



2011

St. James's Hospital  
**Annual Report**

# 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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## Clinical Service Directorates

### LabMed Directorate

Haematology, Biochemistry,  
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Laboratory and National Centre for  
Hereditary Coagulation Diseases,  
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### General Support Services

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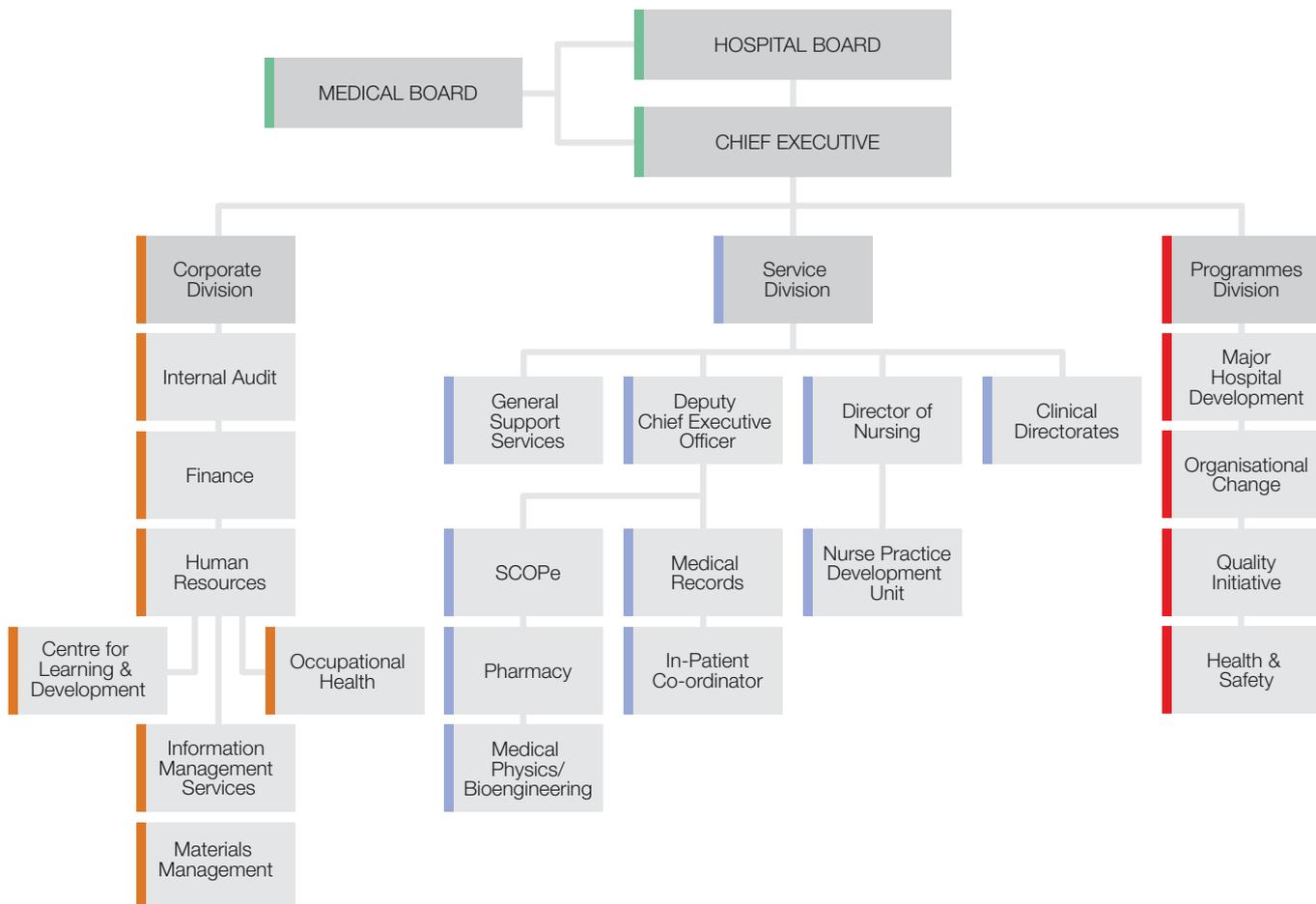
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ST. JAMES'S HOSPITAL



# Corporate Structure



## Hospital Board 2011

**Prof. D. Shanley**

*Chairman of the Hospital Board*

**Mr. I. Carter**

*Chief Executive (in attendance)*

**Ms. J. Carmichael**

*Dublin City Council, Commenced September 2009*

**Mr. J. Kelly**

*Staff Representative*

**Mr. S. Farrell**

*Staff Representative*

**Prof. C. Bergin**

*Clinical Director, SAMS Directorate,  
Commenced November 2009*

**Ms. M. Lynott**

*Ministerial Appointment*

**Prof. C. Normand**

*Trinity College*

**Prof. J. Scott**

*Trinity College*

**Ms. K. O' Neill**

*Ministerial Appointment*

**Mr. P. O' Reilly**

*Ministerial Appointment*

**Ms. C. Naughton**

*Ministerial Appointment*

**Ms. A. Fitzgerald**

*Deputy CEO/Operations Manager  
(in attendance)*

**Mr. P. Gallagher**

*Director of Nursing (in attendance)*

**Mr. B. Fitzgerald**

*Director of Finance (in attendance)*

**Prof. L. Barnes**

*Representative of Medical Board*

**Prof. F. O' Kelly**

*GP Representative*

**Dr. J. Kennedy**

*Chairman of the Medical Board  
Commenced November 2009*

## Executive Management Group 2011

**Mr. I. Carter**

*Chief Executive*

**Mr. B. Fitzgerald**

*Director of Finance*

**Prof. C. Bergin**

*Clinical Director, SaMS Directorate*

**Prof. J.B. Walsh**

*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. N. Nikolov**

*Clinical Director, ORIAN Directorate*

**Dr. M. Keoghan**

*Clinical Director, DiagIm Directorate*

**Dr. B. O' Connell**

*Clinical Director, LabMed Directorate*

**Ms. A. Fitzgerald**

*Deputy CEO/Operations Manager*

**Mr. P. Gallagher**

*Director of Nursing*

**Mr. K. Hardy**

*Director of Human Resources*

**Mr. Niall McElwee**

*Manager, Planning and Technical Services*

**Mr. F. Lynam (A)**

*Manager, Information Management*

**Mr. V. Callan**

*General Support Services Mgr (A)*

**Ms. G. Rothwell**

*General Support Services Mgr (A)*



## St. James's Hospital Consultants

Dr. Jeanne Moriarty	Consultant Anaesthetist	Dr. Susan McKiernan	Consultant Gastroenterologist
Dr. Mark Abraha	Consultant Anaesthetist	Prof. Suzanne Norris	Consultant Gastroenterologist
Dr. Ellen O'Sullivan	Consultant Anaesthetist	Dr. Dermot O'Toole	Consultant Gastroenterologist
Dr. Nikolay Nikolov	Consultant Anaesthetist	Dr. Bernard Silke	Consultant General Physician
Dr. Thomas Schnittger	Consultant Anaesthetist	Dr. Deirdre O'Riordan	Consultant General Physician
Dr. Noreen Dowd	Consultant Anaesthetist	Dr. Michael Barry	Consultant General Physician
Dr. Thomas Ryan	Consultant Anaesthetist	Dr. Martina Hennessy	Senior Lecturer/Consultant General Physician
Dr. Patrick Scanlon	Consultant Anaesthetist	Prof. John Reynolds	Professor of Surgery
Dr. Niall Hughes	Consultant Anaesthetist	Mr. Narayanasamy Ravi	Senior Lecturer/Consultant General Surgeon
Dr. Peter Vaughan	Consultant Anaesthetist	Mr. Terence Boyle	Consultant General Surgeon
Dr. Fionnuala Lyons	Consultant Anaesthetist	Ms. Elizabeth Connolly	Consultant General Surgeon
Dr. Connail McCrory	Consultant Anaesthetist	Mr. Paul McCormick	Consultant General Surgeon
Dr. Carl Fagan	Consultant Anaesthetist	Mr. Brian Mehigan	Consultant General Surgeon
Dr. Catherine O'Malley	Consultant Anaesthetist	Prof. Fiona Mulcahy	Consultant in Genito-Urinary Medicine
Dr. Jenny Porter	Consultant Anaesthetist	Dr. Fiona Lyons	Consultant in Genito-Urinary Medicine
Dr. Daniel Collins	Consultant Anaesthetist	Prof. Rose Anne Kenny	Professor of Geriatric Medicine
Dr. Joseph Fitzgerald	Consultant Anaesthetist	Dr. Joseph Harbison	Senior Lecturer/Consultant in Geriatric Medicine (si Stroke Medicine)
Dr. Carmel Wall	Consultant Anaesthetist	Prof. James Bernard Walsh	Consultant Geriatrician
Dr. Christoph Kempfs	Consultant Anaesthetist	Dr. Miriam Casey	Consultant Geriatrician
Dr. Michael Carey	Consultant Anaesthetist	Dr. Conal Cunningham	Consultant Geriatrician
Dr. Deirdre McCoy	Consultant Anaesthetist	Dr. David Robinson	Consultant Geriatrician
Dr. Niall Mulvihill	Consultant Cardiologist	Dr. Mary B Anglim	Consultant Gynaecologist & Obstetrician
Dr. Ross Murphy	Consultant Cardiologist	Dr. Noreen Gleeson	Consultant Gynaecologist & Obstetrician
Dr. Jerome-Brendan Foley	Consultant Cardiologist	Dr. Tom Darcy	Consultant Gynaecologist & Obstetrician
Dr. Peter Crean	Consultant Cardiologist	Dr. Hugh O'Connor	Consultant Gynaecologist & Obstetrician
Dr. Caroline Daly	Consultant Cardiologist	Dr. Barry White	Consultant Haematologist
Mr. Vincent Young	Consultant Cardiothoracic Surgeon	Prof. Paul-Vincent Browne	Consultant Haematologist
Mr. Michael Tolan	Consultant Cardiothoracic Surgeon	Dr. Niamh O'Connell	Consultant Haematologist
Prof. Ellis McGovern	Consultant Cardiothoracic Surgeon	Dr. Catherine Flynn	Consultant Haematologist
Mr. Ronan Ryan	Consultant Cardiothoracic Surgeon	Dr. Patrick Hayden	Consultant Haematologist
Dr. Vivien Crowley	Consultant Chemical Pathologist	Dr. Eibhlin Conneally	Consultant Haematologist
Prof. Louise Barnes	Consultant Dermatologist	Dr. Elizabeth Vandenberghe	Consultant Haematologist
Dr. Rosemarie Watson	Consultant Dermatologist	Dr. James Stewart O'Donnell	Consultant Haematologist
Dr. Patrick Ormond	Consultant Dermatologist	Prof. John O'Leary	Chair of Pathology
Dr. Bairbre Wynne	Consultant Dermatologist	Prof. Donal Sean O'Briain	Consultant Histopathologist
Dr. Alan Irvine	Consultant Dermatologist	Dr. Mairead Griffin	Consultant Histopathologist
Dr. Geraldine McMahan	Consultant in Emergency Medicine	Dr. Eoin Gaffney	Consultant Histopathologist
Prof. Patrick Plunkett	Consultant in Emergency Medicine	Dr. Mairin McMenamin	Consultant Histopathologist
Dr. Una Geary	Consultant in Emergency Medicine	Dr. Siobhan Nicholson	Consultant Histopathologist
Dr. Una M Kennedy	Consultant in Emergency Medicine	Dr. Barbara Dunne	Consultant Histopathologist
Dr. Marie Louise Healy	Consultant Endocrinologist	Dr. Cian Muldoon	Consultant Histopathologist
Prof. Dermot Kelleher	Professor of Medicine		
Dr. Nasir Mahmud	Consultant Gastroenterologist		

Dr. Mary Toner	Consultant Histopathologist	Dr. Elaine Greene	Consultant Psychiatrist
Dr. Niamh Leonard	Consultant Histopathologist	Prof. Brian Lawlor	Consultant Psychiatrist
Dr. Stephen Finn	Consultant Histopathologist	Dr. Ann Marie O'Dwyer	Consultant Liaison Psychiatrist
Prof. Conleth Feighery	Consultant Immunologist	Dr. John M Cooney	Consultant Liaison Psychiatrist
Prof. Colm Bergin	Consultant In Infectious Diseases	Dr. Peter Beddy	Consultant Radiologist
Dr. Susan Clarke	Consultant in Infectious Diseases	Dr. Susannah Harte	Consultant Radiologist
Dr. Ceppie Merry	Consultant in Infectious Diseases	Dr. Mary Keogan	Consultant Radiologist
Dr. Brian O'Connell	Consultant Microbiologist	Dr. Niall Sheehy	Consultant Radiologist
Dr. Breida Boyle	Consultant Microbiologist	Dr. Sylvia O'Keeffe	Consultant Radiologist
Dr. Brendan Crowley	Consultant Microbiologist	Dr. Ciaran Johnston	Consultant Radiologist
Prof. Thomas Rogers	Consultant Microbiologist	Dr. Michael Guiney	Consultant Radiologist
Dr. Eleanor McNamara	Consultant Microbiologist	Dr. Grainne Govender	Consultant Radiologist
Dr. George Mellotte	Consultant Nephrologist	Dr. Ronan McDermott	Consultant Radiologist
Dr. Catherine Wall	Consultant Nephrologist	Dr. Niall McEniff	Consultant Radiologist
Dr. Janice Redmond	Consultant Neurologist	Dr. Graham Wilson	Consultant Radiologist
Dr. Siobhan Hutchinson	Consultant Neurologist	Dr. Mark J Ryan	Consultant Radiologist
Dr. Colin Doherty	Consultant Neurologist	Dr. James Meaney	Consultant Radiologist
Dr. Francesca Brett	Consultant Neuropathologist	Prof. Donal Hollywood	Consultant Radiotherapist
Dr. Yvonne Langan	Consultant Neurophysiologist	Dr. Finbarr O'Connell	Consultant Respiratory Physician
Dr. Noirin Noonan	Occupational Health Physician	Prof. Joseph Keane	Consultant Respiratory Physician
Mr. Padraig O'Ceallaigh	Consultant Oral & Maxillo Facial Surgeon	Dr. Rory A O'Donnell	Consultant Respiratory Physician
Prof. Leo Stassen	Consultant Oral & Maxillo Facial Surgeon	Dr. Ruairi Fahy	Consultant Respiratory Physician
Mr. Gerard Kearns	Consultant Oral & Maxillo Facial Surgeon	Dr. Anne Marie McLaughlin	Consultant Respiratory Physician
Prof. Kenneth O'Byrne	Consultant Oncologist	Prof. Gaye Cunnane	Consultant Rheumatologist
Dr. Michael John Kennedy	Consultant Oncologist	Dr. Michele Doran	Consultant Rheumatologist
Dr. Deirdre O'Mahony	Consultant Oncologist	Dr. Finbarr O'Shea	Consultant Rheumatologist
Dr. Dearbhaile O'Donnell	Consultant Oncologist	Mr. Ted McDermott	Consultant Urologist
Dr. Aisling O'Mahony	Consultant Orthodontist	Mr. Ron Grainger	Consultant Urologist
Dr. Eamonn McKiernan	Consultant Orthodontist	Mr. Thomas Hugh Lynch	Consultant Urologist
Mr. Kieran O'Shea	Consultant Orthopaedic Surgeon	Mr. Prakash Madhavan	Consultant Vascular Surgeon
Mr. Thomas McCarthy	Consultant Orthopaedic Surgeon	Mr. Dermot Moore	Consultant Vascular Surgeon
Mr. John McKenna	Consultant Orthopaedic Surgeon	Mr. Sean O'Neill	Consultant Vascular Surgeon
Mr. Niall Hogan	Consultant Orthopaedic Surgeon		
Prof. Conrad Timon	Consultant Otolaryngologist		
Dr. Brendan Conlon	Consultant Otolaryngologist		
Dr. John Kinsella	Consultant Otolaryngologist		
Dr. Martin O'Connor	Consultant Ophthalmologist		
Dr. Aoife Doyle	Consultant Ophthalmologist		
Dr. Liam O'Siorain	Consultant Palliative Care Physician		
Dr. Peter Lawlor	Consultant Palliative Care Physician		
Ms. Patricia Eadie	Consultant Plastic Surgeon		
Mr. Eamon Beausang	Consultant Plastic Surgeon		
Mr. David O'Donovan	Consultant Plastic Surgeon		
Mr. David Orr	Consultant Plastic Surgeon		
Mr. Odhran Shelley	Consultant Plastic Surgeon		
Dr. Aidan Corvin	Consultant Psychiatrist		
Prof. Michael Gill	Consultant Psychiatrist		

## Legal and Banking 2011

### Auditors

Controller and Auditor General,  
Dublin Castle, Dublin 1

### Bankers

Bank of Ireland, 85 James's Street, Dublin 8  
Permanent TSB, 16-17 College Green, Dublin 2

### Legal Advisors

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

### Insurance Brokers

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





# Introduction

## from the chairman



Dr. Diarmuid Shanley  
Chairman  
Hospital Board



The patient is the primary focus of all activities in St. James's Hospital. It is the largest acute adult hospital in Ireland. It has 1085 beds and in 2011 provided treatment for 26,000 inpatients, 94,000 day care patients and 225,000 outpatients. To put this in context, a total more than four times the attendance at an All-Ireland Final in Croke Park. Hospital staff face life and death decision-making on a 24 hour basis, 365

days a year. In all Directorates our colleagues are responsible for life changing interventions. Examples of which include emergency medicine, oncology and cancer care, cardio-thoracic surgery, respiratory diseases, colorectal services, burns, dermatology, orthopaedic services, vascular surgery, gynaecology, rheumatology, hepatology to mention but a few.



The clinical disciplines are supported by sophisticated laboratory services such as biochemistry, genetics, histopathology and the national MRSA Reference Centre. The Hospital comprises a community of health care workers with heavy reliance on dedicated staff in Medicine, Nursing and all the allied professions. St. James's is essentially a tertiary care facility with patients referred from hospitals throughout the country. One example is that over one half of the nation's major lung resections this year were done in St. James's. Each Directorate and Section in the Annual Report cites extraordinary achievements and developments in their particular section which deserve your attention.

St. James's has 27 sub-specialty units and 12 of these are recognized as national centres for the particular discipline. Each Friday at Grand Rounds the hospital's clinical and scientific staff pool their intellectual resources and experiences through case reviews together with relevant bio-medical scientific presentations. Such peer exposure and exchange promotes the highest standards in modern patient care. It ensures an evidence-based approach whilst providing a rich educational environment for staff in their continuing professional development.

The clinical and administrative services are coordinated through what is generally accepted to be the most effective hospital Executive Team led by the CEO Mr. Ian Carter. St. James's has been the leader in most facets of the key performance indicator set. Executive responsibilities embrace complex patient logistics and operations management. Once again, for the fifth successive year, St. James's has managed to exceed service delivery targets whilst absorbing a funding reduction of €22.6m from an annual budget of €385m, for which much credit goes to the Director of Finance, Mr Brian Fitzgerald. Nevertheless, financial controls continue to be primarily influenced by patient care priorities. The Medical Board and its Chairman Dr. John Kennedy and our Clinical Director, Professor J. Bernard Walsh, and those they represent, deserve recognition for their dedicated services. The Hospital depends on an effective set of integrated services such as Pharmacy, Chaplaincy, Medical Physics, Bioengineering, Technical, Catering, Housekeeping, Security, and Telecommunications. St. James's enjoys a strong industrial relations history thanks to collaborative efforts throughout the institution for which great credit is due to all concerned. The Hospital Foundation and Patient Advocacy Group contribute to the soul of the Hospital through selfless voluntary endeavours.

There is a culture in the hospital of 'going the extra mile' and focussing on the interests of patients. On behalf of the Board, I wish to express gratitude and admiration to all staff for their commitment to achieving the Hospital's objectives. Leadership and dedication are evident throughout. To those less visible in carrying out their duties a special word of appreciation. The Board wishes those colleagues who retired this year a contented retirement with sincere gratitude for their work on behalf of the patients and Hospital. We also remember former colleagues who have passed away and offer condolences to their families and friends.

St. James's recognised that in order to rapidly transmit the benefits of bio-medical research to its patients and the wider global community, it needed to develop and locate such facilities and capacities in the clinical environment of the hospital campus. The consequence has been the creation of world class research facilities on site which include the Molecular Medicine Institute, Wellcome Trust research facility, National Cancer Centre and many others. Initiatives have generated in excess of €100m in research investment in campus projects in recent years. This research base offers significant benefits for bio-medical industries as in pharmaceutical developments, bio-engineering, molecular and nanosciences and their related industries; all complementary to patient care interests. The potential for the smart economy, growth and employment potential is enormous. The list of research interests and publications in the more prestigious scientific journals are set out in the final section and confirm the success of St. James's research programme.

Partnership with Tallaght, Naas and the Coombe Women's Hospitals together with Trinity's School of Medicine is being promoted through the Trinity Health Ireland initiative. Discussions have also been held with colleagues in the Midlands hospitals as part of an objective to build a synergistic group located in Dublin West and Leinster Midlands. There is considerable room to develop a more efficient and cost-effective structure placing emphasis on best use of hospital facilities, clinical expertise, educational, research and intellectual resources in delivering primary, secondary and tertiary patient care, including improved step down facilities. Our ambitions to accommodate the National Children's Hospital are well founded, evidence-based and stand up to objective and detailed scrutiny as the preferred option for locating this enormous facility. James's has a well earned reputation for delivering on its promises on target and within budget.

I wish to thank members of the Board of the Hospital, who on a voluntary basis, give willingly of their experience and wisdom in promoting the best interests of patients and staff as well as ensuring accountability and sustainability of the hospital in challenging times. I am especially indebted to those who participate in and chair the subcommittees of the Board. Ms. Therese O'Connor is a wise and greatly appreciated counsellor, especially for a new Chairperson.

I had the privilege of succeeding Professor Thomas Mitchell as Board Chairperson. He took on the role following completion of his Provostship in Trinity College. He gave selflessly of his time and enormous intellect to the Hospital. He championed so many initiatives during his ten-year term of office, just one example being the iconic Centre for Care of the Elderly. It was his foresight to establish a review of Hospital Governance. On behalf of all staff and patients, I wish to express sincere appreciation and gratitude to this true gentleman and scholar. I hope we can build on his legacy and together with the CEO facilitate and support a highly effective and talented hospital community in their endeavours.

Although this introduction stresses the positives and achievements in St. James's it would be naïve to suggest that everything in the garden is rosy or that we don't face even more challenging times in 2012. There is scope for continuing improvement in many aspects of our operations. Physical facilities and the site itself are in need of rationalisation and modernisation with more single room accommodation. I am confident we will continue to improve, expand and develop; albeit with considerable effort, collaboration, and most essentially mutual awareness and understanding of competing priorities between disciplines. We certainly have the best team in the business to accomplish that.

# Report from the Chief Executive



Mr. Ian Carter  
Chief Executive

As in previous years the primary executive and operations focus for 2011 centred on the achievement of planned levels of service delivery within available finances and specified quality parameters, combined with advancement of capital development programme.

Once again the performance outcomes for the year were highly satisfactory.

## Clinical

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

	Actual 2011	Planned 2011	Planned/ Actual 2011 % variance
Inpatient	25,159	22,006	14%
Day Care	94,322	61,552	53%
Outpatient	223,183	166,751	34%

## Access

In terms of performance in relation to access targets:

- Emergency Department  
Patient volume waiting for admission < 10 @ 08.00 (Local Target).

– SJH performance average 6 hours.

0 patients waiting >12 hours for admission (post bed identification requirement (National Target).

– SJH performance 100% compliant.

Average time from Registration to Discharge for all patients 2011 : 7.2 hours.

- Inpatient  
All patients waiting for elective admission < 6 months @ 31.12.11 (National Target).  
– SJH performance 99% compliant.
- All patients waiting for elective admission < 4 months @ 31.12.11 (Local Target).  
– SJH performance 90% compliant.

- **Day Care**  
All patients waiting for elective attendance < 6 months @ 31.12.11 (National Target).  
– SJH performance 100% compliant.  
  
All patients waiting for elective attendance < 4 months @ 31.12.11 (Local Target).  
– SJH performance 94% compliant.
- **Endoscopy**  
All patients waiting for Endoscopy appointment < 4 months @ 31.12.11 (National Target).  
– SJH performance 100% compliant.
- **Cardiology (Cath Lab)**  
All patients waiting for Cath Lab appointment < 4 months @ 31.12.11 (Local Target).  
– SJH performance 100% compliant.
- **Outpatient**  
All patients waiting for appointment < 6 months booking-31.12.11(National Target).  
– SJH performance 100% compliant.  
  
All patients waiting for appointment < 4 months booking-31.12.11 (Local Target).  
– SJH performance 100% compliant.
- **ED attendances**  
– increasing presenting acuity/complexity with 28% 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.
- **Discharge**  
– curtailment of home support necessary to effect timely discharge.  
  
– curtailment of community accommodation for frail highly dependent patients.
- **Outpatient Attendance**  
– 1% increase in new OPD Attendances (10/11) including significant referrals from geographical areas where SJH is not the responsible provider.

### Impact of these Factors

The impact of these external challenges are as follows:

- capability of ED directorate/AMAU<sup>2</sup> 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.
- whilst introduction of Fair deal initiative is welcomed, as it represents the first structured initiative by HSE to tackle this significant problem, it should be noted that on average in 2011, there were 93 patients inappropriately occupying acute beds representing 14% of total general bed availability.
- existing outpatient demand in terms of new referrals exceeds existing capacity and capability particularly for the specialties of Rheumatology, Endocrinology and Plastics with resultant less than satisfactory wait times for new referrals.

SJH has continued to expand range and volume of day care treatments, and in 2011 79% of (day care/inpatient) treatments were undertaken on a day care basis – particularly specialties of Medical Oncology/Haematology, where 92% of treatments were undertaken as day attendances.

Within Surgery, 77% 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.

This combined with patient processing improvements within the Emergency Department, continuing AMAU<sup>2</sup> high value capability in relation to timely discharge (71% discharged within 5 days of admission), successful collaboration with the NTPF, the introduction of the Fair Deal initiative, 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.

### Key Challenge Factors

Whilst overall clinical volume and access performance 2011 outcome values have generally been very satisfactory, there remain certain presenting external factors that present significant challenges for existing hospital capacity and capability provisions.

Note 1: British Association of Day Surgery.

Note 2: Acute Medical Admissions Unit.



### Change Requirements-2012

There is a clear and immediate requirement to:

- **increase ED and General Medicine Consultant/interdisciplinary team capability.**

SJH has agreed with HSE a revised Acute Medicine on-take construct for introduction in 2012. 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. Since this time funding has only been provided in respect of one additional HDU bed. This decision requires to be reconsidered by HSE in 2012.

- **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 2012.

### Finances

The Hospital demonstrated a commendable fiscal performance, returning an in year surplus of €1.58m on a HSE allocation of € 317.095m. 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 7.25% year on year and the key inpatient activity/financial measure of the economic bed day dropped from €1,003 in 2010 to €936 in 2011 – representing a 6.7% reduction.

### Quality

SJH progressed 6 key developments in 2011:

- pharmacovigilance.
- steriovigilance.
- infection control.
- community consultation programme.
- preparation for recommencement of Accreditation cycle.
- Clinical Effectiveness Programme.



### Capital Development

Important capital development, equipment replacement/additionality and infrastructural improvement provisions were completed in 2011, most notably:

- National Radiation Therapy Facility completed on the hospital campus in conjunction with St. Lukes Hospital and the NCCP.
- Expansion of Magnetic Resonance Imaging (MRI) facilities with 2 new scanners installed.
- New Interventional Radiology Scanner installed.
- Ward upgrades continued.
- New Relatives Reception for ICU/CCU completed.
- 9 Bed ICU Upgrade completed.
- Electrical infrastructural protection upgrade completed.
- Medical Gases upgrade works continued.
- Legionella Prevention Upgrade works continued.
- Development commenced for a combined Clinical Research Facility/Inpatient Haemophilia & Hepatology Facility.
- Design development commenced for new Centre of Excellence for Successful Ageing.
- Design development commenced for phase two of National Radiation Therapy programme.

### Research and Education-Key Achievements

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

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

A total of 447 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 2011.

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 2011

Period January-December 2011	2011 Activity		2011 Projected Activity			
	In-Patient Discharges <sup>2</sup>	Day Cases	In-Patient Discharges	Day Cases	% In-patients Variance	% Day Cases Variance
Cardiology	3141	3579	1971	2425	59%	48%
Dermatology	20	5761	34	3257	-41%	77%
Emergency Department	94	0	900	0	-90%	0%
Endocrinology DDC	0	6896	0	6913	0	0%
ENT	480	308	690	280	-30%	10%
General Surgery	2619	6879	2220	4998	18%	38%
GUIDE	400	4041	276	1650	45%	145%
Gynaecology	829	495	681	238	22%	108%
Haematology	932	11917	676	6971	38%	71%
Maxillo Facial	1052	215	885	121	19%	78%
Medicine <sup>1,3</sup>	6587	22175	5798	12282	14%	81%
Medicine for the Elderly	1088	7792	1023	6500	6%	20%
Oncology	1272	13581	729	10383	74%	31%
Orthopaedics	1280	390	1320	211	-3%	85%
Plastic Surgery	1345	2677	1899	2854	-29%	-6%
Psychiatry	697	0	470	0	48%	0%
Rheumatology	725	5063	492	1500	47%	238%
Cardiac Surgery	434	0	512	0	-15%	0%
Thoracic Surgery	508	25	348	0	3%	0%
Urology	549	1898	501	879	10%	116%
Vascular Surgery	504	82	581	60	-13%	37%
<b>Total</b>	<b>24556</b>	<b>93774</b>	<b>22006</b>	<b>61522</b>	<b>12%</b>	<b>52%</b>
	Out-Patient Activity				Variance	
	Actual		Projected		%	%
	New	Return	New	Return	New	Return
Attendances <sup>4</sup>	57520	157983	50356	116395	14%	36%

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 2011

SUMMARY	30	60	90	120	150	182	210	240	365	>365	TOTAL
Waiting List as on 31/12/2009	164	174	162	220	0	0	0	0	0	0	720
Waiting List as on 31/12/2010	169	194	129	264	0	0	0	0	0	0	756
Variance	3%	11%	-20%	20%	0%	0%	0%	0%	0%	0%	5%

SPECIALITY	Current Status as on 31/12/2011										
	30	60	90	120	150	182	210	240	365	> 365	TOTAL
E.N.T.	27	28	21	32	0	0	0	0	0	0	108
GASTRO-ENTEROLOGY	1	0	0	0	0	0	0	0	0	0	1
GYNAECOLOGY	26	27	12	15	0	0	0	0	0	0	80
MAXILLO FACIAL	7	10	11	25	0	0	0	0	0	0	53
PAIN MANAGEMENT	8	14	8	13	0	0	0	0	0	0	43
PLASTICS	39	30	19	65	0	0	0	0	0	0	153
SURGERY	21	33	19	14	0	0	0	0	0	0	87
THORACIC SURG	12	26	25	68	0	0	0	0	0	0	131
UROLOGY	20	16	9	22	0	0	0	0	0	0	67
VASCULAR	8	10	5	9	0	0	0	0	0	0	32
Grand Total	169	194	129	264	0	0	0	0	0	0	756

## St. James's Hospital Day Surgery Unit Waiting List as on 31st December 2011

SUMMARY	30	60	90	120	150	182	210	240	365	>365	TOTAL
Waiting List as on 31/12/2009	687	431	318	202	0	0	0	0	0	0	1638
Waiting List as on 31/12/2010	549	685	562	526	0	0	0	0	0	0	2322
Variance	-20%	59%	77%	>100%	0%	0%	0%	0%	0%	0%	42%

SPECIALITY	Current Status as on 31/12/2011										
	30	60	90	120	150	182	210	240	365	> 365	TOTAL
CARDIOLOGY	2	2	1	0	0	0	0	0	0	0	5
DERMATOLOGY	49	53	66	26	0	0	0	0	0	0	194
E.N.T.	20	23	12	19	0	0	0	0	0	0	74
GYNAECOLOGY	38	32	30	23	0	0	0	0	0	0	123
MAXILLO FACIAL	23	37	38	45	0	0	0	0	0	0	143
ORTHOPAEDICS	19	43	25	26	0	0	0	0	0	0	113
PAIN MANAGEMENT	101	106	93	80	0	0	0	1	1	0	380
PLASTICS	112	199	133	136	0	0	0	0	0	0	580
SURGERY	112	95	63	72	0	0	0	0	0	0	342
UROLOGY	36	41	40	43	0	0	0	0	0	0	160
VASCULAR	37	54	61	56	0	0	0	0	0	0	208
Total	549	685	562	526	0	0	0	0	0	0	2322

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

## St. James's Hospital Endoscopy Unit Waiting List as on 31st December 2011

SUMMARY	30	60	90	120	150	182	210	240	365	>365	TOTAL
Waiting List as on 31/12/2009	389	282	222	0	0	0	0	0	0	0	893
Waiting List as on 31/12/2010	324	177	171	12	0	0	0	0	0	0	684
Variance	-17%	-37%	-23%	>100%	0%	0%	0%	0%	0%	0%	-23%

SPECIALITY	Current Status as on 31/12/2011										
	30	60	90	120	150	182	210	240	365	> 365	TOTAL
GASTRO-ENTEROLOGY*	296	150	171	12	0	0	0	0	0	0	629
SURGERY*	24	24	0	0	0	0	0	0	0	0	48
UROLOGY	4	3	0	0	0	0	0	0	0	0	7
<b>Total</b>	<b>324</b>	<b>177</b>	<b>171</b>	<b>12</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>684</b>

COLONOSCOPY	Current Status as on 31/12/2010										
	30	60	90	120	150	182	210	240	365	> 365	TOTAL
GASTRO-ENTEROLOGY	165	65	79	0	0	0	0	0	0	0	309
SURGERY	21	22	0	0	0	0	0	0	0	0	43
<b>Total</b>	<b>186</b>	<b>87</b>	<b>79</b>	<b>0</b>	<b>352</b>						

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

## St. James's Hospital Outpatient Waiting List as on 31st December 2011

SUMMARY	30	60	90	120	150	182	210	240	365	545	730	>730	TOTAL
Waiting List as on 31/12/2009	3579	2847	1220	704	0	0	0	0	0	0	0	0	8350
Waiting List as on 31/12/2010	3302	2530	1279	821	380	152	58	29	9	0	0	0	8560
Variance	-8%	-11%	5%	17%	>100%	>100%	>100%	>100%	>100%	0%	0%	0%	3%

SPECIALITY	Current Status as on 31/12/2011												TOTAL
	30	60	90	120	150	182	210	240	365	545	730	>730	
BREAST CARE SERVICES	332	4	4	1	45	40	0	2	0	0	0	0	428
CARDIOLOGY	78	97	65	42	18	5	0	0	1	0	0	0	306
DERMATOLOGY	334	301	233	161	95	54	24	15	2	0	0	0	1219
DIABETIC/ENDOCRINOLOGY	36	54	23	14	6	0	0	0	0	0	0	0	133
E.N.T.	108	130	40	48	0	0	0	0	0	0	0	0	326
GASTRO-ENTEROLOGY	74	154	109	81	51	8	0	2	0	0	0	0	479
GERIATRIC	41	38	13	2	0	0	0	0	0	0	0	0	94
GUIDE	83	0	0	1	0	0	0	0	0	0	0	0	84
GYNAECOLOGY	101	59	36	0	0	0	0	0	0	0	0	0	196
HAEMATOLOGY	85	93	24	7	4	2	0	0	0	0	0	0	215
HEPATOLOGY	184	285	65	16	1	1	0	0	0	0	0	0	552
IMMUNOLOGY	63	24	24	8	9	0	0	0	0	0	0	0	128
MAXILLO FACIAL	135	65	37	4	0	0	0	0	0	0	0	0	241
MEDICINE	29	2	0	0	0	0	0	0	0	0	0	0	31
NEPHROLOGY	10	25	0	0	1	0	0	0	0	0	0	0	36
NEUROLOGY	100	77	37	57	0	0	0	0	0	0	0	0	271
ONCOLOGY	22	3	1	3	2	2	0	0	0	0	0	0	33
OPHTHALMOLOGY	42	50	18	14	9	5	7	2	3	0	0	0	150
ORTHOPAEDICS	169	114	55	31	0	0	0	0	0	0	0	0	369
OSTEOPOROSIS & BONE PROTECTION	113	104	73	105	2	24	13	0	1	0	0	0	435
PAIN MANAGEMENT	56	58	23	0	0	0	0	0	0	0	0	0	137
PALLIATIVE CARE	7	0	0	0	0	0	0	0	0	0	0	0	7
PLASTICS	219	286	152	50	5	2	2	0	0	0	0	0	716
PSYCHIATRY	46	21	27	4	0	0	0	0	0	0	0	0	98
RADIOTHERAPY	18	2	0	0	0	0	0	0	0	0	0	0	20
RESPIRATORY	83	55	24	28	3	1	0	0	0	0	0	0	194
RHEUMATOLOGY	51	35	54	37	49	5	9	3	2	0	0	0	245
SURGERY	226	88	33	19	0	0	1	0	0	0	0	0	367
THORACIC SURG	56	8	1	0	0	0	0	0	0	0	0	0	65
UROLOGY	207	176	23	20	22	1	2	5	0	0	0	0	456
VASCULAR	187	122	85	68	58	2	0	0	0	0	0	0	522
WARFARIN CLINIC	7	0	0	0	0	0	0	0	0	0	0	0	7
Total	3302	2530	1279	821	380	152	58	29	9	0	0	0	8560

Note: This report shows the length of time patients are waiting from date booked to report date ie. 31ST DECEMBER 2010.



PICKER



Corporate Division Reports



# Finance Department

Income and Expenditure Account for the reporting period  
1st January 2011 to 31st December 2011

	2011 €'000	2010 €'000
Opening Deficit/(Surplus)	-28,311	-28,034
Pay Expenditure	251,880	256,706
Non Pay Expenditure	142,114	157,339
Gross Expenditure including deficit	365,683	386,011
Income	-64,447	-60,618
Net Expenditure for the year	301,236	325,393
Public Sector Pension Levy (Introduced in March 2009)	14,032	14,165
Determination for the year	317,095	339,539
Closing Deficit/(Surplus)	-29,891	-28,311

Balance Sheet as at 31<sup>st</sup> December 2011



Mr. Brian Fitzgerald  
Director of Finance

	2011 €'000	2010 €'000
<b>Fixed Assets</b>		
Tangible Assets	200,264	212,069
<b>Current Assets</b>		
Debtors	94,909	77,304
Stocks	7,172	5,786
Bank and Cash balances	411	21,660
	102,492	104,750
<b>Creditors-less than one year</b>		
Creditors	-64,023	-74,220
Bank Overdraft		
	-64,023	-74,220
<b>Net Current Assets</b>	38,469	30,530
<b>Total Assets</b>	238,733	242,599
<b>Creditors-more than one year</b>		
<b>Net Total Assets</b>	238,733	242,599
<b>Capital and Reserves</b>		
Non Capital Income & Expenditure Account Surplus/(Deficit)	29,891	28,311
Capital Income & Expenditure Account Deficit	8,578	2,219
Capitalisation Account	200,264	212,069
	238,733	242,599

The Financial Statements for the reporting period 1st January 2011 to 31st December 2011 resulted in a surplus of €1.58m. Hospital gross expenditure was €393.994m, while income and exchequer funding amounted to €395.574m. In addition to the 2011 surplus the hospital had an opening surplus of €28.311m carried forward from 2010 and prior years. Therefore the cumulative carried forward surplus at 31st December 2011 was €29.891m.

### Expenditure and Income overview

Net expenditure decreased by €20.051m (5.09%) when compared with the previous year, of which pay and pensions expenditure decreased by €4.826m (1.92%), non-pay expenditure decreased by €15.225m (10.71%) and Income increased by €3.829 (5.94%).

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>	
Staffing, Overtime and Related Reductions	(€3.171m)
Pensions, Lump Sums and Gratuities	(€4.014m)
Increments & ER PRSI	€1.626m
ER PRSI (budget increase)	€0.399m
Additional Staffing-Cancer Control Programme	€0.334m
<b>Sub total payroll</b>	<b>(€4.826m)</b>
<b>Non-pay related</b>	
Drugs and Medicines	(€1.163m)
Blood/Blood Products	(€2.908m)
Medical and Surgical Consumables	(€1.193m)
Laboratory Consumables/Equipment	(€1.593m)
Medical Equipment and Equipment Maintenance	(€1.367m)
Radiology	(€0.133m)
Professional, Insurance, Audit & Legal Services	€0.701m
Office Expenses	€0.316m
Bad Debts	(€2.566m)
Maintenance Equipment and Materials	(€4.224m)
Heat Power Light	€0.659m
Computer Equipment/Supplies	(€0.934m)
Education & Training	(€0.221m)
Other Misc Issues	(€0.599m)
<b>Sub total non-pay related</b>	<b>(€15.225m)</b>
<b>Income related</b>	
Patient Accommodation Income including Government Levies	(€4.868m)
Superannuation (reduction in headcount)	€0.555m
Pathology/Pharmacy/Retail Units/Car Parking/Other	€0.484m
<b>Sub total income related</b>	<b>(€3.829m)</b>

### Commentary

The hospital again exceeded service delivery targets for the year, while absorbing a funding reduction of €22.6m. Most of this reduction was offset by a moratorium and negotiated price decreases in non pay expenditure categories. Targeted income generation also contributed to the break even position. However management also had to implement additional measures to offset inflationary pressures, additional service demand, increased costs of pay increments, pensions and pension lump sums. Overall, the hospital finished the year with a minor surplus of €1.58m.

Management remained very mindful of the economic backdrop facing the economy. 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 could cushion the hospital in the event of future reductions to core funding. The strategy proved successful and the hospital carries forward a financial surplus of €29.891m, 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 sixth year of operation and further moves to transfer resources from hospitals to community services were are the core to the process.

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

### Casemix Funding Model

The hospital received a minor funding increase/efficiency award of €2.1m as a result of the casemix funding model of activity and related expenditure for the year 2010.

### Capital/Infrastructure Expenditure

Expenditure on major capital projects amounted to €1.549m in 2011 compared with €2.987m in 2010. This reflects the severe decrease in the availability of capital funding to address infrastructure replacement.

### Procurement Unit

In January 2011 the Materials Management Department was reconfigured into two separate units including the Logistics Unit under the GSS Corporate Directorate and the Procurement Unit under the Finance Corporate Directorate.

The Procurement Unit has sole remit for all purchasing, tendering, contracting and commercial negotiation activities on behalf of the Hospital The Procurement Unit manages the Hospitals procurement function with the exception of

Pharmaceutical products. This configuration is in line with best international supply chain practices and has enabled the Unit to focus solely on the areas of cost containment, tender compliance, contract documentation, and price negotiation and vendor management programmes.

In 2011, the Procurement Unit led in joint procurement initiatives on behalf of the Meath Adelaide incorporating the National Children's Hospital and Our Lady's Children's Hospital Crumlin. Furthermore, the function has also extended to participation in procurement on a National basis, in particular the HSE.

### Statistics

In 2011, total value procured via the Procurement Unit equated to €118.6M. Of the total amount, €100m is currently on contract with proposed new initiatives gaining further contractual coverage going forward in 2011 – 2012. This is an additional €15.2M to the total value of €84.8M 2010.

Contracts Overview 2011	
Goods/Services under formal contract in 2011	€100,618,695 <sup>1</sup>
Total Number of contracts in place	184
Total Number of purchase placed in 2011	<u>26,835</u>

1 The increase in Goods/Services under formal contract is due to the increase in the product/services categories now under the remit of the Procurement Unit.

# Human Resources



Mr. Ken Hardy  
Director of Human Resources

Mr. Gerry Heffernan  
Deputy Director of Human Resources

## Workforce Information Unit

A significant project that commenced in 2011 was the migration of Our Lady's Hospice (OLH), Harold's Cross, on to the SAP HR system. Prior to this, OLH operated a paper based HR system and the Megapay payroll system. This project was managed by St. James's Hospital with the assistance of the National HSE SAP HR Team and the OLH project team. This project was of extra significance as it was the first full migration of an agency on to the SAP HR system since 2005. The objective of the project was to provide OLH with a fully integrated HR and Payroll system similar to St. James's Hospital. The go live date was the 1st January 2012.

The second phase of the HR Document Imaging system was initiated in 2011. The first phase of the project involved the transfer of all past employees' files from hard copy to soft copy format and this was completed in 2010. The second phase of the project related to current employee files. It involves scanning all current employee documentations created and linking those documents to the SAP HR system. This will facilitate HR staff to access and retrieve the files with greater ease and speed. It will also reduce the manual errors associated with filing hard copies.

