



# 2009

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



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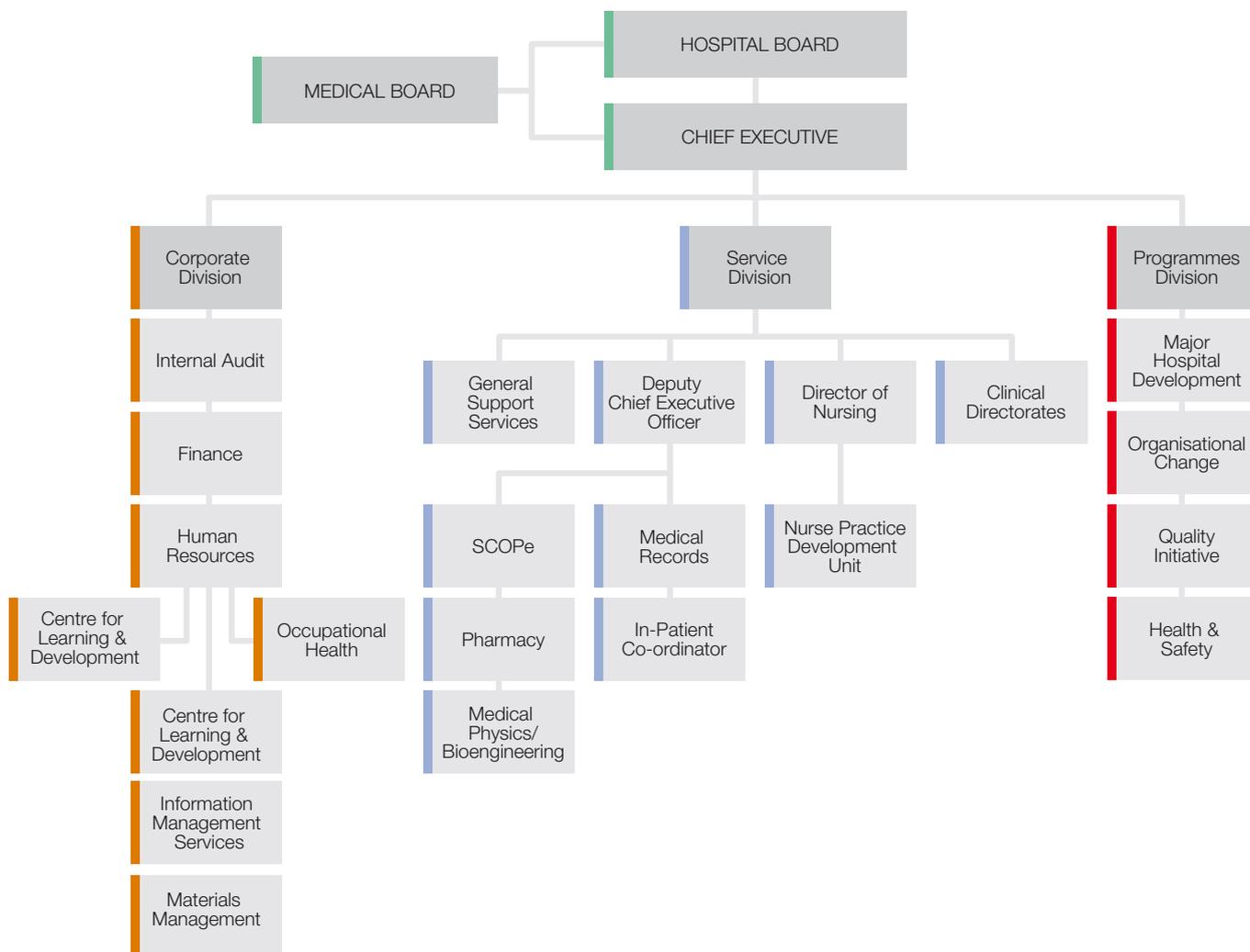
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# Corporate Structure



## Hospital Board 2009

**Prof. T. Mitchell**

*Chairman of the Hospital Board*

**Mr. I. Carter**

*Chief Executive (in attendance)*

**Cllr. M. Ardagh**

*Dublin City Council, Resigned June 2009*

**Ms. J. Carmichael**

*Dublin City Council, Commenced September 2009*

**Prof. R. Byrne**

*Trinity College, Resigned April 2009*

**Ald. M. Donnelly**

*Dublin City Council, Resigned June 2009*

**Mr. J. McCauliffe**

*Dublin City Council, Commenced September 2009*

**Mr. J. Kelly**

*Staff Representative*

**Ms. M. Mac Guinness**

*Staff Representative*

**Dr. J. Moriarty**

*Clinical Director, ORIAN Directorate, Resigned July 2009*

**Prof. C. Bergin**

*Clinical Director, SAMS Directorate,  
Commenced November 2009*

**Ms. C. Murphy**

*Ministerial Appointment, Resigned May 2009*

**Prof. C. Normand**

*Trinity College*

**Prof. J. Scott**

*Trinity College*

**Ms. K. O' Neill**

*Ministerial Appointment*

**Mr. P. O' Reilly**

*Ministerial Appointment*

**Ms. C. Naughton**

*Ministerial Appointment*

**Ms. E. Hardiman**

*Deputy CEO/Operations Manager,  
Resigned February 2009 (in attendance)*

**Ms. A. Fitzgerald**

*Deputy CEO/Operations Manager,  
Commenced April 2009 (in attendance)*

**Mr. P. Gallagher**

*Director of Nursing (in attendance)*

## Hospital Board 2009 continued

**Mr. B. Fitzgerald**

*Director of Finance (in attendance)*

**Prof. L. Barnes**

*Representative of Medical Board*

**Prof. F. O' Kelly**

*GP Representative*

**Dr. P. Browne**

*Chairman of the Medical Board  
Resigned September 2009*

**Dr. J. Kennedy**

*Chairman of the Medical Board  
Commenced November 2009*

**Prof. D. Kelleher**

*Trinity College*

## Executive Management Group 2009

**Mr. I. Carter**

*Chief Executive*

**Prof. C. Bergin**

*Clinical Director, SaMS Directorate*

**Prof. D. Coakley**

*Clinical Director, MedEL Directorate*

**Prof. K. O' Byrne**

*Clinical Director, HOPE Directorate*

**Dr. F. O' Connell**

*Clinical Director, CResT Directorate*

**Mr. P. Plunkett**

*Clinical Director, Emergency Department*

**Dr. P. Eadie**

*Clinical Director, Omega Directorate*

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

*Clinical Director, GEMs Directorate*

**Dr. J. Moriarty**

*Clinical Director, ORIAN Directorate, Resigned July 2009*

**Dr. C. Fagan**

*Clinical Director, ORIAN Directorate  
Commenced August 2009*

**Dr. M. Keoghan**

*Clinical Director, DiagIm Directorate*

**Dr. B. O' Connell**

*Clinical Director, LabMed Directorate*

**Ms. E. Hardiman**

*Deputy CEO/Operations Manager, Resigned February 2009*

## Executive Management Group contd.

**Ms. A. Fitzgerald**

*Deputy CEO/Operations Manager, Commenced March 2009*

**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*

## Executive Management Group contd.

**Mr. C. Robertson**

*Manager, General Support Services,  
Resigned December 2009*

**Mr. C. Callan**

*General Support Services Mgr (A),  
Commenced December 2009*

**Ms. G. Rothwell**

*General Support Services Mgr (A),  
Commenced December 2009*

**Ms. M. Kenny**

*Materials Manager*

## St. James's Hospital Consultants

Prof. Brian Lawlor	Consultant Adult Psychiatrist	Prof. Dermot Kelleher	Consultant Gastroenterologist
Dr. Elaine Greene	Consultant Adult Psychiatrist	Dr. Bernard Silke	Consultant General Physician
Dr. Mark Abrahams	Consultant Anaesthetist	Dr. Deirdre O'Riordan	Consultant General Physician
Dr. Ellen O'Sullivan	Consultant Anaesthetist	Dr. Michael Barry	Consultant General Physician
Dr. Nikolay Nikolov	Consultant Anaesthetist	Dr. Martina Hennessy	Consultant General Physician
Dr. Thomas Schnittger	Consultant Anaesthetist	Mr. Terence Boyle	Consultant General Surgeon
Dr. Noreen Dowd	Consultant Anaesthetist	Prof. John Reynolds	Consultant General Surgeon
Dr. Thomas Ryan	Consultant Anaesthetist	Prof. Thomas Rogers	Consultant General Surgeon
Dr. Patrick Scanlon	Consultant Anaesthetist	Mr. Brian Mehigan	Consultant General Surgeon
Dr. Niall Hughes	Consultant Anaesthetist	Ms. Elizabeth Connolly	Consultant General Surgeon
Dr. Peter Vaughan	Consultant Anaesthetist	Mr. Narayanasar Ravi	Consultant General Surgeon
Dr. Jeanne Moriarty	Consultant Anaesthetist	Prof. Davis Coakley	Consultant Geriatrician
Dr. Fionnuala Lyons	Consultant Anaesthetist	Dr. Conal Cunningham	Consultant Geriatrician
Dr. Connail McCrory	Consultant Anaesthetist	Dr. Bernard Walsh	Consultant Geriatrician
Dr. Carl Fagan	Consultant Anaesthetist	Dr. Miriam Casey	Consultant Geriatrician
Dr. Elizabeth Connolly	Consultant Anaesthetist	Prof. Rose Anne Kenny	Consultant Geriatrician
Dr. Catherine O'Malley	Consultant Anaesthetist	Dr. Joseph Harbison	Consultant Geriatrician
Dr. Andrew Westbrook	Consultant Anaesthetist	Dr. Barry White	Consultant Haematologist
Dr. Jenny Porter	Consultant Anaesthetist	Dr. Paul Browne	Consultant Haematologist
Dr. Daniel Collins	Consultant Anaesthetist	Dr. Catherine Flynn	Consultant Haematologist
Dr. Joseph Fitzgerald	Consultant Anaesthetist	Dr. Eibhlin Conneally	Consultant Haematologist
Dr. Carmel Wall	Consultant Anaesthetist	Dr. Elizabeth Vandenberghe	Consultant Haematologist
Dr. Christoph Kempf	Consultant Anaesthetist	Dr. James O'Donnell	Consultant Haematologist
Dr. Stephen Froese	Consultant Anaesthetist	Dr. Seán O'Briain	Consultant Histopathologist
Dr. Niall Mulvihill	Consultant Cardiologist	Dr. Mairéad Griffin	Consultant Histopathologist
Dr. Ross Murphy	Consultant Cardiologist	Dr. Eoin Gaffney	Consultant Histopathologist
Dr. Brendan Foley	Consultant Cardiologist	Dr. Siobhán Nicholson	Consultant Histopathologist
Dr. Peter Crean	Consultant Cardiologist	Dr. Mairín McMenamin	Consultant Histopathologist
Dr. Noel Boyle	Consultant Cardiologist	Dr. Barbara Dunne	Consultant Histopathologist
Mr. Michael Tolan	Consultant Cardiothoracic Surgeon	Dr. Cian Muldoon	Consultant Histopathologist
		Prof. John O'Leary	Consultant Histopathologist
Mr. Vincent Young	Consultant Cardiothoracic Surgeon	Dr. Colette Adida	Consultant Histopathologist
		Prof. Conleth Feighery	Consultant Immunologist
Ms. Eilis McGovern	Consultant Cardiothoracic Surgeon	Prof. Fiona Mulcahy	Consultant in Genito-Urinary Medicine
		Dr. Fiona Lyons	Consultant in Genito-Urinary Medicine
Dr. Vivion Crowley	Consultant Chemical Pathologist		
Prof. Louise Barnes	Consultant Dermatologist	Dr. Susan Clarke	Consultant in Infectious Diseases
Dr. Rosemarie Watson	Consultant Dermatologist	Dr. Colm Bergin	Consultant in Infectious Diseases
Dr. Patrick Ormond	Consultant Dermatologist	Dr. Concepta Merry	Consultant in Infectious Diseases
Mr. Patrick Plunkett	Consultant Emergency Physician	Dr. Liam O'Siorain	Consultant in Palliative Care
Dr. Una Geary	Consultant Emergency Physician	Dr. Aisling O'Mahony	Consultant in Restorative Dentistry
Dr. Geraldine McMahon	Consultant Emergency Physician		
Prof. John Nolan	Consultant Endocrinologist	Dr. Ann Marie O'Dwyer	Consultant Liaison Psychiatrist
Dr. Marie Louise Healy	Consultant Endocrinologist	Dr. John Cooney	Consultant Liaison Psychiatrist
Dr. Nasir Mahmud	Consultant Gastroenterologist	Dr. John Kennedy	Consultant Medical Oncologist
Dr. Susan McKiernan	Consultant Gastroenterologist	Dr. Deirdre O'Mahony	Consultant Medical Oncologist
Dr. Suzanne Norris	Consultant Gastroenterologist	Prof. Kenneth O'Byrne	Consultant Medical Oncologist
Dr. Dermot O'Toole	Consultant Gastroenterologist	Dr. Dearbhaile O'Donnell	Consultant Medical Oncologist
Dr. PWN Keeling	Consultant Gastroenterologist		

## St. James's Hospital Consultants continued

Dr. Breida Boyle	Consultant Microbiologist	Dr. Mary Keogan	Consultant Radiologist
Dr. Brian O'Connell	Consultant Microbiologist	Dr. Mark Ryan	Consultant Radiologist
Dr. Brendan Crowley	Consultant Microbiologist	Dr. Finbarr O'Connell	Consultant Respiratory Physician
Dr. Eleanor McNamara	Consultant Microbiologist	Dr. Joseph Keane	Consultant Respiratory Physician
Dr. George Mellotte	Consultant Nephrologist	Dr. Rory O'Donnell	Consultant Respiratory Physician
Dr. Janice Redmond	Consultant Neurologist	Dr. Ruairi Fahy	Consultant Respiratory Physician
Dr. Colin Doherty	Consultant Neurologist	Dr. Anne Marie McLaughlin	Consultant Respiratory Physician
Dr. Francesca Brett	Consultant Neuropathologist	Dr. Gaye Cunnane	Consultant Rheumatologist
Dr. Yvonne Langan	Consultant Neurophysiologist	Dr. Michele Doran	Consultant Rheumatologist
Dr. Mary Anglim	Consultant Obstetrician & Gynaecologist	Mr. Thomas Lynch	Consultant Urologist
Dr. Noreen Gleeson	Consultant Obstetrician & Gynaecologist	Mr. TED McDermott	Consultant Urologist
Dr. Hugh O'Connor	Consultant Obstetrician & Gynaecologist	Mr. Ron Grainger	Consultant Urologist
Dr. Tom D'Arcy	Consultant Obstetrician & Gynaecologist	Mr. Prakash Madhavan	Consultant Vascular Surgeon
Dr. Aoife Doyle	Consultant Ophthalmologist	Mr. Dermot Moore	Consultant Vascular Surgeon
Dr. Martin O'Connor	Consultant Ophthalmologist	Mr. Seán O'Neill	Consultant Vascular Surgeon
Prof. Leo Stassen	Consultant Oral & Maxillofacial Surgeon		
Mr. Gerard Kearns	Consultant Oral & Maxillofacial Surgeon		
Dr. Mary Toner	Consultant Oral Pathologist		
Dr. Eamonn McKiernan	Consultant Orthodontist		
Mr. Hugh Smyth	Consultant Orthopaedic Surgeon		
Mr. Thomas McCarthy	Consultant Orthopaedic Surgeon		
Mr. Niall Hogan	Consultant Orthopaedic Surgeon		
Prof. Conrad Timon	Consultant Otolaryngologist		
Mr. Brendan Conlon	Consultant Otolaryngologist		
Mr. John Kinsella	Consultant Otolaryngologist		
Mr. Mark Rafferty	Consultant Otolaryngologist		
Ms. Patricia Eadie	Consultant Plastics & Reconstructive Surgeon		
Mr. David O'Donovan	Consultant Plastics & Reconstructive Surgeon		
Mr. Eamon Beausang	Consultant Plastics & Reconstructive Surgeon		
Mr. David Orr	Consultant Plastics & Reconstructive Surgeon		
Prof. Donal Hollywood	Consultant Radiation Oncologist		
Dr. Michael Guiney	Consultant Radiologist		
Dr. Ronan McDermott	Consultant Radiologist		
Dr. Patrick Freyne	Consultant Radiologist		
Dr. Niall McEniff	Consultant Radiologist		
Dr. Ciaran Johnston	Consultant Radiologist		
Dr. Graham Wilson	Consultant Radiologist		
Dr. James Meaney	Consultant Radiologist		
Dr. Niall Sheehy	Consultant Radiologist		

## Legal and Banking 2009

### Auditors

Comptroller 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's Solicitors, International Financial Services Centre, North Wall Quay, Dublin 1

### Insurance Brokers

AON Ireland, Metropolitan Building, James Joyce Street, Dublin 1





# INTRODUCTION FROM THE CHAIRMAN



**Prof. Thomas Mitchell**

Chairman  
Hospital Board



The global economic crisis gathered here in 2009, with especially severe effects on Ireland's public finances. As a result, funding for public services was further reduced and hospitals had to face large drops in income. At St. James's the shortfall was about €10 million. The management of so large a reduction in a way that would avoid severe cuts in services was a major challenge and required the co-operation of all staff to achieve maximum efficiencies throughout all services.

Once again the outcomes exceeded expectations. Not only were the savings achieved, but the year ended with a surplus and all service delivery targets were exceeded. This is the ninth year in a row in which the hospital has met or exceeded service delivery targets without incurring a deficit. It is a remarkable record, and on behalf of the Board, I want to thank Ian Carter Chief Executive, the overall corporate management team, the Clinical Directors and all the staff who



have co-operated so fully and have shown the commitment to deliver the best possible services to the patient.

The past year has also been encouraging in that it has brought considerable progress in many of the hospital's key priorities. St. James's is Ireland's largest academic teaching hospital. It has a responsibility to lead the way in providing leading-edge clinical services along with high quality medical education, and advanced research that can lead to new treatments. In recent decades, the hospital has been building its expertise and capacity across a range of tertiary and fourth level services, and has been extending its research activities

alongside development on the campus, in cooperation with Trinity College, of a range of modern research facilities.

A major new research centre will now soon be added. Construction will begin next year on a building of 3700sq. metres, which will provide facilities for Haemophilia and Hepatology along with a state-of-art Clinical Research Centre, which will have the potential to make St. James's a major international player in translational medicine research.

The establishment of an Academic Medical Centre which will bring together the Trinity Medical School, St. James's Hospital



and Tallaght Hospital has been finally agreed and will begin operation by the middle of 2010. This development is ground breaking. It will unite 3 institutions in a co-ordinated effort to extend and improve clinical services and will create the critical mass of expertise in education and research required to match high international standards and attract the highest international talent.

The Centre of Excellence for Successful Ageing is another innovative, forward-looking initiative that will address in a comprehensive way the challenges that the problem of a growing ageing population will pose for our society, and the health services in particular.

The Centre has now received all necessary approvals, and Minister Harney has made a commitment to provide the necessary funding in conjunction with The Atlantic Philanthropies. The initiative is the brainchild of Professor Davis Coakley, and will be led by a highly distinguished team of specialists in geriatric medicine.

The Centre of Ageing will feed into another urgent challenge facing the health services, the provision of adequate primary, community and long-term care services, and the integrated management of chronic disease. Ian Carter is leading an

initiative to create a model for such an integrated system of care in the St. James's catchment area. The proposal has been well received and is making steady progress towards implementation.

The year has also produced a few disappointments. Progress in tackling the long-standing problem of delayed discharge of patients in need of long-term care or step-down accommodation is frustratingly slow. I have emphasised before the negative effects of this on the patients involved and on the operation of the hospital as a whole.

It is also disappointing that no revenue has been forthcoming for the new badly-needed High Dependency and Intensive Care Units units that have been completed at the hospital. The effects of letting them stand idle on the capacity of the hospital to deal with serious illness are obvious.

Still there are grounds for significant optimism on several fronts. It is especially important in difficult times for plans for recovery and to keep the motivation for progress going. It is hoped that St. James's will be able to do that.

# Report from the Chief Executive



**Mr. Ian Carter**  
Chief Executive

As in previous years, primary executive and operations focus for 2009 centred on achievement of planned levels of service delivery within available finances and specified quality parameters, combined with advancement of capital development programme.

Once again performance outcomes for the year were highly satisfactory.

## Clinical

Overall patient volume targets across all key treatment groupings were exceeded.

	Actual 2009	Planned 2009	Planned / Actual 2009 % variance
Inpatient	22,607	22,006	3%
Day Care	91,740	61,522	49%
Outpatient	203,874	166,751	22%

## Access

In terms of performance in relation to national / local access targets:

- Emergency Department  
Patient volume waiting for admission < 10 @ 08.00 (Local Target)  
– SJH performance average 9
- Inpatient  
All patients waiting for elective admission < 6 months @ 31.12.09 (National Target)  
– SJH performance 100% compliant
- All patients waiting for elective admission < 4 months @ 31.12.09 (Local Target)  
– SJH performance 100% compliant

- Day Care  
All patients waiting for elective attendance < 6 months @ 31.12.09 (National Target)  
– SJH performance 100% compliant

All patients waiting for elective attendance < 4 months @ 31.12.09 (Local Target)  
– SJH performance 100% compliant

- Outpatient  
All patients waiting for appointment < 6 months booking - 31.12.09 (National Target)  
– SJH performance 100% compliant

SJH has continued to expand the range and volume of day care treatments, and in 2009 80% of (day care / inpatient) treatments were undertaken on a day care basis – particularly specialties of Medical Oncology and Haematology, where 91% of treatments were undertaken as day attendances.

Within Surgery, 76% of '25 Surgical Basket of Procedures'<sup>1</sup> was undertaken on a day attendance basis.

The Hospital has also significantly advanced capability to effect same day admission - treatment. This combined with patient processing improvements within the Emergency Department, continuing AMAU<sup>2</sup> high value capability in relation to timely discharge (49% discharged within 5 days of admission), successful collaboration with the NTPF, the introduction of the Fair Deal initiative in the last quarter of the year, increased OPD clinics / initiatives to reduce non attendance and ongoing appropriate pan-hospital control provisions, has enabled not only treatment volume / range increases, but as well access improvements to be secured.

In terms of national access comparison, the NTPF have identified a national median wait time of 2.5 months for 2009, with SJH, having a median wait time of 1.4 months - the lowest wait time for the Major Academic Hospital Group<sup>3</sup>, and nationally ranked 4th – the other 3 hospitals ranked higher, being either single specialty providers / not having an emergency department or being less than 200 beds.

Note<sup>1</sup>: British Association of Day Surgery

Note<sup>2</sup>: Acute Medical Admissions Unit

Note<sup>3</sup>: MATH's comprising; St. James's Hospital, Beaumont Hospital, Tallaght Hospital, St. Vincent's Hospital, The Mater Hospital, Galway University Hospital, Limerick Regional Hospital and Cork University Hospital

## Key Challenge Factors

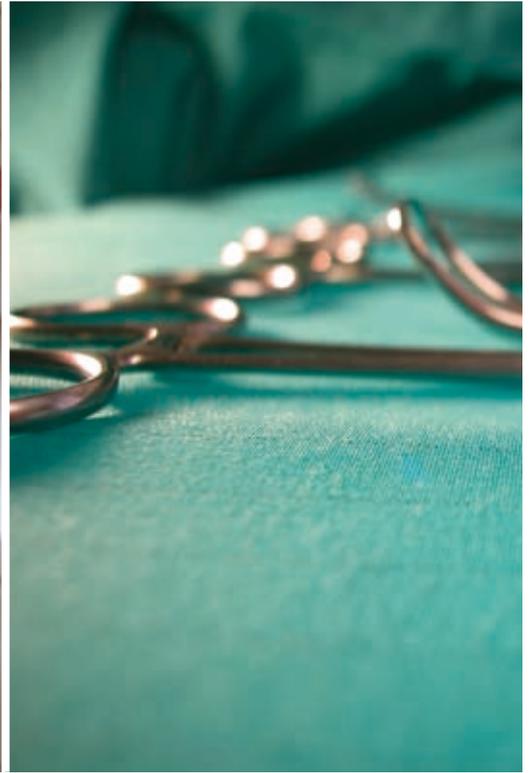
Whilst overall 2009 clinical volume and access performance outcome values have generally been very satisfactory, there remain certain external factors that present significant challenges for existing hospital capacity and capability provisions.

- ED attendances  
– increasing presenting acuity / complexity with 24% of new attendances triaged category 1 / 2
- Admissions  
– increase in number of patients requiring emergency admission – reflecting both presenting volume and complexity value increases  
  
– increasing tertiary complex (predominantly) surgical treatment demand particularly relating to cancer. A recent internal study identified for period 2006 – 2009 a 29% increase in cancer diagnosis / treatment
- Discharge  
– curtailment of home support necessary to effect timely discharge  
  
– an increasing number of patients who because of frailty / dependency require community bed placement / accommodation rather home discharge
- Outpatient Referral  
– 5% increase in new referrals (08/09) including significant referrals from geographical areas where the hospital is not the responsible provider

## Impact of these Factors

The impact of these external challenges are as follows:

- capability of ED directorate / AMAU to manage significant and increasing patient volume / acuity, has been challenged in terms of ability to ensure full adherence to ED centred clinical protocols / pathways and has resulted in less than optimal patient processing
- capability of General Medicine consultant cohort / associated interdisciplinary teams to manage within current construct, presenting ED generated patient cohort / inpatient work and outpatient demand in terms of timely response to ED, securement of optimum inpatient pathway including prompt discharge and necessary out patient access has been significantly challenged



- increasing emergency admission acuity / tertiary transfer volume of patients requiring complex surgery has routinely exceeded existing critical care capacity - leading to patient treatment delay, particularly for those patients requiring post operative critical care accommodation
- while introduction of Fair Deal initiative is welcomed, as it represents the first structured initiative by DOHC to tackle this significant problem, it should be noted that on average in 2009, there were 130 patients inappropriately occupying acute beds – representing 32,273 bed days - 13% of total bed day availability
- existing outpatient demand in terms of new referrals exceeds existing capacity and capability particularly for the specialities of Rheumatology, Dermatology and Endocrinology with resultant less than satisfactory wait times for new referrals

### Change Requirements - 2010

There is a clear and immediate requirement to:

- **Increase ED and General Medicine Consultant / interdisciplinary team capability**  
To this end SJH has developed and agreed with HSE a revised medical speciality on-take based construct for introduction in 2010. This new model will reduce admission requirement and shorten length of stay for attending medical patients

- **Increase critical care capacity**

In 2007 SJH received necessary capital allocation for a significant critical care bed expansion (11 beds), this development was completed in 2008, regrettably no revenue allocation has been provided and beds currently remain unutilised. This decision requires to be reconsidered by HSE in 2010

- **Expand / mainstream development of a local chronic disease management programme**

SJH has developed a proposed new local integrated construct, partially based on successful trials achieved through Innovation funding in 2008 / 2009. Model has been largely accepted by HSE as the appropriate method forward and SJH is hoping to progress in 2010

- **Increase discharge to community bed facilities**

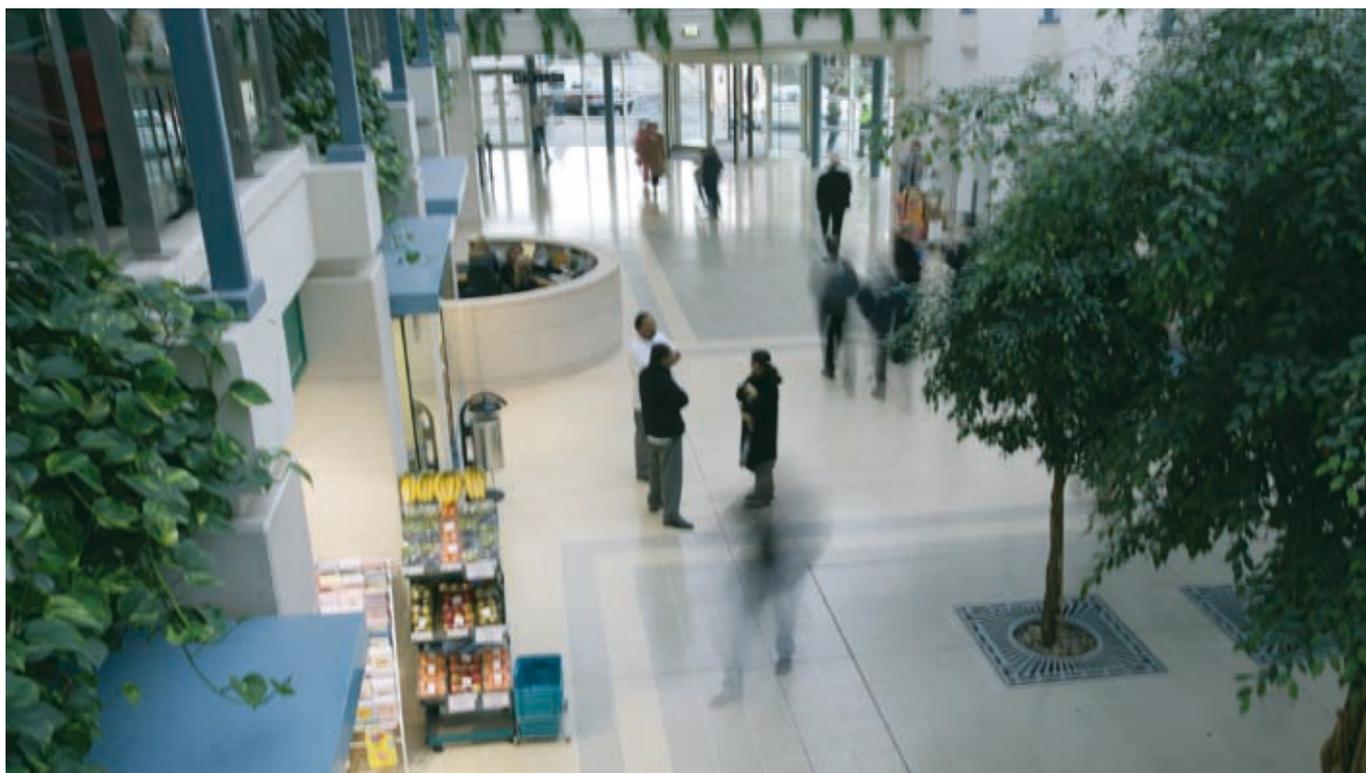
With the implementation of Fair Deal, ensure timely and appropriate volume of discharges to community beds

- **Increase outpatient capacity**

SJH will be commencing creation of additional OPD capacity in 2010

### Finances

The Hospital demonstrated a commendable fiscal performance, returning an end of year surplus of €3.7m (per draft accounts subject to final audit) on a HSE allocation of



€366m. Achievement of this position was made possible only through vigorous cost growth containment and effective local service management by the Clinical Directors.

