person Surgery. This policy incorporates a number of new safety initiatives including a 'Time Out' surgical pause and a surgical site marking requirement
- Tracheostomy Safety Facilitator continues to provide detailed analysis of tracheostomy specific risks. Collaboration with all groups of healthcare staff involved in tracheostomy use has enabled several quality improvements to be devised and implemented
- The Sterivigilance Programme, facilitated by the Sterivigilance Nurse has shown marked improvements, particularly in the area of pre operative assessment for Transmissible spongiform encephalopathies and in traceability of equipment used in the Theatre area
- A dedicated Medication Safety facilitator conducts detailed analysis and severity grading of medication errors. The total number of medication safety events reported for 2008 was 905, an increase of 8.5% relative to 2007. Recent achievements include an e-learning programme, redesign of Insulin Kardex and a tracking system for medical devices involved in a medication error

Accreditation

St. James's Hospital was awarded Accreditation by the Irish Health Service Accreditation Board (IHSAB) now the Health Information and Quality Authority (HIQA) in May 2006. Following a Continuous Assessment visit in October 2007 the hospital received a very favourable report, recommending continuation of the award and commended the clear evidence of continuous quality improvement across the organisation.

Throughout 2008 the Accreditation Teams continued to identify, implement and evaluate new quality improvements and initiatives in response to service development, the reported experiences of patients and staff and the external regulatory schemes introduced by HIQA.

Patient Advocacy Committee

The Patient Advocacy Committee (PAC) is a sub-group 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.

In 2008 a patient survey of satisfaction with the hospital's Breast Care Unit was undertaken and reported. Patients reported an overall positive experience specifically identifying access to the same-day diagnosis service and the ability and time taken by staff to discuss their condition and treatment in privacy.

The PAC produced two 'Welcome' Newsletters in 2008, which focused on communications with the hospitals surrounding community.

In 2008, a total of five Community Consultations were 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 give feedback to the hospital on areas where they believe improvements are needed.



Performance Indicator Programme

St. James's Hospital Performance Indicator Programme expanded significantly in 2008 and currently tracks 200 key performance 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.

In 2008 Indicators measuring cancer activity and access to all the diagnosis and treatment modalities were included in the hospital programme.

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 approached 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)

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

- Outpatient Non-Attendance (DNA)
- Inpatient daycare
- Acute AMI
- 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.

Planning & Commissioning Department



Niall McElwee

Project & Technical Services Manager

Introduction

The Planning & Commissioning Department is responsible for managing major and minor infrastructural developments which are coherent with the hospitals development control strategy and deliver optimum patient focused services in appropriate accommodation.

The department controls and guides capital funded projects through stages from concept; design; approval; tender; contract award; construction and equipping to the commissioning of a fully functioning facility.

Major Capital Developments are funded through Health Services Executive investment and supported through fundraising and research agencies.

Project Advisory Groups are established from key stakeholder representatives: patient groups, Health Service Executives, clinical, nursing and support services. These steering and working groups promote informed decision making in accordance with public procurement protocol and legislative requirements.



Developments in 2008

- Positron Emission Tomography (PET/CT) facility opened in Hospital 1
- 3T Magnetic Resonance Imaging (MRI) established (HRB funded)
- Design completed for Haemophilia & Hepatology Inpatient Facility
- Two storey extension to Pharmacy Department
- Clinical Research Facility (Wellcome Trust) design completed
- Clinical Skills Laboratory established
- Expanded intensive care facilities
- Renovated and extended patient ward facilities to provide additional 11 beds including 5 single rooms
- Decanted Department of Anaesthetics to custom built facility
- Created purpose built support accommodation for critical care staff
- Cathcor system upgrade commenced in Cardiac Cath Lab
- Skull X-Ray equipment replacement and renovation programme
- Completed 3 year phased replacement operating theatre instrumentation
- Replacement of main electrical boards in 'live' critical areas
- Programme of works for prevention of legionella including replacement water tanks in Hospitals 1 and 2
- Replacement of beds lifts in main hospital and goods lifts in Phase 1C and Hospital 7

Future Developments

- Construction of Radiation Oncology Facility
- Provision of site adjacent staff car parking
- Site decant & preparation for Co-Located hospital works
- Completion of extension Critical Care Patient Facilities
- Expansion of Out Patient Suite Facilities (Suite 6)
- Commencement of construction stage Co-located hospital
- Construction Haematology/Hepatology & Clinical Research facility
- Development of Supra Regional Tuberculosis inpatient and reference laboratory
- Extension of Central Processing Laboratory (CPL)
- Progression of operating theatre table replacement programme
- Refurbishment of Plastics Theatre (Hospital 7)
- Continuation of operating theatre lights replacement programme
- Planned expansion/upgrade Clinical information system
- Planned preventative maintenance programme
- Prevention of legionella programme of works Hospital 7 and Hospital 4
- Provision of new Veins/Vascular facility
- Breast Service integration programme

Technical Services Department



Peter Ford
Maintenance Officer

Erc Kealy
Energy Services Officer

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 2008, particularly at the department's helpdesk where 18,861 calls were made and responded to.

The department also worked to carry out refurbishment throughout the hospital campus and undertake in excess of 1167 requests for new minor refurbishment work.

In addition to the above maintenance and minor new works TSD undertook and managed 32 medium to large projects including, at a cost of just over €2.2 million.

- Replace the Lift in Hospital 7
- UPS upgrades and network the system
- Replacement of new heating plant
- Replacement of Fire Alarm Equipment on a rolling basis
- Refurbish hospital two's top floor
- Replace the Electrical distribution boards in CPL
- Paint 3 wards,
 - John Heuston, Robert Adams and Patrick Dunns



Energy Centre

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 has now operated for twelve years and provides 25% 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.

Services

Gas consumption was relatively unchanged from last year despite a cold end to 2008. This was due to the CHP Plant being out of commission for the first three months of the year. This also impacted on the amount of imported electricity which was 10% higher than normal.

Gas prices increased by 41% overall but showed a downward trend towards the year end. Electricity prices rose by an average of 25% but again the trend here is for reducing prices.

Utility Costs 2008

Electricity	€2,464,500
Natural Gas	€1,805,000
Water	€278,700
Total	€4,548,200

Developments in 2008

Further upgrading of the electrical distribution systems was carried out this year, with the emphasis on increasing reliability by replacing older equipment and providing more standby facilities. A rolling replacement of Building Management System Outstations is ongoing which achieves better functionality and allows more users to interface with the system.

With the volatility in energy costs and the requirement to reduce our carbon emissions it is imperative that we actively control and manage our energy consumption. This will require all staff to take a proactive and responsible role in managing energy use within their area. We have established a pilot programme to educate staff in this regard and hope to roll it out site wide in the coming year.

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