In addition to the above, the unit continued to provide support and assistance to all users of the SAP HR system over a wide range of areas including, amongst others, system technical support, absenteeism queries, reports and staff complement queries. All system upgrades, budget changes, legislative changes and policy changes were successfully tested and implemented on the system.

### Employee Relations

In the context of a challenging economic climate, reduced hospital budgets and the recruitment moratorium, industrial relations were constructive and productive. In line with the Public Services Agreement (2010-2014), the Hospital worked in partnership with the trade unions to achieve significant savings across a range of services and in particular in Laboratory Services and General Support Services. Due to the efforts of staff, managers, Occupational Health, HR and partnership working with the trade unions, the Hospital Target of 3.5% sickness absence target was achieved, with 91% of departments reporting improved attendance levels from the previous year.

### Recruitment

In April, 2011 an online recruitment system (eCore) for all categories of staff across the Hospital went live. It supports the administration of the recruitment process for Applicants, Managers & HR staff therefore streamlining the recruitment process throughout the Hospital. The system facilitates the administration process from creation of a VAF right through VAF Approval, Advertising, online Applications, Short-listing and the Interview process. It also supports the continuing demand for up to date reporting to the VAF Committee, CEO & HSE etc...

### General Personnel

Over the year, the General Personnel division has continued to offer support and advice to all managers and staff and oversee the introduction and monitoring of new legislation, for example:

- a change to the upper age limit for children under the parental leave act.
- changes to paternity leave and special leave on marriage under the Civil Partnership and Certain Rights & Obligations of Co-habitants Act 2010.
- new entrant pay scales – which requires a more detailed background check into prospective employees' previous work history to ascertain the correct starting salary scale.

### Equality and Diversity

Dignity at Work and Cultural Diversity presentations were delivered to various employee cohorts as part of their structured learning programmes. These presentations focused on equal treatment in the workplace and equal access when providing services. A number of tools for providing services to patients from a wide variety of cultural and ethnic backgrounds were highlighted during these sessions.

A disability awareness eLearning module was finalised and included on the corporate orientation programme during 2011. It will be made available to all employees during 2012. A Cultural Diversity Awareness eLearning module is in development and will also be included on the corporate orientation programme and made available to all employees. Dignity at Work features as a module on the Leadership & Management programme provided by CLD and an eLearning module has been finalised for inclusion in the corporate orientation programme.

A number of policies were developed during 2011 and will be finalised in 2012: Equal Opportunities; and Diversity; Access to Services; and Access to Information on Services.

### Occupational Health

The Occupational Health Department (OHD) offers a comprehensive service to more.

Approximately 3,800 staff members 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 2011

- The total attendance at the Department/Clinics was 4,790 a 20% increase overall from the previous year's figures with a 16% increase in the numbers attending the Occupational Medicine Consultant.
- The protocols for vaccinating large numbers of staff to prevent seasonal influenza in a short period of time were used again and also training staff to perform fit testing of masks for staff was done as in the previous year.
- The administration of the seasonal influenza vaccine was carried out by OHD and 92 nominated nurses throughout the hospital using the previously established protocols developed during the H1N1 Epidemic in 2009/2010. OHD held numerous extra clinics specifically for 'flu vaccine administration. 897 staff members were vaccinated during the 2011/2012 'Flu season; a decrease of 22% reflecting the drop in perceived threat from the H1N1 ("Swine Flu") epidemic.
- There was an increase in the activity of the Department related to recruitment with a 136% increase in Induction Medicals resulting in an increase in the number of vaccinations (10%), TB screening test (193%) Phlebotomy (22%).
- The numbers attending in relation to Needlestick injuries increased by 16% but this was matched by a significant decrease (35%) in the number of splash exposures which meant the total number was practically unchanged.

The Adverse Incident Form was revised to incorporate a section asking the employee if they wished to be contacted by Occupational Health and this made the process more efficient.

Contact tracing related to exposures remained very similar to 2010 and low with one noticeable exception of an exposure in the Laboratory Brucella which resulted in an additional workload but Occupational Health was highly commended by the Micro Laboratory for the way in which it was dealt with.

A number of audits commenced linked to Medical Professional Competence, auditing individual handling of incidents like Needlestick Injuries, Adverse events etc which are normally followed up on by the Occupational Health Department. In 2012 it is planned to audit the handling of attendance at the Department in relation to back pain.

There was an increase in ergonomic assessments (25%); these are found to be very helpful to staff and can be done in advance of assessment by the Occupational Medicine Consultant.

Close working relationships continued with several committees involved in preventing adverse incidents/outcomes such as the Risk Management Committee, The Needlestick Prevention Taskforce, The Infection Control Steering Committee the Radiation Protection Committee and the TB Team.

### Centre for Learning and Development (CLD)

#### Introduction

An Annual Learning Needs Analysis in conjunction with ongoing evaluation and feedback from managers and staff are the principal means of identifying and prioritising education and training programmes and informs the CLD Prospectus/ Programme of Learning & Development opportunities published annually.

Underpinned by the hospital's ethos of providing high quality education and training that is readily accessible and responsive to the needs of all staff and patient/service need, the CLD continued to facilitate and further develop its programme of learning opportunities in 2011.

#### Key Developments in 2011

##### E-Learning

The e-Learning platform and SJH Learning Hub were further developed in 2011 as part of our vision and strategy in adapting a number of our programmes to the learner's needs. The benefits of e-Learning in terms of easier staff access have already been realised particularly in relation to mandatory training-see Table 1 opposite for an outline of statistics and staff activity to date which reflects overall staff engagement.

Table 1 (Data at 08/01/2012)

SJH Learning Hub (launched April 2010)	1350 registered users
<b>e-Learning Programmes:</b>	
Safer Manual Handling (launched March 2011)	564 completions of theory module * Additional 194 completions as part of pilot from Oct'10 to March'11 (758 total)
SJH Medication Administration Safety (launched Dec 2010)	1070 completions
Mechanical Ventilation (launched Jan 2011) * Target group ICU/HDU staff	73 completions
Peripheral IV Cannulation (launched via HSE 2010)	116 completions
Venepuncture (launched via HSE 2010)	120 completions
In the Line of Fire (launched Jan 2010)	2350 completions (01/01/11 to date)
Violence & Aggression at Work (launched Sep 2011)	385 completions *Additional 70 Completions pilot testing June/July'11 (455 total)
On Line Library Resources	1, 220 registered users

### Mandatory Training

Mandatory training programmes form part of the hospital's 'Key Performance Indicator Report' in ensuring the Hospital's compliance with accreditation and legislative requirements and include Corporate Orientation; Manual Handling (patient, non-patient); Fire Safety Training; Non-Violent Crisis Intervention; Medication Management; Basic Life Support (BLS) and Advanced Cardiac Life Support (ACLS).

### Post Graduate Nursing Specialist Programmes

In 2011 The CLD continued to work closely with our academic partners in the School of Nursing and Midwifery, TCD, Clinical Facilitators, Nurse Managers, and colleagues in AMNCH in the delivery and evaluation of the Postgraduate Courses in Specialist Nursing (e.g. ICU, ED, Peri-op Haematology etc). A major development was the progression of the postgraduate specialist course to a Specialist MSc which was successfully implemented in September 2011.

### Clinical Education/Training to include Nurses/Health Care Assistants (HCA)

The CLD Team also worked closely with the Nursing Practice Development Unit and across disciplines in facilitating and co-ordinating short clinical based courses, study days, as well as facilitating further education and training awards council (FETAC) certificate courses for Health Care Assistants.

### Clinical Education/Training

(1 – 15 days) delivered (in partnership with NPDU, Nursing, Multidisciplinary Colleagues) included Specialist Palliative Care; Endoscopy Care; Managing the Ventilated Patient (in the Peri-operative environment) Dementia Care; Final Journeys (End of Life Care); ALERTtm; Anaphylaxis; IV Practice; Venepuncture/Cannulation; Tracheostomy Care, Staff Nurse/CNM Study Days.

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

The CLD is an Accredited FETAC provider having agreed its Quality Assurance Policies and Procedures with FETAC in 2007 – ongoing evaluation and monitoring processes are in place at CLD level and is an ongoing expectation from FETAC in ensuring Quality Assurance and Accreditation is maintained.

The HSE SKILL FETAC Critical Mass Project continued into 2011 led by the Head of L & D and Education Facilitators in the CLD and supported by the SKILL Project Steering Group.

A total of 64 SJH support staff completed FETAC Programmes over the academic year 2010/2011 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).

### Staff/Management Development Programmes

A 3 day Leadership Management Development Programme was developed in 2011 with support from senior managers across the organisation. Two programmes were rolled out over the year, which were very positively evaluated by all 75 participants.

A wide range of other Staff/Management Development Programmes were also facilitated to include Research/Audit Seminars; Customer Care; Project Management; Competency Based Interview Training; Objective Setting and Review; Team Based Performance Management; Minute Taking, Retirement Planning; Health & Safety Training; SAP and IT Training.



### **National Initiatives**

The Head of L & D continued to engage with colleagues at national level, ABA and the Office of the Nursing Services Director in supporting the development of several nurse education initiatives and programmes. This work, which is ongoing has a direct effect on continuing nurse education/competency development at clinical level and will continue to be central in successfully rolling out the National Clinical Care Programmes and in enhancing patient care and service delivery.

### **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 partial funding during 2011. 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 which is representative of the HR Director, L & D staff and senior management.

# Internal Audit



Mr. Cathal Blake  
Head of Department

2011 marked a year of change in the provision of Internal Auditing Services within the hospital. With the loss of staff due to the early retirement package in 2010 and the advancement of the Internal Audit Processes into new areas of importance, the Department had to adapt to creative ways of service provision.

In addition to having a more focused Internal Audit plan it was also decided to bring in outside expertise to carry out a number of specific audits. This proved to be very successful.

A specialist firm was engaged to carry out an audit of the hospital's IT system. Given the technical nature of this audit, it proved to be a good decision and this practice, for IT systems in particular, is quite common elsewhere in industry.

Another firm was engaged to carry out specific payroll audits in order to supplement the depleted department resources and thus the capacity of the Internal Audit Department.

These audits were carried in the following areas:

- Consultant Payments.
- Salary Refunds.
- DID Payroll.
- TSD Payroll.

The SJH Internal Audit Department also had a busy year and audits in the following areas were completed:

- Nurse Bank.
- Management Administration Payroll.
- 2010 End of Year Stocktake.
- Private Clinic Agreement.
- Capital Projects.
- Long term patient income.
- Banks Accounts bearing the name of St. James's Hospital.
- 2010 Research.
- Staff recruitment, replacement and garda clearance.
- Follow up on audit findings and recommendations.

Overall the experience of working with outside firms has been positive and is likely to progress in the future subject to resources being available. The continued support of the Management and the strong Audit Committee has assisted the Internal Audit service greatly as it emphasises the Internal Audit function's independence.

A Corporate Governance review was carried in 2011 recommended changes to the Audit Committee function and terms of Reference. These changes will be implemented in 2012 and will involve the Audit Committee becoming the Audit and Risk Committee with responsibility for oversight of Corporate Risk and System of Internal Control.

# Information & Management Services (IMS) Department



Mr. Finian Lynam  
IMS Manager (a)

Ms. Marie Sinnott  
ICT Operations Manager

Mr. Feargal McGroarty  
National Haemophilia System Manager

## Introduction

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.

## Information Systems

St. James's continued to enhance its information, communication and technology framework throughout 2011. The implementation of electronic integrated systems and functionality is a key element in achieving efficient and effective services.

## Enterprise Wide System major developments:

### PAS-Clinicom

- Additional functionality was added to various modules to support patient processes and allow for increased visibility of the various steps. These changes mainly were implemented within the Outpatient and Emergency Departments leading to improvements in the patient journey.

### EPR/PACS-Cerner Millennium

- A significant implementation of the EPR was in the GUIDE directorate within both the outpatient and day care areas. A paper light solution was implemented this allowed one of the busiest areas in the hospital to achieve substantial improvements in efficiency and effectiveness across all care teams. The adoption of electronic prescribing and resource scheduling were key modules in achieving a highly successful implementation.

- Additional clinical service referrals and orders implemented, these now number over 100. Referrals allow one clinical service electronically order another service i.e. consultant referral, diagnostic, allied health etc. These are one of the main cornerstones of the EPR.
- Clinical documentation capture and tracking is been continuously expanded some examples; Chronic Heart Failure Service adopted full electronic capture of documentation, fully integrated discharge summary; clinical scores CAT/BODE; MDT's for breast/skin; Respiratory Assessment Unit module.

### Laboratory – Telepath

- Development of additional integration capabilities between PAS, EPR and Lab were completed and deployed.
- Full upgrade to the instrument management environment completed.
- Software for electronic ordering from external institutions using 2D barcodes was implemented. Immunology from Tallaght was successfully tested and went live.
- At year end there were 450 GP practices receiving reports electronically with more than a third also ordering electronically through Healthlink.

### Digital Dictation & Speech Recognition – G2

- The system is continuously been rolled out, major area of adoption was within the CResT Directorate.
- The system was adopted by several inpatient wards to facilitate nursing in their hand over care process.
- The system is now fully integrated into the EPR.

### Document Imaging – Therefore

- **Major system upgrade.**
- System expanded to Finance/HR and Pharmacy Departments.
- Integration to SAP HR allowing for scan once capability.

### Electronic Time Capture and Employee Portal – CORE

- Additional module implemented to allow for the electronic authorisation, publication and application receipt of vacancies.
- Time and Attendance module extended to the DiagIm Directorate.

### SAP HR, SAP FI, SAP MM – SAP

- SAP FI supplier integration.
- SAP HR integration with the Therefore system, allowing for scanned documents to be accessed via SAP.

## Directorate\Clinical System major developments

### National Haemophilia Clinical EPR – Clintech

- System extended to Limerick and Galway Hospitals. Enabling full access to the National Haemophilia EPR from these sites.
- Care providers in SJH and all other treatment centres have been given remote (home) access.
- Ninety patients have been given a mobile phone with a scanning App that allows for verification their medication prior to self-infusion in their home environment. This has dramatically increased compliance with medication recording. The application also improves patient safety by checking their medication against certain criteria e.g. expiry date and will also alert the patient immediately if a product recall occurs.

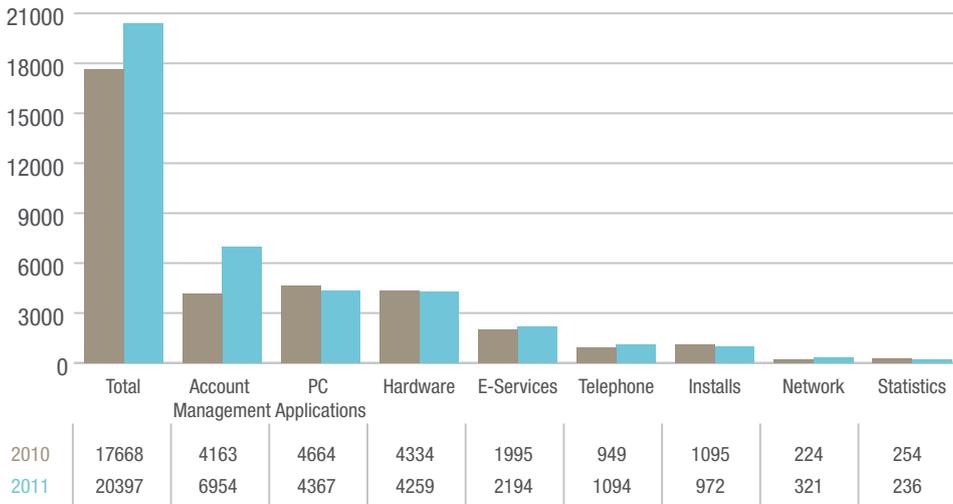
### Diabetic Clinical Information System – Daimond

- System upgrade. Included a full server/web application upgrade with database migration.

### Warfarin Information System – DAWN

- Access to SJH DAWN via Healthlink has been provided to 3 GP dosing clinics run by SICP GP practices in the community. There is the potential for 32 SICP GP practices to avail of this service via Healthlink. This allows the practice nurse to dose her clinic patients in the GP surgery using the SJH protocol for Warfarin Dosing eliminating the requirement for the patient to attend hospital by moving them back to the community for dosing.
- To date 240 patients have received Warfarin Coagucheck devices, allowing them to self test at home so that they do not have to attend the OPD clinics. In addition, a Warfarin text message system was piloted with 10 of the self-test patients. This allows the patient to text in their Coagucheck results directly to the Hospital DAWN System. Once their Warfarin test result has been reviewed by a nurse and their dose calculated, the patient receives their updated dose instructions and next appointment date by text. As well as reducing the number of phone calls to and from the Clinic the system will remove potential error from verbally communicating dose instructions.
- System upgrade. Included a full server/web application upgrade.

Helpdesk Calls /2011



**Critical Care Information System – ICIP**

- A major upgrade from the previous Carevue System. It involved implementing effectively a new system; it offers significant functional improvements and enhancements. Also due to the technology platform deployed it has benefitted from increased integration and resilience capabilities.

**HSSU System – Fingerprint**

- Were the first to implement this National HSSU System which was followed by seven other hospitals implementations. This is a full track and trace system where all steps in the decontamination and sterilisation cycles are monitored, controlled and electronically documented using GS1 standard barcoding. All surgical sets are barcoded so that their use can be linked to the patient in the theatre. This has led to a significant increase in efficiencies gleaned, compliance and safety.

**Barrets Registry – PATs**

- This Pilot National Registry was implemented as a module within the PATs System. It provides for access from Beaumont, Mercy and St Vincent’s Hospitals initially however the aim is to expand the system to form a complete national register for this condition.

**ICT Infrastructure 2011**

**Network**

The IMS Network team continued to enhance and manage the hospital’s extensive integrated network infrastructure, which now includes:

- Voice.
- Data.
- CCTV.

- Intercoms.
- Analogue Cabling.

Serving over 3,000 end-users. A new Core Switch in the IPT room was installed. This will enable us to give full resilience across the site. A new project to implement Layer 3 networking infrastructure commenced and will continue into 2012. This provides extended security on our network.

The wireless network was further enhanced with additional access nodes to cater for expansion and to utilise new emerging technologies.

The IPT infrastructure was upgraded providing a more resilient platform. This includes the installation of Cisco Call Manager Version 8.5 which has many new features and allows easier interoperability with existing systems such as the ARC operator solution used in our switchboard. This is also now on a separate Virtual Infrastructure allowing for extra resilience and removing the threat of outdated hardware failing.

**Server Management**

Continued investment in the ICT server infrastructure included installation of a new HP4400 SAN to deal with capacity demands. The VMWare infrastructure was upgrade from 3.5 to vSphere 4.1. Also our secondary comms room was upgraded increasing the size and improving power and Air conditioning systems.

**Helpdesk** – There were over 20,397 calls logged in 2011 in comparison to 17,668 in 2010 an increase in calls mainly due to the introduction of strong passwords. A breakdown of these calls can be seen in the graph above.

## Response time to IMS Helpdesk Calls 2011

	2010	2011	2010	2011
	Out of Target	Out of Target	In Target	In Target
Critical	7	1	8	4
High	117	8	112	31
Low	81	72	1125	1335
Normal	1256	1429	13015	15041
2-Weeks	179	149	1759	2319
Assessment			9	8

## Departmental Server System availability

2011	% System Availability
	99.99%

**Email** – In 2011 unsolicited email was managed very successfully by our Ironport security infrastructure. 23.8 million emails were received with just 1.6m of these being valid. 1.4m emails were sent from St. James's.

**Security**

In 2011 a security audit was conducted. This saw the implementation of:

- Unique usernames.
- Strong passwords.
- USB Encryption.

The Hospital had no loss of service due to security threats. This success can be attributed to robust security mechanisms proactively managed by staff.

**Web**

The Hospital's Website ([www.stjames.ie](http://www.stjames.ie)) continues to provide up to date information for its key audiences focusing on Patients, Visitors, GP's/Healthcare Professionals and other major stakeholders. The usage of the website for 2011:

293,244 individual visitors to the site – an average of 803 per day with 62% of those being new visitors.

Total number of pages viewed 1,148,793 – an average of 3,147 per day.

The Top 5 Pages viewed throughout the year were as follows:

- Contact us.
- Careers – Career Opportunities.
- Maps & Directions.
- Getting here.
- Visiting Hours.

The Hospital's intranet continues to be a key source of up-to-date information & communication portal for staff, with over 28,927 page views per day an increase of 7% on 2010 figures. The interactive element of the site also continues to grow with over 91,076 online submissions completed during the year a 37% increase on 2010.

**Management Information Services (MIS):**

**Data-Warehouse Reporting** – Throughout 2010 the management information service provided key support to many operational and strategic initiatives, including: Waiting lists; ED utilisation; OPD capacity planning; HSE-BIU, Patient Level Costing, HSE-Healthstat; Casemix.

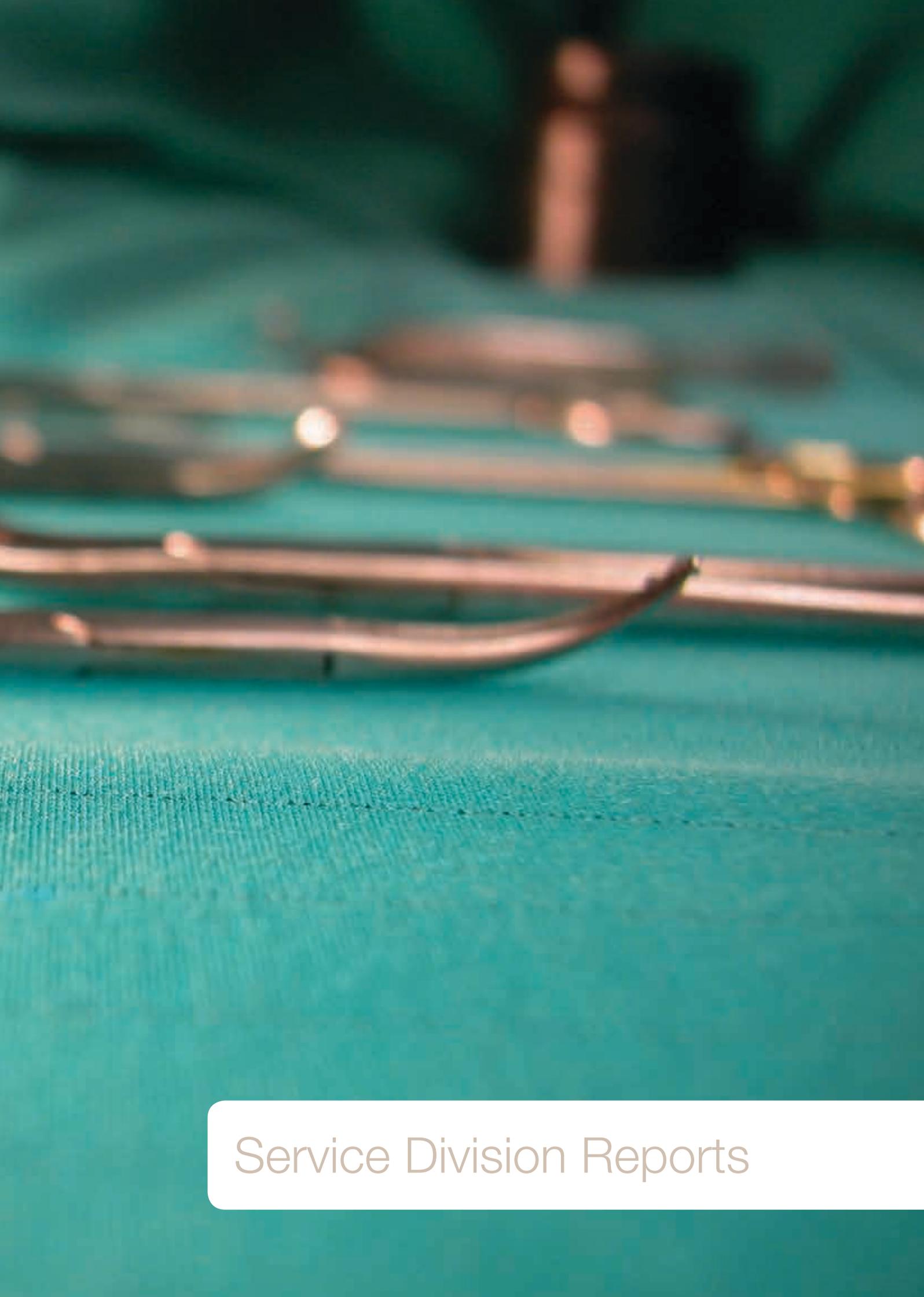
The increasing requirement to measure performance and outcomes for both, internal management and external agencies, both on an ad-hoc and scheduled basis, has led to an amplified dependency on both the core data warehouse and its client delivery portal. The data warehouse framework is constantly being extended and now encompasses data covering all major aspects of hospital activity, major inclusions were, an emergency-bed management workflow module, an allied health workload measurement module and an integrated radiology data mart.

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 inclusion of information alerts based on key parameters, has enabled timely delivery of key business information.

**Systems Integration** – The integration service continues to manage and develop a wide range of operational interfaces for key systems as they are implemented, such as the EPR, PAS, Laboratory, HealthLink, G2-Digital Dictation, Carevue, Diamond, Dawn, Adam, Claims, etc. Many of these were enhanced throughout 2010. Additional new key interfaces added through the year were Catering System and HealthLink GP referrals for certain clinical services. This integration service is key, in the development and maintenance of the Data Warehouse. New information captured by operational systems, which was feasible to be integrated, was interfaced to enable data to be extracted and loaded into the central warehouse.

**Clinical Coding** – The Clinical Coding service continued its programme to improve accuracy, quality and timeliness. These changes were focused on several key clinical areas and as a result the quality measured by accuracy and completeness have increased significantly. This was achieved by continuous audit and clinical engagement. Timeliness remains at 100% completed within three months and 95% complete within 6 weeks. As this service underpins many performance, planning and research programmes, the on-going process of quality improvement and efficiency will continue.

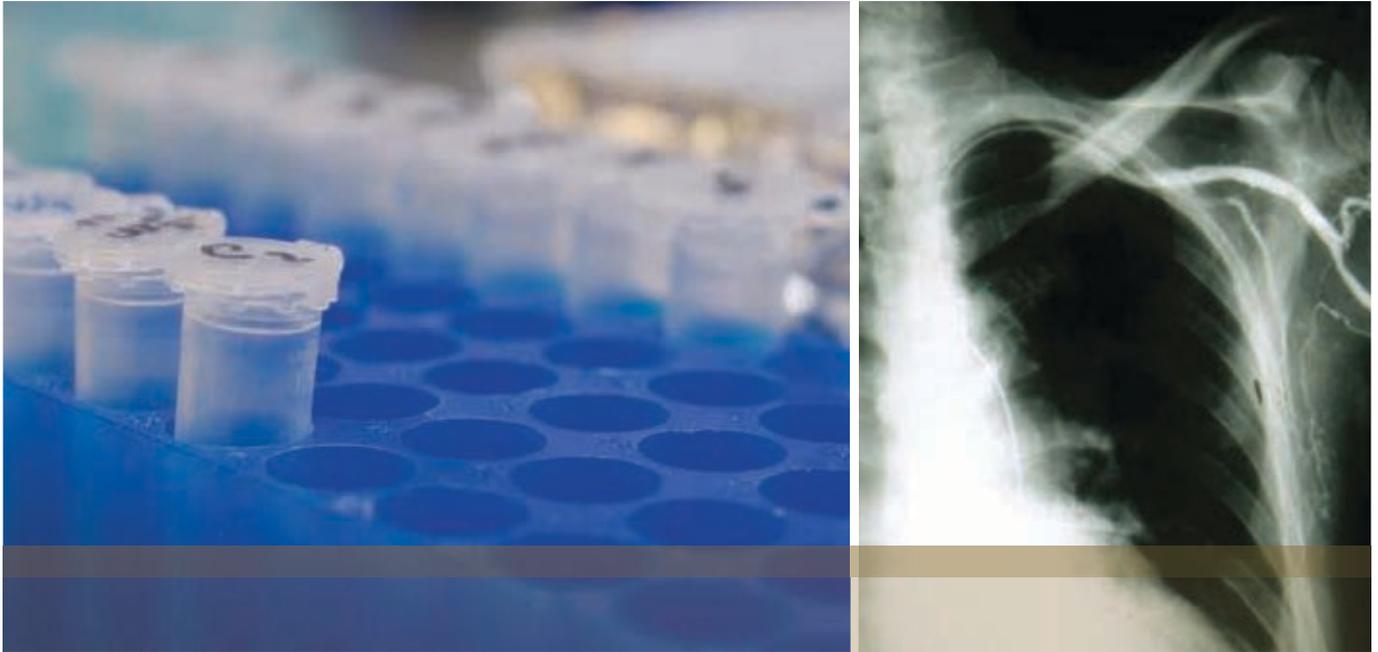




# Service Division Reports



# CResT Directorate



Dr. Finbarr O'Connell  
Clinical Director

Ms. Catherine Tobin  
Nurse Manager

Ms. Patricia Malone  
Business Manager

CResT Directorate encompasses the specialties of Cardiology, Cardio-Thoracic Surgery and Respiratory Medicine, providing a comprehensive medical and surgical service to patients with heart and lung disease.

## Cardiology

There are five full time consultant cardiologists at St. James's providing services on an 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. During 2011 there were 3760 patients seen and 4752 procedures carried out in the cath lab.

Transcatheter Aortic Valve Implantation (TAVI) is a new procedure 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. Since this procedure started in 2009 there have been a total 56 Transcatheter valve replacements, with excellent results overall.

The smoking Cessation service and the Cardiac Rehab programme were set up as part of health promotion service offered under the Cardiology speciality.

The smoking Cessation services provide education and training to clinical staff throughout the hospital as well as patients. The Cardiac Rehab Programme offers secondary

prevention, education and support to patients after a cardiac event. The service is nurse co-ordinated with a multi-disciplinary approach. There were 503 patients who commenced this three stage programme in 2011.

In the last quarter of 2011, St. James's formally set up the Heart Failure Outreach Service, under the direction of Dr. Caroline Daly. This programme will fully address the needs of patients with heart failure within a multi-disciplinary framework; the designated clinical team will have the capacity and capabilities to deliver the clear objectives of the program.

The 8th Live PCI conference was held which continues to be very successful in the sharing of the information/techniques for Medical and Nursing staff working in this area.

### Cardio Thoracic Surgery

The Cardio Thoracic surgical unit at St. James's opened in 2000 has four Cardio Thoracic surgeons and an experienced dedicated multi-disciplinary team delivering expert surgical care to patients throughout Ireland.

Cardiac surgeons from St. James's' accept referrals from a supra-regional catchment area and attend cardiology conferences in a number of referring hospitals including Adelaide Meath and National Children's Hospital (AMNCH). The Keith Shaw Unit at St. James's remains one of four cardiac surgical centres in Ireland.

The unit has experienced a significant growth in the numbers of patient attending for Thoracic surgery in the last number of years; this is the principle curative treatment for patients with lung cancer. In 2011, 176 major Lung resections were carried out in the unit, representing approximately half of the major lung resections carried out in Ireland.

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. An Advanced Nurse Practitioner led pre admission clinic is now available for these patients.

Two of the Advanced Nurse Practitioners in Cardio thoracic nursing are qualified Nurse prescribers with a 3rd currently undertaking the course.

Two Cardiothoracic Advanced Life support course's (CALs) were facilitated by staff from Keith Shaw for Nursing and Medical staff working in Cardiothoracic surgery throughout Ireland.

### 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 consultants – four full-time clinical posts and one dedicated research position.

The Respiratory Department has particular strengths in the areas of TB, lung cancer and COPD.

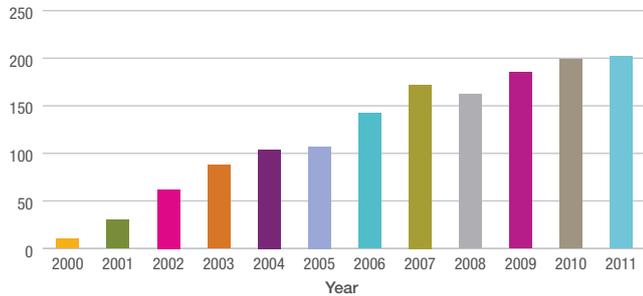
TB services transferred from Peamount Hospital to St. James's in 2005. The development of a dedicated TB building was agreed with the HSE as part of this transfer of services, which will include modern inpatient and outpatient facilities for patients with complicated TB (including multi-drug resistant TB), and the National Mycobacterial Reference Laboratory. Prof. Joseph Keane is the Director of the TB programme and leads a world-class translational TB research programme in liaison with Trinity College and the Institute of Molecular Medicine, funded by the Health Research Board, Science Foundation Ireland and the Royal City of Dublin Hospital (Baggot St.) Trust. Dr. Annemarie McLaughlin is the lead clinician for TB. In May 2011, the first National Conference on TB was run by the TB team from St. James's, in collaboration with our colleagues in Public Health, with 220 delegates from various disciplines across the country.

The lung cancer multidisciplinary team (MDT) is run in close collaboration with our cardiothoracic surgeons and our colleagues in Diagim, Labmed and HOPE Directorates. The service continues to expand, with 570 patients attending St. James's in 2011 for lung cancer care, representing over 30% of all Irish patients with this disease. The respiratory department provides a broad range of diagnostic services to many referral hospitals. The endobronchial ultrasound (EBUS) service which was set up in 2007 is now well established and continues to expand. The clinicians are closely involved with National Cancer Services including the NCCP, the All-Ireland Lung Cancer Forum and the Irish Cancer Society.

COPD represents the single most common admission diagnosis in Irish hospitals. Acute COPD care is delivered on John Houston ward, including Non-Invasive Ventilation, which prevents approximately 200 admissions to ICU per year for severe COPD. The graph below demonstrates the growth in the numbers of patients receiving this treatment since it commenced as a pilot project in 2000.

## Non Invasive Ventilation at St. James's Hospital

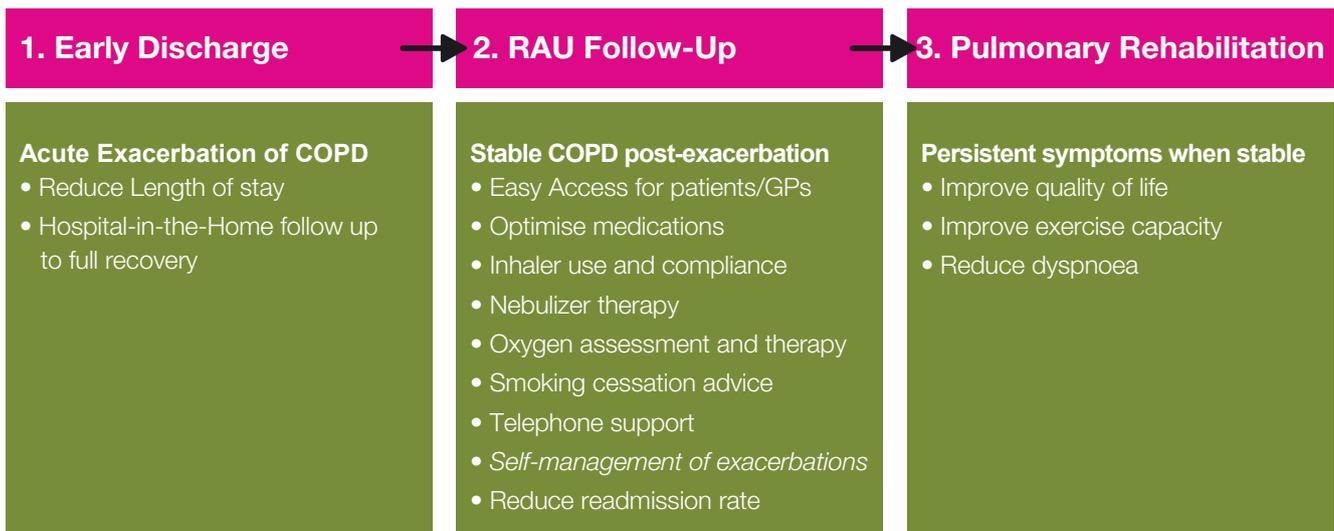
Pilot Data 2000-2011



Ongoing out-patient care for COPD is delivered via the Respiratory Assessment Unit (RAU) Outreach programme for COPD, which won a major National Healthcare award in 2007.

Comprehensive COPD Care

### Outreach Programme



### The Respiratory Assessment Unit

The Respiratory Assessment Unit continued to provide a comprehensive service to patients with non-malignant lung diseases in 2011. The number of patients referred to and discharged through the early-discharge COPD programme has been maintained and the average length of stay continues to remain at 2.33 days compared to 11.9 for those not accepted onto the programme. The National COPD Clinical Care Programme has set out key performance indicators to be achieved by new outreach programmes established in 2011. Analysis of RAU data from 2011 indicates that we have reached these targets if not excelled them.

- Average length of stay for All outreach patients accepted (109) was 2.33 days.
- Average length of stay of patients not accepted (89 up to 19/09/2011) was 11.9 days.
- Average number of visits per patient was 2.

# HOPe Directorate



Prof. Kenneth O'Byrne  
Clinical Director

Ms. Suzanne Roy/Ms. Shona Schneemann (October 2011)  
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, and also the cancer Genetics Service. The HOPe Directorate provides integrated care with St. Luke's Radiation Oncology Network and the Cancer Clinical Trials Programme. The service is supported by the Bone Marrow for Leukaemia Trust and the Irish Cancer Society.

## Directorate Developments 2011

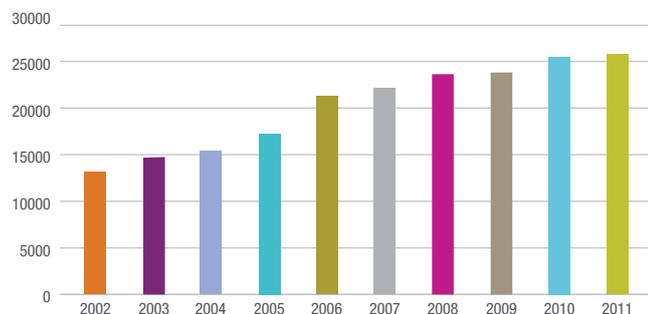
- Ms. Suzanne Roy left St. James's in July 2011 after 8 years as HOPe Business Manager. The staff of the Directorate would like to acknowledge the contribution made to the cancer services by Suzanne, and wish her every success in her future career.
- The Daffodil Centre at St. James's, supported by the Irish Cancer Society opened in September 2011. This innovative cancer information centre provides a wide range of information, advice, help and support locally to patients, relatives, healthcare professionals and the general public at the point of diagnosis and treatment. The Centre is strategically located near the main foyer where it is accessible to enquirers. It is staffed by an experienced cancer nurse, supported by trained volunteers.
- The Haematology Oncology Day Care Unit was expanded to include 3 additional treatment couches and an isolation facility.

- The telephone triage service for out patients was enhanced through the establishment of a dedicated office and phone line and the introduction of standardised guidelines and assessment tools. A system for recording all patient interactions on the electronic patient record EPR was introduced.
- 8 patient rooms on the National Bone Marrow Unit were refurbished with the support of the Bone Marrow for Leukaemia Trust. Works included the updating of the Open Windows programme and improved internet facilities for patients.
- A Medication Safety Forum was introduced to proactively and systematically review all identified threats and errors relating to medication management and to identify trends, establish root causes and implement system changes to improve patient safety. The monthly forum is attended by consultants, NCHDs, nursing, pharmacy, and administrative staff and Medication Safety Officer.

### Service Trends

Haematology and Oncology activity continued to increase in 2011. An additional 229 patients attended the Haematology and Oncology day care centre in 2011.

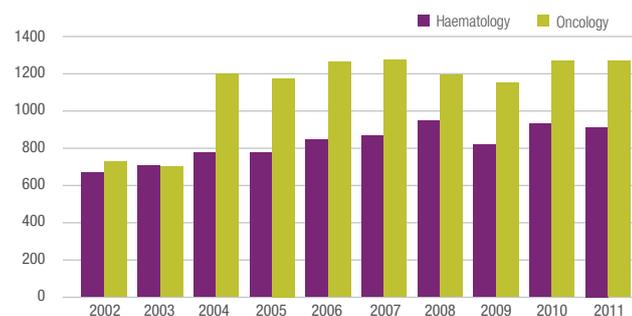
Daycare Attendances 2002-2011



### Inpatient Activity

Inpatient Activity remained consistent with 914 Haematology discharges and 1281 oncology discharges for 2011.

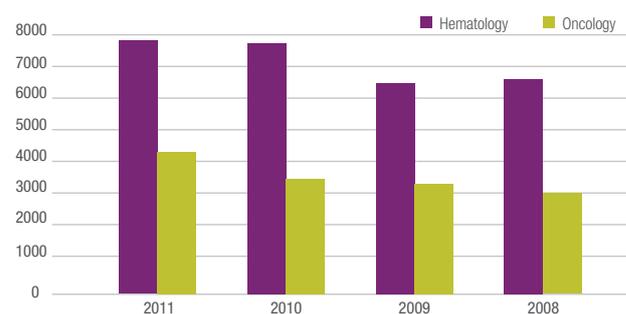
Discharges by Speciality 2002-2011



### Out Patient Activity

Haematology and Oncology Out Patient attendances increased with an additional 885 oncology out patient attendances in 2011.

Out Patient Attendance 2008-2011



### Medical Oncology

The Medical Oncology Service in St. James's Hospital continues to deliver care to patients with solid tumours and Lymphomas. The service strives to improve the quality of life for patients and reduce cancer-related deaths by advancing cancer therapies through research. This is reflected by an increase in research publications in high impact journals in 2011. Dr. Deirdre O'Mahony left St. James's to join her family and take up a Consultant's position in Cork. The staff of the Directorate would like to acknowledge Deirdre's contribution to Medical Oncology in St. James's.

### Nursing Developments in 2011

- A further five nurses successfully registered as Nurse prescribers in 2011.
- Promotions: Emma Hayes, CNM2; Eilish Duignan, CNM1; Claire Naughton, Clinical Facilitator; Antonia Tierney, Clinical Nurse Specialist.
- Introduction of chemotherapy care plans, pilot of BMT transplant care plans.
- Formalisation of/electronic recording of patient triage system.
- Move to on-line planner in the day ward.
- Revision of standing order process for blood products in DBW.
- Collaboration with TCD on the following joint research projects:
  - Haemophilia carrier testing clinic – pt. satis survey. E.O'Shea
  - Photopheresis-patient perspective of effectiveness. K. Mullarkey/E. Rowan
  - Nurse-led risk assessment tool for neutropaenic sepsis. C. O' Brien
  - Evaluation of infection rates with US guided PICC lines. Chemotherapy team
  - Tracheostomy Safety. M. Codd
  - Patient satisfaction with haemophilia clinic. A. Grogan

- Haemophilia – Dental care –including prophylaxis.  
C. Egan
- Evaluation – practice outcomes following palliative care course.  
M. O’Hanlon

### Nurse Education

The HOPe Nursing Service continues to provide specialist education programmes including:

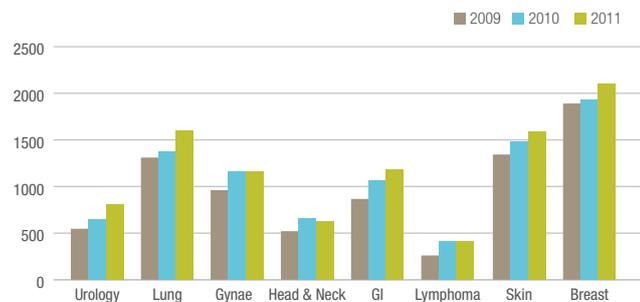
- The two day Coagulation Course.
- The four day Haematology Course.
- The four day Oncology Course.
- Post Graduate Diploma in Haematology and Oncology Nursing.

### Multidisciplinary Cancer Team Conferences (MDT)

8 cancer multidisciplinary team conferences are held weekly to establish consensus diagnosis and treatment plans for all cancer patients. These are supported by a MDT Co-ordinator team who liaise with specialities within St. James’s and other hospitals nationally and internationally.

The diagram below details the number of cases presented over the last three years.

Total number of cases discussed at Cancer MDT meetings over a three year period



### Palliative Care

The Palliative Care Team (PCT) in SJH is a multidisciplinary team that provides specialist palliative care to both inpatients and outpatients. The primary aim of palliative care is to provide the best possible quality of life for patients with life limiting illnesses e.g. cancer, motor neurone disease. Specialist palliative care includes:

- Symptom management.
- Psychosocial issues.
- End-of-life care.
- Liaison with hospice and home care teams.