Hospital net expenditure decreased by 5.4% year on year and the key inpatient activity / financial measure of the economic bed day dropped from €1,096 in 2008 to €1,025 in 2009 – representing a 6.5% reduction.

### Quality

St. James's Hospital progressed 6 key developments in 2009:

- System analysis training in relation to risk management
- Pharmacovigilance
- Sterivigilance
- Infection control
- Community consultation programme
- Preparation for recommencement of Accreditation cycle

### Capital development

Important capital development, equipment replacement / additionality and infrastructural improvement provisions were effected in 2009, most notably:

- the ongoing development of radiation therapy provision on the hospital campus – completion 2010
- the development of a combined Clinical Research Facility / Inpatient Haemophilia & Herpetology Facility

- mammography / ultrasound / imaging additionality
- ward upgrades
- theatre infrastructural upgrade
- fire preventative work
- medical gases upgrade

### Research and education - Key achievements

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

Agreement to establishment of the Academic Medical Centre successfully integrating Trinity Medical school, St. James's Hospital and Tallaght Hospital.

A total of 226 peer review publications during the year from staff of the hospital.

Overall, St. James's has successfully and fully delivered on all agreements with the HSE in relation to service provision, development and financial terms for 2009.

These achievements identified were attainable only through the continued exceptional response and commitment of staff at the Hospital. I thank them for their oncoming support, loyalty, innovation and dedication in ensuring and advancing the status of the hospital both in Ireland and internationally.

# Performance Highlights

## Projected Activity Levels for 2009

Period January - December 2009	2009 Activity		2009 Projected Activity			
	In-Patient Discharges <sup>2</sup>	Day Cases	In-patient Discharges	Day cases	% In-patients Variance	% Day cases Variance
Cardiology	3076	3483	1971	2425	56%	44%
Dermatology	15	5671	34	3257	-56%	74%
Emergency Department	141		900		-84%	
Endocrinology DDC		7994		6913		16%
ENT	450	269	690	280	-35%	-4%
General Surgery	2338	6200	2220	4998	5%	24%
GUIDE	415	4036	276	1650	50%	145%
Gynaecology	641	461	681	238	-6%	94%
Haematology	818	11204	676	6971	21%	61%
Maxillo Facial	1025	123	885	121	16%	2%
Medicine <sup>1</sup>	6309	21474 <sup>3</sup>	5798	12282	9%	75%
Medicine for the Elderly	970	7737	1023	6500	-5%	19%
Oncology	1152	12692	729	10383	58%	22%
Orthopaedics	1099	395	1320	211	-17%	87%
Plastic Surgery	1189	2502	1899	2854	-37%	-12%
Psychiatry	474		470		1%	
Rheumatology	604	5672	492	1500	23%	278%
Cardiac Surgery	386		512		-25%	
Thoracic Surgery	506	17	348		3%	
Urology	492	1723	501	879	-2%	96%
Vascular Surgery	507	87	581	60	-13%	45%
<b>Total</b>	<b>22607</b>	<b>91740</b>	<b>22006</b>	<b>61522</b>	<b>3%</b>	<b>49%</b>
	Out-Patient Activity				Variance	
	Actual		Projected		%	%
	New	Return	New	Return	New	Return
Attendances	54444 <sup>4</sup>	149430 <sup>4</sup>	50356	116395	8%	28%

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

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

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

Note 4: Outpatient activity excludes NTPF patients.

## St. James's Hospital Inpatient Waiting List as on 31st December 2009

SUMMARY	30	60	90	120	150	182	210	240	365	>365	TOTAL
Waiting List as on 31/12/2008	235	214	156	257	50	53	0	0	0	0	965
Waiting List as on 31/12/2009	164	174	162	220	0	0	0	0	0	0	720
Variance	-30%	-19%	4%	-14%	-100%	-100%	0%	0%	0%	0%	-25%

SPECIALITY	Current Status as on 31/12/2009										
	30	60	90	120	150	182	210	240	365	> 365	TOTAL
E.N.T.	22	27	19	20	0	0	0	0	0	0	88
GYNAECOLOGY	21	11	19	13	0	0	0	0	0	0	64
MAXILLO FACIAL	15	10	23	7	0	0	0	0	0	0	55
ORTHOPAEDICS	10	13	13	13	0	0	0	0	0	0	49
PAIN MANAGEMENT	0	1	1	1	0	0	0	0	0	0	3
PLASTICS	28	26	23	42	0	0	0	0	0	0	119
SURGERY	26	31	20	35	0	0	0	0	0	0	112
THORACIC SURG	15	25	23	60	0	0	0	0	0	0	123
UROLOGY	21	16	9	18	0	0	0	0	0	0	64
VASCULAR	6	14	12	11	0	0	0	0	0	0	43
Grand Total	164	174	162	220	0	0	0	0	0	0	720

## St. James's Hospital Day Surgery Unit Waiting List as on 31st December 2009

SUMMARY	30	60	90	120	150	182	210	240	365	>365	TOTAL
DSU Waiting List as on 31/12/2008	489	338	243	181	19	24	19	1	1	0	1315
DSU Waiting List as on 31/12/2009	687	431	318	202	0	0	0	0	0	0	1638
Variance	40%	28%	31%	12%	-100%	-100%	-100%	-100%	-100%	0%	25%

SPECIALITY	Current Status as on 31/12/2009										
	30	60	90	120	150	182	210	240	365	> 365	TOTAL
CARDIOLOGY	3	0	0	0	0	0	0	0	0	0	3
DERMATOLOGY	41	34	34	24	0	0	0	0	0	0	133
E.N.T.	24	18	9	2	0	0	0	0	0	0	53
GYNAECOLOGY	42	18	16	7	0	0	0	0	0	0	83
MAXILLO FACIAL	72	37	24	13	0	0	0	0	0	0	146
ORTHOPAEDICS	27	31	26	11	0	0	0	0	0	0	95
PAIN MANAGEMENT	111	65	29	27	0	0	0	1	1	0	232
PLASTICS	167	123	80	42	0	0	0	0	0	0	412
SURGERY	100	51	39	13	0	0	0	0	0	0	203
UROLOGY	46	22	18	16	0	0	0	0	0	0	102
VASCULAR	54	32	43	47	0	0	0	0	0	0	176
Total	687	431	318	202	0	0	0	0	0	0	1638

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

### St. James's Hospital Endoscopy Unit Waiting List as on 31st December 2009

SUMMARY	30	60	90	120	150	182	210	240	365	>365	TOTAL
Waiting List as on 31/12/2008	199	293	138	80	2	0	0	0	0	0	712
Waiting List as on 31/12/2009	389	282	222	0	0	0	0	0	0	0	893
<b>Variance</b>	<b>95%</b>	<b>-4%</b>	<b>61%</b>	<b>-100%</b>	<b>-100%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>25%</b>

SPECIALITY	Current Status as on 31/12/2009										
	30	60	90	120	150	182	210	240	365	> 365	TOTAL
GASTRO-ENTEROLOGY	267	216	205	0	0	0	0	0	0	0	688
SURGERY	96	54	13	0	0	0	0	0	0	0	163
UROLOGY	26	12	4	0	0	0	0	0	0	0	42
<b>Total</b>	<b>389</b>	<b>282</b>	<b>222</b>	<b>0</b>	<b>893</b>						

COLONOSCOPY	Current Status as on 31/12/2009										
	30	60	90	120	150	182	210	240	365	> 365	TOTAL
GASTRO-ENTEROLOGY	133	90	122	0	0	0	0	0	0	0	345
SURGERY	86	53	13	0	0	0	0	0	0	0	152
<b>Total</b>	<b>219</b>	<b>143</b>	<b>135</b>	<b>0</b>	<b>497</b>						

Please note: colonoscopy breakdown is included in above gastroenterology/surgery by speciality

## St. James's Hospital Outpatient Waiting List as on 31st December 2009

SUMMARY	30	60	90	120	150	182	210	240	365	545	730	>730	TOTAL
Waiting List as on 31/12/2008	3050	1962	1395	869	537	427	339	228	477	39	0	0	9323
Waiting List as on 31/12/2009	3579	2847	1220	704	0	0	0	0	0	0	0	0	8350
Variance	17%	45%	-13%	-19%	-100%	-100%	-100%	-100%	-100%	-100%			-10%

SPECIALITY	Current Status as on 31/12/2009												TOTAL
	30	60	90	120	150	182	210	240	365	545	730	>730	
BREAST CARE SERVICES	261	39	6	2	0	0	0	0	0	0	0	0	308
CARDIOLOGY	127	156	48	10	0	0	0	0	0	0	0	0	341
DERMATOLOGY	285	269	165	150	0	0	0	0	0	0	0	0	869
DIABETIC/ENDOCRINOLOGY	66	128	86	33	0	0	0	0	0	0	0	0	313
E.N.T.	60	209	44	43	0	0	0	0	0	0	0	0	356
GASTRO-ENTEROLOGY	121	183	37	22	0	0	0	0	0	0	0	0	363
GERIATRIC	106	40	7	0	0	0	0	0	0	0	0	0	153
GUIDE	58	0	0	0	0	0	0	0	0	0	0	0	58
GYNAECOLOGY	93	83	23	0	0	0	0	0	0	0	0	0	199
HAEMATOLOGY	83	23	12	7	0	0	0	0	0	0	0	0	125
HEPATOLOGY	158	204	111	44	0	0	0	0	0	0	0	0	517
IMMUNOLOGY	124	10	4	10	0	0	0	0	0	0	0	0	148
MAXILLO FACIAL	72	52	16	35	0	0	0	0	0	0	0	0	175
MEDICINE	43	12	4	1	0	0	0	0	0	0	0	0	60
NEPHROLOGY	31	3	5	2	0	0	0	0	0	0	0	0	41
NEUROLOGY	111	125	60	6	0	0	0	0	0	0	0	0	302
ONCOLOGY	21	1	0	0	0	0	0	0	0	0	0	0	22
OPHTHALMOLOGY	34	42	13	0	0	0	0	0	0	0	0	0	89
ORTHOPAEDICS	343	161	103	146	0	0	0	0	0	0	0	0	753
OSTEOPOROSIS &	142	116	130	21	0	0	0	0	0	0	0	0	409
PAIN MANAGEMENT	56	37	32	3	0	0	0	0	0	0	0	0	128
PALLIATIVE CARE	4	0	0	0	0	0	0	0	0	0	0	0	4
PLASTICS	319	360	77	62	0	0	0	0	0	0	0	0	818
PSYCHIATRY	43	30	1	0	0	0	0	0	0	0	0	0	74
PSYCHOLOGICAL MEDICINE	12	5	0	0	0	0	0	0	0	0	0	0	17
RADIOTHERAPY	20	0	0	0	0	0	0	0	0	0	0	0	20
RESPIRATORY	111	92	40	13	0	0	0	0	0	0	0	0	256
RHEUMATOLOGY	81	0	0	0	0	0	0	0	0	0	0	0	81
SURGERY	151	169	49	18	0	0	0	0	0	0	0	0	387
THORACIC SURG	43	6	0	0	0	0	0	0	0	0	0	0	49
UROLOGY	182	144	60	17	0	0	0	0	0	0	0	0	403
VASCULAR	208	148	87	59	0	0	0	0	0	0	0	0	502
WARFARIN CLINIC	10	0	0	0	0	0	0	0	0	0	0	0	10
<b>Total</b>	<b>3579</b>	<b>2847</b>	<b>1220</b>	<b>704</b>	<b>0</b>	<b>8350</b>							

Note: This report shows the length of time patients are waiting from date booked to report date ie. 31ST DECEMBER 2009.





# Corporate Division Reports



# Finance Department

Income and Expenditure Account for the reporting period 1<sup>st</sup>  
January 2009 to 31<sup>st</sup> December 2009 (subject to final audit report)

	2009 €'000	2008 €'000
Opening Deficit/(Surplus)	-17,905	-5,384
Pay Expenditure	272,716	264,534
Non-Pay Expenditure	162,389	158,159
Gross Expenditure including deficit	417,200	417,309
Income	-72,903	-53,195
Net Expenditure for the year	344,297	364,114
Determination for the year	365,927	382,019
Closing Deficit/(Surplus)	-21,630	-17,905

## Balance Sheet as at 31st December

	2009 €'000	2008 €'000
<b>Fixed Assets</b>		
Tangible Assets	218,357	217,938
<b>Current Assets</b>		
Debtors	108,850	115,647
Stocks	7,803	10,638
Bank and Cash balances	221	221
	116,874	126,506
<b>Creditors-less than one year</b>		
Creditors	-82,635	-82,355
Bank Overdraft	9,785	-23,446
	-92,420	-105,801
<b>Net Current Assets</b>	24,454	20,705
<b>Total Assets</b>	242,811	238,643
<b>Creditors - more than one year</b>		
<b>Net Total Assets</b>	242,811	238,643
<b>Capital and Reserves</b>		
Non Capital Income & Expenditure Account Surplus/(Deficit)	21,630	17,905
Capital Income & Expenditure Account Deficit	2,824	2,800
Capitalisation Account	218,357	217,938
	242,811	238,643



Mr. Brian Fitzgerald  
Director of Finance

The Financial Statements for the reporting period 1st January 2009 to 31st December 2009 (subject to audit) resulted in a surplus of €3.725m. Hospital gross expenditure was €435.105m, while income and exchequer funding amounted to €438.830m. In addition to the 2009 surplus the hospital had an opening surplus of €17.905m carried forward from 2008 and prior years. Therefore the cumulative carried forward surplus at 31st December 2009 was €21.630m.

### Expenditure and Income overview

Net expenditure decreased by €19.817m (5.4%) when compared with the previous year, of which pay expenditure increased by €8.182m (3%), non-pay expenditure increased by €4.230m (2.7%) and Income increased by €19.708m (37%).

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

Expenditure / Income description	€'000
<b>Payroll related</b>	
National pay awards: towards 2016	4.257m
New medical consultants contract	5.630m
Legacy pay issues	0.242m
Nurse bank	0.739m
Increased pensions and gratuities	2.391m
Reduced overtime and various efficiency initiatives	(5.077m)
<b>Sub total payroll</b>	<b>8.182m</b>
<b>Non-pay related</b>	
Drugs and medicines	(1.383m)
Blood/blood products	0.464m
Medical and surgical consumables	(0.871m)
Laboratory consumables	(0.888m)
Medical equipment and equipment maintenance	1.666m
Cleaning	0.157m
Radiology	(0.213m)
Professional, insurance, audit & legal services	(0.189m)
Bad debts	3.405m
Maintenance equipment and materials	3.188m
Heat power light	(1.395m)
Other misc issues	0.289m
<b>Sub total non-pay related</b>	<b>4.230m</b>
<b>Income related</b>	
Patient accommodation income including Government levies	4.634m
Superannuation (increased employee pension contributions)	0.918m

Expenditure description continued	€'000
Pension levy	12.016m
Pathology/pharmacy/retail units/car parking/other	2.140m
<b>Sub total income related</b>	<b>19.708m</b>

### Commentary

The hospital again exceeded service delivery targets for the year, while absorbing a funding reduction of approximately €20m. Most of this reduction was offset by the introduction of the public sector pension levy. However management needed to find additional efficiencies amounting to approximately €10m within the year. Overall the efficiencies were more than achieved and the year finished with a financial surplus of €3.725m.

Management remained very mindful of the economic backdrop facing the country. At the outset of the year strategies aimed at a continued improvement on efficiency were further imbedded within all services throughout the hospital, while at the same time deliberately planning to deliver a financial surplus which would 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 €21.630m, 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 fifth year of operation and further moves to transfer resources from hospitals to community services were the core of the process.

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 2009)*

The hospital received a minor funding increase of €1.287m as a result of the casemix funding model of activity and related expenditure for the year 2008.

### Capital/Infrastructure Expenditure

Expenditure on major capital projects amounted to €4.014m in 2009 compared with €12.466m in 2008. Additionally, the hospital invested €14.043m from revenue funding sources on improvements to infrastructure and the replacement of equipment.

# Materials Management



**Miriam Kenny**

Materials Manager (pictured)

**Conor Buckley**

Acting Operations Manager

**Brian Fitzgerald**

Corporate Responsibility

## Introduction

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 Department is to:

- Ensure compliance with national and EU procurement 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 in 2009

- Commenced the management of I/V giving sets and nutritional feeds which were previously managed by the Pharmacy Department
- Development and improvement of the Hospitals ERP system through the extension of the Hospital's Procurement function by the inclusion of MPBE and the Planning and Commissioning Department within the SAP System
- Further implementation of digital capture and retrieval of delivery documentation

#### New contract developments in 2009 included:

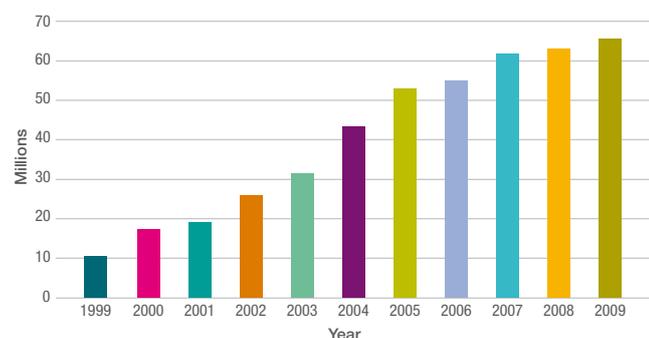
- Maxillo Facial Loan Instrumentation, Drug Delivery, Blood Collection and Haemodynamic Monitoring Systems, Endocrinology Work load, Laboratory Consumables, Health Care Assistants Contracts
- The Department undertook an active cost savings programme and met with key vendors to negotiate cost reductions on a variety of product lines

### Activity in 2009

The Department's activity continued to grow in 2009, engaging in new contract developments and providing a materials management service for a portfolio of 26,000 product lines to 133 internal customers. The Materials Management Department has continued to work closely with key suppliers on areas such as vendor performance, value for money initiatives and consignment management.

Materials management department overview	2009
Total value of goods and services procured by the MM Department	€65,335,374

#### Euro Activity 1999-2009



### 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.

The total stock receipt value for 2009 was €11,733,000 which comprised of 2119 active product lines from 154 vendors. The Department processed 27,689 stock orders to 133 Departments, in addition the Department continued to provide a logistics service for the Pharmacy Department and Laundry.

### Operations Activity 2009

	€
Stock Receipt Value	11,733,000
Product Lines	2,119
Vendors	154
Stock Orders processed	27,689
Deliveries received	43,722
Purchase orders generated	26,713

### End of year stock take 2009

The annual stock take was carried out on 28th and 29th of November, representatives from the Materials Management Department, Finance Department, Internal Audit, clinical users and the Comptroller and Auditor General were present.

The stock take comprised of identifying, counting and recording in excess of 8,000 products across five inventory managed areas and 73 non inventory managed areas. The Department inventory manages its stocks from four locations in the Hospital: Main Warehouse, Distribution Centre (Phase 1C), Technical Services Warehouse, Cardiac Angio.

End of year stock take 2009 results	Value
Inventory Managed Value	€1,084,682.64
Non Inventory Managed Value	€2,163,349.62

The value of the inventory managed products was 9.36% (€92,915.05) higher than 2008. This is attributed to the expansion of the Materials Management product portfolio to encompass additional "non pharmacy" stock from Pharmacy and the Department's contingency planning to ensure adequate stock cover with respect to the flu pandemic.

Inventory managed areas are monitored continuously during the year and the department constantly reviews these areas and endeavours to achieve further efficiencies. The Department plans to run a pilot RFID (Radio Frequency Identification) project for some high value inventory managed

areas in 2010 which will allow the Department to track products right through from delivery to consumption.

The value of the non inventory managed stock was 6.8% (€148,837.66) less than 2008. This is a direct result of a number of savings that were achieved through contracts and negotiations with vendors as part of the Department's cost saving initiative.

### Contracts Function

The Contracts Function increased the number of formal contracts implemented through consultation with end users and the tendering process. The Contracts Function continues to engage in the tendering process for all non-pay expenditure (excluding Pharmacy, MPBE and Blood related products). The contracting function is involved in supplies and services contracts.

**Supplies Contracts:** e.g Medical Devices (e.g Drug Eluting Stents, Theatre consumables, Interventional Radiology etc.), Consumables e.g disposable products, stationary, food etc.

**Services Contracts:** e.g Linen, Security, Cleaning, Health Care Assistants etc.

The Contracting function acted also in an advisory capacity in 2009 on a number of projects for the IMS, Human Resources and Planning Departments.

Contracts overview 2009	
Goods/Services under formal contract in 2009	€49,038,112
Total Number of contracts in place	146

In 2009 goods/services under formal contract represented 77% of the overall spend. 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. A number of new contracts were undertaken, advertised and analysed in 2009 for award in 2010 e.g. Maxillo Facial (circa €750k), Suture contract (circa €450k), Laboratory consumables (circa €750k), Medical Records and Scanning.

The Clinical Procurement role continued to be a vital component of the Department. The continual engagement of the end users and a multidisciplinary approach to the tendering process has ensured that clinical and financial considerations are addressed from tender design stage right through to contract award and ongoing contract monitoring.

### Purchasing Department

All purchasing activity in or on behalf of St. James's Hospital is undertaken in accordance with public procurement regulations, is based on the achievement of value for money, the fulfilling of end user requirements and all purchases for Hospital are conducted via the SAP ERP system.

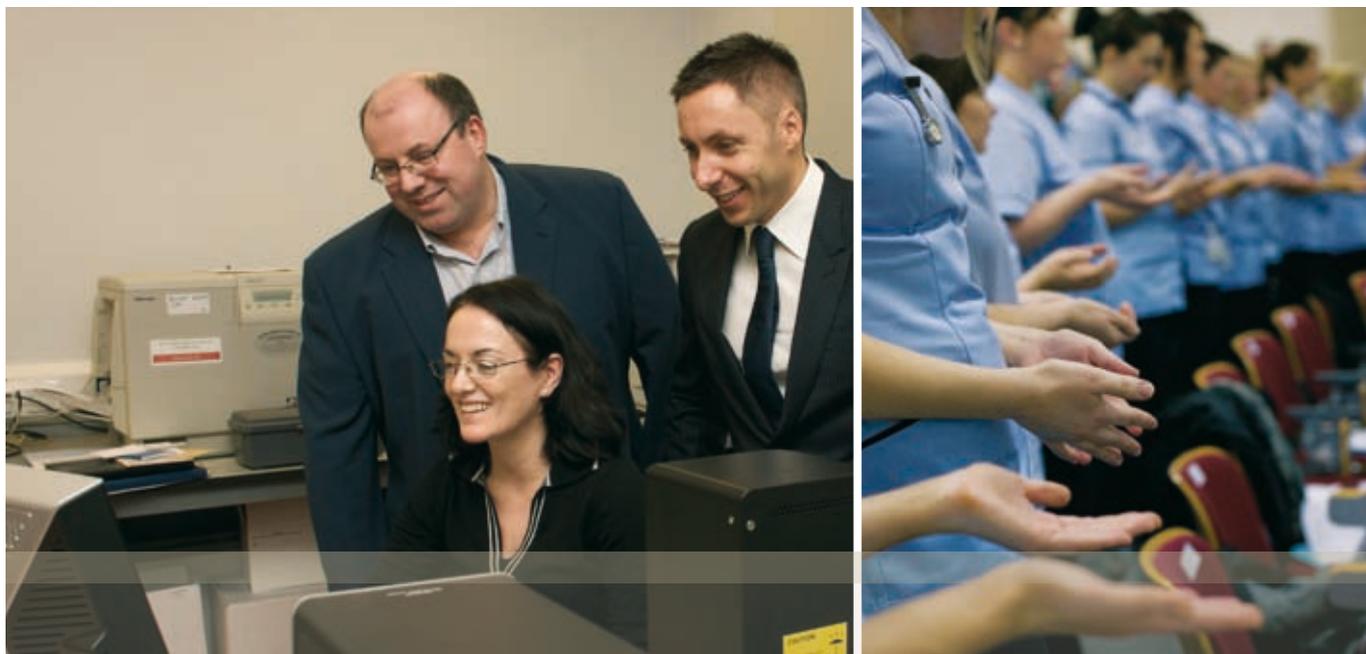
The purchasing function continued to expand its product portfolio and managed key vendor accounts. Both product aggregations for off contract purchases and rationalisation of the supply base were key focuses for the function in 2009. The purchasing team continued to work closely with the contracts function on a number of contracts initiatives. The number of purchase orders generated was 26,713 in 2009.

### IT enabled initiatives SAP/Materials Management 2009

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

- Increased use of attaching digital images and product specifications to master records
- Configuration to prepare for the incorporation of external services management into the Hospital's process flow. Services by nature have to be handled in a different manner to products
- Output of Intrastat return in XML format for upload to the Revenue Commissioners on-line service
- Design and configuration of Purchase Requisition and Purchase Order approval workflows in order to automate these processes and improve communication
- Mapping of product codes against contracts to allow for easier compilation of activity data and identification of contract coverage
- Continued enhancement of customised reports to meet the business needs of the Hospital
- Processes mapped and optimised to allow the extension of Hospital procurement procedures on SAP to MPBE, Planning and Commissioning

# Human Resources



**Mr. Ken Hardy**

Director of Human Resources

**Mr. Gerry Heffernan**

Deputy Head of Human Resources

## Key developments during 2009

During 2009 the Human Resources Department effected the following initiatives:

- Introduction of the Human Resources Business Partners 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
- Opening of the Regional Clinical Skills Centre
- Development of the e learning programme platform and e learning library facilities
- Continuing the leading edge work of the National SKILL Critical Mass Project for support staff in the hospital
- Implementing the new consultants contract
- Enhancing the services of the Occupational Health Department to the Hospital and its staff

### Centre for Learning & Development (CLD)

In 2009 the CLD continued to provide high quality education and training in response to the needs of all members of the multidisciplinary team and patient/service need. An annual Learning and Development Prospectus was developed based on identified learning and development needs of all multidisciplinary staff which was the primary means of prioritising learning over the twelve month period.

A wide range of education/training programmes were provided by the centre in 2009 to include:

- Mandatory Induction – A total of 23 programmes were delivered in 2009 – for all new staff
- Mandatory training:
  - Fire Training
  - Patient & Non-patient Manual Handling
  - Non Violent Crisis Intervention
  - Basic and Advanced Cardiac Life Support
- Staff/Management Development Programmes:
  - Customer Care
  - Absence Management
  - Competency Based Interview Training
  - Best Practice in Management of Health Care Records
  - Conflict Resolution
  - Supervisory/Management Development
  - LEO Refresher Training
  - Team Based Performance Management
  - Dementia Care/Psychiatry for the Elderly
  - Stress Management
  - IT and SAP Training
- Post graduate Diplomas in Specialist Nursing (in partnership with the School of Nursing & Midwifery, TCD)
- Short Nursing courses, seminars in partnership with NPDU and Clinical staff (Palliative Care, Venepuncture and Cannulation, Tracheostomy Care, Preceptorship/Competency, IV Study Days, Staff Nurse/CNM Study Days)
- H1N1 Influenza – The CLD was requested to respond to this national emergency in July/August with the Head of L & D supporting the development of an education programme at national level to support nurses (SJH and Community level) in the roll out of a vaccination programme in relation to H1N1 – this incorporated the provision of education and training to over 350 nurses in the use of:
  - Related Medication Protocols
  - Management of Anaphylaxis
  - BLS Training
- Retirement Planning

### HETAC (Higher Education and Training Awards Council)

CLD worked closely with relevant staff across the DATHs to progress HETAC Accreditation. SJH was successful in obtaining site eligibility accreditation and asked to progress to next phases - site accreditation and programme validation. Work will be ongoing with relevant stakeholders during 2010 to progress this exciting initiative.

### E-Learning Project

A major achievement for the centre in 2009 was the development of E-Learning which will be ongoing as part of the organisation's Learning and Development Strategy. The goal of the project was to provide a supported Online Learning Environment (OLE) for St. James's Hospital staff, which also complimented and added value to the classroom based programmes delivered at the hospital.

The chosen partner for this project was [www.hseland.ie](http://www.hseland.ie) - the Health Service Executive's online resource for learning and development. Through a close working partnership with the team at HSELand, key deliverables included:

- **The SJH Learning Hub** – an online resource where hospital staff can access interactive online learning programmes and learning support material, share ideas and resources and collaborate with other hub users
- Development of an online **Manual Handling training programme**, allowing staff to complete theory components, before completing practical assessment in inanimate and patient handling techniques at CLD
- **E-Learning Course Workshops** – Through a unique initiative, focusing on the utilisation of in-house knowledge and skills, staff from St. James's Hospital joined HSE staff at workshops to create new and innovative online learning programmes
- **In the Line of Fire – E-Learning Fire Safety Training**
  - The 'In the Line of Fire' e-Learning programme was developed and launched in partnership with the Hospital Fire Officer to facilitate staff in completing their annual fire training requirement online. This interactive and engaging e-Learning course provides the vital information needed to respond to a fire emergency. With this programme, users learn about the principles of fire, procedures to follow in case of fire emergency, types of extinguishers and how to use them, and evacuation procedures

### **Online Library/Resources Project**

The CLD worked closely with key stakeholders at hospital level in developing the 'On line Library/Resources' (to replace printed journals). Online resources/journals are now available to hospital staff and can be accessed via the intranet by clicking on the new **Online Resources/Library** button located on the lower left hand side of the intranet homepage. This work will be built on as we move forward.

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

The HSE SKILL FETAC Critical Mass Project continued in St. James's Hospital in 2009 led by a Project Manager and Education Facilitators in the CLD and supported by the SKILL Project Steering Group. The Primary aim of the project is to develop all support staff by ensuring that they are provided with every opportunity to access and apply 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.

A total of 97 support staff completed FETAC Programmes over the academic year 2008/2009 at Level 3, 4, 5 and Level 6. These programmes were facilitated both in VEC Colleges (non HCA Staff) and in the CLD (HCA Staff).

### **Funding for Further Education**

Based on a limited central Education/Training budget held in the CLD a number of staff education, training and development programmes were processed for funding/partial funding during 2009 to include third level programmes and work based learning/continuous professional development programmes. Access to education and funding is based on a fair and consistent approach with priority given to education, training and development which is strongly work related and brings clear benefits to enhancing the quality of the service and patient care. Decisions in relation to funding are also approved through the Learning and Development Steering Committee that is chaired by the HR Director and is representative of L & D staff and senior management staff across the hospital.

### **HR/Personnel Services Unit**

#### **HR Advisory Service**

The second phase of the Business Partner model was introduced in 2009 and this involved the reformation of the Recruitment and General Personnel sections into three service teams, each working under the direction of an identified HR Business Partner. The transition, which involved a high level of cross training and support amongst staff was successful and

received positive feedback from the directorates. Each team is assigned a specified number of Directorates/Departments and work closely with them to achieve their business objectives.

Recruitment activity reduced significantly during 2009 primarily due to the Government imposed moratorium on recruitment and promotions in the public sector that came into effect in March 2009. Additionally, stringent controls were maintained by the Vacancy Approval Committee to ensure that only the most critical positions were filled and this was achieved, in the main, by the redeployment of existing staff. Work continued on the roll out of the Competency Based Recruitment Framework and preparatory work commenced in relation to an e-Recruitment System, planned for introduction during 2010.

### **Cultural Diversity**

The annual disability survey, as required under the Disability Act 2005, was conducted in March 2009 and the hospital returned a level of 2.89%, which is slightly under the 3% level set for public bodies. The hospital was requested to present on the topic of 'Reasonable Accommodation – the experience of St. James's Hospital' at the National Disability Authority Good Practice Seminar.

The Health Services Intercultural Guide and Emergency Multilingual Aid were distributed to all directorates to assist staff deliver health care to a multicultural patient population.

### **Workforce Planning & Information Unit**

2009 was a very busy year for the unit due largely to the change in the current economic climate. External factors played a large role in the workload in that two complicated budgets were introduced - the Pension Levy, the Income Levy and changes to PRSI contributions. Other factors included the Government initiative to reduce the Management & Administration grades by 3% and the Moratorium on Recruitment. The hospital achieved and surpassed this Government target of 3 % while maintaining full services within the hospital and staying within the guidelines of the Moratorium on Recruitment. The stringent management control of staffing levels resulted in a reduction of 48 (1.3%) Whole Time Equivalent staff and a year end position showing 86.45 WTE below the approved HSE ceiling.

Furthermore, these policies led to an increased demand from internal and external sources on the unit to produce both routine and ad hoc reports. Internal demand for reports increased significantly as department heads became more focused on reducing absenteeism levels and controlling costs in relation to staffing levels.

The unit also administered over the transition of the entry of NCHD overtime and on call from a manual process to an automated solution. This has facilitated for greater transparency and reporting capabilities.

Other initiatives undertaken in 2009 included the utilisation of IT systems with the introduction of on line forms and processes, details of which can be found on the intranet site. The unit also took the lead in the introduction of a HR scanning solution that is hoped will eventually replace all HR hard copy files.

Finally, another initiative introduced in 2009, and one that has proven very popular amongst staff was the introduction of the bicycle incentive scheme as part of the Governments Cycle to Work initiative.

### Employee Relations

The employee relations climate during 2009 has been extremely challenging. A protest day on 6th November 2009 was followed by a one day strike on 24th November 2009. The strike was supported by the majority of the trade unions within the hospital as part of the ICTU campaign against imposed pension levies and government plans to apply wage cuts. During this period good working relationships with staff and trade union representatives moved the hospital through this difficult period.

### Absence Management

Absence management continued to be focused upon during 2009 and working in partnership with individual employees, HR staff, managers, trade union representatives and occupational health, resulted in total average absence rates decreasing by 1.3% from 4.6% in 2008 to **3.3%** by the end of 2009, and a 20% reduction in absenteeism costs.

### 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 2009, 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

### Occupational Health

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

Key services provided by the Department include:

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



- Travel Vaccinations for occupational purposes only
- In-post medical examinations
- Management Referrals for assessment of fitness to work

### Developments in 2009

- The H1N1 pandemic resulted in a number of challenges for the department. “Fit testing” of staff for respirators (masks are a main source of protection from infection) was co-ordinated by OHD. This involved training “trainers” throughout the hospital to “fit check” and “fit test” colleagues for respirators. A total of 81 staff members were trained by OHD and 3M (the company from whom the masks were sourced) to carry out fit testing in their areas. 821 frontline staff members throughout the hospital were fit tested for respirators
- The administration of the H1N1 vaccine was carried out by OHD and 70 nominated nurses throughout the hospital. OHD held extra clinics specifically for H1N1 administration. Following collation of information on staff vaccinated with H1N1 hospital wide the total was 1,922 from October 2009 to January 2010 i.e. 43% of the total staff in the hospital. A number of staff members with various risk factors had been vaccinated externally prior to release of vaccine for HSE Staff members. (The flu season runs from September 2009 to January 2010)
- OHD co-ordinated the education and training of nurses nominated to administer the seasonal influenza vaccine. A total of 9 education sessions were run. This will have long term benefit to the hospital in facilitating rapid vaccination of large numbers of staff in a short period of time
- Seasonal influenza vaccination uptake by staff increased from 836 in season 2008/2009 to 1,151 in season 2009/2010. Extra clinics were held in OHD to maximise uptake of the vaccine. The ongoing target is to have 30% of all staff vaccinated which is the level where decrease in sickness absence and transmission to patient, occurs
- A staff survey of the OHD service was carried out with data collection commencing on the 5th October 2009. 200 questionnaires were randomly given to staff who attended the department to complete, of which 71 were returned. This represents a response rate of 35%. Overall satisfaction with the service provided by the department was described as excellent by 48%, with 49 % reporting it as good
- A television and DVD are now installed in OH waiting room to provide staff with information on health related issues as they wait in the Department. This was organised by CNS L. Tierney made possible by financial support from Partnership

# Internal Audit



**Mr. Cathal Blake**  
Head of Department



The Internal Audit Department provides a strategic corporate control assessment function throughout the hospital. It is an independent function and thus can carry out its role with impartiality and objectivity. These are the core values and hallmarks of any Internal Audit Service.

The objective is to assist management in their work and to bring to their attention possible or actual areas of control weakness or indeed areas where greater economies and efficiencies may be affected.

The strategic role of the Internal Audit Department is reflected in the wide variety of audits carried out and the diversity of operations assessed and evaluated. This can be from financial areas to human resource areas and any other important operational areas within the hospital.

The areas to be audited each year are agreed between the Head of Internal Audit, the CEO and the Audit Committee of the hospital.

## 2009 Audit Work

The main audit work undertaken in 2009 included:

- Absence management audit
- Pharmacy audit
- Catering payroll audit
- Taxi service audit
- End of year stocktake 2008 audit
- Cash office audit
- Follow up to patients property account review
- Follow up to car park income report

# 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)

**Mr. Gerry Sullivan**  
Laboratory ICT Manager

**Mr. Feargal McGroarty**  
Haemophilia/Haemovigilance ICT Manager

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

## Systems Development in 2009

PACS/EPR Upgrade – New developments:

- The system was upgraded to version 2007.19, delivering a range of new functionality including 'Message Centre' which allows clinicians to endorse results electronically
- Clinical Documentation and ordering for SCOPe, including activity statistics
- Capture of secondary consultant activity to support the new consultant contract
- Clinical Documentation for: Falls and Blackout care pathway, Renal Anaemia clinical note, Tissue Viability referral and progress note, MDT Discussion Form for GEMS and Electronic recording of Dobutamine Stress Echo

Speech Recognition – This replaces the tape dictation method and reduces transcription. Areas implemented in 2009 included: Hepatology, Gastro-enterology, Urology, Neurology, Respiratory and Vascular.

**Electronic Time Capture (Coretime)** – This enables staff to self-manage their attendance times using their staff ID badge. The system was upgraded in 2009 and extended to Crest and Omega.

**Phone System** – IVR (Interactive Voice Response) was extended to Diabetic Day Centre and GUIDe.

**Document Imaging** – Finance – Scanning of invoices (integration of SAP and ADOS).

**Endoscopy (ADAM)** – Major upgrade carried out.

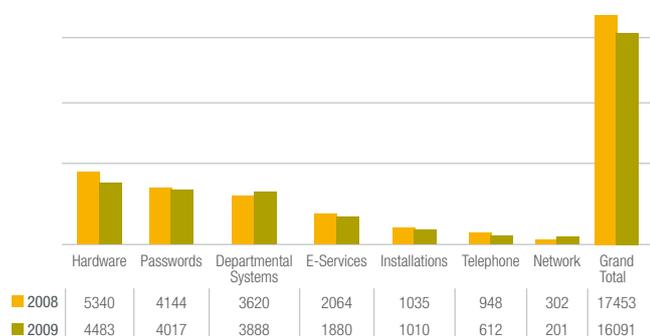
## ICT Infrastructure

**Network** – The IMS Technical Support team continued to enhance and manage the hospital's extensive integrated voice/data network, serving over 3,000 end-users. The old Siemens PABX system was finally dismantled giving more space in the IPT communications room which will now serve as a Network Hub and Data Centre.

**Server Management** – Virtualisation continues to deliver efficiency and service continuity. There are now sixty six servers on this infrastructure over three clusters. The EPR Oracle and Citrix platforms were upgraded to support increased use of on-line clinical information.

**Helpdesk** – There were over 16,091 calls logged in 2009. This represents a decrease of 8% on calls received in 2008 due mainly to a more stable infrastructure and the replacement of obsolete printers (90) and PCs (120). A breakdown of these calls can be seen in the graph below.

Helpdesk Calls 2008-2009



**Web Services** – In 2009 the Hospital's Website ([www.stjames.ie](http://www.stjames.ie)) underwent a major re-design following consultation with a wide range of stakeholders and users. The new site aims to be more responsive to key audiences, with specific focus on Patients, Visitors and GPs/Health professionals. New features include an Interactive Map, OPD Referrals Section and a Laboratory Reference Manual. Feedback on the new site has been very positive from staff, GPs and the wider public. Current usage on the website is:

- 206,134 individual visitors to the site – an average of 565 per day
- Total number of pages viewed 1,235,702 – an average of 3,385 per day

Similarly, the Hospital's Intranet has become a key source of up-to-date information and communications for staff, with over 1,000 page-views per day. It also provides an efficient platform for interactive workflow using online forms. This continued to grow in 2009 with over 55,741 forms completed during the year.

**E-mail** – In 2009 more than 1.3 million valid messages were exchanged. The challenge of unsolicited email (Spam) was further addressed by the implementation of a new Ironport security infrastructure.

**Security** – 2009 was another successful year for the security team. Proactive monitoring and management of the LAN meant that no loss of service occurred as a result of security threats. Encryption software was implemented for laptops and e-mail to ensure data integrity and data loss prevention. Encryption of removable media was investigated and planned for rollout in early 2010.

## Management Information Services (MIS)

**Data-Warehouse Reporting** – In 2009 the management information service provided key support to many operational and strategic initiatives, including: Waiting lists; ED utilisation; OPD capacity planning; Data quality monitoring; HSE-Healthstat; Casemix; National Health Atlas.

The production of scheduled and ad-hoc reporting also increased throughout 2009 for both, internal management and external agencies, this has been the trend now for several years due to the increasing requirement to measure performance and outcomes. The MIS information portal has been a key resource to manage this demand. This portal provides easy-to-use functionality, and enables the authorised end-user to access the data warehouse and analyse the latest information in real-time. The data warehouse framework



is constantly been extended and now encompasses data covering all major aspects of hospital activity.

**Systems Integration** – The integration service continues to manage and develop a wide range of operational interfaces for key systems as they come on-line, such as the EPR, Laboratory, Speech recognition, Claims, etc. This service is also key in the development and maintenance of the Data Warehouse. All new functionality that was added to patient systems in 2009 was interfaced to enable data to be extracted and loaded into the central warehouse.

**Clinical Coding** – The Clinical Coding service went through several major process changes in 2009, to improve accuracy, quality and timeliness. These changes were focused on several key clinical areas and as a result the quality measured by complexity and completeness have increased significantly. Also, as a result, the timeless has increased with 100% completed within three months and 95% complete within 6 weeks. As this service underpins many performance, planning and research programmes, the ongoing process of quality improvement and efficiency will continue.



Services Division Reports





**Dr. Finbarr O' Connell**  
Clinical Director

**Ms. Mary Foley**  
Nurse Manager

**Ms. Patricia Malone**  
Business Manager

## Introduction

The Crest Directorate encompasses the specialties of Cardiology, Cardio-Thoracic Surgery and Respiratory Medicine.

2009 saw a number of key initiatives introduced which have enhanced the service offered to patients attending the service.

## Cardiology

- Cardiology at St. James's provides services on inpatient, day case and outpatient basis, providing a supra regional service
- At St. James's Hospital there are two Cardiology Catheterisation laboratories where a wide range of elective and emergency procedures are performed
- In conjunction with the Medical Physics Department a comprehensive upgrade of Cath lab 2 was carried out in the first quarter of 2009
- 2009 also saw the first Transcatheter Valve procedures carried out in the Cath lab. St. James's Hospital is the only public hospital in Ireland to introduce this procedure
- Transcatheter valve replacement is for patients who are suffering from aortic stenosis for whom surgery is not appropriate. The procedure is minimally invasive and takes place in the cath lab without the need for general



anaesthetic. Patients are admitted the night before or on the day of planned procedure, they are generally discharged home within the following two days

- In 2009, 25 patients benefited from this procedure, despite the current financial situation it is planned to continue this program which has significant benefits for the patient and the hospital as it reduces the need for costly surgery

### **Cardio Thoracic Surgery**

The Cardio Thoracic surgical unit at St. James's is entering its 10th year. The unit opened in 2000 has three Cardio Thoracic surgeons and an experienced dedicated multi-disciplinary team delivering expert surgical care both pre and post procedure to patients from throughout Ireland.

The unit experienced a significant growth in the numbers of patient attending for Thoracic surgery the principle curative treatment for patients with lung cancer

In 2009, 199 lung resection were carried out in the unit, this is approximately 50% of the national caseload.

St. James's Hospital lung cancer programme has developed in line with the National Cancer Control Programme's development strategy for cancer treatment nationally. As St. James's is now one of the dedicated centres for Lung cancer, a strategic link has been established with Beaumont Hospital in Dublin. A Cardio Thoracic surgeon from St. James's attends the multi-disciplinary team meeting at Beaumont Hospital. Patients referred for surgery have their surgical care carried out at St. James's and following this are referred back to Beaumont for their follow on treatment.

Lung cancer services at St. James's were enhanced during 2009 with the appointment of a number of key posts which was made possible with funding received from the National Cancer Control Programme (NCCP). The posts appointed include a fourth Cardio Thoracic surgeon and a second Cancer Clinical Nurse co-ordinator. Both these posts have a positive direct influence on the care offered to patients attending the service. A further grant facilitated the purchase of a number of key pieces of diagnostic equipment including an EBUS scope. This facilitated an expansion of the Respiratory Endoscopy service and ensures that St. James's can continue



to offer rapid access to diagnostic services for urgent patients with a suspected lung cancer.

### Respiratory Medicine

- The Respiratory Medical speciality provides services to patients presenting to St. James's with a wide spectrum of Respiratory related illnesses
- The speciality now has five specialist consultants four full-time clinical posts and one dedicated research position. Dr. Anne Marie McLaughlin was appointed to a HRB funded consultant post in 2009
- The appointment of a fifth consultant affords the speciality a number of opportunities to expand the range of services available to patients
- Dr. Joseph Keane is currently directing a clinical research programme at Trinity College, this programme is at the forefront of research into study of Tuberculosis and Lung Cancer staging. The department and patients benefit significantly from this direct access to the most up to

date research presenting the opportunity to translate the findings into clinical practice

- The Respiratory Consultant group have a team approach to patient care and work within the respiratory multi-disciplinary framework. The outpatient, day case and inpatient caseload is managed by the Consultant team to ensure quick and appropriate access and treatment for patients
- The Respiratory speciality have an innovative approach to patient care which is evident in a number of initiatives including the Respiratory Assessment Unit (RAU) and the NIV programme on John Houston ward

### The Respiratory Assessment Unit

The Respiratory Assessment Unit (RAU) expanded significantly in 2009, both in the structure of the unit and the range of services provided.

The clinical team expanded with the appointment of two additional Clinical Nurse Specialists and a half time Medical Social Worker. This has facilitated the expansion of the



programme with the introduction of new services:

- Early discharge and admission avoidance programme for asthma and pneumonia
- Supportive home visit programme
- Omalizumab clinic

The established COPD programme saw a 100% increase in patients accepting the COPD outreach programme.

In line with the Respiratory Medicine's commitment to research the team's specialised research program continued with an Oral presentation at ERS 2009 in Vienna, two prize-winning poster presentations at ITS 2009 Galway.

### **TB Program**

The TB service at St. James's Hospital was established in 2004 upon the closure of the TB services in Peamount Hospital. Since 2004 an interim service has been in operation pending the construction of a dedicated clinical Tuberculosis national unit.

The TB multi-disciplinary team treat patients both on an inpatient and outpatient basis. The number of TB inpatients (those with a primary TB diagnosis) rose increased by 29% in 2010, St. James's has 3 negative pressure rooms in Hospital 5 unit 2 which are provided for the TB patients.

The directorate team continue to work with the CEO and the HSE to improve the service for patients with TB, the provision of the specialised TB unit will greatly improve the services available to patients, the directorate is looking forward to the next stages of the planning and commissioning process.



**Prof. Kenneth O'Byrne**

Clinical Director

**Ms. Suzanne Roy**

Business Manager

**Ms. Margaret Codd**

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.

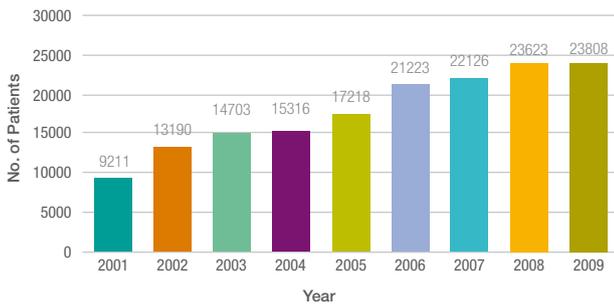
### Service Trends

During 2009, the Directorate activity remained in line with the previous years activity.

### Haematology Oncology Daycare

The Haematology Oncology Daycare Centre experience a slight increase in numbers, however the change in percentage terms was insignificant.

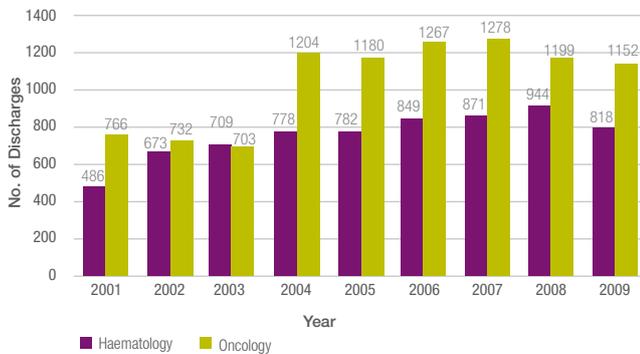
Daycare Attendances 2001-2009



### Inpatient Activity

In terms of in-patient activity, both specialities experienced a slight decrease in the number of discharges.

Discharges by Speciality 2001-2009



### Haematology

Professor Shaun McCann retired from clinical practice in September 2009. Prof. McCann was instrumental in the development of the Bone Marrow Transplant service in SJH.

### The Bone Marrow Transplantation Programme

Activity for 2009 is outlined in the four graphs and charts below:

Fig 1. St. James's Hospital total transplant programme 1984-2009

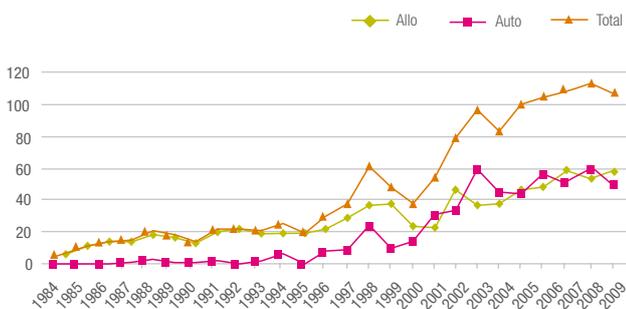


Fig 2. Standard Haematopoietic Stem Cell Transplants in 2009 by disease indication

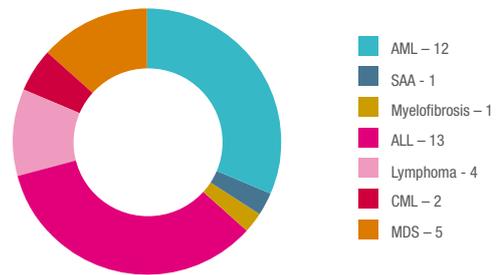


Fig 3. Allogeneic Bone Marrow Transplants in 2009

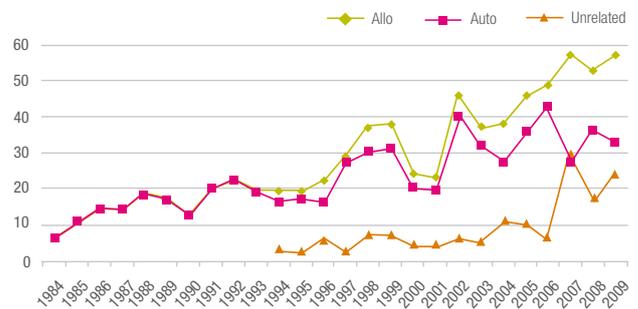
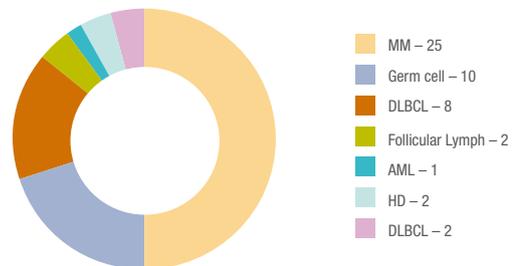


Fig 4. Autologous Bone Marrow Transplants in 2009 by disease indication



### Medical Oncology

Professor Kenneth O'Byrne received a personal chair from Trinity College Dublin and continued his chairmanship of the highly successful British Thoracic Oncology Group (BTOG). Dr. Dearbhaile O'Donnell was appointed co-chair of the gynaecology clinical study group at ICORG. At the Irish Society of Medical Oncology (ISMO) national meeting in December 2009, five doctors at SpR/Registrar level from SJH delivered presentations. Dr. Naidoo and Dr. Collins received prizes for their presentations.

### Palliative Care

Mr. Rory Wilkinson commenced the nurse prescribing programme and when finished he will be the only palliative care nurse prescriber in an acute hospital setting in Ireland.

## Radiation Oncology

Building work and the clinical integration of the Radiation Oncology facility on site commenced in 2009.

## 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.

### Cancer Clinical Trials Programme 2009

2009 was a very productive year for the clinical trials office at the hospital. 96 patients were recruited onto oncology/haematology clinical trials and 190 patients onto translational research studies. Trials continue to be conducted with most of the major pharmaceutical companies and international co-operative groups in the areas of breast cancer, lung cancer, colorectal cancer, ovarian cancer, lymphoma and chronic myeloid leukaemia.

## National Centre for Hereditary Coagulation Disorders (NCHCD)

### Warfarin Clinic

The Warfarin Clinic received funding from HSE Innovation Fund to commence training patients in the use of self testing machines CoaguChek XS. The Anticoagulation software system was updated to a web version DAWN Version 7 and it is being rolled out to South Inner City Partnership GP practices.

### Nursing Report

A number of new nursing appointments occurred in HOPE Directorate during 2009. Ms. Norma Daly was appointed CNM2 on Walter Stevenson's Ward and Ms. Karen Boyle as CNM1. Mr. Michael Farrell was appointed Clinical Facilitator for the post graduate Diploma programmes in Haematology and Oncology Nursing.

As part of her national remit in Haemophilia nursing, Anne Grogan (CNM3 of the NCHCD) has, in collaboration with colleagues in the other haemophilia centres, led on the standardised the nursing competencies required for caring for haemophilia patients.

### Nurse Education

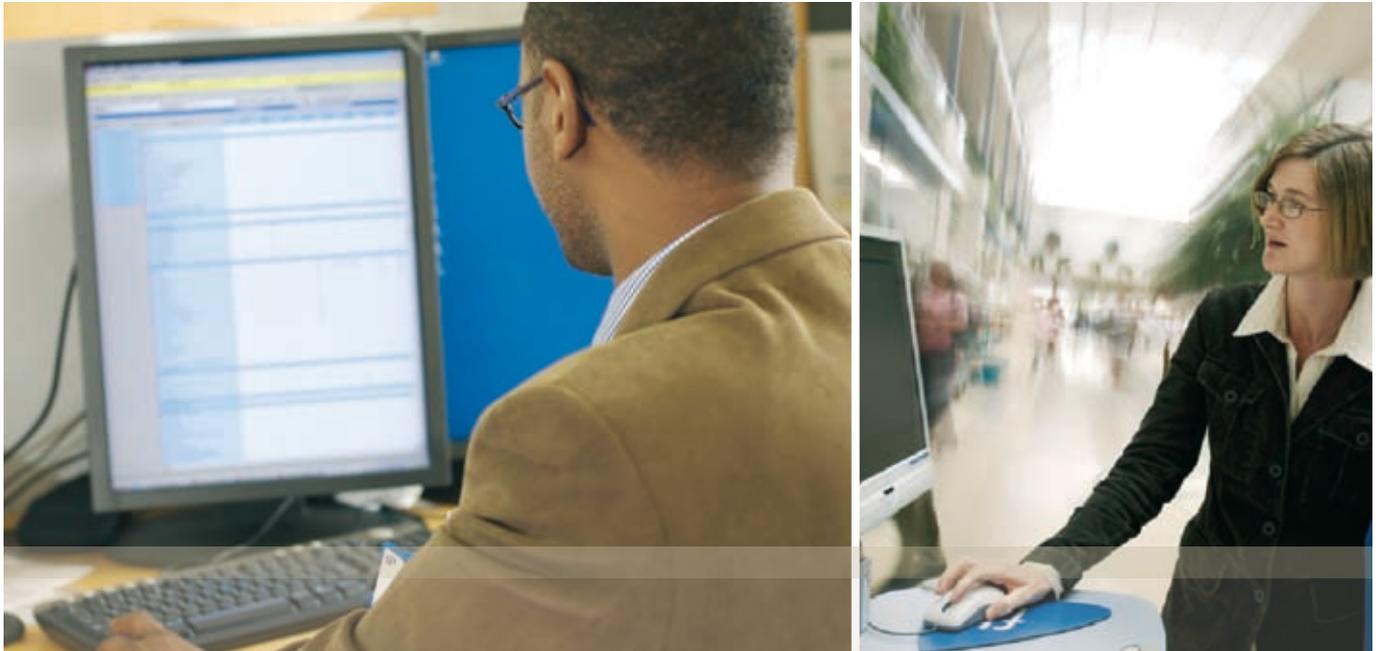
Many programmes have been established over the past few years and continued through 2008

- The two day Coagulation Course
- The four day Haematology Course
- The four day Oncology Course
- Post Graduate Diploma in Haematology and Oncology Nursing

Ms. Lidy Soloman and Ms. Louise Halpin, Haematology staff nurses, completed the Post Graduate Diploma in Haematology. In addition:

- Ms. Gillian Mullarkey completed an audit on oral mucositis which resulted in a change of practice within the HOPE directorate
- Ms. Carmel Whelehan, Oncology Staff Nurse, completed the Post Graduate Diploma in Oncology and was awarded the best overall academic achievement by UCD

# MedEL Directorate



**Prof. Davis Coakley**  
Clinical Director

**Ms. Carol Murphy**  
Business Manager

**Ms. 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 2009

2009 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. 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 seen major developments in 2009 with the opening of a new six bedded dedicated acute stroke unit in the Acute Medical Assessment Unit in May 2009. A national stroke nursing conference took place in October organised by MIRA and MedEI staff and the HRB has awarded a research grant to Dr. Daniel Ryan who will commence his stroke research work in the Mercer's Institute in 2010.

### **Falls and Blackouts, Bone Protection and Osteoporosis Service**

The Bone Protection and Osteoporosis Unit continues its high level of activity with 2180 patients attending for DXA scans, 870 patients attending the Pre –assessment and Clinical Nurse Specialist led clinics . In addition we had 1028 patients attending our specialised bone health clinics.

In 2009 a new mass spectrometer installed in the Department of Clinical Biochemistry and this has provided a more rapid method of Vitamin D measurement including the ability to study Vitamin D metabolites.

### **Falls and Blackout Unit**

The Falls and Blackout Unit continues to expand its service with 3118 patients attendances at the units clinics. All patients who attend St. James's Hospital with an unexplained fall and blackouts are seen as a priority in the unit . The unit allows for a detailed investigative work-up of these patients negating the need for admission to hospital. It acts as a one stop assessment where all tests can be carried out and a diagnosis made with one visit alone.

### **In patient Falls and Fracture Prevention Service continued to expand in 200**

Inpatients at high risk for falls are targeted for fall injury prevention once they are admitted under the care of the

MedEI 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. In 2009, 341 patients post – fall assessments were carried out.

### **Mercers Institute for Research On Ageing (MIRA)**

2009 marked the 21st Anniversary of the founding of the Mercer's Institute for Research on Ageing. The event was marked by the performance of Handel's Solomon in St. Patrick's Cathedral by the Guinness Choir and orchestra.

### **Technology Research for Independent Living (TRIL)**

The IDA and Intel Technology Research for Independent Living Project has its main clinical centre based in the Mercer' s Institute for Research on Ageing . This year completed one of the main phases of its operation with the completion of the TRIL 600 study.

The TRIL Clinic is an essential asset for the TRIL centre. It provides the clinical environment for our research , as well as acting as the source of research cohorts and baseline assessment data. The final TRIL participants were assessed in May 2009. In total over 624 patients were assessed as part of the programme.