### Service developments in 2011

- The PCT, in collaboration with Our Lady’s Hospice, Harold’s Cross and the Regional Oncology Office produced an information DVD for patients and families giving an overview of specialist palliative care services.
- Dr. Liam O’ Siorain left St. James’s in August 2011 after many years. The staff of the Directorate would like to acknowledge his contribution to palliative care services.

### Radiation Oncology

The St. Luke’s Radiation Oncology Centre at St. James’s Hospital opened in April 2011 resulting in marked improvements in waiting times for patients. Now, 90% of patients commence their radiotherapy within 10 working days of their planning CT scan.

The centre was the first in Ireland to introduce Rapid Arc IMRT. Treatment times that once took 15-30 minutes to be delivered can now be accomplished in as little as 2 minutes.

It is expected that a third linear accelerator will be commissioned and clinically available in May 2012 and the fourth by the end of 2012, and that inpatient beds in the main hospital will be opened, allowing treatment of more complex cases on site.

### Cancer Genetics

The Cancer Genetics Service provides risk assessment and counselling to individuals and families at increased risk of cancer. The service provides:

- Risk assessment for breast and ovarian cancer.
- Counselling and education for patients and families.
- Diagnostic testing.
- Predictive testing.
- Specific Pre and Post test Counselling.
- Data collation and tracking.
- Collaborative participation in relevant research/trials.

The service was enhanced in 2011 with the appointment of Dr. David Gallagher, Consultant Medical Oncologist/Geneticist.

### Haematology

The Haematology Service continues to provide care for patients with general and malignant haematological disorders including leukaemia, myeloma and lymphoma. As the National Adult Haematopoietic Stem Cell Transplant Unit, the service carried out 85 autologous and 64 allogeneic stem cell transplants in 2011. A dedicated data management service collects and maintains a database of all patients treated within the Haematology services in St. James’s Hospital.

Fig 1. St. James's Hospital Haematopoietic Stem Cell Transplants 1984-2011

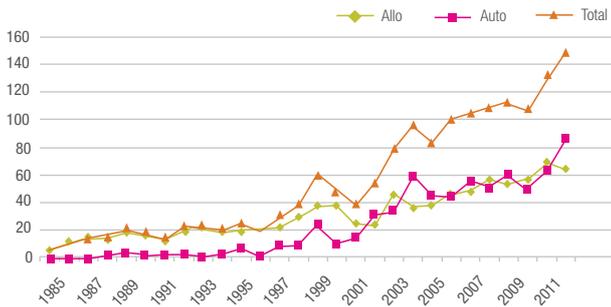


Fig 2. Allogeneic Haematopoietic Stem Cell Transplants in 2011 by Donor Type

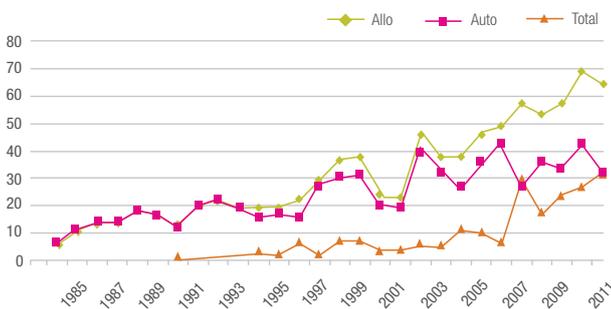


Fig 3. Standard Conditioning Haematopoietic Stem Cell Transplants in 2011 by disease indication

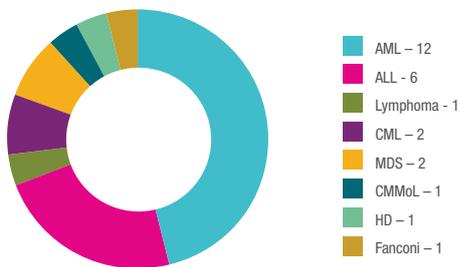
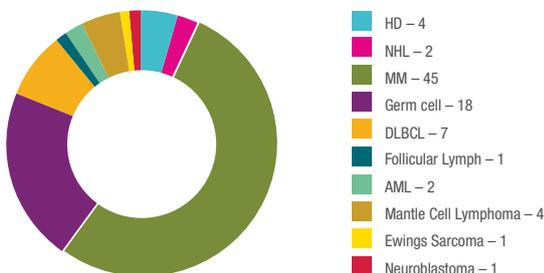


Fig 4. Autologous Haematopoietic Stem Cell Transplants in 2011 by disease indication



## Cancer Clinical Trials Office

Programme Director      Dr. Dearbhaile O'Donnell  
 Scientific Director      Professor John Reynolds  
 Clinical Trials Manager      Ms. Ingrid Kiernan

The Cancer Clinical Trials Office administers clinical trials at St. James's Hospital and liaises with the All Ireland Co-Operative 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 2011

2011 was a very productive year for the clinical trials office at the hospital. 16 new drug trials and 2 quality of life studies commenced. 85 patients were recruited onto oncology/haematology clinical trials and 60 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, melanoma, lymphoma and chronic myeloid leukaemia.

### National Centre for Hereditary Coagulation Disorders (NCHCD)

The NCHCD provides specialist care to patients with a wide range of bleeding and clotting disorders on an in-patient and outpatient basis. The centre provides comprehensive care with a multidisciplinary approach to include; nursing, physiotherapy, social work, counselling and dentistry.

### Developments in 2011

- The fourth UKHCDO audit of NCHCD services was conducted in October 2011.
- The building of a dedicated Haemophilia and Hepatology in-patient facility was commenced in November.
- Dr. James O'Donnell was appointed as the George Gabriel Stokes Professor of Haematology.
- A Patient Partnership Panel was established to ensure that services address the needs and preferences of patients and to ensure that patients input is included in all future service developments. The panel comprises of six patient representatives and key multidisciplinary members of the NCHCD.
- Hand held SMART phones with scanning applications were introduced for haemophilia patients as an innovative system for ensuring full reconciliation of coagulation factor concentrates. There are currently 70 patients using the hand held devices. The devices facilitate real-time communication and intervention by the specialist team and also facilitate tracking of factor usage in the home.

- The self-testing service for home measurement of INR levels by Warfarin patients was expanded. There are currently 235 patients successfully using the Coagucheck Machines. Anticoagulant treatment is titrated by phone thus reducing the number of hospital attendances required by patients. Quality assurance is provided at 3 monthly Nurse Led Clinic.
- A new Haemophilia Physiotherapy Assessment form was developed.
- Information booklets on Knee and Ankle Surgery have been developed in collaboration with the Orthopaedic Service.



# MedEL Directorate



Professor J. Bernard Walsh/Dr. Conal Cunningham  
Clinical Director

Carol Murphy  
Business Manager

Michelle Carrigy  
Nurse Manager

The Department of Medicine for the Elderly has admission, rehabilitation and continuing care wards and a day hospital which provides medical and rehabilitation services to patients on a day attendance basis. 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 Successful Ageing.

## Developments in 2011

2011 was a very eventful year for the Medicine for the Elderly Department.

- The planned new Mercer's Institute for Successful Ageing has seen significant further developments.
- Professor J. B. Walsh finished his second term as Clinical Director and Dr. Conal Cunningham commenced his first term in September 2011.
- Dr. David Robinson joined the department in August 2011 as Professor Coakley's replacement.
- Michelle Carrigy was appointed as the Directorate's Nurse Manager in June 2011.
- The Directorate continues to grow in activity with all services including, bone health, stroke, memory, falls and syncope.
- Major research projects continue to expand and develop with new research grants being awarded.

- On the 9th of May 2011, Dr. James Reilly, Minister for Health, officially launched the first results from TILDA which are outlined in the publication Fifty Plus in Ireland.
- Dementia Services Information and Development Centre continued to expand and develop during the year.

### **The Mercer's Institute for Successful Ageing – Capital Project**

From the planning and project management perspective we are pleased to advise that considerable progress was made during 2011 to advance the development of MISA on the St. James's Hospital campus. Following a tendering process, Healy Kelly Turner & Townsend were chosen as the project management group to manage and deliver on the project.

The Design Team procurement commenced in May 2011 following a major review of the design brief. The appointment of the Design Team is scheduled to be finalised in January 2012.

The Mercer's Institute for Successful Ageing will provide a model of the advanced teaching, research and clinical services that will be required to cope with the increasing ageing population.

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 research, training and educational facilities.

### **Clinical Service Developments**

#### **Stroke Service**

The Stroke unit continues to expand its activity both clinically and in research under the dynamic leadership of Professor Joe Harbison. Ms. Suzanne Walsh, stroke nurse specialist completed a nurses prescribing diploma this year, the first nurse in the department to do so. Suzanne has a greater capacity to effectively manage patient's blood pressure within secondary prevention clinic. Suzanne has also co-ordinated and ran a national stroke education day for nurses.

#### **Bone Health and Osteoporosis Unit**

The Bone Health and Osteoporosis unit continues to be extremely active in both the diagnosis and clinical management of patients with osteoporosis.

The DXA service has increased further with 2507 patients scanned in 2011 reflecting a 5% increase from the previous year. Patients are prioritised based on their risk factors and are referred directly from community GPs and hospital consultants.

The CNS led pre assessment clinics continue to be the first point of contact for patients who are referred for assessment of their bone health and risk of fracture. In 2011 a total of

1222 patients were seen in these clinics, which is a 58% increase from the previous year.

The unit was also involved in local, national and European studies on bone health and osteoporosis.

#### **Falls and Blackout Unit**

The Fall's and Blackout Unit (FABU) is an out patients assessment clinic for patients with unexplained falls, syncope and pre syncope are investigated using state of the art cardiovascular technology. In 2011 there were 2810 patients treated in the Unit with the main source of referrals coming from the Emergency Department and GPs in the community.

On going research continues within the clinics, which includes neurocardiovascular instability and its relationship to falls, blackouts and cognitive deficits.

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

Research of national and international importance in the field of ageing continued this year in the Mercers Institute for Successful Ageing.

The Inaugural Lecture of the Mercer's Institute for Successful Ageing "Ageing and the Life of the Mind " was presented by Professor Tom Mitchell on the 9th of May 2011 in the Dining Hall Trinity College. The lecture was an outstanding and superb discourse on the contribution of the mature mind to the wealth of civilisation from ancient to modern times.

Professor J. B. Walsh was presented with a Fellowship from the Royal College of Physicians in Edinburgh and he was elected President of the Irish Gerontological society in 2011.

#### **Memory Clinic**

The Memory Clinic has been very active in 2011 with more patients being seen earlier in their illness. There were 1041 patient visits to the memory clinic during the year which includes 54% of new referrals.

The Memory clinic in conjunction with the Dementia Services Information Development Centre organised the first ever national memory clinic conference, which was held in March 2011. This brought together health care professionals from memory clinics throughout Ireland and other special interest groups. This meeting proved to be very successful and received a commendation at the Irish Healthcare Awards in November.

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

TRIL is an international research centre set up to define and profile the ageing process in order to develop technologies to allow more successful ageing. April 2011 saw the completion of the first wave of longitudinal follow up of 450 participants



Prof. Brian Lawler, Consultant Old Age Psychiatrist, Director of the Memory Clinic

from the original cohort. In 2011 TRIL has continued its long track record of achieving peer reviewed publications and high level conference presentations, disseminating its novel research findings both locally and internationally.

### TUDA Study

TUDA is a large collaborative study involving Mercer's Institute for Research on Ageing, Trinity College Departments of Gerontology, Old Age Psychiatry and Biochemistry. To date over 3000 patients have participated in the study at St. James's Hospital. The aim is to create a national genotype/phenotype database with certain age related disease. When complete, the total study population in TUDA will be 5550, making it one of the largest studies of it's type in Ireland.

### The Irish Longitudinal Study on Ageing

2011 was a busy year for TILDA with the completion of Wave 1 of the study. Between 2009 and 2011 over 8,000 people aged 50 and over were randomly selected across the country and interviewed about many aspects of their lives including issues such as health, financial circumstances and quality of life. Almost 85 per cent of the participants also underwent a rigorous health assessment.

On the 9th of May 2011, Dr. James Reilly, Minister for Health, officially launched the first results from TILDA which are outlined in the publication Fifty Plus in Ireland.

## The Dementia Services Information and Development Centre (DSIDC)

DSIDC saw a number of important achievements in 2011 particularly in the areas of promotion, awareness, education and research.

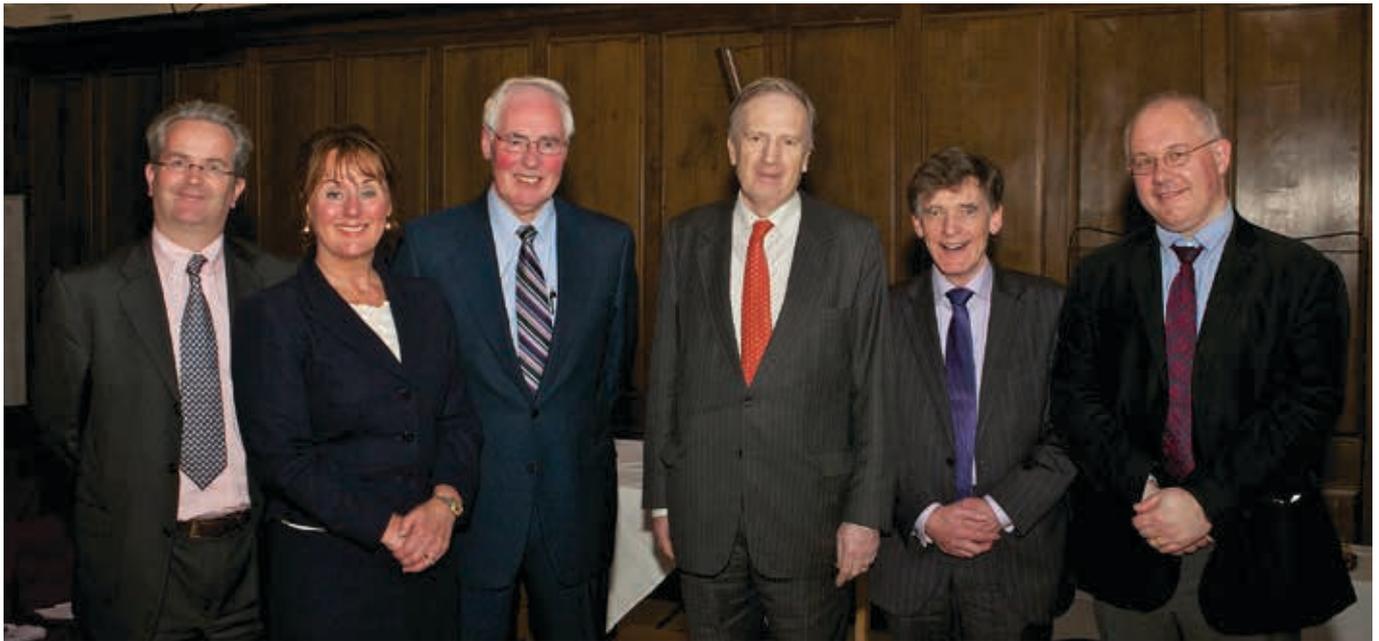
### Promotion of awareness of Dementia

We were pleased to have hosted three major public events this year all proved to be a great success.

DSIDC co-hosted the first National Memory Clinic Conference in March it was attended by 150 health care professionals from around Ireland many of whom work in Memory Clinics.

The Centre held an Awareness Campaign on 30th June which highlighted our three core professional services. Staff from DSIDC promoted the library and resource centre from our stand in the main concourse in St. James's Hospital. Members of the public and hospital staff visited the stand throughout the day and availed of our many information leaflets. The day was a great success and we hope this will be an annual event for DSIDC.

The Autumn Conference in November was attended by 140 healthcare professionals. The theme for the conference was Communication. It brought together many expert speakers who provided a deeper understanding of pertinent issues in relation to improving communication for people with dementia.



Dr. Kennedy, Prof. Kenny, Prof. Mitchell, Prof. Coakley, Prof. Walsh and Prof. Harbison at the Mercer's Institute for Successful Aging Inaugural Lecture

DSIDC newsletters were disseminated widely through our e-contacts database which now has more than 800 contacts. Newsletters included articles on many aspects of dementia and information on dementia specific events.

### Education

The DSIDC Education Service continued to offer a diversified range of courses to health care professionals. During 2011 a new course was added to the programme "End of Life Care for the Person with Dementia", designed to introduce health care personnel to end of life care for the person with dementia.

During 2011, 88 separate dementia specific education or information sessions were provided, a total of 1515 individuals attended these sessions. This was achieved despite a shortage of resources in many institutions, which limited funding for participants to travel to attend courses. These were held in various locations in Dublin and throughout the country.

### Governance, Strategy and Staff

Steering Committee meetings were held in February, June and October 2011. Professor Rose Anne Kenny stepped down as Chairperson of the Steering Committee and Dr. Siobhan NiBhriain joined the Committee as Chair. Professors Greg Swanwick and Robbie Gilligan also resigned from the Committee. We would like to thank Professor Kenny and Professors Swanwick and Gilligan for their commitment and support during their tenure and extend a warm welcome to Dr. NiBhriain. We would also like to thank Mr. Bob Carroll and Dr. Donal McCafferty who resigned from the Advisory Group During 2011 and welcome new members, Ms. Emer Begley, Ms. Sarah Marsh and Mr. Adrian Lewis.

The services of the DSIDC were provided by five staff and a number of associate trainers. During 2011 Matthew Gibb, Senior Social Worker with DSIDC, accepted the post as Acting Director of the Centre.

### Research

The LiD Programme now supports 5 PhD students, whose thesis topics form a coherent package of psycho-social research in dementia underpinned by three main themes namely, the therapeutic effects of group living and sheltered housing for people with dementia, the subjective experience of dementia and non-pharmacological interventions and the training and educational needs of health service professionals. LiD has also graduated 5 Masters students whose dissertations were written on dementia.

# SaMS Directorate



Professor Colm Bergin  
Clinical Director

Ms. Sharon Slattery  
Nurse Manager

Ms. Paula Corby  
Business Manager

## Introduction

The SaMS Directorate encompasses nine specialties, 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 Ward, Victor Synge Ward and Hospital 5 Unit 3 in-patient wards, and the ambulatory day centres at the GUIDe Clinic, Health Care Centre, Diabetic Day Centre and the Rheumatology Day Centre.

## Directorate Developments in 2011

- During 2011, the Directorate activity increased in both the inpatient and day care setting.
- Streamlining of OPP clinics amongst many specialties progressed in 2011 including the Diabetic OPD Services transferring their clinics to H5 DDC.
- A pan Directorate communication and strategy survey was completed by all consultants which contributed to subsequent review of a pan-directorate communication strategy and the development of a structured approach to a coalition of common purpose.
- A plan was developed to manage by objectives (MBO) including:
  - Setting goals.
  - Developing action plans.
  - Reviewing progress.
  - Appraising performance.

Voice Recognition and EPR expansion continued to develop within all specialties in 2011 and developments of QPI's developed within the various specialties.

- Ms. Paula Corby formally Business Manager of the Diagam Directorate was a very welcome addition to the SaMS Directorate from April 2011.
- In late 2011, The Discharge Lounge moved to the OMEGA Directorate, after a long history under the SaMs Directorate. The SaMs Directorate extends its gratitude to Ms. Margaret Slyman, CNM11, Mr. Jason Nagle clerical officer and Ms. Catherine Flynn for their valued contribution to the SaMs Directorate.

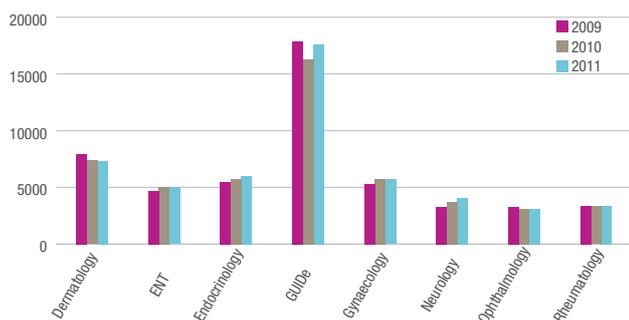
## Directorate Activity

### Outpatient Services

The total attendance rate for SaMs Directorate Out-patients

SaMs Directorate Activity	2009	2010	2011
DERMATOLOGY	7927	7366	7328
ENT	4702	5023	5006
ENDOCRINOLOGY	5465	5724	6002
GUIDe	17894	16267	17598
GYNAECOLOGY	5290	5738	5698
NEUROLOGY	3291	3698	4057
OPHTHALMOLOGY	3268	3080	3110
RHEUMATOLOGY	3352	3339	3359
SaMs Total	51189	50235	52128

Total number of Patients Attending OPD



### Nursing Services

The nursing services in the SaMS Directorate continue to provide excellent care whilst adhering to best international practices in a safe and caring environment.

Nurse prescribing continues to develop throughout many specialties within the Directorate.

A number of specialties are actively involved with the Clinical Care Programme and the National Cancer Control Programme. CNS Jacinta Grace Parker is the National Nurse Lead of the OPAT programme and CNS Debra McKnight the National Nurse Lead of the Gynae Oncology programme.

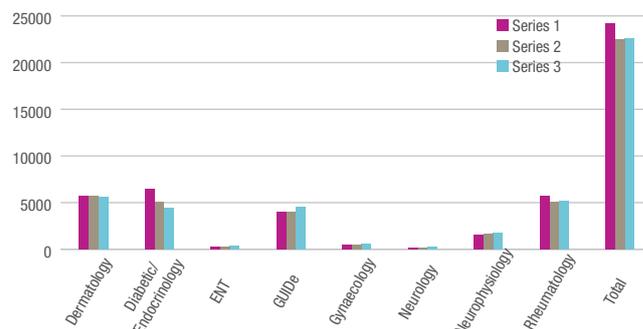
St. John's ward remains the surgical clinical lead for the Practice Development Group in the Hospital Friendly Hospital programme where the standards of excellence in end of life care continue to infuse and evolve within both SaMS inpatient and day service settings.

### Day Ward Services

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

The day ward attendances per department were:

Speciality	2009	2010	2011
Dermatology	5671	5761	5642
Diabetic/endocrinology	6435	5064	4421
E.N.T.	269	308	356
Guide	4036	4041	4511
Gynaecology	461	495	535
Neurology	150	180	219
Neurophysiology	1535	1614	1799
Rheumatology	5672	5063	5151
Total	24229	22526	22634



### Dermatology

The department of dermatology reviewed a total 7328 of patients in 2011.

In addition to a busy clinical practice the department of Dermatology is a recognised centre of excellence for newer biological treatments for psoriasis and is involve in the BADBIR (British Association of Dermatologist Biologics Intervention Registrar).

Members of the department are involved with local and national dermatology strategy service developments, including Professor Barnes who continues in the Clinical lead for National Dermatology Clinical Care Programme.

Various initiatives during 2011 have helped to improve access to outpatient and surgical services. The most notable was the reduction in waiting time for MOH's surgery from 12 months for routine appointment to seven months Also reduction in waiting times to general dermatology out-patients appointment to within 120 days which is the required parameters.

The Epidermolysis Bullosa (EB) team led by Dr. R Watson continues to provide desiccated individualised care to adult patients with Epidermolysis Bullosa. It was in 2002 and that St. James's Hospital was chosen for the national centre for treatment for adults with EB, there are approximately 200 families in Ireland affected with EB. The approaching 10 years service delivery offer an opportunity for reflection on the dedicated excellent service that has aided improvements on quality of life with EB patients and families.

#### EB Multidisciplinary Team approach

### Multidisciplinary Team

<b>EB Liaison Nurse</b>	Ms. Sweeney	<b>Anaesthetics</b>	Dr. Ellen O' Sullivan
<b>OT</b>	Ms. Howie	<b>Dental Surgeon</b>	Prof. June Nunn
<b>Dermatologist</b>		<b>Gastroenterologist</b>	Dr. Mahmud
<b>Patient</b>		<b>General Surgeons</b>	Prof. Reynolds/Mr. Ravi
<b>Physiotherapist</b>	Ms. Halford	<b>Plastic Surgeon</b>	Ms. Eadie
<b>MSW</b>	Ms. Markey	<b>Endocrinologist</b>	Dr. Healy
<b>Clinical Nutritionist</b>	Ms. Collura	<b>ENT Physician</b>	Mr. Kinsella/Prof. Tymon
<b>Psychologist</b>	Ms. Kennedy	<b>Haematologist</b>	Prof. Paul Browne
<b>Clinical Photography</b>	Mr. Edwards	<b>Histopathologist</b>	Dr. McMenamin
		<b>Intervention Radiology</b>	Dr. McEniff
		<b>Ophthalmologist</b>	Ms. Doyle/Mr. O' Connor
		<b>Orthopaedics</b>	Mr. McKenna
		<b>Pain Management</b>	Drs. McCrory & Fitzgerald
		<b>Palliative Care</b>	Dr. O' Saorain
		<b>Phlebotomy &amp; Oncology</b>	Nurses for IV Access

### Endocrinology

The diabetic service continues to expand and provide highly specialised care for a growing cohort of patients. Specialised and tertiary service is provided in areas such as insulin pump therapy and retinal screening.

In 2011 there was an increase of 4.86% in patients attending for consultation.

2011	2010	Variance	%Variance
6002	5724	278	4.86%

Dr. Mansud Hatunic was replaced with locum consultant Dr. Faud Alsaraj, and the consultant position to be held by Dr. Niamh Phelan from 2nd April 2012 (This report is for 2011).

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

The E.N.T. Services provides a supra-regional service for patients with head and neck cancer. There are three E.N.T. consultant delivered outpatient clinics per week; this service is underpinned by a multidiscipline team, consisting of Speech and language therapy, audiology, clinical nurse specialists,

and clerical officers, which provide a co-ordinated service delivery approach.

In 2011 there were a total of 5,006 out-patient consultations, 356 patients attended in a day case capacity.

New Head and Neck Cancer Diagnosis	2011	2010	2009
Head and Neck	246	237	215

### 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.

A partial paper light initiative was started in 2011 with the introduction of an EPR scheduling system and electronic patient record system for the HIV and sexual health services.

The guide to GUIDe website has also undergone an upgrade and is now called [www.guidelclinic.ie](http://www.guidelclinic.ie)

Initiatives undertaken, included the continued expansion of community links for sexual health services, integrated training and service provision with primary care and the development of a departmental Quality Initiative in partnership with Abbott.

Professor Bergin continued in his role as HSE Lead for the National OPAT programme and in August 2011 was appointed as Dean of Postgraduate Training, Royal College of Physicians, Ireland. Professor Mulcahy and Professor Bergin remained as national specialty directors for training in GU Medicine and Infectious Diseases respectively.

#### GUIDe Outpatient Activity 2011

Description	New	Return	Total
HIV service attendances	207	4,001	4,208
STI service attendances	6,661	3,146	9,807
Infectious Diseases outpatient attendances	132	859	991
Young Persons service attendances	254	208	462
HIV-Hep C outpatient attendances	39	1,199	1,238
New Fill attendances	4	55	59
Day Ward attendances	494	1,002	1,496
Results/Nurses Clinics attendances			1,467
Vaccination attendances	697	2,311	3,008
Phlebotomy service attendances	143	480	623
Total Outpatient Activity	8,631	13,261	23,359

### Gynaecology

The primary aim of the Gynaecology Service in St. James's Hospital is to provide early diagnosis and treatment to patients with gynaecological conditions. Over 33% of oncology referrals are supra regional or national in origin.

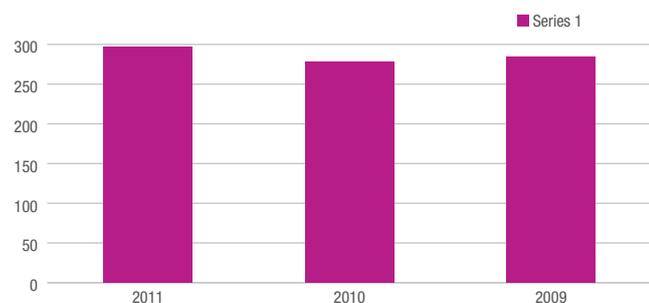
The Gynaecology Service is served by a total of 5 consultants: Dr. N Gleeson, Dr. H O Connor, Dr. Darcy, Dr. Astbury and Dr. Anglim, this is linked with Gynaecology services in The Coombe Hospital.

In April 2011 Dr. Katharine Astbury left St. James's Hospital and Dr. Noreen Gleeson took up a full time post as consultant in Gynae oncology with a special interest in complex pelvic surgery without a malignant component.

The Gynaecology Oncology Service in St. James's Hospital provides a supra-regional service for patients with gynaecological cancer. 3,000 patients attended the Gynae Oncology Clinics 2011. 290 new oncology referrals were seen in 2011. 60 of these were tertiary in nature. Patient complexity is evidenced by the multiple modalities of treatment required. In 2011 70% of patients underwent surgery, chemotherapy 50% and radiotherapy 35%. The most common gynaecological cancer sites are ovarian and cervix.

New Gynaecology Diagnosis figures 2011

Gynaecology Cancer figures	2011	2010	2009
	297	278	285



### Clinical Neurophysiology

The Department of Clinical Neurophysiology offers a range of electrodiagnostic investigations. These include Nerve Conduction Studies (NCS), Electromyography (EMG), Electroencephalography (EEG), Somatosensory Evoked Potentials (SSEPs), Brainstem Auditory Evoked Responses (BAERs) and Visual Evoked Responses (VERs) and botulinum toxin injection. The team includes Dr. Yvonne Langan, Consultant Clinical Neurophysiologist, clinical measurement technicians Martina Healion and Aine Sweeney and Secretary Laura Whittle.

Ms. Martina Healion a renowned and highly valued technician and member of the Neurophysiology department retired in December 2011. The Directorate would like to thank Martina for her commitment and contributions over many years of service and wish her every success in future endeavours.

Dr. Aoife Laffan joined the department as research fellow in 2010 and is conducting research into baroreflex sensitivity in those with epilepsy and its role in sudden unexpected death in epilepsy. This work is sponsored by Brainwave.

Demand for the 24 hour ambulatory EEG service continues to increase and a presentation of the Departments' Experience was given to annual the Irish Neurological Association meeting.

### Ophthalmology

The 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 retinal screening. A total of 2089 patient reviews were conducted in 2011.

The Ophthalmology team include, Dr. Aoife Doyle, Dr. Susan Mullaney Dr. O'Connor, staff nurse Deirdre Nugent and clerical officers, Ms. Mary Rooney and Ms. Lisa Burke. Visual fields test are carried out in suite 4 by staff nurse D Nugent.

### Rheumatology

The Rheumatology service incorporates:

- 2 WTE Consultant Rheumatologist/General Physician positions/1 NCHD team/1 CNS/.5 wte Infusion Nurse 0.8 physiotherapy/0.5 occupational therapy/0.25 Orthotist/2 WTE Grade IV secretaries.
  - a specialised arthritis out-patient based service.
  - a tertiary referral connective tissue service in collaboration with Immunology and Dermatology:
  - a weekly Early Arthritis Clinic.
  - a procedure clinic in the Rheumatology Day Centre.
  - a new Ankylosing Spondylitis Clinic.
  - 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.

Dr. O'Shea continued in his role as Regional Lead for the Dublin-Mid-Leinster area on the HSE Programme for Rheumatology. He was also an active member of the Assessment in Ankylosing Spondylitis (ASAS) Group, an international society of researchers in the field of spondyloarthritis. Dr. Michele Doran participated in an international review group on vaccinations in rheumatic diseases, resulting in 2 important publications on this subject. Prof. Cunnane continued in her national roles as President of the Irish Society for Rheumatology and National Specialty Director for Rheumatology. Her other responsibilities include Director of Basic Specialist Training for the Trinity Scheme, Intern Tutor for St. James's Hospital and Director of the William Stokes Post-Graduate Centre.

The Rheumatology Research Programme continued its strong performance with further publications and presentations at national and international meetings. Dr. Laura Durcan, research SpR, made progress towards her MD thesis, examining the effects of exercise in patients with inflammatory arthritis, while the clinical registrars conducted several audits of relevance to daily medical practice.

## Clinical Nurse Specialist Rheumatology

### Clinical Focus

1. Attended Outpatient Clinic's three times per week.
2. Provided education and support to patients commencing new treatments and those already on established treatments in both the outpatient and inpatient setting.
3. Provided pre-screening, education, ongoing support and follow up of those patients commencing Biologic Therapies in the Nurse-Led Biologics Clinic.
4. Offered ongoing support and advice in order to assist patients to cope with living with a chronic disease.
5. Managed a telephone advice line for patients.
6. Approved by SJH Drug and Therapeutics Committee and HSE to commence Nurse Prescribing.

The clinical nurse specialist also provides a large range of education and training for patients with musculoskeletal diseases.



# GEMS Directorate



**Dr. Nap Keeling**  
Clinical Director

**Ms. Catherine Carey**  
Nurse Manager

**Ms. Ann Dalton**  
Business Manager

## **Introduction**

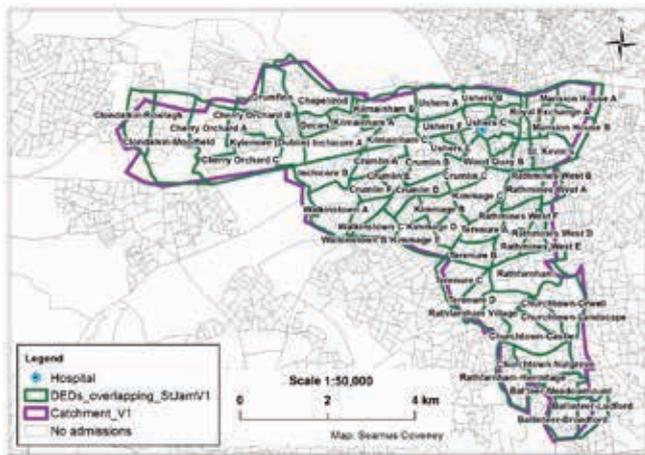
The GEMS Directorate comprises Gastro-intestinal Medicine and Surgery, General Medicine including Hepatology, Renal Medicine, Urology and General Surgery.

## **Acute Medical Admission Unit (AMAU)**

The Acute Medical Admission Unit (AMAU) was designed to receive acutely ill medical patients continuously. Patients are centralised to one area for the initial 72 hr of their emergency care – this facilitates easy access to different consultants and specialities when more than one of these is required. Having staff that work mainly if not exclusively in Acute Medicine develops expertise – units simply work. Of course, attracting and retaining high quality nursing, medical and other staff allied to medicine is critical to the task of providing high quality care. Acute Medicine is characterised by relentless pressure; staff need to be encouraged to work and attain high job satisfaction if they are to continue in this field.

Since its establishment in 2003, there has been a 60% reduction in the risk of a hospital death associated with an emergency medical admission. A life is saved for approximately every 12 – 14 patients treated.

St. James's Hospital Catchment Area



St. James's hospital lies in a catchment area (Figure 1) of high deprivation; on average for the greater Dublin area, 46% of the population would fall in the top quintile of deprivation. In our catchment area, the figure is nearer 64%. Eighty seven percent of our emergency medical admissions are from addresses that lie in the bottom half of deprivation ranks. Work that we have done has shown deprivation to be an independent predictor of 30-day mortality, even after adjustment for other known predictors such as co-morbidity and illness severity. Thus, even as we provide acute care, we have to be aware of the wider social factors that impact on acute care delivery.

From its large database, the AMAU continues to analyse the healthcare experience of our patients. Indeed, there must be an evidence base to our clinical care, and with such improved understanding should follow better patient care. To date we have published more than 30 papers in the international literature and the latter, as well as advancing knowledge the function of our systems, also represents an important component of the training of our postgraduate doctors.

### 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 has resulted in a large increase in referrals for the service over the past number of years.

The Breast Care Unit at St. James's Hospital provides services to patients with symptomatic breast disease, including breast cancer. The Specialist Breast multi-disciplinary team includes Surgeons, Radiologists, Pathologist, Oncologists and Nurses. This team work together in order to ensure patients are seen and investigated promptly and once diagnosed, receive the highest quality of individually planned treatment and care.

St. James's Hospital Breast Service includes:

- Consultant led Triple Assessment and Review Clinics.
- Prompt access to all required diagnosed services and treatments.

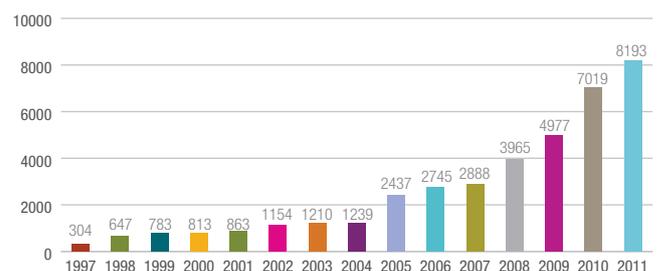
- A team of specialist Breast Care Nurses who attend all the clinics and are available to answer patient queries or concerns directly.
- Weekly Multi Disciplinary Meetings, where each patient's management plan is discussed and agreed.
- Direct referral service to Specialist Medical and Radiation Oncologists and Breast Reconstructive surgery.
- Access to a range of physical and psychological support services.
- Dedicated genetic risk assessment and counselling service.

The number of new symptomatic patients seen in 2011 was 18% more than 2010. To accommodate the additional demand for services, the number of symptomatic Breast Care's clinics held during the year was 210. The number of patients seen in the Family Risk Service was 1006 and these patients were seen in addition to the symptomatic service.

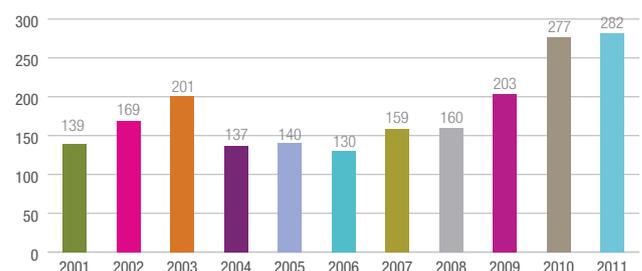
Despite the increase in clinic attendances and activity levels within the unit, Nursing has continued to develop and maintain in-service education and training for all nursing staff. Staff education ethos has been extended to include education within the community for health care professionals involved in follow up care of Breast Cancer patients. The service regularly audits standards by means of Patient Clinical Audits and annual Patient Satisfaction Surveys.

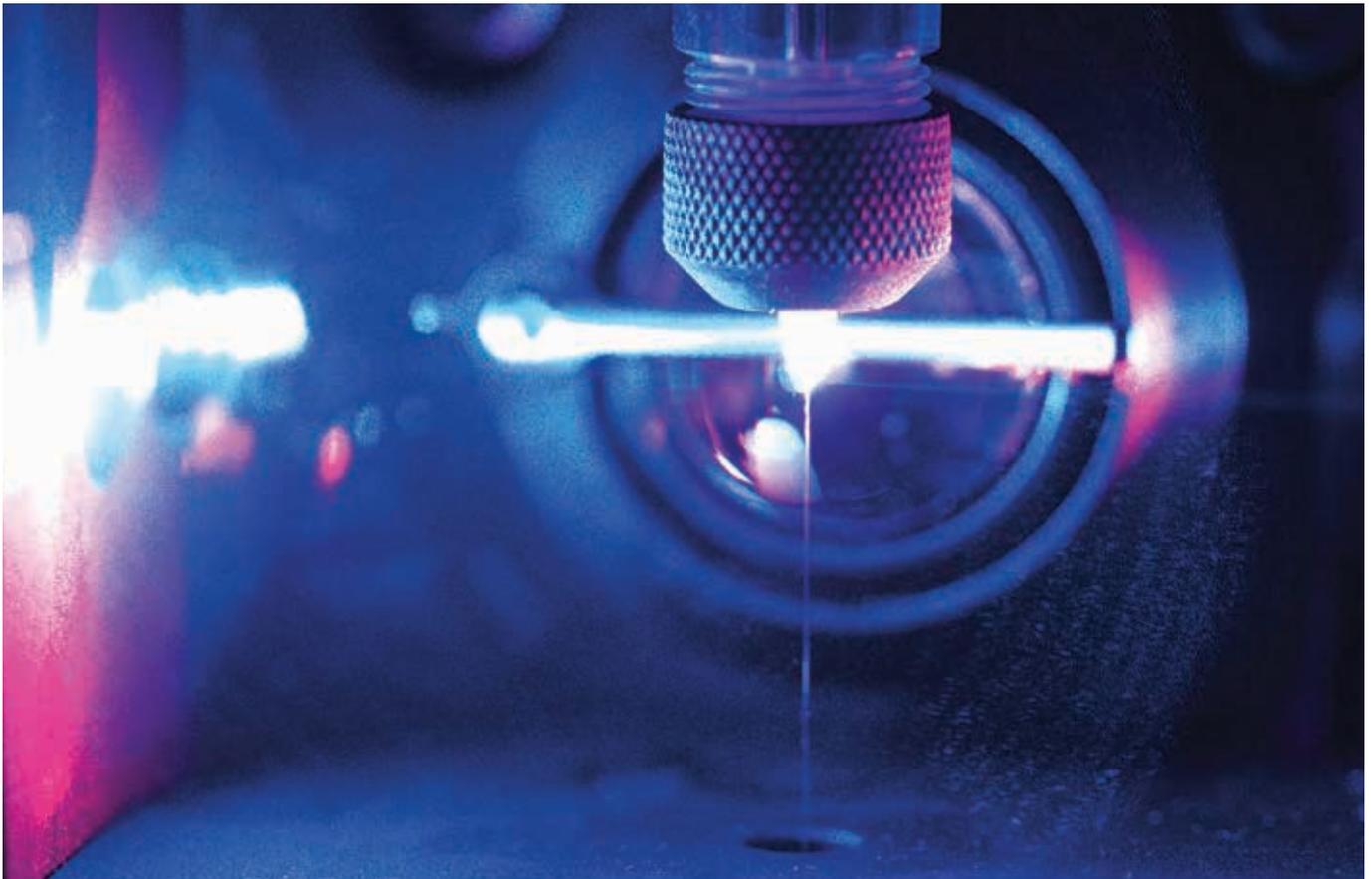
The tables/graphs below show how clinic activity symptomatic & family risk has increased since the Breast Clinic was established in 1997.

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 2011. St. James's is a designated cancer centre under the National Cancer Control Programme. The number of colorectal cancers referred to St. James's Hospital in 2011 was 210.

Mr. O' Sullivan, Locum Consultant Surgeon, joined Mr. B. Mehigan and the colorectal team in March 2011.

The GI oncology Multidisciplinary team meeting takes place weekly and in 2011 over 467\* patients were discussed at this conference. There was an increase of 43% in the workload of the MDT meeting since 2009. Many 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.

### **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 3 Stoma Care Nurse Specialists in full time positions:

Ms. AnneMarie Stuart, Ms. Anna Fearon and Ms. Siobhan McGovern.

The department number of patients seen in the nurse led OPD clinic was 376.

### **Renal Dialysis Unit**

Renal Medicine is the care of patients with kidney disease and in particular the management of kidney failure. The unit operates a haemodialysis service in St. Kevin's ward, 1 OPD clinic, a Nurse led Pre-dialysis education program and a renal anaemia management service. Predialysis education is vital for patients in order to make an informed choice regarding Haemodialysis or peritoneal dialysis.

In 2011, a total of 471 Dialysis treatments were carried out. 80 Patients were supervised on Anaemia Management programme. 1063 CKD patients attended OPD. There were 164 patients on the Predialysis programme (stage 3-5 Renal failure) and in 2011, 59 Education sessions took place and 85 patients received a Hepatitis B Vaccination program. 8 patients were on the Renal Transplant Work-up programme.

### Ongoing Education of Staff

Staff Nurse Tracey Lenard attended the ANNA – The American Nephrology Nurses Association conference in New York. Staff Nurse Crina Voicu attended Two INNA (Irish Nephrology Nurses Association) study days in March and October. CNM2 Mairead Murphy attended INNA (Irish Nephrology Nurses Association) study day in October.

### Appointments

Dr. George Mellotte was appointed HSE Regional Clinical Lead Nephrologist for Dublin Mid-Leinster.

Mairead Murphy was appointed to the position of CNM2 Dialysis.

### Staffing Levels

The Renal service was reduced to a 3 day week (Mon/Wed/Fri) at many times during the year. This was directly as a result of unfilled staff vacancies.

### Aspirations for 2011

We continue to foster links with Adelaide, Meath and National Children Hospital (AMNCH). Prof. Mark Little, Professor of Nephrology, Trinity College Dublin has indicated that he will be caring out his research in the Institute of Molecular Medicine, Trinity College Health Sciences Centre, St. James's Hospital.

The unit will support the aspiration to develop the Trinity Health Kidney Centre, to be co-located between St. James's Hospital, Tallaght Hospital and Trinity College.

### Gastroenterology

#### Hereditary Haemochromatosis

There were 67 new referrals to the haemochromatosis treatment clinic in 2011 which has a total of 850 patients attending.

1913 venesections were carried out.

This year the cardiology dept started a research study on newly diagnosed patients with haemochromatosis. The patients have an ECHO scan prior to commencement of venesections and a repeat scan once their excess ferritin levels have been depleted.

#### Urea Breath Tests

2240 urea breath tests were carried out. The waiting list currently stands at 8 weeks.

This year we plan to do a preliminary breath test on patients on the waiting list for OGD. These patients will be under 50 years of age and with no sinister symptoms on their referral. If the breath test is negative they will proceed to an OGD.

If the breath test is positive they will be sent a prescription for triple therapy and a follow up breath test to check for eradication of the bacteria. If the bacteria has been eradicated and the patient is symptom free they will be discharged back to their referring GP or consultant. If the bacteria is still present they will be given 2nd line triple therapy and a further breath test to check for eradication. If the bacteria is still present following this they will proceed for an OGD plus culture and sensitivity for HPylori.

### Gastroenterology

The ANP Gastroenterology performs upper and lower endoscopic procedures on a selected patient population. The service assists in polyp screening, diagnostic endoscopy and related follow up care in addition to upper gastrointestinal issues.

### Procedures

519 colonoscopies were performed in 2011. Polyps were detected in 42% of cases. Colonic tumours were detected in 2.8% of cases (15 patients). 93% of cases were complete. Terminal ileum was reached in 83% of cases. Reasons for non-completion were (in order of frequency): poor prep, patient intolerance, tumours, looping. No procedure was abandoned without consultation from a senior medical colleague.

446 oesophagogastroduodenoscopies were performed in 2011. 99% were complete. Reasons for incompleteness were: patient intolerance, stricture.

### Procedural Sedation

Sedation was prescribed by a medical doctor and administered according to a protocol. 878 patients were sedated by the ANP Gastroenterology in 2011. 13 patients had colonoscopy performed without sedation. There were no reversal episodes.

### GEMS Gastroenterology Publications

In 2011 the ANP completed a paper for the World of Irish Nursing, this was published in February 2012. The ANP was also part of a team working under Dr. Zaheer which published two papers.

### Adverse Events

There were no significant adverse events in 2011.

### Nurse prescribing

Nurse prescribing continues successfully. Dr. D. O'Toole and Dr. McCarthy were the auditors. No adverse events were noted.

### Training

The ANP completed BLS and ACLS training during 2011, attended Nurse Prescribing conference in November, and a national GI study day in AMNCH. In addition the ANP taught several sessions as part of the only national endoscopy nurses training course held in St. James's Hospital. Training of unit staff and students is ongoing, as is attendance at the weekly educational sessions offered to medical staff – clinical cases presentation, journal club, histopathology conference, grand rounds and ward rounds with Dr. Mahmud.

### Audit

A system using Microsoft Excel records and facilitates timely audit regarding procedural details. In addition the endoscopy unit ADAM system also permits a more detailed audit of practice.

### Conclusion

The ANP service performs to internationally accepted standard. The ANP service has proven to be a safe and valuable addition to the Gastroenterology services in St. James's Hospital.

### GI Function Unit

As an increasing demand for GI Physiology studies continued, a total of 3736 procedures were carried out in 2011, 63% of which were outside referrals. This represents an increase of 14% on last year. There has been a dramatic increase in the number of referrals leading to an increased waiting list, up to 9 months for some procedures.

The Unit is now staffed by 3 full time Clinical Measurement Scientist with the appointment of a permanent post in Jan. There are no routine GI Function investigations available to other General hospitals or Paediatric Hospitals; we are the only providers of a national referral service. The Unit is the only investigation unit that has full Accreditation as both a Service and Training Unit in Ireland, and all Technical Staff have full Accreditation as GI Physiologists.

### 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.

There were over 11,000 attendances to the Hepatology clinics for 2011. This represents a 10% increase in attendance compared to 2010. This was comprised of new referrals and return patients to the gastroenterological, general liver, viral & haemochromatosis, Hepatitis B and Hepatitis C consultant led clinics and the nurse led clinics.

Activity in the Treatment Clinics has been consistently growing since they were first established in 2002. This is the highest growth area in the unit for 2011. Treatment compliance & patient outcomes are excellent.

As a teaching hospital the unit participated in a number of research studies in 2011.

A Systematic Review and Economic Evaluation to assess the Clinical effectiveness and Cost Effectiveness of Telaprevir and Boceprevir in the Treatment of Chronic Hepatitis C in Ireland.  
Dr. Jennifer Kieran.

Hepatitis C Clinical Trial – VX 95110  
Dr. Susan McKiernan.

Prophesys Hepatitis B – Observational Trial  
Dr. Susan McKiernan.

Improvements made to the unit in 2011 included the creation of an extra room for patients on the clinic side of the building to facilitate discussion, education & counselling. This was created with the help of a small grant from SJH Foundation.





An automated telephone answering service was installed in 2011 to improve the telephone communications for the unit. This is under review. The IMS department installed Voice Recognition software on the Clinicians P.C.'s to assist in efficient dictation and output of reports to GP's and other referral sources.

The off site link with the Addiction Services for the treatment of patients with Hepatitis C continues to grow. Services have been extended to and include Addiction Services Castle Street, Addiction Services Old County Road Crumlin & Addiction Services Belgard Road Tallaght. This strengthens the links between hospital and community.

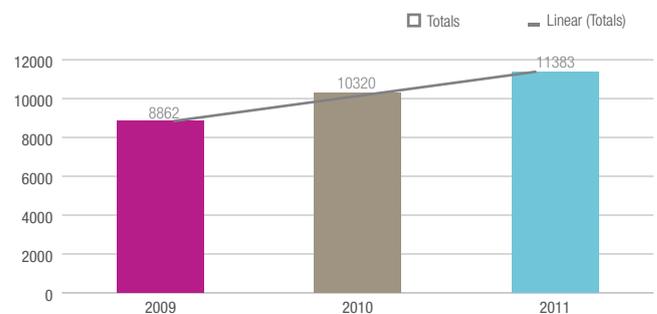
The treatment service to Wheatfield and Mountjoy Prisons is now well established. This service is provided for patients with hepatitis B & hepatitis C and minimises number of OPD visits from prison to the Hepatology Unit. This service enables treatment to be given to patients while in custody.

The Nurse Liaison link with St. Vincent's Hospital is a very important link for patients who are transferring to St. Vincent's Hospital for liver transplant. In 2011, 22 patients were assessed for suitability for liver transplant. Four patients are on the active liver transplant list, six patients are being worked up, three patients were resected, two patients were referred back to SJH as presented too early, seven patients went forward for liver transplant.

In 2011 a third Fibroscan clinics was set up in the unit. Fibroscanning is used for the non-invasive assessment of the liver. This can be particularly helpful when the patient is not suitable for liver biopsy.

The Phlebotomy service in the Hepatology Centre is an integral part of the patient process. The bloods clinic is nurse led & provides pre out-patient blood testing, genetic screening for haemochromatosis & OGTT screening for viral, HCT & fatty liver disease. This facilitates part of the work-up involved prior to the out-patient consultation.

#### Hepatology Out-Patient Attendances



#### Barrett's Oesophagus

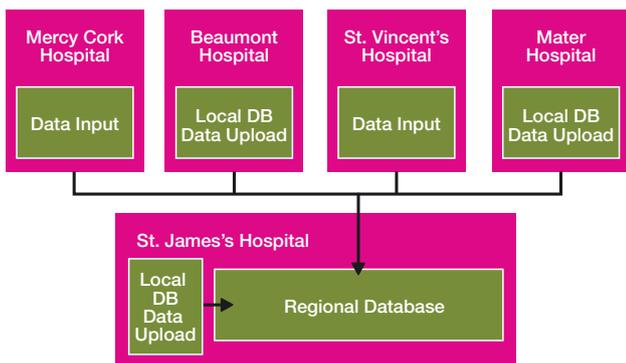
Further progress was made on the implementation of the National Registry for Barrett's Oesophagus in 2011 with St. James's Hospital taking the lead role in its development under the direction of Professor John Reynolds. This registry is funded by the Oesophageal Cancer Fund and will facilitate surveillance, education and research. Hospitals participating in this registry include the Mercy Hospital Cork, Beaumont, St. Vincent's and Mater Hospitals.

The St. James's Hospital Registry was upgraded to the Intellect Web version and all retrospective data was mapped and transferred from the PATS database to the Intellect web. This dataset was then loaded onto the anonymous National

Registry and appropriate changes were made. The National Server is located in the IMS Department at St. James's Hospital. Mercy Hospital Cork went live in June 2011 and input data directly onto the anonymous National Server. All data on St. James's Hospital registry was uploaded onto the National Server and converted to an anonymous identification number. Beaumont Hospital went live in June 2011 and input data onto the local server at Beaumont and will upload all data onto the National Server.

The registry will be rolled out to St. Vincent's and Mater Hospitals in 2012. A new reporting system is being developed in the follow up registry on progression of Barrett's and outcomes which will be used in the management of Barrett's Oesophagus. A Barrett's email address will be set up and linked to the registry. It will generate a reminder three months before the patient is due an endoscopy to ensure that the patient is not lost to follow up.

Structure of Registry



The Barrett's Clinic is held on a fortnightly basis on Tuesday morning. 88 new patients and 142 return patients attended the clinic in 2011.

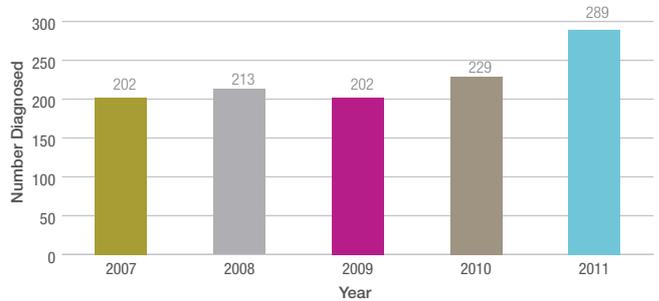
Twenty six patients received their first treatment for radiofrequency ablation in 2011. This procedure is for patients with low grade dysplasia, high grade dysplasia and intra-mucosal carcinoma. This treatment was carried out by Mr. Narayanasamy Ravi and Dr. Dermot O'Toole as a day case procedure. St. James's Hospital is now a well established centre of excellence for the treatment of Barrett's Oesophagus.

Upper Gastrointestinal (GI) Surgery

The incidence of Upper GI cancers in Ireland continues to increase. The escalation in service demand for Upper GI cancers is highlighted by the growing number of patients entering the service, an increase of 42% from 2009 to 2011.

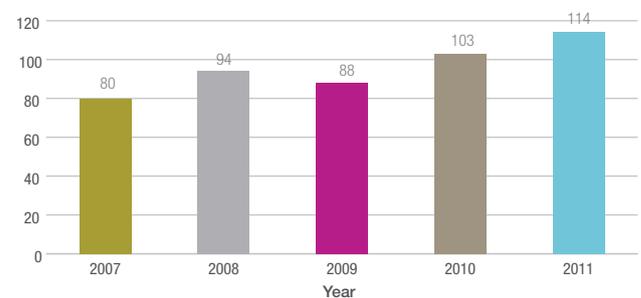
The graph below represents how service activity has increased over the last 5 years, verifying the continuing upward trend of Upper GI malignancies.

Oesophageal/Gastric Cancers SJH 2007–2011

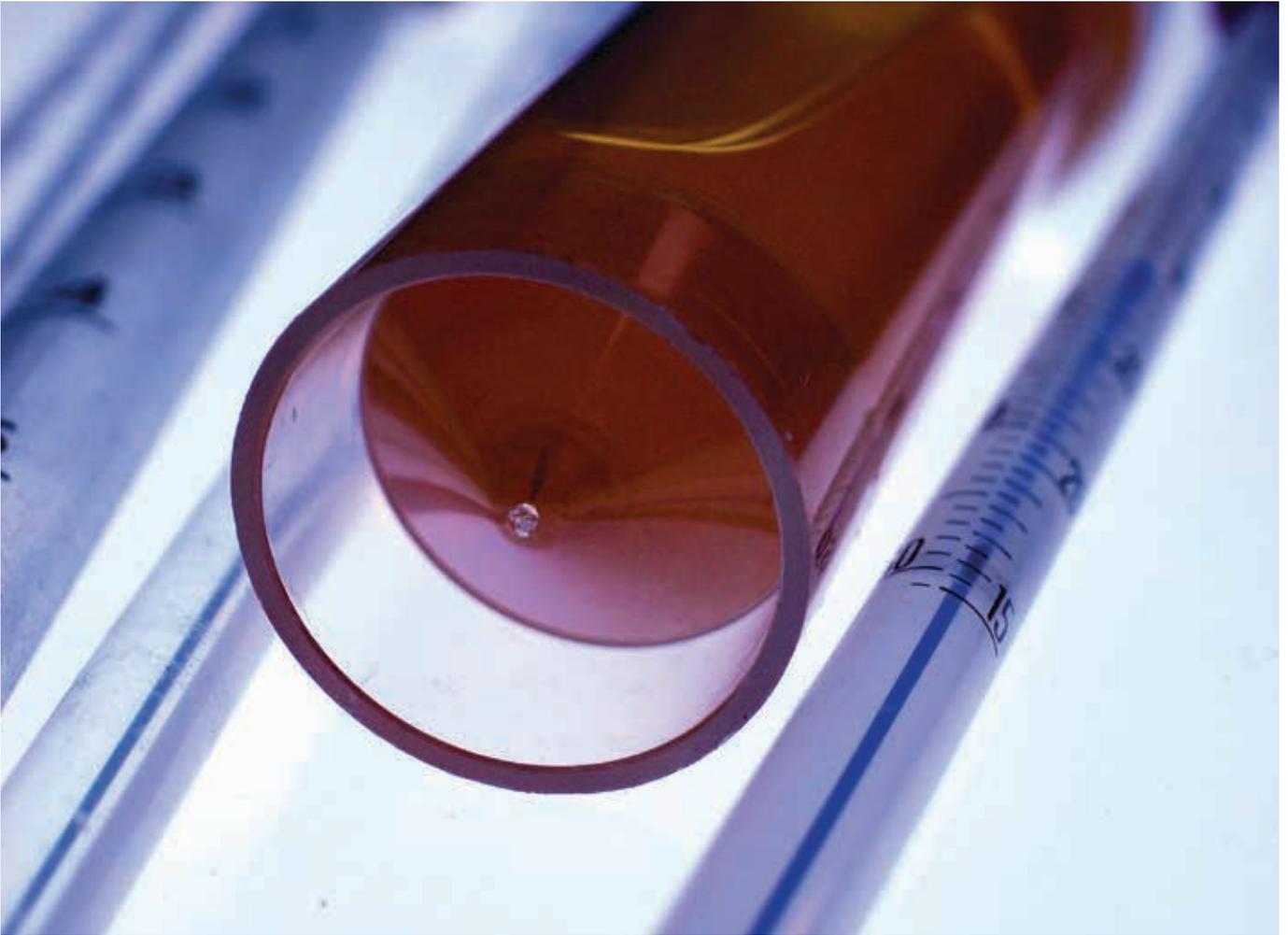


- 80% of all referrals to SJH were tertiary referrals. This is an increased 10% in tertiary referrals and is an acknowledgment of SJH as a centre of excellence for the comprehensive investigation, discussion and treatment of Oesophageal and Gastric cancer.
- The Upper GI Rapid Access clinics take place on Wednesdays and Thursdays, with major surgery performed on Mondays and Fridays.
- The number of major surgeries carried out in 2011 is 114.
- Of these, 71 patients had an Oesophagectomy, and 36 patients had a Gastrectomy.
- 94% of the service users were discussed at the weekly Multi Disciplinary Team meeting, with most patients being discussed at multiple stages throughout their treatment pathway.
- The service is lead by Professor J. Reynolds and Mr. N. Ravi. The service has benefited from the recent addition of Dr. F. MacCarthy to the team.

Number of Major Surgeries 2007–2011



Recognition of the ever increasing demands on the service has allowed for the allocation of additional and much needed radiological and endoscopy diagnostic slots. This facilitates the safeguarding of wait time targets for urgent referrals, despite a significant increase in the number and type of diagnostic investigations necessary for comprehensive patient work up and the monitoring of patient's response to treatment interventions.



An integral part of the team, facilitating patients through this comprehensive, though complex care pathway are the Upper GI Cancer Co-ordinator Nurse, Jennifer Moore, and the Upper GI Research Nurse, Zieta Claxton. These specialist nurses oversee the care of the Upper GI cancer patient, providing patient and family support at diagnosis, during treatment and in the post treatment phase, and are always accessible to the patients. The groundwork for an extensive and influential clinical trial, Randomised Clinical Trial of neoadjuvant and adjuvant chemo (MAGIC) vs. neoadjuvant chemoradiation (CROSS protocol) in adenocarcinoma of the oesophagus and oesophago-gastric junction was established by Zieta Claxton throughout 2010, and will commence in 2011.

In 2011, there were in all 25 Upper GI research papers published in various national and international journals.

### IBD

The Inflammatory Bowel Disease (IBD) nurse specialist role assists with the management and the delivery of high quality care for patients who have Crohn's disease and Ulcerative colitis. The following services are provided by the IBD nurse specialist:

- Patients have access to the IBD nurse by Phone, email or bleep and has dealt with approximately 2,304 patient queries in 2011.
- Patient education regarding all aspects of there disease
- Pre screening and education for patients commencing on Anti-TNF therapy. A total of 40 patients were commenced on Anti-TNF therapy in 2011.
- Education and monitoring of patients on immunosuppressive therapy.
- Administration of Infliximab and Iron infusions for IBD patients. In 2011 a total of 153 infusions were administered by the IBD nurse.

Future plans to improve the service include setting up a nurse led telephone clinic for IBD patients, patient satisfaction survey and group education sessions for IBD patients.

# Emergency Directorate



Mr. Patrick K 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

2011 was a challenging year for the Emergency Department at St. James's Hospital. The competing demands of the requirement to improve patient transit times within the Emergency Department and the difficulty in replacing staff vacancies had to be dealt with. The results however demonstrate the enormous effort made by staff members in all professions and grades trying to work to the spirit of the Croke Park Agreement.

For most of the year Dr. Una Geary, consultant in emergency medicine, was seconded full-time to the Health Service Executive, Quality & Clinical Care Directorate, in order to lead the Emergency Medicine Program. We are convinced that this is very much to the national advantage and support her fully in her endeavors.

Dr. Geraldine McMahon was appointed as the Clinical Audit Programme Director and Chair of the Clinical Effectiveness Committee for St. James's Hospital and took up this post in September 2011 in addition to her full time post as Consultant in Emergency Medicine.

During the year ED were lucky enough to have the services of Dr. Pat Naidoo, Dr. Mike Golding, Dr. Rachel Gilmore and Dr. Niamh Collins as locums to cover Dr. Geary's secondment and part of the leave requirements of the other consultants in the emergency department. We also obtained the services of Dr. Elaine McDwyer, who has an extensive background in emergency medicine and is a fully trained general practitioner, to work full time within the Emergency Department. These senior practitioners helped drive forward our process of focus on improving speed, safety and efficiency of patient care.

Our non-consultant hospital doctor complement was not fully filled, due to lack of availability. Partial filling with a number of agency staff enabled us to carry on, but without fully replacing the absences. Short-term sick leave absences amongst all other staff were also absorbed to a great extent. For instance, only 42% of lost nursing hours were replaced with agency or overtime.

Despite this, and the continued increase in patient attendances and acuity of patients, we managed to slowly but surely corral the average duration of time patients spent within the Emergency Department. This was most marked for those patients who could be handled entirely within the department and discharged home. For the large group of patients who were in need of admission for ongoing care, the effect was still marked but not as great in magnitude, due to factors beyond our control.

The advantage to patients was clearly demonstrated in a paper published collaboratively between the Department of Emergency Medicine and the AMAU, that demonstrated that increased waiting times for admitted patients lead to worse outcomes. Our focus on reducing these waiting times should, in the fullness of time, improve the health care outcomes for patients.

Another area where this department has performed extremely well is in ambulance turn-around time, where our focus on releasing ambulance crews and their vehicles back to their pre-hospital work in the community enables us to have the shortest turnaround time in the Dublin metropolitan area, despite having the greatest number of emergency ambulance visits.

The advantage to staff is less obvious, given that they have had to work harder and much more effectively, but the reward comes from kind words from patients and their relatives, who express joy at being able to leave the Emergency Department much earlier than they had anticipated. The professional interface between ambulance personnel and our staff helps reduce stress all-round, despite the pressure engendered by working to the spirit of the Croke Park Agreement.

The management team in the Emergency Directorate applauds the huge efforts made by all staff in achieving, and exceeding, our primary targets. As we move into 2012, we anticipate that pressures will increase but hope that the team-spirit within the Department will enable us to respond even more effectively, for the benefit of our patients.

### Chest Pain Assessment Unit 2011

583 patients were admitted to the chest pain assessment unit (CPAU) in 2011. Changes in the admitting profile of patients to the CPAU driven by the increasing difficulty in accessing monitored beds in the hospital resulted in an increase in ALOS of all patients to 32 hours, from a previous 13 hours. Patients on the CPAU pathway however continue to benefit from an accelerated diagnostic pathways and early discharge in less than 13 hours. 33% of patients had a positive assessment and required further diagnostic assessment with diagnostic angiography or CT coronary angiography. 131 patients required diagnostic angiography of which 59% were abnormal, requiring percutaneous coronary artery intervention and/or medical management. CT coronary angiography was undertaken in 170 patients, to determine the need for further diagnostic angiography or medical management. 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.

### The CNS's and ANP in Emergency Cardiology role in the ED

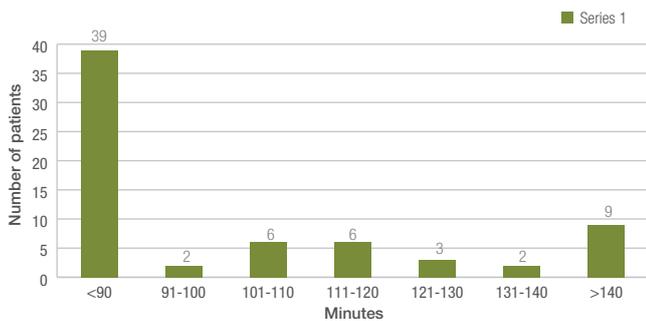
In 2011 the CNS/ANP nursing team in emergency cardiology were responsible for reviewing 1758 patients in the ED in addition to the 495 patients in CPAU review clinic. Additional responsibilities include training in ECG interpretation and BLS for both nursing and medical staff. Running the CPAU review clinic, organisation of patients undergoing CTCA and audit.

Ms. Elizabeth Curtin and Ms. Lucy Blennarhasset both successfully completed their Nurse Prescribing degree during 2011.

### Audit of Reperfusion for ST segment Myocardial Infarcts

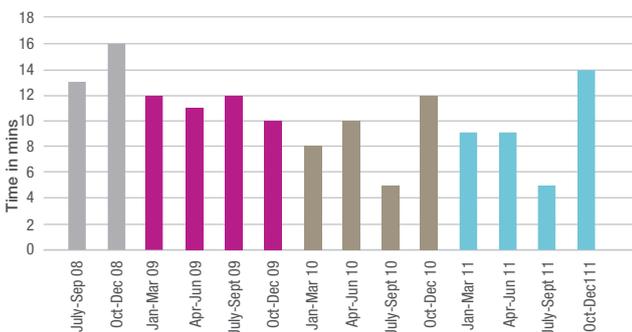
In collaboration with the department of cardiology department we have an ongoing audit of 'time critical' interventions for ST segment elevation myocardial infarction (STEMI). In 2011, 74 patients presented to the ED with acute STEMI. The majority of patients were male (74%). The age range was 32 yrs to 93 yrs with a mean age of 62 yrs. 54% of patients presented out of normal working hours. The time to first ECG remained within international practice guidelines of 9 minutes. Despite the prevalence of out of hour's presentations, the time to transfer to the Cath Lab remains close to international best practice guidelines with 58% in <90mins, and a median time to transfer of 73 minutes. Ongoing audit with feedback to the multi-disciplinary team is in place, together with ongoing educational initiatives to support ongoing improvements in process to improve performance in this area.

Breakdown of time to the Cath Lab



Door to PCI for Patients presenting with STEMI during the course of 2011. Outliers were generally due to delayed presentation and delays were made on a planned clinical basis.

Median Time to 1st ECG in mins



Continued improvements in door to first 12-lead ECG times for STEMI patients.

### Advanced Nurse Practitioner Service 2011

#### Clinical Activity

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

The hours of service and expanded caseload are driven by the needs of the service users and in response to specific target times as outlined by the Health Service Executive and Special Delivery Unit.

The acuity and complexity of the patient caseload of the ANP continues to increase and therefore additional competencies have been developed to manage a full episode of care in the most efficient and effective manner for that group of patients.

In March 2011, there was a decrease in the number of ANP's from 6.5 WTE to 5 WTE, however there were over five thousand patients managed by the ANP's in 2011.

#### Education Activity

In September 2011, five ANP candidates from emergency departments in Wexford, Kerry, Cavan and Naas undertook the advanced practice module. This brings to 40 the number of candidates that have been educated to advanced practice level through this program.

Through continued partnership between the Emergency Department and the School of Nursing and Midwifery, Trinity College Dublin a significant advance has been made in developing a more robust education program for nurses wishing to pursue the role of advanced nurse practitioner in the future. The existing advanced clinical skills module has been re-designed and upgraded into a Post Graduate Diploma in Advanced Nurse Practice-Emergency Nursing and has achieved Category 2 approval by An Bord Altranais for a period of five years. The program contains specific education components leading to Registration as an Advanced Nurse Practitioner and Registered Nurse Prescriber of Medicinal Products with An Bord Altranais and provides an academic pathway leading onto an MSc in Advanced Nurse Practice Emergency Nursing. This program will make significant contribution to the development of emergency nursing as part of a capacity building strategy for the National Emergency Medicine Program. Ms. Valerie Small has been nominated to the working group of the Health Service Executive, Quality & Clinical Care Directorate as the ANP advisor advise on the Emergency Medicine Program with a national remit to develop advanced nursing practice for emergency nursing.



### Clinical Audit

Specific clinical audit was undertaken by the ANP's in 2011. 'An Evaluation of the X Ray Prescribing Practices of Advanced Nurse Practitioners in an Emergency Department in Dublin' aimed to evaluate the quality standards and justification for x-rays prescribed for a cohort of patients who were managed by the ANP's over a period of three months. The audit was a collaborative project involving members of the multidisciplinary teams in emergency and diagnostic imaging.

The outcome of the audit demonstrated almost 100% compliance with key quality indicators in the documentation of each patient episode and 90% compliance with justifying the exposure of the patient to ionising radiation. The results of this audit will be presented to the Director of Nursing, Nursing Practice Development Unit, Emergency Directorate and Diagnostic Imaging Directorate. A paper has been prepared for submission as an oral presentation for two international conferences taking place in 2012. A further paper is been prepared for submission to a peer reviewed emergency nursing journal and emergency medicine journal.

# Omega Directorate



Ms. Aisling O Mahoney  
Clinical Director

Ms. Martina Kelly  
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.
- 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.

## Directorate Activity

The Omega Directorate provides the following services for patients:

- Plastic Surgery – Supra regional rapid access trauma service and a supra regional plastic and reconstructive surgery service.
- Maxillofacial/Cleft Orthodontic – Supra regional rapid access trauma service and a supra regional maxillofacial and cleft orthodontic service.
- Orthopaedic regional trauma and elective service.

### Developments in 2011

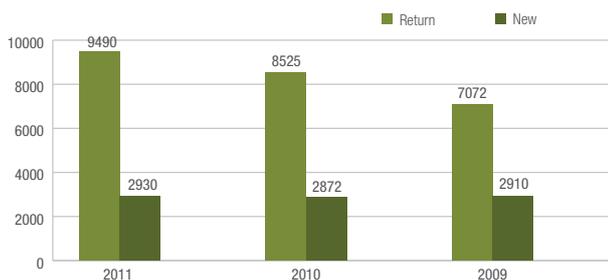
- Consultant Developments.
  - The appointment of Mr. Kieran O’ Shea to the Orthopaedic Department.
  - The appointment of Mr. Odhran Shelley to the Plastic Department.

### Maxillofacial Surgery

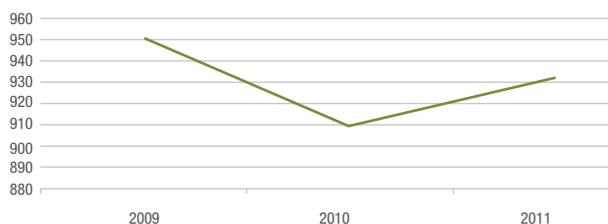
The National Maxillofacial unit is a tertiary referral centre dealing with:

- 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.

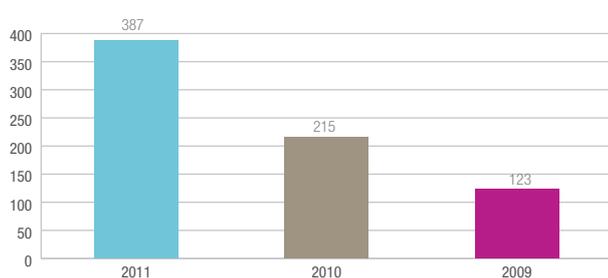
#### Maxillofacial Out Patients



#### Maxillofacial Surgery – Main Theatre



#### Maxillofacial Surgery – Day Surgery



### Oral and Maxillofacial Cancer

Patients are referred from dentists, GP’s and the Dublin Dental Hospital for investigation, treatment and surgery for oral and maxillofacial cancer. A multidisciplinary team comprising of Consultant Oral and Maxillofacial Surgeon, Cancer Co-ordinator, Nursing staff, Clinical Nutritionist and Speech and Language therapist provide treatment and care for patients.

#### Maxillofacial Cancer – Newly Diagnosed



### Cleft Orthodontic Unit

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

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

The Cleft Co-ordinator 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 Our Lady’s Children’s Hospital, Crumlin.

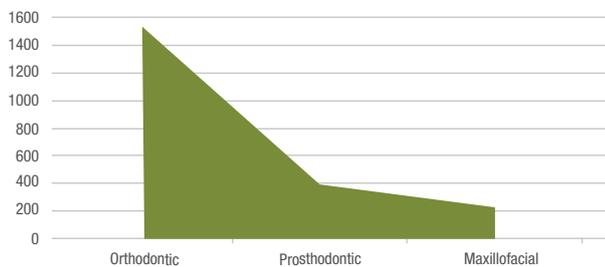
### Out Patient Procedures

The Maxillofacial/Orthodontic and Prosthodontic Unit provides an outpatient procedure and treatment service for patients requiring a wide range of procedures including:

- Dentoalveolar surgery.
- Biopsy of oral and cavity, lip and skin lesions.
- Bracket application and removal.
- Plate, screw and islet wire application/removal.
- Impressions/study models.
- Orthodontic treatment for patients with Cleft/Craniofacial anomalies.

- Fixed and Removable and Implant Prosthodontics.
- Implants.
- Exodontia.

Out Patient Procedures 2011



### Maxillofacial Laboratory

The Maxillofacial laboratory provides highly specialised services for the Maxillofacial, Orthodontic and Prosthodontic Consultants including:

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

The Maxillofacial Laboratory also provides Prosthetic Restoration for all patients who require specialised treatment. This specialised service requires both clinical and technical expertise.

The Laboratory provides patients with ear, eye, and nose prosthesis.

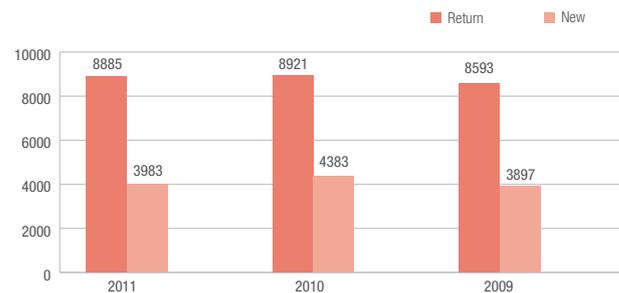
### Orthopaedic Surgery

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

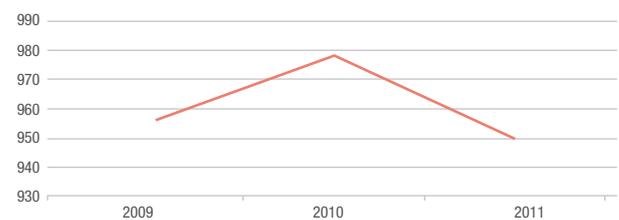
- Orthopaedic service for Haemophiliacs.
- Complex foot and ankle surgery.

A physiotherapy led treatment clinic is provided for foot and ankle patients.

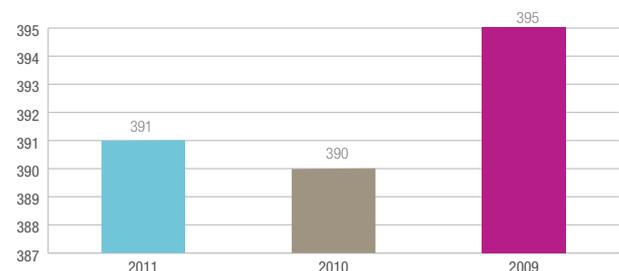
Orthopaedic Out Patients



Orthopaedic Surgery Main Theatre



Orthopaedic Surgery – Day Surgery



### Plastic and Reconstructive Surgery

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.

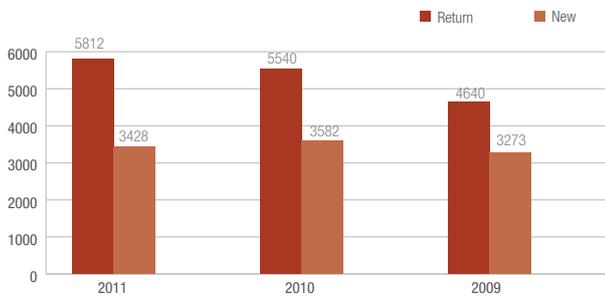
The department offers a multi-disciplinary approach with clinics being attended by Physiotherapy and Occupational therapy providing treatment and rehabilitation for patients. The department has a dedicated nursing staff providing treatment and dressing clinics for patients. A Clinical photography service is also available for record keeping.

### Minor Operations

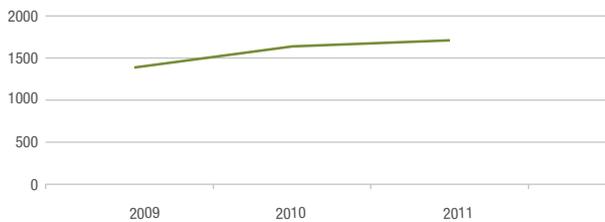
Minor operations are performed in the out patients department and include the following:

- Biopsies.
- Wound debridement.
- Suturing.
- Minor hand surgery.

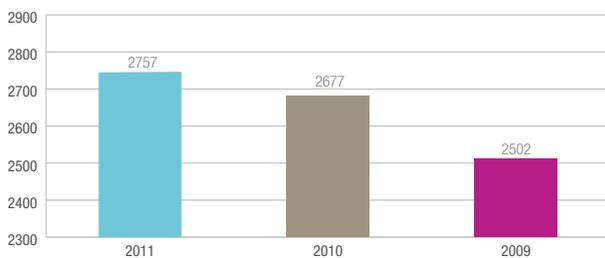
Plastic Out Patients



Plastic Surgery Main Theatre



Plastic Surgery – Day Surgery



### Micro pigmentation service

The Omega directorate has a nurse led micro pigmentation service which provides patients with the opportunity to treat problematic scars and provide an areolar tattoo service for patients following breast reconstruction.

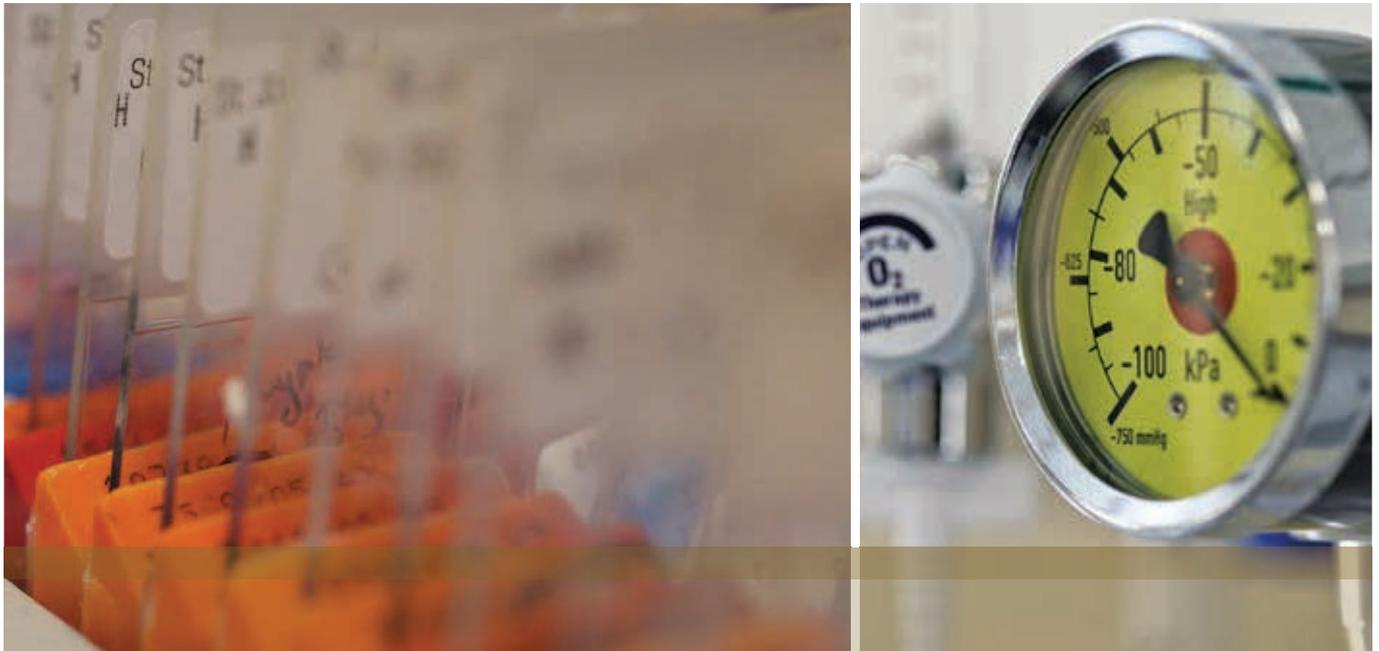
### National Burns Unit

The unit continues to provide optimal care for burn-injured patients and utilises the skills of a multidisciplinary team from the acute to the rehabilitative phase of burn injury.

The multidisciplinary team is dedicated to improving the quality of care delivered to patients and promotes the best management of burn injured patients by educating nursing staff in other acute hospitals. Nursing staff have also expanded their role to provide care for patients requiring dialysis.

The multidisciplinary team in conjunction with the patient and the family aim to preserve life and with equal importance promote quality of life by maximising long-term physical, vocational and psychosocial functioning.

# Department of Vascular and 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

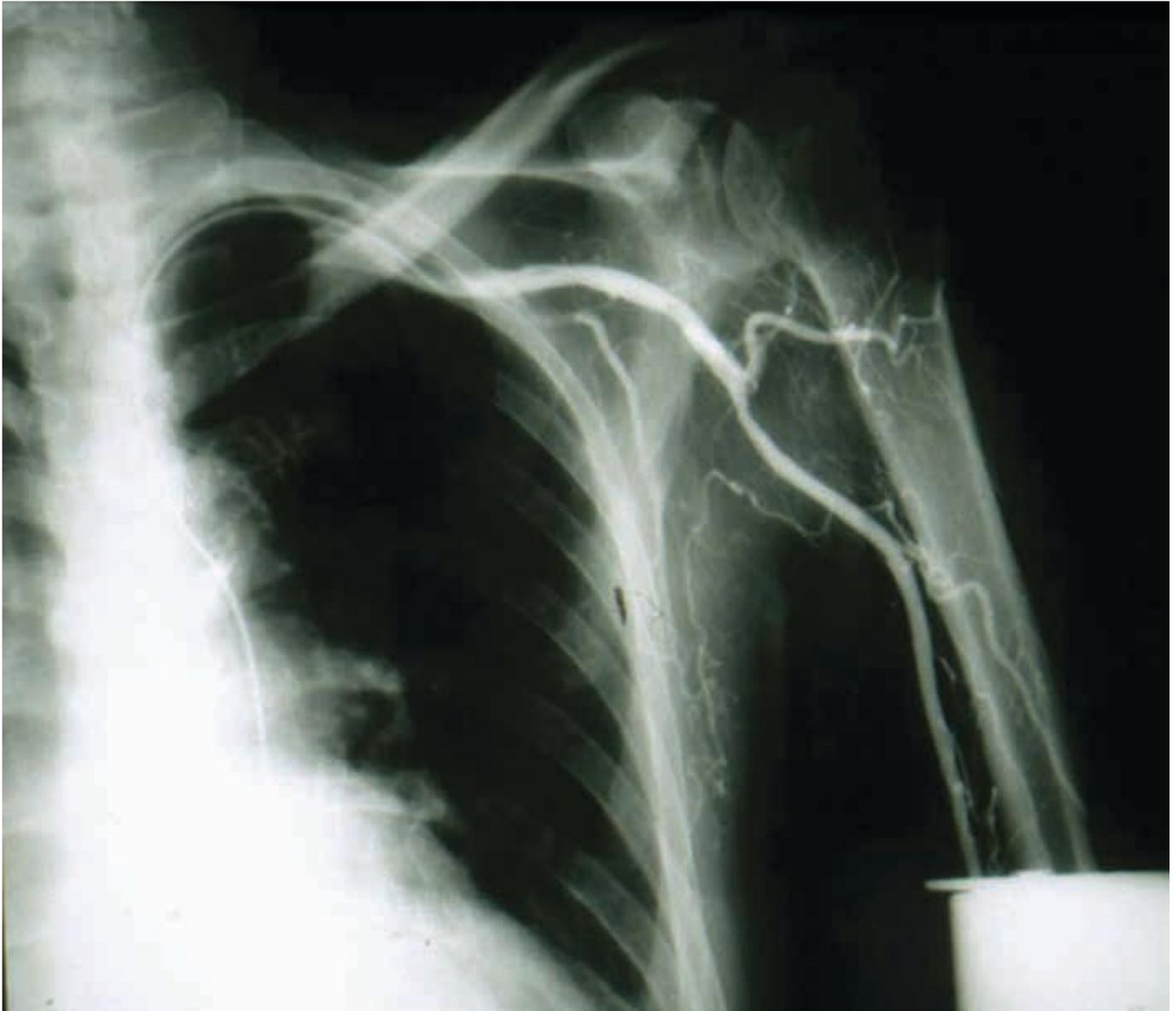
The department of vascular surgery plays three pivotal roles within the hospital. It provides assessment and management for patients with arterial disease; both cerebro-vascular and peripheral. It also provides a comprehensive venous service and thirdly it provides non-invasive vascular assessment for all departments within the hospital and for many external hospitals.

Ms. Zenia Martin has joined the department as the fourth Vascular Surgeon in February of this year having come from a fellowship in the Cleveland Clinic.

The endovascular management of a wide range of patients with aneurysmal disease of the abdominal and thoracic aorta continues to expand with excellent results. The unit works in close collaboration with the cardio-thoracic department to carry out hybrid repairs of high risk patients.

The department has continued to attract visiting surgeons from the UK who have spent six months receiving endovascular training.

Sheila Guinan who took over the role of Aneurysm screening Co-ordinator continues to expand the service recruiting more practices to be part of the program. Regrettably the funding of this very vital service has posed a challenge to us and is likely to come to an end.



The Veins Unit continues to provide an excellent service to patients with ulcers and is widely accepted as the premier unit in Ireland for the management of venous disease. The department has finally put in place the infrastructure to move varicose vein treatments to an outpatient setting which will allow the freeing up of hospital beds and scarce theatre resources. We anticipate this service being up and running early in the New Year.

The vascular laboratory remains extremely busy with expansion of the role of peripheral duplex imaging in selecting patients for endovascular management. The laboratory works extremely closely with the stroke service to provide rapid access to diagnostic facilities for patient presenting with symptoms of stroke. It has also seen a rapid increase in its DVT services with St. James's being one of the largest cancer centres. Both Joanne Boyce and Colette Choiseul were successful in becoming accredited vascular technologists (AVT).