### **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. Professor Rose Anne Kenny is the driving force behind this study which saw significant developments in 2009 with the opening of the new TILDA centre in Trinity College Dublin by President Mary Mc Aleese and the opening of a satellite centre in Cork .TILDA is now recruiting older people from throughout Ireland in its Longitudinal Study on Ageing.

### **Memory Clinic**

The Memory Clinic and Early Cognitive Assessment Studies Clinic has been very active in 2009. Patients are seen earlier in their illness and investigations allow for a more accurate assessment and treatment of the underlying causes of the cognitive deficit. 379 patients were seen in the Memory Clinic in 2009 of which 65% were new referrals for full assessment.

The Cognitive Studies Clinic is a rapid access clinical memory service aiming to assess patients with undiagnosed memory difficulties within 8 weeks from the time of referral. There were 250 patients assessed in the clinic in 2009.

## Dementia Services Information And Development Centre

### 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 was established in 1998 by representatives of St. James's Hospital, the Mercers Institute for Research on Ageing and the University of Dublin, Trinity College. Following a participative process with key stakeholders the previous year, 2009 saw the implementation of year one of DSIDC's first three-year strategic plan.

The strategic objectives for this period are as follows:

- To promote an awareness of dementia to policy makers, opinion leaders and others by providing up to date and relevant information at individual, organisational and institutional levels
- To enhance the knowledge, skills and attitudes of health care professionals and others who work with or who provide services to persons with dementia by identifying needs and by providing the most appropriate educational response
- To find out what works or makes a difference to the lives of persons with dementia by conducting and supporting action research and by disseminating findings
- To ensure the relevance, viability, growth and development of DSIDC through regular review of strategy and policy, increased resources and capabilities, good governance and management

Much was achieved this year in the areas of promotion of awareness, education and research.

### Developments in 2009

#### Promotion of awareness of dementia

Two international conferences were held which were very well attended and evaluated. In the Spring, the focus of the conference was on learning from the development of the Dementia Strategy for England, which was launched in February. This contributed to the development of a

submission from DSIDC to the Department of Health and Children on the National Positive Ageing Strategy. The Autumn Conference was attended by 155 participants and brought many expert speakers together on the theme of Dementia and Rehabilitation. This conference was a great success with 98% of respondents judging it to be very good or excellent.

DSIDC staff participated in many networks and made presentations at conferences and workshops during the year. Newsletters were produced in the Spring, Summer and Autumn and disseminated widely through our e-contacts database which was developed this year. Newsletters included articles on many aspects of dementia and information on dementia specific events. A new DSIDC website was developed and launched in March and is now widely used as evidenced by the number of queries in relation to dementia that are processed by the centre.

DSIDC undertook design consultancies which enabled organisations to enhance the experience of their clients with dementia by improving their environment. The DSIDC library was revamped this year and dementia specific resources sold included 52 books and 26 DVDs. Progress was made on an initiative between DSIDC, the HSE and the Irish Council of General Practitioners on the development of a web-based dementia resource for GPs.

#### Education

The education service at DSIDC continued to improve and diversify during 2009. The first published Education Brochure was produced and widely disseminated by email and in hard copy. This provided details of 6 different scheduled courses and how to access tailored courses designed to meet specific dementia education needs.

The provision of 79 separate dementia specific education sessions to 1,333 persons meant that 1,203 person days of education or training were delivered during the year. This represents just over 100% of the target for 2009, which was achieved despite a shortage of resources in many institutions which limited travel to attend courses. 11 scheduled courses and 14 'tailored' courses were delivered to health care professionals in the public, private and voluntary sectors. These were in Dublin and in 12 counties in the east, west and south of the country.

A new course on *Activities and Life Story* was developed and delivered in the Autumn and the specific needs of physiotherapists were addressed via a seminar in May. Work was done on the development of 3 new courses which will be

delivered in 2010. An Bord Altranais approval was obtained or renewed for courses of relevance to nurses.

DSIDC staff contributed to the development and/or delivery of dementia specific education in a number of other organisations including the Centre for Learning and Development, St. James's Hospital, The University of Dublin, Trinity College (MSc. Gerontological Nursing and MSc. Dementia) and the HSE Nursing and Midwifery Planning and Development Units (National Dementia Training Project).

## Research

The Living with Dementia Programme (LiD) funded by Atlantic Philanthropies, the Alzheimer Society of Ireland and Trinity College continued to deliver valuable research material.

Two additional PhD awards were made during 2009, bringing to four the number of PhD students now working on psycho-social aspects of dementia on the programme. Research to date has focused on quality of life and anti-dementia drugs, sheltered housing and long-term care for people with dementia, relocation to specialist dementia care units, and reminiscence therapy amongst people with dementia in Ireland.

A masters thesis written on the topic of Memory Clinics in Ireland and detailing numbers, location, services offered and referral pathways was completed in the Autumn. The findings from this work will be produced in booklet format for widespread distribution.

Three Living with Dementia seminars took place during 2009 with contributions from a number of international speakers. The first took place in January and had a focus on Reminiscence and Dementia Care. The second took place in May and focused on the topic of End of Life Care and Dementia and the third seminar on the topic of Self Neglect, Ageing and Dementia took place in December.

Scientific papers from the Living with Dementia research programme were presented at several local and European meetings. These included the New Insights into Ageing Conference held at King's College, London, papers presented at the 19th World Congress of Gerontology and Geriatric Medicine in Paris, and posters presented at the Irish Gerontological Society in Belfast and the DSDC, Stirling University Conference in York.



Speakers at the DSIDC Autumn Conference Dementia and Rehabilitation in November from L to R: Prof. Ian Roberston, TCD; Ms. Valerie Twomey, National Rehabilitation Hospital, Prof. Mary Marshall, OBE, Stirling University; Prof. Linda Clare, Bangor University; and Ms. Patricia Hallahan, Director, DSIDC.



Pictured at the DSIDC Spring Seminar Dementia Strategy Development from L to R: Prof. Rose Anne Kenny, Chair of DSIDC Steering Committee; Ms. Patricia Hallahan, Director, DSIDC and Ms. Maria Parsons, University College London.

# SaMS Directorate



**Prof. Colm Bergin**  
Clinical Director

**Ms. Sharon Morrow**  
Business Manager

**Ms. Sharon Slattery**  
Nurse Manager

## Introduction

The SaMS Directorate encompasses nine specialities, including the Department of Genitourinary Medicine and Infectious Diseases (GUIDe), Dermatology Endocrinology, ENT, Gynaecology, Neurology, Clinical Neurophysiology, Ophthalmology, and Rheumatology. It includes St John's, Victor Synge 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 2009

The Directorate continues to grow in activity with all services reaching their activity targets for 2009.

- A number of I.T. projects were piloted including the use of voice recognition and wireless ward rounds
- A number of I.T. projects were piloted including the use of voice recognition and wireless ward rounds, electronic referrals for Rheumatology and Diabetes as part of the Healthlink project and a review of casemix capture within the Directorate

## Directorate Staff Developments

The Directorate was delighted to welcome Sharon Slattery as Nurse Manager in February. Sharon was previously the CNM 2 on St John's Ward and brought a wealth of clinical

knowledge and experience to the Directorate Team. Dr. Bergin was appointed Professor of Infectious Diseases in 2009.

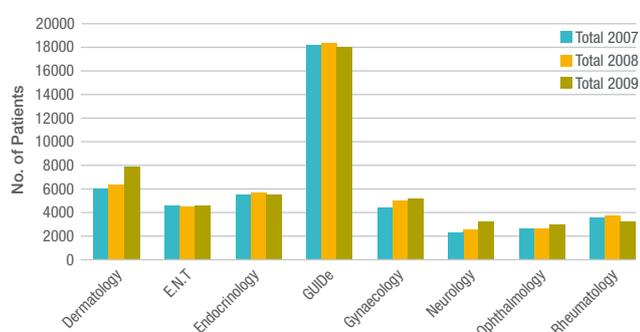
## Directorate Activity

### Outpatient Services

The total attendance rate for SaMS Directorate Outpatient services continued to increase during 2009. The Directorate continues to actively manage wait times, new to return patient ratios and DNA rates.

The SaMS Directorate vision includes the development of models of ambulatory care for Chronic Disease patients.

Total number of patients attending OPD



### In-patient Services

St John's Ward, Victor Synge Ward and Hospital 5 Unit 3 provide in-patient care. Joanne MacDonagh, Sinéad Moran, Nowell Ngwenya and Ann Sloane were promoted to CNM 2 and CNM 1 positions in 2009. Victor Synge Ward engaged in the successful 'One to One' constant patient supervision Health Care Attendant project which has led to an increase in patient safety and a significant reduction in costs. The ward also participated in the 'red apron' project as part of the organisational safe medication administration programme. Following the successful pilot of Epidural Management for post-operative patients on St John's ward, this service continued in 2009. The staff of Unit 3, Hospital 5 and GUIDe were facilitated by the Clinical Support Nurse in the development of clinical competencies for the management of Infectious Diseases and HIV patients.

### Day Ward Services

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

The day ward attendances per department were:

Day Cases	Total 2007	Total 2008	Total 2009
Dermatology	4,937	5,268	5,671
ENT	270	250	269

Day Cases Contd.	Total 2007	Total 2008	Total 2009
Endocrinology	12,996	9,729	6,435
GUIDe	3,776	2,101	4,036
Gynaecology	393	500	461
Neurology	146	144	150
Neurophysiology	1,176	1,286	1,535
Rheumatology	5,408	5,454	5,672
<b>Total</b>	<b>29,102</b>	<b>24,732</b>	<b>24,229</b>

### 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 organisation. 28% of patients discharged where accommodated in the Discharge Lounge in 2009.

### Dermatology

The Dermatology Department continued the NPTF initiative in 2009 with the aim of reducing clinic wait times. The additional patients from the SJH and AMNCH waiting lists, leading to a 48% increase in OPD new patient numbers in 2009.

Dr. Patrick Ormond continues to lead the Mohs Micrographic Surgery (MMS) service in the Health Care Centre. In 2009, 137 patients had MMS surgery conducted, which prevented these patients having to travel to the UK for their treatment.

The EB team, led by Dr. Rosemary Watson, continues to provide dedicated individualised care to adult patients with Epidermolysis Bullosa.

The Directorate would like to acknowledge the contribution and dedication to the Dermatology Service of Sarah Gore, Medical Secretary, who sadly died in 2009.

### Endocrinology

The diabetic service continues to provide highly specialised care for a growing cohort of patients. The service continues to provide specialised and tertiary services in areas such as insulin pump therapy and retinal screening. Carolyn Conroy joined the Endocrinology Team in 2009 as CNM3. Dr. Siobhán McQuaid commenced as Locum Endocrinologist in May. The team was actively involved in the development of a shared care programme for diabetes under the direction of Prof. Nolan. Pauline Wilson, Senior Podiatrist, developed a comprehensive diabetic foot care programme leading to a reduction in length of stay and admission avoidance for many diabetic patients.

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.)

Dr. Mark Rafferty joined the ENT team mid 2009 as Consultant ENT Surgeon. Latest figures show that St. James's Hospital now treats approximately 47% of the national Head and Neck Cancer workload.

The Tracheostomy Safety Programme continued throughout 2009. This service aims to highlight and eliminate the risk management issues associated with tracheostomy care. It incorporates quarterly interdisciplinary tracheostomy study days that are very well attended by both hospital and outside health care providers. The Audiology service, under the management of Geraldine Mann, Chief Audiologist, reviewed 586 patients in 2009.

### 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 service delivers a number of outreach services including OPD clinics in Wheatfield and Cloverhill prisons and in 2009, introduced an OPD clinic at the Coombe Women's and Infants University Hospital. In addition, a Haemophilia clinic was set up in the NCHCD.

In 2009, Síle Dooley successfully completed the National Nurse Prescribing programme and joins her colleagues Sandra Delamere as Gráinne Kelly as nurse prescribers in the department. A nurse-led clinic was established for the management of patients with latent TB.

The Infectious Diseases service delivered a successful H1N1 vaccination programme, providing vaccinations for 800 HIV patients in 2009. Prof. Fiona Mulcahy and Prof. Colm Bergin continued as National Specialty Directors, RCPI for their respective specialities; Genito-Urinary Medicine and Infectious Disease.

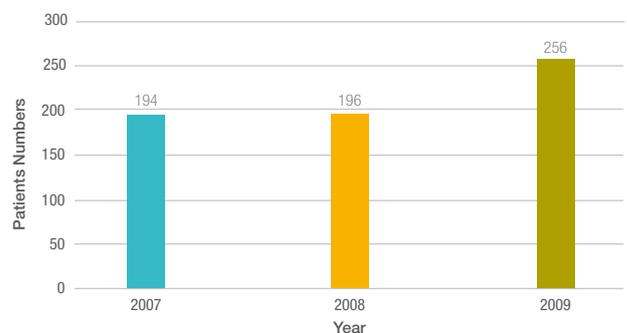
### Gynaecology

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 (menopause).

Dr. Eamon McGuinness retired from his position as Consultant Gynaecologist in 2009 was replaced by Dr. Katherine Astbury. Aidín Roberts joined the Gynaecology Team as Clinical Nurse Specialist from St James's Hospital and the Coombe Women's and Infants University Hospital. The Gynaecological Oncology Service provides a local, regional and supra-regional service for patients with gynaecological cancer. In 2009, 256 patients were reviewed at the weekly Gynaecological Oncology Multidisciplinary meeting.

Gynaecological Cancer Figures



### 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 joined the team as Clinical Neurophysiologist in February 2009. and has since established an ambulatory EEG and a short video telemetry service. In addition, the service has received a grant from Brainwave to conduct research in the area of baroflex sensitivity in patients with epilepsy.

### Neurology

The Department received innovation funding in 2008 for the Epilepsy Management Programme and has successfully continued and developed this programme in 2009. 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.

Martina McKenna joined the Neurology team in 2009 as Neurology Clinical Nurse Specialist. The Neurology Department continues with its ongoing research in Multiple Sclerosis, bone disease and immunomodulators. The department has a number of projects ongoing during 2009. 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 2,996 patients attending the service in 2009. 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
- a weekly early arthritis clinic
- an injection/rapid assessment service in the Rheumatology Day Centre

- a daily in-patient consult service
- a specialised physiotherapy/occupational therapy service
- a specialised consultant-delivered teaching programme in rheumatology
- a dedicated research programme
- 50% of the Departmental workload is related to acute Internal Medicine commitments

2009 was busy for the Rheumatology/GIM service, with in-patient admissions and out-patient/nurse reviews. 320 patients were assessed by the physiotherapy and occupational therapy services.

Some staff changes took place during the year: Michelle Lynch filled the vacant 2nd clinical nurse specialist post in Rheumatology, while Dr. Barry O'Shea accepted a consultant post, job-sharing with Dr. Doran. Dr. John Ryan and Dr. Rachel Kidney made valuable contributions to the internal medicine workload in the latter half of the year. Dr. Cunnane assumed a number of new roles, including the Presidency of the Irish Society for Rheumatology, Director of Post-graduate Education and Intern tutor at St. James's. In addition, she continues as National Specialty Director in Rheumatology and oversees all aspects of Rheumatology training in Ireland. Dr. Michelle Doran was an active participant in the EULAR taskforce on vaccinations in the rheumatic diseases. New clinical initiatives included the 'Angel' project, designed to evaluate clinic referrals and shorten out-patient waiting times.

# GEMS Directorate 2009



**Dr. P.W.N. Keeling**  
Clinical Director

**Ms. Catherine Carey**  
Nurse Manager

**Mr. Kevin Burke**  
Business Manager

## Introduction

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

## Developments in 2009

- In March 2009, the first Radio Frequency Ablation performed in Ireland was carried out in the Endoscopy Unit. This is a treatment for pre malignant lesions of the Oesophagus
- July 2009, saw the commencement of the Rapid Access Prostate Clinic in St. James's Hospital. These clinics provide a "one stop shop" approach to patients referred by General Practitioners for investigations into suspected Prostate Cancer. Clinics operate within the Endoscopy Unit whereby patients are seen in the GEMS OPD Department directly and undergo biopsy if necessary in the Endoscopy unit on the same day
- In July 2009 Colm Fox was appointed to the role of Renal Anaemia Clinical Nurse Specialist. The appointment of a CNS in Renal anaemia allows for 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

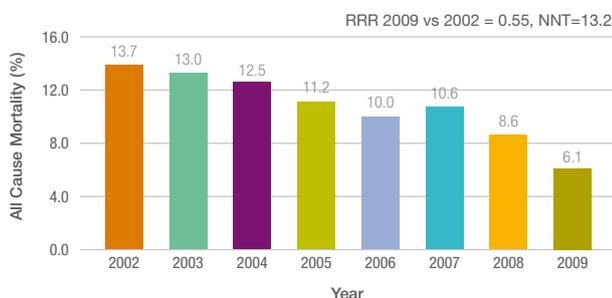
## AMAU – Emergency Medical Admissions

The Acute Medical Admission Unit receives all acute 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. AMAU capacity is such that, with an average of 18 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 are transferred from the AMAU to an appropriate specialty 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 for over 29,000 unselected acute medical patients admitted via the ED of a busy teaching hospital, was a more than 55% reduction in all-cause annual and 30-day hospital mortality, despite significant increases in workload, co-morbidity and acute illness severity over time. With 6000 episodes annually in approximately 4,700 patients, this translates into nearly 350 lives saved annually.

Figure 1 30-day All-cause hospital mortality rates in acute emergency medical admission (2002 – 2009)



## Breast Care Department

St. James's Hospital Breast Unit was designated as one of the eight specialist centres for Symptomatic Breast Disease Services in Ireland by the NCCP in 2007. This has led to an increase in our catchment area and resulted in a large increase in referrals for the service over the past two years. To accommodate the additional demand for services, Breast Care's clinic capacity was increased and two new clinics were established; additional Triple Assessment Clinics and a Family Risk Assessment clinic. Over 3,000 new patients attended Breast Care in 2009. This represents an increase of almost 50% on 2008. Much of the activity increases has arisen from the closure of Breast Care Services in AMNCH and the Midlands.

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 of our 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 2009, 82% of our new patients received their diagnosis at their first visit.

During 2009, HIQA completed their audit of Symptomatic Breast Services. In October 2009, HIQA came to St. James's to carry out a quality review of our service. Feedback from this was very positive.

### Key findings identified by HIQA

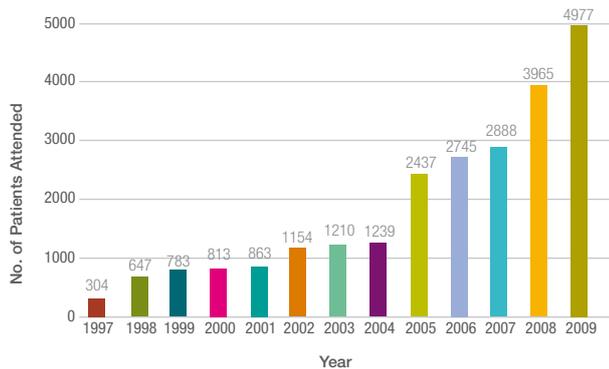
- St. James's Symptomatic Breast Disease Service was meeting the core quality and safety requirement set out in the standards
- Overall the service at St. James's had the systems, processes and controls to deliver the added value in standards expected in a National Specialist Service and to ensure sustainability going forward

In 2009 the Breast Care Department was successful in their application to the National Nursing Council for funding to appoint a CNS to write a proposal for an Advanced Nurse Practitioner in Breast Care. This grant provides us with the resources and opportunity to prepare and submit a proposal for an ANP in Breast Care. The appointment of an ANP to Breast Care would greatly support and enhance the service to patients with breast disease, providing a more streamlined, specialist and holistic approach to patient care.

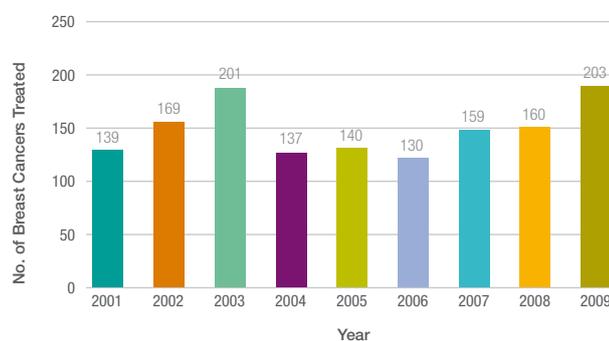
Ms. Yvonne Hanhouser, Clinical Nurse Specialist in Breast Care presented her Poster on "Information Needs of Newly Diagnosed Breast Cancer Patient's" at both The National Nursing Council's Open day and the EONS (European Oncology Nurses Society) in Berlin in 2009.

The tables/graphs overleaf show how clinic activity has increased since the Breast Clinic was established in 1997.

Breast Care Activity



Number of breast cancers treated



Colorectal Surgery

The colorectal surgery service is part of the General Surgery Service. The Colorectal service continued to develop in 2009. St. James’s hospital has been designated a cancer centre under the National Cancer Control Programme which has resulted an increase in referrals by almost 25% to the colorectal service. The number of colorectal cancers referred to St. James’s hospital in 2009 was 207\*. There were 138 tumour resection surgeries and 63 non resection surgeries carried out.

Mr. Dermot Hehir, Consultant Surgeon from Tullamore, performed rectal resections on 11 of his cancer patients in St. James’s. Mr. Fiachra Cooke, Locum Consultant, also joined the colorectal team in September 2009.

The GI oncology Multidisciplinary team meeting takes place weekly and in 2009 over 96% of patients were discussed at this conference. There was an increase in 30% in the workload of the meeting with 326 lower GI patients discussed. Some patients were discussed on multiple occasions.

The Colorectal unit provides the highest level specialist registrar training in Coloproctology accredited by the association of Coloproctology of Great Britain and Ireland.

St. James’s continues to submit data for inclusion in the association of Coloproctology of Great Britain and Ireland’s bowel cancer audit and is the only hospital in the Republic of Ireland to do so.

The availability of expertise in colorectal stenting in the emergency setting has allowed patients with large bowel obstruction to avoid a colostomy using stenting as a bridge to surgery.

The colorectal cancer nurses Delia Flannery & Katrina O’Connor continue to provide patient focused care from diagnosis, through treatment and onwards to nurse led surveillance. The follow up clinic workload continued to increase in 2009; with an increase from fortnightly to weekly clinics resulting in a 65% increase patients seen. The stoma care department workload increased due to the cessation of community based stoma services in community care areas 4 and 5. This has resulted in an increase in patients seen in the hospital.

The genetics nurse Michael Farrell provides a genetic counselling service. All cases are discussed with Prof. Andrew Greene, Geneticist in Crumlin children’s hospital. There has been a threefold increase in these referrals with an average of 30 patients referred annually. Immunohistochemical analysis is carried out for mismatch repair protein expression and/ or Microsatellite instability studies looking for the molecular hallmark of Lynch Syndrome/Hereditary Non Polyposis Colorectal cancer on resection specimens. The genetics service has identified 13 families to date with pathogenic mismatch repair mutations and have also identified 2 large Lynch Syndrome families in with a Genetic Variant of Uncertain Significance (GVUS).

Renal Dialysis Unit

Since Oct 2008 St. James’s Hospital now provide patients with an improved treatment called Online Haemodiafiltration.

The benefits of Online Haemodiafiltration versus standard haemodialysis are:

- Online HDF stabilises blood pressure using the process pre dilution. This creates better cardiac stability—therefore suited to the unstable hypotensive, hypervolaemic/pulmonary oedema patient, or patient in ICU
- Online HDF allows greater blood clearances of Urea and Creatinine due to convective transport in HDF in comparison to diffusion transport in haemodialysis

- Online HDF is proven to remove Beta 2 micro globulin, which is proven to eliminate/reduce carpal tunnel syndrome and amyloidosis in CRF patients
- Decreases complement activation–has been proven patients on HDF therapy require reduced amounts of EPO therapy in comparison to Haemodialysis

### Online HDF Activity

- Dialysis treatment sessions for 2009 were 526. Increase from 456 – 2008
- No of patients treated was 115. Increase from 97 – 2008
- Pre Dialysis education – newly diagnosed ESRF – 57
- Renal patients for transplant work up – 40. Pre Dialysis Vaccination sessions – 81
- Renal Anaemia Jan – July 2009 – 71
- Transfers to chronic units – new patients: 17
- Admissions to SJH from Chronic Units – 48
- Recovered function: 23 patients = 25.2%

### Education/Training

- CNM Nuala Doyle attended the American Nephrology Nurses Association Conference in San Diego in April 2009
- Vicente Ecalnir RGN attended the British Renal Symposium in May 2009
- Nuala Doyle CNM represented SJH Renal Services on the SARI – Strategy for the control of Antimicrobial Resistance in Ireland. The Guidelines for – Prevention of Intravascular Catheter Related Infection in Ireland were published in Dec 2009

### 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. 57 patients were newly diagnosed with

End Stage Renal Failure in 2009 that required counselling and education. We continue to vaccinate our CKD patients and monitor response levels annually as per National Guidelines. Renal Patients are worked up for Renal Transplantation and all necessary screening and tests are organised. 2 of these patients received pre emptive transplant in 2009. There is currently 270 patients on our CKD programme.

### Anaemia Co-Ordinator

In July 2009, Colm Fox was appointed to the role of Renal Anaemia Clinical Nurse Specialist. The appointment of a CNS in Renal anaemia allows for 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.

- A live list of patient receiving ESA therapy has been compiled on the EPR system to facilitate the monitoring and management CKD patients
- IV iron clinics are held on Tuesdays and Thursdays in the dialysis unit, a total of 161 doses of IV Venofer have been administered to CKD patient with iron deficiency anaemia from July 2009 to December 2009
- 196 patients receiving ESA therapy were reviewed from July 2009 – December 2009. Nephrology patient are assessed at the CKD clinic held in the Gems out patient department on Friday mornings
- A total of 357 patients attended the anaemia management and iv iron clinics from July 2009 to December 2009

### Hepatology

The Hepatology Centre provides a comprehensive service to patients with viral & non viral liver disease and gastroenterological disease. The unit is patient centred 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 them.

- Total new referrals, comprising general gastroenterological, general liver, viral & haemochromatosis referrals in 2009 was 1, 088. More than a quarter (27%) of all new referrals to the unit are viral hepatitis referrals. The Hepatology Centre now provides consultant led weekly Hepatitis B clinics & weekly Hepatitis C clinics
- The nursing & consultant staff continue to develop the treatment clinics with activity in this area consistently

growing. Treatment compliance & patient outcomes are excellent. Attendance at the HBV & HCV treatment clinics represents 31% of all attendances to the unit. Staff & patients have participated in research projects in 2009

- The success of the link with the addiction services in the treatment of patients with Hepatitis C continues to grow. Extensive ground work and preparation was carried out in 2009 to expand the Hepatitis C treatment service into the Prison System. This treatment service will be introduced to the Dublin Prisons in 2010
- The Nurse Liaison link with St. Vincent's Hospital continues to develop. It is a very important link for patients who are transferring to St. Vincent's Hospital for liver transplant. In 2009 twenty patients were assessed for suitability for liver transplant. Nine patients went forward for liver transplant.
- In 2009 two new Fibroscan clinics were set up in the unit. Fibroscanning is used for the non-invasive assessment of the liver
- The Phlebotomy service in the Hepatology Centre continues to develop
- The bloods clinic is nurse led & provides pre out-patient blood testing, genetic screening for haemochromatosis & OGTT screening for viral, HCT & fatty liver disease
- 108 patients had OGTT screening in 2009. Of these patients 9 were positive diagnosed with type II diabetes, 32 patients were glucose intolerant
- 124 patients had genetic screening for Haemochromatosis

Statistics 2009

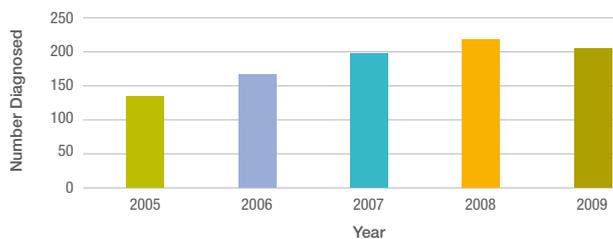
Description	New	Return	Total
Virology Clinics (C)	168	773	941
Virology Clinics (B)	125	432	557
General	732	2032	2764
Haemochromatosis	63	215	278
Urea Breath Tests	35	177	212
Nurse Led HCV	79	2254	2333
Blood Testing Clinic	171	693	864
Pre Liver Biopsy Cln	17	143	160
Counselling Clinic	63	282	345
Nurse Led HBV	8	393	401
<b>Totals</b>	<b>1461</b>	<b>7394</b>	<b>8855</b>

Upper Gastrointestinal (GI) Surgery

The upward trend for Upper GI malignancies in Ireland can also be seen in St. James's Hospital. Compared to figures from the National Cancer Registry of Ireland (NCRI), 17% of all oesophageal/gastric cancers in Ireland came through SJH, 20% in 2006 and 23% in 2007.

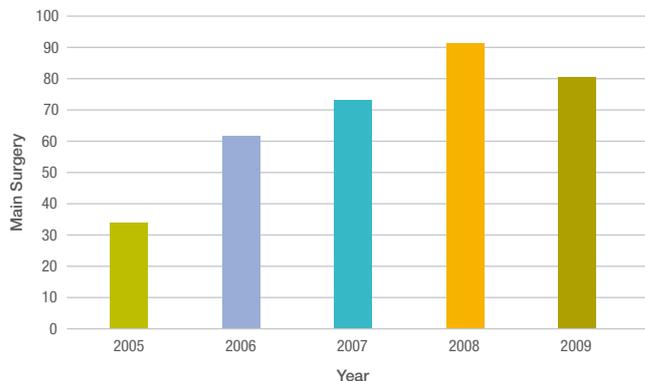
- The overall Upper GI Cancer activity is increasing in St. James's Hospital

Oesophageal/Gastric Cancer SJH 2005-2009



- Within the Upper GI service in 2009, 68% of all referrals to SJH were tertiary referrals, with SJH now a well established centre of excellence for the treatment of Oesophageal and Gastric Cancer
- 2009 saw the appointment of a second Upper GI Surgeon, Mr. Ravi Narayanasamy, a Cancer Research Nurse, Ms. Zeita Claxton, all of whom will expand the service greatly
- A patient education innovation through a 'Patient Journey' DVD has greatly improved the hospital experience for patients as they are faced with the prospect of major surgery

Number of Major Operations



The weekly Upper GI Multidisciplinary Team conference is a successful structured collaborative approach to patient management. 84% of newly diagnosed patients in 2009 were discussed at the weekly MDT meeting. The teleconference link with Tullamore Hospital facilitates comprehensive communication between Mr. Johnston/



Mr. Hehir and the Upper GI team in St. James's Hospital. Discussion regarding patients newly diagnosed there results in the referral of patients to St. James's Hospital for further specialist care.

The Upper GI Out Patient Department clinics remain ongoing every Wednesday and Thursday while surgery continues every Monday and Friday.

### Barrett's Oesophagus

A registry of individuals at risk of oesophageal cancer has been developed at St. James's Hospital to promote prevention and earlier diagnosis of this potentially devastating cancer. This registry of patients with Barrett's Oesophagus, a condition that relates to long-term exposure of the oesophagus to acid reflux, is associated with a 40 fold increased risk or an approximate one in 200 annual risk of cancer. This database contains detailed patient information, which facilitates surveillance, education and research. It is estimated that over 1,000 patients attend St. James's Hospital with Barrett's Oesophagus who are currently on a surveillance programme.

A multi-disciplinary group has been set up under the direction of Professor John Reynolds and Dr. Dermot O'Toole. The function of this Group is to review and improve treatment for Barrett's Oesophagus. The Group have agreed on a dataset

for the collection of all relevant data for this condition. Reports are generated to identify patients that need surveillance and follow up care. This facilitates targeting the prevention of oesophageal cancer and allows more cancers to be identified at a curable stage. The Barrett's Group has produced a comprehensive surveillance policy and this is available in each Endoscope suite for medical staff to follow. This group have also produced an information leaflet for patients suffering from this condition. We have found that patients who have read this leaflet are more informed about their condition and this in turn helps alleviate unnecessary anxiety.

A Barrett's clinic has been set up and is held on a fortnightly basis. This clinic is unique as it is dedicated to a particular disease and involves both surgical and medical specialities, and is the first of its kind in Ireland dedicated to Barrett's Oesophagus.

In March 2009, the first radio frequency ablation treatment in Ireland for patients with dysplasia was performed on a 65 year old gentleman followed in the Barrett's Oesophagus Clinic at St. James's Hospital. This procedure was carried out by Dr. Dermot O'Toole and Mr. Narayanasamy Ravi. It was performed as a simple day case procedure.

In December 2009, the Oesophageal Cancer Fund approved funding for Barrett's Data Managers at St. James's Hospital,

Beaumont Hospital, St. Luke's Hospital in Kilkenny and Mercy University Hospital, Cork for three years. The aim is to establish a National Registry in the Republic of Ireland, with St. James's Hospital taking the lead role in its development.

### Endoscopy Unit

There was a significant increase in the number of procedures carried out within the Endoscopy unit in 2009. For the first time over 5,000 colonoscopies were carried out. Despite a significant increase in the number of procedure being carried out wait time targets are being maintained. The endoscopy Unit has participated in a nationwide weekly audit of wait times for colonoscopies carried out by the HSE from November 2009 onwards. The SJH Endoscopy unit has been compliant every week in November and December in terms of wait time for both urgent and routine patients. As noted above the first radio frequency ablation carried out in Ireland was carried out in our endoscopy unit. 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. One of the advantages of endoscopic radio frequency ablation of a premalignant lesion as a day procedure is that it avoids the need for open surgery in theatre, subsequent intensive care and possible prolonged post-operative inpatient care.

In September 2009 the Endoscopy unit developed the role of a Clinical Nurse Specialist in Inflammatory Bowel Disease. This Specialist Nurse over sees the care of patients with Inflammatory Bowel disease, providing patient support at diagnosis, during treatment and in the post treatment phase. To date more than 450 patients have been seen, assessed and treated. The GEMS Directorate would envisage that this service will experience significant growth and expansion in the near future given the projected referral numbers expected.

In March 2009 Ms. Sharon Hough, Advanced Nurse Practitioner in Gastroenterology successfully gained registration as a Nurse Prescriber.

The following endoscopy procedures were carried out in the unit:

Procedure	Number
Colonoscopy	5,003
Cystoscopy	970
ERCP	471
Trus biopsy	363
Sigmoidoscopy	287
Bronchoscopy	968
OGD	6,576
Ileoscopy	28

### GI Function Unit

Demand for GI Physiology studies continued, a total of 3295 procedures were carried out in 2009, 59% of which were external referrals. Gastro-oesophageal reflux disease (GORD) patients accounted for over 90% of the workload.

The unit has introduced a new investigation technique, combined 24h Impedance pH monitoring. Combined impedance-pH (MII-pH) monitoring detects gastro-oesophageal reflux and identifies acid and non-acid reflux events. It can be used in patients with persistent symptoms whilst on medical therapy. This test will revolutionise how reflux is investigated and is helpful in selecting patients who will benefit from anti-reflux surgery.

A new Chief GI Technician was appointed to the unit this year and is the first Chief post in GI Physiology to be appointed in Ireland. The GI Function Unit is the only provider of a national referral service and is the only investigation unit that has full Accreditation as both a Service and Training Unit in Ireland.

### Urology

July 2009 saw the commencement of the Rapid Access Prostate Clinics in St. James's Hospital. These clinics provide a "one stop shop" approach to patients referred by General Practitioners for investigations into suspected Prostate Cancer. Clinics operate within the Endoscopy Unit twice weekly whereby patients are seen in the GEMS OPD Department and undergo biopsy if necessary in the Endoscopy unit on the same day.

### Stoma Nursing Department

The Stoma Nursing Department in St. James's Hospital provides a responsive, supportive and comprehensive nursing service to patients who have existing stomas or who require stoma formation, or reconstructive bowel and bladder surgery and management of enterocutaneous fistulae.

The Stoma Care Department in St. James's Hospital continues to be a very busy one and currently has two Stoma Care Nurse Specialists, Ms. Anna Fearon and Ms. Siobhán McGovern. The Stoma Care Nurses review all patients that may potentially require a stoma during planned surgery. These patients are sited for a stoma and counselled in relation to the implications of a stoma on their lives. Patients that are not referred pre-operatively due to emergency surgery are reviewed on request post-operatively.

All patients receive information in relation to self-management of their stoma, and where possible this is done over a period of time prior to discharge. At time of discharge, patients will ideally have reached the desired level of competency

required for them to manage their stoma. If a patient is not independent on discharge a carer, friend or relative will be taught how to manage the care of the stoma.

Patients choose the stoma appliance that they prefer and that best suits their lifestyles. Supplies are given to the patient on discharge and referral is made to appropriate community stoma care follow up where available. Otherwise patients are followed up in our Stoma Care Outpatients Department. Relevant contact details and information regarding support groups and organisations is also given to patients on discharge.

The Stoma Care Department conducts Nurse Led Clinics on a need and demand basis. Patients needs are reviewed in the areas further education, information, advice and problem shooting complications that they may be experiencing.

The role of the stoma care nurses also involves:

- Return inpatient reviews
- Outpatient reviews and referrals
- Dealing with phone calls and queries
- Advice on wound and drains management
- Information regarding stoma formation, and reconstructive surgery
- Discussing Treatment options
- Procedure information
- Teaching staff members and students
- Attending study days and conferences to keep updated in current practice

	Stoma					
	2004	2005	2006	2007	2008	2009
Number of patients requiring stoma surgery	111	104	137	134	144	162
Colostomies	54	53	59	68	66	70
Permanent	20	32	29	44	41	49
Temporary	34	21	30	24	25	21
Ileostomies	46	39	69	55	66	92
Permanent	22	21	25	22	22	53
Temporary	24	18	44	33	44	39
Urostomies	8	10	9	10	11	19
Jejunostomies	2	0	0	1	1	0
Patients who had ileo anal pouch constructions	2	2	2	1	2	4
Patients who had closure of Temporary Stomas	17	8	26	30	14	26

Patients requiring fistula/wound care	28	24	22	40	94	82
Number of Out Patients seen	332	248	380	374	330	477
Number of In Patients seen	281	225	372	376	284	243
Patients sited pre-operatively but did not have Stoma formation during Surgery	62	47	44	64	49	54

### Clinical Focus

The patients referred to these services are under the care of the following surgeons: Mr. Stephens, Mr. Mehigan, Prof. Reynolds, Mr. Boyle and Dr. Gleeson, Mr. Butt, Mr. Lynch, Mr. Grainger, Mr. McDermott and Mr. Cooke.

In the year 2009 a total of 162 new stomas were formed in St. James's Hospital.

- Permanent Stoma's = 69
- Temporary Stoma's = 85
- Palliative Stoma's = 26

A total number of 243 in-patients in 2009, which included patients with wounds/drains who required specialised knowledge and skills. 26 of our in-patients had their stoma reversed. 54 patients of this total were sited for stoma, which were not created. Our total number of outpatients was 477, which included, ongoing post surgery reviews and teaching of stoma care.

Services provided in OPD Stoma Clinic

- Pre op siting of stoma
- Pre op information
- Fitting of hernia supports
- Assessment and management of fistula
- Telephone contact and advice
- Referral to community support services
- Stock management of stoma supplies
- Product review
- Review of peristomal skin if experiencing soreness
- Review of prolapsed and retracted stoma's
- Review of stoma separation
- Education of patients and family regarding stoma management
- Provide information booklets for patients and staff
- Provide counselling and support
- Providing follow up post discharge
- Education of nursing students

# 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 and Chest Pain Assessment Unit (CPAU).

The mission of the Directorate is to provide the optimum care for patients presenting to the department in an efficient and effective manner within those resources made available to us. Our roles include direct patient care, support services, administrative functions and academic and training activities.

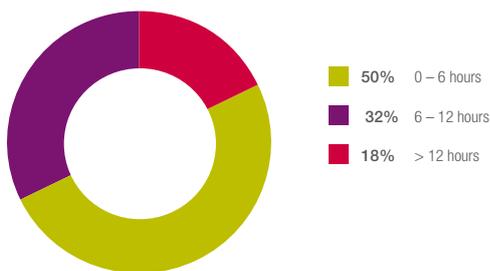
**Challenges**

A major challenge over the past number of years has been the attempt to ensure efficient throughput for all patients, from first attendance to going home or being admitted to a hospital bed. Many patients can be sent home safely only after significant investigation, which has to be co-ordinated with other departments, each of which has an already busy booked schedule. In particular, Diagnostic Imaging, Vascular and Cardiac laboratories and Endoscopy have to be commended for the superb support they provide. Without these, and the various disciplines in the LabMed Directorate, we would be unable to function as a modern Emergency Department, our throughput times would be greater and our admission rate would be higher, given the complexity of the patient presentations.

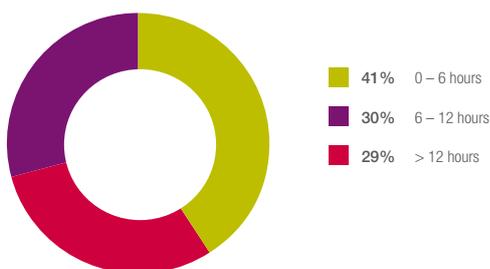
Failure to clear patients who have been dealt with leads to overcrowding and inability to process new patients arriving, rendering us more inefficient. The more efficient we can become at discharging patients after emergency care, whether to a ward bed or home, the more space we have to see patients within the ED. Thus, success will breed success.

Our greatest challenge this year was dealing with the H1N1 crisis from June onwards. The constantly changing threat level and the need to ensure staff and patient safety was a significant burden on staff morale and their physical abilities to work in protective clothing and masks for prolonged periods. The approach of the staff was professional and ensured that both “flu” patients and all our usual cohort of sick and injured patients were dealt with as efficiently as possible, despite the fact that a significant number of staff fell ill with “flu”.

Patients discharged to home



Total time for all patients attending ED



The new HSE standard of a 6-hour maximum duration for each and every patient will be a huge, and probably our greatest, challenge for next year. This cannot be achieved solely within the ED. It requires committed support from our in-house colleagues and from the Primary, Community and Continuing Care arm of the Integrated Service Directorate of HSE.

**Advanced Nurse Practitioners**

Over the last thirteen years almost 75,000 patients have been treated by advanced nurse practitioners in this Emergency Department. The expertise developed has made a significant contribution towards the development of the ANP role in

urban and rural emergency departments throughout the country. It is well recognised that this role is critical for the Health Service Executive’s reconfiguration plans for its Emergency Services.

The Advanced Clinical Skills in Emergency Nursing module is delivered both as part of the MSc in Nursing and as a stand alone module. To date thirty ANPs have been trained through our clinical module, representing 90% of ANPs working in emergency departments in this country.

SI 303 European Communities (Medical Ionising Radiation Protection) (Amendment) Regulation 2007 allowed for nurses to become prescribers of ionising radiation. In 2009 An Bord Altranais agreed that our ANP module met the statutory requirements, so those completing this training will be equipped to become independent prescribers of ionising radiation.

**Chest Pain Assessment Unit**

In 2009, Clinical Nurse Specialists and an Advanced Nurse Practitioner (Emergency Cardiology) were responsible for reviewing 1,253 patients presenting with chest pain to the ED. Their additional responsibilities include training in ECG interpretation and BLS for both nursing and medical staff.

641 patients were admitted to the chest pain assessment unit (CPAU) in 2009. 64% were safely discharged within twenty four hours. Patients with abnormal assessments require longer admission as they generally proceed to diagnostic angiography. 147 patients required diagnostic angiography, of which over 60% were abnormal. CT coronary angiography was introduced, under the clinical lead of Dr. Ross Murphy, towards the end of 2008, in order to reduce the need for diagnostic angiography in those cases with equivocal assessments. In 2009, ninety four such patients underwent CTCA. 19 of these were shown to have disease requiring angiography, with invasive angiography avoided in the remaining 75 patients.

Following discharge from CPAU, all patients are reviewed in a nurse-led CPAU review clinic, where the primary focus is risk factor assessment and modification. There was a 97% attendance rate.

As part of a quality assurance measure, an audit of all patients discharged directly from ED following a presentation with chest pain was carried out over a 2 month period. This confirmed appropriate adherence to departmental protocols, with no cases of inappropriate discharge identified.



In conjunction with the cardiology department we have consolidated our audit processes of 'time critical' interventions for STEMI (ST-segment elevation myocardial infarct). The median times for the first 12-lead ECG are now under 12 minutes. Reperfusion is usually provided on a 24/7 basis as direct infarct angioplasty by the cardiology service. The median time from arrival in ED to arrival in the Cath Lab for direct infarct angioplasty is 89 minutes which lies within the international target times for best practice.

### Education, Training and Research

Mr. Abel Wakai, locum Consultant in Emergency Medicine, in collaboration with Mr. Patrick K Plunkett, in his role as Chair of the Irish National Board at the College of Emergency Medicine, ran the first phase of a Delphi process aimed at defining KPI (Key Performance Indicators) for Irish Emergency Departments. This will be followed up in 2010 with two further rounds of the Delphi process. It is hoped that this will feed into the HIQA quality programme.

A course entitled "Emergency Medicine Revision", developed by Mr. Wakai, was run on two occasions. This was aimed at those presenting for the Fellowship examination of the College of Emergency Medicine.

In anticipation of the H1N1 pandemic forecast for the winter months of 2009, all Emergency Department nursing staff

completed a basic Ventilator Training programme. This has been of significant value in dealing with other critically ill patients with respiratory insufficiency.

Four staff nurses successfully completed the Post-Graduate Diploma in Specialist Nursing (Accident & Emergency) at TCD. Six staff nurses in the department successfully undertook the Emergency Department Foundation Course. Those staff nurses who completed the Foundation Course then went on to complete the Resuscitation Training Programme. Twenty-one nursing staff completed the Neonatal Resuscitation Training programme run by the Coombe Women's and Children University Hospital.

FETAC training for Health Care Assistants continues the first FETAC Emergency Module to be implemented in Ireland was successfully completed in September 2009. Four HCAs completed this module with marks of distinction and merit.

With the support and assistance of colleagues in the TCD School of Medicine and our sister hospitals, we developed a new undergraduate module aimed at Final Year medical students, based on lectures, tutorials and clinical clerkships. This enables all Final Meds to have access to Critical Care experience, 60% of it in Emergency Departments, the other 40% in Intensive Care units.

# Omega



**Ms. Patricia Eadie**  
Clinical Director

**Ms. Shona Schneemann**  
Business Manager

**Ms. Dympna St. John Coss**  
Nurse Manager

## Introduction

The Omega Directorate comprises of the following specialities

- Plastic and Reconstructive Surgery
- National Burns Unit (Adult)
- Orthopaedic Surgery
- National Maxillo Facial Surgery Unit
- Cleft Orthodontic/Prosthodontic Unit

The directorate includes Anne Young ward, Abraham Colles ward, Plastic Surgery out patients department incorporating minor surgery, Orthopaedic out patients department incorporating a dedicated plaster suite, Maxillofacial and Cleft Orthodontic unit incorporating Maxillofacial/Cleft Orthodontic/Prosthodontic procedure rooms and the Maxillofacial laboratory.

## Developments in 2009

- Establishing Omega Directorate organisation and Management structure, Directorate offices
- Transfer of administration and OPD Nursing staff
- Appointment of Directorate Administrator and Clinical Nurse Manager for OPD services
- Transfer of Finance and HR responsibilities

- Setting up new IMS systems – CORE, Voice Recognition and digital dictation
- Review of departments, systems and processes
- Consultant developments
- The Consultants and staff of the Omega Directorate would like to acknowledge the contribution made to the Maxillofacial Department by Mr. Frank Brady and wish him a happy retirement. Mr. Gerard Kearns has taken up the position as Consultant Maxillofacial Surgeon. Mr. Niall Hogan and Mr. Tom McCarthy were successful at interview for positions as Orthopaedic Consultants. The directorate acknowledges the expertise they bring to their specialities

### 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
- Dentoalveolar and orofacial pathology
- Congenital abnormalities
- Implantology

### Developments in 2009

- Maxillofacial/Cleft Orthodontic/Prosthodontic OPD procedures recognized as day procedures
- Service level agreements established for orthognathic service

### 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 Hospital for sick Children 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.

### 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.

### 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

### Orthopaedic Surgery

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

- Orthopaedic service for Haemophiliacs
- Complex foot and ankle surgery

### Developments in 2009

- Dedicated fracture clinics for new and return patients
- Physiotherapy discharge project (pilot)

### Plastic and Reconstructive Surgery - Developments

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

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

There has been a decrease in patients referred to the trauma service which is thought to be due to the down turn in the economy and specifically in the construction industry. The reduction in patients could also be attributed to improved health & safety in the workplace.



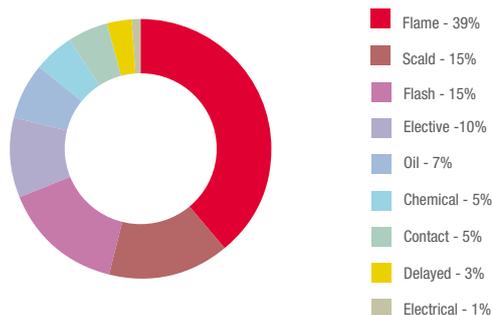
### Developments in 2009

- Refurbishment of Plastic Surgery out patients department giving additional clinical rooms and a dedicated photographic studio
- Pigmentation service for patients and training of additional Nursing Staff to include scar management
- Joint Plastic Surgery/Dermatology skin cancer clinic
- Protected beds project

### National Burns Unit

There were 134 patients admitted in 2009, 64.93% Male and 35.07% female. The average age on admission was 45.1yrs (4 patients were admitted to the Burns Unit for the second time in the same calendar year). The chart across details the cause of admission for 2009.

Cause of admission 2009



# Department Of Vascular & Endovascular Surgery



**Mr. Dermot Moore**  
Department Head

**Mr. Prakash Madhavan**  
Vascular Surgeon

**Dr. Mary Paula Colgan**  
Senior Lecturer

**Dr. Sean O' Neill**  
Vascular Surgeon

## Introduction

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

- Assessment and management for patients with arterial disease; both cerebro-vascular and peripheral
- A comprehensive venous service
- Non-invasive vascular assessment for all departments within the hospital and for many external hospitals

## Developments in 2009

- The performance of three hybrid, thoraco-abdominal aneurysm repairs, the first of their kind in Ireland
- The treatment of ruptured abdominal aortic aneurysms by endovascular techniques
- Continued expansion of the EVAR programme with a significant reduction in treatment costs in comparison to open repair
- Expansion of endovenous laser treatment for venous disease to more complex cases
- The establishment of a multi-disciplinary team for the management of difficult diabetic feet

# Psychiatry



**Prof. Brian Lawlor**  
Clinical Director

**Mr. Oliver Claffey**  
Director of Nursing

**Mr. Ray Bonar**  
Mental Health Services Manager

## 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 and provides a service to a catchment area of 134,700.

Services include:

- Inpatient care at Jonathan Swift Clinic
- Community Psychiatry, which is sector-based and divided between inner city (Camac and Drimnagh) and suburban (Owendoher) areas
- Old Age Psychiatry which provides acute inpatient care in Conolly Norman Unit, Jonathan Swift Clinic, liaison service to the general hospital for patients over 65 years and a community service to a catchment area population of 20,000 people over the age of 65 years
- The Psychological Medicine Service, centred in the general hospital, provides a Consultation-Liaison service to the general hospital and Emergency Department and liaises closely with community services at the Jonathan Swift Clinic

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

There were 465 admissions to the Jonathan Swift Clinic in 2009. 191 were new admissions and 50 patients were detained under the 2001 Mental Health Act. In General Adult Psychiatry, there were 314 new assessments. In Old Age Psychiatry, there were 273 new assessments and 676 new Liaison assessments.

### Developments in 2009

2009 was a year of significant transition and change in terms of personnel. Dr. Bernadette Cullen returned to the USA and Dr. Sean O'Domhnaill was appointed as locum consultant psychiatrist in CAMAC.

Plans to relocate the Day Support Centre and Martha Whiteway Day Hospital from St. Patrick's Hospital to the old Meath site were changed due to the withdrawal of HSE capital funding. The Martha Whiteway Day Hospital will stay on a different site in St. Patrick's Hospital campus for a further year while the Day Support centre will move to Brú Chaoimhin in 2010.

### Administration

During 2009 the service was affected by the HSE's HR Circular 15/2009 which placed a moratorium on the recruitment for certain grades of staff. This resulted in the loss of 2 Nurses, 1 Psychologist, 2 Occupational Therapists and 3 Household staff. The service has had to readjust its existing resource to compensate for the loss of these posts.

### Old Age Psychiatry

Dr. Jeannette Golden was appointed to the permanent old age psychiatry consultant (0.5) position. Dr. Odile Hally took up a maternity locum consultant post in the department.

Further grant support €200,000 for a study on Loneliness in Older People was awarded to Professor Lawlor.

### Psychology

The Department continued to have strong links with the various accredited training schools in Psychology & Psychotherapy and supplemented its core staff with psychological and psychotherapeutic clinical placements. In 2009 it provided 9 such clinical placements providing much need extra clinical resources and contributing to professional training and development. The Department very successfully ran an Introduction to Psychotherapy Training Programme

for 20 weeks which was attended by representatives from Occupational Therapy, Social Work, Nursing, Psychiatry and Psychology. The Department continued to run a variety of group interventions including an in-patient group, a pre-discharge group, a staying well group, a men's group and an anxiety group. Depleted staff numbers meant that we were unable to run a much needed DBT programme as planned.

### Academic Department of Psychiatry

The Academic Department of Psychiatry has had a successful year in 2009 on clinical, research and teaching fronts.

Research activity has been intense during 2009 with important developments in a number of areas reflected in an extensive list of publications (see selection below). Three areas have stood out during 2009. The first is our involvement with multi-centre genetics studies in schizophrenia as part of the International Schizophrenia Consortium. The second area is a similar large scale study in Autism. The third area of success is our work in understanding the human functional effects of risk genes in psychosis identified by genetic studies.

The teaching role of the department has also developed during 2009 with the introduction of a new course in the final year concerned with liaison psychiatry and other areas where physical and psychological health interact with each other.

### Psychological Medicine Service

Over the past year, support and training in alcohol and brief interventions to the acute medical assessment unit has taken place. This is an addition to participation in general medical and surgical conferences in teaching around this issue. Specific training has also been provided on a regular basis, with emergency department in the management of psychiatric presentations. Training in psycho oncology has been conducted, for staff both in St. James's and nationally. This has been done through dedicated courses, but also through participation in relevant multidisciplinary meetings.

A number of research projects are being pursued. Mindfulness based cognitive behavioural intervention, has been continued with a pilot completed. Other work has been done in relation to burnout amongst staff and fatigue in cancer. Other projects initiate include assessment of fatigue in post stroke patients in conjunction with stroke service at St. James's.

# LabMed Directorate



**Dr. Brian O'Connell**  
Clinical Director

**Mr. John Gibbons**  
Laboratory Manager

## Introduction

The Laboratory Medicine (LabMed) Directorate comprises the clinical laboratory departments of Biochemistry, Cancer Molecular Diagnostics, Haematology (incorporating Coagulation and Cryobiology), Histopathology (incorporating Cytopathology), Immunology, the Irish Mycobacteria Reference Laboratory (IMRL), Microbiology (incorporating Virology and Infection Control and Prevention), the National MRSA Reference Laboratory (NMRSARL), Phlebotomy and Transfusion Medicine.

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 throughout the country. The laboratory also acts as a reference laboratory, nationally, for many specialities in laboratory medicine.

## Accreditation/License

All laboratory medicine disciplines are accredited to Clinical Pathology Accreditation (CPA) standards (incorporating ISO 15189):

- Biochemistry
- Cancer Molecular Diagnostics
- Haematology (including the Coagulation Laboratory of the National Centre for Hereditary Coagulation Disorders (NCHCD))

- Histopathology (incorporating Cytopathology)
- Immunology
- Irish Mycobacteria Reference Laboratory (IMRL)
- Microbiology
- National MRSA Reference Laboratory (NMRSARL)
- Phlebotomy

Transfusion Medicine, incorporating Haemovigilance, is accredited 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 hold a necessary 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).

## Developments/Projects

### Infrastructural Developments

The development of a core laboratory facility for total automated laboratory systems for high volume assays in biochemistry, haematology and immunology began in 2009. This facility, together with the centralisation of these laboratory areas with specimen reception is a reconfiguration to enhance the processing of clinical specimens in accordance with Lean principles and best laboratory practice. When complete, due in 1st quarter of 2010, it will be the first such facility of its size in the country.

### Information Technology projects

The development and introduction of the GP order communications (OCM) module of Healthlink occurred in June 2009. By December 2009, 50% of GPs were using the system successfully. Further enhancements are progressing, particularly in the interfacing of the module to GP practice management systems. The aim is for 90% usage by GPs by the 4th quarter of 2010.

### New Equipment

A tender for the acquisition of new immunoassay equipment, mainly in endocrinology, was issued in 2009 and will be completed in early 2010. New and updated equipment in haematology has also been purchased. This was part of the overall development plan for total automated systems in the core laboratory facility.

### Workload

The workload from within the hospital increased by 6% levels overall, with the main increase in Histopathology resulting from the designation of the hospital as a cancer centre. Work

from GPs was down by 3% on 2008 levels. The total number of specimen requests received was just under 2.1 million, accounting for 6.8 million reportable tests results. St. James's Hospital contribution to the workload is 65% and GPs is 26%, the remainder coming from other hospitals around the country as well as in Dublin. The 2009-workload figures, based on laboratory requests, are outlined in Table 1.

LabMed Directorate Requests 2009

Department	2008 Accum. Total	2009 Accum. Total	% Incr/decr 09/08
Haematology	516,613	528,031	2
Coagulation	177,441	180,118	2
Bl. Transfusion	34,948	32,647	-7
Biochemistry	768,446	734,715	-4
Microbiology	361,794	350,282	-3
Histo - blocks *	71,640	78,940	10
Cytology**	15,119	4,513	-70
Immunology	134,737	134,574	-1
Cmd	4,226	4,438	5
<b>Totals per hospital</b>	<b>2,080,738</b>	<b>2,048,258</b>	<b>-1.5</b>

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

\*\* Cytology decrease due to cervical cytology going to private sector

## Education and Training

The Laboratory is a centre for education for the MRCPPath, BSc and MSc in Biomedical Science and Molecular Pathology. 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.

## 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 cell counting and morphology laboratory, clinical cytometry and haemoglobinopathy laboratory, and the haematinics and transplant drug-monitoring laboratory.

### Developments

A new immunophenotyping method for myelodysplastic syndromes has been developed as part of an MSc project and is integrated into the routine diagnostic service. Another MSc project has studied platelet Glycoprotein expression in macrothrombocytopenia. 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.

### Cell Counting and Morphology Laboratory

This laboratory section, which handles high-volume, rapid-turnaround tests, saw a 2.7% increase in FBC requests and 5.1% in blood film examinations in 2009. A new digital morphology system, the Cellavision DM96, was fully introduced into routine use and interfaced to the Laboratory Information system, having been purchased following a trial period the previous year. St. James's was the first Irish hospital to acquire this state-of-the-art, labour-saving analyser as a valuable aide to blood cell morphology reporting. The section secured funding to acquire further automation in preparation for transfer to the new core automated laboratory, which includes a TS500 sample sorter, upgrade to the FBC analysis system and full automation of ESR testing.

### Clinical Cytometry & Haemoglobinopathies

Clinical Cytometry had a busy year in 2009, workload increased by 24.5% over previous year with 1,705 immunophenotyping investigations performed. Towards the end of 2009 a new Flow Cytometer the BD FACS Canto II was acquired. This three laser instrument supports 8 colour/10 parameter flow cytometry work. After validation the instrument was introduced into routine service and 8 colour panels have been successfully trialled. CSF flow cytometry was successfully introduced in 2009, a useful diagnostic tool for patients with CNS leukaemia/Lymphoma. An M.Sc. project was successfully completed in the laboratory section, entitled 'Examination of Myeloid and monocytic Dyspoiesis in Myelodysplastic syndrome using four –colour Flow Cytometry'

has been adapted in the routine service and the abstract on this work submitted to the Haematology association of Ireland was selected as an oral presentation at the HAI conference held in Kilkenny in October 2009.