A new state of the art C arm for theatre has been delivered and commissioned and is being used to carry out complex endovascular procedures in the operating theatres.

The unit has a very active clinical research program and Ms. Martin has presented a paper done in collaboration with the Royal College of Surgeons in Ireland at the Annual European Society of Vascular Surgery Meeting in Bologna.

# Psychiatry



**Mr. Thomas Frodl**  
Clinical Director

**Mr. Oliver Claffey**  
Director of Nursing

**Ms. Antoinette Barry**  
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, based in the general hospital, provides a Consultation-Liaison service to the general hospital and liaises closely with community services at the Jonathan Swift Clinic.

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

There were 517 admissions to the Jonathan Swift Clinic in 2011. 204 were new admissions and 65 patients were detained under the 2001 Mental Health Act. In General Adult Psychiatry, there were 335 new outpatient assessments. In Old Age Psychiatry, there were 213 new outpatient assessments and approximately 650 new Liaison referrals.

### Developments in 2011

2011 saw the successful relocation of the Camac Sector Multidisciplinary teams from St Martha's to Inchicore Primary Care and Mental Health Centre. The mental health service consists of a sector headquarters, outpatient clinics and an acute Day Hospital. It is envisioned that the co-location of primary care and the mental health teams will enable enhanced collaboration and improve the referral and treatment pathways for the patient through a shared care model.

There were significant changes in personnel in 2011. Dr. Grainne Flynn and Dr. Niall Crumlish took up permanent consultant psychiatrist posts. Professor Thomas Frodl was appointed Clinical Director for the service with Dr. Ian Daly continuing as Executive Clinical Director. Mr. Ray Bonar moved on to another administrative position within the HSE with Ms. Antoinette Barry assuming overall responsibility for the Dublin South Central/St. James's and Dublin South West mental health services.

### Social Work

Over the last twelve months the social work department has expanded and developed its group work programme building on the work of 2010. A new day hospital has opened in the Inchicore area and members of the team have been involved in developing and devising a day hospital programme. Much individual work continues to be done and within Jonathan Swift Unit much of this is focused on assessing what clients may require to facilitate their discharge and also promote their optimum mental health and well being. The social work interventions then focus on accessing the necessary resources and services in the community. The coming year we also hope to assess the needs of those clients in our rehabilitation population.

### 2012 Psychological Medicine Service

The Psychological Medicine Service provides for the psychiatric care of patient's admitted to the general hospital. Clinical service is delivered across all medical & surgical specialities. Patient's presenting to the emergency department with deliberate self harm, psychiatric illness, undifferentiated behavioural disturbance for example form a significant part of the service demand. Psychological Medicine provides for the assessment & management of these patients and link with appropriate psychiatric, substance abuse and social care services where necessary. Teaching of nursing & medical staff is provided. National and regional units such as the Burns

Unit, Haematology, Cardio Thoracic, Infectious diseases etc all refer patient to the service and Patient's are seen both on inpatient and outpatient basis.

Teaching & training in relation to psychiatric & psychological aspects of patient care is provided by the psychological medicine service. This is for both local & national staff Medical nursing and psychology students-predominately from Trinity College, have clinical attachments with the service. Registrars rotate through the service as part of Dublin University Psychiatric training scheme in both psychiatry and general practice. The development of a general training post for general practice occurred in 2011 and has proved successful. During the year the Psychological Medicine Service was one of the first four services in country chosen to have intern placements. Since July, interns are now rotating through the service. This has strengthened links with the intern base and provides an opportunity for trainees to get exposure to psychiatric practice in a busy clinical academic setting.

The service continues to be involved in a variety of research projects around the hospital. The launch of DVD & workbook for post cancer fatigue occurred during the year and has formed the basis for continued individual and group work. Research into stroke, depression, adjustment disorders and pain has proceeded also.

### Old Age Psychiatry

Research activity continued to grow in 2011 with an active publication record and further expansion of the Memory, Brain Health and Cognitive Studies Clinics.

An FP7 grant for 6 million euro was awarded to Prof. Brian Lawlor to conduct a European double blind placebo controlled study of Nilvadipine in Alzheimer's Disease.

# LabMed Directorate



**Dr. Brian O Connell**  
Clinical Director

**Mr. John Gibbons**  
Laboratory Manager

**Mr. Brian Kelleher**  
Quality Manager

## Introduction

The Laboratory Medicine (LabMed) Directorate is a fully accredited service and comprises the clinical laboratory disciplines of:

- Biochemistry (including Point of Care Testing).
- 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.
- Transfusion Medicine (incorporating Haemovigilance).

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 specialties in laboratory medicine.

## Accreditation/License

All laboratory medicine disciplines, as outlined below, are accredited. The following are accredited to Clinical Pathology Accreditation (CPA) standards (incorporating ISO 15189) and have retained their accreditation status in 2011:

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

Transfusion Medicine, incorporating Haemovigilance, is accredited to standards ISO 15189 and AML-BB (SI 360 of 2005) from the Irish National Accreditation Board (INAB).

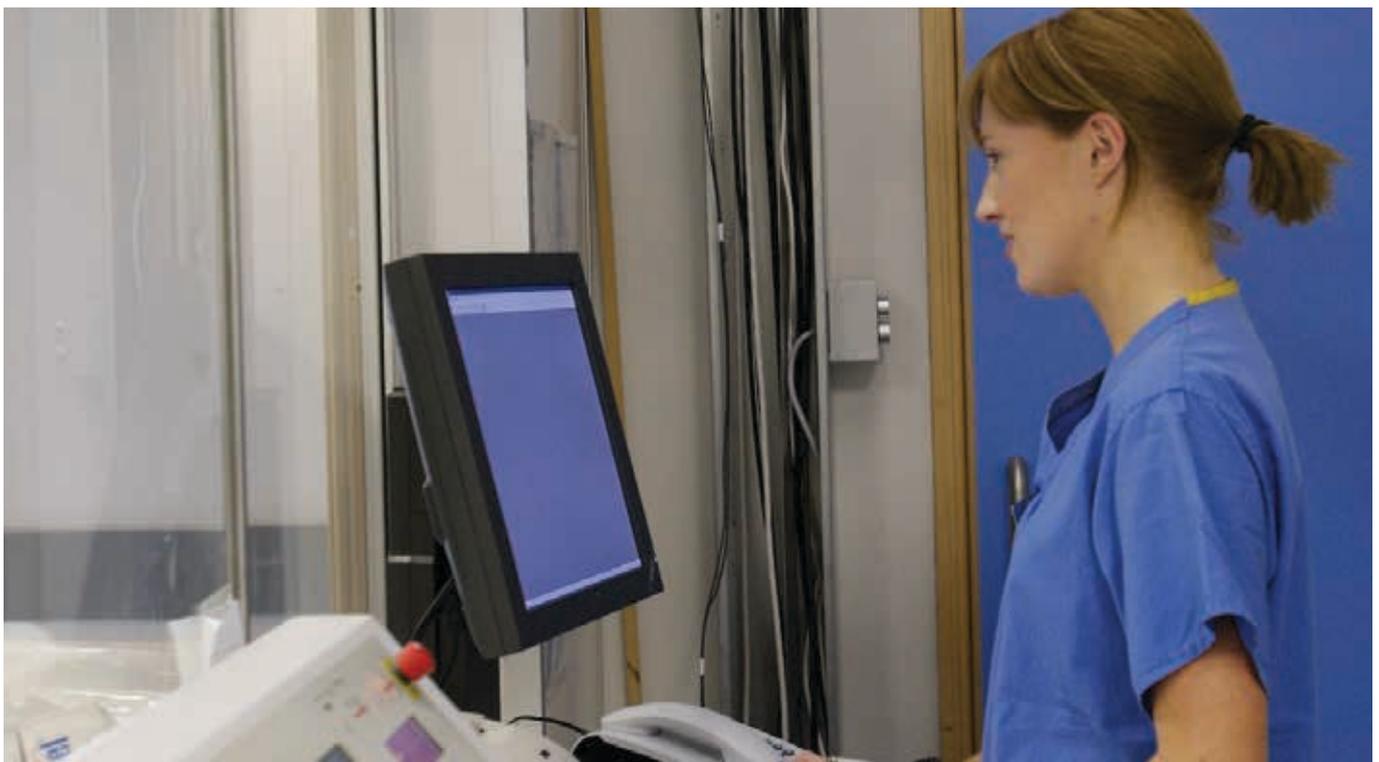
St. James's Hospital Tissue Establishment incorporating the Cryobiology Laboratory has received their license to operate as a Tissue Establishment from the Irish Medicine Board (IMB) following inspection in accordance with EU Directives 2004/23/EC; 2006/17/EC and 2006/86/EC (SI 598 of 2007 and SI 158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

## 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 was completed in 2010 and a reconfiguration of these services took place comprising a consolidation of testing on new analytical platforms with pre-analytical robotics. In addition, the centralisation of specimen reception to enhance the processing of clinical specimens in accordance with Lean principles and best laboratory practice was included as part of the process. In 2011 there was further consolidation of the number of analytes performed in the core laboratory and this will be a continuous process. This is designed to enable the laboratory to deal with an expanding workload more easily, while maintaining quality and safety and at the same time reduce costs. This is particularly important as the laboratory positions itself to meet the challenges in the external environment, particularly in regard to HSE'S plans for modernisation of Laboratory Medicine Services in the State.

There was the development of the new facility for non-oncological molecular diagnostics initially incorporating Biochemistry and Microbiology, which opened in the first quarter of 2011. This is a state of the art facility focusing on molecular virology and biochemical genetics and is a very active department in diagnostic developments and in publications. In addition, a significant number of new instruments, interfaces, microscopes etc were purchased across all departments based on need.



The photograph below shows some aspects of the core laboratory facility now termed the Blood Sciences core laboratory facility.



### Service Developments

As part of the Public Services Agreement 2011-2014, the laboratory extended its working day from 8am-8pm Monday to Friday from the 1st of March 2011. This had a direct impact on improving services to patients and effectively streamlined the laboratory operations.

### Information Technology projects

The development and introduction of the GP order communications (OCM) module of Healthlink occurred in June 2009. By December 2011, 40% of GP Healthlink users 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 70% usage by GPs by the end of 2012.

In 2011 a number of projects were initiated for developing laboratory to laboratory electronic links for test requesting and reporting. This will be completed in first quarter of 2012 for a number of sites including the midland hospitals and Drogheda hospital with St. James's Hospital laboratory. The electronic link between AMNCH, Tallaght and St. James's Hospital is already in place and working successfully.

Additional IT projects have begun in 2011 to enhance the laboratory system's efficiency in line with its modernisation programme and all will be completed by the 2nd quarter of 2012. The development of the EPR system for electronic ordering and reporting in Histopathology is planned for be completed by the end of 2012.

### Workload

The workload generated within the hospital increased by 4% over 2010 levels. Work from GPs was up by 9% and work referred from AMiNCH was up by 5% on 2010 levels. The total number of test requests received was €7.05 million.

The percentage of tests carried out by the laboratory by source is St. James's Hospital 66%; GPs is 29% with external hospitals at 5%. It is important to understand that comparing activity from external sources by the number of tests carried out does not necessarily reflect resource consumption as it does not take account of workload complexity.



The 2011-workload figures, based on laboratory test requests, are outlined in Table 1.

#### LabMed Directorate Requests 2011

Department	2011 Accum. Total	2010 Accum. Total	% Incr/ Decr 11/10
Haematology	591,272	563,788	4.9
Coagulation	189,817	195,427	-2.9
Bl. Transfusion	58,539	61,696	-5.1
Biochemistry	5,417,229	5,168,631	4.8
Microbiology	377,244	367,910	2.5
Histo-blocks	89,985	87,229	3.2
Cytology	5,975	5,652	5.7
Immunology	311,491	292,225	6.6
Cmd	5,243	4,889	7.2
<b>Totals per hospital</b>	<b>7,046,795</b>	<b>6,747,447</b>	<b>4.4</b>

#### Education and Training

The Laboratory is a centre for education for the MRCPPath, BSc and MSc in Biomedical Science, Clinical Chemistry 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, routine coagulation laboratory, clinical cytometry and haemoglobinopathy laboratory, and the haematinics & transplant drug-monitoring laboratory.

#### Developments

In 2011, the cell counting and morphology laboratory and the routine coagulation laboratory began operating an extended routine service from 8am to 8pm. This has had a beneficial effect in the service provision to day wards (particularly the Haematology Oncology Day Centre and the Warfarin clinic), general practitioners and the acute wards. The Clinical Cytometry society Laboratory guidelines for the diagnosis of Paroxysmal Nocturnal haemoglobinuria (PNH) using flow cytometry was introduced and validated in the Clinical Cytometry & Haemoglobinopathy laboratory in 2010. To date the Laboratory has detected 37 individuals with this rare haematological disease.

A DNA based method for the diagnosis of alpha Thalassaemia in co-operation with the Haemostasis Molecular Biology Laboratory has been developed as part of an MSc project.

#### Cell counting and morphology laboratory

This laboratory section, which handles high-volume, rapid-turnaround tests, saw a 3% increase in FBC requests and 5% in blood film examinations in 2011. The extended working day was fully implemented in this section.

A new analytical platform Siemens Centaur Advia was introduced for Haematinics analysis and Transplant drug monitoring. There was a 16% increase in workload in this section.

#### Clinical Cytometry & Haemoglobinopathies

Clinical Cytometry had its busiest year so far in 2011 with 2,017 immunophenotyping investigations performed. Interfacing the Clinical cytometer with the LIS and reporting of Immunophenotyping reports was completed in 2010. This development has significantly improved turn around times for this test with the additional benefit of providing clinicians with an Immunophenotyping report contemporaneous with morphological and clinical findings. Over 1,200 Bone aspirate samples were processed for morphological assessment in the unit in 2011.

The workload in Haemoglobinopathies remained high in 2011 with 6,200 screens processed. Some equipment including two bench top centrifuges and a 37°C incubator were replaced at the end of 2011. Mass spectroscopy project for Hb. variant identification was completed in 2010 and introduced into the routine service in 2011.

## 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 mutation analysis of prothrombotic disorders as well as those associated with inherited bleeding disorders is part of the examination repertoire in this laboratory.

### Service developments in Coagulation 2011

Workload in the laboratory has been consistent with the previous year with more than 190,000 tests analysed in 2011 (160,000 tests in routine coagulation and 30,000 tests in NCHCD). Within the NCHCD, analyses were carried out for 65 different locations throughout Ireland as well as for the NCHCD and St. James's Hospital. Sample referrals from external agencies accounted for 70% of the investigations carried out for thrombophilia disorders and 30% of the investigations for bleeding disorders.

A number of undergraduate and postgraduate research projects were undertaken including the evaluation of an automated analyser for investigation of platelet function disorders, investigation of a novel mutation mechanism, and the establishment of a method for the measurement of the quantity and quality of Von Willebrand Factor in platelets.

An external audit of the coagulation laboratory service was conducted by the UK Haemophilia Centre Doctors Organisation (UKHCDO) in September 2011 as part of the audit of the NCHCD.

### Cryobiology Laboratory Service 2011

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 is the laboratory component of 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. In 2011 the Laboratory went to an extended day: 8am to 8pm. This extended day is service driven, and has facilitated the same day processing of afternoon and large volume peripheral blood stem cell harvests, and a large increase in workload.

A total of 80 allogeneic bone marrow and aphaeresis products units were harvested and processed in 2011. A total number of 111 autologous PBSC products were processed and 121 autologous products infused. The total number of laboratory procedures was 935. This is a 21.5% increase on 2010. This increase is due to the increase in autologous PBSC workload referred from Cork.

In 2011, sixty four allogeneic transplants were performed. 50% (n= 32) of all transplants were from volunteer unrelated donors. Collection of donated bone marrow or mobilised peripheral blood, previously made possible by staff travelling to International Collection Centres to collect the stem cells, is now performed under contract by a commercial company. The retention of highly trained staff in the laboratory is a better use of resources.

## Cancer Molecular Diagnostics

The Cancer Molecular Diagnostics (CMD) department provides a molecular testing service for the identification of acquired genetic aberrations in cancer, particularly leukaemia and lymphoma and, where appropriate, performs assessment of minimal residual disease aiding the management of patients with selected haematological malignancies. The laboratory also provides testing support for both the national adult and paediatric bone marrow transplant centres at St. James's Hospital and Our Lady's Children's Hospital respectively.

### Laboratory service

A total of 5,243 test requests were received by the CMD laboratory in 2011, an overall increase of 7% as compared to 2010. Requests from clinical centres external to St. James's contributed to 68% of the workload, highlighting the national role of the laboratory.

CMD is the central molecular laboratory for two All Ireland Co-operative Oncology Research Group (ICORG) international clinical trials monitoring response to new drugs and drug combinations used in the treatment of Chronic Myeloid Leukaemia and Chronic Lymphocytic Leukaemia.

## Research and development

Several new molecular tests were developed in 2011 that directly contribute to therapeutic decision making in patients with acute myeloid leukaemia, chronic myeloid leukaemia and lymphoma.

The laboratory maintains its international profile and quality of translational research evidenced by numerous peer-reviewed publications and presentations at national and international meetings.

The provision of new tests, allied to the existing comprehensive repertoire, is crucial to the multidisciplinary management of patients with haematological malignancies.

## 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 operates 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.

The consolidation of routine Biochemistry and Endocrinology into a large Core Biochemistry Laboratory was completed in 2011.

This consolidation leaves the Biochemistry service well placed for future changes/challenges arising from the Pathology Modernisation Process.

Major changes in work practises also took place in 2011 with the introduction of an extended working day with a routine service now provided from 08:00 – 20:00 Hours.

In 2010 the implementation of liquid chromatography tandem mass spectrometry was introduced 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, metanephrine and immunosuppressive drugs) 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 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 2011 and also presented work at national and international meetings in both poster and oral form.

Close Co-operation continues between the Biochemistry Department and the Falls, Blackout, Bone Protection and Osteoporosis Services in the hospital. The department provides a comprehensive bone biochemistry service to this unit which is the largest of its kind in the country. In 2011 approximately 5,000 bone markers, parathyroid hormone and vitamin D was analysed for the unit. These analyses are integral in both work-up and follow-up of patients on bone pharmacotherapy.

The acquisition of Mass Spectrometry to analyse vitamin D has attracted a number of research studies. At present the department is involved in two large epidemiological studies.

- **The Irish Longitudinal Study on Ageing (TILDA)** is examining all aspects of the lives of people aged 50 and over and will continue for 10 years. A total of 8,000 patients will be assessed. Bone biochemistry is a significant component of the study.
- **The Trinity College, University of Ulster and Department of Agriculture (TUDA)** study aims to create a nutritional phenotype/genotype database of 6,000 subjects on the island of Ireland (North and South) with certain age-related diseases. Again bone biochemistry is a major component of the study.

Aspects of these studies and of other research have been either published or presented in poster form at various international meetings.

After nine years of operation providing a hereditary haemochromatosis genotyping service, the Molecular Diagnostics section of the Clinical Biochemistry Department, was relocated to the new core Molecular Diagnostics facility in March 2011. The service provides interpretative reports which conform to international best practice. Haemochromatosis genotyping workload has grown steadily over the years. In 2010 workload increased by 50% over the previous year, mainly due to the inception of SLAs with additional external hospitals. Workload grew by 15% in 2011 to 1,763 requests (3,526 analyses). St. James's Hospital clinics and wards accounted for 12 % of requests, 54 % were from GPs and 38 % were from other institutions.

Having switched to genotyping assays on a semi-automated platform during 2010, an automated DNA extraction platform was introduced during 2011. These changes in technology have enabled us to bring our average TAT back down to 14 days in November 2011. Scientists from the Porphyria Section also work on porphyria genotyping in the core facility. Many small research projects have been conducted with B.Sc., M.Sc. and M.D. students over the years. During 2011, genetic assays developed in previous projects were utilised for a small number of selected patients.

### Point of Care Testing (POCT) Report

POCT use in the hospital is governed by a Hospital POCT Steering committee with co-chairs Dr. Vivion Crowley and Mr. John Gibbons. This committee met three times in 2011. A multi disciplinary LabMed POCT committee reports into the steering group and meets bi-monthly to review the management of the POCT. It met 6 times in 2011. The scope includes the following tests carried out by non laboratory staff on the wards and at clinics and includes: Glucose, Ketones, Blood Gas and Electrolyte analyses, Warfarin, HbA1c, FBCs, Pregnancy tests and Urinalysis.

A major focus in 2011 was on the introduction of the Siemens' pregnancy tests system including a meter to read and record the results. The reason for this was to eliminate operator errors leading to false results. Following the introduction of the meter in the 4th quarter of 2011 the IMB withdrew the product in December due to equivocal/false positive results on the negative control. Therefore, LabMed had to re-launch the original Inverness kit and provide training to all staff involved.

It was also decided by the committee that only high usage areas should continue to provide this POCT service and all other areas should send them to the laboratory. Such areas would need to re-apply for this POCT service if they felt there was a clinical need that the main laboratory could not meet.

Revised procedures relating to interpretation of results were issued to support clinical and POCT users particularly where an ectopic pregnancy was a possible diagnosis. Another major focus of the committee was improving the participation rates of nurses in the Glucose EQA scheme. That increased from 69% in 2010 to 86% in 2011, thanks to a lot of work by the POCT senior scientist and POCT users.

### 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 and contributes to several postgraduate taught MSc programmes and other postgraduate medical programmes. It has established a programme in immunology for medical specialist registrars and currently facilitates training towards MRCPPath. In addition, it contributes significantly to undergraduate teaching in Medicine, Biomedical Science, Clinical Microbiology, Sports Medicine and Research. It also contributes to several clinical-pathology conferences and the St. James's Hospital "Grand Rounds".

At present there are eight postgraduate students in the Immunology Department including five involved in research at PhD level and three studying for Master of Science. Research is carried out in the Institute of Molecular Medicine on the St. James's Campus and also in the diagnostic Immunology laboratory in St. James's Hospital. Research interests include: investigation of the pathogenesis of coeliac disease, and the investigation of the function of natural killer, innate natural killer T cell,  $\gamma\delta$ T and regulatory T cell function in systemic vasculitic disease, Primary Immunodeficiency and HIV infection. Research carried out in the diagnostic Immunology Laboratory includes the investigation of the molecular basis of primary immunodeficiency disorders, and translational research including intracellular staining and cellular markers used to diagnose and sub-classify the clinical disorders X-Linked -Agammaglobulinaemia, Common Variable Immunodeficiency, X-Linked-Lymphoproliferative disorder and Autoimmune Lymphoproliferative Syndrome.

The department continued to contribute to international meetings and had seventeen peer-reviewed publications as well as poster presentations at a number of international conferences last year.

### 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 cardio thoracic surgery unit.

There were 2,188 patients transfused with blood components during 2011. 11,262 units of red cells were transfused, a decrease of 5% on 2010. There were 5,311 packs of platelets transfused an increase of 8% and 3,164 packs of plasma transfused a decrease of 10%. The biggest users were haematology/oncology and cardio-thoracic surgery.

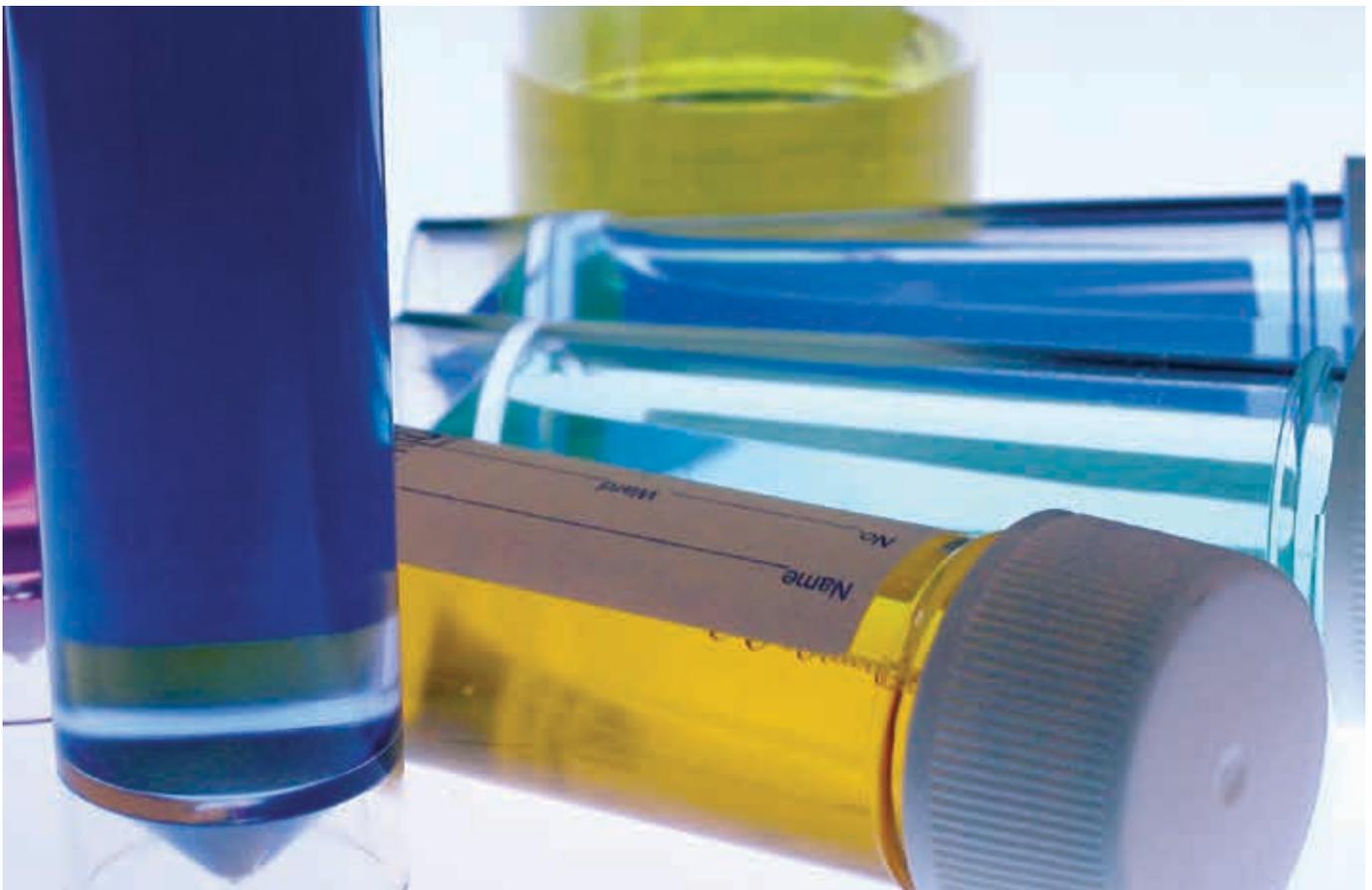
The department maintained ISO 15189 and AMLBB Accreditation in 2011 and this entailed auditing every area of the quality system and regular vertical audits of laboratory procedures, clinical processes and traceability. The Blood and Blood Product Usage Committee meets regularly and reviews the audit finding in addition to serious non conformances and advises on hospital transfusion practice.

The bedside administration module of the electronic blood tracking system was extended to include blood transfused in the Emergency Department. This system is now in operation in the Haematology/Oncology Day Centre, Denis Burkitt Ward and the Emergency Department. This tracking system,

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 84 suspected transfusion reactions which was similar to that reported in 2010. Following investigation, 36 of these were confirmed as transfusion reactions. Serious transfusion reactions and events must be reported to the National Haemovigilance Office. 19 serious reactions and 13 serious events fulfilled the criteria for reporting in 2011.

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 85% of the nurses, 100% of the interns and 21% of Senior House Officers and Registrars having evidence of transfusion practice 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.

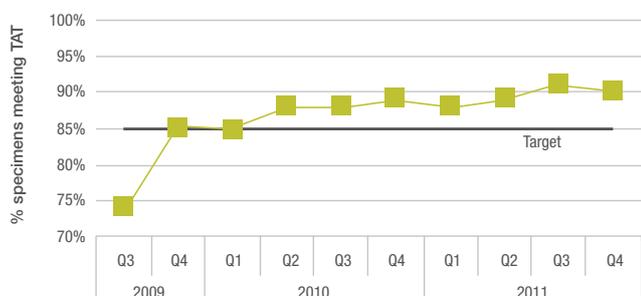
In spite of an increase in the workload in the Microbiology Laboratory in 2011 there was an improvement in TAT for all key investigations as shown in the Figure below.

#### Turn around times (TAT) for Four Key Specimens in Microbiology Q4 2011

TAT is defined as the time difference between the time the specimen is booked into Laboratory Computer Systems and the time the results is reported.

Target:  $\geq 85\%$  of specimens meet estimated TAT as outlined in Microbiology User Manual

Percentage of *C.difficile* direct toxin tests that meet the estimated turnaround time (1 day) per quarter



#### *C. difficile* direct toxin testing Q4 2011

No. of specimens tested	1483
Estimated TAT	1 day
Target	$\geq 85\%$ meet TAT
% meet TAT	96%
Compliance with Target	Yes

Percentage of MRSA Screens that meet the estimated turnaround time (3 days) per quarter



#### MRSA Screen testing Q4 2011

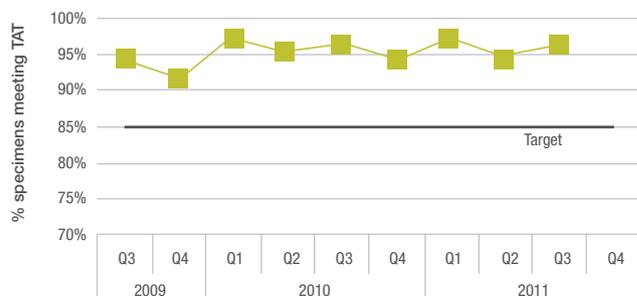
No. of specimens tested	5024
Estimated TAT	3 days
Target	$\geq 85\%$ meet TAT
% meet TAT	96%
Compliance with Target	Yes

#### Four Key Specimen TAT Measurements Q4 2011

Compliant with target:

- *C. difficile* direct toxin testing
- MRSA Screen testing
- Chlamydia/N. gonorrhoea (CTNG)
- HIV Serology testing

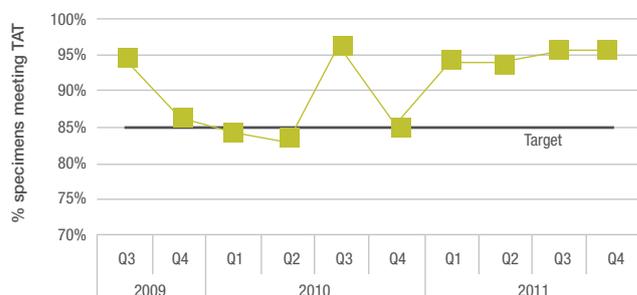
Percentage of HIV antibody tests that meet the estimated turnaround time (4 days) per quarter



#### HIV Serology testing Q4 2011

No. of specimens tested	3539
Estimated TAT	4 days
Target	$\geq 85\%$ meet TAT
% meet TAT	98%
Compliance with Target	Yes

Percentage of CTNG tests that meet the estimated turnaround time (5 days) per quarter



#### CTNG testing Q4 2011

No. of specimens tested	6680
Estimated TAT	7 days
Target	$\geq 85\%$ meet TAT
% meet TAT	96%
Compliance with Target	Yes

The laboratory has continued its work in consolidation and maximising efficiencies through the reorganisation of work systems and 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. 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, along with the Infection Control Team, plays a key role in the collection of data regarding clinical infections. This role has contributed significantly to the reduction of healthcare infections among patients attending St. James's Hospital. The laboratory also contributes significantly to national surveillance data and is involved with a number of national surveillance projects.

### Education and Research

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*, *Neisseria gonorrhoea* and *Chlamydia*, as well as CMV and influenzae viruses. The laboratory developed the molecular assay for the detection of *Helicobacter pylori* and antimicrobial resistance determinants from biopsy specimens and investigated the clinical, molecular and genetic aspects of BK virus associated disease in haematopoietic stem cell transplant recipients.

The department has a substantial commitment to education and learning with a number of staff involved in the pursuit of higher degrees including MSc and MDs.

### Infection Prevention and Control Services

The Infection Prevention and Control Services (IPCS) is part of the Clinical Microbiology department, which is under the remit of the Lab Med Directorate.

The Infection Prevention and Control Services continued in 2011 to implement programmes to embrace new National initiatives and reduce healthcare associated infection rates. There were a number of very significant challenges in 2010 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 2011 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.
- Targeted clinical practice audits.
- Involvement of the Sterilisation committee with national Decontamination audit.

### Histopathology Services

The histopathology and cytopathology department provides diagnostic services to St. James's Hospital, GPs in the greater Dublin area, the Dublin Dental Hospital and provides second review of pathology of patients referred to SJH from all over Ireland as well as consultation second opinions to other pathologists.

The workload of the department increased by 6% in both surgical pathology and cytopathology in 2011. Particular pressure was experienced in the head & neck and dermatopathology areas.

Subspecialty reporting, a unique feature of the St. James's Histopathology department, was maintained despite a turnover in consultant staff with retirements and locum positions and new appointments. Consultant pathologists participated in 10 weekly and 4 fortnightly hospital MDT meetings.

A consultant histopathologist, a new post, with interest in lung/uropathology was appointed as part of the NCCP and a replacement lead haematopathologist was appointed following a retirement.

The recently appointed consultant with an interest in molecular pathology invited Dr. Susan O Reilly to visit the laboratory and co-ordinated a very successful visit. Developments in this area included: KRAS, BRAF and EGFR mutation testing validated and introduced in a joint Histopathology CMD operation.

Further studies are underway to validate EML4/ALK FISH.

In response to submission of a tender, SJH was selected by the NCCP to provide Her2 FISH services for other hospitals.

### Other service developments

On the breast pathology service there was a switch from fine needle aspiration (FNA) to core biopsy as the principle preoperative diagnostic test, resulting in an increase in the number of breast needle core biopsies.

The introduction of multi well cassettes resulted in more efficient processing and reading of GI biopsies.

The department continued to implement the Faculty of Pathology Quality Assurance programme. Data extracts are sent to the Health Intelligence Ireland NQAIS system and we can view our departmental data.

The first Mohs micrographic surgery (MMS) unit in the Irish public health service is at SJH. The histopathology dept continues to provide the services of 2 medical laboratory scientists in the Mohs surgery suite for approximately 6 hours per week. Additional support was provided in late 2011 to reduce the waiting list.

Biobanking continued of breast and colon tumours with greater integration with other researchers from the GI and breast group. Biobanking of lung tumours re started.

The department was an examination centre for the autumn sitting of the FRCPath which was run at a London venue as “Dublin in London” in October 2011.

### Sir Patrick’s Dun’s Translational Research Laboratory

The Translational Laboratory in the Sir Patrick Duns research Laboratory has recently been refurbished with the benefit of funding by the HEA. The need for this resource was perceived by both clinicians participating in early phase drug development clinical trials, novel diagnostic and prognostic markers, as well as basic scientists with an interest in assessing the clinical relevance of their research topics.

The translational laboratory is focussed on assays geared at early diagnosis and clearer triage of patients into cohorts amenable to current or novel therapies. The aim is to provide a resource centre to serve as a liaison between investigators and industry. The Translational Laboratory supports investigators seeking to set up novel assays and trials and potentially give patients greater access to industry-developed therapies.

In addition, the laboratory has close ties with the Molecular Diagnostic lab (Cancer Molecular Diagnostics) at St. James’s and develops and optimises assays for translation to the clinical laboratory. Recognising the nationwide shortage of clinical and translational investigators, the centre also concerns itself with training, mentoring and ensuring ongoing support for the next generation of investigators.

## National Meticillin-Resistant *Staphylococcus aureus* Reference Laboratory

### Introduction

The National MRSA Reference Laboratory (NMRSARL) supports efforts to prevent and control MRSA in Ireland by providing expertise to laboratories in the correct identification of *Staphylococcus aureus* isolates, by tracking circulating strains as part of infection control, by detecting the emergence of new mechanisms of resistance to antibiotics, by screening for the presence of novel virulence factors or toxins, and by participation in research and development initiatives at home and abroad.

### Workload

#### Surveillance

During 2011, the NMRSARL characterised 226 MRSA isolates submitted as part of the European Antimicrobial Surveillance Network (EARS-Net) project and provided the HPSC with data on rates of resistance to other clinically useful antibiotics. Additional data generated from these isolates include agar screening for glycopeptide resistance and teicoplanin E-test™ macro-method determinations. The proportion of *S. aureus* isolates recovered from blood cultures in Irish hospitals that participated in the European Antimicrobial Resistance Surveillance Network (EARS-Net) exhibiting meticillin resistance has decreased during the past two years from 42% in 2006 to 24.5% in Q3, 2011<sup>1</sup>. One particular strain type, AR06, predominates among blood-stream isolates accounting for 80% of isolates investigated.

In addition to the EARS-Net project, the NMRSARL also investigated 449 isolates from hospitals through out the country which included isolates submitted for 27 different outbreak investigations. The NMRSARL continues to use molecular testing for the detection of virulence markers. In 2011, 20% of isolates (43/222) investigated for the presence of genes encoding for PVL were positive. Molecular characterisation of PVL-positive MRSA isolates confirmed that several genotypes (ST30, ST8, ST80 and ST772) were represented among these isolates.

#### Service Development

During 2011 the NMRSARL expanded its service to include the investigation of meticillin-susceptible *S. aureus* (MSSA) isolates in outbreak situations and introduced a real time PCR triplex assay for the detection of *mecA*, *nuc* and PVL and also validated an assay for the detection of the recently described novel *mecA*<sup>2</sup>.

Note 1: EARS-NET Report for Quarter 3 2011. <http://www.hpsc.ie/hpsc/A-Z/MicrobiologyAntimicrobialResistance/EuropeanAntimicrobialResistanceSurveillanceSystemEARS-NET/ReferenceandEducationalResourceMaterial/SaureusMRSA/LatestSaureusMRSAdata/File,3989,en.pdf> (Accessed 14/02/2012).

Note 2: Shore *et al.*, 2011 Antimicrob. Agents Chemother. Expand+Antimicrobial Agents and Chemotherapyaac.asm.org 2011. 55: 8; 3765-3773.

The NMRSARL also participated in a European project which involved the characterisation of selected MRSA and MSSA isolates causing blood stream infection by staphylococcal protein A (*spa*) typing. The collaboration with 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) continued.

Despite restrictions on staff and funding, NMRSARL intends to continue to meet the needs of its users in the future and also enhance the safety of patient care by on-going analysis of strains of MRSA. In addition, NMRSARL aims to enhance services by further investigation of infection caused by MSSA strains as MSSA can cause the same serious illness as those caused by MRSA.

## Irish Mycobacteria Reference Laboratory (IMRL)

### Introduction

The IMRL performed a specimen and culture referral service for TB culture to 15 hospitals throughout the country. This is an increase of 3 over 2009.

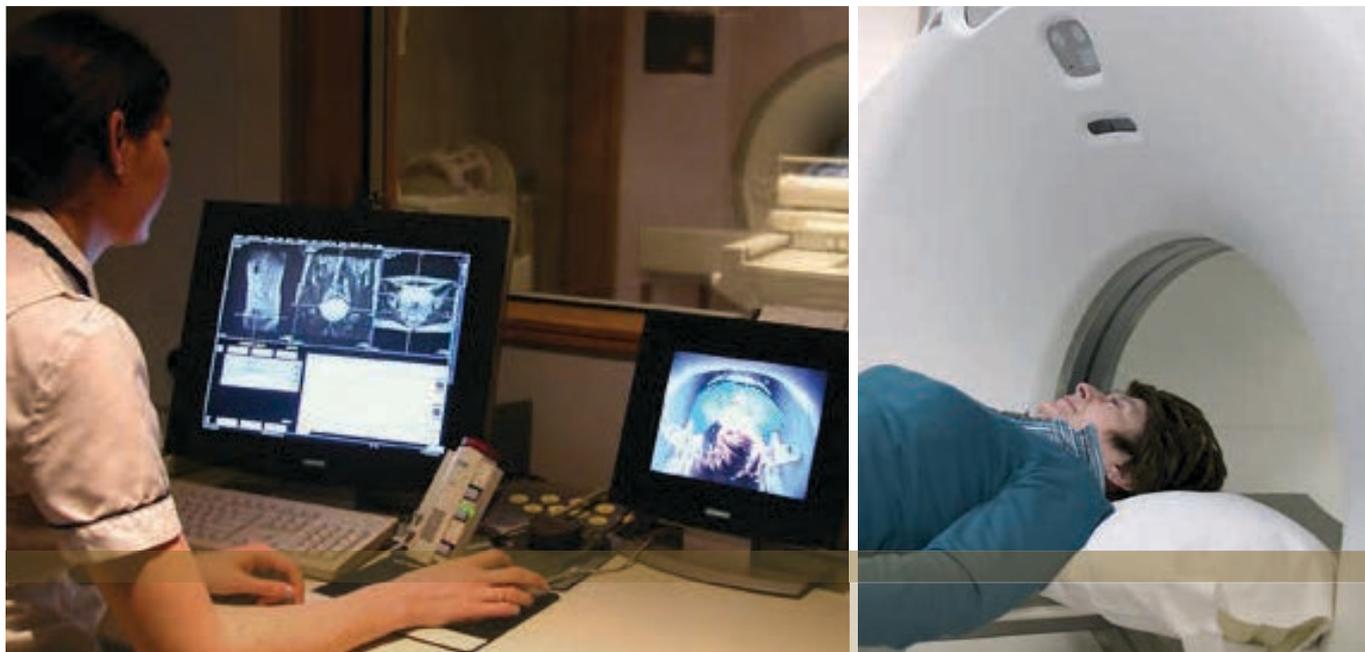
### Workload

2011 specimen workload remained constant with previous years with approximately 6,000 specimens cultured. There were 246 cultures referred to the laboratory for identification and susceptibility testing. This is an increase of 17% on 2009 and 65% increase on 2008. There were 225 isolates of *M.tuberculosis* typed by 24 MIRU/VNTR typing.

### Service Developments

- The Waterford Regional Hospital microbiology department became a service user of the IMRL for identification, susceptibility testing and typing of *M.tuberculosis* isolates along with identification of Non Tuberculous Mycobacteria.
- Galway University Hospital submitted “Difficult” isolates of *M.tuberculosis* for confirmatory susceptibility testing.
- Negotiations with Becton Dickinson were concluded for the introduction of the MGIT 960 Growth Detection system for Mycobacteria spp. into the IMRL. Validation was completed in 2011.
- The IMRL prepared for and received a renewal of its Accreditation status by CPA UK Ltd.
- A lean exercise was completed on the workflow of positive cultures through the laboratory and the findings were adopted.
- A new panel of Quality Controls was introduced via INSTAND and the ERLN.

# DiagIm Directorate



Prof. Mary Keogan  
Clinical Director

Ms. Sandra Dobrei  
Clinical Nurse Manager

Ms. Suzanne Dennan  
Radiographic Services Manager

Mr. Brendan O'Hagan  
Business Manager (A)

## 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 2011

### New Appointments

#### Dr. Grainne Govender

The diagnostic imaging directorate is delighted to welcome Dr. Grainne Govender as our newest consultant. Dr. Govender's specialty is in general and molecular oncologic imaging. Before joining St. James's she completed fellowships in Memorial Sloan Kettering in New York and with Harvard medical school. Prior to that her general radiology training took place in Tallaght Hospital. In St. James's, Dr. Govender has joined the radiology imaging teams focussing on Lung cancer, Urology and Lymphoma imaging.

#### Dr. Peter Beddy

Dr. Beddy is a graduate of Trinity College Dublin and completed his radiology specialist training in St. James's Hospital. He then moved to Cambridge to do a fellowship in chest imaging in Addenbrookes and Papworth Hospitals. He subsequently completed a fellowship in body imaging in the Beth Israel Deaconess Medical Center in Boston. Dr. Beddy has a particular interest in ultrasound, MRI and image guided procedures. He also supports the Lung and Urology MDT. His appointment has been crucial in increasing the capacity of the

ultrasound department in SJH as well as the complexity of imaging and procedures performed.