The workload in Haemoglobinopathies increased in 2009 with the highest number of screens performed (6,781) since the Laboratory service was started. At the beginning of the year a new HPLC analyser was purchased, the Bio-Rad Variant II, which after onsite training and validation was introduced into service early in the 2009. This instrument has enhanced workload management capability, primary tube identification and a cap piercing auto sampling feature which reduces staff exposure to potentially bio hazardous material.

### The Haematinics and Transplant drug monitoring service

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. In 2009 the laboratory analysed folates for UNICEF and CDC Atlanta as part of the Kyrgyzstan national survey.

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

The Coagulation department in the Central Pathology Laboratory provides a laboratory investigation service for coagulation disorders for hospital inpatients and outpatients as well as to General Practitioners and external hospitals. 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.

### Service developments in Coagulation 2009

There was continued expansion of the test repertoire for both phenotype and genetic laboratory diagnosis of bleeding and thrombosis disorders. This includes the expansion of the test profiles for Heparin Induced Thrombocytopenia and for Von Willebrands Disease. This has ensured the expansion and continuation of a comprehensive diagnostic service.

There was expansion in the molecular laboratory in 2009 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 2009**

The Cryobiology Laboratory Stem Cell Facility 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 clean room facility leased from the Irish Blood Transfusion Service in the National Blood centre. It contributes the laboratory component to the Tissue Establishment, which supports the National Adult Stem Cell Transplant Programme in the Hospital.

The Cryobiology Laboratory as part of the Tissue Establishment holds a tissue licence from the Irish Medicines Board to process and store allogeneic stem cells from bone marrow and mobilised peripheral blood stem cells, autologous stem cells from mobilised peripheral blood or bone marrow and donor lymphocytes. All stem cell products are processed in the cryobiology laboratory clean room facility for immediate usage (allogeneic) or cryopreserved and stored in vapour phase liquid nitrogen (autologous) for directed usage.

Eight medical scientists, a quality manager and a Medical Director staff the laboratory. Fifty-seven allogeneic and 64 autologous stem cell transplants were carried out in 2009. The number of unrelated stem cell transplants has increased and 24 (42%) were carried out in 2009. Collection of donated bone marrow or mobilised peripheral blood is made possible by staff travelling to International Collection Centres to collect the stem cells. The Cryobiology Laboratory performed a total of 793 procedures in 2009. A total of 207 bone marrow and apheresis products units were harvested and processed in 2009.

In 2009 Prof. Shaun McCann, who established the Bone Marrow Transplant programme in St. James's Hospital and brought the programme to highest international standards, retired as Medical Director and responsible person of the Tissue Establishment after many years of dedicated service.

### **Cancer Molecular Diagnostics**

The Cancer Molecular Diagnostics (CMD) laboratory is the only one of its type in the country. CMD provides a molecular testing service for the identification of acquired genetic aberrations in cancer, particularly leukaemia and lymphoma and where appropriate, testing is performed to assess minimal

residual disease (MRD), which can aid in the management of patients with selected haematological malignancies.

CMD is now the central molecular laboratory for two All Ireland Cooperative Oncology Research Group (ICORG) international clinical trials monitoring response to new drugs and drug combinations used in the treatment of both Chronic Myeloid Leukaemia and Chronic Lymphocytic Leukaemia. The laboratory continues to maintain an international profile with research and development an integral role of the laboratory, evidenced by publications and numerous presentations at national and international conferences. One of the major highlights of 2009 was that CMD was one of ten international labs involved in the characterisation of material now accredited by the World Health Organisation as a primary reference material for measuring BCR-ABL transcripts by RQ-PCR in Chronic Myeloid Leukaemia patients.

The provision of new tests, allied to the existing comprehensive repertoire, is crucial to the multidisciplinary management of patients with malignancy. CMD receives a significant proportion of its samples from external sources, providing molecular testing for many clinical centres throughout the country.

### **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 participates 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.

2009 saw the introduction of liquid chromatography tandem mass spectrometry into the Biochemistry Department. The St. James's biochemistry laboratory was the first in the country to acquire this sophisticated technology. It is currently being used for cost-effective vitamin D analysis and allows the department to differentiate between supplemental and physiological forms of the vitamin. Other tests (e.g. testosterone and metanephrine) will be added in the future.

The laboratory continued to develop its porphyria molecular diagnostic services, with the validation of an FECH gene

assay for the diagnosis and cascade screening of affected families with Erythropoietic Protoporphyrin (EPP). Work has also continued on developing a LDLR gene mutation-scanning assay to support cascade screening for Familial Hypercholesterolaemia in the Dr. Crowley's Metabolic Clinic and Prof. Feely and Dr. Barry's CVD Risk Factor Clinic.

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 2009 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 2009 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. In consultation with the Lab-Med Directorate, the department is engaged in the core laboratory concept, which will allow them to manage this increase in workload in a more efficient manner. These will largely centre on 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 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".

### Transfusion Medicine Department

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 cardiothoracic surgery unit.

There were 2,134 patients transfused with blood components during 2009 an increase of 2% on the previous year, 12,1144 units of red cells were transfused which was a marginal decrease of 1.5%, 2,941 packs of plasma were transfused (+ 10%) and 6,051 packs of platelets were transfused (+ 5%). The biggest users were haematology/oncology and cardiothoracic surgery.

The department maintained ISO 15189 Accreditation in 2009. The Blood and Blood Product Usage Committee meets regularly and reviews the audit finding in addition to serious non conformances and advises on hospital transfusion practice.

An electronic system to manage the storage and movement of red cells was implemented in 2008 and embedded across the campus in 2009. 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 78 suspected transfusion reactions. Following investigation, 38 of these were confirmed as transfusion reactions (0.2% of the blood components transfused in St. James's). Serious transfusion reactions and events were reported to the National Haemovigilance Office. Sixteen reactions and 14 events fulfilled the criteria for reporting in 2009.

Regular audit informs training needs and the haemovigilance office continued a programme to demonstrate evidence of competence in transfusion practice for both medical and nursing staff during the year, with 87% of the nurses and 100% of the interns having evidence of competency recorded. As part of the training program an e-learning module for blood transfusion, is 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.

The Microbiology Laboratory has continued work in consolidation and maximising efficiencies through the adoption of technology. In addition, the laboratory has continued developmental work 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. The laboratory also contributes significantly to national surveillance data and is involved with a number of national surveillance projects.

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 continued in 2009 to implement programmes to embrace new National initiatives and reduce healthcare associated infection rates. There were a number of very significant challenges in 2009 that posed considerable workload and implementation challenges for the hospital. These challenges, including pandemic influenza and other national directives were successfully dealt with by the Infection Control and Prevention team.

The key initiatives in 2009 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, and breast surgical site surveillance
- Involvement of IPCS with National Health care associated standards

- Development of pandemic H1N1 gowning education video
- Development of hand hygiene video and 5 key hand hygiene moments and screensaver
- Involvement of the Sterivigilance committee with national Decontamination audit

### 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 2009 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.

### The St. James's Hospital Cancer Biobank

The St. James's Hospital Cancer Biobank – established with the help of Vodafone and Biobank Ireland Trust CHY 16085 in August 2008 - stores frozen and paraffin samples from patients with breast and colon cancer for use in ethically and scientifically approved patient-focused research projects.

In 18 months, multiple tumour and normal tissue samples were collected from 161 patients (92 breast cancer and 69 colon cancer). The biobank's generic consent form is approved by the Research and Ethics Committee. This is endorsed by patients – to date 94% prefer to "opt-out" of being re-consented for a subsequent project. Frozen sections are done as Quality Assurance on every specimen. Quality Control is carried out on extracts of DNA, RNA and proteins from 10% of samples.

The biobanks of St. James's and Beaumont, soon to be joined by new biobanks at Cork University Hospital and University College Hospital Galway, make up the first phase of the *all-Ireland Biobank Network*. The network biobanks use the same SOPs, will share a common online database for restricted coded data and have a neutral ethos. All are supported by donations to Biobank Ireland from various sources, including the National Lottery and unrestricted grants from industry. The network will maximise resources and expertise. Eventually, it will help to apply research advances to select the most specific new treatment for each patient, based on his/her cancer's individual molecular profile.

## 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 2009, major developments in NMRSARL included:

- 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 2009, NMRSARL processed:

- 383 isolates submitted under the EARSS scheme (this figure is provisional until all isolates recovered in 2009 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

2009 was a busy year for the IMRL with approximately 6,400 specimens cultured. There were 196 cultures referred to the laboratory for identification and susceptibility testing. This is an increase of 25% on 2008, 36% on 2007 and 192% increase on 2006.

### Service Developments

- Refurbishment of the new TB Containment Level 3 facilities was completed
- The Mater microbiology department became a service user of the IMRL for susceptibility testing of *M.tuberculosis* isolates
- The HAIN GenoType Mycobacteria Direct molecular kit was introduced into service. This kit allows rapid identification of the presence of *M. avium*, *M. intracellulare*, *M. kansasii*, *M. malmoense* and *M. tuberculosis* complex from pulmonary and extra pulmonary specimens
- The process of setting up and evaluating and validating molecular gel based techniques for 24 MIRU/VNTR typing of *M.tuberculosis* isolates, with a goal of providing a national typing service, was begun

### Research and Developments in 2009

- Research on the "Analysis of Mycobacterium bovis isolates of human and animal origin using molecular techniques" was completed and is being prepared for publication
- Investigation of two independent Interferon Gamma assays in the detection of latent tuberculosis in immunosuppressed and immuno-competent individuals was begun
- In October 2009, the IMRL recommended and officially nominated by the National Microbiology Focal Points (NMFPs) to work with the ECDC on a new project to strengthen TB diagnosis, drug susceptibility testing and international coordination. This will be accomplished through the joint work of all members in a European Reference Laboratory Network for Tuberculosis (ERLN-TB)



- The IMRL hosted a team of Tuberculosis Experts from Finland which included lectures and a visit to the laboratory. The Finns concluded that it was their most satisfactory international visit
- Multi-disciplinary meetings on Tuberculosis between various staff from the CREST, GUIDE and DiagIM directorates, along with staff from the IMRL, Microbiology, Pharmacy and Public Health continued on a monthly basis
- Noel Gibbons, Chief Medical Scientist, and Prof. Tom Rogers continued to contribute to the hospital development and design of the new “Supra-Regional Tuberculosis Centre and Reference Laboratory”

### **National Forum**

Prof. Tom Rogers and Noel Gibbons continued to represent the IMRL on the National TB Advisory Committee.

# DiagIm Directorate



**Dr. M. Keogan**  
Clinical Director

**Ms. Suzanne Dennan**  
Radiographic Services Manager (A)

**Ms. Paula Corby**  
Business Manager

## Introduction

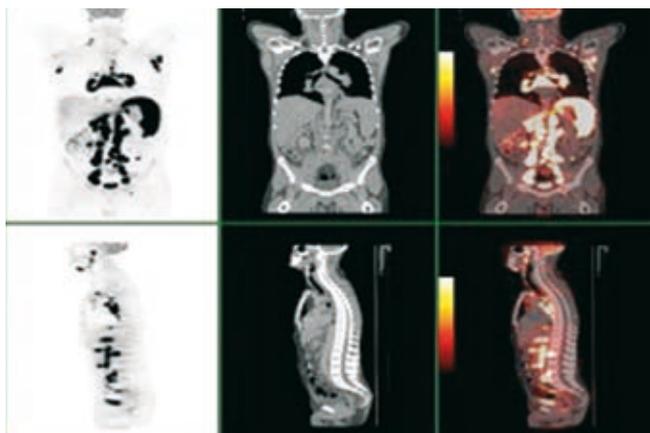
The DiagIm Directorate provides a diagnostic imaging service to the patients and clinicians of St. James's Hospital. A service is also provided to GP's in the catchment area as well as tertiary care to hospitals outside the catchment area.

## Developments in 2009

### PET/CT

The PET CT facility is now fully operational and over 1200 studies have been performed to date. The PET CT centre at St. James's Hospital acts as the public referral centre for the entire HSE. This links in with multiple multidisciplinary meetings within the hospital. While the focus is predominantly on cancer patients, we now perform an increasing number of brain PET studies for the assessment of dementia.

The centre also acts in a training capacity for radiology SpRs, radiographers and physics students, with a number of ongoing research projects and student MSc thesis.



Whole body image taken with PET/CT

### PACS/RIS/EPR

St. James's experienced a significant increase in both system performance and workflow improvements after implementing the new technology platform in conjunction with upgrading to the most current solution releases. Radiologists' productivity increased by 12% over all across all imaging modalities after upgrading the hardware platform within Radiology.

Working together with Cerner, St. James's Hospital is the first hospital in Ireland to use a proactive decision-support system within its electronic patient record (EPR) to help reduce the number of unnecessary CT pulmonary angiogram (CTPA) studies performed on its patients, thus decreasing their exposure to unnecessary radiation.

A checklist based on the Wells criteria, which is used to determine the appropriateness of a CTPA study, was incorporated into the Cerner Millennium EPR. An alert was created within the Cerner Discern Advisor™ clinical decision support solution that prompts doctors to complete the Wells criteria checklist before an order for a CTPA scan for a patient is placed.



### Breast service

The breast radiology service in St. James's Hospital provides a high quality service to breast care patients and remains central to the multi-disciplinary breast care team. 2009 saw striking increases in activity in all aspects of breast imaging and intervention.

The re-organisation of symptomatic breast services nationally, in particular the closure of Tallaght breast unit, has resulted in

a dramatic increase in referrals to the breast clinic. 3,275 new patients were seen in 2009, representing an increase of 49% from 2008. Reflecting this activity, over 4,000 mammograms were performed in 2009, a 19% increase on 2008 figures. 3,900 breast ultrasounds were performed, representing a 43% increase on 2008. Breast MRI continues to play an increasing role in screening our high risk population and in pre-operative staging of lobular and multi-centric breast cancer. Breast MRI increased by 59% when compared to 2008. Breast intervention demonstrates even greater increases in volume, in particular ultrasound guided core breast biopsy, increasing by 62% since 2008.

This dramatic increase in activity has been enabled by an increasing number of consultant radiology sessions dedicated to breast imaging. In addition, 2009 saw the appointment of a new consultant radiologist with a specialist interest in breast imaging. Dr. Sylvia O'Keeffe will commence practice in August 2010. A new mammography unit was commissioned in 2009.

### Radiology clinical research office

A clinical research office was established by the Clinical Director to provide support for the departmental clinical research. This office is located in the PET/CT building and is staffed by Ms. Cristin Leavy who manages the clinical research data within the department. The initial focus is CT and PET/CT and on the creation and maintenance of prospective databases to enable research on the new imaging technologies being introduced into the radiology department.

### Radiography developments

In 2009, Bernadette Moran, Radiographic Services Manager resigned from St. James's Hospital after 30 years of service. We wish Bernadette every success in her role as Radiographic Advisor to the Medical Exposure Radiation (MER) Unit, Health Service Executive. Bernadette Moran is also very active in the development and delivery of national postgraduate radiography courses by the Department of Clinical Medicine, Trinity College Dublin in conjunction with St. James's Hospital.

The Postgraduate MSc/Diploma radiography courses were restructured to create the MSc in Medical Imaging with programmes in either Nuclear Medicine including PET (Positron Emission Tomography) or Magnetic Resonance Imaging. Bernadette Moran is the course director of the MSc in Medical Imaging and Suzanne Dennon, Acting Radiographic Services Manager is the course coordinator.

On-going clinical training of undergraduate radiography students by the Radiographers is undertaken within the Directorate.



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

- Red dot course
- PET/CT course for Radiographers
- Radiation protection study days for Nurses
- Radiation protection for Non-Radiology Medical Practitioners and Hospital Personnel
- Radiation Safety Officers course
- Medico-legal course for Radiographers
- IV skills training for Radiographers
- Video-fluoroscopy course for Radiographers
- Trauma radiography course
- MRI in Practice course

### Team Based Performance Management (TBPM)

During the year, the Directorate participated in the Hospital's Team Based Performance Management (TBPM) pilot programme. The primary aim of the Diagnostics TBPM project was to improve the efficiency and workflow of the X-ray Scheduling Office. The project team included representatives from the Radiographers, Health Care Assistants and Clerical/Administration staff. The success of this project demonstrated how effective team working can yield significant benefits by improving service delivery and the quality of the patient experience.

## SERVICE TRENDS

Comparable activity analysis by modalities

Imaging modality	2008	2009	Variance
General radiology + max fax	113,995	114,163	0%
G.I. (Including ivp)	1,614	1,574	-2%
Mammography	3,429	4,067	19%
Ultrasound	13,094	14,814	13%
C.T.	22,595	23,792	5%
Interventional radiology: therapeutic	2,511	2,641	5%
Interventional radiology: diagnostic	513	515	0%
Nuclear medicine	2,770	2,604	-6%
M.R.I	4,952	4,904	-1%
Pet/ct	0	5,113 **	100%
<b>Total</b>	<b>165,473</b>	<b>174,187</b>	<b>5%</b>

\*\* This is a weighted figure, actual raw number of PET/CT's = 1230

# ORIAN Directorate



**Dr. Jeanne Moriarty**  
Clinical Director

**Ms. Cora Keary**  
Business Manager

**Ms. Fiona Murphy**  
Nurse Manager

## Introduction

The ORIAN Directorate comprises 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 2009

At the end of 2009, Dr. Jeanne Moriarty finished her second term as clinical director and Dr. Carl Fagan starts in the role from 2010. Dr. Vaughan finished as chair of The Department of Anaesthesia and Dr. Wall starts in this role from 2010.

In 2009:

- 277 people completed the ALERT course
- 12 people completed the foundation course in Intensive Care Nursing
- 8 nursing staff completed the postgraduate diploma in nursing care and an SJH Nurse Orla Fitzpatrick received the highest marks in the Trinity Nursing Speciality courses and also received the Norman Burton/Baggot Street Award
- 2 Nurses are undertaking the Postgraduate Diploma in Peri-Operative Nursing

- Dr. Conor Hearty passed the Fellowship in Interventional Pain examination offered by the World Institute of Pain in 2009 and is the first Irish trainee to be awarded this qualification
- Dr. Jeanne Moriarty was elected President of the College of Anaesthetists of Ireland in May 2009
- The theatre tables were replaced as part of the three year theatre re-equipping program
- The Day Surgery Centre provided facilities for patients undergoing CT Guided Lung biopsies. There were 34 patients facilitated in 2009
- Dr. Nikolay Nikolov and Dr. Christoph Kemps were appointed as consultant anaesthetists

### 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 and New Zealand.

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 2,086 endoscope reprocessing episodes. In 2009 there were 8,153 procedures performed in the main theatre suite, 6,302 elective and 1,851 emergencies.

- 93 procedures were performed in the Burns Theatre and 198 procedures in the Endovascular theatre
- The post graduate Diploma in Peri-operative Nursing recommenced in September 2009 in collaboration with AMNCH with two students from St. James's Hospital
- The FETAC skills modules for Health Care Assistants are ongoing and module 5 is being facilitated by CNM2 Anne Murphy

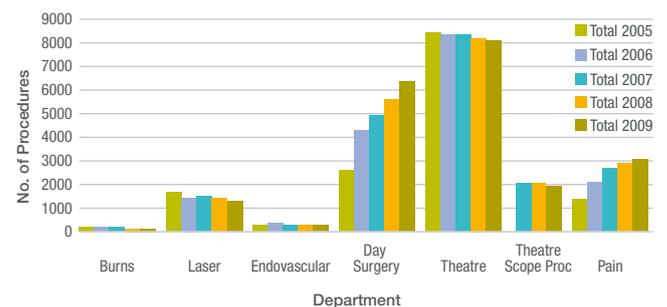
### Day Surgery Centre

The Day Surgery Centre is a stand-alone unit with 18 day pre/post operative patient trolleys. The Centre has two general theatres, one minor surgery theatre, recovery, an anaesthetic pre-assessment service, and a pre-discharge lounge.

The Day Surgery centre provides services for patients undergoing day surgery procedures under general, regional or local anaesthesia for General Surgery, Plastic Surgery, Gynaecology, Urology, E.N.T., Orthopaedics, Maxillo/Facial, Vascular Surgery, Pain Management, Cardiology Dermatology and Bone Marrow Donation. A limited service is also provided for patients undergoing procedures in Main Theatre and Diagnostic Imaging Department.

There were 6,383 attendances in the Day Surgery Centre during 2009. The graph below shows the growing activity in the procedures being undertaken by the various theatre departments in the Orian Directorate.

Orian activity

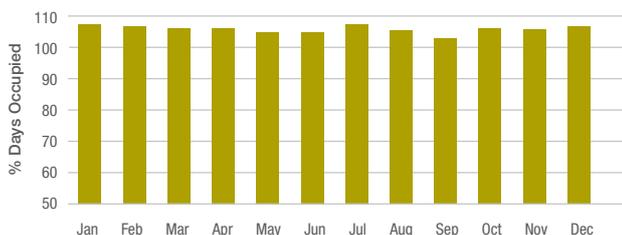


### ICU and HDU

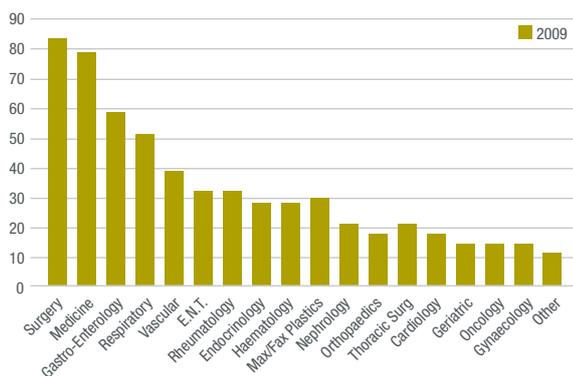
The 15 beds in ICU were fully operational in 2009. Bed occupancy was 97%. There were 785 admissions (AVLOS 8.6). The 4 bed HDU had 599 admissions.

Both ICU and HDU provide medical care for critically ill patients with potentially reversible conditions requiring organ support. During 2009 the unit was involved in the treatment of some 18 patients with the H1N1 virus, some of whom required treatment with the NovaLung, which is an external ventilatory assist device reducing the risk of barotrauma from mechanical ventilation in severe lung injury.

Monthly occupancy for 2009



Specialities treated in 2009



### 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 1,724 in 2009. Activity is expected to increase further with the reconfiguration of cancer services.

Pain Activity



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.

### Laser Unit

The outpatient service worked with Plastic and Dermatology consultants on patient care plans and provided 1,149 treatments in 2009 for many conditions, including removal of:

- Birthmarks, port wine stains, vascular lesions and keloid scars – (pulsed Dye Lasers)
- Hemangiomas, pigmented lesions and hair (Alexandrite Gentlelase)
- Keratotic lesions and basal cell carcinomas (CO2 Laser)
- Post Traumatic and Post Radiation Tattoos – (Q Switched Ruby Laser)

### Hospital Sterile Services

The HSSU experienced its third year of Skillvec-enrolled students, a programme which includes specialised modules in the Decontamination process. 11 of the technicians have now either completed or are undertaking these modules. In May 2009, one of the technicians, Seamus Lennon, a graduate of Fetac Level 6, was promoted to a Supervisory position.

- The HSSU reprocessed 26,398 sets of instruments during the year
- Project work also continued on the HSE-funded national medical device tracking and traceability system for which the HSSU is the pilot site

# SCOPE



**Philomena Flood**  
Manager

**Patricia Reilly**  
Administrator

**Ms. Gina O'Donohue**  
Speech and Language Therapy Manager

**Ms. Sandra Brady**  
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

- SCOPE met with most of the Clinical Directorates to establish a more effective integrated model for the Allied Health Professions to improve delivery of care to patients and communication channels between SCOPE and the Directorates
- Objective Setting Reviews (OSR) for managers of departments commenced in August 2009
- SCOPE referrals commenced on the EPR (Electronic Patient Record) system early in 2009
- SCOPE staff took part in the Fire eLearning pilot to evaluate the effectiveness of this training

## Clinical Nutrition

### Service Trends

- Outpatient activity increased by 5% and non-attendance rates fell by 15% in 2009 compared to 2008

### **New Developments/Quality Initiatives**

- Close links with community nutrition & dietetics services were maintained, with patients referred for dietetic follow up in their locality where appropriate
- The SKILL-funded pilot project evaluating the role of dietetic assistants in the Irish acute healthcare setting was extended until the end of 2009. Duties included nutritional screening and assessment, data collection, implementation of nutrition care plans, participation in health promotion activities, maintenance of equipment and supplies and administrative tasks
- A grant from the St. James's Hospital Foundation enabled the multidisciplinary catering committee to purchase necessary equipment for the provision of puréed meals for patients with dysphagia requiring this consistency as part of their nutrition and dysphagia therapy
- Nutrition risk screening by the dietetic assistants in AMAU (Acute Medical Admissions Unit) & MedEl aided the identification of patients who were malnourished or at risk of becoming malnourished, so that they might be referred and prioritised for nutritional assessment and intervention
- A trial examining safety, tolerance and clinical efficacy of an oral nutritional supplement in undernourished hospitalised patients was completed in April 2009, with full data sets obtained for 41 patients
- Health Research Board funded research into metabolic syndrome and cancer was completed, with results presented at several national and international conferences in 2009
- The Clinical Nutrition/Speech & Language Therapy committee reviewed and updated patient guidelines on modified consistency diets and thickened fluids in order to ensure consistent information was provided by both departments

### **Education/Continuous Professional Development**

- Six undergraduate students of BSc (Hons) Human Nutrition & Dietetics completed their clinical practice placement. The department provided an industrial placement for an undergraduate student from the University of Ulster
- The senior clinical nutritionist in Diabetes & Endocrinology attended DESMOND structured education training and also

organised a training session on carbohydrate counting for clinical nutrition, nursing and medical staff in the Diabetic Day Centre

- Six staff completed the non-managerial clinical supervision (NMCS) training course, bringing the total number of senior staff involved in NMCS to eighteen
- Time Management training was provided for all staff

### **Medical Social Work**

In December 2009 Angela Keane, Social Work Manager for 3 years retired from her post.

### **New Developments/Quality Initiatives**

- The Medical Social Work department completed policies on 15 areas of procedure and practice including protection of older persons and child welfare and protection
- Medical Social Work has assisted patients and their families to apply for the "Fair Deal" scheme which involves care needs and financial assessment
- The Bereavement Senior Medical Social Worker was involved in the setting up of 2 helplines as a result of the Willis Report (2009) on organ retention
- The Bereavement Senior Medical Social Worker provided input to the audit and standards for 'End of Life' care document by Irish Hospice Foundation
- In January 2009 a Medical Social Worker post commenced in the Chronic Obstructive Pulmonary Disease/Respiratory Assessment Unit Service. This service provides supportive counselling, assessment of home and community supports and care planning. They facilitate group work in the areas of anxiety and stress management, goal setting and entitlements and community supports through the Pulmonary Rehab Programme. They also co-facilitate the Chronic Obstructive Pulmonary Disease Support Group

### **Education/Continuous Professional Development**

- Staff attended training which included Suicide Prevention [Assist], Living with Suicide, Elder Abuse, Fair Deal, Cardiac Care, Bereavement Assessment, Children and Loss, Dementia, Amputation and MDT
- Staff attended conferences including the Irish Association of Social Workers, 8th Nordic HIV Conference, Gay Men's Health Forum Conference

- Medical Social Workers provided 8 placements for students undertaking professional social work courses
- Four Medical Social Workers completed a course on Practice Teaching {TCD/UCD}
- Staff provided training to hospital staff on 'Elder Abuse' and 'Fair Deal'
- Medical Social Workers undertook the following research in the GUIDE Clinic
  - A study of patients who were lost to HIV Services.[2009]  
The aim of this research was to gain understanding of the profile and outcomes of patients lost to follow-up [LTFU]
  - The potential role of social work in engaging with patients to maintain involvement with services

## Occupational Therapy

### Service Trends

Activity in 2009 increased by 2.5%, with an increase of 6.2% for inpatient contacts and a decrease of 9% for outpatient contacts. 194 home assessments were completed resulting in 117 successful discharges home.

### New Developments/Quality Initiatives

- Working with Community Occupational Therapy colleagues in Dublin South City, Dublin South West and Dublin West, 84 patients were provided with enabling equipment to facilitate discharge home in a timely manner
- In line with integrated care, the first hospital/community staff grade Occupational Therapy rotation was completed between St. James's and Dublin South West from July – December 2009
- Occupational Therapy worked with the Community Occupational Therapy service in Dublin South City regarding a shared care protocol where patients requiring non-complex splinting are treated in the community rather than the acute setting
- Using Team Based Performance Management, the Occupational Therapy Managers' Integrated Services Team was established to work towards a continuous development framework for integrated OT services for acute and PCCC services
- Therapeutic horticultural groups were facilitated by Occupational Therapists in the MedEI Gardening Polytunnel, facilitating patients and families to enjoy the experience of gardening

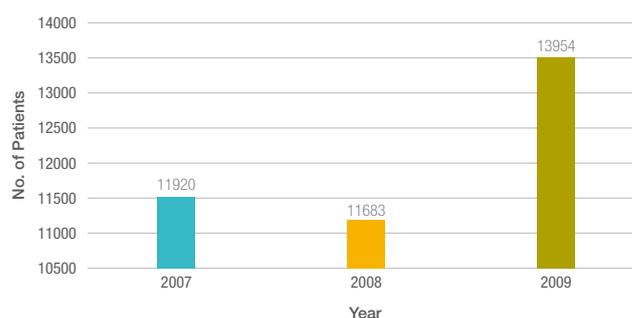
## Education & Training

- Occupational Therapy participated in a 2 day workshop on Presentation Skills
- Occupational Therapists completed the Harrison course on assessment and treatment of Cognitive/Perceptual Dysfunction
- Occupational Therapists completed the British Association of Hand Therapy Level 1 and 2 courses
- Two senior Occupational Therapists completed an MSc in Healthcare Management
- Health Care Assistant Fetac Skills Course was completed by one OTA

## Physiotherapy

### Service Trends

Physio new patients seen



### New Developments

#### Winner of the Service Innovation Prize. ISCP (Irish Society of Chartered Physiotherapists) Conference November 2009

A Team Based Performance Management Initiative between physiotherapy services in the community and SJH

#### Early physiotherapy intervention with stroke patients

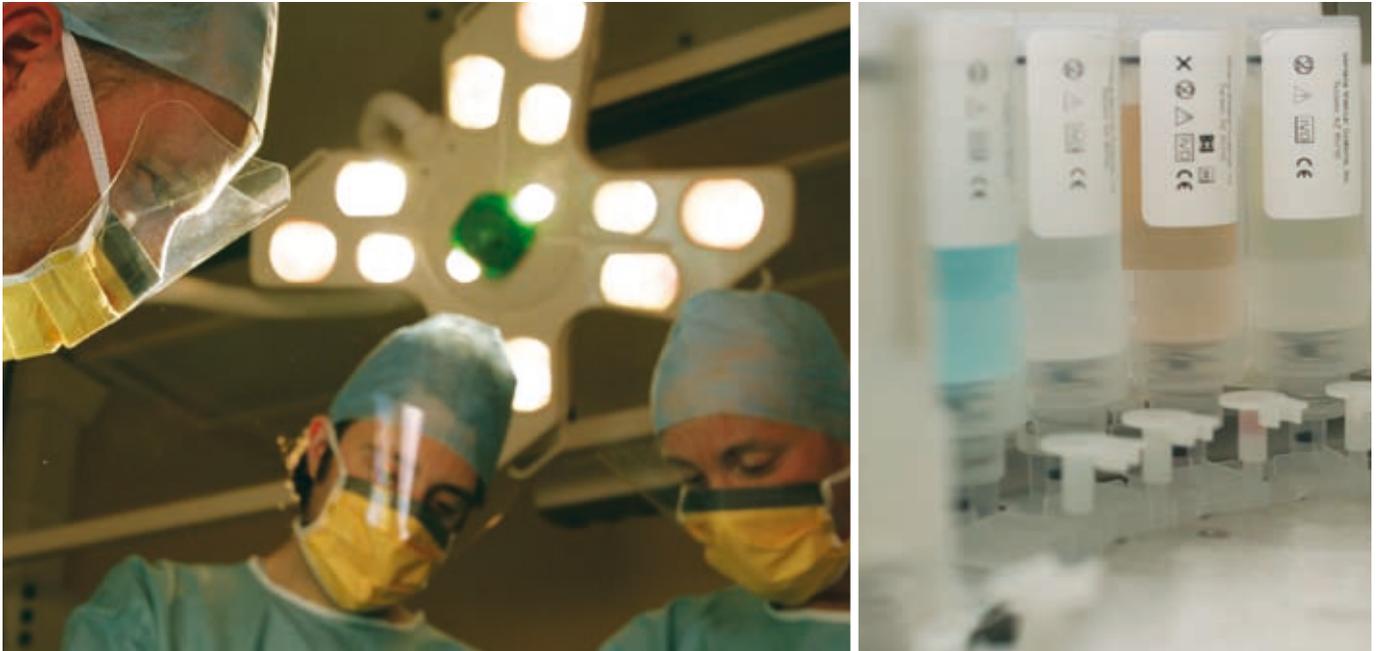
Restructured existing staffing, to facilitate physiotherapy intervention within 48 hours of admission of CVA patients to AMAU

#### €16,000 saved on appliances

In co-operation with community care services a system was introduced for managing and tracking prescription of walking frames

#### Reduced waiting list for Pulmonary Rehabilitation Programme

from 1 year to 4 months



### External Professional Education

- Seventy five undergraduate Physiotherapy Placements provided
- One period of adaptation for foreign educated Physiotherapist
- Provision of National Clinical Education Study Day for Practice Educators
- Provision of Advanced Practice Educator Study Day, 5th November 2009
- Development of ISCP e-learning module by Clare Bailey

### Speech and Language Therapy Service Trends

Referrals to Speech and Language Therapy Department were up 10% in 2009, and the departmental activity was up 8%.

### New Developments/Quality Initiatives

A 5 year clinical audit of Speech and Language Therapy service in critical care was completed which reviewed referral patterns/rates, service development and changing roles within this specialist area.

Funding was secured through St. James's Hospital Foundation Stroke Initiative for the purchase of equipment to commence a FEES (Fibreoptic Endoscopic Examination of Swallow) service. Planning for the development of this service commenced as a departmental priority.

The department successfully re-established a joint monthly SLT/ENT Stroboscopy Clinic providing a specialist service for patients with voice disorders.

### Education/Continuous Professional Development

- One senior therapist completed her Masters
- Five therapists presented at the professional associations IASLT biennial conference in October 2009 which celebrated 40 years of the profession in Ireland
- An Aphasia Training day "Communicating with Confidence" was run for all hospital staff working to improve care to patients with communication impairments
- A Surgical Voice Restoration course was run for a third year

# Pharmacy Department



**Mrs. Veronica Treacy**

Director of Pharmaceutical Services

**Ms. Gail Melanophy**

Chief 1 Pharmacist

**Ms. Sandra Conaty**

Business Manager

## Introduction

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

Other services include an aseptic compounding service, medicines information, outpatient dispensing to Hospital 5 and education and training for both patients and clinical staff. The Pharmacy Department provided all pharmaceutical services to both St. Luke's Hospital and Our Lady's Hospice. All areas experienced an increase in activity during 2009.

## Summary of Developments in 2009

- Publication and distribution of the new Prescriber's Guide 2009, including Hospital Antibiotic Empiric Guidelines
- Updated Intravenous Administration Guidelines 2009 issued to all hospital wards and available on the intranet
- Expansion of 24/7 temperature monitoring system to Guide Pharmacy, Hospital 5
- Installation and commissioning of a new chemotherapy isolator for the Aseptic Compounding unit

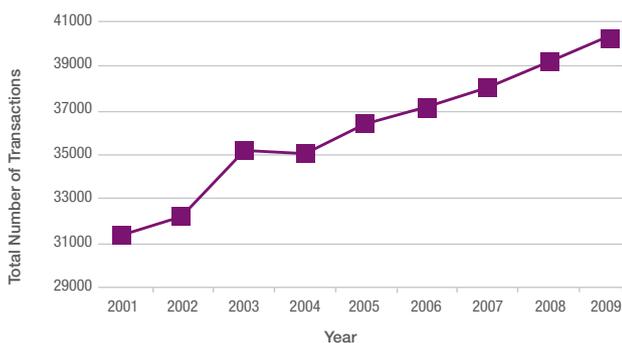
## Clinical Support Services | Pharmacy

- Completion of transfer of administration sets and oral nutritional products to materials management, to accommodate growing storage capacity needs within pharmacy
- Tenders for dressings, antimicrobials and antineoplastics were awarded
- New intern training process for pharmacy graduates was introduced
- Pilot project on managed service for dialysis fluids was completed

### Dispensary and Distribution Services

The Dispensary continued to provide the top-up service to the Hospital in 2009. The Hospital's drugs spend remained at 2008 levels while the volume of dispensing increased by 2.5%.

Cumulative total number of transactions 2001-2009



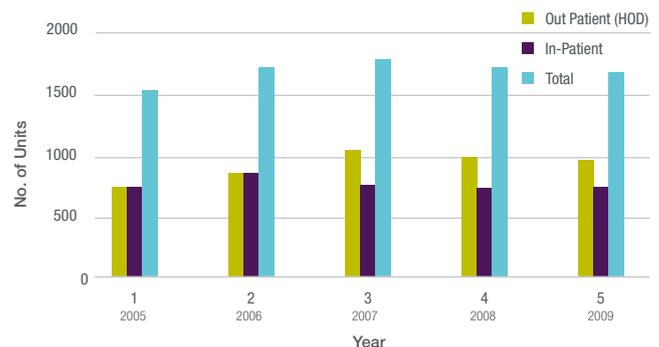
In 2009 the Pharmacy Department registered with the Pharmaceutical Society of Ireland under the Pharmacy Act 2007.

The Emergency Duty Pharmacy Service – available for urgent, out-of-hours supply of medication or information to staff at this hospital – continues to be busy. In 2009, it represented 5% of the total activity of 402,277 transactions.

### Aseptic/Compounding Services

The Aseptic Compounding Unit 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.

ACU figures 2005-2009



In 2009 the focus was on recrediting staff in all aspects of the manufacturing process. A recreditation programme was developed and all staff completed recreditation. Recreditation will take place on an annual basis. The Process Deviation and the Quality Control working groups, established in 2008, continued to play a pivotal role within the ACU quality management programme.

### Clinical Pharmacy Services 2009

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
- Provision of a Medicines Information service
- Medication Reconciliation review on admission. Continued development of standardised form for clinical pharmacists recording a patient's medication history as endorsed by the Madden Report, 'Building a Culture of Patient Safety' and Pharmacy and Therapeutics Committee
- Educating inpatients (and outpatients when appropriate) about medication prior to discharge. In 2009 a corticosteroid alert card for patients was introduced
- Provision of medication record cards and patient information leaflets at discharge 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 2009 updated guidance included management of hypoglycaemia, management of anaphylaxis and therapeutic drug monitoring of lithium, digoxin and phenytoin
- Continued involvement in clinical trials in MedEl directorate

## GUIDe SERVICES

The GUIDe pharmacy, an onsite satellite pharmacy, is the largest provider of medications for HIV patients in the Irish Republic. The pharmacy team play a pivotal role in the provision of both a pharmaceutical supply and clinical pharmacy service to all HIV inpatient and outpatients, educating patients and physicians on new drug therapies and interactions. They manage multi-drug resistant viral infections, compliance issues, and provide timely and essential guidance on toxicities including cardiovascular and renal complications. The onsite facility also aids in the provision of a medicines information service and the management of clinical trials.

The significant reduction in morbidity and mortality now associated with HIV treatment, coupled with the increasing numbers of newly diagnosed HIV positive patients annually and the international guidance to initiate HIV-infected patients on anti-retrovirals (ART) earlier in the natural history of infection have all resulted in a significantly larger number of patients now receiving ART and other related HIV medications from the GUIDe pharmacy.

## MSc. in Hospital Pharmacy

The M.Sc. in Hospital Pharmacy is a practice-based course designed to optimise the knowledge and skills of hospital pharmacists, enabling them to contribute positively to patient care in all aspects of medicines management. 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 successfully completed the two year programme in December 2009. Three students had papers accepted for publication, based on their research projects.

## Education and Research Activities

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

Successful pharmacy post-graduates in 2009

- Roisín O'Connor– MSc Clinical Pharmacy UCC
- Orla Maguire & Fiona Kelly– MSc Hospital Pharmacy TCD
- Fionnuala King MSc Creative Leadership and Organisational Learning RCSI
- Shirley Guerin– Post Graduate Diploma in Psychiatric Pharmacy, Aston

## Centre for Advanced Clinical Therapeutics (CACT)

### Dr. Mary Teeling

Director

### Prof. John Feely (until June 2009)

Medical Director

During 2009, the Centre provided continued to provide 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 an "Introduction to Oncology" (in association with the HOPE Directorate) were organised during the year. A short course on the role of pharmacoeconomics in healthcare in Ireland was organised by the Centre in association with the National Centre for Pharmacoeconomics. The Centre continued to work with the Royal College of Physicians in Ireland in organising introductory and advanced statistical courses for Specialist Registrars.

The Centre continued its collaboration with Trinity College Dublin in the organisation of the Postgraduate Diploma/MSc in Pharmaceutical Medicine. The Centre worked with the School of Pharmacy, University College Cork in the organisation of the MSc in Clinical Pharmacy (distance learning course) until November 2009 when the contract was terminated.

The Centre wishes to acknowledge the vision and support of Prof. John Feely, Medical Director whose untimely death occurred in June 2009.

## National Medicines Information Centre (NMIC)

### **Ms. Claudine Hughes**

Chief II Pharmacist

### **Dr. Mary Teeling/Dr. Mary Jo MacAvin**

Medical Advisers

### **Dr. Michael Barry**

Medical Director (Acting)

The NMIC provides information on any aspect of drug therapy to healthcare practitioners in Ireland.

### **Developments in 2009**

- A pilot project to establish a Horizon Scanning database in collaboration with the Health Information and Quality Authority.
- Collaboration with the Royal College of Physicians in Ireland in delivering training on safe prescribing as part of the NCHD general professional training programme.

### **Service Trends**

In 2009, over 70% of enquiries to the NMIC enquiry answering service originated from primary care, with information in relation to administration/dose of medicines, drug interactions, and adverse drug reactions the most common types of information sought.

In addition, the centre proactively provided medicines information through its two publications, a monthly current awareness newsletter "Therapeutics Today" and a bimonthly therapeutics bulletin. Topics covered in 2009 (Vol.15) included Generic Prescribing and Prescribing in Children. All NMIC publications are circulated to doctors and pharmacists nationwide and are available on [www.nmic.ie](http://www.nmic.ie).

## National Centre for Pharmacoeconomics (NCPE)

### **Dr. Michael Barry**

Clinical Director

The National Centre for Pharmacoeconomics based at St. James's Hospital, 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: Prasugrel (Efient®), Ustekinumab (Sterlara®), Agomelatine (Valdoxan®), and the Rotavirus Vaccine.

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 president of the International Society for Pharmacoeconomics and Outcomes Research and the Chair of the International Scientific Programme Committee for the Health Technology Assessment International 7th Annual Meeting which will take place in Dublin in June 2010.

# Medical Physics & Bioengineering



**Prof. Neil O'Hare**  
Head of Dept.

**Dr. Geraldine O' Reilly**  
Deputy Head of Dept.

**Mr. John O'Meara**  
Chief Technician

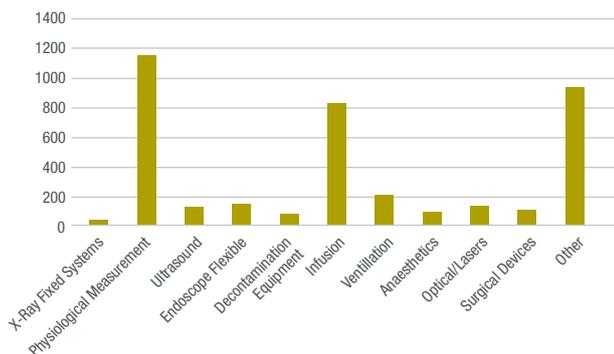
## Introduction

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.

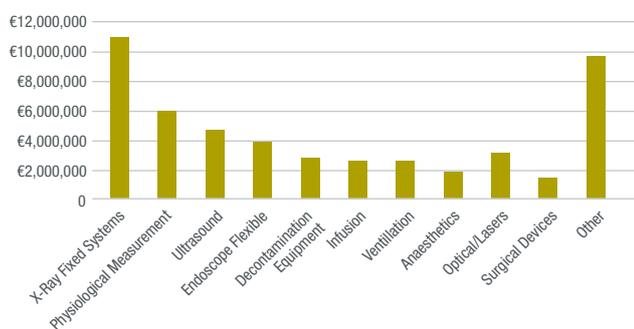
## Developments

The department continued to develop its Equipment Management IT system with all areas utilising the system for both asset management and call logging. The department currently supports over 3,900 assets with a capital cost of approximately €49m and an annual support budget of €2.3m.

Number of medical devices supported by MPBE



Value of medical devices supported by MPBE



- Medical Physics were a key team member in design and commissioning of the PET/CT Centre. The department’s role continues with ongoing support for routine service and participation in and initiation of research activities. This work included the development of a number of audit tools in PET, Nuclear Medicine and Radionuclide therapy in co-operation with clinical users and done as part of the development of clinical audit in radiology
- The department provided Physics support to nuclear medicine including specification, tender development and evaluation for a new SPECT-CT system; Physics support to the Radionuclide Therapy service and imaging follow up; and support for Zevalin therapy for NHL patients & Iodine ablation for Thyroid Cancer
- Departmental members continued to have involvements in many national and international committees and projects
- Project Lead – National Integrated Medical Imaging System (NIMIS) Project (HSE); Member of the Medical Advisory Committee to the Board of the RPII and as part of that work one of the main authors of the Guidance document ‘Guidelines on the protection of the unborn child during diagnostic medical exposures’ (December 2009)

- Chairperson – Association of Physical Sciences in Medicine
- Member of Article 31 Group of experts, advisory group to the European Commission. Group has drafted the revised and recast Directives on radiation safety for workers, patients and members of the public
- Physics representative on the Dental Council
- Two members on the Dental Radiology Audit Advisory Group of the Dublin North East/Dublin Mid-Leinster Dental Radiation Safety Committee
- Member of the National Radiation Oncology Physics Residency Programme Committee that has established a national training programme for Medical Physicists
- Input into revision of European Commission publication Radiation Protection 91

**Education/Training Activities**

- Co-ordinated and delivered the MSc Physical Sciences in Medicine (TCD); Eleven students completed the MPBE co-ordinated MSc in Physical Sciences in Medicine course at TCD. Following a review by the Institute of Physics & Engineering in Medicine (IPEM) the course was reaccredited as a recognised IPEM MSc for another five years
- 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

**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.

**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.



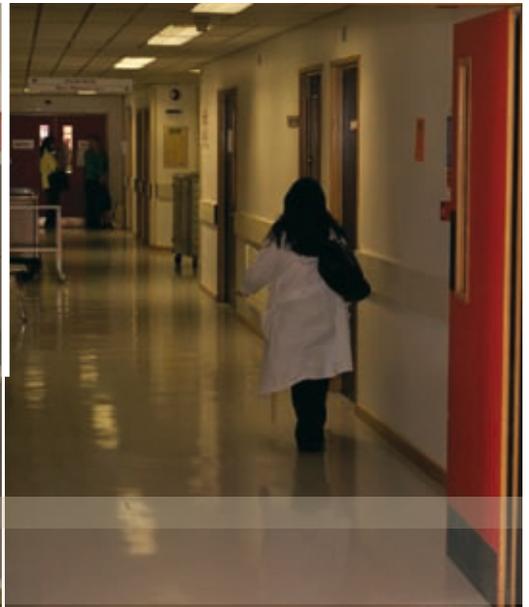
**Eye tremor research:** Mohammed al-Kalbani successfully completed PhD research on ocular micro-tremor under the supervision of Prof. Davis Coakley, Dept. of Medical Gerontology, TCD and Dr. Gerard Boyle, Medical Physics and Bioengineering Department (MPBE), St. James's Hospital. Ms. Emer Kenny continued her SFI funded research work on developing optical methods for OMT measurement. As part of this work a high specification video camera was purchased which operates at much higher speeds and sensitivity than a standard video camera.

Collaboration with vascular surgery on research project examining radiation dose issues associated with EVARs procedures.

**Medel/TRIL Research:** The TRIL research clinic (MIRA) continued to assess older people during 2009 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  
(Resigned December 2009)



**Mr. Vincent Callan**  
Acting General Support Services Manager  
(commenced December 2009)



**Ms. Grace Rothwell**  
Acting General Support Services Manager  
(commenced December 2009)

## Introduction

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

## Key Developments

- Hygiene section continued to identify and implement quality improvement initiatives across the realm of hygiene services
- Refurbishment initiatives continued with 16 cleaners' rooms upgraded and 4 ward kitchens upgraded
- Portering assumed the responsibility for delivery of pharmacy, food and linen through out the hospital campus

## 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. In conjunction with Partnership, IMS and the Clinical Nutritional Department a new computerised patient menu ordering system was selected and the tender awarded. Together with the Clinical Nutritional Department an enhanced menu selection coupled with appropriate crockery was introduced for patients with swallowing difficulties.

The refurbishment programme for the ward pantries continued throughout 2009 with the completion of another four pantries. In addition an extension and upgrade works were carried out in the Staff Restaurant which comprised of a new Coffee Bar facility incorporated into the dining area and upgrade works in main Pot Wash area.

Comprehensive monitoring of the catering system, based on HACCP principles, was continuously enforced so that operational procedures were systematically checked as a matter of routine.

### Portering Services

Portering provides a service to all clinical areas throughout the hospital on a 24 hour 7 day basis. Functions include patient transfer within wards and hospital site, the collection of specimens, blood and blood products and the collection and delivery of pharmacy items.

The messenger service delivers a wide range of urgent post and other items throughout the City of Dublin.

In 2009 the portering service assumed responsibility for the transportation and delivery of all pharmacy items, food and linen throughout the campus.

### Security

In 2009 the Security Department continued to progress its development, the Control Room facility providing 24hr Monitoring of systems such as CCTV, Panic Alarms, Intruder Alarms, Security Emergency Telephone and the Security Hotline from the Concourse Reception.

Electronic and IT based Security Systems continued to be developed to achieve the highest standard in a health care environment.

The Hospital Watch programme continued to be a success with increased liaison with An Garda Síochána and the dedication of the Garda Liaison Officer's. The Security team continued to adopt a Zero tolerance approach to Anti Social Behaviour on the Hospital Campus and as a result some significant arrests were made and prosecutions achieved.

Also in 2009 Garda Crime Prevention Unit assisted the Security Department in making recommendations in relation to Security of the Grounds and Perimeter at the Hospital as well as upgrading the Pharmacy Security to bring inline with recent legislation.

Following an Incident in August 2009 a discussion was taken to close the Main entrance gates to St. James's Hospital to through traffic post 23:00hrs. Electronic Traffic Control Barriers with additional CCTV were erected at both the James's and Rialto Gates which are operated by Security Personnel between 23:00hrs and 06:00hrs. This has proven to be an effective resource in stemming the traffic and anti-social related incidents through the site.

### Telecommunications Department

Telecommunications deals with approximately 2500 per day also the logging and tracking of 600 bleeps. In 2009, 9.5million calls (incoming and outgoing) went through the Hospital's phone network. The Telecommunications Department also monitor various alarms for Fire, Nitrous Oxide gases and electricity [power failure].

During 2009 there was a development of the Internet Protocol telephony system within the hospital. The Interactive Voice Response system was installed in GUIDE Clinic and Diabetic Day Centre, due to the success of this project it is envisaged this system will be rolled out to other areas in 2010.

### Housekeeping/Cleaning Services

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 attaining standards of hygiene that safeguard the well-being of patients, staff and visitors alike.

### Environmental Services

Coupled with an increased commitment to recycling, 'Risk Waste Audits' continued, the results serve to support the development and improvement of 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

In mid 2009 Margaret Quinn, Laundry Manager, and former Domestic Services Officer, retired.

In partnership with Celtic Linen, external service partner, the Laundry manages the bed linen service for all wards and departments throughout the hospital, provides a laundry service for long stay patients, uniforms, mops, curtains and other miscellaneous items.



### Chaplaincy Department

The Chaplaincy Department provides a twenty-four hour service to the hospital. The team comprise Ordained and Religious along with Church of Ireland Chaplains. In addition the Department has over 36 volunteers who serve as Ministers of Eucharist and assist in bringing communion to patients on a daily basis.

In 2009 the chaplains attended over 1000 deaths and made 200 pre-operation visits per week to patients who had requested a visit.

A Special Mass of Remembrance was held in November for deceased members of Staff, their families and friends which gave bereaved Staff and their families and friends an opportunity to come together and remember their loved ones in a 'Candle Ceremony of Remembrance'.

### Concourse

The reception desk on Main Concourse is the initial interface for patient's, visitors and staff entering the main hospital, and the team aspires to project an image that is efficient and effective, and promotes a professional healthcare facility.

The primary function of main Concourse is to ensure that access to the desired location in the main hospital is facilitated by means of effective signage and/or assistance from the team, and to provide commercial and catering facilities for patient's, visitors and staff in an appropriate setting.

# Technical Services Department



**Mr. Peter Ford**  
Maintenance Officer

**Mr. 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.

The activity in TSD during 2009 comprised of 18,130 helpdesk and 560 new work requests.

In addition to the above maintenance and new works, TSD undertook and managed 63 medium to large scale minor capital projects at a cost of €2.9 million. The following projects are a sample of the projects undertaken in 2009 moving into 2010.

- Remove and replace the lift in hospital 4
- Replacement of fire alarm systems in a significant portion of the hospital in line with a single open protocol strategy
- Installation of isolation transformers in the operating theatre to conform to current regulatory requirements
- Replacement of the Electrical distribution board in hospital 5
- Lighting upgrade as part of the SEEPP (Support for Exemplar Energy Efficiency Projects) programme to reduce energy consumption, 739 fittings replaced. Saving over 430,000 kWh
- Steam pipe insulation as part of the SEEPP program to reduce energy consumption, 90 meters of 8" pipe insulated

- Replacement of the Electrical distribution boards in the Mortuary due to be completed mid 2010
- Replace electrical supply cables between hospital 4 and the old engineering works
- Installation of fall protection in a number of locations
- Refurbish and reequip the main dishwashing area in hospital 7
- Equipment & environment improvements as part of a minor capital spend includes:
  - 19 pantry dishwashers
  - The pot washes in the main canteen
  - Shower replacements in Acute Medical Assessment Units
  - Replace 4 nurse call systems to be completed by mid 2010
  - 4000 sq. meters of ceiling tiles in DID, A&E and a number of wards and corridors
  - Shower room and hand hygiene services, upgraded in 7 side rooms with 5 further rooms to be completed in 2010
  - 4 bedpan washers replaced as part of a rolling program
  - Flooring replaced in hospital 5 unit 3
  - Rolling program to upgrade taps started in 2009 with phase 1 has rolled over into 2010 with phase 2. Approximately 60 taps replaced in 2010

### 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

St. James's Hospital took part in the combined HSE electrical tender, the benefits of this process to the hospital has been a reduction of the unit cost of power by approximately 50%. Estimated savings in 2010 will be approximately €1 million.

### Utility Costs 2009

Electricity	€1,685,603
Natural Gas	€1,169,654
Water	€268,140
<b>Total</b>	<b>€3,123,397</b>

### Developments

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.

The hospital is working with external agencies in an effort to replace inefficient energy systems with lower consuming systems on an annual basis.

The Technical Services Department have been working closely with the nursing and clinical staff of the hospital to promote improvements to the working and patient environment for many years and recent slow down in economy has permitted closer attention to local needs and requirements which regrettably have been lower down the list of priorities than preferred due to resource and programming constraints.

This year has permitted significant improvements to ward and patient shower and toilet accommodation and the objective is to continue these improvements locally with the patient environment key to these enhancements.

During 2009 a major overhaul of electrical distribution has been continuing and a key person who has managed and guided the hospital utilities infrastructure for nearly a quarter of a century, Erc Kealy retired in October. I wish to personally acknowledge the dedication and professionalism brought to the Technical Services Department by Erc and wish him well for a long and healthy retirement.

I also wish to acknowledge the support and professionalism of each member of our team in TSD and look forward to the challenges ahead in 2010.

# Nursing Services



**Mr. Paul Gallagher**  
Director of Nursing

## Introduction

The Nursing and Healthcare Assistant staff have continued to demonstrate their commitment to the delivery of quality driven and safe patient care throughout the year. 2009 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 standards in patient care.

## Key Developments and Projects

### Restructuring of Nurse Management (Non Core Hours)

The Site/Night Nurse Management function underwent restructuring during the first quarter of 2009. Following successful implementation of this pilot project, a team of Assistant Directors of Nursing provide essential senior management support to the hospital during non core hours.

### Nurse Bank

Established in 2007, the Nurse Bank continues to demonstrate success in the provision of a quality work force and as a value for money initiative. Quarterly cost benefit analysis from Finance has demonstrated ongoing benefits to the organisation.

### Nursing Research

The Nursing Research Access Committee (NRAC) operates in partnership with the Nursing Practice Development Unit, the School of Nursing and Midwifery - Trinity College Dublin, the Centre for Learning and Development and the clinical areas

of the hospital. The purpose of this committee is to oversee and manage access by researchers to nursing and healthcare assistant staff. During 2009 eight research students were granted access to the hospital. The NRAC also held a National Audit and Research seminar in April 2009 which proved to be a tremendous success.

### Healthcare Assistants

A tender process commenced during the last quarter of 2009 in relation to the supply of Health Care Assistants agency staff. A reduction of 15% in rates was negotiated with current suppliers.

### SKILL FETAC Education Programme

The successful critical mass SKILL/FETAC education programme continued in 2008/2009. A group of 29 Health Care Assistants commenced this programme in September. The course is facilitated by the Centre for Learning and Development and at local VEC colleges. HCA's are practising newly acquired skills in the workplace which are measured by the SKILL project team.

### Nurse Prescribing (Medicinal Products)

This initiative continued to develop in 2009. An Bord Altranais carried out a site inspection at the hospital and a report is expected during the first quarter of 2010. There are 7 nurses registered to prescribe medicinal products and it is planned that 9 will be registered in 2010. This practice is audited on a quarterly basis and St. James's Hospital initiated the national continuous personal development programme for nurse prescribers.

### Documentation Audit/Guideline Review

The Nursing Practice Development Unit (NPDU) published the results of the 2009 Documentation Audit. An overall score of 92% was achieved and compliance with Hospital standards has been maintained. Subsequently the hospitals Documentation Guidelines have been reviewed and updated for 2010.

### Dementia Education Programme

A Dementia Education Programme was co-ordinated by the NPDU for Health Care Assistant (HCA) staff in relation to the management of patients that require 1:1 support. The purpose of this programme is to increase the knowledge base of staff in relation to specific techniques that are required to manage these patients in the acute hospital setting.

### Hospice Friendly Hospital – End of Life Audit

The hospital participated in Phase 1 of the national audit on end of life care. Data was collected at six levels involving the distribution of 461 questionnaires to staff and bereaved relatives.

### Croí na Tíre (Hospital Volunteer Programme)

The hospital is in the process of introducing a pilot Volunteer Programme in the MedEL Directorate which commenced in September 2009. Full support has been established for this initiative from relevant trade unions and the Partnership Committee.