**Dr. Susannah Harte**

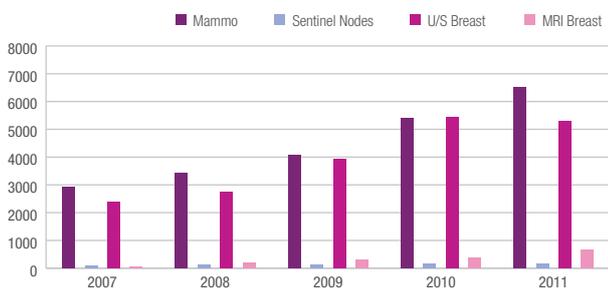
Dr. Harte is a graduate of Trinity College Dublin. She undertook her general training in St. James’s Hospital before undertaking her specialist radiology training in St Vincent’s Hospital. Suzannah completed a fellowship in breast imaging in St Vincent’s Hospital, followed by a Women’s Imaging fellowship in Toronto. Her subspecialist areas are breast and gynaecological imaging. Her appointment is critical in the further development of the symptomatic breast services at St. James’s Hospital which is a dedicated centre of excellence for breast care.

**Ultrasound Service**

The ultrasound department in St. James’s offers a wide range of imaging and interventional services to the hospital and surrounding GP catchment. In 2011, the department imaged over 17,000 patients and completed almost 2,500 procedures. Dr. Peter Beddy was appointed in August 2011 to head the department and has targeted a reduction in the GP and outpatient waiting list as a major priority. The department has received great support from the staff in radiology, referring clinicians and hospital administration to increase the capacity and maintain the high quality service. The ultrasound clinical specialist, Michelle O’Connor and her team have worked extremely hard to improve the service for patients and access for clinicians. The department has also expanded the range of imaging techniques available, including 3D pelvic imaging, sonohysterography and thyroid elastography. We hope to have contrast enhanced ultrasound available by the end of 2012.

**Breast Service**

Breast Procedures 2007-2011



Year	Mammo	Sentinel Nodes	U/S Breast	MRI Breast
2007	2926	91	2401	41
2008	3429	111	2747	192
2009	4067	129	3927	306
2010	5392	159	5439	376
2011	6508	177	5289	679

The above tables demonstrate the activity figures in the breast

imaging section of the radiology department from 2007 to 2011. Of note, mammogram numbers have increased by 222% over this four year period. There has been a similar increase in the numbers of interventional breast procedures, particularly ultrasound guided core needle biopsy. The huge 16 fold increase in breast MRI reflects the increasing role of breast MRI in local staging of breast cancer in our symptomatic population and the important development of the SJH breast unit in the assessment of patients with a familial risk of breast cancer.

**Fund Raising**

As part of the concerted effort to improve the patient experience within breast imaging, a new breast care waiting room within radiology was refurbished and equipped with a large patient friendly flat screen television. This renovation was generously funded by the Marie Keating Foundation. By way of thanks, 30 SJH staff, family members and friends, took part in the 10K Great Ireland Run on an unseasonably hot 10th April 2011. The group overcame the sweltering conditions to finish the course and raise almost €4,500 for the Marie Keating Foundation.



Pictured above are Prof. Mary Keogan and Dr. Sylvia O’Keeffe presenting the cheque to members of the Marie Keating Foundation.

**Magnetic Resonance Imaging Service (MRI)**

**Installation of 2 new state-of-the-art MRI systems**



The 10-year old MRI scanner was finally replaced in early 2011 with two brand-new state-of-the-art systems. One of the systems was installed into the existing MRI bay, the other alongside it by considerable re-engineering of the waiting room and cubicles. Installation of the 2 systems was staggered to ensure continuity of clinical care and after acceptance testing and staff training on the first system, the second system was installed. By mid-May the 2 new systems were fully operational. SJH now benefits from 2 full-time clinical MRI systems which has greatly improved workflow

and waiting times. One of the scanners is largely dedicated to inpatient scanning, the other to outpatient scanning. In addition to improved access for all patients, the availability of a second scanner means that in the event of equipment malfunction that urgent work can continue unhindered on the second system, also, servicing of the scanners is performed on different days thus ensuring continuation of the service.

### Nursing – Interventional Radiology

In 2011, a trial led by the nursing management in DID, tested a wide range of new products used in Interventional Radiology. The decision to switch to the new products was made in conjunction with the IR Radiologists, Materials Management and Nursing. Replacing existing products with new ones resulted in valuable savings for the department. These savings will be redirected for the acquisition of equipment which will be used for performing new procedures in the Interventional Room.

An example of these savings is outlined below.

#### 2011 Products

Product	7 F PICC Lines	5F PICC Lines	Micropuncture Sets	Dilators
Usage	440	249	1010	160
Cost/unit €	117.00	90.13	41.28	9.39
Total cost €	51,480	22,442	41,692	1,502

#### New Products

Product	7F PICC Lines	5F PICC Lines	Micropuncture Sets	Dilators
Based on last year usage	440	249	1010	160
Cost/unit €	85	85	33.80	7.50
Total cost €	39,600	21,165	34,138	1,200

A total saving on these four products in 2012 (based on usage in 2011) is estimated to be in the region of €21,013.

### PACS/RIS/EPR

In 2011 the Phase II and III of the PACS Upgrade took place. Phase II saw the introduction of updated viewing software throughout the hospital. This facilitated faster loading of the software and images.

Phase III of the project went live, on time in April. This phase of the upgrade saw a new upgraded Radiologists viewing platform. This improved user satisfaction amongst the Radiologists as well as faster image load times.

In 2011, we introduced electronic Peer Review. This allows a Radiologist to add a peer review classification, thus enabling review in an internal Radiology Quality Assurance meeting. This is the first electronic Peer Review implemented in Ireland.

Áine Quinn, PACS Manager, presented at the ImageAware State of the Union at the Cerner Health Conference (CHC). This was the first time Cerner had invited a client to participate in this session, showcasing the developments St. James's have made in Radiology to an international audience.

### Radiography

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

The MSc in Medical Imaging with programmes in Nuclear Medicine including PET (Positron Emission Tomography), Magnetic Resonance Imaging and Radiation Safety was again presented in 2011.

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

- PET/CT course for Radiographers.
- Ultrasound course for Radiographers.
- CT course for Radiographers.
- Clinical audit study day.
- Radiation protection for Non-Radiology Medical Practitioners and Hospital Personnel.
- Medico-legal course.
- IV skills training for Radiographers.

In 2011, Laura Kenny was permanently appointed to the position of Deputy Radiographic Services Manager. Laura completed her undergraduate training at University College Dublin and postgraduate training in Magnetic Resonance Imaging at Trinity College Dublin. Laura was previously employed as Superintendent Radiographer at St. James's Hospital.

#### Comparable Activity Analysis by Modalities

Imaging Modality	2010	2011	Variance
General Radiology + Max Fax	116,210	117,427	1%
G.I. (including IVP)	1,532	1,534	0%
Mammography	5,392	6,508	21%
Ultrasound	16,888	18,586	7%
C.T.	25,442	28,203	11%
Interventional Radiology: Therapeutic	2,821	3,245	15%
Interventional Radiology: Diagnostic	458	418	-9%
Nuclear Medicine	4,065	5,201	28%
M.R.I	5,156	7,044	37%
PET/CT **	9,488	10,361	9%
<b>Totals</b>	<b>187,456</b>	<b>198,527</b>	<b>6%</b>

\*\* This is a weighted figure, actual raw number of PET/CT's = 2,541

# ORIAN Directorate



Dr. Nikolay Nikolov  
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, the Day Surgery Unit, Endovascular and LASER Units and Sterile Supplies, providing anaesthesia, theatre, critical care, pain medicine and sterilisation services for the hospital.

## Developments in 2011

At the start of 2011 Dr. Nikolay Nikolov took over from Dr. Carl Fagan as clinical director.

The Nursing facilitators set up an elearning hub on the HSEland website to support ongoing education for all staff. This includes reference materials and elearning programmes e.g. ABG analysis and mechanical ventilation.

The Intellivue Clinical Information Portfolio (ICIP) was introduced in ICU in February replacing the Carevue documentation System. ICIP was launched successfully in HDU in September 2011.

A programme to support Anaesthetic/Recovery nurses in the care of a ventilated patient was developed. Six theatre nurses successfully completed the six month programme which included lectures and self directed learning along with spending two days each working with ICU staff caring for a ventilated patient.

- 263 people completed the ALERT™ course.
- 11 staff completed the foundation course in Intensive Care Nursing.
- 6 candidates completed Post Graduate Diploma in Intensive Care Nursing.

### Structural Developments 2011

The five bed ICU unit was insulated providing a more comfortable environment for patients and staff.

An air conditioning unit was installed in the ‘ABG Room’ which houses the two ABG machines, blood products and parenteral nutrition fridges to maintain an ambient temperature for safe operation of this equipment.

### 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 2,807 endoscope reprocessing episodes. In 2011 there were 8,923 procedures performed in the main theatre suite, 6,823 elective and 2,100 emergencies. This represents a 3% increase on the throughput in 2010.

88 procedures were performed in the Burns Theatre and 198 procedures in the Endovascular Theatre.

### 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.

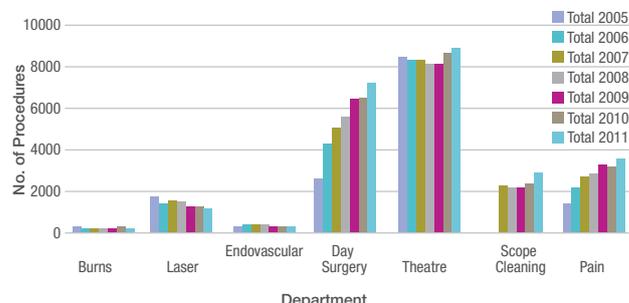
The Day Surgery Centre provides services for patients undergoing day surgery procedures under general, regional or local anaesthesia for General Surgery, Plastic Surgery, Gynaecology, Urology, E.N.T., Orthopaedics, Maxillo/Facial, Vascular Surgery, Pain Management, Cardiology Dermatology and Bone Marrow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

The anaesthetic pre-assessment service is Clinical Nurse Specialist lead under the direction of a Consultant Anaesthetist. Patients requiring General Anaesthesia are Pre-Assessed, ensuring appropriate socially and medically optimised patients for ambulatory surgery, reducing cancellations on the day of surgery.

There were 7,218 attendances in the Day Surgery Centre during 2011. This is an 11% increase on the throughput in 2010. At the end of 2011 waiting lists achieved a 6 month waiting period.

CNM 1 M O Hara who worked for long period within the ORIAN Directorate initially in HDU and then Day Surgery, retired at end the December.

### Orian Activity



### ICU and HDU

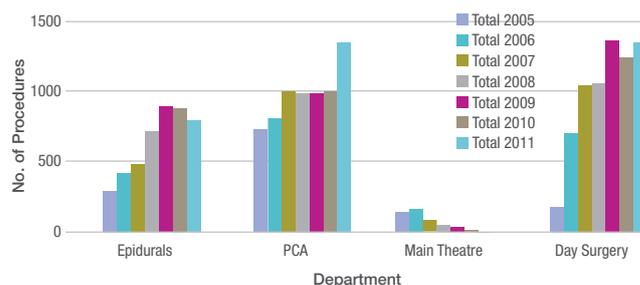
The 16 Bed ICU had a bed occupancy of 98%. There were 836 admissions (AVLOS 6.80). The 4 bed HDU had 527 admissions. The department strives to roster two consultants in intensive care daily.

Both ICU and HDU provide medical care for critically ill patients with potentially reversible conditions requiring organ support.

### 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 1,716 in 2011.

### Activity Pain Management



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 Laser unit is an outpatient service co-ordinated by a CNS for Plastic Surgery and Dermatology consultants and provided 1089 treatments in 2011.



The Unit houses four laser machines for the treatment of certain skin conditions and the CNS is the primary operator. The Cynosure Q-Switched Nd Yag/KTP has replaced the Ruby laser and one of the pulsed dye lasers (Sptl-1) has been decommissioned. A new machine for cooling by chilled-air was also purchased called Smart cool.

Mr. Odhran Shelley joined the plastic surgery laser team when Mr. Denis Lawlor retired.

One staff nurse completed the 6 week competency based programme which offers expertise in laser therapy.

The various laser machines are used to treat the following conditions:

- VBeam Pulsed Dye Laser targets vascular lesions such as birthmarks, portwine stains, keloid scars, etc.
- Alexandrite Gentlelase laser targets melanin in hair and some deeper haemangiomas.
- Q-Switched NdYag(1064) selectively targets ink particles in Post Traumatic and Post Radiation Tattoos and KTP(532) targets melanin in pigmented lesions.
- CO<sup>2</sup> Laser is used for keratotic lesions, some superficial basal cell carcinoma and Bowen's disease and is operated by consultant only.

### Hospital Sterile Services

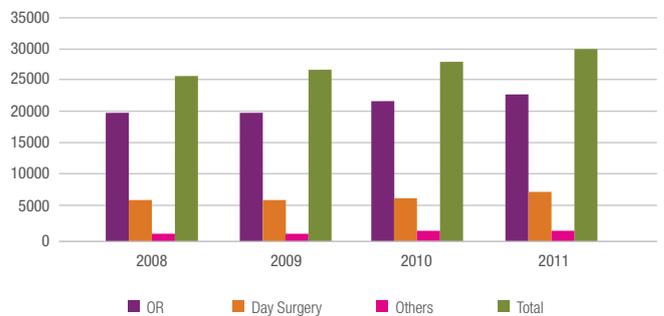
The HSSU went live with a new surgical instrument set tracking and traceability system in July 2011.

The department was the pilot site for a HSE funded national tracking project and is the first hospital in the country to have this level of tracking and traceability through all decontamination processes. It also includes an electronic link between individual patient data and surgical instrument sets used.

The HSSU has also created a link between its washer/ disinfectors, sterilisers and the tracking system to give a detailed level of quality assurance. This makes the system the most integrated of its kind in Europe.

The department continued to see an increase in its workload through 2011 having decontaminated 30,021 sets of surgical instruments over the 12 months. This represents a 17% increase on the workload in 2008.

HSSU Workload 2008 to 2011



# SCOPe



**Ms. Philomena Flood**  
Manager

**Ms. Patricia Reilly**  
Administrator

**Ms. Gina O'Donohue**  
Speech and Language Therapy Head of Department

**Ms. Siobhan Nunn**  
Medical Social Work Head of Department

**Ms. Sandra Brady**  
Clinical Nutrition Head of Department

**Ms. Aoife O'Gorman**  
Occupational Therapy Head of Department

**Ms. Niamh Murphy**  
Physiotherapy Head of Department

## Introduction

SCOPe encompasses Speech and Language Therapy, Medical Social Work, Clinical Nutrition, Occupational Therapy and Physiotherapy and e for excellence.

## New Developments/Quality Initiatives

- A SCOPe Staff satisfaction survey took place in June 2011.
- A SCOPe User satisfaction survey took place in November 2011. This survey was circulated to all CNMs in the hospital.
- From September 2011 the Executive Group now circulate a monthly bulletin to keep staff better informed of issues within SCOPe.
- SCOPe commenced an Interdisciplinary Learning for Students Team Based Performance Management.
- SCOPe Executive identified Key Performance Area that they now report on in the SCOPe Service Plan.
- An integrated multi-disciplinary group comprising hospital and community staff working in stroke care was initiated.
- Physiotherapy and Occupational Therapy completed a four month audit of acute stroke admissions which demonstrated the need for an early supported discharge team for stroke at St. James's Hospital.

## Clinical Nutrition

### Service Trends

Activity levels per whole time equivalent were maintained in 2011. Rates of non-attendance at outpatient clinics fell by 2% in comparison to 2010.

### New Developments/Quality Initiatives

- CN and SLT introduced new standardised terminology for modified consistency diets and fluids to the hospital in April based on the consensus document developed jointly by Irish Nutrition & Dietetic Institute (INDI) and Irish Association of Speech & Language Therapists (IASLT).
- As part of the Hospital 4 Catering committee, CN and SLT worked to develop a 'fresh serve' weekly menu and pictorial resources for residents to improve choice and ease of interpretation.
- A strong department focus on research and audit was maintained to drive service improvements in many clinical areas including IBD, COPD, Stroke, Oncology and Surgery.
- Over 50 patients were recruited in 2011 to a follow up clinical trial to investigate the long term effects of prolonged EPA-enriched enteral nutrition on body composition, physical activity, immune function and quality of life in patients undergoing oesophagectomy.
- Peri-operative fasting practices for elective colorectal cancer patients in SJH were audited, with results presented at the 4th annual multi-disciplinary research, clinical audit and quality improvement seminar. CN was also involved in the development of an Enhanced Recovery after Surgery (ERAS) programme with other members of the colorectal multidisciplinary team.
- Increased numbers of patients were educated by CN in Diabetes on the use of carbohydrate counting methods as part of their insulin pump therapy. Training workshops were held on this topic by CN staff at the Innovation in Diabetes Treatment seminar.
- CN participated in an International Nutrition Survey in ICU. This benchmarked practice against the Canadian clinical practice guidelines for nutrition support in mechanically ventilated, critically ill adult patients.

### Education/Continuous Professional Development

- 3 undergraduate students of BSc (Hons) Human Nutrition & Dietetics completed their clinical practice placement. A paired placement training model was piloted for this group.
- Laura Healy (Senior Clinical Nutritionist) completed her PhD on Obesity and Cancer.
- Claire Browne (CN Manager) completed her MA in Healthcare Management.

- Clinical nutritionists working in oncology and surgery attended a 2-day Psycho-oncology Course in September.
- Four staff members attended training in non-managerial practice supervision.

## Medical Social Work

### Service Trends

The complexity of work within the Medical Social Work Department has increased as a result of stress on patients and families due to unemployment and debt, combined with a reduction of available resources in the community e.g. Home Care provision and medical cards.

### New Developments/Quality Initiatives

- An information sheet for upper GI patients in OPD was developed, detailing the application process for medical cards. This has resulted in a reduction of delayed discharges for inpatients awaiting medical cards.
- Two 6 week peer support groups for people living with HIV were planned, developed and completed in 2011.
- A paperless patient record system is operated by medical social workers (MSW) in GUIDE alongside their colleagues.
- New Home Care guidelines were adapted within the department and education was provided to the wider hospital regarding the changes.
- Extended working hours 8am to 6pm in the emergency department were established.
- Social work input in Burns and Plastics (outpatients).
- Re-establishment of the Homeless Clinic in the Emergency Department on Wednesday mornings with Community Welfare Officer.
- Liaison with Dublin 12 Domestic Violence Service.
- Established Care to Drive scheme in July 2011 with Irish Cancer Society.
- Two Social Workers joined 'Expert Panel of the Irish Cancer Society, Medical Advisory committee on Skin Cancer and Lung Cancer.'
- Completed Team Based Performance Management exercise on "MSW Supervision." within Social Work Team.
- 37 Child Protection reports were made to Community Care during the year.

## Education/Continuous Professional Development

- Seven Social Work students had placements in MSW and one probation student.

### Courses Attended:

- MSW's attended the following training courses : Legal Issues in end of Life Care; the Marto Meo Framework of Attachment, Supporting Young Carers; Leadership and Management; Effective Communication with Patients who are dying; Cognitive Behavioural Therapy Counselling, introductory workshop; Hospice Friendly Hospitals courses ; Saor Model (Screening and Brief Interventions) for problem Alcohol Use in ED & Acute Care settings; Acquired Brain Injury and the Carer; Loss and Older People.
- Courses provided by "The Irish Association of Social Workers" Promoting the Welfare of Children of Problem Drinkers; Annual Conference "Social Workers Promoting Equality in an Unequal Society"; Tools & Techniques to Help Families and Significant Others Who Are Affected by Substance Misuse; Role of Ombudsman' & 'Freedom of Information Office for Social Workers.

## Occupational Therapy

### Service Trends

As compared with 2010, Occupational Therapy activity observed an overall increase of 4%. In particular, inpatient activity increased by 14%.

### New Developments/Quality Initiatives

- The Occupational Therapy department continued to work with the community occupational therapy in providing essential enabling equipment to 107 patients to facilitate a timely discharge home from hospital.
- Occupational Therapy worked with Dublin South City community Occupational Therapy service to develop a shared care protocol for non-acute rheumatology patients. This enables patients to be treated in the community rather than the acute setting. Discussions have taken place in order to standardise processes in Rheumatology care between St. James's Hospital, Tallaght Hospital, Harold's Cross Hospice and corresponding community care areas.
- The Occupational Therapy department implemented the HSE policy on the management of medical devices which incorporated preventative servicing and maintenance as well as staff and patient education.
- Funding was secured to purchase specialised seating, posture and pressure care equipment for the residents in Hospital Four Home from Home.

- Two new facilities were installed in Hospital 2 to improve assessment:
  - a level access shower area and enhanced space in the activities of daily living treatment area.
  - a vehicle standing frame and functional transfer equipment to facilitate rehabilitation with regard to functional mobility and performing car transfers. These were funded by the Hospital Foundation.
- The Occupational Therapy bathroom at the Robert Mayne Day Hospital was refurbished and modernised.
- Occupational Therapy acquired Snoozelan and multi-sensory equipment designed for use with people with dementia.
- A senior occupational therapist developed and published a patient education booklet to provide information post-amputation.

## Education & Training

- The department undertook a comprehensive training needs analysis with input from all staff in order to design an in-service programme.
- In the interests of preparing for state registration, the department implemented the use of continuous professional development (CPD) resources. The department also volunteered to act as a pilot site for the Association of Occupational Therapists in Ireland CPD points system.
- Professional Supervision training and refresher training was facilitated for senior staff.
- Staff attended the British Association of Hand Therapy training.
- The Clinical Specialist in Burns and Plastics implemented a competency based upper limb splinting in-service module for all staff.
- Occupational therapists completed basic, intermediate and advanced courses in posture and pressure care management.
- Staff attended external courses on visual processing, driving assessment, and assessment of motor and process skills and Association of Occupational Therapists in Ireland special advisory groups.
- The Occupational Therapy department facilitated their full quota of undergraduate placements from Trinity School of Occupational Therapy.
- Occupational Therapy staff participated in undergraduate and postgraduate training at TCD, Dublin and university of Ulster.

## Physiotherapy

### Service Trends

In 2011 25,422 out-patient physiotherapy treatments were delivered. Waiting list performance was very good with less than ten weeks wait for routine cases for ten months of the year and less than six weeks for routine cases was achieved for five months. The physiotherapy DNA rate remains consistently low. Overall activity in 2011 fell by 3%.

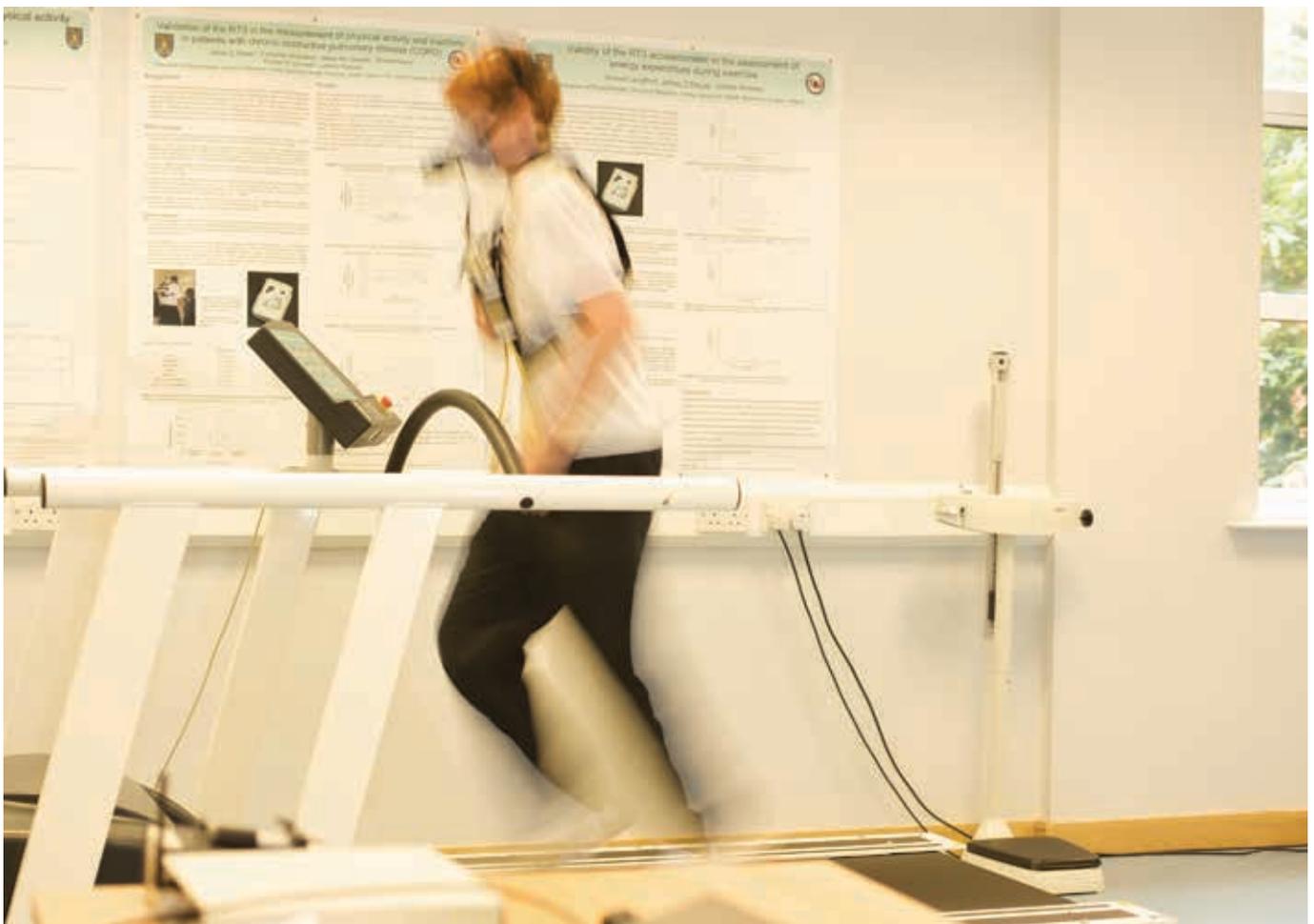
### New Developments/Quality Initiatives

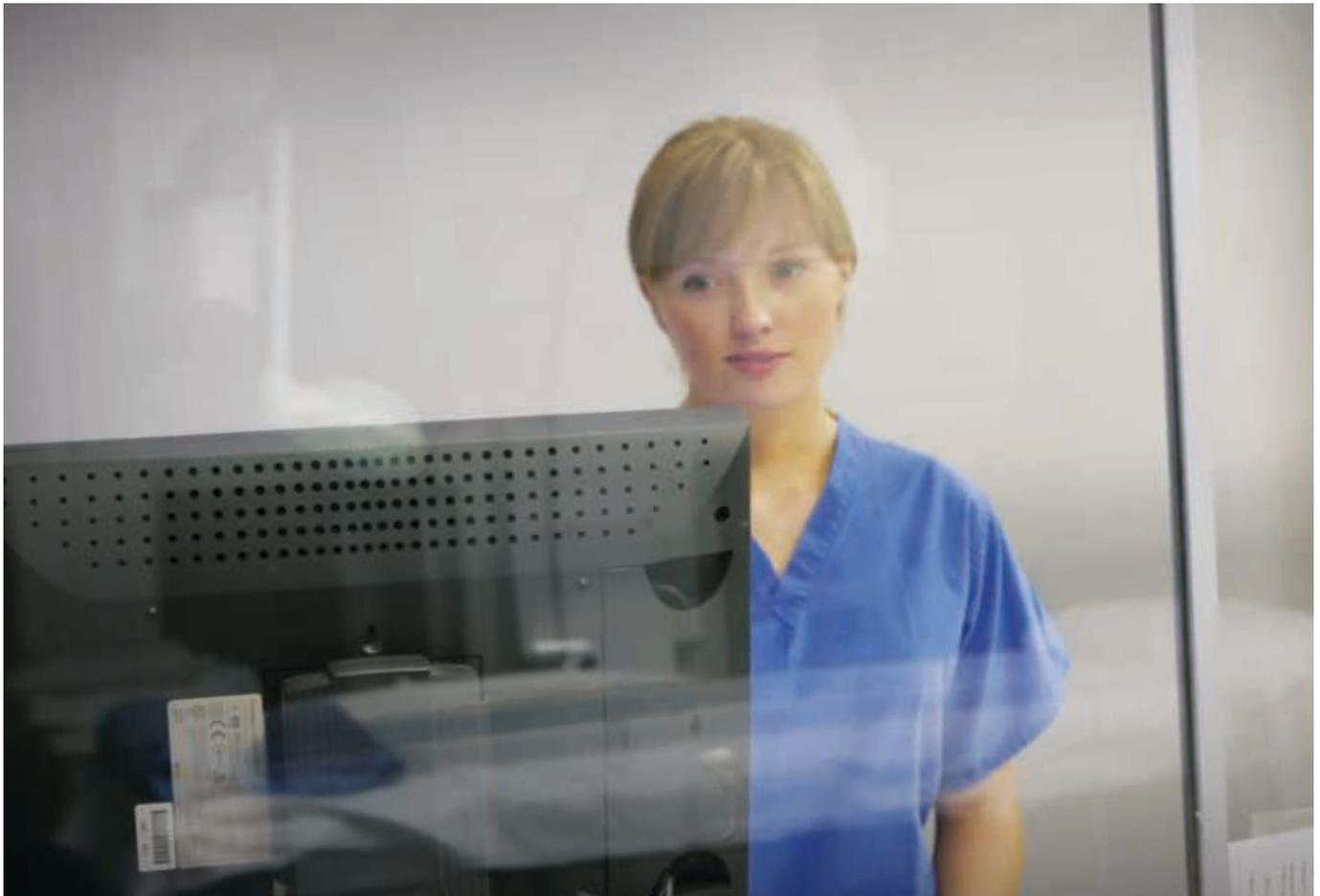
- The MS physiotherapist co-located in Rathgar MS care centre has successfully facilitated the use of the service by 430 people. This includes access to local step down beds and counselling services. This post has been funded by corporate donations since October 2010.
- A Physiotherapist now attends all fracture clinics to improve care pathways, outcomes and reduce waiting times for people with fractures.
- Clinical audits were undertaken of the physiotherapy management of wrist fractures, whiplash, ankle fractures, persistent low back pain, critical care rehabilitation, COPD, stroke, documentation, Parkinson's Disease & Falls using the latest international guidelines.

- A booklet on common orthopaedic procedures in haemophilia was developed.
- Physiotherapy assisted in the development is underway of a local radiosynovectomy service for haemophiliacs who currently have to travel to London for this procedure.

### Education/Continuous Professional Development

- Undergraduate placements were provided for 62 physiotherapy students from TCD.
- Placements were provided to Post graduate students from UCD, undergraduates from the University of Pittsburgh, Nova Scotia, Amsterdam and Queen Margaret University in Edinburgh.
- Physiotherapy staff lectured on undergraduate and post graduate physiotherapy and nursing programmes in Trinity College Dublin, University College Dublin and University of Pittsburgh.





## Speech and Language Therapy Department

### Service Trends

Total referrals to the department decreased by 5%.

Outpatient's referrals increased by 17%.

### New Developments/Quality Initiatives

- A new joint initiative involving Endotracheal Suctioning between Speech and Language Therapy, (SLT) Physiotherapy and Nursing staff focused on SLT's development of practical skills in endotracheal suctioning. This is the first initiative of its kind in the Republic of Ireland.
- Team Based Performance Management- SLT and Clinical Nutrition rolled out the national descriptors for modified food and fluids to SJH. This project also included an audit of departmental practices on documentation. An e-learning programme was developed for the education of nursing staff and care assistants on modified food and fluids in St. James's Hospital.
- A joint initiative between SLT, Clinical Nutrition and Catering to improve communication has been established. An online spreadsheet was devised which facilitates the reporting of any issues that arise on the wards in relation to patients meals.
- Reporting of videofluoroscopy unit (VFU) analysis has gone paperless. Each full report is now saved on the EPR system for easier access by all the MDT members.
- Staff in general medicine/surgery commenced an audit on swallowing impairment post oesophagectomy. This looks at the 'Incidence of oro-pharyngeal dysphagia in patients post 2 and 3 stage Oesophagectomy'.
- New communication boards have been sourced and introduced in ICU and throughout the hospital for tracheostomy patients. These will assist patients who find it difficult to communicate orally post tracheostomy.
- Medical procedure leaflets were introduced on all MedEI wards to improve accessibility of information for patients with communication impairment going for common medical procedures.
- A FEES service (Fibreoptic endoscopic evaluation of swallow) to provide objective assessment of patients presenting with dysphagia was established in conjunction with ENT utilising funding from stroke to purchase the fibre optic equipment.
- Re-establishment of the joint Stroboscopy Clinic to enable assessment of patients with dysphonia.

**Education/Continuous Development**

- Attendances at CPD courses and study days in the areas of cervical auscultation, radiation therapy, end of life and professional supervision for both basic and senior level staff.
- The department hosted the national 'Neurology network for SLTs.
- Ongoing dysphagia education at ward level on current best practice for modified food and fluids.
- MedEl senior attended Talking Mats tutor course which allows for other department and MDT members to be trained in this communication approach.
- Senior Therapists in Head and Neck Cancer successfully ran SVR (Surgical Voice Restoration) Course in March 2011 to train/educate SLTs (nationally) working with laryngectomy patients.
- Lecture outlining the role of the SLT was provided to Dental Postgraduate Students.
- Ongoing provision of training and education for the Basic Grade SLT Head and Neck Cancer rotation.
- Ongoing joint SLT/DIT research on 'augmented control of mobility aids and prosthesis' aimed at enhancing communicative ability for laryngectomy patients.
- Two therapist's attended Lee Silverman Voice training course in February 2011 and have been certified to use this approach for the treatment of dysarthria in Parkinson's disease and other neurological conditions.
- SLT Practice Tutor was involved in the following projects:
  - A pilot project 'Teleobs' with University of Limerick. This project involved the use of videoconferencing to present a clinical case to students followed by a viva between Practice Tutor and students.
  - Connect Conversation programme with TCD students involving tutorials onsite.

# Pharmacy Department



Mrs. Veronica Treacy  
Director of Pharmacy 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. We compound chemotherapy in our Aseptics Unit, provide medicines information advise to health care professionals in St. James's, outpatient dispensing to Hospital 5 and education and training for both patients and clinical staff. The Pharmacy Department supplies pharmaceutical services both products and staff to St. Luke's Hospital and Our Lady's Hospice. Each pharmacy department is now registered with the Pharmaceutical Society of Ireland, under the Pharmacy Act requirements of 2007.

## Summary of the main achievements in 2011

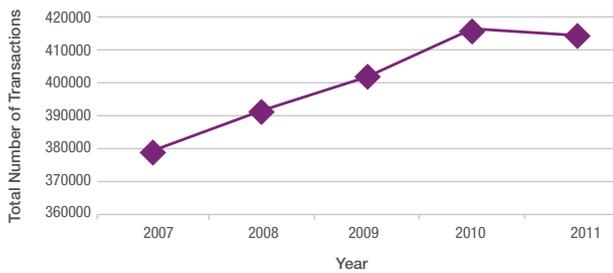
- Completion and Launch of the Prescriber's Guide 2011.
- Financial savings on the cost of medicines.
- Implementation of New Guidance on Sourcing, Storage and Disposal of medicines in pharmacies. (Pharmaceutical Society of Ireland, May 2011).
- New Integrated planner in collaboration with IMS and Nursing staff for the management of work processes, including scheduling and delivery of chemotherapy to Haematology/Oncology day patients.

### Dispensary and Distribution Services

The Dispensary continued to provide the top-up service to the Hospital in 2011.

The Hospital's drugs spend was 3% lower than in 2010, while the volume of drugs dispensed remained at similar level.

Cumulative Total Number of Transactions 2007 – 2011



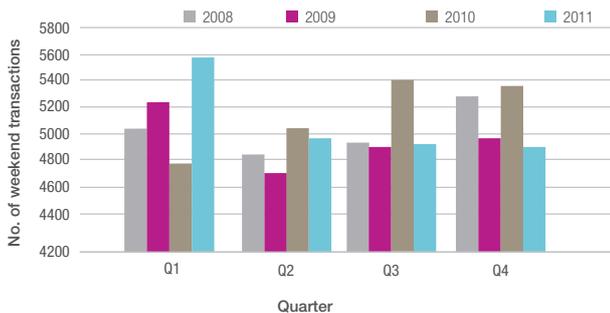
In May 2011 the Pharmaceutical Society of Ireland issued Guidelines on the sourcing, storage and disposal of medicinal products. To comply with this guidance, all dispensary and distribution SOPs were reviewed and updated. Additional checks were put in place to confirm the authenticity of suppliers and appropriate authorisation of all medicinal products. Storage of all products and chemicals was assessed and room temperature and humidity loggers introduced, and waste (particularly controlled drug waste) disposal procedures were modified.

Minor projects undertaken during 2011 included:

- Audit of Solpadeine® usage.
- Roll-out of the online pharmacy non-drug ordering system .
- Review of safety of extemporaneous products and processes.
- Audit of weekend ordering patterns.

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 2011, similar to 2010, it represented 5% of the total activity of 415027 transactions.

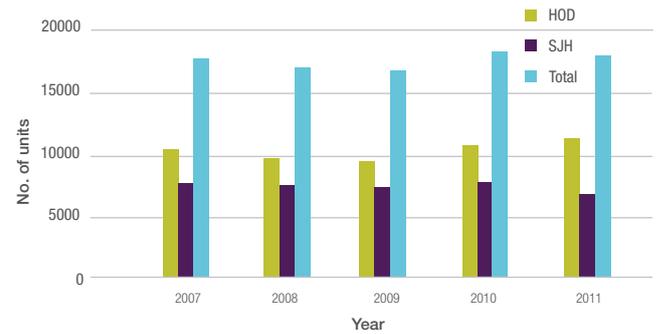
Number of weekend transactions 2008 – 2011



### Aseptic Compounding Services

The Aseptic Compounding Unit (ACU) 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. There has been an increase in the number of items dispensed for haematology/oncology day ward patients.

ACU production 2007–2011



In 2011 the main achievements in the ACU were:

1. The development of an internal audit system for the ACU. A risk based audit approach was selected and developed for one area of the production process. The audit was completed in July 2011 and the audit findings have been implemented. It is planned to expand the audit process to other areas of the production process in 2012.
2. The completion of a review on the quality systems around dispatch to the chemotherapy wards. The review resulted in a number of changes to the ACU dispatch procedures.
3. The initiation and development of weekly staff training sessions. Issues covered in these sessions include feedback on the trends identified in quality management reports and general training on ACU procedures.
4. Further development of ACU staff reaccreditation processes with one on one follow up with the ACU Chief II Pharmacist.
5. Review and development of the on-call (emergency) compounding procedures and the introduction of mandatory annual training sessions for pharmacists participating in the on-call service.
6. The development and implementation of an integrated planner system for the management of work processes in the care of the haematology/oncology day (HOD) ward patients. This work was completed in collaboration with IMS, HOD nursing staff and clinical pharmacists.

### Clinical Pharmacy Services 2011

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

- Conducting daily patient visits to ensure drug supply and prescription review.
- Prescriber's Guide 2011 published.
- Involvement in consultant-led ward rounds in some specialist areas.
- Development of Insulin E-learning modules for medical and nursing staff covering the prescribing and administration of insulin.
- Further development of the Medicines Reconciliation process continued in 2011. The redesign of the SJH inpatient drug kardex incorporates a specific section for the documentation of Medicines Reconciliation at admission.
- New Diabetes perioperative guidelines introduced plus redesign of insulin inpatient kardex with Medication safety facilitator.
- Educating inpatients (and outpatients when appropriate) about medication prior to discharge.
- Strategies to enhance VTE prophylaxis prescribing continued in 2011. The Pharmacy Department led the development of a specific section in the inpatient drug chart with preprinted alert and guidelines for VTE medical prophylaxis. The impact of the preprinted guidelines on the drug chart was audited in August 2011. Appropriate prescribing of VTE prophylaxis for medical inpatients had increased significantly since 2009.
- Provision of medication record cards and patient information leaflets to enhance compliance with complex medication regimens. Liaising with Community Pharmacists to ensure that supply problems do not arise on discharge.
- Continued involvement in clinical trials in MedEl directorate.
- Updated intravenous drug administration monographs were also added over the course of the year.

### HOPE Clinical Pharmacy Services

We consolidated enhancements introduced in 2010; the multi-disciplinary medication safety group continues to meet, structured training of new registrars has been well received.

Research by HOPE Clinical Pharmacy team members will be presented at an international conference in May 2012. The two research projects covered Chemotherapy dosing in obese patients and Good Clinical Practice compliance in clinical trials.

The ongoing projects of Chemotherapy prescribing protocols continue as does development of pre-printed chemotherapy prescriptions. Clinical trial activity continues with new drug entities and treatments. These are part of a national and international cancer clinical trial programme.

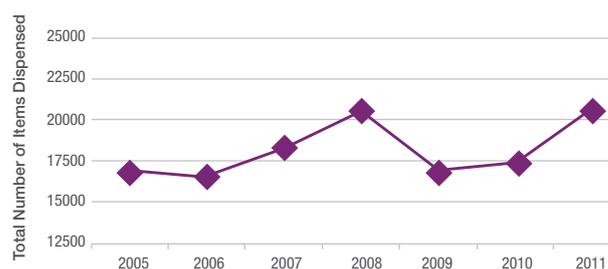
### GUIDe Services

The GUIDe pharmacy, an onsite satellite pharmacy, continues to be the largest provider of medications to HIV positive patients in the Irish Republic.

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 resulted in a significantly larger number of patients now receiving ART and other related HIV medications from the GUIDe pharmacy.

This increase in volume of medications dispensed to outpatients is outlined in the graph below with the GUIDe pharmacy seeing an increase by 19% over 2010.

Cumulative total number of items dispensed 2005 – 2011



The GUIDe pharmacy team played a pivotal role in 2011 in the introduction of a new online electronic prescribing system for both the sexual health out patients and HIV outpatients with an aim to improve compliance with prescription writing standards and reduce errors as notes and current medications will be accessible at all times.

In addition our clinical trial involvement continues and our team continue to provide a clinical pharmacy service to all HIV positive inpatients as is outlined in the clinical pharmacy services section.

### MSc. in Hospital Pharmacy

The M.Sc. in Hospital Pharmacy is a biennial practice-based course with a research project. It is designed to optimise the knowledge and skills of hospital pharmacists, enabling them to contribute positively to patient care in all aspects of medicines management. It 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/TCD. The course aims to provide experience in all areas of hospital pharmacy including clinical pharmacy, dispensary and drug distribution, administration and management, aseptic compounding and medicines information. Nine students successfully completed the programme in December 2011.

### 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 2011:

- Aisling Hickey & Sinead Smith-MSc in Hospital Pharmacy TCD.
- Aileen Ryan (gold medal) & Edel O'Dea – MSc in Clinical Pharmacy UCC.
- Aoife Meade, Mairead Cullen & Sarah Moloney -MPharm, RCSI.

### MSc Thesis

- Potentially inappropriate prescribing in older hospitalised patients – the impact of the STOPP/START criteria on prescribing appropriateness and an evaluation of the setting in which this screening tool is applied -a pilot study. Aileen Ryan.
- The development of an e learning module on the prescribing and administration of insulin, for junior medical and nursing staff in St. James's Hospital. Aisling Hickey.
- Investigation of the QTc interval prolongation in the presence of risk factors, in HIV infected patients, treated with atazanavir in St. James's Hospital – Edel O'Dea.
- The development and evaluation of an internal Audit Approach for Aseptic Compounding Unit in St. James's Hospital-Sinead Smith.

### Intern Project

- Strategies to improve VTE prescribing for medical inpatients-Aoife Meade.
- A review of Parkinson's medication management at therapy initiation and transitions of care in hospital inpatients- Sarah Moloney.
- An audit of the Advanced Production Process and Quality system for re-using returned products in an aseptic compounding unit-Mairead Cullen.

The above projects add value to the Pharmacy and the hospital and ensure that we are keeping up to date and implementing the latest evidence based research.

The Pharmacy Department members have been invited because of their expertise to a number of National Committees including the Department of Health Medication Safety Forum for Developing guidelines for Hospital Aseptic Services Aisling Collins.

The Pharmaceutical Society of Ireland Steering Group on baseline survey on Hospital Pharmacy Services – Veronica Treacy.

National HSE Advisory group on Medication safety – Eileen Relihan.

# National Medicines Information Centre (NMIC)



**Claudine Hughes**  
Chief II Pharmacist

**Dr. Mary Teeling/Dr. Mary Jo MacAvin**  
Medical Advisers

**Dr. Michael Barry**  
Medical Director

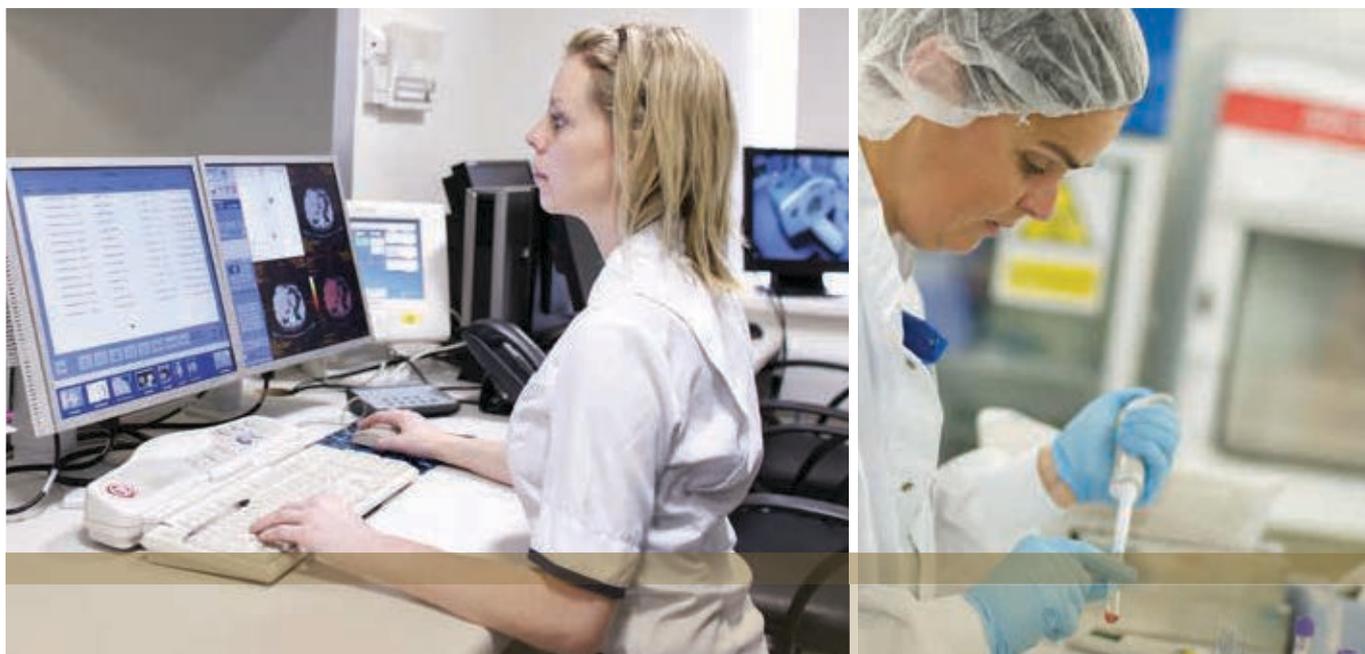
The NMIC provides information on any aspect of drug therapy to healthcare practitioners in Ireland.

In 2011, over 75% of enquiries to the NMIC enquiry answering service originated from primary care, with information in relation to administration/dose of medicines, drug interactions, choice of therapy 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 2011 (Vol.17) included Management of Dementia, Stroke, Update on Helicobacter Pylori Infection, Hypertension and Diabetes Mellitus. All NMIC publications are circulated to doctors and pharmacists nationwide and are available on [www.nmic.ie](http://www.nmic.ie)

The NMIC has continued to provide information support to agencies such as the HSE and to work with the Royal College of Physicians in Ireland in delivering training on safe prescribing, as part of the NCHD general professional training programme. In addition, a number of educational meetings on therapeutics and safe prescribing were delivered throughout the year to General Practitioners, General Practitioner trainees, NCHDs, undergraduate medical students, Pharmacists and Nurse Prescribers.

# Medical Physics and Bioengineering



Prof. Neil O'Hare  
Head of Department

Dr. Geraldine O' Reilly  
Deputy Head of Department

Mr. John O'Meara  
Chief Technician

## Introduction

The Medical Physics and Bioengineering Department's team of physicists, technicians and engineers draw on a broad skill base to provide St. James's with services in equipment management, clinical support, project management and safety. Operationally the department works in groups specialising in imaging technology, sterile services, optical/endoscopic systems, and critical care and general medical equipment. The Department also provides Quality Assurance and 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 4,200 assets with a capital value of approx. €54m and an annual support budget of just over €2m. In 2010, approximately 5,400 calls were answered in relation to the support of this asset base, an increase of 6% over the previous year.
- Departmental members continued to have involvements in many national and international committees and projects. Such involvement is strongly supported by the department. Examples included:
  - Project Lead – National Integrated Medical Imaging System (NIMIS) Project (HSE);



- Irish Expert on Article 31 Group, advisory group to the European Commission on radiation safety. Group has drafted the revised and recast Directives on radiation safety for workers, patients and members of the public;
- Member of Ionising Radiation Advisory Committee (IRAC)-advisory committee to Radiological Protection Institute of Ireland (RPII);
- Consultant to International Atomic Energy Agency (IAEA) on development of Radiation Safety Guide on Justification;
- Committee member of the Medical Physics Group of the Institute of Physics;
- 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;
- Project Board member on National Client Index Project (HSE);
- Input into revision of European Commission publication Radiation Protection 91;
- Membership of the Irish Association of Physicists in Medicine (IAPM) Executive Committee;

- Two members on the HSE committee responsible for drafting Quality Assurance and Performance Criteria for Radiological and Nuclear Medicine Installations;
- Membership of HSE Medical Physics Expert in Dentistry Subgroup;
- Advisors to HSE Procurement in relation to purchasing electromedical equipment.
- Assessor for the Institute of Engineer's "Chartered Engineer" qualification.

### Education/Training Activities

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

- Co-ordinated and delivered the MSc Physical Sciences in Medicine (TCD);
- Provision of 2-month IAEA fellowship training to fellow from Sudan.
- 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.

- Facilitated a number of work experience placements including extended placements of third year students from DIT and DCU.
  - Provision of lectures to National Endoscopy Nurses Course, co-ordinated by TCD, SJH & An Bord Altranais.
  - Provision of lectures to An Bord Altranais/HSE course- Nurse Authority to Prescribe Ionising Radiation.
  - Invited speaker at the following conferences/workshops:
    - Advanced Quality Assurance in PET-CT Training, European Association of Nuclear Medicine.
    - World Healthcare Conference (Brussels).
    - British Institute of Radiology (London).
  - Coordination and delivery of Medical Imaging Module for MSc Health Informatics, TCD.
  - Provided a number of Radiation Protection courses for hospital and dental staff nationally.
  - A number of departmental members were appointed Clinical Lecturers in School of Medicine, Trinity College, Dublin.
- Research and Developmental 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. MPBE continue to provide significant input to this facility with a full time research physicist positioned in the centre.
  - On going collaboration with Vascular Surgery on research project examining radiation dose issues associated with EVARs procedures.
  - **MPBE & Mercer's Institute for Successful Ageing (MISA):** A hub of clinical services, research, training and education activity related to the care of older people is consolidating around Mercer's Institute for Successful Ageing (MISA) at SJH. MPBE continued to support and shape this strategically important development through R&D engagement with MISA and its partners, and by building the skills and capacity to support future developments. At TRIL (Technology Research for Independent Living) MPBE staff helped support the development of technologies for older people.
  - **TILDA (The Irish Longitudinal Study of Ageing):** MPBE continues to provide scientific support in the collection, interpretation and analysis of physiological measurement data. Research by MPBE/MedEL in the area of Falls & Syncope led to the award of Ph.D. to Ciaran Finucane (MPBE), with other MPBE staff conducting Ph.D. level research on gait and balance in older people and on SFI funded research on eye tremor measurement. Capacity to develop relevant R&D engineering skills was expanded through the implementation of a Clinical Engineering strand developed by MPBE for the MSc in Physical Sciences in Medicine at TCD.



# General Support Services



**Ms. Grace Rothwell**  
General Support Services Manager



**Mr. Vincent Callan**  
General Support Services Manager

## Introduction

The General Support Services Division is responsible for the delivery of cleaning, waste management, grounds, linen/laundry, catering, portering, security, communications, Logistics chaplaincy and concourse services in St. James's Hospital.

## Catering Department

The Catering Department provides a varied menu for patients, offering a range of dishes including those which are suitable for patients on modified diets. It prepares and distributes almost one million patient meals a year.

Comprehensive monitoring of the catering system, based on Hazard Analysis Critical Control Point (HACCP) principles, was continuously enforced during 2011 to ensure operational procedures were systematically checked as a matter of routine. In addition further validation of HACCP compliance was ensured by scheduled Environmental Health Officer visits. The Department also continued to perform weekly ward audits as part of the Hygiene ward assessment process.

A key initiative for the Department was the progression of a Single source Food Provider Contract which brought about the amalgamation of 13 Contracts across 26 Suppliers into a single Contract and provider for all food products.

This will deliver significant Administrative and Logistical efficiencies while reducing the Catering overall spend for food items.

As Part of the Departments Quality improvement plan and in order to comply with Residential Care Standards in Hospital 4, a number of improvements were effected which included the introduction of a fresh food hot line service which is accompanied by a patient specific menu choice, increased flexibility in mealtimes with the option of snack times available to residents outside of meal times. All of this has enabled a 'Home from Home' ambience for our Residents.

## Security

The Security Department ensures a safe environment is maintained for Patients, Staff and public. This is achieved through a combination of Highly skilled Security Officers and advanced IT Security systems such as CCTV cameras, access control, intruder detection, panic alarms, and patient wandering systems. This enhanced technology, coupled with a highly trained security team supports the hospital in maintaining a safe environment for patients, visitors and staff and in ensuring prompt responsiveness to instances of anti social behaviour.

The Department continued to work closely with external agencies such as Dublin Fire brigade, Ambulance services and An Gardaí Síochána through our dedicated Garda Liaison Officers.

In 2011 the Security Department recorded a total 3085 incidents that warranted immediate Security attention of which:

- 572 persons were removed from the site for Anti Social Behaviour,
- 100 persons were arrested by the Gardaí for various offences,
- 306 Staff escorts were carried out,
- 271 Fire Alarms were responded to.

Other responses related to Thefts, Missing patients, Patient Escorts, Lost and Found Property and recovery and removal of dangerous articles from Persons on site.

Further enhancements of ward access control continued in 2011 to deliver a fully integrated system in all inpatients wards. The total number of Hospitals Access Controlled doors increased to 330.

## Mobility

As part of the Hospitals Mobility Strategy a traffic review was undertaken to examine traffic flows and illegal parking on the hospital campus. As a result two key initiatives were introduced:

1. The Rialto Gate entrance was restricted for authorised users only by using an automatic licence plate recognition system.

2. Removal of the taxi wait area at the main concourse and introducing a pick up and set down area only.

As a result, the following benefits were realised in 2011

- Traffic volumes entering the site reduced by approximately 2,000 vehicles per day.
- On site traffic congestion on the main arterial road was eliminated.
- Public access via car was improved by having James's Street as the dedicated public entrance to the Hospital which is closer proximity to both car parking and set down facility at the main hospital.
- Illegal parking by taxis was eliminated on the campus, this ensured traffic free flow on the main artery road and key access points on the campus.
- The introduction of a courtesy taxi phone system as an alternative to a taxi wait area proved more efficient in terms of:
  - Service, as it ensure 24/7 coverage with minimum wait time and no additional cost to the public.
  - Elimination of traffic congestion at the main Hospital entrance.
  - Promotes a calm pedestrian environment for staff, patients and visitors.
  - Elimination of anti social behaviour at the main Hospital area thereby enhancing the patient and publics experience at the Hospital.

Further key initiatives delivered under mobility for 2011:

- Enchantment of cycle parking facilities for staff and public.
- Launch of St. James's Hospital Smarter travel brand and web page 'Travel Wise.'
- Further promotion of travel saver commuter tickets and cycle to work scheme.

## Portering Department

Portering provides a service to all clinical areas throughout the hospital campus 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.

Operation efficiencies continued to be a key focus for Portering in order to provide, effective and high quality services across the hospital campus in line with best, modern and contemporary practices, standards and guidelines.

### Telecommunications Department

The Telecommunications Department plays a vital role in ensuring the safe and efficient operation of the hospital's communication systems, for its patients, visitors and staff. In an ever evolving technological environment, the Telecommunications Department must also be able to evolve and adapt to new and improved technologies to constantly maintain and improve its service.

The St. James's Hospital telephone network processes over 50,000 calls per day. In 2011, over 20 million calls (incoming & outgoing) went through the Hospital's phone network. The Telecommunications centre switchboard deals with over 2,000 calls per day both external and from within the hospital.

As well as managing the call switchboard, the telecommunications centre also logs and tracks 500 internal bleeps. The centre also monitors various alarm systems including Fire, Nitrous Oxide Gases and electricity.

As part of the Hospitals Major Incident Plan testing, Regularly audits and checks were carried out during 2011 on all emergency and back up phone systems, internal bleeps and long range bleeps. The department also manage, maintain and test the Major Incident Plan contact list.

During 2011, the telecommunications Telephonetics system was upgraded. This system enables us to automate calls to staff on our emergency contacts lists reducing the time involved in contacting personnel and thereby facilitating a more rapid response time.

The Interactive Voice Response (IVR) system, already successfully in operation in many departments, was rolled out in a number of key clinical areas. This system allows callers to select the most appropriate department/person to deal with their query, helping improve patient services.

The Department looks forward to the continued development of telecommunications technology and the improvements we can all gain from it.

### Logistics Department

Following a review of the Materials Management Department in late 2010, a restructure was undertaken in line with modern supply chain structures. The Procurement aspects of Materials Management transferred to the Finance Department and the remaining Supply Chain aspects were re-branded as Logistics and transferred to GSS.

The Logistics 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 Department's activity continued to grow in 2011 and continued to work closely with key suppliers on areas such as vendor performance, value for money initiatives and consignment management.

All supply chain activities for 26,000 product lines to 133 internal customers were fully managed while supplying a logistics service to Pharmacy Department for the delivery of all products.

#### Operational Activity 2011

	QTY/Value
Total Receipt Value Goods & Services	€118,624,514
Stock Receipt Value	€ 11,109,161
Consignment Managed Stock Value	€2,997,998
Stock Product Lines Managed	3902
Stock Vendors	138
Stock Orders processed	37,288

#### End of year stock take 2011

The Department is charged with the responsibility of managing non fixed assets for the Hospital and safeguarding such assets, with the exception of Pharmacy and Blood products. The annual stock take was carried out on 8th, and 9th of December, representatives from the Logistics 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 5,000 products across 4 inventory managed areas and 79 non inventory managed areas. The Department inventory manages its stocks from 4 locations as opposed to 5 in previous years, this was achieved through the centralisation of TSD stores and Main Warehouse.

#### Inventory Valuation 2011

Inventory Managed Value	Non Inventory Managed Value
€852,872	€2,390,074

RFID (Radio Frequency Identification) technology was introduced in Cardiac Theatres, this provided real time consumption information down to patient level and facilitated automation of product replenishment.

## Hygiene Support Services

### (Cleaning, Housekeeping & Miscellaneous Hygiene Services, Waste Management & Grounds, Linen & Laundry)

As in previous years the focus in 2011 centred on identifying and implementing quality improvement initiatives, ensuring efficient use of resources and compliance with specified quality parameters.

All hygiene support services were subject to ongoing review in 2011 and significant progress was effected in terms of staff flexibility and mobility and the provision of multifunctional delivery of hygiene services in the patient environment, all staff are to be acknowledged for their ongoing efforts in maintaining standards of excellence in hygiene services.

Key initiatives implemented in 2011 included:

- The in-house laundry facility closed in January 2011 with laundry staff redeployed to other areas in the hospital, the commitment and service of these staff and of the staff who worked in the hospital laundry over many years is acknowledged and commended. All linen and laundry services are now facilitated by our external service partner via a formal service level agreement.
- The elimination of overtime, the introduction of 5/7 rosters and reduced staffing levels at weekends in the Environmental Services Division has enabled a more flexible and efficient department.
- Increased flexibility and mobility of housekeeping services staff has resulted in more efficient use of resources, standardisation of services and clarity in terms of roles and responsibilities.
- The expansion of the 'Hygiene Assessment Tool' to a comprehensive 'Ward Assessment Tool' was a significant achievement in 2011. The 'Ward Assessment Tool' now comprises hygiene, infection prevention and control, fire safety, health and safety, logistics, security, medication safety, nursing documentation, the patient record and technical services criteria. This tool enables a composite view of standards at ward level, the resulting report enables the sharing of good practices and the process continues to encourage and promote awareness of hygiene and infection prevention and control standards at ward and departmental level.

### 'Hygiene Scores' / 'Hygiene Performance Indicators' 2011

In tandem with the expanded 'Ward Assessment Tool', our robust hygiene assessment processes continued, departmental and local assessments are ongoing.

Average scores for 'local assessments' in 2011 were as follows:

- Environment 88%
- Equipment 86%
- Ward Kitchens 90%
- Waste Management & Sharps 87%
- Linen & Laundry 90%
- Hand Hygiene Facilities 86%

Note: ≥86% required

### Chaplaincy & Pastoral Care

The Chaplaincy Department provides chaplaincy and pastoral care services on a 24 hour basis in the hospital. The team comprises Ordained and Religious along with Church of Ireland Chaplains. In addition the Department has over 30 volunteers who serve as Ministers of Eucharist and assist in bringing communion to patients on a daily basis.

In 2011 the chaplains attended over 1000 deaths, made 200 pre-operation visits per week to patients who had requested a visit and made ongoing informal visits to wards and departments.

A Special Mass of Remembrance was held in November for deceased members of Staff, their families and friends, this Mass is an opportunity for bereaved Staff and their families and friends 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 patients', visitors and staff entering the main hospital, and the team aspires to project an image that is efficient and reflective of 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 patients, visitors and staff in an appropriate setting.



# Technical Services Department



**Niall McElwee**  
Project & Technical Services Manager

**Peter Ford**  
Senior Technical Services Officer

**Kim Featherstone**  
Energy Officer

**Alan Sharp**  
Business Manager

## Technical Services Department

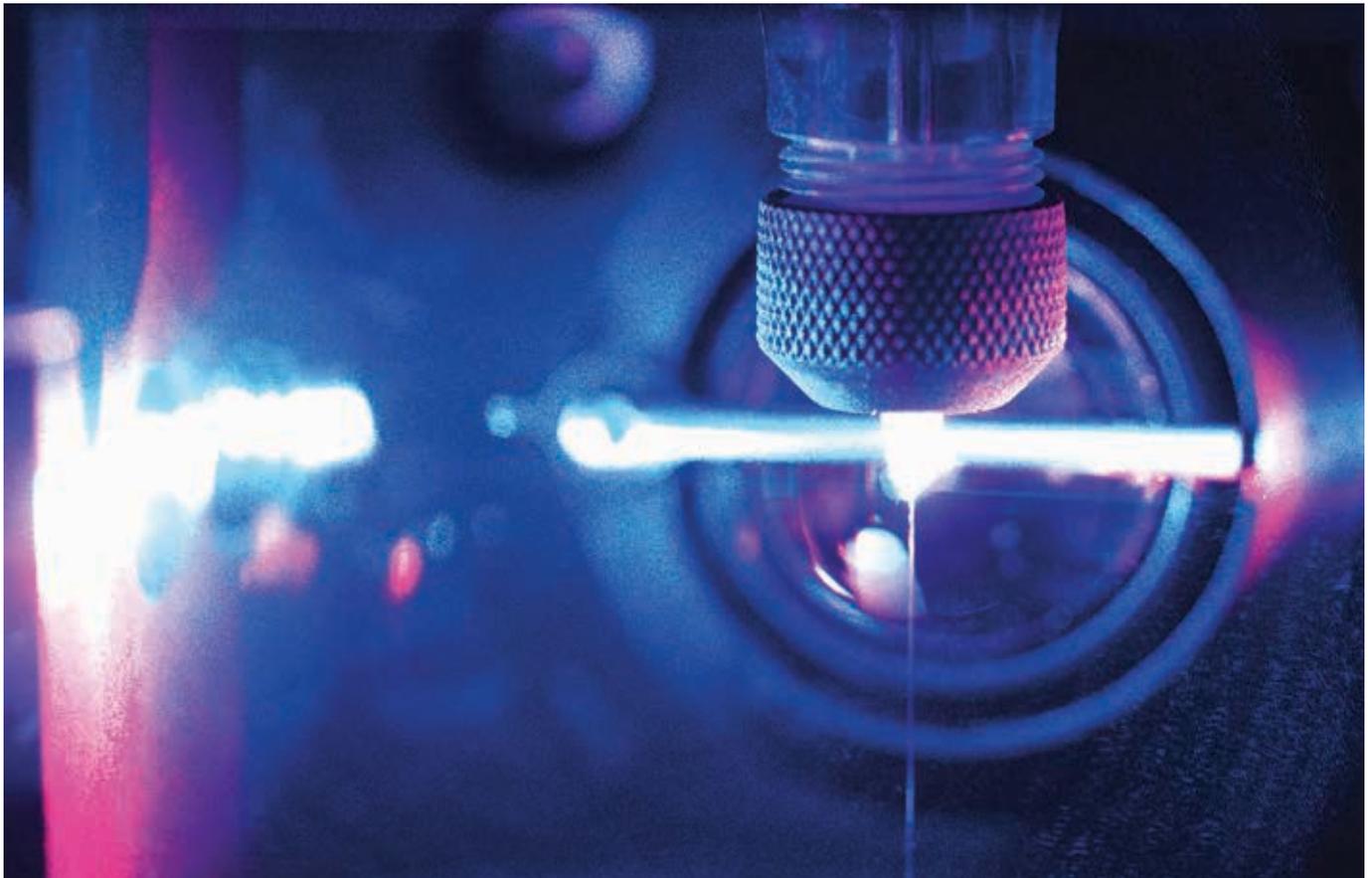
The department's key focus is to ensure hospital building services – plant and equipment – that are fundamental to the delivery of clinical care continue to be available as and when required and that all sites remain safe, legislatively compliant for the welfare of patients, public and staff.

The activity in TSD during 2011 comprised of 16146 helpdesk and 989 new work requests. These figures represent a 11% drop and 76% increase respectively in demand for services from TSD during 2011 compared to 2010.

Helpdesk Calls In	Completed
16146	15517
New Works	Completed
989	570

The hospital financial resources to address annual maintenance and replacement plant costs were a particular factor in reduced new works and constraints in programme developments. The HSE did not provide any additional minor capital funding during 2011 and works were prioritised on requirement of critical need. Hospital risk register was prepared and project technical team assessed and managed the services within the available resources.

Contracted services were re-tendered to reduce costs further while achieving significant additional efficiencies and productivity. Cost saving measures were also employed in operational services without reduction in safety or reduction in the high level of standards expected in hospital.



Notwithstanding the significant financial constraints to the hospital maintenance budget TSD undertook and managed medium to large scale minor capital projects across the campus.

The following projects are a sample of the projects undertaken in 2011 moving into 2012.

- The final large segment of a three year rolling program to replace the fire alarm systems with a single open protocol strategy.
- The design and upgrade of a replacement hot water system in the H4 plant room.
- Significant investment was made in the external repair and upgrading of the physiotherapy building.
- Replacement of the oil transformer in SS2.
- Phase 1 of a planned repair and upgrade program was initiated on the Emergency lighting throughout the hospital.
- A number of large scale internal decoration and painting programs were started in 2010 and concluded early 2011, this included the private wards and connecting stairwells, and an element of the external wall of hospital 7.
- The electrical load in the Central Pathology Labs (CPL) increases on an ongoing basis, as additional equipment is installed to meet clinical requirements. The CPL Generator Changeover Switch was replaced in 2011 to satisfy this increased load. A system of load shedding for the CPL building will be designed to prevent the Generator from tripping on excess current in the event of a mains failure.
- Negotiations with ESB for an increase in capacity of electrical supply to the Hospital from 4.5Mega Watt to 5.2 Mega Watt.
- The timely completion of a programme to replace much of the existing 10,000Volt cables between the energy centre and various substations across the site at an approximate cost of €760,000.00.
- The 2nd phase of the fire door replacement program commenced late 2010 with a completion of mid 2011 for the installation of 24 new door sets in critical wards and hospital corridors during active hospital periods.
- Installation of fall protection in a number of locations, to complete this two year rolling program.
- Phase 2 of the catering department upgrade program, delivering refurbished cold rooms, replace flooring, new central Utility Island and the replacement of a blast chillier.
- Refurbishment and upgrade works to OPD Suite 6.
- Provision of a Daffodil Information Centre.



- Provision of new external facilities, as part of the site wide Smoking Cessation Campaign.
- Conversion of an existing Refuse Store into a Plant Room space for Brine Generators for Endoscope Washer Machines.
- Equipment & environment improvements as part of a minor capital spend includes,
  - The ongoing upgrade and improvement program of the site wide Building Management system.
  - Shower replacements in Acute Medical Assessment Units.
  - Replace 5 nurse call systems completed.
  - Shower room and hand hygiene services upgraded in patient ward accommodation.
  - The third year of a rolling program to upgrade taps, the program will deliver another 100 taps installed in 2011 as part of Legionella prevention programme.
  - Replacement of the CHP with a new unit capable of producing up to 8.76 million units of electricity per year.
  - The installation of Air Conditioning in the ICU blood fridge Room and upgrade of 56no. cassette units to new compliance regulations.
  - The upgrade and modification of the existing Gas detection systems in the Energy Centre, for compliance with legislation
  - The installation of new slam shut valves, meters and bypass facilities for the gas supplies to the boiler Hall and to the CHP room in the Energy Centre.

### 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). The original plant, which operated for the last twelve years, provided 25% of the Hospital's electrical requirement and 16% of the Hospitals Steam requirement, in an energy efficient manner.

A new unit to replace the original plant, was installed, tested and commissioned during the first quarter of 2011 and was put into operation in April.

The previous CHP operated during daytime hours only, as the electrical load across the campus did not justify its continued operation at night. Recent upgrades and building projects at St. James's have increased the electrical load such that the CHP now runs 24 hours a day, seven days a week, and supplies more than 30% of the electrical load, and up to 20% of the steam requirement, saving the Hospital around €25,000 per calendar month.

A study into the possibility of installing two additional, smaller CHP plants to assist with the heat load in the long-stay in-patient facilities in Hospitals 2, 4 and 5 and to provide additional electricity cost savings is ongoing. Additional capacity for major capital programmes is also highlighting the limitations of the existing campus heat and power supply. A full report and business plan was submitted for grant aid in 2011.

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. The first phase of an ongoing replacement program to secure the reliability of the Building Management System into the future was started during 2011.

### Services

St. James's Hospital took part in the combined HSE electrical tender, in 2010. The benefits seen from the 2010 process have been effectively eroded in 2011 due to increasing energy costs. Energy costs internationally continue to be on upward trend and measures to reduce carbon emissions and programme reduction of waste of energy continues in the hospital.

### Utility Costs 2011

Electricity
€1,907,215 – Increase of €400,000 on 2010
Natural Gas
€1,564,422 – Increase of €200,000 on 2010
Water
€250,512 – similar to 2010
<b>Total</b>
<b>€3,722,149</b>

### Developments

Further repairs were carried out to the Steam services infrastructure this year to manage recurring leaking services ducts and condensate loss. The network of the steam ducts are almost forty years old and the hospital is reliant upon this service 24hr/7 days for heating and hot water supplies over the majority of the campus. Additional repair programmes are to be scheduled with agreement on shutdowns of central sterile supplies areas, theatres and other associated critical services.

Further upgrading of the electrical distribution systems were 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.

The capital programmes for major developments require significant increase in network capacity of the main utility services; power, steam, hot & cold water services and fibre/ data services. It is identified in the outline development control plan that as a principle these services provisions would be planned and be funded through each key development; however as the HSE capital development programme has reduced the smaller, local development projects are challenged to address the shortfall which poses real difficulties in grant funding. The downside is that the smaller projects may have limitations in services or overstretch existing services which can be vulnerable to risk of failure or downtime.

The essential requirement to provide increased volume of negative pressure isolation rooms to meet demand led services have been met with the introduction of replacement plant in selected areas only. The provision of single rooms in the intensive care unit has benefitted this service greatly to allow segregation of the vulnerable and high risk patients, however the demand for negative pressure rooms is constant due to increase in respiratory, airborne infection and further programmes to develop high standard isolation rooms is required. Proposals in this regard have been forwarded to HSE and the hospital continues to seek a medium and long term solution in this regard.

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. A successful pilot scheme to elect "Energy Champions" in each directorate and department is to be extended into high energy user areas of the hospital.



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 continued to work closely with the nursing and clinical staff of the hospital to promote improvements to the working and patient environment.

This year TSD carried out significant improvements to patient shower and toilet accommodation with the patient environment key to these enhancements.

The priority of patient safety continues to be of highest importance to the staff of the technical services department. The reduction of maintenance budget and minor capital grants for replacement and repair to plant and equipment has required a balancing of priority works and hygiene and quality standards within the funding available.

Significant challenges remain in 2011 with maintaining optimal standard of maintenance services coupled with reduction of resources and manpower due to retirement.

The provision of apprenticeships in partnership with FAS employment services have provided additional resource and valuable skills to newly qualified tradespersons. This programme is planned to continue into 2012.

To the colleagues who have taken retirement, I wish a long and healthy retirement.

I also wish to acknowledge the support and professionalism of each member of our team in the Technical Services Department and look forward to the challenges ahead in 2012.

# Nursing Services



Director of Nursing  
Paul Gallagher

## Introduction

The Nursing and Health Care Assistant (HCA) staff continued to demonstrate their commitment and professionalism in the delivery of patient centred care throughout the year. Increasing challenges were faced by our staff throughout 2011, most of which related to recruitment restrictions and maintaining a satisfactory level of skill mix in the clinical areas. In the face of these difficult circumstances, I would like to take this opportunity to extend my most sincere appreciation to our staff for their continued focus on ensuring optimal care for our patients and their families.

Nursing Administration continues to facilitate professional development, education & training for Nurses and Health Care Assistants. It is also responsible for the Nursing Practice Development Unit and co-ordinating the Site Nurse Management Team of the hospital.

2011 brought the retirement of many of our nursing and HCA colleagues and on behalf of Nursing Administration and senior nursing management, I would like to express my sincere gratitude to them for their valuable contribution in the delivery of patient care and wish them well in the future.

## Recruitment Statistics

Total number of staff recruited	148 (including new graduates)
<b>Breakdown by nationality</b>	
Irish	130
EU	5
Non EU	13
Total number of resignations	154
Number of retiree's	17
Turnover	7.5%

### Key Developments and Projects

Through out the year our staff continued to embrace and implement changes to practice. We have also contributed to projects and initiatives that impact on the nursing profession on a broader level and may be summarised as follows:

#### Nursing and Midwives Act 2011

*The Nurses and Midwives Act 2011* was passed into legislation during the last quarter of the year. This is an important milestone for the profession as it replaces the Nurses Act 1985. Our nursing staff contributed to informing the content of the act by making a written submission and participating in focus groups that were convened by the Department of Health and Children. The primary objective of the act is to further enhance the protection of the public and provides direction for nursing staff in the context of providing a modern, efficient, transparent and accountable system for the regulation of the profession. The act identifies the requirements of nursing staff in the context of being able to demonstrate competency on an ongoing basis. The hospital's Nursing Practice Development Unit (NPDU) has introduced a Nursing Competency Programme in preparation for the change in legislation. The purpose of this will be to ensure that nursing staff undergo a period of structured education followed by competency assessment in a number of clinically focussed areas of practice.

#### Nurse Bank

Established in 2007, the Nurse Bank continued to support the nursing workforce on a daily basis in the supply of bank staff to the clinical areas. The Nurse Bank also continued to provide an essential support for nursing management in the provision of patient care throughout the year.

#### Electronic Booking System

With the support of the Nurse Bank Team, an Electronic Booking System was introduced in all clinical areas. This new process of booking nursing and healthcare assistant staff has been developed in partnership with IMS and the Finance Department. The purpose of the system is to provide accurate information in the context of streamlining the booking of staff

on a shift by shift basis. The system provides up to date reporting functionality in relation to "fill rates" that had not been previously available.

#### Nursing Research

**St. James's Hospital/Trinity College Nursing Research Collaborative** commenced following receipt of grants that were awarded by the National Council and the Office of the Nursing and Midwifery Services Directorate (HSE). The purpose of this initiative is to support and facilitate nursing staff to conduct research in the clinical setting. This initiative commenced in January 2011 with the appointment of a Healthcare Researcher who has been working in partnership across both sites. Since the commencement of the partnership, twelve research projects have commenced to support CNS and ANP staff. By year end seven research papers were at various stages of publication in reviewed journals and our staff have facilitated poster and oral presentations both at home and abroad. It is planned that this research collaborative will continue its work throughout 2012 with the goal of enhancing, developing and increasing the nursing research profile of St. James's Hospital.

**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 2011 sixteen research students were granted access to the hospital.

The NRAC co-ordinated the hospitals *Annual Multidisciplinary Quality and Audit Seminar* on Thursday 19th May. The seminar provided an opportunity to showcase research that has been progressed within the hospital during 2010 and 2011. Fourteen oral presentations were made and thirty three poster presentations were on display. The NRAC will continue to oversee and co-ordinate research that requires involvement of nursing and HCA staff.

#### Nurse Prescribing (Medicinal Products)

This initiative continued to develop in 2011. By year end 15 nurses were qualified to prescribe medicinal products, 6 staff were awaiting approval of collaborative practice agreements and 3 members of staff were undertaking the education programme at the RCSI. This practice is audited on a quarterly basis and St. James's Hospital continues to support and facilitate the continuous personal development requirements for all nurse prescribers.

#### ANP Emergency Medicine (MSc Nursing)

St. James's Hospital, in partnership with the School of Nursing and Midwifery, Trinity College Dublin, has been successful in

achieving An Bord Altranais Category 2 approval for a M.Sc. Nursing (Advanced Practice Emergency Nursing) leading to Registration as an Advanced Nurse Practitioner (RANP Emergency). This two year part-time programme also includes modules that will prepare nursing staff to become Registered Nurse Prescribers for both medicinal products and ionising radiation (X Rays).

### Undergraduate Degree Programme

An Bord Altranais conducted a site inspection for the undergraduate nursing programme on 23rd and 24th November. This inspection is conducted every five years and the purpose of which is to establish the hospital's suitability as a clinical learning environment for undergraduate student nurses. Verbal feedback from the inspectors was most encouraging and a written report will be furnished to the hospital in April, 2012.

73 students commenced the B. Sc (Cur.) undergraduate general nurse training programme in September, 2011.

75 students successfully completed the undergraduate general nurse training programme in September.

43 registered nursing staff have completed post graduate education nursing programmes for the academic year 2010/2011.

### End of Life Care

The Director of Nursing convened an interdisciplinary hospital Standing Committee to oversee Phase 2 of the *Hospice friendly Hospital's Programme for End of Life Care*. Ms. Bettina Korn was appointed as the hospital's End of Life Care Co-ordinator and this position is being funded for a two year period by the *Hospice friendly Hospitals Programme*. Bettina is responsible for the supporting and co-ordinating Phase 2 of this initiative and her role also involves overseeing the introduction of the *National Quality Standards for End of Life Care* throughout the hospital. During the last two quarters of 2011, a process of self assessment in relation to the standards has been overseen by the Standing Committee. This initiative will also address the hospital's requirements that have been identified in the **ACHSI EQUiP 5** accreditation standards.

A Nursing Practice Development Project has also been established as part of this initiative and is focussed on implementing evidence based practice in relation to end of life care in the clinical setting. This is a two year project and is facilitated by Margaret Codd (Nurse Manager HOPE Directorate) and Bettina Korn. CNM's and HCA's from six clinical areas are actively involved in this project and the impact that their involvement has had on practice is to be commended.

The Emergency Directorate was awarded a grant from the *Hospice friendly Hospitals Programme* to develop a family and viewing facility and the refurbishment project will take place in 2012.

### Falls Management Programme

A multi-disciplinary hospital steering committee was established to oversee the introduction of a Falls Management Programme. This group is co-chaired by the Director of Nursing and Dr. Conal Cunningham (Clinical Director, MedEL Directorate). The group's initial focus has been on developing a hospital policy and an education/prevention programme for hospital staff. This initiative will also address the hospital's requirements that have been identified in the **ACHSI EQUiP 5** accreditation standards.

### Nursing Practice Development Unit (NPDU)

The NPDU promotes and facilitates the implementation of quality evidence based nursing practice for all patients, their families and carers at St. James's Hospital. This is achieved by leading and co-ordinating nursing initiatives, communicating new developments in nursing, creating nursing policies, protocols and guidelines and auditing nursing practice.

The NPDU participates in the professional development of nurses and their practice by working closely with clinically based nurses, Clinical Nurse Managers (CNMs), Directorate Nurse Managers and the Centre for Learning and Development.

The NPDU team comprises of a Nursing Practice Development Co-ordinator, Practice Development Facilitator, Audit and Research Facilitator, 4 Clinical Support Nurses, 9.5 Clinical Placement Co-ordinators, a Student Allocation Liaison Officer and Tissue Viability Nurse Specialist.

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. The NPDU links closely with staff from the School of Nursing and Midwifery, Trinity College Dublin (TCD) in the co-ordination, evaluation and ongoing development of the BSc Nursing undergraduate degree programme and promotion of an optimal clinical learning environment.

Support for practice development through the NPDU continues to be channelled through a committee structure and/or short-term working groups with representation from a wide variety of clinical areas/departments and healthcare professionals as required. These groups lead on improvements to patient care by examining patient care processes, establishing evidence based protocols, co-ordinating staff education, competency assessment, change implementation and evaluation.

### NPDU Activities in 2011

The following committees, working groups and initiatives evolved or further developed in 2011 and were instrumental in advancing nursing practice through teamwork and the provision of education and in-service training:

- Nursing In-Service Education Group – a Nursing Clinical

Skills Fair was co-ordinated with a large attendance (Internal staff-126, External staff-49).

- Insertion and management of naso-gastric feeding tubes, including the rollout of pH testing to confirm the correct position of naso-gastric tubes.
- New, safer subcutaneous syringe drivers were introduced in all ward areas with coordination of associated staff training, patient care protocol and educational posters.
- Promotion of best documentation practices through quarterly auditing of nursing documentation and by supporting the documentation link nurses.
- Tissue Viability ongoing education programme.
- Nursing Competency development and review of existing competencies hospital wide.
- Development and review of Nursing Policies, Protocols and Guidelines.
- Medication Management -the 'Do Not Disturb' project continues to be rolled out across the hospital. An e-learning Medication Programme and competency assessment was developed for all nurses working in the hospital.
- Intravenous Practices – in conjunction with Infection Prevention & Control, the NPDU participated in auditing the care of central and peripheral venous access devices. Intravenous Drug Administration education continues to be provided to both internal and external nurses.
- NPDU staff participated in the following Education and Training: Venepuncture and Cannulation, Basic Life Support, ALERT Course, Medical Intern Induction Programme.
- Taped Nursing Handover continues to be rolled out across the hospital.

### Clinical Support Nurses

The Clinical Support Nurses continued to support CNMs in their role by focusing on the continuous development of all general medical/surgical nurses in St. James's Hospital, and developing nursing practice in the clinical areas through involvement in the aforementioned projects.

### Overseas Nurses – Adaptation Programmes

In 2011, a further 31 nurses completed the induction and adaptation programme. A clinical support nurse (part time) co-ordinates the programme for overseas nurses in St. James's Hospital. This entails working closely with the Directorate Nurse Managers/CNMs/clinical staff to ensure that the nurses meet the necessary criteria and clinical competencies to register with An Bord Altranais and continue to develop further knowledge and skills to meet the changing needs of their patients.

### BSc Undergraduate Degree Programme

The Clinical Placement Co-ordinators (CPCs) provide support to both students and preceptors with the student competency assessment process and provide training in preceptorship in conjunction with Trinity College. The CPCs link closely with TCD in providing Preparation for Practice for all students, a collaborative structured Reflective Practice Programme and representation on the Competency Committee to regularly review the student competency assessment process. The CPCs also run an annual week-long Induction Programme and an additional 2 study days for the Nursing Internship student group.

An Bord Altranais conducted a site visit in November to ensure a quality clinical learning environment for all nursing student placements in the Hospital. The provisional feedback from the visit was very positive, approving St. James's Hospital to continue as a clinical site for the BSc Nurse Registration programme. A formal report is awaited, which will be acted upon by the Clinical Learning Environment Committee.

In December, the sixth group of BSc Nursing undergraduate degree programme nurses were presented with St. James's Hospital badges and certificates by Professor Diarmuid Shanley (Chairman of St. James's Hospital Board) and Mr. Paul Gallagher (Director of Nursing). Professor Davis Coakley, Department of Medical Gerontology, Trinity College Dublin delivered the annual *Anne Young Memorial Lecture* at the ceremony.

The NPDU on behalf of St. James's Nursing Department submitted a report to the Department of Health, which will contribute to their review of the current nursing degree programme. This report was developed collaboratively with submissions from various nursing representatives from St. James's and proposed changes and new developments which are considered important to educate and train nurses for the future.

### 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.

The NPDU works to develop nurses and nursing practice by working closely with clinically based nurses, Clinical Nurse Managers (CNMs), Directorate Nurse Managers and the Centre for Learning and Development.

# Educational Activities



Prof. Gaye Cunnane  
Director

## William Stokes Postgraduate Centre

The William Stokes Post-Graduate Centre provides support for a wide range of educational activities linked to St. James's Hospital, Trinity College and the wider local medical community. The facilities include weekly scheduled teaching events, such as Grand Rounds (8am each Friday), Medical Update (1pm each Wednesday), Intern Teaching (1pm each Tuesday and Thursday), GP Teaching (1pm each Friday). In addition, there are regular educational activities, such as the popular annual SJH GP Study day (each January), Intern Induction course (each June), ACLS courses throughout the year and SpR study days in many specialities. Formal annual SHO assessments take place in November and December in conjunction with the RCPI. The Trinity SHO scheme, the largest SHO scheme in Ireland, is administered through the centre with approximately 80 SHOs working in 1 or 2 year rotations as part of their Basic Specialist Training.

2011 was a busy year in the Post-Graduate Centre. The Medical Council made a formal evaluation of teaching and training opportunities at SJH in March. The annual Intern Medals were awarded to Drs Aisling Geoghegan and Johnny O'Mahony. A new website: [www.williamstokespostgrad.ie](http://www.williamstokespostgrad.ie) was developed with the help of Mary O'Neill from TCD. The Centre's logo was changed to reflect its vision and endeavours. The inaugural William Stokes Annual Lecture and Award ceremony was launched in September with 2 major aims: a) to celebrate the extra-ordinary achievements by consultants in SJH and b) to formally welcome and appreciate the hard work by NCHDs at our hospital. Professor Joe Keane was the 1st recipient of this prize and he gave a lecture outlining his clinical and research interests.

The post-graduate centre would particularly like to acknowledge Drs Laura Durcan, Claire Donohoe and Naoimh O'Farrell who helped develop the biweekly medical and surgical Intern Teaching Programme, Dr. Barry O'Shea who re-energised the weekly Medical Update meeting and David Sweeney, Emma O'Reilly, Frances Hoolahan, Patricia O'Brien and Jo Casserley who provided essential support in the daily running of the Post-Graduate 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 Office

Prof. John Reynolds  
Regional Director



### Regional Oncology Programme Office

'Health Communication and Health Promotion involves a combination of Health Education, Service Improvement and Advocacy' (<http://www.polity.co.uk>)

### Health Education for Medical Professionals

#### 2011 International Cancer Conference "State of the Art Cancer Care"

The International Cancer Conference was established through a tripartite agreement developed in 1999 by the Departments of Health in Ireland and Northern Ireland and the US Administration. A collaboration linking the Belfast Cancer Centre with St. James's Hospital/Trinity College Dublin (TCD) and the National Institutes of Health (NIH), Bethesda, Maryland, and an annual cancer conference hosted by St. James's Hospital/TCD resulted from this association. The NIH has been supporting the conference through the participation of academic staff and has provided a broader association through fellowships and training workshops.

With in excess of 400 participants, Cancer Conference 2011 was the 8th international meeting of its kind and was organised in association with the Irish Cancer Society. Held in September, the conference was one of the highlights of the Tercentenary Programme celebrating 300 years of the TCD School of Medicine. Opened by President McAleese, it was the first event to be held in the new Trinity Biomedical Sciences Institute.

As the only international cancer-related conference in Ireland it has the following significance:

- It provided an opportunity for the Irish scientists, clinicians, nurses and other specialists to interact with world leaders in cancer care.
- It showcased the achievements of Irish scientists and clinicians through discussions and networking opportunities at the Conference in the new cutting-edge biomedical research building, positioning Ireland as the country on the forefront of science.