### Nursing Practice Development Unit

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

### Developments in 2009

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

The following committees, working groups and initiatives evolved or further developed in 2009 and were instrumental in continuing to move practice forward through teamwork and the provision of study days and in-service training:

- Nursing In-Service Education Group – two Nursing Clinical Skills days were provided with an average of 50 attendees each day
- Insertion and management of Naso-gastric feeding tubes
- Self Administration of Medication Programme (MedEl Directorate)
- Promotion of best documentation practices through quarterly auditing of documentation, supporting documentation link nurses
- Tissue Viability Practices including annual Tissue Viability Study Day with country wide attendees



- Nursing Competency development and management of existing competencies hospital wide
- Review and development of Nursing Procedures, Policies Protocols and Guidelines
- Staff/Patient assessment, education and competency development regarding inhaled medication
- Medication Management (in close liaison with the Medication Safety Facilitator), the Clinical Support Nurses facilitated the introduction of the 'Do Not Disturb' Project into clinical areas and were part of the team that took first prize for this project at the National Council for the Professional Development of Nursing and Midwifery Conference 2009
- Intravenous Practices – an IV Line awareness week took place in October 2009 which included an audit of clinical practices in relation to peripheral intravenous line care
- Venepuncture and Cannulation Education and Training

### 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.

### 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 73 nursing students and links closely with staff from the School of Nursing and Midwifery, TCD in the co-ordination, evaluation and ongoing development of the BSc Nursing undergraduate degree programme and promotion of an optimal clinical learning environment. An Bord Altranais are scheduled to conduct a site visit in early 2010.

In December the fourth group of BSc Nursing undergraduate degree programme nurses were presented with St. James's Hospital badges and certificates.

# Educational Activities



**Dr. Finbarr O'Connell**  
Medical Director



**Dr. Gaye Cunnane**  
Medical Director

## William Stokes Postgraduate Centre

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)

### 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

### International Cancer Conference: Cancer 2009

Cancer 2009, the International Cancer Conference took place in the Institute of Molecular Medicine, St. James's Hospital and Trinity College Dublin from 13th – 15th May 2009. Opening the Conference, Minister for Health and Children, Mary Harney, T.D. emphasised the importance of the Cancer Control Programme and encouraged greater integration and more co-ordination of services.

Professor Tom Keane, Interim Director of the National Cancer Control Programme stressed that "One of the key priorities of cancer control is the creation of new knowledge and the subsequent transfer of this knowledge from the laboratories to the bedside. In order for this transfer to be most effective, we need to adopt best practice and we need an integrated system driven by best practice at primary care level. This will allow the facilitation of early diagnosis for the major cancers through availability of rapid access clinics."

Over 300 delegates registered for the Conference and heard from opinion leaders on areas as diverse as cancer strategy, cancer biology, health economics, cancer biology, translational medicine, risk factors for cancer, molecular medicine, radiotherapy, clinical trials, molecular imaging and cancer nursing.

Speaking at the conference Professor Ralph DeVere White of the UC Davis Cancer Centre in the US said, 'Cancer care services can no longer be delivered effectively by any one specialist because it's too complicated and it's too expensive.

The full range of services from prevention, diagnosis right through to end of life issues must all be managed in a coordinated team science fashion. This is best achieved when we have well established centres with resources and these centres ultimately must have a line of access out to the general public. He said "it's only when we have effective coordinated interaction between individuals of different scientific persuasions that new ideas emerge. And in this respect I believe the establishment of eight centres in Ireland can be very effective.



Prof. Mark Lawler, Chairperson CANCER 2009, Dr. John Kennedy, Consultant Oncologists, St. James's Hospital; Ms. Mary Harney T.D Minister for Health and Children Prof. Ken O Byrne Consultant Oncologists, St. James's Hospital; Prof. John Reynolds Professor of Surgery St. James's Hospital and Trinity College Dublin and Regional Director, Cancer Services.

# St. James's Hospital Foundation



**Prof. Donald Weir**  
(Emeritus Professor of Medicine, Trinity College Dublin)  
Chairman

**Ms. Edwina Hogan**  
Chief Executive



Kate O'Neill, winner of the first St. James's Hospital Liberties Fun Run.



The isolation rooms for treatment of Dialysis patients were improved beyond recognition – rooms are now equipped with touch screen satellite TV, radio and nurse call.

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.



On behalf of the hospital, the Foundation processes and disburses donations received and, through the establishment of Special Funds and Research Funds, provides a secure and accountable way for hospital departments and members of staff to accept donations and grants to invest in facilities for the hospital and to employ research staff.

	2009	2008	2007	2006	2005
Donated income	€570,260	€411,452	€581,815	€216,765	€67,456
Disbursement of funds	€709,138	€184,089	€138,975	€109,120	€0

Donated funds in 2009 saw an actual and most satisfactory increase of €158,808 over 2008. These funds were the result of generous individual donations, third-party fundraising carried out by generous supporters from all over the country and of Foundation fundraising – the focus of which during 2009 was on the development of the hospital's stroke service.

€709,138 was disbursed from the Foundation during 2009. This included disbursement of a gift of €400,000, given most generously in 2007 by the Cardiac Surgical Foundation for the benefit of the Cardiac Surgical Unit. The disbursement funded the equipping of two isolation rooms within the Keith Shaw intensive care cardiac unit.

#### Other disbursements in 2009 included

- 24 small grants awarded through the Foundation's Small Grants Programme for initiatives that ranged from purchasing vital equipment for the pulmonary Rehabilitation Programme, for cardiac monitoring and for the stress relief programme provided to cancer patients – to funding outings for elderly long-stay patients, musical performances in the hospital for patients and staff and the provision of clothing for homeless patients – as well as small contributions to research and staff education. All of these initiatives were funded by donations given generously for the general benefit of the hospital



- A major advancement in the administration of chemotherapy – an ultrasound system that helps to more easily administer chemotherapy to cancer patients – a first in a public hospital in Ireland and a great comfort to patients. This was funded by funds raised by the Foundation
- Consumables provided for the year for the St. James's Hospital Biobank – an initiative that is leading the development of an all-Ireland cancer biobank network. This was funded by funds raised by the Foundation
- Specialist facial reconstructive treatments for 85 HIV patients funded most generously by third-party fundraising carried out especially for the Department of Genito-urinary Medicine and Infectious Diseases
- With the emphasis on the hospital's stroke service, the Foundation began to fund the much-needed improved equipment
- A Trans Cranial Doppler Ultrasound system has been bought that enables doctors and nurses to view blood flow through the major blood vessels in the brain. It is portable and may be used anywhere in the hospital – speeding up the time to diagnosis and treatment for patients
- It is vital that as soon as the patient is capable of sitting out of bed that he/she is facilitated to do so – to build up tolerance, promote posture management, facilitate respiratory and digestive function, provide maximum stimulation and a sense of normality. High-specification chairs have been bought that provide patients with suitable seating for all stages of recovery





## Programmes Division Reports



# Quality Programme



**Ms. Angela Fitzgerald**  
Deputy CEO/Operations Manager

**Ms. Carol Hickey**  
Quality Initiative Officer

**Ms. Mary Fogarty**  
Accreditation Manager

**Ms. Shannon Glynn**  
Risk Manager

**Ms. Muireann O' Briain**  
Legal and Insurance Manager

**Mr. Neville Bradley**  
Fire Services Manager

**Ms. Mary Darragh**  
FOI / Complaints Manager

**Mr. Dermot Daly**  
Health and Safety Officer

## Risk Management Programme

The Risk Management Programme within St. James's Hospital continues to promote a proactive risk management culture within the organisation. The process of risk management is managed through a Risk Management Committee, chaired by the Deputy CEO. The 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 2009

- 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
- The electronic Risk Occurrence Form is now utilized in all departments across the hospital and 99.9% of incidents reported in 2009 were completed electronically. This allows immediate notification to both the Risk Manager and the Line Manager of where the incident took place



- The Risk Occurrence Reporting form was further enhanced to allow reporters to classify incidents allowing immediate notification to the relevant departments and safety groups responsible for the specific incidents
- 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
- The medication safety facilitator analyses medication errors and near misses submitted via an online in-house reporting system with the aim of identifying and implementing quality

improvement initiatives. The total number of medication safety events reported for 2009 was 990, an increase of 9.4% relative to 2008. Developments in 2009 included the introduction of a hospital-wide programme to reduce the volume of interruptions and distractions experienced by nursing staff administering medications and the launch of a process of continuous audit and feedback in relation to the quality of prescribing

Risks reported hospital wide are trended and analysed and reports are provided to each Directorate and Department every quarter by the Risk Manager. Distribution of quarterly bulletins to clinical staff also aids in identifying factors, which contribute to risk, and thus increases safety awareness. The Risk Management Committee receives regular hospitalwide risk management reports identifying risks throughout the organisation.

### 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 2009 Directorates, Departments and many Services across the Hospital continued the process of evaluating their performance through self-assessment against national and international validated standards and collecting the reported experiences of patients and staff in order to identify, implement and evaluate new quality improvements and initiatives. This enabled the hospital to meet its commitment to ensuring that all service development is underpinned by continuous improvement while simultaneously meeting the growing requirements of the Health Service Executive (HSE) and Health Information Quality Authority (HIQA) quality assurance and regulation programmes.

### **Patient Advocacy Committee**

The Patient Advocacy Committee (PAC) is a sub-group of the Hospital Board with membership made up of both community representatives and 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 2009 community membership expanded to six representatives.

In 2009 patient satisfaction surveys were undertaken and reported:

- Endoscopy Unit
- Symptomatic Breast Unit
- Discharge Lounge
- Hygiene / Infection Control

The PAC produced two 'Welcome' Newsletters in 2009, which focused on communications with the hospitals surrounding community.

In 2009, a total of four 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 2009 and currently tracks 208 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 2009 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.

# Planning & Commissioning



**Mr. Niall McElwee**  
Project & Technical Services Manager

## Introduction

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

The Department controls and guides capital funded projects through stages from concept, design, costing and approval to tender, contract award, construction, equipping and commissioning right through to project completion.

Major Capital Developments of the hospital which are funded through the Health Services Executive are supported through various fundraising projects. Investment and research agencies also provide funding for key developments which are undertaken in line with the hospital development control strategy.

Project Teams are appointed to oversee these capital developments and these teams comprise of patient groups, Health Service Executive, hospital clinical, nursing and hospital support services to ensure informed decisions are made throughout the course of the design development including:



- advising on advances in medical treatment procedures
- statutory requirements and recommendations
- in accordance with public procurement protocols and procedures

### Developments in 2009

- Construction commenced on National Programme for Radiation Oncology (Phase 1) Building – due to be completed third quarter 2010
- Haemophilia & Hepatology In-Patient Facility and Clinical Research Facility - Planning permission granted. Tender design completed. Tender issued to contractors from qualified panel
- Breast Cancer Service diagnostic imaging service expansion Ultrasound & Mammography completed
- Refurbishment of Plastics Unit in Hospital 7 completed
- Outpatients' facilities expanded with creation of four new Examination & Consultation rooms
- Upgrade of Clinical Information System for monitoring critical patients
- Rapid access clinic for Lung Cancers equipment upgraded
- Dual headed Gamma Camera installation project completed
- Endoscopy decontamination systems replaced
- Programme to upgrade, refurbish and expand Central Pathology Laboratory facilities completed
- CT Scanner (64 slice) replacement programme completed
- Pharmacy upgrade works completed in Hospital 7
- Telemetry system replaced
- Continuation of Legionella Preventative Measures phased works programme. Phase 1 completed Hospital 4 and Hospital 5
- Programme to upgrade Operating Theatre infrastructural works (Electrical; Mechanical & refurbishment) completed
- Staff restaurant facilities extended
- Phased replacement of Operating Theatre Lights completed
- Laboratory Sterilisers (Media & Discard) replaced in Central Pathology Laboratory
- Medical Gasses upgrade programme continued
- Ward en-suite facility upgrade programme continued
- New public surface car-park provided adjacent to ambulatory entrance
- Provision of UPS systems for interventional radiography rooms completed
- Ward Pantry upgrades completed
- Fire monitoring system upgrade, replacement and expansion (Hospitals 1, 2, 4, 5, 7 and ancillary buildings)

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Identification of NPM1 mutations in normal karyotype acute myeloid leukaemia: implications for treatment. *Haematology Association of Ireland*, Kilkenny, P59.

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A Novel RUNX1 Mutation in an Irish Kindred with Familial Platelet Disorder with Propensity to Acute Myeloid Leukaemia. *Haematology Association Of Ireland*, Kilkenny, P61.

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Chronic Myeloid Leukaemia with E19a2 (P230) Bcr-Abl: Case Report and Review of Imatinib Treatment. *Haematology Association of Ireland*, Kilkenny, P63.

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Nilotinib 300mg twice daily is effective and well tolerated as first line treatment of Ph-positive chronic myeloid leukemia in chronic phase: preliminary results of the ICORG 0802 phase 2 study. *American Society for Hematology Annual Meeting*, New Orleans, LA, USA, 3294.

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Multiplex Ligation Dependent Probe Amplification (Mlpa) Analysis of the Haemophilia B Gene, F9.

Keenan C1, Neylon M1, O'Shea E1, Nolan B2, White B1, O'Donnell J1 & Jenkins PV1.

National Centre for Hereditary Coagulation Disorders (Nchcd), St. James's Hospital & Institute of Molecular Medicine (Imm), Trinity College Dublin; 2our Lady's Children's Hospital, Crumlin, Dublin 12, Ireland.

*International Society of Thrombosis and Haemostasis Meeting*.  
Assessment Of Thrombin Generation In Mild Haemophilia A With Factor VIII Assay Discrepancy.

Ruth M. Gilmore<sup>1,2</sup>, Shona Harmon<sup>2</sup>, Caroline Gannon<sup>1</sup>, Mary Byrne<sup>1</sup>, Barry White<sup>1</sup>, James S. O'Donnell<sup>1,2</sup>, and P.Vincent Jenkins<sup>1,2</sup>, National Centre for Coagulation Disorders, 2Haemostasis Research Group, Trinity College Dublin, Ireland.  
Identification Of Mutations Causing Type 2 Von Willebrand Disease (*Haematology Association of Ireland Annual Meeting*).

P. Vincent Jenkins, Lisa Preston, Catriona Keenan, Mary Byrne, Ruth Gilmore, Beatrice Nolan, James S. O'Donnell. National Centre for Hereditary Coagulation Disorders, St. James's Hospital, Dublin.  
Mutation Screening Of Patients With Antithrombin Deficiency (*Haematology Association of Ireland Annual Meeting*).

L.M. Preston, R. Gilmore, C. Keenan, M. Byrne, B. Nolan, J.S. O'Donnell, P.V. Jenkins.

Optimisation of a VWF:VIII Binding Assay for the Diagnosis of Type 2n Von Willebrands Disease. (Haematology Association of Ireland Annual Meeting).

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National Centre for Hereditary Coagulation Disorders, St. James's Hospital, Dublin 8.

## ORIAN

Brennan I, Harte B, Fitzgerald D, McCrory C.

Reg Anesth Pain Med 2009;34(6):549-52.

Surgery Induces Cyclooxygenase-2 Expression In Rat Cervical Spinal Cord. Dr. McCrory is a reviewer for the Journal Chest.

## National Centre for Pharmoeconomics

### Publications January – December 2009

Hughes DA, Tilson L, Drummond M. Pharmacoconomics 2009;27(8):635-43.

Estimating Drug Costs in Economic Evaluations in Ireland and the UK: an Analysis of Practice and Research Recommendations.

McCullagh L, Tilson L, Walsh C, Barry M. Pharmacoconomics 2009;27(10):829-846.

A Cost-Effectiveness Model Comparing Rivaroxaban and Dabigatran Etexilate with Enoxaparin Sodium as Thromboprophylaxis after Total Hip and Knee Replacement in the Irish Health Care Setting.

## SCOPE

### Publications, Posters And Presentations

#### Clinical Nutrition Publications

Ryan AM, Reynolds JV, Healy L, Byrne M, Moore J, Brannelly N, McHugh A, McCormack D, Flood P, Ann Surg 2009 Mar;249(3): 355-63.

Enteral nutrition enriched with eicosapentaenoic acid (EPA) preserves lean body mass following esophageal cancer surgery: results of a double-blinded randomized controlled trial.

Healy LA, Ryan AM, Rowley S, Boyle T, Connolly E, Kennedy MJ, Reynolds JV, Breast J. 2009 Nov 19 [Epub ahead of print].

Obesity increases the risk of postmenopausal breast cancer and is associated with more advanced stage at presentation but no impact on survival.

#### Clinical Nutrition Poster and Presentation Highlights

Eight abstracts were accepted for the Irish Nutrition & Dietetic Institute's Research Symposium in 2009, with one poster highly commended and one oral presentation.

Laura Healy presented posters accepted at ESPEN, BAPEN, San

Antonio Breast Cancer Conference and Gastro, and won best poster at Cancer 2009 for her poster "Is metabolic syndrome the link between obesity and breast cancer".

#### Occupational Therapy Presentation Highlights

Presentation to St. James's Nursing Staff.

Posture and Pressure Management.

Presentation delivered at Dementia Study Day, St. James's Hospital . Cognitive Stimulation Therapy.

Delivered at National Nursing Conference, St. James's Hospital.

Presentation on the Role Of OT in Stroke Care.

Occupational Therapists in MedEl participated in a Glen Dimplex Bio-engineering project to investigate the application of universal design principles to domestic appliances amongst the elderly.

#### Physiotherapy Publications Highlights

Kennedy N, McNulty K, Feeney C, Kennedy J (2009) Abstract published in Physical Therapy Reviews 2009. A joint Physiotherapy & Speech & Language Therapy project).

The Introduction of an Interdisciplinary Learning Programme in a Large Teaching Hospital.

Dowds J. Abstract Irish Journal Medical Science Vol 179, 2009.

"Changes in quality of life and physical activity following thoracic surgery".

Dowds J. European Respiratory Journal (Supplement) Sept 2009.

Pre-operative inspiratory muscle training and its impact on post-operative exercise capacity and respiratory parameters.

#### Physiotherapy Poster and Presentation Highlights

Oral presentation by Maria Scanlon, Irish Thoracic Society Conference 2009.

Comparison of the Effects of Ventilator Hyperinflation and Manual Hyperinflation, With and Without Chest Wall Vibrations on Peak Expiratory Flow.

Caitriona Ni She, poster presentation at Irish Society of Chartered Physiotherapists Conference 2009.

"Joint Position Sense".

Poster presentation at Irish Heart Foundation Conference 2009.

Complicated Posterior Circulation Stroke with One and a Half Syndrome: a Therapy Case Study.

Poster presentation at Irish Heart Foundation Council on Stroke 12th Annual Stroke Conference, 22 May 2009 and Irish Society of chartered Physiotherapists Annual Conference, 6/7th

November 2009.

Review and Implementation of a Physiotherapy Stroke Assessment Process in an Acute General Hospital.

### Speech & Language Therapy Publications

Royal College of Speech and Language Therapists Bulletin 2009.

Daly C, Curran C & Murphy P.

Raising Standards in Aphasia Services. A two year Pan –European Project set out to Share Aphasia Expertise.

### Posters/Presentation

Walsh K.

Accessing the Arts - A Service Initiative for People with Chronic Aphasia.

Daly C & Curran S.

LAPH Learning and Aphasia. Daly C & Curran S.

Gilchrist G.

A Critical Role in Critical Care – Reviewing a Service 5 Years On.

Kennedy N.

Using Dashboards to Evaluate Clinical Placements.

Speech & Language Therapists presented posters at the Irish Heart Foundation meeting in May 2009 and IASLT Conference in October 2009.

### MPBE

O'Sullivan C, Meaney J, Boyle G, Gormley J, Stokes M (2009).

The Validity of Rehabilitative Ultrasound Imaging for Measurement of Trapezius Muscle Thickness. *Man Ther.* 14(5):572-8.

Ryle JP, Al-Kalbani M, Collins N, Gopinathan U, Boyle G, Coakley D, Sheridan JT. (2009).

Compact Portable Ocular Microtremor Sensor: Design, Development and Calibration. *Journal Of Biomedical Optics.* 14(1):014021-12.

M. O'Sullivan, C. Blake, C. Cunningham, G. Boyle, and C. Finucane (2009).

Correlation of Accelerometry with Clinical Balance Tests in Older Fallers and Non-Fallers. *Age & Ageing*, 38: 308-313.

O'Reilly, G.

Non Medical Exposures – Ethical Concerns. *Radiation Protection Dosimetry* 2009, 135, No 2, 83-87.

Malone JF, Dowling A, O'Reilly G, Gallagher A, O'Connor U, Sheahan N.

The Design of Diagnostic Medical Facilities Using Ionizing Radiation

(Second Edition). A Code of Practice issued by the Radiological Protection Institute of Ireland (RPII).(2009).

G. O'Reilly; E. Grupetta; S. Christofides; A. Schreiner-Karoussou; A.

Dowling *Radiation Protection Dosimetry* 2009, 135, No 2, 122-127.

Rapporteurs' Report: Workshop on Ethical Issues In Diagnostic Radiology.

### Presentations

Al-Kalbani M, Mihaylova E, Collins N, Toal V, Coakley D,

Boyle G (2009).

Ocular microtremor laser speckle metrology. *SPIE Photonics West*, San Jose.

Kenny E, Al-Kalbani M, Collins N, Boyle G, Coakley D (2009).

Laser Speckle Metrology for Ocular Microtremor Measurement. *ASM APSM* 2009, Kilkenny.

Collins N, Al-Kalbani M, Kavanagh P, Mahmud A, Boyle G,

Harbison J, Coakley D, editors (2009).

Effects of Caffeine on Fixational Eye Movements Arova Fort Lauderdale, USA.

Kenny E, Al-Kalbani M, Coakley D, Boyle G (2009).

Non-contact ocular microtremor measurement. *ECEM 2009 - 15th European Conference on Eye Movements* August 09; Southampton.

C. Finucane, C. W. Fan, G. Boyle, R.A. Kenny (2009).

Does Vision Play a Role in Postural Hypotension in Older Adults?. *ASM APSM* 2009.

G. O'Reilly.

Invited Speaker to EC/IAEA International Workshop on Justification of Medical Exposure in Diagnostic Imaging. Brussels September 2009.

### ED Publications Academic output

Skinner JE, Meyer M, Dalsey WC, Nester BA, Ramalanjaona G, O'Neil BJ, Mangione A, Terregino C, Moreyra A, Weiss DN, Anchin JM, Geary U, Taggart P.

Risk Stratification for Arrhythmic Death in an Emergency Department Cohort: a New Method of Nonlinear PD2i Analysis of the ECG. *Ther Clin Risk Manag.* 2008 Aug;4(4):689-97.

Ramphul N, Geary U.

Caveats in the management and diagnosis of cerebellar infarct and vertebral artery dissection. *Emerg Med J.* 2009 Apr;26(4):303-4.

Miros OS, Burillo-Putze G, Plunkett PK, Brown AF.  
Female representation on emergency medicine editorial teams. *Eur J Emerg Med* 2009 Jun 22 [Epub ahead of print].

Kennedy U, McGarry S, Hayes R, Geary U.  
Emergency Department Access to Medical Social Workers in the Republic of Ireland. *Irish Social Worker*, Autumn 2009, 19-21.

Breslin T, Geary U, Bennett K, Shields D, Kennedy U.  
Evaluation of a New Needle Catching Instrument for Suturing Simple Wounds in the Emergency Department. *Eur J Emerg Med*. 2009 Oct 9. [Epub Ahead Of Print].

O'Connor G, Geary U, Moriarty J.  
Critical Care in the Emergency Department. *Eur J Emerg Med*. 2009 Dec;16(6):296-300.

McEvoy S, Beddy P, Brennan I, McDermott R, McMahon G.  
Aortic Dissection: an Unexpected Ultrasound Finding. *European Journal of Radiology Extra*, 2009 Volume 72, Issue 1, P E33-E35.

### Other publications:

Moore A, Curtin E, Geary U,  
The Emergency Department Assessment of Women with Acute Coronary Syndrome. A document developed through collaboration between the Women's Health Council and the Irish Association for Emergency Medicine, as a resource to improve the quality of assessment and clinical management of women with suspected ACS. February 2009.

### Poster presentations

Shields D, Moore A, McMahon G.  
The Role of Catheter Directed Thrombolysis in the Management of Venous Thromboembolism. Scientific Conference, College of Emergency Medicine, Brighton, 20-22nd April 2009.

Moore A, Downey F, Geary U.  
Mumps in the Emergency Department. IAEM Annual Scientific Meeting. 15th October 2009.

F Sharif, E Sadiq, B Foley, N Mulvihill, R Murphy, A Brown, M Lynch, G McMahon, P Crean.  
Primary Percutaneous Coronary Intervention for ST Segment Elevated Myocardial Infarction: Experience from a Tertiary Hospital ICS 2009.

## Risk

### Papers

Relihan E, Glynn S, Daly, D, Silke, Ryder S.  
Measuring and Benchmarking Safety Culture: Application of the Safety Attitudes Questionnaire to an Acute Medical Admissions Unit. *Ir J Med Sci*. 2009; 178:433-439.

Relihan E, O' Grady F, Silke B.  
Internally-Developed Online Reporting System for Medication Errors. *IMJ* 2009;102;7: 223-224.

Relihan E, Hegarty, F, Fetherstone, L.  
Design and Implementation of a Hospital-Wide Tracking System for Medical Devices. *EJHP* 2009;25;4: 63-64.

### Oral Presentations

Relihan E, Hegarty, F, Fetherstone, L.  
Presented at the International Society for Quality in Health Care (ISQua) Conference, Dublin, Dec 2009.  
'Design and Implementation of a Hospital-Wide Tracking System for Medical Devices'.

Glynn S, Mehigan B, Griffin M, Maher A.  
Presented at the International Society for Quality in Health Care (ISQua) Conference, Dublin, Dec 2009.  
Patient Safety: Introducing a Safe Surgery Initiative to the Operating Room.

### Posters/Awards

Relihan E, Glynn S, Daly, D, Silke, Ryder S.  
Patient Safety Congress. Birmingham, April 2009.  
Measuring and benchmarking safety culture: application of the safety attitudes questionnaire to an acute medical admissions unit.

Relihan E, O' Brien V, O' Hara S, Silke B.  
National Council for the Professional Development of Nursing and Midwifery, November 2009. Awarded the Research Prize at conference.  
Reducing interruptions on medication rounds: assessing the impact of a suite of interventions.

### Oral Presentation

D Waldron, D O' Brien, R McCafferty, C M Flynn, E Conneally, P Browne.  
Examination of Myeloid and Monocytic Dyspoiesis in Myelodysplastic Syndrome Using Four-Colour Flow Cytometry (Haematology Association of Ireland Annual Meeting). Haematology Department, St. James's Hospital, Dublin.

Daniel Ryan, Joseph Browne, Martin Healy, Miriam Casey, Joseph Harbison.  
Biochemical indices of bone turnover in stroke patients are comparable to that of hip fracture patients. Presented at the 36th Meeting of the European Calcified Tissue Society, May 24th 2009, Vienna, Austria.

Joseph Browne, Miriam Casey, Nessa Fallon, Martin Healy, Daniel Ryan, Kara Fitzgerald, Niamh Maher, Georgina Steen,

Bernard Walsh.

Vitamin D Deficiency is Highly Prevalent in Patients Attending a Falls and Osteoporosis Clinic. Presented at the 36th Meeting of the European Calcified Tissue Society, May 25th 2009, Vienna, Austria.

MJ Healy, G Cox, JB Walsh, MC Casey, VEF Crowley.

HPLC-Tandem Mass Spectrometry Method for Analysis of Serum 25-Hydroxyvitamin D3 and D2 in a Large Public Hospital Biochemistry Laboratory. Presented at the 32nd Conference of the Association of Clinical Biochemists in Ireland, October 2009.

MJ Healy, G Cox, P Gannon, MC Casey, JB, Walsh, D Coakley, VEF Crowley.

Prevalence of Vitamin D Insufficiency: A Review of One Year's Assay Results in St. James's Hospital. Presented at the 32nd Conference of the Association of Clinical Biochemists in Ireland, October 2009.

Browne JG, Walsh JB, McDermott E, Healy M, Crowley V, Fallon N, Fitzgerald K, Maher M, Steen G, Casey MC.

Hip Fracture Patients with Vertebral Fractures have More Severe Osteoporosis and are Candidates for More Active Treatment Including Parathyroid Therapy. *Osteoporos Int* (2009) 20 (Suppl 1):S75.

Chan GC, Healy M, Lee CL, Browne JG, Fitzgerald K, Walsh JB, Casey MC.

The Importance of Monitoring Renal Function and Adequate Vitamin D Repletion In Iv Zoledronic Acid. *Ir J Med Sci* 2009 (Supp 8): 178:S31.

Feeney S, Healy M, Trimble V, Fallon N, Mahmud N, Walsh JB, Casey MC.

Response to Bisphosphonate Use in Coeliac Associated Osteoporosis. *Ir J Med Sci* 2009 (Supp 8): 178:S328.

Keogh MB, Healy M, Walsh JB, Casey MC, Browne JG, O'Brien FJ, Daly JS.

3D collagen based biomaterial as a solution to enhance bone healing. *Ir J Med Sci* 2009 (Supp 8): 178:S290.

Robinson D, Coughlan A, O'Lunaigh C, Tehee E, Browne JG, Healy M, Casey MC, Walsh JB, Kenny RA, Cunningham C.

Serum 25(OH)D3 Is Lower In Out-Patients Attending A Falls And Blackout Unit Than In Matched Community-Dwelling Controls. *Ir J Med Sci* 2009 (Supp 8): 178:S321.

Romero-Ortuno R, Browne JG, Cogan L, Healy M, Casey MC, Walsh JB, Cunningham C, Kenny RA.

Seasonal Variation of Serum Vitamin D in Irish Community-dwelling older people: the St. James's Hospital Experience. *Ir J Med Sci* 2009 (Supp 8): 178:S299-300.

Egan, L., Gough D., Conneally E., Lawlor E.

Poster presentation: Changing Platelet Use in a University Teaching Hospital, was presented at the European Haemovigilance Conference.

Egan, L., Gough D., Conneally E., Lawlor E.

Poster Presentation: Audit of Red Cell Usage for Iron Deficiency Anaemia in a University Teaching Hospital Was Presented at the National Haemovigilance Office Annual Conference.

G. Cox, A. Balfe, & V. Crowley.

Development and Validation of a Genotyping Assay for the S65C Mutation in the HFE Gene (Hereditary Haemochromatosis). Presented at the 32nd Annual Conference of the Association of Clinical Biochemists in Ireland, October 2009.

A. Balfe, G. Cox & V. Crowley.

Prevalence of the HFE S65C Mutation and Correlation with Iron Status in Irish Patients Investigated for Possible Hereditary Haemochromatosis. Presented at the 32nd Annual Conference of the Association of Clinical Biochemists in Ireland, October 2009.









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.

OSPIDÉAL NAOMH SÉAMAS  
ST. JAMES'S HOSPITAL