- The interaction with world leaders in cancer care and research provided networking opportunities and contributed to facilitating closer links internationally.
- The Conference helped foster scientific talent: 54 posters were submitted and 6 oral presentations were delivered.
- A Public Forum on the theme “Fighting Cancer through Prevention” focused on cancer prevention and the latest advances in therapy with an audience of 250 people.

The Conference was funded by Amgen, Archimedes Pharma, Celgene, Eli Lilly, Genomic Health, GlaxoSmithKline, Health Research Board, Irish Cancer Society, Leo-Pharma, Marie Keating Foundation, MSD, Novartis, Pfizer, Science Foundation Ireland, St. James's Hospital, St. James's Hospital Foundation.



## Health Education and Advocacy

### Your Health Is Your Wealth – International Women's Day

A series of community information evenings on the prevention and early detection of cancer.

In celebration of International Women's Day, a series of community information evenings discussing the prevention and early detection of cancer took place across Dublin.

Organised by Dublin City Council in conjunction with the Regional Oncology Programme Office (ROPO) and supported by the Irish Cancer Society, The Marie Keating Foundation and ARC Cancer Support Centre these evening talks looked at preventative strategies including reducing obesity, good nutrition and increasing exercise; early detection through self-examination and screening programmes; and the benefits of early detection on the prognosis of some of the more common cancers.

Cancer is a major cause of morbidity and mortality in Ireland. One of the key preventative measures in cancer is early detection. Development of community programmes are an effective way to engage members of the public to build up awareness of the early signs and symptoms while educating people to take responsibility for their own health. Collaboration on all fronts is the only way forward and optimum access and treatment outcomes for patients must remain the primary focus.

At each meeting talks were given by Consultants in Oncology on prevention and early detection and this was followed by a question and answer session. We surveyed the members of the public who attended to evaluate the impact of the programme.

The responses from the questionnaires were evaluated by Dr. Caoimhe Fahy, HRB Clinical Fellow and she summarized it as follows:

- Two-thirds of respondents felt more sure about how to detect for early signs of cancer than they were before the meeting.
- Almost 60% of attendees felt much more capable of passing on information about cancer and early detection to family and acquaintances from what they learned at the meeting.
- 96% of attendees stating they understood the medical terms used by the consultants.
- There was also a notable increase where 50% of attendees went to their GPs if they felt unwell before the meeting, now 80% would get such symptoms and signs reviewed by their GP when they were unwell because they were now better informed about the meaning of more specific symptoms and signs.

As always the success of any programme is founded on the commitment and professionalism of its highly dedicated team. The participation that the medical teams, voluntary sector and community workers clearly demonstrated an enthusiasm for engagement with our communities. On the Your Health Is Wealth programme model Mr. Peter Finnegan, Director International Relations and Special Projects, Dublin City Council stated 'those of us working within and around our health system do care about preventative approaches and are prepared in their own time to engage with communities in their own space.'

## Health Education and Information for Patients and Families

### Palliative Care Patient Information DVD

The Palliative Care service at St. James's Hospital, Dublin in conjunction with Our Lady's Hospice and Care Services have created an educational DVD which will provide accurate information about the speciality of palliative care e.g. what it is, what patients and families can expect to experience, and what it means to be treated by a palliative care service.

People living with life threatening illnesses have needs that require attention from physical care, to psychological, emotional and spiritual care. Specialist palliative care responds to these needs by working closely with the patients' primary physician. This collaboration can happen at the time of diagnosis, during active treatment and when curative treatments are no longer an option. At this point, appropriate care focuses on the maintenance of the patients quality of life with a view to the patient living as well as possible for as long as possible with support from the speciality of palliative care.

The palliative care service in St. James's Hospital (SJH) conducts family meetings for those who are dying in the acute setting. Because of the emotional fragility of patients and their families, which has been fuelled by protracted physical and emotional exhaustion, coupled with complex family dynamics, communication and information given at these meetings may be misconstrued, or for the first time, the full reality of their situation may be realised, or the information is actually not heard at all.

This DVD will give a clear understanding of the various settings of palliative care delivery e.g. the acute care setting, home care setting, hospice setting, and services delivered within these settings e.g. full multidisciplinary care, out-patients, day hospice. It is anticipated that such information may dispell some of the myths portrayed about palliative care.

The DVD was developed and produced in 2011 with a number of well known celebrities joining to assist in communicating information about palliative care such as Gay Byrne, Miriam O'Callaghan, Charlie Bird and Eva Orsmond.

The DVD is scheduled to be released first quarter of 2012.

### **The development of patient information leaflets in palliative care**

Communication and education is a vital component of health care provision. The development of patient information leaflets improves patient's knowledge on the services available.

These leaflets can reinforce information on the service that the health professionals have already provided and can be referred to by the patient so they know what is available. It is generally accepted that patient information leaflets are seen as an essential tool to educate and inform the patient about services.

### **Palliative Care patient information leaflets**

The palliative care patient information leaflets were developed for the service to provide comprehensive information about what the service of specialist palliative care is all about.

Palliative care regards the patient and family as a unit of care and offers physical, emotional and spiritual support to both patients and their families as they struggle with the impact of a life threatening illness. It affirms life and regards dying as a natural process. It relieves suffering by offering impeccable pain and symptom management thereby enhancing quality of life affording patients to live as well as possible for as long as possible and eventually to die in their place of choice. The existential pain suffered by patients living with a life threatening illness requires a multidisciplinary approach involving nursing, social work and chaplaincy. This approach imbues a sense of being heard and therefore understood and encourages meaningful communication between patients and their families.

These leaflets described the services the team provide, how the service works and what they do. They were developed in order to ensure that patients and families had information to refer to and to enable them to be informed as to what is available.



St. James's Hospital Foundation

# St. James's Hospital Foundation



Prof. James FM Meaney (Consultant Radiologist)  
Chairman

Ms. Edwina Hogan  
Chief Executive



Abigail Bernon, James Adam & Sons, inspected the Christmas Raffle dolls' house with Eva and Zoe Van Den Bergh.



Everyone had a great time at the third annual St. James's Hospital Liberties Fun Run.

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.

2007	2008	2009	2010	2011
<b>Donations received and fundraising</b>				
€581,815	€411,452	€570,260	€545,067	€633,743
<b>Disbursement from donations</b>				
€138,975	€184,089	€709,138	€240,730	€312,238
<b>Research grants received</b>				
			€1,249,452	€1,208,969
<b>Disbursement from research grants</b>				
			€525,934	€1,308,797

Public generosity towards St. James's Hospital in 2011 continued to be extraordinary. Generous individuals from all over the country continued to donate to and to fundraise for the hospital and the outcomes of the fundraising events carried out by the Foundation during 2011 all exceeded those of the preceding year.

€1,643,781 was disbursed from the Foundation during 2011.

### Research at St. James's

During 2011 the Foundation managed 22 Research Funds on behalf of consultant and other members of staff at St. James's Hospital. €1,308,797 was disbursed from these funds during the year. These funds were used to invest in research infrastructure and to purchase research consumables and were also used to employ laboratory staff to work within the Institute of Molecular Medicine and clinical research staff to worked alongside departments throughout the hospital; their research has focused, among other diseases, on cancer, HIV/ Aids and neurology and rheumatology.

### Continuing support for stroke patients

During the past year the Foundation continued to support the development of the stroke service. More education for physiotherapist and physiotherapy equipment has been provided and additional equipment for the clinical nutrition service has also been provided. All investment was made from funds raised specially for the stroke service.

### Advancement for heart failure patients

During the past year the hospital has made a major investment in the service provided to heart failure patients. The Foundation has supported this development with the provision of high specification treatment chairs and computer infrastructure. All funds used were raised specially for the heart support service.

### Major investment in the intensive care unit

A major donation received from the medical students of Trinity College was received for the purpose of improving the comfort of the intensive care unit waiting area. The colour and lighting scheme were improved, a new layout designed and new furniture custom built to provide privacy and increased comfort for several family groups at the same time.

### Special focus on cancer

Donations received for cancer were used throughout the year. The Haematology Oncology Day Ward undertook a project to upgrade all treatment chairs for patients and the Walter Stevenson Ward has provided adjustable electric beds for all patients. A special donation was used to provide 450 reflexology and 48 therapeutic yoga sessions for St. James's patients that attend Arc's cancer support centre on South Circular Road.

### New equipment for patient care

A range of small equipment that has enhanced care for patients was funded during the year. These ranged from specialist equipment to assist head and neck cancer patients with mouth exercise, to equipment for the Department of Occupational Therapy to assist their education of elderly patients for their return home from hospital. A training kitchen that will be used by the Department of Clinical Nutrition to assist in education of Diabetes patients was installed and new software for the Department of Medial Physics was purchased that will enable the department to calibrate the surgical monitors and displays around the hospital for improved accuracy.

### Enhancement of the general environment for patients

A small grant was provided from general donations for the hospital's arts programme that facilitate a series of recital for patients. Water coolers were provided for patients at several locations throughout the hospital and privacy booth was provided from general donations received for the Endoscopy Discharge Area. The family room at Private 3 Ward was comprehensively upgraded during the year as a result of a very generous donation given for this purpose.

***A debt of thanks is owed to all of the donors who have made these investments possible.***

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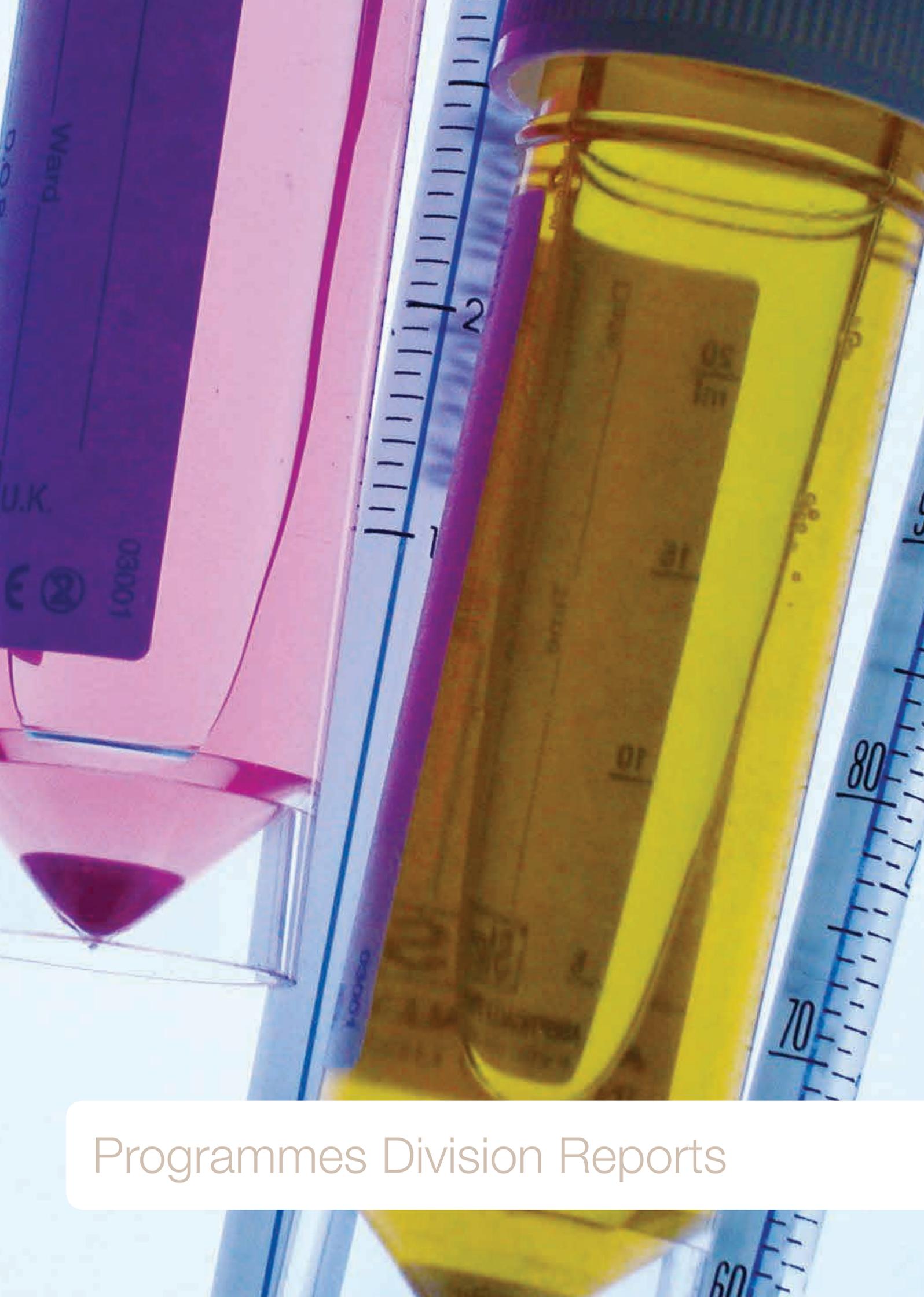
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Programmes Division Reports



# Quality Programme



Ms. Angela Fitzgerald  
DCEO/Operations Manager

Ms. Una Healy  
Risk Manager

Ms. Muireann O Briain  
Legal & Insurance Manager

Ms. Carol Hickey  
Quality Initiative Officer

Ms. Mary Fogarty  
Accreditation Manager

Mr. Dermot Daly  
Health & Safety Officer

Mr. Neville Bradley  
Fire 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 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 Quality 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.

Risks reported hospital wide are trended and analysed and reports issued to Directorates and Departments as well as to the Risk Management Committee by the Risk Manager.

## Key Risk Initiatives in 2011

Staff continued to engage with electronic reporting of near miss/adverse incident reporting. Over 5300 reports were processed in 2011 and this is directly related to ongoing promotion and a proactive approach to adverse incident reporting. Electronic submissions are used in almost all cases, some permissible exceptions exist where hard copies are submitted. This allows immediate notification to the Risk Manager, Line Manager and relevant departments and safety groups responsible for the specific incidents.

Adverse Incident data and reports are provided to both internal and external departments and agencies for notifiable reports such as Mental Health Commission, HIQA Residential Care as well as the Radiation Protection Society of Ireland.

- Falls Prevention Programme SLIPS, TRIPS AND FALLS continue to be the single biggest area reported under the adverse reporting system. While 99.6% of all falls result in no harm the persistent levels reported year on year required a targeted intervention including bench marking against International norms. The Falls Prevention Programme was established under the joint chair of the Director of Nursing and the Clinical Director of MedEl with the aim to reduce the number of patient falls with a framework of education and training for areas of concern. The hospital has set a target of <5 falls per 1000 bed days which is in line with the international benchmark standard. All falls in each clinical area are monitored on a monthly basis as falls per 1000 bed days. Significant improvements were observed in the number of falls and this process will continue in 2012.
- Needlestick Prevention Taskforce is currently reviewing all needlestick devices to ensure compliance with the introduction of the EU Directive on prevention of sharps injuries in healthcare by the introduction of safety devices which is due for enforcement in 2013. The Taskforce is monitoring these devices as well as targeting education to all end users of these new devices.
- Absconding Patients Lock down of all wards was achieved in 2011 and the Ward Access Control Policy was introduced. This measure was designed to enhance security on all wards by controlling access and restricting egress. The use of Wanderguard for vulnerable patients in limited areas proved successful in alerting staff when vulnerable patients attempted to wander/abscond.
- Major Emergency Plan. The aim of the Major Emergency Planning Committee is to ensure an appropriate policy is in place to provide an integrated response and approach to support the organisation when any event threatens to disrupt services. The committee comprises all key stakeholders across the organisation and reports to the Risk Management Committee. 3 full tests are carried out annually. As part of the learning in 2011 a review of responses to internal threats was undertaken and a sub-group of the Major Incident Planning Committee were convened to advance the internal strand to ensure a robust hospital-wide response.
- The Sterivigilance Programme has shown marked improvements in the area of pre operative assessment for Transmissible Spongiform Encephalopathies and in traceability of equipment used in invasive procedures. Compliance with the TSE/CJD Exposure Assessment Form continues to be monitored.
- Surgical Safety Checklist The Safe Surgery Saves Lives programme was established by World Health Organisation Patient Safety to reduce the number of surgical deaths across the globe. The aim of the programme is to harness political commitment and clinical will to address important safety issues, including inadequate anaesthetic safety practices, avoidable surgical infection and poor communication among team members. To assist operating teams in reducing the number of these events, WHO Patient Safety has identified ten essential objectives for safe surgery known as the WHO Surgical Safety Checklist. St. James's Hospital Theatre Utilisation Group has implemented this safety measure in all Operating Theatres. The goal of the checklist is to help ensure that teams consistently follow a number of critical steps and thereby minimize the most common and avoidable risks.
- Infection Prevention & Control (IPC) service formulates and implements quality improvement plans through the IPC technical group using the HIQA HCAI standards as a framework. Quality improvement plans were developed in relations to each of the 12 HCAI standards in 2011 e.g. Aspergillois policy, E learning educational development, World health organisation hand hygiene framework assessment in 2011 informed hand hygiene QIPs. Improvement has shown with the recent national hand hygiene compliance audit which was completed and overall scores 91%. Introduction of peripheral venous cannula packs in 2011. Participation in pan European PROHIBIT survey. Continuation of catheter related blood stream surveillance and surgical site surveillance with targeted QIP's. SJH compares favourably with National and tertiary rates and continues to see a sustained and significant reduction on MRSA blood steam infections since 2008 and Clostridium difficile infections rates since 2008. Formulation and circulation of IPC Directorate forum quarterly reports for each directorate occurred in 2011. Clinical practice audits using PDA devices were expanded in 2011. Antimicrobial stewardship programme continued and included review of antimicrobial resistance data and performance of antimicrobial audit. IPC reviewed adverse incidents and trends on a quarterly basis.

### Health & Safety

St. James's Hospital recognises its responsibilities and duties under The Safety Health & Welfare at Work Act 2005 including all relevant regulations and codes of practice, and is committed to ensuring, in so far as is reasonably practicable the health, safety and welfare of employees, patients, visitors and other persons who may be affected by its activities.

A review of all structures was carried out in 2011 with local safety committees ensuring Location Safety Statement reflect the requirements of the organisation to ensure that the objectives are achieved. A review of pan hospital Health &



Safety functions were initiated including revision of Terms of Reference, local representation, assignment of responsible persons and development of structures with the support of Aon to ensure statutory duties are met at all times and it is the intention of St. James's Hospital to adopt international best practice standards in the management of health and safety.

Data, including organisational performance indicators in Health and Safety are utilised for this purpose (eg. accident/incident figures, compliance with relevant policies, procedures, protocols, safety meetings etc).

### Medication Safety

The process of audit and feedback to promote safe prescribing which was commenced in September 2009 was continued. At the end of 2011, a system of ward-based real-time audit replaced the hospital-wide retrospective audits with the aim of further improving compliance with quality of prescribing.

In 2010, a mandatory training programme in relation to the safety of the administration of medications was devised and introduced for nursing staff in SJH. The mandatory training programme comprises two components: education delivered as an e-learning programme followed by a practical test of competency. This programme has continued throughout 2011; 47% of nursing staff have now undertaken the e-learning component and 31%, the competency test.

Updated versions design of both the regular and insulin medication prescription sheets were rolled out hospital wide in 2011. Both kardexes contain multiple safety features to encourage safe prescribing and administration.

A project led by Nurse Practice Development and supported by Medication Safety and Medical Physics was initiated to replace Graseby syringe drivers for palliative care patients with a new type of driver which has multiple safety features. The decision to remove Graseby drivers from practice was in line with recommendations from the National Patient

Safety Agency in its Rapid Response Report NPSA/2010/RRR019 'Safer Ambulatory Syringe Drivers. This project has reduced medication errors associated with subcutaneous administration of medications by syringe driver.

### Accreditation

In 2011 St. James's Hospital launched and commenced work on a new international healthcare Accreditation Programme i.e. the Evaluation and Quality Improvement Program (EQUIP). EQUIP is the Healthcare Accreditation Programme provided by the Australian Council for Healthcare Standards International (ACHSi), an international independent authority on the measurement and implementation of quality improvement systems accredited by the International Society for Quality in Health Care (ISQua)

St. James's engagement with EQUIP and ACHSi is designed to provide the Hospital with a framework that sustains and supports the existing Continuous Quality Improvement programme while simultaneously assisting the organisation in preparing for the implementation of national quality programmes including the Health Information & Quality Authority (HIQA) regulatory licensing programme scheduled for 2015.

In September 2011 the Hospital established a framework of corporate and clinical multidisciplinary Quality Improvement Teams reflecting the organisation's existing structures. The Teams are responsible for assessing performance against the EQUIP standards; identifying opportunities for improvement and consequently developing and effecting Quality Improvement Plans (QIPs).

In October the Accreditation Teams commenced a high level gap-analysis in order to identify and address key areas that required priority focus.

The Accreditation body i.e. the ACHSi will visit St. James's in 2012 to undertake an external gap analysis. Their findings will assist the Hospital in determining an appropriate schedule for progressing with the next phases of the EQUIP Accreditation Programme i.e. the self-assessment report and site surveys.

The Health Information and Quality Authority (HIQA) carried out the initial regulatory inspection of the Hospital's MedEL Residential Aged Care Units (Hospital 4) in September/October 2010 in order to determine the Hospital's fitness to register the Units as a designated residential aged-care centre.

The inspection report issued in February 2011 noted several areas where the Inspectors had identified evidence of good practice including the cleanliness of the environment, the management of risk, the security arrangements for the Residents, the high standards in meeting the Residents' health care needs and noted the staff's 'commitment to the provision of quality, person-centred care'. There were also a



number of areas identified as requiring improvement including the need to improve the Resident's dining experience, providing Residents with access to a secure garden and formalising arrangements for the appropriate use of restraint.

In August 2011 HIQA undertook an unannounced follow up site visit in order to consider progress on the actions being undertaken by St. James's in response to their recommendations. The follow-up inspection report issued in October 2011 noted that good progress had been made on the action plan from the previous inspection with the majority of improvements either complete or substantially progressed. In November the Hospital received its certification of registration as a designated Residential Aged Care Centre. The registration is valid to November 2014 during which time the Centre progresses their continuous quality improvement programme and is subject to inspection at any time

The Endoscopy service continued to work towards JAG accreditation (Joint Advisory Group on GI Endoscopy) and subsequent delegation as a National Bowel Cancer Screening Centre in 2011. Delays in the national programme resulted in the site survey being deferred in 2011 and is planned for early 2012.

Throughout 2011 the Hospital maintained the self-assessment and quality improvement programmes initiated by Health Service Executive's Quality Clinical Care Directorate (QCCD) in the areas of Quality & Risk Management, Occupational Health & Safety, Healthcare Records Management, Hygiene, Infection Prevention & Control, Discharge Planning & Decontamination ...although the requirement for external reported was suspended by the Executive pending review Patient Advocacy Committee.

The Patient Advocacy Committee (PAC) is a sub-group of the Hospital Board. Membership consists of representatives from the community and the Hospital. The main focus of

the committee is to elicit the St. James's Hospital patient experience from the point of their initial contact through discharge and follow-up by evaluating their feedback on accessibility, provision of information, professionalism, convenience, environment and friendliness.

In 2011 the committee oversaw the undertaking of patient satisfaction surveys in the following areas:

- Symptomatic Breast Care Service
- AMAU
- Diabetic Day Centre
- MedEl – Residential Unit
- MedEl – Robert Mayne Day Hospital
- Endoscopy Unit
- Diagnostic Imaging

The PAC produced two 'Welcome' Newsletters in 2011, which aimed to provide the surrounding community with information on the Hospital's activities, new initiative and achievements.

In 2011, two 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.

# Planning and Commissioning



**Niall McElwee**  
Project & Technical Services Manager

**Peter Ford**  
Senior Technical Services Officer

**Kim Featherstone**  
Energy Officer

**Alan Sharp**  
Business Manager

## Planning Department

### Introduction

The Planning Department is responsible for managing the development, construction and upgrade 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 key stakeholders, patient groups, Health Service Executive, hospital clinical, nursing, infection prevention team 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 2011

The completion of the National Programme for Radiation Oncology (NPRO) (Phase 1) Building. The interface of the commissioning and handover of the facility on the St. James's Hospital campus to the Health Services Executive and National Cancer Control Programme. Several shared services including fire alarm and security systems, energy services, oxygen, power and emergency services were tested and commissioned in preparation for staff and patient occupancy in the building. This facility also provided new Entrance/Link building and reception at Hospital 1 and Hospital 2 with new hospital street (link corridor) for patient and staff convenience to main concourse.

Programme for the Phase 2 (NPRO) development commenced with HSE for the decanting and enabling works project; consisting of (a) Relocation of St Kevin's Substation, (b) new development of Central Administration Building, (c) Extension of Mortuary building for Medical Archives and (d) Refurbishment of Hospital 1 (1st & 2nd floor) for the relocation of patient services from the NPRO designated site. Detailed design and national tender programme commenced for these development in preparation for NPRO Phase 2. Tender design stage completed and report issued to HSE, awaiting approval for contract to progress.

Major infrastructural upgrade to Medium Voltage electrical cable network from Energy centre through Car Park No.1 to Mortuary building plant room.

Haemophilia & Hepatology In-Patient Facility and Clinical Research Facility tender competition completed. Contract awarded in November for 12 month building programme. Agreement reached with Dublin City Council and LUAS operators Veolia for the use of the park at St. James's Walk as site compound during the construction period. Site works commenced December 2011.

Endoscopy decontamination systems replacement programme completed for JAG international audit and accreditation.

Upgrade of the visitor waiting room at Intensive Care and Coronary Care reception (funds donated by Student fundraising and St. James's Hospital foundation)

Expansion of Isolation treatment bays in Haematology and Oncology day area, including new ventilation system. Funded through donation from the Bone Marrow for Leukaemia Trust.

Continuation of Legionella Preventative Measures phased works programme. Ward level wash hand basin replacement and hot water storage unit replacement in plantrooms.

Medical Gases upgrade programme continued at ward level

Ward en-suite facility upgrade programme continued.

Provision of UPS systems for interventional radiography rooms completed.

Fire monitoring system upgrade, replacement and expansion hospital wide continued.

Future Developments Include:

- The Centre of Excellence for Successful Ageing received Minister's approval for funding in conjunction with significant philanthropic grant from The Atlantic Philanthropies. International competition commenced for appointment of Design Team. Independent Advisory Group to be set up and engagement of Project Management company, (Healy Kelly Turner & Townsend) to assist Project & Technical Services Manager to deliver programme.
- Subject to HSE funding approval the National Programme for Radiation Oncology – Phase 2, to commence including the following developments:
  - Facilities Management building for admin and service support areas
  - Convert upper floors Hospital 1 for clinical support area use.
  - Storage facility for medical slides and charts
  - Electrical substation relocation and upgrade
- Replacement/Upgrade of Ultrasound Examination rooms and associated facilities
- Expansion of out patient suite facilities (refurbishment of 4 Treatment & Consultation rooms)
- Men Against Cancer development design development
- Progression of Tuberculosis Regional Facility and Laboratory facility with HSE
- Upgrade of Out Patient waiting areas in Suite 2 and Plastering Rooms.

# Publications

## HOPE

### Haematology/Coagulation

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Client satisfaction with a nurse led haemophilia carrier testing clinic and counselling service. *Haemophilia.* (Awaiting publication).

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Larkin, N.

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### Poster/Oral Presentations

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(2011) Patient Involvement Programme: An innovative way to enhance service delivery. *Advancing Haemophilia Nursing Practice. Global Nurse Symposium. Zurich. Poster Presentation.*

Grogan, A., Cahill, M., Graham, V.

(2011) Patient Involvement Programme: An innovative way to enhance service delivery. St. James's Hospital 4th Annual Multi Disciplinary, Clinical Audit and Quality Improvement Seminar. *Poster Presentation.*

O' Shea, E. and Grogan, A.

(2011) Developing a nurse specialist competency package for a carrier testing and genetics counselling clinic. *Advancing Haemophilia Nursing Practice. Global Nurse Symposium. Zurich. Poster Presentation.*

Reilly, C., O'Connell, N., Hunter Nolan, R.,

(2011) Anticoagulation Safety Indicators A Comparison Of Patient Self testing versus Clinic Testing, St. James's Hospital 4th Annual Multi Disciplinary, Clinical Audit and Quality Improvement Seminar. *Poster presentation.*

Reilly, C., O'Connell, N., Hunter Nolan, R.,

(2011) Anticoagulation Safety Indicators A Comparison Of Patient Self testing versus Clinic Testing, 27th International Nursing and Midwifery conference, Royal. College of Surgeons Ireland. *Poster Presentation.*

Singleton, E., Bird, R., Mc Groarty, F., Ryan, K., Brady, B.,

Implementantion of an electronic handheld device for recording home treatment in haemophilia care. *Global Nurse Symposium. Zurich. Poster Presentation.*

O Shea, E. (2011)

Women & Bleeding Disorders. *World Haemophilia Day Symposium. Irish Haemophilia Society, Dublin. Oral Presentation.*

O Sullivan, Ann,

(2009) Needle Phobia. *International Society of Thrombosis & Haemostasis, Boston, USA, Oral Presentation.*

O Sullivan, Ann,

(2011) Anticoagulation during Pregnancy. *International Society of Thrombosis & Haemostasis, Kyoto, Japan. Oral Presentation.*

O Sullivan, Ann,

(2011) Identical Twins with Severe Type 1 von Willebrand Disease, Case Study. *International Society of Thrombosis & Haemostasis, Kyoto, Japan. Oral Presentation*

Kavanagh, M., O' Sullivan, A.,

(2011) A Review of PCC Prophylaxis in Severe Factor X Deficiency in Patients in the republic of Ireland. *Pregnancy. International Society of Thrombosis & Haemostasis, Kyoto, Japan. Poster Presentation*

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(2011) NCHCD: Update in Services. *Irish Haemophilia Society AGM. 5th March Slieve Russell Hotel, Cavan. Oral Presentation*

Singleton, E.,

(2011) Coagulation Factor Concentrates and their Complications. *Dublin Institute of Technology. Oral Presentation*

Singleton, E., Travel and Haemophilia

(2011) *Irish Haemophilia Society Meeting. Oral Presentation*

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The prevalence of thyroid biochemical abnormalities in patients attending a specialist osteoporosis clinic. *Ir J Med Sci*, Vol 180 Supplement 10. DOI 10.1007/s11845-011-0742-0

Browne J, Walsh W, Crosby D, Ryan D, Fallon N, Toth Z, Casey MC, Walsh JB.

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McDonald C, Melanophy G, Treacy V.  
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Hennessey Arthur, Ross Kelly, McMahon CG: Sepsis care in the Emergency Department Annual Scientific Conference IAEM October 2011.

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## Psychiatry

### Old Age Psychiatry

Subjective well-being amongst community-dwelling elders: what determines satisfaction with life? Findings from the Dublin Healthy Aging Study.

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## LabMed

### Posters

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### Presentations at national and international meetings

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Atypical BCR-ABL1 transcript types in adult Ph-positive acute lymphoblastic leukaemia. British Society for Haematology Annual Scientific Meeting, Brighton, UK. O46.

Langabeer S, McCarron S, Wiczorkowska M, Ringel F, Müller M, Hicks D, Swords R, Padmanabhan S, Giles F, le Coutre P, McMullin MF, O'Dwyer M & Conneally E (2011)  
Prospective evaluation of an automated, cartridge-based system for quantitation of BCR-ABL1 transcripts by comparison with RQ-PCR aligned to the international scale: results from the ICORG 0802 trial. European Haematology Association, London, UK. P0192.

O'Brien D, Kelly S, Haslam K, McCarron S, Kelly J, Liptrot S, Langabeer S, Conneally E & Browne P (2011)  
Immunophenotype of normal karyotype (NK)-AML patients with NPM1 mutations and flow cytometric detection of aberrant cytoplasmic localisation of NPM1. 11th Euroconference on Clinical Cell Analysis, Dublin. POS-IM-06.

Liptrot S, O'Brien D, McCafferty R, Keane G, Quinn F, McCarron S & Vandenberghe E (2011)  
Diagnosis of three cases of bi-clonal B cell chronic lymphoproliferative disorders by flow cytometry. 11th Euroconference on Clinical Cell Analysis, Dublin. POS-MA-10.

McCarron SL, Haslam K, Kelly J, Duggan C & Langabeer SE (2011)  
A novel, variant BCR-ABL1 transcript not detected by standard RQ-PCR. ESH 13th International Conference: Chronic Myeloid Leukemia: biology and therapy, Estoril, Portugal. P31.

Smyth L, Aird J, Conneally E, Browne P, Flynn C, Hayden P, O'Brian S, Jeffers M, O'Brien D, Quinn F & Vandenberghe E (2011)  
Burkitt lymphoma: a single centre experience 2002-2011. Haematology Association of Ireland, Druids Glen, Co. Wicklow, O2.

Langabeer SE, O'Brien D, Quinn F, Liptrot S, Hayden PJ, Flynn CM, McCann SR, Browne PV, Conneally E & Vandenberghe E (2011)  
The BRAF V600E mutation in hairy cell leukaemia: correlation with morphology, cytochemistry and immunophenotype. Haematology Association of Ireland, Druids Glen, Co. Wicklow, O3.

Quinn F, O'Brien D, Kelly J, K Haslam K, Hayat A & Vandenberghe E (2011)  
Prognostic markers in the All Ireland ICORG 07-01 phase II chronic lymphocytic leukaemia trial: a high incidence of poor prognosis patients. Haematology Association of Ireland, Druids Glen, Co. Wicklow, OP19.

Haslam K, Quinn F & Vandenberghe E (2011)  
A role for antigen selection in mantle cell lymphoma development. Haematology Association of Ireland, Druids Glen, Co. Wicklow, P52.

Goodyer M, Lavin M, Preston L, McCarron S, Langabeer S, Kelly J & Elhassadi E (2011)  
Cytogenetic and molecular characterisation of a rare ZBTB16-RAR $\alpha$  fusion in acute promyelocytic leukaemia: implications for treatment. Haematology Association of Ireland, Druids Glen, Co. Wicklow, P62.

Krawczyk J, Haslam K, Lynam P, Kelly J, Storey L, O'Marcaigh A, Langabeer S, Smith O (2011)  
Prognostic impact of genomic alterations of the gene encoding the cytokine receptor CRLF2 in childhood acute lymphoblastic leukaemia treated on UK ALL 2003 protocol. TCD Medical School Tercentenary Symposium, P01.

O'Dwyer ME, Swords R, Giles F, McMullin MF, le Coutre PD, Nagler A, Langabeer S, Wiczorkowska M, McDowell C, Egan K, Moulton B & Conneally E (2011)  
Analysis of the GeneXpert System on the international multicentre ICORG 08-02 phase II study of nilotinib 300mg bid as frontline treatment in patients with early chronic phase chronic myeloid leukemia (ECPCL). American Society for Hematology, San Diego, CA, USA, P3774.

### Posters

Poster presentation, Irish Society of Surgical Pathology, Galway, 2011. Examination of extra blocks in negative appendectomy specimens resected for clinical acute appendicitis.  
Hayes B, Muldoon C, Department of Histopathology, St. James's Hospital, Dublin

### Presentations

(Poster and Oral presentations) made at following additional meetings:

- Haematology Association of Ireland
- International Society on Thrombosis and Haemostasis Meeting, Kyoto, Japan
- European Society of Clinical Cell Analysis (ESCCA)
- IEQAS user meeting
- Institute of Biomedical Science Congress, Birmingham, UK
- BSc in Biomedical Science (DIT)
- MSc in Molecular Pathology (DIT)

National Haemovigilance Conference in Dublin titled 'Monitoring transfusion sample labelling quality'  
Gough, D., Ryan, C., Kelleher, B., Hayden, P.

### American Thoracic Society Meeting Denver USA 2011

A Common Fc Receptor Defect Increases The Risk And Severity Of Bronchiectasis, [Publication Page: A4868]  
N.P. Conlon, D. Ryan, I. Counihan, N. Marshall, M. Rogan, G. Murray, S. O'Neill, C. Feighery, M. Keogan, J. Jackson Dublin/IE

### 14th International Coeliac Disease Symposium 2011

The characteristics of antigen presenting cells in the small intestine  
Louise Elliott, Jean Dunne, Jacinta Kelly, Conleth Feighery

The expression of tissue transglutaminase by monocyte derived dendritic cells

Louise Elliott, Greg Byrne, Jacinta Kelly, Conleth Feighery

### UK Primary Immunodeficiency Network 2011

Poster Presentation

Tanya Coulter, John Jackson

## SCOPE

### Clinical Nutrition Publications

Mol Carcinog. 2011; 50(8): 643-51. Carroll PA, Healy L, Lysaght J, Boyle T, Reynolds JV, Kennedy MJ, Pidgeon G, Connolly EM.

Influence of the metabolic syndrome on leptin and leptin receptor in breast cancer. Cancer Epidemiol. 2011; 35(4): 309-19.

Ryan AM, Duong M, Healy L, Ryan SA, Parekh N, Reynolds JV, Power DG.

Obesity, metabolic syndrome and oesophageal adenocarcinoma: Epidemiology, aetiology and new targets.

### Clinical Nutrition Poster & Presentation Highlights

Dr. Laura Healy was awarded Research Dietitian of the Year by the Irish Nutrition and Dietetic Institute (INDI) in October. The inaugural conference of the Irish Society for Parenteral and Enteral Nutrition (ISPEN) took place in November, and posters were submitted by several staff members:

- *Metabolic syndrome is associated with aggressive colorectal tumour phenotype in males only* (Author: Laura Healy).
- *An assessment of nutritional status of orthopaedic fracture patients on admission to hospital* (Author: Michelle Coyle).
- *An audit of the prevalence of malnutrition in patients admitted to acute elderly wards in St. James's Hospital* (Authors: Linda Dooley and Laura Cartwright).
- *How do predicted energy requirements compare to an armband device that indirectly measures energy expenditure in stable stroke patients?* (Author: Suzanne Seery).

The department was also represented through poster presentations at the annual conferences of both British and European Societies for Parenteral and Enteral Nutrition (BAPEN and ESPEN) and the INDI Research Seminar.

### Medical Social Work Publication

Co-authorship of article "Role of social work in HIV in Ireland" Neans Ni Rathaille.

### Medical Social Work Presentation Highlights

- Motivational Interviewing to health care professionals at Sexually Transmitted Infection Foundation (STIF) course
- 'HIV in a medical setting' to Masters Social Work students in UCD.
- "Young people & sexual health" to Community Care HSE social workers in Area 1.
- "Psycho-social issues in relation to people living with HIV" to HSE addiction service in Northern Area.

- "Lost to Follow Up Research" to SCOPE research forum.
- "Peer Support Group Work" to GUIDE Multidisciplinary team & journal club in social work department.
- Presentations were given on the role of the Medical Social Worker to; student Physiotherapists; EB team; Debra Ireland; Palliative Care Course and Haematology Nursing Course; in trauma to the nursing and medical staff in the burns unit.
- Presentations on the Protection of Older Persons were given to Masters in Geritological Nursing Students and staff in Hospital 4.
- Child Protection Training delivered to all GUIDE staff in collaboration with HSE.
- Presentations to the emergency department medical and nursing staff on Domestic Violence and Children First.

### Occupational Therapy Publications

- A senior Occupational Therapist completed a review of the use of pelvic positioning belts in the Aspen Unit at Cherry Orchard. Furthermore, a comprehensive literature review of the evidence for the use and application of pelvic positioning belts to an Irish Clinical Setting was accepted for publication in the Irish Journal of Occupational Therapy. This research was presented at the Irish posture and mobility Network annual study day and European Seating Symposium in Dublin in November 2011.
- A senior occupational Therapist provided training on posture and pressure care management at the Nursing Skills Fair.
- A research article outlining the efficacy of a cognitive stimulation therapy programme for people with dementia was published in the Irish Journal of Psychological Medicine.

### Physiotherapy Publications-Posters and Presentations

- Clinical Audit of the early management of persistent low back pain.
- Presented as a poster at the Rehabilitation & Therapy Research Society Conference 2011.
- "Triage initiative for a surge in physiotherapy referrals following a period of snow & ice." Oral presentation at Irish Society of Chartered Physiotherapy Conference 2011.
- "Improving the number of patients with severe haemophilia undergoing an annual review" Presented at the World Federation of Haemophilia Musculoskeletal Conference.
- "ARC Exercise Group for Cancer Survivors" Presented as a poster at The International Cancer Conference 2011.
- The effects of a supervised exercise programme incorporating the Nintendo Wii-fit for people with Multiple Sclerosis. Presented at the European Research on MS Conference.
- "Fatigue & energy expenditure after stroke" Helen Kavanagh MSc thesis.
- "A pilot balance education class on an acute ward" Presented by Elaine Ross at the Rehabilitation & Therapy Conference.
- Joanne Finn contributed to a chapter of "Orthopaedic Rehabilitation of the Athlete."
- "Perioperative Evaluation of the obese patient."
- Donoghue CL, Feeney C, et al. Journal of Clinical Anaesthesia.

## Publications

- “Evaluation of outcomes in elderly patients at 3 and 15 months post hip fracture.”
- Presented by Sheila McCarthy at the Irish Gerontological Society conference.
- “Outcomes among older people in a post acute in-patient rehabilitation unit”(Hospital 2) Published by Sinead Coleman in Disability & Rehabilitation.
- An Exercise Intervention aimed at Reducing the Risk of Developing Metabolic Syndrome and Increasing Physical Activity Levels in a Group of Out Patients on Anti-Psychotic Medications. Presented at the Irish Society of Chartered Physiotherapist Conference.

### Speech & Language Therapy Posters and Presentations

- Involvement in Maxillo Facial Research Poster ‘Speech, swallow and quality of life outcomes’ for patients post partial glossectomy which was presented at the Maxillo Facial Conference in Nice in May 2011.
- Three posters presented at IASLT biannual conference in November 2011. – Accessible Information Leaflets for Common Medical Procedures.’
  - ‘Medical Teams Experience of Using Accessible Information Leaflets.’
  - Communication skills training for Physiotherapy assistants-participatory action research.’
- Senior therapist presented at a study day for medical SPRs on ‘ Disorders of swallowing and their functional consequences’ in the National College of Physicians in September 2011.
- Senior in MedEL presented on ‘Reminiscence and Dementia’ and “Communication in Dementia” for the communication module of Dementia Services course.
- Presented to students of MSc in Gerontological Nursing on ‘Communication and Dysphagia’ in February 2011.

### MPBE

Grimes D, Robbins C, Martin CJ, Phanco G, O’Hare NJ  
Reflection Modelling in Ultraviolet Phototherapy. Medical Physics, 38(7), 4312-4320, 2011

Cournane S., Browne, J. E., Fagan, A. J.  
Review of ultrasound elastography quality control and training test phantoms. Ultrasound, Published online before print 5 December 2011, doi: 10.1258/ult.2011.011033

E McCarthy, C Walsh  
Radiation Dose of PET/CT. Irish Medical Journal, March 2011.

L. Bowden, R. Faulkner, C. Clancy, A. Gallagher, M. Devine, D. Gorman, G. O’Reilly, A. Dowling.  
Doses under Automatic Exposure Control (AEC) for Direct Digital Radiographic (DDR) X-ray systems. Radiation Protection Dosimetry, 2011, Vol 147, Issue 1-2, 210-214.

Doheny, E. P., C. W. Fan, T. Foran, B. R. Greene, C. Cunningham, and R. A. Kenny.  
“An Instrumented Sit-to-Stand Test Used to Examine Differences between Older Fallers and Non-Fallers.” Conf Proc IEEE Eng Med Biol Soc 2011 (2011): 3063-6.

Doheny, E. P., B. R. Greene, T. Foran, C. Cunningham, C. W. Fan, and R. A. Kenny.  
“Diurnal Variations in the Outcomes of Instrumented Gait and Quiet Standing Balance Assessments and Their Association with Falls History.” Physiol Meas 33, no. 3 (2012): 361-73.

Greene, B. R., T. G. Foran, D. McGrath, E. P. Doheny, A. Burns, and B. Caulfield.  
“A Comparison of Algorithms for Body-Worn Sensor Based Spatio-Temporal Gait Parameters to the Gaitrite Electronic Walkway.” J Appl Biomech (2011).

Greene, B. R., D. McGrath, T. G. Foran, E. P. Doheny, and B. Caulfield.  
“Body-Worn Sensor Based Surrogates of Minimum Ground Clearance in Elderly Fallers and Controls.” Conf Proc IEEE Eng Med Biol Soc 2011 (2011): 6499-502.

Romero-Ortuno, R., L. Cogan, T. Foran, R. A. Kenny, and C. W. Fan.  
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The Hospital's fundamental purpose is the delivery of health treatment, care and diagnosis as well as health promotion and preventative services at catchment, regional, supra-regional and national levels.

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